MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 15, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	360,134.66
TOTAL TRANSFERS BETWEEN FUNDS	$	173,565.61
TOTAL NURSING HOME UPL EXPENSES	$	300,030.81
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED July 15, 2020	$	833,731.08

APPROVED

JUL 15 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 15, 2020

PAYABLES AND PAYROLL			
7/9/2020	Weekly Payables	340,010.61	
7/9/2020	Patient Refunds	321.80	
7/14/2020	Citibank Credit Card-see attached	1,592.31	
7/14/2020	McKesson-340B Prescription Expense	9,831.42	
7/14/2020	Amerisource Bergen-340B Prescription Expense	572.44	
	Prosperity Electronic Bank Payments		
7/6-7/10/20	Credit Card & Lease Fees	6,605.68	
7/20/2020	Sales Tax for June 2020	918.31	
7/8/2020	Cleargage-Patient Financing Service	81.63	
7/6-7/9/20	Pay Plus-Patient Claims Processing Fee	53.90	
7/8/2020	Harland Clarke-NH Checks	146.56	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 360,134.66**
TRANSFER BETWEEN FUNDS-NURSING HOMES			
7/9/2020	MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating	3,070.00	
7/9/2020	MMC Operating to The Crescent-correction of NH insurance payment deposited into MMC Operating	5,301.59	
7/9/2020	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	59,544.48	
7/9/2020	MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment deposited into MMC Operating	30,611.77	
7/9/2020	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	75,037.77	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 173,565.61**
NURSING HOME UPL EXPENSES			
7/14/2020	Nursing Home UPL-Cantex Transfer	180,088.55	
7/14/2020	Nursing Home UPL-Nexion Transfer	17,527.22	
7/14/2020	Nursing Home UPL-HMG Transfer	36,744.09	
7/14/2020	Nursing Home UPL-Tuscany Transfer	34,193.02	
7/14/2020	Nursing Home UPL-HSL Transfer	28,493.53	
QIPP/INTEREST/RECOUP CHECKS TO MMC			
7/14/2020	Ashford-Medicare withholding	2,984.40	
TOTAL NURSING HOME UPL EXPENSES			**$ 300,030.81**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED July 15, 2020			**$ 833,731.08**

RECEIVED
JUL 09 2020
Tuscarawas County Auditor

07/09/2020
10:29

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/22/2020

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
145447		06/30/2020	06/15/2020	07/10/2020			7.99	0.00	0.00	7.99
	SUPPLIES									
145528		06/30/2020	06/18/2020	07/13/2020			39.45	0.00	0.00	39.45
	SUPPLIES									
145632		06/30/2020	06/22/2020	07/17/2020			29.75	0.00	0.00	29.75
	SUPPLIES									
145736		06/30/2020	06/25/2020	07/20/2020			73.19	0.00	0.00	73.19
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 1	150.38	0.00	0.00	150.38

Vendor#	Vendor Name	Class	Pay Code
A1690	ALCON LABORATORIES, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9657318933		06/30/2020	01/21/2020	02/20/2020			954.00	0.00	0.00	954.00
	SUPPLEIS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATO	954.00	0.00	0.00	954.00

Vendor#	Vendor Name	Class	Pay Code
10958	ALLYSON SWOPE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070620		07/08/2020	07/06/2020	07/06/2020			2,434.50	0.00	0.00	2,434.50
	CONTRACT EMPLOYEE (6/19-7/11/2020)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE	2,434.50	0.00	0.00	2,434.50

Vendor#	Vendor Name	Class	Pay Code
10419	AMBU INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
220091407		06/30/2020	06/27/2020	07/08/2020			113.32	0.00	0.00	113.32
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10419	AMBU INC	113.32	0.00	0.00	113.32

Vendor#	Vendor Name	Class	Pay Code
B0435	BARD PERIPHERAL VASCULAR	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
81194527		06/30/2020	06/25/2020	07/07/2020			109.32	0.00	0.00	109.32
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL	109.32	0.00	0.00	109.32

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
67181614		06/30/2020	06/22/2020	07/17/2020			2,367.50	0.00	0.00	2,367.50
	LEASE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHC/	2,367.50	0.00	0.00	2,367.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
108473339		06/30/2020	06/15/2020	07/16/2020			51.85	0.00	0.00	51.85
	FREIGHT									
108476029		06/30/2020	06/17/2020	07/17/2020			1,030.78	0.00	0.00	1,030.78
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1266	BECKMAN COULTE	1,082.63	0.00	0.00	1,082.63

Vendor#	Vendor Name	Class	Pay Code
10599	BKD, LLP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BK01241452		06/30/2020	06/26/2020	07/21/2020			15,321.60	0.00	0.00	15,321.60
	COST REPORT/MEDICARE/PROVII									
BK01243552		06/30/2020	06/29/2020	07/21/2020			31,200.00	0.00	0.00	31,200.00
	3RD BILL END YEAR									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10599	BKD, LLP	46,521.60		0.00	0.00	46,521.60

Vendor#	Vendor Name	Class	Pay Code
B1800	BRIGGS HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B298253		06/30/2020	06/16/2020	07/16/2020			961.03	0.00	0.00	961.03
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCA	961.03		0.00	0.00	961.03

Vendor#	Vendor Name	Class	Pay Code
11224	CABLES AND SENSORS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
93683		06/23/2020	06/16/2020	07/16/2020			50.00	0.00	0.00	50.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11224	CABLES AND SENS	50.00		0.00	0.00	50.00

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062420		06/30/2020	06/24/2020	06/24/2020			90.13	0.00	0.00	90.13
	FUEL									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	90.13		0.00	0.00	90.13

Vendor#	Vendor Name	Class	Pay Code
11295	CALHOUN COUNTY INDIGENT AC(		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070720		07/08/2020	07/07/2020	07/07/2020			80.00	0.00	0.00	80.00
	TRANSFER									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY	80.00		0.00	0.00	80.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8002253484		06/30/2020	06/13/2020	07/08/2020			307.21	0.00	0.00	307.21
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH	307.21		0.00	0.00	307.21

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
ZDK5303		06/30/2020	06/17/2020	07/17/2020			137.00	0.00	0.00	137.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMEN	137.00		0.00	0.00	137.00

Vendor#	Vendor Name	Class	Pay Code
13000	CLEARFLY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV294236		07/07/2020	07/01/2020	07/15/2020			924.67	0.00	0.00	924.67
	PHONES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13000	CLEARFLY	924.67		0.00	0.00	924.67

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

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

OEQT14829	06/30/2020	06/26/2020	07/06/2020				538.00	0.00	0.00	538.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE S	538.00	0.00	0.00	538.00

Vendor# D1193 — Vendor Name: DEPUY SYNTHES SALES, INC. — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
22901696RI	06/30/2020	06/25/2020	07/20/2020				2,874.20	0.00	0.00	2,874.20
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	D1193	DEPUY SYNTHES S	2,874.20	0.00	0.00	2,874.20

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6115620	06/30/2020	06/26/2020	07/21/2020				1,006.88	0.00	0.00	1,006.88
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SC	1,006.88	0.00	0.00	1,006.88

Vendor# 10789 — Vendor Name: DISCOVERY MEDICAL NETWORK — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC063020	06/30/2020	06/30/2020	07/16/2020				141,636.01	0.00	0.00	141,636.01
	PRO FEES Physician services June 16-30, 2020									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDIC	141,636.01	0.00	0.00	141,636.01

Vendor# 10042 — Vendor Name: ERBE USA INC SURGICAL SYSTEM — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
616802	06/30/2020	06/30/2020	07/08/2020				157.24	0.00	0.00	157.24
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SUF	157.24	0.00	0.00	157.24

Vendor# 10689 — Vendor Name: FASTHEALTH CORPORATION — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
07A20MMC	07/08/2020	07/01/2020	07/16/2020				495.00	0.00	0.00	495.00
	WEBSITE									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
703570144	06/30/2020	06/11/2020	07/06/2020				11.25	0.00	0.00	11.25
	SHIPPING									
704247169	06/30/2020	06/18/2020	07/13/2020				22.50	0.00	0.00	22.50
	SHIPPING									
704873703	06/30/2020	06/25/2020	07/20/2020				71.74	0.00	0.00	71.74
	SHIPPING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS	105.49	0.00	0.00	105.49

Vendor# F1400 — Vendor Name: FISHER HEALTHCARE — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1019284	06/30/2020	06/18/2020	07/16/2020				1,969.79	0.00	0.00	1,969.79
	SUPPLIES									
1107711	06/30/2020	06/19/2020	07/14/2020				484.31	0.00	0.00	484.31
	SUPPLIES									
1107713	06/30/2020	06/19/2020	07/16/2020				157.13	0.00	0.00	157.13
	SUPPLIES									
1209966	06/30/2020	06/22/2020	07/17/2020				28.29	0.00	0.00	28.29
	SUPPLIES									

1324045	06/30/2020	06/23/2020	07/18/2020			492.90	0.00	0.00	492.90
SUPPLIES									
1449740	06/30/2020	06/24/2020	07/19/2020			10.64	0.00	0.00	10.64
SUPPLIES									
1449739	06/30/2020	06/24/2020	07/19/2020			919.36	0.00	0.00	919.36
SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCA	4,062.42		0.00	0.00	4,062.42

Vendor#	Vendor Name	Class	Pay Code
13252			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070220	07/07/2020	07/02/2020	07/02/2020				25.00	0.00	0.00	25.00
PATIENT REFUND										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13252		25.00		0.00	0.00	25.00

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061920	06/30/2020	06/19/2020	07/13/2020				56.40	0.00	0.00	56.40
PHONES										
062320	06/30/2020	06/23/2020	07/13/2020				-9.00	0.00	0.00	-9.00
PHONES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11183	FRONTIER	47.40		0.00	0.00	47.40

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
27786199	07/09/2020	06/16/2020	07/16/2020				1,019.82	0.00	0.00	1,019.82
PHONES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12636	FUSION CLOUD SE	1,019.82		0.00	0.00	1,019.82

