

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 12, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$	545,209.28
TOTAL TRANSFERS BETWEEN FUNDS	\$	69,732.91
TOTAL NURSING HOME UPL EXPENSES	\$	365,335.14
TOTAL INTER-GOVERNMENT TRANSFERS	\$	-
GRAND TOTAL DISBURSEMENTS APPROVED August 12, 2020	\$	980,277.33

APPROVED

AUG 12 2020

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---August 12, 2020

PAYABLES AND PAYROLL

8/7/2020 Weekly Payables	391,293.94
8/11/2020 McKesson-340B Prescription Expense	5,759.50
8/11/2020 Amerisource Bergen-340B Prescription Expense	2,179.90

Prosperity Electronic Bank Payments

8/4-8/5/2020 Credit Card & Lease Fees	579.84
8/15/2020 TCDRS July Retirement	145,061.33
8/6/2020 Cleargag-Patient Financing Service	67.40
8/3-8/7/2020 Pay Plus-Patient Claims Processing Fee	257.37
8/4/2020 Authnet Gateway Billing-3rd Party Payor Fee	10.00

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 545,209.28
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TRANSFER BETWEEN FUNDS-NURSING HOMES

8/7/2020 MMC Operating to The Crescent-correction of NH insurance payment deposited into MMC Operating	1,241.53
8/7/2020 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	51,265.78
8/7/2020 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	17,225.60

TOTAL TRANSFERS BETWEEN FUNDS	\$ 69,732.91
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NURSING HOME UPL EXPENSES

8/11/2020 Nursing Home UPL-Cantex Transfer	177,182.65
8/11/2020 Nursing Home UPL-Nexion Transfer	39,440.04
8/11/2020 Nursing Home UPL-HMG Transfer	57,875.45
8/11/2020 Nursing Home UPL-Tuscany Transfer	54,704.88
8/11/2020 Nursing Home UPL-HSL Transfer	32,732.12

Nursing Home Electronic Bank Payments

8/6/2020 Bethany-returned check	3,400.00
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TOTAL NURSING HOME UPL EXPENSES	\$ 365,335.14
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED August 12, 2020	\$ 980,277.33
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RECEIVED

08/06/2020

12:46 **AUG 06 2020**

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 08/19/2020

ap_open_invoice.template

Vendor#
A1680 *Madison County Auditor*Vendor Name
AIRGAS USA, LLC - CENTRAL DIV M ✓

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9103005104	✓ 07/22/2020	07/13/2020	08/12/2020				1,586.94	0.00	0.00	1,586.94 ✓
			OXYGEN							
9103161275	✓ 07/31/2020	07/15/2020	08/09/2020				297.73	0.00	0.00	297.73 ✓
			OXYGEN							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A1680		AIRGAS USA, LLC -	1,884.67	0.00	0.00	1,884.67

Vendor#
10958Vendor Name
ALLYSON SWOPE ✓

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080420	08/04/2020	08/04/2020	08/04/2020				2,688.75	0.00	0.00	2,688.75 ✓
			CONTRACT EMPLOYEE	7/17-7/30/20						
			ALLYSON SWOPE							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10958		ALLYSON SWOPE	2,688.75	0.00	0.00	2,688.75

Vendor#
12992Vendor Name
BANK DIRECT CAPITAL FINANCE ✓

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071320	07/31/2020	07/13/2020	07/13/2020				3,361.30	0.00	0.00	3,361.30 ✓
			HEALTH INSURANCE							
			BANK DIRECT CAPI							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12992		BANK DIRECT CAPI	3,361.30	0.00	0.00	3,361.30

Vendor#
B1150Vendor Name
BAXTER HEALTHCARE ✓

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12071847	✓ 07/31/2020	06/19/2020	07/14/2020				309.02	0.00	0.00	309.02 ✓
			SUPPLIES							
67614081	✓ 07/31/2020	07/21/2020	08/15/2020				2,367.50	0.00	0.00	2,367.50 ✓
			LEASE							
67614051	✓ 07/31/2020	07/21/2020	08/15/2020				629.50	0.00	0.00	629.50 ✓
			LEASE							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
B1150		BAXTER HEALTHCARE	3,306.02	0.00	0.00	3,306.02

Vendor#
B1220Vendor Name
BECKMAN COULTER INC ✓

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
108351006	✓ 07/31/2020	03/31/2020	04/25/2020				27.36	0.00	0.00	27.36 ✓
			SUPPLIES							
			BECKMAN COULTE							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
B1220		BECKMAN COULTE	27.36	0.00	0.00	27.36

Vendor#
B1650Vendor Name
BOSART LOCK & KEY INC ✓

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90683	07/22/2020	07/20/2020	08/19/2020				216.90	0.00	0.00	216.90 ✓
			NOB/RE KEY							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
B1650		BOSART LOCK & KEY	216.90	0.00	0.00	216.90

Vendor#
B1655Vendor Name
BOSTON SCIENTIFIC CORPORATION ✓

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
973117383	✓ 07/28/2020	07/20/2020	07/28/2020				367.00	0.00	0.00	367.00 ✓
			SUPPLIES							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
B1655		BOSTON SCIENTIFI	367.00	0.00	0.00	367.00

Vendor#
12740Vendor Name
BUILDING KID STEPS ✓

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
JULY2020	✓ 07/31/2020	07/31/2020	07/31/2020	07/31/2020			1,089.00	0.00	0.00	1,089.00 ✓
	SPEECH THERAPY									
JULY2020A	✓ 07/31/2020	07/31/2020	07/31/2020	07/31/2020			463.00	0.00	0.00	463.00 ✓
	SPEECH THERAPY									
JULY2020B	✓ 07/31/2020	07/31/2020	07/31/2020	07/31/2020			1,039.00	0.00	0.00	1,039.00 ✓
	SPEECH THERAPY									
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
C1325	12740		BUILDING KID STEF			2,591.00	0.00	0.00	2,591.00	
	Vendor Name		Class			Pay Code				
			CARDINAL HEALTH 414, INC. ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8002274430	✓ 07/31/2020	07/11/2020	08/05/2020				387.16	0.00	0.00	387.16 ✓
	SUPPLIES									
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
C1992	C1325		CARDINAL HEALTH			387.16	0.00	0.00	387.16	
	Vendor Name		Class			Pay Code				
			CDW GOVERNMENT, INC. ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
ZLN8249	✓ 07/28/2020	07/17/2020	08/16/2020				1,616.56	0.00	0.00	1,616.56 ✓
	OFFICE (4) MS OFFICE									
ZLH4122	✓ 07/29/2020	07/16/2020	08/15/2020				3,816.94	0.00	0.00	3,816.94 ✓
	LAPTOP/SCANNER									
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
E1270	C1992		CDW GOVERNMENT			5,433.50	0.00	0.00	5,433.50	
	Vendor Name		Class			Pay Code				
			CENTERPOINT ENERGY ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073120	✓ 07/31/2020	07/31/2020	08/17/2020				33.27	0.00	0.00	33.27 ✓
	GAS									
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
10105	E1270		CENTERPOINT ENE			33.27	0.00	0.00	33.27	
	Vendor Name		Class			Pay Code				
			CHRIS KOVAREK ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
40	✓ 08/03/2020	08/03/2020	08/03/2020				320.00	0.00	0.00	320.00 ✓
	SWING BED									
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
13000	10105		CHRIS KOVAREK			320.00	0.00	0.00	320.00	
	Vendor Name		Class			Pay Code				
			CLEARFLY ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV299337	✓ 08/05/2020	08/01/2020	08/15/2020				992.45	0.00	0.00	992.45 ✓
	PHONES									
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
C1970	13000		CLEARFLY			992.45	0.00	0.00	992.45	
	Vendor Name		Class			Pay Code				
			CONMED CORPORATION ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
235803	✓ 07/31/2020	04/07/2020	04/22/2020				107.53	0.00	0.00	107.53 ✓
	SUPPLIES									
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
11368	C1970		CONMED CORPOR			107.53	0.00	0.00	107.53	
	Vendor Name		Class			Pay Code				
			CYRACOM LLC ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1132995	✓ 06/30/2020	06/30/2020	08/14/2020				192.70	0.00	0.00	192.70 ✓
	INTERPERTATION SERVICES									
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
11368	11368		CYRACOM LLC			192.70	0.00	0.00	192.70	
	Vendor Name		Class			Pay Code				

12612

DASHBOARD MD ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10015 ✓	08/04/2020	08/01/2020	08/01/2020				550.00	0.00	0.00	550.00 ✓

PROCESSING & SUPOPORT FEE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12612		DASHBOARD MD	550.00	0.00	0.00	550.00

Vendor#

Vendor Name

Class

Pay Code

10368

DEWITT POTH & SON ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6134300 ✓	07/22/2020	07/20/2020	08/14/2020				33.00	0.00	0.00	33.00 ✓

SUPPLIES

6135150 ✓	07/28/2020	07/21/2020	08/15/2020				405.47	0.00	0.00	405.47 ✓
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SUPPLIES

6134660 ✓	07/29/2020	07/21/2020	08/15/2020				35.09	0.00	0.00	35.09 ✓
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SUPPLIES

6135930 ✓	07/29/2020	07/22/2020	08/16/2020				140.32	0.00	0.00	140.32 ✓
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SUPPLIES

6135640 ✓	07/29/2020	07/22/2020	08/16/2020				288.65	0.00	0.00	288.65 ✓
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SUPPLIES

6047650 ✓	07/31/2020	04/08/2020	05/03/2020				92.59	0.00	0.00	92.59 ✓
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SUPPLIES

6046520 ✓	07/31/2020	04/08/2020	05/03/2020				638.45	0.00	0.00	638.45 ✓
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SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10368		DEWITT POTH & SC	1,633.57	0.00	0.00	1,633.57

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
MMC0731200 ✓	07/31/2020	07/31/2020	07/31/2020				140,282.89	0.00	0.00	140,282.89 ✓

PRO FEES July 16-31, 2020 - Physician Services

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10789		DISCOVERY MEDIC	140,282.89	0.00	0.00	140,282.89

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
39419 ✓	07/31/2020	06/30/2020	08/14/2020				92,125.00	0.00	0.00	92,125.00 ✓

PRO FEES/SHORT FALL

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11284		EMERGENCY STAF	92,125.00	0.00	0.00	92,125.00

Vendor#

Vendor Name

Class

Pay Code

T0383

ERIN CLEVINGER ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073120A ✓	07/31/2020	07/31/2020	07/31/2020				25.00	0.00	0.00	25.00 ✓

COVID EDUCATION

073120 ✓	07/31/2020	07/31/2020	07/31/2020				63.32	0.00	0.00	63.32 ✓
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REIMBURSE TRAVEL

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
T0383		ERIN CLEVINGER	88.32	0.00	0.00	88.32

Vendor#

Vendor Name

Class

Pay Code

10689

FASTHEALTH CORPORATION ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
08A20MMC ✓	08/05/2020	08/01/2020	08/16/2020				495.00	0.00	0.00	495.00 ✓

WEBSITE

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

Vendor#

Vendor Name

Class

Pay Code

F1100

FEDERAL EXPRESS CORP. ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
707374880 ✓	07/31/2020	06/23/2020	07/18/2020				330.82	0.00	0.00	330.82 ✓

