MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 22, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 642,288.13
TOTAL TRANSFERS BETWEEN FUNDS	$ 287,210.16
TOTAL NURSING HOME UPL EXPENSES	$ 803,439.48
TOTAL INTER-GOVERNMENT TRANSFERS	$ 1,337,173.86
GRAND TOTAL DISBURSEMENTS APPROVED July 22, 2020	$ 3,070,111.63

APPROVED

JUL 22 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 22, 2020

PAYABLES AND PAYROLL			
7/16/2020	Weekly Payables	222,855.43	
7/21/2020	McKesson-340B Prescription Expense	4,273.12	
7/21/2020	Amerisource Bergen-340B Prescription Expense	286.52	
7/21/2020	Payroll Liabilities -Payroll Taxes	102,407.17	
7/21/2020	Payroll	312,337.33	
	Prosperity Electronic Bank Payments		
7/13-7/17/2020	Pay Plus-Patient Claims Processing Fee	128.56	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 642,288.13**
TRANSFER BETWEEN FUNDS-NURSING HOMES			
7/16/2020	MMC Operating to The Crescent-correction of NH insurance payment deposited into MMC Operating	9,120.00	
7/16/2020	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	123,883.65	
7/16/2020	MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment deposited into MMC Operating	62,808.59	
7/16/2020	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	91,397.92	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 287,210.16**
NURSING HOME UPL EXPENSES			
7/21/2020	Nursing Home UPL-Cantex Transfer	441,149.36	
7/21/2020	Nursing Home UPL-Nexion Transfer	76,798.64	
7/21/2020	Nursing Home UPL-HMG Transfer	78,971.71	
7/21/2020	Nursing Home UPL-Tuscany Transfer	206,519.77	
TOTAL NURSING HOME UPL EXPENSES			**$ 803,439.48**
INTER-GOVERNMENT TRANSFERS			
7/21/2020	IGT QIPP Year 4 to be paid August 10,2020	1,337,173.86	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 1,337,173.86**
GRAND TOTAL DISBURSEMENTS APPROVED July 22, 2020			**$ 3,070,111.63**

07/16/2020 MEMORIAL MEDICAL CENTER 0
09:55 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 07/29/2020

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9972047938		07/13/2020	06/30/2020	07/25/2020			47.43	0.00	0.00	47.43
	OXYGEN									
9972044876		07/13/2020	06/30/2020	07/25/2020			497.95	0.00	0.00	497.95
	OXYGEN									
9972044877		07/13/2020	06/30/2020	07/25/2020			651.57	0.00	0.00	651.57
	OXYGEN									
9102642096		07/13/2020	06/30/2020	07/25/2020			2,248.76	0.00	0.00	2,248.76
	OXYGEN									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC -	3,445.71		0.00	0.00	3,445.71

Vendor#	Vendor Name	Class	Pay Code
A1746	ALPHA TEC SYSTEMS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00086911		07/14/2020	07/06/2020	07/14/2020			128.39	0.00	0.00	128.39
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	A1746	ALPHA TEC SYSTEI	128.39		0.00	0.00	128.39

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
979339		07/14/2020	06/30/2020	07/25/2020			38.95	0.00	0.00	38.95
	WATER									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE (	38.95		0.00	0.00	38.95

Vendor#	Vendor Name	Class	Pay Code
A2222	ARGON MEDICAL DEVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
201064385		07/14/2020	07/02/2020	07/14/2020			413.10	0.00	0.00	413.10
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	A2222	ARGON MEDICAL D	413.10		0.00	0.00	413.10

Vendor#	Vendor Name	Class	Pay Code
B0436	BARD ACCESS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
46050414		07/14/2020	07/08/2020	07/14/2020			150.00	0.00	0.00	150.00
	SUPPLIES									
46045746		07/15/2020	07/01/2020	07/16/2020			632.40	0.00	0.00	632.40
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B0436	BARD ACCESS	782.40		0.00	0.00	782.40

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
67272133		06/30/2020	06/29/2020	07/24/2020			737.16	0.00	0.00	737.16
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHC/	737.16		0.00	0.00	737.16

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
8002258442		06/30/2020	06/20/2020	07/25/2020			393.24	0.00	0.00	393.24
	SUPPLIES									
8002265025		07/14/2020	06/30/2020	07/25/2020			325.80	0.00	0.00	325.80
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH	719.04	0.00	0.00	719.04

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
ZF69545		06/30/2020	06/23/2020	07/23/2020			3,137.84	0.00	0.00	3,137.84
	PC (2) UNVO all in one PCs / (2) MS Office									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMEN	3,137.84	0.00	0.00	3,137.84

Vendor#	Vendor Name	Class	Pay Code
E1270	CENTERPOINT ENERGY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063020		06/30/2020	06/30/2020	07/23/2020			33.27	0.00	0.00	33.27
	GAS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	E1270	CENTERPOINT ENE	33.27	0.00	0.00	33.27

Vendor#	Vendor Name	Class	Pay Code
L1629	CHRISTINA ZAPATA-ARROYO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
JULY		07/14/2020	07/01/2020	07/01/2020			192.50	0.00	0.00	192.50
	SPEECH THERAPY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L1629	CHRISTINA ZAPAT/	192.50	0.00	0.00	192.50

Vendor#	Vendor Name	Class	Pay Code
11029	COASTAL REFRIGERATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3829766		07/14/2020	06/30/2020	06/30/2020			238.90	0.00	0.00	238.90
	INSPECT 3 DOOR COOLER									
5604794		07/14/2020	06/30/2020	06/30/2020			165.00	0.00	0.00	165.00
	REPAIR ICE MACHINE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11029	COASTAL REFRIGE	403.90	0.00	0.00	403.90

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6115730		06/30/2020	06/29/2020	07/24/2020			667.55	0.00	0.00	667.55
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SC	667.55	0.00	0.00	667.55

Vendor#	Vendor Name	Class	Pay Code
11011	DIAMOND HEALTHCARE CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN20053856		06/30/2020	06/30/2020	07/25/2020			19,166.67	0.00	0.00	19,166.67
	CPR SERVICES									
IN20053855		06/30/2020	06/30/2020	07/25/2020			31,144.58	0.00	0.00	31,144.58
	BEHAVIORAL HEALTH									

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

Vendor#	Vendor Name	Class	Pay Code
12988	DIESEL FUEL MAINTENANCE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9239		06/30/2020	06/29/2020	07/29/2020			165.00	0.00	0.00	165.00
	SAMPLE TESTING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12988	DIESEL FUEL MAIN	165.00	0.00	0.00	165.00

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17544		06/30/2020	06/30/2020	07/25/2020			505.00	0.00	0.00	505.00
	PEST CONTROL									
17543		06/30/2020	06/30/2020	07/25/2020			160.00	0.00	0.00	160.00

		PEST CONTROL								
	17542	06/30/2020	06/30/2020	07/25/2020			105.00	0.00	0.00	105.00
		PEST CONTROL								
	17545	06/30/2020	06/30/2020	07/25/2020			260.00	0.00	0.00	260.00
		PEST CONTROL								

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1430270306	07/15/2020	06/30/2020	07/22/2020				182.50	0.00	0.00	182.50
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12040	DRIESSEN WATER	182.50		0.00	0.00	182.50

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
39349	07/14/2020	07/15/2020	07/15/2020				40,062.50	0.00	0.00	40,062.50
	PRO FEES									

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

Vendor#	Vendor Name	Class	Pay Code
10788	FIRETROL PROTECTION SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100661802	06/30/2020	06/29/2020	07/23/2020				695.00	0.00	0.00	695.00
	UPDATE TIME AND DATE ON PANI									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10788	FIRETROL PROTEC	695.00		0.00	0.00	695.00

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1920651	07/10/2020	06/29/2020	07/24/2020				563.82	0.00	0.00	563.82
	SUPPLIES									
2456957	07/10/2020	07/01/2020	07/26/2020				1,144.68	0.00	0.00	1,144.68
	SUPPLIES									
2456983	07/10/2020	07/01/2020	07/26/2020				10.64	0.00	0.00	10.64
	SUPPLIES									
1209967	07/13/2020	06/22/2020	07/17/2020				756.10	0.00	0.00	756.10
	SUPPLIES									
1324046	07/13/2020	06/23/2020	07/18/2020				145.78	0.00	0.00	145.78
	SUPPLIES									
1583508	07/14/2020	06/25/2020	07/20/2020				3.30	0.00	0.00	3.30
	SUPPLIES									
2167687	07/14/2020	06/30/2020	07/25/2020				85.76	0.00	0.00	85.76
	SUPPLIES									
2167698	07/14/2020	06/30/2020	07/25/2020				264.50	0.00	0.00	264.50
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCA	2,974.58		0.00	0.00	2,974.58

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070220A	07/10/2020	07/02/2020	07/27/2020				959.87	0.00	0.00	959.87
	PHONES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11183	FRONTIER	959.87		0.00	0.00	959.87

Vendor#	Vendor Name	Class	Pay Code
10653	GLOBAL EQUIPMENT CO. INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116186240	06/30/2020	06/29/2020	07/29/2020				61.49	0.00	0.00	61.49
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10653	GLOBAL EQUIPMEI	61.49		0.00	0.00	61.49

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9577341366		07/14/2020	07/01/2020	07/26/2020			110.68	0.00	0.00	110.68
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	W1300	GRAINGER	110.68		0.00	0.00	110.68

Vendor#	Vendor Name	Class	Pay Code
11984	GUERBET, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
18430812		07/01/2020	03/16/2020	04/02/2020			133.50	0.00	0.00	133.50
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11984	GUERBET, LLC	133.50		0.00	0.00	133.50

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
1884631		06/30/2020	06/23/2020	07/23/2020			466.12	0.00	0.00	466.12
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPE	466.12		0.00	0.00	466.12

Vendor#	Vendor Name	Class	Pay Code
H1100	HAYES ELECTRIC SERVICE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A220052501		07/14/2020	05/25/2020	06/04/2020			360.00	0.00	0.00	360.00
	AC TECH LABOR									
A220052608		07/14/2020	05/26/2020	06/05/2020			1,194.71	0.00	0.00	1,194.71
	PREAIR MOTOR									
A220052903		07/14/2020	05/29/2020	06/08/2020			619.84	0.00	0.00	619.84
	REPAIR AC ROOF TOP									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	H1100	HAYES ELECTRIC S	2,174.55		0.00	0.00	2,174.55

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
981795		06/30/2020	05/30/2020	07/25/2020			60.03	0.00	0.00	60.03
	SUPPLIES									
543330		06/30/2020	06/02/2020	07/25/2020			51.46	0.00	0.00	51.46
	SUPPLIES									
57888/54788		06/30/2020	06/05/2020	07/25/2020			25.59	0.00	0.00	25.59
	SUPPLIES									
550687		06/30/2020	06/06/2020	07/25/2020			38.98	0.00	0.00	38.98
	SUPPLIES									
552937		06/30/2020	06/10/2020	07/25/2020			44.35	0.00	0.00	44.35
	SUPPLIES									
332596		06/30/2020	06/12/2020	07/25/2020			51.05	0.00	0.00	51.05
	SUPPLIES									
335049		06/30/2020	06/13/2020	07/25/2020			29.35	0.00	0.00	29.35
	SUPPLIES									
338236		06/30/2020	06/14/2020	07/25/2020			72.16	0.00	0.00	72.16
	SUPPLIES									
345374		06/30/2020	06/19/2020	07/25/2020			1.52	0.00	0.00	1.52
	SUPPLIES									
345784		06/30/2020	06/20/2020	07/25/2020			62.17	0.00	0.00	62.17
	SUPPLIES									
347046		06/30/2020	06/23/2020	07/25/2020			57.60	0.00	0.00	57.60
	SUPPLIES									
349472		06/30/2020	06/27/2020	07/25/2020			79.70	0.00	0.00	79.70
	SUPPLIES									

OC47903	06/30/2020	06/29/2020	07/25/2020			0.01	0.00	0.00	0.01
FINANCE CHARGE									
OC47904	06/30/2020	06/29/2020	07/25/2020			8.83	0.00	0.00	8.83
FINANCE CHARGE									
OC47901	07/16/2020	06/29/2020	07/25/2020			0.08	0.00	0.00	0.08
FINANCE CHARGE									
OC47902	07/16/2020	06/29/2020	07/25/2020			0.20	0.00	0.00	0.20
FINANCE CHARGE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEI		583.08	0.00	0.00	583.08

Vendor#	Vendor Name	Class	Pay Code
12716	HITACHI HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PJIN015531(	06/30/2020	06/15/2020	07/25/2020				8,333.00 .33	0.00	0.00	8,333.00 .33
SMA FEE										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12716	HITACHI HEALTHC/		8,333.00 .33	0.00	0.00	8,333.00 .33

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3945	06/30/2020	06/30/2020	07/23/2020				14,607.22	0.00	0.00	14,607.22
PRO FEES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMAC		14,607.22	0.00	0.00	14,607.22

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
658718	07/14/2020	06/23/2020	07/18/2020				180.00	0.00	0.00	180.00
ONLINE UDS COLLECTOR INSTRU										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	I1260	INTOXIMETERS INC		180.00	0.00	0.00	180.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
66520452	07/13/2020	06/27/2020	07/22/2020				26.29	0.00	0.00	26.29
SUPPLIES										
66434960	07/13/2020	06/27/2020	07/22/2020				145.00	0.00	0.00	145.00
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMEF		171.29	0.00	0.00	171.29

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0000196	07/13/2020	06/30/2020	06/30/2020				25,625.96	0.00	0.00	25,625.96
FOOD										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11796	LUBY'S FUDDRUCK		25,625.96	0.00	0.00	25,625.96

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00384075	07/01/2020	06/22/2020	07/14/2020				104.25	0.00	0.00	104.25
SUPPLIES										

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
08399792	07/13/2020	06/29/2020	07/14/2020				29.76	0.00	0.00	29.76
SUPPLIES										
08413920	07/14/2020	06/29/2020	07/14/2020				2,973.01	0.00	0.00	2,973.01
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDIC	3,002.77		0.00	0.00	3,002.77

Vendor#	Vendor Name	Class	Pay Code
11203	MEDI-DOSE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0772585		06/30/2020	06/26/2020	07/26/2020			199.00	0.00	0.00	199.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11203	MEDI-DOSE, INC	199.00		0.00	0.00	199.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
149853		06/30/2020	06/30/2020	07/25/2020			458.48	0.00	0.00	458.48
	COLLECTIONS									
149855		06/30/2020	06/30/2020	07/25/2020			751.78	0.00	0.00	751.78
	COLLECTION FEES									
149854		06/30/2020	06/30/2020	07/25/2020			6,758.21	0.00	0.00	6,758.21
	COLLECTIONS									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYS	7,968.47		0.00	0.00	7,968.47

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071320		07/15/2020	07/13/2020	07/13/2020		160.80	17.80	0.00	0.00	160.80 17.80
	INDIGENT CARE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALT	17.80	160.80	0.00	0.00	160.80 17.80

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
1915188067		07/10/2020	06/25/2020	07/20/2020			-35.50	0.00	0.00	-35.50
	CREDIT INV 1912053716									
1915490811		07/10/2020	06/30/2020	07/25/2020			267.58	0.00	0.00	267.58
	SUPPLIES									
1915490814		07/10/2020	06/30/2020	07/25/2020			267.58	0.00	0.00	267.58
	SUPPLIES									
1915490832		07/10/2020	06/30/2020	07/25/2020			1,463.59	0.00	0.00	1,463.59
	SUPPLIES									
1915490827		07/10/2020	06/30/2020	07/25/2020			2,982.14	0.00	0.00	2,982.14
	SUPPLIES									
1915490813		07/10/2020	06/30/2020	07/25/2020			273.64	0.00	0.00	273.64
	SUPPLIES									
1915490805		07/10/2020	06/30/2020	07/25/2020			46.39	0.00	0.00	46.39
	SUPPLIES									
1915490828		07/10/2020	06/30/2020	07/25/2020			75.00	0.00	0.00	75.00
	SUPPLIES									
1915490829		07/10/2020	06/30/2020	07/25/2020			177.85	0.00	0.00	177.85
	SUPPLIES									
1915490809		07/10/2020	06/30/2020	07/25/2020			267.58	0.00	0.00	267.58
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTR	5,785.85		0.00	0.00	5,785.85

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8800632762		06/30/2020	06/24/2020	07/24/2020			1,154.79	0.00	0.00	1,154.79
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOU	1,154.79		0.00	0.00	1,154.79

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
5806639		07/15/2020	07/08/2020	07/18/2020			722.58	0.00	0.00	722.58
	INVENTORY									
5806637		07/15/2020	07/08/2020	07/18/2020			354.30	0.00	0.00	354.30
	INVENTORY									
5806148		07/15/2020	07/08/2020	07/18/2020			433.49	0.00	0.00	433.49
	INVENTORY									
5806638		07/15/2020	07/08/2020	07/18/2020			972.25	0.00	0.00	972.25
	INVENTORY									
5806640		07/15/2020	07/08/2020	07/18/2020			18.68	0.00	0.00	18.68
	INVENTORY									
5813165		07/15/2020	07/09/2020	07/19/2020			512.46	0.00	0.00	512.46
	INVENTORY									
5813167		07/15/2020	07/09/2020	07/19/2020			12.38	0.00	0.00	12.38
	INVENTORY									
5811834		07/15/2020	07/09/2020	07/19/2020			226.40	0.00	0.00	226.40
	INVENTORY									
5813166		07/15/2020	07/09/2020	07/19/2020			275.35	0.00	0.00	275.35
	INVENTORY									
5814831		07/15/2020	07/10/2020	07/20/2020			653.51	0.00	0.00	653.51
	INVENTORY									
5814830		07/15/2020	07/10/2020	07/20/2020			54.51	0.00	0.00	54.51
	INVENTORY									
5816763		07/15/2020	07/10/2020	07/20/2020			188.90	0.00	0.00	188.90
	INVENTORY									
5814833		07/15/2020	07/10/2020	07/20/2020			8.07	0.00	0.00	8.07
	INVENTORY									
CM76984		07/15/2020	07/10/2020	07/20/2020			-28.95	0.00	0.00	-28.95
	CREDIT									
5814832		07/15/2020	07/10/2020	07/20/2020			162.79	0.00	0.00	162.79
	INVENTORY									
5816762		07/15/2020	07/10/2020	07/20/2020			159.19	0.00	0.00	159.19
	INVENTORY									
5816674		07/15/2020	07/10/2020	07/20/2020			76.04	0.00	0.00	76.04
	INVENTORY									
5821303		07/15/2020	07/13/2020	07/23/2020			15.78	0.00	0.00	15.78
	INVENTORY									
5821302		07/15/2020	07/13/2020	07/23/2020			3,776.64	0.00	0.00	3,776.64
	INVENTORY									
5821305		07/15/2020	07/13/2020	07/23/2020			567.68	0.00	0.00	567.68
	INVENTORY									
5821304		07/15/2020	07/13/2020	07/23/2020			617.82	0.00	0.00	617.82
	INVENTORY									
5828229		07/15/2020	07/14/2020	07/24/2020			22.94	0.00	0.00	22.94
	INVENTORY									
5828232		07/15/2020	07/14/2020	07/24/2020			118.31	0.00	0.00	118.31
	INVENTORY									
5828228		07/15/2020	07/14/2020	07/24/2020			218.01	0.00	0.00	218.01
	INVENTORY									
5828230		07/15/2020	07/14/2020	07/24/2020			501.15	0.00	0.00	501.15
	INVENTORY									
5828231		07/15/2020	07/14/2020	07/24/2020			1,262.43	0.00	0.00	1,262.43
	INVENTORY									
5826132		07/15/2020	07/14/2020	07/24/2020			329.74	0.00	0.00	329.74
	INVENTORY									
5826134		07/15/2020	07/14/2020	07/24/2020			130.28	0.00	0.00	130.28
	INVENTORY									
5828684		07/15/2020	07/14/2020	07/24/2020			1.45	0.00	0.00	1.45
	INVENTORY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSOI	12,364.18	0.00	0.00	12,364.18

Vendor#	Vendor Name	Class	Pay Code
10188	NATUS MEDICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1041006423		07/10/2020	06/23/2020	07/18/2020			506.16	0.00	0.00	506.16
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10188	NATUS MEDICAL IN	506.16	0.00	0.00	506.16

Vendor#	Vendor Name	Class	Pay Code
10352	NUANCE COMMUNICATIONS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10313149		07/14/2020	06/04/2020	06/04/2020			82.08	0.00	0.00	82.08
	ESCRIPTION ONE									
10316355		07/14/2020	07/03/2020	07/03/2020			91.96	0.00	0.00	91.96
	ESCRIPTION ONE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10352	NUANCE COMMUNI	174.04	0.00	0.00	174.04

Vendor#	Vendor Name	Class	Pay Code
O0920	OFFICE DEPOT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101728581	0	06/30/2020	06/25/2020	07/26/2020			17.99	0.00	0.00	17.99
	SUPPLIES									
101727589	0	06/30/2020	06/25/2020	07/26/2020			30.83	0.00	0.00	30.83
	SUPPLIES									
101728579	0	06/30/2020	06/25/2020	07/26/2020			42.97	0.00	0.00	42.97
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT	91.79	0.00	0.00	91.79

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
1851440887		07/14/2020	05/26/2020	06/25/2020			755.90	0.00	0.00	755.90
	SUPPLIES									
1851474052		07/14/2020	06/22/2020	07/22/2020			755.90	0.00	0.00	755.90
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL D	1,511.80	0.00	0.00	1,511.80

Vendor#	Vendor Name	Class	Pay Code
P2100	PORT LAVACA WAVE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063020		06/30/2020	06/30/2020	07/25/2020			931.00	0.00	0.00	931.00
	AD									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WA\	931.00	0.00	0.00	931.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20060600		07/15/2020	06/30/2020	07/15/2020			2,844.80	0.00	0.00	2,844.80
	GAS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PAR	2,844.80	0.00	0.00	2,844.80

Vendor#	Vendor Name	Class	Pay Code
10896	QIAGEN INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
997401551		06/30/2020	06/23/2020	07/23/2020			198.49	0.00	0.00	198.49
	SUPPLIES									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2626		06/30/2020	07/01/2020	07/26/2020			235.00	0.00	0.00	235.00

DISPOSAL SERVICE

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11252	RX WASTE SYSTEM	235.00		0.00	0.00	235.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
701060171		06/29/2020	06/23/2020	07/23/2020			71.56	0.00	0.00	71.56
	SUPPLIES									
701060997		06/30/2020	06/30/2020	07/10/2020			8.40	0.00	0.00	8.40
	FINANCE CHARGE									
701060205		07/13/2020	06/23/2020	07/23/2020			-35.02	0.00	0.00	-35.02
	CREDIT									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY C	44.94		0.00	0.00	44.94

Vendor#	Vendor Name	Class	Pay Code
10936	SIEMENS FINANCIAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5638200005	7376	06/30/2020	06/30/2020	07/24/2020			1,333.33	0.00	0.00	1,333.33
	LEASE & RENTAL									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIA	1,333.33		0.00	0.00	1,333.33

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CM2440		06/30/2020	06/30/2020	07/25/2020			-2,370.00	0.00	0.00	-2,370.00
	CREDIT									
I07007151		06/30/2020	06/30/2020	07/25/2020			9,083.00	0.00	0.00	9,083.00
	BLOOD									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLO	6,713.00		0.00	0.00	6,713.00

Vendor#	Vendor Name	Class	Pay Code
12440	SUN LIFE ASSURANCE COMPANY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061720		07/10/2020	06/17/2020	07/01/2020			2,571.61	0.00	0.00	2,571.61
	INSURANCES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12440	SUN LIFE ASSURAI	2,571.61		0.00	0.00	2,571.61

Vendor#	Vendor Name	Class	Pay Code
12476	SUN LIFE FINANCIAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062320		07/10/2020	06/23/2020	07/10/2020			9,392.18	0.00	0.00	9,392.18
	INSURANCE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12476	SUN LIFE FINANCIA	9,392.18		0.00	0.00	9,392.18

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
36452		06/30/2020	06/27/2020	07/27/2020			431.42	0.00	0.00	431.42
	ERX LICENSE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC	431.42		0.00	0.00	431.42

Vendor#	Vendor Name	Class	Pay Code
11100	THE US CONSULTING GROUP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
340377036		07/15/2020	02/06/2020	03/02/2020			1,378.95	0.00	0.00	1,378.95
	TRASH SERVICE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11100	THE US CONSULTII	1,378.95		0.00	0.00	1,378.95

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

8400335552	06/30/2020	06/29/2020	07/24/2020		47.15	0.00	0.00	47.15
	LAUNDRY							
8400335577	06/30/2020	06/29/2020	07/24/2020		1,247.02	0.00	0.00	1,247.02
	LAUNDRY							
8400335938	07/02/2020	07/02/2020	07/27/2020		131.55	0.00	0.00	131.55
	LAUNDRY							
8400335955	07/02/2020	07/02/2020	07/27/2020		81.67	0.00	0.00	81.67
	LAUNDRY							
8400335936	07/02/2020	07/02/2020	07/27/2020		19.20	0.00	0.00	19.20
	LAUNDRY							
8400335939	07/02/2020	07/02/2020	07/27/2020		170.08	0.00	0.00	170.08
	LAUNDRY							
8400335940	07/02/2020	07/02/2020	07/27/2020		171.94	0.00	0.00	171.94
	LAUNDRY							
8400335963	07/02/2020	07/02/2020	07/27/2020		1,310.02	0.00	0.00	1,310.02
	LAUNDRY							
8400335941	07/02/2020	07/02/2020	07/27/2020		175.83	0.00	0.00	175.83
	LAUNDRY							
8400335980	07/02/2020	07/02/2020	07/27/2020		74.91	0.00	0.00	74.91
	LAUNDRY							

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINC	3,429.37		0.00	0.00	3,429.37

Vendor#	Vendor Name	Class	Pay Code
U1056	UNIFORM ADVANTAGE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11310263	07/14/2020	07/08/2020	07/23/2020				32.96	0.00	0.00	32.96
	UNIFORMS LETECIA CONTRERAS									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANT/	32.96		0.00	0.00	32.96

Vendor#	Vendor Name	Class	Pay Code
W1040	WATERMARK GRAPHICS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
129914	06/29/2020	06/23/2020	07/23/2020				766.75	0.00	0.00	766.75
	SHIRTS									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	W1040	WATERMARK GRAF	766.75		0.00	0.00	766.75

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	222,712.10	0.00	0.00	222,712.10

pg 5 correction { <8,333.00> + 8,333.33

pg 6 correction { <17.80> + 160.80

$222,855.43

222,712.10 +
8,333.00 −
8,333.33 +
17.80 −
160.80 +
222,855.43 =

APPROVED
ON
JUL 16 2020

CK# 186399 –
186458

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

STATEMENT

ompany: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/17/2020 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 07/18/2020

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

As of: 07/17/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 07/18/2020 ITEMS NOT PAID (✓)

National Account 632536

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

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

TAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 4,364.03 USD

ture Due: 0.00

st Due: 181.03-

st Payment 2,451.97
/07/2017

If Paid By 07/21/2020,
Pay This Amount: 4,273.12 USD

If Paid After 07/21/2020,
Pay this Amount: 4,364.03 USD

Due If Paid On Time:
USD 4,273.12

Disc lost if paid late:
90.91

Due If Paid Late:
USD 4,364.03

64.63 +
2,937.15 +
894.85 +
376.49 +
4,273.12 *

CK # 500117

APPROVED
ON

JUL 21 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

'ompany: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/17/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 190813
Date: 07/18/2020

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

As of: 07/17/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 07/18/2020 **ITEMS NOT PAID (✓)**

National Account 632536

lling ate	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
ustomer Number 190813 HEB PHCY 0434/MEM MED PHS											
7/15/2020	07/21/2020	7212086645	2017016805	115Invoice	0.49	24.26		23.77 ✓		7212086645	
7/17/2020	07/21/2020	7212602791	2017016910	115Invoice	0.83	41.69		40.86 ✓		7212602791	

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

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

Subtotals: 65.95 USD

iture Due: 0.00

ist Due: 0.00

st Payment 9,831.42
7/13/2020

If Paid By 07/21/2020,
Pay This Amount: 64.63 USD

If Paid After 07/21/2020,
Pay this Amount: 65.95 USD

Due If Paid On Time:
USD 64.63 ✓

Disc lost if paid late:
1.32

Due If Paid Late:
USD 65.95

APPROVED
ON

JUL 2 1 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

ompany: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/17/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 256342
Date: 07/18/2020

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

As of: 07/17/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 07/18/2020 **ITEMS NOT PAID (✓)**

