MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- March 18, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	912,024.58
TOTAL TRANSFERS BETWEEN FUNDS	$	52,140.40
TOTAL NURSING HOME UPL EXPENSES	$	322,151.01
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED March 18, 2020	$	1,286,315.99

APPROVED

MAR 18 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 18, 2020

PAYABLES AND PAYROLL			
3/12/2020	Weekly Payables	308,174.03	
3/17/2020	First Insurance Funding-Insurance	2,607.23	
3/17/2020	Blue Cross Blue Shield-Medical and Dental Insurance	205,635.70	
3/17/2020	McKesson-340B Prescription Expense	4,171.56	
3/17/2020	Amerisource Bergen-340B Prescription Expense	1,492.21	
3/17/2020	Payroll Liabilities -Payroll Taxes	95,291.83	
3/17/2020	Payroll	290,779.59	
	Prosperity Electronic Bank Payments		
3/10/2020	Credit Card & Lease Fees	3,706.76	
3/9/2020	Cleargage-Patient Financing Service	66.58	
3/9-3/13/2020	Pay Plus-Patient Claims Processing Fee	99.09	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 912,024.58**
TRANSFER BETWEEN FUNDS-NURSING HOMES			
3/12/2020	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment sent to MMC in error	47,510.40	
3/12/2020	MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment sent to MMC in error	4,480.00	
3/12/2020	MMC Operating to Bethany Senior Living-order deposit slips for new account	150.00	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 52,140.40**
NURSING HOME UPL EXPENSES			
3/17/2020	Nursing Home UPI-Cantex Transfer	316,099.66	
3/17/2020	Nursing Home UPI-Nexion Transfer	6,051.35	
TOTAL NURSING HOME UPL EXPENSES			**$ 322,151.01**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED March 18, 2020			**$ 1,286,315.99**

03/12/2020
12:26

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 03/25/2020

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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
142368		02/25/20	02/25/20	03/21/20		8.18	0.00	0.00	8.18
	SUPPLIES								
142477		02/28/20	02/28/20	03/24/20		35.99	0.00	0.00	35.99
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	44.17	0.00	0.00	44.17

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
24846		03/11/20	03/20/20	03/20/20		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
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9098827476		03/11/20	02/29/20	03/25/20		2,183.26	0.00	0.00	2,183.26
	OXYGEN								
9969071605		03/11/20	02/29/20	03/25/20		479.70	0.00	0.00	479.70
	OXYGEN								
9969071607		03/11/20	02/29/20	03/25/20		621.23	0.00	0.00	621.23
	OXYGEN								
9969074688		03/11/20	02/29/20	03/25/20		58.88	0.00	0.00	58.88
	OXYGEN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	3,343.07	0.00	0.00	3,343.07

Vendor#	Vendor Name	Class	Pay Code
A1690	ALCON LABORATORIES, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9657518991		02/28/20	02/19/20	03/20/20		3,188.30	0.00	0.00	3,188.30
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	3,188.30	0.00	0.00	3,188.30

Vendor#	Vendor Name	Class	Pay Code
A2150	ANNOUNCEMENTS PLUS TOO AGAIN	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
487		03/11/20	02/28/20	03/09/20		16.00	0.00	0.00	16.00
	PRINTING (Name Plates – Wong/ gaines)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN	16.00	0.00	0.00	16.00

Vendor#	Vendor Name	Class	Pay Code
13156	APTA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
030220		03/10/20	03/02/20	03/02/20		450.00	0.00	0.00	450.00
	MEMBERSHIP DUES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13156	APTA	450.00	0.00	0.00	450.00

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
958123		03/10/20	02/29/20	03/25/20			28.97	0.00	0.00	28.97
	WATER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	28.97	0.00	0.00	28.97

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
96206375		02/28/20	12/03/20	03/19/20			143.00	0.00	0.00	143.00
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2271	ARTHREX, INC	143.00	0.00	0.00	143.00

Vendor#	Vendor Name	Class	Pay Code
12992	BANK DIRECT CAPITAL FINANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
021120		03/11/20	02/11/20	03/01/20			3,361.30	0.00	0.00	3,361.30
	HEALTSURE INS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12992	BANK DIRECT CAPITAL FINANCE	3,361.30	0.00	0.00	3,361.30

Vendor#	Vendor Name	Class	Pay Code
B0435	BARD PERIPHERAL VASCULAR	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
80707863		02/28/20	02/21/20	03/19/20			689.24	0.00	0.00	689.24
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	689.24	0.00	0.00	689.24

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
65640202		02/17/20	01/30/20	03/19/20			747.92	0.00	0.00	747.92
	SUPPLIES									
65736545		02/28/20	02/06/20	03/19/20			132.25	0.00	0.00	132.25
	SUPPLIES									
65828735		02/28/20	02/17/20	03/19/20			343.97	0.00	0.00	343.97
	SUPPLIES									
12009669		03/10/20	02/29/20	03/25/20			19.25	0.00	0.00	19.25
	LATE FEE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	1,243.39	0.00	0.00	1,243.39

Vendor#	Vendor Name	Class	Pay Code
11544	BAY STORAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
030120		03/11/20	03/10/20	03/01/20			1,500.00	0.00	0.00	1,500.00
	6 months unit 191 & 175 (125 per month, per unit)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11544	BAY STORAGE	1,500.00	0.00	0.00	1,500.00

Vendor#	Vendor Name	Class	Pay Code
10599	BKD, LLP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
022920		03/10/20	02/29/20	03/25/20		1,242.80	0.00	0.00	1,242.80
	HHSC/ DSH SURVEY/DY9 UC/								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10599	BKD, LLP	1,242.80	0.00	0.00	1,242.80

Vendor# B1655 Vendor Name: BOSTON SCIENTIFIC CORPORATION Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
970691843		02/17/20	02/03/20	03/19/20		367.00	0.00	0.00	367.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION	367.00	0.00	0.00	367.00

Vendor# 12740 Vendor Name: BUILDING KID STEPS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
FEB 2020B		03/11/20	03/11/20	03/11/20		250.00	0.00	0.00	250.00
	SPEECH THERAPY								
FEB 2020		03/11/20	03/11/20	03/11/20		1,000.00	0.00	0.00	1,000.00
	SPEECH THERAPY								
FEB 2020A		03/11/20	03/11/20	03/11/20		1,000.00	0.00	0.00	1,000.00
	SPEECH THERA[PY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12740	BUILDING KID STEPS	2,250.00	0.00	0.00	2,250.00

Vendor# 11295 Vendor Name: CALHOUN COUNTY INDIGENT ACCOUN Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
030920		03/11/20	03/09/20	03/09/20		180.00	0.00	0.00	180.00
	TRANSFER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN	180.00	0.00	0.00	180.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8002153336		02/28/20	01/31/20	03/19/20		3,093.10	0.00	0.00	3,093.10
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	3,093.10	0.00	0.00	3,093.10

Vendor# C1992 Vendor Name: CDW GOVERNMENT, INC. Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
WSR8053		02/28/20	02/07/20	03/19/20		576.79	0.00	0.00	576.79
	Wall mount for computer in NucMed								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	576.79	0.00	0.00	576.79

Vendor# 11231 Vendor Name: DAVID SCOTT Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
031020		03/11/20	03/10/20	03/10/20		650.00	0.00	0.00	650.00
	DEPOSIT ON REPAIR FOR COuches(3) chair(1)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11231	DAVID SCOTT	650.00	0.00	0.00	650.00

Vendor#	Vendor Name	Class	Pay Code
D1193	DEPUY SYNTHES SALES, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22610890RI		02/28/20	02/24/20	03/20/20		727.40	0.00	0.00	727.40
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1193	DEPUY SYNTHES SALES, INC.	727.40	0.00	0.00	727.40

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
5990570		02/25/20	02/17/20	03/19/20		111.55	0.00	0.00	111.55
	SUPPLIES								
5993430		02/25/20	02/19/20	03/19/20		667.21	0.00	0.00	667.21
	SUPPLIES								
5999550		02/28/20	02/24/20	03/20/20		23.99	0.00	0.00	23.99
	SUPPLIES								
6002460		02/28/20	02/25/20	03/21/20		54.71	0.00	0.00	54.71
	SUPPLIES								
6003020		02/28/20	02/26/20	03/22/20		111.47	0.00	0.00	111.47
	SUPPLIES								
6005340		02/28/20	02/27/20	03/23/20		510.70	0.00	0.00	510.70
	SUPPLIES								
6006900		02/28/20	02/28/20	03/24/20		18.64	0.00	0.00	18.64
	SUPPLIES								
6006940		02/28/20	02/28/20	03/24/20		20.39	0.00	0.00	20.39
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,518.66	0.00	0.00	1,518.66

