MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 28, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	606,693.63
TOTAL TRANSFERS BETWEEN FUNDS	$	55,290.38
TOTAL NURSING HOME UPL EXPENSES	$	2,047,045.59
TOTAL INTER-GOVERNMENT TRANSFERS	$	32,792.98
GRAND TOTAL DISBURSEMENTS APPROVED October 28, 2020	$	2,741,822.58

APPROVED

OCT 28 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 28, 2020

PAYABLES AND PAYROLL

10/22/2020	Weekly Payables	156,388.24	
10/26/2020	McKesson-340B Prescription Expense	6,159.27	
10/26/2020	Amerisource Bergen-340B Prescription Expense	19.10	
10/26/2020	Payroll Liabilities -Payroll Taxes	107,092.17	
10/26/2020	Payroll	336,925.14	
	Prosperity Electronic Bank Payments		
10/20-10/23/20	Pay Plus-Patient Claims Processing Fee	109.71	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 606,693.63**

TRANSFER BETWEEN FUNDS-NURSING HOMES

10/22/2020	MMC Operating to Solera-correction of NH payment deposited into MMC Operating	1,936.00	
10/22/2020	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	13,515.76	
10/22/2020	MMC Operating to Gulf Pointe Plaza PP-reimbursement of check order withdrawn from nursing home	139.08	
10/22/2020	MMC Operating to Gulf Pointe Plaza MM-correction of NH insurance payment deposited into MMC Operating and check order reimbursement	26,049.23	
10/22/2020	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating and check order reimbursement	10,238.49	
10/22/2020	MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating and check order reimbursment	3,411.82	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 55,290.38**

NURSING HOME UPL EXPENSES

10/26/2020	Nursing Home UPL-Cantex Transfer	1,079,939.92	
10/26/2020	Nursing Home UPL-Nexion Transfer	244,671.86	
10/26/2020	Nursing Home UPL-HMG Transfer	196,894.88	
10/26/2020	Nursing Home UPL-Tuscany Transfer	56,215.26	
10/26/2020	Nursing Home UPL-HSL Transfer	418,938.38	

QIPP/INTEREST/RECOUP CHECKS TO MMC

10/26/2020	Crescent-MMC recoup of insurance pymt deposited into NH account	91.72	
10/26/2020	Fort Bend-MMC recoup of IGT funds and insurance pymt deposited into NH account	50,293.57	
TOTAL NURSING HOME UPL EXPENSES			**$ 2,047,045.59**

INTER-GOVERNMENT TRANSFERS

11/4/2020	IGT DSH to be paid November 04, 2020	32,792.98	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 32,792.98**

GRAND TOTAL DISBURSEMENTS APPROVED October 28, 2020 $ 2,741,822.58

RECEIVED
OCT 22 2020
Calhoun County Auditor

10/22/2020 MEMORIAL MEDICAL CENTER 0
10:15 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/11/2020

Vendor#	Vendor Name	Class	Pay Code
13180	ADVANCED STERILIZATION PROD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8020068231		10/19/2020	10/07/2020	10/19/2020			864.00	0.00	0.00	864.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13180	ADVANCED STERIL	864.00		0.00	0.00	864.00

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
9105207622		10/16/2020	09/09/2020	10/04/2020			264.35	0.00	0.00	264.35
	OXYGEN									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC -	264.35		0.00	0.00	264.35

Vendor#	Vendor Name	Class	Pay Code
13244	ASD HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1102071972		08/19/2020	08/07/2020	11/05/2020			1,245.00	0.00	0.00	1,245.00
	INVENTORY									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13244	ASD HEALTHCARE	1,245.00		0.00	0.00	1,245.00

Vendor#	Vendor Name	Class	Pay Code
13516	AVANTE HEALTH SOULTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0271041IN		10/21/2020	08/03/2020	08/03/2020			51.22	0.00	0.00	51.22
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13516	AVANTE HEALTH S	51.22		0.00	0.00	51.22

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
68419999		10/19/2020	10/05/2020	10/30/2020			630.55	0.00	0.00	630.55
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHC/	630.55		0.00	0.00	630.55

Vendor#	Vendor Name	Class	Pay Code
12600	BIOFIRE DIAGNOSTICS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1280062083		10/15/2020	08/11/2020	08/11/2020			7,903.47	0.00	0.00	7,903.47
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12600	BIOFIRE DIAGNOST	7,903.47		0.00	0.00	7,903.47

Vendor#	Vendor Name	Class	Pay Code
D1040	C R BARD, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
81547257		10/13/2020	09/22/2020	10/13/2020			348.59	0.00	0.00	348.59
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	D1040	C R BARD, INC	348.59		0.00	0.00	348.59

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
XVD9209		10/21/2020	05/14/2020	06/13/2020			155.25	0.00	0.00	155.25
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMEN	155.25		0.00	0.00	155.25

Vendor#	Vendor Name	Class	Pay Code

E1270 CENTERPOINT ENERGY W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
093020	10/21/2020	09/30/2020	10/15/2020				33.27	0.00	0.00	33.27
	GAS									

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

Vendor# 13336 Vendor Name: COCA COLA SOUTHWEST BEVER Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7991204955	10/21/2020	09/11/2020	09/11/2020				515.76	0.00	0.00	515.76
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTI	515.76		0.00	0.00	515.76

Vendor# C1970 Vendor Name: CONMED CORPORATION Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
367877	10/19/2020	10/06/2020	10/19/2020				107.53	0.00	0.00	107.53
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1970	CONMED CORPOR	107.53		0.00	0.00	107.53

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
6217051	10/21/2020	10/12/2020	11/06/2020				11.56	0.00	0.00	11.56
	SUPPLIES									
6218830	10/21/2020	10/12/2020	11/06/2020				119.00	0.00	0.00	119.00
	SUPPLIES									
6220831	10/21/2020	10/13/2020	11/07/2020				31.70	0.00	0.00	31.70
	SUPPLIES									
6220830	10/21/2020	10/13/2020	11/07/2020				41.98	0.00	0.00	41.98
	SUPPLIES									
6220990	10/21/2020	10/13/2020	11/07/2020				667.60	0.00	0.00	667.60
	SUPPLIES									
CREDITCK1	10/21/2020	10/16/2020	11/10/2020				-166.15	0.00	0.00	-166.15
	CREDIT									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SC	705.69		0.00	0.00	705.69

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
IN2110201	10/21/2020	10/08/2020	11/08/2020				5,390.00	0.00	0.00	5,390.00
	TREADMILL									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS COI	5,390.00		0.00	0.00	5,390.00

Vendor# E1070 Vendor Name: EDWARDS PLUMBING INC Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
63035	10/21/2020	10/13/2020	10/13/2020				1,169.00	0.00	0.00	1,169.00
	BACKFLO/GAS TEST SUPPLIES/LA									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	E1070	EDWARDS PLUMBII	1,169.00		0.00	0.00	1,169.00

Vendor# 11284 Vendor Name: EMERGENCY STAFFING SOLUTIO Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
39641	10/21/2020	09/30/2020	09/30/2020				1,200.00	0.00	0.00	1,200.00
	ODUTAYO AS HOSPITALIST/ER PH									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAF	1,200.00		0.00	0.00	1,200.00

Vendor# 12808 Vendor Name: ESUTURES.COM Class: Pay Code:

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

369191	10/21/2020	09/28/2020	10/28/2020				42.00	0.00	0.00	42.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12808	ESUTURES.COM		42.00	0.00	0.00	42.00

Vendor# 10689 — Vendor Name: FASTHEALTH CORPORATION — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10A2MMC	10/21/2020	10/01/2020	10/16/2020				495.00	0.00	0.00	495.00
	WEBSITE									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
715220683	10/21/2020	10/15/2020	11/09/2020				90.05	0.00	0.00	90.05
	SHIPPING									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS		90.05	0.00	0.00	90.05

Vendor# F1400 — Vendor Name: FISHER HEALTHCARE — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2556403	10/15/2020	11/05/2019	11/30/2019				450.71	0.00	0.00	450.71
	SUPPLIES									
5914395	10/15/2020	12/18/2019	01/12/2020				7.36	0.00	0.00	7.36
	SUPPLIES									
7644009	10/15/2020	01/16/2020	02/10/2020				661.20	0.00	0.00	661.20
	SUPPLIES									
3954772	10/15/2020	03/04/2020	03/29/2020				1,241.78	0.00	0.00	1,241.78
	SUPPLIES									
5005053	10/15/2020	03/12/2020	04/06/2020				3,528.58	0.00	0.00	3,528.58
	SUPPLIES									
5984403	10/15/2020	03/26/2020	04/20/2020				240.60	0.00	0.00	240.60
	SUPPLIES									
8233058	10/15/2020	04/28/2020	07/10/2020				1,038.68	0.00	0.00	1,038.68
	SUPPLIES									
8541170	10/15/2020	09/17/2020	10/12/2020				984.10	0.00	0.00	984.10
	SUPPLIES									
9508167	10/15/2020	09/24/2020	10/19/2020				654.97	0.00	0.00	654.97
	SUPPLIES									
9652858	10/15/2020	09/25/2020	10/20/2020				581.26	0.00	0.00	581.26
	SUPPLIES									
0117049	10/19/2020	10/01/2020	10/26/2020				3,506.66	0.00	0.00	3,506.66
	SUPPLIES									
0117050	10/19/2020	10/01/2020	10/26/2020				39.42	0.00	0.00	39.42
	SUPPLIES									
0341281	10/19/2020	10/05/2020	10/30/2020				4,968.00	0.00	0.00	4,968.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCA		17,903.32	0.00	0.00	17,903.32

Vendor# 11183 — Vendor Name: FRONTIER — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100220	10/21/2020	10/02/2020	10/26/2020				1,159.93	0.00	0.00	1,159.93
	PHONES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11183	FRONTIER		1,159.93	0.00	0.00	1,159.93

Vendor# G0321 — Vendor Name: GALLS,LLC — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
015714312	10/21/2020	05/22/2020	05/22/2020				102.93	0.00	0.00	102.93
	UNIFORM									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G0321	GALLS,LLC	102.93		0.00	0.00	102.93

Vendor# 10901 — Vendor Name: GENESIS DIAGNOSTICS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
51536		10/19/2020	10/09/2020	11/08/2020			325.82	0.00	0.00	325.82
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOS	325.82		0.00	0.00	325.82

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116271877		10/21/2020	07/16/2020	08/15/2020			5,451.37	0.00	0.00	5,451.37
	HEPA AIR SCRUBBER									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10653	GLOBAL EQUIPMEI	5,451.37		0.00	0.00	5,451.37

Vendor# W1300 — Vendor Name: GRAINGER — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9675595608		10/21/2020	10/06/2020	10/31/2020			75.00	0.00	0.00	75.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	W1300	GRAINGER	75.00		0.00	0.00	75.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1938172		10/13/2020	10/06/2020	11/05/2020			547.99	0.00	0.00	547.99
	SUPPLIES									
1938167		10/13/2020	10/06/2020	11/05/2020			102.20	0.00	0.00	102.20
	SUPPLIES									
1940977		10/14/2020	10/09/2020	11/08/2020			179.20	0.00	0.00	179.20
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPE	829.39		0.00	0.00	829.39

Vendor# H0032 — Vendor Name: H + H SYSTEM, INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
032400		10/19/2020	09/28/2020	10/19/2020			52.61	0.00	0.00	52.61
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	H0032	H + H SYSTEM, INC	52.61		0.00	0.00	52.61

Vendor# 12716 — Vendor Name: HITACHI HEALTHCARE — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PJIN01614051		10/21/2020	10/15/2020	10/15/2020			7,908.33	0.00	0.00	7,908.33
	SMA FEE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12716	HITACHI HEALTHC/	7,908.33		0.00	0.00	7,908.33

Vendor# 12596 — Vendor Name: INDEED, INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35907160		10/21/2020	09/30/2020	09/30/2020			290.60	0.00	0.00	290.60
	JOB POSTING									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12596	INDEED, INC.	290.60		0.00	0.00	290.60

Vendor# 11312 — Vendor Name: INRAD — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
928987		10/13/2020	09/21/2020	10/13/2020			291.00	0.00	0.00	291.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net

11312	INRAD	291.00	0.00	0.00	291.00		

Vendor# 12932 — Vendor Name: INTRADO — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0022623	HOUSE CALLS	10/21/2020	09/30/2020	09/30/2020			476.16	0.00	0.00	476.16

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12932	INTRADO	476.16		0.00	0.00	476.16

Vendor# 11285 — Vendor Name: ITA RESOURCES INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC102020	RESP SERVICES	10/21/2020	10/20/2020	11/09/2020			24,706.55	0.00	0.00	24,706.55

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES IN	24,706.55		0.00	0.00	24,706.55

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
923392600	SUPPLIES	10/19/2020	10/05/2020	11/04/2020			734.03	0.00	0.00	734.03
923392601	SUPPLIES	10/19/2020	10/05/2020	11/04/2020			168.00	0.00	0.00	168.00

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE	902.03		0.00	0.00	902.03

Vendor# 12024 — Vendor Name: JAMIE NEYLAND — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101620	SWITCHED TO INDIVIDUAL BENEF	10/21/2020	10/16/2020	10/16/2020			422.49	0.00	0.00	422.49

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12024	JAMIE NEYLAND	422.49		0.00	0.00	422.49

Vendor# M1950 — Vendor Name: MARTIN PRINTING CO — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
76169 76167	APPOINTMENT CARDS	10/14/2020	10/06/2020	11/05/2020			537.75	0.00	0.00	537.75
76210	SUPPLIES	10/14/2020	10/06/2020	11/05/2020			128.00	0.00	0.00	128.00

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING	665.75		0.00	0.00	665.75

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
76439214	SUPPLIES	10/15/2020	02/07/2020	02/22/2020			156.46	0.00	0.00	156.46
77318138	SUPPLIES	10/15/2020	02/18/2020	03/04/2020			499.35	0.00	0.00	499.35
77294112	SUPPLIES	10/15/2020	02/18/2020	03/04/2020			1,672.41	0.00	0.00	1,672.41

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDIC	2,328.22		0.00	0.00	2,328.22

Vendor# M2310 — Vendor Name: MEDELA INC — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7000158746	SUPPLIES	10/15/2020	05/07/2020	10/16/2020			284.80	0.00	0.00	284.80

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2310	MEDELA INC	284.80		0.00	0.00	284.80

Vendor# M2827 — Vendor Name: MEDIVATORS — Class: M — Pay Code:

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

90475228	10/16/2020	03/24/2020	10/16/2020			226.36	0.00	0.00	226.36
	SUPPLIES								
90603791	10/16/2020	08/25/2020	10/16/2020			408.26	0.00	0.00	408.26
	SUPPLIES								
90618585	10/16/2020	09/08/2020	10/16/2020			213.57	0.00	0.00	213.57
	SUPPLIES								
90666991	10/21/2020	10/20/2020	10/21/2020			408.23	0.00	0.00	408.23
	SUPPLIES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	1,256.42		0.00	0.00	1,256.42

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
1902926197	10/15/2020	02/28/2020	03/24/2020				26.44	0.00	0.00	26.44
	SUPPLIES									
1903972261	10/15/2020	03/10/2020	04/04/2020				13.35	0.00	0.00	13.35
	SUPPLIES									
1908417367	10/15/2020	04/18/2020	05/21/2020				37.08	0.00	0.00	37.08
	SUPPLIES									
1909636716	10/15/2020	04/30/2020	05/25/2020				62.00	0.00	0.00	62.00
	SUPPLIES									
1918885524	10/15/2020	07/30/2020	08/24/2020				137.11	0.00	0.00	137.11
	SUPPLIES									
1924355961	10/15/2020	09/17/2020	10/12/2020				129.83	0.00	0.00	129.83
	SUPPLIES									
1924819116	10/15/2020	09/22/2020	10/17/2020				51.29	0.00	0.00	51.29
	SUPPLIES									
1924819113	10/15/2020	09/22/2020	10/17/2020				203.00	0.00	0.00	203.00
	SUPPLIES									
1925075176	10/15/2020	09/24/2020	10/19/2020				616.38	0.00	0.00	616.38
	SUPPLIES									
1925075177	10/15/2020	09/24/2020	10/19/2020				40.07	0.00	0.00	40.07
	SUPPLIES									
1917255890	10/19/2020	07/16/2020	08/10/2020				-84.88	0.00	0.00	-84.88
	CREDIT INVOICE 1915490803									
1920266258	10/19/2020	08/11/2020	09/05/2020				87.71	0.00	0.00	87.71
	SUPPLIES									
1924136516	10/19/2020	09/15/2020	10/10/2020				-57.20	0.00	0.00	-57.20
	CREDIT INVOICE 1921984321									
1702406635	10/22/2020	09/26/2020	10/21/2020				689.67	0.00	0.00	689.67
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTR	1,951.85		0.00	0.00	1,951.85

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4891248	10/16/2020	10/06/2020	09/25/2020				293.06	0.00	0.00	293.06
	SUPPLIES									

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

Vendor#	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
192330800	10/21/2020	08/14/2020	09/13/2020				108.00	0.00	0.00	108.00
	SUPPLIES									
192330900	10/21/2020	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	216.00		0.00	0.00	216.00

Vendor#	Vendor Name	Class	Pay Code
M2621	MMC AUXILIARY GIFT SHOP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101520	10/19/2020	10/15/2020	10/15/2020				483.12	0.00	0.00	483.12
	PAYROLL DED									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GI	483.12	0.00	0.00	483.12

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
6155113	10/19/2020	10/06/2020	10/16/2020				49.33	0.00	0.00	49.33
	INVENTORY									
0566	10/19/2020	10/06/2020	10/16/2020				252.02	0.00	0.00	252.02
	INVENTORY									
6149549	10/19/2020	10/08/2020	10/18/2020				3,509.37	0.00	0.00	3,509.37
	INVENTORY									
6148442	10/19/2020	10/08/2020	10/18/2020				119.40	0.00	0.00	119.40
	INVENTORY									
6149862	10/19/2020	10/08/2020	10/18/2020				188.18	0.00	0.00	188.18
	INVENTORY									
6148441	10/19/2020	10/08/2020	10/18/2020				16.10	0.00	0.00	16.10
	INVENTORY									
6149548	10/19/2020	10/08/2020	10/18/2020				1,567.21	0.00	0.00	1,567.21
	INVENTORY									
6149550	10/19/2020	10/08/2020	10/18/2020				4.33	0.00	0.00	4.33
	INVENRORY									
6155112	10/19/2020	10/11/2020	10/21/2020				523.98	0.00	0.00	523.98
	INVENTORY									
6155110	10/19/2020	10/11/2020	10/21/2020				25.02	0.00	0.00	25.02
	INVENTORY									
6155111	10/19/2020	10/11/2020	10/21/2020				952.51	0.00	0.00	952.51
	INVENTORY									
6160630	10/19/2020	10/12/2020	10/22/2020				373.75	0.00	0.00	373.75
	INVENTORY									
6160633	10/19/2020	10/12/2020	10/22/2020				16.73	0.00	0.00	16.73
	INVENTORY									
6160631	10/19/2020	10/12/2020	10/22/2020				210.55	0.00	0.00	210.55
	INVENTORY									
6158295	10/19/2020	10/12/2020	10/22/2020				115.38	0.00	0.00	115.38
	INVENTORY									
6160632	10/19/2020	10/12/2020	10/22/2020				573.31	0.00	0.00	573.31
	INVENTORY									
6165243	10/19/2020	10/13/2020	10/23/2020				228.14	0.00	0.00	228.14
	INVENTORY									
6165242	10/19/2020	10/13/2020	10/23/2020				4.42	0.00	0.00	4.42
	SUPPLIES									
6169877	10/19/2020	10/14/2020	10/24/2020				1,523.89	0.00	0.00	1,523.89
	INVENTORY									
6169878	10/19/2020	10/14/2020	10/24/2020				267.14	0.00	0.00	267.14
	INVENTORY									
6169876	10/19/2020	10/14/2020	10/24/2020				8,547.83	0.00	0.00	8,547.83
	INVENTORY									
2800	10/19/2020	10/15/2020	10/25/2020				-0.23	0.00	0.00	-0.23
	CREDIT									
6175829	10/19/2020	10/15/2020	10/25/2020				418.62	0.00	0.00	418.62
	INVENTORY									
6175830	10/19/2020	10/15/2020	10/25/2020				675.22	0.00	0.00	675.22
	INVENTORY									
2856	10/19/2020	10/15/2020	10/25/2020				-10.00	0.00	0.00	-10.00
	CREDIT									
6175828	10/19/2020	10/15/2020	10/25/2020				4,600.62	0.00	0.00	4,600.62
	INVENTORY									
6181920	10/19/2020	10/18/2020	10/28/2020				3,216.85	0.00	0.00	3,216.85

		INVENTORY							
6181923	10/19/2020	10/18/2020	10/28/2020		22.43	0.00	0.00	22.43	
		INVENTORY							
6181922	10/19/2020	10/18/2020	10/28/2020		345.47	0.00	0.00	345.47	
		INVENTORY							
6181919	10/19/2020	10/18/2020	10/28/2020		1,205.54	0.00	0.00	1,205.54	
		INVENTORY							
6181073	10/19/2020	10/18/2020	10/28/2020		54.04	0.00	0.00	54.04	
		INVENTORY							
6181072	10/19/2020	10/18/2020	10/28/2020		38.60	0.00	0.00	38.60	
		INVENTORY							
6181921	10/19/2020	10/18/2020	10/28/2020		45.34	0.00	0.00	45.34	
		INVENTORY							
6186032	10/21/2020	10/19/2020	10/29/2020		616.46	0.00	0.00	616.46	
		INVENTORY							
6186030	10/21/2020	10/19/2020	10/29/2020		392.36	0.00	0.00	392.36	
		INVENTORY							
6186031	10/21/2020	10/19/2020	10/29/2020		247.67	0.00	0.00	247.67	
		INVENTORY							
6188471	10/21/2020	10/20/2020	10/30/2020		2,030.24	0.00	0.00	2,030.24	
		INVENTORY							

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSOI	32,967.82		0.00	0.00	32,967.82

Vendor#	Vendor Name	Class	Pay Code
10868	NOVA BIOMEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90779939		10/21/2020	10/14/2020	10/21/2020			814.72	0.00	0.00	814.72
	SUPPLEIS									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL	814.72		0.00	0.00	814.72

Vendor#	Vendor Name	Class	Pay Code
P0706	PALACIOS BEACON	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33057549		10/21/2020	10/02/2020	10/02/2020			187.50	0.00	0.00	187.50
	AD									

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

Vendor#	Vendor Name	Class	Pay Code
P1470	PHILIP THOMAE PHOTOGRAPHER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10218		10/21/2020	10/02/2020	10/02/2020			100.00	0.00	0.00	100.00
	PICTURES/USB									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	P1470	PHILIP THOMAE PH	100.00		0.00	0.00	100.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20090600		10/21/2020	09/30/2020	10/15/2020			2,611.85	0.00	0.00	2,611.85
	GAS									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PAR	2,611.85		0.00	0.00	2,611.85

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SC61351		10/13/2020	10/12/2020	11/06/2020			1,667.00	0.00	0.00	1,667.00
	SERVICE CONTRACT									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11080	RADSOURCE	1,667.00		0.00	0.00	1,667.00

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

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

914847623	08/19/2020	08/11/2020	11/09/2020			4,290.54	0.00	0.00	4,290.54
	INVENTORY								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR I	4,290.54		0.00	0.00	4,290.54

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
8917805		10/15/2020	08/24/2020	09/18/2020			460.94	0.00	0.00	460.94
	SUPPLIES									
8922513		10/15/2020	08/25/2020	09/19/2020			76.34	0.00	0.00	76.34
	SUPPLIES									
8777009		10/21/2020	06/02/2020	06/27/2020			89.16	0.00	0.00	89.16
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORAT	626.44		0.00	0.00	626.44

Vendor#	Vendor Name	Class	Pay Code
11944	TALX CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1002033642		09/30/2020	10/08/2020	11/07/2020			10.99	0.00	0.00	10.99
	EMPLOYEE VERIFICATION									

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

Vendor#	Vendor Name	Class	Pay Code
12704	TEXAS BURNER & BOILER SERVIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3627		10/21/2020	10/05/2020	11/05/2020			1,020.00	0.00	0.00	1,020.00
	TROUBLESHOOT HVAC BIOLER									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12704	TEXAS BURNER & I	1,020.00		0.00	0.00	1,020.00

Vendor#	Vendor Name	Class	Pay Code
11038	THE INLINE GROUP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
42555		10/21/2020	10/19/2020	11/03/2020			2,500.00	0.00	0.00	2,500.00
	CANIDATE SOURCING									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
340378309		10/21/2020	06/14/2020	07/09/2020			314.20	0.00	0.00	314.20
	TRASH SERVICES									
340380410		10/21/2020	10/15/2020	11/09/2020			310.18	0.00	0.00	310.18
	TRASH SERVICES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11100	THE US CONSULTII	624.38		0.00	0.00	624.38

Vendor#	Vendor Name	Class	Pay Code
12168	TRANSCAT, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3077806		10/21/2020	10/06/2020	10/06/2020			554.00	0.00	0.00	554.00
	BATTERY REPLACEMENT									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12168	TRANSCAT, INC.	554.00		0.00	0.00	554.00

Vendor#	Vendor Name	Class	Pay Code
T3334	TRINITY PHYSICS CONSULTING LI W		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
034881		10/14/2020	10/08/2020	11/07/2020			3,680.00	0.00	0.00	3,680.00
	ANNUAL EVAL									
034777		10/21/2020	07/01/2020	07/31/2020			1,600.00	0.00	0.00	1,600.00
	MAMMO EVAL									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	T3334	TRINITY PHYSICS C	5,280.00		0.00	0.00	5,280.00

Vendor#	Vendor Name	Class	Pay Code
11067	TRIZETTO PROVIDER SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35K102000		10/21/2020	10/01/2020	10/26/2020			1,668.52	0.00	0.00	1,668.52
	PT STATEMENTS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDI	1,668.52	0.00	0.00	1,668.52

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
8400344791		10/14/2020	10/12/2020	11/06/2020			805.36	0.00	0.00	805.36
	LAUNDRY									
8400344767		10/14/2020	10/12/2020	11/06/2020			52.74	0.00	0.00	52.74
	LAUNDRY									
8400344766		10/14/2020	10/12/2020	11/06/2020			45.15	0.00	0.00	45.15
	LAUNDRY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDING	903.25	0.00	0.00	903.25

Vendor#	Vendor Name	Class	Pay Code
U1056	UNIFORM ADVANTAGE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11737161		10/21/2020	10/13/2020	10/28/2020			38.98	0.00	0.00	38.98
	UNIFORM RAMONA PEREZ									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANT/	38.98	0.00	0.00	38.98

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9110880285		10/21/2020	09/29/2020	10/24/2020			1,204.92	0.00	0.00	1,204.92
	SUPPLIES									
9110887082		10/21/2020	10/14/2020	11/08/2020			704.85	0.00	0.00	704.85
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,909.77	0.00	0.00	1,909.77

Vendor#	Vendor Name	Class	Pay Code
10556	WOUND CARE SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS000039		10/22/2020	10/01/2020	10/30/2020			9,025.00	0.00	0.00	9,025.00
83	WOUND CARE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPE	9,025.00	0.00	0.00	9,025.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	156,388.24	0.00	0.00	156,388.24

APPROVED
BM
OCT 22 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 187731 – 187794

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/23/2020

DC: 8115

Territory:

Customer: 632536
Date: 10/24/2020

Page: 002

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

As of: 10/23/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 10/24/2020

PLEASE CHECK ANY 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: 6,284.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 10/27/2020, Pay This Amount: 6,159.27 USD

If Paid After 10/27/2020, Pay this Amount: 6,284.98 USD

Due If Paid On Time: USD 6,159.27

Disc lost if paid late: 125.71

Due If Paid Late: USD 6,284.98

199.90 +
5,320.10 +
0.16 +
158.76 +
480.35 +
6,159.27 =

CK # 500145

APPROVED FOR PAYMENT
OCT 26 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/23/2020

DC: 8115

Territory: 400

Customer: 190813
Date: 10/24/2020

Page: 001

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

As of: 10/23/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 10/24/2020 **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											
10/21/2020	10/27/2020	7230785227	2017020584	115Invoice	2.52	126.02		123.50 ✓		7230785227	
10/23/2020	10/27/2020	7231317172	2017020838	115Invoice	1.56	77.96		76.40 ✓		7231317172	

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: 203.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,295.64
10/19/2020

If Paid By 10/27/2020, Pay This Amount: 199.90 USD

If Paid After 10/27/2020, Pay this Amount: 203.98 USD

Due If Paid On Time:
USD 199.90

Disc lost if paid late: 4.08

Due If Paid Late:
USD 203.98

APPROVED
GM

OCT 26 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: 10/23/2020

DC: 8115

Territory: 400

Customer: 256342
Date: 10/24/2020

Page: 001

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

As of: 10/23/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 10/24/2020 **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											
10/19/2020	10/27/2020	7230202494	1017200247-00	115Invoice	0.02	0.94		0.92 ✓		7230202494	
10/19/2020	10/27/2020	7230202495	9870139617	115Invoice	43.08	2,153.96		2,110.88 ✓		7230202495	
10/19/2020	10/27/2020	7230202496	1018200310-00	115Invoice	10.99	549.56		538.57 ✓		7230202496	
10/19/2020	10/27/2020	7230407604	838259225	195Invoice	0.88	43.76		42.88 ✓		7230407604	
10/19/2020	10/27/2020	7230452031	00010162020TM	115Invoice	0.02	0.94		0.92 ✓		7230452031	
10/20/2020	10/27/2020	7230697537	838584446	195Invoice		0.18		0.18 ✓		7230697537	
10/21/2020	10/27/2020	7230787443	1020200306-00	115Invoice	0.01	0.28		0.27 ✓		7230787443	
10/21/2020	10/27/2020	7230960061	838803664	195Invoice	0.02	0.96		0.94 ✓		7230960061	
10/22/2020	10/27/2020	7231063800	8570463135	115Invoice	4.45	222.33		217.88 ✓		7231063800	
10/23/2020	10/27/2020	7231338916	8570467325	115Invoice	33.53	1,676.26		1,642.73 ✓		7231338916	
10/23/2020	10/27/2020	7231338917	1022200228-00	115Invoice	15.59	779.52		763.93 ✓		7231338917	

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: 5,428.69 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,295.64
10/19/2020

If Paid By 10/27/2020,
Pay This Amount: 5,320.10 USD

If Paid After 10/27/2020,
Pay this Amount: 5,428.69 USD

Due If Paid On Time:
USD 5,320.10

Disc lost if paid late:
108.59

Due If Paid Late:
USD 5,428.69

APPROVED
GH

OCT 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/23/2020 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 10/24/2020

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

As of: 10/23/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 10/24/2020 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											
10/22/2020	10/27/2020	7231056768	927736	115Invoice		0.16		0.16 ✓		7231056768	

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: 0.16 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,295.64
10/19/2020

If Paid By 10/27/2020,
Pay This Amount: 0.16 USD

If Paid After 10/27/2020,
Pay this Amount: 0.16 USD

Due If Paid On Time:
USD 0.16 ✓

Disc lost if paid late:
0.00

Due If Paid Late:
USD 0.16

APPROVED
GM

OCT 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

HEB PHY FC 490/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: 10/23/2020

DC: 8115

Territory: 400

Customer: 464450
Date: 10/24/2020

Page: 001

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

As of: 10/23/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 10/24/2020 **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 464450 HEB PHY FC 490/MEM MC PHS											
10/22/2020	10/27/2020	7231035021	55x611351	115Invoice	0.03	1.58		1.55 ✓		7231035021	
10/22/2020	10/27/2020	7231035023	55x614130	115Invoice	3.21	160.42		157.21 ✓		7231035023	

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

TOTAL: Customer Number 464450 HEB PHY FC 490/MEM MC PHS

Subtotals: 162.00 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,295.64
10/19/2020

If Paid By 10/27/2020, Pay This Amount: 158.76 USD

If Paid After 10/27/2020, Pay this Amount: 162.00 USD

Due If Paid On Time: USD 158.76

Disc lost if paid late: 3.24

Due If Paid Late: USD 162.00

APPROVED
GM

OCT 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/23/2020

DC: 8115

Territory: 400

Customer: 835438
Date: 10/24/2020

Page: 001

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

As of: 10/23/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 10/24/2020

PLEASE CHECK ANY 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											
10/22/2020	10/27/2020	7231235767	927737	115Invoice	9.80	490.15		480.35	✓	7231235767	

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: 490.15 USD

Future Due:	0.00			**Due If Paid On Time:** USD	480.35
Past Due:	0.00	**If Paid By 10/27/2020, Pay This Amount:**	480.35 USD	**Disc lost if paid late:**	9.80
Last Payment 10/19/2020	8,295.64	**If Paid After 10/27/2020, Pay this Amount:**	490.15 USD	**Due If Paid Late:** USD	490.15

APPROVED
OK

OCT 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Statement Number: 59877792
Date: 10-23-2020

Serviced By:
ABC DC SUGARLAND
12727 WEST AIRPORT BLVD
SUGAR LAND TX 77478-6101

DEA: RA0289276
866-451-9655

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:	19.10
Past Due:	0.00
Total Due:	19.10
Account Balance:	19.10

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-19-2020	10-30-2020	3043675544	158552	Invoice	1.50		0.00	1.50
10-19-2020	10-30-2020	3043675545	158555	Invoice	1.83		0.00	1.83
10-19-2020	10-30-2020	3043694631	158604	Invoice	6.97		0.00	6.97
10-20-2020	10-30-2020	3043729819	158615	Invoice	1.97		0.00	1.97
10-22-2020	10-30-2020	3043832301	158629	Invoice	6.83		0.00	6.83

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
19.10	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
10-23-2020	(400.34)

Reminders

Due Date	Amount
10-30-2020	19.10
Total Due:	19.10

CK # 500146

APPROVED
GM

OCT 26 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"	★	12	
	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"	★	$ 107,092.17	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 53,938.14	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 12,978.60	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 40,175.43	#
		CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

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

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9697.00	N		N	N		193952.97
1	REGULAR PAY-S1	1827.75	N		N	N	N	80866.78
1	REGULAR PAY-S1	288.00	Y		N	N		8998.46
2	REGULAR PAY-S2	2341.75	N		N	N		55510.55
2	REGULAR PAY-S2	4.25	N		N	N	N	308.13
2	REGULAR PAY-S2	171.00	Y		N	N		5660.18
3	REGULAR PAY-S3	1517.75	N		N	N		41638.10
3	REGULAR PAY-S3	15.25	N		N	N	N	1202.85
3	REGULAR PAY-S3	95.25	Y		N	N		3909.77
4	CALL BACK PAY	8.00	N	1	N	N		270.02
C	CALL PAY	2518.00	N	1	N	N		5036.00
E	EXTRA WAGES		N		N	N	N	
E	EXTRA WAGES		N	1	N	N	N	1650.50
F	FUNERAL LEAVE	98.00	N	1	N	N		2435.88
I	INSERVICE	91.25	N	1	N	N		2468.40
I	INSERVICE	1.50	Y	1	N	N		52.31
K	EXTENDED-ILLNESS-BANK	226.00	N	1	N	N		4120.03
P	PAID-TIME-OFF	168.00	N		N	N	N	3496.00
P	PAID-TIME-OFF	1163.50	N	1	N	N		29819.98
X	CALL PAY 2	144.00	N	1	N	N		288.00
Y	YMCA/CURVES		N		N	N	N	45.00
Z	CALL PAY 3	48.00	N	1	N	N		144.00
v	COVID-FFCRA	40.00	N		N	N	N	1574.31
v	COVID-FFCRA	36.00	N	1	N	N		540.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	705.00	A/R2	160.00	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	447.84	COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	40175.43	FICA-M	6489.30	FICA-O	26969.07
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	336.93
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL		MASA		MEALS	183.06
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	31079.19	TUTION	
UNIFOR	517.26	UW/HOS			

Grand Totals: 20520.25 (Gross: 443988.22 Deductions: 107063.08 Net: 336925.14

Checks Count:- FT 199 PT 6 Other 48 Female 224 Male 27 Credit OverAmt 10 ZeroNet Term Total: 251

Pay date
10.30.20

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- October 19, 2020 - October 25, 2020

Date	Bank Description	MMC Notes	Amount
10/19/2020	IRS USATAXPYMT 220069355411559 6103601000408	- Payroll Taxes	95928.6 **
10/20/2020	WEBFILE TAX PYMT DD 902/00289407 21000027174	- Sales Tax	1946.38 **
10/20/2020	PAY PLUS ACHTRANS 452579291 101000695941173	- 3rd Party Payor Fee	4.96
10/20/2020	MCKESSON DRUG AUTO ACH ACH04346359 910000158	- 340B Drug Program Expense	8295.64 *
10/21/2020	PAY PLUS ACHTRANS 452579291 101000696765789	- 3rd Party Payor Fee	11.81
10/22/2020	PAY PLUS ACHTRANS 452579291 101000697393288	- 3rd Party Payor Fee	57.64
10/23/2020	PAY PLUS ACHTRANS 452579291 101000698114173	- 3rd Party Payor Fee	35.3
10/23/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	400.34 *
			106,680.67

Jason Anglin, CEO
Memorial Medical Center

October 26, 2020

* Approved 10-21-20 cc
** Approved 10-14-20 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
11/0420	ACH Payment STATE COMTRLR TEXNET	ACCRUED IGT DSH	**32,792.98**

Jason Anglin, CEO
Memorial Medical Center

October 26, 2020

Pay PLUS
4.96 +
11.81 +
57.64 +
35.30 +
109.71 *

CP
106,680.67 +
95,928.61 -
1,946.38 -
8,295.64 -
400.34 -
109.71 *

109.71 +
109.71 -
0.00 *

TEXNET Electronic Payment Network — Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete

Texas Health and Human Services Commission
Memorial Medical Center Operating County

Payment Total	$32,793.98
Bank Routing and Account Number	
Settlement Date	11/4/2020
DSH Amount	$32,793.98
Entered By	Jason Anglin

RECEIVED
OCT 2 2 2020
Calhoun County Auditor

10/22/2020
09:48

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101220	10/13/2020	10/12/2020	11/12/2020				1,232.00	0.00	0.00	1,232.00 ✓
	TRANSFER MH insurance pymt clipposited into MMC operating									
101520	10/19/2020	10/15/2020	11/12/2020				704.00	0.00	0.00	704.00 ✓
	TRANSFER MH insurance pymt deposited into MMC operating ✓									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOU	1,936.00	0.00	0.00	1,936.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,936.00	0.00	0.00	1,936.00

APPROVED
BK
OCT 2 2 2020 CK# 187799
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
10/22/2020
OCT 22 2020
09:52
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
101520	10/19/2020	10/15/2020	11/12/2020				776.08	0.00	0.00	776.08
	TRANSFER NH insurance pymt deposited into MMC operating									
101420	10/21/2020	10/14/2020	11/12/2020				12,739.68	0.00	0.00	12,739.68
	PAYMENT ADDRESSED TO GC NH insurance pymt deposited into MMC operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	13,515.76	0.00	0.00	13,515.76

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	13,515.76	0.00	0.00	13,515.76

APPROVED
GW

OCT 22 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 187796

RECEIVED
OCT 2 2 2020
Calhoun County Auditor

10/22/2020
10:04

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12752	GULF POINTE PLAZA – Private Pay		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102120	10/21/2020	10/21/2020	11/12/2020				139.08	0.00	0.00	139.08
	CHECKS ORDERED									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12752	GULF POINTE PLAZ	139.08	0.00	0.00	139.08

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	139.08	0.00	0.00	139.08

APPROVED ON
OCT 2 2 2020
CK# 187798
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
OCT 2 2 2020
Calhoun County Auditor

10/22/2020
09:50

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor# 12696 Vendor Name GULF POINTE PLAZA Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101520		10/19/2020	10/15/2020	11/12/2020			16,934.41	0.00	0.00	16,934.41
	TRANSFER NH insurance pymt deposited into mmc operating									
101420A		10/21/2020	10/14/2020	11/12/2020			7,419.90	0.00	0.00	7,419.90
	PAYMENT ADDRESSED TO GP NH insurance pymt deposited into mmc operating									
101520		10/21/2020	10/15/2020	11/12/2020			644.16	0.00	0.00	644.16
	PAYMENT ADDRESSED TO GP NH insurance pymt deposited into mmc operating									
101520A		10/21/2020	10/15/2020	11/12/2020			911.68	0.00	0.00	911.68
	PAYMENT ADRESSED TO GP NH insurance pymt deposited into mmc operating									
102120		10/21/2020	10/21/2020	11/12/2020			139.08	0.00	0.00	139.08
	CHECK ORDER (Medicare)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZ	26,049.23	0.00	0.00	26,049.23

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	26,049.23	0.00	0.00	26,049.23

APPROVED
ON
OCT 2 2 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 187797

RECEIVED
OCT 2 2 2020
Calhoun County Auditor

10/22/2020
09:51

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
101520	10/19/2020	10/15/2020	11/12/2020				2,664.97	0.00	0.00	2,664.97 ✓
	TRANSFER NH insurance pymt deposited into MMC Operating									
101420	10/21/2020	10/14/2020	11/12/2020				7,434.44	0.00	0.00	7,434.44 ✓
	PAYMENT ADRESSED TO TV NH insurance pymt deposited into MMC operating									
102120	10/21/2020	10/21/2020	11/12/2020				139.08	0.00	0.00	139.08 ✓
	CHECKS ORDERED									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	10,238.49	0.00	0.00	10,238.49

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,238.49	0.00	0.00	10,238.49

APPROVED
GM

OCT 2 2 2020 ck# 187800

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
OCT 22 2020
Calhoun County Auditor

10/22/2020
09:50

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
101520A	10/19/2020	10/15/2020	11/12/2020				280.74	0.00	0.00	280.74 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
101520C	10/19/2020	10/15/2020	11/12/2020				528.00	0.00	0.00	528.00 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
101520	10/19/2020	10/15/2020	11/12/2020				704.00	0.00	0.00	704.00 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
101520B	10/19/2020	10/15/2020	11/12/2020				1,760.00	0.00	0.00	1,760.00 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
102120	10/21/2020	10/21/2020	11/12/2020				139.08	0.00	0.00	139.08 ✓
	CHECK ORDER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR I	3,411.82	0.00	0.00	3,411.82

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,411.82	0.00	0.00	3,411.82

APPROVED
BK
OCT 22 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck # 187795

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RUN DATE:10/26/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:19 CHECK REGISTER GLCKREG
10/28/20 THRU 10/28/20

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	187731	10/28/20	864.00	ADVANCED STERILIZATION PRODUCT
A/P	187732	10/28/20	264.35	AIRGAS USA, LLC - CENTRAL DIV
A/P	187733	10/28/20	1,245.00	ASD HEALTHCARE
A/P	187734	10/28/20	51.22	AVANTE HEALTH SOULTIONS
A/P	187735	10/28/20	630.55	BAXTER HEALTHCARE
A/P	187736	10/28/20	7,903.47	BIOFIRE DIAGNOSTICS LLC
A/P	187737	10/28/20	348.59	C R BARD, INC
A/P	187738	10/28/20	155.25	CDW GOVERNMENT, INC.
A/P	187739	10/28/20	33.27	CENTERPOINT ENERGY
A/P	187740	10/28/20	515.76	COCA COLA SOUTHWEST BEVERAGES
A/P	187741	10/28/20	107.53	CONMED CORPORATION
A/P	187742	10/28/20	705.69	DEWITT POTH & SON
A/P	187743	10/28/20	5,390.00	DYNATRONICS CORPORATION
A/P	187744	10/28/20	1,169.00	EDWARDS PLUMBING INC
A/P	187745	10/28/20	1,200.00	EMERGENCY STAFFING SOLUTIONS
A/P	187746	10/28/20	42.00	ESUTURES.COM
A/P	187747	10/28/20	495.00	FASTHEALTH CORPORATION
A/P	187748	10/28/20	90.05	FEDERAL EXPRESS CORP.
A/P	187749	10/28/20	.00	VOIDED
A/P	187750	10/28/20	17,903.32	FISHER HEALTHCARE
A/P	187751	10/28/20	1,159.93	FRONTIER
A/P	187752	10/28/20	102.93	GALLS,LLC
A/P	187753	10/28/20	325.82	GENESIS DIAGNOSTICS
A/P	187754	10/28/20	5,451.37	GLOBAL EQUIPMENT CO. INC.
A/P	187755	10/28/20	75.00	GRAINGER
A/P	187756	10/28/20	829.39	GULF COAST PAPER COMPANY
A/P	187757	10/28/20	52.61	H + H SYSTEM, INC.
A/P	187758	10/28/20	7,908.33	HITACHI HEALTHCARE
A/P	187759	10/28/20	290.60	INDEED, INC.
A/P	187760	10/28/20	291.00	INRAD
A/P	187761	10/28/20	476.16	INTRADO
A/P	187762	10/28/20	24,706.55	ITA RESOURCES INC
A/P	187763	10/28/20	902.03	J & J HEALTH CARE SYSTEMS, INC
A/P	187764	10/28/20	422.49	JAMIE NEYLAND
A/P	187765	10/28/20	665.75	MARTIN PRINTING CO
A/P	187766	10/28/20	2,328.22	MCKESSON MEDICAL SURGICAL INC
A/P	187767	10/28/20	284.80	MEDELA INC
A/P	187768	10/28/20	1,256.42	MEDIVATORS
A/P	187769	10/28/20	.00	VOIDED
A/P	187770	10/28/20	1,951.85	MEDLINE INDUSTRIES INC
A/P	187771	10/28/20	293.06	MICROTEK MEDICAL INC
A/P	187772	10/28/20	216.00	MID-COAST ELECTRIC SUPPLY, INC
A/P	187773	10/28/20	483.12	MMC AUXILIARY GIFT SHOP
A/P	187774	10/28/20	.00	VOIDED
A/P	187775	10/28/20	.00	VOIDED
A/P	187776	10/28/20	32,967.82	MORRIS & DICKSON CO, LLC
A/P	187777	10/28/20	814.72	NOVA BIOMEDICAL
A/P	187778	10/28/20	187.50	PALACIOS BEACON
A/P	187779	10/28/20	100.00	PHILIP THOMAE PHOTOGRAPHER
A/P	187780	10/28/20	2,611.85	PRO ENERGY PARTNERS LP

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	187781	10/28/20	1,667.00	RADSOURCE
A/P	187782	10/28/20	4,290.54	SANOFI PASTEUR INC
A/P	187783	10/28/20	626.44	STERIS CORPORATION
A/P	187784	10/28/20	10.99	TALX CORPORATION
A/P	187785	10/28/20	1,020.00	TEXAS BURNER & BOILER SERVICES
A/P	187786	10/28/20	2,500.00	THE INLINE GROUP
A/P	187787	10/28/20	624.38	THE US CONSULTING GROUP
A/P	187788	10/28/20	554.00	TRANSCAT, INC.
A/P	187789	10/28/20	5,280.00	TRINITY PHYSICS CONSULTING LLC
A/P	187790	10/28/20	1,668.52	TRIZETTO PROVIDER SOLUTIONS
A/P	187791	10/28/20	903.25	UNIFIRST HOLDINGS
A/P	187792	10/28/20	38.98	UNIFORM ADVANTAGE
A/P	187793	10/28/20	1,909.77	WERFEN USA LLC
A/P	187794	10/28/20	9,025.00	WOUND CARE SPECIALISTS
A/P	187795	10/28/20	3,411.82	BETHANY SENIOR LIVING
A/P	187796	10/28/20	13,515.76	GOLDENCREEK HEALTHCARE
A/P	187797	10/28/20	26,049.23	GULF POINTE PLAZA
A/P	187798	10/28/20	139.08	GULF POINTE PLAZA
A/P	187799	10/28/20	1,936.00	SOLERA WEST HOUSTON
A/P	187800	10/28/20	10,238.49	TUSCANY VILLAGE
TOTALS:			211,678.62	

Payables 156,388.24 +
1,936.00 +
NH 13,515.76 +
139.08 +
Transfers 26,049.23 +
10,238.49 +
3,411.82 +
211,678.62 *

APPROVED
GN
OCT 28 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/26/2020

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		256,212.40	133,149.46	256,109.65		-	379,172.59	256,109.65
						Bank Balance	379,172.59	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Ashford Gardens:						Pending IGT Check	122,962.94	
						QIPP 1,2,3 AND 4	-	
						October Interest	-	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	256,109.65	
Broadmoor		22,890.91	22,790.91	242,779.24		-	242,879.24	242,779.24
						Bank Balance	242,879.24	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 1,2,3, 4 & Lapse	-	
						October Interest	-	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	242,779.24	
Crescent		84,123.79	84,023.79	251,765.08		-	251,865.08	251,673.36
						Bank Balance	251,865.08	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 1,2,3, 4 & Lapse	-	
						CK DEPOSITED IN ERROR FOR MMC	91.72	
						October Interest	-	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	251,673.36	
Fort Bend		9,594.81	-	83,727.74		-	93,322.55	42,928.98
						Bank Balance	93,322.55	
						Variance	-	
						Leave in Balance	100.00	
						CK DEPOSITED IN ERROR FOR MMC	131.54	
						QIPP 1234	-	
						RETURN OF IGT	50,162.03	
						October Interest	-	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	42,928.98	
Solera at W Houston		35,345.36	135,245.36	286,448.69			286,548.69	286,448.69
						Bank Balance	286,548.69	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Crescent / Solera at West H								
*** LLC						October Interest	-	
						November Interest	-	
						December Interest	-	
						-	-	
						Adjust Balance/Transfer Amt	286,448.69	

256,109.65 +
242,779.24 +
251,673.36 +
42,928.98 +
286,448.69 +
1,079,939.92

TOTAL TRANSFERS	1,079,939.92

Note: Only balances of over $5,000 will be transferr
Note 2: Each account has a base balance of $100 th

Approved:
Jason Anglin, CEO

10/26/2020

APPROVED
BY

OCT 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

F:\NH Weekly Transfers\NH UPL Transfer Summary\2020\October\NH UPL Transfer Summary 10-26-20.xlsx

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
10/19/2020 Amerigroup TXSC HCCLAIMPMT 3134683940 111000 TRN*1*3134683940*1752603231\	-	177.48					-	177.48
10/19/2020 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR68661330*1411289245*000087726\	-	3,250.00					-	3,250.00
10/19/2020 HUMANA CHA DISB HCCLAIMPMT 390860 4200001892 TRN*1*0148401017789 67*1611011183\	-	9,382.77					-	9,382.77
10/20/2020 Amerigroup TXSC HCCLAIMPMT 3134789722 111000 TRN*1*3134789722*1752603231\	-	1,959.20					-	1,959.20
10/20/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010171350032 4*1912008361*0000TEX01\	-	8,539.44					-	8,539.44
10/20/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010171060016 0*1912008361*0000TEX01\	-	185.90					-	185.90
10/21/2020 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	133,149.46	-					-	-
10/21/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010181080020 4*1912008361*0000TEX01\	-	28,590.03					-	28,590.03
10/21/2020 NOVITAS SOLUTION HCCLAIMPMT 675423 420000107 TRN*1*EFT6990552*1205296137*000004911\	-	1,186.49					-	1,186.49
10/22/2020 Amerigroup TXSC HCCLAIMPMT 3135022943 111000 TRN*1*3135022943*1752603231\	-	335.91					-	335.91
10/22/2020 UnitedHealthcare HCCLAIMPMT 746003411 124184 TRN*1*1574596738*1411289245*000087726\	-	1,230.00					-	1,230.00
10/22/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010211450181 5*1912008361*0000TEX01\	-	6,080.83					-	6,080.83
10/22/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010211360004 9*1912008361*0000TEX01\	-	24,008.89					-	24,008.89
10/23/2020 MOLINA HEALTHCAR MOLINAACH 00891733 42000012 ISA* * * * *ZZ* *ZZ* *201022*092 4*	-	14,778.97				14,778.97	7,389.49	7,389.49
10/23/2020 Amerigroup TXSC HCCLAIMPMT 3135099251 111000 TRN*1*3135099251*1752603231\	-	57,491.58					-	57,491.58
10/23/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010221290111 0*1912008361*0000TEX01\	-	1,789.37					-	1,789.37
10/23/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010221530018 6*1912008361*0000TEX01\	-	39,242.21					-	39,242.21
10/23/2020 NOVITAS SOLUTION HCCLAIMPMT 675423 420000199 TRN*1*EFT6991672*1205296137*000004911\	-	45,116.17					-	45,116.17
10/23/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05G222751326436189*1746000156~	-	12,764.41					-	12,764.41
	-						-	-
	133,149.46	256,109.65	-	-	-	14,778.97	7,389.49	248,720.17

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
10/19/2020 MANAGEANDNET1718 MNS PMNT 00000000004293 41 0256265	-	4,387.50					-	4,387.50
10/19/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010161190038 1*1912008361*0000TEX01\	-	2,407.20					-	2,407.20
10/19/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010161120009 1*1912008361*0000TEX01\	-	19,874.54					-	19,874.54
10/19/2020 HUMANA INS CO HCCLAIMPMT 390861 830000542058 TRN*1*001290053096790*1391263473\	-	3,967.68					-	3,967.68
10/20/2020 HUMANA CHA DISB HCCLAIMPMT 390861 4200001295 TRN*1*0148401017855 53*1611011183\	-	786.62					-	786.62
10/20/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1573734238*1411289245*000087726\	-	4,300.00					-	4,300.00
10/20/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010171190042 5*1912008361*0000TEX01\	-	2,532.00					-	2,532.00
10/21/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III	22,790.91	-					-	-
10/21/2020 NOVITAS SOLUTION HCCLAIMPMT 676357 420000105 TRN*1*EFT5731862*1205296137*000004011\	-	158,714.30					-	158,714.30
10/22/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1574604752*1411289245*000087726\	-	6,880.00					-	6,880.00
10/22/2020 NOVITAS SOLUTION HCCLAIMPMT 676357 420000194 TRN*1*EFT5733990*1205296137*000004011\	-	3,789.28					-	3,789.28
10/23/2020 MOLINA HEALTHCAR MOLINAACH 00892046 42000012 ISA* * * * *ZZ* *ZZ* *201022*092 4*	-	5,310.84				5,310.84	2,655.42	2,655.42
10/23/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1575115881*1411289245*000087726\	-	12,900.00					-	12,900.00
10/23/2020 NOVITAS SOLUTION HCCLAIMPMT 676357 420000198 TRN*1*EFT5736065*1205296137*000004011\	-	16,929.28					-	16,929.28
	-						-	-
	22,790.91	242,779.24	-	-	-	5,310.84	2,655.42	240,123.82

Crescent

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
10/19/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1573470740*1411289245*000087726\	-	5,518.00					-	5,518.00
10/19/2020 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR6867263 8*1411289245*000087726\	-	592.00					-	592.00
10/19/2020 HUMANA INS CO HCCLAIMPMT 390864 830000542058 TRN*1*001290053096791*1391263473\	-	76.39					-	76.39
10/19/2020 HUMANA CHA DISB HCCLAIMPMT 390864 4200001892 TRN*1*0148401017789 68*1611011183\	-	302.73					-	302.73
10/20/2020 MANAGEANDNET1718 MNS PMNT 00000000003268 41 0256310	-	202.50					-	202.50
10/20/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1573734237*1411289245*000087726\	-	5,820.00					-	5,820.00
10/20/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010171190025 7*1912008361*0000TEX01\	-	11,872.98					-	11,872.98
10/20/2020 HUMANA INS CO HCCLAIMPMT 390864 830000584633 TRN*1*001290053139598*1391263473\	-	15,137.92					-	15,137.92
10/20/2020 HUMANA INS CO HCCLAIMPMT 390864 830000584192 TRN*1*001290053116799*1391263473\	-	1,367.54					-	1,367.54
10/21/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III	84,023.79	-					-	-
10/21/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1574117027*1411289245*000087726\	-	1,850.00					-	1,850.00
10/21/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010181460032 5*1912008361*0000TEX01\	-	3,508.05					-	3,508.05
10/21/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010181700018 7*1912008361*0000TEX01\	-	2,929.35					-	2,929.35
10/21/2020 UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202010181440085 6*1912008361*0000TEX01\	-	130.00					-	130.00
10/21/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05G199611669860425*1746000156~	-	8,624.00					-	8,624.00
10/22/2020 MANAGEANDNET1718 MNS PMNT 00000000003268 41 0256362	-	1,872.50					-	1,872.50
10/22/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1574604751*1411289245*000087726\	-	8,350.00					-	8,350.00
10/22/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010211420009 1*1912008361*0000TEX01\	-	13,003.34					-	13,003.34
10/22/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000194 TRN*1*EFT5733978*1205296137*000004011\	-	139,732.61					-	139,732.61
10/23/2020 MOLINA HEALTHCAR MOLINAACH 00892015 42000012 ISA* * * * *ZZ* *ZZ* *201022*092 4*	-	4,356.65				4,356.65	2,178.33	2,178.33
10/23/2020 MANAGEANDNET1718 MNS PMNT 00000000003268 41 0256445	-	5,850.00					-	5,850.00
10/23/2020 UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202010221510071 4*1912008361*0000TEX01\	-	2,590.00					-	2,590.00
10/23/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000198 TRN*1*EFT5736054*1205296137*000004011\	-	15,423.41					-	15,423.41
10/23/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05G222841669860425*1746000156~	-	655.11					-	655.11
	-						-	-
	84,023.79	251,765.08	-	-	-	4,356.65	2,178.33	249,586.76

Fort Bend

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
10/19/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010161470046 1*1912008361*0000TEX01\	-	25,823.85					-	25,823.85
10/22/2020 UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202010221520127 4*1912008361*0000TEX01\	-	8,854.00					-	8,854.00
10/22/2020 NOVITAS SOLUTION HCCLAIMPMT 675663 420000194 TRN*1*EFT5733403*1205296137*000004011\	-	5,349.28					-	5,349.28
10/23/2020 MOLINA HEALTHCAR MOLINAACH 00891808 42000012 ISA* * * * *ZZ* *ZZ* *201022*092 4*	-	6,037.28				6,037.28	3,018.64	3,018.64
10/23/2020 NOVITAS SOLUTION HCCLAIMPMT 675663 420000198 TRN*1*EFT5735440*1205296137*000004011\	-	37,663.33					-	17,663.33
	-						-	-
	-	83,727.74	-	-	-	6,037.28	3,018.64	80,709.10

Solera at West Houston

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
10/19/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010161420012 0*1912008361*0000TEX01\	-	7,693.14					-	7,693.14
10/19/2020 NOVITAS SOLUTION HCCLAIMPMT 676310 420000190 TRN*1*EFT5727663*1205296137*000004011\	-	3,571.00					-	3,571.00
10/19/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*05G184941497143259*1746000156~	-	5,575.06					-	5,575.06
10/20/2020 MANAGEANDNET1718 MNS PMNT 00000000002482 41 0256309	-	70.00					-	70.00
10/20/2020 NOVITAS SOLUTION HCCLAIMPMT 676310 420000105 TRN*1*EFT5729363*1205296137*000004011\	-	5,629.23					-	5,629.23
10/21/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III	135,245.36	-					-	-
10/21/2020 MANAGEANDNET1718 MNS PMNT 00000000002482 41 0256333	-	845.00					-	845.00
10/21/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010181460031 3*1912008361*0000TEX01\	-	3,572.65					-	3,572.65
10/21/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010181700011 1*1912008361*0000TEX01\	-	4,386.00					-	4,386.00
10/21/2020 UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202010181440080 1*1912008361*0000TEX01\	-	14,760.00					-	14,760.00
10/22/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010211150097 2*1912008361*0000TEX01\	-	176.00					-	176.00
10/22/2020 NOVITAS SOLUTION HCCLAIMPMT 676310 420000194 TRN*1*EFT5733971*1205296137*000004011\	-	3,490.82					-	3,490.82
10/23/2020 MOLINA HEALTHCAR MOLINAACH 00891989 42000012 ISA* * * * *ZZ* *ZZ* *201022*092 4*	-	5,220.24				5,220.24	2,610.12	2,610.12
10/23/2020 Amerigroup TXSC HCCLAIMPMT 3135099252 111000 TRN*1*3135099252*1752603231\	-	5,760.78					-	5,760.78
10/23/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202010221290117 6*1912008361*0000TEX01\	-	3,806.00					-	3,806.00
10/23/2020 NOVITAS SOLUTION HCCLAIMPMT 676310 420000198 TRN*1*EFT5736050*1205296137*000004011\	-	218,816.71					-	218,816.71
10/23/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*05G222851497143259*1746000156~	-	3,076.06					-	3,076.06
	-						-	-
	135,245.36	286,848.69	-	-	-	5,220.24	2,610.12	283,838.57

TOTALS								
	375,209.52	1,120,830.40	-	-	-	35,703.98	17,851.99	1,102,978.41

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Account Number / Name

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DDA Data reported as of Oct 26, 2020 6

[redacted]

*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$379,172.59	$451,550.52	$379,172.59	$207,989.88
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$242,879.24	$259,461.58	$242,879.24	$207,739.12
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$251,865.08	$283,772.21	$251,865.08	$222,989.91
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$93,322.55	$105,541.09	$93,322.55	$49,621.94
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$286,548.69	$309,436.68	$286,548.69	$49,868.90

[redacted]

* Indicates c
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Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
10/26/2020

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		125,455.54	45,342.96	244,671.86	-	-	324,784.44	244,671.86
						Bank Balance	324,784.44	
						Variance	-	
						Leave in Balance	100.00	
							-	
						Pending IGT check	80,012.58	
						October Interest	-	
						November Interest	-	
						December Interest	-	
							-	
						Adjust Balance/Transfer Amt	244,671.86	

Routing Information for Golden Creek:

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 10/26/2020

APPROVED
BY
OCT 26 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
10/21/2020	WIRE OUT NEXION HEALTH AT GOLDEN CREEK	45,342.96	-					-	-
10/21/2020	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 101920	-	4,712.00					-	4,712.00
10/22/2020	DEPOSIT	-	55,593.23					-	55,593.23
10/22/2020	NOVITAS SOLUTION HCCLAIMPMT 676097 420000194 TRN*1*EFT5733923*1205296137*0000004011\	-	178,446.46					-	178,446.46
10/23/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*0SG225261588075964*1746000156~	-	3,632.17					-	3,632.17
10/23/2020	CIGNA HCCLAIMPMT 1588075964 9100001295557B TRN*1*201020090048741*1591031071\	-	2,288.00					-	2,288.00
								-	-
		45,342.96	244,671.86	-	-	-	-	-	244,671.86

Quick View

Select Quick View Accounts
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Select Group
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DDA Data reported as of Oct 26, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$324,784.44	$336,936.55	$324,784.44	$318,864.27
[redacted]				

* indicates re
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Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
10/26/2020

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		5,409.69	5,448.77	31,418.96		-	-	31,379.88	31,279.88
							Bank Balance	31,379.88	
							Variance	-	
							Leave in Balance	100.00	
							October Interest	-	
							November Interest	-	
							December Interest	-	
							Adjust Balance/Transfer Amt	31,279.88	

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		21,629.57	21,529.57	165,615.00		-	-	165,715.00	165,615.00
							Bank Balance	165,715.00	
							Variance	-	
							Leave in Balance	100.00	
							October Interest	-	
							November Interest	-	
							December Interest	-	
							Adjust Balance/Transfer Amt	165,615.00	
						TOTAL TRANSFERS		196,894.88	

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 10/26/2020

APPROVED
GM
OCT 26 2020
COUNTY JUDGE
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
10/19/2020 HUMANA INS CO HCCLAIMPMT 624982 830000542131 TRN*1*001290053100452*1391263473\	-	3,313.98					-	3,313.98
10/19/2020 HUMANA CHA DISB HCCLAIMPMT 624982 4200001892 TRN*1*014840101779522*1611013183\	-	2,200.57					-	2,200.57
10/20/2020 HUMANA CHA DISB HCCLAIMPMT 624982 4200001294 TRN*1*014840101782887*1611013183\	-	25,904.41					-	25,904.41
10/21/2020 WIRE OUT HMG SERVICES, LLC	5,309.69	-					-	-
10/21/2020 HARLAND CLARKE CHK ORDERS 1QRW230712452R5 91	139.08	-					-	-
							-	-
	5,448.77	31,418.96	-	-	-	-	-	31,418.96