National Account 632536

lling ıte	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
ıstomer Number 256342 WALMART 1098/MEM MED PHS											
'/13/2020	07/21/2020	7211571902	0711200154-00	115Invoice	9.08	453.84		444.76 ✓		7211571902	
'/13/2020	07/21/2020	7211571905	1147981	115Invoice	5.12	255.93		250.81 ✓		7211571905	
'/13/2020	07/21/2020	7211571906	9218988584	115Invoice	5.12	255.93		250.81 ✓		7211571906	
'/13/2020	07/21/2020	7211571907	0712200156-00	115Invoice	5.40	269.81		264.41 ✓		7211571907	
'/14/2020	07/21/2020	7212015522	820734014	195Invoice	10.14	507.04		496.90 ✓		7212015522	
'/14/2020	07/21/2020	7212042572	000007132020SS	115Invoice	0.02	0.95		0.93 ✓		7212042572	
'/15/2020	07/21/2020	7212078428	4019008845	115Invoice	0.01	0.32		0.31 ✓		7212078428	
'/15/2020	07/21/2020	7212257763	820977307	195Invoice	3.87	193.42		189.55 ✓		7212257763	
'/16/2020	07/21/2020	7212367421	1219023371	115Invoice	5.15	257.38		252.23 ✓		7212367421	
'/16/2020	07/21/2020	7212367422	0715200409-00	115Invoice	10.86	542.92		532.06 ✓		7212367422	
'/16/2020	07/21/2020	7212533377	821230932	195Invoice	0.02	0.95		0.93 ✓		7212533377	
'/16/2020	07/21/2020	7212555242	0000007152020SS	115Invoice	0.01	0.32		0.31 ✓		7212555242	
'/17/2020	07/21/2020	7212608061	1219028613	115Invoice	5.12	256.09		250.97 ✓		7212608061	
'/17/2020	07/21/2020	7212766409	821472029	195Invoice	0.04	2.21		2.17 ✓		7212766409	

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

)TAL: **Customer Number 256342 WALMART 1098/MEM MED PHS**

Subtotals: 2,997.11 USD

ture Due: 0.00

st Due: 0.00

st Payment 9,831.42
'/13/2020

If Paid By 07/21/2020,
Pay This Amount: 2,937.15 USD

If Paid After 07/21/2020,
Pay this Amount: 2,997.11 USD

Due If Paid On Time:
USD 2,937.15 ✓

Disc lost if paid late:
59.96

Due If Paid Late:
USD 2,997.11

APPROVED
ON

JUL 2 1 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

STATEMENT

ompany: 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: 07/17/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 262252
Date: 07/18/2020

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

As of: 07/17/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 07/18/2020 **ITEMS NOT PAID (✓)**

National Account 632536

ling ite	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
istomer Number 262252 CVS PHCY 7006/MEMORIA PHS											
/16/2020	07/21/2020	7212371817	816579	115Invoice	18.26	913.11		894.85 ✓		7212371817	

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

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

Subtotals: 913.11 USD

ture Due: 0.00

st Due: 0.00

st Payment 9,831.42
/13/2020

If Paid By 07/21/2020,
Pay This Amount: 894.85 USD

If Paid After 07/21/2020,
Pay this Amount: 913.11 USD

Due If Paid On Time:
USD 894.85 ✓

Disc lost if paid late:
18.26

Due If Paid Late:
USD 913.11

APPROVED
ON

JUL 21 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

ompany: 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: 07/17/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 835438
Date: 07/18/2020

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

As of: 07/17/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 07/18/2020 **ITEMS NOT PAID (✓)**

National Account 632536

ling ite	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
istomer Number 835438 CVS PHCY 7475/MEM MC PHS											
/15/2020	07/15/2020	7212318344	MFC PR CORR CR	Pricing Cor		140.70-	P	140.70-	P ✓	7212318344	
/15/2020	07/15/2020	7212318345	MFC PR CORR CR	Pricing Cor		40.33-	P	40.33-	P ✓	7212318345	
/15/2020	07/21/2020	7212318346	MFC PR CORR IN	Pricing Cor	0.19	9.59		9.40	✓	7212318346	
/15/2020	07/21/2020	7212318347	MFC PR CORR IN	Pricing Cor	0.05	2.66		2.61	✓	7212318347	
/16/2020	07/21/2020	7212546826	816622	115Invoice	11.13	556.64		545.51	✓	7212546826	

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

TAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS

Subtotals: 387.86 USD

ture Due: 0.00

st Due: 181.03-

st Payment 9,831.42
/13/2020

If Paid By 07/21/2020,
Pay This Amount: 376.49 USD

If Paid After 07/21/2020,
Pay this Amount: 387.86 USD

Due If Paid On Time:
USD 376.49 ✓

Disc lost if paid late:
11.37

Due If Paid Late:
USD 387.86

APPROVED
ON
JUL 21 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen®

STATEMENT

Number: 59472338 Date: 07-17-2020

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:	286.52
Past Due:	0.00
Total Due:	286.52
Account Balance:	286.52

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
07-13-2020	07-24-2020	3040118231	157214	Invoice	3.32
07-13-2020	07-24-2020	3040118232	157215	Invoice	11.75
07-13-2020	07-24-2020	3040138546	157263	Invoice	2.03
07-14-2020	07-24-2020	3040179689	157269	Invoice	126.30
07-15-2020	07-24-2020	3040232634	157277	Invoice	0.29
07-16-2020	07-24-2020	3040282710	157290	Invoice	130.42
07-17-2020	07-24-2020	3040329425	157301	Invoice	12.41

Thank You for Your Payment

Date	Payment Number	Amount
07-17-2020		(572.44)

Reminders

Due Date	Amount
07-24-2020	286.52
Total Due:	286.52

Terms:
Monday - Friday due in 7 days

CK # 500118

APPROVED
ON
JUL 2 1 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Processing Number: 0000031450005311 Document Type: Customer Statement

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

		####	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	20	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	06	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 102,407.17	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 51,726.82	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 12,253.08	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 38,427.27	#
		CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

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

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	8497.75	N		N	N		171056.11
1	REGULAR PAY-S1	1599.75	N		N	N	N	70543.75
1	REGULAR PAY-S1	195.00	N		N	Y		6124.67
1	REGULAR PAY-S1	313.50	Y		N	N		8430.49
2	REGULAR PAY-S2	2474.50	N		N	N		56932.93
2	REGULAR PAY-S2	157.75	N		N	Y		5603.48
2	REGULAR PAY-S2	177.00	Y		N	N		5594.39
3	REGULAR PAY-S3	1423.00	N		N	N		38456.77
3	REGULAR PAY-S3	117.00	N		N	Y		4616.67
3	REGULAR PAY-S3	205.75	Y		N	N		8282.07
C	CALL PAY	2376.50	N	1	N	N		4753.00
E	EXTRA WAGES		N		N	N	N	3750.00
E	EXTRA WAGES		N	1	N	N	N	1886.25
F	FUNERAL LEAVE	8.00	N	1	N	N		134.80
H	HOLIDAY PAY	131.25	N	1	N	N		3250.78
I	INSERVICE	6.00	N	1	N	N		198.00
K	EXTENDED-ILLNESS-BANK	1041.27	N	1	N	N		24961.75
P	PAID-TIME-OFF	96.00	N		N	N	N	2216.96
P	PAID-TIME-OFF	1554.28	N	1	N	N		36614.59
X	CALL PAY 2	160.00	N	1	N	N		320.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	92.00	N	1	N	N		1964.08

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	811.17	A/R2	105.00	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1812.01	CAFE-F	
CAFE-H	20578.29	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC	164.54	COMBIN	438.97	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	38427.27	FICA-M	6126.54	FICA-O	25863.41
FIRSTC		FLEX S	4905.51	FLX FE	
FORT D		FUTA		GIFT S	70.05
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	391.08	MASA	825.00	MEALS	176.28
MISC		MISC/		MMCSHR	
NATFML	2219.94	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	840.86
STONE		STONE2		STUDEN	
SUNACC	974.01	SUNILL	1361.82	SUNLIF	1276.94
SUNSTD	1697.04	SUNVIS	1283.82	SURCHG	785.00
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	31904.01	TUTION	
UNIFOR	603.65	UW/HOS			

Grand Totals: 20722.30 (Gross: 455979.54 Deductions: 143642.21 Net: 312337.33)
Checks Count:- FT 203 PT 8 Other 39 Female 223 Male 25 Credit OverAmt 7 ZeroNet Term Total: 248

Pay Date
07.24.2020

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- July 13, 2020 July 19, 2020

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
7/13/2020	PAY PLUS ACHTRANS 452579291 101000691400334	- 3rd Party Payor Fee	2.43	
7/13/2020	IRS USATAXPYMT 220059574138247 6103601000203	- Payroll Taxes	98,806.94 **	
7/14/2020	MCKESSON DRUG AUTO ACH ACH04240155 910000124	- 340B Drug Program Expense	9,831.42 *	Pay Plus
7/15/2020	PAY PLUS ACHTRANS 452579291 101000693004060	- 3rd Party Payor Fee	51.46	
7/15/2020	TEXAS COUNTY DRS RECEIVABLE 0419 21000023746	- Retirement Funding	139,774.35 **	
7/16/2020	PAY PLUS ACHTRANS 452579291 101000693728595	- 3rd Party Payor Fee	27.78	
7/16/2020	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	-CitiBank Corporate Card Payment	1,592.31 *	
7/17/2020	PAY PLUS ACHTRANS 452579291 101000694530648	- 3rd Party Payor Fee	46.89	
7/17/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	572.44 *	

2.43 +
51.46 +
27.78 +
46.89 +
128.56 *

Jason Anglin, CEO
Memorial Medical Center

July 20, 2020

* Approved 07.15.2020 cc
** Approved 07.08.2020 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
8/10/2020	ACH Payment STATE COMTRLR TEXNET	ACCRUED NH QIPP IGT	1,337,173.86

Jason Anglin, CEO
Memorial Medical Center

July 20, 2020

APPROVED
ON
JUL 21 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TEXNET
Electronic Payment Network

Texas Comptroller of Public Accounts

Health and Human Services Commission
Memorial Medical Center Operating County

Identification Number: **Location:**

Transaction Complete

Trace #:

Payment Total	$1,337,173.86
Settlement Date	08/10/2020
PAYMENT DETAIL	
QIPP Amount	$1,337,173.86

Return to Menu | Logoff

Help

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

Revised:01/09/13 (483)

This list contains the declared suggested amount. No excess funds have been added.

Deposits are due into TexNet by COB Friday August 7, 2020

Facility ID	Facility Name	Facility Owner	August Declaration
100806	GULF POINTE PLAZA	MEMORIAL MEDICAL CENTER	$ 132,221.59
103462	TUSCANY VILLAGE	MEMORIAL MEDICAL CENTER	$ 183,971.64
105006	SOLERA AT WEST HOUSTON	MEMORIAL MEDICAL CENTER	$ 122,978.92
105314	THE CRESCENT	MEMORIAL MEDICAL CENTER	$ 104,247.99
105818	THE BROADMOOR AT CREEKSIDE PARK	MEMORIAL MEDICAL CENTER	$ 129,832.78
102540	GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	MEMORIAL MEDICAL CENTER	$ 223,532.07
4628	FORT BEND HEALTHCARE CENTER	MEMORIAL MEDICAL CENTER	$ 126,774.22
4811	ASHFORD GARDENS	MEMORIAL MEDICAL CENTER	$ 313,614.65
			$ 1,337,173.86

QIPP Year 4 NSGO Providers,

This email is intended for non-state governmental entities with QIPP Year 4 participating nursing facilities. If you are a privately-owned nursing facility, you may disregard this message.

Important Date:

No later than August 7, 2020: Enter IGT amount into TexNet, with a settlement date of August, 10 2020, and send trace sheet to RAD_QIPP_Payments@hhsc.state.tx.us
The purpose of QIPP is to improve the quality of care provided in Texas nursing facilities. The Texas Health and Human Services Commission (HHSC) is committed to increasing the number of participating nursing facilities and building on the success of QIPP. HHSC appreciates the commitment of the non-state government organizations (NSGOs) to being active participants in the Year 4 QIPP program and looks forward to working with all participants in Year 4 as the number of participating nursing facilities is expanded to bring this program to more Texas communities.

Attached is a spreadsheet with the suggested intergovernmental transfer (IGT) amounts needed to fund the remainder of the first half of the Quality Incentive Payment Program (QIPP) Year 4, September 2020 through February 2021.

Due to the increase in the program funding for Year 4, the IGT has been broken into three transfers:

1. One fourth of the IGT was requested in May 2020 with a June 2020 settlement.
2. One fourth of the IGT is being requested now, July 2020, for an August 2020 settlement.
3. One half of the IGT will occur in November 2020 for a December 2020 settlement.

The IGT must be entered into TexNet no later than close of business August 7, 2020 with a settlement date of August 10, 2020. This due date is non-negotiable. The funds need to be placed in the "~~Minimum Payment~~" Bucket. The amount that needs to be entered TexNet is on the tab named "August 2020 IGT Call" in column D of the attached spreadsheet. The IGT will be processed at that time and there will be no further revisions or redistributions of IGT suggestions should the aggregate IGT amount not fully utilize the available pool. Please ensure you double check the number while entering to ensure the correct number has been entered.

After the IGT amount is entered into TexNet, please send via email a screen shot or .pdf of the confirmation/trace sheet (or email the confirmation number if the TexNet is submitted over the phone) to **RAD_QIPP_Payments@hhsc.state.tx.us**.
Instructions for using TexNet for HHSC programs is attached as a PDF document. If you are new to TexNet or have questions, please reach out as-soon-as possible to ensure the process goes as smooth as possible.

eed to be placed in the "QIPP" bucket, not the "Minimum Payment" Bucket as the provider notification.

.iysis - Payments
. and Human Services Commission
.x 149030, Mail Code H-400
..own-Heatly Building
4900 N. Lamar Blvd.
Austin, TX 78714-9030

From: HHSC RAD QIPP Payments <RAD_QIPP_Payments@hhsc.state.tx.us>
Sent: Wednesday, July 8, 2020 11:43 AM
To: HeritageLongviewAdministrator@swltc.com <HeritageLongviewAdministrator@swltc.com>; hhadley@hmshealthcare.com <hhadley@hmshealthcare.com>; hhadministrator@hsmtx.com <hhadministrator@hsmtx.com>; hhaladyna@hotmail.com <hhaladyna@hotmail.com>; highlandnc@sbcglobal.net <highlandnc@sbcglobal.net>; hjanca@arboretumgroup.com <hjanca@arboretumgroup.com>; HKNamboodiri@SavaSC.com <HKNamboodiri@SavaSC.com>; hkomperda@hotmail.com <hkomperda@hotmail.com>; hlacerda@hslfamily.net <hlacerda@hslfamily.net>; hong.wade@sweenyhospital.org <hong.wade@sweenyhospital.org>; houston.mcguire@robleecc.com <houston.mcguire@robleecc.com>; hrhhc@yahoo.com <hrhhc@yahoo.com>; htb3444@aol.com <htb3444@aol.com>; huffmana@nacmem.org <huffmana@nacmem.org>; HWinchester@onpointe.com <HWinchester@onpointe.com>; ilicia.allen@zionltc.com <ilicia.allen@zionltc.com>; info@ashfordhall.com <info@ashfordhall.com>; info@caneycreeknursingandrehab.com <info@caneycreeknursingandrehab.com>; info@faithnursingandrehab.com <info@faithnursingandrehab.com>; info@lulingcarecenter.com <info@lulingcarecenter.com>; info@magnolialr.com <info@magnolialr.com>; info@nesbitlrc.com <info@nesbitlrc.com>; info@shadyacrescares.com <info@shadyacrescares.com>; irocha@ecmh.org <irocha@ecmh.org>; ivan@ashtonparke.com <ivan@ashtonparke.com>; j.b.dohlman@fundltc.com <j.b.dohlman@fundltc.com>; j.perkins@fundltc.com <j.perkins@fundltc.com>; jacksanders@managementseven.com <jacksanders@managementseven.com>; jacksanders@trustcaremanagement.com <jacksanders@trustcaremanagement.com>; jacob@thearbagroup.com <jacob@thearbagroup.com>; jagshaw@me.com <jagshaw@me.com>; jaime.andujo@fundltc.com <jaime.andujo@fundltc.com>; jaime@seniorcaremgmt.net <jaime@seniorcaremgmt.net>; James Balfour <JAMES.BALFOUR@phhs.org>; James@trinityhealthcare.com <James@trinityhealthcare.com>; jamesmoore@ensignservices.net <jamesmoore@ensignservices.net>; jamie.collier@pcpmg.net <jamie.collier@pcpmg.net>; jamie.wilson@healthmarkgroup.com <jamie.wilson@healthmarkgroup.com>; jane.balderas@fundltc.com <jane.balderas@fundltc.com>; JANE@KNOPPHEALTHCARE.COM <JANE@KNOPPHEALTHCARE.COM>; janet.brown@fundltc.com <janet.brown@fundltc.com>; Jason Anglin (janglin@mmcportlavaca.com) <janglin@mmcportlavaca.com>; jarlee@ensignservices.net <jarlee@ensignservices.net>; JATait@SavaSC.com <JATait@SavaSC.com>; jawtry@ensignservices.net <jawtry@ensignservices.net>; jbarron@yoakumcounty.org <jbarron@yoakumcounty.org>; jbates@transitionhealth.net <jbates@transitionhealth.net>; jbethel@farwellcarecenter.com <jbethel@farwellcarecenter.com>; Janice Brown <jbrown@farwellcarecenter.com>; jclay@gonzaleshealthcare.com <jclay@gonzaleshealthcare.com>; jcoglianese@philchai-hc.com <jcoglianese@philchai-hc.com>; jconrad-nite@paloduronursing.com <jconrad-nite@paloduronursing.com>; jcurtis@nctv.com <jcurtis@nctv.com>; jdugan@palopintonursingcenter.com <jdugan@palopintonursingcenter.com>; jehicks@savasc.com <jehicks@savasc.com>; JEN.BAILEY@FUNDLTC.COM <JEN.BAILEY@FUNDLTC.COM>; jenngarcia@cantexcc.com

TexNet Website: https://comptroller.texas.gov/programs/systems/texnet.php

Thank you,

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

TEXAS
Health and Human
Services

07/16/2020
10:02

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor# 12696 Vendor Name GULF POINTE PLAZA Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070120		07/14/2020	07/01/2020	07/30/2020			4,224.00	0.00	0.00	4,224.00
	TRANSFER NH insurance pymt deposited into mmc operating									
070320		07/14/2020	07/03/2020	07/30/2020			5,074.61	0.00	0.00	5,074.61
	TRANSFER NH insurance pymt deposited into mmc operating									
070620		07/14/2020	07/06/2020	07/30/2020			1,408.00	0.00	0.00	1,408.00
	TRANSFER NH insurance pymt deposited into mmc operating									
070620A		07/14/2020	07/06/2020	07/30/2020			5,984.00	0.00	0.00	5,984.00
	TRANSFER NH insurance pymt deposited into mmc operating									
070720		07/14/2020	07/07/2020	07/30/2020			2,464.00	0.00	0.00	2,464.00
	TRANSFER NH insurance pymt deposited into mmc operating									
070920		07/15/2020	07/09/2020	07/30/2020			33,936.41	0.00	0.00	33,936.41
	TRANSFER NH insurance pymt deposited into mmc operating									
071020		07/15/2020	07/10/2020	07/30/2020			7,339.44	0.00	0.00	7,339.44
	TRANSFER NH insurance pymt deposited into mmc operating									
071420		07/15/2020	07/14/2020	07/30/2020			2,378.13	0.00	0.00	2,378.13
	TRANSFER NH insurance pymt deposited into mmc operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZ	62,808.59	0.00	0.00	62,808.59

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	62,808.59	0.00	0.00	62,808.59

APPROVED
ON
JUL 16 2020 CK# 186460
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