Vendor#	Vendor Name	Class	Pay Code
10642	GLAXOSMITHKLINE PHARMACUE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8253191036	06/30/2020	06/18/2020	07/18/2020				526.21	0.00	0.00	526.21
INVENTORY										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE	526.21		0.00	0.00	526.21

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1880683	06/24/2020	06/16/2020	07/16/2020				716.31	0.00	0.00	716.31
SUPPLIES										
1880925	06/24/2020	06/16/2020	07/16/2020				33.40	0.00	0.00	33.40
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPE	749.71		0.00	0.00	749.71

Vendor#	Vendor Name	Class	Pay Code
11784	HALF LEAGUE STORAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063020	06/30/2020	06/30/2020	06/30/2020				360.00	0.00	0.00	360.00
UNIT 11.12.35 THRU SEPT										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11784	HALF LEAGUE STO	360.00		0.00	0.00	360.00

Vendor#	Vendor Name	Class	Pay Code
I1260	INTOXIMETERS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
658809	06/30/2020	06/24/2020	07/19/2020				205.25	0.00	0.00	205.25
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	I1260	INTOXIMETERS INC	205.25		0.00	0.00	205.25

Vendor#	Vendor Name	Class	Pay Code
11108	ITERSOURCE CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
711226	07/07/2020	07/02/2020	07/02/2020				250.00	0.00	0.00	250.00
	SUPPORT SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORI	250.00	0.00	0.00	250.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
922681225	06/30/2020	06/16/2020	07/16/2020				84.00	0.00	0.00	84.00
	SUPPLIES									
922693662	06/30/2020	06/17/2020	07/17/2020				1,281.88	0.00	0.00	1,281.88
	SUPPLIES									
922714362	06/30/2020	06/22/2020	07/22/2020				84.00	0.00	0.00	84.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE	1,449.88	0.00	0.00	1,449.88

Vendor#	Vendor Name	Class	Pay Code
13256	S		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062920	06/30/2020	06/29/2020	06/29/2020				23.54	0.00	0.00	23.54
	PATIENT REFUND									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13256		23.54	0.00	0.00	23.54

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070620	07/06/2020	07/06/2020	07/06/2020				840.86	0.00	0.00	840.86
	PAYROLL DED									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
02620725	06/30/2020	04/22/2020	05/07/2020				230.59	0.00	0.00	230.59
	SUPPLIES									
06972647	06/30/2020	06/11/2020	07/16/2020				161.69	0.00	0.00	161.69
	SUPPLIES									
07996203	06/30/2020	06/23/2020	07/08/2020				230.59	0.00	0.00	230.59
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDIC	622.87	0.00	0.00	622.87

Vendor#	Vendor Name	Class	Pay Code
M2827	MEDIVATORS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90545993	06/30/2020	06/30/2020	07/07/2020				407.79	0.00	0.00	407.79
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	407.79	0.00	0.00	407.79

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1914834839	06/30/2020	06/23/2020	07/18/2020				585.56	0.00	0.00	585.56
	SUPPLIES									
1914834830	06/30/2020	06/23/2020	07/18/2020				3,604.95	0.00	0.00	3,604.95
	SUPPLIES									
1914834823	06/30/2020	06/23/2020	07/18/2020				166.66	0.00	0.00	166.66
	SUPPLIES									
1914834816	06/30/2020	06/23/2020	07/18/2020				506.40	0.00	0.00	506.40
	SUPPLIES									

1914834821	06/30/2020	06/23/2020	07/18/2020			164.46	0.00	0.00	164.46
	SUPPLIES								
1914834818	06/30/2020	06/23/2020	07/18/2020			134.72	0.00	0.00	134.72
	SUPPLIES								
1914834819	06/30/2020	06/23/2020	07/18/2020			6.68	0.00	0.00	6.68
	SUPPLIES								
1914834824	06/30/2020	06/23/2020	07/18/2020			80.08	0.00	0.00	80.08
	SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTR	5,249.51	0.00	0.00	5,249.51

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070620	07/06/2020	07/06/2020	07/06/2020				238.28	0.00	0.00	238.28
	PAYROLL DED									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICA	238.28	0.00	0.00	238.28

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7727	06/30/2020	06/29/2020	07/09/2020				-0.41	0.00	0.00	-0.41
	CREDIT									
7540	06/30/2020	06/29/2020	07/09/2020				-198.41	0.00	0.00	-198.41
	INVENTORY									
7671	06/30/2020	06/29/2020	07/09/2020				-8.64	0.00	0.00	-8.64
	INVENTORY									
5779548	06/30/2020	06/30/2020	07/10/2020				115.38	0.00	0.00	115.38
	INVENTORY									
5779547	06/30/2020	06/30/2020	07/10/2020				210.84	0.00	0.00	210.84
	INVENTORY									
5779546	06/30/2020	06/30/2020	07/10/2020				3,070.65	0.00	0.00	3,070.65
	INVENTORY									
5781562	07/07/2020	07/01/2020	07/11/2020				34.26	0.00	0.00	34.26
	INVENTORY									
5781561	07/07/2020	07/01/2020	07/11/2020				44.64	0.00	0.00	44.64
	INVENTORY									
5781564	07/07/2020	07/01/2020	07/11/2020				10.69	0.00	0.00	10.69
	INVENTORY									
5788496	07/07/2020	07/02/2020	07/12/2020				1,858.34	0.00	0.00	1,858.34
	INVENTORY									
5788497	07/07/2020	07/02/2020	07/12/2020				62.23	0.00	0.00	62.23
	INVENTORY									
5788495	07/07/2020	07/02/2020	07/12/2020				278.96	0.00	0.00	278.96
	INVENTORY									
CM75112	07/07/2020	07/02/2020	07/12/2020				-13.61	0.00	0.00	-13.61
	CREDIT									
5788197	07/07/2020	07/02/2020	07/12/2020				33.96	0.00	0.00	33.96
	INVENTORY									
5788198	07/07/2020	07/02/2020	07/12/2020				36.72	0.00	0.00	36.72
	INVENTORY									
5794396	07/07/2020	07/06/2020	07/16/2020				60.32	0.00	0.00	60.32
	INVENTORY									
5796071	07/07/2020	07/06/2020	07/16/2020				94.28	0.00	0.00	94.28
	INVENTORY									
5796072	07/07/2020	07/06/2020	07/16/2020				282.84	0.00	0.00	282.84
	INVENTORY									
5794395	07/07/2020	07/06/2020	07/16/2020				1,192.91	0.00	0.00	1,192.91
	INVENTORY									
5796494	07/07/2020	07/06/2020	07/16/2020				164.95	0.00	0.00	164.95
	INVENTORY									
5796491	07/07/2020	07/06/2020	07/16/2020				9,035.33	0.00	0.00	9,035.33

		INVENTORY								
	5796493	07/07/2020	07/06/2020	07/16/2020			391.44	0.00	0.00	391.44
		INVENTORY								
	5796490	07/07/2020	07/06/2020	07/16/2020			25.59	0.00	0.00	25.59
		INVENTORY								
	5794397	07/07/2020	07/06/2020	07/16/2020			25.48	0.00	0.00	25.48
		INVENTORY								
	5796492	07/07/2020	07/06/2020	07/16/2020			67.13	0.00	0.00	67.13
		INVENTORY								
	5800830	07/08/2020	07/07/2020	07/17/2020			298.21	0.00	0.00	298.21
		INVENTORY								
	5800831	07/08/2020	07/07/2020	07/17/2020			707.04	0.00	0.00	707.04
		INVENTORY								
	5800832	07/08/2020	07/07/2020	07/17/2020			114.97	0.00	0.00	114.97
		INVENTORY								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	10536	MORRIS & DICKSOI			17,996.09		0.00	0.00	17,996.09	
Vendor#		Vendor Name			Class		Pay Code			
12316		NCS PEARSON, INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5316805	06/30/2020	06/22/2019	06/22/2019				426.39	0.00	0.00	426.39
		SUPPLIES								
5564679	06/30/2020	07/25/2019	07/25/2019				78.00	0.00	0.00	78.00
		SUPPLIES								
5624825	06/30/2020	08/02/2019	08/02/2019				-42.00	0.00	0.00	-42.00
		CREDIT								
7545833	06/30/2020	11/08/2019	11/08/2019				110.00	0.00	0.00	110.00
		SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	12316	NCS PEARSON, INC			572.39		0.00	0.00	572.39	
Vendor#		Vendor Name			Class		Pay Code			
10868		NOVA BIOMEDICAL								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90731982	06/30/2020	05/28/2020	07/08/2020				143.80	0.00	0.00	143.80
		SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	10868	NOVA BIOMEDICAL			143.80		0.00	0.00	143.80	
Vendor#		Vendor Name			Class		Pay Code			
N1800		NURSES CHOICE CORPORATION			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0147789IN	06/22/2020	06/16/2020	07/16/2020				105.28	0.00	0.00	105.28
		SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	N1800	NURSES CHOICE C			105.28		0.00	0.00	105.28	
Vendor#		Vendor Name			Class		Pay Code			
O1500		OLYMPUS AMERICA INC			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
99382107	06/30/2020	06/24/2020	07/19/2020				118.37	0.00	0.00	118.37
		SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	O1500	OLYMPUS AMERIC/			118.37		0.00	0.00	118.37	
Vendor#		Vendor Name			Class		Pay Code			
O1416		ORTHO CLINICAL DIAGNOSTICS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1851467916	06/24/2020	06/17/2020	07/17/2020				183.25	0.00	0.00	183.25
		SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	O1416	ORTHO CLINICAL D			183.25		0.00	0.00	183.25	
Vendor#		Vendor Name			Class		Pay Code			
11069		PABLO GARZA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

070620	07/08/2020	07/06/2020	07/06/2020				2,575.63	0.00	0.00	2,575.63
CONTRACT EMPLOYEE										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	2,575.63	0.00	0.00	2,575.63

