

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- February 19, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 880,753.01
TOTAL TRANSFERS BETWEEN FUNDS	\$ 304,936.43
TOTAL NURSING HOME UPL EXPENSES	\$ 440,266.05
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 46,042.19
GRAND TOTAL DISBURSEMENTS APPROVED February 19, 2020	\$ 1,671,997.68

APPROVED

FEB 19 2020

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---February 19, 2020

PAYABLES AND PAYROLL

2/13/2020 Weekly Payables	450,303.55
2/14/2020 Citibank Credit Card-see attached	1,073.60
2/13/2020 First Insurance Funding-Insurance	2,607.23
2/17/2020 McKesson-340B Prescription Expense	2,444.21
2/17/2020 McKesson-340B Prescription Expense	3,812.97
2/17/2020 Amerisource Bergen-340B Prescription Expense	242.69
2/17/2020 Amerisource Bergen-340B Prescription Expense	4,111.44
2/18/2020 Payroll Liabilities -Payroll Taxes	102,431.62
2/18/2020 Payroll	305,195.77
2/18/2020 ExpertPay-child support	347.65

Prosperity Electronic Bank Payments

2/10/2020 Credit Card & Lease Fees	6,385.78
2/19/2020 Sales Tax for January 2019	1,696.42
2/10/2020 Cleargage-Patient Financing Service	66.58
2/10/2020 Pay Plus-Patient Claims Processing Fee	33.50

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 880,753.01
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TRANSFER BETWEEN FUNDS-NURSING HOMES

MMC Operating to Ashford-NH portion of QIPP payment and correction of	
2/13/2020 NH deposit error	34,032.37
MMC Operating to Solera-NH portion of QIPP payment and correction of NH	
2/13/2020 deposit error	15,259.80
2/13/2020 MMC Operating to Fortbend-NH portion of QIPP payment	16,219.27
2/13/2020 MMC Operating to Broadmoor-NH portion of QIPP payment	14,102.15
MMC Operating to The Crescent-NH portion of QIPP payment and correction	
2/13/2020 of NH deposit error	17,445.62
MMC Operating to Golden Creek Healthcare-NH portion of QIPP payment	
2/13/2020 and correction of NH deposit error	132,354.65
MMC Operating to Gulf Pointe Plaza- NH portion of QIPP payment and	
2/13/2020 correction of NH deposit error	75,522.57

TOTAL TRANSFERS BETWEEN FUNDS	\$ 304,936.43
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NURSING HOME UPL EXPENSES

2/17/2020 Nursing Home UPI-Cantex Transfer	251,834.95
2/17/2020 Nursing Home UPI-Nexion Transfer	53,419.87
2/17/2020 Nursing Home UPI-HMG Transfer	35,889.90

QIPP/INTEREST/RECOUP CHECKS TO MMC

2/17/2020 Ashford	20,747.80
2/17/2020 Broadmoor	8,921.10
2/17/2020 Crescent	7,468.30
2/17/2020 Fort Bend	10,260.40
2/17/2020 Solera	8,989.20
2/17/2020 Golden Creek	25,409.83
2/17/2020 Gulf Pointe	17,324.70

TOTAL NURSING HOME UPL EXPENSES	\$ 440,266.05
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INTER-GOVERNMENT TRANSFERS

2/17/2020 IGT 2020 DSH Advance Payment to be paid 03/03/2020	46,042.19
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ 46,042.19
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GRAND TOTAL DISBURSEMENTS APPROVED February 19, 2020	\$ 1,671,997.68
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RECEIVED**FEB 13 2020**02/13/2020
Calhoun County Auditor
10:46

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 02/26/2020

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ap_open_invoice.template

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	
141593 ✓		01/29/20	01/28/20	02/22/20		75.97	0.00	0.00	75.97 ✓	
	SUPPLIES (Maint.)									
141614 ✓		01/29/20	01/28/20	02/22/20		15.77	0.00	0.00	15.77 ✓	
	SUPPLIES (Maint.)									
141536 ✓		01/30/20	01/24/20	02/20/20		55.74	0.00	0.00	55.74 ✓	
	SUPPLIES									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
11283 ACE HARDWARE 15521						147.48	0.00	0.00	147.48	
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	
9097550168 ✓		01/30/20	01/23/20	02/20/20		258.83	0.00	0.00	258.83 ✓	
	OXYGEN									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
A1680 AIRGAS USA, LLC - CENTRAL DIV						258.83	0.00	0.00	258.83	
Vendor#	Vendor Name	Class	Pay Code							
10931	AMERICAN APPLIANCE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
29030 ✓		02/12/20	01/31/20	02/15/20		519.00	0.00	0.00	519.00 ✓	
	FRIG -- <i>to replace breakroom Fridge</i>									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
10931 AMERICAN APPLIANCE						519.00	0.00	0.00	519.00	
Vendor#	Vendor Name	Class	Pay Code							
A1360	AMERISOURCEBERGEN DRUG CORP ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
966559055 ✓		02/11/20	02/03/20	02/09/20		155.95	0.00	0.00	155.95 ✓	
	INVENTORY									
966614987 ✓		02/11/20	02/03/20	02/09/20		172.24	0.00	0.00	172.24 ✓	
	INVENTORY									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
A1360 AMERISOURCEBERGEN DRUG CORP						328.19	0.00	0.00	328.19	
Vendor#	Vendor Name	Class	Pay Code							
A2271	ARTHREX, INC ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
94610624 ✓		01/25/20	12/18/20	02/20/20		-1,125.00	0.00	0.00	-1,125.00 ✓	
	CREDIT									
96489709 ✓		01/27/20	01/27/20	02/20/20		1,715.17	0.00	0.00	1,715.17 ✓	
	SUPPLIES									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
A2271 ARTHREX, INC						590.17	0.00	0.00	590.17	
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	
11991551 ✓		01/30/20	01/25/20	02/20/20		13.93	0.00	0.00	13.93 ✓	
	LATE FEE									

Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
			B1150	BAXTER HEALTHCARE			13.93	0.00	0.00	13.93
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
6044422680 ✓		02/12/20	02/03/20	02/03/20			2,241.00	0.00	0.00	2,241.00 ✓
INVENTORY										
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net		
		M2485	BAYER HEALTHCARE		2,241.00	0.00	0.00	2,241.00		
Vendor#	Vendor Name				Class	Pay Code				
12324	BLUE CROSS BLUE SHIELD ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
011720		01/30/20	01/17/20	02/20/20			202,580.38	0.00	0.00	202,580.38
Employee Insurance and (2) board members insurance; Sizer and Nickson										
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net		
		12324	BLUE CROSS BLUE SHIELD		202,580.38	0.00	0.00	202,580.38		
Vendor#	Vendor Name				Class	Pay Code				
12740	BUILDING KID STEPS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0119B		02/11/20	02/10/20	02/10/20			561.00	0.00	0.00	561.00 ✓
SPEECH THERAPY										
0119		02/11/20	02/10/20	02/10/20			1,174.00	0.00	0.00	1,174.00 ✓
SPEECH THERAPY										
0119A		02/11/20	02/10/20	02/10/20			1,087.00	0.00	0.00	1,087.00 ✓
SPEECH THERAPY										
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net		
		12740	BUILDING KID STEPS		2,822.00	0.00	0.00	2,822.00		
Vendor#	Vendor Name				Class	Pay Code				
D1040	C R BARD, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
80593865 ✓		01/27/20	01/29/20	02/20/20			165.29	0.00	0.00	165.29 ✓
SUPPLIES										
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net		
		D1040	C R BARD, INC		165.29	0.00	0.00	165.29		
Vendor#	Vendor Name				Class	Pay Code				
11295	CALHOUN COUNTY INDIGENT ACCOUN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
020720		02/11/20	02/07/20	02/07/20			170.00	0.00	0.00	170.00 ✓
TRANSFER CO PAYS										
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net		
		11295	CALHOUN COUNTY INDIGENT ACCOUN		170.00	0.00	0.00	170.00		
Vendor#	Vendor Name				Class	Pay Code				
C1325	CARDINAL HEALTH 414, INC. ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8002140789 ✓		02/12/20	02/05/20	02/22/20			2,703.42	0.00	0.00	2,703.42 ✓
SUPPLIES										
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net		
		C1325	CARDINAL HEALTH 414, INC.		2,703.42	0.00	0.00	2,703.42		
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
WKT1264 ✓		01/30/20	01/14/20	02/20/20			43.88	0.00	0.00	43.88 ✓

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON			968.29	0.00	0.00	968.29
Vendor#	Vendor Name			Class	Pay Code				
11011	DIAMOND HEALTHCARE CORP ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN20053435 ✓		01/30/20	01/31/20	02/25/20		31,144.58	0.00	0.00	31,144.58 ✓
	BEV HEALTH								
IN20053436 ✓		01/30/20	01/31/20	02/25/20		19,166.67	0.00	0.00	19,166.67 ✓
	CPR								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11011	DIAMOND HEALTHCARE CORP			50,311.25	0.00	0.00	50,311.25
Vendor#	Vendor Name			Class	Pay Code				
11291	DOWELL PEST CONTROL ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
15358 ✓		01/30/20	01/31/20	02/25/20		505.00	0.00	0.00	505.00 ✓
	PEST CONTROL <i>MMCL</i>								
15359 ✓		01/30/20	01/31/20	02/25/20		105.00	0.00	0.00	105.00 ✓
	PEST CONTROL <i>Clinic</i>								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11291	DOWELL PEST CONTROL			610.00	0.00	0.00	610.00
Vendor#	Vendor Name			Class	Pay Code				
12040	DRIESSEN WATER INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1430270301312020 ✓		02/11/20	01/31/20	02/22/20		23.00	0.00	0.00	23.00 ✓
	SUPPLIES								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		12040	DRIESSEN WATER INC.			23.00	0.00	0.00	23.00
Vendor#	Vendor Name			Class	Pay Code				
12488	DURFOLD CORPORATION ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14699 ✓		02/11/20	01/20/20	02/20/20		5,144.00	0.00	0.00	5,144.00
	SUPPLIES <i>(4) Arlington Sleeper Recliners - (4) Armchairs</i>								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		12488	DURFOLD CORPORATION			5,144.00	0.00	0.00	5,144.00
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
968197 ✓		01/30/20	01/24/20	02/20/20		15.00	0.00	0.00	15.00 ✓
	FORMS								
A2002051378 ✓		02/12/20	02/05/20	02/05/20		17,255.00	0.00	0.00	17,255.00 ✓
	SUPPORT/MONTH SUBSCRIP								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		C2510	EVIDENT			17,270.00	0.00	0.00	17,270.00
Vendor#	Vendor Name			Class	Pay Code				
10689	FASTHEALTH CORPORATION ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
02A20MMC ✓		02/12/20	02/01/20	02/16/20		495.00 990.00	0.00	0.00	990.00 495.00
	WEBSITE								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10689	FASTHEALTH CORPORATION			495.00 990.00	0.00	0.00	990.00 495.00
Vendor#	Vendor Name			Class	Pay Code				
F1100	FEDERAL EXPRESS CORP. ✓			W					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
690600550	✓ SHIPPING	02/12/20	01/23/20	02/17/20		22.76	0.00	0.00	22.76		
691283528	✓ SHIPPING	02/12/20	01/30/20	02/14/20		11.66	0.00	0.00	11.66		
Vendor Totals						Number Name	Gross	Discount	No-Pay	Net	
						F1100	FEDERAL EXPRESS CORP.	34.42	0.00	0.00	34.42
Vendor#	Vendor Name				Class	Pay Code					
11183	FRONTIER										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
11920		01/30/20	01/19/20	02/20/20		56.40	0.00	0.00	56.40		
						PHONES					
012320		01/30/20	01/23/20	02/20/20		670.67	0.00	0.00	670.67		
						Phones - late fee 32.00					
020220		02/12/20	02/02/20	02/26/20		1,010.04	0.00	0.00	1,010.04		
						PHONES - late fee 576.00					
Vendor Totals						Number Name	Gross	Discount	No-Pay	Net	
						11183	FRONTIER	1,737.11	0.00	0.00	1,737.11
Vendor#	Vendor Name				Class	Pay Code					
12636	FUSION CLOUD SERVICES, LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
27571687		01/30/20	01/16/20	02/20/20		1,154.69	0.00	0.00	1,154.69		
						PHONES Finance fee 17.18 late fee 65.34					
Vendor Totals						Number Name	Gross	Discount	No-Pay	Net	
						12636	FUSION CLOUD SERVICES, LLC	1,154.69	0.00	0.00	1,154.69
Vendor#	Vendor Name				Class	Pay Code					
11149	GARDNER & WHITE, INC.										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
020120		02/11/20	02/01/20	02/01/20		5,390.15	0.00	0.00	5,390.15		
						INSURANCE					
010120A		02/13/20	01/01/20	02/20/20		6,309.51	0.00	0.00	6,309.51		
						INSURANCE					
Vendor Totals						Number Name	Gross	Discount	No-Pay	Net	
						11149	GARDNER & WHITE, INC.	11,699.66	0.00	0.00	11,699.66
Vendor#	Vendor Name				Class	Pay Code					
W1300	GRAINGER				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9422432543		01/30/20	01/24/20	02/20/20		185.00	0.00	0.00	185.00		
						SUPPLIES					
Vendor Totals						Number Name	Gross	Discount	No-Pay	Net	
						W1300	GRAINGER	185.00	0.00	0.00	185.00
Vendor#	Vendor Name				Class	Pay Code					
G0401	GULF COAST DELIVERY										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
807930		01/31/20	01/31/20	02/20/20		50.00	0.00	0.00	50.00		
						DELIVERY SERVICE					
Vendor Totals						Number Name	Gross	Discount	No-Pay	Net	
						G0401	GULF COAST DELIVERY	50.00	0.00	0.00	50.00
Vendor#	Vendor Name				Class	Pay Code					
G1210	GULF COAST PAPER COMPANY				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		

1799050	✓		01/30/20	01/21/20	02/20/20		100.86	0.00	0.00	100.86	✓	
		SUPPLIES										
1798639	✓		01/30/20	01/21/20	02/20/20		1,244.17	0.00	0.00	1,244.17	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			G1210	GULF COAST PAPER COMPANY			1,345.03	0.00	0.00	0.00	1,345.03	
Vendor#	Vendor Name		Class		Pay Code							
H0031	HEB CREDIT RECEIVABLES DEPT308											
Invoice#	✓	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
149105	✓		01/30/20	12/30/20	02/25/20		3.82	0.00	0.00	3.82	✓	
		SUPPLIES										
180543	✓		01/30/20	01/01/20	02/25/20		22.38	0.00	0.00	22.38	✓	
		SUPPLIES										
196713	✓		01/30/20	01/02/20	02/25/20		27.62	0.00	0.00	27.62	✓	
		SUPPLIES										
222748	✓		01/30/20	01/04/20	02/25/20		11.88	0.00	0.00	11.88	✓	
		SUPPLIES										
249202	✓		01/30/20	01/06/20	02/25/20		82.56	0.00	0.00	82.56	✓	
		SUPPLIES										
268477	✓		01/30/20	01/07/20	02/25/20		13.94	0.00	0.00	13.94	✓	
		SUPPLIES										
271460	✓		01/30/20	01/08/20	02/25/20		42.84	0.00	0.00	42.84	✓	
		SUPPLIES										
279445	✓		01/30/20	01/09/20	02/25/20		32.18	0.00	0.00	32.18	✓	
		SUPPLIES										
283547	✓		01/30/20	01/09/20	02/25/20		39.80	0.00	0.00	39.80	✓	
		SUPPLIES										
308836	✓		01/30/20	01/11/20	02/25/20		30.86	0.00	0.00	30.86	✓	
		SUPPLIES										
320789	✓		01/30/20	01/12/20	02/25/20		22.93	0.00	0.00	22.93	✓	
		SUPPLIES										
336486	✓		01/30/20	01/13/20	02/25/20		91.68	0.00	0.00	91.68	✓	
		SUPPLIES										
357731	✓		01/30/20	01/16/20	02/25/20		21.42	0.00	0.00	21.42	✓	
		SUPPLIES										
361058	✓		01/30/20	01/18/20	02/25/20		18.15	0.00	0.00	18.15	✓	
		SUPPLIES										
361087	✓		01/30/20	01/18/20	02/25/20		7.24	0.00	0.00	7.24	✓	
		SUPPLIES										
364852	✓		01/30/20	01/20/20	02/25/20		16.68	0.00	0.00	16.68	✓	
		SUPPLIES										
369721	✓		01/30/20	01/22/20	02/25/20		11.28	0.00	0.00	11.28	✓	
		SUPPLIES										
369488	✓		01/30/20	01/22/20	02/25/20		11.52	0.00	0.00	11.52	✓	
		SUPPLIES										
373452	✓		01/30/20	01/24/20	02/25/20		9.20	0.00	0.00	9.20	✓	
		SUPPLIES										
375847	✓		01/30/20	01/25/20	02/25/20		23.21	0.00	0.00	23.21	✓	
		SUPPLIES										
380456	✓		01/30/20	01/26/20	02/25/20		47.63	0.00	0.00	47.63	✓	
		SUPPLIES										
380850	✓		01/30/20	01/27/20	02/25/20		39.74	0.00	0.00	39.74	✓	

