MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- Janaury 29, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 306,258.76
TOTAL TRANSFERS BETWEEN FUNDS	$ 261,995.16
TOTAL NURSING HOME UPL EXPENSES	$ 1,013,492.55
TOTAL INTER-GOVERNMENT TRANSFERS	$ 309,009.34
GRAND TOTAL DISBURSEMENTS APPROVED January 29, 2020	$ 1,890,755.81

APPROVED

JAN 2 9 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 29, 2020

PAYABLES AND PAYROLL			
1/23/2020 Weekly Payables	293,037.71		
1/27/2020 Building Kid Steps-Speech Therapy	1,450.00		
1/27/2020 McKesson-340B Prescription Expense	6,366.48		
1/27/2020 Amerisource Bergen-340B Prescription Expense	3,002.05		
Prosperity Electronic Bank Payments			
1/21-1/23/2020 Credit Card & Lease Fees	769.32		
1/21/2020 Sales Tax for December 2019	1,550.97		
1/22-1/24/2020 Pay Plus-Patient Claims Processing Fee	82.23		
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS		**$**	**306,258.76**
TRANSFER BETWEEN FUNDS-NURSING HOMES			
1/23/2020 MMC Operating to Ashford-Medicare Recoup	30,457.31		
1/23/2020 MMC Operating to Solera-Medicare Recoup	89,365.37		
1/23/2020 MMC Operating to Fortbend-Medicare Recoup	13,605.35		
1/23/2020 MMC Operating to Broadmoor-Medicare Recoup	63,857.90		
1/23/2020 MMC Operating to The Crescent-Medicare Recoup	31,132.57		
1/23/2020 MMC Operating to Golden Creek Healthcare-Medicare Recoup	33,576.66		
TOTAL TRANSFERS BETWEEN FUNDS		**$**	**261,995.16**
NURSING HOME UPL EXPENSES			
1/27/2020 Nursing Home UPI-Cantex Transfer	696,456.67		
1/27/2020 Nursing Home UPI-Nexion Transfer	92,916.83		
1/27/2020 Nursing Home UPI-HMG Transfer	194,132.43		
Nursing Home Electronic Bank Payments			
1/23/2020 Ashford-Harland Clarke Ached from wrong account	15.54		
1/23/2020 Solera-Harland Clarke order ACHed from wrong account	15.54		
QIPP/INTEREST/RECOUP CHECKS TO MMC			
1/27/2020 Ashford	12,233.96		
1/27/2020 Broadmoor	4,395.98		
1/27/2020 Crescent	3,785.98		
1/27/2020 Fort Bend	4,998.96		
1/27/2020 Solera	4,540.66		
TOTAL NURSING HOME UPL EXPENSES		**$**	**1,013,492.55**
INTER-GOVERNMENT TRANSFERS			
1/27/2020 IGT DY9 UC to be paid on 02/05/2020	309,009.34		
TOTAL INTER-GOVERNMENT TRANSFERS		**$**	**309,009.34**
GRAND TOTAL DISBURSEMENTS APPROVED January 29, 2020		**$**	**1,890,755.81**

01/23/2020 MEMORIAL MEDICAL CENTER 0
10:25 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 02/05/2020

Vendor#	Vendor Name	Class	Pay Code
A0401	ABBOTT NUTRITION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
611539787	SUPPLIES	01/16/20	12/18/20	01/16/20		11.58	0.00	0.00	11.58

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A0401	ABBOTT NUTRITION	11.58	0.00	0.00	11.58

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
140946	SUPPLIES	12/30/20	01/06/20	01/31/20		2.79	0.00	0.00	2.79
140995	SUPPLIES	01/14/20	01/07/20	02/01/20		30.96	0.00	0.00	30.96
141016	SUPPLIES	01/14/20	01/08/20	02/02/20		14.99	0.00	0.00	14.99
141050	SUPPLIES	01/15/20	01/09/20	02/03/20		26.99	0.00	0.00	26.99

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	75.73	0.00	0.00	75.73

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
9096641673	OXYGEN	01/21/20	12/31/20	01/30/20		2,183.26	0.00	0.00	2,183.26
9967562281	OXYGEN	01/21/20	12/31/20	01/30/20		653.05	0.00	0.00	653.05
9967562279	OXYGEN	01/21/20	12/31/20	01/30/20		498.23	0.00	0.00	498.23
9967562282	OXYGEN	01/21/20	12/31/20	01/30/20		77.31	0.00	0.00	77.31

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	3,411.85	0.00	0.00	3,411.85

Vendor#	Vendor Name	Class	Pay Code
10958	ALLYSON SWOPE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
012120	CONTRACT EMPLOYEE (1/6/2020 - 1/16/2020)	01/21/20	01/21/20	01/21/20		2,252.25	0.00	0.00	2,252.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE	2,252.25	0.00	0.00	2,252.25

Vendor#	Vendor Name	Class	Pay Code
A1746	ALPHA TEC SYSTEMS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV00081654	SUPPLIES	01/20/20	12/17/20	12/27/20		160.51	0.00	0.00	160.51

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1746	ALPHA TEC SYSTEMS INC	160.51	0.00	0.00	160.51

Vendor#	Vendor Name	Class	Pay Code

10730 AMERICAN COLLEGE OF RADIOLOGY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
200689202024809		01/21/20	01/06/20	01/06/20		1,299.00	0.00	0.00	1,299.00
	REPORTING FEE (annual)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10730	AMERICAN COLLEGE OF RADIOLOGY	1,299.00	0.00	0.00	1,299.00

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
65304655		01/21/20	12/21/20	01/15/20		629.50	0.00	0.00	629.50
	LEASE								
65304758		01/21/20	12/24/20	01/18/20		2,367.50	0.00	0.00	2,367.50
	LEASE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	2,997.00	0.00	0.00	2,997.00

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
108185811		01/13/20	01/06/20	01/31/20		1,995.61	0.00	0.00	1,995.61
	SUPPLIES								
108184489		01/13/20	01/06/20	01/31/20		1,306.89	0.00	0.00	1,306.89
	SUPPLIES								
7263463		01/13/20	01/06/20	01/31/20		5,004.94	0.00	0.00	5,004.94
	SUPPLIES								
108186485		01/13/20	01/06/20	01/31/20		1,002.30	0.00	0.00	1,002.30
	SUPPLIES								
108185653		01/13/20	01/06/20	01/31/20		5,143.62	0.00	0.00	5,143.62
	SUPPLIES								
108186441		01/13/20	01/06/20	01/31/20		130.08	0.00	0.00	130.08
	SUPPLIES								
108186617		01/13/20	01/06/20	01/31/20		140.00	0.00	0.00	140.00
	SUPPLIES								
108185412		01/13/20	01/06/20	01/31/20		225.44	0.00	0.00	225.44
	SUPPLIES								
108184922		01/13/20	01/06/20	01/31/20		397.50	0.00	0.00	397.50
	SUPPLIES								
108187448		01/13/20	01/07/20	02/01/20		1,462.38	0.00	0.00	1,462.38
	SUPPLIES								
108185438		01/22/20	01/03/20	01/28/20		747.74	0.00	0.00	747.74
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	17,556.50	0.00	0.00	17,556.50

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
B263682		01/20/20	01/06/20	02/05/20		162.20	0.00	0.00	162.20
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE	162.20	0.00	0.00	162.20

Vendor#	Vendor Name	Class	Pay Code
11224	CABLES AND SENSORS		

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

82567		01/21/20	12/19/20	01/19/20		154.00	0.00	0.00	154.00
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11224	CABLES AND SENSORS				154.00	0.00	0.00	154.00
Vendor#	Vendor Name				Class	Pay Code			
C1325	CARDINAL HEALTH 414, INC.				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8001799856		01/20/20	11/17/20	01/20/20		134.43	0.00	0.00	134.43
SUPPLIES									
8002035085		01/20/20	09/07/20	10/02/20		180.57	0.00	0.00	180.57
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.				315.00	0.00	0.00	315.00
Vendor#	Vendor Name				Class	Pay Code			
13028	CAVALLO ENERGY TEXAS LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
B1909300706		01/16/20	09/30/20	01/16/20		17.35	0.00	0.00	17.35
ELECTRIC BILL ACCT. 521900									
B1909300705		01/16/20	09/30/20	01/16/20		5.35	0.00	0.00	5.35
ELECTRIC BILL ACCT. 521900									
B1909300704		01/16/20	09/30/20	01/16/20		42.72	0.00	0.00	42.72
ELECTRIC BILL ACCT. 521900									
B1909300703		01/21/20	09/30/20	01/21/20		321.77	0.00	0.00	321.77
ELECTRIC									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	13028	CAVALLO ENERGY TEXAS LLC				387.19	0.00	0.00	387.19
Vendor#	Vendor Name				Class	Pay Code			
11030	COMBINED INSURANCE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
010120		01/20/20	01/01/20	01/01/20		877.94	0.00	0.00	877.94
INSURANCE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE				877.94	0.00	0.00	877.94
Vendor#	Vendor Name				Class	Pay Code			
R1050	CULLIGAN OF VICTORIA				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1430270312312019		01/22/20	12/31/20	01/25/20		190.00	0.00	0.00	190.00
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	R1050	CULLIGAN OF VICTORIA				190.00	0.00	0.00	190.00
Vendor#	Vendor Name				Class	Pay Code			
10368	DEWITT POTH & SON								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5945340		01/15/20	01/06/20	01/31/20		30.98	0.00	0.00	30.98
SUPPLIES									
5944640		01/15/20	01/06/20	01/31/20		80.90	0.00	0.00	80.90
SUPPLIES									
5944620		01/15/20	01/06/20	01/31/20		3.59	0.00	0.00	3.59
SUPPLIES									
5945510		01/15/20	01/06/20	01/31/20		523.58	0.00	0.00	523.58
SUPPLIES									