Vendor# 12544 — Vendor Name: PATRICK OCHOA — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070320A		07/03/2020	07/03/2020	07/16/2020			200.00	0.00	0.00	200.00
REHAB LAWN										
070320		07/03/2020	07/03/2020	07/16/2020			380.00	0.00	0.00	380.00
CLINIC LAWN										
070320B		07/03/2020	07/03/2020	07/16/2020			520.00	0.00	0.00	520.00
HOSPITAL LAWN										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12544	PATRICK OCHOA	1,100.00	0.00	0.00	1,100.00

Vendor# P2200 — Vendor Name: POWER HARDWARE — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A63238		06/30/2020	06/12/2020	06/22/2020			8.28	0.00	0.00	8.28
SUPPLIES										
A63324		06/30/2020	06/15/2020	06/25/2020			25.67	0.00	0.00	25.67
SUPPLIES										
A63300		06/30/2020	06/15/2020	06/25/2020			15.99	0.00	0.00	15.99
SUPPLIES										
B55798		06/30/2020	06/22/2020	07/02/2020			31.66	0.00	0.00	31.66
SUPPLIES										
B55885		06/30/2020	06/29/2020	07/09/2020			7.39	0.00	0.00	7.39
SUPPLIES										
B55878		06/30/2020	06/29/2020	07/09/2020			10.55	0.00	0.00	10.55
SUPPLIES										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER HARDWAR	99.54	0.00	0.00	99.54

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2596		06/29/2020	06/24/2020	07/19/2020			229.90	0.00	0.00	229.90
DISPOSAL SERVICE										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11252	RX WASTE SYSTEM	229.90	0.00	0.00	229.90

Vendor# S1405 — Vendor Name: SERVICE SUPPLY OF VICTORIA IN — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
701059556		06/23/2020	06/17/2020	07/17/2020			79.02	0.00	0.00	79.02
SUPPLIES										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY (	79.02	0.00	0.00	79.02

Vendor# K0536 — Vendor Name: SHIRLEY KARNEI — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070720		07/07/2020	07/07/2020	07/07/2020		235.73	265.43	0.00	0.00	265.43
CONTRACT EMPLOYEE										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	265.43	235.73	0.00	265.43

Vendor# 10936 — Vendor Name: SIEMENS FINANCIAL SERVICES — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
115916144		06/23/2020	06/17/2020	07/17/2020			2,193.83	0.00	0.00	2,193.83
MAINT CONTRACT										
563820000	5	06/30/2020	06/03/2020	06/22/2020			4,038.24	0.00	0.00	4,038.24
815										
LEASE										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	10936	SIEMENS FINANCIA				6,232.07	0.00	0.00		6,232.07
Vendor#		Vendor Name				Class		Pay Code		
10699		SIGN AD, LTD.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	251858	07/08/2020	07/01/2020	07/11/2020				400.00	0.00	0.00	400.00
		AD									
	251853	07/08/2020	07/01/2020	07/11/2020				390.00	0.00	0.00	390.00
		AD									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net
		10699	SIGN AD, LTD.			790.00		0.00	0.00		790.00
Vendor#		Vendor Name				Class		Pay Code		
12288		SPBS CLINICAL EQUIPMENT SRVC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV008269	06/30/2020	05/18/2020	06/17/2020				12,375.00	0.00	0.00	12,375.00
		BIO MED SERVICES									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net
		12288	SPBS CLINICAL EQ			12,375.00		0.00	0.00		12,375.00
Vendor#		Vendor Name				Class		Pay Code		
T1450		TEXAS ASSOCIATION OF COUNTII				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	070720	07/07/2020	07/07/2020	07/07/2020				4,551.82	0.00	0.00	4,551.82
		2ND QRT 2020 UNEMPLOYMENT									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net
		T1450	TEXAS ASSOCIATI(			4,551.82		0.00	0.00		4,551.82
Vendor#		Vendor Name				Class		Pay Code		
11039		THE BRATTON FIRM									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	062620	06/30/2020	06/26/2020	06/26/2020				100.00	0.00	0.00	100.00
		FEE FOR COLLECTION									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net
		11039	THE BRATTON FIRI			100.00		0.00	0.00		100.00
Vendor#		Vendor Name				Class		Pay Code		
10985		THE COMPLIANCE TEAM, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	00013889	06/30/2020	06/09/2020	06/09/2020				4,800.00	0.00	0.00	4,800.00
		ACCREDITATION CONTRACT 1ST									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net
		10985	THE COMPLIANCE			4,800.00		0.00	0.00		4,800.00
Vendor#		Vendor Name				Class		Pay Code		
11908		TMS SOUTH									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	653985	06/30/2020	03/24/2020	04/04/2020				281.45	0.00	0.00	281.45
		SUPPLIES									
	655614	06/30/2020	04/07/2020	04/17/2020				88.35	0.00	0.00	88.35
		PLUMBING									
	655931	06/30/2020	04/08/2020	04/18/2020				141.79	0.00	0.00	141.79
		SUPPLIES FOR PLUMBING									
	656602	06/30/2020	04/14/2020	04/24/2020				208.56	0.00	0.00	208.56
		SUPPLIES PLUMBING									
	669216	07/08/2020	07/06/2020	07/16/2020				48.67	0.00	0.00	48.67
		SUPPLIES									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net
		11908	TMS SOUTH			768.82		0.00	0.00		768.82
Vendor#		Vendor Name				Class		Pay Code		
U1054		UNIFIRST HOLDINGS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8400334936	06/30/2020	06/22/2020	07/17/2020				48.25	0.00	0.00	48.25
		LAUNDRY									
	8400334935	06/30/2020	06/22/2020	07/17/2020				47.15	0.00	0.00	47.15
		LAUNDRY									
	8400334961	06/30/2020	06/22/2020	07/17/2020				1,472.89	0.00	0.00	1,472.89

		LAUNDRY								
8400335359	06/30/2020	06/25/2020	07/20/2020			110.19	0.00	0.00	110.19	
		LAUNDRY								
8400335316	06/30/2020	06/25/2020	07/20/2020			196.00	0.00	0.00	196.00	
		LAUNDRY								
8400335331	06/30/2020	06/25/2020	07/20/2020			81.67	0.00	0.00	81.67	
		LAUNDRY								
8400335313	06/30/2020	06/25/2020	07/20/2020			19.20	0.00	0.00	19.20	
		LAUNDRY								
8400335339	06/30/2020	06/25/2020	07/20/2020			1,310.21	0.00	0.00	1,310.21	
		LAUNDRY								
8400335318	06/30/2020	06/25/2020	07/20/2020			175.83	0.00	0.00	175.83	
		LAUNDRY								
8400335315	06/30/2020	06/25/2020	07/20/2020			131.55	0.00	0.00	131.55	
		LAUNDRY								
8400335317	06/30/2020	06/25/2020	07/20/2020			179.04	0.00	0.00	179.04	
		LAUNDRY								
8400335553	06/30/2020	06/25/2020	07/20/2020			48.25	0.00	0.00	48.25	
		LAUNDRY								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	U1054	UNIFIRST HOLDING		3,820.23		0.00	0.00	3,820.23		
Vendor#		Vendor Name		Class		Pay Code				
12400		UPDOX LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0017449	06/30/2020	06/30/2020	06/30/2020				499.00	0.00	0.00	499.00
		FAXING								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	12400	UPDOX LLC		499.00		0.00	0.00	499.00		
Vendor#		Vendor Name		Class		Pay Code				
U1350		UPS		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
000077894	06/30/2020	06/20/2020	06/20/2020				322.09	0.00	0.00	322.09
		SHIPPING								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	U1350	UPS		322.09		0.00	0.00	322.09		
Vendor#		Vendor Name		Class		Pay Code				
V1058		VICTORIA ANESTHESIOLOGY		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070320	06/30/2020	07/03/2020	07/16/2020				57,901.58	0.00	0.00	57,901.58
		ANESTHESIA								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	V1058	VICTORIA ANESTHI		57,901.58		0.00	0.00	57,901.58		
Vendor#		Vendor Name		Class		Pay Code				
V1471		VICTORIA RADIOWORKS, LTD		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20060123	06/30/2020	06/30/2020	06/30/2020				280.00	0.00	0.00	280.00
		AD								
20060122	06/30/2020	06/30/2020	06/30/2020				280.00	0.00	0.00	280.00
		AD								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	V1471	VICTORIA RADIOW		560.00		0.00	0.00	560.00		
Vendor#		Vendor Name		Class		Pay Code				
10793		WAGEWORKS, INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070620	07/06/2020	07/06/2020	07/06/2020				4,676.35	0.00	0.00	4,676.35
		PAYROLL DED								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	10793	WAGEWORKS, INC.		4,676.35		0.00	0.00	4,676.35		

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	340,040.31	0.00	0.00	340,040.31

pg 8 correction

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+ 235.73

$340,010.61

340,040.31 +
265.43 -
235.73 +
340,010.61 =

APPROVED
ON
JUL 09 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 186324 -
186387

RECEIVED
JUL 09 2020
Calhoun County Auditor

RUN DATE: 07/09/20
TIME: 10:31

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
01		070820	30.00		2		
01		070820	241.80		2		
01		070820	50.00		2		
	ARID=0001 TOTAL		321.80				
TOTAL			321.80				

APPROVED
ON
JUL 09 2020

CK# 180388 - 180390

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

citi

0556709800364699700000000000000031

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
**** **** **	07/28/2020	$0.00	$0.00	

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

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

CITIBANK CORPORATE CARD

Previous Balance	Payments and Credits	New Charges	New Balance	Credit Line
$0.00	$0.00	$1,592.31	$1,592.31	$20,000.00

APPROVED ON JUL 14 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Statement Date 07/03/2020