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
IN20053509		02/28/20	02/28/20	03/24/20		19,166.67	0.00	0.00	19,166.67
	PURCH SERVI								
IN20053508		02/28/20	02/28/20	03/24/20		31,144.58	0.00	0.00	31,144.58
	PURCH SER								

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
10789	DISCOVERY MEDICAL NETWORK INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC2019		03/11/20	03/10/20	03/10/20		1,930.21	0.00	0.00	1,930.21
	401K MATCH DIFFERENCE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	1,930.21	0.00	0.00	1,930.21

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
15727		02/28/20	02/29/20	03/25/20		505.00	0.00	0.00	505.00
	PEST HOSPITAL								
15726		02/28/20	02/29/20	03/25/20		105.00	0.00	0.00	105.00
	PEST CLINIC								

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

11284 EMERGENCY STAFFING SOLUTIONS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
38962	STAFFING	03/11/20	03/15/20	03/15/20		40,062.50	0.00	0.00	40,062.50

Vendor Totals Number Name — Gross — Discount — No-Pay — Net

11284 EMERGENCY STAFFING SOLUTIONS	40,062.50	0.00	0.00	40,062.50

Vendor# Vendor Name — Class — Pay Code

C2510 EVIDENT — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
966304	FORMS	03/11/20	12/13/20	01/07/20		149.00	0.00	0.00	149.00

Vendor Totals Number Name — Gross — Discount — No-Pay — Net

C2510 EVIDENT	149.00	0.00	0.00	149.00

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
03A20MMC	WEBSITE	03/11/20	03/01/20	03/16/20		495.00	0.00	0.00	495.00

Vendor Totals Number Name — Gross — Discount — No-Pay — Net

10689 FASTHEALTH CORPORATION	495.00	0.00	0.00	495.00

Vendor# Vendor Name — Class — Pay Code

F1100 FEDERAL EXPRESS CORP. — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
693461172	SHIPPING	02/28/20	02/20/20	03/19/20		21.30	0.00	0.00	21.30
694120164	SHIPPING	02/28/20	02/27/20	03/23/20		201.25	0.00	0.00	201.25
692694530	SHIPPING	03/12/20	02/13/20	03/09/20		48.98	0.00	0.00	48.98

Vendor Totals Number Name — Gross — Discount — No-Pay — Net

F1100 FEDERAL EXPRESS CORP.	271.53	0.00	0.00	271.53

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
0342824	7281.60	02/24/20	02/12/20	03/19/20		7,281.60	0.00	0.00	7,281.60
0638463	SUPPLIES	02/24/20	02/13/20	03/19/20		1,611.98	0.00	0.00	1,611.98
0856798	SUPPLIES	02/28/20	02/14/20	03/19/20		152.19	0.00	0.00	152.19
1097049	SUPPLIES	02/28/20	02/17/20	03/19/20		1,721.06	0.00	0.00	1,721.06
1660975	SUPPLIES	02/28/20	02/19/20	03/19/20		17,996.54	0.00	0.00	17,996.54
1905706	SUPPLIES	02/28/20	02/20/20	03/19/20		633.77	0.00	0.00	633.77
1905701	SUPPLIES	02/28/20	02/20/20	03/19/20		983.26	0.00	0.00	983.26
2309211	SUPPLIES	02/28/20	02/24/20	03/20/20		1,212.00	0.00	0.00	1,212.00

	SUPPLIES								
2487602		02/28/20	02/25/20	03/21/20		1,226.65	0.00	0.00	1,226.65
	SUPPLIES								
2487601		02/28/20	02/25/20	03/21/20		16.02	0.00	0.00	16.02
	SUPPLIES								
2704670		02/28/20	02/26/20	03/22/20		334.71	0.00	0.00	334.71
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE				33,169.78	0.00	0.00	33,169.78
Vendor#	Vendor Name				Class	Pay Code			
11183	FRONTIER								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	030220		03/11/20	03/02/20	03/02/20		1,009.94	0.00	0.00	1,009.94
		PHONES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11183	FRONTIER					1,009.94	0.00	0.00	1,009.94
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
	1787821		02/25/20	12/30/20	01/29/20	03/28/20 P	721.00	0.00	0.00	721.00
		SUPPLIES								
	1815635		02/25/20	02/19/20	03/20/20		388.20	0.00	0.00	388.20
		SUPPLIES								
	1814417		02/28/20	02/18/20	03/19/20		111.18	0.00	0.00	111.18
		SUPPLIES								
	CM1787821		03/28/20	12/30/20	01/29/20	03/28/20 P	-721.00	0.00	0.00	-721.00
		SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					499.38	0.00	0.00	499.38
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
	360816		02/28/20	01/18/20	03/25/20		28.85	0.00	0.00	28.85
		SUPPLIES								
	387569		02/28/20	01/29/20	03/25/20		26.62	0.00	0.00	26.62
		SUPPLIES								
	389970		02/28/20	01/30/20	03/25/20		17.09	0.00	0.00	17.09
		SUPPLIES								
	390052		02/28/20	01/31/20	03/25/20		5.96	0.00	0.00	5.96
		SUPPLIES								
	397359		02/28/20	02/02/20	03/25/20		10.78	0.00	0.00	10.78
		SUPPLIES								
	400627		02/28/20	02/03/20	03/25/20		37.98	0.00	0.00	37.98
		SUPPLIES								
	406214		02/28/20	02/05/20	03/25/20		54.47	0.00	0.00	54.47
		SUPPLIES								
	413129		02/28/20	02/07/20	03/25/20		18.76	0.00	0.00	18.76
		SUPPLIES								
	414471		02/28/20	02/07/20	03/25/20		28.38	0.00	0.00	28.38
		SUPPLIES								
	422155		02/28/20	02/10/20	03/25/20		47.42 51.01	0.00	0.00	51.01 47.42
		SUPPLIES								

126631		02/28/20 02/13/20 03/25/20	29.38	0.00	0.00	29.38	
	SUPPLIES						
124187		02/28/20 02/13/20 03/25/20	45.93	0.00	0.00	45.93	
	SUPPLIES						
393509		02/28/20 02/17/20 03/25/20	48.51	0.00	0.00	48.51	
	SUPPLIES						
8114		02/28/20 02/17/20 03/25/20	5.00	0.00	0.00	5.00	
	COPY FEE						
134007		02/28/20 02/17/20 03/25/20	40.77	0.00	0.00	40.77	
	SUPPLIES						
417319		02/28/20 02/17/20 03/25/20	5.32	0.00	0.00	5.32	
	SUPPLIES						
131068		02/28/20 02/17/20 03/25/20	47.20	0.00	0.00	47.20	
	SUPPLIES						
129591		02/28/20 02/17/20 03/25/20	56.14	0.00	0.00	56.14	
	SUPPLIES						
414763		02/28/20 02/17/20 03/25/20	19.35	0.00	0.00	19.35	
	SUPPLIES						
129564		02/28/20 02/17/20 03/25/20	15.36	0.00	0.00	15.36	
	SUPPLIES						
137262		02/28/20 02/18/20 03/25/20	27.16	0.00	0.00	27.16	
	SUPPLIES						
140211		02/28/20 02/20/20 03/25/20	19.04	0.00	0.00	19.04	
	SUPPLIES						
147306		02/28/20 02/21/20 03/25/20	24.38	0.00	0.00	24.38	
	SUPPLIES						
158908		02/28/20 02/22/20 03/25/20	25.54	0.00	0.00	25.54	
	SUPPLIES						
175800		02/28/20 02/24/20 03/25/20	46.58	0.00	0.00	46.58	
	SUPPLIES						
180287		02/28/20 02/25/20 03/25/20	7.87	0.00	0.00	7.87	
	SUPPLIES						
OC-47547		03/12/20 02/26/20 03/25/20	0.55	0.00	0.00	0.55	
	FINANCE CHARGE						

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308	743.98	0.00	0.00	743.98

Vendor#	Vendor Name	Class	Pay Code
12716	HITACHI HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
PJIN0149286		02/18/20	02/17/20	03/25/20			8,333.33	0.00	0.00	8,333.33
	SMA FEE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12716	HITACHI HEALTHCARE	8,333.33	0.00	0.00	8,333.33

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
3792		03/10/20	02/29/20	03/20/20			13,696.19	0.00	0.00	13,696.19
	PROF FESS PHARMACY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	13,696.19	0.00	0.00	13,696.19

Vendor#	Vendor Name	Class	Pay Code

Vendor#	Vendor Name				Class	Pay Code				
I1260	INTOXIMETERS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	651490	SUPPLIES	03/04/20	02/24/20	03/20/20		172.65	0.00	0.00	172.65
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1260	INTOXIMETERS INC				172.65	0.00	0.00	172.65
M2470	MEDLINE INDUSTRIES INC				M					
	1899998612	SUPPLIES	02/04/20	01/29/20	03/19/20		21.05	0.00	0.00	21.05
	1872321214	SUPPLIES	02/11/20	03/14/20	03/20/20		76.70	0.00	0.00	76.70
	1871695799	CREDIT	02/27/20	03/06/20	03/20/20		-10.64	0.00	0.00	-10.64
	1884681126	SHIPPING	02/27/20	08/14/20	03/20/20		20.00	0.00	0.00	20.00
	1888261538A	SUPPLIES	02/27/20	09/26/20	03/20/20		764.56	0.00	0.00	764.56
	1901772518	SUPPLIES	02/28/20	02/15/20	03/19/20		78.73	0.00	0.00	78.73
	1901951959	SUPPLIES	02/28/20	02/18/20	03/19/20		9.37	0.00	0.00	9.37
	1901951958	SUPPLIES	02/28/20	02/18/20	03/19/20		83.57	0.00	0.00	83.57
	1902066066	SUPPLIES	02/28/20	02/19/20	03/19/20		1,543.04	0.00	0.00	1,543.04
	1902066068	SUPPLIES	02/28/20	02/19/20	03/19/20		2,371.44	0.00	0.00	2,371.44
	1902066063	SUPPLIES	02/28/20	02/19/20	03/19/20		290.17	0.00	0.00	290.17
	1902189251	SUPPLIES	02/28/20	02/20/20	03/19/20		83.88	0.00	0.00	83.88
	1902255642	SUPPLIES	02/28/20	02/21/20	03/19/20		1,672.00	0.00	0.00	1,672.00
	1902255629	SUPPLIES	02/28/20	02/21/20	03/19/20		1,459.62	0.00	0.00	1,459.62
	1902255624	SUPPLIE	02/28/20	02/21/20	03/19/20		57.52	0.00	0.00	57.52
	1902553986	SUPPLIES	02/28/20	02/25/20	03/21/20		104.35	0.00	0.00	104.35
	1902553997	SUPPLIES	02/28/20	02/25/20	03/21/20		2,095.77	0.00	0.00	2,095.77
	1902553985	SUPPLIES	02/28/20	02/25/20	03/21/20		56.19	0.00	0.00	56.19
	1902553981	SUPPLIES	02/28/20	02/25/20	03/21/20		2.47	0.00	0.00	2.47
	1902553993	SUPPLIES	02/28/20	02/25/20	03/21/20		118.86	0.00	0.00	118.86
	1902553988	SUPPLIES	02/28/20	02/25/20	03/21/20		66.26	0.00	0.00	66.26
	1902554800		02/28/20	02/25/20	03/21/20		72.00	0.00	0.00	72.00

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	11,036.91	0.00	0.00	11,036.91

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
030520		03/11/20	03/05/20	03/05/20		124.87	0.00	0.00	124.87

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Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	124.87	0.00	0.00	124.87

Vendor#	Vendor Name	Class	Pay Code
11972	MOMENTUM RENTAL & SALES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
916581		02/28/20	02/21/20	03/22/20		13.16	0.00	0.00	13.16
	SUPPLIES								
915831		02/28/20	02/21/20	03/22/20		203.42	0.00	0.00	203.42
	LEASE EQUIP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11972	MOMENTUM RENTAL & SALES	216.58	0.00	0.00	216.58

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
5292775		02/28/20	02/28/20	03/19/20		27.83	0.00	0.00	27.83
	INVENTORY								
5320881		03/10/20	03/06/20	03/16/20		744.84	0.00	0.00	744.84
	INVENTORY								
5320879		03/10/20	03/06/20	03/16/20		816.70	0.00	0.00	816.70
	INVENTORY								
5320880		03/10/20	03/06/20	03/16/20		17.58	0.00	0.00	17.58
	INVENTORY								
5320878		03/10/20	03/06/20	03/16/20		3.96	0.00	0.00	3.96
	INVENTORY								
5301215		03/11/20	03/02/20	03/12/20		538.74	0.00	0.00	538.74
	INVENTORY								
5300628		03/11/20	03/02/20	03/12/20		63.50	0.00	0.00	63.50
	INVENTORY								
5301213		03/11/20	03/02/20	03/12/20		4,257.06	0.00	0.00	4,257.06
	INVENTORY								
CM48621		03/11/20	03/02/20	03/12/20		-2.85	0.00	0.00	-2.85
	CREDIT								
5301214		03/11/20	03/02/20	03/12/20		3,594.73	0.00	0.00	3,594.73
	INVENTORY								
5306740		03/11/20	03/03/20	03/13/20		360.54	0.00	0.00	360.54
	INVENTORY								
5306742		03/11/20	03/03/20	03/13/20		107.43	0.00	0.00	107.43
	INVENTORY								
5306232		03/11/20	03/03/20	03/13/20		244.98	0.00	0.00	244.98
	INVENTORY								
9521		03/11/20	03/03/20	03/13/20		-182.41	0.00	0.00	-182.41
	CREDIT								
5306231		03/11/20	03/03/20	03/13/20		37.87	0.00	0.00	37.87

	INVENTORY						
5306741		03/11/20 03/03/20 03/13/20	821.66	0.00	0.00	821.66	
	INVENTORY						
5310593		03/11/20 03/04/20 03/14/20	3,106.87	0.00	0.00	3,106.87	
	INVENTORY						
5310594		03/11/20 03/04/20 03/14/20	104.88	0.00	0.00	104.88	
	INVENTORY						
5315494		03/11/20 03/05/20 03/15/20	2,709.66	0.00	0.00	2,709.66	
	INVENTORY						
5314958		03/11/20 03/05/20 03/15/20	189.15	0.00	0.00	189.15	
	INVENTORY						
5313703		03/11/20 03/05/20 03/15/20	3,446.53	0.00	0.00	3,446.53	
	INVENTORY						
CM49943		03/11/20 03/06/20 03/16/20	-547.96	0.00	0.00	-547.96	
	CREDIT						
5327072		03/11/20 03/09/20 03/19/20	221.09	0.00	0.00	221.09	
	INVENTORY						
5327070		03/11/20 03/09/20 03/19/20	71.39	0.00	0.00	71.39	
	INVENTORY						
5327071		03/11/20 03/09/20 03/19/20	704.62	0.00	0.00	704.62	
	INVENTORY						
CM50347		03/11/20 03/09/20 03/19/20	-50.67	0.00	0.00	-50.67	
	CREDIT						
5330164		03/11/20 03/10/20 03/20/20	1,699.00	0.00	0.00	1,699.00	
	ACCUMULATOR FEE						
5334454		03/11/20 03/10/20 03/20/20	402.54	0.00	0.00	402.54	
	INVENTORY						
5334455		03/11/20 03/10/20 03/20/20	7.90	0.00	0.00	7.90	
	INVENTORY						
5334457		03/11/20 03/10/20 03/20/20	382.73	0.00	0.00	382.73	
	INVENTORY						
5334456		03/11/20 03/10/20 03/20/20	355.72	0.00	0.00	355.72	
	INVENTORY						
5334453		03/11/20 03/10/20 03/20/20	283.82	0.00	0.00	283.82	
	INVENTORY						
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net	
	10536	MORRIS & DICKSON CO, LLC	24,539.43	0.00	0.00	24,539.43	

Vendor#	Vendor Name	Class	Pay Code
10868	NOVA BIOMEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
90683766		03/11/20	01/06/20	01/06/20			4,748.01	0.00	0.00	4,748.01
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL					4,748.01	0.00	0.00	4,748.01

Vendor#	Vendor Name	Class	Pay Code
13128	NOVUM MEDICAL PRODUCTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MAM400		02/28/20	02/24/20	03/24/20			2,193.00	0.00	0.00	2,193.00
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	13128	NOVUM MEDICAL PRODUCTS					2,193.00	0.00	0.00	2,193.00

Vendor#	Vendor Name	Class	Pay Code

O0920 OFFICE DEPOT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
438627865001	SUPPLIES	02/28/20	02/04/20	03/19/20		188.09	0.00	0.00	188.09

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT	188.09	0.00	0.00	188.09

Vendor# O1500 Vendor Name OLYMPUS AMERICA INC Class M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
98891732	SUPPLIES	02/28/20	03/04/20	03/19/20		299.30	0.00	0.00	299.30

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

Vendor# 13112 Vendor Name OMNICELL, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3695845	YEARLY MAINTANCE	03/10/20	02/28/20	02/28/20		3,522.55	0.00	0.00	3,522.55

