MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 09, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	544,831.85
TOTAL TRANSFERS BETWEEN FUNDS	$	76,232.14
TOTAL NURSING HOME UPL EXPENSES	$	1,024,540.31
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED September 09, 2020	$	1,645,604.30

APPROVED

SEP 09 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 09, 2020

PAYABLES AND PAYROLL			
9/3/2020	Weekly Payables	391,974.10	
9/3/2020	Patient Refunds	100.00	
9/3/2020	McKesson-340B Prescription Expense	4,883.76	
9/8/2020	Amerisource Bergen-340B Prescription Expense	572.74	
9/8/2020	Payroll Liabilities for supplemental payroll-Payroll Taxes	119.84	
9/8/2020	Supplemental Payroll	490.10	
	Prosperity Electronic Bank Payments		
9/4/2020	Credit Card & Lease Fees	421.85	
9/15/2020	TCDRS August Retirement	146,205.65	
8/31-9/4/2020	Pay Plus-Patient Claims Processing Fee	46.41	
9/2/2020	Authnet Gateway Billing-3rd Party Payor Fee	17.40	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 544,831.85**
TRANSFER BETWEEN FUNDS-NURSING HOMES			
9/3/2020	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	20,308.33	
9/3/2020	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	14,558.84	
9/3/2020	MMC Operating to Bethany Senior Living-correction of NH insurance payment deposited into MMC Operating	41,364.97	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 76,232.14**
NURSING HOME UPL EXPENSES			
9/8/2020	Nursing Home UPL-Cantex Transfer	583,399.99	
9/8/2020	Nursing Home UPL-Nexion Transfer	25,881.81	
9/8/2020	Nursing Home UPL-HMG Transfer	61,748.46	
9/8/2020	Nursing Home UPL-Tuscany Transfer	45,319.05	
9/8/2020	Nursing Home UPL-HSL Transfer	244,539.46	
QIPP/INTEREST/RECOUP CHECKS TO MMC			
9/8/2020	Ashford	26,331.34	
9/8/2020	Broadmoor	9,503.75	
9/8/2020	Crescent	7,771.06	
9/8/2020	Fort Bend	10,755.10	
9/8/2020	Solera	9,290.29	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,024,540.31**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED September 09, 2020			**$ 1,645,604.30**

09/03/2020
10:29

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/16/2020

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Vendor#	Vendor Name	Class	Pay Code
10995	ABILITY NETWORK (SHIFTHOUND		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20N0101338	SCHEDULING SERVICES	08/31/2020	07/08/2020	08/07/2020		M	586.52	0.00	0.00	586.52

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10995	ABILITY NETWORK	586.52	0.00	0.00	586.52

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9104067652	OXYGEN	08/31/2020	08/10/2020	09/04/2020			93.01	0.00	0.00	93.01
9104067653	OXYGEN	08/31/2020	08/11/2020	09/05/2020			49.75	0.00	0.00	49.75
9104170865	OXYGEN	08/31/2020	08/17/2020	09/11/2020			427.97	0.00	0.00	427.97

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC -	570.73	0.00	0.00	570.73

Vendor#	Vendor Name	Class	Pay Code
10958	ALLYSON SWOPE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090120	CONTRACT EMPLOYEE (8/14/20 - 8/27/20)	09/01/2020	09/01/2020	09/01/2020			2,515.50	0.00	0.00	2,515.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE	2,515.50	0.00	0.00	2,515.50

Vendor#	Vendor Name	Class	Pay Code
12800	AUTHORITYRX		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1042	ANNUAL 340B AUDIT	08/31/2020	08/17/2020	08/31/2020			4,950.00	0.00	0.00	4,950.00

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
B0436	BARD ACCESS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
46091977	SUPPLIES	08/31/2020	08/20/2020	09/01/2020			150.00	0.00	0.00	150.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B0436	BARD ACCESS	150.00	0.00	0.00	150.00

Vendor#	Vendor Name	Class	Pay Code
11224	CABLES AND SENSORS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
97189	SUPPLIES	08/19/2020	08/11/2020	09/11/2020			140.00	0.00	0.00	140.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11224	CABLES AND SENS	140.00	0.00	0.00	140.00

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082420	FUEL	08/27/2020	08/24/2020	09/16/2020			36.52	0.00	0.00	36.52

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	36.52	0.00	0.00	36.52

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
ZSJ5074		08/26/2020	08/13/2020	09/12/2020			3,245.74	0.00	0.00	3,245.74

THINKPAD
ZSW3697 08/31/2020 08/14/2020 09/13/2020 3,388.07 0.00 0.00 3,388.07
ALL IN ONE/OFFICE/MONITOR
ZSW3770 08/31/2020 08/14/2020 09/13/2020 1,814.48 0.00 0.00 1,814.48
PC/MONITOR/OFFICE

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMEN	8,448.29		0.00	0.00	8,448.29

Vendor# 13000 Vendor Name CLEARFLY Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV304567		09/01/2020	09/01/2020	09/15/2020			940.87	0.00	0.00	940.87

PHONES

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13000	CLEARFLY	940.87		0.00	0.00	940.87

Vendor# 11368 Vendor Name CYRACOM LLC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1158771		07/31/2020	07/31/2020	09/14/2020			336.15	0.00	0.00	336.15

INTERPERTATIONS SERVICES

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC	336.15		0.00	0.00	336.15

Vendor# 12612 Vendor Name DASHBOARD MD Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10139		09/01/2020	09/01/2020	09/01/2020			550.00	0.00	0.00	550.00

PROCESSING & SUPPORT FEES

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6146631		08/19/2020	08/17/2020	09/11/2020			90.24	0.00	0.00	90.24
	SUPPLIES									
6159420		08/26/2020	08/19/2020	09/13/2020			602.72	0.00	0.00	602.72
	SUPPLIES									
6159690		08/26/2020	08/19/2020	09/13/2020			440.13	0.00	0.00	440.13
	SUPPLIES									
6159250		08/26/2020	08/19/2020	09/13/2020			73.17	0.00	0.00	73.17
	SUPPLIES									
6160460		08/26/2020	08/20/2020	09/14/2020			414.00	0.00	0.00	414.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SC	1,620.26		0.00	0.00	1,620.26

Vendor# 10789 Vendor Name DISCOVERY MEDICAL NETWORK Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC083120		08/31/2020	08/31/2020	08/31/2020			142,043.12	0.00	0.00	142,043.12

PRO FEES

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDIC	142,043.12		0.00	0.00	142,043.12

Vendor# D1785 Vendor Name DYNATRONICS CORPORATION Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN2104833		08/31/2020	08/18/2020	09/02/2020			230.34	0.00	0.00	230.34
	SUPPLIES									
IN2105223		08/31/2020	08/20/2020	09/02/2020			45.05	0.00	0.00	45.05
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS COI	275.39		0.00	0.00	275.39

Vendor# W1167 Vendor Name ELITECH GROUP INC (WESCOR) W Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
715439		08/31/2020	08/18/2020	09/01/2020			102.33	0.00	0.00	102.33
		SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1167	ELITECH GROUP IN	102.33	0.00	0.00	102.33

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
39495		08/25/2020	08/31/2020	09/10/2020			40,062.50	0.00	0.00	40,062.50
		PRO FEES (14th-Eom)								

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
626801		08/31/2020	08/24/2020	09/02/2020			157.24	0.00	0.00	157.24
		SUPPLIES								

