MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 10, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	895,944.80
TOTAL TRANSFERS BETWEEN FUNDS	$	4,881.82
TOTAL NURSING HOME UPL EXPENSES	$	354,215.70
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED June 10, 2020	$	1,255,042.32

APPROVED

JUN 10 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 10, 2020

PAYABLES AND PAYROLL			
6/4/2020	Weekly Payables	280,584.13	
6/4/2020	Patient Refunds	1,332.96	
6/8/2020	Bay storage-new storage unit	538.42	
6/8/2020	McKesson-340B Prescription Expense	4,432.94	
6/8/2020	Amerisource Bergen-340B Prescription Expense	451.40	
6/8/2020	Payroll Liabilities -Payroll Taxes	98,132.71	
6/8/2020	Payroll	301,039.27	
	Prosperity Electronic Bank Payments		
6/4-6/5/2020	Credit Card & Lease Fees	584.57	
6/4/2020	TCDRS May Retirement	208,673.33	
6/4/2020	Cleargage-Patient Financing Service	66.58	
6/1-6/5/20	Pay Plus-Patient Claims Processing Fee	98.49	
6/2/2020	Authnet Gateway Billing-3rd Party Payor Fee	10.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 895,944.80**
TRANSFER BETWEEN FUNDS-NURSING HOMES			
6/4/2020	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating in error	393.82	
6/4/2020	MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment deposited into MMC Operating in error	4,488.00	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 4,881.82**
NURSING HOME UPL EXPENSES			
6/8/2020	Nursing Home UPL-Cantex Transfer	270,846.60	
6/8/2020	Nursing Home UPL-Nexion Transfer	21,168.56	
6/8/2020	Nursing Home UPL-HMG Transfer	40,094.33	
6/8/2020	Nursing Home UPL-HSL Transfer	22,106.21	
TOTAL NURSING HOME UPL EXPENSES			**$ 354,215.70**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED June 10, 2020			**$ 1,255,042.32**

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/17/2020

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Vendor#	Vendor Name	Class	Pay Code
13220	ABBVIE US LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
830164875	05/31/2020	03/18/2020	03/18/2020				236.88	0.00	0.00	236.88
	INVENTORY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13220	ABBVIE US LLC	236.88	0.00	0.00	236.88

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
144641	05/20/2020	05/19/2020	06/13/2020				22.98	0.00	0.00	22.98
	SUPPLIES									
144755	05/27/2020	05/22/2020	06/16/2020				20.57	0.00	0.00	20.57
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 1	43.55	0.00	0.00	43.55

Vendor#	Vendor Name	Class	Pay Code
11014	ADVANCED COMMUNICATIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
67027	05/12/2020	04/05/2020	06/03/2020				297.60	0.00	0.00	297.60
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11014	ADVANCED COMM	297.60	0.00	0.00	297.60

Vendor#	Vendor Name	Class	Pay Code
A1705	ALIMED INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV03355	05/30/2020	05/13/2020	05/28/2020				124.49	0.00	0.00	124.49
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	124.49	0.00	0.00	124.49

Vendor#	Vendor Name	Class	Pay Code
A2271	ARTHREX, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
910157765	05/30/2020	05/13/2020	06/01/2020				3,323.20	0.00	0.00	3,323.20
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2271	ARTHREX, INC	3,323.20	0.00	0.00	3,323.20

Vendor#	Vendor Name	Class	Pay Code
12800	AUTHORITYRX		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1026	05/31/2020	05/06/2020	06/05/2020				5,336.00	0.00	0.00	5,336.00
	ENHANCED AUDITING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX	5,336.00	0.00	0.00	5,336.00

Vendor#	Vendor Name	Class	Pay Code
B0436	BARD ACCESS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
45998656	05/30/2020	05/07/2020	06/01/2020				150.00	0.00	0.00	150.00
	SUPPLEIS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B0436	BARD ACCESS	150.00	0.00	0.00	150.00

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
66774831	05/30/2020	05/20/2020	06/14/2020				132.25	0.00	0.00	132.25
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	B1150	BAXTER HEALTHCA	132.25		0.00		0.00		132.25

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6008557444		05/30/2020	05/13/2020	06/01/2020			863.85	0.00	0.00	863.85
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCAI	863.85		0.00	0.00	863.85

Vendor#	Vendor Name	Class	Pay Code
B1266	BECKMAN COULTER CAPITAL	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5423609		05/30/2020	05/13/2020	05/13/2020			5,016.58	0.00	0.00	5,016.58
	SUPPLIES									
7271935		05/30/2020	05/15/2020	06/14/2020			4,149.65	0.00	0.00	4,149.65
	SUPPLIES									
108421961		05/30/2020	05/15/2020	06/14/2020			1,288.45	0.00	0.00	1,288.45
	LEASE/ MAINTANCE CONTRACT									
108423908		05/30/2020	05/18/2020	06/17/2020			1,155.66	0.00	0.00	1,155.66
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B1266	BECKMAN COULTE	11,610.34		0.00	0.00	11,610.34

Vendor#	Vendor Name	Class	Pay Code
13216	BRIANNA PASSMORE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052720		05/30/2020	05/27/2020	05/27/2020			11.04	0.00	0.00	11.04
	TRAVEL FOR LAB DRAWS									
052720A		05/30/2020	05/27/2020	05/27/2020			2.30	0.00	0.00	2.30
	TRAVEL FOR LAB DRAWS									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13216	BRIANNA PASSMOI	13.34		0.00	0.00	13.34

Vendor#	Vendor Name	Class	Pay Code
B1800	BRIGGS HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B291856		05/20/2020	05/12/2020	06/11/2020			403.80	0.00	0.00	403.80
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCA	403.80		0.00	0.00	403.80

Vendor#	Vendor Name	Class	Pay Code
12740	BUILDING KID STEPS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MAY2020A		05/31/2020	05/31/2020	05/31/2020			550.00	0.00	0.00	550.00
	SPEECH THERAPY									
MAY2020		05/31/2020	05/31/2020	05/31/2020			1,013.00	0.00	0.00	1,013.00
	SPEECH THERAPY									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12740	BUILDING KID STEI	1,563.00		0.00	0.00	1,563.00

Vendor#	Vendor Name	Class	Pay Code
B0437	C R BARD INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
80942413		05/30/2020	04/20/2020	05/20/2020			528.30	0.00	0.00	528.30
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B0437	C R BARD INC	528.30		0.00	0.00	528.30

Vendor#	Vendor Name	Class	Pay Code
C1325	CARDINAL HEALTH 414, INC.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8002225159		05/31/2020	05/09/2020	06/03/2020			597.23	0.00	0.00	597.23
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH	597.23		0.00	0.00	597.23

Vendor#	Vendor Name	Class	Pay Code

A1730 CAREFUSION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
31394852	05/27/2020	05/15/2020	06/14/2020				50.00	0.00	0.00	50.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	A1730	CAREFUSION	50.00		0.00	0.00	50.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
XVD0108	05/21/2020	05/13/2020	06/12/2020				1,107.58	0.00	0.00	1,107.58
	IPADS & CASES (3) each									
XVV6114	05/27/2020	05/18/2020	06/17/2020				949.78	0.00	0.00	949.78
	MOINTERS/HEADPHONES (4) each									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMEN	2,057.36		0.00	0.00	2,057.36

Vendor#	Vendor Name	Class	Pay Code
10105	CHRIS KOVAREK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
38	06/01/2020	06/01/2020	06/01/2020				360.00	0.00	0.00	360.00
	SWING BED									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK	360.00		0.00	0.00	360.00

Vendor#	Vendor Name	Class	Pay Code
13000	CLEARFLY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV289163	06/01/2020	06/01/2020	06/15/2020				900.78	0.00	0.00	900.78
	PHONES									

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
C1970	CONMED CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
257144	05/30/2020	05/19/2020	06/01/2020				87.50	0.00	0.00	87.50
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1970	CONMED CORPOR	87.50		0.00	0.00	87.50

Vendor#	Vendor Name	Class	Pay Code
L1430	CONMED LINVATEC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3379416	05/31/2020	05/22/2020	06/03/2020				37.60	0.00	0.00	37.60
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	L1430	CONMED LINVATEC	37.60		0.00	0.00	37.60

Vendor#	Vendor Name	Class	Pay Code
C2157	COOPER SURGICAL INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5496442	05/30/2020	05/12/2020	06/01/2020				330.89	0.00	0.00	330.89
	SUPPLIES									
5468064	05/31/2020	03/16/2020	04/02/2020				322.89	0.00	0.00	322.89
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C2157	COOPER SURGICAL	653.78		0.00	0.00	653.78

Vendor#	Vendor Name	Class	Pay Code
C1443	CYGNUS MEDICAL LLC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
309696A	05/19/2020	05/12/2020	06/11/2020				401.00	0.00	0.00	401.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1443	CYGNUS MEDICAL	401.00		0.00	0.00	401.00

Vendor#	Vendor Name	Class	Pay Code
11368	CYRACOM LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1096088		04/30/2020	04/30/2020	06/14/2020			158.74	0.00	0.00	158.74
	INTERPERTATION SERVICES									
1112738		05/31/2020	05/31/2020	06/11/2020			199.26	0.00	0.00	199.26
	INTERPERTATION SERVICES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC	358.00		0.00	0.00	358.00

Vendor#	Vendor Name	Class	Pay Code
12612	DASHBOARD MD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9767		06/01/2020	06/01/2020	06/01/2020			550.00	0.00	0.00	550.00
	PROCESSING & SUPPORT FEE									

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 Dt	Pay	Gross	Discount	No-Pay	Net
6076540		05/27/2020	05/20/2020	06/14/2020			371.26	0.00	0.00	371.26
	SUPPLIES									
6081940		05/27/2020	05/22/2020	06/16/2020			20.67	0.00	0.00	20.67
	SUPPLIES									
6080380		05/30/2020	05/20/2020	06/14/2020			402.68	0.00	0.00	402.68
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SC	794.61		0.00	0.00	794.61

Vendor#	Vendor Name	Class	Pay Code
11960	DILON TECHNOLOGIES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33681		05/30/2020	05/20/2020	06/01/2020			100.00	0.00	0.00	100.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11960	DILON TECHNOLOC	100.00		0.00	0.00	100.00

Vendor#	Vendor Name	Class	Pay Code
10789	DISCOVERY MEDICAL NETWORK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC053120		05/28/2020	05/28/2020	05/28/2020			142,681.49	0.00	0.00	142,681.49
	PRO FEES May 16-31, 2020									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDIC	142,681.49		0.00	0.00	142,681.49

Vendor#	Vendor Name	Class	Pay Code
12904	DSHS - VITAL STATISTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060220		06/02/2020	06/02/2020	06/02/2020			37.00	0.00	0.00	37.00
	AMEND BIRTH CERTIFICATE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12904	DSHS - VITAL STAT	37.00		0.00	0.00	37.00

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
971490		05/31/2020	05/05/2020	05/30/2020			720.00	0.00	0.00	720.00
	CLINICAL CONTENT- IP PROVIDEF									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C2510	EVIDENT	720.00		0.00	0.00	720.00

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9422960		05/27/2020	05/20/2020	06/14/2020			232.00	0.00	0.00	232.00
	SUPPLIES									
9313129		05/30/2020	05/18/2020	06/12/2020			1,293.07	0.00	0.00	1,293.07
	SUPPLIES									
9368101		05/30/2020	05/19/2020	06/13/2020			64.90	0.00	0.00	64.90

		SUPPLIES							
9368102	05/30/2020	05/19/2020	06/13/2020		2,094.56	0.00	0.00	2,094.56	
		SUPPLIES							
9422962	05/30/2020	05/20/2020	06/14/2020		651.99	0.00	0.00	651.99	
		SUPPLIES							

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCA	4,336.52		0.00	0.00	4,336.52

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051920	05/27/2020	05/19/2020	06/12/2020				65.40	0.00	0.00	65.40
		PHONES								
052320	05/31/2020	05/23/2020	06/16/2020				45.32	0.00	0.00	45.32
		PHONES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11183	FRONTIER	110.72		0.00	0.00	110.72

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
27750113A	05/31/2020	05/16/2020	06/15/2020				1,019.84	0.00	0.00	1,019.84
		PHONES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12636	FUSION CLOUD SE	1,019.84		0.00	0.00	1,019.84

Vendor#	Vendor Name	Class	Pay Code
G0401	GULF COAST DELIVERY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
807938	05/30/2020	05/29/2020	05/29/2020				25.00	0.00	0.00	25.00
		DELIVERY								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELI\	25.00		0.00	0.00	25.00

Vendor#	Vendor Name	Class	Pay Code
G1210	GULF COAST PAPER COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1864191	05/19/2020	05/12/2020	06/11/2020				569.35	0.00	0.00	569.35
		SUPPLIES								
1840061	05/31/2020	03/25/2020	04/24/2020				97.38	0.00	0.00	97.38
		SUPPLIES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPE	666.73		0.00	0.00	666.73

Vendor#	Vendor Name	Class	Pay Code
10334	HEALTH CARE LOGISTICS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
307587732	05/27/2020	05/18/2020	06/12/2020				227.88	0.00	0.00	227.88
		SUPPLIES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOG	227.88		0.00	0.00	227.88

Vendor#	Vendor Name	Class	Pay Code
H1661	HFMA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
053120	05/31/2020	05/31/2020	05/31/2020				435.00	0.00	0.00	435.00
		MEMBERSHIP – 1 year renewal								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	H1661	HFMA	435.00		0.00	0.00	435.00

Vendor#	Vendor Name	Class	Pay Code
12392	IRENE VENECIA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100319	05/30/2020	10/03/2019	06/01/2020				21.05	0.00	0.00	21.05
		TRAVEL LAB DRAWS & HEALTH F/								
052820	05/30/2020	05/28/2020	05/28/2020				7.59	0.00	0.00	7.59
		TRAVEL FOR LAB DRAWS								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net

12392	IRENE VENECIA	28.64	0.00	0.00	28.64		

Vendor#	Vendor Name	Class	Pay Code
11108	ITERSOURCE CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
711214A		06/01/2020	06/01/2020	06/01/2020			250.00	0.00	0.00	250.00
	SUPPORT SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORI	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 Dt	Pay	Gross	Discount	No-Pay	Net
922495944		05/30/2020	05/12/2020	06/11/2020			1,264.84	0.00	0.00	1,264.84
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE	1,264.84	0.00	0.00	1,264.84

Vendor#	Vendor Name	Class	Pay Code
J1350	M.C. JOHNSON COMPANY INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00383780		05/30/2020	05/20/2020	06/01/2020			104.25	0.00	0.00	104.25
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	J1350	M.C. JOHNSON COI	104.25	0.00	0.00	104.25

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
75569		05/19/2020	05/13/2020	06/12/2020			85.80	0.00	0.00	85.80
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING	85.80	0.00	0.00	85.80

Vendor#	Vendor Name	Class	Pay Code
M2178	MCKESSON MEDICAL SURGICAL I		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
04987687		05/30/2020	05/19/2020	06/03/2020			14.38	0.00	0.00	14.38
	SUPPLIES									
05002376		05/30/2020	05/19/2020	06/03/2020			64.10	0.00	0.00	64.10
	SUPPLIES									
04983212		05/30/2020	05/19/2020	06/03/2020			3,186.43	0.00	0.00	3,186.43
	SUPPLIES									
05155586		05/30/2020	05/20/2020	06/04/2020			230.59	0.00	0.00	230.59
	SUPPLIES									
05377033		05/31/2020	05/24/2020	06/08/2020			-996.65	0.00	0.00	-996.65
	CREDIT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDIC	2,498.85	0.00	0.00	2,498.85

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060120		06/01/2020	06/01/2020	06/01/2020			68.21	0.00	0.00	68.21
060120A		06/01/2020	06/01/2020	06/01/2020			57.18	0.00	0.00	57.18
	INDIGENT CARE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALT	125.39	0.00	0.00	125.39

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1911505230		05/27/2020	05/19/2020	06/13/2020			94.21	0.00	0.00	94.21
	SUPPLIES									
1911505225		05/27/2020	05/19/2020	06/13/2020			83.44	0.00	0.00	83.44
	SUPPLIES									
1911505223		05/27/2020	05/19/2020	06/13/2020			25.51	0.00	0.00	25.51

		SUPPLIES							
1911274528	05/30/2020	05/16/2020	06/10/2020		24.45	0.00	0.00	24.45	
		SUPPLIES							
1911274530	05/30/2020	05/16/2020	06/10/2020		29.85	0.00	0.00	29.85	
		SUPPLIES							
1911274527	05/30/2020	05/16/2020	06/10/2020		33.13	0.00	0.00	33.13	
		SUPPLIES							
1911505240	05/30/2020	05/19/2020	06/13/2020		2,365.34	0.00	0.00	2,365.34	
		SUPPLIES							
1911505235	05/30/2020	05/19/2020	06/13/2020		92.24	0.00	0.00	92.24	
		SUPPLIES							
1911505232	05/30/2020	05/19/2020	06/13/2020		210.67	0.00	0.00	210.67	
		SUPPLIES							
1911505233	05/30/2020	05/19/2020	06/13/2020		77.27	0.00	0.00	77.27	
		SUPPLIES							
1911505237	05/30/2020	05/19/2020	06/13/2020		151.43	0.00	0.00	151.43	
		SUPPLIES							
1911505245	05/30/2020	05/19/2020	06/13/2020		3,052.10	0.00	0.00	3,052.10	
		SUPPLIES							
1911505236	05/30/2020	05/19/2020	06/13/2020		34.38	0.00	0.00	34.38	
		SUPPLIES							

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTR	6,274.02		0.00	0.00	6,274.02

Vendor#	Vendor Name	Class	Pay Code
M2659	MERRY X-RAY/SOURCEONE HEAL	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8800618406		05/30/2020	05/14/2020	06/13/2020			64.72	0.00	0.00	64.72
		SUPPLIES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOU	64.72		0.00	0.00	64.72

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5499382A		05/30/2020	04/15/2020	04/25/2020			58.77	0.00	0.00	58.77
		INVENTORY								
CM65705		05/30/2020	05/21/2020	05/31/2020			-52.11	0.00	0.00	-52.11
		CREDIT								
5634810		05/30/2020	05/21/2020	05/31/2020			161.34	0.00	0.00	161.34
		INVENTORY								
5637041		05/30/2020	05/21/2020	05/31/2020			2,881.17	0.00	0.00	2,881.17
		INVENTORY								
5637043		05/30/2020	05/21/2020	05/31/2020			124.17	0.00	0.00	124.17
		INVENTORY								
5637042		05/30/2020	05/21/2020	05/31/2020			1,173.79	0.00	0.00	1,173.79
		INVENTORY								
5641121		05/30/2020	05/22/2020	06/01/2020			39.58	0.00	0.00	39.58
		INVENTORY								
5641123		05/30/2020	05/22/2020	06/01/2020			22.43	0.00	0.00	22.43
		INVENTORY								
5641122		05/30/2020	05/22/2020	06/01/2020			1,657.12	0.00	0.00	1,657.12
		INVENTORY								
5649883		05/30/2020	05/26/2020	06/05/2020			42.39	0.00	0.00	42.39
		INVENTORY								
7872		05/30/2020	05/26/2020	06/05/2020			-20.63	0.00	0.00	-20.63
		CREDIT								
5646289		05/30/2020	05/26/2020	06/05/2020			139.11	0.00	0.00	139.11
		INVENTORY								
5646290		05/30/2020	05/26/2020	06/05/2020			306.75	0.00	0.00	306.75
		INVENTORY								
SC4787		05/30/2020	05/26/2020	06/05/2020			89.53	0.00	0.00	89.53
		SERVICE CHARGE								

5646291	05/30/2020	05/26/2020	06/05/2020		479.02	0.00	0.00	479.02
INVENTORY								
7997	05/30/2020	05/26/2020	06/05/2020		-137.47	0.00	0.00	-137.47
CREDIT								
8029	05/30/2020	05/26/2020	06/05/2020		-8.03	0.00	0.00	-8.03
INVENTORY								
5649884	05/30/2020	05/26/2020	06/05/2020		638.05	0.00	0.00	638.05
INVENTORY								
5653336	05/30/2020	05/27/2020	06/06/2020		28.95	0.00	0.00	28.95
INVENTORY								
5654023	05/30/2020	05/27/2020	06/06/2020		9.32	0.00	0.00	9.32
INVENTORY								
5653737	05/30/2020	05/27/2020	06/06/2020		80.84	0.00	0.00	80.84
INVENTORY								
5654024	05/30/2020	05/27/2020	06/06/2020		502.72	0.00	0.00	502.72
INVENTORY								
5658840	05/30/2020	05/28/2020	06/07/2020		349.74	0.00	0.00	349.74
INVENTORY								
5658839	05/30/2020	05/28/2020	06/07/2020		696.54	0.00	0.00	696.54
INVENTORY								
5658838	05/30/2020	05/28/2020	06/07/2020		21.95	0.00	0.00	21.95
INVENTORY								
5656915	05/30/2020	05/28/2020	06/07/2020		665.85	0.00	0.00	665.85
INVENTORY								
5659510	05/30/2020	05/28/2020	06/07/2020		127.78	0.00	0.00	127.78
INVENTORY								
5658841	05/30/2020	05/28/2020	06/07/2020		1,251.63	0.00	0.00	1,251.63
INVENTORY								
5658161	05/30/2020	05/28/2020	06/07/2020		53.35	0.00	0.00	53.35
INVENTORY								
5663407	05/30/2020	05/29/2020	06/08/2020		802.27	0.00	0.00	802.27
INVENTORY								
5663405	05/30/2020	05/29/2020	06/08/2020		483.32	0.00	0.00	483.32
INVENTORY								
5663408	05/30/2020	05/29/2020	06/08/2020		61.73	0.00	0.00	61.73
INVENTORY								
5670049A	06/01/2020	06/01/2020	06/11/2020		1,247.91	0.00	0.00	1,247.91
INVENTORY								
5670048	06/01/2020	06/01/2020	06/11/2020		812.13	0.00	0.00	812.13
INVENTORY								
5669933	06/01/2020	06/01/2020	06/11/2020		134.30	0.00	0.00	134.30
INVENTORY								
5670050	06/01/2020	06/01/2020	06/11/2020		1,086.50	0.00	0.00	1,086.50
INVENTORY								
5674859	06/01/2020	06/02/2020	06/12/2020		823.97	0.00	0.00	823.97
INVENTORY								
5674858	06/01/2020	06/02/2020	06/12/2020		224.67	0.00	0.00	224.67
INVENTORY								
5674705	06/01/2020	06/02/2020	06/12/2020		1,568.30	0.00	0.00	1,568.30
SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSOI	18,628.75	0.00	0.00	18,628.75

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
99236372		05/30/2020	05/19/2020	06/13/2020			108.58	0.00	0.00	108.58
SUPPLIES										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERIC/	108.58	0.00	0.00	108.58

Vendor#	Vendor Name	Class	Pay Code
O1416	ORTHO CLINICAL DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1851429097		05/19/2020	05/13/2020	06/12/2020			183.25	0.00	0.00	183.25

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

Vendor#	Vendor Name	Class	Pay Code
12544	PATRICK OCHOA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
050820	CLINIC LAWN	05/30/2020	05/08/2020	05/08/2020			380.00	0.00	0.00	380.00
050820B	HOSPITAL LAWN	05/30/2020	05/08/2020	05/08/2020			520.00	0.00	0.00	520.00
0050820A	REHAB LAWN	05/30/2020	05/08/2020	05/08/2020			200.00	0.00	0.00	200.00
060120B	REHAB LAWN	06/01/2020	06/01/2020	06/01/2020			200.00	0.00	0.00	200.00
060120	HOSPITAL LAWN	06/01/2020	06/01/2020	06/01/2020			520.00	0.00	0.00	520.00
060120A	CLINIC LAWN	06/01/2020	06/01/2020	06/01/2020			380.00	0.00	0.00	380.00

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12544	PATRICK OCHOA	2,200.00		0.00	0.00	2,200.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
005794	SUPPLIES	05/31/2020	05/12/2020	06/08/2020			41.94	0.00	0.00	41.94
000816	SUPPLIES	05/31/2020	05/18/2020	06/08/2020			68.92	0.00	0.00	68.92
003128	SUPPLIES	05/31/2020	05/18/2020	06/08/2020			55.46	0.00	0.00	55.46

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	S0900	SAM'S CLUB DIREC	166.32		0.00	0.00	166.32

Vendor#	Vendor Name	Class	Pay Code
S1800	SHERWIN WILLIAMS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
04051	SUPPLIES	05/30/2020	05/27/2020	06/11/2020			38.39	0.00	0.00	38.39

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAM:	38.39		0.00	0.00	38.39

Vendor#	Vendor Name	Class	Pay Code
10699	SIGN AD, LTD.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
250405	AD	05/30/2020	05/16/2020	05/26/2020			790.00	0.00	0.00	790.00
250863	AD	06/01/2020	06/01/2020	06/11/2020			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
10195	SINGLETON ASSOCIATES PA	ICP	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
511	CONTRACT BILLING	05/31/2020	05/18/2020	05/18/2020			10.91	0.00	0.00	10.91

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10195	SINGLETON ASSOC	10.91		0.00	0.00	10.91

Vendor#	Vendor Name	Class	Pay Code
12288	SPBS CLINICAL EQUIPMENT SRVC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV008159	BIO MED SERVICES	05/31/2020	05/01/2020	05/31/2020			12,375.00	0.00	0.00	12,375.00

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12288	SPBS CLINICAL EQ	12,375.00		0.00	0.00	12,375.00

Vendor#	Vendor Name	Class	Pay Code
10094	ST DAVIDS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMCPL2020	05/30/2020 CONNECTIVITY FEE	05/29/2020	05/29/2020				420.00	0.00	0.00	420.00

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

Vendor#	Vendor Name	Class	Pay Code
S2830	STRYKER SALES CORP	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3023632	05/20/2020 LUCAS	05/11/2020	06/11/2020				751.12	0.00	0.00	751.12
3024854	05/20/2020 LUCAS	05/12/2020	06/12/2020				14,514.00	0.00	0.00	14,514.00

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES C	15,265.12		0.00	0.00	15,265.12

Vendor#	Vendor Name	Class	Pay Code
10735	STRYKER SUSTAINABILITY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3918651	05/30/2020 SUPPLIES	05/01/2020	05/31/2020				168.18	0.00	0.00	168.18

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAIN	168.18		0.00	0.00	168.18

Vendor#	Vendor Name	Class	Pay Code
11169	TXU ENERGY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
055977311	05/30/2020 ELECTRICITY	05/22/2020	06/11/2020				32,387.72	0.00	0.00	32,387.72

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11169	TXU ENERGY	32,387.72		0.00	0.00	32,387.72

Vendor#	Vendor Name	Class	Pay Code
U1054	UNIFIRST HOLDINGS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400331855	05/20/2020 LAUNDRY	05/18/2020	06/12/2020				47.15	0.00	0.00	47.15
8400331881	05/20/2020 LAUNDRY	05/18/2020	06/12/2020				1,177.37	0.00	0.00	1,177.37
8400331856	05/20/2020 LAUNDRY	05/18/2020	06/12/2020				61.48	0.00	0.00	61.48
8400332263	05/31/2020 LAUNDRY	05/21/2020	06/15/2020				995.83	0.00	0.00	995.83
8400332233	05/31/2020 LAUNDRY	05/21/2020	06/15/2020				117.60	0.00	0.00	117.60
8400332232	05/31/2020 LAUNDRY	05/21/2020	06/15/2020				131.55	0.00	0.00	131.55
8400332235	05/31/2020 LAUNDRY	05/21/2020	06/15/2020				175.83	0.00	0.00	175.83
8400332285	05/31/2020 LAUNDRY	05/21/2020	06/15/2020				84.49	0.00	0.00	84.49
8400332250	05/31/2020 LAUNDRY	05/21/2020	06/15/2020				81.67	0.00	0.00	81.67
8400332230	05/31/2020 LAUNDRY	05/21/2020	06/15/2020				18.62	0.00	0.00	18.62
8400332234	05/31/2020 LAUNDRY	05/21/2020	06/15/2020				183.67	0.00	0.00	183.67

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDING	3,075.26		0.00	0.00	3,075.26

Vendor#	Vendor Name	Class	Pay Code
U1056	UNIFORM ADVANTAGE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11057176	05/31/2020	05/20/2020	06/04/2020				102.34	0.00	0.00	102.34
	SUPPLIES ROASHANA MONDAY									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANT/	102.34		0.00	0.00	102.34

Vendor#	Vendor Name	Class	Pay Code
12400	UPDOX LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0016644	05/31/2020	05/31/2020	05/31/2020				499.00	0.00	0.00	499.00
	FAXING									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12400	UPDOX LLC	499.00		0.00	0.00	499.00

Vendor#	Vendor Name	Class	Pay Code
V1471	VICTORIA RADIOWORKS, LTD	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20050130	05/31/2020	05/31/2020	05/31/2020				280.00	0.00	0.00	280.00
	AD									
20050129	05/31/2020	05/31/2020	05/31/2020				280.00	0.00	0.00	280.00
	AD									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOW	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 Dt	Pay	Gross	Discount	No-Pay	Net
INV2099858	05/15/2020	05/15/2020	06/15/2020				617.00	0.00	0.00	617.00
	ADMIN/COMPLIANCE FEE									

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

Vendor#	Vendor Name	Class	Pay Code
W1005	WALMART COMMUNITY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9102	05/31/2020	04/30/2020	06/11/2020				5.96	0.00	0.00	5.96
	SUPPLIES									
7783	05/31/2020	05/01/2020	06/11/2020				9.96	0.00	0.00	9.96
	SUPPLIES									
72240	05/31/2020	05/07/2020	06/11/2020				44.28	0.00	0.00	44.28
	SUPPLEIS									
053120	05/31/2020	05/31/2020	06/11/2020				-3.04	0.00	0.00	-3.04
	CREDIT									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUI	57.16		0.00	0.00	57.16

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	280,584.13	0.00	0.00	280,584.13

APPROVED
ON

JUN 04 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1434751 01		060420	661.40		3		
1435737 01		060420	671.56		2		
ARID=0001 TOTAL			1332.96				
TOTAL			1332.96				

APPROVED
ON
JUN 04 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 06/05/2020 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 06/06/2020

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 06/05/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 06/06/2020 **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: 4,523.42 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 06/09/2020,
Pay This Amount: 4,432.94 USD

If Paid After 06/09/2020,
Pay this Amount: 4,523.42 USD

Due If Paid On Time:
USD 4,432.94

Disc lost if paid late:
90.48

Due If Paid Late:
USD 4,523.42

CK # 500105

940.44 +
2,834.61 +
125.91 +
531.98 +
4,432.94 *

APPROVED
ON
JUN 08 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: 06/05/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 262252
Date: 06/06/2020

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

As of: 06/05/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 06/06/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	PF	Amount (net)	PF	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
06/04/2020	06/09/2020	7204448272	772088	115Invoice	10.86	542.84		531.98		7204448272	

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: 542.84 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,273.29
05/25/2020

If Paid By 06/09/2020,
Pay This Amount: 531.98 USD

If Paid After 06/09/2020,
Pay this Amount: 542.84 USD

Due If Paid On Time:
USD 531.98

Disc lost if paid late:
10.86

Due If Paid Late:
USD 542.84

APPROVED
ON

JUN 08 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:06/09/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:20 CHECK REGISTER GLCKREG
06/10/20 THRU 06/10/20

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	185952	06/10/20	236.88	ABBVIE US LLC
A/P	185953	06/10/20	43.55	ACE HARDWARE 15521
A/P	185954	06/10/20	297.60	ADVANCED COMMUNICATIONS
A/P	185955	06/10/20	124.49	ALIMED INC.
A/P	185956	06/10/20	3,323.20	ARTHREX, INC
A/P	185957	06/10/20	5,336.00	AUTHORITYRX
A/P	185958	06/10/20	150.00	BARD ACCESS
A/P	185959	06/10/20	132.25	BAXTER HEALTHCARE
A/P	185960	06/10/20	863.85	BAYER HEALTHCARE
A/P	185961	06/10/20	11,610.34	BECKMAN COULTER CAPITAL
A/P	185962	06/10/20	13.34	BRIANNA PASSMORE
A/P	185963	06/10/20	403.80	BRIGGS HEALTHCARE
A/P	185964	06/10/20	1,563.00	BUILDING KID STEPS
A/P	185965	06/10/20	528.30	C R BARD INC
A/P	185966	06/10/20	597.23	CARDINAL HEALTH 414, INC.
A/P	185967	06/10/20	50.00	CAREFUSION
A/P	185968	06/10/20	2,057.36	CDW GOVERNMENT, INC.
A/P	185969	06/10/20	360.00	CHRIS KOVAREK
A/P	185970	06/10/20	900.78	CLEARFLY
A/P	185971	06/10/20	87.50	CONMED CORPORATION
A/P	185972	06/10/20	37.60	CONMED LINVATEC
A/P	185973	06/10/20	653.78	COOPER SURGICAL INC
A/P	185974	06/10/20	401.00	CYGNUS MEDICAL LLC
A/P	185975	06/10/20	358.00	CYRACOM LLC
A/P	185976	06/10/20	550.00	DASHBOARD MD
A/P	185977	06/10/20	794.61	DEWITT POTH & SON
A/P	185978	06/10/20	100.00	DILON TECHNOLOGIES
A/P	185979	06/10/20	142,681.49	DISCOVERY MEDICAL NETWORK INC
A/P	185980	06/10/20	37.00	DSHS - VITAL STATISTICS
A/P	185981	06/10/20	720.00	EVIDENT
A/P	185982	06/10/20	4,336.52	FISHER HEALTHCARE
A/P	185983	06/10/20	110.72	FRONTIER
A/P	185984	06/10/20	1,019.84	FUSION CLOUD SERVICES, LLC
A/P	185985	06/10/20	25.00	GULF COAST DELIVERY
A/P	185986	06/10/20	666.73	GULF COAST PAPER COMPANY
A/P	185987	06/10/20	227.88	HEALTH CARE LOGISTICS INC
A/P	185988	06/10/20	435.00	HFMA
A/P	185989	06/10/20	28.64	IRENE VENECIA
A/P	185990	06/10/20	250.00	ITERSOURCE CORPORATION
A/P	185991	06/10/20	1,264.84	J & J HEALTH CARE SYSTEMS, INC
A/P	185992	06/10/20	104.25	M.C. JOHNSON COMPANY INC
A/P	185993	06/10/20	85.80	MARTIN PRINTING CO
A/P	185994	06/10/20	2,498.85	MCKESSON MEDICAL SURGICAL INC
A/P	185995	06/10/20	125.39	MEDIMPACT HEALTHCARE SYS, INC.
A/P	185996	06/10/20	.00	VOIDED
A/P	185997	06/10/20	6,274.02	MEDLINE INDUSTRIES INC
A/P	185998	06/10/20	64.72	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	185999	06/10/20	.00	VOIDED
A/P	186000	06/10/20	.00	VOIDED
A/P	186001	06/10/20	18,628.75	MORRIS & DICKSON CO, LLC

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	186002	06/10/20	108.58	OLYMPUS AMERICA INC
A/P	186003	06/10/20	183.25	ORTHO CLINICAL DIAGNOSTICS
A/P	186004	06/10/20	2,200.00	PATRICK OCHOA
A/P	186005	06/10/20	166.32	SAM'S CLUB DIRECT
A/P	186006	06/10/20	38.39	SHERWIN WILLIAMS
A/P	186007	06/10/20	1,190.00	SIGN AD, LTD.
A/P	186008	06/10/20	10.91	SINGLETON ASSOCIATES PA
A/P	186009	06/10/20	12,375.00	SPBS CLINICAL EQUIPMENT SRVC
A/P	186010	06/10/20	420.00	ST DAVIDS HEALTHCARE
A/P	186011	06/10/20	15,265.12	STRYKER SALES CORP
A/P	186012	06/10/20	168.18	STRYKER SUSTAINABILITY
A/P	186013	06/10/20	32,387.72	TXU ENERGY
A/P	186014	06/10/20	3,075.26	UNIFIRST HOLDINGS
A/P	186015	06/10/20	102.34	UNIFORM ADVANTAGE
A/P	186016	06/10/20	499.00	UPDOX LLC
A/P	186017	06/10/20	560.00	VICTORIA RADIOWORKS, LTD
A/P	186018	06/10/20	617.00	WAGEWORKS
A/P	186019	06/10/20	57.16	WALMART COMMUNITY
A/P	186020	06/10/20	393.82	GOLDENCREEK HEALTHCARE
A/P	186021	06/10/20	4,488.00	GULF POINTE PLAZA
A/P	186022	06/10/20	671.56	
A/P	186023	06/10/20	661.40	
A/P	186024	06/10/20	538.42	BAY STORAGE
TOTALS:			287,337.33	

Payables 280,584.13 +
Patient refunds 1,332.96 +
critical 538.42 +
NH transfers 393.82 +
4,488.00 +
287,337.33 *

APPROVED
ON
JUN 10 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: 06/05/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 190813
Date: 06/06/2020

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

As of: 06/05/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 06/06/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
06/03/2020	06/09/2020	7204193751	2017015486	115Invoice	2.34	117.09		114.75	✓	7204193751	
06/03/2020	06/09/2020	7204193752	2017015486	115Invoice	0.23	11.39		11.16	✓	7204193752	

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

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

Subtotals: 128.48 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,056.92
06/01/2020

If Paid By 06/09/2020, Pay This Amount: 125.91 USD

If Paid After 06/09/2020, Pay this Amount: 128.48 USD

Due If Paid On Time:
USD 125.91

Disc lost if paid late:
2.57

Due If Paid Late:
USD 128.48

APPROVED
ON
JUN 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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: 06/05/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 256342
Date: 06/06/2020

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

As of: 06/05/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 06/06/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
06/01/2020	06/09/2020	7203684059	7618752114	115Invoice	8.23	411.64		403.41	✓	7203684059	
06/01/2020	06/09/2020	7203684062	0531201213-00	115Invoice	5.64	281.92		276.28	✓	7203684062	
06/01/2020	06/09/2020	7203684063	0531200333-00	115Invoice	8.27	413.58		405.31	✓	7203684063	
06/01/2020	06/09/2020	7203893953	00005292020AS	115Invoice	0.03	1.26		1.23	✓	7203893953	
06/02/2020	06/09/2020	7203951231	7618756795	115Invoice	8.23	411.33		403.10	✓	7203951231	
06/02/2020	06/09/2020	7203951238	0601200313-00	115Invoice	9.57	478.37		468.80	✓	7203951238	
06/02/2020	06/09/2020	7204133038	812796395	195Invoice	0.04	1.89		1.85	✓	7204133038	
06/02/2020	06/09/2020	7204141148	00006012020TM	115Invoice	9.11	455.51		446.40	✓	7204141148	
06/03/2020	06/09/2020	7204185009	0530200147-00	115Invoice	2.05	102.69		100.64	✓	7204185009	
06/03/2020	06/09/2020	7204384314	00006022020TM	115Invoice	0.01	0.63		0.62	✓	7204384314	
06/04/2020	06/09/2020	7204446692	5923577815	115Invoice	6.61	330.46		323.85	✓	7204446692	
06/04/2020	06/09/2020	7204630421	813303358	195Invoice	0.01	0.32		0.31	✓	7204630421	
06/04/2020	06/09/2020	7204630422	00006032020TM	115Invoice	0.02	0.95		0.93	✓	7204630422	
06/05/2020	06/09/2020	7204709316	4368802451	115Invoice	0.03	1.29		1.26	✓	7204709316	
06/05/2020	06/09/2020	7204879880	00006042020TM	115Invoice	0.01	0.63		0.62	✓	7204879880	

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: 2,892.47 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,056.92
06/01/2020

If Paid By 06/09/2020,
Pay This Amount: 2,834.61 USD

If Paid After 06/09/2020,
Pay this Amount: 2,892.47 USD

Due If Paid On Time:
USD 2,834.61
Disc lost if paid late:
57.86
Due If Paid Late:
USD 2,892.47

APPROVED
ON
JUN 08 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: 06/05/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 835438
Date: 06/06/2020

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

As of: 06/05/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 06/06/2020 **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											
06/04/2020	06/09/2020	7204617552	772129	115Invoice	19.19	959.63		940.44	✓	7204617552	

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: 959.63 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,056.92
06/01/2020

If Paid By 06/09/2020,
Pay This Amount: 940.44 USD

If Paid After 06/09/2020,
Pay this Amount: 959.63 USD

Due If Paid On Time:
USD 940.44

Disc lost if paid late:
19.19

Due If Paid Late:
USD 959.63

APPROVED
ON

JUN 08 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 59295025 Date: 06-05-2020

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:	451.40
Past Due:	0.00
Total Due:	451.40
Account Balance:	451.40

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
06-01-2020	06-12-2020	3038609155	156690	Invoice	242.90
06-03-2020	06-12-2020	3038705810	156749	Invoice	94.40
06-05-2020	06-12-2020	3038807265	156767	Invoice	114.10

Thank You for Your Payment

Date	Payment Number	Amount
06-05-2020		(294.94)

Reminders

Due Date	Amount
06-12-2020	451.40
Total Due:	451.40

Terms:
Monday - Friday due in 7 days

APPROVED
ON
JUN 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 500106

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"	★	$	98,132.71	#
"1 TO CONFIRM"			1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$	50,470.34	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$	11,803.52	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$	35,858.85	#
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	8856.75	N		N	N		175898.74
1	REGULAR PAY-S1	1733.00	N		N	N	N	76193.68
1	REGULAR PAY-S1	204.25	N		N	Y		6582.00
1	REGULAR PAY-S1	173.50	Y		N	N		4910.41
2	REGULAR PAY-S2	2509.50	N		N	N		56000.59
2	REGULAR PAY-S2	158.50	N		N	Y		6158.09
2	REGULAR PAY-S2	165.00	Y		N	N		4646.61
3	REGULAR PAY-S3	1475.75	N		N	N		39436.46
3	REGULAR PAY-S3	120.25	N		N	Y		5148.96
3	REGULAR PAY-S3	115.50	Y		N	N		4678.71
C	CALL PAY	2554.00	N	1	N	N		5108.00
D	DOUBLE TIME	12.00	N		N	N	N	572.40
E	EXTRA WAGES		N		N	N	N	73.21
E	EXTRA WAGES		N	1	N	N	N	1877.50
F	FUNERAL LEAVE	11.50	N	1	N	N		154.28
I	INSERVICE	12.00	N	1	N	N		378.00
K	EXTENDED-ILLNESS-BANK	244.00	N	1	N	N		6918.72
P	PAID-TIME-OFF	57.97	N		N	N	N	1095.51
P	PAID-TIME-OFF	1757.36	N	1	N	N		41584.41
X	CALL PAY 2	80.00	N		N	N	N	160.00
X	CALL PAY 2	128.00	N	1	N	N		256.00
Y	YMCA/CURVES		N		N	N	N	45.00
Z	CALL PAY 3	48.00	N		N	N	N	144.00
Z	CALL PAY 3	120.00	N	1	N	N		360.00
p	PAID TIME OFF - PROBATION	24.00	N	1	N	N		546.47
t	PHONE & DATA		N		N	N	N	1120.00

-- Deductions Summary --

Code	Amount	Code	Amount	Code	Amount	Code	Amount
A/R	862.48	A/R2	105.00	A/R3			
ADVANC		AWARDS		BOOTS			
CAFE H		CAFE-1		CAFE-2			
CAFE-3		CAFE-4		CAFE-5			
CAFE-C		CAFE-D	1812.00	CAFE-F			
CAFE-H	20226.22	CAFE-I		CAFE-L			
CAFE-P		CANCER		CHILD			
CLINIC	155.00	COMBIN	438.97	CREDUN			
DD ADV		DENTAL		DEP-LF			
DIS-LF		EAT	32.50	EATCSH			
FEDTAX	35858.85	FICA-M	5901.76	FICA-O	25235.17		
FIRSTC		FLEX S	4840.93	FLX FE			
FORT D		FUTA		GIFT S	-26.87		
GRANT		GRP-IN		GTL			
HOSP-I		ID TFT		LEAF			
LEGAL	391.08	MASA	815.50	MEALS	101.70		
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	966.02	SUNILL	1398.29	SUNLIF	1259.37		
SUNSTD	1662.45	SUNVIS	1282.88	SURCHG	785.00		
TSA-1		TSA-2		TSA-C			
TSA-P		TSA-R	30802.50	TUTION			
UNIFOR	1060.40	W/HOS					

Grand Totals: 20560.83 (Gross: 440047.75 Deductions: 139008.48 Net: 301039.27)

Checks Count:- FT 204 PT 8 Other 43 Female 228 Male 25 Credit OverAmt 4 ZeroNet Term 1 Total: 253

Pay date
06.12.2020

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: BAY STORAGE

Date Requested: 06/08/20

APPROVED ON
JUN 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $538.42

G/L NUMBER:

EXPLANATION: NEW STORAGE UNIT (DEPOSIT, PRORATION & PAYMENT THROUGH SEPT)

REQUESTED BY: MELISSA MCKISSACK

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- june 1, 2020 June 7, 2020

Date	Bank Description	MMC Notes	Amount
6/1/2020	PAY PLUS ACHTRANS 452579291 101000698542452	- 3rd Party Payor Fee	27.49
6/1/2020	IRS USATAXPYMT 220055395559134 6103601000063	- Payroll Taxes	106,458.03*
6/2/2020	PAY PLUS ACHTRANS 452579291 101000699482484	- 3rd Party Payor Fee	0.82
6/2/2020	MCKESSON DRUG AUTO ACH ACH04192847 910000162	- 340B Drug Program Expense	2,056.92**
6/2/2020	AUTHNET GATEWAY BILLING 112520319 1040000146	- 3rd Party Payor Fee	10.00
6/3/2020	STATE COMPTRLR TEXNET 37135434/00602 2100002	ACCRUED UC IGT	144,969.52*
6/3/2020	STATE COMPTRLR TEXNET 37135004/00602 2100002	ACCRUED NH QIPP IGT	1,337,173.86*
6/3/2020	PAY PLUS ACHTRANS 452579291 101000690646570	- 3rd Party Payor Fee	36.15
6/4/2020	PAY PLUS ACHTRANS 452579291 101000691325444	- 3rd Party Payor Fee	33.21
6/4/2020	MERCH BNKCD FEE 971160913887 114902520001160	- Credit Card Processing Fee	131.47
6/4/2020	MERCH BNKCD FEE 971160910883 114902520001159	- Credit Card Processing Fee	9.95
6/4/2020	MERCH BNKCD DISCOUNT 971160913887 1149025200	- Credit Card Processing Fee	144.62
6/4/2020	MERCH BNKCD DISCOUNT 971160910883 1149025200	- Credit Card Processing Fee	19.95
6/4/2020	MERCH BNKCD INTERCHNG 971160913887 114902520	- Credit Card Processing Fee	93.61
6/4/2020	CLEARGAGE LLC CLEARGAGE, ARL0YPWTXS600F1 242	- Patient Financing Service	66.58
6/5/2020	STATE COMPTRLR TEXNET 37035256/00604 2100002	ACCRUED UC IGT	403,787.46**
6/5/2020	PAY PLUS ACHTRANS 452579291 101000692107528	- 3rd Party Payor Fee	0.82
6/5/2020	FDGL LEASE PYMT 052-1601830-000 410001237812	- Credit Card Processing Fee	32.45
6/5/2020	FDGL LEASE PYMT 052-1479213-000 410001237490	- Credit Card Processing Fee	43.26
6/5/2020	FDGL LEASE PYMT 052-1479468-000 410001237491	- Credit Card Processing Fee	69.24
6/5/2020	FDGL LEASE PYMT 052-1479214-000 410001237490	- Credit Card Processing Fee	40.02
6/5/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	294.94**
			1,995,500.37

Jason Anglin, CEO
Memorial Medical Center

June 8, 2020

* Approved May 27, 2020 cc
** Approved June 03, 2020 cc
*** Approved May 20, 2020 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
6/4/2020	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	208,673.33

Jason Anglin, CEO
Memorial Medical Center

June 8, 2020

Pay PLUS 27.49 + 0.82 + 36.15 + 33.21 + 0.82 + 98.49 *

CP

Authnet 10.00 + 10.00 *

Credit Card Processing fees 131.47 + 9.95 + 144.62 + 19.95 + 93.61 + 32.45 + 43.26 + 69.24 + 40.02 + 584.57 *

Clearsage 66.58 + 66.58 *

98.49 + 10.00 + 584.57 + 66.58 + 759.64 *

1,995,500.37 − 106,458.03 − 2,056.92 − 144,969.52 − 1,337,173.86 − 403,787.46 − 294.94 − 759.64 *

759.64 + 759.64 − 0.00 *

Date/Time	06-04-2020 / 09:21 AM
Submitted By	
Pay Date	05-31-2020
Employee Deposits	$90,279.07
Employer Contributions	$118,394.26
Group Term Life Premiums	$0.00
Total	$208,673.33
Comments	
Payroll File	May 2020 Retirement Upload.xlsx

CLOSE PRINT

06/04/2020 MEMORIAL MEDICAL CENTER 0
11:22 AP Open Invoice List
Dates Through: ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052220A	05/31/2020	05/22/2020	06/18/2020				393.82	0.00	0.00	393.82
	SUPPLIES Mt insurance pymt deposited into MMC Operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	393.82	0.00	0.00	393.82

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	393.82	0.00	0.00	393.82

RECEIVED
06/04/2020
11:21 JUN 04 2020
Calhoun County Auditor

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 Dt	Pay	Gross	Discount	No-Pay	Net
052220A	05/31/2020	05/22/2020	06/18/2020				4,488.00	0.00	0.00	4,488.00
	TRANSFER NH insurance pymt deposited into MMC operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZ	4,488.00	0.00	0.00	4,488.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,488.00	0.00	0.00	4,488.00

APPROVED
ON

JUN 04 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
6/8/2020

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		205,215.95 ✓	205,003.49 ✓	24,662.47 ✓	-	-	24,874.93	24,662.47
						Bank Balance	24,874.93 ✓	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Ashford Gardens:								
Ashford Health Care Center Ltd Co								
JP Morgan Chase Bank						April Interest	51.94 ✓	
						May Interest	60.52 ✓	
						June Interest	-	
						Adjust Balance/Transfer Amt	24,662.47 ✓	
Broadmoor	-	167,644.42 ✓	167,387.86 ✓	44,604.33 ✓		-	44,860.89 ✓	44,604.33
						Bank Balance	44,860.89	
						Variance	-	
						Leave in Balance	100.00	
						April Interest	97.29 ✓	
						May Interest	59.27 ✓	
						June Interest	-	
						Adjust Balance/Transfer Amt	44,604.33 ✓	
Crescent		178,479.84 ✓	178,223.41 ✓	82,174.00 ✓		-	82,430.43 ✓	82,174.00
						Bank Balance	82,430.43 ✓	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 3,4,Lapse		
						April Interest	102.12 ✓	
						May Interest	54.31 ✓	
						June Interest	-	
						Adjust Balance/Transfer Amt	82,174.00 ✓	
Fort Bend		96,086.67 ✓	95,929.24 ✓	19,409.14 ✓		-	19,566.57	~~95,929.24~~ 19,409.14
						Bank Balance	19566.57 ✓	
						Variance	-	
						Leave in Balance	100.00	
						April Interest	34.45 ✓	
						May Interest	22.98 ✓	
						June Interest	-	
						Adjust Balance/Transfer Amt	~~95,929.24~~ 19,409.14	
Solera at W Houston		317,663.12 ✓	317,384.34	99,996.66 ✓			100,275.44	99,996.66
						Bank Balance	100,275.44 ✓	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Crescent / Solera at West Houston /								
Cantex Health Care Centers III LLC								
JP Morgan Chase Bank						April Interest	109.67 ✓	
						May Interest	69.11 ✓	
						June Interest	-	
							-	
						Adjust Balance/Transfer Amt	99,996.66 ✓	
						TOTAL TRANSFERS		~~347,366.70~~ 270,846.60

24,662.47 +
44,604.33 +
82,174.00 +
19,409.14 +
99,996.66 +
270,846.60 *

APPROVED ON
JUN 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Approved:
Jason Anglin, CEO
6/8/2020

F:\NH Weekly Transfers\NH UPL Transfer Summary\2020\June\NH UPL Transfer Summary 6-8-20.xlsx

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/1/2020	Amerigroup TXSC HCCLAIMPMT 3125219536 111000 TRN*1*3125219536*1752603231\	-	1,440.00					-	1,440.00
6/1/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020052916800021*1912008361*0000TEX01\	-	2,652.05					-	2,652.05
6/1/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05F2546413264361 89*1746000156~	-	176.00					-	176.00
6/3/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	181,604.63	-					-	-
6/3/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1536403776*1411289245*000087726\	-	520.00					-	520.00
6/3/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020053112900564*1912008361*0000TEX01\	-	744.80					-	744.80
6/3/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05F2714813264361 89*1746000156~	-	13,413.70					-	13,413.70
6/4/2020	Check 1094	23,398.86	-					-	-
6/4/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020060312300195*1912008361*0000TEX01\	-	4,210.08					-	4,210.08
6/5/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020060410800109*1912008361*0000TEX01\	-	1,505.84					-	1,505.84
								-	-
		205,003.49	24,662.47	-	-	-	-	-	24,662.47

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/1/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0252621	-	4,950.00					-	4,950.00
6/1/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020052916800189*1912008361*0000TEX01\	-	8,188.09					-	8,188.09
6/2/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020053011601011*1912008361*0000TEX01\	-	7,560.00					-	7,560.00
6/2/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000117 TRN*1*EFT5584426*1205296137*000004011\	-	72.35					-	72.35
6/2/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*05F2639916698604 33*1746000156~	-	9,676.16					-	9,676.16
6/3/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	158,899.85	-					-	-
6/3/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1536408983*1411289245*000087726\	-	3,243.00					-	3,243.00
6/3/2020	HUMANA CHA DISB HCCLAIMPMT 390861 4200001263 TRN*1*014840101387075*1611013183\	-	4,653.57					-	4,653.57
6/3/2020	CIGNA HCCLAIMPMT 1669860433 91000010710266 TRN*1*200530090040340*1591031071\	-	550.00					-	550.00
6/4/2020	Check 59	8,488.01	-					-	-
6/4/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0252731	-	90.00					-	90.00
6/4/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9536849387*1411289245*000087726\	-	4,158.00					-	4,158.00
6/5/2020	HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2 ISA~00~0000000000~00~0000000000~ZZ~1746000089	-	1,463.16					-	1,463.16
								-	-
		167,387.86	44,604.33	-	-	-	-	-	44,604.33

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/1/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9535796370*1411289245*000087726\	-	1,890.00					-	1,890.00
6/1/2020	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR59148486*1411289245*000087726\	-	8.49					-	8.49
6/1/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000186 TRN*1*EFT5582953*1205296137*000004011\	-	50,875.40					-	50,875.40
6/3/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	171,288.04	-					-	-
6/3/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1536408982*1411289245*000087726\	-	1,300.00					-	1,300.00
6/3/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000133 TRN*1*EFT5585799*1205296137*000004011\	-	974.35					-	974.35
6/4/2020	Check 89	6,935.37	-					-	-
6/4/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0252720	-	4,095.00					-	4,095.00
6/4/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9536851092*1411289245*000087726\	-	17,390.00					-	17,390.00
6/4/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000125 TRN*1*EFT5587061*1205296137*000004011\	-	460.76					-	460.76
6/5/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020060414500691*1912008361*0000TEX01\	-	5,180.00					-	5,180.00
								-	-
		178,223.41	82,174.00	-	-	-	-	-	82,174.00

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/2/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020053011700630*1912008361*0000TEX01\	-	1,663.82					-	1,663.82
6/3/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	86,296.69	-					-	-
6/3/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020053114200858*1912008361*0000TEX01\	-	3,705.28					-	3,705.28
6/4/2020	Check 86	9,632.55	-					-	-
6/4/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9536849964*1411289245*000087726\	-	9,294.40					-	9,294.40
6/4/2020	NOVITAS SOLUTION HCCLAIMPMT 675663 420000125 TRN*1*EFT5586743*1205296137*000004011\	-	177.16					-	177.16
6/5/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020060412900631*1912008361*0000TEX01\	-	4,568.48					-	4,568.48
								-	-
								-	-
								-	-
								-	-
								-	-
		95,929.24	19,409.14	-	-	-	-	-	19,409.14

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/1/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000186 TRN*1*EFT5582952*1205296137*000004011\	-	5,529.62					-	5,529.62
6/1/2020	HUMANA INS CO HCCLAIMPMT 390862 830000576508 TRN*1*001290050513340*1391263473\	-	19,466.91					-	19,466.91
6/1/2020	HUMANA CHA DISB HCCLAIMPMT 390862 4200001810 TRN*1*014840101374970*1611013183\	-	15,630.25					-	15,630.25
6/2/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9536012922*1411289245*000087726\	-	4,920.00					-	4,920.00
6/2/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020053015100562*1912008361*0000TEX01\	-	4,005.14					-	4,005.14
6/2/2020	HUMANA INS CO HCCLAIMPMT 390862 830000513042 TRN*1*001290050547318*1391263473\	-	10,474.69					-	10,474.69
6/2/2020	HUMANA CHA DISB HCCLAIMPMT 390862 4200001259 TRN*1*014840101380627*1611013183\	-	7,204.86					-	7,204.86
6/3/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	309,112.27	-					-	-
6/3/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020053112900637*1912008361*0000TEX01\	-	1,568.69					-	1,568.69
6/3/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020053115600357*1912008361*0000TEX01\	-	3,943.54					-	3,943.54
6/3/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000133 TRN*1*EFT5585796*1205296137*000004011\	-	7,556.20					-	7,556.20
6/3/2020	HUMANA INS CO HCCLAIMPMT 390862 830000564059 TRN*1*001290050588971*1391263473\	-	903.06					-	903.06
6/3/2020	HUMANA CHA DISB HCCLAIMPMT 390862 4200001263 TRN*1*014840101387076*1611013183\	-	2,462.72					-	2,462.72
6/4/2020	Check 1089	8,272.07	-					-	-
6/4/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0252711	-	6,435.00					-	6,435.00
6/4/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020060315100862*1912008361*0000TEX01\	-	3,590.70					-	3,590.70
6/4/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020060316500128*1912008361*0000TEX01\	-	74.40					-	74.40
6/5/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020060412001033*1912008361*0000TEX01\	-	5,784.48					-	5,784.48
6/5/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020060410700883*1912008361*0000TEX01\	-	446.40					-	446.40
								-	-
		317,384.34	99,996.66	-	-	-	-	-	99,996.66

	TOTALS	796,540.48	226,242.27	-	-	-	-	-	270,846.60

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Jun 8, 2020 9

[redacted]

*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$24,874.93	$25,530.31	$24,874.93	$23,369.09
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$44,860.89	$44,860.89	$44,860.89	$43,397.73
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$82,430.43	$87,610.43	$82,430.43	$77,250.43
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$19,566.57	$19,617.31	$19,566.57	$14,998.09
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$100,275.44	$108,238.01	$100,275.44	$94,044.56

[redacted]

* indicates re
Page generated on 06/08/2020 at 9

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
6/8/2020

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		142,241.61	142,049.03	21,168.56	-	-	21,361.14	21,168.56
						Bank Balance	21,361.14	
						Variance	-	
						Leave in Balance	100.00	
						April Interest	47.05	
						May Interest	45.53	
						June Interest	-	
						Adjust Balance/Transfer Amt	21,168.56	

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 6/8/2020

APPROVED
ON
JUN 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&Lapse	QJPP TI	NH PORTION
6/1/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000186 TRN*1*EFT5582620*1205296137*000004011\	-	1,992.35					-	1,992.35
6/3/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	118,654.58	-					-	-
6/3/2020 Deposit	-	15,398.04					-	15,398.04
6/3/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 060120	-	553.83					-	553.83
6/4/2020 Check 57	23,394.45	-					-	-
6/5/2020 HEALTH HUMAN SVC INV-PAYMTS 17460034113011 2 ISA~00~0000000000~00~0000000000~ZZ~1746000089	-	3,224.34					-	3,224.34
							-	-
	142,049.03	21,168.56	-	-	-	-	-	21,168.56

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DDA Data reported as of Jun 8, 2020 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	**$6,748,061.13**	**$6,806,424.67**	**$6,748,061.13**	**$7,101,481.22**
[redacted]				
[redacted] MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$21,361.14	$21,361.14	$21,361.14	$18,136.80
[redacted]				

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Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
6/8/2020

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		17,066.06	15,854.48	-		-	-	1,211.58	-
							Bank Balance	1,211.48	no transfer
							Variance	0.10	
							Leave in Balance	100.00	
							April Interest	2.49	
							May Interest	4.04	
							June Interest	-	
							Adjust Balance/Transfer Amt	1,104.95	

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		54,077.57	53,908.22	40,094.33		-	-	40,263.68	40,094.33
							Bank Balance	40,263.68	
							Variance	-	
							Leave in Balance	100.00	
							April Interest	21.01	
							May Interest	48.34	
							June Interest	-	
							Adjust Balance/Transfer Amt	40,094.33	
							TOTAL TRANSFERS	40,094.33	

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

6/8/2020

APPROVED
ON
JUN 08 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
6/4/2020 Check 12	15,854.58						-	
							-	-
	15,854.58	-	-	-	-	-	-	-

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
6/3/2020 WIRE OUT HMG SERVICES, LLC	53,908.22	-					-	-
6/3/2020 Deposit	-	38,402.69					-	38,402.69
6/5/2020 HEALTH HUMAN SVC INV-PAYMTS 17460034113013 2 ISA~00~0000000000~00~0000000000~ZZ~	-	1,691.64					-	1,691.64
							-	-
	53,908.22	**40,094.33**	-	-	-	-	-	40,094.33
	69,762.80	**40,094.33**	-	-	-	-	-	**40,094.33**

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Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$40,263.68	$40,263.68	$40,263.68	$38,572.04
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,211.48	$1,211.48	$1,211.48	$1,211.48
[redacted]				

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Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
6/8/2020

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		2,092.88	-	-		-	-	2,092.88	No transfer	1,990.93	#VALUE!
							Bank Balance	2,092.88			
							Variance	-			
							Leave in Balance	100.00			
							Pending Ck to MMC				
							MMC Portion QIPP 1 &2				
							MMC Portion QIPP 3,4,Lapse				
							April Interest	-			
							May Interest	1.95			
							June Interest				
							Adjust Balance/Transfer Amt	1,990.93			

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 6/8/2020

APPROVED
ON
JUN 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Senior Living	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
no activity							-	-
							-	-
							-	-
							-	-
	-	-	-	-	-	-	-	-

Select Quick View Accounts
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DDA Data reported as of Jun 8, 2020 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*3407 MMC -NH TUSCANY VILLAGE	$2,092.88	$2,092.88	$2,092.88	$2,092.88

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Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
6/8/2020

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		19.55	69,945.75	92,159.22		-	-	22,233.02	22,106.21
							Bank Balance	22,233.02	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1 &2		
							MMC Portion QIPP 3,4,Lapse		
							April Interest	7.26	
							May Interest	19.55	
							June Interest		
							Adjust Balance/Transfer Amt	22,106.21	

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 6/8/2020

APPROVED
ON
JUN 08 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
6/1/2020 Deposit	-	2,362.40					-	2,362.40
6/2/2020 Deposit	-	71,515.84					-	71,515.84
6/2/2020 Deposit	-	2,605.60					-	2,605.60
6/3/2020 Transfer to DDA *4357 - REPAY OPERATING COVE	69,945.75	-					-	-
6/3/2020 Deposit	-	5,400.00					-	5,400.00
6/4/2020 Deposit	-	3,905.60					-	3,905.60
6/5/2020 Deposit	-	6,369.78					-	6,369.78
							-	-
	69,945.75	**92,159.22**	-	-	-	-	-	**92,159.22**

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Jun 8, 2020 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*5506 MMC -NH BETHANY SENIOR LIVING	$22,233.02	$22,233.02	$22,233.02	$15,863.24
[redacted]				

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