

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- February 05, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 754,365.40
TOTAL TRANSFERS BETWEEN FUNDS	\$ 6,528.45
TOTAL NURSING HOME UPL EXPENSES	\$ 970,815.43
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED February 05, 2020	\$ 1,731,709.28

APPROVED

FEB 05 2020

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---February 05, 2020

PAYABLES AND PAYROLL

1/31/2020 Weekly Payables	336,935.28
2/3/2020 McKesson-340B Prescription Expense	6,676.18
2/3/2020 Amerisource Bergen-340B Prescription Expense	1,663.56
2/3/2020 Payroll Liabilities -Payroll Taxes	102,431.62
2/3/2020 Payroll	306,257.86
2/3/2020 ExpertPay-child support	347.65

Prosperity Electronic Bank Payments

1/27-1/31/2020 Pay Plus-Patient Claims Processing Fee	53.25
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TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 754,365.40
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TRANSFER BETWEEN FUNDS-NURSING HOMES

1/31/2020 MMC Operating to Ashford-NH portion of QIPP payment	949.91
1/31/2020 MMC Operating to Solera-NH portion of QIPP payment	1,027.82
1/31/2020 MMC Operating to Fortbend-NH portion of QIPP payment	396.13
1/31/2020 MMC Operating to Broadmoor-NH portion of QIPP payment	325.84
1/31/2020 MMC Operating to The Crescent-NH portion of QIPP payment	849.36
1/31/2020 MMC Operating to Golden Creek Healthcare-NH portion of QIPP payment	1,813.95
1/31/2020 MMC Operating to Gulf Pointe Plaza- NH portion of QIPP payment	1,165.44

TOTAL TRANSFERS BETWEEN FUNDS	\$ 6,528.45
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NURSING HOME UPL EXPENSES

2/3/2020 Nursing Home UPI-Cantex Transfer	798,597.16
2/3/2020 Nursing Home UPI-Nexion Transfer	38,224.23
2/3/2020 Nursing Home UPI-HMG Transfer	7,923.88

QIPP/INTEREST/RECOUP CHECKS TO MMC

2/3/2020 Ashford	34,002.57
2/3/2020 Broadmoor	13,040.71
2/3/2020 Crescent	11,109.71
2/3/2020 Fort Bend	14,897.02
2/3/2020 Solera	13,342.46
2/3/2020 Golden Creek	23,458.96
2/3/2020 Gulf Pointe	16,218.73

TOTAL NURSING HOME UPL EXPENSES	\$ 970,815.43
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED February 05, 2020	\$ 1,731,709.28
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RECEIVED**JAN 30 2020**01/30/2020
Calhoun County Auditor
10:26

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 02/12/2020

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code							
10995	ABILITY NETWORK (SHIFTHOUND) ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
20M0000078 ✓		01/13/20	01/10/20	02/09/20		558.00	0.00	0.00	558.00	✓
SCHEDULING SERVICES										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	10995	ABILITY NETWORK (SHIFTHOUND)			558.00	0.00	0.00	558.00		
Vendor#	Vendor Name	Class	Pay Code							
11283	ACE HARDWARE 15521 ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
141228 ✓		01/15/20	01/14/20	02/08/20		6.99	0.00	0.00	6.99	✓
SUPPLIES (mount.)										
141345 ✓		01/21/20	01/17/20	02/11/20		29.57	0.00	0.00	29.57	✓
SUPPLIES (ER)										
141335 ✓		01/21/20	01/17/20	02/11/20		27.99	0.00	0.00	27.99	✓
SUPPLIES (mount.)										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	11283	ACE HARDWARE 15521			64.55	0.00	0.00	64.55		
Vendor#	Vendor Name	Class	Pay Code							
11062	AIRESPRING INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
133003579 ✓		01/28/20	01/16/20	01/16/20	1967.15	1,959.93	0.00	0.00	1,959.93	1967.15
PHONES										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	11062	AIRESPRING INC			1967.15	1,959.93	0.00	0.00	1,959.93	1967.15
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	
9096917119 ✓		01/28/20	01/09/20	02/03/20		1,898.53	0.00	0.00	1,898.53	✓
OXYGEN										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	A1680	AIRGAS USA, LLC - CENTRAL DIV			1,898.53	0.00	0.00	1,898.53		
Vendor#	Vendor Name	Class	Pay Code							
A1705	ALIMED INC. ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
RPSV03281514 ✓		01/27/20	01/15/20	01/30/20		124.49	0.00	0.00	124.49	✓
SUPPLIES										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	A1705	ALIMED INC.			124.49	0.00	0.00	124.49		
Vendor#	Vendor Name	Class	Pay Code							
13036	ANNA HERNANDEZ ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
012720		01/28/20	01/27/20	01/27/20		63.48	0.00	0.00	63.48	✓
TRAVEL TNCC Titana Nursing Core Course 1/25-1/26/2020										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	13036	ANNA HERNANDEZ			63.48	0.00	0.00	63.48		
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		
918366 ✓		01/28/20	01/21/20	02/05/20		81.28	0.00	0.00	81.28 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						A2600	AUTO PARTS & MACHINE CO.	81.28	0.00	0.00	81.28
Vendor#	Vendor Name				Class	Pay Code					
12992	BANK DIRECT CAPITAL FINANCE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
011320		01/28/20	01/13/20	02/01/20		3,361.30	0.00	0.00	3,361.30 ✓		
HEALTHSURE INS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12992	BANK DIRECT CAPITAL FINANCE	3,361.30	0.00	0.00	3,361.30
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		
65398623 ✓		01/27/20	01/02/20	01/27/20		366.88	0.00	0.00	366.88 ✓		
SUPPLIES											
65524558 ✓		01/27/20	01/16/20	02/10/20		878.43	0.00	0.00	878.43 ✓		
SUPPLIES											
65473325 ✓		01/28/20	01/10/20	02/04/20		85.65	0.00	0.00	85.65 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1150	BAXTER HEALTHCARE	1,330.96	0.00	0.00	1,330.96
Vendor#	Vendor Name				Class	Pay Code					
M2485	BAYER HEALTHCARE ✓					M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
6008200205 ✓		01/27/20	01/09/20	01/27/20		1,151.80	0.00	0.00	1,151.80 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						M2485	BAYER HEALTHCARE	1,151.80	0.00	0.00	1,151.80
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		
5417906 ✓		01/17/20	01/13/20	02/07/20		5,016.58	0.00	0.00	5,016.58 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1220	BECKMAN COULTER INC	5,016.58	0.00	0.00	5,016.58
Vendor#	Vendor Name				Class	Pay Code					
13044	BIANCA HERNANDEZ ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
012720		01/28/20	01/27/20	01/27/20		63.48	0.00	0.00	63.48 ✓		
TRAVEL TNCC <i>Trauma Nursing Core Course 1/25-1/26/2020</i>											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13044	BIANCA HERNANDEZ	63.48	0.00	0.00	63.48
Vendor#	Vendor Name				Class	Pay Code					
12600	BIOFIRE DIAGNOSTICS LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1280028745 ✓		01/27/20	01/14/20	12/30/20		8,264.00	0.00	0.00	8,264.00 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12600	BIOFIRE DIAGNOSTICS LLC	8,264.00	0.00	0.00	8,264.00
Vendor#	Vendor Name				Class	Pay Code					

C1992	CDW GOVERNMENT, INC. ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
WJX9349 ✓		01/20/20	01/09/20	02/08/20		3,216.75	0.00	0.00	3,216.75	✓
	PC'S (15) Leno PC's									
WJG2241 ✓		01/28/20	01/07/20	02/06/20		3,504.72	0.00	0.00	3,504.72	✓
	SUPPLIES (6) MICROSOFT OFFICE, (1) LED monitor, (1) PC Tower (1) Tiny Monitor									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	C1992 CDW GOVERNMENT, INC.					6,721.47	0.00	0.00	6,721.47	
Vendor#	Vendor Name			Class	Pay Code					
C1730	CITY OF PORT LAVACA ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
011620A		01/29/20	01/16/20	02/05/20		101.18	0.00	0.00	101.18	✓
	WATER MMC Clinic									
011620		01/29/20	01/16/20	02/05/20		6,089.32	0.00	0.00	6,089.32	✓
	WATER MMC Hospital									
011620B		01/29/20	01/16/20	02/05/20		46.01	0.00	0.00	46.01	✓
	WATER MMC Rehab									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	C1730 CITY OF PORT LAVACA					6,236.51	0.00	0.00	6,236.51	
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	
174768 ✓		01/27/20	01/15/20	01/27/20		239.52	0.00	0.00	239.52	✓
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	C1970 CONMED CORPORATION					239.52	0.00	0.00	239.52	
Vendor#	Vendor Name			Class	Pay Code					
C2150	COOK MEDICAL INCORPORATED ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
V19177745 ✓		01/27/20	01/08/20	01/07/20		520.00	0.00	0.00	520.00	✓
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	C2150 COOK MEDICAL INCORPORATED					520.00	0.00	0.00	520.00	
Vendor#	Vendor Name			Class	Pay Code					
13052	COURTNE THURLKILL ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
012720		01/29/20	01/27/20	01/27/20		649.00	0.00	0.00	649.00	✓
	REIMBURSE NATIONAL CONF for NMSC Practitioners (3/20-3/23/2020)									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	13052 COURTNE THURLKILL					649.00	0.00	0.00	649.00	
Vendor#	Vendor Name			Class	Pay Code					
C1443	CYGNUS MEDICAL LLC ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
300451 ✓		01/27/20	01/27/20	02/08/20		450.00	0.00	0.00	450.00	✓
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	C1443 CYGNUS MEDICAL LLC					450.00	0.00	0.00	450.00	
Vendor#	Vendor Name			Class	Pay Code					
13032	DAWN MAREK ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
012720		01/28/20	01/27/20	01/27/20		63.48	0.00	0.00	63.48	✓

TRAVEL TNCC <i>Trauma Nursing Core Course 1/25 - 1/26/2020</i>										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		13032	DAWN MAREK				63.48	0.00	0.00	63.48 ✓
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
5954300 ✓		01/20/20	01/13/20	02/07/20			69.80	0.00	0.00	69.80 ✓
SUPPLIES										
5955510 ✓		01/20/20	01/14/20	02/08/20			7.83	0.00	0.00	7.83 ✓
SUPPLIES										
5955310 ✓		01/21/20	01/14/20	02/08/20			127.88	0.00	0.00	127.88 ✓
SUPPLIES										
5953860 ✓		01/27/20	01/13/20	02/07/20			470.00	0.00	0.00	470.00 ✓
SUPPLIES										
5957950 ✓		01/27/20	01/16/20	02/10/20			225.00	0.00	0.00	225.00 ✓
SUPPLIES										
5955511 ✓		01/29/20	01/16/20	02/10/20			39.16	0.00	0.00	39.16 ✓
SUPPLIES										
5957930 ✓		01/29/20	01/16/20	02/10/20			46.85	0.00	0.00	46.85 ✓
SUPPLIES										
5958000 ✓		01/29/20	01/16/20	02/10/20			91.99	0.00	0.00	91.99 ✓
SUPPLIES										
5960730 ✓		01/29/20	01/17/20	02/11/20			231.70	0.00	0.00	231.70 ✓
SUPPLIES										
5958420 ✓		01/29/20	01/17/20	02/11/20			62.66	0.00	0.00	62.66 ✓
SUPPLIES										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				1,372.87	0.00	0.00	1,372.87
Vendor#	Vendor Name		Class		Pay Code					
10789	DISCOVERY MEDICAL NETWORK INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC011520 ✓		01/28/20	01/15/20	01/15/20			144,138.62	0.00	0.00	144,138.62 ✓
PRO FEES										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10789	DISCOVERY MEDICAL NETWORK INC				144,138.62	0.00	0.00	144,138.62
Vendor#	Vendor Name		Class		Pay Code					
13040	EDDIE BALBOA ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
012720		01/28/20	01/27/20	01/27/20			63.48	0.00	0.00	63.48 ✓
TRAVEL TNCC <i>Trauma Nursing Core Course 1/25 - 1/26/2020</i>										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		13040	EDDIE BALBOA				63.48	0.00	0.00	63.48
Vendor#	Vendor Name		Class		Pay Code					
10042	ERBE USA INC SURGICAL SYSTEMS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
590991 ✓		01/27/20	01/13/20	01/27/20			157.45	0.00	0.00	157.45 ✓
SUPPLIES										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10042	ERBE USA INC SURGICAL SYSTEMS				157.45	0.00	0.00	157.45
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