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13112	OMNICELL, INC.	3,522.55	0.00	0.00	3,522.55

Vendor# 12544 Vendor Name PATRICK OCHOA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC032020	CKINIC LAWN	03/11/20	03/09/20	03/09/20		275.00	0.00	0.00	275.00
MMCR032020	REHAB LAWN	03/11/20	03/09/20	03/09/20		125.00	0.00	0.00	125.00
MMCA032020	HOSPITAL LAWN	03/11/20	03/09/20	03/09/20		434.00	0.00	0.00	434.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12544	PATRICK OCHOA	834.00	0.00	0.00	834.00

Vendor# 10896 Vendor Name QIAGEN INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
997265871	SUPPLIES	02/28/20	02/18/20	03/19/20		348.49	0.00	0.00	348.49

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10896	QIAGEN INC	348.49	0.00	0.00	348.49

Vendor# 11080 Vendor Name RADSOURCE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SC60323	RAD SERVICES	02/28/20	02/16/20	03/19/20		1,625.00	0.00	0.00	1,625.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	1,625.00	0.00	0.00	1,625.00

Vendor# 11764 Vendor Name ROBERT RODRIQUEZ

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
T0229	SUPPLIES FOR KITCHEN – cake pan	02/28/20	03/03/20	03/19/20		7.78	0.00	0.00	7.78

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

11764	ROBERT RODRIQUEZ				7.78	0.00	0.00	7.78

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
030620		03/10/20	03/06/20	03/06/20		136.85	0.00	0.00	136.85
	TRAVEL RUAL HEALTH SOUTH Texas Regional Meeting								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10927	ROSHANDA THOMAS	136.85	0.00	0.00	136.85

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
115865649		03/12/20	02/17/20	03/13/20		2,193.83	0.00	0.00	2,193.83
	MAINT CONTRACT								

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

10695 SOCIETY FOR HUMAN RESOURCE MGT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
030620		03/10/20	03/06/20	03/06/20		219.00	0.00	0.00	219.00
	ASSOCIATE MEMBERSHIP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10695	SOCIETY FOR HUMAN RESOURCE MGT	219.00	0.00	0.00	219.00

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
CM1688		02/28/20	02/29/20	03/25/20		-3,178.00	0.00	0.00	-3,178.00
	CREDIT								
I07005187		02/28/20	02/29/20	03/25/20		8,692.00	0.00	0.00	8,692.00
	BLOOD								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	5,514.00	0.00	0.00	5,514.00

Vendor# Vendor Name — Class — Pay Code

11772 STERIS INSTRUMENT MANAGEMENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2028511		02/25/20	02/12/20	03/20/20		103.00	0.00	0.00	103.00
	REPAIR - biopsy forceps								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11772	STERIS INSTRUMENT MANAGEMENT	103.00	0.00	0.00	103.00

Vendor# Vendor Name — Class — Pay Code

12440 SUN LIFE ASSURANCE COMPANY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021420		03/11/20	02/14/20	03/01/20		2,596.72	0.00	0.00	2,596.72
	INSURANCE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12440	SUN LIFE ASSURANCE COMPANY	2,596.72	0.00	0.00	2,596.72

Vendor# Vendor Name — Class — Pay Code

T0801 TLC STAFFING — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2591		03/11/20	03/02/20	03/02/20		1,894.91	0.00	0.00	1,894.91
	MED SURG STAFFING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING	1,894.91	0.00	0.00	1,894.91

Vendor#	Vendor Name	Class	Pay Code
S1801	TRACI SHEFCIK — remove per Nellie	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
030620	TRAVEL	03/10/20	03/06/20	03/06/20		813.24	0.00	0.00	813.24

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1801	TRACI SHEFCIK	813.24	0.00	0.00	813.24

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
35FK032000	PT STAEMENTS	03/11/20	03/01/20	03/15/20		1,805.34	0.00	0.00	1,805.34

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	1,805.34	0.00	0.00	1,805.34

Vendor#	Vendor Name	Class	Pay Code
11169	TXU ENERGY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
054005001681	ELECTRICITY late fee 38.93	02/28/20	02/26/20	03/19/20		30,006.51	0.00	0.00	30,006.51

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11169	TXU ENERGY	30,006.51	0.00	0.00	30,006.51

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
8400320863	LAUNDRY	02/28/20	01/09/20	03/19/20		120.39	0.00	0.00	120.39
8400324619	LAUNDRY	02/28/20	02/24/20	03/20/20		61.48	0.00	0.00	61.48
8400324618	LAUNDRY	02/28/20	02/24/20	03/20/20		47.15	0.00	0.00	47.15
8400324645	LAUNDRY	02/28/20	02/24/20	03/20/20		1,474.25	0.00	0.00	1,474.25
8400325004	LAUNDRY	02/28/20	02/27/20	03/23/20		81.67	0.00	0.00	81.67
8400324981	LAUNDRY	02/28/20	02/27/20	03/23/20		18.62	0.00	0.00	18.62
8400324986	LAUNDRY	02/28/20	02/27/20	03/23/20		175.83	0.00	0.00	175.83
8400325020	LAUNDRY	02/28/20	02/27/20	03/23/20		1,462.55	0.00	0.00	1,462.55
8400325045	LAUNDRY	02/28/20	02/27/20	03/23/20		96.17	0.00	0.00	96.17
8400324983	LAUNDRY	02/28/20	02/27/20	03/23/20		131.55	0.00	0.00	131.55
8400324985	LAUNDRY	02/28/20	02/27/20	03/23/20		244.22	0.00	0.00	244.22
8400324984	LAUNDRY	02/28/20	02/27/20	03/23/20		235.97	0.00	0.00	235.97

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	4,149.85	0.00	0.00	4,149.85

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
10664266		03/10/20	03/03/20	03/18/20		44.97	0.00	0.00	44.97
10655443 ~~124195075~~	UNIFORMS MARIA ARREDONI	03/10/20	03/03/20	03/18/20		205.85	0.00	0.00	205.85
10664258	UNIFORMS MISTY BEST	03/10/20	03/05/20	03/20/20		54.96	0.00	0.00	54.96
10660373	UNIFORMS RAMONA PREZE	03/10/20	03/05/20	03/20/20		9.97	0.00	0.00	9.97
	UNIFORMS MISTY BEST								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	315.75	0.00	0.00	315.75

Vendor# U1350 Vendor Name UPS Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
778941070	SHIPPING	03/11/20	02/15/20	02/15/20		259.67	0.00	0.00	259.67

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1350	UPS	259.67	0.00	0.00	259.67

Vendor# 13048 Vendor Name US MED-EQUIP, LLC – sales tax Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
R223789	CRIB RENTAL	03/11/20	02/29/20	02/29/20		243.74 263.85	0.00	0.00	263.85 243.74

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13048	US MED-EQUIP, LLC	243.74 263.85	0.00	0.00	263.85 243.74

Vendor# V1058 Vendor Name VICTORIA ANESTHESIOLOGY Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
030520	ANESTHESA	02/28/20	03/05/20	03/19/20		30,353.41	0.00	0.00	30,353.41

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1058	VICTORIA ANESTHESIOLOGY	30,353.41	0.00	0.00	30,353.41

Vendor# V1471 Vendor Name VICTORIA RADIOWORKS, LTD Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20020204	AD	03/11/20	02/29/20	02/29/20		280.00	0.00	0.00	280.00
20020205	AD	03/11/20	02/29/20	02/29/20		280.00	0.00	0.00	280.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD	560.00	0.00	0.00	560.00

Vendor# 12208 Vendor Name WAGEWORKS Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV1938550	ADMIN/COMPLIANCE FEE	02/18/20	02/18/20	03/19/20		543.50	0.00	0.00	543.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12208	WAGEWORKS	543.50	0.00	0.00	543.50

Vendor# 12548 Vendor Name WAGEWORKS, INC Class Pay Code

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

0220DR46799 ✓	03/10/20 02/29/20 02/29/20	129.60	0.00	0.00	129.60	✓
COBRA						

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12548	WAGEWORKS, INC	129.60	0.00	0.00	129.60

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	309,010.97	0.00	0.00	309,010.97

pg 4 correction { <51.01>
+47.42

pg 13 correction { <813.24>

pg 14 correction { <263.85>
+243.74

$308,174.03

309,010.97 +
51.01 −
47.42 +
813.24 −
263.85 −
243.74 +
308,174.03 *

APPROVED
ON
MAR 12 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #
184885 -
184954

03/16/2020
15:15

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
MARCH2020	2ND INSTALLMENT HEALTHSI	03/16/20	03/11/20				2,607.23	0.00	0.00	2,607.23

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13016	FIRST INSURANCE FUNDING	2,607.23	0.00	0.00	2,607.23

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,607.23	0.00	0.00	2,607.23

APPROVED ON
MAR 17 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 184914

03/16/2020
15:13

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
021420	INSIRUANCE	03/16/20	02/14/20	02/14/20			205,635.70	0.00	0.00	205,635.70

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12324	BLUE CROSS BLUE SHIELD	205,635.70	0.00	0.00	205,635.70

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	205,635.70	0.00	0.00	205,635.70

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ON
MAR 17 2020

Ck# 184898

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	184885	03/18/20	44.17	ACE HARDWARE 15521
A/P	184886	03/18/20	1,400.00	ACUTE CARE INC
A/P	184887	03/18/20	3,343.07	AIRGAS USA, LLC - CENTRAL DIV
A/P	184888	03/18/20	3,188.30	ALCON LABORATORIES, INC.
A/P	184889	03/18/20	16.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	184890	03/18/20	450.00	APTA
A/P	184891	03/18/20	28.97	AQUA BEVERAGE COMPANY
A/P	184892	03/18/20	143.00	ARTHREX, INC
A/P	184893	03/18/20	3,361.30	BANK DIRECT CAPITAL FINANCE
A/P	184894	03/18/20	689.24	BARD PERIPHERAL VASCULAR
A/P	184895	03/18/20	1,243.39	BAXTER HEALTHCARE
A/P	184896	03/18/20	1,500.00	BAY STORAGE
A/P	184897	03/18/20	1,242.80	BKD, LLP
A/P	184898	03/18/20	205,635.70	BLUE CROSS BLUE SHIELD
A/P	184899	03/18/20	367.00	BOSTON SCIENTIFIC CORPORATION
A/P	184900	03/18/20	2,250.00	BUILDING KID STEPS
A/P	184901	03/18/20	180.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	184902	03/18/20	3,093.10	CARDINAL HEALTH 414, INC.
A/P	184903	03/18/20	576.79	CDW GOVERNMENT, INC.
A/P	184904	03/18/20	650.00	DAVID SCOTT
A/P	184905	03/18/20	727.40	DEPUY SYNTHES SALES, INC.
A/P	184906	03/18/20	1,518.66	DEWITT POTH & SON
A/P	184907	03/18/20	50,311.25	DIAMOND HEALTHCARE CORP
A/P	184908	03/18/20	1,930.21	DISCOVERY MEDICAL NETWORK INC
A/P	184909	03/18/20	610.00	DOWELL PEST CONTROL
A/P	184910	03/18/20	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	184911	03/18/20	149.00	EVIDENT
A/P	184912	03/18/20	495.00	FASTHEALTH CORPORATION
A/P	184913	03/18/20	271.53	FEDERAL EXPRESS CORP.
A/P	184914	03/18/20	2,607.23	FIRST INSURANCE FUNDING
A/P	184915	03/18/20	.00	VOIDED
A/P	184916	03/18/20	33,169.78	FISHER HEALTHCARE
A/P	184917	03/18/20	1,009.94	FRONTIER
A/P	184918	03/18/20	499.38	GULF COAST PAPER COMPANY
A/P	184919	03/18/20	.00	VOIDED
A/P	184920	03/18/20	740.39	HEB CREDIT RECEIVABLES DEPT308
A/P	184921	03/18/20	8,333.33	HITACHI HEALTHCARE
A/P	184922	03/18/20	13,696.19	HUNTER PHARMACY SERVICES
A/P	184923	03/18/20	172.65	INTOXIMETERS INC
A/P	184924	03/18/20	.00	VOIDED
A/P	184925	03/18/20	.00	VOIDED
A/P	184926	03/18/20	11,036.91	MEDLINE INDUSTRIES INC
A/P	184927	03/18/20	124.87	MMC AUXILIARY GIFT SHOP
A/P	184928	03/18/20	216.58	MOMENTUM RENTAL & SALES
A/P	184929	03/18/20	.00	VOIDED
A/P	184930	03/18/20	.00	VOIDED
A/P	184931	03/18/20	24,539.43	MORRIS & DICKSON CO, LLC
A/P	184932	03/18/20	4,748.01	NOVA BIOMEDICAL
A/P	184933	03/18/20	2,193.00	NOVUM MEDICAL PRODUCTS
A/P	184934	03/18/20	188.09	OFFICE DEPOT

BANK--CHECK	NUMBER	DATE	AMOUNT	PAYEE
A/P	184935	03/18/20	299.30	OLYMPUS AMERICA INC
A/P	184936	03/18/20	3,522.55	OMNICELL, INC.
A/P	184937	03/18/20	834.00	PATRICK OCHOA
A/P	184938	03/18/20	348.49	QIAGEN INC
A/P	184939	03/18/20	1,625.00	RADSOURCE
A/P	184940	03/18/20	7.78	ROBERT RODRIQUEZ
A/P	184941	03/18/20	136.85	ROSHANDA THOMAS
A/P	184942	03/18/20	2,193.83	SIEMENS MEDICAL SOLUTIONS INC
A/P	184943	03/18/20	219.00	SOCIETY FOR HUMAN RESOURCE MGT
A/P	184944	03/18/20	5,514.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	184945	03/18/20	103.00	STERIS INSTRUMENT MANAGEMENT
A/P	184946	03/18/20	2,596.72	SUN LIFE ASSURANCE COMPANY
A/P	184947	03/18/20	1,894.91	TLC STAFFING
A/P	184948	03/18/20	1,805.34	TRIZETTO PROVIDER SOLUTIONS
A/P	184949	03/18/20	30,006.51	TXU ENERGY
A/P	184950	03/18/20	4,149.85	UNIFIRST HOLDINGS
A/P	184951	03/18/20	315.75	UNIFORM ADVANTAGE
A/P	184952	03/18/20	259.67	UPS
A/P	184953	03/18/20	243.74	US MED-EQUIP, LLC
A/P	184954	03/18/20	30,353.41	VICTORIA ANESTHESIOLOGY
A/P	184955	03/18/20	560.00	VICTORIA RADIOWORKS, LTD
A/P	184956	03/18/20	543.50	WAGEWORKS
A/P	184957	03/18/20	129.60	WAGEWORKS, INC
A/P	184958	03/18/20	150.00	BETHANY SENIOR LIVING
A/P	184959	03/18/20	47,510.40	GOLDENCREEK HEALTHCARE
A/P	184960	03/18/20	4,480.00	GULF POINTE PLAZA
TOTALS:			568,557.36	

Payables 308,174.03 +
First Insurance 2,607.23 +
BCBS 205,635.70 +
Nursing homes 47,510.40 +
4,480.00 +
150.00 +
568,557.36 *

APPROVED
ON
MAR 18 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: 03/13/2020

DC: 8115

Territory:

Customer: 632536
Date: 03/14/2020

Page: 002

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

As of: 03/13/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 03/14/2020 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: 4,260.26 USD

Future Due: 0.00

Past Due: 178.26-

Last Payment 03/07/2017 2,451.97

If Paid By 03/17/2020, Pay This Amount: 4,171.56 USD

If Paid After 03/17/2020, Pay this Amount: 4,260.26 USD

Due If Paid On Time: USD 4,171.56

Disc lost if paid late: 88.70

Due If Paid Late: USD 4,260.26

CK # 500081

667.38 +
585.65 +
18.59 +
2,899.94 +
4,171.56 *

APPROVED ON
MAR 17 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 03/13/2020 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 03/14/2020

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 03/13/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 03/14/2020

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											
03/09/2020	03/17/2020	7187771949	1130478	115Invoice	5.41	270.55		265.14	✓	7187771949	
03/09/2020	03/17/2020	7187771950	0306200127-00	115Invoice	0.36	18.05		17.69	✓	7187771950	
03/09/2020	03/17/2020	7187771951	5318191214	115Invoice	15.86	793.14		777.28	✓	7187771951	
03/09/2020	03/17/2020	7187771952	0308200343-00	115Invoice	5.42	270.87		265.45	✓	7187771952	
03/09/2020	03/17/2020	7187990157	0000003062020KET	115Invoice	0.01	0.32		0.31	✓	7187990157	
03/10/2020	03/17/2020	7188037038	5318195878	115Invoice	5.41	270.55		265.14	✓	7188037038	
03/10/2020	03/17/2020	7188238718	0000003092020SS	115Invoice	0.01	0.32		0.31	✓	7188238718	
03/11/2020	03/17/2020	7188307225	9523010695	115Invoice	5.41	270.53		265.12	✓	7188307225	
03/11/2020	03/17/2020	7188307229	0310200253-00	115Invoice	4.89	244.63		239.74	✓	7188307229	
03/12/2020	03/17/2020	7188553042	9523015143	115Invoice	0.02	0.98		0.96	✓	7188553042	
03/12/2020	03/17/2020	7188553043	0311200315-00	115Invoice	0.04	1.91		1.87	✓	7188553043	
03/12/2020	03/17/2020	7188553044	0311200344-00	115Invoice	0.06	2.88		2.82	✓	7188553044	
03/13/2020	03/17/2020	7188795708	9523019759	115Invoice	15.99	799.70		783.71	✓	7188795708	
03/13/2020	03/17/2020	7188988302	0000003122020KET	115Invoice	0.29	14.69		14.40	✓	7188988302	

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: 2,959.12 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,256.36
03/09/2020

If Paid By 03/17/2020,
Pay This Amount: 2,899.94 USD

If Paid After 03/17/2020,
Pay this Amount: 2,959.12 USD

Due If Paid On Time:
USD 2,899.94

Disc lost if paid late:
59.18

Due If Paid Late:
USD 2,959.12

APPROVED ON

MAR 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/13/2020

DC: 8115

Territory: 400

Customer: 190813
Date: 03/14/2020

Page: 001

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

As of: 03/13/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 03/14/2020 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
03/11/2020	03/17/2020	7188275990	2017013111	115Invoice	0.24	11.78		11.54 ✓		7188275990	
03/13/2020	03/17/2020	7188766272	2017013182	115Invoice	0.14	7.19		7.05 ✓		7188766272	

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: 18.97 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/09/2020 5,256.36

If Paid By 03/17/2020,
Pay This Amount: 18.59 USD

If Paid After 03/17/2020,
Pay this Amount: 18.97 USD

Due If Paid On Time: ✓
USD 18.59

Disc lost if paid late: 0.38

Due If Paid Late:
USD 18.97

CK # 500081

APPROVED ON
MAR 17 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/13/2020

DC: 8115

Territory: 400

Customer: 835438
Date: 03/14/2020

Page: 001

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

As of: 03/13/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 03/14/2020 **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											
03/12/2020	03/17/2020	7188713713	692308	115Invoice	17.08	857.29		840.21		7188713713	
03/13/2020	03/13/2020	7188998182	MFC PR CORR CR	Pricing Cor		178.26-	P	178.26-	P	7188998182	✓
03/13/2020	03/17/2020	7188998183	MFC PR CORR IN	Pricing Cor	0.11	5.54		5.43		7188998183	✓

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: 684.57 USD

Future Due: 0.00

Past Due: 178.26-

Last Payment 5,256.36
03/09/2020

If Paid By 03/17/2020,
Pay This Amount: 667.38 USD

If Paid After 03/17/2020,
Pay this Amount: 684.57 USD

Due If Paid On Time:
USD 667.38

Disc lost if paid late:
17.19

Due If Paid Late:
USD 684.57

APPROVED
ON
MAR 17 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/13/2020 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 03/14/2020

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

As of: 03/13/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 03/14/2020 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											
03/12/2020	03/17/2020	7188550594	692057	115Invoice	0.49	24.48		23.99 ✓		7188550594	
03/12/2020	03/17/2020	7188550595	692057	115Invoice	11.46	573.12		561.66 ✓		7188550595	

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: 597.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,256.36
03/09/2020

If Paid By 03/17/2020,
Pay This Amount: 585.65 USD

If Paid After 03/17/2020,
Pay this Amount: 597.60 USD

Due If Paid On Time:
USD 585.65

Disc lost if paid late:
11.95

Due If Paid Late:
USD 597.60

APPROVED ON
MAR 17 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen®

STATEMENT

Number: 58985688 Date: 03-13-2020

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:	1,492.21
Past Due:	0.00
Total Due:	1,492.21
Account Balance:	1,492.21

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
03-09-2020	03-20-2020	3035060717	155612	Invoice	50.91
03-11-2020	03-20-2020	3035180398	155669	Invoice	501.91
03-11-2020	03-20-2020	3035180399	155675	Invoice	3.83
03-12-2020	03-20-2020	3035238767	155683	Invoice	298.91
03-13-2020	03-20-2020	3035301513	155690	Invoice	636.65

Thank You for Your Payment

Date	Payment Number	Amount
03-13-2020		(1,162.47)

Reminders

Due Date	Amount
03-20-2020	1,492.21
Total Due:	1,492.21

Terms:
Monday - Friday due in 7 days

APPROVED
ON
MAR 17 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #500082

Processing Number 0000003621107393 Document Type: Customer Statement 20200314147448

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

	#### ###	ENTER:
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		
☐ "ENTER YOUR 4-DIGIT PIN"		
☐ "MAKE A PAYMENT, PRESS 1"		1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941 #
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	20
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	3

1ST QTR - 03 (MARCH) - Jan, Feb, Mar
2ND QTR - 06 (JUNE) - Apr, May, June
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 95,291.83 #
"1 TO CONFIRM"		1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 48,856.24 #
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 11,425.98 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 35,009.61 #
	CHECK	$ -
☐ "6-DIGIT SETTLEMENT DATE"	★	
"1 TO CONFIRM"		1
☐ ACKNOWLEDGEMENT NUMBER		

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

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9624.50	N		N	N		194196.29
1	REGULAR PAY-S1	1902.50	N		N	N	N	83975.92
1	REGULAR PAY-S1	209.50	Y		N	N		6515.66
2	REGULAR PAY-S2	2542.75	N		N	N		58177.67
2	REGULAR PAY-S2	182.50	Y		N	N		5822.34
3	REGULAR PAY-S3	1554.25	N		N	N		41389.45
3	REGULAR PAY-S3	80.50	Y		N	N		2890.27
C	CALL PAY	2230.00	N	1	N	N		4460.00
D	DOUBLE TIME	12.25	N		N	N	N	584.83
E	EXTRA WAGES	5.75	N		N	N	N	1985.95
E	EXTRA WAGES		N	1	N	N	N	1783.00
F	FUNERAL LEAVE	36.00	N	1	N	N		809.40
I	INSERVICE	31.50	N	1	N	N		970.95
I	INSERVICE	5.25	Y	1	N	N		179.79
K	EXTENDED-ILLNESS-BANK	167.00	N	1	N	N		2955.28
M	MEAL REIMBURSEMENT		N		N	N	N	13.00
P	PAID-TIME-OFF	89.80	N		N	N	N	2023.41
P	PAID-TIME-OFF	795.00	N	1	N	N		17018.38
X	CALL PAY 2	96.00	N	1	N	N		192.00
Y	YMCA/CURVES		N		N	N	N	195.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	22.00	N	1	N	N		251.52

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	695.63	A/R2	230.00	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1757.81	CAFE-F	
CAFE-H	19901.20	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC	240.00	COMBIN	438.97	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	35009.61	FICA-M	5712.99	FICA-O	24428.12
FIRSTC		FLEX S	4834.43	FLX FE	
FORT D		FUTA		GIFT S	179.46
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	409.46	MASA	793.00	MEALS	196.62
MISC		MISC/		MMCSHR	
NATFML	2224.19	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	840.86
STONE		STONE2		STUDEN	
SUNACC	940.42	SUNILL	1431.94	SUNLIF	1515.00
SUNSTD	1724.42	SUNVIS	1244.96	SURCHG	855.00
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	29867.55	TUTION	
UNIFOR	426.88	UW/HOS			

Grand Totals: 19683.05 (Gross: 426678.11 Deductions: 135898.52 Net: 290779.59)

Checks Count:- FT 201 PT 8 Other 42 Female 224 Male 25 Credit OverAmt 5 ZeroNet Term Total: 249

Pay date:
03/20/2020

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- March 8, 2020 - March 15, 2020

Date	Bank Description	MMC Notes	CPSI	Amount
3/9/2020	PAY PLUS ACHTRANS 452579291 101000694483276	- 3rd Party Payor Fee		20.54
3/9/2020	CLEARGAGE LLC CLEARGAGE, 4VW73768JS8PSQT 242	- Patient Financing Service		66.58
3/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110 41399801332401	MMC CLINIC - Credit Card Processing Fee		809.98
3/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110 41399801332393	MEMORIAL MI - Credit Card Processing Fee		1573.19
3/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110 41399801368397	CLINICAL HOSF - Credit Card Processing Fee		722.84
3/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110 41399801332419	MMC ONLINE - Credit Card Processing Fee		35.9
3/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110 41399801332385	MMC ER - Credit Card Processing Fee		94.73
3/10/2020	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110 39300982589946	MMC OUTPAT - Credit Card Processing Fee		129
3/10/2020	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110 39300982541616	MEMORIAL MI - Credit Card Processing Fee		341.12
3/10/2020	PAY PLUS ACHTRANS 452579291 101000695295097	- 3rd Party Payor Fee		22.27
3/10/2020	MCKESSON DRUG AUTO ACH ACH04104274 910000145	- 340B Drug Program Expense	*	5256.36
3/10/2020	IRS USATAXPYMT 220047050386098 6103601000137	- Payroll Taxes	**	98154.97
3/11/2020	PAY PLUS ACHTRANS 452579291 101000696064246	- 3rd Party Payor Fee		43.36
3/12/2020	PAY PLUS ACHTRANS 452579291 101000696837622	- 3rd Party Payor Fee		1.24
3/12/2020	IRS USATAXPYMT 220047225598456 6103601000318	- Payroll Taxes	*	176.06
3/13/2020	PAY PLUS ACHTRANS 452579291 101000697630414	- 3rd Party Payor Fee		11.68
3/13/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	*	1162.47
				108,622.29

* Approved 03/11/2020 CC
** Approved 03/04/2020 CC

Jason Anglin, CEO
Memorial Medical Center

March, 16 2020

20.54 +
Pay 22.27 +
PLUS 43.36 +
1.24 +
Clearyage 11.68 +
99.09 *

66.58 +
66.58 *

Credit 809.98 +
1,573.19 +
Card 722.84 +
Lease 35.90 +
and 94.73 +
Process- 129.00 +
ing 341.12 +
Fees 3,706.76 *

99.09 +
66.58 +
3,706.76 +
✓3,872.43 *

108,622.29 +
1,162.47 -
176.06 -
98,154.97 -
5,256.36 -
✓3,872.43 *

3,872.43 +
3,872.43 -
0.00 *

RECEIVED
MAR 12 2020
Calhoun County Auditor

03/12/2020
12:48

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 03/26/2020

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
022820		02/28/20	02/28/20	03/26/20			4,480.00	0.00	0.00	4,480.00
	TRANSFER MH insurance pymt deposited into MMC operating in error									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	4,480.00	0.00	0.00	4,480.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,480.00	0.00	0.00	4,480.00

APPROVED
ON
MAR 12 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 184960

03/12/2020 MEMORIAL MEDICAL CENTER 0
12:33 AP Open Invoice List ap_open_invoice.template
Dates Through: 03/26/2020

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
022820B		02/28/20	02/28/20	03/26/20		144.60	0.00	0.00	144.60 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
022820G		02/28/20	02/28/20	03/26/20		924.93	0.00	0.00	924.93 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
022820I		02/28/20	02/28/20	03/26/20		9,528.84	0.00	0.00	9,528.84 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
022820F		02/28/20	02/28/20	03/26/20		5,305.40	0.00	0.00	5,305.40 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
022820C		02/28/20	02/28/20	03/26/20		771.23	0.00	0.00	771.23 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
022820E		02/28/20	02/28/20	03/26/20		23,606.23	0.00	0.00	23,606.23 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
022820A		02/28/20	02/28/20	03/26/20		442.56	0.00	0.00	442.56 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
022820D		02/28/20	02/28/20	03/26/20		1,899.43	0.00	0.00	1,899.43 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
022820H		02/28/20	02/28/20	03/26/20		4,887.18	0.00	0.00	4,887.18 ✓
	TRANSFER NH insurance pymt sent to MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	47,510.40	0.00	0.00	47,510.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	47,510.40	0.00	0.00	47,510.40

RECEIVED
MAR 12 2020
Calhoun County Auditor

03/12/2020
12:32

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 03/26/2020

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12792	BETHANY SENIOR LIVING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
031020		03/11/20	03/10/20	03/26/20			150.00	0.00	0.00	150.00
	DEPOSIT SLIPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	150.00	0.00	0.00	150.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	150.00	0.00	0.00	150.00

APPROVED
ON
MAR 12 2020
CK # 184958
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
3/16/2020

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		61,629.28 ✓	61,427.09 ✓	159,014.25 ✓		-	159,216.44		159,014.25
						Bank Balance	159,216.44 ✓		
						Variance	-		
						Leave in Balance	100.00		
						Pending Ck to MMC			
						MMC Portion QIPP Yr2 Adjustment			
						MMC Portion QIPP 1 &2			
						MMC Portion QIPP 3,4,Lapse			
						January Interest	50.15 ✓		
						February Interest	52.04 ✓		
						March Interest			
						Adjust Balance/Transfer Amt	159,014.25 ✓		
Broadmoor		35,362.23 ✓	35,153.70 ✓	26,995.60 ✓		-	27,204.13		26,995.60
						Bank Balance	27,204.13 ✓		
						Variance	-		
						Leave in Balance	100.00		
						MMC Portion QIPP Yr2 Adjustment			
						Pending Ck to MMC			
						MMC Portion QIPP 1 &2			
						MMC Portion QIPP 3,4,Lapse			
						January Interest	50.52 ✓		
						February Interest	58.01 ✓		
						March Interest			
						Adjust Balance/Transfer Amt	26,995.60 ✓		
Crescent		58,739.70 ✓	58,551.76 ✓	31,451.72 ✓		-	31,639.66		31,451.72
						Bank Balance	31,639.66 ✓		
						Variance	-		
						Leave in Balance	100.00		
						MMC Portion QIPP Yr2 Adjustment			
						Pending Ck to MMC			
						MMC Portion QIPP 1 &2			
						MMC Portion QIPP 3,4,Lapse			
						January Interest	49.24 ✓		
						February Interest	38.70 ✓		
						March Interest			
						Adjust Balance/Transfer Amt	31,451.72 ✓		
Fort Bend		36,883.51 ✓	36,742.14 ✓	2,649.96 ✓		-	2,791.33 ✓		-
						Bank Balance	2,791.33	NO TRANSFER	
						Variance	-		
						Leave in Balance	100.00		
						MMC Portion QIPP Yr2 Adjustment			
						Pending Ck to MMC			
						MMC Portion QIPP 1 &2			
						MMC Portion QIPP 3,4,Lapse			
						January Interest	20.58 ✓		
						February Interest	20.79 ✓		
						March Interest			
						Adjust Balance/Transfer Amt	2,649.96 ✓		
Solera at W Houston		93,661.87 ✓	93,431.22 ✓	98,638.09 ✓			98,868.74 ✓		98,638.09
						Bank Balance	98,868.74 ✓		
						Variance	-		
						Leave in Balance	100.00		
						Solera/Medicare Recoup withheld from MMC			
						Pending Ck to MMC			
						MMC Portion QIPP Yr2 Adjustment			
						MMC Portion QIPP 1 &2			
						MMC Portion QIPP 3,4,Lapse			
						January Interest	68.69 ✓		
						February Interest	61.96 ✓		
						March Interest			
						Adjust Balance/Transfer Amt	- 98,638.09 ✓		
						TOTAL TRANSFERS			316,099.66

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA
Acct

Routing Information for Crescent / Solera at West Houston /
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA
Acct

159,014.25 +
26,995.60 +
31,451.72 +
98,638.09 +
316,099.66 *

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

APPROVED ON
MAR 17 2020

Approved:
Jason Anglin, CEO
3/16/2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

J:\NH Weekly Transfers\NH UPL Transfer Summary\2020\March\NH UPL Transfer Summary 3-16-20 .xlsx

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
3/9/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*0SE644651326436189*1746000	-	31,624.55					-	31,624.55
3/10/2020	CHECK #1087	22,396.02	-					-	-
3/10/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020030711600609*191200836	-	25.29					-	25.29
3/11/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	33,066.64	-					-	-
3/11/2020	Deposit	-	3,042.37					-	3,042.37
3/11/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020030814600466*191200836	-	4,600.11					-	4,600.11
3/11/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000176 TRN*1*EFT6925240*1205296137*00000	-	11,195.02					-	11,195.02
3/11/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*0SE666111326436189*1746000	-	1,732.39					-	1,732.39
3/12/2020	Amerigroup TX5C HCCLAIMPMT 3120543118 111000 TRN*1*3120543118*1752603231\	-	24,370.25					-	24,370.25
3/12/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9515582008*1411289245*0000877	-	6,970.00					-	6,970.00
3/12/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000154 TRN*1*EFT6925600*1205296137*00000	-	6,359.07					-	6,359.07
3/13/2020	Amerigroup TX5C HCCLAIMPMT 3120616502 111000 TRN*1*3120616502*1752603231\	-	12,756.89					-	12,756.89
3/13/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020031213400840*191200836	-	36,366.76					-	36,366.76
3/13/2020	HUMANA CHA DISB HCCLAIMPMT 390860 4200001534 TRN*1*014840101181274*1611013183	-	4,082.22					-	4,082.22
3/13/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*0SE687751326436189*1746000	-	15,889.33					-	15,889.33
3/13/2020	CHECK #1088	5,964.43	-					-	-
		61,427.09	159,014.25	-	-	-	-	-	159,014.25

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
3/9/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*0SE644661669860433*1746000	-	2,119.53					-	2,119.53
3/10/2020	CHECK #52	8,051.76	-					-	-
3/10/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0250037	-	485.10					-	485.10
3/10/2020	HUMANA INS CO HCCLAIMPMT 390861 830000530323 TRN*1*001290049190405*1391263473	-	4,288.73					-	4,288.73
3/11/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	26,007.38	-					-	-
3/11/2020	Deposit	-	473.21					-	473.21
3/11/2020	CIGNA HCCLAIMPMT 1669860433 91000010762543 TRN*1*200307090042608*1591031071\	-	5,456.00					-	5,456.00
3/13/2020	CHECK #53	1,094.56	-					-	-
3/13/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020031213700031*191200836	-	1,102.99					-	1,102.99
3/13/2020	HUMANA INS CO HCCLAIMPMT 390861 830000517884 TRN*1*001290049269828*1391263473	-	7,723.68					-	7,723.68
3/13/2020	HUMANA CHA DISB HCCLAIMPMT 390861 4200001534 TRN*1*014840101181275*1611013183	-	5,346.36					-	5,346.36
		35,153.70	26,995.60	-	-	-	-	-	26,995.60

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
3/10/2020	CHECK #82	6,911.44	-					-	-
3/10/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0250032	-	6,142.50					-	6,142.50
3/11/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	50,614.14	-					-	-
3/11/2020	Deposit	-	368.74					-	368.74
3/11/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9515205909*1411289245*0000877	-	4,340.00					-	4,340.00
3/11/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020030812800446*1912008361*	-	1,164.00					-	1,164.00
3/12/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0250121	-	292.50					-	292.50
3/12/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9515582181*1411289245*0000877	-	9,620.00					-	9,620.00
3/13/2020	CHECK #83	1,026.18	-					-	-
3/13/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020031213600832*191200836	-	1,609.98					-	1,609.98
3/13/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020031110201530*1912008361*	-	7,914.00					-	7,914.00
		58,551.76	31,451.72	-	-	-	-	-	31,451.72

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
3/10/2020	CHECK #79	9,359.04	-					-	-
3/10/2020	HUMANA INS CO HCCLAIMPMT 390863 830000529879 TRN*1*001290049167518*1391263473	-	361.00					-	361.00
3/10/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*9514681303*1362739571*000030	-	71.46					-	71.46
3/11/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	25,115.22	-					-	-
3/11/2020	Deposit	-	970.95					-	970.95
3/13/2020	CHECK #80	2,267.88	-					-	-
3/13/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*0SE687881730577503*1746000	-	1,246.55					-	1,246.55
		36,742.14	2,649.96	-	-	-	-	-	2,649.96

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
3/9/2020	CHECK #1081	5,028.75	-					-	-
3/9/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0249980	-	800.00					-	800.00
3/9/2020	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR53885580*1411289245*000	-	5,576.00					-	5,576.00
3/9/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9514432637*1411289245*0000877	-	3,690.00					-	3,690.00
3/9/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020030616900940*191200836	-	1,230.00					-	1,230.00
3/9/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020030610600819*1912008361*	-	3,978.00					-	3,978.00
3/10/2020	CHECK #1082	8,293.69	-					-	-
3/10/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0250028	-	4,230.00					-	4,230.00
3/10/2020	HUMANA INS CO HCCLAIMPMT 390862 830000530750 TRN*1*001290049212839*1391263473	-	6,243.35					-	6,243.35
3/10/2020	HUMANA INS CO HCCLAIMPMT 390862 830000529879 TRN*1*001290049167517*1391263473	-	4,311.51					-	4,311.51
3/10/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020030711200325*1912008361*	-	6,706.00					-	6,706.00
3/11/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	78,406.06	-					-	-
3/11/2020	Deposit	-	846.28					-	846.28
3/11/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020030816800182*191200836	-	788.21					-	788.21
3/11/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000176 TRN*1*EFT5495616*1205296137*00000	-	2,429.93					-	2,429.93
3/12/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0250115	-	15,189.50					-	15,189.50
3/12/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9515582094*1411289245*0000877	-	5,330.00					-	5,330.00
3/13/2020	CHECK #1083	1,702.72	-					-	-
3/13/2020	Amerigroup TX5C HCCLAIMPMT 3120616503 111000 TRN*1*3120616503*1752603231\	-	2,580.42					-	2,580.42
3/13/2020	HUMANA INS CO HCCLAIMPMT 390862 830000517884 TRN*1*001290049269829*1391263473	-	19,439.72					-	19,439.72
3/13/2020	HUMANA CHA DISB HCCLAIMPMT 390862 4200001534 TRN*1*014840101181276*1611013183	-	15,269.17					-	15,269.17
		93,431.22	98,638.09	-	-	-	-	-	98,638.09

	TOTALS	285,305.91	318,749.62	-	-	-	-	-	318,749.62

Quick View

DDA

Data reported as of Mar 16, 2020 8:

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	$159,216.44	$189,597.53	$159,216.44	$96,085.67
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$27,204.13	$55,439.16	$27,204.13	$14,125.66
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$31,639.66	$55,124.27	$31,639.66	$23,141.86
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$98,868.74	$151,566.90	$98,868.74	$63,282.15
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$2,791.33	$6,284.03	$2,791.33	$3,812.66
[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] MMC -NH BETHANY SENIOR LIVING	[redacted]			

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Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
3/16/2020

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		137,669.61	137,519.67	6,051.35	-	-	6,201.29	6,051.35
						Bank Balance	6,201.29	
						Variance	(0.00)	
						Leave in Balance	100.00	
						Pending Ck to MMC		
						MMC Portion QIPP 1 &2		
						MMC Portion QIPP 3,4,Lapse		
						January Interest	20.12	
						February Interest	29.82	
						March Interest		
							-	
						Adjust Balance/Transfer Amt	6,051.35	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA 1
Accou

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 3/16/2020

APPROVED
ON
MAR 17 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
3/9/2020	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	-	1,520.00					-	1,520.00
3/10/2020	CHECK #53	26,568.48	-					-	-
3/11/2020	WIRE OUT NEXION HEALTH AT GOLDEN CREEK	110,951.19	-					-	-
3/11/2020	Deposit	-	1,448.23					-	1,448.23
3/11/2020	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	-	3,083.12					-	3,083.12
		137,519.67	6,051.35	-	-	-	-	-	6,051.35

Quick View

DDA

Data reported as of Mar 16, 2020 8:

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	$6,201.29	$7,347.29	$6,201.29	$6,201.29
[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]
[redacted] MMC -NH BETHANY SENIOR LIVING	[redacted]	[redacted]	[redacted]	[redacted]

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Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
3/16/2020

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		15,803.21	14,647.68	-		-	-	1,155.53	-
							Bank Balance	1,155.53	No Transfer
							Variance	-	
							Leave in Balance	100.00	
							Pending Ck to MMC		
							MMC Portion QIPP 1 &2		
							MMC Portion QIPP 3,4,Lapse		
							January Interest	1.09	
							February Interest	7.33	
							March Interest		
							Adjust Balance/Transfer Amt	1,047.11	

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		48,357.65	48,208.67	2,801.81		-	-	2,950.79	-
							Bank Balance	2,950.79	No Transfer
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1 &2	-	
							MMC Portion QIPP 3,4,Lapse	-	
							January Interest	29.13	
							February Interest	19.85	
							March Interest		
							Adjust Balance/Transfer Amt	2,801.81	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS -

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 3/16/2020

APPROVED ON
MAR 17 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
3/10/2020 CHECK #9	14,647.68	-					-	-
	14,647.68	-	-	-	-	-	-	-

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
3/10/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SE65975192	-	1,145.31					-	1,145.31
3/11/2020 WIRE OUT HMG SERVICES, LLC	48,208.67	-					-	-
3/12/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SE67858192	-	1,385.30					-	1,385.30
3/13/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SE69301192	-	271.20					-	271.20
	48,208.67	2,801.81	-	-	-	-	-	2,801.81
	62,856.35	2,801.81	-	-	-	-	-	2,801.81

Quick View

DDA Data reported as of Mar 16, 2020 10:

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	$1,155.53	$1,155.53	$1,155.53	$1,155.53
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$2,950.79	$4,240.73	$2,950.79	$2,679.59
[redacted] MMC -NH BETHANY SENIOR LIVING	[redacted]	[redacted]	[redacted]	[redacted]

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