SHIPPING

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
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	F1100	FEDERAL EXPRESS	330.82	0.00	0.00	330.82				
Vendor#		Vendor Name	Class		Pay Code					
10003		FILTER TECHNOLOGY CO, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
107195	07/29/2020	07/20/2020	08/19/2020				237.74	0.00	0.00	237.74
		SUPPLIES								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
10003		FILTER TECHNOLO	237.74		0.00	0.00	237.74			
Vendor#		Vendor Name	Class		Pay Code					
13016		FIRST INSURANCE FUNDING								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AUGUST	07/31/2020	07/10/2020	08/01/2020				2,607.23	0.00	0.00	2,607.23
		7TH INSTALLMENT								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
13016		FIRST INSURANCE	2,607.23		0.00	0.00	2,607.23			
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
3235564	07/29/2020	07/09/2020	08/03/2020				3,482.03	0.00	0.00	3,482.03
		SUPPLIES								
3694183	07/29/2020	07/20/2020	08/14/2020				1,763.46	0.00	0.00	1,763.46
		SUPPLIES								
0552282	07/31/2020	06/11/2020	07/06/2020				1,949.67	0.00	0.00	1,949.67
		SUPPLIES								
2838527	07/31/2020	07/02/2020	07/27/2020				292.80	0.00	0.00	292.80
		SUPPLIES								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
F1400		FISHER HEALTHCA	7,487.96		0.00	0.00	7,487.96			
Vendor#		Vendor Name	Class		Pay Code					
11183		FRONTIER								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072320	07/31/2020	07/23/2020	08/17/2020				5.08	0.00	0.00	5.08
		PHONES								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
11183		FRONTIER	5.08		0.00	0.00	5.08			
Vendor#		Vendor Name	Class		Pay Code					
G1001		GETINGE USA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6991349358	07/28/2020	07/21/2020	07/28/2020				119.72	0.00	0.00	119.72
		SUPPLIES								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
G1001		GETINGE USA	119.72		0.00	0.00	119.72			
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
116256461	07/22/2020	07/14/2020	08/13/2020				283.50	0.00	0.00	283.50
		SUPPLIES								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
10653		GLOBAL EQUIPMEN	283.50		0.00	0.00	283.50			
Vendor#		Vendor Name	Class		Pay Code					
13148		GRACE FLOORING AND GLASS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3008	07/31/2020	07/20/2020	07/20/2020				50.00	0.00	0.00	50.00
		FEE TO MEASURE COMMUNITY RI								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
13148		GRACE FLOORING	50.00		0.00	0.00	50.00			
Vendor#		Vendor Name	Class		Pay Code					
G0401		GULF COAST DELIVERY								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073129	07/31/2020	07/31/2020	07/31/2020				125.00	0.00	0.00	125.00
		DELIVERY								

	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
	G0401		GULF COAST DELI		125.00	0.00	0.00	125.00		
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
1894083	✓ 07/21/2020	07/14/2020	08/13/2020				223.44	0.00	0.00	223.44 ✓
		SUPPLIES								
1894081	✓ 07/21/2020	07/14/2020	08/13/2020				74.48	0.00	0.00	74.48 ✓
		SUPPLIES								
1894477	✓ 07/21/2020	07/14/2020	08/13/2020				881.83	0.00	0.00	881.83 ✓
		SUPPLIES								
1894082	✓ 07/21/2020	07/14/2020	08/13/2020				74.48	0.00	0.00	74.48 ✓
		SUPPLIES								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
G1210			GULF COAST PAPE		1,254.23	0.00	0.00	1,254.23		
Vendor#		Vendor Name		Class	Pay Code					
12380		HEALTH SOLUTIONS DIETETICS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072720	07/27/2020	07/27/2020	08/15/2020				3,750.00	0.00	0.00	3,750.00 ✓
		DIETICIAN								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
12380			HEALTH SOLUTION		3,750.00	0.00	0.00	3,750.00		
Vendor#		Vendor Name		Class	Pay Code					
11108		ITERSOURCE CORPORATION								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
711242	✓ 08/05/2020	08/03/2020	08/03/2020				250.00	0.00	0.00	250.00 ✓
		SUPPORT SERVICES								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
11108			ITERSOURCE CORI		250.00	0.00	0.00	250.00		
Vendor#		Vendor Name		Class	Pay Code					
J0150		J & J HEALTH CARE SYSTEMS, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
922880889	✓ 07/28/2020	07/17/2020	08/16/2020				2,301.15	0.00	0.00	2,301.15 ✓
		SUPPLIES								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
J0150			J & J HEALTH CARE		2,301.15	0.00	0.00	2,301.15		
Vendor#		Vendor Name		Class	Pay Code					
12936		JUSTINE HERRERA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072920	07/31/2020	07/29/2020	07/29/2020				11.04	0.00	0.00	11.04 ✓
		TRAVEL FOR LAB DRAWS (215, 2112, 2118, 2125, 314, 3111/20)								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
12936			JUSTINE HERRERA		11.04	0.00	0.00	11.04		
Vendor#		Vendor Name		Class	Pay Code					
13268		LONE STAR COMMUNICATIONS, II								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
71225	✓ 07/15/2020	07/14/2020	08/13/2020				714.42	0.00	0.00	714.42 ✓
		REPLACE CALL BOXES								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
13268			LONE STAR COMM		714.42	0.00	0.00	714.42		
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
080320	08/03/2020	08/03/2020	08/03/2020				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					
10040		MAJESTIC IRRIGATION LANDSCAP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
16360	✓ 07/31/2020	07/07/2020	07/07/2020				847.95	0.00	0.00	847.95 ✓

REPAIR BREAK ON FRONT LAWN

	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	10040			MAJESTIC IRRIGAT			847.95	0.00	0.00	847.95	
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
	00598176	✓ 07/31/2020	03/30/2020	04/14/2020				470.50	0.00	0.00	470.50 ✓
	SUPPLIES										
	01081202	✓ 07/31/2020	04/03/2020	04/18/2020				796.10	0.00	0.00	796.10 ✓
	SUPPLIES										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	M2178			MCKESSON MEDIC			1,266.60	0.00	0.00	1,266.60	
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
	150930	✓ 07/31/2020	07/31/2020	08/10/2020				992.25	0.00	0.00	992.25 ✓
	COLLECTION FEES										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	11141			MEDICAL DATA SY			992.25	0.00	0.00	992.25	
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
	1909525659	✓ 07/31/2020	04/30/2020	08/14/2020				267.58	0.00	0.00	267.58 ✓
	SUPPLIES										
	1915157433	✓ 07/31/2020	06/25/2020	07/20/2020				44.29	0.00	0.00	44.29 ✓
	SUPPLIES										
	1916191693	✓ 07/31/2020	07/07/2020	08/01/2020				702.00	0.00	0.00	702.00 ✓
	SUPPLIES										
	1916191694	✓ 07/31/2020	07/07/2020	08/01/2020				1,638.00	0.00	0.00	1,638.00 ✓
	SUPPLIES										
	1917775229	✓ 07/31/2020	07/21/2020	08/15/2020				145.70	0.00	0.00	145.70 ✓
	SUPPLIES										
	1917775223	✓ 07/31/2020	07/21/2020	08/15/2020				263.68	0.00	0.00	263.68 ✓
	SUPPLIES										
	1917775228	✓ 07/31/2020	07/21/2020	08/15/2020				1,932.34	0.00	0.00	1,932.34 ✓
	SUPPLIES										
	1917775240	✓ 07/31/2020	07/21/2020	08/15/2020				143.93	0.00	0.00	143.93 ✓
	SUPPLIES										
	1917775222	✓ 07/31/2020	07/21/2020	08/15/2020				9.52	0.00	0.00	9.52 ✓
	SUPPLIES										
	1917775230	✓ 07/31/2020	07/21/2020	08/15/2020				60.95	0.00	0.00	60.95 ✓
	SUPPLIES										
	1917775219	✓ 07/31/2020	07/21/2020	08/15/2020				192.35	0.00	0.00	192.35 ✓
	SUPPLIES										
	1917775217	✓ 07/31/2020	07/21/2020	08/15/2020				252.36	0.00	0.00	252.36 ✓
	SUPPLIES										
	1917775214	✓ 07/31/2020	07/21/2020	08/15/2020				132.83	0.00	0.00	132.83 ✓
	SUPPLIES										
	1917775220	✓ 07/31/2020	07/21/2020	08/15/2020				132.20	0.00	0.00	132.20 ✓
	SUPPLIES										
	1917775234	✓ 07/31/2020	07/21/2020	08/15/2020				2,360.10	0.00	0.00	2,360.10 ✓
	SUPPLIES										
	1917775215	✓ 07/31/2020	07/21/2020	08/15/2020				19.85	0.00	0.00	19.85 ✓
	SUPPLIES										
	1917775218	✓ 07/31/2020	07/21/2020	08/15/2020				83.44	0.00	0.00	83.44 ✓
	SUPPLIES										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	M2470			MEDLINE INDUSTR			8,381.12	0.00	0.00	8,381.12	
Vendor#			Vendor Name		Class		Pay Code				
10963			MEMORIAL MEDICAL CLINIC		✓						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

080320	08/03/2020	08/03/2020	08/03/2020	197.18	0.00	0.00	197.18	✓
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PAYROLL DED

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10963		MEMORIAL MEDICA	197.18	0.00	0.00	197.18

Vendor#
M2659

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8800640757	✓ 07/28/2020	07/15/2020	08/14/2020				845.43	0.00	0.00	845.43

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
M2659		MERRY X-RAY/SOU	845.43	0.00	0.00	845.43

Vendor#
10536

Vendor Name	Class	Pay Code
MORRIS & DICKSON CO, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4873100B	✓ 07/21/2020	11/25/2019	08/14/2020				-80.50	0.00	0.00	-80.50

CREDIT INVOICE WAS PAID 2X

SC5403	✓ 07/31/2020	07/28/2020	08/07/2020				15.18	0.00	0.00	15.18
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INVENTORY

5886883	✓ 07/31/2020	07/29/2020	08/08/2020				835.58	0.00	0.00	835.58
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INVENTORY

5886882	✓ 07/31/2020	07/29/2020	08/08/2020				594.25	0.00	0.00	594.25
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INVENTORY

5886751	✓ 07/31/2020	07/29/2020	08/08/2020				748.88	0.00	0.00	748.88
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INVENTORY

5885292	✓ 07/31/2020	07/29/2020	08/08/2020				79.37	0.00	0.00	79.37
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INVENTORY

5886753	✓ 07/31/2020	07/29/2020	08/08/2020				763.26	0.00	0.00	763.26
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INVENTORY

5886755	✓ 07/31/2020	07/29/2020	08/08/2020				5,154.28	0.00	0.00	5,154.28
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INVENTORY

5886752	✓ 07/31/2020	07/29/2020	08/08/2020				13.45	0.00	0.00	13.45
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INVENTORY

5886754	✓ 07/31/2020	07/29/2020	08/08/2020				8.66	0.00	0.00	8.66
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INVENTORY

5892660	✓ 07/31/2020	07/30/2020	08/09/2020				255.49	0.00	0.00	255.49
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INVENTORY

5892661	✓ 07/31/2020	07/30/2020	08/09/2020				132.81	0.00	0.00	132.81
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INVENTORY

5891628	✓ 07/31/2020	07/30/2020	08/09/2020				254.42	0.00	0.00	254.42
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INVENTORY

5904028	✓ 08/04/2020	08/03/2020	08/13/2020				97.14	0.00	0.00	97.14
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INVENTORY

5902365	✓ 08/04/2020	08/03/2020	08/13/2020				6.16	0.00	0.00	6.16
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INVENTORY

5901042	✓ 08/04/2020	08/03/2020	08/13/2020				745.90	0.00	0.00	745.90
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INVENTORY

5901043	✓ 08/04/2020	08/03/2020	08/13/2020				460.00	0.00	0.00	460.00
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INVENTORY

5901044	✓ 08/04/2020	08/03/2020	08/13/2020				497.38	0.00	0.00	497.38
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INVENTORY

5904027	✓ 08/04/2020	08/03/2020	08/13/2020				543.69	0.00	0.00	543.69
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INVENTORY

5901041	✓ 08/04/2020	08/03/2020	08/13/2020				273.06	0.00	0.00	273.06
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INVENTORY

5904026	✓ 08/04/2020	08/03/2020	08/13/2020				15.70	0.00	0.00	15.70
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INVENTORY

5901045	✓ 08/04/2020	08/03/2020	08/13/2020				2,121.65	0.00	0.00	2,121.65
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INVENTORY

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10536		MORRIS & DICKSOI	13,535.81	0.00	0.00	13,535.81

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
080420	08/04/2020	08/04/2020	08/04/2020				1,795.63	0.00	0.00	1,795.63 ✓

CONTRACT EMPLOYEE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11069		PABLO GARZA ✓	1,795.63	0.00	0.00	1,795.63

Vendor#

10152

Vendor Name

PARTSSOURCE, LLC ✓

PARTSSOURCE, LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
03532720	07/29/2020	07/15/2020	08/14/2020				194.74	0.00	0.00	194.74 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10152		PARTSSOURCE, LL	194.74	0.00	0.00	194.74

Vendor#

13272

Vendor Name

RAPID AIR ✓

RAPID AIR ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5748531	07/31/2020	06/10/2020	06/10/2020				110.00	0.00	0.00	110.00 ✓

EST. REPAIR WALK IN COOLER

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13272		RAPID AIR	110.00	0.00	0.00	110.00

