MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- February 26, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 388,860.62
TOTAL TRANSFERS BETWEEN FUNDS	$ 57,241.23
TOTAL NURSING HOME UPL EXPENSES	$ 1,283,683.28
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED February 26, 2020	$ 1,729,785.13

APPROVED

FEB 2 6 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---February 26, 2020

PAYABLES AND PAYROLL			
2/20/2020	Weekly Payables	381,457.28	
2/25/2020	McKesson-340B Prescription Expense	6,394.60	
2/25/2020	Amerisource Bergen-340B Prescription Expense	993.84	
	Prosperity Electronic Bank Payments		
2/18-2/20/2020	Pay Plus-Patient Claims Processing Fee	14.90	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 388,860.62**
TRANSFER BETWEEN FUNDS-NURSING HOMES			
2/20/2020	MMC Operating to The Crescent-correction of NH insurance payment sent to MMC in error	6,820.00	
2/20/2020	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment sent to MMC in error	28,521.79	
2/20/2020	MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment sent to MMC in error	21,899.44	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 57,241.23**
NURSING HOME UPL EXPENSES			
2/25/2020	Nursing Home UPI-Cantex Transfer	1,014,463.88	
2/25/2020	Nursing Home UPI-Nexion Transfer	134,107.89	
2/25/2020	Nursing Home UPI-HMG Transfer	92,127.15	
QIPP/INTEREST/RECOUP CHECKS TO MMC			
2/25/2020	Ashford	16,069.19	
2/25/2020	Broadmoor	5,169.14	
2/25/2020	Crescent	4,486.09	
2/25/2020	Fort Bend	6,580.46	
2/25/2020	Solera	5,650.73	
2/25/2020	Solera-repay MMC funds recouped by medicare from MMC Clinic	5,028.75	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,283,683.28**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED February 26, 2020			**$ 1,729,785.13**

02/20/2020 10:48

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 03/04/2020

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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
141779		01/30/20	02/03/20	02/28/20		6.59	0.00	0.00	6.59 ✓
	SUPPLIES (Maint.)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	6.59	0.00	0.00	6.59

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
24799 ✓		02/11/20	02/20/20	03/01/20		1,400.00	0.00	0.00	1,400.00 ✓
	RFID FEE								

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

Vendor#	Vendor Name	Class	Pay Code
11234	ADRIANNA GALVAN ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021720		02/19/20	02/17/20	02/17/20		46.00	0.00	0.00	46.00 ✓
	THA COMPASS USER GROUP 2/13/2020								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11234	ADRIANNA GALVAN	46.00	0.00	0.00	46.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9968321003 ✓		02/19/20	01/31/20	02/25/20		498.23	0.00	0.00	498.23 ✓
	OXYGEN								
9968321004 ✓		02/19/20	01/31/20	02/25/20		594.61	0.00	0.00	594.61 ✓
	OXYGEN								
9968321005 ✓		02/19/20	01/31/20	02/25/20		79.36	0.00	0.00	79.36 ✓
	OXYGEN								
9097754508 ✓		02/19/20	01/31/20	02/25/20		2,183.26	0.00	0.00	2,183.26 ✓
	OXYGEN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	3,355.46	0.00	0.00	3,355.46

Vendor#	Vendor Name	Class	Pay Code
10958	ALLYSON SWOPE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
022020		02/20/20	02/20/20	02/20/20		2,027.25	0.00	0.00	2,027.25 ✓
	CONTRACT EMPLOYEE (1/17-1/30/2020)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE	2,027.25	0.00	0.00	2,027.25

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
967304354 ✓		02/19/20	02/17/20	02/23/20		36.16	0.00	0.00	36.16 ✓
	INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	36.16	0.00	0.00	36.16

Vendor#	Vendor Name				Class	Pay Code				
A2218	AQUA BEVERAGE COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	952916		02/17/20	01/31/20	02/25/20		20.97	0.00	0.00	20.97
		WATER								
	952913		02/19/20	01/31/20	02/25/20		21.99	0.00	0.00	21.99
		WATER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A2218	AQUA BEVERAGE COMPANY				42.96	0.00	0.00	42.96
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
	96535034		02/17/20	02/03/20	02/17/20		1,240.17	0.00	0.00	1,240.17
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A2271	ARTHREX, INC				1,240.17	0.00	0.00	1,240.17
Vendor#	Vendor Name				Class	Pay Code				
B0435	BARD PERIPHERAL VASCULAR				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	80617141		02/17/20	02/03/20	02/17/20		54.66	0.00	0.00	54.66
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B0435	BARD PERIPHERAL VASCULAR				54.66	0.00	0.00	54.66
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
	65559165		02/17/20	01/21/20	02/15/20		629.50	0.00	0.00	629.50
		LEASE								
	65559083		02/17/20	01/21/20	02/15/20		2,367.50	0.00	0.00	2,367.50
		LEASE								
	65580837		02/17/20	01/23/20	02/17/20		505.33	0.00	0.00	505.33
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE				3,502.33	0.00	0.00	3,502.33
Vendor#	Vendor Name				Class	Pay Code				
B1800	BRIGGS HEALTHCARE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	B270351		02/17/20	01/30/20	02/17/20		160.68	0.00	0.00	160.68
		SUPPLIES								
	B271391		02/17/20	02/04/20	02/17/20		193.23	0.00	0.00	193.23
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1800	BRIGGS HEALTHCARE				353.91	0.00	0.00	353.91
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
	8002142944		02/12/20	02/05/20	02/29/20		429.05	0.00	0.00	429.05
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.				429.05	0.00	0.00	429.05
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
WPV2815		01/30/20	01/28/20	02/27/20		228.35	0.00	0.00	228.35
	SUPPLIES								
WQQ6006		01/30/20	01/31/20	03/01/20		45.65	0.00	0.00	45.65
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.				274.00	0.00	0.00	274.00

Vendor#	Vendor Name	Class	Pay Code
C1600	CITIZENS MEDICAL CENTER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
020620		02/19/20	02/06/20	02/06/20		90.00	0.00	0.00	90.00
	BLS CPR								
020620A		02/19/20	02/06/20	02/06/20		90.00	0.00	0.00	90.00
	BLS CPR								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER				180.00	0.00	0.00	180.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2020010		02/19/20	01/31/20	01/31/20		8,616.41	0.00	0.00	8,616.41
	LAB SERVICES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS				8,616.41	0.00	0.00	8,616.41

Vendor#	Vendor Name	Class	Pay Code
11029	COASTAL REFRIGERATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5604666		02/17/20	02/05/20	02/05/20		314.19	0.00	0.00	314.19
	REPAIR FRIG								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11029	COASTAL REFRIGERATION				314.19	0.00	0.00	314.19

Vendor#	Vendor Name	Class	Pay Code
C1970	CONMED CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
192291		02/17/20	02/05/20	01/30/20		1,036.81	0.00	0.00	1,036.81
	SUPPLIES								
CM396060		02/18/20	07/08/20	02/18/20		-116.45	0.00	0.00	-116.45
	CREDIT								
CM778709		02/18/20	02/17/20	02/18/20		-24.73	0.00	0.00	-24.73
	CREDIT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION				895.63	0.00	0.00	895.63

Vendor#	Vendor Name	Class	Pay Code
L1430	CONMED LINVATEC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3313318		02/17/20	02/03/20	02/17/20		37.60	0.00	0.00	37.60
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	L1430	CONMED LINVATEC				37.60	0.00	0.00	37.60

Vendor#	Vendor Name	Class	Pay Code
12612	DASHBOARD MD		

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

9280		02/17/20	02/01/20	02/01/20		550.00	0.00	0.00	550.00
	PROCESSING & SUPPORT FE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12612	DASHBOARD MD	550.00	0.00	0.00	550.00

Vendor#	Vendor Name	Class	Pay Code
10368	DEWITT POTH & SON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
C5925940	CREDIT	02/11/20	02/05/20	03/01/20		-144.93	0.00	0.00	-144.93
5978920	2 part paper	02/11/20	02/05/20	03/01/20		259.86	0.00	0.00	259.86
5976440	SUPPLIES	02/12/20	02/03/20	02/28/20		135.23	0.00	0.00	135.23
5976940	SUPPLIES	02/12/20	02/03/20	02/28/20		57.77	0.00	0.00	57.77
5976430	SUPPLIES	02/12/20	02/03/20	02/28/20		142.78	0.00	0.00	142.78
5978560	SUPPLIES	02/12/20	02/04/20	02/29/20		23.88	0.00	0.00	23.88
5979070	SUPPLIES	02/12/20	02/05/20	03/01/20		21.70	0.00	0.00	21.70
5979160	SUPPLIES	02/12/20	02/05/20	03/01/20		107.42	0.00	0.00	107.42
5981520	SUPPLIES	02/12/20	02/06/20	03/02/20		27.85	0.00	0.00	27.85
5977130	SUPPLIES	02/17/20	02/03/20	02/28/20		266.06	0.00	0.00	266.06
5976450	SUPPLIES	02/17/20	02/03/20	02/28/20		430.96	0.00	0.00	430.96
597645	SUPPLIES	02/17/20	02/03/20	02/28/20		~~-430.96~~	0.00	0.00	~~-430.96~~ duplicate
5978400	SUPPLIES	02/17/20	02/04/20	02/29/20		375.00	0.00	0.00	375.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	~~2,134.54~~ 1703.58	0.00	0.00	~~2,134.54~~ 1703.58

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC021520	PRO FEES February 1-15, 2020	02/20/20	02/15/20	02/15/20		143,322.38	0.00	0.00	143,322.38

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	143,322.38	0.00	0.00	143,322.38

Vendor#	Vendor Name	Class	Pay Code
E0500	EAGLE FIRE & SAFETY INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
77665	SUPPLIES & INSPECTION	02/17/20	01/22/20	01/22/20		1,149.50	0.00	0.00	1,149.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E0500	EAGLE FIRE & SAFETY INC	1,149.50	0.00	0.00	1,149.50

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

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

38882		02/18/20	01/31/20	02/21/20	1,260.00	0.00	0.00	1,260.00
DR PRYON COVERED DR BUN/Nel 1/16/2020 12 hours @ 105.00								
38866		02/18/20	02/15/20	02/25/20	40,062.50	0.00	0.00	40,062.50
ER STAFFING (1-15th)								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS			41,322.50	0.00	0.00	41,322.50
Vendor#	Vendor Name			Class	Pay Code			
T0383	ERIN CLEVENGER			W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
021820		02/19/20	02/18/20	02/18/20		225.76	0.00	0.00	225.76
THA ANNUAL CONFERENCE (2/13-2/14/2020)								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	T0383	ERIN CLEVENGER			225.76	0.00	0.00	225.76
Vendor#	Vendor Name			Class	Pay Code			
S0501	EVOQUA WATER TECHNOLOGIES LLC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
904321720		02/17/20	01/28/20	02/22/20		237.00	0.00	0.00	237.00
SUPPLIES								
904321719		02/17/20	01/28/20	02/22/20		251.66	0.00	0.00	251.66
SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC			488.66	0.00	0.00	488.66
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
689888585		02/19/20	01/16/20	02/10/20		36.67	0.00	0.00	36.67
SHIPPING								
691934530		02/19/20	02/06/20	03/02/20		107.46	0.00	0.00	107.46
SHIPPING								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.			144.13	0.00	0.00	144.13
Vendor#	Vendor Name			Class	Pay Code			
F1400	FISHER HEALTHCARE			M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
7096888		02/17/20	01/10/20	02/04/20		24.03	0.00	0.00	24.03
SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE			24.03	0.00	0.00	24.03
Vendor#	Vendor Name			Class	Pay Code			
12944	FRASIER HEALTHCARE CONSULTING,							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
18913		02/18/20	02/10/20	02/10/20		2,766.43	0.00	0.00	2,766.43
COLLECTIONS - Commission on collections								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	12944	FRASIER HEALTHCARE CONSULTING,			2,766.43	0.00	0.00	2,766.43
Vendor#	Vendor Name			Class	Pay Code			
12404	GE PRECISION HEALTHCARE, LLC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6001504160		02/17/20	02/01/20	03/01/20		3,588.58	0.00	0.00	3,588.58
IMAGING CONTRACT								
6001504192		02/17/20	02/01/20	03/01/20		5,665.83	0.00	0.00	5,665.83

	IMAGING CONTRACT								
	6001504064	02/17/20	02/01/20	03/01/20		1,281.96	0.00	0.00	1,281.96
	IMAGING CONTRACT								
	6001504065	02/17/20	02/01/20	03/01/20		572.33	0.00	0.00	572.33
	IMAGING CONTRACT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC				11,108.70	0.00	0.00	11,108.70
Vendor#	Vendor Name				Class	Pay Code			
10901	GENESIS DIAGNOSTICS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	50769		01/27/20	01/29/20	02/28/20		328.10	0.00	0.00	328.10
	SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS					328.10	0.00	0.00	328.10
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
	1802619		01/30/20	01/28/20	02/27/20		1,011.81	0.00	0.00	1,011.81
	SUPPLIES									
	1802551		01/30/20	01/28/20	02/27/20		502.73	0.00	0.00	502.73
	SUPPLIES									
	1802552		01/30/20	01/28/20	02/27/20		187.20	0.00	0.00	187.20
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					1,701.74	0.00	0.00	1,701.74
Vendor#	Vendor Name				Class	Pay Code				
11784	HALF LEAGUE STORAGE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	021220		02/19/20	02/12/20	02/12/20		360.00	0.00	0.00	360.00
	UNIT 11, 12, 35 FEB-APRIL									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11784	HALF LEAGUE STORAGE					360.00	0.00	0.00	360.00
Vendor#	Vendor Name				Class	Pay Code				
11552	HEALTHCARE FINANCIAL SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	100267313		01/30/20	01/26/20	03/01/20		3,227.85	0.00	0.00	3,227.85
	PHONE SYSTEM									
	100269012		02/04/20	02/01/20	03/01/20		917.54	0.00	0.00	917.54
	STERIS/STERLIZER LEASE									
	100274335		02/10/20	02/06/20	03/01/20		7,447.86	0.00	0.00	7,447.86
	LEASE									
	100274336		02/10/20	02/06/20	03/01/20		1,797.44	0.00	0.00	1,797.44
	LEASE									
	100274333		02/10/20	02/06/20	03/01/20		4,919.41	0.00	0.00	4,919.41
	LEASE									
	100274334		02/10/20	02/06/20	03/01/20		7,154.17	0.00	0.00	7,154.17
	LEASE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINANCIAL SERVICES					25,464.27	0.00	0.00	25,464.27
Vendor#	Vendor Name				Class	Pay Code				
11200	IRON MOUNTAIN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

CJYR92		01/30/20	01/31/20	03/01/20		419.14	0.00	0.00	419.14
SHRED SERVICE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN				419.14	0.00	0.00	419.14

Vendor#	Vendor Name	Class	Pay Code
11108	ITERSOURCE CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5318		02/17/20	02/01/20	02/01/20			250.00	0.00	0.00	250.00
	SUPPORT SERVICE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORPORATION					250.00	0.00	0.00	250.00

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
921968447		01/27/20	01/29/20	02/28/20			864.00	0.00	0.00	864.00
	SUPPLIES									
921984373		02/17/20	01/30/20	02/29/20			367.02	0.00	0.00	367.02
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC					1,231.02	0.00	0.00	1,231.02

Vendor#	Vendor Name	Class	Pay Code
11230	JACKSON & COKER LOCUM TENENS,		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2037616		02/18/20	12/05/20	12/05/20			352.92	0.00	0.00	352.92
	PRO FEES UONG									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,					352.92	0.00	0.00	352.92

Vendor#	Vendor Name	Class	Pay Code
L0700	LABCORP OF AMERICA HOLDINGS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
65192528		02/19/20	02/01/20	02/26/20			15.00	0.00	0.00	15.00
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS					15.00	0.00	0.00	15.00

Vendor#	Vendor Name	Class	Pay Code
11600	LEGAL SHIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
021520		02/19/20	02/15/20	02/15/20			906.35	0.00	0.00	906.35
	INSURANCE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD					906.35	0.00	0.00	906.35

Vendor#	Vendor Name	Class	Pay Code
L1640	LOWE'S HOME CENTERS INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
42408		02/19/20	01/03/20	02/28/20			109.24	0.00	0.00	109.24
	SUPPLIES									
020220		02/19/20	02/02/20	02/28/20			3.41	0.00	0.00	3.41
	INTEREST									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	L1640	LOWE'S HOME CENTERS INC					112.65	0.00	0.00	112.65

Vendor#	Vendor Name	Class	Pay Code

10972 M G TRUST

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021720		02/18/20	02/17/20	02/17/20		940.86	0.00	0.00	940.86
	PAYROLL DED								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	940.86	0.00	0.00	940.86

Vendor# Vendor Name — Class — Pay Code

M2178 MCKESSON MEDICAL SURGICAL INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
75981736		02/17/20	02/04/20	02/19/20		534.88	0.00	0.00	534.88
75914357	SUPPLIES								
~~54726709~~		02/17/20	02/04/20	02/19/20		64.10	0.00	0.00	64.10
	SUPPLIES								
75918050		02/17/20	02/04/20	02/19/20		162.17	0.00	0.00	162.17
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	761.15	0.00	0.00	761.15

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
144414		02/19/20	01/31/20	02/25/20		2,858.30	0.00	0.00	2,858.30
	COLLECTION FEES								
144413		02/19/20	01/31/20	02/25/20		386.43	0.00	0.00	386.43
	COLLECTION FEE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	3,244.73	0.00	0.00	3,244.73

Vendor# Vendor Name — Class — Pay Code

10613 MEDIMPACT HEALTHCARE SYS, INC. — A/P

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021320		02/19/20	02/13/20	02/13/20		171.59	0.00	0.00	171.59
	INDIGENT CARE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	171.59	0.00	0.00	171.59

Vendor# Vendor Name — Class — Pay Code

M2827 MEDIVATORS — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
39953		02/17/20	02/03/20	02/17/20		25.31	0.00	0.00	25.31
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	25.31	0.00	0.00	25.31

Vendor# Vendor Name — Class — Pay Code

12204 MEMORIAL MEDICAL CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021220		02/19/20	02/12/20	02/12/20		5.00	0.00	0.00	5.00
	PETTY CASH								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12204	MEMORIAL MEDICAL CENTER	5.00	0.00	0.00	5.00

Vendor# Vendor Name — Class — Pay Code

10963 MEMORIAL MEDICAL CLINIC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021720		02/18/20	02/17/20	02/17/20		555.00	0.00	0.00	555.00
	PAYROLL DED								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC				555.00	0.00	0.00	555.00

Vendor#	Vendor Name	Class	Pay Code
G0333	MICHAEL GAINES	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
021720		02/19/20	02/17/20	02/17/20			916.00	0.00	0.00	916.00
	NURSE CONFRENCE ACUTE care registration fee									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0333	MICHAEL GAINES	916.00	0.00	0.00	916.00

Vendor#	Vendor Name	Class	Pay Code
11604	MICHAEL PFIEL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
021820		02/19/20	02/18/20	02/18/20			731.00	0.00	0.00	731.00
	DEA RENEWAL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11604	MICHAEL PFIEL	731.00	0.00	0.00	731.00

Vendor#	Vendor Name	Class	Pay Code
10536	MORRIS & DICKSON CO, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4831032A		02/18/20	10/24/20	11/03/20			3,972.92	0.00	0.00	3,972.92
	INVENTORY									
SC3083		02/18/20	10/25/20	11/04/20			10.27	0.00	0.00	10.27
	SERVICES CHARGE									
SC3249		02/18/20	11/25/20	12/05/20			61.48	0.00	0.00	61.48
	SERVICE CHARGE									
SC3250		02/18/20	11/25/20	12/05/20			13.35	0.00	0.00	13.35
	SERVICE CHARGE									
CM30699		02/18/20	12/24/20	01/03/20			-64.85	0.00	0.00	-64.85
	CREDIT									
6269		02/18/20	01/13/20	01/23/20			-56.29	0.00	0.00	-56.29
	CREDIT									
5228011		02/19/20	02/11/20	02/21/20			315.83	0.00	0.00	315.83
	INVENTORY									
5227391		02/19/20	02/11/20	02/21/20			38.77	0.00	0.00	38.77
	INVENTORY									
5228012		02/19/20	02/11/20	02/21/20			3,852.23	0.00	0.00	3,852.23
	INVENTORY									
5228013		02/19/20	02/11/20	02/21/20			144.86	0.00	0.00	144.86
	INVENTORY									
5224625		02/19/20	02/11/20	02/21/20			1,699.00	0.00	0.00	1,699.00
	ACCUMULATOR FEE									
5233307		02/19/20	02/12/20	02/22/20			1,301.25	0.00	0.00	1,301.25
	INVENTORY									
5233308		02/19/20	02/12/20	02/22/20			602.88	0.00	0.00	602.88
	INVENTORY									
5233306		02/19/20	02/12/20	02/22/20			4,407.90	0.00	0.00	4,407.90
	INVENTORY									
CM43592		02/19/20	02/13/20	02/23/20			-39.37	0.00	0.00	-39.37
	CREDIT									
5237997		02/19/20	02/13/20	02/23/20			488.44	0.00	0.00	488.44
	INVENTORY									

CM43593		02/19/20	02/13/20	02/23/20	-463.20	0.00	0.00	-463.20
5237998	CREDIT	02/19/20	02/13/20	02/23/20	401.33	0.00	0.00	401.33
4580	INVENTORY	02/19/20	02/13/20	02/23/20	5.39	0.00	0.00	5.39
5237999	INVENTORY	02/19/20	02/13/20	02/23/20	245.85	0.00	0.00	245.85
CM43591	INVENTORY	02/19/20	02/13/20	02/23/20	-39.38	0.00	0.00	-39.38
CM43990	CREDIT	02/19/20	02/14/20	02/24/20	-617.40	0.00	0.00	-617.40
CM44567	CREDIT	02/19/20	02/17/20	02/27/20	-127.04	0.00	0.00	-127.04
CM44568	CREDIT	02/19/20	02/17/20	02/27/20	-19.69	0.00	0.00	-19.69
5247291	INVENTORY	02/19/20	02/17/20	02/27/20	1,041.12	0.00	0.00	1,041.12
5247293	INVENTORY	02/19/20	02/17/20	02/27/20	2.79	0.00	0.00	2.79
5248002	INVENTORY	02/19/20	02/17/20	02/27/20	195.27	0.00	0.00	195.27
5248001	INVENTORY	02/19/20	02/17/20	02/27/20	51.39	0.00	0.00	51.39
5246039	INVENTORY	02/19/20	02/17/20	02/27/20	81.06	0.00	0.00	81.06
5247290	INVENTORY	02/19/20	02/17/20	02/27/20	14.48	0.00	0.00	14.48
5247289	INVENTORY	02/19/20	02/17/20	02/27/20	278.16	0.00	0.00	278.16
5247292	INVENTORU	02/19/20	02/17/20	02/27/20	290.72	0.00	0.00	290.72
5254686	INVENTORY	02/19/20	02/18/20	02/28/20	115.90	0.00	0.00	115.90
5253504	INVENTORY	02/19/20	02/18/20	02/28/20	26.54	0.00	0.00	26.54
5253505	INVENTORY	02/19/20	02/18/20	02/28/20	3,275.37	0.00	0.00	3,275.37
5252821	INVENTORY	02/19/20	02/18/20	02/28/20	8.59	0.00	0.00	8.59
5252820	INVENTORY	02/19/20	02/18/20	02/28/20	9.65	0.00	0.00	9.65
5253506	INVENTORY	02/19/20	02/18/20	02/28/20	385.14	0.00	0.00	385.14
5253503	INVENTORY	02/19/20	02/18/20	02/28/20	12,054.52	0.00	0.00	12,054.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	33,965.23	0.00	0.00	33,965.23

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
98827984		02/17/20	02/04/20	02/29/20		299.30	0.00	0.00	299.30

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	299.30	0.00	0.00	299.30

Vendor#	Vendor Name	Class	Pay Code
11069	PABLO GARZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
021820		02/18/20	02/18/20	02/18/20			2,600.00	0.00	0.00	2,600.00

CONTRACT EMPLOYEE (2/4-2/17/2020)

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	2,600.00	0.00	0.00	2,600.00

Vendor#	Vendor Name	Class	Pay Code
11155	PARA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6118		01/30/20	02/01/20	03/02/20			2,000.00	0.00	0.00	2,000.00

REVENUE INTEGRITY PROGR

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11155	PARA	2,000.00	0.00	0.00	2,000.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3005		02/19/20	01/20/20	01/20/20			1,200.00	0.00	0.00	1,200.00

NEW CONDUIT/CIRCUITS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12708	POC ELECTRIC, LLC	1,200.00	0.00	0.00	1,200.00

Vendor#	Vendor Name	Class	Pay Code
P2100	PORT LAVACA WAVE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
013120		02/19/20	01/31/20	02/25/20			1,250.00	0.00	0.00	1,250.00

AD

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE	1,250.00	0.00	0.00	1,250.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
IN000421684		01/30/20	01/31/20	03/01/20			2,028.00	0.00	0.00	2,028.00

PT SURVEY

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20010600		02/18/20	02/12/20	02/27/20			4,320.02	0.00	0.00	4,320.02

GAS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LP	4,320.02	0.00	0.00	4,320.02

Vendor#	Vendor Name	Class	Pay Code
10896	QIAGEN INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
997241422		02/17/20	01/30/20	02/29/20			1,323.49	0.00	0.00	1,323.49

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

10896	QIAGEN INC				1,323.49	0.00	0.00	1,323.49

Vendor# Vendor Name — Class — Pay Code

R1200 RED HAWK FIRE AND SECURITY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
432516	FIRE MONITORING	02/17/20	02/01/20	02/26/20		47.29	0.00	0.00	47.29

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

Vendor# Vendor Name — Class — Pay Code

11764 ROBERT RODRIQUEZ

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
~~021420~~ 160419	CUSTOMER APPRECIATION C	02/19/20	02/14/20	02/14/20		49.00	0.00	0.00	49.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11764	ROBERT RODRIQUEZ	49.00	0.00	0.00	49.00

Vendor# Vendor Name — Class — Pay Code

10927 ROSHANDA THOMAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021720	THA COMPASS USER GROUP 2/13/2020	02/18/20	02/17/20	02/17/20		275.56	0.00	0.00	275.56

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10927	ROSHANDA THOMAS	275.56	0.00	0.00	275.56

Vendor# Vendor Name — Class — Pay Code

S1700 SHARN INC — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN00881181	SUPPLIES	02/17/20	02/03/20	02/17/20		72.57	0.00	0.00	72.57

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1700	SHARN INC	72.57	0.00	0.00	72.57

Vendor# Vendor Name — Class — Pay Code

K0536 SHIRLEY KARNEI

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021820	CONTRACT EMPLOYEE (2/5 - 2/18/2020)	02/19/20	02/18/20	02/18/20		397.65	0.00	0.00	397.65

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	397.65	0.00	0.00	397.65

Vendor# Vendor Name — Class — Pay Code

S2001 SIEMENS MEDICAL SOLUTIONS INC — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
115855593	MAIT CONTRACT	02/17/20	01/27/20	02/21/20		2,193.83	0.00	0.00	2,193.83

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC	2,193.83	0.00	0.00	2,193.83

Vendor# Vendor Name — Class — Pay Code

12848 SKILLGIGS INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22040	ICU NURSE ROWE (1/20-1/22/2020)	01/30/20	01/29/20	02/28/20		2,457.00	0.00	0.00	2,457.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12848	SKILLGIGS INC.	2,457.00	0.00	0.00	2,457.00

Vendor# Vendor Name — Class — Pay Code

S2362 SMITH & NEPHEW

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
923908017		02/17/20	01/29/20	02/06/20			584.42	0.00	0.00	584.42
	SUPPLIES									
923926162		02/17/20	02/03/20	02/17/20			1,392.36	0.00	0.00	1,392.36
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	1,976.78	0.00	0.00	1,976.78

Vendor#	Vendor Name	Class	Pay Code
S3960	STERICYCLE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4009113193		01/28/20	02/01/20	03/02/20			2,300.00	0.00	0.00	2,300.00
	DISPOSAL SERVICE									

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

Vendor#	Vendor Name	Class	Pay Code
S3940	STERIS CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
502303260		02/18/20	10/23/20	11/17/20			1,088.59	0.00	0.00	1,088.59
	VALVE SOLENOID/CHECK VAI									
502368151		02/18/20	12/11/20	01/05/20			12,434.28	0.00	0.00	12,434.28
	STEAM GENERATOR									
502378907		02/18/20	12/19/20	01/13/20			1,076.00	0.00	0.00	1,076.00
	BOILER INSPECTION FEE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION	14,598.87	0.00	0.00	14,598.87

Vendor#	Vendor Name	Class	Pay Code
11640	STORAWAY STORAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
NOV-FEB 2020		02/17/20	02/17/20	02/17/20			680.00	0.00	0.00	680.00
	UNIT 133 & J									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11640	STORAWAY STORAGE	680.00	0.00	0.00	680.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
900854880		02/17/20	01/31/20	02/17/20			47.40	0.00	0.00	47.40
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP	47.40	0.00	0.00	47.40

Vendor#	Vendor Name	Class	Pay Code
10735	STRYKER SUSTAINABILITY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3859618		01/27/20	01/29/20	02/28/20			2,614.44	0.00	0.00	2,614.44
	SUPPLIES									
3953036		02/18/20	01/22/20	02/21/20			-12,171.60	0.00	0.00	-12,171.60
	CREDIT INVOICE NO 3732740									
3732740A		02/18/20	02/18/20	02/18/20			18,257.40	0.00	0.00	18,257.40
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	8,700.24	0.00	0.00	8,700.24

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
31036	CLOUD HOSTING	01/30/20	01/31/20	03/01/20		1,144.00	0.00	0.00	1,144.00
31037	ANNUAL MAINT CONTRACT	01/30/20	01/31/20	03/01/20		10,694.00	0.00	0.00	10,694.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC	11,838.00	0.00	0.00	11,838.00

Vendor# Vendor Name Class Pay Code

11944 TALX CORPORATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1001186523	EMPLOYEE VERIFICATION	02/19/20	01/08/20	02/07/20		10.99	0.00	0.00	10.99

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11944	TALX CORPORATION	10.99	0.00	0.00	10.99

Vendor# Vendor Name Class Pay Code

11067 TRIZETTO PROVIDER SOLUTIONS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
35FK022000	PT STATEMENT	02/17/20	02/01/20	02/26/20		1,010.00	0.00	0.00	1,010.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	1,010.00	0.00	0.00	1,010.00

Vendor# Vendor Name Class Pay Code

11025 TX DEPT OF STATE HEALTH SRV

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
010320	MAMMO RADIATION LICENSE	01/28/20	01/03/20	02/29/20		2,035.00	0.00	0.00	2,035.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11025	TX DEPT OF STATE HEALTH SRV	2,035.00	0.00	0.00	2,035.00

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
840322848	LAUNDRY	02/11/20	02/03/20	02/28/20		47.15	0.00	0.00	47.15
8400322880	LAUNDRY	02/11/20	02/03/20	02/28/20		1,374.63	0.00	0.00	1,374.63
840322849	LAUNDRY	02/11/20	02/03/20	02/28/20		94.48	0.00	0.00	94.48
7400323201	LAUNDRY	02/18/20	02/06/20	03/02/20		175.83	0.00	0.00	175.83
8400323198	LAUNDRY	02/18/20	02/06/20	03/02/20		131.55	0.00	0.00	131.55
8400323233	LAUNDRY	02/18/20	02/06/20	03/02/20		1,402.91	0.00	0.00	1,402.91
8400323195	LAUNDRY	02/18/20	02/06/20	03/02/20		32.20	0.00	0.00	32.20
8400323259	LAUNDRY	02/18/20	02/06/20	03/02/20		123.11	0.00	0.00	123.11
840323219	LAUNDRY	02/18/20	02/06/20	03/02/20		81.67	0.00	0.00	81.67
8400323200	LAUNDRY	02/18/20	02/06/20	03/02/20		223.93	0.00	0.00	223.93

8400323199		02/18/20	02/06/20	03/02/20		352.91	0.00	0.00	352.91
LAUNDRY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS				4,040.37	0.00	0.00	4,040.37
Vendor#	Vendor Name				Class	Pay Code			
13048	US MED-EQUIP, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
R218931		02/12/20	01/31/20	02/28/20			975.00	0.00	0.00	975.00
CRIB RENTAL										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	13048	US MED-EQUIP, LLC					975.00	0.00	0.00	975.00
Vendor#	Vendor Name				Class	Pay Code				
U2000	US POSTAL SERVICE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
021220		02/19/20	02/12/20	02/12/20			2,200.00	0.00	0.00	2,200.00
POSTAGE										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE					2,200.00	0.00	0.00	2,200.00
Vendor#	Vendor Name				Class	Pay Code				
V0554	VCS SECURITY SYSTEMS				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
214171		02/17/20	12/23/20	01/22/20			495.00	0.00	0.00	495.00
FIRE MONITORING										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	V0554	VCS SECURITY SYSTEMS					495.00	0.00	0.00	495.00
Vendor#	Vendor Name				Class	Pay Code				
10793	WAGEWORKS, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
021720		02/18/20	02/17/20	02/17/20			4,907.35	0.00	0.00	4,907.35
PAYROLL DED										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10793	WAGEWORKS, INC.					4,907.35	0.00	0.00	4,907.35
Vendor#	Vendor Name				Class	Pay Code				
I1110	WERFEN USA LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9110778845		02/17/20	01/27/20	02/21/20			422.95	0.00	0.00	422.95
SUPPLIES										
9110780204		02/17/20	01/29/20	02/23/20			946.94	0.00	0.00	946.94
SUPPLIES										
9110780837		02/19/20	01/31/20	02/25/20			51.45	0.00	0.00	51.45
SUPPLIES										
9110782676		02/19/20	02/04/20	02/29/20			5,346.95	0.00	0.00	5,346.95
SUPPLIES										
9110783454		02/19/20	02/05/20	03/01/20			285.18	0.00	0.00	285.18
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC					7,053.47	0.00	0.00	7,053.47

Report Summary

Grand Totals:	Gross	Discount	Net
	381,888.24	0.00	381,888.24

APPROVED

FEB 20 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 184543 - 184624

381,888.24 +
2,134.54 -
1,703.58 +
381,457.28 =

<2,134.54>
+1703.58
381,457.28

RUN DATE:02/25/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:08 CHECK REGISTER GLCKREG
02/26/20 THRU 02/26/20

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
	A/P	184543	02/26/20	6.59	ACE HARDWARE 15521
	A/P	184544	02/26/20	1,400.00	ACUTE CARE INC
	A/P	184545	02/26/20	46.00	ADRIANNA GALVAN
	A/P	184546	02/26/20	3,355.46	AIRGAS USA, LLC - CENTRAL DIV
	A/P	184547	02/26/20	2,027.25	ALLYSON SWOPE
	A/P	184548	02/26/20	36.16	AMERISOURCEBERGEN DRUG CORP
	A/P	184549	02/26/20	42.96	AQUA BEVERAGE COMPANY
	A/P	184550	02/26/20	1,240.17	ARTHREX, INC
	A/P	184551	02/26/20	54.66	BARD PERIPHERAL VASCULAR
	A/P	184552	02/26/20	3,502.33	BAXTER HEALTHCARE
	A/P	184553	02/26/20	353.91	BRIGGS HEALTHCARE
	A/P	184554	02/26/20	429.05	CARDINAL HEALTH 414, INC.
	A/P	184555	02/26/20	274.00	CDW GOVERNMENT, INC.
	A/P	184556	02/26/20	180.00	CITIZENS MEDICAL CENTER
	A/P	184557	02/26/20	8,616.41	CLINICAL PATHOLOGY LABS
	A/P	184558	02/26/20	314.19	COASTAL REFRIGERATION
	A/P	184559	02/26/20	895.63	CONMED CORPORATION
	A/P	184560	02/26/20	37.60	CONMED LINVATEC
	A/P	184561	02/26/20	550.00	DASHBOARD MD
	A/P	184562	02/26/20	.00	VOIDED
	A/P	184563	02/26/20	1,703.58	DEWITT POTH & SON
	A/P	184564	02/26/20	143,322.38	DISCOVERY MEDICAL NETWORK INC
	A/P	184565	02/26/20	1,149.50	EAGLE FIRE & SAFETY INC
	A/P	184566	02/26/20	41,322.50	EMERGENCY STAFFING SOLUTIONS
	A/P	184567	02/26/20	225.76	ERIN CLEVENGER
	A/P	184568	02/26/20	488.66	EVOQUA WATER TECHNOLOGIES LLC
	A/P	184569	02/26/20	144.13	FEDERAL EXPRESS CORP.
	A/P	184570	02/26/20	24.03	FISHER HEALTHCARE
	A/P	184571	02/26/20	2,766.43	FRASIER HEALTHCARE CONSULTING,
	A/P	184572	02/26/20	11,108.70	GE PRECISION HEALTHCARE, LLC
	A/P	184573	02/26/20	328.10	GENESIS DIAGNOSTICS
	A/P	184574	02/26/20	1,701.74	GULF COAST PAPER COMPANY
	A/P	184575	02/26/20	360.00	HALF LEAGUE STORAGE
	A/P	184576	02/26/20	25,464.27	HEALTHCARE FINANCIAL SERVICES
	A/P	184577	02/26/20	419.14	IRON MOUNTAIN
	A/P	184578	02/26/20	250.00	ITERSOURCE CORPORATION
	A/P	184579	02/26/20	1,231.02	J & J HEALTH CARE SYSTEMS, INC
	A/P	184580	02/26/20	352.92	JACKSON & COKER LOCUM TENENS,
	A/P	184581	02/26/20	15.00	LABCORP OF AMERICA HOLDINGS
	A/P	184582	02/26/20	906.35	LEGAL SHIELD
	A/P	184583	02/26/20	112.65	LOWE'S HOME CENTERS INC
	A/P	184584	02/26/20	940.86	M G TRUST
	A/P	184585	02/26/20	761.15	MCKESSON MEDICAL SURGICAL INC
	A/P	184586	02/26/20	3,244.73	MEDICAL DATA SYSTEMS, INC.
	A/P	184587	02/26/20	171.59	MEDIMPACT HEALTHCARE SYS, INC.
	A/P	184588	02/26/20	25.31	MEDIVATORS
	A/P	184589	02/26/20	5.00	MEMORIAL MEDICAL CENTER
	A/P	184590	02/26/20	555.00	MEMORIAL MEDICAL CLINIC
	A/P	184591	02/26/20	916.00	MICHAEL GAINES
	A/P	184592	02/26/20	731.00	MICHAEL PFIEL

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	184593	02/26/20	.00	VOIDED
A/P	184594	02/26/20	.00	VOIDED
A/P	184595	02/26/20	33,965.23	MORRIS & DICKSON CO, LLC
A/P	184596	02/26/20	299.30	OLYMPUS AMERICA INC
A/P	184597	02/26/20	2,600.00	PABLO GARZA
A/P	184598	02/26/20	2,000.00	PARA
A/P	184599	02/26/20	1,200.00	POC ELECTRIC, LLC
A/P	184600	02/26/20	1,250.00	PORT LAVACA WAVE
A/P	184601	02/26/20	2,028.00	PRESS GANEY ASSOCIATES, INC.
A/P	184602	02/26/20	4,320.02	PRO ENERGY PARTNERS LP
A/P	184603	02/26/20	1,323.49	QIAGEN INC
A/P	184604	02/26/20	47.29	RED HAWK FIRE AND SECURITY
A/P	184605	02/26/20	49.00	ROBERT RODRIQUEZ
A/P	184606	02/26/20	275.56	ROSHANDA THOMAS
A/P	184607	02/26/20	72.57	SHARN INC
A/P	184608	02/26/20	397.65	SHIRLEY KARNEI
A/P	184609	02/26/20	2,193.83	SIEMENS MEDICAL SOLUTIONS INC
A/P	184610	02/26/20	2,457.00	SKILLGIGS INC.
A/P	184611	02/26/20	1,976.78	SMITH & NEPHEW
A/P	184612	02/26/20	2,300.00	STERICYCLE, INC
A/P	184613	02/26/20	14,598.87	STERIS CORPORATION
A/P	184614	02/26/20	680.00	STORAWAY STORAGE
A/P	184615	02/26/20	47.40	STRYKER SALES CORP
A/P	184616	02/26/20	8,700.24	STRYKER SUSTAINABILITY
A/P	184617	02/26/20	11,838.00	T-SYSTEM, INC
A/P	184618	02/26/20	10.99	TALX CORPORATION
A/P	184619	02/26/20	1,010.00	TRIZETTO PROVIDER SOLUTIONS
A/P	184620	02/26/20	2,035.00	TX DEPT OF STATE HEALTH SRV
A/P	184621	02/26/20	4,040.37	UNIFIRST HOLDINGS
A/P	184622	02/26/20	975.00	US MED-EQUIP, LLC
A/P	184623	02/26/20	2,200.00	US POSTAL SERVICE
A/P	184624	02/26/20	495.00	VCS SECURITY SYSTEMS
A/P	184625	02/26/20	4,907.35	WAGEWORKS, INC.
A/P	184626	02/26/20	7,053.47	WERFEN USA LLC
A/P	184627	02/26/20	28,521.79	GOLDENCREEK HEALTHCARE
A/P	184628	02/26/20	21,899.44	GULF POINTE PLAZA
A/P	184629	02/26/20	6,820.00	THE CRESCENT
TOTALS:			438,698.51	

Payables 381,457.28 +
NH 6,820.00 +
Transfers 28,521.79 +
21,899.44 +
438,698.51 *

APPROVED ON

FEB 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/21/2020 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 02/22/2020

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

As of: 02/21/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 02/22/2020 ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 6,525.10 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 02/25/2020,
Pay This Amount: 6,394.60 USD

If Paid After 02/25/2020,
Pay this Amount: 6,525.10 USD

Due If Paid On Time:
USD 6,394.60

Disc lost if paid late:
130.50

Due If Paid Late:
USD 6,525.10

CK # 500075

1,044.16 +
1.04 +
1,611.85 +
62.83 +
3,674.72 +
6,394.60 *

APPROVED ON
FEB 25 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/21/2020

DC: 8115

Territory: 400

Customer: 256342
Date: 02/22/2020

Page: 001

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

As of: 02/21/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 02/22/2020

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
02/17/2020	02/25/2020	7183848755	6368041962	115Invoice	24.50	1,225.08		1,200.58	✓	7183848755	
02/17/2020	02/25/2020	7183984983	791356638	195Invoice	5.77	288.27		282.50	✓	7183984983	
02/18/2020	02/25/2020	7184100705	6368046637	115Invoice	5.41	270.53		265.12	✓	7184100705	
02/18/2020	02/25/2020	7184231118	791704641	195Invoice	0.01	0.32		0.31	✓	7184231118	
02/19/2020	02/25/2020	7184329576	2268091356	115Invoice	5.41	270.53		265.12	✓	7184329576	
02/19/2020	02/25/2020	7184329577	0218200347-00	115Invoice	7.54	377.23		369.69	✓	7184329577	
02/19/2020	02/25/2020	7184457707	791948635	195Invoice	10.37	518.71		508.34	✓	7184457707	
02/19/2020	02/25/2020	7184514471	00002182020TM	115Invoice	0.85	42.29		41.44	✓	7184514471	
02/20/2020	02/25/2020	7184560758	2268095825	115Invoice	4.27	213.27		209.00	✓	7184560758	
02/20/2020	02/25/2020	7184560759	0219200203-00	115Invoice	3.16	158.14		154.98	✓	7184560759	
02/20/2020	02/25/2020	7184560760	1130019	115Invoice	1.58	79.07		77.49	✓	7184560760	
02/20/2020	02/25/2020	7184701093	792222807	195Invoice	0.02	0.94		0.92	✓	7184701093	
02/20/2020	02/25/2020	7184740495	0000002192020SS	115Invoice	0.03	1.47		1.44	✓	7184740495	
02/21/2020	02/25/2020	7184820669	5568100368	115Invoice	6.06	303.18		297.12	✓	7184820669	
02/21/2020	02/25/2020	7184831686	0220200358-00	115Invoice	0.01	0.37		0.36	✓	7184831686	
02/21/2020	02/25/2020	7184950802	792472445	195Invoice	0.01	0.32		0.31	✓	7184950802	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 3,749.72 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,812.97
02/17/2020

If Paid By 02/25/2020,
Pay This Amount: 3,674.72 USD

If Paid After 02/25/2020,
Pay this Amount: 3,749.72 USD

Due If Paid On Time:
USD 3,674.72

Disc lost if paid late:
75.00

Due If Paid Late:
USD 3,749.72

APPROVED ON
FEB 25 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/21/2020

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 02/22/2020

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

As of: 02/21/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 02/22/2020

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
02/19/2020	02/25/2020	7184335874	2017012487	115Invoice	1.28	64.11		62.83	✓	7184335874	

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: 64.11 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,812.97
02/17/2020

If Paid By 02/25/2020,
Pay This Amount: 62.83 USD

If Paid After 02/25/2020,
Pay this Amount: 64.11 USD

Due If Paid On Time:
USD 62.83

Disc lost if paid late: 1.28

Due If Paid Late:
USD 64.11

APPROVED ON

FEB 25 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/21/2020

DC: 8115

Territory: 81

Customer: 464450
Date: 02/22/2020

Page: 001

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

As of: 02/21/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450
Date: 02/22/2020

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
02/20/2020	02/25/2020	7184554047	55x735563	115Invoice	32.89	1,644.74		1,611.85		7184554047	

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

TOTAL: Customer Number 464450 HEB PHY FC 490/MEM MC PHS

Subtotals: 1,644.74 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,676.18
02/03/2020

If Paid By 02/25/2020, Pay This Amount: 1,611.85 USD

If Paid After 02/25/2020, Pay this Amount: 1,644.74 USD

Due If Paid On Time: USD 1,611.85

Disc lost if paid late: 32.89

Due If Paid Late: USD 1,644.74

APPROVED
ON
FEB 25 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/21/2020

Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 02/22/2020

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

As of: 02/21/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 02/22/2020 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
02/20/2020	02/25/2020	7184563031	673868	115Invoice	0.02	1.06		1.04		7184563031	

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: 1.06 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,812.97
02/17/2020

If Paid By 02/25/2020,
Pay This Amount: 1.04 USD

If Paid After 02/25/2020,
Pay this Amount: 1.06 USD

Due If Paid On Time:
USD 1.04

Disc lost if paid late:
0.02

Due If Paid Late:
USD 1.06

APPROVED
ON
FEB 25 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/21/2020 Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 02/22/2020

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

As of: 02/21/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 02/22/2020 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
02/20/2020	02/25/2020	7184731238	674170	115Invoice	21.31	1,065.47		1,044.16		7184731238	

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

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

Subtotals: 1,065.47 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,812.97
02/17/2020

If Paid By 02/25/2020,
Pay This Amount: 1,044.16 USD

If Paid After 02/25/2020,
Pay this Amount: 1,065.47 USD

Due If Paid On Time:
USD 1,044.16

Disc lost if paid late:
21.31

Due If Paid Late:
USD 1,065.47

APPROVED
ON
FEB 25 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 58914951 Date: 02-21-2020

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

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

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

Summary

Not Yet Due:	0.00
Current:	993.84
Past Due:	0.00
Total Due:	993.84
Account Balance:	993.84

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
02-17-2020	02-28-2020	3034133411	155237	Invoice	215.10
02-17-2020	02-28-2020	3034133412	155250	Invoice	326.85
02-17-2020	02-28-2020	3034186845	155299	Invoice	16.87
02-18-2020	02-28-2020	3034246279	155333	Invoice	417.98
02-20-2020	02-28-2020	3034362725	155366	Invoice	17.04

Thank You for Your Payment

Date	Payment Number	Amount
02-21-2020		(242.69)

Reminders

Due Date	Amount
02-28-2020	993.84

Total Due: 993.84

Terms:
Monday - Friday due in 7 days

CK# 500076

215.10 +
326.85 +
16.87 +
417.98 +
17.04 +
993.84 *

APPROVED ON
FEB 24 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- February 17, 2020 - February 23, 2020

Date	Bank Description	MMC Notes	Amount	CPS
2/18/2020	PAY PLUS ACHTRANS 452579291 101000692115144	- 3rd Party Payor Fee	3.71	445,469.65
2/18/2020	MCKESSON DRUG AUTO ACH ACH04081199 910000142	- 340B Drug Program Expense	3,812.97 *	142,675.97
2/18/2020	TEXAS COUNTY DRS RECEIVABLE 0419 21000029698	- Retirement Funding	142,675.97 **	1,696.42
2/19/2020	WEBFILE TAX PYMT DD 902/36214948 21000028951	- Sales Tax	1,696.42 *	0.66
2/19/2020	PAY PLUS ACHTRANS 452579291 101000693276666	- 3rd Party Payor Fee	0.66	10.53
2/20/2020	PAY PLUS ACHTRANS 452579291 101000694252950	- 3rd Party Payor Fee	10.53	1,073.60
2/20/2020	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	-CitiBank Corporate Card Payment	1,073.60 *	242.69
2/21/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	242.69 *	295,953.10
2/21/2020	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	295,953.10 *	3,812.97
				14.90
			445,469.65	

Jason Anglin, CEO
Memorial Medical Center

February 24, 2020

* Approved 02.19.2020 cc
** Approved 02.10.2020 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
			-

Jason Anglin, CEO
Memorial Medical Center

February 24, 2020

Pay Plus

3.71 +
0.66 +
10.53 +
14.90 *

14.90 +
14.90 -
0.00 *

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
[redacted]				
A/P *	200257	02/18/20	142,675.97	TEXAS COUNTY DRS RECEIV
A/P	300314	02/18/20	3.71	PAY PLUS
A/P	300315	02/19/20	.66	PAY PLUS
A/P	300316	02/20/20	10.53	PAY PLUS
A/P *	300317	02/20/20	1,073.60	WIRE OUT CBNA
A/P	500073	02/18/20	3,812.97	MCKESSON
A/P *	500074	02/21/20	242.69	AMERISROUCE
A/P	700020	02/19/20	1,696.42	WEBFILE TAX PYMT
TOTALS:			900,866.26	

Electronic Transfers

RECEIVED
FEB 20 2020
Calhoun County Auditor

02/20/2020
10:58

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
021020		02/19/20	02/10/20	03/05/20			6,820.00	0.00	0.00	6,820.00
	TRANSFER	NH Insurance pymt sent to mmc in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	6,820.00	0.00	0.00	6,820.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,820.00	0.00	0.00	6,820.00

APPROVED
ON
FEB 20 2020

CK# 184629

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

02/20/2020
10:51

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021020		02/19/20	02/10/20	03/05/20		11,530.08	0.00	0.00	11,530.08 ✓
	TRANSFER	NH Insurance pymt sent to mmc in error							
021320		02/19/20	02/13/20	03/05/20		16,517.64	0.00	0.00	16,517.64 ✓
	TRANSFER	NH Insurance pymt sent to mmc in error							
021320A		02/19/20	02/13/20	03/05/20		380.00	0.00	0.00	380.00 ✓
	TRANSFER	NH Insurance pymt sent to mmc in error							
021320C		02/19/20	02/13/20	03/05/20		94.07	0.00	0.00	94.07 ✓
	TRANSFER	NH Insurance pymt sent to mmc in error							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	28,521.79	0.00	0.00	28,521.79

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	28,521.79	0.00	0.00	28,521.79

APPROVED
ON
FEB 20 2020

CK # 184627

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

02/20/2020
10:52

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name — Class — Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021020		02/19/20	02/10/20	03/05/20		1,300.00	0.00	0.00	1,300.00 ✓
	TRANSFER	NH Insurance pymnt sent to mmc in error							
021020A		02/19/20	02/10/20	03/05/20		17,948.70	0.00	0.00	17,948.70 ✓
	TRANSFER	NH Insurance pymt sent to MMC in error							
021020B		02/19/20	02/10/20	03/05/20		1,383.46	0.00	0.00	1,383.46 ✓
	TRANSFER	NH Insurance pymt sent to MMC in error							
021320		02/19/20	02/13/20	03/05/20		1,267.28	0.00	0.00	1,267.28 ✓
	TRANSFER	NH Insurance pymt sent to MMC in error							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	21,899.44	0.00	0.00	21,899.44

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	21,899.44	0.00	0.00	21,899.44

APPROVED
ON
FEB 20 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #
184628

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
2/24/2020

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		104,491.56	104,341.41	188,494.03		-	188,644.18	172,424.84
						Bank Balance	188,644.18	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP Yr2 Adjustment	3,435.38	
Routing Information for Ashford Gardens:						MMC Portion QIPP 1 &2	12,633.81	
Ashford Health Care Center Ltd Co						MMC Portion QIPP 3,4,Lapse		
JP Morgan Chase Bank						January Interest	50.15	
ABA						February Interest		
Acc						March Interest		
						Adjust Balance/Transfer Amt	172,424.84	
Broadmoor		80,381.96	80,231.44	395,468.22		-	395,618.74	390,299.08
						Bank Balance	395,618.74	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP Yr2 Adjustment	627.16	
						MMC Portion QIPP 1 &2	4,541.98	
						MMC Portion QIPP 3,4,Lapse		
						January Interest	50.52	
						February Interest		
						March Interest		
						Adjust Balance/Transfer Amt	390,299.08	
Crescent		57,102.20	56,952.96	284,005.58		-	284,154.82	279,519.49
						Bank Balance	284,154.82	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP Yr2 Adjustment	587.23	
						MMC Portion QIPP 1 &2	3,898.86	
						MMC Portion QIPP 3,4,Lapse		
						January Interest	49.24	
						February Interest		
						March Interest		
						Adjust Balance/Transfer Amt	279,519.49	
Fort Bend		25,051.91	24,931.33	76,313.51		-	76,434.09	69,733.05
						Bank Balance	76,434.09	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP Yr2 Adjustment	1,301.29	
						MMC Portion QIPP 1 &2	5,279.17	
						MMC Portion QIPP 3,4,Lapse		
						January Interest	20.58	
						February Interest		
						March Interest		
						Adjust Balance/Transfer Amt	69,733.05	
Solera at W Houston		41,933.30	41,764.61	113,166.90			113,335.59	102,487.42
						Bank Balance	113,335.59	
						Variance	-	
						Leave in Balance	100.00	
						Solera/Medicare Recoup withheld from MMC	5,028.75	
						MMC Portion QIPP Yr2 Adjustment	972.11	
Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:						MMC Portion QIPP 1 &2	4,678.62	
Cantex Health Care Centers III LLC						MMC Portion QIPP 3,4,Lapse		
JP Morgan Chase Bank						January Interest	68.69	
ABA						February Interest		
Acc						March Interest		
						-		
						Adjust Balance/Transfer Amt	102,487.42	

172,424.84	+
390,299.08	+
279,519.49	+
69,733.05	+
102,487.42	+
1,014,463.88	*

TOTAL TRANSFERS	1,014,463.88

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

Approved:
Jason Anglin, CEO

APPROVED ON 2/24/2020
FEB 25 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

J:\NH Weekly Transfers\NH UPL Transfer Summary\2020\February\NH UPL Transfer Summary 2-24-20 .xlsx

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION	
2/18/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200214126003372*1912008361'	-	5,956.64					-	5,956.64	
2/18/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200214147000052*1912008361'	-	27,220.86					-	27,220.86	
2/19/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	83,593.61 ✓	-					-	-	
2/19/2020	MOLINA HEALTHCAR MOLINAACH 00855850 42000014 ISA* * * * *ZZ* *ZZ*	-	4,615.87	2,254.89	2,360.98			3,435.38	1,180.49	ADJUSTMENT PMT FOR QIPP YR 2
2/19/2020	MANAGEANDNET1718 MNS PMNT 000000000000093 41 0249460	-	4,013.10					-	4,013.10	
2/19/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200215111004 20*1912008361'	-	9,854.70					-	9,854.70	
2/19/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200215162009 69*1912008361'	-	31,384.38 ✓					-	31,384.38	
2/20/2020	CHECK 1085	20,747.80 ✓	-					-	-	
2/20/2020	Deposit	-	6,429.55					-	6,429.55	
2/20/2020	Amerigroup TX5C HCCLAIMPMT 3119105416 111000 TRN*1*3119105416*1752603231\	-	1,170.75					-	1,170.75	
2/20/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200216120001 39*1912008361'	-	2,131.12					-	2,131.12	
2/20/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200216167002 21*1912008361'	-	9,107.19					-	9,107.19	
2/21/2020	MOLINA HEALTHCAR MOLINAACH 00856506 42000018 ISA* * * * *ZZ* *ZZ*	-	12,941.61	12,326.01	615.60			12,633.81	307.80	
2/21/2020	Amerigroup TX5C HCCLAIMPMT 3119169461 111000 TRN*1*3119169461*1752603231\	-	31,474.72					-	31,474.72	
2/21/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200219168008 71*1912008361'	-	2,946.89					-	2,946.89	
2/21/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*20200219116011 13*1912008361*0(	-	65.00					-	65.00	
2/21/2020	HUMANA CHA DISB HCCLAIMPMT 390860 4200001319 TRN*1*014840101119675*1611013183\	-	344.00					-	344.00	
2/21/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*0SE531091326436189*174600015	-	4,805.28					-	4,805.28	
2/21/2020	Deposit – From MMC operating – Approved 02.19.20.20	-	34,032.37 ✓					-	34,032.37	
		104,341.41 ✓	188,494.03 ✓	14,580.90	2,976.58	-	-	16,069.19	172,424.84	

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION	
2/18/2020	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR52454405*1411289245*00008	-	6,426.00					-	6,426.00	
2/18/2020	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR52443812*1411289245*00008	-	3,024.00					-	3,024.00	
2/19/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	71,310.34 ✓	-					-	-	
2/19/2020	MOLINA HEALTHCAR MOLINAACH 00856082 42000014 ISA* * * * *ZZ* *ZZ*	-	814.88	439.43	375.45			627.16	187.73	ADJUSTMENT PMT FOR QIPP YR 2
2/19/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0249436	-	40.95					-	40.95	
2/19/2020	HUMANA INS CO HCCLAIMPMT 390861 830000526932 TRN*1*001290048790573*1391263473\	-	2,065.97					-	2,065.97	
2/19/2020	HUMANA INS CO HCCLAIMPMT 390861 830000527359 TRN*1*001290048812146*1391263473\	-	8,648.29					-	8,648.29	
2/19/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200215141012 40*1912008361'	-	16,660.27 ✓					-	16,660.27	
2/20/2020	CHECK 50	8,921.10 ✓	-					-	-	
2/20/2020	Deposit	-	83,854.27					-	83,854.27	
2/20/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9509621865*1411289245*00008772(	-	7,938.00					-	7,938.00	
2/20/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9509317314*1411289245*00008772(	-	8,316.00					-	8,316.00	
2/20/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200216151002 93*1912008361'	-	7,079.96					-	7,079.96	
2/20/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*0SE510001669860433*174600015	-	12,486.28					-	12,486.28	
2/21/2020	MOLINA HEALTHCAR MOLINAACH 00856809 42000018 ISA* * * * *ZZ* *ZZ*	-	4,651.42	4,432.54	218.88			4,541.98	109.44	
2/21/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200219168011 25*1912008361'	-	8,256.96					-	8,256.96	
2/21/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*20200219164020 44*1912008361*0(	-	130.00					-	130.00	
2/21/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000136 TRN*1*EFT5473687*1205296137*000004(	-	203,885.92					-	203,885.92	
2/21/2020	HUMANA INS CO HCCLAIMPMT 390861 830000596476 TRN*1*001290048885522*1391263473\	-	2,101.00					-	2,101.00	
2/21/2020	HUMANA CHA DISB HCCLAIMPMT 390861 4200001319 TRN*1*014840101119676*1611013183\	-	4,152.51					-	4,152.51	
2/21/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*0SE531131669860433*174600015	-	833.39					-	833.39	
2/21/2020	Deposit – From MMC Operating – Approved 02.19.2020	-	14,102.15 ✓					-	14,102.15	
		80,231.44 ✓	395,468.22 ✓	4,871.97	594.33	-	-	5,169.14	390,299.09	

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION	
2/18/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200214152006 24*1912008361'	-	9,742.20					-	9,742.20	
2/18/2020	CIGNA HCCLAIMPMT 1669860425 91000012488634 TRN*1*200213090042305*1591031071\	-	416.24					-	416.24	
2/19/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	49,484.66 ✓	-					-	-	
2/19/2020	MOLINA HEALTHCAR MOLINAACH 00856058 42000014 ISA* * * * *ZZ* *ZZ*	-	737.71	436.74	300.97			587.23	150.49	ADJUSTMENT PMT FOR QIPP YR 2
2/19/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200215135004 29*1912008361'	-	22,537.51 ✓					-	22,537.51	
2/20/2020	CHECK 80	7,468.30 ✓	-					-	-	
2/20/2020	DEPOSIT	-	29,346.28					-	29,346.28	
2/20/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200216151001 03*1912008361'	-	2,032.95					-	2,032.95	
2/21/2020	MOLINA HEALTHCAR MOLINAACH 00856781 42000018 ISA* * * * *ZZ* *ZZ*	-	4,172.40	3,625.31	547.09			3,898.86	273.55	
2/21/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0249503	-	986.00					-	986.00	
2/21/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200219168010 95*1912008361'	-	95.76					-	95.76	
2/21/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000136 TRN*1*EFT5473674*1205296137*000004(	-	192,316.51					-	192,316.51	
2/21/2020	HUMANA INS CO HCCLAIMPMT 390864 830000596171 TRN*1*001290048869391*1391263473\	-	404.64					-	404.64	
2/21/2020	CIGNA HCCLAIMPMT 1669860425 91000012537069 TRN*1*200218090042596*1591031071\	-	3,771.76					-	3,771.76	
2/21/2020	DEPOSIT - From MMC Operating- Approved 02.19.2020	-	17,445.62 ✓					-	17,445.62	
		56,952.96 ✓	284,005.58 ✓	4,062.05	848.06	-	-	4,486.08	279,519.50	

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION	
2/18/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200214107007 83*1912008361'	-	17,008.19					-	17,008.19	
2/19/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	14,670.93 ✓	-					-	-	
2/19/2020	MOLINA HEALTHCAR MOLINAACH 00855902 42000014 ISA* * * * *ZZ* *ZZ*	-	1,679.06	923.51	755.55			1,301.29	377.78	ADJUSTMENT PMT FOR QIPP YR 2
2/19/2020	MOLINA HEALTHCAR MOLINAACH 00855901 42000014 ISA* * * * *ZZ* *ZZ*	-	1,270.00					-	1,270.00	
2/19/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200215160007 70*1912008361'	-	4,142.81					-	4,142.81	
2/20/2020	CHECK 77	10,260.40 ✓	-					-	-	
2/20/2020	DEPOSIT	-	9,683.81					-	9,683.81	
2/20/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200216172000 20*1912008361'	-	1,390.67					-	1,390.67	
2/20/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*0SE510091730577503*174600015	-	8,525.00					-	8,525.00	
2/21/2020	MOLINA HEALTHCAR MOLINAACH 00856579 42000018 ISA* * * * *ZZ* *ZZ*	-	5,523.98	5,034.35	489.63			5,279.17	244.82	
2/21/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*20200219146014 49*1912008361*0(	-	1,007.07					-	1,007.07	
2/21/2020	NOVITAS SOLUTION HCCLAIMPMT 675663 420000136 TRN*1*EFT5472661*1205296137*000004(	-	5,462.93					-	5,462.93	
2/21/2020	HUMANA CHA DISB HCCLAIMPMT 390863 4200001320 TRN*1*0148401011223 55*1611013183\	-	4,400.72					-	4,400.72	
2/21/2020	DEPOSIT - From MMC Operating- Approved 02.19.2020	-	16,219.27 ✓					-	16,219.27	
		24,931.33 ✓	76,313.51 ✓	5,957.86	1,245.18	-	-	6,580.45	69,733.06	

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION	
2/18/2020	Amerigroup TX5C HCCLAIMPMT 3118788290 111000 TRN*1*3118788290*1752603231\	-	1,156.24					-	1,156.24	
2/18/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9508529223*1411289245*00008772(	-	19,954.20					-	19,954.20	
2/18/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200214151009 50*1912008361'	-	5,863.30					-	5,863.30	
2/19/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	32,775.41 ✓	-					-	-	
2/19/2020	MOLINA HEALTHCAR MOLINAACH 00856035 42000014 ISA* * * * *ZZ* *ZZ*	-	1,302.20	642.02	660.18			972.11	330.09	ADJUSTMENT PMT FOR QIPP YR 2
2/19/2020	Amerigroup TX5C HCCLAIMPMT 3118892031 111000 TRN*1*3118892031*1752603231\	-	3,817.76					-	3,817.76	
2/19/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200215135003 33*1912008361'	-	7,663.20					-	7,663.20	
2/19/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*20200215147001 54*1912008361*0(	-	10,595.00					-	10,595.00	
2/20/2020	CHECK 1079	8,989.20 ✓	-					-	-	
2/20/2020	Amerigroup TX5C HCCLAIMPMT 3119105417 111000 TRN*1*3119105417*1752603231\	-	1,161.01					-	1,161.01	
2/20/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9509317255*1411289245*00008772(	-	23,780.00					-	23,780.00	
2/20/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20200216151000 31*1912008361'	-	4,496.10					-	4,496.10	
2/20/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000120 TRN*1*EFT5470940*1205296137*000004(	-	3,100.00					-	3,100.00	
2/21/2020	MOLINA HEALTHCAR MOLINAACH 00856758 42000018 ISA* * * * *ZZ* *ZZ*	-	5,006.88	4,350.35	656.53			4,678.62	328.26	
2/21/2020	Amerigroup TX5C HCCLAIMPMT 3119169462 111000 TRN*1*3119169462*1752603231\	-	3,175.90					-	3,175.90	
2/21/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000136 TRN*1*EFT5473670*1205296137*000004(	-	4,099.72					-	4,099.72	
2/21/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*0SE531251497143259*174600015	-	2,735.59					-	2,735.59	
2/21/2020	DEPOSIT - From MMC Operating - Approved 02.19.2020	-	15,259.80 ✓					-	15,259.80	
		41,764.61	113,166.90 ✓	4,992.37	1,316.71	-	-	5,650.73	107,516.18	

TOTALS	**308,221.75**	**1,057,448.24**	**34,465.15**	**6,980.86**	**-**	**-**	**37,955.58**	**1,019,492.66**	

Quick View

DDA — Data reported as of Feb 24, 2020 8:14 AM CST

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted] MEMORIAL MEDICAL CENTER - OPERATING	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	[redacted]	[redacted]	[redacted]	[redacted]
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$188,644.18	$279,691.73	$188,644.18	$102,034.31
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$395,618.74	$401,573.99	$395,618.74	$157,505.39
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$284,154.82	$301,844.73	$284,154.82	$64,962.13
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$113,335.59	$295,332.86	$113,335.59	$83,057.70
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$76,434.09	$127,079.58	$76,434.09	$43,820.12
[redacted] MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] CAL CO INDIGENT HEALTHCARE	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MMC -NH GULF POINTE PLAZA - PRIVATE PAY	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	[redacted]	[redacted]	[redacted]	[redacted]

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
2/24/2020

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	[illegible]	78,949.82	78,829.70	134,107.89	-	-	134,228.01	134,107.89
						Bank Balance	134,228.01	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2		
						MMC Portion QIPP 3,4,Lapse		
						January Interest	20.12	
						February Interest		
						March Interest		
							-	
						Adjust Balance/Transfer Amt	134,107.89	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA
Acc[illegible]

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 2/24/2020

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
2/19/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	53,419.87	-					-	-
2/19/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	-	1,206.00					-	1,206.00
2/20/2020 CHECK 52	25,409.83	-					-	-
2/21/2020 DEPOSIT – From MMC Operating – Approved 02.19.2020	-	132,354.65 ✓					-	132,354.65
2/21/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*0SE533731	-	547.24					-	547.24
	78,829.70	**134,107.89**	-	-	-	-	-	**134,107.89**

Quick View

DDA — Data reported as of Feb 24, 2020 8:14 AM CST

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted] MEMORIAL MEDICAL CENTER - OPERATING	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / NH ASHFORD	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / NH BROADMOOR	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / NH CRESCENT	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / NH FORT BEND	[redacted]	[redacted]	[redacted]	[redacted]
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$134,228.01	$219,377.18	$134,228.01	$1,326.12
[redacted] CAL CO INDIGENT HEALTHCARE	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MMC -NH GULF POINTE PLAZA - PRIVATE PAY	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	[redacted]	[redacted]	[redacted]	[redacted]

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
2/24/2020

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		37,389.52	37,288.43	-		-		-	101.09	0.00
							Bank Balance		101.09	No Transfer
							Variance		(0.00)	
							Leave in Balance		100.00	
							MMC Portion QIPP 1 &2			
							MMC Portion QIPP 3,4,Lapse			
							January Interest		1.09	
							February Interest			
							March Interest			
							Adjust Balance/Transfer Amt		0.00	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits			Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		16,055.30	15,926.17	92,127.15		-		-	92,256.28	92,127.15
							Bank Balance		92,256.28	
							Variance		-	
							Leave in Balance		100.00	
							MMC Portion QIPP 1 &2		-	
							MMC Portion QIPP 3,4,Lapse		-	
							January Interest		29.13	
							February Interest			
							March Interest			
							Adjust Balance/Transfer Amt		92,127.15	
						TOTAL TRANSFERS			92,127.15	

Routing Information for Gulf Pointe Plaza:

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

Approved:
Jason Anglin, CEO

2/24/2020

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
2/19/2020 WIRE OUT HMG SERVICES, LLC	19,963.73	-					-	-
2/20/2020 CHECK 08	17,324.70	-					-	-
	19,963.73	-	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
2/18/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SE49397192	-	8,292.21					-	8,292.21
2/19/2020 WIRE OUT HMG SERVICES, LLC	15,926.17	-					-	-
2/21/2020 DEPOSIT From MMC Operating– Approved 02·19·2020	-	75,522.57 ✓					-	75,522.57
2/21/2020 CENTENE CORP HCCLAIMPMT 61000106537189 TRN*1*0905527498*17427	-	23.84					-	23.84
2/21/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SE53654192	-	8,288.53					-	8,288.53
	15,926.17	92,127.15	-	-	-	-	-	92,127.15
	35,889.90	92,127.15	-	-	-	-	-	92,127.15

Quick View

DDA

Data reported as of Feb 24, 2020 8:14 AM CST

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted] MEMORIAL MEDICAL CENTER - OPERATING	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / NH ASHFORD	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / NH BROADMOOR	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / NH CRESCENT	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL CENTER / NH FORT BEND	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] CAL CO INDIGENT HEALTHCARE	[redacted]	[redacted]	[redacted]	[redacted]
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$101.09	$101.09	$101.09	$101.09
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$92,256.28	$228,980.03	$92,256.28	$8,421.34

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 2/24/2020

APPROVED ON
FEB 25 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK # 001086

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

AMOUNT: $16,069.19

G/L NUMBER: 21000012

EXPLANATION: ASHFORD- TO TRANSFER MMC PORTION OF QIPP FUNDS- COMP 1,2 AND QIPP YR 2 ADJUSTMENT

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	001086	02/26/20	16,069.19	MMC OPERATING AshFord
TOTALS:			16,069.19	

APPROVED
ON
FEB 26 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 2/24/2020

APPROVED ON FEB 25 2020

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK # 000051

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

AMOUNT: $5,169.14

G/L NUMBER: 21000009

EXPLANATION: BROADMOOR- TO TRANSFER MMC PORTION OF QIPP FUNDS- COMP 1,2 AND QIPP YR 2 ADJUSTMENT

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000051	02/26/20	5,169.14	MMC OPERATING Broadmoor
TOTALS:			5,169.14	

APPROVED
ON
FEB 26 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 2/24/2020

APPROVED ON FEB 25 2020

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK # 000081

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

AMOUNT: $4,486.09

G/L NUMBER: 21000010

EXPLANATION: CRESCENT- TO TRANSFER MMC PORTION OF QIPP FUNDS- COMP 1,2 AND QIPP YR 2 ADJUSTMENT

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHC	000081	02/26/20	4,486.09	MMC OPERATING Crisent
TOTALS:			4,486.09	

APPROVED
ON

FEB 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 2/24/2020

APPROVED ON
FEB 25 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $6,580.46

G/L NUMBER: 21000008

EXPLANATION: FORT BEND- TO TRANSFER MMC PORTION OF QIPP FUNDS- COMP 1,2 AND QIPP YR 2 ADJUSTMENT

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE	
NHF	000078	02/26/20	6,580.46	MMC OPERATING	Fort Bend
TOTALS:			6,580.46		

APPROVED
ON

FEB 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 2/24/2020

APPROVED ON FEB 25 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 001080

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

AMOUNT: $5,650.73

G/L NUMBER: 21000011

EXPLANATION: SOLERA- TO TRANSFER MMC PORTION OF QIPP FUNDS- COMP 1,2 AND QIPP YR 2 ADJUSTMENT

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 2/24/2020

APPROVED ON
FEB 25 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $5,028.75

CK # 001091
G/L NUMBER:

EXPLANATION: TO REPAY SOLERA/MEDICARE RECOUP FUNDS WITHHELD FROM MMC CLINIC

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	001080	02/26/20	5,650.73	MMC OPERATING QIPP
NHS	001081	02/26/20	5,028.75	MMC OPERATING Medicare Recoup > Solera
TOTALS:			10,679.48	

APPROVED
ON

FEB 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **2/26/2020**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1 &2	QIPP COMP 3,4, LAPSE	Yr 2 Adjustment Pmt		TOTAL		Date
Ashford	10000018 - Prosperity	1086	MMC -Prosperity Operating #10000001	21000012	12,633.81		3,435.38		16,069.19		2/26/2020
Broadmoor	10000019 - Prosperity	51	MMC -Prosperity Operating #10000001	21000009	4,541.98		627.16		5,169.14		2/26/2020
Crescent	10000020 - Prosperity	81	MMC -Prosperity Operating #10000001	21000010	3,898.86		587.23		4,486.09		2/26/2020
Fort Bend	10000021 - Prosperity	78	MMC -Prosperity Operating #10000001	21000008	5,279.17		1,301.29		6,580.46		2/26/2020
Solera	10000022 - Prosperity	1080	MMC -Prosperity Operating #10000001	21000011	4,678.62		972.11		5,650.73		2/26/2020
Golden Creek	10000023 - Prosperity	52	MMC -Prosperity Operating #10000001	21000013					-		
Gulf Pointe-PP	10000114 - Prosperity	8	MMC -Prosperity Operating #10000001	21000014					-		
Gulf Pointe-MM	10000025 - Prosperity	6	MMC -Prosperity Operating #10000001	21000014					-		
				Total:	31,032.44	-	6,923.17	-	37,955.61		

Note:

Approved:
Jason Anglin, CEO 2/26/2020

16,069.19 +
5,169.14 +
4,486.09 +
6,580.46 +
5,650.73 +
37,955.61 *

APPROVED
ON
FEB 25 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

1080
88-2265/1131-87

2-26-20
Date

CHECK ARMOR

Pay to the Order of Memorial Medical Center Operating $ 5,650.73
five thousand six hundred fifty & 73/100 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

County Auditor

For DIPP Yr 2 Adj & Yr 3 comp 1 & 2

MP
County Treasurer

⑈

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

1086
88-2265/1131-87

2-25-20
Date

CHECK ARMOR

Pay to the Order of Memorial Medical Center Operating $ 16,009.19
Sixteen thousand, sixty-nine & 19/100 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

County Auditor

For DIPP Yr 2 Adj & Yr 3 Comp 1 & 2

MP
County Treasurer

⑈

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

1081
88-2265/1131-87

2-26-20
Date

CHECK ARMOR

Pay to the Order of Memorial Medical Center Operating $ 5,028.75
five thousand, twenty-eight & 75/100 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

County Auditor

For Medicare Recoup Repayment

MP
County Treasurer

⑈

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

000078

88-2265/1131

Date 2-26-20

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 6,580.46

Six thousand five hundred eighty & 46/100 **DOLLARS**

PROSPERITY BANK

County Auditor MP

County Treasurer

FOR QIPP yr 2 Adj. & QIPP yr 3 comp 1 & 2

Tax Statements are included. Details on back.

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

000081

88-2265/1131

Date 2-26-~~09~~ 20

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 4,486.09

four thousand four hundred eighty-six & 09/100 **DOLLARS**

PROSPERITY BANK

County Auditor MP

County Treasurer

FOR QIPP yr 2 Adj & QIPP yr 3 comp 1 & 2

Tax Statements are included. Details on back.

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

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

000051

88-2265/1131

Date 2-26-20

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 5,169.14

five thousand one hundred sixty-nine & 14/100 **DOLLARS**

PROSPERITY BANK

County Auditor MP

County Treasurer

FOR QIPP yr 2 Adj. & QIPP yr 3 comp 1 & 2

Tax Statements are included. Details on back.