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
10/21/2020 HARLAND CLARKE CHK ORDERS 1QRW335012452R5 91	139.08	-					-	-
10/22/2020 WIRE OUT HMG SERVICES, LLC	21,390.49	-					-	-
10/22/2020 DEPOSIT	-	22,290.83					-	22,290.83
10/22/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001068995 TRN*1*EFT6999805*1450173185*000003(	-	61,117.92					-	61,117.92
10/23/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001100136 TRN*1*EFT7000637*1450173185*000003(	-	82,206.25					-	82,206.25
							-	-
	21,529.57	165,615.00	-	-	-	-	-	165,615.00
	26,978.34	197,033.96	-	-	-	-	-	197,033.96

Quick View

Select Quick View Accounts
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Account Type

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Select Group
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DDA Data reported as of Oct 26, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$165,715.00	$188,839.05	$165,715.00	$83,508.75
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$31,379.88	$31,379.88	$31,379.88	$31,379.88
[redacted]				

* indicates in
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Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
10/26/2020

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		41,228.09 ✓	41,128.09 ✓	56,215.26 ✓	-	-	-	56,315.26	56,215.26	56,215.26	100.00
							Bank Balance	56,315.26 ✓			
							Variance	-			
							Leave in Balance	100.00			

October Interest	-
November Interest	-
December Interest	-
Adjust Balance/Transfer Amt	56,215.26 ✓

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 — 10/26/2020

APPROVED
OCT 26 2020
COUNTY JUDGE
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
10/21/2020 WIRE OUT LINBAR ENTERPRISES, LLC	41,128.09	-					-	-
10/22/2020 DEPOSIT	-	51,895.26					-	51,895.26
10/23/2020 KS PLAN ADMINIST HCCLAIMPMT 179 111000026776 TRN*1*0(	-	4,320.00					-	4,320.00
	41,128.09	**56,215.26**	-	-	-	-	-	**56,215.26**

Quick View

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Account Number / Name

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DDA Data reported as of Oct 26, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*3407 MMC -NH TUSCANY VILLAGE	$56,315.26	$106,543.81	$56,315.26	$51,995.26

* indicates re

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Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
10/26/2020

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		177,688.48	177,588.48	418,938.38		-		-	419,038.38	418,938.38
							Bank Balance		419,038.38	
							Variance		-	
							Leave in Balance		100.00	

October Interest	-
November Interest	-
December Interest	-
Adjust Balance/Transfer Amt	418,938.38

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 10/26/2020

APPROVED
GM

OCT 26 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
10/19/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000190 TF	-	5,046.83					-	5,046.83
10/20/2020 DEPOSIT	-	4,190.13					-	4,190.13
10/21/2020 WIRE OUT BETHANY SENIOR LIVING, LTD	177,588.48	-					-	-
10/21/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000105 TF	-	301,254.44					-	301,254.44
10/22/2020 DEPOSIT	-	91,462.80					-	91,462.80
10/22/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2 T	-	1,958.27					-	1,958.27
10/23/2020 DEPOSIT	-	3,368.37					-	3,368.37
10/23/2020 HOSPICE OF SO TX VENDORS NF 91000013850652	-	138.91					-	138.91
10/23/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000198 TF	-	11,518.63					-	11,518.63
							-	-
	177,588.48	**418,938.38**	-	-	-	-	-	**418,938.38**

Quick View

Select Quick View Accounts
Account Number / Name

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DDA Data reported as of Oct 26, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*5506 MMC -NH BETHANY SENIOR LIVING	$419,038.38	$419,038.38	$419,038.38	$404,012.47
[redacted]				

* indicates
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MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC OPERATING

Date Requested: 10/26/20

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

APPROVED GM

OCT 26 2020

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

AMOUNT: 91.72

G/L NUMBER: Ck# 000104

EXPLANATION: MMC PT PAYMENT DEPOSITED BY THE FACILITY IN ERROR – Crescent

REQUESTED BY: CAITLIN CLEVENGER

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000104	10/28/20	91.72	MMC OPERATING Crescent
TOTALS:			91.72	

APPROVED ON
OCT 28 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: MMC OPERATING

Date Requested: 10/26/20

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

APPROVED
GM
OCT 26 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Ck # 000094

AMOUNT: 50293.57

G/L NUMBER:

EXPLANATION: MMC PT PAYMENT DEPOSITED BY THE FACILITY IN ERROR – Fort Bend $131.54

IGT Return pymt owed to MMC $50,162.03

REQUESTED BY: CAITLIN CLEVENGER

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000099	10/28/20	50,293.57	MMC OPERATING
TOTALS:			50,293.57	

First Bene

APPROVED
BY

OCT 28 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **10/28/20**

NH Name	From Bank Acct #	Ck #	Payee	GL #	CKS DEPOSITED IN ERROR	RETURN IGTS OWED TO MMC			TOTAL		Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001			-			-		10/28/20
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001			-			-		10/28/20
Crescent	10000020 - Prosperity	104	MMC -Prosperity Operating #10000001	10835040	91.72	-			91.72		10/28/20
Fort Bend	10000021 - Prosperity	99	MMC -Prosperity Operating #10000001	11000008/10835040	131.54	50,162.03			50,293.57		10/28/20
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001		-	-			-		10/28/20
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001			-			-		10/28/20
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001		-	-			-		10/28/20
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001		-	-			-		10/28/20
Bethany											10/28/20
Tuscany											10/28/20
				Total:	223.26	50,162.03	-	-	50,385.29		
	Note:										

Approved:
Jason Anglin, CEO 10/26/2020

50,293.57
91.72
50,385.29

APPROVED
OCT 28 2020
COMMISSIONERS COURT
CALHOUN COUNTY, TEXAS

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

000104

88-2265/1131

Date 10.28.20

PAY TO THE ORDER OF MMC Prosperity Operating | $ 91 72/XX

Ninety-one dollars 3. 72/XX **DOLLARS**

PROSPERITY BANK

county auditor

county treasurer

FOR return pymt for mmc patient

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

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

000099

88-2265/1131

Date 10.28.20

PAY TO THE ORDER OF MMC Prosperity Operating | $ 50,293.57/100

Fifty thousand two hundred ninety-three dollars ? 57/100 **DOLLARS**

PROSPERITY BANK

county auditor

county treasurer

FOR Return IGT pymt & return patient pymt

C2700 FISHER HEALTHCARE
ACCT# 524889-001 PALATINE, IL 60055-0119

187801

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
3767871 PO# 00090118.	07/21/20	557.69			557.69
	TOTALS	557.69	TOTALS		557.69

re-issued chk Vendor didn't receive pymt

CHECK NO. 187801
10/30/20

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

187801

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
3767871 PO# 00090118.	07/21/20	557.69			557.69
	TOTALS	557.69	TOTALS		557.69

CHECK NO. 187801

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK
88-2265
1131

187801

C2700 187801
DATE AMOUNT
10/30/20 $557.69

Five Hundred Fifty-Seven Dollars and Sixty-Nine Cents

PAY TO THE ORDER OF
FISHER HEALTHCARE
ACCT# 524889-001
DEPT CH 10119
PALATINE, IL 60055-0119

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

⑈187801⑈ ⑆113122655⑆ 2168443578⑈

S2270 SMILE MAKERS
PO BOX 2543 SPARTANBURG, SC 29307

187802

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
8765364	01/24/20	92.91			92.91
re-issued check, Vendor did not receive					

CHECK NO.					
187802 10/30/20	TOTALS	92.91	TOTALS		92.91

187802

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
8765364	01/24/20	92.91			92.91

CHECK NO.					
187802	TOTALS	92.91	TOTALS		92.91

MEMORIAL MEDICAL CENTER

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

PROSPERITY BANK
88-2265
1131

187802

S2270 187802

DATE 10/30/20 AMOUNT $92.91

Ninety-Two Dollars and Ninety-One Cents

PAY TO THE ORDER OF
SMILE MAKERS
PO BOX 2543
425 SHA LANE
SPARTANBURG, SC 29307

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

⑈187802⑈ ⑆113122655⑆ 2168443578⑈

Melissa Mckissack

From: rhonda kokena <rhonda.kokena@calhouncotx.org>
Sent: Tuesday, October 27, 2020 1:25 PM
To: Melissa Mckissack
Subject: RE: Stop Payment

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.

Your stop payment has been issued this date.

Sorry for the delay.

Rhonda S. Kokena

CALHOUN COUNTY TREASURER
Calhoun County Annex II
202 S. Ann St., Suite A
Port Lavaca, Texas 77979
361-553-4619 office
361-553-4614 fax

From: mmckissack@mmcportlavaca.com (Melissa Mckissack) [mailto:mmckissack@mmcportlavaca.com]
Sent: Thursday, October 15, 2020 3:12 PM
To: rhonda kokena <rhonda.kokena@calhouncotx.org>
Subject: Stop Payment

Good afternoon –

I had a vendor call about non-payment and when I researched it I show the check never cleared.

At your convenience can you request a stop payment so that I may reissue.

Ck #						
184526	2/19/2020	92.91	SMILE MAKERS	Not Cleared	-	92.91

Respectfully,
Melissa McKissack
Memorial Medical Center
Accounts Payable
815 N Virginia. St
Port Lavaca, TX 77979
Ph: 361.552.0256 Fax: 361.551.4504

Calhoun County Texas