MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- Janaury 22, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	888,415.50
TOTAL TRANSFERS BETWEEN FUNDS	$	22,912.02
TOTAL NURSING HOME UPL EXPENSES	$	901,853.36
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED January 22, 2020	$	1,813,180.88

APPROVED

JAN 2 2 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 22, 2020

PAYABLES AND PAYROLL

1/17/2020	Weekly Payables	340,955.80	
1/16/2020	Citibank Credit Card-see attached	1,706.00	
1/17/2020	Healthsure Insurance Services-rewrite bonds for nursing homes	1,850.00	
1/20/2020	McKesson-340B Prescription Expense	8,864.04	
1/20/2020	Amerisource Bergen-340B Prescription Expense	2,002.10	
1/20/2020	Payroll Liabilities -Payroll Taxes	88,026.56	
1/20/2020	Payroll	303,056.49	
1/20/2020	ExpertPay-child support	347.65	
	Prosperity Electronic Bank Payments		
1/15/2020	TCDRS -December Retirement	141,445.14	
1/13-1/17/2020	Pay Plus-Patient Claims Processing Fee	161.72	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 888,415.50**

TRANSFER BETWEEN FUNDS-NURSING HOMES

1/17/2020	MMC Operating to Ashford-transfer NH portion of QIPP payment	3,173.35	
1/17/2020	MMC Operating to Solera-transfer NH portion of QIPP payment	3,339.12	
1/17/2020	MMC Operating to Fortbend-transfer NH portion of QIPP payment	2,454.99	
1/17/2020	MMC Operating to Broadmoor-Transfer NH portion of QIPP payment	1,136.72	
1/17/2020	MMC Operating to The Crescent-Transfer NH portionof QIPP payment	2,770.76	
1/17/2020	MMC Operating to Golden Creek Healthcare-Transfer NH portion of QIPP	6,356.08	
1/17/2020	MMC Operating to Gulf Pointe Plaza-to correct insurance deposit error and transfer NH portion of QIPP payment	3,581.00	
1/17/2020	MMC Operating to Tuscany Village-Opening deposit for new account	100.00	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 22,912.02**

NURSING HOME UPL EXPENSES

1/20/2020	Nursing Home UPI-Cantex Transfer	698,812.62	
1/20/2020	Nursing Home UPI-Nexion Transfer	121,289.57	
1/20/2020	Nursing Home UPI-HMG Transfer	81,751.17	
TOTAL NURSING HOME UPL EXPENSES			**$ 901,853.36**

TOTAL INTER-GOVERNMENT TRANSFERS **$ -**

GRAND TOTAL DISBURSEMENTS APPROVED January 22, 2020 **$ 1,813,180.88**

01/16/2020 MEMORIAL MEDICAL CENTER 0
11:30 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 01/30/2020

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
24747	RFID FEE	12/30/20	01/20/20	01/30/20		1,400.00	0.00	0.00	1,400.00

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9096601313	OXYGEN	12/30/20	12/30/20	01/24/20		223.05	0.00	0.00	223.05

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	223.05	0.00	0.00	223.05

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
59593	1X DOCUMENTATION FEE	01/14/20	12/02/20	12/02/20		100.00	0.00	0.00	100.00
1260037	FREIGHT	01/14/20	12/02/20	01/02/20		251.86	0.00	0.00	251.86

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12660	AMERICORP FINANCIAL, LLC	351.86	0.00	0.00	351.86

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
947588	WATER	01/14/20	12/31/20	01/25/20		38.95	0.00	0.00	38.95

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	38.95	0.00	0.00	38.95

Vendor#	Vendor Name	Class	Pay Code
12800	AUTHORITYRX		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2039	FINAL AUDIT - 3403 Compliance Review	01/16/20	11/27/20	11/27/20		4,950.00	0.00	0.00	4,950.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX	4,950.00	0.00	0.00	4,950.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
917843	SUPPLIES	01/15/20	01/14/20	01/29/20		59.88	0.00	0.00	59.88

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	59.88	0.00	0.00	59.88

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
5417289		12/30/20	12/30/20	01/24/20		3,507.27	0.00	0.00	3,507.27

LEASE & CONTRACT/ MAINT

5417584		01/13/20	01/05/20	01/30/20	6,249.42	0.00	0.00	6,249.42

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	9,756.69	0.00	0.00	9,756.69

Vendor#	Vendor Name	Class	Pay Code
10599	BKD, LLP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
BK01142411		12/30/20	12/29/20	01/23/20			442.00	0.00	0.00	442.00

REVIEW ADJ FOR MEDICARE

BK01142419		12/30/20	12/29/20	01/23/20			7,748.00	0.00	0.00	7,748.00

INTERIM MEDICARE COST RE

BK01143661		12/30/20	12/30/20	01/24/20			18,720.00	0.00	0.00	18,720.00

PREP FOR DSH SURVEY

BK01144874		12/30/20	12/31/20	01/25/20			20,040.45	0.00	0.00	20,040.45

AUDITING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10599	BKD, LLP	46,950.45	0.00	0.00	46,950.45

Vendor#	Vendor Name	Class	Pay Code
B1601	BOHLS BEARING & POWER TRANS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
260897		01/15/20	01/10/20	01/20/20			60.55	0.00	0.00	60.55

SUPPLIES AC REPAIR

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1601	BOHLS BEARING & POWER TRANS	60.55	0.00	0.00	60.55

Vendor#	Vendor Name	Class	Pay Code
B1800	BRIGGS HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
B262250		12/31/20	12/27/20	01/26/20			947.12	0.00	0.00	947.12

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE	947.12	0.00	0.00	947.12

Vendor#	Vendor Name	Class	Pay Code
13024	CALHOUN COUNTY TAX		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
010820		01/15/20	01/08/20	01/08/20			16.75	0.00	0.00	16.75

2YR REGISTRATION FOR FOR

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13024	CALHOUN COUNTY TAX	16.75	0.00	0.00	16.75

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8002123751		01/14/20	12/31/20	01/25/20			41.67	0.00	0.00	41.67

SYNTRAC 2.7 LICENSE FEE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	41.67	0.00	0.00	41.67

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2019120		01/13/20	12/31/20	01/30/20			11,080.16	0.00	0.00	11,080.16

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

10212	CLINICAL PATHOLOGY LABS				11,080.16	0.00	0.00	11,080.16

Vendor# Vendor Name — Class — Pay Code

C1970 CONMED CORPORATION — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
162773		12/31/20	12/31/20	01/30/20		119.76	0.00	0.00	119.76
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	119.76	0.00	0.00	119.76

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
22346169RI		01/15/20	11/25/20	12/20/20		44.60	0.00	0.00	44.60
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1193	DEPUY SYNTHES SALES, INC.	44.60	0.00	0.00	44.60

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
5940420		12/30/20	12/30/20	01/24/20		312.66	0.00	0.00	312.66
	SUPPLIES								
5940670		12/30/20	12/30/20	01/24/20		150.00	0.00	0.00	150.00
	SUPPLIE								
5940840		12/30/20	12/30/20	01/24/20		47.98	0.00	0.00	47.98
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	510.64	0.00	0.00	510.64

Vendor# Vendor Name — Class — Pay Code

11011 DIAMOND HEALTHCARE CORP

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN20053368		12/30/20	12/31/20	01/25/20		31,144.58	0.00	0.00	31,144.58
	BEV HEALTH								
IN20053369		12/30/20	12/31/20	01/25/20		19,166.67	0.00	0.00	19,166.67
	CPR								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP	50,311.25	0.00	0.00	50,311.25

Vendor# Vendor Name — Class — Pay Code

13020 DIRECT SUPPLY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
27665001		01/15/20	12/05/20	01/05/20		4,178.00	0.00	0.00	4,178.00
	ICE MACHINE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13020	DIRECT SUPPLY	4,178.00	0.00	0.00	4,178.00

Vendor# Vendor Name — Class — Pay Code

11291 DOWELL PEST CONTROL

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14951		12/30/20	12/30/20	01/24/20		105.00	0.00	0.00	105.00
	PEST CLINIC								
14952		12/30/20	12/30/20	01/24/20		505.00	0.00	0.00	505.00
	PEST HOSPITAL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	610.00	0.00	0.00	610.00

Vendor#	Vendor Name	Class	Pay Code
10175	DSHS CENTRAL LAB MC2004		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
CN0426122019	LAB SERVICES	01/15/20	01/03/20	01/28/20		828.60	0.00	0.00	828.60

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10175	DSHS CENTRAL LAB MC2004	828.60	0.00	0.00	828.60

Vendor#	Vendor Name	Class	Pay Code
D1785	DYNATRONICS CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN2018168	SUPPLIES	12/31/20	12/27/20	01/07/20		155.45	0.00	0.00	155.45

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION	155.45	0.00	0.00	155.45

Vendor#	Vendor Name	Class	Pay Code
11046	E-MDS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
332138	HOSTING SUBSCRIPTION QTF	01/14/20	12/23/20	12/23/20		9,330.00	0.00	0.00	9,330.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11046	E-MDS, INC	9,330.00	0.00	0.00	9,330.00

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
38756	ER STAFFING (1-15th)	01/13/20	01/15/20	01/15/20		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
S0501	EVOQUA WATER TECHNOLOGIES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
904285187	SUPPLIES	12/31/20	12/27/20	01/21/20		349.99	0.00	0.00	349.99

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	349.99	0.00	0.00	349.99

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
TXPOT218204	SUPPLIES	01/14/20	12/31/20	01/30/20		25.70	0.00	0.00	25.70

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY	25.70	0.00	0.00	25.70

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
685883956	SHIPPING	01/15/20	12/05/20	12/30/20		147.78	0.00	0.00	147.78
688688742	SHIPPING	01/15/20	01/02/20	01/27/20		81.93	0.00	0.00	81.93

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	229.71	0.00	0.00	229.71

Vendor#	Vendor Name	Class	Pay Code

13016 FIRST INSURANCE FUNDING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20779294		01/14/20	01/13/20	01/13/20		4,140.90	0.00	0.00	4,140.90
	DOWN PAYMENT HEALTHSUF (Texas Hospital Insurance Exchange)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13016	FIRST INSURANCE FUNDING	4,140.90	0.00	0.00	4,140.90

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
4756466		12/31/20	12/03/20	12/28/20		9,294.38	0.00	0.00	9,294.38
	SUPPLIES								
4924373		12/31/20	12/04/20	12/29/20		305.90	0.00	0.00	305.90
	SUPPLIES								
4924369		12/31/20	12/04/20	12/29/20		448.92	0.00	0.00	448.92
5118564		12/31/20	12/05/20	12/30/20		9,097.01	0.00	0.00	9,097.01
	SUPPLIES								
5698701		12/31/20	12/12/20	01/06/20		82.18	0.00	0.00	82.18
	SUPPLIES								
6068414		01/13/20	12/23/20	01/17/20		69.50	0.00	0.00	69.50
	SUPPLIES								
6098400		01/13/20	12/24/20	01/18/20		655.65	0.00	0.00	655.65
	SUPPLIES								
6201226		01/13/20	12/30/20	01/24/20		567.61	0.00	0.00	567.61
	SUPPLIES								
6201229		01/13/20	12/30/20	01/24/20		526.70	0.00	0.00	526.70
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	21,047.85	0.00	0.00	21,047.85

Vendor# Vendor Name — Class — Pay Code

11183 FRONTIER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
010220		01/14/20	01/02/20	01/27/20		1,012.03	0.00	0.00	1,012.03
	PHONES (late fee 48.81)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	1,012.03	0.00	0.00	1,012.03

Vendor# Vendor Name — Class — Pay Code

12404 GE PRECISION HEALTHCARE, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6001480471		01/08/20	01/06/20	01/30/20		5,665.83	0.00	0.00	5,665.83
	IMAGING CONTRACT								
6001480349		01/08/20	01/06/20	01/30/20		572.33	0.00	0.00	572.33
	IMAGINW CONTRACT								
6001480348		01/08/20	01/06/20	01/30/20		1,281.96	0.00	0.00	1,281.96
	IMAGING CONTRACT								
6001480437		01/08/20	01/06/20	01/30/20		3,588.58	0.00	0.00	3,588.58
	IMAGING CONTRACT								
6001480631		01/08/20	01/06/20	01/30/20		307.66	0.00	0.00	307.66
	IMAGING CONTRACT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC	11,416.36	0.00	0.00	11,416.36

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
	50658		12/31/20	12/24/20	01/23/20		121.46	0.00	0.00	121.46
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10901	GENESIS DIAGNOSTICS				121.46	0.00	0.00	121.46
Vendor#	Vendor Name				Class	Pay Code				
G1876	GOLDEN CRESCENT RAC				IMP					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	121819		12/23/20	12/18/20	01/23/20		500.00	0.00	0.00	500.00
		2020 RAC ANNUAL MEM DUES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1876	GOLDEN CRESCENT RAC				500.00	0.00	0.00	500.00
Vendor#	Vendor Name				Class	Pay Code				
G0401	GULF COAST DELIVERY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	123019		12/31/20	12/30/20	01/29/20		125.00	0.00	0.00	125.00
		DELIVERY SERVICE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G0401	GULF COAST DELIVERY				125.00	0.00	0.00	125.00
Vendor#	Vendor Name				Class	Pay Code				
G1210	GULF COAST PAPER COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1788359		01/08/20	12/31/20	01/30/20		218.38	0.00	0.00	218.38
		SUPPLIE								
	1788355		01/08/20	12/31/20	01/30/20		139.00	0.00	0.00	139.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				357.38	0.00	0.00	357.38
Vendor#	Vendor Name				Class	Pay Code				
10804	HEALTHCARE CODING & CONSULTING									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9233		12/30/20	12/31/20	01/30/20		150.00	0.00	0.00	150.00
		CODING SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10804	HEALTHCARE CODING & CONSULTING				150.00	0.00	0.00	150.00
Vendor#	Vendor Name				Class	Pay Code				
H0031	HEB CREDIT RECEIVABLES DEPT308									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	026427		12/30/20	11/26/20	01/25/20		35.24	0.00	0.00	35.24
		SUPPLIES								
	279356		12/30/20	11/26/20	01/25/20		54.58	0.00	0.00	54.58
		SUPPLIES								
	030353		12/30/20	11/27/20	01/25/20		18.52	0.00	0.00	18.52
		SUPPLIES								
	035614		12/30/20	11/30/20	01/25/20		30.69	0.00	0.00	30.69
		SUPPLIES								
	037109		12/30/20	12/01/20	01/25/20		26.07	0.00	0.00	26.07
		SUPPLIES								
	040321		12/30/20	12/02/20	01/25/20		34.36	0.00	0.00	34.36
		SUPPLIES								

433463		12/30/20	12/02/20	01/25/20	55.22	0.00	0.00	55.22
	SUPPLIES							
462670		12/30/20	12/03/20	01/25/20	29.74	0.00	0.00	29.74
	SUPPLIES							
438451		12/30/20	12/03/20	01/25/20	9.72	0.00	0.00	9.72
	SUPPLIES							
043218		12/30/20	12/03/20	01/25/20	27.98	0.00	0.00	27.98
	SUPPLIES							
042802		12/30/20	12/03/20	01/25/20	66.53	0.00	0.00	66.53
	SUPPLIES							
053756		12/30/20	12/07/20	01/25/20	8.78	0.00	0.00	8.78
	SUPPLIES							
060520		12/30/20	12/10/20	01/25/20	50.44	0.00	0.00	50.44
	SUPPLIES							
063693		12/30/20	12/11/20	01/25/20	13.92	0.00	0.00	13.92
	SUPPLIES							
664099		12/30/20	12/12/20	01/25/20	9.84	0.00	0.00	9.84
	SUPPLIES							
679262		12/30/20	12/13/20	01/25/20	54.81	0.00	0.00	54.81
	SUPPLIES							
743271		12/30/20	12/15/20	01/25/20	51.60	0.00	0.00	51.60
	SUPPLIES							
790295		12/30/20	12/17/20	01/25/20	50.24	0.00	0.00	50.24
	SUPPLIES							
930590		12/30/20	12/21/20	01/25/20	38.45	0.00	0.00	38.45
	SUPPLIES							
977435		12/30/20	12/22/20	01/25/20	25.68	0.00	0.00	25.68
	SUPPLIES							
007283		12/30/20	12/23/20	01/25/20	18.03	0.00	0.00	18.03
	SUPPLIES							
059207		12/30/20	12/24/20	01/25/20	21.73	0.00	0.00	21.73
	SUPPLIES							
064537		12/30/20	12/24/20	01/25/20	37.24	0.00	0.00	37.24
	SUPPLIES							
080054		12/30/20	12/24/20	01/25/20	11.86	0.00	0.00	11.86
	SUPPLIES							
097573		12/30/20	12/26/20	01/25/20	52.14	0.00	0.00	52.14
	SUPPLIES							
132975		12/30/20	12/28/20	01/25/20	20.94	0.00	0.00	20.94
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308	854.35	0.00	0.00	854.35

Vendor#	Vendor Name	Class	Pay Code
10298	HITACHI MEDICAL SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
PJIN0146284	SMA FEE	12/23/20	12/16/20	01/25/20			8,333.33	0.00	0.00	8,333.33
PJIN0144785	SMA FEE	01/10/20	11/15/20	12/25/20			8,333.33	0.00	0.00	8,333.33

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10298	HITACHI MEDICAL SYSTEMS	16,666.66	0.00	0.00	16,666.66

Vendor#	Vendor Name				Class	Pay Code				
H0416	HOLOGIC INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9167457	SUPPLIES	01/15/20	11/01/20	01/15/20		472.50	0.00	0.00	472.50
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H0416	HOLOGIC INC				472.50	0.00	0.00	472.50
Vendor#	Vendor Name				Class	Pay Code				
11200	IRON MOUNTAIN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	CHKN681	SHRED SERVICE	12/30/20	12/31/20	01/30/20		451.88	0.00	0.00	451.88
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11200	IRON MOUNTAIN				451.88	0.00	0.00	451.88
Vendor#	Vendor Name				Class	Pay Code				
11230	JACKSON & COKER LOCUM TENENS,									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2038645	PRO FEE UONG	01/14/20	01/09/20	01/09/20		228.45	0.00	0.00	228.45
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11230	JACKSON & COKER LOCUM TENENS,				228.45	0.00	0.00	228.45
Vendor#	Vendor Name				Class	Pay Code				
J1300	JECKER FLOOR & GLASS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	79361	VCT FLOORING/LEVELING	01/14/20	12/31/20	01/10/20		1,660.00	0.00	0.00	1,660.00
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J1300	JECKER FLOOR & GLASS				1,660.00	0.00	0.00	1,660.00
Vendor#	Vendor Name				Class	Pay Code				
12628	LEGATO									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	C1231	SEPT MARKETING 1ST 1/2	01/13/20	09/30/20	10/30/20		2,500.00	0.00	0.00	2,500.00
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12628	LEGATO				2,500.00	0.00	0.00	2,500.00
Vendor#	Vendor Name				Class	Pay Code				
L1640	LOWE'S HOME CENTERS INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	010220	FINANCE CHARGE -late fee 38.00 / interest 19.37	01/15/20	01/02/20	01/28/20		57.37	0.00	0.00	57.37
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L1640	LOWE'S HOME CENTERS INC				57.37	0.00	0.00	57.37
Vendor#	Vendor Name				Class	Pay Code				
12644	LYDIA ELSA CANTU									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	122019	ED/ALC & APR-SEPT BANK RE conciliations @ 50.00 per hour	01/14/20	12/31/20	12/31/20		1,175.00	0.00	0.00	1,175.00
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12644	LYDIA ELSA CANTU				1,175.00	0.00	0.00	1,175.00
Vendor#	Vendor Name				Class	Pay Code				
12956	MARIA ARREDONDO	IRS changed mileage rate to .575								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

011320B		01/14/20	01/13/20	01/13/20	6.56 6.61	0.00	0.00	6.61 6.56
HOSPITAL RUNS								
011320A		01/14/20	01/13/20	01/13/20	5.52 5.56	0.00	0.00	5.56 5.52
HOSPITAL RUNS								
011320C		01/14/20	01/13/20	01/13/20	5.81 5.85	0.00	0.00	5.85 5.81
HOSPITAL RUNS								
011320d		01/14/20	01/13/20	01/13/20	3.45 3.48	0.00	0.00	3.48 3.45
HOSPITAL RUNS								
011320		01/14/20	01/13/20	01/13/20	4.26 4.29	0.00	0.00	4.29 4.26
HOSPITAL RUNS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12956	MARIA ARREDONDO			25.60 25.79	0.00	0.00	25.79 25.60

Vendor#	Vendor Name	Class	Pay Code
M1950	MARTIN PRINTING CO ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
75075 ✓		12/31/20	12/31/20	01/30/20			79.72	0.00	0.00	79.72 ✓
APPOINTMENT CARDS 500 Appt cards wrong										
75055		01/14/20	12/31/20	01/30/20			591.64	0.00	0.00	591.64 ✓
APPOINTMENT CARDS Cook, Rojas, Truong, Shetick, gaines, Thurkill										

Vendor Totals	Number	Name (1000 each)	Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO	671.36	0.00	0.00	671.36

Vendor#	Vendor Name	Class	Pay Code
M2181	MATTHEW BENDER & CO.,INC. ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1622768 ✓		01/14/20	12/23/20	01/23/20			70.08	0.00	0.00	70.08 ✓
CONTINUING EDUCATION										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2181	MATTHEW BENDER & CO.,INC.	70.08	0.00	0.00	70.08

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
27363022 ✓		01/13/20	12/27/20	01/11/20			369.08	0.00	0.00	369.08 ✓
SUPPLIES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	369.08	0.00	0.00	369.08

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
INV6451 ✓		01/15/20	01/01/20	01/01/20			1,470.00	0.00	0.00	1,470.00 ✓
ENDOSCOPY REPORT WRITE										

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
11141	MEDICAL DATA SYSTEMS, INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
143281 ✓		12/30/20	12/31/20	01/25/20			3,976.77	0.00	0.00	3,976.77 ✓
COLLECTION FEES										
143282 ✓		12/30/20	12/31/20	01/25/20			997.94	0.00	0.00	997.94 ✓
COLLECTION FEES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	4,974.71	0.00	0.00	4,974.71

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
1895279410	SUPPLIES	12/10/20	12/10/20	01/04/20		3,071.85	0.00	0.00	3,071.85
1895278497	SUPPLIES	12/10/20	12/10/20	01/04/20		936.41	0.00	0.00	936.41
1895278490	SUPPLIES	12/10/20	12/10/20	01/04/20		72.15	0.00	0.00	72.15
1895279401	SUPPLIES	12/10/20	12/10/20	01/04/20		11.46	0.00	0.00	11.46
1895278489	SUPPLIES	12/10/20	12/10/20	01/04/20		238.46	0.00	0.00	238.46
1895559165	SUPPLIES (17.33 Freight on (1) 12.98 Needle)	12/12/20	12/12/20	01/06/20		30.31	0.00	0.00	30.31
1897254457	SUPPLIES	12/30/20	12/31/20	01/25/20		268.54	0.00	0.00	268.54
1894617637	SUPPLIES	12/31/20	12/03/20	12/28/20		78.73	0.00	0.00	78.73
1894617635	SUPPLIES	12/31/20	12/03/20	12/28/20		5.28	0.00	0.00	5.28
1894617640	SUPPLIES	12/31/20	12/03/20	12/28/20		66.42	0.00	0.00	66.42
1894617639	SUPPLIES	12/31/20	12/03/20	12/28/20		59.20	0.00	0.00	59.20
1894617~~363~~ 636	SUPPLIES	12/31/20	12/03/20	12/28/20		9.37	0.00	0.00	9.37
1894674260	SUPPLIES	12/31/20	12/04/20	12/29/20		336.00	0.00	0.00	336.00
1894674238	SUPPLIES	12/31/20	12/04/20	12/29/20		90.95	0.00	0.00	90.95
1894674256	SUPPLIES	12/31/20	12/04/20	12/29/20		1,189.97	0.00	0.00	1,189.97
1894867798	SUPPLIES	12/31/20	12/05/20	12/30/20		56.22	0.00	0.00	56.22
1894868401	SUPPLIES	12/31/20	12/05/20	12/30/20		2,235.75	0.00	0.00	2,235.75
1894964234	SUPPLIES	12/31/20	12/06/20	12/31/20		69.43	0.00	0.00	69.43
1894964233	SUPPLIES	12/31/20	12/06/20	12/31/20		111.61	0.00	0.00	111.61
1894964236	SUPPLIES	12/31/20	12/06/20	12/31/20		42.79	0.00	0.00	42.79
1895559164	SUPPLIES	12/31/20	12/12/20	01/06/20		44.72	0.00	0.00	44.72
1895559172	SUPPLIES	12/31/20	12/12/20	01/06/20		2,554.53	0.00	0.00	2,554.53
1895652475	SUPPLIES	12/31/20	12/13/20	01/07/20		19.47	0.00	0.00	19.47
1895980628	SUPPLIES Freight 17.67 on (1) 3.19 DISD-Applicator	12/31/20	12/14/20	01/08/20		20.86	0.00	0.00	20.86
1897060236		12/31/20	12/30/20	01/24/20		-61.63	0.00	0.00	-61.63

	CREDIT								
1896930063		01/13/20	12/27/20	01/21/20		-61.63	0.00	0.00	-61.63
	CREDIT								
1895278491		01/16/20	12/10/20	01/04/20		173.51	0.00	0.00	173.51

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	11,670.73	0.00	0.00	11,670.73

Vendor#	Vendor Name	Class	Pay Code
10182	MERCEDES SCIENTIFIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2239443		01/13/20	11/11/20	12/11/20			43.67	0.00	0.00	43.67
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES SCIENTIFIC	43.67	0.00	0.00	43.67

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8800561489		12/20/20	12/20/20	01/19/20			717.05	0.00	0.00	717.05
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	717.05	0.00	0.00	717.05

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
010920		01/15/20	01/09/20	01/09/20			141.25	0.00	0.00	141.25
	PAYROLL DED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	141.25	0.00	0.00	141.25

Vendor#	Vendor Name	Class	Pay Code
10810	MMC EMPLOYEE BENEFIT PLAN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
120920		01/15/20	12/09/20	12/09/20			2,273.39	0.00	0.00	2,273.39
	INSURANCE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	2,273.39	0.00	0.00	2,273.39

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
5104099		01/13/20	01/09/20	01/19/20			44.96	0.00	0.00	44.96
	INVENTORY									
5104098		01/13/20	01/09/20	01/19/20			6,117.07	0.00	0.00	6,117.07
	INVENTORY									
5105830		01/13/20	01/09/20	01/19/20			368.93	0.00	0.00	368.93
	INVENTORY									
5106150		01/13/20	01/09/20	01/19/20			54.34	0.00	0.00	54.34
	INVENTORY									
5105831		01/13/20	01/09/20	01/19/20			8.37	0.00	0.00	8.37
	INVENTORY									
5106151		01/13/20	01/09/20	01/19/20			262.17	0.00	0.00	262.17
	INVENTORY									
5105828		01/13/20	01/09/20	01/19/20			13.51	0.00	0.00	13.51

5106152	INVENTORY	01/13/20 01/09/20 01/19/20	36.09	0.00	0.00	36.09
5105829	INVENTORY	01/13/20 01/09/20 01/19/20	20.10	0.00	0.00	20.10
5105827	INVENTORY	01/13/20 01/09/20 01/19/20	57.62	0.00	0.00	57.62
5076956	INVENTORY	01/14/20 01/02/20 01/12/20	264.62	0.00	0.00	264.62
5078558	INVENOTRY	01/14/20 01/02/20 01/12/20	7.96	0.00	0.00	7.96
5079340	INVENTORY	01/14/20 01/02/20 01/12/20	451.67	0.00	0.00	451.67
5076953	INVENTORY	01/14/20 01/02/20 01/12/20	2,609.38	0.00	0.00	2,609.38
5079339	INVENTORY	01/14/20 01/02/20 01/12/20	3,885.19	0.00	0.00	3,885.19
5079338	INVENTORY	01/14/20 01/02/20 01/12/20	1,207.08	0.00	0.00	1,207.08
5078685	INVENTORY	01/14/20 01/02/20 01/12/20	4.91	0.00	0.00	4.91
5088648	INVENTORY	01/14/20 01/06/20 01/16/20	63.37	0.00	0.00	63.37
5089719	INVENTORY	01/14/20 01/06/20 01/16/20	11.78	0.00	0.00	11.78
5089718	INVENTORY	01/14/20 01/06/20 01/16/20	57.66	0.00	0.00	57.66
5088650	INVENTORY	01/14/20 01/06/20 01/16/20	331.48	0.00	0.00	331.48
5096670	INVENTORY	01/14/20 01/07/20 01/17/20	6.34	0.00	0.00	6.34
5093776	INVENTORY	01/14/20 01/07/20 01/17/20	728.53	0.00	0.00	728.53
5096671	INVENTORY	01/14/20 01/07/20 01/17/20	1,904.16	0.00	0.00	1,904.16
5093775	INVENTORY	01/14/20 01/07/20 01/17/20	438.62	0.00	0.00	438.62
5093777	INVENTORY	01/14/20 01/07/20 01/17/20	49.96	0.00	0.00	49.96
5093774	INVENTORY	01/14/20 01/07/20 01/17/20	19.30	0.00	0.00	19.30
5100892	INVENTORY	01/15/20 01/08/20 01/18/20	205.10	0.00	0.00	205.10
5100891	INVENTORY	01/15/20 01/08/20 01/18/20	250.70	0.00	0.00	250.70

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	19,480.97	0.00	0.00	19,480.97

Vendor#	Vendor Name	Class	Pay Code
N1100	NATIONAL RECALL ALERT CENTER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
470324	MEMBERSHIP RENEWAL	01/13/20	01/02/20	01/02/20			595.00	0.00	0.00	595.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	N1100	NATIONAL RECALL ALERT CENTER	595.00	0.00	0.00	595.00

Vendor#	Vendor Name	Class	Pay Code
10868	NOVA BIOMEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
90682777		01/15/20	01/03/20	01/15/20			78.93	0.00	0.00	78.93
	SUPPLIES									
90683224		01/15/20	01/06/20	01/07/20			78.93	0.00	0.00	78.93
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL	157.86	0.00	0.00	157.86

Vendor#	Vendor Name	Class	Pay Code
11084	OUR LADY OF THE GULF		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
010820		01/15/20	01/08/20	01/08/20			100.00	0.00	0.00	100.00
	HEALT FAIR BOOTH									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11084	OUR LADY OF THE GULF	100.00	0.00	0.00	100.00

Vendor#	Vendor Name	Class	Pay Code
P0706	PALACIOS BEACON	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
33056933		12/30/20	12/26/20	01/25/20			187.50	0.00	0.00	187.50
	AD									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1014653375		01/15/20	12/27/20	01/26/20			207.00	0.00	0.00	207.00
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1800	PITNEY BOWES INC	207.00	0.00	0.00	207.00

Vendor#	Vendor Name	Class	Pay Code
12708	POC ELECTRIC, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2994		01/13/20	01/06/20	01/06/20			650.00	0.00	0.00	650.00
	RECONNECT NEW STERILIZE									
2988		01/15/20	12/23/20	12/23/20			300.00	0.00	0.00	300.00
	INSTALL 30AMP IN XRAY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12708	POC ELECTRIC, LLC	950.00	0.00	0.00	950.00

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
B52338		12/11/20	12/10/20	01/30/20			41.44	0.00	0.00	41.44
	SUPPLIES									
A59607		01/13/20	01/09/20	01/19/20			23.05	0.00	0.00	23.05
B52905		01/14/20	01/07/20	01/17/20			27.50	0.00	0.00	27.50
	SUPPLIES									
A59557		01/14/20	01/07/20	01/17/20			2.97	0.00	0.00	2.97

	SUPPLIES							
B530007		01/15/20	01/09/20	01/19/20	12.77	0.00	0.00	12.77
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE	107.73	0.00	0.00	107.73

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
IN000416019		12/30/20	12/31/20	01/30/20			2,028.00	0.00	0.00	2,028.00
	PT SURVEY									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
19120600		01/15/20	01/13/20	01/28/20			4,333.16	0.00	0.00	4,333.16
	GAS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LP	4,333.16	0.00	0.00	4,333.16

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
997203903		12/31/20	12/27/20	01/27/20			1,373.49	0.00	0.00	1,373.49
	SUPPLIES									
997205081		12/31/20	12/30/20	01/29/20			208.49	0.00	0.00	208.49
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10896	QIAGEN INC	1,581.98	0.00	0.00	1,581.98

Vendor#	Vendor Name	Class	Pay Code
R1200	RED HAWK FIRE AND SECURITY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
429014		01/14/20	01/01/20	01/26/20			47.29	0.00	0.00	47.29
	FIRE MONITORING									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2341		12/30/20	01/01/20	01/26/20			235.00	0.00	0.00	235.00
	WASTE SERVICE									

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

Vendor#	Vendor Name	Class	Pay Code
S1405	SERVICE SUPPLY OF VICTORIA INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
71041444		12/30/20	12/31/20	01/30/20			6.06	0.00	0.00	6.06
	FINANCE CHARGE									
701014402A		01/14/20	05/16/20	06/15/20			-224.08	0.00	0.00	-224.08
	CREDIT									
701026786A		01/14/20	08/21/20	09/20/20			302.00	0.00	0.00	302.00
	SUPPLIES									
701028904		01/14/20	09/06/20	10/06/20			318.71	0.00	0.00	318.71

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY OF VICTORIA INC	402.69	0.00	0.00	402.69

Vendor#	Vendor Name	Class	Pay Code
S1800	SHERWIN WILLIAMS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21501		01/14/20	11/15/20	11/30/20		15.19	0.00	0.00	15.19
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	15.19	0.00	0.00	15.19

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
56382000018201		01/13/20	12/30/20	01/24/20		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	1,333.33	0.00	0.00	1,333.33

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
21859		12/30/20	12/26/20	01/25/20		2,939.40	0.00	0.00	2,939.40
	ICE NURSE ROWE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12848	SKILLGIGS INC.	2,939.40	0.00	0.00	2,939.40

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
I07004061		12/30/20	12/31/20	01/25/20		7,016.00	0.00	0.00	7,016.00
	BLOOD								
CM1289		12/30/20	12/31/20	01/25/20		-4,370.00	0.00	0.00	-4,370.00
	CREDIT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	2,646.00	0.00	0.00	2,646.00

Vendor#	Vendor Name	Class	Pay Code
S2830	STRYKER SALES CORP	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
900732349		12/31/20	12/23/20	01/23/20		500.00	0.00	0.00	500.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP	500.00	0.00	0.00	500.00

Vendor#	Vendor Name	Class	Pay Code
10735	STRYKER SUSTAINABILITY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3827240		12/21/20	12/21/20	01/20/20		780.36	0.00	0.00	780.36
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	780.36	0.00	0.00	780.36

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
205EV55244		12/30/20	12/27/20	01/26/20		431.42	0.00	0.00	431.42

	ERX EPCS								
	205EV55375	12/30/20	12/31/20	01/30/20		4,555.00	0.00	0.00	4,555.00
	TRACKING								
	205EV55370	12/30/20	12/31/20	01/30/20		1,144.00	0.00	0.00	1,144.00
	CLOUD HOSTING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC				6,130.42	0.00	0.00	6,130.42
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
	1001453261		01/14/20	01/05/20	01/27/20		10.00	0.00	0.00	10.00
	LATE FEE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO					10.00	0.00	0.00	10.00
Vendor#	Vendor Name				Class	Pay Code				
11100	THE US CONSULTING GROUP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	340376738		01/15/20	01/07/20	01/17/20		242.69	0.00	0.00	242.69
	TRASH SERVICE									
	340376747		01/15/20	01/07/20	01/17/20		1,328.95	0.00	0.00	1,328.95
	TRASH SERVICE									
	340376746		01/15/20	01/07/20	01/17/20		312.11	0.00	0.00	312.11
	TRASH SERVICE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP					1,883.75	0.00	0.00	1,883.75
Vendor#	Vendor Name				Class	Pay Code				
T0801	TLC STAFFING				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	25704		01/13/20	12/30/20	12/30/20		453.03	0.00	0.00	453.03
	STAFFING									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING					453.03	0.00	0.00	453.03
Vendor#	Vendor Name				Class	Pay Code				
11067	TRIZETTO PROVIDER SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	35FK012000		01/15/20	01/01/20	01/26/20		1,953.07	0.00	0.00	1,953.07
	PATIENT STAEMENTS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS					1,953.07	0.00	0.00	1,953.07
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
	8400319934		12/31/20	12/30/20	01/24/20		61.07	0.00	0.00	61.07
	LAUNDRY									
	8400319933		12/31/20	12/30/20	01/24/20		47.15	0.00	0.00	47.15
	LAUNDRY									
	8400319964		12/31/20	12/30/20	01/24/20		1,034.74	0.00	0.00	1,034.74
	LAUDNRY									
	8400320287		01/06/20	01/02/20	01/27/20		165.23	0.00	0.00	165.23
	LAUNDRY									
	8400315283		01/15/20	11/04/20	11/29/20		47.15	0.00	0.00	47.15
	LAUNDRY									

8400315284	01/15/20	11/04/20	11/29/20		65.71	0.00	0.00	65.71
LAUNDRY								
8400315653	01/15/20	11/07/20	12/02/20		83.14	0.00	0.00	83.14
LAUNDRY								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			1,504.19	0.00	0.00	1,504.19

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9110759942		01/16/20	12/11/20	01/05/20			2,545.44	0.00	0.00	2,545.44
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC					2,545.44	0.00	0.00	2,545.44

Vendor#	Vendor Name	Class	Pay Code
11580	WILLIAM CROWLEY III, DO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
010220		12/30/20	01/02/20	01/23/20			7,500.00	0.00	0.00	7,500.00
COVERED OB FOR HINDS 5 D.										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11580	WILLIAM CROWLEY III, DO					7,500.00	0.00	0.00	7,500.00

Vendor#	Vendor Name	Class	Pay Code
10556	WOUND CARE SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
wcs00003361		01/15/20	01/01/20	01/30/20			12,350.00	0.00	0.00	12,350.00
WOUND CARE										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS					12,350.00	0.00	0.00	12,350.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	340,955.99	0.00	0.00	340,955.99

pg 9 correction { <25.79 / +25.60

$340,955.80

340,955.99 +
25.79 −
25.60 +
340,955.80 *

APPROVED ON
JAN 17 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 184117-184206

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	184117	01/22/20	1,400.00	ACUTE CARE INC
A/P	184118	01/22/20	223.05	AIRGAS USA, LLC - CENTRAL DIV
A/P	184119	01/22/20	351.86	AMERICORP FINANCIAL, LLC
A/P	184120	01/22/20	38.95	AQUA BEVERAGE COMPANY
A/P	184121	01/22/20	4,950.00	AUTHORITYRX
A/P	184122	01/22/20	59.88	AUTO PARTS & MACHINE CO.
A/P	184123	01/22/20	9,756.69	BECKMAN COULTER INC
A/P	184124	01/22/20	46,950.45	BKD, LLP
A/P	184125	01/22/20	60.55	BOHLS BEARING & POWER TRANS
A/P	184126	01/22/20	947.12	BRIGGS HEALTHCARE
A/P	184127	01/22/20	16.75	CALHOUN COUNTY TAX
A/P	184128	01/22/20	41.67	CARDINAL HEALTH 414, INC.
A/P	184129	01/22/20	11,080.16	CLINICAL PATHOLOGY LABS
A/P	184130	01/22/20	119.76	CONMED CORPORATION
A/P	184131	01/22/20	44.60	DEPUY SYNTHES SALES, INC.
A/P	184132	01/22/20	510.64	DEWITT POTH & SON
A/P	184133	01/22/20	50,311.25	DIAMOND HEALTHCARE CORP
A/P	184134	01/22/20	4,178.00	DIRECT SUPPLY
A/P	184135	01/22/20	610.00	DOWELL PEST CONTROL
A/P	184136	01/22/20	828.60	DSHS CENTRAL LAB MC2004
A/P	184137	01/22/20	155.45	DYNATRONICS CORPORATION
A/P	184138	01/22/20	9,330.00	E-MDS, INC
A/P	184139	01/22/20	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	184140	01/22/20	349.99	EVOQUA WATER TECHNOLOGIES LLC
A/P	184141	01/22/20	25.70	FASTENAL COMPANY
A/P	184142	01/22/20	229.71	FEDERAL EXPRESS CORP.
A/P	184143	01/22/20	4,140.90	FIRST INSURANCE FUNDING
A/P	184144	01/22/20	21,047.85	FISHER HEALTHCARE
A/P	184145	01/22/20	1,012.03	FRONTIER
A/P	184146	01/22/20	11,416.36	GE PRECISION HEALTHCARE, LLC
A/P	184147	01/22/20	121.46	GENESIS DIAGNOSTICS
A/P	184148	01/22/20	500.00	GOLDEN CRESCENT RAC
A/P	184149	01/22/20	125.00	GULF COAST DELIVERY
A/P	184150	01/22/20	357.38	GULF COAST PAPER COMPANY
A/P	184151	01/22/20	150.00	HEALTHCARE CODING & CONSULTING
A/P	184152	01/22/20	1,850.00	HEALTHSURE INSURANCE SERVICES
A/P	184153	01/22/20	.00	VOIDED
A/P	184154	01/22/20	854.35	HEB CREDIT RECEIVABLES DEPT308
A/P	184155	01/22/20	16,666.66	HITACHI MEDICAL SYSTEMS
A/P	184156	01/22/20	472.50	HOLOGIC INC
A/P	184157	01/22/20	451.88	IRON MOUNTAIN
A/P	184158	01/22/20	228.45	JACKSON & COKER LOCUM TENENS,
A/P	184159	01/22/20	1,660.00	JECKER FLOOR & GLASS
A/P	184160	01/22/20	2,500.00	LEGATO
A/P	184161	01/22/20	57.37	LOWE'S HOME CENTERS INC
A/P	184162	01/22/20	1,175.00	LYDIA ELSA CANTU
A/P	184163	01/22/20	25.60	MARIA ARREDONDO
A/P	184164	01/22/20	671.36	MARTIN PRINTING CO
A/P	184165	01/22/20	70.08	MATTHEW BENDER & CO.,INC.
A/P	184166	01/22/20	369.08	MCKESSON MEDICAL SURGICAL INC

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
	A/P	184167	01/22/20	1,470.00	MD REPORTS
	A/P	184168	01/22/20	4,974.71	MEDICAL DATA SYSTEMS, INC.
	A/P	184169	01/22/20	.00	VOIDED
	A/P	184170	01/22/20	.00	VOIDED
	A/P	184171	01/22/20	.00	VOIDED
	A/P	184172	01/22/20	11,670.73	MEDLINE INDUSTRIES INC
	A/P	184173	01/22/20	43.67	MERCEDES SCIENTIFIC
	A/P	184174	01/22/20	717.05	MERRY X-RAY/SOURCEONE HEALTHCA
	A/P	184175	01/22/20	141.25	MMC AUXILIARY GIFT SHOP
	A/P	184176	01/22/20	2,273.39	MMC EMPLOYEE BENEFIT PLAN
	A/P	184177	01/22/20	.00	VOIDED
	A/P	184178	01/22/20	19,480.97	MORRIS & DICKSON CO, LLC
	A/P	184179	01/22/20	595.00	NATIONAL RECALL ALERT CENTER
	A/P	184180	01/22/20	157.86	NOVA BIOMEDICAL
	A/P	184181	01/22/20	100.00	OUR LADY OF THE GULF
	A/P	184182	01/22/20	187.50	PALACIOS BEACON
	A/P	184183	01/22/20	207.00	PITNEY BOWES INC
	A/P	184184	01/22/20	950.00	POC ELECTRIC, LLC
	A/P	184185	01/22/20	107.73	POWER HARDWARE
	A/P	184186	01/22/20	2,028.00	PRESS GANEY ASSOCIATES, INC.
	A/P	184187	01/22/20	4,333.16	PRO ENERGY PARTNERS LP
	A/P	184188	01/22/20	1,581.98	QIAGEN INC
	A/P	184189	01/22/20	47.29	RED HAWK FIRE AND SECURITY
	A/P	184190	01/22/20	235.00	RX WASTE SYSTEMS LLC
	A/P	184191	01/22/20	402.69	SERVICE SUPPLY OF VICTORIA INC
	A/P	184192	01/22/20	15.19	SHERWIN WILLIAMS
	A/P	184193	01/22/20	1,333.33	SIEMENS FINANCIAL SERVICES
	A/P	184194	01/22/20	2,939.40	SKILLGIGS INC.
	A/P	184195	01/22/20	2,646.00	SOUTH TEXAS BLOOD & TISSUE CEN
	A/P	184196	01/22/20	500.00	STRYKER SALES CORP
	A/P	184197	01/22/20	780.36	STRYKER SUSTAINABILITY
	A/P	184198	01/22/20	6,130.42	T-SYSTEM, INC
	A/P	184199	01/22/20	10.00	TEXAS MUTUAL INSURANCE CO
	A/P	184200	01/22/20	1,883.75	THE US CONSULTING GROUP
	A/P	184201	01/22/20	453.03	TLC STAFFING
	A/P	184202	01/22/20	1,953.07	TRIZETTO PROVIDER SOLUTIONS
	A/P	184203	01/22/20	1,504.19	UNIFIRST HOLDINGS INC
	A/P	184204	01/22/20	2,545.44	WERFEN USA LLC
	A/P	184205	01/22/20	7,500.00	WILLIAM CROWLEY III, DO
	A/P	184206	01/22/20	12,350.00	WOUND CARE SPECIALISTS
	A/P	184207	01/22/20	3,173.35	ASHFORD GARDENS
	A/P	184208	01/22/20	1,136.72	BROADMOOR AT CREEKSIDE PARK
	A/P	184209	01/22/20	2,454.99	FORTBEND HEALTHCARE CENTER
	A/P	184210	01/22/20	6,356.08	GOLDENCREEK HEALTHCARE
	A/P	184211	01/22/20	3,581.00	GULF POINTE PLAZA
	A/P	184212	01/22/20	3,339.12	SOLERA WEST HOUSTON
	A/P	184213	01/22/20	100.00	TUSCANY VILLAGE
	A/P	184214	01/22/20	2,770.76	THE CRESCENT
TOTALS:				365,717.82	

Payables 340,955.80 +
Critical 1,850.00 +
3,173.35 +
Nursing 3,339.12 +
Homes 2,454.99 +
1,136.72 +
2,770.76 +
6,356.08 +
3,581.00 +
100.00 +
365,717.82 *

APPROVED
ON

JAN 2 2 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

citi

0556709000527279901706000170600031

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
	01/28/2020	$1,706.00	$1,706.00	

C0001 CALHOUN COUNTY MMC
RHONDA KOKENA
202 SOUTH ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

Citibank
P.O. Box 78025
PHOENIX, AZ 85062-8025

Payment coupon: Please cut along perforation and return this portion with your payment. Make check or money order payable in U.S. dollars on a U.S. bank to Citibank. Include account number on check or money order. No cash please. Do not staple or tape your check to this coupon.

CITIBANK CORPORATE CARD

Statement Date
01/03/2020

Payment Date
01/28/2020

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
$30,000.00	$28,294.00	$0.00	$0.00

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 78025 PHOENIX, AZ 85062-8025

COMPANY SUMMARY

		Previous Balance	Payment Allocation	Credits	Purchases and Advances	Interest Charges	New Balance
Company Totals	Purchases	$4,074.66	- $4,074.66		$1,706.00		$1,706.00
	Advances						
	TOTAL	$4,074.66	- $4,074.66		$1,706.00		$1,706.00

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.
Citi is committed to the reduction of paper. Within the Commercial Cards business, you can switch to online statements now by registering your card on CitiManager at https://home.cards.citidirect.com/CommercialCard/Cards.html. Thanks to those who already access statements online, together we are saving 2,170 trees each year through this initiative alone.
Your total finance charge paid for 2019 was $0.00.
Account management made easier: Online statements & CitiManager Mobile offer 24/7 access, security, and mobility. Log in at www.citimanager.com/login and click Go Paperless under the Statement tab.

CARDMEMBER SUMMARY

		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit:$20,000.00	Purchases				$1,706.00		
	Advances						
	TOTAL				$1,706.00		$1,706.00

COMPANY BOOKKEEPING DETAIL

C0001 CALHOUN COUNTY MMC

Monthly Limit	Cash Limit*	Available Credit Line	Available Cash Line**
$30,000.00	$0.00	$28,294.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Total Amount
12/26/2019	12/26/2019	75472339360360411000081	PAYMENT THANK YOU	$4,074.66 PY

DAYS IN BILLING PERIOD: 031					
Balance Subject		Purchases	Cash Advances		
To Interest Charges	>	$0.00	$0.00	Payment Due:	$1,706.00
Periodic rate	>	.0000%	.0000%	Amount Over Credit Limit:	$0.00
ANNUAL PERCENTAGE RATE	>	0.00%	0.00%	Amount Past Due:	$0.00
				MINIMUM AMOUNT DUE:	$1,706.00

citi

Company Account Number

Statement Date
01/03/2020

INDIVIDUAL CARDHOLDER ACTIVITY

JASON W ANGLIN — XXXX-XXXX-XX64-6997

Monthly Limit	Cash Limit*
$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
12/04/2019	12/06/2019	5545737933920087360017	TEXAS HOSPITAL ASSOC 5124651000 TX 37437	$165.00
12/04/2019	12/06/2019	5545737933920087360041	TEXAS HOSPITAL ASSOC 5124651000 TX 37441	$165.00
12/11/2019	12/12/2019	05134379346600058953411	NPDB NPDB.HRSA.GOV 800-767-6732 VA N66386819	$14.00
12/11/2019	12/12/2019	05134379346600058953585	NPDB NPDB.HRSA.GOV 800-767-6732 VA N66387034	$2.00
12/12/2019	12/12/2019	5543286934620052583243 1	AMA CREDENTIALING 800-621-8335 IL	$44.00
12/13/2019	12/16/2019	05134379348600056732922	DEA REGISTRATION 202-307-5604 VA 8792689	$731.00
12/20/2019	12/23/2019	05134379355600057108882	NPDB NPDB.HRSA.GOV 800-767-6732 VA N66537366	$2.00
12/21/2019	12/23/2019	5543286935520007246975 9	AMA CREDENTIALING 800-621-8335 IL	$220.00
01/01/2020	01/02/2020	5543286000120067450095 8	AMA CREDENTIALING 800-621-8335 IL	$305.00
01/02/2020	01/03/2020	05134370003600037508453	NPDB NPDB.HRSA.GOV 800-767-6732 VA N66662398	$36.00
01/02/2020	01/03/2020	05134370003600037508529	NPDB NPDB.HRSA.GOV 800-767-6732 VA N66662701	$2.00
01/02/2020	01/03/2020	05134370003600037508602	NPDB NPDB.HRSA.GOV 800-767-6732 VA N66663178	$2.00
01/02/2020	01/03/2020	05134370003600037508784	NPDB NPDB.HRSA.GOV 800-767-6732 VA N66663973	$2.00
01/02/2020	01/03/2020	05134370003600037508867	NPDB NPDB.HRSA.GOV 800-767-6732 VA N66664358	$2.00
01/02/2020	01/03/2020	05134370003600037508941	NPDB NPDB.HRSA.GOV 800-767-6732 VA N66664596	$2.00
01/02/2020	01/03/2020	05134370003600037509022	NPDB NPDB.HRSA.GOV 800-767-6732 VA N66665070	$2.00
01/02/2020	01/03/2020	05134370003600037509105	NPDB NPDB.HRSA.GOV 800-767-6732 VA N66665287	$2.00
01/02/2020	01/03/2020	05134370003600037509287	NPDB NPDB.HRSA.GOV 800-767-6732 VA N66665829	$2.00
01/02/2020	01/03/2020	05134370003600037509360	NPDB NPDB.HRSA.GOV 800-767-6732 VA N66666104	$2.00
01/02/2020	01/03/2020	05134370003600037509444	NPDB NPDB.HRSA.GOV 800-767-6732 VA N66666430	$2.00
01/02/2020	01/03/2020	05134370003600037509519	NPDB NPDB.HRSA.GOV 800-767-6732 VA N66666551	$2.00
			TOTAL PURCHASES/ADVANCES/CREDITS	$1,706.00

APPROVED ON

JAN 16 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

*Cash Advance Limit is a portion of your Total Monthly Limit.
** Available Cash Line is a portion of your Available Credit Line

Continued on next page

citi

0556709800364699700000000000000031

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
•••• •••• ••	01/28/2020	$0.00	$0.00	

JASON W ANGLIN
CALHOUN COUNTY
202 S ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

Citibank
P.O. Box 78025
PHOENIX, AZ 85062-8025

CITIBANK CORPORATE CARD

Previous Balance	Payments and Credits	New Charges	New Balance	Credit Line
$0.00	$0.00	$0.00	$0.00	$20,000.00

Statement Date
01/03/2020

Payment Date
01/28/2020

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 78025 PHOENIX, AZ 85062-8025

Account Number	Cash Advance Limit*	Available Credit Line	Available Cash Line**
•••• •••• ••	$0.00	$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity			Amount
**********NOTICE MEMO ITEM(S) LISTED BELOW**********						
12/04/2019	12/06/2019	5545737933920087360017	TEXAS HOSPITAL ASSOC 37437	5124651000	TX	$165.00
12/04/2019	12/06/2019	5545737933920087360041	TEXAS HOSPITAL ASSOC 37441	5124651000	TX	$165.00
12/11/2019	12/12/2019	0513437934660005895341 1	NPDB NPDB.HRSA.GOV N66386819	800-767-6732	VA	$14.00
12/11/2019	12/12/2019	0513437934660005895358 5	NPDB NPDB.HRSA.GOV N66387034	800-767-6732	VA	$2.00
12/12/2019	12/12/2019	5543286934620052583243 1	AMA CREDENTIALING	800-621-8335	IL	$44.00
12/13/2019	12/16/2019	0513437934860005673292 2	DEA REGISTRATION 8792689	202-307-5604	VA	$731.00
12/20/2019	12/23/2019	0513437935560005710888 2	NPDB NPDB.HRSA.GOV N66537366	800-767-6732	VA	$2.00
12/21/2019	12/23/2019	5543286935520007246975 9	AMA CREDENTIALING	800-621-8335	IL	$220.00
01/01/2020	01/02/2020	5543286000120067450095 8	AMA CREDENTIALING	800-621-8335	IL	$305.00

ACCOUNT SUMMARY CURRENT PERIOD	Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Purchases	$0.00					$0.00
Advances	$0.00					$0.00
TOTALS	$0.00					$0.00

DAYS IN BILLING PERIOD: 031

	Purchases	Cash Advances
Balance Subject To Interest Charges >	$0.00	$0.00
Periodic Rate >	.0000%	.0000%
ANNUAL PERCENTAGE RATE >	0.00%	0.00%

Payment Due:	$0.00
Amount Over Credit Limit:	$0.00
Amount Past Due:	$0.00
MINIMUM AMOUNT DUE:	$0.00

* Cash Advance Limit is a portion of your Total Credit Line
** Available Cash Line is a portion of your Available Credit Line

citi

Account Number
•••• •••• •

Statement Date
01/03/2020

Sale Date	Post Date	Reference Number	Type of Activity			Amount
NOTICE MEMO ITEM(S) LISTED BELOW						
01/02/2020	01/03/2020	05134370003600037508453	NPDB NPDB.HRSA.GOV N66662398	800-767-6732	VA	$36.00
01/02/2020	01/03/2020	05134370003600037508529	NPDB NPDB.HRSA.GOV N66662701	800-767-6732	VA	$2.00
01/02/2020	01/03/2020	05134370003600037508602	NPDB NPDB.HRSA.GOV N66663178	800-767-6732	VA	$2.00
01/02/2020	01/03/2020	05134370003600037508784	NPDB NPDB.HRSA.GOV N66663973	800-767-6732	VA	$2.00
01/02/2020	01/03/2020	05134370003600037508867	NPDB NPDB.HRSA.GOV N66664358	800-767-6732	VA	$2.00
01/02/2020	01/03/2020	05134370003600037508941	NPDB NPDB.HRSA.GOV N66664596	800-767-6732	VA	$2.00
01/02/2020	01/03/2020	05134370003600037509022	NPDB NPDB.HRSA.GOV N66665070	800-767-6732	VA	$2.00
01/02/2020	01/03/2020	05134370003600037509105	NPDB NPDB.HRSA.GOV N66665287	800-767-6732	VA	$2.00
01/02/2020	01/03/2020	05134370003600037509287	NPDB NPDB.HRSA.GOV N66665829	800-767-6732	VA	$2.00
01/02/2020	01/03/2020	05134370003600037509360	NPDB NPDB.HRSA.GOV N66666104	800-767-6732	VA	$2.00
01/02/2020	01/03/2020	05134370003600037509444	NPDB NPDB.HRSA.GOV N66666430	800-767-6732	VA	$2.00
01/02/2020	01/03/2020	05134370003600037509519	NPDB NPDB.HRSA.GOV N66666551	800-767-6732	VA	$2.00
********** TOTAL AMOUNT OF MEMO ITEM(S):						$1,706.00

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.

Citi is committed to the reduction of paper. Within the Commercial Cards business, you can switch to online statements now by registering your card on CitiManager at https://home.cards.citidirect.com/CommercialCard/Cards.html. Thanks to those who already access statements online, together we are saving 2,170 trees each year through this initiative alone.

Your total finance charge paid for 2019 was $0.00.

Account management made easier: Online statements & CitiManager Mobile offer 24/7 access, security, and mobility. Log in at www.citimanager.com/login and click Go Paperless under the Statement tab.

Sign-up for email or text message alerts to know when your statement is ready to view. When on the go, access your account and recent activity through your mobile device at www.citimanager.com/mobile

APPROVED
ON

JAN 16 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

** Cash Advance Limit is a portion of your Total Credit Line*

*** Available Cash Line is a portion of your Available Credit Line*

(1)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 11/6/2020

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Texas Hospital Assoc. -			165.00 ✓
2			Registration for Webinar			
3			"CMS Hospitals Improvement Final Rules"			
4	—		Texas Hospital Assoc. -			165.00 ✓
5			Registration for Webinar			
6			"Discharge Planning"			
7	—		NPDB - 7 Renewals	2.00		14.00 ✓
8	—		NPDB - 1 Provider			2.00 ✓
9	—		AMA Credentialing - Initial			44.00 ✓
10			+ Cont. Monitoring x 1 Physician			

Est. Freight _____ Est. Total Cost _____ TOTAL COST ~~390.00~~

NOTES:

Charges made to Mr. Anglin's MC

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(2)

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

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

Vendor Name: Citibank

Date: 1/6/2020

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		DEA Registration Renewal			731.00 ✓
2			fee			
3	—		NPDB - 1 Provider			2.00 ✓
4	—		AMA Credentialing X 5			220.00 ✓
5			Physicians - Initial +			
6			Cont. Monitoring			
7	—		AMA Credentialing X 6			305.00 ✓
8			Physicians - Init + Cont.			
9			Monitoring + 1 Initial			
10	—		NPDB - 18 Renewals			36.00 ✓

Est. Freight _____ Est. Total Cost _____ TOTAL COST 1,294.00

NOTES:

charges made to Mr. Anglin's MC

Contact: _____ Date: _____

Quoted By: _____

Buyer: _____ E.T.A. _____

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

3

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 1/6/2020

Vendor Address:

P.O. #

Vendor Phone #:

Account #

Vendor Fax #:

Initiated By:

Form # 9401

Date:

Expense #

Department

Deliver To

Line No.	Description	Unit Cost	Unit Meas.	Extended Cost
1	NPDB - ~~X 11 Providers~~ 1 Provider	2.00		~~22.00~~ 2.00
2	NPDB - 1 Provider			2.00
3	NPDB - 1 Provider			2.00
4	NPDB - 1 Provider			2.00
5	NPDB - 1 Provider			2.00
6	NPDB - 1 Provider			2.00
7	NPDB - 1 Provider			2.00
8	NPDB - 1 Provider			2.00
9	NPDB - 1 Provider			2.00
10	NPDB - 1 Provider			2.00
	NPDB - 1 Provider			2.00

0.00
165.00
165.00
14.00
2.00
44.00
751.00
2.00
220.00
305.00
36.00
2.00
2.00
2.00
2.00
2.00
2.00
2.00
2.00
2.00
2.00
2.00
2.00
1,706.00

NOT ... t

Est. Total Cost

TOTAL COST ~~22.00~~

made to Mr. Anglins MC Overall total $ 1,706.00

Contact:

Date:

Quoted By:

Buyer:

E.T.A.

Dept. Director

Dir. Nursing

Adm.Dir. Clinical Service

CFO

Administrator

Wire Transfer

Your transfer request reference number is
Request has been accepted as of Jan 23, 2020 3:15 PM CST.

Current Progress — 1 Select — 2 Request — 3 Review — 4 Complete

Account Information

Transaction Number

Recurring Frequency One-Time Payment

Template Name CITI CARD PRGM - MMC

Amount USD 1,706.00

Debit Account DDA (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank

Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL

Payment Date 01/23/2020

Originator Information

Originator Name COUNTY OF CALHOUN TEXAS

Originator Address 1 202 S ANN STREET

Originator Address 2 SUITE A

Originator Address 3 PORT LAVACA, TX 77979

Beneficiary / Payee Information

Name CBNA INCOMING SETTLEMENT ACCOUNT

Beneficiary ID Type Account Number

Beneficiary ID

Address 1 P O BOX 78025

Address 2

Address 3 PHOENIX, AZ 85062-8025

Beneficiary Country US - United States

Beneficiary Bank Information

Name CITIBANK NA

Beneficiary Bank ID Type Fed ABA

Beneficiary Bank ID

Address 1 P O BOX 78025

Address 2

Address 3 PHOENIX, AZ 85062-8025

Intl Routing Number

Beneficiary Bank Country US - United States

01/17/2020
16:17

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
H1227	HEALTHSURE INSURANCE SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1179		12/30/20	01/03/20	02/01/20			1,000.00	0.00	0.00	1,000.00
1183	REWRITE BOND ASHFORD	12/30/20	01/03/20	02/01/20			200.00	0.00	0.00	200.00
1182	REWRITE BOND CRESENT	12/30/20	01/03/20	02/01/20			200.00	0.00	0.00	200.00
1180	REWRITE BOND SOLERA	12/30/20	01/03/20	02/01/20			250.00	0.00	0.00	250.00
1181	REWRITE BOND FT BEND	12/30/20	01/03/20	02/01/20			200.00	0.00	0.00	200.00
	REWRITE BOND BROADMOOF									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1227	HEALTHSURE INSURANCE SERVICES	1,850.00	0.00	0.00	1,850.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,850.00	0.00	0.00	1,850.00

APPROVED
ON
JAN 17 2020 CK# 184152
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 01/17/2020 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 01/18/2020

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

As of: 01/17/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 01/18/2020 **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: 9,048.61 USD

Future Due: 0.00

Past Due: 179.64-

Last Payment 2,451.97
08/07/2017

If Paid By 01/21/2020,
Pay This Amount: 8,864.04 USD

If Paid After 01/21/2020,
Pay this Amount: 9,048.61 USD

Due If Paid On Time:
USD 8,864.04

Disc lost if paid late: 184.57

Due If Paid Late:
USD 9,048.61

Ck # 500065

950.67 T
33.58 T
3,586.92 T
848.85 +
3,444.02 +
8,864.04 *

APPROVED
ON
JAN 20 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 01/17/2020

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 01/18/2020

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: 01/17/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 01/18/2020 **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 256342 WALMART 1098/MEM MED PHS											
01/13/2020	01/21/2020	7177433398	0110200249-00	115Invoice	0.72	36.10		35.38	✓	7177433398	
01/13/2020	01/21/2020	7177433399	7817726584	115Invoice	6.74	336.93		330.19	✓	7177433399	
01/13/2020	01/21/2020	7177439300	0112200152-00	115Invoice	4.87	243.59		238.72	✓	7177439300	
01/13/2020	01/21/2020	7177574190	784190514	195Invoice	0.01	0.32		0.31	✓	7177574190	
01/14/2020	01/21/2020	7177720509	0111200744-00	115Invoice	26.53	1,326.59		1,300.06	✓	7177720509	
01/15/2020	01/21/2020	7177983374	0109201015-00	115Invoice	1.96	97.96		96.00	✓	7177983374	
01/15/2020	01/21/2020	7178108983	784858063	195Invoice	1.65	82.51		80.86	✓	7178108983	
01/16/2020	01/21/2020	7178234446	5067780734	115Invoice	25.87	1,293.26		1,267.39	✓	7178234446	
01/16/2020	01/21/2020	7178355567	785123712	195Invoice	1.90	95.14		93.24	✓	7178355567	
01/16/2020	01/21/2020	7178419902	00001152020AS	115Invoice	0.03	1.59		1.56	✓	7178419902	
01/17/2020	01/21/2020	7178606084	785395158	195Invoice	0.01	0.32		0.31	✓	7178606084	

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: 3,514.31 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,000.14
01/13/2020

If Paid By 01/21/2020, Pay This Amount: 3,444.02 USD

If Paid After 01/21/2020, Pay this Amount: 3,514.31 USD

Due If Paid On Time: USD 3,444.02

Disc lost if paid late: 70.29

Due If Paid Late: USD 3,514.31

DL CFO

APPROVED
ON
JAN 2 0 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: 01/17/2020 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 01/18/2020

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

As of: 01/17/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 01/18/2020 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											
01/16/2020	01/21/2020	7178235409	646462	115Invoice	16.24	811.82		795.58 ✓		7178235409	
01/16/2020	01/21/2020	7178235410	646462	115Invoice	1.09	54.36		53.27 ✓		7178235410	

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: 866.18 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,000.14
01/13/2020

If Paid By 01/21/2020,
Pay This Amount: 848.85 USD

If Paid After 01/21/2020,
Pay this Amount: 866.18 USD

Due If Paid On Time:
USD 848.85

Disc lost if paid late:
17.33

Due If Paid Late:
USD 866.18

APPROVED
ON
JAN 20 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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: 01/17/2020 Page: 001

DC: 8115

Territory: 81

Customer: 464450
Date: 01/18/2020

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

As of: 01/17/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 01/18/2020 **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											
01/14/2020	01/21/2020	7177698784	55x675097	115Invoice	73.20	3,660.12		3,586.92	✓	7177698784	

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: 3,660.12 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,011.70
01/06/2020

If Paid By 01/21/2020, Pay This Amount: 3,586.92 USD

If Paid After 01/21/2020, Pay this Amount: 3,660.12 USD

Due If Paid On Time: USD 3,586.92

Disc lost if paid late: 73.20

Due If Paid Late: USD 3,660.12

APPROVED
ON
JAN 2 0 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/17/2020

DC: 8115

Territory: 400

Customer: 190813
Date: 01/18/2020

Page: 001

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

As of: 01/17/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 01/18/2020 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											
01/15/2020	01/21/2020	7177979014	2017011675	115Invoice	0.44	21.77		21.33 ✓		7177979014	
01/17/2020	01/21/2020	7178460734	2017011726	115Invoice	0.25	12.50		12.25 ✓		7178460734	

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: 34.27 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,000.14
01/13/2020

If Paid By 01/21/2020,
Pay This Amount: 33.58 USD

If Paid After 01/21/2020,
Pay this Amount: 34.27 USD

Due If Paid On Time:
USD 33.58

Disc lost if paid late:
0.69

Due If Paid Late:
USD 34.27

APPROVED
ON
JAN 20 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: 01/17/2020 Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 01/18/2020

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

As of: 01/17/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 01/18/2020 **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											
01/14/2020	01/14/2020	7177921643	MFC PR CORR CR	Pricing Cor		179.64-	P	179.64-	P ✓	7177921643	
01/14/2020	01/21/2020	7177921644	MFC PR CORR IN	Pricing Cor	0.21	10.74		10.53	✓	7177921644	
01/16/2020	01/21/2020	7178388389	646610	115Invoice	22.85	1,142.63		1,119.78	✓	7178388389	

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: 973.73 USD

Future Due: 0.00

Past Due: 179.64-

Last Payment 3,000.14
01/13/2020

If Paid By 01/21/2020, Pay This Amount: 950.67 USD

If Paid After 01/21/2020, Pay this Amount: 973.73 USD

Due If Paid On Time: USD 950.67

Disc lost if paid late: 23.06

Due If Paid Late: USD 973.73

APPROVED
ON
JAN 20 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 58801389 Date: 01-17-2020

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:	2,002.10
Past Due:	0.00
Total Due:	2,002.10
Account Balance:	2,002.10

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
01-13-2020	01-24-2020	3032572437	154235	Invoice	454.54
01-13-2020	01-24-2020	3032572438	154239	Invoice	3.07
01-13-2020	01-24-2020	3032572439	154236	Invoice	6.66
01-14-2020	01-24-2020	3032681434	154350	Invoice	454.46
01-15-2020	01-24-2020	3032740850	154416	Invoice	783.64
01-16-2020	01-24-2020	3032799817	154456	Invoice	15.14
01-17-2020	01-24-2020	3032863475	154492	Invoice	281.69
01-17-2020	01-24-2020	3032863476	154493	Invoice	2.90

Thank You for Your Payment

Date	Payment Number	Amount
01-17-2020		(1,397.03)

Reminders

Due Date	Amount
01-24-2020	2,002.10

Total Due: 2,002.10

Terms:
Monday - Friday due in 7 days

CK# 5000606

APPROVED
ON
JAN 20 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"	★	$ 88,026.56	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 49,450.30	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 11,565.20	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 27,011.06	#
		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	WB	HO	CB	Gross
1	REGULAR PAY-S1	9743.50	N		N	N		194101.70
1	REGULAR PAY-S1	1944.75	N		N	N	N	88214.02
1	REGULAR PAY-S1	244.25	Y		N	N		6886.55
2	REGULAR PAY-S2	2683.50	N		N	N		59738.98
2	REGULAR PAY-S2	105.75	Y		N	N		3910.52
3	REGULAR PAY-S3	1631.25	N		N	N		43751.04
3	REGULAR PAY-S3	76.75	Y		N	N		3437.71
C	CALL PAY	2358.50	N	1	N	N		4717.00
E	EXTRA WAGES	3.00	N		N	N	N	283.71
E	EXTRA WAGES		N	1	N	N	N	1508.75
H	HOLIDAY PAY	-565.45	N		N	Y	N	-4708.70
I	INSERVICE	17.25	N	1	N	N		522.01
I	INSERVICE	.50	Y	1	N	N		20.81
J	JURY LEAVE	15.00	N	1	N	N		347.31
K	EXTENDED-ILLNESS-BANK	304.77	N	1	N	N		5727.05
M	MEAL REIMBURSEMENT		N		N	N	N	42.00
P	PAID-TIME-OFF	28.00	N		N	N	N	1820.00
P	PAID-TIME-OFF	765.59	N	1	N	N		17782.86
X	CALL PAY 2	96.00	N	1	N	N		192.00
Y	YMCA/CURVES		N		N	N	N	60.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	14.00	N	1	N	N		153.20

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	883.20	A/R2	186.80	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1642.50	CAFE-F	
CAFE-H	18650.00	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	346.15
CLINIC	410.00	COMBIN	438.97	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	27011.06	FICA-M	5782.60	FICA-O	24725.15
FIRSTC		FLEX S	3460.67	FLX FB	
FORT D		FUTA		GIFT S	453.85
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	646.71	MASA	843.50	MEALS	371.70
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	1088.46	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	30015.81	TUTION		UNIFOR	279.74
UW/HOS					

Grand Totals: 19562.91 (Gross: 428796.52 Deductions: 125740.03 Net: 303056.49)

Checks Count:- FT 208 PT 10 Other 44 Female 230 Male 30 Credit OverAmt 8 ZeroNet Term Total: 260

Pay Date
01.24.2020

CFO 1-20-20

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		1/3/2020					
PAY PERIOD: END		1/16/2020					
PAY DATE:		1/24/2020					
GROSS PAY:	$	428,796.52			$ -		$ 428,796.52
DEDUCTIONS:							
A/R	$	1,070.00					$ 1,070.00
ADVANC							$ -
BOOTS							$ -
SUNLIFE CRITICAL ILLNESS	$	1,622.12					$ 1,622.12
SUNLIFE ACCIDENT	$	904.88					$ 904.88
SUNLIFE VISION	$	1,088.46					$ 1,088.46
SUNLIFE SHORT TERM DIS	$	1,444.79					$ 1,444.79
CAFÉ-5							$ -
CAFÉ-D	$	1,642.50					$ 1,642.50
CAFÉ-H	$	18,650.00					$ 18,650.00
CAFÉ-I							$ -
CAFÉ-L							$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$	346.15	+1.50=347.65				$ 346.15
CLINIC	$	410.00					$ 410.00
COMBIN	$	438.97					$ 438.97
CREDUN							$ -
DENTAL							$ -
DEP-LF							$ -
SUNLIFE TERM LIFE	$	1,373.17					$ 1,373.17
EAT	$	-					$ -
FED TAX	$	27,011.06					$ 27,011.06
FICA-M	$	5,782.60					$ 5,782.60
FICA-O	$	24,725.15					$ 24,725.15
FIRST C							$ -
FLEX S	$	3,460.67					$ 3,460.67
FLX-FE							$ -
GIFT S	$	453.85					$ 453.85
GRP-IN							$ -
GTL							$ -
HOSP-I							$ -
LEGAL	$	1,490.21					$ 1,490.21
OTHER	$	651.44					$ 651.44
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	$	30,015.81					$ 30,015.81
UW/HOS							$ -
TOTAL DEDUCTIONS:	$	125,740.03	$ -	$ -	$ -	$ -	$ 125,740.03
		"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
NET PAY:	$	303,056.49	$ -	$ -	$ -	$ -	$ 303,056.49
		"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
TOTAL CAFÉ 125 PLAN:	$	30,004.28	**Less Exempt:**				
TAXABLE PAY:	$	398,792.24	$ 398,792.24				**Exempt Amt:**

Processing Fee

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,782.49		
FICA - MED (EE)	1.45%	$ 5,782.49	$ 5,782.60	$ (0.11)
FICA - SOC SEC (ER)	6.20%	$ 24,725.12		
FICA - SOC SEC (EE)	6.20%	$ 24,725.12	$ 24,725.15	$ (0.03)
FED WITHHOLDING		$ 27,011.06	$ 27,011.06	

Employees over FICA-SS Cap:

Jason Anglin	$ -
Diane Moore	$ -
Roshanda Thomas	

Paycode S - Employee Reimb.:

Roshanda S. Gray

TOTAL: $ -

TAX DEPOSIT:	$ 88,026.28	$ 88,026.56	
FICA - MEDICARE	2.90% $ 11,564.98	$11,565.20	
FICA - SOCIAL SECURITY	12.40% $ 49,450.24	$49,450.30	**PREPARED BY:** Aliosn King
FED WITHHOLDING	$ 27,011.06	$27,011.06	**PREPARED DATE:** 1/6/2020
TOTAL TAX:	$ 88,026.28	$88,026.56	$ (0.28)

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --January 13 , 2020- January 19, 2020

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
1/13/2020	PAY PLUS ACHTRANS 452579291 101000692391849	- 3rd Party Payor Fee	0.99	
1/13/2020	IRS USATAXPYMT 220041393017812 6103601000571	- Payroll Taxes	92,363.85	*
1/14/2020	PAY PLUS ACHTRANS 452579291 101000693271049	- 3rd Party Payor Fee	17.65	
1/14/2020	MCKESSON DRUG AUTO ACH ACH04046330 910000141	- 340B Drug Program Expense	3,000.14	**
1/14/2020	EXPERTPAY EXPERTPAY 746003411 91000016763710	-Child Support Payment	347.65	*
1/15/2020	PAY PLUS ACHTRANS 452579291 101000694064923	- 3rd Party Payor Fee	12.79	
1/15/2020	TEXAS COUNTY DRS RECEIVABLE 0419 21000025691	- Retirement Funding	141,445.14	
1/16/2020	PAY PLUS ACHTRANS 452579291 101000694911187	- 3rd Party Payor Fee	10.87	
1/17/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1,397.03	**
1/17/2020	PAY PLUS ACHTRANS 452579291 101000695732223	- 3rd Party Payor Fee	119.42	
			238,715.53	

CFO

January 20, 2019

Diane Moore, CFO
Memorial Medical Center

* Approved 01-08-2020
** Approved 01-15-2020

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amou

CFO

January 20, 2019

Diane Moore, CFO
Memorial Medical Center

0.99 +
Pay 17.65 +
PIUS 12.79 +
10.87 +
119.42 +
161.72 *

December 141,445.14 +
retirement 141,445.14 *

161.72 +
141,445.14 +
141,606.86 *

238,715.53 +
92,363.85 -
3,000.14 -
347.65 -
1,397.03 -
141,606.86 *

141,606.86 +
141,606.86 -

Date/Time	01-03-2020 / 12:08 PM
Submitted By	cclevenger256
Pay Date	12-31-2019
Employee Deposits	$62,091.83
Employer Contributions	$79,353.31
Group Term Life Premiums	$0.00
Total	$141,445.14
Comments	
Payroll File	December 2019 Retirement Upload.xlsx

CLOSE PRINT

01/16/2020
11:17

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
13004	TUSCANY VILLAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
011020		01/10/20	01/10/20	01/31/20			100.00	0.00	0.00	100.00
	TO OPEN TUSCANY VILLAGE .									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	100.00	0.00	0.00	100.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	100.00	0.00	0.00	100.00

Ck# 184213

RECEIVED
JAN 16 2020
Calhoun County Auditor

01/16/2020
11:17

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
011320		01/14/20	01/13/20	01/31/20			3,173.35	0.00	0.00	3,173.35
	TRANSFER	Transfer of NH portion of QIPP Pymt								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	3,173.35	0.00	0.00	3,173.35

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,173.35	0.00	0.00	3,173.35

APPROVED
ON
JAN 17 2020 CK# 184207
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

01/16/2020
11:24

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
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
011320	TRANSFER	01/14/20	01/13/20	01/31/20		3,339.12	0.00	0.00	3,339.12

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	3,339.12	0.00	0.00	3,339.12

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,339.12	0.00	0.00	3,339.12

01/16/2020
11:19

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
011320	TRANSFER	01/14/20	01/13/20	01/31/20			2,454.99	0.00	0.00	2,454.99

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	2,454.99	0.00	0.00	2,454.99

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,454.99	0.00	0.00	2,454.99

APPROVED
ON
JAN 17 2020
CK# 184209

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
JAN 16 2020
Calhoun County Auditor

01/16/2020 MEMORIAL MEDICAL CENTER 0
11:18 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
011320		01/14/20	01/13/20	01/31/20			1,136.72	0.00	0.00	1,136.72 ✓
	TRANSFER of NH portion of QIPP Payment									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	1,136.72	0.00	0.00	1,136.72

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,136.72	0.00	0.00	1,136.72

APPROVED
ON
JAN 17 2020 CK# 184208
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
JAN 16 2020
Calhoun County Auditor

01/16/2020
11:18

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
011320		01/14/20	01/13/20	01/31/20			2,770.76	0.00	0.00	2,770.76
	TRANSFER of NH portion of QIPP pymt									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	2,770.76	0.00	0.00	2,770.76

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,770.76	0.00	0.00	2,770.76

APPROVED
ON
JAN 17 2020

CK# 184214

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
JAN 16 2020
Calhoun County Auditor

01/16/2020 MEMORIAL MEDICAL CENTER 0
11:19 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
011320		01/14/20	01/13/20	01/31/20		6,356.08	0.00	0.00	6,356.08
	TRANSFER of NH portion of QIPP Payment								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	6,356.08	0.00	0.00	6,356.08

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,356.08	0.00	0.00	6,356.08

APPROVED
ON
JAN 17 2020 CK# 184210
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
JAN 16 2020
Calhoun County Auditor

01/16/2020 MEMORIAL MEDICAL CENTER 0
11:19 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
011320		01/14/20	01/13/20	01/31/20			3,581.00	0.00	0.00	3,581.00
	TRANSFER of NH portion of QIPP payment									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	3,581.00	0.00	0.00	3,581.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,581.00	0.00	0.00	3,581.00

APPROVED
ON
JAN 17 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 184211

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
1/20/2020

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		76,111.06	76,011.06	127,487.28		-	127,587.28	127,487.28
						Bank Balance	127,587.28	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
Routing Information for Ashford Gardens:						MMC Portion QIPP 1 &2		
Ashford Health Care Center Ltd Co						MMC Portion QIPP 3,4,Lapse		
JP Morgan Chase Bank						January Interest		
ABA						February Interest		
Acco						March Interest		
						Adjust Balance/Transfer Amt	127,487.28	
Broadmoor		74,892.72	74,792.72	90,838.78		-	90,938.78	90,838.78
						Bank Balance	90,938.78	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2		
						MMC Portion QIPP 3,4,Lapse		
						January Interest		
						February Interest		
						March Interest		
						Adjust Balance/Transfer Amt	90,838.78	
Crescent		45,724.57	45,624.57	129,927.87		-	130,027.87	129,927.87
						Bank Balance	130,027.87	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2		
						MMC Portion QIPP 3,4,Lapse		
						January Interest		
						February Interest		
						March Interest		
						Adjust Balance/Transfer Amt	129,927.87	
Fort Bend		18,152.21	18,052.21	48,681.60		-	48,781.60	48,681.60
						Bank Balance	48,781.60	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2		
						MMC Portion QIPP 3,4,Lapse		
						January Interest		
						February Interest		
						March Interest		
						Adjust Balance/Transfer Amt	48,681.60	
Solera at W Houston		40,129.42	40,029.42	301,877.09			301,977.09	301,877.09
						Bank Balance	301,977.09	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
Routing Information for Crescent / Solera at West Houston /						MMC Portion QIPP 1 &2		
Cantex Health Care Centers III LLC						MMC Portion QIPP 3,4,Lapse		
JP Morgan Chase Bank						January Interest		
ABA						February Interest		
Acco						March Interest		
						-		
						Adjust Balance/Transfer Amt	301,877.09	

127,487.28 +
90,838.78 +
129,927.87 +
48,681.60 +
301,877.09 +
698,812.62 *

TOTAL TRANSFERS	698,812.62

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

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

APPROVED ON JAN 20 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
1/14/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05E23201132643	$ -	$ 1,241.36					-	1,241.36
1/15/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	$ 75,872.63	$ -					-	-
1/15/2020	Amerigroup TX5C HCCLAIMPMT 3116700373 111000 TRN*1*3116700373*1752E	$ -	$ 30,758.93					-	30,758.93
1/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200112120000	$ -	$ 40,960.01					-	40,960.01
1/16/2020	CHECK #082	$ 138.43	$ -					-	-
1/16/2020	DEPOSIT	$ -	$ 15,436.35					-	15,436.35
1/16/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200115104009	$ -	$ 9,319.73					-	9,319.73
1/16/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200115110002	$ -	$ 24,875.66					-	24,875.66
1/17/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200116122003	$ -	$ 2,493.56					-	2,493.56
1/17/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200116133004	$ -	$ 2,401.68					-	2,401.68
		$ 76,011.06	$ 127,487.28	-	-	-	-	-	127,487.28

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
1/14/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9499758643*141128	$ -	$ 32,385.58					-	32,385.58
1/14/2020	HUMANA INS CO HCCLAIMPMT 390861 830000593522 TRN*1*00129004811461	$ -	$ 266.09					-	266.09
1/14/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*9499677795*1362	$ -	$ 3,751.00					-	3,751.00
1/15/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 74,644.49	$ -					-	-
1/15/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0248434	$ -	$ 3,744.00					-	3,744.00
1/15/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*9500002834*1362	$ -	$ 9,164.38					-	9,164.38
1/16/2020	CHECK #047	$ 148.23	$ -					-	-
1/16/2020	DEPOSIT	$ -	$ 3,117.21					-	3,117.21
1/16/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0248480	$ -	$ 1,523.50					-	1,523.50
1/16/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200115137001	$ -	$ 1,776.48					-	1,776.48
1/17/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200116122004	$ -	$ 5,375.31					-	5,375.31
1/17/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200116142001	$ -	$ 24,620.23					-	24,620.23
1/17/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*9500714255*1362	$ -	$ 5,115.00					-	5,115.00
		$ 74,792.72	$ 90,838.78	-	-	-	-	-	90,838.78

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
1/13/2020	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR50119638*14	$ -	$ 2,532.00					-	2,532.00
1/13/2020	HUMANA INS CO HCCLAIMPMT 390864 830000560084 TRN*1*00129004809414	$ -	$ 6,323.55					-	6,323.55
1/14/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200111120001	$ -	$ 10,480.86					-	10,480.86
1/14/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*202001111460086	$ -	$ 1,596.00					-	1,596.00
1/14/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05E23208166986	$ -	$ 2,409.97					-	2,409.97
1/15/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 45,481.54	$ -					-	-
1/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200112166005	$ -	$ 13,193.60					-	13,193.60
1/15/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020011213201045	$ -	$ 9,395.00					-	9,395.00
1/15/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05E24302166986	$ -	$ 10,059.50					-	10,059.50
1/16/2020	CHECK #077	$ 143.03	$ -					-	-
1/16/2020	DEPOSIT	$ -	$ 44,521.58					-	44,521.58
1/16/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200115166009	$ -	$ 1,836.32					-	1,836.32
1/16/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200115123006	$ -	$ 18,139.84					-	18,139.84
1/17/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0248560	$ -	$ 6,335.00					-	6,335.00
1/17/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200116101000	$ -	$ 2,306.65					-	2,306.65
1/17/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020011610101331	$ -	$ 798.00					-	798.00
		$ 45,624.57	$ 129,927.87	-	-	-	-	-	129,927.87

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
1/17/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200116157007	$ -	$ 17,056.20					-	17,056.20
1/13/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05E22096173057	$ -	$ 4,122.36					-	4,122.36
1/15/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 17,993.01	$ -					-	-
1/15/2020	MOLINA HEALTHCAR MOLINAACH 00850381 42000016 ISA* * * * *ZZ	$ -	$ 2,160.00					-	2,160.00
1/15/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05E24303173057	$ -	$ 3,821.82					-	3,821.82
1/16/2020	CHECK #074	$ 59.20	$ -					-	-
1/16/2020	DEPOSIT	$ -	$ 6,425.45					-	6,425.45
1/16/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200115144000	$ -	$ 4,185.48					-	4,185.48
1/16/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05E25335173057	$ -	$ 2,726.29					-	2,726.29
1/16/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*9500583427*1362	$ -	$ 3,580.50					-	3,580.50
1/17/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*9500718172*1362	$ -	$ 4,603.50					-	4,603.50
		$ 18,052.21	$ 48,681.60	-	-	-	-	-	48,681.60

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
1/17/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200116122004	$ -	$ 6,970.00					-	6,970.00
1/13/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200110102000	$ -	$ 234.80					-	234.80
1/14/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020011146008 3	$ -	$ 12,032.00					-	12,032.00
1/14/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000149 TRN*1*EFT5433450*1205	$ -	$ 207,492.36					-	207,492.36
1/14/2020	HUMANA INS CO HCCLAIMPMT 390862 830000594640 TRN*1*00129004817346	$ -	$ 75.27					-	75.27
1/15/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 39,865.40	$ -					-	-
1/15/2020	Amerigroup TX5C HCCLAIMPMT 3116700374 111000 TRN*1*3116700374*1752E	$ -	$ 5,662.49					-	5,662.49
1/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200112166004	$ -	$ 13,093.47					-	13,093.47
1/15/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*9500019496*1362	$ -	$ 3,239.50					-	3,239.50
1/16/2020	CHECK #076	$ 164.02	$ -					-	-
1/16/2020	DEPOSIT	$ -	$ 5,025.57					-	5,025.57
1/16/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0248462	$ -	$ 4,050.00					-	4,050.00
1/16/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1500492507*141128	$ -	$ 494.04					-	494.04
1/16/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200115166009	$ -	$ 8,769.31					-	8,769.31
1/16/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200115123005	$ -	$ 13,593.59					-	13,593.59
1/16/2020	HUMANA INS CO HCCLAIMPMT 390862 830000556037 TRN*1*00129004820660	$ -	$ 8,858.94					-	8,858.94
1/16/2020	HUMANA CHA DISB HCCLAIMPMT 390862 4200001388 TRN*1*01484010101796	$ -	$ 1,714.75					-	1,714.75
1/17/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*9500724709*1362	$ -	$ 10,571.00					-	10,571.00
		$ 40,029.42	$ 301,877.09	-	-	-	-	-	301,877.09

	TOTALS	$ 254,509.98	$ 698,812.62	-	-	-	-	-	698,812.62

Quick View

DDA — Data reported as of Jan 20, 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]
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$127,587.28 ✓	$129,779.38	$127,587.28	$122,692.04
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$90,938.78 ✓	$90,938.78	$90,938.78	$55,828.24
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$130,027.87 ✓	$134,763.31	$130,027.87	$120,588.22
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$301,977.09 ✓	$308,537.09	$301,977.09	$284,436.09
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$48,781.60 ✓	$50,957.27	$48,781.60	$27,121.90
[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 01/20/2020 at 9:

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
1/20/2020

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		2,428.84	2,328.84	121,289.57	-	-	121,389.57	121,289.57
						Bank Balance	121,389.57	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2		
						MMC Portion QIPP 3,4,Lapse		
						January Interest		
						February Interest		
						March Interest		
							-	
						Adjust Balance/Transfer Amt	121,289.57	

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: CFO
Diane Moore, CFO 1/20/2020

APPROVED
ON
JAN 20 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
1/15/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	$ 2,252.69	$ -					-	-
1/16/2020 CHECK #050	$ 76.15	$ -					-	-
1/16/2020 DEPOSIT	$ -	$ 112,406.39					-	112,406.39
1/16/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	$ -	$ 8,883.18					-	8,883.18
	2,328.84	**121,289.57**	-	-	-	-	-	**121,289.57**

Quick View

DDA — Data reported as of Jan 20, 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]			
[redacted] MEMORIAL MEDICAL CENTER / NH ASHFORD	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER / NH BROADMOOR	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER / NH CRESCENT	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER / NH FORT BEND	[redacted]			
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$121,389.57	$121,389.57	$121,389.57	$121,389.57
[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 01/20/2020 at 9:

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
1/20/2020

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	4.89	-		-	-	1,430.54	No Transfer
							Bank Balance	1,430.54	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1 &2		
							MMC Portion QIPP 3,4,Lapse	-	
							January Interest		
							February Interest		
							March Interest		
							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	[redacted]	8,641.95	8,541.95	81,751.17		-	-	81,851.17	81,751.17
							Bank Balance	81,851.17	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1 &2	-	
							MMC Portion QIPP 3,4,Lapse	-	
							January Interest		
							February Interest		
							March Interest		
							Adjust Balance/Transfer Amt	81,751.17	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	81,751.17

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 1/20/2020

APPROVED
ON
JAN 20 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
1/16/2020 CHECK #006	$ 4.89	$ -					-	-
	4.89	-	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
1/15/2020 WIRE OUT HMG SERVICES, LLC	$ 8,484.32	$ -					-	-
1/16/2020 CHECK #005	$ 57.63	$ -					-	-
1/16/2020 DEPOSIT	$ -	$ 81,751.17					-	81,751.17
	8,541.95	81,751.17	-	-	-	-	-	81,751.17
	8,546.84	81,751.17	-	-	-	-	-	81,751.17

Quick View

DDA — Data reported as of Jan 20, 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]			
[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	$1,430.54	$1,430.54	$1,430.54	$1,430.54
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$81,851.17	$81,851.17	$81,851.17	$81,851.17

* indicates re
Page generated on 01/20/2020 at 9: