

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- April 15, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 780,523.21
TOTAL TRANSFERS BETWEEN FUNDS	\$ 120,601.83
TOTAL NURSING HOME UPL EXPENSES	\$ 237,600.22
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED April 15, 2020	\$ 1,138,725.26

APPROVED

APR 15 2020

**CALIFORNIA COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---April 15, 2020

PAYABLES AND PAYROLL

4/13/2020 Weekly Payables	345,552.96
4/13/2020 Citibank Credit Card-see attached	391.43
4/13/2020 Patient Refunds	12,615.13
4/13/2020 Diane Moore-reimbursement of insurance deductions	382.99
4/13/2020 McKesson-340B Prescription Expense	8,717.77
4/13/2020 Amerisource Bergen-340B Prescription Expense	875.21
4/13/2020 Payroll Liabilities -Payroll Taxes	98,174.70
4/13/2020 Payroll	298,815.80
4/13/2020 Payroll Liabilities for supplemental payroll-Payroll Taxes	1,573.54
4/13/2020 Supplemental Payroll	8,777.87

Prosperity Electronic Bank Payments

4/6/2020 Credit Card & Lease Fees	796.48
4/13/2020 Sales Tax for February 2020-late submission	1,804.60
4/20/2020 Sales Tax for March 2020	1,568.94
4/8/2020 Cleargage-Patient Financing Service	66.58
4/6-4/10/2020 Pay Plus-Patient Claims Processing Fee	409.21

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 780,523.21
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TRANSFER BETWEEN FUNDS-NURSING HOMES

4/13/2020 MMC Operating to Broadmoor-correction of NH insurance payment sent to MMC in error	10,075.00
4/13/2020 MMC Operating to The Crescent- correction of NH insurance payment sent to MMC in error	27,565.84
4/13/2020 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment sent to MMC in error	45,827.54
4/13/2020 MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment sent to MMC in error	37,133.45

TOTAL TRANSFERS BETWEEN FUNDS	\$ 120,601.83
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NURSING HOME UPL EXPENSES

4/13/2020 Nursing Home UPI-Cantex Transfer	154,973.28
4/13/2020 Nursing Home UPI-Nexion Transfer	58,170.44
4/13/2020 Nursing Home UPI-HMG Transfer	24,456.50

TOTAL NURSING HOME UPL EXPENSES	\$ 237,600.22
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED April 15, 2020	\$ 1,138,725.26
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04/09/2020
12:43

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 04/22/2020

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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
	20M0051221 ✓		04/08/20	04/06/20	04/06/20			586.52	0.00	0.00	586.52 ✓
	SCHEDULING SERVICES										
	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
	143230 ✓		03/25/20	03/25/20	04/19/20			15.57	0.00	0.00	15.57 ✓
	SUPPLIES										
	143240 ✓		03/30/20	03/25/20	04/19/20			40.97	0.00	0.00	40.97 ✓
	REPAIR										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11283	ACE HARDWARE 15521					56.54	0.00	0.00	56.54
Vendor#	Vendor Name				Class	Pay Code					
11014	ADVANCED COMMUNICATIONS ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	14617 ✓		03/30/20	03/27/20	04/17/20			291.00	0.00	0.00	291.00 ✓
	REPAIR LIGHT ULTRA SOUND										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11014	ADVANCED COMMUNICATIONS					291.00	0.00	0.00	291.00
Vendor#	Vendor Name				Class	Pay Code					
A1705	ALIMED INC. ✓				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	RPSV03331853 ✓		03/30/20	03/26/20	04/10/20			124.49	0.00	0.00	124.49 ✓
	SUPPLIES										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		A1705	ALIMED INC.					124.49	0.00	0.00	124.49
Vendor#	Vendor Name				Class	Pay Code					
10730	AMERICAN COLLEGE OF RADIOLOGY ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	20068920208397 ✓		03/30/20	01/15/20	01/15/20			500.00	0.00	0.00	500.00 ✓
	REGISTRATION										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10730	AMERICAN COLLEGE OF RADIOLOGY					500.00	0.00	0.00	500.00
Vendor#	Vendor Name				Class	Pay Code					
A1360	AMERISOURCEBERGEN DRUG CORP ✓				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	970072282 ✓		04/08/20	04/06/20	04/12/20			145.57	0.00	0.00	145.57 ✓
	INVENTORY										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		A1360	AMERISOURCEBERGEN DRUG CORP					145.57	0.00	0.00	145.57
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
	66185138 ✓		03/30/20	03/24/20	04/18/20			1,935.76	0.00	0.00	1,935.76 ✓

SUPPLIES										
66180597		04/08/20	03/21/20	04/15/20		2,367.50	0.00	0.00	2,367.50	✓
LEASE										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
B1150 BAXTER HEALTHCARE						4,303.26	0.00	0.00	4,303.26	
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	
1280041532		03/30/20	03/26/20	04/06/20		17,366.54	0.00	0.00	17,366.54	✓
SUPPLIES										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
12600 BIOFIRE DIAGNOSTICS LLC						17,366.54	0.00	0.00	17,366.54	
Vendor#	Vendor Name				Class	Pay Code				
10599	BKD, LLP									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
BK01176826		03/30/20	03/20/20	04/16/20		5,720.00	0.00	0.00	5,720.00	✓
PREP 2017 DSH/DY 6 UC REC										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
10599 BKD, LLP						5,720.00	0.00	0.00	5,720.00	
Vendor#	Vendor Name				Class	Pay Code				
11224	CABLES AND SENSORS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
89148		04/08/20	04/02/20	04/02/20		136.00	0.00	0.00	136.00	✓
SUPPLIES										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
11224 CABLES AND SENSORS						136.00	0.00	0.00	136.00	
Vendor#	Vendor Name				Class	Pay Code				
11295	CALHOUN COUNTY INDIGENT ACCOUN									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
040820		04/08/20	04/08/20	04/08/20		120.00	0.00	0.00	120.00	✓
TRANSFER										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
11295 CALHOUN COUNTY INDIGENT ACCOUN						120.00	0.00	0.00	120.00	
Vendor#	Vendor Name				Class	Pay Code				
C1325	CARDINAL HEALTH 414, INC.				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8002185807		03/30/20	03/14/20	04/08/20		221.45	0.00	0.00	221.45	✓
SUPPLIES										
8002191104		03/30/20	03/21/20	04/15/20		460.81	0.00	0.00	460.81	✓
SUPPLIES										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
C1325 CARDINAL HEALTH 414, INC.						682.26	0.00	0.00	682.26	
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	
XFD6887		03/30/20	03/10/20	04/09/20		1,484.32	0.00	0.00	1,484.32	✓
SCANNER (4) canon scanners										
XGL9641		03/31/20	03/17/20	04/16/20		3,655.56	0.00	0.00	3,655.56	✓
BARACUDA (12) Barracuda Email Security										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
C1992 CDW GOVERNMENT, INC.						5,139.88	0.00	0.00	5,139.88	

Vendor#	Vendor Name				Class	Pay Code				
E1270	CENTERPOINT ENERGY ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
033020		03/30/20	03/30/20	03/30/20		31.75	0.00	0.00	31.75 ✓	
	GAS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	E1270	CENTERPOINT ENERGY				31.75	0.00	0.00	31.75	
Vendor#	Vendor Name				Class	Pay Code				
10105	CHRIS KOVAREK ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
36 ✓		03/30/20	04/02/20	04/17/20		240.00	0.00	0.00	240.00 ✓	
	SWINGBED									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10105	CHRIS KOVAREK				240.00	0.00	0.00	240.00	
Vendor#	Vendor Name				Class	Pay Code				
10212	CLINICAL PATHOLOGY LABS ✓				ICP					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2020030 ✓		03/30/20	03/31/20	03/31/20		13,903.35	0.00	0.00	13,903.35 ✓	
	LAB SERVICES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10212	CLINICAL PATHOLOGY LABS				13,903.35	0.00	0.00	13,903.35	
Vendor#	Vendor Name				Class	Pay Code				
11029	COASTAL REFRIGERATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
032020		03/30/20	03/20/20	04/17/20		1,624.80	0.00	0.00	1,624.80 ✓	
	MINI SPLIT AC FOR LAB REPA									
5604698		03/30/20	03/20/20	04/17/20		185.00	0.00	0.00	185.00 ✓	
	INSPECT LENNOX ROOFTOP									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11029	COASTAL REFRIGERATION				1,809.80	0.00	0.00	1,809.80	
Vendor#	Vendor Name				Class	Pay Code				
C2157	COOPER SURGICAL INC ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
5474892 ✓		03/30/20	03/26/20	04/17/20		70.81	0.00	0.00	70.81 ✓	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C2157	COOPER SURGICAL INC				70.81	0.00	0.00	70.81	
Vendor#	Vendor Name				Class	Pay Code				
10006	CUSTOM MEDICAL SPECIALTIES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
266577 ✓		03/30/20	03/30/20	04/06/20		640.68	0.00	0.00	640.68 ✓	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10006	CUSTOM MEDICAL SPECIALTIES				640.68	0.00	0.00	640.68	
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	
23773 ✓		03/30/20	03/20/20	03/20/20		250.00	0.00	0.00	250.00 ✓	
	NUC MED EVAL									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	H0900	D HARRIS CONSULTING LLC				250.00	0.00	0.00	250.00	

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		
6030730 ✓		03/30/20	03/23/20	04/17/20			187.50	0.00	0.00	187.50 ✓		
	SUPPLIES											
6036830 ✓		03/30/20	03/26/20	04/20/20			127.00	0.00	0.00	127.00 ✓		
	CHECK IN SUPPLIES COVID19											
6037260 ✓		03/30/20	03/26/20	04/20/20			156.26	0.00	0.00	156.26 ✓		
	SUPPLIES											
6038480 ✓		03/30/20	03/27/20	04/21/20			53.48	0.00	0.00	53.48 ✓		
	SUPPLIES											
5670170A ✓		04/09/20	03/27/20	04/21/20			-64.12	0.00	0.00	-64.12 ✓		
	CREDIT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10368	DEWITT POTH & SON	460.12	0.00	0.00	460.12
Vendor#	Vendor Name	Class	Pay Code									
10789	DISCOVERY MEDICAL NETWORK INC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
MMC033120 ✓		03/30/20	03/31/20	03/31/20			151,432.46	0.00	0.00	151,432.46 ✓		
	PRO FEES (March 15-31, 2020)											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10789	DISCOVERY MEDICAL NETWORK INC	151,432.46	0.00	0.00	151,432.46
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		
1430270303312020 ✓		03/30/20	03/31/20	04/22/20			182.50	0.00	0.00	182.50 ✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12040	DRIESSEN WATER INC.	182.50	0.00	0.00	182.50
Vendor#	Vendor Name	Class	Pay Code									
E0500	EAGLE FIRE & SAFETY INC ✓	M										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
78231 ✓		03/30/20	03/23/20	03/23/20			280.00	0.00	0.00	280.00 ✓		
	VENT A HOOD CLEANING											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							E0500	EAGLE FIRE & SAFETY INC	280.00	0.00	0.00	280.00
Vendor#	Vendor Name	Class	Pay Code									
10689	FASTHEALTH CORPORATION ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
04A20MMC ✓		04/08/20	04/01/20	04/16/20			495.00	0.00	0.00	495.00 ✓		
	WEBSITE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10689	FASTHEALTH CORPORATION	495.00	0.00	0.00	495.00
Vendor#	Vendor Name	Class	Pay Code									
F1100	FEDERAL EXPRESS CORP. ✓	W										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
696268010 ✓		03/30/20	03/19/20	04/13/20			42.41	0.00	0.00	42.41 ✓		
	SHIPPING											
696871505 ✓		03/30/20	03/26/20	04/20/20			173.53	0.00	0.00	173.53 ✓		
	SHIPPING											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net

	F1100	FEDERAL EXPRESS CORP.					215.94	0.00	0.00	215.94	
Vendor#	Vendor Name				Class	Pay Code					
10788	FIRETROL PROTECTION SYSTEMS ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	100647045 ✓		03/30/20	03/30/20	04/09/20		3,075.00	0.00	0.00	3,075.00	✓
		5 YR FDC TEST									
	100647037 ✓		03/30/20	03/30/20	04/09/20		1,315.34	0.00	0.00	1,315.34	✓
		FIRE ALARM DOORS									
	100647036 ✓		03/30/20	03/30/20	04/17/20		1,930.00	0.00	0.00	1,930.00	✓
		5 YEAR MAINT									
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
			10788	FIRETROL PROTECTION SYSTEMS			6,320.34	0.00	0.00	6,320.34	
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	
	5163698 ✓		03/30/20	03/16/20	04/10/20		236.50	0.00	0.00	236.50	✓
		SUPPLIES									
	5240508 ✓		03/30/20	03/17/20	04/11/20		194.42	0.00	0.00	194.42	✓
		SUPPLIES									
	5462335 ✓		03/30/20	03/19/20	04/13/20		18,495.19	0.00	0.00	18,495.19	✓
		SUPPLIES									
	5462338 ✓		03/30/20	03/19/20	04/17/20		717.65	0.00	0.00	717.65	✓
		SUPPLIES									
	5543458 ✓		03/30/20	03/20/20	04/14/20		36.82	0.00	0.00	36.82	✓
		SUPPLIES									
	5984397 ✓		03/30/20	03/26/20	04/20/20		886.64	0.00	0.00	886.64	✓
		SUPPLIES									
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
			F1400	FISHER HEALTHCARE			20,567.22	0.00	0.00	20,567.22	
Vendor#	Vendor Name				Class	Pay Code					
13148	GRACE FLOORING AND GLASS ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	040220		03/30/20	04/02/20	04/02/20		388.00	0.00	0.00	388.00	✓
		REPAIR COUNTER CLINIC									
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
			13148	GRACE FLOORING AND GLASS			388.00	0.00	0.00	388.00	
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	
	183270903 ✓		03/30/20	03/17/20	04/16/20		780.03	0.00	0.00	780.03	✓
		SUPPLIES									
	1833042 ✓		03/30/20	03/17/20	04/16/20		52.12	0.00	0.00	52.12	✓
		SUPPLIES									
	1833044 ✓		03/30/20	03/17/20	04/16/20		104.24	0.00	0.00	104.24	✓
		SUPPLIES									
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
			G1210	GULF COAST PAPER COMPANY			936.39	0.00	0.00	936.39	
Vendor#	Vendor Name				Class	Pay Code					
10334	HEALTH CARE LOGISTICS INC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	307523392 ✓		03/30/20	03/23/20	04/17/20		66.48	0.00	0.00	66.48	✓

SUPPLIES

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10334	HEALTH CARE LOGISTICS INC	66.48	0.00	0.00	66.48		
Vendor#	Vendor Name			Class	Pay Code				
11108	ITERSOURCE CORPORATION								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
711189		03/30/20	04/01/20	04/16/20		250.00	0.00	0.00	250.00

SUPPORT SERVICES

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11108	ITERSOURCE CORPORATION	250.00	0.00	0.00	250.00		
Vendor#	Vendor Name		Class	Pay Code					
J0150	J & J HEALTH CARE SYSTEMS, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
922324236		03/30/20	03/18/20	04/17/20		540.17	0.00	0.00	540.17

SUPPLIES

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		J0150	J & J HEALTH CARE SYSTEMS, INC	540.17	0.00	0.00	540.17		
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
88363803		03/30/20	03/16/20	04/15/20		139.93	0.00	0.00	139.93

SUPPLIES

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		M2178	MCKESSON MEDICAL SURGICAL INC		139.93	0.00	0.00	139.93	
Vendor#	Vendor Name		Class	Pay Code					
10613	MEDIMPACT HEALTHCARE SYS, INC.		A/P						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040620		04/07/20	04/06/20	04/06/20		64.17	0.00	0.00	64.17

INDIGENT CARE

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		10613	MEDIMPACT HEALTHCARE SYS, INC.			64.17	0.00	0.00	64.17	
Vendor#	Vendor Name			Class	Pay Code					
M2827	MEDIVATORS			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	90479243		03/30/20	03/31/20	04/06/20		408.31	0.00	0.00	408.31

SUPPLIES

Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net
		M2827	MEDIVATORS			408.31	0.00	0.00	408.31
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
1903708871	✓	03/18/20	03/06/20	03/31/20		67.92	0.00	0.00	67.92

SUPPLIES

1903708859		03/24/20	03/06/20	03/31/20		307.20	0.00	0.00	307.20
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SUPPLIES

1904140925		03/30/20	03/11/20	04/05/20		400.89	0.00	0.00	400.89
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SUPPLIES

1904140927		03/30/20	03/11/20	04/05/20		256.74	0.00	0.00	256.74
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SUPPLIES

1904140926		03/30/20	03/11/20	04/05/20		9.37	0.00	0.00	9.37
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SUPPLIES

1904414582	✓ SUPPLIES	03/30/20 03/13/20 04/07/20	115.86	0.00	0.00	115.86	✓
1904414590	✓ SUPPLIES	03/30/20 03/13/20 04/07/20	1,480.32	0.00	0.00	1,480.32	✓
19044415801	✓ SUPPLIES	03/30/20 03/13/20 04/07/20	26.05	0.00	0.00	26.05	✓
1904414599	✓ SUPPLIES	03/30/20 03/13/20 04/07/20	171.16	0.00	0.00	171.16	✓
1904675245	✓ SUPPLIES	03/30/20 03/16/20 04/10/20	53.73	0.00	0.00	53.73	✓
1904746647	✓ SUPPLIES	03/30/20 03/17/20 04/11/20	167.50	0.00	0.00	167.50	✓
1904746649	✓ SUPPLIES	03/30/20 03/17/20 04/11/20	4.59	0.00	0.00	4.59	✓
1904746650	✓ SUPPLIES	03/30/20 03/17/20 04/11/20	146.39	0.00	0.00	146.39	✓
1904857203	✓ SUPPLIES	03/30/20 03/18/20 04/12/20	77.06	0.00	0.00	77.06	✓
1904857221	✓ SUPPLIES	03/30/20 03/18/20 04/12/20	3,341.76	0.00	0.00	3,341.76	✓
1904856091	✓ SUPPLIES	03/30/20 03/18/20 04/12/20	81.99	0.00	0.00	81.99	✓
1904856096	✓ SUPPLIES	03/30/20 03/18/20 04/12/20	146.78	0.00	0.00	146.78	✓
1904856094	✓ SUPPLIES	03/30/20 03/18/20 04/12/20	510.25	0.00	0.00	510.25	✓
1904856099	✓ SUPPLIES	03/30/20 03/18/20 04/12/20	586.36	0.00	0.00	586.36	✓
1904856097	✓ SUPPLIES	03/30/20 03/18/20 04/12/20	568.55	0.00	0.00	568.55	✓
1904857207	✓ SUPPLIES	03/30/20 03/18/20 04/12/20	1,131.94	0.00	0.00	1,131.94	✓
1904857222	✓ SUPPLIES	03/30/20 03/18/20 04/12/20	338.87	0.00	0.00	338.87	✓
1904857201	✓ SUPPLIES	03/30/20 03/18/20 04/12/20	229.78	0.00	0.00	229.78	✓
1904857202	✓ SUPPLIES	03/30/20 03/18/20 04/12/20	88.34	0.00	0.00	88.34	✓
1904857205	✓ SUPPLIES	03/30/20 03/18/20 04/12/20	46.90	0.00	0.00	46.90	✓
1905036832	✓ SUPPLIES	03/30/20 03/19/20 04/13/20	77.24	0.00	0.00	77.24	✓
1905036835	✓ SUPPLIES	03/30/20 03/19/20 04/13/20	314.92	0.00	0.00	314.92	✓
1905036831	✓ SUPPLIES	03/30/20 03/19/20 04/13/20	97.62	0.00	0.00	97.62	✓
1905036834	✓ SUPPLIES	03/30/20 03/19/20 04/13/20	265.88	0.00	0.00	265.88	✓
1905197126	✓ SUPPLIES	03/30/20 03/20/20 04/14/20	350.88	0.00	0.00	350.88	✓
1905197134	✓	03/30/20 03/20/20 04/14/20	3,226.87	0.00	0.00	3,226.87	✓

		SUPPLIES										
1905575770	✓		03/30/20	03/24/20	04/18/20		350.62	0.00	0.00	350.62	✓	
		SUPPLIES										
1905575760	✓		03/30/20	03/24/20	04/18/20		71.88	0.00	0.00	71.88	✓	
		SUPPLIES										
1905575758	✓		03/30/20	03/24/20	04/18/20		202.59	0.00	0.00	202.59	✓	
		SUPPLIES										
1905575764	✓		03/30/20	03/24/20	04/18/20		12.35	0.00	0.00	12.35	✓	
		SUPPLIES										
1905575763	✓		03/30/20	03/24/20	04/18/20		99.00	0.00	0.00	99.00	✓	
		SUPPLIES										
1905575765	✓		03/30/20	03/24/20	04/18/20		172.45	0.00	0.00	172.45	✓	
		SUPPLIES										
1905575766	✓		03/30/20	03/24/20	04/18/20		217.44	0.00	0.00	217.44	✓	
		SUPPLIES										
1905575762	✓		03/30/20	03/24/20	04/18/20		104.32	0.00	0.00	104.32	✓	
		SUPPLIES										
1905626136	✓		03/30/20	03/24/20	04/18/20		19.96	0.00	0.00	19.96	✓	
		SUPPLIES										
1905575759	✓		03/30/20	03/24/20	04/18/20		406.54	0.00	0.00	406.54	✓	
		SUPPLIES										
1905575767	✓		03/30/20	03/24/20	04/18/20		3.91	0.00	0.00	3.91	✓	
		SUPPLIES										
1905632105	✓		03/30/20	03/25/20	04/19/20		23.94	0.00	0.00	23.94	✓	
		SUPPLIES										
1905632104	✓		03/30/20	03/25/20	04/19/20		265.88	0.00	0.00	265.88	✓	
		SUPPLIES										
1902553990	✓		04/07/20	02/25/20	03/21/20		1,486.85	0.00	0.00	1,486.85	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2470	MEDLINE INDUSTRIES INC	18,127.44	0.00	0.00	18,127.44
Vendor#	Vendor Name		Class		Pay Code							
M2659	MERRY X-RAY/SOURCEONE HEALTHCA		M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
8800591254	✓	03/18/20	02/27/20	03/28/20			658.53	0.00	0.00	658.53	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2659	MERRY X-RAY/SOURCEONE HEALTHCA	658.53	0.00	0.00	658.53
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		
4784915	✓	03/30/20	04/25/20	04/06/20			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							
11976	MID-COAST ELECTRIC SUPPLY, INC		M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
1894701-00	✓	03/31/20	03/20/20	04/19/20			97.40	0.00	0.00	97.40	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net

	11976	MID-COAST ELECTRIC SUPPLY, INC				97.40	0.00	0.00	97.40	
Vendor#	Vendor Name				Class	Pay Code				
M2662	MMC VOLUNTEERS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	395172		03/30/20	04/06/20	04/06/20		112.83	0.00	0.00	112.83
	CC MACHINE									
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
	M2662 MMC VOLUNTEERS						112.83	0.00	0.00	112.83
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
	481032	CR	03/30/20	03/31/20	04/10/20		-58.77	0.00	0.00	-58.77
	CREDIT									
	5434931		03/30/20	03/31/20	04/10/20		697.47	0.00	0.00	697.47
	INVENTORY									
	5434932		03/30/20	03/31/20	04/10/20		180.20	0.00	0.00	180.20
	INVENTORY									
	5434930		03/30/20	03/31/20	04/10/20		487.63	0.00	0.00	487.63
	INVENTORY									
	5437733		04/08/20	04/01/20	04/11/20		188.85	0.00	0.00	188.85
	INVENTORY									
	5437731		04/08/20	04/01/20	04/11/20		486.63	0.00	0.00	486.63
	INVENTORY									
	5440276		04/08/20	04/01/20	04/11/20		2,517.29	0.00	0.00	2,517.29
	INVENTORY									
	5437729		04/08/20	04/01/20	04/11/20		9.65	0.00	0.00	9.65
	INVENTORY									
	5440274		04/08/20	04/01/20	04/11/20		188.81	0.00	0.00	188.81
	INVENTORY									
	5437732		04/08/20	04/01/20	04/11/20		142.25	0.00	0.00	142.25
	INVENTORY									
	5440406		04/08/20	04/01/20	04/11/20		34.48	0.00	0.00	34.48
	INVENTORY									
	5440083		04/08/20	04/01/20	04/11/20		9.42	0.00	0.00	9.42
	INVENTORY									
	5437734		04/08/20	04/01/20	04/11/20		376.35	0.00	0.00	376.35
	INVENTORY									
	5440275		04/08/20	04/01/20	04/11/20		425.65	0.00	0.00	425.65
	INVENTORY									
	5447239		04/08/20	04/02/20	04/12/20		525.98	0.00	0.00	525.98
	INVENTORY									
	5446674		04/08/20	04/02/20	04/12/20		638.26	0.00	0.00	638.26
	INVENTORY									
	5446675		04/08/20	04/02/20	04/12/20		232.93	0.00	0.00	232.93
	INVENTORY									
	5443816		04/08/20	04/02/20	04/12/20		178.69	0.00	0.00	178.69
	INVENTORY									
	5447238		04/08/20	04/02/20	04/12/20		53.58	0.00	0.00	53.58
	INVENTORY									
	5446676		04/08/20	04/02/20	04/12/20		12.99	0.00	0.00	12.99
	INVENTORY									

5446673	✓	04/08/20 04/02/20 04/12/20	41.49	0.00	0.00	41.49	✓
		INVENTORY					
5449693	✓	04/08/20 04/03/20 04/13/20	74.88	0.00	0.00	74.88	✓
		INVENTORY					
5452395	✓	04/08/20 04/03/20 04/13/20	22.47	0.00	0.00	22.47	✓
		INVENTORY					
5449691	✓	04/08/20 04/03/20 04/13/20	40.45	0.00	0.00	40.45	✓
		INVENTORY					
5452396	✓	04/08/20 04/03/20 04/13/20	658.74	0.00	0.00	658.74	✓
		INVENTORY					
5452453	✓	04/08/20 04/03/20 04/13/20	285.44	0.00	0.00	285.44	✓
		INVENTORY					
5449692	✓	04/08/20 04/03/20 04/13/20	124.68	0.00	0.00	124.68	✓
		INVENTORY					
5462395	✓	04/08/20 04/06/20 04/16/20	12.38	0.00	0.00	12.38	✓
		INVENTORY					
5457733	✓	04/08/20 04/06/20 04/16/20	1,148.97	0.00	0.00	1,148.97	✓
		INVENTORY					
5458166	✓	04/08/20 04/06/20 04/16/20	161.81	0.00	0.00	161.81	✓
		INVENTORY					
5458167	✓	04/08/20 04/06/20 04/16/20	699.59	0.00	0.00	699.59	✓
		INVENTORY					
5458168	✓	04/08/20 04/06/20 04/16/20	103.21	0.00	0.00	103.21	✓
		INVENTORY					
5460143	✓	04/08/20 04/06/20 04/16/20	1,984.95	0.00	0.00	1,984.95	✓
		INVENTORY					
5458165	✓	04/08/20 04/06/20 04/16/20	40.45	0.00	0.00	40.45	✓
		INVENTORY					
5462394	✓	04/08/20 04/06/20 04/16/20	2,030.63	0.00	0.00	2,030.63	✓
		INVENTORY					
5458162	✓	04/08/20 04/06/20 04/16/20	12.52	0.00	0.00	12.52	✓
		INVENTORY					
5464191	✓	04/08/20 04/07/20 04/17/20	14.44	0.00	0.00	14.44	✓
		INVENTORY					
5464198	✓	04/08/20 04/07/20 04/17/20	188.85	0.00	0.00	188.85	✓
		INVENTORY					
5467957	✓	04/08/20 04/07/20 04/17/20	15.89	0.00	0.00	15.89	✓
		INVENTORY					
5464199	✓	04/08/20 04/07/20 04/17/20	321.20	0.00	0.00	321.20	✓
		INVENTORY					
5464190	✓	04/08/20 04/07/20 04/17/20	23.17	0.00	0.00	23.17	✓
		INVENTORY					
5464197	✓	04/08/20 04/07/20 04/17/20	153.05	0.00	0.00	153.05	✓
		INVENTORY					
5464201	✓	04/08/20 04/07/20 04/17/20	101.33	0.00	0.00	101.33	✓
		INVENTORY					
5464203	✓	04/08/20 04/07/20 04/17/20	94.11	0.00	0.00	94.11	✓
		INVENTORY					
5464195	✓	04/08/20 04/07/20 04/17/20	40.45	0.00	0.00	40.45	✓
		INVENTORY					
5464200	✓	04/08/20 04/07/20 04/17/20	20.27	0.00	0.00	20.27	✓

INVENTORY										
5464202	✓		04/08/20	04/07/20	04/17/20		1,136.36	0.00	0.00	1,136.36 ✓
INVENTORY										
5464192	✓		04/08/20	04/07/20	04/17/20		6.27	0.00	0.00	6.27 ✓
INVENTORY										
5464196	✓		04/08/20	04/07/20	04/17/20		777.36	0.00	0.00	777.36 ✓
INVENTORY										
5464194	✓		04/08/20	04/07/20	04/17/20		202.26	0.00	0.00	202.26 ✓
INVENTORY										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
10536 MORRIS & DICKSON CO, LLC							17,866.01	0.00	0.00	17,866.01
Vendor#	Vendor Name				Class	Pay Code				
10868	NOVA BIOMEDICAL ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
90715495	✓	04/08/20	04/06/20	04/06/20		4,748.01	0.00	0.00	4,748.01	✓
SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
10868 NOVA BIOMEDICAL							4,748.01	0.00	0.00	4,748.01
Vendor#	Vendor Name				Class	Pay Code				
O0920	OFFICE DEPOT ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
456191817001	✓	03/30/20	03/11/20	04/06/20		71.24	0.00	0.00	71.24	✓
SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
O0920 OFFICE DEPOT							71.24	0.00	0.00	71.24
Vendor#	Vendor Name				Class	Pay Code				
P1800	PITNEY BOWES INC ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1015210659	✓	03/30/20	03/11/20	04/17/20		223.92	0.00	0.00	223.92	✓
SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
P1800 PITNEY BOWES INC							223.92	0.00	0.00	223.92
Vendor#	Vendor Name				Class	Pay Code				
P2200	POWER HARDWARE ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
A61604		03/30/20	04/06/20	04/16/20		33.85	0.00	0.00	33.85	✓
SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
P2200 POWER HARDWARE							33.85	0.00	0.00	33.85
Vendor#	Vendor Name				Class	Pay Code				
P1725	PREMIER SLEEP DISORDERS CENTER ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
93	✓	03/30/20	04/07/20	04/22/20		6,225.00	0.00	0.00	6,225.00	✓
SLEEP STUDIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
P1725 PREMIER SLEEP DISORDERS CENTER							6,225.00	0.00	0.00	6,225.00
Vendor#	Vendor Name				Class	Pay Code				
13192	R & A ELECTRIC LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1040	✓	03/30/20	03/29/20	04/17/20		940.00	0.00	0.00	940.00	✓

trench 100 ft. from existing box to lighted sign not working

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		13192	R & A ELECTRIC LLC				940.00	0.00	0.00	940.00
Vendor#	Vendor Name			Class	Pay Code					
11080	RADSOURCE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SC60303		04/07/20	02/12/20	03/08/20			1,667.00	0.00	0.00	1,667.00
RADIOLOGY SERVICES										
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					
11164	RS CLARK & ASSOCIATES, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20200229		03/30/20	02/29/20	04/16/20			378.56	0.00	0.00	378.56
COLLECTIONS										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		11164	RS CLARK & ASSOCIATES, INC				378.56	0.00	0.00	378.56
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
115877976		03/31/20	03/16/20	04/16/20			2,193.83	0.00	0.00	2,193.83
MAINT CONTRACT										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10936	SIEMENS FINANCIAL SERVICES				2,193.83	0.00	0.00	2,193.83
Vendor#	Vendor Name			Class	Pay Code					
10699	SIGN AD, LTD.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
248990		04/08/20	04/01/20	04/11/20			400.00	0.00	0.00	400.00
AD										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10699	SIGN AD, LTD.				400.00	0.00	0.00	400.00
Vendor#	Vendor Name			Class	Pay Code					
10195	SINGLETON ASSOCIATES PA			ICP						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8812		04/08/20	08/09/20	08/09/20			9.13	0.00	0.00	9.13
CONTRACT BILLING										
8919		04/08/20	10/08/20	10/08/20			420.25	0.00	0.00	420.25
CONTRACT BILLING										
8729		04/08/20	10/08/20	10/08/20			235.71	0.00	0.00	235.71
CONTRACT BILLING										
8635		04/08/20	10/09/20	10/09/20			217.00	0.00	0.00	217.00
CONTRACT BILLING										
8920		04/08/20	11/25/20	11/25/20			2,165.83	0.00	0.00	2,165.83
CONTRACT BILLING										
8636		04/08/20	11/26/20	11/26/20			269.13	0.00	0.00	269.13
CONTRACT BILLING										
8730		04/08/20	11/27/20	11/27/20			140.08	0.00	0.00	140.08
CONTRACT BILLING										
8922		04/08/20	01/07/20	01/07/20			1,260.75	0.00	0.00	1,260.75
CONTRACT BILLING										
8921		04/08/20	01/07/20	01/07/20			2,521.50	0.00	0.00	2,521.50
CONTRACT BILLING										

8813	✓	04/08/20 01/07/20 01/07/20	9.13	0.00	0.00	9.13	✓				
		CONTRACT BILLING									
8731	✓	04/08/20 01/08/20 01/08/20	133.54	0.00	0.00	133.54	✓				
		CONTRACT BILLING									
8732	✓	04/08/20 01/09/20 01/09/20	188.31	0.00	0.00	188.31	✓				
		CONTRACT BILLING									
8923	✓	04/08/20 04/01/20 04/01/20	2,173.50	0.00	0.00	2,173.50	✓				
		CONTRACT BILLING									
9031	✓	04/08/20 04/01/20 04/01/20	3,250.46	0.00	0.00	3,250.46	✓				
		CONTRAT BILLING									
8640	✓	04/08/20 04/01/20 04/01/20	282.10	0.00	0.00	282.10	✓				
		CONTRACT BILLING									
12810	✓	04/08/20 04/01/20 04/01/20	10.91	0.00	0.00	10.91	✓				
		CONTRACT BILLING									
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net			
		10195		SINGLETON ASSOCIATES PA	13,287.33	0.00	0.00	13,287.33			
Vendor#	Vendor Name			Class	Pay Code						
S2270	SMILE MAKERS ✓			M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
8805766	✓	03/30/20	03/23/20	04/17/20			154.98	0.00	0.00	154.98	✓
	SUPPLIES										
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net			
		S2270		SMILE MAKERS	154.98	0.00	0.00	154.98			
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	
9200127973	✓	03/30/20	03/25/20	04/06/20			1,460.72	0.00	0.00	1,460.72	✓
	SUPPLIES										
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net			
		S2830		STRYKER SALES CORP	1,460.72	0.00	0.00	1,460.72			
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	
36856	✓	03/31/20	03/20/20	04/19/20			104.50	0.00	0.00	104.50	✓
	SUPPLIES										
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net			
		13168		SWINGING ON A STAR, INC	104.50	0.00	0.00	104.50			
Vendor#	Vendor Name			Class	Pay Code						
11038	THE INLINE GROUP ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
40631	✓	03/30/20	03/19/20	04/03/20			2,500.00	0.00	0.00	2,500.00	✓
	CANIDATE SOURCING										
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net			
		11038		THE INLINE GROUP	2,500.00	0.00	0.00	2,500.00			
Vendor#	Vendor Name			Class	Pay Code						
T3130	TRI-ANIM HEALTH SERVICES INC ✓			M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
64040335	✓	03/30/20	03/26/20	04/20/20			296.09	0.00	0.00	296.09	✓
	SUPPLIES										
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net			
		T3130		TRI-ANIM HEALTH SERVICES INC	296.09	0.00	0.00	296.09			

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
	8400327019	LAUNDRY	03/31/20	03/23/20	04/17/20		61.48	0.00	0.00	61.48
	8400327045	LAUNDRY	03/31/20	03/23/20	04/17/20		3,475.04	0.00	0.00	3,475.04
	8400327018	LAUNDRY	03/31/20	03/23/20	04/17/20		47.15	0.00	0.00	47.15
	8400327412	LAUNDRY	03/31/20	03/26/20	04/20/20		991.80	0.00	0.00	991.80
	8400327396	LAUNDRY	03/31/20	03/26/20	04/20/20		81.67	0.00	0.00	81.67
	8400327378	LAUNDRY	03/31/20	03/26/20	04/20/20		196.59	0.00	0.00	196.59
	8400327437	LAUNDRY	03/31/20	03/26/20	04/20/20		44.20	0.00	0.00	44.20
	8400327377	LAUNDRY	03/31/20	03/26/20	04/20/20		160.51	0.00	0.00	160.51
	8400327376	LAUNDRY	03/31/20	03/26/20	04/20/20		131.55	0.00	0.00	131.55
	8400327374	LAUNDRY	03/31/20	03/26/20	04/20/20		18.62	0.00	0.00	18.62
	8400327379	LAUNDRY	03/31/20	03/26/20	04/20/20		175.83	0.00	0.00	175.83
Vendor Totals							Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS					5,384.44	0.00	0.00	5,384.44
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
	0806898	CREDIT ORG INV 10545662	03/30/20	03/20/20	04/16/20		-16.00	0.00	0.00	-16.00
	10751377	VANESSA GUARDIOLA	03/30/20	03/26/20	04/10/20		78.16	0.00	0.00	78.16
	10759270	VANESSA GUARDIOLA	03/30/20	03/27/20	04/11/20		11.97	0.00	0.00	11.97
Vendor Totals							Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE					74.13	0.00	0.00	74.13
Vendor#	Vendor Name				Class	Pay Code				
12400	UPDOX LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INV00150230	FAXING	03/30/20	03/31/20	03/31/20		3,139.00	0.00	0.00	3,139.00
Vendor Totals							Gross	Discount	No-Pay	Net
	12400	UPDOX LLC					3,139.00	0.00	0.00	3,139.00
Vendor#	Vendor Name				Class	Pay Code				
U1350	UPS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	032120	SHIPPING	03/30/20	03/21/20	04/17/20		165.38	0.00	0.00	165.38
Vendor Totals							Gross	Discount	No-Pay	Net

	U1350	UPS					165.38	0.00	0.00	165.38
Vendor#	Vendor Name				Class	Pay Code				
U2000	US POSTAL SERVICE ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	040820		04/09/20	04/08/20	04/08/20		2,200.00	0.00	0.00	2,200.00
	POSTAGE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U2000	US POSTAL SERVICE				2,200.00	0.00	0.00	2,200.00
Vendor#	Vendor Name				Class	Pay Code				
11280	VICTORIA ADVOCATE ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	I007118430326 ✓		03/30/20	03/31/20	03/31/20		729.31	0.00	0.00	729.31
	JOB POSTING									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11280	VICTORIA ADVOCATE				729.31	0.00	0.00	729.31
Vendor#	Vendor Name				Class	Pay Code				
V1058	VICTORIA ANESTHESIOLOGY ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	040320		03/30/20	04/03/20	04/17/20		25,977.92	0.00	0.00	25,977.92
	ANESTHESA									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1058	VICTORIA ANESTHESIOLOGY				25,977.92	0.00	0.00	25,977.92
Vendor#	Vendor Name				Class	Pay Code				
V1471	VICTORIA RADIOWORKS, LTD ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20030161 ✓		03/30/20	03/31/20	03/31/20		280.00	0.00	0.00	280.00
		AD								
	20030160 ✓		03/30/20	03/31/20	03/31/20		280.00	0.00	0.00	280.00
		AD								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1471	VICTORIA RADIOWORKS, LTD				560.00	0.00	0.00	560.00
Vendor#	Vendor Name				Class	Pay Code				
12208	WAGeworks ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	INV1996805 ✓		03/17/20	03/16/20	04/16/20		617.00	0.00	0.00	617.00
	ADMIN/COMPLIANCE FEE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12208	WAGeworks				617.00	0.00	0.00	617.00
Report Summary										
Grand Totals:			Gross		Discount		No-Pay		Net	
			345,552.96		0.00		0.00		345,552.96	

APPROVED
ON
APR 13 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 185341-
185417



0556709800364699700000000000000031

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
	04/28/2020	\$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

04/03/2020

Payment Date

04/28/2020

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

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*****					
03/05/2020	03/09/2020	55310200066036006799514	HILTON WACO 679951	9726929706 TX Arrival: 03-03-20	\$319.70 ✓
03/06/2020	03/09/2020	05134370067600038139657	NPDB NPDB.HRSA.GOV N67786200	800-767-6732 VA	\$30.00 ✓
03/11/2020	03/11/2020	55432860071200954775465	EMERGENCY MANAGEMENT R 0000000000000000	972-235-8330 TX	\$50.00 ✓
03/12/2020	03/13/2020	55488720072091273001495	TXDPS CRIME RECS	5124242936 TX	\$153.63 ✓
03/23/2020	03/24/2020	55429500083852181573007	NARHC	8663061961 MI	\$200.00 CR ✓
03/26/2020	03/27/2020	55429500086852310556987	WESTFLORIDA 31055698	8663422003 FL	\$7.10 ✓
04/02/2020	04/03/2020	55429500093637215868426	SP STETHOBARRIER	9196328916 NC	\$31.00 ✓
*****TOTAL AMOUNT OF MEMO ITEM(S):					\$391.43

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.

ACCOUNT SUMMARY CURRENT PERIOD		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Purchases		\$0.00					\$0.00
Advances		\$0.00					\$0.00
TOTALS		\$0.00					\$0.00
DAYS IN BILLING PERIOD: 031			Purchases	Cash Advances	Payment Due: \$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

APR 13 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 4/8/2020

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	—		Hilton Waco - Hotel for			319.70
2			Jason Anglin - THIE Hot	3/4 - 3/5/2020		
3			Topics Forum			
4	—		NPDB - 15 Renewals	2.00		30.00
5	—		Emergency Mgmt. ~~Registration~~			50.00
6			PALS E-cards - Trauma			
7	—		TXDPS Crime Recs - Credits (50)			153.63
8	—		(HR + Admin) Background checks			
9	—	originally 475.00 - was voided	NARTE - Partial Credit for Danette Bethany's Spring Institute conference dated 3/18-3/20/2020. Canceled but signed up for Spring Virtual conference instead @ 295.00			<700.00>
10	—	difference	West Florida - PC Power Entry Module			7.10
			Stethoscope - Disposable			
Est. Freight			Est. Total Cost	31.00		553.33
TOTAL COST						391.43

NOTES:

Charges made to Jason's credit card

391.43

319.70 +

30.00 +

50.00 +

153.63 +

200.00 -

7.10 +

31.00 +

391.43 *

Contact:

Date:

Quoted By:

Buyer:

E.T.A.

Dept. Director

Dir. Nursing

Adm. Dir. Clinical Service

CFO

Administrator

[Signature]



0556709000527279900391430039143034

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
!	04/28/2020	✓ \$391.43	\$391.43	

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.

Confirmation # DNR-00219820

CITIBANK CORPORATE CARD

Statement Date
04/03/2020

Payment Date
04/28/2020

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
\$30,000.00	\$29,608.57	\$0.00	\$0.00

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	\$6,152.04	- \$6,152.04	- \$200.00	\$591.43		\$391.43
	Advances						
	TOTAL	\$6,152.04	- \$6,152.04	- \$200.00	\$591.43		\$391.43

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.

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

CARDMEMBER SUMMARY

		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit: \$20,000.00	Purchases				\$591.43		
	Advances						
	TOTAL			- \$200.00	\$591.43		\$391.43

COMPANY BOOKKEEPING DETAIL

C0001 CALHOUN COUNTY MMC				
Monthly Limit	Cash Limit*	Available Credit Line	Available Cash Line**	
\$30,000.00	\$0.00	\$29,608.57	\$0.00	
Sale Date	Post Date	Reference Number	Type of Activity	Total Amount
03/26/2020	03/26/2020	75472330086086411000142	PAYMENT THANK YOU	\$6,152.04 PY

DAYS IN BILLING PERIOD:		031			
Balance Subject			Purchases	Cash Advances	Payment Due: \$391.43
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: \$391.43



Company Account Number

Statement Date
04/03/2020

INDIVIDUAL CARDHOLDER ACTIVITY

JASON W ANGLIN

Monthly Limit

Cash Limit*

\$20,000.00

\$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
03/05/2020	03/09/2020	55310200066036006799514	HILTON WACO 9726929706 TX 679951 Arrival: 03-03-20	\$319.70
03/06/2020	03/09/2020	05134370067600038139657	NPDB NPDB.HRSA.GOV 800-767-6732 VA N67786200	\$30.00
03/11/2020	03/11/2020	55432860071200954775465	EMERGENCY MANAGEMENT R 972-235-8330 TX 000000000000000000	\$50.00
03/12/2020	03/13/2020	55488720072091273001495	TXDPS CRIME RECS 5124242936 TX	\$153.63
03/23/2020	03/24/2020	55429500083852181573007	NARHC 8663061961 MI	\$200.00 CR
03/26/2020	03/27/2020	55429500086852310556987	WESTFLORIDA 8663422003 FL 31055698	\$7.10
04/02/2020	04/03/2020	55429500093637215868426	SP STETHOBARRIER 9196328916 NC	\$31.00
TOTAL PURCHASES/ADVANCES/CREDITS				\$391.43

APPROVED
ON

APR 13 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

Rhonda Kokena

From: prosperitybank@olbanking.com (Prosperity Bank) <prosperitybank@olbanking.com>
Sent: Thursday, April 23, 2020 8:51 AM
To: rhonda.kokena@calhouncotx.org
Subject: Prosperity: Wire Transfer Status Change

Domestic Wire Notification



Report Date/Time 04/23/20 08:45:03 CDT

This transaction has been transmitted to the bank.

Transaction Number:

Amount: \$391.43

Beneficiary Name: CBNA INCOMING SETTLEMENT ACCOUNT

Status: Delivered

RUN DATE: 04/09/20
TIME: 15:02

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
-------------------	------------	------	--------	-------------	-------------	-------------	--------

040920		43.20	✓				
040920		2331.19	✓				
040920		50.87	✓				
040920		150.00	✓				
040920		100.00	✓				
040920		235.15	✓				
040920		378.82	✓				
040920		177.00	✓				
040920		174.53	✓				
040920		28.96	✓				
040920		104.85	✓				
040920		34.31	✓				
040920		14.29	✓				
040920		11.52	✓				
040920		218.19	✓				
040920		88.02	✓				
040920		31.79	✓				
040920		179.09	✓				
040920		1442.09	✓				
040920		10.00	✓				
040920		85.00	✓				
040920		110.00	✓				
040920		34.01	✓				
040920		364.99	✓				
040920		28.83	✓				
040920		69.38	✓				
040920		18.38	✓				
040920		326.27	✓				
040920		376.00	✓				
040920		58.80	✓				
040920		90.44	✓				
040920		100.00	✓				
040920		43.68	✓				
040920		110.00	✓				
040920		55.07	✓				
040920		100.00	✓				
040920		151.64	✓				
040920		101.82	✓				
040920		18.11	✓				
040920		55.00	✓				
040920		50.00	✓				
040920		252.37	✓				
040920		80.00	✓				
040920		103.56	✓				
040920		100.00	✓				
040920		425.00	✓				
040920		23.97	✓				
040920		505.00	✓				
040920		35.70	✓				
040920		63.00	✓				
040920		101.74	✓				

RUN DATE: 04/09/20
TIME: 15:02

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 2
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		040920	13.47	✓			
		040920	115.00	✓			
		040920	150.00	✓			
		040920	12.00	✓			
		040920	278.80	✓			
		040920	120.00	✓			
		040920	62.41	✓			
		040920	24.00	✓			
		040920	10.00	✓			
		040920	10.12	✓			
		040920	281.14	✓			
		040920	198.00	✓			
		040920	51.60	✓			
		040920	435.76	✓			
		040920	198.00	✓			
		040920	198.00	✓			
		040920	198.00	✓			
		040920	198.00	✓			
		040920	21.20	✓			
		040920	198.00	✓			

ARID=0001 TOTAL

12615.13

TOTAL

12615.13

APPROVED
ON
APR 13 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#
185270
185340

04/13/2020
15:31

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:
Class Pay Code

0
ap_open_invoice.template

Vendor# Vendor Name
10892 DIANE MOORE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
041320		04/13/20	04/13/20	04/13/20		382.99	0.00	0.00	382.99
REIMBURSE INS DED									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10892	DIANE MOORE				382.99	0.00	0.00	382.99

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	382.99	0.00	0.00	382.99

APPROVED
ON
APR 13 2020 CLK# 185302
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Diane Moore

Date Requested: 4-13-2020

A

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APPROVED
ON

APR 13 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

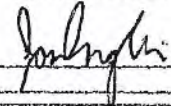
AMOUNT \$382.99

G/L NUMBER:

EXPLANATION: To reimburse for insurance deductions taken on final check. Deductions were for
period of no coverage.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:



☒

RUN DATE:04/14/20
TIME:09:00

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/15/20 THRU 04/15/20

PAGE 1
GLCKREG

BANK--CHECK-----
CODE NUMBER DATE AMOUNT PAYEE

A/P	185270	04/15/20	100.00
A/P	185271	04/15/20	376.00
A/P	185272	04/15/20	177.00
A/P	185273	04/15/20	28.96
A/P	185274	04/15/20	100.00
A/P	185275	04/15/20	43.20
A/P	185276	04/15/20	80.00
A/P	185277	04/15/20	21.20
A/P	185278	04/15/20	326.27
A/P	185279	04/15/20	110.00
A/P	185280	04/15/20	31.79
A/P	185281	04/15/20	235.15
A/P	185282	04/15/20	34.01
A/P	185283	04/15/20	10.00
A/P	185284	04/15/20	103.56
A/P	185285	04/15/20	174.53
A/P	185286	04/15/20	252.37
A/P	185287	04/15/20	58.80
A/P	185288	04/15/20	23.97
A/P	185289	04/15/20	13.47
A/P	185290	04/15/20	69.38
A/P	185291	04/15/20	14.29
A/P	185292	04/15/20	198.00
A/P	185293	04/15/20	2,331.19
A/P	185294	04/15/20	55.00
A/P	185295	04/15/20	198.00
A/P	185296	04/15/20	100.00
A/P	185297	04/15/20	10.12
A/P	185298	04/15/20	150.00
A/P	185299	04/15/20	10.00
A/P	185300	04/15/20	90.44
A/P	185301	04/15/20	378.82
A/P	185302	04/15/20	100.00
A/P	185303	04/15/20	425.00
A/P	185304	04/15/20	35.70
A/P	185305	04/15/20	435.76
A/P	185306	04/15/20	50.00
A/P	185307	04/15/20	1,442.09
A/P	185308	04/15/20	278.80
A/P	185309	04/15/20	150.00
A/P	185310	04/15/20	120.00
A/P	185311	04/15/20	18.38
A/P	185312	04/15/20	18.11
A/P	185313	04/15/20	179.09
A/P	185314	04/15/20	11.52
A/P	185315	04/15/20	101.82
A/P	185316	04/15/20	55.07
A/P	185317	04/15/20	43.68
A/P	185318	04/15/20	218.19
A/P	185319	04/15/20	88.02

RUN DATE:04/14/20
TIME:09:00

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/15/20 THRU 04/15/20

PAGE 2
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P	185320	04/15/20	51.60	
A/P	185321	04/15/20	50.87	
A/P	185322	04/15/20	364.99	
A/P	185323	04/15/20	101.74	
A/P	185324	04/15/20	12.00	
A/P	185325	04/15/20	115.00	
A/P	185326	04/15/20	198.00	
A/P	185327	04/15/20	24.00	
A/P	185328	04/15/20	505.00	
A/P	185329	04/15/20	28.83	
A/P	185330	04/15/20	85.00	
A/P	185331	04/15/20	151.64	
A/P	185332	04/15/20	198.00	
A/P	185333	04/15/20	63.00	
A/P	185334	04/15/20	198.00	
A/P	185335	04/15/20	110.00	
A/P	185336	04/15/20	104.85	
A/P	185337	04/15/20	34.31	
A/P	185338	04/15/20	198.00	
A/P	185339	04/15/20	281.14	
A/P	185340	04/15/20	62.41	
A/P	185341	04/15/20	586.52	ABILITY NETWORK (SHIFTHOUND)
A/P	185342	04/15/20	56.54	ACE HARDWARE 15521
A/P	185343	04/15/20	291.00	ADVANCED COMMUNICATIONS
A/P	185344	04/15/20	124.49	ALIMED INC.
A/P	185345	04/15/20	500.00	AMERICAN COLLEGE OF RADIOLOGY
A/P	185346	04/15/20	145.57	AMERISOURCEBERGEN DRUG CORP
A/P	185347	04/15/20	4,303.26	BAXTER HEALTHCARE
A/P	185348	04/15/20	17,366.54	BIOFIRE DIAGNOSTICS LLC
A/P	185349	04/15/20	5,720.00	BKD, LLP
A/P	185350	04/15/20	136.00	CABLES AND SENSORS
A/P	185351	04/15/20	120.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	185352	04/15/20	682.26	CARDINAL HEALTH 414, INC.
A/P	185353	04/15/20	5,139.88	CDW GOVERNMENT, INC.
A/P	185354	04/15/20	31.75	CENTERPOINT ENERGY
A/P	185355	04/15/20	240.00	CHRIS KOVAREK
A/P	185356	04/15/20	13,903.35	CLINICAL PATHOLOGY LABS
A/P	185357	04/15/20	1,809.80	COASTAL REFRIGERATION
A/P	185358	04/15/20	70.81	COOPER SURGICAL INC
A/P	185359	04/15/20	640.68	CUSTOM MEDICAL SPECIALTIES
A/P	185360	04/15/20	250.00	D HARRIS CONSULTING LLC
A/P	185361	04/15/20	460.12	DEWITT POTH & SON
A/P	185362	04/15/20	382.99	DIANE MOORE
A/P	185363	04/15/20	151,432.46	DISCOVERY MEDICAL NETWORK INC
A/P	185364	04/15/20	182.50	DRIESSEN WATER INC.
A/P	185365	04/15/20	280.00	EAGLE FIRE & SAFETY INC
A/P	185366	04/15/20	495.00	FASTHEALTH CORPORATION
A/P	185367	04/15/20	215.94	FEDERAL EXPRESS CORP.
A/P	185368	04/15/20	6,320.34	FIRETROL PROTECTION SYSTEMS
A/P	185369	04/15/20	20,567.22	FISHER HEALTHCARE
A/P	185370	04/15/20	388.00	GRACE FLOORING AND GLASS

RUN DATE:04/14/20
TIME:09:00

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/15/20 THRU 04/15/20

PAGE 3
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	185371	04/15/20	936.39	GULF COAST PAPER COMPANY
A/P	185372	04/15/20	66.48	HEALTH CARE LOGISTICS INC
A/P	185373	04/15/20	250.00	ITERSOURCE CORPORATION
A/P	185374	04/15/20	540.17	J & J HEALTH CARE SYSTEMS, INC
A/P	185375	04/15/20	139.93	MCKESSON MEDICAL SURGICAL INC
A/P	185376	04/15/20	64.17	MEDIMPACT HEALTHCARE SYS, INC.
A/P	185377	04/15/20	408.31	MEDIVATORS
A/P	185378	04/15/20	.00	VOIDED
A/P	185379	04/15/20	.00	VOIDED
A/P	185380	04/15/20	.00	VOIDED
A/P	185381	04/15/20	.00	VOIDED
A/P	185382	04/15/20	.00	VOIDED
A/P	185383	04/15/20	18,127.44	MEDLINE INDUSTRIES INC
A/P	185384	04/15/20	658.53	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	185385	04/15/20	293.06	MICROTEK MEDICAL INC
A/P	185386	04/15/20	97.40	MID-COAST ELECTRIC SUPPLY, INC
A/P	185387	04/15/20	112.83	MMC VOLUNTEERS
A/P	185388	04/15/20	.00	VOIDED
A/P	185389	04/15/20	.00	VOIDED
A/P	185390	04/15/20	.00	VOIDED
A/P	185391	04/15/20	17,866.01	MORRIS & DICKSON CO, LLC
A/P	185392	04/15/20	4,748.01	NOVA BIOMEDICAL
A/P	185393	04/15/20	71.24	OFFICE DEPOT
A/P	185394	04/15/20	223.92	PITNEY BOWES INC
A/P	185395	04/15/20	33.85	POWER HARDWARE
A/P	185396	04/15/20	6,225.00	PREMIER SLEEP DISORDERS CENTER
A/P	185397	04/15/20	940.00	R & A ELECTRIC LLC
A/P	185398	04/15/20	1,667.00	RADSOURCE
A/P	185399	04/15/20	378.56	RS CLARK & ASSOCIATES, INC
A/P	185400	04/15/20	2,193.83	SIEMENS FINANCIAL SERVICES
A/P	185401	04/15/20	400.00	SIGN AD, LTD.
A/P	185402	04/15/20	.00	VOIDED
A/P	185403	04/15/20	13,287.33	SINGLETON ASSOCIATES PA
A/P	185404	04/15/20	154.98	SMILE MAKERS
A/P	185405	04/15/20	1,460.72	STRYKER SALES CORP
A/P	185406	04/15/20	104.50	SWINGING ON A STAR, INC
A/P	185407	04/15/20	2,500.00	THE INLINE GROUP
A/P	185408	04/15/20	296.09	TRI-ANIM HEALTH SERVICES INC
A/P	185409	04/15/20	5,384.44	UNIFIRST HOLDINGS
A/P	185410	04/15/20	74.13	UNIFORM ADVANTAGE
A/P	185411	04/15/20	3,139.00	UPDOX LLC
A/P	185412	04/15/20	165.38	UPS
A/P	185413	04/15/20	2,200.00	US POSTAL SERVICE
A/P	185414	04/15/20	729.31	VICTORIA ADVOCATE
A/P	185415	04/15/20	25,977.92	VICTORIA ANESTHESIOLOGY
A/P	185416	04/15/20	560.00	VICTORIA RADIOWORKS, LTD
A/P	185417	04/15/20	617.00	WAGWORKS
A/P	185418	04/15/20	10,075.00	BROADMOOR AT CREEKSIDE PARK
A/P	185419	04/15/20	45,827.54	GOLDENCREEK HEALTHCARE
A/P	185420	04/15/20	37,133.45	GULF POINTE PLAZA
A/P	185421	04/15/20	27,565.84	THE CRESCENT
TOTALS:			479,152.91	

Payables 345,552.98 +
Patient Refunds 2,615.15 +
Moore 382.99 +
NH 10,075.00 +
27,565.84 +
Transfers 45,827.54 +
37,133.45 +
479,152.91 =

McKESSON**STATEMENT**

As of: 04/10/2020

Page: 002

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536

Date: 04/11/2020

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

As of: 04/10/2020
Mail to:

Page: 002
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 04/11/2020 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: 8,895.69 USD

Future Due: 0.00

If Paid By 04/14/2020,
Pay This Amount:

8,717.77 USD

Past Due: 0.00

If Paid After 04/14/2020,
Pay this Amount:

8,895.69 USD

Last Payment 2,451.97
18/07/2017

Due If Paid On Time:
USD

8,717.77

Disc lost if paid late:

177.92

Due If Paid Late:
USD

8,895.69

CK # 500089

271.26 +
10.74 +
4,124.30 +
2,993.27 +
1,318.20 +
8,717.77 *

APR 13 2020

APR 13 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

As of: 04/10/2020

Page: 001

DC: 8115

Territory: 400

Customer: 262252
 Date: 04/11/2020

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

As of: 04/10/2020 Page: 001
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 262252 PLEASE CHECK ANY
 Date: 04/11/2020 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											
1/09/2020	04/14/2020	7194227386	718669	115Invoice	0.28	13.94		13.66	✓	7194227386	
1/09/2020	04/14/2020	7194227388	718669	115Invoice	5.26	262.86		257.60	✓	7194227388	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 276.80 USD

Future Due: 0.00

Most Due: 0.00

Next Payment 7,131.71
 1/06/2020

If Paid By 04/14/2020,
 Pay This Amount:

271.26 USD

If Paid After 04/14/2020,
 Pay this Amount:

276.80 USD

Due If Paid On Time:
 USD

271.26

Disc lost if paid late:

5.54

Due If Paid Late:
 USD

276.80

APPROVED
 ON

APR 13 2020

COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

As of: 04/10/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 190813

Date: 04/11/2020

As of: 04/10/2020
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: 04/11/2020 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											
4/10/2020	04/14/2020	7194453182	2017013879	115Invoice	0.22	10.96		10.74	✓	7194453182	

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

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

Subtotals:

10.96 USD

uture Due: 0.00

If Paid By 04/14/2020,
Pay This Amount:

10.74 USD

ast Due: 0.00

If Paid After 04/14/2020,
Pay this Amount:

10.96 USD

ast Payment 7,131.71
4/06/2020

Due if Paid On Time:

USD

10.74

Disc lost if paid late:

0.22

Due if Paid Late:

USD

10.96

APPROVED
ON

APR 13 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

As of: 04/10/2020

Page: 001

DC: 8115

Territory: 81

Customer: 464450

Date: 04/11/2020

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

As of: 04/10/2020

Page: 001

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 464450

Date: 04/11/2020

PLEASE CHECK ANY

ITEMS NOT PAID (✓)

Billing date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
4/09/2020	04/14/2020	7194193330	55x274847	115invoice	84.17	4,208.47		4,124.30		7194193330	

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

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

Subtotals: 4,208.47 USD

Future Due: 0.00

Past Due: 0.00

1st Payment 5,256.36
 3/09/2020

If Paid By 04/14/2020,
 Pay This Amount:

4,124.30 USD

If Paid After 04/14/2020,
 Pay this Amount:

4,208.47 USD

Due If Paid On Time:

USD 4,124.30 ✓

Disc lost if paid late:

84.17

Due If Paid Late:

USD 4,208.47

APPROVED
 ON

APR 13 2020

COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 04/10/2020

Page: 001

DC: 8115

Territory: 400

Customer: 256342

Date: 04/11/2020

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

As of: 04/10/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 04/11/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
4/06/2020	04/14/2020	7193354592	0404200123-00	115Invoice	4.86	243.05		238.19 ✓		7193354592	
4/06/2020	04/14/2020	7193391799	1418383512	115Invoice	13.95	697.28		683.33 ✓		7193391799	
4/06/2020	04/14/2020	7193604170	00000040320KET	115Invoice	0.03	1.27		1.24 ✓		7193604170	
4/07/2020	04/14/2020	7193697932	1418388167	115Invoice	8.62	431.22		422.60 ✓		7193697932	
4/07/2020	04/14/2020	7193697933	0406200308-00	115Invoice	0.02	0.96		0.94 ✓		7193697933	
4/08/2020	04/14/2020	7193949584	6568413378	115Invoice	1.35	67.44		66.09 ✓		7193949584	
4/08/2020	04/14/2020	7193949585	0404200135-00	115Invoice	0.01	0.63		0.62 ✓		7193949585	
4/09/2020	04/14/2020	7194232232	6568417339	115Invoice	5.90	295.05		289.15 ✓		7194232232	
4/09/2020	04/14/2020	7194232233	0408200416-00	115Invoice	1.61	80.45		78.84 ✓		7194232233	
4/10/2020	04/14/2020	7194457700	7123242107	115Invoice	14.24	711.84		697.60 ✓		7194457700	
4/10/2020	04/14/2020	7194457701	1135201	115Invoice	4.19	209.69		205.50 ✓		7194457701	
4/10/2020	04/14/2020	7194457702	0408200436-00	115Invoice	6.29	314.54		308.25 ✓		7194457702	
4/10/2020	04/14/2020	7194628339	00004092020TM	115Invoice	0.02	0.94		0.92 ✓		7194628339	

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

TOTAL:

Subtotals: 3,054.36 USD

Future Due: 0.00

Not Due: 0.00

First Payment 7,131.71
4/06/2020

If Paid By 04/14/2020,
Pay This Amount:

2,993.27 USD

If Paid After 04/14/2020,
Pay this Amount:

3,054.36 USD

Due If Paid On Time:

USD 2,993.27

Disc lost if paid late:

61.09

Due If Paid Late:

USD 3,054.36

APPROVED
ON

APR 13 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON**STATEMENT**

Company: 8000

As of: 04/10/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 835438

Date: 04/11/2020

As of: 04/10/2020
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835438 PLEASE CHECK ANY
Date: 04/11/2020 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											
4/09/2020	04/14/2020	7194376704	718781	115Invoice	26.90	1,345.10		1,318.20		7194376704	

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

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

Subtotals: 1,345.10 USD

Future Due: 0.00

Past Due: 0.00

1st Payment 7,131.71
4/06/2020If Paid By 04/14/2020,
Pay This Amount:

1,318.20 USD

If Paid After 04/14/2020,
Pay this Amount:

1,345.10 USD

Due If Paid On Time:

USD 1,318.20

Disc lost if paid late:

26.90

Due If Paid Late:

USD 1,345.10

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ON

APR 13 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen[®] STATEMENT

Number: 59089664 Date: 04-10-2020 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: 875.21
 Past Due: 0.00
 Total Due: 875.21
 Account Balance: 875.21

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
04-06-2020	04-17-2020	3036320583	155977	Invoice	380.68 ✓
04-06-2020	04-17-2020	3036320584	155980	Invoice	124.89 ✓
04-06-2020	04-17-2020	3036344404	156029	Invoice	94.42 ✓
04-07-2020	04-17-2020	3036388558	156035	Invoice	32.94 ✓
04-08-2020	04-17-2020	3036455463	156042	Invoice	12.65 ✓
04-09-2020	04-17-2020	3036509151	156051	Invoice	4.58 ✓
04-10-2020	04-17-2020	3036583839	156060	Invoice	225.05 ✓

Thank You for Your Payment

Date	Payment Number	Amount
04-10-2020		(449.55)

Reminders

Due Date	Amount
04-17-2020	875.21

Total Due: 875.21

Terms:
 Monday - Friday due in 7 days

CK # 500090

APPROVED
 ON
 APR 03 2020
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

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"	★ 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"	★ \$ 98,174.70 #
"1 TO CONFIRM"	1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 \$ 50,168.68 #
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ 11,733.10 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 36,272.92 #
☐ "6-DIGIT SETTLEMENT DATE"	CHECK \$
"1 TO CONFIRM"	1
☐ ACKNOWLEDGEMENT NUMBER	

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

Run Date: 04/10/20
Time: 14:17

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 03/27/20 - 04/09/20 Run# 1

Page 114
P2REG

Final Summary

-- Pay Code Summary -----						*-- Deductions Summary -----*					
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount	
1	REGULAR PAY-S1	9355.75	N		N	N		185479.80	A/R	804.00	A/R2 155.00 A/R3
1	REGULAR PAY-S1	1881.25	N		N	N	N	82485.54	ADVANC	AWARDS	BOOTS
1	REGULAR PAY-S1	314.50	Y		N	N		11480.62	CAFE H	CAFE-1	CAFE-2
1	REGULAR PAY-S1	56.00	Y		N	N	N	4378.09	CAFE-3	CAFE-4	CAFE-5
2	REGULAR PAY-S2	2702.25	N		N	N		62182.42	CAFE-C	CAFE-D	1717.19-CAFE-F
2	REGULAR PAY-S2	172.50	Y		N	N		5779.54	CAFE-H	19446.19-CAFE-I	CAFE-L
3	REGULAR PAY-S3	1568.50	N		N	N		41632.28	CAFE-P	CANCER	CHILD
3	REGULAR PAY-S3	132.50	Y		N	N		5091.78	CLINIC	225.00-COMBIN	438.97-CREDUN
C	CALL PAY	2358.25	N	1	N	N		4716.50	DD ADV	DENTAL	DEP-LF
E	EXTRA WAGES		N		N	N	N	5000.00	DIS-LF	EAT	EATCSH
E	EXTRA WAGES		N	1	N	N	N	1790.50	FEDTAX	36272.92-FICA-M	-5866.55 FICA-O -25084.34
F	FUNERAL LEAVE	8.00	N	1	N	N		86.32	FIRSTC	PLEX S	-4859.43 FLX FE
I	INSERVICE	11.00	N	1	N	N		346.50	FORT D	FUTA	GIFT S - 31.73
K	EXTENDED-ILLNESS-BANK	391.00	N	1	N	N		10516.61	GRANT	GRP-IN	GTL
M	MEAL REIMBURSEMENT		N		N	N	N	14.00	HOSP-I	ID TFT	LEAF
P	PAID-TIME-OFF	137.95	N		N	N	N	2768.18	LEGAL	406.04-MASA	-809.00 MEALS - 121.64
P	PAID-TIME-OFF	603.00	N	1	N	N		12712.74	MISC	MISC/	MMCSHR
X	CALL PAY 2	80.00	N	1	N	N		160.00	NATFML	2200.42 OTHER	PHI
Z	CALL PAY 3	48.00	N	1	N	N		144.00	PHI***	PR FIN	RELAY
									REPAY	SAMS	SCRUBS
									SIGNON	ST-TX	STONDF - 840.86
									STONE	STONE2	STUDEN
									SUNACC	-922.86 SUNILL	-1424.84 SUNLIF -1278.05
									SUNSTD	-1751.64 SUNVIS	-1216.55 SURCHG -855.00
									TSA-1	TSA-2	TSA-C
									TSA-P	TSA-R - 30582.85	TUTION
									UNIFOR	-638.55 UW/HOS	

*----- Grand Totals: 19820.45 ----- (Gross: 436765.42 Deductions: 137949.62 Net: 298815.80)
| Checks Count:- FT 201 PT 7 Other 38 Female 220 Male 24 Credit OverAmt 9 ZeroNet Term Total: 244 |

Joshua

Pay date

04-17-2020

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	★ 06
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM"	★ \$ 1,573.54 #
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 1 28 #
"ENTER W/CENTS AMOUNT OF MEDICARE"	298.26 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	- #
☐ "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	CHECK ★ 1
☐ ACKNOWLEDGEMENT NUMBER	

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

Pay Date
4/17/2020

Run Date: 04/13/20
Time: 12:49

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 03/27/20--04/09/20 Run: 2
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
07873	TRINA K BURNS	242.87	00062694	04/17/20
90121	DIANE C MOORE	8535.00	00062695	04/17/20
		8777.87		

Run Date: 04/13/20
Time: 12:20
Department 090

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 03/27/20 - 04/09/20 Run# 2
Dept. Sequence

Page 3
P2REG

-- Employee ----- Time ------- Deductions -----*												
Num/Type/Name/Pay/Exempt	PayCd	Dept	Hrs	OT	SH	WE	HO	CB	Rate	Gross	Code	Amount
90121 FT Hrly: 83.2900 E 090						N	N	N	N	10000.00	FICA-M	145.00
DIANE C MOORE											FICA-O	620.00
											TSA-R	700.00

----- Total: .00 ** High Net Pay (Gross: 10000.00 Deductions: 1465.00 Net: 8535.00)

Department Summary

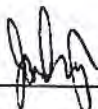
-- PayCode Summary ------- Deductions Summary -----*										
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount
E						N	N	N	N	10000.00
									A/R	
									ADVANC	
									ANARDS	
									BOOTS	
									CAFE H	
									CAFE-1	
									CAFE-2	
									CAFE-3	
									CAFE-4	
									CAFE-5	
									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	145.00
									FICA-O	620.00
									FIRSTC	
									FLEX S	
									FLX FE	
									FORT D	
									FUTA	
									GIFT S	
									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	700.00
									TUTION	
									UNIPOR	
									UN/HOS	

*----- Department Totals: ----- (Gross: 10000.00 Deductions: 1465.00 Net: 8535.00)
| Checks Count:- FT 1 PT Other Female 1 Male Credit OverAmt 1 ZeroNet Term Total: 1 |

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- April 6, 2020 - April 12, 2020

Date	Bank Description	MMC Notes
4/6/2020	PAY PLUS ACHTRANS 452579291 101000699863289	- 3rd Party Payor Fee
4/6/2020	MERCH BNKCD FEE 971160913887 114902520001225	- Credit Card Processing Fee
4/6/2020	MERCH BNKCD FEE 971160910883 114902520001224	- Credit Card Processing Fee
4/6/2020	MERCH BNKCD DISCOUNT 971160910883 1149025200	- Credit Card Processing Fee
4/6/2020	MERCH BNKCD DISCOUNT 971160913887 1149025200	- Credit Card Processing Fee
4/6/2020	MERCH BNKCD INTERCHNG 971160913887 1149025200	- Credit Card Processing Fee
4/6/2020	IRS USATAXPYMT 220049795398574 61036010000220	- Payroll Taxes
4/6/2020	FDGL LEASE PYMT 052-1601830-000 410001242101	- Credit Card Machine Lease Expense
4/6/2020	FDGL LEASE PYMT 052-1479214-000 410001241761	- Credit Card Machine Lease Expense
4/6/2020	FDGL LEASE PYMT 052-1479213-000 410001241761	- Credit Card Machine Lease Expense
4/6/2020	FDGL LEASE PYMT 052-1479468-000 410001241762	- Credit Card Machine Lease Expense
4/7/2020	MCKESSON DRUG AUTO ACH ACH04130817 910000149	- 340B Drug Program Expense
4/8/2020	PAY PLUS ACHTRANS 452579291 101000691723595	- 3rd Party Payor Fee
4/8/2020	CLEARGAGE LLC CLEARGAGE, DBVV1HEMB2MTX 242	- Patient Financing Service
4/9/2020	PAY PLUS ACHTRANS 452579291 101000692431443	- 3rd Party Payor Fee
4/9/2020	IRS USATAXPYMT 220050051682594 6103601000545	- Payroll Taxes
4/10/2020	PAY PLUS ACHTRANS 452579291 101000693082449	- 3rd Party Payor Fee
4/10/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense

Amount	CP
333.08	Credit 189.17 +
189.17	Lease 9.95 +
9.95	and 19.95 +
19.95	246.06 +
246.06	146.38 +
146.38	32.45 +
95,280.52	ins 40.02 +
32.45	43.26 +
40.02	69.24 +
43.26	79.00 +
69.24	66.58 +
7,131.71	66.58 +
35.95	
56.58	
2.23	
199.08	
37.95	
449.55	
104,333.13	


Jason Anglin, CEO
Memorial Medical Center

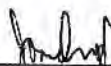
April 13, 2020

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

* Approved 04.08.2020cc
* Approved 04.01.2020cc

Date	Description	MMC Notes
4/13/2020	ACH Payment WEBFILE TAX PYMT DD February 2020	- Sales Tax
4/20/2020	ACH Payment WEBFILE TAX PYMT DD March 2020	- Sales Tax

Amount	
1,804.60	7,131.71 -
1,568.94	199.08 -
3,373.54	449.55 -
	1,272.27 *
	1,272.27 +
	1,272.27 -
	0.00 *


Jason Anglin, CEO
Memorial Medical Center

April 13, 2020

Sales and Use Tax

Original Return for Period Ending 02/29/2020 (2002)

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.

Print this page for your records.

Reference Number:

Date and Time of Filing: 04/10/2020 09:16:2

Taxpayer ID:

Taxpayer Name: MEMORIAL MEDICAL CENTER

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

Entered by:

Email Address:

Telephone Number:

IP Address:

Credits Taken

Are you taking credit to reduce taxes due on this return?

Taking Credit?

No

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licensed Customs Broker Export Certification?

Refund Sales

Tax?

No

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	20,255	20,255	0	20,255	1,265.94	20,255	.02000	405.10
Total Tax Due								1,671.04

Total Tax Due: = 1,671.04

Penalty: + 83.56

Late Filing Penalty: + 50.00

Balance Due: = 1,804.60

Pending Payments: - 0.00

Total Amount Due and Payable: = 1,804.60

(State amount due is 1,367.12)

(Local amount due is 437.48)

Payment Summary

State Amount: 1367.12

Local Amount: 437.48

Amount to Pay: \$1,804.60

Electronic Check: \$1,804.60

Payment Reference Number:

Trace Number:

Type of Bank Account:

Accountholder Name:

Bank Routing Number:

Bank Account Number:

Payment Effective Date:

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Sales and Use Tax

Original Return for Period Ending 03/31/2020 (2003)

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.**Print this page for your records.****Reference Number:****Date and Time of Filing:** 04/10/2020 09:27:09 AM**Taxpayer ID:****Taxpayer Name:** MEMORIAL MEDICAL CENTER**Taxpayer Address:** 815 N VIRGINIA ST PORT LAVACA , TX 77979 - 3025**Entered by:** Sarah L Henderson**Email Address:****Telephone Number:****IP Address:**

Credits Taken								
Are you taking credit to reduce taxes due on this return?								Taking Credit?
								No
Licensed Customs Broker Exported Sales								
Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licensed Customs Broker Export Certification?								Refund Sales Tax?
								No
Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	19,113	19,113	0	19,113	1,194.56	19,113	.02000	382.26
Total Tax Due								1,576.82

Total Tax Due: = 1,576.82**Timely Filing Discount: - 7.88****Balance Due: = 1,568.94****Pending Payments: - 0.00****Total Amount Due and Payable: = 1,568.94***(State amount due is 1,188.59)**(Local amount due is 380.35)***Payment Summary****State Amount:** 1188.59**Local Amount:** 380.35**Amount to Pay:** \$1,568.94**Electronic Check:** \$1,568.94**Payment Reference Number:****Trace Number:****Type of Bank Account:****Accountholder Name:****Bank Routing Number:****Bank Account Number:****Payment Effective Date:**

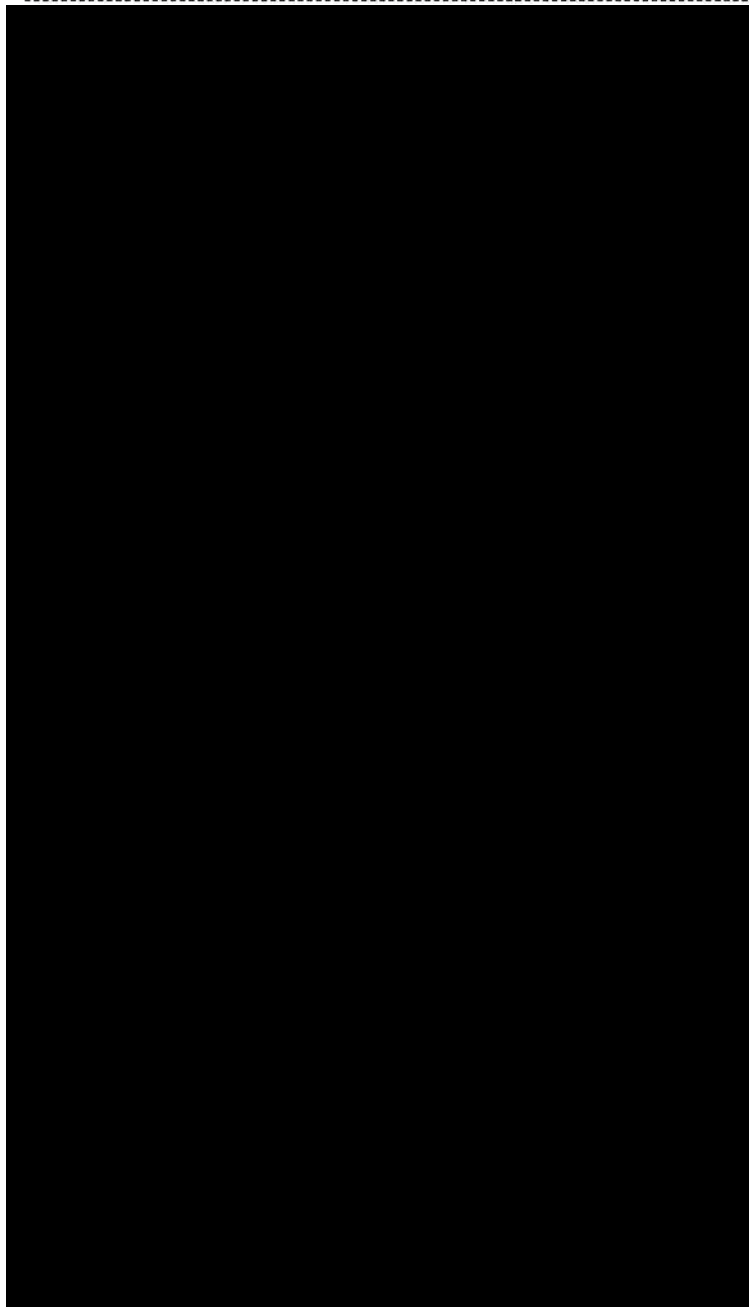
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RUN DATE:04/16/20
TIME:10:03

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/06/20 THRU 04/12/20

PAGE 2
GLCKREG

BANK--CHECK-----
CODE NUMBER DATE AMOUNT PAYEE



A/P	200267	04/06/20	95,280.52	IRS USA TAXPYMT
A/P *	200268	04/09/20	199.08	IRS USA TAXPYMT
A/P	300357	04/06/20	333.08	PAY PLUS
A/P	300358	04/06/20	189.17	MERCH ENKCD FEE

✓
Electronic
Transfers

RUN DATE:04/16/20
TIME:10:03

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/06/20 THRU 04/12/20

PAGE 3
GLCKREG

BANK--CHECK--

CODE NUMBER DATE AMOUNT PAYEE

A/P	300359	04/06/20	9.95	MERCH BNKCD FEE
A/P	300360	04/06/20	19.95	MERCH BNKCD DISCOUNT
A/P	300361	04/06/20	246.06	MERCH BNKCD DISCOUNT
A/P	300362	04/06/20	146.38	MERCH BNKCD INTRCHNG
A/P	300363	04/06/20	32.45	FDGL LEASE PYMT
A/P	300364	04/06/20	40.02	FDGL LEASE PYMT
A/P	300365	04/06/20	43.26	FDGL LEASE PYMT
A/P	300366	04/06/20	69.24	FDGL LEASE PYMT
A/P	300367	04/08/20	35.95	PAY PLUS
A/P	300368	04/09/20	2.23	PAY PLUS
A/P *	300369	04/10/20	37.95	PAY PLUS
A/P	500087	04/07/20	7,131.71	MCKESSON
A/P *	500088	04/10/20	449.55	AMERISOURCE
A/P	700022	04/08/20	66.58	CLEARGAGE
TOTALS:			430,199.78	

04/09/2020

MEMORIAL MEDICAL CENTER

0

12:50

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040620A		04/09/20	04/06/20	04/23/20		6,175.00	0.00	0.00	6,175.00 ✓
	TRANSFER	Mt insurance pymt deposited into MMC operating in emv							
040620		04/09/20	04/06/20	04/23/20		3,900.00	0.00	0.00	3,900.00 ✓
	TRANSFER	Mt insurance pymt deposited into MMC operating in emv							
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	11832 BROADMOOR AT CREEKSIDE PARK					10,075.00	0.00	0.00	10,075.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,075.00	0.00	0.00	10,075.00

APPROVED
ON

APR 13 2020

CK#
185418COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

04/09/2020

MEMORIAL MEDICAL CENTER

0

12:49

AP Open Invoice List

ap_open_invoice.template

Dates Through:

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
033020		03/30/20	03/30/20	04/23/20		15,680.00	0.00	0.00	15,680.00 ✓
	~~INDIGENT~~ NH insurance pymt deposited in MMC operating in error								
033120		03/30/20	03/31/20	04/23/20		5,100.00	0.00	0.00	5,100.00 ✓
	~~INDIGENT~~ NH insurance pymt deposited in MMC operating in error								
040620		04/09/20	04/06/20	04/23/20		5,320.00	0.00	0.00	5,320.00 ✓
	TRANSFER NH insurance pymt deposited in MMC operating in error								
040820		04/09/20	04/08/20	04/23/20		1,465.84	0.00	0.00	1,465.84 ✓
	TRANSFER NH insurance pymt deposited in MMC operating in error								
Vendor Totals						Gross	Discount	No-Pay	Net
11824	THE CRESCENT					27,565.84	0.00	0.00	27,565.84

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	27,565.84	0.00	0.00	27,565.84

APPROVED
ON

APR 13 2020

CHK#
185421COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

04/09/2020

MEMORIAL MEDICAL CENTER

0

12:49

AP Open Invoice List

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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
033120A		03/30/20	03/31/20	04/23/20		3,869.21	0.00	0.00	3,869.21 ✓
	INDIGENT	Mt insurance pymt deposited into mme operating in cmm ✓							
033120		03/30/20	03/31/20	04/23/20		28,002.23	0.00	0.00	28,002.23 ✓
	INDIGENT	Mt insurance pymt deposited into mme operating in cmm ✓							
040120		04/09/20	04/01/20	04/23/20		8,101.99	0.00	0.00	8,101.99 ✓
	TRANSFER	Mt insurance pymt deposited into mme operating in cmm ✓							
040220		04/09/20	04/02/20	04/23/20		3,076.46	0.00	0.00	3,076.46 ✓
	TRANSFER	Mt insurance pymt deposited into mme operating in cmm ✓							
040320		04/09/20	04/03/20	04/23/20		1,852.59	0.00	0.00	1,852.59 ✓
	TRANSFER	Mt insurance pymt deposited into mme operating in cmm ✓							
040320A		04/09/20	04/03/20	04/23/20		901.68	0.00	0.00	901.68 ✓
	TRANSFER	Mt insurance pymt deposited into mme operating in cmm ✓							
040720		04/09/20	04/07/20	04/23/20		23.38	0.00	0.00	23.38 ✓
	TRANSFER	Mt insurance pymt deposited into mme operating in cmm ✓							
Vendor Totals						Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE					45,827.54	0.00	0.00	45,827.54

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	45,827.54	0.00	0.00	45,827.54

APPROVED
ON

APR 13 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXASCK#
185419

04/09/2020

MEMORIAL MEDICAL CENTER

0

12:48

AP Open Invoice List

ap_open_invoice.template

Dates Through:

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
0332620		03/30/20	03/26/20	04/23/20		8,131.00	0.00	0.00	8,131.00 ✓
	~~INDIGENT~~ Mt insurance pymt deposited into MMC operating in cmm ✓								
033120		03/30/20	03/31/20	04/23/20		2,296.66	0.00	0.00	2,296.66 ✓
	~~INDIGENT~~ Mt insurance pymt deposited into MMC operating in cmm ✓								
040120		04/09/20	04/01/20	04/23/20		20,226.25	0.00	0.00	20,226.25 ✓
	TRANSFER Mt insurance pymt deposited into MMC operating in cmm ✓								
040220		04/09/20	04/02/20	04/23/20		2,296.56	0.00	0.00	2,296.56 ✓
	TRANSFER Mt insurance pymt deposited into MMC operating in cmm ✓								
040620		04/09/20	04/06/20	04/23/20		4,182.98	0.00	0.00	4,182.98 ✓
	TRANSFER Mt insurance pymt deposited into MMC operating in cmm ✓								
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
12696 GULF POINTE PLAZA						37,133.45	0.00	0.00	37,133.45

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	37,133.45	0.00	0.00	37,133.45

APPROVED
ON

APR 13 2020

ck#

185420

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
4/13/2020

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		84,795.12 ✓	84,539.85 ✓	60,455.24 ✓		60,710.51 ✓	60,455.24
						Bank Balance	60,710.51 ✓
						Variance	-
						Leave in Balance	100.00
						Pending Ck to MMC	
						MMC Portion QIPP Yr2 Adjustment	
						MMC Portion QIPP 1 & 2	
						MMC Portion QIPP 3,4,Lapse	
						January Interest	50.15 ✓
						February Interest	52.04 ✓
						March Interest	53.08 ✓
						Adjust Balance/Transfer Amt	60,455.24 ✓
						Bank Balance	31,756.44 ✓
						Variance	-
						Leave in Balance	100.00
						MMC Portion QIPP Yr2 Adjustment	
						Pending Ck to MMC	
						MMC Portion QIPP 1 & 2	
						MMC Portion QIPP 3,4,Lapse	
						January Interest	50.52 ✓
						February Interest	58.01 ✓
						March Interest	43.17 ✓
						Adjust Balance/Transfer Amt	31,504.74 ✓
						Bank Balance	35,694.89 ✓
						Variance	-
						Leave in Balance	100.00
						MMC Portion QIPP Yr2 Adjustment	
						Pending Ck to MMC	
						MMC Portion QIPP 1 & 2	
						MMC Portion QIPP 3,4,Lapse	
						January Interest	49.24 ✓
						February Interest	38.70 ✓
						March Interest	55.55 ✓
						Adjust Balance/Transfer Amt	35,451.40 ✓
						Bank Balance	10,314.45 ✓
						Variance	-
						Leave in Balance	100.00
						MMC Portion QIPP Yr2 Adjustment	
						Pending Ck to MMC	
						MMC Portion QIPP 1 & 2	
						MMC Portion QIPP 3,4,Lapse	
						January Interest	20.58 ✓
						February Interest	20.79 ✓
						March Interest	16.33 ✓
						Adjust Balance/Transfer Amt	10,156.75 ✓
						Bank Balance	17,698.21 ✓
						Variance	-
						Leave in Balance	100.00
						Solera/Medicare Recoup withheld from MMC	
						Pending Ck to MMC	
						MMC Portion QIPP Yr2 Adjustment	
						MMC Portion QIPP 1 & 2	
						MMC Portion QIPP 3,4,Lapse	
						January Interest	68.69 ✓
						February Interest	61.96 ✓
						March Interest	62.41 ✓
						Adjust Balance/Transfer Amt	17,405.15 ✓
						TOTAL TRANSFERS	154,973.28

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA -----
Acco

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

F:\NH Weekly Transfers\NH UPL Transfer Summary\2020\A

60,455.24 +
31,504.74 +
35,451.40 +
10,156.75 +
17,405.15 +
154,973.28

Approved:
Jason Anglin, CEO

APPROVED
ON

APR 13 2020

COUNTY CLERK
CALHOUN COUNTY, TEXAS

Ashford Gardens

4/6/2020 Amerigroup TX5C HCCLAIMPMT 3122068690 111000 TRN*1*3122068690*1752603
 4/7/2020 MANAGEANDNET1718 MNS PMNT 000000000000093 41 0250939
 4/7/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020040414200140
 4/7/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020040412600206
 4/8/2020 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 4/9/2020 MANAGEANDNET1718 MNS PMNT 000000000000093 41 0251016
 4/10/2020 Amerigroup TX5C HCCLAIMPMT 3122422652 111000 TRN*1*3122422652*1752603
 4/10/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020040916700411
 4/10/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05E89761132643611

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	75.06	-	-	-	-	-	75.06
-	105.30	-	-	-	-	-	105.30
-	139.60	-	-	-	-	-	139.60
-	174.17	-	-	-	-	-	174.17
84,539.85	-	-	-	-	-	-	-
-	950.20	-	-	-	-	-	950.20
-	36,623.56	-	-	-	-	-	36,623.56
-	1,150.27	-	-	-	-	-	1,150.27
-	21,237.08	-	-	-	-	-	21,237.08
84,539.85	60,455.24	-	-	-	-	-	60,455.24

Broadmoor

4/6/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020040312500608
 4/6/2020 HUMANA INS CO HCCLAIMPMT 390861 830000540676 TRN*1*001290049674063*
 4/7/2020 MANAGEANDNET1718 MNS PMNT 0000000000004293 41 0250918
 4/8/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 4/9/2020 MANAGEANDNET1718 MNS PMNT 0000000000004293 41 0251006
 4/9/2020 HUMANA INS CO HCCLAIMPMT 390861 830000538136 TRN*1*001290049759350*
 4/9/2020 HUMANA CHA DISB HCCLAIMPMT 390861 4200001165 TRN*1*014840101255458*
 4/10/2020 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR56208339*1411:
 4/10/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9523907527*14112892

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	881.52	-	-	-	-	-	881.52
-	2,924.23	-	-	-	-	-	2,924.23
-	7,345.75	-	-	-	-	-	7,345.75
88,668.28	-	-	-	-	-	-	-
-	1,507.60	-	-	-	-	-	1,507.60
-	10,120.10	-	-	-	-	-	10,120.10
-	5,323.54	-	-	-	-	-	5,323.54
-	1,890.00	-	-	-	-	-	1,890.00
-	1,512.00	-	-	-	-	-	1,512.00
88,668.28	31,504.74	-	-	-	-	-	31,504.74

Crescent

4/6/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020040312500407
 4/6/2020 HUMANA INS CO HCCLAIMPMT 390861 830000540676 TRN*1*001290049674064*
 4/7/2020 MANAGEANDNET1718 MNS PMNT 0000000000003268 41 0250910
 4/7/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9522791904*14112892
 4/8/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 4/8/2020 HUMANA CHA DISB HCCLAIMPMT 390861 4200001431 TRN*1*014840101253205*
 4/9/2020 Deposit
 4/9/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9523453103*14112892

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	2,077.15	-	-	-	-	-	2,077.15
-	5,364.83	-	-	-	-	-	5,364.83
-	4,680.00	-	-	-	-	-	4,680.00
-	8,030.00	-	-	-	-	-	8,030.00
66,355.84	-	-	-	-	-	-	-
-	1,419.42	-	-	-	-	-	1,419.42
-	6,480.00	-	-	-	-	-	6,480.00
-	7,400.00	-	-	-	-	-	7,400.00
66,355.84	35,451.40	-	-	-	-	-	35,451.40

Fort Bend

4/7/2020 NOVITAS SOLUTION HCCLAIMPMT 675663 420000149 TRN*1*EF75524957*1205291
 4/8/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 4/10/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05E89773173057751

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	4,593.52	-	-	-	-	-	4,593.52
39,833.81	-	-	-	-	-	-	-
-	5,563.23	-	-	-	-	-	5,563.23
39,833.81	10,156.75	-	-	-	-	-	10,156.75

Solera at West Houston

4/6/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020040317100641
 4/7/2020 MANAGEANDNET1718 MNS PMNT 0000000000002482 41 0250906
 4/7/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020040414300662
 4/7/2020 HUMANA CHA DISB HCCLAIMPMT 390862 4200001536 TRN*1*014840101248237*
 4/8/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 4/9/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020040813400679
 4/9/2020 UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*2020040812200789*1

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	3,141.60	-	-	-	-	-	3,141.60
-	585.00	-	-	-	-	-	585.00
-	5,690.71	-	-	-	-	-	5,690.71
-	505.79	-	-	-	-	-	505.79
118,116.07	-	-	-	-	-	-	-
-	1,628.05	-	-	-	-	-	1,628.05
-	5,854.00	-	-	-	-	-	5,854.00
118,116.07	17,405.15	-	-	-	-	-	17,405.15
397,513.85	154,973.28	-	-	-	-	-	154,973.28

TOTALS

Quick View

DDA

Data reported as of Apr 13, 2020 1:

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$60,710.51	\$106,339.47	\$60,710.51	\$1,699.60
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$31,756.44	\$39,603.46	\$31,756.44	\$28,354.44
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$35,694.89	\$37,246.89	\$35,694.89	\$35,694.89
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$17,698.21	\$17,698.21	\$17,698.21	\$17,698.21
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$10,314.45	\$13,473.33	\$10,314.45	\$4,751.22

* indicates net
Page generated on 04/13/2020 at 1

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
4/13/2020

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		15,698.76 ✓	15,512.83 ✓	58,170.44 ✓		58,356.37	58,170.44
					Bank Balance	58,356.37 ✓	
					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	35.99 ✓	
					Adjust Balance/Transfer Amt	58,170.44 ✓	

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

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

Approved:
Jason Anglin, CEO



4/13/2020

APPROVED
ON

APR 13 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

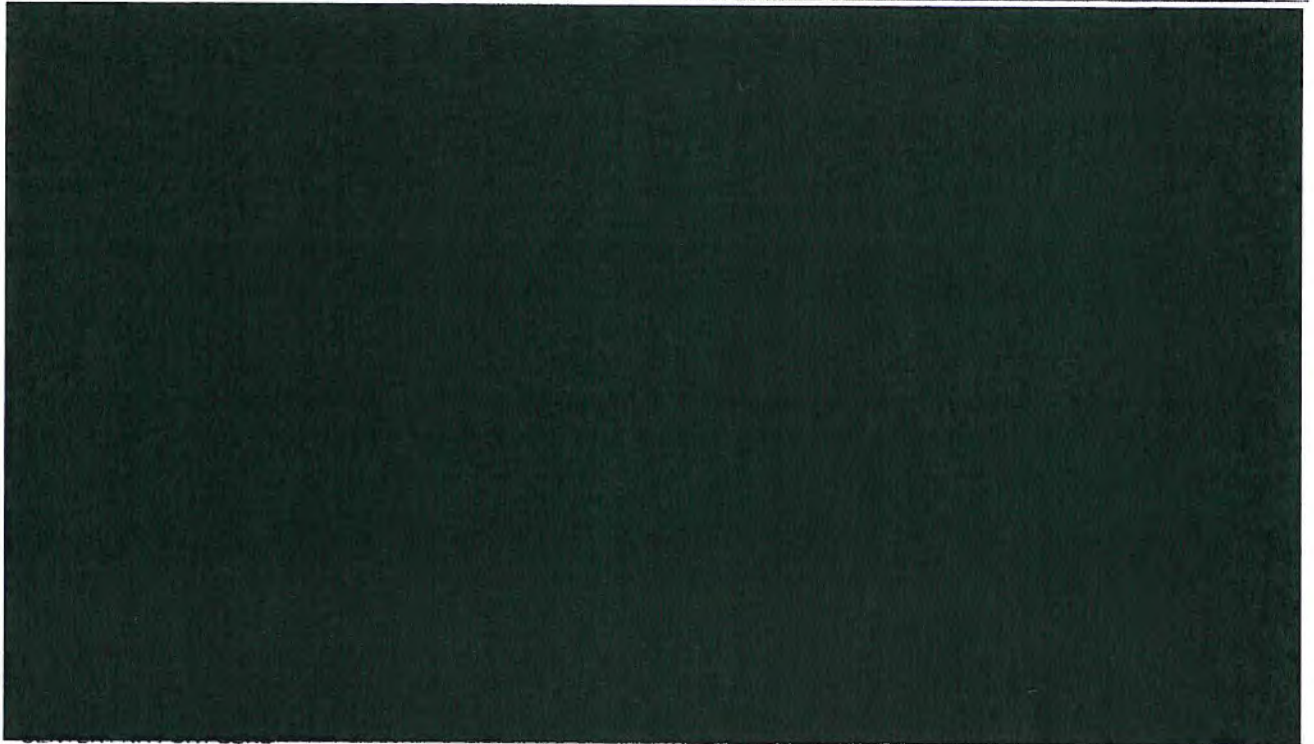
Golden Creek

n Creek	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
4/8/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	15,512.83	-						-
4/8/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	-	1,015.83						1,015.83
4/9/2020	-	45,001.28						45,001.28
4/9/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	-	627.19						627.19
4/9/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05E886711	-	11,002.88						11,002.88
4/10/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05E900051	-	523.26						523.26
								-
								-
	15,512.83	58,170.44	-	-	-	-	-	58,170.44

Quick View

DDA

Data reported as of Apr 13, 2020 1:

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$58,356.37	\$60,098.17	\$58,356.37	\$57,833.11

* indicates re:
Page generated on 04/13/2020 at 1:

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
4/13/2020

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		2,219.85	✓				2,219.85	✓
						Bank Balance	2,219.85	No Transfer
						Variance		
						Leave in Balance	100.00	
						Pending Ck to MMC		
						MMC Portion QJPP 1 & 2		
						MMC Portion QJPP 3,4,Lapse		
						January Interest	1.09	✓
						February Interest	7.33	✓
						March Interest	1.06	✓
						Adjust Balance/Transfer Amt	2,108.37	
Gulf Pointe Plaza-Medicare/Medicaid		16,721.83	✓	16,544.58	✓	24,456.50	24,633.75	✓
						Bank Balance	24,633.75	
						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	28.27	✓
						Adjust Balance/Transfer Amt	24,456.50	✓
TOTAL TRANSFERS							24,456.50	

Routing Information for Gulf Pointe Plaza:

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

Approved:
Jason Anglin, CEO

4/13/2020

APPROVED
ON
APR 13 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

		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

4/8/2020 WIRE OUT HMG SERVICES, LLC

4/9/2020 Deposit

4/10/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*05E9027419220

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	
16,544.58	-						-
-	23,005.32						23,005.32
-	1,451.18						1,451.18
							-
							-
							-
16,544.58	24,456.50	-	-	-	-	-	24,456.50
16,544.58	24,456.50	-	-	-	-	-	24,456.50

Quick View

DDA

Data reported as of Apr 13, 2020 1

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$2,219.85	\$2,219.85	\$2,219.85	\$2,219.85
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$24,633.75	\$24,633.75	\$24,633.75	\$23,182.57

* indicates re
Page generated on 04/13/2020 at 1