MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- Janaury 08, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	623,147.77
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	929,442.84
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED January 08, 2020	$	1,552,590.61

APPROVED

JAN 0 8 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 08, 2020

PAYABLES AND PAYROLL			
1/3/2020	Weekly Payables	194,979.81	
1/6/2020	McKesson-340B Prescription Expense	4,527.20	
1/6/2020	McKesson-340B Prescription Expense	3,011.70	
1/6/2020	Amerisource Bergen-340B Prescription Expense	1,012.59	
1/6/2020	Amerisource Bergen-340B Prescription Expense	3,988.02	
1/6/2020	Payroll Liabilities -Payroll Taxes	92,363.85	
1/6/2020	Payroll	322,785.36	
1/6/2020	ExpertPay-child support	347.65	
	Prosperity Electronic Bank Payments		
12/27/19-1/3/2020	Pay Plus-Patient Claims Processing Fee	121.59	
1/3/2020	Authnet Gateway Billing-3rd Party Payor Fee	10.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 623,147.77**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
1/6/2020	Nursing Home UPI-Cantex Transfer	658,327.96	
1/6/2020	Nursing Home UPI-Nexion Transfer	26,782.13	
1/6/2020	Nursing Home UPI-HMG Transfer	94,824.59	
QIPP/INTEREST/RECOUP CHECKS TO MMC			
1/6/2020	Ashford	71,638.23	
1/6/2020	Broadmoor	13,965.35	
1/6/2020	Crescent	13,840.95	
1/6/2020	Fort Bend	29,304.85	
1/6/2020	Solera	20,398.78	
1/6/2020	Golden Creek	360.00	
TOTAL NURSING HOME UPL EXPENSES			**$ 929,442.84**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED January 08, 2020			**$ 1,552,590.61**

01/02/2020
11:17

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 01/15/2020

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Vendor#	Vendor Name	Class	Pay Code
11062	AIRESPRING INC ✓ — Wrong amount picked up		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
121619	PHONES	12/31/20	12/16/20	01/09/20	2,437.00	2,429.05	0.00	0.00	2,429.05 2,437.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC	2,437.00 2,429.05	0.00	0.00	2,429.05 2,437.00

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
9657074197 ✓	SUPPLIES	12/27/20	12/10/20	01/09/20		1,594.15	0.00	0.00	1,594.15 ✓
9657021967 ✓	SUPPLIES	12/30/20	12/03/20	01/02/20		477.00	0.00	0.00	477.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	2,071.15	0.00	0.00	2,071.15

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
RPSV03258839 ✓	SUPPLIES	12/30/20	12/11/20	12/26/20		359.75	0.00	0.00	359.75 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	359.75	0.00	0.00	359.75

Vendor#	Vendor Name	Class	Pay Code
10592	AMERICAN PROFICIENCY INSTITUTE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
45D0054055 ✓	SUPPLIES	12/16/20	12/16/20	01/10/20		344.50	0.00	0.00	344.50 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10592	AMERICAN PROFICIENCY INSTITUTE	344.50	0.00	0.00	344.50

Vendor#	Vendor Name	Class	Pay Code
A2218	AQUA BEVERAGE COMPANY ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
942204 ✓	WATER	12/30/20	11/30/20	12/25/20		21.99	0.00	0.00	21.99 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	21.99	0.00	0.00	21.99

Vendor#	Vendor Name	Class	Pay Code
12992	BANK DIRECT CAPITAL FINANCE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
123119	PREPAIDS-HEALTHSURE INSU	01/02/20	01/02/20	01/02/20		10,093.94	0.00	0.00	10,093.94 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12992	BANK DIRECT CAPITAL FINANCE	10,093.94	0.00	0.00	10,093.94

Vendor#	Vendor Name	Class	Pay Code
B0436	BARD ACCESS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
S7395311 ✓		12/27/20	12/16/20	12/27/20		150.00	0.00	0.00	150.00 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0436	BARD ACCESS	150.00	0.00	0.00	150.00

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
65137048		12/27/20	12/05/20	12/30/20			128.40	0.00	0.00	128.40
	SUPPLIES									
65141584		12/27/20	12/05/20	12/30/20			614.73	0.00	0.00	614.73
	SUPPLIES									
65204568		12/27/20	12/10/20	01/04/20			1,023.80	0.00	0.00	1,023.80
	SUPPLIES									
65184887		12/27/20	12/11/20	01/05/20			256.80	0.00	0.00	256.80
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	2,023.73	0.00	0.00	2,023.73

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
5416508		12/30/20	12/13/20	01/07/20			5,016.58	0.00	0.00	5,016.58
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	5,016.58	0.00	0.00	5,016.58

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
82010		12/30/20	12/11/20	01/11/20			75.00	0.00	0.00	75.00
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11224	CABLES AND SENSORS	75.00	0.00	0.00	75.00

Vendor#	Vendor Name	Class	Pay Code
12768	CHEMAQUA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3779493		12/31/20	12/10/20	12/20/20			500.00	0.00	0.00	500.00
	WATER TREATMENT									

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

Vendor#	Vendor Name	Class	Pay Code
10105	CHRIS KOVAREK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
00032		12/02/20	12/02/20	12/02/20			240.00	0.00	0.00	240.00
	PURCH SERV SWINGBED (11|5|19 - 11|26|19)									
00033		12/02/20	01/02/20	01/02/20			320.00	0.00	0.00	320.00
	PURCH SERV SWINGBED (12|3|19 - 12|31|19)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK	560.00	0.00	0.00	560.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
121619B		12/31/20	12/16/20	01/06/20			57.40	0.00	0.00	57.40
	WATER Rehab									

121619A		12/31/20	12/16/20	01/06/20	122.19	0.00	0.00	122.19 ✓
WATER Clinic								
121619		12/31/20	12/16/20	01/06/20	4,849.99	0.00	0.00	4,849.99 ✓
WATER Hospital								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA			5,029.58	0.00	0.00	5,029.58

Vendor#	Vendor Name	Class	Pay Code
11029	COASTAL REFRIGERATION ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5604522 ✓		12/30/20	11/15/20	12/15/20			299.95	0.00	0.00	299.95 ✓
	INSPECT ROOFTOP AC FOR MRI									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11029	COASTAL REFRIGERATION					299.95	0.00	0.00	299.95

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
22378894RI ✓		12/30/20	12/12/20	01/06/20			95.00	0.00	0.00	95.00 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	D1193	DEPUY SYNTHES SALES, INC.					95.00	0.00	0.00	95.00

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
5928240 ✓		12/27/20	12/13/20	01/07/20			150.00	0.00	0.00	150.00 ✓
	SUPPLIES									
5928230 ✓		12/27/20	12/13/20	01/07/20			375.75	0.00	0.00	375.75 ✓
	SUPPLIES									
94 5925490		12/30/20	12/12/20	01/06/20			360.93	0.00	0.00	360.93 ✓
	SUPPLIES									
9 5929330		12/30/20	12/16/20	01/10/20			116.15	0.00	0.00	116.15 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON					1,002.83	0.00	0.00	1,002.83

Vendor#	Vendor Name	Class	Pay Code
10892	DIANE MOORE ✓ – Day Travel		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
121619		12/30/20	12/16/20	12/16/20	252.06		266.06	0.00	0.00	266.06 252.06
	TRAVEL QUIPP MEETINGS									
122019		12/31/20	12/20/20	12/20/20	87.00		101.00	0.00	0.00	101.00 87.00
	TRAVEL FOR QUIPP									
123019		12/31/20	12/30/20	12/30/20	146.16		160.16	0.00	0.00	160.16 146.16
	TRAVEL FOR QUIPP									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10892	DIANE MOORE			485.22		527.22	0.00	0.00	527.22 485.22

Vendor#	Vendor Name	Class	Pay Code
12988	DIESEL FUEL MAINTENANCE, INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
DFM8958 ✓		12/30/20	12/19/20	01/11/20			400.00	0.00	0.00	400.00 ✓
	TREAT AND TRANSFER FUEL									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12988	DIESEL FUEL MAINTENANCE, INC					400.00	0.00	0.00	400.00

Vendor#	Vendor Name	Class	Pay Code
11960	DILON TECHNOLOGIES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
00032837	SUPPLIES	12/27/20	12/16/20	12/11/20			121.73	0.00	0.00	121.73

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11960	DILON TECHNOLOGIES	121.73	0.00	0.00	121.73

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
38707	er staffing (16th- EOM)	12/30/20	12/31/20	01/10/20			40,062.50	0.00	0.00	40,062.50

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
12808	ESUTURES.COM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
328977	SUPPLIES	12/24/20	12/10/20	01/09/20			31.00	0.00	0.00	31.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12808	ESUTURES.COM	31.00	0.00	0.00	31.00

Vendor#	Vendor Name	Class	Pay Code
11484	FIRE DOOR SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5340	ANNUAL INSPECTION	12/31/20	12/23/20	12/23/20			2,177.50	0.00	0.00	2,177.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11484	FIRE DOOR SOLUTIONS	2,177.50	0.00	0.00	2,177.50

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
4924371	SUPPLIES	12/30/20	12/04/20	12/29/20			642.78	0.00	0.00	642.78

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	642.78	0.00	0.00	642.78

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
121919	PHONES Late Fee 9.00	12/31/20	12/19/20	01/13/20			65.40	0.00	0.00	65.40

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	65.40	0.00	0.00	65.40

Vendor#	Vendor Name	Class	Pay Code
12636	FUSION CLOUD SERVICES, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
27538334	PHONES	12/31/20	12/16/20	01/10/20			1,075.17	0.00	0.00	1,075.17

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12636	FUSION CLOUD SERVICES, LLC	1,075.17	0.00	0.00	1,075.17

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9326453959	CREDIT MEMO	12/30/20	10/17/20	11/11/20		-45.40	0.00	0.00	-45.40
9377076626	SUPPLIES	12/30/20	12/05/20	12/30/20		258.72	0.00	0.00	258.72
9386757091	SUPPLIES	12/30/20	12/16/20	01/10/20		560.07	0.00	0.00	560.07

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	773.39	0.00	0.00	773.39

Vendor# G1210 Vendor Name: GULF COAST PAPER COMPANY Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1780348	SUPPLIES	12/24/20	12/10/20	01/09/20		234.58	0.00	0.00	234.58
1780355	SUPPLIES	12/24/20	12/10/20	01/09/20		16.08	0.00	0.00	16.08

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	250.66	0.00	0.00	250.66

Vendor# 12196 Vendor Name: ICU MEDICAL, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2297902	MAINT CONTRACT	12/30/20	11/13/20	12/13/20		11.25	0.00	0.00	11.25
2314691	MAINT CONTRACT	12/30/20	12/01/20	01/01/20		11.25	0.00	0.00	11.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12196	ICU MEDICAL, INC	22.50	0.00	0.00	22.50

Vendor# 12932 Vendor Name: INTRADO

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV002167239	HOUSE CALLS	12/30/20	11/30/20	12/30/20		493.52	0.00	0.00	493.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12932	INTRADO	493.52	0.00	0.00	493.52

Vendor# J0150 Vendor Name: J & J HEALTH CARE SYSTEMS, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
921782640	SUPPLIES	12/27/20	12/13/20	01/12/20		840.14	0.00	0.00	840.14

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	840.14	0.00	0.00	840.14

Vendor# 12956 Vendor Name: MARIA ARREDONDO

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
122019C	HOSPITAL RUNS (12|12 - 12|16)	12/31/20	12/20/20	12/20/20		14.07	0.00	0.00	14.07
122019E	HOSPITAL RUNS (12|19 - 12|20)	12/31/20	12/20/20	12/20/20		5.74	0.00	0.00	5.74
122019A	HOSPITAL RUNS (12|4 - 12|6)	12/31/20	12/20/20	12/20/20		3.94	0.00	0.00	3.94
122019		12/31/20	12/20/20	12/20/20		3.24	0.00	0.00	3.24

	HOSPITAL RUNS (11|29-12|3)						
122019G	12/31/20 12/20/20 12/20/20	6.20	0.00	0.00	6.20		
	HOSPITAL RUNS (12|27-12|30)						
122019D	12/31/20 12/20/20 12/20/20	4.93	0.00	0.00	4.93		
	HOSPITAL RUNS (12|17-12|18)						
122019B	12/31/20 12/20/20 12/20/20	4.93	0.00	0.00	4.93		
	HOSPITAL RUNS (12|9-12|11)						
122019F	12/31/20 12/20/20 12/20/20	5.85	0.00	0.00	5.85		
	HOSPITAL RUNS (12|23-12|24)						
122019H	01/02/20 12/20/20 12/20/20	1.79	0.00	0.00	1.79		
	HOSPITAL RUNS (12|31|19)						
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net		
	12956 MARIA ARREDONDO	50.69	0.00	0.00	50.69		
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
67306210		12/30/20	10/23/20	11/07/20		209.44	0.00	0.00	209.44
	SUPPLIES								
67417345		12/30/20	10/24/20	11/08/20		369.08	0.00	0.00	369.08
	SUPPLIES								
70270008		12/30/20	11/27/20	12/12/20		42.86	0.00	0.00	42.86
	SUPPLIES								
70801585		12/30/20	12/04/20	12/19/20		-102.61	0.00	0.00	-102.61
	CREDIT								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	M2178 MCKESSON MEDICAL SURGICAL INC					518.77	0.00	0.00	518.77
Vendor#	Vendor Name	Class	Pay Code				
11203	MEDI-DOSE, INC						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0751001		12/30/20	12/06/20	01/06/20		60.70	0.00	0.00	60.70
	SUPPLIES								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	11203 MEDI-DOSE, INC					60.70	0.00	0.00	60.70
Vendor#	Vendor Name	Class	Pay Code				
10613	MEDIMPACT HEALTHCARE SYS, INC.	A/P					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
121719		12/30/20	12/17/20	12/17/20		169.59	0.00	0.00	169.59
	INDIGENT CARE								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	10613 MEDIMPACT HEALTHCARE SYS, INC.					169.59	0.00	0.00	169.59
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
1894164203		12/27/20	11/27/20	12/22/20		51.28	0.00	0.00	51.28
	SUPPLIES								
1893824750		12/30/20	11/22/20	12/17/20		342.81	0.00	0.00	342.81
	SUPPLIES								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	M2470 MEDLINE INDUSTRIES INC					394.09	0.00	0.00	394.09
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
122619		12/30/20	12/26/20	12/26/20		431.52	0.00	0.00	431.52
	PAYROLL DED								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	431.52	0.00	0.00	431.52

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
9159		12/30/20	12/10/20	12/20/20		-28.16	0.00	0.00	-28.16
5007914	CREDIT	12/30/20	12/11/20	12/21/20		33.76	0.00	0.00	33.76
5006726	INVENTORY	12/30/20	12/11/20	12/21/20		41.50	0.00	0.00	41.50
5007916	INVENTORY	12/30/20	12/11/20	12/21/20		712.31	0.00	0.00	712.31
5006727	INVENTORY	12/30/20	12/11/20	12/21/20		259.47	0.00	0.00	259.47
5007915	INVENTORY	12/30/20	12/11/20	12/21/20		2,851.48	0.00	0.00	2,851.48
9572	INVENTORY	12/30/20	12/11/20	12/21/20		-6.79	0.00	0.00	-6.79
5024241	INVENTORY	12/30/20	12/16/20	12/26/20		3,415.96	0.00	0.00	3,415.96
50424242	INVENOTRY	12/30/20	12/16/20	12/26/20		507.96	0.00	0.00	507.96
5024240	INVENTORY	12/30/20	12/16/20	12/26/20		3,330.78	0.00	0.00	3,330.78
CM28696	INVENTORY	12/30/20	12/17/20	12/27/20		-101.20	0.00	0.00	-101.20
5028632	CREDIT	12/30/20	12/17/20	12/27/20		2,519.07	0.00	0.00	2,519.07
1000	INVENTORY	12/30/20	12/17/20	12/27/20		-100.71	0.00	0.00	-100.71
5026383	CREDIT	12/30/20	12/17/20	12/27/20		299.49	0.00	0.00	299.49
5026788	INVENTORY	12/30/20	12/17/20	12/27/20		0.01	0.00	0.00	0.01
CM28695	INVENTORY	12/30/20	12/17/20	12/27/20		-563.50	0.00	0.00	-563.50
5026789	CREDIT	12/30/20	12/17/20	12/27/20		1,748.62	0.00	0.00	1,748.62
5028633	INVENTORY	12/30/20	12/17/20	12/27/20		252.19	0.00	0.00	252.19
5038975	INVENTORY	12/30/20	12/19/20	12/29/20		29.72	0.00	0.00	29.72
5040388	SUPPLIES	12/30/20	12/19/20	12/29/20		1,898.76	0.00	0.00	1,898.76
5040391	INVENTORY	12/30/20	12/19/20	12/29/20		538.78	0.00	0.00	538.78
5040390	INVENTORY	12/30/20	12/19/20	12/29/20		1,520.15	0.00	0.00	1,520.15

INVENTORY						
5040387	12/30/20 12/19/20 12/29/20	186.35	0.00	0.00	186.35	
INVENTORY						
5040389	12/30/20 12/19/20 12/29/20	1.91	0.00	0.00	1.91	
INVENTORY						
5043141	12/30/20 12/20/20 12/30/20	109.37	0.00	0.00	109.37	
INVENTORY						
5043144	12/30/20 12/20/20 12/30/20	1,944.14	0.00	0.00	1,944.14	
INVENTORY						
5043142	12/30/20 12/20/20 12/30/20	58.32	0.00	0.00	58.32	
INVENTORY						
5043145	12/30/20 12/20/20 12/30/20	1,550.34	0.00	0.00	1,550.34	
INVENTORY						
5043865	12/30/20 12/20/20 12/30/20	3,897.74	0.00	0.00	3,897.74	
INVENTORY						
5043143	12/30/20 12/20/20 12/30/20	2.20	0.00	0.00	2.20	
INVENTORY						
5048344	12/31/20 12/23/20 01/02/20	1,366.20	0.00	0.00	1,366.20	
INVENTORY						
5048343	12/31/20 12/23/20 01/02/20	51.39	0.00	0.00	51.39	
INVENTORY						
5048345	12/31/20 12/23/20 01/02/20	75.03	0.00	0.00	75.03	
INVENTORY						
5055402	12/31/20 12/26/20 01/05/20	17.12	0.00	0.00	17.12	
INVENTORY						
5058897	12/31/20 12/26/20 01/05/20	1,209.49	0.00	0.00	1,209.49	
INVENTORY						
5058898	12/31/20 12/26/20 01/05/20	430.07	0.00	0.00	430.07	
INVENTORY						
SC3516	12/31/20 12/26/20 01/05/20	34.14	0.00	0.00	34.14	
SERVICE CHARGE						
5058053	12/31/20 12/26/20 01/05/20	28.95	0.00	0.00	28.95	
INVENTORY						
5058051	12/31/20 12/26/20 01/05/20	98.16	0.00	0.00	98.16	
INVENTORY						
5055398	12/31/20 12/26/20 01/05/20	187.20	0.00	0.00	187.20	
INVENTORY						
5055400	12/31/20 12/26/20 01/05/20	1,241.65	0.00	0.00	1,241.65	
INVENTORY						
SC3515	12/31/20 12/26/20 01/05/20	58.77	0.00	0.00	58.77	
SERVICE CHARGE						
SC3514	12/31/20 12/26/20 01/05/20	11.59	0.00	0.00	11.59	
SERVICE CHARGE						
5058052	12/31/20 12/26/20 01/05/20	800.16	0.00	0.00	800.16	
INVENTORY						
5055401	12/31/20 12/26/20 01/05/20	1,100.86	0.00	0.00	1,100.86	
INVENTORY						
5055399	12/31/20 12/26/20 01/05/20	10.04	0.00	0.00	10.04	
INVENTORY						
5067626	12/31/20 12/30/20 01/09/20	29.27	0.00	0.00	29.27	
INVENTORY						

5067624		12/31/20	12/30/20	01/09/20	170.61	0.00	0.00	170.61
INVENTORY								
5067621		12/31/20	12/30/20	01/09/20	105.56	0.00	0.00	105.56
INVENTORY								
5067625		12/31/20	12/30/20	01/09/20	4.34	0.00	0.00	4.34
INVENTORY								
5067623		12/31/20	12/30/20	01/09/20	1,229.64	0.00	0.00	1,229.64
INVENTORY								
5067622		12/31/20	12/30/20	01/09/20	1,554.07	0.00	0.00	1,554.07
INVENTORY								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			36,724.33	0.00	0.00	36,724.33
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
98550624		12/30/20	12/07/20	01/01/20		1,137.51	0.00	0.00	1,137.51
SERVICE CONTRACT									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC			1,137.51	0.00	0.00	1,137.51
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
1851254309		12/24/20	12/12/20	01/11/20		183.03	0.00	0.00	183.03
SUPPLIES									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS			183.03	0.00	0.00	183.03
Vendor#	Vendor Name				Class	Pay Code		
P2200	POWER HARDWARE				W			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
B52690		12/31/20	12/26/20	01/05/20		91.24	0.00	0.00	91.24
SUPPLIES									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE			91.24	0.00	0.00	91.24
Vendor#	Vendor Name				Class	Pay Code		
10896	QIAGEN INC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
997185690		12/24/20	12/11/20	01/10/20		208.49	0.00	0.00	208.49
SUPPLIES									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10896	QIAGEN INC			208.49	0.00	0.00	208.49
Vendor#	Vendor Name				Class	Pay Code		
11080	RADSOURCE							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SC60003		12/20/20	12/16/20	01/10/20		1,625.00	0.00	0.00	1,625.00
PURCHASED SERVICES									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	11080	RADSOURCE			1,625.00	0.00	0.00	1,625.00
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
2304		12/16/20	12/12/20	01/11/20		1,137.37	0.00	0.00	1,137.37

WASTE SERVICE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11252	RX WASTE SYSTEMS LLC	1,137.37	0.00	0.00	1,137.37

Vendor#	Vendor Name	Class	Pay Code
12436	SHANNA O'DONNELL, FNP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
121819		12/30/20	12/18/20	12/18/20		731.00	0.00	0.00	731.00
	RENEW DEA LICENSE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12436	SHANNA O'DONNELL, FNP	731.00	0.00	0.00	731.00

Vendor#	Vendor Name	Class	Pay Code
10936	SIEMENS FINANCIAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
56382000014411		12/30/20	12/13/20	12/13/20		1,333.33	0.00	0.00	1,333.33
	RENTAL LAB								
56382000014957		12/30/20	12/14/20	12/24/20		1,333.33	0.00	0.00	1,333.33
	RENTAL LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES	2,666.66	0.00	0.00	2,666.66

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
21794		12/17/20	12/11/20	01/10/20		2,342.34	0.00	0.00	2,342.34
	ICE NURSE ROWE (11/29-12/11/19)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12848	SKILLGIGS INC.	2,342.34	0.00	0.00	2,342.34

Vendor#	Vendor Name	Class	Pay Code
S2353	SMITHS MEDICAL ASD INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
15734629		12/27/20	12/11/20	12/27/20		66.82	0.00	0.00	66.82
	SUPPLIES								
15736205		12/27/20	12/19/20	12/27/20		265.12	0.00	0.00	265.12
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC	331.94	0.00	0.00	331.94

Vendor#	Vendor Name	Class	Pay Code
11296	SOUTH TEXAS BLOOD & TISSUE CEN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
I07003832		12/30/20	12/15/20	01/09/20		4,641.00	0.00	0.00	4,641.00
	BLOOD								
CM1216		12/30/20	12/15/20	01/09/20		-2,300.00	0.00	0.00	-2,300.00
	CREDIT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	2,341.00	0.00	0.00	2,341.00

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
122019		12/31/20	12/20/20	12/20/20		84.39	0.00	0.00	84.39
	CABLE								
123019A		12/31/20	12/30/20	12/30/20		2,000.00	0.00	0.00	2,000.00
	CABLE								

123019		12/31/20 12/30/20 12/30/20			418.83	0.00	0.00	418.83
CABLE								
123019B		12/31/20 12/30/20 12/30/20			78.69	0.00	0.00	78.69
CABLE								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT			2,581.91	0.00	0.00	2,581.91
Vendor#	Vendor Name			Class	Pay Code			
S3940	STERIS CORPORATION			M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
8509423		12/27/20	12/11/20	01/05/20		72.31	0.00	0.00	72.31
SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION				72.31	0.00	0.00	72.31
Vendor#	Vendor Name			Class	Pay Code			
11140	TEXAS ADVANTAGE COMMUNITY BANK							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
121319		12/30/20	12/13/20	12/13/20		3,690.52	0.00	0.00	3,690.52
LOAN PAYMENT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11140	TEXAS ADVANTAGE COMMUNITY BANK				3,690.52	0.00	0.00	3,690.52
Vendor#	Vendor Name			Class	Pay Code			
10765	TEXAS HOSPITAL ASSOCIATION							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
121819		12/30/20	12/18/20	12/18/20		1,034.88	0.00	0.00	1,034.88
THD ANNUAL CONFERENCE (2/13-14/2020)								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10765	TEXAS HOSPITAL ASSOCIATION				1,034.88	0.00	0.00	1,034.88
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
Q004267633		01/02/20	11/20/20	01/02/20		8,479.65	0.00	0.00	8,479.65
Workers Compensation insurance								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO				8,479.65	0.00	0.00	8,479.65
Vendor#	Vendor Name			Class	Pay Code			
10732	THERACOM, LLC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
214759299301		11/11/20	10/24/20	01/15/20		1,173.06	0.00	0.00	1,173.06
INVENTORY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10732	THERACOM, LLC				1,173.06	0.00	0.00	1,173.06
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
25655		12/30/20	12/16/20	12/16/20		6,332.67	0.00	0.00	6,332.67
STAFFING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING				6,332.67	0.00	0.00	6,332.67
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

63841952		12/27/20	11/27/20	12/22/20	294.75	0.00	0.00	294.75
SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC			294.75	0.00	0.00	294.75

Vendor#	Vendor Name	Class	Pay Code
11169	TXU ENERGY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
122019		12/31/20	12/20/20	01/09/20			28,345.68	0.00	0.00	28,345.68
ELECTRIC										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11169	TXU ENERGY					28,345.68	0.00	0.00	28,345.68

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
8400318777		12/23/20	12/16/20	01/10/20			61.07	0.00	0.00	61.07
	LAUNDRY									
8400318776		12/23/20	12/16/20	01/10/20			47.15	0.00	0.00	47.15
	LAUNDRY									
8400318807		12/23/20	12/16/20	01/10/20			1,590.06	0.00	0.00	1,590.06
	LAUNDRY									
8400319131		12/23/20	12/19/20	01/13/20			222.89	0.00	0.00	222.89
	LAUNDRY									
8400319129		12/23/20	12/19/20	01/13/20			120.39	0.00	0.00	120.39
	LAUNDRY									
8400319130		12/23/20	12/19/20	01/13/20			185.26	0.00	0.00	185.26
	LAUNDRY									
8400319127		12/23/20	12/19/20	01/13/20			18.62	0.00	0.00	18.62
	LAUNDRY									
8400319151		12/23/20	12/19/20	01/13/20			83.14	0.00	0.00	83.14
	LAUNDRY									
8400319132		12/23/20	12/19/20	01/13/20			175.83	0.00	0.00	175.83
	LAUNDRY									
8400319194		12/23/20	12/19/20	01/13/20			106.13	0.00	0.00	106.13
	LAUNDRY									
8400319167		12/23/20	12/19/20	01/13/20			1,413.06	0.00	0.00	1,413.06
	LAUNDRY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					4,023.60	0.00	0.00	4,023.60

Vendor#	Vendor Name	Class	Pay Code
U1056	UNIFORM ADVANTAGE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10387541		12/30/20	12/17/20	01/01/20			77.90	0.00	0.00	77.90
	UNIFORMS IRENE V									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE					77.90	0.00	0.00	77.90

Vendor#	Vendor Name	Class	Pay Code
12208	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV1813298		12/17/20	12/16/20	01/15/20			543.50	0.00	0.00	543.50
	ADMIN/ COMPLIANCE FEE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	12208 WAGEWORKS				543.50	0.00	0.00	543.50

Vendor#	Vendor Name	Class	Pay Code
11018	WEBPT, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV556939	PROVIDER SUB	12/31/20	11/12/20	11/12/20			8,184.60	0.00	0.00	8,184.60

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11018	WEBPT, INC	8,184.60	0.00	0.00	8,184.60

Vendor#	Vendor Name	Class	Pay Code
W1270	WISCONSIN STATE LABORATORY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
617541	LAB SERVICES	12/30/20	11/30/20	12/30/20			709.00	0.00	0.00	709.00
617677	LAB SERVICES	12/30/20	11/30/20	12/30/20			705.00	0.00	0.00	705.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1270	WISCONSIN STATE LABORATORY	1,414.00	0.00	0.00	1,414.00

Vendor#	Vendor Name	Class	Pay Code
Z1000	ZIMMER BIOMET	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
809857VI1516	SUPPLIE	12/27/20	12/17/20	12/27/20			63.00	0.00	0.00	63.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	Z1000	ZIMMER BIOMET	63.00	0.00	0.00	63.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	195,013.86	0.00	0.00	195,013.86

pg 1 correction { <2429.05> / +2,437.00

pg 3 correction { <527.22> / +485.22

$194,979.81

195,013.86 +
2,429.05 −
2,437.00 +
527.22 −
485.22 +
194,979.81 *

APPROVED ON
JAN 03 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 183802 - 183927

RUN DATE:01/06/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:35 CHECK REGISTER GLCKREG
01/08/20 THRU 01/08/20

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	183862	01/08/20	2,437.00	AIRESPRING INC
A/P	183863	01/08/20	2,071.15	ALCON LABORATORIES, INC.
A/P	183864	01/08/20	359.75	ALIMED INC.
A/P	183865	01/08/20	344.50	AMERICAN PROFICIENCY INSTITUTE
A/P	183866	01/08/20	21.99	AQUA BEVERAGE COMPANY
A/P	183867	01/08/20	10,093.94	BANK DIRECT CAPITAL FINANCE
A/P	183868	01/08/20	150.00	BARD ACCESS
A/P	183869	01/08/20	2,023.73	BAXTER HEALTHCARE
A/P	183870	01/08/20	5,016.58	BECKMAN COULTER INC
A/P	183871	01/08/20	75.00	CABLES AND SENSORS
A/P	183872	01/08/20	500.00	CHEMAQUA
A/P	183873	01/08/20	560.00	CHRIS KOVAREK
A/P	183874	01/08/20	5,029.58	CITY OF PORT LAVACA
A/P	183875	01/08/20	299.95	COASTAL REFRIGERATION
A/P	183876	01/08/20	95.00	DEPUY SYNTHES SALES, INC.
A/P	183877	01/08/20	1,002.83	DEWITT POTH & SON
A/P	183878	01/08/20	485.22	DIANE MOORE
A/P	183879	01/08/20	400.00	DIESEL FUEL MAINTENANCE, INC
A/P	183880	01/08/20	121.73	DILON TECHNOLOGIES
A/P	183881	01/08/20	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	183882	01/08/20	31.00	ESUTURES.COM
A/P	183883	01/08/20	2,177.50	FIRE DOOR SOLUTIONS
A/P	183884	01/08/20	642.78	FISHER HEALTHCARE
A/P	183885	01/08/20	65.40	FRONTIER
A/P	183886	01/08/20	1,075.17	FUSION CLOUD SERVICES, LLC
A/P	183887	01/08/20	773.39	GRAINGER
A/P	183888	01/08/20	250.66	GULF COAST PAPER COMPANY
A/P	183889	01/08/20	22.50	ICU MEDICAL, INC
A/P	183890	01/08/20	493.52	INTRADO
A/P	183891	01/08/20	840.14	J & J HEALTH CARE SYSTEMS, INC
A/P	183892	01/08/20	50.69	MARIA ARREDONDO
A/P	183893	01/08/20	518.77	MCKESSON MEDICAL SURGICAL INC
A/P	183894	01/08/20	60.70	MEDI-DOSE, INC
A/P	183895	01/08/20	169.59	MEDIMPACT HEALTHCARE SYS, INC.
A/P	183896	01/08/20	394.09	MEDLINE INDUSTRIES INC
A/P	183897	01/08/20	431.52	MMC AUXILIARY GIFT SHOP
A/P	183898	01/08/20	.00	VOIDED
A/P	183899	01/08/20	.00	VOIDED
A/P	183900	01/08/20	.00	VOIDED
A/P	183901	01/08/20	36,724.33	MORRIS & DICKSON CO, LLC
A/P	183902	01/08/20	1,137.51	OLYMPUS AMERICA INC
A/P	183903	01/08/20	183.03	ORTHO CLINICAL DIAGNOSTICS
A/P	183904	01/08/20	91.24	POWER HARDWARE
A/P	183905	01/08/20	208.49	QIAGEN INC
A/P	183906	01/08/20	1,625.00	RADSOURCE
A/P	183907	01/08/20	1,137.37	RX WASTE SYSTEMS LLC
A/P	183908	01/08/20	731.00	SHANNA O'DONNELL, FNP
A/P	183909	01/08/20	2,666.66	SIEMENS FINANCIAL SERVICES
A/P	183910	01/08/20	2,342.34	SKILLGIGS INC.
A/P	183911	01/08/20	331.94	SMITHS MEDICAL ASD INC

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
	A/P	183912	01/08/20	2,341.00	SOUTH TEXAS BLOOD & TISSUE CEN
	A/P	183913	01/08/20	2,581.91	SPARKLIGHT
	A/P	183914	01/08/20	72.31	STERIS CORPORATION
	A/P	183915	01/08/20	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
	A/P	183916	01/08/20	1,034.88	TEXAS HOSPITAL ASSOCIATION
	A/P	183917	01/08/20	8,479.65	TEXAS MUTUAL INSURANCE CO
	A/P	183918	01/08/20	1,173.06	THERACOM, LLC
	A/P	183919	01/08/20	6,332.67	TLC STAFFING
	A/P	183920	01/08/20	294.75	TRI-ANIM HEALTH SERVICES INC
	A/P	183921	01/08/20	28,345.68	TXU ENERGY
	A/P	183922	01/08/20	4,023.60	UNIFIRST HOLDINGS INC
	A/P	183923	01/08/20	77.90	UNIFORM ADVANTAGE
	A/P	183924	01/08/20	543.50	WAGEWORKS
	A/P	183925	01/08/20	8,184.60	WEBPT, INC
	A/P	183926	01/08/20	1,414.00	WISCONSIN STATE LABORATORY
	A/P	183927	01/08/20	63.00	ZIMMER BIOMET
TOTALS:				194,979.81	

APPROVED
ON

JAN 08 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/27/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 12/28/2019

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

As of: 12/27/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 12/28/2019 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 4,619.59 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 12/31/2019,
Pay This Amount: 4,527.20 USD

If Paid After 12/31/2019,
Pay this Amount: 4,619.59 USD

Due If Paid On Time:
USD 4,527.20

Disc lost if paid late: 92.39

Due If Paid Late:
USD 4,619.59

CKH 500059

9.33 +
1,619.03 +
2,898.84 +
4,527.20 *

APPROVED ON
JAN 06 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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: 12/27/2019 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 12/28/2019

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

As of: 12/27/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 12/28/2019 **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											
12/26/2019	12/31/2019	7174587523	629003	115Invoice		0.16		0.16	✓	7174587523	
12/26/2019	12/31/2019	7174587524	629003	115Invoice	0.19	9.36		9.17	✓	7174587524	

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: 9.52 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,028.34
12/23/2019

If Paid By 12/31/2019,
Pay This Amount: 9.33 USD

If Paid After 12/31/2019,
Pay this Amount: 9.52 USD

Due If Paid On Time:
USD 9.33

Disc lost if paid late:
0.19

Due If Paid Late:
USD 9.52

APPROVED
ON
JAN 06 2020
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: 12/27/2019

DC: 8115

Territory: 400

Customer: 835438
Date: 12/28/2019

Page: 001

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

As of: 12/27/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 12/28/2019 **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											
12/26/2019	12/31/2019	7174692474	629837	115Invoice	33.04	1,652.07		1,619.03		7174692474	

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

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

Subtotals: 1,652.07 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,028.34
12/23/2019

If Paid By 12/31/2019, Pay This Amount: 1,619.03 USD

If Paid After 12/31/2019, Pay this Amount: 1,652.07 USD

Due If Paid On Time:
USD 1,619.03

Disc lost if paid late: 33.04

Due If Paid Late:
USD 1,652.07

APPROVED
ON
JAN 06 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 12/27/2019

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 12/28/2019

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 12/27/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 12/28/2019

PLEASE CHECK ANY 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											
12/23/2019	12/31/2019	7174047383	6967577004	115Invoice	9.24	461.81		452.57		7174047383	
12/23/2019	12/31/2019	7174047384	1221190234-00	115Invoice	2.53	126.41		123.88		7174047384	
12/23/2019	12/31/2019	7174176909	780329384	195Invoice	0.01	0.32		0.31		7174176909	
12/23/2019	12/31/2019	7174249876	0000012202019ss	115Invoice	7.32	365.82		358.50		7174249876	
12/24/2019	12/31/2019	7174321029	1128423	115Invoice	3.99	199.60		195.61		7174321029	
12/24/2019	12/31/2019	7174336329	1220191019-00	115Invoice	0.01	0.63		0.62		7174336329	
12/24/2019	12/31/2019	7174461656	780704562	195Invoice	0.02	0.95		0.93		7174461656	
12/26/2019	12/31/2019	7174587429	1224190221-00	115Invoice	0.02	0.95		0.93		7174587429	
12/26/2019	12/31/2019	7174587430	7417621402	115Invoice	11.56	578.20		566.64		7174587430	
12/26/2019	12/31/2019	7174717050	0000012242019SS	115Invoice	6.48	324.15		317.67		7174717050	
12/27/2019	12/31/2019	7174794625	7417626203	115Invoice		0.16		0.16		7174794625	
12/27/2019	12/31/2019	7174794627	1226190226-00	115Invoice	7.32	365.94		358.62		7174794627	
12/27/2019	12/31/2019	7174794628	1128508	115Invoice	10.65	532.43		521.78		7174794628	
12/27/2019	12/31/2019	7174916381	781179536	195Invoice	0.01	0.63		0.62		7174916381	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,958.00 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,028.34
12/23/2019

If Paid By 12/31/2019, Pay This Amount: 2,898.84 USD

If Paid After 12/31/2019, Pay this Amount: 2,958.00 USD

Due If Paid On Time:
USD 2,898.84
Disc lost if paid late: 59.16

Due If Paid Late:
USD 2,958.00

APPROVED
ON

JAN 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/03/2020 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 01/04/2020

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

As of: 01/03/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 01/04/2020 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: 3,073.15 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 01/07/2020,
Pay This Amount: 3,011.70 USD

If Paid After 01/07/2020,
Pay this Amount: 3,073.15 USD

Due If Paid On Time:
USD 3,011.70

Disc lost if paid late:
61.45

Due If Paid Late:
USD 3,073.15

APPROVED
ON
JAN 06 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 500061

996.55 +
8.31 +
150.28 +
1,122.28 +
734.28 +
3,011.70 *

CFO

McKESSON

Company: 8000

STATEMENT

As of: 01/03/2020

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 01/04/2020

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 01/03/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 01/04/2020

PLEASE CHECK ANY 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											
12/30/2019	01/07/2020	7175050412	1227190205-00	115Invoice	1.30	64.84		63.54		7175050412	
12/30/2019	01/07/2020	7175050413	1228190249-00	115Invoice	2.44	121.96		119.52		7175050413	
12/30/2019	01/07/2020	7175050414	9417650439	115Invoice	5.33	266.38		261.05		7175050414	
12/30/2019	01/07/2020	7175264850	0000012272019SS	115Invoice	0.78	39.04		38.26		7175264850	
12/31/2019	01/07/2020	7175333747	9417655162	115Invoice	6.25	312.30		306.05		7175333747	
12/31/2019	01/07/2020	7175333749	1128584	115Invoice		0.16		0.16		7175333749	
12/31/2019	01/07/2020	7175348316	1230190412-00	115Invoice		0.16		0.16		7175348316	
12/31/2019	01/07/2020	7175466051	781844056	195Invoice	0.02	0.95		0.93		7175466051	
01/02/2020	01/07/2020	7175631311	9417659723	115Invoice		0.16		0.16		7175631311	
01/02/2020	01/07/2020	7175631313	2667674271	115Invoice	0.01	0.41		0.40		7175631313	
01/03/2020	01/07/2020	7175885787	2667678995	115Invoice	4.13	206.69		202.56		7175885787	
01/03/2020	01/07/2020	7175885788	0102200515-00	115Invoice	0.06	3.20		3.14		7175885788	
01/03/2020	01/07/2020	7176010454	782460933	195Invoice	0.01	0.63		0.62		7176010454	

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: 1,016.88 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,527.20
12/30/2019

If Paid By 01/07/2020,
Pay This Amount: 996.55 USD

If Paid After 01/07/2020,
Pay this Amount: 1,016.88 USD

Due If Paid On Time:
USD 996.55

Disc lost if paid late: 20.33

Due If Paid Late:
USD 1,016.88

APPROVED ON
JAN 06 2020
CFO

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

HEB PHY FC 490/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: 01/03/2020 Page: 001

DC: 8115

Territory: 81

Customer: 464450
Date: 01/04/2020

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

As of: 01/03/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 01/04/2020 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 464450 HEB PHY FC 490/MEM MC PHS											
01/02/2020	01/07/2020	7175848308	6541491736	115Invoice	0.17	8.48		8.31		7175848308	

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

TOTAL: Customer Number 464450 HEB PHY FC 490/MEM MC PHS

Subtotals: 8.48 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,605.52
12/16/2019

If Paid By 01/07/2020,
Pay This Amount: 8.31 USD

If Paid After 01/07/2020,
Pay this Amount: 8.48 USD

Due If Paid On Time:
USD 8.31

Disc lost if paid late:
0.17

Due If Paid Late:
USD 8.48

APPROVED
ON

JAN 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 01/03/2020 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 01/04/2020

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 01/03/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 01/04/2020 **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											
01/03/2020	01/07/2020	7175871321	2017011454	115Invoice	3.07	153.35		150.28		7175871321	☐

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: 153.35 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,028.34
12/23/2019

If Paid By 01/07/2020, Pay This Amount: 150.28 USD

If Paid After 01/07/2020, Pay this Amount: 153.35 USD

Due If Paid On Time: USD 150.28 ✓

Disc lost if paid late: 3.07

Due If Paid Late: USD 153.35

CFO

APPROVED
ON

JAN 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 01/03/2020

Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 01/04/2020

CVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 01/03/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 01/04/2020 **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											
01/02/2020	01/07/2020	7175812757	633810	115Invoice	22.90	1,145.18		1,122.28		7175812757	☐

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

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

Subtotals: 1,145.18 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,527.20
12/30/2019

If Paid By 01/07/2020, Pay This Amount: 1,122.28 USD

If Paid After 01/07/2020, Pay this Amount: 1,145.18 USD

Due If Paid On Time:
USD 1,122.28 ✓

Disc lost if paid late: 22.90

Due If Paid Late:
USD 1,145.18

APPROVED
ON
JAN 06 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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: 01/03/2020 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 01/04/2020

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

As of: 01/03/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 01/04/2020 **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											
01/02/2020	01/07/2020	7175632483	633737	115Invoice	14.74	737.02		722.28 ✓		7175632483	
01/02/2020	01/07/2020	7175632484	633737	115Invoice	0.24	12.24		12.00 ✓		7175632484	

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: 749.26 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,527.20
12/30/2019

If Paid By 01/07/2020, Pay This Amount: 734.28 USD

If Paid After 01/07/2020, Pay this Amount: 749.26 USD

Due If Paid On Time:
USD 734.28

Disc lost if paid late: 14.98

Due If Paid Late:
USD 749.26

CFO

APPROVED
ON

JAN 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 58715174 Date: 12-27-2019

Division
AMERISOURCEBERGEN DRUG CORP
12727 WEST AIRPORT BLVD
SUGAR LAND TX 77478-6101
866-451-9655

Customer
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509
ACCOUNT: 100135284 / 037028186

Remit To
AMERISOURCEBERGEN DRUG CORP
PO Box 905223
CHARLOTTE NC 28290-5223

Summary

Not Yet Due:	0.00
Current:	1,012.59
Past Due:	0.00
Total Due:	1,012.59
Account Balance:	1,012.59

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
12-23-2019	01-03-2020	3031704999	153767	Invoice	90.05
12-23-2019	01-03-2020	3031705890	153770	Invoice	466.02
12-23-2019	01-03-2020	3031705891	153771	Invoice	1.53
12-23-2019	01-03-2020	3031771494	153821	Invoice	19.14
12-24-2019	01-03-2020	3031809893	153828	Invoice	7.45
12-26-2019	01-03-2020	3031832576	153880	Invoice	88.19
12-26-2019	01-03-2020	3031898323	153888	Invoice	340.21

Thank You for Your Payment

Date	Payment Number	Amount
12-27-2019		(2,719.01)

Reminders

Due Date	Amount
01-03-2020	1,012.59
Total Due:	1012.59

Terms:
Monday - Friday due in 7 days

CK# 500060

APPROVED
ON
JAN 06 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 58753132 Date: 01-03-2020 1 of 1

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:	3,988.02
Past Due:	0.00
Total Due:	3,988.02
Account Balance:	3,988.02

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
12-30-2019	01-10-2020	3031981850	153953	Invoice	377.64
12-30-2019	01-10-2020	3031981851	153958	Invoice	199.40
12-30-2019	01-10-2020	3031981852	153954	Invoice	10.02
12-30-2019	01-10-2020	3032041594	154007	Invoice	2,076.30
12-30-2019	01-10-2020	3032041595	154009	Invoice	26.85
01-03-2020	01-10-2020	3032228869	154063	Invoice	1,296.25
01-03-2020	01-10-2020	3032229270	154064	Invoice	1.56

Thank You for Your Payment

Date	Payment Number	Amount
01-03-2020		(1,012.59)

Reminders

Due Date	Amount
01-10-2020	3,988.02
Total Due:	3,988.02

Terms:
Monday - Friday due in 7 days

Ck#500062

APPROVED
ON
JAN 06 2020
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"	★	$ 92,363.85	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 52,427.12	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 12,261.16	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 27,675.57	#
		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	6018.00	N		N	N		121677.68
1	REGULAR PAY-S1	1274.10	N		N	N	N	57167.82
1	REGULAR PAY-S1	1284.75	N		N	Y		39074.13
1	REGULAR PAY-S1	109.00	Y		N	N		3562.72
2	REGULAR PAY-S2	2162.00	N		N	N		48859.28
2	REGULAR PAY-S2	384.00	N		N	Y		13203.45
2	REGULAR PAY-S2	104.25	Y		N	N		3785.04
3	REGULAR PAY-S3	1365.00	N		N	N		36866.57
3	REGULAR PAY-S3	249.25	N		N	Y		10415.56
3	REGULAR PAY-S3	91.75	Y		N	N		3197.55
C	CALL PAY	2383.00	N	1	N	N		4766.00
D	DOUBLE TIME	48.00	N		N	N	N	1490.76
E	EXTRA WAGES		N	1	N	N	N	1549.50
F	FUNERAL LEAVE	32.00	N	1	N	N		743.04
I	INSERVICE	4.00	N	1	N	N		33.00
K	EXTENDED-ILLNESS-BANK	16.00	N		N	N	N	760.56
K	EXTENDED-ILLNESS-BANK	301.71	N	1	N	N		6300.45
P	PAID-TIME-OFF	145.00	N		N	N	N	8220.11
P	PAID-TIME-OFF	3652.06	N	1	N	N		86509.86
X	CALL PAY 2	176.00	N	1	N	N		352.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	14.00	N		N	N	N	448.58
p	PAID TIME OFF - PROBATION	190.00	N	1	N	N		2307.84
t	PHONE & DATA		N		N	N	N	1085.00

-- Deductions Summary --

Code	Amount						
A/R	698.24	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	1632.50	CAFE-F			
CAFE-H	18535.00	CAFE-I		CAFE-L			
CAFE-P		CANCER		CHILD	346.15		
CLINIC	455.63	COMBIN	438.97	CREDUN			
DD ADV		DENTAL		DEP-LF			
DIS-LF		EAT		EATCSH			
FEDTAX	27675.57	FICA-M	6130.58	FICA-O	26213.56		
FIRSTC		FLEX S	3460.67	FLX FE			
FORT D		FUTA		GIFT S	461.43		
GRANT		GRP-IN		GTL			
HOSP-I		ID TFT		LEAF			
LEGAL	646.71	MASA	843.50	MEALS	176.28		
MISC		MISC/		MMCSHR			
NATFML	1967.34	OTHER		PHI			
PHI***		PR FIN		RELAY			
REPAY		SAMS		SCRUBS			
SIGNON		ST-TX		STONDF	1190.86		
STONE		STONE2		STUDEN			
SUNACC	904.88	SUNILL	1622.12	SUNLIF	1373.17		
SUNSTD	1444.79	SUNVIS	1075.35	TSA-1			
TSA-2		TSA-C		TSA-P			
TSA-R	31741.98	TUTION		UNIFOR	613.86		
UW/HOS							

Grand Totals: 20099.87 (Gross: 452664.50 Deductions: 129879.14 Net: 322785.36)

Checks Count:- FT 207 PT 11 Other 40 Female 226 Male 30 Credit OverAmt 12 ZeroNet Term Total: 256

Pay Date
01.10.2020

OK
CFO
1-6-2020

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		12/20/2019					
PAY PERIOD: END		1/2/2020					
PAY DATE:		1/10/2020					
GROSS PAY:	$	452,664.50			$ -		$ 452,664.50
DEDUCTIONS:							
A/R	$	928.24					$ 928.24
ADVANC							$ -
BOOTS							$ -
SUNLIFE CRITICAL ILLNESS	$	1,622.12					$ 1,622.12
SUNLIFE ACCIDENT	$	904.88					$ 904.88
SUNLIFE VISION	$	1,075.35					$ 1,075.35
SUNLIFE SHORT TERM DIS	$	1,444.79					$ 1,444.79
CAFÉ-5							$ -
CAFÉ-D	$	1,632.50					$ 1,632.50
CAFÉ-H	$	18,535.00					$ 18,535.00
CAFÉ-I							$ -
CAFÉ-L							$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$	346.15	+1.50 = 347.65				$ 346.15
CLINIC	$	455.63					$ 455.63
COMBIN	$	438.97					$ 438.97
CREDUN							$ -
DENTAL							$ -
DEP-LF							$ -
SUNLIFE TERM LIFE	$	1,373.17					$ 1,373.17
EAT	$	-					$ -
FED TAX	$	27,675.57					$ 27,675.57
FICA-M	$	6,130.58					$ 6,130.58
FICA-O	$	26,213.56					$ 26,213.56
FIRST C							$ -
FLEX S	$	3,460.67					$ 3,460.67
FLX-FE							$ -
GIFT S	$	461.43					$ 461.43
GRP-IN							$ -
GTL							$ -
HOSP-I							$ -
LEGAL	$	1,490.21					$ 1,490.21
OTHER	$	790.14					$ 790.14
NATIONAL FARM LIFE	$	1,967.34					$ 1,967.34
PHI							$ -
PR FIN	$	-					$ -
RELAY							$ -
REPAY							$ -
STONEDF	$	1,190.86					$ 1,190.86
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$	31,800.97					$ 31,800.97
UW/HOS							$ -
TOTAL DEDUCTIONS:	$	129,938.13	$ -	$ -	$ -	$ -	$ 129,938.13
		SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$	322,726.37	$ -	$ -	$ -	$ -	$ 322,726.37
		SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$	29,866.17	Less Exempt:				
TAXABLE PAY:	$	422,798.33	$ 422,798.33				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 6,130.58		
FICA - MED (EE)	1.45%	$ 6,130.58	$ 6,130.58	$ -
FICA - SOC SEC (ER)	6.20%	$ 26,213.50		
FICA - SOC SEC (EE)	6.20%	$ 26,213.50	$ 26,213.56	$ (0.06)
FED WITHHOLDING		$ 27,675.57	$ 27,675.57	

TAX DEPOSIT:		$ 92,363.73	$ 92,363.85	
FICA - MEDICARE	2.90%	$ 12,261.16	$12,261.16	
FICA - SOCIAL SECURITY	12.40%	$ 52,427.00	$52,427.12	PREPARED BY:
FED WITHHOLDING		$ 27,675.57	$27,675.57	PREPARED DATE:
TOTAL TAX:		$ 92,363.73	$92,363.85	$ (0.12)

Exempt Amt:

Employees over FICA-SS Cap:

Jason Anglin $ -

Diane Moore $ -

Roshanda Thomas

Paycode S - Employee Reimb.:

Roshanda S. Gray

TOTAL: $ -

Aliosn King

1/6/2020

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --December 27 , 2019 - January 5, 2020

Date	Bank Description	MMC Notes	Amount	CPSI
12/27/2019	PAY PLUS ACHTRANS 452579291 101000693275233 .	- 3rd Party Payor Fee	13.52	
12/27/2019	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	2,719.01	*
12/27/2019	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	307,192.96	**
12/30/2019	PAY PLUS ACHTRANS 452579291 101000694027095	- 3rd Party Payor Fee	0.48	
12/30/2019	EXPERTPAY EXPERTPAY 746003411 91000015163964	-Child Support Payment -Payroll Ending 12/19/19	347.65	**
12/30/2019	IRS USATAXPYMT 220976462341035 6103601000323	- Payroll Taxes	95,631.70	**
12/31/2019	PAY PLUS ACHTRANS 452579291 101000694953577	- 3rd Party Payor Fee	94.57	
12/31/2019	MCKESSON DRUG AUTO ACH ACH04031839 910000182	- 340B Drug Program Expense	4,527.20	***
12/31/2019	IRS USATAXPYMT 220976513189120 6103601000296	- Payroll Taxes	88.48	*
1/2/2020	PAY PLUS ACHTRANS 452579291 101000695932180	- 3rd Party Payor Fee	2.22	
1/3/2020	PAY PLUS ACHTRANS 452579291 101000697174186	- 3rd Party Payor Fee	10.80	
1/3/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1,012.59	***
1/3/2020	AUTHNET GATEWAY BILLING 109683914 1040000187	- 3rd Party Payor Fee	10.00	
			411,651.18	

CFO

January 6, 2019

Diane Moore, CFO
Memorial Medical Center

* Approved 12-30-19 CC
** Approved 12-23-19 CC
*** To be Approved 01-08-2020 due to court date changes

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
			-

CFO

January 6, 2019

Diane Moore, CFO
Memorial Medical Center

Pay
PLUS
Authnet

13.52 +
0.48 +
94.57 +
2.22 +
10.80 +
121.59 *
10.00 +
10.00 *
121.59 +
10.00 +
131.59 *
411,651.18 +
2,719.01 –
307,192.96 –
347.65 –
95,631.70 –
4,527.20 –
88.48 –
1,012.59 –
131.59 *
131.59 +
131.59 –
0.00 *

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
1/6/2020

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	:	137,001.61	115,921.76	173,657.05		-	194,736.90		101,971.89
						Bank Balance	194,736.90		
						Variance	-		
						Leave in Balance	100.00		
						Pending QIPP Ck to MMC	20,888.35		
Routing Information for Ashford Gardens:						MMC Portion QIPP 1 &2	71,638.23	QIPP YR 2 IGT RECONCILLIATION PMT	
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		
Acco						December Interest	46.93		
						Adjust Balance/Transfer Amt	101,971.89		
Broadmoor		152,542.97	152,343.77	156,810.24		-	157,009.44		142,795.86
						Bank Balance	157,009.44		
						Variance	-		
						Leave in Balance	100.00		
						Pending QIPP Ck to MMC			
						MMC Portion QIPP 1 &2	13,965.35	QIPP YR 2 IGT RECONCILLIATION PMT	
						MMC Portion QIPP 3,4,Lapse			
						October Interest	48.32		
						November Interest	50.88		
						December Interest	49.03		
						Adjust Balance/Transfer Amt	142,795.86		
Crescent		182,184.03	181,982.61	134,483.10		-	134,684.52		120,600.54
						Bank Balance	134,684.52		
						Variance	-		
						Leave in Balance	100.00		
						Pending QIPP Ck to MMC			
						MMC Portion QIPP 1 &2	13,840.95		
						MMC Portion QIPP 3,4,Lapse			
						October Interest	51.97		
						November Interest	49.45		
						December Interest	41.61		
						Adjust Balance/Transfer Amt	120,600.54		
Fort Bend		43,891.56	40,748.11	95,795.17		-	98,938.62		69,474.57
						Bank Balance	98,938.62		
						Variance	-		
						Leave in Balance	100.00		
						Pending QIPP Ck to MMC			
						MMC Portion QIPP 1 &2	29,304.85	QIPP YR 2 IGT RECONCILLIATION PMT	
						MMC Portion QIPP 3,4,Lapse			
						October Interest	22.52		
						November Interest	20.93		
						December Interest	15.75		
						Adjust Balance/Transfer Amt	69,474.57		
Solera at W Houston		154,298.68	154,093.63	243,942.85			244,147.90		223,485.10
						Bank Balance	244,147.90		
						Variance	-		
						Leave in Balance	100.00		
						Pending QIPP Ck to MMC			
Routing Information for Crescent / Solera at West Ho						MMC Portion QIPP 1 &2	20,398.78	QIPP YR 2 IGT RECONCILLIATION PMT	
Cantex Health Care Centers III LLC						MMC Portion QIPP 3,4,Lapse			
JP Morgan Chase Bank						October Interest	59.39		
ABA 1						November Interest	45.66		
Accou						December Interest	58.97		
						-			
						Adjust Balance/Transfer Amt	223,485.10		
						TOTAL TRANSFERS			658,327.96

101,971.89 +
142,795.86 +
120,600.54 +
69,474.57 +
223,485.10 +
658,327.96 *

Note: Only balances of over $5,000 will be transferre
Note 2: Each account has a base balance of $100 tha

Approved:
Diane Moore, CFO 1/6/2020

APPROVED
ON
JAN 06 2020
COUNTY AUDITOR
UN

J:\NH Weekly Transfers\NH UPL Transfer Summary\2020\NH UPL Transfer Summary 1-6-20.xlsx

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/27/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191225153012	$ -	$ 13,962.32					-	13,962.32
12/27/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191225132001	$ -	$ 5,203.64					-	5,203.64
12/27/2019	NOVITAS SOLUTION HCCLAIMPMT 675423 420000133 TRN*1*EFT6903805*1205	$ -	$ 37,386.24					-	37,386.24
12/27/2019	HUMANA CHA DISB HCCLAIMPMT 390860 4200001356 TRN*1*01484010096594	$ -	$ 7,445.06					-	7,445.06
12/30/2019	Deposit	$ -	$ 34,290.30					-	34,290.30
12/30/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191226108003	$ -	$ 2,818.31					-	2,818.31
12/30/2019	NOVITAS SOLUTION HCCLAIMPMT 675423 420000125 TRN*1*EFT6904434*1205	$ -	$ 231.85					-	231.85
12/30/2019	HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2 ISA~00~0000000000~00~C	$ -	$ 71,638.23	71,638.23 ✓				71,638.23	-
12/31/2019	Accr Earning Pymt	$ -	$ 46.93 ✓					-	-
12/31/2019	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	$ 115,921.76 ✓	$ -					-	-
1/2/2020	CIGNA HCCLAIMPMT 1326436189 91000012272381 TRN*1*191228090040716*1	$ -	$ 114.17					-	114.17
1/3/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1497103810*141128	$ -	$ 520.00					-	520.00
		$ 115,921.76	$ 173,657.05 ✓	71,638.23	-	-	-	71,638.23	101,971.89

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/27/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191225121003	$ -	$ 4,446.03					-	4,446.03
12/27/2019	NOVITAS SOLUTION HCCLAIMPMT 676357 420000133 TRN*1*EFT5419047*1205	$ -	$ 70,463.80					-	70,463.80
12/30/2019	Deposit	$ -	$ 26,918.03					-	26,918.03
12/30/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191227138000	$ -	$ 2,020.05					-	2,020.05
12/30/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191227143001	$ -	$ 1,770.15					-	1,770.15
12/30/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191226137000	$ -	$ 0.07					-	0.07
12/30/2019	NOVITAS SOLUTION HCCLAIMPMT 676357 420000124 TRN*1*EFT5420714*1205	$ -	$ 15,461.50					-	15,461.50
12/30/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*0SE12110166986	$ -	$ 3,290.37					-	3,290.37
12/30/2019	HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2 ISA~00~0000000000~00~C	$ -	$ 13,965.35	13,965.35 ✓				13,965.35	-
12/31/2019	Accr Earning Pymt	$ -	$ 49.03 ✓					-	-
12/31/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 144,832.23 ✓	$ -					-	-
12/31/2019	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0248003	$ -	$ 7,298.55					-	7,298.55
12/31/2019	NOVITAS SOLUTION HCCLAIMPMT 676357 420000136 TRN*1*EFT5422425*1205	$ -	$ 4,238.96					-	4,238.96
12/31/2019	HUMANA INS CO EFPAYMENT 390861 8300005718431 TRN*1*00129004791388(	$ -	$ 3,091.30					-	3,091.30
1/3/2020	Check #45	$ 7,511.54	$ - ✓					-	-
1/3/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0248071	$ -	$ 2,700.40					-	2,700.40
1/3/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000194 TRN*1*EFT5425524*1205	$ -	$ 160.22					-	160.22
1/3/2020	HUMANA CHA DISB HCCLAIMPMT 390861 4200001855 TRN*1*01484010098148	$ -	$ 936.43					-	936.43
		$ 152,343.77	$ 156,810.24 ✓	13,965.35	-	-	-	13,965.35	142,795.86

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/27/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191225121002	$ -	$ 1,721.55					-	1,721.55
12/27/2019	NOVITAS SOLUTION HCCLAIMPMT 676323 420000133 TRN*1*EFT5419025*1205	$ -	$ 65,339.04					-	65,339.04
12/30/2019	Deposit	$ -	$ 38,507.74					-	38,507.74
12/30/2019	NOVITAS SOLUTION HCCLAIMPMT 676323 420000124 TRN*1*EFT5420701*1205	$ -	$ 1,959.68					-	1,959.68
12/30/2019	HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2 ISA~00~0000000000~00~C	$ -	$ 13,840.95	13,840.95 ✓				13,840.95	-
12/31/2019	Accr Earning Pymt	$ -	$ 41.61 ✓					-	-
12/31/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 175,546.37 ✓	$ -					-	-
12/31/2019	NOVITAS SOLUTION HCCLAIMPMT 676323 420000136 TRN*1*EFT5422413*1205	$ -	$ 5,243.51					-	5,243.51
12/31/2019	HUMANA INS CO EFPAYMENT 390864 8300005718431 TRN*1*00129004791388:	$ -	$ 1,809.02					-	1,809.02
1/3/2020	Check #75	$ 6,436.24	$ -					-	-
1/3/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0248061	$ -	$ 6,020.00					-	6,020.00
		$ 181,982.61	$ 134,483.10 ✓	13,840.95	-	-	-	13,840.95	120,600.54

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/27/2019	UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*2019122510400785	$ -	$ 1,950.00					-	1,950.00
12/27/2019	NOVITAS SOLUTION HCCLAIMPMT 675663 420000133 TRN*1*EFT5418128*1205	$ -	$ 31,745.82					-	31,745.82
12/30/2019	Deposit	$ -	$ 20,161.10					-	20,161.10
12/30/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*0SE12118173057	$ -	$ 12,542.54					-	12,542.54
12/30/2019	HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2 ISA~00~0000000000~00~C	$ -	$ 29,304.85	29,304.85 ✓				29,304.85	-
12/31/2019	Accr Earning Pymt	$ -	$ 15.75 ✓					-	-
12/31/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 32,205.85	$ - ✓					-	-
1/3/2020	Check #72	$ 8,542.26 ✓	$ -					-	-
1/3/2020	NOVITAS SOLUTION HCCLAIMPMT 675663 420000194 TRN*1*EFT5424995*1205	$ -	$ 75.11					-	75.11
		$ 40,748.11	$ 95,795.17 ✓	29,304.85	-	-	-	29,304.85	66,474.57

approved for 35,205.85 on 12.30.19 cc. difference will be included in this weeks transfer.

Solera at West Houston		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/27/2019	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0247916	$ -	$ 6,435.00					-	6,435.00
12/27/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191225121002	$ -	$ 7,148.43					-	7,148.43
12/27/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191225116001	$ -	$ 1,490.19					-	1,490.19
12/27/2019	NOVITAS SOLUTION HCCLAIMPMT 676310 420000133 TRN*1*EFT5419018*1205	$ -	$ 88,021.13					-	88,021.13
12/30/2019	Deposit	$ -	$ 9,484.69					-	9,484.69
12/30/2019	HUMANA INS CO HCCLAIMPMT 390862 830000530172 TRN*1*00129004787328	$ -	$ 2,230.46					-	2,230.46
12/30/2019	HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2 ISA~00~0000000000~00~0	$ -	$ 20,398.78	20,398.78	✓			20,398.78	-
12/31/2019	Accr Earning Pymt	$ -	$ 58.97					-	-
12/31/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 146,368.05	$ -					-	-
12/31/2019	NOVITAS SOLUTION HCCLAIMPMT 676310 420000136 TRN*1*EFT5422409*1205	$ -	$ 3,690.62					-	3,690.62
12/31/2019	HUMANA INS CO EFPAYMENT 390862 8300005714808 TRN*1*00129004789481	$ -	$ 28,823.92					-	28,823.92
12/31/2019	HUMANA INS CO EFPAYMENT 390862 8300005718431 TRN*1*00129004791388	$ -	$ 817.20					-	817.20
1/2/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9496805979*141128	$ -	$ 27,060.00					-	27,060.00
1/3/2020	Check #74	$ 7,725.58	$ -					-	-
1/3/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0248059	$ -	$ 6,198.40					-	6,198.40
1/3/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9497157300*141128	$ -	$ 7,790.00					-	7,790.00
1/3/2020	HUMANA INS CO EFPAYMENT 390862 8300005564506 TRN*1*00129004797789	$ -	$ 12,739.46					-	12,739.46
1/3/2020	HUMANA CHA DISB HCCLAIMPMT 390862 4200001855 TRN*1*01484010098406	$ -	$ 21,555.60					-	21,555.60
		$ 154,093.63	$ 243,942.85	20,398.78	-	-	-	20,398.78	223,485.10
	TOTALS	$ 645,089.88	$ 804,688.41	149,148.16	-	-	-	149,148.16	655,327.96

Quick View

DDA — Data reported as of Jan 6, 2020 9:

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	$194,736.90	$227,716.01	$194,736.90	$194,216.90
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$157,009.44	$165,565.08	$157,009.44	$160,723.93
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$134,684.52	$145,569.91	$134,684.52	$135,100.76
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$244,147.90	$256,447.90	$244,147.90	$203,590.02
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$98,938.62	$99,184.94	$98,938.62	$107,405.77
[redacted] MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	[redacted]			
[redacted] CAL CO INDIGENT HEALTHCARE	[redacted]			
[redacted] MMC -NH GULF POINTE PLAZA - PRIVATE PAY	[redacted]			
[redacted] MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	[redacted]			

* indicates re
Page generated on 01/06/2020 at 9:

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
1/6/2020

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	-	90,586.94	90,080.63	26,811.97	-	-	27,318.28	26,782.13
						Bank Balance	27,318.28	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC	360.00	CK #48 WRITTEN FOR WRONG AMT NEED TO CUT ANOTHER CK FOR 360.00 TO CORRECT
						MMC Portion QIPP 1 &2		
						MMC Portion QIPP 3,4,Lapse		
						October Interest	24.04	
						November Interest	22.27	
						December Interest	29.84	
							-	
						Adjust Balance/Transfer Amt	26,782.13	

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

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

Approved:
Diane Moore, CFO — CFO — 1/6/2020

APPROVED
ON
JAN 06 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	
12/27/2019	NOVITAS SOLUTION HCCLAIMPMT 676097 420000133 TRN*1*EFT5418174	$ -	$ 11,913.68					-	11,913.68
12/30/2019	Deposit	$ -	$ 11,975.32					-	11,975.32
12/30/2019	NOVITAS SOLUTION HCCLAIMPMT 676097 420000124 TRN*1*EFT5420291	$ -	$ 2,893.13					-	2,893.13
12/31/2019	Accr Earning Pymt	$ -	$ 29.84					-	-
12/31/2019	WIRE OUT NEXION HEALTH AT GOLDEN CREEK	$ 68,034.32	$ -					-	-
1/3/2020	Check #48	$ 22,046.31	$ -					-	-
		90,080.63	26,811.97	-	-	-	-	-	26,782.13

Quick View

DDA

Data reported as of Jan 6, 2020 9:

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted] MEMORIAL MEDICAL CENTER - OPERATING	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / NH ASHFORD	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / NH BROADMOOR	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / NH CRESCENT	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / NH FORT BEND	[redacted]	[redacted]	[redacted]	[redacted]
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$27,318.28	$27,318.28	$27,318.28	$49,364.59
[redacted] CAL CO INDIGENT HEALTHCARE	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MMC -NH GULF POINTE PLAZA - PRIVATE PAY	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	[redacted]	[redacted]	[redacted]	[redacted]

* indicates re

Page generated on 01/06/2020 at 9:

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
1/6/2020

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		14,324.22	13,098.63	209.84		-		1,435.43	No Transfer
							Bank Balance	1,435.43	
							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	2.96	
							Adjust Balance/Transfer Amt	1,330.54	

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		63,707.91	63,565.36	94,839.67		-		94,982.22	94,824.59
							Bank Balance	94,982.22	
							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	15.08	
							Adjust Balance/Transfer Amt	94,824.59	
							TOTAL TRANSFERS		94,824.59

Routing Information for Gulf Pointe Plaza:

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

Approved:
Diane Moore, CFO
1/6/2020

APPROVED
ON
JAN 06 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	
12/27/2019 CIGNA HCCLAIMPMT 1922092790 91000012559051 TRN*1*19122409003(	$ -	$ 206.88					-	206.88
12/31/2019 Added to Account	$ -	$ 2.96					-	-
1/3/2020 Check #5	$ 13,098.63	$ -					-	-
	13,098.63	209.84	-	-	-	-	-	206.88

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	
12/30/2019 NORIDIAN J3A HCCLAIMPMT 675892 4200001455755 TRN*1*EFT6846972'	$ -	$ 85,812.82					-	85,812.82
12/30/2019 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SE126601	$ -	$ 9,011.77					-	9,011.77
12/31/2019 Added to Account	$ -	$ 15.08					-	-
12/31/2019 WIRE OUT HMG SERVICES, LLC	$ 63,565.36	$ -					-	-
	63,565.36	94,839.67	-	-	-	-	-	94,824.59
	76,663.99	95,049.51	-	-	-	-	-	95,031.47

Quick View

DDA

Data reported as of Jan 6, 2020 9:

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted] MEMORIAL MEDICAL CENTER - OPERATING	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / NH ASHFORD	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / NH BROADMOOR	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / NH CRESCENT	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / NH FORT BEND	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] CAL CO INDIGENT HEALTHCARE	[redacted]	[redacted]	[redacted]	[redacted]
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,435.43	$1,435.43	$1,435.43	$14,534.06
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$94,982.22	$100,961.20	$94,982.22	$94,982.22

* indicates re
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MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 1/6/2020

APPROVED ON JAN 06 2020

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK#000081

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

AMOUNT: $71,638.23

G/L NUMBER: 21000012

EXPLANATION: ASHFORD- To transfer funds to MMC for QIPP Yr2 IGT Reconciliation

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

RUN DATE:01/09/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:34 CHECK REGISTER GLCKREG
01/09/20 THRU 01/09/20

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHA	000081	01/09/20	71,638.23	MMC OPERATING
TOTALS:			71,638.23	

Ashford

APPROVED
ON

JAN 08 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 1/6/2020

APPROVED ON JAN 06 2020

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: $13,965.35

G/L NUMBER: 21000009

EXPLANATION: BROADMOOR- To transfer funds to MMC for QIPP Yr2 IGT Reconciliation

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK--CHECK----				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000046	01/09/20	13,965.35	MMC OPERATING
TOTALS:			13,965.35	

Broadmoor

APPROVED
ON

JAN 08 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 1/6/2020

APPROVED ON JAN 06 2020

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: $13,840.95

G/L NUMBER: 21000010

EXPLANATION: CRESCENT- To transfer funds to MMC for QIPP Yr2 IGT Reconciliation

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHC	000076	01/09/20	13,840.95	MMC OPERATING Crescent
TOTALS:			13,840.95	

APPROVED
ON

JAN 08 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 1/6/2020

APPROVED ON JAN 06 2020

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: $29,304.85

G/L NUMBER: 21000008

EXPLANATION: FORT BEND- To transfer funds to MMC for QIPP Yr2 IGT Reconciliation

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHF	000073	01/09/20	29,304.85	MMC OPERATING
TOTALS:			29,304.85	

Fort Bend

APPROVED
ON

JAN 08 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 1/6/2020

APPROVED ON JAN 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $20,398.78

G/L NUMBER: G/L # 00075 21000011

EXPLANATION: SOLERA- To transfer funds to MMC for QIPP Yr2 IGT Reconciliation

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHS	000075	01/09/20	20,398.78	MMC OPERATING
TOTALS:			20,398.78	

Salem

APPROVED
ON

JAN 08 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 1/6/2020

APPROVED ON JAN 06 2020

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

Ck #000049

AMOUNT: $360.00

G/L NUMBER: 21000013

EXPLANATION: GOLDEN CREEK- To transfer remaining amount that should have been paid on Ck #48- Ck was written for wrong amount; funds for QIPP Comp 1 &2

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHG	000049	01/09/20	360.00	MMC OPERATING
TOTALS:			360.00	

golden creek

APPROVED
ON

JAN 08 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **1/8/2020**

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	81	MMC -Prosperity Operating #10000001	21000012	71,638.23				71,638.23		1/8/2020
Broadmoor	10000019 - Prosperity	46	MMC -Prosperity Operating #10000001	21000009	13,965.35				13,965.35		1/8/2020
Crescent	10000020 - Prosperity	76	MMC -Prosperity Operating #10000001	21000010	13,840.95				13,840.95		1/8/2020
Fort Bend	10000021 - Prosperity	73	MMC -Prosperity Operating #10000001	21000008	29,304.85				29,304.85		1/8/2020
Solera	10000022 - Prosperity	75	MMC -Prosperity Operating #10000001	21000011	20,398.78				20,398.78		1/8/2020
Golden Creek	10000023 - Prosperity	49	MMC -Prosperity Operating #10000001	21000013	360.00				360.00		1/8/2020
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	21000014					-		
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001	21000014					-		
				Total:	149,508.16	-	-	-	149,508.16		

Note:

Approved:
Diane Moore, CFO 1/6/2020

20,398.78 T
71,638.23 T
360.00 T
29,304.85 T
13,840.95 T
13,965.35 T
149,508.16

APPROVED
ON
JAN 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

87SS

No. 75

88-2265
1131

1-9-20

PAY TO THE ORDER OF Memorial Medical Center Operating $20,398.78

Twenty Thousand Three Hundred Ninety-eight & 78/100 DOLLARS

PROSPERITY BANK

County Auditor

QIPP Yr2 Comp 1 Reconciliation

County Treasurer

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

87SS

No 81

88-2265
1131

1-9-20

PAY TO THE ORDER OF Memorial Medical Center Operating $ 71,638.23

Seventy-one thousand six hundred thirty eight 23/100 DOLLARS

PROSPERITY BANK

County Auditor

QIPP comp 1 Yr2 Reconciliation

County Treasurer

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

MP

000049

88-2265/1131

Date 1-9-20

PAY
TO THE ORDER OF Memorial Medical Center Operating $ 360.00

Three hundred sixty & 0/100 **DOLLARS**

PROSPERITY BANK

County Auditor

MP

FOR TD correct CK #048

County Treasurer

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

000073

88-2265/1131

Date 1-9-20

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 29,304.85

Twenty-nine Thousand Three hundred four 85/100 DOLLARS

PROSPERITY BANK

County Auditor

County Treasurer

FOR DIPP 4R2 Comp 1 Reconciliation

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

000076

88-2265/1131

Date 1-9-20

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 13,840.95

Thirteen Thousand Eight hundred fourty & 95/100 DOLLARS

PROSPERITY BANK

County Auditor

County Treasurer

FOR DIPP 4R2 Comp 1 Reconciliation

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

000046

88-2265/1131

Date 1-9-20

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 13,965.35

Thirteen Thousand Nine hundred Sixty-five & 35/100 DOLLARS

PROSPERITY BANK

County Auditor

County Treasurer

FOR DIPP 4R2 Comp 1 Reconciliation

Security features are included. Details on back.