07/16/2020
10:05

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

RECEIVED
JUL 16 2020
Calhoun County Auditor

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
070120		07/14/2020	07/01/2020	07/30/2020			10,488.38	0.00	0.00	10,488.38 ✓
	TRANSFER NH insurance pymt deposited into MMC Operating									
070220		07/14/2020	07/02/2020	07/30/2020			1,134.10	0.00	0.00	1,134.10 ✓
	TRANSFER NH insurance pymt deposited into MMC Operating									
070320		07/14/2020	07/03/2020	07/30/2020			4,789.80	0.00	0.00	4,789.80 ✓
	TRANSFER NH insurance pymt deposited into MMC Operating									
070620		07/14/2020	07/06/2020	07/30/2020			8,003.38	0.00	0.00	8,003.38 ✓
	TRANSFER NH insurance pymt deposited into MMC Operating									
070720		07/14/2020	07/07/2020	07/30/2020			39,886.98	0.00	0.00	39,886.98 ✓
	TRANSFER NH insurance pymt deposited into MMC Operating									
070920		07/15/2020	07/09/2020	07/30/2020			16,871.01	0.00	0.00	16,871.01 ✓
	TRANSFER NH insurance pymt deposited into MMC Operating									
071020		07/15/2020	07/10/2020	07/30/2020			3,223.75	0.00	0.00	3,223.75 ✓
	TRANSFER NH insurance pymt deposited into MMC Operating									
071320		07/15/2020	07/13/2020	07/30/2020			2,858.35	0.00	0.00	2,858.35 ✓
	TRANSFER NH insurance pymt deposited into MMC Operating									
071420		07/15/2020	07/14/2020	07/30/2020			36,627.90	0.00	0.00	36,627.90 ✓
	TRANSFER NH insurance pymt deposited into MMC Operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	123,883.65	0.00	0.00	123,883.65

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	123,883.65	0.00	0.00	123,883.65

APPROVED
ON
JUL 16 2020 CK# 186459
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor# 13004 Vendor Name TUSCANY VILLAGE ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070120	TRANSFER NH insurance pymt deposited into MMC Operating	07/14/2020	07/01/2020	07/30/2020			6,446.63	0.00	0.00	6,446.63 ✓
070220	TRANSFER NH insurance pymt deposited into MMC Operating	07/14/2020	07/02/2020	07/30/2020			16,945.98	0.00	0.00	16,945.98 ✓
070620	TRANSFER NH insurance pymt deposited into MMC Operating	07/14/2020	07/06/2020	07/30/2020			19,272.92	0.00	0.00	19,272.92 ✓
070720	TRANSFER NH insurance pymt deposited into MMC Operating	07/14/2020	07/07/2020	07/30/2020			19,039.14	0.00	0.00	19,039.14 ✓
070820	TRANSFER NH insurance pymt deposited into MMC Operating	07/14/2020	07/08/2020	07/30/2020			5,221.58	0.00	0.00	5,221.58 ✓
070920	TRANSFER NH insurance pymt deposited into MMC Operating	07/15/2020	07/09/2020	07/30/2020			5,182.32	0.00	0.00	5,182.32 ✓
070920A	TRANSFER NH insurance pymt deposited into MMC Operating	07/15/2020	07/09/2020	07/30/2020			1,954.25	0.00	0.00	1,954.25 ✓
071020	TRANSFER NH insurance pymt deposited into MMC Operating	07/15/2020	07/10/2020	07/30/2020			608.53	0.00	0.00	608.53 ✓
071320	TRANSFER NH insurance pymt deposited into MMC Operating	07/15/2020	07/13/2020	07/30/2020			2,329.95	0.00	0.00	2,329.95 ✓
071420	TRANSFER NH insurance pymt deposited into MMC Operating	07/15/2020	07/14/2020	07/30/2020			14,396.62	0.00	0.00	14,396.62 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	91,397.92	0.00	0.00	91,397.92

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	91,397.92	0.00	0.00	91,397.92

APPROVED
ON
JUL 16 2020

CK # 186462

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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
070920	07/15/2020 TRANSFER	07/09/2020	07/30/2020				9,120.00	0.00	0.00	9,120.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	9,120.00	0.00	0.00	9,120.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,120.00	0.00	0.00	9,120.00

CLH
186461

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RUN DATE:07/20/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:09 CHECK REGISTER GLCKREG
07/22/20 THRU 07/22/20

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	186399	07/22/20	3,445.71	AIRGAS USA, LLC - CENTRAL DIV
A/P	186400	07/22/20	128.39	ALPHA TEC SYSTEMS INC
A/P	186401	07/22/20	38.95	AQUA BEVERAGE COMPANY
A/P	186402	07/22/20	413.10	ARGON MEDICAL DEVICES
A/P	186403	07/22/20	782.40	BARD ACCESS
A/P	186404	07/22/20	737.16	BAXTER HEALTHCARE
A/P	186405	07/22/20	719.04	CARDINAL HEALTH 414, INC.
A/P	186406	07/22/20	3,137.84	CDW GOVERNMENT, INC.
A/P	186407	07/22/20	33.27	CENTERPOINT ENERGY
A/P	186408	07/22/20	192.50	CHRISTINA ZAPATA-ARROYO
A/P	186409	07/22/20	403.90	COASTAL REFRIGERATION
A/P	186410	07/22/20	667.55	DEWITT POTH & SON
A/P	186411	07/22/20	50,311.25	DIAMOND HEALTHCARE CORP
A/P	186412	07/22/20	165.00	DIESEL FUEL MAINTENANCE, INC
A/P	186413	07/22/20	1,030.00	DOWELL PEST CONTROL
A/P	186414	07/22/20	182.50	DRIESSEN WATER INC.
A/P	186415	07/22/20	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	186416	07/22/20	695.00	FIRETROL PROTECTION SYSTEMS
A/P	186417	07/22/20	2,974.58	FISHER HEALTHCARE
A/P	186418	07/22/20	959.87	FRONTIER
A/P	186419	07/22/20	61.49	GLOBAL EQUIPMENT CO. INC.
A/P	186420	07/22/20	110.68	GRAINGER
A/P	186421	07/22/20	133.50	GUERBET, LLC
A/P	186422	07/22/20	466.12	GULF COAST PAPER COMPANY
A/P	186423	07/22/20	2,174.55	HAYES ELECTRIC SERVICE
A/P	186424	07/22/20	.00	VOIDED
A/P	186425	07/22/20	583.08	HEB CREDIT RECEIVABLES DEPT308
A/P	186426	07/22/20	8,333.33	HITACHI HEALTHCARE
A/P	186427	07/22/20	14,607.22	HUNTER PHARMACY SERVICES
A/P	186428	07/22/20	180.00	INTOXIMETERS INC
A/P	186429	07/22/20	171.29	LABCORP OF AMERICA HOLDINGS
A/P	186430	07/22/20	25,625.96	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	186431	07/22/20	104.25	M.C. JOHNSON COMPANY INC
A/P	186432	07/22/20	3,002.77	MCKESSON MEDICAL SURGICAL INC
A/P	186433	07/22/20	199.00	MEDI-DOSE, INC
A/P	186434	07/22/20	7,968.47	MEDICAL DATA SYSTEMS, INC.
A/P	186435	07/22/20	160.80	MEDIMPACT HEALTHCARE SYS, INC.
A/P	186436	07/22/20	.00	VOIDED
A/P	186437	07/22/20	5,785.85	MEDLINE INDUSTRIES INC
A/P	186438	07/22/20	1,154.79	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	186439	07/22/20	.00	VOIDED
A/P	186440	07/22/20	12,364.18	MORRIS & DICKSON CO, LLC
A/P	186441	07/22/20	506.16	NATUS MEDICAL INC
A/P	186442	07/22/20	174.04	NUANCE COMMUNICATIONS, INC
A/P	186443	07/22/20	91.79	OFFICE DEPOT
A/P	186444	07/22/20	1,511.80	ORTHO CLINICAL DIAGNOSTICS
A/P	186445	07/22/20	931.00	PORT LAVACA WAVE
A/P	186446	07/22/20	2,844.80	PRO ENERGY PARTNERS LP
A/P	186447	07/22/20	198.49	QIAGEN INC
A/P	186448	07/22/20	235.00	RX WASTE SYSTEMS LLC

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	186449	07/22/20	44.94	SERVICE SUPPLY OF VICTORIA INC
A/P	186450	07/22/20	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	186451	07/22/20	6,713.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	186452	07/22/20	2,571.61	SUN LIFE ASSURANCE COMPANY
A/P	186453	07/22/20	9,392.18	SUN LIFE FINANCIAL
A/P	186454	07/22/20	431.42	T-SYSTEM, INC
A/P	186455	07/22/20	1,378.95	THE US CONSULTING GROUP
A/P	186456	07/22/20	3,429.37	UNIFIRST HOLDINGS
A/P	186457	07/22/20	32.96	UNIFORM ADVANTAGE
A/P	186458	07/22/20	766.75	WATERMARK GRAPHICS INC
A/P	186459	07/22/20	123,883.65	GOLDENCREEK HEALTHCARE
A/P	186460	07/22/20	62,808.59	GULF POINTE PLAZA
A/P	186461	07/22/20	9,120.00	THE CRESCENT
A/P	186462	07/22/20	91,397.92	TUSCANY VILLAGE
TOTALS:			510,065.59	

Payables 222,855.43 +
Nursing Home Transfers
9,120.00 +
123,883.65 +
62,808.59 +
91,397.92 +
510,065.59 =