Payment Date 07/28/2020

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

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

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

Sale Date	Post Date	Reference Number	Type of Activity			Amount
**********			**NOTICE MEMO ITEM(S) LISTED BELOW**			
06/03/2020	06/04/2020	75418230155095341668162	WEB NETWORKSOLUTIONS	888-6429675	FL	$649.00
06/04/2020	06/04/2020	55432860156200496560142	AMZN MKTP US MY1KY0A20 114-2393596-68538	AMZN.COM/BILL	WA	$159.60
06/09/2020	06/10/2020	55310200161083353068535	AMZN MKTP US MY6475Q20 114-4668118-08906	AMZN.COM/BILL	WA	$239.97
06/11/2020	06/11/2020	55432860163200208247039	AMZN MKTP US MY0HV1B72 114-9296620-00778	AMZN.COM/BILL	WA	$5.99
06/11/2020	06/12/2020	05259580164500137489885	RITTENHOUSE BOOKS	KING OF PRUSS	PA	$251.95
06/12/2020	06/12/2020	55432860164200458222236	AMZN MKTP US MY1YT8Y81 114-8055080-74626	AMZN.COM/BILL	WA	$133.52
06/12/2020	06/15/2020	85454910164900012725581	TELEFLEX LLC 40272	866-2466990	NC	$71.31
06/19/2020	06/19/2020	55432860171200156607523	AMA CREDENTIALING	800-621-8335	IL	$44.00

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

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

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

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

citi

Account Number
•••• •••• •

Statement Date
07/03/2020

Sale Date	Post Date	Reference Number	Type of Activity		Amount
NOTICE MEMO ITEM(S) LISTED BELOW					
06/23/2020	06/24/2020	55432860175200249213822	AMZN MKTP US MS7L83VF2 114-9854117-17578	AMZN.COM/BILL WA	$36.97 ✓
**********			TOTAL AMOUNT OF MEMO ITEM(S):		$1,592.31

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

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

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

APPROVED
ON

JUL 14 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 7/10/2020

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required | Expense # | Department | Deliver To | Form # 9401

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1		0.00	Web Network Solutions			649.00
2		649.00 *	SSL Certificate - IT			
3		251.95 *	Rittenhouse Books - 2020			251.95
4		44.00 *	Guidelines for Perioperative			
5		239.97 *	Practice - OR			
6		5.99 *	Teleflex LLC - HumidVent			71.31
7		36.97 *	Filter Compact - Respiratory			
8	—	1,592.31 *	AMA Credentialing			44.00
9	—		Amazon - Non-contact Forehead Thermometer (4)			159.60
10	—		Amazon - (3) Posey 8373 KeepSafe Essential			239.97
	—		Amazon - 10 amp 250V Fuse			5.99
	—		Amazon - (4) Fuji Wide Instant Color Film for Instax			133.52
	—		Amazon - The Sanford Guide to Antimicrobial Therapy			36.97

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

charges made to Mr. Anglin's credit card (MC)

Total: $1,592.31

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

citi

0556709000527279901592310159231030

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
	07/28/2020	$1,592.31 ✓	$1,592.31	

C0001 CALHOUN COUNTY MMC
RHONDA KOKENA
202 SOUTH ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

Pd. 7-16-20 RK

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

Payment coupon: Please cut along perforation and return this portion with your payment. Make check or money order payable in U.S. dollars on a U.S. bank to Citibank. Include account number on check or money order. No cash please. Do not staple or tape your check to this coupon.

CITIBANK CORPORATE CARD

Statement Date 07/03/2020

Payment Date 07/28/2020

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
$30,000.00	$28,407.69	$0.00	$0.00

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

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

COMPANY SUMMARY

		Previous Balance	Payment Allocation	Credits	Purchases and Advances	Interest Charges	New Balance
Company Totals	Purchases	$1,101.11	- $1,101.11		$1,592.31		$1,592.31
	Advances						
	TOTAL	$1,101.11	- $1,101.11		$1,592.31		$1,592.31

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.
Citi is committed to the reduction of paper. Within the Commercial Cards business, you can switch to online statements now by registering your card on CitiManager at https://home.cards.citidirect.com/CommercialCard/Cards.html. Thanks to those who already access statements online, together we are saving 2,170 trees each year through this initiative alone.
Account management made easier: Online statements & CitiManager Mobile offer 24/7 access, security, and mobility. Log in at www.citimanager.com/login and click Go Paperless under the Statement tab.
Sign-up for email or text message alerts to know when your statement is ready to view. When on the go, access your account and recent activity through your mobile device at www.citimanager.com/mobile

CARDMEMBER SUMMARY

		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit:$20,000.00	Purchases				$1,592.31		
	Advances						
	TOTAL				$1,592.31		$1,592.31

COMPANY BOOKKEEPING DETAIL

C0001 CALHOUN COUNTY MMC

Monthly Limit	Cash Limit*	Available Credit Line	Available Cash Line**
$30,000.00	$0.00	$28,407.69	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Total Amount
06/19/2020	06/22/2020	75472330174171411000129	PAYMENT THANK YOU	$1,101.11 PY

DAYS IN BILLING PERIOD: 030					
Balance Subject To Interest Charges	>	Purchases $0.00	Cash Advances $0.00	Payment Due:	$1,592.31
Periodic rate	>	.0000%	.0000%	Amount Over Credit Limit:	$0.00
ANNUAL PERCENTAGE RATE	>	0.00%	0.00%	Amount Past Due:	$0.00
				MINIMUM AMOUNT DUE:	$1,592.31

citi

Company Account Number

Statement Date
07/03/2020

INDIVIDUAL CARDHOLDER ACTIVITY

JASON W ANGLIN

Monthly Limit	Cash Limit*
$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
06/03/2020	06/04/2020	75418230155095341668162	WEB NETWORKSOLUTIONS 888-6429675 FL	$649.00
06/04/2020	06/04/2020	55432860156200496560142	AMZN MKTP US MY1KY0A20 AMZN.COM/BILL WA 114-2393596-68538	$159.60
06/09/2020	06/10/2020	55310200161083353068535	AMZN MKTP US MY6475Q20 AMZN.COM/BILL WA 114-4668118-08906	$239.97
06/11/2020	06/11/2020	55432860163200208247039	AMZN MKTP US MY0HV1B72 AMZN.COM/BILL WA 114-9296620-00778	$5.99
06/11/2020	06/12/2020	05259580164500137489885	RITTENHOUSE BOOKS KING OF PRUSS PA	$251.95
06/12/2020	06/12/2020	55432860164200458222236	AMZN MKTP US MY1YT8Y81 AMZN.COM/BILL WA 114-8055080-74626	$133.52
06/12/2020	06/15/2020	85454910164900012725581	TELEFLEX LLC 866-2466990 NC 40272	$71.31
06/19/2020	06/19/2020	55432860171200156607523	AMA CREDENTIALING 800-621-8335 IL	$44.00
06/23/2020	06/24/2020	55432860175200249213822	AMZN MKTP US MS7L83VF2 AMZN.COM/BILL WA 114-9854117-17578	$36.97
			TOTAL PURCHASES/ADVANCES/CREDITS	$1,592.31

APPROVED
ON

JUL 14 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Continued on next page

Wire Transfer

COUNTY OF CALHOUN TEXAS

PROSPERITY BANK®

Wire Details

Transaction Number	
Recurring Frequency	One-Time Payment
Template Name	CITI CARD PRGM - MMC
Amount	USD 1,592.31
Debit Account	)A (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank (113122655)
Notify Initiator Options	Pending Actions: Notify via EMAIL Pending Release: Notify via EMAIL System Events: Notify via EMAIL Complete - Unsuccessful: Notify via EMAIL Complete - Successful: Notify via EMAIL Early Action Taken: Notify via EMAIL Early Action Removed: Notify via EMAIL Expired: Notify via EMAIL
Payment Date	07/16/2020

Originator Information

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

Beneficiary / Payee Information

Name	CBNA INCOMING SETTLEMENT
ACCOUNT **Beneficiary ID Type**	Account Number
Beneficiary ID	
Address 1	
Address 2	
Address 3	
Beneficiary Country	
Contact Name	
Phone Number	

Beneficiary Bank Information

Name	
Beneficiary Bank ID Type	
Beneficiary Bank ID	
Address 1	
Address 2	
Address 3	
Intl Routing Number	
Beneficiary Bank Country	

Additional Reference Information

Purpose Of Payment	CARD PMT
Additional Information For Beneficiary	

Status History

Timestamp	Status	Initiator	Description
Jul 16, 2020 1:50:00 PM CDT	Delivered	SYSTEM	Wire has been delivered to the bank.
Jul 16, 2020 1:49:18 PM CDT	Pending Delivery		:ENA) Wire Released.
Jul 16, 2020 1:48:31 PM CDT	Pending Release	SYSTEM	The transfer is available for release.
Jul 16, 2020 1:48:31 PM CDT	Created		Wire Created.

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/10/2020 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 07/11/2020

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

As of: 07/10/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 07/11/2020 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 10,036.78 USD

Future Due: 0.00

Past Due: 232.08-

Last Payment 08/07/2017 2,451.97

If Paid By 07/14/2020, Pay This Amount: 9,831.42 USD

If Paid After 07/14/2020, Pay this Amount: 10,036.78 USD

Due if Paid On Time: USD 9,831.42

Disc lost if paid late: 205.36

Due if Paid Late: USD 10,036.78

429.54 +
4,002.86 +
439.44 +
3,377.55 +
860.79 +
721.24 +
9,831.42 *

CK# 500115

APPROVED
ON
JUL 14 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/10/2020 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 07/11/2020

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

As of: 07/10/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 07/11/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
07/08/2020	07/14/2020	7210759447	2017016540	115Invoice	3.49	174.61		171.12 ✓		7210759447	
07/10/2020	07/14/2020	7211304446	2017016692	115Invoice	5.27	263.69		258.42 ✓		7211304446	

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: 438.30 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 07/06/2020 2,136.30

If Paid By 07/14/2020, Pay This Amount: 429.54 USD

If Paid After 07/14/2020, Pay this Amount: 438.30 USD

Due If Paid On Time: USD 429.54 ✓

Disc lost if paid late: 8.76

Due If Paid Late: USD 438.30

APPROVED
ON

JUL 14 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 07/10/2020 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 07/11/2020

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 07/10/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 07/11/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
07/06/2020	07/14/2020	7210276161	0705200817-00	115Invoice	5.73	286.27		280.54		7210276161	
07/07/2020	07/14/2020	7210541004	0706200355-00	115Invoice	36.83	1,841.38		1,804.55		7210541004	
07/07/2020	07/14/2020	7210541006	0706200355-00	115Invoice	13.01	650.72		637.71		7210541006	
07/07/2020	07/14/2020	7210696613	819419671	195Invoice	0.90	44.79		43.89		7210696613	
07/07/2020	07/14/2020	7210723179	00007062020TM	115Invoice	0.09	4.68		4.59		7210723179	
07/08/2020	07/14/2020	7210784153	0707200406-00	115Invoice	2.05	102.61		100.56		7210784153	
07/08/2020	07/14/2020	7210937564	819660754	195Invoice	0.01	0.63		0.62		7210937564	
07/09/2020	07/14/2020	7211064948	5318979555	115Invoice	0.68	34.20		33.52		7211064948	
07/09/2020	07/14/2020	7211194999	819921974	195Invoice	2.57	128.36		125.79		7211194999	
07/09/2020	07/14/2020	7211232591	00007082020Tm	115Invoice	2.04	101.79		99.75		7211232591	
07/10/2020	07/14/2020	7211300259	9218984035	115Invoice	5.13	256.74		251.61		7211300259	
07/10/2020	07/14/2020	7211300261	0709200251-00	115Invoice	12.62	631.10		618.48		7211300261	
07/10/2020	07/14/2020	7211446416	820149044	195Invoice	0.01	0.32		0.31		7211446416	
07/10/2020	07/14/2020	7211478978	00007092020/tm	115Invoice	0.02	0.96		0.94		7211478978	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 4,084.55 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,136.30
07/06/2020

If Paid By 07/14/2020, Pay This Amount: 4,002.86 USD

If Paid After 07/14/2020, Pay this Amount: 4,084.55 USD

Due If Paid On Time: USD 4,002.86

Disc lost if paid late: 81.69

Due If Paid Late: USD 4,084.55

APPROVED
ON

JUL 14 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

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

As of: 07/10/2020 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 07/11/2020

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

As of: 07/10/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 07/11/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
07/08/2020	07/08/2020	7211000154	MFC PR CORR CR	Pricing Cor		14.76-	P	14.76-	P ✓	7211000154	
07/08/2020	07/08/2020	7211000155	MFC PR CORR CR	Pricing Cor		25.24-	P	25.24-	P ✓	7211000155	
07/08/2020	07/14/2020	7211000156	MFC PR CORR IN	Pricing Cor	0.24	12.08		11.84	✓	7211000156	
07/08/2020	07/14/2020	7211000157	MFC PR CORR IN	Pricing Cor	0.40	20.04		19.64	✓	7211000157	
07/08/2020	07/08/2020	7211009535	MFC PR CORR CR	Pricing Cor		40.00-	P	40.00-	P ✓	7211009535	
07/08/2020	07/08/2020	7211009536	MFC PR CORR CR	Pricing Cor		14.76-	P	14.76-	P ✓	7211009536	
07/08/2020	07/08/2020	7211009537	MFC PR CORR CR	Pricing Cor		42.88-	P	42.88-	P ✓	7211009537	
07/08/2020	07/08/2020	7211009538	MFC PR CORR CR	Pricing Cor		14.76-	P	14.76-	P ✓	7211009538	
07/08/2020	07/08/2020	7211009539	MFC PR CORR CR	Pricing Cor		14.76-	P	14.76-	P ✓	7211009539	
07/08/2020	07/14/2020	7211009540	MFC PR CORR IN	Pricing Cor	0.64	32.12		31.48	✓	7211009540	
07/08/2020	07/14/2020	7211009541	MFC PR CORR IN	Pricing Cor	0.24	12.08		11.84	✓	7211009541	
07/08/2020	07/14/2020	7211009542	MFC PR CORR IN	Pricing Cor	0.22	10.90		10.68	✓	7211009542	
07/08/2020	07/14/2020	7211009543	MFC PR CORR IN	Pricing Cor	0.24	12.08		11.84	✓	7211009543	
07/08/2020	07/14/2020	7211009544	MFC PR CORR IN	Pricing Cor	0.24	12.08		11.84	✓	7211009544	
07/09/2020	07/14/2020	7211067991	808739	115Invoice	10.15	507.59		497.44	✓	7211067991	

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

TOTAL: **Customer Number 262252 CVS PHCY 7006/MEMORIA PHS**

Subtotals: 451.81 USD

Future Due: 0.00

Past Due: 167.16-

Last Payment 2,136.30
07/06/2020

If Paid By 07/14/2020, Pay This Amount: 439.44 USD

If Paid After 07/14/2020, Pay this Amount: 451.81 USD

Due If Paid On Time:
USD 439.44 ✓

Disc lost if paid late: 12.37

Due If Paid Late:
USD 451.81

APPROVED ON

JUL 14 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

HEB PHY FC 490/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/10/2020

DC: 8115

Territory: 400

Customer: 464450
Date: 07/11/2020

Page: 001

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

As of: 07/10/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 07/11/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
07/08/2020	07/14/2020	7210750157	55x428411	115Invoice	68.93	3,446.48		3,377.55	✓	7210750157	

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

TOTAL: Customer Number 464450 HEB PHY FC 490/MEM MC PHS

Subtotals: 3,446.48 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,273.29
05/25/2020

If Paid By 07/14/2020, Pay This Amount: 3,377.55 USD

If Paid After 07/14/2020, Pay this Amount: 3,446.48 USD

Due If Paid On Time: ✓
USD 3,377.55

Disc lost if paid late:
68.93

Due If Paid Late:
USD 3,446.48

APPROVED
ON

JUL 14 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

CVS PHCY 8923/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/10/2020 Page: 001

DC: 8115

Territory: 400

Customer: 835434
Date: 07/11/2020

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

As of: 07/10/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 07/11/2020 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
07/09/2020	07/14/2020	7211063291	808403	115Invoice	17.57	878.36		860.79	✓	7211063291	

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

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

Subtotals: 878.36 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,351.52
06/22/2020

If Paid By 07/14/2020,
Pay This Amount: 860.79 USD

If Paid After 07/14/2020,
Pay this Amount: 878.36 USD

Due If Paid On Time:
USD 860.79 ✓

Disc lost if paid late:
17.57

Due If Paid Late:
USD 878.36

APPROVED
ON

JUL 14 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

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

As of: 07/10/2020 Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 07/11/2020

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

As of: 07/10/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 07/11/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
07/08/2020	07/08/2020	7211016501	MFC PR CORR CR	Pricing Cor		64.92-	P	64.92-	P ✓	7211016501	
07/08/2020	07/14/2020	7211016502	MFC PR CORR IN	Pricing Cor	0.26	13.21		12.95	✓	7211016502	
07/09/2020	07/14/2020	7211226128	808899	115Invoice	15.78	788.99		773.21	✓	7211226128	

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: 737.28 USD

Future Due: 0.00

Past Due: 64.92-

Last Payment 2,136.30
07/06/2020

If Paid By 07/14/2020, Pay This Amount: 721.24 USD

If Paid After 07/14/2020, Pay this Amount: 737.28 USD

Due If Paid On Time: USD 721.24

Disc lost if paid late: 16.04

Due If Paid Late: USD 737.28

APPROVED
ON

JUL 14 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 59435028 Date: 07-10-2020

Division
AMERISOURCEBERGEN DRUG CORP
12727 WEST AIRPORT BLVD
SUGAR LAND TX 77478-6101
866-451-9655

Customer
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509
ACCOUNT: 100135284 / 037028186

Remit To
AMERISOURCEBERGEN DRUG CORP
PO Box 905223
CHARLOTTE NC 28290-5223

Summary

Not Yet Due:	0.00
Current:	572.44
Past Due:	0.00
Total Due:	572.44
Account Balance:	572.44

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
07-06-2020	07-17-2020	3039857166	157123	Invoice	331.51
07-06-2020	07-17-2020	3039857167	157125	Invoice	31.44
07-06-2020	07-17-2020	3039877527	157171	Invoice	14.87
07-07-2020	07-17-2020	3039920290	157181	Invoice	37.24
07-10-2020	07-17-2020	3040066342	157208	Invoice	157.38

Thank You for Your Payment

Date	Payment Number	Amount
07-10-2020		(461.95)

Reminders

Due Date	Amount
07-17-2020	572.44
Total Due:	572.44

Terms:
Monday - Friday due in 7 days

CK # 500110

APPROVED
ON
JUL 14 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — July 6, 2020 July 12, 2020

Date	Bank Description	MMC Notes	Amount
7/6/2020	PAY PLUS ACHTRANS 452579291 101000697644052	- 3rd Party Payor Fee	12.19
7/6/2020	MERCH BNKCD FEE 971160913887 114902520000702	- Credit Card Processing Fee	130.20
7/6/2020	MERCH BNKCD FEE 971160910883 114902520000701	- Credit Card Processing Fee	9.95
7/6/2020	MERCH BNKCD DISCOUNT 971160913887 1149025200	- Credit Card Processing Fee	135.85
7/6/2020	MERCH BNKCD DISCOUNT 971160910883 1149025200	- Credit Card Processing Fee	19.95
7/6/2020	MERCH BNKCD INTERCHNG 971160913887 114902520	- Credit Card Processing Fee	81.88
7/6/2020	FDGL LEASE PYMT 052-1601830-000 410001250483	- Credit Card Machine Lease Expense	32.45
7/6/2020	FDGL LEASE PYMT 052-1479214-000 410001250161	- Credit Card Machine Lease Expense	40.02
7/6/2020	FDGL LEASE PYMT 052-1479213-000 410001250161	- Credit Card Machine Lease Expense	43.26
7/6/2020	FDGL LEASE PYMT 052-1479468-000 410001250162	- Credit Card Machine Lease Expense	69.24
7/7/2020	MCKESSON DRUG AUTO ACH ACH04228429 910000159	- 340B Drug Program Expense	2,136.30
7/8/2020	PAY PLUS ACHTRANS 452579291 101000699397671	- 3rd Party Payor Fee	16.66
7/8/2020	CLEARGAGE LLC CLEARGAGE, BJ6AV109QTGCRBO 242	- Patient Financing Service	81.63
7/8/2020	HARLAND CLARKE CHK ORDERS 1PFJ364802212R5 91	- Checks for NH Accounts	146.56
7/9/2020	PAY PLUS ACHTRANS 452579291 101000690093751	- 3rd Party Payor Fee	25.05
7/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110 41399801332401 MMC CLINIC	- Credit Card Processing Fee	656.15
7/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110 41399801391837 MMC CAFETER	- Credit Card Processing Fee	1,846.68
7/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110 41399801332393 MEMORIAL MI	- Credit Card Processing Fee	2,142.18
7/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110 41399801368397 CLINICAL HOSI	- Credit Card Processing Fee	544.77
7/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110 41399801332419 MMC ONLINE	- Credit Card Processing Fee	98.76
7/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110 41399801332385 MMC ER	- Credit Card Processing Fee	152.94
7/10/2020	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110 39300982589946 MMC OUTPAT	- Credit Card Processing Fee	129.00
7/10/2020	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110 39300982541616 MEMORIAL MI	- Credit Card Processing Fee	472.40
7/10/2020	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	300,350.91
7/10/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	461.95
			309,836.93

Jason Anglin, CEO
Memorial Medical Center

July 13, 2020

*Approved July 8, 2020 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
7/20/2020	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	918.31

Jason Anglin, CEO
Memorial Medical Center

July 13, 2020

APPROVED ON
JUL 14 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Sales and Use Tax

Original Return for Period Ending 06/30/2020 (2006)

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.

Print this page for your records.

Reference Number:
Date and Time of Filing: 07/10/2020 02:07:17 PM

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

Entered by:
Email Address:
Telephone Number: (361) 552-0342
IP Address:

Credits Taken

Are you taking credit to reduce taxes due on this return? **Taking Credit?** No

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licensed Customs Broker Export Certification? **Refund Sales Tax?** No

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	11,188	11,187	0	11,187	699.19	11,187	.02000	223.74
Total Tax Due								**922.93**

Total Tax Due:	**= 922.93**
Timely Filing Discount:	**- 4.62**
Balance Due:	**= 918.31**
Pending Payments:	**- 0.00**
Total Amount Due and Payable:	**= 918.31**

(State amount due is 695.69)
(Local amount due is 222.62)

Payment Summary

State Amount: 695.69
Local Amount: 222.62
Amount to Pay: $918.31
Electronic Check: $918.31

Print | Return to Menu | File for Another Taxpayer

MMC SALES AND USE TAX REPORTING 2020

DUE EACH 20TH OF THE MONTH

							2020					
SUBMITTED DATE:	**Feb**	**Apr**	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**
Reporting Month	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Acct #20300000												
Ending Balance	1,704.93	1,671.01	1,576.79	952.92	793.58	922.97						
DIVIDE BY :	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%
TOTAL TAXABLE SALES	20,665.82	20,254.67	19,112.61	11,550.55	9,619.15	11,187.52	-	-	-	-	-	-
STATE TAX RATE												
0.0625	1,291.61	1,265.92	1,194.54	721.91	601.20	699.22	-	-	-	-	-	-
LOCAL TAX RATE												
0.02	413.32	405.09	382.25	231.01	192.38	223.75	-	-	-	-	-	-
TOTAL TAX DUE	**1,704.93**	**1,671.01**	**1,576.79**	**952.92**	**793.58**	**922.97**	-	-	-	-	-	-

ACCOUNT NUMBER & DESCRIPTION	DATE	MEMO	REFERENCE	JOURNAL	CSNUM	BATCH	SEQ.	AMOUNT
20300000 ACCR STATE SALES TAX-ACCRUED		BEGINNING BALANCE AS OF:	06/01/20					-793.58
	06/22/20	WEBFILE TAX PYMT	A/P 700027	CD	74	127	7	793.57
	06/30/20	RECEIPTS 06/30/20		CR	74	131	114	-801.35
	06/30/20	UNIFORMS SALES TAX	062015	JE	103	354	2	-121.61
		06/30 ACTIVITY/END BALANCE:		-129.39				-922.97
		ENDING BALANCE:						-922.97

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07/09/2020
10:39
JUL 09 2020
Calhoun County Auditor

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062420	06/30/2020	06/24/2020	07/24/2020				1,936.00	0.00	0.00	1,936.00
	TRANSFER NH pymt deposited into mmc operating in error									
062520	06/30/2020	06/25/2020	07/24/2020				1,134.00	0.00	0.00	1,134.00
	TRANSFER NH pymt deposited into mmc operating in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT C	3,070.00	0.00	0.00	3,070.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,070.00	0.00	0.00	3,070.00

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ON
JUL 09 2020
CK# 181391
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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Calhoun County Auditor

07/09/2020
10:39

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062420	06/30/2020	06/24/2020	07/24/2020				5,301.59	0.00	0.00	5,301.59

TRANSFER NH insurance pymt deposited in MMC operating in error ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	5,301.59	0.00	0.00	5,301.59

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,301.59	0.00	0.00	5,301.59

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ON
JUL 09 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 182394

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07/09/2020
10:33

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061820	06/30/2020	06/18/2020	07/24/2020				145.46	0.00	0.00	145.46
	TRANSFER NH insurance pymt deposited in MMC Operating in error									
061920	06/30/2020	06/19/2020	07/24/2020				8,758.78	0.00	0.00	8,758.78
	TRANSFER NH insurance pymt deposited in MMC Operating in error									
062220	06/30/2020	06/22/2020	07/24/2020				4,426.47	0.00	0.00	4,426.47
	TRANSFER NH insurance pymt deposited in MMC Operating in error									
062320	06/30/2020	06/23/2020	07/24/2020				26,536.44	0.00	0.00	26,536.44
	TRANSFER NH insurance pymt deposited in MMC Operating in error									
062420	06/30/2020	06/24/2020	07/23/2020				10,057.87	0.00	0.00	10,057.87
	TRANSFER NH insurance pymt deposited in MMC Operating in error									
062420A	06/30/2020	06/24/2020	07/24/2020				2,810.34	0.00	0.00	2,810.34
	TRANSFER NH insurance pymt deposited in MMC Operating in error									
063020	06/30/2020	06/30/2020	07/23/2020				6,809.12	0.00	0.00	6,809.12
	TRANSFER NH insurance pymt deposited in MMC Operating in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	59,544.48	0.00	0.00	59,544.48

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	59,544.48	0.00	0.00	59,544.48

APPROVED
ON
JUL 09 2020
CK# 186392

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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Calhoun County Auditor

07/09/2020
10:38

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12696	GULF POINTE PLAZA ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062320	06/30/2020	06/23/2020	07/24/2020				16,807.77	0.00	0.00	16,807.77 ✓
	TRANSFER NH insurance pymt deposited in mmc operating in error									
062420	06/30/2020	06/24/2020	07/24/2020				4,928.00	0.00	0.00	4,928.00 ✓
	TRANSFER NH insurance pymt deposited in mmc operating in error									
061820A	06/30/2020	06/30/2020	07/23/2020				5,676.00	0.00	0.00	5,676.00 ✓
	TRANSFER NH insurance pymt deposited in mmc operating in error									
063020	06/30/2020	06/30/2020	07/24/2020				3,200.00	0.00	0.00	3,200.00 ✓
	TRANSFER NH insurance pymt deposited in mmc operating in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZ	30,611.77	0.00	0.00	30,611.77

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	30,611.77	0.00	0.00	30,611.77

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ON
JUL 09 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 186393

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Calhoun County Auditor

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
13004	TUSCANY VILLAGE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061820		06/30/2020	06/18/2020	07/24/2020			4,934.25	0.00	0.00	4,934.25 ✓
	TRANSFER Nt insurance pymt deposited in mmc operating in cmr									
061920		06/30/2020	06/19/2020	07/24/2020			8,060.49	0.00	0.00	8,060.49 ✓
	TRANSFER Nt insurance pymt deposited in mmc operating in cmr									
062220A		06/30/2020	06/22/2020	07/24/2020			29,905.20	0.00	0.00	29,905.20 ✓
	TRANSFER Nt insurance pymt deposited in mmc operating in cmr									
062220		06/30/2020	06/22/2020	07/24/2020			606.32	0.00	0.00	606.32 ✓
	TRANSFER Nt insurance pymt deposited in mmc operating in cmr									
062420		06/30/2020	06/24/2020	07/25/2020			2,501.95	0.00	0.00	2,501.95 ✓
	TRANSFER Nt insurance pymt deposited in mmc operating in cmr									
062520A		06/30/2020	06/25/2020	07/24/2020			13,689.77	0.00	0.00	13,689.77 ✓
	TRANSFER Nt insurance pymt deposited in mmc operating in cmr									
062520		06/30/2020	06/25/2020	07/24/2020			7,875.32	0.00	0.00	7,875.32 ✓
	TRANSFER Nt insurance pymt deposited in mmc operating in cmr									
062620		06/30/2020	06/26/2020	07/24/2020			7,399.81	0.00	0.00	7,399.81 ✓
	TRANSFER Nt insurance pymt deposited in mmc operating in cmr									
063020		06/30/2020	06/30/2020	07/24/2020			64.66	0.00	0.00	64.66 ✓
	TRANSFER Nt insurance pymt deposited in mmc operating in cmr									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	75,037.77	0.00	0.00	75,037.77

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	75,037.77	0.00	0.00	75,037.77

APPROVED
ON
JUL 09 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 186345

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RUN DATE:07/10/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:18 CHECK REGISTER GLCKREG
07/15/20 THRU 07/15/20

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	186324	07/15/20	150.38	ACE HARDWARE 15521
A/P	186325	07/15/20	954.00	ALCON LABORATORIES, INC.
A/P	186326	07/15/20	2,434.50	ALLYSON SWOPE
A/P	186327	07/15/20	113.32	AMBU INC
A/P	186328	07/15/20	109.32	BARD PERIPHERAL VASCULAR
A/P	186329	07/15/20	2,367.50	BAXTER HEALTHCARE
A/P	186330	07/15/20	1,082.63	BECKMAN COULTER CAPITAL
A/P	186331	07/15/20	46,521.60	BKD, LLP
A/P	186332	07/15/20	961.03	BRIGGS HEALTHCARE
A/P	186333	07/15/20	50.00	CABLES AND SENSORS
A/P	186334	07/15/20	90.13	CALHOUN COUNTY
A/P	186335	07/15/20	80.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	186336	07/15/20	307.21	CARDINAL HEALTH 414, INC.
A/P	186337	07/15/20	137.00	CDW GOVERNMENT, INC.
A/P	186338	07/15/20	924.67	CLEARFLY
A/P	186339	07/15/20	538.00	COASTAL OFFICE SOLUTONS
A/P	186340	07/15/20	2,874.20	DEPUY SYNTHES SALES, INC.
A/P	186341	07/15/20	1,006.88	DEWITT POTH & SON
A/P	186342	07/15/20	141,636.01	DISCOVERY MEDICAL NETWORK INC
A/P	186343	07/15/20	157.24	ERBE USA INC SURGICAL SYSTEMS
A/P	186344	07/15/20	495.00	FASTHEALTH CORPORATION
A/P	186345	07/15/20	105.49	FEDERAL EXPRESS CORP.
A/P	186346	07/15/20	4,062.42	FISHER HEALTHCARE
A/P	186347	07/15/20	25.00	FLORENDA CORDOVA
A/P	186348	07/15/20	47.40	FRONTIER
A/P	186349	07/15/20	1,019.82	FUSION CLOUD SERVICES, LLC
A/P	186350	07/15/20	526.21	GLAXOSMITHKLINE PHARMACUETICAL
A/P	186351	07/15/20	749.71	GULF COAST PAPER COMPANY
A/P	186352	07/15/20	360.00	HALF LEAGUE STORAGE
A/P	186353	07/15/20	205.25	INTOXIMETERS INC
A/P	186354	07/15/20	250.00	ITERSOURCE CORPORATION
A/P	186355	07/15/20	1,449.88	J & J HEALTH CARE SYSTEMS, INC
A/P	186356	07/15/20	23.54	JOHN BEHRENS
A/P	186357	07/15/20	840.86	M G TRUST
A/P	186358	07/15/20	622.87	MCKESSON MEDICAL SURGICAL INC
A/P	186359	07/15/20	407.79	MEDIVATORS
A/P	186360	07/15/20	5,249.51	MEDLINE INDUSTRIES INC
A/P	186361	07/15/20	238.28	MEMORIAL MEDICAL CLINIC
A/P	186362	07/15/20	.00	VOIDED
A/P	186363	07/15/20	17,996.09	MORRIS & DICKSON CO, LLC
A/P	186364	07/15/20	572.39	NCS PEARSON, INC.
A/P	186365	07/15/20	143.80	NOVA BIOMEDICAL
A/P	186366	07/15/20	105.28	NURSES CHOICE CORPORATION
A/P	186367	07/15/20	118.37	OLYMPUS AMERICA INC
A/P	186368	07/15/20	183.25	ORTHO CLINICAL DIAGNOSTICS
A/P	186369	07/15/20	2,575.63	PABLO GARZA
A/P	186370	07/15/20	1,100.00	PATRICK OCHOA
A/P	186371	07/15/20	99.54	POWER HARDWARE
A/P	186372	07/15/20	229.90	RX WASTE SYSTEMS LLC
A/P	186373	07/15/20	79.02	SERVICE SUPPLY OF VICTORIA INC

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	186374	07/15/20	235.73	SHIRLEY KARNEI
A/P	186375	07/15/20	6,232.07	SIEMENS FINANCIAL SERVICES
A/P	186376	07/15/20	790.00	SIGN AD, LTD.
A/P	186377	07/15/20	12,375.00	SPBS CLINICAL EQUIPMENT SRVC
A/P	186378	07/15/20	4,551.82	TEXAS ASSOCIATION OF COUNTIES
A/P	186379	07/15/20	100.00	THE BRATTON FIRM
A/P	186380	07/15/20	4,800.00	THE COMPLIANCE TEAM, INC
A/P	186381	07/15/20	768.82	TMS SOUTH
A/P	186382	07/15/20	3,820.23	UNIFIRST HOLDINGS
A/P	186383	07/15/20	499.00	UPDOX LLC
A/P	186384	07/15/20	322.09	UPS
A/P	186385	07/15/20	57,901.58	VICTORIA ANESTHESIOLOGY
A/P	186386	07/15/20	560.00	VICTORIA RADIOWORKS, LTD
A/P	186387	07/15/20	4,676.35	WAGEWORKS, INC.
A/P	186388	07/15/20	241.80	
A/P	186389	07/15/20	50.00	
A/P	186390	07/15/20	30.00	
A/P	186391	07/15/20	3,070.00	BROADMOOR AT CREEKSIDE PARK
A/P	186392	07/15/20	59,544.48	GOLDENCREEK HEALTHCARE
A/P	186393	07/15/20	30,611.77	GULF POINTE PLAZA
A/P	186394	07/15/20	5,301.59	THE CRESCENT
A/P	186395	07/15/20	75,037.77	TUSCANY VILLAGE
TOTALS:			513,898.02	

Payables 340,010.61 +
PR 321.80 +
3,070.00 +
Nursing Home Transfers 5,301.59 +
59,544.48 +
30,611.77 +
75,037.77 +
513,898.02 =

APPROVED
ON

JUL 15 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/13/2020

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		121,218.36 ✓	121,118.36 ✓	55,725.35 ✓		-	55,825.35 ✓	**52,740.95**
						Bank Balance	55,825.35	
						Variance	-	
						Leave in Balance	100.00	
						Medicare Witholding owed to MMC	2,984.40 ✓	
Routing Information for Ashford Gardens:						QIPP 1,2 AND 3- Outstanding Check		
Ashford Health Care Center Ltd Co						QIPP 1,2 AND 3		
JP Morgan Chase Bank						April Interest		
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	52,740.95 ✓	
Broadmoor		86,745.96 ✓	86,645.96 ✓	22,572.96 ✓		-	22,672.96 ✓	**22,572.96**
						Bank Balance	22,672.96	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 1,2 AND 3- Outstanding Check		
						QIPP 1,2 AND 3		
						April Interest		
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	22,572.96 ✓	
Crescent		54,639.25 ✓	54,538.25 ✓	37,996.31 ✓		-	38,097.31 ✓	**37,997.31**
						Bank Balance	38,097.31	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 1,2 AND 3- Outstanding Check		
						QIPP 1,2 AND 3		
						MMC Portion QIPP 3,4,Lapse		
						April Interest		
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	37,997.31 ✓	
Fort Bend		33142.06 ✓	33,042.06 ✓	19,320.24 ✓		-	19,420.24 ✓	**19,320.24**
						Bank Balance	19,420.24	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 1,2 AND 3- Outstanding Check		
						QIPP 1,2 AND 3		
						April Interest		
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	19,320.24 ✓	
Solera at W Houston		80,824.33 ✓	80,724.33 ✓	47,457.09 ✓			47,557.09 ✓	**47,457.09**
						Bank Balance	47,557.09	
						Variance	-	
						Leave in Balance	100.00	
						Humana Withholding owed to MMC		
Routing Information for Crescent / Solera at West Houston / Fort						QIPP 1,2 AND 3- Outstanding Check		
Cantex Health Care Centers III LLC						QIPP 1,2 AND 3		
JP Morgan Chase Bank						April Interest		
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	47,457.09 ✓	

52,740.95 +
22,572.96 +
37,997.31 +
19,320.24 +
47,457.09 +
180,088.55 *

TOTAL TRANSFERS **180,088.55**

APPROVED ON
JUL 14 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Approved:
Jason Anglin, CEO
7/13/2020

J:\NH Weekly Transfers\NH UPL Transfer Summary\2020\July\NH UPL Transfer Summary 7-13-20.xlsx

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
7/7/2020	Amerigroup TXSC HCCLAIMPMT 3127485218 111000 TRN*1*3127485218*1752603231\	-	129.36					-	129.36
7/7/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020070410700025*1912008361*0000TEX01\	-	19.33					-	19.33
7/8/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	63,719.20	-					-	-
7/8/2020	Amerigroup TXSC HCCLAIMPMT 3127639185 111000 TRN*1*3127639185*1752603231\	-	1,431.88					-	-
7/8/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020070512500025*1912008361*0000TEX01\	-	18,589.61					-	18,589.61
7/8/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000121 TRN*1*EFT6960353*1205296137*000004911\	-	364.25					-	364.25
7/9/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020070815100014*1912008361*0000TEX01\	-	34,764.73					-	34,764.73
7/10/2020	CHECK #1095	19,657.59	-					-	-
7/10/2020	CHECK #1096	72.48	-					-	-
7/10/2020	CHECK #1097	37,514.42	-					-	-
7/10/2020	CHECK #1098	154.67	-					-	-
7/10/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020070911200142*1912008361*0000TEX01\	-	426.19					-	426.19
		-	-					-	-
		121,118.36	55,725.35	-	-	-	-	-	54,293.47

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
7/7/2020	HUMANA INS CO HCCLAIMPMT 390861 830000513817 TRN*1*001290051134071*1391263473\	-	2,579.29					-	2,579.29
7/8/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	65,698.71	-					-	-
7/8/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020070515400553*1912008361*0000TEX01\	-	6,360.12					-	6,360.12
7/9/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020070812400109*1912008361*0000TEX01\	-	12,033.19					-	12,033.19
7/10/2020	CHECK #60	7,120.86	-					-	-
7/10/2020	CHECK #61	13,625.43	-					-	-
7/10/2020	CHECK #62	200.96	-					-	-
7/10/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020070915100078*1912008361*0000TEX01\	-	863.72					-	863.72
7/10/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000109 TRN*1*EFT5623694*1205296137*000004011\	-	736.64					-	736.64
		86,645.96	22,572.96	-	-	-	-	-	22,572.96

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
7/7/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020070412700859*1912008361*0000TEX01\	-	6,660.00					-	6,660.00
7/7/2020	HUMANA INS CO HCCLAIMPMT 390864 830000514623 TRN*1*001290051176584*1391263473\	-	4,086.55					-	4,086.55
7/7/2020	HUMANA CHA DISB HCCLAIMPMT 390864 4200001279 TRN*1*014840101473059*1611013183\	-	700.00					-	700.00
7/7/2020	CIGNA HCCLAIMPMT 1669860425 91000011731634 TRN*1*2007020900441721*1591031071\	-	133.83					-	-
7/8/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	39,295.20	-					-	-
7/8/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020070511100563*1912008361*0000TEX01\	-	8,735.35					-	8,735.35
7/9/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020070814200009*1912008361*0000TEX01\	-	10,337.04					-	10,337.04
7/9/2020	HUMANA INS CO HCCLAIMPMT 390864 830000583303 TRN*1*001290051210458*1391263473\	-	1,864.75					-	1,864.75
7/10/2020	CHECK #90	3,974.29	-					-	-
7/10/2020	CHECK #91	11,065.00	-					-	-
7/10/2020	CHECK #92	203.76	-					-	-
7/10/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0253839	-	4,680.00					-	4,680.00
7/10/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05F533931669860425*1746000156~	-	798.79					-	798.79
		54,538.25	37,996.31	-	-	-	-	-	37,862.48

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
7/7/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020070412200033*1912008361*0000TEX01\	-	1,971.48					-	1,971.48
7/8/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	9,618.48	-					-	-
7/8/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020070512000689*1912008361*0000TEX01\	-	5,555.29						
7/9/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020070814500032*1912008361*0000TEX01\	-	9,795.37						
7/10/2020	CHECK #87	8,028.55	-						
7/10/2020	CHECK #88	15,325.09	-					-	-
7/10/2020	CHECK #89	69.94	-					-	-
7/10/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05F533941730577503*1746000156~	-	1,998.10					-	1,998.10
		33,042.06	19,320.24	-	-	-	-	-	3,969.58

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
7/7/2020	Amerigroup TXSC HCCLAIMPMT 3127485219 111000 TRN*1*3127485219*1752603231\	-	333.71					-	333.71
7/7/2020	HUMANA INS CO HCCLAIMPMT 390862 830000514230 TRN*1*001290051155765*1391263473\	-	18,170.32					-	18,170.32
7/8/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	51,703.92	-					-	-
7/8/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020070511100475*1912008361*0000TEX01\	-	8,862.84					-	8,862.84
7/8/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000121 TRN*1*EFT5621119*1205296137*000004011\	-	1,495.08					-	1,495.08
7/9/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0253778	-	2,340.00					-	2,340.00
7/9/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020070810500014*1912008361*0000TEX01\	-	9,756.11					-	9,756.11
7/10/2020	CHECK #1090	4,773.05	-					-	-
7/10/2020	CHECK #1091	10,643.11	-					-	-
7/10/2020	CHECK #1092	13,368.31	-					-	-
7/10/2020	CHECK #1093	235.94	-					-	-
7/10/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020070910400155*1912008361*0000TEX01\	-	1,158.17					-	1,158.17
7/10/2020	HUMANA CHA DISB HCCLAIMPMT 390862 4200001045 TRN*1*014840101486990*1611013183\	-	5,340.86					-	5,340.86
		80,724.33	47,457.09	-	-	-	-	-	47,457.09

TOTALS

376,068.96	183,071.95	-	-	-	-	-		166,155.58

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

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Select Group
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DDA Data reported as of Jul 13, 202(

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$55,825.35	$103,806.55	$55,825.35	$112,798.3
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$22,672.96	$22,672.96	$22,672.96	$42,019.8
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$38,097.31	$51,701.21	$38,097.31	$47,861.5
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$19,420.24	$19,420.24	$19,420.24	$40,845.7
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$47,557.09	$63,570.40	$47,557.09	$70,078.4
[redacted]				

* indicate
Page generated on 07/13/2020 :

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/13/2020

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		101,221.36	101,121.36	17,527.22	-	-	17,627.22	17,527.22
						Bank Balance	17,627.22	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 1,2 AND 3- Outstanding Check		
						QIPP 1,2 AND 3		
						April Interest		
						May Interest		
						June Interest		
							-	
						Adjust Balance/Transfer Amt	17,527.22	

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 7/13/2020

APPROVED
ON
JUL 14 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
7/6/2020	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 070220	-	2,246.02					-	-
7/7/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05F5092215880759 64*1746000156~	-	8,509.90					-	-
7/8/2020	WIRE OUT NEXION HEALTH AT GOLDEN CREEK	63,413.95	-					-	-
7/8/2020	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 070620	-	622.91					-	-
7/8/2020	ACH SETTLEMENT SERVICE 4105523439 9601693301	-	2,596.60					-	-
7/9/2020	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 070720	-	2,246.02					-	-
7/10/2020	CHECK #58	37,582.29	-					-	-
7/10/2020	CHECK #59	125.12	-					-	-
7/10/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05F5358215880759 64*1746000156~	-	1,305.77					-	-
		101,121.36	17,527.22	-	-	-	-	-	-

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

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DDA

Data reported as of Jul 13, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$17,627.22	$17,627.22	$17,627.22	$54,028.6
[redacted]				
[redacted]				

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Page generated on 07/13/2020 :

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/13/2020

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay	216844454	23,206.47	23,106.47	-		-	-	100.00	-
							Bank Balance	100.00	No transfer
							Variance	-	
							Leave in Balance	100.00	
							QIPP 1,2 AND 3- Outstanding Check		
							April Interest		
							May Interest		
							June Interest		
							Adjust Balance/Transfer Amt	-	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid	216844454	536.87	112.93	36,420.15		-	-	36,844.09	36,744.09
							Bank Balance	36,844.09	
							Variance	-	
							Leave in Balance	100.00	
							QIPP 1,2 AND 3		
							April Interest		
							May Interest		
							June Interest		
							Adjust Balance/Transfer Amt	36,744.09	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	**36,744.09**

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

Approved:
Jason Anglin, CEO 7/13/2020

APPROVED
ON
JUL 14 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
7/10/2020 CHECK #13	23,096.96	-					-	-
7/10/2020 CHECK #14	9.51	-					-	-
	23,106.47	-	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
7/6/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*05F498541922092790*17460001	-	185.96					-	-
7/7/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*05F511751922092790*17460001	-	36,234.19					-	36,234.19
7/10/2020 CHECK #8	112.93	-					-	-
	112.93	**36,420.15**	-	-	-	-	-	36,420.15
	23,219.40	**36,420.15**	-	-	-	-	-	**36,420.15**

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

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Select Group
Groups
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DDA

Data reported as of Jul 13, 202(

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
[redacted]				
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$36,844.09	$36,844.09	$36,844.09	$36,957.0
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$100.00	$100.00	$100.00	$23,206.4
[redacted]				

* indicate
Page generated on 07/13/2020 :

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
7/13/2020

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home		Test
Tuscany Senior Living		102.80	2.80	34,193.02		-	34,293.02	34,193.02	34,193.02	100.00

Bank Balance	34,293.02
Variance	-
Leave in Balance	100.00
Pending Ck to MMC	
MMC Portion QIPP 1 &2	
MMC Portion QIPP 3,4,Lapse	
April Interest	-
May Interest	-
June Interest	-
Adjust Balance/Transfer Amt	34,193.02

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 7/13/2020

APPROVED
ON
JUL 14 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Senior Living	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
7/9/2020 Molina HC of TX HCCLAIMPMT PN1275717894 4200 TRN	-	10,388.02					-	-
7/10/2020 CHECK #1	2.80	-					-	-
7/10/2020 KS PLAN ADMINIST HCCLAIMPMT 179 111000028519 TRI	-	23,805.00					-	23,805.00
	2.80	**34,193.02**	-	-	-	-	-	**23,805.00**

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA

Data reported as of Jul 13, 202(

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
[redacted]				
[redacted]				
*3407 MMC -NH TUSCANY VILLAGE	$34,293.02	$34,293.02	$34,293.02	$10,490.6

* indicate
Page generated on 07/13/2020 :

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
7/13/2020

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		9,945.68	9,845.68	28,493.53		-	28,593.53	28,493.53

Bank Balance	28,593.53
Variance	-
Leave in Balance	100.00

QIPP 1,2 AND 3

April Interest
May Interest
June Interest
Adjust Balance/Transfer Amt 28,493.53

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 7/13/2020

APPROVED
ON
JUL 14 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
7/8/2020 WIRE OUT BETHANY SENIOR LIVING, LTD	9,813.00	-					-	-
7/8/2020 Deposit	-	24,630.19					-	-
7/9/2020 Deposit	-	1,473.34					-	1,473.34
7/10/2020 Deposit	-	2,390.00					-	2,390.00
7/10/2020 CHECK #2	32.68	-					-	-
	9,845.68	**28,493.53**	-	-	-	-	-	**3,863.34**

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Jul 13, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
[redacted]				
*5506 MMC -NH BETHANY SENIOR LIVING	$28,593.53	$28,593.53	$28,593.53	$26,236.2
[redacted]				

* indicate
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MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 7/13/2020

APPROVED ON JUL 14 2020 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT $ 2,984.40

G/L NUMBER: 21000012

EXPLANATION: TO PAY BACK MEDICARE WITHOLDINGS REGARDING ASHFORD RESIDENT

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

1100
88-2265/1131-87

7-22-20
Date

CHECK ARMOR

Pay to the Order of Memorial Medical Center Operating $ 2984.40
Two Thousand Nine hundred eighty four 40/100 Dollars

Photo Safe Deposit® Details on back

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

For Medicare Recoup

MP