SUPPLIES										
383341			01/30/20	01/28/20	02/25/20		41.36	0.00	0.00	41.36
SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount
									No-Pay	Net
							H0031	HEB CREDIT RECEIVABLES DEPT308	669.92	0.00
									0.00	669.92
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
9254623		01/30/20	01/24/20	02/23/20			1,556.00	0.00	0.00	1,556.00
SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount
									No-Pay	Net
							H0416	HOLOGIC INC	1,556.00	0.00
									0.00	1,556.00
Vendor#	Vendor Name					Class	Pay Code			
10922	HUNTER PHARMACY SERVICES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3754		02/11/20	01/31/20	02/20/20			14,909.20	0.00	0.00	14,909.20
PHARM SERVICES										
Vendor Totals							Number	Name	Gross	Discount
									No-Pay	Net
							10922	HUNTER PHARMACY SERVICES	14,909.20	0.00
									0.00	14,909.20
Vendor#	Vendor Name					Class	Pay Code			
11285	ITA RESOURCES INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC22020		02/11/20	02/10/20	02/10/20			25,378.02	0.00	0.00	25,378.02
RESP SERVICES										
Vendor Totals							Number	Name	Gross	Discount
									No-Pay	Net
							11285	ITA RESOURCES INC	25,378.02	0.00
									0.00	25,378.02
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
921952804		01/27/20	01/27/20	02/26/20			1,555.00	0.00	0.00	1,555.00
SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount
									No-Pay	Net
							J0150	J & J HEALTH CARE SYSTEMS, INC	1,555.00	0.00
									0.00	1,555.00
Vendor#	Vendor Name					Class	Pay Code			
L0100	L.A.W. PUBLICATIONS					W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
44031205		02/12/20	02/12/20	02/12/20			649.00	0.00	0.00	649.00
AD										
Vendor Totals							Number	Name	Gross	Discount
									No-Pay	Net
							L0100	L.A.W. PUBLICATIONS	649.00	0.00
									0.00	649.00
Vendor#	Vendor Name					Class	Pay Code			
M1950	MARTIN PRINTING CO					W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
75116		01/30/20	01/23/20	02/22/20			189.50	0.00	0.00	189.50
SUPPLIES <i>Appt. cards 1000 Jenkins 1000 Amigo-bi-42</i>										
Vendor Totals							Number	Name	Gross	Discount
									No-Pay	Net
							M1950	MARTIN PRINTING CO	189.50	0.00
									0.00	189.50
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
73720270		01/27/20	01/09/20	02/20/20			156.46	0.00	0.00	156.46

SUPPLIES										
75269340			01/27/20	01/28/20	02/20/20		419.84	0.00	0.00	419.84
SUPPLIES										
75272690			01/27/20	01/28/20	02/20/20		478.88	0.00	0.00	478.88
SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
M2178 MCKESSON MEDICAL SURGICAL INC							1,055.18	0.00	0.00	1,055.18
Vendor#	Vendor Name					Class	Pay Code			
11141	MEDICAL DATA SYSTEMS, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
144415		01/30/20	01/31/20	02/25/20			1,895.53	0.00	0.00	1,895.53
COLLECTION FEES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
11141 MEDICAL DATA SYSTEMS, INC.							1,895.53	0.00	0.00	1,895.53
Vendor#	Vendor Name					Class	Pay Code			
M2659	MERRY X-RAY/SOURCEONE HEALTHCA					M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8800575015		01/27/20	01/23/20	02/22/20			181.98	0.00	0.00	181.98
SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
M2659 MERRY X-RAY/SOURCEONE HEALTHCA							181.98	0.00	0.00	181.98
Vendor#	Vendor Name					Class	Pay Code			
M2621	MMC AUXILIARY GIFT SHOP					W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
020620		02/12/20	02/06/20	02/06/20			152.83	0.00	0.00	152.83
PAYROLL DED										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
M2621 MMC AUXILIARY GIFT SHOP							152.83	0.00	0.00	152.83
Vendor#	Vendor Name					Class	Pay Code			
M2662	MMC VOLUNTEERS					W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
395169		01/30/20	02/04/20	02/20/20			270.11	0.00	0.00	270.11
CREDIT CARD MACHINE										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
M2662 MMC VOLUNTEERS							270.11	0.00	0.00	270.11
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
CM96830		01/31/20	09/13/20	02/20/20			-1,077.52	0.00	0.00	-1,077.52
CREDIT										
5196955		02/11/20	02/03/20	02/13/20			823.29	0.00	0.00	823.29
INVENTORY										
5193698		02/11/20	02/03/20	02/13/20			2,243.86	0.00	0.00	2,243.86
INVENTORY										
5196954		02/11/20	02/03/20	02/13/20			201.74	0.00	0.00	201.74
INVENTORY										
5196956		02/11/20	02/03/20	02/13/20			51.41	0.00	0.00	51.41
INVENTORY										
5201580		02/11/20	02/04/20	02/14/20			7.72	0.00	0.00	7.72
INVENTORY										
5201578		02/11/20	02/04/20	02/14/20			290.02	0.00	0.00	290.02
INVENTORY										

5201579	✓	LAUNDRY	02/11/20	02/04/20	02/14/20	485.61	0.00	0.00	485.61	✓
5205247	✓	INVENTORY	02/11/20	02/05/20	02/15/20	640.52	0.00	0.00	640.52	✓
2661	✓	CREDIT	02/11/20	02/05/20	02/15/20	0.01	0.00	0.00	0.01	✓
5205005	✓	LAUNDRY	02/11/20	02/05/20	02/15/20	237.80	0.00	0.00	237.80	✓
5206145	✓	LAUNDRY	02/11/20	02/05/20	02/15/20	5.34	0.00	0.00	5.34	✓
5205246	✓	LAUNDRY	02/11/20	02/05/20	02/15/20	116.22	0.00	0.00	116.22	✓
5210470	✓		02/11/20	02/06/20	02/16/20	194.20	0.00	0.00	194.20	✓
5210471	✓	LAUNDRY	02/11/20	02/06/20	02/16/20	1,364.96	0.00	0.00	1,364.96	✓
5210472	✓	LAUNDRY	02/11/20	02/06/20	02/16/20	256.25	0.00	0.00	256.25	✓
CM41945	✓	CREDIT	02/11/20	02/07/20	02/17/20	-212.83	0.00	0.00	-212.83	✓
5219612	✓	INVENTORY	02/11/20	02/10/20	02/20/20	270.17	0.00	0.00	270.17	✓
5221425	✓	INVENTORY	02/11/20	02/10/20	02/20/20	203.45	0.00	0.00	203.45	✓
5221273	✓	INVENTORY	02/11/20	02/10/20	02/20/20	2.72	0.00	0.00	2.72	✓
5221423	✓	INVENTORY	02/11/20	02/10/20	02/20/20	816.93	0.00	0.00	816.93	✓
5221424	✓	INVENTORY	02/11/20	02/10/20	02/20/20	1,985.02	0.00	0.00	1,985.02	✓
Vendor Totals							Gross	Discount	No-Pay	Net
10536		MORRIS & DICKSON CO, LLC					8,906.89	0.00	0.00	8,906.89
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	
98760677	✓	02/11/20	01/22/20	02/16/20		180.93	0.00	0.00	180.93	✓
SUPPLIES										
Vendor Totals							Gross	Discount	No-Pay	Net
O1500	OLYMPUS AMERICA INC					180.93	0.00	0.00	180.93	
Vendor#	Vendor Name		Class		Pay Code					
13112	OMNICELL, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
3692136	✓	01/30/20	01/23/20	02/20/20		4,678.61	0.00	0.00	4,678.61	✓
YEARLY MAINT										
3692135	✓	01/30/20	01/23/20	02/20/20		1,722.96	0.00	0.00	1,722.96	✓
YEARLY MAINT										
Vendor Totals							Gross	Discount	No-Pay	Net
13112	OMNICELL, INC.					6,401.57	0.00	0.00	6,401.57	
Vendor#	Vendor Name		Class		Pay Code					
11142	PAETEC (WINDSTREAM)									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	

72197705	✓	01/30/20 01/22/20 02/20/20	11,077.17	0.00	0.00	11,077.17
PHONES <i>late fees 189.56</i>						
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11142	PAETEC (WINDSTREAM)	11,077.17	0.00	0.00	11,077.17
Vendor#	Vendor Name		Class	Pay Code		
12544	PATRICK OCHOA ✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross
MMC1022020	✓	02/12/20	02/05/20	02/05/20		275.00
CLINIC LAWN						
MMCR022020	✓	02/12/20	02/05/20	02/05/20		125.00
REHAB LAWN						
MMC00220	✓	02/12/20	02/05/20	02/05/20		434.00
HOSP LAWN						
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12544	PATRICK OCHOA	834.00	0.00	0.00	834.00
Vendor#	Vendor Name		Class	Pay Code		
12188	PENNY GOULDEN ✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross
020520		02/12/20	02/05/20	02/05/20		163.50
TRAVEL TO WINDSOR/BETHANY <i>train on management and software</i>						
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12188	PENNY GOULDEN <i>to run Bethany Senior living</i>	163.50	0.00	0.00	163.50
<i>Rehab department</i>						
Vendor#	Vendor Name		Class	Pay Code		
P1470	PHILIP THOMAE PHOTOGRAPHER ✓		W			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross
012820		02/12/20	01/28/20	01/28/20		105.00
GREEN SCREEN CAPUTRES						
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1470	PHILIP THOMAE PHOTOGRAPHER	105.00	0.00	0.00	105.00
Vendor#	Vendor Name		Class	Pay Code		
11080	RADSOURCE ✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross
SC60154	✓	01/21/20	01/16/20	02/20/20		1,625.00
RAD SERVICES						
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	1,625.00	0.00	0.00	1,625.00
Vendor#	Vendor Name		Class	Pay Code		
11137	REALITY MEDICAL IMAGING OF TX ✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross
20R-1616	✓	02/12/20	02/04/20	02/04/20		2,817.50
QRTLY PAYMENT						
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11137	REALITY MEDICAL IMAGING OF TX	2,817.50	0.00	0.00	2,817.50
Vendor#	Vendor Name		Class	Pay Code		
G0425	ROBERTS, ODEFY, WITTE & WALL ✓		W			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross
173	✓	01/30/20	01/31/20	02/20/20		1,053.25
LEGAL SERVICES						
71	✓	01/30/20	01/31/20	02/20/20		662.75
LEGAL SERVICES						
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0425	ROBERTS, ODEFY, WITTE & WALL	1,716.00	0.00	0.00	1,716.00

Vendor#	Vendor Name				Class	Pay Code					
11252	RX WASTE SYSTEMS LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2384 ✓		01/30/20	02/01/20	02/26/20		235.00	0.00	0.00	235.00	✓	
	WASTE SERVICE										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11252	RX WASTE SYSTEMS LLC				235.00	0.00	0.00	235.00		
Vendor#	Vendor Name				Class	Pay Code					
S1405	SERVICE SUPPLY OF VICTORIA INC ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
701044037 ✓		01/30/20	01/27/20	02/26/20		197.40	0.00	0.00	197.40	✓	
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	S1405	SERVICE SUPPLY OF VICTORIA INC				197.40	0.00	0.00	197.40		
Vendor#	Vendor Name				Class	Pay Code					
S1850	SHIP SHUTTLE TAXI SERVICE ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
418160 ✓		02/11/20	02/08/20	02/08/20		10.00	0.00	0.00	10.00	✓	
	TRANSFER PATIENT										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	S1850	SHIP SHUTTLE TAXI SERVICE				10.00	0.00	0.00	10.00		
Vendor#	Vendor Name				Class	Pay Code					
10936	SIEMENS FINANCIAL SERVICES ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
56382000024907 ✓		02/12/20	01/30/20	02/24/20		1,333.33	0.00	0.00	1,333.33	✓	
	LEASE										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10936	SIEMENS FINANCIAL SERVICES				1,333.33	0.00	0.00	1,333.33		
Vendor#	Vendor Name				Class	Pay Code					
10699	SIGN AD, LTD. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
246971 ✓		02/12/20	02/01/20	02/11/20		400.00	0.00	0.00	400.00	✓	
	AD										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10699	SIGN AD, LTD.				400.00	0.00	0.00	400.00		
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		
8765364 ✓		01/30/20	01/24/20	02/20/20		92.91	0.00	0.00	92.91	✓	
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	S2270	SMILE MAKERS				92.91	0.00	0.00	92.91		
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		
CM1490 ✓		01/30/20	01/31/20	02/25/20		-5,566.00	0.00	0.00	-5,566.00	✓	
	BLOOD										
I07004554 ✓		01/30/20	01/31/20	02/25/20		12,882.00	0.00	0.00	12,882.00	✓	
	BLOOD										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11296	SOUTH TEXAS BLOOD & TISSUE CEN				7,316.00	0.00	0.00	7,316.00		

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	
012020		01/30/20	01/20/20	02/20/20		94.50	0.00	0.00	94.50	
	CABLE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C1010	SPARKLIGHT				94.50	0.00	0.00	94.50	
Vendor#	Vendor Name				Class	Pay Code				
12476	SUN LIFE FINANCIAL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
012720		01/30/20	01/27/20	02/20/20		11,613.56	0.00	0.00	11,613.56	
	INSURANCE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	12476	SUN LIFE FINANCIAL				11,613.56	0.00	0.00	11,613.56	
Vendor#	Vendor Name				Class	Pay Code				
T2539	T-SYSTEM, INC				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
30955		01/30/20	01/27/20	02/25/20		431.42	0.00	0.00	431.42	
	ERX LICENSE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	T2539	T-SYSTEM, INC				431.42	0.00	0.00	431.42	
Vendor#	Vendor Name				Class	Pay Code				
T1890	TEXAS DEPARTMENT OF				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
10104711		01/30/20	01/21/20	02/20/20		95.00	0.00	0.00	95.00	
	BOILER INSTALLATION REPORT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	T1890	TEXAS DEPARTMENT OF				95.00	0.00	0.00	95.00	
Vendor#	Vendor Name				Class	Pay Code				
10765	TEXAS HOSPITAL ASSOCIATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1900090027		01/30/20	01/24/20	02/20/20		7,915.00	0.00	0.00	7,915.00	
	COMPASS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10765	TEXAS HOSPITAL ASSOCIATION				7,915.00	0.00	0.00	7,915.00	
Vendor#	Vendor Name				Class	Pay Code				
10985	THE COMPLIANCE TEAM, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
00012617		01/30/20	01/28/20	02/20/20		101.19	0.00	0.00	101.19	
	PURCHASED SERVICES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10985	THE COMPLIANCE TEAM, INC				101.19	0.00	0.00	101.19	
Vendor#	Vendor Name				Class	Pay Code				
U1054	UNIFIRST HOLDINGS				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8400322029		02/11/20	01/23/20	02/17/20		193.80	0.00	0.00	193.80	
	LAUNDRY									
8400322061		02/11/20	01/23/20	02/17/20		978.70	0.00	0.00	978.70	
	LAUNDRY									
8400322027		02/11/20	01/23/20	02/17/20		110.49	0.00	0.00	110.49	
	LAUNDRY									
8400322089		02/11/20	01/23/20	02/17/20		134.27	0.00	0.00	134.27	

	LAUNDRY										
8400322047	✓	02/11/20 01/23/20 02/17/20	65.47	0.00	0.00	65.47	✓				
	LAUNDRY										
840322030	✓	02/11/20 01/23/20 02/17/20	175.83	0.00	0.00	175.83	✓				
	LAUNDRY										
8400322025	✓	02/11/20 01/23/20 02/17/20	18.62	0.00	0.00	18.62	✓				
	LAUNDRY										
8400322613	✓	02/11/20 01/30/20 02/24/20	18.62	0.00	0.00	18.62	✓				
	LAUNDRY										
8400322638	✓	02/11/20 01/30/20 02/24/20	81.67	0.00	0.00	81.67	✓				
	LAUNDRY										
8400322654	✓	02/11/20 01/30/20 02/24/20	1,040.20	0.00	0.00	1,040.20	✓				
	LAUNDRY										
8400322618	✓	02/11/20 01/30/20 02/24/20	175.83	0.00	0.00	175.83	✓				
	LAUNDRY										
8400322615	✓	02/11/20 01/30/20 02/24/20	120.39	0.00	0.00	120.39	✓				
	LAUNDRY										
8400322679	✓	02/11/20 01/30/20 02/24/20	89.73	0.00	0.00	89.73	✓				
	LAUNDRY										
8400322617	✓	02/11/20 01/30/20 02/24/20	196.20	0.00	0.00	196.20	✓				
	LAUNDRY										
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net			
			U1054	UNIFIRST HOLDINGS	3,399.82	0.00	0.00	3,399.82			
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		
8400322260	✓	01/30/20	01/27/20	02/21/20		61.07	0.00	0.00	61.07 ✓		
	LAUNDRY										
8400322291	✓	01/30/20	01/27/20	02/21/20		1,255.47	0.00	0.00	1,255.47 ✓		
	LAUNDRY										
8400322259	✓	01/30/20	01/27/20	02/21/20		47.15	0.00	0.00	47.15 ✓		
	LAUNDRY										
8400322616	✓	01/30/20	01/30/20	02/24/20		161.13	0.00	0.00	161.13 ✓		
	LAUNDRY										
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net			
			U1064	UNIFIRST HOLDINGS INC	1,524.82	0.00	0.00	1,524.82			
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		
10529523	✓	01/30/20	01/30/20	02/20/20		18.39	0.00	0.00	18.39 ✓		
	SUPPLIES										
10532844	✓	02/12/20	01/30/20	02/14/20		65.97	0.00	0.00	65.97 ✓		
	UNIFORMS MISTY RECTOR										
10545662	✓	02/12/20	02/04/20	02/19/20		29.99	0.00	0.00	29.99 ✓		
	IRENE VENECIA UNIFORM										
10550754	✓	02/12/20	02/04/20	02/19/20		135.94	0.00	0.00	135.94 ✓		
	UNIFORM KELLI GOFF										
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net			
			U1056	UNIFORM ADVANTAGE	250.29	0.00	0.00	250.29			
Vendor#	Vendor Name			Class	Pay Code						
U1200	UNITED AD LABEL CO INC ✓			M							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
433606725	✓	01/30/20	01/21/20	02/20/20		81.72	0.00	0.00	81.72 ✓
SUPPLIES									
Vendor#	Vendor Name	Class	Pay Code			Gross	Discount	No-Pay	Net
U1200	UNITED AD LABEL CO INC					81.72	0.00	0.00	81.72
Vendor#	Vendor Name	Class	Pay Code			Gross	Discount	No-Pay	Net
U1350	UPS ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
778941030		02/12/20	01/18/20	01/18/20		198.37	0.00	0.00	198.37 ✓
SHIPPING									
Vendor#	Vendor Name	Class	Pay Code			Gross	Discount	No-Pay	Net
U1350	UPS					198.37	0.00	0.00	198.37
Vendor#	Vendor Name	Class	Pay Code			Gross	Discount	No-Pay	Net
V1058	VICTORIA ANESTHESIOLOGY		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
020520		02/10/20	02/05/20	02/05/20		23,805.09	0.00	0.00	23,805.09 ✓
ANESTHESA - Monthly guarantee = 60,500.00; Actual 38,728.14									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
V1058	VICTORIA ANESTHESIOLOGY					23,805.09	0.00	0.00	23,805.09
Shortfall of 21,711.50 + 2033.23 billing fee									
Vendor#	Vendor Name	Class	Pay Code			Gross	Discount	No-Pay	Net
V1471	VICTORIA RADIOWORKS, LTD ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20010228	✓	02/12/20	01/31/20	01/31/20		280.00	0.00	0.00	280.00 ✓
AD									
20010229	✓	02/12/20	01/31/20	01/31/20		280.00	0.00	0.00	280.00 ✓
AD									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
V1471	VICTORIA RADIOWORKS, LTD					560.00	0.00	0.00	560.00
Report Summary									
Grand Totals:		Gross		Discount		No-Pay		Net	
		450,798.55		0.00		0.00		450,798.55	

$\{ < 990.00 >$
 $\{ + 495.00$
\$450,303.55

$450,798.55 +$
 $990.00 -$
 $495.00 +$
 $450,303.55 *$

APPROVED
 ON
 FEB 13 2020
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS
 CK#
 184464-
 184540

02/14/2020

MEMORIAL MEDICAL CENTER

0

09:56

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

13016 FIRST INSURANCE FUNDING ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
020120		02/14/20	02/01/20	02/01/20		2,607.23	0.00	0.00	2,607.23 ✓

1ST INSTALLMENT HEALTHSL

Vendor Totals Number Name

Gross	Discount	No-Pay	Net
2,607.23	0.00	0.00	2,607.23

13016 FIRST INSURANCE FUNDING

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
2,607.23	0.00	0.00	2,607.23

APPROVED
ON

FEB 13 2020

CK#
184490COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Q

RUN DATE:02/17/20
TIME:10:50

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/19/20 THRU 02/19/20

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GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	184457	02/19/20	34,032.37	ASHFORD GARDENS
A/P	184458	02/19/20	14,102.15	BROADMOOR AT CREEKSIDE PARK
A/P	184459	02/19/20	16,219.27	FORTBEND HEALTHCARE CENTER
A/P	184460	02/19/20	132,354.65	GOLDENCREEK HEALTHCARE
A/P	184461	02/19/20	75,522.57	GULF POINTE PLAZA
A/P	184462	02/19/20	15,259.80	SOLERA WEST HOUSTON
A/P	184463	02/19/20	17,445.62	THE CRESCENT
A/P	184464	02/19/20	147.48	ACE HARDWARE 15521
A/P	184465	02/19/20	258.83	AIRGAS USA, LLC - CENTRAL DIV
A/P	184466	02/19/20	519.00	AMERICAN APPLIANCE
A/P	184467	02/19/20	328.19	AMERISOURCEBERGEN DRUG CORP
A/P	184468	02/19/20	590.17	ARTHREX, INC
A/P	184469	02/19/20	13.93	BAXTER HEALTHCARE
A/P	184470	02/19/20	2,241.00	BAYER HEALTHCARE
A/P	184471	02/19/20	202,580.38	BLUE CROSS BLUE SHIELD
A/P	184472	02/19/20	2,822.00	BUILDING KID STEPS
A/P	184473	02/19/20	165.29	C R BARD, INC
A/P	184474	02/19/20	170.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	184475	02/19/20	2,703.42	CARDINAL HEALTH 414, INC.
A/P	184476	02/19/20	43.88	CDW GOVERNMENT, INC.
A/P	184477	02/19/20	96.11	CENTERPOINT ENERGY
A/P	184478	02/19/20	240.00	CHRIS KOVAREK
A/P	184479	02/19/20	497.07	CLEARFLY
A/P	184480	02/19/20	2,967.64	COASTAL OFFICE SOLUTIONS
A/P	184481	02/19/20	946.46	COMBINED INSURANCE
A/P	184482	02/19/20	968.29	DEWITT POTH & SON
A/P	184483	02/19/20	50,311.25	DIAMOND HEALTHCARE CORP
A/P	184484	02/19/20	610.00	DOWELL PEST CONTROL
A/P	184485	02/19/20	23.00	DRIESSEN WATER INC.
A/P	184486	02/19/20	5,144.00	DURFOLD CORPORATION
A/P	184487	02/19/20	17,270.00	EVIDENT
A/P	184488	02/19/20	495.00	FASTHEALTH CORPORATION
A/P	184489	02/19/20	34.42	FEDERAL EXPRESS CORP.
A/P	184490	02/19/20	2,607.23	FIRST INSURANCE FUNDING
A/P	184491	02/19/20	1,737.11	FRONTIER
A/P	184492	02/19/20	1,154.69	FUSION CLOUD SERVICES, LLC
A/P	184493	02/19/20	11,699.66	GARDNER & WHITE, INC.
A/P	184494	02/19/20	185.00	GRAINGER
A/P	184495	02/19/20	50.00	GULF COAST DELIVERY
A/P	184496	02/19/20	1,345.03	GULF COAST PAPER COMPANY
A/P	184497	02/19/20	.00	VOIDED
A/P	184498	02/19/20	669.92	HEB CREDIT RECEIVABLES DEPT308
A/P	184499	02/19/20	1,556.00	HOLOGIC INC
A/P	184500	02/19/20	14,909.20	HUNTER PHARMACY SERVICES
A/P	184501	02/19/20	25,378.02	ITA RESOURCES INC
A/P	184502	02/19/20	1,555.00	J & J HEALTH CARE SYSTEMS, INC
A/P	184503	02/19/20	649.00	L.A.W. PUBLICATIONS
A/P	184504	02/19/20	189.50	MARTIN PRINTING CO
A/P	184505	02/19/20	1,055.18	MCKESSON MEDICAL SURGICAL INC
A/P	184506	02/19/20	1,895.53	MEDICAL DATA SYSTEMS, INC.

RUN DATE:02/17/20
TIME:10:50

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/19/20 THRU 02/19/20

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	184507	02/19/20	181.98	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	184508	02/19/20	152.83	MMC AUXILIARY GIFT SHOP
A/P	184509	02/19/20	270.11	MMC VOLUNTEERS
A/P	184510	02/19/20	.00	VOIDED
A/P	184511	02/19/20	8,906.89	MORRIS & DICKSON CO, LLC
A/P	184512	02/19/20	180.93	OLYMPUS AMERICA INC
A/P	184513	02/19/20	6,401.57	OMNICELL, INC.
A/P	184514	02/19/20	11,077.17	PAETEC (WINDSTREAM)
A/P	184515	02/19/20	834.00	PATRICK OCHOA
A/P	184516	02/19/20	163.50	PENNY GOULDEN
A/P	184517	02/19/20	105.00	PHILIP THOMAS PHOTOGRAPHER
A/P	184518	02/19/20	1,625.00	RADSOURCE
A/P	184519	02/19/20	2,817.50	REALITY MEDICAL IMAGING OF TX
A/P	184520	02/19/20	1,716.00	ROBERTS, ODEFEY, WITTE & WALL
A/P	184521	02/19/20	235.00	RX WASTE SYSTEMS LLC
A/P	184522	02/19/20	197.40	SERVICE SUPPLY OF VICTORIA INC
A/P	184523	02/19/20	10.00	SHIP SHUTTLE TAXI SERVICE
A/P	184524	02/19/20	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	184525	02/19/20	400.00	SIGN AD, LTD.
A/P	184526	02/19/20	92.91	SMILE MAKERS
A/P	184527	02/19/20	7,316.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	184528	02/19/20	94.50	SPARKLIGHT
A/P	184529	02/19/20	11,613.56	SUN LIFE FINANCIAL
A/P	184530	02/19/20	431.42	T-SYSTEM, INC
A/P	184531	02/19/20	95.00	TEXAS DEPARTMENT OF
A/P	184532	02/19/20	7,915.00	TEXAS HOSPITAL ASSOCIATION
A/P	184533	02/19/20	101.19	THE COMPLIANCE TEAM, INC
A/P	184534	02/19/20	3,399.82	UNIFIRST HOLDINGS
A/P	184535	02/19/20	1,524.82	UNIFIRST HOLDINGS INC
A/P	184536	02/19/20	250.29	UNIFORM ADVANTAGE
A/P	184537	02/19/20	81.72	UNITED AD LABEL CO INC
A/P	184538	02/19/20	198.37	UPS
A/P	184539	02/19/20	23,805.09	VICTORIA ANESTHESIOLOGY
A/P	184540	02/19/20	560.00	VICTORIA RADIOWORKS, LTD
TOTALS:			757,847.21	

Payables 450,303.55 +
Critical 2,607.23 +
34,032.37 +
Nursing 15,259.80 +
Home 16,219.27 +
Transfers 14,102.15 +
17,445.62 +
132,354.65 +
75,522.57 +
757,847.21 *

APPROVED
ON

FEB 19 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



0556709000527279901073600107360032

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
70	02/28/2020	\$1,073.60	\$1,073.60	

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

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

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

CITIBANK CORPORATE CARD

Statement Date
02/03/2020

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
\$30,000.00	\$28,926.40	\$0.00	\$0.00

Payment Date
02/28/2020

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

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

COMPANY SUMMARY

		Previous Balance	Payment Allocation	Credits	Purchases and Advances	Interest Charges	New Balance
Company Totals	Purchases	\$1,706.00	- \$1,706.00	- \$240.00	\$1,313.60		\$1,073.60
	Advances						
	TOTAL	\$1,706.00	- \$1,706.00	- \$240.00	\$1,313.60		\$1,073.60

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

CARDMEMBER SUMMARY

		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit: \$20,000.00	Purchases				\$836.28		
	Advances						
	TOTAL			- \$240.00	\$836.28		\$596.28

		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit: \$20,000.00	Purchases				\$477.32		
	Advances						
	TOTAL				\$477.32		\$477.32

COMPANY BOOKKEEPING DETAIL

DAYS IN BILLING PERIOD: 031					
Balance Subject		Purchases	Cash Advances	Payment Due:	\$1,073.60
To Interest Charges	>	\$0.00	\$0.00	Amount Over Credit Limit:	\$0.00
Periodic rate	>	.0000%	.0000%	Amount Past Due:	\$0.00
ANNUAL PERCENTAGE RATE	>	0.00%	0.00%	MINIMUM AMOUNT DUE:	\$1,073.60



Company Account Number

Statement Date

02/03/2020

C0001 CALHOUN COUNTY MMC

Monthly Limit		Cash Limit*	Available Credit Line	Available Cash Line**
\$30,000.00		\$0.00	\$28,926.40	\$0.00
Sale Date	Post Date	Reference Number	Type of Activity	Total Amount
01/23/2020	01/24/2020	75472330024023411000199	PAYMENT THANK YOU	\$1,706.00 PY

INDIVIDUAL CARDHOLDER ACTIVITY**JASON W ANGLIN**

Monthly Limit		Cash Limit*		
\$20,000.00		\$0.00		
Sale Date	Post Date	Reference Number	Type of Activity	Amount
01/03/2020	01/06/2020	55429500003852966520808	APIC 2024542641 VA 96652080	\$205.00
01/03/2020	01/06/2020	75230970004000000041362	TEXAS SOCIETY OF INFEC 8303920216 TX	\$100.00
01/08/2020	01/09/2020	55429500008715617555074	EB TEXAS TRAUMA COORD 8014137200 CA	\$50.00
01/08/2020	01/09/2020	55432860008200584044314	AMZN MKTP US BM5R45EC3 AMZN.COM/BILL WA 114-5857469-98818	\$49.99
01/09/2020	01/10/2020	15134650009001133378305	UNITED METAL FABRICATO JOHNSTOWN PA	\$41.55
01/21/2020	01/23/2020	55310200022708887198841	HOLIDAY INN EXP & SUIT 3615525700 TX 17390719 Arrival: 01-20-20	\$197.74
01/22/2020	01/24/2020	55431400023630116116254	HEALTH AFFAIRS CVENT C AUSTIN TX 4HNMYZZ59S	\$80.00 CR
01/23/2020	01/27/2020	55431400024630132160327	HEALTH AFFAIRS CVENT C AUSTIN TX 3XNHXDPQXK	\$80.00 CR
01/23/2020	01/27/2020	55431400024630132160335	HEALTH AFFAIRS CVENT C AUSTIN TX XWNG4CTHSX9	\$80.00 CR
01/29/2020	01/30/2020	05134370030600027710991	NPDB NPDB.HRSA.GOV 800-767-6732 VA N67082403	\$10.00
01/29/2020	01/30/2020	05134370030600027711072	NPDB NPDB.HRSA.GOV 800-767-6732 VA N67082632	\$2.00
02/01/2020	02/03/2020	55432860032200173484061	AMA CREDENTIALING 800-621-8335 IL	\$180.00
TOTAL PURCHASES/ADVANCES/CREDITS				\$596.28

DIANE C MOORE

Monthly Limit		Cash Limit*		
\$20,000.00		\$0.00		
Sale Date	Post Date	Reference Number	Type of Activity	Amount
01/06/2020	01/07/2020	55432860006200081221607	LOGMEIN GOTOMEETING LOGMEIN.COM MA 3C274A4D 60EE 4F6	\$477.32
TOTAL PURCHASES/ADVANCES/CREDITS				\$477.32

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

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



COPY

05567098003646997000000000000000031

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
**** * *	02/28/2020	\$0.00	\$0.00	

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

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

CITIBANK CORPORATE CARD

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

Statement Date
02/03/2020

Payment Date
02/28/2020

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

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

Account Number		Cash Advance Limit*		Available Credit Line		Available Cash Line**	
*****		\$0.00		\$20,000.00		\$0.00	
Sale Date	Post Date	Reference Number	Type of Activity			Amount	
*****NOTICE MEMO ITEM(S) LISTED BELOW*****							
01/03/2020	01/06/2020	55429500003852966520808	APIC	2024542641	VA	✓ \$205.00 ✓	
			96652080				
01/03/2020	01/06/2020	75230970004000000041362	TEXAS SOCIETY OF INFEC	8303920216	TX	✓ \$100.00 ✓	
01/08/2020	01/09/2020	55429500008715617555074	EB TEXAS TRAUMA COORD	8014137200	CA	✓ \$50.00 ✓	
01/08/2020	01/09/2020	55432860008200584044314	AMZN MKTP US BM5R45EC3	AMZN.COM/BILL	WA	✓ \$49.99 ✓	
			114-5857469-98818				
01/09/2020	01/10/2020	15134650009001133378305	UNITED METAL FABRICATO	JOHNSTOWN	PA	✓ \$41.55 ✓	
01/21/2020	01/23/2020	55310200022708887198841	HOLIDAY INN EXP & SUIT	3615525700	TX	✓ \$197.74	
			17390719	Arrival: 01-20-20			
01/22/2020	01/24/2020	55431400023630116116254	HEALTH AFFAIRS CVENT C	AUSTIN	TX	✓ \$80.00 CR	
			4HNMRYZZ59S				
01/23/2020	01/27/2020	55431400024630132160327	HEALTH AFFAIRS CVENT C	AUSTIN	TX	✓ \$80.00 CR	
			3XNHXDPQQXK				
01/23/2020	01/27/2020	55431400024630132160335	HEALTH AFFAIRS CVENT C	AUSTIN	TX	✓ \$80.00 CR	
			XWNG4CTHSX9				
ACCOUNT SUMMARY		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
CURRENT PERIOD							
	Purchases	\$0.00					\$0.00
	Advances	\$0.00					\$0.00
	TOTALS	\$0.00					\$0.00
DAYS IN BILLING PERIOD: 031			Purchases	Cash Advances	Payment Due: \$0.00		
Balance Subject To Interest Charges >			\$0.00	\$0.00	Amount Over Credit Limit: \$0.00		
Periodic Rate >			.0000%	.0000%	Amount Past Due: \$0.00		
ANNUAL PERCENTAGE RATE >			0.00%	0.00%	MINIMUM AMOUNT DUE: \$0.00		

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

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



Account Number
.....

Statement Date
02/03/2020

Sale Date	Post Date	Reference Number	Type of Activity	Amount
NOTICE MEMO ITEM(S) LISTED BELOW				
01/29/2020	01/30/2020	05134370030600027710991	NPDB NPDB.HRSA.GOV N67082403	800-767-6732 VA ✓ \$10.00 ✓
01/29/2020	01/30/2020	05134370030600027711072	NPDB NPDB.HRSA.GOV N67082632	800-767-6732 VA ✓ \$2.00 ✓
02/01/2020	02/03/2020	55432860032200173484061	AMA CREDENTIALING	800-621-8335 IL ✓ \$180.00 ✓
*****TOTAL AMOUNT OF MEMO ITEM(S):				\$596.28

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

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Your total finance charge paid for 2019 was \$0.00.

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8
7
6

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ON

FEB 14 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

MEMORIAL MEDICAL CENTER PURCHASE ORDER

Bi 50.00 +
197.74 + INIA ST.
80.00 - CA, TX 77979
80.00 - 61) 552-6713
80.00 - 61) 552-0312

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

Ve 10.00 + Citibank
2.00 +
Ve 180.00 +
205.00 +
100.00 +
Ve 49.99 +
Ve 41.55 +
Da 596.28 *

Date: 2/6/2020

P.O. # _____

Account # _____

Initiated By: _____

Form # 9401

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		EB Texas Trauma Coord			50.00
2			Registration for Sara Rubio			2118/2020
3	-		Amzn Holiday Inn Express			197.74
4			Hotel expense for Makela			
5			Anderson MD - visiting candidate			
6	-	Texas Collaboration for Healthy Mothers and Babies 2020 Summit	Health Event - Refund - Dan Stingo			(80.00)
7			" - Jenise Svetlik			(80.00)
8			" - Nina green			(80.00)
9	-		NPOB - 5 renewals			10.00
10	-		NPOB - 1 enrollment			2.00
	-		AMA Credentialing - Renewal 18			180.00

Est. Freight

APIC - Association of Professionals in Infection Control - (Madeline Garner)

Est. Total Cost

TOTAL COST

705.00

NOTES:

Charges made to Mr. Anglin's Credit Card

Texas Society of Infection Control : Privation

100.00

2020 membership for Madeline Garner

Amazon - Testing Otolaryngoscope

49.99

Contact:

United Medical Fabrication
Rockerswitch - lighted

Double Pole Power
Dept. Director

41.9

Quoted By:

Dir. Nursing

Buyer:

E.T.A.

Adm. Dir. Clinical Service

Total \$ 596.28

CFO

Administrator



0556709800366701900000000000000038

Copy

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
**** *	02/28/2020	\$0.00	\$0.00	

DIANE C MOORE
CALHOUN COUNTY
202 S ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

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

CITIBANK CORPORATE CARD

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

Statement Date
02/03/2020

Payment Date
02/28/2020

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

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

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

Sale Date	Post Date	Reference Number	Type of Activity	Amount
*****NOTICE MEMO ITEM(S) LISTED BELOW*****				
01/06/2020	01/07/2020	55432860006200081221607	LOGMEIN GOTOMEETING 3C274A4D 60EE 4F6	LOGMEIN.COM MA \$477.32
*****TOTAL AMOUNT OF MEMO ITEM(S):				\$477.32

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association. Citil is committed to the reduction of paper. Within the Commercial Cards business, you can switch to online statements now by registering your card on CitiManager at <https://home.cards.citidirect.com/CommercialCard/Cards.html>. Thanks to those who already access statements online, together we are saving 2,170 trees each year through this initiative alone.

Your total finance charge paid for 2019 was \$0.00.

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

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ACCOUNT SUMMARY CURRENT PERIOD		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Purchases		\$0.00					\$0.00
Advances		\$0.00					\$0.00
TOTALS		\$0.00					\$0.00
DAYS IN BILLING PERIOD: 031			Purchases	Cash Advances	Payment Due:		
Balance Subject To Interest Charges		>	\$0.00	\$0.00	Amount Over Credit Limit:		
Periodic Rate		>	.0000%	.0000%	Amount Past Due:		
ANNUAL PERCENTAGE RATE		>	0.00%	0.00%	MINIMUM AMOUNT DUE:		
					\$0.00		

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

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

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 2/6/2020

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required	Expense #	Department	Deliver To			
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		Logmein - Go To Meeting Program (Admin)			477.32
2						
3						
4						
5						
6						
7						
8						
9						
10						

Est. Freight _____

Est. Total Cost _____

TOTAL COST 477.32

NOTES:

charge made to Diane Moore's credit card

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director
Dir. Nursing
Adm. Dir. Clinical Service
CFO
Administrator <i>[Signature]</i>

Wire Transfer

Your transfer request reference number is DWR-00152937.
Request has been accepted as of Feb 20, 2020 11:42 AM CST.

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

Account Information

Transaction Number**Recurring Frequency** One-Time Payment**Template Name** CITI CARD PRGM - MMC**Amount** USD 1,073.60**Debit Account** A (MEMORIAL MEDICAL CENTER - OPERATING) -

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

Payment Date 02/20/2020

Originator Information

Originator Name COUNTY OF CALHOUN TEXAS**Originator Address 1** 202 S ANN STREET**Originator Address 2** SUITE A**Originator Address 3** PORT LAVACA, TX 77979

Beneficiary / Payee Information

Name CBNA INCOMING SETTLEMENT
ACCOUNT**Beneficiary ID Type** Account Number**Beneficiary ID****Address 1** P O BOX 78025**Address 2****Address 3** PHOENIX, AZ 85062-8025**Beneficiary Country** US - United States

Beneficiary Bank Information

Name CITIBANK NA**Beneficiary Bank ID Type** Fed ABA**Beneficiary Bank ID****Address 1** P O BOX 78025**Address 2****Address 3** PHOENIX, AZ 85062-8025**Intl Routing Number****Beneficiary Bank Country** US - United States

McKESSON**STATEMENT**

As of: 02/07/2020

Page: 002

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

Company: 8000

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536
Date: 02/08/2020As of: 02/07/2020 Page: 002
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 02/08/2020 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: 2,494.09 USD

Future Due: 0.00

If Paid By 02/11/2020,
Pay This Amount:

2,444.21 USD

Past Due: 0.00

If Paid After 02/11/2020,
Pay this Amount:

2,494.09 USD

Last Payment 2,451.97
08/07/2017Due If Paid On Time:
USD

2,444.21

Disc lost if paid late:

49.88

Due If Paid Late:
USD

2,494.09

CK# 500071

304.63 +
146.44 +
28.87 +
1,964.27 +
2,444.21 *

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COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

STATEMENT

Company: 8000

As of: 02/07/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 256342

Date: 02/08/2020

As of: 02/07/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 256342
Date: 02/08/2020

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											
02/03/2020	02/11/2020	7181311330	4222715939	115Invoice	4.13	206.69		202.56	✓	7181311330	
02/03/2020	02/11/2020	7181311331	0202200120-00	115Invoice	0.01	0.63		0.62	✓	7181311331	
02/03/2020	02/11/2020	7181451302	788520418	195Invoice	0.02	0.96		0.94	✓	7181451302	
02/03/2020	02/11/2020	7181523433	000001312020AS	115Invoice	1.90	95.14		93.24	✓	7181523433	
02/04/2020	02/11/2020	7181565637	6167950387	115Invoice	0.01	0.32		0.31	✓	7181565637	
02/04/2020	02/11/2020	7181591377	0203200455-00	115Invoice	9.49	474.59		465.10	✓	7181591377	
02/04/2020	02/11/2020	7181718212	788908758	195Invoice	0.01	0.32		0.31	✓	7181718212	
02/05/2020	02/11/2020	7181802834	0204200314-00	115Invoice	0.03	1.28		1.25	✓	7181802834	
02/05/2020	02/11/2020	7182006059	00002052020TM	115Invoice	1.90	95.14		93.24	✓	7182006059	
02/06/2020	02/11/2020	7182044899	6167959966	115Invoice	13.70	685.17		671.47	✓	7182044899	
02/06/2020	02/11/2020	7182047500	1129601	115Invoice	5.41	270.53		265.12	✓	7182047500	
02/06/2020	02/11/2020	7182175397	789425330	195Invoice	0.85	42.73		41.88	✓	7182175397	
02/06/2020	02/11/2020	7182236951	00002052020TM	115Invoice	0.02	0.95		0.93	✓	7182236951	
02/07/2020	02/11/2020	7182287113	7717974643	115Invoice	2.60	129.90		127.30	✓	7182287113	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,004.35 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 02/03/2020 6,676.18

If Paid By 02/11/2020,
Pay This Amount:

1,964.27 USD

If Paid After 02/11/2020,
Pay this Amount:

2,004.35 USD

Due If Paid On Time:

USD 1,964.27 ✓

Disc lost if paid late:

40.08

Due If Paid Late:

USD 2,004.35

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FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON**STATEMENT**

Company: 8000

As of: 02/07/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 190813

Date: 02/08/2020

As of: 02/07/2020

Mail to:

Page: 001

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyHEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813

Date: 02/08/2020

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											
02/05/2020	02/11/2020	7181806046	2017012211	115Invoice	0.59	29.46		28.87 ✓		7181806046	

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: 29.46 USD

Future Due: 0.00

If Paid By 02/11/2020,

Pay This Amount:

28.87 USD

Past Due: 0.00

If Paid After 02/11/2020,

Pay this Amount:

29.46 USD

Last Payment 02/03/2020 6,676.18

Due If Paid On Time:

USD

28.87 ✓

Disc lost if paid late:

0.59

Due If Paid Late:

USD

29.46

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ON

FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON**STATEMENT**

Company: 8000

As of: 02/07/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 262252

Date: 02/08/2020

As of: 02/07/2020 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 262252 PLEASE CHECK ANY
Date: 02/08/2020 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											
02/06/2020	02/11/2020	7182044390	662668	115Invoice	0.86	42.80		41.94 ✓		7182044390	
02/06/2020	02/11/2020	7182044391	662668	115Invoice	2.13	106.63		104.50 ✓		7182044391	

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: 149.43 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 02/03/2020 6,676.18

If Paid By 02/11/2020,
Pay This Amount:

146.44 USD

If Paid After 02/11/2020,
Pay this Amount:

149.43 USD

Due If Paid On Time:

USD

146.44 ✓

Disc lost if paid late:

2.99

Due If Paid Late:

USD

149.43

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FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON**STATEMENT**

Company: 8000

As of: 02/07/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 835438

Date: 02/08/2020

As of: 02/07/2020
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835438
Date: 02/08/2020 **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											
02/06/2020	02/11/2020	7182205330	663317	115Invoice	6.22	310.85		304.63	✓	7182205330	

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: 310.85 USD

Future Due: 0.00

If Paid By 02/11/2020,
Pay This Amount:

304.63 USD

Past Due: 0.00

If Paid After 02/11/2020,
Pay this Amount:

310.85 USD

Last Payment 6,676.18
02/03/2020Due If Paid On Time:
USD

304.63 ✓

Disc lost if paid late:

6.22

Due If Paid Late:
USD

310.85

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ON

FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

As of: 02/14/2020

Page: 002

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

DC: 8115

Territory:

Customer: 632536

Date: 02/15/2020

As of: 02/14/2020 Page: 002
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyMEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 02/15/2020 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: 3,890.79 USD**

Future Due: 0.00

If Paid By 02/18/2020,
Pay This Amount:

3,812.97 USD

Due If Paid On Time:
USD

3,812.97 ✓

Past Due: 0.00

Disc lost if paid late:

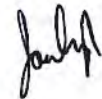
77.82

Last Payment 2,451.97
08/07/2017If Paid After 02/18/2020,
Pay this Amount:

3,890.79 USD

Due If Paid Late:
USD

3,890.79



CK# 500073

2,525.03 +

955.55 +

1.19 +

331.20 +

3,812.97 *

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ON

FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

STATEMENT

Company: 8000

As of: 02/14/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 256342

Date: 02/15/2020

As of: 02/14/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 256342
Date: 02/15/2020

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											
02/10/2020	02/18/2020	7182566102	7717979033	115Invoice	9.96	498.05		488.09	✓	7182566102	
02/10/2020	02/18/2020	7182771305	000002072020AS	115Invoice	0.01	0.32		0.31	✓	7182771305	
02/11/2020	02/18/2020	7182846587	0207200329-00	115Invoice	2.46	122.96		120.50	✓	7182846587	
02/11/2020	02/18/2020	7182980895	790279436	195Invoice	1.90	95.14		93.24	✓	7182980895	
02/12/2020	02/18/2020	7183088750	0211200359-00	115Invoice	3.67	183.40		179.73	✓	7183088750	
02/12/2020	02/18/2020	7183222964	790559980	195Invoice	1.72	86.00		84.28	✓	7183222964	
02/13/2020	02/18/2020	7183338486	1268042810	115Invoice	10.41	520.70		510.29	✓	7183338486	
02/13/2020	02/18/2020	7183338487	0212200416-00	115Invoice	0.01	0.65		0.64	✓	7183338487	
02/14/2020	02/18/2020	7183561380	1268047603	115Invoice	0.04	1.92		1.88	✓	7183561380	
02/14/2020	02/18/2020	7183580300	0213200545-00	115Invoice	12.74	636.80		624.06	✓	7183580300	
02/14/2020	02/18/2020	7183698272	791100414	195Invoice	0.01	0.32		0.31	✓	7183698272	
02/14/2020	02/18/2020	7183747469	000002132020AS	115Invoice	8.61	430.31		421.70	✓	7183747469	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals:

2,576.57 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 02/10/2020 2,444.21

If Paid By 02/18/2020,
Pay This Amount:

2,525.03 USD

If Paid After 02/18/2020,
Pay this Amount:

2,576.57 USD

Due If Paid On Time:

USD 2,525.03 ✓

Disc lost if paid late:

51.54

Due If Paid Late:

USD 2,576.57

APPROVED
ON

FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

As of: 02/14/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 835438

Date: 02/15/2020

As of: 02/14/2020
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835438
Date: 02/15/2020 **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											
02/13/2020	02/18/2020	7183495689	669352	115Invoice	19.50	975.05		955.55	✓	7183495689	

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: 975.05 USD

Future Due: 0.00

If Paid By 02/18/2020,
Pay This Amount:

955.55 USD

Past Due: 0.00

If Paid After 02/18/2020,
Pay this Amount:

975.05 USD

Last Payment 02/10/2020 2,444.21

Due If Paid On Time:
USD

955.55 ✓

Disc lost if paid late:

19.50

Due If Paid Late:
USD

975.05

APPROVED
ON

FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

STATEMENT

Company: 8000

As of: 02/14/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 190813

Date: 02/15/2020

As of: 02/14/2020

Mail to:

Page: 001

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 190813 PLEASE CHECK ANY
Date: 02/15/2020 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											
02/12/2020	02/18/2020	7183080156	2017012337	115Invoice	0.02	1.01		0.99	✓	7183080156	
02/14/2020	02/18/2020	7183556757	2017012407	115Invoice		0.20		0.20	✓	7183556757	

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: 1.21 USD

Future Due: 0.00

If Paid By 02/18/2020,

Pay This Amount:

1.19 USD

Past Due: 0.00

If Paid After 02/18/2020,

Pay this Amount:

1.21 USD

Last Payment 02/10/2020 2,444.21

Due If Paid On Time:

USD

1.19

Disc lost if paid late:

0.02

Due If Paid Late:

USD

1.21

APPROVED
ON

FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

STATEMENT

Company: 8000

As of: 02/14/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 262252

Date: 02/15/2020

As of: 02/14/2020

Mail to:

Page: 001

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 262252

Date: 02/15/2020

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											
02/13/2020	02/18/2020	7183340631	668636	115Invoice	6.42	320.96		314.54	✓	7183340631	
02/13/2020	02/18/2020	7183340632	668636	115Invoice	0.34	17.00		16.66	✓	7183340632	

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: 337.96 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 02/10/2020 2,444.21

If Paid By 02/18/2020,
Pay This Amount:

331.20 USD

If Paid After 02/18/2020,
Pay this Amount:

337.96 USD

Due If Paid On Time:

USD

331.20 ✓

Disc lost if paid late:

6.76

Due If Paid Late:

USD

337.96

APPROVED
ON

FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

 AmerisourceBergen® STATEMENT

Number: 58884886 Date: 02-14-2020 1 of 1

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

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

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

Summary
Not Yet Due: 0.00
Current: 242.69
Past Due: 0.00
Total Due: 242.69
Account Balance: 242.69

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
02-10-2020	02-21-2020	3033825829	155079	Invoice	16.41
02-10-2020	02-21-2020	3033880797	155126	Invoice	7.27
02-13-2020	02-21-2020	3034046912	155195	Invoice	196.23
02-14-2020	02-21-2020	3034109763	155214	Invoice	22.78

Thank You for Your Payment

Date	Payment Number	Amount
02-14-2020		(4,111.44)

Reminders

Due Date	Amount
02-21-2020	242.69
Total Due:	242.69
Terms: Monday - Friday due in 7 days	

APPROVED
ON

FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 500074

AmerisourceBergen® STATEMENT

Number: 58869952 Date: 02-07-2020 1 of 1

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

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

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

Summary
 Not Yet Due: 0.00
 Current: 4,111.44
 Past Due: 0.00
 Total Due: 4,111.44
 Account Balance: 4,111.44

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
02-04-2020	02-14-2020	3033613187	154933	Invoice	2,658.31
02-06-2020	02-14-2020	3033726512	155015	Invoice	759.34
02-07-2020	02-14-2020	3033793082	155040	Invoice	693.79

Thank You for Your Payment

Date	Payment Number	Amount
02-07-2020		(1,663.56)

Reminders

Due Date	Amount
02-14-2020	4,111.44
Total Due:	4,111.44

Terms:
 Monday - Friday due in 7 days

UK# 500072

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

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

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ### 74-6003411
☐ "ENTER YOUR 4-DIGIT PIN"	6716
☐ "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"	★ 20
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH" 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	★ 3
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM" "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" "ENTER W/CENTS AMOUNT OF MEDICARE" "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	★ \$ 102,431.62 # 1 0 \$ 51,708.86 # \$ 12,093.20 # \$ 38,629.56 #
☐ "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	CHECK \$ ★ 1
☐ ACKNOWLEDGEMENT NUMBER	

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

Run Date: 02/18/20
Time: 08:33

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 01/31/20 - 02/13/20 Run# 1

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P2REG

Final Summary

Pay Code Summary							Deductions Summary						
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount			
1	REGULAR PAY-S1	9712.50	N	N	N			195475.30	A/R	770.00	A/R2	230.00	A/R3
1	REGULAR PAY-S1	1959.50	N	N	N	N		85945.26	ADVANC		AWARDS		BOOTS
1	REGULAR PAY-S1	250.75	Y	N	N			7107.88	CAFE H		CAFE-1		CAFE-2
2	REGULAR PAY-S2	2748.50	N	N	N			61321.78	CAFE-3		CAFE-4		CAFE-5
2	REGULAR PAY-S2	3.75	N	N	Y	N		63.98	CAFE-C		CAFE-D	1762.08	CAFE-F
2	REGULAR PAY-S2	117.50	Y	N	N			4476.87	CAFE-H	20031.69	CAFE-I		CAFE-L
3	REGULAR PAY-S3	1562.00	N	N	N			42029.16	CAFE-P		CANCER		CHILD 346.15
3	REGULAR PAY-S3	7.75	N	N	Y	N		136.09	CLINIC	555.00	COMBIN	438.97	CREDUN
3	REGULAR PAY-S3	98.50	Y	N	N			3552.93	DD ADV		DENTAL		DEP-LF
C	CALL PAY	2130.00	N	1	N	N		4260.00	DIS-LF		EAT		EATCSH
E	EXTRA WAGES		N	N	N	N		3750.00	FEDTAX	39616.26	FICA-M	6048.61	FICA-O 25862.91
E	EXTRA WAGES		N	1	N	N	N	1437.00	FIRSTC		FLEX S	4907.35	FLX FE
I	INSERVICE	48.50	N	1	N	N		1102.97	FORT D		FUTA		GIFT S 249.55
I	INSERVICE	4.00	Y	1	N	N		160.48	GRANT		GRP-IN		GTL
K	EXTENDED-ILLNESS-BANK	125.48	N	1	N	N		3110.70	HOSP-I		ID TFT		LEAF
P	PAID-TIME-OFF	542.92	N	N	N	N		21148.74	LEGAL	404.96	MASA	802.00	MEALS 223.74
P	PAID-TIME-OFF	687.29	N	1	N	N		14362.02	MISC		MISC/		MYCSHR
X	CALL PAY 2	144.00	N	1	N	N		288.00	NATFML	2244.15	OTHER		PHI
Y	YMCA/CURVES		N	N	N	N		165.00	PHI**		PR FIN		RELAY
Z	CALL PAY 3	48.00	N	1	N	N		144.00	REPAY		SAMS		SCRUBS
p	PAID TIME OFF - PROBATION	11.00	N	1	N	N		126.68	SIGNON		ST-TX		STONDF 940.86
									STONE		STONE2		STUDEN
									SUNACC	948.70	SUNILL	1424.85	SUNLIF 1526.28
									SUNSTD	1760.91	SUNVIS	1245.12	SURCHG 855.00
									TSA-1		TSA-2		TSA-C
									TSA-P		TSA-R	31511.62	TUTION
									UNIFOR	262.31	UW/HOS		

----- Grand Totals: 20201.94 ----- (Gross: 450164.84 Deductions: 144969.07 Net: 305195.77)
 Checks Count:- FT 206 PT 9 Other 47 Female 231 Male 29 Credit OverAmt 3 ZeroNet Term Total: 260

Pay date
02-21-2020

John

REVISED 3/18/2014

****ENTER VOID CKS AS NEGATIVE NUMBERS****

#4 MMC TAX DEPOSIT WORKSHEET 2 13.2020 R1.xls; TAX DEPOSIT WORKSHEET 2/18/2020

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK**
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- February 7, 2020 - February 16, 2020

0.82 +
2.34 +
Pay 8.72 +
Plus 2.14 +
17.05 +
2.43 +
33.50 *

Date	Bank Description	MMC Notes
2/7/2020	PAY PLUS ACHTRANS 452579291 101000697663220	- 3rd Party Payor Fee
2/7/2020	EXPERTPAY EXPERTPAY 746003411 91000010232386	- Child Support Payment -Payroll Ending *****
2/7/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
2/7/2020	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll
2/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110 41399801332419	- Credit Card Processing Fee
2/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110 41399801332385	- Credit Card Processing Fee
2/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110 41399801332401	- Credit Card Processing Fee
2/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110 41399801332393	- Credit Card Processing Fee
2/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110 41399801368397	- Credit Card Processing Fee
2/10/2020	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110 39300982589946	- Credit Card Processing Fee
2/10/2020	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110 39300982541616	- Credit Card Processing Fee
2/10/2020	PAY PLUS ACHTRANS 452579291 101000698333201	- 3rd Party Payor Fee
2/10/2020	CLEARGAGE LLC CLEARGAGE, X1QCSQFFNLZ 2420717	- Patient Financing Service
2/10/2020	IRS USATAXPYMT 220044110574799 6103601000522	- Payroll Taxes
2/11/2020	PAY PLUS ACHTRANS 452579291 101000699130936	- 3rd Party Payor Fee
2/11/2020	MCKESSON DRUG AUTO ACH ACH04076202 910000132	- 340B Drug Program Expense
2/11/2020	IRS USATAXPYMT 220044281229315 6103601000505	- Payroll Taxes
2/12/2020	PAY PLUS ACHTRANS 452579291 101000699831690	- 3rd Party Payor Fee
2/13/2020	PAY PLUS ACHTRANS 452579291 101000690536857	- 3rd Party Payor Fee
2/14/2020	PAY PLUS ACHTRANS 452579291 101000691430361	- 3rd Party Payor Fee
2/14/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense

Amount	CPSI
0.82	Credit 64.45 +
347.65	*** card 333.53 +
1663.56	*** card 884.75 +
299523.17	*** card 3,353.17 +
64.45	and 890.31 +
333.53	Processing 129.00 +
884.75	Plus 730.57 +
3353.17	6,385.78 *
890.31	
129	
730.57	
2.34	
66.58	
102431.62	*** Clearing 66.58 +
8.72	66.58 *
2444.21	
378.49	
2.14	
17.05	33.50 +
2.43	6,385.78 +
4111.44	66.58 +
417,386.00	6,485.86 *

Jason Anglin, CEO
Memorial Medical Center

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

February 17, 2020

* to be approved this court - accounted for separately
** Approved 02-10-2020 CC
*** Approved 02-05-2020 CC

Date	Description	MMC Notes
2/19/2020	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax
3/3/2020	ACH Payment STATE COMTRLR TEXNET	2020 DSH Advance Payment

Amount	
1,696.42	
46,042.19	
47,738.61	

Jason Anglin, CEO
Memorial Medical Center

February 17, 2020

6,485.86 +
6,485.86 -
✓ 0.00 *

Sales and Use Tax

Original Return for Period Ending 01/31/2020 (2001)

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.**Print this page for your records.**

Reference Number:

Date and Time of Filing: 02/12/2020 09:44:15 AM

Taxpayer ID:

Taxpayer Name: MEMORIAL MEDICAL CENTER

Taxpayer Address: 815 N VIRGINIA ST PORT LAVACA , TX 77979 - 3025

Entered by: Sarah I. Henderson

Email Address:

Telephone Number: (361) 552-0342

IP Address:

Credits Taken								
Are you taking credit to reduce taxes due on this return?								Taking Credit?
								No
Licensed Customs Broker Exported Sales								
Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licensed Customs Broker Export Certification?								Refund Sales Tax?
								No
Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	20,666	20,666	0	20,666	1,291.63	20,666	.02000	413.32
Total Tax Due								1,704.95

Total Tax Due: = 1,704.95

Timely Filing Discount: - 8.53

Balance Due: = 1,696.42

Pending Payments: - 0.00

Total Amount Due and Payable: = 1,696.42

(State amount due is 1,285.17)

(Local amount due is 411.25)

Payment Summary

State Amount: 1285.17

Local Amount: 411.25

Amount to Pay: \$1,696.42

Electronic Check: \$1,696.42

Payment Reference Number:

Trace Number:

Type of Bank Account:

Accountholder Name:

Bank Routing Number:

Bank Account Number:

Payment Effective Date: 0

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[texas.gov](https://www.texas.gov) | [Texas Records and Information Locator \(TRAIL\)](#) | [State Link Policy](#) | [Texas Homeland Security](#) | [Texas Veterans Portal](#)
Glenn Hegar, Texas Comptroller • [Home](#) • [Contact Us](#)
[Privacy and Security Policy](#) | [Accessibility Policy](#) | [Link Policy](#) | [Public Information Act](#) | [Compact with Texans](#)

DUE EACH 20TH OF THE MONTH

[illegible]

RUN DATE: 02/12/20
TIME: 09:20

MEMORIAL MEDICAL CENTER
GL SINGLE ACCOUNT DETAIL REPORT
FOR: 01/01/20 - 01/31/20

PAGE 1
GLSAD

ACCOUNT NUMBER & DESCRIPTION	DATE	MEMO	REFERENCE	JOURNAL	CSNUM BATCH SEQ.	AMOUNT
20300000 ACCR STATE SALES TAX-ACCRUED		BEGINNING BALANCE AS OF: 01/01/20				-1,558.78
	01/21/20	WEBFILE TAX PYMT	A/P 700017	CD	94 36 7	1,558.76
	01/31/20	UNIFORMS SALES TAX	012015	JE	94 46 2	-44.07
	01/31/20	RECEIPTS 01/31/20		CR	103 284 112	-1,660.84
		01/31 ACTIVITY/END BALANCE:		-146.15		-1,704.93
		ENDING BALANCE:				-1,704.93



Texas Comptroller of Public Accounts

Health and Human Services Commission
Memorial Medical Center Operating County

Identification Number: / Location:
Transaction Complete
Trace #:

Payment Total \$46,042.19

Settlement Date 03/03/2020

PAYMENT DETAIL

DSH Amount \$46,042.19

[Return to Menu](#)

[Logoff](#)

[Help](#)

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

Revised:01/09/13 (483)

Non-State Owned Urban Public Hospital Class 1
 Non-State Owned Urban Public Hospital Class 2
 Non-State Owned All Other Hospitals
 Non-State Owned Totals

\$	(2.47)	\$	(0.0247)
FALSE		FALSE	
94,373,772		65,889,015	
7,732,095		3,024,022	
83,485,498		3,671,745	
185,591,365		72,584,783	

TPI

137909111

2020 Master TPI	Requested App	Hospital Name	County	2020 DSH Advance Payment 3	2020 DSH Advance 3 IGT
137909111	Memorial Medical Center	Memorial Medical Center	Calhoun	\$117,724.85	\$46,042.19

