

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 08, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 721,464.31
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TOTAL TRANSFERS BETWEEN FUNDS	\$ 254,710.93
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TOTAL NURSING HOME UPL EXPENSES	\$ 395,309.02
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED July 08, 2020	\$ 1,371,484.26
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APPROVED

JUL 08 2020

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---July 08, 2020

PAYABLES AND PAYROLL

7/2/2020 Weekly Payables	175,912.08
7/2/2020 Health Solutions Dietetics-Dietician	3,000.00
7/6/2020 McKesson-340B Prescription Expense	2,136.30
7/6/2020 Amerisource Bergen-340B Prescription Expense	461.95
7/6/2020 Payroll Liabilities -Payroll Taxes	98,806.94
7/6/2020 Payroll	301,116.27

Prosperity Electronic Bank Payments

6/29/2020 Credit Card & Lease Fees	120.80
7/15/2020 TCDRS June Retirement	139,744.35
6/29-7/3/20 Pay Plus-Patient Claims Processing Fee	155.62
7/2/2020 Authnet Gateway Billing-3rd Party Payor Fee	10.00

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ **721,464.31**

TRANSFER BETWEEN FUNDS-NURSING HOMES

7/2/2020 MMC Operating to Ashford-NH portion of QIPP payment	25,212.40
7/2/2020 MMC Operating to Solera-NH portion of QIPP payment	9,093.90
7/2/2020 MMC Operating to Fortbend-NH portion of QIPP payment	10,325.46
7/2/2020 MMC Operating to Broadmoor-NH portion of QIPP	9,265.06
7/2/2020 MMC Operating to The Crescent- NH portion of QIPP payment	7,471.69
7/2/2020 MMC Operating to Golden Creek Healthcare-NH portion of QIPP payment	16,108.16
7/2/2020 MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment and NH portion of QIPP payment deposited into MMC Operating	45,732.26
7/2/2020 MMC Operating to Tuscany Village-correction of NH insurance payment and NH portion of QIPP psyment deposited into MMC Operating	131,502.00

TOTAL TRANSFERS BETWEEN FUNDS \$ **254,710.93**

NURSING HOME UPL EXPENSES

7/6/2020 Nursing Home UPL-Cantex Transfer	230,035.51
7/6/2020 Nursing Home UPL-Nexion Transfer	63,413.95
7/6/2020 Nursing Home UPL-HSL Transfer	9,813.00

QIPP/INTEREST/RECOUP CHECKS TO MMC

7/6/2020 Ashford	37,514.42
7/6/2020 Broadmoor	13,625.43
7/6/2020 Crescent	11,065.00
7/6/2020 Fort Bend	15,325.09
7/6/2020 Solera	13,368.31

TRANSFER BETWEEN FUNDS TO MMC OPERATING

7/6/2020 Ashford-Interest Earned	154.67
7/6/2020 Broadmoor-Interest Earned	200.96
7/6/2020 Crescent-Interest Earned	203.76
7/6/2020 Fort Bend-Interest Earned	69.94
7/6/2020 Solera-Interest Earned	235.94
7/6/2020 Golden Creek-Interest Earned	125.12
7/6/2020 Gulf Pointe MM-Interest Earned	112.93
7/6/2020 Gulf Pointe PP-Interest Earned	9.51
7/6/2020 Bethany-Interest Earned	32.68
7/6/2020 Tuscany Living-Interest Earned	2.80

TOTAL NURSING HOME UPL EXPENSES \$ **395,309.02**

TOTAL INTER-GOVERNMENT TRANSFERS \$ **-**

GRAND TOTAL DISBURSEMENTS APPROVED July 08, 2020 \$ **1,371,484.26**

RECEIVED**JUL 02 2020**07/02/2020
Calhoun County Auditor
10:56

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Due Dates Through: 07/15/2020

ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code							
10950	ACUTE CARE INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
25028 ✓		06/30/20	06/20/20	06/20/20		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							
A1430	ADVANCE MEDICAL DESIGNS INC ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
SI01360499 ✓		06/30/20	06/23/20	06/30/20		17.14	0.00	0.00	17.14	✓
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	A1430	ADVANCE MEDICAL DESIGNS INC				17.14	0.00	0.00	17.14	
Vendor#	Vendor Name	Class	Pay Code							
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9102453371 ✓		06/30/20	06/16/20	07/11/20		212.56	0.00	0.00	212.56	✓
	OXYGEN									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	A1680	AIRGAS USA, LLC - CENTRAL DIV				212.56	0.00	0.00	212.56	
Vendor#	Vendor Name	Class	Pay Code							
A2271	ARTHREX, INC ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
910339115 ✓		06/30/20	06/23/20	06/30/20		309.78	0.00	0.00	309.78	✓
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	A2271	ARTHREX, INC				309.78	0.00	0.00	309.78	
Vendor#	Vendor Name	Class	Pay Code							
B0435	BARD PERIPHERAL VASCULAR ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
81188187 ✓		06/30/20	06/24/20	06/30/20		475.00	0.00	0.00	475.00	✓
	SUPPLIES									
81194498 ✓		06/30/20	06/25/20	06/30/20		109.32	0.00	0.00	109.32	✓
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	B0435	BARD PERIPHERAL VASCULAR				584.32	0.00	0.00	584.32	
Vendor#	Vendor Name	Class	Pay Code							
B1150	BAXTER HEALTHCARE ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
67144201 ✓		06/30/20	06/18/20	07/13/20		398.61	0.00	0.00	398.61	✓
	SUPPLIES									
67181731 ✓		06/30/20	06/22/20	06/21/20		629.50	0.00	0.00	629.50	✓
	LEASE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	B1150	BAXTER HEALTHCARE				1,028.11	0.00	0.00	1,028.11	
Vendor#	Vendor Name	Class	Pay Code							
B1266	BECKMAN COULTER CAPITAL ✓	W								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
5425058		06/30/20	06/13/20	07/13/20		5,016.58	0.00	0.00	5,016.58		
LEASE MAINTANCE CONTRAC											
108469502		06/30/20	06/15/20	07/15/20		1,288.45	0.00	0.00	1,288.45		
LEASE MAINTANCE CONTRAC											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1266	BECKMAN COULTER CAPITAL	6,305.03	0.00	0.00	6,305.03
Vendor#	Vendor Name				Class	Pay Code					
12600	BIOFIRE DIAGNOSTICS LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1280053366		06/30/20	06/23/20	06/30/20		9,464.43	0.00	0.00	9,464.43		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12600	BIOFIRE DIAGNOSTICS LLC	9,464.43	0.00	0.00	9,464.43
Vendor#	Vendor Name				Class	Pay Code					
C1325	CARDINAL HEALTH 414, INC.				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
8002240035		06/30/20	05/31/20	06/25/20		235.00	0.00	0.00	235.00		
SUPPLIES											
8002246874		06/30/20	06/06/20	07/01/20		536.50	0.00	0.00	536.50		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1325	CARDINAL HEALTH 414, INC.	771.50	0.00	0.00	771.50
Vendor#	Vendor Name				Class	Pay Code					
C1992	CDW GOVERNMENT, INC.				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
ZCC8467		06/23/20	06/10/20	07/10/20		3,629.72	0.00	0.00	3,629.72		
Lenovo PC(1), ThinkPad Yoga(1)											
ZCV0167		06/23/20	06/15/20	07/15/20		808.28	0.00	0.00	808.28		
OFFICE SOFTWARE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1992	CDW GOVERNMENT, INC.	4,438.00	0.00	0.00	4,438.00
Vendor#	Vendor Name				Class	Pay Code					
12768	CHEMAQUA										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
3987835		06/29/20	06/20/20	06/30/20		500.00	0.00	0.00	500.00		
WATER TREATMENT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12768	CHEMAQUA	500.00	0.00	0.00	500.00
Vendor#	Vendor Name				Class	Pay Code					
10105	CHRIS KOVAREK										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
39		07/01/20	07/01/20	07/01/20		600.00	0.00	0.00	600.00		
SWING BED											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10105	CHRIS KOVAREK	600.00	0.00	0.00	600.00
Vendor#	Vendor Name				Class	Pay Code					
11030	COMBINED INSURANCE										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
063020		06/30/20	06/30/20	07/01/20		877.94	0.00	0.00	877.94		
INSURANCE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net

	11030	COMBINED INSURANCE				877.94	0.00	0.00	877.94	
Vendor#	Vendor Name					Class	Pay Code			
10646	COVIDIEN ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	5861297937 ✓		06/24/20	06/04/20	07/10/20		1,261.62	0.00	0.00	1,261.62 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10646	COVIDIEN				1,261.62	0.00	0.00	1,261.62
Vendor#	Vendor Name					Class	Pay Code			
10006	CUSTOM MEDICAL SPECIALTIES ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	268968 ✓		06/30/20	06/23/20	06/30/20		326.20	0.00	0.00	326.20 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10006	CUSTOM MEDICAL SPECIALTIES				326.20	0.00	0.00	326.20
Vendor#	Vendor Name					Class	Pay Code			
12612	DASHBOARD MD ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9888 ✓		07/01/20	07/01/20	07/01/20		550.00	0.00	0.00	550.00 ✓
	PROCESSING & SUPPORT FE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12612	DASHBOARD MD				550.00	0.00	0.00	550.00
Vendor#	Vendor Name					Class	Pay Code			
13248	DEBBIE MCLENNAN ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	062920		06/29/20	06/29/20	06/29/20		69.98	0.00	0.00	69.98 ✓
	REIMBURSE RACK BOUGHT									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		13248	DEBBIE MCLENNAN				69.98	0.00	0.00	69.98
Vendor#	Vendor Name					Class	Pay Code			
10368	DEWITT POTH & SON ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	6099021 ✓		06/23/20	06/17/20	07/12/20		3.83	0.00	0.00	3.83 ✓
	SUPPLIES									
	6107360 ✓		06/23/20	06/19/20	07/14/20		97.27	0.00	0.00	97.27 ✓
	SUPPLIES									
	6099441 ✓		06/24/20	06/15/20	07/10/20		4.92	0.00	0.00	4.92 ✓
	SUPPLIES									
	6108060 ✓		06/24/20	06/18/20	07/13/20		178.86	0.00	0.00	178.86 ✓
	SUPPLIES									
	6111620 ✓		06/30/20	06/16/20	07/11/20		11.52	0.00	0.00	11.52 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				296.40	0.00	0.00	296.40
Vendor#	Vendor Name					Class	Pay Code			
13020	DIRECT SUPPLY ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	28246049 ✓		06/30/20	05/19/20	06/19/20		1,483.91	0.00	0.00	1,483.91 ✓
	TRAYS FOR MEAL CART									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		13020	DIRECT SUPPLY				1,483.91	0.00	0.00	1,483.91

Vendor#	Vendor Name		Class	Pay Code						
12788	DUDE SOLUTIONS, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
INV72158 ✓		06/29/20	06/01/20	07/01/20		4,378.81	0.00	0.00	4,378.81 ✓	
MAINTAINCE REQ SYS 8/20-7/										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	12788	DUDE SOLUTIONS, INC				4,378.81	0.00	0.00	4,378.81	
Vendor#	Vendor Name		Class	Pay Code						
11284	EMERGENCY STAFFING SOLUTIONS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
39300		06/30/20	06/30/20	06/30/20		40,062.50	0.00	0.00	40,062.50 ✓	
ER STAFFING (lath-com)										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11284	EMERGENCY STAFFING SOLUTIONS				40,062.50	0.00	0.00	40,062.50	
Vendor#	Vendor Name		Class	Pay Code						
F1400	FISHER HEALTHCARE ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9980432 ✓		06/09/20	06/03/20	07/10/20		272.30	0.00	0.00	272.30 ✓	
SUPPLIES										
0057696 ✓		06/17/20	06/04/20	07/10/20		834.62	0.00	0.00	834.62 ✓	
SUPPLIES										
8938341 ✓		06/22/20	05/07/20	07/10/20		762.05	0.00	0.00	762.05 ✓	
SUPPLIES										
8993084 ✓		06/22/20	05/08/20	07/10/20		78.00	0.00	0.00	78.00 ✓	
SUPPLIES										
9578134 ✓		06/22/20	05/26/20	06/18/20		1,008.81	0.00	0.00	1,008.81 ✓	
SUPPLIES										
9313128 ✓		06/26/20	05/18/20	07/10/20		543.41	0.00	0.00	543.41 ✓	
SUPPLIES										
0216500 ✓		06/30/20	06/08/20	07/03/20		1,298.45	0.00	0.00	1,298.45 ✓	
SUPPLIES										
0449092 ✓		06/30/20	06/10/20	07/05/20		134.71	0.00	0.00	134.71 ✓	
SUPPLIES										
0654758 ✓		06/30/20	06/12/20	07/07/20		48.50	0.00	0.00	48.50 ✓	
SUPPLIES										
0758115 ✓		06/30/20	06/15/20	07/10/20		36.82	0.00	0.00	36.82 ✓	
SUPPLIES										
0758109 ✓		06/30/20	06/15/20	07/10/20		36.82	0.00	0.00	36.82 ✓	
SUPPLIES										
0842321 ✓		06/30/20	06/16/20	07/11/20		12.24	0.00	0.00	12.24 ✓	
SUPPLIES										
0931820 ✓		06/30/20	06/17/20	07/12/20		1,322.91	0.00	0.00	1,322.91 ✓	
SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	F1400	FISHER HEALTHCARE				6,389.64	0.00	0.00	6,389.64	
Vendor#	Vendor Name		Class	Pay Code						
G0401	GULF COAST DELIVERY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
063020		06/30/20	06/30/20	07/15/20		25.00	0.00	0.00	25.00 ✓	
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	G0401	GULF COAST DELIVERY				25.00	0.00	0.00	25.00	

Vendor#	Vendor Name				Class	Pay Code				
G1210	GULF COAST PAPER COMPANY				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1877243		06/17/20	06/09/20	07/09/20		3,478.00	0.00	0.00	3,478.00	
	AIR MIST MACHINE									
1877242		06/17/20	06/09/20	07/09/20		3,478.00	0.00	0.00	3,478.00	
	AIR MIST MACHINE									
1877249		06/17/20	06/09/20	07/09/20		486.71	0.00	0.00	486.71	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	G1210	GULF COAST PAPER COMPANY				7,442.71	0.00	0.00	7,442.71	
Vendor#	Vendor Name				Class	Pay Code				
H3400	HUBERT COMPANY				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
963870		06/24/20	06/12/20	07/12/20		5,263.24	0.00	0.00	5,263.24	
	SUPPLIES 3 door cooler									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	H3400	HUBERT COMPANY				5,263.24	0.00	0.00	5,263.24	
Vendor#	Vendor Name				Class	Pay Code				
H1502	JESUSITA S. HERNANDEZ				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
062520		06/29/20	06/25/20	06/25/20		31.80	0.00	0.00	31.80	
	SUPPLIES FOR SURGERY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	H1502	JESUSITA S. HERNANDEZ				31.80	0.00	0.00	31.80	
Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
07241150		06/30/20	06/15/20	06/30/20		3,048.48	0.00	0.00	3,048.48	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	M2178	MCKESSON MEDICAL SURGICAL INC				3,048.48	0.00	0.00	3,048.48	
Vendor#	Vendor Name				Class	Pay Code				
M2310	MEDELA INC				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
7000192871		06/24/20	06/11/20	07/10/20		73.20	0.00	0.00	73.20	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	M2310	MEDELA INC				73.20	0.00	0.00	73.20	
Vendor#	Vendor Name				Class	Pay Code				
10613	MEDIMPACT HEALTHCARE SYS, INC.				A/P					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
063020		06/30/20	06/30/20	06/30/20		8.12	0.00	0.00	8.12	
	INDIGENT CARE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10613	MEDIMPACT HEALTHCARE SYS, INC.				8.12	0.00	0.00	8.12	
Vendor#	Vendor Name				Class	Pay Code				
M2470	MEDLINE INDUSTRIES INC				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1894674243		06/22/20	12/04/20	07/10/20		2,437.46	0.00	0.00	2,437.46	
	SUPPLIES									

1896202051	✓ SUPPLIES	06/22/20 12/19/20 07/10/20	2,503.58	0.00	0.00	2,503.58	✓
1903972268	✓ SUPPLIES	06/22/20 03/10/20 07/10/20	1,460.08	0.00	0.00	1,460.08	✓
1905197140	✓ SUPPLIES	06/22/20 03/20/20 07/10/20	168.85	0.00	0.00	168.85	✓
1905575768	✓ SUPPLIES	06/22/20 03/24/20 07/10/20	1,046.34	0.00	0.00	1,046.34	✓
1908017559	✓ SUPPLIES	06/22/20 04/15/20 07/10/20	78.55	0.00	0.00	78.55	✓
1911505228	✓ SUPPLIES	06/22/20 05/19/20 07/10/20	737.64	0.00	0.00	737.64	✓
1912053709	✓ SUPPLIES	06/22/20 05/23/20 07/10/20	7.56	0.00	0.00	7.56	✓
1901568740	✓ CREDIT INV	06/30/20 02/13/20 03/09/20	-5.31	0.00	0.00	-5.31	✓
1905781542	✓ 1893824734/PO 3	06/30/20 03/26/20 04/20/20	-10.83	0.00	0.00	-10.83	✓
1906224407	✓ CREDIT INV	06/30/20 03/30/20 04/24/20	-70.98	0.00	0.00	-70.98	✓
1912565131	✓ 1905197138/PO 4	06/30/20 05/30/20 06/24/20	83.75	0.00	0.00	83.75	✓
1912565130	✓ SUPPLIES	06/30/20 05/30/20 06/24/20	48.92	0.00	0.00	48.92	✓
1912761501	✓ SUPPLIES	06/30/20 06/02/20 06/27/20	75.57	0.00	0.00	75.57	✓
1912761515	✓ SUPPLIES	06/30/20 06/02/20 06/27/20	498.94	0.00	0.00	498.94	✓
1912761508	✓ SUPPLIES	06/30/20 06/02/20 06/27/20	2,347.20	0.00	0.00	2,347.20	✓
1912761099	✓ SUPPLIES	06/30/20 06/02/20 06/27/20	633.38	0.00	0.00	633.38	✓
1912761095	✓ SUPPLIES	06/30/20 06/02/20 06/27/20	2,118.65	0.00	0.00	2,118.65	✓
1913286453	✓ SUPPLIES	06/30/20 06/06/20 07/01/20	56.95	0.00	0.00	56.95	✓
1913517792	✓ SUPPLIES	06/30/20 06/09/20 07/04/20	128.30	0.00	0.00	128.30	✓
1913517790	✓ SUPPLIES	06/30/20 06/09/20 07/04/20	83.75	0.00	0.00	83.75	✓
1913517791	✓ SUPPLIES	06/30/20 06/09/20 07/04/20	75.77	0.00	0.00	75.77	✓
1913602663	✓ SUPPLIES	06/30/20 06/10/20 07/05/20	54.89	0.00	0.00	54.89	✓
1913602671	✓ SUPPLIES	06/30/20 06/10/20 07/05/20	873.14	0.00	0.00	873.14	✓
1913602667	✓ SUPPLIES	06/30/20 06/10/20 07/05/20	2,747.89	0.00	0.00	2,747.89	✓
1913602675	✓ SUPPLIES	06/30/20 06/10/20 07/05/20	5,319.08	0.00	0.00	5,319.08	✓
1913602677	✓ SUPPLIES	06/30/20 06/10/20 07/05/20	85.30	0.00	0.00	85.30	✓

1913602678	✓	06/30/20 06/10/20 07/05/20	45.25	0.00	0.00	45.25	✓		
SUPPLIES									
1913602662	✓	06/30/20 06/10/20 07/05/20	17.92	0.00	0.00	17.92	✓		
SUPPLIES									
1913602668	✓	06/30/20 06/10/20 07/05/20	75.15	0.00	0.00	75.15	✓		
SUPPLIES									
1914091834	✓	06/30/20 06/15/20 07/10/20	17.92	0.00	0.00	17.92	✓		
SUPPLIES									
1914091833	✓	06/30/20 06/15/20 07/10/20	103.05	0.00	0.00	103.05	✓		
SUPPLIES									
1914091831	✓	06/30/20 06/15/20 07/10/20	195.89	0.00	0.00	195.89	✓		
SUPPLIES									
1914091829	✓	06/30/20 06/15/20 07/10/20	25.69	0.00	0.00	25.69	✓		
SUPPLIES									
1914091830	✓	06/30/20 06/15/20 07/10/20	75.00	0.00	0.00	75.00	✓		
SUPPLIES									
1914206471	✓	06/30/20 06/16/20 07/11/20	115.14	0.00	0.00	115.14	✓		
SUPPLIES									
1914206472	✓	06/30/20 06/16/20 07/11/20	39.88	0.00	0.00	39.88	✓		
SUPPLIES									
1914206467	✓	06/30/20 06/16/20 07/11/20	37.30	0.00	0.00	37.30	✓		
SUPPLIES									
1914206468	✓	06/30/20 06/16/20 07/11/20	205.29	0.00	0.00	205.29	✓		
SUPPLIES									
1914206470	✓	06/30/20 06/16/20 07/11/20	10.76	0.00	0.00	10.76	✓		
SUPPLIES									
1914206454	✓	06/30/20 06/16/20 07/11/20	239.99	0.00	0.00	239.99	✓		
SUPPLIES									
1914206465	✓	06/30/20 06/16/20 07/11/20	2,815.16	0.00	0.00	2,815.16	✓		
SUPPLIES									
1914206452	✓	06/30/20 06/16/20 07/11/20	61.34	0.00	0.00	61.34	✓		
SUPPLIES									
1914206469	✓	06/30/20 06/16/20 07/11/20	70.76	0.00	0.00	70.76	✓		
SUPPLIES									
1914206453	✓	06/30/20 06/16/20 07/11/20	4.72	0.00	0.00	4.72	✓		
SUPPLIES									
1914113226	✓	07/01/20 06/15/20 07/10/20	-267.58	0.00	0.00	-267.58	✓		
CREDITINV 1909525659 PO 40									
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net	
			M2470	MEDLINE INDUSTRIES INC	27,473.05	0.00	0.00	27,473.05	
Vendor#	Vendor Name		Class	Pay Code					
10182	MERCEDES SCIENTIFIC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2326435	✓	06/24/20	06/10/20	07/10/20		29.59	0.00	0.00	29.59
SUPPLIES								✓	
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net	
			10182	MERCEDES SCIENTIFIC	29.59	0.00	0.00	29.59	
Vendor#	Vendor Name		Class	Pay Code					
11976	MID-COAST ELECTRIC SUPPLY, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
189396600	✓	06/30/20	03/30/20	04/29/20		142.50	0.00	0.00	142.50

		SUPPLIES									
189796700	✓		06/30/20	04/07/20	05/07/20		106.50	0.00	0.00	106.50	✓
		SUPPLIES									
189793500	✓		06/30/20	04/07/20	05/07/20		213.00	0.00	0.00	213.00	✓
		SUPPLIES									
189396601	✓		06/30/20	05/12/20	06/11/20		113.00	0.00	0.00	113.00	✓
		SUPPLIES									
Vendor Total		Number Name					Gross	Discount	No-Pay	Net	
		11976 MID-COAST ELECTRIC SUPPLY, INC					575.00	0.00	0.00	575.00	
Vendor#	Vendor Name		Class	Pay Code							
10536	MORRIS & DICKSON CO, LLC	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
4551	✓		06/29/20	06/22/20	07/02/20	-5.00	0.00	0.00	-5.00	✓	
	CREDIT										
5052A	✓		06/29/20	06/23/20	07/03/20	-24.16	0.00	0.00	-24.16	✓	
	CREDIT										
5825	✓		06/29/20	06/24/20	07/04/20	-19.99	0.00	0.00	-19.99	✓	
	CREDIT										
5757856	✓		06/29/20	06/24/20	07/04/20	48.74	0.00	0.00	48.74	✓	
	INVENTORY										
5757855	✓		06/29/20	06/24/20	07/04/20	8,193.34	0.00	0.00	8,193.34	✓	
	INVENTORY										
CM73028	✓		06/29/20	06/24/20	07/04/20	-1,321.68	0.00	0.00	-1,321.68	✓	
	CREDIT										
5612	✓		06/29/20	06/24/20	07/04/20	-5.00	0.00	0.00	-5.00	✓	
	CREDIT										
5757853	✓		06/29/20	06/24/20	07/04/20	1,127.90	0.00	0.00	1,127.90	✓	
	INVENTORY										
5757854	✓		06/29/20	06/24/20	07/04/20	7.42	0.00	0.00	7.42	✓	
	INVENTORY										
57627010	✓		06/29/20	06/25/20	07/05/20	37.95	0.00	0.00	37.95	✓	
	INVENTORY										
5762704	✓		06/29/20	06/25/20	07/05/20	49.12	0.00	0.00	49.12	✓	
	INVENTORY										
5762907	✓		06/29/20	06/25/20	07/05/20	62.50	0.00	0.00	62.50	✓	
	INVENTORY										
5762703	✓		06/29/20	06/25/20	07/05/20	42.81	0.00	0.00	42.81	✓	
	INVENTORY										
5762702	✓		06/29/20	06/25/20	07/05/20	1,117.39	0.00	0.00	1,117.39	✓	
	INVENTORY										
SC4978	✓		06/30/20	06/25/20	07/05/20	53.08	0.00	0.00	53.08	✓	
	SERVICE CHARGE										
SC4979	✓		06/30/20	06/25/20	07/05/20	78.45	0.00	0.00	78.45	✓	
	SERVICE CHARGE										
5767056	✓		06/30/20	06/26/20	07/06/20	4.40	0.00	0.00	4.40	✓	
	INVENTORY										
5767057	✓		06/30/20	06/26/20	07/06/20	824.83	0.00	0.00	824.83	✓	
	INVENTORY										
5767058	✓		06/30/20	06/26/20	07/06/20	48.18	0.00	0.00	48.18	✓	
	INVENTORY										
5772533	✓		06/30/20	06/29/20	07/09/20	1,764.49	0.00	0.00	1,764.49	✓	
	INVENTORY										