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

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
T2008061378		08/31/2020	08/06/2020	08/31/2020			10,129.97	0.00	0.00	10,129.97
		CONSULTING/BUSINESS SERVICE								
T2008171378		08/31/2020	08/17/2020	09/11/2020			7,957.53	0.00	0.00	7,957.53
		BUSINESS SERVICES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	18,087.50	0.00	0.00	18,087.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
705447711		08/31/2020	07/02/2020	07/27/2020			39.17	0.00	0.00	39.17
		SHIPPING								
708610665		08/31/2020	08/06/2020	08/31/2020			101.37	0.00	0.00	101.37
		SHIPPING								
708752311		08/31/2020	08/07/2020	09/01/2020			53.57	0.00	0.00	53.57
		SHIPPING								
709345558		08/31/2020	08/13/2020	09/07/2020			23.28	0.00	0.00	23.28
		SHIPPING								
709930026		08/31/2020	08/20/2020	09/14/2020			22.79	0.00	0.00	22.79
		SHIPPING								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS	240.18	0.00	0.00	240.18

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
5526627		08/31/2020	08/14/2020	09/08/2020			75.92	0.00	0.00	75.92
		SUPPLIES								
5526636		08/31/2020	08/14/2020	09/08/2020			154.78	0.00	0.00	154.78
		SUPPLIES								
6267524		08/31/2020	08/19/2020	09/13/2020			300.00	0.00	0.00	300.00
		SUPPLIES								
6267525		08/31/2020	08/19/2020	09/13/2020			45.44	0.00	0.00	45.44
		SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCA	576.14	0.00	0.00	576.14

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081920		08/31/2020	08/19/2020	09/14/2020			74.40	0.00	0.00	74.40
		PHONES								

082320	08/31/2020	08/23/2020	08/23/2020			14.08	0.00	0.00	14.08
PHONES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11183	FRONTIER	88.48		0.00	0.00	88.48

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
27867224	08/31/2020	08/16/2020	09/15/2020				1,097.30	0.00	0.00	1,097.30
PHONES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12636	FUSION CLOUD SE	1,097.30		0.00	0.00	1,097.30

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
080120		08/31/2020	08/01/2020	08/31/2020			5,434.01	0.00	0.00	5,434.01

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11149	GARDNER & WHITE	5,434.01		0.00	0.00	5,434.01

Vendor#	Vendor Name	Class	Pay Code
13456			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090220		09/01/2020	09/02/2020	09/02/2020			104.00	0.00	0.00	104.00
PATIENT REFUND										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13456		104.00		0.00	0.00	104.00

Vendor#	Vendor Name	Class	Pay Code
G0401	GULF COAST DELIVERY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
083120		08/31/2020	08/31/2020	08/31/2020			100.00	0.00	0.00	100.00
DELIVERY										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELI\	100.00		0.00	0.00	100.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1907121	08/17/2020	08/11/2020	09/10/2020				75.72	0.00	0.00	75.72
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPE	75.72		0.00	0.00	75.72

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
923055800	08/31/2020	08/14/2020	09/13/2020				1,476.58	0.00	0.00	1,476.58
SUPPLIES										
923065518	08/31/2020	08/16/2020	09/15/2020				778.70	0.00	0.00	778.70
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE	2,255.28		0.00	0.00	2,255.28

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082920		08/31/2020	08/29/2020	08/29/2020			840.86	0.00	0.00	840.86
PAYROLL DED										

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12220537	08/31/2020	08/18/2020	09/02/2020				323.77	0.00	0.00	323.77
SUPPLIES										
12412152	08/31/2020	08/24/2020	09/08/2020				90.61	0.00	0.00	90.61

SUPPLIES

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDIC	414.38		0.00	0.00	414.38

Vendor#	Vendor Name	Class	Pay Code
M2827	MEDIVATORS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90599180		08/31/2020	08/20/2020	09/01/2020			213.57	0.00	0.00	213.57

SUPPLIES

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	213.57		0.00	0.00	213.57

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1920604322		08/31/2020	08/13/2020	09/07/2020			19.76	0.00	0.00	19.76
	SUPPLIES									
1920604323		08/31/2020	08/13/2020	09/07/2020			83.37	0.00	0.00	83.37
	SUPPLIES									
1921111389		08/31/2020	08/18/2020	09/12/2020			156.44	0.00	0.00	156.44
	SUPPLIES									
1921111700		08/31/2020	08/18/2020	09/12/2020			887.03	0.00	0.00	887.03
	SUPPLIES									
1921111396		08/31/2020	08/18/2020	09/12/2020			29.24	0.00	0.00	29.24
	SUPPLIES									
192111397		08/31/2020	08/18/2020	09/12/2020			11.08	0.00	0.00	11.08
	SUPPLIES									
1921111394		08/31/2020	08/18/2020	09/12/2020			39.43	0.00	0.00	39.43
	SUPPLIES									
1921111391		08/31/2020	08/18/2020	09/12/2020			16.40	0.00	0.00	16.40
	SUPPLIES									
1921111387		08/31/2020	08/18/2020	09/12/2020			194.84	0.00	0.00	194.84
	SUPPLIES									
1921111395		08/31/2020	08/18/2020	09/12/2020			4.94	0.00	0.00	4.94
	SUPPLIES									
1921111399		08/31/2020	08/18/2020	09/12/2020			37.71	0.00	0.00	37.71
	SUPPLIES									
1921111390		08/31/2020	08/18/2020	09/12/2020			256.60	0.00	0.00	256.60
	SUPPLIES									
1921111392		08/31/2020	08/18/2020	09/12/2020			30.73	0.00	0.00	30.73
	SUPPLIES									
1921111393		08/31/2020	08/18/2020	09/12/2020			16.88	0.00	0.00	16.88
	SUPPLIES									
1921292826		08/31/2020	08/19/2020	09/13/2020			78.14	0.00	0.00	78.14
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTR	1,862.59		0.00	0.00	1,862.59

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082920		08/31/2020	08/29/2020	08/29/2020			220.00	0.00	0.00	220.00
	PAYROLL DED									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICA	220.00		0.00	0.00	220.00

Vendor#	Vendor Name	Class	Pay Code
11976	MID-COAST ELECTRIC SUPPLY, IN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
192331000		08/19/2020	08/17/2020	09/16/2020			108.00	0.00	0.00	108.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11976	MID-COAST ELECTI	108.00		0.00	0.00	108.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0109		08/31/2020	08/24/2020	09/03/2020			-3.17	0.00	0.00	-3.17
	CREDIT									
5987808		08/31/2020	08/25/2020	09/04/2020			51.92	0.00	0.00	51.92
	INVENTORY									
0430		08/31/2020	08/25/2020	09/04/2020			-1.78	0.00	0.00	-1.78
	CREDIT									
5987809		08/31/2020	08/25/2020	09/04/2020			128.29	0.00	0.00	128.29
	INVENTORY									
5993175		08/31/2020	08/26/2020	09/05/2020			1,373.20	0.00	0.00	1,373.20
	INVENTORY									
5993176		08/31/2020	08/26/2020	09/05/2020			1,530.05	0.00	0.00	1,530.05
	INVENTORY									
5993177		08/31/2020	08/26/2020	09/05/2020			435.73	0.00	0.00	435.73
	INVENTORY									
5993292		08/31/2020	08/26/2020	09/05/2020			267.66	0.00	0.00	267.66
	INVENTORY									
5997520		08/31/2020	08/27/2020	09/06/2020			60.79	0.00	0.00	60.79
	INVENTORY									
5997518		08/31/2020	08/27/2020	09/06/2020			119.38	0.00	0.00	119.38
	INVENTORY									
5997519		08/31/2020	08/27/2020	09/06/2020			938.21	0.00	0.00	938.21
	INVENTORY									
6003361		08/31/2020	08/30/2020	09/09/2020			1,308.42	0.00	0.00	1,308.42
	INVENTORY									
6003363		08/31/2020	08/30/2020	09/09/2020			106.37	0.00	0.00	106.37
	INVENTORY									
6003362		08/31/2020	08/30/2020	09/09/2020			1,843.68	0.00	0.00	1,843.68
	INVENTORY									
6008290		08/31/2020	08/31/2020	09/10/2020			1,608.83	0.00	0.00	1,608.83
	INVENTORY									
CM89370		08/31/2020	08/31/2020	09/10/2020			-95.34	0.00	0.00	-95.34
	CREDIT									
CM88538		08/31/2020	08/31/2020	09/10/2020			-243.25	0.00	0.00	-243.25
	CREDIT									
6008287		08/31/2020	08/31/2020	09/10/2020			38.60	0.00	0.00	38.60
	INVENTORY									
6008289		08/31/2020	08/31/2020	09/10/2020			94.84	0.00	0.00	94.84
	INVENTORY									
6008288		08/31/2020	08/31/2020	09/10/2020			116.09	0.00	0.00	116.09
	INVENTORY									
6008291		08/31/2020	08/31/2020	09/10/2020			545.75	0.00	0.00	545.75
	INVENTORY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSOI	10,224.27	0.00	0.00	10,224.27

Vendor#	Vendor Name	Class	Pay Code
11256	NOVITAS SOLUTIONS - PART A		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
451356		08/31/2020	08/21/2020	08/21/2020			85,060.00	0.00	0.00	85,060.00
	MEDICARE INTERIM REIMBURS									
45Z356		08/31/2020	08/21/2020	08/21/2020			29,018.00	0.00	0.00	29,018.00
	MEDICARE INTERIM REIMBURSE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11256	NOVITAS SOLUTIOI	114,078.00	0.00	0.00	114,078.00

Vendor#	Vendor Name	Class	Pay Code
11069	PABLO GARZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090120		09/01/2020	09/01/2020	09/01/2020			2,575.63	0.00	0.00	2,575.63
	CONTRACT EMPLOYEE (8/18 - 8/31/20)									

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

Vendor#	Vendor Name	Class	Pay Code
10152	PARTSSOURCE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
03559168	08/31/2020	08/13/2020	09/12/2020				41.79	0.00	0.00	41.79
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LL	41.79	0.00	0.00	41.79

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
97	08/31/2020	08/31/2020	09/15/2020				2,825.00	0.00	0.00	2,825.00
	SLEEP STUDIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DI	2,825.00	0.00	0.00	2,825.00

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SC61133	08/26/2020	08/16/2020	09/10/2020				1,625.00	0.00	0.00	1,625.00
	SERVICES CONTRACT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	1,625.00	0.00	0.00	1,625.00

Vendor#	Vendor Name	Class	Pay Code
11251	RAPID PRINTING LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8531	08/31/2020	07/07/2020	07/17/2020				110.00	0.00	0.00	110.00
	SINAGE FOR CURB									
8692	08/31/2020	08/04/2020	08/14/2020				56.00	0.00	0.00	56.00
	FOAM BOARDS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LL	166.00	0.00	0.00	166.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
521	08/31/2020	07/16/2020	07/16/2020				63.37	0.00	0.00	63.37
	CONTRACT BILLING									
512	08/31/2020	07/16/2020	07/16/2020				63.28	0.00	0.00	63.28
	CONTRACT BILLING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10195	SINGLETON ASSOC	126.65	0.00	0.00	126.65

Vendor#	Vendor Name	Class	Pay Code
C1010	SPARKLIGHT	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
128686862-0	08/31/2020	06/20/2020	07/04/2020				95.36	0.00	0.00	95.36
	CABLE									
100987627-0	08/31/2020	08/16/2020	08/16/2020				2,020.55	0.00	0.00	2,020.55
	CABLE									
118134105-0	08/31/2020	08/16/2020	08/30/2020				90.09	0.00	0.00	90.09
	CABLE									
1009515810-	08/31/2020	08/16/2020	08/30/2020				418.83	0.00	0.00	418.83
	CABLE									
128686862 0	08/31/2020	08/20/2020	09/03/2020				105.90	0.00	0.00	105.90
	CABLE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT	2,730.73	0.00	0.00	2,730.73

Vendor#	Vendor Name	Class	Pay Code
10094	ST DAVIDS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
~~MMC962020~~ MMCPL 2020-07	08/31/2020	08/27/2020	08/27/2020				420.00	0.00	0.00	420.00
	CONNECTIVITY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTH	420.00	0.00	0.00	420.00

Vendor#	Vendor Name	Class	Pay Code
S2830	STRYKER SALES CORP	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9200503592	08/31/2020 SUPPLIES	08/24/2020	09/02/2020				1,460.72	0.00	0.00	1,460.72

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES C	1,460.72	0.00	0.00	1,460.72

Vendor#	Vendor Name	Class	Pay Code
12476	SUN LIFE FINANCIAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072420	08/31/2020 INSURANCE	07/24/2020	08/10/2020				10,508.73	0.00	0.00	10,508.73

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12476	SUN LIFE FINANCIA	10,508.73	0.00	0.00	10,508.73

Vendor#	Vendor Name	Class	Pay Code
11140	TEXAS ADVANTAGE COMMUNITY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081420	08/31/2020 LEASE	08/14/2020	08/31/2020				3,690.52	0.00	0.00	3,690.52

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

Vendor#	Vendor Name	Class	Pay Code
U1054	UNIFIRST HOLDINGS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400340228	08/25/2020 LAUNDRY	08/20/2020	09/14/2020				174.52	0.00	0.00	174.52
8400340270	08/25/2020 INVENTORY	08/20/2020	09/14/2020				117.05	0.00	0.00	117.05

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDING	291.57	0.00	0.00	291.57

Vendor#	Vendor Name	Class	Pay Code
U1350	UPS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0000778941	09/01/2020 SHIPPING	08/15/2020	08/15/2020				290.67	0.00	0.00	290.67

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1350	UPS	290.67	0.00	0.00	290.67

Vendor#	Vendor Name	Class	Pay Code
12000	VYAIRE MEDICAL, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9100817529	08/31/2020 SUPPLIES	08/13/2020	09/07/2020				182.40	0.00	0.00	182.40

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12000	VYAIRE MEDICAL, I	182.40	0.00	0.00	182.40

Vendor#	Vendor Name	Class	Pay Code
12208	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV2255001	08/19/2020 ADMIN/COMPLIANCE FEE	08/17/2020	09/16/2020				617.00	0.00	0.00	617.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12208	WAGEWORKS	617.00	0.00	0.00	617.00

Vendor#	Vendor Name	Class	Pay Code
10793	WAGEWORKS, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082920	08/31/2020 PAYROLL DED	08/29/2020	08/29/2020				4,502.19	0.00	0.00	4,502.19

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10793	WAGEWORKS, INC.	4,502.19	0.00	0.00	4,502.19

Vendor#	Vendor Name	Class	Pay Code
W1005	WALMART COMMUNITY	W	

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

072320A	08/31/2020	07/23/2020	09/11/2020		12.31	0.00	0.00	12.31
	SUPPLIES							
072320	08/31/2020	07/23/2020	09/11/2020		57.94	0.00	0.00	57.94
	SUPPLIES							
072320B	08/31/2020	07/23/2020	09/11/2020		312.78	0.00	0.00	312.78
	SUPPLIES							
080320	08/31/2020	08/03/2020	09/11/2020		27.49	0.00	0.00	27.49
	SUPPLIES							
081620	08/31/2020	08/16/2020	09/11/2020		3.28	0.00	0.00	3.28
	LATE FEE							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUI	413.80	0.00	0.00	413.80

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	391,974.10	0.00	0.00	391,974.10

APPROVED
ON
SEP 03 202
COUNTY AUDITOR
CALHOUN COUNTY, TEX

Ck# 187065-167118

RECEIVED
SEP 03 2020
Calhoun County Auditor

RUN DATE: 09/03/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 10:37 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1338953 01		083120	100.00		2	REFUND FOR MARTINEZ JACQUELINE	
	ARID=0001 TOTAL		100.00				
TOTAL			100.00				

APPROVED
ON
SEP 03 2020
CK# 187061
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

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

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/04/2020 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 09/05/2020

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

As of: 09/04/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 09/05/2020 ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 4,983.44 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 09/08/2020,
Pay This Amount: 4,883.76 USD

If Paid After 09/08/2020,
Pay this Amount: 4,983.44 USD

Due If Paid On Time:
USD 4,883.76

Disc lost if paid late:
99.68

Due If Paid Late:
USD 4,983.44

1,197.63 +
732.53 +
2,702.04 +
251.56 +
4,883.76 *

CK # 500131

APPROVED
ON
SEP 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/04/2020 Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 09/05/2020

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

As of: 09/04/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 09/05/2020 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
09/03/2020	09/08/2020	7221858457	872727	115Invoice	24.44	1,222.07		1,197.63	✓	7221858457	

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

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

Subtotals: 1,222.07 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,030.90
08/31/2020

If Paid By 09/08/2020,
Pay This Amount: 1,197.63 USD

If Paid After 09/08/2020,
Pay this Amount: 1,222.07 USD

Due If Paid On Time:
USD 1,197.63

Disc lost if paid late:
24.44

Due If Paid Late:
USD 1,222.07

APPROVED ON
SEP 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 09/04/2020 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 09/05/2020

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 09/04/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 09/05/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
09/03/2020	09/08/2020	7221706580	872669	115Invoice	14.17	708.28		694.11 ✓		7221706580	
09/03/2020	09/08/2020	7221706586	872669	115Invoice	0.78	39.20		38.42 ✓		7221706586	

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: 747.48 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,030.90
08/31/2020

If Paid By 09/08/2020, Pay This Amount: 732.53 USD

If Paid After 09/08/2020, Pay this Amount: 747.48 USD

Due If Paid On Time: USD 732.53

Disc lost if paid late: 14.95

Due If Paid Late: USD 747.48

APPROVED
ON
SEP 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/04/2020 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 09/05/2020

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

As of: 09/04/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 09/05/2020 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
08/31/2020	09/08/2020	7220872595	1157929	115Invoice	5.12	255.93		250.81	✓	7220872595	
08/31/2020	09/08/2020	7220872597	7669314879	115Invoice	9.24	462.07		452.83	✓	7220872597	
08/31/2020	09/08/2020	7220872599	0830200205-00	115Invoice	2.43	121.41		118.98	✓	7220872599	
08/31/2020	09/08/2020	7221050339	829417984	195Invoice		0.09		0.09	✓	7221050339	
08/31/2020	09/08/2020	7221050340	000008282020SS	115Invoice	0.86	42.79		41.93	✓	7221050340	
09/01/2020	09/08/2020	7221180758	7669319258	115Invoice	2.51	125.63		123.12	✓	7221180758	
09/01/2020	09/08/2020	7221662995	829768328	195Invoice	0.02	0.95		0.93	✓	7221662995	
09/02/2020	09/08/2020	7221437156	1119354170	115Invoice	6.64	332.06		325.42	✓	7221437156	
09/02/2020	09/08/2020	7221437158	0901201214-00	115Invoice	13.54	677.06		663.52	✓	7221437158	
09/02/2020	09/08/2020	7221437160	1158555	115Invoice	4.21	210.37		206.16	✓	7221437160	
09/02/2020	09/08/2020	7221610438	830003621	195Invoice	0.03	1.37		1.34	✓	7221610438	
09/02/2020	09/08/2020	7221635942	00009012020TM	115Invoice	1.65	82.27		80.62	✓	7221635942	
09/03/2020	09/08/2020	7221708461	1119358721	115Invoice		0.16		0.16	✓	7221708461	
09/03/2020	09/08/2020	7221708464	0902200807-00	115Invoice	8.88	443.76		434.88	✓	7221708464	
09/03/2020	09/08/2020	7221873464	830246645	195Invoice	0.01	0.63		0.62	✓	7221873464	
09/04/2020	09/08/2020	7221983599	0903200301-00	115Invoice	0.01	0.33		0.32	✓	7221983599	
09/04/2020	09/08/2020	7222143934	830480516	195Invoice	0.01	0.32		0.31	✓	7222143934	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,757.20 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/31/2020 4,030.90

If Paid By 09/08/2020,
Pay This Amount: 2,702.04 USD

If Paid After 09/08/2020,
Pay this Amount: 2,757.20 USD

Due If Paid On Time:
USD 2,702.04

Disc lost if paid late:
55.16

Due If Paid Late:
USD 2,757.20

APPROVED ON

SEP 08 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/04/2020 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 09/05/2020

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

As of: 09/04/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 09/05/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
09/04/2020	09/08/2020	7221972878	2017018431	115Invoice	4.97	248.49		243.52 ✓		7221972878 ✓	
09/04/2020	09/08/2020	7221972883	2017018431	115Invoice	0.16	8.20		8.04 ✓		7221972883 ·	

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: 256.69 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,030.90
08/31/2020

If Paid By 09/08/2020, Pay This Amount: 251.56 USD

If Paid After 09/08/2020, Pay this Amount: 256.69 USD

Due If Paid On Time: USD 251.56

Disc lost if paid late: 5.13

Due If Paid Late: USD 256.69

APPROVED ON
SEP 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Statement Number: 59701906
Date: 09-04-2020

Sold By:
AMERISOURCEBERGEN DRUG CORPORATION
1300 MORRIS DRIVE
CHESTERBROOK PA 19087

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

Remit To:
AMERISOURCEBERGEN
P.O. Box 905223
CHARLOTTE NC 28290-5223

Customer Number
0100135284 / 037028186

Terms
Monday - Friday due in 7 days

Summary

Not Yet Due:	0.00
Current:	572.74
Past Due:	0.00
Total Due:	572.74
Account Balance:	572.74

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-31-2020	09-11-2020	3041924366	157891	Invoice	10.02		0.00	10.02
08-31-2020	09-11-2020	3041942365	157941	Invoice	461.98		0.00	461.98
09-01-2020	09-11-2020	3041979014	157947	Invoice	11.59		0.00	11.59
09-02-2020	09-11-2020	3042028856	157954	Invoice	57.70		0.00	57.70
09-03-2020	09-11-2020	3042079409	157965	Invoice	31.45		0.00	31.45

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
572.74	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
09-04-2020	(776.94)

Reminders

Due Date	Amount
09-11-2020	572.74
Total Due:	572.74

CK# 500132

APPROVED
ON
SEP 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

		#### ###	ENTER:
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		
☐	"ENTER YOUR 4-DIGIT PIN"		
☐	"MAKE A PAYMENT, PRESS 1"		1
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941 #
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	20
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	09

1ST QTR - 03 (MARCH) - Jan, Feb, Mar
2ND QTR - 06 (JUNE) - Apr, May, June
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 119.84 #
	"1 TO CONFIRM"		1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 75.14 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 17.58 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 27.12 #
		CHECK	$ -
☐	"6-DIGIT SETTLEMENT DATE"	★	
	"1 TO CONFIRM"		1
☐	ACKNOWLEDGEMENT NUMBER		

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

Final Summary

-- PayCode Summary --

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
P		48.00	N		N	N	N	606.00

-- Deductions Summary --

Code	Amount	Code	Amount	Code	Amount
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D		CAFE-F	
CAFE-H		CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	27.12	FICA-M	8.79	FICA-O	37.57
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL		MASA		MEALS	
MISC		MISC/		MMCSHR	
NATFML		OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	
STONE		STONE2		STUDEN	
SUNACC		SUNILL		SUNLIF	
SUNSTD		SUNVIS		SURCHG	
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	42.42	TUTION	
UNIFOR		UW/HOS			

Grand Totals:	48.00	(Gross:	606.00	Deductions:	115.90	Net:	490.10)

Checks Count:- FT	2	PT	Other	Female	2	Male	Credit	OverAmt	ZeroNet	Term	Total:	2

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- August 31, 2020 - September 7, 2020

Date	Bank Description	MMC Notes	Amount
8/31/2020	PAY PLUS ACHTRANS 452579291 101000697341817	- 3rd Party Payor Fee	39.68
9/1/2020	PAY PLUS ACHTRANS 452579291 101000698283490	- 3rd Party Payor Fee	4.63
9/1/2020	MCKESSON DRUG AUTO ACH ACH04292572 910000103	- 340B Drug Program Expense	4030.9*
9/2/2020	PAY PLUS ACHTRANS 452579291 101000699074923	- 3rd Party Payor Fee	0.75
9/2/2020	AUTHNET GATEWAY BILLING 113358660 1040000156	- 3rd Party Payor Fee	17.4
9/4/2020	STATE COMPTRLR TEXNET 37768758/00903 2100002	ACCRUED IGT DSH	4239.38**
9/4/2020	STATE COMPTRLR TEXNET 37748263/00903 2100002	ACCRUED UC IGT	3096.37***
9/4/2020	PAY PLUS ACHTRANS 452579291 101000691179163	- 3rd Party Payor Fee	1.35
9/4/2020	MERCH BNKCD FEE 971160910883 114902520001308	- Credit Card Processing Fee	9.95
9/4/2020	MERCH BNKCD FEE 971160913887 114902520001309	- Credit Card Processing Fee	148.13
9/4/2020	MERCH BNKCD DISCOUNT 971160910883 1149025200	- Credit Card Processing Fee	19.95
9/4/2020	MERCH BNKCD DISCOUNT 971160913887 1149025200	- Credit Card Processing Fee	151.44
9/4/2020	MERCH BNKCD INTERCHNG 971160913887 114902520	- Credit Card Processing Fee	92.38
9/4/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	776.94*
9/4/2020	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	290724.48*
			303,353.73

Jason Anglin, CEO
Memorial Medical Center

September 8, 2020

* Approved 09-02-20 cc
** Approved 08-26-20 cc
*** Approved 08-19-20 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
9/15/2020	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	**146,205.65**

Jason Anglin, CEO
Memorial Medical Center

September 8, 2020

APPROVED ON
SEP 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CPSI

Pay Plus
39.68 +
4.63 +
0.75 +
1.35 +
46.41 *

Authnet
17.40 +
17.40 *

Credit Card Fees
9.95 +
148.13 +
19.95 +
151.44 +
92.38 +
421.85 *

46.41 +
17.40 +
421.85 +
485.66 *

303,353.73 +
4,030.90 –
4,239.38 –
3,096.37 –
776.94 –
290,724.48 –
485.66 *

485.66 +
485.66 –
0.00 *

0.0

Date/Time	09-06-2020 / 01:02 PM
Submitted By	cclevenger256
Pay Date	08-31-2020
Employee Deposits	$63,253.94
Employer Contributions	$82,952.71
Group Term Life Premiums	($1.00)
Total	$146,205.65
Comments	
Payroll File	August 2020 Retirement Upload.xlsx

CLOSE PRINT

RECEIVED
09/03/2020
10:39 SEP 03 2020
Calhoun County Auditor

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082520	08/31/2020	08/25/2020	09/17/2020				20,308.33	0.00	0.00	20,308.33

TRANSFER NH insurance pymt deposited into MMC Operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	20,308.33	0.00	0.00	20,308.33

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	20,308.33	0.00	0.00	20,308.33

APPROVED
ON
SEP 03 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 187463

09/03/2020
10:39

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
13004	TUSCANY VILLAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082520	08/31/2020	08/25/2020	09/17/2020				14,558.84	0.00	0.00	14,558.84

TRANSFER NH insurance pymt deposited into MMC operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	14,558.84	0.00	0.00	14,558.84

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	14,558.84	0.00	0.00	14,558.84

APPROVED
ON
SEP 03 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 187064

09/03/2020
10:40

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12792	BETHANY SENIOR LIVING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082520	08/31/2020	08/25/2020	09/17/2020				41,364.97	0.00	0.00	41,364.97
TRANSFER NH insurance pymt deposited into mmc operating										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR I	41,364.97	0.00	0.00	41,364.97

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	41,364.97	0.00	0.00	41,364.97

APPROVED
ON
SEP 03 2020

CK# 187062

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:09/08/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:51 CHECK REGISTER GLCKREG
09/09/20 THRU 09/09/20

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	187061	09/09/20	100.00	
A/P	187062	09/09/20	41,364.97	BETHANY SENIOR LIVING
A/P	187063	09/09/20	20,308.33	GOLDENCREEK HEALTHCARE
A/P	187064	09/09/20	14,558.84	TUSCANY VILLAGE
A/P	187065	09/09/20	586.52	ABILITY NETWORK (SHIFTHOUND)
A/P	187066	09/09/20	570.73	AIRGAS USA, LLC - CENTRAL DIV
A/P	187067	09/09/20	2,515.50	ALLYSON SWOPE
A/P	187068	09/09/20	4,950.00	AUTHORITYRX
A/P	187069	09/09/20	150.00	BARD ACCESS
A/P	187070	09/09/20	140.00	CABLES AND SENSORS
A/P	187071	09/09/20	36.52	CALHOUN COUNTY
A/P	187072	09/09/20	8,448.29	CDW GOVERNMENT, INC.
A/P	187073	09/09/20	940.87	CLEARFLY
A/P	187074	09/09/20	336.15	CYRACOM LLC
A/P	187075	09/09/20	550.00	DASHBOARD MD
A/P	187076	09/09/20	1,620.26	DEWITT POTH & SON
A/P	187077	09/09/20	142,043.12	DISCOVERY MEDICAL NETWORK INC
A/P	187078	09/09/20	275.39	DYNATRONICS CORPORATION
A/P	187079	09/09/20	102.33	ELITECH GROUP INC (WESCOR)
A/P	187080	09/09/20	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	187081	09/09/20	157.24	ERBE USA INC SURGICAL SYSTEMS
A/P	187082	09/09/20	18,087.50	EVIDENT
A/P	187083	09/09/20	240.18	FEDERAL EXPRESS CORP.
A/P	187084	09/09/20	576.14	FISHER HEALTHCARE
A/P	187085	09/09/20	88.48	FRONTIER
A/P	187086	09/09/20	1,097.30	FUSION CLOUD SERVICES, LLC
A/P	187087	09/09/20	5,434.01	GARDNER & WHITE, INC.
A/P	187088	09/09/20	104.00	
A/P	187089	09/09/20	100.00	GULF COAST DELIVERY
A/P	187090	09/09/20	75.72	GULF COAST PAPER COMPANY
A/P	187091	09/09/20	2,255.28	J & J HEALTH CARE SYSTEMS, INC
A/P	187092	09/09/20	840.86	M G TRUST
A/P	187093	09/09/20	414.38	MCKESSON MEDICAL SURGICAL INC
A/P	187094	09/09/20	213.57	MEDIVATORS
A/P	187095	09/09/20	.00	VOIDED
A/P	187096	09/09/20	1,862.59	MEDLINE INDUSTRIES INC
A/P	187097	09/09/20	220.00	MEMORIAL MEDICAL CLINIC
A/P	187098	09/09/20	108.00	MID-COAST ELECTRIC SUPPLY, INC
A/P	187099	09/09/20	.00	VOIDED
A/P	187100	09/09/20	10,224.27	MORRIS & DICKSON CO, LLC
A/P	187101	09/09/20	114,078.00	NOVITAS SOLUTIONS - PART A
A/P	187102	09/09/20	2,575.63	PABLO GARZA
A/P	187103	09/09/20	41.79	PARTSSOURCE, LLC
A/P	187104	09/09/20	2,825.00	PREMIER SLEEP DISORDERS CENTER
A/P	187105	09/09/20	1,625.00	RADSOURCE
A/P	187106	09/09/20	166.00	RAPID PRINTING LLC
A/P	187107	09/09/20	126.65	SINGLETON ASSOCIATES PA
A/P	187108	09/09/20	2,730.73	SPARKLIGHT
A/P	187109	09/09/20	420.00	ST DAVIDS HEALTHCARE
A/P	187110	09/09/20	1,460.72	STRYKER SALES CORP

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	187111	09/09/20	10,508.73	SUN LIFE FINANCIAL
A/P	187112	09/09/20	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	187113	09/09/20	291.57	UNIFIRST HOLDINGS
A/P	187114	09/09/20	290.67	UPS
A/P	187115	09/09/20	182.40	VYAIRE MEDICAL, INC
A/P	187116	09/09/20	617.00	WAGEWORKS
A/P	187117	09/09/20	4,502.19	WAGEWORKS, INC.
A/P	187118	09/09/20	413.80	WALMART COMMUNITY
TOTALS:			468,306.24	

APPROVED
ON
SEP 09 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 391,974.10 +
Patient Refunds 100.00 +
NH 20,308.33 +
Transfers 14,558.84 +
41,364.97 +
468,306.24 =

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
9/8/2020

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	:	215,904.32 ✓	518,642.89 ✓	337,688.82 ✓		-	34,950.25 ✓	8,413.78
						Bank Balance	34,950.25 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Check	-	
Routing Information for Ashford Gardens:						Y2 ADJ	-	
Ashford Health Care Center Ltd Co						QIPP 1,2,3 AND 4	26,331.34 ✓	
JP Morgan Chase Bank						July Interest	61.43 ✓	
[illegible]						August Interest	43.70	
A						September Interest		
						Adjust Balance/Transfer Amt	8,413.78 ✓	
Broadmoor	.	106,380.78 ✓	278,641.68 ✓	323,850.44 ✓		-	151,589.54 ✓	141,906.77
						Bank Balance	151,589.54 ✓	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 1,2,3, 4 & Lapse	9,503.75 ✓	
						Pending QIPP Check	-	
						Y2 ADJ	-	
						July Interest	39.10 ✓	
						August Interest	39.92	
						September Interest		
						Adjust Balance/Transfer Amt	141,906.77 ✓	
Crescent		282,178.80 ✓	454,444.78 ✓	241,750.73 ✓		-	69,484.75 ✓	61,545.48
						Bank Balance	69,484.75	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 1,2,3, 4 & Lapse	7,771.06 ✓	
						Pending QIPP Check	-	
						QIPP Y2 ADJ	-	
						July Interest	34.02 ✓	
						August Interest	34.19	
						September Interest		
						Adjust Balance/Transfer Amt	61,545.48 ✓	
Fort Bend		91,893.11 ✓	182,977.99 ✓	104,151.44 ✓		-	13,066.56 ✓	~~2,180.04~~
						Bank Balance	13,066.56 ✓	no transfer
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Check	-	
						QIPP Y2 ADJ PYMT	-	
						QIPP 1234	10,755.10 ✓	
						July Interest	15.12 ✓	
						August Interest	16.30	
						September Interest		
						Adjust Balance/Transfer Amt	2,180.04 ✓	
Solera at W Houston	2	102,330.75 ✓	274,596.19 ✓	553,262.52 ✓			380,997.08 ✓	371,533.96
						Bank Balance	380,997.08 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Check	-	
						QIPP Y2 ADJ	-	
Routing Information for Crescent / Solera at West						QIPP 1234	9,290.29 ✓	
Cantex Health Care Centers III LLC						July Interest	34.56 ✓	
JP Morgan Chase Bank						August Interest	38.27	
[illegible]						September Interest		
A							-	
						Adjust Balance/Transfer Amt	371,533.96 ✓	

APPROVED
ON
SEP 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

8,413.78 +
141,906.77 +
61,545.48 +
371,533.96 +
583,399.99 *

583,399.99

TOTAL TRANSFERS	~~585,580.03~~

Approved:
Jason Anglin, CEO — 9/8/2020

Note: Only balances of over $5,000 will be transfe
Note 2: Each account has a base balance of $100 t[illegible]

F:\NH Weekly Transfers\NH UPL Transfer Summary\2020\September\NH UPL Transfer Summary 9-8-20.xlsx

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
8/31/2020	Added to Account	$ -	$ 43.70					-	-
8/31/2020	AMERIGROUP CORPO E-PAYMENT EE52068754 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG	$ -	$ 31,643.49	21,019.18	3,145.44	7,339.25	139.62	26,331.34	5,312.16
8/31/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000119 TRN*1*EFT6976478*1205296137*000004911\	$ -	$ 344.06					-	344.06
9/1/2020	CK 1104	$ 742.28	$ -					-	-
9/2/2020	Deposit	$ -	$ 302,900.00					-	-
9/3/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	$ 500,696.50	$ -					-	-
9/3/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000158 TRN*1*EFT6977706*1205296137*000004911\	$ -	$ 2,757.57					-	2,757.57
9/4/2020	CK 1105	$ 17,204.11	$ -					-	-
								-	-
		518,642.89	337,688.82	21,019.18	3,145.44	7,339.25	139.62	26,331.34	8,413.79

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
8/31/2020	Added to Account	-	39.92					-	-
8/31/2020	AMERIGROUP CORPO E-PAYMENT EE52068757 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG	-	11,436.03	7,571.46	1,143.68	2,651.00	69.89	9,503.75	1,932.29
8/31/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000118 TRN*1*EFT5679352*1205296137*000004011\	-	306.24					-	306.24
9/1/2020	CK 65	142.50	-					-	-
9/1/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0255031	-	28,835.77					-	28,835.77
9/1/2020	HUMANA INS CO HCCLAIMPMT 390861 830000525864 TRN*1*001290052174331*1391263473\	-	4,583.25					-	4,583.25
9/1/2020	HUMANA INS CO HCCLAIMPMT 390861 830000526308 TRN*1*001290052198256*1391263473\	-	2,514.10					-	2,514.10
9/1/2020	HUMANA CHA DISB HCCLAIMPMT 390861 4200001335 TRN*1*014840101635172*1611013183\	-	4,363.38					-	4,363.38
9/2/2020	Deposit	-	198,200.00					-	-
9/3/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	272,742.31	-					-	-
9/3/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9560971637*1411289245*000087726\	-	3,024.00					-	3,024.00
9/3/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000158 TRN*1*EFT5683231*1205296137*000004011\	-	63,938.00					-	63,938.00
9/3/2020	HUMANA INS CO HCCLAIMPMT 390861 830000507011 TRN*1*001290052268553*1391263473\	-	6,609.75					-	6,609.75
9/4/2020	CK 66	5,756.87	-					-	-
								-	-
		278,641.68	323,850.44	7,571.46	1,143.68	2,651.00	69.89	9,503.75	116,106.78

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
8/31/2020	Added to Account	-	34.19					-	-
8/31/2020	AMERIGROUP CORPO E-PAYMENT EE52068756 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG	-	9,355.88	6,186.24	931.46	2,168.33	69.85	7,771.06	1,584.82
8/31/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202008281310103 1*1912008361*0000TEX01\	-	12,083.19					-	12,083.19
8/31/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000118 TRN*1*EFT5679341*1205296137*000004011\	-	1,214.20					-	1,214.20
9/1/2020	CK 96	129.67	-					-	-
9/1/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202008291480062 4*1912008361*0000TEX01\	-	5,621.99					-	5,621.99
9/1/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000141 TRN*1*EFT5680687*1205296137*000004011\	-	7,316.68					-	7,316.68
9/2/2020	Deposit	-	172,400.00					-	-
9/3/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	449,546.26	-					-	-
9/3/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9560971636*1411289245*000087726\	-	6,074.06					-	6,074.06
9/3/2020	HUMANA CHA DISB HCCLAIMPMT 390864 4200001524 TRN*1*014840101649667*1611013183\	-	27,650.54					-	27,650.54
9/4/2020	CK 97	4,768.85	-					-	-
								-	-
		454,444.78	241,750.73	6,186.24	931.46	2,168.33	69.85	7,771.06	61,545.48

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
8/31/2020	Added to Account	-	16.30					-	-
8/31/2020	AMERIGROUP CORPO E-PAYMENT EE52068753 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG	-	12,935.14	8,575.06	1,287.86	3,002.37	69.85	10,755.10	2,180.04
9/1/2020	CK 93	282.51	-					-	-
9/2/2020	Deposit	-	91,200.00					-	-
9/3/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	175,740.32	-					-	-
9/4/2020	CK 94	6,955.16	-					-	-
								-	-
		182,977.99	104,151.44	8,575.06	1,287.86	3,002.37	69.85	10,755.10	2,180.04

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
8/31/2020	Added to Account	-	38.27					-	-
8/31/2020	Amerigroup TXSC HCCLAIMPMT 3131229113 111000 TRN*1*3131229113*1752603231\	-	80.05					-	80.05
8/31/2020	AMERIGROUP CORPO E-PAYMENT EE52068755 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG	-	11,152.42	7,428.16	1,122.50	2,601.76		9,290.29	1,862.13
8/31/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202008281580041 8*1912008361*0000TEX01\	-	127.08					-	127.08
8/31/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202008281560010 0*1912008361*0000TEX01\	-	941.58					-	941.58
8/31/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000118 TRN*1*EFT5679337*1205296137*000004011\	-	326,339.13					-	326,339.13
9/1/2020	CK 21096	212.72	-					-	-
9/1/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202008291480052 5*1912008361*0000TEX01\	-	144.03					-	144.03
9/1/2020	HUMANA INS CO HCCLAIMPMT 390862 830000525864 TRN*1*001290052174332*1391263473\	-	1,299.39					-	1,299.39
9/2/2020	Deposit	-	172,400.00					-	-
9/2/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9560677446*1411289245*000087726\	-	3,940.00					-	3,940.00
9/3/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	268,486.50	-					-	-
9/3/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9560971409*1411289245*000087726\	-	2,050.00					-	2,050.00
9/3/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202009021380066 7*1912008361*0000TEX01\	-	5,303.60					-	5,303.60
9/3/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202009021140019 7*1912008361*0000TEX01\	-	4,970.85					-	4,970.85
9/3/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000158 TRN*1*EFT5683222*1205296137*000004011\	-	825.43					-	825.43
9/3/2020	HUMANA INS CO HCCLAIMPMT 390862 830000507011 TRN*1*001290052268554*1391263473\	-	8,745.04					-	8,745.04
9/3/2020	HUMANA CHA DISB HCCLAIMPMT 390862 4200001524 TRN*1*014840101649666*1611013183\	-	14,791.03					-	14,791.03
9/4/2020	CK1098	5,896.97	-					-	-
9/4/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202009031620009 8*1912008361*0000TEX01\	-	114.62					-	114.62
								-	-
		274,596.19	553,262.52	7,428.16	1,122.50	2,601.76	-	9,290.29	371,533.96
	TOTALS	1,709,303.53	1,560,703.95	50,780.10	7,630.94	17,762.71	349.21	63,651.53	559,780.04

Select Quick View Accounts
Account Number / Name

Account Type

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DDA

Data reported as of Sep 8, 2020 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$34,950.25	$34,950.25	$34,950.25	$52,154.36
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$151,589.54	$159,706.18	$151,589.54	$157,346.41
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$69,484.75	$73,946.75	$69,484.75	$74,253.60
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$13,066.56	$13,066.56	$13,066.56	$20,021.72
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$380,997.08	$419,360.72	$380,997.08	$386,779.43
[redacted]				

* indicates re

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Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
9/8/2020

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		267,026.53	458,181.60	217,209.90	-	-	26,054.83	25,881.81
						Bank Balance	26,054.83	
						Variance	0.00	
						Leave in Balance	100.00	
						QIPP 1234	-	
						QIPP Y1 ADJ PYMT SUPERIOR	-	
						July Interest	37.57	
						August Interest	35.45	
						September Interest	-	
						Adjust Balance/Transfer Amt	25,881.81	

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 9/8/2020

APPROVED
ON
SEP 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&Lapse	QJPP TI	
8/31/2020	Added to Account	-	35.45					-	-
8/31/2020	HEALTH HUMAN SVC HCCLAIMPMT 174600341130112 TRN*1*05F864431588075964*1746000156~	-	9,024.15					-	9,024.15
9/1/2020	CK 61	42.64	-					-	-
9/2/2020	Deposit		206,650.30					-	15,400.30
9/2/2020	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 083120	-	1,500.00					-	1,500.00
9/3/2020	WIRE OUT NEXION HEALTH AT GOLDEN CREEK	431,005.85	-					-	-
9/4/2020	CK 62	27,133.11	-					-	-
								-	-
		458,181.60	217,209.90	-	-	-	-	-	25,924.45

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Account Number / Name

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DDA Data reported as of Sep 8, 2020 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	**$8,301,823.22**	**$8,449,582.28**	**$8,301,823.22**	**$8,461,230.03**
[redacted]				
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$26,054.83	$29,607.39	$26,054.83	$53,187.94
[redacted]				

* indicates re
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Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
9/8/2020

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		20,726.73	17,162.34	8.00		-	-	3,572.39	no transfer
							Bank Balance	3,572.39	no transfer
							Variance	-	
							Leave in Balance	100.00	
							qipp 1234	-	
							Pending QIPP ck to MMC		
							July Interest	4.68	
							August Interest	8.00	
							September Interest		
							Adjust Balance/Transfer Amt	-	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		184,722.31	368,592.85	245,771.11		-	-	61,900.57	61,748.46
							Bank Balance	61,900.57	
							Variance	-	
							Leave in Balance	100.00	
							QIPP 1,2 AND 3		
							QIPP 4 & LAPSE		
							July Interest	29.46	
							August Interest	22.65	
							September Interest		
							Adjust Balance/Transfer Amt	61,748.46	
						TOTAL TRANSFERS		61,748.46	

Routing Information for Gulf Pointe Plaza:

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

Approved:
Jason Anglin, CEO 9/8/2020

APPROVED
ON
SEP 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION
8/31/2020 Added to Account	-	8.00					-	-
9/4/2020 CK 16	17,162.34	-					-	-
							-	-
	17,162.34	**8.00**	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION
8/31/2020 Added to Account	-	22.65					-	-
8/31/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001277794 TRN*1*EFT6973726*1450173185*000003(	-	3,996.08					-	3,996.08
9/2/2020 Deposit	-	220,659.41					-	36,659.41
9/3/2020 WIRE OUT HMG SERVICES, LLC	368,592.85	-					-	-
9/3/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001589733 TRN*1*EFT6975990*1450173185*000003(	-	21,092.97					-	21,092.97
							-	-
	368,592.85	**245,771.11**	-	-	-	-	-	**61,748.46**
	385,755.19	**245,779.11**	-	-	-	-	-	**61,748.46**

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
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DDA Data reported as of Sep 8, 2020 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	$8,301,823.22	$8,449,582.28	$8,301,823.22	$8,461,230.03
[redacted]				
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$61,900.57	$103,150.74	$61,900.57	$61,900.57
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,572.39	$12,166.66	$3,572.39	$20,734.73
[redacted]				

* indicates re
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Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
9/8/2020

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home		Test
Tuscany Senior Living		216,407.20	216,303.33	45,323.04	-	-	-	45,426.91	45,319.05	45,319.05	107.86
							Bank Balance	45,426.91			
							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	3.99			
							September Interest	-			
							Adjust Balance/Transfer Amt	45,319.05			

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 9/8/2020

APPROVED
ON
SEP 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Senior Living		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
8/31/2020	Added to Account	-	3.99					-	-
9/2/2020	Deposit	-	29,309.67					-	29,309.67
9/3/2020	WIRE OUT LINBAR ENTERPRISES, LLC	216,303.33	-					-	-
9/3/2020	NOVITAS SOLUTION HCCLAIMPMT 676201 420000158 TRN*1*E	-	16,009.38					-	16,009.38
								-	-
		216,303.33	45,323.04	-	-	-	-	-	45,319.05

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Sep 8, 2020 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*3407 MMC -NH TUSCANY VILLAGE	$45,426.91	$45,426.91	$45,426.91	$45,426.91

* indicates re

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Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
9/8/2020

Nursing Home	Account	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		361,356.04	559,751.14	443,103.55		-	-	244,708.45	244,539.46
							Bank Balance	244,708.45	
							Variance	-	
							Leave in Balance	100.00	
							QIPP 1,2 AND 3		
							July Interest	4.90	
							August Interest	64.09	
							September Interest		
							Adjust Balance/Transfer Amt	244,539.46	

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 9/8/2020

APPROVED
ON
SEP 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
8/31/2020	Added to Account	-	64.09					-	-
8/31/2020	Deposit	-	25,356.68					-	25,356.68
8/31/2020	NOVITAS SOLUTION HCCLAIMPMT 676481 420000118 TF	-	62,577.85					-	62,577.85
9/1/2020	Deposit	-	12,190.00					-	12,190.00
9/1/2020	NOVITAS SOLUTION HCCLAIMPMT 676481 420000141 TF	-	2,227.48					-	2,227.48
9/2/2020	Deposit	-	228,660.20					-	30,160.20
9/2/2020	NOVITAS SOLUTION HCCLAIMPMT 676481 420000158 TF	-	75,559.98					-	75,559.98
9/3/2020	WIRE OUT BETHANY SENIOR LIVING, LTD	559,751.14	-					-	-
9/3/2020	Deposit	-	14,780.63					-	14,780.63
9/3/2020	NOVITAS SOLUTION HCCLAIMPMT 676481 420000158 TF	-	8,358.23					-	8,358.23
9/4/2020	Deposit	-	5,400.00					-	5,400.00
9/4/2020	NOVITAS SOLUTION HCCLAIMPMT 676481 420000163 TF	-	7,928.41					-	7,928.41
								-	-
		559,751.14	**443,103.55**	✓ **-**	**-**	**-**	**-**	**-**	**244,539.46**

Select Quick View Accounts
Account Number / Name

Account Type

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DDA Data reported as of Sep 8, 2020 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	$8,301,823.22	$8,449,582.28	$8,301,823.22	$8,461,230.03
[redacted]				
*5506 MMC -NH BETHANY SENIOR LIVING	$244,708.45	$258,964.23	$244,708.45	$231,380.04
[redacted]				

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Ashford

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 09/8/2020

APPROVED ON
SEP 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 001104

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

AMOUNT: $26,331.34

G/L NUMBER: 21000012

EXPLANATION: QIPP 1,2,3,4

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	001106	09/09/20	26,331.34	MMC OPERATING Ashford
TOTALS:			26,331.34	

APPROVED
ON

SEP 09 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Broadmoor

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 09/8/2020

APPROVED ON SEP 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 000067

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

AMOUNT 9,503.75

G/L NUMBER: 21000009

EXPLANATION: QIPP 1,2,3,4

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000067	09/09/20	9,503.75	MMC OPERATING
TOTALS:			9,503.75	

Broadmoor

APPROVED
ON

SEP 09 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Crescent

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 09/8/2020

APPROVED ON SEP 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK #000098

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

AMOUNT 7,771.06

G/L NUMBER: 21000010

EXPLANATION: QIPP 1,2,3,4

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000098	09/09/20	7,771.06	MMC OPERATING
TOTALS:			7,771.06	

Crescent

APPROVED
ON

SEP 09 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Fort Bend

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 09/8/2020

APPROVED ON SEP 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK # 000045

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

AMOUNT: 10,755.10

G/L NUMBER: 21000008

EXPLANATION: QIPP 1,2,3,4

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000095	09/09/20	10,755.10	MMC OPERATING
TOTALS:			10,755.10	

Fort Bend

APPROVED
ON

SEP 09 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Solera

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 09/8/2020

APPROVED ON
SEP 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#001099

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

AMOUNT: 9,290.29

G/L NUMBER: 21000011

EXPLANATION: QIPP 1,2,3,4

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	001099	09/09/20	9,290.29	MMC OPERATING
TOTALS:			9,290.29	

Solem

APPROVED
ON

SEP 09 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **9/9/2020**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1, 2, 3 & 4				TOTAL		Date
Ashford	10000018 - Prosperity	1106	MMC -Prosperity Operating #10000001	21000012	26,331.34				26,331.34		9/9/2020
Broadmoor	10000019 - Prosperity	67	MMC -Prosperity Operating #10000001	21000009	9,503.75				9,503.75		9/9/2020
Crescent	10000020 - Prosperity	98	MMC -Prosperity Operating #10000001	21000010	7,771.06				7,771.06		9/9/2020
Fort Bend	10000021 - Prosperity	95	MMC -Prosperity Operating #10000001	21000008	10,755.10				10,755.10		9/9/2020
Solera	10000022 - Prosperity	1099	MMC -Prosperity Operating #10000001	21000011	9,290.29				9,290.29		9/9/2020
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	21000013	-				-		9/9/2020
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	21000014	-				-		9/9/2020
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001	21000014	-	-			-		9/9/2020
Bethany											9/9/2020
Tuscany											9/9/2020
				Total:	63,651.54	-	-	-	63,651.54		
	Note:										

Approved:
Jason Anglin, CEO 9/8/2020

26,331.34 +
9,503.75 +
7,771.06 +
10,755.10 +
9,290.29 +
63,651.54 =

APPROVED
ON
SEP 09 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

1106
88-2265/1131-87

9/14/2020
Date

CHECK ARMOR

Pay to the Order of Memorial Medical Center operating | $ 24,331.34

Twenty Six thousand three hundred thirty one 34/100 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

Calhoun Auditor

For Qipp Comp 1,2,3&4

MP
Calhoun Treasurer

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

1099
88-2265/1131-87

9-14-2020
Date

CHECK ARMOR

Pay to the Order of Memorial Medical Center operating | $ 9,290.29

Nine thousand two hundred ninety and 29/100 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

Calhoun Auditor

For QIPP Comp 1,2,3 & 4

MP
County Treasurer

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

000095

88-2265/1131

Date 9-14-2020

PAY TO THE ORDER OF Memorial Medical center Operating | $ 10,755.10

Ten thousand Seven hundred fifty five and 10/100 **DOLLARS**

PROSPERITY BANK®

County Auditor

MP
County Treasurer

FOR QIPP 1,2,3&4

Security features are included. Details on back.

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

000098

88-2265/1131

Date 9/14/2020

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 1,771.01

Seven Thousand Seven Hundred seventy one and 01/100 **DOLLARS**

PROSPERITY BANK

County Auditor

County Treasurer

FOR QIPP Comp 1,2,3 & 4

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

000067

88-2265/1131

Date 9/14/2020

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 9,503.75

Nine thousand five hundred three and 75/100 **DOLLARS**

PROSPERITY BANK

County Auditor

County Treasurer

FOR QIPP Comp 1,2,3 & 4