MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 17, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	230,061.01
TOTAL TRANSFERS BETWEEN FUNDS	$	99,929.39
TOTAL NURSING HOME UPL EXPENSES	$	299,820.82
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED June 17, 2020	**$**	**629,811.22**

APPROVED

JUN 17 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 17, 2020

PAYABLES AND PAYROLL				
6/11/2020	Weekly Payables	217,885.51		
6/15/2020	Citibank Credit Card-see attached	1,101.11		
6/15/2020	McKesson-340B Prescription Expense	4,189.44		
6/15/2020	Amerisource Bergen-340B Prescription Expense	1,422.38		
	Prosperity Electronic Bank Payments			
6/10/2020	Credit Card & Lease Fees	4,633.88		
6/20/2020	Sales Tax for May 2020	789.60		
6/8-6/12/20	Pay Plus-Patient Claims Processing Fee	39.09		
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$**	**230,061.01**
TRANSFER BETWEEN FUNDS-NURSING HOMES				
6/11/2020	MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating	22.42		
6/11/2020	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	40,258.40		
6/11/2020	MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment deposited into MMC Operating	19,441.76		
6/11/2020	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	40,206.81		
TOTAL TRANSFERS BETWEEN FUNDS			**$**	**99,929.39**
NURSING HOME UPL EXPENSES				
6/15/2020	Nursing Home UPL-Cantex Transfer	231,039.12		
6/15/2020	Nursing Home UPL-Nexion Transfer	21,930.07		
6/15/2020	Nursing Home UPL-HMG Transfer	11,897.87		
6/15/2020	Nursing Home UPL-Tuscany Transfer	18,730.93		
6/15/2020	Nursing Home UPL-HSL Transfer	14,542.93		
	Nursing Home Electronic Bank Payments			
6/11/2020	Bethany-stop payment on check	1,679.90		
TOTAL NURSING HOME UPL EXPENSES			**$**	**299,820.82**
TOTAL INTER-GOVERNMENT TRANSFERS			**$**	**-**
GRAND TOTAL DISBURSEMENTS APPROVED June 17, 2020			**$**	**629,811.22**

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/24/2020

0
ap_open_invoice.template

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
144877		05/27/2020	05/27/2020	06/21/2020			26.99	0.00	0.00	26.99
	SUPPLIES									
144~~787~~ 878		05/27/2020	05/27/2020	06/21/2020			19.98	0.00	0.00	19.98
	SUPPLIES									
144892		05/30/2020	05/27/2020	06/21/2020			26.99	0.00	0.00	26.99
	REPAIR MED SURG									
144936		05/30/2020	05/28/2020	06/22/2020			6.99	0.00	0.00	6.99
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 1!	80.95	0.00	0.00	80.95

Vendor#	Vendor Name	Class	Pay Code
12532	ADVANCED PLUMBING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4339		06/09/2020	06/03/2020	06/03/2020			3,256.00	0.00	0.00	3,256.00
	WATER HEATER – 80 gallon electric									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12532	ADVANCED PLUMB	3,256.00	0.00	0.00	3,256.00

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
RPSV03362(		06/09/2020	05/28/2020	06/12/2020			283.97	0.00	0.00	283.97
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.		0.00	0.00	283.97

Vendor#	Vendor Name	Class	Pay Code
10958	ALLYSON SWOPE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060920		06/10/2020	06/09/2020	06/09/2020			1,838.25	0.00	0.00	1,838.25
	CONTRACT EMPLOYEE (5/11-6/4/2020)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE	1,838.25	0.00	0.00	1,838.25

Vendor#	Vendor Name	Class	Pay Code
12800	AUTHORITYRX		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1031		06/10/2020	06/09/2020	06/24/2020			5,813.00	0.00	0.00	5,813.00
	340B REFERRAL CLAIMS MAY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX	5,813.00	0.00	0.00	5,813.00

Vendor#	Vendor Name	Class	Pay Code
12992	BANK DIRECT CAPITAL FINANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060820		06/09/2020	06/08/2020	06/21/2020			3,361.30	0.00	0.00	3,361.30
	HEALT INSURANCE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12992	BANK DIRECT CAPI	3,361.30	0.00	0.00	3,361.30

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
65462245		05/31/2020	01/09/2020	06/18/2020			430.77	0.00	0.00	430.77
	SUPPLIES									
65874951		05/31/2020	02/21/2020	06/18/2020			2,367.50	0.00	0.00	2,367.50
	LEASE									
65874961		05/31/2020	02/21/2020	06/18/2020			629.50	0.00	0.00	629.50
	LEASE									

11860200 05/31/2020 05/20/2020 06/18/2020 -154.51 0.00 0.00 -154.51
CREDIT
66790111 05/31/2020 05/21/2020 06/18/2020 610.33 0.00 0.00 610.33
SUPPLIES
66793743 05/31/2020 05/21/2020 06/18/2020 629.50 0.00 0.00 629.50
LEASE
66793714 05/31/2020 05/21/2020 06/18/2020 2,367.50 0.00 0.00 2,367.50
LEASE
12058830 05/31/2020 05/30/2020 06/24/2020 59.00 0.00 0.00 59.00
LATE FEE

Vendor Totals: Number Name Gross Discount No-Pay Net
B1150 BAXTER HEALTHC/ 6,939.59 0.00 0.00 6,939.59

Vendor# Vendor Name Class Pay Code
10599 BKD, LLP
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
BK01204819 06/09/2020 04/28/2020 05/23/2020 8,060.00 0.00 0.00 8,060.00
MEDICARE COST REPORT/HHS EI
BK01225601 06/09/2020 05/27/2020 06/21/2020 5,403.00 0.00 0.00 5,403.00
PRIVDER RELIEF FUNDS/DY 6 UC/

Vendor Totals: Number Name Gross Discount No-Pay Net
10599 BKD, LLP 13,463.00 0.00 0.00 13,463.00

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
81061358 05/30/2020 05/21/2020 06/20/2020 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
C0400 C-D ELECTRIC M
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
52869 05/31/2020 05/26/2020 06/20/2020 160.00 0.00 0.00 160.00
ER AC MOTOR TO BE CHECKED C

Vendor Totals: Number Name Gross Discount No-Pay Net
C0400 C-D ELECTRIC 160.00 0.00 0.00 160.00

Vendor# Vendor Name Class Pay Code
11295 CALHOUN COUNTY INDIGENT AC(
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
060420 06/04/2020 06/04/2020 06/18/2020 140.00 0.00 0.00 140.00
TRANSFER

Vendor Totals: Number Name Gross Discount No-Pay Net
11295 CALHOUN COUNTY 140.00 0.00 0.00 140.00

Vendor# Vendor Name Class Pay Code
10209 CARDINAL HEALTH
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
8002230055 06/10/2020 05/16/2020 06/20/2020 53.27 0.00 0.00 53.27
SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
10209 CARDINAL HEALTH 53.27 0.00 0.00 53.27

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
XWC7481 05/27/2020 05/19/2020 06/18/2020 693.68 0.00 0.00 693.68
MS SURFACE GO 2 (1)
XWK4204 05/27/2020 05/21/2020 06/20/2020 91.58 0.00 0.00 91.58
COLOR RIBBON

Vendor Totals: Number Name Gross Discount No-Pay Net
C1992 CDW GOVERNMEN 785.26 0.00 0.00 785.26

Vendor# Vendor Name Class Pay Code
E1270 CENTERPOINT ENERGY W
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net

052920 05/31/2020 05/29/2020 06/18/2020 30.00 0.00 0.00 30.00
GAS

Vendor Totals: Number Name Gross Discount No-Pay Net
E1270 CENTERPOINT ENE 30.00 0.00 0.00 30.00

Vendor# Vendor Name Class Pay Code
C1166 COASTAL OFFICE SOLUTONS W

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
OEQT13846 05/31/2020 03/13/2020 03/23/2020 401.00 0.00 0.00 401.00
SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
C1166 COASTAL OFFICE S 401.00 0.00 0.00 401.00

Vendor# Vendor Name Class Pay Code
11030 COMBINED INSURANCE

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
053120 05/31/2020 05/31/2020 06/01/2020 877.94 0.00 0.00 877.94
INSURANCE

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

Vendor# Vendor Name Class Pay Code
10368 DEWITT POTH & SON

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
6087600 05/31/2020 05/27/2020 06/21/2020 358.67 0.00 0.00 358.67
SUPPLIES
6088500 05/31/2020 05/27/2020 06/21/2020 190.80 0.00 0.00 190.80
SUPPLIES
6087601 05/31/2020 05/29/2020 06/23/2020 39.04 0.00 0.00 39.04
SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
10368 DEWITT POTH & SC 588.51 0.00 0.00 588.51

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

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
14302703053 05/31/2020 05/31/2020 06/22/2020 31.50 0.00 0.00 31.50
SUPPLIES

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

Vendor# Vendor Name Class Pay Code
W1167 ELITECH GROUP INC (WESCOR) W

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
701898 06/09/2020 03/31/2020 03/31/2020 295.87 0.00 0.00 295.87
SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
W1167 ELITECH GROUP IN 295.87 0.00 0.00 295.87

Vendor# Vendor Name Class Pay Code
11284 EMERGENCY STAFFING SOLUTIO

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
39240 06/10/2020 06/15/2020 06/15/2020 40,062.50 0.00 0.00 40,062.50
PRE FEES ER (1-15th)

Vendor Totals: Number Name Gross Discount No-Pay Net
11284 EMERGENCY STAF 40,062.50 0.00 0.00 40,062.50

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
T20051113780 05/31/2020 05/11/2020 06/05/2020 9,864.20 0.00 0.00 9,864.20
CONSULTING/BUSINESS SERVICE

Vendor Totals: Number Name Gross Discount No-Pay Net
C2510 EVIDENT 9,864.20 0.00 0.00 9,864.20

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

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
701736977 06/09/2020 05/21/2020 06/15/2020 82.18 0.00 0.00 82.18

		SHIPPING								
702333356	06/09/2020	05/28/2020	06/22/2020				84.10	0.00	0.00	84.10
		SHIPPING								
Vendor Totals:		Number	Name		Gross		Discount		No-Pay	Net
		F1100	FEDERAL EXPRESS		166.28		0.00		0.00	166.28
Vendor#		Vendor Name		Class				Pay Code		
10788		FIRETROL PROTECTION SYSTEMS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100658385		06/10/2020	06/03/2020	06/13/2020			760.00	0.00	0.00	760.00
		QRTLY INSPECTION								
Vendor Totals:		Number	Name		Gross		Discount		No-Pay	Net
		10788	FIRETROL PROTEC		760.00		0.00		0.00	760.00
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
9475630		05/31/2020	05/21/2020	06/18/2020			29.38	0.00	0.00	29.38
		SUPPLIES								
9475629		05/31/2020	05/21/2020	06/18/2020			814.41	0.00	0.00	814.41
		SUPPLIES								
9525512		05/31/2020	05/22/2020	06/18/2020			104.18	0.00	0.00	104.18
		SUPPLIES								
9578135		05/31/2020	05/26/2020	06/20/2020			1,479.14	0.00	0.00	1,479.14
		SUPPLIES								
9636826		06/09/2020	05/27/2020	06/21/2020			99.78	0.00	0.00	99.78
		SUPPLIES								
9763087		06/09/2020	05/29/2020	06/23/2020			1,740.55	0.00	0.00	1,740.55
		SUPPLIES								
9763085		06/10/2020	05/29/2020	06/23/2020			-543.41	0.00	0.00	-543.41
		CREDIT INVOICE NO 9313128								
Vendor Totals:		Number	Name		Gross		Discount		No-Pay	Net
		F1400	FISHER HEALTHCA		3,724.03		0.00		0.00	3,724.03
Vendor#		Vendor Name		Class				Pay Code		
G0321		GALLS,LLC		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OR15835366		05/31/2020	05/19/2020	06/18/2020			102.93	0.00	0.00	102.93
		UNIFORMS								
Vendor Totals:		Number	Name		Gross		Discount		No-Pay	Net
		G0321	GALLS,LLC		102.93		0.00		0.00	102.93
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
1867579		05/30/2020	05/19/2020	06/18/2020			614.03	0.00	0.00	614.03
		SUPPLIES								
Vendor Totals:		Number	Name		Gross		Discount		No-Pay	Net
		G1210	GULF COAST PAPE		614.03		0.00		0.00	614.03
Vendor#		Vendor Name		Class				Pay Code		
H3400		HUBERT COMPANY		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
943686		05/27/2020	05/20/2020	06/19/2020			165.17	0.00	0.00	165.17
		SUPPLIES								
Vendor Totals:		Number	Name		Gross		Discount		No-Pay	Net
		H3400	HUBERT COMPANY		165.17		0.00		0.00	165.17
Vendor#		Vendor Name		Class				Pay Code		
10922		HUNTER PHARMACY SERVICES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3906		06/10/2020	05/31/2020	06/20/2020			14,503.27	0.00	0.00	14,503.27
		PRO FEES								
Vendor Totals:		Number	Name		Gross		Discount		No-Pay	Net
		10922	HUNTER PHARMAC		14,503.27		0.00		0.00	14,503.27
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
922533660		05/31/2020	05/20/2020	06/19/2020			2,186.97	0.00	0.00	2,186.97
		SUPPLIES								
922540865		05/31/2020	05/21/2020	06/20/2020			84.00	0.00	0.00	84.00
		SUPPLIES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE	2,270.97		0.00	0.00	2,270.97

Vendor#	Vendor Name	Class	Pay Code
L1001	LANDAUER INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100793346		06/10/2020	05/18/2020	06/15/2020			796.30	0.00	0.00	796.30
		QTRLY BADAGES RADIATION MOI								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	L1001	LANDAUER INC	796.30		0.00	0.00	796.30

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060820		06/10/2020	06/08/2020	06/08/2020			840.86	0.00	0.00	840.86
		PAYROLL DED								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10972	M G TRUST	840.86		0.00	0.00	840.86

Vendor#	Vendor Name	Class	Pay Code
11612	MASA GLOBAL BUILDING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
785575MKM		05/31/2020	05/29/2020	06/18/2020			1,588.00	0.00	0.00	1,588.00
		INSURANCE								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11612	MASA GLOBAL BUII	1,588.00		0.00	0.00	1,588.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
149124		05/31/2020	05/31/2020	06/15/2020			2,815.74	0.00	0.00	2,815.74
		COLLECTIONS								
149125		05/31/2020	05/31/2020	06/15/2020			1,319.49	0.00	0.00	1,319.49
		COLLECTION FEES								
149123		05/31/2020	05/31/2020	06/15/2020			1,648.89	0.00	0.00	1,648.89
		COLLECTIONS								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYS	5,784.12		0.00	0.00	5,784.12

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
1911858617		05/31/2020	05/22/2020	06/18/2020			998.69	0.00	0.00	998.69
		SUPPLIES								
1911858616		05/31/2020	05/22/2020	06/18/2020			210.00	0.00	0.00	210.00
		SUPPLIES								
191205371		05/31/2020	05/23/2020	06/17/2020			42.94	0.00	0.00	42.94
		SUPPLIES								
1912053708		05/31/2020	05/23/2020	06/18/2020			54.89	0.00	0.00	54.89
		SUPPLIES								
1912053713		05/31/2020	05/23/2020	06/18/2020			1,098.80	0.00	0.00	1,098.80
		SUPPLIES								
1912053712		05/31/2020	05/23/2020	06/18/2020			41.85	0.00	0.00	41.85
		SUPPLIES								
1912053719		05/31/2020	05/23/2020	06/18/2020			146.39	0.00	0.00	146.39
		SUPPLIES								
1912149689		05/31/2020	05/26/2020	06/20/2020			18.14	0.00	0.00	18.14
		SUPPLIES								
1912215056		05/31/2020	05/27/2020	06/21/2020			6.18	0.00	0.00	6.18
		SUPPLIES								
1912215057		05/31/2020	05/27/2020	06/21/2020			4.75	0.00	0.00	4.75

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
		SUPPLIES								
1912215058		05/31/2020	05/27/2020	06/21/2020			113.63	0.00	0.00	113.63
		SUPPLIES								
1912215059		05/31/2020	05/27/2020	06/21/2020			55.95	0.00	0.00	55.95
		SUPPLIES								
1910856057		06/05/2020	05/13/2020	06/07/2020			205.29	0.00	0.00	205.29
		SUPPLIES								
1912318240		06/05/2020	05/28/2020	06/22/2020			153.88	0.00	0.00	153.88
		SUPPLIES								
1912318239		06/05/2020	05/28/2020	06/22/2020			46.54	0.00	0.00	46.54
		SUPPLIES								
1912053718		06/09/2020	05/23/2020	06/17/2020			121.83	0.00	0.00	121.83
		SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTR	3,319.75	0.00	0.00	3,319.75

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060820		06/10/2020	06/08/2020	06/08/2020			155.00	0.00	0.00	155.00
		PAYROLL DED								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICA	155.00	0.00	0.00	155.00

Vendor#	Vendor Name	Class	Pay Code
11976	MID-COAST ELECTRIC SUPPLY, IN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
190494900		05/27/2020	05/19/2020	06/18/2020			29.50	0.00	0.00	29.50
		SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11976	MID-COAST ELECTI	29.50	0.00	0.00	29.50

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
5679307		06/10/2020	06/03/2020	06/13/2020			44.22	0.00	0.00	44.22
		INVENTORY								
5679306		06/10/2020	06/03/2020	06/13/2020			278.28	0.00	0.00	278.28
		INVENTORY								
CM67994		06/10/2020	06/03/2020	06/13/2020			-24.02	0.00	0.00	-24.02
		CREDIT								
5679308		06/10/2020	06/03/2020	06/13/2020			654.08	0.00	0.00	654.08
		INVENTORY								
5679960		06/10/2020	06/03/2020	06/13/2020			3,182.47	0.00	0.00	3,182.47
		INVENTORY								
5684738		06/10/2020	06/04/2020	06/14/2020			776.80	0.00	0.00	776.80
		INVENTORY								
5684737		06/10/2020	06/04/2020	06/14/2020			63.20	0.00	0.00	63.20
		INVENTORY								
5684739		06/10/2020	06/04/2020	06/14/2020			217.99	0.00	0.00	217.99
		INVENTORY								
5684740		06/10/2020	06/04/2020	06/14/2020			188.18	0.00	0.00	188.18
		INVENTORY								
CM68384		06/10/2020	06/04/2020	06/14/2020			-19.44	0.00	0.00	-19.44
		CREDIT								
CM68707		06/10/2020	06/05/2020	06/15/2020			-2,464.69	0.00	0.00	-2,464.69
		CREDIT								
5688931		06/10/2020	06/05/2020	06/15/2020			60.19	0.00	0.00	60.19
		INVENTORY								
5688930		06/10/2020	06/05/2020	06/15/2020			31.66	0.00	0.00	31.66
		INVENTORY								
5688929		06/10/2020	06/05/2020	06/15/2020			32.28	0.00	0.00	32.28
		INVENTORY								
5688932		06/10/2020	06/05/2020	06/15/2020			5,227.51	0.00	0.00	5,227.51

INVENTORY

CM68996	06/10/2020	06/08/2020	06/18/2020				-10.50	0.00	0.00	-10.50
	CREDIT									
5694771	06/10/2020	06/08/2020	06/18/2020				1,742.06	0.00	0.00	1,742.06
	INVENTORY									
5694770	06/10/2020	06/08/2020	06/18/2020				466.31	0.00	0.00	466.31
	INVENTORY									
5694769	06/10/2020	06/08/2020	06/18/2020				786.69	0.00	0.00	786.69
	INVENTORY									
CM68997	06/10/2020	06/08/2020	06/18/2020				-457.41	0.00	0.00	-457.41
	CREDIT									
5700310	06/10/2020	06/09/2020	06/19/2020				1,321.68	0.00	0.00	1,321.68
	INVENTORY									
5700587	06/10/2020	06/09/2020	06/19/2020				16.43	0.00	0.00	16.43
	INVENTORY									
5700588	06/10/2020	06/09/2020	06/19/2020				1,413.19	0.00	0.00	1,413.19
	INVENTORY									
CM69241	06/10/2020	06/09/2020	06/19/2020				-36.85	0.00	0.00	-36.85
	CREDIT									
5700589	06/10/2020	06/09/2020	06/19/2020				28.27	0.00	0.00	28.27
	INVENTORY									
CM69243	06/10/2020	06/09/2020	06/19/2020				-23.21	0.00	0.00	-23.21
	INVENTORY									
CM69242	06/10/2020	06/09/2020	06/19/2020				-103.38	0.00	0.00	-103.38
	CREDIT									
CM69240	06/10/2020	06/09/2020	06/19/2020				-34.07	0.00	0.00	-34.07
	CREDIT									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10536	MORRIS & DICKSOI	13,357.92	0.00	0.00	13,357.92

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
99269150		05/31/2020	05/28/2020	06/22/2020			271.85	0.00	0.00	271.85
		SUPPLIES								

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
O1500	OLYMPUS AMERIC/	271.85	0.00	0.00	271.85

Vendor#	Vendor Name	Class	Pay Code
11069	PABLO GARZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060920		06/10/2020	06/09/2020	06/09/2020			2,648.75	0.00	0.00	2,648.75
		CONTRACT EMPLOYEE 5/26 - 6/8/2020								

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11069	PABLO GARZA	2,648.75	0.00	0.00	2,648.75

Vendor#	Vendor Name	Class	Pay Code
12708	POC ELECTRIC, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3081		06/09/2020	06/05/2020	06/05/2020			650.00	0.00	0.00	650.00
		INSTALL POWER								

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12708	POC ELECTRIC, LL(	650.00	0.00	0.00	650.00

Vendor#	Vendor Name	Class	Pay Code
P2200	POWER HARDWARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B55530		06/09/2020	06/05/2020	06/15/2020			42.30	0.00	0.00	42.30
		SUPPLIES								

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
P2200	POWER HARDWAR	42.30	0.00	0.00	42.30

Vendor#	Vendor Name	Class	Pay Code
P1725	PREMIER SLEEP DISORDERS CEN	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
94		05/31/2020	05/31/2020	06/15/2020			2,775.00	0.00	0.00	2,775.00

SLEEP STUDIES

Vendor Totals: Number Name Gross Discount No-Pay Net
P1725 PREMIER SLEEP DI 2,775.00 0.00 0.00 2,775.00

Vendor# Vendor Name Class Pay Code
12480 PRO ENERGY PARTNERS LP

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
20050600 06/10/2020 05/31/2020 06/15/2020 2,929.72 0.00 0.00 2,929.72
GAS

Vendor Totals: Number Name Gross Discount No-Pay Net
12480 PRO ENERGY PAR" 2,929.72 0.00 0.00 2,929.72

Vendor# Vendor Name Class Pay Code
11920 PURE & CLEAN LLC

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
4989 06/09/2020 06/02/2020 06/17/2020 83.94 0.00 0.00 83.94
SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
11920 PURE & CLEAN LLC 83.94 0.00 0.00 83.94

Vendor# Vendor Name Class Pay Code
10896 QIAGEN INC

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
997363464 05/30/2020 05/19/2020 06/18/2020 198.49 0.00 0.00 198.49
SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
10896 QIAGEN INC 198.49 0.00 0.00 198.49

Vendor# Vendor Name Class Pay Code
11251 RAPID PRINTING LLC

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
8332 06/09/2020 06/09/2020 06/19/2020 773.00 0.00 0.00 773.00
SIGNAGE FOR CURBSIDE

Vendor Totals: Number Name Gross Discount No-Pay Net
11251 RAPID PRINTING LL 773.00 0.00 0.00 773.00

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

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
060420 06/04/2020 06/04/2020 06/20/2020 45.00 0.00 0.00 45.00
TRANSPORT PT
060720 06/10/2020 06/07/2020 06/07/2020 10.00 0.00 0.00 10.00
TRANSPORT PT

Vendor Totals: Number Name Gross Discount No-Pay Net
S1850 SHIP SHUTTLE TAX 55.00 0.00 0.00 55.00

Vendor# Vendor Name Class Pay Code
K0536 SHIRLEY KARNEI

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
060920 06/09/2020 06/09/2020 06/09/2020 257.51 0.00 0.00 257.51
CONTRACT EMPLOYEE (5/13 - 6/18/2020)

Vendor Totals: Number Name Gross Discount No-Pay Net
K0536 SHIRLEY KARNEI 257.51 0.00 0.00 257.51

Vendor# Vendor Name Class Pay Code
10936 SIEMENS FINANCIAL SERVICES

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
115903284 06/10/2020 05/16/2020 06/15/2020 2,193.83 0.00 0.00 2,193.83
MAINT CONTRACT

Vendor Totals: Number Name Gross Discount No-Pay Net
10936 SIEMENS FINANCIA 2,193.83 0.00 0.00 2,193.83

Vendor# Vendor Name Class Pay Code
S2362 SMITH & NEPHEW

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
929192572 06/09/2020 05/12/2020 06/10/2020 1,309.68 0.00 0.00 1,309.68
SUPPLIES
929239996 06/09/2020 06/02/2020 06/01/2020 434.01 0.00 0.00 434.01
SUPPLIES

	929244821	06/09/2020	06/03/2020	06/10/2020			1,697.68	0.00	0.00	1,697.68
		SUPPLIES								
	Vendor Totals:	Number	Name		Gross		Discount		No-Pay	Net
		S2362	SMITH & NEPHEW	3,441.37			0.00		0.00	3,441.37
Vendor#		Vendor Name		Class			Pay Code			
S2694		STANFORD VACUUM SERVICE		M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	198533		06/09/2020	06/05/2020	06/05/2020			385.00	0.00	0.00	385.00
		GREASE TRAP								
	Vendor Totals:	Number	Name		Gross		Discount		No-Pay	Net
		S2694	STANFORD VACUU	385.00			0.00		0.00	385.00
Vendor#		Vendor Name		Class			Pay Code			
T2204		TEXAS MUTUAL INSURANCE CO		W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1001811063		06/09/2020	05/14/2020	05/14/2020			3,931.00	0.00	0.00	3,931.00
		WORKERS COMP								
	Vendor Totals:	Number	Name		Gross		Discount		No-Pay	Net
		T2204	TEXAS MUTUAL INS	3,931.00			0.00		0.00	3,931.00
Vendor#		Vendor Name		Class			Pay Code			
10732		THERACOM, LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	21771214730		04/30/2020	03/26/2020	06/24/2020			1,173.06	0.00	0.00	1,173.06
		INVENTORY								
	Vendor Totals:	Number	Name		Gross		Discount		No-Pay	Net
		10732	THERACOM, LLC	1,173.06			0.00		0.00	1,173.06
Vendor#		Vendor Name		Class			Pay Code			
13224		TORCH FOUNDATION								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	060220		06/11/2020	06/02/2020	06/02/2020			1,049.25	0.00	0.00	1,049.25
		SUPPLIES								
	Vendor Totals:	Number	Name		Gross		Discount		No-Pay	Net
		13224	TORCH FOUNDATI(	1,049.25			0.00		0.00	1,049.25
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
	840332475		05/31/2020	05/25/2020	06/19/2020			61.48	0.00	0.00	61.48
		LAUNDRY								
	8400332474		05/31/2020	05/25/2020	06/19/2020			47.15	0.00	0.00	47.15
		LAUNDRY								
	8400332501		05/31/2020	05/25/2020	06/19/2020			1,271.83	0.00	0.00	1,271.83
		LAUNDRY								
	8400332846		05/31/2020	05/28/2020	06/22/2020			126.90	0.00	0.00	126.90
		LAUNDRY								
	8400332874		05/31/2020	05/28/2020	06/22/2020			621.95	0.00	0.00	621.95
		LAUNDRY								
	8400332848		05/31/2020	05/28/2020	06/22/2020			175.83	0.00	0.00	175.83
		LAUNDRY								
	8400332847		05/31/2020	05/28/2020	06/22/2020			165.84	0.00	0.00	165.84
		LAUNDRY								
	8400332899		05/31/2020	05/28/2020	06/22/2020			86.39	0.00	0.00	86.39
		LAUNDRY								
	8400332862		05/31/2020	05/28/2020	06/22/2020			81.67	0.00	0.00	81.67
		LAUNDRY								
	8400322845		05/31/2020	05/28/2020	06/22/2020			131.55	0.00	0.00	131.55
		LAUNDRY								
	8400332842		05/31/2020	05/28/2020	06/22/2020			18.62	0.00	0.00	18.62
		LAUNDRY								
	Vendor Totals:	Number	Name		Gross		Discount		No-Pay	Net
		U1054	UNIFIRST HOLDING	2,789.21			0.00		0.00	2,789.21
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
11111858		06/09/2020	05/29/2020	06/13/2020			101.14	0.00	0.00	101.14
		UNIFORM HELEN DAVIS								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANT/	101.14	0.00	0.00	101.14

Vendor#	Vendor Name	Class	Pay Code
U1350	UPS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
778941200		06/09/2020	05/16/2020	05/16/2020			327.17	0.00	0.00	327.17
		SHIPPING								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1350	UPS	327.17	0.00	0.00	327.17

Vendor#	Vendor Name	Class	Pay Code
U2000	US POSTAL SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060920		06/10/2020	06/09/2020	06/09/2020			0.62	0.00	0.00	0.62
		POSTAGE								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVIC	0.62	0.00	0.00	0.62

Vendor#	Vendor Name	Class	Pay Code
V1058	VICTORIA ANESTHESIOLOGY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060420		05/31/2020	06/04/2020	06/18/2020			47,958.51	0.00	0.00	47,958.51
		ANESTHESIA								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V1058	VICTORIA ANESTHI	47,958.51	0.00	0.00	47,958.51

Vendor#	Vendor Name	Class	Pay Code
12000	VYAIRE MEDICAL, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9100748271		06/09/2020	05/27/2020	06/21/2020			30.19	0.00	0.00	30.19
		SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12000	VYAIRE MEDICAL, I	30.19	0.00	0.00	30.19

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060820		06/10/2020	06/08/2020	06/08/2020			4,840.93	0.00	0.00	4,840.93
		PAYROLL DED								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10793	WAGEWORKS, INC.	4,840.93	0.00	0.00	4,840.93

Vendor#	Vendor Name	Class	Pay Code
Z1000	ZIMMER BIOMET	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
590016WZ7		05/27/2020	05/18/2020	06/18/2020			1,946.13	0.00	0.00	1,946.13
		SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	Z1000	ZIMMER BIOMET	1,946.13	0.00	0.00	1,946.13

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	217,885.51	0.00	0.00	217,885.51

APPROVED ON

JUN 11 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	186025	06/17/20	80.95	ACE HARDWARE 15521
A/P	186026	06/17/20	3,256.00	ADVANCED PLUMBING
A/P	186027	06/17/20	283.97	ALIMED INC.
A/P	186028	06/17/20	1,838.25	ALLYSON SWOPE
A/P	186029	06/17/20	5,813.00	AUTHORITYRX
A/P	186030	06/17/20	3,361.30	BANK DIRECT CAPITAL FINANCE
A/P	186031	06/17/20	6,939.59	BAXTER HEALTHCARE
A/P	186032	06/17/20	13,463.00	BKD, LLP
A/P	186033	06/17/20	528.30	C R BARD INC
A/P	186034	06/17/20	160.00	C-D ELECTRIC
A/P	186035	06/17/20	140.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	186036	06/17/20	53.27	CARDINAL HEALTH
A/P	186037	06/17/20	785.26	CDW GOVERNMENT, INC.
A/P	186038	06/17/20	30.00	CENTERPOINT ENERGY
A/P	186039	06/17/20	401.00	COASTAL OFFICE SOLUTONS
A/P	186040	06/17/20	877.94	COMBINED INSURANCE
A/P	186041	06/17/20	588.51	DEWITT POTH & SON
A/P	186042	06/17/20	31.50	DRIESSEN WATER INC.
A/P	186043	06/17/20	295.87	ELITECH GROUP INC (WESCOR)
A/P	186044	06/17/20	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	186045	06/17/20	9,864.20	EVIDENT
A/P	186046	06/17/20	166.28	FEDERAL EXPRESS CORP.
A/P	186047	06/17/20	760.00	FIRETROL PROTECTION SYSTEMS
A/P	186048	06/17/20	3,724.03	FISHER HEALTHCARE
A/P	186049	06/17/20	102.93	GALLS,LLC
A/P	186050	06/17/20	614.03	GULF COAST PAPER COMPANY
A/P	186051	06/17/20	165.17	HUBERT COMPANY
A/P	186052	06/17/20	14,503.27	HUNTER PHARMACY SERVICES
A/P	186053	06/17/20	2,270.97	J & J HEALTH CARE SYSTEMS, INC
A/P	186054	06/17/20	796.30	LANDAUER INC
A/P	186055	06/17/20	840.86	M G TRUST
A/P	186056	06/17/20	1,588.00	MASA GLOBAL BUILDING
A/P	186057	06/17/20	5,784.12	MEDICAL DATA SYSTEMS, INC.
A/P	186058	06/17/20	.00	VOIDED
A/P	186059	06/17/20	3,319.75	MEDLINE INDUSTRIES INC
A/P	186060	06/17/20	155.00	MEMORIAL MEDICAL CLINIC
A/P	186061	06/17/20	29.50	MID-COAST ELECTRIC SUPPLY, INC
A/P	186062	06/17/20	.00	VOIDED
A/P	186063	06/17/20	13,357.92	MORRIS & DICKSON CO, LLC
A/P	186064	06/17/20	271.85	OLYMPUS AMERICA INC
A/P	186065	06/17/20	2,648.75	PABLO GARZA
A/P	186066	06/17/20	650.00	POC ELECTRIC, LLC
A/P	186067	06/17/20	42.30	POWER HARDWARE
A/P	186068	06/17/20	2,775.00	PREMIER SLEEP DISORDERS CENTER
A/P	186069	06/17/20	2,929.72	PRO ENERGY PARTNERS LP
A/P	186070	06/17/20	83.94	PURE & CLEAN LLC
A/P	186071	06/17/20	198.49	QIAGEN INC
A/P	186072	06/17/20	773.00	RAPID PRINTING LLC
A/P	186073	06/17/20	55.00	SHIP SHUTTLE TAXI SERVICE
A/P	186074	06/17/20	257.51	SHIRLEY KARNEI

BANK CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	186075	06/17/20	2,193.83	SIEMENS FINANCIAL SERVICES
A/P	186076	06/17/20	3,441.37	SMITH & NEPHEW
A/P	186077	06/17/20	385.00	STANFORD VACUUM SERVICE
A/P	186078	06/17/20	3,931.00	TEXAS MUTUAL INSURANCE CO
A/P	186079	06/17/20	1,173.06	THERACOM, LLC
A/P	186080	06/17/20	1,049.25	TORCH FOUNDATION
A/P	186081	06/17/20	2,789.21	UNIFIRST HOLDINGS
A/P	186082	06/17/20	101.14	UNIFORM ADVANTAGE
A/P	186083	06/17/20	327.17	UPS
A/P	186084	06/17/20	.62	US POSTAL SERVICE
A/P	186085	06/17/20	47,958.51	VICTORIA ANESTHESIOLOGY
A/P	186086	06/17/20	30.19	VYAIRE MEDICAL, INC
A/P	186087	06/17/20	4,840.93	WAGEWORKS, INC.
A/P	186088	06/17/20	1,946.13	ZIMMER BIOMET
A/P	186089	06/17/20	22.42	BROADMOOR AT CREEKSIDE PARK
A/P	186090	06/17/20	40,258.40	GOLDENCREEK HEALTHCARE
A/P	186091	06/17/20	19,441.76	GULF POINTE PLAZA
A/P	186092	06/17/20	40,206.81	TUSCANY VILLAGE
TOTALS:			317,814.90	

APPROVED
ON
JUN 17 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

citi

0556709800364699700000000000000031

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
•••• •••• ••64 6997	06/28/2020	$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
06/03/2020

Payment Date
06/28/2020

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**
•••• •••• ••64 6997	$0.00	$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity			Amount
NOTICE MEMO ITEM(S) LISTED BELOW						
05/06/2020	05/07/2020	55429500127717049214474	VITALITY MEDICAL INC	18017334449	UT	$237.55
05/14/2020	05/15/2020	55429500135637456484016	SP LEVO 863-815-7077	8638157077	FL	$569.97
05/16/2020	05/18/2020	55429500137637633052098	SP STETHOBARRIER	9196328916	NC	$109.63
05/27/2020	05/27/2020	55432860148200513400984	AMZN MKTP US M75I16502 114-1594773-51250	AMZN.COM/BILL	WA	$183.96
***TOTAL AMOUNT OF MEMO ITEM(S):						$1,101.11

6-19-20

KK

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
JUN 17 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

DAYS IN BILLING PERIOD: 031	Purchases	Cash Advances
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

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: 6/11/2020

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	—		Levo - Deluxe Tablet			569.97
2			Stand x 3 -			
3	—		Vitality Medical - Posey sitter			237.55
4			elite fall monitor alarm (3)			
			Seth Barrier - (4) Stethoscope			109.63
			Barriers			
			Amazon - (4) Digital Thermometers			183.96

569.97 +
237.55 +
109.63 +
183.96 +
1,101.11 *

Est. Total Cost

TOTAL COST 1101.11

NOTES:

change made to Mr. Anglin's credit card

Contact:

Date:

Quoted By:

Buyer:

E.T.A.

APPROVED ON JUN 17 2020 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Dept. Director

Dir. Nursing

Adm.Dir. Clinical Services

CFO

Administrator

Wire Transfer

COUNTY OF CALHOUN TEXAS (COUNT1923)

PROSPERITY BANK®

Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 1,101.11
Debit Account (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank

Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL
Payment Date 06/19/2020

Originator Information

Originator Name COUNTY OF CALHOUN TEXAS
Originator Address 1 202 S ANN STREET
Originator Address 2 SUITE A
Originator Address 3 PORT LAVACA, TX 77979

Beneficiary / Payee Information

Name CBNA INCOMING SETTLEMENT
ACCOUNT **Beneficiary ID Type** Account Number
Beneficiary ID
Address 1 P O BOX 78025
Address 2
Address 3 PHOENIX, AZ 85062-8025
Beneficiary Country US
Contact Name
Phone Number

Beneficiary Bank Information

Name
Beneficiary Bank ID Type Fed ABA
Beneficiary Bank ID
Address 1 P O BOX 78025
Address 2
Address 3 PHOENIX, AZ 85062-8025
Intl Routing Number
Beneficiary Bank Country US

Additional Reference Information

Purpose Of Payment CREDIT CARD PMT

Additional Information For Beneficiary

Status History

Timestamp	Status	Initiator	Description
Jun 19, 2020 2:23:04 PM CDT	Pending Delivery		Wire Released.
Jun 19, 2020 2:22:29 PM CDT	Pending Release		The transfer is available for release.
Jun 19, 2020 2:22:29 PM CDT	Created		Wire Created.

McKESSON

Company: 8000

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

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/12/2020

Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 06/13/2020

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

As of: 06/12/2020 **Page:** 002
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 06/13/2020

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	

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 4,274.96 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 06/16/2020, Pay This Amount: 4,189.44 USD

If Paid After 06/16/2020, Pay this Amount: 4,274.96 USD

Due If Paid On Time: USD 4,189.44

Disc lost if paid late: 85.52

Due If Paid Late: USD 4,274.96

CK # 500107

3,583.94 +
29.31 +
247.15 +
329.04 +
4,189.44 *

APPROVED ON
JUN 15 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

As of: 06/12/2020 Page: 001

Company: 8000

DC: 8115

Territory: 400

Customer: 262252
Date: 06/13/2020

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

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

As of: 06/12/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 06/13/2020 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											
06/11/2020	06/16/2020	7205782785	779511	115Invoice	0.30	15.12		14.82	✓	7205782785	
06/11/2020	06/16/2020	7205782787	779511	115Invoice	6.41	320.63		314.22	✓	7205782787	

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: 335.75 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 06/08/2020 4,432.94

If Paid By 06/16/2020,
Pay This Amount: 329.04 USD

If Paid After 06/16/2020,
Pay this Amount: 335.75 USD

Due If Paid On Time:
USD 329.04
Disc lost if paid late:
6.71
Due If Paid Late:
USD 335.75

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ON
JUN 15 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

STATEMENT

As of: 06/12/2020 Page: 001

Company: 8000

DC: 8115

Territory: 400

Customer: 835438
Date: 06/13/2020

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

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

As of: 06/12/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 06/13/2020 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											
06/11/2020	06/16/2020	7205937922	779519	115Invoice	5.04	252.19		247.15 ✓		7205937922	

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: 252.19 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 06/08/2020 4,432.94

If Paid By 06/16/2020,
Pay This Amount: 247.15 USD

If Paid After 06/16/2020,
Pay this Amount: 252.19 USD

Due If Paid On Time:
USD 247.15
Disc lost if paid late:
5.04
Due If Paid Late:
USD 252.19

APPROVED
ON
JUN 15 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

STATEMENT

Company: 8000

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: 06/12/2020

DC: 8115

Territory: 400

Customer: 190813
Date: 06/13/2020

Page: 001

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

As of: 06/12/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 06/13/2020

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 190813 HEB PHCY 0434/MEM MED PHS											
06/10/2020	06/16/2020	7205498238	2017015689	115Invoice	0.60	29.91		29.31	✓	7205498238	

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: 29.91 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,432.94
06/08/2020

If Paid By 06/16/2020,
Pay This Amount: 29.31 USD

If Paid After 06/16/2020,
Pay this Amount: 29.91 USD

Due If Paid On Time:
USD 29.31
Disc lost if paid late:
0.60
Due If Paid Late:
USD 29.91

CK# 500107

APPROVED
ON
JUN 15 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON **STATEMENT**

Company: 8000

As of: 06/12/2020 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 06/13/2020

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

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

As of: 06/12/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 06/13/2020 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											
06/08/2020	06/16/2020	7204977458	4368807310	115Invoice	5.61	280.31		274.70 ✓		7204977458	
06/08/2020	06/16/2020	7205161537	813795598	195Invoice	0.01	0.32		0.31 ✓		7205161537	
06/09/2020	06/16/2020	7205265445	1568821693	115Invoice	5.60	280.02		274.42 ✓		7205265445	
06/09/2020	06/16/2020	7205265446	0608200327-00	115Invoice	1.38	68.92		67.54 ✓		7205265446	
06/09/2020	06/16/2020	7205436169	814157985	195Invoice	0.01	0.32		0.31 ✓		7205436169	
06/09/2020	06/16/2020	7205455868	00006082020TM	115Invoice	1.57	78.28		76.71 ✓		7205455868	
06/10/2020	06/16/2020	7205515326	1568829682	115Invoice	12.94	646.84		633.90 ✓		7205515326	
06/10/2020	06/16/2020	7205697678	000006092020SS	115Invoice	0.03	1.28		1.25 ✓		7205697678	
06/11/2020	06/16/2020	7205785727	9018824065	115Invoice	1.01	50.44		49.43 ✓		7205785727	
06/12/2020	06/16/2020	7206042282	9018828791	115Invoice	5.63	281.43		275.80 ✓		7206042282	
06/12/2020	06/16/2020	7206042285	0611200148-00	115Invoice	34.52	1,725.90		1,691.38 ✓		7206042285	
06/12/2020	06/16/2020	7206206143	814921349	195Invoice	4.86	243.05		238.19 ✓		7206206143	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 3,657.11 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 06/08/2020 4,432.94

If Paid By 06/16/2020, Pay This Amount: 3,583.94 USD

If Paid After 06/16/2020, Pay this Amount: 3,657.11 USD

Due If Paid On Time: USD 3,583.94

Disc lost if paid late: 73.17

Due If Paid Late: USD 3,657.11

APPROVED ON
JUN 15 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen **STATEMENT** Number: 59314565 Date: 06-12-2020

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:	1,422.38
Past Due:	0.00
Total Due:	1,422.38
Account Balance:	1,422.38

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
06-08-2020	06-19-2020	3038819752	04/27/2020	Invoice	11.85
06-08-2020	06-19-2020	3038856798	156775	Invoice	421.70
06-08-2020	06-19-2020	3038856799	156777	Invoice	55.94
06-08-2020	06-19-2020	3038878685	156823	Invoice	13.36
06-09-2020	06-19-2020	3038915102	156831	Invoice	2.37
06-11-2020	06-19-2020	3039013995	156847	Invoice	725.83
06-12-2020	06-19-2020	3039065764	156858	Invoice	191.33

Thank You for Your Payment

Date	Payment Number	Amount
06-12-2020		(451.40)

Reminders

Due Date	Amount
06-19-2020	1,422.38

Total Due: 1,422.38

Terms:
Monday - Friday due in 7 days

APPROVED
ON
JUN 15 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 500108

Processing Number [illegible] Document Type Customer Statement [illegible]

Pay
Plus

8.32 +
0.83 +
24.86 +
1.28 +
3.80 +
39.09 *

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- June 8, 2020 June 7-14, 2020

CI

Date	Bank Description	MMC Notes	Amount
6/8/2020	PAY PLUS ACHTRANS 452579291 101000692882881	- 3rd Party Payor Fee	8.32
6/9/2020	MCKESSON DRUG AUTO ACH ACH04196961 910000134	- 340B Drug Program Expense	4432.94 *
6/9/2020	PAY PLUS ACHTRANS 452579291 101000693821588	- 3rd Party Payor Fee	0.83
6/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110 41399801332419 MMC ONLINE	- Credit Card Processing Fee	35.9
6/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110 41399801332385 MMC ER	- Credit Card Processing Fee	75.06
6/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110 41399801332401 MMC CLINIC	- Credit Card Processing Fee	570.66
6/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110 41399801332393 MEMORIAL MI	- Credit Card Processing Fee	2736.78
6/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110 41399801368397 CLINICAL HOSI	- Credit Card Processing Fee	572.82
6/10/2020	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110 39300982589946 MMC OUTPAT	- Credit Card Processing Fee	129
6/10/2020	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110 39300982541616 MEMORIAL MI	- Credit Card Processing Fee	513.66
6/10/2020	PAY PLUS ACHTRANS 452579291 101000694457081	- 3rd Party Payor Fee	24.86
6/11/2020	PAY PLUS ACHTRANS 452579291 101000695119153	- 3rd Party Payor Fee	1.28
6/12/2020	PAY PLUS ACHTRANS 452579291 101000695766462	- 3rd Party Payor Fee	3.8
6/12/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	451.4 *
6/12/2020	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	297582.98 *
			307,140.29

Credit
Card
Fees

35.90 +
75.06 +
570.66 +
2,736.78 +
572.82 +
129.00 +
513.66 +
4,633.88 *
4,633.88 +
39.09 +
4,672.97 *
307,140.29 +
4,432.94 −
451.40 −
297,582.98 −
4,672.97 *
4,672.97 +
4,672.97 −
0.00 *

Jason Anglin, CEO
Memorial Medical Center

June 15, 2020

* Approved 06.10.2020 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
6/20/2020	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	789.60

Jason Anglin, CEO
Memorial Medical Center

June 15, 2020

APPROVED
ON
JUN 15 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Sales and Use Tax

Original Return for Period Ending 05/31/2020 (2005)

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: 06/12/2020 02:37:23 PM

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

Entered by:
Email Address:
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	9,619	9,619	0	9,619	601.19	9,619	.02000	192.38
Total Tax Due								793.57

Total Tax Due:	**= 793.57**
Timely Filing Discount:	**- 3.97**
Balance Due:	**= 789.60**
Pending Payments:	**- 0.00**
Total Amount Due and Payable:	**= 789.60**

(State amount due is 598.18)
(Local amount due is 191.42)

Payment Summary

State Amount: 598.18
Local Amount: 191.42
Amount to Pay: $789.60
Electronic Check: $789.60

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

RECEIVED
JUN 1 1 2020
Calhoun County Auditor

06/11/2020
10:11

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR AT CREEKSIDE PAF		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052020A		05/31/2020	05/20/2020	06/25/2020			22.42	0.00	0.00	22.42

TRANSFER - NH pymt deposited in MMC operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT C	22.42	0.00	0.00	22.42

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	22.42	0.00	0.00	22.42

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ON
JUN 1 1 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

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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
052620		05/31/2020	05/26/2020	06/25/2020			1,739.22	0.00	0.00	1,739.22
	TRANSFER - NH insurance pymt deposited into MMC Operating									
052720		05/31/2020	05/27/2020	06/25/2020			28,938.10	0.00	0.00	28,938.10
	TRANSFER - NH insurance pymt deposited into MMC Operating									
052820		05/31/2020	05/28/2020	06/25/2020			2,941.56	0.00	0.00	2,941.56
	TRANSFER - NH insurance pymt deposited into MMC Operating									
052820B		05/31/2020	05/28/2020	06/25/2020			488.33	0.00	0.00	488.33
	TRANSFER - NH insurance pymt deposited into MMC Operating									
052820A		05/31/2020	05/28/2020	06/25/2020			6,151.19	0.00	0.00	6,151.19
	TRANSFER - NH insurance pymt deposited into MMC Operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	40,258.40	0.00	0.00	40,258.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	40,258.40	0.00	0.00	40,258.40

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JUN 1 1 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

06/11/2020
10:13

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

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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
052620		05/31/2020	05/26/2020	06/25/2020			5,456.00	0.00	0.00	5,456.00
	TRANSFER - NH insurance pymt deposited into MMC operating									
052720		05/31/2020	05/27/2020	06/25/2020			9,156.63	0.00	0.00	9,156.63
	TRANSFER - NH insurance pymt deposited into MMC operating									
052820B		05/31/2020	05/28/2020	06/25/2020			3,168.00	0.00	0.00	3,168.00
	TRANSFER - NH insurance pymt deposited into MMC operating									
052820A		05/31/2020	05/28/2020	06/25/2020			591.78	0.00	0.00	591.78
	TRANSFER - NH insurance pymt deposited into MMC operating									
052820		05/31/2020	05/28/2020	06/25/2020			816.00	0.00	0.00	816.00
	TRANSFER - NH insurance pymt deposited into MMC operating									
060120		06/05/2020	06/01/2020	06/25/2020			253.35	0.00	0.00	253.35
	TRANSFER - NH insurance pymt deposited into MMC operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZ	19,441.76	0.00	0.00	19,441.76

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	19,441.76	0.00	0.00	19,441.76

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COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

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Vendor#		Vendor Name			Class		Pay Code			
13004		TUSCANY VILLAGE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060120A	06/05/2020	06/01/2020	06/25/2020				6,095.25	0.00	0.00	6,095.25
		TRANSFER NH insurance pymt deposited into MMC operating								
060220	06/05/2020	06/02/2020	06/25/2020				34,111.56	0.00	0.00	34,111.56
		TRANSFER NH insurance pymt deposited into MMC. operating								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	40,206.81	0.00	0.00	40,206.81

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	40,206.81	0.00	0.00	40,206.81

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

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
6/15/2020

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		24,874.93	24,662.47	88,588.90	-	-	88,801.36	88,588.90
						Bank Balance	88,801.36	
						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	
A						May Interest	60.52	
A						June Interest	-	
						Adjust Balance/Transfer Amt	88,588.90	
Broadmoor		44,860.89	44,604.33	20,566.89		-	20,823.45	20,566.89
						Bank Balance	20,823.45	
						Variance	-	
						Leave in Balance	100.00	
						April Interest	97.29	
						May Interest	59.27	
						June Interest	-	
						Adjust Balance/Transfer Amt	20,566.89	
Crescent		82,430.43	82,174.00	41,879.27		-	42,135.70	41,879.27
						Bank Balance	42,135.70	
						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	41,879.27	
Fort Bend		19566.57	19,409.14	2,309.70		-	2,467.13	-
						Bank Balance	2467.13	NO TRANSFER
						Variance	-	
						Leave in Balance	100.00	
						April Interest	34.45	
						May Interest	22.98	
						June Interest	-	
						Adjust Balance/Transfer Amt	2,309.70	
Solera at W Houston		100,275.44	99,996.66	80,004.06			80,282.84	80,004.06
						Bank Balance	80,282.84	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Crescent / Solera at West Houston / Fort								
Cantex Health Care Centers III LLC								
JP Morgan Chase Bank						April Interest	109.67	
						May Interest	69.11	
						June Interest	-	
							-	
						Adjust Balance/Transfer Amt	80,004.06	
						TOTAL TRANSFERS		231,039.12

88,588.90 +
20,566.89 +
41,879.27 +
80,004.06 +
231,039.12 *

APPROVED ON JUN 15 2020 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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 6/15/2020

F:\NH Weekly Transfers\NH UPL Transfer Summary\2020\June\NH UPL Transfer Summary 6-15-20.xlsx

			MMC PORTION					
Ashford Gardens	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/8/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020060511900527*1912008361*0000TEX01\	-	655.38					-	655.38
6/9/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020060615101111*1912008361*0000TEX01\	-	615.07					-	615.07
6/11/2020 Amerigroup TXSC HCCLAIMPMT 3125935226 111000 TRN*1*3125935226*1752603231\	-	39,544.64					-	39,544.64
6/11/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061014400986*1912008361*0000TEX01\	-	4,791.08					-	4,791.08
6/11/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*0SF331031326436189*1746000156~	-	5,164.51					-	5,164.51
6/12/2020 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	24,662.47	-					-	-
6/12/2020 Amerigroup TXSC HCCLAIMPMT 3126000859 111000 TRN*1*3126000859*1752603231\	-	421.19					-	421.19
6/12/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061114200119*1912008361*0000TEX01\	-	37,397.03					-	37,397.03
							-	-
	24,662.47	88,588.90	-	-	-	-	-	88,588.90

			MMC PORTION					
Broadmoor	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/9/2020 HUMANA INS CO HCCLAIMPMT 390861 830000503784 TRN*1*001290050649202*1391263473\	-	6,691.35					-	6,691.35
6/9/2020 HUMANA INS CO HCCLAIMPMT 390861 830000504242 TRN*1*001290050673152*1391263473\	-	2,830.41					-	2,830.41
6/11/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061016900847*1912008361*0000TEX01\	-	1,868.36					-	1,868.36
6/11/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*0SF331051669860433*1746000156~	-	5,770.21					-	5,770.21
6/12/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III	44,604.33	-					-	-
6/12/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061114601034*1912008361*0000TEX01\	-	3,406.56					-	3,406.56
							-	-
	44,604.33	20,566.89	-	-	-	-	-	20,566.89

			MMC PORTION					
Crescent	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/8/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9537452746*1411289245*000087726\	-	5,180.00					-	5,180.00
6/9/2020 MANAGEANDNET1718 MNS PMNT 000000000003268 41 0252893	-	1,822.50					-	1,822.50
6/9/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1537828528*1411289245*000087726\	-	1,920.00					-	1,920.00
6/10/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000121 TRN*1*EFT5591618*1205296137*000004011\	-	3,691.43					-	3,691.43
6/10/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*0SF322521669860425*1746000156~	-	1,615.05					-	1,615.05
6/11/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000129 TRN*1*EFT5593021*1205296137*000004011\	-	6,755.79					-	6,755.79
6/11/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061016900616*1912008361*0000TEX01\	-	3,297.74					-	3,297.74
6/12/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III	82,174.00	-					-	-
6/12/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061114600804*1912008361*0000TEX01\	-	17,596.76					-	17,596.76
							-	-
							-	-
							-	-
	82,174.00	41,879.27	-	-	-	-	-	41,879.27

			MMC PORTION					
Fort Bend	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/8/2020 NOVITAS SOLUTION HCCLAIMPMT 675663 420000101 TRN*1*EFT5589277*1205296137*000004011\	-	50.74					-	50.74
6/9/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020060612001117*1912008361*0000TEX01\	-	375.30					-	375.30
6/11/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*0SF331111730577503*1746000156~	-	1,883.66					-	1,883.66
6/12/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III	19,409.14	-					-	-
							-	-
	19,409.14	2,309.70	-	-	-	-	-	2,309.70

			MMC PORTION					
Solera at West Houston	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/8/2020 HUMANA CHA DISB HCCLAIMPMT 390862 4200001999 TRN*1*014840101391316*1611013183\	-	7,962.57					-	7,962.57
6/9/2020 UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020060612801355*1912008361*0000TEX01\	-	5,330.00					-	5,330.00
6/10/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9538156738*1411289245*000087726\	-	8,350.85					-	8,350.85
6/10/2020 NOVITAS SOLUTION HCCLAIMPMT 676310 420000121 TRN*1*EFT5591616*1205296137*000004011\	-	3,163.00					-	3,163.00
6/11/2020 Amerigroup TXSC HCCLAIMPMT 3125935227 111000 TRN*1*3125935227*1752603231\	-	4,527.90					-	4,527.90
6/11/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061016800620*1912008361*0000TEX01\	-	7,081.57					-	7,081.57
6/11/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*0SF331101497143259*1746000156~	-	10,547.00					-	10,547.00
6/12/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III	99,996.66	-					-	-
6/12/2020 Amerigroup TXSC HCCLAIMPMT 3126000860 111000 TRN*1*3126000860*1752603231\	-	1,160.05					-	1,160.05
6/12/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061115400226*1912008361*0000TEX01\	-	2,775.22					-	2,775.22
6/12/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061114600092*1912008361*0000TEX01\	-	19,450.18					-	19,450.18
6/12/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*0SF342071497143259*1746000156~	-	9,655.72					-	9,655.72
							-	-
	99,996.66	80,004.06	-	-	-	-	-	80,004.06

TOTALS	226,242.27	212,781.93	-	-	-	-	-	233,348.82

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DDA Data reported as of Jun 15, 2020 10

[redacted]

*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$88,801.36	$133,817.15	$88,801.36	$75,645.61
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$20,823.45	$45,171.92	$20,823.45	$62,021.22
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$42,135.70	$48,247.18	$42,135.70	$106,712.94
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$2,467.13	$21,624.30	$2,467.13	$21,876.27
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$80,282.84	$95,856.97	$80,282.84	$147,238.33

[redacted]

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Page generated on 06/15/2020 at 10

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
6/15/2020

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		21,361.14	21,168.56	21,930.07	-	-	22,122.65	21,930.07
						Bank Balance	22,122.65	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Golden Creek:						April Interest	47.05	
Nexion Health at Golden Creek						May Interest	45.53	
Wells Fargo Bank, N.A.						June Interest	-	
							-	
						Adjust Balance/Transfer Amt	21,930.07	

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 6/15/2020

APPROVED
ON
JUN 15 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/8/2020	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 060520	-	350.75					-	350.75
6/9/2020	ACH SETTLEMENT SERVICE 4105523439 9601693069	-	2,596.60					-	2,596.60
6/10/2020	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 060820	-	2,246.02					-	2,246.02
6/10/2020	NOVITAS SOLUTION HCCLAIMPMT 676097 420000121 TRN*1*EFT5591277*1205296137*000004011\	-	16,736.70					-	16,736.70
6/12/2020	WIRE OUT NEXION HEALTH AT GOLDEN CREEK	21,168.56	-					-	-
								-	-
		21,168.56	21,930.07	-	-	-	-	-	21,930.07

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DDA Data reported as of Jun 15, 2020 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$22,122.65	$23,268.65	$22,122.65	$43,291.21
[redacted]				

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Page generated on 06/15/2020 at 10

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
6/15/2020

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		1,211.48	-	-		-	-	1,211.48	-
							Bank Balance	1,211.48	no transfer
							Variance	-	
							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		40,263.68	40,094.33	11,897.87		-	-	12,067.22	11,897.87
							Bank Balance	12,067.22	
							Variance	-	
							Leave in Balance	100.00	
							April Interest	21.01	
							May Interest	48.34	
							June Interest	-	
							Adjust Balance/Transfer Amt	11,897.87	

TOTAL TRANSFERS	11,897.87

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 6/15/2020

APPROVED
ON
JUN 15 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
NO ACTIVITY							-	
							-	-
	-	-	-	-	-	-	-	-

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
6/10/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SF325761922092790*17460001	-	11,897.87					-	11,897.87
6/12/2020 WIRE OUT HMG SERVICES, LLC	40,094.33	-					-	-
							-	-
	40,094.33	11,897.87	-	-	-	-	-	11,897.87
	40,094.33	11,897.87	-	-	-	-	-	11,897.87

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DDA Data reported as of Jun 15, 2020 10

[redacted]

*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$12,067.22	$12,172.68	$12,067.22	$52,161.55
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,211.48	$1,211.48	$1,211.48	$1,211.48

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* indicates re
Page generated on 06/15/2020 at 10

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
6/15/2020

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	-	16,740.00		-	-	18,832.88	18,730.93	18,730.93	101.95
							Bank Balance	18,832.88			
							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	**18,730.93**			

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 6/15/2020

APPROVED
ON
JUN 15 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

			MMC PORTION					
Tuscany Senior Living	**Transfer-Out**	**Transfer-In**	**QIPP/Comp1**	**QIPP/Comp 2**	**QIPP/Comp3**	**QIPP/Comp4 &Lapse**	**QIPP TI**	**NH PORTION**
6/12/2020 KS PLAN ADMINIST HCCLAIMPMT 179 111000025135 TRI	-	16,740.00					-	16,740.00
							-	-
	-	**16,740.00**	**-**	**-**	**-**	**-**	**-**	**16,740.00**

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DDA

Data reported as of Jun 15, 2020 10

[redacted]

*3407 MMC -NH TUSCANY VILLAGE	$18,832.88	$18,832.88	$18,832.88	$2,092.88

* indicates re
Page generated on 06/15/2020 at 10

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
6/15/2020

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		22,233.02	23,786.11	17,902.73		-	-	16,349.64	14,542.93
							Bank Balance	16,349.64	
							Variance	-	
							Leave in Balance	100.00	
							Stop Payment on Pt Payment	1,679.90	
							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	14,542.93	

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 6/15/2020

APPROVED
ON
JUN 15 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
6/8/2020 DEPOSIT	-	3,854.95					-	3,854.95
6/9/2020 DEPOSIT	-	5,215.78					-	5,215.78
6/11/2020 CK 185 STOP Payment	1,679.90	-					-	-
6/12/2020 WIRE OUT BETHANY SENIOR LIVING, LTD	22,106.21	-					-	-
6/12/2020 DEPOSIT	-	8,832.00					-	8,832.00
							-	-
	23,786.11	17,902.73	-	-	-	-	-	17,902.73

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA				Data reported as of Jun 15, 2020 10
[redacted]				
*5506 MMC -NH BETHANY SENIOR LIVING	$16,349.64	$16,349.64	$16,349.64	$29,623.85
[redacted]				

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