MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 06, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	142,994.25
TOTAL TRANSFERS BETWEEN FUNDS	$	58,890.52
TOTAL NURSING HOME UPL EXPENSES	$	1,245,659.41
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED May 06, 2020	$	1,447,544.18

APPROVED

MAY 0 6 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 06, 2020

PAYABLES AND PAYROLL			
4/30/2020	Weekly Payables	134,377.28	
4/30/2020	Patient Refunds	445.04	
5/5/2020	McKesson-340B Prescription Expense	7,674.57	
5/5/2020	Amerisource Bergen-340B Prescription Expense	366.25	
	Prosperity Electronic Bank Payments		
4/27-5/1/2020	Pay Plus-Patient Claims Processing Fee	131.11	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 142,994.25**
TRANSFER BETWEEN FUNDS-NURSING HOMES			
4/30/2020	MMC Operating to The Crescent- correction of NH insurance payment sent to MMC in error	5,400.00	
4/30/2020	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment sent to MMC in error	39,124.30	
4/30/2020	MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment sent to MMC in error	14,366.22	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 58,890.52**
NURSING HOME UPL EXPENSES			
5/5/2020	Nursing Home UPI-Cantex Transfer	591,708.50	
5/5/2020	Nursing Home UPI-Nexion Transfer	189,472.91	
5/5/2020	Nursing Home UPI-HMG Transfer	284,676.41	
QIPP/INTEREST/RECOUP CHECKS TO MMC			
5/5/2020	Ashford	73,166.61	
5/5/2020	Broadmoor	28,652.18	
5/5/2020	Crescent	21,790.00	
5/5/2020	Fort Bend	30,133.44	
5/5/2020	Solera	26,059.36	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,245,659.41**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED May 06, 2020			**$ 1,447,544.18**

04/30/2020 MEMORIAL MEDICAL CENTER 0
10:54 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 05/13/2020

Vendor#	Vendor Name	Class	Pay Code
11237	3WON, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1946		04/29/20	02/03/20	03/03/20			597.00	0.00	0.00	597.00
	CREDENTIALING									
1962		04/29/20	02/04/20	03/04/20			300.00	0.00	0.00	300.00
	PRACTITONER ENROLLMENT									
1972		04/29/20	03/03/20	04/03/20			398.00	0.00	0.00	398.00
	CREDENTIALING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11237	3WON, LLC	1,295.00	0.00	0.00	1,295.00

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
143657		04/15/20	04/13/20	05/08/20			131.70	0.00	0.00	131.70
	SUPPLIES									
143663		04/21/20	04/13/20	05/08/20			39.54	0.00	0.00	39.54
143678	SUPPLIES									
~~40220063~~		04/21/20	04/14/20	05/09/20			33.98	0.00	0.00	33.98
	SUPPLIES									
143786		04/21/20	04/17/20	05/12/20			50.98	0.00	0.00	50.98
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	256.20	0.00	0.00	256.20

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9099985255		04/28/20	04/01/20	04/26/20			230.33	0.00	0.00	230.33
	OXYGEN									
9970042180		04/28/20	04/01/20	04/26/20			113.07	0.00	0.00	113.07
	OXYGEN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	343.40	0.00	0.00	343.40

Vendor#	Vendor Name	Class	Pay Code
10958	ALLYSON SWOPE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
042820		04/29/20	04/28/20	04/28/20			1,287.00	0.00	0.00	1,287.00
	CONTRACT EMPLOYEE 4/13-4/23/2020									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE	1,287.00	0.00	0.00	1,287.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
80932384		04/29/20	04/17/20	04/29/20			54.66	0.00	0.00	54.66
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	54.66	0.00	0.00	54.66

Vendor#	Vendor Name	Class	Pay Code

B1220 BECKMAN COULTER INC M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5422201	SUPPLIES	04/22/20	04/13/20	05/08/20		5,016.58	0.00	0.00	5,016.58

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	5,016.58	0.00	0.00	5,016.58

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
8002208217	SUPPLIES	04/28/20	04/11/20	05/06/20		180.41	0.00	0.00	180.41

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	180.41	0.00	0.00	180.41

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
XMP9542	SUPPLIES Printer ribbon	04/22/20	04/09/20	05/09/20		9.84	0.00	0.00	9.84

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	9.84	0.00	0.00	9.84

Vendor# Vendor Name Class Pay Code

12768 CHEMAQUA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3916387	WATER TREATMENT	04/28/20	04/10/20	04/20/20		500.00	0.00	0.00	500.00

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

Vendor# Vendor Name Class Pay Code

13200 CLAIMS ADMINSTRATIVE SERVICES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
CASA 19002822	PT REFUND	04/29/20	04/23/20	04/23/20		80.00	0.00	0.00	80.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13200	CLAIMS ADMINSTRATIVE SERVICES	80.00	0.00	0.00	80.00

Vendor# Vendor Name Class Pay Code

11030 COMBINED INSURANCE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
042920	INSURANCE	04/29/20	04/29/20	05/01/20		877.94	0.00	0.00	877.94

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE	877.94	0.00	0.00	877.94

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
6049280	SUPPLIES	04/15/20	04/13/20	05/08/20		144.60	0.00	0.00	144.60
6048980	SUPPLIES	04/15/20	04/13/20	05/08/20		44.59	0.00	0.00	44.59
6049630	SUPPLIES	04/21/20	04/14/20	05/09/20		76.80	0.00	0.00	76.80
6050430	SUPPLIES	04/21/20	04/15/20	05/10/20		159.21	0.00	0.00	159.21

	SUPPLIES							
6050730		04/21/20	04/16/20	05/11/20	15.03	0.00	0.00	15.03
	SUPPLIES							
6051010		04/22/20	04/16/20	05/11/20	11.77	0.00	0.00	11.77
	SUPPLIES							
6052870		04/22/20	04/17/20	05/12/20	47.60	0.00	0.00	47.60
	SUPPLIES							
6055370		04/29/20	04/22/20	05/17/20	57.98	0.00	0.00	57.98
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	557.58	0.00	0.00	557.58

Vendor#	Vendor Name	Class	Pay Code
11960	DILON TECHNOLOGIES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
00033431		04/21/20	04/07/20	05/07/20			2,250.00	0.00	0.00	2,250.00
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11960	DILON TECHNOLOGIES	2,250.00	0.00	0.00	2,250.00

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
16350		04/21/20	04/17/20	05/12/20			1,023.08	0.00	0.00	1,023.08
	55 GALLON DSV DISNIFECTAI									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	1,023.08	0.00	0.00	1,023.08

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
39107		04/29/20	03/31/20	05/07/20			6,500.00	0.00	0.00	6,500.00
	SHORTFALL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	6,500.00	0.00	0.00	6,500.00

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
T2004151378		04/29/20	04/15/20	05/10/20			8,844.67	0.00	0.00	8,844.67
	BUSINESS SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	8,844.67	0.00	0.00	8,844.67

Vendor#	Vendor Name	Class	Pay Code
S0501	EVOQUA WATER TECHNOLOGIES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
904424350		04/29/20	04/16/20	05/11/20			1,376.70	0.00	0.00	1,376.70
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	1,376.70	0.00	0.00	1,376.70

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
6601293		04/29/20	04/02/20	04/27/20			232.00	0.00	0.00	232.00
	SUPPLIES									

6699582		04/29/20	04/03/20	04/28/20	322.08	0.00	0.00	322.08
SUPPLIES								
6699580		04/29/20	04/03/20	04/28/20	355.53	0.00	0.00	355.53
SUPPLIES								
6793992		04/29/20	04/06/20	05/01/20	1,217.51	0.00	0.00	1,217.51
SUPPLIES								
6907031		04/29/20	04/07/20	05/02/20	3,717.33	0.00	0.00	3,717.33
SUPPLIES								
6907030		04/29/20	04/07/20	05/02/20	483.12	0.00	0.00	483.12
SUPPLIES								
6997911		04/29/20	04/08/20	05/03/20	461.88	0.00	0.00	461.88
SUPPLIES								
6997912		04/29/20	04/08/20	05/03/20	3,358.31	0.00	0.00	3,358.31
SUPPLIES								
7092774		04/29/20	04/09/20	05/04/20	1,073.43	0.00	0.00	1,073.43
SUPPLIES								
7092799		04/29/20	04/09/20	05/04/20	26.76	0.00	0.00	26.76
SUPPLIES								
7176139		04/29/20	04/10/20	05/05/20	314.91	0.00	0.00	314.91
SUPPLIES								
7176140		04/29/20	04/10/20	05/05/20	322.08	0.00	0.00	322.08
SUPPLIES								
7355145		04/29/20	04/14/20	05/09/20	161.04	0.00	0.00	161.04
SUPPLIES								
7449904		04/29/20	04/15/20	05/10/20	447.81	0.00	0.00	447.81
SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE			12,493.79	0.00	0.00	12,493.79

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
1846705		04/22/20	04/07/20	05/07/20			155.04	0.00	0.00	155.04
SUPPLIES										
1846848		04/22/20	04/07/20	05/07/20			784.64	0.00	0.00	784.64
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					939.68	0.00	0.00	939.68

Vendor#	Vendor Name	Class	Pay Code
11102	GULF COAST REGIONAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2419		04/28/20	04/10/20	05/10/20			500.00	0.00	0.00	500.00
SRA CONTRACT 2ND INSTALL										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11102	GULF COAST REGIONAL					500.00	0.00	0.00	500.00

Vendor#	Vendor Name	Class	Pay Code
12932	INTRADO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV002216286		04/28/20	03/31/20	04/30/20			456.40	0.00	0.00	456.40
HOUSE CALLS										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12932	INTRADO					456.40	0.00	0.00	456.40

Vendor#	Vendor Name				Class	Pay Code				
10972	M G TRUST									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	042720		04/28/20	04/27/20	04/27/20		840.86	0.00	0.00	840.86
		PAYROLL DED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10972	M G TRUST				840.86	0.00	0.00	840.86
Vendor#	Vendor Name				Class	Pay Code				
M1950	MARTIN PRINTING CO				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	75500		04/15/20	04/13/20	05/13/20		28.30	0.00	0.00	28.30
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M1950	MARTIN PRINTING CO				28.30	0.00	0.00	28.30
Vendor#	Vendor Name				Class	Pay Code				
11612	MASA GLOBAL BUILDING									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	772223MKMMC		04/29/20	04/16/20	04/16/20		1,627.00	0.00	0.00	1,627.00
		INSURANCE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11612	MASA GLOBAL BUILDING				1,627.00	0.00	0.00	1,627.00
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
	00825733		04/29/20	04/01/20	04/16/20		159.22	0.00	0.00	159.22
		SUPPLIES								
	01150219		04/29/20	04/05/20	04/20/20		958.99	0.00	0.00	958.99
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				1,118.21	0.00	0.00	1,118.21
Vendor#	Vendor Name				Class	Pay Code				
M2280	MEAD JOHNSON NUTRITION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	991250059		04/29/20	04/17/20	04/29/20		216.00	0.00	0.00	216.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2280	MEAD JOHNSON NUTRITION				216.00	0.00	0.00	216.00
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
	1906726534		04/29/20	04/03/20	04/28/20		56.95	0.00	0.00	56.95
		SUPPLIES								
	1907042193		04/29/20	04/07/20	05/02/20		45.65	0.00	0.00	45.65
		SUPPLIES								
	1907042182		04/29/20	04/07/20	05/02/20		35.33	0.00	0.00	35.33
		SUPPLIES								
	1907042704		04/29/20	04/07/20	05/02/20		968.17	0.00	0.00	968.17
		SUPPLIES								
	1907042189		04/29/20	04/07/20	05/02/20		349.80	0.00	0.00	349.80
		SUPPLIES								
	1907042198		04/29/20	04/07/20	05/02/20		8.46	0.00	0.00	8.46

	SUPPLIES							
1907042194		04/29/20	04/07/20	05/02/20	496.60	0.00	0.00	496.60
	SUPPLIES							
1907042192		04/29/20	04/07/20	05/02/20	67.48	0.00	0.00	67.48
	SUPPLIES							
1907042180		04/29/20	04/07/20	05/02/20	186.48	0.00	0.00	186.48
	SUPPLIES							
1907042187		04/29/20	04/07/20	05/02/20	35.33	0.00	0.00	35.33
	SUPPLIES							
1907042176		04/29/20	04/07/20	05/02/20	129.05	0.00	0.00	129.05
	SUPPLIES							
1907191966		04/29/20	04/08/20	05/03/20	97.46	0.00	0.00	97.46
	SUPPLIES							
1907191965		04/29/20	04/08/20	05/03/20	85.58	0.00	0.00	85.58
	SUPPLIES							
1907366120		04/29/20	04/09/20	05/04/20	48.21	0.00	0.00	48.21
	SUPPLIES							
1907366119		04/29/20	04/09/20	05/04/20	3.78	0.00	0.00	3.78
	SUPPLIES							
1907366121		04/29/20	04/09/20	05/04/20	317.00	0.00	0.00	317.00
	SUPPLIES							
1907366118		04/29/20	04/09/20	05/04/20	7.56	0.00	0.00	7.56
	SUPPLIES							
1907366124		04/29/20	04/09/20	05/04/20	126.80	0.00	0.00	126.80
	SUPPLIES							
1907366127		04/29/20	04/09/20	05/04/20	2,862.22	0.00	0.00	2,862.22
	SUPPLIES							
1907366132		04/29/20	04/09/20	05/04/20	67.68	0.00	0.00	67.68
	SUPPLIES							
1907366117		04/29/20	04/09/20	05/04/20	380.40	0.00	0.00	380.40
	SUPPLIES							
1907366116		04/29/20	04/09/20	05/04/20	126.80	0.00	0.00	126.80
	SUPPLIES							
1907366123		04/29/20	04/09/20	05/04/20	126.80	0.00	0.00	126.80
	SUPPLIES							
1907890227		04/29/20	04/14/20	05/09/20	361.89	0.00	0.00	361.89
	SUPPLIES							
1907890228		04/29/20	04/14/20	05/09/20	12.35	0.00	0.00	12.35
	SUPPLIES							
1907890235		04/29/20	04/14/20	05/09/20	542.42	0.00	0.00	542.42
	SUPPLIES							
1907890229		04/29/20	04/14/20	05/09/20	27.33	0.00	0.00	27.33
	SUPPLIES							
1907890231		04/29/20	04/14/20	05/09/20	75.77	0.00	0.00	75.77
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC			7,649.35	0.00	0.00	7,649.35

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
042720		04/28/20	04/27/20	04/27/20		75.00	0.00	0.00	75.00

PAYROLL DED

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	75.00	0.00	0.00	75.00

Vendor#	Vendor Name	Class	Pay Code
10680	MMC EMPLOYEES ACTIVITIES TEAM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
042720		04/28/20	04/27/20	04/27/20			65.00	0.00	0.00	65.00

PAYROLL DED - fundraiser deduction

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10680	MMC EMPLOYEES ACTIVITIES TEAM	65.00	0.00	0.00	65.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0542		04/28/20	04/21/20	05/01/20			-20.00	0.00	0.00	-20.00
5524805	CREDIT	04/28/20	04/21/20	05/01/20			25.40	0.00	0.00	25.40
5524807	INVENTORY	04/28/20	04/21/20	05/01/20			20.27	0.00	0.00	20.27
5524806	INVENTORY	04/28/20	04/21/20	05/01/20			418.65	0.00	0.00	418.65
5525591	INVENTORY	04/28/20	04/21/20	05/01/20			5.40	0.00	0.00	5.40
5530527	INVENTORY	04/28/20	04/22/20	05/02/20			127.19	0.00	0.00	127.19
5530667	INVENTORY	04/28/20	04/22/20	05/02/20			1,087.59	0.00	0.00	1,087.59
5530666	INVENTORY	04/28/20	04/22/20	05/02/20			483.48	0.00	0.00	483.48
5527294	INVENTORY	04/28/20	04/22/20	05/02/20			225.62	0.00	0.00	225.62
1205	INVENTORY	04/28/20	04/23/20	05/03/20			-42.69	0.00	0.00	-42.69
5538324	CREDIT	04/28/20	04/24/20	05/04/20			232.83	0.00	0.00	232.83
5538323	INVENTORY	04/28/20	04/24/20	05/04/20			79.08	0.00	0.00	79.08
5538325	INVENTORY	04/28/20	04/24/20	05/04/20			3.41	0.00	0.00	3.41
5544122	INVENTORY	04/28/20	04/27/20	05/07/20			210.54	0.00	0.00	210.54
5544120	INVENTORY	04/28/20	04/27/20	05/07/20			268.25	0.00	0.00	268.25
5544121	INVENTORY	04/28/20	04/27/20	05/07/20			783.45	0.00	0.00	783.45

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	3,908.47	0.00	0.00	3,908.47

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3157961		04/29/20	04/13/20	05/01/20			4,400.62	0.00	0.00	4,400.62

INSURANCE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LIFE INSURANCE	4,400.62	0.00	0.00	4,400.62

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
473231741001		04/29/20	04/08/20	04/29/20			259.33	0.00	0.00	259.33

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT	259.33	0.00	0.00	259.33

Vendor#	Vendor Name	Class	Pay Code
O1500	OLYMPUS AMERICA INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
99128686		04/15/20	04/14/20	05/09/20			180.93	0.00	0.00	180.93

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	180.93	0.00	0.00	180.93

Vendor#	Vendor Name	Class	Pay Code
11069	PABLO GARZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
042820		04/29/20	04/28/20	04/28/20			2,616.25	0.00	0.00	2,616.25

CONTRACT EMPLOYEE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	2,616.25	0.00	0.00	2,616.25

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SC60578		04/21/20	04/12/20	05/07/20			1,667.00	0.00	0.00	1,667.00
	RAD SERVICES									
SC60593		04/21/20	04/16/20	05/11/20			1,625.00	0.00	0.00	1,625.00
	RAD SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	3,292.00	0.00	0.00	3,292.00

Vendor#	Vendor Name	Class	Pay Code
G0425	ROBERTS, ODEFEY, WITTE & WALL	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
99		04/28/20	04/23/20	05/03/20			1,100.00	0.00	0.00	1,100.00
	LEGAL									
175		04/28/20	04/23/20	05/03/20			412.50	0.00	0.00	412.50
	LEGAL									
73		04/28/20	04/23/20	05/03/20			297.00	0.00	0.00	297.00
	LEGAL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0425	ROBERTS, ODEFEY, WITTE & WALL	1,809.50	0.00	0.00	1,809.50

Vendor#	Vendor Name	Class	Pay Code
11360	SCRUBS ON WHEELS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
042920		04/29/20	04/29/20	04/29/20			1,656.79	0.00	0.00	1,656.79

SCRUB SALE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11360	SCRUBS ON WHEELS	1,656.79	0.00	0.00	1,656.79

Vendor#	Vendor Name	Class	Pay Code
S1405	SERVICE SUPPLY OF VICTORIA INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
701052652	SUPPLIES	04/22/20	04/17/20	05/10/20			134.34	0.00	0.00	134.34

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY OF VICTORIA INC	134.34	0.00	0.00	134.34

Vendor#	Vendor Name	Class	Pay Code
S1800	SHERWIN WILLIAMS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
87403	REPAIR	04/28/20	04/23/20	05/08/20			158.15	0.00	0.00	158.15

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	158.15	0.00	0.00	158.15

Vendor#	Vendor Name	Class	Pay Code
S1850	SHIP SHUTTLE TAXI SERVICE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
~~042520~~ 7281-31	TRANSPORT PT	04/28/20	04/25/20	04/25/20			8.00	0.00	0.00	8.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1850	SHIP SHUTTLE TAXI SERVICE	8.00	0.00	0.00	8.00

Vendor#	Vendor Name	Class	Pay Code
K0536	SHIRLEY KARNEI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
042820	CONTRACT EMPLOYEE (4/16-4/27/2020)	04/29/20	04/28/20	04/28/20			180.95	0.00	0.00	180.95

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	180.95	0.00	0.00	180.95

Vendor#	Vendor Name	Class	Pay Code
S2001	SIEMENS MEDICAL SOLUTIONS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
115890562	MAINT CONTRACT	04/28/20	04/16/20	05/11/20			2,193.83	0.00	0.00	2,193.83

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

Vendor#	Vendor Name	Class	Pay Code
11296	SOUTH TEXAS BLOOD & TISSUE CEN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
CM1990	CREDIT	04/22/20	04/15/20	05/10/20			-2,844.00	0.00	0.00	-2,844.00
I07005979	BLOOD	04/22/20	04/15/20	05/10/20			4,644.00	0.00	0.00	4,644.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	1,800.00	0.00	0.00	1,800.00

Vendor#	Vendor Name	Class	Pay Code
S2345	SOUTHEAST TEXAS HEALTH SYS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
26338	APRIL - JUN DUES	04/21/20	04/10/20	05/10/20			5,000.00	0.00	0.00	5,000.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2345	SOUTHEAST TEXAS HEALTH SYS	5,000.00	0.00	0.00	5,000.00

Vendor#	Vendor Name				Class	Pay Code				
C1010	SPARKLIGHT				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	100951581-0416		04/29/20	04/16/20	04/30/20		418.83	0.00	0.00	418.83
		CABLE								
	118134105-416		04/29/20	04/16/20	04/30/20		90.09	0.00	0.00	90.09
		CABLE								
	100987627		04/29/20	04/16/20	04/30/20		2,029.93	0.00	0.00	2,029.93
		CABLE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1010	SPARKLIGHT				2,538.85	0.00	0.00	2,538.85

Vendor#	Vendor Name				Class	Pay Code				
10735	STRYKER SUSTAINABILITY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	3909961		04/15/20	04/10/20	05/10/20		211.38	0.00	0.00	211.38
		SUPPLIES								
	3910010		04/15/20	04/10/20	05/10/20		211.38	0.00	0.00	211.38
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10735	STRYKER SUSTAINABILITY				422.76	0.00	0.00	422.76

Vendor#	Vendor Name				Class	Pay Code				
12440	SUN LIFE ASSURANCE COMPANY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	042120		04/29/20	04/21/20	05/01/20		2,505.72	0.00	0.00	2,505.72
		INSURANCE (5/1/2020 - 5/31/2020 - billing period)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12440	SUN LIFE ASSURANCE COMPANY				2,505.72	0.00	0.00	2,505.72

Vendor#	Vendor Name				Class	Pay Code				
12476	SUN LIFE FINANCIAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	042120		04/28/20	04/21/20	04/21/20		10,870.74	0.00	0.00	10,870.74
		FEB INSURANCE (2/1 - 2/29/2020 - billing period)								
	042120A		04/28/20	04/21/20	04/21/20		10,815.80	0.00	0.00	10,815.80
		MARCH INSURANCE (3/1 - 3/31/2020 - billing period)								
	042320		04/28/20	04/23/20	04/23/20		10,897.62	0.00	0.00	10,897.62
		APRIL INSURANCE (4/1 - 4/30/2020 - billing period)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12476	SUN LIFE FINANCIAL				32,584.16	0.00	0.00	32,584.16

Vendor#	Vendor Name				Class	Pay Code				
11944	TALX CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1001464586		04/16/20	04/08/20	05/08/20		10.99	0.00	0.00	10.99
		EMPLOYEE VERIFICATIONS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11944	TALX CORPORATION				10.99	0.00	0.00	10.99

Vendor#	Vendor Name				Class	Pay Code				
11038	THE INLINE GROUP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	40844		04/30/20	04/19/20	05/04/20		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

11100 THE US CONSULTING GROUP

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
340377729	TRASH SERVICE	04/15/20	04/14/20	05/09/20			248.47	0.00	0.00	248.47

Vendor Totals

Number	Name	Gross	Discount	No-Pay	Net
11100	THE US CONSULTING GROUP	248.47	0.00	0.00	248.47

Vendor# Vendor Name — Class — Pay Code

T2250 THYSSENKRUPP ELEVATOR CORP — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5001256669	OIL & GREASE	04/28/20	04/14/20	04/14/20			1,209.00	0.00	0.00	1,209.00

Vendor Totals

Number	Name	Gross	Discount	No-Pay	Net
T2250	THYSSENKRUPP ELEVATOR CORP	1,209.00	0.00	0.00	1,209.00

Vendor# Vendor Name — Class — Pay Code

U1054 UNIFIRST HOLDINGS — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400329182	LAUNDRY	04/21/20	04/16/20	05/11/20			175.83	0.00	0.00	175.83
8400329238	LAUNDRY	04/21/20	04/16/20	05/11/20			91.84	0.00	0.00	91.84
8400329211	LAUNDRY	04/21/20	04/16/20	05/11/20			797.36	0.00	0.00	797.36
8400329180	laundry	04/21/20	04/16/20	05/11/20			97.14	0.00	0.00	97.14
8400329197	LAUNDRY	04/21/20	04/16/20	05/11/20			81.67	0.00	0.00	81.67
8400329179	LAUNDRY	04/21/20	04/16/20	05/11/20			131.55	0.00	0.00	131.55
8400329181	LAUNDRY	04/21/20	04/16/20	05/11/20			168.09	0.00	0.00	168.09
8400329177	LAUNDRY	04/21/20	04/16/20	05/11/20			18.62	0.00	0.00	18.62
8400328855	LAUNDRY	04/22/20	04/13/20	05/08/20			962.44	0.00	0.00	962.44
8400328828	LAUNDRY	04/22/20	04/13/20	05/08/20			47.15	0.00	0.00	47.15
8400328829	LAUNDRY	04/22/20	04/13/20	05/08/20			61.48	0.00	0.00	61.48

Vendor Totals

Number	Name	Gross	Discount	No-Pay	Net
U1054	UNIFIRST HOLDINGS	2,633.17	0.00	0.00	2,633.17

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
10723063	KELLI GOFF	04/29/20	03/12/20	03/27/20			22.99	0.00	0.00	22.99
10863575	MARIA LONGORIA	04/29/20	04/16/20	05/01/20			129.55	0.00	0.00	129.55
10895697	MONICA CARR	04/29/20	04/21/20	05/06/20			101.96	0.00	0.00	101.96

10895696		04/29/20	04/21/20	05/06/20	55.97	0.00	0.00	55.97
VELMA PENA								
10550762		04/30/20	02/04/20	02/19/20	111.96	0.00	0.00	111.96
IRENE VENECIA								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE			422.43	0.00	0.00	422.43

Vendor#	Vendor Name	Class	Pay Code
U1200	UNITED AD LABEL CO INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
467638210		04/22/20	04/14/20	05/09/20			140.76	0.00	0.00	140.76
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1200	UNITED AD LABEL CO INC					140.76	0.00	0.00	140.76

Vendor#	Vendor Name	Class	Pay Code
10793	WAGEWORKS, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
042720		04/28/20	04/27/20	04/27/20			4,890.93	0.00	0.00	4,890.93
	PAYROLL DED									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10793	WAGEWORKS, INC.					4,890.93	0.00	0.00	4,890.93

Vendor#	Vendor Name	Class	Pay Code
W1005	WALMART COMMUNITY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
004592		04/29/20	03/12/20	05/12/20			14.40	0.00	0.00	14.40
	SUPPLIES									
004594		04/29/20	03/12/20	05/12/20			3.92	0.00	0.00	3.92
	SUPPLIES									
004591		04/29/20	03/12/20	05/12/20			7.84	0.00	0.00	7.84
	SUPPLIES									
004593		04/29/20	03/12/20	05/12/20			9.76	0.00	0.00	9.76
	SUPPLIES									
009524		04/29/20	03/17/20	05/12/20			77.44	0.00	0.00	77.44
	SUPPLIES									
007413		04/29/20	03/19/20	05/12/20			27.54	0.00	0.00	27.54
	SUPPLIES									
007412		04/29/20	03/19/20	05/12/20			7.76	0.00	0.00	7.76
	SUPPLIES									
008435		04/29/20	03/30/20	05/12/20			11.76	0.00	0.00	11.76
	SUPPLIES									
0003724		04/29/20	04/08/20	05/12/20			32.53	0.00	0.00	32.53
	SUPPLIES									
003725		04/29/20	04/08/20	05/12/20			11.64	0.00	0.00	11.64
	SUPPLIES									
000756		04/29/20	04/12/20	05/12/20			16.15	0.00	0.00	16.15
	SUPPLIES									
008005		04/30/20	03/27/20	05/12/20			-8.94	0.00	0.00	-8.94
	CREDIT									-3.57
Vendor Totals	Number	Name	credit on interest				Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY					211.80	0.00	0.00	211.80

Report Summary 208.23 208.23

Grand Totals:	Gross	Discount	No-Pay	Net

134,380.85	0.00	0.00	134,380.85

pg12 correction { <211.80>
+ 208.23

134,377.28

APPROVED
ON
APR 30 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 185554-185625

RUN DATE: 04/30/20
TIME: 11:05

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	042920	63.75			[redacted]	
		042920	25.00				
		042920	25.00				
		042920	277.73				
		042920	53.56				
	ARID=0001 TOTAL		445.04				
TOTAL			445.04				

APPROVED
ON
APR 30 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#
185593-
185597

RUN DATE:05/05/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:03 CHECK REGISTER GLCKREG
05/06/20 THRU 05/06/20

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	185554	05/06/20	1,295.00	3WON, LLC
A/P	185555	05/06/20	343.40	AIRGAS USA, LLC - CENTRAL DIV
A/P	185556	05/06/20	1,287.00	ALLYSON SWOPE
A/P	185557	05/06/20	54.66	BARD PERIPHERAL VASCULAR
A/P	185558	05/06/20	180.41	CARDINAL HEALTH 414, INC.
A/P	185559	05/06/20	500.00	CHEMAQUA
A/P	185560	05/06/20	80.00	CLAIMS ADMINSTRATIVE SERVICES
A/P	185561	05/06/20	877.94	COMBINED INSURANCE
A/P	185562	05/06/20	57.98	DEWITT POTH & SON
A/P	185563	05/06/20	.00	VOIDED
A/P	185564	05/06/20	11,884.94	FISHER HEALTHCARE
A/P	185565	05/06/20	456.40	INTRADO
A/P	185566	05/06/20	840.86	M G TRUST
A/P	185567	05/06/20	1,627.00	MASA GLOBAL BUILDING
A/P	185568	05/06/20	1,118.21	MCKESSON MEDICAL SURGICAL INC
A/P	185569	05/06/20	216.00	MEAD JOHNSON NUTRITION
A/P	185570	05/06/20	.00	VOIDED
A/P	185571	05/06/20	.00	VOIDED
A/P	185572	05/06/20	6,629.59	MEDLINE INDUSTRIES INC
A/P	185573	05/06/20	75.00	MEMORIAL MEDICAL CLINIC
A/P	185574	05/06/20	65.00	MMC EMPLOYEES ACTIVITIES TEAM
A/P	185575	05/06/20	2,646.23	MORRIS & DICKSON CO, LLC
A/P	185576	05/06/20	4,400.62	NATIONAL FARM LIFE INSURANCE
A/P	185577	05/06/20	259.33	OFFICE DEPOT
A/P	185578	05/06/20	2,616.25	PABLO GARZA
A/P	185579	05/06/20	1,809.50	ROBERTS, ODEFEY, WITTE & WALL
A/P	185580	05/06/20	1,656.79	SCRUBS ON WHEELS
A/P	185581	05/06/20	8.00	SHIP SHUTTLE TAXI SERVICE
A/P	185582	05/06/20	180.95	SHIRLEY KARNEI
A/P	185583	05/06/20	2,538.85	SPARKLIGHT
A/P	185584	05/06/20	2,505.72	SUN LIFE ASSURANCE COMPANY
A/P	185585	05/06/20	32,584.16	SUN LIFE FINANCIAL
A/P	185586	05/06/20	2,500.00	THE INLINE GROUP
A/P	185587	05/06/20	1,209.00	THYSSENKRUPP ELEVATOR CORP
A/P	185588	05/06/20	422.43	UNIFORM ADVANTAGE
A/P	185589	05/06/20	4,890.93	WAGEWORKS, INC.
A/P	185590	05/06/20	39,124.30	GOLDENCREEK HEALTHCARE
A/P	185591	05/06/20	14,366.22	GULF POINTE PLAZA
A/P	185592	05/06/20	5,400.00	THE CRESCENT
A/P	185593	05/06/20	[redacted]	
A/P	185594	05/06/20		
A/P	185595	05/06/20		
A/P	185596	05/06/20		
A/P	185597	05/06/20		
A/P	185598	05/06/20	256.20	ACE HARDWARE 15521
A/P	185599	05/06/20	5,016.58	BECKMAN COULTER INC
A/P	185600	05/06/20	9.84	CDW GOVERNMENT, INC.
A/P	185601	05/06/20	499.60	DEWITT POTH & SON
A/P	185602	05/06/20	2,250.00	DILON TECHNOLOGIES
A/P	185603	05/06/20	1,023.08	DOWELL PEST CONTROL

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		185604	05/06/20	6,500.00	EMERGENCY STAFFING SOLUTIONS
A/P		185605	05/06/20	8,844.67	EVIDENT
A/P		185606	05/06/20	1,376.70	EVOQUA WATER TECHNOLOGIES LLC
A/P		185607	05/06/20	608.85	FISHER HEALTHCARE
A/P		185608	05/06/20	939.68	GULF COAST PAPER COMPANY
A/P		185609	05/06/20	500.00	GULF COAST REGIONAL
A/P		185610	05/06/20	28.30	MARTIN PRINTING CO
A/P		185611	05/06/20	1,019.76	MEDLINE INDUSTRIES INC
A/P		185612	05/06/20	1,262.24	MORRIS & DICKSON CO, LLC
A/P		185613	05/06/20	180.93	OLYMPUS AMERICA INC
A/P		185614	05/06/20	3,292.00	RADSOURCE
A/P		185615	05/06/20	134.34	SERVICE SUPPLY OF VICTORIA INC
A/P		185616	05/06/20	158.15	SHERWIN WILLIAMS
A/P		185617	05/06/20	2,193.83	SIEMENS MEDICAL SOLUTIONS INC
A/P		185618	05/06/20	1,800.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P		185619	05/06/20	5,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P		185620	05/06/20	422.76	STRYKER SUSTAINABILITY
A/P		185621	05/06/20	10.99	TALX CORPORATION
A/P		185622	05/06/20	248.47	THE US CONSULTING GROUP
A/P		185623	05/06/20	2,633.17	UNIFIRST HOLDINGS
A/P		185624	05/06/20	140.76	UNITED AD LABEL CO INC
A/P		185625	05/06/20	208.23	WALMART COMMUNITY
TOTALS:				193,712.84	

Payables 134,377.28 +
Patient refunds 445.04 +
NH transfers 5,400.00 +
39,124.30 +
14,366.22 +
193,712.84 *

APPROVED
ON

MAY 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 05/01/2020 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 05/02/2020

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

As of: 05/01/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 05/02/2020 **ITEMS NOT PAID (✔)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 7,836.30 USD

Future Due: 0.00

Past Due: 250.07-

Last Payment 2,451.97
08/07/2017

If Paid By 05/05/2020,
Pay This Amount: 7,674.57 USD

If Paid After 05/05/2020,
Pay this Amount: 7,836.30 USD

Due If Paid On Time:
USD 7,674.57

Disc lost if paid late:
161.73

Due If Paid Late:
USD 7,836.30

CK # 500095

APPROVED
ON
MAY 05 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

2,091.09 +
2.14 -
9.80 +
2,500.10 +
3,075.72 +
7,674.57 *

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 05/01/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 262252
Date: 05/02/2020

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

As of: 05/01/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 05/02/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
04/30/2020	05/05/2020	7198125493	737655	115Invoice	42.68	2,133.77		2,091.09	✓	7198125493	

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

TOTAL: **Customer Number 262252 CVS PHCY 7006/MEMORIA PHS**

Subtotals: 2,133.77 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,675.80
04/27/2020

If Paid By 05/05/2020,
Pay This Amount: 2,091.09 USD

If Paid After 05/05/2020,
Pay this Amount: 2,133.77 USD

Due If Paid On Time:
USD 2,091.09
Disc lost if paid late:
42.68
Due If Paid Late:
USD 2,133.77

APPROVED ON
MAY 05 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 05/01/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 835438
Date: 05/02/2020

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

As of: 05/01/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 05/02/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
04/30/2020	05/05/2020	7198246960	737789	115Invoice	2.98	148.93		145.95	✓	7198246960	
04/30/2020	04/30/2020	7198345106	MFC PR CORR CR	Pricing Cor		74.67-	P	74.67-	P ✓	7198345106	
04/30/2020	04/30/2020	7198345107	MFC PR CORR CR	Pricing Cor		175.40-	P	175.40-	P ✓	7198345107	
04/30/2020	05/05/2020	7198345108	MFC PR CORR IN	Pricing Cor	0.58	29.00		28.42	✓	7198345108	
04/30/2020	05/05/2020	7198345109	MFC PR CORR IN	Pricing Cor	1.50	75.06		73.56	✓	7198345109	

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

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

Subtotals: 2.92 USD

Future Due: 0.00

Past Due: 250.07-

Last Payment 5,675.80
04/27/2020

If Paid By 05/05/2020,
Pay This Amount: 2.14- USD

If Paid After 05/05/2020,
Pay this Amount: 2.92 USD

Due If Paid On Time:
USD 2.14-

Disc lost if paid late:
5.06

Due If Paid Late:
USD 2.92

APPROVED
ON
MAY 05 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 05/01/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 190813
Date: 05/02/2020

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

As of: 05/01/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 05/02/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
04/29/2020	05/05/2020	7197859113	2017014409	115Invoice	0.20	10.00		9.80	✓	7197859113	

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

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

Subtotals: 10.00 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,675.80
04/27/2020

If Paid By 05/05/2020,
Pay This Amount: 9.80 USD

If Paid After 05/05/2020,
Pay this Amount: 10.00 USD

Due If Paid On Time:
USD 9.80

Disc lost if paid late:
0.20

Due If Paid Late:
USD 10.00

APPROVED
ON

MAY 05 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 05/01/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 464450
Date: 05/02/2020

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

As of: 05/01/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 05/02/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
04/30/2020	05/05/2020	7198100978	55x308032	115Invoice	50.74	2,537.20		2,486.46	✓	7198100978	
05/01/2020	05/05/2020	7198343259	55x311784	115Invoice	0.28	13.92		13.64	✓	7198343259	

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

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

Subtotals: 2,551.12 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,675.80
04/27/2020

If Paid By 05/05/2020,
Pay This Amount: 2,500.10 USD

If Paid After 05/05/2020,
Pay this Amount: 2,551.12 USD

Due If Paid On Time:
USD 2,500.10

Disc lost if paid late:
51.02

Due If Paid Late:
USD 2,551.12

APPROVED
ON
MAY 05 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: 05/01/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 256342
Date: 05/02/2020

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

As of: 05/01/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 05/02/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
04/27/2020	05/05/2020	7197357752	9268524628	115Invoice	11.20	560.00		548.80	✓	7197357752	
04/27/2020	05/05/2020	7197357753	0426200157-00	115Invoice	5.90	294.98		289.08	✓	7197357753	
04/27/2020	05/05/2020	7197532557	805926212	195Invoice	0.01	0.32		0.31	✓	7197532557	
04/28/2020	05/05/2020	7197602908	0427200306-00	115Invoice	9.82	491.22		481.40	✓	7197602908	
04/29/2020	05/05/2020	7198046894	806512419	195Invoice	6.33	316.29		309.96	✓	7198046894	
04/30/2020	05/05/2020	7198127067	5368548765	115Invoice	9.63	481.67		472.04	✓	7198127067	
04/30/2020	05/05/2020	7198127068	0429200259-00	115Invoice	1.41	70.47		69.06	✓	7198127068	
05/01/2020	05/05/2020	7198370941	5418553278	115Invoice	14.22	711.21		696.99	✓	7198370941	
05/01/2020	05/05/2020	7198537398	807002837	195Invoice	4.25	212.33		208.08	✓	7198537398	

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

TOTAL: **Customer Number 256342 WALMART 1098/MEM MED PHS**

Subtotals: 3,138.49 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,675.80
04/27/2020

If Paid By 05/05/2020,
Pay This Amount: 3,075.72 USD

If Paid After 05/05/2020,
Pay this Amount: 3,138.49 USD

Due If Paid On Time:
USD 3,075.72

Disc lost if paid late:
62.77

Due If Paid Late:
USD 3,138.49

APPROVED
ON
MAY 05 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 59168114 Date: 05-01-2020

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

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

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

Summary

Not Yet Due:	0.00
Current:	366.25
Past Due:	0.00
Total Due:	366.25
Account Balance:	366.25

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
04-27-2020	05-08-2020	3037296198	156283	Invoice	74.89
04-27-2020	05-08-2020	3037296199	156285	Invoice	58.32
04-27-2020	05-08-2020	3037319274	156331	Invoice	23.21
04-28-2020	05-08-2020	3037360013	156337	Invoice	3.61
04-29-2020	05-08-2020	3037414887	156344	Invoice	206.22

Thank You for Your Payment

Date	Payment Number	Amount
05-01-2020		(909.47)

Reminders

Due Date	Amount
05-08-2020	366.25
Total Due:	366.25

Terms:
Monday - Friday due in 7 days

CK # 500096

APPROVED
ON
MAY 05 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- April 27, 2020 - May 3, 2020

Date	Bank Description	MMC Notes	Amount
4/27/2020	PAY PLUS ACHTRANS 452579291 101000690397727	- 3rd Party Payor Fee	61.64
4/28/2020	PAY PLUS ACHTRANS 452579291 101000691125356	- 3rd Party Payor Fee	42.23
4/28/2020	MCKESSON DRUG AUTO ACH ACH04157172 910000139	- 340B Drug Program Expense	5,675.80 *
4/29/2020	PAY PLUS ACHTRANS 452579291 101000691870143	- 3rd Party Payor Fee	2.55
5/1/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	909.47 *
5/1/2020	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	290,676.89 *
5/1/2020	PAY PLUS ACHTRANS 452579291 101000693552073	- 3rd Party Payor Fee	24.69

297,393.27

Jason Anglin, CEO
Memorial Medical Center

May 4, 2020

* Approved 04-29-2020 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount

Jason Anglin, CEO
Memorial Medical Center

May 4, 2020

C

Pay
PLUS

61.64 +
42.23 +
2.55 +
24.69 +
131.11 *
297,393.27 +
290,676.89 –
909.47 –
5,675.80 –
131.11 *
131.11 +
131.11 –
0.00 *

04/30/2020
11:04

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
042320		04/28/20	04/23/20	05/14/20			5,400.00	0.00	0.00	5,400.00
	TRANSFER NH insurance pymt sent to mmc in error									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	5,400.00	0.00	0.00	5,400.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,400.00	0.00	0.00	5,400.00

APPROVED ON
APR 30 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 185592

RECEIVED
APR 30 2020
Calhoun County Auditor

04/30/2020 MEMORIAL MEDICAL CENTER 0
11:01 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
042320E		04/28/20	04/23/20	05/14/20		21,868.04	0.00	0.00	21,868.04 ✓
	TRANSFER NH insurance pymt sent to mmc in error								
042320A		04/28/20	04/23/20	05/14/20		781.12	0.00	0.00	781.12 ✓
	TRANSFER NH insurance pymt sent to mmc in error								
042320		04/28/20	04/23/20	05/14/20		11.49	0.00	0.00	11.49 ✓
	TRANSFER NH insurance pymt sent to mmc in error								
042320B		04/28/20	04/23/20	05/14/20		1,267.08	0.00	0.00	1,267.08 ✓
	TRANSFER NH insurance pymt sent to mmc in error								
042320C		04/28/20	04/23/20	05/14/20		12,976.08	0.00	0.00	12,976.08 ✓
	TRANSFER NH insurance pymt sent to mmc in error								
042320D		04/28/20	04/23/20	05/14/20		2,220.49	0.00	0.00	2,220.49 ✓
	TRANSFER NH insurance pymt sent to mmc in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	39,124.30	0.00	0.00	39,124.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	39,124.30	0.00	0.00	39,124.30

APPROVED ON
APR 30 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 185590

04/30/2020
1:03

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12696	GULF POINTE PLAZA ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
042320A		04/28/20	04/23/20	05/14/20			314.91	0.00	0.00	314.91 ✓
	TRANSFER NH insurance pymt sent to mmc in error									
042320B		04/28/20	04/23/20	05/14/20			1,173.77	0.00	0.00	1,173.77 ✓
	TRANSFER NH insurance pymt sent to mmc in error									
042320		04/28/20	04/23/20	05/14/20			44.91	0.00	0.00	44.91 ✓
	TRANSFER NH insurance pymt sent to mmc in error									
042320C		04/28/20	04/23/20	05/14/20			12,832.63	0.00	0.00	12,832.63 ✓
	TRANSFER NH insurance pymt sent to mmc in error									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	14,366.22	0.00	0.00	14,366.22

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	14,366.22	0.00	0.00	14,366.22

CK# 185541

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
5/4/2020

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	;	150,604.30	150,504.30	208,580.74		-	208,680.74	133,709.07
						Bank Balance	208,680.74	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 3,4&Lapse Payment Variance	1,653.12	
						MMC Portion QIPP Yr2 Adjustment		
Routing Information for Ashford Gardens:						MMC Portion QIPP 1 &2	34,821.40	
Ashford Health Care Center Ltd Co						MMC Portion QIPP 3,4,Lapse	38,345.21	
JP Morgan Chase Bank						April Interest	51.94	
ABA ;						May Interest	-	
Accou						June Interest	-	
						Adjust Balance/Transfer Amt	133,709.07	
Broadmoor		265,874.51	265,774.51	134,826.66		-	134,926.66	105,351.62
						Bank Balance	134,926.66	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 3,4&Lapse Payment Variance	725.57	
						Pending Ck to MMC		
						MMC Portion QIPP 1 &2	12,534.14	
						MMC Portion QIPP 3,4,Lapse	16,118.04	
						April Interest	97.29	
						May Interest	-	
						June Interest	-	
						Adjust Balance/Transfer Amt	105,351.62	
Crescent		203,353.77	203,253.77	148,043.20		-	148,143.20	125,578.65
						Bank Balance	148,143.20	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 3,4&Lapse Payment Variance	572.43	
						Pending Ck to MMC		
						MMC Portion QIPP 1 &2	10,277.94	
						MMC Portion QIPP 3,4,Lapse	11,512.06	
						April Interest	102.12	
						May Interest	-	
						June Interest	-	
						Adjust Balance/Transfer Amt	125,578.65	
Fort Bend		58,499.01	58,399.01	83,298.96		-	83,398.96	52,310.84
						Bank Balance	83,398.96	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 3,4&Lapse Payment Variance	820.23	
						Pending Ck to MMC		
						MMC Portion QIPP 1 &2	14,235.75	
						MMC Portion QIPP 3,4,Lapse	15,897.69	
						April Interest	34.45	
						May Interest	-	
						June Interest	-	
						Adjust Balance/Transfer Amt	52,310.84	
Solera at W Houston		233,762.37	233,662.37	201,509.09			201,609.09	174,758.32
						Bank Balance	201,609.09	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 3,4&Lapse Payment Variance	581.74	
						Pending Ck to MMC		
						MMC Portion QIPP Yr2 Adjustment		
Routing Information for Crescent / Solera at West Houstor						MMC Portion QIPP 1 &2	12,336.90	
Cantex Health Care Centers III LLC						MMC Portion QIPP 3,4,Lapse	13,722.46	
JP Morgan Chase Bank						April Interest	109.67	
ABA [redacted]						May Interest	-	
						June Interest	-	
							-	
						Adjust Balance/Transfer Amt	174,758.32	
						TOTAL TRANSFERS		591,708.50

133,709.07 +
105,351.62 +
125,578.65 +
52,310.84 +
174,758.32 +
591,708.50 =

APPROVED ON
MAY 05 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXA

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

Approved:
Jason Anglin, CEO
5/4/2020

F:\NH Weekly Transfers\NH UPL Transfer Summary\2(

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
4/27/2020	MANAGEANDNET1718 MNS PMNT 000000000000093 41 0251520		5,180.50					-	5,180.50
4/27/2020	Amerigroup TXSC HCCLAIMPMT 3123233961 111000 TRN*1*3123233961*1752603231\		21,924.49					-	21,924.49
4/27/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004241700142*191200836 1*0000TEX01\		46,705.49					-	46,705.49
4/28/2020	MOLINA HEALTHCAR MOLINAACH 00866053 420000017 ISA* * * * *ZZ* *ZZ* *200427*100 7		12,795.31	11,174.98	1,620.33			11,985.15	810.16
4/28/2020	MOLINA HEALTHCAR MOLINAACH 00866052 420000017 ISA* * * * *ZZ* *ZZ* *200427*100 7		28,060.83			8,419.12	19,047.06	13,733.09	14,327.74
4/28/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1528064000*1411289245*000087726\		1,040.00					-	1,040.00
4/28/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004251630011 2*191200836 1*0000TEX01\		5,953.75					-	5,953.75
4/28/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000140 TRN*1*EFT6940137*1205296137*000004011\		11,453.85					-	11,453.85
4/29/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	150,504.30	-					-	-
4/29/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004261360017 7*191200836 1*0000TEX01\		790.20					-	790.20
4/30/2020	Added to Account - Interest		51.94					-	51.94
4/30/2020	AMERIGROUP CORPO E-PAYMENT EES2025934 111000 ISA*00* *00* *ZZ*BCCACP4D10 *ZZ*BOFAORIG		50,282.71	-		15,113.30	34,110.94	24,612.12	25,670.59
5/1/2020	AMERIGROUP CORPO E-PAYMENT EES2026721 111000 ISA*00* *00* *ZZ*BCCACP4D10 *ZZ*BOFAORIG		24,341.67	21,830.84	3,010.83			22,836.26	1,505.42
								-	
		150,504.30	208,580.74	32,505.82	4,631.16	23,532.42	53,158.00	73,166.61	135,414.13

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
4/27/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004241600012 3*191200836 1*0000TEX01\		2,335.00					-	2,335.00
4/27/2020	UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202004241680109 3*191200836 1*0000TEX01\		520.00					-	520.00
4/27/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*152764311 6*136273957 1*0000362 73\		4,400.00					-	4,400.00
4/28/2020	MOLINA HEALTHCAR MOLINAACH 00866577 420000017 ISA* * * * *ZZ* *ZZ* *200427*100 7		11,803.59			4,548.48	6,993.60	5,771.04	6,032.55
4/28/2020	MOLINA HEALTHCAR MOLINAACH 00866576 420000017 ISA* * * * *ZZ* *ZZ* *200427*100 7		4,608.86	4,019.90	588.96			4,314.38	294.48
4/28/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004251630025 7*191200836 1*0000TEX01\		575.22					-	575.22
4/28/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004251440020 8*191200836 1*0000TEX01\		25,479.88					-	25,479.88
4/28/2020	HUMANA INS CO HCCLAIMPMT 390861 830000556203 TRN*1*001290049987023*1391263473\		11,775.98					-	11,775.98
4/28/2020	HUMANA CHA DISB HCCLAIMPMT 390861 420000132 1 TRN*1*014840101297699*1611013183\		7,938.73					-	7,938.73
4/28/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*152793398 5*136273957 1*0000362 73\		1,936.00					-	1,936.00
4/29/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	265,774.51	-					-	-
4/29/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*952828978 9*1411289245*000087726\		9,318.00					-	9,318.00
4/29/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004261360033 0*191200836 1*0000TEX01\		2,928.11					-	2,928.11
4/30/2020	Added to Account - Interst		97.29					-	97.29
4/30/2020	AMERIGROUP CORPO E-PAYMENT EES2025937 111000 ISA*00* *00* *ZZ*BCCACP4D10 *ZZ*BOFAORIG		21,158.05			8,165.79	12,528.20	10,347.00	10,811.06
4/30/2020	UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202004291170080 3*191200836 1*0000TEX01\		4,980.00					-	4,980.00
4/30/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000157 TRN*1*EFT5552448*1205296137*000004011\		14,396.76					-	14,396.76
4/30/2020	HEALTH HUMAN SVC HCCLAIMPMT 174600341130 04 2 TRN*1*OSF036211669860433*1746000156~		1,808.71					-	1,808.71
5/1/2020	AMERIGROUP CORPO E-PAYMENT EES2026724 111000 ISA*00* *00* *ZZ*BCCACP4D10 *ZZ*BOFAORIG		8,766.48	7,673.04	1,093.44			8,219.76	546.72
								-	-
		265,774.51	134,826.66	11,692.94	1,682.40	12,714.27	19,521.80	28,652.18	106,174.49

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
4/27/2020	Deposit		3,300.00					-	3,300.00
4/27/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004241440014 4*191200836 1*0000TEX01\		17,173.17					-	17,173.17
4/27/2020	UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202004241680098 0*191200836 1*0000TEX01\		975.00					-	975.00
4/27/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000120 TRN*1*EFT5547752*1205296137*000004011\		1,347.05					-	1,347.05
4/28/2020	MOLINA HEALTHCAR MOLINAACH 00866522 420000017 ISA* * * * *ZZ* *ZZ* *200427*100 7		3,779.91	3,286.76	493.12			3,533.32	246.59
4/28/2020	MOLINA HEALTHCAR MOLINAACH 00866521 420000017 ISA* * * * *ZZ* *ZZ* *200427*100 7		8,433.94			2,469.52	5,757.75	4,113.64	4,320.31
4/28/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004251580111 6*191200836 1*0000TEX01\		10,311.04					-	10,311.04
4/28/2020	HUMANA CHA DISB HCCLAIMPMT 390864 420000132 0 TRN*1*014840101291643*1611013183\		9,711.51					-	9,711.51
4/28/2020	HEALTH HUMAN SVC HCCLAIMPMT 174600341130 08 2 TRN*1*OSF020701669860425*1746000156~		6,809.00					-	6,809.00
4/29/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	203,253.77	-					-	-
4/29/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004261570002 0*191200836 1*0000TEX01\		7,899.95					-	7,899.95
4/29/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000171 TRN*1*EFT5551072*1205296137*000004011\		9,621.99					-	9,621.99
4/30/2020	Added to Account - Interest		102.12					-	102.12
4/30/2020	AMERIGROUP CORPO E-PAYMENT EES2025936 111000 ISA*00* *00* *ZZ*BCCACP4D10 *ZZ*BOFAORIG		15,162.60			4,433.62	10,363.22	7,398.42	7,764.18
4/30/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004291720162 6*191200836 1*0000TEX01\		1,606.70					-	1,606.70
4/30/2020	UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202004291170069 2*191200836 1*0000TEX01\		7,594.00					-	7,594.00
4/30/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000157 TRN*1*EFT5552441*1205296137*000004011\		32,430.44					-	32,430.44
5/1/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0251748		1,323.00					-	1,323.00
5/1/2020	AMERIGROUP CORPO E-PAYMENT EES2026723 111000 ISA*00* *00* *ZZ*BCCACP4D10 *ZZ*BOFAORIG		7,215.46	6,273.78	941.68			6,744.62	470.84
5/1/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000160 TRN*1*EFT5553731*1205296137*000004011\		1,326.82					-	1,326.82
5/1/2020	HEALTH HUMAN SVC HCCLAIMPMT 174600341130 08 2 TRN*1*OSF047661669860425*1746000156~		1,919.50					-	1,919.50
		203,253.77	148,043.20	9,560.54	1,434.80	6,903.14	16,120.97	21,790.00	126,253.21

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
4/27/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004241460044 2*191200836 1*0000TEX01\		16,902.23					-	16,902.23
4/27/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*152764793 6*136273957 1*0000362 73\		880.00					-	880.00
4/28/2020	MOLINA HEALTHCAR MOLINAACH 00866173 420000017 ISA* * * * *ZZ* *ZZ* *200427*100 7		5,232.66	4,563.57	669.09			4,898.12	334.55
4/28/2020	MOLINA HEALTHCAR MOLINAACH 00866174 420000017 ISA* * * * *ZZ* *ZZ* *200427*100 7		11,658.38			3,434.32	7,929.21	5,681.77	5,976.62
4/28/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1528071856*1411289245*000087726\		260.00					-	260.00
4/29/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	58,399.01	-					-	-
4/30/2020	Added to Account - Interest		34.45					-	34.45
4/30/2020	AMERIGROUP CORPO E-PAYMENT EES2025933 111000 ISA*00* *00* *ZZ*BCCACP4D10 *ZZ*BOFAORIG		20,957.22			6,165.46	14,266.38	10,215.92	10,741.30
4/30/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*952880014 5*1411289245*000087726\		7,560.00					-	7,560.00
4/30/2020	NOVITAS SOLUTION HCCLAIMPMT 675663 420000157 TRN*1*EFT5552064*1205296137*000004011\		9,849.80					-	9,849.80
5/1/2020	AMERIGROUP CORPO E-PAYMENT EES2026720 111000 ISA*00* *00* *ZZ*BCCACP4D10 *ZZ*BOFAORIG		9,964.22	8,711.04	1,253.18			9,337.63	626.59
								-	-
		58,399.01	83,298.96	13,274.61	1,922.27	9,599.78	22,195.59	30,133.43	53,165.53

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
4/27/2020	Amerigroup TXSC HCCLAIMPMT 3123233962 111000 TRN*1*3123233962*1752603231\		1,882.15					-	1,882.15
4/27/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*952777384 6*1411289245*000087726\		1,230.00					-	1,230.00
4/27/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004241170019 1*191200836 1*0000TEX01\		3,171.68					-	3,171.68
4/27/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004241440006 3*191200836 1*0000TEX01\		12,264.08					-	12,264.08
4/27/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*152765584 3*136273957 1*0000362 73\		2,816.00					-	2,816.00
4/28/2020	MOLINA HEALTHCAR MOLINAACH 00866479 420000017 ISA* * * * *ZZ* *ZZ* *200427*100 7		10,015.62			4,385.61	5,421.56	4,903.59	5,112.04
4/28/2020	MOLINA HEALTHCAR MOLINAACH 00866478 420000017 ISA* * * * *ZZ* *ZZ* *200427*100 7		4,538.30	3,944.11	594.19			4,241.21	297.10
4/28/2020	Amerigroup TXSC HCCLAIMPMT 3123312644 111000 TRN*1*3123312644*1752603231\		1,114.40					-	1,114.40
4/28/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*952809914 4*1411289245*000087726\		410.00					-	410.00
4/28/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004251630022 7*191200836 1*0000TEX01\		4,140.16					-	4,140.16
4/28/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004251580103 0*191200836 1*0000TEX01\		1,115.20					-	1,115.20
4/28/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000140 TRN*1*EFT5549504*1205296137*000004011\		8,882.86					-	8,882.86
4/28/2020	HUMANA CHA DISB HCCLAIMPMT 390852 420000132 0 TRN*1*014840101291642*1611013183\		26,451.99					-	26,451.99
4/28/2020	HEALTH HUMAN SVC HCCLAIMPMT 174600341130 07 2 TRN*1*OSF020711497143259*1746000156~		6,499.57					-	6,499.57
4/29/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	233,662.37	-					-	-
4/29/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*952828969 0*1411289245*000087726\		3,280.00					-	3,280.00
4/29/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004261280070 1*191200836 1*0000TEX01\		12,077.40					-	12,077.40
4/29/2020	UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202004261530064 8*191200836 1*0000TEX01\		4,920.00					-	4,920.00
4/29/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000171 TRN*1*EFT5551069*1205296137*000004011\		3,100.00					-	3,100.00
4/29/2020	HUMANA INS CO HCCLAIMPMT 390862 830000596708 TRN*1*001290500425 83*1391263473\		8,346.98					-	8,346.98
4/29/2020	HUMANA CHA DISB HCCLAIMPMT 390862 420000137 8 TRN*1*014840101300571*1611013183\		14,325.52					-	14,325.52
4/29/2020	HEALTH HUMAN SVC HCCLAIMPMT 174600341130 07 2 TRN*1*OSF028241497143259*1746000156~		1,512.73					-	1,512.73
4/30/2020	Added to Account - Interest		109.67					-	109.67
4/30/2020	AMERIGROUP CORPO E-PAYMENT EES2025935 111000 ISA*00* *00* *ZZ*BCCACP4D10 *ZZ*BOFAORIG		18,011.04			7,825.13	9,812.62	8,818.88	9,192.17
4/30/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*952880008 1*1411289245*000087726\		6,990.00					-	6,990.00
4/30/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004291720151 7*191200836 1*0000TEX01\		8,825.77					-	8,825.77
4/30/2020	UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202004291170063 1*191200836 1*0000TEX01\		290.00					-	290.00
5/1/2020	AMERIGROUP CORPO E-PAYMENT EES2026722 111000 ISA*00* *00* *ZZ*BCCACP4D10 *ZZ*BOFAORIG		8,662.85	7,528.53	1,134.32			8,095.69	567.16
5/1/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004301160061 9*191200836 1*0000TEX01\		871.10					-	871.10
5/1/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202004301400014 7*191200836 1*0000TEX01\		823.63					-	823.63
5/1/2020	HUMANA INS CO HCCLAIMPMT 390862 830000568133 TRN*1*001290050071892*1391263473\		19,386.91					-	19,386.91
5/1/2020	HUMANA CHA DISB HCCLAIMPMT 390862 420000158 9 TRN*1*014840101305289*1611013183\		5,177.58					-	5,177.58
5/1/2020	HEALTH HUMAN SVC HCCLAIMPMT 174600341130 07 2 TRN*1*OSF047671497143259*1746000156~		265.90					-	265.90
								-	-
		233,662.37	201,509.09	11,472.64	1,728.51	12,210.74	15,234.18	26,059.36	175,449.74
	TOTALS	911,593.96	776,258.65	78,506.55	11,399.14	64,960.35	126,230.54	179,801.57	596,457.09

Quick View

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Account Number / Name

Account Type

Search All

DDA Data reported as of May 4, 2020 9

[redacted]

*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$208,680.74	$208,784.20	$208,680.74	$184,339.07
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$134,926.66	$146,128.15	$134,926.66	$126,160.18
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$148,143.20	$157,439.20	$148,143.20	$136,358.42
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$83,398.96	$88,326.96	$83,398.96	$73,434.74
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$201,609.09	$209,990.50	$201,609.09	$166,421.12

[redacted]

* indicates re
Page generated on 05/04/2020 at 9

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
5/4/2020

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		56,903.90	56,803.90	189,519.96	-	-	189,619.96	189,472.91
						Bank Balance	189,619.96	
						Variance	-	
						Leave in Balance	100.00	
						Pending Ck to MMC		
						MMC Portion QIPP 1 &2		
						MMC Portion QIPP 3,4,Lapse		
						April Interest	47.05	
						May Interest	-	
						June Interest	-	
							-	
						Adjust Balance/Transfer Amt	189,472.91	

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

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 5/4/2020

APPROVED ON
MAY 05 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
4/27/2020	Deposit	-	9,761.20					-	9,761.20
4/28/2020	NOVITAS SOLUTION HCCLAIMPMT 676097 420000140 TRN*1*EFT5548992*1205296137*000004011\	-	44,839.33					-	44,839.33
4/29/2020	WIRE OUT NEXION HEALTH AT GOLDEN CREEK	56,803.90	-					-	-
4/29/2020	Centene Manageme CCD+ 38888463 3110020646066 RMR*IV*QIPP 4.23.20**22312.91\	-	22,312.91					-	22,312.91
4/29/2020	Centene Manageme CCD+ 38888463 3110020645973 RMR*IV*QIPP Q2 4.23.20**57537.54\	-	57,537.54					-	57,537.54
4/30/2020	Added to Account - Interest	-	47.05					-	47.05
4/30/2020	NOVITAS SOLUTION HCCLAIMPMT 676097 420000157 TRN*1*EFT5552095*1205296137*000004011\	-	50,951.57					-	50,951.57
4/30/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05F037671588075964*1746000156~	-	1,054.24					-	1,054.24
5/1/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05F049981588075964*1746000156~	-	3,016.12					-	3,016.12
		56,803.90	189,519.96	-	-	-	-	-	189,519.96

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

DDA Data reported as of May 4, 2020 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$189,619.96	$190,149.96	$189,619.96	$186,603.84
[redacted]				

* indicates re
Page generated on 05/04/2020 at 9

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
5/4/2020

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		2,208.37 ✓	-	52,840.60		-	-	55,048.97	-
							Bank Balance	55,048.97 ✓	54,946.48
							Variance	-	
							Leave in Balance	100.00	
							Pending Ck to MMC		
							MMC Portion QIPP 1 &2		
							MMC Portion QIPP 3,4,Lapse		
							April Interest	2.49 ✓	
							May Interest	-	
							June Interest	-	
							Adjust Balance/Transfer Amt	54,946.48 ✓	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		66,729.64 ✓	66,629.64 ✓	229,750.94 ✓		-	-	229,850.94	229,729.93
							Bank Balance	229,850.94 ✓	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1 &2	-	
							MMC Portion QIPP 3,4,Lapse	-	
							April Interest	21.01 ✓	
							May Interest	-	
							June Interest	-	
							Adjust Balance/Transfer Amt	229,729.93 ✓	

TOTAL TRANSFERS	229,729.93
	284,676.41

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 5/4/2020

54,946.48 +
229,729.93 +
284,676.41 *

APPROVED
ON
MAY 05 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
4/29/2020	Centene Manageme CCD+ 38888463 3110020646081 RMR*IV*QIPP 4.23.20**1	-	15,195.79					-	15,195.79
4/29/2020	Centene Manageme CCD+ 38888463 3110020645996 RMR*IV*QIPP Q2 4.23.20	-	37,642.32					-	37,642.32
4/30/2020	Added to Account - Interest	-	2.49					-	2.49
		-	52,840.60	-	-	-	-	-	52,840.60

Gulf Pointe Plaza-Medicare/Medicaid		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
4/27/2020	NORIDIAN J3A HCCLAIMPMT 675892 4200001484101 TRN*1*EFT6909681*145	-	212,293.60					-	212,293.60
4/29/2020	WIRE OUT HMG SERVICES, LLC	66,629.64	-					-	-
4/29/2020	NORIDIAN J3A HCCLAIMPMT 675892 4200001595109 TRN*1*EFT6911285*145	-	11,614.47					-	11,614.47
4/30/2020	Added to Account - Interest	-	21.01					-	21.01
4/30/2020	NORIDIAN J3A HCCLAIMPMT 675892 4200001452662 TRN*1*EFT6912002*145	-	5,821.86					-	5,821.86
								-	-
								-	-
								-	-
		66,629.64	229,750.94	-	-	-	-	-	229,750.94
		66,629.64	282,591.54	-	-	-	-	-	282,591.54

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

DDA Data reported as of May 4, 2020 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$229,850.94	$229,850.94	$229,850.94	$229,850.94
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$55,048.97	$55,048.97	$55,048.97	$55,048.97
[redacted]				

* indicates re
Page generated on 05/04/2020 at 9

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 5-6-2020

APPROVED ON
MAY 05 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#001092

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

AMOUNT: 73166.61

G/L NUMBER: 21000012

EXPLANATION: Ashford- Amerigroup & Molina QIPP 1.2,3,4 and Lapse

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 5-6-2020

APPROVED ON MAY 05 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#000057

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

AMOUNT 28652.18

G/L NUMBER: 21000009

EXPLANATION: Broadmoor- Amerigroup & Molina QIPP 1.2,3,4 and Lapse

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 5-6-2020

APPROVED ON MAY 05 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000087

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

AMOUNT 21790.00

G/L NUMBER: 21000010

EXPLANATION: Crescent- Amerigroup & Molina QIPP 1.2,3,4 and Lapse

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 5-6-2020

APPROVED ON MAY 05 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK # 000084

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

AMOUNT: 30,133.44

G/L NUMBER: 21000008

EXPLANATION: Fort Bend- Amerigroup & Molina QIPP 1.2,3,4 and Lapse

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 5-6-2020

APPROVED ON MAY 05 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 001087

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

AMOUNT: 26,059.36

G/L NUMBER: 21000011

EXPLANATION: Solera- Amerigroup & Molina QIPP 1, 2,3,4 and Lapse

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

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

1092
88-2265/1131-87

5-6-2020
Date

CHECK ARMOR FRAUD PROTECTION

Pay to the Order of MMC Operating $ 73,166.61

Seventy-three thousand One hundred sixty-six & 61/100 Dollars

Photo Safe Deposit® Details on back

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

For Qipp 1,2,3,4 & lapse

MP

⑆

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

1087
88-2265/1131-87

5-6-2020
Date

CHECK ARMOR FRAUD PROTECTION

Pay to the Order of MMC Operating $ 26,059.36

Twenty-Six Thousand fifty-Nine dollars & 36/100 Dollars

Photo Safe Deposit® Details on back

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

For Qipp 1,2,3,4 & lapse

MP

⑆

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

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

MP

000057

88-2265/1131

Date 5-6-2020

PAY TO THE ORDER OF MMC Operating $ 28,652.18

Twenty-Eight thousand Six Hundred fifty-two dollars & 18/100 **DOLLARS**

PROSPERITY BANK®

FOR Qipp 1,2,3,4 & lapse

MP

Security features are included. Details on back.

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

MP

000084

88-2265/1131

Date 5-6-2020

PAY
TO THE ORDER OF MMC Operating | $ 30133.44

Thirty thousand One Hundred thirty-three dollars & 44/100 **DOLLARS**

PROSPERITY BANK

FOR Qipp 1,2,3,4 & lapse

MP

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

MF

000087

88-2265/1131

Date 5-6-2020

PAY
TO THE ORDER OF MMC Operating | $ 21,790.00

Twenty-one thousand seven hundred Ninety dollars & xx/100 **DOLLARS**

PROSPERITY BANK

FOR Qipp 1,2,3,4 & lapse

MP

Security features are included. Details on back.

Ø

RUN DATE:05/12/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:16 CHECK REGISTER GLCKREG
05/06/20 THRU 05/06/20

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB *	000057	05/06/20	28,652.18	MMC OPERATING
NHF *	000084	05/06/20	30,133.44	MMC OPERATING
NHC *	000087	05/06/20	21,790.00	MMC OPERATING
NHS *	001087	05/06/20	26,059.36	MMC OPERATING
NHA *	001092	05/06/20	73,166.61	MMC OPERATING

Nursing Home Check Register

[redacted]

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **5/6/2020**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1 &2	QIPP COMP 3,4, LAPSE	Yr 2 Adjustment Pmt		TOTAL		Date
Ashford	10000018 - Prosperity	1092 ~~1091~~	MMC -Prosperity Operating #10000001	21000012	34,821.40	38,345.21			73,166.61		5/6/2020
Broadmoor	10000019 - Prosperity	57 ~~56~~	MMC -Prosperity Operating #10000001	21000009	12,534.14	16,118.04			28,652.18		5/6/2020
Crescent	10000020 - Prosperity	87 ~~86~~	MMC -Prosperity Operating #10000001	21000010	10,277.94	11,512.06			21,790.00		5/6/2020
Fort Bend	10000021 - Prosperity	84 ~~83~~	MMC -Prosperity Operating #10000001	21000008	14,235.75	15,897.69			30,133.44		5/6/2020
Solera	10000022 - Prosperity	1087 ~~1086~~	MMC -Prosperity Operating #10000001	21000011	12,336.90	13,922.46			26~~,~~059.36	~~30,059.36~~	5/6/2020
Golden Creek	10000023 - Prosperity	~~54~~	MMC -Prosperity Operating #10000001	21000013	-				-		
Gulf Pointe-PP	10000114 - Prosperity	~~10~~	MMC -Prosperity Operating #10000001	21000014	-				-		
Gulf Pointe-MM	10000025 - Prosperity	~~6~~	MMC -Prosperity Operating #10000001	21000014					-		
				Total:	84,206.13	95,795.46	-	-	~~180,001.59~~	179,801.59	

Note:

O.C

73,166.61 +
28,652.18 +
21,790.00 +
30,133.44 +
26,059.36 +
179,801.59

Approved:
Jason Anglin, CEO 5/4/2020

APPROVED
ON
MAY 06 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

S0900 SAM'S CLUB DIRECT
PO BOX 530930, ATLANTA, GA 30353-0930

185626

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
006134	12/22/19	104.26			104.26
003014	12/26/19	45.00			45.00
009979	01/04/20	47.25			47.25
006304	01/06/20	75.90			75.90
006865	01/12/20	154.67			154.67
009913	01/14/20	170.82			170.82
L200120	01/19/20	7.81			7.81
			TOTALS		TOTALS
		605.71			605.71

CK # 185626 is replacing CK # 184433. Check was never received by Vendor.

CHECK NO. 185626
05/06/20

185626

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
006134	12/22/19	104.26			104.26
003014	12/26/19	45.00			45.00
009979	01/04/20	47.25			47.25
006304	01/06/20	75.90			75.90
006865	01/12/20	154.67			154.67
009913	01/14/20	170.82			170.82
L200120	01/19/20	7.81			7.81
			TOTALS		TOTALS
		605.71			605.71

CHECK NO. 185626

MEMORIAL MEDICAL CENTER

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

PROSPERITY BANK
88-2265
1131

185626

S0900 185626
DATE AMOUNT
05/06/20 $605.71

Six Hundred Five Dollars and Seventy-One Cents

PAY TO THE ORDER OF
SAM'S CLUB DIRECT
PO BOX 530930
ATLANTA, GA 30353-0930

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

Melissa Mckissack

From: rhonda kokena <rhonda.kokena@calhouncotx.org>
Sent: Wednesday, May 06, 2020 9:18 AM
To: Melissa Mckissack
Subject: RE: Stop Payment

Morning –

Stop payment has been issued.

Have a great day !!

Rhonda S. Kokena

CALHOUN COUNTY TREASURER
Calhoun County Annex II
202 S. Ann St., Suite A
Port Lavaca, Texas 77979
361-553-4619 office
361-553-4614 fax

From: mmckissack@mmcportlavaca.com (Melissa Mckissack) [mailto:mmckissack@mmcportlavaca.com]
Sent: Tuesday, May 5, 2020 6:11 PM
To: rhonda kokena <rhonda.kokena@calhouncotx.org>
Subject: Stop Payment

Rhonda, can you please issue a stop payment on check no. 184433 at your convenience.

184433 2/10/2020	605.71 SAM'S CLUB DIRECT	Not Cleared	-	605.71

Thank you in advance for your help!! ☺

Respectfully,
Melissa McKissack

Memorial Medical Center
Accounts Payable
815 N Virginia. St
Port Lavaca, TX 77979
Ph: 361.552.0256 Fax: 361.551.4504

Calhoun County Texas