5944630		01/15/20	01/06/20	01/31/20	27.21	0.00	0.00	27.21
SUPPLIES								
5945150		01/15/20	01/06/20	01/31/20	152.24	0.00	0.00	152.24
SUPPLIES								
5947580		01/15/20	01/07/20	02/01/20	100.70	0.00	0.00	100.70
SUPPLIES								
5947810		01/15/20	01/07/20	02/01/20	20.07	0.00	0.00	20.07
SUPPLIES								
5951370		01/20/20	01/10/20	02/04/20	155.15	0.00	0.00	155.15
SUPPLIES								
5939400		01/23/20	11/29/20	12/24/20	523.93	0.00	0.00	523.93
ADDITIONAL IMAGES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON			1,618.35	0.00	0.00	1,618.35
Vendor#	Vendor Name			Class	Pay Code			
C2510	EVIDENT			M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
A2001071378		01/20/20	01/07/20	02/01/20		17,255.00	0.00	0.00	17,255.00
SUPPORT/MONTHLY SUBSCR								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C2510	EVIDENT				17,255.00	0.00	0.00	17,255.00
Vendor#	Vendor Name			Class	Pay Code			
10689	FASTHEALTH CORPORATION							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
01A20MMC		01/21/20	01/01/20	01/16/20		495.00	0.00	0.00	495.00
WEBSITE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION				495.00	0.00	0.00	495.00
Vendor#	Vendor Name			Class	Pay Code				
F1400	FISHER HEALTHCARE			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6330536		01/17/20	01/02/20	01/27/20		116.00	0.00	0.00	116.00
SUPPLIES									
6330527		01/17/20	01/02/20	01/27/20		3,240.29	0.00	0.00	3,240.29
SUPPLIES									
6404516		01/17/20	01/03/20	01/28/20		560.68	0.00	0.00	560.68
SUPPLIES									
6507226		01/17/20	01/06/20	01/31/20		1,299.34	0.00	0.00	1,299.34
SUPPLIES									
6633580		01/17/20	01/07/20	02/01/20		426.81	0.00	0.00	426.81
SUPPLIES									
6633579		01/17/20	01/07/20	02/01/20		177.95	0.00	0.00	177.95
SUPPLIES									
3633794		01/20/20	11/18/20	12/13/20		59.00	0.00	0.00	59.00
SUPPLIES									
4756463		01/20/20	12/03/20	12/28/20		17,374.67	0.00	0.00	17,374.67
SUPPLIES									
5118551		01/20/20	12/05/20	12/30/20		448.92	0.00	0.00	448.92
SUPPLIES									
5611947		01/20/20	12/11/20	01/05/20		1,319.89	0.00	0.00	1,319.89
SUPPLIES									
5698700		01/20/20	12/12/20	01/06/20		1,883.25	0.00	0.00	1,883.25

	SUPPLIES							
5747668		01/20/20	12/13/20	01/07/20	270.19	0.00	0.00	270.19
	SUPPLIES							
5972475		01/20/20	12/19/20	01/13/20	10,218.98	0.00	0.00	10,218.98
	SUPPLIES							
6133513		01/20/20	12/26/20	01/20/20	5,854.24	0.00	0.00	5,854.24
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	43,250.21	0.00	0.00	43,250.21

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
26232672		01/14/20	01/06/20	01/31/20			9,575.84	0.00	0.00	9,575.84

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12948	GREAT AMERICAN FINANCIAL SVCS	9,575.84	0.00	0.00	9,575.84

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
1776693		01/20/20	12/03/20	01/02/20			500.94	0.00	0.00	500.94
	SUPPLIES									
1788356		01/20/20	12/31/20	01/30/20			23.79	0.00	0.00	23.79
	SUPPLIES									
1734529		01/21/20	09/16/20	10/16/20			96.25	0.00	0.00	96.25
	SUPPLIES									
1737559		01/21/20	09/20/20	10/20/20			192.50	0.00	0.00	192.50
	SUPPLIES									
1738116		01/21/20	09/23/20	10/23/20			96.25	0.00	0.00	96.25
	SUPPLIES									
1739234		01/21/20	09/24/20	10/24/20			42.00	0.00	0.00	42.00
	SUPPLIES									
1739967		01/21/20	09/25/20	10/25/20			-25.28	0.00	0.00	-25.28
	CREDIT									
1751442		01/21/20	10/15/20	11/14/20			32.00	0.00	0.00	32.00
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	958.45	0.00	0.00	958.45

Vendor#	Vendor Name	Class	Pay Code
10334	HEALTH CARE LOGISTICS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
307415603		01/20/20	01/06/20	01/31/20			136.55	0.00	0.00	136.55
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	136.55	0.00	0.00	136.55

Vendor#	Vendor Name	Class	Pay Code
12380	HEALTH SOLUTIONS DIETETICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
012020		01/20/20	01/20/20	01/20/20			3,000.00	0.00	0.00	3,000.00
	DIETICIAN (1/03 - 1/23/2020)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS	3,000.00	0.00	0.00	3,000.00

Vendor#	Vendor Name	Class	Pay Code
11552	HEALTHCARE FINANCIAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100252127	PHONE SYSTEM Interest 951.04	01/15/20	12/28/20	02/01/20		3,227.85	0.00	0.00	3,227.85
100258369	LEASE Interest 438.05	01/21/20	01/08/20	02/01/20		4,919.41	0.00	0.00	4,919.41
100258370	LEASE	01/21/20	01/08/20	02/01/20		7,154.17	0.00	0.00	7,154.17
100258372	LEASE Interest 305.13	01/21/20	01/08/20	02/01/20		1,797.44	0.00	0.00	1,797.44
100258371	LEASE Interest 333.14	01/21/20	01/08/20	02/01/20		7,447.86	0.00	0.00	7,447.86

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINANCIAL SERVICES	24,546.73	0.00	0.00	24,546.73

Vendor#	Vendor Name	Class	Pay Code
12196	ICU MEDICAL, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2350317	EPIDRUAL PUMP BATTERY	01/14/20	01/03/20	02/03/20		160.00	0.00	0.00	160.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12196	ICU MEDICAL, INC	160.00	0.00	0.00	160.00

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC12020	RESP SERVICES	01/14/20	01/13/20	01/13/20		24,042.45	0.00	0.00	24,042.45

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	24,042.45	0.00	0.00	24,042.45

Vendor#	Vendor Name	Class	Pay Code
J0150	J & J HEALTH CARE SYSTEMS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
921831570	SUPPLIES	01/20/20	12/24/20	01/23/20		419.34	0.00	0.00	419.34

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	419.34	0.00	0.00	419.34

Vendor#	Vendor Name	Class	Pay Code
11600	LEGAL SHIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
011520	PAYROLL DED	01/20/20	01/15/20	01/15/20		1,419.80	0.00	0.00	1,419.80

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD	1,419.80	0.00	0.00	1,419.80

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
122019	PAYROLL DED	01/20/20	12/20/20	01/16/20		1,190.86	0.00	0.00	1,190.86
010620	PAYROLL DED	01/20/20	01/06/20	01/06/20		1,190.86	0.00	0.00	1,190.86

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	2,381.72	0.00	0.00	2,381.72

Vendor#	Vendor Name	Class	Pay Code
11612	MASA GLOBAL BUILDING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
011620		01/20/20	01/16/20	01/16/20			1,678.00	0.00	0.00	1,678.00
	INSURANCE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11612	MASA GLOBAL BUILDING	1,678.00	0.00	0.00	1,678.00

Vendor#	Vendor Name	Class	Pay Code
M2178	MCKESSON MEDICAL SURGICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
70957925		01/20/20	12/06/20	12/21/20			255.48	0.00	0.00	255.48
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	255.48	0.00	0.00	255.48

Vendor#	Vendor Name	Class	Pay Code
M2310	MEDELA INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
12504176		01/20/20	12/11/20	12/27/20			284.80	0.00	0.00	284.80
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2310	MEDELA INC	284.80	0.00	0.00	284.80

Vendor#	Vendor Name	Class	Pay Code
12588	MEDICAL TECHNOLOGY ASSOCIATES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV165779		01/20/20	12/31/20	01/25/20			715.72	0.00	0.00	715.72
	FIX VACCUM INLET FOR SURGery									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12588	MEDICAL TECHNOLOGY ASSOCIATES	715.72	0.00	0.00	715.72

Vendor#	Vendor Name	Class	Pay Code
10613	MEDIMPACT HEALTHCARE SYS, INC.	A/P	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
011520		01/21/20	01/15/20	01/15/20			259.91	0.00	0.00	259.91
	INDIGENT CARE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	259.91	0.00	0.00	259.91

Vendor#	Vendor Name	Class	Pay Code
M2827	MEDIVATORS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
90373440		01/20/20	12/18/20	01/08/20			446.82	0.00	0.00	446.82
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	446.82	0.00	0.00	446.82

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
1897122135		01/17/20	12/31/20	01/25/20			338.86	0.00	0.00	338.86
	SUPPLIES									
1897122134		01/17/20	12/31/20	01/25/20			165.82	0.00	0.00	165.82
	SUPPLIES									
1897122146		01/17/20	12/31/20	01/25/20			2,871.15	0.00	0.00	2,871.15
	SUPPLIES									

1897122139	SUPPLIES	01/17/20 12/31/20 01/25/20	751.06	0.00	0.00	751.06
1897122140	SUPPLIES	01/17/20 12/31/20 01/25/20	11.46	0.00	0.00	11.46
1897371607	SUPPLIES	01/17/20 01/03/20 01/28/20	59.26	0.00	0.00	59.26
1897371605	SUPPLIES	01/17/20 01/03/20 01/28/20	217.80	0.00	0.00	217.80
1897743272	SUPPLIES	01/17/20 01/07/20 02/01/20	46.54	0.00	0.00	46.54
1897743271	SUPPLIES	01/17/20 01/07/20 02/01/20	4.59	0.00	0.00	4.59
1897773189	SUPPLIES	01/17/20 01/07/20 02/01/20	62.00	0.00	0.00	62.00
1897743274	SUPPLIES	01/17/20 01/07/20 02/01/20	31.08	0.00	0.00	31.08
1897799245	SUPPLIES	01/17/20 01/08/20 02/02/20	56.22	0.00	0.00	56.22
1897799236	SUPPLIES	01/17/20 01/08/20 02/02/20	309.89	0.00	0.00	309.89
1897799235	SUPPLIES	01/17/20 01/08/20 02/02/20	380.54	0.00	0.00	380.54
1897799243	SUPPLIES	01/17/20 01/08/20 02/02/20	1,141.18	0.00	0.00	1,141.18
1897799240	SUPPLIES	01/17/20 01/08/20 02/02/20	6,365.19	0.00	0.00	6,365.19
1897799233	SUPPLIES	01/17/20 01/08/20 02/02/20	3.64	0.00	0.00	3.64
1897799244	SUPPLIES	01/17/20 01/08/20 02/02/20	33.19	0.00	0.00	33.19
1897962984	SUPPLIES	01/17/20 01/09/20 02/03/20	368.05	0.00	0.00	368.05
1897962985	SUPPLIES	01/17/20 01/09/20 02/03/20	27.23	0.00	0.00	27.23
1888261548	SUPPLIES	01/20/20 09/26/20 10/21/20	19.55	0.00	0.00	19.55
1893375090	SUPPLIES	01/20/20 11/19/20 12/14/20	38.29	0.00	0.00	38.29
1893610855	SUPPLIES	01/20/20 11/21/20 12/16/20	51.92	0.00	0.00	51.92
1893824749	SUPPLIES	01/20/20 11/22/20 12/17/20	78.73	0.00	0.00	78.73
1893824732	SUPPLIES	01/20/20 11/22/20 12/17/20	75.66	0.00	0.00	75.66
1897743273	SUPPLIES	01/20/20 01/07/20 02/01/20	173.51	0.00	0.00	173.51
1895980629	SUPPLIES	01/21/20 12/17/20 01/11/20	64.26	0.00	0.00	64.26

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	13,746.67	0.00	0.00	13,746.67

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	122019		01/20/20	12/20/20	12/20/20			355.64	0.00	0.00	355.64
		PAYROLL DED									
	010620		01/20/20	01/06/20	01/06/20			455.63	0.00	0.00	455.63
		PAYROLL DED									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC					811.27	0.00	0.00	811.27
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
	8800549755		11/30/20	11/25/20	02/01/20			-887.60	0.00	0.00	-887.60
		CREDIT									
	8800549754		11/30/20	11/25/20	02/01/20			-9,422.20	0.00	0.00	-9,422.20
		CREDIT									
	8800537625		01/20/20	10/30/20	11/29/20			9,970.47	0.00	0.00	9,970.47
		SUPPLIES									
	8800544216		01/20/20	11/12/20	12/12/20			338.23	0.00	0.00	338.23
		SUPPLIES									
	8800547037		01/20/20	11/19/20	12/19/20			480.14	0.00	0.00	480.14
		SUPPLIES									
	8800549756		01/20/20	11/25/20	12/25/20			927.10	0.00	0.00	927.10
		SUPPLIES									
	8800549757		01/20/20	11/25/20	12/25/20			95.48	0.00	0.00	95.48
		SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		M2659	MERRY X-RAY/SOURCEONE HEALTHCA					1,501.62	0.00	0.00	1,501.62
Vendor#	Vendor Name				Class	Pay Code					
11976	MID-COAST ELECTRIC SUPPLY, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	185123800		01/21/20	09/06/20	10/06/20			308.00	0.00	0.00	308.00
		SUPPLIES									
	185154100		01/21/20	09/24/20	10/24/20			310.00	0.00	0.00	310.00
		SUPPLIES									
	187366600		01/21/20	12/16/20	01/15/20			45.00	0.00	0.00	45.00
		SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11976	MID-COAST ELECTRIC SUPPLY, INC					663.00	0.00	0.00	663.00
Vendor#	Vendor Name				Class	Pay Code					
M2621	MMC AUXILIARY GIFT SHOP				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	011620		01/16/20	01/16/20	01/31/20			165.00	0.00	0.00	165.00
		PAYROLL DEDUCT									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP					165.00	0.00	0.00	165.00
Vendor#	Vendor Name				Class	Pay Code					
M2662	MMC VOLUNTEERS				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	395167		01/21/20	12/02/20	12/02/20			127.89	0.00	0.00	127.89
		CC MACHINE									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		M2662	MMC VOLUNTEERS					127.89	0.00	0.00	127.89

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
5117889	INVENTORY	01/20/20	01/13/20	01/23/20		1,904.01	0.00	0.00	1,904.01
5117888	INVENTORY	01/20/20	01/13/20	01/23/20		602.75	0.00	0.00	602.75
5115550	INVENTORY	01/20/20	01/13/20	01/23/20		435.94	0.00	0.00	435.94
5117890	INVENTORY	01/20/20	01/13/20	01/23/20		1,285.36	0.00	0.00	1,285.36
6588	INVENTORY	01/20/20	01/14/20	01/24/20		-44.94	0.00	0.00	-44.94
5123934	CREDIT	01/20/20	01/14/20	01/24/20		45.74	0.00	0.00	45.74
5122777	INVENTORY	01/20/20	01/14/20	01/24/20		686.12	0.00	0.00	686.12
6624	INVENTORY	01/20/20	01/14/20	01/24/20		-8.82	0.00	0.00	-8.82
5123932	CREDIT	01/20/20	01/14/20	01/24/20		131.28	0.00	0.00	131.28
6567	INVENTORY	01/20/20	01/14/20	01/24/20		-12.89	0.00	0.00	-12.89
5123933	CREDIT	01/20/20	01/14/20	01/24/20		1,066.61	0.00	0.00	1,066.61
5130028	INVENTORY	01/20/20	01/15/20	01/25/20		706.28	0.00	0.00	706.28
5130029	INVENTORY	01/20/20	01/15/20	01/25/20		15.40	0.00	0.00	15.40
5130027	INVENTORY	01/20/20	01/15/20	01/25/20		380.02	0.00	0.00	380.02
5132692	INVENTORY	01/20/20	01/16/20	01/26/20		406.36	0.00	0.00	406.36
5132693	INVENTORY	01/20/20	01/16/20	01/26/20		4,773.09	0.00	0.00	4,773.09
5132694	INVENTORY	01/20/20	01/16/20	01/26/20		297.08	0.00	0.00	297.08

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	12,669.39	0.00	0.00	12,669.39

Vendor#	Vendor Name	Class	Pay Code
13012	McCALL AND LEE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
065409A	1/2 RECRUITING FEE APRIL Kubula – Physical Therapist	01/21/20	01/20/20	01/31/20		12,187.50	0.00	0.00	12,187.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13012	McCALL AND LEE, LLC	12,187.50	0.00	0.00	12,187.50

Vendor#	Vendor Name	Class	Pay Code
A2252	NADINE GARNER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
012020	TRAVEL AREA IP NURSES ME	01/21/20	01/20/20	01/20/20		31.51	0.00	0.00	31.51