5772443			06/30/20	06/29/20	07/09/20		214.24	0.00	0.00	214.24		
	INVENTORY											
5772532			06/30/20	06/29/20	07/09/20		1,395.30	0.00	0.00	1,395.30		
	TRANSFER											
5772531			06/30/20	06/29/20	07/09/20		777.48	0.00	0.00	777.48		
	INVENTORY											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10536	MORRIS & DICKSON CO, LLC	14,471.79	0.00	0.00	14,471.79
Vendor#	Vendor Name						Class	Pay Code				
M4250	MORTAN INC						M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
275429		06/30/20	06/24/20	06/25/20			315.92	0.00	0.00	315.92		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M4250	MORTAN INC	315.92	0.00	0.00	315.92
Vendor#	Vendor Name						Class	Pay Code				
12388	NATIONAL FARM LIFE INSURANCE											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
3201844		06/29/20	06/25/20	07/01/20			4,400.62	0.00	0.00	4,400.62		
	INSURANCE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12388	NATIONAL FARM LIFE INSURANCE	4,400.62	0.00	0.00	4,400.62
Vendor#	Vendor Name						Class	Pay Code				
11472	OCCUPRO LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
17138		06/30/20	04/07/20	05/07/20			472.43	0.00	0.00	472.43		
	USER LICENSE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11472	OCCUPRO LLC	472.43	0.00	0.00	472.43
Vendor#	Vendor Name						Class	Pay Code				
P1800	PITNEY BOWES INC						W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
1015780458		06/30/20	06/10/20	07/10/20			527.64	0.00	0.00	527.64		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							P1800	PITNEY BOWES INC	527.64	0.00	0.00	527.64
Vendor#	Vendor Name						Class	Pay Code				
P2100	PORT LAVACA WAVE						W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
053120		06/30/20	05/31/20	06/25/20			956.00	0.00	0.00	956.00		
	AD											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							P2100	PORT LAVACA WAVE	956.00	0.00	0.00	956.00
Vendor#	Vendor Name						Class	Pay Code				
P1725	PREMIER SLEEP DISORDERS CENTER						M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
95		06/30/20	06/30/20	07/15/20			3,400.00	0.00	0.00	3,400.00		
	SLEEP STUDIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							P1725	PREMIER SLEEP DISORDERS CENTER	3,400.00	0.00	0.00	3,400.00
Vendor#	Vendor Name						Class	Pay Code				

11080	RADSOURCE											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
SC60847		06/30/20	06/12/20	07/07/20		1,667.00	0.00	0.00	1,667.00			
	MAINT CONTRACT											
SC60863		06/30/20	06/16/20	07/11/20		1,625.00	0.00	0.00	1,625.00			
	MAINT CONTRACT											
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net			
	11080 RADSOURCE					3,292.00	0.00	0.00	3,292.00			
Vendor#	Vendor Name				Class	Pay Code						
10987	REVCYCLE+, INC.											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
36199		06/15/20	06/30/20	07/03/20		1,410.10	0.00	0.00	1,410.10			
	CODING SERVICE											
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net			
	10987 REVCYCLE+, INC.					1,410.10	0.00	0.00	1,410.10			
Vendor#	Vendor Name				Class	Pay Code						
10645	REVISTA de VICTORIA											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
06202028		06/29/20	06/17/20	06/17/20		240.00	0.00	0.00	240.00			
	AD											
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net			
	10645 REVISTA de VICTORIA					240.00	0.00	0.00	240.00			
Vendor#	Vendor Name				Class	Pay Code						
S1850	SHIP SHUTTLE TAXI SERVICE				W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
062420		06/30/20	06/24/20	06/24/20		8.00	0.00	0.00	8.00			
	TRANSPORT PATIENT											
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net			
	S1850 SHIP SHUTTLE TAXI SERVICE					8.00	0.00	0.00	8.00			
Vendor#	Vendor Name				Class	Pay Code						
S2353	SMITHS MEDICAL ASD INC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
15898875		06/30/20	06/17/20	06/30/20		331.94	0.00	0.00	331.94			
	SUPPLIES											
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net			
	S2353 SMITHS MEDICAL ASD INC					331.94	0.00	0.00	331.94			
Vendor#	Vendor Name				Class	Pay Code						
11296	SOUTH TEXAS BLOOD & TISSUE CEN											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
CM2358		06/24/20	06/15/20	07/10/20		-2,844.00	0.00	0.00	-2,844.00			
	CREDIT											
I07006943		06/24/20	06/15/20	07/10/20		8,897.00	0.00	0.00	8,897.00			
	BLOOD											
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net			
	11296 SOUTH TEXAS BLOOD & TISSUE CEN					6,053.00	0.00	0.00	6,053.00			
Vendor#	Vendor Name				Class	Pay Code						
10094	ST DAVIDS HEALTHCARE											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
MMCPL202005		06/30/20	06/30/20	06/30/20		420.00	0.00	0.00	420.00			
	CONNECTIVITY											
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net			
	10094 ST DAVIDS HEALTHCARE					420.00	0.00	0.00	420.00			

Vendor#	Vendor Name				Class	Pay Code				
S2830	STRYKER SALES CORP	✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
3053884M	✓	06/22/20	06/15/20	07/15/20		1,012.70	0.00	0.00	1,012.70	✓
BATTERY CHARGER FOR LUC										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	S2830	STRYKER SALES CORP				1,012.70	0.00	0.00	1,012.70	
Vendor#	Vendor Name				Class	Pay Code				
10735	STRYKER SUSTAINABILITY	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
3944151	✓	06/24/20	06/12/20	07/12/20		680.26	0.00	0.00	680.26	✓
SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10735	STRYKER SUSTAINABILITY				680.26	0.00	0.00	680.26	
Vendor#	Vendor Name				Class	Pay Code				
11100	THE US CONSULTING GROUP	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
340378308	✓	06/29/20	06/14/20	07/09/20	2251.61	296.13	0.00	0.00	296.13	2251.61
TRASH SERVICE										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11100	THE US CONSULTING GROUP				2251.61	0.00	0.00	296.13	2251.61
Vendor#	Vendor Name				Class	Pay Code				
10732	THERACOM, LLC	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
217974941301A	✓	04/30/20	04/15/20	07/14/20		1,564.08	0.00	0.00	1,564.08	✓
INVENTORY										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10732	THERACOM, LLC				1,564.08	0.00	0.00	1,564.08	
Vendor#	Vendor Name				Class	Pay Code				
11025	TX DEPT OF STATE HEALTH SRV	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
180227		06/10/20	06/01/20	07/15/20		2,545.00	0.00	0.00	2,545.00	✓
RADIATION LICENSE										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11025	TX DEPT OF STATE HEALTH SRV				2,545.00	0.00	0.00	2,545.00	
Vendor#	Vendor Name				Class	Pay Code				
U1054	UNIFIRST HOLDINGS	✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8400334339	✓	06/30/20	06/15/20	07/10/20		1,241.36	0.00	0.00	1,241.36	✓
LAUNDRY										
8400334314	✓	06/30/20	06/15/20	07/10/20		48.25	0.00	0.00	48.25	✓
LAUNDRY										
8400334313	✓	06/30/20	06/15/20	07/10/20		47.15	0.00	0.00	47.15	✓
LAUNDRY										
8400334718	✓	06/30/20	06/18/20	07/13/20		81.67	0.00	0.00	81.67	✓
LAUNDRY										
8400334740	✓	06/30/20	06/18/20	07/13/20		91.63	0.00	0.00	91.63	✓
LAUNDRY										
8400334698	✓	06/30/20	06/18/20	07/13/20		19.20	0.00	0.00	19.20	✓
INVENTORY										
8400334726	✓	06/30/20	06/18/20	07/13/20		1,131.80	0.00	0.00	1,131.80	✓

LAUNDRY												
8400334700	✓		06/30/20	06/18/20	07/13/20		131.55	0.00	0.00	131.55	✓	
LAUNDRY												
8400334702	✓		06/30/20	06/18/20	07/13/20		162.24	0.00	0.00	162.24	✓	
LAUNDRY												
8400334701	✓		06/30/20	06/18/20	07/13/20		173.46	0.00	0.00	173.46	✓	
LAUNDRY												
8400334703	✓		06/30/20	06/18/20	07/13/20		175.83	0.00	0.00	175.83	✓	
INVENTORY												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							U1054	UNIFIRST HOLDINGS	3,304.14	0.00	0.00	3,304.14
Vendor#	Vendor Name					Class	Pay Code					
U1056	UNIFORM ADVANTAGE					W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
11194728	✓		06/30/20	06/09/20	06/24/20		106.96	0.00	0.00	106.96	✓	
UNIFORMS VILMA PENA												
11219902	✓		06/30/20	06/15/20	06/30/20		134.99	0.00	0.00	134.99	✓	
UNIFORMS JENISE SWETLIK												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							U1056	UNIFORM ADVANTAGE	241.95	0.00	0.00	241.95
Vendor#	Vendor Name					Class	Pay Code					
V0554	VCS SECURITY SYSTEMS					W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
219825	✓		06/23/20	06/15/20	07/15/20		191.25	0.00	0.00	191.25	✓	
MOSITURE CAMERA LENS												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							V0554	VCS SECURITY SYSTEMS	191.25	0.00	0.00	191.25
Vendor#	Vendor Name					Class	Pay Code					
11280	VICTORIA ADVOCATE											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
0180432			06/30/20	06/30/20	07/15/20		95.00	0.00	0.00	95.00	✓	
NEWS PAPER												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11280	VICTORIA ADVOCATE	95.00	0.00	0.00	95.00
Vendor#	Vendor Name					Class	Pay Code					
12000	VYAIRE MEDICAL, INC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
9100764243	✓		06/24/20	06/15/20	07/10/20		45.20	0.00	0.00	45.20	✓	
SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12000	VYAIRE MEDICAL, INC	45.20	0.00	0.00	45.20
Vendor#	Vendor Name					Class	Pay Code					
12208	WAGWORKS											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
INV2151522	✓		06/17/20	06/15/20	07/15/20		617.00	0.00	0.00	617.00	✓	
ADMIN/COMPLIANCE FEE												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12208	WAGWORKS	617.00	0.00	0.00	617.00
Vendor#	Vendor Name					Class	Pay Code					
W1005	WALMART COMMUNITY					W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
004139			06/24/20	05/20/20	07/12/20		23.92	0.00	0.00	23.92	✓	

SUPPLIES											
000933		06/24/20	05/20/20	07/12/20		11.34	0.00	0.00	11.34	✓	
SUPPLIES											
060220		06/24/20	06/02/20	07/12/20		93.83	0.00	0.00	93.83	✓	
SUPPLIES											
060420		06/24/20	06/04/20	07/12/20		12.80	0.00	0.00	12.80	✓	
SUPPLIES											
061520		06/24/20	06/15/20	07/12/20		52.83	0.00	0.00	52.83	✓	
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						W1005	WALMART COMMUNITY	194.72	0.00	0.00	194.72
Vendor#	Vendor Name				Class	Pay Code					
I1110	WERFEN USA LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
9110835545		06/16/20	06/15/20	07/10/20			1,571.67	0.00	0.00	1,571.67	✓
LEASE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						I1110	WERFEN USA LLC	1,571.67	0.00	0.00	1,571.67
Report Summary											
Grand Totals:		Gross		Discount		No-Pay		Net			
		173,956.60		0.00		0.00		173,956.60			
Pg 11 correction											
$\begin{array}{r} \sum < 296.13 > \\ \sum + 2251.41 \\ \hline \$175,912.08 \end{array}$											

173,956.60 +
 296.13 -
 2,251.61 +
 175,912.08 =

APPROVED
ON

JUL 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

7/6/2020

JUL 06 2020

tmp__cw5report7571572116281634256.html

07/06/2020 Calhoun County Auditor

13:59

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

12380

HEALTH SOLUTIONS DIETETICS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062320	06/30/2020	06/23/2020	06/23/2020				3,000.00	0.00	0.00	3,000.00

DIETICIAN

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

12380

HEALTH SOLUTION

3,000.00

0.00

0.00

3,000.00

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

3,000.00

0.00

0.00

3,000.00

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ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

8

RUN DATE:07/07/20
TIME:09:37

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/08/20 THRU 07/08/20

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	186249	07/08/20	1,400.00	ACUTE CARE INC
A/P	186250	07/08/20	17.14	ADVANCE MEDICAL DESIGNS INC
A/P	186251	07/08/20	212.56	AIRGAS USA, LLC - CENTRAL DIV
A/P	186252	07/08/20	309.78	ARTHREX, INC
A/P	186253	07/08/20	584.32	BARD PERIPHERAL VASCULAR
A/P	186254	07/08/20	1,028.11	BAXTER HEALTHCARE
A/P	186255	07/08/20	6,305.03	BECKMAN COULTER CAPITAL
A/P	186256	07/08/20	9,464.43	BIOFIRE DIAGNOSTICS LLC
A/P	186257	07/08/20	771.50	CARDINAL HEALTH 414, INC.
A/P	186258	07/08/20	4,438.00	CDW GOVERNMENT, INC.
A/P	186259	07/08/20	500.00	CHEMAQUA
A/P	186260	07/08/20	600.00	CHRIS KOVAREK
A/P	186261	07/08/20	877.94	COMBINED INSURANCE
A/P	186262	07/08/20	1,261.62	COVIDIEN
A/P	186263	07/08/20	326.20	CUSTOM MEDICAL SPECIALTIES
A/P	186264	07/08/20	550.00	DASHBOARD MD
A/P	186265	07/08/20	69.98	DEBBIE MCLENNAN
A/P	186266	07/08/20	296.40	DEWITT POT & SON
A/P	186267	07/08/20	1,483.91	DIRECT SUPPLY
A/P	186268	07/08/20	4,378.81	DUDE SOLUTIONS, INC
A/P	186269	07/08/20	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	186270	07/08/20	.00	VOIDED
A/P	186271	07/08/20	6,389.64	FISHER HEALTHCARE
A/P	186272	07/08/20	25.00	GULF COAST DELIVERY
A/P	186273	07/08/20	7,442.71	GULF COAST PAPER COMPANY
A/P	186274	07/08/20	3,000.00	HEALTH SOLUTIONS DIETETICS
A/P	186275	07/08/20	5,263.24	HUBERT COMPANY
A/P	186276	07/08/20	31.80	JESUSITA S. HERNANDEZ
A/P	186277	07/08/20	3,048.48	MCKESSON MEDICAL SURGICAL INC
A/P	186278	07/08/20	73.20	MEDELA INC
A/P	186279	07/08/20	8.12	MEDIMPACT HEALTHCARE SYS, INC.
A/P	186280	07/08/20	.00	VOIDED
A/P	186281	07/08/20	.00	VOIDED
A/P	186282	07/08/20	.00	VOIDED
A/P	186283	07/08/20	.00	VOIDED
A/P	186284	07/08/20	.00	VOIDED
A/P	186285	07/08/20	27,473.05	MEDLINE INDUSTRIES INC
A/P	186286	07/08/20	29.59	MERCEDES SCIENTIFIC
A/P	186287	07/08/20	575.00	MID-COAST ELECTRIC SUPPLY, INC
A/P	186288	07/08/20	.00	VOIDED
A/P	186289	07/08/20	14,471.79	MORRIS & DICKSON CO, LLC
A/P	186290	07/08/20	315.92	MORTAN INC
A/P	186291	07/08/20	4,400.62	NATIONAL FARM LIFE INSURANCE
A/P	186292	07/08/20	472.43	OCCUPRO LLC
A/P	186293	07/08/20	527.64	PITNEY BOWES INC
A/P	186294	07/08/20	956.00	PORT LAVACA WAVE
A/P	186295	07/08/20	3,400.00	PREMIER SLEEP DISORDERS CENTER
A/P	186296	07/08/20	3,292.00	RADSOURCE
A/P	186297	07/08/20	1,410.10	REVCYCLE+, INC.
A/P	186298	07/08/20	240.00	REVISTA de VICTORIA

RUN DATE:07/07/20
TIME:09:37

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/08/20 THRU 07/08/20

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	186299	07/08/20	8.00	SHIP SHUTTLE TAXI SERVICE
A/P	186300	07/08/20	331.94	SMITHS MEDICAL ASD INC
A/P	186301	07/08/20	6,053.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	186302	07/08/20	420.00	ST DAVIDS HEALTHCARE
A/P	186303	07/08/20	1,012.70	STRYKER SALES CORP
A/P	186304	07/08/20	680.26	STRYKER SUSTAINABILITY
A/P	186305	07/08/20	2,251.61	THE US CONSULTING GROUP
A/P	186306	07/08/20	1,564.08	THERACOM, LLC
A/P	186307	07/08/20	2,545.00	TX DEPT OF STATE HEALTH SRV
A/P	186308	07/08/20	3,304.14	UNIFIRST HOLDINGS
A/P	186309	07/08/20	241.95	UNIFORM ADVANTAGE
A/P	186310	07/08/20	191.25	VCS SECURITY SYSTEMS
A/P	186311	07/08/20	95.00	VICTORIA ADVOCATE
A/P	186312	07/08/20	45.20	VYAIR MEDICAL, INC
A/P	186313	07/08/20	617.00	WAGWORKS
A/P	186314	07/08/20	194.72	WALMART COMMUNITY
A/P	186315	07/08/20	1,571.67	WERFEN USA LLC
A/P	186316	07/08/20	25,212.40	ASHFORD GARDENS
A/P	186317	07/08/20	9,265.06	BROADMOOR AT CREEKSIDE PARK
A/P	186318	07/08/20	10,325.46	FORTBEND HEALTHCARE CENTER
A/P	186319	07/08/20	16,108.16	GOLDENCREEK HEALTHCARE
A/P	186320	07/08/20	45,732.26	GULF POINTE PLAZA
A/P	186321	07/08/20	9,093.90	SOLERA WEST HOUSTON
A/P	186322	07/08/20	7,471.69	THE CRESCENT
A/P	186323	07/08/20	131,502.00	TUSCANY VILLAGE
TOTALS:			433,623.01	

McKESSON**STATEMENT**

As of: 07/03/2020

Page: 002

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536
Date: 07/04/2020

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

As of: 07/03/2020
Mail to:

Page: 002
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 07/04/2020 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,179.89 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
18/07/2017

If Paid By 07/07/2020,
Pay This Amount:

2,136.30 USD

If Paid After 07/07/2020,
Pay this Amount:

2,179.89 USD

Due If Paid On Time:
USD

2,136.30

Disc lost If paid late:

43.59

Due If Paid Late:
USD

2,179.89

CK # 500113

114.92 +
1,103.95 +
171.99 +
745.46 +
2,136.30 *

APPROVED
ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 07/03/2020

Page: 001

Company: 8000

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

DC: 8115

Territory: 400

Customer: 835438
Date: 07/04/2020

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

As of: 07/03/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 07/04/2020

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS												
07/02/2020	07/07/2020	7209960780		801511	115Invoice	15.21	760.67		745.46	✓	7209960780	

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: 760.67 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,570.54
06/29/2020

If Paid By 07/07/2020,
Pay This Amount:

745.46 USD

If Paid After 07/07/2020,
Pay this Amount:

760.67 USD

Due If Paid On Time:
USD

745.46

Disc lost If paid late:

15.21

Due If Paid Late:
USD

760.67

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ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 07/03/2020

Page: 001

Company: 8000

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

DC: 8115

Territory: 400

Customer: 262252
Date: 07/04/2020

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

As of: 07/03/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 07/04/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
07/02/2020	07/07/2020	7209796160	801453	115Invoice	3.48	174.21		170.73 ✓		7209796160	
07/02/2020	07/07/2020	7209796161	801453	115Invoice	0.03	1.29		1.26 ✓		7209796161	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 175.50 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,570.54
06/29/2020

If Paid By 07/07/2020,
Pay This Amount:

171.99 USD

If Paid After 07/07/2020,
Pay this Amount:

175.50 USD

Due If Paid On Time:
USD

171.99

Disc lost if paid late:

3.51

Due If Paid Late:
USD

175.50

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ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

As of: 07/03/2020

Page: 001

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

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

DC: 8115

Territory: 400

Customer: 256342
Date: 07/04/2020

As of: 07/03/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 07/04/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
16/29/2020	07/07/2020	7209197434	817814459	195Invoice	0.01	0.32		0.31 ✓		7209197434	
16/29/2020	07/07/2020	7209230264	00006262020TM	115Invoice	4.86	243.05		238.19 ✓		7209230264	
16/30/2020	07/07/2020	7209295721	6118935453	115Invoice	2.16	107.84		105.68 ✓		7209295721	
16/30/2020	07/07/2020	7209469925	818162068	195Invoice	0.02	0.95		0.93 ✓		7209469925	
16/30/2020	07/07/2020	7209487091	00006292020TM	115Invoice	0.04	2.19		2.15 ✓		7209487091	
17/01/2020	07/07/2020	7209546169	1418941162	115Invoice	1.35	67.44		66.09 ✓		7209546169	
17/01/2020	07/07/2020	7209546170	0630200421-00	115Invoice	8.27	413.58		405.31 ✓		7209546170	
17/01/2020	07/07/2020	7209712442	818404241	195Invoice	0.03	1.58		1.55 ✓		7209712442	
17/02/2020	07/07/2020	7209791595	1418945785	115Invoice	5.12	255.93		250.81 ✓		7209791595	
17/02/2020	07/07/2020	7209791596	1145952	115Invoice		0.16		0.16 ✓		7209791596	
17/02/2020	07/07/2020	7209791597	0701200416-00	115Invoice	0.01	0.32		0.31 ✓		7209791597	
17/02/2020	07/07/2020	7209946754	818656890	195Invoice	0.57	28.40		27.83 ✓		7209946754	
17/02/2020	07/07/2020	7209968043	00007012020TM	115Invoice	0.02	0.96		0.94 ✓		7209968043	
17/03/2020	07/07/2020	7210193291	818899662	195Invoice	0.07	3.74		3.67 ✓		7210193291	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals:

1,126.46 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,570.54
16/29/2020

If Paid By 07/07/2020,
Pay This Amount:

1,103.93 USD

If Paid After 07/07/2020,
Pay this Amount:

1,126.46 USD

Due If Paid On Time:
USD
Disc lost if paid late:

1,103.93

22.53

Due If Paid Late:
USD

1,126.46

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ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 07/03/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 190813

Date: 07/04/2020

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

As of: 07/03/2020
 Mail to:

Page: 001
 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 190813 PLEASE CHECK ANY
 Date: 07/04/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
17/01/2020	07/07/2020	7209532783	2017016306	115Invoice	1.16	58.09		56.93	✓	7209532783	
17/03/2020	07/07/2020	7210020858	2017016421	115Invoice	1.18	59.17		57.99	✓	7210020858	

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: 117.26 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,570.54
 16/29/2020

If Paid By 07/07/2020,
 Pay This Amount:

114.92 USD

If Paid After 07/07/2020,
 Pay this Amount:

117.26 USD

Due If Paid On Time:
 USD

114.92

Disc lost if paid late:

2.34

Due If Paid Late:
 USD

117.26

CK #500113

APPROVED
 ON

JUL 06 2020

COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

AmerisourceBergen STATEMENT

Number: 59411285 Date: 07-03-2020 1 of 1

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: 461.95
Past Due: 0.00
Total Due: 461.95
Account Balance: 461.95

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
06-29-2020	07-10-2020	3039642298	157043	Invoice	111.20 ✓
06-29-2020	07-10-2020	3039642299	157045	Invoice	350.75 ✓

Thank You for Your Payment

Date	Payment Number	Amount
07-03-2020		(1,156.25)

Reminders

Due Date	Amount
07-10-2020	461.95
Total Due:	461.95
Terms: Monday - Friday due in 7 days	

CK # 500114



APPROVED
ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FREE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###
☐ "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" 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	★ 06
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM"	★ \$ 98,806.94 #
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 1
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ 50,548.96 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 11,821.98 #
	\$ 36,436.00 #
	CHECK \$ -
☐ "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	★ 1
☐ ACKNOWLEDGEMENT NUMBER	

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

Run Date: 07/06/20
Time: 09:54

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 06/19/20 - 07/02/20 Run# 1

Page 115
P2REG

Final Summary

-- Pay Code Summary -----						*-- Deductions Summary -----*					
PayCd	Description	Hrs	OT	SH	WE	HO	CE	Gross	Code	Amount	
1	REGULAR PAY-S1	9475.50	N		N	N		189240.71	A/R	799.00	A/R2 70.00 A/R3
1	REGULAR PAY-S1	1776.50	N		N	N	N	79547.23	ADVANC	AWARDS	BOOTS
1	REGULAR PAY-S1	346.25	Y		N	N		9732.45	CAFE H	CAFE-1	CAFE-2
2	REGULAR PAY-S2	2689.25	N		N	N		60841.82	CAFE-3	CAFE-4	CAFE-5
2	REGULAR PAY-S2	217.50	Y		N	N		7009.50	CAFE-C	CAFE-D	1811.99 CAFE-F
3	REGULAR PAY-S3	1575.25	N		N	N		42599.04	CAFE-H	20329.14 CAFE-I	CAFE-L
3	REGULAR PAY-S3	177.50	Y		N	N		6643.93	CAFE-P	CANCER	CHILD
C	CALL PAY	2450.00	N	1	N	N		4868.00	CLINIC	238.28 COMBIN	438.97 CREDUN
E	EXTRA WAGES		N	1	N	N	N	1988.75	DD ADV	DENTAL	DEP-LF
F	FUNERAL LEAVE	81.00	N	1	N	N		1066.75	DIS-LF	ENT	EATCSH
K	EXTENDED-ILLNESS-BANK	516.00	N	1	N	N		12058.80	FEDTAX	36436.00 FICA-M	5910.99 FICA-O 25274.48
P	PAID-TIME-OFF	12.00	N		N	N	N	190.00	FIRSTC	FLEX S	4676.35 FLX FE
P	PAID-TIME-OFF	934.79	N	1	N	N		22409.62	PORT D	FUTA	GIFT S 84.57
X	CALL PAY 2	170.00	N	1	N	N		340.00	GRANT	GRP-IN	GTL
Y	YMCA/CURVES		N		N	N	N	75.00	HOSP-1	ID TFT	LEAF
Z	CALL PAY 3	96.00	N	1	N	N		288.00	LEGAL	391.08 MASA	802.00 MEALS 256.84
p	PAID TIME OFF - PROBATION	40.00	N	1	N	N		667.68	MISC	MISC/	MMCSHR
t	PHONE & DATA		N		N	N	N	1000.00	NATFML	2180.90 OTHER	PHI
									PHI***	PR FIN	RELAY
									REPAY	SAMS	SCRUES
									SIGNON	ST-TX	STONDF 840.86
									STONE	STONE2	STUDEN
									SUNACC	941.77 SUNILL	1361.82 SUNLIF 1263.44
									SUNSTD	1688.52 SUNVIS	1262.98 SURCHG 785.00
									TSA-1	TSA-2	TSA-C
									TSA-P	TSA-R	30839.69 TUTION
									UNIFOR	766.34 UN/HOS	
*----- Grand Totals: 20557.54 ----- (Gross: 440567.28								Deductions: 139451.01	Net: 301116.27		
Checks Count:- FT 201 PT 8 Other 40 Female 223 Male 24 Credit								OverAmt 5 ZeroNet	Term	Total: 247	

John

MEMORIAL MEDICAL CENTER
PROSPERITY BANK June 29, 2020- July 5, 2020
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT ---

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
6/29/2020	PAY PLUS ACHTRANS 452579291 101000693170292	- 3rd Party Payor Fee
6/29/2020	IRS USATAXPYMT 220058111306725 6103601000026	- Payroll Taxes
6/29/2020	FDGL ANNUAL FEE 052-1601830-000 410001273817	- Credit Card Machine Lease Expense
6/29/2020	FDGL ANNUAL FEE 052-1479468-000 410001273788	- Credit Card Machine Lease Expense
6/29/2020	FDGL ANNUAL FEE 052-1479214-000 410001273787	- Credit Card Machine Lease Expense
6/29/2020	FDGL ANNUAL FEE 052-1479213-000 410001273787	- Credit Card Machine Lease Expense
6/30/2020	PAY PLUS ACHTRANS 452579291 101000694206426	- 3rd Party Payor Fee
6/30/2020	MCKESSON DRUG AUTO ACH ACH04224078 910000186	- 340B Drug Program Expense
7/1/2020	PAY PLUS ACHTRANS 452579291 101000695054587	- 3rd Party Payor Fee
7/2/2020	STATE COMPTLR TEXNET 37275946/00701 21000002	ACCRUED DSRIP WAIVER IGT
7/2/2020	PAY PLUS ACHTRANS 452579291 101000695819341	- 3rd Party Payor Fee
7/2/2020	AUTHNET GATEWAY BILLING 112706119 1040000113	- 3rd Party Payor Fee
7/3/2020	PAY PLUS ACHTRANS 452579291 101000697018962	- 3rd Party Payor Fee
7/3/2020	AMERISOURCE BERG PAYMENTS 0100007768 21000002	- 340B Drug Program Expense

Jason Anglin, CEO
 Memorial Medical Center

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT – ESTIMATED ACHS

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>
7/15/2020	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding

Jason Anglin, CEO
 Memorial Medical Center

<u>Amount</u>	<u>CPSI</u>
29.41	29 * 41 +
93675.04*	80 * 98 *
30.2	20 * 09 +
30.2	14 * 26 +
30.2	10 * 88 +
30.2	155 * 62 *
80.98	
7570.54**	
20.09	
766634.48*	
14.26	
10	
10.88	
1156.25**	
869,322.73	
	155 * 62 =
	120 * 80 =
	10 * 00 =
	286 * 42 =
	869 * 322 = 75
139,744.35	93 * 675 = 88
	7 * 570 = 34
	766 * 634 = 88
	1 * 156 = 23
	286 * 42 =

* Approved 06-24-20
 ** Approved 07-01-20

Date/Time 07-02-2020 / 01:59 PM
Submitted By

Pay Date 06-30-2020

Employee Deposits	\$60,470.99
Employer Contributions	\$79,303.36
Group Term Life Premiums	\$0.00
Total	\$139,774.35

Comments

Payroll File June 2020 Retirement Upload.xlsx

CLOSE

PRINT

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07/02/2020

Calhoun County Auditor

11:00

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11816 ASHFORD GARDENS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
062620		06/30/20	06/26/20	07/16/20		25,212.40	0.00	0.00	25,212.40

TRANSFER - NH portion of Q-IPP pymt deposited into MME operating

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11816	ASHFORD GARDENS	25,212.40	0.00	0.00	25,212.40	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	25,212.40	0.00	0.00	25,212.40

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ON****JUL 02 2020****COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

07/02/2020

MEMORIAL MEDICAL CENTER

0

11:02

AP Open Invoice List

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Dates Through:

Vendor# Vendor Name

Class Pay Code

11828 SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
062620		06/30/20	06/26/20	07/16/20		9,093.90	0.00	0.00	9,093.90

TRANSFERS - NH portion of QPP Pymt deposited into MME operating

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON	9,093.90	0.00	0.00	9,093.90	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,093.90	0.00	0.00	9,093.90

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ON

JUL 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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Calhoun County Auditor

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AP Open Invoice List

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Dates Through:

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Vendor# Vendor Name

Class Pay Code

11820 FORTBEND HEALTHCARE CENTER ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
062620		06/30/20	06/26/20	07/16/20		10,325.46	0.00	0.00	10,325.46 ✓

TRANSFER

NT portion of QIPP Pmt deposited into MMC operating

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11820	FORTBEND HEALTHCARE CENTER	10,325.46	0.00	0.00	10,325.46

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,325.46	0.00	0.00	10,325.46

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CALHOUN COUNTY, TEXAS**

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11:00
Calhoun County Auditor

Dates Through:

Vendor# Vendor Name

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
62620		06/30/20	06/26/20	07/16/20		9,265.06	0.00	0.00	9,265.06

TRANSFER

*- 1/4 portion of QIPP project deposited into**mmc operating*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT CREEKSIDE PARK	9,265.06	0.00	0.00	9,265.06	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,265.06	0.00	0.00	9,265.06

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CALHOUN COUNTY, TEXAS**

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Calhoun County Auditor

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Dates Through:

Class Pay Code

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
062620		06/30/20	06/26/20	07/16/20		7,471.69	0.00	0.00	7,471.69

TRANSFER

-NH portion of QIPP fund deposited into nme operating

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11824	THE CRESCENT		7,471.69	0.00	0.00	7,471.69

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,471.69	0.00	0.00	7,471.69

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Calhoun County Auditor

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AP Open Invoice List

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Dates Through:

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Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
062620		06/30/20	06/26/20	07/16/20		16,108.16	0.00	0.00	16,108.16

TRANSFER -NH portion of QIPP Pymt deposited into mme operating

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
11836		GOLDENCREEK HEALTHCARE	16,108.16	0.00	0.00	16,108.16

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	16,108.16	0.00	0.00	16,108.16

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JUL 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CEIVE

JUL 02 2020

07/02/2020
Calhoun County Auditor
11:03

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Dates Through:

Vendor# Vendor Name

Class Pay Code

12696 GULF POINTE PLAZA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
060920		06/30/20	06/09/20	07/16/20		16,976.17	0.00	0.00	16,976.17 ✓
	TRANSFER - NH Insurance pymt deposited into mme operating in error								
060920A		06/30/20	06/09/20	07/16/20		3,597.39	0.00	0.00	3,597.39 ✓
	TRANSFER - NH Insurance pymt deposited into mme operating in error								
061020		06/30/20	06/10/20	07/16/20		1,183.72	0.00	0.00	1,183.72 ✓
	TRANSFER - NH Insurance pymt deposited into mme operating in error								
061120		06/30/20	06/11/20	07/16/20		1,232.00	0.00	0.00	1,232.00 ✓
	TRANSFER - NH Insurance pymt deposited into mme operating in error								
061220		06/30/20	06/12/20	07/16/20		5,509.39	0.00	0.00	5,509.39 ✓
	TRANSFER - NH Insurance pymt deposited into mme operating in error								
061520		06/30/20	06/15/20	07/16/20		5,280.00	0.00	0.00	5,280.00 ✓
	TRANSFER - NH Insurance pymt deposited into mme operating in error								
061620		06/30/20	06/16/20	07/16/20		2,345.70	0.00	0.00	2,345.70 ✓
	TRANSFER - NH Insurance pymt deposited into mme operating in error								
062620		06/30/20	06/26/20	07/16/20		9,607.89	0.00	0.00	9,607.89 ✓
	TRANSFER - NH portion of QIPP pymt deposited into mme operating								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	45,732.26	0.00	0.00	45,732.26

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	45,732.26	0.00	0.00	45,732.26

APPROVED
ON

JUL 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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07/02/2020
Calhoun County A
11:04

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
061220A		06/30/20	06/12/20	07/16/20		3,532.69	0.00	0.00	3,532.69 ✓
	TRANSFER - Nt insurance pymt deposited into MMC operating in cmm								
061220		06/30/20	06/12/20	07/16/20		56,820.63	0.00	0.00	56,820.63 ✓
	TRANSFER - Nt insurance pymt deposited into MMC operating in cmm								
061520		06/30/20	06/15/20	07/16/20		32,089.06	0.00	0.00	32,089.06 ✓
	TRANSFER - Nt insurance pymt deposited into MMC operating in cmm								
061620		06/30/20	06/16/20	07/16/20		30,673.83	0.00	0.00	30,673.83 ✓
	TRANSFER - Nt insurance pymt deposited into MMC operating in cmm								
061720		06/30/20	06/17/20	07/16/20		8,385.79	0.00	0.00	8,385.79 ✓
	TRANSFER - Nt insurance pymt deposited into MMC operating in cmm								
Vendor Totals						Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE					131,502.00	0.00	0.00	131,502.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	131,502.00	0.00	0.00	131,502.00

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ON

JUL 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/6/2020

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		15,119.02	✓ 195,176.49	✓ 101,275.83	✓ -	121,218.36	63,719.20

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

Bank Balance	121,218.36	✓
Variance	-	
Leave in Balance	100.00	
Humana withholding owed to MMC	72.48	✓
QIPP 1,2 AND 3- Outstanding Check	19,657.59	✓
QIPP 1,2 AND 3	37,514.42	✓
April Interest	51.94	✓
May Interest	60.52	✓
June Interest	42.21	✓
Adjust Balance/Transfer Amt	63,719.20	✓

Broadmoor	116,154.91	✓	108,777.49	✓	79,368.54	✓
-----------	------------	---	------------	---	-----------	---

Bank Balance	86,745.96	✓
Variance	-	
Leave in Balance	100.00	
QIPP 1,2 AND 3- Outstanding Check	7,120.86	✓
QIPP 1,2 AND 3	13,625.43	✓
April Interest	97.29	✓
May Interest	59.27	✓
June Interest	44.40	✓
Adjust Balance/Transfer Amt	95,107.66	✓

Crescent	256,770.49	✓	252,539.77	✓	50,408.53	✓
----------	------------	---	------------	---	-----------	---

Bank Balance	54,639.25	✓
Variance	-	
Leave in Balance	100.00	
QIPP 1,2 AND 3- Outstanding Check	3,974.29	✓
QIPP 1,2 AND 3	11,065.00	✓
MMC Portion QIPP 3,4,Lapse		
April Interest	102.12	✓
May Interest	54.31	✓
June Interest	47.33	✓
Adjust Balance/Transfer Amt	39,295.20	✓

Fort Bend	52003.07	✓	43,817.09	✓	24,956.08	✓
-----------	----------	---	-----------	---	-----------	---

Bank Balance	33,142.06	✓
Variance	-	
Leave in Balance	100.00	✓
QIPP 1,2 AND 3- Outstanding Check	8,028.55	✓
QIPP 1,2 AND 3	15,325.09	✓
April Interest	34.45	✓
May Interest	22.98	✓
June Interest	12.51	✓
Adjust Balance/Transfer Amt	9,618.48	✓

Solera at W Houston	281,059.14	✓	265,364.20	✓	65,129.39	✓
---------------------	------------	---	------------	---	-----------	---

Bank Balance	80,824.33	✓
Variance	-	
Leave in Balance	100.00	
Humana Withholding owed to MMC	10,643.11	✓
QIPP 1,2 AND 3- Outstanding Check	4,773.05	✓
QIPP 1,2 AND 3	13,368.31	✓
April Interest	109.67	✓
May Interest	69.11	✓
June Interest	57.16	✓
Adjust Balance/Transfer Amt	51,703.92	✓

Routing Information for Crescent / Solera at West Houston / F
Cantex Health Care Centers III LLC
JP Morgan Chase Bank

63,719.20 +
65,698.71 +
39,295.20 +
9,618.48 +
51,703.92 +
230,025.51 *

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

TOTAL TRANSFERS 259,444.36
Approved: Jason Anglin, CEO 7/7/2020

APPROVED
ON
JUL 06 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ashford Gardens

6/29/2020 Amerigroup TX5C HCCLAIMPMT 3126974825 111000 TRN*1*3126974825*1752603231\

6/29/2020 AMERIGROUP CORPO E-PAYMENT EES2046654 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG

6/29/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05F455211326436189*1746000156~

6/30/2020 Added to Account

6/30/2020 Amerigroup TX5C HCCLAIMPMT 3127071058 111000 TRN*1*3127071058*1752603231\

6/30/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020062713000381*1912008361*0000TEX01\

6/30/2020 NOVITAS SOLUTION HCCLAIMPMT 675423 420000193 TRN*1*EFT6958340*1205296137*000004911\

6/30/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05F463751326436189*1746000156~

7/1/2020 WIRE OUT ASHFORD HEALTH CARE CENTER LTD

7/1/2020 Amerigroup TX5C HCCLAIMPMT 3127191635 111000 TRN*1*3127191635*1752603231\

7/1/2020 NOVITAS SOLUTION HCCLAIMPMT 675423 420000104 TRN*1*EFT6958340*1205296137*000004911\

7/2/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020070112500225*1912008361*0000TEX01\

7/3/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020070112500317*1912008361*0000TEX01\

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		Q1PP/Comp1	Q1PP/Comp 2	Q1PP/Comp3	Q1PP/Comp4 &Lapse	Q1PP TI	
-	854.44	-	-	-	-	-	854.44
-	50,647.06	24,381.78	3,575.52	22,689.76	-	37,514.42	13,132.64
-	2,604.72	-	-	-	-	-	2,604.72
-	42.21	-	-	-	-	-	-
-	21,297.97	-	-	-	-	-	21,297.97
-	2,434.48	-	-	-	-	-	2,434.48
-	2,657.47	-	-	-	-	-	2,657.47
-	2,440.16	-	-	-	-	-	2,440.16
195,176.49	-	-	-	-	-	-	-
-	7,548.73	-	-	-	-	-	7,548.73
-	312.67	-	-	-	-	-	312.67
-	8,601.44	-	-	-	-	-	8,601.44
-	1,834.48	-	-	-	-	-	1,834.48
195,176.49	101,275.83	24,381.78	3,575.52	22,689.76	-	37,514.42	63,719.20

Broadmoor

6/29/2020 MANAGEANDNET1718 MNS PMNT 00000000004293 41 0253449

6/29/2020 AMERIGROUP CORPO E-PAYMENT EES2046657 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG

6/29/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020062612300321*1912008361*0000TEX01\

6/29/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020062615800515*1912008361*0000TEX01\

6/29/2020 HUMANA CHA DISB HCCLAIMPMT 390861 4200001353 TRN*1*014840101449686*1611013183\

6/30/2020 Added to Account

6/30/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020062713200151*1912008361*0000TEX01\

6/30/2020 NOVITAS SOLUTION HCCLAIMPMT 676357 420000192 TRN*1*EFT5614270*1205296137*000004011\

6/30/2020 HUMANA INS CO HCCLAIMPMT 390861 830000521454 TRN*1*001290051005293*1391263473\

6/30/2020 HUMANA CHA DISB HCCLAIMPMT 390861 4200001694 TRN*1*014840101452845*1611013183\

7/1/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III

7/3/2020 HUMANA INS CO HCCLAIMPMT 390861 830000548533 TRN*1*001290051106639*1391263473\

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		Q1PP/Comp1	Q1PP/Comp 2	Q1PP/Comp3	Q1PP/Comp4 &Lapse	Q1PP TI	
-	2,925.00	-	-	-	-	-	2,925.00
-	18,475.18	8,780.49	1,299.04	8,390.84	-	13,625.43	4,849.75
-	3,887.85	-	-	-	-	-	3,887.85
-	23,425.95	-	-	-	-	-	23,425.95
-	8,412.45	-	-	-	-	-	8,412.45
-	44.40	-	-	-	-	-	-
-	1,976.40	-	-	-	-	-	1,976.40
-	10,998.21	-	-	-	-	-	10,998.21
-	5,075.88	-	-	-	-	-	5,075.88
-	2,135.01	-	-	-	-	-	2,135.01
108,777.49	-	-	-	-	-	-	-
-	2,012.21	-	-	-	-	-	2,012.21
108,777.49	79,368.54	8,780.49	1,299.04	8,390.84	-	13,625.43	65,688.71

Crestmont

6/29/2020 AMERIGROUP CORPO E-PAYMENT EES2046656 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG

6/29/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020062614401317*1912008361*0000TEX01\

6/29/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000142 TRN*1*EFT5612810*1205296137*000004011\

6/30/2020 Added to Account

6/30/2020 MANAGEANDNET1718 MNS PMNT 000000000003268 41 0253479

6/30/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000192 TRN*1*EFT5614258*1205296137*000004011\

6/30/2020 HUMANA INS CO HCCLAIMPMT 390864 830000521454 TRN*1*001290051005294*1391263473\

6/30/2020 HUMANA CHA DISB HCCLAIMPMT 390864 4200001694 TRN*1*014840101452846*1611013183\

7/1/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III

7/1/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9543653774*1411289245*000087726\

7/2/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000133 TRN*1*EFT5616827*1205296137*000004011\

7/3/2020 HUMANA INS CO HCCLAIMPMT 390864 830000548533 TRN*1*001290051106639*1391263473\

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		Q1PP/Comp1	Q1PP/Comp 2	Q1PP/Comp3	Q1PP/Comp4 &Lapse	Q1PP TI	
-	14,958.05	7,175.05	1,079.99	6,699.90	-	11,065.00	3,893.06
-	3,298.00	-	-	-	-	-	3,298.00
-	7,099.12	-	-	-	-	-	7,099.12
-	47.33	-	-	-	-	-	-
-	2,047.50	-	-	-	-	-	2,047.50
-	10,925.43	-	-	-	-	-	10,925.43
-	1,136.25	-	-	-	-	-	1,136.25
-	530.04	-	-	-	-	-	530.04
252,539.77	-	-	-	-	-	-	-
-	370.00	-	-	-	-	-	370.00
-	929.57	-	-	-	-	-	929.57
-	9,067.24	-	-	-	-	-	9,067.24
252,539.77	50,408.53	7,175.05	1,079.99	6,699.90	-	11,065.00	39,296.21

Fort Bend

6/29/2020 AMERIGROUP CORPO E-PAYMENT EES2046653 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG

6/30/2020 Added to Account

7/1/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III

7/2/2020 NOVITAS SOLUTION HCCLAIMPMT 675663 420000133 TRN*1*EFT5616471*1205296137*000004011\

7/3/2020 NOVITAS SOLUTION HCCLAIMPMT 675663 420000125 TRN*1*EFT5617761*1205296137*000004011\

7/3/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05F486611730577503*1746000156~

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		Q1PP/Comp1	Q1PP/Comp 2	Q1PP/Comp3	Q1PP/Comp4 &Lapse	Q1PP TI	
-	20,704.65	9,948.73	1,473.58	9,279.13	-	15,325.09	5,379.57
-	12.51	-	-	-	-	-	-
43,817.09	-	-	-	-	-	-	-
-	1,280.24	-	-	-	-	-	1,280.24
-	471.21	-	-	-	-	-	471.21
-	2,487.47	-	-	-	-	-	2,487.47
43,817.09	24,956.08	9,948.73	1,473.58	9,279.13	-	15,325.09	8,618.49

Salera at West Houston

6/29/2020 AMERIGROUP CORPO E-PAYMENT EES2046655 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG

6/29/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020062610500471*1912008361*0000TEX01\

6/30/2020 Added to Account

6/30/2020 MANAGEANDNET1718 MNS PMNT 000000000002482 41 0253478

6/30/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9543296925*1411289245*000087726\

6/30/2020 HUMANA INS CO HCCLAIMPMT 390862 830000521883 TRN*1*001290051027382*1391263473\

7/1/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III

7/2/2020 MANAGEANDNET1718 MNS PMNT 000000000002482 41 0253577

7/2/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020070112300954*1912008361*0000TEX01\

7/3/2020 HUMANA INS CO HCCLAIMPMT 390862 830000548533 TRN*1*001290051106638*1391263473\

7/3/2020 HUMANA CHA DISB HCCLAIMPMT 390862 4200001197 TRN*1*014840101468829*1611013183\

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		Q1PP/Comp1	Q1PP/Comp 2	Q1PP/Comp3	Q1PP/Comp4 &Lapse	Q1PP TI	
-	18,122.13	8,614.49	1,301.09	8,206.55	-	13,368.31	4,753.82
-	14.47	-	-	-	-	-	14.47
-	57.16	-	-	-	-	-	-
-	2,695.00	-	-	-	-	-	2,695.00
-	5,330.00	-	-	-	-	-	5,330.00
-	5,881.88	-	-	-	-	-	5,881.88
265,364.20	-	-	-	-	-	-	-
-	5,965.00	-	-	-	-	-	5,965.00
-	5,032.00	-	-	-	-	-	5,032.00
-	5,632.77	-	-	-	-	-	5,632.77
-	16,398.98	-	-	-	-	-	16,398.98
265,364.20	65,129.39	8,614.49	1,301.09	8,206.55	-	13,368.31	51,703.92
756,897.55	241,769.83	58,900.54	8,729.22	55,266.18	-	90,898.24	230,036.52

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Jul 6, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$7,665,555.10	\$7,737,846.54	\$7,665,555.10	\$7,624,748.3
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$121,218.36	\$121,218.36	\$121,218.36	\$119,383.8
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$86,745.96	\$86,745.96	\$86,745.96	\$84,733.7
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$54,639.25	\$54,639.25	\$54,639.25	\$45,572.0
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$33,142.06	\$33,142.06	\$33,142.06	\$30,183.3
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$80,824.33	\$80,824.33	\$80,824.33	\$58,792.5

* indicate:

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Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/6/2020

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		207,858.05	170,083.18	63,446.49	-	101,221.36	63,413.95
					Bank Balance Variance	101,221.36	
					Leave in Balance	100.00	
					QIPP 1,2 AND 3- Outstanding Check	37,582.29	
					QIPP 1,2 AND 3		
					April Interest	47.05	
					May Interest	45.53	
					June Interest	32.54	
					Adjust Balance/Transfer Amt	63,413.95	

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

7/7/2020

APPROVED
ON
JUL 06 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

6/29/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 062520
 6/30/2020 Added to Account
 6/30/2020 AETNA H09 HCCLAIMPMT 1588075964 311002074967 TRN*1*160625200569006*1066033492\
 7/1/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 7/1/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 062920
 7/1/2020 CIGNA HCCLAIMPMT 1588075964 91000012253664 TRN*1*200627090042273*1591031071\
 7/2/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05F478061588075964*1746000156~
 7/3/2020 DEPOSIT
 7/3/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05F488671588075964*1746000156~

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	
-	1,500.00					-	1,500.00
-	32.54					-	-
-	3,750.00					-	3,750.00
170,083.18	-					-	-
-	553.83					-	553.83
-	114.57					-	114.57
-	6,642.38					-	6,642.38
-	47,272.18					-	47,272.18
-	3,580.99					-	3,580.99
170,083.18	63,446.49	-	-	-	-	-	63,413.95

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Search

All

Select Group
Groups

Add Group

DDA

Data reported as of Jul 6, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$7,665,555.10	\$7,737,846.54	\$7,665,555.10	\$7,624,748.3

*4454

MEMORIAL MEDICAL /
NH GOLDEN CREEK
HEALTHCARE

\$101,221.36

\$103,467.38

\$101,221.36

\$50,368.1

* indicate:
Page generated on 07/06/2020 at

Nursing Home
Gulf Pointe Plaza- Private Pay

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home							
Gulf Pointe Plaza-Medicare/Medicaid	317,679.97	317,510.62	367.52			536.87	323.94
					Bank Balance	536.87	
					Variance	(0.00)	
					Leave in Balance	100.00	
					QJPP 1,2 AND 3		
					April Interest	21.01	
					May Interest	48.34	
					June Interest	43.58	
					Adjust Balance/Transfer Amt	323.94	
Routing Information for Gulf Pointe Plaza:					TOTAL TRANSFERS	323.94	

Routing Information for Gulf Pointe Plaza:

Approved:
Jason Anglin, CEO

7/6/2020

APPROVED
ON
JUL 06 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

6/30/2020 Added to Account
7/1/2020 WIRE OUT HMG SERVICES, LLC

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4& Lapse	QJPP TI	
-	2.98					-	-
9,625.76	-					-	-
9,625.76	2.98	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid

6/30/2020 Added to Account
6/30/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001543259 TRN*1*EFT6942219*1450173185*000003C
7/1/2020 WIRE OUT HMG SERVICES, LLC

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4& Lapse	QJPP TI	
-	43.58					-	-
-	323.94					-	323.94
317,510.62	-					-	-
317,510.62	367.52	-	-	-	-	-	367.52
327,136.38	370.50	-	-	-	-	-	367.52

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Jul 6, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$7,665,555.10	\$7,737,846.54	\$7,665,555.10	\$7,624,748.3

*5441

MMC -NH GULF POINTE
PLAZA -
MEDICARE/MEDICAID

\$536.87

\$722.83

\$536.87

\$536.87

*5433

MMC -NH GULF POINTE
PLAZA - PRIVATE PAY

\$23,206.47

\$23,206.47

\$23,206.47

\$23,206.47

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscan Transfer
 Prosperity Accounts
 7/6/2020

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
Tuscan Senior Living		9,451.40	9,349.45	0.85			102.80	(0.00)	(0.00) 102.80
						Bank Balance	102.80		
						Variance	(0.00)		
						Leave in Balance	100.00		
						Pending Ck to MMC			
						MMC Portion QIPP 1 & 2			
						MMC Portion QIPP 3,4,Lapse			
						April Interest			
						May Interest	1.95		
						June Interest	0.85		
						Adjust Balance/Transfer Amt	(0.00)		

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

Approved:
 Jason Anglin, CEO 7/6/2020

APPROVED
 ON
 JUL 06 2020
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Senior Living

6/30/2020 Added to Account

7/1/2020 WIRE OUT LINBAR ENTERPRISES, LLC

		MMC PORTION					NH PORTION
<u>Transfer-Out</u>	<u>Transfer-In</u>	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	0.85					-	-
9,349.45	-					-	-
9,349.45	0.85	-	-	-	-	-	-

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search

All

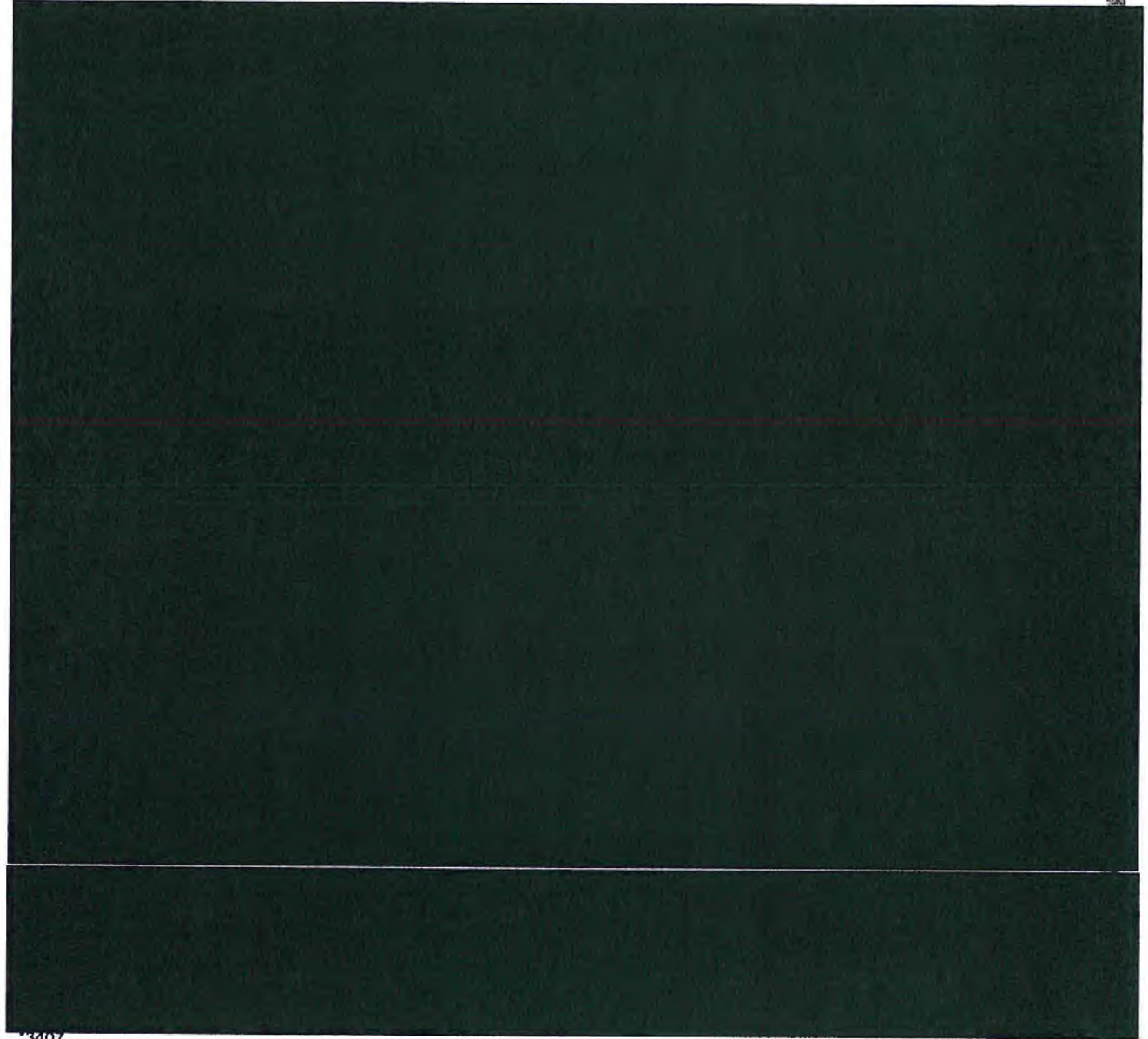
Select Group
Groups

Add Group

DDA

Data reported as of Jul 6, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$7,665,555.10	\$7,737,846.54	\$7,665,555.10	\$7,624,748.3



3407				
MMC -NH TUSCANY VILLAGE	\$102.80	\$102.80	\$102.80	\$102.8

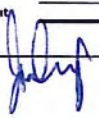
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Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 7/6/2020

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		10,047.84	✓ 9,921.03	✓ 9,818.87	✓	-	9,945.68	9,813.00
						Bank Balance	9,945.68	
						Variance	-	
						Leave in Balance	100.00	
						QJPP 1,2 AND 3		
						April Interest	7.26	✓
						May Interest	19.55	✓
						June Interest	5.87	✓
						Adjust Balance/Transfer Amt	9,813.00	✓

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

Approved: 
 Jason Anglin, CEO 7/6/2020

APPROVED
 ON
 JUL 06 2020
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

6/29/2020 Deposit
6/30/2020 Added to Account
7/1/2020 WIRE OUT BETHANY SENIOR LIVING, LTD
7/2/2020 Deposit

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	3,420.00					-	3,420.00
-	5.87					-	-
9,921.03	-					-	-
-	6,393.00					-	6,393.00
-	-					-	-
9,921.03	9,818.87	✓	-	-	-	-	9,813.00

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search

All

Select Group
Groups

Add Group

DDA

Data reported as of Jul 6, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$7,665,555.10	\$7,737,846.54	\$7,665,555.10	\$7,624,748.37



5506 MMC -NH BETHANY SENIOR LIVING	\$9,945.68	\$9,945.68	\$9,945.68	\$9,945.68
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MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 7/6/2020

A

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APPROVED
ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

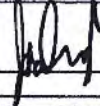
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$ 37,514.42

G/L NUMBER: 21000012

EXPLANATION: ASHFORD- TO TRANSFER MMC PORTION OF QIPP COMP 1 & 2 & 3

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating
A _____
Y _____
E _____
E _____

Date Requested: 7/6/2020

APPROVED
ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

G/L NUMBER: 21000009

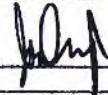
FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$ 13,625.43

EXPLANATION: BROADMOOR- TO TRANSFER MMC PORTION OF QIPP COMP 1 & 2 & 3

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 7/6/2020

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APPROVED
ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