T2001091378	01/28/20 01/09/20 02/03/20	10,166.61	0.00	0.00	10,166.61
CONSULTING/BUSINESS SER					
T2001151378	01/28/20 01/15/20 02/09/20	9,671.95	0.00	0.00	9,671.95
Vendor Totals Number Name					
C2510	EVIDENT	19,838.56	0.00	0.00	19,838.56
Vendor#	Vendor Name	Class	Pay Code		
S0501	EVOQUA WATER TECHNOLOGIES LLC				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross
904286903		01/27/20	12/30/20	01/24/20	325.00
SUPPLIES					
904299043		01/27/20	01/07/20	02/01/20	2,065.05
SUPPLIES					
Vendor Totals Number Name					
S0501	EVOQUA WATER TECHNOLOGIES LLC	2,390.05	0.00	0.00	2,390.05
Vendor#	Vendor Name	Class	Pay Code		
F1100	FEDERAL EXPRESS CORP.	W			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross
689238933		01/29/20	01/09/20	02/03/20	54.97
SHIPPING					
Vendor Totals Number Name					
F1100	FEDERAL EXPRESS CORP.	54.97	0.00	0.00	54.97
Vendor#	Vendor Name	Class	Pay Code		
F1400	FISHER HEALTHCARE	M			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross
7503227		01/17/20	01/15/20	02/09/20	191.72
SUPPLIES					
Vendor Totals Number Name					
F1400	FISHER HEALTHCARE	191.72	0.00	0.00	191.72
Vendor#	Vendor Name	Class	Pay Code		
12944	FRASIER HEALTHCARE CONSULTING,				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross
18896		01/29/20	01/13/20	01/13/20	2,960.56
COLLECTIONS (Dec 1 - Dec 31, 2019 13% commission on collections)					
Vendor Totals Number Name					
12944	FRASIER HEALTHCARE CONSULTING,	2,960.56	0.00	0.00	2,960.56
Vendor#	Vendor Name	Class	Pay Code		
10901	GENESIS DIAGNOSTICS				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross
50731		01/27/20	01/08/20	02/07/20	120.93
SUPPLIES					
Vendor Totals Number Name					
10901	GENESIS DIAGNOSTICS	120.93	0.00	0.00	120.93
Vendor#	Vendor Name	Class	Pay Code		
W1300	GRAINGER	M			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross
9403109722		01/28/20	01/07/20	02/01/20	443.49
SUPPLIES garbage disposal replacement					
Vendor Totals Number Name					
W1300	GRAINGER	443.49	0.00	0.00	443.49
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	
	1791018		01/15/20	01/07/20	02/06/20		738.42	0.00	0.00	738.42	
		SUPPLIES									
	1792687		01/21/20	01/09/20	02/08/20		-121.56	0.00	0.00	-121.56	
		CREDIT ORIGINAL INV 179101									
	1794978		01/27/20	01/14/20	02/12/20		813.81	0.00	0.00	813.81	
		SUPPLIES									
	1795940		01/28/20	01/15/20	02/12/20		-46.20	0.00	0.00	-46.20	
		CREDIT SHORTAGE INV 179101									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		G1210	GULF COAST PAPER COMPANY				1,384.47	0.00	0.00	1,384.47	
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	
	307382582		01/30/20	12/06/20	12/31/20		282.15	0.00	0.00	282.15	
		SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		10334	HEALTH CARE LOGISTICS INC				282.15	0.00	0.00	282.15	
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	
	9237586		01/27/20	01/08/20	01/27/20		945.00	0.00	0.00	945.00	
		SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		H0416	HOLOGIC INC				945.00	0.00	0.00	945.00	
Vendor#	Vendor Name				Class	Pay Code					
11520	INFINITI COMMUNICATIONS TECHNO										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	210919		01/28/20	09/20/20	09/22/20		6,163.50	0.00	0.00	6,163.50	
		WIRING 2ND FLOOR CLINIC									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		11520	INFINITI COMMUNICATIONS TECHNO				6,163.50	0.00	0.00	6,163.50	
Vendor#	Vendor Name				Class	Pay Code					
12932	INTRADO										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	INV002177221		01/29/20	12/31/20	01/30/20		432.80	0.00	0.00	432.80	
		HOUSE CALLS									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		12932	INTRADO				432.80	0.00	0.00	432.80	
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	
	921856177		01/27/20	01/02/20	02/01/20		1,533.67	0.00	0.00	1,533.67	
		SUPPLIES									
	921860252		01/27/20	01/03/20	02/02/20		1,328.34	0.00	0.00	1,328.34	
		SUPPLIES									
	921881452		01/27/20	01/09/20	02/08/20		594.13	0.00	0.00	594.13	
		SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		J0150	J & J HEALTH CARE SYSTEMS, INC				3,456.14	0.00	0.00	3,456.14	
Vendor#	Vendor Name				Class	Pay Code					

K0530	KCI USA				M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
28814288		01/29/20	07/14/20	07/14/20		131.00	0.00	0.00	131.00			
	SUPPLIES											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
	K0530	KCI USA				131.00	0.00	0.00	131.00			
Vendor#	Vendor Name			Class	Pay Code							
11796	LUBY'S FUDDRUCKERS RESTAURANTS											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
201912310837		01/28/20	12/31/20	01/31/20		27,429.36	0.00	0.00	27,429.36			
	FOOD											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
	11796	LUBY'S FUDDRUCKERS RESTAURANTS				27,429.36	0.00	0.00	27,429.36			
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			
012020		01/29/20	01/20/20	01/20/20		1,190.86	0.00	0.00	1,190.86			
	PAYROLL DED											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
	10972	M G TRUST				1,190.86	0.00	0.00	1,190.86			
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			
72856209		01/27/20	12/31/20	01/15/20		1,515.57	0.00	0.00	1,515.57			
	SUPPLIES											
73286129		01/27/20	01/06/20	01/21/20		200.18	0.00	0.00	200.18			
	SUPPLIES											
73311358		01/27/20	01/06/20	01/21/20		345.28	0.00	0.00	345.28			
	SUPPLIES											
73405514		01/27/20	01/07/20	01/22/20		108.57	0.00	0.00	108.57			
	SUPPLIES											
73374338		01/27/20	01/07/20	01/22/20		43.61	0.00	0.00	43.61			
	SUPPLIES											
73421575		01/27/20	01/07/20	01/22/20		52.68	0.00	0.00	52.68			
	SUPPLIES											
73718037		01/27/20	01/09/20	01/24/20		958.99	0.00	0.00	958.99			
	SUPPLIES											
74027203		01/27/20	01/14/20	01/29/20		2,176.87	0.00	0.00	2,176.87			
	SUPPLIES											
74119875		01/27/20	01/15/20	01/30/20		378.49	0.00	0.00	378.49			
	SUPPLIES											
74125899		01/27/20	01/15/20	01/30/20		534.88	0.00	0.00	534.88			
	SUPPLIES											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
	M2178	MCKESSON MEDICAL SURGICAL INC				6,315.12	0.00	0.00	6,315.12			
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			
50998 0011470967		01/29/20	01/28/20	01/28/20		131.92	0.00	0.00	131.92			
	INDIGENT CARE											
51004 0011694858		01/29/20	01/28/20	01/28/20		103.52	0.00	0.00	103.52			

INDIGENT CARE

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10613	MEDIMPACT HEALTHCARE SYS, INC.			235.44	0.00	0.00	235.44
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
90398368 ✓		01/27/20	01/14/20	01/27/20		281.96	0.00	0.00	281.96 ✓
SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		M2827	MEDIVATORS			281.96	0.00	0.00	281.96
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
012020		01/29/20	01/20/20	01/20/20		410.00	0.00	0.00	410.00 ✓
PAYROLL DED (Clinic visits for employees)									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC			410.00	0.00	0.00	410.00
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
5120509 ✓		01/20/20	01/14/20	02/07/20		1,699.00	0.00	0.00	1,699.00 ✓
ACCUMULATOR FEE									
5143968 ✓		01/28/20	01/20/20	01/30/20		8.37	0.00	0.00	8.37 ✓
INVENTORY									
5144191 ✓		01/28/20	01/20/20	01/30/20		692.09	0.00	0.00	692.09 ✓
INVENTORY									
5144190 ✓		01/28/20	01/20/20	01/30/20		375.67	0.00	0.00	375.67 ✓
INVENTORY									
5141679 ✓		01/28/20	01/20/20	01/30/20		58.87	0.00	0.00	58.87 ✓
INVENTORY									
5144192 ✓		01/28/20	01/20/20	01/30/20		237.32	0.00	0.00	237.32 ✓
INVENTORY									
7993 ✓		01/28/20	01/20/20	01/30/20		-12.00	0.00	0.00	-12.00 ✓
CREDIT									
5143967 ✓		01/28/20	01/20/20	01/30/20		70.96	0.00	0.00	70.96 ✓
INVENTORY									
5149372 ✓		01/28/20	01/21/20	01/31/20		437.77	0.00	0.00	437.77 ✓
INVENTORY									
5149373 ✓		01/28/20	01/21/20	01/31/20		399.08	0.00	0.00	399.08 ✓
INVENTORY									
5149371 ✓		01/28/20	01/21/20	01/31/20		591.41	0.00	0.00	591.41 ✓
INVENTORY									
5151310 ✓		01/28/20	01/22/20	02/01/20		1,252.25	0.00	0.00	1,252.25 ✓
INVENTORY									
5151311 ✓		01/28/20	01/22/20	02/01/20		107.60	0.00	0.00	107.60 ✓
INVENTORY									
5156191 ✓		01/28/20	01/23/20	02/02/20		10.82	0.00	0.00	10.82 ✓
INVENTORY									
5157108 ✓		01/28/20	01/23/20	02/02/20		349.99	0.00	0.00	349.99 ✓
INVENTORY									
5157256 ✓		01/28/20	01/23/20	02/02/20		17.65	0.00	0.00	17.65 ✓
INVENTORY									

5157106	✓		01/28/20	01/23/20	02/02/20		136.39	0.00	0.00	136.39	✓	
		INVENTORY										
5157107	✓		01/28/20	01/23/20	02/02/20		19.30	0.00	0.00	19.30	✓	
		INVENTORY										
5157110	✓		01/28/20	01/23/20	02/02/20		16.96	0.00	0.00	16.96	✓	
		INVENTORY										
5157257	✓		01/28/20	01/23/20	02/02/20		400.33	0.00	0.00	400.33	✓	
		INVENTORY										
5162474	✓		01/28/20	01/24/20	02/03/20		284.99	0.00	0.00	284.99	✓	
		INVENTORY										
5162476	✓		01/28/20	01/24/20	02/03/20		8.79	0.00	0.00	8.79	✓	
		INVENTORY										
5162475	✓		01/28/20	01/24/20	02/03/20		355.80	0.00	0.00	355.80	✓	
		INVENTORY										
5169911	✓		01/28/20	01/27/20	02/06/20		181.93	0.00	0.00	181.93	✓	
		INVENTORY										
5166478	✓		01/28/20	01/27/20	02/06/20		2,590.08	0.00	0.00	2,590.08	✓	
		INVENTORY										
5169909	✓		01/28/20	01/27/20	02/06/20		683.16	0.00	0.00	683.16	✓	
		INVENTORY										
5169110	✓		01/28/20	01/27/20	02/06/20		1,084.14	0.00	0.00	1,084.14	✓	
		INVENTORY										
5168330	✓		01/28/20	01/27/20	02/06/20		167.50	0.00	0.00	167.50	✓	
		INVENTORY										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10536	MORRIS & DICKSON CO, LLC	12,226.22	0.00	0.00	12,226.22
Vendor#	Vendor Name				Class	Pay Code						
12388	NATIONAL FARM LIFE INSURANCE											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
3097066	✓		01/29/20	01/13/20	02/01/20		4,257.03	0.00	0.00	4,257.03	✓	
	INSURANCE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12388	NATIONAL FARM LIFE INSURANCE	4,257.03	0.00	0.00	4,257.03
Vendor#	Vendor Name				Class	Pay Code						
10352	NUANCE COMMUNICATIONS, INC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
100819	✓		01/28/20	10/08/20	02/05/20		14,900.00	0.00	0.00	14,900.00	✓	
	DICTATION SYSTEM											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10352	NUANCE COMMUNICATIONS, INC	14,900.00	0.00	0.00	14,900.00
Vendor#	Vendor Name				Class	Pay Code						
11472	OCCUPRO LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
16146	✓		01/08/20	01/07/20	02/07/20		472.43	0.00	0.00	472.43	✓	
	USER LICENSE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11472	OCCUPRO LLC	472.43	0.00	0.00	472.43
Vendor#	Vendor Name				Class	Pay Code						
O1500	OLYMPUS AMERICA INC				M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
INU221175	✓		01/27/20	01/02/20	01/27/20		16.94	0.00	0.00	16.94	✓	

SUPPLIES											
98717839			01/27/20	01/14/20	02/08/20		1,068.67	0.00	0.00	1,068.67	
SUPPLIES											
98717838			01/27/20	01/14/20	02/08/20		335.53	0.00	0.00	335.53	
SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay
							O1500	OLYMPUS AMERICA INC	1,421.14	0.00	0.00
								Net	1,421.14		
Vendor#	Vendor Name					Class	Pay Code				
10152	PARTSSOURCE, LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
03365113		01/28/20	01/09/20	02/08/20			756.15	0.00	0.00	756.15	
SUPPLIES											
03366413		01/28/20	01/10/20	02/09/20			49.16	0.00	0.00	49.16	
SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay
							10152	PARTSSOURCE, LLC	805.31	0.00	0.00
								Net	805.31		
Vendor#	Vendor Name					Class	Pay Code				
P2100	PORT LAVACA WAVE					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
123119		01/28/20	12/31/20	01/25/20			356.00	0.00	0.00	356.00	
AD (12/4/19 - 12/25/19)											
Vendor Totals							Number	Name	Gross	Discount	No-Pay
							P2100	PORT LAVACA WAVE	356.00	0.00	0.00
								Net	356.00		
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	
B53439		01/29/20	01/27/20	02/06/20			2.78	0.00	0.00	2.78	
SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay
							P2200	POWER HARDWARE	2.78	0.00	0.00
								Net	2.78		
Vendor#	Vendor Name					Class	Pay Code				
11080	RADSOURCE										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
SC60134		01/14/20	01/12/20	02/06/20			1,667.00	0.00	0.00	1,667.00	
RADIOLOGY SERVICES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay
							11080	RADSOURCE	1,667.00	0.00	0.00
								Net	1,667.00		
Vendor#	Vendor Name					Class	Pay Code				
10987	REVCYCLE+, INC.										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
INV27969		01/29/20	01/13/20	02/07/20			2,286.25	0.00	0.00	2,286.25	
CODING SERVICES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay
							10987	REVCYCLE+, INC.	2,286.25	0.00	0.00
								Net	2,286.25		
Vendor#	Vendor Name					Class	Pay Code				
10645	REVISTA de VICTORIA										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
01202023		01/28/20	01/17/20	01/31/20			240.00	0.00	0.00	240.00	
AD											
Vendor Totals							Number	Name	Gross	Discount	No-Pay
							10645	REVISTA de VICTORIA	240.00	0.00	0.00
								Net	240.00		
Vendor#	Vendor Name					Class	Pay Code				

12968	SALTER LABS ✓											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
	3757065 ✓	Supplies	01/27/20	12/13/20	01/27/20		176.24	0.00	0.00	176.24	✓	
	Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
							12968	SALTER LABS	176.24	0.00	0.00	176.24
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		
	913797741 ✓		11/25/20	11/11/20	02/09/20		309.59	0.00	0.00	309.59	✓	
		INVENTORY										
	913797742 ✓		11/25/20	11/11/20	02/09/20		1,979.94	0.00	0.00	1,979.94	✓	
		INVENTORY										
	913824608 ✓		11/26/20	11/13/20	02/11/20		3,271.83	0.00	0.00	3,271.83	✓	
		INVENTORY										
	Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
							S1001	SANOFI PASTEUR INC	5,561.36	0.00	0.00	5,561.36
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		
	012720		01/28/20	01/27/20	01/27/20		63.48	0.00	0.00	63.48	✓	
		TRAVEL TNCC Trauma Nursing Core Course 11/25-11/26/2020										
	Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
							10625	SARA RUBIO	63.48	0.00	0.00	63.48
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		
	701043906 ✓		01/29/20	01/24/20	02/10/20		87.32	0.00	0.00	87.32	✓	
		SUPPLIES										
	Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
							S1405	SERVICE SUPPLY OF VICTORIA INC	87.32	0.00	0.00	87.32
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		
	246424 ✓		01/28/20	01/16/20	01/26/20		390.00	0.00	0.00	390.00	✓	
		AD										
	246430 ✓		01/28/20	01/16/20	01/26/20		400.00	0.00	0.00	400.00	✓	
		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						
S2270	SMILE MAKERS ✓				M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
	8759430 ✓		01/29/20	01/16/20	02/10/20		83.41	0.00	0.00	83.41	✓	
		SUPPLIES										
	Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
							S2270	SMILE MAKERS	83.41	0.00	0.00	83.41
Vendor#	Vendor Name				Class	Pay Code						
S2362	SMITH & NEPHEW ✓											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
	923875949 ✓		01/27/20	01/20/20	01/27/20		665.01	0.00	0.00	665.01	✓	

SUPPLIES

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW				665.01	0.00	0.00	665.01
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
CM1406		01/21/20	01/15/20	02/09/20			-920.00	0.00	0.00	-920.00
CREDIT										
107704343		01/21/20	01/15/20	02/09/20			4,734.00	0.00	0.00	4,734.00
BLOOD										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN				3,814.00	0.00	0.00	3,814.00
Vendor#	Vendor Name			Class	Pay Code					
C1010	SPARKLIGHT				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
011620A		01/28/20	01/16/20	01/16/20			2,008.00	0.00	0.00	2,008.00
CABLE										
011620		01/28/20	01/16/20	01/16/20			427.26	0.00	0.00	427.26
CABLE										
011620B		01/28/20	01/16/20	01/16/20			87.12	0.00	0.00	87.12
CABLE										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		C1010	SPARKLIGHT				2,522.38	0.00	0.00	2,522.38
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
900761351		01/27/20	01/03/20	01/27/20			1,460.72	0.00	0.00	1,460.72
SUPPLIES										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		S2830	STRYKER SALES CORP				1,460.72	0.00	0.00	1,460.72
Vendor#	Vendor Name			Class	Pay Code					
11140	TEXAS ADVANTAGE COMMUNITY BANK									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
011520		01/28/20	01/15/20	01/31/20			3,690.52	0.00	0.00	3,690.52
LOAN PAYMENT										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		11140	TEXAS ADVANTAGE COMMUNITY BANK				3,690.52	0.00	0.00	3,690.52
Vendor#	Vendor Name			Class	Pay Code					
11038	THE INLINE GROUP									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
40183		01/28/20	01/19/20	02/03/20			2,500.00	0.00	0.00	2,500.00
CANIDATE SOURCING SERVIC										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		11038	THE INLINE GROUP				2,500.00	0.00	0.00	2,500.00
Vendor#	Vendor Name			Class	Pay Code					
T2250	THYSSENKRUPP ELEVATOR CORP				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5001205962		01/29/20	01/07/20	01/07/20			1,007.50	0.00	0.00	1,007.50
OIL & GREASE										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		T2250	THYSSENKRUPP ELEVATOR CORP				1,007.50	0.00	0.00	1,007.50
Vendor#	Vendor Name			Class	Pay Code					

T0801	TLC STAFFING				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
25751		01/30/20	01/13/20	01/13/20		520.05	0.00	0.00	520.05	
CONTRACT NURSING										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	T0801	TLC STAFFING				520.05	0.00	0.00	520.05	
Vendor#	Vendor Name				Class	Pay Code				
S1801	TRACI SHEFCIK				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
012720		01/29/20	01/27/20	01/27/20		649.00	0.00	0.00	649.00	
REIMBURSE NATIONAL CONF for Nurse Practitioners 3/21-3/23/2020										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	S1801	TRACI SHEFCIK				649.00	0.00	0.00	649.00	
Vendor#	Vendor Name				Class	Pay Code				
U1064	UNIFIRST HOLDINGS INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8400321093		01/20/20	01/13/20	02/07/20		47.15	0.00	0.00	47.15	
LAUNDRY										
8400321094		01/20/20	01/13/20	02/07/20		61.07	0.00	0.00	61.07	
LAUNDRY										
8400321124		01/20/20	01/13/20	02/07/20		1,225.51	0.00	0.00	1,225.51	
LAUNDRY										
8400321512		01/20/20	01/16/20	02/10/20		132.78	0.00	0.00	132.78	
LAUNDRY										
8400321469		01/20/20	01/16/20	02/10/20		81.67	0.00	0.00	81.67	
LAUNDRY										
8400321445		01/20/20	01/16/20	02/10/20		18.62	0.00	0.00	18.62	
LAUNDRY										
8400321450		01/20/20	01/16/20	02/10/20		175.83	0.00	0.00	175.83	
LAUNDRY										
8400321449		01/20/20	01/16/20	02/10/20		186.03	0.00	0.00	186.03	
LAUNDRY										
8400321447		01/20/20	01/16/20	02/10/20		120.39	0.00	0.00	120.39	
LAUNDRY										
8400321485		01/20/20	01/16/20	02/10/20		1,227.79	0.00	0.00	1,227.79	
LAUNDRY										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	U1064	UNIFIRST HOLDINGS INC				3,276.84	0.00	0.00	3,276.84	
Vendor#	Vendor Name				Class	Pay Code				
U1056	UNIFORM ADVANTAGE				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
10497685		01/29/20	01/20/20	02/04/20		136.95	0.00	0.00	136.95	
UNIFORMS IRENE VENECIA - to be payroll deducted										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	U1056	UNIFORM ADVANTAGE				136.95	0.00	0.00	136.95	
Vendor#	Vendor Name				Class	Pay Code				
13048	US MED-EQUIP, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
R215991		01/28/20	12/31/20	01/31/20		766.04	0.00	0.00	766.04	
CRIB RENTAL										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	

	13048	US MED-EQUIP, LLC					766.04	0.00	0.00	766.04
Vendor#	Vendor Name				Class	Pay Code				
V0554	VCS SECURITY SYSTEMS ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	213784 ✓		01/29/20	11/27/20	12/27/20		212.50	0.00	0.00	212.50 ✓
	SERVICE CALL									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V0554	VCS SECURITY SYSTEMS				212.50	0.00	0.00	212.50
Vendor#	Vendor Name				Class	Pay Code				
V1080	VICTORIA COMMUNICATION SVCS ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	5839 ✓		01/28/20	12/09/20	01/09/20		2,409.97	0.00	0.00	2,409.97 ✓
	SIGNAL BOOSTER ECT..COOP									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1080	VICTORIA COMMUNICATION SVCS				2,409.97	0.00	0.00	2,409.97
Vendor#	Vendor Name				Class	Pay Code				
10793	WAGeworks ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	012020		01/29/20	01/20/20	01/20/20		3,460.67	0.00	0.00	3,460.67 ✓
	PAYROLL DED									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10793	WAGeworks				3,460.67	0.00	0.00	3,460.67
Vendor#	Vendor Name				Class	Pay Code				
W1005	WALMART COMMUNITY ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	009645 ✓		01/29/20	01/08/20	02/11/20		6.97	0.00	0.00	6.97 ✓
	SUPPLIES									
	005679 ✓		01/29/20	01/09/20	02/11/20		23.08	0.00	0.00	23.08 ✓
	SUPPLIES									
	009834 ✓		01/29/20	01/09/20	02/11/20		-6.97	0.00	0.00	-6.97 ✓
	CREDIT									
	005678 ✓		01/29/20	01/09/20	02/11/20		46.50	0.00	0.00	46.50 ✓
	SUPPLIES									
	005680 ✓		01/29/20	01/09/20	02/11/20		3.83	0.00	0.00	3.83 ✓
	SUPPLIES									
	011620		01/29/20	01/16/20	02/11/20		0.09	0.00	0.00	0.09 ✓
	LATE FEE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1005	WALMART COMMUNITY				73.50	0.00	0.00	73.50
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
	9110747224 ✓		01/27/20	11/12/20	12/07/20		2,146.68	0.00	0.00	2,146.68 ✓
	SUPPLIES									
	9110757130 ✓		01/27/20	12/05/20	12/30/20		217.71	0.00	0.00	217.71 ✓
	SUPPLIES									
	9110764607 ✓		01/27/20	12/19/20	01/13/20		64.16	0.00	0.00	64.16 ✓
	SUPPLIES									
	9110772000 ✓		01/27/20	01/09/20	02/03/20		282.36	0.00	0.00	282.36 ✓
	SUPPLIES									
	9110774212 ✓		01/28/20	01/15/20	02/09/20		1,571.67	0.00	0.00	1,571.67 ✓
	SUPPLIES									

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11110	WERFEN USA LLC			4,282.58	0.00	0.00	4,282.58
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
012320		01/28/20	01/23/20	01/23/20		875.00	0.00	0.00	875.00
	COVERED HINDS OB 01/21/20								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11580	WILLIAM CROWLEY III, DO			875.00	0.00	0.00	875.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	336,928.06	0.00	0.00	336,928.06

pg 1 correction
 $\begin{cases} <1959.93> \\ +1967.15 \end{cases}$
336,935.28

336,928.06 +
 1,959.93 -
 1,967.15 +
336,935.28 *

APPROVED
ON

JAN 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 184289-
184369

8

RUN DATE:02/03/20
TIME:09:38

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/05/20 THRU 02/05/20

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE

A/P	184289	02/05/20	558.00	ABILITY NETWORK (SHIFTHOUND)
A/P	184290	02/05/20	64.55	ACE HARDWARE 15521
A/P	184291	02/05/20	1,967.15	AIRESPRING INC
A/P	184292	02/05/20	1,898.53	AIRGAS USA, LLC - CENTRAL DIV
A/P	184293	02/05/20	124.49	ALIMED INC.
A/P	184294	02/05/20	63.48	ANNA HERNANDEZ
A/P	184295	02/05/20	81.28	AUTO PARTS & MACHINE CO.
A/P	184296	02/05/20	3,361.30	BANK DIRECT CAPITAL FINANCE
A/P	184297	02/05/20	1,330.96	BAXTER HEALTHCARE
A/P	184298	02/05/20	1,151.80	BAYER HEALTHCARE
A/P	184299	02/05/20	5,016.58	BECKMAN COULTER INC
A/P	184300	02/05/20	63.48	BIANCA HERNANDEZ
A/P	184301	02/05/20	8,264.00	BIOFIRE DIAGNOSTICS LLC
A/P	184302	02/05/20	6,721.47	CDW GOVERNMENT, INC.
A/P	184303	02/05/20	6,236.51	CITY OF PORT LAVACA
A/P	184304	02/05/20	239.52	CONMED CORPORATION
A/P	184305	02/05/20	520.00	COOK MEDICAL INCORPORATED
A/P	184306	02/05/20	649.00	COURTNE THURLKILL
A/P	184307	02/05/20	450.00	CYGNUS MEDICAL LLC
A/P	184308	02/05/20	63.48	DAWN MAREK
A/P	184309	02/05/20	1,372.87	DEWITT POTTH & SON
A/P	184310	02/05/20	144,138.62	DISCOVERY MEDICAL NETWORK INC
A/P	184311	02/05/20	63.48	EDDIE BALBOA
A/P	184312	02/05/20	157.45	ERBE USA INC SURGICAL SYSTEMS
A/P	184313	02/05/20	19,838.56	EVIDENT
A/P	184314	02/05/20	2,390.05	EVOQUA WATER TECHNOLOGIES LLC
A/P	184315	02/05/20	54.97	FEDERAL EXPRESS CORP.
A/P	184316	02/05/20	191.72	FISHER HEALTHCARE
A/P	184317	02/05/20	2,960.56	FRASIER HEALTHCARE CONSULTING,
A/P	184318	02/05/20	120.93	GENESIS DIAGNOSTICS
A/P	184319	02/05/20	443.49	GRAINGER
A/P	184320	02/05/20	1,384.47	GULF COAST PAPER COMPANY
A/P	184321	02/05/20	282.15	HEALTH CARE LOGISTICS INC
A/P	184322	02/05/20	945.00	HOLOGIC INC
A/P	184323	02/05/20	6,163.50	INFINITI COMMUNICATIONS TECHNO
A/P	184324	02/05/20	432.80	INTRADO
A/P	184325	02/05/20	3,456.14	J & J HEALTH CARE SYSTEMS, INC
A/P	184326	02/05/20	131.00	KCI USA
A/P	184327	02/05/20	27,429.36	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	184328	02/05/20	1,190.86	M G TRUST
A/P	184329	02/05/20	.00	VOIDED
A/P	184330	02/05/20	6,315.12	MCKESSON MEDICAL SURGICAL INC
A/P	184331	02/05/20	235.44	MEDIMPACT HEALTHCARE SYS, INC.
A/P	184332	02/05/20	281.96	MEDIVATORS
A/P	184333	02/05/20	410.00	MEMORIAL MEDICAL CLINIC
A/P	184334	02/05/20	.00	VOIDED
A/P	184335	02/05/20	12,226.22	MORRIS & DICKSON CO, LLC
A/P	184336	02/05/20	4,257.03	NATIONAL FARM LIFE INSURANCE
A/P	184337	02/05/20	14,900.00	NUANCE COMMUNICATIONS, INC
A/P	184338	02/05/20	472.43	OCCUPRO LLC

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MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/05/20 THRU 02/05/20

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GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	184339	02/05/20	1,421.14	OLYMPUS AMERICA INC
A/P	184340	02/05/20	805.31	PARTSSOURCE, LLC
A/P	184341	02/05/20	356.00	PORT LAVACA WAVE
A/P	184342	02/05/20	2.78	POWER HARDWARE
A/P	184343	02/05/20	1,667.00	RADSOURCE
A/P	184344	02/05/20	2,286.25	REVCYCLE+, INC.
A/P	184345	02/05/20	240.00	REVISTA de VICTORIA
A/P	184346	02/05/20	176.24	SALTER LABS
A/P	184347	02/05/20	5,561.36	SANOPI PASTEUR INC
A/P	184348	02/05/20	63.48	SARA RUBIO
A/P	184349	02/05/20	87.32	SERVICE SUPPLY OF VICTORIA INC
A/P	184350	02/05/20	790.00	SIGN AD, LTD.
A/P	184351	02/05/20	83.41	SMILE MAKERS
A/P	184352	02/05/20	665.01	SMITH & NEPHEW
A/P	184353	02/05/20	3,814.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	184354	02/05/20	2,522.38	SPARKLIGHT
A/P	184355	02/05/20	1,460.72	STRYKER SALES CORP
A/P	184356	02/05/20	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	184357	02/05/20	2,500.00	THE INLINE GROUP
A/P	184358	02/05/20	1,007.50	THYSSENKRUPP ELEVATOR CORP
A/P	184359	02/05/20	520.05	TLC STAFFING
A/P	184360	02/05/20	649.00	TRACI SHEFCIK
A/P	184361	02/05/20	3,276.84	UNIFIRST HOLDINGS INC
A/P	184362	02/05/20	136.95	UNIFORM ADVANTAGE
A/P	184363	02/05/20	766.04	US MED-EQUIP, LLC
A/P	184364	02/05/20	212.50	VCS SECURITY SYSTEMS
A/P	184365	02/05/20	2,409.97	VICTORIA COMMUNICATION SVCS
A/P	184366	02/05/20	3,460.67	WAGeworks
A/P	184367	02/05/20	73.50	WALMART COMMUNITY
A/P	184368	02/05/20	4,282.58	WERFEN USA LLC
A/P	184369	02/05/20	875.00	WILLIAM CROWLEY III, DO
A/P	184370	02/05/20	949.91	ASHFORD GARDENS
A/P	184371	02/05/20	325.84	BROADMOOR AT CREEKSIDE PARK
A/P	184372	02/05/20	396.13	FORTBEND HEALTHCARE CENTER
A/P	184373	02/05/20	1,813.95	GOLDENCREEK HEALTHCARE
A/P	184374	02/05/20	1,165.44	GULF POINTE PLAZA
A/P	184375	02/05/20	1,027.82	SOLERA WEST HOUSTON
A/P	184376	02/05/20	849.36	THE CRESCENT
TOTALS:			343,463.73	

Payables	336,935.28	+
	949.91	+
Nursing	1,027.82	+
Homes	396.13	+
	325.84	+
	849.36	+
	1,813.95	+
	1,165.44	+
	343,463.73	*

APPROVED
ON

FEB 05 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 01/31/2020

Page: 002

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536

Date: 02/01/2020

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

As of: 01/31/2020

Page: 002

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536

Date: 02/01/2020

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 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: 6,812.46 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017If Paid By 02/04/2020,
Pay This Amount:

6,676.18 USD

If Paid After 02/04/2020,
Pay this Amount:

6,812.46 USD

Due If Paid On Time:

USD

6,676.18

Disc lost if paid late

136.28

Due If Paid Late:

USD

6,812.46

CK# 500069

112.85 +
1,537.12 +
170.19 +
4,503.74 +
352.28 +
6,676.18 *

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ON

FEB 03 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON**STATEMENT**

As of: 01/31/2020

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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

DC: 8115

Territory: 400

Customer: 190813

Date: 02/01/2020

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

As of: 01/31/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 02/01/2020

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
01/29/2020	02/04/2020	7180540972	2017012000	115Invoice	1.28	63.83		62.55	✓	7180540972	
01/31/2020	02/04/2020	7181021574	2017012112	115Invoice	0.68	33.94		33.26	✓	7181021574	
01/31/2020	02/04/2020	7181021576	2017012112	115Invoice	0.35	17.39		17.04	✓	7181021576	

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:

115.16 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,366.48
01/27/2020

If Paid By 02/04/2020,
Pay This Amount:

112.85 USD

If Paid After 02/04/2020,
Pay this Amount:

115.16 USD

Due If Paid On Time:
USD

112.85

Disc lost if paid late:

2.31

Due If Paid Late:
USD

115.16

APPROVED
ON

FEB 03 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON**STATEMENT**

As of: 01/31/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 835438

Date: 02/01/2020

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

As of: 01/31/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 02/01/2020

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
01/30/2020	02/04/2020	7180947393	657796	115 Invoice	31.37	1,568.49		1,537.12	✓	7180947393	

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: 1,568.49 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,366.48
01/27/2020

If Paid By 02/04/2020,
Pay This Amount:

1,537.12 USD

If Paid After 02/04/2020,
Pay this Amount:

1,568.49 USD

Due If Paid On Time:

USD 1,537.12

Disc lost if paid late:

31.37

Due If Paid Late:

USD 1,568.49

APPROVED
ON

FEB 03 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON**STATEMENT**

As of: 01/31/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 262252

Date: 02/01/2020

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

As of: 01/31/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 02/01/2020

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
01/30/2020	02/04/2020	7180797413	657110	115Invoice	2.60	129.90		127.30	✓	7180797413	
01/30/2020	02/04/2020	7180797414	657110	115Invoice	0.88	43.77		42.89	✓	7180797414	

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: 173.67 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,366.48
01/27/2020

If Paid By 02/04/2020,
Pay This Amount:

170.19 USD

If Paid After 02/04/2020,
Pay this Amount:

173.67 USD

Due If Paid On Time:

USD 170.19

Disc lost if paid late:

3.48

Due If Paid Late:

USD 173.67

APPROVED
ON

FEB 03 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON**STATEMENT**

As of: 01/31/2020

Page: 001

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 256342

Date: 02/01/2020

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

As of: 01/31/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 02/01/2020

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
01/27/2020	02/04/2020	7180028751	MH01232020---	115Invoice	2.44	122.02		119.58 ✓		7180028751	
01/27/2020	02/04/2020	7180028752	0125200302-00	115Invoice	21.15	1,057.38		1,036.23 ✓		7180028752	
01/27/2020	02/04/2020	7180028753	9822652901	115Invoice	10.39	519.59		509.20 ✓		7180028753	
01/27/2020	02/04/2020	7180221463	00001242020AS	115Invoice	7.79	389.56		381.77 ✓		7180221463	
01/27/2020	02/04/2020	7180221464	00001242020TM	115Invoice	0.25	12.36		12.11 ✓		7180221464	
01/28/2020	02/04/2020	7180285643	9822657559	115Invoice	4.13	206.69		202.56 ✓		7180285643	
01/28/2020	02/04/2020	7180330328	0127200134-00	115Invoice	2.45	122.74		120.29 ✓		7180330328	
01/28/2020	02/04/2020	7180429905	787461522	195Invoice	0.35	17.44		17.09 ✓		7180429905	
01/29/2020	02/04/2020	7180544912	8567891970	115Invoice	8.27	413.39		405.12 ✓		7180544912	
01/29/2020	02/04/2020	7180549314	0126200143-00	115Invoice	0.01	0.32		0.31 ✓		7180549314	
01/30/2020	02/04/2020	7180796962	8567896546	115Invoice	8.27	413.39		405.12 ✓		7180796962	
01/30/2020	02/04/2020	7180959871	000001292020AS	115Invoice	0.03	1.26		1.23 ✓		7180959871	
01/31/2020	02/04/2020	7181023757	4222711192	115Invoice	22.89	1,144.37		1,121.48 ✓		7181023757	
01/31/2020	02/04/2020	7181035906	0125200306-00	115Invoice	2.70	134.84		132.14 ✓		7181035906	
01/31/2020	02/04/2020	7181155298	788267386	195Invoice	0.02	0.95		0.93 ✓		7181155298	
01/31/2020	02/04/2020	7181201971	000001302020AS	115Invoice	0.79	39.37		38.58 ✓		7181201971	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals:

4,595.67 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,366.48
01/27/2020

If Paid By 02/04/2020,
Pay This Amount:

4,503.74 USD

If Paid After 02/04/2020,
Pay this Amount:

4,595.67 USD

Due If Paid On Time:

USD 4,503.74

Disc lost if paid late:

91.93

Due If Paid Late:

USD 4,595.67

APPROVED
ON

FEB 03 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 01/31/2020

Page: 001

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

DC: 8115

Territory: 81

Customer: 464450

Date: 02/01/2020

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

As of: 01/31/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450
Date: 02/01/2020

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 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											
01/30/2020	02/04/2020	7180772573	55x701805	115Invoice	7.17	358.51		351.34	✓	7180772573	
01/31/2020	02/04/2020	7181010639	55x703742	115Invoice	0.02	0.96		0.94	✓	7181010639	

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:

359.47 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,366.48
01/27/2020

If Paid By 02/04/2020,
Pay This Amount:

352.28 USD

If Paid After 02/04/2020,
Pay this Amount:

359.47 USD

Due If Paid On Time:

USD 352.28

Disc lost if paid late:

7.19

Due If Paid Late:

USD 359.47

APPROVED
ON

FEB 03 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

 AmerisourceBergen STATEMENT

Number: 58849393 Date: 01-31-2020 1 of 1

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

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

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

Summary
Not Yet Due: 0.00
Current: 1,663.56
Past Due: 0.00
Total Due: 1,663.56
Account Balance: 1,663.56

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
01-27-2020	02-07-2020	3033211278	154626	Invoice	328.57 ✓
01-27-2020	02-07-2020	3033211279	154629	Invoice	298.73 ✓
01-27-2020	02-07-2020	3033211500	154627	Invoice	11.15 ✓
01-27-2020	02-07-2020	3033274170	154677	Invoice	260.64 ✓
01-28-2020	02-07-2020	3033314034	154684	Invoice	15.43 ✓
01-28-2020	02-07-2020	3033314035	154685	Invoice	11.15 ✓
01-29-2020	02-07-2020	3033372709	154711	Invoice	470.12 ✓
01-30-2020	02-07-2020	3033431326	154733	Invoice	0.93 ✓
01-31-2020	02-07-2020	3033489757	154822	Invoice	266.84 ✓

Thank You for Your Payment

Date	Payment Number	Amount
01-31-2020		(3,002.05)

Reminders

Due Date	Amount
02-07-2020	1,663.56

Total Due: 1,663.56 ✓

Terms:
Monday - Friday due in 7 days

CK # 500070

APPROVED
ON

FEB 03 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FREE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	
☐	"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"	★	\$ 102,431.62	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	\$ 51,708.86	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		\$ 12,093.20	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		\$ 38,629.56	#
		CHECK	\$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:
CALLED IN DATE:
CALLED IN TIME:

Run Date: 02/03/20
Time: 09:54

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 01/17/20 - 01/30/20 Run# 1

Page 115
P2REG

Final Summary

Pay Code Summary						Deductions Summary			
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code Amount
1	REGULAR PAY-S1	9817.25	N		N	N		197096.26	A/R 745.00 A/R2 230.00 A/R3
1	REGULAR PAY-S1	1882.00	N		N	N	N	86117.57	ADVANC AWARDS BOOTS
1	REGULAR PAY-S1	283.00	Y		N	N		8668.14	CAFE H CAFE-1 CAFE-2
2	REGULAR PAY-S2	2660.00	N		N	N		59763.01	CAFE-3 CAFE-4 CAFE-5
2	REGULAR PAY-S2	158.50	Y		N	N		5215.40	CAFE-C CAFE-D 1762.38 CAFE-F
3	REGULAR PAY-S3	1608.50	N		N	N		43057.02	CAFE-H 20108.29 CAFE-I CAFE-L
3	REGULAR PAY-S3	100.50	Y		N	N		3473.50	CAFE-P CANCER CHILD 346.15
C	CALL PAY	2219.25	N	1	N	N		4438.50	CLINIC 401.78 COMBIN 438.97 CREDUN
E	EXTRA WAGES			N	N	N	N	3750.00	DD ADV DENTAL DEP-LF
E	EXTRA WAGES			N	1	N	N	1427.25	DIS-LF EAT EATCSH
F	FUNERAL LEAVE	24.00	N	1	N	N		384.96	FEDTAX 38629.56 FICA-M 6046.60 FICA-O 25854.43
H	HOLIDAY PAY	60.00	N		N	Y	N	563.59	FIRSTC FLEX S 4827.77 FLX FE
I	INSERVICE	143.50	N	1	N	N		4305.97	FORT D FUTA GIFT S 405.31
I	INSERVICE	5.25	Y	1	N	N		218.36	GRANT GRP-IN GTL
K	EXTENDED-ILLNESS-BANK	175.77	N	1	N	N		4263.51	HOSP-I ID TFT LEAF
M	MEAL REIMBURSEMENT			N	N	N	N	70.00	LEGAL 366.75 MASA 826.00 MEALS 162.30
P	PAID-TIME-OFF	395.29	N		N	N	N	9283.38	MISC MISC/ MMCSHR
P	PAID-TIME-OFF	797.00	N	1	N	N		16576.20	NATFML 2252.67 OTHER PHI
X	CALL PAY 2	96.00	N	1	N	N		192.00	PHI*** PR FIN RELAY
Z	CALL PAY 3	96.00	N	1	N	N		288.00	REPAY SAMS SCRUBS
p	PAID TIME OFF - PROBATION	7.00	N	1	N	N		81.20	SIGNON ST-TX STONDF 1190.86
t	PHONE & DATA			N	N	N	N	1090.00	STONE STONE2 STUDEN
								SUNACC 958.14 SUNILL 1453.77 SUNLIF 1553.26	
								SUNSTD 1760.91 SUNVIS 1254.59 SURCHG 855.00	
								TSA-1 TSA-2 TSA-C	
								TSA-P TSA-R 31515.32 TUTION	
								UNIFOR 114.15 UW/HOS	

Grand Totals: 20528.81 (Gross: 450323.82 Deductions: 144065.96 Net: 306257.86)
Checks Count: - FT 208 PT 10 Other 38 Female 225 Male 29 Credit OverAmt 8 ZeroNet Term Total: 254

Pay Date
02-07-2020

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN		1/17/2020	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS																												
PAY PERIOD: END		1/30/2020																																	
PAY DATE:		2/7/2020																																	
GROSS PAY:	\$	450,323.82			\$ -		\$ 450,323.82																												
DEDUCTIONS:																																			
A/R	\$	975.00					\$ 975.00																												
ADVANC							\$ -																												
BOOTS							\$ -																												
SUNLIFE CRITICAL ILLNESS	\$	1,453.77					\$ 1,453.77																												
SUNLIFE ACCIDENT	\$	958.14					\$ 958.14																												
SUNLIFE VISION	\$	1,254.59					\$ 1,254.59																												
SUNLIFE SHORT TERM DIS	\$	1,760.91					\$ 1,760.91																												
CAFÉ-S							\$ -																												
CAFÉ-D	\$	1,762.38					\$ 1,762.38																												
CAFÉ-H	\$	20,108.29					\$ 20,108.29																												
CAFÉ-I							\$ -																												
CAFÉ-L							\$ -																												
CAFÉ-P							\$ -																												
CANCER							\$ -																												
CHILD	\$	346.15	+1.50=347.65				\$ 346.15																												
CLINIC	\$	401.78					\$ 401.78																												
COMBIN	\$	438.97					\$ 438.97																												
CREDUN							\$ -																												
DENTAL	\$	-					\$ -																												
DEP-LF							\$ -																												
SUNLIFE TERM LIFE	\$	1,553.26					\$ 1,553.26																												
EAT	\$	-					\$ -																												
FED TAX	\$	38,629.56					\$ 38,629.56																												
FICA-M	\$	6,046.60					\$ 6,046.60																												
FICA-O	\$	25,854.43					\$ 25,854.43																												
FIRST C							\$ -																												
FLEX S	\$	4,827.77					\$ 4,827.77																												
FLX-FE							\$ -																												
GIFT S	\$	405.31					\$ 405.31																												
GRP-IN							\$ -																												
GTL							\$ -																												
HOSP-I							\$ -																												
LEGAL	\$	1,192.75					\$ 1,192.75																												
OTHER	\$	282.45					\$ 282.45																												
NATIONAL FARM LIFE	\$	2,252.67					\$ 2,252.67																												
MED SURCHARGE	\$	855.00					\$ 855.00																												
PR FIN	\$	-					\$ -																												
RELAY							\$ -																												
REPAY							\$ -																												
STONEDF	\$	1,190.86					\$ 1,190.86																												
STONE							\$ -																												
STONE 2							\$ -																												
STUDEN							\$ -																												
TSA-R	\$	31,515.32					\$ 31,515.32																												
UW/HOS							\$ -																												
TOTAL DEDUCTIONS:	\$	144,065.96	\$ -	\$ -	\$ -	\$ -	\$ 144,065.96																												
NET PAY:	\$	306,257.86	\$ -	\$ -	\$ -	\$ -	\$ 306,257.86																												
TOTAL CAFÉ 125 PLAN:	\$	33,316.71																																	
TAXABLE PAY:	\$	417,007.11	\$ 417,007.11																																
<table><tr><th></th><th>**CALCULATED**</th><th>From MMC Report</th><th>Difference</th></tr><tr><td>FICA - MED (ER)</td><td>1.45% \$ 6,046.60</td><td></td><td></td></tr><tr><td>FICA - MED (EE)</td><td>1.45% \$ 6,046.60</td><td>\$ 6,046.60</td><td>\$ -</td></tr><tr><td>FICA - SOC SEC (ER)</td><td>6.20% \$ 25,854.44</td><td></td><td></td></tr><tr><td>FICA - SOC SEC (EE)</td><td>6.20% \$ 25,854.44</td><td>\$ 25,854.43</td><td>\$ 0.01</td></tr><tr><td>FED WITHHOLDING</td><td>\$ 38,629.56</td><td>\$ 38,629.56</td><td></td></tr></table>									**CALCULATED**	From MMC Report	Difference	FICA - MED (ER)	1.45% \$ 6,046.60			FICA - MED (EE)	1.45% \$ 6,046.60	\$ 6,046.60	\$ -	FICA - SOC SEC (ER)	6.20% \$ 25,854.44			FICA - SOC SEC (EE)	6.20% \$ 25,854.44	\$ 25,854.43	\$ 0.01	FED WITHHOLDING	\$ 38,629.56	\$ 38,629.56					
	CALCULATED	From MMC Report	Difference																																
FICA - MED (ER)	1.45% \$ 6,046.60																																		
FICA - MED (EE)	1.45% \$ 6,046.60	\$ 6,046.60	\$ -																																
FICA - SOC SEC (ER)	6.20% \$ 25,854.44																																		
FICA - SOC SEC (EE)	6.20% \$ 25,854.44	\$ 25,854.43	\$ 0.01																																
FED WITHHOLDING	\$ 38,629.56	\$ 38,629.56																																	
<table><tr><td colspan="4">Employees over FICA-SS Cap:</td></tr><tr><td>Jason Anglin</td><td>\$</td><td>-</td><td></td></tr><tr><td>Diane Moore</td><td>\$</td><td>-</td><td></td></tr><tr><td>Roshanda Thomas</td><td></td><td></td><td></td></tr><tr><td>Paycode S - Employee Reimb.:</td><td></td><td></td><td></td></tr><tr><td>Roshanda S. Gray</td><td></td><td></td><td></td></tr><tr><td>TOTAL:</td><td>\$</td><td>-</td><td></td></tr></table>								Employees over FICA-SS Cap:				Jason Anglin	\$	-		Diane Moore	\$	-		Roshanda Thomas				Paycode S - Employee Reimb.:				Roshanda S. Gray				TOTAL:	\$	-	
Employees over FICA-SS Cap:																																			
Jason Anglin	\$	-																																	
Diane Moore	\$	-																																	
Roshanda Thomas																																			
Paycode S - Employee Reimb.:																																			
Roshanda S. Gray																																			
TOTAL:	\$	-																																	
TAX DEPOSIT:	\$	102,431.64	\$ 102,431.62																																
FICA - MEDICARE	2.90%	\$ 12,093.20	\$12,093.20																																
FICA - SOCIAL SECURITY	12.40%	\$ 51,708.88	\$51,708.86																																
FED WITHHOLDING		\$ 38,629.56	\$38,629.56																																
TOTAL TAX:	\$	102,431.64	\$102,431.62	\$ 0.02																															
PREPARED BY:				Caitlin Clevenger																															
PREPARED DATE:				2/3/2020																															

PREPARED BY:
PREPARED DATE:Caitlin Clevenger
2/3/2020

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --January 27 , 2020- February 2, 2020**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
1/27/2020	PAY PLUS ACHTRANS 452579291 101000699600241	- 3rd Party Payor Fee
1/27/2020	IRS USATAXPYMT 220042703421788 6103601000210	- Payroll Taxes
1/28/2020	PAY PLUS ACHTRANS 452579291 101000690482829	- 3rd Party Payor Fee
1/28/2020	MCKESSON DRUG AUTO ACH ACH04061163 910000121	- 340B Drug Program Expense
1/29/2020	PAY PLUS ACHTRANS 452579291 101000691249218	- 3rd Party Payor Fee
1/30/2020	PAY PLUS ACHTRANS 452579291 101000692097059	- 3rd Party Payor Fee
1/31/2020	PAY PLUS ACHTRANS 452579291 101000692896613	- 3rd Party Payor Fee
1/31/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense

<u>Amount</u>	<u>CPSI</u>
2.47	2 • 4 7 +
88026.56*	19 • 7 5 +
19.75	21 • 4 9 +
6366.48**	7 • 7 0 +
21.49	1 • 8 4 +
7.7	53 • 2 5 *
1.84	97 • 4 4 8 • 3 4 +
3002.05**	88 • 0 2 6 • 5 6 -
97,448.34	6 • 3 6 6 • 4 8 -
	3 • 0 0 2 • 0 5 -
	53 • 2 5 *

February 3, 2020

Diane Moore, CFO
Memorial Medical Center

PROSPERITY BANK

** Approved 01-22-2020 CC*
*** Approved 01-29-2020 CC*

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>
February 3, 2020 Diane Moore, CFO Memorial Medical Center		

<u>Amount</u>
-

8

RUN DATE:02/05/20
TIME:12:48

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/27/20 THRU 01/31/20

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	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

RUN DATE:02/05/20
TIME:12:48

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/27/20 THRU 01/31/20

PAGE 2
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BANK--CHECK-----

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
A/P *	200253	01/27/20	88,026.56	IRS USA TAXPYMT
A/P	300282	01/27/20	2.47	PAY PLUS
A/P	300283	01/28/20	19.75	PAY PLUS
A/P	300284	01/29/20	21.49	PAY PLUS
A/P	300285	01/30/20	7.70	PAY PLUS
A/P *	300286	01/31/20	1.84	PAY PLUS
A/P	500067	01/28/20	6,366.48	MCKESSON
A/P	500068	01/31/20	3,002.05	AMERISOURCE
TOTALS:			653,931.21	

Electronic
Transfers

RECEIVED**JAN 30 2020**01/30/2020
11:14
Calhoun County Auditor

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
012720		01/28/20	01/27/20	02/13/20		934.37	0.00	0.00	934.37 ✓
	TRANSFER UHC COMPONENT								
012820		01/28/20	01/28/20	02/13/20		15.54	0.00	0.00	15.54 ✓
	CHECKS PURCHASED								

Vendor Totals Number Name

Gross

Discount

No-Pay

Net

11816 ASHFORD GARDENS

949.91

0.00

0.00

949.91

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

949.91

0.00

0.00

949.91

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ON

JAN 31 2020

CK#
184370COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

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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
012720		01/28/20	01/27/20	02/13/20		1,012.28	0.00	0.00	1,012.28 ✓

TRANSFER UHC COMPONENT

012820		01/28/20	01/28/20	02/13/20		15.54	0.00	0.00	15.54 ✓
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CHECKS PURCHASED

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON		1,027.82	0.00	0.00	1,027.82

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,027.82	0.00	0.00	1,027.82

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ON

JAN 31 2020

CIC#
184 375

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Dates Through:

Vendor# Vendor Name

11820 FORTBEND HEALTHCARE CENTER

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
012720		01/30/20	01/27/20	01/27/20		396.13	0.00	0.00	396.13

UHC COMPONENT 2 MONIES (QIPP)

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	396.13	0.00	0.00	396.13

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	396.13	0.00	0.00	396.13

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COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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MEMORIAL MEDICAL CENTER

AP Open Invoice List

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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
012720		01/28/20	01/27/20	02/13/20		325.84	0.00	0.00	325.84 ✓

TRANSFER UHC COMPONENT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT CREEKSIDE PARK	325.84	0.00	0.00	325.84	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	325.84	0.00	0.00	325.84

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CALHOUN COUNTY, TEXAS

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MEMORIAL MEDICAL CENTER

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Dates Through:

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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
012720		01/28/20	01/27/20	02/13/20		849.36	0.00	0.00	849.36 ✓

TRANSFER UHC COMPONENT1 (QIPP)

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11824	THE CRESCENT	849.36	0.00	0.00	849.36

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	849.36	0.00	0.00	849.36

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JAN 31 2020

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MEMORIAL MEDICAL CENTER

AP Open Invoice List

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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
012720		01/28/20	01/27/20	02/13/20		1,813.95	0.00	0.00	1,813.95 ✓

TRANSFER UHC COMPONENT I (QIPF)

Vendor Totals Number Name

Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	1,813.95	0.00	0.00	1,813.95

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,813.95	0.00	0.00	1,813.95

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ON****JAN 31 2020**CLK#
184373**COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

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JAN 30 2020

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MEMORIAL MEDICAL CENTER

AP Open Invoice List

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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
012720		01/28/20	01/27/20	02/13/20		1,165.44	0.00	0.00	1,165.44 ✓

TRANSFER UHC COMPENENT (QIPP)

Vendor Totals Number Name

12696 GULF POINTE PLAZA

Gross	Discount	No-Pay	Net
1,165.44	0.00	0.00	1,165.44

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
1,165.44	0.00	0.00	1,165.44

APPROVED
ON

JAN 31 2020

CLK#

184374

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
2/3/2020

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		87,447.18 ✓	87,347.18 ✓	247,464.70 ✓		247,564.70 ✓	213,411.98
						Bank Balance	247,564.70 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QJPP Ck to MMC	
						MMC Portion QJPP 1 & 2	22,361.25 ✓
						MMC Portion QJPP 3,4,Lapse	11,641.32 ✓
						January Interest	50.15 ✓
						February Interest	
						March Interest	
						Adjust Balance/Transfer Amt	213,411.98 ✓
Broadmoor		187,162.73 ✓	187,062.73 ✓	283,711.23 ✓		283,811.23 ✓	270,620.00
						Bank Balance	283,811.23 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QJPP Ck to MMC	
						MMC Portion QJPP 1 & 2	8,035.20 ✓
						MMC Portion QJPP 3,4,Lapse	5,005.51 ✓
						January Interest	50.52 ✓
						February Interest	
						March Interest	
						Adjust Balance/Transfer Amt	270,620.00 ✓
Crescent		261,103.92 ✓	261,003.92 ✓	78,560.38 ✓		78,660.38 ✓	67,401.43
						Bank Balance	78,660.38 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QJPP Ck to MMC	
						MMC Portion QJPP 1 & 2	6,919.34 ✓
						MMC Portion QJPP 3,4,Lapse	4,190.37 ✓
						January Interest	49.24 ✓
						February Interest	
						March Interest	
						Adjust Balance/Transfer Amt	67,401.43 ✓
Fort Bend		49,901.78 ✓	49,801.78 ✓	96,658.49 ✓		96,758.49 ✓	81,740.89
						Bank Balance	96,758.49 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QJPP Ck to MMC	
						MMC Portion QJPP 1 & 2	9,140.04 ✓
						MMC Portion QJPP 3,4,Lapse	5,756.98 ✓
						January Interest	20.58 ✓
						February Interest	
						March Interest	
						Adjust Balance/Transfer Amt	81,740.89 ✓
Solera at W Houston		141,296.60 ✓	141,196.60 ✓	178,834.01 ✓		178,934.01 ✓	165,422.86
						Bank Balance	178,934.01 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QJPP Ck to MMC	
						MMC Portion QJPP 1 & 2	8,298.74 ✓
						MMC Portion QJPP 3,4,Lapse	5,043.72 ✓
						January Interest	68.69 ✓
						February Interest	
						March Interest	
						Adjust Balance/Transfer Amt	165,422.86 ✓

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

213,411.98 +
270,620.00 +
67,401.43 +
81,740.89 +
165,422.86 +
798,597.16 *

TOTAL TRANSFERS 798,597.16

Approved:

Jason Anglin, CEO

APPROVED
ON

2/3/2020

FEB 03 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

		MMC PORTION					NH PORTION	
		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI
1/27/2020	Amerigroup TXSC HCLCLAIMPMT 3117307431 111000 ISA*00* "00" *ZZ*BCCACF4010	-	31,983.47	-	-	-	-	-
1/27/2020	AMERIGROUP CORPO E-PAYMENT EES1980211 111000 ISA*00* "00" *ZZ*BCCACF4010	-	22,917.10	21,805.40	1,111.70	-	-	22,361.25
1/27/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020012412100204*1912008361	-	27,629.90	-	-	-	-	-
1/27/2020	HEALTH HUMAN SVC HCLCLAIMPMT 1746003411 3005 2 TRN*1*05E332241326436189*17460001	-	1,389.15	-	-	-	-	-
1/28/2020	HUMANA CHA DISB HCLCLAIMPMT 390860 4200001492 TRN*1*014840101047498*1611013183	-	738.75	-	-	-	-	-
1/28/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020012515400265*1912008361	-	4,793.90	-	-	-	-	-
1/28/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020012512100193*1912008361	-	23,187.24	-	-	-	-	-
1/28/2020	UHC Community PI HCLCLAIMPMT 746003411 910000 TRN*1*2020012511600691*1912008361	-	1,230.00	-	-	-	-	-
1/28/2020	NOVITAS SOLUTION HCLCLAIMPMT 675423 420000101 TRN*1*EFT6911992*1205296137*000004	-	23,039.07	-	-	-	-	-
1/29/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	75,113.22	-	-	-	-	-	-
1/29/2020	MOLINA HEALTHCAR MOLINAACH 00853111 42000015 ISA* " " *ZZ* *ZZ*	-	23,282.63	-	-	7,998.63	15,284.00	11,641.32
1/29/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020012614300494*1912008361	-	2,802.35	-	-	-	-	-
1/29/2020	NOVITAS SOLUTION HCLCLAIMPMT 675423 420000198 TRN*1*EFT6912545*1205296137*000004	-	9,384.73	-	-	-	-	-
1/30/2020	CHECK #1083	12,233.96	-	-	-	-	-	-
1/30/2020	Deposit	-	50,692.82	-	-	-	-	-
1/30/2020	MANAGEANDNET1718 MNS PMNT 00000000000093 41 0248895	-	5,489.42	-	-	-	-	-
1/30/2020	NOVITAS SOLUTION HCLCLAIMPMT 675423 420000112 TRN*1*EFT6913060*1205296137*000004	-	11,557.82	-	-	-	-	-
1/31/2020	Added to Account (Interest)	-	50.15	-	-	-	-	-
1/31/2020	NOVITAS SOLUTION HCLCLAIMPMT 675423 420000198 TRN*1*EFT6913523*1205296137*000004	-	1,598.34	-	-	-	-	-
1/31/2020	HEALTH HUMAN SVC HCLCLAIMPMT 17460034113005 2 TRN*1*05E372671326436189*17460001	-	5,697.86	-	-	-	-	-
		87,347.18	247,464.70	21,805.40	1,111.70	7,998.63	15,284.00	34,002.57
								213,411.99

		MMC PORTION					NH PORTION	
		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI
1/27/2020	AMERIGROUP CORPO E-PAYMENT EES1980214 111000 ISA*00* "00" *ZZ*BCCACF4010	-	8,228.80	7,841.60	387.20	-	-	8,035.20
1/27/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020012413700478*1912008361	-	4,895.04	-	-	-	-	-
1/27/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020012410100281*1912008361	-	22,001.66	-	-	-	-	-
1/28/2020	HUMANA CHA DISB HCLCLAIMPMT 390861 4200001492 TRN*1*014840101040872*1611013183	-	965.52	-	-	-	-	-
1/28/2020	NOVITAS SOLUTION HCLCLAIMPMT 676357 420000101 TRN*1*EFT5448280*1205296137*000004	-	86,811.33	-	-	-	-	-
1/29/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	182,666.75	-	-	-	-	-	-
1/29/2020	MOLINA HEALTHCAR MOLINAACH 00853428 42000015 ISA* " " *ZZ* *ZZ*	-	10,011.02	-	-	4,317.73	5,693.29	5,005.51
1/29/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020012612000323*1912008361	-	1,911.90	-	-	-	-	-
1/29/2020	NOVITAS SOLUTION HCLCLAIMPMT 676357 420000198 TRN*1*EFT5449879*1205296137*000004	-	10,728.91	-	-	-	-	-
1/30/2020	CHECK # 48	4,395.98	-	-	-	-	-	-
1/30/2020	Deposit	-	104,158.79	-	-	-	-	-
1/30/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020012916401282*1912008361	-	1,033.11	-	-	-	-	-
1/30/2020	NOVITAS SOLUTION HCLCLAIMPMT 676357 420000112 TRN*1*EFT5451385*1205296137*000004	-	27,248.17	-	-	-	-	-
1/30/2020	HUMANA CHA DISB HCLCLAIMPMT 390861 4200001833 TRN*1*014840101056136*1611013183	-	5,418.26	-	-	-	-	-
1/31/2020	Added to Account (Interest)	-	50.52	-	-	-	-	-
1/31/2020	HUMANA CHA DISB HCLCLAIMPMT 390861 4200001956 TRN*1*014840101058523*1611013183	-	248.20	-	-	-	-	-
		187,062.73	283,711.23	7,841.60	387.20	4,317.73	5,693.29	13,040.71
								270,620.00

		MMC PORTION					NH PORTION	
		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI
1/27/2020	AMERIGROUP CORPO E-PAYMENT EES1980213 111000 ISA*00* "00" *ZZ*BCCACF4010	-	7,425.27	6,413.40	1,011.87	-	-	6,919.34
1/27/2020	UnitedHealthcare HCLCLAIMPMT 746003411 124384 TRN*1*9502834448*1411289245*00008772	-	3,330.00	-	-	-	-	-
1/27/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020012410100046*1912008361	-	18,343.48	-	-	-	-	-
1/28/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020012512400839*1912008361	-	2,156.40	-	-	-	-	-
1/28/2020	NOVITAS SOLUTION HCLCLAIMPMT 676323 420000101 TRN*1*EFT5448267*1205296137*000004	-	635.39	-	-	-	-	-
1/29/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	257,217.94	-	-	-	-	-	-
1/29/2020	MOLINA HEALTHCAR MOLINAACH 00853399 42000015 ISA* " " *ZZ* *ZZ*	-	8,380.73	-	-	2,343.55	6,037.18	4,190.37
1/29/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020012616300628*1912008361	-	804.32	-	-	-	-	-
1/30/2020	CHECK #78	3,785.98	-	-	-	-	-	-
1/30/2020	Deposit	-	32,140.09	-	-	-	-	-
1/30/2020	HUMANA CHA DISB HCLCLAIMPMT 390864 4200001833 TRN*1*014840101056137*1611013183	-	4,392.91	-	-	-	-	-
1/31/2020	Added to Account (Interest)	-	49.24	-	-	-	-	-
1/31/2020	MANAGEANDNET1718 MNS PMNT 0000000000003268 41 0248983	-	877.50	-	-	-	-	-
1/31/2020	HEALTH HUMAN SVC HCLCLAIMPMT 17460034113008 2 TRN*1*05E372731669860425*17460001	-	25.05	-	-	-	-	-
		261,003.92	78,560.38	6,413.40	1,011.87	2,343.55	6,037.18	11,109.70
								67,401.44

		MMC PORTION					NH PORTION	
		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI
1/27/2020	AMERIGROUP CORPO E-PAYMENT EES1980210 111000 ISA*00* "00" *ZZ*BCCACF4010	-	9,374.07	8,906.00	468.07	-	-	9,140.04
1/27/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020012412301287*1912008361	-	1,756.95	-	-	-	-	-
1/27/2020	NOVITAS SOLUTION HCLCLAIMPMT 675663 420000103 TRN*1*EFT5446462*1205296137*000004	-	5,856.78	-	-	-	-	-
1/27/2020	HEALTH HUMAN SVC HCLCLAIMPMT 17460034113006 2 TRN*1*05E332321730577503*17460001	-	7,501.36	-	-	-	-	-
1/28/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020012516300387*1912008361	-	20,989.62	-	-	-	-	-
1/29/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	44,802.82	-	-	-	-	-	-
1/29/2020	MOLINA HEALTHCAR MOLINAACH 00853186 42000015 ISA* " " *ZZ* *ZZ*	-	11,513.95	-	-	3,260.59	8,253.36	5,756.98
1/29/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020012615700012*1912008361	-	9.55	-	-	-	-	-
1/30/2020	CHECK #75	4,998.96	-	-	-	-	-	-
1/30/2020	Deposit	-	22,642.52	-	-	-	-	-
1/30/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020012910400015*1912008361	-	9,522.44	-	-	-	-	-
1/31/2020	Added to Account (Interest)	-	20.58	-	-	-	-	-
1/31/2020	MANAGEANDNET1718 MNS PMNT 0000000000004294 41 0248998	-	4,095.00	-	-	-	-	-
1/31/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020013013200416*1912008361	-	3,325.57	-	-	-	-	-
1/31/2020	HEALTH HUMAN SVC HCLCLAIMPMT 17460034113006 2 TRN*1*05E372741730577503*17460001	-	50.10	-	-	-	-	-
		49,801.78	96,658.49	8,906.00	468.07	3,260.59	8,253.36	14,897.01
								81,740.90

		MMC PORTION					NH PORTION	
		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI
1/27/2020	AMERIGROUP CORPO E-PAYMENT EES1980212 111000 ISA*00* "00" *ZZ*BCCACF4010	-	8,901.47	7,696.00	1,205.47	-	-	8,298.74
1/27/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020012413700442*1912008361	-	2,028.63	-	-	-	-	-
1/27/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020012410500157*1912008361	-	7,869.90	-	-	-	-	-
1/27/2020	NOVITAS SOLUTION HCLCLAIMPMT 676310 420000103 TRN*1*EFT5446824*1205296137*000004	-	11,468.39	-	-	-	-	-
1/28/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020012515400339*1912008361	-	2,770.50	-	-	-	-	-
1/28/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020012512400745*1912008361	-	5,195.55	-	-	-	-	-
1/28/2020	NOVITAS SOLUTION HCLCLAIMPMT 676310 420000101 TRN*1*EFT5448262*1205296137*000004	-	29,369.91	-	-	-	-	-
1/29/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	136,655.94	-	-	-	-	-	-
1/29/2020	MOLINA HEALTHCAR MOLINAACH 00853373 42000015 ISA* " " *ZZ* *ZZ*	-	10,087.44	-	-	2,827.54	7,259.90	5,043.72
1/29/2020	NOVITAS SOLUTION HCLCLAIMPMT 676310 420000198 TRN*1*EFT5449862*1205296137*000004	-	7,392.03	-	-	-	-	-
1/29/2020	HEALTH HUMAN SVC HCLCLAIMPMT 17460034113007 2 TRN*1*05E351041497143259*17460001	-	5,915.85	-	-	-	-	-
1/30/2020	CHECK #1077	4,540.66	-	-	-	-	-	-
1/30/2020	Deposit	-	12,149.51	-	-	-	-	-
1/30/2020	NOVITAS SOLUTION HCLCLAIMPMT 676310 420000112 TRN*1*EFT5451372*1205296137*000004	-	34,218.47	-	-	-	-	-
1/31/2020	Added to Account (Interest)	-	68.69	-	-	-	-	-
1/31/2020	MANAGEANDNET1718 MNS PMNT 0000000000002482 41 0248973	-	18,027.50	-	-	-	-	-
1/31/2020	UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020013015100052*1912008361	-	10,269.17	-	-	-	-	-
1/31/2020	NOVITAS SOLUTION HCLCLAIMPMT 676310 420000197 TRN*1*EFT5452731*1205296137*000004	-	3,329.99	-	-	-	-	-
1/31/2020	HUMANA INS CO HCLCLAIMPMT 390862 830000598089 TRN*1*001290048468962*1391263473	-	9,771.01	-	-	-	-	-
		141,196.60	178,834.01	7,696.00	1,205.47	2,827.54	7,259.90	13,342.46
								165,422.87

TOTALS

726,412.21	885,228.81	52,662.40	4,184.31	20,748.04	42,527.73	86,392.44	798,597.19
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Quick View

DDA Data reported as of Feb 3, 2020 9:41 AM CST

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance	
MEMORIAL MEDICAL CENTER - OPERATING					
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014					
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING					
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$247,564.70	\$247,762.69	\$247,564.70	\$247,564.70	
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$283,811.23	\$293,486.66	\$283,811.23	\$283,811.23	
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$78,660.38	\$106,662.77	\$78,660.38	\$78,660.38	
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$178,934.01	\$229,673.66	\$178,934.01	\$178,934.01	
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$96,758.49	\$96,773.94	\$96,758.49	\$96,758.49	
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE					
CAL CO INDIGENT HEALTHCARE					
MMC -NH GULF POINTE PLAZA - PRIVATE PAY					
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID					

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
2/3/2020

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		93,016.83 ✓	92,916.83 ✓	61,703.31	-	61,803.31 ✓	38,224.23
					Bank Balance	61,803.31 ✓	
					Variance	-	
					Leave in Balance	100.00	
					Pending QIPP Ck to MMC		
					MMC Portion QIPP 1 & 2	23,458.96 ✓	
					MMC Portion QIPP 3,4,Lapse		
					January Interest	20.12 ✓	
					February Interest		
					March Interest		
					Adjust Balance/Transfer Amt	38,224.23 ✓	

Routing Information for Golden Creek:

Nexion Health at Golden Creek

Wells Fargo Bank, N.A.

ABA :

Accoi

Note: Only balances of over \$5,000 will be transferred to the nursing home.

Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved:
Jason Anglin, CEO



2/3/2020

APPROVED
ON

FEB 03 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&L apse	QIPP TI	
1/27/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	-	231.10					-	231.10
1/29/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	92,916.83	-					-	-
1/29/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000198 TRN*1*EFT5449456	-	1,286.67					-	1,286.67
1/30/2020 Deposit	-	33,576.66					-	33,576.66
1/30/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	-	1,500.00					-	1,500.00
1/31/2020 Added to Account	-	20.12					-	-
1/31/2020 Centene Manageme CCD+ 38888463 3110020940217 RMR*IV*QJPP 1.24.2	-	25,088.76	21,829.16	3,259.60			23,458.96	1,629.80
	92,916.83	61,703.31	21,829.16	3,259.60	-	-	23,458.96	38,224.23

Quick View

DDA

Data reported as of Feb 3, 2020 9:41 AM CST

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING				
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014				
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING				
MEMORIAL MEDICAL CENTER / NH ASHFORD				
MEMORIAL MEDICAL CENTER / NH BROADMOOR				
MEMORIAL MEDICAL CENTER / NH CRESCENT				
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON				
MEMORIAL MEDICAL CENTER / NH FORT BEND				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$61,803.31	\$61,803.31	\$61,803.31	\$61,803.31
CAL CO INDIGENT HEALTHCARE				
MMC -NH GULF POINTE PLAZA - PRIVATE PAY				
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID				

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
2/3/2020

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	-	17,528.31			18,958.85	No Transfer
						Bank Balance	18,958.85	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QJPP 1 & 2	16,218.73	
						MMC Portion QJPP 3,4,Lapse	-	
						January Interest	1.09	
						February Interest		
						March Interest		
						Adjust Balance/Transfer Amt	2,639.03	
Gulf Pointe Plaza-Medicare/Medicaid		194,232.43	194,132.43	7,953.01			8,053.01	7,923.88
						Bank Balance	8,053.01	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QJPP 1 & 2	-	
						MMC Portion QJPP 3,4,Lapse	-	
						January Interest	29.13	
						February Interest		
						March Interest		
						Adjust Balance/Transfer Amt	7,923.88	
TOTAL TRANSFERS							7,923.88	

Routine 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:
Jason Anglin, CEO



2/3/2020

APPROVED
ON
FEB 03 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

1/27/2020 CIGNA HCCLAIMPMT 1922092790 91000011843330 TRN*1*2001230900407
 1/31/2020 Added to Account (Interest)
 1/31/2020 Centene Manageme CCD+ 38888463 3110020940237 RMR*IV*QJPP 1.24.20*

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L apse	QJPP TI	
-	172.40	-	-	-	-	-	172.40
-	1.09	-	-	-	-	-	-
-	17,354.82	15,082.63	2,272.19	-	-	16,218.73	1,136.10
-	17,528.31	15,082.63	2,272.19	-	-	16,218.73	1,308.50

Gulf Pointe Plaza-Medicare/Medicaid

1/27/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001365092 TRN*1*EFT6859772*1
 1/29/2020 WIRE OUT HMG SERVICES, LLC
 1/29/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SE3540419;
 1/30/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SE3620919;
 1/31/2020 Added to Account (Interest)
 1/31/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SE3781019;

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L apse	QJPP TI	
-	974.89	-	-	-	-	-	974.89
194,132.43	-	-	-	-	-	-	-
-	4,535.57	-	-	-	-	-	4,535.57
-	1,226.96	-	-	-	-	-	1,226.96
-	29.13	-	-	-	-	-	-
-	1,186.46	-	-	-	-	-	1,186.46
194,132.43	7,953.01	-	-	-	-	-	7,923.88
194,132.43	25,481.32	15,082.63	2,272.19	-	-	16,218.73	9,232.38

Quick View

DDA

Data reported as of Feb 3, 2020 9:41 AM CST

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance	
MEMORIAL MEDICAL CENTER - OPERATING					▼
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014					▼
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING					▼
MEMORIAL MEDICAL CENTER / NH ASHFORD					▼
MEMORIAL MEDICAL CENTER / NH BROADMOOR					▼
MEMORIAL MEDICAL CENTER / NH CRESCENT					▼
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON					▼
MEMORIAL MEDICAL CENTER / NH FORT BEND					▼
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE					▼
CAL CO INDIGENT HEALTHCARE					▼
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$18,958.85	\$18,958.85	\$18,958.85	\$18,958.85	▼
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$8,053.01	\$8,053.01	\$8,053.01	\$8,053.01	▼

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 2/3/2020

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APPROVED
ON

FEB 03 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 001084

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

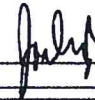
AMOUNT \$34,002.57

G/L NUMBER: 21000012

EXPLANATION: ASHFORD- TO TRANSFER MMC PORTION OF QIPP FUNDS

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:



RUN DATE:02/05/20
TIME:10:57

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/05/20 THRU 02/05/20

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001084 02/05/20 34,002.57 MMC OPERATING
TOTALS: 34,002.57

Ashford

APPROVED
ON

FEB 05 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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Date Requested: 2/3/2020

APPROVED
ON

FEB 03 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
C.V. #000049

FOR ACCT. USE ONLY

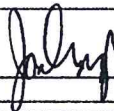
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$13,040.71

G/L NUMBER: 21000009

EXPLANATION: BROADMOOR- TO TRANSFER MMC PORTION OF QIPP FUNDS

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE:02/05/20
TIME:10:57

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/05/20 THRU 02/05/20

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000049 02/05/20 13,040.71 MMC OPERATING
TOTALS: 13,040.71

Broadmoor

APPROVED
ON

FEB 05 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 2/3/2020

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APPROVED
ON

FEB 03 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK # 0000-19

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

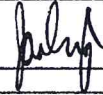
AMOUNT \$11,109.71

G/L NUMBER: 21000010

EXPLANATION: CRESCENT- TO TRANSFER MMC PORTION OF QIPP FUNDS

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:



RUN DATE:02/05/20
TIME:10:57

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/05/20 THRU 02/05/20

PAGE 6
GLCKREG

BANK--CHECK-----
CODE NUMBER DATE AMOUNT PAYEE

NHC 000079 02/05/20 11,109.71 MMC OPERATING
TOTALS: 11,109.71

Crescent

APPROVED
ON

FEB 05 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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Date Requested: 2/3/2020

APPROVED
ON

FEB 03 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL # 000574

FOR ACCT. USE ONLY

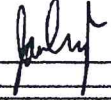
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$14,897.02

G/L NUMBER: 21000008

EXPLANATION: FORT BEND- TO TRANSFER MMC PORTION OF QIPP FUNDS

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE:02/05/20
TIME:10:57

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/05/20 THRU 02/05/20

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000076 02/05/20 14,897.02 MMC OPERATING
TOTALS: 14,897.02

Fort Bend

APPROVED
ON

FEB 05 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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Memorial Medical Center Operating

Date Requested: 2/3/2020

APPROVED
ON

FEB 03 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#001078

FOR ACCT. USE ONLY

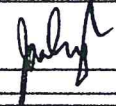
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☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$13,342.46

G/L NUMBER: 21000011

EXPLANATION: SOLERA- TO TRANSFER MMC PORTION OF QIPP FUNDS

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE:02/05/20
TIME:10:57

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/05/20 THRU 02/05/20

PAGE 9
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001078 02/05/20 13,342.46 MMC OPERATING *Solem*
TOTALS: 13,342.46

APPROVED
ON

FEB 05 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 2/3/2020

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APPROVED
ON

FEB 03 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK 000051

FOR ACCT. USE ONLY

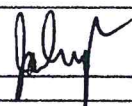
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$23,458.96

G/L NUMBER: 21000013

EXPLANATION: GOLDEN CREEK- TO TRANSFER MMC PORTION OF QIPP FUNDS

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE:02/05/20
TIME:10:57

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/05/20 THRU 02/05/20

PAGE 8
GLCKREG

BANK--CHECK-----
CODE NUMBER DATE AMOUNT PAYEE

NHG 000051 02/05/20 23,458.96 MMC OPERATING
TOTALS: 23,458.96

golden neck

APPROVED
ON

FEB 05 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 2/3/2020

A

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E

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APPROVED
ON

FEB 03 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL # 000087

G/L NUMBER: 21000014

FOR ACCT. USE ONLY

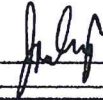
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$16,218.73

EXPLANATION: GULF POINTE- TO TRANSFER MMC PORTION OF QIPP FUNDS

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:



RUN DATE:02/05/20
TIME:10:57

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/05/20 THRU 02/05/20

PAGE 3
GLCKREG

BANK--CHECK-----
CODE NUMBER DATE AMOUNT PAYEE

GPP 000007 02/05/20 16,218.73 MMC OPERATING *GuLF Pointe*
TOTALS: 16,218.73

APPROVED
ON

FEB 05 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

2/5/2020

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	1084	MMC -Prosperity Operating #10000001	21000012	22,361.25	11,641.32		34,002.57	2/5/2020
Broadmoor	10000019 - Prosperity	49	MMC -Prosperity Operating #10000001	21000009	8,035.20	5,005.51		13,040.71	2/5/2020
Crescent	10000020 - Prosperity	79	MMC -Prosperity Operating #10000001	21000010	6,919.34	4,190.37		11,109.71	2/5/2020
Fort Bend	10000021 - Prosperity	76	MMC -Prosperity Operating #10000001	21000008	9,140.04	5,756.98		14,897.02	2/5/2020
Solera	10000022 - Prosperity	1078	MMC -Prosperity Operating #10000001	21000011	8,298.74	5,043.72		13,342.46	2/5/2020
Golden Creek	10000023 - Prosperity	51	MMC -Prosperity Operating #10000001	21000013	23,458.96			23,458.96	2/5/2020
Gulf Pointe-PP	10000114 - Prosperity	7	MMC -Prosperity Operating #10000001	21000014	16,218.73			16,218.73	2/5/2020
Gulf Pointe-MM	10000025 - Prosperity	6	MMC -Prosperity Operating #10000001	21000014				-	
			Total:		94,432.26	31,637.90	-	126,070.16	

Note:

Approved:
Jason Anglin, CEO



2/3/2020

16,218.73 +
23,458.96 +
13,342.46 +
14,897.02 +
11,109.71 +
13,040.71 +
34,002.57 +
126,070.16 *

APPROVED
ON

FEB 05 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

000051

88-2265/1131

Date 2-5-20

PAY

TO THE
ORDER OF

Memorial Medical Center Operating

\$ 23,458.96

Twenty-three thousand four hundred fifty-eight ⁹⁶/₁₀₀ DOLLARSPROSPERITY
BANK

FOR

DIPP 1,2,3,4, lapse

Security features are
included. Details on back.

MP

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

000076

88-2265/1131

Date 2-5-20

PAY

TO THE
ORDER OF

Memorial Medical Center Operating

\$ 14,897.02

fourteen thousand eight hundred ninety-seven ⁰²/₁₀₀ DOLLARSPROSPERITY
BANK

FOR

DIPP 1,2,3,4, lapse

Security features are
included. Details on back.

MP

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

8755

No

7

88-2265
1131

2-5-20

PAY TO THE
ORDER OF

Memorial Medical Center Operating \$16,218.73

Sixteen Thousand two hundred eighteen 73/100 DOLLARS



QIPP 142

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

1078

88-2265/1131-87

2-5-20

Date



Pay to the
Order of

Memorial Medical Center Operating \$13,342.46

Thirteen Thousand Three hundred forty-two 46/100 Dollars



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

For

QIPP 1,2,3,4, lapse

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

1084

88-2265/1131-87

2-5-20

Date



Pay to the
Order of

Memorial Medical Center Operating \$34,002.57

Thirty four Thousand two dollars 57/100 Dollars



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361-552-7411 www.prosperitybankusa.com

For

QIPP 1,2,3,4, lapse

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000049

88-2265/1131

Date

2-5-20

PAY

TO THE
ORDER OFMemorial Medical Center Operating
Thirteen Thousand fourty 71/100

\$ 13,040.71

DOLLARS

PROSPERITY
BANK

FOR

QIPP 1,2,3,4, lapse

Security features are
included. Details on back.

MP

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000079

88-2265/1131

Date

2-5-20

PAY

TO THE
ORDER OFMemorial Medical Center Operating
Eleven Thousand one hundred nine 71/100

\$ 11,109.71

DOLLARS

PROSPERITY
BANK

FOR

QIPP 1,2,3,4, lapse

Security features are
included. Details on back.

MP