APPROVED
ON
JUL 22 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/20/2020

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		55,825.35 ✓	52,740.95 ✓	228,008.40 ✓		-	231,092.80	228,008.40
						Bank Balance	231,092.80 ✓	
						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	228,008.40 ✓	
Broadmoor		22,672.96 ✓	22,572.96 ✓	57,367.81 ✓		-	57,467.81 ✓	57,367.81
						Bank Balance	57,467.81	
						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	57,367.81 ✓	
Crescent		38,097.31 ✓	37,997.31 ✓	54,137.45 ✓		-	54,237.45 ✓	54,137.45
						Bank Balance	54,237.45	
						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	54,137.45 ✓	
Fort Bend		19,420.24 ✓	19,320.24 ✓	37,954.47 ✓		-	38,054.47 ✓	37,954.47
						Bank Balance	38,054.47	
						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	37,954.47 ✓	
Solera at W Houston		47,557.09 ✓	47,457.09 ✓	63,681.23 ✓			63,781.23 ✓	63,681.23
						Bank Balance	63,781.23	
						Variance	-	
						Leave In Balance	100.00	
						Humana Withholding owed to MMC		
						QIPP 1,2 AND 3- Outstanding Check		
Routing Information for Crescent / Solera at West Houston / Fort						QIPP 1,2 AND 3		
Cantex Health Care Centers III LLC						April Interest		
JP Morgan Chase Bank						May Interest		
						June Interest	-	
						Adjust Balance/Transfer Amt	63,681.23 ✓	

228,008.40 +
57,367.81 +
54,137.45 +
37,954.47 +
63,681.23 +
441,149.36 *

APPROVED
ON
JUL 21 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS	441,149.36

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 — 7/20/2020

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

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
7/13/2020	Amerigroup TXSC HCCLAIMPMT 3127876114 111000 TRN*1*3127876114*1752603231\	-	46,280.14					-	46,280.14
7/13/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05F544201326436189*1746000156~	-	1,701.06					-	1,701.06
7/14/2020	Deposit	-	25,212.40					-	25,212.40
7/14/2020	Amerigroup TXSC HCCLAIMPMT 3127972170 111000 TRN*1*3127972170*1752603231\	-	12,208.57					-	-
7/14/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071116000176*1912008361*0000TEX01\	-	1,417.90					-	1,417.90
7/14/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071115600117*1912008361*0000TEX01\	-	60,646.32					-	60,646.32
7/15/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	52,740.95	-					-	-
7/15/2020	Amerigroup TXSC HCCLAIMPMT 3128093404 111000 TRN*1*3128093404*1752603231\	-	16,709.75					-	16,709.75
7/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071210601124*1912008361*0000TEX01\	-	6,786.00					-	6,786.00
7/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071215300604*1912008361*0000TEX01\	-	48,692.66					-	48,692.66
7/17/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071610400144*1912008361*0000TEX01\	-	5,594.90					-	5,594.90
7/17/2020	HUMANA CHA DISB HCCLAIMPMT 390860 4200001033 TRN*1*014840101508264*1611013183\	-	2,758.70					-	2,758.70
								-	-
		52,740.95	228,008.40	-	-	-	-	-	215,799.83

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
7/14/2020	Deposit	-	9,265.06					-	9,265.06
7/14/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071115100706*1912008361*0000TEX01\	-	2,532.27					-	2,532.27
7/14/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071113300304*1912008361*0000TEX01\	-	100.85					-	100.85
7/14/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020071113901003*1912008361*0000TEX01\	-	3,024.00					-	3,024.00
7/15/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	22,572.96	-					-	-
7/15/2020	Deposit	-	3,070.00					-	3,070.00
7/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071216200267*1912008361*0000TEX01\	-	5,203.50					-	5,203.50
7/16/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071511800535*1912008361*0000TEX01\	-	26,774.48					-	26,774.48
7/17/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071611501168*1912008361*0000TEX01\	-	4,477.35					-	4,477.35
7/17/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071611600109*1912008361*0000TEX01\	-	2,568.30					-	2,568.30
7/17/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1547796510*1362739571*000036273\	-	352.00					-	352.00
								-	-
		22,572.96	57,367.81	-	-	-	-	-	57,367.81

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
7/13/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0253860	-	472.50					-	472.50
7/13/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071013100537*1912008361*0000TEX01\	-	13,131.40					-	13,131.40
7/14/2020	Deposit	-	7,471.69					-	7,471.69
7/14/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071115801127*1912008361*0000TEX01\	-	18,691.73					-	-
7/15/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	37,997.31	-					-	-
7/15/2020	Deposit	-	5,301.59					-	5,301.59
7/15/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0253904	-	5,535.00					-	5,535.00
7/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071216200065*1912008361*0000TEX01\	-	3,143.41					-	3,143.41
7/17/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000109 TRN*1*EFT5631988*1205296137*000004011\	-	390.13					-	390.13
								-	-
		37,997.31	54,137.45	-	-	-	-	-	35,445.72

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
7/14/2020	Deposit	-	10,325.46					-	10,325.46
7/14/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071113800055*1912008361*0000TEX01\	-	3,255.90					-	3,255.90
7/15/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	19,320.24	-					-	-
7/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071214700300*1912008361*0000TEX01\	-	18,491.21					-	18,491.21
7/16/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071511400886*1912008361*0000TEX01\	-	3,255.90					-	3,255.90
7/16/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020071512601481*1912008361*0000TEX01\	-	2,626.00					-	2,626.00
								-	-
		19,320.24	37,954.47	-	-	-	-	-	37,954.47

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
7/13/2020	Amerigroup TXSC HCCLAIMPMT 3127876115 111000 TRN*1*3127876115*1752603231\	-	4,186.78					-	4,186.78
7/13/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071013100443*1912008361*0000TEX01\	-	8,663.53					-	8,663.53
7/13/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000199 TRN*1*EFT5625464*1205296137*000004011\	-	3,163.00					-	3,163.00
7/14/2020	Deposit	-	9,093.90					-	9,093.90
7/14/2020	HHP HCCLAIMPMT 390862 91000013165865 DISDATA TRN*1*001270018158812*1611013183\	-	1,032.65					-	1,032.65
7/14/2020	Amerigroup TXSC HCCLAIMPMT 3127972171 111000 TRN*1*3127972171*1752603231\	-	274.82					-	274.82
7/14/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071115100660*1912008361*0000TEX01\	-	7,054.56					-	7,054.56
7/14/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071115801026*1912008361*0000TEX01\	-	18,960.60					-	18,960.60
7/15/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	47,457.09	-					-	-
7/15/2020	Amerigroup TXSC HCCLAIMPMT 3128093406 111000 TRN*1*3128093406*1752603231\	-	1,802.27					-	-
7/15/2020	Amerigroup TXSC DMS EFT 3128093405 111000023	-	875.00					-	875.00
7/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071210601243*1912008361*0000TEX01\	-	1,777.72					-	1,777.72
7/15/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071213200195*1912008361*0000TEX01\	-	2,748.40					-	2,748.40
7/17/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1547795165*1362739571*000036273\	-	4,048.00					-	4,048.00
								-	-
		47,457.09	63,681.23	-	-	-	-	-	61,878.96

	TOTALS	180,088.55	441,149.36	-	-	-	-	-	408,446.79

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
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DDA Data reported as of Jul 20, 2020 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$231,092.80	$248,684.17	$231,092.80	$222,739.20
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$57,467.81	$69,815.31	$57,467.81	$50,070.16
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$54,237.45	$58,307.45	$54,237.45	$53,847.32
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$38,054.47	$38,054.47	$38,054.47	$38,054.47
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$63,781.23	$68,171.23	$63,781.23	$59,733.23
[redacted]				

* indicates re
Page generated on 07/20/2020 at 9

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/20/2020

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		17,627.22	17,527.22	76,798.64	-	-	76,898.64	76,798.64
						Bank Balance	76,898.64	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 1,2 AND 3- Outstanding Check		
						QIPP 1,2 AND 3		
Routing Information for Golden Creek:						April Interest		
Nexion Health at Golden Creek						May Interest		
Wells Fargo Bank, N.A.						June Interest		
							-	
						Adjust Balance/Transfer Amt	76,798.64	

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 7/20/2020

APPROVED
ON
JUL 21 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&Lapse	QJPP TI	
7/14/2020 Deposit	-	16,108.16					-	-
7/15/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	17,527.22	-					-	-
7/15/2020 Deposit	-	59,544.48					-	-
7/15/2020 ACH SETTLEMENT SERVICE 4105523439 9601693351	-	1,146.00					-	-
							-	-
	17,527.22	76,798.64	-	-	-	-	-	-

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 20, 2020 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$76,898.64	$85,907.62	$76,898.64	$76,898.64
[redacted]				

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Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/20/2020

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		100.00	-	0.04		-	-	100.04	~~0.04~~
							Bank Balance	100.04	No transfer
							Variance	-	
							Leave in Balance	100.00	
							QJPP 1,2 AND 3- Outstanding Check		
							April Interest		
							May Interest		
							June Interest		
							Adjust Balance/Transfer Amt	0.04	

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		36,844.09	36,744.09	78,971.67		-	-	79,071.67	78,971.67
							Bank Balance	79,071.67	
							Variance	-	
							Leave in Balance	100.00	
							QJPP 1,2 AND 3		
							April Interest		
							May Interest		
							June Interest		
							Adjust Balance/Transfer Amt	78,971.67	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	78,971.71

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 7/20/2020

APPROVED
ON
JUL 21 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION
7/15/2020 HUMANA INS CO HCCLAIMPMT 624982 830000531418 TRN*1*001430051329379*1391263473\	-	0.01					-	-
7/15/2020 HUMANA INS CO HCCLAIMPMT 624983 830000531424 TRN*1*001430051329673*1391263473\	-	0.01					-	-
7/15/2020 HUMANA INS CO HCCLAIMPMT 624982 830000531424 TRN*1*001430051329672*1391263473\	-	0.01					-	-
7/15/2020 HUMANA INS CO HCCLAIMPMT 624983 830000531418 TRN*1*001430051329380*1391263473\	-	0.01					-	-
							-	-
	-	0.04	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION
7/14/2020 Deposit	-	45,732.26					-	-
7/15/2020 WIRE OUT HMG SERVICES, LLC	36,744.09	-					-	-
7/15/2020 Deposit	-	30,611.77					-	30,611.77
7/17/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SF584171922092790*17460001	-	2,627.64					-	2,627.64
							-	-
	36,744.09	78,971.67	-	-	-	-	-	78,971.67
	36,744.09	78,971.71	-	-	-	-	-	78,971.67

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
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DDA Data reported as of Jul 20, 2020 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$79,071.67	$79,071.67	$79,071.67	$76,444.03
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$100.04	$100.04	$100.04	$100.04
[redacted]				

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Page generated on 07/20/2020 at 9

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
7/20/2020

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
Tuscany Senior Living		1,293.02	34,213.02	206,539.77		-	-	206,619.77	206,519.77
							Bank Balance	206,619.77	
							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	206,519.77	

~~206,519.77~~ ~~Test~~ ~~100.00~~

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 7/10/2020

APPROVED
ON
JUL 21 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
7/14/2020 Deposit	-	131,502.00					-	-
7/15/2020 Enhanced Analysis Ch	20.00	-					-	-
7/15/2020 WIRE OUT LINBAR ENTERPRISES, LLC	34,193.02	-					-	-
7/15/2020 Deposit	-	75,037.77					-	75,037.77
							-	-
	34,213.02	206,539.77	-	-	-	-	-	75,037.77

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Jul 20, 2020 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*3407 MMC -NH TUSCANY VILLAGE	$206,619.77	$206,619.77	$206,619.77	$206,619.77

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Page generated on 07/20/2020 at 9

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
7/20/2020

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		28,593.53	28,493.53	-		-	-	100.00	-
							Bank Balance	100.00	no transfer
							Variance	-	
							Leave in Balance	100.00	

QIPP 1,2 AND 3

April Interest
May Interest
June Interest
Adjust Balance/Transfer Amt -

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 7/20/2020

APPROVED
ON
JUL 2 1 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
7/15/2020 WIRE OUT BETHANY SENIOR LIVING, LTD	28,493.53	-					-	-
							-	-
	28,493.53	-	-	-	-	-	-	-

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Jul 20, 2020 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*5506 MMC -NH BETHANY SENIOR LIVING	$100.00	$100.00	$100.00	$100.00
[redacted]				

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Page generated on 07/20/2020 at 9

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

186375

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
115916144	06/17/20	2,193.83			2,193.83
56382000050815	06/03/20	4,038.24			4,038.24
CHECK NO. 186375	TOTALS	6,232.07	TOTALS		6,232.07

MEMORIAL MEDICAL CENTER

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

PROSPERITY BANK
88-2265
1131

186375

10936 186375

DATE 07/15/20 AMOUNT $6,232.07

Six Thousand Two Hundred Thirty-Two Dollars and Seven Cents

PAY TO THE ORDER OF
SIEMENS FINANCIAL SERVICES
P O BOX 2083
CAROL STREAM, IL 60132-2083

VOID

CALHOUN COUNTY TREASURER

10936 SIEMENS FINANCIAL SERVICE
P O BOX 2083 CAROL STREAM, IL 60132-2083

186396

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
56382000050815	06/03/20	4,038.24			4,038.24
	TOTALS	4,038.24	TOTALS		4,038.24

CHECK NO. 186396
07/16/20

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

186396

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
56382000050815	06/03/20	4,038.24			4,038.24
	TOTALS	4,038.24	TOTALS		4,038.24

CHECK NO. 186396

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK
88-2265
1131

186396

10936 186396
DATE AMOUNT
07/16/20 $4,038.24

Four Thousand Thirty-Eight Dollars and Twenty-Four Cents

PAY TO THE ORDER OF
SIEMENS FINANCIAL SERVICES
P O BOX 2083
CAROL STREAM, IL 60132-2083

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

S2001 SIEMENS MEDICAL SOLUTIONS
P O BOX 120001 DALLAS, TX 75312-0733

186397

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
115916144	06/17/20	2,193.83			2,193.83
	TOTALS	2,193.83	TOTALS		2,193.83

CHECK NO. 186397
07/16/20

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

186397

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
115916144	06/17/20	2,193.83			2,193.83
	TOTALS	2,193.83	TOTALS		2,193.83

CHECK NO. 186397

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK
88-2265
1131

186397

S2001 186397
DATE AMOUNT
07/16/20 $2,193.83

Two Thousand One Hundred Ninety-Three Dollars and Eighty-Three Cents

PAY TO THE ORDER OF
SIEMENS MEDICAL SOLUTIONS INC
P O BOX 120001
DEPT 0733
DALLAS, TX 75312-0733

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

SIEMENS

Siemens Financial Services, Inc., 301 Lindenwood Dr. Ste 215, Malvern, PA 19355

Invoice

Invoice #
Date 06/03/2020

553144-001-0084

Attn: Farah Janak
MEMORIAL MEDICAL CENTER
815 N Virginia St
PORT LAVACA TX 77979-3025

Department Customer Solutions
Telephone 866-249-4496
Fax 610-232-5983
E-mail customersolutions.SFS@siemens.com

Reference 4013564

Contract	PO #	Description	Due Date	Amount	Sales Tax	Total Due
		Rental	06/22/2020	4,038.24	0.00	4,038.24

If the Invoice amount is not received by the due date, your account may be assessed a late fee.

Total Due **4,038.24**

MEMORIAL MEDICAL CENTER
RECEIVED
JUL 0 [illegible] 2020
ACCOUNTS PAYABLE

APPROVED
ON
JUL 09 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

[FC2Q9N000-S-00084-0001-0001-0084-

Notice: compliance with legal and internal regulations is an integral part of all business processes at Siemens.
Possible infringements can be reported to our HelpDesk "Tell us" at www.siemens.com/tell-us

Return this portion with check payable to:

Siemens Financial Services, Inc.
PO Box 2083
Carol Stream, IL 60132-2083

If by Wire or ABA, remit to
Siemens Financial Services, Inc.
Wire & ABA #021000089
ACCOUNT #30824131

Contract Number:
Invoice Date: 06/03/2020
Invoice No.:
Due Date: 06/22/2020

Current Due: 4,038.24
Past Due: 0.00

Attn: Farah Janak
MEMORIAL MEDICAL CENTER
815 N Virginia St
PORT LAVACA, TX 77979-3025

TOTAL DUE: **$4,038.24**

20200603377657_022006_xml

Siemens Financial Services, Inc.

301 Lindenwood Dr. Ste 215,
Malvern, PA 19355

Tel: 866-249-4496
Fax: 610-232-5983
E-mail: customersolutions.SFS@siemens.com

Send change of address and all other correspondance to this address

553144--Q021P-001-0084

32 - entered ✓

SIEMENS Healthineers

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

INVOICE

INVOICE NUMBER	
INVOICE DATE	06/17/2020
CUSTOMER NO.	
OUR REFERENCE NO.	
DISTRICT	

INVOICE ENCLOSED

BILL TO: 1
MEMORIAL MEDICAL CENTER
815 N. VIRGINIA ST
PORT LAVACA TX 77979

SOLD TO:
MEMORIAL MEDICAL CENTER
815 N. VIRGINIA ST
PORT LAVACA TX 77979

F 6/25/20

32

AGREEMENT NUMBER

TERMS OF PAYMENT	TAX STATE
Net 30 Days- Service	TX

ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
0010	**Functional Location: 400-657847**	2,193.83
	SYMBIA EVO EXCEL	
	MEMORIAL MEDICAL CENTER, 815 N. VIRGINIA ST, PORT LAVACA, TX 77979	
	Performance Top Gold Contract - NM-Pet	
	Purchase Order No: 89892	
	Contract Billing for Period 06/16/2020 through 07/15/2020	
	Serial number: 1530	
	SUBTOTAL	2,193.83
	TAX	
	INVOICE TOTAL	**2,193.83**
	INVOICE BALANCE	**2,193.83**

MEMORIAL MEDICAL CENTER
RECEIVED
JUN 24 2020
ACCOUNTS PAYABLE

The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.

Consumable coverage is now available. Contact your local service sales representative, or servicesolutions.healthcare@siemens.com.

PLEASE DIRECT ANY INQUIRIES REGARDING THIS BILLING TO:
1-800-888-SIEM (or 7436), Prompt 3, then 1
ATTN: Customer Administration.
bimidwest.healthcare@siemens.com

APPROVED ON
JUL 09 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

PLEASE REMIT TO:

Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

T1880 TEXAS DEPARTMENT OF LICEN
P.O. BOX 12157 AUSTIN, TX 78711-2157

185831

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
10109059	05/07/20	95.00			95.00

Stop payment was issued.
They never received the check.

Reissued ck #186398

CHECK NO.		TOTALS		TOTALS		
185831 052720		95.00				95.00

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

185831

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
10109059	05/07/20	95.00			95.00

CHECK NO.		TOTALS		TOTALS		
185831		95.00				95.00

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK
88-2265
1131

185831

T1880 185831

DATE 05/27/20 AMOUNT $95.00

Ninety-Five Dollars and No Cents

PAY TO THE ORDER OF
TEXAS DEPARTMENT OF LICENSING
P.O. BOX 12157
AUSTIN, TX 78711-2157

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

TEXAS DEPARTMENT OF LICEN
P. 12157 AUSTIN, TX 78711-2157
L MEDICAL CENTER • PORT LAVACA, TEXAS 77979

186398

ERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
09059	05/07/20	95.00			95.00
CHECK NO. 186398 07/20/20	TOTALS	95.00	TOTALS		95.00

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

186398

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
10109059	05/07/20	95.00			95.00
CHECK NO. 186398	TOTALS	95.00	TOTALS		95.00

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186398

T1880 186398

DATE 07/20/20 AMOUNT $95.00

Ninety-Five Dollars and No Cents

PAY TO THE ORDER OF
TEXAS DEPARTMENT OF LICENSING
P.O. BOX 12157
AUSTIN, TX 78711-2157

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER