MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 18, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	277,944.96
TOTAL TRANSFERS BETWEEN FUNDS	$	117,916.81
TOTAL NURSING HOME UPL EXPENSES	$	617,948.92
TOTAL INTER-GOVERNMENT TRANSFERS	$	2,482,528.43
GRAND TOTAL DISBURSEMENTS APPROVED November 18, 2020	$	3,496,339.12

APPROVED

NOV 18 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 18, 2020

PAYABLES AND PAYROLL			
11/12/2020	Weekly Payables	249,738.56	
11/12/2020	Patient Refunds	85.00	
11/12/2020	Citibank Credit Card-see attached	1,014.30	
11/13/2020	Evident-Support and monthly subscription	17,324.00	
11/16/2020	McKesson-340B Prescription Expense	2,272.27	
11/16/2020	Amerisource Bergen-340B Prescription Expense	343.62	
11/13/2020	Supplemental Payroll	317.03	
	Prosperity Electronic Bank Payments		
11/10/2020	Credit Card & Lease Fees	5,232.02	
11/16/2020	Sales Tax for October 2020	1,116.06	
11/10-11/12/20	Pay Plus-Patient Claims Processing Fee	179.57	
11/13/2020	ExpertPay- child support	322.53	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 277,944.96**
TRANSFER BETWEEN FUNDS-NURSING HOMES			
11/12/2020	MMC Operating to Ashford- NH portion of QIPP payment deposited into MMC Operating	4,211.44	
11/12/2020	MMC Operating to Solera-NH portion of QIPP payment and insurance payments deposited into MMC Operating	3,223.70	
11/12/2020	MMC Operating to Fortbend-NH portion of QIPP payment deposited into MMC Operating	1,691.48	
11/12/2020	MMC Operating to Broadmoor-correction of NH insurance payment and QIPP payments deposited into MMC Operating	3,243.26	
11/12/2020	MMC Operating to The Crescent-correction of NH insurance payment and QIPP payment deposited into MMC Operating	15,578.06	
11/12/2020	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment and QIPP payment deposited into MMC Operating	18,855.38	
11/12/2020	MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment and QIPP payment deposited into MMC Operating	3,526.90	
11/12/2020	MMC Operating to Tuscany Village-correction of NH insurance payment and QIPP payment deposited into MMC Operating	32,959.21	
11/12/2020	MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating	34,627.38	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 117,916.81**
NURSING HOME UPL EXPENSES			
11/16/2020	Nursing Home UPL-Cantex Transfer	212,116.37	
11/16/2020	Nursing Home UPL-Nexion Transfer	60,577.09	
11/16/2020	Nursing Home UPL-HMG Transfer	39,556.49	
11/16/2020	Nursing Home UPL-Tuscany Transfer	120,057.43	
11/16/2020	Nursing Home UPL-HSL Transfer	175,581.51	
QIPP/INTEREST/RECOUP CHECKS TO MMC			
11/16/2020	Solera	7,476.62	
11/16/2020	Golden Creek	2,583.41	
TOTAL NURSING HOME UPL EXPENSES			**$ 617,948.92**
INTER-GOVERNMENT TRANSFERS			
11/16/2020	IGT QIPP Year 4 to be paid December 04,2020	2,482,528.43	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 2,482,528.43**
GRAND TOTAL DISBURSEMENTS APPROVED November 18, 2020			**$ 3,496,339.12**

RECEIVED
NOV 12 2020
Calhoun County Auditor

11/12/2020 MEMORIAL MEDICAL CENTER 0
11:09 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 12/02/2020

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
25215		11/10/2020	11/20/2020	11/30/2020			1,400.00	0.00	0.00	1,400.00
	RFID FEE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC	1,400.00		0.00	0.00	1,400.00

Vendor#	Vendor Name	Class	Pay Code
10958	ALLYSON SWOPE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111020		11/10/2020	11/10/2020	11/10/2020			2,412.00	0.00	0.00	2,412.00
	CONTRACT EMPLOYEE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE	2,412.00		0.00	0.00	2,412.00

Vendor#	Vendor Name	Class	Pay Code
13540	ANNA HAGA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111120		11/11/2020	11/11/2020	11/11/2020			93.44	0.00	0.00	93.44
	INSURANCE REIMBURSEMENT									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13540	ANNA HAGA	93.44		0.00	0.00	93.44

Vendor#	Vendor Name	Class	Pay Code
13552	ASBUSINESS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
93870		11/10/2020	10/19/2020	11/18/2020			4,128.20	0.00	0.00	4,128.20
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13552	ASBUSINESS	4,128.20		0.00	0.00	4,128.20

Vendor#	Vendor Name	Class	Pay Code
12992	BANK DIRECT CAPITAL FINANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111220		11/12/2020	11/12/2020	11/12/2020			336.14	0.00	0.00	336.14
	LATE FEE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12992	BANK DIRECT CAPI	336.14		0.00	0.00	336.14

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
68578804		11/11/2020	10/22/2020	11/16/2020			629.50	0.00	0.00	629.50
	LEASE									
68578760		11/11/2020	10/22/2020	11/16/2020			2,367.50	0.00	0.00	2,367.50
	LEASE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHC/	2,997.00		0.00	0.00	2,997.00

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
1280076918		11/11/2020	10/21/2020	11/11/2020			12,395.88	0.00	0.00	12,395.88
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12600	BIOFIRE DIAGNOST	12,395.88		0.00	0.00	12,395.88

Vendor#	Vendor Name	Class	Pay Code
12740	BUILDING KID STEPS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OCTOBER2(		11/10/2020	11/05/2020	11/10/2020			863.00	0.00	0.00	863.00
	SPEECH THERAPY									
OCTOBER2(		11/10/2020	11/05/2020	11/10/2020			1,039.00	0.00	0.00	1,039.00

		SPEECH THERAPY								
	OCTOBER2(	11/10/2020	11/05/2020	11/10/2020			1,026.00	0.00	0.00	1,026.00
		SPEECH THERAPY								
	OCTOBER2(	11/10/2020	11/05/2020	11/10/2020			1,039.00	0.00	0.00	1,039.00
		SPEECH THERAPY								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12740	BUILDING KID STEF	3,967.00		0.00	0.00	3,967.00

Vendor#	Vendor Name	Class	Pay Code
11295	CALHOUN COUNTY INDIGENT ACC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110620	11/10/2020	11/06/2020	11/06/2020				80.00	0.00	0.00	80.00
	TRANSFER CO PAYS									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY	80.00		0.00	0.00	80.00

Vendor#	Vendor Name	Class	Pay Code
C1325	CARDINAL HEALTH 414, INC.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8002363433	11/10/2020	11/02/2020	11/27/2020				212.18	0.00	0.00	212.18
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH	212.18		0.00	0.00	212.18

Vendor#	Vendor Name	Class	Pay Code
13560	(		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110620	11/11/2020	11/06/2020	11/06/2020				635.00	0.00	0.00	635.00
	PATIENT REFUND									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13560		635.00		0.00	0.00	635.00

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
3014380	11/11/2020	10/19/2020	11/18/2020				7,143.39	0.00	0.00	7,143.39
	SUPPLIES (3) UNO PC's, (4) LED monitors, (2) signpads, (4) Office 19, 2 scanners									
3021404	11/11/2020	10/20/2020	11/19/2020				584.94	0.00	0.00	584.94
	SUPPLIES (2) signature pads									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMEN	7,728.33		0.00	0.00	7,728.33

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
103020	11/10/2020	10/30/2020	11/16/2020				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#	Vendor Name	Class	Pay Code
L1629	CHRISTINA ZAPATA-ARROYO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OCTOBER2(	11/10/2020	11/06/2020	11/06/2020				1,127.50	0.00	0.00	1,127.50
	SPEECH THERAPY									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	L1629	CHRISTINA ZAPAT/	1,127.50		0.00	0.00	1,127.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202010	11/10/2020	10/31/2020	11/30/2020				34,612.38	0.00	0.00	34,612.38

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLC	34,612.38		0.00	0.00	34,612.38

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

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

7991205121	10/31/2020	10/07/2020	11/26/2020				206.68	0.00	0.00	206.68
SUPPLIES										
7991205122	10/31/2020	10/07/2020	11/26/2020				-185.22	0.00	0.00	-185.22
CREDIT										
7991205222	10/31/2020	10/21/2020	11/26/2020				409.84	0.00	0.00	409.84
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTI	431.30		0.00	0.00	431.30

Vendor#	Vendor Name	Class	Pay Code
11368	CYRACOM LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1226843		10/31/2020	10/31/2020	11/26/2020			295.94	0.00	0.00	295.94
INTERPERTATION SERVICES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC	295.94		0.00	0.00	295.94

Vendor#	Vendor Name	Class	Pay Code
D1193	DEPUY SYNTHES SALES, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
23068677		11/11/2020	08/25/2020	09/19/2020			416.00	0.00	0.00	416.00
SUPPLIES										
23074807		11/11/2020	08/27/2020	09/21/2020			2,150.40	0.00	0.00	2,150.40
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	D1193	DEPUY SYNTHES S	2,566.40		0.00	0.00	2,566.40

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6240280		11/11/2020	11/02/2020	11/27/2020			364.28	0.00	0.00	364.28
SUPPLIES										
6241740		11/11/2020	11/03/2020	11/28/2020			84.84	0.00	0.00	84.84
SUPPLIES										
6242290		11/11/2020	11/03/2020	11/28/2020			83.62	0.00	0.00	83.62
SUPPLIES										
6241880		11/11/2020	11/04/2020	11/29/2020			388.47	0.00	0.00	388.47
SUPPLIES										
6242291		11/11/2020	11/05/2020	11/30/2020			41.81	0.00	0.00	41.81
SUPPLIES										
6246220		11/11/2020	11/06/2020	12/01/2020			35.84	0.00	0.00	35.84
SUPPLIES										
6239580		11/12/2020	10/30/2020	11/24/2020			225.00	0.00	0.00	225.00
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SC	1,223.86		0.00	0.00	1,223.86

Vendor#	Vendor Name	Class	Pay Code
D1532	DIGITAL INOVATION, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1005974		11/10/2020	09/01/2020	11/01/2020			1,875.00	0.00	0.00	1,875.00
YEARLY MAINT /SUPPORT ER										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	D1532	DIGITAL INOVATIOI	1,875.00		0.00	0.00	1,875.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
63092		11/11/2020	10/30/2020	10/30/2020			347.13	0.00	0.00	347.13
REPAIR BACKFLOW DEVICE										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	E1070	EDWARDS PLUMBII	347.13		0.00	0.00	347.13

Vendor#	Vendor Name	Class	Pay Code
13568	FEDEX FREIGHT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7195488963		11/11/2020	10/28/2020	11/12/2020			747.80	0.00	0.00	747.80

SHIPPING BLOWERS GLOBAL IND

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13568	FEDEX FREIGHT Pallets	747.80		0.00	0.00	747.80

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
1521971		10/31/2020	10/20/2020	11/26/2020			3.30	0.00	0.00	3.30
	SUPPLIES									
1705085		10/31/2020	10/22/2020	11/26/2020			479.08	0.00	0.00	479.08
	SUPPLIES									
1798056		10/31/2020	10/23/2020	11/26/2020			77.54	0.00	0.00	77.54
	SUPPLIES									
1798058		10/31/2020	10/23/2020	11/26/2020			16.14	0.00	0.00	16.14
	SUPPLIES									
1705084		11/07/2020	10/22/2020	11/16/2020			4,408.62	0.00	0.00	4,408.62
	SUPPLIES									
1798057		11/10/2020	10/23/2020	11/17/2020			43.04	0.00	0.00	43.04
	SUPPLIES									
1889637		11/10/2020	10/26/2020	11/20/2020			9,424.74	0.00	0.00	9,424.74
	SUPPLIES									
1618063		11/11/2020	10/21/2020	11/15/2020			3,169.02	0.00	0.00	3,169.02
	SUPPLIES									
1798059		11/11/2020	10/23/2020	11/26/2020			1,805.19	0.00	0.00	1,805.19
	SUPPLIES									
2000148		11/11/2020	10/27/2020	11/26/2020			437.04	0.00	0.00	437.04
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCA	19,863.71		0.00	0.00	19,863.71

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102320		11/11/2020	10/23/2020	11/17/2020			14.11	0.00	0.00	14.11
	PHONES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11183	FRONTIER	14.11		0.00	0.00	14.11

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6001700214		11/10/2020	11/01/2020	12/01/2020			3,588.58	0.00	0.00	3,588.58
	MAINT CONTRACT									
6001700215		11/10/2020	11/01/2020	12/01/2020			86.67	0.00	0.00	86.67
	MAINT CONTRACT									
6001700128		11/10/2020	11/01/2020	12/01/2020			572.33	0.00	0.00	572.33
	MAINT CONTRACT									
6001700247		11/10/2020	11/01/2020	12/01/2020			5,665.83	0.00	0.00	5,665.83
	MAINT CONTRACT									
6001700127		11/10/2020	11/01/2020	12/01/2020			1,281.96	0.00	0.00	1,281.96
	MAINT CONTRACT									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12404	GE PRECISION HE/	11,195.37		0.00	0.00	11,195.37

Vendor#	Vendor Name	Class	Pay Code
10901	GENESIS DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
51574		10/31/2020	10/27/2020	11/26/2020			327.82	0.00	0.00	327.82
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOS	327.82		0.00	0.00	327.82

Vendor#	Vendor Name	Class	Pay Code
13060	GENZYME CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7030085004		08/31/2020	08/18/2020	11/26/2020			535.41	0.00	0.00	535.41

		INVENTORY								
7030086976	08/31/2020	08/24/2020	12/02/2020			2,677.05	0.00	0.00	2,677.05	
		INVENTORY								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13060	GENZYME CORPOF	3,212.46		0.00	0.00	3,212.46

Vendor#	Vendor Name	Class	Pay Code
G1001	GETINGE USA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6991012280	11/11/2020	06/14/2019	06/14/2019				240.47	0.00	0.00	240.47
		SUPPLIES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G1001	GETINGE USA	240.47		0.00	0.00	240.47

Vendor#	Vendor Name	Class	Pay Code
10956	GETINGE USA SALES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6911303481	11/05/2020	10/26/2020	11/26/2020				63.87	0.00	0.00	63.87
		SUPPLIES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10956	GETINGE USA SALI	63.87		0.00	0.00	63.87

Vendor#	Vendor Name	Class	Pay Code
10642	GLAXOSMITHKLINE PHARMACUE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8253295569	10/21/2020	09/29/2020	11/30/2020				9,892.27	0.00	0.00	9,892.27
		INVENTORY								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE	9,892.27		0.00	0.00	9,892.27

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
28130096	11/10/2020	11/05/2020	11/30/2020				10,722.11	0.00	0.00	10,722.11
		COPIER/PRINTER LEASE								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12948	GREAT AMERICAN	10,722.11		0.00	0.00	10,722.11

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
1950860	10/27/2020	10/27/2020	11/26/2020				421.51	0.00	0.00	421.51
		SUPPLIES								
~~1950818~~ 1946603	10/27/2020	10/27/2020	11/26/2020				38.50	0.00	0.00	38.50
		SUPPLIES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPE	460.01		0.00	0.00	460.01

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10172	11/10/2020	10/31/2020	11/30/2020				2,562.50	0.00	0.00	2,562.50
		RHC AUDIT								
10216	11/10/2020	10/31/2020	11/30/2020				441.25	0.00	0.00	441.25
		CODING SERVICES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10804	HEALTHCARE COD	3,003.75		0.00	0.00	3,003.75

Vendor#	Vendor Name	Class	Pay Code
11552	HEALTHCARE FINANCIAL SERVICI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100381495	11/10/2020	11/01/2020	11/01/2020				245.97	0.00	0.00	245.97
		LATE FEE								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINA	245.97		0.00	0.00	245.97

Vendor#	Vendor Name	Class	Pay Code
13544	HEALTHSMART INTERNATIONAL		

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

H781391	11/11/2020	09/21/2020	11/11/2020			321.53	0.00	0.00	321.53
SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13544	HEALTHSMART INT	321.53		0.00	0.00	321.53

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4117		11/11/2020	10/31/2020	11/20/2020			14,910.33	0.00	0.00	14,910.33
PRO FEES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMAC	14,910.33		0.00	0.00	14,910.33

Vendor#	Vendor Name	Class	Pay Code
13564	IRENE BALDER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111120		11/11/2020	11/11/2020	11/11/2020			874.76	0.00	0.00	874.76
REIMBURSE INSURANCE										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13564	IRENE BALDER	874.76		0.00	0.00	874.76

Vendor#	Vendor Name	Class	Pay Code
12392	IRENE VENECIA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100220		11/10/2020	10/02/2020	10/02/2020			7.59	0.00	0.00	7.59
TRAVEL FOR LAB DRAWS (10/2-10/02/20)										
100720		11/10/2020	10/07/2020	10/07/2020			8.62	0.00	0.00	8.62
TRAVEL FOR LAB DRAWS 10/07 - 11/3/21)										
110320		11/10/2020	11/03/2020	11/03/2020			2.87	0.00	0.00	2.87
TRAVEL LAB DRAWS (11/3-11/4)										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12392	IRENE VENECIA	19.08		0.00	0.00	19.08

Vendor#	Vendor Name	Class	Pay Code
11200	IRON MOUNTAIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DBRN362		10/31/2020	10/31/2020	11/30/2020			525.38	0.00	0.00	525.38
SHRED SERVICE										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN	525.38		0.00	0.00	525.38

Vendor#	Vendor Name	Class	Pay Code
11108	ITERSOURCE CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
711272		11/10/2020	11/01/2020	11/01/2020			250.00	0.00	0.00	250.00
SUPPORT SERVICES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORI	250.00		0.00	0.00	250.00

Vendor#	Vendor Name	Class	Pay Code
10834	JACKSON & CARTER, PLLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2756		11/10/2020	11/02/2020	11/02/2020			1,155.00	0.00	0.00	1,155.00
LEGAL										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10834	JACKSON & CARTE	1,155.00		0.00	0.00	1,155.00

Vendor#	Vendor Name	Class	Pay Code
11796	LUBY'S FUDDRUCKERS RESTAUR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0000293		11/11/2020	10/31/2020	10/31/2020			21,924.17	0.00	0.00	21,924.17
FOOD										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11796	LUBY'S FUDDRUCK	21,924.17		0.00	0.00	21,924.17

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
110920		11/10/2020	11/09/2020	11/09/2020			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
M1511	MARKETLAB, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN01146836		11/11/2020	10/20/2020	11/19/2020			56.44	0.00	0.00	56.44
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC	56.44		0.00	0.00	56.44

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
14699296		11/10/2020	10/20/2020	11/04/2020			230.59	0.00	0.00	230.59
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDIC	230.59		0.00	0.00	230.59

Vendor#	Vendor Name	Class	Pay Code
11141	MEDICAL DATA SYSTEMS, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
154298		10/31/2020	10/31/2020	11/26/2020			727.87	0.00	0.00	727.87
	COLLECTION FEES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SY	727.87		0.00	0.00	727.87

Vendor#	Vendor Name	Class	Pay Code
10613	MEDIMPACT HEALTHCARE SYS, I	A/P	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110620		11/11/2020	11/06/2020	11/06/2020			10.60	0.00	0.00	10.60
	INDIGENT									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALT	10.60		0.00	0.00	10.60

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
1928905677		10/31/2020	10/27/2020	11/26/2020			56.08	0.00	0.00	56.08
	SUPPLIES									
1928905673		10/31/2020	10/27/2020	11/26/2020			265.51	0.00	0.00	265.51
	SUPPLIES									
1928905669		10/31/2020	10/27/2020	11/26/2020			51.23	0.00	0.00	51.23
	SUPPLIES									
1928905670		10/31/2020	10/27/2020	11/26/2020			40.22	0.00	0.00	40.22
	SUPPLIES									
1928905675		10/31/2020	10/27/2020	11/26/2020			52.78	0.00	0.00	52.78
	SUPPLIES									
1929036276		10/31/2020	10/28/2020	11/26/2020			102.04	0.00	0.00	102.04
	SUPPLIES									
1929036277		10/31/2020	10/28/2020	11/26/2020			492.42	0.00	0.00	492.42
	SUPPLIES									
1929036275		10/31/2020	10/28/2020	11/26/2020			9.52	0.00	0.00	9.52
	SUPPLIES									
1929036282		10/31/2020	10/28/2020	11/26/2020			1,958.40	0.00	0.00	1,958.40
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTR	3,028.20		0.00	0.00	3,028.20

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
110920		11/10/2020	11/09/2020	11/09/2020			50.00	0.00	0.00	50.00
	PAYROLL DED									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICA	50.00		0.00	0.00	50.00

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
110520	11/10/2020 PAYROLL DED	11/05/2020	11/05/2020				279.48	0.00	0.00	279.48

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GI	279.48	0.00	0.00	279.48

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
6891	11/10/2020 INVENTORY	11/02/2020	11/12/2020				36.97	0.00	0.00	36.97
6253392	11/10/2020 INVENTORY	11/05/2020	11/15/2020				54.79	0.00	0.00	54.79
6251348	11/10/2020 INVENTORY	11/05/2020	11/15/2020				386.97	0.00	0.00	386.97
6251345	11/10/2020 INVENTORY	11/05/2020	11/15/2020				28.91	0.00	0.00	28.91
6251346	11/10/2020 INVENTORY	11/05/2020	11/15/2020				90.74	0.00	0.00	90.74
6251347	11/10/2020 INVENTORY	11/05/2020	11/15/2020				27.89	0.00	0.00	27.89
6259068	11/10/2020 INVENTORY	11/08/2020	11/18/2020				18.35	0.00	0.00	18.35
6257815	11/10/2020 INVENTORY	11/08/2020	11/18/2020				972.06	0.00	0.00	972.06
6260109	11/10/2020 INVENTORY	11/08/2020	11/18/2020				199.11	0.00	0.00	199.11
6260107	11/10/2020 INVENTORY	11/08/2020	11/18/2020				48.30	0.00	0.00	48.30
6259071	11/10/2020 INVENTORY	11/08/2020	11/18/2020				462.60	0.00	0.00	462.60
6257813	11/10/2020 INVENTORY	11/08/2020	11/18/2020				3,834.93	0.00	0.00	3,834.93
6259070	11/10/2020 INVENTORY	11/08/2020	11/18/2020				3,746.24	0.00	0.00	3,746.24
6259066	11/10/2020 INVENTORY	11/08/2020	11/18/2020				7.45	0.00	0.00	7.45
6260108	11/10/2020 INVENTORY	11/08/2020	11/18/2020				1,168.90	0.00	0.00	1,168.90
6259069	11/10/2020 INVENTORY	11/08/2020	11/18/2020				17.31	0.00	0.00	17.31
6259067	11/10/2020 INVENTORY	11/08/2020	11/18/2020				484.19	0.00	0.00	484.19
6259072	11/10/2020 INVENTORY	11/08/2020	11/18/2020				7.45	0.00	0.00	7.45
8291A	11/10/2020 CREDIT	11/09/2020	11/19/2020				-514.06	0.00	0.00	-514.06
8399	11/10/2020 CREDIT	11/09/2020	11/19/2020				-74.96	0.00	0.00	-74.96
6265224	11/10/2020 INVENTORY	11/09/2020	11/19/2020				20.27	0.00	0.00	20.27
6265223	11/10/2020 INVENTORY	11/09/2020	11/19/2020				125.29	0.00	0.00	125.29
6265222	11/10/2020 INVENTORY	11/09/2020	11/19/2020				10.34	0.00	0.00	10.34
6270525	11/11/2020 SUPPLIES	11/10/2020	11/20/2020				1,917.47	0.00	0.00	1,917.47
6270524	11/11/2020 INVENTORY	11/10/2020	11/20/2020				1,046.98	0.00	0.00	1,046.98

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

10536	MORRIS & DICKSOI	14,124.49		0.00		0.00		14,124.49

Vendor# 13548 — Vendor Name: NACOGDOCHES TRANSCRIPTION — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7194	TRANSCRIPTIONS	11/10/2020	11/09/2020	11/09/2020			69.44	0.00	0.00	69.44

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TF	69.44		0.00	0.00	69.44

Vendor# 11254 — Vendor Name: NARHC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MEM111305	2021 MEMBERSHIP	11/10/2020	11/02/2020	11/12/2020			450.00	0.00	0.00	450.00

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11254	NARHC	450.00		0.00	0.00	450.00

Vendor# 11069 — Vendor Name: PABLO GARZA — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111020	CONTRACT EMPLOYEE (10/27 - 11/9/20)	11/10/2020	11/10/2020	11/10/2020			2,600.00	0.00	0.00	2,600.00

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

Vendor# 11932 — Vendor Name: PRESS GANEY ASSOCIATES, INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN0004528611	PT SURVEY	10/31/2020	10/31/2020	11/30/2020			2,109.12	0.00	0.00	2,109.12

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11932	PRESS GANEY ASS	2,109.12		0.00	0.00	2,109.12

Vendor# 10896 — Vendor Name: QIAGEN INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
997568949	SUPPLIES	11/11/2020	10/27/2020	11/26/2020			1,627.69	0.00	0.00	1,627.69

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10896	QIAGEN INC	1,627.69		0.00	0.00	1,627.69

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
915147098	INVENTORY	09/29/2020	09/03/2020	12/02/2020			4,088.27	0.00	0.00	4,088.27
915413241	INVENTORY	10/21/2020	09/28/2020	11/30/2020			4,378.10	0.00	0.00	4,378.10
915460036	INVENTORY	10/21/2020	10/01/2020	11/30/2020			4,170.48	0.00	0.00	4,170.48
915542752	INVENTORY	10/31/2020	10/08/2020	12/01/2020			4,088.27	0.00	0.00	4,088.27

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR I	16,725.12		0.00	0.00	16,725.12

Vendor# 10699 — Vendor Name: SIGN AD, LTD. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
255763	AD	11/11/2020	11/01/2020	11/11/2020			790.00	0.00	0.00	790.00

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	790.00		0.00	0.00	790.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
188236	SUPPLIES	11/11/2020	11/04/2020	11/11/2020			175.00	0.00	0.00	175.00

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

Vendor#	Vendor Name	Class	Pay Code
11296	SOUTH TEXAS BLOOD & TISSUE C		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CM3257		10/31/2020	10/31/2020	11/26/2020			-3,792.00	0.00	0.00	-3,792.00
	CREDIT									
IO7009513		10/31/2020	10/31/2020	11/27/2020			6,721.00	0.00	0.00	6,721.00
	BLOOD									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLO	2,929.00		0.00	0.00	2,929.00

Vendor#	Vendor Name	Class	Pay Code
S3960	STERICYCLE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4009674315		10/28/2020	11/01/2020	12/01/2020			2,415.00	0.00	0.00	2,415.00
	DIOSPOSAL SERVICE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	2,415.00		0.00	0.00	2,415.00

Vendor#	Vendor Name	Class	Pay Code
13528	STRYKER FLEX FINANCIAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
181959		11/12/2020	08/11/2020	10/01/2020			1,294.26	0.00	0.00	1,294.26
	RFA MACHINE									
185562		11/12/2020	09/15/2020	11/01/2020			1,301.83	0.00	0.00	1,301.83
	RFA MACHINE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13528	STRYKER FLEX FIN	2,596.09		0.00	0.00	2,596.09

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
3649		10/30/2020	10/27/2020	11/27/2020			3,170.00	0.00	0.00	3,170.00
	INSTALL PMI CONTROL									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12704	TEXAS BURNER & I	3,170.00		0.00	0.00	3,170.00

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
340380603		11/10/2020	11/06/1992	12/01/1992			309.57	0.00	0.00	309.57
	TRASH SERVICE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11100	THE US CONSULTI	309.57		0.00	0.00	309.57

Vendor#	Vendor Name	Class	Pay Code
T0801	TLC STAFFING	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26616		11/10/2020	10/26/2020	10/26/2020			656.83	0.00	0.00	656.83
	CONTRACT NURSING									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING	656.83		0.00	0.00	656.83

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
8400345981		11/11/2020	10/26/2020	11/20/2020			45.15	0.00	0.00	45.15
	LAUNDRY									
8400346006		11/11/2020	10/26/2020	11/20/2020			1,578.96	0.00	0.00	1,578.96
	LAUNDRY									
8400345982		11/11/2020	10/26/2020	11/20/2020			40.31	0.00	0.00	40.31
	LAUNDRY									
8400346337		11/11/2020	10/29/2020	11/23/2020			121.55	0.00	0.00	121.55
	LAUNDRY									
8400346351		11/11/2020	10/29/2020	11/23/2020			78.80	0.00	0.00	78.80
	LAUNDRY									

8400346339	11/11/2020	10/29/2020	11/23/2020			156.39	0.00	0.00	156.39
LAUNDRY									
8400346338	11/11/2020	10/29/2020	11/23/2020			271.98	0.00	0.00	271.98
LAUNDRY									
8400346335	11/11/2020	10/29/2020	11/23/2020			20.18	0.00	0.00	20.18
LAUNDRY									
8400346371	11/11/2020	10/29/2020	11/23/2020			1,358.68	0.00	0.00	1,358.68
LAUNDRY									
8400346340	11/11/2020	10/29/2020	11/23/2020			173.83	0.00	0.00	173.83
LAUNDRY									
8400346389	11/11/2020	10/29/2020	11/23/2020			121.08	0.00	0.00	121.08
LAUNDRY									
8400346575	11/11/2020	11/02/2020	11/27/2020			67.92	0.00	0.00	67.92
LAUNDRY									
8400346598	11/11/2020	11/02/2020	11/27/2020			1,389.66	0.00	0.00	1,389.66
LAUNDRY									
8400346574	11/11/2020	11/02/2020	11/27/2020			45.15	0.00	0.00	45.15
LAUNDRY									
8400346944	11/11/2020	11/05/2020	11/30/2020			58.35	0.00	0.00	58.35
SUPPLIES									
8400346959	11/11/2020	11/05/2020	11/30/2020			78.80	0.00	0.00	78.80
LAUNDRY									
8400346964	11/11/2020	11/05/2020	11/30/2020			121.55	0.00	0.00	121.55
LAUNDRY									
8400346949	11/11/2020	11/05/2020	11/30/2020			173.83	0.00	0.00	173.83
LAUNDRY									
8400346948	11/11/2020	11/05/2020	11/30/2020			148.64	0.00	0.00	148.64
LAUNDRY									
8400346978	11/11/2020	11/05/2020	11/30/2020			1,536.48	0.00	0.00	1,536.48
LAUNDRY									
8400346947	11/11/2020	11/05/2020	11/30/2020			254.38	0.00	0.00	254.38
LAUNDRY									
8400346996	11/11/2020	11/05/2020	11/30/2020			127.85	0.00	0.00	127.85

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDING	7,969.52		0.00	0.00	7,969.52

Vendor#	Vendor Name	Class	Pay Code
12236	VANESSA GUARDIOLA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111120		11/11/2020	11/11/2020	11/11/2020			207.21	0.00	0.00	207.21
INSURANCE REIMBURSEMENT										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12236	VANESSA GUARDIC	207.21		0.00	0.00	207.21

Vendor#	Vendor Name	Class	Pay Code
V1471	VICTORIA RADIOWORKS, LTD	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20100221		11/11/2020	10/31/2020	10/31/2020			280.00	0.00	0.00	280.00
AD										
20100224		11/11/2020	10/31/2020	10/31/2020			160.00	0.00	0.00	160.00
AD										
20100222		11/11/2020	10/31/2020	10/31/2020			280.00	0.00	0.00	280.00
AD										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOW	720.00		0.00	0.00	720.00

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
110920		11/10/2020	11/09/2020	11/09/2020			4,231.37	0.00	0.00	4,231.37
PAYROLL DED										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10793	WAGEWORKS, INC.	4,231.37		0.00	0.00	4,231.37

Vendor#	Vendor Name	Class	Pay Code
13556			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110320	11/10/2020	11/03/2020	11/03/2020				538.15	0.00	0.00	538.15
	PATIENT REFUND									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13556		538.15	0.00	0.00	538.15

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV063664	11/11/2020	11/06/2020	11/11/2020				358.00	0.00	0.00	358.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11400	WEST COAST MEDI	358.00	0.00	0.00	358.00

Vendor#	Vendor Name	Class	Pay Code
11580	WILLIAM CROWLEY III, DO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110520	11/10/2020	11/05/2020	11/05/2020				875.00	0.00	0.00	875.00
	COVERED HINDS OB 10/22/20									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11580	WILLIAM CROWLEY	875.00	0.00	0.00	875.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	249,738.56	0.00	0.00	249,738.56

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NOV 12 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck#
188142-
188218

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Calhoun County Auditor

RUN DATE: 11/12/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 08:19 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		111220	85.00		3		
	ARID=0001 TOTAL		85.00				
TOTAL			85.00				

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NOV 12 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 188218

CITIBANK CORPORATE CARD

CALHOUN COUNTY TREASURER

NOV - 4 2020

DATE RECEIVED

Account Statement

Commerical Card Account
C0001 CALHOUN COUNTY MMC

Account Inquiries:
Toll Free: 1-(800)-248-4553
International: 1-(904)-954-7314
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXX
Invoice # 3653004028

Summary of Account Activity

Previous Balance	$3,036.78
Payments	$3,036.78
Credits	$384.00
Purchases & Other Charges	$1,398.30
Cash Transactions	$0.00
Cash Transaction Fees	$0.00
Interest Charges	$0.00

Credit Limit	$30,000
Available Credit Limit	$28,985
Cash Advance Limit	$0
Available Cash Advance Limit	$0

Payment Information

New Balance	$1,014.30
Past Due Amount	$0.00
Disputed Amount	$0.00
Amount Over Credit Limit	$0.00
Minimum Payment Due	$1,014.30
Payment Due Date	**11/28/2020**
Statement Closing Date	**11/03/2020**
Days in Billing Period	31

Send Notice of Billing Errors and Customer Service Inquiries to:

CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Company Transactions

Account: XXXX-XXXX-X **C0001 CALHOUN COUNTY MMC** **Total Activity: -$3,036.78**

Post Date	Trans Date	MCC	Reference Number		Description/Location	Amount	
10/19	10/16	0000	75472330293290411000347	1	PAYMENT THANK YOU	3,036.78	PY

Cardholder Transactions

Account: XXXX-XXXX-XXX **JASON W ANGLIN** **Total Activity: $1,014.30**

Credit Limit: $20,000 Cash Limit: $0

Post Date	Trans Date	MCC	Reference Number		Description/Location			Amount
10/16	10/14	5599	02305370290000523667479	1	TRACTOR SUPPLY # 1369 PORT LAVACA TX	77979	USA	179.99
10/16	10/15	9399	55488720290091270001205	2	TXDPS CRIME RECS 5124242936 TX	78752	USA	168.97
10/20	10/19	5968	75418230293105205962040	3	WEB NETWORKSOLUTIONS 888-6429675 FL	32258	USA	194.95
10/20	10/20	8999	55432860294200624962916	4	AMA CREDENTIALING 800-621-8335 IL	60611	USA	44.00
10/26	10/24	5968	75418230298105622920295	5	SMK*SURVEYMONKEY.COM 971-2445555 CA 37303725	94301	USA	384.00

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION **Page 1 of 4**

Please detach and return lower portion with your payment to ensure proper credit. Retain upper portion for your records.

CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

CITIBANK, N.A.
PO BOX 78025
PHOENIX AZ 85062-8025

Mail Checks To

Account Number	XXXX-XXXX-X
Payment Due Date	November 28, 2020
New Balance	$1,014.30
Past Due Amount*	$0.00
Minimum Payment Due	$1,014.30
Amount Enclosed	

$.

*Past Due Amount is included in the Minimum Payment Due.

11-27-2020

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

Cardholder Transactions (con't)

Post Date	Trans Date	MCC	Reference Number		Description/Location				Amount	
10/26	10/24	5968	75418230298105632906763	6	SMK*SURVEYMONKEY.COM 971-2445555 CA 37303725	94301	USA		384.00	CR
10/30	10/29	5047	25247800303003605003830	7	R AND D BATTERIES BURNSVILLE MN 17559C	55306	USA		128.72	
11/02	10/31	5942	5543286030520054350511 6	8	AMZN Mktp US*285YR3L52 Amzn.com/billWA 113-5672739-91522	98109	USA		72.94	
11/02	10/31	5942	5543286030520043370501 6	9	AMZN Mktp US*2831N3AZ1 Amzn.com/billWA 113-1169017-43466	98109	USA		103.68	
11/02	11/01	5942	5543286030620069517090 8	10	AMZN Mktp US*287RG0ZR2 Amzn.com/billWA 113-0348652-71138	98109	USA		121.05	

FINANCE CHARGE SUMMARY

Your **Annual Percentage Rate (APR)** is the annual interest rate on your account.

Type of Balance	Annual Percentage Rates	Periodic Rate*	Balance Subject to Finance Charges
PURCHASE AND FEES	0.00%	0.0000% (M)	$0.00
CASH	0.00%	0.0000% (M)	$0.00

* (D) Daily Rate
(M) Monthly Rate

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CALHOUN COUNTY TREASURER
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CITIBANK CORPORATE CARD

Account Statement

Commerical Card Account
JASON W ANGLIN

citi

Account Inquiries:
Toll Free: 1-(800)-248-4553
International: 1-(904)-954-7314
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX-

Summary of Account Activity

Total Activity	$1,014.30

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Not an invoice. For your records only.

Credit Limit	$20,000
Cash Advance Limit	$0
Statement Closing Date	**11/03/2020**
Days in Billing Period	31

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location			Amount
********** NOTICE MEMO ITEM(S) LISTED BELOW **********								
10/16	10/14	5599	0230537029000052366747 9	1	TRACTOR SUPPLY # 1369 PORT LAVACA TX	77979	USA	179.99
10/16	10/15	9399	5548872029009127000120 5	2	TXDPS CRIME RECS 5124242936 TX	78752	USA	168.97
10/20	10/19	5968	7541823029310520596204 0	3	WEB NETWORKSOLUTIONS 888-6429675 FL	32258	USA	194.95
10/20	10/20	8999	5543286029420062496291 6	4	AMA CREDENTIALING 800-621-8335 IL	60611	USA	44.00
10/26	10/24	5968	7541823029810562292029 5	5	SMK*SURVEYMONKEY.COM 971-2445555 CA 37303725	94301	USA	384.00
10/26	10/24	5968	7541823029810563290676 3	6	SMK*SURVEYMONKEY.COM 971-2445555 CA 37303725	94301	USA	384.00 CR
10/30	10/29	5047	2524780030030036050038 0	7	R AND D BATTERIES BURNSVILLE MN 17559C	55306	USA	128.72
11/02	10/31	5942	5543286030520054350511 6	8	AMZN Mktp US*285YR3L52 Amzn.com/billWA 113-5672739-91522	98109	USA	72.94
11/02	10/31	5942	5543286030520043370501 6	9	AMZN Mktp US*2831N3AZ1 Amzn.com/billWA 113-1169017-43466	98109	USA	103.68
11/02	11/01	5942	5543286030620069517090 8	10	AMZN Mktp US*287RG0ZR2 Amzn.com/billWA 113-0348652-71138	98109	USA	121.05
********** TOTAL AMOUNT OF MEMO ITEM(S): $1,014.30								

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CALHOUN COUNTY, TEXAS

citi CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

Account Number XXXX-XXXX-XXXX-
Statement Closing Date November 03, 2020

Not an invoice.
For your records only.

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

00006934502

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 11/5/2020

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Tractor Supply - Battery			179.99
2			Plant Ops			
3	—		TXDPS - Credits for			168.97
4			Criminal Hx - HR + Credentialing			
5	—		Web Network Solutions -			194.95
6			IT - Renewal - renewal of domain - 5 yr term			
7	—		AMA Credentialing -			44.00
8			1 provider - Init + Cont Monitoring			
9	—		Survey Monkey - Prof. sub			384.00
10	—		Survey Monkey Credit	refund of automatic renewal		(384.00)

Est. Freight _____ Est. Total Cost _____ TOTAL COST ~~$1,011.93~~

NOTES:

Charges made to Mr. Anglin's MC

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 11/5/2020

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Amazon - manual for			103.68
2			Lab - Clinical Microbiology 2 volume set			
3	—		Amazon - Book for Lab Henry's Clinical Diagnosis and Mgmt			121.05
4		179.99 +	R and D Batteries — (1) 12 Volt 3.0 Ah			128.72
5		168.97 + 194.95 +	Amazon — (1) Rosen and Barken's 5 Minute			72.94
6		44.00 + 384.00 +	Emergency Medicine Consult			
7		384.00 − 103.68 +				
8		121.05 + 128.72 +				
9		72.94 + 1,014.30 +				
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST $1,014.30

NOTES:

Charges made to Mr. Anglin's MC

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

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11/13/2020
13:54

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
A201005137	SUPPORT & MONTHY SUBSCRIPT	11/05/2020	10/05/2020	10/30/2020			17,324.00	0.00	0.00	17,324.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	17,324.00	0.00	0.00	17,324.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	17,324.00	0.00	0.00	17,324.00

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CALHOUN COUNTY, TX

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: 11/13/2020

DC: 8115

Territory:

Customer: 632536
Date: 11/14/2020

Page: 002

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

As of: 11/13/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 11/14/2020 **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: 2,443.02 USD

Future Due: 0.00

Past Due: 6,095.14-

Last Payment 2,451.97
08/07/2017

If Paid By 11/17/2020,
Pay This Amount: 2,272.27 USD

If Paid After 11/17/2020,
Pay this Amount: 2,443.02 USD

Due If Paid On Time:
USD 2,272.27

Disc lost if paid late:
170.75

Due If Paid Late:
USD 2,443.02

6,386.90 +
340.01 +
1.22 +
1,543.18 +
96.10 +
6,095.14 -
2,272.27 *

CK# 500152

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OK

NOV 16 2020

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: 11/13/2020

DC: 8115

Territory:

Customer: 632536
Date: 11/14/2020

Page: 001

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

As of: 11/13/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 11/14/2020 **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	
11/09/2020	11/06/2020	6141536001	OFFSET	Residual		6,095.14-	P	6,095.14-	P ✓	6141536001	

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GM
NOV 16 2020

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: 11/13/2020 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 11/14/2020

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

As of: 11/13/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 11/14/2020 **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											
11/11/2020	11/17/2020	7234927739	2017022054	115Invoice	1.22	61.08		59.86 ✓		7234927739	
11/13/2020	11/17/2020	7235432585	2017022237	115Invoice	0.74	36.98		36.24 ✓		7235432585	

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: 98.06 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,221.79
11/02/2020

If Paid By 11/17/2020, Pay This Amount: 96.10 USD

If Paid After 11/17/2020, Pay this Amount: 98.06 USD

Due If Paid On Time: USD 96.10 ✓

Disc lost if paid late: 1.96

Due If Paid Late: USD 98.06

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GCI

NOV 16 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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: 11/13/2020

DC: 8115

Territory: 400

Customer: 256342
Date: 11/14/2020

Page: 001

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

As of: 11/13/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 11/14/2020 **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											
11/09/2020	11/17/2020	7234379853	7125722205	115Invoice	1.37	68.35		66.98	✓	7234379853	
11/09/2020	11/17/2020	7234379854	7125722926	115Invoice	0.02	0.94		0.92	✓	7234379854	
11/09/2020	11/17/2020	7234379855	1108200128-00	115Invoice	0.01	0.63		0.62	✓	7234379855	
11/10/2020	11/17/2020	7234845699	842213646	195Invoice	0.07	3.49		3.42	✓	7234845699	
11/11/2020	11/17/2020	7234964274	1106200131-00	115Invoice	11.11	555.66		544.55	✓	7234964274	
11/12/2020	11/17/2020	7235209771	6725903184	115Invoice	10.77	538.35		527.58	✓	7235209771	
11/12/2020	11/17/2020	7235377845	842637861	195Invoice	4.45	222.58		218.13	✓	7235377845	
11/12/2020	11/17/2020	7235399818	00011112020TM	115Invoice	0.13	6.38		6.25	✓	7235399818	
11/13/2020	11/17/2020	7235462619	6725906544	115Invoice	3.57	178.30		174.73	✓	7235462619	

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: 1,574.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,221.79
11/02/2020

If Paid By 11/17/2020, Pay This Amount: 1,543.18 USD

If Paid After 11/17/2020, Pay this Amount: 1,574.68 USD

Due If Paid On Time:
USD 1,543.18 ✓

Disc lost if paid late: 31.50

Due If Paid Late:
USD 1,574.68

APPROVED
GH

NOV 16 2020

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: 11/13/2020 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 11/14/2020

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

As of: 11/13/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 11/14/2020 **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											
11/12/2020	11/17/2020	7235200581	949873	115Invoice	0.02	1.24		1.22 ✓		7235200581	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 1.24 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,221.79
11/02/2020

If Paid By 11/17/2020, Pay This Amount: 1.22 USD

If Paid After 11/17/2020, Pay this Amount: 1.24 USD

Due If Paid On Time:
USD 1.22

Disc lost if paid late: 0.02

Due If Paid Late:
USD 1.24

APPROVED
ON
NOV 16 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: 11/13/2020

DC: 8115

Territory: 400

Customer: 835438
Date: 11/14/2020

Page: 001

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

As of: 11/13/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 11/14/2020 **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											
11/12/2020	11/17/2020	7235382799	950430	115Invoice	6.94	346.95		340.01	✓	7235382799	

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: 346.95 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,221.79
11/02/2020

If Paid By 11/17/2020, Pay This Amount: 340.01 USD

If Paid After 11/17/2020, Pay this Amount: 346.95 USD

Due If Paid On Time: USD 340.01

Disc lost if paid late: 6.94

Due If Paid Late: USD 346.95

APPROVED
GH

NOV 16 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 11/13/2020 Page: 001

DC: 8115

Territory: 400

Customer: 464450
Date: 11/14/2020

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

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

As of: 11/13/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 11/14/2020 **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											
11/10/2020	11/17/2020	7234664302	55x649140	115Invoice	0.52	26.22		25.70 ✓		7234664302	
11/11/2020	11/17/2020	7234926051	55x651580	115Invoice	7.12	355.95		348.83 ✓		7234926051	
11/13/2020	11/17/2020	7235435370	55x654241	115Invoice	26.17	1,308.74		1,282.57 ✓		7235435370	
11/13/2020	11/17/2020	7235435371	55x654714	115Invoice	3.56	177.97		174.41 ✓		7235435371	
11/13/2020	11/17/2020	7235435372	55x654822	115Invoice	4.41	220.61		216.20 ✓		7235435372	
11/13/2020	11/17/2020	7235435373	55x654824	115Invoice	19.74	987.10		967.36 ✓		7235435373	
11/13/2020	11/17/2020	7235435375	55x654832	115Invoice	27.60	1,380.21		1,352.61 ✓		7235435375	
11/13/2020	11/17/2020	7235435376	55x654839	115Invoice	4.58	228.94		224.36 ✓		7235435376	
11/13/2020	11/17/2020	7235435378	55x654843	115Invoice	5.45	272.49		267.04 ✓		7235435378	
11/13/2020	11/17/2020	7235435379	55x654848	115Invoice	13.58	679.19		665.61 ✓		7235435379	
11/13/2020	11/17/2020	7235435380	55x654851	115Invoice	4.48	223.79		219.31 ✓		7235435380	
11/13/2020	11/17/2020	7235435383	55x654859	115Invoice	12.95	647.70		634.75 ✓		7235435383	
11/13/2020	11/17/2020	7235435384	55x655474	115Invoice	0.17	8.32		8.15 ✓		7235435384	

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: 6,517.23 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,221.79
11/02/2020

If Paid By 11/17/2020, Pay This Amount: 6,386.90 USD

If Paid After 11/17/2020, Pay this Amount: 6,517.23 USD

Due If Paid On Time:
USD 6,386.90 ✓

Disc lost if paid late: 130.33

Due If Paid Late:
USD 6,517.23

APPROVED
BY

NOV 16 2020

CALHOUN COUNTY, TEXAS

AmerisourceBergen

ote: For Invoices/Statements that do not have a PDF image icon, please contact Customer Care

Invoices

	Invoice Number	Customer #	Customer Name	COID	PO Number	Invoice Approved By	Invoice Approved Date	Statement Number	Invoice Date	Due Date ▲	Tax (USD)	Invoice Amt. (USD)	Open Amt. (USD)	Payment Amt. (USD)	Action
☑	3044428564	0100135284	WALGREENS #12404 340B		156827			59662387	11/09/2020	11/20/2020	0.00	139.26	139.26	139.26 ✓	
☑	3044447762	0100135284	WALGREENS #12404 340B		156875			59662387	11/09/2020	11/20/2020	0.00	9.29	9.29	9.29 ✓	
☑	3044447793	0100135284	WALGREENS #12404 340B		156876			59662387	11/09/2020	11/20/2020	0.00	0.31	0.31	0.31 ✓	
☑	3044460230	0100135284	WALGREENS #12404 340B		156884			59662387	11/10/2020	11/20/2020	0.00	16.30	16.30	16.30 ✓	
☑	3044487058	0100135284	WALGREENS #12404 340B		156899			59662387	11/12/2020	11/20/2020	0.00	145.93	145.93	145.93 ✓	
☑	3044493826	0100135284	WALGREENS #12404 340B		156909			59662387	11/13/2020	11/20/2020	0.00	32.53	32.53	32.53 ✓	

0 • C

139 • 26 +
9 • 29 +
0 • 31 +
16 • 30 +
145 • 93 +
32 • 53 +
343 • 62 *

CK # 500153

JA

APPROVED
BY
NOV 16 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

* We did not receive a statement this week.

MEMORIAL MEDICAL CENTER BI-WEEKLY

**** Check Register ****

Pay Period 10/23/20--11/05/20 Run: 3

Type=NET 10000001 OPERATING - PROSPERITY

Num.	Name	Amount	CHECK NUM	DATE
63289	JASON RUBIO	317.03	00062779	11/13/20
		317.03		

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- November 9, 2020 - November 15, 2020

Date	Bank Description	MMC Notes	Amount
11/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110 41399801332419	MMC ONLINE - Credit Card Processing Fee	371.11
11/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110 41399801332385	MMC ER - Credit Card Processing Fee	85.52
11/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110 41399801332401	MMC CLINIC - Credit Card Processing Fee	586.8
11/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110 41399801391837	MMC CAFETE - Credit Card Processing Fee	127.67
11/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110 41399801332393	MEMORIAL M - Credit Card Processing Fee	2582.29
11/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110 41399801368397	CLINICAL HOS - Credit Card Processing Fee	717.67
11/10/2020	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110 39300982589946	MMC OUTPAT - Credit Card Processing Fee	129
11/10/2020	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110 39300982541616	MEMORIAL M - Credit Card Processing Fee	631.96
11/10/2020	PAY PLUS ACHTRANS 452579291 101000698056020	- 3rd Party Payor Fee	3.82
11/12/2020	PAY PLUS ACHTRANS 452579291 101000698881443	- 3rd Party Payor Fee	13.63
11/13/2020	PAY PLUS ACHTRANS 452579291 101000699546061	- 3rd Party Payor Fee	162.12
11/13/2020	EXPERTPAY EXPERTPAY 746003411 91000017329105	-Child Support Payment -Payroll E	322.53
11/13/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	50.52*
11/13/2020	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	303709.15*
			309,493.79

November 16, 2020

Jason Anglin, CEO
Memorial Medical Center

* Approved 11-10-20 CC

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
9/12/2206	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	1,116.06
12/4/2020	ACH Payment STATE COMTRLR TEXNET	ACCRUED NH QIPP IGT	2,482,528.43

November 16, 2020

Jason Anglin, CEO
Memorial Medical Center

Credit Card Fees
Pay Plus
Expert Pay

371.11 +
85.52 +
586.80 +
127.67 +
2,582.29 +
717.67 +
129.00 +
631.96 +
5,232.02 *
3.82 +
13.63 +
162.12 +
179.57 *
5,232.02 +
179.57 +
322.53 +
5,734.12 *
309,493.79 +
303,709.15 -
50.52 -
5,734.12 *
5,734.12 +
5,734.12 -
0.00 *

Sales and Use Tax

Original Return for Period Ending 10/31/2020 (2010)

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.

Print this page for your records.

Reference Number:
Date and Time of Filing: 11/09/2020 03:28:50 PM

Taxpayer ID:
Taxpayer Name: MEMORIAL MEDICAL CENTER
Taxpayer Address: 815 N VIRGINIA ST PORT LAVACA , TX 77979 - 3025

Entered by:
Email Address: s
Telephone Number:
IP Address:

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

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	13,596	13,596	0	13,596	849.75	13,596	.02000	271.92
Total Tax Due								**1,121.67**

Total Tax Due:	**= 1,121.67**
Timely Filing Discount:	**- 5.61**
Balance Due:	**= 1,116.06**
Pending Payments:	**- 0.00**
Total Amount Due and Payable:	**= 1,116.06**

(State amount due is 845.50)
(Local amount due is 270.56)

Print | Return to Menu | File for Another Taxpayer

texas.gov | Texas Records and Information Locator (TRAIL) | State Link Policy | Texas Homeland Security | Texas Veterans Portal
Privacy and Security Policy | Accessibility Policy | Link Policy | Public Information Act | Compact with Texans
Glenn Hegar, Texas Comptroller • Home • Contact Us

TEXNET Electronic Payment Network — Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete
Trace #

Texas Health and Human Services Commission
Memorial Medical Center Operating County

Payment Total	$2,482,528.43
Bank Routing and Account Number	
Settlement Date	12/4/2020
QIPP Amount	$2,482,528.43
Entered By	Jason Anglin

This list contains suggested IGT amounts based on a blended FMAP of 36.20% vs. the previously calculated 37.75%. Funds received in June and August, which exceed 1/2 of the new calculation, have been credited to the December 2020 IGT request.

Deposits are due into TexNet by COB Thursday December 3, 2020.

Facility ID	Facility Name	Facility Owner	December IGT Request
100806	GULF POINTE PLAZA	MEMORIAL MEDICAL CENTER	$ 245,475.82
103462	TUSCANY VILLAGE	MEMORIAL MEDICAL CENTER	$ 341,552.31
105006	SOLERA AT WEST HOUSTON	MEMORIAL MEDICAL CENTER	$ 228,316.35
105314	THE CRESCENT	MEMORIAL MEDICAL CENTER	$ 193,541.47
105818	THE BROADMOOR AT CREEKSIDE PARK	MEMORIAL MEDICAL CENTER	$ 241,040.89
102540	GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	MEMORIAL MEDICAL CENTER	$ 414,998.18
4628	FORT BEND HEALTHCARE CENTER	MEMORIAL MEDICAL CENTER	$ 235,362.51
4811	ASHFORD GARDENS	MEMORIAL MEDICAL CENTER	$ 582,240.90
			$ 2,482,528.43

From: HHSC RAD QIPP Payments
Subject: QIPP IGT Suggestion December 2020-6
Date: Monday, October 26, 2020 9:37:47 AM
Attachments: Outlook-ojl0iuvme.png
QIPP Year 4 IGT Call - December 2020.xlsx
TexNet User Guide March 2020.pdf

[WARNING-Remote attachments, VERIFY SENDER]

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

QIPP Year 4 NSGO Providers,

This email is intended for non-state governmental entities with nursing facilities participating in the Quality Incentive Payment Program (QIPP) for the State Fiscal Year (SFY) 2021. If you are a privately-owned nursing facility, you may disregard this message.

The Texas Health and Human Services Commission (HHSC) appreciates the commitment of the non-state government-owned (NSGO) entities to being active participants in QIPP Year 4 and we look forward to our continued collaboration to make a positive difference in the lives of the people we serve.

Attached is a spreadsheet with the suggested IGT amounts needed to fund the remainder of the SFY21 QIPP eligibility period, March 2021 through August 2021.

Important Date:

No later than December 3, 2020: Enter Intergovernmental Transfer (IGT) amount into TexNet, with a settlement date of December 4, 2020, and send trace sheet to RAD_QIPP_Payments@hhsc.state.tx.us

Please note the December 2020 suggested IGT has been recalculated to include the Enhanced Federal Medical Assistance Percentage extension through December 2020. This IGT request is calculated in the following manner:

1. Calculations were completed using the new blended rate for the State share of program funding at 36.20%, plus the 8% holdback

2. IGT collected in June 2020 and August 2020 were subtracted from the new calculations
3. The remaining IGT funds are requested in the attached document
    1. Only providers who declared an IGT are included in the document
    2. In cases where no IGT was collected in June or August, the requested amount will not exceed one-half of the individual calculated IGT

The IGT must be entered into TexNet no later than close of business December 3, 2020 with a settlement date of December 4, 2020.

- This due date is non-negotiable.
- The funds need to be placed in the "QIPP" Bucket.
- The amount that needs to be entered TexNet is on the tab named "December 2020 IGT Call" in column D of the attached spreadsheet.
- The IGT will be processed at that time and there will be no further revisions or redistributions of IGT suggestions should the aggregate IGT amount not fully utilize the available pool.
- Please ensure you double check the number while entering to ensure the correct number has been entered.

After the IGT amount is entered into TexNet, please email a screen shot or .pdf of the confirmation/trace sheet (or email the confirmation number if the TexNet is submitted over the phone) to **RAD_QIPP_Payments@hhsc.state.tx.us**.

Instructions for using TexNet for HHSC programs is attached as a PDF document. If you are new to TexNet or have questions, please reach out as-soon-as possible to ensure the process goes as smooth as possible.

TexNet
Website: https://comptroller.texas.gov/programs/systems/texnet.php

RECEIVED
NOV 12 2020
Calhoun County Auditor

11/12/2020
10:58

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111020	11/11/2020	11/10/2020	12/03/2020				4,211.44	0.00	0.00	4,211.44
	NH PORTION OF UHC QUIPP deposited into mmc operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDEN	4,211.44	0.00	0.00	4,211.44

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,211.44	0.00	0.00	4,211.44

APPROVED
BY
NOV 12 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck# 184132

RECEIVED
NOV 12 2020
Calhoun County Auditor

11/12/2020 MEMORIAL MEDICAL CENTER 0
11:01 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
110620	11/11/2020	11/06/2020	12/03/2020				1,584.00	0.00	0.00	1,584.00
	TRANSFER NH insurance pymt deposited into mmc operating									
111020	11/11/2020	11/10/2020	12/03/2020				1,639.70	0.00	0.00	1,639.70
	NH PORTION UHC QUIPP deposited into mmc operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOU	3,223.70	0.00	0.00	3,223.70

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,223.70	0.00	0.00	3,223.70

APPROVED
OK
NOV 12 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 188138

RECEIVED
NOV 12 2020
Calhoun County Auditor

11/12/2020 MEMORIAL MEDICAL CENTER 0
11:00 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTEI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111020	11/11/2020	11/10/2020	12/03/2020				1,691.48	0.00	0.00	1,691.48 ✓
	NH PORTION OF UHC QUIPP deposited into MMC operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTI	1,691.48	0.00	0.00	1,691.48

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,691.48	0.00	0.00	1,691.48

APPROVED ON
NOV 12 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 188135

RECEIVED
NOV 12 2020
Calhoun County Auditor

11/12/2020
11:00

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR AT CREEKSIDE PAF		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111020	11/11/2020	11/10/2020	12/03/2020				1,743.26	0.00	0.00	1,743.26
	NH PORTION UHC QUIPP deposited into MMC operating									
110620	11/11/2020	11/10/2020	12/03/2020				1,500.00	0.00	0.00	1,500.00
	TRANSFER NH insurance pymt deposited into MMC operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT C	3,243.26	0.00	0.00	3,243.26

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,243.26	0.00	0.00	3,243.26

APPROVED
OK
NOV 12 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 188134

RECEIVED
NOV 12 2020
Calhoun County Auditor

11/12/2020 MEMORIAL MEDICAL CENTER 0
11:04 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110620		11/11/2020	11/06/2020	12/03/2020			2,400.00	0.00	0.00	2,400.00
	TRANSFER NH insurance pymt deposited into MMC operating									
110620A		11/11/2020	11/06/2020	12/03/2020			11,780.00	0.00	0.00	11,780.00
	TRANSFER NH insurance pymt deposited into MMC operating									
111020		11/11/2020	11/10/2020	12/03/2020			1,398.06	0.00	0.00	1,398.06
	NH PORTION OF UHC QUIPP deposited into MMC Operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	15,578.06	0.00	0.00	15,578.06

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	15,578.06	0.00	0.00	15,578.06

APPROVED
BY
NOV 12 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 188139

RECEIVED
NOV 12 2020
Calhoun County Auditor

11/12/2020
11:02

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
110420A		11/11/2020	11/04/2020	12/03/2020			1,584.00	0.00	0.00	1,584.00 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
110420		11/11/2020	11/04/2020	12/03/2020			0.60	0.00	0.00	0.60 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
110620A		11/11/2020	11/06/2020	12/03/2020			51.33	0.00	0.00	51.33 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
110620		11/11/2020	11/06/2020	12/03/2020			14,595.95	0.00	0.00	14,595.95 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
111020		11/11/2020	11/10/2020	12/03/2020			2,623.50	0.00	0.00	2,623.50 ✓
	NH PORTION UHC QUIPP deposited into mmc operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	18,855.38	0.00	0.00	18,855.38

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	18,855.38	0.00	0.00	18,855.38

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COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck # 188136

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Calhoun County Auditor

11/12/2020
11:03

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12696	GULF POINTE PLAZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110420	11/11/2020	11/04/2020	12/03/2020				457.10	0.00	0.00	457.10 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
110620A	11/11/2020	11/06/2020	12/03/2020				903.40	0.00	0.00	903.40 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
110620	11/11/2020	11/06/2020	12/03/2020				542.04	0.00	0.00	542.04 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
110920	11/11/2020	11/09/2020	12/03/2020				73.36	0.00	0.00	73.36 ✓
	TRANSFER NH insurance pymt deposited into MMC Operating									
111020	11/11/2020	11/10/2020	12/03/2020				1,551.00	0.00	0.00	1,551.00 ✓
	NH PORTION UHC QUIPP deposited into MMC Operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZ	3,526.90	0.00	0.00	3,526.90

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,526.90	0.00	0.00	3,526.90

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11/12/2020 MEMORIAL MEDICAL CENTER 0
11:07 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
110420		11/11/2020	11/04/2020	12/03/2020			2,797.02	0.00	0.00	2,797.02
	TRANSFER NH insurance pymt deposited into mmc operating									
110620		11/11/2020	11/06/2020	12/03/2020			7,027.98	0.00	0.00	7,027.98
	TRANSFER NH insurance pymt deposited into mmc operating									
110620B		11/11/2020	11/06/2020	12/03/2020			8,716.40	0.00	0.00	8,716.40
	TRANSFER NH insurance pymt deposited into mmc operating									
110620A		11/11/2020	11/06/2020	12/03/2020			11,949.63	0.00	0.00	11,949.63
	TRANSFER NH insurance pymt deposited into mmc operating									
111020		11/11/2020	11/10/2020	12/03/2020			2,468.18	0.00	0.00	2,468.18
	NH PORTION UHC QUIPP deposited into mmc operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	32,959.21	0.00	0.00	32,959.21

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	32,959.21	0.00	0.00	32,959.21

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CALHOUN COUNTY, TEXAS

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11/12/2020 MEMORIAL MEDICAL CENTER 0
11:06 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor# 12792 — Vendor Name: BETHANY SENIOR LIVING — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110620		11/11/2020	11/06/2020	12/03/2020			2,288.00	0.00	0.00	2,288.00
	TRANSFER NH insurance pymt deposited into hmc operty									
110620A		11/11/2020	11/06/2020	12/03/2020			5,280.00	0.00	0.00	5,280.00
	TRANSFER NH insurance pymt deposited into hmc operty									
110920B		11/11/2020	11/09/2020	12/03/2020			5,280.00	0.00	0.00	5,280.00
	TRANSFER NH insurance pymt deposited into hmc operty									
110920		11/11/2020	11/09/2020	12/03/2020			17,959.74	0.00	0.00	17,959.74
	TRANSFER NH insurance pymt deposited into hmc operty									
110920A		11/11/2020	11/09/2020	12/03/2020			3,819.64	0.00	0.00	3,819.64
	TRANSFER NH insurance pymt deposited into hmc operty									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR I	34,627.38	0.00	0.00	34,627.38

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	34,627.38	0.00	0.00	34,627.38

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NOV 12 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck # 188133

RUN DATE:11/16/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:01 CHECK REGISTER GLCKREG
11/18/20 THRU 11/18/20

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	188132	11/18/20	4,211.44	ASHFORD GARDENS
A/P	188133	11/18/20	34,627.38	BETHANY SENIOR LIVING
A/P	188134	11/18/20	3,243.26	BROADMOOR AT CREEKSIDE PARK
A/P	188135	11/18/20	1,691.48	FORTBEND HEALTHCARE CENTER
A/P	188136	11/18/20	18,855.38	GOLDENCREEK HEALTHCARE
A/P	188137	11/18/20	3,526.90	GULF POINTE PLAZA
A/P	188138	11/18/20	3,223.70	SOLERA WEST HOUSTON
A/P	188139	11/18/20	15,578.06	THE CRESCENT
A/P	188140	11/18/20	32,959.21	TUSCANY VILLAGE
A/P	188141	11/18/20	1,400.00	ACUTE CARE INC
A/P	188142	11/18/20	2,412.00	ALLYSON SWOPE
A/P	188143	11/18/20	93.44	ANNA HAGA
A/P	188144	11/18/20	4,128.20	ASBUSINESS
A/P	188145	11/18/20	336.14	BANK DIRECT CAPITAL FINANCE
A/P	188146	11/18/20	2,997.00	BAXTER HEALTHCARE
A/P	188147	11/18/20	12,395.88	BIOFIRE DIAGNOSTICS LLC
A/P	188148	11/18/20	3,967.00	BUILDING KID STEPS
A/P	188149	11/18/20	80.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	188150	11/18/20	212.18	CARDINAL HEALTH 414, INC.
A/P	188151	11/18/20	635.00	CARLOS SANTIAGO
A/P	188152	11/18/20	7,728.33	CDW GOVERNMENT, INC.
A/P	188153	11/18/20	33.27	CENTERPOINT ENERGY
A/P	188154	11/18/20	1,127.50	CHRISTINA ZAPATA-ARROYO
A/P	188155	11/18/20	34,612.38	CLINICAL PATHOLOGY LABS
A/P	188156	11/18/20	431.30	COCA COLA SOUTHWEST BEVERAGES
A/P	188157	11/18/20	295.94	CYRACOM LLC
A/P	188158	11/18/20	2,566.40	DEPUY SYNTHES SALES, INC.
A/P	188159	11/18/20	1,223.86	DEWITT POTH & SON
A/P	188160	11/18/20	1,875.00	DIGITAL INOVATION, INC.
A/P	188161	11/18/20	347.13	EDWARDS PLUMBING INC
A/P	188162	11/18/20	17,324.00	EVIDENT
A/P	188163	11/18/20	747.80	FEDEX FREIGHT
A/P	188164	11/18/20	.00	VOIDED
A/P	188165	11/18/20	19,863.71	FISHER HEALTHCARE
A/P	188166	11/18/20	14.11	FRONTIER
A/P	188167	11/18/20	11,195.37	GE PRECISION HEALTHCARE, LLC
A/P	188168	11/18/20	327.82	GENESIS DIAGNOSTICS
A/P	188169	11/18/20	3,212.46	GENZYME CORPORATION
A/P	188170	11/18/20	240.47	GETINGE USA
A/P	188171	11/18/20	63.87	GETINGE USA SALES LLC
A/P	188172	11/18/20	9,892.27	GLAXOSMITHKLINE PHARMACUETICAL
A/P	188173	11/18/20	10,722.11	GREAT AMERICAN FINANCIAL SVCS
A/P	188174	11/18/20	460.01	GULF COAST PAPER COMPANY
A/P	188175	11/18/20	3,003.75	HEALTHCARE CODING & CONSULTING
A/P	188176	11/18/20	245.97	HEALTHCARE FINANCIAL SERVICES
A/P	188177	11/18/20	321.53	HEALTHSMART INTERNATIONAL
A/P	188178	11/18/20	14,910.33	HUNTER PHARMACY SERVICES
A/P	188179	11/18/20	874.76	IRENE BALDER
A/P	188180	11/18/20	19.08	IRENE VENECIA
A/P	188181	11/18/20	525.38	IRON MOUNTAIN

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	188182	11/18/20	250.00	ITERSOURCE CORPORATION
A/P	188183	11/18/20	1,155.00	JACKSON & CARTER, PLLC
A/P	188184	11/18/20	21,924.17	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	188185	11/18/20	840.86	M G TRUST
A/P	188186	11/18/20	56.44	MARKETLAB, INC
A/P	188187	11/18/20	230.59	MCKESSON MEDICAL SURGICAL INC
A/P	188188	11/18/20	727.87	MEDICAL DATA SYSTEMS, INC.
A/P	188189	11/18/20	10.60	MEDIMPACT HEALTHCARE SYS, INC.
A/P	188190	11/18/20	.00	VOIDED
A/P	188191	11/18/20	3,028.20	MEDLINE INDUSTRIES INC
A/P	188192	11/18/20	50.00	MEMORIAL MEDICAL CLINIC
A/P	188193	11/18/20	279.48	MMC AUXILIARY GIFT SHOP
A/P	188194	11/18/20	.00	VOIDED
A/P	188195	11/18/20	14,124.49	MORRIS & DICKSON CO, LLC
A/P	188196	11/18/20	69.44	NACOGDOCHES TRANSCRIPTION
A/P	188197	11/18/20	450.00	NARHC
A/P	188198	11/18/20	2,600.00	PABLO GARZA
A/P	188199	11/18/20	2,109.12	PRESS GANEY ASSOCIATES, INC.
A/P	188200	11/18/20	1,627.69	QIAGEN INC
A/P	188201	11/18/20	16,725.12	SANOFI PASTEUR INC
A/P	188202	11/18/20	790.00	SIGN AD, LTD.
A/P	188203	11/18/20	175.00	SIMMLER, INC.
A/P	188204	11/18/20	2,929.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	188205	11/18/20	2,415.00	STERICYCLE, INC
A/P	188206	11/18/20	2,596.09	STRYKER FLEX FINANCIAL
A/P	188207	11/18/20	3,170.00	TEXAS BURNER & BOILER SERVICES
A/P	188208	11/18/20	309.57	THE US CONSULTING GROUP
A/P	188209	11/18/20	656.83	TLC STAFFING
A/P	188210	11/18/20	.00	VOIDED
A/P	188211	11/18/20	7,969.52	UNIFIRST HOLDINGS
A/P	188212	11/18/20	207.21	VANESSA GUARDIOLA
A/P	188213	11/18/20	720.00	VICTORIA RADIOWORKS, LTD
A/P	188214	11/18/20	4,231.37	WAGEWORKS, INC.
A/P	188215	11/18/20	538.15	WEN HUI MA
A/P	188216	11/18/20	358.00	WEST COAST MEDICAL RESOURCES
A/P	188217	11/18/20	875.00	WILLIAM CROWLEY III, DO
A/P	188218	11/18/20	85.00	
TOTALS:			385,064.37	

Payables 249,738.56 +
Patient refund 85.00 +
Clinical 17,324.00 +
4,211.44 +
3,223.70 +
1,691.48 +
3,243.26 +
15,578.06 +
18,855.38 +
3,526.90 +
32,959.21 +
34,627.38 +
385,064.37 =

MH transfers

APPROVED
BY

NOV 18 2020

GALVESTON COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
11/16/2020

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		126,161.69 ✓	125,980.26 ✓	57,146.04 ✓		-	57,327.47	**57,146.04**
						Bank Balance	57,327.47 ✓	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Ashford Gardens:						QIPP 1 & 2		
o						QIP 3, 4 & Lapse		
-						October Interest	81.43 ✓	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	57,146.04 ✓	
Broadmoor		78,614.34 ✓	78,476.01 ✓	17,849.13 ✓		-	17,987.46	**17,849.13**
						Bank Balance	17,987.46 ✓	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 1 & 2		
						QIPP 3,4 & Lapse		
						October Interest	38.33 ✓	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	17,849.13 ✓	
Crescent		69,337.56 ✓	69,192.49 ✓	45,509.75 ✓		-	45,654.82	**45,509.75**
						Bank Balance	45,654.82 ✓	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 1 & 2		
						QIPP 3, 4 & Lapse		
						October Interest	45.07 ✓	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	45,509.75 ✓	
Fort Bend		83,363.29 ✓	83,242.48 ✓	11,266.31 ✓		-	11,387.12	**11,266.31**
						Bank Balance	11,387.12 ✓	
						Variance	-	
						Leave in Balance	100.00	
						QIPP 1 & 2		
						QIPP 3, 4 & Lapse		
						October Interest	20.81 ✓	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	11,266.31 ✓	
Solera at W Houston	216844438	54,086.06 ✓	53,934.24 ✓	87,821.76 ✓			87,973.58	**80,345.14**
						Bank Balance	87,973.58 ✓	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Crescent / Solera at West Ho						Takeback- owed to MMC	7,476.62 ✓	
Cantex Health Care Centers III LLC						QIPP 3, 4 & Lapse		
JP Morgan Chase Bank						October Interest	51.82 ✓	
						November Interest	-	
						December Interest	-	
							-	
						Adjust Balance/Transfer Amt	80,345.14	

57,146.04 +
17,849.13 +
45,509.75 +
11,266.31 +
80,345.14 +
212,116.37 *

TOTAL TRANSFERS	212,116.37

APPROVED ON NOV 16 2020 COUNTY AUDITOR GALVESTON COUNTY, TEXAS

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

Approved:
Jason Anglin, CEO

11/16/2020

F:\NH Weekly Transfers\NH UPL Transfer Summary\2020\November\NH UPL Transfer Summary 11-16-20.xlsx

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
11/9/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011061620090 7*1912008361*0000TEX01\	-	9,333.12					-	9,333.12
11/10/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	63,127.59	-					-	-
11/10/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011071680037 2*1912008361*0000TEX01\	-	2,485.02					-	2,485.02
11/12/2020	Amerigroup TXSC HCCLAIMPMT 3136473010 111000 TRN*1*3136473010*1752603231\	-	1,192.47					-	1,192.47
11/12/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011081110017 8*1912008361*0000TEX01\	-	1,611.54					-	1,611.54
11/13/2020	CK 1112	44,718.60	-					-	-
11/13/2020	CK 1111	18,134.07	-					-	-
11/13/2020	Amerigroup TXSC HCCLAIMPMT 3136654310 111000 TRN*1*3136654310*1752603231\	-	35,269.78					-	35,269.78
11/13/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05G3522513264361 89*1746000156~	-	7,254.11					-	7,254.11
								-	-
								-	-
		125,980.26	57,146.04	-	-	-	-	-	57,146.04

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
11/10/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	53,183.20	-					-	-
11/10/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0256892	-	7,740.00					-	7,740.00
11/10/2020	HUMANA INS CO HCCLAIMPMT 390861 830000526009 TRN*1*001290053492384*1391263473\	-	1,656.59					-	1,656.59
11/10/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000119 TRN*1*EFT5753029*1205296137*000004011\	-	148.08					-	148.08
11/10/2020	HUMANA CHA DISB HCCLAIMPMT 390861 4200001234 TRN*1*014840101839258*1611013183\	-	562.46					-	562.46
11/12/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1580188610*1362739571*000036273\	-	3,872.00					-	3,872.00
11/13/2020	CK 73	17,785.69	-					-	-
11/13/2020	CK 72	7,507.12	-					-	-
11/13/2020	DEPOSIT	-	3,870.00					-	3,870.00
								-	-
		78,476.01	17,849.13	-	-	-	-	-	17,849.13

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
11/9/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011061530016 5*1912008361*0000TEX01\	-	7,538.96					-	7,538.96
11/10/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	48,802.67	-					-	-
11/10/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1580079883*1411289245*000087726\	-	8,314.37					-	8,314.37
11/10/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011071240026 9*1912008361*0000TEX01\	-	15,775.35					-	15,775.35
11/10/2020	HUMANA CHA DISB HCCLAIMPMT 390864 4200001235 TRN*1*014840101842694*1611013183\	-	11,846.07					-	11,846.07
11/13/2020	CK 106	14,362.33	-					-	-
11/13/2020	CK 105	6,027.49	-					-	-
11/13/2020	DEPOSIT	-	1,900.00					-	1,900.00
11/13/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0256951	-	135.00					-	135.00
								-	-
		69,192.49	45,509.75	-	-	-	-	-	45,509.75

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
11/10/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	57,783.50	-					-	-
11/13/2020	CK 103	18,129.65	-					-	-
11/13/2020	CK 102	7,329.33	-					-	-
11/13/2020	NOVITAS SOLUTION HCCLAIMPMT 675663 420000136 TRN*1*EFT5755448*1205296137*000004011\	-	3,553.51					-	3,553.51
11/13/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05G3523317305775 03*1746000156~	-	7,712.80					-	7,712.80
								-	-
		83,242.48	11,266.31	-	-	-	-	-	11,266.31

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
11/9/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011061530008 5*1912008361*0000TEX01\	-	10,567.26					-	10,567.26
11/10/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	29,813.67	-					-	-
11/10/2020	HUMANA INS CO HCCLAIMPMT 390862 830000526427 TRN*1*001290053514071*1391263473\	-	25,758.08					-	25,758.08
11/10/2020	Amerigroup TXSC HCCLAIMPMT 3136335824 111000 TRN*1*3136335824*1752603231\	-	2,543.97					-	2,543.97
11/10/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011071240019 7*1912008361*0000TEX01\	-	12,684.44					-	12,684.44
11/10/2020	HUMANA CHA DISB HCCLAIMPMT 390862 4200001234 TRN*1*014840101839259*1611013183\	-	5,030.86					-	5,030.86
11/10/2020	HUMANA CHA DISB HCCLAIMPMT 390862 4200001235 TRN*1*014840101842693*1611013183\	-	6,759.70					-	6,759.70
11/12/2020	Amerigroup TXSC HCCLAIMPMT 3136473011 111000 TRN*1*3136473011*1752603231\	-	2,514.59					-	2,514.59
11/12/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011081360032 1*1912008361*0000TEX01\	-	1,824.67					-	1,824.67
11/12/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1580219731*1362739571*000036273\	-	9,856.00					-	9,856.00
11/13/2020	CK 1105	17,014.90	-					-	-
11/13/2020	CK 1104	7,105.67	-					-	-
11/13/2020	Amerigroup TXSC HCCLAIMPMT 3136654311 111000 TRN*1*3136654311*1752603231\	-	3,977.57					-	3,977.57
11/13/2020	HUMANA INS CO HCCLAIMPMT 390862 830000506038 TRN*1*001290053606116*1391263473\	-	5,079.72					-	5,079.72
11/13/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*05G3523214971432 59*1746000156~	-	1,224.90					-	1,224.90
								-	-
		53,934.24	87,821.76	-	-	-	-	-	87,821.76

	TOTALS	410,825.48	219,592.99	-	-	-	-	-	219,592.99

Quick View

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DDA Data reported as of Nov 16, 2020 8

[redacted]

*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$57,327.47	$138,924.53	$57,327.47	$77,656.25
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$17,987.46	$38,627.46	$17,987.46	$39,410.27
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$45,654.82	$47,698.82	$45,654.82	$64,009.64
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$11,387.12	$19,335.76	$11,387.12	$25,579.79
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$87,973.58	$98,740.79	$87,973.58	$101,811.96

[redacted]

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Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
11/16/2020

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		98,917.44	98,766.45	63,160.50	-	-	63,311.49	60,577.09
						Bank Balance	63,311.49	
						Variance	-	
						Leave in Balance	100.00	
							-	
						Takeback owed to MMC	2,583.41	
						October Interest	50.99	
						November Interest	-	
						December Interest	-	
							-	
						Adjust Balance/Transfer Amt	60,577.09	

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 — 11/16/2020

APPROVED
ON
NOV 16 2020
COUNTY AUDITOR
GALVESTON COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
11/9/2020	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 110620	-	8,026.60					-	8,026.60
11/9/2020	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 110520	-	286.58					-	286.58
11/10/2020	WIRE OUT NEXION HEALTH AT GOLDEN CREEK	48,741.51	-					-	-
11/12/2020	ACH SETTLEMENT SERVICE 4105523439 9601693548	-	2,596.60					-	2,596.60
11/13/2020	CK 67	50,024.94	-					-	-
11/13/2020	DEPOSIT	-	52,250.72					-	52,250.72
								-	-
		98,766.45	63,160.50	-	-	-	-	-	63,160.50

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DDA Data reported as of Nov 16, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$63,311.49	$65,736.80	$63,311.49	$61,085.71
[redacted]				

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Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
11/16/2020

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		42,809.26	42,702.91	-		-	-	106.35	(0.00)
							Bank Balance	106.35	
							Variance	(0.00)	
							Leave in Balance	100.00	
							Pending QIPP 1 & 2		
							October Interest	6.35	
							November Interest	-	
							December Interest	-	
							Adjust Balance/Transfer Amt	(0.00)	

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		13,781.88	13,662.56	39,556.49		-	-	39,675.81	39,556.49
							Bank Balance	39,675.81	
							Variance	-	
							Leave in Balance	100.00	
							October Interest	19.32	
							November Interest	-	
							December Interest	-	
							Adjust Balance/Transfer Amt	39,556.49	
						TOTAL TRANSFERS		39,556.49	

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 11/16/2020

APPROVED
BY
NOV 16 2020
GALVESTON COUNTY

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
11/10/2020 WIRE OUT HMG SERVICES, LLC	7,100.61	-					-	-
11/13/2020 CK 19	35,602.30	-					-	-
	42,702.91	-	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
11/10/2020 WIRE OUT HMG SERVICES, LLC	13,662.56	-					-	-
11/13/2020 DEPOSIT	-	39,556.49					-	39,556.49
							-	-
	13,662.56	**39,556.49**	-	-	-	-	-	**39,556.49**
	56,365.47	**39,556.49**	-	-	-	-	-	**39,556.49**

Quick View

Select Quick View Accounts
Account Number / Name

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DDA Data reported as of Nov 16, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$39,675.81	$39,675.81	$39,675.81	$119.32
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$106.35	$106.35	$106.35	$35,708.65
[redacted]				

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Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
11/16/2020

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chx Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home		Test
Tuscany Senior Living		54,312.21	54,247.63	120,097.43	-	-	-	120,162.01	120,057.43	120,057.43	104.58
							Bank Balance	120,162.01			
							Variance	-			
							Leave in Balance	100.00			
							QIPP 1 & 2				
							QIPP 3, 4 & Lapse				
							October Interest	4.58			
							November Interest	-			
							December Interest	-			
							Adjust Balance/Transfer Amt	120,057.43			

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 11/16/2020

APPROVED
BY

NOV 16 2020

GILBERT ANDERSON
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
11/9/2020	NOVITAS SOLUTION HCCLAIMPMT 676201 420000106 TRN*1*E	-	11,918.04					-	11,918.04
11/10/2020	WIRE OUT LINBAR ENTERPRISES, LLC	25,130.50	-					-	-
11/10/2020	Molina HC of TX HCCLAIMPMT PN1275717894 4200 TRN*1*EFT	-	4,389.06					-	4,389.06
11/13/2020	Enhanced Analysis Ch	40.00	-					-	-
11/13/2020	CK 1002	18,438.70	-					-	-
11/13/2020	CK 1001	10,638.43	-					-	-
11/13/2020	Deposit	-	103,790.33					-	103,790.33
		54,247.63	120,097.43	-	-	-	-	-	120,097.43

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DDA Data reported as of Nov 16, 2020 8

[redacted]

*3407 MMC -NH TUSCANY VILLAGE	$120,162.01	$137,424.49	$120,162.01	$45,488.81

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Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
11/16/2020

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		50,939.01	50,755.07	175,581.51		-	-	175,765.45	175,581.51
							Bank Balance	175,765.45	
							Variance	-	
							Leave in Balance	100.00	

October Interest	83.94
November Interest	-
December Interest	-
Adjust Balance/Transfer Amt	175,581.51

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 11/16/2020

APPROVED
ON
NOV 16 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
11/9/2020	Deposit	-	30,272.46					-	30,272.46
11/10/2020	WIRE OUT BETHANY SENIOR LIVING, LTD	50,755.07	-					-	-
11/10/2020	NOVITAS SOLUTION HCCLAIMPMT 676481 420000119 TF	-	7,627.47					-	7,627.47
11/12/2020	Deposit	-	4,503.25					-	4,503.25
11/13/2020	Deposit	-	14,960.00					-	14,960.00
11/13/2020	Deposit	-	43,289.19					-	43,289.19
11/13/2020	Deposit	-	74,929.14					-	74,929.14
								-	-
		50,755.07	**175,581.51**	-	-	-	-	-	**175,581.51**

Quick View

Select Quick View Accounts
Account Number / Name

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Search All

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DDA

Data reported as of Nov 16, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*5506 MMC -NH BETHANY SENIOR LIVING	$175,765.45	$175,765.45	$175,765.45	$42,587.12
[redacted]				

* indicates re
Page generated on 11/16/2020 at 8

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: MMC Operating

Date Requested: 11/16/20

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

APPROVED
GM
NOV 16 2020
SOLANO AIRPORT
SOLANO COUNTY, CA
CK# 411110

AMOUNT: 7,476.62

G/L NUMBER: 20652000

EXPLANATION: NH Takeback owed to MMC – Solen

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	001106	11/19/20	7,476.62	MMC OPERATING
TOTALS:			7,476.62	

Solem

APPROVED
BY
NOV 18 2020
COUNTY AUDITOR
CAMERON COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MMC Operating

A

Y

E

E

Date Requested: 11/16/20

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

APPROVED
OST

NOV 16 20

COLLECTY AUDITOR
GILPIN COUNTY, CO

ck# 000 ole Y

AMOUNT 2,583.41

G/L NUMBER: 20653000

EXPLANATION: NH Takeback owed to MMC

REQUESTED BY Caitlin Clevenger

AUTHORIZED BY

Ø

RUN DATE:11/19/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:09 CHECK REGISTER GLCKREG
11/19/20 THRU 11/19/20

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG	000068	11/19/20	2,583.41	MMC OPERATING
TOTALS:			2,583.41	

Golden Pass

APPROVED
BY

NOV 18 2020

COUNTY AUDITOR
GALVESTON COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **11/16/2020**

NH Name	From Bank Acct #	Ck #	Payee	GL #	NH TAKEBACK				TOTAL		Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001		-	-			-		11/16/2020
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001		-	-			-		11/16/2020
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001		-	-			-		11/16/2020
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001		-	-			-		11/16/2020
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	20652000	7,476.62	-			7,476.62		11/16/2020
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	20652000	2,583.41	-			2,583.41		11/16/2020
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001		-	-			-		11/16/2020
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001		-	-			-		11/16/2020
Bethany			MMC -Prosperity Operating #10000001		-				-		11/16/2020
Tuscany			MMC -Prosperity Operating #10000001		-				-		11/16/2020
				Total:	10,060.03	-	-	-	10,060.03		
	Note:										

Approved:

Jason Anglin, CEO 11/16/2020

2,583.41 +
7,476.62 +
10,060.03 =

NOV 18 2020

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

1106
88-2265/1131-87

11/19/2020
Date

CHECK ARMOR

Pay to the Order of MMC Prosperity Operating $ 7,476.62

Seven thousand four hundred seventy six and 62/100 Dollars

Photo Safe Deposit® Details on back

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

For NH take back

⑈

MP

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MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000068

PAY TO THE ORDER OF MMC Prosperity Operating

Date 11/19/2020

-88-2265/113

$ 2,583.41

Two thousand five hundred eighty three and 41/100 **DOLLAR**

PROSPERITY BANK®

FOR NH Takeback

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