MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 24, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	826,773.40
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	595,062.20
TOTAL INTER-GOVERNMENT TRANSFERS	$	766,634.48
GRAND TOTAL DISBURSEMENTS APPROVED June 24, 2020	$	2,188,470.08

APPROVED

JUN 24 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 24, 2020

PAYABLES AND PAYROLL			
6/18/2020	Weekly Payables	435,930.56	
6/18/2020	Patient Refunds	75.00	
6/22/2020	McKesson-340B Prescription Expense	7,351.52	
6/22/2020	Amerisource Bergen-340B Prescription Expense	424.20	
6/22/2020	Payroll Liabilities -Payroll Taxes	93,675.04	
6/22/2020	Payroll	289,283.05	
	Prosperity Electronic Bank Payments		
6/15-6/19/20	Pay Plus-Patient Claims Processing Fee	34.03	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 826,773.40**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
6/22/2020	Nursing Home UPL-Cantex Transfer	418,492.50	
6/22/2020	Nursing Home UPL-Nexion Transfer	49,389.57	
6/22/2020	Nursing Home UPL-HMG Transfer	26,123.94	
6/22/2020	Nursing Home UPL-Tuscany Transfer	70,302.48	
6/22/2020	Nursing Home UPL-HSL Transfer	20,018.12	
	CREDIT CARD & LEASE FEES		
6/15/2020	Tuscany-Enhanced Analysis	20.00	
QIPP/INTEREST/RECOUP CHECKS TO MMC			
6/22/2020	Ashford-to repay MMC for Humana takeback	72.48	
6/22/2020	Solera-to repay MMC for Humana takeback	10,643.11	
TOTAL NURSING HOME UPL EXPENSES			**$ 595,062.20**
INTER-GOVERNMENT TRANSFERS			
6/22/2020	IGT DY9 Round 1 to be paid July 02, 2020	766,634.48	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 766,634.48**
GRAND TOTAL DISBURSEMENTS APPROVED June 24, 2020			**$ 2,188,470.08**

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/01/2020

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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
145182		06/09/2020	06/05/2020	06/30/2020			44.56	0.00	0.00	44.56
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15	44.56	0.00	0.00	44.56

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24984		05/31/2020	06/20/2020	06/30/2020			1,400.00	0.00	0.00	1,400.00
	RFID FEE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC	1,400.00	0.00	0.00	1,400.00

Vendor#	Vendor Name	Class	Pay Code
R1200	ADT COMMERCIAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
446474		06/09/2020	06/01/2020	06/26/2020			47.29	0.00	0.00	47.29
	FIRE MONITORING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	R1200	ADT COMMERCIAL	47.29	0.00	0.00	47.29

Vendor#	Vendor Name	Class	Pay Code
A2150	ANNOUNCEMENTS PLUS TOO AG	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
358		06/17/2020	03/28/2020	04/07/2020			20.00	0.00	0.00	20.00
	SUPPLIES									
380A		06/17/2020	05/20/2020	05/30/2020			5.00	0.00	0.00	5.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS	25.00	0.00	0.00	25.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
974061		06/15/2020	05/31/2020	06/25/2020			12.49	0.00	0.00	12.49
	WATER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE (	12.49	0.00	0.00	12.49

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
94610624A		06/17/2020	06/15/2020	06/15/2020			1,125.00	0.00	0.00	1,125.00
	CREDIT TAKEN TWICE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2271	ARTHREX, INC	1,125.00	0.00	0.00	1,125.00

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
66873005		06/05/2020	06/01/2020	06/26/2020			881.77	0.00	0.00	881.77
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHC/	881.77	0.00	0.00	881.77

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
108440208		06/16/2020	05/28/2020	06/27/2020			724.16	0.00	0.00	724.16
	SUPPLIES									
5424451		06/16/2020	05/30/2020	06/30/2020			3,507.27	0.00	0.00	3,507.27

MAINT CONTRACT/ LEASE
108447550 06/16/2020 06/01/2020 07/01/2020 1,568.64 0.00 0.00 1,568.64
SUPPLIES
108444984 06/16/2020 06/01/2020 07/01/2020 66.88 0.00 0.00 66.88
SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1266	BECKMAN COULTE	5,866.95	0.00	0.00	5,866.95

Vendor# B1320 Vendor Name: BEEKLEY CORPORATION Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1353843		06/17/2020	06/08/2020	06/17/2020			936.95	0.00	0.00	936.95

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1320	BEEKLEY CORPOR	936.95	0.00	0.00	936.95

Vendor# 12600 Vendor Name: BIOFIRE DIAGNOSTICS LLC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1280051473		06/17/2020	06/10/2020	06/17/2020			7,903.31	0.00	0.00	7,903.31

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12600	BIOFIRE DIAGNOST	7,903.31	0.00	0.00	7,903.31

Vendor# C0400 Vendor Name: C-D ELECTRIC Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CIT29719		06/15/2020	06/02/2020	06/27/2020			160.00	0.00	0.00	160.00

MOTOR INSPECTION

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8002234884		05/31/2020	05/23/2020	06/25/2020			312.84	0.00	0.00	312.84

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH	312.84	0.00	0.00	312.84

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
XXL1601		06/10/2020	05/27/2020	06/26/2020			1,403.68	0.00	0.00	1,403.68
	MOINTOR/PC									
XXM3305		06/10/2020	05/28/2020	06/27/2020			404.14	0.00	0.00	404.14
	OFFICE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMEN	1,807.82	0.00	0.00	1,807.82

Vendor# 10212 Vendor Name: CLINICAL PATHOLOGY LABS Class: ICP Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2020050		06/15/2020	05/31/2020	06/30/2020			3,741.98	0.00	0.00	3,741.98

LAB SERVICES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLC	3,741.98	0.00	0.00	3,741.98

Vendor# 13232 Vendor Name: COMPADRES DESIGN INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24983		06/15/2020	06/05/2020	06/05/2020			405.00	0.00	0.00	405.00

REPAIR DIGITAL SIGN AT CLINIC

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13232	COMPADRES DESI	405.00	0.00	0.00	405.00

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

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

5511010	06/17/2020	06/01/2020	06/17/2020			330.89	0.00	0.00	330.89
	SUPPLIES								

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

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
6090710		05/31/2020	06/01/2020	06/26/2020			674.45	0.00	0.00	674.45
	SUPPLIES									
6090700		06/01/2020	06/01/2020	06/26/2020			91.95	0.00	0.00	91.95
	SUPPLIES									
6090720		06/01/2020	06/01/2020	06/26/2020			195.10	0.00	0.00	195.10
	SUPPLIES									
6093080		06/09/2020	06/02/2020	06/27/2020			720.00	0.00	0.00	720.00
	SUPPLIES									
6093250		06/09/2020	06/02/2020	06/27/2020			46.65	0.00	0.00	46.65
	SUPPLIES									
6095640		06/09/2020	06/04/2020	06/29/2020			7.05	0.00	0.00	7.05
	SUPPLIES									
6095330		06/09/2020	06/04/2020	06/29/2020			87.94	0.00	0.00	87.94
	SUPPLIES									
6095530		06/09/2020	06/04/2020	06/29/2020			25.88	0.00	0.00	25.88
	SUPPLIES									
6096120		06/09/2020	06/05/2020	06/30/2020			70.32	0.00	0.00	70.32
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SC		1,919.34	0.00	0.00	1,919.34

Vendor#	Vendor Name	Class	Pay Code
11011	DIAMOND HEALTHCARE CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN20053793		05/31/2020	05/31/2020	06/25/2020			31,144.58	0.00	0.00	31,144.58
	BEHAVIORAL HEALTH SVCS									
IN20053794		05/31/2020	05/31/2020	06/25/2020			19,166.67	0.00	0.00	19,166.67
	CPR SERVICES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTH(		50,311.25	0.00	0.00	50,311.25

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
MMC061520		06/16/2020	06/15/2020	06/15/2020			143,355.51	0.00	0.00	143,355.51
	PRO FEES June 1-15, 2020									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDIC		143,355.51	0.00	0.00	143,355.51

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17063		05/31/2020	05/31/2020	06/25/2020			260.00	0.00	0.00	260.00
	PEST CONTROL									
17065		05/31/2020	05/31/2020	06/25/2020			105.00	0.00	0.00	105.00
	PEST CONTROL									
17062		05/31/2020	05/31/2020	06/25/2020			505.00	0.00	0.00	505.00
	PEST CONTROL									
17064		05/31/2020	05/31/2020	06/25/2020			160.00	0.00	0.00	160.00
	PEST CONTROL									

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

Vendor#	Vendor Name	Class	Pay Code
10175	DSHS CENTRAL LAB MC2004		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CENCNO042		06/15/2020	05/04/2020	05/29/2020			302.90	0.00	0.00	302.90
	LAB SERVICES									

CENCM1838	06/15/2020	05/04/2020	05/29/2020			50.48	0.00	0.00	50.48
LAB SERVICES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10175	DSHS CENTRAL LA	353.38		0.00	0.00	353.38

Vendor#	Vendor Name	Class	Pay Code
13212	DWT'S POLY FOAM CONCRETE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20051310391		06/17/2020	06/09/2020				1,043.00	0.00	0.00	1,043.00
BALANCE DUE ON RAISED CONCF										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13212	DWT'S POLY FOAM	1,043.00		0.00	0.00	1,043.00

Vendor#	Vendor Name	Class	Pay Code
11046	E-MDS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
372841		06/16/2020	06/15/2020	06/15/2020			9,275.00	0.00	0.00	9,275.00
HOSTING SUBSCRIPTION QTRLY										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11046	E-MDS, INC	9,275.00		0.00	0.00	9,275.00

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
707523		06/17/2020	06/04/2020	06/17/2020			102.30	0.00	0.00	102.30
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	W1167	ELITECH GROUP IN	102.30		0.00	0.00	102.30

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
39254		06/15/2020	05/31/2020	05/31/2020			3,600.00	0.00	0.00	3,600.00
COVERAGE BUNNELL VACAY										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAF	3,600.00		0.00	0.00	3,600.00

Vendor#	Vendor Name	Class	Pay Code
12808	ESUTURES.COM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
353239		05/31/2020	05/29/2020	06/28/2020			34.00	0.00	0.00	34.00
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12808	ESUTURES.COM	34.00		0.00	0.00	34.00

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
A2006041370		06/16/2020	06/04/2020	06/29/2020			21,174.00	0.00	0.00	21,174.00
SUPPORT/MONTH SUB/ANNUAL C										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C2510	EVIDENT	21,174.00		0.00	0.00	21,174.00

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
702916844		06/15/2020	06/04/2020	06/29/2020			10.77	0.00	0.00	10.77
SHIPPING										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS	10.77		0.00	0.00	10.77

Vendor#	Vendor Name	Class	Pay Code
F1300	FIRESTONE OF PORT LAVACA	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0068947		06/16/2020	03/25/2020	03/25/2020			68.11	0.00	0.00	68.11
OIL CHANGE										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	F1300	FIRESTONE OF POI	68.11		0.00	0.00	68.11

Vendor#	Vendor Name	Class	Pay Code

13016 FIRST INSURANCE FUNDING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
JULY2020	06/15/2020	06/12/2020	07/01/2020				2,737.59	0.00	0.00	2,737.59
	6TH INSTALLMENT									

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

Vendor#	Vendor Name	Class	Pay Code
F1403	FISHER & PAYKEL HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90747458	05/30/2020	05/27/2020	06/27/2020				63.50	0.00	0.00	63.50
	SUPPLIES									
90752422	06/10/2020	06/01/2020	07/01/2020				941.39	0.00	0.00	941.39
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	F1403	FISHER & PAYKEL I	1,004.89		0.00	0.00	1,004.89

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
9828198	06/09/2020	06/01/2020	06/26/2020				174.85	0.00	0.00	174.85
	SUPPLIES									
9980431	06/09/2020	06/03/2020	06/28/2020				104.18	0.00	0.00	104.18
	SUPPLIES									
9703231	06/15/2020	05/28/2020	06/22/2020				43.04	0.00	0.00	43.04
	SUPPLIES									
9763086	06/15/2020	05/29/2020	06/23/2020				22.62	0.00	0.00	22.62
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCA	344.69		0.00	0.00	344.69

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060220	06/10/2020	06/02/2020	06/26/2020				1,003.51	0.00	0.00	1,003.51
	PHONES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11183	FRONTIER	1,003.51		0.00	0.00	1,003.51

Vendor#	Vendor Name	Class	Pay Code
12404	GE PRECISION HEALTHCARE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6001592715	06/10/2020	06/01/2020	07/01/2020				572.33	0.00	0.00	572.33
	INVENTORY									
6001592802	06/10/2020	06/01/2020	07/01/2020				3,588.58	0.00	0.00	3,588.58
	IMAGING CONTRACT									
6001592714	06/10/2020	06/01/2020	07/01/2020				1,281.96	0.00	0.00	1,281.96
	MAIT CONTRACT									
6001592836	06/10/2020	06/01/2020	07/01/2020				5,665.83	0.00	0.00	5,665.83
	IMAGING CONTRACT									
6001592995	06/10/2020	06/01/2020	07/01/2020				307.66	0.00	0.00	307.66
	IMAGING CONTRACT									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12404	GE PRECISION HE/	11,416.36		0.00	0.00	11,416.36

Vendor#	Vendor Name	Class	Pay Code
12948	GREAT AMERICAN FINANCIAL SVC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
27182843	06/18/2020	06/05/2020	06/30/2020				10,070.26	0.00	0.00	10,070.26
	COPIER/LEASE PRINTING									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12948	GREAT AMERICAN	10,070.26		0.00	0.00	10,070.26

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
1870595	05/31/2020	05/26/2020	06/25/2020				691.46	0.00	0.00	691.46

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPE	691.46	0.00	0.00	691.46

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
307601849		06/09/2020	06/02/2020	06/27/2020			36.92	0.00	0.00	36.92
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOG	36.92	0.00	0.00	36.92

Vendor#	Vendor Name	Class	Pay Code
10804	HEALTHCARE CODING & CONSUL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9737		06/10/2020	05/31/2020	06/30/2020			711.50	0.00	0.00	711.50
	CODING SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10804	HEALTHCARE COD	711.50	0.00	0.00	711.50

Vendor#	Vendor Name	Class	Pay Code
11552	HEALTHCARE FINANCIAL SERVICI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100321224		05/30/2020	05/27/2020	07/01/2020			4,610.52	0.00	0.00	4,610.52
	PHONE/STERLIZER/GRM PREM 4K									
100326812		06/10/2020	06/06/2020	07/01/2020			4,919.41	0.00	0.00	4,919.41
	LEASE									
100326813		06/10/2020	06/06/2020	07/01/2020			14,308.34	0.00	0.00	14,308.34
	LEASE									
100326815		06/10/2020	06/06/2020	07/01/2020			1,797.44	0.00	0.00	1,797.44
	LEASE									
100326814		06/10/2020	06/06/2020	07/01/2020			7,447.86	0.00	0.00	7,447.86
	LEASE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINA	33,083.57	0.00	0.00	33,083.57

Vendor#	Vendor Name	Class	Pay Code
H0031	HEB CREDIT RECEIVABLES DEPT:		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
687838		05/31/2020	04/29/2020	06/25/2020			59.16	0.00	0.00	59.16
	SUPPLIES									
935167		05/31/2020	05/04/2020	06/25/2020			26.62	0.00	0.00	26.62
	SUPPLIES									
935990		05/31/2020	05/06/2020	06/25/2020			22.48	0.00	0.00	22.48
	SUPPLIES									
936941		05/31/2020	05/08/2020	06/25/2020			42.66	0.00	0.00	42.66
	SUPPLIES									
937836		05/31/2020	05/11/2020	06/25/2020			31.59	0.00	0.00	31.59
	SUPPLIES									
937743		05/31/2020	05/11/2020	06/25/2020			39.24	0.00	0.00	39.24
	SUPPLIES									
938642		05/31/2020	05/13/2020	06/25/2020			37.13	0.00	0.00	37.13
	SUPPLIES									
505041		05/31/2020	05/15/2020	06/25/2020			53.81	0.00	0.00	53.81
	SUPPLIES									
977285		05/31/2020	05/21/2020	06/25/2020			42.44	0.00	0.00	42.44
	SUPPLIES									
978480		05/31/2020	05/24/2020	06/25/2020			11.25	0.00	0.00	11.25
	SUPPLIES									
OC47747		05/31/2020	05/27/2020	06/25/2020			0.02	0.00	0.00	0.02
	FINACE CHARGE									
OC47746		05/31/2020	05/27/2020	06/25/2020			0.25	0.00	0.00	0.25
	FINANCE CHARGE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEI	366.65	0.00	0.00	366.65

Vendor#	Vendor Name	Class	Pay Code
12716	HITACHI HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PJIN01538410		05/20/2020	05/15/2020	06/25/2020			8,333.33	0.00	0.00	8,333.33
	SMA FEE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12716	HITACHI HEALTHC/	8,333.33	0.00	0.00	8,333.33

Vendor#	Vendor Name	Class	Pay Code
11114	HOSPITALPORTAL.NET		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
15033		06/05/2020	06/01/2020	07/01/2020			3,925.19	0.00	0.00	3,925.19
	ANNUAL RENEWAL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11114	HOSPITALPORTAL.	3,925.19	0.00	0.00	3,925.19

Vendor#	Vendor Name	Class	Pay Code
11200	IRON MOUNTAIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CRWD378		05/30/2020	05/31/2020	06/30/2020			92.05	0.00	0.00	92.05
	SHRED									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN	92.05	0.00	0.00	92.05

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC62020		06/16/2020	06/15/2020	06/15/2020			25646.32	0.00	0.00	0.00

25646.32

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES IN	0.00	$25646.32 0.00	0.00	0.00

25646.32

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2692		06/15/2020	06/09/2020	06/09/2020			522.50	0.00	0.00	522.50
	LEGAL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10834	JACKSON & CARTE	522.50	0.00	0.00	522.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
66277398		06/15/2020	05/30/2020	06/24/2020			45.00	0.00	0.00	45.00
	SUPPLIES									
66163388		06/15/2020	05/30/2020	06/24/2020			150.00	0.00	0.00	150.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMEF	195.00	0.00	0.00	195.00

Vendor#	Vendor Name	Class	Pay Code
L1640	LOWE'S HOME CENTERS INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060220		06/09/2020	06/02/2020	06/28/2020			6.04	0.00	0.00	6.04
	INTEREST									
78427		06/09/2020	06/08/2020	06/28/2020			341.30	0.00	0.00	341.30
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L1640	LOWE'S HOME CEN	347.34	0.00	0.00	347.34

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0000179		06/15/2020	05/31/2020	05/31/2020			16,535.90	0.00	0.00	16,535.90
	FOOD									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11796	LUBY'S FUDDRUCK	16,535.90	0.00	0.00	16,535.90

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
4352223		06/17/2020	05/12/2020	05/27/2020			470.26	0.00	0.00	470.26
	SUPPLIES									
4481429		06/17/2020	05/13/2020	05/28/2020			87.97	0.00	0.00	87.97
	SUPPLIES									
6147491		06/17/2020	06/02/2020	06/17/2020			379.12	0.00	0.00	379.12
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDIC	937.35		0.00	0.00	937.35

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
1912926603		06/05/2020	06/03/2020	06/28/2020			39.89	0.00	0.00	39.89
	SUPPLIES									
1912926605		06/05/2020	06/03/2020	06/28/2020			70.66	0.00	0.00	70.66
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTR	110.55		0.00	0.00	110.55

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
8800624395		06/09/2020	06/01/2020	07/01/2020			181.80	0.00	0.00	181.80
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOU	181.80		0.00	0.00	181.80

Vendor#	Vendor Name	Class	Pay Code
10791	MINDRAY DS USA, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
600784634		06/15/2020	06/03/2020	06/23/2020			151.32	0.00	0.00	151.32
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10791	MINDRAY DS USA,	151.32		0.00	0.00	151.32

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
5698109		06/15/2020	06/09/2020	06/19/2020			1,699.00	0.00	0.00	1,699.00
	ACCUMULATOR FEE									
5706930		06/16/2020	06/10/2020	06/20/2020			757.02	0.00	0.00	757.02
	INVENTORY									
5706929		06/16/2020	06/10/2020	06/20/2020			705.36	0.00	0.00	705.36
	INVENTORY									
5704145		06/16/2020	06/10/2020	06/20/2020			6.85	0.00	0.00	6.85
	INVENTORY									
5704146		06/16/2020	06/10/2020	06/20/2020			1,088.60	0.00	0.00	1,088.60
	INVENTORY									
5711232		06/16/2020	06/11/2020	06/21/2020			489.28	0.00	0.00	489.28
	INVENTORY									
5711230		06/16/2020	06/11/2020	06/21/2020			3,808.70	0.00	0.00	3,808.70
	INVENTORY									
5708982		06/16/2020	06/11/2020	06/21/2020			292.05	0.00	0.00	292.05
	INVENTORY									
5710492		06/16/2020	06/11/2020	06/21/2020			262.07	0.00	0.00	262.07
	INVENTORY									
5711231		06/16/2020	06/11/2020	06/21/2020			593.56	0.00	0.00	593.56
	INVENTORY									
5715517		06/16/2020	06/12/2020	06/22/2020			459.24	0.00	0.00	459.24
	INVENTORY									
5715516		06/16/2020	06/12/2020	06/22/2020			267.59	0.00	0.00	267.59
	INVENTORY									
5715514		06/16/2020	06/12/2020	06/22/2020			171.62	0.00	0.00	171.62

		INVENTORY							
5715515	06/16/2020	06/12/2020	06/22/2020			35.69	0.00	0.00	35.69
		INVENTORY							
5715518	06/16/2020	06/12/2020	06/22/2020			45.64	0.00	0.00	45.64
		INVENTORY							
5721453	06/16/2020	06/15/2020	06/25/2020			131.13	0.00	0.00	131.13
		INVENTORY							
5721454	06/16/2020	06/15/2020	06/25/2020			1,711.87	0.00	0.00	1,711.87
		INVENTORY							
2714	06/16/2020	06/15/2020	06/25/2020			-4.64	0.00	0.00	-4.64
		CREDIT							
5721456	06/16/2020	06/15/2020	06/25/2020			15.11	0.00	0.00	15.11
		INVENTORY							
5721455	06/16/2020	06/15/2020	06/25/2020			372.74	0.00	0.00	372.74
		INVENTORY							

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSOI		12,908.48	0.00	0.00	12,908.48
Vendor#	Vendor Name		Class		Pay Code		
P0706	PALACIOS BEACON		W				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33057287		05/31/2020	05/28/2020	06/27/2020			187.00	0.00	0.00	187.00
	AD									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	P0706	PALACIOS BEACOI		187.00	0.00	0.00	187.00
Vendor#	Vendor Name		Class		Pay Code		
11155	PARA						

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6489		06/01/2020	06/01/2020	07/01/2020			2,000.00	0.00	0.00	2,000.00
	REVENUE INTEGRITY PROGRAM									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11155	PARA		2,000.00	0.00	0.00	2,000.00
Vendor#	Vendor Name		Class		Pay Code		
P1470	PHILIP THOMAE PHOTOGRAPHER		W				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061520		06/15/2020	06/15/2020	06/15/2020			285.00	0.00	0.00	285.00
	BOARD MEMEBER PHOTOS									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	P1470	PHILIP THOMAE PH		285.00	0.00	0.00	285.00
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
3088		06/17/2020	06/15/2020				175.00	0.00	0.00	175.00
	REPLACE RECEPTACLE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12708	POC ELECTRIC, LL(		175.00	0.00	0.00	175.00
Vendor#	Vendor Name		Class		Pay Code		
11932	PRESS GANEY ASSOCIATES, INC.						

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN000435869		05/31/2020	05/31/2020	06/30/2020			2,109.12	0.00	0.00	2,109.12
	PT SURVEY									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11932	PRESS GANEY ASS		2,109.12	0.00	0.00	2,109.12
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
997370449		05/31/2020	05/27/2020	06/26/2020			1,323.49	0.00	0.00	1,323.49
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10896	QIAGEN INC		1,323.49	0.00	0.00	1,323.49
Vendor#	Vendor Name		Class		Pay Code		
11024	REED, CLAYMON, MEEKER & HAR						

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
19905		06/15/2020	06/10/2020	06/10/2020			166.00	0.00	0.00	166.00
	LEGAL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11024	REED, CLAYMON, M	166.00	0.00	0.00	166.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2582		06/01/2020	06/01/2020	06/26/2020			1,026.50	0.00	0.00	1,026.50
	DISPOSAL SERVICE									
2578		06/01/2020	06/01/2020	07/01/2020			235.00	0.00	0.00	235.00
	DISPOSAL SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11252	RX WASTE SYSTEM	1,261.50	0.00	0.00	1,261.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CM2248		05/31/2020	05/31/2020	06/25/2020			-2,607.00	0.00	0.00	-2,607.00
	CREDIT									
I07006632		05/31/2020	05/31/2020	06/25/2020			5,550.00	0.00	0.00	5,550.00
	BLOOD									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLO	2,943.00	0.00	0.00	2,943.00

Vendor#	Vendor Name	Class	Pay Code
S3960	STERICYCLE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4009363747		06/16/2020	06/01/2020	07/01/2020			2,415.00	0.00	0.00	2,415.00
	DISPOSAL SERVICE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	2,415.00	0.00	0.00	2,415.00

Vendor#	Vendor Name	Class	Pay Code
11772	STERIS INSTRUMENT MANAGEME		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2079208		06/15/2020	06/02/2020	06/27/2020			316.00	0.00	0.00	316.00
	REPAIR									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11772	STERIS INSTRUMEI	316.00	0.00	0.00	316.00

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
3931902		05/31/2020	05/27/2020	06/26/2020			739.67	0.00	0.00	739.67
	SUPPLIES									
3934978		06/09/2020	06/01/2020	07/01/2020			179.21	0.00	0.00	179.21
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAIN	918.88	0.00	0.00	918.88

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35583		05/31/2020	05/27/2020	06/26/2020			431.42	0.00	0.00	431.42
	ERX LICENSE									
35779		05/31/2020	05/31/2020	06/30/2020			5,699.00	0.00	0.00	5,699.00
	TRACKING/STAT/CLOUD HOSTING									
35662		05/31/2020	05/31/2020	06/30/2020			1,144.00	0.00	0.00	1,144.00
	CLOUD HOSTING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC	7,274.42	0.00	0.00	7,274.42

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
1001873357		06/16/2020	06/09/2020	07/01/2020			5,823.00	0.00	0.00	5,823.00

WORKERS COMP

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INS	5,823.00		0.00	0.00	5,823.00

Vendor#	Vendor Name	Class	Pay Code
11067	TRIZETTO PROVIDER SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35FK062000		06/17/2020	06/01/2020	06/26/2020			1,695.27	0.00	0.00	1,695.27
	PT STATEMENT									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDE	1,695.27		0.00	0.00	1,695.27

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
8400333112		06/05/2020	06/01/2020	06/26/2020			872.60	0.00	0.00	872.60
	LAUNDRY									
8400333084		06/05/2020	06/01/2020	06/26/2020			47.15	0.00	0.00	47.15
	LAUNDRY									
8400333085		06/05/2020	06/01/2020	06/26/2020			48.25	0.00	0.00	48.25
8400333485		06/10/2020	06/04/2020	06/29/2020			81.67	0.00	0.00	81.67
	LAUNDRY									
8400333514		06/10/2020	06/04/2020	06/29/2020			108.81	0.00	0.00	108.81
	LAUNDRY									
8400333493		06/10/2020	06/04/2020	06/29/2020			1,918.69	0.00	0.00	1,918.69
	LAUNDRY									
8400333464		06/10/2020	06/04/2020	06/29/2020			131.55	0.00	0.00	131.55
	LAUNDRY									
8400333462		06/10/2020	06/04/2020	06/29/2020			17.00	0.00	0.00	17.00
	LAUNDRY									
8400333467		06/10/2020	06/04/2020	06/29/2020			175.83	0.00	0.00	175.83
	LAUNDRY									
8400333465		06/10/2020	06/04/2020	06/29/2020			170.10	0.00	0.00	170.10
	LAUNDRY									
8400333466		06/10/2020	06/04/2020	06/29/2020			167.04	0.00	0.00	167.04
	LAUNDRY									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDING	3,738.69		0.00	0.00	3,738.69

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
060220		06/01/2020	06/02/2020	06/30/2020			1,244.00	0.00	0.00	1,244.00
	ANNUAL RENEWAL									
061720		06/17/2020	06/17/2020	06/17/2020			2,200.00	0.00	0.00	2,200.00
	POSTAGE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVIC	3,444.00		0.00	0.00	3,444.00

Vendor#	Vendor Name	Class	Pay Code
11400	WEST COAST MEDICAL RESOURC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV058000		06/17/2020	06/08/2020	06/17/2020			21.65	0.00	0.00	21.65
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11400	WEST COAST MEDI	21.65		0.00	0.00	21.65

Vendor#	Vendor Name	Class	Pay Code
10556	WOUND CARE SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS000037		06/15/2020	06/01/2020	06/30/2020			11,200.00	0.00	0.00	11,200.00
	WOUND CARE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPE	11,200.00		0.00	0.00	11,200.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	410,283.74	0.00	0.00	410,283.74

pg 7 correction {+25,646.32
pg 9 correction {<187.00>
{+187.50
$435,930.56

O.C

410.283.74 +
25.646.32 +
187.00 -
187.50 +
435.930.56 *

APPROVED
ON
JUN 18 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
JUN 18 2020
Calhoun County Auditor

RUN DATE: 06/18/20
TIME: 11:10

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME	DATE	PAY AMOUNT	PAT CODE TYPE	DESCRIPTION	GL NUM
0.		061820	75.00	2	REFUND FOR	
	ARID=0001 TOTAL		75.00			
TOTAL			75.00			

APPROVED
ON
JUN 18 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	186093	06/24/20	44.56	ACE HARDWARE 15521
A/P	186094	06/24/20	1,400.00	ACUTE CARE INC
A/P	186095	06/24/20	47.29	ADT COMMERCIAL
A/P	186096	06/24/20	25.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	186097	06/24/20	12.49	AQUA BEVERAGE COMPANY
A/P	186098	06/24/20	1,125.00	ARTHREX, INC
A/P	186099	06/24/20	881.77	BAXTER HEALTHCARE
A/P	186100	06/24/20	5,866.95	BECKMAN COULTER CAPITAL
A/P	186101	06/24/20	936.95	BEEKLEY CORPORATION
A/P	186102	06/24/20	7,903.31	BIOFIRE DIAGNOSTICS LLC
A/P	186103	06/24/20	160.00	C-D ELECTRIC
A/P	186104	06/24/20	312.84	CARDINAL HEALTH 414, INC.
A/P	186105	06/24/20	1,807.82	CDW GOVERNMENT, INC.
A/P	186106	06/24/20	3,741.98	CLINICAL PATHOLOGY LABS
A/P	186107	06/24/20	405.00	COMPADRES DESIGN INC
A/P	186108	06/24/20	330.89	COOPER SURGICAL INC
A/P	186109	06/24/20	1,919.34	DEWITT POTH & SON
A/P	186110	06/24/20	50,311.25	DIAMOND HEALTHCARE CORP
A/P	186111	06/24/20	143,355.51	DISCOVERY MEDICAL NETWORK INC
A/P	186112	06/24/20	1,030.00	DOWELL PEST CONTROL
A/P	186113	06/24/20	353.38	DSHS CENTRAL LAB MC2004
A/P	186114	06/24/20	1,043.00	DWT'S POLY FOAM CONCRETE
A/P	186115	06/24/20	9,275.00	E-MDS, INC
A/P	186116	06/24/20	102.30	ELITECH GROUP INC (WESCOR)
A/P	186117	06/24/20	3,600.00	EMERGENCY STAFFING SOLUTIONS
A/P	186118	06/24/20	34.00	ESUTURES.COM
A/P	186119	06/24/20	21,174.00	EVIDENT
A/P	186120	06/24/20	10.77	FEDERAL EXPRESS CORP.
A/P	186121	06/24/20	68.11	FIRESTONE OF PORT LAVACA
A/P	186122	06/24/20	2,737.59	FIRST INSURANCE FUNDING
A/P	186123	06/24/20	1,004.89	FISHER & PAYKEL HEALTHCARE
A/P	186124	06/24/20	344.69	FISHER HEALTHCARE
A/P	186125	06/24/20	1,003.51	FRONTIER
A/P	186126	06/24/20	11,416.36	GE PRECISION HEALTHCARE, LLC
A/P	186127	06/24/20	10,070.26	GREAT AMERICAN FINANCIAL SVCS
A/P	186128	06/24/20	691.46	GULF COAST PAPER COMPANY
A/P	186129	06/24/20	36.92	HEALTH CARE LOGISTICS INC
A/P	186130	06/24/20	711.50	HEALTHCARE CODING & CONSULTING
A/P	186131	06/24/20	33,083.57	HEALTHCARE FINANCIAL SERVICES
A/P	186132	06/24/20	366.65	HEB CREDIT RECEIVABLES DEPT308
A/P	186133	06/24/20	8,333.33	HITACHI HEALTHCARE
A/P	186134	06/24/20	3,925.19	HOSPITALPORTAL.NET
A/P	186135	06/24/20	92.05	IRON MOUNTAIN
A/P	186136	06/24/20	25,646.32	ITA RESOURCES INC
A/P	186137	06/24/20	522.50	JACKSON & CARTER, PLLC
A/P	186138	06/24/20	195.00	LABCORP OF AMERICA HOLDINGS
A/P	186139	06/24/20	347.34	LOWE'S HOME CENTERS INC
A/P	186140	06/24/20	16,535.90	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	186141	06/24/20	937.35	MCKESSON MEDICAL SURGICAL INC
A/P	186142	06/24/20	110.55	MEDLINE INDUSTRIES INC

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	186143	06/24/20	181.80	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	186144	06/24/20	151.32	MINDRAY DS USA, INC.
A/P	186145	06/24/20	.00	VOIDED
A/P	186146	06/24/20	12,908.48	MORRIS & DICKSON CO, LLC
A/P	186147	06/24/20	187.50	PALACIOS BEACON
A/P	186148	06/24/20	2,000.00	PARA
A/P	186149	06/24/20	285.00	PHILIP THOMAE PHOTOGRAPHER
A/P	186150	06/24/20	175.00	POC ELECTRIC, LLC
A/P	186151	06/24/20	2,109.12	PRESS GANEY ASSOCIATES, INC.
A/P	186152	06/24/20	1,323.49	QIAGEN INC
A/P	186153	06/24/20	166.00	REED, CLAYMON, MEEKER & HARGET
A/P	186154	06/24/20	1,261.50	RX WASTE SYSTEMS LLC
A/P	186155	06/24/20	2,943.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	186156	06/24/20	2,415.00	STERICYCLE, INC
A/P	186157	06/24/20	316.00	STERIS INSTRUMENT MANAGEMENT
A/P	186158	06/24/20	918.88	STRYKER SUSTAINABILITY
A/P	186159	06/24/20	7,274.42	T-SYSTEM, INC
A/P	186160	06/24/20	5,823.00	TEXAS MUTUAL INSURANCE CO
A/P	186161	06/24/20	1,695.27	TRIZETTO PROVIDER SOLUTIONS
A/P	186162	06/24/20	3,738.69	UNIFIRST HOLDINGS
A/P	186163	06/24/20	3,444.00	US POSTAL SERVICE
A/P	186164	06/24/20	21.65	WEST COAST MEDICAL RESOURCES
A/P	186165	06/24/20	11,200.00	WOUND CARE SPECIALISTS
A/P	186166	06/24/20	75.00	JACOB GLORIA MICHELLE
TOTALS:			436,005.56	

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/19/2020 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 06/20/2020

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

As of: 06/19/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 06/20/2020 ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 7,501.54 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 06/23/2020,
Pay This Amount: 7,351.52 USD

If Paid After 06/23/2020,
Pay this Amount: 7,501.54 USD

Due If Paid On Time:
USD 7,351.52

Disc lost if paid late:
150.02

Due If Paid Late:
USD 7,501.54

CK # 500109

37.73 +
5,715.30 +
373.59 +
823.26 +
401.64 +
7,351.52 =

APPROVED
ON
JUN 22 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: 06/19/2020 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 06/20/2020

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

As of: 06/19/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 06/20/2020 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											
06/17/2020	06/23/2020	7206842929	2017015894	115Invoice	0.77	38.50		37.73	✓	7206842929	

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: 38.50 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 06/15/2020 4,189.44

If Paid By 06/23/2020, Pay This Amount: 37.73 USD

If Paid After 06/23/2020, Pay this Amount: 38.50 USD

Due If Paid On Time: USD 37.73

Disc lost if paid late: 0.77

Due If Paid Late: USD 38.50

CK #500109

APPROVED ON

JUN 2 2 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/19/2020

DC: 8115

Territory: 400

Customer: 256342
Date: 06/20/2020

Page: 001

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

As of: 06/19/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 06/20/2020 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											
06/15/2020	06/23/2020	7206331912	2568843448	115Invoice	3.45	172.60		169.15 ✓		7206331912	
06/15/2020	06/23/2020	7206331913	0614201246-00	115Invoice	22.14	1,106.92		1,084.78 ✓		7206331913	
06/15/2020	06/23/2020	7206505924	815157489	195Invoice	1.92	96.20		94.28 ✓		7206505924	
06/16/2020	06/23/2020	7206598391	2568847853	115Invoice	4.31	215.61		211.30 ✓		7206598391	
06/16/2020	06/23/2020	7206598392	1142623	115Invoice		0.16		0.16 ✓		7206598392	
06/16/2020	06/23/2020	7206598393	0612201017-00	115Invoice	0.01	0.63		0.62 ✓		7206598393	
06/16/2020	06/23/2020	7206785143	815516912	195Invoice	0.04	2.19		2.15 ✓		7206785143	
06/16/2020	06/23/2020	7206785144	00006142020TM	115Invoice	15.88	794.04		778.16 ✓		7206785144	
06/17/2020	06/23/2020	7206857786	5468854094	115Invoice	5.61	280.31		274.70 ✓		7206857786	
06/17/2020	06/23/2020	7206857787	0615200458-00	115Invoice	0.40	19.81		19.41 ✓		7206857787	
06/17/2020	06/23/2020	7207031515	815763198	195Invoice	0.84	41.92		41.08 ✓		7207031515	
06/18/2020	06/23/2020	7207121774	5468858800	115Invoice	14.84	741.95		727.11 ✓		7207121774	
06/18/2020	06/23/2020	7207121775	0617200311-00	115Invoice	39.20	1,959.94		1,920.74 ✓		7207121775	
06/18/2020	06/23/2020	7207121777	MH06172020---	115Invoice	0.01	0.32		0.31 ✓		7207121777	
06/18/2020	06/23/2020	7207295225	816017549	195Invoice	3.08	154.07		150.99 ✓		7207295225	
06/18/2020	06/23/2020	7207312648	0000006172020ss	115Invoice	2.80	140.09		137.29 ✓		7207312648	
06/19/2020	06/23/2020	7207378903	4968863145	115Invoice	2.10	105.17		103.07 ✓		7207378903	

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: 5,831.93 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,189.44
06/15/2020

If Paid By 06/23/2020,
Pay This Amount: 5,715.30 USD

If Paid After 06/23/2020,
Pay this Amount: 5,831.93 USD

Due If Paid On Time:
USD 5,715.30 ✓

Disc lost if paid late:
116.63

Due If Paid Late:
USD 5,831.93

APPROVED ON
JUN 2 2 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: 06/19/2020

DC: 8115

Territory: 400

Customer: 262252
Date: 06/20/2020

Page: 001

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As of: 06/19/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 06/20/2020 **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											
06/18/2020	06/23/2020	7207121653	786623	115Invoice	7.27	363.56		356.29	✓	7207121653	
06/18/2020	06/23/2020	7207121654	786623	115Invoice	0.35	17.65		17.30	✓	7207121654	

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: 381.21 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,189.44
06/15/2020

If Paid By 06/23/2020, Pay This Amount: 373.59 USD

If Paid After 06/23/2020, Pay this Amount: 381.21 USD

Due If Paid On Time:
USD 373.59

Disc lost if paid late:
7.62

Due If Paid Late:
USD 381.21

APPROVED
ON
JUN 2 2 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

CVS PHCY 8923/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: 06/19/2020 Page: 001

DC: 8115

Territory: 400

Customer: 835434
Date: 06/20/2020

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

As of: 06/19/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 06/20/2020 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 835434 CVS PHCY 8923/MEM MC PHS											
06/18/2020	06/23/2020	7207120760	787512	115Invoice	16.80	840.06		823.26	✓	7207120760	

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

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 840.06 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,056.92
06/01/2020

If Paid By 06/23/2020,
Pay This Amount: 823.26 USD

If Paid After 06/23/2020,
Pay this Amount: 840.06 USD

Due If Paid On Time:
USD 823.26

Disc lost if paid late:
16.80

Due If Paid Late:
USD 840.06

APPROVED
ON
JUN 2 2 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: 06/19/2020

DC: 8115

Territory: 400

Customer: 835438
Date: 06/20/2020

Page: 001

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

As of: 06/19/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 06/20/2020 **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											
06/18/2020	06/23/2020	7207295879	786654	115Invoice	8.20	409.84		401.64	✓	7207295879	

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: 409.84 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,189.44
06/15/2020

If Paid By 06/23/2020, Pay This Amount: 401.64 USD

If Paid After 06/23/2020, Pay this Amount: 409.84 USD

Due If Paid On Time: USD 401.64

Disc lost if paid late: 8.20

Due If Paid Late: USD 409.84

APPROVED ON
JUN 22 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 59349398 Date: 06-19-2020

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:	424.20
Past Due:	0.00
Total Due:	424.20
Account Balance:	424.20

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
06-15-2020	06-26-2020	3039080822	05262020	Invoice	11.85
06-15-2020	06-26-2020	3039123310	156867	Invoice	34.14
06-15-2020	06-26-2020	3039123311	156868	Invoice	140.70
06-15-2020	06-26-2020	3039138187	156915	Invoice	3.87
06-15-2020	06-26-2020	3039138188	156916	Invoice	5.04
06-16-2020	06-26-2020	3039177428	156921	Invoice	73.14
06-17-2020	06-26-2020	3039226986	156927	Invoice	71.62
06-18-2020	06-26-2020	3039276556	156937	Invoice	18.45
06-19-2020	06-26-2020	3039322049	156944	Invoice	65.39

Thank You for Your Payment

Date	Payment Number	Amount
06-19-2020		(1,422.38)

Reminders

Due Date	Amount
06-26-2020	424.20

Total Due: 424.20

Terms:
Monday - Friday due in 7 days

CK # 500 110

APPROVED ON
JUN 2 2 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

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

☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$	93,675.04	#
	"1 TO CONFIRM"			1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$	48,440.04	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$	11,328.82	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$	33,906.18	#
		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	9387.75	N		N	N		184233.90
1	REGULAR PAY-S1	1895.75	N		N	N	N	82092.35
1	REGULAR PAY-S1	229.25	Y		N	N		5452.37
2	REGULAR PAY-S2	2579.25	N		N	N		56835.87
2	REGULAR PAY-S2	138.75	Y		N	N		3660.62
3	REGULAR PAY-S3	1466.00	N		N	N		38865.95
3	REGULAR PAY-S3	139.25	Y		N	N		5027.35
4	CALL BACK PAY	1.25	N	1	N	N		20.91
C	CALL PAY	2669.00	N	1	N	N		5338.00
E	EXTRA WAGES		N		N	N	N	6.25
E	EXTRA WAGES		N	1	N	N	N	1308.75
F	FUNERAL LEAVE	12.00	N	1	N	N		292.92
I	INSERVICE	4.00	N	1	N	N		126.00
I	INSERVICE	8.00	Y	1	N	N		378.00
K	EXTENDED-ILLNESS-BANK	292.00	N	1	N	N		6911.16
P	PAID-TIME-OFF	1245.25	N	1	N	N		32677.31
X	CALL PAY 2	160.00	N	1	N	N		320.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	920.00	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	1822.83	CAFE-F	
CAFE-H	20453.72	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC	74.54	COMBIN	438.97	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	33906.18	FICA-M	5664.41	FICA-O	24220.02
FIRSTC		FLEX S	4790.93	FLX FE	
FORT D		FUTA		GIFT S	89.90
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	391.08	MASA	806.50	MEALS	94.92
MISC		MISC/		MMCSHR	
NATFML	2200.42	OTHER		PHI	
PHI***		PR PIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	840.86
STONE		STONE2		STUDEN	
SUNACC	952.51	SUNILL	1368.11	SUNLIF	1253.73
SUNSTD	1698.52	SUNVIS	1273.40	SURCHG	785.00
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	29668.49	UTION	
UNIFOR	742.62	W/HOS			

Grand Totals: 20323.50 (Gross: 423835.71 Deductions: 134552.66 Net: 289283.05)

Checks Count:- FT 203 PT 7 Other 42 Female 224 Male 26 Credit OverAmt 5 ZeroNet Term Total: 250

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- June 15, 2020 June 21, 2020

Date	Bank Description	MMC Notes	Amount
6/15/2020	PAY PLUS ACHTRANS 452579291 101000696560359	- 3rd Party Payor Fee	19.81
6/15/2020	TEXAS COUNTY DRS RECEIVABLE 0419 21000024258	- Retirement Funding	208673.33**
6/15/2020	IRS USATAXPYMT 220056701720057 6103601000180	- Payroll Taxes	98132.71**
6/16/2020	MCKESSON DRUG AUTO ACH ACH04209220 910000155	- 340B Drug Program Expense	4189.44*
6/17/2020	PAY PLUS ACHTRANS 452579291 101000698036239	- 3rd Party Payor Fee	10.8
6/19/2020	PAY PLUS ACHTRANS 452579291 101000699327084	- 3rd Party Payor Fee	3.42
6/19/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1422.38*
6/19/2020	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	-CitiBank Corporate Card Payment	1101.11*
			313,553.00

Jason Anglin, CEO
Memorial Medical Center

June 22, 2020

* Approved 06.17.20 cc
** Approved 06.10.20 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
7/2/2020	ACH Payment STATE COMTRLR TEXNET	ACCRUED DSRIP WAIVER IGT	**766,634.48**

Jason Anglin, CEO
Memorial Medical Center

June 22, 2020

APPROVED
ON
JUN 22 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

0.0

Pay 19.81 +
PLUS 10.80 +
CPSI 3.42 +
34.03 *

313,553.00 +
208,673.33 –
98,132.71 –
4,189.44 –
1,422.38 –
1,101.11 –
34.03 *

34.03 +
34.03 –
0.00 *

TEXNET
Electronic Payment Network

Texas Comptroller of Public Accounts

Health and Human Services Commission
Memorial Medical Center Operating County

Identification Number: **Location:**

Transaction Complete

Trace #:

Payment Total	$766,634.48
Settlement Date	07/02/2020
PAYMENT DETAIL	
DSRIP Amount	$766,634.48

Return to Menu | Logoff

Help

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

Revised:01/09/13 (483)

DSRIP Payment Summary Report by IGT for Demo Year 1			Round 1									
RHP	IGT TPI	IGT Name	DY8 Round 1 Approved IGT	DY8 Carryforward Approved IGT	DY8 Previous Round NMI Approved IGT	DY8 Other Approved IGT (from previous DY that was short IGT)	DY7 Carryforward Approved IGT	DY7 Carryforward - Previous Round NMI Approved IGT	DY7 Other Approved IGT (from previous DY that was short IGT)	Total Approved IGT for Round 1 DSRIP	Leftover IGT from January 2020	IGT Needed for Round 1
RHP 3	137909111	Calhoun County dba Memorial Medical Center	$101,701.37	$515,387.35	$0.00	$0.00	$169,353.93	$0.00	$0.00	$786,442.65	$19,808.17	$766,634.48

DSRIP Payment Summary Report by Affiliation_Number for Demo Year 9

IGT Affiliation Number	RHP	Provider TPI	Provider Name	IGT TPI	IGT Name	Round 1							
						DY9 Round 1 Approved IGT	DY8 Carryforward Round 1 Approved IGT	DY8 Previous Round NMI Approved IGT	DY8 Other Approved IGT (short IGT)	DY7 Carryforward Round 1 Approved IGT	DY7 Carryforward Previous Round NMI Approved IGT	DY7 Other Approved IGT (short IGT)	Total Approved IGT for Round 1 DSRIP
100-13-0000-00132	RHP 3	137909111	Memorial Medical Center	137909111	Calhoun County dba Memorial Medical Center	$101,701.37	$515,387.35	$0.00	$0.00	$169,353.93	$0.00	$0.00	$786,442.65

Jason Anglin

From: HHSC Rate Analysis DSRIP Payments <Rate_Analysis_DSRIP_Payments@hhsc.state.tx.us>
Sent: Wednesday, June 17, 2020 11:59 AM
To: 'jamie.jacoby@newlighthealthcare.com'; 'Jamie.Judd.Texas@gmail.com'; 'jamiem@dhchd.org'; 'jan.bower@co.caldwell.tx.us'; 'janae.hall@ntmconline.net'; 'janet.sammann@ccdonline.com'; Jason Anglin; 'janice.trant@co.grimes.tx.us'; Jason Johnson; 'javier.delgado@ttuhsc.edu'; 'jay.t.elliott@co.falls.tx.us'; 'jbailey@mchd.net'; 'jbersoza@echd.org'; 'jburton@tamhsc.edu'; 'Jbyrd@pecanvalley.org'; 'jcannaday@starcarelubbock.org'; 'jcarrington@andrewscenter.com'; 'jcasbeer@grahamrmc.com'; 'jcasbeer@wghospital.com'; 'jdyck@seminolehospitaldistrict.com'; 'Jeanna.willhelm@co.winkler.tx.us'; 'jeanne.wallace@mhmraharris.org'; 'jeff.barnhart@dschd.org'; 'jeff.dane@umchealthsystem.com'; 'Jeff.Knodel@centralhealth.net'; 'jeff1896@gulfbend.org'; 'jennifer.stacy@co.panola.tx.us'; 'jenniferc@dhchd.org'; 'jesse.greer@ttuhsc.edu'; 'Jessi.Murphy@co.grimes.tx.us'; jessica.granger@harrishealth.org; Jessica Willey; 'jevela@ncmhid.org'; 'jfesser@ppgh.com'; 'jflores@starcarelubbock.org'; 'jfreudenberger@obmc.org'; 'jgilbert@tchospital.us'; Jenny Goode; 'jgraves@dimmitregional.com'; 'jgulihur@rchd.care'; 'jhammel@obmc.org'; 'jhinson@lockhart-tx.org'; 'jhodges@grahamrmc.com'; 'jhodges@wghospital.com'; 'jhorton@rankincountyhospital.org'; 'jhughson@gonzaleshealthcare.com'; 'jhuskey@ccmhospital.com'; 'jicordes13@gmail.com'; 'jim.adams@ardenthealth.com'; 'Jimmie.Ng@houstontx.gov'; 'jjacobey@connallymmc.org'; 'jjett@brazoscountytx.gov'; 'jjohnson@netphd.org'; 'Jkiley@Wilco.org'; 'jlalexander@sph.tamhsc.edu'; Leftwich, John; 'jma714@sbcglobal.net'; 'jmarshall@sonora-hospital.org'; 'jmenefee@mchdtx.net'; 'jmenefee@mchdtx.net'; 'jmenking@hillcountrymemorial.org'; 'jmhatt@mdanderson.org'; 'jmoehler@rcmhospital.org'; 'jmoore@bcd.tamhsc.edu'; 'jmorrow@texomacc.org'; 'Joanie.LeBoeuf@co.galveston.tx.us'; 'joanmatthews784@gmail.com'; 'jockleekt@hotmail.com'; 'JodieH@gulfcoastcenter.org'; 'joe.fauth@co.grimes.tx.us'; 'joe.gallo@dentoncounty.com'; 'joemike.briseno@amarillo.gov'; Joey Smith; 'johearn@echd.org'; 'john.moore@phhs.org'; John Delaney; Delaney,John; 'JohnM.Miller@austintexas.gov'; 'johnsonk@nacmem.org'; 'jon.burrows@co.bell.tx.us'; 'jonathanbailey@hchd.net'; 'jonell@wb4me.com'; 'joni.reed@co.panola.tx.us'; Jonny Hipp; 'josburn@ych.us'; 'Joseph.B.McCormick@uth.tmc.edu'; 'joseph.dygert@harrishealth.org'; 'joy.sloan@emhd.org'; 'joyfuchs@earthlink.net'; Jerry Pickett; 'jpollard@martinch.org'; 'jporubsky@bellcountyhealth.org'; 'jriggs@echd.org'; 'jsmith@medicalartshospital.org'; 'jstanley@comanchecmc.com'; 'jteel@wcchd.org'; 'jturner@mchd.net'; 'Judge_Superville@co.lamar.tx.us'; 'judi.delesandri@madisoncountytx.org'; 'Judy.Harris@houstontx.gov'
Cc: HHSC Texas Healthcare Transformation and Quality Improvement Program; Brown,Adam (HHSC); Jenkins,Brooke (HHSC); Corzine,Ketha (HHSC); Chang,Sylvia (HHSC); Wade,Tonika (HHSC)
Subject: July 2020 DSRIP DY9 R1 IGT Notification - Government Entity 5 of 11
Attachments: DY9 Round 1 July 2020 Affiliiation Summary for Publication.xlsx; DY9 Round 1 July 2020 IGT Summary for Publication.xlsx

Anchors/Government Entities/Providers:

Please carefully review this message in its entirety making note of the information provided which pertains to the DY9 Delivery System Reform Incentive Payments (DSRIP).

Attached are the following files: DSRIP Notification- DY9 Round 1 July 2020 Affiliation Summary and DY9 Round 1 July 2020 IGT Summary workbooks. These workbooks include DY9 DSRIP payments, DY8 Carryforward Reporting, DY7 Carryforward Reporting.

The DY9 Round 1 July 2020 Affiliation Summary workbook has separate tabs for each Regional Healthcare Partnership (RHP) and contains the Intergovernmental Transfer (IGT) needed, by affiliation, for DY9 Round 1 DSRIP payments, DY8 Carry Forward and DY7 Carryforward.

The DY9 Round 1 July 2020 IGT Summary workbook has separate tabs for each RHP and contains the total IGT needed by each IGT Entity for the DY9 Round 1 DSRIP payments and DY8 Carryforward Reporting, and DY7 Carryforward.

As many of you are aware, CMS has increased the Federal Match Percentage (FMAP) due to the COVID-19 pandemic (please find more about the enhanced FMAP on HHSCs website at the following location: https://rad.hhs.texas.gov/hospitals-clinic-services). The DSRIP calculation is directly impacted by the enhanced FMAP. CMS' direction was that the enhanced FMAP (67.02%) could apply to payments made after January 1, 2020 which means the DSRIP payments processed in January 2020 were eligible for the enhanced FMAP. HHSC did draw down the additional funding and it is being used in this payment to offset the amount of IGT needed to fund the payment.

Providers can determine their estimated payment amount by dividing Column N of the DY9 Round 1 July 2020 Affiliation Summary by the state share of the current FMAP. The current FMAP is 67.09%/32.91%.

The Transformation Waiver Team will email the Anchors information to share with providers regarding how much will be paid by Category and measure by Friday, June 19, 2020. Health and Human Services Commission (HHSC) Rate Analysis is unable to answer questions regarding this information. Please send any questions regarding this information to TXHealthcareTransformation@hhsc.state.tx.us

HHSC requires that the appropriate TexNet bucket is used for DSRIP Reporting IGTs. The DSRIP Reporting IGT should be placed in DSRIP.

IGT Entities may choose to IGT less than the required amount for DSRIP Reporting payments; however, all affiliated providers and metrics will be paid proportionately. IGT may not be directed towards specific providers, Categories, or metrics.

A screen shot/.pdf of the confirmation/trace sheet or email of the confirmation number if the TexNet is submitted over the phone is required and must be emailed to Rate_Analysis_DSRIP_Payments@hhsc.state.tx.us. We are requesting that all government entities enter their IGT transactions into TexNet no later than July 1st with a Settlement Date of July 2nd. **No IGT's submitted after** July 1st **will be accepted.**

HHSC Accounting will request the Comptroller to issue payments according to the following *estimated* schedule:

Wednesday, July 01, 2020	Last date for Public entities to enter TexNet and submit Trace Sheet
Thursday, July 02, 2020	TexNet Sweeps (Settlement date of funds)

Friday, July 17, 2020	Payment issue date for Transferring Hospitals "Big 6"
Friday, July 31, 2020	Payment issue date for Non-Transferring Hospitals

Information regarding TexNet Connect can be found at https://comptroller.texas.gov/programs/systems/docs/96-1193.pdf

Thank you,

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

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
6/22/2020

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		38,801.36 ✓	88,588.90 ✓	60,159.63 ✓	-	-	60,372.09	60,087.15
						Bank Balance	60,372.09 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Humana withholding owed to MMC	72.48 ✓	
Routing Information for Ashford Gardens:								
Ashford Health Care Center Ltd Co								
JP Morgan Chase Bank						April Interest	51.94 ✓	
AB						May Interest	60.52 ✓	
Acc						June Interest	-	
						Adjust Balance/Transfer Amt	60,087.15 ✓	
Broadmoor		20,823.45 ✓	20,566.89 ✓	289,339.60 ✓		-	289,596.16	289,339.60
						Bank Balance	289,596.16 ✓	
						Variance	-	
						Leave in Balance	100.00	
						April Interest	97.29 ✓	
						May Interest	59.27 ✓	
						June Interest	-	
						Adjust Balance/Transfer Amt	289,339.60 ✓	
Crescent		42,135.70 ✓	41,879.27 ✓	26,208.62 ✓		-	26,465.05	26,208.62
						Bank Balance	26,465.05 ✓	
						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	26,208.62 ✓	
Fort Bend		2,467.13 ✓	-	26,661.23 ✓		-	29,128.36	28,970.93
						Bank Balance	29128.36 ✓	
						Variance	-	
						Leave in Balance	100.00	
						April Interest	34.45 ✓	
						May Interest	22.98 ✓	
						June Interest	-	
						Adjust Balance/Transfer Amt	28,970.93 ✓	
Solera at W Houston		80,282.84 ✓	80,004.06 ✓	24,529.31 ✓			24,808.09 ✓	13,886.20
						Bank Balance	24,808.09	
						Variance	-	
						Leave in Balance	100.00	
						Humana Withholding owed to MMC	10,643.11 ✓	
Routing Information for Crescent / Solera at West Houston								
Cantex Health Care Centers III LLC								
JP Morgan Chase Bank						April Interest	109.67 ✓	
AE						May Interest	69.11 ✓	
Ac	2					June Interest	-	
							-	
						Adjust Balance/Transfer Amt	13,886.20 ✓	
						TOTAL TRANSFERS		418,492.50

60,087.15 +
289,339.60 +
26,208.62 +
28,970.93 +
13,886.20 +
418,492.50

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

Approved:
Jason Anglin, CEO

6/22/2020

APPROVED ON
JUN 22 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

F:\NH Weekly Transfers\NH UPL Transfer Summary\2020\

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/19/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	88,588.90	-					-	-
6/19/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061814700666*1912008361*0000TEX01\	-	10,699.68					-	10,699.68
6/19/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000180 TRN*1*EFT6954774*1205296137*000004911\	-	1,900.83					-	1,900.83
6/17/2020	Amerigroup TXSC HCCLAIMPMT 3126277465 111000 TRN*1*3126277465*1752603231\	-	177.48					-	177.48
6/17/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061414500167*1912008361*0000TEX01\	-	1,593.10					-	1,593.10
6/16/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020061313800391*1912008361*0000TEX01\	-	772.75					-	772.75
6/15/2020	Amerigroup TXSC HCCLAIMPMT 3126069570 111000 TRN*1*3126069570*1752603231\	-	94.45					-	94.45
6/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061211100472*1912008361*0000TEX01\	-	33,764.73					-	33,764.73
6/15/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05F3522413264361 89*1746000156~	-	11,156.61					-	11,156.61
								-	-
		88,588.90	60,159.63	-	-	-	-	-	60,159.63

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/19/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	20,566.89	-					-	-
6/19/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000180 TRN*1*EFT5602102*1205296137*000004011\	-	224,231.94					-	224,231.94
6/18/2020	Deposit	-	22.42					-	22.42
6/18/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9540379165*1411289245*000087726\	-	5,670.00					-	5,670.00
6/18/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1540102246*1362739571*000036273\	-	4,400.00					-	4,400.00
6/17/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0253103	-	1,347.50					-	1,347.50
6/17/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9539959600*1411289245*000087726\	-	5,670.00					-	5,670.00
6/17/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061414500296*1912008361*0000TEX01\	-	549.65					-	549.65
6/17/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*05F3696916698604 33*1746000156~	-	1,822.72					-	1,822.72
6/17/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1539760750*1362739571*000036273\	-	293.17					-	293.17
6/16/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0253083	-	4,387.50					-	4,387.50
6/16/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061315900148*1912008361*0000TEX01\	-	3,756.38					-	3,756.38
6/16/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020061310400564*1912008361*0000TEX01\	-	650.00					-	650.00
6/16/2020	HUMANA CHA DISB HCCLAIMPMT 390861 4200001861 TRN*1*0148401012420864*1611013183\	-	12,189.85					-	12,189.85
6/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061213700164*1912008361*0000TEX01\	-	3,468.54					-	3,468.54
6/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061211300398*1912008361*0000TEX01\	-	13,564.01					-	13,564.01
6/15/2020	HUMANA CHA DISB HCCLAIMPMT 390861 4200001696 TRN*1*0148401011411359*1611013183\	-	7,315.92					-	7,315.92
								-	-
		20,566.89	289,339.60	-	-	-	-	-	289,339.60

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/19/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	41,879.27	-					-	-
6/19/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0253211	-	3,510.00					-	3,510.00
6/19/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061816200593*1912008361*0000TEX01\	-	162.93					-	162.93
6/19/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05F3858816698604 25*1746000156~	-	5,678.81					-	5,678.81
6/18/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061711800636*1912008361*0000TEX01\	-	2,972.74					-	2,972.74
6/18/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05F3766116698604 25*1746000156~	-	119.47					-	119.47
6/17/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061415100180*1912008361*0000TEX01\	-	659.92					-	659.92
6/17/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05F3697416698604 25*1746000156~	-	5,104.00					-	5,104.00
6/16/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061312100206*1912008361*0000TEX01\	-	197.80					-	197.80
6/16/2020	HUMANA INS CO HCCLAIMPMT 390864 830000572971 TRN*1*0012900507626 12*1391263473\	-	168.61					-	168.61
6/16/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05F3615516698604 25*1746000156~	-	1,522.86					-	1,522.86
6/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061211300182*1912008361*0000TEX01\	-	2,037.48					-	2,037.48
6/15/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020061216400235*1912008361*0000TEX01\	-	4,074.00					-	4,074.00
								-	-
		41,879.27	26,208.62	-	-	-	-	-	26,208.62

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/19/2020	NOVITAS SOLUTION HCCLAIMPMT 675663 420000180 TRN*1*EFT5601602*1205296137*000004011\	-	2,048.06					-	2,048.06
6/18/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1540113826*1362739571*000036273\	-	5,456.00						5,456.00
6/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061211300131*1912008361*0000TEX01\	-	19,157.17						19,157.17
								-	-
		-	26,661.23	-	-	-	-	-	26,661.23

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/19/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	80,004.06	-					-	-
6/19/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020061813500759*1912008361*0000TEX01\	-	234.00					-	234.00
6/18/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1540130671*1362739571*000036273\	-	5,984.00					-	5,984.00
6/16/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061312100109*1912008361*0000TEX01\	-	85.14					-	85.14
6/16/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020061310400394*1912008361*0000TEX01\	-	2,340.00					-	2,340.00
6/16/2020	HUMANA INS CO HCCLAIMPMT 390862 830000572971 TRN*1*0012900507626 11*1391263473\	-	155.02					-	155.02
6/16/2020	HUMANA CHA DISB HCCLAIMPMT 390862 4200001859 TRN*1*0148401014143 21*1611013183\	-	155.02					-	155.02
6/15/2020	Amerigroup TXSC HCCLAIMPMT 3126069571 111000 TRN*1*3126069571*1752603231\	-	880.46					-	880.46
6/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061213700129*1912008361*0000TEX01\	-	9,874.68					-	9,874.68
6/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020061214500162*1912008361*0000TEX01\	-	4,820.99					-	4,820.99
								-	-
		80,004.06	24,529.31	-	-	-	-	-	24,529.31
	TOTALS	210,472.23	137,558.79	-	-	-	-	-	426,898.39

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
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DDA Data reported as of Jun 22, 2020 8

[redacted]

*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$60,372.09	$69,454.68	$60,372.09	$136,360.48
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$289,596.16	$300,830.99	$289,596.16	$85,931.11
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$26,465.05	$171,766.90	$26,465.05	$58,992.58
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$29,128.36	$29,128.36	$29,128.36	$27,080.30
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$24,808.09	$41,831.05	$24,808.09	$104,578.15

[redacted]

* indicates re
Page generated on 06/22/2020 at 8

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
6/22/2020

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		22,122.65	21,930.07	49,389.57	-	-	49,582.15	49,389.57
						Bank Balance	49,582.15	
						Variance	-	
						Leave in Balance	100.00	
						April Interest	47.05	
						May Interest	45.53	
						June Interest	-	
							-	
						Adjust Balance/Transfer Amt	49,389.57	

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 6/22/2020

APPROVED
ON
JUN 22 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&Lapse	QJPP TI	
6/19/2020	WIRE OUT NEXION HEALTH AT GOLDEN CREEK	21,930.07	-					-	-
6/19/2020	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 061720	-	4,560.00					-	4,560.00
6/19/2020	HEALTH HUMAN SVC HCCLAIMPMT 174600341130l1 2 TRN*1*05F387811588075964*1746000156~	-	3,031.35					-	3,031.35
6/18/2020	Deposit	-	40,258.40					-	40,258.40
6/15/2020	Deposit	-	393.82					-	393.82
6/15/2020	ACH SETTLEMENT SERVICE 4105523439 9601693098	-	1,146.00					-	1,146.00
								-	-
		21,930.07	49,389.57	-	-	-	-	-	49,389.57

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Jun 22, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$49,582.15	$201,087.62	$49,582.15	$63,920.87
[redacted]				

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
6/22/2020

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		12,067.22	11,897.87	26,123.94		-		-	26,293.29	26,123.94
							Bank Balance		26,293.29	
							Variance		-	
							Leave in Balance		100.00	
							April Interest		21.01	
							May Interest		48.34	
							June Interest		-	
							Adjust Balance/Transfer Amt		26,123.94	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	26,123.94

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 6/22/2020

APPROVED
ON
JUN 22 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
6/19/2020 WIRE OUT HMG SERVICES, LLC	11897.87	0					-	-
6/19/2020 HEALTH HUMAN SVC HCCLAIMPMT 174600341130132 TRN*1*0SF390121922092790*174600011	0	2088.72					-	2,088.72
6/18/2020 Deposit	0	19441.76					-	19,441.76
6/15/2020 Deposit	0	4488					-	4,488.00
6/15/2020 HEALTH HUMAN SVC HCCLAIMPMT 174600341130132 TRN*1*0SF355631922092790*174600011	0	105.46					-	105.46
							-	-
	11,897.87	26,123.94	-	-	-	-	-	26,123.94
	11,897.87	26,123.94	-	-	-	-	-	26,123.94

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Jun 22, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	$7,159,091.98	$7,867,263.01	$7,159,091.98	$7,101,187.92
[redacted]				
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$26,293.29	$303,310.67	$26,293.29	$36,102.44
*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
6/22/2020

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		18,832.88	18,750.93	70,322.48		-	-	70,404.43	70,302.48	70,302.48	101.95

Bank Balance	70,404.43
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	70,302.48

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 6/22/2020

APPROVED
ON
JUN 2 2 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Senior Living	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/19/2020 WIRE OUT LINBAR ENTERPRISES, LLC	18,730.93	-					-	-
6/19/2020 KS PLAN ADMINIST HCCLAIMPMT 179 111000022655 TRI	-	8,800.00					-	8,800.00
6/18/2020 Deposit	-	40,206.81					-	40,206.81
6/18/2020 Molina HC of TX HCCLAIMPMT PN1275717894 4200 TRN	-	21,315.67					-	21,315.67
6/15/2020 Enhanced Analysis Ch	20.00	-					-	-
							-	-
	18,750.93	70,322.48	-	-	-	-	-	70,322.48

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA

Data reported as of Jun 22, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*3407 MMC -NH TUSCANY VILLAGE	$70,404.43	$70,404.43	$70,404.43	$80,335.36

* indicates re

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Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
6/22/2020

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		16,349.64	14,542.93	18,338.22		-	-	20,144.93	20,018.12
							Bank Balance	20,144.93	
							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	20,018.12	

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 6/22/2020

APPROVED
ON
JUN 2 2 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
6/19/2020 WIRE OUT BETHANY SENIOR LIVING, LTD	14,542.93	-					-	-
6/17/2020 Deposit	-	910.00					-	910.00
6/17/2020 Deposit	-	1,263.46					-	1,263.46
6/16/2020 Deposit	-	3,257.76					-	3,257.76
6/15/2020 Deposit	-	12,907.00					-	12,907.00
							-	-
	14,542.93	18,338.22	-	-	-	-	-	18,338.22

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Jun 22, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*5506 MMC -NH BETHANY SENIOR LIVING	$20,144.93	$20,144.93	$20,144.93	$34,687.86
[redacted]				

* indicates re
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MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 6-22-20

APPROVED ON JUN 2 2 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: 72.48

G/L NUMBER: 20652000

EXPLANATION: To repay MMC for Humana takeback for Ashford

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: ~~5-6-2020~~ 6-22-20

APPROVED ON
JUN 2 2 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: 10643.11

G/L NUMBER: 20652000

EXPLANATION: To repay MMC for Humana takeback for Solera

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

Caitlin Clevenger

From: Miller, Sara <smiller@cantexcc.com>
Sent: Wednesday, June 17, 2020 9:53 AM
To: Caitlin Clevenger
Cc: Simms, Tracy M.; Faren Gonzales
Subject: RE: Humana Recoup

Hi Caitlin –

Please proceed to withhold the below amounts.

Thanks,
Sara

Sara Miller, CPA
Director of Finance
Cantex Continuing Care Network, *Where we are Committed to Excellence*
2537 Golden Bear Drive
Carrollton, TX 75006
Tel: 214-954-4114 x120
Fax: 214-871-3057
smiller@cantexcc.com

From: Simms, Tracy M. <TSimms@cantexcc.com>
Sent: Wednesday, June 17, 2020 9:51 AM
To: Miller, Sara <smiller@cantexcc.com>
Cc: Caitlin Clevenger <cclevenger@mmcportlavaca.com>; Faren Gonzales <Fagonzales@mmcportlavaca.com>
Subject: RE: Humana Recoup

I agree and withholding is easier.

Tracy Simms, Accounts Receivable Manager
Cantex Continuing Care Network, *Where we are Committed to Excellence*
2537 Golden Bear Drive
Carrollton, TX 75006
Tel: 214-954-4114, x115
Fax: 214-871-3057
tsimms@cantexcc.com

From: Miller, Sara
Sent: Wednesday, June 17, 2020 9:45 AM
To: Simms, Tracy M.
Cc: Caitlin Clevenger; Faren Gonzales
Subject: FW: Humana Recoup

Tracy –

Do you agree with the below? Would you prefer to write a check or have them withhold this amount?

Thanks,
Sara

Sara Miller, CPA
Director of Finance
Cantex Continuing Care Network, *Where we are Committed to Excellence*
2537 Golden Bear Drive
Carrollton, TX 75006
Tel: 214-954-4114 x120
Fax: 214-871-3057
smiller@cantexcc.com

From: Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Sent: Wednesday, June 17, 2020 7:55 AM
To: Miller, Sara <smiller@cantexcc.com>
Cc: Faren Gonzales <Fagonzales@mmcportlavaca.com>
Subject: FW: Humana Recoup

Sara,
Please see email below. How should we go about this? We are needing to resolve as soon as possible.

Respectfully,
Caitlin Clevenger
Memorial Medical Center
Accountant
815 N Virginia. St
Port Lavaca, TX 77979
Ph: 361.552.0272 Fax: 361.551.4504

From: Faren Gonzales
Sent: Monday, June 08, 2020 3:33 PM
To: smiller@cantexcc.com
Cc: Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Subject: Humana Recoup

Hi Sara,

I have attached several Humana EOBs that are withholding a total amount of $10,974.31. Can you please confirm these withholding amounts belongs to the correct facility and if so,
would ya'll prefer to cut a check to MMC or have the amount withheld from the next wire transfer?

$258.72-SOLERA

$5,482.81-SOLERA
$72.48-ASHFORD
$573.51-SOLERA
$938.27-SOLERA
$3,648.52-SOLERA

Ashford $72.48

Solera $10,643.11

Thank you,

Faren Campos
Insurance Adjudicator/Team Leader
Memorial Medical Center
Port Lavaca, TX 77979
361-552-0226
fagonzales@mmcportlavaca.com

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

1091
88-2265/1131-87

7-2-20
Date

CHECK ARMOR FRAUD PROTECTION

Pay to the Order of MMC Operating $ 10,643.11/100

Ten thousand six hundred forty-three dollars 11/100 Dollars

Photo Safe Deposit® Details on back

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

For QIPP 1,2,3

MP

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

1096
88-2265/1131-87

7-2-20
Date

CHECK ARMOR FRAUD PROTECTION

Pay to the Order of MMC Operating $ 72.48

Seventy-two dollars 48/100 Dollars

Photo Safe Deposit® Details on back

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

For Payback Withholding

MP

IPP Payment to MMC from Nursing Facilities — Commissioner's Court — 6/24/2020

NH Name	From Bank Acct #	Ck #	Payee	GL #	Human Takeback				TOTAL		Date
hford	10000018 - Prosperity	10992 1095	MMC -Prosperity Operating #10000001	~~20652000~~	72.48				72.48		6/24/2020
lera	10000022 - Prosperity	10991 1090	MMC -Prosperity Operating #10000001	~~20652000~~	10,643.11				10,643.11		6/24/2020
				Total:	10,715.59	-	-	-	10,715.59		

Note:

Approved:
Jason Anglin, CEO 6/22/2020

10,643.11 +
72.48 +
10,715.59 =

APPROVED
ON
JUN 24 2020
COUNTY AUDITOR

Ø

RUN DATE:06/25/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:30 CHECK REGISTER GLCKREG
06/25/20 THRU 06/25/20

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT		PAYEE
A/P *	186163	06/25/20	3,444.00	CR	US POSTAL SERVICE
A/P	186167	06/25/20	1,244.00		US POSTAL SERVICE
A/P	186168	06/25/20	2,200.00		US POSTAL SERVICE
TOTALS:			.00		

They Voided a CK & Redid into 2 CKS Same Vendor so I signed. Hope OK. Jessy

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

18616

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
060220	06/02/20	1,244.00			1,244.00
061720	06/17/20	2,200.00			2,200.00

Need 2 seperate checks

CHECK NO. 186163	TOTALS	3,444.00	TOTALS		3,444.00

MEMORIAL MEDICAL CENTER

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

PROSPERITY BANK

88-2265
1131

186163

U2000 186163

DATE 06/24/20

AMOUNT $3,444.00

Three Thousand Four Hundred Forty-Four Dollars and No Cents

PAY TO THE ORDER OF

US POSTAL SERVICE
PORT LAVACA, TX 77979

VOID

CALHOUN COUNTY AUDITOR

Rhonda S. Kokena

CALHOUN COUNTY TREASURER

U2000 US POSTAL SERVICE
PORT LAVACA, TX 77979

186167

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
060220	06/02/20	1,244.00			1,244.00
	TOTALS	1,244.00	TOTALS		1,244.00

CHECK NO. 186167
06/25/20

186167

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
060220	06/02/20	1,244.00			1,244.00
	TOTALS	1,244.00	TOTALS		1,244.00

CHECK NO. 186167

MEMORIAL MEDICAL CENTER

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

PROSPERITY BANK
88-2265
1131

186167

U2000 186167

DATE 06/25/20 AMOUNT $1,244.00

One Thousand Two Hundred Forty-Four Dollars and No Cents

PAY TO THE ORDER OF US POSTAL SERVICE
PORT LAVACA, TX 77979

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

U2000 US POSTAL SERVICE
PORT LAVACA, TX 77979

186168

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
061720	06/17/20	2,200.00			2,200.00
	TOTALS	2,200.00	TOTALS		2,200.00

CHECK NO. 186168
06/25/20

186168

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
061720	06/17/20	2,200.00			2,200.00
	TOTALS	2,200.00	TOTALS		2,200.00

CHECK NO. 186168

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK
88-2265
1131

186168

U2000 186168
DATE AMOUNT
06/25/20 $2,200.00

Two Thousand Two Hundred Dollars and No Cents

PAY TO THE ORDER OF US POSTAL SERVICE
PORT LAVACA, TX 77979

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: United States Post offic

APPROVED ON JUN 18 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Date Requested: 6-17-2020

FOR ACCT. USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Voucher Check

AMOUNT $ 2,200 G/L NUMBER: 40235076

EXPLANATION:

REQUESTED BY: Mpassma AUTHORIZED BY:

CAT # 10303 / FM 1600

UNITED STATES POSTAL SERVICE

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

If Undeliverable as Addressed, Return to Local Postmaster

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

JUN 18 2020

APPROVED
OK

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 99998

POSTAGE WILL BE PAID BY ADDRESSEE

PO BOX FEE PAYMENT
POSTMASTER

POSTMASTER
1201 HALF LEAGUE RD
PORT LAVACA TX 77979

Print
Post Office
Address Here →

City, State, ZIP Code