MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 25, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	783,122.00
TOTAL TRANSFERS BETWEEN FUNDS	$	182,746.74
TOTAL NURSING HOME UPL EXPENSES	$	660,089.70
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED November 25, 2020	$	1,625,958.44

APPROVED

NOV 25 2020

COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 25, 2020

PAYABLES AND PAYROLL			
11/19/2020	Weekly Payables	384,332.64	
11/23/2020	McKesson-340B Prescription Expense	1,528.92	
11/23/2020	Amerisource Bergen-340B Prescription Expense	382.77	
11/23/2020	Payroll Liabilities -Payroll Taxes	96,759.62	
11/23/2020	Payroll	299,922.80	
	Prosperity Electronic Bank Payments		
11/19/2020	Cleargage-Patient Financing Service	67.40	
11/16-11/20/20	Pay Plus-Patient Claims Processing Fee	127.85	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 783,122.00**
TRANSFER BETWEEN FUNDS-NURSING HOMES			
11/19/2020	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	39,975.92	
11/19/2020	MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment deposited into MMC Operating	42,070.59	
11/19/2020	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	36,268.61	
11/19/2020	MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating	64,431.62	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 182,746.74**
NURSING HOME UPL EXPENSES			
11/23/2020	Nursing Home UPL-Cantex Transfer	483,924.64	
11/23/2020	Nursing Home UPL-Nexion Transfer	38,734.40	
11/23/2020	Nursing Home UPL-HMG Transfer	32,175.24	
11/23/2020	Nursing Home UPL-Tuscany Transfer	50,221.69	
11/23/2020	Nursing Home UPL-HSL Transfer	52,796.34	
QIPP/INTEREST/RECOUP CHECKS TO MMC			
11/23/2020	Broadmoor	54.08	
11/23/2020	Gulf Pointe	1,655.31	
11/23/2020	Bethany	528.00	
TOTAL NURSING HOME UPL EXPENSES			**$ 660,089.70**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED November 25, 2020			**$ 1,625,958.44**

11/19/2020
11:17

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/09/2020

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20M0169633		11/19/2020	11/06/2020	12/06/2020			586.52	0.00	0.00	586.52
	SCHEDULING SERVICES									

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

Vendor#	Vendor Name	Class	Pay Code
13180	ADVANCED STERILIZATION PROD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8020075649		11/17/2020	11/09/2020	12/09/2020			7,500.00	0.00	0.00	7,500.00
	STERRAD NX ALL CLEAR SERV C(									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13180	ADVANCED STERIL	7,500.00		0.00	0.00	7,500.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9975007829		11/17/2020	10/31/2020	11/25/2020			495.91	0.00	0.00	495.91
	OXYGEN									
9975007949		11/17/2020	10/31/2020	11/25/2020			703.94	0.00	0.00	703.94
	OXYGEN									
9975007950		11/17/2020	10/31/2020	11/25/2020			65.35	0.00	0.00	65.35
	OXYGEN									
9106685627		11/17/2020	10/31/2020	11/25/2020			2,248.76	0.00	0.00	2,248.76
	OXYGEN									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC -	3,513.96		0.00	0.00	3,513.96

Vendor#	Vendor Name	Class	Pay Code
A1690	ALCON LABORATORIES, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9658930795		11/17/2020	10/28/2020	11/27/2020			1,338.49	0.00	0.00	1,338.49
	SERVICE CONTRACT									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATO	1,338.49		0.00	0.00	1,338.49

Vendor#	Vendor Name	Class	Pay Code
A2218	AQUA BEVERAGE COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
999880		11/17/2020	10/31/2020	11/25/2020			38.95	0.00	0.00	38.95
	WATER									
999877		11/17/2020	10/31/2020	11/25/2020			19.00	0.00	0.00	19.00
	WATER									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE (	57.95		0.00	0.00	57.95

Vendor#	Vendor Name	Class	Pay Code
12060	AQUA PURIFICATION INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
431668		11/18/2020	11/02/2020	11/02/2020			179.00	0.00	0.00	179.00
	LOW WATER PRESSURE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12060	AQUA PURIFICATIC	179.00		0.00	0.00	179.00

Vendor#	Vendor Name	Class	Pay Code
A0400	AUREUS RADIOLOGY LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2071910		11/17/2020	10/26/2020	11/25/2020			2,705.13	0.00	0.00	2,705.13
	STAFFING									
2080597		11/17/2020	11/09/2020	12/09/2020			2,755.38	0.00	0.00	2,755.38
	STAFFING									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	A0400	AUREUS RADIOLOC	5,460.51		0.00	0.00	5,460.51

Vendor#	Vendor Name	Class	Pay Code
11756	AYA HEALTHCARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
801131		11/17/2020	09/17/2020	10/17/2020			1,576.25	0.00	0.00	1,576.25
	STAFFING SURGERY									
810355		11/17/2020	10/01/2020	11/01/2020			1,477.50	0.00	0.00	1,477.50
	STAFFING SURGERY									
815507		11/17/2020	10/08/2020	11/08/2020			2,290.00	0.00	0.00	2,290.00
	STAFFING SURGERY									
819970		11/17/2020	10/15/2020	11/15/2020			5,345.00	0.00	0.00	5,345.00
	SATFFING SURGERY									
825332		11/17/2020	10/22/2020	11/22/2020			2,656.25	0.00	0.00	2,656.25
	STAFFING SURGERY									
830000		11/17/2020	10/29/2020	11/29/2020			2,802.50	0.00	0.00	2,802.50
	STAFFING SURGERY									
835600		11/17/2020	11/05/2020	12/05/2020			2,422.50	0.00	0.00	2,422.50
	STAFFING SURGERY									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11756	AYA HEALTHCARE	18,570.00		0.00	0.00	18,570.00

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
68645626		11/17/2020	10/30/2020	11/24/2020			132.25	0.00	0.00	132.25
	SUPPLIES									
68693878		11/17/2020	11/02/2020	11/27/2020			718.88	0.00	0.00	718.88
	SUPPLIES									
68693841		11/17/2020	11/02/2020	11/27/2020			525.44	0.00	0.00	525.44
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHC/	1,376.57		0.00	0.00	1,376.57

Vendor#	Vendor Name	Class	Pay Code
13264	CERVEY, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1808		11/10/2020	11/09/2020	12/04/2020			1,699.00	0.00	0.00	1,699.00
	MONTHLY LICENSING FEE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13264	CERVEY, LLC	1,699.00		0.00	0.00	1,699.00

Vendor#	Vendor Name	Class	Pay Code
13572	COMMUNITY INFUSION SOLUTION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IC20200829		11/19/2020	08/26/2020	08/26/2020			21,000.00	0.00	0.00	21,000.00
	OUTPATIENT INFUSION CENTER						14,000.00			14,000.00
IC20201119		11/19/2020	11/04/2020	11/04/2020			~~140,000.00~~	0.00	0.00	~~140,000.00~~
	OUTPATIENT INFUSION CENTER I (wrong amt entered)									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13572	COMMUNITY INFUS	161,000.00	35,000.00	0.00	0.00	35,000.00 161,000.00

Vendor#	Vendor Name	Class	Pay Code
10789	DISCOVERY MEDICAL NETWORK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC111520		11/17/2020	11/15/2020	11/15/2020			146,604.57	0.00	0.00	146,604.57
	PRO FEES Physcian Services Nov. 1-15, 2020									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDIC	146,604.57		0.00	0.00	146,604.57

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
19476		11/17/2020	10/31/2020	11/25/2020			505.00	0.00	0.00	505.00
	PEST CONTROL									
19475		11/17/2020	10/31/2020	11/25/2020			160.00	0.00	0.00	160.00

PEST CONTROL

19327 11/17/2020 10/31/2020 11/25/2020 105.00 0.00 0.00 105.00

PEST CONTROL

19477 11/17/2020 10/31/2020 11/25/2020 260.00 0.00 0.00 260.00

PEST CONTROL

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CON	1,030.00	0.00	0.00	1,030.00

Vendor# D1710 Vendor Name DOWNTOWN CLEANERS Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110120	11/17/2020	11/01/2020	11/11/2020				361.90	0.00	0.00	361.90

LAUNDRY

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEAI	361.90	0.00	0.00	361.90

Vendor# 12488 Vendor Name DURFOLD CORPORATION Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN7784	11/17/2020	11/09/2020	12/09/2020				1,412.16	0.00	0.00	1,412.16

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12488	DURFOLD CORPOF	1,412.16	0.00	0.00	1,412.16

Vendor# E3400 Vendor Name EMERGENCY MEDICAL PRODUCT Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2211252	11/17/2020	10/30/2020	11/17/2020				90.87	0.00	0.00	90.87

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	E3400	EMERGENCY MEDI	90.87	0.00	0.00	90.87

Vendor# 11284 Vendor Name EMERGENCY STAFFING SOLUTIO Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
39722	11/18/2020	11/15/2020	11/15/2020				40,062.50	0.00	0.00	40,062.50

PRO FEES (1-15th)

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
640385	11/17/2020	11/02/2020	11/17/2020				157.24	0.00	0.00	157.24

SUPPLIES

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

Vendor# 10689 Vendor Name FASTHEALTH CORPORATION Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11A20MMC	11/18/2020	11/01/2020	11/16/2020			495.00	990.00	0.00	0.00	990.00

WEBSITE (wrong amt entered) 495.0

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11B20MMC	11/18/2020	11/03/2020	11/18/2020				100.00	0.00	0.00	100.00

STANDARD SSL

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORI 595.00	1,090.00	0.00	0.00	1,090.00

595.0

Vendor# F1403 Vendor Name FISHER & PAYKEL HEALTHCARE Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90930621	10/28/2020	10/20/2020	12/04/2020				61.38	0.00	0.00	61.38

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1403	FISHER & PAYKEL I	61.38	0.00	0.00	61.38

Vendor# F1400 Vendor Name FISHER HEALTHCARE Class M Pay Code

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

2120750	11/18/2020	10/28/2020	11/22/2020		193.50	0.00	0.00	193.50
SUPPLIES								
2236156	11/18/2020	10/29/2020	11/23/2020		484.64	0.00	0.00	484.64
SUPPLIES								
2236168	11/18/2020	10/29/2020	11/23/2020		10.64	0.00	0.00	10.64
SUPPLIES								
2236183	11/18/2020	10/29/2020	11/23/2020		52.75	0.00	0.00	52.75
SUPPLIES								
2236177	11/18/2020	10/29/2020	11/23/2020		1,746.98	0.00	0.00	1,746.98
SUPPLIES								
2383290	11/18/2020	10/30/2020	11/24/2020		165.86	0.00	0.00	165.86
SUPPLIES								
2383291	11/18/2020	10/30/2020	11/24/2020		165.86	0.00	0.00	165.86
SUPPLIES								
2383292	11/18/2020	10/30/2020	11/24/2020		23.42	0.00	0.00	23.42
SUPPLIES								
2590222	11/18/2020	11/04/2020	11/29/2020		379.15	0.00	0.00	379.15
SUPPLIES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCA	3,222.80		0.00	0.00	3,222.80

Vendor#	Vendor Name	Class	Pay Code
11184	FLDR DESIGNS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
15355		11/16/2020	09/24/2020	11/16/2020			1,279.70	0.00	0.00	1,279.70
SUPPLIES Patient reminder cards										
15357		11/16/2020	09/30/2020	11/16/2020			1,952.24	0.00	0.00	1,952.24
SUPPLIES/FOLDERS Patient Imaging/Marketing Folders										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11184	FLDR DESIGNS LLC	3,231.94		0.00	0.00	3,231.94

Vendor#	Vendor Name	Class	Pay Code
12944	FRASIER HEALTHCARE CONSULT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
19040		11/16/2020	11/09/2020	11/16/2020			9,140.15	0.00	0.00	9,140.15
COLLECTIONS										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12944	FRASIER HEALTHC	9,140.15		0.00	0.00	9,140.15

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9698223626		11/17/2020	10/28/2020	11/22/2020			54.04	0.00	0.00	54.04
SUPPLIES										
9702340325		11/17/2020	10/30/2020	11/24/2020			62.38	0.00	0.00	62.38
SUPPLIES										
9702373151		11/17/2020	10/30/2020	11/24/2020			312.00	0.00	0.00	312.00
9702375427 SUPPLIES										
40842		11/17/2020	11/02/2020	11/27/2020			1,028.50	0.00	0.00	1,028.50
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	W1300	GRAINGER	1,456.92		0.00	0.00	1,456.92

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
1955047		11/11/2020	11/03/2020	12/03/2020			64.11	0.00	0.00	64.11
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPE	64.11		0.00	0.00	64.11

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
100379224		11/17/2020	10/27/2020	12/01/2020			4,610.52	0.00	0.00	4,610.52
PHONE/STERLIZER/GEM PREM 4K										

100385688	11/17/2020	11/06/2020	12/01/2020		1,797.44	0.00	0.00	1,797.44
LEASE								
100385685	11/17/2020	11/06/2020	12/01/2020		4,919.41	0.00	0.00	4,919.41
LEASE								
100385686	11/17/2020	11/06/2020	12/01/2020		7,154.17	0.00	0.00	7,154.17
LEASE								
100385687	11/17/2020	11/06/2020	12/01/2020		7,447.86	0.00	0.00	7,447.86
LEASE								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINA	25,929.40		0.00	0.00	25,929.40

Vendor#	Vendor Name	Class	Pay Code
H0031	HEB CREDIT RECEIVABLES DEPT:		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
255264		11/19/2020	09/28/2020	11/25/2020			24.20	0.00	0.00	24.20
SUPPLIES										
584743		11/19/2020	10/01/2020	11/25/2020			112.94	0.00	0.00	112.94
SUPPLIES										
586413		11/19/2020	10/05/2020	11/25/2020			45.50	0.00	0.00	45.50
SUPPLIES										
586712		11/19/2020	10/06/2020	11/25/2020			53.87	0.00	0.00	53.87
SUPPLIES										
587181		11/19/2020	10/06/2020	11/25/2020			34.68	0.00	0.00	34.68
SUPPLIES										
588570		11/19/2020	10/08/2020	11/25/2020			13.87	0.00	0.00	13.87
SUPPLIES										
588103		11/19/2020	10/08/2020	11/25/2020			19.90	0.00	0.00	19.90
SUPPLIES										
589766		11/19/2020	10/11/2020	11/25/2020			55.17	0.00	0.00	55.17
SUPPLIES										
731358		11/19/2020	10/15/2020	11/25/2020			39.97	0.00	0.00	39.97
SUPPLIES										
319788		11/19/2020	10/17/2020	11/25/2020			34.40	0.00	0.00	34.40
SUPPLIES										
213127		11/19/2020	10/24/2020	11/25/2020			37.16	0.00	0.00	37.16
SUPPLIES										
250968		11/19/2020	10/25/2020	11/25/2020			49.97	0.00	0.00	49.97
SUPPLIES										
259310		11/19/2020	10/25/2020	11/25/2020			61.99	0.00	0.00	61.99
SUPPLIES										
329777		11/19/2020	10/26/2020	11/25/2020			139.74	0.00	0.00	139.74
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEI	723.36		0.00	0.00	723.36

Vendor#	Vendor Name	Class	Pay Code
11692	INJOY HEALTH EDUCATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV333438		11/16/2020	11/21/2020	11/21/2020			225.00	0.00	0.00	225.00
WEB APP ANNUAL PORTAL FEE										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11692	INJOY HEALTH EDU	225.00		0.00	0.00	225.00

Vendor#	Vendor Name	Class	Pay Code
L1288	LANGUAGE LINE SERVICES	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4887792		11/17/2020	09/30/2020	10/25/2020			41.28	0.00	0.00	41.28
interpertation										
4901722		11/17/2020	10/31/2020	11/25/2020			41.28	0.00	0.00	41.28
INTERPERTATION SERVICES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	L1288	LANGUAGE LINE SI	82.56		0.00	0.00	82.56

Vendor#	Vendor Name	Class	Pay Code
L1640	LOWE'S HOME CENTERS INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11591		11/19/2020	10/28/2020	11/28/2020			132.66	0.00	0.00	132.66
	SUPPLIES									
36231		11/19/2020	10/29/2020	11/28/2020			-10.11	0.00	0.00	-10.11
	REFUND TAXES									
85665		11/19/2020	10/30/2020	11/28/2020			539.11	0.00	0.00	539.11
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L1640	LOWE'S HOME CEN	661.66	0.00	0.00	661.66

Vendor#	Vendor Name	Class	Pay Code
J1350	M.C. JOHNSON COMPANY INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00385580		11/17/2020	11/02/2020	11/17/2020			104.25	0.00	0.00	104.25
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	J1350	M.C. JOHNSON COI	104.25	0.00	0.00	104.25

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
13469824		11/17/2020	09/18/2020	10/03/2020			163.59	0.00	0.00	163.59
	SUPPLIES									
15145592		11/17/2020	11/02/2020	11/17/2020			14.86	0.00	0.00	14.86
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDIC	178.45	0.00	0.00	178.45

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111620		11/18/2020	11/16/2020	11/16/2020			71.26	0.00	0.00	71.26
	INDIGENT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALT	71.26	0.00	0.00	71.26

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
1928677357		11/18/2020	10/24/2020	11/18/2020			616.38	0.00	0.00	616.38
	SUPPLIES									
1929869960		11/18/2020	11/04/2020	11/29/2020			6,302.77	0.00	0.00	6,302.77
	SUPPLIES									
1929869953		11/18/2020	11/04/2020	11/29/2020			132.93	0.00	0.00	132.93
	SUPPLIES									
1929869961		11/18/2020	11/04/2020	11/29/2020			188.42	0.00	0.00	188.42
	SUPPLIES									
1929869951		11/18/2020	11/04/2020	11/29/2020			203.00	0.00	0.00	203.00
	SUPPLIES									
1929869954		11/18/2020	11/04/2020	11/29/2020			42.48	0.00	0.00	42.48
	SUPPLIES									
1929869950		11/18/2020	11/04/2020	11/29/2020			76.32	0.00	0.00	76.32
	SUPPLIES									
1929869962		11/18/2020	11/04/2020	11/29/2020			24.94	0.00	0.00	24.94
	SUPPLIES									
1929869955		11/18/2020	11/04/2020	11/29/2020			18.57	0.00	0.00	18.57
	SUPPLIES									
1929869957		11/18/2020	11/04/2020	11/29/2020			1,371.01	0.00	0.00	1,371.01
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTR	8,976.82	0.00	0.00	8,976.82

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
6273175		11/17/2020	11/11/2020	11/21/2020			338.35	0.00	0.00	338.35

		SUPPLIES							
6273858	11/17/2020	11/11/2020	11/21/2020			24.46	0.00	0.00	24.46
		INVENTORY							
6271982	11/17/2020	11/11/2020	11/21/2020			434.25	0.00	0.00	434.25
		INVENTORY							
6276838	11/17/2020	11/12/2020	11/22/2020			938.18	0.00	0.00	938.18
		INVENTORY							
6279643	11/17/2020	11/12/2020	11/22/2020			95.22	0.00	0.00	95.22
		INVENTORY							
6279644	11/17/2020	11/12/2020	11/22/2020			541.17	0.00	0.00	541.17
		INVENTORY							
6276837	11/17/2020	11/12/2020	11/22/2020			28.36	0.00	0.00	28.36
		INVENTORY							
6278118	11/17/2020	11/12/2020	11/22/2020			78.07	0.00	0.00	78.07
		INVENTORY							
6278117	11/17/2020	11/12/2020	11/22/2020			21.88	0.00	0.00	21.88
		INVENTORY							
6279645	11/17/2020	11/12/2020	11/22/2020			172.79	0.00	0.00	172.79
		INVENTORY							
6276835	11/17/2020	11/12/2020	11/22/2020			4,537.70	0.00	0.00	4,537.70
6276834	11/17/2020	11/12/2020	11/22/2020			3,390.58	0.00	0.00	3,390.58
		INVENTORY							
6276836	11/17/2020	11/12/2020	11/22/2020			5,770.73	0.00	0.00	5,770.73
		INVENTORY							
6286139	11/17/2020	11/15/2020	11/25/2020			505.72	0.00	0.00	505.72
		INVENTORY							
6286138	11/17/2020	11/15/2020	11/25/2020			102.29	0.00	0.00	102.29
		INVENTORY							
6286140	11/17/2020	11/15/2020	11/25/2020			39.32	0.00	0.00	39.32
		INVENTORY							
6284239	11/17/2020	11/15/2020	11/25/2020			52.05	0.00	0.00	52.05
		INVENTORY							
6284240	11/19/2020	11/15/2020	11/25/2020			102.42	0.00	0.00	102.42
		INVENTORY							

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSOI	17,173.54		0.00	0.00	17,173.54

Vendor#	Vendor Name	Class	Pay Code
M2659	MXR IMAGING, INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8800686768		11/17/2020	11/03/2020	12/03/2020			181.80	0.00	0.00	181.80
		SUPPLIES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC	181.80		0.00	0.00	181.80

Vendor#	Vendor Name	Class	Pay Code
13548	NACOGDOCHES TRANSCRIPTION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7205		11/17/2020	11/13/2020				536.20	0.00	0.00	536.20

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TF	536.20		0.00	0.00	536.20

Vendor#	Vendor Name	Class	Pay Code
O1500	OLYMPUS AMERICA INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
30002129		11/17/2020	11/02/2020	11/27/2020			289.51	0.00	0.00	289.51
		SUPPLIES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERIC/	289.51		0.00	0.00	289.51

Vendor#	Vendor Name	Class	Pay Code
P0706	PALACIOS BEACON	W	

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

33057628	11/18/2020	10/26/2020	11/26/2020				187.50	0.00	0.00	187.50
AD										

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

Vendor#	Vendor Name	Class	Pay Code
12544	PATRICK OCHOA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110120		11/18/2020	11/01/2020	11/01/2020			380.00	0.00	0.00	380.00
	CLINIC LAWN									
110120B		11/18/2020	11/01/2020	11/01/2020			200.00	0.00	0.00	200.00
	REHAB LAWN									
110120A		11/18/2020	11/01/2020	11/01/2020			520.00	0.00	0.00	520.00
	HOSPITAL LAWN									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12544	PATRICK OCHOA	1,100.00	0.00	0.00	1,100.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20100600		11/18/2020	10/31/2020	11/15/2020			2,940.36	0.00	0.00	2,940.36
	GAS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PAR	2,940.36	0.00	0.00	2,940.36

Vendor#	Vendor Name	Class	Pay Code
10896	QIAGEN INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
997571245		11/17/2020	10/28/2020	11/27/2020			1,627.69	0.00	0.00	1,627.69
	SUPPLIES									

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

Vendor#	Vendor Name	Class	Pay Code
10987	REVCYCLE+, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
40514		11/17/2020	11/04/2020	11/29/2020			1,926.35	0.00	0.00	1,926.35
	CODING SERVICE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.	1,926.35	0.00	0.00	1,926.35

Vendor#	Vendor Name	Class	Pay Code
10936	SIEMENS FINANCIAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5638210000		11/17/2020	10/30/2020	11/24/2020			1,333.33	0.00	0.00	1,333.33
5143	LEASE AND RENTAL AGREEMENT									
5638210000		11/17/2020	11/02/2020	11/20/2020			4,038.24	0.00	0.00	4,038.24
9579	LEASE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIA	5,371.57	0.00	0.00	5,371.57

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9019		11/16/2020	07/10/2018	11/16/2020			1,182.94	0.00	0.00	1,182.94
	CONTRACT BILLING									
9017		11/16/2020	07/10/2018	11/16/2020			1,143.74	0.00	0.00	1,143.74
	CONTRACT BILLING									
9024		11/16/2020	07/01/2019	11/16/2020			1,075.02	0.00	0.00	1,075.02
	CONTRACT BILLING									
9023		11/16/2020	07/01/2019	11/16/2020			1,009.80	0.00	0.00	1,009.80
	CONTRACT BILLING									
9025		11/16/2020	07/22/2019	11/16/2020			858.37	0.00	0.00	858.37
	CONTRACT BILLING									
9026		11/16/2020	08/09/2019	11/16/2020			2,084.53	0.00	0.00	2,084.53
	CONTRACT BILLING									
9027		11/16/2020	10/08/2019	11/16/2020			2,179.21	0.00	0.00	2,179.21

		CONTRACT BILLING							
9018A	11/16/2020	07/10/2020	11/16/2020		976.69	0.00	0.00	976.69	
		CONTRACT BILLING							
761	11/16/2020	08/27/2020	11/16/2020		10.91	0.00	0.00	10.91	
		CONTRACT BILLING							
542	11/16/2020	09/03/2020	11/16/2020		2,101.25	0.00	0.00	2,101.25	
		CONTRACT BILLING							
513	11/16/2020	09/09/2020	11/16/2020		150.56	0.00	0.00	150.56	
		CONTRACT BILLING							
1051	11/16/2020	09/10/2020	11/16/2020		22.37	0.00	0.00	22.37	
		CONTRACT BILLING							
521A	11/16/2020	09/16/2020	11/16/2020		51.57	0.00	0.00	51.57	
		CONTRACT BILLING							
523	11/16/2020	09/16/2020	11/16/2020		39.16	0.00	0.00	39.16	
		CONTRACT BILLING							
522	11/16/2020	09/16/2020	11/16/2020		85.19	0.00	0.00	85.19	
		CONTRACT BILLING							
1052	11/16/2020	09/29/2020	11/16/2020		104.61	0.00	0.00	104.61	
		CONTRACT BILLING							
514	11/16/2020	09/29/2020	11/16/2020		120.01	0.00	0.00	120.01	
		CONTRACT BILLING							
524	11/16/2020	09/29/2020	11/16/2020		19.64	0.00	0.00	19.64	
		CONTRACT BILLING							
541	11/16/2020	10/09/2020	11/16/2020		1,326.02	0.00	0.00	1,326.02	
		CONTRACT BILLING							
525	11/16/2020	10/22/2020	11/16/2020		57.90	0.00	0.00	57.90	
		CONTRACT BILLING							
762	11/16/2020	10/22/2020	11/16/2020		10.91	0.00	0.00	10.91	
		CONTRACT BILLING							
515	11/16/2020	10/22/2020	11/16/2020		109.10	0.00	0.00	109.10	
		CONTRACT BILLING							

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10195	SINGLETON ASSOC	14,719.50		0.00	0.00	14,719.50

Vendor#	Vendor Name	Class	Pay Code
12440	SUN LIFE ASSURANCE COMPANY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101620		11/17/2020	10/16/2020	11/01/2020			2,441.69	0.00	0.00	2,441.69
		INSURANCE								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12440	SUN LIFE ASSURAI	2,441.69		0.00	0.00	2,441.69

Vendor#	Vendor Name	Class	Pay Code
T2539	T-SYSTEM, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
39947		10/31/2020	10/27/2020	11/30/2020			431.42	0.00	0.00	431.42
		ERX LICENSE								
40045		10/31/2020	10/31/2020	11/30/2020			5,699.00	0.00	0.00	5,699.00
		TRACKING/STAT/CLOUD HOSTINC								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC	6,130.42		0.00	0.00	6,130.42

Vendor#	Vendor Name	Class	Pay Code
11944	TALX CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1002130880		11/10/2020	11/08/2020	12/08/2020			10.99	0.00	0.00	10.99
		EMPLOYEE VERIFICATION								

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
340380481		11/17/2020	11/01/2020	11/26/2020			248.47	0.00	0.00	248.47
		TRASH SERVICE								

340380480	11/17/2020	11/01/2020	11/26/2020			2,037.62	0.00	0.00	2,037.62
	TRASH SERVICE								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11100	THE US CONSULTIN	2,286.09		0.00	0.00	2,286.09

Vendor#	Vendor Name	Class	Pay Code
10732	THERACOM, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2197386883		09/29/2020	09/08/2020	12/07/2020			1,564.08	0.00	0.00	1,564.08
	INVENTORY									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10732	THERACOM, LLC	1,564.08		0.00	0.00	1,564.08

Vendor#	Vendor Name	Class	Pay Code
T2250	THYSSENKRUPP ELEVATOR COR	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5001376739		11/17/2020	10/15/2020	10/15/2020			834.00	0.00	0.00	834.00
	OIL GREASE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	T2250	THYSSENKRUPP EI	834.00		0.00	0.00	834.00

Vendor#	Vendor Name	Class	Pay Code
11067	TRIZETTO PROVIDER SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35FK112000		11/16/2020	11/01/2020	11/26/2020			1,964.96	0.00	0.00	1,964.96
	PT STATEMENT									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDI	1,964.96		0.00	0.00	1,964.96

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
8400347188		11/18/2020	11/09/2020	12/04/2020			45.15	0.00	0.00	45.15
	LAUNDRY									
8400347189		11/18/2020	11/09/2020	12/04/2020			42.07	0.00	0.00	42.07
	LAUNDRY									
8400347213		11/18/2020	11/09/2020	12/04/2020			854.81	0.00	0.00	854.81
	LAUNDRY									
8400347563		11/18/2020	11/12/2020	12/07/2020			139.04	0.00	0.00	139.04
	LAUNDRY									
8400347564		11/18/2020	11/12/2020	12/07/2020			240.73	0.00	0.00	240.73
	LAUNDRY									
8400347562		11/18/2020	11/12/2020	12/07/2020			217.32	0.00	0.00	217.32
	LAUNDRY									
8400347561		11/18/2020	11/12/2020	12/07/2020			121.55	0.00	0.00	121.55
	LAUNDRY									
8400347575		11/18/2020	11/12/2020	12/07/2020			76.49	0.00	0.00	76.49
	LAUNDRY									
8400347594		11/18/2020	11/12/2020	12/07/2020			1,248.36	0.00	0.00	1,248.36
	LAUNDRY									
8400347559		11/18/2020	11/12/2020	12/07/2020			22.57	0.00	0.00	22.57
	LAUNDRY									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDING	3,008.09		0.00	0.00	3,008.09

Vendor#	Vendor Name	Class	Pay Code
10943	WALLER,LANSDEN, DORTCH & DA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0290644601		11/18/2020	11/11/2020	11/11/2020			312.00	0.00	0.00	312.00
	LEGAL									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	943	WALLER,LANSDEN,	312.00		0.00	0.00	312.00

1078499

510,827.64 +
140,000.00 −
14,000.00 +
990.00 −
495.00 +

Report Summary

Gross	Discount	No-Pay	Net
510,827.64	0.00	0.00	510,827.64

NOV 19 2020

ck#188219-188276

PG 2 correction {<140,000.00> {+14,000.00

PG 3 correction {<990.00> {+495.00

McKESSON

Company: 8000

STATEMENT

As of: 11/20/2020

Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 11/21/2020

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
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: 11/20/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 11/21/2020

PLEASE CHECK ANY ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 632536 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: 1,560.75 USD

Future Due: 0.00

Past Due: 31.96-

Last Payment 2,451.97
08/07/2017

If Paid By 11/24/2020, Pay This Amount: 1,528.92 USD

If Paid After 11/24/2020, Pay this Amount: 1,560.75 USD

Due If Paid On Time:
USD 1,528.92

Disc lost if paid late: 31.83

Due If Paid Late:
USD 1,560.75

288.85 +
481.76 +
300.67 +
410.36 +
47.28 +
1,528.92 *

CK # 500154

APPROVED
BY
NOV 23 2020
COUNTY AUDITOR
GALVESTON COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 11/20/2020

Page: 001

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

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

DC: 8115

Territory: 400

Customer: 190813
Date: 11/21/2020

As of: 11/20/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 11/21/2020 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											
11/18/2020	11/24/2020	7236329767	2017022611	115Invoice	0.54	27.16		26.62 ✓		7236329767	
11/20/2020	11/24/2020	7236863663	2017023001	115Invoice	0.42	21.08		20.66 ✓		7236863663	

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: 48.24 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,272.27
11/16/2020

If Paid By 11/24/2020,
Pay This Amount: 47.28 USD

If Paid After 11/24/2020,
Pay this Amount: 48.24 USD

Due If Paid On Time:
USD 47.28

Disc lost if paid late:
0.96

Due If Paid Late:
USD 48.24

APPROVED
ON
NOV 23 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 11/20/2020

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 11/21/2020

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

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

As of: 11/20/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 11/21/2020

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
11/16/2020	11/24/2020	7235764417	6725909383	115Invoice		0.10		0.10 ✓		7235764417	
11/16/2020	11/24/2020	7235998610	00011132020TM	115Invoice	0.02	0.94		0.92 ✓		7235998610	
11/19/2020	11/24/2020	7236591507	361650	115Invoice	8.35	417.69		409.34 ✓		7236591507	

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: 418.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,272.27
11/16/2020

If Paid By 11/24/2020, Pay This Amount: 410.36 USD

If Paid After 11/24/2020, Pay this Amount: 418.73 USD

Due If Paid On Time:
USD 410.36

Disc lost if paid late: 8.37

Due If Paid Late:
USD 418.73

APPROVED
BY

NOV 23 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/20/2020 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 11/21/2020

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

As of: 11/20/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 11/21/2020 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											
11/19/2020	11/24/2020	7236611926	957726	115Invoice	0.21	10.60		10.39 ✓		7236611926	
11/19/2020	11/24/2020	7236611927	957726	115Invoice	5.92	296.20		290.28 ✓		7236611927	

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: 306.80 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,272.27
11/16/2020

If Paid By 11/24/2020,
Pay This Amount: 300.67 USD

If Paid After 11/24/2020,
Pay this Amount: 306.80 USD

Due If Paid On Time:
USD 300.67

Disc lost if paid late:
6.13

Due If Paid Late:
USD 306.80

APPROVED
ON
NOV 23 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 11/20/2020

Page: 001

DC: 8115

Territory: 400

Customer: 464450
Date: 11/21/2020

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: 11/20/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 11/21/2020 **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											
11/19/2020	11/24/2020	7236586191	55x664598	115Invoice	9.15	457.38		448.23 ✓		7236586191	
11/19/2020	11/24/2020	7236586193	55x664719	115Invoice	1.31	65.64		64.33 ✓		7236586193	
11/19/2020	11/19/2020	7236808907	55x649140	115Credit		4.03-	P	4.03-	P ✓	7236808907	
11/19/2020	11/19/2020	7236813333	MFC PR CORR CR	Pricing Cor		27.93-	P	27.93-	P ✓	7236813333	
11/19/2020	11/24/2020	7236813334	MFC PR CORR IN	Pricing Cor	0.02	1.18		1.16 ✓		7236813334	

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: 492.24 USD

Future Due: 0.00

Past Due: 31.96-

Last Payment 2,272.27
11/16/2020

If Paid By 11/24/2020, Pay This Amount: 481.76 USD

If Paid After 11/24/2020, Pay this Amount: 492.24 USD

Due If Paid On Time:
USD 481.76

Disc lost if paid late: 10.48

Due If Paid Late:
USD 492.24

APPROVED
BY
NOV 23 2020
[illegible]
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 11/20/2020 Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 11/21/2020

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

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

As of: 11/20/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 11/21/2020 **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											
11/19/2020	11/24/2020	7236793903	957880	115Invoice	5.89	294.74		288.85	✓	7236793903	

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: 294.74 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,272.27
11/16/2020

If Paid By 11/24/2020, Pay This Amount: 288.85 USD

If Paid After 11/24/2020, Pay this Amount: 294.74 USD

Due If Paid On Time:
USD 288.85
Disc lost if paid late: 5.89
Due If Paid Late:
USD 294.74

APPROVED
ON
NOV 23 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Statement Number: 59988252
Date: 11-20-2020

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
0100135284 / 037028186

Terms
Monday - Friday Due in 7 days

Summary

Not Yet Due:	0.00
Current:	382.77
Past Due:	0.00
Total Due:	382.77
Account Balance:	382.77

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-16-2020	11-27-2020	3044683089	158915	Invoice	22.86		0.00	22.86
11-16-2020	11-27-2020	3044683490	158917	Invoice	50.04		0.00	50.04
11-16-2020	11-27-2020	3044683491	158918	Invoice	32.98		0.00	32.98
11-16-2020	11-27-2020	3044683492	158916	Invoice	5.60		0.00	5.60
11-16-2020	11-27-2020	3044702026	158964	Invoice	0.93		0.00	0.93
11-17-2020	11-27-2020	3044744367	158971	Invoice	8.04		0.00	8.04
11-18-2020	11-27-2020	3044798187	158981	Invoice	11.23		0.00	11.23
11-20-2020	11-27-2020	3044888379	158998	Invoice	251.09		0.00	251.09

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
382.77	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
11-20-2020	(343.62)

Reminders

Due Date	Amount
11-27-2020	382.77
Total Due:	382.77

APPROVED
for
NOV 23 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #500155

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

		#### ###	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"			
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	20	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	12	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 96,759.62	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 49,279.96	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 11,936.92	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 35,542.74	#
		CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

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

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	10041.25	N		N	N		197982.92
1	REGULAR PAY-S1	1710.25	N		N	N	N	75566.41
1	REGULAR PAY-S1	335.25	Y		N	N		8652.55
2	REGULAR PAY-S2	2613.75	N		N	N		59934.89
2	REGULAR PAY-S2	4.00	N		N	N	N	278.00
2	REGULAR PAY-S2	146.25	Y		N	N		4571.39
2	REGULAR PAY-S2	.25	Y		N	N	N	6.69
3	REGULAR PAY-S3	1575.25	N		N	N		41232.34
3	REGULAR PAY-S3	118.25	Y		N	N		4798.22
4	CALL BACK PAY	6.00	N	1	N	N		190.02
C	CALL PAY	2348.50	N	1	N	N		4697.00
E	EXTRA WAGES		N		N	N	N	36.39
E	EXTRA WAGES		N	1	N	N		30.00
E	EXTRA WAGES		N	1	N	N	N	1973.50
F	FUNERAL LEAVE	38.00	N	1	N	N		1081.58
I	INSERVICE	33.00	N	1	N	N		985.52
K	EXTENDED-ILLNESS-BANK	184.00	N	1	N	N		5048.91
P	PAID-TIME-OFF	101.70	N		N	N	N	4774.09
P	PAID-TIME-OFF	938.00	N	1	N	N		23160.57
X	CALL PAY 2	234.00	N	1	N	N		468.00
Y	YMCA/CURVES		N		N	N	N	15.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	12.00	N	1	N	N		145.80
v	COVID-FFCRA	36.00	N	1	N	N		837.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	770.00	A/R2	123.00	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1684.74	CAFE-F	
CAFE-H	18969.55	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	299.81
CLINIC	236.00	COMBIN	438.97	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	35542.74	FICA-M	5968.46	FICA-O	24639.98
FIRSTC		FLEX S	4206.37	FLX FE	
FORT D		FUTA		GIFT S	345.79
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	388.08	MASA	819.00	MEALS	196.62
MISC		MISC/		MMCSHR	
NATFML	1997.12	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	790.86
STONE		STONE2		STUDEN	
SUNACC	886.43	SUNILL	1267.26	SUNLIF	1237.64
SUNSTD	1603.55	SUNVIS	1163.50	SURCHG	670.00
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	30572.90	TUTION	
UNIFOR	2013.62	UW/HOS			

Grand Totals: 20571.70 (Gross: 436754.79 Deductions: 136831.99 Net: 299922.80)

Checks Count:- FT 203 PT 4 Other 48 Female 224 Male 29 Credit OverAmt 6 ZeroNet Term Total: 253

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- November 16, 2020 - November 22, 2020

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
11/16/2020	PAY PLUS ACHTRANS 452579291 101000690907053	- 3rd Party Payor Fee	16.08	300625
11/16/2020	TEXAS COUNTY DRS RECEIVABLE 0419 21000026241	- Retirement Funding	211641.33 **	200291
11/16/2020	IRS USATAXPYMT 220072111932007 6103601000122	- Payroll Taxes	100580.23 **	200292
11/17/2020	PAY PLUS ACHTRANS 452579291 101000691730803	- 3rd Party Payor Fee	2.35	300626
11/17/2020	MCKESSON DRUG AUTO ACH ACH04378474 910000102	- 340B Drug Program Expense	2272.27 *	500152
11/18/2020	PAY PLUS ACHTRANS 452579291 101000692690578	- 3rd Party Payor Fee	108.6	300627
11/19/2020	WEBFILE TAX PYMT DD 902/00605232 21000021370	- Sales Tax	1116.06 *	
11/19/2020	CLEARGAGE LLC CLEARGAGE, 2EDIVYLSX1TRAHZ 242	- Patient Financing Service	67.4	
11/20/2020	PAY PLUS ACHTRANS 452579291 101000694113046	- 3rd Party Payor Fee	0.82	
11/20/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	343.62 *	
			316,148.76	

Pay Plus
16.08 +
2.35 +
108.60 +
0.82 +
127.85 *

Cleargage
67.40 +
67.40 *

127.85 +
67.40 +
195.25 *

316,148.76 +
211,641.33 –
100,580.23 –
2,272.27 –
1,116.06 –
343.62 –
195.25 *

195.25 +
195.25 –
0.00 *

November 23, 2020

Jason Anglin, CEO
Memorial Medical Center

** Approved 11.18.2020
** Approved 11.10.2020

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount

November 23, 2020

Jason Anglin, CEO
Memorial Medical Center

APPROVED
BY
NOV 23 2020
COUNTY AUDITOR
GALVESTON COUNTY, TEXAS

11/19/2020 MEMORIAL MEDICAL CENTER 0
11:20 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
111120A		11/18/2020	11/11/2020	12/18/2020			2,387.19	0.00	0.00	2,387.19
	TRANSFER NH insurance pymt deposited into mmc operating									
111120		11/18/2020	11/11/2020	12/18/2020			176.00	0.00	0.00	176.00
	TRASNFER NH insurance pymt deposited into mmc operating									
111320		11/18/2020	11/13/2020	12/18/2020			33,414.61	0.00	0.00	33,414.61
	TRANSFER NH insurance pymt deposited into mmc operating									
111620		11/18/2020	11/16/2020	12/18/2020			3,998.12	0.00	0.00	3,998.12
	TRANSFER NH insurance pymt deposited into mmc operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	39,975.92	0.00	0.00	39,975.92

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	39,975.92	0.00	0.00	39,975.92

Ck# 188278

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
111120		11/18/2020	11/11/2020	12/18/2020			2,789.67	0.00	0.00	2,789.67 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
111120A		11/18/2020	11/11/2020	12/18/2020			352.00	0.00	0.00	352.00 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
111320		11/18/2020	11/13/2020	12/18/2020			20,660.37	0.00	0.00	20,660.37 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
111620		11/18/2020	11/16/2020	12/18/2020			2,252.55	0.00	0.00	2,252.55 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
111820A		11/18/2020	11/18/2020	12/18/2020			10,912.00	0.00	0.00	10,912.00 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
111820		11/18/2020	11/18/2020	12/18/2020			5,104.00	0.00	0.00	5,104.00 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZ	42,070.59	0.00	0.00	42,070.59

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	42,070.59	0.00	0.00	42,070.59

CK# 188279

11/19/2020
11:22

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
13004	TUSCANY VILLAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111120	11/18/2020	11/11/2020	12/18/2020				3,313.81	0.00	0.00	3,313.81
	TRANSFER NH insurance pymt deposited into mmc operating									
111320	11/18/2020	11/13/2020	12/18/2020				10,969.39	0.00	0.00	10,969.39
	TRANSFER NH insurance pymt deposited into mmc operating									
111620A	11/18/2020	11/16/2020	12/18/2020				660.56	0.00	0.00	660.56
	TRASNSFER NH insurance pymt deposited into mmc operating									
111620	11/18/2020	11/16/2020	12/18/2020				4,752.00	0.00	0.00	4,752.00
	TRANSFER NH insurance pymt deposited into mmc operating									
111620B	11/18/2020	11/16/2020	12/18/2020				11,853.00	0.00	0.00	11,853.00
	TRANSFER NH insurance pymt deposited into mmc operating									
111820	11/18/2020	11/18/2020	12/18/2020				542.88	0.00	0.00	542.88
	TRANSFER NH insurance pymt deposited into mmc operating									
111820A	11/18/2020	11/18/2020	12/18/2020				4,176.97	0.00	0.00	4,176.97
	TRANSFER NH insurance pymt deposited into mmc operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	36,268.61	0.00	0.00	36,268.61

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	36,268.61	0.00	0.00	36,268.61

Ck# 188280

11/19/2020
11:23

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12792	BETHANY SENIOR LIVING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111120		11/18/2020	11/11/2020	12/18/2020			8,355.47	0.00	0.00	8,355.47 ✓
	TRANSFER NH pymt deposited into mmc operating									
111320A		11/18/2020	11/13/2020	12/18/2020			10,520.99	0.00	0.00	10,520.99 ✓
	TRANSFER NH pymt deposited into mmc operating									
111320		11/18/2020	11/13/2020	12/18/2020			36,696.82	0.00	0.00	36,696.82 ✓
	TRANSFER NH pymt deposited into mmc operating									
111620A		11/18/2020	11/16/2020	12/18/2020			704.00	0.00	0.00	704.00 ✓
	TRANSFER NH pymt deposited into mmc operating									
111620		11/18/2020	11/16/2020	12/18/2020			210.42	0.00	0.00	210.42 ✓
	TRANSFER NH pymt deposited into mmc operating									
111820A		11/18/2020	11/18/2020	12/18/2020			7,723.48	0.00	0.00	7,723.48 ✓
	TRANSFER NH pymt deposited into mmc operating									
111820		11/18/2020	11/18/2020	12/18/2020			220.44	0.00	0.00	220.44 ✓
	TRANSFER NH pymt deposited into mmc operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR I	64,431.62	0.00	0.00	64,431.62

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	64,431.62	0.00	0.00	64,431.62

Ck#
188277

BANK--CHECK--				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	188219	11/25/20	586.52	ABILITY NETWORK (SHIFTHOUND)
A/P	188220	11/25/20	7,500.00	ADVANCED STERILIZATION PRODUCT
A/P	188221	11/25/20	3,513.96	AIRGAS USA, LLC - CENTRAL DIV
A/P	188222	11/25/20	1,338.49	ALCON LABORATORIES, INC.
A/P	188223	11/25/20	57.95	AQUA BEVERAGE COMPANY
A/P	188224	11/25/20	179.00	AQUA PURIFICATION INC.
A/P	188225	11/25/20	5,460.51	AUREUS RADIOLOGY LLC
A/P	188226	11/25/20	18,570.00	AYA HEALTHCARE INC
A/P	188227	11/25/20	1,376.57	BAXTER HEALTHCARE
A/P	188228	11/25/20	1,699.00	CERVEY, LLC
A/P	188229	11/25/20	35,000.00	COMMUNITY INFUSION SOLUTIONS
A/P	188230	11/25/20	146,604.57	DISCOVERY MEDICAL NETWORK INC
A/P	188231	11/25/20	1,030.00	DOWELL PEST CONTROL
A/P	188232	11/25/20	361.90	DOWNTOWN CLEANERS
A/P	188233	11/25/20	1,412.16	DURFOLD CORPORATION
A/P	188234	11/25/20	90.87	EMERGENCY MEDICAL PRODUCTS
A/P	188235	11/25/20	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	188236	11/25/20	157.24	ERBE USA INC SURGICAL SYSTEMS
A/P	188237	11/25/20	595.00	FASTHEALTH CORPORATION
A/P	188238	11/25/20	61.38	FISHER & PAYKEL HEALTHCARE
A/P	188239	11/25/20	.00	VOIDED
A/P	188240	11/25/20	3,222.80	FISHER HEALTHCARE
A/P	188241	11/25/20	3,231.94	FLDR DESIGNS LLC
A/P	188242	11/25/20	9,140.15	FRASIER HEALTHCARE CONSULTING,
A/P	188243	11/25/20	1,456.92	GRAINGER
A/P	188244	11/25/20	64.11	GULF COAST PAPER COMPANY
A/P	188245	11/25/20	25,929.40	HEALTHCARE FINANCIAL SERVICES
A/P	188246	11/25/20	723.36	HEB CREDIT RECEIVABLES DEPT308
A/P	188247	11/25/20	225.00	INJOY HEALTH EDUCATION
A/P	188248	11/25/20	82.56	LANGUAGE LINE SERVICES
A/P	188249	11/25/20	661.66	LOWE'S HOME CENTERS INC
A/P	188250	11/25/20	104.25	M.C. JOHNSON COMPANY INC
A/P	188251	11/25/20	178.45	MCKESSON MEDICAL SURGICAL INC
A/P	188252	11/25/20	71.26	MEDIMPACT HEALTHCARE SYS, INC.
A/P	188253	11/25/20	.00	VOIDED
A/P	188254	11/25/20	8,976.82	MEDLINE INDUSTRIES INC
A/P	188255	11/25/20	.00	VOIDED
A/P	188256	11/25/20	17,173.54	MORRIS & DICKSON CO, LLC
A/P	188257	11/25/20	181.80	MXR IMAGING, INC
A/P	188258	11/25/20	536.20	NACOGDOCHES TRANSCRIPTION
A/P	188259	11/25/20	289.51	OLYMPUS AMERICA INC
A/P	188260	11/25/20	187.50	PALACIOS BEACON
A/P	188261	11/25/20	1,100.00	PATRICK OCHOA
A/P	188262	11/25/20	2,940.36	PRO ENERGY PARTNERS LP
A/P	188263	11/25/20	1,627.69	QIAGEN INC
A/P	188264	11/25/20	1,926.35	REVCYCLE+, INC.
A/P	188265	11/25/20	5,371.57	SIEMENS FINANCIAL SERVICES
A/P	188266	11/25/20	.00	VOIDED
A/P	188267	11/25/20	14,719.50	SINGLETON ASSOCIATES PA
A/P	188268	11/25/20	2,441.69	SUN LIFE ASSURANCE COMPANY

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	188269	11/25/20	6,130.42	T-SYSTEM, INC
A/P	188270	11/25/20	10.99	TALX CORPORATION
A/P	188271	11/25/20	2,286.09	THE US CONSULTING GROUP
A/P	188272	11/25/20	1,564.08	THERACOM, LLC
A/P	188273	11/25/20	834.00	THYSSENKRUPP ELEVATOR CORP
A/P	188274	11/25/20	1,964.96	TRIZETTO PROVIDER SOLUTIONS
A/P	188275	11/25/20	3,008.09	UNIFIRST HOLDINGS
A/P	188276	11/25/20	312.00	WALLER,LANSDEN, DORTCH & DAVIS
A/P	188277	11/25/20	64,431.62	BETHANY SENIOR LIVING
A/P	188278	11/25/20	39,975.92	GOLDENCREEK HEALTHCARE
A/P	188279	11/25/20	42,070.59	GULF POINTE PLAZA
A/P	188280	11/25/20	36,268.61	TUSCANY VILLAGE
TOTALS:			567,079.38	

Payables 384,332.64 +
NH 39,975.92 +
42,070.59 +
Transfers 36,268.61 +
64,431.62 +
567,079.38 =

APPROVED ON
NOV 25 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
11/23/2020

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		57,327.47	57,146.04	112,447.79		-	112,629.22	112,447.79
						Bank Balance	112,629.22	
						Variance	-	
						Leave in Balance	100.00	
						QJPP 1 & 2		
						QJP 3, 4 & Lapse		
						October Interest	81.43	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	112,447.79	
Broadmoor		17,987.46	17,849.13	210,563.82		-	210,702.15	210,509.74
						Bank Balance	210,702.15	
						Variance	-	
						Leave in Balance	100.00	
						QJPP 1 & 2		
						QJPP 3,4 & Lapse		
						MMC Claim paymenet	54.08	
						October Interest	38.33	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	210,509.74	
Crescent		45,654.82	45,509.75	58,886.08		-	59,031.15	58,886.08
						Bank Balance	59,031.15	
						Variance	-	
						Leave in Balance	100.00	
						QJPP 1 & 2		
						QJPP 3, 4 & Lapse		
						October Interest	45.07	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	58,886.08	
Fort Bend		11,387.12	11,266.31	29,600.31		-	29,721.12	29,600.31
						Bank Balance	29,721.12	
						Variance	-	
						Leave in Balance	100.00	
						QJPP 1 & 2		
						QJPP 3, 4 & Lapse		
						October Interest	20.81	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	29,600.31	
Solera at W Houston		87,973.58	80,345.14	72,480.72			80,109.16	72,480.72
						Bank Balance	80,109.16	
						Variance	-	
						Leave in Balance	100.00	
						Takeback- owed to MMC	7,476.62	
						QJPP 3, 4 & Lapse		
						October Interest	51.82	
						November Interest	-	
						December Interest	-	
						-		
						Adjust Balance/Transfer Amt	72,480.72	

APPROVED
BY
NOV 23 2020
GILBERT ANDERSON
CALHOUN COUNTY, TEXAS

Deposit information for Crescent / Solera at West Hou

112,447.79 +
210,509.74 +
58,886.08 +
29,600.31 +
72,480.72 +
483,924.64 *

TOTAL TRANSFERS	483,924.64

Approved:

Note: Only balances of over $5,000 will be transferred to the nursing home.

J:\NH Weekly Transfers\NH UPL Transfer Summary\2020\November\NH UPL Transfer Summary 11-23-20.xlsx

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
11/16/2020	Amerigroup TXSC HCCLAIMPMT 3136742127 111000 TRN*1*3136742127*1752603231\	-	2,646.43					-	2,646.43
11/16/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011131310014O*1912008361*0000TEX01\	-	4,129.70					-	4,129.70
11/16/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011131400001 4*1912008361*0000TEX01\	-	46,878.53					-	46,878.53
11/16/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011121120021 3*1912008361*0000TEX01\	-	23,787.25					-	23,787.25
11/16/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011111250055 1*1912008361*0000TEX01\	-	987.15					-	987.15
11/16/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05G361881326436189*1746000156~	-	3,168.00					-	3,168.00
11/17/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011141450010 5*1912008361*0000TEX01\	-	9,548.65					-	9,548.65
11/17/2020	HUMANA CHA DISB HCCLAIMPMT 390860 4200001792 TRN*1*014840101869565*1611013183\	-	822.95					-	822.95
11/18/2020	Amerigroup TXSC HCCLAIMPMT 3136996858 111000 TRN*1*3136996858*1752603231\	-	103.84					-	103.84
11/18/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011151510043 8*1912008361*0000TEX01\	-	4,310.65					-	4,310.65
11/19/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	57,146.04	-					-	-
11/19/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011181530017 1*1912008361*0000TEX01\	-	0.10					-	0.10
11/19/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*202011181040126 8*1912008361*0000TEX01\	-	6,560.00					-	6,560.00
11/20/2020	Deposit	-	4,211.44					-	4,211.44
11/20/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011191070029 0*1912008361*0000TEX01\	-	653.24					-	653.24
11/20/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*202011191520049 8*1912008361*0000TEX01\	-	302.77					-	302.77
11/20/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000177 TRN*1*EFT6999805*1205296137*000004911\	-	1,356.34					-	1,356.34
11/20/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05G405051326436189*1746000156~	-	2,980.75					-	2,980.75
		-	-					-	-
		57,146.04	112,447.79	-	-	-	-	-	112,447.79

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
11/16/2020	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR70690970*1411289245*000087726\	-	20,640.00					-	20,640.00
11/17/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011141650070 6*1912008361*0000TEX01\	-	831.41					-	831.41
11/19/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	17,849.13	-					-	-
11/19/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011181190008 8*1912008361*0000TEX01\	-	6,967.37					-	6,967.37
11/19/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*202011181150036 0*1912008361*0000TEX01\	-	7,466.00					-	7,466.00
11/19/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1582555756*1362739571*000036273\	-	5,456.00					-	5,456.00
11/20/2020	Deposit	-	3,243.26					-	3,243.26
11/20/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011191070042 5*1912008361*0000TEX01\	-	2,543.97					-	2,543.97
11/20/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011191430025 5*1912008361*0000TEX01\	-	24,902.20					-	24,902.20
11/20/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000176 TRN*1*EFT5763651*1205296137*000004011\	-	138,513.61					-	138,513.61
		-	-					-	-
		17,849.13	210,563.82	-	-	-	-	-	210,563.82

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
11/16/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*202011114300945*1912008361*0000TEX01\	-	2,044.00					-	2,044.00
11/17/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0257054	-	35.00					-	35.00
11/17/2020	HUMANA INS CO HCCLAIMPMT 390864 830000584195 TRN*1*001290053688126*1391263473\	-	7,214.43					-	7,214.43
11/18/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0257089	-	7,312.50					-	7,312.50
11/19/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	45,509.75	-					-	-
11/20/2020	Deposit	-	15,578.06					-	15,578.06
11/20/2020	HUMANA INS CO HCCLAIMPMT 390864 830000590478 TRN*1*001290053723454*1391263473\	-	26,702.09					-	26,702.09
		-	-					-	-
		45,509.75	58,886.08	-	-	-	-	-	58,886.08

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
11/16/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*202011131010041 4*1912008361*0000TEX01\	-	1,270.00					-	1,270.00
11/16/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05G361951730577503*1746000156~	-	6,678.64						
11/17/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011141590045 4*1912008361*0000TEX01\	-	13,990.05						
11/18/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011151180007 7*1912008361*0000TEX01\	-	5,970.14						
11/19/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	11,266.31	-					-	-
11/20/2020	Deposit	-	1,691.48					-	1,691.48
								-	-
		11,266.31	29,600.31	-	-	-	-	-	2,961.48

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
11/16/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011131510043 2*1912008361*0000TEX01\	-	6,070.05					-	6,070.05
11/16/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011111180072 6*1912008361*0000TEX01\	-	4,697.16					-	4,697.16
11/17/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000169 TRN*1*EFT5758744*1205296137*000004011\	-	3,571.00					-	3,571.00
11/17/2020	HUMANA INS CO HCCLAIMPMT 390862 830000583329 TRN*1*001290053642649*1391263473\	-	4,037.28					-	4,037.28
11/18/2020	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0257084	-	4,387.50					-	4,387.50
11/18/2020	Amerigroup TXSC HCCLAIMPMT 3136996859 111000 TRN*1*3136996859*1752603231\	-	3.20					-	3.20
11/19/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	80,345.14	-					-	-
11/19/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*202011181640211 2*1912008361*0000TEX01\	-	14,290.00					-	14,290.00
11/19/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1582594044*1362739571*000036273\	-	8,624.00					-	8,624.00
11/20/2020	Deposit	-	3,223.70					-	3,223.70
11/20/2020	Amerigroup TXSC HCCLAIMPMT 3137184616 111000 TRN*1*3137184616*1752603231\	-	20.27					-	20.27
11/20/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011191070038 8*1912008361*0000TEX01\	-	18,009.62					-	18,009.62
11/20/2020	HUMANA INS CO HCCLAIMPMT 390862 830000590478 TRN*1*001290053723453*1391263473\	-	1,009.61					-	1,009.61
11/20/2020	HUMANA CHA DISB HCCLAIMPMT 390862 4200001692 TRN*1*014840101874742*1611013183\	-	44.14					-	44.14
11/20/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*05G405141497143259*1746000156~	-	2,557.19					-	2,557.19
11/20/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1582942850*1362739571*000036273\	-	1,936.00					-	1,936.00
								-	-
		80,345.14	72,480.72	-	-	-	-	-	72,480.72

TOTALS

212,116.37	483,978.72	-	-	-	-	-	457,339.89

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Nov 23, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$112,629.22	$149,961.24	$112,629.22	$103,124.6
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$210,702.15	$223,431.95	$210,702.15	$41,499.1
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$59,031.15	$268,345.14	$59,031.15	$16,751.0
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$29,721.12	$34,460.38	$29,721.12	$28,029.6
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$80,109.16	$94,648.41	$80,109.16	$53,308.6
[redacted]				

* indicate
Page generated on 11/23/2020

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
11/23/2020

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		63,311.49	60,577.09	38,734.40	-	-	41,468.80	38,734.40
						Bank Balance	41,468.80	
						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	38,734.40	

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 11/23/2020

NOV 23 2020

J:\NH Weekly Transfers\NH UPL Transfer Summary\2020\November\NH UPL Transfer Summary 11-23-20.xlsx

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
11/16/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000151 TRN*1*EFT5756839*1205296137*000004011\	-	2,425.31					-	2,425.31
11/19/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	60,577.09	-					-	-
11/19/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*0SG397041588075964*1746000156~	-	7,097.36					-	7,097.36
11/20/2020 Deposit	-	18,855.38					-	18,855.38
11/20/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 111820	-	7,376.00					-	7,376.00
11/20/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*0SG407071588075964*1746000156~	-	2,980.35					-	2,980.35
							-	-
	60,577.09	38,734.40	-	-	-	-	-	38,734.40

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Nov 23, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$41,468.80	$141,395.19	$41,468.80	$12,257.0
[redacted]				

* indicate
Page generated on 11/23/2020

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
11/23/2020

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		106.35	-	32,175.24		-		-	32,281.59	32,175.24
							Bank Balance		32,281.59	
							Variance		-	
							Leave in Balance		100.00	
							Pending QIPP 1 & 2			
							October Interest		6.35	
							November Interest		-	
							December Interest		-	
							Adjust Balance/Transfer Amt		32,175.24	

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		39,675.81	39,556.49	3,526.90		-		-	3,646.22	~~1,871.59~~
							Bank Balance		3,646.22	
							Variance		-	
							Leave in Balance		100.00	
							QIPP Payment Adjustments		1,655.31	
							October Interest		19.32	
							November Interest		-	
							December Interest		-	
							Adjust Balance/Transfer Amt		1,871.59	
							TOTAL TRANSFERS		1,871.59	

No Transfer

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 11/23/2020

APPROVED
BY

NOV 23 2020

PROSPER AMERICA
GALVESTON COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION
11/17/2020 HUMANA CHA DISB HCCLAIMPMT 624982 4200001791 TRN*1*014840101867162*1611013183\	-	32,175.24					-	32,175.24
		-					-	-
	-	32,175.24	-	-	-	-	-	32,175.24

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION
11/19/2020 WIRE OUT HMG SERVICES, LLC	39,556.49	-					-	-
11/20/2020 Deposit	-	3,526.90					-	3,526.90
							-	-
	39,556.49	3,526.90	-	-	-	-	-	3,526.90
	39,556.49	35,702.14	-	-	-	-	-	35,702.14

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Nov 23, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$3,646.22	$67,550.68	$3,646.22	$119.3
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$32,281.59	$32,281.59	$32,281.59	$32,281.5
[redacted]				

* indicate
Page generated on 11/23/2020

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
11/23/2020

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home		Test
Tuscany Senior Living		120,162.01	120,057.43	50,221.69	-	-	-	50,326.27	50,221.69	50,221.69	104.58

Bank Balance	50,326.27
Variance	-
Leave in Balance	100.00
QIPP 1 & 2	
QIPP 3, 4 & Lapse	
October Interest	4.58
November Interest	-
December Interest	-
Adjust Balance/Transfer Am	50,221.69

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 11/23/2020

APPROVED
BY
NOV 23 2020
TRUSTEE AUDITOR
GALVESTON 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
11/16/2020	NOVITAS SOLUTION HCCLAIMPMT 676201 420000151 TRN*1*E	-	17,262.48					-	17,262.48
11/19/2020	WIRE OUT LINBAR ENTERPRISES, LLC	120,057.43	-					-	-
11/20/2020	Deposit	-	32,959.21					-	32,959.21
		120,057.43	50,221.69	-	-	-	-	-	50,221.69

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Nov 23, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*3407 MMC -NH TUSCANY VILLAGE	$50,326.27	$50,326.27	$50,326.27	$17,367.(

* indicate
Page generated on 11/23/2020

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
11/23/2020

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		175,765.45	175,581.51	53,324.34		-	-	53,508.28	52,796.34
							Bank Balance	53,508.28	
							Variance	-	
							Leave in Balance	100.00	
							MMC Claim payment	528.00	
							October Interest	83.94	
							November Interest	-	
							December Interest	-	
							Adjust Balance/Transfer Amt	52,796.34	

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

Approved:
Jason Anglin, CEO 11/23/2020

APPROVED
BY
NOV 23 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
11/18/2020 Deposit	-	3,636.23					-	3,636.23
11/18/2020 Deposit	-	1,400.13					-	1,400.13
11/18/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000188 TF	-	10,665.46					-	10,665.46
11/19/2020 WIRE OUT BETHANY SENIOR LIVING, LTD	175,581.51	-					-	-
11/20/2020 Deposit	-	34,627.38					-	34,627.38
11/20/2020 Deposit	-	2,995.14					-	2,995.14
							-	-
	175,581.51	**53,324.34**	-	-	-	-	-	**53,324.34**

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Nov 23, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*5506 MMC -NH BETHANY SENIOR LIVING	$53,508.28	$327,558.43	$53,508.28	$15,885.7
[redacted]				

* indicate
Page generated on 11/23/2020

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC OPERATING

Date Requested: 11/23/2020

APPROVED
GCI

NOV 23 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 000074

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

AMOUNT: $54.08

G/L NUMBER: 10255040

EXPLANATION: MMC CLAIM PAYMENTS – Broadmoor

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY:

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000074	11/25/20	54.08	MMC OPERATING Broadmoor
TOTALS:			54.08	

APPROVED
GH

NOV 25 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: MMC OPERATING

Date Requested: 11/23/2020

APPROVED
BY
NOV 23 2020
GREGG ANDREWS
CALHOUN COUNTY, TEXAS

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

CK # 00910

AMOUNT: $1,655.31

G/L NUMBER: 10255040

EXPLANATION: QIPP PAYMENT ADJUSTMENTS – GULF POINTE

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY:

Caitlin Clevenger

From: Caitlin Clevenger
Sent: Tuesday, November 10, 2020 9:42 AM
To: 'Yvonne Kirsch'
Subject: RE: HMG Deposit

Yes, sorry, I will withhold the difference and I will be paying our operating account back with a check, Golden Creek received their correct portion. Thanks!

Respectfully,
Caitlin Clevenger
Memorial Medical Center
Accountant
815 N Virginia. St
Port Lavaca, TX 77979
Ph: 361.552.0272 Fax: 361.551.4504

From: Yvonne Kirsch [mailto:Yvonne.Kirsch@healthmarkgroup.com]
Sent: Tuesday, November 10, 2020 8:26 AM
To: Caitlin Clevenger <cclevenger@mmcportlavaca.com>; James Oswalt <James.Oswalt@healthmarkgroup.com>
Cc: Sara Wright <Sara.Wright@healthmarkgroup.com>; Bill Dohn <Bill.Dohn@healthmarkgroup.com>; Shannin DeLong <Shannin.DeLong@healthmarkgroup.com>
Subject: RE: HMG Deposit

Do you mean withhold the difference? $1655.31? withhold from HMG Transfer, write check to MMC.

Yvonne Kirsch
Cash Manager
HMG HEALTHCARE, LLC
1780 Hughes Landing Boulevard, Suite 500
The Woodlands Texas 77380
281-419-5520 x 185

From: Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Sent: Tuesday, November 10, 2020 8:10 AM
To: James Oswalt <James.Oswalt@healthmarkgroup.com>
Cc: Sara Wright <Sara.Wright@healthmarkgroup.com>; Bill Dohn <Bill.Dohn@healthmarkgroup.com>; Yvonne Kirsch <Yvonne.Kirsch@healthmarkgroup.com>; Shannin DeLong <Shannin.DeLong@healthmarkgroup.com>
Subject: RE: HMG Deposit

James,

I can withhold the $4,458.25 from the next transfer and I will write a check to Golden Creek from the Gulf Pointe account. Sorry for the mistake!

Respectfully,
Caitlin Clevenger
Memorial Medical Center
Accountant
815 N Virginia. St
Port Lavaca, TX 77979
Ph: 361.552.0272 Fax: 361.551.4504

From: James Oswalt [mailto:James.Oswalt@healthmarkgroup.com]
Sent: Monday, November 09, 2020 4:53 PM
To: Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Cc: Sara Wright <Sara.Wright@healthmarkgroup.com>; Bill Dohn <Bill.Dohn@healthmarkgroup.com>; Yvonne Kirsch <Yvonne.Kirsch@healthmarkgroup.com>; Shannin DeLong <Shannin.DeLong@healthmarkgroup.com>
Subject: RE: HMG Deposit

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.**

Hello Caitlin,

It appears that you sent us the wrong amount for the second UHC payment.

For the NH Portion, instead of sending us **$2802.94** for Gulf Pointe Plaza you sent us the **$4458.25** for Golden Creek.

How would you like us to proceed?

Best,

James Oswalt
Banking Associate
HMG HEALTHCARE, LLC
1780 Hughes Landing Boulevard, Suite 500
The Woodlands Texas 77380

From: Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Sent: Monday, November 9, 2020 4:03 PM
To: Sara Wright <Sara.Wright@healthmarkgroup.com>; Bill Dohn <Bill.Dohn@healthmarkgroup.com>; James Oswalt <James.Oswalt@healthmarkgroup.com>; Yvonne Kirsch <Yvonne.Kirsch@healthmarkgroup.com>; Shannin DeLong <Shannin.DeLong@healthmarkgroup.com>
Subject: HMG Deposit

Good afternoon,

Please see attached deposit support for deposit made on 11.5.20. Please let me know if you have any questions. Thanks!

Respectfully,
Caitlin Clevenger

Memorial Medical Center
Accountant
815 N Virginia. St
Port Lavaca, TX 77979
Ph: 361.552.0272 Fax: 361.551.4504

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
GPM	000010	11/25/20	1,655.31	MMC OPERATING
TOTALS:			1,655.31	

Gulf Pointe

APPROVED
GH

NOV 25 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC OPERATING

Date Requested: 11/23/2020

APPROVED
CST
NOV 23 2020
COUNTY AUDITOR
CARROLL COUNTY, TEXAS
Ck #001002

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

AMOUNT: $528

G/L NUMBER: 10255040

EXPLANATION: MMC CLAIM PAYMENTS – Bethany

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY:

Caitlin Clevenger

From: Tatum Gordon <tgordon@bethany-living.com>
Sent: Wednesday, November 18, 2020 1:47 PM
To: Caitlin Clevenger; Aphton Taylor
Subject: RE: deposit support 11.13.20
Attachments: DP 282 MMC WIRE $2,992.00.pdf

Caitlin, withhold from [redacted] Bethany's write chc back to mmc

The $528 wire transfer for Curnutt was already transferred on the last wire. The 2 insurance check #'s match.

From: Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Sent: Tuesday, November 17, 2020 10:18 AM
To: Aphton Taylor <ataylor@hslfamily.net>; Tatum Gordon <tgordon@bethany-living.com>
Subject: deposit support 11.13.20

Good morning,

Please see attached deposit support for 11.13.20. Please let me know if you have any questions. Thanks!

Respectfully,
Caitlin Clevenger
Memorial Medical Center
Accountant
815 N Virginia. St
Port Lavaca, TX 77979
Ph: 361.552.0272 Fax: 361.551.4504

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
BSL	001002	11/25/20	528.00	MMC OPERATING
TOTALS:			528.00	

Bethany

APPROVED
ON

NOV 25 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **11/23/2020**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP PYMT ADJ	MMC CLAIM PYMT			TOTAL		Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001		-	-			-		11/23/2020
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	-	54.08			54.08		11/23/2020
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001		-	-			-		11/23/2020
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001		-	-			-		11/23/2020
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001		-	-			-		11/23/2020
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001		-	-			-		11/23/2020
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001		-	-			-		11/23/2020
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001	10255040	1,655.31	-			1,655.31		11/23/2020
Bethany			MMC -Prosperity Operating #10000001	10255040	-	528.00			528.00		11/23/2020
Tuscany			MMC -Prosperity Operating #10000001		-				-		11/23/2020
				Total:	1,655.31	54.08	-	-	2,237.39		
	Note:										

528.00 +
1,655.31 +
54.08 +
2,237.39

Approved:
Jason Anglin, CEO 11/23/2020

MEMORIAL MEDICAL CENTER
NH GULF POINTE PLAZA - MEDICARE/MEDICAID
815 N VIRGINIA ST
PORT LAVACA, TX 77979

87SS

No. 10

88-2265
1131

11/25/20

PAY TO THE ORDER OF MMC prosperity operating $ 1,655.31

One thousand Six Hundred fifty five and 31/100 DOLLARS

PROSPERITY BANK

QIPP Pymt Ads

County Auditor

County Treasurer

MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING
PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1002

88-2265/1131-87

DATE 11/25/20

CHECK ARMO

PAY TO THE ORDER OF MMC prosperity operating $ 528.00

Five Hundred Twenty eight DOLLARS

Photo Safe Deposit

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

FOR MMC claim payment.

County Auditor

MP

County Treasurer

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

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

M

000074

88-2265/1131

Date 11/25/20

PAY
TO THE ORDER OF MMC Prosperity Operating $ 54.08

Fifty Four dollars & 08/100 **DOLLARS**

PROSPERITY BANK

FOR MMC claim payment.

County Auditor

MP

County Treasurer

Included. Details on back.