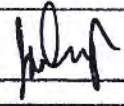
☐ Return Check to Dept

AMOUNT \$ 11,065.00

G/L NUMBER: 21000010

EXPLANATION: CRESCENT- TO TRANSFER MMC PORTION OF QIPP COMP 1 & 2 & 3

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 7/6/2020

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APPROVED
ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

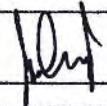
☐ Return Check to Dept

AMOUNT \$ 15,325.09

G/L NUMBER: 21000008

EXPLANATION: FORT BEND- TO TRANSFER MMC PORTION OF QIPP COMP 1 & 2 & 3

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 7/6/2020

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APPROVED
ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

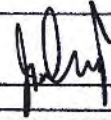
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$ 13,368.31

G/L NUMBER: 21000011

EXPLANATION: SOLERA- TO TRANSFER MMC PORTION OF QIPP COMP 1 & 2 & 3

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating
A _____
Y _____
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E _____

Date Requested: 7/6/2020

APPROVED
ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

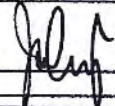
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$ 154.67

G/L NUMBER: 21400012

EXPLANATION: ASHFORD - To transfer funds for interest earned APR-JUN 2020.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 7/8/2020

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APPROVED
ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

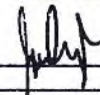
AMOUNT \$ 200.96

G/L NUMBER: 21400009

EXPLANATION: BROADMOOR - To transfer funds for interest earned APR-JUN 2020.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:



MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 7/6/2020

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APPROVED
ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT \$ 203.76

G/L NUMBER: 21400010

EXPLANATION: CRESCENT - To transfer funds for interest earned APR-JUN 2020.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 7/6/2020

A

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APPROVED
ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT \$ 69.94

G/L NUMBER: 21400008

EXPLANATION: FORT BEND - To transfer funds for interest earned APR-JUN 2020.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 7/6/2020

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APPROVED
ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

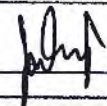
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$ 235.94

G/L NUMBER: 21400011

EXPLANATION: SOLERA - To transfer funds for interest earned APR-JUN 2020.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating
A _____
Y _____
E _____
E _____

Date Requested: 7/6/2020

APPROVED
ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

G/L NUMBER: 21400013

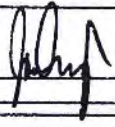
FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$ 125.12

EXPLANATION: GOLDEN CREEK - To transfer funds for interest earned APR-JUN 2020.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 7/6/2020

A _____

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APPROVED
ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

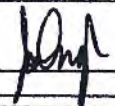
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$ 112.93

G/L NUMBER: 21400014

EXPLANATION: GULF POINTE MM - To transfer funds for interest earned APR-JUN 2020.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 7/6/2020

A _____

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APPROVED
ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

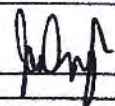
☐ Return Check to Dept

AMOUNT \$ 9.51

G/L NUMBER: 21400014

EXPLANATION: GULF POINTE PP - To transfer funds for interest earned APR-JUN 2020.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 7-7-20

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APPROVED
ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

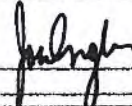
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT 32.68

G/L NUMBER: 21400015

EXPLANATION: Bethany-to pay Qtr 2 interest earned

REQUESTED BY: Sarah Henderson

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 7/6/2020

A _____

Y _____

E _____

E _____

APPROVED
ON

JUL 06 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

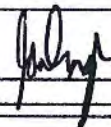
AMOUNT \$ 2.80

G/L NUMBER: 21400016

EXPLANATION: TUSCANY - To transfer funds for interest earned APR-JUN 2020.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: _____



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

1097
 88-2265/1131-87

7-8-20

Date 7-8-20

Pay to the Order of Memorial Medical Center Operating \$ 37,514.42
Thirty seven Thousand five hundred fourteen 42/100 Dollars

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

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 DETAILS ON BACK

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

1092
 88-2265/1131-87

7-8-20

Date 7-8-20

Pay to the Order of Memorial Medical Center Operating \$ 13,368.31
Thirteen Thousand Three hundred sixty eight 31/100 Dollars

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 PORT LAVACA BANKING CENTER
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For QIPP 1,2,3

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MEMORIAL MEDICAL CENTER
 NH BROADMOOR
 815 N VIRGINIA ST
 PORT LAVACA, TX 77979

000061
 88-2265/1131

7-8-20

Date 7-8-20

PAY TO THE ORDER OF Memorial Medical Center Operating \$ 13,625.43
Thirteen Thousand Six hundred twenty five 43/100 DOLLARS

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FOR QIPP 1,2,3

Security features are included. Details on back

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MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000091

Date 7-8-20

88-2265/1131

PAY

**TO THE
ORDER OF**

Memorial Medical Center Operating

\$ 11,065.00

Eleven Thousand Sixty-five 00/100

DOLLARS



**PROSPERITY
BANK**

FOR QIPP 1,2,3



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MEMORIAL MEDICAL CENTER

NH FORT BEND
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000088

Date 7-8-20

88-2265/1131

PAY

**TO THE
ORDER OF**

Memorial Medical Center Operating

\$ 15,325.09

fifteen thousand three hundred twenty five 09/100

DOLLARS



**PROSPERITY
BANK**

FOR QIPP 1,2,3



Security features are
included. Details on back

MP

IPP Payment to MMC from Nursing Facilities				Commissioner's Court			7/8/2020	
NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1, 2 & QIPP COMP 4 & LAPSE	Yr 2 Adjustment Pmt	TOTAL	Date
ford	10000018 - Prosperity	1096	MMC -Prosperity Operating #100000001	210000012	37,514.42	-	37,514.42	7/8/2020
admoor	10000019 - Prosperity	61	MMC -Prosperity Operating #100000001	210000009	13,625.43	-	13,625.43	7/8/2020
sscent	10000020 - Prosperity	91	MMC -Prosperity Operating #100000001	210000010	11,065.00	-	11,065.00	7/8/2020
t Bend	10000021 - Prosperity	88	MMC -Prosperity Operating #100000001	210000008	15,325.09	-	15,325.09	7/8/2020
lera	10000022 - Prosperity	109	MMC -Prosperity Operating #100000001	210000011	13,368.31	-	13,368.31	7/8/2020
Iden Creek	10000023 - Prosperity	59	MMC -Prosperity Operating #100000001	210000013	-	-	-	7/8/2020
If Pointe-PP	10000114 - Prosperity	14	MMC -Prosperity Operating #100000001	210000014	-	-	-	7/8/2020
If Pointe-MM	10000025 - Prosperity	-	MMC -Prosperity Operating #100000001	210000014	-	-	-	7/8/2020
thany								7/8/2020
scany								7/8/2020
				Total:	90,898.25	-	90,898.25	

Note:

Approved: 
Jason Anglin, CEO

7-6-20 6/29/2020

APPROVED
ON

JUL 08 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

37,514.42
13,625.43
11,065.00
15,325.09
13,368.31
90,898.25

MEMORIAL MEDICAL CENTER
NH GULF POINTE PLAZA - PRIVATE PAY
815 N VIRGINIA ST
PORT LAVACA, TX 77979

87SS

No. 14

88-2265
1131

PAY TO THE
ORDER OF

Memorial Medical Center Operating 9.51
Nine & 51/100

DOLLARS



Q2 Interest

MEMORIAL MEDICAL CENTER
NH GULF POINTE PLAZA - MEDICARE/MEDICAID
815 N VIRGINIA ST
PORT LAVACA, TX 77979

87SS

No. 8

88-2265
1131

PAY TO THE
ORDER OF

Memorial Medical Center Operating 112.93
One hundred twelve & 93/100

DOLLARS



Q2 Interest

MEMORIAL MEDICAL CENTER
NH BETHANY SENIOR LIVING
202 S ANN ST STE A
PORT LAVACA, TX 77979

87SS

No. 2

88-2265
1131

PAY TO THE
ORDER OF

Memorial Medical Center Operating 32.68
thirty-two & 68/100

DOLLARS



Q2 Interest

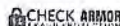
MEMORIAL MEDICAL CENTER
NH SOLERA AT WEST HOUSTON
202 S ANN ST STE A
PORT LAVACA TX 77979

1093

88-2265/1131-87

7-8-20

Date



Pay to the
Order of

Memorial Medical Center Operating \$ 235.94
Two hundred thirty-five & 94/100

Dollars



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Deposit
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361-552-7411 www.prosperitybankusa.com

For Q2 Interest

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

1098

88-2265/1131-87

7-8-20

Date



Pay to the
Order of

Memorial Medical Center Operating \$ 154.67
One hundred fifty four 67/100

Dollars



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For

Q2 Interest

MP

Memorial Medical Center
NH Tuscany Village
815 N Virginia St
Port Lavaca TX 77979

1

88-2265/1131-999

DATE

7-8-20

PAY

TO THE
ORDER OF

Memorial Medical Center Operating \$ 2.80
two 80/100

DOLLARS



Security
Features
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FOR

Q2 Interest

MP

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MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000062

88-2265/1131

Date

7-8-20

PAY

TO THE
ORDER OF

Memorial Medical Center Operating \$ 200.96
Two hundred 96/100

DOLLARS



PROSPERITY
BANK®

FOR

Q2 Interest

MP



Security
Features are
included. Details on back.

MEMORIAL MEDICAL CENTER
 NH GOLDEN CREEK HEALTHCARE & REHAB
 815 N VIRGINIA ST
 PORT LAVACA, TX 77979

000059

88-2265/1131

Date

7-8-20

PAY

TO THE
ORDER OF

Memorial Medical Center Operating

\$ 125.12

One hundred twenty-five 12/100

DOLLARS

PROSPERITY
BANK

FOR

Q2 Interest

Security features are
included. Details on back.

MP

MEMORIAL MEDICAL CENTER
 NH CRESCENT
 815 N VIRGINIA ST
 PORT LAVACA, TX 77979

000092

88-2265/1131

Date

7-8-20

PAY

TO THE
ORDER OF

Memorial Medical Center Operating

\$ 203.76

two hundred three 76/100

DOLLARS

PROSPERITY
BANK

FOR

Q2 Interest

Security features are
included. Details on back.

MP

MEMORIAL MEDICAL CENTER
 NH FORT BEND
 815 N VIRGINIA ST
 PORT LAVACA, TX 77979

000089

88-2265/1131

Date

7-8-20

PAY

TO THE
ORDER OF

Memorial Medical Center Operating

\$ 69.94

Sixty-nine 94/100

DOLLARS

PROSPERITY
BANK

FOR

Q2 Interest

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included. Details on back.

MP

Interest To MMC From NH

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Ashford	10000018 - Prosperity	1098	MMC -Prosperity Operating #10000001	21400012	April - June 2020 Interest Earned	154.67	7/8/2020
Broadmoor	10000019 - Prosperity	62	MMC -Prosperity Operating #10000001	21400009	April - June 2020 Interest Earned	200.96	7/8/2020
Crescent	10000020 - Prosperity	92	MMC -Prosperity Operating #10000001	21400010	April - June 2020 Interest Earned	203.76	7/8/2020
Fort Bend	10000021 - Prosperity	89	MMC -Prosperity Operating #10000001	21400008	April - June 2020 Interest Earned	69.94	7/8/2020
Solera	10000022 - Prosperity	1093	MMC -Prosperity Operating #10000001	21400011	April - June 2020 Interest Earned	235.94	7/8/2020
Golden Creek	10000023 - Prosperity	51 60	MMC -Prosperity Operating #10000001	21400013	April - June 2020 Interest Earned	125.12	7/8/2020
Gulf Pointe-PP	10000025 - Prosperity	14 15	MMC -Prosperity Operating #10000001	21400014	April - June 2020 Interest Earned	9.51	7/8/2020
Gulf Pointe-MM	10000025 - Prosperity	8	MMC -Prosperity Operating #10000001	21400014	April - June 2020 Interest Earned	112.93	7/8/2020
Bethany	10000026 - Prosperity	2	MMC -Prosperity Operating #10000001	21400015	April - June 2020 Interest Earned	32.68	7/8/2020
Tuscany	10000015	1	MMC -Prosperity Operating #10000001	21400016	April - June 2020 Interest Earned	2.80	7/8/2020
					Total:	1,148.31 ~~1,145.51~~	

Note:

9 = 51
 112 = 92
 32 = 68
 235 = 94
 154 = 67
 2 = 80
 200 = 98
 203 = 76
 69 = 94
 125 = 12
 1,148 = 31

APPROVED
ON

JUL 08 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS