MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 29, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	677,772.30
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	1,513,687.77
TOTAL INTER-GOVERNMENT TRANSFERS	$	61,683.12
GRAND TOTAL DISBURSEMENTS APPROVED July 29, 2020	$	2,253,143.19

APPROVED

JUL 29 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 29, 2020

PAYABLES AND PAYROLL			
7/23/2020	Weekly Payables	671,697.65	
7/23/2020	Patient Refunds	740.36	
7/27/2020	McKesson-340B Prescription Expense	4,813.90	
7/27/2020	Amerisource Bergen-340B Prescription Expense	461.97	
	Prosperity Electronic Bank Payments		
7/27/2020	Pay Plus-Patient Claims Processing Fee	58.42	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 677,772.30**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
7/27/2020	Nursing Home UPL-Cantex Transfer	674,874.13	
7/27/2020	Nursing Home UPL-Nexion Transfer	242,450.92	
7/27/2020	Nursing Home UPL-HMG Transfer	285,938.43	
7/27/2020	Nursing Home UPL-Tuscany Transfer	162,671.68	
7/27/2020	Nursing Home UPL-HSL Transfer	19,772.44	
QIPP/INTEREST/RECOUP CHECKS TO MMC			
7/27/2020	Ashford	52,925.62	
7/27/2020	Broadmoor	19,069.19	
7/27/2020	Crescent	15,635.88	
7/27/2020	Fort Bend	21,597.99	
7/27/2020	Solera	18,751.49	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,513,687.77**
INTER-GOVERNMENT TRANSFERS			
7/27/2020	IGT UHRIP PGY4 to be paid August 10,2020	61,683.12	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 61,683.12**
GRAND TOTAL DISBURSEMENTS APPROVED July 29, 2020			**$ 2,253,143.19**

RECEIVED
JUL 23 2020
Calhoun County Auditor

07/23/2020 MEMORIAL MEDICAL CENTER 0
12:31 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/05/2020

Vendor#	Vendor Name	Class	Pay Code
11237	3WON, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2201		07/06/2020	07/01/2020	08/01/2020			398.00	0.00	0.00	398.00
	CREDENTIALING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11237	3WON, LLC	398.00	0.00	0.00	398.00

Vendor#	Vendor Name	Class	Pay Code
R1200	ADT COMMERCIAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
450210		07/23/2020	07/01/2020	07/26/2020			47.29	0.00	0.00	47.29
	FIRE MONITORING									

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

Vendor#	Vendor Name	Class	Pay Code
A1430	ADVANCE MEDICAL DESIGNS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SI01362621		07/21/2020	07/06/2020	07/21/2020			21.68	0.00	0.00	21.68
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1430	ADVANCE MEDICAL	21.68	0.00	0.00	21.68

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
9971303727		07/22/2020	06/30/2020	07/25/2020			35.31	0.00	0.00	35.31
	OXYGEN									
9971303726		07/22/2020	06/30/2020	07/25/2020			660.00	0.00	0.00	660.00
	OXYGEN									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC -	695.31	0.00	0.00	695.31

Vendor#	Vendor Name	Class	Pay Code
A1715	ALCO SALES & SERVICE CO	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2819696IN		07/22/2020	07/10/2020	07/10/2020			242.64	0.00	0.00	242.64
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1715	ALCO SALES & SEF	242.64	0.00	0.00	242.64

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
9657152275		07/17/2020	12/20/2019	07/30/2020			477.00	0.00	0.00	477.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATO	477.00	0.00	0.00	477.00

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
072120		07/21/2020	07/21/2020	07/21/2020			1,829.25	0.00	0.00	1,829.25
	CONTRACT EMPLOYEE (7/3-7/16/2020)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE	1,829.25	0.00	0.00	1,829.25

Vendor#	Vendor Name	Class	Pay Code
10931	AMERICAN APPLIANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
29938		07/22/2020	07/15/2020	07/30/2020			519.00	0.00	0.00	519.00
	STAFF FRIG									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

10931	AMERICAN APPLIAI	519.00	0.00	0.00	519.00			

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
979336		07/22/2020	06/30/2020	07/25/2020			21.99	0.00	0.00	21.99
	WATER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE (	21.99	0.00	0.00	21.99

Vendor# A2600 — Vendor Name: AUTO PARTS & MACHINE CO. — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
933429		07/22/2020	07/21/2020	08/05/2020			59.88	0.00	0.00	59.88
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MA(	59.88	0.00	0.00	59.88

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
81231687		07/22/2020	07/07/2020	07/22/2020			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# B1150 — Vendor Name: BAXTER HEALTHCARE — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
67452527		07/22/2020	07/06/2020	07/31/2020			1,128.55	0.00	0.00	1,128.55
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHC/	1,128.55	0.00	0.00	1,128.55

Vendor# M2485 — Vendor Name: BAYER HEALTHCARE — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6008752524		07/21/2020	07/15/2020	07/21/2020			1,095.20	0.00	0.00	1,095.20
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCAI	1,095.20	0.00	0.00	1,095.20

Vendor# B1220 — Vendor Name: BECKMAN COULTER INC — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4394293		07/22/2020	06/25/2020	07/20/2020			1,842.50	0.00	0.00	1,842.50
	MAINT CONTRACT									
5425880		07/22/2020	06/30/2020	07/25/2020			3,507.27	0.00	0.00	3,507.27
	MAINT CONTRACT/LEASE									
108505802		07/22/2020	07/01/2020	07/26/2020			7,816.57	0.00	0.00	7,816.57
	SUPPLIES									
108500447		07/22/2020	07/01/2020	07/26/2020			2,301.77	0.00	0.00	2,301.77
	SUPPLIES									
108499127		07/22/2020	07/01/2020	07/26/2020			33.44	0.00	0.00	33.44
	SUPPLIES									
108501200		07/22/2020	07/02/2020	07/27/2020			729.44	0.00	0.00	729.44
	SUPPLIES									
108501216		07/22/2020	07/02/2020	07/27/2020			893.54	0.00	0.00	893.54
	SUPPLIES									
108502173		07/22/2020	07/05/2020	07/30/2020			162.32	0.00	0.00	162.32
	SUPPLIES									
5426172		07/22/2020	07/05/2020	07/30/2020			6,249.42	0.00	0.00	6,249.42
	MAINT CONTRACT/LEASE									
108502793		07/22/2020	07/06/2020	07/31/2020			155.50	0.00	0.00	155.50
	SUPPLIES									
108505499		07/22/2020	07/06/2020	07/31/2020			748.84	0.00	0.00	748.84
	SUPPLIES									

108505865	07/22/2020	07/06/2020	07/31/2020		66.99	0.00	0.00	66.99
SUPPLIES								
108502776	07/22/2020	07/06/2020	07/31/2020		909.71	0.00	0.00	909.71
SUPPLIES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTE	25,417.31		0.00	0.00	25,417.31

Vendor#	Vendor Name	Class	Pay Code
B1320	BEEKLEY CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1362344		07/22/2020	07/16/2020	07/22/2020			125.95	0.00	0.00	125.95
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B1320	BEEKLEY CORPOR	125.95		0.00	0.00	125.95

Vendor#	Vendor Name	Class	Pay Code
12324	BLUE CROSS BLUE SHIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071720		07/22/2020	07/17/2020	08/01/2020			209,226.82	0.00	0.00	209,226.82
	INSURANCE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12324	BLUE CROSS BLUE	209,226.82		0.00	0.00	209,226.82

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
XZM8006		07/22/2020	06/03/2020	07/03/2020			247.13	0.00	0.00	247.13
	BAR CODE SCANNER									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMEN	247.13		0.00	0.00	247.13

Vendor#	Vendor Name	Class	Pay Code
13264	CERVEY, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
84		07/15/2020	07/09/2020	08/03/2020			1,699.00	0.00	0.00	1,699.00
	ACCUMULATOR FEE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13264	CERVEY, LLC	1,699.00		0.00	0.00	1,699.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2020060		07/13/2020	06/30/2020	07/30/2020			33,205.73	0.00	0.00	33,205.73
	LAB SERVICES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLC	33,205.73		0.00	0.00	33,205.73

Vendor#	Vendor Name	Class	Pay Code
13260	CLSI LOCKBOX		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
537162		06/30/2020	06/30/2020	07/30/2020			594.00	0.00	0.00	594.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13260	CLSI LOCKBOX	594.00		0.00	0.00	594.00

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
5604804		07/23/2020	06/30/2020	06/30/2020			6,236.68	0.00	0.00	6,236.68
	INSTAL WALKIN COOLER									
5604818		07/23/2020	07/01/2020	07/01/2020			2,688.88	0.00	0.00	2,688.88
	LABOR/MAT INSTALL CONDENSIN									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11029	COASTAL REFRIGE	8,925.56		0.00	0.00	8,925.56

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
6119610		07/14/2020	07/06/2020	07/31/2020			254.78	0.00	0.00	254.78

	SUPPLIES								
6122230	07/14/2020	07/08/2020	08/02/2020			136.10	0.00	0.00	136.10
	SUPPLIES								
6122520	07/14/2020	07/08/2020	08/02/2020			11.18	0.00	0.00	11.18
	SUPPLIES								
6123340	07/14/2020	07/09/2020	08/03/2020			4.15	0.00	0.00	4.15
	SUPPLIES								
6124290	07/15/2020	07/10/2020	08/04/2020			420.96	0.00	0.00	420.96
	SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SC	827.17	0.00	0.00	827.17

Vendor#	Vendor Name	Class	Pay Code
10789	DISCOVERY MEDICAL NETWORK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC071520		07/21/2020	07/15/2020	07/15/2020			140,390.88	0.00	0.00	140,390.88
	PRO FEES July 1-15, 2020									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDIC	140,390.88	0.00	0.00	140,390.88

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
972801		07/23/2020	06/29/2020	07/24/2020			-584.00	0.00	0.00	-584.00
	CREDIT MONTHY SUPPORT									
A2007071378		07/23/2020	07/07/2020	08/01/2020			20,136.00	0.00	0.00	20,136.00
	SUPPORT/MONITORING/MONTHL									
T2007091378		07/23/2020	07/09/2020	08/03/2020			9,736.45	0.00	0.00	9,736.45
	CONSULTING/ BUSINESS SERVICI									
T2007161378		07/23/2020	07/16/2020	07/16/2020			9,582.07	0.00	0.00	9,582.07
	BUSINESS SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	38,870.52	0.00	0.00	38,870.52

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
706748765		07/22/2020	07/16/2020	07/31/2020			59.31	0.00	0.00	59.31
	SHIPPING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRES	59.31	0.00	0.00	59.31

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
2838526		07/21/2020	07/02/2020	07/27/2020			1,566.40	0.00	0.00	1,566.40
	SUPPLIES									
3022472		07/22/2020	07/06/2020	07/31/2020			507.41	0.00	0.00	507.41
	SUPPLIES									
3112324		07/22/2020	07/07/2020	08/01/2020			892.91	0.00	0.00	892.91
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCA	2,966.72	0.00	0.00	2,966.72

Vendor#	Vendor Name	Class	Pay Code
12944	FRASIER HEALTHCARE CONSULT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
18992		07/22/2020	07/13/2020	07/13/2020			2,236.76	0.00	0.00	2,236.76
	COLLECTIONS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12944	FRASIER HEALTHC	2,236.76	0.00	0.00	2,236.76

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6001611202		07/06/2020	07/01/2020	07/31/2020			5,665.83	0.00	0.00	5,665.83
	MAIN CINTRACT									

6001611079	07/10/2020	07/01/2020	07/31/2020		1,281.96	0.00	0.00	1,281.96
MAINT CONTRACT								
6001611080	07/10/2020	07/01/2020	07/31/2020		572.33	0.00	0.00	572.33
MAINT CONTRACT								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12404	GE PRECISION HE/	7,520.12		0.00	0.00	7,520.12

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
9576729678		07/14/2020	07/01/2030	07/26/2020			93.10	0.00	0.00	93.10
SUPPLIES										
9576198361		07/22/2020	06/30/2020	07/25/2020			203.78	0.00	0.00	203.78
SUPPLIES										
9582535762		07/22/2020	07/08/2020	08/02/2020			30.16	0.00	0.00	30.16
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	W1300	GRAINGER	327.04		0.00	0.00	327.04

Vendor#	Vendor Name	Class	Pay Code
12948	GREAT AMERICAN FINANCIAL SV(		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
27361006		07/08/2020	07/03/2020	07/31/2020			10,028.68	0.00	0.00	10,028.68
COPIER/PRINTER LEASE										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12948	GREAT AMERICAN	10,028.68		0.00	0.00	10,028.68

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
1888264		06/30/2020	06/30/2020	07/30/2020			397.78	0.00	0.00	397.78
SUPPLIES										
1887965		06/30/2020	06/30/2020	07/30/2020			993.54	0.00	0.00	993.54
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPE	1,391.32		0.00	0.00	1,391.32

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
~~407.75~~ 98W		06/30/2020	06/30/2020	07/30/2020			407.75	0.00	0.00	407.75
CODING SERVICES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10804	HEALTHCARE COD	407.75		0.00	0.00	407.75

Vendor#	Vendor Name	Class	Pay Code
11552	HEALTHCARE FINANCIAL SERVICI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100334037		06/30/2020	06/27/2020	08/01/2020			4,610.52	0.00	0.00	4,610.52
PHONE/STERLIZER/GRM PREM 4k										
100339147		07/15/2020	07/08/2020	08/01/2020			4,919.41	0.00	0.00	4,919.41
LEASE										
100339150		07/15/2020	07/08/2020	08/01/2020			1,797.44	0.00	0.00	1,797.44
LEASE										
100339149		07/15/2020	07/08/2020	08/01/2020			7,447.86	0.00	0.00	7,447.86
LEASE										
100339148		07/15/2020	07/08/2020	08/01/2020			7,154.17	0.00	0.00	7,154.17
LEASE										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINA	25,929.40		0.00	0.00	25,929.40

Vendor#	Vendor Name	Class	Pay Code
H1399	HILL-ROM COMPANY, INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1106157		07/13/2020	07/04/2020	08/03/2020			840.00	0.00	0.00	840.00
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net

H1399	HILL-ROM COMPAN		840.00		0.00		0.00		840.00
Vendor#	Vendor Name		Class			Pay Code			
11200	IRON MOUNTAIN								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CTRM928	06/30/2020	06/30/2020	07/30/2020				807.83	0.00	0.00	807.83
	SHRED									
Vendor Totals:	Number	Name				Gross	Discount		No-Pay	Net
	11200	IRON MOUNTAIN				807.83	0.00		0.00	807.83
Vendor#	Vendor Name		Class			Pay Code			
11285	ITA RESOURCES INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC72020	07/13/2020	07/13/2020	08/02/2020				26,542.37	0.00	0.00	26,542.37
	PURCHASE SERVICES									
Vendor Totals:	Number	Name				Gross	Discount		No-Pay	Net
	11285	ITA RESOURCES IN				26,542.37	0.00		0.00	26,542.37
Vendor#	Vendor Name		Class			Pay Code			
11600	LEGAL SHIELD								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071520	07/21/2020	07/15/2020	07/15/2020				781.70	0.00	0.00	781.70
	INSURANCE									
Vendor Totals:	Number	Name				Gross	Discount		No-Pay	Net
	11600	LEGAL SHIELD				781.70	0.00		0.00	781.70
Vendor#	Vendor Name		Class			Pay Code			
12628	LEGATO								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
C1544	06/30/2020	06/30/2020	07/30/2020				970.24	0.00	0.00	970.24
	PAIN MANAGEMENT MATERIALS									
Vendor Totals:	Number	Name				Gross	Discount		No-Pay	Net
	12628	LEGATO				970.24	0.00		0.00	970.24
Vendor#	Vendor Name		Class			Pay Code			
L1640	LOWE'S HOME CENTERS INC		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
84479	07/22/2020	06/02/2020	07/28/2020				341.30	0.00	0.00	341.30
	SUPPLIES									
53622	07/22/2020	06/11/2020	07/28/2020				523.53	0.00	0.00	523.53
	SUPPLIES									
88192	07/22/2020	06/16/2020	07/28/2020				595.65	0.00	0.00	595.65
	DOOR									
55278	07/22/2020	06/16/2020	07/28/2020				595.65	0.00	0.00	595.65
	DOOR									
53036	07/22/2020	06/16/2020	07/28/2020				-595.65	0.00	0.00	-595.65
	RETURN									
Vendor Totals:	Number	Name				Gross	Discount		No-Pay	Net
	L1640	LOWE'S HOME CEN				1,460.48	0.00		0.00	1,460.48
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
072120	07/21/2020	07/21/2020	07/21/2020				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			
J1350	M.C. JOHNSON COMPANY INC		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00384184	07/21/2020	06/30/2020	07/22/2020				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			
11612	MASA GLOBAL BUILDING									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

794655MKMI	07/21/2020	06/12/2020	06/12/2020			1,627.00	0.00	0.00	1,627.00
	INSURANCE								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11612	MASA GLOBAL BUI	1,627.00		0.00	0.00	1,627.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
09161283		07/21/2020	07/07/2020	07/22/2020			202.20	0.00	0.00	202.20
	SUPPLIES									
09313820		07/21/2020	07/08/2020	07/23/2020			308.39	0.00	0.00	308.39
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDIC	510.59		0.00	0.00	510.59

Vendor# 12588 — Vendor Name: MEDICAL TECHNOLOGY ASSOCIA — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV172934		07/08/2020	07/08/2020	08/02/2020			8,390.91	0.00	0.00	8,390.91
	SEMI ANNUAL PM ON VAC SYSTEI									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12588	MEDICAL TECHNOL	8,390.91		0.00	0.00	8,390.91

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1915644257		07/21/2020	07/01/2020	07/26/2020			43.50	0.00	0.00	43.50
	SUPPLIES									
1915818913		07/21/2020	07/02/2020	07/27/2020			115.14	0.00	0.00	115.14
	SUPPLIES									
1915818911		07/21/2020	07/02/2020	07/27/2020			14.75	0.00	0.00	14.75
	SUPPLIES									
1916708664		07/22/2020	07/10/2020	08/04/2020			-37.08	0.00	0.00	-37.08
	CREDIT INV 1916312789/ PO40483									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTR	136.31		0.00	0.00	136.31

Vendor# 10963 — Vendor Name: MEMORIAL MEDICAL CLINIC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072120		07/21/2020	07/21/2020	07/21/2020			164.54	0.00	0.00	164.54
	PAYROLL DED									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICA	164.54		0.00	0.00	164.54

Vendor# M2685 — Vendor Name: MICROTEK MEDICAL INC — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4814651		07/22/2020	06/01/2020	07/01/2020			293.06	0.00	0.00	293.06
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2685	MICROTEK MEDICA	293.06		0.00	0.00	293.06

Vendor# C1279 — Vendor Name: MONICA CARR — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072020		07/21/2020	07/20/2020	07/20/2020			35.00	0.00	0.00	35.00
	REIMBURSE NRP CERTIFICATION									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1279	MONICA CARR	35.00		0.00	0.00	35.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5835200		07/21/2020	07/15/2020	07/25/2020			29.64	0.00	0.00	29.64
	INVENTORY									
5835202		07/21/2020	07/15/2020	07/25/2020			62.05	0.00	0.00	62.05
	INVENTORY									

5831652	07/21/2020	07/15/2020	07/25/2020		3.76	0.00	0.00	3.76
	INVENTORY							
5835201	07/21/2020	07/15/2020	07/25/2020		915.48	0.00	0.00	915.48
	INVENTORY							
5839740	07/21/2020	07/16/2020	07/26/2020		27.34	0.00	0.00	27.34
	INVENTORY							
5839742	07/21/2020	07/16/2020	07/26/2020		349.79	0.00	0.00	349.79
	INVENTORY							
5838374	07/21/2020	07/16/2020	07/26/2020		167.50	0.00	0.00	167.50
	INVENTORY							
CM78347	07/21/2020	07/16/2020	07/26/2020		-395.06	0.00	0.00	-395.06
	CREDIT							
5839741	07/21/2020	07/16/2020	07/26/2020		29.78	0.00	0.00	29.78
	INVENTORY							
CM78346	07/21/2020	07/16/2020	07/26/2020		-14.85	0.00	0.00	-14.85
	CREDIT							
5843507	07/21/2020	07/17/2020	07/27/2020		1,619.60	0.00	0.00	1,619.60
	INVENTORY							
5843605	07/21/2020	07/17/2020	07/27/2020		1,349.51	0.00	0.00	1,349.51
	INVENTORY							
5843508	07/21/2020	07/17/2020	07/27/2020		11.21	0.00	0.00	11.21
	INVENTORY							
0002661	07/22/2020	02/05/2020	02/15/2020		-0.01	0.00	0.00	-0.01
	INVENTORY							
CM51776	07/22/2020	03/16/2020	03/26/2020		-139.15	0.00	0.00	-139.15
	CREDIT							
CM51777	07/22/2020	03/16/2020	03/26/2020		-141.91	0.00	0.00	-141.91
	CREDIT							
5521445	07/22/2020	04/21/2020	05/01/2020		86.31	0.00	0.00	86.31
	INVENTORY							
0002176	07/22/2020	04/28/2020	05/08/2020		-28.13	0.00	0.00	-28.13
	INVENTORY							
1511	07/22/2020	07/16/2020	07/26/2020		-33.92	0.00	0.00	-33.92
	CREDIT							
5848533	07/22/2020	07/20/2020	07/30/2020		1,808.15	0.00	0.00	1,808.15
	INVENTORY							
5848532	07/22/2020	07/20/2020	07/30/2020		750.58	0.00	0.00	750.58
	INVENTORY							
5848534	07/22/2020	07/20/2020	07/30/2020		1,444.74	0.00	0.00	1,444.74
	INVENTORY							
5850580	07/22/2020	07/20/2020	07/30/2020		386.48	0.00	0.00	386.48
	INVENOTRY							
5850227	07/22/2020	07/20/2020	07/30/2020		52.57	0.00	0.00	52.57
	INVENTORY							
5853744	07/22/2020	07/21/2020	07/31/2020		13.51	0.00	0.00	13.51
	INVENTORY							
5855671	07/22/2020	07/21/2020	07/31/2020		466.03	0.00	0.00	466.03
	INVENTORY							
5855672	07/22/2020	07/21/2020	07/31/2020		577.54	0.00	0.00	577.54
	INVENTORY							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSOI	9,398.54	0.00	0.00	9,398.54

Vendor#	Vendor Name	Class	Pay Code
12388	NATIONAL FARM LIFE INSURANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072120		07/22/2020	07/21/2020	08/01/2020			4,400.62	0.00	0.00	4,400.62
	INSURANCE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LI	4,400.62	0.00	0.00	4,400.62

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
104560156007	07/21/2020	07/07/2020	07/21/2020				146.28	0.00	0.00	146.28
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT	146.28	0.00	0.00	146.28

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
072120	07/21/2020	07/21/2020	07/21/2020				2,600.00	0.00	0.00	2,600.00
	CONTRACT EMPLOYEE (7/7- 7/20/2020)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	2,600.00	0.00	0.00	2,600.00

Vendor#	Vendor Name	Class	Pay Code
P0706	PALACIOS BEACON	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33057355	06/30/2020	06/30/2020	07/30/2020				187.50	0.00	0.00	187.50
	AD									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	P0706	PALACIOS BEACON	187.50	0.00	0.00	187.50

Vendor#	Vendor Name	Class	Pay Code
11155	PARA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6589	06/30/2020	07/01/2020	07/31/2020				2,000.00	0.00	0.00	2,000.00
	REVENUE INTEGRITY PROGRAM									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11155	PARA	2,000.00	0.00	0.00	2,000.00

Vendor#	Vendor Name	Class	Pay Code
P1800	PITNEY BOWES INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1015916966	06/30/2020	06/26/2020	07/30/2020				207.00	0.00	0.00	207.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	P1800	PITNEY BOWES INC	207.00	0.00	0.00	207.00

Vendor#	Vendor Name	Class	Pay Code
10372	PRECISION DYNAMICS CORP (PDC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9343730697	07/15/2020	06/30/2020	07/30/2020				81.43	0.00	0.00	81.43
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAM	81.43	0.00	0.00	81.43

Vendor#	Vendor Name	Class	Pay Code
10987	REVCYCLE+, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37021	07/13/2020	07/06/2020	07/31/2020				1,949.95	0.00	0.00	1,949.95
	CODING SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.	1,949.95	0.00	0.00	1,949.95

Vendor#	Vendor Name	Class	Pay Code
10645	REVISTA de VICTORIA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
07202022	07/22/2020	07/16/2020	07/16/2020				262.50	0.00	0.00	262.50
	AD									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10645	REVISTA de VICTOI	262.50	0.00	0.00	262.50

Vendor#	Vendor Name	Class	Pay Code
S1001	SANOFI PASTEUR INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
914475972	06/10/2020	05/28/2020	08/01/2020				2,117.02	0.00	0.00	2,117.02
	INVENTORY									
914478267	06/10/2020	05/28/2020	08/01/2020				1,276.86	0.00	0.00	1,276.86
	INVENTORY									

914569123	07/15/2020	06/25/2020	08/01/2020			296.42	0.00	0.00	296.42
	INVENTORY								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR I	3,690.30		0.00	0.00	3,690.30

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
701061455	07/13/2020	07/06/2020	08/05/2020				140.87	0.00	0.00	140.87
	SUPPLIES									
701058852	07/22/2020	06/11/2020	07/11/2020				95.83	0.00	0.00	95.83
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY C	236.70		0.00	0.00	236.70

Vendor#	Vendor Name	Class	Pay Code
K0536	SHIRLEY KARNEI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072220	07/22/2020	07/22/2020	07/22/2020				320.54	0.00	0.00	320.54
	CONTRACT EMPLOYEE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	320.54		0.00	0.00	320.54

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
563820000508	07/22/2020	07/03/2020	07/20/2020				4,038.24	0.00	0.00	4,038.24
	LEASE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIA	4,038.24		0.00	0.00	4,038.24

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
252355	07/22/2020	07/16/2020	07/26/2020				400.00	0.00	0.00	400.00
	AD									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	400.00		0.00	0.00	400.00

Vendor#	Vendor Name	Class	Pay Code
10681	SIMMLER, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
187331	07/22/2020	04/07/2020	07/22/2020				175.00	0.00	0.00	175.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10681	SIMMLER, INC.	175.00		0.00	0.00	175.00

Vendor#	Vendor Name	Class	Pay Code
10195	SINGLETON ASSOCIATES PA	ICP	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1061	07/22/2020	11/01/2017	07/22/2020				10.85	0.00	0.00	10.85
	CONTRACT BILLING									
1491	07/22/2020	01/08/2018	07/22/2020				10.83	0.00	0.00	10.83
	CONTRACT BILLING									
1281	07/22/2020	01/08/2018	07/22/2020				10.85	0.00	0.00	10.85
	CONTRACT BILLING									
2061	07/22/2020	07/12/2018	07/22/2020				21.70	0.00	0.00	21.70
	CONTRACT BILLING									
1171	07/22/2020	07/12/2018	07/22/2020				18.84	0.00	0.00	18.84
	CONTRACT BILLING									
1493	07/22/2020	07/12/2018	07/22/2020				43.64	0.00	0.00	43.64
	CONTRACT BILLING									
1492B	07/22/2020	07/13/2018	07/22/2020				43.40	0.00	0.00	43.40
	CONTRACT BILLING									
1493A	07/22/2020	07/08/2019	07/22/2020				21.82	0.00	0.00	21.82
	CONTRACT BILLING									
1286	07/22/2020	10/08/2019	07/22/2020				21.82	0.00	0.00	21.82

		CONTRACT BILLING								
1287	07/22/2020	10/11/2019	07/22/2020			21.82	0.00	0.00	21.82	
		CONTRACT BILLING								
1288	07/22/2020	11/26/2019	07/22/2020			109.10	0.00	0.00	109.10	
		CONTRACT BILLING								
1062	07/22/2020	12/03/2019	07/22/2020			11.33	0.00	0.00	11.33	
		CONTRACT BILLING								
1289	07/22/2020	01/08/2020	07/22/2020			10.91	0.00	0.00	10.91	
		CONTRACT BILLING								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10195	SINGLETON ASSOC	356.91		0.00	0.00	356.91

Vendor#	Vendor Name	Class	Pay Code
S2345	SOUTHEAST TEXAS HEALTH SYS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26373	07/13/2020	07/01/2020	07/31/2020				5,000.00	0.00	0.00	5,000.00
	JULY-AUG DUES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	S2345	SOUTHEAST TEXAS	5,000.00		0.00	0.00	5,000.00

Vendor#	Vendor Name	Class	Pay Code
C1010	SPARKLIGHT	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100951581 0	07/22/2020	07/16/2020	07/30/2020				418.23	0.00	0.00	418.23
	CABLE									
100987627 0	07/22/2020	07/16/2020	07/30/2020				2,019.95	0.00	0.00	2,019.95
	CABLE									
118134105 0	07/22/2020	07/16/2020	07/30/2020				90.09	0.00	0.00	90.09
	CABLE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT	2,528.27		0.00	0.00	2,528.27

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
INV008348	07/13/2020	07/01/2020	07/31/2020				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
10735	STRYKER SUSTAINABILITY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3959128	07/21/2020	07/06/2020	08/05/2020				4,704.87	0.00	0.00	4,704.87
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAIN	4,704.87		0.00	0.00	4,704.87

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
36523	06/30/2020	06/30/2020	07/30/2020				1,144.00	0.00	0.00	1,144.00
	CLOUD HOSTING									
36650	06/30/2020	06/30/2020	07/30/2020				5,699.00	0.00	0.00	5,699.00
	TRACKING/STAT/HOSTING									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC	6,843.00		0.00	0.00	6,843.00

Vendor#	Vendor Name	Class	Pay Code
11944	TALX CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1001651421	07/22/2020	06/08/2020	07/08/2020				10.99	0.00	0.00	10.99
	EMPLOYEE VERIFICATION									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11944	TALX CORPORATIC	10.99		0.00	0.00	10.99

Vendor#	Vendor Name	Class	Pay Code
11140	TEXAS ADVANTAGE COMMUNITY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071520	07/22/2020	07/15/2020	07/15/2020				3,690.52	0.00	0.00	3,690.52
	LEASE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11140	TEXAS ADVANTAGI	3,690.52	0.00	0.00	3,690.52

Vendor#	Vendor Name	Class	Pay Code
T1880	TEXAS DEPARTMENT OF LICENSI	A/P	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10110310	07/22/2020	06/24/2020	07/24/2020				140.00	0.00	0.00	140.00
	CERT OF OPERATION WATERTUB									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T1880	TEXAS DEPARTMEI	140.00	0.00	0.00	140.00

Vendor#	Vendor Name	Class	Pay Code
11038	THE INLINE GROUP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
41399	07/21/2020	07/19/2020	08/03/2020				2,500.00	0.00	0.00	2,500.00
	CANIDATE SOURCING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11038	THE INLINE GROUF	2,500.00	0.00	0.00	2,500.00

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
340378426	07/07/2020	07/06/2020	07/31/2020				248.47	0.00	0.00	248.47
	TRASH SERVICE									
340378427	07/15/2020	07/06/2020	07/31/2020				1,353.87	0.00	0.00	1,353.87
	TRASH SERVICE									
340378622	07/21/2020	07/15/2020	07/25/2020				309.57	0.00	0.00	309.57
	TRASH SERVICE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTI	1,911.91	0.00	0.00	1,911.91

Vendor#	Vendor Name	Class	Pay Code
11067	TRIZETTO PROVIDER SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35FK072000	07/22/2020	07/01/2020	07/26/2020				1,329.82	0.00	0.00	1,329.82
	PT STATEMENT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDI	1,329.82	0.00	0.00	1,329.82

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
8400336177	020	07/06/2020	07/31/2020				48.25	0.00	0.00	48.25
	LAUNDRY									
8400336202	07/21/2020	07/06/2020	07/31/2020				1,402.55	0.00	0.00	1,402.55
	LAUNDRY									
8400336176	07/21/2020	07/06/2020	07/31/2020				47.15	0.00	0.00	47.15
	LAUNDRY									
8400336550	07/21/2020	07/09/2020	08/03/2020				131.55	0.00	0.00	131.55
	LAUNDRY									
8400336565	07/21/2020	07/09/2020	08/03/2020				81.67	0.00	0.00	81.67
	LAUNDRY									
8400336593	07/21/2020	07/09/2020	08/03/2020				64.60	0.00	0.00	64.60
	LAUNDRY									
8400336553	07/21/2020	07/09/2020	08/03/2020				175.83	0.00	0.00	175.83
	LAUNDRY									
8400336552	07/21/2020	07/09/2020	08/03/2020				170.64	0.00	0.00	170.64
	LAUNDRY									
8400336548	07/21/2020	07/09/2020	08/03/2020				19.20	0.00	0.00	19.20
	LAUNDRY									
8400336573	07/21/2020	07/09/2020	08/03/2020				1,210.00	0.00	0.00	1,210.00
	LAUNDRY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

U1054	UNIFIRST HOLDING	3,351.44		0.00	0.00		3,351.44

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
11339840	07/22/2020	07/14/2020	07/29/2020				201.90	0.00	0.00	201.90
	UNIFORM BRITTANY NAVARRO									
11339880	07/22/2020	07/14/2020	07/29/2020				121.95	0.00	0.00	121.95
	UNIFORM SOPHIA PECENA									
11339809	07/22/2020	07/14/2020	07/29/2020				121.95	0.00	0.00	121.95
	UNIFORM DORTHY RENDOZA									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANT/	445.80		0.00	0.00	445.80

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
072120	07/21/2020	07/21/2020	07/21/2020				4,905.51	0.00	0.00	4,905.51
	PAYROLL DED									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10793	WAGEWORKS, INC.	4,905.51		0.00	0.00	4,905.51

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
130008	07/15/2020	07/02/2020	08/01/2020				816.59	0.00	0.00	816.59
	INVENTORY									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	W1040	WATERMARK GRAF	816.59		0.00	0.00	816.59

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV057782	07/22/2020	06/02/2020	07/02/2020				895.00	0.00	0.00	895.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11400	WEST COAST MEDI	895.00		0.00	0.00	895.00

Vendor#	Vendor Name	Class	Pay Code
10556	WOUND CARE SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS000037	07/15/2020	07/01/2020	07/30/2020				14,075.00	0.00	0.00	14,075.00
74	WOUND CARE									
WCS000035	07/22/2020	04/01/2020	04/30/2020				15,175.00	0.00	0.00	15,175.00
73	WOUND CARE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPE	29,250.00		0.00	0.00	29,250.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	671,697.65	0.00	0.00	671,697.65

APPROVED ON
JUL 23 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 186548-
186631

RECEIVED
JUL 23 2020
Calhoun County Auditor

RUN DATE: 07/23/20
TIME: 12:37

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1411296	01	072220	740.36		2		
	ARID=0001 TOTAL		740.36				
TOTAL			740.36				

APPROVED
ON
JUL 23 2020 CK# 186632
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	186548	07/29/20	398.00	3WON, LLC
A/P	186549	07/29/20	47.29	ADT COMMERCIAL
A/P	186550	07/29/20	21.68	ADVANCE MEDICAL DESIGNS INC
A/P	186551	07/29/20	695.31	AIRGAS USA, LLC - CENTRAL DIV
A/P	186552	07/29/20	242.64	ALCO SALES & SERVICE CO
A/P	186553	07/29/20	477.00	ALCON LABORATORIES, INC.
A/P	186554	07/29/20	1,829.25	ALLYSON SWOPE
A/P	186555	07/29/20	519.00	AMERICAN APPLIANCE
A/P	186556	07/29/20	21.99	AQUA BEVERAGE COMPANY
A/P	186557	07/29/20	59.88	AUTO PARTS & MACHINE CO.
A/P	186558	07/29/20	109.32	BARD PERIPHERAL VASCULAR
A/P	186559	07/29/20	1,128.55	BAXTER HEALTHCARE
A/P	186560	07/29/20	1,095.20	BAYER HEALTHCARE
A/P	186561	07/29/20	25,417.31	BECKMAN COULTER INC
A/P	186562	07/29/20	125.95	BEEKLEY CORPORATION
A/P	186563	07/29/20	209,226.82	BLUE CROSS BLUE SHIELD
A/P	186564	07/29/20	247.13	CDW GOVERNMENT, INC.
A/P	186565	07/29/20	1,699.00	CERVEY, LLC
A/P	186566	07/29/20	33,205.73	CLINICAL PATHOLOGY LABS
A/P	186567	07/29/20	594.00	CLSI LOCKBOX
A/P	186568	07/29/20	8,925.56	COASTAL REFRIGERATION
A/P	186569	07/29/20	827.17	DEWITT POTH & SON
A/P	186570	07/29/20	140,390.88	DISCOVERY MEDICAL NETWORK INC
A/P	186571	07/29/20	38,870.52	EVIDENT
A/P	186572	07/29/20	59.31	FEDERAL EXPRESS CORP.
A/P	186573	07/29/20	2,966.72	FISHER HEALTHCARE
A/P	186574	07/29/20	2,236.76	FRASIER HEALTHCARE CONSULTING,
A/P	186575	07/29/20	7,520.12	GE PRECISION HEALTHCARE, LLC
A/P	186576	07/29/20	327.04	GRAINGER
A/P	186577	07/29/20	10,028.68	GREAT AMERICAN FINANCIAL SVCS
A/P	186578	07/29/20	1,391.32	GULF COAST PAPER COMPANY
A/P	186579	07/29/20	407.75	HEALTHCARE CODING & CONSULTING
A/P	186580	07/29/20	25,929.40	HEALTHCARE FINANCIAL SERVICES
A/P	186581	07/29/20	840.00	HILL-ROM COMPANY, INC
A/P	186582	07/29/20	807.83	IRON MOUNTAIN
A/P	186583	07/29/20	26,542.37	ITA RESOURCES INC
A/P	186584	07/29/20	781.70	LEGAL SHIELD
A/P	186585	07/29/20	970.24	LEGATO
A/P	186586	07/29/20	1,460.48	LOWE'S HOME CENTERS INC
A/P	186587	07/29/20	840.86	M G TRUST
A/P	186588	07/29/20	104.25	M.C. JOHNSON COMPANY INC
A/P	186589	07/29/20	1,627.00	MASA GLOBAL BUILDING
A/P	186590	07/29/20	510.59	MCKESSON MEDICAL SURGICAL INC
A/P	186591	07/29/20	8,390.91	MEDICAL TECHNOLOGY ASSOCIATES
A/P	186592	07/29/20	136.31	MEDLINE INDUSTRIES INC
A/P	186593	07/29/20	164.54	MEMORIAL MEDICAL CLINIC
A/P	186594	07/29/20	293.06	MICROTEK MEDICAL INC
A/P	186595	07/29/20	35.00	MONICA CARR
A/P	186596	07/29/20	.00	VOIDED
A/P	186597	07/29/20	9,398.54	MORRIS & DICKSON CO, LLC

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	186598	07/29/20	4,400.62	NATIONAL FARM LIFE INSURANCE
A/P	186599	07/29/20	146.28	OFFICE DEPOT
A/P	186600	07/29/20	2,600.00	PABLO GARZA
A/P	186601	07/29/20	187.50	PALACIOS BEACON
A/P	186602	07/29/20	2,000.00	PARA
A/P	186603	07/29/20	207.00	PITNEY BOWES INC
A/P	186604	07/29/20	81.43	PRECISION DYNAMICS CORP (PDC)
A/P	186605	07/29/20	1,949.95	REVCYCLE+, INC.
A/P	186606	07/29/20	262.50	REVISTA de VICTORIA
A/P	186607	07/29/20	3,690.30	SANOFI PASTEUR INC
A/P	186608	07/29/20	236.70	SERVICE SUPPLY OF VICTORIA INC
A/P	186609	07/29/20	320.54	SHIRLEY KARNEI
A/P	186610	07/29/20	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	186611	07/29/20	400.00	SIGN AD, LTD.
A/P	186612	07/29/20	175.00	SIMMLER, INC.
A/P	186613	07/29/20	.00	VOIDED
A/P	186614	07/29/20	356.91	SINGLETON ASSOCIATES PA
A/P	186615	07/29/20	5,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P	186616	07/29/20	2,528.27	SPARKLIGHT
A/P	186617	07/29/20	12,375.00	SPBS CLINICAL EQUIPMENT SRVC
A/P	186618	07/29/20	4,704.87	STRYKER SUSTAINABILITY
A/P	186619	07/29/20	6,843.00	T-SYSTEM, INC
A/P	186620	07/29/20	10.99	TALX CORPORATION
A/P	186621	07/29/20	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	186622	07/29/20	140.00	TEXAS DEPARTMENT OF LICENSING
A/P	186623	07/29/20	2,500.00	THE INLINE GROUP
A/P	186624	07/29/20	1,911.91	THE US CONSULTING GROUP
A/P	186625	07/29/20	1,329.82	TRIZETTO PROVIDER SOLUTIONS
A/P	186626	07/29/20	3,351.44	UNIFIRST HOLDINGS
A/P	186627	07/29/20	445.80	UNIFORM ADVANTAGE
A/P	186628	07/29/20	4,905.51	WAGEWORKS, INC.
A/P	186629	07/29/20	816.59	WATERMARK GRAPHICS INC
A/P	186630	07/29/20	895.00	WEST COAST MEDICAL RESOURCES
A/P	186631	07/29/20	29,250.00	WOUND CARE SPECIALISTS
A/P	186632	07/29/20	740.36	
TOTALS:			672,438.01	

0 • C

Payables 671 • 697 • 65 +
PR 740 • 36 +
672 • 438 • 01 =

APPROVED
ON

JUL 29 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 07/24/2020 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 07/25/2020

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

As of: 07/24/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 07/25/2020 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: 4,912.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 07/28/2020,
Pay This Amount: 4,813.90 USD

If Paid After 07/28/2020,
Pay this Amount: 4,912.17 USD

Due If Paid On Time:
USD 4,813.90 ✓

Disc lost if paid late:
98.27

Due If Paid Late:
USD 4,912.17

633.12 +
266.71 +
3,912.81 +
1.26 +
4,813.90 *

CK # 500119

APPROVED
ON
JUL 27 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

CVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/24/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 835438
Date: 07/25/2020

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

As of: 07/24/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 07/25/2020 **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											
07/23/2020	07/28/2020	7213822745	825154	115Invoice	12.92	646.04		633.12 ✓		7213822745	

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: 646.04 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,273.12
07/20/2020

If Paid By 07/28/2020, Pay This Amount: 633.12 USD

If Paid After 07/28/2020, Pay this Amount: 646.04 USD

Due If Paid On Time:
USD 633.12 ✓
Disc lost if paid late: 12.92
Due If Paid Late:
USD 646.04

APPROVED
ON

JUL 27 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/24/2020 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 07/25/2020

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

As of: 07/24/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 07/25/2020 **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											
07/23/2020	07/28/2020	7213662427	825106	115Invoice	5.12	255.93		250.81 ✓		7213662427	
07/23/2020	07/28/2020	7213662429	825106	115Invoice	0.32	16.22		15.90 ✓		7213662429	

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: 272.15 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,273.12
07/20/2020

If Paid By 07/28/2020, Pay This Amount: 266.71 USD

If Paid After 07/28/2020, Pay this Amount: 272.15 USD

Due If Paid On Time:
USD 266.71 ✓
Disc lost if paid late: 5.44
Due If Paid Late:
USD 272.15

APPROVED
ON

JUL 27 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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: 07/24/2020 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 07/25/2020

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

As of: 07/24/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 07/25/2020 **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											
07/20/2020	07/28/2020	7212880236	2119021519	115Invoice	0.04	1.90		1.86 ✓		7212880236	
07/20/2020	07/28/2020	7212880237	2119022568	115Invoice	0.02	0.96		0.94 ✓		7212880237	
07/20/2020	07/28/2020	7212880238	1149791	115Invoice	6.97	348.45		341.48 ✓		7212880238	
07/21/2020	07/28/2020	7213136853	2119027093	115Invoice	6.98	348.77		341.79 ✓		7213136853	
07/21/2020	07/28/2020	7213322667	822073381	195Invoice	0.01	0.63		0.62 ✓		7213322667	
07/21/2020	07/28/2020	7213343651	00007202020TM	115Invoice	10.70	534.84		524.14 ✓		7213343651	
07/22/2020	07/28/2020	7213406084	4669042663	115Invoice	12.10	604.99		592.89 ✓		7213406084	
07/22/2020	07/28/2020	7213406086	1150319	115Invoice	6.97	348.45		341.48 ✓		7213406086	
07/22/2020	07/28/2020	7213406088	0721200428-00	115Invoice	7.91	395.33		387.42 ✓		7213406088	
07/22/2020	07/28/2020	7213566587	822287598	195Invoice	0.56	27.84		27.28 ✓		7213566587	
07/23/2020	07/28/2020	7213661692	4669047138	115Invoice	10.26	512.90		502.64 ✓		7213661692	
07/23/2020	07/28/2020	7213835867	000007222020TM	115Invoice	0.57	28.40		27.83 ✓		7213835867	
07/24/2020	07/28/2020	7213894015	8619051849	115Invoice	5.13	256.49		251.36 ✓		7213894015	
07/24/2020	07/28/2020	7213894016	0723200312-00	115Invoice	4.20	209.91		205.71 ✓		7213894016	
07/24/2020	07/28/2020	7213894019	0723200455-00	115Invoice	7.44	371.89		364.45 ✓		7213894019	
07/24/2020	07/28/2020	7214057948	822773078	195Invoice	0.02	0.94		0.92 ✓		7214057948	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 3,992.69 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,273.12
07/20/2020

If Paid By 07/28/2020,
Pay This Amount: 3,912.81 USD

If Paid After 07/28/2020,
Pay this Amount: 3,992.69 USD

Due If Paid On Time:
USD 3,912.81 ✓

Disc lost if paid late:
79.88

Due If Paid Late:
USD 3,992.69

APPROVED ON
JUL 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/24/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 190813
Date: 07/25/2020

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

As of: 07/24/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 07/25/2020 **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											
07/22/2020	07/28/2020	7213382619	2017017009	115Invoice	0.03	1.29		1.26 ✓		7213382619	

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: 1.29 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,273.12
07/20/2020

If Paid By 07/28/2020, Pay This Amount: 1.26 USD

If Paid After 07/28/2020, Pay this Amount: 1.29 USD

Due If Paid On Time:
USD 1.26 ✓

Disc lost if paid late: 0.03

Due If Paid Late:
USD 1.29

APPROVED
ON

JUL 27 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 59494179 Date: 07-24-2020

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:	461.97
Past Due:	0.00
Total Due:	461.97
Account Balance:	461.97

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
07-20-2020	07-31-2020	3040384104	157310	Invoice	9.79
07-20-2020	07-31-2020	3040384105	157311	Invoice	5.89
07-20-2020	07-31-2020	3040403356	157357	Invoice	330.28
07-22-2020	07-31-2020	3040495503	157373	Invoice	10.32
07-23-2020	07-31-2020	3040538190	157384	Invoice	92.26
07-24-2020	07-31-2020	3040600905	157396	Invoice	13.43

Thank You for Your Payment

Date	Payment Number	Amount
07-24-2020		(286.52)

Reminders

Due Date	Amount
07-31-2020	461.97

Total Due: 461.97

Terms:
Monday - Friday due in 7 days

CK # 500120

APPROVED
ON
JUL 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- July 20, 2020 July 26, 2020

Date	Bank Description	MMC Notes	Amount
7/20/2020	WEBFILE TAX PYMT DD 902/37449687 21000020472	- Sales Tax	918.31**
7/20/2020	PAY PLUS ACHTRANS 452579291 101000695154805	- 3rd Party Payor Fee	0.82
7/21/2020	PAY PLUS ACHTRANS 452579291 101000695927745	- 3rd Party Payor Fee	6.15
7/21/2020	MCKESSON DRUG AUTO ACH ACH04244728 910000145	- 340B Drug Program Expense	4,273.12*
7/23/2020	PAY PLUS ACHTRANS 452579291 101000697211034	- 3rd Party Payor Fee	48.21
7/23/2020	PAY PLUS ACHTRANS 452579291 101000697161366	- 3rd Party Payor Fee	1.17
7/24/2020	PAY PLUS ACHTRANS 452579291 101000697893349	- 3rd Party Payor Fee	2.07
7/24/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	286.52*
7/24/2020	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	311,338.72*
			316,875.09

Jason Anglin, CEO
Memorial Medical Center

July 27, 2020

* Approved 07-22-20 cc
** Approved 07-16-20 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
8/10/2020	ACH Payment STATE COMTRLR TEXNET	UHRIP	**61,683.12**

Jason Anglin, CEO
Memorial Medical Center

July 27, 2020

C

Pay Plus

.0.82 +
6.15 +
48.21 +
1.17 +
2.07 +
58.42 *
316,875.09 +
311,338.72 –
286.52 –
4,273.12 –
918.31 –
58.42 *
58.42 +
58.42 –
0.00 *

APPROVED
ON
JUL 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Prepaids 10370000

7/20/2020 https://texnet.cpa.state.tx.us/TXN_HSC.aspx

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	$61,683.12
Settlement Date	08/10/2020
PAYMENT DETAIL	
UHRIP Amount	$61,683.12

Return to Menu | Logoff

Help

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

Revised:01/09/13 (483)

Total UHRIP IGT Support Among Nueces SDA IGT Entities
For September 1, 2020 through August 31, 2021 Rate Period IGTs

Governmental Entity	[A] % of SDA Rate Increase for PY4	[B] = 12-month IGT need * [A] Est. Total SFY 2021 IGT Need based on HHSC Actuarial Forecast	[C] June20 IGT Support	[D] Aug20 IGT Support	[E] Est. Nov20 IGT Support
Citizens Medical Center	5.49%	$1,286,271.79	$371,860.69	$241,372.15	$643,135.90
Memorial Medical Center	1.73%	$404,778.12	$144,969.52	$61,683.12	$202,389.06
Karnes County Hospital District	0.91%	$212,253.13	$70,236.51	$32,344.72	$106,126.57
Refugio County Memorial Hospital District	0.59%	$139,044.50	$52,157.72	$21,188.64	$69,522.25
Nueces County Hospital District	91.28%	$21,381,291.49	$7,072,615.17	$3,643,391.26	$10,690,645.75
Total	**100.00%**	**$23,423,639.03**	**$7,711,839.62**	**$3,999,979.90**	**$11,711,819.51**

Governmental Entity	[F] = [C] + [D] + [E] Total IGT Supported	[G] (Reconciliation included in June20 IGT)	[H] = [F] - [G] IGT less Reconciliation
Citizens Medical Center	$1,256,368.74	($29,903.05)	$1,286,271.79
Memorial Medical Center	$409,041.70	$4,263.58	$404,778.12
Karnes County Hospital District	$208,707.80	($3,545.33)	$212,253.13
Refugio County Memorial Hospital District	$142,868.61	$3,824.11	$139,044.50
Nueces County Hospital District	$21,406,652.18	$25,360.69	$21,381,291.49
Total	**$23,423,639.03**	**$0.00**	**$23,423,639.03**

Subject to any mid-year or other changes from HHSC.

Jason Anglin

From: Jonny F. Hipp (NCHD) <jonny.hipp@nchdcc.org>
Sent: Monday, July 20, 2020 11:36 AM
To: Belinda Chism (NCHD); Donna Littlefield (NCHD); Jonny F. Hipp (NCHD); Carolyn Zafereo (czafereo@cmcvtx.org); Duane L. Woods (duane.woods@cmcvtx.org); Mike Olson (Mike.Olson@cmcvtx.org); Patrick Strauss (pstrauss@cmcvtx.org); Richard Philip (rphilip@cmcvtx.org); Jason Anglin; David Lee (david.lee@okmh.org); Corey Wasicek (cwasicek@rcmhospital.org); Joey Moehler (jmoehler@rcmhospital.org); Louis R. Willeke (lschlabach@rcmhospital.org); Shawn "Hoss" Whitt (hwhitt@rcmhospital.org); Susan Parker (sparker@rcmhospital.org)
Cc: Baxter R. Morgan (morgan@gl-law.com); Jessica D. Cottey (cottey@gl-law.com); Adam Robison (arobison@kslaw.com); James T. Lindsey (lindsey@gl-law.com); Janus Pan (pan@gl-law.com); Jared A. Konczal (konczal@gl-law.com); Lance J. Ramsey (ramsey@gl-law.com); Nicole Y. Martinez (Martinez@gl-law.com); J. Brandon Durbin (brandon@dhcg.com)
Subject: PY4 UHRIP Information and IGTs for August 2020
Attachments: Nueces SFY 2021 - PY4 Projected IGT Allocation Summary (00197311xBD172).PDF

Importance: High

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Nueces SDA UHRIP IGT Providers:

As you may recall, in May, HHSC released the Final September 2020 – August 2021 UHRIP file. Unlike previous UHRIP IGTs that HHSC collected twice a year, HHSC split the PY4 UHRIP IGT into installments with ¼ due last month, ¼ due in August, and the remainder due in November. The Nueces SDA providers already submitted the June IGT, but HHSC revised the percentage increase amounts due to feedback from CMS after that IGT was submitted. The new increases are as follows:

Hospital Class	Percent Increase
Children's	0%
Non-Urban Public	69%
Other	62%
Rural Private	62%
Rural Public	62%
Urban Public	62%

HHSC also recalculated the IGTs to use the regular FMAP, as shown in the file HHSC sent directly to stakeholders last week.

Taking all HHSC's changes together, the Nueces SDA effectively over IGT'ed for the first installment in June, resulting in a credit to apply to the August IGT. We incorporated HHSC's changes and calculated each IGT entity's share of the August 2020 UHRIP IGT as follows:

- [A]: we calculated, based on the updated rates, each IGT entity's IGT credit from the June 2020 IGT. The credit was calculated by determining each entity's proportional share of the IGT after the rate changes and subtracting that from what each entity submitted in June.

- [B]: we calculated your share of the IGT based on your pro rata share of the total projected rate increase payments for the Nueces SDA by using the updated percentages.

- [C]: we offset each entity's proportional share by its IGT credit to calculate the final IGT due in August (highlighted yellow).

IGT Entity Name	% of SDA Rate Increase for PY4	June 2020 IGT Credit [A]	Proportional IGT share [B]	August IGT Due [C]
Citizens Medical Center	5.49%	$ (80,195.79)	$ 321,567.95	$ 241,372.15
Memorial Medical Center	1.73%	$ (39,511.41)	$ 101,194.53	$ 61,683.12
Karnes County Hospital District	0.91%	$ (20,718.56)	$ 53,063.28	$ 32,344.72
Refugio County Memorial Hospital District	0.59%	$ (13,572.48)	$ 34,761.12	$ 21,188.64
Nueces County Hospital District	91.28%	$ (1,701,931.61)	$ 5,345,322.87	$ 3,643,391.26
TOTALS	**100%**	**$ (1,855,929.86)**	**$ 5,855,909.76**	**$ 3,999,979.90**

To assist with your review, we drafted the attached summary of the June, August, and future estimated November IGTs that support the September 2020 – August 2021 UHRIP rate period. The summary shows how each of the IGTs add up to the total support needed. Please note that the November IGT allocation shown in the file is still subject to any changes HHSC might make between now and October, but is the best estimate available at this time.

Per HHSC's email from last week, **you must enter your August IGT (highlighted yellow in the chart above) in TexNet (in the UHRIP bucket) no later than close of business August 7, 2020 with a settlement date of August 10, 2020.** We ask that you please provide Jared Konczal (konczal@gl-law.com) with a screenshot or PDF of your IGT trace sheet by August 5, 2020 so that we can compile and submit the trace sheets to HHSC in one packet.

Please contact Jared Konczal (konczal@gl-law.com) directly if you have questions with a copy to me.

Thanks.

Jonny F. Hipp, ScD, FACHE | Administrator/Chief Executive Officer
Nueces County Hospital District
Texas HHSC Regional Healthcare Partnership - Region 4 Anchor Entity
Texas HHSC Uniform Hospital Rate Increase Program - Nueces Service Delivery Area Liaison
555 N. Carancahua St., Suite 950 | Corpus Christi, TX 78401-0835
Office: (361) 808-3300 | Fax: (361) 808-3274 | Cell: (361) 877-7290
jonny.hipp@nchdcc.org | www.nchdcc.org

Sent from Windows 10 Desktop at Office

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Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/27/2020

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		231,092.80 ✓	228,008.40 ✓	206,218.14 ✓		-	209,302.54 ✓	**153,292.52**
						Bank Balance	209,302.54 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Medicare Witholding owed to MMC	**2,984.40** ✓	
						QIPP 1,2, 3, 4 AND LAPSE	**52,925.62** ✓	
						April Interest		
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	**153,292.52** ✓	
Broadmoor	3	57,467.81 ✓	57,367.81 ✓	222,421.64 ✓		-	222,521.64 ✓	**203,352.45**
						Bank Balance	222,521.64 ✓	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 1,2, 3, 4 AND LAPSE	19,069.19 ✓	
						April Interest		
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	**203,352.45** ✓	
Crescent		54,237.45 ✓	54,137.45 ✓	232,662.46 ✓		-	232,762.46 ✓	**217,026.58**
						Bank Balance	232,762.46 ✓	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 1,2, 3, 4 AND LAPSE	15,635.88 ✓	
						April Interest		
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	**217,026.58** ✓	
Fort Bend		38,054.47 ✓	37,954.47 ✓	40,570.56 ✓		-	40,670.56	**18,972.57**
						Bank Balance	40,670.56 ✓	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 1,2, 3, 4 AND LAPSE	21,597.99 ✓	
						April Interest		
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	**18,972.57** ✓	
Solera at W Houston		63,781.23 ✓	63,681.23 ✓	100,981.50 ✓			101,081.50	**82,230.01**
						Bank Balance	101,081.50 ✓	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 1,2, 3, 4 AND LAPSE	18,751.49 ✓	
						April Interest		
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	- **82,230.01**	

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 111000614
Account # 448234257

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

153,292.52 +
203,352.45 +
217,026.58 +
18,972.57 +
82,230.01 +
674,874.13 *

TOTAL TRANSFERS **674,874.13**

Approved:
Jason Anglin, CEO 7/27/2020

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.

F:\NH Weekly Transfers\NH UPL Transfer Summary\2020\July\NH UPL Transfer Summary 7-27-20.xlsx

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
7/20/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05F589641326436189*1746000156~	-	17,591.37					-	17,591.37
7/21/2020	MANAGEANDNET1718 MNS PMNT 000000000000093 41 0254043	-	1,170.00					-	1,170.00
7/21/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202007181210020 7*1912008361*0000TEX01\	-	8,800.00					-	8,800.00
7/22/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	228,008.40	-					-	-
7/22/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9549080051*1411289245*000087726\	-	3,690.00					-	3,690.00
7/23/2020	Amerigroup TX5C HCCLAIMPMT 3128660705 111000 TRN*1*3128660705*1752603231\	-	41,023.26					-	41,023.26
7/23/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020072213100456*1912008361*0000TEX01\	-	3,511.32					-	3,511.32
7/23/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000196 TRN*1*EFT6964822*1205296137*000004911\	-	3,016.39					-	3,016.39
7/24/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000119 TRN*1*EFT6965341*1205296137*000004911\	-	160.32					-	160.32
7/24/2020	MOLINA HEALTHCAR MOLINAACH 00877714 42000011 ISA* * * * *ZZ* *ZZ* *200723*090	-	18,885.12	12,595.49	1,913.84	4,375.79		15,740.31	3,144.82
7/24/2020	MOLINA HEALTHCAR MOLINAACH 00877713 42000011 ISA* * * * *ZZ* *ZZ* *200723*090	-	15,756.66				15,756.66	7,878.33	7,878.33
7/24/2020	Amerigroup TX5C HCCLAIMPMT 3128728447 111000 TRN*1*3128728447*1752603231\	-	9,725.02					-	9,725.02
7/24/2020	AMERIGROUP CORPO E-PAYMENT EE52055784 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG	-	35,142.32	23,471.64	3,546.47	8,124.21		29,306.98	5,835.34
7/24/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9549802967*1411289245*000087726\	-	878.00					-	878.00
7/24/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202007231080021 5*1912008361*0000TEX01\	-	46,868.36					-	46,868.36
								-	-
		228,008.40	206,218.14	36,067.13	5,460.31	12,500.00	15,756.66	52,925.62	153,292.53

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
7/20/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0254020	-	12,347.50					-	12,347.50
7/21/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9548531822*1411289245*000087726\	-	1,890.00					-	1,890.00
7/21/2020	HUMANA CHA DISB HCCLAIMPMT 390861 4200001228 TRN*1*014840101517391*1611013183\	-	1,079.12					-	1,079.12
7/21/2020	CARITEN HP HCCLAIMPMT 390861 42000012253000 TRN*1*010560011748510*1621579044\	-	3,591.69					-	3,591.69
7/22/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	57,367.81	-					-	-
7/22/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*202007191 3700559*1912008361*0000TEX01\	-	2,646.00					-	2,646.00
7/22/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1548761357*1362739571*000036273\	-	10,560.00					-	10,560.00
7/23/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020072217200642*1912008361*0000TEX01\	-	3,726.26					-	3,726.26
7/23/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000195 TRN*1*EFT5638506*1205296137*000004011\	-	152,328.28					-	152,328.28
7/24/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000118 TRN*1*EFT5640099*1205296137*000004011\	-	3,675.62					-	3,675.62
7/24/2020	MOLINA HEALTHCAR MOLINAACH 00878241 42000011 ISA* * * * *ZZ* *ZZ* *200723*090	-	6,805.06	4536.28	680.61	1,588.17		5,670.67	1,134.39
7/24/2020	MOLINA HEALTHCAR MOLINAACH 00878240 42000011 ISA* * * * *ZZ* *ZZ* *200723*090	-	5,670.10				5,670.10	2,835.05	2,835.05
7/24/2020	AMERIGROUP CORPO E-PAYMENT EE52055787 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG	-	12,673.49	8453.45	1,260.64	2,959.40		10,563.47	2,110.02
7/24/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020072311700140*1912008361*0000TEX01\	-	5,202.75					-	5,202.75
7/24/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1549641819*1362739571*000036273\	-	225.77					-	225.77
								-	-
		57,367.81	222,421.64	12,989.73	1,941.25	4,547.57	5,670.10	19,069.19	203,352.45

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
7/20/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020071710600508*1912008361*0000TEX01\	-	4,070.00					-	4,070.00
7/21/2020	HUMANA INS CO HCCLAIMPMT 390864 830000581709 TRN*1*001290051437643*1391263473\	-	1,665.08					-	1,665.08
7/21/2020	HUMANA INS CO HCCLAIMPMT 390864 830000581311 TRN*1*001290051417548*1391263473\	-	76.39					-	76.39
7/21/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000128 TRN*1*EFT5635090*1205296137*000004011\	-	770.81					-	770.81
7/21/2020	HUMANA CHA DISB HCCLAIMPMT 390864 4200001228 TRN*1*014840101517392*1611013183\	-	477.54					-	477.54
7/22/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	54,137.45	-					-	-
7/22/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071917000460*1912008361*0000TEX01\	-	0.24					-	0.24
7/22/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000114 TRN*1*EFT5636661*1205296137*000004011\	-	194.67					-	194.67
7/23/2020	Deposit	-	9,120.00					-	9,120.00
7/23/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020072211700179*1912008361*0000TEX01\	-	11,610.15					-	11,610.15
7/23/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000195 TRN*1*EFT5638490*1205296137*000004011\	-	164,528.25					-	164,528.25
7/24/2020	MOLINA HEALTHCAR MOLINAACH 00878186 42000011 ISA* * * * *ZZ* *ZZ* *200723*090	-	5,595.80	3,706.79	596.12	1,292.89		4,651.30	944.51
7/24/2020	MOLINA HEALTHCAR MOLINAACH 00878187 42000011 ISA* * * * *ZZ* *ZZ* *200723*090	-	4,646.87				4,646.87	2,323.44	2,323.44
7/24/2020	AMERIGROUP CORPO E-PAYMENT EE52055786 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG	-	10,414.81	6,907.49	1,106.93	2,400.39		8,661.15	1,753.66
7/24/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020072314600552*1912008361*0000TEX01\	-	13,701.07					-	13,701.07
7/24/2020	HUMANA INS CO HCCLAIMPMT 390864 830000576873 TRN*1*001290051471336*1391263473\	-	4,849.77					-	4,849.77
7/24/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05F627851669860425*1746000156~	-	941.01					-	941.01
								-	-
		54,137.45	232,662.46	10,614.28	1,703.05	3,693.28	4,646.87	15,635.88	217,026.58

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
7/22/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	37,954.47	-					-	-
7/22/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020071913301102*1912008361*0000TEX01\	-	3,226.00					-	3,226.00
7/23/2020	NOVITAS SOLUTION HCCLAIMPMT 675663 420000195 TRN*1*EFT5637904*1205296137*000004011\	-	4,743.30					-	4,743.30
7/24/2020	MOLINA HEALTHCAR MOLINAACH 00877839 42000011 ISA* * * * *ZZ* *ZZ* *200723*090	-	6,451.05				6,451.05	3,225.53	3,225.53
7/24/2020	MOLINA HEALTHCAR MOLINAACH 00877840 42000011 ISA* * * * *ZZ* *ZZ* *200723*090	-	7,698.97	5,139.01	769.76	1,790.20		6,418.99	1,279.98
7/24/2020	AMERIGROUP CORPO E-PAYMENT EE52055783 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG	-	14,330.20	9,576.74	1,429.69	3,323.77		11,953.47	2,376.73
7/24/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020072312800055*1912008361*0000TEX01\	-	4,121.04					-	4,121.04
								-	-
		37,954.47	40,570.56	14,715.75	2,199.45	5,113.97	6,451.05	21,597.99	18,972.58

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
7/20/2020	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR62351003*1411289245*0000877726\	-	3,690.00					-	3,690.00
7/20/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*05F589671497143259*1746000156~	-	700.00					-	700.00
7/21/2020	HUMANA INS CO HCCLAIMPMT 390862 830000581709 TRN*1*001290051437642*1391263473\	-	1,277.66					-	1,277.66
7/21/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020071816500472*1912008361*0000TEX01\	-	3,280.00					-	3,280.00
7/21/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000128 TRN*1*EFT5635086*1205296137*000004011\	-	60.67					-	60.67
7/21/2020	HUMANA CHA DISB HCCLAIMPMT 390862 4200001229 TRN*1*014840101520591*1611013183\	-	933.51					-	933.51
7/21/2020	HUMANA CHA DISB HCCLAIMPMT 390862 4200001228 TRN*1*014840101513636*1611013183\	-	6,715.85					-	6,715.85
7/22/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	63,681.23	-					-	-
7/22/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000114 TRN*1*EFT5636658*1205296137*000004011\	-	60.67					-	60.67
7/23/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0254066	-	2,632.50					-	2,632.50
7/23/2020	Amerigroup TX5C HCCLAIMPMT 3128660706 111000 TRN*1*3128660706*1752603231\	-	5,504.48					-	5,504.48
7/23/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020072217200613*1912008361*0000TEX01\	-	3,267.90					-	3,267.90
7/23/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020072211700103*1912008361*0000TEX01\	-	9,386.10					-	9,386.10
7/24/2020	MOLINA HEALTHCAR MOLINAACH 00878142 42000011 ISA* * * * *ZZ* *ZZ* *200723*090	-	5,522.88				5,522.88	2,761.44	2,761.44
7/24/2020	MOLINA HEALTHCAR MOLINAACH 00878141 42000011 ISA* * * * *ZZ* *ZZ* *200723*090	-	6,720.48	4,450.68	710.52	1,559.28		5,585.58	1,134.90
7/24/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0254126	-	8,846.00					-	8,846.00
7/24/2020	AMERIGROUP CORPO E-PAYMENT EE52055785 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG	-	12,515.34	8,293.59	1,320.05	2,901.70		10,404.47	2,110.88
7/24/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020072311500372*1912008361*0000TEX01\	-	1,917.30					-	1,917.30
7/24/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020072310900120*1912008361*0000TEX01\	-	23,131.38					-	23,131.38
7/24/2020	HUMANA INS CO HCCLAIMPMT 390862 830000576873 TRN*1*001290051471335*1391263473\	-	4,818.78					-	4,818.78
								-	-
								-	-
		63,681.23	100,981.50	12,744.27	2,030.57	4,460.98	5,522.88	18,751.49	82,230.02

	TOTALS	441,149.36	802,854.30	87,131.16	13,334.63	30,315.80	38,047.56	127,980.16	674,874.15

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[redacted]

*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$209,302.54	$325,066.34	$209,302.54	$81,886.74
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$222,521.64	$278,045.17	$222,521.64	$188,268.85
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$232,762.46	$244,099.12	$232,762.46	$192,613.13
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$40,670.56	$87,626.36	$40,670.56	$8,069.30
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$101,081.50	$254,034.55	$101,081.50	$37,609.34

[redacted]

* indicates re
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Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/27/2020

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		76,898.64	76,798.64	242,450.92	-	-	242,550.92	242,450.92
						Bank Balance	242,550.92	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 1,2, 3, 4 AND LAPSE		
						April Interest		
						May Interest		
						June Interest		
							-	
						Adjust Balance/Transfer Amt	242,450.92	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA 121000248
Account # 4439840323

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 — 7/27/2020

APPROVED
ON
JUL 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek				MMC PORTION					
		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/20/2020	TSYS/TRANSFIRST BKCD STLMT 5436845558769179 5436845558769179 GOLDEN CREEK HEALTHCAR 071620	-	4,712.00					-	-
7/20/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05F591161588075964*1746000156~	-	4,296.98					-	-
7/21/2020	NOVITAS SOLUTION HCCLAIMPMT 676097 420000128 TRN*1*EFT5634249*1205296137*000004011\	-	57.71					-	-
7/22/2020	WIRE OUT NEXION HEALTH AT GOLDEN CREEK	76,798.64	-					-	-
7/22/2020	NOVITAS SOLUTION HCCLAIMPMT 676097 420000114 TRN*1*EFT5636194*1205296137*000004011\	-	54.47					-	-
7/23/2020	Deposit	-	123,883.65					-	-
7/23/2020	NOVITAS SOLUTION HCCLAIMPMT 676097 420000195 TRN*1*EFT5637930*1205296137*000004011\	-	92,241.67					-	-
7/23/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05F618501588075964*1746000156~	-	1,236.88					-	-
7/24/2020	NOVITAS SOLUTION HCCLAIMPMT 676097 420000118 TRN*1*EFT5639655*1205296137*000004011\	-	13,027.94					-	-
7/24/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05F630121588075964*1746000156~	-	2,939.62					-	-
		-						-	-
		76,798.64	242,450.92	-	-	-	-	-	-

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DDA Data reported as of Jul 27, 2020 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$242,550.92	$244,288.52	$242,550.92	$226,583.36
[redacted]				

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Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/27/2020

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		100.04	-	2,216.50		-	-	2,316.54	~~2,216.54~~
							Bank Balance	2,316.54	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	2,216.54	

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		79,071.67	78,971.67	285,938.43		-	-	286,038.43	285,938.43
							Bank Balance	286,038.43	
							Variance	-	
							Leave in Balance	100.00	
							QIPP 1,2 AND 3		
							April Interest		
							May Interest		
							June Interest		
							Adjust Balance/Transfer Amt	285,938.43	

TOTAL TRANSFERS	~~288,154.97~~

Routing Information for Gulf Pointe Plaza:

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

Approved:
Jason Anglin, CEO 7/27/2020

APPROVED
ON
JUL 28 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
7/21/2020 AETNA AS01 HCCLAIMPMT 1922092790 51000011708 TRN*1*820198000493111*1066033492\	-	2,216.50					-	2,216.50
							-	-
							-	-
	-	2,216.50	-	-	-	-	-	2,216.50

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
7/22/2020 WIRE OUT HMG SERVICES, LLC	78,971.67	-					-	-
7/23/2020 Deposit	-	62,808.59					-	62,808.59
7/23/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001151432 TRN*1*EFT6953810*1450173185*000003(	-	6,757.45					-	6,757.45
7/24/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001096905 TRN*1*EFT6954675*1450173185*000003(	-	216,372.39					-	216,372.39
							-	-
	78,971.67	285,938.43	-	-	-	-	-	285,938.43
	78,971.67	288,154.93	-	-	-	-	-	288,154.93

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DDA Data reported as of Jul 27, 2020 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$286,038.43	$286,038.43	$286,038.43	$69,666.04
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$2,316.54	$2,316.54	$2,316.54	$2,316.54
[redacted]				

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Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
7/27/2020

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		6,619.77	206,519.77	162,671.68		-	-	162,771.68	162,671.68	162,671.68	100.00
							Bank Balance	162,771.68			
							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	162,671.68			

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

7/27/2020

APPROVED
ON

JUL 28 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
7/22/2020 WIRE OUT LINBAR ENTERPRISES, LLC	206,519.77	-					-	-
7/22/2020 NOVITAS SOLUTION HCCLAIMPMT 676201 420000114 TF	-	173.84					-	173.84
7/23/2020 Deposit	-	91,397.92					-	91,397.92
7/24/2020 NOVITAS SOLUTION HCCLAIMPMT 676201 420000118 TF	-	71,099.92					-	71,099.92
							-	-
	206,519.77	**162,671.68** ✓	-	-	-	-	-	**162,671.68**

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DDA Data reported as of Jul 27, 2020 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*3407 MMC -NH TUSCANY VILLAGE	$162,771.68	$166,585.23	$162,771.68	$91,671.76

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Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
7/27/2020

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		100.00	-	19,772.44		-	-	19,872.44	19,772.44
							Bank Balance	19,872.44	
							Variance	-	
							Leave in Balance	100.00	
							QIPP 1,2 AND 3		
							April Interest		
							May Interest		
							June Interest		
							Adjust Balance/Transfer Amt	19,772.44	

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 7/27/2020

APPROVED
ON
JUL 28 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
7/20/2020 Deposit	-	18,926.33					-	18,926.33
7/24/2020 Deposit	-	846.11					-	846.11
	-	19,772.44	-	-	-	-	-	19,772.44

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DDA Data reported as of Jul 27, 2020 10

[redacted]

*5506 MMC -NH BETHANY SENIOR LIVING	$19,872.44	$19,872.44	$19,872.44	$19,026.33

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Ashford

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 7-27-20

APPROVED ON JUL 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CK# 001101

AMOUNT: 52,925.62

G/L NUMBER: 21400015

EXPLANATION: QIPP 1,2,3,4 and Lapse

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	001101	07/29/20	52,925.62	MMC OPERATING
TOTALS:			52,925.62	

Ashford

APPROVED
ON

JUL 29 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Broadmoor

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 7-27-20

APPROVED ON JUL 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK # 000063

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

AMOUNT: 19,069.19

G/L NUMBER: 21400015

EXPLANATION: QIPP 1,2,3,4 and Lapse

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000063	07/29/20	19,069.19	MMC OPERATING
TOTALS:			19,069.19	

Broadmoor

APPROVED
ON

JUL 29 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Crescent

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 7-27-20

APPROVED ON
JUL 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CK #000093

AMOUNT: 15,635.88

G/L NUMBER: 21400015

EXPLANATION: QIPP 1,2,3,4 and Lapse

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000093	07/29/20	15,635.88	MMC OPERATING
TOTALS:			15,635.88	

Crescent

APPROVED
ON

JUL 29 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Fort Bend

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 7-27-20

APPROVED ON JUL 27 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #0002210

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

AMOUNT: 21,597.99

G/L NUMBER: 21400015

EXPLANATION: QIPP 1,2,3,4 and Lapse

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000090	07/29/20	21,597.99	MMC OPERATING
TOTALS:			21,597.99	

Fort Bend

APPROVED
ON

JUL 29 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Solera

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 7-27-20

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

APPROVED ON JUL 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT: 18,751.49

CK# 001898

GL NUMBER: 21400015

EXPLANATION: QIPP 1,2,3,4 and Lapse

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	001094	07/29/20	18,751.49	MMC OPERATING
TOTALS:			18,751.49	

Solen

APPROVED
ON

JUL 29 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

IPP Payment to MMC from Nursing Facilities **Commissioner's Court** **7/8/2020**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1, 2 & 3	QIPP COMP 4 & LAPSE	Yr 2 Adjustment Pmt		TOTAL		Date
hford	10000018 - Prosperity	1101	MMC -Prosperity Operating #10000001	21000012	45,047.29	7,878.33			52,925.62		7/8/2020
oadmoor	10000019 - Prosperity	63	MMC -Prosperity Operating #10000001	21000009	16,234.14	2,835.05			19,069.19		7/8/2020
escent	10000020 - Prosperity	93	MMC -Prosperity Operating #10000001	21000010	13,312.45	2,323.44			15,635.88		7/8/2020
rt Bend	10000021 - Prosperity	90	MMC -Prosperity Operating #10000001	21000008	18,372.46	3,225.53			21,597.99		7/8/2020
lera	10000022 - Prosperity	1094	MMC -Prosperity Operating #10000001	21000011	15,990.05	2,761.44			18,751.49		7/8/2020
lden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	21000013		-			-		7/8/2020
lf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	21000014		-			-		7/8/2020
lf Pointe-MM	10000025 - Prosperity	-	MMC -Prosperity Operating #10000001	21000014	-	-			-		7/8/2020
thany											7/8/2020
scany											7/8/2020
				Total:	108,956.39	19,023.79	-	-	127,980.17		

Note:

Approved:
Jason Anglin, CEO 6/29/2020

18,751.49 *
52,925.62 *
19,069.19 *
15,635.88 *
21,597.99 *
127,980.17 *

APPROVED
ON
JUL 29 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

1094
88-2265/1131-87

7-29-20
Date

CHECK ARMOR

Pay to the Order of Memorial Medical Center Operating $ 18,751.49
Eighteen Thousand Seven hundred fifty one 49/100 Dollars

Photo Safe Deposit® Details on back

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

For QIPP 1,2,3,4, Lapse

County Auditor

MP
County Treasurer

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

1101
88-2265/1131-87

7-29-20
Date

CHECK ARMOR

Pay to the Order of Memorial Medical Center Operating $ 52,925.00
fifty two thousand nine hundred twenty five 00/100 Dollars

Photo Safe Deposit® Details on back

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

For QIPP 1,2,3,4 & Lapse

County Auditor

MP
County Treasurer

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

000063

88-2265/113

Date 7-29-20

PAY TO THE ORDER OF Memorial Medical Center Operating $ 19,069.19

Nineteen Thousand Sixty-nine & 19/100 DOLLAR

PROSPERITY BANK®

County Auditor

County Treasurer

FOR QIPP 1,2,3,4, Lapse

Features are included. Details on

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

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

000093

88-2265/1131

Date 7-29-20

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 15,635.88

fifteen thousand six hundred thirty-five 88/100 DOLLARS

PROSPERITY BANK

County Auditor

MP

County Treasurer

FOR QIPP 1,2,3,4 Lapse

Security features are included. Details on back.

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

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

000090

88-2265/1131

Date 7-29-20

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 21,597.99

Twenty One Thousand five hundred ninety-seven 99/100 DOLLARS

PROSPERITY BANK

County Auditor

MP

County Treasurer

FOR QIPP 1,2,3,4, Lapse

Security features are included. Details on back.