

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- March 25, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 235,567.46
TOTAL TRANSFERS BETWEEN FUNDS	\$ 50,486.61
TOTAL NURSING HOME UPL EXPENSES	\$ 420,421.72
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED March 25, 2020	\$ 706,475.79

APPROVED
MAR 25 2020
CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---March 25, 2020

PAYABLES AND PAYROLL

3/19/2020 Weekly Payables	208,405.26
3/19/2020 Patient Refunds	6,049.44
3/19/2020 Citibank Credit Card-see attached	6,152.04
3/19/2020 City of Port Lavaca-utilities for MMC Hospital, Rehab and Clinic	5,265.21
3/23/2020 McKesson-340B Prescription Expense	6,270.42
3/23/2020 Amerisource Bergen-340B Prescription Expense	542.49
3/24/2020 Payroll Liabilities for supplemental payroll-Payroll Taxes	604.37
3/24/2020 Supplemental Payroll	2,238.30

Prosperity Electronic Bank Payments

3/16-3/19/2020 Pay Plus-Patient Claims Processing Fee	39.93
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TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$	235,567.46
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TRANSFER BETWEEN FUNDS-NURSING HOMES

3/19/2020 MMC Operating to The Crescent- correction of NH insurance payment sent to MMC in error	563.52
3/19/2020 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment sent to MMC in error	41,183.86
3/19/2020 MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment sent to MMC in error	8,739.23

TOTAL TRANSFERS BETWEEN FUNDS	\$	50,486.61
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NURSING HOME UPL EXPENSES

3/23/2020 Nursing Home UPI-Cantex Transfer	342,696.91
3/23/2020 Nursing Home UPI-Nexion Transfer	7,991.55
3/23/2020 Nursing Home UPI-HMG Transfer	14,445.24

QIPP/INTEREST/RECOUP CHECKS TO MMC

3/23/2020 Ashford	22,862.37
3/23/2020 Broadmoor	8,215.40
3/23/2020 Crescent	6,757.43
3/23/2020 Fort Bend	9,343.92
3/23/2020 Solera	8,108.90

TOTAL NURSING HOME UPL EXPENSES	\$	420,421.72
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TOTAL INTER-GOVERNMENT TRANSFERS	\$	-
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GRAND TOTAL DISBURSEMENTS APPROVED March 25, 2020	\$	706,475.79
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MAR 19 2020

03/19/2020
09:59
California County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 04/01/2020

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code								
A1100	ABBOTT LABORATORIES ✓	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
611473369 ✓		03/17/20	12/02/20	01/01/20		20.00	0.00	0.00	20.00	✓	
	SUPPLIES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	A1100 ABBOTT LABORATORIES					20.00	0.00	0.00	20.00		
Vendor#	Vendor Name	Class	Pay Code								
11283	ACE HARDWARE 15521 ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
142592 ✓		03/06/20	03/03/20	03/28/20		83.94	0.00	0.00	83.94	✓	
	SUPPLIES										
142690 ✓		03/10/20	03/06/20	03/31/20		24.99	0.00	0.00	24.99	✓	
	SUPPLIES										
142691 ✓		03/10/20	03/06/20	03/31/20		14.99	0.00	0.00	14.99	✓	
	SUPPLIES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	11283 ACE HARDWARE 15521					123.92	0.00	0.00	123.92		
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		
031620		03/17/20	03/16/20	03/16/20		69.98	0.00	0.00	69.98	✓	
	THERMOMETERS COVID19 <i>screening</i>										
031720		03/18/20	03/17/20	03/17/20		87.90	0.00	0.00	87.90	✓	
	WRISTBANDS FOR COVID <i>screening</i>										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	11234 ADRIANNA GALVAN					157.88	0.00	0.00	157.88		
Vendor#	Vendor Name	Class	Pay Code								
R1200	ADT COMMERCIAL ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
436201 ✓		03/11/20	03/01/20	03/26/20		47.29	0.00	0.00	47.29	✓	
	FIRE MONITORING										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	R1200 ADT COMMERCIAL					47.29	0.00	0.00	47.29		
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		
9098786516 ✓		03/18/20	02/27/20	03/23/20		237.47	0.00	0.00	237.47	✓	
	OXYGEN										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	A1680 AIRGAS USA, LLC - CENTRAL DIV					237.47	0.00	0.00	237.47		
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		
9657555597 ✓		03/16/20	02/25/20	03/26/20		819.00	0.00	0.00	819.00	✓	
	SUPPLIES										
9657591661 ✓		03/17/20	03/02/20	04/01/20		159.00	0.00	0.00	159.00	✓	
	SUPPLIES										

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		A1690	ALCON LABORATORIES, INC.			978.00	0.00	0.00	978.00
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
031720		03/17/20	03/17/20	03/17/20		2,380.50	0.00	0.00	2,380.50 ✓
CONTRACT EMPLOYEE (2/25 - 3/12/2020)									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10958	ALLYSON SWOPE			2,380.50	0.00	0.00	2,380.50
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
958120 ✓		03/18/20	02/14/20	03/10/20		21.99	0.00	0.00	21.99 ✓
WATER									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		A2218	AQUA BEVERAGE COMPANY			21.99	0.00	0.00	21.99
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
80748208 ✓		03/18/20	03/02/20	03/18/20		344.62	0.00	0.00	344.62 ✓
SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		B0435	BARD PERIPHERAL VASCULAR			344.62	0.00	0.00	344.62
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
65931992 ✓		03/18/20	02/28/20	03/24/20		378.50	0.00	0.00	378.50 ✓
SUPPLIES									
66016531 ✓		03/18/20	03/04/20	03/29/20		132.25	0.00	0.00	132.25 ✓
SUPPLIES									
66023924 ✓		03/18/20	03/05/20	03/30/20		742.86	0.00	0.00	742.86 ✓
SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE			1,253.61	0.00	0.00	1,253.61
Vendor#	Vendor Name			Class	Pay Code				
M2485	BAYER HEALTHCARE ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6008328428 ✓		03/18/20	02/27/20	03/18/20		1,369.00	0.00	0.00	1,369.00 ✓
SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		M2485	BAYER HEALTHCARE			1,369.00	0.00	0.00	1,369.00
Vendor#	Vendor Name			Class	Pay Code				
B1220	BECKMAN COULTER INC ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
108295615 ✓		03/11/20	03/02/20	03/27/20		33.44	0.00	0.00	33.44 ✓
SUPPLIES									
108296329 ✓		03/18/20	03/02/20	03/27/20		592.24	0.00	0.00	592.24 ✓
SUPPLEIS									
108296669 ✓		03/18/20	03/03/20	03/28/20		77.75	0.00	0.00	77.75 ✓
SUPPLIES									
108297679 ✓		03/18/20	03/03/20	03/28/20		1,247.44	0.00	0.00	1,247.44 ✓
SUPPLIES									

108298559		03/18/20	03/03/20	03/28/20		6,566.93	0.00	0.00	6,566.93		
SUPPLIES											
7267398		03/18/20	03/05/20	03/30/20		5,564.54	0.00	0.00	5,564.54		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1220	BECKMAN COULTER INC	14,082.34	0.00	0.00	14,082.34
Vendor#	Vendor Name					Class	Pay Code				
12600	BIOFIRE DIAGNOSTICS LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1280035387		03/18/20	03/03/20	03/18/20		8,264.85	0.00	0.00	8,264.85		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12600	BIOFIRE DIAGNOSTICS LLC	8,264.85	0.00	0.00	8,264.85
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		
8002165175		03/06/20	03/02/20	03/27/20		380.70	0.00	0.00	380.70		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1325	CARDINAL HEALTH 414, INC.	380.70	0.00	0.00	380.70
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		
WVX7167		03/16/20	02/17/20	03/18/20		4,070.46	0.00	0.00	4,070.46		
REMOTE SUPPORT TOOL											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1992	CDW GOVERNMENT, INC.	4,070.46	0.00	0.00	4,070.46
Vendor#	Vendor Name					Class	Pay Code				
L1629	CHRISTINA ZAPATA-ARROYO										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
FEB2020		03/19/20	03/19/20	03/19/20		82.50	0.00	0.00	82.50		
SPEECH THERAPY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						L1629	CHRISTINA ZAPATA-ARROYO	82.50	0.00	0.00	82.50
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		
2020020		03/18/20	02/29/20	03/29/20		8,517.22	0.00	0.00	8,517.22		
LAB SERVICES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10212	CLINICAL PATHOLOGY LABS	8,517.22	0.00	0.00	8,517.22
Vendor#	Vendor Name					Class	Pay Code				
C1443	CYGNUS MEDICAL LLC					M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
304867A		03/19/20	02/24/20	03/25/20		450.00	0.00	0.00	450.00		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1443	CYGNUS MEDICAL LLC	450.00	0.00	0.00	450.00
Vendor#	Vendor Name					Class	Pay Code				
11368	CYRACOM LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		

1049704 ✓		03/17/20 01/31/20 03/16/20	396.90	0.00	0.00	396.90 ✓
INTERPERTATION SERVICES						
Vendor Totals Number Name			Gross	Discount	No-Pay	Net
11368 CYRACOM LLC			396.90	0.00	0.00	396.90
Vendor#	Vendor Name		Class	Pay Code		
H0900	D HARRIS CONSULTING LLC ✓		W			
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D Pay Gross	Discount	No-Pay	Net
~~023423204~~ 23638		03/17/20 03/09/20 03/09/20	700.00	0.00	0.00	700.00 ✓
NUC MED EVAL						
Vendor Totals Number Name			Gross	Discount	No-Pay	Net
H0900 D HARRIS CONSULTING LLC			700.00	0.00	0.00	700.00
Vendor#	Vendor Name		Class	Pay Code		
10509	DA&E ✓					
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D Pay Gross	Discount	No-Pay	Net
13732 ✓		03/18/20 03/13/20 03/13/20	2,576.00	0.00	0.00	2,576.00 ✓
ASSISTANCE W/ CAH MEDICA						
Vendor Totals Number Name			Gross	Discount	No-Pay	Net
10509 DA&E			2,576.00	0.00	0.00	2,576.00
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
6007820 ✓		02/28/20 03/02/20 03/27/20	99.92	0.00	0.00	99.92 ✓
SUPPLIES						
6014770 ✓		03/10/20 03/06/20 03/31/20	101.48	0.00	0.00	101.48 ✓
SUPPLIES						
6011010 ✓		03/18/20 03/04/20 03/29/20	30.21	0.00	0.00	30.21 ✓
SUPPLIES						
Vendor Totals Number Name			Gross	Discount	No-Pay	Net
10368 DEWITT POTH & SON			231.61	0.00	0.00	231.61
Vendor#	Vendor Name		Class	Pay Code		
12040	DRIESSEN WATER INC. ✓					
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D Pay Gross	Discount	No-Pay	Net
1430270302292020 ✓		03/16/20 02/29/20 03/22/20	31.50	0.00	0.00	31.50 ✓
water						
Vendor Totals Number Name			Gross	Discount	No-Pay	Net
12040 DRIESSEN WATER INC.			31.50	0.00	0.00	31.50
Vendor#	Vendor Name		Class	Pay Code		
12808	ESUTURES.COM ✓					
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D Pay Gross	Discount	No-Pay	Net
340383 ✓		03/18/20 02/21/20 03/22/20	172.00	0.00	0.00	172.00 ✓
SUPPLIES						
Vendor Totals Number Name			Gross	Discount	No-Pay	Net
12808 ESUTURES.COM			172.00	0.00	0.00	172.00
Vendor#	Vendor Name		Class	Pay Code		
C2510	EVIDENT ✓		M			
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D Pay Gross	Discount	No-Pay	Net
A2003041378 ✓		03/11/20 03/04/20 03/29/20	17,255.00	0.00	0.00	17,255.00 ✓
SUPPORT						
Vendor Totals Number Name			Gross	Discount	No-Pay	Net
C2510 EVIDENT			17,255.00	0.00	0.00	17,255.00
Vendor#	Vendor Name		Class	Pay Code		
13016	FIRST INSURANCE FUNDING					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
APRIL2020		03/16/20	03/13/20	04/01/20		2,607.23	0.00	0.00	2,607.23 ✓
3RD INSTALLMENT HEALTHSI									
Vendor#	Vendor Name	Number	Name			Gross	Discount	No-Pay	Net
		13016	FIRST INSURANCE FUNDING			2,607.23	0.00	0.00	2,607.23
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
9386883 ✓	CREDIT	03/18/20	02/07/20	03/03/20		-24.03	0.00	0.00	-24.03 ✓
2912987 ✓	SUPPLIES	03/18/20	02/27/20	03/23/20		67.86	0.00	0.00	67.86 ✓
3696528 ✓	SUPPLIES	03/18/20	03/03/20	03/28/20		1,683.17	0.00	0.00	1,683.17 ✓
3954766 ✓	SUPPLIES	03/18/20	03/04/20	03/29/20		761.77	0.00	0.00	761.77 ✓
3954768 ✓	SUPPLIES	03/18/20	03/04/20	03/29/20		545.08	0.00	0.00	545.08 ✓
Vendor Totals									
		F1400	FISHER HEALTHCARE			3,033.85	0.00	0.00	3,033.85
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
18927 ✓	COLLECTIONS	03/16/20	03/09/20	03/09/20		3,187.33	0.00	0.00	3,187.33 ✓
Vendor Totals									
		12944	FRASIER HEALTHCARE CONSULTING,			3,187.33	0.00	0.00	3,187.33
Vendor#	Vendor Name			Class	Pay Code				
12636	FUSION CLOUD SERVICES, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
030220	EARLY TERMINATION	03/18/20	03/02/20	03/02/20		257.70	0.00	0.00	257.70 ✓
Vendor Totals									
		12636	FUSION CLOUD SERVICES, LLC			257.70	0.00	0.00	257.70
Vendor#	Vendor Name			Class	Pay Code				
11149	GARDNER & WHITE, INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
030120	INSURANCE	03/17/20	03/01/20	03/01/20		2,378.91	0.00	0.00	2,378.91 ✓
Vendor Totals									
		11149	GARDNER & WHITE, INC.			2,378.91	0.00	0.00	2,378.91
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
6001521158 ✓	MAINT CONTRACT	03/06/20	03/01/20	03/30/20		307.66	0.00	0.00	307.66 ✓
6001520871 ✓	MAINT CONTRACT	03/06/20	03/01/20	03/30/20		572.33	0.00	0.00	572.33 ✓
6001520945 ✓	MAINT CONTRACT	03/06/20	03/01/20	03/30/20		3,588.58	0.00	0.00	3,588.58 ✓
6001520870 ✓	MAINT CONTRACT	03/06/20	03/01/20	03/31/20		1,281.96	0.00	0.00	1,281.96 ✓

MAINT CONTRACT											
6001521000	✓	03/06/20	03/01/20	03/31/20		5,665.83	0.00	0.00	5,665.83	✓	
MAIN CONTRACT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12404	GE PRECISION HEALTHCARE, LLC	11,416.36	0.00	0.00	11,416.36
Vendor#	Vendor Name					Class	Pay Code				
13060	GENZYME CORPORATION					✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
9400120092	✓	01/30/20	12/18/20	03/27/20			1,074.88	0.00	0.00	1,074.88	✓
INVENTORY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13060	GENZYME CORPORATION	1,074.88	0.00	0.00	1,074.88
Vendor#	Vendor Name					Class	Pay Code				
12948	GREAT AMERICAN FINANCIAL SVCS					✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
26621246	✓	03/11/20	03/06/20	03/31/20			11,060.01	0.00	0.00	11,060.01	✓
COPIER LEASE/ PRINITNG											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12948	GREAT AMERICAN FINANCIAL SVCS	11,060.01	0.00	0.00	11,060.01
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	
1818174	✓	02/28/20	02/25/20	03/26/20			440.39	0.00	0.00	440.39	✓
SUPPLIES											
1818169	✓	02/28/20	02/25/20	03/26/20			47.73	0.00	0.00	47.73	✓
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						G1210	GULF COAST PAPER COMPANY	488.12	0.00	0.00	488.12
Vendor#	Vendor Name					Class	Pay Code				
10804	HEALTHCARE CODING & CONSULTING					✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
9447	✓	03/10/20	02/29/20	03/30/20			355.00	0.00	0.00	355.00	✓
CODING SERVICES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10804	HEALTHCARE CODING & CONSULTING	355.00	0.00	0.00	355.00
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	
100281759	✓	02/28/20	02/26/20	04/01/20			4,145.39	0.00	0.00	4,145.39	✓
PHONE SYSTEM/											
100288154	✓	03/11/20	03/07/20	04/01/20			7,154.17	0.00	0.00	7,154.17	✓
LEASE											
100288153	✓	03/11/20	03/07/20	04/01/20			4,919.41	0.00	0.00	4,919.41	✓
CAPITAL LEASE											
100288156	✓	03/11/20	03/07/20	04/01/20			1,797.44	0.00	0.00	1,797.44	✓
LEASE											
100288155	✓	03/11/20	03/07/20	04/01/20			7,447.86	0.00	0.00	7,447.86	✓
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				
H0416	HOLOGIC INC					✓					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9292928		03/18/20	03/02/20	03/18/20		3,442.65	0.00	0.00	3,442.65
SUPPLIES									
Vendor Totals						Gross	Discount	No-Pay	Net
H0416 HOLOGIC INC						3,442.65	0.00	0.00	3,442.65
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
CLNP835		02/28/20	02/29/20	03/30/20		451.88	0.00	0.00	451.88
SHRED SERVICE									
Vendor Totals						Gross	Discount	No-Pay	Net
11200 IRON MOUNTAIN						451.88	0.00	0.00	451.88
Vendor#	Vendor Name			Class	Pay Code				
11275	KYLE DANIEL								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
031120A		03/19/20	03/11/20	03/11/20		31.51	0.00	0.00	31.51
REGIONAL ADVISORY COUNCIL meeting 3/11/20									
Vendor Totals						Gross	Discount	No-Pay	Net
11275 KYLE DANIEL						31.51	0.00	0.00	31.51
Vendor#	Vendor Name			Class	Pay Code				
L1001	LANDAUER INC			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100766938		03/17/20	02/18/20	03/18/20		762.12	0.00	0.00	762.12
QTRLY BABDGES RADIATION									
Vendor Totals						Gross	Discount	No-Pay	Net
L1001 LANDAUER INC						762.12	0.00	0.00	762.12
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
90461		03/17/20	02/05/20	03/28/20		341.30	0.00	0.00	341.30
SUPPLIES									
022820		03/17/20	02/28/20	03/28/20		25.00	0.00	0.00	25.00
LATE FEE									
030220		03/17/20	03/02/20	03/28/20		8.70	0.00	0.00	8.70
INTEREST									
Vendor Totals						Gross	Discount	No-Pay	Net
L1640 LOWE'S HOME CENTERS INC						375.00	0.00	0.00	375.00
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
031620		03/16/20	03/16/20	03/26/20		840.86	0.00	0.00	840.86
PAYROLL DED									
Vendor Totals						Gross	Discount	No-Pay	Net
10972 M G TRUST						840.86	0.00	0.00	840.86
Vendor#	Vendor Name			Class	Pay Code				
12956	MARIA ARREDONDO								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
031320		03/17/20	03/13/20	03/13/20		77.62	0.00	0.00	77.62
TRAVEL - specimen delivery 3/13/20 to Yorktown									
Vendor Totals						Gross	Discount	No-Pay	Net
12956 MARIA ARREDONDO						77.62	0.00	0.00	77.62

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	
77970825		03/18/20	02/25/20	03/11/20		954.72	0.00	0.00	954.72	
	SUPPLIES									
78023339		03/18/20	02/25/20	03/11/20		230.59	0.00	0.00	230.59	
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	M2178 MCKESSON MEDICAL SURGICAL INC					1,185.31	0.00	0.00	1,185.31	
Vendor#	Vendor Name	Class	Pay Code							
12588	MEDICAL TECHNOLOGY ASSOCIATES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
INV167757	Medical gas systems testing and evaluation	03/16/20	02/18/20	03/26/20		1,314.00	0.00	0.00	1,314.00	
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	12588 MEDICAL TECHNOLOGY ASSOCIATES					1,314.00	0.00	0.00	1,314.00	
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	
031620		03/16/20	03/16/20	03/26/20		240.00	0.00	0.00	240.00	
	PAYROLL DED									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10963 MEMORIAL MEDICAL CLINIC					240.00	0.00	0.00	240.00	
Vendor#	Vendor Name	Class	Pay Code							
11976	MID-COAST ELECTRIC SUPPLY, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
188026000		03/18/20	01/22/20	02/21/20		319.50	0.00	0.00	319.50	
	SUPPLIES									
188026001		03/18/20	01/28/20	02/27/20		108.50	0.00	0.00	108.50	
	SUPPLIES									
188026002		03/18/20	01/30/20	02/29/20		23.00	0.00	0.00	23.00	
	SUPPLEIS									
188431300		03/18/20	02/06/20	03/07/20		267.00	0.00	0.00	267.00	
	SUPPLIES									
188641300		03/18/20	02/12/20	03/13/20		426.00	0.00	0.00	426.00	
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	11976 MID-COAST ELECTRIC SUPPLY, INC					1,144.00	0.00	0.00	1,144.00	
Vendor#	Vendor Name	Class	Pay Code							
M2621	MMC AUXILIARY GIFT SHOP	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
031220		03/16/20	03/12/20	03/12/20		151.00	0.00	0.00	151.00	
	PAYROLL DED									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	M2621 MMC AUXILIARY GIFT SHOP					151.00	0.00	0.00	151.00	
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	
5336067		03/16/20	03/11/20	03/21/20		172.98	0.00	0.00	172.98	
	INVENTORY									
5338187		03/16/20	03/11/20	03/21/20		43.38	0.00	0.00	43.38	
	INVENTORY									

5338189	✓	INVENTORY	03/16/20	03/11/20	03/21/20	20.27	0.00	0.00	20.27	✓
53381888	✓	INVENTORY	03/16/20	03/11/20	03/21/20	2,112.94	0.00	0.00	2,112.94	✓
CM50921	✓	CREDIT	03/16/20	03/11/20	03/21/20	-67.16	0.00	0.00	-67.16	✓
5336068	✓	INVENTORY	03/16/20	03/11/20	03/21/20	8.69	0.00	0.00	8.69	✓
5342717	✓	INVENTORY	03/17/20	03/12/20	03/22/20	43.83	0.00	0.00	43.83	✓
5342719	✓	INVENTORY	03/17/20	03/12/20	03/22/20	0.87	0.00	0.00	0.87	✓
5342716	✓	INVENTORY	03/17/20	03/12/20	03/22/20	181.78	0.00	0.00	181.78	✓
5342718	✓	INVENTORY	03/17/20	03/12/20	03/22/20	163.32	0.00	0.00	163.32	✓
5348236	✓	INVENTORY	03/17/20	03/13/20	03/23/20	47.35	0.00	0.00	47.35	✓
5348235	✓	INVENTORY	03/17/20	03/13/20	03/23/20	25.94	0.00	0.00	25.94	✓
5348045	✓	INVENTORY	03/17/20	03/13/20	03/23/20	14.60	0.00	0.00	14.60	✓
5348237	✓	INVENTORY	03/17/20	03/13/20	03/23/20	6,383.79	0.00	0.00	6,383.79	✓
5362207	✓	INVENTORY	03/18/20	03/01/19	03/11/19	86.70	0.00	0.00	86.70	✓
4831032-B	✓	CREDIT	03/18/20	03/15/20	03/25/20	-139.87	0.00	0.00	-139.87	✓
5354499	✓	INVENTORY	03/18/20	03/16/20	03/26/20	110.01	0.00	0.00	110.01	✓
5357510	✓	INVENTORY	03/18/20	03/16/20	03/26/20	172.90	0.00	0.00	172.90	✓
2199	✓	CREDIT	03/18/20	03/16/20	03/26/20	-13.12	0.00	0.00	-13.12	✓
5357512	✓	INVENTORY	03/18/20	03/16/20	03/26/20	334.45	0.00	0.00	334.45	✓
5357511	✓	INVENTORY	03/18/20	03/16/20	03/26/20	1,431.96	0.00	0.00	1,431.96	✓
2584	✓	CREDIT	03/18/20	03/17/20	03/27/20	-5.03	0.00	0.00	-5.03	✓
5361859	✓	INVENTORY	03/18/20	03/17/20	03/27/20	17.13	0.00	0.00	17.13	✓
5362209	✓	INVENTORY	03/18/20	03/17/20	03/27/20	32.65	0.00	0.00	32.65	✓
5362208	✓	INVENTORY	03/18/20	03/17/20	03/27/20	390.31	0.00	0.00	390.31	✓
Vendor Totals						Gross	Discount	No-Pay	Net	
10536 MORRIS & DICKSON CO, LLC						11,570.67	0.00	0.00	11,570.67	
Vendor#	Vendor Name		Class		Pay Code					
A2252	NADINE GARNER		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	

031220			03/17/20	03/12/20	03/12/20		31.51	0.00	0.00	31.51	✓	
TRAVEL STARAC MEETING - <i>Regional COVID-19 meeting 3/11/20</i>												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							A2252	NADINE GARNER	31.51	0.00	0.00	31.51
Vendor#	Vendor Name						Class		Pay Code			
01416	ORTHO CLINICAL DIAGNOSTICS ✓											
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
1851347460 ✓			03/18/20	02/28/20	03/29/20			755.90	0.00	0.00	755.90 ✓	
SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							O1416	ORTHO CLINICAL DIAGNOSTICS	755.90	0.00	0.00	755.90
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	
031720			03/17/20	03/17/20	03/17/20			2,526.88	0.00	0.00	2,526.88 ✓	
CONTRACT EMPLOYEE (<i>3131- 3116/20</i>)												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11069	PABLO GARZA	2,526.88	0.00	0.00	2,526.88
Vendor#	Vendor Name						Class		Pay Code			
11155	PARA ✓											
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
6210 ✓			02/28/20	03/01/20	03/31/20			2,000.00	0.00	0.00	2,000.00 ✓	
REVENUE INEGRITY PROGRA												
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			
10152	PARTSSOURCE, LLC ✓											
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
03409685 ✓			03/16/20	02/24/20	03/26/20			26.26	0.00	0.00	26.26 ✓	
SUPPLIES												
03415001 ✓			03/17/20	02/28/20	03/29/20			238.98	0.00	0.00	238.98 ✓	
SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10152	PARTSSOURCE, LLC	265.24	0.00	0.00	265.24
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	
IN000425592 ✓			02/28/20	02/29/20	03/30/20			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			
13160	RAIN SEAL MASTER ROOFING ✓											
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
032006			03/17/20	03/06/20	03/06/20			9,500.00	0.00	0.00	9,500.00 ✓	
REPAIR ROOF MAIN CANOPY												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							13160	RAIN SEAL MASTER ROOFING	9,500.00	0.00	0.00	9,500.00
Vendor#	Vendor Name						Class		Pay Code			
11252	RX WASTE SYSTEMS LLC ✓											
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
2431 ✓			03/11/20	03/01/20	03/26/20			235.00	0.00	0.00	235.00 ✓	

PUR SER											
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
		11252	RX WASTE SYSTEMS LLC			235.00	0.00	0.00	235.00		
Vendor#	Vendor Name				Class	Pay Code					
13172	SERACARE LIFE SCIENCES, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
90093329 ✓		03/18/20	02/04/20	02/04/20		309.84	0.00	0.00	309.84 ✓		
DUES & SUBS											
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
		13172	SERACARE LIFE SCIENCES, INC			309.84	0.00	0.00	309.84		
Vendor#	Vendor Name				Class	Pay Code					
S1850	SHIP SHUTTLE TAXI SERVICE ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
848909 ✓		03/17/20	03/06/20	03/06/20		6.00	0.00	0.00	6.00 ✓		
TRASPORT PT											
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
		S1850	SHIP SHUTTLE TAXI SERVICE			6.00	0.00	0.00	6.00		
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		
031720		03/18/20	03/17/20	03/17/20		294.03	0.00	0.00	294.03 ✓		
CONTRACT EMPLOYEE (3/14-3/17/2020)											
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
		K0536	SHIRLEY KARNEI			294.03	0.00	0.00	294.03		
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		
22146 ✓		02/28/20	02/26/20	03/27/20		2,409.75	0.00	0.00	2,409.75 ✓		
ICE NURSE ROWE (2/17-2/19/2020)											
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
		12848	SKILLGIGS INC.			2,409.75	0.00	0.00	2,409.75		
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		
4009177016 ✓		02/18/20	03/01/20	03/31/20		2,415.00	0.00	0.00	2,415.00 ✓		
DISPOSAL SERVICE											
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
		S3960	STERICYCLE, INC			2,415.00	0.00	0.00	2,415.00		
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		
900862711 ✓		03/18/20	02/03/20	03/18/20		189.60	0.00	0.00	189.60 ✓		
SUPPLIES											
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
		S2830	STRYKER SALES CORP			189.60	0.00	0.00	189.60		
Vendor#	Vendor Name				Class	Pay Code					
13168	SWINGING ON A STAR, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
35865 ✓		03/17/20	11/18/20	12/18/20		104.50	0.00	0.00	104.50 ✓		
SUPPLIES											
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
		36378 ✓				104.50	0.00	0.00	104.50 ✓		

SUPPLIES

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		13168	SWINGING ON A STAR, INC			209.00	0.00	0.00	209.00
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
32905 ✓		02/28/20	02/27/20	03/28/20		431.42	0.00	0.00	431.42 ✓
	ERX LICENSE								
33097 ✓		02/28/20	02/29/20	03/30/20		5,699.00	0.00	0.00	5,699.00 ✓
	CLOUD HOSTING/TRACKING/								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC			6,130.42	0.00	0.00	6,130.42
Vendor#	Vendor Name			Class	Pay Code				
12444	THE UPS STORE VICTORIA ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
7047		03/16/20	03/11/20	03/12/20		112.00	0.00	0.00	112.00 ✓
	CORONA SIGNS								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		12444	THE UPS STORE VICTORIA			112.00	0.00	0.00	112.00
Vendor#	Vendor Name			Class	Pay Code				
11100	THE US CONSULTING GROUP ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
340377338 ✓		03/11/20	03/06/20	03/31/20		1,353.87	0.00	0.00	1,353.87 ✓
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11100	THE US CONSULTING GROUP			1,353.87	0.00	0.00	1,353.87
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
25915 ✓		03/18/20	03/09/20			670.80	0.00	0.00	670.80 ✓
	STAFFING								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		T0801	TLC STAFFING			670.80	0.00	0.00	670.80
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
8400325225 ✓		02/28/20	03/02/20	03/27/20		57.30	0.00	0.00	57.30 ✓
	LAUNDRY								
8400325253 ✓		02/28/20	03/02/20	03/27/20		1,633.68	0.00	0.00	1,633.68 ✓
	LAUNDRY								
8400325224 ✓		02/28/20	03/02/20	03/27/20		47.15	0.00	0.00	47.15 ✓
	LAUNDRY								
8400325576 ✓		03/16/20	03/05/20	03/30/20		225.66	0.00	0.00	225.66 ✓
	LAUNDRY								
8400325572 ✓		03/16/20	03/05/20	03/30/20		18.62	0.00	0.00	18.62 ✓
	LAUNDRY								
8400325578 ✓		03/16/20	03/05/20	03/30/20		175.83	0.00	0.00	175.83 ✓
	LAUNDRY								
8400325609 ✓		03/16/20	03/05/20	03/30/20		1,512.13	0.00	0.00	1,512.13 ✓
	LAUNDRY								
8400325575 ✓		03/17/20	03/05/20	03/30/20		131.55	0.00	0.00	131.55 ✓
	LAUNDRY								

8400325595	✓	03/17/20	03/05/20	03/30/20		321.67	0.00	0.00	321.67	✓	
LAUNDRY											
8400325635	✓	03/17/20	03/05/20	03/30/20		128.68	0.00	0.00	128.68	✓	
LAUNDRY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						U1054	UNIFIRST HOLDINGS	4,252.27	0.00	0.00	4,252.27
Vendor#	Vendor Name					Class	Pay Code				
U1200	UNITED AD LABEL CO INC ✓					M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
595698784	✓	03/18/20	02/19/20	03/15/20			60.48	0.00	0.00	60.48 ✓	
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						U1200	UNITED AD LABEL CO INC	60.48	0.00	0.00	60.48
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	
031620		03/16/20	03/16/20	03/26/20			4,834.43	0.00	0.00	4,834.43 ✓	
PAYROLL DED											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10793	WAGeworks, INC.	4,834.43	0.00	0.00	4,834.43
Vendor#	Vendor Name					Class	Pay Code				
W1040	WATERMARK GRAPHICS INC ✓					M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
128995		03/10/20	02/26/20	03/27/20			168.03	0.00	0.00	168.03 ✓	
SHIRTS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						W1040	WATERMARK GRAPHICS INC	168.03	0.00	0.00	168.03
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	
9110772964	✓	03/18/20	01/13/20	02/07/20			2,146.68	0.00	0.00	2,146.68 ✓	
SUPPLIES											
9110777452	✓	03/18/20	01/22/20	02/16/20			772.50	0.00	0.00	772.50 ✓	
SUPPLIES											
9110780838	✓	03/18/20	01/31/20	02/25/20			68.24	0.00	0.00	68.24 ✓	
SUPPLIES											
9110788270	✓	03/18/20	02/17/20	03/13/20			1,207.17	0.00	0.00	1,207.17 ✓	
SUPPLIES											
9110792340	✓	03/18/20	02/26/20	03/22/20			196.98	0.00	0.00	196.98 ✓	
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						I1110	WERFEN USA LLC	4,391.57	0.00	0.00	4,391.57
Vendor#	Vendor Name					Class	Pay Code				
10556	WOUND CARE SPECIALISTS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
WCS00003499	✓	03/17/20	03/01/20	03/30/20			16,200.00	0.00	0.00	16,200.00 ✓	
WOUND CARE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10556	WOUND CARE SPECIALISTS	16,200.00	0.00	0.00	16,200.00
Report Summary											
Grand Totals:		Gross		Discount		No-Pay		Net			

208,405.26

0.00

0.00

208,405.26

APPROVED
ON

MAR 19 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#

185029-

185104

RECEIVED

RUN DATE: 03/19/20

TIME: 10:21

MAR 19 2020

MEMORIAL MEDICAL CENTER

EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1

APCDEDIT

PATIENT
NUMBER
Payee Name
Carroll County Auditor

PAY PAT
DATE AMOUNT CODE TYPE DESCRIPTION

GL NUM

031820	110.11	✓		
031820	10.00	✓		
031820	60.00	✓		
031820	50.00	✓		
031820	13.04	✓		
031820	73.60	✓		
031820	17.44	✓		
031820	22.01	✓		
031820	107.94	✓		
031820	297.92	✓		
031820	433.71	✓		
031820	50.17	✓		
031820	76.02	✓		
031820	110.50	✓		
031820	55.61	✓		
031820	106.60	✓		
031820	82.40	✓		
031820	293.11	✓		
031820	152.94	✓		
031820	10.00	✓		
031820	245.43	✓		
031820	58.79	✓		
031820	310.48	✓		
031820	140.00	✓		
031820	60.09	✓		
031820	18.16	✓		
031820	20.37	✓		
031820	142.12	✓		
031820	25.15	✓		
031820	50.00	✓		
031820	100.00	✓		
031820	95.52	✓		
031820	26.91	✓		
031820	26.69	✓		
031820	41.33	✓		
031820	30.44	✓		
031820	176.38	✓		
031820	215.13	✓		
031820	30.18	✓		
031820	458.90	✓		
031820	39.68	✓		
031820	162.35	✓		
031820	27.29	✓		
031820	102.54	✓		
031820	257.41	✓		
031820	212.09	✓		
031820	33.15	✓		
031820	25.31	✓		
031820	23.43	✓		
031820	276.32	✓		
031820	60.00	✓		

RUN DATE: 03/19/20
TIME: 10:21

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 2
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	PAY AMOUNT	PAT CODE	TYPE DESCRIPTION	GL NUM
		031820	177.62	✓		
		031820	43.40	✓		
		031820	17.09	✓		
		031820	19.72	✓		
		031820	79.56	✓		
		031820	57.93	✓		
		031820	29.36	✓		
			6049.44			
TOTAL			6049.44			

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ON
MAR 19 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#
184962-
185019



0556709000527279906152040615204039

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
	03/28/2020	\$6,152.04	\$6,152.04	

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

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

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

CITIBANK CORPORATE CARD

Statement Date
03/03/2020

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
\$30,000.00	\$23,847.96	\$0.00	\$0.00

Payment Date
03/28/2020

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

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

COMPANY SUMMARY

		Previous Balance	Payment Allocation	Credits	Purchases and Advances	Interest Charges	New Balance
Company Totals	Purchases	\$1,073.60	- \$1,073.60		\$6,152.04		\$6,152.04
	Advances						
	TOTAL	\$1,073.60	- \$1,073.60		\$6,152.04		\$6,152.04

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

CARDMEMBER SUMMARY

		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit: \$20,000.00	Purchases				\$6,152.04		
	Advances						
	TOTAL				\$6,152.04		\$6,152.04

COMPANY BOOKKEEPING DETAIL

C0001 CALHOUN COUNTY MMC			
Monthly Limit	Cash Limit*	Available Credit Line	Available Cash Line
\$30,000.00	\$0.00	\$23,847.96	\$0.00
Sale Date	Post Date	Reference Number	Type of Activity
02/20/2020	02/20/2020	75472330051051411000030	PAYMENT THANK YOU
			Total Amount
			\$1,073.60 PY

DAYS IN BILLING PERIOD: 029				
Balance Subject		Purchases	Cash Advances	Payment Due: \$6,152.04
To Interest Charges	>	\$0.00	\$0.00	Amount Over Credit Limit: \$0.00
Periodic rate	>	.0000%	.0000%	Amount Past Due: \$0.00
ANNUAL PERCENTAGE RATE	>	0.00%	0.00%	MINIMUM AMOUNT DUE: \$6,152.04



Company Account Number

Statement Date

03/03/2020

INDIVIDUAL CARDHOLDER ACTIVITY

JASON W ANGLIN

Monthly Limit

\$20,000.00

Cash Limit*

\$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
02/03/2020	02/04/2020	55429500035852183735439	NARHC 8663061961 MI 18373543	\$1,275.00
02/03/2020	02/04/2020	55432860034200833799815	AMZN MKTP US R18V42WX3 AMZN.COM/BILL WA 114-0193728-56762	\$371.90
02/12/2020	02/13/2020	55310200043036287608077	WYNDHAM SAN ANTONIO RI 2144329555 TX 28760807 Arrival: 02-18-20	\$300.26
02/12/2020	02/13/2020	55310200043036287609745	WYNDHAM SAN ANTONIO RI 2144329555 TX 28760974 Arrival: 02-18-20	\$300.26
02/12/2020	02/13/2020	55310200043036287610024	WYNDHAM SAN ANTONIO RI 2144329555 TX 28761002 Arrival: 02-18-20	\$300.26
02/13/2020	02/14/2020	55436870045640452320454	HYATT HOTELS 210-5452810 TX 32320088 Arrival: 02-12-20	\$232.94
02/15/2020	02/17/2020	55432860046200831064549	MARRIOTT JW HILL RSRT 866-435-7627 TX 011902 Arrival: 02-12-20	\$572.08
02/15/2020	02/17/2020	55432860046200831064556	MARRIOTT JW HILL RSRT 866-435-7627 TX 011903 Arrival: 02-12-20	\$572.08
02/17/2020	02/18/2020	55432860048200265683051	AMZN MKTP US RF4V010T3 AMZN.COM/BILL WA 114-0330949-32434	\$95.00
02/18/2020	02/20/2020	55417410050036010103435	EMBASSY STES AUSTIN 3037853100 TX 1010343 Arrival: 02-17-20	\$174.33
02/21/2020	02/24/2020	55310200052036289797827	WYNDHAM SAN ANTONIO RI 2144329555 TX 28979782 Arrival: 02-18-20	\$69.28
02/25/2020	02/26/2020	55432860056200183517463	AMZN MKTP US NX80B8503 AMZN.COM/BILL WA 114-2884732-04890	\$202.48
02/25/2020	02/26/2020	55432860056200288541301	FUSION/BIRCH 888-275-0777 GA	\$1,072.17
02/27/2020	02/28/2020	05134370059600032474464	NPDB NPDB.HRSA.GOV 800-767-6732 VA N67602084	\$2.00
02/27/2020	02/28/2020	05134370059600032474530	NPDB NPDB.HRSA.GOV 800-767-6732 VA N67604779	\$4.00
02/27/2020	02/28/2020	05134370059600032474613	NPDB NPDB.HRSA.GOV 800-767-6732 VA N67605123	\$2.00
02/27/2020	02/28/2020	05134370059600032474795	NPDB NPDB.HRSA.GOV 800-767-6732 VA N67605276	\$2.00
02/27/2020	02/28/2020	05134370059600032474878	NPDB NPDB.HRSA.GOV 800-767-6732 VA N67605475	\$2.00
02/28/2020	02/28/2020	55432860059200838127426	AMA CREDENTIALING 800-621-8335 IL	\$218.00
03/01/2020	03/02/2020	55432860061200607575454	AMAZON PRIME 2I3IL3563 AMZN.COM/BILL WA D01-9116231-49442	\$119.00
03/02/2020	03/03/2020	05134370063600032145035	NPDB NPDB.HRSA.GOV 800-767-6732 VA N67694134	\$2.00
03/02/2020	03/03/2020	55429500062717602750515	EB NEW AND IMPROVED 2 8014137200 CA	\$219.00
03/03/2020	03/03/2020	55432860063200954323613	AMA CREDENTIALING 800-621-8335 IL	\$44.00
TOTAL PURCHASES/ADVANCES/CREDITS				\$5,752.04

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ON

MAR 19 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

Page 2 of 2

Continued on next page



05567098003646997000000000000000031

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
**** *	03/28/2020	\$0.00	\$0.00	

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

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

CITIBANK CORPORATE CARD

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

Statement Date

03/03/2020

Payment Date

03/28/2020

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

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

Account N°		Cash Advance Limit*		Available Credit Line		Available Cash Line**	
**** *		\$0.00		\$20,000.00		\$0.00	
Sale Date	Post Date	Reference Number	Type of Activity			Amount	
*****NOTICE MEMO ITEM(S) LISTED BELOW*****							
02/03/2020	02/04/2020	55429500035852183735439	NARHC	8663061961	MI	✓	\$1,275.00 ✓
			18373543				
02/03/2020	02/04/2020	55432860034200833799815	AMZN MKTP US R18V42WX3	AMZN.COM/BILL	WA	✓	\$371.90 ✓
			114-0193728-56762				
02/12/2020	02/13/2020	55310200043036287608077	WYNDHAM SAN ANTONIO RI	2144329555	TX	✓	\$300.26 ✓
			28760807	Arrival: 02-18-20			
02/12/2020	02/13/2020	55310200043036287609745	WYNDHAM SAN ANTONIO RI	2144329555	TX	✓	\$300.26 ✓
			28760974	Arrival: 02-18-20			
02/12/2020	02/13/2020	55310200043036287610024	WYNDHAM SAN ANTONIO RI	2144329555	TX	✓	\$300.26 ✓
			28761002	Arrival: 02-18-20			
02/13/2020	02/14/2020	55436870045640452320454	HYATT HOTELS	210-5452810	TX	✓	\$232.94 ✓
			32320088	Arrival: 02-12-20			
02/15/2020	02/17/2020	55432860046200831064549	MARRIOTT JW HILL RSRT	866-435-7627	TX	✓	\$572.08 ✓
			011902	Arrival: 02-12-20			

ACCOUNT SUMMARY		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
CURRENT PERIOD							
	Purchases	\$0.00					\$0.00
	Advances	\$0.00					\$0.00
	TOTALS	\$0.00					\$0.00
DAYS IN BILLING PERIOD: 029			Purchases	Cash Advances	Payment Due: \$0.00		
Balance Subject To Interest Charges >			\$0.00	\$0.00	Amount Over Credit Limit: \$0.00		
Periodic Rate >			.0000%	.0000%	Amount Past Due: \$0.00		
ANNUAL PERCENTAGE RATE >			0.00%	0.00%	MINIMUM AMOUNT DUE: \$0.00		

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

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



Account Number
**** * -

Statement Date
03/03/2020

Sale Date	Post Date	Reference Number	Type of Activity	Amount
NOTICE MEMO ITEM(S) LISTED BELOW				
02/15/2020	02/17/2020	55432860046200831064556	MARRIOTT JW HILL RSRT 866-435-7527 TX 011903 Arrival: 02-12-20	✓ \$572.08 ✓
02/17/2020	02/18/2020	55432860048200265683051	AMZN MKTP US RF4V010T3 AMZN.COM/BILL WA 114-0330949-32434	✓ \$95.00 ✓
02/18/2020	02/20/2020	55417410050036010103435	EMBASSY STES AUSTIN 3037853100 TX 1010343 Arrival: 02-17-20	✓ \$174.33 ✓
02/21/2020	02/24/2020	55310200052036289797827	WYNDHAM SAN ANTONIO RI 2144329555 TX 28979782 Arrival: 02-18-20	✓ \$69.28 ✓
02/25/2020	02/26/2020	55432860056200183517463	AMZN MKTP US NX80B8503 AMZN.COM/BILL WA 114-2884732-04890	✓ \$202.48 ✓
02/25/2020	02/26/2020	55432860056200288541301	FUSION/BIRCH 888-275-0777 GA	✓ \$1,072.17 ✓
02/27/2020	02/28/2020	05134370059600032474464	NPDB NPDB.HRSA.GOV 800-767-6732 VA N67602084	✓ \$2.00 ✓
02/27/2020	02/28/2020	05134370059600032474530	NPDB NPDB.HRSA.GOV 800-767-6732 VA N67604779	✓ \$4.00 ✓
02/27/2020	02/28/2020	05134370059600032474613	NPDB NPDB.HRSA.GOV 800-767-6732 VA N67605123	✓ \$2.00 ✓
02/27/2020	02/28/2020	05134370059600032474795	NPDB NPDB.HRSA.GOV 800-767-6732 VA N67605276	✓ \$2.00 ✓
02/27/2020	02/28/2020	05134370059600032474878	NPDB NPDB.HRSA.GOV 800-767-6732 VA N67605475	✓ \$2.00 ✓
02/28/2020	02/28/2020	55432860059200838127426	AMA CREDENTIALING 800-621-8335 IL	✓ \$218.00 ✓
03/01/2020	03/02/2020	55432860061200607575454	AMAZON PRIME 2I3IL3563 AMZN.COM/BILL WA D01-9116231-49442	✓ \$119.00 ✓
03/02/2020	03/03/2020	05134370063600032145035	NPDB NPDB.HRSA.GOV 800-767-6732 VA N67694134	✓ \$2.00 ✓
03/02/2020	03/03/2020	55429500062717602750515	EB NEW AND IMPROVED 2 8014137200 CA	✓ \$219.00 ✓
03/03/2020	03/03/2020	55432860063200954323613	AMA CREDENTIALING 800-621-8335 IL	✓ \$44.00 ✓
*****TOTAL AMOUNT OF MEMO ITEM(S):				✓ \$6,152.04 ✓

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

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

Account management made easier: Online statements & CitiManager Mobile offer 24/7 access, security, and mobility. Log in at www.citimanager.com/login and click Go Paperless under the Statement tab.

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

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ON

MAR 19 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

MEMORIAL MEDICAL CENTER PURCHASE ORDER

①

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

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

Vendor Name: Citibank

Date: 3/6/2020

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NARHC - Registration for			1,275.00
2			Danette Bethany, Christy			
3			Silvas & Mirin Nguyen	3/18 + 3/19/2020		
4	—		Wyndham San Antonio -	Texas HIM Simulation		300.26
5			Hotel for Dawn Stringo	Training 2/19/2020		
6	—		Wyndham San Antonio -	Texas HIM Simulation		300.26
7			Hotel for Frise Snetlik	Training 2/19/2020		
8	—		Wyndham San Antonio -	Texas HIM Simulation		300.26
9			Hotel for Dr. Hinds	Simulation Training 2/19/2020		
10	—		Hwyatt Hotel - Adrianna Maluan			232.94

Est. Freight

+ Rethanda Thomas - TRA 2/13/2020

Est. Total Cost

TOTAL COST

NOTES:

Changes made to Jason's CC (MC)

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

Dept. Director
Dir. Nursing
Adm. Dir. Clinical Service
CFO
Administrator

MEMORIAL MEDICAL CENTER PURCHASE ORDER

②

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

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

Vendor Name: Citicorp

Date: 3/6/2020

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		Marriott - JW - San Antonio	71131		572.08
2			Hotel for Erin Ceeberger - THA	21111	2020	
3	-		Marriott - JW - San Antonio	2113		572.08
4			Hotel for Jason Anglin - THA	2111	2020	
5	-		Embassy Suites - Hotel for			174.33
6			Sara Rubio - Trauma Mtg	2111	1/18	
7	-		Wyndham San Antonio			69.28
8			Valet Parking - Donn Struigo			
9	-		Fusion/Pirch - payment -		reactivation of Fax lines	1,072.17
10	-		NPDB - 1 Provider			200

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

Charges made to Jason's MC

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

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

MEMORIAL MEDICAL CENTER PURCHASE ORDER

3

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

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

Vendor Name: Citibank

Date: 3/6/2020

Vendor Address: _____

P.O. # _____

Account # _____

Initiated By: _____

Form # 9401

Expense #	Department	Deliver To	Unit Cost	Unit Meas.	Extended Cost
1,275.00 *					
300.26 *					
300.26 *					
300.26 *					
232.94 *					
572.08 *					
572.08 *					
174.33 *					
69.28 *					
1,072.17 *					
2.00 *					
4.00 *					
2.00 *					
2.00 *					
2.00 *					
2.00 *					
218.00 *					
2.00 *					
219.00 *					
44.00 *					
371.90 *					
95.00 *					
202.48 *					
119.00 *					
6,152.04 *					

Expense #

Department

Deliver To

log Number

Description

Unit Cost

Unit Meas.

Extended Cost

NPDB x 2 Providens

4.00

NPDB x 1

2.00

" "

2.00

" "

2.00

AMA x 4 Init appt + Cont monit.

218.00

2 Reappt + 2 Cont monit.

NPDB x 1

2.00

EB New + Improved -

219.00

Training - HR, acct - w4 Webinar 3/3/20

AMA - 1 Init appt + Cont monit

44.00

NOTES:

Amazon - Est. Freight

Restraint Band w/straps

Est. Total Cost

TOTAL COST

371.90

Amazon -

Vagardo Def Pump - 1000 ml bags

95.00

Changes made to Jason's MC

119.90

Amazon - Standard of Blood Banks and Transfusion Services Book

Amazon - Amazon Prime membership fee

119.00

Contact:

Date:

Quoted By:

Buyer:

E.T.A.

Dept. Director

Overall total: \$6152.04

Dir. Nursing

Adm. Dir. Clinical Service

CFO

Administrator

Payment Activity : Current Activity

	ACH Payments	Wire Transfers	Account Transfers	ALL TRANSACTIONS
PENDING	\$0.00 (0)	\$0.00 (0)	\$0.00 (0)	\$0.00 (0)
COMPLETE	\$0.00 (0)		\$0.00 (0)	
ALL	\$0.00 (0)		\$0.00 (0)	
Show Status Detail				Refresh
Search Transactions				

[Prev](#) **1** [Next](#)
 Go to page **1** Showing 1 - 2 of 2
 Items to display: **10** **20** **50**

+ / -
 [Approve](#)
[Release](#)
[Approve And Release](#)

DWR-00191280

03/26/2020 Delivered
 [View](#)

Payment Date: 03/26/2020

Originator: COUNTY OF GALINDO TEXAS 4362 - DDA (OPERATING ACCOUNT) - Prosperity Bank

Beneficiary: CBNA Incoming Settlement Account - Account Number 0000

DWR-00191279

\$6,152.04 Delivered
 [View](#)

Payment Date: 03/26/2020

Originator: COUNTY OF CALHOUN TEXAS Prosperity Bank DDA (MEMORIAL MEDICAL CENTER - OPERATING) -

Beneficiary: CBNA INCOMING SETTLEMENT ACCOUNT - Account Number

+ / -
 [Approve](#)
[Release](#)
[Approve And Release](#)

[Prev](#) **1** [Next](#)
 Go to page **1** Showing 1 - 2 of 2
 Items to display: **10** **20** **50**

Results returned in 1.659 seconds

* indicates required fields

Page generated on 03/26/2020 at 9:34 AM CDT

03/19/2020

MEMORIAL MEDICAL CENTER

0

14:43

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

C1730 CITY OF PORT LAVACA ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
FEB2020B		03/19/20	03/19/20	03/19/20		49.89	0.00	0.00	49.89 ✓

UTILITES *MMc Rehab*

FEB2020A		03/19/20	03/19/20	03/19/20		115.19	0.00	0.00	115.19 ✓
----------	--	----------	----------	----------	--	--------	------	------	----------

UTILITES *MMc Clinic*

FEB2020		03/19/20	03/19/20	03/19/20		5,100.13	0.00	0.00	5,100.13 ✓
---------	--	----------	----------	----------	--	----------	------	------	------------

UTILITIES *MMc Hospital*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
C1730	CITY OF PORT LAVACA	5,265.21	0.00	0.00	5,265.21	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,265.21	0.00	0.00	5,265.21

APPROVED
ONMAR 19 2020 CK#
185045COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

☐

RUN DATE:03/23/20
TIME:15:07

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/25/20 THRU 03/25/20

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P	184962	03/25/20	13.04
A/P	184963	03/25/20	100.00
A/P	184964	03/25/20	39.68
A/P	184965	03/25/20	22.01
A/P	184966	03/25/20	245.43
A/P	184967	03/25/20	26.69
A/P	184968	03/25/20	19.72
A/P	184969	03/25/20	110.11
A/P	184970	03/25/20	18.16
A/P	184971	03/25/20	95.52
A/P	184972	03/25/20	82.40
A/P	184973	03/25/20	257.41
A/P	184974	03/25/20	60.00
A/P	184975	03/25/20	33.15
A/P	184976	03/25/20	43.40
A/P	184977	03/25/20	50.17
A/P	184978	03/25/20	162.35
A/P	184979	03/25/20	102.54
A/P	184980	03/25/20	55.61
A/P	184981	03/25/20	152.94
A/P	184982	03/25/20	20.37
A/P	184983	03/25/20	433.71
A/P	184984	03/25/20	142.12
A/P	184985	03/25/20	76.02
A/P	184986	03/25/20	140.00
A/P	184987	03/25/20	60.09
A/P	184988	03/25/20	27.29
A/P	184989	03/25/20	458.90
A/P	184990	03/25/20	26.91
A/P	184991	03/25/20	176.38
A/P	184992	03/25/20	25.15
A/P	184993	03/25/20	177.62
A/P	184994	03/25/20	73.60
A/P	184995	03/25/20	25.31
A/P	184996	03/25/20	110.50
A/P	184997	03/25/20	50.00
A/P	184998	03/25/20	10.00
A/P	184999	03/25/20	41.33
A/P	185000	03/25/20	310.48
A/P	185001	03/25/20	29.36
A/P	185002	03/25/20	79.56
A/P	185003	03/25/20	30.18
A/P	185004	03/25/20	58.79
A/P	185005	03/25/20	57.93
A/P	185006	03/25/20	215.13
A/P	185007	03/25/20	30.44
A/P	185008	03/25/20	297.92
A/P	185009	03/25/20	50.00
A/P	185010	03/25/20	60.00
A/P	185011	03/25/20	23.43

RUN DATE:03/23/20
TIME:15:07

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/25/20 THRU 03/25/20

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	185012	03/25/20	212.09	
A/P	185013	03/25/20	10.00	
A/P	185014	03/25/20	293.11	
A/P	185015	03/25/20	276.32	
A/P	185016	03/25/20	107.94	
A/P	185017	03/25/20	17.44	
A/P	185018	03/25/20	106.60	
A/P	185019	03/25/20	17.09	
A/P	185020	03/25/20	41,183.86	GOLDENCREEK HEALTHCARE
A/P	185021	03/25/20	8,739.23	GULF POINTE PLAZA
A/P *	185022	03/25/20	563.52	THE CRESCENT
A/P	185029	03/25/20	20.00	ABBOTT LABORATORIES
A/P	185030	03/25/20	123.92	ACE HARDWARE 15521
A/P	185031	03/25/20	157.88	ADRIANNA GALVAN
A/P	185032	03/25/20	47.29	ADT COMMERCIAL
A/P	185033	03/25/20	237.47	AIRGAS USA, LLC - CENTRAL DIV
A/P	185034	03/25/20	978.00	ALCON LABORATORIES, INC.
A/P	185035	03/25/20	2,380.50	ALLYSON SWOPE
A/P	185036	03/25/20	21.99	AQUA BEVERAGE COMPANY
A/P	185037	03/25/20	344.62	BARD PERIPHERAL VASCULAR
A/P	185038	03/25/20	1,253.61	BAXTER HEALTHCARE
A/P	185039	03/25/20	1,369.00	BAYER HEALTHCARE
A/P	185040	03/25/20	14,082.34	BECKMAN COULTER INC
A/P	185041	03/25/20	8,264.85	BIOFIRE DIAGNOSTICS LLC
A/P	185042	03/25/20	380.70	CARDINAL HEALTH 414, INC.
A/P	185043	03/25/20	4,070.46	CDW GOVERNMENT, INC.
A/P	185044	03/25/20	82.50	CHRISTINA ZAPATA-ARROYO
A/P	185045	03/25/20	5,265.21	CITY OF PORT LAVACA
A/P	185046	03/25/20	8,517.22	CLINICAL PATHOLOGY LABS
A/P	185047	03/25/20	450.00	CYGNUS MEDICAL LLC
A/P	185048	03/25/20	396.90	CYRACOM LLC
A/P	185049	03/25/20	700.00	D HARRIS CONSULTING LLC
A/P	185050	03/25/20	2,576.00	DA&E
A/P	185051	03/25/20	231.61	DEWITT POTH & SON
A/P	185052	03/25/20	31.50	DRIESSEN WATER INC.
A/P	185053	03/25/20	172.00	ESUTURES.COM
A/P	185054	03/25/20	17,255.00	EVIDENT
A/P	185055	03/25/20	2,607.23	FIRST INSURANCE FUNDING
A/P	185056	03/25/20	3,033.85	FISHER HEALTHCARE
A/P	185057	03/25/20	3,187.33	FRASIER HEALTHCARE CONSULTING,
A/P	185058	03/25/20	257.70	FUSION CLOUD SERVICES, LLC
A/P	185059	03/25/20	2,378.91	GARDNER & WHITE, INC.
A/P	185060	03/25/20	11,416.36	GE PRECISION HEALTHCARE, LLC
A/P	185061	03/25/20	1,074.88	GENZYME CORPORATION
A/P	185062	03/25/20	11,060.01	GREAT AMERICAN FINANCIAL SVCS
A/P	185063	03/25/20	488.12	GULF COAST PAPER COMPANY
A/P	185064	03/25/20	355.00	HEALTHCARE CODING & CONSULTING
A/P	185065	03/25/20	25,464.27	HEALTHCARE FINANCIAL SERVICES
A/P	185066	03/25/20	3,442.65	HOLOGIC INC
A/P	185067	03/25/20	451.88	IRON MOUNTAIN
A/P	185068	03/25/20	31.51	KYLE DANIEL

RUN DATE:03/23/20
TIME:15:07

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/25/20 THRU 03/25/20

PAGE 3
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	185069	03/25/20	762.12	LANDAUER INC
A/P	185070	03/25/20	375.00	LOWE'S HOME CENTERS INC
A/P	185071	03/25/20	840.86	M G TRUST
A/P	185072	03/25/20	77.62	MARIA ARREDONDO
A/P	185073	03/25/20	1,185.31	MCKESSON MEDICAL SURGICAL INC
A/P	185074	03/25/20	1,314.00	MEDICAL TECHNOLOGY ASSOCIATES
A/P	185075	03/25/20	240.00	MEMORIAL MEDICAL CLINIC
A/P	185076	03/25/20	1,144.00	MID-COAST ELECTRIC SUPPLY, INC
A/P	185077	03/25/20	151.00	MMC AUXILIARY GIFT SHOP
A/P	185078	03/25/20	.00	VOIDED
A/P	185079	03/25/20	11,570.67	MORRIS & DICKSON CO, LLC
A/P	185080	03/25/20	31.51	NADINE GARNER
A/P	185081	03/25/20	755.90	ORTHO CLINICAL DIAGNOSTICS
A/P	185082	03/25/20	2,526.88	PABLO GARZA
A/P	185083	03/25/20	2,000.00	PARA
A/P	185084	03/25/20	265.24	PARTSSOURCE, LLC
A/P	185085	03/25/20	2,028.00	PRESS GANEY ASSOCIATES, INC.
A/P	185086	03/25/20	9,500.00	RAIN SEAL MASTER ROOFING
A/P	185087	03/25/20	235.00	RX WASTE SYSTEMS LLC
A/P	185088	03/25/20	309.84	SERACARE LIFE SCIENCES, INC
A/P	185089	03/25/20	6.00	SHIP SHUTTLE TAXI SERVICE
A/P	185090	03/25/20	294.03	SHIRLEY KARNEI
A/P	185091	03/25/20	2,409.75	SKILLGIGS INC.
A/P	185092	03/25/20	2,415.00	STERICYCLE, INC
A/P	185093	03/25/20	189.60	STRYKER SALES CORP
A/P	185094	03/25/20	209.00	SWINGING ON A STAR, INC
A/P	185095	03/25/20	6,130.42	T-SYSTEM, INC
A/P	185096	03/25/20	112.00	THE UPS STORE VICTORIA
A/P	185097	03/25/20	1,353.87	THE US CONSULTING GROUP
A/P	185098	03/25/20	670.80	TLC STAFFING
A/P	185099	03/25/20	4,252.27	UNIFIRST HOLDINGS
A/P	185100	03/25/20	60.48	UNITED AD LABEL CO INC
A/P	185101	03/25/20	4,834.43	WAGeworks, INC.
A/P	185102	03/25/20	168.03	WATERMARK GRAPHICS INC
A/P	185103	03/25/20	4,391.57	WERFEN USA LLC
A/P	185104	03/25/20	16,200.00	WOUND CARE SPECIALISTS
TOTALS:			270,206.52	

Payables 208,405.20 +
Patient refunds 6,049.44 +
City of Port 5,265.21 +
nursing ^{man} 563.52 +
Homes < 41,183.86 +
8,739.23 +
270,206.52



APPROVED
ON

MAR 25 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/20/2020

Page: 002

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

DC: 8115

Territory:

Customer: 632536
Date: 03/21/2020

As of: 03/20/2020
Mail to:

Page: 002
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 03/21/2020 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

		Subtotals:	6,398.39	USD
Future Due:	0.00	If Paid By 03/24/2020,		
Past Due:	0.00	Pay This Amount:	6,270.42	USD
Last Payment 08/07/2017	2,451.97	If Paid After 03/24/2020,		
		Pay this Amount:	6,398.39	USD

Due If Paid On Time:
USD 6,270.42
Disc lost if paid late: 127.97
Due If Paid Late:
USD 6,398.39

CK # 500083

648.54 +
5,235.22 +
349.34 +
37.32 +
6,270.42 *

ON

MAR 23 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

As of: 03/20/2020

Page: 001

To ensure proper credit to your
account, detach and return this
stub with your remittanceCVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 835438
Date: 03/21/2020As of: 03/20/2020 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835438 PLEASE CHECK ANY
Date: 03/21/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
03/19/2020	03/24/2020	7190147127	698881	115Invoice	13.24	661.78		648.54	✓	7190147127	

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: 661.78 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,171.56
03/16/2020If Paid By 03/24/2020,
Pay This Amount:

648.54 USD

If Paid After 03/24/2020,
Pay this Amount:

661.78 USD

Due If Paid On Time:

USD 648.54

Disc lost if paid late:

13.24

Due If Paid Late:

USD 661.78

APPROVED
ON

MAR 23 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

As of: 03/20/2020

Page: 001

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

Company 8000

DC: 8115

As of: 03/20/2020
Mail to:

Page: 001
Comp: 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

Territory: 400

Customer: 256342
Date: 03/21/2020

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 03/21/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
03/16/2020	03/24/2020	7189081595	1968234269	115Invoice	16.08	803.88		787.80	✓	7189081595	
03/16/2020	03/24/2020	7189081596	0314200128-00	115Invoice	3.67	183.40		179.73	✓	7189081596	
03/16/2020	03/24/2020	7189410238	1968239165	115Invoice	5.43	271.48		266.05	✓	7189410238	
03/17/2020	03/24/2020	7189558688	797465221	195Invoice	6.27	313.71		307.44	✓	7189558688	
03/18/2020	03/24/2020	7189706414	6518253901	115Invoice	10.41	520.35		509.94	✓	7189706414	
03/18/2020	03/24/2020	7189706415	0317200355-00	115Invoice	16.54	827.07		810.53	✓	7189706415	
03/18/2020	03/24/2020	7189911558	797801864	195Invoice	0.01	0.63		0.62	✓	7189911558	
03/18/2020	03/24/2020	7189970479	0317200147-00	115Invoice	15.17	758.59		743.42	✓	7189970479	
03/18/2020	03/24/2020	7189970480	6518258522	115Invoice	11.63	581.62		569.99	✓	7189970480	
03/18/2020	03/24/2020	7189970481	0318200502-00	115Invoice	11.73	586.45		574.72	✓	7189970481	
03/19/2020	03/24/2020	7190130759	798097057	195Invoice	1.63	81.50		79.87	✓	7190130759	
03/20/2020	03/24/2020	7190253533	3168273070	115Invoice	8.27	413.38		405.11	✓	7190253533	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 5,342.06 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/16/2020 4,171.56

If Paid By 03/24/2020,
Pay This Amount:

5,235.22 USD

If Paid After 03/24/2020,
Pay this Amount:

5,342.06 USD

Due If Paid On Time:
USD

5,235.22

Disc lost if paid late:

106.84

Due If Paid Late:
USD

5,342.06

APPROVED
ON

MAR 23 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

As of: 03/20/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 190813

Date: 03/21/2020

As of: 03/20/2020
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyHEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 190813 PLEASE CHECK ANY
Date: 03/21/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
03/18/2020	03/24/2020	7189688483	2017013268	115Invoice	6.71	335.71		329.00	✓	7189688483	
03/20/2020	03/24/2020	7190254778	2017013341	115Invoice	0.42	20.76		20.34	✓	7190254778	

*F 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: 356.47 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,171.56
03/16/2020If Paid By 03/24/2020,
Pay This Amount:

349.34 USD

If Paid After 03/24/2020,
Pay this Amount:

356.47 USD

Due If Paid On Time:
USD

349.34

Disc lost if paid late:

7.13

Due If Paid Late:
USD

356.47

APPROVED
ON

MAR 23 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company 8000

As of: 03/20/2020

Page: 001

To ensure proper credit to your
account, detach and return this
stub with your remittanceCVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 262252

Date: 03/21/2020

As of: 03/20/2020
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 262252 PLEASE CHECK ANY
Date: 03/21/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
03/18/2020	03/24/2020	7189961192	698090	115Invoice	0.76	38.08		37.32 ✓		7189961192	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 38.08 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,171.56
03/16/2020If Paid By 03/24/2020,
Pay This Amount:

37.32 USD

If Paid After 03/24/2020,
Pay this Amount:

38.08 USD

Due If Paid On Time:

USD 37.32

Disc lost if paid late:

0.76

Due If Paid Late:

USD 38.08

APPROVED
ON

MAR 23 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



AmerisourceBergen[®] STATEMENT

Number: 59015950 Date: 03-20-2020 1 of 1

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

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

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

Summary
 Not Yet Due: 0.00
 Current: 542.49
 Past Due: 0.00
 Total Due: 542.49
 Account Balance: 542.49

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
03-16-2020	03-27-2020	3035361800	155695	Invoice	16.64 ✓
03-18-2020	03-27-2020	3035496177	155763	Invoice	43.27 ✓
03-18-2020	03-27-2020	3035497472	155764	Invoice	13.12 ✓
03-19-2020	03-27-2020	3035539842	155769	Invoice	11.73 ✓
03-20-2020	03-27-2020	3035601359	155774	Invoice	457.73 ✓

Thank You for Your Payment

Date	Payment Number	Amount
03-20-2020		(1,492.21)

Reminders

Due Date	Amount
03-27-2020	542.49
Total Due:	542.49
Terms: Monday - Friday due in 7 days	

APPROVED
ON

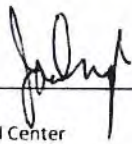
MAR 23 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 500084

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- March 16, 2020 - March 22, 2020

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
3/16/2020	TEXAS COUNTY DRS RECEIVABLE 0419 21000027258	- Retirement Funding
3/16/2020	PAY PLUS ACHTRANS 452579291 101000698281489	- 3rd Party Payor Fee
3/17/2020	PAY PLUS ACHTRANS 452579291 101000699164140	- 3rd Party Payor Fee
3/17/2020	MCKESSON DRUG AUTO ACH ACH04111885 910000145	- 340B Drug Program Expense
3/18/2020	PAY PLUS ACHTRANS 452579291 101000690009686	- 3rd Party Payor Fee
3/19/2020	PAY PLUS ACHTRANS 452579291 101000690713863	- 3rd Party Payor Fee
3/20/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
3/20/2020	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll

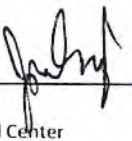

Jason Anglin, CEO
Memorial Medical Center

March 23, 2020

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

* Approved 03-18-2020 CC
** Approved 03-11-2020 CC

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>
-------------	--------------------	------------------


Jason Anglin, CEO
Memorial Medical Center

March 23, 2020

<u>Amount</u>	<u>CPS</u>	
		Pay 5.29 +
		PLUS 1.57 +
		20.82 +
		12.25 +
146,015.16	**	39.93 *
5.29		
1.57		
4,171.56	*	438 + 416.04 +
20.82		146,015.16 -
12.25		4,171.56 -
1,492.21	*	1,492.21 -
286,697.18	*	286,697.18 -
<u>438,416.04</u>		39.93 *
		39.93 +
		39.93 -
		✓ 0.00 *

RECEIVED

MAR 19 2020

Calhoun County Auditor

03/19/2020

10:40

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

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
030220		03/16/20	03/02/20	04/02/20		3.52	0.00	0.00	3.52 ✓
	TRANSFER	NH Insurance pymt sent to MMC in error							
030520		03/16/20	03/05/20	04/02/20		560.00	0.00	0.00	560.00 ✓
	TRANSFER	NH Insurance pymt sent to MMC in error							
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11824	THE CRESCENT			563.52	0.00	0.00	563.52

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	563.52	0.00	0.00	563.52

APPROVED
ON

MAR 19 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#
185022

RECEIVED**MAR 19 2020**

03/19/2020

Calhoun County Auditor

10:35

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
030220		03/16/20	03/02/20	04/02/20		1,626.24	0.00	0.00	1,626.24 ✓
	TRANSFER	Nt insurance pymt sent to MME in error							
030320		03/16/20	03/03/20	04/02/20		22,126.42	0.00	0.00	22,126.42 ✓
	TRANSFER	Nt insurance pymt sent to MME in error							
030520		03/16/20	03/05/20	04/02/20		11,735.88	0.00	0.00	11,735.88 ✓
	TRANSFER	Nt insurance pymt sent to MME in error							
030920		03/18/20	04/02/20	04/02/20		5,695.32	0.00	0.00	5,695.32 ✓
	TRANSFER	Nt insurance pymt sent to MME in error							
Vendor Totals						Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE					41,183.86	0.00	0.00	41,183.86

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	41,183.86	0.00	0.00	41,183.86

**APPROVED
ON****MAR 19 2020****COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**CK#
185120

RECEIVED

MAR 19 2020

Calhoun County Auditor

03/19/2020

10:36

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

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
030220		03/16/20	03/02/20	04/02/20		2,448.00	0.00	0.00	2,448.00 ✓
	TRANSFER	NH insurance pymt sent to mme in error							
031320		03/18/20	04/02/20	04/02/20		695.41	0.00	0.00	695.41 ✓
	TRANSFER	NH insurance pymt sent to mme in error							
031320A		03/18/20	04/02/20	04/02/20		5,595.82	0.00	0.00	5,595.82 ✓
	TRANSFER	NH insurance pymt sent to mme in error							
Vendor Totals						Gross	Discount	No-Pay	Net
12696 GULF POINTE PLAZA						8,739.23	0.00	0.00	8,739.23

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,739.23	0.00	0.00	8,739.23

APPROVED
ON

MAR 19 2020

CKH
185021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Solera at West Houston

MMC PORTION							
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	NH PORTION
-	5,330.00	-	-	-	-	-	5,330.00
-	7,929.08	-	-	-	-	-	7,929.08
-	19,763.17	-	-	-	-	-	19,763.17
-	12,173.91	-	-	-	-	-	12,173.91
-	7,502.00	-	-	-	-	-	7,502.00
-	14,920.78	-	-	-	-	-	14,920.78
-	12,367.59	-	-	-	-	-	12,367.59
-	5,212.16	-	-	-	-	-	5,212.16
-	756.56	-	-	-	-	-	756.56
98,638.09	-	-	-	-	-	-	-
-	8,677.86	7,539.94	1,137.92	-	-	8,108.90	568.96
-	11,160.00	-	-	-	-	-	11,160.00
-	3,100.00	-	-	-	-	-	3,100.00
-	11,890.00	-	-	-	-	-	11,890.00
-	7,754.00	-	-	-	-	-	7,754.00
-	11,322.09	-	-	-	-	-	11,322.09
-	357.26	-	-	-	-	-	357.26
-	1,441.98	-	-	-	-	-	1,441.98
-	200.94	-	-	-	-	-	200.94
98,638.09	141,859.38	7,539.94	1,137.92	-	-	8,108.90	133,750.48
316,099.66	395,334.97	51,594.24	7,387.54	-	-	55,288.01	340,046.96

TOTALS

Quick View

DDA

Data reported as of: Mar 23, 2020 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$81,016.00	\$116,535.65	\$81,016.00	\$65,463.41
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$63,245.93	\$214,108.77	\$63,245.93	\$63,245.93
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$83,157.65	\$358,316.45	\$83,157.65	\$76,400.70
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$142,090.03	\$166,180.75	\$142,090.03	\$140,089.85
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$29,446.00	\$30,733.81	\$29,446.00	\$29,446.00

* indicates 10
Page generated on 03/23/2020 at 9

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 3/23/2020

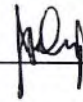
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		6,201.29	6,051.35	7,991.55	-	8,141.49	7,991.55
					Bank Balance	8,141.49	
					Variance	-	
					Leave in Balance	100.00	
					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	7,991.55	

Routing Information for Golden Creek:

Nexion Health at Golden Creek
 Wells Fargo Bank, N.A.
 ABA 5
 Accol

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



3/23/2020

APPROVED
 ON

MAR 23 2020

COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

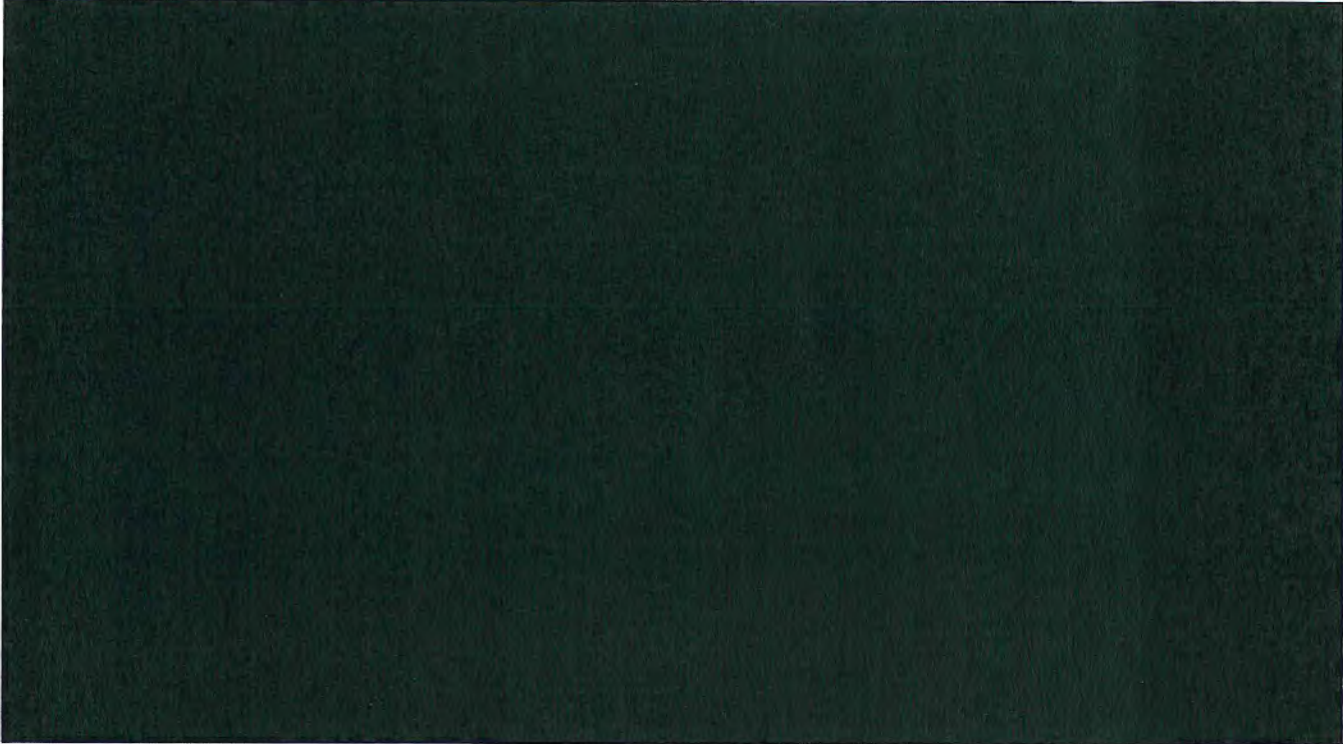
Golden Creek

		MMC PORTION					NH	
	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	PORTION
3/16/2020 ACH SETTLEMENT SERVICE 4105523439 9601693411	-	1,146.00					-	1,146.00
3/17/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*0SE712311	-	927.55					-	927.55
3/18/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	6,051.35	-					-	-
3/18/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	-	4,712.00					-	4,712.00
3/20/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	-	1,206.00					-	1,206.00
	6,051.35	7,991.55	-	-	-	-	-	7,991.55

Quick View

DDA

Data reported as of: Mar 23, 2020 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$8,141.49	\$8,921.68	\$8,141.49	\$6,935.49
				

* indicates re

Page generated on 03/23/2020 at 9

Gulf Pointe Plaza-Private Pay

No Bank Activity for this Period

MMC PORTION							NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	
-	-	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid

3/16/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*05E7027119220
 3/20/2020 CENTENE CORP HCCLAIMPMT 61000109415971 TRN*1*0905610719*1742770
 3/20/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001329230 TRN*1*EFT6889745*145

MMC PORTION							NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	
-	1,289.94	-	-	-	-	-	1,289.94
-	727.10	-	-	-	-	-	727.10
-	9,626.39	-	-	-	-	-	9,626.39
-	11,643.43	-	-	-	-	-	11,643.43
-	11,643.43	-	-	-	-	-	11,643.43

Quick View

DDA

Data reported as of Mar 23, 2020. 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*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	\$14,594.22	\$14,594.22	\$14,594.22	\$4,240.73

Page 2 of 2

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

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

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###																						
☐ "ENTER YOUR 4-DIGIT PIN"																							
☐ "MAKE A PAYMENT, PRESS 1"	1																						
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941 #																						
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"	1																						
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★ 20																						
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH" 1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	★ 3																						
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM" "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" "ENTER W/CENTS AMOUNT OF MEDICARE" "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	★ <table border="1"><tr><td>\$</td><td>604.37</td><td>#</td></tr><tr><td></td><td>1</td><td></td></tr><tr><td>0</td><td>\$</td><td>351.00</td><td>#</td></tr><tr><td></td><td>\$</td><td>82.08</td><td>#</td></tr><tr><td></td><td>\$</td><td>171.29</td><td>#</td></tr><tr><td></td><td>\$</td><td>-</td><td></td></tr></table>	\$	604.37	#		1		0	\$	351.00	#		\$	82.08	#		\$	171.29	#		\$	-	
\$	604.37	#																					
	1																						
0	\$	351.00	#																				
	\$	82.08	#																				
	\$	171.29	#																				
	\$	-																					
☐ "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	CHECK ★ 1																						
☐ ACKNOWLEDGEMENT NUMBER																							
CALLER INFORMATION:																							
CALLER NAME:																							
CALLER PHONE:																							
CALLER ADDRESS:																							

Run Date: 03/24/20
Time: 09:56

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 02/28/20 - 03/12/20 Run# 3

Page 5
P2REG

Final Summary

-- Pay Code Summary -----								*-- Deductions Summary -----*				
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount		
1	REGULAR PAY-S1	9.50	N		N	N	N	133.00	A/R	A/R2		A/R3
2	REGULAR PAY-S2	6.50	N		N	N	N	100.75	ADVANC	AWARDS		BOOTS
P	PAID-TIME-OFF	80.00	N		N	N	N	836.00	CAFE H	CAFE-1		CAFE-2
									CAFE-3	CAFE-4		CAFE-5
									CAFE-C	CAFE-D		CAFE-F
									CAFE-H	CAFE-I		CAFE-L
									CAFE-P	CANCER		CHILD
									CLINIC	COMBIN		CREDUN
									DD ADV	DENTAL		DEP-LF
									DIS-LF	EAT		EATCSH
									FEDTAX	FICA-M	15.51	FICA-O
									FIRSTC	FLEX S		FLX FE
									FORT D	FUTA		GIFT S
									GRANT	GRP-IN		GTL
									HOSP-I	ID TFT		LEAF
									LEGAL	MASA		MEALS
									MISC	MISC/		MMCSHR
									NATFML	OTHER		PHI
									PHI***	PR FIN		RELAY
									REPAY	SAMS		SCRUBS
									SIGNON	ST-TX		STONDF
									STONE	STONE2		STUDEN
									SUNACC	SUNILL		SUNLIF
									SUNSTD	SUNVIS		SURCHG
									TSA-1	TSA-2		TSA-C
									TSA-P	TSA-R	74.88	TUTION
									UNIFOR	UW/HOS		

*----- Grand Totals: 96.00 ----- (Gross: 1069.75 Deductions: 156.71 Net: 913.04)
| Checks Count:- FT 1 PT Other 1 Female 1 Male Credit OverAmt ZeroNet Term Total: 1 |

Ja

Run Date: 03/24/20
Time: 10:13

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 02/28/20 - 03/12/20 Run# 4

Page 3
P2REG

Final Summary

*-- Pay Code Summary -----						*-- Deductions Summary -----			
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code Amount
K	EXTENDED-ILLNESS-BANK	23.00	N		N	N	N	571.55	A/R
P	PAID-TIME-OFF	49.00	N		N	N	N	1217.65	A/R2
									A/R3
									AWARDS
									BOOTS
									CAFE-1
									CAFE-2
									CAFE-3
									CAFE-4
									CAFE-5
									CAFE-C
									CAFE-D
									CAFE-F
									CAFE-H
									CAFE-I
									CAFE-L
									CAFE-P
									CANCER
									CHILD
									CLINIC
									COMBIN
									CREDUN
									DD ADV
									DENTAL
									DEP-LF
									DIS-LF
									EAT
									EATCSH
									FEDTAX
								171.29	FICA-M
								25.53	FICA-O
								109.18	FICA-S
									FIRSTC
									FLX FE
									FORT D
									FUTA
									GIFT S
									GRANT
									GRP-IN
									GTL
									HOSP-I
									ID TFT
									LEAF
									LEGAL
								4.50	MEALS
									MISC
									MISC/
									MMCSHR
									NATFML
									OTHER
									PHI
									PHI***
									PR FIN
									RELAY
									REPAY
									SAMS
									SCRUBS
									SIGNON
									ST-TX
									STONDF
									STONE
									STONE2
									STUDEN
									SUNACC
								9.44	SUNILL
									SUNLIF
								18.76	SUNVIS
									SURCHG
									TSA-1
									TSA-2
									TSA-C
									TSA-P
								125.24	TUTION
									TSA-R
									UNIFOR
									UN/HOS

----- Grand Totals: 72.00 ----- (Gross: 1789.20 Deductions: 463.94 Net: 1325.26)
| Checks Count:- FT 1 PT Other Female 1 Male Credit OverAmt ZeroNet Term Total: 1 |

Ja

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 3/23/20

A _____

Y _____

E _____

E _____

APPROVED
ON

MAR 23 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

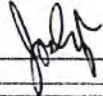
AMOUNT \$ 22,862.37

CK # 001089

G/L NUMBER: 21000012

EXPLANATION: ASHFORD- TO TRANSFER MMC PORTION OF QIPP COMP 1 & 2

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE:03/25/20
TIME:12:39

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/25/20 THRU 03/25/20

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001089 03/25/20 22,862.37 MMC OPERATING Ashford
TOTALS: 22,862.37



APPROVED
ON

MAR 25 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 3/23/20

A _____

Y _____

E _____

E _____

APPROVED
ON

MAR 23 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL # 000054

G/L NUMBER: 21000009

FOR ACCT. USE ONLY

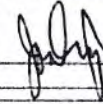
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$ 8,215.40

EXPLANATION: BROADMOOR- TO TRANSFER MMC PORTION OF QIPP COMP 1 & 2

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: _____



RUN DATE:03/25/20
TIME:12:39

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/25/20 THRU 03/25/20

PAGE 5
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
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NHB	000054	03/25/20	8,215.40	MMC OPERATING
TOTALS:			8,215.40	<i>Broadmoor</i>

**APPROVED
ON**

MAR 25 2020

**COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 3/23/20

A _____

Y _____

E _____

E _____

APPROVED
ON

MAR 23 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 000084

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

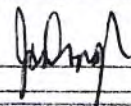
☐ Return Check to Dept

AMOUNT \$ 6,757.43

G/L NUMBER: 21000010

EXPLANATION: CRESCENT- TO TRANSFER MMC PORTION OF QIPP COMP 1 & 2

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE:03/25/20
TIME:12:39

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/25/20 THRU 03/25/20

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000084 03/25/20 6,757.43 MMC OPERATING *Crescent*
TOTALS: 6,757.43

11

APPROVED
ON

MAR 25 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 3/23/20

A _____

Y _____

E _____

E _____

APPROVED
ON

MAR 23 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL # 000081

AMOUNT \$ 9,343.92

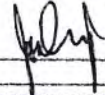
G/L NUMBER: 21000008

FOR ACCT. USE ONLY

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

EXPLANATION: FORT BEND- TO TRANSFER MMC PORTION OF QIPP COMP 1 & 2

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE:03/25/20
TIME:12:39

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/25/20 THRU 03/25/20

PAGE 7
GLCKREG

BANK--CHECK-----

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

NHF	000081	03/25/20	9,343.92	MMC OPERATING
TOTALS:			9,343.92	<i>Fort Bend</i>

APPROVED
ON

MAR 25 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 3/23/20

A _____

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E _____

E _____

APPROVED
ON

MAR 23 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck # 000001

AMOUNT \$ 8,108.90

G/L NUMBER: 21000011

FOR ACCT. USE ONLY

☐ Imprest Cash

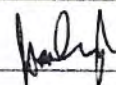
☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

EXPLANATION: SOLERA- TO TRANSFER MMC PORTION OF QIPP COMP 1 & 2

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE:03/25/20
TIME:12:39

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/25/20 THRU 03/25/20

PAGE 8
GLCKREG

BANK--CHECK-----

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

NHS	001084	03/25/20	8,108.90	MMC OPERATING <i>Solen</i>
TOTALS:			8,108.90	

**APPROVED
ON**

MAR 25 2020

**COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

10536 MORRIS & DICKSON CO, LLC
PO BOX 51367, SHREVEPORT, LA 71135-1367
MEMORIAL MEDICAL CENTER - PORT LAVACA, TEXAS 77979

184931

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
5334457	03/10/20	382.73			382.73
5330164	03/10/20	1,699.00			1,699.00
Replaced w/ ck #185028					
CHECK NO. 184931 031820		TOTALS 24,539.43	TOTALS		24,539.43

MEMORIAL MEDICAL CENTER - PORT LAVACA, TEXAS 77979

184931

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
5334457	03/10/20	382.73			382.73
5330164	03/10/20	1,699.00			1,699.00
CHECK NO. 184931		TOTALS 24,539.43	TOTALS		24,539.43

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK

88-2265
1131

184931

10536	184931
DATE	AMOUNT
03/18/20	\$24,539.43

Twenty-Four Thousand Five Hundred Thirty-Nine Dollars and Forty-Three Cents

PAY
TO THE
ORDER
OF
MORRIS & DICKSON CO, LLC
PO BOX 51367
SHREVEPORT, LA 71135-1367

VOID
CALHOUN COUNTY TREASURER

10536 MORRIS & DICKSON CO, LLC
 PO BOX 51367, SHREVEPORT, LA 71135-1367
 MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

185026

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
5292775	02/28/20	27.83			27.83
5320878	03/06/20	3.96			3.96
5320879	03/06/20	816.70			816.70
5320880	03/06/20	17.58			17.58
5320881	03/06/20	744.84			744.84
CM48621	03/02/20	2.85CR			2.85CR
5313703	03/05/20	3,446.53			3,446.53
5314958	03/05/20	189.15			189.15
5315494	03/05/20	2,709.66			2,709.66
CM49943	03/06/20	547.96CR			547.96CR
CM50347	03/09/20	50.67CR			50.67CR
5310593	03/04/20	3,106.87			3,106.87
5310594	03/04/20	104.88			104.88
5306740	03/03/20	360.54			360.54
5306741	03/03/20	821.66			821.66
CHECK NO. 185026 03/23/20		TOTALS	TOTALS	CONTINUED	

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

185026

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
5292775	02/28/20	27.83			27.83
5320878	03/06/20	3.96			3.96
5320879	03/06/20	816.70			816.70
5320880	03/06/20	17.58			17.58
5320881	03/06/20	744.84			744.84
CM48621	03/02/20	2.85CR			2.85CR
5313703	03/05/20	3,446.53			3,446.53
5314958	03/05/20	189.15			189.15
5315494	03/05/20	2,709.66			2,709.66
CM49943	03/06/20	547.96CR			547.96CR
CM50347	03/09/20	50.67CR			50.67CR
5310593	03/04/20	3,106.87			3,106.87
5310594	03/04/20	104.88			104.88
5306740	03/03/20	360.54			360.54
5306741	03/03/20	821.66			821.66
CHECK NO. 185026		TOTALS	TOTALS	CONTINUED	

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK

88-2265
 1131

185026

10536 185026
 DATE AMOUNT

VOID

VOID

*****VOID*****

PAY
 TO THE MORRIS & DICKSON CO, LLC
 ORDER PO BOX 51367
 OF SHREVEPORT, LA 71135-1367

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

10536 MORRIS & DICKSON CO, LLC
PO BOX 51367 SHREVEPORT, LA 71135-1367
MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

185027

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
5306742	03/03/20	107.43			107.43
5306231	03/03/20	37.87			37.87
5306232	03/03/20	244.98			244.98
5301215	03/02/20	538.74			538.74
5301214	03/02/20	3,594.73			3,594.73
5301213	03/02/20	4,257.06			4,257.06
5300628	03/02/20	63.50			63.50
5327070	03/09/20	71.39			71.39
5327071	03/09/20	704.62			704.62
5327072	03/09/20	221.09			221.09
5334453	03/10/20	283.82			283.82
5334454	03/10/20	402.54			402.54
5334455	03/10/20	7.90			7.90
5334456	03/10/20	355.72			355.72
5334457	03/10/20	382.73			382.73

CHECK NO.	185027 03/23/20	TOTALS		TOTALS		CONTINUED
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MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

185027

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
5306742	03/03/20	107.43			107.43
5306231	03/03/20	37.87			37.87
5306232	03/03/20	244.98			244.98
5301215	03/02/20	538.74			538.74
5301214	03/02/20	3,594.73			3,594.73
5301213	03/02/20	4,257.06			4,257.06
5300628	03/02/20	63.50			63.50
5327070	03/09/20	71.39			71.39
5327071	03/09/20	704.62			704.62
5327072	03/09/20	221.09			221.09
5334453	03/10/20	283.82			283.82
5334454	03/10/20	402.54			402.54
5334455	03/10/20	7.90			7.90
5334456	03/10/20	355.72			355.72
5334457	03/10/20	382.73			382.73

CHECK NO.	185027	TOTALS		TOTALS		CONTINUED
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MEMORIAL
MEDICAL  **CENTER**

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

PROSPERITY BANK

88-2265
1131

185027

10536	185027
DATE	AMOUNT

VOID

VOID

*****VOID*****

PAY
TO THE
ORDER
OF
MORRIS & DICKSON CO, LLC
PO BOX 51367
SHREVEPORT, LA 71135-1367

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

10536 MORRIS & DICKSON CO, LLC
PO BOX 51367, SHREVEPORT, LA 71135-1367
MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

185028

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
5330164	03/10/20	1,699.00			1,699.00
<i>Replaces ck# 184931 — credit applied to check did not belong to MMC. original ck voided</i>					
CHECK NO. 185028 03/23/20	TOTALS	24,721.84	TOTALS		24,721.84

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

185028

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
5330164	03/10/20	1,699.00			1,699.00
CHECK NO. 185028	TOTALS	24,721.84	TOTALS		24,721.84

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK

88-2265
1131

185028

10536	185028
DATE	AMOUNT
03/23/20	\$24,721.84

Twenty-Four Thousand Seven Hundred Twenty-One Dollars and Eighty-Four Cents

PAY
TO THE ORDER OF
MORRIS & DICKSON CO, LLC
PO BOX 51367
SHREVEPORT, LA 71135-1367

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

8

RUN DATE:03/23/20
TIME:14:52

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/23/20 THRU 03/23/20

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
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A/P *	184931	03/23/20	24,539.43	CR MORRIS & DICKSON CO, LLC
A/P	185026	03/23/20	.00	VOIDED
A/P	185027	03/23/20	.00	VOIDED
A/P	185028	03/23/20	24,721.84	MORRIS & DICKSON CO, LLC
TOTALS:			182.41	

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

3/25/2020

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1 & 2	QIPP COMP 3,4, LAPSE	Yr 2 Adjustment Pmt	TOTAL	Date
Ashford <i>NHA</i>	10000018 - Prosperity	1089	MMC - Prosperity Operating #10000001	21000012	22,862.37			22,862.37	3/25/2020
Broadmoor <i>NHB</i>	10000019 - Prosperity	54	MMC - Prosperity Operating #10000001	21000009	8,215.40			8,215.40	3/25/2020
Crescent <i>NHC</i>	10000020 - Prosperity	84	MMC - Prosperity Operating #10000001	21000010	6,757.43			6,757.43	3/25/2020
Fort Bend <i>NHF</i>	10000021 - Prosperity	81	MMC - Prosperity Operating #10000001	21000008	9,343.92			9,343.92	3/25/2020
Solera <i>NHS</i>	10000022 - Prosperity	1084	MMC - Prosperity Operating #10000001	21000011	8,108.90			8,108.90	3/25/2020
Golden Creek	10000023 - Prosperity	53	MMC - Prosperity Operating #10000001	21000013				-	
Gulf Pointe-PP	10000114 - Prosperity	9	MMC - Prosperity Operating #10000001	21000014				-	
Gulf Pointe-MM	10000025 - Prosperity	6	MMC - Prosperity Operating #10000001	21000014				-	
			Total:		55,288.02	-	-	55,288.02	

Note:

Approved:
Jason Anglin, CEO

3/23/2020

0 = C

22,862.37 +
8,108.90 +
9,343.92 +
6,757.43 +
8,215.40 +
55,288.02 =

APPROVED
ON
MAR 25 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

1089

88-2265/1131-87

3-25-20

Date

CHECK ARMOR
TRADE PRACTITION

Pay to the
Order of MMC Prosperity Operating \$ 22,862.32
twenty-two thousand eight hundred sixty-two dollars ³²/₁₀₀ dollars



PROSPERITY BANK®

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

For QIPP Comp 132

County Auditor

County Treasurer

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

1084

88-2265/1131-87

3-25-20

Date

CHECK ARMOR
TRADE PRACTITION

Pay to the
Order of MMC Prosperity Operating \$ 8108.90
eight thousand one hundred eight dollars ⁹⁰/₁₀₀ Dollars



PROSPERITY BANK®

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

For QIPP 132

County Auditor

County Treasurer

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

MEMORIAL MEDICAL CENTER

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

000081

Date

3-25-20

88-2265/1131

PAY

TO THE
ORDER OF

Mmc Prosperity Operating \$ 9343.92
nine thousand three hundred forty-three dollars ⁹²/₁₀₀ DOLLARS



PROSPERITY
BANK®

FOR

QIPP 132

County Auditor

County Treasurer

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000084

Date 3-25-20

88-2265/1131

PAY

TO THE
ORDER OF

MMC Prosperity Operating

\$ 6757.43

six thousand seven hundred fifty-seven dollars 43/100

DOLLARS



PROSPERITY
BANK

FOR

QIPP 132

County Auditor

County Treasurer
Securities are included. Details on back.

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000054

Date 3-25-20

88-2265/1131

PAY

TO THE
ORDER OF

MMC Prosperity Operating

\$ 8215.40

eight thousand two hundred fifteen dollars 40/100

DOLLARS



PROSPERITY
BANK

FOR

QIPP 132

County Auditor

County Treasurer
Securities are included. Details on back.