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	A2252	NADINE GARNER				31.51	0.00	0.00	31.51
Vendor#	Vendor Name				Class	Pay Code			
O1500	OLYMPUS AMERICA INC				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	98535910		01/20/20	12/05/20	12/30/20		1,026.79	0.00	0.00	1,026.79
		SUPPLIES								
	98687950		01/20/20	01/07/20	02/01/20		1,137.51	0.00	0.00	1,137.51
		SERVICE CONTRACT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O1500	OLYMPUS AMERICA INC				2,164.30	0.00	0.00	2,164.30
Vendor#	Vendor Name				Class	Pay Code				
11069	PABLO GARZA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	012120		01/21/20	01/21/20	01/21/20		2,608.13	0.00	0.00	2,608.13
		CONTRACT EMPLOYEE (1/7-1/20/2020)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11069	PABLO GARZA				2,608.13	0.00	0.00	2,608.13
Vendor#	Vendor Name				Class	Pay Code				
11142	PAETEC (WINDSTREAM)									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	72112477		12/30/20	12/22/20	01/31/20		11,108.82	0.00	0.00	11,108.82
		PHONES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11142	PAETEC (WINDSTREAM)				11,108.82	0.00	0.00	11,108.82
Vendor#	Vendor Name				Class	Pay Code				
11155	PARA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	6024		12/30/20	01/01/20	01/31/20		2,000.00	0.00	0.00	2,000.00
		REVENUE INTEGRITY PROGR								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11155	PARA				2,000.00	0.00	0.00	2,000.00
Vendor#	Vendor Name				Class	Pay Code				
P1971	PORT LAVACA FORD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	010820		01/16/20	01/08/20	01/31/20		22,209.20	0.00	0.00	22,209.20
		PURCHASE 2019 FORD EDGE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P1971	PORT LAVACA FORD				22,209.20	0.00	0.00	22,209.20
Vendor#	Vendor Name				Class	Pay Code				
S1001	SANOFI PASTEUR INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	913755896		11/25/20	11/06/20	02/04/20		4,206.64	0.00	0.00	4,206.64
		INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1001	SANOFI PASTEUR INC				4,206.64	0.00	0.00	4,206.64
Vendor#	Vendor Name				Class	Pay Code				
10625	SARA RUBIO									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	011420		01/20/20	01/14/20	01/14/20		36.57	0.00	0.00	36.57
		TRAVEL GCTASC/ CPG MONT (1/9/2020)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	10625 SARA RUBIO					36.57	0.00	0.00	36.57
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
	44669		01/15/20	01/14/20	01/31/20		28.87	0.00	0.00	28.87
		SUPPLIES								
	45237		01/20/20	01/15/20	01/30/20		3.59	0.00	0.00	3.59
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS				32.46	0.00	0.00	32.46
Vendor#	Vendor Name				Class	Pay Code				
K0536	SHIRLEY KARNEI									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	012120		01/21/20	01/21/20	01/21/20		185.46	0.00	0.00	185.46
		CONTRACT EMPLOYEE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		K0536	SHIRLEY KARNEI				185.46	0.00	0.00	185.46
Vendor#	Vendor Name				Class	Pay Code				
10699	SIGN AD, LTD.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	245900		01/21/20	01/01/20	01/11/20		790.00	0.00	0.00	790.00
		AD LEASE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10699	SIGN AD, LTD.				790.00	0.00	0.00	790.00
Vendor#	Vendor Name				Class	Pay Code				
12848	SKILLGIGS INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21911		12/30/20	01/02/20	02/01/20		3,810.15	0.00	0.00	3,810.15
		ICU NURSE ROWE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12848	SKILLGIGS INC.				3,810.15	0.00	0.00	3,810.15
Vendor#	Vendor Name				Class	Pay Code				
S2345	SOUTHEAST TEXAS HEALTH SYS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	26297		01/20/20	01/01/20	01/31/20		5,000.00	0.00	0.00	5,000.00
		JAN-MAR DUES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2345	SOUTHEAST TEXAS HEALTH SYS				5,000.00	0.00	0.00	5,000.00
Vendor#	Vendor Name				Class	Pay Code				
12288	SPBS CLINICAL EQUIPMENT SRVC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	INV007819		01/08/20	01/02/20	02/02/20		12,375.00	0.00	0.00	12,375.00
		BIO MED SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12288	SPBS CLINICAL EQUIPMENT SRVC				12,375.00	0.00	0.00	12,375.00
Vendor#	Vendor Name				Class	Pay Code				
11672	STANLEY ACCESS TECH LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	905773308		01/21/20	01/06/20	02/05/20		3,531.00	0.00	0.00	3,531.00
		LOADING DOCK - Automatic door								
	905572783		01/21/20	01/06/20	02/05/20		3,422.00	0.00	0.00	3,422.00
		EMERGENCY INTERIOR ENTR Once door								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11672	STANLEY ACCESS TECH LLC	6,953.00	0.00	0.00	6,953.00

Vendor#	Vendor Name	Class	Pay Code
S3960	STERICYCLE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4009046020	DISPOSAL SERVICE	12/30/20	01/01/20	01/31/20			2,300.00	0.00	0.00	2,300.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	2,300.00	0.00	0.00	2,300.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
011620	INSURANCE	01/20/20	01/16/20	02/01/20			2,361.11	0.00	0.00	2,361.11

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12440	SUN LIFE ASSURANCE COMPANY	2,361.11	0.00	0.00	2,361.11

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
8400320522	LAUNDRY	01/15/20	01/06/20	01/31/20			61.07	0.00	0.00	61.07
8400320553	LAUNDRY	01/15/20	01/06/20	01/31/20			949.49	0.00	0.00	949.49
8400320521	LAUNDRY	01/15/20	01/06/20	01/31/20			47.15	0.00	0.00	47.15
8400320897	LAUNDRY	01/15/20	01/09/20	02/03/20			1,648.77	0.00	0.00	1,648.77
8400320866	LAUNDRY	01/15/20	01/09/20	02/03/20			175.83	0.00	0.00	175.83
8400320860	LAUNDRY	01/15/20	01/09/20	02/03/20			18.62	0.00	0.00	18.62
8400320864	LAUNDRY	01/15/20	01/09/20	02/03/20			155.98	0.00	0.00	155.98

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,056.91	0.00	0.00	3,056.91

Vendor#	Vendor Name	Class	Pay Code
U2000	US POSTAL SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
011720	BRM RENEWAL	01/21/20	01/17/20	01/17/20			235.00	0.00	0.00	235.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE	235.00	0.00	0.00	235.00

Vendor#	Vendor Name	Class	Pay Code
10793	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
122019	PAYROLL DED	01/20/20	12/20/20	12/20/20			3,489.52	0.00	0.00	3,489.52
010620	PAYROLL DED	01/20/20	01/06/20	01/06/20			3,460.67	0.00	0.00	3,460.67

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10793	WAGEWORKS	6,950.19	0.00	0.00	6,950.19

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	293,037.71	0.00	0.00	293,037.71

APPROVED
ON

JAN 23 2020 CK#'s

184221-184288

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

01/27/2020
08:37

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12740	BUILDING KID STEPS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
OUTPATIENT1219A	SPEECH THERAPY	01/27/20	01/27/20	01/27/20		450.00	0.00	0.00	450.00
OUTPATIENT1219	SPEECH THERAPY	01/27/20	01/27/20	01/27/20		1,000.00	0.00	0.00	1,000.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12740	BUILDING KID STEPS	1,450.00	0.00	0.00	1,450.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,450.00	0.00	0.00	1,450.00

CK# 184230

APPROVED ON
JAN 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:01/27/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:09 CHECK REGISTER GLCKREG
01/29/20 THRU 01/29/20

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	184215	01/29/20	30,457.31	ASHFORD GARDENS
A/P	184216	01/29/20	63,857.90	BROADMOOR AT CREEKSIDE PARK
A/P	184217	01/29/20	13,605.35	FORTBEND HEALTHCARE CENTER
A/P	184218	01/29/20	33,576.66	GOLDENCREEK HEALTHCARE
A/P	184219	01/29/20	89,365.37	SOLERA WEST HOUSTON
A/P	184220	01/29/20	31,132.57	THE CRESCENT
A/P	184221	01/29/20	11.58	ABBOTT NUTRITION
A/P	184222	01/29/20	75.73	ACE HARDWARE 15521
A/P	184223	01/29/20	3,411.85	AIRGAS USA, LLC - CENTRAL DIV
A/P	184224	01/29/20	2,252.25	ALLYSON SWOPE
A/P	184225	01/29/20	160.51	ALPHA TEC SYSTEMS INC
A/P	184226	01/29/20	1,299.00	AMERICAN COLLEGE OF RADIOLOGY
A/P	184227	01/29/20	2,997.00	BAXTER HEALTHCARE
A/P	184228	01/29/20	17,556.50	BECKMAN COULTER INC
A/P	184229	01/29/20	162.20	BRIGGS HEALTHCARE
A/P	184230	01/29/20	1,450.00	BUILDING KID STEPS
A/P	184231	01/29/20	154.00	CABLES AND SENSORS
A/P	184232	01/29/20	315.00	CARDINAL HEALTH 414, INC.
A/P	184233	01/29/20	387.19	CAVALLO ENERGY TEXAS LLC
A/P	184234	01/29/20	877.94	COMBINED INSURANCE
A/P	184235	01/29/20	190.00	CULLIGAN OF VICTORIA
A/P	184236	01/29/20	1,618.35	DEWITT POTH & SON
A/P	184237	01/29/20	17,255.00	EVIDENT
A/P	184238	01/29/20	495.00	FASTHEALTH CORPORATION
A/P	184239	01/29/20	.00	VOIDED
A/P	184240	01/29/20	43,250.21	FISHER HEALTHCARE
A/P	184241	01/29/20	9,575.84	GREAT AMERICAN FINANCIAL SVCS
A/P	184242	01/29/20	958.45	GULF COAST PAPER COMPANY
A/P	184243	01/29/20	136.55	HEALTH CARE LOGISTICS INC
A/P	184244	01/29/20	3,000.00	HEALTH SOLUTIONS DIETETICS
A/P	184245	01/29/20	24,546.73	HEALTHCARE FINANCIAL SERVICES
A/P	184246	01/29/20	160.00	ICU MEDICAL, INC
A/P	184247	01/29/20	24,042.45	ITA RESOURCES INC
A/P	184248	01/29/20	419.34	J & J HEALTH CARE SYSTEMS, INC
A/P	184249	01/29/20	1,419.80	LEGAL SHIELD
A/P	184250	01/29/20	2,381.72	M G TRUST
A/P	184251	01/29/20	1,678.00	MASA GLOBAL BUILDING
A/P	184252	01/29/20	255.48	MCKESSON MEDICAL SURGICAL INC
A/P	184253	01/29/20	284.80	MEDELA INC
A/P	184254	01/29/20	715.72	MEDICAL TECHNOLOGY ASSOCIATES
A/P	184255	01/29/20	259.91	MEDIMPACT HEALTHCARE SYS, INC.
A/P	184256	01/29/20	446.82	MEDIVATORS
A/P	184257	01/29/20	.00	VOIDED
A/P	184258	01/29/20	.00	VOIDED
A/P	184259	01/29/20	.00	VOIDED
A/P	184260	01/29/20	13,746.67	MEDLINE INDUSTRIES INC
A/P	184261	01/29/20	811.27	MEMORIAL MEDICAL CLINIC
A/P	184262	01/29/20	1,501.62	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	184263	01/29/20	663.00	MID-COAST ELECTRIC SUPPLY, INC
A/P	184264	01/29/20	165.00	MMC AUXILIARY GIFT SHOP

