

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 19, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 651,136.95
TOTAL TRANSFERS BETWEEN FUNDS	\$ 83,891.66
TOTAL NURSING HOME UPL EXPENSES	\$ 519,261.35
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 3,096.37
GRAND TOTAL DISBURSEMENTS APPROVED August 19, 2020	\$ 1,257,386.33

APPROVED

AUG 19 2020

**CALLIDUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---August 19, 2020

PAYABLES AND PAYROLL

8/13/2020 Weekly Payables	227,832.80
8/13/2020 Patient Refunds	2,670.29
8/13/2020 Citibank Credit Card-see attached	2,417.90
8/17/2020 McKesson-340B Prescription Expense	3,359.14
8/17/2020 Amerisource Bergen-340B Prescription Expense	396.55
8/21/2020 Payroll Liabilities -Payroll Taxes	100,239.78
8/21/2020 Payroll	307,759.29

Prosperity Electronic Bank Payments

8/10/2020 Credit Card & Lease Fees	5,135.22
8/20/2020 Sales Tax for July 2020	1,182.64
8/10-8/14/2020 Pay Plus-Patient Claims Processing Fee	143.34

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ **651,136.95**

TRANSFER BETWEEN FUNDS-NURSING HOMES

8/13/2020 MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating	5,280.00
8/13/2020 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	4,281.07
8/13/2020 MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment deposited into MMC Operating	32,882.08
8/13/2020 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	41,448.51

TOTAL TRANSFERS BETWEEN FUNDS \$ **83,891.66**

NURSING HOME UPL EXPENSES

8/17/2020 Nursing Home UPL-Cantex Transfer	207,846.86
8/17/2020 Nursing Home UPL-Nexion Transfer	52,555.77
8/17/2020 Nursing Home UPL-Tuscany Transfer	40,628.34
8/17/2020 Nursing Home UPL-HSL Transfer	217,757.34

QIPP/INTEREST/RECOUP CHECKS TO MMC

8/17/2020 Ashford	295.06
8/17/2020 Crescent	20.08
8/17/2020 Fort Bend	83.82
8/17/2020 Solera	74.08

TOTAL NURSING HOME UPL EXPENSES \$ **519,261.35**

INTER-GOVERNMENT TRANSFERS

8/18/2020 IGT DY3 to be paid September 04, 2020	3,096.37
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TOTAL INTER-GOVERNMENT TRANSFERS \$ **3,096.37**

GRAND TOTAL DISBURSEMENTS APPROVED August 19, 2020 \$ **1,257,386.33**

08/13/2020
13:04
Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 08/26/2020

ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code							
11283	ACE HARDWARE 15521 ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
145909 ✓	07/31/2020	07/02/2020	07/27/2020				15.87	0.00	0.00	15.87 ✓
	SUPPLIES									
146013 ✓	07/31/2020	07/06/2020	07/31/2020				28.99	0.00	0.00	28.99 ✓
	SUPPLIES									
146074 ✓	07/31/2020	07/08/2020	08/02/2020				35.98	0.00	0.00	35.98 ✓
	SUPPLIES									
146116 ✓	07/31/2020	07/09/2020	08/03/2020				4.74	0.00	0.00	4.74 ✓
	SUPPLIES									
146295 ✓	07/31/2020	07/16/2020	08/10/2020				119.99	0.00	0.00	119.99 ✓
	SUPPLIES									
146327 ✓	07/31/2020	07/17/2020	08/11/2020				44.93	0.00	0.00	44.93 ✓
	SUPPLIES									
B56301	07/31/2020	07/27/2020	08/21/2020				9.61	0.00	0.00	9.61 ✓
	SUPPLIES									
146623 ✓	07/31/2020	07/29/2020	08/23/2020				42.96	0.00	0.00	42.96 ✓
	SUPPLIES									
146645 ✓	07/31/2020	07/30/2020	08/24/2020				59.97	0.00	0.00	59.97 ✓
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
11283	ACE HARDWARE 15						363.04	0.00	0.00	363.04
							353.43		353.43	
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
453576 ✓	08/11/2020	08/01/2020	08/26/2020				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							
A2218	AQUA BEVERAGE COMPANY ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
984660 ✓	08/12/2020	07/09/2020	08/03/2020				34.48	0.00	0.00	34.48 ✓
	WATER									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
A2218	AQUA BEVERAGE C						34.48	0.00	0.00	34.48
Vendor#	Vendor Name	Class	Pay Code							
12800	AUTHORITYRX ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1041 ✓	08/12/2020	08/11/2020	08/11/2020				4,950.00	0.00	0.00	4,950.00 ✓
	ANNUAL 340B AUDIT PT 1									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
12800	AUTHORITYRX						4,950.00	0.00	0.00	4,950.00
Vendor#	Vendor Name	Class	Pay Code							
B1150	BAXTER HEALTHCARE ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
67635366 ✓	07/31/2020	07/23/2020	08/17/2020				537.95	0.00	0.00	537.95 ✓
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
B1150	BAXTER HEALTHCARE						537.95	0.00	0.00	537.95
Vendor#	Vendor Name	Class	Pay Code							
M2485	BAYER HEALTHCARE ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6008782535 ✓	07/31/2020	07/24/2020	08/07/2020				1,727.70	0.00	0.00	1,727.70 ✓
	SUPPLIES									
6008788897 ✓	07/31/2020	07/28/2020	08/07/2020				1,151.80	0.00	0.00	1,151.80 ✓

SUPPLIES

6008786824	07/31/2020	07/28/2020	08/07/2020	1,439.75	0.00	0.00	1,439.75	✓
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SUPPLIES

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net	
B1220	M2485		BAYER HEALTHCAI	4,319.25	0.00	0.00	4,319.25	
	Vendor Name		Class		Pay Code			
	BECKMAN COULTER INC		M					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
108518726	✓ 08/11/2020	07/14/2020	08/08/2020				49.68	0.00	0.00	49.68

SUPPLIES

108523389	✓ 08/11/2020	07/15/2020	08/09/2020				1,288.45	0.00	0.00	1,288.45
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SUPPLIES

108528394	✓ 08/11/2020	07/20/2020	08/14/2020				1,156.96	0.00	0.00	1,156.96
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SUPPLIES

108537354	✓ 08/11/2020	07/23/2020	08/17/2020				44.38	0.00	0.00	44.38
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SUPPLIES

5427322	✓ 08/11/2020	07/30/2020	08/24/2020				3,507.27	0.00	0.00	3,507.27
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SUPPLIES

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net	
10599	B1220		BECKMAN COULTE	6,046.74	0.00	0.00	6,046.74	
	Vendor Name		Class		Pay Code			
	BKD, LLP							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BK01256218	✓ 07/31/2020	07/29/2020	08/23/2020				15,735.70	0.00	0.00	15,735.70

FINAL AUDIT 2019

BK01256202	✓ 07/31/2020	07/29/2020	08/23/2020				1,248.00	0.00	0.00	1,248.00
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REVIEW ADJ 12/31/18 MED COST I

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net	
11224	10599		BKD, LLP	16,983.70	0.00	0.00	16,983.70	
	Vendor Name		Class		Pay Code			
	CABLES AND SENSORS							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
95847	✓ 07/29/2020	07/20/2020	08/20/2020				442.00	0.00	0.00	442.00

SUPPLIES

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net	
11295	11224		CABLES AND SENS	442.00	0.00	0.00	442.00	
	Vendor Name		Class		Pay Code			
	CALHOUN COUNTY INDIGENT AC							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080620	08/11/2020	08/06/2020	08/06/2020				70.00	0.00	0.00	70.00

TRANSFER

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net	
C1325	11295		CALHOUN COUNTY	70.00	0.00	0.00	70.00	
	Vendor Name		Class		Pay Code			
	CARDINAL HEALTH 414, INC.		W					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8002280656	✓ 07/31/2020	07/31/2020	08/22/2020				361.10	0.00	0.00	361.10

SUPPLIES

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net	
C1600	C1325		CARDINAL HEALTH	361.10	0.00	0.00	361.10	
	Vendor Name		Class		Pay Code			
	CITIZENS MEDICAL CENTER		W					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063020	08/11/2020	06/30/2020	06/30/2020				33.41	0.00	0.00	33.41

PHARMCY CLIENTS

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net	
C1970	C1600		CITIZENS MEDICAL	33.41	0.00	0.00	33.41	
	Vendor Name		Class		Pay Code			
	CONMED CORPORATION		M					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
308483	✓ 07/31/2020	07/27/2020	07/28/2020				787.95	0.00	0.00	787.95

SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
C1970			CONMED CORPORA			787.95	0.00	0.00		787.95	
Vendor#		Vendor Name				Class	Pay Code				
C1443		CYGNUS MEDICAL LLC ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
315622 ✓	07/31/2020	07/27/2020	08/26/2020				450.00	0.00	0.00	450.00 ✓	
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
C1443			CYGNUS MEDICAL			450.00	0.00	0.00		450.00	
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	
6139670 ✓	07/31/2020	07/27/2020	08/21/2020				228.91	0.00	0.00	228.91 ✓	
SUPPLIES											
6141970 ✓	07/31/2020	07/28/2020	08/22/2020				35.00	0.00	0.00	35.00 ✓	
SUPPLIES											
6141890 ✓	07/31/2020	07/28/2020	08/22/2020				45.77	0.00	0.00	45.77 ✓	
SUPPLIES											
6143910 ✓	07/31/2020	07/30/2020	08/24/2020				414.00	0.00	0.00	414.00 ✓	
SUPPLIES											
6144820 ✓	07/31/2020	07/31/2020	08/25/2020				561.40	0.00	0.00	561.40 ✓	
SUPPLIES											
6144950 ✓	07/31/2020	07/31/2020	08/25/2020				47.98	0.00	0.00	47.98 ✓	
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
10368			DEWITT POTH & SC			1,333.06	0.00	0.00		1,333.06	
Vendor#		Vendor Name				Class	Pay Code				
11011		DIAMOND HEALTHCARE CORP ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
IN20053950 ✓	07/31/2020	07/31/2020	08/25/2020				19,166.67	0.00	0.00	19,166.67 ✓	
CPR											
IN20053949 ✓	07/31/2020	07/31/2020	08/25/2020				31,144.58	0.00	0.00	31,144.58 ✓	
BEV HEALTH											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
11011			DIAMOND HEALTHC			50,311.25	0.00	0.00		50,311.25	
Vendor#		Vendor Name				Class	Pay Code				
11960		DILON TECHNOLOGIES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
34086 ✓	07/31/2020	07/29/2020	08/07/2020				400.00	0.00	0.00	400.00 ✓	
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
11960			DILON TECHNOLOC			400.00	0.00	0.00		400.00	
Vendor#		Vendor Name				Class	Pay Code				
11291		DOWELL PEST CONTROL ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
17875 ✓	07/31/2020	07/31/2020	08/25/2020				105.00	0.00	0.00	105.00 ✓	
PEST CONTROL											
17963 ✓	07/31/2020	07/31/2020	08/25/2020				505.00	0.00	0.00	505.00 ✓	
PEST CONTROL											
17873 ✓	07/31/2020	07/31/2020	08/25/2020				160.00	0.00	0.00	160.00 ✓	
PEST CONTROL											
17962 ✓	07/31/2020	07/31/2020	08/25/2020				260.00	0.00	0.00	260.00 ✓	
PEST CONTROL											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
11291			DOWELL PEST CON			1,030.00	0.00	0.00		1,030.00	
Vendor#		Vendor Name				Class	Pay Code				
12040		DRIESSEN WATER INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1430270307 ✓	07/31/2020	07/31/2020	08/22/2020				422.50	0.00	0.00	422.50 ✓	
SUPPLIES											

	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	12040		DRIESSEN WATER			422.50	0.00	0.00	422.50	
Vendor#		Vendor Name			Class	Pay Code				
11284		EMERGENCY STAFFING SOLUTIO			✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
39428	✓ 07/31/2020	07/31/2020	08/15/2020				4,560.00	0.00	0.00	4,560.00 ✓
		COVER DR. BUNNELL VACATION								
39447	✓ 08/11/2020	08/15/2020	08/25/2020				40,062.50	0.00	0.00	40,062.50 ✓
		PRO FEES (1-15th)								
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	11284		EMERGENCY STAF			44,622.50	0.00	0.00	44,622.50	
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
3767874	✓ 08/11/2020	07/21/2020	08/15/2020				2,094.56	0.00	0.00	2,094.56 ✓
		SUPPLIES								
3851034	✓ 08/12/2020	07/22/2020	08/16/2020				93.60	0.00	0.00	93.60 ✓
		SUPPLIES								
3945595	✓ 08/12/2020	07/23/2020	08/17/2020				1,019.27	0.00	0.00	1,019.27 ✓
		SUPPLIES								
4037725	✓ 08/12/2020	07/24/2020	08/18/2020				807.83	0.00	0.00	807.83 ✓
		SUPPLIES								
4145116	✓ 08/12/2020	07/27/2020	08/21/2020				780.00	0.00	0.00	780.00 ✓
		SUPPLIES								
4310456	✓ 08/12/2020	07/29/2020	08/23/2020				1,284.68	0.00	0.00	1,284.68 ✓
		SUPPLIES								
4386379	✓ 08/12/2020	07/30/2020	08/24/2020				153.64	0.00	0.00	153.64 ✓
		SUPPLIES								
4460570	✓ 08/12/2020	07/31/2020	08/25/2020				307.86	0.00	0.00	307.86 ✓
		SUPPLIES								
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	F1400		FISHER HEALTHCA			6,541.44	0.00	0.00	6,541.44	
Vendor#		Vendor Name			Class	Pay Code				
11149		GARDNER & WHITE, INC.			✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070120	07/31/2020	07/01/2020	07/01/2020				3,854.32	0.00	0.00	3,854.32 ✓
		INSURANCE								
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	11149		GARDNER & WHITE			3,854.32	0.00	0.00	3,854.32	
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
6001611369	08/13/2020	07/01/2020					307.66	0.00	0.00	307.66 ✓
		MAINT CONTRACT								
6001611171	08/13/2020	07/01/2020	07/29/2020				3,588.58	0.00	0.00	3,588.58 ✓
		MAINT CONTRACT								
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	12404		GE PRECISION HE/			3,896.24	0.00	0.00	3,896.24	
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
116301977	07/31/2020	07/22/2020	08/21/2020				69.95	0.00	0.00	69.95 ✓
		SUPPLIES								
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	10653		GLOBAL EQUIPMEN			69.95	0.00	0.00	69.95	
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
1897260	✓ 07/28/2020	07/21/2020	08/20/2020				564.27	0.00	0.00	564.27 ✓
		SUPPLIES								
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	

	G1210	GULF COAST PAPE	564.27	0.00	0.00	564.27					
Vendor#		Vendor Name	Class		Pay Code						
10334		HEALTH CARE LOGISTICS INC	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
307667521	✓ 07/31/2020	07/30/2020	08/24/2020				9.72	0.00	0.00	9.72	✓
		SUPPLIES									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net			
10334		HEALTH CARE LOG			9.72	0.00	0.00	9.72			
Vendor#		Vendor Name	Class		Pay Code						
H0031		HEB CREDIT RECEIVABLES DEPT:	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
351219	✓ 07/31/2020	07/01/2020	08/25/2020				31.29	0.00	0.00	31.29	✓
		SUPPLIES									
353169	✓ 07/31/2020	07/04/2020	08/25/2020				27.11	0.00	0.00	27.11	✓
		SUPPLIES									
353457	✓ 07/31/2020	07/05/2020	08/25/2020				10.55	0.00	0.00	10.55	✓
		SUPPLIES									
355126	✓ 07/31/2020	07/08/2020	08/25/2020				4.56	0.00	0.00	4.56	✓
		SUPPLIES									
355113	✓ 07/31/2020	07/08/2020	08/25/2020				12.46	0.00	0.00	12.46	✓
		SUPPLIES									
355664	✓ 07/31/2020	07/09/2020	08/25/2020				6.18	0.00	0.00	6.18	✓
		SUPPLIES									
355610	✓ 07/31/2020	07/10/2020	08/25/2020				19.48	0.00	0.00	19.48	✓
		SUPPLIES									
357105	✓ 07/31/2020	07/12/2020	08/25/2020				37.78	0.00	0.00	37.78	✓
87		SUPPLIES									
357578	✓ 07/31/2020	07/13/2020	08/25/2020				38.89	0.00	0.00	38.89	✓
		SUPPLIES									
360433	✓ 07/31/2020	07/18/2020	08/25/2020				72.20	0.00	0.00	72.20	✓
		SUPPLIES									
360897	✓ 07/31/2020	07/19/2020	08/25/2020				7.28	0.00	0.00	7.28	✓
		SUPPLIES									
842517	✓ 07/31/2020	07/25/2020	08/25/2020				38.57	0.00	0.00	38.57	✓
		SUPPLIES									
857272	✓ 07/31/2020	07/28/2020	08/25/2020				1.38	0.00	0.00	1.38	✓
		SUPPLIES									
857201	✓ 07/31/2020	07/28/2020	08/25/2020				34.85	0.00	0.00	34.85	✓
		SUPPLIES									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net			
H0031		HEB CREDIT RECEI			342.58	0.00	0.00	342.58			
Vendor#		Vendor Name	Class		Pay Code						
12716		HITACHI HEALTHCARE	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
PJIN0156808	✓ 07/15/2020	07/15/2020	08/25/2020				8,333.33	0.00	0.00	8,333.33	✓
		SMA FEE									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net			
12716		HITACHI HEALTHCARE			8,333.33	0.00	0.00	8,333.33			
Vendor#		Vendor Name	Class		Pay Code						
H0416		HOLOGIC INC	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
9411113	✓ 07/31/2020	07/31/2020	08/06/2020				708.75	0.00	0.00	708.75	✓
		SUPPLIES									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net			
H0416		HOLOGIC INC			708.75	0.00	0.00	708.75			
Vendor#		Vendor Name	Class		Pay Code						
H1222		HORIBA MEDICAL	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
5101980783	✓ 08/11/2020	01/01/2020	01/31/2020				2,882.00	0.00	0.00	2,882.00	✓
		SERVICE CONTRACT									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net			

	H1222	HORIBA MEDICAL		2,882.00	0.00	0.00	2,882.00			
Vendor#		Vendor Name		Class	Pay Code					
10922		HUNTER PHARMACY SERVICES		✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3982	✓ 08/12/2020	07/31/2020	08/20/2020				14,961.77	0.00	0.00	14,961.77 ✓
	PRO FEES									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
10922		HUNTER PHARMAC			14,961.77	0.00	0.00	14,961.77		
Vendor#		Vendor Name		Class	Pay Code					
I1260		INTOXIMETERS INC		✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
660896	✓ 07/31/2020	07/29/2020	08/23/2020				146.75	0.00	0.00	146.75 ✓
	SUPPLIES									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
I1260		INTOXIMETERS INC			146.75	0.00	0.00	146.75		
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
072920C	08/13/2020	07/29/2020	07/29/2020				3.68	0.00	0.00	3.68 ✓
	LAB DRAWS 7/15, 7/29/2020									
072920B	08/13/2020	07/29/2020	07/29/2020				8.74	0.00	0.00	8.74 ✓
	LAB DRAWS 6/17, 5/20, 6/20, 7/1, 7/14/2020									
072920A	08/13/2020	07/29/2020	07/29/2020				11.04	0.00	0.00	11.04 ✓
	LAB DRAWS 3/18, 3/25, 4/22, 5/6, 5/20, 6/10/2020									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
12936		JUSTINE HERRERA			23.46	0.00	0.00	23.46		
Vendor#		Vendor Name		Class	Pay Code					
L0700		LABCORP OF AMERICA HOLDING:M		✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
66847465	✓ 08/11/2020	08/01/2020	08/26/2020				30.00	0.00	0.00	30.00 ✓
	SUPPLIES									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
L0700		LABCORP OF AMEF			30.00	0.00	0.00	30.00		
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
11211258	✓ 07/31/2020	07/22/2020	08/06/2020				21.46	0.00	0.00	21.46 ✓
	SUPPLIES									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
M2178		MCKESSON MEDIC			21.46	0.00	0.00	21.46		
Vendor#		Vendor Name		Class	Pay Code					
M2470		MEDLINE INDUSTRIES INC		✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1917000852	✓ 07/29/2020	07/29/2020	08/23/2020				69.27	0.00	0.00	69.27 ✓
	SUPPLIES									
1917544401	✓ 07/31/2020	07/18/2020	08/12/2020				1,089.48	0.00	0.00	1,089.48 ✓
	SUPPLIES									
1918482181	✓ 07/31/2020	07/28/2020	08/22/2020				5,558.88	0.00	0.00	5,558.88 ✓
	SUPPLIES									
1918482174	✓ 07/31/2020	07/28/2020	08/22/2020				497.58	0.00	0.00	497.58 ✓
	SUPPLIES									
1918482168	✓ 07/31/2020	07/28/2020	08/22/2020				341.73	0.00	0.00	341.73 ✓
	SUPPLIES									
1918482172	✓ 07/31/2020	07/28/2020	08/22/2020				50.80	0.00	0.00	50.80 ✓
	SUPPLIES									
1918482170	✓ 07/31/2020	07/28/2020	08/22/2020				120.77	0.00	0.00	120.77 ✓
	SUPPLIES									
1918482166	✓ 07/31/2020	07/28/2020	08/22/2020				569.31	0.00	0.00	569.31 ✓
	SUPPLIES									
1918482173	07/31/2020	07/28/2020	08/22/2020				165.31	0.00	0.00	165.31
	SUPPLIES									

1918482175	✓	07/31/2020	07/28/2020	08/22/2020		10.13	0.00	0.00	10.13	✓
			SUPPLIES							
1918482171	✓	07/31/2020	07/28/2020	08/22/2020		5.38	0.00	0.00	5.38	✓
			SUPPLIES							
1401574288	✓	07/31/2020	07/31/2020	08/25/2020		35.50	0.00	0.00	35.50	✓
			CREDIT TAKEN TWICE							
1917848166	✓	08/12/2020	07/22/2020	08/16/2020		19.76	0.00	0.00	19.76	✓
			SUPPLIES							
1917848167	✓	08/12/2020	07/22/2020	08/16/2020		30.50	0.00	0.00	30.50	✓
			SUPPLIES							
1918482188	✓	08/12/2020	07/28/2020	08/22/2020		172.22	0.00	0.00	172.22	✓
			SUPPLIES							
1918482185	✓	08/12/2020	07/28/2020	08/22/2020		83.75	0.00	0.00	83.75	✓
			SUPPLIES							
1918482187	✓	08/12/2020	07/28/2020	08/22/2020		156.81	0.00	0.00	156.81	✓
			SUPPLIES							
1918690068	✓	08/12/2020	07/29/2020	08/23/2020		377.04	0.00	0.00	377.04	✓
			SUPPLIES							
1918690067	✓	08/12/2020	07/29/2020	08/23/2020		135.72	0.00	0.00	135.72	✓
			SUPPLIES							

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10182	M2470		MEDLINE INDUSTR	9,489.94	0.00	0.00	9,489.94
		Vendor Name		Class		Pay Code	
			MERCEDES SCIENTIFIC ✓				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2343603	✓	07/28/2020	07/22/2020	08/21/2020			43.66	0.00	0.00	43.66
			SUPPLIES							

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10536	10182		MERCEDES SCIEN	43.66	0.00	0.00	43.66
		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
CM83482	✓	08/11/2020	08/03/2020	08/13/2020			-427.01	0.00	0.00	-427.01
			CREDIT							
CM83483	✓	08/11/2020	08/03/2020	08/13/2020			-81.10	0.00	0.00	-81.10
			CREDIT							
5908385	✓	08/11/2020	08/04/2020	08/14/2020			245.11	0.00	0.00	245.11
			INVENTORY							
5908384	✓	08/11/2020	08/04/2020	08/14/2020			420.10	0.00	0.00	420.10
			INVENTORY							
5908387	✓	08/11/2020	08/04/2020	08/14/2020			3.32	0.00	0.00	3.32
			INVENTORY							
5908386	✓	08/11/2020	08/04/2020	08/14/2020			26.90	0.00	0.00	26.90
			INVENTORY							
5914844	✓	08/11/2020	08/05/2020	08/15/2020			368.60	0.00	0.00	368.60
			INVENTORY							
5914842	✓	08/11/2020	08/05/2020	08/15/2020			67.26	0.00	0.00	67.26
			INVENTORY							
5914843	✓	08/11/2020	08/05/2020	08/15/2020			2,079.96	0.00	0.00	2,079.96
			INVENTORY							
5919337	✓	08/11/2020	08/06/2020	08/16/2020			11.58	0.00	0.00	11.58
			INVENTORY							
5919996	✓	08/11/2020	08/06/2020	08/16/2020			608.81	0.00	0.00	608.81
			INVENTORY							
CM84453	✓	08/11/2020	08/06/2020	08/16/2020			-5.26	0.00	0.00	-5.26
			CREDIT							
5919997	✓	08/11/2020	08/06/2020	08/16/2020			1,708.34	0.00	0.00	1,708.34
			INVENTORY							
5919998	✓	08/11/2020	08/06/2020	08/16/2020			934.40	0.00	0.00	934.40
			INVENTORY							
6773	✓	08/11/2020	08/07/2020	08/17/2020			-8.30	0.00	0.00	-8.30

CREDIT											
6379	✓	08/11/2020	08/07/2020	08/17/2020			-35.20	0.00	0.00	-35.20	✓
CREDIT											
5926275	✓	08/11/2020	08/09/2020	08/19/2020			84.64	0.00	0.00	84.64	✓
INVENTORY											
5926274	✓	08/11/2020	08/09/2020	08/19/2020			77.08	0.00	0.00	77.08	✓
INVENTORY											
5926289	✓	08/11/2020	08/09/2020	08/19/2020			189.76	0.00	0.00	189.76	✓
INVENTORY											
5926288	✓	08/11/2020	08/09/2020	08/19/2020			1,100.05	0.00	0.00	1,100.05	✓
INVENTORY											
5926287	✓	08/11/2020	08/09/2020	08/19/2020			238.57	0.00	0.00	238.57	✓
INVENTORY											
5930784	✓	08/11/2020	08/10/2020	08/20/2020			8,900.38	0.00	0.00	8,900.38	✓
INVENTORY											
5930511	✓	08/11/2020	08/10/2020	08/20/2020			47.08	0.00	0.00	47.08	✓
INVENTORY											
5930510	✓	08/11/2020	08/10/2020	08/20/2020			29.34	0.00	0.00	29.34	✓
INVENTORY											
5930509	✓	08/11/2020	08/10/2020	08/20/2020			34.85	0.00	0.00	34.85	✓
INVENTORY											
5930508	✓	08/11/2020	08/10/2020	08/20/2020			373.49	0.00	0.00	373.49	✓
INVENTORY											
5930512	✓	08/11/2020	08/10/2020	08/20/2020			2,662.11	0.00	0.00	2,662.11	✓
INVENTORY											
5932967	✓	08/12/2020	08/11/2020	08/21/2020			198.80	0.00	0.00	198.80	✓
INVENTORY											
5936846	✓	08/12/2020	08/11/2020	08/21/2020			840.54	0.00	0.00	840.54	✓
INVENTORY											
5936845	✓	08/12/2020	08/11/2020	08/21/2020			1,048.91	0.00	0.00	1,048.91	✓
INVENTORY											
5936844	✓	08/12/2020	08/11/2020	08/21/2020			16.13	0.00	0.00	16.13	✓
INVENTORY											
Vendor#	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11472			10536	MORRIS & DICKSOI			21,759.24	0.00	0.00	21,759.24	
			Vendor Name			Class	Pay Code				
			OCCUPRO LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
17711	✓	07/31/2020	06/07/2020	07/07/2020			472.43	0.00	0.00	472.43	✓
USER LICENSE											
18207	✓	07/31/2020	07/07/2020	08/06/2020			473.28	0.00	0.00	473.28	✓
USER LICENSE											
Vendor#	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
01416			11472	OCCUPRO LLC			945.71	0.00	0.00	945.71	
			Vendor Name			Class	Pay Code				
			ORTHO CLINICAL DIAGNOSTICS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1851507270	✓	08/11/2020	07/21/2020	08/20/2020			755.90	0.00	0.00	755.90	✓
SUPPLIES											
Vendor#	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
P0706			01416	ORTHO CLINICAL D			755.90	0.00	0.00	755.90	
			Vendor Name			Class	Pay Code				
			PALACIOS BEACON ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
33057423	✓	08/12/2020	07/27/2020	08/26/2020			250.00	0.00	0.00	250.00	✓
AD											
Vendor#	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
12544			P0706	PALACIOS BEACON			250.00	0.00	0.00	250.00	
			Vendor Name			Class	Pay Code				
			PATRICK OCHOA ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	

	080420B	08/11/2020	08/04/2020	08/04/2020		200.00	0.00	0.00	200.00	
				REHAB LAWN						
	080420A	08/11/2020	08/04/2020	08/04/2020		520.00	0.00	0.00	520.00	
				HOSPITAL LAWN						
	080420	08/11/2020	08/04/2020	08/04/2020		380.00	0.00	0.00	380.00	
				CLINIC LAWN						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
P2100	12544		PATRICK OCHOA		1,100.00	0.00	0.00	1,100.00		
			Vendor Name		Class		Pay Code			
			PORT LAVACA WAVE		W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073120	08/11/2020	07/31/2020	08/25/2020				1,020.00	0.00	0.00	1,020.00
				AD						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
P2100	P2100		PORT LAVACA WA		1,020.00	0.00	0.00	1,020.00		
Vendor#			Vendor Name		Class		Pay Code			
P2200			POWER HARDWARE		W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B55852	07/31/2020	06/25/2020	07/05/2020				30.98	0.00	0.00	30.98
B56301				SUPPLIES						9.61
Vendor#	Vendor Totals:	Number	Name	Supplies	Gross	Discount	No-Pay	Net		
P2200	P2200		POWER HARDWAR		30.98	0.00	0.00	30.98		40.51
Vendor#			Vendor Name		Class		Pay Code			
P1725			PREMIER SLEEP DISORDERS CEN M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
96	07/31/2020	07/31/2020	08/15/2020				2,850.00	0.00	0.00	2,850.00
				SLEEP STUDIES						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
P1725	P1725		PREMIER SLEEP DI		2,850.00	0.00	0.00	2,850.00		
Vendor#			Vendor Name		Class		Pay Code			
13272			RAPID AIR							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8531	07/31/2020	07/07/2020	07/17/2020				110.00	0.00	0.00	110.00
				SUPPLIES						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
13272	13272		RAPID AIR		110.00	0.00	0.00	110.00		
Vendor#			Vendor Name		Class		Pay Code			
11764			ROBERT RODRIQUEZ							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081020	08/11/2020	08/10/2020	08/10/2020				20.00	0.00	0.00	20.00
				REIMBURSE FEE FOOD PERMIT						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
11764	11764		ROBERT RODRIQU		20.00	0.00	0.00	20.00		
Vendor#			Vendor Name		Class		Pay Code			
10625			SARA RUBIO							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080620	08/11/2020	08/06/2020	08/06/2020				25.00	0.00	0.00	25.00
				REIMBURSE REGISTRATION FEE						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
10625	10625		SARA RUBIO		25.00	0.00	0.00	25.00		
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
252843	08/11/2020	08/01/2020	08/11/2020				400.00	0.00	0.00	400.00
				AD						
252837	08/11/2020	08/01/2020	08/11/2020				790.00	0.00	0.00	790.00
				AD						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
10699	10699		SIGN AD, LTD.		1,190.00	0.00	0.00	1,190.00		
Vendor#			Vendor Name		Class		Pay Code			
11296			SOUTH TEXAS BLOOD & TISSUE C							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CM2628	✓ 08/11/2020	07/31/2020	08/25/2020				-2,844.00	0.00	0.00	-2,844.00 ✓
CREDIT										
107007883	✓ 08/11/2020	07/31/2020	08/25/2020				10,059.00	0.00	0.00	10,059.00 ✓
BLOOD										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11296			SOUTH TEXAS BLO			7,215.00	0.00	0.00	7,215.00	
Vendor#	Vendor Name		Class	Pay Code						
S3940	STERIS CORPORATION ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8868595	✓ 07/31/2020	07/27/2020	08/21/2020				25.63	0.00	0.00	25.63 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
S3940			STERIS CORPORA1			25.63	0.00	0.00	25.63	
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
37277	✓ 07/31/2020	07/27/2020	08/26/2020				431.42	0.00	0.00	431.42 ✓
ERX LICENSE										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
T2539			T-SYSTEM, INC			431.42	0.00	0.00	431.42	
Vendor#	Vendor Name		Class	Pay Code						
U1054	UNIFIRST HOLDINGS ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400338020	✓ 07/31/2020	07/27/2020	08/21/2020				48.25	0.00	0.00	48.25 ✓
LAUNDRY										
8400338019	✓ 07/31/2020	07/27/2020	08/21/2020				47.15	0.00	0.00	47.15 ✓
LAUNDRY										
8400338044	✓ 07/31/2020	07/27/2020	08/21/2020				1,294.74	0.00	0.00	1,294.74 ✓
LAUNDRY										
8400338398	✓ 07/31/2020	07/30/2020	08/24/2020				175.67	0.00	0.00	175.67 ✓
LAUNDRY										
8400338423	✓ 07/31/2020	07/30/2020	08/24/2020				1,286.24	0.00	0.00	1,286.24 ✓
LAUNDRY										
8400338397	✓ 07/31/2020	07/30/2020	08/24/2020				131.55	0.00	0.00	131.55 ✓
LAUNDRY										
8400338415	✓ 07/31/2020	07/30/2020	08/24/2020				81.67	0.00	0.00	81.67 ✓
LAUNDRY										
8400338395	✓ 07/31/2020	07/30/2020	08/24/2020				26.10	0.00	0.00	26.10 ✓
LAUNDRY										
8400338399	✓ 07/31/2020	07/30/2020	08/24/2020				164.64	0.00	0.00	164.64 ✓
LAUNDRY										
8400338400	✓ 07/31/2020	07/30/2020	08/24/2020				175.83	0.00	0.00	175.83 ✓
LAUNDRY										
8400338440	✓ 07/31/2020	07/30/2020	08/24/2020				96.67	0.00	0.00	96.67 ✓
LAUNDRY										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
U1054			UNIFIRST HOLDING			3,528.51	0.00	0.00	3,528.51	
Vendor#	Vendor Name		Class	Pay Code						
U1200	UNITED AD LABEL CO INC ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
469374568	✓ 07/31/2020	07/23/2020	08/17/2020				92.28	0.00	0.00	92.28 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
U1200			UNITED AD LABEL (			92.28	0.00	0.00	92.28	
Vendor#	Vendor Name		Class	Pay Code						
V1080	VICTORIA COMMUNICATION SVCES M ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6275	✓ 07/31/2020	07/24/2020	08/24/2020				53.50	0.00	0.00	53.50 ✓
SERVICE KIT/INSTALL PTT SIDE B										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	

Vendor#	V1080	VICTORIA COMMUN				53.50	0.00	0.00	53.50	
10768		Vendor Name				Class	Pay Code			
		VICTORIA MEDICAL FOUNDATION								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
163	07/31/2020	07/22/2020	07/22/2020				725.00	0.00	0.00	725.00
		ANNUAL MEMBERSHIP DUES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
10768		VICTORIA MEDICAL				725.00	0.00	0.00	725.00	
Vendor#	W1005	Vendor Name				Class	Pay Code			
		WALMART COMMUNITY				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TR02422	07/31/2020	06/17/2020	08/11/2020				59.85	0.00	0.00	59.85
		SUPPLIES								
TR02146	07/31/2020	06/18/2020	08/11/2020				5.60	0.00	0.00	5.60
		SUPPLIES								
TR07719	07/31/2020	06/23/2020	08/11/2020				56.80	0.00	0.00	56.80
		SUPPLIES								
TR05237	07/31/2020	06/30/2020	08/11/2020				1.60	0.00	0.00	1.60
		SUPPLIES								
TR08407	07/31/2020	07/13/2020	08/11/2020				94.56	0.00	0.00	94.56
		SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
W1005		WALMART COMMUN				218.41	0.00	0.00	218.41	
Vendor#	11400	Vendor Name				Class	Pay Code			
		WEST COAST MEDICAL RESOURC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV059755	07/31/2020	07/28/2020	08/07/2020				20.00	0.00	0.00	20.00
		SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
11400		WEST COAST MEDI				20.00	0.00	0.00	20.00	
Report Summary										
Grand Totals:		Gross		Discount			No-Pay	Net		
		227,832.44		0.00			0.00	227,832.44		

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	227,832.44	0.00	0.00	227,832.44

227,832.44 +
 19.40 -
 19.84 +
 227,832.90

Pg 5 correction

{ < 19.40 >
 { + 19.84
 227,832.90

APPROVED
 ON
 AUG 13 2020
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

CK#
 186773-
 186863

RECEIVED

RUN DATE: 08/13/20

TIME: 09:06

AUG 13 2020

PATIENT

NUMBER

PAYER NAME

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1

APCDEDIT

PATIENT NUMBER	PAYER NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		081020	30.00	✓	3		
		081020	30.00	✓	3		
		081020	57.20	✓	3		
		081020	34.15	✓	2		
		081020	150.00	✓	3		
		081020	25.00	✓	2		
		081020	25.00	✓	3		
		081020	15.00	✓	2		
		081020	373.80	✓	3		
		081020	100.00	✓	2		
		081020	165.00	✓	3		
		081020	25.00	✓	2		
		081020	30.00	✓	3		
		081020	49.32	✓	1		
		081020	35.52	✓	1		
		081020	198.00	✓	5		
		081020	198.00	✓	5		
		081020	43.62	✓	2		
		081020	49.80	✓	2		
		081020	198.00	✓	2		
		081020	55.00	✓	2		
		081020	25.00	✓	2		
		081020	198.00	✓	2		
		081020	15.00	✓	2		
		081020	110.00	✓	2		
		081020	198.00	✓	2		
		081020	120.00	✓	2		
		081020	66.78	✓	2		
		081020	50.10	✓	2		

ARID=0001 TOTAL

2670.29

TOTAL

2670.29

✓

APPROVED
ON

AUG 13 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#

180773-

180801



0556709000527279902417900241790034

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
	08/28/2020	\$2,417.90 ✓	\$2,417.90	

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

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

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

pd. 8-21-20 FR

CITIBANK CORPORATE CARD

Statement Date
08/03/2020

Payment Date
08/28/2020

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
\$30,000.00	\$27,582.10	\$0.00	\$0.00

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

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

COMPANY SUMMARY

		Previous Balance	Payment Allocation	Credits	Purchases and Advances	Interest Charges	New Balance
Company Totals	Purchases	\$1,592.31	- \$1,592.31	- \$325.60	\$2,743.50		\$2,417.90
	Advances						
	TOTAL	\$1,592.31	- \$1,592.31	- \$325.60	\$2,743.50		\$2,417.90

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

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Account management made easier: Online statements & CitiManager Mobile offer 24/7 access, security, and mobility. Log in at www.citimanager.com/login and click Go Paperless under the Statement tab.

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

CARDMEMBER SUMMARY

		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit: \$20,000.00	Purchases				\$2,743.50		
	Advances						
	TOTAL			- \$325.60	\$2,743.50		\$2,417.90

COMPANY BOOKKEEPING DETAIL

C0001 CALHOUN COUNTY MMC				5567-0900-0527-2799	
Monthly Limit	Cash Limit*	Available Credit Line		Available Cash Line**	
\$30,000.00	\$0.00	\$27,582.10		\$0.00	
Sale Date	Post Date	Reference Number	Type of Activity	Total Amount	
07/16/2020	07/17/2020	75472330199198411000438	PAYMENT THANK YOU	\$1,592.31 PY	

DAYS IN BILLING PERIOD:		031	
Balance Subject		Purchases	Cash Advances
To Interest Charges	>	\$0.00	\$0.00
Periodic rate	>	.0000%	.0000%
ANNUAL PERCENTAGE RATE	>	0.00%	0.00%
		Payment Due:	\$2,417.90
		Amount Over Credit Limit:	\$0.00
		Amount Past Due:	\$0.00
		MINIMUM AMOUNT DUE:	\$2,417.90



Company Account Number

Statement Date

08/03/2020

INDIVIDUAL CARDHOLDER ACTIVITY

JASON W ANGLIN

Monthly Limit

\$20,000.00

Cash Limit*

\$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
07/14/2020	07/15/2020	55432860196200419333694	AMZN MKTP US MV5TU1ZR1 AMZN.COM/BILL WA 113-0706423-77402	\$104.00
07/17/2020	07/20/2020	75454910199017480338928	SCREENFLEX PORTABLE PA 847-7262900 IL	\$1,557.00
07/22/2020	07/22/2020	55432860204200331233436	AMA CREDENTIALING 800-621-8335 IL	\$44.00
07/21/2020	07/23/2020	05436840204300190042309	BTS THYSSENKRUPP 770-799-0400 GA 6390003665	\$468.50
07/22/2020	07/23/2020	55429500204852958324869	PAYPAL NARHC 8663061961 MI 95832486	\$400.00
07/24/2020	07/27/2020	55429500206713588839486	VITALITY MEDICAL INC 18017334449 UT	\$225.60 CR
07/28/2020	07/28/2020	55432860210200795714485	AMA CREDENTIALING 800-621-8335 IL	\$126.00
07/28/2020	07/29/2020	55429500210852276035603	PAYPAL NARHC 8663061961 MI	\$100.00 CR
07/30/2020	07/30/2020	55432860212200291504099	AMA CREDENTIALING 800-621-8335 IL	\$44.00
TOTAL PURCHASES/ADVANCES/CREDITS				\$2,417.90

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ON

AUG 13 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

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AUG 13 2020

Calhoun County Auditor



0556709800364699700000000000000031

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
**** *	08/28/2020	\$0.00	\$0.00	

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

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

\$2417.90
Pd 8-21-20

CITIBANK CORPORATE CARD

Previous Balance	Payments and Credits	New Charges	New Balance	Credit Line
\$0.00	\$325.60	\$2,743.50	\$2,417.90	\$20,000.00

Statement Date

08/03/2020

Payment Date

08/28/2020

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

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

Account Number		Cash Advance Limit*		Available Credit Line		Available Cash Line**	
**** *		\$0.00		\$20,000.00		\$0.00	
Safe Date	Post Date	Reference Number	Type of Activity		Amount		
*****NOTICE MEMO ITEM(S) LISTED BELOW*****							
07/14/2020	07/15/2020	55432860196200419333694	AMZN MKTP US MV5TU1ZR1 113-0706423-77402		AMZN.COM/BILL WA	✓	\$104.00 ✓
07/17/2020	07/20/2020	75454910199017480338928	SCREENFLEX PORTABLE PA		847-7262900 IL	✓	\$1,557.00 ✓
07/22/2020	07/22/2020	55432860204200331233436	AMA CREDENTIALING		800-621-8335 IL	✓	\$44.00 ✓
07/21/2020	07/23/2020	05436840204300190042309	BTS THYSSENKRUPP 6390003665		770-799-0400 GA	✓	\$468.50 ✓
07/22/2020	07/23/2020	55429500204852958324869	PAYPAL NARHC 95832486		8663061961 MI	✓	\$400.00 ✓
07/24/2020	07/27/2020	55429500206713588839486	VITALITY MEDICAL INC		18017334449 UT	✓	\$225.60 CR ✓
07/28/2020	07/28/2020	55432860210200795714485	AMA CREDENTIALING		800-621-8335 IL	✓	\$126.00 ✓
07/28/2020	07/29/2020	55429500210852276035603	PAYPAL NARHC		8663061961 MI	✓	\$100.00 CR ✓
07/30/2020	07/30/2020	55432860212200291504099	AMA CREDENTIALING		800-621-8335 IL	✓	\$44.00 ✓
*****TOTAL AMOUNT OF MEMO ITEM(S):							✓ \$2,417.90

ACCOUNT SUMMARY CURRENT PERIOD		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Purchases		\$0.00					\$0.00
Advances		\$0.00					\$0.00
TOTALS		\$0.00					\$0.00
DAYS IN BILLING PERIOD: 031			Purchases	Cash Advances	Payment Due: \$0.00		
Balance Subject To Interest Charges			\$0.00	\$0.00	Amount Over Credit Limit: \$0.00		
Periodic Rate			.0000%	.0000%	Amount Past Due: \$0.00		
ANNUAL PERCENTAGE RATE			0.00%	0.00%	MINIMUM AMOUNT DUE: \$0.00		

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

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

AUG 13 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 8/13/20

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		AMA Credentialing -			✓ 44.00
2			1 Unit + Cont. Mon.			
3	—		BTS ThyssenKrupp -			✓ 468.50
4			Elevator Repair			
5		44.00	PayPal - NARHC - Virtual			✓ 400.00
6		468.50	Registration for Danette			
7		126.00	Bethany			
8		44.00	AMA Credentialing - 6			✓ 126.00
9		104.00	Reappointments + Cont Mon			
10		1.557.00	AMA Credentialing - 1			✓ 44.00
			Unit + Cont Mon.			

NOTES: Est. Freight Amazon - 8 person 2021 Appointment Book Est. Total Cost 104.00 TOTAL COST 104.00

Charges made to Mr. Anglin's Mastercard

Screenflex - Portable Partitions - COVID19 1557.00

Vitality Medical < 225.00 >

Paypal - National Assoc. of Rural Health Clinic Refund < 100.00 >

Contact:	Date:	Dept. Director:
Quoted By:		Dir. Nursing: <u>Total: 2,417.90</u>
Buyer:	E.T.A.	Adm. Dir. Clinical Service:
		CFO:
		Administrator: <u>[Signature]</u>

Wire Transfer

DWR-00398956 - COUNTY OF CALHOUN TEXAS (COUNT1923)



Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 2,417.90
Debit Account - DDA (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank

Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL

Payment Date 08/21/2020

Originator Information

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

Beneficiary / Payee Information

Name CBNA INCOMING SETTLEMENT
ACCOUNT Beneficiary ID Type Account Number
Beneficiary ID
Address 1 P O BOX 78025
Address 2
Address 3 PHOENIX, AZ 85062-8025
Beneficiary Country US
Contact Name
Phone Number

Beneficiary Bank Information

Name CITIBANK NA
Beneficiary Bank ID Type Fed ABA
Beneficiary Bank ID
Address 1 P O BOX 78025
Address 2
Address 3 PHOENIX, AZ 85062-8025
Intl Routing Number
Beneficiary Bank Country US

Additional Reference Information

Purpose Of Payment CREDIT CARD PMT

Additional Information For
Beneficiary

Status History

Timestamp	Status	Initiator	Description
Aug 21, 2020 9:33:23 AM CDT	Pending Delivery	RHONDA S. KOKENA)	Wire Released.
Aug 21, 2020 9:32:32 AM CDT	Pending Release	SYSTEM	The transfer is available for release.
Aug 21, 2020 9:32:32 AM CDT	Created	CC (RHONDA S. KOKENA)	Wire Created.

McKESSON**STATEMENT**

As of: 08/14/2020

Page: 002

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

Company: 8000

DC: 8115

As of: 08/14/2020 Page: 002
Mail to: Comp: 8000MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory:

Customer: 632536
Date: 08/15/2020AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 08/15/2020 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: 3,427.70 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017If Paid By 08/18/2020,
Pay This Amount:

3,359.14 USD

If Paid After 08/18/2020,
Pay this Amount:

3,427.70 USD

Due If Paid On Time:

USD 3,359.14 ✓

Disc lost if paid late:

68.56

Due If Paid Late:

USD 3,427.70

CK # 500125

164.76 +
2,132.46 +
310.16 +
751.82 +
3,359.14 =

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ON

AUG 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 08/14/2020

Page: 001

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

Company: 8000

HEB 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 only

DC: 8115

Territory: 400

Customer: 190813

Date: 08/15/2020

As of: 08/14/2020
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 190813
Date: 08/15/2020**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 190813 HEB PHCY 0434/MEM MED PHS											
08/14/2020	08/18/2020	7217931949	2017017763	115Invoice	3.36	168.06		164.70	✓	7217931949	

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: 168.06 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,759.50
08/10/2020If Paid By 08/18/2020,
Pay This Amount:

164.70 USD

If Paid After 08/18/2020,
Pay this Amount:

168.06 USD

Due If Paid On Time:

USD

164.70 ✓

Disc lost if paid late:

3.36

Due If Paid Late:

USD

168.06

**APPROVED
ON****AUG 17 2020****COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

McKESSON**STATEMENT**

As of: 08/14/2020

Page: 001

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

Company: 8000

DC: 8115

As of: 08/14/2020
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: 08/15/2020AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 256342 PLEASE CHECK ANY
Date: 08/15/2020 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											
08/12/2020	08/18/2020	7217427524	2369145026	115Invoice	5.12	255.93		250.81 ✓		7217427524	
08/12/2020	08/18/2020	7217592839	826145701	195Invoice	0.88	43.83		42.95 ✓		7217592839	
08/13/2020	08/18/2020	7217699223	2369149290	115Invoice	5.12	256.18		251.06 ✓		7217699223	
08/13/2020	08/18/2020	7217699224	0812200405-00	115Invoice	10.24	511.86		501.62 ✓		7217699224	
08/13/2020	08/18/2020	7217858961	826407900	195Invoice	1.80	90.03		88.23 ✓		7217858961	
08/14/2020	08/18/2020	7217952118	4769163888	115Invoice	3.51	175.49		171.98 ✓		7217952118	
08/14/2020	08/18/2020	7217952119	1155521	115Invoice	5.13	256.33		251.20 ✓		7217952119	
08/14/2020	08/18/2020	7217952120	0813200351-00	115Invoice	10.87	543.55		532.68 ✓		7217952120	
08/14/2020	08/18/2020	7218142551	00008132020TM	115Invoice	0.86	42.79		41.93 ✓		7218142551	

*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: 2,175.99 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/10/2020 5,759.50

If Paid By 08/18/2020,
Pay This Amount:

2,132.46 USD

If Paid After 08/18/2020,
Pay this Amount:

2,175.99 USD

Due If Paid On Time:

USD 2,132.46 ✓

Disc lost if paid late:

43.53

Due If Paid Late:

USD 2,175.99

APPROVED
ON

AUG 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 08/14/2020

Page: 001

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

Company: 8000

CVS 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

DC: 8115

Territory: 400

Customer: 262252

Date: 08/15/2020

As of: 08/14/2020
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 262252 PLEASE CHECK ANY
Date: 08/15/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
08/13/2020	08/18/2020	7217692984	847938	115Invoice	5.85	292.63		286.78	✓	7217692984	
08/13/2020	08/18/2020	7217692985	847938	115Invoice	0.48	23.86		23.38	✓	7217692985	

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: 316.49 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,759.50
08/10/2020If Paid By 08/18/2020,
Pay This Amount:

310.16 USD

If Paid After 08/18/2020,
Pay this Amount:

316.49 USD

Due If Paid On Time:

USD 310.16 ✓

Disc lost if paid late:

6.33

Due If Paid Late:

USD 316.49

APPROVED
ON

AUG 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 08/14/2020

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 835438

Date: 08/15/2020

As of: 08/14/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 08/15/2020 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											
08/13/2020	08/18/2020	7217862637	847993	115Invoice	15.34	767.16		751.82 ✓		7217862637	

*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: 767.16 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,759.50
08/10/2020

If Paid By 08/18/2020,
Pay This Amount: 751.82 USD

If Paid After 08/18/2020,
Pay this Amount: 767.16 USD

Due If Paid On Time:
USD 751.82 ✓
Disc lost if paid late: 15.34
Due If Paid Late:
USD 767.16

APPROVED
ON

AUG 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen® **INVOICE**

Invoice Number: **3041169056** P.O. Number: **157609**

1 of 1

Invoice Date: 08/10/2020

Order Date: 08/08/2020

Ship Date: 08/09/2020

Sold By	SELLER			BUYER			CUSTOMER NUMBER																																																																								
	AMERISOURCEBERGEN DRUG CORPORATION 1300 MORRIS DRIVE CHESTERBROOK PA 19087			WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509			1012494																																																																								
	STATE LIC: 26453 DEA: FW1512296																																																																														
Shipped From	Ship To			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			AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223																																																																								
	STATE LIC: 0064977 DEA: RA0289276																																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Qty</th> <th>UOM</th> <th>Description</th> <th>VND</th> <th>CL</th> <th>CD</th> <th>Item Number</th> <th>NDC/UPC</th> <th>Unit Price</th> <th>Extended Amount</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>EA</td> <td>BUPRENORPHINE 10MCG/HR PAT 4</td> <td>RPH</td> <td>3</td> <td>AQ</td> <td>10177882</td> <td>428580-493-40</td> <td>142.16</td> <td>142.16</td> </tr> <tr> <td colspan="10"> 669408 </td> </tr> <tr> <td colspan="10">For Med Guide, search NDC at http://dailymed.nlm.nih.gov/dailymed/</td> </tr> <tr> <td>1</td> <td colspan="9">Total Number of Pieces for this Invoice</td> </tr> <tr> <td colspan="10"> Product Summary <table style="width:100%;"> <tr> <td><u>Supplies</u></td> <td><u>RX Cost</u></td> <td><u>OTC Cost</u></td> <td><u>Retail</u></td> <td><u>G/P %</u></td> </tr> <tr> <td>0.00</td> <td>142.16</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> </tr> </table> </td> </tr> </tbody> </table>										Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	Unit Price	Extended Amount	1	EA	BUPRENORPHINE 10MCG/HR PAT 4	RPH	3	AQ	10177882	428580-493-40	142.16	142.16	669408										For Med Guide, search NDC at http://dailymed.nlm.nih.gov/dailymed/										1	Total Number of Pieces for this Invoice									Product Summary <table style="width:100%;"> <tr> <td><u>Supplies</u></td> <td><u>RX Cost</u></td> <td><u>OTC Cost</u></td> <td><u>Retail</u></td> <td><u>G/P %</u></td> </tr> <tr> <td>0.00</td> <td>142.16</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> </tr> </table>										<u>Supplies</u>	<u>RX Cost</u>	<u>OTC Cost</u>	<u>Retail</u>	<u>G/P %</u>	0.00	142.16	0.00	0.00	0.00
Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	Unit Price	Extended Amount																																																																						
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Total Amount:								142.16																																																																							

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. Terms of sale and claims on next page

0 • 0

142 • 16 =
254 • 39 =
396 • 55 *

**APPROVED
ON**

AUG 17 2020

**COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**



INVOICE

Invoice Number: **3041169055** P.O. Number: **157608**

1 of 2

Invoice Date: 08/10/2020

Order Date: 08/08/2020

Ship Date: 08/09/2020

Sold By	SELLER AMERISOURCEBERGEN DRUG CORPORATION 1300 MORRIS DRIVE CHESTERBROOK PA 19087		Ship To	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 254.39			DUE DATE 08/21/2020			
Shipped From	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101 STATE LIC: 0064977 DEA: RA0289276		Ship To	MEMORIAL MEDICAL CENTER 815 N VIRGINIA STREET PORT LAVACA TX 77979		PAYMENT TERMS Monday - Friday due in 7 days	
	AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223						

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	Unit Price	Extended Amount
1	EA	ALBUTEROL SULFATE HFA 90 MCG INH 8.5 GM	TEV	RX	AQ	10211326	00093-3174-31	11.59	11.59
						845412			
1	EA	ALBUTEROL SULFATE HFA 90 MCG INH 8.5 GM	TEV	RX	AQ	10211326	00093-3174-31	0.00	0.00
						845412			
		Short Supply Item							
1	EA	FAMOTIDINE 40 MG TAB 100	TEV	RX	A	10008510	00172-5729-60		
						075162			
		Short Supply Item							
		Anticipated Delivery Date 09/03/2020							
3	EA	FARXIGA 10 MG TAB 30	AST	RX	AQ	10146856	00310-6210-30	0.31	0.93
						366548			
1	EA	HYDROCORTISONE BUTYRATE 0.1% CRM 45 GM	B-L	RX	AQ	10163649	686820-270-45	40.56	40.56
						519987			
3	EA	JANUVIA 100 MG TAB 30	MSD	RX	AQ	10051500	00006-0277-31	0.31	0.93
						798160			
1	EA	OZEMPIC 0.25MG-0.5 MG PFP 1.5ML	NNP	RX	AQ	10183987	00169-4132-12	165.14	165.14
						718546			
1	EA	PULMICORT FLX 180 MCG INH 120	AST	RX	AQ	10053823	00186-0916-12	0.01	0.01
						844973			
2	EA	TAMSULOSIN 0.4 MG CAP 100	ZYD	RX	AQ	10006715	683820-132-01	3.47	6.94
						059238			

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.
 IDOC: 0000003481319144 Invoice Type: ZF8 Order Type: ZS0R 20200809181502 Terms of sale and claims on next page



2 of 2

Ship Date: 08/09/2020

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	Unit Price	Extended Amount
1	EA	VALACYCLOVIR 1 GM TAB 90	MYL	RX	AQ	10010062 087833	00378-4276-77	28.29	28.29
13	Total Number of Pieces for this Invoice								
<u>Product Summary</u>									
<u>Supplies</u>		<u>RX Cost</u>	<u>OTC Cost</u>	<u>Retail</u>	<u>G/P %</u>				
0.00		254.39	0.00	0.00	0.00				

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

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

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###																		
☐ "ENTER YOUR 4-DIGIT PIN"																			
☐ "MAKE A PAYMENT, PRESS 1"	1																		
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941 #																		
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"	1																		
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★ 20																		
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH" 1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	★ 09																		
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM" "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" "ENTER W/CENTS AMOUNT OF MEDICARE" "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	★ <table border="1"><tr><td>\$</td><td>100,239.78</td><td>#</td></tr><tr><td></td><td>1</td><td></td></tr><tr><td>0</td><td>\$ 50,613.34</td><td>#</td></tr><tr><td></td><td>\$ 12,091.20</td><td>#</td></tr><tr><td></td><td>\$ 37,535.24</td><td>#</td></tr><tr><td></td><td>\$</td><td></td></tr></table>	\$	100,239.78	#		1		0	\$ 50,613.34	#		\$ 12,091.20	#		\$ 37,535.24	#		\$	
\$	100,239.78	#																	
	1																		
0	\$ 50,613.34	#																	
	\$ 12,091.20	#																	
	\$ 37,535.24	#																	
	\$																		
☐ "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	CHECK ★ 1																		
☐ ACKNOWLEDGEMENT NUMBER																			

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

Run Date: 08/17/20
Time: 11:26

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 07/31/20 - 08/13/20 Run# 1

Page 114
P2REG

Final Summary

*-- Pay Code Summary -----						*-- Deductions Summary -----					
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount	
1	REGULAR PAY-S1	9492.75	N		N	N		188922.20	A/R	1055.53	A/R2 105.00 A/R3
1	REGULAR PAY-S1	2009.25	N		N	N	N	85767.34	ADVANC	AWARDS	BOOTS
1	REGULAR PAY-S1	317.50	Y		N	N		8712.94	CAFE H	CAFE-1	CAFE-2
2	REGULAR PAY-S2	2514.00	N		N	N		57121.74	CAFE-3	CAFE-4	CAFE-5
2	REGULAR PAY-S2	9.25	N		N	N	N	247.00	CAFE-C	CAFE-D	1798.46\CAFE-F
2	REGULAR PAY-S2	170.50	Y		N	N		5362.55	CAFE-H	20551.21\CAFE-I	CAFE-L
3	REGULAR PAY-S3	1510.75	N		N	N		39625.81	CAFE-P	CANCER	CHILD
3	REGULAR PAY-S3	148.25	Y		N	N		6049.94	CLINIC	35.00 COMBIN	438.97 CREDUN
C	CALL PAY	2370.75	N	1	N	N		4741.50	DD ADV	DENTAL	DEP-LF
E	EXTRA WAGES		N	1	N	N	N	2368.75	DIS-LF	EAT	EATCSH
F	FUNERAL LEAVE	22.00	N	1	N	N		348.42	FEDTAX	37535.24 FICA-M	6045.60 FICA-O 25306.67
K	EXTENDED-ILLNESS-BANK	24.00	N		N	N	N	271.20	FIRSTC	FLEX S	4763.43 FLX FE
K	EXTENDED-ILLNESS-BANK	402.75	N	1	N	N		9458.85	FORT D	FUTA	GIFT S 83.10
P	PAID-TIME-OFF	554.48	N		N	N	N	11057.48	GRANT	GRP-IN	GTL
P	PAID-TIME-OFF	1071.27	N	1	N	N		27951.16	HOSP-I	ID TFT	LEAF
X	CALL PAY 2	160.00	N	1	N	N		320.00	LEGAL	358.16 MASA	827.50 MEALS 262.82
Z	CALL PAY 3	96.00	N	1	N	N		288.00	MISC	MISC/	MMCSHR
p	PAID TIME OFF - PROBATION	92.00	N	1	N	N		1532.40	NATFML	2111.28 OTHER	PHI
									PHI***	PR FIN	RELAY
									REPAY	SAMS	SCRUBS
									SIGNON	ST-TX	STONDF 840.86
									STONE	STONE2	STUDEN
									SUNACC	963.25\SUNILL	1323.28\SUNLIF 1248.48
									SUNSTD	1700.85\SUNVIS	1269.61\SURCHG 765.00
									TSA-1	TSA-2	TSA-C
									TSA-P	TSA-R	31510.35\TUTION
									UNIPOR	1489.34 UN/HOS	-1.00
*----- Grand Totals: 20965.50 -----								Gross: 450147.28	Deductions: 142387.99	Net: 307759.29	
Checks Count:- FT 204 PT 7 Other 42 Female 226 Male 25 Credit								OverAmt 6 ZeroNet	Term	Total: 251	


Pay date:
08-21-20

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- August 10, 2020 - August 16, 2020**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI</u>
8/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110 41399801391837	MMC CAFETE - Credit Card Processing Fee	120.85	
8/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110 41399801332401	MMC CLINIC - Credit Card Processing Fee	743.73	
8/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110 41399801332385	MMC ER - Credit Card Processing Fee	72.85	
8/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110 41399801332419	MMC ONLINE - Credit Card Processing Fee	62.70	
8/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110 41399801332393	MEMORIAL N - Credit Card Processing Fee	2,610.76	
8/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110 41399801368397	CLINICAL HO - Credit Card Processing Fee	724.65	
8/10/2020	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110 39300982589946	MMC OUTPA - Credit Card Processing Fee	129.00	
8/10/2020	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110 39300982541616	MEMORIAL N - Credit Card Processing Fee	670.68	
8/10/2020	STATE COMPTLR TEXNET 37613489/00807 2100002	UHRIP	61,683.12	
8/10/2020	STATE COMPTLR TEXNET 37501782/00807 2100002	ACCRUED NH QIPP IGT	1,337,173.86	
8/10/2020	PAY PLUS ACHTRANS 452579291 101000696737631	- 3rd Party Payor Fee	5.23	
8/11/2020	PAY PLUS ACHTRANS 452579291 101000697495032	- 3rd Party Payor Fee	65.57	
8/11/2020	MCKESSON DRUG AUTO ACH ACH04271985 910000149	- 340B Drug Program Expense	5,759.50	
8/11/2020	IRS USATAXPYMT 220062453546581 6103601000170	- Payroll Taxes	102,069.22	
8/12/2020	PAY PLUS ACHTRANS 452579291 101000698231186	- 3rd Party Payor Fee	65.39	
8/13/2020	PAY PLUS ACHTRANS 452579291 101000698921431	- 3rd Party Payor Fee	0.82	
8/14/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	2,108.50	
8/14/2020	PAY PLUS ACHTRANS 452579291 101000699610188	- 3rd Party Payor Fee	6.33	
			1,514,072.76	

Credit 120.85 +
CASH 743.73 +
Fees 72.85 +
62.70 +
2,610.76 +
724.65 +
129.00 +
670.68 +
5,759.50 +
102,069.22 +

Pay 5.23 +
65.57 +
Plus 65.39 +
0.82 +
6.33 +
1,433.34 +

5,135.22 +
1,433.34 +
5,278.56 +

1,337,173.86 +
61,683.12 +
1,275,490.74 +
5,759.50 +
102,069.22 +
2,108.50 +
5,278.56 +
5,278.56 +
0.00 +

Jason Anglin, CEO
Memorial Medical Center

August 17, 2020

* Approved 08-12-2020 CC
** Approved 08-05-2020 CC
*** Approved 07-29-2020 CC
**** Approved 07-22-2020 CC

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
8/20/2020	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	1,182.64
9/4/2020	ACH Payment STATE COMPTLR TEXNET	ACCRUED UC IGT	3,096.37

Jason Anglin, CEO
Memorial Medical Center

August 17, 2020

Texas Comptroller of Public Accounts

Health and Human Services Commission
Memorial Medical Center Operating County

Identification Number: Location:
Transaction Complete
Trace #:

Payment Total \$3,096.37**Settlement Date** 09/04/2020**PAYMENT DETAIL****UC Hospital Amount** \$3,096.37

A handwritten signature in blue ink, appearing to be "J. Smith", is written over the payment details.

[Return to Menu](#)[Logoff](#)[Help](#)**IMPORTANT: DO NOT USE THE BACK BUTTON ON YOUR BROWSER WHILE USING TEXNET.**

Revised:01/09/13 (483)

DY3 Withheld UC Allocation Form

TRACE Number: 37748263

The Trace Number is in the receipt you receive from the Comptroller once you have submitted your IGT into TexNet.

[illegible]

[WARNING-Remote attachments, VERIFY SENDER]

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.

Providers, Government Entities, and Anchors:

Please read this entire message carefully and make note of the information provided below that failure by IGT entities and providers to submit the required forms may result in a delayed payment for the providers.

HHSC is providing notice to IGT for the DY3 Withheld UC Payment.

Dates pertinent to this payment:

9/3/2020	Last day to submit your IGT into TexNet
9/4/2020	IGT Settlement Date
9/15/2020	UC Transferring Paid
9/30/2020	UC Non-Transferring Paid

Attached to this email are the following documents:

- 2020 DY3 UC Withheld Calculation spreadsheet
- DY3 Withheld UC Allocation Form

Attached to this email is the DY 3 withheld UC payment calculation. Providers will find their payment amount in column O of the first "DY3 Withheld Calculation" tab and IGT amounts in column P. Please ensure you select the applicable UC bucket in TexNet when you enter your IGT. It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the trace number, location number, IGT amount and settlement date, if the TexNet is submitted over the phone, to RAD_UC_Payments@hhsc.state.tx.us. Additionally, you must submit the IGT allocation form with the Trace Sheet. **Please submit the trace sheet and IGT allocation as two separate documents.** Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.

Payment amounts were calculated in accordance with the methodology recently adopted for paying the withheld payments in [1 TAC §355.8201](#). Payment amounts were then compared to the final Uncompensated Cost of Care (UCC) calculated for each provider in the DY 3 UC reconciliation to ensure providers did not exceed their total eligible UCC.

HHSC has removed providers who are ineligible to receive a payment due to changes of ownership or the hospital closing. The remaining providers are eligible for a DY 3 withheld payment as long as the IGT required to fund that payment is received.

If you have questions regarding the UC payment process, please send an email to [RAD UC Payments@hhsc.state.tx.us](mailto:RAD_UC_Payments@hhsc.state.tx.us).

If you have questions regarding the payment calculation file, please send an email to uctools@hhsc.state.tx.us

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

Jason Anglin

From: HHSC RAD UC Payments <RAD_UC_Payments@hhsc.state.tx.us>
Sent: Tuesday, August 11, 2020 6:33 PM
To: 'heintz@gl-law.com'; 'helterbrandr@claritycgc.org'; 'hernandezg0@uthscsa.edu'; 'herron.mitchell@phhs.org'; 'hgonzalez@ci.laredo.tx.us'; 'hholcomb@childresshospital.com'; 'hines4155@sbcglobal.net'; 'hinesf@claritycgc.org'; 'hoffmann@bcd.tamhsc.edu'; Holly Foreman; 'holt@gl-law.com'; 'hong.wade@sweenyhospital.org'; 'hoxfordiv@benoxford.com'; 'hplyler@wghospital.com'; 'htolier@bkd.com'; 'hugh.simmons@atcic.org'; 'hugmanl@nacmem.org'; 'Hunter.hawkins@tsrh.org'; 'hwhitt@rcmhospital.org'; 'HXin@jpshealth.org'; 'Iain.Burchell@UTSouthwestern.edu'; 'igarza@comanchecmc.com'; 'irocha@ecmh.org'; 'is.rocha@dhr-rgv.com'; 'istvan.szucs@christushealth.org'; 'j.barnes@cflr.us'; 'j.casbeer@smmctx.org'; 'j.navarro@dhr-rgv.com'; 'j.williams@lambhc.org'; 'jaceh@parkviewhosp.org'; 'jaceh@parkviewhsop.org'; 'Jack.Wilcox@lpnt.net'; 'jack_montois@brmccares.com'; 'jackie.gavlik@ttuhsc.edu'; 'jackie.stgermain@strategicbh.com'; 'jaclynn.harrison@christushealth.org'; 'jacob.davis@claritycgc.org'; 'jade.andrews@tenethealth.com'; 'jadler@jpshealth.org'; 'Jadler01@jpshealth.org'; 'Jaime.Mitchell@titusregional.com'; 'Jaime.Wesolowski@MHSHealth.com'; 'jaimejames@texashealth.org'; 'jalaniz@pbmhm.com'; 'james.blasingame@phhs.org'; 'james.cagle@strategicbh.com'; 'james.dawson@dshs.state.tx.us'; 'james.l.vitt@uth.tmc.edu'; 'James.McNatt@baylorhealth.edu'; 'James.McNatt@BSWHealth.org'; 'james.wells@dentoncounty.com'; 'James.Wright@hcahealthcare.com'; 'James.wright@tenethealth.com'; 'james1.wright@tenethealth.com'; 'JamesBerg@TexasHealth.org'; 'Jamie.Gragg@lpnt.net'; 'jamie.jacoby@newlighthhealthcare.com'; 'jamie.marsh-wheeler@childrens.com'; 'jamie.mathews@hcmhosp.com'; 'jamiejudd@TexasHealth.org'; 'jana.jones@umchealthsystem.com'; 'janae.hall@ntmconline.net'; 'janak@medicine.tamhsc.edu'; 'janas@co.harrison.tx.us'; 'jandis@ych.us'; 'Jane.Griffith@tenethealth.com'; 'Barrera,Janet G (DSHS); 'janet.garcia@adventhealth.com'; 'janet.montel@parisrmc.com'; 'janet.sammann@cchdonline.com'; 'janet@preferredmanagementcorp.com'; Jason Anglin; 'janice.lightfoot@phhs.org'; 'jannagardner@hhmtx.org'; 'jared.albrecht@co.lee.tx.us'; 'jared@preferredmanagementcorp.com'; 'jareka.anderson@lpnt.net'; 'Jarren.garrett@bhset.net'; 'Jason.Cole@BSWHealth.org'; 'Jason.Cole@BSWHealth.org'; 'Jason.Jennings@BSWHealth.org'; 'jason.linscott@phrtexas.com'; 'jason.miller1@steward.org'; Jason Johnson; 'javier.canetti@campbellwilson.com'; 'javier.delgado@ttuhsc.edu'; 'jay.t.elliott@co.falls.tx.us'; 'Jay.Whitfield@BSWHealth.org'; 'JayWH@baylorhealth.edu'; 'jbailey@mchd.net'; 'jbanks@ttbh.org'; 'jbarnettsarpalius@stlukeshealth.org'; 'jbeauchamp@stlukeshealth.org'; 'jberryhill@andrewscenter.com'; 'jbiley@mchd.net'; 'jbuchanan@BKD.com'; 'jbuckner@dimmitregional.com'

Cc: HHSC Texas Healthcare Transformation and Quality Improvement Program; Brown,Adam (HHSC); Jenkins,Brooke (HHSC); Corzine,Ketha (HHSC); Chang,Sylvia (HHSC); Wade,Tonika (HHSC)

Subject: UC DY3 Withheld IGT Notification - Providers 7 of 21

Attachments: DY3 Withheld UC Allocation Form.xlsx; 2020 DY 3 UC Withheld Calculation.xlsx

Master TPI	Medicaid Number	Medicare Number (CCN)	Hospital Name	Total Uncompensated Care Costs Excluding Other Insurance and Medicare Payments	Disproportionate Share (DSH) Payment	DSH Recoupment Excluding Other Insurance and Medicare Payments	GME Payments	YTD Uncompensated Care (UC) Payment	DY3 Withheld Payment	Total Uncompensated Care (UC) Payment	UC Payment in Excess of UC Cost Excluding Other Insurance and Medicare Payments	Remaining UCC	Redistribution of Capped Funds	Total Withheld UC Payment	Withheld UC IGT
094160103	094160102	450431	ST DAVIDS MEDICAL CENTER	\$63,168,472.87	\$12,691,432.30	\$0.00	\$0.00	\$18,739,726.12	\$197,656.14	\$18,937,382.24	\$0.00	\$31,539,678.33	\$164.91	\$197,021.64	\$81,719.87
113721107	113721102	450447	HAVASUPAI REGIONAL HOSPITAL	\$11,135,920.64	\$1,028,193.90	\$0.00	\$0.00	\$1,210,360.49	\$31,698.03	\$1,242,058.72	\$0.00	\$8,865,660.07	\$46.36	\$31,744.38	\$13,113.60
020908021	020908201	450462	TEXAS HEALTH DALLAS	\$79,112,044.00	\$8,575,171.81	\$0.00	\$0.00	\$25,368,473.93	\$468,045.07	\$25,836,519.00	\$0.00	\$44,700,353.19	\$233.72	\$468,378.79	\$193,445.97
130559304	130559304	450475	MATAGORDA REGIONAL MEDICAL CENTER	\$8,681,942.00	\$4,076,572.01	\$0.00	\$0.00	\$2,104,072.57	\$23,150.61	\$2,128,123.18	\$0.00	\$2,477,245.81	\$12.95	\$23,163.57	\$9,560.87
302177001	302177001	450475	ETHNIC HENDERSON	\$5,518,795.00	\$604,407.29	\$0.00	\$0.00	\$125,877.52	\$12,365.82	\$138,243.34	\$0.00	\$4,776,124.37	\$24.97	\$12,390.79	\$5,118.64
187914001	187914001	450479	MEDICAL ARTS HOSPITAL	\$2,210,012.00	\$667,024.75	\$0.00	\$0.00	\$307,320.38	\$3,279.54	\$310,600.92	\$0.00	\$1,231,479.23	\$6.96	\$3,296.50	\$1,357.65
131230203	131230203	450500	MADOCDOCHES MEMORIAL HOSPITAL	\$18,467,274.95	\$6,412,005.07	\$0.00	\$0.00	\$3,590,384.09	\$26,710.36	\$3,617,094.45	\$0.00	\$8,448,375.43	\$44.17	\$26,754.53	\$1,052.30
163925401	163925401	450510	THE MEDICAL CENTER OF SOUTHEAST TEXAS	\$18,202,115.00	\$2,390,752.02	\$0.00	\$0.00	\$3,590,384.09	\$26,710.36	\$3,617,094.45	\$0.00	\$8,448,375.43	\$44.17	\$26,754.53	\$1,052.30
127265001	127265001	450519	COVENANT HOSPITAL PLAINVIEW	\$6,231,751.00	\$2,891,356.54	\$0.00	\$0.00	\$5,039,126.51	\$27,155.91	\$5,066,282.42	\$0.00	\$10,214,476.02	\$53.41	\$27,099.31	\$23,633.17
113705203	113705203	450556	ABILENE REG MED CTR	\$14,862,994.92	\$1,877,072.05	\$0.00	\$0.00	\$2,230,200.90	\$27,580.62	\$2,257,781.52	\$0.00	\$2,735,211.26	\$15.35	\$27,091.97	\$11,403.20
138950412	138950412	450545	PALO PINTO GENERAL HOSPITAL	\$9,290,396.00	\$3,110,042.62	\$0.00	\$0.00	\$1,480,328.85	\$46,391.99	\$1,526,720.83	\$0.00	\$9,244,052.03	\$43.66	\$46,415.64	\$19,182.56
13726005	13726005	450571	SHANNON MEDICAL CENTER	\$42,233,269.00	\$3,492,147.67	\$0.00	\$0.00	\$1,402,496.35	\$708,847.85	\$1,709,344.20	\$0.00	\$45,000,606.30	\$29.95	\$10,644.32	\$4,397.17
13853107	13853107	450586	BAYLOR COUNTY HOSPITAL DISTRICT	\$1,509,918.00	\$287,236.82	\$0.00	\$0.00	\$265,831.81	\$675.53	\$266,507.33	\$0.00	\$27,051,250.13	\$141.44	\$307,016.39	\$128,828.41
020936001	020936001	450587	BROWNSWOOD REGIONAL MEDICAL CENTER	\$12,734,536.00	\$1,781,804.22	\$0.00	\$0.00	\$2,262,816.02	\$92,911.48	\$2,355,727.50	\$0.00	\$7,119,265.55	\$77.73	\$7,119,265.55	\$77,730.74
121805903	121805903	450591	ANGLETON-DANBURY MEDICAL CENTER	\$2,370,418.00	\$1,149,874.02	\$0.00	\$0.00	\$2,047,213.94	\$2,500.404.75	\$2,049,714.69	\$0.00	\$2,120,471.63	\$11.09	\$3,201.49	\$1,322.54
138911619	138911619	450597	CUERO COMMUNITY HOSPITAL	\$5,294,122.74	\$1,715,349.45	\$0.00	\$0.00	\$657,814.26	\$18,404.61	\$676,218.87	\$0.00	\$2,668,334.42	\$13.95	\$18,418.57	\$7,608.71
121807504	121807504	450617	CLEAR LAKE REG MED CTR	\$62,528,176.00	\$12,453,554.18	\$0.00	\$0.00	\$12,020,756.42	\$126,169.60	\$12,146,926.11	\$0.00	\$17,818,695.73	\$198.26	\$12,367.95	\$51,202.60
217804004	217804004	450620	DIMMIT REGIONAL HOSPITAL DISTRICT	\$4,302,735.00	\$730,854.08	\$0.00	\$0.00	\$730,854.08	\$1,627.16	\$732,481.24	\$0.00	\$1,981,248.17	\$10.36	\$1,981,248.17	\$1,981,248.17
138967201	138967201	450628	HOUSTON NORTHWEST MEDICAL CENTER	\$54,989,492.00	\$7,518,512.18	\$0.00	\$0.00	\$20,699,502.10	\$55,452.67	\$20,754,954.77	\$0.00	\$26,636,025.05	\$179.27	\$55,991.94	\$22,965.03
094166002	094166002	450643	DOCTORS HOSPITAL OF LAHORE	\$22,821,092.88	\$5,438,555.95	\$0.00	\$0.00	\$5,169,123.70	\$86,418.94	\$5,255,542.64	\$0.00	\$1,127,883.27	\$84.33	\$86,545.29	\$35,734.51
020943901	020943901	450647	MEDICAL CITY DALLAS HOSPITAL	\$55,134,253.68	\$11,861,321.96	\$0.00	\$0.00	\$9,725,100.98	\$980,760.16	\$10,705,861.16	\$0.00	\$27,569,070.56	\$170.29	\$980,930.47	\$405,222.30
113632705	113632705	450654	STARON COUNTY MEMORIAL HOSPITAL	\$12,055,202.00	\$3,102,496.71	\$0.00	\$0.00	\$2,999,755.65	\$63.25	\$2,999,818.90	\$0.00	\$2,962,356.09	\$31.17	\$62,032.97	\$25,757.75
020947001	020947001	450661	ODessa REGIONAL HOSPITAL	\$23,867,086.00	\$5,760,513.30	\$0.00	\$0.00	\$4,831,269.93	\$403,521.31	\$5,234,791.31	\$0.00	\$12,058,781.19	\$63.05	\$403,584.67	\$166,720.73
020950401	020950401	450675	MEDICAL CENTER OF ARLINGTON	\$45,255,091.04	\$8,076,465.26	\$0.00	\$0.00	\$8,092,116.51	\$10,789.06	\$8,102,905.57	\$0.00	\$20,141,650.10	\$157.60	\$13,094.66	\$54,094.07
113799206	113799206	450686	UNIVERSITY MEDICAL CENTER	\$48,727,790.99	\$7,421,445.84	\$0.00	\$0.00	\$16,619,162.48	\$241,509.13	\$16,860,671.61	\$0.00	\$27,441,443.75	\$117.34	\$24,626.46	\$99,815.89
136491104	136491104	450692	SOUTHWEST GENERAL HOSPITAL	\$117,366,164.01	\$19,371,044.73	\$0.00	\$0.00	\$24,656,787.15	\$329,169.29	\$24,985,956.44	\$0.00	\$1,409,664.78	\$268.80	\$329,438.09	\$136,690.87
127162902	127162902	450711	BIO GRANDE REGIONAL HOSPITAL	\$13,872,467.00	\$7,506,659.46	\$0.00	\$0.00	\$6,531,059.59	\$64,464.48	\$6,595,524.07	\$0.00	\$1,074,181.27	\$99.19	\$64,545.87	\$35,012.76
370209001	370209001	450716	CYPRESS FAIRBANKS MEDICAL CENTER	\$49,341,797.00	\$5,335,040.88	\$0.00	\$0.00	\$8,695,561.32	\$175,629.30	\$8,871,190.62	\$0.00	\$10,942,165.02	\$161.28	\$175,619.56	\$73,371.63
121053602	121053602	450746	KNOX COUNTY HOSPITAL	\$26,992,268.00	\$4,614,185.96	\$0.00	\$0.00	\$7,786,583.44	\$42,556.14	\$7,829,139.58	\$0.00	\$14,554,022.46	\$76.10	\$42,612.30	\$12,611.30
131258705	131258705	450755	COVENANT HOSPITAL LEBLANC	\$713,038.92	\$257,837.24	\$0.00	\$0.00	\$234,360.19	\$574.55	\$234,934.74	\$0.00	\$220,249.92	\$1.15	\$575.10	\$237.82
020973601	020973601	450788	CORPUS CHRISTI MEDICAL CENTER	\$3,411,494.00	\$583,032.95	\$0.00	\$0.00	\$1,237,507.34	\$13,777.17	\$1,251,284.51	\$0.00	\$1,576,076.58	\$8.24	\$1,576,076.58	\$1,576,076.58
020976902	020976902	450801	CHRISTUS ST MICHAEL	\$44,054,227.00	\$8,929,612.06	\$0.00	\$0.00	\$12,907,895.76	\$146,830.00	\$13,054,725.76	\$0.00	\$27,069,889.18	\$115.40	\$146,945.40	\$60,701.14
094222903	094222903	450808	CHRISTUS SPOHN ALICE	\$45,066,297.00	\$5,505,545.15	\$0.00	\$0.00	\$11,322,585.31	\$96,454.49	\$11,419,039.80	\$0.00	\$28,055,712.05	\$144.69	\$96,601.18	\$39,905.95
121022403	121022403	450823	ENNIS REGIONAL MEDICAL CENTER	\$16,532,810.00	\$1,889,162.95	\$0.00	\$0.00	\$3,851,857.25	\$49,127.83	\$3,901,010.08	\$0.00	\$10,742,616.97	\$56.17	\$49,229.00	\$20,336.50
146071401	146071401	450848	MEMORIAL HERMANN SUGAR LAND HOSPITAL	\$6,234,678.00	\$2,761,705.59	\$0.00	\$0.00	\$620,661.27	\$12,262.53	\$632,923.80	\$0.00	\$4,864,967.61	\$25.44	\$12,287.97	\$5,076.16
160709501	160709501	450869	DOCTORS HOSPITAL AT RENAISSANCE	\$17,649,956.00	\$2,154,934.03	\$0.00	\$0.00	\$9,791,736.40	\$94,178.41	\$9,885,914.81	\$0.00	\$6,009,107.16	\$31.42	\$94,709.83	\$38,918.00
146714001	146714001	451302	LIMESTONE MEDICAL CENTER	\$107,381,086.24	\$23,737,731.82	\$0.00	\$0.00	\$11,028,971.41	\$496,562.44	\$11,525,533.84	\$0.00	\$73,527,811.18	\$784.45	\$496,946.47	\$205,208.59
137272806	137272806	451303	YOUNG COUNTY HOSPITAL	\$2,716,156.00	\$845,955.25	\$0.00	\$0.00	\$1,469,271.00	\$43,377.00	\$1,512,648.00	\$0.00	\$1,512,648.00	\$3.75	\$43,377.00	\$1,512,648.00
020991801	020991801	451310	PERDUE MEMORIAL HOSPITAL	\$3,099,365.00	\$10,677.41	\$0.00	\$0.00	\$943,812.83	\$8,121.27	\$951,934.10	\$0.00	\$1,318,758.49	\$6.50	\$8,121.27	\$3,357.74
020992601	020992601	451311	STONEMAN MEMORIAL HOSPITAL	\$2,346,051.20	\$168,528.83	\$0.00	\$0.00	\$584,443.55	\$1,914.99	\$586,358.54	\$0.00	\$1,391,110.02	\$7.27	\$1,391,110.02	\$1,391,110.02
141858401	141858401	451319	MOTHEW FRANCES HOSPITAL-JACKSONVILLE	\$5,034,716.93	\$95,595.63	\$0.00	\$0.00	\$2,763,156.14	\$18,318.86	\$2,781,475.00	\$0.00	\$1,943,121.16	\$10.15	\$1,943,121.16	\$1,943,121.16
121781205	121781205	451324	ULLMAN M HOSPITAL MEMORIAL HOSP	\$1,182,444.91	\$452,266.81	\$0.00	\$0.00	\$421,949.60	\$2,177.45	\$424,127.05	\$0.00	\$313,041.05	\$1.64	\$313,041.05	\$313,041.05
091770005	091770005	451325	CONCHO COUNTY HOSPITAL	\$811,944.00	\$194,999.00	\$0.00	\$0.00	\$174,654.00	\$395.48	\$175,049.48	\$0.00	\$441,968.49	\$2.31	\$197.99	\$164.61
212140201	212140201	451330	MEDINA REGIONAL HOSPITAL	\$4,633,742.40	\$1,352,169.92	\$0.00	\$0.00	\$1,812,487.34	\$9,126.76	\$1,821,614.10	\$0.00	\$854,768.66	\$4.47	\$9,141.23	\$3,776.24
130826407	130826407	451331	COON MEMORIAL HOSPITAL	\$2,281,064.00	\$559,901.28	\$0.00	\$0.00	\$501,172.72	\$3,690.22	\$504,862.94	\$0.00	\$1,136,299.78	\$5.94	\$3,690.16	\$1,526.08
126667806	126667806	451337	WJ MANGOLD MEMORIAL HOSPITAL	\$1,458,436.00	\$391,214.46	\$0.00	\$0.00	\$369,563.18	\$3,531.71	\$373,094.89	\$0.00	\$606,026.65	\$3.59	\$3,535.30	\$1,460.43
121692107	121692107	451352	HARDEMAN COUNTY HOSPITAL	\$1,695,827.50	\$261,067.57	\$0.00	\$0.00	\$133,420.36	\$1,355.94	\$134,776.30	\$0.00	\$1,299,201.63	\$6.79	\$142.74	\$56.97
110854504	110854504	451354	OLNEY HAMILTON HOSPITAL DISTRICT	\$2,132,317.00	\$394,712.42	\$0.00	\$0.00	\$502,849.38	\$231.41	\$503,080.79	\$0.00	\$1,274,523.79	\$6.45	\$237.86	\$98.26
137999111	137999111	451356	MEMORIAL MEDICAL CENTER	\$4,082,147.19	\$831,744.32	\$0.00	\$0.00	\$690,176.00	\$7,402.41	\$697,578.41	\$0.00	\$2,492,749.57	\$12.03	\$7,402.41	\$2,492.74
094121303	094121303	451358	MEMORIAL HOSPITAL-SEMINOLE	\$5,199,359.70	\$880,888.03	\$0.00	\$0.00	\$939,749.48	\$3,606.91	\$943,356.39	\$0.00	\$3,375,115.28	\$17.65	\$3,624.55	\$1,497.30
112704504	112704504	451359	OCHILTREE GENERAL HOSPITAL	\$1,247,093.00	\$802,661.76	\$0.00	\$0.00	\$144,357.47	\$4,543.00	\$148,900.47	\$0.00	\$295,440.77	\$1.54	\$4,544.55	\$1,877.35
121090305	121090305	451363	JACKSON COUNTY HOSPITAL	\$3,157,412.00	\$926,425.02	\$0.00	\$0.00	\$1,696,599.77	\$2,275.27	\$1,703,875.04	\$0.00	\$532,151.94	\$2.70	\$2,279.05	\$941.06
197843401	197843401	451369	GOLDEN PLAINS COMMUNITY HOSPITAL	\$5,583,690.90	\$254,981.08	\$0.00	\$0.00	\$3,866,070.10	\$4,144.13	\$3,870,214.23	\$0.00	\$1,277,792.59	\$7.20	\$4,151.34	\$1,714.92
113632705	113632705	451377	REYES COUNTY HOSPITAL	\$3,926,017.51	\$1,251,347.34	\$0.00	\$0.00	\$1,254,397.67	\$1,977.30	\$1,256,374.97	\$0.00	\$1,318,095.17	\$6.89	\$1,318,095.17	\$1,318,095.17
094245603	094245603	451378	BIG BEND REGIONAL MED CTR	\$2,267,602.00	\$212,957.52	\$0.00	\$0.00	\$1,857,644.10	\$11,410.63	\$1,869,054.73	\$0.00	\$1,190,369.75	\$11.45	\$11,422.09	\$4,718.47
281400304	281400304	451382	COMANCHE COUNTY MEDICAL CENTER	\$2,54											

Master TPI	Medicaid Number	Medicare Number (CEN)	Hospital Name	Total Uncompensated Care Costs Excluding Other Insurance and Medicare Payments	Disproportionate Share Hospital (DSH) Payment	DSH Recoupment Excluding Other Insurance and Medicare Payments	GME Payments	YTD Uncompensated Care (UC) Payment	DY3 Withheld Payment	Total Uncompensated Care (UC) Payment	UC Payment in Excess of UC Cost Excluding Other Insurance and Medicare Payments	Remaining UCC	Redistribution of Capped Funds	Total Withheld UC Payment	Withheld UC IGT
130601104	130601104	450002	PROVIDENCE MEMORIAL HOSPITAL	\$43,544,891.91	\$10,622,918.52	\$0.00	\$0.00	\$7,955,458.84	\$3,455,170.66	\$8,300,729.96	\$0.00	\$24,620,907.48	\$128.73	\$345,645.80	\$142,706.28
132517706	132517706	450018	UNITED REGIONAL HEALTH CARE SYSTEM	\$37,541,920.00	\$5,333,222.78	\$0.00	\$0.00	\$25,681,300.26	\$14,665,078.88	\$25,827,376.14	\$0.00	\$16,181,321.08	\$136.89	\$146,212.77	\$60,400.50
132726740	132726740	450011	ST JOSEPH REGIONAL HEALTH CENTER	\$47,211,129.70	\$4,711,493.64	\$0.00	\$0.00	\$13,732,414.89	\$11,930,399.99	\$14,842,724.08	\$0.00	\$17,302,753.18	\$142.76	\$110,452.74	\$43,678.03
132729570	132729570	450015	DALLAS CO HOSP DIST	\$734,809,621.00	\$17,262,909.89	\$0.00	\$0.00	\$313,507,467.63	\$88,044.91	\$313,595,512.62	\$0.00	\$247,152,086.49	\$1,292.26	\$89,327.25	\$36,905.22
139485012	139485012	450021	BAYLOR UNIVERSITY MEDICAL CTR	\$14,895,511.11	\$14,895,511.11	\$0.00	\$0.00	\$15,218,882.46	\$446,070.42	\$15,218,882.46	\$0.00	\$82,467,493.40	\$43.19	\$446,501.61	\$104,449.82
139512111	139512111	450024	UNIVERSITY MEDICAL CENTER OF EL PASO	\$123,928,688.00	\$38,432,493.32	\$0.00	\$0.00	\$155,750,202.86	\$23,564.85	\$155,764,557.71	\$0.00	\$29,214,036.97	\$155.36	\$23,708.22	\$9,798.82
294543801	294543801	450028	VALLEY BAPTIST MED CTR BROWNSVILLE	\$48,073,432.11	\$7,723,744.18	\$0.00	\$0.00	\$10,595,306.90	\$29,138.86	\$10,787,457.76	\$0.00	\$29,112,742.37	\$152.22	\$142,055.45	\$17,557.55
362032801	362032801	450029	LAREDO MEDICAL CENTER	\$64,224,838.00	\$10,376,064.50	\$0.00	\$0.00	\$8,462,697.09	\$25,272.15	\$8,697,964.44	\$0.00	\$45,161,808.98	\$236.13	\$225,588.48	\$31,157.55
112667403	112667403	450032	MARSHALL REGIONAL MEDICAL CENTER	\$14,176,812.00	\$1,351,274.92	\$0.00	\$0.00	\$2,687,203.30	\$157,185.93	\$2,844,388.33	\$0.00	\$9,943,148.75	\$51.98	\$157,277.01	\$64,954.61
292096901	292096901	450033	VALLEY BAPTIST MEDICAL CENTER	\$79,411,419.23	\$8,905,186.43	\$0.00	\$0.00	\$15,820,769.74	\$51,320.66	\$16,334,029.42	\$0.00	\$54,172,191.39	\$383.25	\$51,552.90	\$212,148.70
138296208	138296208	450034	CHRISTUS HOSPITAL	\$62,971,662.00	\$7,491,770.91	\$0.00	\$0.00	\$27,603,427.11	\$174,292.16	\$27,777,719.27	\$0.00	\$27,702,171.90	\$144.84	\$174,437.80	\$72,059.92
181706601	181706601	450035	ST JOSEPH MEDICAL CENTER	\$45,670,057.00	\$12,684,939.65	\$0.00	\$0.00	\$13,352,324.42	\$26,841.28	\$13,379,165.90	\$0.00	\$19,805,951.45	\$103.56	\$26,944.84	\$11,120.91
094095102	094095102	450037	GOOD SHEPHERD MEDICAL CENTER	\$56,659,688.00	\$9,436,687.95	\$0.00	\$0.00	\$19,289,700.80	\$695,261.40	\$19,984,962.20	\$0.00	\$27,238,227.85	\$142.42	\$495,403.82	\$287,271.32
126675104	126675104	450039	TCHO D/B/A IPS HEALTH NETWORK	\$347,160,139.00	\$102,487,700.27	\$0.00	\$0.00	\$170,840,442.99	\$14,985.93	\$170,855,428.94	\$0.00	\$73,817,009.79	\$385.96	\$15,371.91	\$6,350.14
139461107	139461107	450040	COVENANT HEALTH SYSTEM	\$69,123,803.74	\$6,818,720.78	\$0.00	\$0.00	\$12,026,704.13	\$144,693.02	\$12,171,397.15	\$0.00	\$30,132,186.01	\$157.55	\$146,850.57	\$60,661.97
121775403	121775403	450046	CHRISTUS SPOHN HOSP CORPUS CHRISTI	\$136,367,673.39	\$14,145,431.87	\$0.00	\$0.00	\$54,934,096.74	\$119,839.92	\$55,053,936.66	\$0.00	\$67,160,302.77	\$351.20	\$120,191.11	\$49,650.95
135012405	135012405	450051	METHUEN DALLAS MEDICAL CENTER	\$80,731,387.49	\$10,521,519.97	\$0.00	\$0.00	\$26,201,567.63	\$487,279.92	\$26,688,847.55	\$0.00	\$43,681,067.17	\$227.97	\$487,467.89	\$108,324.99
481716601	481716601	450052	GOODALL-WITCHER HOSPITAL AUTHORITY	\$1,418,755.00	\$195,736.59	\$0.00	\$0.00	\$823,196.10	\$3,261.77	\$826,457.87	\$0.00	\$286,900.54	\$1.50	\$3,263.27	\$1,248.06
137249208	137249208	450054	SCOTT AND WHITE MEMORIAL HOSPITAL	\$192,106,781.16	\$19,479,732.35	\$0.00	\$0.00	\$69,178,491.82	\$376,895.21	\$69,555,387.03	\$0.00	\$10,650,644.78	\$758.55	\$377,472.36	\$135,024.41
132344792	132344792	450055	ROLLING PLAINS MEMORIAL HOSPITAL	\$6,742,412.00	\$1,855,069.09	\$0.00	\$0.00	\$2,030,091.89	\$6,459.43	\$2,037,551.32	\$0.00	\$2,850,301.59	\$1.40	\$6,074.37	\$2,509.31
159216201	159216201	450058	BAPTIST HEALTH SYSTEM	\$119,765,122.23	\$25,452,712.27	\$0.00	\$0.00	\$21,731,815.66	\$818,049.91	\$22,550,865.57	\$0.00	\$21,271,421.98	\$378.28	\$811,072.20	\$335,053.93
137805107	137805107	450068	MEMORIAL HERMANN TEXAS MEDICAL CTR	\$236,309,364.06	\$38,615,855.42	\$0.00	\$0.00	\$79,650,886.17	\$7,416,408.81	\$87,067,295.94	\$0.00	\$126,076,721.70	\$658.20	\$2,437,146.02	\$1,006,785.02
130733102	130733102	450072	DM COGDELL MEMORIAL HOSPITAL	\$3,842,402.00	\$1,179,192.37	\$0.00	\$0.00	\$1,220,848.85	\$5,104.30	\$1,225,953.15	\$0.00	\$877,254.48	\$4.38	\$5,110.67	\$3,111.22
384187001	384187001	450078	ANSON GENERAL HOSPITAL	\$1,879,512.00	\$202,293.18	\$0.00	\$0.00	\$303,964.75	\$632.39	\$304,597.14	\$0.00	\$1,372,623.48	\$7.18	\$639.57	\$264.21
138913209	138913209	450080	ITTUS REGIONAL MEDICAL CENTER	\$8,347,335.00	\$2,997,449.04	\$0.00	\$0.00	\$1,622,874.65	\$18,784.95	\$1,641,701.60	\$0.00	\$3,688,184.36	\$19.28	\$18,896.23	\$16,040.03
020811801	020811801	450082	CHRISTUS SPOHN BEE HOSPITAL	\$9,653,930.00	\$1,019,121.36	\$0.00	\$0.00	\$3,158,072.60	\$24,608.17	\$3,182,680.77	\$0.00	\$5,451,185.78	\$28.50	\$24,636.47	\$19,177.41
388147201	388147201	450083	ETMC - TYLER	\$55,145,070.00	\$6,147,153.85	\$0.00	\$0.00	\$2,396,353.39	\$53,987.42	\$2,450,340.81	\$0.00	\$46,549,442.34	\$243.39	\$53,230.81	\$21,989.65
146445401	146445401	450085	GRAHAM REGIONAL MEDICAL CENTER	\$2,679,121.00	\$411,448.98	\$0.00	\$0.00	\$909,994.60	\$3,868.70	\$913,863.30	\$0.00	\$1,353,808.72	\$7.08	\$3,875.78	\$1,601.08
396650901	396650901	450090	NORTH TEXAS MEDICAL CENTER	\$6,192,091.00	\$2,810,439.81	\$0.00	\$0.00	\$3,302,553.19	\$15,150.64	\$3,317,703.83	\$15,150.64	\$0.00	\$0.00	\$0.00	\$0.00
110801703	110801703	450092	FORT DUNCAN MEDICAL CENTER	\$17,614,798.14	\$2,773,139.20	\$0.00	\$0.00	\$1,493,754.93	\$20,444.00	\$1,514,200.93	\$0.00	\$13,377,458.04	\$69.95	\$20,515.94	\$8,475.13
020817501	020817501	450097	BAYSHORE MEDICAL CENTER	\$73,486,733.00	\$10,693,891.61	\$0.00	\$0.00	\$19,445,702.59	\$55,941.70	\$19,501,644.37	\$0.00	\$43,285,799.06	\$226.32	\$56,168.06	\$23,203.03
308032701	308032701	450099	PAMPA REGIONAL MEDICAL CENTER	\$4,756,643.32	\$498,958.03	\$0.00	\$0.00	\$2,791,051.25	\$1,622.88	\$2,804,676.09	\$0.00	\$1,633,089.22	\$8.64	\$13,631.48	\$5,631.16
138962901	138962901	450101	HILLCREST BAPTIST MEDICAL CENTER	\$49,430,605.66	\$5,149,711.59	\$0.00	\$0.00	\$14,602,012.11	\$27,255.14	\$14,809,267.45	\$0.00	\$29,471,626.61	\$154.10	\$207,409.24	\$85,680.26
094108002	094108002	450102	MOTHER FRANCES HOSPITAL	\$20,539,782.17	\$2,820,135.70	\$0.00	\$0.00	\$15,846,391.78	\$12,876.54	\$15,859,268.32	\$0.00	\$25,718,358.36	\$124.47	\$15,031.01	\$63,217.11
094109802	094109802	450107	LAS PALMAS MEDICAL CENTER	\$7,721,591.81	\$1,421,481.81	\$0.00	\$0.00	\$1,215,543.04	\$293,197.47	\$1,508,740.71	\$0.00	\$50,917,431.29	\$266.31	\$293,463.98	\$121,233.97
135151206	135151206	450108	COMMUNITY MEMORIAL MEDICAL CENTER	\$4,794,345.00	\$1,541,578.42	\$0.00	\$0.00	\$1,475,519.95	\$5,840.76	\$1,481,360.71	\$0.00	\$1,721,413.87	\$9.26	\$5,850.82	\$2,416.64
094113001	094113001	450110	SOUTH TEXAS HEALTH SYSTEM	\$95,401,086.28	\$18,152,787.15	\$0.00	\$0.00	\$25,202,776.13	\$14,559.44	\$25,217,335.77	\$0.00	\$42,011,463.37	\$219.77	\$41,779.40	\$17,790.67
126616101	126616101	450124	UNIVERSITY MED CENTER BRACKENRIDGE	\$153,268,519.07	\$31,665,390.26	\$0.00	\$0.00	\$51,659,384.36	\$126,085.61	\$51,785,469.97	\$0.00	\$172,413,058.81	\$648.16	\$126,453.78	\$52,218.06
135035706	135035706	450128	JOHNS HOPKINS MEDICAL CENTER	\$36,126,308.56	\$5,617,193.70	\$0.00	\$0.00	\$13,809,571.70	\$49,531.00	\$13,859,102.50	\$0.00	\$16,700,011.35	\$87.32	\$49,615.12	\$20,857.66
135235306	135235306	450132	MEDICAL CENTER HEALTH SYSTEM	\$52,480,323.00	\$21,253,447.00	\$0.00	\$0.00	\$19,222,737.31	\$68,455.84	\$19,291,193.15	\$0.00	\$21,435,442.85	\$112.08	\$68,407.91	\$28,241.93
136143806	136143806	450133	MIDLAND MEMORIAL HOSPITAL	\$37,653,114.80	\$10,579,215.22	\$0.00	\$0.00	\$8,620,464.46	\$69,887.40	\$8,690,351.86	\$0.00	\$15,383,451.92	\$80.42	\$69,967.87	\$28,903.71
112677302	112677302	450135	TEXAS HEALTH FORT WORTH	\$11,427,208.00	\$1,391,215.94	\$0.00	\$0.00	\$2,886,250.86	\$301,734.71	\$2,790,455.57	\$0.00	\$79,295,946.49	\$414.61	\$304,209.32	\$125,668.87
135035606	135035606	450137	BAYLOR ALL SAINTS MEDICAL CENTER	\$51,197,465.00	\$8,256,722.63	\$0.00	\$0.00	\$5,233,444.59	\$98,052.56	\$5,331,497.15	\$0.00	\$37,619,265.22	\$196.78	\$98,249.26	\$40,584.77
094118902	094118902	450147	DETAR HEALTHCARE SYSTEMS	\$25,735,761.70	\$2,746,072.42	\$0.00	\$0.00	\$7,415,206.78	\$106,165.74	\$7,521,372.52	\$0.00	\$15,468,136.06	\$80.88	\$2,621,372.52	\$43,899.47
094119702	094119702	450152	METROPLEX HOSPITAL	\$21,566,690.00	\$3,175,551.84	\$0.00	\$0.00	\$8,113,293.10	\$79,757.27	\$8,193,050.37	\$0.00	\$10,198,088.19	\$53.32	\$79,818.59	\$27,960.75
119877204	119877204	450154	VAL VERDE REGIONAL MEDICAL CENTER	\$16,679,116.62	\$3,666,012.16	\$0.00	\$0.00	\$3,587,079.11	\$18,752.49	\$3,605,831.60	\$0.00	\$9,487,272.26	\$49.19	\$18,801.68	\$7,769.97
133544006	133544006	450155	IRKEFORD REGIONAL MEDICAL CTR	\$6,479,691.00	\$1,652,668.46	\$0.00	\$0.00	\$1,578,933.94	\$1,551.70	\$1,580,485.64	\$0.00	\$844,536.90	\$4.42	\$1,556.12	\$4,773.83
136436606	136436606	450163	CHRISTUS SPOHN KLEBERG MEMORIAL HOSP	\$8,786,457.25	\$1,816,585.83	\$0.00	\$0.00	\$3,572,024.16	\$20,852.81	\$3,592,876.97	\$0.00	\$3,376,994.45	\$17.66	\$20,876.47	\$8,621.59
374209401	374209401	450165	SOUTH TEXAS MEDICAL CENTER	\$9,605,932.25	\$6,449,58.58	\$0.00	\$0.00	\$1,732,781.43	\$13,576.76	\$1,746,358.21	\$0.00	\$2,174,112.97	\$32.51	\$13,614.29	\$5,624.06
112674902	112674902	450176	MISSION HOSPITAL	\$51,243,071.00	\$6,725,117.38	\$0.00	\$0.00	\$11,954,354.71	\$59,774.24	\$12,014,128.95	\$0.00	\$32,509,624.67	\$169.95	\$59,944.19	\$24,784.94
121782009	121782009	450177	VALDE MEMORIAL HOSPITAL	\$16,019,074.28	\$4,418,215.52	\$0.00	\$0.00	\$4,985,675.65	\$51,314.73	\$5,037,010.38	\$0.00	\$6,566,721.30	\$34.32	\$51,369.05	\$12,220.55
120614909	120614909	450178	PECOS COUNTY MEMORIAL HOSPITAL	\$6,990,879.00	\$1,853,229.22	\$0.00	\$0.00	\$763,470.23	\$2,851.94	\$766,322.17	\$0.00	\$2,171,727.61	\$12.40	\$2,864.31	\$1,051.25
020824001	020824001	450184	MEMORIAL HERMANN HOSPITAL SYS	\$190,724,314.63	\$32,894,412.00	\$0.00	\$0.00	\$98,764,559.94	\$872,089.97	\$99,637,649.91	\$0.00	\$26,723,116.77	\$798.54	\$873,408.46	\$160,805.03
387281201	387281201	450194	ETMC JACKSONVILLE	\$5,480,672.00	\$747,064.76	\$0.00	\$0.00	\$1,255,077.52	\$33,255.51	\$1,288,333.03	\$0.00	\$4,574,179.21	\$23.92	\$33,278.43	\$11,747.32
162111101	162111101	450196	PARIS REGIONAL MEDICAL CENTER	\$19,670,6											

Master TFI	Medicaid Number	Hindicare Number (CH)	Hospital Name	Total Uncompensated Care Costs Excluding Other Insurance and Medicare Payments	Disproportionate Share Hospital (DSH) Payment	DSH Recoupment Excluding Other Insurance and Medicare Payments	CME Payments	YTD Uncompensated Care (UC) Payment	DY3 Withheld Payment	Total Uncompensated Care (UC) Payment	UC Payment in Excess of UC Cost Excluding Other Insurance and Medicare Payments	Remaining UCC	Redistribution of Capped Funds	Total Withheld UC Payment	Withheld UC IGT
139122412	139122412	450211	MEMORIAL MEDICAL CENTER OF EAST TX	\$26,389,668.00	\$0.00	\$0.00	\$0.00	\$6,872,823.75	\$82,451.93	\$6,955,275.68	\$0.00	\$20,214,392.32	\$105.69	\$92,557.62	\$34,104.55
020941501	020941501	450222	COMBIE REGIONAL MEDICAL CENTER	\$42,705,729.67	\$0.00	\$0.00	\$0.00	\$15,945,053.32	\$24,973.86	\$15,970,027.18	\$0.00	\$26,736,702.49	\$139.80	\$25,117.66	\$10,374.45
130666006	130666006	450223	DFCATOR COMMUNITY HOSPITAL	\$19,786,742.00	\$0.00	\$0.00	\$0.00	\$14,519,112.40	\$10,842.18	\$14,529,954.58	\$0.00	\$5,256,787.42	\$27.49	\$10,869.67	\$4,490.26
362292801	362292801	450224	BAYLOR MEDICAL CENTER AT GARLAND	\$40,774,378.00	\$0.00	\$0.00	\$0.00	\$16,211,572.84	\$35,071.28	\$16,246,644.12	\$0.00	\$24,120,073.88	\$126.16	\$35,197.44	\$14,540.06
021410302	021410302	450225	FRESHBERRY HOSPITAL OF KAUFMAN	\$8,254,792.00	\$0.00	\$0.00	\$0.00	\$2,537,210.45	\$16,316.81	\$2,553,527.26	\$0.00	\$5,701,264.74	\$29.81	\$16,346.62	\$6,752.79
020804501	020804501	450229	COLLEGE STATION MEDICAL CENTER	\$15,776,282.00	\$0.00	\$0.00	\$0.00	\$1,398,210.55	\$74,008.60	\$1,472,219.15	\$0.00	\$14,304,062.85	\$74.79	\$74,083.39	\$10,603.85
127301902	127301902	450330	OAKBEND MEDICAL CENTER	\$28,115,159.98	\$0.00	\$0.00	\$0.00	\$10,228,611.99	\$17,868.28	\$10,246,479.27	\$0.00	\$17,888,680.61	\$93.53	\$17,961.82	\$7,420.03
112691002	112691002	450340	SAN ANGELO COMMUNITY MEDICAL CENTER	\$16,109,485.50	\$0.00	\$0.00	\$0.00	\$7,335,272.41	\$81,349.55	\$7,416,621.96	\$0.00	\$8,772,864.61	\$45.87	\$81,395.42	\$13,024.45
137949705	137949705	450358	THE METHODIST HOSPITAL	\$95,830,361.00	\$0.00	\$0.00	\$0.00	\$34,416,038.20	\$50,867.22	\$34,466,905.42	\$0.00	\$61,364,275.58	\$320.85	\$50,368.07	\$22,807.05
135223905	135223905	450372	BAYLOR MEDICAL CENTER AT WAXAHACHIE	\$13,287,620.00	\$0.00	\$0.00	\$0.00	\$1,793,837.81	\$10,359.10	\$1,804,196.91	\$0.00	\$11,482,423.09	\$68.48	\$10,427.58	\$4,207.63
137704409	137704409	450411	EASTLAND MEMORIAL HOSPITAL	\$28,115,159.98	\$0.00	\$0.00	\$0.00	\$1,056,692.91	\$6,244.72	\$1,062,937.63	\$0.00	\$1,944,247.58	\$5.72	\$6,244.72	\$2,620.20
137304703	137304703	450419	TEXAS HEALTH HARRIS METHODIST AZLE	\$6,496,180.00	\$0.00	\$0.00	\$0.00	\$1,217,452.90	\$1,063,019.43	\$2,280,472.33	\$0.00	\$5,433,140.37	\$20.41	\$6,375.17	\$2,632.57
137762006	137762006	450424	SAN JACINTO METHODIST HOSPITAL	\$79,708,128.00	\$0.00	\$0.00	\$0.00	\$18,392,191.79	\$36,258.01	\$18,428,449.80	\$0.00	\$21,270,678.20	\$111.32	\$20,369.22	\$15,450.37
136719901	136719901	450451	GLEN ROSE MEDICAL CENTER	\$13,287,620.00	\$0.00	\$0.00	\$0.00	\$436,194.33	\$2,678.62	\$438,872.95	\$0.00	\$2,530,811.09	\$12.23	\$2,491.85	\$1,135.50
136381405	136381405	450460	TYLER COUNTY HOSPITAL	\$2,166,674.63	\$0.00	\$0.00	\$0.00	\$1,148,356.42	\$7,261.46	\$1,155,617.88	\$0.00	\$1,015,062.75	\$5.31	\$1,266.77	\$1,021.86
137203405	137203405	450497	BOWIE MEMORIAL HOSPITAL	\$1,496,796.00	\$0.00	\$0.00	\$0.00	\$501,791.89	\$2,468.44	\$504,260.33	\$0.00	\$992,535.67	\$5.19	\$2,473.63	\$1,021.86
137391901	137391901	450498	STEPHENS MEMORIAL HOSPITAL	\$2,084,590.16	\$0.00	\$0.00	\$0.00	\$983,987.77	\$2,298.86	\$986,286.63	\$0.00	\$1,190,303.47	\$6.27	\$2,305.12	\$952.25
209354501	209354501	450537	METHODIST RICHARDSON MEDICAL CENTER	\$19,797,098.00	\$0.00	\$0.00	\$0.00	\$5,572,441.55	\$2,894.07	\$5,575,335.62	\$0.00	\$14,221,762.39	\$74.57	\$2,868.63	\$1,226.34
127262701	127262701	450563	BAYLOR MEDICAL CENTER-GRAPEVINE	\$15,622,428.00	\$0.00	\$0.00	\$0.00	\$3,789,310.31	\$104,133.20	\$4,173,443.51	\$0.00	\$11,448,984.49	\$59.86	\$184,193.07	\$76,090.10
109580671	109580671	450575	HEMPHILL COUNTY HOSPITAL	\$1,113,027.00	\$0.00	\$0.00	\$0.00	\$284,510.07	\$7,157.99	\$291,668.06	\$0.00	\$827,890.94	\$4.33	\$270.12	\$27.54
112707606	112707606	450594	WILMARGER GENERAL HOSPITAL	\$2,119,155.50	\$0.00	\$0.00	\$0.00	\$1,361,585.99	\$5,394.02	\$1,366,980.01	\$0.00	\$752,175.49	\$3.93	\$5,397.96	\$2,224.90
109417302	109417302	450596	LAKE GRAMMERY MEDICAL CENTER	\$9,278,435.46	\$0.00	\$0.00	\$0.00	\$683,142.09	\$33,291.44	\$716,433.53	\$0.00	\$9,161,901.85	\$47.90	\$33,425.37	\$13,813.80
126430906	126430906	450610	MEMORIAL HERMANN MEMORIAL CITY MEDIC	\$4,999,661.25	\$0.00	\$0.00	\$0.00	\$1,642,787.29	\$20,821.27	\$1,663,608.56	\$0.00	\$1,336,053.18	\$6.99	\$20,828.76	\$8,604.15
020934801	020934801	450624	DENTON REGIONAL MED CENTER	\$52,177,108.23	\$0.00	\$0.00	\$0.00	\$2,952,102.93	\$14,305.18	\$2,966,408.11	\$0.00	\$20,010,690.12	\$146.46	\$21,451.64	\$8,589.97
111905702	111905702	450639	TEXAS HEALTH H.E.B.	\$2,782,795.00	\$0.00	\$0.00	\$0.00	\$8,160,095.76	\$54,724.20	\$8,414,819.96	\$0.00	\$19,368,175.04	\$101.27	\$54,825.47	\$22,448.40
136326908	136326908	450641	WOCOMA GENERAL HOSPITAL	\$15,720,631.00	\$0.00	\$0.00	\$0.00	\$4,045,140.66	\$55,254.02	\$4,100,394.68	\$0.00	\$9,620,234.32	\$154.87	\$55,418.89	\$22,890.24
137310404	137310404	450644	WEST HOUSTON MEDICAL CENTER	\$45,193,298.94	\$0.00	\$0.00	\$0.00	\$4,616,005.35	\$59,182.67	\$4,675,188.02	\$0.00	\$40,518,110.92	\$25.93	\$59,084.65	\$21,541.52
094187402	094187402	450658	SCENIC MT REGIONAL	\$6,410,521.62	\$0.00	\$0.00	\$0.00	\$1,758,678.39	\$16,048.11	\$1,774,726.50	\$0.00	\$3,643,811.29	\$14.47	\$16,248.05	\$6,720.00
11041506	11041506	450659	ETWICK FAIRFIELD	\$1,929,976.00	\$0.00	\$0.00	\$0.00	\$1,562,086.98	\$3,913.58	\$1,566,000.56	\$0.00	\$363,975.44	\$1.90	\$3,915.48	\$1,617.48
137841001	137841001	450659	PARK PLAZA HOSPITAL	\$1,737,056.00	\$0.00	\$0.00	\$0.00	\$6,029,412.70	\$19,032.96	\$6,048,445.74	\$0.00	\$10,988,610.26	\$57.46	\$10,999.42	\$7,884.25
13345406	13345406	450660	SIERRA MEDICAL CENTER	\$2,401,077.00	\$0.00	\$0.00	\$0.00	\$8,365,023.97	\$84,346.84	\$8,449,370.81	\$0.00	\$15,500,710.16	\$81.47	\$84,424.34	\$34,875.09
13775401	13775401	450670	TOMBALL REGIONAL HOSPITAL	\$26,480,330.83	\$0.00	\$0.00	\$0.00	\$5,241,898.62	\$1,086.33	\$5,242,984.95	\$0.00	\$15,235,353.90	\$79.66	\$1,165.97	\$4,612.66
094193202	094193202	450672	PLAZA MEDICAL CTR FT WORTH	\$28,949,412.11	\$0.00	\$0.00	\$0.00	\$7,180,441.18	\$25,146.87	\$7,205,588.05	\$0.00	\$21,735,824.86	\$113.65	\$25,259.27	\$10,424.79
134080001	134080001	450677	TEXAS HEALTH HUGULEY	\$30,665,632.22	\$0.00	\$0.00	\$0.00	\$7,496,655.00	\$34,980.43	\$7,531,635.43	\$0.00	\$23,133,997.79	\$121.06	\$35,109.49	\$14,503.73
139157501	139157501	450678	DOCTORS HOSPITAL AT WHITE ROCK LAKE	\$3,187,937.00	\$0.00	\$0.00	\$0.00	\$8,012,972.64	\$24,549.56	\$8,037,522.20	\$0.00	\$15,790,414.80	\$82.56	\$24,832.12	\$10,175.53
139157501	139157501	450684	MEMORIAL HERMANN NORTHEAST	\$7,013,302.61	\$0.00	\$0.00	\$0.00	\$17,749,581.62	\$164,113.23	\$17,913,704.85	\$0.00	\$12,099,597.76	\$110.32	\$164,223.56	\$67,840.75
111854601	111854601	450694	EL CAMPO MEMORIAL HOSPITAL	\$2,790,019.00	\$0.00	\$0.00	\$0.00	\$1,620,964.35	\$1,290.60	\$1,622,254.95	\$0.00	\$1,085,663.97	\$5.68	\$1,396.35	\$578.83
110819101	110819101	450713	LONGVIEW REGIONAL MEDICAL CENTER	\$1,616,192.73	\$0.00	\$0.00	\$0.00	\$5,557,275.16	\$40,582.98	\$5,597,858.14	\$0.00	\$14,020,062.59	\$73.31	\$40,656.29	\$16,795.11
112171702	112171702	450718	ROUND ROCK MEDICAL CENTER	\$46,927,672.00	\$0.00	\$0.00	\$0.00	\$13,958,116.34	\$11,614.32	\$14,069,730.66	\$0.00	\$26,857,741.34	\$140.43	\$11,754.75	\$46,165.99
020957901	020957901	450722	METHODIST CHARLTON MEDICAL CENTER	\$1,618,131.39	\$0.00	\$0.00	\$0.00	\$3,910,166.98	\$27,745.20	\$3,937,912.18	\$0.00	\$1,824,918.82	\$67.07	\$27,812.27	\$30,078.75
136769301	136769301	450730	BAYLOR MEDICAL CENTER AT GARROLLTON	\$51,784,607.92	\$0.00	\$0.00	\$0.00	\$17,564,008.94	\$134,444.94	\$17,698,453.88	\$0.00	\$34,086,154.04	\$178.22	\$134,623.16	\$55,612.89
244925801	244925801	450730	TEXAS HEALTH DENTON	\$2,351,012.00	\$0.00	\$0.00	\$0.00	\$1,639,782.74	\$26,087.12	\$1,665,869.86	\$0.00	\$15,685,542.14	\$82.81	\$26,149.13	\$10,809.21
020967802	020967802	450743	TEXAS HEALTH DENTON	\$36,419,202.00	\$0.00	\$0.00	\$0.00	\$1,257,081.77	\$56,081.77	\$1,313,163.54	\$0.00	\$18,626,038.26	\$97.99	\$56,129.35	\$23,207.40
111817401	111817401	450749	ETWICK TRINITY	\$1,956,587.00	\$0.00	\$0.00	\$0.00	\$1,632,875.19	\$3,506.58	\$1,636,381.77	\$0.00	\$3,195,205.23	\$1.67	\$3,506.58	\$1,449.26
094207002	094207002	450771	TEXAS HEALTH FRESHBERRY HOSPITAL P	\$29,103,258.00	\$0.00	\$0.00	\$0.00	\$16,809,011.00	\$44,413.36	\$16,853,424.36	\$0.00	\$20,289,835.63	\$147.91	\$44,556.28	\$19,461.34
11274302	11274302	450775	KINGWOOD MEDICAL CENTER	\$35,778,589.00	\$0.00	\$0.00	\$0.00	\$10,232,979.91	\$45,914.11	\$10,278,894.02	\$0.00	\$25,495,689.98	\$133.33	\$46,047.44	\$19,022.20
12026804	12026804	450779	TEXAS HEALTH SOUTHWEST	\$24,392,620.00	\$0.00	\$0.00	\$0.00	\$2,709,677.02	\$53,120.03	\$2,762,797.05	\$0.00	\$21,629,821.95	\$113.09	\$53,234.13	\$21,991.02
112820803	112820803	450780	METHODIST AMBULATORY SURGICAL HOSPITAL	\$1,793,227.00	\$0.00	\$0.00	\$0.00	\$2,582,240.98	\$2,137.69	\$2,584,378.67	\$0.00	\$1,442,898.33	\$7.54	\$2,145.24	\$886.20
094216103	094216103	450809	NORTH AUSTIN MEDICAL CENTER	\$28,381,959.30	\$0.00	\$0.00	\$0.00	\$12,141,520.50	\$294,145.07	\$12,435,665.57	\$0.00	\$15,946,293.73	\$93.38	\$294,278.45	\$12,154.77
094219503	094219503	450820	METHODIST SUGAR LAND HOSPITAL	\$14,810,398.00	\$0.00	\$0.00	\$0.00	\$10,317,709.32	\$3,180.34	\$10,320,889.66	\$0.00	\$24,469,508.29	\$127.94	\$3,308.13	\$1,366.67
020979302	020979302	450822	LAS COLINAS MEDICAL CENTER	\$10,781,495.00	\$0.00	\$0.00	\$0.00	\$3,425,153.06	\$21,229.30	\$3,446,382.36	\$0.00	\$7,337,112.64	\$38.36	\$21,267.67	\$8,785.67
140713201	140713201	450844	METHODIST WILLOWBROOK HOSPITAL	\$35,260,606.00	\$0.00	\$0.00	\$0.00	\$15,010,231.59	\$8,264.74	\$15,018,496.33	\$0.00	\$20,247,087.67	\$105.84	\$8,310.57	\$3,433.10
140509001	140509001	450847	MEMORIAL HERMANN KATY	\$15,967,514.64	\$0.00	\$0.00	\$0.00	\$10,416,078.06	\$134,954.83	\$10,551,032.89	\$0.00	\$9,416,521.75	\$49.24	\$135,004.06	\$55,770.18
111891601	111891601	450851	BAYLOR HEART AND VASCULAR	\$8,313,946.00	\$0.00	\$0.00	\$0.00	\$1,729,824.26	\$782.49	\$1,730,606.75	\$0.00	\$6,587,899.25	\$34.42	\$1,730.61	\$1,702.92
140504801	140504801	450855	HALLINGER MEDICAL CENTER	\$24,383,066.27	\$0.00	\$0.00	\$0.00	\$1,030,938.27	\$35,999.94	\$1,066,938.21	\$0.00	\$13,308,068.04	\$90.58	\$36,069.54	\$14,000.33
140630301	140630301	450862	LT. LUKES THE WOODLANDS HOSPITAL	\$1,769,578.00	\$0.00	\$0.00	\$0.00	\$7,401,923.35	\$61,607.69	\$7,463,531.04	\$0.00	\$10,306,008.06	\$39.89	\$61,661.57	\$25,472.98
140977201	140977201	450865	DCHS-D.B.A.-SETON SOUTHWEST	\$5,141,342.00	\$0.00	\$0.00	\$0.00	\$2,814,072.22	\$28,908.62	\$2,842,980.84	\$0.00	\$2,298,124.55	\$12.80	\$28,908.62	\$1,002.51

Master TPI	Medicaid Number	Medicare Number (CCN)	Hospital Name	Total Uncompensated Care Costs Excluding Other Insurance and Medicare Payments	Disproportionate Share Hospital (DSH) Payment	DSH Reimbursement Excluding Other Insurance and Medicare Payments	GME Payments	YTD Uncompensated Care (UC) Payment	BY3 Withheld Payment	Total Uncompensated Care (UC) Payment	UC Payment in Excess of UC Cost Excluding Other Insurance and Medicare Payments	Remaining UCC	Redistribution of Capped Funds	Total Withheld UC Payment	Withheld UC IGT
199602701	199602701	451353	CRANE COUNTY HOSPITAL DISTRICT	\$466,243.00	\$0.00	\$0.00	\$0.00	\$80,402.54	\$1,636.60	\$82,039.14	\$0.00	\$384,203.86	\$2.01	\$1,638.61	\$676.91
130840107	130840107	451355	COLLINGSWORTH GENERAL HOSPITAL	\$1,025,256.00	\$0.00	\$0.00	\$0.00	\$967,860.95	\$1,190.95	\$969,051.90	\$0.00	\$56,204.10	\$0.29	\$1,191.24	\$492.10
130734007	130734007	451360	MEMORIAL MEDICAL CTR - SAN AUGUSTINE	\$1,847,980.00	\$0.00	\$0.00	\$0.00	\$39,497.70	\$2,296.68	\$41,794.38	\$0.00	\$1,806,185.62	\$9.44	\$2,306.12	\$952.66
200601501	200601501	451361	PREFERRED HOSPITAL LEASING HEMPHILL	\$1,032,732.00	\$0.00	\$0.00	\$0.00	\$1,032,483.44	\$920.06	\$1,033,403.50	\$671.50	\$0.00	\$0.00	\$248.56	\$102.68
094138703	094138703	451362	CLAY COUNTY MEMORIAL HOSPITAL	\$472,950.00	\$0.00	\$0.00	\$0.00	\$104,375.79	\$203.07	\$104,578.86	\$0.00	\$368,371.14	\$1.93	\$205.00	\$84.69
308696201	198374715	451367	ETMC PITTSBURG	\$3,599,845.00	\$0.00	\$0.00	\$0.00	\$3,592,247.67	\$15,738.26	\$3,607,985.93	\$8,140.93	\$0.00	\$0.00	\$7,597.33	\$3,138.46
330811601	330811601	451370	RED RIVER REGIONAL HOSPITAL	\$2,963,620.00	\$0.00	\$0.00	\$0.00	\$1,714,292.03	\$2,163.94	\$1,717,455.97	\$0.00	\$1,246,164.03	\$6.52	\$3,170.45	\$1,309.71
350190001	350190001	451372	MULESHOE AREA HOSPITAL DISTRICT	\$1,299,296.00	\$0.00	\$0.00	\$0.00	\$765,703.32	\$4,092.75	\$769,796.07	\$0.00	\$529,499.93	\$2.77	\$4,095.52	\$1,071.86
136331910	136331910	451373	WARD MEMORIAL HOSPITAL	\$2,518,278.45	\$0.00	\$0.00	\$0.00	\$1,133,890.05	\$1,096.32	\$1,135,846.37	\$0.00	\$1,402,432.08	\$7.33	\$1,963.65	\$811.18
284333604	284333604	451375	LIBERTY-DAYTON REGIONAL MEDICAL CENT	\$1,935,773.00	\$0.00	\$0.00	\$0.00	\$1,164,959.75	\$1,737.46	\$1,166,697.21	\$0.00	\$769,081.79	\$4.02	\$1,741.48	\$719.41
135233809	135233809	451376	LAYACA MEDICAL CENTER	\$1,685,680.36	\$0.00	\$0.00	\$0.00	\$790,850.81	\$2,253.22	\$793,104.03	\$0.00	\$892,576.33	\$4.67	\$2,257.88	\$932.73
388701003	017624011	451380	ETMC OUITMAN	\$3,499,832.00	\$0.00	\$0.00	\$0.00	\$1,510,809.76	\$5,096.90	\$1,515,106.66	\$0.00	\$1,984,731.34	\$10.38	\$5,101.28	\$2,107.34
127301306	127301306	451381	MOTHER FRANCES HOSPITAL WINKSBORO	\$2,437,659.59	\$0.00	\$0.00	\$0.00	\$854,221.44	\$2,801.76	\$857,023.20	\$0.00	\$1,580,634.39	\$8.26	\$2,810.62	\$1,160.82
186221101	186221101	670023	METHODIST MANSFIELD MEDICAL CENTER	\$17,412,522.00	\$0.00	\$0.00	\$0.00	\$4,151,174.29	\$8,883.21	\$4,160,057.50	\$0.00	\$13,252,464.50	\$69.29	\$8,952.51	\$3,698.28
281219001	281219001	670031	ST. LUKES PATIENTS MEDICAL CENTER	\$6,880,733.00	\$0.00	\$0.00	\$0.00	\$1,108,541.62	\$3,530.75	\$1,112,074.37	\$0.00	\$5,768,658.63	\$30.16	\$3,560.91	\$1,471.01
190123303	190123303	670034	ROUND ROCK HOSPITAL	\$22,853,204.91	\$0.00	\$0.00	\$0.00	\$1,379,846.55	\$12,437.73	\$1,392,284.28	\$0.00	\$21,460,920.63	\$112.21	\$12,549.94	\$5,184.38
194106401	194106401	670041	SETON MEDICAL CENTER WILLIAMSON	\$33,878,118.16	\$0.00	\$0.00	\$0.00	\$5,958,979.59	\$80,952.09	\$6,039,931.68	\$0.00	\$27,838,178.48	\$145.56	\$81,097.65	\$33,501.44
192622201	192622201	670043	CEDAR PARK REGIONAL MEDICAL CENTER	\$8,365,201.59	\$0.00	\$0.00	\$0.00	\$1,801,047.74	\$35,439.11	\$1,836,486.85	\$0.00	\$6,528,714.74	\$34.14	\$35,473.25	\$14,654.00
298019501	298019501	670053	ST. LUKES SUGAR LAND HOSPITAL	\$16,401,736.00	\$0.00	\$0.00	\$0.00	\$6,584,261.04	\$11,751.81	\$6,596,012.85	\$0.00	\$9,805,723.15	\$51.27	\$11,803.00	\$4,875.85
204254101	204254101	670055	METHODIST STONE OAK HOSPITAL	\$14,046,161.96	\$0.00	\$0.00	\$0.00	\$5,256,929.36	\$18,755.72	\$5,275,685.08	\$0.00	\$8,770,476.88	\$45.86	\$18,801.58	\$7,766.93
208012701	208012701	670056	SETON MEDICAL CENTER HAYS	\$26,473,020.08	\$0.00	\$0.00	\$0.00	\$6,422,980.66	\$70,278.32	\$6,493,258.98	\$0.00	\$19,979,761.10	\$104.47	\$70,382.79	\$29,075.13
210274101	210274101	670059	ST. LUKES LAKESIDE HOSPITAL	\$1,360,342.00	\$0.00	\$0.00	\$0.00	\$221,618.46	\$1,139.73	\$222,758.19	\$0.00	\$1,137,583.81	\$5.95	\$1,145.68	\$473.28
339153401	339153401	670075	ST. LUKES HOSPITAL AT THE VINTAGE	\$11,859,394.00	\$0.00	\$0.00	\$0.00	\$5,884,372.39	\$17,974.42	\$5,902,346.81	\$0.00	\$5,956,047.19	\$31.14	\$18,005.56	\$7,438.10
281028501	281028501	670077	METHODIST WEST HOUSTON HOSPITAL	\$27,284,779.00	\$0.00	\$0.00	\$0.00	\$7,176,443.94	\$6,221.51	\$7,182,665.45	\$0.00	\$19,902,113.55	\$104.06	\$6,325.57	\$2,613.09
312239201	312239201	670080	SETON MEDICAL CENTER HARKER HEIGHTS	\$16,709,387.60	\$0.00	\$0.00	\$0.00	\$14,376,743.76	\$16,439.93	\$14,393,183.69	\$0.00	\$2,316,203.91	\$12.11	\$16,452.84	\$6,796.34
316296801	316296801	670085	TEXAS HEALTH ALLIANCE	\$7,434,590.00	\$0.00	\$0.00	\$0.00	\$1,706,035.97	\$484,344.19	\$2,190,380.16	\$0.00	\$5,244,209.84	\$77.42	\$484,371.61	\$200,093.91
								\$38,323,749.48		\$3,084,575,076.38	\$23,963.08	\$4,593,041,686.00	\$23,963.08	\$38,323,749.51	\$15,831,540.87

Sales and Use Tax

Original Return for Period Ending 07/31/2020 (2007)

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.**Print this page for your records.****Reference Number:** 22420100541**Date and Time of Filing:** 08/11/2020 03:36:46 PM**Taxpayer ID:** 17460034113**Taxpayer Name:** MEMORIAL MEDICAL CENTER**Taxpayer Address:** 815 N VIRGINIA ST PORT LAVACA , TX 77979 - 3025**Entered by:** Sarah L Henderson**Email Address:** shenderson@mmcportlavaca.com**Telephone Number:** (361) 552-0342**IP Address:** 24.116.195.218

Credits Taken								
Are you taking credit to reduce taxes due on this return?								Taking Credit?
								No
Licensed Customs Broker Exported Sales								
Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licensed Customs Broker Export Certification?								Refund Sales Tax?
								No

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	14,407	14,407	0	14,407	900.44	14,407	.02000	288.14
Total Tax Due								1,188.58

Total Tax Due: = 1,188.58**Timely Filing Discount: = 5.94****Balance Due: = 1,182.64****Pending Payments: = 0.00****Total Amount Due and Payable: = 1,182.64***(State amount due is 895.94)**(Local amount due is 286.70)***Payment Summary****State Amount:** 895.94**Local Amount:** 286.70**Amount to Pay:** \$1,182.64**Electronic Check:** \$1,182.64**Payment Reference Number:** 22420100539**Trace Number:** 37745265**Type of Bank Account:** CHECKING**Accountholder Name:** PROSPERITY BANK**Bank Routing Number:** 113122655**Bank Account Number:** *****4357**Payment Effective Date:** 08/20/2020
[Print](#) | [Return to Menu](#) | [File for Another Taxpayer](#)
[texas.gov](https://mycpa.cpa.state.tx.us/salestaxweb/GotoSuccess.do) | [Texas Records and Information Locator \(TRAIL\)](#) | [State Link Policy](#) | [Texas Homeland Security](#) | [Texas Veterans Portal](#)
[Glenn Hegar, Texas Comptroller](#) • [Home](#) • [Contact Us](#)
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08/13/2020

10:11

AUG 13 2020

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

11832

Calhoun County Auditor

Vendor Name

Class

Pay Code

BROADMOOR AT CREEKSIDE PAF

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081020	08/10/2020	08/10/2020	08/27/2020				5,280.00	0.00	0.00	5,280.00 ✓

TRANSFER *NH insurance pymt deposited into mmc operating*

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11832		BROADMOOR AT C	5,280.00	0.00	0.00	5,280.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,280.00	0.00	0.00	5,280.00

**APPROVED
ON****AUG 13 2020***CK#**186864***COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

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MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

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Dates Through:

Vendor#

11836

Calhoun County Auditor

Vendor Name

GOLDENCREEK HEALTHCARE

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073120		07/31/2020	07/31/2020	08/27/2020			3,278.39	0.00	0.00	3,278.39
073120A		07/31/2020	07/31/2020	08/27/2020			1,002.68	0.00	0.00	1,002.68
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
11836			GOLDENCREEK HE			4,281.07	0.00	0.00		4,281.07

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,281.07	0.00	0.00	4,281.07

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ON****AUG 13 2020****COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CHK#

180807

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AUG 13 2020

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor#

12696

Calhoun County Auditor

Vendor Name

GULF POINTE PLAZA

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080420		08/10/2020	08/04/2020	08/27/2020			27,602.08	0.00	0.00	27,602.08

080520		08/10/2020	08/05/2020	08/27/2020			5,280.00	0.00	0.00	5,280.00
--------	--	------------	------------	------------	--	--	----------	------	------	----------

TRANSFER

Vendor Totals:

12696

Number

Name

Gross

Discount

No-Pay

Net

GULF POINTE PLAZ

32,882.08

0.00

0.00

32,882.08

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

32,882.08

0.00

0.00

32,882.08

**APPROVED
ON****AUG 13 2020****COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CHK#

186825

RECEIVED

08/13/2020

AUG 13 2020

Vendor#
13004

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

ap_open_invoice.template

0

Vendor Name

Class

Pay Code

TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073120	07/31/2020	07/31/2020	08/27/2020				23,730.01	0.00	0.00	23,730.01 ✓

TRANSFER NH insurance pymt deposited into mme operating

080320	08/10/2020	08/03/2020	08/27/2020				2,506.91	0.00	0.00	2,506.91 ✓
--------	------------	------------	------------	--	--	--	----------	------	------	------------

TRANSFER NH insurance pymt deposited into mme operating

080420	08/10/2020	08/04/2020	08/27/2020				15,211.59	0.00	0.00	15,211.59 ✓
--------	------------	------------	------------	--	--	--	-----------	------	------	-------------

TRANSFER NH insurance pymt deposited into mme operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	41,448.51	0.00	0.00	41,448.51	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	41,448.51	0.00	0.00	41,448.51

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ON

AUG 13 2020 CK#

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

180824

8

RUN DATE:08/18/20
TIME:10:18

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/19/20 THRU 08/18/20

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	186773	08/19/20	110.00	
A/P	186774	08/19/20	150.00	
A/P	186775	08/19/20	120.00	
A/P	186776	08/19/20	57.20	
A/P	186777	08/19/20	35.52	
A/P	186778	08/19/20	25.00	
A/P	186779	08/19/20	43.62	
A/P	186780	08/19/20	15.00	
A/P	186781	08/19/20	30.00	
A/P	186782	08/19/20	198.00	
A/P	186783	08/19/20	100.00	
A/P	186784	08/19/20	373.80	
A/P	186785	08/19/20	165.00	
A/P	186786	08/19/20	34.15	
A/P	186787	08/19/20	198.00	
A/P	186788	08/19/20	15.00	
A/P	186789	08/19/20	50.10	
A/P	186790	08/19/20	30.00	
A/P	186791	08/19/20	30.00	
A/P	186792	08/19/20	25.00	
A/P	186793	08/19/20	198.00	
A/P	186794	08/19/20	25.00	
A/P	186795	08/19/20	49.80	
A/P	186796	08/19/20	55.00	
A/P	186797	08/19/20	49.32	
A/P	186798	08/19/20	66.78	
A/P	186799	08/19/20	25.00	
A/P	186800	08/19/20	198.00	
A/P	186801	08/19/20	198.00	
A/P	186802	08/19/20	353.43	ACE HARDWARE 15521
A/P	186803	08/19/20	47.29	ADT COMMERCIAL
A/P	186804	08/19/20	34.48	AQUA BEVERAGE COMPANY
A/P	186805	08/19/20	4,950.00	AUTHORITYRX
A/P	186806	08/19/20	537.95	BAXTER HEALTHCARE
A/P	186807	08/19/20	4,319.25	BAYER HEALTHCARE
A/P	186808	08/19/20	6,046.74	BECKMAN COULTER INC
A/P	186809	08/19/20	16,983.70	BKD, LLP
A/P	186810	08/19/20	442.00	CABLES AND SENSORS
A/P	186811	08/19/20	70.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	186812	08/19/20	361.10	CARDINAL HEALTH 414, INC.
A/P	186813	08/19/20	33.41	CITIZENS MEDICAL CENTER
A/P	186814	08/19/20	787.95	CONMED CORPORATION
A/P	186815	08/19/20	450.00	CYGNUS MEDICAL LLC
A/P	186816	08/19/20	1,333.06	DEWITT POTH & SON
A/P	186817	08/19/20	50,311.25	DIAMOND HEALTHCARE CORP
A/P	186818	08/19/20	400.00	DILON TECHNOLOGIES
A/P	186819	08/19/20	1,030.00	DOWELL PEST CONTROL
A/P	186820	08/19/20	422.50	DRIESSEN WATER INC.
A/P	186821	08/19/20	44,622.50	EMERGENCY STAFFING SOLUTIONS
A/P	186822	08/19/20	6,541.44	FISHER HEALTHCARE

RUN DATE:08/18/20
TIME:10:18

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/19/20 THRU 08/18/20

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	186823	08/19/20	3,854.32	GARDNER & WHITE, INC.
A/P	186824	08/19/20	3,896.24	GE PRECISION HEALTHCARE, LLC
A/P	186825	08/19/20	69.95	GLOBAL EQUIPMENT CO. INC.
A/P	186826	08/19/20	564.27	GULF COAST PAPER COMPANY
A/P	186827	08/19/20	9.72	HEALTH CARE LOGISTICS INC
A/P	186828	08/19/20	342.94	HEB CREDIT RECEIVABLES DEPT308
A/P	186829	08/19/20	8,333.33	HITACHI HEALTHCARE
A/P	186830	08/19/20	708.75	HOLOGIC INC
A/P	186831	08/19/20	2,882.00	HORIBA MEDICAL
A/P	186832	08/19/20	14,961.77	HUNTER PHARMACY SERVICES
A/P	186833	08/19/20	146.75	INTOXIMETERS INC
A/P	186834	08/19/20	23.46	JUSTINE HERRERA
A/P	186835	08/19/20	30.00	LABCORP OF AMERICA HOLDINGS
A/P	186836	08/19/20	21.46	MCKESSON MEDICAL SURGICAL INC
A/P	186837	08/19/20	.00	VOIDED
A/P	186838	08/19/20	.00	VOIDED
A/P	186839	08/19/20	9,489.94	MEDLINE INDUSTRIES INC
A/P	186840	08/19/20	43.66	MERCEDES SCIENTIFIC
A/P	186841	08/19/20	.00	VOIDED
A/P	186842	08/19/20	.00	VOIDED
A/P	186843	08/19/20	21,759.24	MORRIS & DICKSON CO, LLC
A/P	186844	08/19/20	945.71	OCCUPRO LLC
A/P	186845	08/19/20	755.90	ORTHO CLINICAL DIAGNOSTICS
A/P	186846	08/19/20	250.00	PALACIOS BEACON
A/P	186847	08/19/20	1,100.00	PATRICK OCHOA
A/P	186848	08/19/20	1,020.00	PORT LAVACA WAVE
A/P	186849	08/19/20	40.59	POWER HARDWARE
A/P	186850	08/19/20	2,850.00	PREMIER SLEEP DISORDERS CENTER
A/P	186851	08/19/20	110.00	RAPID AIR
A/P	186852	08/19/20	20.00	ROBERT RODRIQUEZ
A/P	186853	08/19/20	25.00	SARA RUBIO
A/P	186854	08/19/20	1,190.00	SIGN AD, LTD.
A/P	186855	08/19/20	7,215.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	186856	08/19/20	25.63	STERIS CORPORATION
A/P	186857	08/19/20	431.42	T-SYSTEM, INC
A/P	186858	08/19/20	3,528.51	UNIFIRST HOLDINGS
A/P	186859	08/19/20	92.28	UNITED AD LABEL CO INC
A/P	186860	08/19/20	53.50	VICTORIA COMMUNICATION SVCS
A/P	186861	08/19/20	725.00	VICTORIA MEDICAL FOUNDATION
A/P	186862	08/19/20	218.41	WALMART COMMUNITY
A/P	186863	08/19/20	20.00	WEST COAST MEDICAL RESOURCES
A/P	186864	08/19/20	5,280.00	BROADMOOR AT CREEKSIDE PARK
A/P	186865	08/19/20	32,882.08	GULF POINTE PLAZA
A/P	186866	08/19/20	41,448.51	TUSCANY VILLAGE
A/P	186867	08/19/20	4,281.07	GOLDENCREEK HEALTHCARE
TOTALS:			314,394.75	

Payables 227,832.80 +
Patient refunds 2,670.28 +
NH 5,280.00 +
Transfers 4,281.07 +
32,882.08 +
41,448.51 +
314,394.75

APPROVED
ON

AUG 19 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/17/2020

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		53,476.33 ✓	53,314.90 ✓	111,829.36 ✓		111,990.79 ✓	111,534.30
						Bank Balance 111,990.79 ✓	
						Variance -	
						Leave in Balance 100.00	

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

QIPP 1,2,3, 4 & Lapse	295.06 ✓
July Interest	61.43 ✓
August Interest	
September Interest	
Adjust Balance/Transfer Amt	111,534.30 ✓

Broadmoor	36,393.47 ✓	36,254.37 ✓	12,965.33 ✓			13,104.43 ✓	12,965.33
						Bank Balance 13,104.43 ✓	
						Variance -	
						Leave in Balance 100.00	
						QIPP 1,2,3, 4 & Lapse -	

Pending QIPP ck to MMC	
July Interest	39.10 ✓
August Interest	
September Interest	
Adjust Balance/Transfer Amt	12,965.33 ✓

Crescent	17,937.99 ✓	17,803.97 ✓	15,730.51 ✓			15,864.53 ✓	15,710.43
						Bank Balance 15,864.53 ✓	
						Variance -	
						Leave in Balance 100.00	
						QIPP 1,2,3, 4 & Lapse 20.08 ✓	

Pending QIPP ck to MMC	
July Interest	34.02 ✓
August Interest	
September Interest	
Adjust Balance/Transfer Amt	15,710.43 ✓

Fort Bend	22,544.93 ✓	22,429.81 ✓	5,759.62 ✓			5,874.74 ✓	5,675.80
						Bank Balance 5,874.74 ✓	
						Variance -	
						Leave in Balance 100.00	
						QIPP 1,2,3, 4 & Lapse 83.82 ✓	

Pending QIPP ck to MMC	
July Interest	15.12 ✓
August Interest	
September Interest	
Adjust Balance/Transfer Amt	5,675.80 ✓

Solera at W Houston	83,118.61 ✓	82,984.05 ✓	62,035.08 ✓			62,169.64 ✓	61,961.00
						Bank Balance 62,169.64 ✓	
						Variance -	
						Leave in Balance 100.00	
						QIPP 1,2,3, 4 & Lapse 74.08 ✓	

Pending QIPP ck to MMC	
July Interest	34.56 ✓
August Interest	
September Interest	
Adjust Balance/Transfer Amt	61,961.00 ✓

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

111,534.30 +
12,965.33 +
15,710.43 +
5,675.80 +
61,961.00 +
207,846.86 *

APPROVED
ON

AUG 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 207,846.86

Approved:

Jason Anglin, CEO

8/17/2020

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

8/10/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020080710500495*1912008361*0000TEX01\

8/11/2020 Check 1102

8/11/2020 HUMANA CHA DISB HCCLAIMPMT 390860 4200001299 TRN*1*014840101580779*1611013183\

8/12/2020 WIRE OUT ASHFORD HEALTH CARE CENTER LTD

8/13/2020 Amerigroup TXSC HCCLAIMPMT 3130111065 111000 TRN*1*3130111065*1752603231\

8/14/2020 Amerigroup TXSC HCCLAIMPMT 3130180553 111000 TRN*1*3130180553*1752603231\

8/14/2020 AMERIGROUP CORPO E-PAYMENT EES2062417 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG

8/14/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020081316300626*1912008361*0000TEX01\

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	1,845.23	-	-	-	-	-	1,845.23
14,736.53	-	-	-	-	-	-	-
-	10,360.44	-	-	-	-	-	10,360.44
38,578.37	-	-	-	-	-	-	-
-	45,970.89	-	-	-	-	-	45,970.89
-	5,235.64	-	-	-	-	-	5,235.64
-	390.12	200.00	53.00	99.00	38.12	295.06	95.06
-	48,027.04	-	-	-	-	-	48,027.04
53,314.90	111,829.36	200.00	53.00	99.00	38.12	295.06	111,534.30

Broadmoor

8/10/2020 AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1553798085*1362739571*000036273\

8/11/2020 Check 64

8/11/2020 HUMANA INS CO HCCLAIMPMT 390861 830000516967 TRN*1*001290051820945*1391263473\

8/12/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III

8/12/2020 UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*2020080913001013*1912008361*0000TEX01\

8/14/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020081310800727*1912008361*0000TEX01\

MMC PORTION							
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
-	176.00	-	-	-	-	-	176.00
5,307.59	-	-	-	-	-	-	-
-	2,938.93	-	-	-	-	-	2,938.93
30,946.78	-	-	-	-	-	-	-
-	4,300.00	-	-	-	-	-	4,300.00
-	5,550.40	-	-	-	-	-	5,550.40
36,254.37	12,965.33	-	-	-	-	-	12,965.33

Crestmont

8/10/2020 CIGNA HCCLAIMPMT 1669860425 91000011801437 TRN*1*200806090042192*1591031071\

8/11/2020 Check 94

8/12/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III

8/12/2020 Deposit

8/13/2020 MANAGEANDNET1718 MNS PMNT 00000000003268 41 0254597

8/14/2020 AMERIGROUP CORPO E-PAYMENT EES2062419 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG

8/14/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020081310800510*1912008361*0000TEX01\

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	491.64					-	491.64
4,359.99	-					-	-
13,443.98	-					-	-
-	1,241.53					-	1,241.53
-	2,602.50					-	2,602.50
-	26.15	14.00	4.15	6.00	2.00	20.08	6.08
-	11,368.69					-	11,368.69
17,803.97	15,730.51	14.00	4.15	6.00	2.00	20.08	15,710.44

Fort Bend

8/11/2020 Check 91

8/12/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III

8/13/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05F752471730577503*1746000156~

8/14/2020 AMERIGROUP CORPO E-PAYMENT EES2062416 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG

8/14/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020081311600012*1912008361*0000TEX01\

		MMC PORTION						
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION	
6,049.66	-	-	-	-	-	-	-	
16,380.15	-	-	-	-	-	-	-	
-	2,247.18	-	-	-	-	-	2,247.18	
-	110.82	56.82	15.00	28.00	11.00	83.82	27.00	
-	3,401.62	-	-	-	-	-	3,401.62	
22,429.81	5,759.62	56.82	15.00	28.00	11.00	83.82	5,675.80	

Solera at West Houston

8/10/2020 NOVITAS SOLUTION HCCLAIMPMT 676310 420000123 TRN*1*EFT5655572*1205296137*000004011\

8/10/2020 HUMANA INS CO HCCLAIMPMT 390862 830000580185 TRN*1*001290051756411*1391263473\

8/10/2020 HUMANA CHA DISB HCCLAIMPMT 390862 4200001191 TRN*1*014840101570369*1611013183\

8/11/2020 Check 1095

8/11/2020 HUMANA INS CO HCCLAIMPMT 390862 830000516557 TRN*1*001290051799098*1391263473\

8/12/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III

8/13/2020 Amerigroup TXSC HCCLAIMPMT 3130111066 111000 TRN*1*3130111066*1752603231\

8/13/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9555216974*1411289245*000087726\

8/14/2020 AMERIGROUP CORPO E-PAYMENT EES2062418 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG

8/14/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020081313000341*1912008361*0000TEX01\

8/14/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020081310600094*1912008361*0000TEX01\

8/14/2020 HUMANA INS CO HCCLAIMPMT 390862 830000515404 TRN*1*001290051871858*1391263473\

		MMC PORTION					
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
-	4,189.39	-	-	-	-	-	4,189.39
-	16,199.98	-	-	-	-	-	16,199.98
-	5,922.99	-	-	-	-	-	5,922.99
5,150.68	-	-	-	-	-	-	-
-	991.65	-	-	-	-	-	991.65
77,833.37	-	-	-	-	-	-	-
-	5,973.81	-	-	-	-	-	5,973.81
-	10,200.00	-	-	-	-	-	10,200.00
-	95.08	53.08	12.00	21.00	9.00	74.08	21.00
-	3,485.76	-	-	-	-	-	3,485.76
-	10,857.64	-	-	-	-	-	10,857.64
-	4,118.78	-	-	-	-	-	4,118.78
82,984.05	62,035.08	53.08	12.00	21.00	9.00	74.08	61,961.00
212,787.10	208,319.90	323.90	84.15	154.00	60.12	473.04	207,846.87

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search

All

Select Group
Groups

Add Group

DDA

Data reported as of Aug 17, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$111,990.79	\$163,866.61	\$111,990.79	\$58,337.99
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$13,104.43	\$54,783.27	\$13,104.43	\$7,554.03
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$15,864.53	\$32,033.53	\$15,864.53	\$4,469.69
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$5,874.74	\$26,190.43	\$5,874.74	\$2,362.30
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$62,169.64	\$85,756.14	\$62,169.64	\$43,612.38

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 8/17/2020

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		84,110.82	83,973.25	52,555.77		52,693.34	52,555.77
					Bank Balance Variance	52,693.34	
					Leave in Balance	100.00	
					Pending QIPP ck to MMC		
					QIPP 1,2, & 3		
					QIPP 4 & LAPSE		
					July Interest	37.57	
					August Interest		
					September Interest		
					Adjust Balance/Transfer Amt	52,555.77	

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 8/17/2020

APPROVED
 ON
 AUG 17 2020
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek

8/11/2020 Check 60
 8/11/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000137 TRN*1*EFT5656618*1205296137*000004011\
 8/12/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 8/12/2020 Deposit

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L spse	QJPP TI	
44,533.21	-	-	-	-	-	-	-
-	1,289.99	-	-	-	-	-	1,289.99
39,440.04	-	-	-	-	-	-	-
-	51,265.78	-	-	-	-	-	51,265.78
-	-	-	-	-	-	-	-
83,973.25	52,555.77	-	-	-	-	-	52,555.77

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

 Select Group
Groups

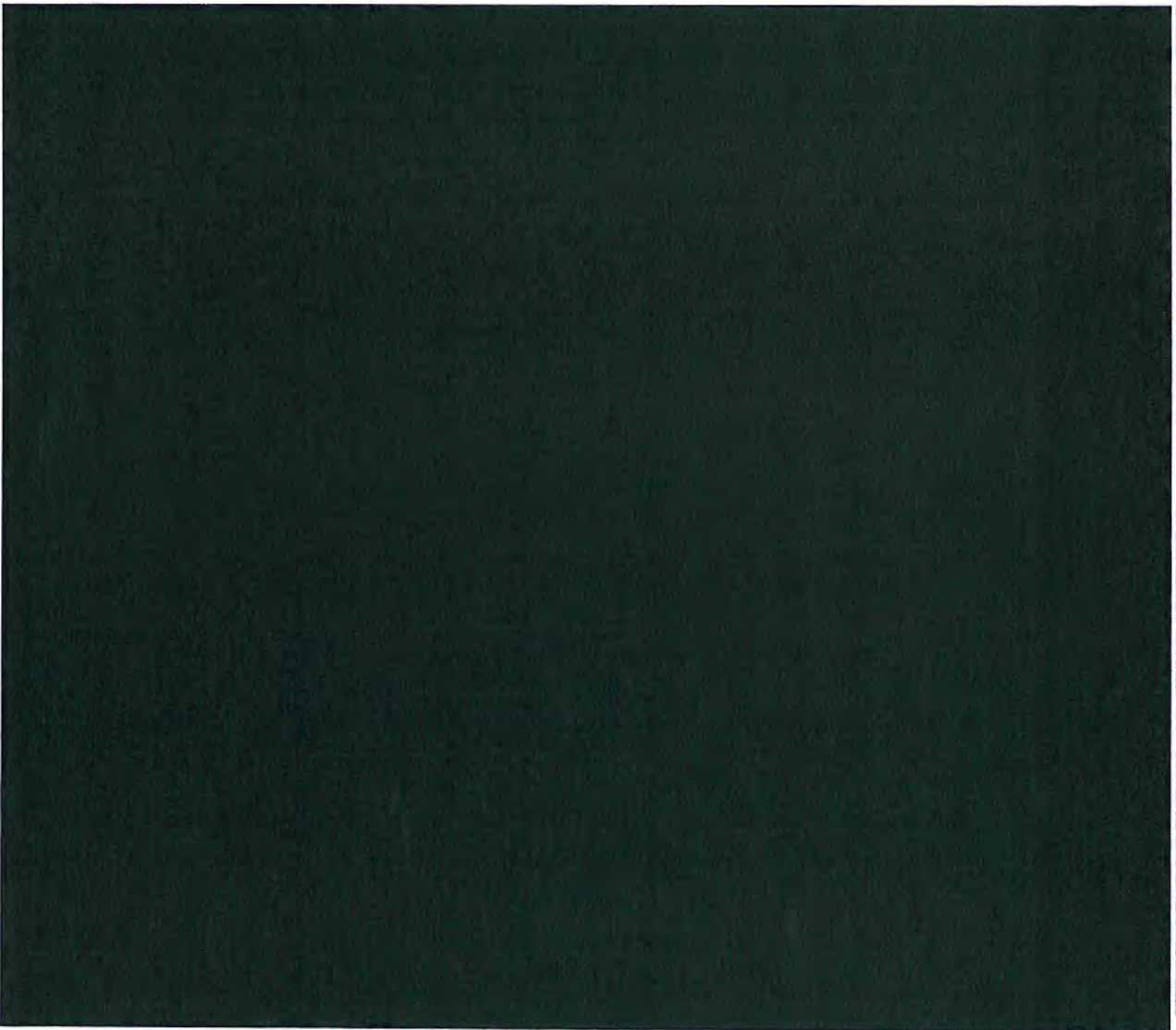
DDA

Data reported as of Aug 17, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$52,693.34	\$53,839.34	\$52,693.34	\$52,693.34
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Gulf Pointe Plaza-Private Pay

8/11/2020 Check 15
8/14/2020 HUMANA INS CO HCCLAIMPMT 624982 830000515530 TRN*1*001290051878168*1391263473\

MMC PORTION						NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse QIPP TI	
29,628.41	-	-	-	-	-	-
-	2,168.74	-	-	-	-	2,168.74
29,628.41	2,168.74	-	-	-	-	2,168.74

Gulf Pointe Plaza-Medicare/Medicaid

8/12/2020 WIRE OUT HMG SERVICES, LLC
8/14/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SF764771922092790*17460001

MMC PORTION						NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse QIPP TI	
57,875.45	-	-	-	-	-	-
-	1,094.85	-	-	-	-	1,094.85
57,875.45	1,094.85	-	-	-	-	1,094.85
87,503.86	3,263.59	-	-	-	-	3,263.59

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Search

All

Select Group
Groups

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DDA

Data reported as of Aug 17, 2020 8

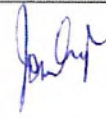
Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$1,224.31	\$1,224.31	\$1,224.31	\$129.46
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$2,273.42	\$12,644.75	\$2,273.42	\$104.68

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscan Transfer
 Prosperity Accounts
 8/17/2020

Nursing Home	Account Number	Previous				Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to		Test
		Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared			Nursing Home		
Tuscany Senior Living		54,808.75	✓ 54,744.88	✓ 40,668.34	✓		40,732.21	✓ 40,628.34	40,628.34	103.87
						Bank Balance	40,732.21			
						Variance				
						Leave in Balance	100.00			
						Pending Ck to MMC				
						MMC Portion QIPP 1 & 2				
						MMC Portion QIPP 3,4,Lapse				
						July Interest	3.87	✓		
						August Interest	-			
						September Interest	-			
						Adjust Balance/Transfer Amt	40,628.34	✓		

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 8/17/2020



APPROVED
 ON
 AUG 17 2020
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/10/2020 NOVITAS SOLUTION HCCLAIMPMT 676201 420000123 TRN*1*E	-	8,730.80					-	8,730.80
8/12/2020 WIRE OUT LINBAR ENTERPRISES, LLC	54,704.88	-					-	-
8/12/2020 Deposit	-	17,225.60					-	17,225.60
8/13/2020 NOVITAS SOLUTION HCCLAIMPMT 676201 420000101 TRN*1*E	-	756.94					-	756.94
8/14/2020 Enhanced Analysis Ch	40.00	-					-	-
8/14/2020 KS PLAN ADMINIST HCCLAIMPMT 179 111000024297 TRN*1*00	-	13,955.00					-	13,955.00
	54,744.88	40,668.34	-	-	-	-	-	40,668.34

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Search

All

Select Group
Groups

Add Group

DDA

Data reported as of Aug 17, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
----------------	-----------------	-------------------	-------------------	-------------------

*3407 MMC -NH TUSCANY VILLAGE	\$40,732.21	\$66,266.60	\$40,732.21	\$26,817.21
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Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 8/17/2020

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		32,837.02	✓ 32,732.12	✓ 217,757.34	✓		217,862.24	217,757.34
						Bank Balance	217,862.24	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 1,2 AND 3		
						July Interest	4.90	✓
						August Interest		
						September Interest		
						Adjust Balance/Transfer Amt	217,757.34	✓
						Approved:		
						Jason Anglin, CEO		8/17/2020

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 17 2020

COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living**MMC PORTION**

	<u>Transfer-Out</u>	<u>Transfer-In</u>	QIPP/Comp4					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	&Lapse	QIPP TI	
8/10/2020 Deposit	-	860.90					-	860.90
8/10/2020 Deposit	-	8,147.16					-	8,147.16
8/12/2020 WIRE OUT BETHANY SENIOR LIVING, LTD	32,732.12	-					-	-
8/13/2020 Deposit	-	650.50					-	650.50
8/13/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000101 TF	-	3,548.75					-	3,548.75
8/14/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000196 TF	-	204,550.03					-	204,550.03
							-	-
	<u>32,732.12</u>	<u>217,757.34</u>	-	-	-	-	-	<u>217,757.34</u>

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search

All

Select Group
Groups

Add Group

DDA

Data reported as of Aug 17, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*5506 MMC -NH BETHANY SENIOR LIVING	\$217,862.24	\$226,177.09	\$217,862.24	\$13,312.21

8

RUN DATE:08/21/20
TIME:12:32

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/21/20 THRU 08/21/20

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001103 08/21/20 295.06 MMC OPERATING
TOTALS: 295.06

Ashford

APPROVED
ON

AUG 19 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 8-17-20

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APPROVED
ON

AUG 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 001103

G/L NUMBER: 21000012

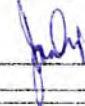
FOR ACCT. USE ONLY

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

AMOUNT 295.06

EXPLANATION: QIPP Yr 1 Adjustment payment, period 3. - Ashford

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:08/21/20
TIME:12:32

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/21/20 THRU 08/21/20

PAGE 2
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000095 08/21/20 20.08 MMC OPERATING *Crescent*
TOTALS: 20.08

APPROVED
ON

AUG 19 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 8-17-20

A _____

Y _____

E _____

E _____

APPROVED
ON

AUG 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 00095

G/L NUMBER: 21000010

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

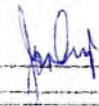
☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT 20.08

EXPLANATION: QIPP Yr 1 Adjustment payment, period 3. - Crescent

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:08/21/20
TIME:12:32

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/21/20 THRU 08/21/20

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000092 08/21/20 83.82 MMC OPERATING Fort Bend
TOTALS: 83.82

APPROVED
ON

AUG 19 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 8-17-20

A _____

Y _____

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APPROVED
ON

AUG 17 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CX #000092

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT 83.82

G/L NUMBER: 21000008

EXPLANATION: QIPP Yr 1 Adjustment payment, period 3. - Fort Bend

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:08/21/20
TIME:12:32

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/21/20 THRU 08/21/20

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001097 08/21/20 74.08 MMC OPERATING *Solem*
TOTALS: 74.08

APPROVED
ON

AUG 19 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 8-17-20

A _____

APPROVED
ON

AUG 17 2020

Y _____

E _____

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

E _____

CHK# 001011

FOR ACCT. USE ONLY

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

AMOUNT 74.08

G/L NUMBER: 21000011

EXPLANATION: QIPP Yr 1 Adjustment payment, period 3. - Solem

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

8/19/2020

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1, 2 & 3	QIPP COMP 4 & LAPSE	Yr 1 Adjustment Pmt		TOTAL		Date
Ashford	10000018 - Prosperity	1103	MMC -Prosperity Operating #10000001	21000012			295.06		295.06		8/19/2020
Broadmoor	10000019 - Prosperity	64	MMC -Prosperity Operating #10000001	21000009					-		8/19/2020
Crescent	10000020 - Prosperity	95	MMC -Prosperity Operating #10000001	21000010			20.08		20.08		8/19/2020
Fort Bend	10000021 - Prosperity	92	MMC -Prosperity Operating #10000001	21000008			83.82		83.82		8/19/2020
Solera	10000022 - Prosperity	1096	MMC -Prosperity Operating #10000001	21000011			74.08		74.08		8/19/2020
Golden Creek	10000023 - Prosperity	60	MMC -Prosperity Operating #10000001	21000013					-		8/19/2020
Gulf Pointe-PP	10000114 - Prosperity	15	MMC -Prosperity Operating #10000001	21000014					-		8/19/2020
Gulf Pointe-MM	10000025 - Prosperity	-	MMC -Prosperity Operating #10000001	21000014					-		8/19/2020
Bethany											8/19/2020
Tuscany											8/19/2020
				Total:	-	-	473.04	-	473.04		

Note:

Approved:

Jason Anglin, CEO

8/17/2020

295.06 +
 74.08 +
 20.08 +
 83.82 +
 473.04 =

APPROVED
ON

AUG 19 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

1097

88-2265/1131-87

8-21-20

Date

CHECK ARMOR

Pay to the
Order of MMC Prosperity Operating

\$ 74.00

Seventy-four dollars 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 yr 1 Adj. pymt

County Auditor

County Treasurer

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

1103

88-2265/1131-87

8-21-20

Date

CHECK ARMOR

Pay to the
Order of MMC Prosperity Operating

\$ 295.00

two hundred ninety-five dollars ⁰⁰/₁₀₀

⁰⁰/₁₀₀

Dollars



Photo
Safe
Deposit
Details on back



PROSPERITY BANK®

PORT LAVACA BANKING CENTER
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361-552-7411 www.prosperitybankusa.com

For QIPP yr 1 Adj. pymt

County Auditor

County Treasurer

MEMORIAL MEDICAL CENTER

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

000092

Date 8-21-20

88-2265/1131

PAY

**TO THE
ORDER OF**

MMC Prosperity Operating

\$ 83. ⁸²/₁₀₀

Eighty-three dollars & ⁸²/₁₀₀

DOLLARS



**PROSPERITY
BANK**

FOR

QIPP yr1 Adj pymt

County Auditor

County Treasurer
Included. Details on back

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000095

Date 8-21-20

88-2265/1131

PAY

**TO THE
ORDER OF**

MMC Prosperity Operating

\$ 20. ⁰⁸/₁₀₀

Twenty dollars & ⁰⁸/₁₀₀

DOLLARS



**PROSPERITY
BANK**

FOR

QIPP yr1 Adj pymt

County Auditor

County Treasurer
Included. Details on back