\$	185,591,364.87	\$72,584,782.94
----	----------------	-----------------

Jason Anglin

From: HHSC DSH Payments <DSHPayments@hhsc.state.tx.us>
Sent: Tuesday, February 11, 2020 9:51 AM
To: HHSC DSH Payments; 'jackie.stgermain@strategicbh.com'; 'jaclynn.harrison@christushealth.org'; 'jadler@jpshealth.org'; 'Jadler01@jpshealth.org'; 'jaimejames@texashealth.org'; 'jajohnson@petersonrmc.com'; 'james.blasingame@phhs.org'; 'james.cagle@strategicbh.com'; 'James.McNatt@baylorhealth.edu'; 'James.McNatt@BSWHealth.org'; 'James.Wright@hcahealthcare.com'; 'James.wright@tenethealth.com'; 'Jamie.Gragg@lpnt.net'; 'jamie.jacoby@newlighthhealthcare.com'; 'jane.griffith@tenethealth.com'; 'Janet.Montel@parisrmc.com'; 'janet.sammann@cchdonline.com'; 'janet@preferredmanagementcorp.com'; Jason Anglin; 'janice.lightfoot@phhs.org'; 'jared@preferredmanagementcorp.com'; 'Jason.Cole@BSWHealth.org'; 'jason.miller1@steward.org'; 'jason.puccio@lpnt.net'; 'javier.canetti@campbellwilson.com'; 'Jay.Whitfield@BSWHealth.org'; 'jaywh@baylorhealth.edu'; 'jbailey@mchd.net'; 'jbarnettsarpalius@stlukeshealth.org'; 'jbartlett@fchtexas.com'; 'jbuchanan@BKD.com'; 'jbuckner@dimmitregional.com'; 'jburton@tamhsc.edu'; 'jcannaday@starcarelubbock.org'; 'jcasbeer@grahamrmc.com'; 'jean.allen@tsrh.org'; 'jeff.ardemagni@HCAhealthcare.com'; 'jeff.barnhart@dschd.org'; 'jeff.dane@umchealthsystem.com'; 'jeff.epperson@uhsinc.com'; 'Jeff.Knodel@centralhealth.net'; 'jeff.patterson@tenethealth.com'; 'Jeff.Sliwinski@HCAHealthcare.com'; 'Jennie.Campbell@BSWHealth.org'; 'Frithiof,Jennifer (DSHS); 'jennifer.hesterman@campbellwilson.com'; 'jennifer.kreick@haynesboone.com'; 'jennifer.stacy@co.panola.tx.us'; 'jenniferc@dhchd.org'; 'Jerry.Dominguez@uhsrgv.com'; 'jerry.jasper@brownfield-rmc.org'; 'jespitia@nrhd.org'; 'jesse.sutton@ahss.org'; 'Gutierrez-Rodriguez,Jessica (DSHS); 'jessica.sullivan@ahss.org'; 'Jforehand@seymourtexas.net'; 'jfreudenberger@obmc.org'; 'JFuentes@umcelpaso.org'; 'jgilbert@tchospital.us'; 'jgraves@dimmitregional.com'; 'JoAnn Greenway'; 'jgrigson@covhs.org'; 'jgulihur@mchdtx.net'; 'jgulihur@rchd.care'; 'jhammel@obmc.org'; 'jhodges@wghospital.com'; 'jhorton@rankincountyhospital.org'; 'jhowell@sabinecountyhospital.com'; 'jhuskey@ccmhospital.com'; 'jillene.overby@ntmconline.net'; 'JillVineyard@shannonhealth.org'; 'jim.adams@ardenthealth.com'; 'Jim.Resendez@uhsinc.com'; 'jimh@mangoldmemorial.org'; 'jjacoby@connallymmc.org'; 'jkoulovatos@pcmhfs.com'; 'JLHolly@ascension.org'; 'jlholly@seton.org'; 'jllyle@fallshospital.com'; 'jmenefee@mchdtx.net'; 'jmenking@hillcountrymemorial.org'; 'jmh@childresshospital.com'; 'jmhatt@mdanderson.org'; 'Joanne.Dehoyos@uhsinc.com'; 'joe.beck@dchstx.org'; 'joe.hernandez@hcahealthcare.com'; 'joeb@dhchd.org'; 'joel.morales@uhsinc.com'; 'john.armour@hcahealthcare.com'; 'John.Armour@Parallon.com'; 'john.irby@hma.com'; 'John.Moore@phhs.org'; 'john.warner@utsouthwestern.edu'; 'John_Irby@chs.net'; 'John_Sharp@chs.net'; 'johnsonk@nacmem.org'; 'johnwhiteley@texashealth.org'; 'jolivares@yoakumhospital.org'; Hale,Jonathan M (HHSC/DSHS); 'jonathanbailey@hchd.net'
Cc: Fine,Mance (HHSC); Jenkins,Brooke (HHSC); Hites,Rhonda (HHSC); Okoniewski,Amanda (HHSC); Rasmussen,Geri (HHSC); Guzman,Kenneth (HHSC)
Subject: DSH 2020 Advance 3 Payment IGT Notification 5 of 11
Attachments: 2020 DSH Advance Payment Calculation 3.xlsx

DSH Providers:

Attached is the third FFY 2020 DSH advance payment calculation that details how HHSC calculated the advance payment/IGT amounts, and related IGT Notification spreadsheets. Payment amounts/transfer amounts for state hospitals can be found in column **V** of the

"State" tab. Payment amounts for non-state hospitals can be found in column **AY** of the "Non-State" tab and the corresponding IGT amounts in column **BB** of the same tab. To ensure that all government entities receive this notification, HHSC strongly encourages providers to send this to any government entity who is IGT'ing on their behalf.

Please note that HHSC has adopted two changes to the interim hospital-specific limit (HSL) rule (1 TAC §355.8066). First, the interim HSL has been renamed "state payment cap." Second, HHSC will calculate the state payment cap with all costs and payments for individuals with both Medicaid and other insurance or Medicare.

Due to the new state payment cap being adopted, HHSC will pay the third DSH advance payment using the 2019 "pre-CHAT HSLs" that mirror the new State Payment Cap. This change is being made to avoid further overpaying providers whose state payment cap is significantly less when offsetting Medicare and other insurance payments.

The following information pertains to 2020 Third DSH advance payment. All payment dates are calendar year 2020.

I. Key Dates

February 11, 2020 HHSC notifies of payment & intergovernmental transfer (IGT) amounts

March 2, 2020 Last date to transfer funds into TexNet

March 3, 2020 TexNet settlement date

March 10, 2020 Pay the transferring hospitals

(Urban public hospital- Class one)

March 16, 2020 State Owned Hospitals submit Journal Entry

March 20, 2020 State Owned Hospitals paid

March 31, 2020 Pay remaining DSH hospitals

II. March 2020 Advance DSH payment

Which hospitals will receive an advance DSH payment in March?

Hospitals that received a 2019 DSH payment and submitted a 2020 DSH/UC Application are eligible to receive a 2020 Advance DSH payment (subject to the availability of the non-federal share of the payment amount). Since this payment will be made before HHSC has determined qualification for 2020 DSH, a hospital may opt out of the March payment by sending a written request to DSHPayments@hhsc.state.tx.us by March 2, 2020.

Hospitals should opt out of the March payment if:

1. The hospital is concerned it will not qualify for 2020 DSH; or
2. The hospital is concerned that it will be overpaid for 2020 DSH based on YTD advance payments and the costs calculated in the providers' 2020 DSH/UC Application.

Does a hospital need to do anything to receive the March payment?

All public hospitals will be required to transfer funds to HHSC in order to receive a program year 2020 DSH payment. Urban public hospitals are required to transfer 100 percent of the non-federal share of their Pass One and Pass Two 2020 DSH payments and non-urban public hospitals are required to transfer 100 percent of the non-federal share of their Pass One and Pass Two 2020 DSH payments.

Urban public hospitals class one and class two (see below), (i.e., those owned by a governmental entity that has historically funded DSH payments) do not need to do anything prior to transferring funds into TexNet.

Urban public hospital - class one is a hospital that is operated by or under a lease contract with one of the following entities: the Dallas County Hospital District, the El Paso County Hospital District, the Harris County Hospital District, the Tarrant County Hospital District, the Travis County Healthcare District dba Central Health, or the University Health System of Bexar County.

Urban public hospital - class two is a hospital that is operated by or under a lease contract with one of the following entities: the Ector County Hospital District, the Lubbock County Hospital District and the Nueces County Hospital District.

Non-urban public hospitals may need to take certain steps. A non-urban public hospital is:

1. Any hospital anywhere in the state that is owned and operated by a non-state governmental entity (other than one of the entities described above); or
2. A privately-operated hospital operating under a lease from a governmental entity in which the hospital and governmental entity are both located in the same county with 500,000 or fewer persons, based on the most recent decennial census, where the privately-operated hospital and governmental entity have both signed an attestation that they wish the hospital to be treated as a public hospital for all purposes for 2020 DSH and 2020 UC waiver payments. If you are a privately owned hospital who has submitted an attestation to be treated as a public hospital for prior DSH payments, HHSC will continue to treat your facility as a public hospital for the purpose of DSH and UC payments.

Privately-operated hospitals in this category are "rural public-financed hospitals" and are eligible, along with rural public hospitals, for Pass Three DSH payments.

All non-urban public hospitals should ensure that the governmental entity that owns the hospital is aware of its obligation and prepared to transfer funds for the March payment. Any governmental entity that has not previously transferred funds through the TexNet System for an HHSC Payment (i.e., Uncompensated Care, DSH, and DSRIP) must enroll with TexNet to submit funds for this payment. The TexNet Enrollment form can be accessed at <https://texnet.cpa.state.tx.us>.

Private hospitals (i.e., privately-operated hospitals that do not lease from a governmental entity and hospitals described in item (2) above that do not submit an attestation form) do not need to do anything to receive the March DSH payment.

How will payment and IGT amounts be calculated?

To calculate the March payment amounts and distribute 20% of the 2020 DSH funds, HHSC will use the methodology described in 1 Tex. Admin. Code § 355.8065 for interim DSH payments, but will use hospitals' 2020 interim hospital-specific limits, Medicaid days, and low-income days.

III. Remaining 2020 DSH funds

Which hospitals will receive subsequent DSH payments?

HHSC is distributing 2020 DSH funds over four payments. Only hospitals that received a 2019 DSH payment and submitted a 2020 DSH/UC Application will be eligible for advance DSH payments. **Due to the timing, HHSC has not verified that providers who are included in the third 2020 DSH advance payment calculation have requested a 2020 application. If a provider slated to receive a 2020 DSH advance payment knows they are not going to request a 2020 application, they should opt out of receiving this payment.**

All hospitals that meet the DSH qualification criteria based on data in the 2020 DSH/UC application will be eligible to receive DSH payments that occur after the applications are processed (subject to the availability of the non-federal share of the payment amount), including hospitals that did not participate in 2019 DSH.

How will payment and IGT amounts be calculated?

Using information from each qualifying hospital's 2020 DSH/UC application, HHSC will use the methodology described in the DSH rule to calculate a 2020 DSH payment amount. For each hospital that received one or more advance payments, HHSC will reduce the 2020 DSH payment amount by the sum of such payments. HHSC will then determine IGT obligations.

If a hospital received an advance payment and later submitted a rural public-financed hospital attestation form, HHSC will increase the IGT obligation for the governmental entity that owns the hospital by an amount equal to half of the non-federal share of any 2020 advance payments.

Will there be a Pass 3?

Once the final 2020 DSH payment amounts are calculated, HHSC will determine if any 2020 DSH allocation funds remain to be distributed through Pass 3. If such funds are available for distribution, HHSC will work with rural public hospitals and rural public-financed hospitals that have submitted the above-referenced attestation to determine Pass 3 payments and required transfers. Pass 3 payment amounts are not calculated for advance payments.

What if a hospital receives advance payments but does not qualify for 2020 DSH?

HHSC will recoup the entire amount of all advance payments made to any hospital that does not qualify for 2020 DSH.

What if a hospital's advance payments exceed its 2020 DSH payment amount?

HHSC will recoup the amount of any advance payments that exceed the 2020 DSH payment amount calculated using the information in the application. Any hospital concerned about potential recoupment should opt out of receiving advance payments, as described in Section II above.

For additional information, please contact DSHPayments@hhsc.state.tx.us

**** Note** that if you have not already enrolled in TexNet Connect for HHSC Rate Analysis you will need to do so immediately.

Information pertaining to enrollment can be found at: <https://texnet.cpa.state.tx.us>

Please ensure you select the **DSH** bucket in TexNet when you enter your IGT. It is imperative that you send a **screen shot/PDF copy** of the confirmation/trace sheet from TexNet or an **email with the confirmation number and IGT amount** if the TexNet is submitted over the phone, to DSHPayments@hhsc.state.tx.us. **Please include two contacts with their phone numbers and email addresses**, should HHSC have any questions regarding the TexNet received. HHSC will not confirm receipt of emails. Please set your email settings to request a delivery receipt, if a confirmation is needed.

Thank you,

HHSC Rate Analysis Payments

Texas Health and Human Services Commission

P.O. Box 149030, Mail Code H-400

Brown-Heatly Building

4900 N. Lamar Blvd.

Austin, TX 78714-9030

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AP Open Invoice List

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Dates Through:

Class Pay Code

Vendor# Vendor Name

11816 ASHFORD GARDENS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
013120		01/31/20	01/31/20	02/27/20		1,235.00	0.00	0.00	1,235.00
	TRANSFER	NH pymt sent to MMC in error							
020720		02/11/20	02/07/20	02/27/20		32,797.37	0.00	0.00	32,797.37
	TRANSFER NH PORTION OF	q1pp pymt							

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
11816		ASHFORD GARDENS	34,032.37	0.00	0.00	34,032.37

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	34,032.37	0.00	0.00	34,032.37

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184457

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AP Open Invoice List

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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
013120		01/31/20	01/31/20	02/27/20		1,050.00	0.00	0.00	1,050.00 ✓
	TRANSFER	NH pymt sent to MMC in error							
020720		02/11/20	02/07/20	02/27/20		14,209.80	0.00	0.00	14,209.80 ✓
	TRANSFER NH PORTION OF	Q1 pp pymt							

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
11828		SOLERA WEST HOUSTON	15,259.80	0.00	0.00	15,259.80

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	15,259.80	0.00	0.00	15,259.80

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ON****FEB 13 2020**CHK#
184462**COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

02/14/2020 11:49 MEMORIAL MEDICAL CENTER 0
 AP Open Invoice List ap_open_invoice.template
 Dates Through:
 Vendor# Vendor Name Class Pay Code
 11820 FORTBEND HEALTHCARE CENTER ✓
 Invoice# Comment Tran Dt Inv Dt Due Dt Check D' Pay Gross Discount No-Pay Net
 020720 02/11/20 02/07/20 02/27/20 16,219.27 0.00 0.00 16,219.27 ✓
 TRANSFER NH PORTION OF QIPP Pymt
 Vendor Totals Number Name Gross Discount No-Pay Net
 11820 FORTBEND HEALTHCARE CENTER 16,219.27 0.00 0.00 16,219.27
 Report Summary
 Grand Totals: Gross Discount No-Pay Net
 16,219.27 0.00 0.00 16,219.27

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 ON
 FEB 13 2020
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

CK#
 114459

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02/13/2020

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AP Open Invoice List

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ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
020720		02/11/20	02/07/20	02/27/20		14,102.15	0.00	0.00	14,102.15 ✓

TRANSFER NH PORTION OF QIPP Payment

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT CREEKSIDE PARK	14,102.15	0.00	0.00	14,102.15

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	14,102.15	0.00	0.00	14,102.15

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184458 ✓COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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10:36

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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		
013120		01/31/20	01/31/20	02/27/20		4,800.00	0.00	0.00	4,800.00		
	TRANSFER NH insurance pymt sent to MMC in error										
020720		02/11/20	02/07/20	02/27/20		11,805.62	0.00	0.00	11,805.62		
	TRANSFER NH PORTION OF QIPP pymt										
021120		02/11/20	02/11/20	02/27/20		840.00	0.00	0.00	840.00		
	TRANSFER NH insurance pymt sent to MMC in error										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11824	THE CRESCENT	17,445.62	0.00	0.00	17,445.62

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	17,445.62	0.00	0.00	17,445.62

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184463COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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AP Open Invoice List

Dates Through:

