MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 13, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 1,042,070.49
TOTAL TRANSFERS BETWEEN FUNDS	$ 1,435,532.81
TOTAL NURSING HOME UPL EXPENSES	$ 235,501.01
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED May 13, 2020	$ 2,713,104.31

APPROVED

MAY 13 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 13, 2020

PAYABLES AND PAYROLL

5/8/2020	Weekly Payables	507,069.59	
5/11/2020	McKesson-340B Prescription Expense	7,344.89	
5/11/2020	Amerisource Bergen-340B Prescription Expense	696.12	
5/11/2020	Payroll Liabilities -Payroll Taxes	94,791.57	
5/11/2020	Payroll	288,842.94	
	Prosperity Electronic Bank Payments		
5/5/2020	Credit Card & Lease Fees	620.92	
5/15/2020	TCDRS April Retirement	142,539.97	
5/6/2020	Cleargage-Patient Financing Service	66.58	
5/4-5/8/2020	Pay Plus-Patient Claims Processing Fee	87.91	
5/4/2020	Authnet Gateway Billing-3rd Party Payor Fee	10.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,042,070.49**

TRANSFER BETWEEN FUNDS-NURSING HOMES

5/8/2020	MMC Operating to Ashford-NH portion of stimulas payment deposited into MMC Operating	172,110.00	
5/8/2020	MMC Operating to Solera-NH portion of stimulas deposited into MMC Operating	249,711.00	
5/8/2020	MMC Operating to Fortbend-NH portion of stimulas payment deposited into MMC Operating	74,814.00	
5/8/2020	MMC Operating to Broadmoor-correction of NH insurance payment and NH portion of stimulas payment deposited into MMC Operating	226,576.57	
5/8/2020	MMC Operating to The Crescent- NH portion of stimulas payment deposited into MMC Operating	197,532.00	
5/8/2020	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment and NH portion of stimulas pymt deposited into MMC Operating	177,647.62	
5/8/2020	MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment and NH portion of stimulas payment deposited into MMC Operating	110,414.62	
5/8/2020	MMC Operating to Tuscany Village-NH portion of stimulas payment deposited into MMC Operating	226,727.00	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 1,435,532.81**

NURSING HOME UPL EXPENSES

5/11/2020	Nursing Home UPI-Cantex Transfer	188,644.03	
5/11/2020	Nursing Home UPI-Nexion Transfer	23,981.88	
5/11/2020	Nursing Home UPI-HMG Transfer	22,875.10	
TOTAL NURSING HOME UPL EXPENSES			**$ 235,501.01**

TOTAL INTER-GOVERNMENT TRANSFERS **$ -**

GRAND TOTAL DISBURSEMENTS APPROVED May 13, 2020 **$ 2,713,104.31**

RECEIVED
MAY 07 2020
Calhoun County Auditor

05/07/2020
10:50

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 05/20/2020

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Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
143818	REPAIRS	04/21/20	04/20/20	05/15/20			20.45	0.00	0.00	20.45
143869	SUPPLIES	04/28/20	04/21/20	05/16/20			20.26	0.00	0.00	20.26
143895	SUPPLIES	04/28/20	04/22/20	05/17/20			25.48	0.00	0.00	25.48
143885	SUPPLIES	04/28/20	04/22/20	05/17/20			4.59	0.00	0.00	4.59
143946	SUPPLIES	04/30/20	04/23/20	05/18/20			27.45	0.00	0.00	27.45

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	98.23	0.00	0.00	98.23

Vendor#	Vendor Name	Class	Pay Code
A2600	AUTO PARTS & MACHINE CO.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
926465	SUPPLIES	04/30/20	04/30/20	05/15/20			37.68	0.00	0.00	37.68
926556	SUPPLIES	05/05/20	05/01/20	05/16/20			50.63	0.00	0.00	50.63

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	88.31	0.00	0.00	88.31

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
66387333	SUPPLIES	04/30/20	04/09/20	05/04/20			425.22	0.00	0.00	425.22
66406962	SUPPLIES	04/30/20	04/13/20	05/08/20			229.09	0.00	0.00	229.09
66473105	SUPPLIES	04/30/20	04/20/20	05/15/20			245.67	0.00	0.00	245.67
66486369	LEASE	04/30/20	04/21/20	05/16/20			629.50	0.00	0.00	629.50
66486267	LEASE	04/30/20	04/21/20	05/16/20			2,367.50	0.00	0.00	2,367.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	3,896.98	0.00	0.00	3,896.98

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
108375714	SUPPLIES/MAIT CONTRACT	04/30/20	04/15/20	05/10/20			1,288.45	0.00	0.00	1,288.45
108381007	SUPPLIES	04/30/20	04/20/20	05/15/20			1,032.29	0.00	0.00	1,032.29

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	2,320.74	0.00	0.00	2,320.74

Vendor#	Vendor Name	Class	Pay Code
12324	BLUE CROSS BLUE SHIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
041720	INSURANCE	04/30/20	04/17/20	05/01/20		209,507.98	0.00	0.00	209,507.98

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12324	BLUE CROSS BLUE SHIELD	209,507.98	0.00	0.00	209,507.98

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
042420	FUEL	04/30/20	04/24/20	05/13/20		46.63	0.00	0.00	46.63

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	46.63	0.00	0.00	46.63

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
8002212960	SUPPLIES	04/30/20	04/18/20	05/13/20		181.11	0.00	0.00	181.11

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	181.11	0.00	0.00	181.11

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
XLG5642	OFFICE (3)	04/30/20	04/02/20	05/02/20		1,212.42	0.00	0.00	1,212.42

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	1,212.42	0.00	0.00	1,212.42

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
37	SWINGBED (7) @ $40.00	05/05/20	05/01/20	05/01/20		280.00	0.00	0.00	280.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK	280.00	0.00	0.00	280.00

Vendor#	Vendor Name	Class	Pay Code
C1730	CITY OF PORT LAVACA	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MARCH2020B	UTILITIES	04/30/20	04/30/20	04/30/20		49.89	0.00	0.00	49.89
MARCH2020	UTILITIES	04/30/20	04/30/20	04/30/20		5,100.13	0.00	0.00	5,100.13
MARCH 2020A	UTILITES	04/30/20	04/30/20	04/30/20		115.19	0.00	0.00	115.19

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

Vendor#	Vendor Name	Class	Pay Code
13000	CLEARFLY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV284173	PHONES	05/05/20	05/04/20	05/15/20		900.78	0.00	0.00	900.78

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	13000	CLEARFLY				900.78	0.00	0.00	900.78

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
5485638	SUPPLIES	04/30/20	04/20/20	05/06/20			330.89	0.00	0.00	330.89

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2157	COOPER SURGICAL INC	330.89	0.00	0.00	330.89

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
266978	SUPPLIES	04/30/20	04/20/20	05/06/20			439.55	0.00	0.00	439.55

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	439.55	0.00	0.00	439.55

Vendor#	Vendor Name	Class	Pay Code
11368	CYRACOM LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1084602	INTERPERTATION SERVICES	03/30/20	03/31/20	05/15/20			94.77	0.00	0.00	94.77

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC	94.77	0.00	0.00	94.77

Vendor#	Vendor Name	Class	Pay Code
12612	DASHBOARD MD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9646	PROCESSING AND SUPPORT	05/05/20	05/01/20	05/01/20			550.00	0.00	0.00	550.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12612	DASHBOARD MD	550.00	0.00	0.00	550.00

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
6054030	SUPPLIES Wristbands for COVID-19	04/28/20	04/21/20	05/16/20			167.44	0.00	0.00	167.44
6055360	SUPPLIES	04/29/20	04/22/20	05/17/20			275.57	0.00	0.00	275.57
6055540	SUPPLIES	04/30/20	04/22/20	05/17/20			27.88	0.00	0.00	27.88

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	470.89	0.00	0.00	470.89

Vendor#	Vendor Name	Class	Pay Code
13020	DIRECT SUPPLY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
27890207	MEAL CART	05/06/20	02/17/20	03/17/20			18,433.66	0.00	0.00	18,433.66
28185318	TRAYS FOR MEAL CART	05/06/20	05/04/20	05/04/20			-348.96	0.00	0.00	-348.96

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13020	DIRECT SUPPLY	18,084.70	0.00	0.00	18,084.70

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
MMC043020	Physician Services April 16-30, 2020	04/30/20	04/30/20	04/30/20		147,308.96	0.00	0.00	147,308.96

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	147,308.96	0.00	0.00	147,308.96

Vendor# D1785 Vendor Name: DYNATRONICS CORPORATION — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN2028365	SUPPLIES	04/15/20	04/15/20	05/15/20		259.28	0.00	0.00	259.28

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION	259.28	0.00	0.00	259.28

Vendor# E0500 Vendor Name: EAGLE FIRE & SAFETY INC — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
78709	RANGEGUARD INSPECTION	05/06/20	04/29/20	04/29/20		127.75	0.00	0.00	127.75

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E0500	EAGLE FIRE & SAFETY INC	127.75	0.00	0.00	127.75

Vendor# 10042 Vendor Name: ERBE USA INC SURGICAL SYSTEMS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
606626	SUPPLIES	04/30/20	04/22/20	04/22/20		298.24	0.00	0.00	298.24

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	298.24	0.00	0.00	298.24

Vendor# T0383 Vendor Name: ERIN CLEVENGER — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
050520A	TRAVEL TO P/U ISOLATION Gowns	05/06/20	05/05/20	05/05/20		104.31	0.00	0.00	104.31
050520	REIMBURSE FOR SIGNS ~~PUR~~ that direct patients to appropriate entrances	05/06/20	05/05/20	05/05/20		233.97	0.00	0.00	233.97

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T0383	ERIN CLEVENGER	338.28	0.00	0.00	338.28

Vendor# F1050 Vendor Name: FASTENAL COMPANY — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
TXPOT222329	SUPPLIES	04/21/20	04/16/20	05/16/20		45.30	0.00	0.00	45.30

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY	45.30	0.00	0.00	45.30

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
698138808	SHIPPING	04/30/20	04/09/20	05/04/20		28.40	0.00	0.00	28.40
698763841	SHIPPING	04/30/20	04/16/20	05/11/20		31.05	0.00	0.00	31.05
699355998		04/30/20	04/23/20	05/18/20		56.46	0.00	0.00	56.46

SHIPPING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	115.91	0.00	0.00	115.91

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
100651765	REPAIR SPRINKLER SYSTEM	04/30/20	04/27/20	05/07/20			1,625.00	0.00	0.00	1,625.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10788	FIRETROL PROTECTION SYSTEMS	1,625.00	0.00	0.00	1,625.00

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
6793991	SUPPLIES	04/30/20	04/06/20	05/01/20			439.94	0.00	0.00	439.94
7092800	SUPPLIES	04/30/20	04/09/20	05/04/20			1,570.92	0.00	0.00	1,570.92

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	2,010.86	0.00	0.00	2,010.86

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
042320	PHONES Late Payment 9.00	04/30/20	04/23/20	05/18/20			22.66	0.00	0.00	22.66
042920	PHONES	04/30/20	04/29/20	05/13/20			56.40	0.00	0.00	56.40

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	79.06	0.00	0.00	79.06

Vendor#	Vendor Name	Class	Pay Code
12636	FUSION CLOUD SERVICES, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
27708565	PHONES	04/30/20	04/16/20	05/16/20			762.12	0.00	0.00	762.12

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12636	FUSION CLOUD SERVICES, LLC	762.12	0.00	0.00	762.12

Vendor#	Vendor Name	Class	Pay Code
11149	GARDNER & WHITE, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
050120	INSURANCE	05/05/20	05/01/20	05/01/20			12,009.40	0.00	0.00	12,009.40

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11149	GARDNER & WHITE, INC.	12,009.40	0.00	0.00	12,009.40

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
1850077	SUPPLIES	04/15/20	04/14/20	05/14/20			811.77	0.00	0.00	811.77

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	811.77	0.00	0.00	811.77

Vendor#	Vendor Name	Class	Pay Code
12596	INDEED, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
32098224		04/30/20	04/30/20	04/30/20			398.57	0.00	0.00	398.57
	CONTROLLER POSITION									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12596	INDEED, INC.	398.57	0.00	0.00	398.57

Vendor# J0150 Vendor Name: J & J HEALTH CARE SYSTEMS, INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
922417851		04/30/20	04/17/20	05/17/20			104.34	0.00	0.00	104.34
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	104.34	0.00	0.00	104.34

Vendor# M2178 Vendor Name: MCKESSON MEDICAL SURGICAL INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
01448462		04/30/20	04/08/20	04/23/20			823.98	0.00	0.00	823.98
	SUPPLIES									
01496808		04/30/20	04/08/20	04/23/20			509.17	0.00	0.00	509.17
	SUPPLIES									
01991404		04/30/20	04/14/20	04/29/20			31.12	0.00	0.00	31.12
	SUPPLIES									
01950991		04/30/20	04/14/20	04/29/20			153.23	0.00	0.00	153.23
	SUPPLIES									
02061889		04/30/20	04/15/20	04/30/20			69.85	0.00	0.00	69.85
	SUPPLIES									
02110590		04/30/20	04/15/20	04/30/20			271.47	0.00	0.00	271.47
	SUPPLIES									
02061519		04/30/20	04/15/20	04/30/20			70.72	0.00	0.00	70.72
	SUPPLIES									
0261557		04/30/20	04/15/20	04/30/20			139.70	0.00	0.00	139.70
	SUPPLIES									
02671535		04/30/20	04/22/20	05/07/20			796.10	0.00	0.00	796.10
	SUPPLIES									
02658250		04/30/20	04/22/20	05/07/20			119.82	0.00	0.00	119.82
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	2,985.16	0.00	0.00	2,985.16

Vendor# 11141 Vendor Name: MEDICAL DATA SYSTEMS, INC. Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
147622		04/30/20	04/30/20	05/15/20			2,061.64	0.00	0.00	2,061.64
	SUPPLIES									
147624		04/30/20	04/30/20	05/15/20			1,133.20	0.00	0.00	1,133.20
	COLLECTION FEES									
147623		04/30/20	04/30/20	05/15/20			2,471.23	0.00	0.00	2,471.23
	COLLECTION FEES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	5,666.07	0.00	0.00	5,666.07

Vendor# M2827 Vendor Name: MEDIVATORS Class: M Pay Code:

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

90489556		04/30/20	04/22/20	05/06/20		557.04	0.00	0.00	557.04
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS				557.04	0.00	0.00	557.04
Vendor#	Vendor Name				Class	Pay Code			
M2550	MELSTAN, INC.				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
24856		04/30/20	04/28/20	05/08/20			47.60	0.00	0.00	47.60
	SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2550	MELSTAN, INC.					47.60	0.00	0.00	47.60
Vendor#	Vendor Name				Class	Pay Code			
M0160	MEMORIAL HOSPITAL				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
01414967		04/30/20	04/03/20	04/03/20			406.10	0.00	0.00	406.10
	INVENTORY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M0160	MEMORIAL HOSPITAL					406.10	0.00	0.00	406.10
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
1764		04/30/20	04/27/20	05/07/20			-85.20	0.00	0.00	-85.20
	INVENTORY									
5547655		04/30/20	04/28/20	05/08/20			201.74	0.00	0.00	201.74
	INVENTORY									
5551383		04/30/20	04/28/20	05/08/20			96.11	0.00	0.00	96.11
	INVENTORY									
5547656		04/30/20	04/28/20	05/08/20			42.38	0.00	0.00	42.38
	INVENTORY									
5551385		04/30/20	04/28/20	05/08/20			52.38	0.00	0.00	52.38
	INVENTORY									
5551384		04/30/20	04/28/20	05/08/20			9.46	0.00	0.00	9.46
	INVENTORY									
5547654		04/30/20	04/28/20	05/08/20			697.85	0.00	0.00	697.85
	INVENTORY									
5554285		04/30/20	04/29/20	05/09/20			163.98	0.00	0.00	163.98
	INVENTORY									
5554756		04/30/20	04/29/20	05/09/20			222.44	0.00	0.00	222.44
	INVENTORY									
5554286		04/30/20	04/29/20	05/09/20			808.39	0.00	0.00	808.39
	INVENTORY									
5554413		04/30/20	04/29/20	05/09/20			125.60	0.00	0.00	125.60
	INVENTORY									
5554287		04/30/20	04/29/20	05/09/20			17,810.95	0.00	0.00	17,810.95
	INVENTORY									
5554414		04/30/20	04/29/20	05/09/20			551.49	0.00	0.00	551.49
	INVENTORY									
5554757		04/30/20	04/29/20	05/09/20			20.27	0.00	0.00	20.27
	INVENTORY									
5554755		04/30/20	04/29/20	05/09/20			108.62	0.00	0.00	108.62
	INVENTORY									

CM63045	04/30/20	04/30/20	05/10/20	-324.24	0.00	0.00	-324.24
CREDIT							
5559940	04/30/20	04/30/20	05/10/20	131.83	0.00	0.00	131.83
INVENTORY							
5559076	04/30/20	04/30/20	05/10/20	53.69	0.00	0.00	53.69
INVENTORY							
5559078	04/30/20	04/30/20	05/10/20	370.06	0.00	0.00	370.06
INVENTORY							
5559077	04/30/20	04/30/20	05/10/20	1,013.86	0.00	0.00	1,013.86
INVENTORY							
5568086	04/30/20	05/04/20	05/14/20	41.50	0.00	0.00	41.50
INVENTORY							
5568085	04/30/20	05/04/20	05/14/20	365.87	0.00	0.00	365.87
INVENTORY							
55680888	04/30/20	05/04/20	05/14/20	838.58	0.00	0.00	838.58
INVENTORY							
5567656	04/30/20	05/04/20	05/14/20	1,336.71	0.00	0.00	1,336.71
INVENTORY							
5568087	04/30/20	05/04/20	05/14/20	605.27	0.00	0.00	605.27
INVENTORY							
5563346	05/05/20	05/01/20	05/11/20	97.71	0.00	0.00	97.71
INVENTORY							
5563343	05/05/20	05/01/20	05/11/20	697.85	0.00	0.00	697.85
INVENTORY							
5563345	05/05/20	05/01/20	05/11/20	14.39	0.00	0.00	14.39
INVENTORY							
5563450	05/05/20	05/01/20	05/11/20	23.21	0.00	0.00	23.21
INVENTORY							
5563449	05/05/20	05/01/20	05/11/20	55.04	0.00	0.00	55.04
INVENTORY							
5563451	05/05/20	05/01/20	05/11/20	1,118.80	0.00	0.00	1,118.80
INVENTORY							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	27,266.59	0.00	0.00	27,266.59

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
99114718		04/30/20	04/07/20	05/02/20		1,137.51	0.00	0.00	1,137.51
SERVICE CONTRACT									
99149054		04/30/20	04/22/20	05/17/20		407.88	0.00	0.00	407.88
SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	1,545.39	0.00	0.00	1,545.39

Vendor#	Vendor Name	Class	Pay Code
12544	PATRICK OCHOA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
042820		04/30/20	04/28/20	04/28/20		400.00	0.00	0.00	400.00
TRIM HEDGES/TREES/SPRAY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12544	PATRICK OCHOA	400.00	0.00	0.00	400.00

Vendor#	Vendor Name	Class	Pay Code

10645 REVISTA de VICTORIA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
04202022	AD	04/30/20	04/15/20	04/29/20		240.00	0.00	0.00	240.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10645	REVISTA de VICTORIA	240.00	0.00	0.00	240.00

Vendor# 13204 Vendor Name RITA PADRON Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
050620	PT REFUND	05/06/20	05/06/20	05/06/20		70.00	0.00	0.00	70.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13204	RITA PADRON	70.00	0.00	0.00	70.00

Vendor# S0900 Vendor Name SAM'S CLUB DIRECT Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
008018	SUPPLIES	04/30/20	03/31/20	05/08/20		25.96	0.00	0.00	25.96
007571	SUPPLEIS	04/30/20	04/02/20	05/08/20		58.38	0.00	0.00	58.38
009214	SUPPLIES	04/30/20	04/08/20	05/08/20		121.85	0.00	0.00	121.85
L200420	LATE FEE	04/30/20	04/19/20	05/08/20		8.97	0.00	0.00	8.97

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0900	SAM'S CLUB DIRECT	215.16	0.00	0.00	215.16

Vendor# 13172 Vendor Name SERACARE LIFE SCIENCES, INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90101442	SUPPLIES	04/30/20	04/07/20	05/07/20		1,199.19	0.00	0.00	1,199.19

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13172	SERACARE LIFE SCIENCES, INC	1,199.19	0.00	0.00	1,199.19

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
701054195	SUPPLIES	04/30/20	04/30/20	05/10/20		343.51	0.00	0.00	343.51

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY OF VICTORIA INC	343.51	0.00	0.00	343.51

Vendor# S1800 Vendor Name SHERWIN WILLIAMS Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
91512	SUPPLIES	05/05/20	05/01/20	05/16/20		57.37	0.00	0.00	57.37

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	57.37	0.00	0.00	57.37

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
418162		05/05/20	05/02/20	05/02/20		8.00	0.00	0.00	8.00

TRANSPORT PT

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
10699	SIGN AD, LTD.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
249476	AD	04/30/20	04/16/20	04/26/20			790.00	0.00	0.00	790.00
249927	AD	05/06/20	05/01/20	05/11/20			400.00	0.00	0.00	400.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	1,190.00	0.00	0.00	1,190.00

Vendor#	Vendor Name	Class	Pay Code
S2353	SMITHS MEDICAL ASD INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
15850799	SUPPLIES	04/30/20	04/21/20	05/06/20			790.50	0.00	0.00	790.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC	790.50	0.00	0.00	790.50

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
128686862-0504	CABLE	04/30/20	04/29/20	05/04/20			95.36	0.00	0.00	95.36

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT	95.36	0.00	0.00	95.36

Vendor#	Vendor Name	Class	Pay Code
10094	ST DAVIDS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
~~MMC96202003~~ MMCPLWW-03	CONNECTIVITY FEE	04/30/20	04/30/20	04/30/20			420.00	0.00	0.00	420.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTHCARE	420.00	0.00	0.00	420.00

Vendor#	Vendor Name	Class	Pay Code
11169	TXU ENERGY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
055877328166	ELECTRICTY late Penalty 10.39	04/30/20	04/21/20	05/11/20			26,500.90	0.00	0.00	26,500.90

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11169	TXU ENERGY	26,500.90	0.00	0.00	26,500.90

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
8400329420	LAUNDRY	04/22/20	04/20/20	05/15/20			47.15	0.00	0.00	47.15
8400329446	LAUNDRY	04/22/20	04/20/20	05/15/20			933.80	0.00	0.00	933.80
8400329421	SUPPLIES	04/22/20	04/20/20	05/15/20			325.04	0.00	0.00	325.04
8400329785	LAUNDRY	04/29/20	04/23/20	05/18/20			104.75	0.00	0.00	104.75

8400325577		04/30/20	03/05/20	03/30/20	220.39	0.00	0.00	220.39
LAUNDRY								
8400326778		04/30/20	03/19/20	04/13/20	153.84	0.00	0.00	153.84
LAUNDRY								
8400329787		04/30/20	04/23/20	05/18/20	175.83	0.00	0.00	175.83
LAUNDRY								
8400329845		04/30/20	04/23/20	05/18/20	76.51	0.00	0.00	76.51
LAUNDRY								
8400329820		04/30/20	04/23/20	05/18/20	902.20	0.00	0.00	902.20
LAUNDRY								
8400329804		04/30/20	04/23/20	05/18/20	81.67	0.00	0.00	81.67
LAUNDRY								
8400329782		04/30/20	04/23/20	05/18/20	18.62	0.00	0.00	18.62
LAUNDRY								
8400329786		04/30/20	04/23/20	05/18/20	181.44	0.00	0.00	181.44
LAUNDRY								
8400329784		04/30/20	04/23/20	05/18/20	131.55	0.00	0.00	131.55
LAUNDRY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	3,352.79	0.00	0.00	3,352.79

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
INV00158596		04/30/20	04/30/20	04/30/20			399.00	0.00	0.00	399.00
	FAXING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12400	UPDOX LLC	399.00	0.00	0.00	399.00

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
0000778941160		04/30/20	04/18/20	04/18/20			219.37	0.00	0.00	219.37
	SHIPPING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1350	UPS	219.37	0.00	0.00	219.37

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
0170941		04/30/20	03/31/20	03/31/20			56.00	0.00	0.00	56.00
0174009		04/30/20	04/30/20	05/05/20			48.10	0.00	0.00	48.10
	NEWS PAPER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11280	VICTORIA ADVOCATE	104.10	0.00	0.00	104.10

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
050520		04/30/20	05/05/20	05/05/20			19,582.96	0.00	0.00	19,582.96
	ANESTHESA									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1058	VICTORIA ANESTHESIOLOGY	19,582.96	0.00	0.00	19,582.96

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
20040117	AD	05/06/20	04/30/20	04/30/20			280.00	0.00	0.00	280.00
20040118	AD	05/06/20	04/30/20	04/30/20			280.00	0.00	0.00	280.00

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

Vendor# Vendor Name Class Pay Code

12208 WAGEWORKS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV2049542	ADMIN/COMPLIANCE FEE	04/15/20	04/15/20	05/15/20			617.00	0.00	0.00	617.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12208	WAGEWORKS	617.00	0.00	0.00	617.00

Vendor# Vendor Name Class Pay Code

W1040 WATERMARK GRAPHICS INC M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
129527	SHIRTS	04/30/20	04/20/20	05/20/20			2,166.40	0.00	0.00	2,166.40

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1040	WATERMARK GRAPHICS INC	2,166.40	0.00	0.00	2,166.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	507,069.59	0.00	0.00	507,069.59

APPROVED ON
MAY 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 185627 185689

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	185627	05/13/20	98.23	ACE HARDWARE 15521
A/P	185628	05/13/20	88.31	AUTO PARTS & MACHINE CO.
A/P	185629	05/13/20	3,896.98	BAXTER HEALTHCARE
A/P	185630	05/13/20	2,320.74	BECKMAN COULTER INC
A/P	185631	05/13/20	209,507.98	BLUE CROSS BLUE SHIELD
A/P	185632	05/13/20	46.63	CALHOUN COUNTY
A/P	185633	05/13/20	181.11	CARDINAL HEALTH 414, INC.
A/P	185634	05/13/20	1,212.42	CDW GOVERNMENT, INC.
A/P	185635	05/13/20	280.00	CHRIS KOVAREK
A/P	185636	05/13/20	5,265.21	CITY OF PORT LAVACA
A/P	185637	05/13/20	900.78	CLEARFLY
A/P	185638	05/13/20	330.89	COOPER SURGICAL INC
A/P	185639	05/13/20	439.55	CUSTOM MEDICAL SPECIALTIES
A/P	185640	05/13/20	94.77	CYRACOM LLC
A/P	185641	05/13/20	550.00	DASHBOARD MD
A/P	185642	05/13/20	470.89	DEWITT POTH & SON
A/P	185643	05/13/20	18,084.70	DIRECT SUPPLY
A/P	185644	05/13/20	147,308.96	DISCOVERY MEDICAL NETWORK INC
A/P	185645	05/13/20	259.28	DYNATRONICS CORPORATION
A/P	185646	05/13/20	127.75	EAGLE FIRE & SAFETY INC
A/P	185647	05/13/20	298.24	ERBE USA INC SURGICAL SYSTEMS
A/P	185648	05/13/20	338.28	ERIN CLEVENGER
A/P	185649	05/13/20	45.30	FASTENAL COMPANY
A/P	185650	05/13/20	115.91	FEDERAL EXPRESS CORP.
A/P	185651	05/13/20	1,625.00	FIRETROL PROTECTION SYSTEMS
A/P	185652	05/13/20	2,010.86	FISHER HEALTHCARE
A/P	185653	05/13/20	79.06	FRONTIER
A/P	185654	05/13/20	762.12	FUSION CLOUD SERVICES, LLC
A/P	185655	05/13/20	12,009.40	GARDNER & WHITE, INC.
A/P	185656	05/13/20	811.77	GULF COAST PAPER COMPANY
A/P	185657	05/13/20	398.57	INDEED, INC.
A/P	185658	05/13/20	104.34	J & J HEALTH CARE SYSTEMS, INC
A/P	185659	05/13/20	.00	VOIDED
A/P	185660	05/13/20	2,985.16	MCKESSON MEDICAL SURGICAL INC
A/P	185661	05/13/20	5,666.07	MEDICAL DATA SYSTEMS, INC.
A/P	185662	05/13/20	557.04	MEDIVATORS
A/P	185663	05/13/20	47.60	MELSTAN, INC.
A/P	185664	05/13/20	406.10	MEMORIAL HOSPITAL
A/P	185665	05/13/20	.00	VOIDED
A/P	185666	05/13/20	.00	VOIDED
A/P	185667	05/13/20	27,266.59	MORRIS & DICKSON CO, LLC
A/P	185668	05/13/20	1,545.39	OLYMPUS AMERICA INC
A/P	185669	05/13/20	400.00	PATRICK OCHOA
A/P	185670	05/13/20	240.00	REVISTA de VICTORIA
A/P	185671	05/13/20	70.00	RITA PADRON
A/P	185672	05/13/20	215.16	SAM'S CLUB DIRECT
A/P	185673	05/13/20	1,199.19	SERACARE LIFE SCIENCES, INC
A/P	185674	05/13/20	343.51	SERVICE SUPPLY OF VICTORIA INC
A/P	185675	05/13/20	57.37	SHERWIN WILLIAMS
A/P	185676	05/13/20	8.00	SHIP SHUTTLE TAXI SERVICE

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	185677	05/13/20	1,190.00	SIGN AD, LTD.
A/P	185678	05/13/20	790.50	SMITHS MEDICAL ASD INC
A/P	185679	05/13/20	95.36	SPARKLIGHT
A/P	185680	05/13/20	420.00	ST DAVIDS HEALTHCARE
A/P	185681	05/13/20	26,500.90	TXU ENERGY
A/P	185682	05/13/20	3,352.79	UNIFIRST HOLDINGS
A/P	185683	05/13/20	399.00	UPDOX LLC
A/P	185684	05/13/20	219.37	UPS
A/P	185685	05/13/20	104.10	VICTORIA ADVOCATE
A/P	185686	05/13/20	19,582.96	VICTORIA ANESTHESIOLOGY
A/P	185687	05/13/20	560.00	VICTORIA RADIOWORKS, LTD
A/P	185688	05/13/20	617.00	WAGEWORKS
A/P	185689	05/13/20	2,166.40	WATERMARK GRAPHICS INC
A/P	185690	05/13/20	172,110.00	ASHFORD GARDENS
A/P	185691	05/13/20	226,576.57	BROADMOOR AT CREEKSIDE PARK
A/P	185692	05/13/20	74,814.00	FORTBEND HEALTHCARE CENTER
A/P	185693	05/13/20	177,647.62	GOLDENCREEK HEALTHCARE
A/P	185694	05/13/20	110,414.62	GULF POINTE PLAZA
A/P	185695	05/13/20	249,711.00	SOLERA WEST HOUSTON
A/P	185696	05/13/20	197,532.00	THE CRESCENT
A/P	185697	05/13/20	226,727.00	TUSCANY VILLAGE
TOTALS:			1,942,602.40	

Payables 507,069.59 +
172,110.00 +
NH 249,711.00 +
74,814.00 +
226,576.57 +
197,532.00 +
Transfers 177,647.62 +
110,414.62 +
226,727.00 +
1,942,602.40 =

APPROVED
ON

MAY 13 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON
Empowering Healthcare

Company: 8000

STATEMENT

As of: 05/08/2020 Page: 001

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

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115

Territory: 400

Customer: 190813
Date: 05/09/2020

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

As of: 05/08/2020 Page: 001
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 190813
Date:

PLEASE CHECK ANY ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
05/06/2020	05/12/2020	7199153093	2017014638	115Invoice	1.24	61.96		60.72	✓	7199153093	
05/08/2020	05/12/2020	7199605433	2017014719	115Invoice	0.31	15.71		15.40	✓	7199605433	

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

TOTAL

Future Due: 0.00

Past Due: 0.00

Last Payment: 7,674.57
05/04/2020

Total Discount: 1.55

Subtotals: 77.67 USD

If Paid By 05/12/2020
Pay This Amount: 76.12 USD

If Paid After 05/12/2020
Pay This Amount: 77.67 USD

Due If Paid On Time: 76.12 USD

Disc lost if paid late: 1.55 USD

Due if paid late: 77.67 USD

APPROVED ON

MAY 11 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 500097

0.62 -
76.12 +
941.55 +
446.45 +
5,881.39 +
7,344.89 =

McKESSON
Empowering Healthcare

Company: 8000

STATEMENT

As of: 05/08/2020 Page: 001

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

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115

Territory: 400

Customer: 464450
Date: 05/09/2020

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

As of: 05/08/2020 Page: 001
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 464450
Date:

PLEASE CHECK ANY ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	PF	Amount (net)	PF	Receivable Number	
05/04/2020	05/04/2020	7198878604	55x311784	115Credit	0.00	0.62-	P	0.62-	P	7198878604	

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

TOTAL

Future Due: 0.00

Past Due: 0.62-

Last Payment: 7,674.57
05/04/2020

Total Discount: 0.00

Subtotals: 0.62- USD

If Paid By
Pay This Amount: 0.62- USD

If Paid After
Pay This Amount: 0.62- USD

Due If Paid On Time: 0.62- USD

0.00

Disc lost if paid late: USD
0.62-

Due if paid late:
USD

APPROVED
ON

MAY 11 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON
Empowering Healthcare

Company: 8000

STATEMENT

As of: 05/08/2020 Page: 001

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

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115

Territory: 400

Customer: 835438

Date: 05/09/2020

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

As of: 05/08/2020 Page: 001

Mail to: Comp: 8000

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 835438

Date:

PLEASE CHECK ANY ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
05/07/2020	05/12/2020	7199531912	744581	115Invoice	19.22	960.77		941.55		7199531912	

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

TOTAL

Future Due: 0.00

Past Due: 0.00

Last Payment: 7,674.57
05/04/2020

Total Discount: 19.22

Subtotals: 960.77 USD

If Paid By 05/12/2020
Pay This Amount: 941.55 USD

If Paid After 05/12/2020
Pay This Amount: 960.77 USD

Due If Paid On Time: 941.55 USD

Disc lost if paid late: 19.22 USD

Due if paid late: 960.77 USD

APPROVED
ON
MAY 11 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON
Empowering Healthcare

Company: 8000

STATEMENT

As of: 05/08/2020 Page: 001

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

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115

Territory: 400

Customer: 262252
Date: 05/09/2020

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

As of: 05/08/2020 Page: 001
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 262252
Date:

PLEASE CHECK ANY ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
05/07/2020	05/12/2020	7199392603	744462	115Invoice	8.23	411.33		403.10	✓	7199392603	
05/07/2020	05/12/2020	7199392605	744462	115Invoice	0.88	44.23		43.35	✓	7199392605	

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

TOTAL

Future Due: 0.00

Past Due: 0.00

Last Payment: 7,674.57
05/04/2020

Total Discount: 9.11

Subtotals: 455.56 USD

If Paid By 05/12/2020
Pay This Amount: 446.45 USD

If Paid After 05/12/2020
Pay This Amount: 455.56 USD

Due If Paid On Time: 446.45 USD

Disc lost if paid late: 9.11 USD

Due if paid late: 455.56 USD

APPROVED ON

MAY 1 1 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON
Empowering Healthcare

Company: 8000

STATEMENT

As of: 05/08/2020 Page: 001

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

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115

Territory: 400

Customer: 256342
Date: 05/09/2020

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

As of: 05/08/2020 Page: 001
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 256342
Date:

PLEASE CHECK ANY ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
05/04/2020	05/12/2020	7198642106	5418557748	115Invoice	2.63	131.51		128.88	✓	7198642106	
05/04/2020	05/12/2020	7198642107	0503200205-00	115Invoice	8.62	431.22		422.60	✓	7198642107	
05/04/2020	05/12/2020	7198833559	807248536	195Invoice	0.02	0.95		0.93	✓	7198833559	
05/05/2020	05/12/2020	7198892598	6268582466	115Invoice	8.63	431.55		422.92	✓	7198892598	
05/05/2020	05/12/2020	7198892599	0502200204-00	115Invoice	0.32	16.21		15.89	✓	7198892599	
05/05/2020	05/12/2020	7198898100	1137816	115Invoice	44.80	2,239.84		2,195.04	✓	7198898100	
05/05/2020	05/12/2020	7199078265	807590757	195Invoice	0.03	1.66		1.63	✓	7199078265	
05/05/2020	05/12/2020	7199078266	00005042020TM	115Invoice	0.06	2.85		2.79	✓	7199078266	
05/06/2020	05/12/2020	7199136879	6268587931	115Invoice	5.60	279.98		274.38	✓	7199136879	
05/06/2020	05/12/2020	7199136881	0505200349-00	115Invoice	25.87	1,293.70		1,267.83	✓	7199136881	
05/07/2020	05/12/2020	7199392932	5318592613	115Invoice	8.63	431.40		422.77	✓	7199392932	
05/07/2020	05/12/2020	7199392933	0505200348-00	115Invoice	14.80	739.91		725.11	✓	7199392933	
05/07/2020	05/12/2020	7199562525	00005062020AS	115Invoice	0.01	0.63		0.62	✓	7199562525	

McKESSON
Empowering Healthcare

Company: 8000

STATEMENT

As of: 05/08/2020 Page: 002

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

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115

Territory: 400

Customer: 256342
Date: 05/09/2020

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

As of: 05/08/2020 Page: 002
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 256342
Date:

PLEASE CHECK ANY ITEMS NOT PAID

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

Future Due: 0.00

Past Due: 0.00

Last Payment: 7,674.57
05/04/2020

Total Discount: 120.02

Subtotals: 6,001.41 USD

If Paid By 05/12/2020
Pay This Amount: 5,881.39 USD

If Paid After 05/12/2020
Pay This Amount: 6,001.41 USD

Due If Paid On Time: 5,881.39 USD

Disc lost if paid late: 120.02 USD

Due if paid late: 6,001.41 USD

APPROVED
ON
MAY 1 1 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 59189568 Date: 05-08-2020

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:	696.12
Past Due:	0.00
Total Due:	696.12
Account Balance:	696.12

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
05-04-2020	05-15-2020	3037579220	156361	Invoice	534.69
05-04-2020	05-15-2020	3037579221	156408	Invoice	64.76
05-05-2020	05-15-2020	3037631889	156415	Invoice	94.63
05-06-2020	05-15-2020	3037685045	156423	Invoice	2.04

Thank You for Your Payment

Date	Payment Number	Amount
05-08-2020		(366.25)

Reminders

Due Date	Amount
05-15-2020	696.12
Total Due:	696.12

Terms:
Monday - Friday due in 7 days

CK 500098

APPROVED
ON
MAY 11 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

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

☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$	94,791.57	#
"1 TO CONFIRM"			1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$	48,664.68	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$	11,381.30	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$	34,745.59	#
	CHECK	$	-	
☐ "6-DIGIT SETTLEMENT DATE"	★			
"1 TO CONFIRM"			1	
☐ ACKNOWLEDGEMENT NUMBER				

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

Final Summary

-- PayCode Summary --

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9377.25	N		N	N		189932.43
1	REGULAR PAY-S1	1936.75	N		N	N	N	85418.95
1	REGULAR PAY-S1	236.50	Y		N	N		8067.90
1	REGULAR PAY-S1	40.50	Y		N	N	N	3166.30
2	REGULAR PAY-S2	2643.75	N		N	N		60753.08
2	REGULAR PAY-S2	5.00	N		N	N	N	103.95
2	REGULAR PAY-S2	155.00	Y		N	N		4873.54
3	REGULAR PAY-S3	1483.50	N		N	N		39000.64
3	REGULAR PAY-S3	8.00	N		N	N	N	170.32
3	REGULAR PAY-S3	117.25	Y		N	N		4579.13
C	CALL PAY	59.00	N		N	N	N	118.00
C	CALL PAY	2524.00	N	1	N	N		5048.00
E	EXTRA WAGES		N		N	N	N	115.35
E	EXTRA WAGES		N	1	N	N	N	1918.50
F	FUNERAL LEAVE	16.00	N	1	N	N		616.48
I	INSERVICE	11.00	N	1	N	N		346.50
K	EXTENDED-ILLNESS-BANK	355.50	N	1	N	N		6088.03
P	PAID-TIME-OFF	727.37	N	1	N	N		14193.28
X	CALL PAY 2	125.00	N	1	N	N		250.00
Z	CALL PAY 3	47.00	N	1	N	N		141.00

-- Deductions Summary --

Code	Amount				
A/R	736.97	A/R2	129.98	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1763.23	CAFE-F	
CAFE-H	19771.20	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC	100.00	COMBIN	438.97	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT	32.50	EATCSH	
FEDTAX	34745.59	FICA-M	5690.65	FICA-O	24332.34
FIRSTC		FLEX S	4790.93	FLX FE	
FORT D		FUTA		GIFT S	31.70
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	389.08	MASA	794.00	MEALS	118.24
MISC		MISC/		MMCSHR	
NATFML	2200.42	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	840.86
STONE		STONE2		STUDEN	
SUNACC	945.82	SUNILL	1383.59	SUNLIF	1242.91
SUNSTD	1709.27	SUNVIS	1239.28	SURCHG	830.00
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	29743.10	TUTION	
UNIFOR	2057.81	UW/HOS			

Grand Totals: 19868.37 ------- (Gross: 424901.38 Deductions: 136058.44 Net: 288842.94)

Checks Count:- FT 203 PT 7 Other 38 Female 220 Male 26 Credit OverAmt 5 ZeroNet Term Total: 246

Pay Date 05.15.2020

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- May 4, 2020 - May 10, 2020

Date	Bank Description	Amount	MMC Notes
5/4/2020	PAY PLUS ACHTRANS 452579291 101000694289611	4.73	- 3rd Party Payor Fee
5/4/2020	IRS USATAXPYMT 220052540198822 6103601000115	97065.64*	- Payroll Taxes
5/4/2020	AUTHNET GATEWAY BILLING 112203982 1040000108	10	- 3rd Party Payor Fee
5/5/2020	MERCH BNKCD FEE 971160910883 114902520001017	9.95	- Credit Card Processing Fee
5/5/2020	MERCH BNKCD FEE 971160913887 114902520001018	143.83	- Credit Card Processing Fee
5/5/2020	MERCH BNKCD DISCOUNT 971160910883 1149025200	19.95	- Credit Card Processing Fee
5/5/2020	MERCH BNKCD DISCOUNT 971160913887 1149025200	154.82	- Credit Card Processing Fee
5/5/2020	MERCH BNKCD INTERCHNG 971160913887 114902520	107.4	- Credit Card Processing Fee
5/5/2020	MCKESSON DRUG AUTO ACH ACH04161573 910000107	7674.57**	- 340B Drug Program Expense
5/5/2020	FDGL LEASE PYMT 052-1601830-000 410001252105	32.45	- Credit Card Machine Lease Expense
5/5/2020	FDGL LEASE PYMT 052-1479468-000 410001250322	69.24	- Credit Card Machine Lease Expense
5/5/2020	FDGL LEASE PYMT 052-1479214-000 410001250321	40.02	- Credit Card Machine Lease Expense
5/5/2020	FDGL LEASE PYMT 052-1479213-000 410001250321	43.26	- Credit Card Machine Lease Expense
5/6/2020	PAY PLUS ACHTRANS 452579291 101000696497576	80.06	- 3rd Party Payor Fee
5/6/2020	CLEARGAGE LLC CLEARGAGE, 6SFHDJP3PQAW332 242	66.58	- Patient Financing Service
5/8/2020	PAY PLUS ACHTRANS 452579291 101000698111069	3.12	- 3rd Party Payor Fee
5/8/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	366.25**	- 340B Drug Program Expense

105,891.87

May 11, 2020

Jason Anglin, CEO
Memorial Medical Center

* Approved 04.29.2020 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

** Approved 05.06.2020 cc

Date	Description	Amount	MMC Notes
5/15/2020	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	142,539.97	Retirement Funding

May 11, 2020

Jason Anglin, CEO
Memorial Medical Center

Pay Plus 4.73 + 80.06 + 3.12 + 87.91 *

CF Authnet 10.00 + 10.00 *

Credit Card Processing and Lease Fees 9.95 + 143.83 + 19.95 + 154.82 + 107.40 + 32.45 + 69.24 + 40.02 + 43.26 + 620.92 *

Clearsage 66.58 + 66.58 *

87.91 + 10.00 + 620.92 + 66.58 + 785.41 *

105,891.87 + 97,065.64 - 7,674.57 - 366.25 - 785.41 *

785.41 + 785.41 - 0.00 *

Date/Time Submitted By	05-04-2020 / 04:24 PM
Pay Date	04-30-2020
Employee Deposits	$61,667.48
Employer Contributions	$80,872.49
Group Term Life Premiums	$0.00
Total	$142,539.97
Comments	
Payroll File	April 2020 Retirement Upload.xlsx

CLOSE PRINT

RECEIVED
MAY 07 2020
Calhoun County Auditor

05/07/2020
11:02

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
043020C		04/30/20	04/30/20	05/21/20		87.66	0.00	0.00	87.66 ✓
	TRANSFER NH insurance pymt sent to mmc in error								
403020F		04/30/20	04/30/20	05/21/20		4,235.23	0.00	0.00	4,235.23 ✓
	TRANSFER NH insurance pymt sent to mmc in error								
043020B		04/30/20	04/30/20	05/21/20		4,764.17	0.00	0.00	4,764.17 ✓
	TRANSFER NH insurance pymt sent to mmc in error								
043020F		04/30/20	04/30/20	05/21/20		4,172.76	0.00	0.00	4,172.76 ✓
	TRANSFER NH insurance pymt sent to mmc in error								
043020D		04/30/20	04/30/20	05/21/20		34,989.14	0.00	0.00	34,989.14 ✓
	TRANSFER NH insurance pymt sent to mmc in error								
043020		04/30/20	04/30/20	05/21/20		720.30	0.00	0.00	720.30 ✓
	TRANSFER NH insurance pymt sent to mmc in error								
043020A		04/30/20	04/30/20	05/21/20		1,606.45	0.00	0.00	1,606.45 ✓
	TRANSFER NH insurance pymt sent to mmc in error								
043020E		04/30/20	04/30/20	05/21/20		2,673.91	0.00	0.00	2,673.91 ✓
	TRANSFER NH insurance pymt sent to mmc in error								
050620		05/06/20	05/06/20	05/21/20		124,398.00	0.00	0.00	124,398.00 ✓
	PORTION STIMULUS PAYMENT deposited into mmc operating								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	177,647.62	0.00	0.00	177,647.62

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	177,647.62	0.00	0.00	177,647.62

APPROVED ON
MAY 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 185693

RECEIVED
MAY 07 2020
Calhoun County Auditor

05/07/2020
10:58

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
050620		05/06/20	05/06/20	05/21/20			172,110.00	0.00	0.00	172,110.00
	PORTION STIMULUS PAYMEN									

deposited into mmc operating

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	172,110.00	0.00	0.00	172,110.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	172,110.00	0.00	0.00	172,110.00

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ON
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CALHOUN COUNTY, TEXAS

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11:00

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
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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
043020		04/30/20	04/30/20	05/21/20			458.57	0.00	0.00	458.57 ✓
	TRANSFER NH insurance pymt sent to MMC in error									
050620		05/06/20	05/06/20	05/21/20			226,118.00	0.00	0.00	226,118.00 ✓
	PORTION STIMULUS PAYMENT deposited into MMC operating									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	226,576.57	0.00	0.00	226,576.57

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	226,576.57	0.00	0.00	226,576.57

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ON
MAY 08 2020
CK# 185691
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05/07/2020 MEMORIAL MEDICAL CENTER 0
11:00 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
050620		05/06/20	05/06/20	05/21/20			197,532.00	0.00	0.00	197,532.00
	PORTION STIMULUS PAYMENT deposited into MMC operating									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	197,532.00	0.00	0.00	197,532.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	197,532.00	0.00	0.00	197,532.00

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MAY 08 2020
CK # 185646

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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Calhoun County Auditor

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11:01

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
050620		05/06/20	05/06/20	05/21/20			74,814.00	0.00	0.00	74,814.00
	PORTION STIMULUS PAYMEN									

T deposited into MMC operating

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	74,814.00	0.00	0.00	74,814.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	74,814.00	0.00	0.00	74,814.00

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ON
MAY 08 2020
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CALHOUN COUNTY, TEXAS

CK# 185642

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MAY 07 2020
Calhoun County Auditor

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11:10

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
13004	TUSCANY VILLAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
050620		05/06/20	05/06/20	05/21/20			226,727.00	0.00	0.00	226,727.00
	STIMULUS PAYMENT – NH portion of stimulas deposited into MMC operating									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	226,727.00	0.00	0.00	226,727.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	226,727.00	0.00	0.00	226,727.00

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MAY 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 18547

RECEIVED
MAY 07 2020
Calhoun County Auditor

05/07/2020
11:09

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
043020B		04/30/20	04/30/20	05/21/20		44.52	0.00	0.00	44.52 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
043020		04/30/20	04/30/20	05/21/20		990.60	0.00	0.00	990.60 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
403020D		04/30/20	04/30/20	05/21/20		20,319.66	0.00	0.00	20,319.66 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
043020C		04/30/20	04/30/20	05/21/20		180.00	0.00	0.00	180.00 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
043020E		04/30/20	04/30/20	05/21/20		1,582.76	0.00	0.00	1,582.76 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
043020F		04/30/20	04/30/20	05/21/20		3,520.00	0.00	0.00	3,520.00 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
043020A		04/30/20	04/30/20	05/21/20		360.08	0.00	0.00	360.08 ✓
	TRANSFER NH insurance pymt sent to MMC in error								
050620		05/06/20	05/06/20	05/21/20		83,417.00	0.00	0.00	83,417.00 ✓
	PORTION STIMULUS PAYMEN + deposited into MMC operating								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	110,414.62	0.00	0.00	110,414.62

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	110,414.62	0.00	0.00	110,414.62

APPROVED ON
MAY 08 2020
CK # 185494
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
MAY 07 2020
Calhoun County Auditor

05/07/2020 MEMORIAL MEDICAL CENTER 0
11:01 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
050620		05/06/20	05/06/20	05/21/20			249,711.00	0.00	0.00	249,711.00 ✓
	PORTION STIMULUS PAYMEN + deposited into mmc operating									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	249,711.00	0.00	0.00	249,711.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	249,711.00	0.00	0.00	249,711.00

APPROVED
ON
MAY 08 2020
CK # 185295

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Provider Number	Provider Name	FYE		Net Patient Revenues	Estimated Emergency Provider Relief Fund Payments
451356	MEMORIAL MEDICAL CENTER	12/31/2018		$ 28,401,524	$ 568,030
675423	ASHFORD GARDENS	12/31/2018		8,605,504	172,110
675663	FORT BEND HEALTHCARE CENTER	12/31/2018		3,740,690	74,814
676097	GOLDEN CREEK HEALTHCARE AND REHABILI	12/31/2018		6,219,916	124,398
676310	SOLERA AT WEST HOUSTON	12/31/2018		12,485,535	249,711
676323	THE CRESCENT	12/31/2018		9,876,596	197,532
676357	THE BROADMOOR AT CREEKSIDE PARK	12/31/2018		11,305,901	226,118
	TOTAL PER 2018 AUDITED FINANCIAL STATEMENTS		(A)	$ 80,635,666	$ 1,612,713
675892	GULF POINTE PLAZA	12/31/2018		4,170,851	83,417
676201	TUSCANY VILLAGE	12/31/2018		11,336,371	226,727
				96,142,888	1,922,858
	Emergency Relief Fund Payments Received				$ 1,937,795

(A) Gulf Pointe Plaza and Tuscany Village were acquired after the fiscal year ended December 31, 2018, thus were excluded from the audited financial statements. As such, we have utilized the net patient revenue from the Skilled Nursing Facilities' December 31, 2018 Medicare cost report Worksheet G-3, Line 3, Column 1.

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
5/11/2020

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		208,680.74 ✓	133,709.07 ✓	103.46 ✓		-	75,075.13		-
						Bank Balance	75,075.13 ✓		
						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	pending ✓	
Ashford Health Care Center Ltd Co						MMC Portion QIPP 3,4,Lapse	38,345.21	pending ✓	
JP Morgan Chase Bank						April Interest	51.94 ✓		
						May Interest	-		
						June Interest	-		
						Adjust Balance/Transfer Amt	103.46 ✓		
Broadmoor		134,926.66 ✓	105,351.62 ✓	25,453.42 ✓		-	55,028.46 ✓		25,453.42
						Bank Balance	55,028.46		
						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 ✓	pending	
						MMC Portion QIPP 3,4,Lapse	16,118.04 ✓	pending	
						April Interest	97.29 ✓		
						May Interest	-		
						June Interest	-		
						Adjust Balance/Transfer Amt	25,453.42 ✓		
Crescent		148,143.20 ✓	125,578.65 ✓	61,635.39 ✓		-	84,199.94 ✓		61,635.39
						Bank Balance	84,199.94		
						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 ✓	pending	
						MMC Portion QIPP 3,4,Lapse	11,512.06 ✓	pending	
						April Interest	102.12 ✓		
						May Interest	-		
						June Interest	-		
						Adjust Balance/Transfer Amt	61,635.39 ✓		
Fort Bend		83,398.96 ✓	52,310.84 ✓	16,471.77 ✓		-	47,559.89 ✓		16,471.77
						Bank Balance	47,559.89		
						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 ✓	pending	
						MMC Portion QIPP 3,4,Lapse	15,897.69 ✓	pending	
						April Interest	34.45 ✓		
						May Interest	-		
						June Interest	-		
						Adjust Balance/Transfer Amt	16,471.77 ✓		
Solera at W Houston		201,609.09 ✓	174,758.32 ✓	85,083.45 ✓			111,934.22 ✓		85,083.45
						Bank Balance	111,934.22		
						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 Houst						MMC Portion QIPP 1 &2	12,336.90 ✓	pending	
Cantex Health Care Centers III LLC						MMC Portion QIPP 3,4,Lapse	13,722.46 ✓	pending	
JP Morgan Chase Bank						April Interest	109.67 ✓		
						May Interest	-		
						June Interest	-		
							-		
						Adjust Balance/Transfer Amt	85,083.45 ✓		
						TOTAL TRANSFERS	188,644.03		~~172,172.26~~

25,453.42 +
61,635.39 +
16,471.77 +
85,083.45 +
188,644.03 *

APPROVED

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 5/11/2020

MAY 11 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

F:\NH Weekly Transfers\NH UPL Transfer Summary\2020\May\NH UPL Transfer Summary 5-11-20.xlsx

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
5/4/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000172 TRN*1*EFT6942091*1205296137*000004911\	-	103.46					-	103.46
5/6/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	133,709.07	-					-	-
								-	-
		133,709.07	103.46	-	-	-	-	-	103.46

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
5/4/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0251644	-	111.15					-	111.15
5/4/2020	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR57437520*1411289245*000087726\	-	1,134.00					-	1,134.00
5/4/2020	HUMANA INS CO HCCLAIMPMT 390861 830000597666 TRN*1*001290050084688*1391263473\	-	9,956.34					-	9,956.34
5/5/2020	HUMANA CHA DISB HCCLAIMPMT 390861 4200001279 TRN*1*014840101315158*1611013183\	-	696.21					-	696.21
5/5/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1529535113*1411289245*000087726\	-	2,665.00					-	2,665.00
5/6/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	105,351.62	-					-	-
5/6/2020	CIGNA HCCLAIMPMT 1669860433 91000010696674 TRN*1*200502090033784*1591031071\	-	1,232.00					-	1,232.00
5/7/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0251898	-	359.25					-	359.25
5/7/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9530402151*1411289245*000087726\	-	8,694.00					-	8,694.00
5/8/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000109 TRN*1*EFT5560052*1205296137*000004011\	-	255.47					-	255.47
5/8/2020	HUMANA INS CO HCCLAIMPMT 390861 830000548946 TRN*1*001290050176100*1391263473\	-	350.00					-	350.00
								-	-
		105,351.62	25,453.42	-	-	-	-	-	25,453.42

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
5/4/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*202005011300639*1912008361*0000TEX01\	-	7,030.00					-	7,030.00
5/4/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05F059241669860425*1746000156~	-	2,266.00						
5/5/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005021030926*1912008361*0000TEX01\	-	638.52						
5/5/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05F066891669860425*1746000156~	-	4,092.00					-	4,092.00
5/6/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	125,578.65	-					-	-
5/6/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005031260012*1912008361*0000TEX01\	-	1,193.50					-	1,193.50
5/6/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05F073861669860425*1746000156~	-	7,672.50					-	7,672.50
5/7/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0251886	-	4,432.50					-	4,432.50
5/7/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9530402150*1411289245*000087726\	-	9,250.00					-	9,250.00
5/7/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000102 TRN*1*EFT5558701*1205296137*000004011\	-	7,070.37					-	7,070.37
5/8/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9530703170*1411289245*000087726\	-	4,070.00					-	4,070.00
5/8/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005071500456*1912008361*0000TEX01\	-	9,375.63					-	9,375.63
5/8/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005061180011 5*1912008361*0000TEX01\	-	2,189.32					-	2,189.32
5/8/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*202005061660134 3*1912008361*0000TEX01\	-	1,110.00					-	1,110.00
5/8/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05F096541669860425*1746000156~	-	1,245.05					-	-
								-	-
		125,578.65	61,635.39	-	-	-	-	-	57,485.82

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
5/4/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1529228456*1362739571*000036273\	-	4,928.00					-	4,928.00
5/6/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	52,310.84	-					-	-
5/7/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9530402212*1411289245*000087726\	-	11,543.77					-	11,543.77
								-	-
		52,310.84	16,471.77	-	-	-	-	-	16,471.77

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
5/4/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0251632	-	1,587.60					-	1,587.60
5/4/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005011570007 5*1912008361*0000TEX01\	-	2,439.04					-	2,439.04
5/4/2020	HUMANA INS CO HCCLAIMPMT 390862 830000597666 TRN*1*001290050084689*1391263473\	-	4,354.77					-	4,354.77
5/5/2020	HUMANA CHA DISB HCCLAIMPMT 390862 4200001279 TRN*1*014840101315159*1611013183\	-	1,152.19					-	1,152.19
5/5/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005021030084 6*1912008361*0000TEX01\	-	816.20					-	816.20
5/6/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	174,758.32	-					-	-
5/6/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005031020039 3*1912008361*0000TEX01\	-	11,077.38					-	11,077.38
5/6/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*05F073871497143259*1746000156~	-	7,663.62					-	7,663.62
5/7/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0251878	-	7,005.00					-	7,005.00
5/7/2020	Amerigroup TXSC HCCLAIMPMT 3123902977 111000 TRN*1*3123902977*1752603231\	-	235.80					-	235.80
5/7/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9530401997*1411289245*000087726\	-	20,178.00					-	20,178.00
5/8/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0251983	-	6,767.50					-	6,767.50
5/8/2020	Amerigroup TXSC HCCLAIMPMT 3123958449 111000 TRN*1*3123958449*1752603231\	-	212.89					-	212.89
5/8/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005071100012 7*1912008361*0000TEX01\	-	20,527.29					-	20,527.29
5/8/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005061180001 9*1912008361*0000TEX01\	-	676.62					-	676.62
5/8/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*05F096551497143259*1746000156~	-	389.55					-	389.55
								-	-
		174,758.32	85,083.45	-	-	-	-	-	85,083.45

TOTALS

591,708.50	188,747.49	-	-	-	-	-	184,597.92

Quick View

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[redacted]

*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$75,075.13	$89,778.95	$75,075.13	$75,075.13
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$55,028.46	$55,104.60	$55,028.46	$54,422.99
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$84,199.94	$100,345.37	$84,199.94	$66,209.94
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$47,559.89	$47,559.89	$47,559.89	$47,559.89
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$111,934.22	$118,886.84	$111,934.22	$83,360.37

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Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
5/11/2020

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		189,619.96	189,472.91	23,981.88	-	-	24,128.93	23,981.88
						Bank Balance	24,128.93	
						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	23,981.88	

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

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 5/11/2020

APPROVED
ON

MAY 11 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	
5/4/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 043020	-	530.00					-	530.00
5/6/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	189,472.91	-					-	-
5/6/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 050420	-	13,808.75					-	13,808.75
5/7/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05F085211588075964*1746000156~	-	4,476.57					-	4,476.57
5/8/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000109 TRN*1*EFT5559749*1205296137*000004011\	-	4,330.81					-	4,330.81
5/8/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05F099201588075964*1746000156~	-	835.75					-	835.75
							-	-
	189,472.91	23,981.88	-	-	-	-	-	23,981.88

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Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$24,128.93	$25,184.93	$24,128.93	$18,962.37
[redacted]				

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Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
5/11/2020

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		55,048.97	54,946.48	-		-	-	102.49	-
							Bank Balance	102.49	no transfer
							Variance	(0.00)	
							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	(0.00)	

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		229,850.94	229,729.93	22,875.10		-	-	22,996.11	22,875.10
							Bank Balance	22,996.11	
							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	22,875.10	
						TOTAL TRANSFERS		22,875.10	

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

5/11/2020

APPROVED
ON
MAY 11 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
5/6/2020 WIRE OUT HMG SERVICES, LLC	54,946.48	-					-	-
							-	-
	54,946.48	-	-	-	-	-	-	-

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
5/5/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*05F0697519220	-	11,443.80					-	11,443.80
5/6/2020 WIRE OUT HMG SERVICES, LLC	229,729.93	-					-	-
5/8/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001102456 TRN*1*EFT6916251*145	-	8,715.91					-	8,715.91
5/8/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*05F1024019220	-	2,715.39					-	2,715.39
							-	-
	229,729.93	22,875.10	-	-	-	-	-	22,875.10
	284,676.41	22,875.10	-	-	-	-	-	22,875.10

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Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$22,996.11	$22,996.11	$22,996.11	$11,564.81
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$102.49	$102.49	$102.49	$102.49
[redacted]				

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