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		184265	01/29/20	127.89	MMC VOLUNTEERS
A/P		184266	01/29/20	.00	VOIDED
A/P		184267	01/29/20	12,669.39	MORRIS & DICKSON CO, LLC
A/P		184268	01/29/20	12,187.50	McCALL AND LEE, LLC
A/P		184269	01/29/20	31.51	NADINE GARNER
A/P		184270	01/29/20	2,164.30	OLYMPUS AMERICA INC
A/P		184271	01/29/20	2,608.13	PABLO GARZA
A/P		184272	01/29/20	11,108.82	PAETEC (WINDSTREAM)
A/P		184273	01/29/20	2,000.00	PARA
A/P		184274	01/29/20	22,209.20	PORT LAVACA FORD
A/P		184275	01/29/20	4,206.64	SANOFI PASTEUR INC
A/P		184276	01/29/20	36.57	SARA RUBIO
A/P		184277	01/29/20	32.46	SHERWIN WILLIAMS
A/P		184278	01/29/20	185.46	SHIRLEY KARNEI
A/P		184279	01/29/20	790.00	SIGN AD, LTD.
A/P		184280	01/29/20	3,810.15	SKILLGIGS INC.
A/P		184281	01/29/20	5,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P		184282	01/29/20	12,375.00	SPBS CLINICAL EQUIPMENT SRVC
A/P		184283	01/29/20	6,953.00	STANLEY ACCESS TECH LLC
A/P		184284	01/29/20	2,300.00	STERICYCLE, INC
A/P		184285	01/29/20	2,361.11	SUN LIFE ASSURANCE COMPANY
A/P		184286	01/29/20	3,056.91	UNIFIRST HOLDINGS INC
A/P		184287	01/29/20	235.00	US POSTAL SERVICE
A/P		184288	01/29/20	6,950.19	WAGEWORKS
TOTALS:				556,482.87	

Payables 293,037.71 +
critical 1,450.00 +
30,457.31 +
Nursing 89,365.37 +
Homes 13,605.35 +
63,857.90 +
31,132.57 +
33,576.66 +
556,482.87 =

APPROVED
ON

JAN 29 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/24/2020 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 01/25/2020

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

As of: 01/24/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 01/25/2020

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 6,496.38 USD

Future Due:	0.00			**Due If Paid On Time:** USD	6,366.48
Past Due:	0.00	**If Paid By 01/28/2020, Pay This Amount:**	6,366.48 USD	**Disc lost if paid late:**	129.90
Last Payment 08/07/2017	2,451.97	**If Paid After 01/28/2020, Pay this Amount:**	6,496.38 USD	**Due If Paid Late:** USD	6,496.38

CFO

Ck# 500068

APPROVED
ON
JAN 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

1,576.34 +
1,208.80 +
2,672.93 +
817.93 +
90.48 +
6,366.48

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/24/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 835438
Date: 01/25/2020

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

As of: 01/24/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 01/25/2020

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
01/23/2020	01/28/2020	7179652294	652004	115Invoice	32.17	1,608.51		1,576.34		7179652294	

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

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

Subtotals: 1,608.51 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,864.04
01/20/2020

If Paid By 01/28/2020, Pay This Amount: 1,576.34 USD

If Paid After 01/28/2020, Pay this Amount: 1,608.51 USD

Due If Paid On Time:
USD 1,576.34

Disc lost if paid late: 32.17

Due If Paid Late:
USD 1,608.51

APPROVED
ON
JAN 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

HEB PHY FC 490/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/24/2020 Page: 001

DC: 8115

Territory: 81

Customer: 464450
Date: 01/25/2020

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

As of: 01/24/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 01/25/2020 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											
01/21/2020	01/28/2020	7179005327	55x686265	115Invoice	0.98	48.78		47.80 ✓		7179005327	
01/21/2020	01/28/2020	7179005328	55x686519	115Invoice	20.38	1,019.00		998.62 ✓		7179005328	
01/23/2020	01/28/2020	7179483810	55x691318	115Invoice	3.31	165.69		162.38 ✓		7179483810	

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: 1,233.47 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,864.04
01/20/2020

If Paid By 01/28/2020, Pay This Amount: 1,208.80 USD

If Paid After 01/28/2020, Pay this Amount: 1,233.47 USD

Due If Paid On Time: USD 1,208.80

Disc lost if paid late: 24.67

Due If Paid Late: USD 1,233.47

CFO

APPROVED
ON

JAN 27 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 01/24/2020

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 01/25/2020

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: 01/24/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 01/25/2020

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
01/20/2020	01/28/2020	7178757948	1129173	115Invoice	4.13	206.69		202.56	✓	7178757948	
01/20/2020	01/28/2020	7178757949	2917830026	115Invoice	22.74	1,137.16		1,114.42	✓	7178757949	
01/20/2020	01/28/2020	7178898816	785679907	195Invoice	1.90	95.14		93.24	✓	7178898816	
01/20/2020	01/28/2020	7178943828	000001172020AS	115Invoice	0.01	0.32		0.31	✓	7178943828	✓
01/21/2020	01/28/2020	7179019931	2917834569	115Invoice	7.51	375.33		367.82	✓	7179019931	✓
01/21/2020	01/28/2020	7179149478	786058024	195Invoice	0.02	0.95		0.93	✓	7179149478	
01/22/2020	01/28/2020	7179241327	2917839049	115Invoice	1.14	57.02		55.88	✓	7179241327	
01/22/2020	01/28/2020	7179393255	786311536	195Invoice		0.18		0.18	✓	7179393255	
01/23/2020	01/28/2020	7179494611	3567843555	115Invoice		0.16		0.16	✓	7179494611	
01/23/2020	01/28/2020	7179494612	1129277	115Invoice		0.20		0.20	✓	7179494612	
01/23/2020	01/28/2020	7179682169	0000122201AS	115Invoice	0.02	0.95		0.93	✓	7179682169	
01/24/2020	01/28/2020	7179734797	3567848264	115Invoice	9.25	462.73		453.48	✓	7179734797	
01/24/2020	01/28/2020	7179747149	0123200751-00	115Invoice	7.81	390.63		382.82	✓	7179747149	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,727.46 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,864.04
01/20/2020

If Paid By 01/28/2020, Pay This Amount: 2,672.93 USD

If Paid After 01/28/2020, Pay this Amount: 2,727.46 USD

Due If Paid On Time: USD 2,672.93

Disc lost if paid late: 54.53

Due If Paid Late: USD 2,727.46

CFO

APPROVED
ON

JAN 27 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/24/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 262252
Date: 01/25/2020

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

As of: 01/24/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 01/25/2020

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
01/23/2020	01/28/2020	7179493427	651823	115Invoice	16.39	819.68		803.29 ✓		7179493427	
01/23/2020	01/28/2020	7179493428	651823	115Invoice	0.30	14.94		14.64 ✓		7179493428	

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: 834.62 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,864.04
01/20/2020

If Paid By 01/28/2020, Pay This Amount: 817.93 USD

If Paid After 01/28/2020, Pay this Amount: 834.62 USD

Due If Paid On Time:
USD 817.93

Disc lost if paid late: 16.69

Due If Paid Late:
USD 834.62

CFO

APPROVED
ON
JAN 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/24/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 190813
Date: 01/25/2020

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

As of: 01/24/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 01/25/2020 **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											
01/22/2020	01/28/2020	7179244362	2017011824	115Invoice	0.92	46.22		45.30 ✓		7179244362	
01/24/2020	01/28/2020	7179740772	2017011927	115Invoice	0.73	36.50		35.77 ✓		7179740772	
01/24/2020	01/28/2020	7179740773	2017011927	115Invoice	0.19	9.60		9.41 ✓		7179740773	

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: 92.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,864.04
01/20/2020

If Paid By 01/28/2020, Pay This Amount: 90.48 USD

If Paid After 01/28/2020, Pay this Amount: 92.32 USD

Due If Paid On Time: USD 90.48

Disc lost if paid late: 1.84

Due If Paid Late: USD 92.32

APPROVED
ON
JAN 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 58814741 Date: 01-24-2020

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:	3,002.05
Past Due:	0.00
Total Due:	3,002.05
Account Balance:	3,002.05

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
01-20-2020	01-31-2020	3032896109	154499	Invoice	430.26
01-20-2020	01-31-2020	3032896330	154501	Invoice	183.00
01-20-2020	01-31-2020	3032955736	154560	Invoice	66.57
01-22-2020	01-31-2020	3033057123	154592	Invoice	390.80
01-23-2020	01-31-2020	3033119001	154607	Invoice	1,782.74
01-24-2020	01-31-2020	3033178451	154620	Invoice	148.68

Thank You for Your Payment

Date	Payment Number	Amount
01-24-2020		(2,002.10)

Reminders

Due Date	Amount
01-31-2020	3,002.05
Total Due:	3,002.05

Terms:
Monday - Friday due in 7 days

APPROVED
ON
JAN 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#500067

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --January 20 , 2020- January 26, 2020

Date	Bank Description	MMC Notes	Amount	Cl
1/24/2020	PAY PLUS ACHTRANS 452579291 101000699072257	- 3rd Party Payor Fee	8.65	
1/24/2020	EXPERTPAY EXPERTPAY 746003411 91000017641516	-Child Support Payment -Payroll Ending 1/16/20	347.65	*
1/24/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	2,002.10	*
1/24/2020	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	295,753.85	*
1/23/2020	TSYS/TRANSFIRST CHARGEBACK 41399801332393 61 CASE:	-Patient desputing collection charge	618.09	
1/23/2020	PAY PLUS ACHTRANS 452579291 101000698315431	- 3rd Party Payor Fee	29.46	
1/22/2020	PAY PLUS ACHTRANS 452579291 101000697588634	- 3rd Party Payor Fee	1.43	
1/22/2020	PAY PLUS ACHTRANS 452579291 101000696967285	- 3rd Party Payor Fee	36.57	
1/21/2020	WEBFILE TAX PYMT DD 902/35863899 21000020168	- Sales Tax	1,550.97	
1/21/2020	PAY PLUS ACHTRANS 452579291 101000696343669	- 3rd Party Payor Fee	6.12	
1/21/2020	MCKESSON DRUG AUTO ACH ACH04050547 910000100	- 340B Drug Program Expense	8,864.04	*
1/21/2020	FDGL LEASE PYMT 052-1312971-000 410001227542	- Credit Card Machine Lease Expense	151.23	
1/23/2020	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	-CitiBank Corporate Card Payment	1,706.00	*
			311,076.16	

CFO

January 27, 2019

Diane Moore, CFO
Memorial Medical Center

* Approved 01.22.2020 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
2/5/2020	ACH Payment STATE COMTRLR TEXNET	-DY9 UC	309,009.34
			309,009.34

, CFO

January 27, 2019

Diane Moore, CFO
Memorial Medical Center

Pay Plus

8.65 +
29.46 +
1.43 +
36.57 +
6.12 +
82.23 *

Credit Card Fees

618.09 +
151.23 +
769.32 *

Sales Tax

1,550.97 +
1,550.97 *

82.23 +
769.32 +
1,550.97 +
2,402.52 *

311,076.16 +
347.65 –
2,002.10 –
295,753.85 –
8,864.04 –
1,706.00 –
2,402.52 *

✓ 2,402.52 +
2,402.52 –
0.00 *

TEXNET
Electronic Payment Network

Texas Comptroller of Public Accounts

Health and Human Services Commission
Memorial Medical Center Operating County

Identification Number: 60500 Location: 00136

Transaction Complete

Trace #: 36101888

Payment Total	$309,009.34
Settlement Date	02/05/2020
PAYMENT DETAIL	
UC Hospital Amount	$309,009.34

Return to Menu | Logoff

Help

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

Revised:01/09/13 (483)

DY9 UC/SDA Allocation Form

TRACE Number:36101888

The Trace Number is in the receipt you receive from the Comptroller once you have submitted your IGT into TexNet.

The Trace Sheet and Allocation Form must be submitted together in the same email. All Trace Sheet submissions must be accompanied by an Allocation Form.

SDA	Government Entity		IGT Total
Nueces	Memorial Medical Center	$	309,009.34
		$	309,009.34

										$4,562,232,037	$1,363,179,078	$533,139,336
Master TPI	Ownership Type	Rural Hospital Designation	Hospital Name	Hospital County	SDA by County	Active Affiliation Number Check	Request DY 9 UC	Application Received	DY 8 Total Payment	Column 1, Line 23; Cost of Charity Care minus Revenue - Uninsured Patients (or equivalent for non S-10 hospital) used for CMS Pool Sizing	Final DY 9 UC Advance Payment Amount	DY 9 UC Advance IGT Amount
137909111	Public	Rural Hospital	Memorial Medical Center	Calhoun	Nueces	100-13-0000-00132	Yes	Yes	$ 2,618,229	$ 2,644,285	$ 790,103.16	$ 309,009.34

$ 1,363,179,080	60.89%	39.11%
DY 9 UC Advance Payment Allocation (All Funds)	Federal Match Rate:	State Match Rate:

DY9 Advance UC IGT Notification - Gov Entities 4 of 10

HHSC RAD UC Payments <RAD_UC_Payments@hhsc.state.tx.us>
Today, 10:37 AM
Delaney,John <johnd@lrmhmrc.org>; 'James.Arnold@CCCMHMR.org'; 'James.Arnold@ccs1967.org'; 'james.l.vitt@uth.tmc.edu'+102 more

Reply all

This message has been marked as Confidential.

DY9 Advance SDA Alloc... 25 KB

2020_DY 9 UC Advance ... 194 KB

2 attachments (219 KB)

Providers, Government Entities, and Anchors:

Please read this entire message carefully and make note of the information provided below that failure by IGT entities and providers to submit the required forms may result in a delayed payment for the providers.

HHSC is providing notice to IGT for the DY9 Advance UC Payment.

Dates pertinent to this payment:
2/04/2020 Last day to submit your IGT into TexNet
2/05/2020 IGT Settlement date
2/10/2020 State Owned Submit Journal Entry
2/14/2020 State Owned paid
2/28/2020 UC Providers paid

Attached to this email are the following documents:
- DY9 UC Advance Payment Calculation spreadsheet
- DY9 UC UC/SDA Allocation Form

Beginning with the DY9 UC Advance Payment, IGT received will be allocated at the Service Delivery Area (SDA) level. While providers are required to have an affiliation to be eligible to participate in the UC Program, IGT received is no longer allocated at the affiliation level. In the event of an IGT shortage in a SDA, a pro-rata reduction will be imposed for all participants in that SDA for the advance payment, with no additional funding opportunities. Should this occur in a final

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
[redacted]				
A/P *	184214	01/22/20	2,770.76	THE CRESCENT
A/P *	200052	01/24/20	347.65	EXPERT PAY
A/P	300275	01/24/20	8.65	PAY PLUS
A/P	300276	01/23/20	29.46	PAY PLUS

Electronic Transfers
Check register

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		300277	01/22/20	1.43	PAY PLUS
A/P		300278	01/22/20	36.57	PAY PLUS
A/P		300279	01/21/20	6.12	PAY PLUS
A/P		300280	01/21/20	151.23	FDGL LEASE PYMT
A/P	*	300281	01/23/20	1,706.00	WIRE OUT CBNA
A/P		500065	01/21/20	8,864.04	MCKESSON
A/P	*	500066	01/24/20	2,002.10	AMERISOURCEBERGEN
A/P		700017	01/21/20	1,550.97	WEBFILE TAX PYMT
TOTALS:				380,422.04	

01/23/2020
10:39

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
012120		01/21/20	01/21/20	02/07/20			30,457.31	0.00	0.00	30,457.31
	MEDICARE RECOUP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	30,457.31	0.00	0.00	30,457.31

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	30,457.31	0.00	0.00	30,457.31

RECEIVED
JAN 2 3 2020
Calhoun County Auditor

01/23/2020 MEMORIAL MEDICAL CENTER 0
10:41 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
012120		01/21/20	01/21/20	02/07/20			89,365.37	0.00	0.00	89,365.37
	MEDICARE RECOUP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	89,365.37	0.00	0.00	89,365.37

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	89,365.37	0.00	0.00	89,365.37

APPROVED
ON
JAN 2 3 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 184219

RECEIVED

JAN 2 3 2020

Calhoun County Auditor

01/23/2020
10:40

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
	012120		01/21/20	01/21/20	02/07/20			13,605.35	0.00	0.00	13,605.35
		MEDICARE RECOUP									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11820	FORTBEND HEALTHCARE CENTER					13,605.35	0.00	0.00	13,605.35

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	13,605.35	0.00	0.00	13,605.35

APPROVED
ON
JAN 2 3 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #
184217

RECEIVED
JAN 2 3 2020
Calhoun County Auditor

01/23/2020 MEMORIAL MEDICAL CENTER 0
10:40 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
012120		01/21/20	01/21/20	02/07/20			63,857.90	0.00	0.00	63,857.90
	MEDICARE RECOUP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	63,857.90	0.00	0.00	63,857.90

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	63,857.90	0.00	0.00	63,857.90

APPROVED
ON
JAN 2 3 2020

CK # 184216

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

01/23/2020
10:40

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
012120	MEDICARE RECOUP	01/21/20	01/21/20	02/07/20			31,132.57	0.00	0.00	31,132.57

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	31,132.57	0.00	0.00	31,132.57

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	31,132.57	0.00	0.00	31,132.57

APPROVED
ON
JAN 2 3 2020

CK#
184220

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
JAN 2 3 2020
Calhoun County Auditor

01/23/2020 MEMORIAL MEDICAL CENTER 0
10:42 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
012120	MEDICARE RECOUP	01/21/20	01/21/20	02/07/20			33,576.66	0.00	0.00	33,576.66

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	33,576.66	0.00	0.00	33,576.66

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	33,576.66	0.00	0.00	33,576.66

APPROVED
ON
JAN 2 3 2020

CK# 184218

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
1/27/2020

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		127,587.28 ✓	127,502.82 ✓	87,362.72 ✓		-	87,447.18 ✓	**75,113.22**
						Bank Balance	87,447.18 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
Routing Information for Ashford Gardens:						MMC Portion QIPP 1 &2	12,233.96 ✓	
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	75,113.22 ✓	
Broadmoor		90,938.78 ✓	90,838.78 ✓	187,062.73 ✓		-	187,162.73 ✓	**182,666.75**
						Bank Balance	187,162.73	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2	4,395.98 ✓	
						MMC Portion QIPP 3,4,Lapse		
						January Interest		
						February Interest		
						March Interest		
						Adjust Balance/Transfer Amt	182,666.75 ✓	
Crescent		130,027.87 ✓	129,927.87 ✓	261,003.92 ✓		-	261,103.92 ✓	**257,217.94**
						Bank Balance	261,103.92	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2	3,785.98 ✓	
						MMC Portion QIPP 3,4,Lapse		
						January Interest		
						February Interest		
						March Interest		
						Adjust Balance/Transfer Amt	257,217.94 ✓	
Fort Bend		48,781.60 ✓	48,681.60 ✓	49,801.78 ✓		-	49,901.78 ✓	**44,802.82**
						Bank Balance	49,901.78 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2	4,998.96 ✓	
						MMC Portion QIPP 3,4,Lapse		
						January Interest		
						February Interest		
						March Interest		
						Adjust Balance/Transfer Amt	44,802.82 ✓	
Solera at W Houston		301,977.09 ✓	301,892.63 ✓	141,212.14 ✓			141,296.60 ✓	**136,655.94**
						Bank Balance	141,296.60 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:						MMC Portion QIPP 1 &2	4,540.66 ✓	
Cantex Health Care Centers III LLC						MMC Portion QIPP 3,4,Lapse		
JP Morgan Chase Bank						January Interest		
ABA						February Interest		
Accc						March Interest		
							-	
						Adjust Balance/Transfer Amt	136,655.94 ✓	
						TOTAL TRANSFERS		**696,456.67**

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

APPROVED ON
JAN 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

75,113.22 +
182,666.75 +
257,217.94 +
44,802.82 +
136,655.94 +
696,456.67 *

J:\NH Weekly Transfers\NH UPL Transfer Summary\2020\NH UPL Transfer Summary 1-27-20 .xlsx

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
1/21/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200117136000	$ -	$ 2,192.10					-	2,192.10
1/22/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	$ 127,487.28	$ -					-	-
1/22/2020	MOLINA HEALTHCAR MOLINAACH 00851328 42000019 ISA* * * * *Z	$ -	$ 12,538.23	11,929.69	608.54			12,233.96	304.27
1/22/2020	Amerigroup TX5C HCCLAIMPMT 3117025750 111000 TRN*1*3117025750*1752	$ -	$ 2,622.90					-	2,622.90
1/22/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000137 TRN*1*EFT6909647*120	$ -	$ 10,333.37					-	10,333.37
1/22/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05E2874913264	$ -	$ 13,734.19					-	13,734.19
1/23/2020	HARLAND CLARKE CHK ORDERS 1M9U109603002R5 91	$ 15.54	$ -					-	-
1/23/2020	Amerigroup TX5C HCCLAIMPMT 3117148439 111000 TRN*1*3117148439*1752	$ -	$ 1,502.47					-	1,502.47
1/23/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000133 TRN*1*EFT6910381*120	$ -	$ 687.42					-	687.42
1/23/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05E2961513264	$ -	$ 511.50					-	511.50
1/24/2020	Deposit	$ -	$ 3,173.35					-	3,173.35
1/24/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200123131000	$ -	$ 2,343.04					-	2,343.04
1/24/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000132 TRN*1*EFT6910981*120	$ -	$ 34,866.81					-	34,866.81
1/24/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05E3064613264	$ -	$ 2,857.34					-	2,857.34
		$ 127,502.82	$ 87,362.72	11,929.69	608.54	-	-	12,233.96	75,128.76

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
1/22/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 90,838.78	$ -					-	-
1/22/2020	MOLINA HEALTHCAR MOLINAACH 00851610 42000019 ISA* * * * *Z	$ -	$ 4,501.90	4,290.06	211.84			4,395.98	105.92
1/22/2020	HUMANA INS CO HCCLAIMPMT 390861 830000576954 TRN*1*00129004824005	$ -	$ 25,806.55					-	25,806.55
1/22/2020	HUMANA CHA DISB HCCLAIMPMT 390861 4200001569 TRN*1*0148401010263	$ -	$ 2,395.66					-	2,395.66
1/22/2020	HUMANA CHA DISB HCCLAIMPMT 390861 4200001569 TRN*1*0148401010231	$ -	$ 3,664.51					-	3,664.51
1/22/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000136 TRN*1*EFT5440952*120	$ -	$ 116,506.56					-	116,506.56
1/23/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9502153803*14112	$ -	$ 7,560.00					-	7,560.00
1/23/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200119155000	$ -	$ 280.00					-	280.00
1/23/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000132 TRN*1*EFT5443203*120	$ -	$ 7,554.19					-	7,554.19
1/23/2020	HUMANA INS CO HCCLAIMPMT 390861 830000511594 TRN*1*0012900483118	$ -	$ 3,773.63					-	3,773.63
1/23/2020	HUMANA CHA DISB HCCLAIMPMT 390861 4200001524 TRN*1*0148401010339	$ -	$ 7,329.01					-	7,329.01
1/23/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*9501778607*1362	$ -	$ 511.50					-	511.50
1/24/2020	Deposit	$ -	$ 1,136.72					-	1,136.72
1/24/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0248743	$ -	$ 6,042.50					-	6,042.50
		$ 90,838.78	$ 187,062.73	4,290.06	211.84	-	-	4,395.98	182,666.75

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
1/21/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0248623	$ -	$ 1,755.00					-	1,755.00
1/21/2020	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR50578948*14	$ -	$ 3,330.00					-	3,330.00
1/21/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200117130000	$ -	$ 1,405.44					-	1,405.44
1/22/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 129,927.87	$ -					-	-
1/22/2020	MOLINA HEALTHCAR MOLINAACH 00851583 42000019 ISA* * * * *Z	$ -	$ 4,063.20	3,508.75	554.45			3,785.98	277.23
1/22/2020	HUMANA INS CO HCCLAIMPMT 390864 830000576954 TRN*1*00129004824005	$ -	$ 8,767.75					-	8,767.75
1/22/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000136 TRN*1*EFT5440932*120	$ -	$ 145,606.63					-	145,606.63
1/22/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05E2875616698	$ -	$ 3,500.54					-	3,500.54
1/23/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9502153802*14112	$ -	$ 9,594.50					-	9,594.50
1/23/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9502034181*14112	$ -	$ 6,250.00					-	6,250.00
1/23/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200122144000	$ -	$ 2,791.09					-	2,791.09
1/23/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200122153000	$ -	$ 11,860.37					-	11,860.37
1/23/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200119155000	$ -	$ 23,022.70					-	23,022.70
1/23/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000132 TRN*1*EFT5443188*120	$ -	$ 7,145.41					-	7,145.41
1/23/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05E2962216698	$ -	$ 2,223.60					-	2,223.60
1/24/2020	Deposit	$ -	$ 2,770.76					-	2,770.76
1/24/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200123119000	$ -	$ 2,569.90					-	2,569.90
1/24/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*202001231220050	$ -	$ 4,440.00					-	4,440.00
1/24/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000132 TRN*1*EFT5445256*120	$ -	$ 19,907.03					-	19,907.03
		$ 129,927.87	$ 261,003.92	3,508.75	554.45	-	-	3,785.98	257,217.95

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
1/21/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200117102000	$ -	$ 2,175.67					-	2,175.67
1/22/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 48,681.60	$ -					-	-
1/22/2020	MOLINA HEALTHCAR MOLINAACH 00851396 42000019 ISA* * * * *Z	$ -	$ 5,125.45	4,872.47	252.98			4,998.96	126.49
1/22/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200118102000	$ -	$ 1,385.92					-	1,385.92
1/23/2020	NOVITAS SOLUTION HCCLAIMPMT 675663 420000132 TRN*1*EFT5442532*120	$ -	$ 10,144.74					-	10,144.74
1/24/2020	Deposit	$ -	$ 2,454.99					-	2,454.99
1/24/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*202001231670030	$ -	$ 3,305.50					-	3,305.50
1/24/2020	NOVITAS SOLUTION HCCLAIMPMT 675663 420000132 TRN*1*EFT5444637*120	$ -	$ 22,139.99					-	22,139.99
1/24/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05E3065517305	$ -	$ 3,069.52					-	3,069.52
		$ 48,681.60	$ 49,801.78	4,872.47	252.98	-	-	4,998.96	44,802.82

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
1/21/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0248620	$ -	$ 17,825.00					-	17,825.00
1/21/2020	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR50576598*14	$ -	$ 6,560.00					-	6,560.00
1/22/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 301,877.09	$ -					-	-
1/22/2020	MOLINA HEALTHCAR MOLINAACH 00851561 42000019 ISA* * * * *Z	$ -	$ 4,870.84	4,210.47	660.37			4,540.66	330.18
1/22/2020	HUMANA INS CO HCCLAIMPMT 390862 830000577710 TRN*1*00129004828046	$ -	$ 800.84					-	800.84
1/22/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*202001181420099	$ -	$ 3,694.00					-	3,694.00
1/22/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000136 TRN*1*EFT5440927*120	$ -	$ 57,936.93					-	57,936.93
1/23/2020	HARLAND CLARKE CHK ORDERS 1M9U002103002R5 91	$ 15.54	$ -					-	-
1/23/2020	Amerigroup TX5C HCCLAIMPMT 3117148440 111000 TRN*1*3117148440*1752	$ -	$ 2,425.54					-	2,425.54
1/23/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9502153753*14112	$ -	$ 9,198.50					-	9,198.50
1/23/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200122153000	$ -	$ 5,946.90					-	5,946.90
1/23/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000132 TRN*1*EFT5443183*120	$ -	$ 6,203.47					-	6,203.47
1/23/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*9501808615*1362	$ -	$ 2,387.00					-	2,387.00
1/24/2020	Deposit	$ -	$ 3,339.12					-	3,339.12
1/24/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0248731	$ -	$ 3,802.50					-	3,802.50
1/24/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200123119000	$ -	$ 1,033.26					-	1,033.26
1/24/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200123117000	$ -	$ 201.00					-	201.00
1/24/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000132 TRN*1*EFT5445251*120	$ -	$ 14,987.24					-	14,987.24
		$ 301,892.63	$ 141,212.14	4,210.47	660.37	-	-	4,540.66	136,671.49

TOTALS	$ 698,843.70	$ 726,443.29	28,811.44	2,288.18	-	-	29,955.53	696,487.76

Quick View

DDA Data reported as of Jan 27, 2020 8:

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted] MEMORIAL MEDICAL CENTER - OPERATING	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	[redacted]			
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$87,447.18	$171,366.80	$87,447.18	$44,206.64
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$187,162.73	$222,288.23	$187,162.73	$179,983.51
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$261,103.92	$290,202.67	$261,103.92	$231,416.23
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$141,296.60	$171,564.99	$141,296.60	$117,933.48
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$49,901.78	$74,390.94	$49,901.78	$18,931.78
[redacted] MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	[redacted]			
[redacted] CAL CO INDIGENT HEALTHCARE	[redacted]			
[redacted] MMC -NH GULF POINTE PLAZA - PRIVATE PAY	[redacted]			
[redacted] MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	[redacted]			

* indicates re
Page generated on 01/27/2020 at 8:

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
1/27/2020

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	-	121,389.57	121,289.57	92,916.83	-	-	93,016.83	92,916.83
						Bank Balance	93,016.83	
						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	92,916.83	

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

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 1/27/2020

APPROVED
ON
JAN 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	
1/22/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	$ 121,289.57	$ -					-	-
1/22/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	$ -	$ 1,206.00					-	1,206.00
1/22/2020 ACH SETTLEMENT SERVICE 4105523439 9601693996	$ -	$ 1,820.70					-	1,820.70
1/23/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	$ -	$ 4,687.48					-	4,687.48
1/23/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000132 TRN*1*EFT5442565	$ -	$ 78,846.57					-	78,846.57
1/24/2020 Deposit	$ -	$ 6,356.08					-	6,356.08
	121,289.57	92,916.83	-	-	-	-	-	92,916.83

Quick View

DDA Data reported as of Jan 27, 2020 8:

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	$1[redacted]			
[redacted] MEMORIAL MEDICAL CENTER / NH FORT BEND	[redacted]			
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$93,016.83	$93,247.93	$93,016.83	$86,660.75
[redacted] CAL CO INDIGENT HEALTHCARE	[redacted]			
[redacted] MMC -NH GULF POINTE PLAZA - PRIVATE PAY	[redacted]			
[redacted] MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	[redacted]			

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Page generated on 01/27/2020 at 8:

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
1/27/2020

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		1,430.54	-	-		-	-	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		81,851.17	81,751.17	194,132.43		-	-	194,232.43	194,132.43
							Bank Balance	194,232.43	
							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	194,132.43	
						TOTAL TRANSFERS		194,132.43	

Routing Information for Gulf Pointe Plaza:

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

Approved:
Diane Moore, CFO — 1/27/2020

APPROVED ON
JAN 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
NO BANK ACTIVITY FOR THIS PERIOD							-	-
	-	-	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
1/22/2020 WIRE OUT HMG SERVICES, LLC	$ 81,751.17	$ -					-	-
1/23/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001377566 TRN*1*EFT6857932*1	$ -	$ 146,654.00					-	146,654.00
1/24/2020 Deposit	$ -	$ 3,581.00					-	3,581.00
1/24/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001412832 TRN*1*EFT6858863*1	$ -	$ 43,897.43					-	43,897.43
	81,751.17	194,132.43	-	-	-	-	-	194,132.43
	81,751.17	194,132.43	-	-	-	-	-	194,132.43

Quick View

DDA Data reported as of Jan 27, 2020 8:

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	$1,602.94	$1,430.54	$1,430.54
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$194,232.43	$195,207.32	$194,232.43	$146,754.00

* indicates re
Page generated on 01/27/2020 at 8:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P A Y E E: Memorial Medical Center Operating

Date Requested: 1/27/20

APPROVED ON JAN 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK # 000083

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

AMOUNT: $12,233.96

G/L NUMBER: 21000012

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000083	01/29/20	12,233.96	MMC OPERATING
TOTALS:			12,233.96	

Ashford

APPROVED
ON

JAN 29 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 1/27/20

APPROVED ON JAN 27 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK # 000048

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

AMOUNT: $4,395.98

G/L NUMBER: 21000009

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000048	01/29/20	4,395.98	MMC OPERATING
TOTALS:			4,395.98	

Broadmoor

APPROVED
ON

JAN 29 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 1/27/20

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

APPROVED ON
JAN 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT: $3,785.98

G/L NUMBER: 21000010

CK # 000078

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000078	01/29/20	3,785.98	MMC OPERATING
TOTALS:			3,785.98	

Crescent

APPROVED
ON

JAN 29 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 1/27/20

APPROVED ON JAN 27 2020

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK #000075

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

AMOUNT: $4,998.96

G/L NUMBER: 21000008

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000075	01/29/20	4,998.96	MMC OPERATING Fort Bend
TOTALS:			4,998.96	

APPROVED
ON

JAN 29 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 1/27/20

APPROVED ON JAN 27 2020

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 000077

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

AMOUNT: $4,540.66

G/L NUMBER: 21000011

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000077	01/29/20	4,540.66	MMC OPERATING
TOTALS:			4,540.66	

Solen

APPROVED
ON

JAN 29 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **1/29/2020**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1 &2	QIPP COMP 3,4, LAPSE	Yr 1 Adjustment Pmt		TOTAL		Date
Ashford	10000018 - Prosperity	53	MMC -Prosperity Operating #10000001	21000012	12,233.96				12,233.96		1/29/2020
Broadmoor	10000019 - Prosperity	45	MMC -Prosperity Operating #10000001	21000009	4,395.98				4,395.98		1/29/2020
Crescent	10000020 - Prosperity	49	MMC -Prosperity Operating #10000001	21000010	3,785.98				3,785.98		1/29/2020
Fort Bend	10000021 - Prosperity	52	MMC -Prosperity Operating #10000001	21000008	4,998.96				4,998.96		1/29/2020
Solera	10000022 - Prosperity	47	MMC -Prosperity Operating #10000001	21000011	4,540.66				4,540.66		1/29/2020
Golden Creek	10000023 - Prosperity	50	MMC -Prosperity Operating #10000001	21000013					-		
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	21000014					-		
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001	21000014					-		
				Total:	29,955.54	-	-	-	29,955.54		

Note:

Approved: CFO

Diane Moore, CFO 1/27/2020

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MP

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

000075

88-2265/1131

Date 1-29-20

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 4,998.96

four thousand nine hundred ninety-eight 96/100 DOLLARS

PROSPERITY BANK

MP

FOR QIPP comp 1&2

Security features are included. Details on back.

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MP

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

000078

88-2265/1131

Date 1-29-20

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 3785.98

Three Thousand Seven hundred eighty-five 98/100 DOLLARS

PROSPERITY BANK

MP

FOR QIPP comp 1&2

Security features are included. Details on back.

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MP

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

000048

88-2265/1131

Date 1-29-20

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 4,395.98

four thousand three hundred ninety-five 98/100 DOLLARS

PROSPERITY BANK

MP

FOR QIPP comp 1&2

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

1083
88-2265/1131-87

1-29-20
Date

CHECK ARMOR FRAUD PROTECTION

Pay to the Order of Memorial Medical Center Operating $ 12,233.96
Twelve Thousand Two hundred thirty-three 96/100 Dollars

Photo Safe Deposit® Details on back

PROSPERITY BANK®
PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 •PORT LAVACA, TX 77979-5102
361-552-7411 www.prosperitybankusa.com

For QIPP comp 1 & 2

MP

⑆

MEMORIAL MEDICAL CENTER
NH SOLERA AT WEST HOUSTON
202 S ANN ST STE A
PORT LAVACA TX 77979

1077
88-2265/1131-87

1-29-20
Date

CHECK ARMOR FRAUD PROTECTION

Pay to the Order of Memorial Medical Center Operating $ 4540.66
four thousand five hundred fourty 66/100 Dollars

Photo Safe Deposit® Details on back

PROSPERITY BANK®
PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 •PORT LAVACA, TX 77979-5102
361-552-7411 www.prosperitybankusa.com

For QIPP comp 1 & 2

⑆