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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	
013120L		01/31/20	01/31/20	02/27/20		44,037.91	0.00	0.00	44,037.91	✓
	TRANSFER	NH pymt sent to mme in error								
013120F		01/31/20	01/31/20	02/27/20		104.98	0.00	0.00	104.98	✓
	TRANSFER	NH pymt sent to mme in error								
013120B		01/31/20	01/31/20	02/27/20		4,454.25	0.00	0.00	4,454.25	✓
	TRANSFER	NH pymt sent to mme in error								
013120A		01/31/20	01/31/20	02/27/20		38,718.61	0.00	0.00	38,718.61	✓
	TRANSFER	NH pymt sent to mme in error								
013120C		01/31/20	01/31/20	02/27/20		2,418.24	0.00	0.00	2,418.24	✓
	TRANSFER	NH pymt sent to mme in error								
013120G		01/31/20	01/31/20	02/27/20		5,080.90	0.00	0.00	5,080.90	✓
	TRANSFER	NH pymt sent to mme in error								
013120H		01/31/20	01/31/20	02/27/20		4,751.20	0.00	0.00	4,751.20	✓
	TRANSFER	NH pymt sent to mme in error								
013120		01/31/20	01/31/20	02/27/20		1,029.48	0.00	0.00	1,029.48	✓
	TRANSFER	NH pymt sent to mme in error								
013120D		01/31/20	01/31/20	02/27/20		269.18	0.00	0.00	269.18	✓
	TRANSFER	NH pymt sent to mme in error								
013120E		01/31/20	01/31/20	02/27/20		3,202.20	0.00	0.00	3,202.20	✓
	TRANSFER	NH pymt sent to mme in error								
020720		02/11/20	02/07/20	02/27/20		28,287.70	0.00	0.00	28,287.70	✓
	TRANSFER NH PORTION QUID pymt									

Vendor Totals Number Name

Gross

Discount

No-Pay

Net

11836 GOLDENCREEK HEALTHCARE

132,354.65

0.00

0.00

132,354.65

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

132,354.65

0.00

0.00

132,354.65

CHK# 114460

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Vendor# Vendor Name

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AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
013120I		01/31/20	01/31/20	02/27/20		2,730.00	0.00	0.00	2,730.00 ✓
	TRANSFER	N/A pymt sent to mme in error							
013120		01/31/20	01/31/20	02/27/20		8,016.00	0.00	0.00	8,016.00 ✓
	TRANSFER	N/A pymt sent to mme in error							
013120H		01/31/20	01/31/20	02/27/20		1,224.00	0.00	0.00	1,224.00 ✓
	TRANSFER	N/A pymt sent to mme in error							
013120M		01/31/20	01/31/20	02/27/20		16,641.43	0.00	0.00	16,641.43 ✓
	TRANSFER	N/A pymt sent to mme in error							
013120D		01/31/20	01/31/20	02/27/20		1,393.72	0.00	0.00	1,393.72 ✓
	TRANSFER	N/A pymt sent to mme in error							
013120E		01/31/20	01/31/20	02/27/20		1,303.08	0.00	0.00	1,303.08 ✓
	TRANSFER	N/A pymt sent to mme in error							
013120G		01/31/20	01/31/20	02/27/20		12,957.52	0.00	0.00	12,957.52 ✓
	TRANSFER	N/A pymt sent to mme in error							
013120L		01/31/20	01/31/20	02/27/20		2,373.56	0.00	0.00	2,373.56 ✓
	TRANSFER	N/A pymt sent to mme in error							
013120B		01/31/20	01/31/20	02/27/20		916.50	0.00	0.00	916.50 ✓
	TRANSFER	N/A pymt sent to mme in error							
013120C		01/31/20	01/31/20	02/27/20		2,080.00	0.00	0.00	2,080.00 ✓
	TRANSFER	N/A pymt sent to mme in error							
013120K		01/31/20	01/31/20	02/27/20		3,580.50	0.00	0.00	3,580.50 ✓
	TRANSFER	N/A pymt sent to mme in error							
103120J		01/31/20	01/31/20	02/27/20		1,272.47	0.00	0.00	1,272.47 ✓
	TRANSFER	N/A pymt sent to mme in error							
013120F		01/31/20	01/31/20	02/27/20		1,086.24	0.00	0.00	1,086.24 ✓
	TRANSFER	N/A pymt sent to mme in error							
013120A		01/31/20	01/31/20	02/27/20		2,216.50	0.00	0.00	2,216.50 ✓
	TRANSFER	N/A pymt sent to mme in error							
020720		02/11/20	02/07/20	02/27/20		17,731.05	0.00	0.00	17,731.05 ✓
	TRANSFER	N/A pymt sent to mme in error							
	TRANSFERNH PORTION QUIP Pymt								
Vendor Totals:						Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA					75,522.57	0.00	0.00	75,522.57

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	75,522.57	0.00	0.00	75,522.57

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ON**FEB 13 2020****COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**CICR
18 4461

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
2/17/2020

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		10,303.00 ✓	10,152.85 ✓	104,341.41 ✓		104,491.56 ✓	83,593.61
						Bank Balance	104,491.56 ✓
						Variance	-
						Leave In Balance	100.00
						Pending QJPP Ck to MMC	
						MMC Portion QJPP 1 & 2	
						MMC Portion QJPP 3,4,Lapse	20,747.80 ✓
						January Interest	50.15 ✓
						February Interest	
						March Interest	
						Adjust Balance/Transfer Amt	83,593.61 ✓
Broadmoor		26,728.99 ✓	26,578.47 ✓	80,231.44 ✓		80,381.96 ✓	71,310.34
						Bank Balance	80,381.96 ✓
						Variance	-
						Leave In Balance	100.00
						Pending QJPP Ck to MMC	
						MMC Portion QJPP 1 & 2	
						MMC Portion QJPP 3,4,Lapse	8,921.10 ✓
						January Interest	50.52 ✓
						February Interest	
						March Interest	
						Adjust Balance/Transfer Amt	71,310.34 ✓
Crescent		41,538.87 ✓	41,389.63 ✓	56,952.96 ✓		57,102.20 ✓	49,484.66
						Bank Balance	57,102.20 ✓
						Variance	-
						Leave In Balance	100.00
						Pending QJPP Ck to MMC	
						MMC Portion QJPP 1 & 2	
						MMC Portion QJPP 3,4,Lapse	7,468.30 ✓
						January Interest	49.24 ✓
						February Interest	
						March Interest	
						Adjust Balance/Transfer Amt	49,484.66 ✓
Fort Bend		637.04 ✓	-	24,414.87 ✓		25,051.91 ✓	14,670.93
						Bank Balance	25,051.91 ✓
						Variance	-
						Leave In Balance	100.00
						Pending QJPP Ck to MMC	
						MMC Portion QJPP 1 & 2	
						MMC Portion QJPP 3,4,Lapse	10,260.40 ✓
						January Interest	20.58 ✓
						February Interest	
						March Interest	
						Adjust Balance/Transfer Amt	14,670.93 ✓
Solera at W Houston	216844438	250,500.79 ✓	250,332.10 ✓	41,764.61 ✓		41,933.30 ✓	32,775.41
						Bank Balance	41,933.30 ✓
						Variance	-
						Leave In Balance	100.00
						Pending QJPP Ck to MMC	
						MMC Portion QJPP 1 & 2	
						MMC Portion QJPP 3,4,Lapse	8,989.20 ✓
						January Interest	68.69 ✓
						February Interest	
						March Interest	
						Adjust Balance/Transfer Amt	32,775.41 ✓

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

83,593.61 +
71,310.34 +
49,484.66 +
14,670.93 +
32,775.41 +
251,834.95 *

TOTAL TRANSFERS 251,834.95

Approved:

Jason Anglin, CEO

2/17/2020

APPROVED
ON

FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ashford Gardens

2/7/2020 Amerigroup TXSC HCCLAIMPMT 3118205877 111000 TRN*1*3118205877*1752603231\

2/7/2020 AMERIGROUP CORPO E-PAYMENT EE51986978 111000 ISA*00* *00* *ZZ*BCCACP401

2/7/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020020514300045*191200836

2/7/2020 NOVITAS SOLUTION HCCLAIMPMT 675423 420000127 TRN*1*EFT6915496*1205296137*00000

2/10/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020020719600390*191200836

2/11/2020 WIRE OUT ASHFORD HEALTH CARE CENTER LTD

2/11/2020 HUMANA CHA DISB HCCLAIMPMT 390860 4200001216 TRN*1*014840101084096*1611013183

2/12/2020 Deposit

2/12/2020 Amerigroup TXSC HCCLAIMPMT 3118521064 111000 TRN*1*3118521064*1752603231\

2/12/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020020915900378*191200836

2/13/2020 Amerigroup TXSC HCCLAIMPMT 3118631097 111000 TRN*1*3118631097*1752603231\

2/13/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05E465391326436189*1746000

2/14/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020021312400250*191200836

2/14/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020021314000208*191200836

2/14/2020 HUMANA CHA DISB HCCLAIMPMT 390860 4200001753 TRN*1*014840101099359*1611013183

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	477.26	-	-	-	-	-	477.26
-	41,495.60	-	-	14,255.60	27,240.00	20,747.80	20,747.80
-	1,438.76	-	-	-	-	-	1,438.76
-	358.07	-	-	-	-	-	358.07
-	34.86	-	-	-	-	-	34.86
10,152.85	-	-	-	-	-	-	-
-	6,772.59	-	-	-	-	-	6,772.59
-	949.91	-	-	-	-	-	949.91
-	1,719.09	-	-	-	-	-	1,719.09
-	6,856.83	-	-	-	-	-	6,856.83
-	37,172.32	-	-	-	-	-	37,172.32
-	4,806.36	-	-	-	-	-	4,806.36
-	1,030.40	-	-	-	-	-	1,030.40
-	264.02	-	-	-	-	-	264.02
-	965.34	-	-	-	-	-	965.34
10,152.85	104,341.41	-	-	14,255.60	27,240.00	20,747.80	83,593.61

Broadmoor

2/7/2020 AMERIGROUP CORPO E-PAYMENT EE51986981 111000 ISA*00* *00* *ZZ*BCCACP401

2/7/2020 UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*2020020617200741*1912008361

2/7/2020 CIGNA HCCLAIMPMT 1669860433 91000012399700 TRN*1*200204090045064*1591031071\

2/10/2020 MANAGEANDNET1718 MNS PMNT 00000000004293 41 0249229

2/10/2020 HUMANA CHA DISB HCCLAIMPMT 390861 4200001034 TRN*1*014840101080657*1611013183

2/11/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III

2/11/2020 HUMANA INS CO HCCLAIMPMT 390861 830000541229 TRN*1*001290048636465*1391263473

2/11/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9506982582*1411289245*0000877

2/12/2020 Deposit

2/12/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1507478319*1411289245*0000877

2/13/2020 MANAGEANDNET1718 MNS PMNT 00000000004293 41 0249307

2/14/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9508174866*1411289245*0000877

2/14/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*05E477901669860433*1746000

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	17,842.20	-	-	7,695.30	10,146.90	8,921.10	8,921.10
-	5,062.00	-	-	-	-	-	5,062.00
-	1,875.50	-	-	-	-	-	1,875.50
-	93.60	-	-	-	-	-	93.60
-	9,613.53	-	-	-	-	-	9,613.53
26,578.47	-	-	-	-	-	-	-
-	7,622.55	-	-	-	-	-	7,622.55
-	3,402.00	-	-	-	-	-	3,402.00
-	325.84	-	-	-	-	-	325.84
-	455.00	-	-	-	-	-	455.00
-	411.30	-	-	-	-	-	411.30
-	30,996.00	-	-	-	-	-	30,996.00
-	2,531.92	-	-	-	-	-	2,531.92
26,578.47	80,231.44	-	-	7,695.30	10,146.90	8,921.10	71,310.34

Crestcent

2/7/2020 AMERIGROUP CORPO E-PAYMENT EE51986980 111000 ISA*00* *00* *ZZ*BCCACP401

2/7/2020 UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*2020020617200582*1912008361

2/7/2020 UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*2020020511900630*1912008361

2/10/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000105 TRN*1*EFT5460549*1205296137*00000

2/11/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III

2/11/2020 MANAGEANDNET1718 MNS PMNT 00000000003268 41 0249246

2/11/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9506982581*1411289245*0000877

2/11/2020 UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*2020020811900408*1912008361

2/12/2020 Deposit

2/13/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05E465471669860425*1746000

2/14/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9508174865*1411289245*0000877

2/14/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020021312600167*191200836

2/14/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000181 TRN*1*EFT5465981*1205296137*00000

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	14,936.60	-	-	4,176.80	10,759.80	7,468.30	7,468.30
-	6,351.50	-	-	-	-	-	6,351.50
-	370.00	-	-	-	-	-	370.00
-	13,485.61	-	-	-	-	-	13,485.61
41,389.63	-	-	-	-	-	-	-
-	803.53	-	-	-	-	-	803.53
-	4,440.00	-	-	-	-	-	4,440.00
-	4,070.00	-	-	-	-	-	4,070.00
-	849.36	-	-	-	-	-	849.36
-	2,248.65	-	-	-	-	-	2,248.65
-	7,400.00	-	-	-	-	-	7,400.00
-	105.24	-	-	-	-	-	105.24
-	1,892.47	-	-	-	-	-	1,892.47
41,389.63	56,952.96	-	-	4,176.80	10,759.80	7,468.30	49,484.66

Fort Bend

2/7/2020 AMERIGROUP CORPO E-PAYMENT EE51986977 111000 ISA*00* *00* *ZZ*BCCACP401

2/7/2020 AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*9506108953*1362739571*000031

2/12/2020 Deposit

2/14/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020021314800074*191200836

2/14/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05E477971730577503*1746000

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	20,520.80	-	-	5,811.20	14,709.60	10,260.40	10,260.40
-	474.18	-	-	-	-	-	474.18
-	396.13	-	-	-	-	-	396.13
-	1,998.43	-	-	-	-	-	1,998.43
-	1,025.33	-	-	-	-	-	1,025.33
-	24,414.87	-	-	5,811.20	14,709.60	10,260.40	14,154.47

Solera at West Houston

2/7/2020 AMERIGROUP CORPO E-PAYMENT EE51986979 111000 ISA*00* *00* *ZZ*BCCACP401

2/7/2020 UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*2020020514701452*1912008361

2/10/2020 NOVITAS SOLUTION HCCLAIMPMT 676310 420000105 TRN*1*EFT5460548*1205296137*00000

2/11/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III

2/11/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1506941300*1411289245*0000877

2/12/2020 Deposit

2/12/2020 MANAGEANDNET1718 MNS PMNT 00000000002482 41 0249270

2/12/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9507517227*1411289245*0000877

2/13/2020 Amerigroup TXSC HCCLAIMPMT 3118631098 111000 TRN*1*3118631098*1752603231\

2/13/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9507767421*1411289245*0000877

2/13/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*05E465481497143259*1746000

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	17,978.40	-	-	5,039.40	12,939.00	8,989.20	8,989.20
-	8,200.00	-	-	-	-	-	8,200.00
-	2,466.84	-	-	-	-	-	2,466.84
250,332.10	-	-	-	-	-	-	-
-	1,195.00	-	-	-	-	-	1,195.00
-	1,027.82	-	-	-	-	-	1,027.82
-	17.20	-	-	-	-	-	17.20
-	3,120.00	-	-	-	-	-	3,120.00
-	4,789.15	-	-	-	-	-	4,789.15
-	341.00	-	-	-	-	-	341.00
-	2,629.20	-	-	-	-	-	2,629.20
250,332.10	41,764.61	-	-	5,039.40	12,939.00	8,989.20	32,775.41

TOTALS

328,453.05	307,705.29	-	-	36,978.30	75,795.30	56,346.80	251,318.49
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Quick View

DDA

Data reported as of Feb 17, 2020 9:19 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	\$104,491.56	\$137,669.06	\$104,491.56	\$102,231.80
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$80,381.96	\$89,831.96	\$80,381.96	\$46,854.04
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$57,102.20	\$67,260.64	\$57,102.20	\$47,704.49
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$41,933.30	\$67,750.80	\$41,933.30	\$41,933.30
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$25,051.91	\$42,060.10	\$25,051.91	\$22,028.15
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE				
CAL CO INDIGENT HEALTHCARE				
MMC -NH GULF POINTE PLAZA - PRIVATE PAY				
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID				

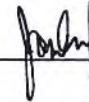
Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
2/17/2020

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		5,890.47	5,770.35	78,829.70	-	78,949.82	53,419.87
					Bank Balance	78,949.82	
					Variance	-	
					Leave in Balance	100.00	
					Pending QIPP Ck to MMC		
					MMC Portion QIPP 1 & 2		
					MMC Portion QIPP 3,4,Lapse	25,409.83	
					January Interest	20.12	
					February Interest		
					March Interest		
					Adjust Balance/Transfer Amt	53,419.87	

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

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

Approved:
Jason Anglin, CEO



2/17/2020

APPROVED
ON

FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L apse	
2/7/2020 Centene Manageme CCD+ 38888463 3110020293931 RMR*IV*QJPP 02.03.	-	50,819.65			14,267.38	36,552.27	25,409.83
2/10/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05E437051	-	1,842.00				-	1,842.00
2/11/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	5,770.35	-				-	-
2/12/2020 Deposit	-	1,813.95				-	1,813.95
2/13/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	-	9,101.45				-	9,101.45
2/13/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000197 TRN*1*EFT5464394	-	2,923.56				-	2,923.56
2/14/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05E481181	-	704.09				-	704.09
2/14/2020 AETNA A501 HCCLAIMPMT 1588075964 51000012104 TRN*1*820042000	-	11,625.00				-	11,625.00
	5,770.35	78,829.70	-	-	14,267.38	36,552.27	53,419.88

Quick View

DDA

Data reported as of Feb 17, 2020 9:19 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	\$78,949.82	\$78,949.82	\$78,949.82	\$66,620.73
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
2/17/2020

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		2,740.12		34,649.40			37,389.52	19,963.73
						Bank Balance	37,389.52	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QJPP 1 & 2		
						MMC Portion QJPP 3,4,Lapse	17,324.70	
						January Interest	1.09	
						February Interest		
						March Interest		
						Adjust Balance/Transfer Amt	19,963.73	
Gulf Pointe Plaza-Medicare/Medicaid		6,623.46	6,494.33	15,926.17			16,055.30	15,926.17
						Bank Balance	16,055.30	
						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	15,926.17	
TOTAL TRANSFERS							35,889.90	

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

2/17/2020

19,963.73 +
15,926.17 +
35,889.90 *



APPROVED
ON

FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

2/7/2020 Centene Managem CCD+ 38888463 3110020293952 RMR*IV*QIPP 02.03.20

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	
-	34,649.40	-	-	12,597.34	22,052.06	17,324.70	17,324.70
-	34,649.40	-	-	12,597.34	22,052.06	17,324.70	17,324.70

Gulf Pointe Plaza-Medicare/Medicaid

2/10/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SE4389519;
 2/11/2020 WIRE OUT HMG SERVICES, LLC
 2/11/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SE4507819;
 2/12/2020 Deposit

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	
-	6,842.39	-	-	-	-	-	6,842.39
6,494.33	-	-	-	-	-	-	-
-	7,918.34	-	-	-	-	-	7,918.34
-	1,165.44	-	-	-	-	-	1,165.44
6,494.33	15,926.17	-	-	-	-	-	15,926.17
6,494.33	50,575.57	-	-	12,597.34	22,052.06	17,324.70	33,250.87

Quick View

DDA

Data reported as of Feb 17, 2020 9:19 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	\$37,389.52	\$37,389.52	\$37,389.52	\$37,389.52
5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$16,055.30	\$24,347.51	\$16,055.30	\$16,055.30

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 2/17/2020

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APPROVED
ON

FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

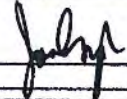
AMOUNT \$20,747.80

CK # 001085

G/L NUMBER: 21000012

EXPLANATION: ASHFORD- TO TRANSFER MMC PORTION OF QIPP FUNDS- COMP 3,4,LAPSE

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE:02/19/20
TIME:12:29

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/19/20 THRU 02/19/20

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001085 02/19/20 20,747.80 MMC OPERATING
TOTALS: 20,747.80

Ashford

APPROVED
ON

FEB 19 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 2/17/2020

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APPROVED
ON

FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 000050

G/L NUMBER: 21000009

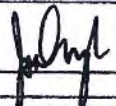
FOR ACCT. USE ONLY

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

AMOUNT \$8,921.10

EXPLANATION: BROADMOOR- TO TRANSFER MMC PORTION OF QIPP FUNDS- COMP 3,4,LAPSE

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE:02/19/20
TIME:12:29

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/19/20 THRU 02/19/20

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000050 02/19/20 8,921.10 MMC OPERATING
TOTALS: 8,921.10

Broadmoor

APPROVED
ON

FEB 19 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 2/17/2020

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APPROVED
ON

FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 000080

G/L NUMBER: 21000010

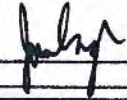
FOR ACCT. USE ONLY

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

AMOUNT \$7,468.30

EXPLANATION: CRESCENT- TO TRANSFER MMC PORTION OF QIPP FUNDS- COMP 3,4,LAPSE

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE:02/19/20
TIME:12:29

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/19/20 THRU 02/19/20

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000080 02/19/20 7,468.30 MMC OPERATING
TOTALS: 7,468.30

Crescent

APPROVED
ON

FEB 19 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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Memorial Medical Center Operating

Date Requested: 2/17/2020

APPROVED
ON

FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 000077

G/L NUMBER: 21000008

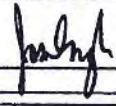
FOR ACCT. USE ONLY

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

AMOUNT \$10,260.40

EXPLANATION: FORT BEND- TO TRANSFER MMC PORTION OF QIPP FUNDS- COMP 3,4,LAPSE

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE:02/19/20
TIME:12:29

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/19/20 THRU 02/19/20

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000077 02/19/20 10,260.40 MMC OPERATING
TOTALS: 10,260.40

Fort Bend

APPROVED
ON

FEB 19 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 2/17/2020

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APPROVED
ON

FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 001079

G/L NUMBER: 21000011

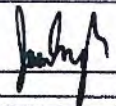
FOR ACCT. USE ONLY

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

AMOUNT \$8,989.20

EXPLANATION: SOLERA- TO TRANSFER MMC PORTION OF QIPP FUNDS- COMP 3,4,LAPSE

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE:02/19/20
TIME:12:29

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/19/20 THRU 02/19/20

PAGE 9
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001079 02/19/20 8,989.20 MMC OPERATING
TOTALS: 8,989.20

Solem

APPROVED
ON

FEB 19 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 2/17/2020

A

Y

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APPROVED
ON

FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

G/L NUMBER: 21000013

CK# 000052

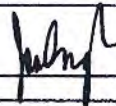
FOR ACCT. USE ONLY

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

AMOUNT \$25,409.83

EXPLANATION: GOLDEN CREEK- TO TRANSFER MMC PORTION OF QIPP FUNDS- COMP 3,4,LAPSE

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE:02/19/20
TIME:12:29

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/19/20 THRU 02/19/20

PAGE 8
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG 000052 02/19/20 25,409.83 MMC OPERATING
TOTALS: 25,409.83

golden week

APPROVED
ON

FEB 19 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 2/17/2020

A

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APPROVED
ON

FEB 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CLC # 000008

FOR ACCT. USE ONLY

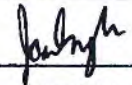
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$17,324.70

G/L NUMBER: 21000014

EXPLANATION: GULF POINTE- TO TRANSFER MMC PORTION OF QIPP FUNDS- COMP 3,4,LAPSE

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE:02/19/20
TIME:12:29

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/19/20 THRU 02/19/20

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPP 000008 02/19/20 17,324.70 MMC OPERATING

TOTALS: 17,324.70

APPROVED
ON

FEB 19 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

2/19/2020

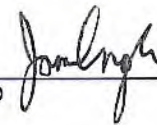
NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1 & 2	QIPP COMP 3,4, LAPSE	Yr 1 Adjustment Pmt	TOTAL	Date
Shford	10000018 - Prosperity	1085	MMC - Prosperity Operating #10000001	21000012		20,747.80		20,747.80	2/19/2020
oadmoor	10000019 - Prosperity	50	MMC - Prosperity Operating #10000001	21000009		8,921.10		8,921.10	2/19/2020
escent	10000020 - Prosperity	80	MMC - Prosperity Operating #10000001	21000010		7,468.30		7,468.30	2/19/2020
rt Bend	10000021 - Prosperity	77	MMC - Prosperity Operating #10000001	21000008		10,260.40		10,260.40	2/19/2020
lera	10000022 - Prosperity	1079	MMC - Prosperity Operating #10000001	21000011		8,989.20		8,989.20	2/19/2020
olden Creek	10000023 - Prosperity	52	MMC - Prosperity Operating #10000001	21000013		25,409.83		25,409.83	2/19/2020
ulf Pointe-PP	10000114 - Prosperity	8	MMC - Prosperity Operating #10000001	21000014		17,324.70		17,324.70	2/19/2020
ulf Pointe-MM	10000025 - Prosperity	6	MMC - Prosperity Operating #10000001	21000014				-	
			Total:		-	99,121.33	-	99,121.33	

Note:

8,989.20 +
 20,747.80 +
 17,324.70 +
 25,409.83 +
 8,921.10 +
 7,468.30 +
 10,260.40 +
 99,121.33 *

APPROVED
 ON
 FEB 19 2020
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Approved:
 Jason Anglin, CEO



2/17/2020

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

1079

88-2265/1131-87

2-19-20

Date

CHECK ARMOR
TRADE PROTECTION

Pay to the
Order of

Memorial Medical Center Operating \$ 8,989.20
Eight Thousand Nine hundred Eighty-nine 20/100
Dollars

Photo
Safe
Deposit®
Details on back



PROSPERITY BANK®

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

For

QIPP 34, lapse

MP

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

1085

88-2265/1131-87

2-19-20

Date

CHECK ARMOR
TRADE PROTECTION

Pay to the
Order of

Memorial Medical Center Operating \$ 20,747.80
Twenty-Seven thousand Seven hundred forty-seven 80/100
Dollars

Photo
Safe
Deposit®
Details on back



PROSPERITY BANK®

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

For

QIPP comp 34, lapse

MP

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

8755

No.

8

88-2265
1131

2-19-20

PAY TO THE
ORDER OF

Memorial Medical Center Operating 17,324.70
Seventeen Thousand Three hundred twenty-four 70/100
DOLLARS



PROSPERITY
BANK

QIPP 34, lapse

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER

NH GOLDEN CREEK HEALTHCARE & REHAB

815 N VIRGINIA ST

PORT LAVACA, TX 77979

000052

88-2265/1131

Date

2-19-20

PAY

**TO THE
ORDER OF**

Memorial Medical Center Operating

\$ 25,409.83

Twenty-five thousand four hundred nine & 83/100

DOLLARS



**PROSPERITY
BANK**

FOR

RIPP 3,4, lapse



Security features are included. Details on back.

MP

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MEMORIAL MEDICAL CENTER

NH BROADMOOR

815 N VIRGINIA ST

PORT LAVACA, TX 77979

000050

88-2265/1131

Date

2-19-20

PAY

**TO THE
ORDER OF**

Memorial Medical Center Operating

\$ 8,921.10

Eight Thousand Nine-hundred Twenty-one & 10/100

DOLLARS



**PROSPERITY
BANK**

FOR

RIPP comp 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

000077

Date

2-19-20

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center Operating

\$ 10,200.40

Ten Thousand Two Hundred Sixty 40/100

DOLLARS

PROSPERITY
BANK

FOR

QIPP comp 3,4, Lapse.

Security features are
included. Details on back.

MP

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000080

Date

2-19-20

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center Operating

\$ 7,468.30

Seven Thousand four hundred sixty eight 30/100

DOLLARS

PROSPERITY
BANK

FOR

QIPP comp 3,4, Lapse.

Security features are
included. Details on back.

MP

H1502 JESUSITA S. HERNANDEZ

184456

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

COPY

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
071419	07/14/19	31.96			31.96
replaced stopped check #181781 # check was lost					
CHECK NO. 184456 02/14/20	TOTALS	31.96	TOTALS		31.96

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

184456

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
071419	07/14/19	31.96			31.96
CHECK NO. 184456	TOTALS	31.96	TOTALS		31.96

MEMORIAL

MEDICAL  CENTER

Operating
815 N. Virginia St.
Port Lavaca, TX 77979

PROSPERITY BANK

88-2265
1131

184456

H1502

184456

DATE

AMOUNT

02/14/20

\$31.96

Thirty-One Dollars and Ninety-Six Cents

PAY
TO THE
ORDER
OF
JESUSITA S. HERNANDEZ

CALHOUN COUNTY AUDITOR_____
CALHOUN COUNTY TREASURER

COPY

Stop Payments

Current Progress — **1** Request — **2** Review — **3** Complete —

Request has been accepted as of 02/12/2020.

Stop Payment Details

Company Name COUNTY OF CALHOUN TEXAS

Contact Name RHONDA S. KOKENA

Phone Number (361)553-4619

Memo

Account JDA (MEMORIAL MEDICAL CENTER - OPERATING)

Checks

Check	Date Written	Amount	Written to	Reason	Transaction Number	Action
181781	08/07/2019	\$31.96	Jesusita S. Hernandez	Lost		Stop ☐

[Return](#)

* indicates required fields

Page generated on 02/12/2020 at 1:31 PM CST

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REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
D20320	02/03/20	433.34			433.34
DTR1912021	01/02/20	832.00			832.00
VOIDED check # 184394. Invoices needed to go to separate addresses. Reissued with check # 184541 and 184542 COPY					
CHECK NO. 184394	TOTALS	1,265.34	TOTALS		1,265.34

MEMORIAL

MEDICAL  CENTER

Operating
815 N. Virginia St.
Port Lavaca, TX 77979

PROSPERITY BANK

88-2265
1131

184394

D1200 184394

DATE AMOUNT
02/10/20 \$1,265.34

One Thousand Two Hundred Sixty-Five Dollars and Thirty-Four Cents

PAY
TO THE ORDER OF
DETACH HERE
ATTN: ANGELA MANUELA
P O BOX 2089
VICTORIA, TX 77902-2089

CALHOUN COUNTY TREASURER
Rhonda [Signature]
CALHOUN COUNTY TREASURER

0060 DETAR HOSPITAL
DALLAS, TX 75284-8541
MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

184541

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
TR1912021A	01/02/20	832.00			832.00
COPY					
CHECK NO. 184541 02/17/20	TOTALS	832.00	TOTALS		832.00

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

184541

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
TR1912021A	01/02/20	832.00			832.00
CHECK NO. 184541	TOTALS	832.00	TOTALS		832.00

MEMORIAL
MEDICAL CENTER

Operating
815 N. Virginia St.
Port Lavaca, TX 77979

PROSPERITY BANK

88-2265
1131

184541

10060	184541
DATE	AMOUNT
02/17/20	\$832.00

Eight Hundred Thirty-Two Dollars and No Cents

PAY
TO THE
ORDER
OF
DETAR HOSPITAL
PO BOX 848541
DALLAS, TX 75284-8541

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

D1200 DETAR HOSPITAL
ATTN: ANGELA MATULA VICTORIA, TX 77902-2089
MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

184542

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
20320	02/03/20	433.34			433.34
COPY					
CHECK NO. 184542 02/17/20		TOTALS 433.34	TOTALS		433.34

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

184542

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
20320	02/03/20	433.34			433.34
CHECK NO. 184542		TOTALS 433.34	TOTALS		433.34

MEMORIAL
MEDICAL CENTER

Operating
815 N. Virginia St.
Port Lavaca, TX 77979

PROSPERITY BANK

88-2265
1131

184542

Four Hundred Thirty-Three Dollars and Thirty-Four Cents

PAY
TO THE
ORDER
OF

DETAR HOSPITAL
ATTN: ANGELA MATULA
P O BOX 2089
VICTORIA, TX 77902-2089

D1200 184542
DATE AMOUNT
02/17/20 \$433.34

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

☒

RUN DATE:02/17/20
TIME:11:02

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/17/20 THRU 02/17/20

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
------	--------	------	--------	-------

A/P *	184394	02/17/20	1,265.34CR	DETAR HOSPITAL
A/P	184541	02/17/20	832.00	DETAR HOSPITAL
A/P	184542	02/17/20	433.34	DETAR HOSPITAL
TOTALS:			.00	