MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- April 01, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	788,315.91
TOTAL TRANSFERS BETWEEN FUNDS	$	42,144.04
TOTAL NURSING HOME UPL EXPENSES	$	1,561,611.72
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED April 01, 2020	$	2,392,071.67

APPROVED

APR 0 1 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 01, 2020

PAYABLES AND PAYROLL			
3/27/2020	Weekly Payables	390,471.45	
3/31/2020	McKesson-340B Prescription Expense	4,231.26	
3/31/2020	Amerisource Bergen-340B Prescription Expense	656.02	
3/31/2020	Payroll Liabilities -Payroll Taxes	95,280.52	
3/31/2020	Payroll	297,508.00	
	Prosperity Electronic Bank Payments		
3/23-3/27/2020	Pay Plus-Patient Claims Processing Fee	168.66	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 788,315.91**
TRANSFER BETWEEN FUNDS-NURSING HOMES			
3/27/2020	MMC Operating to Ashford-NH portion of QIPP payment	2,556.90	
3/27/2020	MMC Operating to Solera-NH portion of QIPP payment	972.92	
3/27/2020	MMC Operating to Fortbend-NH portion of QIPP payment	1,056.05	
3/27/2020	MMC Operating to Broadmoor-NH portion of QIPP payment	909.12	
3/27/2020	MMC Operating to The Crescent- correction of NH insurance payment sent to MMC in error and NH portion of QIPP payment	30,920.76	
3/27/2020	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment sent to MMC in error	2,621.70	
3/27/2020	MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment sent to MMC in error	3,106.59	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 42,144.04**
NURSING HOME UPL EXPENSES			
3/31/2020	Nursing Home UPI-Cantex Transfer	1,123,860.39	
3/31/2020	Nursing Home UPI-Nexion Transfer	187,661.12	
3/31/2020	Nursing Home UPI-HMG Transfer	180,896.67	
QIPP/INTEREST/RECOUP CHECKS TO MMC			
3/31/2020	Ashford	12,815.99	
3/31/2020	Broadmoor	4,605.26	
3/31/2020	Crescent	3,784.84	
3/31/2020	Fort Bend	5,223.95	
3/31/2020	Solera	4,541.80	
3/31/2020	Golden Creek	22,967.60	
3/31/2020	Gulf Pointe	15,254.10	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,561,611.72**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED April 01, 2020			**$ 2,392,071.67**

03/26/2020 MEMORIAL MEDICAL CENTER 0
11:05 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 04/08/2020

Vendor#	Vendor Name	Class	Pay Code
10995	ABILITY NETWORK (SHIFTHOUND)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20M0035840	SCHEDULING SERVICE	03/11/20	03/06/20	04/05/20			586.52	0.00	0.00	586.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10995	ABILITY NETWORK (SHIFTHOUND)	586.52	0.00	0.00	586.52

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
142742	SUPPLIES	03/10/20	03/09/20	04/03/20			19.99	0.00	0.00	19.99
142743	SUPPLIES	03/10/20	03/09/20	04/03/20			39.99	0.00	0.00	39.99
142741	SUPPLIES	03/10/20	03/09/20	04/03/20			64.99	0.00	0.00	64.99
142759	SUPPLIES	03/11/20	03/10/20	04/04/20			19.90	0.00	0.00	19.90
142754	SUPPLIES	03/11/20	03/10/20	04/04/20			35.94	0.00	0.00	35.94
142760	CREDIT	03/11/20	03/10/20	04/04/20			-7.96	0.00	0.00	-7.96
142811	SUPPLIES	03/17/20	03/11/20	04/05/20			33.12	0.00	0.00	33.12

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	205.97	0.00	0.00	205.97

Vendor#	Vendor Name	Class	Pay Code
12532	ADVANCED PLUMBING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4223	WATER HEATER CHECK	03/25/20	03/16/20	03/16/20			300.00	0.00	0.00	300.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12532	ADVANCED PLUMBING	300.00	0.00	0.00	300.00

Vendor#	Vendor Name	Class	Pay Code
12660	AMERICORP FINANCIAL, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1266252	STERRAD EQUIPMENT	03/02/20	03/02/20	04/02/20			10,000.00	0.00	0.00	10,000.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12660	AMERICORP FINANCIAL, LLC	10,000.00	0.00	0.00	10,000.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
494	PRINTING	03/25/20	03/06/20	03/16/20			10.00	0.00	0.00	10.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN	10.00	0.00	0.00	10.00

Vendor#	Vendor Name	Class	Pay Code

A2600 AUTO PARTS & MACHINE CO. ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
923437 ✓		03/25/20	03/23/20	04/07/20			112.28	0.00	0.00	112.28 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	112.28	0.00	0.00	112.28

Vendor# Vendor Name — Class — Pay Code

12992 BANK DIRECT CAPITAL FINANCE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
031320		03/25/20	03/13/20	04/01/20			3,529.37	0.00	0.00	3,529.37 ✓
	HEALTH SURE INS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12992	BANK DIRECT CAPITAL FINANCE	3,529.37	0.00	0.00	3,529.37

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
108311518 ✓		03/18/20	03/09/20	04/03/20			2,393.46	0.00	0.00	2,393.46 ✓
	SUPPLIES									
108308224 ✓		03/18/20	03/09/20	04/03/20			375.94	0.00	0.00	375.94 ✓
	SUPPLIE S									
108311985 ✓		03/18/20	03/09/20	04/03/20			173.77	0.00	0.00	173.77 ✓
	SUPPLIES									
5420746		03/18/20	03/13/20	04/07/20			5,016.58	0.00	0.00	5,016.58
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	7,959.75	0.00	0.00	7,959.75

Vendor# Vendor Name — Class — Pay Code

12324 BLUE CROSS BLUE SHIELD ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
031820		03/25/20	03/18/20	04/01/20			208,940.86	0.00	0.00	208,940.86 ✓
	INSURANCE – Medical/Dental insurance for employees and Terry Sizer and Rhonda Nielsen –									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12324	BLUE CROSS BLUE SHIELD	208,940.86	0.00	0.00	208,940.86

board members. Board members term ends on March 31, 2020. April's invoice should have a credit for board members.

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
8002173069 ✓		03/25/20	03/09/20	03/23/20			826.36	0.00	0.00	826.36 ✓
	SUPPLIES									
8002170566 ✓		03/25/20	03/09/20	03/28/20			186.49	0.00	0.00	186.49 ✓
	SUPPLIES									
8002170544 ✓		03/25/20	03/09/20	03/29/20			381.87	0.00	0.00	381.87 ✓
	SUPPLIES									
8002170565 ✓		03/25/20	03/09/20	03/29/20			342.63	0.00	0.00	342.63 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	1,737.35	0.00	0.00	1,737.35

Vendor# Vendor Name — Class — Pay Code

12768 CHEMAQUA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3882040 ✓		03/25/20	03/10/20	03/20/20			500.00	0.00	0.00	500.00 ✓
	WATER TREATMENT									

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12768	CHEMAQUA				500.00	0.00	0.00	500.00

Vendor#	Vendor Name	Class	Pay Code
10723	CLIA LABORATORY PROGRAM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
030320	CERTIFICATE FEE	03/25/20	03/03/20	03/03/20			180.00	0.00	0.00	180.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10723	CLIA LABORATORY PROGRAM	180.00	0.00	0.00	180.00

Vendor#	Vendor Name	Class	Pay Code
C1166	COASTAL OFFICE SOLUTONS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
OEQT138551	SHADES	03/25/20	03/09/20	03/19/20			598.00	0.00	0.00	598.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	598.00	0.00	0.00	598.00

Vendor#	Vendor Name	Class	Pay Code
11046	E-MDS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
349791	HOSTING SUBSCRIPTION QTF	03/25/20	03/19/20	03/19/20			9,330.00	0.00	0.00	9,330.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11046	E-MDS, INC	9,330.00	0.00	0.00	9,330.00

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
39001	ER STAFFING (16th-EOM)	03/25/20	03/31/20	03/31/20			40,062.50	0.00	0.00	40,062.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	40,062.50	0.00	0.00	40,062.50

Vendor#	Vendor Name	Class	Pay Code
T0383	ERIN CLEVENGER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
032020	THERMOMETERS	03/25/20	03/20/20	03/20/20			142.96	0.00	0.00	142.96

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T0383	ERIN CLEVENGER	142.96	0.00	0.00	142.96

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
T2003091378	CONSULTING/ BUSINESS SEF	03/24/20	03/09/20	04/03/20			10,099.85	0.00	0.00	10,099.85

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	10,099.85	0.00	0.00	10,099.85

Vendor#	Vendor Name	Class	Pay Code
F1100	FEDERAL EXPRESS CORP.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
694772329	SHIPPING	03/25/20	03/05/20	03/30/20			405.51	0.00	0.00	405.51

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	405.51	0.00	0.00	405.51

Vendor#	Vendor Name				Class	Pay Code				
F1300	FIRESTONE OF PORT LAVACA				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0068980		03/25/20	03/18/20	03/18/20		51.44	0.00	0.00	51.44
		OIL CHANGE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1300	FIRESTONE OF PORT LAVACA				51.44	0.00	0.00	51.44
Vendor#	Vendor Name				Class	Pay Code				
F1403	FISHER & PAYKEL HEALTHCARE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	90615974		03/25/20	01/30/20	03/25/20		3,599.00	0.00	0.00	3,599.00
		SUPPLIES								
	90615975		03/25/20	01/30/20	03/25/20		1,865.58	0.00	0.00	1,865.58
		SUUPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1403	FISHER & PAYKEL HEALTHCARE				5,464.58	0.00	0.00	5,464.58
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
	2912992		03/24/20	02/27/20	03/23/20		297.34	0.00	0.00	297.34
		SUPPLIES								
	3696530		03/24/20	03/03/20	03/28/20		20,174.92	0.00	0.00	20,174.92
		SUPPLIES								
	3954769		03/24/20	03/04/20	03/29/20		186.61	0.00	0.00	186.61
		SUPPLIES								
	4152841		03/24/20	03/05/20	03/30/20		1,009.56	0.00	0.00	1,009.56
		SUPPLIES								
	4519956		03/24/20	03/09/20	04/03/20		232.00	0.00	0.00	232.00
		SUPPLIES								
	4519959		03/24/20	03/09/20	04/03/20		7.23	0.00	0.00	7.23
		SUPPLIES								
	4695382		03/24/20	03/10/20	04/04/20		300.00	0.00	0.00	300.00
		SUPPLIES								
	4695520		03/24/20	03/10/20	04/04/20		44.32	0.00	0.00	44.32
		SUPPLIES								
	4695420		03/24/20	03/10/20	04/04/20		207.50	0.00	0.00	207.50
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				22,459.48	0.00	0.00	22,459.48
Vendor#	Vendor Name				Class	Pay Code				
13176										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	032320		03/24/20	03/23/20	03/23/20		198.00	0.00	0.00	198.00
		PT REFUND								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		13176					198.00	0.00	0.00	198.00
Vendor#	Vendor Name				Class	Pay Code				
G1210	GULF COAST PAPER COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1822361		02/28/20	03/03/20	04/02/20		994.47	0.00	0.00	994.47
		SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	994.47	0.00	0.00	994.47

Vendor#	Vendor Name	Class	Pay Code
11102	GULF COAST REGIONAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2369	SONSULTING AGREEMENT	03/11/20	03/03/20	04/02/20			900.00	0.00	0.00	900.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11102	GULF COAST REGIONAL	900.00	0.00	0.00	900.00

Vendor#	Vendor Name	Class	Pay Code
12380	HEALTH SOLUTIONS DIETETICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
032520	DIETICIAN (3|6-3|27|2020)	03/25/20	03/25/20	03/25/20			3,000.00	0.00	0.00	3,000.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS	3,000.00	0.00	0.00	3,000.00

Vendor#	Vendor Name	Class	Pay Code
12932	INTRADO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV002208673	HOUSE CALLS	03/25/20	02/29/20	03/29/20			470.22	0.00	0.00	470.22

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12932	INTRADO	470.22	0.00	0.00	470.22

Vendor#	Vendor Name	Class	Pay Code
J0150	J & J HEALTH CARE SYSTEMS, INC — invoice doesn't belong to MMC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
921557654	SUPPLIES	03/24/20	10/21/20	11/20/20			1,227.00	0.00	0.00	1,227.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	1,227.00	0.00	0.00	1,227.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
65464782	SUPPLIES	03/25/20	02/29/20	03/25/20			75.00	0.00	0.00	75.00
65548136	SUPPLIES	03/25/20	02/29/20	03/25/20			15.00	0.00	0.00	15.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	90.00	0.00	0.00	90.00

Vendor#	Vendor Name	Class	Pay Code
M1950	MARTIN PRINTING CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
75350	SUPPLIES Prescription Slips for Dr. Hinds	03/16/20	03/03/20	04/02/20			81.47	0.00	0.00	81.47

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO	81.47	0.00	0.00	81.47

Vendor#	Vendor Name	Class	Pay Code
M2470	MEDLINE INDUSTRIES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1902847450	SUPPLIES	03/24/20	02/27/20	03/23/20			14.25	0.00	0.00	14.25

1902847449	03/24/20 02/27/20 03/23/20	240.44	0.00	0.00	240.44	
SUPPLIES						
1902847453	03/24/20 02/27/20 03/23/20	4,054.86	0.00	0.00	4,054.86	
SUPPLIES						
1902847448	03/24/20 02/27/20 03/23/20	40.34	0.00	0.00	40.34	
SUPPLIES						
1902847451	03/24/20 02/27/20 03/23/20	20.48	0.00	0.00	20.48	
SUPPLIES						
1902926198	03/24/20 02/28/20 03/24/20	115.14	0.00	0.00	115.14	
SUPPLIES						
1903074243	03/24/20 02/29/20 03/25/20	57.25	0.00	0.00	57.25	
SUPPLIES						
1903074242	03/24/20 02/29/20 03/25/20	50.49	0.00	0.00	50.49	
SUPPLIES						
1903251875	03/24/20 03/03/20 03/28/20	181.68	0.00	0.00	181.68	
SUPPLIES						
1903251871	03/24/20 03/03/20 03/28/20	46.62	0.00	0.00	46.62	
SUPPLIES						
1903251876	03/24/20 03/03/20 03/28/20	85.58	0.00	0.00	85.58	
SUPPLIES						
1903251874	03/24/20 03/03/20 03/28/20	42.01	0.00	0.00	42.01	
SUPPLIES						
1903251872	03/24/20 03/03/20 03/28/20	56.84	0.00	0.00	56.84	
SUPPLIES						
1903364015	03/24/20 03/04/20 03/29/20	115.14	0.00	0.00	115.14	
SUPPLIES						
1903362798	03/24/20 03/04/20 03/29/20	4.92	0.00	0.00	4.92	
SUPPLIES						
1903362791	03/24/20 03/04/20 03/29/20	1,350.26	0.00	0.00	1,350.26	
SUPPLIES						
1903364017	03/24/20 03/04/20 03/29/20	95.51	0.00	0.00	95.51	
SUPPLIES						
1903364006	03/24/20 03/04/20 03/29/20	109.18	0.00	0.00	109.18	
SUPPLIES						
1903364013	03/24/20 03/04/20 03/29/20	966.04	0.00	0.00	966.04	
SUPPLIES						
1903362779	03/24/20 03/04/20 03/29/20	65.40	0.00	0.00	65.40	
SUPPLIES						
1903362783	03/24/20 03/04/20 03/29/20	56.88	0.00	0.00	56.88	
SUPPLIES						
1903362793	03/24/20 03/04/20 03/29/20	168.29	0.00	0.00	168.29	
SUPPLIES						
1903362796	03/24/20 03/04/20 03/29/20	18.65	0.00	0.00	18.65	
SUPPLIES						
1903362785	03/24/20 03/04/20 03/29/20	435.93	0.00	0.00	435.93	
SUPPLIES						
1903364007	03/24/20 03/04/20 03/29/20	35.96	0.00	0.00	35.96	
SUPPLIES						
1903364000	03/24/20 03/04/20 03/29/20	18.65	0.00	0.00	18.65	
SUPPLIES						
1903362797	03/24/20 03/04/20 03/29/20	98.78	0.00	0.00	98.78	

SUPPLIES						
1903362789	03/24/20 03/04/20 03/29/20	381.42	0.00	0.00	381.42	
SUPPLIES						
1903364005	03/24/20 03/04/20 03/29/20	197.56	0.00	0.00	197.56	
SUPPLIES						
1903362794	03/24/20 03/04/20 03/29/20	120.80	0.00	0.00	120.80	
SUPPLIES						
1903362780	03/24/20 03/04/20 03/29/20	89.35	0.00	0.00	89.35	
SUPPLIES						
1903364004	03/24/20 03/04/20 03/29/20	10.22	0.00	0.00	10.22	
SUPPLIES						
1903364001	03/24/20 03/04/20 03/29/20	72.00	0.00	0.00	72.00	
SUPPLIES						
1903362787	03/24/20 03/04/20 03/29/20	32.25	0.00	0.00	32.25	
SUPPLIES						
1903362781	03/24/20 03/04/20 03/29/20	38.74	0.00	0.00	38.74	
SUPPLIES						
1903362786	03/24/20 03/04/20 03/29/20	28.72	0.00	0.00	28.72	
SUPPLIES						
1903364003	03/24/20 03/04/20 03/29/20	123.11	0.00	0.00	123.11	
SUPPLIES						
1903364009	03/24/20 03/04/20 03/29/20	3,340.16	0.00	0.00	3,340.16	
SUPPLIES						
1903498350	03/24/20 03/05/20 03/30/20	65.40	0.00	0.00	65.40	
SUPPLIES						
1903498352	03/24/20 03/05/20 03/30/20	39.89	0.00	0.00	39.89	
SUPPLIES						
1903498349	03/24/20 03/05/20 03/30/20	81.53	0.00	0.00	81.53	
SUPPLIES						
1903708862	03/24/20 03/06/20 03/31/20	30.85	0.00	0.00	30.85	
SUPPLIES						
1903708867	03/24/20 03/06/20 03/31/20	616.27	0.00	0.00	616.27	
SUPPLIES						
1903708876	03/24/20 03/06/20 03/31/20	88.34	0.00	0.00	88.34	
SUPPLIES						
1903708879	03/24/20 03/06/20 03/31/20	37.43	0.00	0.00	37.43	
SUPPLIES						
1903708877	03/24/20 03/06/20 03/31/20	3,002.83	0.00	0.00	3,002.83	
SUPPLIES						
1903708870	03/24/20 03/06/20 03/31/20	377.03	0.00	0.00	377.03	
SUPPLIES						
1903708873	03/24/20 03/06/20 03/31/20	6.56	0.00	0.00	6.56	
SUPPLIES						
1903708881	03/24/20 03/06/20 03/31/20	26.68	0.00	0.00	26.68	
SUPPLIES						
1903708860	03/24/20 03/06/20 03/31/20	26.08	0.00	0.00	26.08	
SUPPLIES						
1903708880	03/24/20 03/06/20 03/31/20	32.11	0.00	0.00	32.11	
SUPPLIES						
1903708878	03/24/20 03/06/20 03/31/20	1,575.15	0.00	0.00	1,575.15	
SUPPLIES						

1903708872	03/24/20	03/06/20	03/31/20	45.93	0.00	0.00	45.93	
SUPPLIES								
1903708875	03/24/20	03/06/20	03/31/20	20.04	0.00	0.00	20.04	
SUPPLIES								
1903708874	03/24/20	03/06/20	03/31/20	204.32	0.00	0.00	204.32	
SUPPLIES								
1903972260	03/24/20	03/10/20	04/04/20	25.05	0.00	0.00	25.05	
SUPPLIES								
1903972263	03/24/20	03/10/20	04/04/20	241.60	0.00	0.00	241.60	
SUPPLIES								
1903972264	03/24/20	03/10/20	04/04/20	120.48	0.00	0.00	120.48	
SUPPLIES								
1903972271	03/24/20	03/10/20	04/04/20	1,083.67	0.00	0.00	1,083.67	
SUPPLIES								
1904349767	03/24/20	03/12/20	04/06/20	88.30	0.00	0.00	88.30	
SUPPLIES								
1904349762	03/24/20	03/12/20	04/06/20	38.26	0.00	0.00	38.26	
SUPPLIES								
1904349770	03/24/20	03/12/20	04/06/20	200.55	0.00	0.00	200.55	
SUPPLIES								
1904349764	03/24/20	03/12/20	04/06/20	2,641.31	0.00	0.00	2,641.31	
SUPPLIES								
1904349768	03/24/20	03/12/20	04/06/20	45.56	0.00	0.00	45.56	
SUPPLIES								
1904349766	03/24/20	03/12/20	04/06/20	195.69	0.00	0.00	195.69	
SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	23,936.81	0.00	0.00	23,936.81

Vendor#	Vendor Name	Class	Pay Code
M2685	MICROTEK MEDICAL INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4407196		03/25/20	08/28/20	03/25/20			293.06	0.00	0.00	293.06
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2685	MICROTEK MEDICAL INC	293.06	0.00	0.00	293.06

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
CM52123		03/25/20	03/17/20	03/27/20			-32.04	0.00	0.00	-32.04
	CREDIT									
5370078		03/25/20	03/18/20	03/28/20			407.15	0.00	0.00	407.15
	INVENTORY									
5369915		03/25/20	03/18/20	03/28/20			79.90	0.00	0.00	79.90
	INVENTORY									
5370079		03/25/20	03/18/20	03/28/20			1,181.53	0.00	0.00	1,181.53
	INVENTORY									
5370080		03/25/20	03/18/20	03/28/20			77.68	0.00	0.00	77.68
	INVENTORY									
5369914		03/25/20	03/18/20	03/28/20			30.03	0.00	0.00	30.03
	INVENTORY									
5377431		03/25/20	03/19/20	03/29/20			717.79	0.00	0.00	717.79

	INVENTORY							
5375719		03/25/20	03/19/20	03/29/20	40.45	0.00	0.00	40.45
	INVENTORY							
5377432		03/25/20	03/19/20	03/29/20	130.97	0.00	0.00	130.97
	INVENTORY							
5377430		03/25/20	03/19/20	03/29/20	108.56	0.00	0.00	108.56
	INVENTORY							
5375718		03/25/20	03/19/20	03/29/20	2.71	0.00	0.00	2.71
	INVENTORY							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	2,744.73	0.00	0.00	2,744.73

Vendor#	Vendor Name	Class	Pay Code
11064	MSDSONLINE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
215942		03/25/20	03/09/20	04/08/20			3,849.00	0.00	0.00	3,849.00
	RENEWAL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11064	MSDSONLINE, INC	3,849.00	0.00	0.00	3,849.00

Vendor#	Vendor Name	Class	Pay Code
12388	NATIONAL FARM LIFE INSURANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3145316		03/25/20	03/23/20	04/01/20			4,448.16	0.00	0.00	4,448.16
	INSURANCE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LIFE INSURANCE	4,448.16	0.00	0.00	4,448.16

Vendor#	Vendor Name	Class	Pay Code
11472	OCCUPRO LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
16859		03/11/20	03/07/20	04/06/20			472.43	0.00	0.00	472.43
	USER LICENSE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11472	OCCUPRO LLC	472.43	0.00	0.00	472.43

Vendor#	Vendor Name	Class	Pay Code
O1416	ORTHO CLINICAL DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1851351785		03/18/20	03/05/20	04/04/20			183.25	0.00	0.00	183.25
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	183.25	0.00	0.00	183.25

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
03423204		03/18/20	03/09/20	04/08/20			1,305.68	0.00	0.00	1,305.68
	REPAIR									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC	1,305.68	0.00	0.00	1,305.68

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20020600		03/11/20	02/29/20	04/02/20			4,275.11	0.00	0.00	4,275.11
	GAS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LP	4,275.11	0.00	0.00	4,275.11

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SC60437	RADIOLOGY SERVICES	03/17/20	03/12/20	04/06/20			1,667.00	0.00	0.00	1,667.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	1,667.00	0.00	0.00	1,667.00

Vendor#	Vendor Name	Class	Pay Code
10987	REVCYCLE+, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
33292	CODING SERVICES	03/24/20	03/05/20	03/30/20			1,932.25	0.00	0.00	1,932.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.	1,932.25	0.00	0.00	1,932.25

Vendor#	Vendor Name	Class	Pay Code
10625	SARA RUBIO — Day travel		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
031920A	STOP THE BLLEED/GCRAC MEeting	03/25/20	03/19/20	03/19/20	52.90		66.90	0.00	0.00	66.90 52.90
										3/10/2020 - 3/11/2020
031920	COVID MEETING	03/25/20	03/19/20	03/19/20			63.24	0.00	0.00	63.24

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10625	SARA RUBIO	116.14 130.14	0.00	0.00	130.14 116.14

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
031220	TRANSFER PT	03/25/20	03/12/20	03/12/20			30.00	0.00	0.00	30.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1850	SHIP SHUTTLE TAXI SERVICE	30.00	0.00	0.00	30.00

Vendor#	Vendor Name	Class	Pay Code
10936	SIEMENS FINANCIAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
56382000033863	LEASE/1X DOC FEE	03/26/20	03/13/20	03/20/20			4,433.24	0.00	0.00	4,433.24
56382000033864	LEASE	03/26/20	03/13/20	03/20/20			4,038.24	0.00	0.00	4,038.24

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES	8,471.48	0.00	0.00	8,471.48

Vendor#	Vendor Name	Class	Pay Code
10735	STRYKER SUSTAINABILITY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3885744	SUPPLIES	03/18/20	03/03/20	04/02/20			423.12	0.00	0.00	423.12

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	423.12	0.00	0.00	423.12

Vendor#	Vendor Name	Class	Pay Code
11944	TALX CORPORATION		

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

	1001372100		03/10/20	03/08/20	04/07/20	10.99	0.00	0.00	10.99
	EMPLOYEE VERIFICATIONS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11944	TALX CORPORATION				10.99	0.00	0.00	10.99
Vendor#	Vendor Name					Class	Pay Code		
T2204	TEXAS MUTUAL INSURANCE CO					W			
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1001654522		03/18/20	03/12/20	04/03/20		4,245.00	0.00	0.00	4,245.00
	WORKERS COMP								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO				4,245.00	0.00	0.00	4,245.00
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
	340377451		03/25/20	03/12/20	04/06/20		242.69	0.00	0.00	242.69
	TRASH SERVICE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP				242.69	0.00	0.00	242.69
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
	8400326177		03/16/20	03/12/20	04/06/20		179.19	0.00	0.00	179.19
	8400325845		03/17/20	03/09/20	04/03/20		1,442.18	0.00	0.00	1,442.18
	LAUNDRY									
	8400325819		03/17/20	03/09/20	04/03/20		77.98	0.00	0.00	77.98
	LAUNDRY									
	8400325818		03/17/20	03/09/20	04/03/20		47.15	0.00	0.00	47.15
	LAUNDRY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS				1,746.50	0.00	0.00	1,746.50
Vendor#	Vendor Name					Class	Pay Code		
U1056	UNIFORM ADVANTAGE					W			
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	10668433		03/25/20	03/06/20	03/21/20		102.35	0.00	0.00	102.35
	SHAWNA HARTL UNIFORM									
	10668450		03/25/20	03/06/20	03/21/20		79.91	0.00	0.00	79.91
	IRENE VENECIA									
	10670307		03/25/20	03/07/20	03/22/20		24.99	0.00	0.00	24.99
	IRENE VENECIA									
	10694080		03/25/20	03/13/20	03/28/20		73.91	0.00	0.00	73.91
	UNIFORMS KELLI GOFF									
	10694079		03/25/20	03/13/20	03/28/20		145.91	0.00	0.00	145.91
	UNIFORMS MARIA LONGORIA									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE				427.07	0.00	0.00	427.07
Vendor#	Vendor Name					Class	Pay Code		
11280	VICTORIA ADVOCATE								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0167521		03/25/20	02/29/20	03/25/20		1,240.40	0.00	0.00	1,240.40
	NEWS PAPER DELIVERY (2018-2020 deliveries)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11280	VICTORIA ADVOCATE	1,240.40	0.00	0.00	1,240.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	391,712.45	0.00	0.00	391,712.45

pg 5 correction <1,227.00>

pg 10 correction <130.14>
+116.14

391,712.45 +
1,227.00 -
130.14 -
116.14 +
390,471.45 *

390,471.45

APPROVED
ON
MAR 27 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 185107-185164

RUN DATE:03/30/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:53 CHECK REGISTER GLCKREG
04/01/20 THRU 04/01/20

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	185107	04/01/20	586.52	ABILITY NETWORK (SHIFTHOUND)
A/P	185108	04/01/20	205.97	ACE HARDWARE 15521
A/P	185109	04/01/20	300.00	ADVANCED PLUMBING
A/P	185110	04/01/20	10,000.00	AMERICORP FINANCIAL, LLC
A/P	185111	04/01/20	10.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	185112	04/01/20	112.28	AUTO PARTS & MACHINE CO.
A/P	185113	04/01/20	3,529.37	BANK DIRECT CAPITAL FINANCE
A/P	185114	04/01/20	7,959.75	BECKMAN COULTER INC
A/P	185115	04/01/20	208,940.86	BLUE CROSS BLUE SHIELD
A/P	185116	04/01/20	1,737.35	CARDINAL HEALTH 414, INC.
A/P	185117	04/01/20	500.00	CHEMAQUA
A/P	185118	04/01/20	180.00	CLIA LABORATORY PROGRAM
A/P	185119	04/01/20	598.00	COASTAL OFFICE SOLUTONS
A/P	185120	04/01/20	9,330.00	E-MDS, INC
A/P	185121	04/01/20	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	185122	04/01/20	142.96	ERIN CLEVENGER
A/P	185123	04/01/20	10,099.85	EVIDENT
A/P	185124	04/01/20	405.51	FEDERAL EXPRESS CORP.
A/P	185125	04/01/20	51.44	FIRESTONE OF PORT LAVACA
A/P	185126	04/01/20	5,464.58	FISHER & PAYKEL HEALTHCARE
A/P	185127	04/01/20	.00	VOIDED
A/P	185128	04/01/20	22,459.48	FISHER HEALTHCARE
A/P	185129	04/01/20	198.00	GLENNA WHITE
A/P	185130	04/01/20	994.47	GULF COAST PAPER COMPANY
A/P	185131	04/01/20	900.00	GULF COAST REGIONAL
A/P	185132	04/01/20	3,000.00	HEALTH SOLUTIONS DIETETICS
A/P	185133	04/01/20	470.22	INTRADO
A/P	185134	04/01/20	90.00	LABCORP OF AMERICA HOLDINGS
A/P	185135	04/01/20	81.47	MARTIN PRINTING CO
A/P	185136	04/01/20	.00	VOIDED
A/P	185137	04/01/20	.00	VOIDED
A/P	185138	04/01/20	.00	VOIDED
A/P	185139	04/01/20	.00	VOIDED
A/P	185140	04/01/20	.00	VOIDED
A/P	185141	04/01/20	.00	VOIDED
A/P	185142	04/01/20	.00	VOIDED
A/P	185143	04/01/20	.00	VOIDED
A/P	185144	04/01/20	23,936.81	MEDLINE INDUSTRIES INC
A/P	185145	04/01/20	293.06	MICROTEK MEDICAL INC
A/P	185146	04/01/20	2,744.73	MORRIS & DICKSON CO, LLC
A/P	185147	04/01/20	3,849.00	MSDSONLINE, INC
A/P	185148	04/01/20	4,448.16	NATIONAL FARM LIFE INSURANCE
A/P	185149	04/01/20	472.43	OCCUPRO LLC
A/P	185150	04/01/20	183.25	ORTHO CLINICAL DIAGNOSTICS
A/P	185151	04/01/20	1,305.68	PARTSSOURCE, LLC
A/P	185152	04/01/20	4,275.11	PRO ENERGY PARTNERS LP
A/P	185153	04/01/20	1,667.00	RADSOURCE
A/P	185154	04/01/20	1,932.25	REVCYCLE+, INC.
A/P	185155	04/01/20	116.14	SARA RUBIO
A/P	185156	04/01/20	30.00	SHIP SHUTTLE TAXI SERVICE

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	185157	04/01/20	8,471.48	SIEMENS FINANCIAL SERVICES
A/P	185158	04/01/20	423.12	STRYKER SUSTAINABILITY
A/P	185159	04/01/20	10.99	TALX CORPORATION
A/P	185160	04/01/20	4,245.00	TEXAS MUTUAL INSURANCE CO
A/P	185161	04/01/20	242.69	THE US CONSULTING GROUP
A/P	185162	04/01/20	1,746.50	UNIFIRST HOLDINGS
A/P	185163	04/01/20	427.07	UNIFORM ADVANTAGE
A/P	185164	04/01/20	1,240.40	VICTORIA ADVOCATE
A/P	185165	04/01/20	2,556.90	ASHFORD GARDENS
A/P	185166	04/01/20	909.12	BROADMOOR AT CREEKSIDE PARK
A/P	185167	04/01/20	1,056.05	FORTBEND HEALTHCARE CENTER
A/P	185168	04/01/20	2,621.70	GOLDENCREEK HEALTHCARE
A/P	185169	04/01/20	3,106.59	GULF POINTE PLAZA
A/P	185170	04/01/20	972.92	SOLERA WEST HOUSTON
A/P	185171	04/01/20	30,920.76	THE CRESCENT
TOTALS:			432,615.49	

O.C

Payables 390,471.45 +
Nursing Home 2,556.90 +
972.92 +
1,056.05 +
909.12 +
30,920.76 +
Transfers 2,621.70 +
3,106.59 +
432,615.49 *

APPROVED
ON

APR 01 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 03/27/2020 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 03/28/2020

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 03/27/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 03/28/2020

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 4,317.61 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 03/31/2020,
Pay This Amount: 4,231.26 USD

If Paid After 03/31/2020,
Pay this Amount: 4,317.61 USD

Due If Paid On Time:
USD 4,231.26

Disc lost if paid late:
86.35

Due If Paid Late:
USD 4,317.61

CK# 500085

2,984.69 +
48.74 +
395.89 +
801.94 +
4,231.26 *

APPROVED
ON
MAR 3 1 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 03/27/2020

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 03/28/2020

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 03/27/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 03/28/2020

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
03/23/2020	03/31/2020	7190592407	0320200359-00	115Invoice		0.09		0.09 ✓		7190592407	
03/23/2020	03/31/2020	7190592408	0321201245-00	115Invoice		0.02		0.02 ✓		7190592408	
03/23/2020	03/31/2020	7190592409	3168277630	115Invoice	5.41	270.63		265.22 ✓		7190592409	
03/23/2020	03/31/2020	7190592410	0322200232-00	115Invoice	16.69	834.29		817.60 ✓		7190592410	
03/23/2020	03/31/2020	7190752117	798709269	195Invoice	5.73	286.38		280.65 ✓		7190752117	
03/24/2020	03/31/2020	7191073551	799163863	195Invoice	1.72	86.00		84.28 ✓		7191073551	
03/24/2020	03/31/2020	7191118301	000003232020AS	115Invoice	0.01	0.32		0.31 ✓		7191118301	
03/25/2020	03/31/2020	7191353600	799469665	195Invoice	0.01	0.63		0.62 ✓		7191353600	
03/25/2020	03/31/2020	7191409198	000003042020MS	115Invoice	3.50	175.13		171.63 ✓		7191409198	
03/26/2020	03/31/2020	7191489242	9968301624	115Invoice	6.40	319.91		313.51 ✓		7191489242	
03/26/2020	03/31/2020	7191489243	0325200416-00	115Invoice	11.74	586.94		575.20 ✓		7191489243	
03/26/2020	03/31/2020	7191645152	799782895	195Invoice	0.03	1.27		1.24 ✓		7191645152	
03/26/2020	03/31/2020	7191677676	000003252020AS	115Invoice	9.65	482.73		473.08 ✓		7191677676	
03/27/2020	03/31/2020	7191723670	9968306029	115Invoice	0.03	1.27		1.24 ✓		7191723670	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 3,045.61 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/23/2020 6,270.42

If Paid By 03/31/2020, Pay This Amount: 2,984.69 USD

If Paid After 03/31/2020, Pay this Amount: 3,045.61 USD

Due If Paid On Time:
USD 2,984.69
Disc lost if paid late: 60.92
Due If Paid Late:
USD 3,045.61

APPROVED ON

MAR 3 1 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/27/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 190813
Date: 03/28/2020

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

As of: 03/27/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 03/28/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
03/25/2020	03/31/2020	7191179341	2017013429	115Invoice	0.19	9.60		9.41 ✓		7191179341	
03/25/2020	03/31/2020	7191179342	2017013429	115Invoice	0.80	40.13		39.33 ✓		7191179342	

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

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 49.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,270.42
03/23/2020

If Paid By 03/31/2020,
Pay This Amount: 48.74 USD

If Paid After 03/31/2020,
Pay this Amount: 49.73 USD

Due If Paid On Time:
USD 48.74
Disc lost if paid late: 0.99
Due If Paid Late:
USD 49.73

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ON
MAR 3 1 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/27/2020

Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 03/28/2020

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

As of: 03/27/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 03/28/2020

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
03/26/2020	03/31/2020	7191655518	705812	115Invoice	8.08	403.97		395.89	✓	7191655518	

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: 403.97 USD

Future Due:	0.00			
Past Due:	0.00	**If Paid By 03/31/2020, Pay This Amount:**	395.89	USD
Last Payment 03/23/2020	6,270.42	**If Paid After 03/31/2020, Pay this Amount:**	403.97	USD

Due If Paid On Time:
USD 395.89
Disc lost if paid late: 8.08
Due If Paid Late:
USD 403.97

APPROVED
ON
MAR 3 1 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/27/2020 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 03/28/2020

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

As of: 03/27/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 03/28/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
03/26/2020	03/31/2020	7191489955	704962	115Invoice	16.23	811.65		795.42 ✓		7191489955	
03/26/2020	03/31/2020	7191489956	704962	115Invoice	0.13	6.65		6.52 ✓		7191489956	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 818.30 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,270.42
03/23/2020

If Paid By 03/31/2020, Pay This Amount: 801.94 USD

If Paid After 03/31/2020, Pay this Amount: 818.30 USD

Due If Paid On Time:
USD 801.94
Disc lost if paid late: 16.36
Due If Paid Late:
USD 818.30

APPROVED
ON
MAR 3 1 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 59030085 Date: 03-27-2020

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

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

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

Summary

Not Yet Due:	0.00
Current:	656.02
Past Due:	0.00
Total Due:	656.02
Account Balance:	656.02

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
03-23-2020	04-03-2020	3035681371	155784	Invoice	348.27
03-23-2020	04-03-2020	3035681372	155786	Invoice	63.98
03-27-2020	04-03-2020	3035930926	155857	Invoice	236.36
03-27-2020	04-03-2020	3035930927	155858	Invoice	7.41

Thank You for Your Payment

Date	Payment Number	Amount
03-27-2020		(542.49)

Reminders

Due Date	Amount
04-03-2020	656.02
Total Due:	656.02

Terms:
Monday - Friday due in 7 days

APPROVED
ON
MAR 3 1 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 500086

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

	#### ###	ENTER:
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		
☐ "ENTER YOUR 4-DIGIT PIN"		
☐ "MAKE A PAYMENT, PRESS 1"		1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941 #
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	20
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	06

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

☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 95,280.52 #
"1 TO CONFIRM"		1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 49,592.84 #
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 11,598.30 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 34,089.38 #
	CHECK	$ -
☐ "6-DIGIT SETTLEMENT DATE"	★	
"1 TO CONFIRM"		1
☐ ACKNOWLEDGEMENT NUMBER		

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

Final Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9209.00	N		N	N		185186.86
1	REGULAR PAY-S1	1809.50	N		N	N	N	79384.52
1	REGULAR PAY-S1	298.00	Y		N	N		9499.62
1	REGULAR PAY-S1	61.00	Y		N	N	N	4768.99
2	REGULAR PAY-S2	2567.25	N		N	N		59463.09
2	REGULAR PAY-S2	187.50	Y		N	N		6058.65
3	REGULAR PAY-S3	1584.25	N		N	N		42598.00
3	REGULAR PAY-S3	131.00	Y		N	N		4571.01
C	CALL PAY	12.00	N		N	N	N	24.00
C	CALL PAY	2285.00	N	1	N	N		4570.00
E	EXTRA WAGES		N		N	N	N	24.00
E	EXTRA WAGES		N	1	N	N	N	1499.25
I	INSERVICE	11.25	N	1	N	N		354.38
K	EXTENDED-ILLNESS-BANK	192.00	N	1	N	N		3364.64
M	MEAL REIMBURSEMENT		N		N	N	N	14.00
P	PAID-TIME-OFF	1322.50	N	1	N	N		30194.24
X	CALL PAY 2	64.00	N	1	N	N		128.00
t	PHONE & DATA		N		N	N	N	1015.00

Code	Amount	Code	Amount	Code	Amount
A/R	703.80	A/R2	205.00	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1765.93	CAFE-F	
CAFE-H	19998.70	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC	105.00	COMBIN	438.97	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	34089.38	FICA-M	5799.15	FICA-O	24796.42
FIRSTC		FLEX S	4809.43	FLX FE	
FORT D		FUTA		GIFT S	78.68
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	413.70	MASA	804.50	MEALS	115.26
MISC		MISC/		MMCSHR	
NATFML	2224.19	OTHER		PHI	
PHI***		PR PIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	840.86
STONE		STONE2		STUDEN	
SUNACC	955.24	SUNILL	1424.32	SUNLIF	1515.36
SUNSTD	1731.33	SUNVIS	1249.69	SURCHG	855.00
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	30290.34	TUTION	
UNIFOR		UW/HOS			

Grand Totals: 19734.25 ------- (Gross: 432718.25 Deductions: 135210.25 Net: 297508.00)

Checks Count:- FT 202 PT 7 Other 43 Female 225 Male 25 Credit OverAmt 7 ZeroNet Term Total: 250

Pay Date 04.03.2020

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- March 23, 2020 - March 29, 2020

Date	Bank Description	Amount	MMC Notes
3/23/2020	PAY PLUS ACHTRANS 452579291 101000691998847	111.02	- 3rd Party Payor Fee
3/24/2020	PAY PLUS ACHTRANS 452579291 101000692771425	0.82	- 3rd Party Payor Fee
3/24/2020	MCKESSON DRUG AUTO ACH ACH04115917 910000124	6,270.42 *	- 340B Drug Program Expense
3/24/2020	IRS USATAXPYMT 220048440610867 6103601000075	95,291.83 **	- Payroll Taxes
3/25/2020	PAY PLUS ACHTRANS 452579291 101000693396943	47.52	- 3rd Party Payor Fee
3/26/2020	PAY PLUS ACHTRANS 452579291 101000694064851	8.31	- 3rd Party Payor Fee
3/26/2020	IRS USATAXPYMT 220048691452239 6103601000077	604.37 *	- Payroll Taxes
3/26/2020	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	6,152.04 *	-CitiBank Corporate Card Payment
3/27/2020	PAY PLUS ACHTRANS 452579291 101000694737861	0.99	- 3rd Party Payor Fee
3/27/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	542.49 *	- 340B Drug Program Expense
		109,029.81	

Jason Anglin, CEO
Memorial Medical Center

March 30, 2020

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

* Approved 03.25.2020 CC
** Approved 03.18.2020 CC

0.0

111.02 +
Pay 0.82 +
CP: PLUS 47.52 +
8.31 +
0.99 +
168.66 *

109,029.81 +
6,270.42 –
95,291.83 –
604.37 –
6,152.04 –
542.49 –
168.66 *

168.66 +
168.66 –
0.00 *

RECEIVED
MAR 2 6 2020
Calhoun County Auditor

03/26/2020 MEMORIAL MEDICAL CENTER 0
11:07 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
032320		03/24/20	03/23/20	04/09/20			2,556.90	0.00	0.00	2,556.90
	TRANSFER NH portion of QIPP payment deposited in MMC Operating									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	2,556.90	0.00	0.00	2,556.90

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,556.90	0.00	0.00	2,556.90

APPROVED
ON
MAR 2 7 2020 ck# 185165
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/26/2020
11:13

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
032320		03/26/20	03/23/20	04/09/20			972.92	0.00	0.00	972.92
	TRANSFER NH portion of QIPP Pymt deposited in MMC operating									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	972.92	0.00	0.00	972.92

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	972.92	0.00	0.00	972.92

APPROVED
ON
MAR 2 7 2020
CK # 185170

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/26/2020
11:09

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
032320		03/24/20	03/23/20	04/09/20			1,056.05	0.00	0.00	1,056.05
	TRANSFER NH portion of QIPP pymt deposited into mmc operating									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	1,056.05	0.00	0.00	1,056.05

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,056.05	0.00	0.00	1,056.05

03/26/2020
11:08

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR AT CREEKSIDE PARK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032320		03/24/20	03/23/20	04/09/20		909.12	0.00	0.00	909.12
	TRANSFER NH portion of CPP pymt deposited into MMC operating								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	909.12	0.00	0.00	909.12

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	909.12	0.00	0.00	909.12

APPROVED
ON
MAR 2 7 2020 CK# 185164
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/26/2020
11:08

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
031920		03/24/20	03/19/20	04/09/20		13,870.00	0.00	0.00	13,870.00 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
031920A		03/24/20	03/19/20	04/09/20		16,240.00	0.00	0.00	16,240.00 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
032320		03/24/20	03/23/20	04/09/20		810.76	0.00	0.00	810.76 ✓
	TRANSFER NH portion of QIPP Pymt deposited into MMC operating								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	30,920.76	0.00	0.00	30,920.76

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	30,920.76	0.00	0.00	30,920.76

APPROVED ON
MAR 27 2020

CK # 185171

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/26/2020 MEMORIAL MEDICAL CENTER 0
11:10 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
031920		03/24/20	03/19/20	04/09/20		865.02	0.00	0.00	865.02
	TRANSFER NH insurance pymt sent to mmc in error								
032320		03/24/20	03/23/20	04/09/20		1,756.68	0.00	0.00	1,756.68
	TRANSFER NH portion of RIPP pymt deposited into mmc operating								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	2,621.70	0.00	0.00	2,621.70

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,621.70	0.00	0.00	2,621.70

APPROVED
ON
MAR 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck # 185168

03/26/2020
11:11

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12696	GULF POINTE PLAZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
031920		03/24/20	03/19/20	04/09/20		1,356.32	0.00	0.00	1,356.32 ✓
	TRANSFER NH insurance pymt sent to mmc in error								
031920A		03/24/20	03/19/20	04/09/20		720.79	0.00	0.00	720.79 ✓
	TRANSFER NH insurance pymt sent to mmc in error								
031920B		03/24/20	03/19/20	04/09/20		9.42	0.00	0.00	9.42 ✓
	TRANSFER NH insurance pymt sent to mmc in error								
032320		03/24/20	03/23/20	04/09/20		1,020.06	0.00	0.00	1,020.06 ✓
	TRANSFER NH portion of CARES PPP pymt deposited into mmc operating								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	3,106.59	0.00	0.00	3,106.59

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,106.59	0.00	0.00	3,106.59

APPROVED
ON
MAR 2 7 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #
185169

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
3/30/2020

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		81,016.00 ✓	80,813.81 ✓	217,652.77 ✓		-	217,854.96	**204,836.78**
						Bank Balance	217,854.96 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Pending Ck to MMC		
						MMC Portion QIPP Yr2 Adjustment		
Routing Information for Ashford Gardens:						MMC Portion QIPP 1 &2	12,815.99 ✓	
Ashford Health Care Center Ltd Co						MMC Portion QIPP 3,4,Lapse		
JP Morgan Chase Bank						January Interest	50.15 ✓	
ABA						February Interest	52.04 ✓	
Acc						March Interest		
						Adjust Balance/Transfer Amt	**204,836.78**	
Broadmoor		63,245.93 ✓	63,037.40 ✓	281,758.64 ✓		-	281,967.17 ✓	**277,153.38**
						Bank Balance	281,967.17 ✓	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP Yr2 Adjustment		
						Pending Ck to MMC		
						MMC Portion QIPP 1 &2	4,605.26 ✓	
						MMC Portion QIPP 3,4,Lapse		
						January Interest	50.52 ✓	
						February Interest	58.01 ✓	
						March Interest		
						Adjust Balance/Transfer Amt	**277,153.38** ✓	
Crescent		83,157.65 ✓	82,969.71 ✓	347,190.34 ✓		-	347,378.28 ✓	**343,405.50**
						Bank Balance	347,378.28	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP Yr2 Adjustment		
						Pending Ck to MMC		
						MMC Portion QIPP 1 &2	3,784.84 ✓	
						MMC Portion QIPP 3,4,Lapse		
						January Interest	49.24 ✓	
						February Interest	38.70 ✓	
						March Interest		
						Adjust Balance/Transfer Amt	**343,405.50** ✓	
Fort Bend		29,446.00 ✓	29,304.63 ✓	73,819.51 ✓		-	73,960.88 ✓	**68,595.56**
						Bank Balance	73,960.88 ✓	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP Yr2 Adjustment		
						Pending Ck to MMC		
						MMC Portion QIPP 1 &2	5,223.95 ✓	
						MMC Portion QIPP 3,4,Lapse		
						January Interest	20.58 ✓	
						February Interest	20.79 ✓	
						March Interest		
						Adjust Balance/Transfer Amt	68,595.56 ✓	
Solera at W Houston		142,090.03 ✓	141,859.38 ✓	234,410.97 ✓			234,641.62 ✓	**229,869.17**
						Bank Balance	234,641.62 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Solera/Medicare Recoup withheld from MMC		
						Pending Ck to MMC		
						MMC Portion QIPP Yr2 Adjustment		
Routing Information for Crescent / Solera at West Houstc						MMC Portion QIPP 1 &2	4,541.80	
Cantex Health Care Centers III LLC						MMC Portion QIPP 3,4,Lapse		
JP Morgan Chase Bank						January Interest	68.69 ✓	
AB						February Interest	61.96 ✓	
Acc						March Interest		
						Adjust Balance/Transfer Amt	229,869.17 ✓	

204,836.78 +
277,153.38 +
343,405.50 +
68,595.56 +
229,869.17 +

TOTAL TRANSFERS **1,123,860.39**

1,123,860.39 *

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

APPROVED ON MAR 31 2020
COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Approved:
Jason Anglin, CEO
3/30/2020

J:\NH Weekly Transfers\NH UPL Transfer Summary\2020\March\NH UPL Transfer Summary 3-30-20 .xlsx

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
3/23/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202003201370046	-	35,519.65					-	35,519.65
3/24/2020	Amerigroup TXSC HCCLAIMPMT 3121267925 111000 TRN*1*3121267925*175260	-	37,866.91					-	37,866.91
3/24/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202003211200001	-	34,115.79					-	34,115.79
3/24/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000191 TRN*1*EFT6929054*120525	-	58,189.17					-	58,189.17
3/25/2020	Amerigroup TXSC HCCLAIMPMT 3121369991 111000 TRN*1*3121369991*175260	-	5,245.80					-	5,245.80
3/25/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202003221180030	-	6,652.35					-	6,652.35
3/26/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	57,951.44	-					-	-
3/26/2020	MANAGEANDNET1718 MNS PMNT 000000000000093 41 0250559	-	1,433.25					-	1,433.25
3/26/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202003251150113	-	7,054.27					-	7,054.27
3/26/2020	UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202003251070058	-	130.00					-	130.00
3/27/2020	CHECK #1089	22,862.37	-					-	-
3/27/2020	MOLINA HEALTHCAR MOLINAACH 00861598 42000010 ISA* * * * *ZZ*	-	13,666.49	11,965.49	1,701.00			12,815.99	850.50
3/27/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000145 TRN*1*EFT6930618*120525	-	1,444.40					-	1,444.40
3/27/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05E7941613264361	-	16,334.69					-	16,334.69
		80,813.81	217,652.77	11,965.49	1,701.00	-	-	12,815.99	204,836.78

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
3/23/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0250457	-	141.30					-	141.30
3/23/2020	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR54899684*141	-	4,536.00					-	4,536.00
3/23/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202003201130053	-	2,451.60					-	2,451.60
3/23/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000192 TRN*1*EFT5508260*120525	-	136,529.02					-	136,529.02
3/23/2020	HUMANA INS CO HCCLAIMPMT 390861 830000513823 TRN*1*001290049414924*	-	5,678.18					-	5,678.18
3/23/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*05E751171669860	-	1,526.74					-	1,526.74
3/24/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0250493	-	4,873.05					-	4,873.05
3/24/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000190 TRN*1*EFT5510258*120525	-	34,106.94					-	34,106.94
3/24/2020	HUMANA INS CO HCCLAIMPMT 390861 830000543985 TRN*1*001290049435882*	-	1,052.33					-	1,052.33
3/25/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202003221530002	-	4,724.07					-	4,724.07
3/25/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000162 TRN*1*EFT5512043*120525	-	10,950.73					-	10,950.73
3/26/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	54,822.00	-					-	-
3/26/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0250543	-	5.85					-	5.85
3/26/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9519794150*1411289	-	7,654.00					-	7,654.00
3/26/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202003251320072	-	2,634.90					-	2,634.90
3/26/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202003251330108	-	19,989.46					-	19,989.46
3/26/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000161 TRN*1*EFT5513799*120525	-	5,577.00					-	5,577.00
3/26/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*9519525135*136273	-	2,216.50					-	2,216.50
3/27/2020	CHECK #54	8,215.40	-					-	-
3/27/2020	MOLINA HEALTHCAR MOLINAACH 00861876 42000010 ISA* * * * *ZZ*	-	4,907.66	4,302.86	604.80			4,605.26	302.40
3/27/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0250632	-	4,873.05					-	4,873.05
3/27/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0250315	-	25.20					-	25.20
3/27/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000145 TRN*1*EFT5515397*120525	-	24,745.61					-	24,745.61
3/27/2020	HUMANA CHA DISB HCCLAIMPMT 390861 420000138 TRN*1*014840101217748*	-	1,365.95					-	1,365.95
3/27/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*9519987425*136273	-	1,193.50					-	1,193.50
		63,037.40	281,758.64	4,302.86	604.80	-	-	4,605.26	277,153.38

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
3/23/2020	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR54879775*141	-	10,730.00					-	10,730.00
3/23/2020	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR54888127*141	-	5,920.00					-	5,920.00
3/23/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9518474132*1411289	-	2,590.00					-	2,590.00
3/23/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202003201050022	-	1,465.93					-	1,465.93
3/23/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000192 TRN*1*EFT5508245*120525	-	224,687.42					-	224,687.42
3/23/2020	HUMANA CHA DISB HCCLAIMPMT 390864 4200001912 TRN*1*014840101203418*	-	29,765.45					-	29,765.45
3/24/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000190 TRN*1*EFT5510248*120525	-	4,578.74					-	4,578.74
3/24/2020	HUMANA CHA DISB HCCLAIMPMT 390864 4200001949 TRN*1*014840101206512*	-	10,168.95					-	10,168.95
3/25/2020	Deposit	-	563.52					-	563.52
3/25/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202003221490006	-	7,083.51					-	7,083.51
3/25/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000162 TRN*1*EFT5512030*120525	-	3,449.08					-	3,449.08
3/25/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05E771891669860	-	2,241.22					-	2,241.22
3/26/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	76,212.28	-					-	-
3/26/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0250538	-	385.00					-	385.00
3/26/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202003251330078	-	23,658.02					-	23,658.02
3/27/2020	CHECK #84	6,757.43	-					-	-
3/27/2020	MOLINA HEALTHCAR MOLINAACH 00861849 42000010 ISA* * * * *ZZ*	-	4,050.40	3,519.27	531.13			3,784.84	265.57
3/27/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0250630	-	1,462.50					-	1,462.50
3/27/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000145 TRN*1*EFT5515379*120525	-	14,390.60					-	14,390.60
		82,969.71	347,190.34	3,519.27	531.13	-	-	3,784.84	343,405.51

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
3/23/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05E751201730577	-	1,287.81					-	1,287.81
3/24/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202003211050075	-	2,961.45					-	2,961.45
3/24/2020	NOVITAS SOLUTION HCCLAIMPMT 675663 420000190 TRN*1*EFT5509620*120525	-	38,755.67					-	38,755.67
3/25/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202003221550028	-	12,511.57					-	12,511.57
3/25/2020	NOVITAS SOLUTION HCCLAIMPMT 675663 420000162 TRN*1*EFT5511529*120525	-	642.73					-	642.73
3/26/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	19,960.71	-					-	-
3/26/2020	MANAGEANDNET1718 MNS PMNT 000000000004294 41 0250544	-	3,439.80					-	3,439.80
3/26/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202003251230051	-	2,828.10					-	2,828.10
3/26/2020	NOVITAS SOLUTION HCCLAIMPMT 675663 420000161 TRN*1*EFT5513288*120525	-	2,088.85					-	2,088.85
3/27/2020	CHECK #81	9,343.92	-					-	-
3/27/2020	MOLINA HEALTHCAR MOLINAACH 00861664 42000010 ISA* * * * *ZZ*	-	5,587.94	4,887.03	673.83			5,223.95	363.99
3/27/2020	NOVITAS SOLUTION HCCLAIMPMT 675663 420000145 TRN*1*EFT5514931*120525	-	863.63					-	863.63
3/27/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05E794241730577	-	2,851.96					-	2,851.96
		29,304.63	73,819.51	4,887.03	673.83	-	-	5,223.95	68,595.57

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
3/23/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0250455	-	2,632.50					-	2,632.50
3/23/2020	Amerigroup TXSC DMS EFT 3121179114 111000025	-	850.00					-	850.00
3/23/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9518474066*1411289	-	3,280.00					-	3,280.00
3/23/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202003201430015	-	867.05					-	867.05
3/23/2020	HUMANA CHA DISB HCCLAIMPMT 390862 4200001912 TRN*1*014840101203417*	-	16,461.17					-	16,461.17
3/24/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0250487	-	4,740.00					-	4,740.00
3/24/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000190 TRN*1*EFT5510241*120525	-	131,897.81					-	131,897.81
3/25/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202003221390083	-	3,868.16					-	3,868.16
3/25/2020	UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202003221440072*	-	3,280.00					-	3,280.00
3/25/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000162 TRN*1*EFT5512025*120525	-	7,417.84					-	7,417.84
3/26/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	133,750.48	-					-	-
3/26/2020	Amerigroup TXSC HCCLAIMPMT 3121458670 111000 TRN*1*3121458670*175260	-	3,536.84					-	3,536.84
3/26/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202003251070011	-	3,118.72					-	3,118.72
3/26/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*9519561504*136273	-	852.50					-	852.50
3/27/2020	CHECK #1084	8,108.90	-					-	-
3/27/2020	MOLINA HEALTHCAR MOLINAACH 00861827 42000010 ISA* * * * *ZZ*	-	4,860.48	4,223.11	637.37			4,541.80	318.68
3/27/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0250622	-	5,265.00					-	5,265.00
3/27/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202003261110042	-	5,918.38					-	5,918.38
3/27/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202003261430058	-	10,548.98					-	10,548.98
3/27/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000145 TRN*1*EFT5515375*120525	-	25,015.54					-	25,015.54
		141,859.38	234,410.97	4,223.11	637.37	-	-	4,541.80	229,869.18
	TOTALS	397,984.93	1,154,832.23	28,897.76	4,148.13	-	-	30,971.83	1,123,860.41

Quick View

DDA — Data reported as of Mar 30, 2020 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$217,854.96	$227,078.50	$217,854.96	$209,271.75
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$281,967.17	$281,967.17	$281,967.17	$253,071.60
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$347,378.28	$360,717.04	$347,378.28	$334,232.21
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$234,641.62	$237,170.48	$234,641.62	$191,142.14
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$73,960.88	$75,092.61	$73,960.88	$74,001.27
[redacted]				

* indicates re
Page generated on 03/30/2020 at 10

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
3/30/2020

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		8,141.49	7,991.55	210,628.72	-	-	210,778.66	187,661.12
						Bank Balance	210,778.66	
						Variance	-	
						Leave in Balance	100.00	
						Pending Ck to MMC		
						MMC Portion QIPP 1 &2	22,967.60	
						MMC Portion QIPP 3,4,Lapse		
						January Interest	20.12	
						February Interest	29.82	
						March Interest		
							-	
						Adjust Balance/Transfer Amt	187,661.12	

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

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 3/30/2020

APPROVED ON
MAR 3 1 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
3/23/2020	Deposit	-	47,510.40					-	47,510.40
3/23/2020	ACH SETTLEMENT SERVICE 4105523439 9601693461	-	780.19					-	780.19
3/24/2020	NOVITAS SOLUTION HCCLAIMPMT 676097 420000190 TRN*1*EFT5509651	-	76,584.26					-	76,584.26
3/25/2020	Deposit	-	41,183.86					-	41,183.86
3/25/2020	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	-	2,152.05					-	2,152.05
3/26/2020	WIRE OUT NEXION HEALTH AT GOLDEN CREEK	7,991.55	-					-	-
3/26/2020	ACH SETTLEMENT SERVICE 4105523439 9601693489	-	1,960.18					-	1,960.18
3/26/2020	NOVITAS SOLUTION HCCLAIMPMT 676097 420000161 TRN*1*EFT5513321	-	120.08					-	120.08
3/27/2020	Centene Manageme CCD+ 38888463 3110020501034 RMR*IV*QIPP 3.24.2	-	24,563.32	**21,371.87**	**3,191.45**			**22,967.60**	1,595.73
3/27/2020	ACH SETTLEMENT SERVICE 4105523439 9601693494	-	4,822.13					-	4,822.13
3/27/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*0SE796741	-	10,952.25					-	10,952.25
		7,991.55	**210,628.72**	**21,371.87**	**3,191.45**	**-**	**-**	**22,967.60**	**187,661.13**

Quick View

DDA — Data reported as of Mar 30, 2020 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$210,778.66	$212,278.66	$210,778.66	$170,440.96
[redacted]				

* indicates re

Page generated on 03/30/2020 at 10

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
3/30/2020

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		1,155.53	-	16,315.36		-	-	17,470.89	-
							Bank Balance	17,470.89	No Transfer
							Variance	-	
							Leave in Balance	100.00	
							Pending Ck to MMC		
							MMC Portion QJPP 1 &2	**15,254.10**	
							MMC Portion QJPP 3,4,Lapse		
							January Interest	**1.09**	
							February Interest	**7.33**	
							March Interest		
							Adjust Balance/Transfer Amt	**2,108.37**	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		14,594.22	14,445.24	180,896.67		-	-	181,045.65	**180,896.67**
							Bank Balance	181,045.65	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QJPP 1 &2	-	
							MMC Portion QJPP 3,4,Lapse	-	
							January Interest	**29.13**	
							February Interest	**19.85**	
							March Interest		
							Adjust Balance/Transfer Amt	**180,896.67**	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	**180,896.67**

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 3/30/2020

APPROVED
ON

MAR 3 1 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
3/27/2020 Centene Manageme CCD+ 38888463 3110020501049 RMR*IV*QIPP 3.24.20**1	-	16,315.36	14,192.84	2,122.52			15,254.10	1,061.26
	-	16,315.36	14,192.84	2,122.52	-	-	15,254.10	1,061.26

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
3/23/2020 Deposit	-	4,480.00					-	4,480.00
3/24/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001137209 TRN*1*EFT6891368*145(	-	125,405.20					-	125,405.20
3/25/2020 Deposit	-	8,739.23					-	8,739.23
3/25/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001016822 TRN*1*EFT6892258*145(	-	28,689.95					-	28,689.95
3/26/2020 WIRE OUT HMG SERVICES, LLC	14,445.24	-					-	-
3/27/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001621204 TRN*1*EFT6893919*145(	-	11,324.89					-	11,324.89
3/27/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SE7992519220	-	2,257.40					-	2,257.40
	14,445.24	180,896.67	-	-	-	-	-	180,896.67
	14,445.24	197,212.03	14,192.84	2,122.52	-	-	15,254.10	181,957.93

Quick View

DDA — Data reported as of Mar 30, 2020 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$17,470.89	$17,470.89	$17,470.89	$1,155.53
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$181,045.65	$182,688.72	$181,045.65	$167,463.36
[redacted]				

* indicates re
Page generated on 03/30/2020 at 10

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 3/30/20

APPROVED ON MAR 3 1 2020

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK # 001090

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

AMOUNT: $ 12,815.99

G/L NUMBER: 21000012

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE	
NHA	001090	04/01/20	12,815.99	MMC PROSPERITY OPERATIN	Ashford
TOTALS:			12,815.99		

APPROVED
ON

APR 0 1 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 3/30/20

APPROVED ON MAR 3 1 2020 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Ck# 00055

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

AMOUNT: $ 4,605.26

G/L NUMBER: 21000009

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000055	04/01/20	4,605.26	MMC PROSPERITY OPERATIN
TOTALS:			4,605.26	

Broadmoor

APPROVED
ON

APR 01 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 3/30/20

APPROVED ON MAR 3 1 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 000085

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

AMOUNT: $ 3,784.84

G/L NUMBER: 21000010

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000085	04/01/20	3,784.84	MMC PROSPERITY OPERATIN
TOTALS:			3,784.84	

Crescent

APPROVED
ON

APR 0 1 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 3/30/20

APPROVED ON MAR 3 1 2020

COUNTY AUDITOR CALHOUN COUNTY, TEXAS CK# 000082

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

AMOUNT: $ 5,223.95

G/L NUMBER: 21000008

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000082	04/01/20	5,223.95	MMC PROSPERITY OPERATIN
TOTALS:			5,223.95	

Fort Bend

APPROVED
ON

APR 0 1 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 3/30/20

APPROVED ON MAR 3 1 2020

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 001085

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

AMOUNT: $ 4,541.80

G/L NUMBER: 21000011

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	001085	04/01/20	4,541.80	MMC PROSPERITY OPERATIN Solenv
TOTALS:			4,541.80	

APPROVED
ON

APR 0 1 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 3/30/20

APPROVED ON MAR 3 1 2020

COUNTY AUDITOR CALHOUN COUNTY, TEXAS CK # 000054

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

AMOUNT: $ 22,967.60

G/L NUMBER: 21000013

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG	000054	04/01/20	22,967.60	MMC PROSPERITY OPERATIN
TOTALS:			22,967.60	

golden check

APPROVED
ON

APR 0 1 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 3/30/20

APPROVED ON MAR 3 1 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000010

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

AMOUNT: $ 15,254.10

G/L NUMBER: 21000014

EXPLANATION: GULF POINTE PRIVATE PAY- TO TRANSFER MMC PORTION OF QIPP COMP 1 & 2

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
GPP	000010	04/01/20	15,254.10	MMC PROSPERITY OPERATIN
TOTALS:			15,254.10	

Gulf Pointe Private Pay

APPROVED
ON

APR 01 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **4/1/2020**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1 &2	QIPP COMP 3,4, LAPSE	Yr 2 Adjustment Pmt		TOTAL		Date
Ashford	10000018 - Prosperity	1090	MMC -Prosperity Operating #10000001	21000012	12,815.99				12,815.99		4/1/2020
Broadmoor	10000019 - Prosperity	55	MMC -Prosperity Operating #10000001	21000009	4,605.26				4,605.26		4/1/2020
Crescent	10000020 - Prosperity	85	MMC -Prosperity Operating #10000001	21000010	3,784.84				3,784.84		4/1/2020
Fort Bend	10000021 - Prosperity	82	MMC -Prosperity Operating #10000001	21000008	5,223.95				5,223.95		4/1/2020
Solera	10000022 - Prosperity	1085	MMC -Prosperity Operating #10000001	21000011	4,541.80				4,541.80		4/1/2020
Golden Creek	10000023 - Prosperity	54	MMC -Prosperity Operating #10000001	21000013	22,967.60				22,967.60		4/1/2020
Gulf Pointe-PP	10000114 - Prosperity	10	MMC -Prosperity Operating #10000001	21000014	15,254.10				15,254.10		4/1/2020
Gulf Pointe-MM	10000025 - Prosperity	6	MMC -Prosperity Operating #10000001	21000014					-		
				Total:	69,193.54	-	-	-	69,193.54		

Note:

Approved:
Jason Anglin, CEO 3/30/2020

15,254.10 +
12,815.99 +
4,541.80 +
4,605.26 +
3,784.84 +
5,223.95 +
22,967.60 +
69,193.54 *

APPROVED ON
APR 01 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

87SS

No. 10

88-2265
1131

4-1-20

PAY TO THE ORDER OF MMC Prosperity Operating $ 15,354.10

fifteen thousand two hundred fifty-four dollars 10/100 DOLLARS

PROSPERITY BANK

QIPP P.2

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

1090

88-2265/1131-87

4-1-20 Date

CHECK ARMOR FRAUD PROTECTION

Pay to the Order of MMC Prosperity Operating $ 12,815.99/100

twelve thousand eight hundred fifteen dollars 99/100 Dollars

Photo Safe Deposit® Details on back

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

For QIPP 132

MP

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

1085

88-2265/1131-87

4-1-20 Date

CHECK ARMOR FRAUD PROTECTION

Pay to the Order of MMC Prosperity Operating $ 4,541.89/100

four thousand five hundred forty-one dollars 89/100 Dollars

Photo Safe Deposit® Details on back

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

For QIPP 132

MP

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

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

000085

88-2265/1131

Date 4-1-20

PAY TO THE ORDER OF MMC Prosperity Operating | $ 3784.84

Three thousand seven hundred eighty-four dollars 84/100 **DOLLARS**

PROSPERITY BANK

FOR QIPP 13.2

Security features are included. Details on back.

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

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

000055

88-2265/1131

Date 4-1-20 cc
4-1-20

PAY TO THE ORDER OF MMC Prosperity Operating | $ 4605.20/100

four thousand six hundred five dollars 20/100 **DOLLARS**

PROSPERITY BANK

FOR QIPP 13.2

Security features are included. Details on back.

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

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

000054

88-2265/1131

Date 4-1-20

PAY TO THE ORDER OF MMC Prosperity Operating $ 22,967.40/100

twenty-two thousand nine hundred sixty-seven dollars 40/100 **DOLLARS**

PROSPERITY BANK®

FOR QIPP 137

Security features are included. Details on back.

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

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

000082

88-2265/1131

Date 4-1-20

PAY TO THE ORDER OF MMC Prosperity Operating $ 5,223.95

five thousand two hundred twenty-three dollars 95/100 **DOLLARS**

PROSPERITY BANK®

FOR QIPP 137

Security features are included. Details on back.

Ø

RUN DATE:03/27/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:12 CHECK REGISTER GLCKREG
03/27/20 THRU 03/27/20

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P *	180317	03/27/20	1,640.00CR	.
A/P *	184796	03/27/20	165.00CR	TEXAS DEPARTMENT OF LICENSING
A/P	185105	03/27/20	70.00	TEXAS DEPARTMENT OF LICENSING
A/P	185106	03/27/20	1,640.00	
TOTALS:			95.00CR	

T1880 TEXAS DEPARTMENT OF LICEN
P.O. BOX 12157 AUSTIN, TX 78711-2157

185105

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
10106318	02/18/20	70.00			70.00
CK#185105 replaces CK# 184796 — inv # 10104711 was previously paid					
	TOTALS	70.00	TOTALS		70.00

CHECK NO. 185105
03/27/20

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

185105

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
10106318	02/18/20	70.00			70.00
	TOTALS	70.00	TOTALS		70.00

CHECK NO. 185105

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK
88-2265
1131

185105

T1880 185105
DATE AMOUNT
03/27/20 $70.00

Seventy Dollars and No Cents

PAY TO THE ORDER OF
TEXAS DEPARTMENT OF LICENSING
P.O. BOX 12157
AUSTIN, TX 78711-2157

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

184796

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
10104711	01/21/20	95.00			95.00
10106318	02/18/20	70.00			70.00
CHECK NO. 184796	TOTALS	165.00	TOTALS		165.00

RECEIVED
TDLR MAIL ROOM 52
MAR 16 2020
TOTAL | TYPE

02329738

MEMORIAL
MEDICAL CENTER

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

02329738

PROSPERITY BANK
88-2265
1131

184796

T1880 184796

DATE	AMOUNT
03/11/20	$165.00

One Hundred Sixty-Five Dollars and No Cents

PAY TO THE ORDER OF

TEXAS DEPARTMENT OF LICENSING
P.O. BOX 12157
AUSTIN, TX 78711-2157

VOID

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

TEXAS DEPARTMENT OF LICENSING & REGULATION
Financial Services Division • PO Box 12157 • Austin, Texas 78711 • (512) 463-1052 • Fax (512) 475-2854

03/18/2020

MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA TX 77979

Receipt # 02329738
Check #: 184796

Dear Sir/Madam:

Enclosed please find your submission for a Boiler payment. We are returning this payment for the following reason:

- The amount is incorrect. Please remit $70 for invoice # 10106318.
- Duplicate payment. Invoice # 10104711 has been paid in full on 02/27/2020 with check number ending in 4531.

For questions or concerns please feel free to contact me.

Sincerely,

JODY GAITAN
Texas Department of Licensing and Regulation
Financial Services-Revenue Accountant
Jody.Gaitan@tdlr.texas.gov
512-463-1052

tdlr

TEXAS DEPARTMENT OF LICENSING & REGULATION

Licensing Division • PO Box 12157 • Austin, Texas 78711 • (512) 463-6599 • Fax (512) 475-2871
www.tdlr.texas.gov

Invoice

First Notice

INVOICE #: **INVOICE DATE:** 01/21/2020 **PAYMENT DUE DATE:** 02/20/2020

MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA TX 77979-3025

TX #	EQUIPMENT	FEE	DESCRIPTION	INSPECTION DATE	AMOUNT
	Electric	Boiler Installation Report - First Inspection	MEMORIAL MEDICAL CENTER, 815 N VIRGINIA ST, Port Lavaca, TX 77979	01/09/2020	$25.00
	Electric	Certificate of Operation Fee	MEMORIAL MEDICAL CENTER, 815 N VIRGINIA ST, Port Lavaca, TX 77979	01/09/2020	$70.00

TOTAL FEE: $95.00
AMOUNT RECEIVED: ($95.00)
BALANCE DUE: $0.00

paid in full
2/27/2020
Check #4531

YOU MAY NOW PAY YOUR INVOICE ONLINE USING A CREDIT CARD. We Do Not Accept Payments Over The Phone. Use your internet browser and navigate to https://joportal.com/TX

Retain this portion for your records

Detach and return with payment

INVOICE #: **INVOICE DATE:** 01/21/2020 **INVOICE AMOUNT:** $95.00

0232913

RECEIVED
TDLR MAIL ROOM
MAR 16 2020
TOTAL 165 TYPE DR

Make check payable to and return this portion with remittance to:
TEXAS DEPARTMENT OF LICENSING AND REGULATION
P.O. Box 12157
Austin, Texas 78711-2157

1390177 HADLEY MICHAEL
6203 FM 1090 NORTH PORT LAVACA TX 77979

185106

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
1390177 REFUND FOR	04/10/19	1,640.00			1,640.00
	TOTALS	1,640.00	TOTALS		1,640.00

CK#185106 replaces CK# 180317 — check was stale dated by the time recipient tried to cash it.

CHECK NO. 185106
03/27/20

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

185106

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
1390177 REFUND FOR	04/10/19	1,640.00			1,640.00
	TOTALS	1,640.00	TOTALS		1,640.00

CHECK NO. 185106

MEMORIAL MEDICAL CENTER

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

PROSPERITY BANK
88-2265
1131

185106

1390177 185106
DATE AMOUNT
03/27/20 1,640.00

One Thousand Six Hundred Forty Dollars and No Cents

PAY
TO THE
ORDER
OF

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

180317

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
1390177	04/10/19	1,640.00			1,640.00
		Refund - Blank update			
CHECK NO. 180317	TOTALS	1,640.00	TOTALS		1,640.00

MEMORIAL MEDICAL CENTER

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

PROSPERITY BANK

88-2265
1131

180317

Reissue too old per their bank

1390177 180317

DATE 04/17/19

AMOUNT 1,640.00

One Thousand Six Hundred Forty Dollars and No Cents

PAY
TO THE
ORDER
OF

VOID

COUNTY AUDITOR

CALHOUN COUNTY TREASURER