Vendor#

S1405

Vendor Name

SERVICE SUPPLY OF VICTORIA IN W ✓

SERVICE SUPPLY OF VICTORIA IN W ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
701064460	07/31/2020	07/31/2020	08/10/2020				0.99	0.00	0.00	0.99 ✓

FINANCE CHARGE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
S1405		SERVICE SUPPLY C	0.99	0.00	0.00	0.99

Vendor#

K0536

Vendor Name

SHIRLEY KARNEI ✓

SHIRLEY KARNEI ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080420	08/04/2020	08/04/2020	08/04/2020				274.78	0.00	0.00	274.78 ✓

CONTRACT EMPLOYEE 7/22 - 8/4/20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
K0536		SHIRLEY KARNEI	274.78	0.00	0.00	274.78

Vendor#

10936

Vendor Name

SIEMENS FINANCIAL SERVICES ✓

SIEMENS FINANCIAL SERVICES ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
115928661	07/29/2020	07/16/2020	08/16/2020				2,193.83	0.00	0.00	2,193.83 ✓

MAINT CONTRACT

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10936		SIEMENS FINANCIA	2,193.83	0.00	0.00	2,193.83

Vendor#

10195

Vendor Name

SINGLETON ASSOCIATES PA ✓

SINGLETON ASSOCIATES PA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
881	07/31/2020	11/01/2017	08/03/2020				9.08	0.00	0.00	9.08 ✓

CONTRACT BILLING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
871	07/31/2020	11/01/2017	08/03/2020				54.25	0.00	0.00	54.25 ✓

CONTRACT BILLING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
872	07/31/2020	11/13/2017	08/03/2020				10.85	0.00	0.00	10.85 ✓

CONTRACT BILLING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
873	07/31/2020	11/14/2017	08/03/2020				10.85	0.00	0.00	10.85 ✓

CONTRACT BILLING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
885	07/31/2020	12/06/2017	08/03/2020				9.08	0.00	0.00	9.08 ✓

CONTRACT BILLING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
874	07/31/2020	12/06/2017	08/03/2020				10.85	0.00	0.00	10.85 ✓

CONTRACT BILLING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
876	07/31/2020	01/08/2018	08/03/2020				11.19	0.00	0.00	11.19 ✓

CONTRACT BILLING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8710	07/31/2020	01/08/2018	08/03/2020				43.74	0.00	0.00	43.74 ✓

CONTRACT BILLING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
875	07/31/2020	01/08/2018	08/03/2020				10.85	0.00	0.00	10.85 ✓

CONTRACT BILLING

CONTRACT BILLING											
879	✓	07/31/2020	01/08/2018	08/03/2020		10.85	0.00	0.00	10.85	✓	
CONTRACT BILLING											
878	✓	07/31/2020	01/08/2018	08/03/2020		10.85	0.00	0.00	10.85	✓	
CONTRACT BILLING											
877	✓	07/31/2020	01/08/2018	08/03/2020		21.70	0.00	0.00	21.70	✓	
CONTRACT BILLING											
883	✓	07/31/2020	01/08/2018	08/03/2020		9.08	0.00	0.00	9.08	✓	
CONTRACT BILLING											
8711	✓	07/31/2020	02/22/2018	08/03/2020		21.70	0.00	0.00	21.70	✓	
CONTRACT BILLING											
887	✓	07/31/2020	07/11/2018	08/03/2020		18.26	0.00	0.00	18.26	✓	
CONTRACT BILLING											
882	✓	07/31/2020	07/11/2018	08/03/2020		9.08	0.00	0.00	9.08	✓	
CONTRACT BILLING											
884	✓	07/31/2020	07/11/2018	08/03/2020		9.08	0.00	0.00	9.08	✓	
CONTRACT BILLING											
8712	✓	07/31/2020	09/04/2018	08/03/2020		75.95	0.00	0.00	75.95	✓	
CONTRACT BILLING											
8713	✓	07/31/2020	09/04/2018	08/03/2020		119.35	0.00	0.00	119.35	✓	
CONTRACT BILLING											
886	✓	07/31/2020	09/10/2018	08/03/2020		29.17	0.00	0.00	29.17	✓	
CONTRACT BILLING											
8714	✓	07/31/2020	09/10/2018	08/03/2020		119.35	0.00	0.00	119.35	✓	
CONTRACT BILLING											
8719	✓	07/31/2020	12/11/2018	08/03/2020		106.60	0.00	0.00	106.60	✓	
CONTRACT BILLING											
8810	✓	07/31/2020	12/11/2018	08/03/2020		9.13	0.00	0.00	9.13	✓	
CONTRACT BILLING											
886A	✓	07/31/2020	07/11/2020	08/03/2020		18.26	0.00	0.00	18.26	✓	
CONTRACT BILLING											
Vendor Totals: Number Name Gross Discount No-Pay Net											
10195 SINGLETON ASSOC 759.15 0.00 0.00 759.15											
Vendor# S2345 Vendor Name Class Pay Code											
SOUTHEAST TEXAS HEALTH SYS W ✓											
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net											
26388 ✓ 07/31/2020 05/01/2020 05/31/2020 125.00 0.00 0.00 125.00 ✓											
CREDENTIALING ARROYO DIAZ											
26394 ✓ 07/31/2020 06/15/2020 07/15/2020 125.00 0.00 0.00 125.00 ✓											
CREDENTIALING HINDS											
Vendor Totals: Number Name Gross Discount No-Pay Net											
S2345 SOUTHEAST TEXAS 250.00 0.00 0.00 250.00											
Vendor# 10094 Vendor Name Class Pay Code											
ST DAVIDS HEALTHCARE ✓											
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net											
MMCPL2020 ✓ 07/31/2020 07/31/2020 07/31/2020 420.00 0.00 0.00 420.00 ✓											
CONNECTIVITY											
Vendor Totals: Number Name Gross Discount No-Pay Net											
10094 ST DAVIDS HEALTHCARE 420.00 0.00 0.00 420.00											
Vendor# S2694 Vendor Name Class Pay Code											
STANFORD VACUUM SERVICE ✓ M											
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net											
537534 ✓ 08/04/2020 08/04/2020 08/04/2020 385.00 0.00 0.00 385.00 ✓											
GREASE TRAP											
Vendor Totals: Number Name Gross Discount No-Pay Net											
S2694 STANFORD VACUUM 385.00 0.00 0.00 385.00											
Vendor# 11303 Vendor Name Class Pay Code											
TEXAS DEPT OF ST HEALTH SERV ✓											
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net											
080320 07/31/2020 08/03/2020 08/03/2020 500.00 0.00 0.00 500.00 ✓											
TRAMA RE DESIGNATION AP FEE											

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net			
11303			TEXAS DEPT OF ST	500.00	0.00	0.00	500.00			
Vendor#			Vendor Name	Class		Pay Code				
10885			TEXAS TECH UNIVERSITY HEALTH	✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2009425	✓ 08/03/2020	08/03/2020	08/03/2020				6,191.85	0.00	0.00	6,191.85 ✓
			ED SERV ANNUAL FEE 9/20-8/21							
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net			
10885			TEXAS TECH UNIVE	6,191.85	0.00	0.00	6,191.85			
Vendor#			Vendor Name	Class		Pay Code				
T0801			TLC STAFFING	✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26331	✓ 07/31/2020	07/27/2020	07/27/2020				1,333.22	0.00	0.00	1,333.22 ✓
			STAFFING							
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net			
T0801			TLC STAFFING	1,333.22	0.00	0.00	1,333.22			
Vendor#			Vendor Name	Class		Pay Code				
T3130			TRI-ANIM HEALTH SERVICES INC	✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
64150944	✓ 07/28/2020	07/20/2020	08/14/2020				247.82	0.00	0.00	247.82 ✓
			SUPPLIES							
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net			
T3130			TRI-ANIM HEALTH S	247.82	0.00	0.00	247.82			
Vendor#			Vendor Name	Class		Pay Code				
11169			TXU ENERGY	✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0520030526	✓ 07/31/2020	07/24/2020	08/13/2020				16,811.70	0.00	0.00	16,811.70 ✓
			ELECTRICTY							
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net			
11169			TXU ENERGY	16,811.70	0.00	0.00	16,811.70			
Vendor#			Vendor Name	Class		Pay Code				
U1054			UNIFIRST HOLDINGS	✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400337414	✓ 07/22/2020	07/20/2020	08/14/2020				48.25	0.00	0.00	48.25 ✓
			LAUNDRY							
8400337439	✓ 07/22/2020	07/20/2020	08/14/2020				1,853.50	0.00	0.00	1,853.50 ✓
			LAUNDRY							
8400337413	✓ 07/22/2020	07/20/2020	08/14/2020				47.15	0.00	0.00	47.15 ✓
			LAUNDRY							
8400337792	✓ 07/31/2020	07/23/2020	08/17/2020				81.67	0.00	0.00	81.67 ✓
			LAUNDRY							
8400337820	✓ 07/31/2020	07/23/2020	08/17/2020				126.83	0.00	0.00	126.83 ✓
			LAUNDRY							
8400337777	✓ 07/31/2020	07/23/2020	08/17/2020				170.58	0.00	0.00	170.58 ✓
			LAUNDRY							
8400337776	✓ 07/31/2020	07/23/2020	08/17/2020				131.55	0.00	0.00	131.55 ✓
			LAUNDRY							
8400337774	✓ 07/31/2020	07/23/2020	08/17/2020				19.20	0.00	0.00	19.20 ✓
			LAUNDRY							
8400337778	✓ 07/31/2020	07/23/2020	08/17/2020				164.99	0.00	0.00	164.99 ✓
			LAUNDRY							
8400337779	✓ 07/31/2020	07/23/2020	08/17/2020				175.83	0.00	0.00	175.83 ✓
			LAUNDRY							
8400337800	✓ 07/31/2020	07/23/2020	08/17/2020				1,350.36	0.00	0.00	1,350.36 ✓
			LAUNDRY							
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net			
U1054			UNIFIRST HOLDING	4,169.91	0.00	0.00	4,169.91			
Vendor#			Vendor Name	Class		Pay Code				
12400			UPDOX LLC	✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0018270	✓ 07/31/2020	07/31/2020	07/31/2020				499.00	0.00	0.00	499.00 ✓

FAXING											
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	12400		UPDOX LLC	499.00	0.00	0.00	499.00				
U1350		Vendor Name	Class	Pay Code							
		UPS	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
778941290	07/31/2020	06/18/2020	06/18/2020				425.70	0.00	0.00	425.70	
SHIPPING											
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	U1350		UPS	425.70	0.00	0.00	425.70				
U2000		Vendor Name	Class	Pay Code							
		US POSTAL SERVICE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
073020	07/31/2020	07/30/2020	07/30/2020				2,200.00	0.00	0.00	2,200.00	
POSTAGE											
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	U2000		US POSTAL SERVIC	2,200.00	0.00	0.00	2,200.00				
V1058		Vendor Name	Class	Pay Code							
		VICTORIA ANESTHESIOLOGY	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
080420	07/31/2020	08/04/2020	08/15/2020				41,706.68	0.00	0.00	41,706.68	
ANESTHESIA											
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	V1058		VICTORIA ANESTHI	41,706.68	0.00	0.00	41,706.68				
V1471		Vendor Name	Class	Pay Code							
		VICTORIA RADIOWORKS, LTD	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
20070125	07/31/2020	07/31/2020	07/31/2020				280.00	0.00	0.00	280.00	
AD											
20070124	07/31/2020	07/31/2020	07/31/2020				280.00	0.00	0.00	280.00	
AD											
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	V1471		VICTORIA RADIOWI	560.00	0.00	0.00	560.00				
12208		Vendor Name	Class	Pay Code							
		WAGEWORKS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
INV2200474	07/21/2020	07/15/2020	08/15/2020				617.00	0.00	0.00	617.00	
ADMIN/COMPLIANCE FEE											
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	12208		WAGEWORKS	617.00	0.00	0.00	617.00				
12548		Vendor Name	Class	Pay Code							
		WAGEWORKS, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
0620DR4677	07/22/2020	07/15/2020	08/15/2020				129.60	0.00	0.00	129.60	
ADMIN/COMPLIANCE FEE											
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	12548		WAGEWORKS, INC	129.60	0.00	0.00	129.60				
10793		Vendor Name	Class	Pay Code							
		WAGEWORKS, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
080320	08/03/2020	08/03/2020	08/03/2020				4,790.93	0.00	0.00	4,790.93	
PAYROLL DED											
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	10793		WAGEWORKS, INC.	4,790.93	0.00	0.00	4,790.93				
I1110		Vendor Name	Class	Pay Code							
		WERFEN USA LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
9110800360	07/31/2020	03/16/2020	04/10/2020				1,206.93	0.00	0.00	1,206.93	
SUPPLIES											
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	I1110		WERFEN USA LLC	1,206.93	0.00	0.00	1,206.93				

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	391,293.94	0.00	0.00	391,293.94

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AUG 07 2020

COUNTY AUDITOR
CALHOUN COUNTY

CHK#

186695-186767

8

RUN DATE:08/10/20
TIME:13:34

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/12/20 THRU 08/12/20

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	186695	08/12/20	1,884.67	AIRGAS USA, LLC - CENTRAL DIV
A/P	186696	08/12/20	2,688.75	ALLYSON SWOPE
A/P	186697	08/12/20	3,361.30	BANK DIRECT CAPITAL FINANCE
A/P	186698	08/12/20	3,306.02	BAXTER HEALTHCARE
A/P	186699	08/12/20	27.36	BECKMAN COULTER INC
A/P	186700	08/12/20	216.90	BOSART LOCK & KEY INC
A/P	186701	08/12/20	367.00	BOSTON SCIENTIFIC CORPORATION
A/P	186702	08/12/20	2,591.00	BUILDING KID STEPS
A/P	186703	08/12/20	387.16	CARDINAL HEALTH 414, INC.
A/P	186704	08/12/20	5,433.50	CDW GOVERNMENT, INC.
A/P	186705	08/12/20	33.27	CENTERPOINT ENERGY
A/P	186706	08/12/20	320.00	CHRIS KOVAREK
A/P	186707	08/12/20	992.45	CLEARFLY
A/P	186708	08/12/20	107.53	COMMED CORPORATION
A/P	186709	08/12/20	192.70	CYRACOM LLC
A/P	186710	08/12/20	550.00	DASHBOARD MD
A/P	186711	08/12/20	1,633.57	DEWITT POTH & SON
A/P	186712	08/12/20	140,282.89	DISCOVERY MEDICAL NETWORK INC
A/P	186713	08/12/20	92,125.00	EMERGENCY STAFFING SOLUTIONS
A/P	186714	08/12/20	88.32	ERIN CLEVINGER
A/P	186715	08/12/20	495.00	FASTHEALTH CORPORATION
A/P	186716	08/12/20	330.82	FEDERAL EXPRESS CORP.
A/P	186717	08/12/20	237.74	FILTER TECHNOLOGY CO, INC
A/P	186718	08/12/20	2,607.23	FIRST INSURANCE FUNDING
A/P	186719	08/12/20	7,487.96	FISHER HEALTHCARE
A/P	186720	08/12/20	5.08	FRONTIER
A/P	186721	08/12/20	119.72	GETINGE USA
A/P	186722	08/12/20	283.50	GLOBAL EQUIPMENT CO. INC.
A/P	186723	08/12/20	50.00	GRACE FLOORING AND GLASS
A/P	186724	08/12/20	125.00	GULF COAST DELIVERY
A/P	186725	08/12/20	1,254.23	GULF COAST PAPER COMPANY
A/P	186726	08/12/20	3,750.00	HEALTH SOLUTIONS DIETETICS
A/P	186727	08/12/20	250.00	ITERSOURCE CORPORATION
A/P	186728	08/12/20	2,301.15	J & J HEALTH CARE SYSTEMS, INC
A/P	186729	08/12/20	11.04	JUSTINE HERRERA
A/P	186730	08/12/20	714.42	LONE STAR COMMUNICATIONS, INC
A/P	186731	08/12/20	840.86	M G TRUST
A/P	186732	08/12/20	847.95	MAJESTIC IRRIGATION LANDSCAPIN
A/P	186733	08/12/20	1,266.60	MCKESSON MEDICAL SURGICAL INC
A/P	186734	08/12/20	992.25	MEDICAL DATA SYSTEMS, INC.
A/P	186735	08/12/20	.00	VOIDED
A/P	186736	08/12/20	.00	VOIDED
A/P	186737	08/12/20	8,381.12	MEDLINE INDUSTRIES INC
A/P	186738	08/12/20	197.18	MEMORIAL MEDICAL CLINIC
A/P	186739	08/12/20	845.43	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	186740	08/12/20	.00	VOIDED
A/P	186741	08/12/20	13,535.81	MORRIS & DICKSON CO, LLC
A/P	186742	08/12/20	1,795.63	PABLO GARZA
A/P	186743	08/12/20	194.74	PARTSSOURCE, LLC
A/P	186744	08/12/20	110.00	RAPID AIR

RUN DATE:08/10/20
TIME:13:34

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/12/20 THRU 08/12/20

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	186745	08/12/20	.99	SERVICE SUPPLY OF VICTORIA INC
A/P	186746	08/12/20	274.78	SHIRLEY KARNEI
A/P	186747	08/12/20	2,193.83	SIEMENS FINANCIAL SERVICES
A/P	186748	08/12/20	.00	VOIDED
A/P	186749	08/12/20	759.15	SINGLETON ASSOCIATES PA
A/P	186750	08/12/20	250.00	SOUTHEAST TEXAS HEALTH SYS
A/P	186751	08/12/20	420.00	ST DAVIDS HEALTHCARE
A/P	186752	08/12/20	385.00	STANFORD VACUUM SERVICE
A/P	186753	08/12/20	500.00	TEXAS DEPT OF ST HEALTH SERVS
A/P	186754	08/12/20	6,191.85	TEXAS TECH UNIVERSITY HEALTH
A/P	186755	08/12/20	1,333.22	TLC STAFFING
A/P	186756	08/12/20	247.82	TRI-ANIM HEALTH SERVICES INC
A/P	186757	08/12/20	16,811.70	TXU ENERGY
A/P	186758	08/12/20	4,169.91	UNIFIRST HOLDINGS
A/P	186759	08/12/20	499.00	UPDOX LLC
A/P	186760	08/12/20	425.70	UPS
A/P	186761	08/12/20	2,200.00	US POSTAL SERVICE
A/P	186762	08/12/20	41,706.68	VICTORIA ANESTHESIOLOGY
A/P	186763	08/12/20	560.00	VICTORIA RADIOWORKS, LTD
A/P	186764	08/12/20	617.00	WAGWORKS
A/P	186765	08/12/20	129.60	WAGWORKS, INC
A/P	186766	08/12/20	4,790.93	WAGWORKS, INC.
A/P	186767	08/12/20	1,206.93	WERFEN USA LLC
A/P	186768	08/12/20	51,265.78	GOLDENCREEK HEALTHCARE
A/P	186769	08/12/20	1,241.53	THE CRESCENT
A/P	186770	08/12/20	17,225.60	TUSCANY VILLAGE
TOTALS:			461,026.85	

Payables 391,295.94 +
NH 1,241.53 +
Transfers 51,265.78 +
17,225.60 +
461,026.85 =

APPROVED
ON

AUG 12 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 08/07/2020

Page: 002

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

Company: 8000

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536
Date: 08/08/2020As of: 08/07/2020 Page: 002
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 08/08/2020 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 5,877.03 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017If Paid By 08/11/2020,
Pay This Amount:

5,759.50 USD

If Paid After 08/11/2020,
Pay this Amount:

5,877.03 USD

Due If Paid On Time:

USD

5,759.50

Disc lost if paid late:

117.53

Due If Paid Late:

USD

5,877.03

CK # 500123

701.34 +
205.79 +
1,319.39 +
3,532.98 +
5,759.50 *

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ON

AUG 11 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 08/07/2020

Page: 001

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

Company: 8000

DC: 8115

As of: 08/07/2020
Mail to:Page: 001
Comp: 8000WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 256342
Date: 08/08/2020AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 256342 PLEASE CHECK ANY
Date: 08/08/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
18/03/2020	08/11/2020	7215517158	1152817	115Invoice	13.94	696.90		682.96 ✓		7215517158	
18/03/2020	08/11/2020	7215517159	8219100950	115Invoice	9.03	451.52		442.49 ✓		7215517159	
18/03/2020	08/11/2020	7215517161	0801200820-00	115Invoice	13.85	692.62		678.77 ✓		7215517161	
18/03/2020	08/11/2020	7215703433	824285503	195Invoice	0.01	0.63		0.62 ✓		7215703433	
18/04/2020	08/11/2020	7215791992	0803200306-00	115Invoice	0.03	1.59		1.56 ✓		7215791992	
18/04/2020	08/11/2020	7215973866	824621690	195Invoice	0.04	2.20		2.16 ✓		7215973866	
18/04/2020	08/11/2020	7215999648	00008032020TM	115Invoice	1.52	76.02		74.50 ✓		7215999648	
18/05/2020	08/11/2020	7216056775	6169110698	115Invoice	0.04	1.90		1.86 ✓		7216056775	
18/05/2020	08/11/2020	7216056776	0803200311-00	115Invoice	2.74	136.82		134.08 ✓		7216056776	
18/05/2020	08/11/2020	7216221075	824879681	195Invoice	0.01	0.72		0.71 ✓		7216221075	
18/06/2020	08/11/2020	7216320963	6169115221	115Invoice	18.11	905.28		887.17 ✓		7216320963	
18/06/2020	08/11/2020	7216320966	0805200242-00	115Invoice	5.13	256.33		251.20 ✓		7216320966	
18/06/2020	08/11/2020	7216484835	825118914	195Invoice	0.04	1.90		1.86 ✓		7216484835	
18/07/2020	08/11/2020	7216603976	6669120277	115Invoice	2.06	103.23		101.17 ✓		7216603976	
18/07/2020	08/11/2020	7216603977	0806200316-00	115Invoice	5.55	277.42		271.87 ✓		7216603977	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals:

3,605.08 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,726.20
18/03/2020If Paid By 08/11/2020,
Pay This Amount:

3,532.98 USD

If Paid After 08/11/2020,
Pay this Amount:

3,605.08 USD

Due If Paid On Time:
USD

3,532.98

Disc lost if paid late:

72.10

Due If Paid Late:
USD

3,605.08

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AUG 11 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

As of: 08/07/2020

Page: 001

To ensure proper credit to your
account, detach and return this
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DC: 8115

As of: 08/07/2020
Mail to:Page: 001
Comp: 8000CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 262252
Date: 08/08/2020AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 262252
Date: 08/08/2020
**PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
08/06/2020	08/11/2020	7216324410	839417	115Invoice	26.89	1,344.74		1,317.85	✓	7216324410	
08/06/2020	08/11/2020	7216324412	839417	115Invoice	0.03	1.57		1.54	✓	7216324412	

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:

1,346.31 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,726.20
08/03/2020If Paid By 08/11/2020,
Pay This Amount:

1,319.39 USD

If Paid After 08/11/2020,
Pay this Amount:

1,346.31 USD

Due If Paid On Time:

USD

1,319.39

Disc lost if paid late:

26.92

Due If Paid Late:

USD

1,346.31

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ON

AUG 11 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 08/07/2020

Page: 001

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

Company: 8000

DC: 8115

Territory: 400

Customer: 190813

Date: 08/08/2020

As of: 08/07/2020 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyHEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 190813 PLEASE CHECK ANY
Date: 08/08/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
08/07/2020	08/11/2020	7216572568	2017017562	115Invoice	4.20	209.99		205.79	✓	7216572568	

*F 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: 209.99 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,813.90
07/27/2020If Paid By 08/11/2020,
Pay This Amount:

205.79 USD

If Paid After 08/11/2020,
Pay this Amount:

209.99 USD

Due If Paid On Time:

USD

205.79 ✓

Disc lost if paid late:

4.20

Due If Paid Late:

USD

209.99

APPROVED
ON

AUG 11 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

As of: 08/07/2020

Page: 001

DC: 8115

Territory: 400

Customer: 835438
 Date: 08/08/2020

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

As of: 08/07/2020 Page: 001
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 835438 PLEASE CHECK ANY
 Date: 08/08/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
18/06/2020	08/11/2020	7216483675	839705	115Invoice	14.31	715.65		701.34	✓	7216483675	

*F 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: 715.65 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,726.20
 18/03/2020

If Paid By 08/11/2020,
 Pay This Amount:

701.34 USD

If Paid After 08/11/2020,
 Pay this Amount:

715.65 USD

Due If Paid On Time:
 USD

701.34

Disc lost if paid late:

14.31

Due If Paid Late:
 USD

715.65

APPROVED
 ON

AUG 11 2020

COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS



INVOICE

Invoice Number: **3041114680** P.O. Number: **157599**

1 of 2

Invoice Date: 08/07/2020

Order Date: 08/06/2020

Ship Date: 08/06/2020

SELLER

AMERISOURCEBERGEN DRUG CORPORATION
1300 MORRIS DRIVE
CHESTERBROOK PA 19087

BUYER

WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509

STATE LIC: 26453
DEA: FW1512296

CUSTOMER NUMBER**100135284 / 037028186****DOCUMENT TOTAL**

396.60

DUE DATE

08/14/2020

PAYMENT TERMS

Monday - Friday due in 7 days

AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Sold By

Ship To

Shipped From

Sold To

Remit To

AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101

MEMORIAL MEDICAL CENTER
815 N VIRGINIA STREET
PORT LAVACA TX 77979

STATE LIC: 0064977
DEA: RA0289276

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	Unit Price	Extended Amount
1	EA	ELIQUIS 5 MG TAB 60	BMS	RX	AQ	10112089 203596	00003-0894-21	40.56	40.56
3	EA	GLYXAMBI 25MG/5MG TAB 30 UD	B-I	RX	AQ	10160731 494361	00597-0164-39	117.50	352.50
1	EA	LANTUS SOLO 100 U-ML SYG 5X3 ML	S-A	RX	AQ	10087265 019174	00088-2219-05	0.15	0.15
3	EA	LEVEMIR FLEXTOUCH INSUL INJ 100IU 5X3ML	NNP	RX	AQ	10139931 317711	00169-6438-10	0.15	0.45
3	EA	OLMESARTAN HCTZ 40MG-12.5MG TAB 30	AUR	RX	AQ	10185683 733168	658620-780-30	0.31	0.93
1	EA	SUMATRIPTAN 100 MG TAB 9 UOU	SPI	RX	AQ	10001218 011924	627560-522-69	2.01	2.01
12		Total Number of Pieces for this Invoice							

Product Summary

Supplies	RX Cost	OTC Cost	Retail	G/P %
0.00	396.60	0.00	0.00	0.00

396.60 +
0.91 +
60.08 +
457.08 +
1,051.94 +
5.62 +
207.67 +
2,179.90 *

APPROVED
ON

AUG 11 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

NO statement is available
* Total \$ 2179.90

CK # 500124



INVOICE

Invoice Number: **3041114680** P.O. Number: **157599**
Invoice Date: 08/07/2020 Order Date: 08/06/2020

2 of 2

Ship Date: 08/06/2020

Class Codes	Controlled Substances 2, 2N, 3, 3N, 4, 5	RX Pharmaceuticals	GM General Merchandise	CD - Legend	A ABDC Price	P Price Change (Within Past 30 days)	
		OT Over the Counter	MS Medical Supplies		B Besse Med price	Q Contract	
		HB Health & Beauty	LC Listed Chemicals		O Onc Supply Price	R Program Price	
					S ASD Price	Z Supernet Price	T Taxable Item

Total Amount:

396.60

is wholesale distributor, or a member of the affiliate of such wholesale distributor, purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufactur



INVOICE

Invoice Number: **3040957896** P.O. Number: **157563**

1 of 1

Invoice Date: 08/04/2020

Order Date: 08/03/2020

Ship Date: 08/03/2020

SELLER

AMERISOURCEBERGEN DRUG CORPORATION
1300 MORRIS DRIVE
CHESTERBROOK PA 19087

BUYER

WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509

012494

STATE LIC: 26453
DEA: FW1512296

CUSTOMER NUMBER**100135284 / 037028186****DOCUMENT TOTAL**

0.91

DUE DATE

08/14/2020

PAYMENT TERMS

Monday - Friday due in 7 days

AMERISOURCEBERGEN

PO Box 905223

CHARLOTTE NC 28290-5223

Sold By

Shipped From

Ship To

Sold To

Remit To

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	Unit Price	Extended Amount
1	EA	AMLODIPINE BESYLATE 2.5 MG TAB 90	LUP	RX	AQ	10192019	681800-719-09	0.91	0.91
						803128			

1 Total Number of Pieces for this Invoice

Product Summary

Supplies	RX Cost	OTC Cost	Retail	G/P %
0.00	0.91	0.00	0.00	0.00

Class Codes	Controlled Substances 2, 2N, 3, 3N, 4, 5	RX Pharmaceuticals OT Over the Counter HB Health & Beauty	GM General Merchandise MS Medical Supplies LC Listed Chemicals	CD - Legend	A ABDC Price B Besse Med price O Onc Supply Price S ASD Price	P Price Change (Within Past 30 days) Q Contract R Program Price Z Supermet Price T Taxable Item
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Total Amount:**0.91**



INVOICE

Invoice Number: **3041051545** P.O. Number: **157587**

1 of 1

Invoice Date: 08/06/2020

Order Date: 08/05/2020

Ship Date: 08/05/2020

SELLER

AMERISOURCEBERGEN DRUG CORPORATION
1300 MORRIS DRIVE
CHESTERBROOK PA 19087

BUYER

WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509

012494

STATE LIC: 26453
DEA: FW1512296

CUSTOMER NUMBER**100135284 / 037028186****DOCUMENT TOTAL**

60.08

DUE DATE

08/14/2020

PAYMENT TERMS

Monday - Friday due in 7 days

AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Sold By

Ship To

Shipped From

Sold To

Remit To

AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101

MEMORIAL MEDICAL CENTER
815 N VIRGINIA STREET
PORT LAVACA TX 77979

STATE LIC: 0064977
DEA: RA0289276

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	Unit Price	Extended Amount
1	EA	BREO ELIPTA 100/25 MCG INH 2X30	GSK	RX	AQ	10121735 233135	00173-0859-10	59.77	59.77
1	EA	JANUMET XR 100/1000MG TAB 30	MSD	RX	AQ	10102716 156529	00006-0081-31	0.31	0.31
2	Total Number of Pieces for this Invoice								

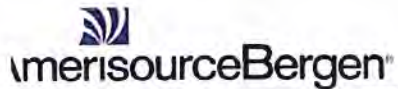
Product Summary

<u>Supplies</u>	<u>RX Cost</u>	<u>OTC Cost</u>	<u>Retail</u>	<u>G/P %</u>
0.00	60.08	0.00	0.00	0.00

Class Codes	Controlled Substances 2, 2N, 3, 3N, 4, 5	RX Pharmaceuticals OT Over the Counter HB Health & Beauty	GM General Merchandise MS Medical Supplies LC Listed Chemicals	CD - Legend	A ABDC Price B Besse Med price O Onc Supply Price S ASD Price	P Price Change (Within Past 30 days) Q Contract R Program Price Z Supernet Price	T Taxable Item
-------------	---	---	--	-------------	--	---	----------------

Total Amount:**60.08**

is wholesale distributor, or a member of the affiliate of such wholesale distributor, purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer
DNC 0000003476R75988 Invoice Type ZFA Order Type ZSNR 202008051545347
Terms of sale and claims on next page



INVOICE

Invoice Number: **3040901345** P.O. Number: **157507**
Invoice Date: 08/03/2020 Order Date: 08/02/2020

1 of 1

Ship Date: 08/02/2020

SELLER

AMERISOURCEBERGEN DRUG CORPORATION
1300 MORRIS DRIVE
CHESTERBROOK PA 19087

BUYER

WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509

STATE LIC: 26453
DEA: FW1512296

CUSTOMER NUMBER

100135284 / 037028186

DOCUMENT TOTAL

457.08

DUE DATE

08/14/2020

PAYMENT TERMS

Monday - Friday due in 7 days

AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Sold By

Ship To

Shipped From

Sold To

Remit To

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	Unit Price	Extended Amount
1	EA	MYRBETRIQ 25 MG TAB 30	ALU	RX	AQ	10108370 192075	00469-2601-30	57.70	57.70
1	EA	RYBELSUS 3 MG TAB 30	NNP	RX	AQ	10230443 922617	00169-4303-13	395.91	395.91
1	EA	TAMSULOSIN 0.4 MG CAP 100	ZYD	RX	AQ	10006715 059238	683820-132-01	3.47	3.47

3 Total Number of Pieces for this Invoice

Product Summary

<u>Supplies</u>	<u>RX Cost</u>	<u>OTC Cost</u>	<u>Retail</u>	<u>G/P %</u>
0.00	457.08	0.00	0.00	0.00

Class Codes	Controlled Substances 2, 2N, 3, 3N, 4, 5	RX Pharmaceuticals OT Over the Counter HB Health & Beauty	GM General Merchandise MS Medical Supplies LC Listed Chemicals	CD - Legend	A ABDC Price B Besse Med price O Onc Supply Price S ASD Price	P Price Change (Within Past 30 days) Q Contract R Program Price Z Supernet Price	T Taxable Item
-------------	---	---	--	-------------	--	---	----------------

Total Amount:

457.08

This wholesale distributor, or a member of the affiliate of such wholesale distributor, purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer.
DNC 00000013470957897 Invoice Type ZFB Order Type ZSNR 20200802180404
Terms of sale and claims on next page

P.O. Number: **157553**

1 of 1

Order Date: 08/02/2020

Ship Date: 08/02/2020

SELLER

BUYER

AMERISOURCEBERGEN DRUG CORPORATION
1300 MORRIS DRIVE
CHESTERBROOK PA 19087

WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509

012494

CUSTOMER NUMBER

100135284 / 037028186

DOCUMENT TOTAL

DUE DATE

1.051.94

08/14/2020

PAYMENT TERMS

Monday - Friday due in 7 days

AMERISOURCEBERGEN

PO Box 905223

CHARLOTTE NC 28290-5223

AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101

MEMORIAL MEDICAL CENTER
815 N VIRGINIA STREET
PORT LAVACA TX 77979

STATE LIC: 0064977
DEA: RA0289276

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	Unit Price	Extended Amount
2	EA	BETAMETHASONE DIP AUG 0.05% ONT 15 GM	TEV	RX	AQ	10052748 831453	00472-0382-15	10.36	20.72
3	PK	BYDUREON BCISE 2 MG AUTO INJ 4	AST	RX	AQ	10183236 712669	00310-6540-04	260.59	781.77
1	EA	LAMOTRIGINE 100MG TAB 100	UPI	RX	AQ	10159594 482531	293000-112-01	1.73	1.73
1	EA	PROMETHAZINE 6.25 MG TRP SYR 16 OZ	MGP	RX	AQ	10035885 550525	604320-608-16	4.76	4.76
1	EA	TRULICITY PEN INJ 1.5MG 4X0.5 ML	LLY	RX	AQ	10144473 351171	00002-1434-80	242.96	242.96

8 Total Number of Pieces for this Invoice

Product Summary

<u>Supplies</u>	<u>RX Cost</u>	<u>OTC Cost</u>	<u>Retail</u>	<u>G/P %</u>
0.00	1,051.94	0.00	0.00	0.00

Class Codes	Controlled Substances 2, 2N, 3, 3N, 4, 5	RX Pharmaceuticals	GM General Merchandise	CD - Legend	A ABDC Price	P Price Change (Within Past 30 days)	
		OT Over the Counter	MS Medical Supplies		B Besse Med price	Q Contract	
		HB Health & Beauty	LC Listed Chemicals		O Onc Supply Price	R Program Price	
					S ASD Price	Z Supernet Price	T Taxable Item

Total Amount:

1,051.94

1 is wholesale distributor, or a member of the affiliate of such wholesale distributor, purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer.



