MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 20, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 417,503.49
TOTAL TRANSFERS BETWEEN FUNDS	$ 22,625.01
TOTAL NURSING HOME UPL EXPENSES	$ 1,979,652.94
TOTAL INTER-GOVERNMENT TRANSFERS	$ 403,787.46
GRAND TOTAL DISBURSEMENTS APPROVED May 20, 2020	$ 2,823,568.90

APPROVED

MAY 20 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 20, 2020

PAYABLES AND PAYROLL			
5/14/2020	Weekly Payables	398,097.96	
5/14/2020	Patient Refunds	1,052.63	
5/20/2020	Citibank Credit Card-see attached	3,870.64	
5/18/2020	McKesson-340B Prescription Expense	6,530.42	
5/18/2020	Amerisource Bergen-340B Prescription Expense	2,659.67	
	Prosperity Electronic Bank Payments		
5/11/2020	Credit Card & Lease Fees	4,253.15	
5/20/2020	Sales Tax for April 2020	948.11	
5/11-5/15/2020	Pay Plus-Patient Claims Processing Fee	90.91	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 417,503.49**
TRANSFER BETWEEN FUNDS-NURSING HOMES			
5/14/2020	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating in error	4,605.66	
5/14/2020	MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment deposited into MMC Operating in error	6,890.25	
5/14/2020	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating in error	11,129.10	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 22,625.01**
NURSING HOME UPL EXPENSES			
5/18/2020	Nursing Home UPL-Cantex Transfer	1,305,803.45	
5/18/2020	Nursing Home UPL-Nexion Transfer	246,477.09	
5/18/2020	Nursing Home UPL-HMG Transfer	129,349.55	
5/18/2020	Nursing Home UPL-Tuscany Transfer	226,727.00	
5/18/2020	Nursing Home UPL-HSL Transfer	71,295.85	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,979,652.94**
INTER-GOVERNMENT TRANSFERS			
5/18/2020	IGT DY9 UC to be paid on 06/05/2020	403,787.46	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 403,787.46**
GRAND TOTAL DISBURSEMENTS APPROVED May 20, 2020			**$ 2,823,568.90**

05/14/2020 MEMORIAL MEDICAL CENTER 0
10:31 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 05/27/2020

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
144133	SUPPLIES	05/05/20	05/01/20	05/26/20			32.98	0.00	0.00	32.98

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	32.98	0.00	0.00	32.98

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
9100378492	OXYGEN	04/30/20	04/16/20	05/11/20			254.44	0.00	0.00	254.44
9970559782	OXYGEN	04/30/20	04/30/20	05/25/20			31.62	0.00	0.00	31.62
9970559781	OXYGEN	04/30/20	04/30/20	05/25/20			667.38	0.00	0.00	667.38
9100776007	OXYGEN	04/30/20	04/30/20	05/25/20			2,248.76	0.00	0.00	2,248.76
9970559780	OXYGEN	04/30/20	04/30/20	05/25/20			497.95	0.00	0.00	497.95

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	3,700.15	0.00	0.00	3,700.15

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
051220	CONTRACT EMPLOYEE (4/24-5/27/2020)	05/12/20	05/12/20	05/12/20			1,867.50	0.00	0.00	1,867.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE	1,867.50	0.00	0.00	1,867.50

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CORP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
971765545	INVENTORY	05/11/20	05/11/20	05/17/20			90.23	0.00	0.00	90.23

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	90.23	0.00	0.00	90.23

Vendor#	Vendor Name	Class	Pay Code
A2218	AQUA BEVERAGE COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
968874/972699	WATER late fee of 8.00	04/30/20	04/30/20	05/25/20			58.93	0.00	0.00	58.93

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	58.93	0.00	0.00	58.93

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
12041117	LATE FEE	04/30/20	04/25/20	05/21/20			55.97	0.00	0.00	55.97

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	55.97	0.00	0.00	55.97

Vendor#	Vendor Name	Class	Pay Code
12600	BIOFIRE DIAGNOSTICS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1280033645	SUPPLIES	04/30/20	02/19/20	05/21/20			8,263.70	0.00	0.00	8,263.70

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12600	BIOFIRE DIAGNOSTICS LLC	8,263.70	0.00	0.00	8,263.70

Vendor#	Vendor Name	Class	Pay Code
C1992	CDW GOVERNMENT, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
XKS7643	PC (2) All in one PC - LVO @ 1,145.11 each + 62.15 Freight	04/30/20	03/31/20	04/30/20			2,352.40	0.00	0.00	2,352.40
XRG0650	THINK PAD (1) @ 1646.27 + 29.19 Freight	04/30/20	04/28/20	05/27/20			1,675.46	0.00	0.00	1,675.46

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	4,027.86	0.00	0.00	4,027.86

Vendor#	Vendor Name	Class	Pay Code
E1270	CENTERPOINT ENERGY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
042920	GAS	04/30/20	04/29/20	05/21/20			31.03	0.00	0.00	31.03

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1270	CENTERPOINT ENERGY	31.03	0.00	0.00	31.03

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
6063010	SUPPLIES	04/29/20	04/27/20	05/22/20			139.76	0.00	0.00	139.76
6062740	SUPPLIES	04/29/20	04/27/20	05/22/20			220.34	0.00	0.00	220.34
6064000	SUPPLIES	04/30/20	04/28/20	05/23/20			187.50	0.00	0.00	187.50
6064590	SUPPLIES	04/30/20	04/29/20	05/24/20			23.99	0.00	0.00	23.99
6064370	SUPPLIES	04/30/20	04/29/20	05/24/20			134.50	0.00	0.00	134.50
6055420	SUPPLIES	05/13/20	04/22/20	05/17/20			20.71	0.00	0.00	20.71

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	726.80	0.00	0.00	726.80

Vendor#	Vendor Name	Class	Pay Code
11011	DIAMOND HEALTHCARE CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
IN20053688	BEHAV HEALTH - April 2020	04/30/20	04/30/20	05/25/20			31,144.58	0.00	0.00	31,144.58
IN20053689	CPR - April 2020	04/30/20	04/30/20	05/25/20			19,166.67	0.00	0.00	19,166.67

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP	50,311.25	0.00	0.00	50,311.25

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
MMC051520		05/14/20	05/15/20	05/15/20		148,194.18	0.00	0.00	148,194.18
	PRO FEES Physician Services May 1-15 2020								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	148,194.18	0.00	0.00	148,194.18

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
16525		04/30/20	04/30/20	05/25/20		260.00	0.00	0.00	260.00
	PEST CONTROL								
16523		04/30/20	04/30/20	05/25/20		105.00	0.00	0.00	105.00
	PEST CONTROL								
16524		04/30/20	04/30/20	05/25/20		505.00	0.00	0.00	505.00
	PEST CONTROL								
16522		04/30/20	04/30/20	05/25/20		160.00	0.00	0.00	160.00
	PSET CONTROL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	1,030.00	0.00	0.00	1,030.00

Vendor#	Vendor Name	Class	Pay Code
12040	DRIESSEN WATER INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1430270304302020		04/30/20	04/30/20	05/22/20		31.50	0.00	0.00	31.50
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12040	DRIESSEN WATER INC.	31.50	0.00	0.00	31.50

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
39094		04/30/20	04/30/20	05/21/20		40,062.50	0.00	0.00	40,062.50
	PRO FEES - ER Staffing (April 16th-EOM)								
39146		05/11/20	05/15/20	05/15/20		40,062.50	0.00	0.00	40,062.50
	ER STAFFING - May 1-15th 2020								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	80,125.00	0.00	0.00	80,125.00

Vendor#	Vendor Name	Class	Pay Code
10689	FASTHEALTH CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
05A20MMC		05/08/20	05/01/20	05/21/20		495.00	0.00	0.00	495.00
	WEBSITE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION	495.00	0.00	0.00	495.00

Vendor#	Vendor Name	Class	Pay Code
13016	FIRST INSURANCE FUNDING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MAY2020		04/30/20	05/11/20	05/24/20		2,737.59	0.00	0.00	2,737.59
	4TH INSTALLMENT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13016	FIRST INSURANCE FUNDING	2,737.59	0.00	0.00	2,737.59

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
7600613		04/16/20	04/17/20	05/21/20		211.21	0.00	0.00	211.21
	SUPPLIES								
7600604		04/16/20	04/17/20	05/21/20		276.15	0.00	0.00	276.15
	SUPPLIES								
7531154		04/30/20	04/16/20	05/21/20		171.21	0.00	0.00	171.21
	SUPPLIES								
7531157		04/30/20	04/16/20	05/21/20		171.21	0.00	0.00	171.21
	SUPPLIES								
7531155		04/30/20	04/16/20	05/21/20		1,798.09	0.00	0.00	1,798.09
	SUPPLIES								
7672297		04/30/20	04/20/20	05/21/20		217.72	0.00	0.00	217.72
	SUPPLIES								
7672298		04/30/20	04/20/20	05/21/20		187.34	0.00	0.00	187.34
	SUPPLIES								
7834087		04/30/20	04/22/20	05/21/20		164.64	0.00	0.00	164.64
	SUPPLIES								
7834088		04/30/20	04/22/20	05/21/20		290.52	0.00	0.00	290.52
	SUPPLIES								
7923544		04/30/20	04/23/20	05/21/20		1,033.36	0.00	0.00	1,033.36
	SUPPLIES								
8017090		04/30/20	04/24/20	05/21/20		152.17	0.00	0.00	152.17
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	4,673.62	0.00	0.00	4,673.62

Vendor# Vendor Name — Class — Pay Code

G0401 GULF COAST DELIVERY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
807933-937		04/30/20	04/30/20	05/27/20		125.00	0.00	0.00	125.00
	DELIVERY 4/7-4/22/2020								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY	125.00	0.00	0.00	125.00

Vendor# Vendor Name — Class — Pay Code

G1210 GULF COAST PAPER COMPANY M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1853465		04/29/20	04/21/20	05/21/20		445.32	0.00	0.00	445.32
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	445.32	0.00	0.00	445.32

Vendor# Vendor Name — Class — Pay Code

H0031 HEB CREDIT RECEIVABLES DEPT308

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
232864		04/30/20	03/30/20	05/25/20		48.53	0.00	0.00	48.53
	SUPPLIES								
232912		04/30/20	03/31/20	05/25/20		18.39	0.00	0.00	18.39
	SUPPLIES								
232965		04/30/20	04/02/20	05/25/20		9.94	0.00	0.00	9.94
	SUPPLIES								
233029		04/30/20	04/05/20	05/25/20		37.62	0.00	0.00	37.62
	SUPPLIES								

331214		04/30/20	04/08/20	05/25/20	48.12	0.00	0.00	48.12
SUPPLEIS								
332375		04/30/20	04/13/20	05/25/20	14.70	0.00	0.00	14.70
SUPPLIES								
332858		04/30/20	04/15/20	05/25/20	24.64	0.00	0.00	24.64
SUPPLIES								
930921		04/30/20	04/19/20	05/25/20	48.90	0.00	0.00	48.90
SUPPLIES								
931041		04/30/20	04/20/20	05/25/20	22.74	0.00	0.00	22.74
SUPPLIES								
932784		04/30/20	04/26/20	05/25/20	14.25	0.00	0.00	14.25
SUPPLIES								
933204		04/30/20	04/27/20	05/25/20	21.86	0.00	0.00	21.86
SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308			309.69	0.00	0.00	309.69

Vendor#	Vendor Name	Class	Pay Code
H1399	HILL-ROM COMPANY, INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1072437		04/30/20	04/25/20	05/25/20			1,534.60	0.00	0.00	1,534.60
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H1399	HILL-ROM COMPANY, INC					1,534.60	0.00	0.00	1,534.60

Vendor#	Vendor Name	Class	Pay Code
12716	HITACHI HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
PJIN0152402		04/21/20	04/15/20	05/25/20			8,333.33	0.00	0.00	8,333.33
SMA FEE										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12716	HITACHI HEALTHCARE					8,333.33	0.00	0.00	8,333.33

Vendor#	Vendor Name	Class	Pay Code
H3400	HUBERT COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
906360		04/30/20	04/27/20	05/27/20			308.54	0.00	0.00	308.54
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H3400	HUBERT COMPANY					308.54	0.00	0.00	308.54

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3867		04/30/20	04/30/20	05/21/20			14,649.20	0.00	0.00	14,649.20
PRO FEES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES					14,649.20	0.00	0.00	14,649.20

Vendor#	Vendor Name	Class	Pay Code
11108	ITERSOURCE CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
711202		05/12/20	05/01/20	05/01/20			250.00	0.00	0.00	250.00
SUPPORT SERVICES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORPORATION					250.00	0.00	0.00	250.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
922441222	SUPPLIES	04/30/20	04/27/20	05/27/20			1,487.38	0.00	0.00	1,487.38

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	1,487.38	0.00	0.00	1,487.38

Vendor#	Vendor Name	Class	Pay Code
10834	JACKSON & CARTER, PLLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2667	LEGAL	05/11/20	05/03/20	05/03/20			1,402.50	0.00	0.00	1,402.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10834	JACKSON & CARTER, PLLC	1,402.50	0.00	0.00	1,402.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
66076196	SUPPLIES	05/08/20	05/02/20	05/27/20			832.50	0.00	0.00	832.50
66077257	SUPPLIES	05/08/20	05/02/20	05/27/20			15.00	0.00	0.00	15.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	847.50	0.00	0.00	847.50

Vendor#	Vendor Name	Class	Pay Code
11600	LEGAL SHIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
041520	INSURANCE	04/30/20	04/15/20	04/15/20			819.74	0.00	0.00	819.74

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD	819.74	0.00	0.00	819.74

Vendor#	Vendor Name	Class	Pay Code
11796	LUBY'S FUDDRUCKERS RESTAURANTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV00001595	FOOD	04/30/20	04/30/20	04/30/20			17,823.20	0.00	0.00	17,823.20

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11796	LUBY'S FUDDRUCKERS RESTAURANTS	17,823.20	0.00	0.00	17,823.20

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
051120	PAYROLL DED	05/11/20	05/11/20	05/11/20			840.86	0.00	0.00	840.86

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
M2178	MCKESSON MEDICAL SURGICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
01436095	SUPPLIES	04/30/20	04/07/20	05/21/20			958.99	0.00	0.00	958.99
01452108	SUPPLIES	04/30/20	04/08/20	05/21/20			88.46	0.00	0.00	88.46

01451653		04/30/20	04/08/20	05/21/20	22.09	0.00	0.00	22.09
SUPPLIES								
02937653		04/30/20	04/24/20	05/21/20	230.59	0.00	0.00	230.59
SUPPLIES								
3113801		04/30/20	04/28/20	05/13/20	90.87	0.00	0.00	90.87
SUPPLIES								
03262946		04/30/20	04/29/20	05/21/20	22.09	0.00	0.00	22.09
SUPPLIES								
03267615		04/30/20	04/29/20	05/21/20	190.66	0.00	0.00	190.66
SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC			1,603.75	0.00	0.00	1,603.75

Vendor#	Vendor Name	Class	Pay Code
11203	MEDI-DOSE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0767588		05/13/20	05/06/20	05/06/20			132.75	0.00	0.00	132.75
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11203	MEDI-DOSE, INC					132.75	0.00	0.00	132.75

Vendor#	Vendor Name	Class	Pay Code
10613	MEDIMPACT HEALTHCARE SYS, INC.	A/P	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
051320		05/13/20	05/13/20	05/13/20			66.35	0.00	0.00	66.35
INDIGENT										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.					66.35	0.00	0.00	66.35

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
1907501484		04/16/20	04/10/20	05/21/20			25.04	0.00	0.00	25.04
SUPPLIES	Freight 10.29 on (1) 4.75 splint									
1907501481		04/16/20	04/10/20	05/21/20			143.15	0.00	0.00	143.15
SUPPLIES										
1907501482		04/16/20	04/10/20	05/21/20			173.67	0.00	0.00	173.67
SUPPLIES										
1908144140		04/16/20	04/16/20	05/21/20			605.54	0.00	0.00	605.54
SUPPLIES										
19088621412		04/16/20	04/21/20	05/21/20			16.68	0.00	0.00	16.68
SUPPLIES										
1908621416		04/16/20	04/21/20	05/21/20			209.88	0.00	0.00	209.88
SUPPLIES										
1908621417		04/16/20	04/21/20	05/21/20			858.79	0.00	0.00	858.79
SUPPLIES										
1908621415		04/16/20	04/21/20	05/21/20			31.44	0.00	0.00	31.44
SUPPLIES										
1908621413		04/16/20	04/21/20	05/21/20			253.92	0.00	0.00	253.92
SUPPLIES										
1908621414		04/16/20	04/21/20	05/21/20			26.22	0.00	0.00	26.22
SUPPLIES										
1908860549		04/30/20	04/23/20	05/18/20			242.50	0.00	0.00	242.50
SUPPLIES										

1908144133	04/30/20 04/16/20 05/21/20	116.20	0.00	0.00	116.20	
SUPPLIES						
1908144132	04/30/20 04/16/20 05/21/20	20.42	0.00	0.00	20.42	
SUPPLIES						
1908144135	04/30/20 04/16/20 05/21/20	795.61	0.00	0.00	795.61	
SUPPLIES						
1908286952	04/30/20 04/17/20 05/21/20	68.97	0.00	0.00	68.97	
SUPPLIES						
1908417370	04/30/20 04/18/20 05/21/20	37.08	0.00	0.00	37.08	
SUPPLIES						
1908770528	04/30/20 04/22/20 05/21/20	35.93	0.00	0.00	35.93	
SUPPLIES						
1908770530	04/30/20 04/22/20 05/21/20	69.22	0.00	0.00	69.22	
SUPPLIES						
1908860548	04/30/20 04/23/20 05/21/20	1,463.72	0.00	0.00	1,463.72	
SUPPLIES						
1908860558	04/30/20 04/23/20 05/21/20	1,509.09	0.00	0.00	1,509.09	
SUPPLIES						
1908860552	04/30/20 04/23/20 05/21/20	37.08	0.00	0.00	37.08	
SUPPLIES						
1908860551	04/30/20 04/23/20 05/21/20	19.16	0.00	0.00	19.16	
SUPPLIES						
1908860550	04/30/20 04/23/20 05/21/20	19.16	0.00	0.00	19.16	
SUPPLIES						
1908960371	04/30/20 04/24/20 05/19/20	116.30	0.00	0.00	116.30	
SUPPLIES						
1908960370	04/30/20 04/24/20 05/19/20	68.36	0.00	0.00	68.36	
SUPPLIES						
1909075986	04/30/20 04/24/20 05/21/20	-37.08	0.00	0.00	-37.08	
CREDIT 1908417370/ PO 4015						
1909320187	04/30/20 04/28/20 05/23/20	35.48	0.00	0.00	35.48	
SUPPLIES						
1909320190	04/30/20 04/28/20 05/23/20	23.96	0.00	0.00	23.96	
SUPPLIES						
1909320183	04/30/20 04/28/20 05/23/20	22.32	0.00	0.00	22.32	
SUPPLIES						
1909320184	04/30/20 04/28/20 05/23/20	253.60	0.00	0.00	253.60	
SUPPLIES						
1909320185	04/30/20 04/28/20 05/23/20	126.80	0.00	0.00	126.80	
SUPPLIES						
1909320189	04/30/20 04/28/20 05/23/20	2,402.38	0.00	0.00	2,402.38	
SUPPLIES						
1909320188	04/30/20 04/28/20 05/23/20	177.85	0.00	0.00	177.85	
SUPPLIES						
1909320186	04/30/20 04/28/20 05/23/20	54.62	0.00	0.00	54.62	
SUPPLIES						
1909362600	04/30/20 04/28/20 05/23/20	-23.96	0.00	0.00	-23.96	
CREDIT 1908860558/ PO 4024						
1909366058	04/30/20 04/29/20 05/24/20	33.09	0.00	0.00	33.09	
SUPPLIES						
1909366055	04/30/20 04/29/20 05/24/20	587.16	0.00	0.00	587.16	

	SUPPLIES Freight 22.33 on (2) 5.38 splints							
1909366053		04/30/20	04/29/20	05/24/20	12.03	0.00	0.00	12.03
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC			10,631.38	0.00	0.00	10,631.38
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
051120		05/11/20	05/11/20	05/11/20			100.00	0.00	0.00	100.00
	PAYROLL DED									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC					100.00	0.00	0.00	100.00
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
051220		05/12/20	05/12/20	05/12/20			65.00	0.00	0.00	65.00
	PAYROLL DED SILENT AUCTI									
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
5585907		05/11/20	05/07/20	05/17/20			119.02	0.00	0.00	119.02
	INVENTORY									
5585906		05/11/20	05/07/20	05/17/20			19.87	0.00	0.00	19.87
	INVENTORY									
5585457		05/11/20	05/07/20	05/17/20			0.10	0.00	0.00	0.10
	INVENTORY									
5582842		05/11/20	05/07/20	05/17/20			144.21	0.00	0.00	144.21
	INVENOTRY									
5585908		05/11/20	05/07/20	05/17/20			192.38	0.00	0.00	192.38
	INVENTORY									
5582841		05/11/20	05/07/20	05/17/20			41.03	0.00	0.00	41.03
	INVENTORY									
5589307		05/11/20	05/08/20	05/18/20			374.09	0.00	0.00	374.09
	INVENTORY									
5587750		05/11/20	05/08/20	05/18/20			32.95	0.00	0.00	32.95
	INVENTORY									
5589309		05/11/20	05/08/20	05/18/20			98.69	0.00	0.00	98.69
	INVENTORY									
5587751		05/11/20	05/08/20	05/18/20			37.54	0.00	0.00	37.54
	INVENTORY									
5589308		05/11/20	05/08/20	05/18/20			36.56	0.00	0.00	36.56
	INVENTORY									
5587209		05/11/20	05/08/20	05/18/20			1,699.00	0.00	0.00	1,699.00
	ACCUMULATOR FEE									
5574789		05/12/20	05/05/20	05/15/20			8.22	0.00	0.00	8.22
	INVENTORY									
5574935		05/12/20	05/05/20	05/15/20			1,063.47	0.00	0.00	1,063.47
	INVENTORY									
5574934		05/12/20	05/05/20	05/15/20			115.44	0.00	0.00	115.44

	INVENTORY							
5574694		05/12/20	05/05/20	05/15/20	8.29	0.00	0.00	8.29
	INVENTORY							
5579784		05/12/20	05/06/20	05/16/20	525.73	0.00	0.00	525.73
	SUPPLIES							
5579783		05/12/20	05/06/20	05/16/20	686.04	0.00	0.00	686.04
	INVENTORY							
5574936A		05/14/20	05/05/20	05/15/20	787.88	0.00	0.00	787.88
	INVENTORY							
5585909A		05/14/20	05/07/20	05/17/20	482.50	0.00	0.00	482.50
	INVENTORY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			6,473.01	0.00	0.00	6,473.01

Vendor#	Vendor Name	Class	Pay Code
O0920	OFFICE DEPOT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
484173203001		04/30/20	04/29/20	05/12/20			71.24	0.00	0.00	71.24
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT					71.24	0.00	0.00	71.24

Vendor#	Vendor Name	Class	Pay Code
11069	PABLO GARZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
051220		05/12/20	05/12/20	05/12/20			2,632.50	0.00	0.00	2,632.50
	CONTRACT EMPLOYEE 4/28- 5/11/2020									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11069	PABLO GARZA					2,632.50	0.00	0.00	2,632.50

Vendor#	Vendor Name	Class	Pay Code
11251	RAPID PRINTING LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8063		05/12/20	05/06/20	05/16/20			72.00	0.00	0.00	72.00
	CORROPLAST SIGNS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC					72.00	0.00	0.00	72.00

Vendor#	Vendor Name	Class	Pay Code
11252	RX WASTE SYSTEMS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2526		05/12/20	05/01/20	05/26/20			235.00	0.00	0.00	235.00
	DISPOSAL SERVICES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11252	RX WASTE SYSTEMS LLC					235.00	0.00	0.00	235.00

Vendor#	Vendor Name	Class	Pay Code
K0536	SHIRLEY KARNEI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
051220		05/13/20	05/12/20	05/12/20			285.34	0.00	0.00	285.34
	CONTRACT EMPLOYEE 4/29 – 5/12/2020									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI					285.34	0.00	0.00	285.34

Vendor#	Vendor Name	Class	Pay Code
10936	SIEMENS FINANCIAL SERVICES		

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

	56382000043739		05/14/20	05/03/20	05/20/20	4,038.24	0.00	0.00	4,038.24
	LEASE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES				4,038.24	0.00	0.00	4,038.24

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
CM2059		04/30/20	04/30/20	05/25/20			-2,909.00	0.00	0.00	-2,909.00
	CREDIT									
I07006182		04/30/20	04/30/20	05/25/20			8,624.00	0.00	0.00	8,624.00
	BLOOD									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	5,715.00	0.00	0.00	5,715.00

Vendor#	Vendor Name	Class	Pay Code
T2539	T-SYSTEM, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
34736		04/30/20	04/27/20	05/27/20			431.42	0.00	0.00	431.42
	ERX LICENSE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC	431.42	0.00	0.00	431.42

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
340377936		05/11/20	05/11/20	05/21/20			1,240.61	0.00	0.00	1,240.61
	TRASH SERVICE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	1,240.61	0.00	0.00	1,240.61

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
8400330419		04/30/20	04/24/20	05/21/20			829.73	0.00	0.00	829.73
	LAUNDRY									
8400330056		04/30/20	04/27/20	05/22/20			1,052.23	0.00	0.00	1,052.23
840330030	Laundry	04/30/20	04/27/20	05/22/20			442.85	0.00	0.00	442.85
	LAUNDRY									
8400330029		04/30/20	04/27/20	05/22/20			47.15	0.00	0.00	47.15
	LAUNDRY									
8400330386		04/30/20	04/30/20	05/25/20			131.55	0.00	0.00	131.55
	LAUNDRY									
8400330405		04/30/20	04/30/20	05/25/20			81.67	0.00	0.00	81.67
	LAUNDRY									
8400330389		04/30/20	04/30/20	05/25/20			175.83	0.00	0.00	175.83
	LAUNDRY									
8400330388		04/30/20	04/30/20	05/25/20			155.04	0.00	0.00	155.04
	LAUNDRY									
8400330383		04/30/20	04/30/20	05/25/20			19.37	0.00	0.00	19.37
	LAUNDRY									
8400330446		04/30/20	04/30/20	05/25/20			88.73	0.00	0.00	88.73
	LAUNDRY									
8400330387		04/30/20	04/30/20	05/25/20			103.32	0.00	0.00	103.32

LAUNDRY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	3,127.47	0.00	0.00	3,127.47

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
I00711843-0401	JOB POSTING	04/30/20	04/30/20				755.82	0.00	0.00	755.82

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11280	VICTORIA ADVOCATE	755.82	0.00	0.00	755.82

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
051120	PAYROLL DED	05/11/20	05/11/20	05/11/20			4,790.93	0.00	0.00	4,790.93

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10793	WAGEWORKS, INC.	4,790.93	0.00	0.00	4,790.93

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	398,097.96	0.00	0.00	398,097.96

APPROVED
ON
MAY 14 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 185698 - 185754

RECEIVED
MAY 14 2020
Calhoun County Auditor

RUN DATE: 05/14/20
TIME: 10:49

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	050820	193.83			[redacted]	
		050820	120.00				
		050820	738.80				
	ARID=0001 TOTAL		1052.63				
TOTAL			1052.63				

APPROVED
ON
MAY 14 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 185758-185760

RUN DATE:05/15/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:05 CHECK REGISTER GLCKREG
05/20/20 THRU 05/20/20

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	185698	05/20/20	32.98	ACE HARDWARE 15521
A/P	185699	05/20/20	3,700.15	AIRGAS USA, LLC - CENTRAL DIV
A/P	185700	05/20/20	1,867.50	ALLYSON SWOPE
A/P	185701	05/20/20	90.23	AMERISOURCEBERGEN DRUG CORP
A/P	185702	05/20/20	58.93	AQUA BEVERAGE COMPANY
A/P	185703	05/20/20	55.97	BAXTER HEALTHCARE
A/P	185704	05/20/20	8,263.70	BIOFIRE DIAGNOSTICS LLC
A/P	185705	05/20/20	4,027.86	CDW GOVERNMENT, INC.
A/P	185706	05/20/20	31.03	CENTERPOINT ENERGY
A/P	185707	05/20/20	726.80	DEWITT POTH & SON
A/P	185708	05/20/20	50,311.25	DIAMOND HEALTHCARE CORP
A/P	185709	05/20/20	148,194.18	DISCOVERY MEDICAL NETWORK INC
A/P	185710	05/20/20	1,030.00	DOWELL PEST CONTROL
A/P	185711	05/20/20	31.50	DRIESSEN WATER INC.
A/P	185712	05/20/20	80,125.00	EMERGENCY STAFFING SOLUTIONS
A/P	185713	05/20/20	495.00	FASTHEALTH CORPORATION
A/P	185714	05/20/20	2,737.59	FIRST INSURANCE FUNDING
A/P	185715	05/20/20	.00	VOIDED
A/P	185716	05/20/20	4,673.62	FISHER HEALTHCARE
A/P	185717	05/20/20	125.00	GULF COAST DELIVERY
A/P	185718	05/20/20	445.32	GULF COAST PAPER COMPANY
A/P	185719	05/20/20	309.69	HEB CREDIT RECEIVABLES DEPT308
A/P	185720	05/20/20	1,534.60	HILL-ROM COMPANY, INC
A/P	185721	05/20/20	8,333.33	HITACHI HEALTHCARE
A/P	185722	05/20/20	308.54	HUBERT COMPANY
A/P	185723	05/20/20	14,649.20	HUNTER PHARMACY SERVICES
A/P	185724	05/20/20	250.00	ITERSOURCE CORPORATION
A/P	185725	05/20/20	1,487.38	J & J HEALTH CARE SYSTEMS, INC
A/P	185726	05/20/20	1,402.50	JACKSON & CARTER, PLLC
A/P	185727	05/20/20	847.50	LABCORP OF AMERICA HOLDINGS
A/P	185728	05/20/20	819.74	LEGAL SHIELD
A/P	185729	05/20/20	17,823.20	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	185730	05/20/20	840.86	M G TRUST
A/P	185731	05/20/20	1,603.75	MCKESSON MEDICAL SURGICAL INC
A/P	185732	05/20/20	132.75	MEDI-DOSE, INC
A/P	185733	05/20/20	66.35	MEDIMPACT HEALTHCARE SYS, INC.
A/P	185734	05/20/20	.00	VOIDED
A/P	185735	05/20/20	.00	VOIDED
A/P	185736	05/20/20	.00	VOIDED
A/P	185737	05/20/20	.00	VOIDED
A/P	185738	05/20/20	10,631.38	MEDLINE INDUSTRIES INC
A/P	185739	05/20/20	100.00	MEMORIAL MEDICAL CLINIC
A/P	185740	05/20/20	65.00	MMC EMPLOYEES ACTIVITIES TEAM
A/P	185741	05/20/20	.00	VOIDED
A/P	185742	05/20/20	6,473.01	MORRIS & DICKSON CO, LLC
A/P	185743	05/20/20	71.24	OFFICE DEPOT
A/P	185744	05/20/20	2,632.50	PABLO GARZA
A/P	185745	05/20/20	72.00	RAPID PRINTING LLC
A/P	185746	05/20/20	235.00	RX WASTE SYSTEMS LLC
A/P	185747	05/20/20	285.34	SHIRLEY KARNEI

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	185748	05/20/20	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	185749	05/20/20	5,715.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	185750	05/20/20	431.42	T-SYSTEM, INC
A/P	185751	05/20/20	1,240.61	THE US CONSULTING GROUP
A/P	185752	05/20/20	3,127.47	UNIFIRST HOLDINGS
A/P	185753	05/20/20	755.82	VICTORIA ADVOCATE
A/P *	185754	05/20/20	4,790.93	WAGEWORKS, INC.
A/P	185758	05/20/20	120.00	[redacted]
A/P	185759	05/20/20	738.80	
A/P	185760	05/20/20	193.83	
A/P	185761	05/20/20	4,605.66	GOLDENCREEK HEALTHCARE
A/P	185762	05/20/20	6,890.25	GULF POINTE PLAZA
A/P	185763	05/20/20	11,129.10	TUSCANY VILLAGE
TOTALS:			421,775.60	

Payables 398,097.96 +
Patient refunds 1,052.63 +
NH transfers 4,605.66 +
6,890.25 +
11,129.10 +
421,775.60 *

APPROVED
ON

MAY 20 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

citi

0556709800364699700000000000000031

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
....	05/28/2020	$0.00	$0.00	

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

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

CITIBANK CORPORATE CARD

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

Statement Date
05/03/2020

Payment Date
05/28/2020

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

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

Account Number	Cash Advance Limit*	Available Credit Line	Available Cash Line**
....	$0.00	$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity			Amount
**********			NOTICE MEMO ITEM(S) LISTED BELOW **********			
04/03/2020	04/06/2020	05134370095600022614554	NPDB NPDB.HRSA.GOV N68358334	800-767-6732	VA	$32.00
04/04/2020	04/06/2020	55432860095200290257287	AMA CREDENTIALING	800-621-8335	IL	$21.00
04/07/2020	04/08/2020	55480770098286693300039	CYTOSUPPLIES	6099773668	NJ	$340.00
04/08/2020	04/10/2020	75140510100900014000153	REGIONAL STEEL PRODU	VICTORIA	TX	$828.41
04/14/2020	04/15/2020	55429500105852264962774	NARHC	8663061961	MI	$400.00 CR
04/14/2020	04/15/2020	55429500105852265463608	NARHC	8663061961	MI	$400.00 CR
04/15/2020	04/16/2020	55432860106200788051058	SQ LIOLI INC 00011529215091646	GOSQ.COM	TX	$360.00
04/16/2020	04/17/2020	55429500107637137293335	SP SPECIALISTID.COM	3052205500	FL	$148.74
04/16/2020	04/17/2020	55429500107852372672495	AHIMA 37267249	8003355535	IL	$195.00
04/16/2020	04/17/2020	55429500107852372681306	AHIMA 37268130	8003355535	IL	$185.00

ACCOUNT SUMMARY CURRENT PERIOD	Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Purchases	$0.00					$0.00
Advances	$0.00					$0.00
TOTALS	$0.00					$0.00

DAYS IN BILLING PERIOD: 030	Purchases	Cash Advances
Balance Subject To Interest Charges >	$0.00	$0.00
Periodic Rate >	.0000%	.0000%
ANNUAL PERCENTAGE RATE >	0.00%	0.00%

Payment Due:	$0.00
Amount Over Credit Limit:	$0.00
Amount Past Due:	$0.00
MINIMUM AMOUNT DUE:	$0.00

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

citi

Account Number
•••• •••• •

Statement Date
05/03/2020

Sale Date	Post Date	Reference Number	Type of Activity			Amount
NOTICE MEMO ITEM(S) LISTED BELOW						
04/17/2020	04/20/2020	55432860108200271503860	IN DETROIT DENIM LLC 2197	313-6269216	MI	$725.00
04/25/2020	04/27/2020	55432860116200883486363	AMA CREDENTIALING	800-621-8335	IL	$44.00
04/27/2020	04/28/2020	05345880119000238719815	VENUS GROUP INC 56932156	949-609-1299	CA	$1,580.00
04/27/2020	04/28/2020	05345880119000238719997	VENUS GROUP INC 56932156	949-609-1299	CA	$35.49
04/28/2020	04/28/2020	55432860119200499586751	AMA CREDENTIALING	800-621-8335	IL	$44.00
05/01/2020	05/01/2020	55432860122200228701239	AMA CREDENTIALING	800-621-8335	IL	$132.00
********** TOTAL AMOUNT OF MEMO ITEM(S):						$3,870.64

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

Citi is committed to the reduction of paper. Within the Commercial Cards business, you can switch to online statements now by registering your card on CitiManager at https://home.cards.citidirect.com/CommercialCard/Cards.html. Thanks to those who already access statements online, together we are saving 2,170 trees each year through this initiative alone.

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

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

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ON
MAY 18 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 5/11/2020

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	32.00 +		NPDB x 16 Providers			32.00
2	21.00 + 340.00 +		AMA Credentialing - 1 Reappt			21.00
3	828.41 + 400.00 -		Cytosupplies - Med/Surg			340.00
4	400.00 - 148.74 +		Regional Steel Prod - Maintenance			828.41
5	44.00 + 44.00 +		NARHC - Refund - Christy (Clinic)			(400.00)
6	132.00 + 360.00 +		NARHC - Refund - Mimi (Clinic)			(400.00)
7	185.00 + 195.00 +		SP Specialist ID.com - HR + badges			148.74
8	725.00 + 1,580.00 +		AMA Credentialing - 1 PROV.			44.00
9	35.49 +		AMA Credentialing - 1 PROV			44.00
1	3,870.64		AMA Credentialing - 3 PROV.			132.00

Est. Freight Liolitnc. 450 Face Mask Est. Total Cost _____ TOTAL COST 360.00 ~~148.74~~

NOTES: Specialistid.com - badges

Charges made to Mr. Anglin's credit card

Ahima - annual membership fee for Shannon Jacildo 185.00

Ahima - annual membership for Marissa Almanzar 195.00

Detroit Denim - (100) Face Shields

Contact: Date:

Quoted By: Venus group - 21000 disposable Medical Mask 725.00

Venous group - Freight Medical Mask 1580.00

Buyer: E.T.A. 35.49

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service Total

CFO _____ 3,870.64

Administrator _____

05/14/2020
10:48

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
043020I		04/30/20	04/30/20	05/28/20			175.46	0.00	0.00	175.46 ✓
	TRANSFER	NH insurance pymt sent to mmc in error								
043020G		04/30/20	04/30/20	05/28/20			4,430.20	0.00	0.00	4,430.20 ✓
	TRANSFER	NH insurance pymt sent to MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	4,605.66	0.00	0.00	4,605.66

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,605.66	0.00	0.00	4,605.66

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ON
MAY 14 2020 CK# 185761
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

MAY 14 2020

Calhoun County Auditor

05/14/2020
10:48

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
051220		05/13/20	05/12/20	05/28/20			6,890.25	0.00	0.00	6,890.25 ✓
	TRANSFER NH insurance pymt sent to mmc in error									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	6,890.25	0.00	0.00	6,890.25

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,890.25	0.00	0.00	6,890.25

APPROVED
ON
MAY 14 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 185762

RECEIVED
MAY 14 2020
Calhoun County Auditor

05/14/2020
10:34

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
043020A		04/30/20	04/30/20	05/28/20			5,446.30	0.00	0.00	5,446.30 ✓
	TRANSFER NH insurance pymt sent to mmc in error									
043020		04/30/20	04/30/20	05/28/20			5,682.80	0.00	0.00	5,682.80 ✓
	TRANSFER NH insurance pymt sent to mmc in error									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	11,129.10	0.00	0.00	11,129.10

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,129.10	0.00	0.00	11,129.10

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ON
MAY 14 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#
185763

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 05/15/2020 **Page:** 002

DC: 8115

Territory:

Customer: 632536
Date: 05/16/2020

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

As of: 05/15/2020 **Page:** 002
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 05/16/2020 **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: 6,663.72 USD

Future Due:	0.00			
Past Due:	0.00	If Paid By 05/19/2020, Pay This Amount:	6,530.42	USD
Last Payment 08/07/2017	2,451.97	If Paid After 05/19/2020, Pay this Amount:	6,663.72	USD

Due If Paid On Time:
USD 6,530.42

Disc lost if paid late:
133.30

Due If Paid Late:
USD 6,663.72

CK # 500099

1,152.00 +
763.47 +
88.33 +
4,526.62 +
6,530.42 *

APPROVED
ON
MAY 18 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: 05/15/2020

DC: 8115

Territory: 400

Customer: 256342
Date: 05/16/2020

Page: 001

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

As of: 05/15/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 05/16/2020

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
05/11/2020	05/19/2020	7199909626	0508200400-00	115Invoice	0.04	1.92		1.88	✓	7199909626	
05/11/2020	05/19/2020	7199909627	6868611667	115Invoice	18.74	936.76		918.02	✓	7199909627	
05/11/2020	05/19/2020	7199909628	0509201249-00	115Invoice	5.91	295.61		289.70	✓	7199909628	
05/11/2020	05/19/2020	7200114042	000005082020AS	115Invoice	0.13	6.26		6.13	✓	7200114042	
05/12/2020	05/19/2020	7200167432	0511200154-00	115Invoice	0.01	0.32		0.31	✓	7200167432	
05/12/2020	05/19/2020	7200353570	808921757	195Invoice	24.74	1,236.80		1,212.06	✓	7200353570	
05/12/2020	05/19/2020	7200353571	00005112020TM	115Invoice	0.03	1.44		1.41	✓	7200353571	
05/13/2020	05/19/2020	7200430767	4818632053	115Invoice	0.02	1.06		1.04	✓	7200430767	
05/13/2020	05/19/2020	7200430768	0512200335-00	115Invoice	0.96	47.83		46.87	✓	7200430768	
05/13/2020	05/19/2020	7200607740	00005122020TM	115Invoice	0.01	0.32		0.31	✓	7200607740	
05/14/2020	05/19/2020	7200684970	4818636207	115Invoice	29.48	1,473.97		1,444.49	✓	7200684970	
05/14/2020	05/19/2020	7200845129	809431063	195Invoice	0.01	0.63		0.62	✓	7200845129	
05/14/2020	05/19/2020	7200845130	0005132020AS	115Invoice	0.02	0.95		0.93	✓	7200845130	
05/15/2020	05/19/2020	7200928897	0511201211-00	115Invoice	10.36	518.00		507.64	✓	7200928897	
05/15/2020	05/19/2020	7201088012	809675506	195Invoice	1.94	96.84		94.90	✓	7201088012	
05/15/2020	05/19/2020	7201099647	00005142020AS	115Invoice	0.01	0.32		0.31	✓	7201099647	

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: 4,619.03 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 05/11/2020 7,344.89

If Paid By 05/19/2020,
Pay This Amount: 4,526.62 USD

If Paid After 05/19/2020,
Pay this Amount: 4,619.03 USD

Due If Paid On Time:
USD 4,526.62

Disc lost if paid late:
92.41

Due If Paid Late:
USD 4,619.03

APPROVED
ON

MAY 18 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: 05/15/2020

DC: 8115

Territory: 400

Customer: 190813
Date: 05/16/2020

Page: 001

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

As of: 05/15/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 05/16/2020

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	
05/13/2020	05/19/2020	7200406742	2017014806	115Invoice	1.62	81.15		79.53	✓	7200406742	
05/15/2020	05/19/2020	7200902789	2017014906	115Invoice	0.18	8.98		8.80	✓	7200902789	

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

TOTAL:

Subtotals: 90.13 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,344.89
05/11/2020

If Paid By 05/19/2020, Pay This Amount: 88.33 USD

If Paid After 05/19/2020, Pay this Amount: 90.13 USD

Due If Paid On Time:
USD 88.33

Disc lost if paid late:
1.80

Due If Paid Late:
USD 90.13

APPROVED
ON
MAY 18 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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: 05/15/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 835438
Date: 05/16/2020

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

As of: 05/15/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 05/16/2020 **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											
05/14/2020	05/19/2020	7200821710	751615	115Invoice	15.58	779.05		763.47		7200821710	

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: 779.05 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,344.89
05/11/2020

If Paid By 05/19/2020,
Pay This Amount: 763.47 USD

If Paid After 05/19/2020,
Pay this Amount: 779.05 USD

Due If Paid On Time:
USD 763.47

Disc lost if paid late:
15.58

Due If Paid Late:
USD 779.05

APPROVED
ON

MAY 18 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 05/15/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 262252
Date: 05/16/2020

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

As of: 05/15/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 05/16/2020 **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											
05/14/2020	05/19/2020	7200688040	751553	115Invoice	23.21	1,160.57		1,137.36	✓	7200688040	
05/14/2020	05/19/2020	7200688041	751553	115Invoice	0.30	14.94		14.64	✓	7200688041	

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: 1,175.51 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,344.89
05/11/2020

If Paid By 05/19/2020,
Pay This Amount: 1,152.00 USD

If Paid After 05/19/2020,
Pay this Amount: 1,175.51 USD

Due If Paid On Time:
USD 1,152.00

Disc lost if paid late:
23.51

Due If Paid Late:
USD 1,175.51

APPROVED
ON

MAY 18 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 59223071 Date: 05-15-2020

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:	2,659.67
Past Due:	0.00
Total Due:	2,659.67
Account Balance:	2,659.67

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
05-11-2020	05-22-2020	3037849515	156448	Invoice	1,581.70
05-11-2020	05-22-2020	3037849516	156450	Invoice	112.80
05-11-2020	05-22-2020	3037865621	156496	Invoice	432.73
05-11-2020	05-22-2020	333980164	156204	Invoice	(1.33)
05-11-2020	05-22-2020	333980165	156204	Invoice	1.01
05-14-2020	05-22-2020	3038003394	156513	Invoice	531.84
05-15-2020	05-22-2020	3038056141	156522	Invoice	0.92

Thank You for Your Payment

Date	Payment Number	Amount
05-15-2020		(696.12)

Reminders

Due Date	Amount
05-22-2020	2,659.67

Total Due: 2,659.67

Terms:
Monday - Friday due in 7 days

APPROVED
ON
MAY 18 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 500100

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- May 11, 2020 - May 17, 2020

Date	Bank Description	MMC Notes	Amount
5/11/2020	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110 41399801332393	MEMORIAL MI - Credit Card Processing Fee	2278.44
5/11/2020	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110 41399801368397	CLINICAL HOSI - Credit Card Processing Fee	477.56
5/11/2020	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110 41399801332385	MMC ER - Credit Card Processing Fee	77.74
5/11/2020	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110 41399801332401	MMC CLINIC - Credit Card Processing Fee	482.96
5/11/2020	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110 41399801332419	MMC ONLINE - Credit Card Processing Fee	64.7
5/11/2020	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110 39300982589946	MMC OUTPAT - Credit Card Processing Fee	129
5/11/2020	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110 39300982541616	MEMORIAL MI - Credit Card Processing Fee	742.75
5/11/2020	PAY PLUS ACHTRANS 452579291 101000698702736	- 3rd Party Payor Fee	15.11
5/12/2020	PAY PLUS ACHTRANS 452579291 101000699376710	- 3rd Party Payor Fee	1.16
5/12/2020	MCKESSON DRUG AUTO ACH ACH04172842 910000140	- 340B Drug Program Expense	7344.89 *
5/13/2020	PAY PLUS ACHTRANS 452579291 101000690026300	- 3rd Party Payor Fee	61.18
5/15/2020	PAY PLUS ACHTRANS 452579291 101000691374304	- 3rd Party Payor Fee	13.46
5/15/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	696.12 *
5/15/2020	TEXAS COUNTY DRS RECEIVABLE 0419 21000024546	- Retirement Funding	142539.97 *
5/15/2020	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	285525.07 *
			440,450.11

Jason Anglin, CEO
Memorial Medical Center

May 18, 2020

* Approved 05.13.2020

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
6/5/2020	ACH Payment STATE COMTRLR TEXNET	ACCRUED UC IGT	**403,787.46**
5/20/2020	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	**948.11**

Jason Anglin, CEO
Memorial Medical Center

May 18, 2020

2,278.44 +
Credit Card Fees Processing
477.56 +
77.74 +
482.96 +
64.70 +
129.00 +
742.75 +
4,253.15 *

15.11 +
Pay Plus
1.16 +
61.18 +
13.46 +
90.91 *

4,253.15 +
90.91 +
4,344.06 *

440,450.11 +
7,344.89 –
696.12 –
142,539.97 –
285,525.07 –
4,344.06 *

4,344.06 +
4,344.06 –
✓ 0.00 *

TEXNET
Electronic Payment Network

Texas Comptroller of Public Accounts

Health and Human Services Commission
Memorial Medical Center Operating County

Identification Number **Location:**

Transaction Complete

Trace #:

Payment Total	$403,787.46
Settlement Date	06/05/2020
PAYMENT DETAIL	
UC Hospital Amount	$403,787.46

Return to Menu | Logoff

Help

IMPORTANT: DO NOT USE THE BACK BUTTON ON YOUR BROWSER WHILE USING TEXNET.

Revised:01/09/13 (483)

DY9 UC/SDA Allocation Form

TRACE Number:37035256

The Trace Number is in the receipt you receive from the Comptroller once you have submitted your IGT into TexNet.

The Trace Sheet and Allocation Form must be submitted together in the same email. All Trace Sheet submissions must be accompanied by an Allocation Form. If a governmental entity is submitting in multiple SDA's, a separate allocation form must be submitted for each SDA

SDA	Government Entity	IGT Total
Nueces	Memorial Medical Center	$ 403,787.46
		$ 403,787.46

Providers, Government Entities, and Anchors:

Please read this entire message carefully and make note of the information provided below that failure by IGT entities and providers to submit the required forms may result in a delayed payment for the providers.

HHSC is providing notice to IGT for the DY9 Final UC Payment.

Dates pertinent to this payment:

6/04/20	Last day to submit your IGT into TexNet
6/05/20	IGT Settlement date
6/15/20	State Owned Entities submit Journal Entry
6/30/20	All UC Providers paid

Attached to this email are the following documents:

- 2020 DY9 Final UC Payment Calculation spreadsheet
- DY9 UC/SDA Allocation Form

Beginning with the DY9 UC Advance Payment, IGT received will be allocated at the Service Delivery Area (SDA) level. While providers are required to have an affiliation to be eligible to participate in the UC Program, IGT received is no longer allocated at the affiliation level. In the event of an IGT shortage in a SDA, a pro-rata reduction will be imposed for all participants in that SDA for this payment, with no additional funding opportunities. Should this occur there will be a final payment in September 2020. The underfunded SDA will be allotted an additional opportunity to submit the additional IGT. If additional IGT is not submitted for the underfunded SDA, HHSC will proportionally reduce the payments to all providers in the SDA based on the IGT received. HHSC will then reallocate the funds from the underfunded SDA to all SDAs who have additional IGT based on IGT commitments. The timeline for the September payment is published on the Rate Analysis Website.

The amount that needs to be submitted into TexNet for all entities is in **Column M of the "DY 9 Final UC Calculation" tab, while the corresponding payment amount is in column L of the attached 2020 DY 9 UC Final Payment Calculation**. The total IGT amount needed to fully fund each SDA is summarized in column C of the "DY 9 Final Summary by SDA" tab. Please ensure you select the applicable UC bucket in TexNet when you enter your IGT. It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the trace number, location number, IGT amount and settlement date, if the TexNet is submitted over the phone, to RAD_UC_Payments@hhsc.state.tx.us. An IGT allocation form designating what SDA the IGT is being submitted for must also be submitted with the Trace Sheet. **Please submit the trace sheet and IGT allocation in two separate**

documents. Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.

Government Entities that are IGT'ing for multiple providers may submit one lump sum IGT for their affiliates. **However if a governmental entity is submitting in multiple SDA's, a separate allocation form must be submitted for each SDA.** All IGTs, even for entities submitting IGT for themselves, must complete and submit the attached allocation form. **Please submit the trace sheet and IGT allocation in two separate documents**. If a Trace Sheet is received without an IGT allocation form HHSC will allocate the IGT received in accordance with 1 Tex. Admin. Code §355.8201(h)(ii). In the absence of the notification described in 1 Tex. Admin. Code §355.8201(h)(i), each hospital owned by or affiliated with the governmental entity will receive a portion of its payment amount for that period, based on the hospital's percentage of the total payment amounts for all hospitals owned by or affiliated with that governmental entity. HHSC will not confirm receipt of emails. Please set your email settings to request a delivery receipt, if a confirmation is needed.

In accordance with 1 Tex. Admin. Code §355.8201(h)(ii)(C), if a government entity transfers more than the maximum IGT amount that can be provided for that hospital, and that hospital is affiliated with multiple governmental entities, then HHSC will calculate the amount of IGT funds necessary to fund the hospital's payment and HHSC will issue a pro-rata refund to the governmental entity/entities identified by HHSC. HHSC will determine the pro-rata refund, not the government entity/entities or their representative(s).

State Owned entities, located in the tab labeled State IMD HSL Payments, will need to submit a journal entry for the amount located in **Column P.** The Journal Entry should be submitted no later than June 15, 2020.

If you have questions regarding the UC payment process, please send an email to RAD_UC_Payments@hhsc.state.tx.us.

If you have questions regarding the payment calculation file, please send an email to uctools@hhsc.state.tx.us

HHSC Rate Analysis Department-Payments
Texas Health and Human Services Commission
P.O. Box 149030, Mail Code H-400
Brown-Heatly Building
4900 N. Lamar Blvd.
Austin, TX 78714-9030

	Total UC Cost								
Update with new IGT amounts	Payment after Second Pass	Calculation: UC Payment After Second Pass plus Reallocation/Reduction		Calculation: if in State Tab, Total DY9 Payment minus YTD IGT after Schedule 3; otherwise, Total DY9 Payment minus YTD IGT	Calculation: State Match * Final Payment or Recoupment				
Final UC IGT Commitment	**Total UC IGT for Year by Provider**	**Total DY 9 Payment (State Hospitals - Non-S-10 Only**	**Total DY 9 IGT**	**Final Payment or Recoupment**	**Final IGT Required**	**Final Payment After Accounting for Recoupments**	**Final IGT Required After Accounting for Recoupments**	**Notes**	
$429,254.89	$738,264.24	$2,172,544.76	$714,984.48	$1,382,441.60	$405,975.13	$1,377,637.32	$403,787.46		$49,592.98

Application Data	Application Data	Application Data	Application Data	Application Data	Application Data	Application Data	Application Data	Application Data	Application Data	Calculated: Unins SF - UC Unins Dupl in DSH
TPI	2020 Master TPI	UC Hospital Class	Rural Hospital	Provider Name	SDA	County	Medicaid Shortfall with OI and Medicare Payments	Total DSH Uninsured Shortfall	UC Uninsured Charity Duplicated in DSH Uninsured Shortfall	DSH-Only Uninsured Shortfall
137909111	137909111	Small Public	Rural Hospital	Memorial Medical Center	Nueces	Calhoun	$ (900,242.96)	$ 3,062,806.76	$ 1,406,989.43	$ 1,655,817.33

Application Data	DSH calculation Data	Calculated: If DSH PMT > DSH only costs (Medicaid SF + DSH-Only Uninsured SF) then DSH PMT - Medicaid SF - DSH-only SF, else 0	Calculated: If UC Schedule 3 - DSH PMT attributable to Charity >0, UC Schedule 3 - DSH PMT attributable to Charity, else 0	Application Data	Calculated: Sum of Sched 1, Sched 2, Sched 1 Adj, Sched 2 Adj, and Sched 3 Adj	Calculated: If on State Tab, Other UC Cost (Non-S-10) - Sched 3 Adj; otherwise, UC Charity Cost Remaining after DSH offset + Other UC Cost (Non-S-10) + DSH IGT for Large Public
UC Schedule 3 Total Charity Costs	**2020 DSH Payment (Assumes Full Funding for Pass 3)**	**DSH Payment Attributable to Charity Care**	**Remaining UC Schedule 3 Charity Costs after DSH Payment Attributable to Charity Care is Offset**	**Total Schedule 1: Uninsured Charity Physician & Mid-Level Costs**	**Estimated Total Non-S-10 UC Costs (Schedule 1 and 2 and Schedules 1 to 3 Adjustments)**	**Total Eligible UC Costs (excludes State Schedule 3 Cost & Sched 3 Adj)**
$ 2,101,807.14	$ 515,458.22	$ -	$ 2,101,807.14	$ 70,737.62	$ 70,737.62	$2,172,545

Calculated: Rural hospitals get UC cost, Other Hospitals get an amount equal to % of total cost times remaining pool (Total UC Pool - Non-Hospital - State & Rural Set Aside); physician groups get % to total times physician pool	Calculated: First pass payment minus initial reduction plus second pass payment	Calculated: Payment after Second Pass times State Match	From UC Advance	Calculated: YTD UC Payments*State FMAP %	Calculated: Total Eligble UC Cost - DSH IGT for Large Public	Calculated: State Match * Max Total Payment	Calculated: If provider is in State Tab, Max total payment minus YTD UC after Sched 3; otherwise Max total payment minus YTD UC payment	Calculated: If in State Tab, max total IGT minus YTD IGT after Sched 3; otherwise, max total IGT minus YTD IGT
Hospital and Physician Payment Allocation (First Pass)	**Hospital and Physician Payment Allocation (after Second Pass)**	**Total IGT Required if IGT is Fully Funded in all SDAs**	**YTD UC Payments**	**YTD UC IGT**	**Maximum Total Payment (State Hospitals - Non-S-10 Only)**	**Maximum Total IGT Commitment Amount (State Hospitals - Non-S-10 Only)**	**Maximum Final Payment (if IGT is not funded in another SDA)**	**Maximum Final IGT Commitment**
$2,172,545	$2,172,545	$ 714,984.48	$ 790,103.16	$ 309,009.35	$2,172,545	$714,984.48	$1,382,441.60	$405,975.14

Sales and Use Tax

Original Return for Period Ending 04/30/2020 (2004)

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.

Print this page for your records.

Reference Number:
Date and Time of Filing: 05/13/2020 04:54:51 PM

Taxpayer ID:
Taxpayer Name: MEMORIAL MEDICAL CENTER
Taxpayer Address: 815 N VIRGINIA ST PORT LAVACA , TX 77979 - 3025

Entered by: Sarah L Henderson
Email Address: shenderson@mmcportlavaca.com
Telephone Number: (361) 552-0342
IP Address:

Credits Taken	
Are you taking credit to reduce taxes due on this return?	**Taking Credit?** No
Licensed Customs Broker Exported Sales	
Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licensed Customs Broker Export Certification?	**Refund Sales Tax?** No

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	11,550	11,550	0	11,550	721.88	11,550	.02000	231.00
Total Tax Due								**952.88**

Total Tax Due:	**= 952.88**
Timely Filing Discount:	**- 4.77**
Balance Due:	**= 948.11**
Pending Payments:	**- 0.00**
Total Amount Due and Payable:	**= 948.11**

(State amount due is 718.27)
(Local amount due is 229.84)

Payment Summary

State Amount: 718.27
Local Amount: 229.84
Amount to Pay: $948.11
Electronic Check: $948.11

Payment Reference Number
Trace Number:
Type of Bank Account:
Accountholder Name.
Bank Routing Number:
Bank Account Number:
Payment Effective Date

Print | Return to Menu | File for Another Taxpayer

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
5/18/2020

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		75,075.13	73,166.61	318,028.17		-	319,936.69	318,131.63
						Bank Balance	319,936.69	
						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		
Ashford Health Care Center Ltd Co						MMC Portion QIPP 3,4,Lapse		
JP Morgan Chase Bank						April Interest	51.94	
ABA						May Interest	-	
Acct						June Interest	-	
						Adjust Balance/Transfer Amt	318,131.63	
Broadmoor		55,028.46	54,105.60	270,462.35		-	271,385.21	270,462.35
						Bank Balance	271,385.21	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 3,4&Lapse Payment Variance	725.57	
						Pending Ck to MMC		
						MMC Portion QIPP 1 &2		
						MMC Portion QIPP 3,4,Lapse		
						April Interest	97.29	
						May Interest	-	
						June Interest	-	
						Adjust Balance/Transfer Amt	270,462.35	
Crescent		84,199.94	83,425.39	290,551.27		-	291,325.82	290,551.27
						Bank Balance	291,325.82	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 3,4&Lapse Payment Variance	572.43	
						Pending Ck to MMC		
						MMC Portion QIPP 1 &2		
						MMC Portion QIPP 3,4,Lapse		
						April Interest	102.12	
						May Interest	-	
						June Interest	-	
						Adjust Balance/Transfer Amt	290,551.27	
Fort Bend		47,559.89	46,605.21	98,055.94		-	99,010.62	98,055.94
						Bank Balance	99,010.62	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 3,4&Lapse Payment Variance	820.23	
						Pending Ck to MMC		
						MMC Portion QIPP 1 &2		
						MMC Portion QIPP 3,4,Lapse		
						April Interest	34.45	
						May Interest	-	
						June Interest	-	
						Adjust Balance/Transfer Amt	98,055.94	
Solera at W Houston		111,934.22	111,142.81	328,602.26			329,393.67	328,602.26
						Bank Balance	329,393.67	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 3,4&Lapse Payment Variance	581.74	
						Pending Ck to MMC		
Routing Information for Crescent / Solera at West Houston						MMC Portion QIPP Yr2 Adjustment		
Cantex Health Care Centers III LLC						MMC Portion QIPP 1 &2		
JP Morgan Chase Bank						MMC Portion QIPP 3,4,Lapse		
ABA						April Interest	109.67	
Acct						May Interest	-	
						June Interest	-	
							-	
						Adjust Balance/Transfer Amt	328,602.26	

318,131.63 +
270,462.35 +
290,551.27 +
98,055.94 +
328,602.26 +
1,305,803.45 =

TOTAL TRANSFERS	**1,305,803.45**

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

Approved:
Jason Anglin, CEO

5/18/2020

APPROVED ON
MAY 18 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

F:\NH Weekly Transfers\NH UPL Transfer Summary\2020\May\NH UPL Transfer Summary 5-18-20.xlsx

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
5/11/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05F1095313264361 89*1746000156~	-	14,703.82					-	14,703.82
5/12/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05F1204113264361 89*1746000156~	-	2,446.08					-	2,446.08
5/13/2020	Amerigroup TXSC HCCLAIMPMT 3124211425 111000 TRN*1*3124211425*1752603231\	-	45,391.79					-	45,391.79
5/13/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005101260028*1912008361*0000TEX01\	-	8,258.20					-	8,258.20
5/13/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05F1288613264361 89*1746000156~	-	1,977.39					-	1,977.39
5/14/2020	DEPOSIT Stimulas appwed 05.13.2020	-	172,110.00					-	172,110.00
5/14/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005131240055 2*1912008361*0000TEX01\	-	5,212.06					-	5,212.06
5/14/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005131610069 4*1912008361*0000TEX01\	-	23,967.49					-	23,967.49
5/14/2020	Amerigroup TXSC HCCLAIMPMT 3124304490 111000 TRN*1*3124304490*1752603231\	-	1,216.20					-	1,216.20
5/15/2020	CK 1092	73,166.61	-					-	-
5/15/2020	MANAGEANDNET1718 MNS PMNT 000000000000093 41 0252187	-	6,812.50					-	6,812.50
5/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005141110016 5*1912008361*0000TEX01\	-	35,932.64					-	35,932.64
		-	-					-	-
		73,166.61	318,028.17	-	-	-	-	-	318,028.17

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
5/11/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0252012	-	2,992.50					-	2,992.50
5/11/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*05F1095416698604 33*1746000156~	-	76.14					-	76.14
5/12/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1531114292*1362739571*000036273\	-	105.70					-	105.70
5/13/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	25,453.42	-					-	-
5/13/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0252066	-	3,510.00					-	3,510.00
5/13/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*05F1288816698604 33*1746000156~	-	5,697.16					-	5,697.16
5/14/2020	DEPOSIT Stimulas appwed 05.13.2020 and insurance	-	226,576.57					-	226,576.57
5/15/2020	CK 57	28,652.18	-					-	-
5/15/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9532251672*1411289245*000087726\	-	5,350.00					-	5,350.00
5/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005141490110 0*1912008361*0000TEX01\	-	16,184.90					-	16,184.90
5/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005141030029 6*1912008361*0000TEX01\	-	5,402.22					-	5,402.22
5/15/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*05F1479216698604 33*1746000156~	-	4,567.16					-	4,567.16
		-	-					-	-
		54,105.60	270,462.35	-	-	-	-	-	270,462.35

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
5/11/2020	DEPOSIT	-	5,400.00					-	5,400.00
5/11/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005081560024 0*1912008361*0000TEX01\	-	978.80					-	978.80
5/11/2020	UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202005081610010 1*1912008361*0000TEX01\	-	582.00					-	582.00
5/11/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000181 TRN*1*EFT5561238*1205296137*000004011\	-	14,584.63					-	14,584.63
5/12/2020	HUMANA INS CO HCCLAIMPMT 390864 830000513886 TRN*1*001290050241713*1391263473\	-	793.61					-	793.61
5/12/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005091320021 9*1912008361*0000TEX01\	-	2,411.28					-	2,411.28
5/12/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05F1204816698604 25*1746000156~	-	3,656.84					-	3,656.84
5/13/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	61,635.39	-					-	-
5/13/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005101330004 9*1912008361*0000TEX01\	-	3,983.70					-	3,983.70
5/13/2020	UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202005101520111 2*1912008361*0000TEX01\	-	5,744.00					-	5,744.00
5/14/2020	DEPOSIT Stimulas appwed 05.13.2020	-	197,532.00					-	197,532.00
5/14/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005131370016 6*1912008361*0000TEX01\	-	13,642.59					-	13,642.59
5/14/2020	UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202005131540128 6*1912008361*0000TEX01\	-	4,462.00					-	4,462.00
5/14/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9531993798*1411289245*000087726\	-	12,882.48					-	12,882.48
5/14/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05F1374416698604 25*1746000156~	-	7,791.74					-	7,791.74
5/15/2020	CK 87	21,790.00	-					-	-
5/15/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9532251671*1411289245*000087726\	-	8,880.00					-	8,880.00
5/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005141030004 9*1912008361*0000TEX01\	-	3,435.10					-	3,435.10
5/15/2020	UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202005141510081 6*1912008361*0000TEX01\	-	3,790.50					-	3,790.50
		-	-					-	-
		83,425.39	290,551.27	-	-	-	-	-	290,551.27

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
5/13/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	16,471.77	-					-	-
5/13/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05F1289417305775 03*1746000156~	-	3,771.41					-	3,771.41
5/14/2020	DEPOSIT Stimulas Appwed 05.13.2020	-	74,814.00					-	74,814.00
5/14/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005131070005 7*1912008361*0000TEX01\	-	2,764.02					-	2,764.02
5/15/2020	CK 84	30,133.44	-					-	-
5/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005141310033 1*1912008361*0000TEX01\	-	13,851.05					-	13,851.05
5/15/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05F1480117305775 03*1746000156~	-	2,855.46					-	2,855.46
		-	-					-	-
		46,605.21	98,055.94	-	-	-	-	-	98,055.94

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
5/11/2020	Amerigroup TXSC HCCLAIMPMT 3124023752 111000 TRN*1*3124023752*1752603231\	-	4,020.21					-	4,020.21
5/11/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005081610064 8*1912008361*0000TEX01\	-	3,109.33					-	3,109.33
5/11/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005081560012 9*1912008361*0000TEX01\	-	3,842.29					-	3,842.29
5/12/2020	Amerigroup TXSC HCCLAIMPMT 3124106825 111000 TRN*1*3124106825*1752603231\	-	3,744.53					-	3,744.53
5/12/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005091320011 1*1912008361*0000TEX01\	-	10,971.56					-	10,971.56
5/12/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*05F1204914971432 59*1746000156~	-	1,330.04					-	1,330.04
5/13/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	85,083.45	-					-	-
5/13/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0252050	-	7,830.00					-	7,830.00
5/13/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005101200073 0*1912008361*0000TEX01\	-	13,795.52					-	13,795.52
5/13/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000181 TRN*1*EFT5563830*1205296137*000004011\	-	3,100.00					-	3,100.00
5/14/2020	DEPOSIT Stimulas appwed 05.13.2020	-	249,711.00					-	249,711.00
5/14/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005131240067 4*1912008361*0000TEX01\	-	1,367.34					-	1,367.34
5/14/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005131370006 4*1912008361*0000TEX01\	-	10,969.80					-	10,969.80
5/14/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*05F1374514971432 59*1746000156~	-	6,308.50					-	6,308.50
5/15/2020	CK 1087	26,059.36	-					-	-
5/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202005141550020 2*1912008361*0000TEX01\	-	186.98					-	186.98
5/15/2020	HUMANA CHA DISB HCCLAIMPMT 390862 4200001563 TRN*1*014840101339259*1611013183\	-	301.66					-	301.66
5/15/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*05F1480014971432 59*1746000156~	-	8,013.50					-	8,013.50
		-	-					-	-
		111,142.81	328,602.26	-	-	-	-	-	328,602.26

TOTALS

368,445.62	1,305,699.99	-	-	-	-	-	1,305,699.99

Quick View

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DDA Data reported as of May 18, 2020 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$319,936.69	$319,936.69	$319,936.69	$350,358.16
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$271,385.21	$303,215.11	$271,385.21	$268,533.11
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$291,325.82	$297,410.33	$291,325.82	$297,010.22
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$99,010.62	$100,828.62	$99,010.62	$112,437.55
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$329,393.67	$329,393.90	$329,393.67	$346,950.89
[redacted]				

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Page generated on 05/18/2020 at 9

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
5/18/2020

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		24,128.93	23,981.88	246,477.09	-	-	246,624.14	246,477.09
						Bank Balance	246,624.14	
						Variance	-	
						Leave in Balance	100.00	
						Pending Ck to MMC		
						MMC Portion QIPP 1 &2		
						MMC Portion QIPP 3,4,Lapse		
Routing Information for Golden Creek:						**April Interest**	**47.05**	
Nexion Health at Golden Creek						**May Interest**	-	
Wells Fargo Bank, N.A.						**June Interest**	-	
ABA							-	
Acc						**Adjust Balance/Transfer Amt**	**246,477.09**	

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 5/18/2020

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ON
MAY 18 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	
5/11/2020 DEPOSIT	-	39,124.30					-	39,124.30
5/11/2020 TSYS/TRANSFIRST BKCD STLMT 5436845558769179 5436845558769179 GOLDEN CREEK HEALTHCAR 050820	-	4,874.46					-	4,874.46
5/11/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05F111421588075964*1746000156~	-	1,056.00					-	1,056.00
5/13/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	23,981.88	-					-	-
5/13/2020 TSYS/TRANSFIRST BKCD STLMT 5436845558769179 5436845558769179 GOLDEN CREEK HEALTHCAR 051120	-	15,771.21					-	15,771.21
5/13/2020 ACH SETTLEMENT SERVICE 4105523439 9601693882	-	3,742.60					-	3,742.60
5/14/2020 DEPOSIT Stimulas approved 05.13.2020 and insurance	-	177,647.62 ✓					-	177,647.62
5/15/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05F149921588075964*1746000156~	-	4,260.90					-	4,260.90
							-	-
	23,981.88	246,477.09	-	-	-	-	-	246,477.09

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
5/18/2020

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		102.49	-	-		-		-	102.49	-
							Bank Balance		102.49	no transfer
							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		(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		2,996.11 ✓	22,875.10 ✓	129,349.55 ✓		-		-	129,470.56	129,349.55
							Bank Balance		129,470.56 ✓	
							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		129,349.55	✓
						TOTAL TRANSFERS			129,349.55	

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 5/18/2020

APPROVED
ON
MAY 18 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
							-	
							-	
							-	
							-	
							-	-
	-	-	-	-	-	-	-	-

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
5/11/2020	DEPOSIT	-	14,366.22					-	14,366.22
5/12/2020	NORIDIAN J3A HCCLAIMPMT 675892 4200001887653 TRN*1*EFT6917689*145(	-	4,568.71					-	4,568.71
5/13/2020	WIRE OUT HMG SERVICES, LLC	22,875.10	-					-	-
5/14/2020	DEPOSIT stimulus approved 05-13-2020 and insurance	-	110,414.62 ✓					-	110,414.62
								-	-
		22,875.10	129,349.55	-	-	-	-	-	129,349.55
		22,875.10	129,349.55	-	-	-	-	-	129,349.55

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Account Number / Name

Account Type

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DDA Data reported as of May 18, 2020 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*4551 CAL CO INDIGENT HEALTHCARE	$5,464.43	$5,464.43	$5,464.43	$5,464.43
[redacted]				
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$129,470.56	$129,470.56	$129,470.56	$129,470.56
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$102.49	$102.49	$102.49	$102.49
[redacted]				

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Page generated on 05/18/2020 at 9

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
5/18/2020

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		Test
Tuscany Senior Living		100.01	-	226,727.00	✓	-	-	226,827.01	226,727.00	226,727.01	100.00
							Bank Balance	226,827.01	✓		
							Variance	-			
							Leave in Balance	100.00			
							Pending Ck to MMC				
							MMC Portion QIPP 1 &2				
							MMC Portion QIPP 3,4,Lapse				
							January Interest	.01	✓		
							February Interest				
							March Interest				
							Adjust Balance/Transfer Am	226,727.00			

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 5/18/2020

APPROVED
ON
MAY 18 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Senior Living	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
5/14/2020 Deposit Stimulas approved 05.13.2020	0	226,727.00					-	226,727.00
							-	-
							-	-
							-	-
	-	226,727.00	-	-	-	-	-	226,727.00

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Account Number / Name

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DDA Data reported as of May 18, 2020 1

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*4551 [redacted] HEALTHCARE				
*4454 [redacted] HEALTHCARE				
*4365 [redacted] CENTER - CLINIC SERIES 2014				
*4357 [redacted] CENTER - OPERATING				
*4373 [redacted] WAIVER CLEARING				
*438[redacted] CENTER / NH ASHFORD				
*4403 [redacted] BROADMOOR				
*4411 [redacted] CENTER / NH CRESCENT				
*4446 [redacted] CENTER / NH FORT BEND				
*4438 [redacted] WEST HOUSTON				
*5506 [redacted] SENIOR LIVING				
*5441 [redacted] MEDICARE/MEDICAID				
*5433 [redacted] PLAZA - PRIVATE PAY				
*3407 MMC -NH TUSCANY VILLAGE	$226,827.01	$226,827.01	$226,827.01	$226,827.01

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Page generated on 05/18/2020 at 1

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
5/18/2020

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
Bethany Senior Living		60,658.98	-	10,736.87		-	-	71,395.85	71,295.85
							Bank Balance	71,395.85	
							Variance	-	
							Leave in Balance	100.00	
							Pending Ck to MMC		
							MMC Portion QIPP 1 &2		
							MMC Portion QIPP 3,4,Lapse		
							January Interest		
							February Interest		
							March Interest		
							Adjust Balance/Transfer Amt	71,295.85	

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 5/18/2020

APPROVED
ON
MAY 18 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
5/12/2020 DEPOSIT	-	6,115.34					-	6,115.34
5/13/2020 DEPOSIT	-	4,161.53					-	4,161.53
5/15/2020 DEPOSIT	-	460.00					-	460.00
							-	-
	-	10,736.87	-	-	-	-	-	10,736.87

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Select Quick View Accounts
Account Number / Name

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DDA Data reported as of May 18, 2020 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*5506 MMC -NH BETHANY SENIOR LIVING	$71,395.85	$71,395.85	$71,395.85	$70,935.85
[redacted]				

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Page generated on 05/18/2020 at 9