MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- Janaury 15, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	560,567.70
TOTAL TRANSFERS BETWEEN FUNDS	$	268,683.72
TOTAL NURSING HOME UPL EXPENSES	$	265,385.66
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED January 15, 2020	$	1,094,637.08

APPROVED

JAN 15 2020

CALLAHAN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 15, 2020

PAYABLES AND PAYROLL			
1/9/2020	Weekly Payables	548,117.06	
1/9/2020	Patient Refunds	2,542.85	
1/13/2020	McKesson-340B Prescription Expense	3,000.14	
1/13/2020	Amerisource Bergen-340B Prescription Expense	1,397.03	
	Prosperity Electronic Bank Payments		
1/6-1/10/2020	Credit Card & Lease Fees	5,300.05	
1/8/2020	Cleargage-Patient Financing Service	116.58	
1/6-1/10/2020	Pay Plus-Patient Claims Processing Fee	93.99	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 560,567.70**
TRANSFER BETWEEN FUNDS-NURSING HOMES			
1/9/2020	MMC Operating to Ashford-transfer NH portion of QIPP payment	15,436.35	
1/9/2020	MMC Operating to Solera-transfer NH portion of QIPP payment	5,025.57	
1/9/2020	MMC Operating to Fortbend-transfer NH portion of QIPP payment	6,425.45	
1/9/2020	MMC Operating to Broadmoor-Transfer NH portion of QIPP payment	3,117.21	
1/9/2020	MMC Operating to The Crescent-to correct insurance deposit error and transfer NH portionof QIPP payment	44,521.58	
1/9/2020	MMC Operating to Golden Creek Healthcare-to correct insurance deposit error and transfer NH portion of QIPP payment	112,406.39	
1/9/2020	MMC Operating to Gulf Pointe Plaza-to correct insurance deposit error and transfer NH portion of QIPP payment	81,751.17	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 268,683.72**
NURSING HOME UPL EXPENSES			
1/13/2020	Nursing Home UPI-Cantex Transfer	253,857.07	
1/13/2020	Nursing Home UPI-Nexion Transfer	2,252.69	
1/13/2020	Nursing Home UPI-HMG Transfer	8,484.32	
QIPP/INTEREST/RECOUP CHECKS TO MMC			
1/13/2020	Ashford-Interest Earned	138.43	
1/13/2020	Solera-Interest Earned	164.02	
1/13/2020	Crescent-Interest Earned	143.03	
1/13/2020	Broadmoor-Interest Earned	148.23	
1/13/2020	Fort Bend-Interest Earned	59.20	
1/13/2020	Golden Creek-Interest Earned	76.15	
1/13/2020	Gulf Pointe MM-Interest Earned	57.63	
1/13/2020	Gulf Pointe PP-Interest Earned	4.89	
TOTAL NURSING HOME UPL EXPENSES			**$ 265,385.66**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED January 15, 2020			**$ 1,094,637.08**

01/09/2020
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MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 01/22/2020

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
19M0197101	SCHEDULING SERVICES	01/09/20	12/05/20	01/04/20			558.00	0.00	0.00	558.00

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

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
140726	SUPPLIES (surgery)	12/31/20	12/24/20	01/18/20			157.92	0.00	0.00	157.92
140739	SUPPLIES (surgery)	12/31/20	12/26/20	01/20/20			26.57	0.00	0.00	26.57
140763	SUPPLIES (surgery)	12/31/20	12/27/20	01/21/20			17.98	0.00	0.00	17.98

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	202.47	0.00	0.00	202.47

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
9656907833	SUPPLIES	12/30/20	11/13/20	12/13/20			1,594.15	0.00	0.00	1,594.15

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

Vendor#	Vendor Name	Class	Pay Code
10958	ALLYSON SWOPE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
010720	CONTRACT EMPLOYEE (12/20/19 - 12/31/19)	01/08/20	01/07/20	01/07/20			2,648.25	0.00	0.00	2,648.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE	2,648.25	0.00	0.00	2,648.25

Vendor#	Vendor Name	Class	Pay Code
A1553	APPLIED CARDIAC SYSTEMS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0038028IN	SUPPLIES	12/30/20	11/06/20	01/08/20			209.99	0.00	0.00	209.99

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1553	APPLIED CARDIAC SYSTEMS	209.99	0.00	0.00	209.99

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
915629	SUPPLIES	12/30/20	12/13/20	12/28/20			231.58	0.00	0.00	231.58

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	231.58	0.00	0.00	231.58

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
11977622		12/31/20	12/28/20	01/22/20			7.04	0.00	0.00	7.04
	LATE FEE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE					7.04	0.00	0.00	7.04

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6008141400		12/30/20	12/19/20	01/08/20			863.85	0.00	0.00	863.85
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE					863.85	0.00	0.00	863.85

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
4379962		12/31/20	12/25/20	01/19/20			2,695.00	0.00	0.00	2,695.00
	MAINT CONTRACT									
108165575		12/31/20	12/26/20	01/20/20			1,067.50	0.00	0.00	1,067.50
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC					3,762.50	0.00	0.00	3,762.50

Vendor#	Vendor Name	Class	Pay Code
12600	BIOFIRE DIAGNOSTICS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1280026605		12/30/20	12/27/20	01/08/20			17,712.58	0.00	0.00	17,712.58
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12600	BIOFIRE DIAGNOSTICS LLC					17,712.58	0.00	0.00	17,712.58

Vendor#	Vendor Name	Class	Pay Code
12324	BLUE CROSS BLUE SHIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
121819	Medical | Dental INSURANCE For Employees: Terry Sizer and Rhonda Nielson (Board Members)	12/31/20	12/18/20	01/01/20			202,745.11	0.00	0.00	202,745.11
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12324	BLUE CROSS BLUE SHIELD					202,745.11	0.00	0.00	202,745.11

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
122419		12/30/20	12/24/20	01/15/20			39.92	0.00	0.00	39.92
	FUEL									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY					39.92	0.00	0.00	39.92

Vendor#	Vendor Name	Class	Pay Code
11295	CALHOUN COUNTY INDIGENT ACCOUN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
010820		01/08/20	01/08/20	01/08/20			180.00	0.00	0.00	180.00
	TRANSFER									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN					180.00	0.00	0.00	180.00

Vendor#	Vendor Name	Class	Pay Code
E1270	CENTERPOINT ENERGY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net

	123119		12/30/20	12/31/20	01/15/20	81.01	0.00	0.00	81.01
	GAS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	E1270	CENTERPOINT ENERGY				81.01	0.00	0.00	81.01
Vendor#	Vendor Name					Class	Pay Code		
13000	CLEARFLY	– salestax included							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	INV264962		12/30/20	01/06/20		1040.76	1,097.60	0.00	0.00	1,097.60 1040.76
	PHONES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	13000	CLEARFLY				1040.76	1,097.60	0.00	0.00	1,097.60 1040.76
Vendor#	Vendor Name					Class	Pay Code		
C1166	COASTAL OFFICE SOLUTONS					W			
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	OEQT129911		12/30/20	12/23/20	01/02/20		2,967.64	0.00	0.00	2,967.64
	CHAIRS	Exam room guest chairs								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS					2,967.64	0.00	0.00	2,967.64
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
	1908001W		12/30/20	12/05/20	01/08/20		158.25	0.00	0.00	158.25
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C0399	CORPUS CHRISTI PROSTHETICS					158.25	0.00	0.00	158.25
Vendor#	Vendor Name					Class	Pay Code		
R1050	CULLIGAN OF VICTORIA					M			
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1430270311302019		12/24/20	12/22/20	01/16/20		8.50	0.00	0.00	8.50
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	R1050	CULLIGAN OF VICTORIA					8.50	0.00	0.00	8.50
Vendor#	Vendor Name					Class	Pay Code		
10006	CUSTOM MEDICAL SPECIALTIES								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	262952		12/30/20	12/18/20	01/08/20		166.03	0.00	0.00	166.03
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES					166.03	0.00	0.00	166.03
Vendor#	Vendor Name					Class	Pay Code		
12612	DASHBOARD MD								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9161		12/30/20	01/01/20	01/01/20		550.00	0.00	0.00	550.00
	PROCESSING AND SUPPORT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12612	DASHBOARD MD					550.00	0.00	0.00	550.00
Vendor#	Vendor Name					Class	Pay Code		
10892	DIANE MOORE								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	123119		12/30/20	12/31/20	12/31/20		58.81	0.00	0.00	58.81
	QUIPP3 ROCKPORT	site meeting 12/13/19								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10892	DIANE MOORE	58.81	0.00	0.00	58.81

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC123119		12/30/20	12/31/20	12/31/20			155,811.38	0.00	0.00	155,811.38
	PRO FEES for Dec 16-31, 2019 (Physcian Services)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	155,811.38	0.00	0.00	155,811.38

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
T1912091378		12/30/20	12/09/20	01/03/20			28,127.33	0.00	0.00	28,127.33
	CONSULTING/BUSINESS SER'									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	28,127.33	0.00	0.00	28,127.33

Vendor#	Vendor Name	Class	Pay Code
F1050	FASTENAL COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
TXPOT217970		12/30/20	12/19/20	01/18/20			56.29	0.00	0.00	56.29
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY	56.29	0.00	0.00	56.29

Vendor#	Vendor Name	Class	Pay Code
F1100	FEDERAL EXPRESS CORP.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
687318973		12/30/20	12/19/20	01/13/20			10.68	0.00	0.00	10.68
	SHIPPING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	10.68	0.00	0.00	10.68

Vendor#	Vendor Name	Class	Pay Code
10788	FIRETROL PROTECTION SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
100632326		12/30/20	12/30/20	01/09/20			760.00	0.00	0.00	760.00
	INSPECTION A&D									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10788	FIRETROL PROTECTION SYSTEMS	760.00	0.00	0.00	760.00

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
5855529		12/30/20	12/17/20	01/11/20			55.00	0.00	0.00	55.00
5914394		12/30/20	12/18/20	01/12/20			176.61	0.00	0.00	176.61
	SUPPLIES									
6166944		12/30/20	12/27/20	01/21/20			133.64	0.00	0.00	133.64
	SUPPLIES									
5698702		12/31/20	12/12/20	01/06/20			256.92	0.00	0.00	256.92
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	622.17	0.00	0.00	622.17

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
122319		12/30/20	12/23/20	01/16/20		640.04	0.00	0.00	640.04
	PHONES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11183	FRONTIER				640.04	0.00	0.00	640.04

Vendor#	Vendor Name	Class	Pay Code
11149	GARDNER & WHITE, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
120119		12/31/20	12/01/20	12/01/20		11,129.59	0.00	0.00	11,129.59
	NOV & DEC INSURANCE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11149	GARDNER & WHITE, INC.				11,129.59	0.00	0.00	11,129.59

Vendor#	Vendor Name	Class	Pay Code
10901	GENESIS DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
50653		12/27/20	12/20/20	01/19/20		120.96	0.00	0.00	120.96
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS				120.96	0.00	0.00	120.96

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
1784189		12/24/20	12/17/20	01/16/20		1,277.70	0.00	0.00	1,277.70
	SUPPLIES								
1786310		12/30/20	12/23/20	01/22/20		608.30	0.00	0.00	608.30
1786438	Supplies	12/30/20	12/23/20	01/22/20		41.40	0.00	0.00	41.40
	SUPPLIES								
1766863		01/09/20	11/12/20	12/12/20		504.17	0.00	0.00	504.17
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY				2,431.57	0.00	0.00	2,431.57

Vendor#	Vendor Name	Class	Pay Code
12380	HEALTH SOLUTIONS DIETETICS — Picked up wrong amount		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
122319		01/09/20	12/23/20	12/23/20	3000.00	3,750.00	0.00	0.00	3,750.00 3000.00
	DIETICIAN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS			3000.00	3,750.00	0.00	0.00	3,750.00 3000.00

Vendor#	Vendor Name	Class	Pay Code
H1661	HFMA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
010720		01/08/20	01/07/20	01/07/20		425.00	0.00	0.00	425.00
	MEMERSHIP — Healthcare Financial Management Association								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	H1661	HFMA				425.00	0.00	0.00	425.00

Vendor#	Vendor Name	Class	Pay Code
12996	HMG		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
123119		12/30/20	12/31/20	12/31/20		2,638.36	0.00	0.00	2,638.36
	INDIGENT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12996	HMG	2,638.36	0.00	0.00	2,638.36

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3716		12/31/20	12/31/20	01/20/20			14,101.59	0.00	0.00	14,101.59
	PHAR SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	14,101.59	0.00	0.00	14,101.59

Vendor#	Vendor Name	Class	Pay Code
11692	INJOY HEALTH EDUCATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SO2284459		12/31/20	10/21/20	11/21/20			225.00	0.00	0.00	225.00
	WEB APP ANNUAL PORTAL FI									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11692	INJOY HEALTH EDUCATION	225.00	0.00	0.00	225.00

Vendor#	Vendor Name	Class	Pay Code
11108	ITERSOURCE CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5294		12/30/20	12/28/20	12/28/20			248.40	0.00	0.00	248.40
	WALL MOUNT KITS									
5293		12/30/20	12/28/20	12/28/20			362.25	0.00	0.00	362.25
	Call Queing license									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORPORATION	610.65	0.00	0.00	610.65

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
921733996		12/30/20	12/02/20	01/01/20			876.58	0.00	0.00	876.58
	SUPPLIES									
501176263		12/30/20	12/09/20	01/08/20			-275.93	0.00	0.00	-275.93
	CREDIT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	600.65	0.00	0.00	600.65

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
64877222		12/31/20	12/28/20	01/22/20			52.88	0.00	0.00	52.88
	PURCHASED SERVICES									
64871020		12/31/20	12/28/20	01/22/20			1,200.00	0.00	0.00	1,200.00
	SUPPLIES									
64862325		12/31/20	12/28/20	01/22/20			79.25	0.00	0.00	79.25
	PURCHASED SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	1,332.13	0.00	0.00	1,332.13

Vendor#	Vendor Name	Class	Pay Code
L1001	LANDAUER INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
100738911		12/30/20	11/18/20	12/18/20			773.12	0.00	0.00	773.12
	QRTLY BADGES RADIATION M									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1001	LANDAUER INC	773.12	0.00	0.00	773.12

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
	68725346	SUPPLIES	12/30/20	11/08/20	11/23/20		152.41	0.00	0.00	152.41
	70803617	SUPPLIES	12/30/20	12/04/20	12/19/20		152.41	0.00	0.00	152.41
	71239683	SUPPLIES	12/30/20	12/10/20	12/25/20		2,072.27	0.00	0.00	2,072.27
	71253014	SUPPLIES	12/30/20	12/10/20	12/25/20		96.58	0.00	0.00	96.58
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				2,473.67	0.00	0.00	2,473.67
Vendor#	Vendor Name				Class	Pay Code				
11432	MD REPORTS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	~~OEQT129911~~ INV-6451	MAIN CONTRACT- custom support program for MD Reports Endoscopy Report Writer	01/08/20	01/08/20	01/08/20		1,470.00	0.00	0.00	1,470.00
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11432	MD REPORTS				1,470.00	0.00	0.00	1,470.00
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
	0752624	SUPPLIES	12/31/20	12/20/20	01/20/20		220.35	0.00	0.00	220.35
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11203	MEDI-DOSE, INC				220.35	0.00	0.00	220.35
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
	010220	INDIGENT CARE	12/30/20	01/02/20	01/02/20		46.46	0.00	0.00	46.46
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10613	MEDIMPACT HEALTHCARE SYS, INC.				46.46	0.00	0.00	46.46
Vendor#	Vendor Name				Class	Pay Code				
M2827	MEDIVATORS				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	90380101	SUPPLIES	12/30/20	12/26/20	01/08/20		223.41	0.00	0.00	223.41
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2827	MEDIVATORS				223.41	0.00	0.00	223.41
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
	1894162997	SUPPLIES	12/24/20	12/24/20	01/18/20		68.34	0.00	0.00	68.34
	1895559166	EXAM TABLE	12/30/20	12/12/20	01/06/20		1,267.72	0.00	0.00	1,267.72
	1896202046	SUPPLIES	12/30/20	12/19/20	01/13/20		73.96	0.00	0.00	73.96
	1896202048		12/30/20	12/19/20	01/13/20		267.58	0.00	0.00	267.58

	SUPPLIES							
1896202047		12/30/20	12/19/20	01/13/20	23.10	0.00	0.00	23.10
	SUPPLIES Freight 18.60 on cilsplint 4.50							
1896202049		12/30/20	12/19/20	01/13/20	138.96	0.00	0.00	138.96
	SUPPLIES							
1896357247		12/30/20	12/20/20	01/14/20	1,440.65	0.00	0.00	1,440.65
	SUPPLIES							
1896357237		12/30/20	12/20/20	01/14/20	90.95	0.00	0.00	90.95
	SUPPLIES							
1896357243		12/30/20	12/20/20	01/14/20	2,682.58	0.00	0.00	2,682.58
	SUPPLIES							
1896647800		12/30/20	12/24/20	01/18/20	61.95	0.00	0.00	61.95
	SUPPLIES							
1896647802		12/30/20	12/24/20	01/18/20	127.55	0.00	0.00	127.55
	SUPPLIES							
1896647804		12/30/20	12/24/20	01/18/20	95.03	0.00	0.00	95.03
	SUPPLIES							
1896647801		12/30/20	12/24/20	01/18/20	202.44	0.00	0.00	202.44
	SUPPLIES							
1896646199		12/30/20	12/24/20	01/18/20	502.93	0.00	0.00	502.93
	SUPPLIES							
1896647805		12/30/20	12/24/20	01/18/20	270.36	0.00	0.00	270.36
	SUPPLIES							
1896647803		12/30/20	12/24/20	01/18/20	29.95	0.00	0.00	29.95
	SUPPLIES							
1896647806		12/30/20	12/24/20	01/18/20	49.28	0.00	0.00	49.28
	SUPPLIES							
1896711773		12/30/20	12/25/20	01/19/20	2,826.57	0.00	0.00	2,826.57
	SUPPLIES							
1896711774		12/30/20	12/25/20	01/19/20	881.35	0.00	0.00	881.35
	SUPPLIES							
1896711775		12/30/20	12/25/20	01/19/20	222.90	0.00	0.00	222.90
	SUPPLIES							
1896837530		12/30/20	12/27/20	01/21/20	90.95	0.00	0.00	90.95
	SUPPLIE							
1896686846		12/31/20	12/24/20	01/18/20	-17.19	0.00	0.00	-17.19
	CREDIT							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC			11,397.91	0.00	0.00	11,397.91

Vendor#	Vendor Name	Class	Pay Code
M2685	MICROTEK MEDICAL INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4686161		12/30/20	10/23/20	11/21/20			293.06	0.00	0.00	293.06
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2685	MICROTEK MEDICAL INC					293.06	0.00	0.00	293.06

Vendor#	Vendor Name	Class	Pay Code
M2662	MMC VOLUNTEERS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
395168		12/30/20	01/06/20	01/06/20			119.16	0.00	0.00	119.16
	CC MACHINE FEES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

M2662	MMC VOLUNTEERS				119.16	0.00	0.00	119.16

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
2479		12/30/20	12/23/20	01/02/20		-5.00	0.00	0.00	-5.00
5074837	CREDIT	12/30/20	12/31/20	01/10/20		20.56	0.00	0.00	20.56
5074840	INVENTORY	12/30/20	12/31/20	01/10/20		68.52	0.00	0.00	68.52
5074839	INVENTORY	12/30/20	12/31/20	01/10/20		249.19	0.00	0.00	249.19
5074838	INVENTORY	12/30/20	12/31/20	01/10/20		5.46	0.00	0.00	5.46
5072834	INVENTORY	12/30/20	12/31/20	01/10/20		6.90	0.00	0.00	6.90
5072835	INVENTORY	12/30/20	12/31/20	01/10/20		119.31	0.00	0.00	119.31
	INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	464.94	0.00	0.00	464.94

Vendor#	Vendor Name	Class	Pay Code
12388	NATIONAL FARM LIFE INSURANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3080420		12/31/20	12/16/20	01/01/20		4,212.70	0.00	0.00	4,212.70
	INSURANCE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LIFE INSURANCE	4,212.70	0.00	0.00	4,212.70

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
1851262364		12/27/20	12/19/20	01/18/20		844.55	0.00	0.00	844.55
	SUPPLIES								
1851255051		12/30/20	12/12/20	01/11/20		1,398.63	0.00	0.00	1,398.63
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	2,243.18	0.00	0.00	2,243.18

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
010720		01/08/20	01/07/20	01/07/20		1,930.63	0.00	0.00	1,930.63
	CONTRACT EMPLOYEE (12/23/19-01/04/2020)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	1,930.63	0.00	0.00	1,930.63

Vendor#	Vendor Name	Class	Pay Code
12544	PATRICK OCHOA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC012020		01/08/20	01/08/20	01/08/20		275.00	0.00	0.00	275.00
	CLINIC LAWN								
MMC112020		01/08/20	01/08/20	01/08/20		434.00	0.00	0.00	434.00
	HOSPITAL LAWN								
MMCR012020		01/08/20	01/08/20	01/08/20		125.00	0.00	0.00	125.00

REHAB LAWN

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12544	PATRICK OCHOA	834.00	0.00	0.00	834.00

Vendor#	Vendor Name	Class	Pay Code
P1800	PITNEY BOWES INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1014521498	SUPPLIES	12/30/20	12/11/20	01/10/20			223.92	0.00	0.00	223.92

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1800	PITNEY BOWES INC	223.92	0.00	0.00	223.92

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
B52878	SUPPLIES	12/30/20	01/06/20	01/16/20			48.18	0.00	0.00	48.18

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE	48.18	0.00	0.00	48.18

Vendor#	Vendor Name	Class	Pay Code
10372	PRECISION DYNAMICS CORP (PDC)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4733607	SUPPLIES	12/30/20	12/17/20	01/16/20			24.68	0.00	0.00	24.68

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	24.68	0.00	0.00	24.68

Vendor#	Vendor Name	Class	Pay Code
P1725	PREMIER SLEEP DISORDERS CENTER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
90	SLEEP STUDY	12/30/20	12/30/20	01/14/20			5,700.00	0.00	0.00	5,700.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER	5,700.00	0.00	0.00	5,700.00

Vendor#	Vendor Name	Class	Pay Code
D1080	RITA DAVIS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
123019	CONTRACT EMPLOYEE (10/2/19-12/29/19)	12/30/20	12/30/20	12/30/20			713.00	0.00	0.00	713.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1080	RITA DAVIS	713.00	0.00	0.00	713.00

Vendor#	Vendor Name	Class	Pay Code
G0425	ROBERTS, ODEFEY, WITTE & WALL	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
172	LEGAL	12/30/20	12/20/20	12/30/20			1,932.50	0.00	0.00	1,932.50
70	LEGAL	12/30/20	12/20/20	12/30/20			412.50	0.00	0.00	412.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0425	ROBERTS, ODEFEY, WITTE & WALL	2,345.00	0.00	0.00	2,345.00

Vendor#	Vendor Name	Class	Pay Code
S0900	SAM'S CLUB DIRECT - entered money receipt	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
009109	SUPPLIES	12/30/20	11/25/20	01/08/20			252.53	0.00	0.00	252.53

009252		12/30/20	11/26/20	01/08/20	71.40	0.00	0.00	71.40
	SUPPLIES							
002228		12/30/20	12/08/20	01/08/20	30.64	0.00	0.00	30.64
	SUPPLIES							
1338 002229		12/30/20	12/08/20	01/08/20	109.34 -2.53	0.00	0.00	-2.53 109.34
	CREDIT							
004988		12/30/20	12/17/20	01/08/20	56.94	0.00	0.00	56.94
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0900	SAM'S CLUB DIRECT	570.95 408.98	0.00	0.00	408.98 570.85

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
010720		12/31/20	01/07/20	01/07/20			121.66	0.00	0.00	121.66
	CONTRACT EMPLOYEE (1/2/2020 - 1/7/2020)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	121.66	0.00	0.00	121.66

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
21820		12/23/20	12/18/20	01/17/20			2,835.00	0.00	0.00	2,835.00
	ICE NURSE ROWE (12/13/19 - 12/15/19)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12848	SKILLGIGS INC.	2,835.00	0.00	0.00	2,835.00

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
923688331		12/30/20	11/19/20	12/19/20			1,082.42	0.00	0.00	1,082.42
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	1,082.42	0.00	0.00	1,082.42

Vendor#	Vendor Name	Class	Pay Code
12476	SUN LIFE FINANCIAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
122419		12/31/20	12/24/20	01/10/20			11,711.69	0.00	0.00	11,711.69
	INSURANCE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12476	SUN LIFE FINANCIAL	11,711.69	0.00	0.00	11,711.69

Vendor#	Vendor Name	Class	Pay Code
T1450	TEXAS ASSOCIATION OF COUNTIES	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
010720		12/30/20	01/07/20	01/07/20			5,961.23	0.00	0.00	5,961.23
	4TH QRT 2019 UNEMPLOYMEI									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1450	TEXAS ASSOCIATION OF COUNTIES	5,961.23	0.00	0.00	5,961.23

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
010220		12/30/20	01/02/20	01/02/20			350.40	0.00	0.00	350.40
	REGISTRATION 2020 THA CON									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

10765	TEXAS HOSPITAL ASSOCIATION				350.40	0.00	0.00	350.40

Vendor#	Vendor Name	Class	Pay Code
11039	THE BRATTON FIRM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
121319	FEE FOR COLLECTION	12/30/20	12/31/20	12/31/20			960.00	0.00	0.00	960.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11039	THE BRATTON FIRM	960.00	0.00	0.00	960.00

Vendor#	Vendor Name	Class	Pay Code
T2250	THYSSENKRUPP ELEVATOR CORP	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5001201162	OIL & GREASE ELEVATOR	12/30/20	12/26/20	12/26/20			604.50	0.00	0.00	604.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2250	THYSSENKRUPP ELEVATOR CORP	604.50	0.00	0.00	604.50

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
25685	STAFFING	12/30/20	12/24/20	12/24/20			842.27	0.00	0.00	842.27

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING	842.27	0.00	0.00	842.27

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
8400317963	LAUNDRY	12/23/20	12/05/20	01/20/20			120.39	0.00	0.00	120.39
8400319366	LAUNDRY	12/31/20	12/23/20	01/17/20			61.07	0.00	0.00	61.07
8400319397	LAUNDRY	12/31/20	12/23/20	01/17/20			1,360.09	0.00	0.00	1,360.09
8400319365	LAUNDRY	12/31/20	12/23/20	01/17/20			47.15	0.00	0.00	47.15
8400319709	LAUNDRY	12/31/20	12/26/20	01/20/20			164.14	0.00	0.00	164.14
8400319767	LAUNDRY	12/31/20	12/26/20	01/20/20			104.67	0.00	0.00	104.67
8400319710	LAUNDRY	12/31/20	12/26/20	01/20/20			175.86	0.00	0.00	175.86
8400319708	LAUNDRY	12/31/20	12/26/20	01/20/20			120.39	0.00	0.00	120.39
8400319741	LAUNDRY	12/31/20	12/26/20	01/20/20			827.18	0.00	0.00	827.18
8400319711	LAUNDRY	12/31/20	12/26/20	01/20/20			175.83	0.00	0.00	175.83
8400319706	LAUNDRY	12/31/20	12/26/20	01/20/20			18.62	0.00	0.00	18.62
8400319727	LAUNDRY	12/31/20	12/26/20	01/20/20			83.14	0.00	0.00	83.14

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,258.53	0.00	0.00	3,258.53

Vendor#	Vendor Name	Class	Pay Code

U1350 UPS W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
778941519	SHIIPING	12/30/20	12/21/20	12/21/20			297.09	0.00	0.00	297.09

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1350	UPS	297.09	0.00	0.00	297.09

Vendor# V1058 Vendor Name VICTORIA ANESTHESIOLOGY Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
010620	ANESTHESIA difference between guarantee and actual collections plus 5.25% billing fee	12/30/20	01/06/20	01/06/20			19,700.89	0.00	0.00	19,700.89

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1058	VICTORIA ANESTHESIOLOGY	19,700.89	0.00	0.00	19,700.89

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
19120258	AD	12/30/20	12/31/20	12/31/20			280.00	0.00	0.00	280.00
19120257	AD	12/30/20	12/31/20	12/31/20			280.00	0.00	0.00	280.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD	560.00	0.00	0.00	560.00

Vendor# 10943 Vendor Name WALLER,LANSDEN, DORTCH & DAVIS Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10741273	LEGAL	11/30/20	11/20/20	01/20/20			3,500.00	0.00	0.00	3,500.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10943	WALLER,LANSDEN, DORTCH & DAVIS	3,500.00	0.00	0.00	3,500.00

Vendor# W1005 Vendor Name WALMART COMMUNITY Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
001226	SUPPLIES	12/30/20	11/14/20	01/11/20			8.64	0.00	0.00	8.64
008332	SUPPLIES	12/30/20	12/09/20	01/11/20			12.08	0.00	0.00	12.08
121619	LATE FEE/ INTEREST	12/30/20	12/16/20	01/11/20			-4.36	0.00	0.00	-4.36

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY	16.36	0.00	0.00	16.36

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
128199	LAB COAT—Dr. Wong	12/30/20	12/19/20	01/18/20			35.30	0.00	0.00	35.30

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1040	WATERMARK GRAPHICS INC	35.30	0.00	0.00	35.30

Vendor# I1110 Vendor Name WERFEN USA LLC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9110761072		12/31/20	12/16/20	01/10/20			1,571.67	0.00	0.00	1,571.67

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,571.67	0.00	0.00	1,571.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	548,812.03	0.00	0.00	548,812.03

pg 3 correction { <1097.60> / +1040.76

pg 5 correction { <3750.00> / +3000.00

pg 11 correction { <408.98> / +520.85

$548,117.06

548,812.03 +
1,097.60 −
1,040.76 +
3,750.00 −
3,000.00 +
408.98 −
520.85 +
548,117.06 *

ON

JAN 09 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 183941—184019

Ø

RUN DATE:01/10/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:37 CHECK REGISTER GLCKREG
01/15/20 THRU 01/15/20

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
	A/P	183928	01/15/20	65.00	CARREON JACLYN E
	A/P	183929	01/15/20	60.00	CASSEL MAE BELLE
	A/P	183930	01/15/20	1,264.20	CHEN SZU YU
	A/P	183931	01/15/20	20.16	GARCIA SHARON
	A/P	183932	01/15/20	65.80	HASCHKE CAROL
	A/P	183933	01/15/20	287.28	HERRERA DOMITILA
	A/P	183934	01/15/20	369.61	KRUEGER SARAH
	A/P	183935	01/15/20	42.00	KVETON NEAL R
	A/P	183936	01/15/20	60.00	LONGORIA MARIA
	A/P	183937	01/15/20	122.61	ORTA JEANNIE
	A/P	183938	01/15/20	12.64	TAVERNIER ANDREW FRANC
	A/P	183939	01/15/20	150.10	VU NU THI
	A/P	183940	01/15/20	23.45	VU NU THI
	A/P	183941	01/15/20	558.00	ABILITY NETWORK (SHIFTHOUND)
	A/P	183942	01/15/20	202.47	ACE HARDWARE 15521
	A/P	183943	01/15/20	1,594.15	ALCON LABORATORIES, INC.
	A/P	183944	01/15/20	2,648.25	ALLYSON SWOPE
	A/P	183945	01/15/20	209.99	APPLIED CARDIAC SYSTEMS
	A/P	183946	01/15/20	231.58	AUTO PARTS & MACHINE CO.
	A/P	183947	01/15/20	7.04	BAXTER HEALTHCARE
	A/P	183948	01/15/20	863.85	BAYER HEALTHCARE
	A/P	183949	01/15/20	3,762.50	BECKMAN COULTER INC
	A/P	183950	01/15/20	17,712.58	BIOFIRE DIAGNOSTICS LLC
	A/P	183951	01/15/20	202,745.11	BLUE CROSS BLUE SHIELD
	A/P	183952	01/15/20	39.92	CALHOUN COUNTY
	A/P	183953	01/15/20	180.00	CALHOUN COUNTY INDIGENT ACCOUN
	A/P	183954	01/15/20	81.01	CENTERPOINT ENERGY
	A/P	183955	01/15/20	1,040.76	CLEARFLY
	A/P	183956	01/15/20	2,967.64	COASTAL OFFICE SOLUTONS
	A/P	183957	01/15/20	158.25	CORPUS CHRISTI PROSTHETICS
	A/P	183958	01/15/20	8.50	CULLIGAN OF VICTORIA
	A/P	183959	01/15/20	166.03	CUSTOM MEDICAL SPECIALTIES
	A/P	183960	01/15/20	550.00	DASHBOARD MD
	A/P	183961	01/15/20	58.81	DIANE MOORE
	A/P	183962	01/15/20	155,811.38	DISCOVERY MEDICAL NETWORK INC
	A/P	183963	01/15/20	28,127.33	EVIDENT
	A/P	183964	01/15/20	56.29	FASTENAL COMPANY
	A/P	183965	01/15/20	10.68	FEDERAL EXPRESS CORP.
	A/P	183966	01/15/20	760.00	FIRETROL PROTECTION SYSTEMS
	A/P	183967	01/15/20	622.17	FISHER HEALTHCARE
	A/P	183968	01/15/20	640.04	FRONTIER
	A/P	183969	01/15/20	11,129.59	GARDNER & WHITE, INC.
	A/P	183970	01/15/20	120.96	GENESIS DIAGNOSTICS
	A/P	183971	01/15/20	2,431.57	GULF COAST PAPER COMPANY
	A/P	183972	01/15/20	3,000.00	HEALTH SOLUTIONS DIETETICS
	A/P	183973	01/15/20	425.00	HFMA
	A/P	183974	01/15/20	2,638.36	HMG
	A/P	183975	01/15/20	14,101.59	HUNTER PHARMACY SERVICES
	A/P	183976	01/15/20	225.00	INJOY HEALTH EDUCATION
	A/P	183977	01/15/20	610.65	ITERSOURCE CORPORATION

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	183978	01/15/20	600.65	J & J HEALTH CARE SYSTEMS, INC
A/P	183979	01/15/20	1,332.13	LABCORP OF AMERICA HOLDINGS
A/P	183980	01/15/20	773.12	LANDAUER INC
A/P	183981	01/15/20	2,473.67	MCKESSON MEDICAL SURGICAL INC
A/P	183982	01/15/20	1,470.00	MD REPORTS
A/P	183983	01/15/20	220.35	MEDI-DOSE, INC
A/P	183984	01/15/20	46.46	MEDIMPACT HEALTHCARE SYS, INC.
A/P	183985	01/15/20	223.41	MEDIVATORS
A/P	183986	01/15/20	.00	VOIDED
A/P	183987	01/15/20	.00	VOIDED
A/P	183988	01/15/20	11,397.91	MEDLINE INDUSTRIES INC
A/P	183989	01/15/20	293.06	MICROTEK MEDICAL INC
A/P	183990	01/15/20	119.16	MMC VOLUNTEERS
A/P	183991	01/15/20	464.94	MORRIS & DICKSON CO, LLC
A/P	183992	01/15/20	4,212.70	NATIONAL FARM LIFE INSURANCE
A/P	183993	01/15/20	2,243.18	ORTHO CLINICAL DIAGNOSTICS
A/P	183994	01/15/20	1,930.63	PABLO GARZA
A/P	183995	01/15/20	834.00	PATRICK OCHOA
A/P	183996	01/15/20	223.92	PITNEY BOWES INC
A/P	183997	01/15/20	48.18	POWER HARDWARE
A/P	183998	01/15/20	24.68	PRECISION DYNAMICS CORP (PDC)
A/P	183999	01/15/20	5,700.00	PREMIER SLEEP DISORDERS CENTER
A/P	184000	01/15/20	713.00	RITA DAVIS
A/P	184001	01/15/20	2,345.00	ROBERTS, ODEFEY, WITTE & WALL
A/P	184002	01/15/20	520.85	SAM'S CLUB DIRECT
A/P	184003	01/15/20	121.66	SHIRLEY KARNEI
A/P	184004	01/15/20	2,835.00	SKILLGIGS INC.
A/P	184005	01/15/20	1,082.42	SMITH & NEPHEW
A/P	184006	01/15/20	11,711.69	SUN LIFE FINANCIAL
A/P	184007	01/15/20	5,961.23	TEXAS ASSOCIATION OF COUNTIES
A/P	184008	01/15/20	350.40	TEXAS HOSPITAL ASSOCIATION
A/P	184009	01/15/20	960.00	THE BRATTON FIRM
A/P	184010	01/15/20	604.50	THYSSENKRUPP ELEVATOR CORP
A/P	184011	01/15/20	842.27	TLC STAFFING
A/P	184012	01/15/20	3,258.53	UNIFIRST HOLDINGS INC
A/P	184013	01/15/20	297.09	UPS
A/P	184014	01/15/20	19,700.89	VICTORIA ANESTHESIOLOGY
A/P	184015	01/15/20	560.00	VICTORIA RADIOWORKS, LTD
A/P	184016	01/15/20	3,500.00	WALLER,LANSDEN, DORTCH & DAVIS
A/P	184017	01/15/20	16.36	WALMART COMMUNITY
A/P	184018	01/15/20	35.30	WATERMARK GRAPHICS INC
A/P	184019	01/15/20	1,571.67	WERFEN USA LLC
A/P	184020	01/15/20	15,436.35	ASHFORD GARDENS
A/P	184021	01/15/20	3,117.21	BROADMOOR AT CREEKSIDE PARK
A/P	184022	01/15/20	6,425.45	FORTBEND HEALTHCARE CENTER
A/P	184023	01/15/20	112,406.39	GOLDENCREEK HEALTHCARE
A/P	184024	01/15/20	81,751.17	GULF POINTE PLAZA
A/P	184025	01/15/20	5,025.57	SOLERA WEST HOUSTON
A/P	184026	01/15/20	44,521.58	THE CRESCENT
TOTALS:			819,343.63	

Payables 548,117.06 +
Patient refunds 2,542.85 +
15,436.35 +
Nursing 5,025.57 +
Home 6,425.45 +
Transfers 3,117.21 +
44,521.58 +
112,406.39 +
81,751.17 +
819,343.63 =

APPROVED
ON
JAN 15 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 01/09/20
TIME: 11:01

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		123019	122.61	2		[redacted]	
		010620	60.00	3			
		010620	150.10	2			
		010620	369.61	2			
		010620	23.45	2			
		123019	65.00	2			
		010620	42.00	5			
		010620	1264.20	1			
		010620	287.28	3			
		010620	12.64	2			
		010620	20.16	2			
		010620	60.00	2			
		010620	65.80	2			
	ARID=0001 TOTAL		2542.85				
TOTAL			2542.85				

APPROVED
ON
JAN 09 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 183928 - 183940

McKESSON

Company: 8000

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

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/10/2020 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 01/11/2020

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

As of: 01/10/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 01/11/2020

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 3,061.37 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 01/14/2020,
Pay This Amount: 3,000.14 USD

If Paid After 01/14/2020,
Pay this Amount: 3,061.37 USD

Due If Paid On Time:
USD 3,000.14

Disc lost if paid late: 61.23

Due If Paid Late:
USD 3,061.37

Check 5000 63

8.70 +
31.95 +
1,034.84 +
456.14 +
1,468.51 +
3,000.14

APPROVED ON

JAN 13 2020

COUNTY AUDITOR

McKESSON

Company: 8000

STATEMENT

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: 01/10/2020
DC: 8115
Territory: 400
Customer: 835434
Date: 01/11/2020

Page: 001

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

As of: 01/10/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434
Date: 01/11/2020

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 835434 CVS PHCY 8923/MEM MC PHS											
01/09/2020	01/14/2020	7176907485	638478	115Invoice	0.18	8.88		8.70		7176907485	

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: 8.88 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12/23/2019 5,028.34

If Paid By 01/14/2020, Pay This Amount: 8.70 USD

If Paid After 01/14/2020, Pay this Amount: 8.88 USD

Due If Paid On Time: USD 8.70

Disc lost if paid late: 0.18

Due If Paid Late: USD 8.88

CEO

APPROVED ON
JAN 13 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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: 01/10/2020
DC: 8115
Territory: 400
Customer: 190813
Date: 01/11/2020

Page: 001

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

As of: 01/10/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 01/11/2020

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 190813 HEB PHCY 0434/MEM MED PHS											
01/08/2020	01/14/2020	7176689094	2017011518	115Invoice	0.48	24.01		23.53	✓	7176689094	
01/10/2020	01/14/2020	7177154413	2017011581	115Invoice	0.17	8.59		8.42	✓	7177154413	

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: 32.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 01/06/2020 3,011.70

If Paid By 01/14/2020, Pay This Amount: 31.95 USD

If Paid After 01/14/2020, Pay this Amount: 32.60 USD

Due If Paid On Time: USD 31.95
Disc lost if paid late: 0.65
Due If Paid Late: USD 32.60

ok VA
CFO

APPROVED ON
JAN 13 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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: 01/10/2020

DC: 8115

Territory: 400

Customer: 835438
Date: 01/11/2020

Page: 001

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

As of: 01/10/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 01/11/2020

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 835438 CVS PHCY 7475/MEM MC PHS											
01/09/2020	01/14/2020	7177077653	638755	115Invoice	21.12	1,055.96		1,034.84		7177077653	

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: 1,055.96 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 01/06/2020 3,011.70

If Paid By 01/14/2020,
Pay This Amount: 1,034.84 USD

If Paid After 01/14/2020,
Pay this Amount: 1,055.96 USD

Due If Paid On Time:
USD 1,034.84

Disc lost if paid late: 21.12

Due If Paid Late:
USD 1,055.96

CFO

APPROVED
ON
JAN 13 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: 01/10/2020 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 01/11/2020

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

As of: 01/10/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 01/11/2020 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											
01/09/2020	01/14/2020	7176928338	638696	115Invoice	9.31	465.45		456.14		7176928338	

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: 465.45 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 01/06/2020 3,011.70

If Paid By 01/14/2020,
Pay This Amount: 456.14 USD

If Paid After 01/14/2020,
Pay this Amount: 465.45 USD

Due If Paid On Time:
USD 456.14

Disc lost if paid late: 9.31

Due If Paid Late:
USD 465.45

CFO

APPROVED
ON
JAN 13 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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: 01/10/2020
DC: 8115
Territory: 400
Customer: 256342
Date: 01/11/2020

Page: 001

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

As of: 01/10/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 01/11/2020

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											
01/06/2020	01/14/2020	7176149689	0103200238-00	115Invoice	4.87	243.63		238.76	✓	7176149689	
01/06/2020	01/14/2020	7176149690	5967683666	115Invoice	8.27	413.39		405.12	✓	7176149690	
01/07/2020	01/14/2020	7176425183	5967688154	115Invoice	4.79	239.45		234.66	✓	7176425183	
01/07/2020	01/14/2020	7176425184	0104201046-00	115Invoice	0.01	0.32		0.31	✓	7176425184	
01/08/2020	01/14/2020	7176683226	0107200517-00	115Invoice		0.10		0.10	✓	7176683226	
01/08/2020	01/14/2020	7176802333	783358937	195Invoice	0.02	0.94		0.92	✓	7176802333	
01/08/2020	01/14/2020	7176850673	0001072020TM	115Invoice	0.01	0.63		0.62	✓	7176850673	
01/09/2020	01/14/2020	7176927713	6917717286	115Invoice		0.16		0.16	✓	7176927713	
01/09/2020	01/14/2020	7177041147	783653348	195Invoice	3.04	152.23		149.19	✓	7177041147	
01/09/2020	01/14/2020	7177102917	00001082020AS	115Invoice	0.03	1.27		1.24	✓	7177102917	
01/10/2020	01/14/2020	7177171571	7817721956	115Invoice	8.92	446.04		437.12	✓	7177171571	
01/10/2020	01/14/2020	7177290024	783935815	195Invoice	0.01	0.32		0.31	✓	7177290024	

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: 1,498.48 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,011.70
01/06/2020

If Paid By 01/14/2020,
Pay This Amount: 1,468.51 USD

If Paid After 01/14/2020,
Pay this Amount: 1,498.48 USD

Due If Paid On Time:
USD 1,468.51

Disc lost if paid late: 29.97

Due If Paid Late:
USD 1,498.48

APPROVED ON
JAN 13 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 58771434 Date: 01-10-2020

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:	1,397.03
Past Due:	0.00
Total Due:	1,397.03
Account Balance:	1,397.03

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
01-06-2020	01-17-2020	3032315463	154124	Invoice	255.29
01-07-2020	01-17-2020	3032358080	154144	Invoice	682.38
01-08-2020	01-17-2020	3032418290	154172	Invoice	304.81
01-08-2020	01-17-2020	332153985	154124	Invoice	(33.18)
01-08-2020	01-17-2020	332153986	154124	Invoice	13.26
01-09-2020	01-17-2020	3032484900	154220	Invoice	174.47

Thank You for Your Payment

Date	Payment Number	Amount
01-10-2020		(3,988.02)

Reminders

Due Date	Amount
01-17-2020	~~1,397.03~~
Total Due:	1,397.03

Terms:
Monday - Friday due in 7 days

CK# 500064

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ON

JAN 13 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --January 6 , 2020- January 12, 2020

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
1/6/2020	STATE COMPTRLR TEXNET 35728912/00103 2100002	DY8 Round 2	124,951.19 **	100009
1/6/2020	PAY PLUS ACHTRANS 452579291 101000698253198	- 3rd Party Payor Fee	33.13	300251
1/6/2020	MERCH BNKCD FEE 971160913887 114902520001232	- Credit Card Processing Fee	178.59	300252
1/6/2020	MERCH BNKCD FEE 971160910883 114902520001231	- Credit Card Processing Fee	9.95	300253
1/6/2020	MERCH BNKCD DISCOUNT 971160910883 1149025200	- Credit Card Processing Fee	19.95	300254
1/6/2020	MERCH BNKCD DISCOUNT 971160913887 1149025200	- Credit Card Processing Fee	242.99	300255
1/6/2020	MERCH BNKCD INTERCHNG 971160913887 114902520	- Credit Card Processing Fee	144.83	300256
1/6/2020	FDGL LEASE PYMT 052-1601830-000 410001204128	- Credit Card Machine Lease Expense	32.45	300257
1/6/2020	FDGL LEASE PYMT 052-1479468-000 410001203770	- Credit Card Machine Lease Expense	69.24	300258
1/6/2020	FDGL LEASE PYMT 052-1479213-000 410001203769	- Credit Card Machine Lease Expense	43.26	300259
1/6/2020	FDGL LEASE PYMT 052-1479214-000 410001203769	- Credit Card Machine Lease Expense	40.02	300260
1/7/2020	MCKESSON DRUG AUTO ACH ACH04035811 910000148	- 340B Drug Program Expense	3,011.70 *	500061
1/8/2020	CLEARGAGE LLC CLEARGAGE, 315Q0UE1I7H 2420717	- Patient Financing Service	116.58	700016
1/9/2020	PAY PLUS ACHTRANS 452579291 101000691003837	- 3rd Party Payor Fee	1.78	300261
1/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110 41399801332419	- Credit Card Processing Fee	66.26	300262
1/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110 41399801332385	- Credit Card Processing Fee	111.47	300263
1/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110 41399801332401	- Credit Card Processing Fee	647.26	300264
1/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110 41399801332393	- Credit Card Processing Fee	2,359.50	300265
1/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110 41399801368397	- Credit Card Processing Fee	636.27	300266
1/10/2020	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110 39300982589946	- Credit Card Processing Fee	129.00	300267
1/10/2020	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110 39300982541616	- Credit Card Processing Fee	569.01	300268
1/10/2020	PAY PLUS ACHTRANS 452579291 101000691683623	- 3rd Party Payor Fee	59.08	300269
1/10/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	3,988.02 *	500062
1/10/2020	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	318,665.00 *	
			456,126.53	

CFO

January 13, 2019

Diane Moore, CFO
Memorial Medical Center

*Approved 01.08.2020 cc
**Approved 12.23.2019 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
			-

CFO

January 13, 2019

Pay Plus
33.13 +
1.78 +
59.08 +
93.99 *

Credit card Processing and Lease Fees
178.59 +
9.95 +
19.95 +
242.99 +
144.83 +
32.45 +
69.24 +
43.26 +
40.02 +
66.26 +
111.47 +
647.26 +
2,359.50 +
636.27 +
129.00 +
569.01 +
5,300.05 *

Clearsage
116.58 +
116.58 *

93.99 +
5,300.05 +
116.58 +
✓5,510.62 *

456,126.53 +
124,951.19 –
3,011.70 –
3,988.02 –
318,665.00 –
✓5,510.62 *

RECEIVED
JAN 09 2020
Calhoun County Auditor

01/09/2020
10:49

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 01/23/2020
Class Pay Code

0
ap_open_invoice.template

Vendor#	Vendor Name								
11816	ASHFORD GARDENS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	010220		01/06/20	01/02/20	01/23/20		809.37	0.00	0.00	809.37 ✓
		QIPP 2 AND ADJUSTMENT Transfer of NH portion of QIPP pymt								
	010820		01/08/20	01/08/20	01/23/20		14,626.98	0.00	0.00	14,626.98 ✓
		NH 50% QUIPP YR2 COMP 1 Transfer of NH portion of QIPP Pymt								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS					15,436.35	0.00	0.00	15,436.35

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	15,436.35	0.00	0.00	15,436.35

APPROVED
ON
JAN 09 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #
184120

01/09/2020
10:52

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 01/23/2020

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
010220		01/06/20	01/02/20	01/23/20		851.64	0.00	0.00	851.64
	QIPP 2 AND ADJUSTMENT Transfer NH portion of QIPP pymt								
010820		01/08/20	01/08/20	01/23/20		4,173.93	0.00	0.00	4,173.93
	NH 505 QUIPP YR 2 COMP 1 Transfer NH portion of QIPP pymt								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	5,025.57	0.00	0.00	5,025.57

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,025.57	0.00	0.00	5,025.57

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CALHOUN COUNTY, TEXAS

CK# 184025

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JAN 09 2020
Calhoun County Auditor

01/09/2020
10:56

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 01/23/2020

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
010220		01/06/20	01/02/20	01/23/20		349.16	0.00	0.00	349.16 ✓
	QIPP 2 AND ADJUSTMENT - NH portion of QIPP Pymt								
010820		01/08/20	01/08/20	01/23/20		6,076.29	0.00	0.00	6,076.29 ✓
	NH 50% QUIPP YR 2 COMP 1 - Transfer NH portion of QIPP Pymt								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	6,425.45	0.00	0.00	6,425.45

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,425.45	0.00	0.00	6,425.45

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ON
JAN 09 2020
CK # 184022

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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Calhoun County Auditor

01/09/2020 MEMORIAL MEDICAL CENTER 0
10:57 AP Open Invoice List ap_open_invoice.template
Dates Through: 01/23/2020

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR AT CREEKSIDE PARK ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
010220		01/06/20	01/02/20	01/23/20			289.92	0.00	0.00	289.92 ✓
	QIPP 2 AND ADJUSTMENT – Transfer NH portion of QIPP payment									
010820		01/08/20	01/08/20	01/23/20			2,827.29	0.00	0.00	2,827.29 ✓
	NH 50% QUIPP YR2 COMP 1 – Transfer NH portion of QIPP Payment									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	3,117.21	0.00	0.00	3,117.21

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,117.21	0.00	0.00	3,117.21

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ON
JAN 09 2020 CK# 184021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

01/09/2020
10:55

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 01/23/2020

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ap_open_invoice.template

Vendor# Vendor Name — Class — Pay Code

11824 THE CRESCENT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
123119B		12/31/20	12/31/20	01/23/20		30,720.00	0.00	0.00	30,720.00 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
123119A		12/31/20	12/31/20	01/23/20		300.00	0.00	0.00	300.00 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
123119C		12/31/20	12/31/20	01/23/20		7,560.00	0.00	0.00	7,560.00 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
123119		12/31/20	12/31/20	01/23/20		2,240.00	0.00	0.00	2,240.00 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
010220		01/06/20	01/02/20	01/23/20		706.68	0.00	0.00	706.68 ✓
	QIPP 2 AND ADJUSTMENT Transfer NH portion of QIPP pymt								
010820		01/08/20	01/08/20	01/23/20		2,994.90	0.00	0.00	2,994.90 ✓
	NH 50% QUIPP YR 2 COMP 1 Transfer NH portion of QIPP pymt								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	44,521.58	0.00	0.00	44,521.58

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	44,521.58	0.00	0.00	44,521.58

CK#
184026

01/09/2020
10:53

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 01/23/2020

0
ap_open_invoice.template

Vendor# Vendor Name — Class — Pay Code

11836 GOLDENCREEK HEALTHCARE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
123119A		12/31/20	12/31/20	01/23/20		36,671.73	0.00	0.00	36,671.73 ✓
	TRANSFER NH Insurance pymt sent to MMC in error								
123119H		12/31/20	12/31/20	01/23/20		37,444.81	0.00	0.00	37,444.81 ✓
	TRANSFER NH Insurance pymt sent to MMC in error								
123119D		12/31/20	12/31/20	01/23/20		1,638.27	0.00	0.00	1,638.27 ✓
	TRANSFER NH Insurance pymt sent to MMC in error								
123119E		12/31/20	12/31/20	01/23/20		11,085.69	0.00	0.00	11,085.69 ✓
	TRANSFER NH Insurance pymt sent to MMC in error								
123119C		12/31/20	12/31/20	01/23/20		4,363.55	0.00	0.00	4,363.55 ✓
	TRANSFER NH Insurance pymt sent to MMC in error								
123119I		12/31/20	12/31/20	01/23/20		2,953.97	0.00	0.00	2,953.97 ✓
	TRANSFER NH Insurance pymt sent to MMC in error								
126319G		12/31/20	12/31/20	01/23/20		79.05	0.00	0.00	79.05 ✓
	TRANSFER NH Insurance pymt sent to MMC in error								
123119		12/31/20	12/31/20	01/23/20		2,192.54	0.00	0.00	2,192.54 ✓
	TRANSFER NH Insurance pymt sent to MMC in error								
123119F		12/31/20	12/31/20	01/23/20		3,984.50	0.00	0.00	3,984.50 ✓
	TRANSFER NH Insurance pymt sent to MMC in error								
123119B		12/31/20	12/31/20	01/23/20		2,033.73	0.00	0.00	2,033.73 ✓
	TRANSFER NH Insurance pymt sent to MMC in error								
123119J		12/31/20	12/31/20	01/23/20		270.35	0.00	0.00	270.35 ✓
	TRANSFER NH Insurance pymt sent to MMC in error								
010220		01/06/20	01/02/20	01/23/20		1,759.58	0.00	0.00	1,759.58 ✓
	QIPP 2 AND ADJUSTMENT Transfer NH portion of QIPP pymt								
010820		01/08/20	01/08/20	01/23/20		7,928.62	0.00	0.00	7,928.62 ✓
	NH 50% QUIPP YR2 COMP 1 Transfer NH portion of QIPP Pymt								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	112,406.39	0.00	0.00	112,406.39

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	112,406.39	0.00	0.00	112,406.39

CK# 184023

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Calhoun County Auditor

01/09/2020 10:50

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 01/23/2020

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ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

12696 GULF POINTE PLAZA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
123119		12/31/20	12/31/20	01/23/20		22,184.00	0.00	0.00	22,184.00 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
123119E		12/31/20	12/31/20	01/23/20		8,103.77	0.00	0.00	8,103.77 ✓
	TRANSFER NH Insurance pymt sent to MMC in error								
123119B		12/31/20	12/31/20	01/23/20		1,290.00	0.00	0.00	1,290.00 ✓
	TRANSFER NH Insurance pymt sent to MMC in error								
123119C		12/31/20	12/31/20	01/23/20		14,172.16	0.00	0.00	14,172.16 ✓
	TRANSFER NH Insurance pymt sent to MMC in error								
123119G		12/31/20	12/31/20	01/23/20		14,680.65	0.00	0.00	14,680.65 ✓
	TRANSFER NH Insurance pymt sent to MMC in error								
123119F		12/31/20	12/31/20	01/23/20		3,776.05	0.00	0.00	3,776.05 ✓
	TRANSFER NH Insurance pymt sent to MMC in error								
123119D		12/31/20	12/31/20	01/23/20		9,419.54	0.00	0.00	9,419.54 ✓
	TRANSFER NH Insurance pymt sent to MMC in error								
123119H		12/31/20	12/31/20	01/23/20		650.00	0.00	0.00	650.00 ✓
	TRANSFER NH Insurance pymt sent to MMC in error								
123119A		12/31/20	12/31/20	01/23/20		6,528.00	0.00	0.00	6,528.00 ✓
	TRANSFER NH Insurance pymt sent to MMC in error								
010220		01/06/20	01/02/20	01/23/20		947.00	0.00	0.00	947.00 ✓
	QIPP 2 AND ADJUSTMENT Transfer NH portion of QIPP pymt								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	81,751.17	0.00	0.00	81,751.17

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	81,751.17	0.00	0.00	81,751.17

APPROVED ON
JAN 09 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 184024

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
1/13/2020

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	[redacted]	194,736.90	194,498.47	75,872.63		-	76,111.06	75,872.63
						Bank Balance	76,111.06	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2		
						MMC Portion QIPP 3,4,Lapse		
						October Interest	42.40	
						November Interest	49.10	
						December Interest	46.93	
						Adjust Balance/Transfer Amt	75,872.63	
Broadmoor		157,009.44	156,761.21	74,644.49		-	74,892.72	74,644.49
						Bank Balance	74,892.72	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2		
						MMC Portion QIPP 3,4,Lapse		
						October Interest	48.32	
						November Interest	50.88	
						December Interest	49.03	
						Adjust Balance/Transfer Amt	74,644.49	
Crescent		134,684.52	134,441.49	45,481.54		-	45,724.57	45,481.54
						Bank Balance	45,724.57	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2		
						MMC Portion QIPP 3,4,Lapse		
						October Interest	51.97	
						November Interest	49.45	
						December Interest	41.61	
						Adjust Balance/Transfer Amt	45,481.54	
Fort Bend		98,938.62	98,779.42	17,993.01		-	18,152.21	17,993.01
						Bank Balance	18,152.21	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2		
						MMC Portion QIPP 3,4,Lapse		
						October Interest	22.52	
						November Interest	20.93	
						December Interest	15.75	
						Adjust Balance/Transfer Amt	17,993.01	
Solera at W Houston		244,147.90	243,883.88	39,865.40		-	40,129.42	39,865.40
						Bank Balance	40,129.42	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2		
						MMC Portion QIPP 3,4,Lapse		
						October Interest	59.39	
						November Interest	45.66	
						December Interest	58.97	
						-	-	
						Adjust Balance/Transfer Amt	39,865.40	

TOTAL TRANSFERS	253,857.07

Approved: CFO
Diane Moore, CFO 1/13/2020

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA
Acc

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA :
Accor

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.

J:\NH Weekly Transfers\NH UPL Transfer Summary\2020\NH UPL Transfer Summary 1-13-20.xlsx

APPROVED
ON
JAN 13 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

75,872.63 +
74,644.49 +
45,481.54 +
17,993.01 +
39,865.40 +
253,857.07 *

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
1/6/2020	Check #80 SEQ#8064578476 REJ REPOST 065H	$ 20,888.35	$ -					-	-
1/6/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9497536923*141128	$ -	$ 7,380.00					-	7,380.00
1/6/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200103114001	$ -	$ 1,162.28					-	1,162.28
1/6/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200102128013	$ -	$ 5,675.45					-	5,675.45
1/6/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200102122001	$ -	$ 14,232.88					-	14,232.88
1/6/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000101 TRN*1*EFT6906222*1205	$ -	$ 4,528.50					-	4,528.50
1/7/2020	Amerigroup TXSC HCCLAIMPMT 3116174768 111000 TRN*1*3116174768*17526	$ -	$ 152.00					-	152.00
1/8/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	$ 101,971.89	$ -					-	-
1/8/2020	MANAGEANDNET1718 MNS PMNT 000000000000093 41 0248263	$ -	$ 1,146.60					-	1,146.60
1/8/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1498527629*141128	$ -	$ 125.00					-	125.00
1/8/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200105132004	$ -	$ 1,917.85					-	1,917.85
1/10/2020	Check #81	$ 71,638.23	$ -					-	-
1/10/2020	Deposit	$ -	$ 35,812.73					-	35,812.73
1/10/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05E20991132643	$ -	$ 3,739.34					-	3,739.34
		$ 194,498.47	$ 75,872.63	-	-	-	-	-	75,872.63

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
1/6/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1497636583*141128	$ -	$ 1,105.00					-	1,105.00
1/6/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200101170006	$ -	$ 1,192.05					-	1,192.05
1/6/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000100 TRN*1*EFT5427005*1205	$ -	$ 6,258.59					-	6,258.59
1/7/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0248150	$ -	$ 4,586.40					-	4,586.40
1/7/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9498065034*141128	$ -	$ 9,450.00					-	9,450.00
1/8/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 142,795.86	$ -					-	-
1/9/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9499074897*141128	$ -	$ 9,450.00					-	9,450.00
1/9/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200108120012	$ -	$ 103.90					-	103.90
1/10/2020	Check #46	$ 13,965.35	$ -					-	-
1/10/2020	Deposit	$ -	$ 40,986.55					-	40,986.55
1/10/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9499231987*141128	$ -	$ 1,512.00					-	1,512.00
		$ 156,761.21	$ 74,644.49	-	-	-	-	-	74,644.49

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
1/6/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9497676680*141128	$ -	$ 10,785.00					-	10,785.00
1/6/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000100 TRN*1*EFT5426995*1205	$ -	$ 100.39					-	100.39
1/7/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9498065033*141128	$ -	$ 8,030.00					-	8,030.00
1/8/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 120,600.54	$ -					-	-
1/8/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0248229	$ -	$ 877.50					-	877.50
1/10/2020	Check #76	$ 13,840.95	$ -					-	-
1/10/2020	Deposit	$ -	$ 22,178.65					-	22,178.65
1/10/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0248358	$ -	$ 3,510.00					-	3,510.00
		$ 134,441.49	$ 45,481.54	-	-	-	-	-	45,481.54

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
1/6/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*9497624221*13627	$ -	$ 246.32					-	246.32
1/8/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 69,474.57	$ -					-	-
1/8/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*9498341493*13627	$ -	$ 13.50					-	13.50
1/10/2020	Check #73	$ 29,304.85	$ -					-	-
1/10/2020	Deposit	$ -	$ 16,819.97					-	16,819.97
1/10/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1499209750*141128	$ -	$ 150.00					-	150.00
1/10/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*9498892020*13627	$ -	$ 763.22					-	763.22
		$ 98,779.42	$ 17,993.01	-	-	-	-	-	17,993.01

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
1/6/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9497536967*141128	$ -	$ 12,300.00					-	12,300.00
1/8/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 223,485.10	$ -					-	-
1/8/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0248215	$ -	$ 2,632.50					-	2,632.50
1/8/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9498555735*141128	$ -	$ 410.00					-	410.00
1/9/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0248321	$ -	$ 1,600.00					-	1,600.00
1/9/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9499074845*141128	$ -	$ 7,800.00					-	7,800.00
1/9/2020	HUMANA INS CO HCCLAIMPMT 390862 830000500548 TRN*1*00129004806914	$ -	$ 2,566.23					-	2,566.23
1/10/2020	Check #75	$ 20,398.78	$ -					-	-
1/10/2020	Deposit	$ -	$ 6,050.07					-	6,050.07
1/10/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0248353	$ -	$ 6,490.00					-	6,490.00
1/10/2020	HUMANA INS CO HCCLAIMPMT 390862 830000531242 TRN*1*00129004808117	$ -	$ 16.60					-	16.60
		$ 243,883.88	$ 39,865.40	-	-	-	-	-	39,865.40
	TOTALS	$ 828,364.47	$ 253,857.07	-	-	-	-	-	253,857.07

Quick View

DDA — Data reported as of Jan 13, 2020 8:

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]
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$76,111.06	$76,111.06	$76,111.06	$108,197.22
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$74,892.72	$74,892.72	$74,892.72	$46,359.52
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$45,724.57	$54,580.12	$45,724.57	$33,876.87
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$40,129.42	$40,364.22	$40,129.42	$47,971.53
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$18,152.21	$22,274.57	$18,152.21	$29,723.87
[redacted] MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	[redacted]	[redacted]	[redacted]	[redacted]
[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 01/13/2020 at 8:

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
1/13/2020

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		27,318.28 ✓	27,142.13 ✓	2,252.69 ✓	-	2,428.84 ✓	2,252.69

2252.69

Bank Balance	2,428.84
Variance	-
Leave in Balance	100.00
Pending QIPP Ck to MMC	
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	2,252.69

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA 121
Account

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: CFO
Diane Moore, CFO
1/13/2020

APPROVED
ON
JAN 13 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

J:\NH Weekly Transfers\NH UPL Transfer Summary\2020\NH UPL Transfer Summary 1-13-20.xlsx

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	
1/8/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	$ 26,782.13	$ -					-	-
1/8/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	$ -	$ 1,500.00					-	1,500.00
1/9/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	$ -	$ 553.83					-	553.83
1/10/2020 Check #49	$ 360.00	$ -					-	-
1/10/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	$ -	$ 198.86					-	198.86
	27,142.13	2,252.69	-	-	-	-	-	2,252.69

Quick View

DDA — Data reported as of Jan 13, 2020 8:

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	$2,428.84	$2,428.84	$2,428.84	$2,589.98
[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 01/13/2020 at 8:

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
1/13/2020

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		1,435.43	-	-		-		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	2.98	
							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	4	94,982.22	94,824.59	8,484.32		-		8,641.95	8,484.32
							Bank Balance	8,641.95	
							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	8,484.32	
					TOTAL TRANSFERS			8,484.32	

8,484.32

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 — 1/13/2020

APPROVED
ON
JAN 13 2020
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
No Bank Activity for this Period							-	-
							-	-
							-	-
	-	-	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
1/6/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001953236 TRN*1*EFT6850295*1	$ -	$ 5,978.98					-	5,978.98
1/8/2020 WIRE OUT HMG SERVICES, LLC	$ 94,824.59	$ -					-	-
1/8/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001240858 TRN*1*EFT6851768*1	$ -	$ 980.00					-	980.00
1/8/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SE18685197	$ -	$ 1,525.34					-	1,525.34
	94,824.59	8,484.32	-	-	-	-	-	8,484.32
	94,824.59	8,484.32	-	-	-	-	-	8,484.32

Quick View

DDA — Data reported as of Jan 13, 2020 8:

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] MEMORIAL MEDICAL CENTER / NH BROADMOOR	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER / NH CRESCENT	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER / NH FORT BEND	[redacted]			
[redacted] MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	[redacted]			
[redacted] CAL CO INDIGENT HEALTHCARE	[redacted]			
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,435.43	$1,435.43	$1,435.43	$1,435.43
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$8,641.95	$8,641.95	$8,641.95	$8,641.95

* indicates re
Page generated on 01/13/2020 at 8

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 1/13/20

APPROVED ON JAN 13 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CK# 000087

AMOUNT: $138.43

G/L NUMBER: 21400012

EXPLANATION: Ashford - To transfer funds for 2019 Q4 interest earned.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: WCM CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000082	01/15/20	138.43	MMC OPERATING
TOTALS:			138.43	

Ashford

APPROVED
ON

JAN 15 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 1/13/20

APPROVED ON JAN 13 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Ck #0000796

AMOUNT: $164.02

G/L NUMBER: 21400011

EXPLANATION: Solera- To transfer funds for 2019 Q4 interest earned.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000076	01/15/20	164.02	MMC OPERATING
TOTALS:			164.02	

Solem

APPROVED
ON

JAN 15 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 1/13/20

APPROVED ON JAN 13 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $143.03

G/L NUMBER: 21400010

CK# 000077

EXPLANATION: Crescent- To transfer funds for 2019 Q4 interest earned.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000077	01/15/20	143.03	MMC OPERATING
TOTALS:			143.03	

Crescent

APPROVED
ON

JAN 15 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 1/13/20

APPROVED ON JAN 13 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 00047

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

AMOUNT: $148.23

G/L NUMBER: 21400009

EXPLANATION: Broadmoor - To transfer funds for 2019 Q4 interest earned.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000047	01/15/20	148.23	MMC OPERATING
TOTALS:			148.23	

Broadmoor

APPROVED
ON

JAN 15 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 1/13/20

APPROVED ON JAN 13 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: $59.20

G/L NUMBER: 21400008

EXPLANATION: Fort Bend- To transfer funds for 2019 Q4 interest earned.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: [signature] CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000074	01/15/20	59.20	MMC OPERATING Fort Bend
TOTALS:			59.20	

APPROVED
ON

JAN 15 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 1/13/20

APPROVED ON JAN 13 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $76.15

G/L NUMBER: 21400013

CK# 000050

EXPLANATION: Golden Creek- To transfer funds for 2019 Q4 interest earned.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE	
NHG	000050	01/15/20	76.15	MMC OPERATING	golden creek
TOTALS:			76.15		

APPROVED
ON

JAN 15 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 1/13/20

APPROVED ON JAN 13 2020

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 000005

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

AMOUNT: $57.63

G/L NUMBER: 21400014

EXPLANATION: Gulf Pointe- MM- To transfer funds for 2019 Q4 interest earned.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE	
GPM	000005	01/15/20	57.63	MMC OPERATING	gulf Pointe MM
TOTALS:			57.63		

APPROVED
ON

JAN 15 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 1/13/20

APPROVED ON JAN 13 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $4.89

GL ACCOUNT: 21400014

Ck # 000006

EXPLANATION: Gulf Pointe- PP- To transfer funds for 2019 Q4 interest earned.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
GPP	000006	01/15/20	4.89	MMC OPERATING
TOTALS:			4.89	

gulf Pointe PP

APPROVED
ON

JAN 15 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Interest To MMC From NH

210 xx xxx

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Ashford	10000018 - Prosperity	82	MMC -Prosperity Operating #10000001	21400012	October- December 2019 Interest Earned	138.43	1/13/2019
Broadmoor	10000019 - Prosperity	47	MMC -Prosperity Operating #10000001	21400009	October- December 2019 Interest Earned	148.23	1/13/2019
Crescent	10000020 - Prosperity	77	MMC -Prosperity Operating #10000001	21400010	October- December 2019 Interest Earned	143.03	1/13/2019
Fort Bend	10000021 - Prosperity	74	MMC -Prosperity Operating #10000001	21400008	October- December 2019 Interest Earned	59.20	1/13/2019
Solera	10000022 - Prosperity	76	MMC -Prosperity Operating #10000001	21400011	October- December 2019 Interest Earned	164.02	1/13/2019
Golden Creek	10000023 - Prosperity	50	MMC -Prosperity Operating #10000001	21400013	October- December 2019 Interest Earned	76.15	1/13/2019
Gulf Pointe-PP	10000025 - Prosperity	46	MMC -Prosperity Operating #10000001	21400014	October- December 2019 Interest Earned	4.89	1/13/2019
Gulf Pointe-MM	10000025 - Prosperity	5	MMC -Prosperity Operating #10000001	21400014	October- December 2019 Interest Earned	57.63	1/13/2019
					Total:	791.58	
	Note:						

OK JDH CFO

138.43 +
148.23 +
143.03 +
59.20 +
164.02 +
76.15 +
4.89 +
57.63 +
791.58

JAN 15 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

87SS

No 760

88-2265
1131

1-15-20

PAY TO THE ORDER OF Memorial Medical Center Operating $ 164.02

One hundred sixty-four & 02/100 DOLLARS

PROSPERITY BANK

4th Qtr Interest

County Auditor

County Treasurer

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

87SS

No. 6

88-2265
1131

1-15-~~19~~ 20

PAY TO THE ORDER OF Memorial Medical Center Operating $ 4.89

four & 89/100 DOLLARS

PROSPERITY BANK

4th Qtr Interest

County Auditor

County Treasurer

MEMORIAL MEDICAL CENTER
NH GULF POINTE PLAZA - MEDICARE/MEDICAID
815 N VIRGINIA ST
PORT LAVACA, TX 77979

87SS

No. 5

88-2265
1131

1-15-20

PAY TO THE ORDER OF Memorial Medical Center Operating $ 57.63

fifty-seven & 63/100 DOLLARS

PROSPERITY BANK

4th Qtr Interest

County Auditor

County Treasurer

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

87SS

No. 82

88-2265
1131

1-15-20

PAY TO THE ORDER OF Memorial Medical Center Operating $ 138.93

One hundred thirty-eight & 93/100 DOLLARS

PROSPERITY BANK

4th Qtr Interest

County Auditor

County Treasurer

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

000047

88-2265/1131

Date 1-15-20

PAY TO THE ORDER OF Memorial Medical Center Operating $ 148.23

One hundred fourty-eight & 23/100 **DOLLARS**

PROSPERITY BANK

FOR 4th Qtr Interest

County Auditor

County Treasurer

Security features are included. Details on back.

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

000077

88-2265/1131

Date 1-15-20

PAY TO THE ORDER OF Memorial Medical Center Operating $ 143.03

One hundred fourty-three & 03/100 **DOLLARS**

PROSPERITY BANK

FOR 4th Qtr Interest

County Auditor

County Treasurer

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

000050

88-2265/1131

Date 1-15-20

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 76.15

Seventy Six & 15/100 DOLLARS

PROSPERITY BANK

County Auditor

County Treasurer

FOR 4th Qtr Interest

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

000074

88-2265/1131

Date 1-15-20

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 59.20

fifty-nine & 20/100 DOLLARS

PROSPERITY BANK

County Auditor

County Treasurer

FOR 4th Qtr Interest

Security Features are included. Details on back