Credit/Rebill
INVOICE

Invoice Number: **335066178**

Invoice Date: 08/06/2020

P.O. Number: **157008**

Order Date: 08/06/2020

1 of 1

SELLER

AMERISOURCEBERGEN DRUG CORPORATION
1300 MORRIS DRIVE
CHESTERBROOK PA 19087

BUYER

WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509

STATE LIC: 26453
DEA: FW1512296

012494

CUSTOMER NUMBER

100135284 / 037028186

DOCUMENT TOTAL

5.62

DUE DATE

08/14/2020

PAYMENT TERMS

Monday - Friday due in 7 days

AMERISOURCEBERGEN

PO Box 905223

CHARLOTTE NC 28290-5223

AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101

MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA TX 77979

STATE LIC: 0064977
DEA: RA0289276

Reason: Incorrect Contract Price on Orig Inv

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	Unit Price	Extended Amount
2	EA	HYDRALAZINE HCL 100 MG TAB 100	CAM	RX	AQ	10232346 966477	317220-522-01	2.81	5.62

ORD Date: 06/22/2020 PC Date: 04/01/2020

PO#: 157008

Inv: 3039438003 Date: 06/23/2020

Summary	Inv#	Amount
Rebill	335066178	5.62
Credit	335066177	71.40
Net		(65.78)

Class Codes	Controlled Substances	RX Pharmaceuticals	GM General Merchandise	OT Over the Counter	MS Medical Supplies	HB Health & Beauty	LC Listed Chemicals	CD - Legend	A ABDC Price	B Besse Med price	O Onc Supply Price	S ASD Price	P Price Change (Within Past 30 days)	Q Contract	R Program Price	Z Supernet Price	T Taxable Item
	2, 2N, 3, 3N, 4, 5																

Total Amount:

5.62



INVOICE

Invoice Number: **3040901344** P.O. Number: **157506**

1 of 1

Invoice Date: 08/03/2020

Order Date: 07/31/2020

Ship Date: 08/02/2020

SELLERAMERISOURCEBERGEN DRUG CORPORATION
1300 MORRIS DRIVE
CHESTERBROOK PA 19087**BUYER**WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509

012494

STATE LIC: 26453
DEA: FW1512296**CUSTOMER NUMBER****100135284 / 037028186****DOCUMENT TOTAL**

207.67

DUE DATE

08/14/2020

PAYMENT TERMS

Monday - Friday due in 7 days

AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Sold By

Ship To

Shipped From

Sold To

Remit To

AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101MEMORIAL MEDICAL CENTER
815 N VIRGINIA STREET
PORT LAVACA TX 77979STATE LIC: 0064977
DEA: RA0289276

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	Unit Price	Extended Amount
1	EA	DILTIAZEM HCL 360MG ER CAP 90	B-L	RX	AQ	10144061 347716	686820-371-90	19.10	19.10
1	EA	LATUDA 40MG TAB 30	SEP	RX	AQ	10090322 053557	634020-304-30	185.56	185.56
1	EA	PANTOPRAZOLE 40 MG TAB 90	AUR	RX	AQ	10143395 342568	658620-560-90	3.01	3.01
3	Total Number of Pieces for this Invoice								

Product Summary

<u>Supplies</u>	<u>RX Cost</u>	<u>OTC Cost</u>	<u>Retail</u>	<u>G/P %</u>
0.00	207.67	0.00	0.00	0.00

Class Codes	Controlled Substances 2, 2N, 3, 3N, 4, 5	RX Pharmaceuticals OT Over the Counter HB Health & Beauty	GM General Merchandise MS Medical Supplies LC Listed Chemicals	CD - Legend	A ABDC Price B Base Med price O Onc Supply Price S ASD Price	P Price Change (Within Past 30 days) Q Contract R Program Price Z Supernet Price T Taxable Item
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Total Amount:**207.67**

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- August 3, 2020 - August 9, 2020**

Pay 8 * 47 +
239 * 20 +
Plus 0 * 74 +
8 * 96 =
257 * 37 *

Date	Bank Description	MMC Notes
8/3/2020	PAY PLUS ACHTRANS 452579291 101000692052584	- 3rd Party Payor Fee
8/4/2020	MERCH BNKCD FEE 971160913887 114902520001369	- Credit Card Machine Lease Expense
8/4/2020	MERCH BNKCD FEE 971160910883 114902520001368	- Credit Card Machine Lease Expense
8/4/2020	MERCH BNKCD DISCOUNT 971160913887 1149025200	- Credit Card Machine Lease Expense
8/4/2020	MERCH BNKCD DISCOUNT 971160910883 1149025200	- Credit Card Machine Lease Expense
8/4/2020	MERCH BNKCD INTERCHNG 971160913887 114902520	- Credit Card Machine Lease Expense
8/4/2020	MCKESSON DRUG AUTO ACH ACH04260271 910000175	- 340B Drug Program Expense
8/4/2020	AUTHNET GATEWAY BILLING 113086286 1040000101	- 3rd Party Payor Fee
8/5/2020	PAY PLUS ACHTRANS 452579291 101000694319704	- 3rd Party Payor Fee
8/5/2020	FDGL LEASE PYMT 052-1601830-000 410001282410	- Credit Card Machine Lease Expense
8/5/2020	FDGL LEASE PYMT 052-1479214-000 410001282086	- Credit Card Machine Lease Expense
8/5/2020	FDGL LEASE PYMT 052-1479213-000 410001282086	- Credit Card Machine Lease Expense
8/5/2020	FDGL LEASE PYMT 052-1479468-000 410001282087	- Credit Card Machine Lease Expense
8/6/2020	PAY PLUS ACHTRANS 452579291 101000695050579	- 3rd Party Payor Fee
8/6/2020	CLEARGAGE LLC CLEARGAGE, 3MP3FEESLLPZL76 242	- Patient Financing Service
8/7/2020	PAY PLUS ACHTRANS 452579291 101000695977681	- 3rd Party Payor Fee
8/7/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
8/7/2020	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll

Amount	
8.47	Credit 9 * 95 +
141.07	144 * 79 +
9.95	19 * 95 +
144.79	79 * 11 +
19.95	32 * 45 +
79.11	40 * 02 +
9726.24	239.2
10	32.45
239.2	40.02
32.45	43 * 26 +
40.02	69 * 24 +
43.26	579 * 84 *
69.24	79.11
0.74	9726.24
67.4	10 * 00 +
8.96	10 * 00 *
747.31	
307842.74	
319,230.86	Clearing 67 * 40 +
	67 * 40 *

Jason Anglin, CEO
Memorial Medical Center

August 10, 2020

* Approved 08-05-20 CC

**PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS**

Date	Description	MMC Notes
8/15/2020	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding

Jason Anglin, CEO
Memorial Medical Center

August 10, 2020

Amount	
145,061.33	257 * 37 +
	579 * 84 +
	10 * 00 +
	67 * 40 +
	914 * 61 *

APPROVED
ON

AUG 11 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

319 * 230 * 86 +
9 * 726 * 20 -
747 * 21 -
207 * 862 * 78 -
914 * 61 *

914 * 61 +
914 * 61 -
0 * 00 *

Date/Time 08-06-2020 / 10:49 AM
Submitted By -- --

Pay Date 07-31-2020

Employee Deposits	\$62,758.26
Employer Contributions	\$82,303.07
Group Term Life Premiums	\$0.00
Total	\$145,061.33

Comments

Payroll File July 2020 Retirement Upload.xlsx

CLOSE

PRINT

RECEIVED

08/06/2020

12:47

AUG 06 2020

Calhoun County Auditor

Vendor#

11824

Vendor Name

THE CRESCENT ✓

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072920	07/31/2020	07/29/2020	08/20/2020				1,241.53	0.00	0.00	1,241.53 ✓

TRANSFER

Nft insurance pymt deposited into mme operating

Vendor Totals:

11824

Number

Name

THE CRESCENT

1,241.53

Gross

Discount

No-Pay

Net

0.00

0.00

1,241.53

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

1,241.53

0.00

0.00

1,241.53

APPROVED
ON**AUG 07 2020**ck#
186769COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

08/06/2020

12:47 **AUG 06 2020**

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor#
11836
Calhoun County Auditor

Vendor Name

Class

Pay Code

GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072820	07/31/2020	07/28/2020	08/20/2020				8,003.38	0.00	0.00	8,003.38 ✓

TRANSFER

072920	07/31/2020	07/29/2020	08/20/2020				43,262.40	0.00	0.00	43,262.40 ✓
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TRANSFER

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HE	51,265.78	0.00	0.00	51,265.78	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	51,265.78	0.00	0.00	51,265.78

**APPROVED
ON****AUG 07 2020****COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CK#

186768

RECEIVED

08/06/2020

12:47 **AUG 06 2020**

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#
13004

Calhoun County Auditor

Vendor Name

Class

Pay Code

TUSCANY VILLAGE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072820	07/31/2020	07/28/2020	08/20/2020				2,506.91	0.00	0.00	2,506.91 ✓

072920	07/31/2020	07/29/2020	08/20/2020				14,718.69	0.00	0.00	14,718.69 ✓
--------	------------	------------	------------	--	--	--	-----------	------	------	-------------

TRANSFER NH insurance pymt deposited into mmc operating

TRANSFER NH insurance pymt deposited into mmc operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	17,225.60	0.00	0.00	17,225.60	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	17,225.60	0.00	0.00	17,225.60

**APPROVED
ON****AUG 07 2020**

ck#

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

186770

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/10/2020

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		119,394.26	✓ 104,496.30	✓ 38,578.37	✓	53,476.33	38,578.37
						Bank Balance	53,476.33
						Variance	-
						Leave in Balance	100.00
						Pending QIPP ck to MMC	14,736.53
						QIPP 1, 2, & 3	
						QIPP 4 & LAPSE	
						July Interest	61.43
						August Interest	
						September Interest	
						Adjust Balance/Transfer Amt	38,578.37
Broadmoor		183,497.70	✓ 178,051.01	✓ 30,946.78	✓	36,393.47	30,946.78
						Bank Balance	36,393.47
						Variance	-
						Leave in Balance	100.00
						QIPP 1, 2, & 3	
						QIPP 4 & LAPSE	
						Pending QIPP ck to MMC	5,307.59
						July Interest	39.10
						August Interest	
						September Interest	
						Adjust Balance/Transfer Amt	30,946.78
Crescent		74,348.97	✓ 69,854.96	✓ 13,443.98	✓	17,937.99	13,443.98
						Bank Balance	17,937.99
						Variance	-
						Leave in Balance	100.00
						QIPP 1, 2, & 3	
						QIPP 4 & LAPSE	
						Pending QIPP ck to MMC	4,359.99
						July Interest	34.02
						August Interest	
						September Interest	
						Adjust Balance/Transfer Amt	13,443.98
Fort Bend		68,311.66	✓ 62,146.88	✓ 16,380.15	✓	22,544.93	16,380.15
						Bank Balance	22,544.93
						Variance	-
						Leave in Balance	100.00
						QIPP 1, 2, & 3	
						QIPP 4 & LAPSE	
						Pending QIPP ck to MMC	6,049.66
						July Interest	15.12
						August Interest	
						September Interest	
						Adjust Balance/Transfer Amt	16,380.15
Solera at W Houston		170,945.88	✓ 165,660.64	✓ 77,833.37	✓	83,118.61	77,833.37
						Bank Balance	83,118.61
						Variance	-
						Leave in Balance	100.00
						QIPP 1, 2, & 3	
						QIPP 4 & LAPSE	
						Pending QIPP ck to MMC	5,150.68
						July Interest	34.56
						August Interest	
						September Interest	
						Adjust Balance/Transfer Amt	77,833.37
<i>Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:</i> Cantex Health Care Centers III LLC JP Morgan Chase Bank							
38 + 578 = 37 + 30 + 946 = 78 + 13 + 443 = 98 + 16 + 380 = 15 + 77 + 833 = 37 + 177 + 182 = 65 +							
<i>Routing Information for Ashford Gardens:</i> Ashford Health Care Center Ltd Co JP Morgan Chase Bank ABA 111000614 Account # 448234257							

APPROVED
ON

AUG 11 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 177,182.65

Approved: Jason Anglin, CEO 8/10/2020

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.

Ashford Gardens

8/4/2020 NOVITAS SOLUTION HCCLAIMPMT 675423 420000120 TRN*1*EFT6968703*1205296137*000004911\
 8/5/2020 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 8/6/2020 Deposit
 8/6/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020080514400886*1912008361*0000TEX01\
 8/7/2020 Amerigroup TXSC HCCLAIMPMT 3129691131 111000 TRN*1*3129691131*1752603231\

		MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
Transfer-Out	Transfer-In						
-	71.62						71.62
104,496.30	-						-
-	34,877.02						34,877.02
-	3,042.00						3,042.00
-	587.73						587.73
104,496.30	38,578.37						38,578.37

Broadmoor

8/3/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 8/5/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*05F694941669860433*1746000156-
 8/6/2020 Deposit
 8/7/2020 NOVITAS SOLUTION HCCLAIMPMT 676357 420000147 TRN*1*EFT5654307*1205296137*000004011\

		MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
Transfer-Out	Transfer-In						
178,051.01	-						-
-	2,640.55						2,640.55
-	12,580.97						12,580.97
-	15,725.26						15,725.26
178,051.01	30,946.78						30,946.78

Crescent

8/3/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020073111000068*1912008361*0000TEX01\
 8/4/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000120 TRN*1*EFT5650571*1205296137*000004011\
 8/5/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 8/6/2020 Deposit
 8/6/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000143 TRN*1*EFT5653087*1205296137*000004011\

		MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
Transfer-Out	Transfer-In						
-	154.28						154.28
-	235.37						235.37
69,854.96	-						-
-	12,760.57						12,760.57
-	293.76						293.76
69,854.96	13,443.98						13,443.98

Fort Bend

8/5/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 8/6/2020 Deposit
 8/7/2020 NOVITAS SOLUTION HCCLAIMPMT 675663 420000147 TRN*1*EFT5653968*1205296137*000004011\

		MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
Transfer-Out	Transfer-In						
62,146.88	-						-
-	14,609.19						14,609.19
-	1,770.96						1,770.96
62,146.88	16,380.15						16,380.15

Solera at West Houston

8/3/2020 NOVITAS SOLUTION HCCLAIMPMT 676310 420000195 TRN*1*EFT5649388*1205296137*000004011\
 8/4/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9552389299*1411289245*000087726\
 8/4/2020 NOVITAS SOLUTION HCCLAIMPMT 676310 420000120 TRN*1*EFT5650569*1205296137*000004011\
 8/4/2020 HUMANA INS CO HCCLAIMPMT 390862 830000533076 TRN*1*001290051652373*1391263473\
 8/4/2020 HUMANA INS CO HCCLAIMPMT 390862 830000533606 TRN*1*001290051680890*1391263473\
 8/4/2020 HUMANA CHA DISB HCCLAIMPMT 390862 4200001284 TRN*1*014840101558672*1611013183\
 8/4/2020 HUMANA CHA DISB HCCLAIMPMT 390862 4200001283 TRN*1*014840101554248*1611013183\
 8/5/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 8/5/2020 MANAGEANDNET1718 MNS PMNT 000000000002482 41 0254390
 8/6/2020 Deposit
 8/7/2020 HUMANA INS CO HCCLAIMPMT 390862 83000050757 TRN*1*001290051742878*1391263473\

		MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
Transfer-Out	Transfer-In						
-	11,014.52						11,014.52
-	9,957.25						9,957.25
-	7,588.76						7,588.76
-	101.15						101.15
-	20,336.11						20,336.11
-	7,317.77						7,317.77
-	2,126.09						2,126.09
165,660.64	-						-
-	2,925.00						2,925.00
-	12,328.51						12,328.51
-	4,138.21						4,138.21
165,660.64	77,833.37						77,833.37
580,209.79	177,182.65						177,182.65

TOTALS

8/10/2020

Treasury Center

Account Number / Name

Groups

Account Type

DDA

Data reported as of Aug 10, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$9,307,853.60	\$9,525,552.55	\$9,307,853.60	\$9,527,698.5



*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$53,476.33	\$55,321.56	\$53,476.33	\$52,888.6
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$36,393.47	\$36,569.47	\$36,393.47	\$20,668.2
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$17,937.99	\$18,429.63	\$17,937.99	\$17,937.9
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$22,544.93	\$22,544.93	\$22,544.93	\$20,773.5
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$83,118.61	\$109,430.97	\$83,118.61	\$78,980.4



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Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
8/10/2020

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		74,682.14 ✓	30,011.36 ✓	39,440.04 ✓	-	84,110.82	39,440.04
					Bank Balance	84,110.82 ✓	
					Variance	-	
					Leave in Balance	100.00 ✓	
					Pending QIPP ck to MMC	44,533.21 ✓	
					QIPP 1,2, & 3		
					QIPP 4 & LAPSE		
					July Interest	37.57 ✓	
					August Interest		
					September Interest		
					Adjust Balance/Transfer Amt	39,440.04 ✓	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.

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

Approved:
Jason Anglin, CEO

8/10/2020

APPROVED
ON
AUG 11 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

		MMC PORTION				NH
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3 apise	QIPP TI	PORTION
30,011.36	-	-	-	-	-	-
-	1,224.56	-	-	-	-	1,224.56
-	25,650.94	-	-	-	-	25,650.94
-	2,596.60	-	-	-	-	2,596.60
-	9,967.94	-	-	-	-	9,967.94
30,011.36	39,440.04	-	-	-	-	39,440.04

8/10/2020

Treasury Center

Account Number / Name

Groups

Add Group

Account Type

Search

All

DDA

Data reported as of Aug 10, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$9,307,853.60	\$9,525,552.55	\$9,307,853.60	\$9,527,698.5

*4454

MEMORIAL MEDICAL /
NH GOLDEN CREEK
HEALTHCARE

\$84,110.82

\$84,110.82

\$84,110.82

\$71,546.2

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Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
8/10/2020

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home							
Gulf Pointe Plaza- Private Pay	50,833.58	21,100.49				29,733.09	0.00
					Bank Balance	29,733.09	No Transfer
					Variance		
					Leave in Balance	100.00	
					QIPP 1, 2, & 3		
					QIPP 4 & LAPSE		
					Pending QIPP ck to MMC	29,628.41	
					July Interest	4.68	
					August Interest		
					September Interest		
					Adjust Balance/Transfer Amt	0.00	
Nursing Home							
Gulf Pointe Plaza-Medicare/Medicaid	3,195.04		54,809.87			58,004.91	57,875.45
					Bank Balance	58,004.91	
					Variance		
					Leave in Balance	100.00	
					QIPP 1, 2 AND 3		
					QIPP 4 & LAPSE		
					July Interest	29.46	
					August Interest		
					September Interest		
					Adjust Balance/Transfer Amt	57,875.45	
TOTAL TRANSFERS						57,875.45	

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

8/10/2020

APPROVED
ON
AUG 11 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

8/5/2020 WIRE OUT HMG SERVICES, LLC

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
21,100.49	-	-	-	-	-	-	-
21,100.49	-	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid8/4/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*05F691351922092790*17460001
8/6/2020 Deposit

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
-	2,210.89	-	-	-	-	-	2,210.89
-	52,598.98	-	-	-	-	-	-
-	54,809.87	-	-	-	-	-	54,809.87
21,100.49	54,809.87	-	-	-	-	-	54,809.87

8/10/2020

Treasury Center

Account Number / Name

Groups

Add Group

Account Type

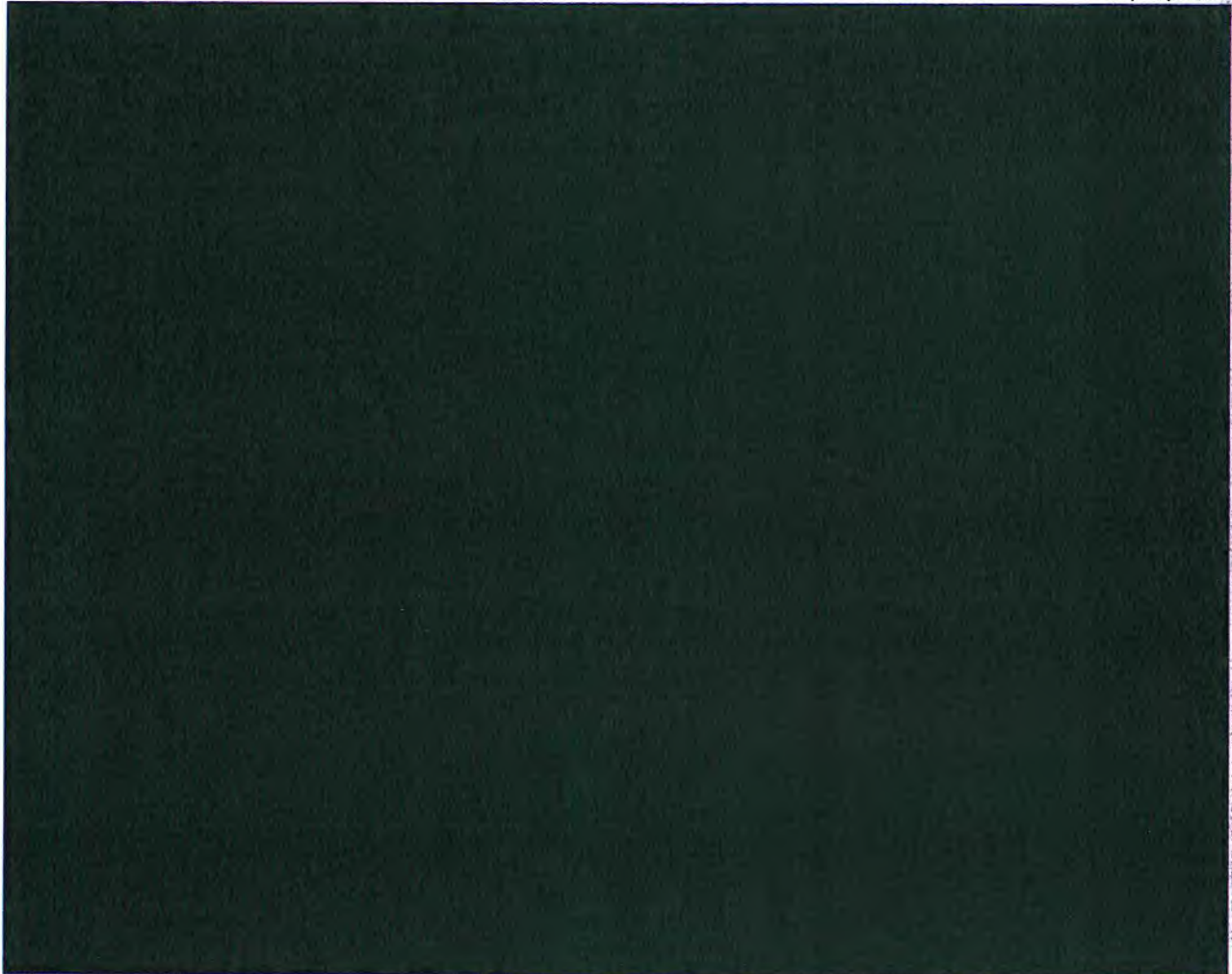
Search

All

DDA

Data reported as of Aug 10, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$9,307,853.60	\$9,525,552.55	\$9,307,853.60	\$9,527,698.5



*5441				
MMC -NH GULF POINTE				
PLAZA -	\$58,004.91	\$58,004.91	\$58,004.91	\$58,004.9
MEDICARE/MEDICAID				
*5433				
MMC -NH GULF POINTE	\$29,733.09	\$29,733.09	\$29,733.09	\$29,733.0
PLAZA - PRIVATE PAY				



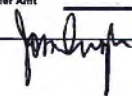
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Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 8/10/2020

Nursing Home	Account Number	Previous Beginning	Transfer-Out	Transfer-In	Cls Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home	Test
Tuscany Senior Living	217843407		63,525.08	54,704.88			54,808.75	54,704.88	54,704.88 103.87
						Bank Balance	54,808.75		
						Variance	-		
						Leave in Balance	100.00		
						Pending Ck to MMC			
						MMC Portion QJPP 1 B2			
						MMC Portion QJPP 3,4,Lapse			
						July Interest	3.87		
						August Interest	-		
						September Interest			
						Adjust Balance/Transfer Amt	54,704.88		

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 8/10/2020



APPROVED
ON

AUG 11 2020

COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Senior Living

MMC PORTION

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	NH PORTION
8/3/2020 Molina HC of TX HCCLAIMPMT PN1275717894 4200 TRN*1*EFT	-	3,873.08					-	3,873.08
8/4/2020 Molina HC of TX HCCLAIMPMT PN1275717894 4200 TRN*1*EFT	-	5,858.93					-	5,858.93
8/5/2020 WIRE OUT LINBAR ENTERPRISES, LLC	63,525.08	-					-	-
8/6/2020 Deposit	-	43,261.63					-	43,261.63
8/7/2020 NOVITAS SOLUTION HCCLAIMPMT 676201 420000147 TRN*1*E	-	1,711.24					-	1,711.24
	63,525.08	54,704.88	-	-	-	-	-	54,704.88

8/10/2020

Treasury Center

Account Number / Name

Groups

Add Group

Account Type

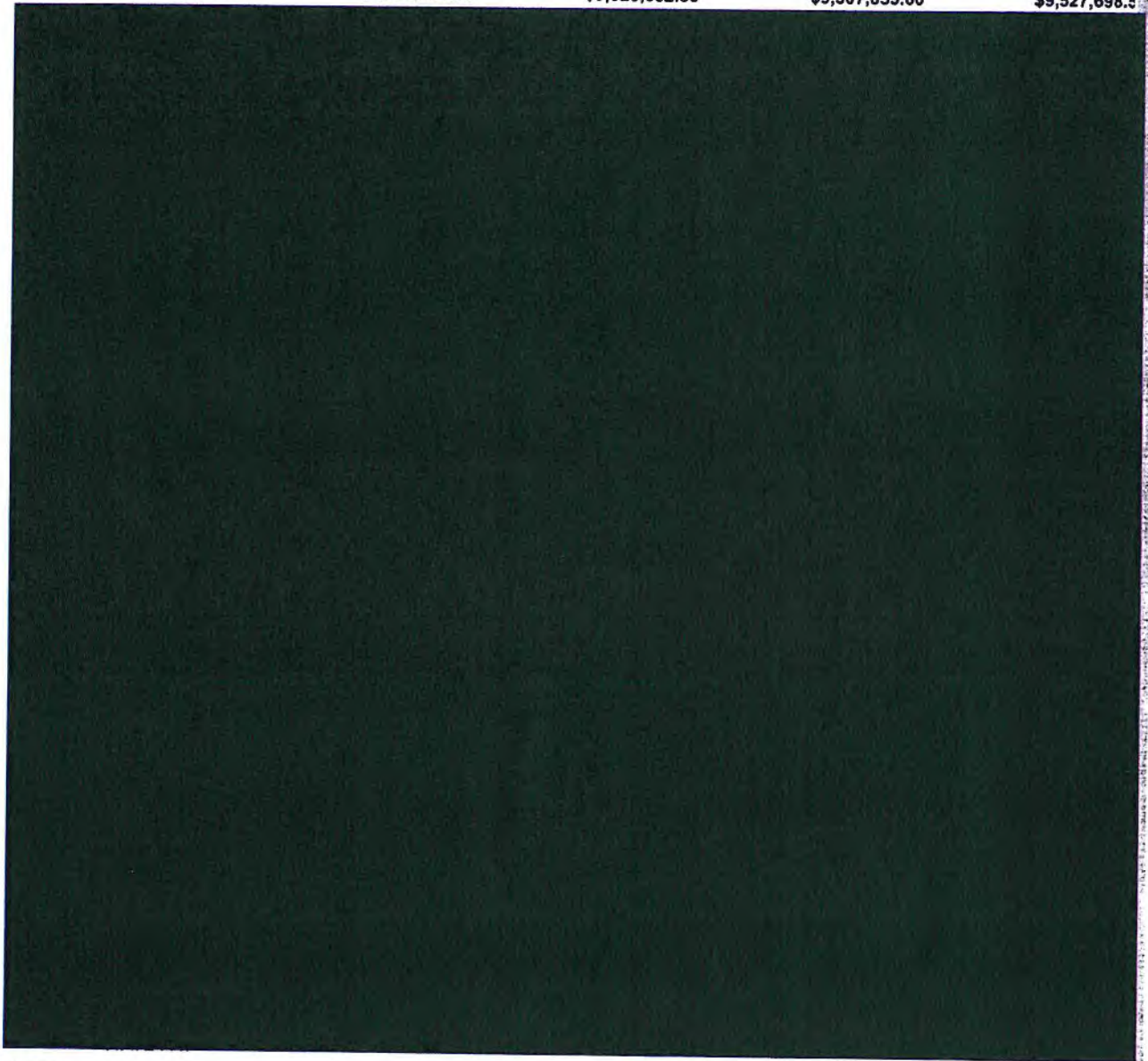
Search

All

DDA

Data reported as of Aug 10, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$9,307,853.60	\$9,525,552.55	\$9,307,853.60	\$9,527,698.5



*3407
MMC -NH TUSCANY
VILLAGE

\$54,808.75

\$63,539.55

\$54,808.75

\$53,097.5

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Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 8/10/2020

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	217715506		3,400.00	36,132.12			32,837.02	32,732.12
Bank Balance							32,837.02	
Variance							-	
Leave in Balance							100.00	
QIPP 1,2 AND 3								
July Interest							4.90	
August Interest								
September Interest								
Adjust Balance/Transfer Am							32,732.12	
Approved:								
Jason Anglin, CEO								8/10/2020

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.

APPROVED
 ON
 AUG 11 2020
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

		MMC PORTION					NH PORTION
	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse QIPP TI	
8/3/2020 Deposit	-	16,209.60				-	16,209.60
8/4/2020 Deposit	-	11,323.57				-	11,323.57
8/6/2020 Deposit Item Ret ck2616	3,400.00	-				-	-
8/6/2020 Deposit	-	8,598.95				-	8,598.95
	3,400.00	36,132.12	-	-	-	-	36,132.12

8/10/2020

Treasury Center

Account Number / Name

Groups

Add Group

Account Type

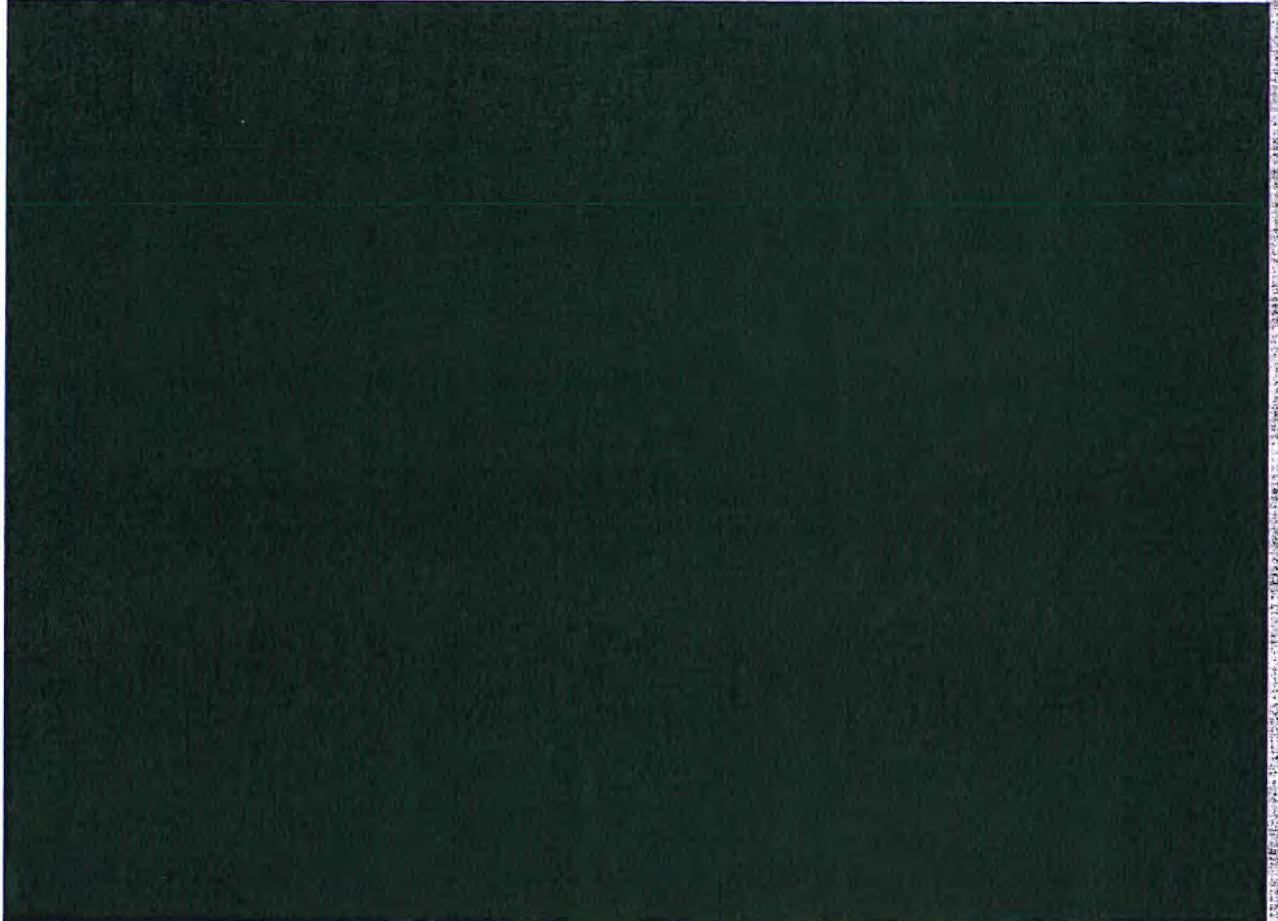
Search

All

DDA

Data reported as of Aug 10, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$9,307,853.60	\$9,525,552.55	\$9,307,853.60	\$9,527,698.5



*5506 MMC -NH BETHANY SENIOR LIVING	\$32,837.02	\$32,837.02	\$32,837.02	\$32,837.0
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* indicate:
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Prosperity Bank
1107 N US Highway 35 Bypass
Port Lavaca, TX 77979-5102

Member FDIC



Date	Account
08/06/2020	217715506

PS 3003

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

Deposit Item
Chargeback Notice

The deposited check listed
has been debited from your
account.

Chargeback Reason:

Insffcnt Fund	3,400.00
[REDACTED]	0.00
Total Debit	3,400.00

0

RUN DATE:08/11/20
TIME:14:18

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/11/20 THRU 08/11/20

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P *	186238	08/11/20	2,348.00	CR TEXAS MEDICAID & HEALTHCARE
A/P *	186385	08/11/20	57,901.58	CR VICTORIA ANESTHESIOLOGY
A/P	186771	08/11/20	2,348.00	TEXAS MEDICAID & HEALTHCARE
A/P	186772	08/11/20	57,901.58	VICTORIA ANESTHESIOLOGY
TOTALS:			.00	

> checks lost in mail
Re-issue

T2063 TEXAS MEDICAID & HEALTHCARE PARTNERSHIP AUSTIN, TX 78727
MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

186771

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
062220	06/22/20	2,348.00			2,348.00
CHECK NO. 186771 08/11/20		TOTALS 2,348.00	TOTALS		2,348.00

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

186771

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
062220	06/22/20	2,348.00			2,348.00
CHECK NO. 186771		TOTALS 2,348.00	TOTALS		2,348.00

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK

88-2265
1131

186771

T2063 186771
DATE AMOUNT
08/11/20 \$2,348.00

Two Thousand Three Hundred Forty-Eight Dollars and No Cents

PAY
TO THE
ORDER
OF

TEXAS MEDICAID & HEALTHCARE
PARTNERSHIP
12357-B RIATA TRACE PARKWAY
AUSTIN, TX 78727

Guic Perez
CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

V1058 VICTORIA ANESTHESIOLOGY
ASSOCIATES, L.L.P. VICTORIA, TX 77904
MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

186772

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
070320	07/03/20	57,901.58			57,901.58
CHECK NO. 186772 08/11/20		TOTALS 57,901.58	TOTALS		57,901.58

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

186772

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
070320	07/03/20	57,901.58			57,901.58
CHECK NO. 186772		TOTALS 57,901.58	TOTALS		57,901.58

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK

88-2265
1131

186772

V1058 186772
DATE AMOUNT
08/11/20 \$57,901.58

Fifty-Seven Thousand Nine Hundred One Dollars and Fifty-Eight Cents

PAY
TO THE
ORDER
OF

VICTORIA ANESTHESIOLOGY
ASSOCIATES, L.L.P.
1501 E MOCKINGBIRD SUITE 220
VICTORIA, TX 77904


CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

Stop Payments

— Current Progress — **1** Request — **2** Review — **3** Complete —

Request has been accepted as of 08/11/2020.

Stop Payment Details

Company Name COUNTY OF CALHOUN TEXAS

Contact Name RHONDA S. KOKENA

Phone Number (361)553-4619

Memo

Account MEMORIAL MEDICAL CENTER - OPERATING)

Checks

Check	Date Written	Amount	Written to	Reason	Transaction Number	Action
186385	07/15/2020	\$57,901.58	VICTORIA ANESTHESIOLOGY	Lost		Stop ☐
186238	07/01/2020	\$2,348.00	TEXAS MEDICAID & HEALTHCARE	Lost		Stop ☐

[Return](#)

* Indicates required fields

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