MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 02, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 379,564.66
TOTAL TRANSFERS BETWEEN FUNDS	$ 38,839.28
TOTAL NURSING HOME UPL EXPENSES	$ 1,840,193.75
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED December 02, 2020	$ 2,258,597.69

APPROVED

DEC 0 2 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 02, 2020

PAYABLES AND PAYROLL

11/25/2020	Weekly Payables	374,583.00	
11/30/2020	McKesson-340B Prescription Expense	2,489.06	
11/30/2020	Amerisource Bergen-340B Prescription Expense	1,465.15	
11/30/2020	Payroll Liabilities for supplemental payroll-Payroll Taxes	104.06	
11/30/2020	Supplemental Payroll	383.09	
	Prosperity Electronic Bank Payments		
11/24/2020	Cleargage-Patient Financing Service	102.90	
11/23-11/27/20	Pay Plus-Patient Claims Processing Fee	134.59	
11/27/2020	ExpertPay- child support	302.81	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 379,564.66**

TRANSFER BETWEEN FUNDS-NURSING HOMES

11/25/2020	MMC Operating to Ashford- NH portion of QIPP payment deposited into MMC Operating	4,370.00	
11/25/2020	MMC Operating to Solera-NH portion of QIPP payment and insurance payments deposited into MMC Operating	1,701.45	
11/25/2020	MMC Operating to Fortbend-NH portion of QIPP payment deposited into MMC Operating	1,755.18	
11/25/2020	MMC Operating to Broadmoor-correction of NH insurance payment and QIPP payments deposited into MMC Operating	1,808.91	
11/25/2020	MMC Operating to The Crescent-correction of NH portion of QIPP payment deposited into MMC Operating	1,450.71	
11/25/2020	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	2,556.72	
11/25/2020	MMC Operating to Gulf Pointe Plaza -correction of NH QIPP payment deposited into MMC Operating	7,561.96	
11/25/2020	MMC Operating to Gulf Pointe Plaza-NH portion of QIPP payment deposited into MMC Operating	1,511.52	
11/25/2020	MMC Operating to Tuscany Village-correction of NH insurance payment and NH portion of QIPP payment deposited into MMC Operating	16,122.83	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 38,839.28**

NURSING HOME UPL EXPENSES

11/30/2020	Nursing Home UPL-Cantex Transfer	767,371.97	
11/30/2020	Nursing Home UPL-Nexion Transfer	142,398.61	
11/30/2020	Nursing Home UPL-HMG Transfer	214,584.77	
11/30/2020	Nursing Home UPL-Tuscany Transfer	111,245.79	
11/30/2020	Nursing Home UPL-HSL Transfer	393,974.73	

QIPP/INTEREST/RECOUP CHECKS TO MMC

11/30/2020	Ashford	50,844.96	
11/30/2020	Broadmoor	21,048.73	
11/30/2020	Crescent	16,899.90	
11/30/2020	Fort Bend	20,537.50	
11/30/2020	Solera	19,923.13	
11/30/2020	Golden Creek	32,381.25	
11/30/2020	Gulf Pointe	19,154.00	
11/30/2020	Tuscany	29,828.41	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,840,193.75**

TOTAL INTER-GOVERNMENT TRANSFERS **$ -**

GRAND TOTAL DISBURSEMENTS APPROVED December 02, 2020 **$ 2,258,597.69**

11/25/2020
10:40

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/16/2020

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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
092420		11/24/2020	09/24/2020	09/24/2020			1,734.75	0.00	0.00	1,734.75

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE	1,734.75	0.00	0.00	1,734.75

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
994150701	INVENTORY (40) RDV 100 - COVID	11/23/2020	08/19/2020	08/25/2020			20,800.00	0.00	0.00	20,800.00
994134555	INVENTORY (40) RDV 100 - COVID	11/23/2020	08/27/2020	09/02/2020			20,800.00	0.00	0.00	20,800.00
802633323	INTEREST	11/23/2020	09/15/2020	09/21/2020			88.54	0.00	0.00	88.54
802645320	INTEREST	11/23/2020	09/30/2020	10/06/2020			293.12	0.00	0.00	293.12
802655288	INTEREST	11/23/2020	10/15/2020	10/21/2020			293.12	0.00	0.00	293.12
330691279	CREDIT	11/23/2020	10/17/2020	10/23/2020			-108.89	0.00	0.00	-108.89
802668400	INTEREST	11/23/2020	10/31/2020	11/06/2020			312.65	0.00	0.00	312.65
994415861	INTEREST	11/23/2020	11/10/2020	11/16/2020			123.12	0.00	0.00	123.12
802686303	INTEREST	11/23/2020	11/15/2020	11/21/2020			293.12	0.00	0.00	293.12

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBEF	42,894.78	0.00	0.00	42,894.78

Vendor#	Vendor Name	Class	Pay Code
A2600	AUTO PARTS & MACHINE CO.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
942934	BELT	11/24/2020	11/16/2020	12/01/2020			56.76	0.00	0.00	56.76

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MA	56.76	0.00	0.00	56.76

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
840512	STAFFING SURGERY	11/17/2020	11/12/2020	12/12/2020			1,978.75	0.00	0.00	1,978.75

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11756	AYA HEALTHCARE	1,978.75	0.00	0.00	1,978.75

Vendor#	Vendor Name	Class	Pay Code
B1220	BECKMAN COULTER INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
108671233	SUPPLIES	11/24/2020	10/07/2020	11/01/2020			44.66	0.00	0.00	44.66
108671343	SUPPLIES	11/24/2020	10/07/2020	11/01/2020			60.63	0.00	0.00	60.63
5430765	MAINT CONTRACT	11/24/2020	10/13/2020	11/07/2020			5,016.58	0.00	0.00	5,016.58
108683115	SUPPLIES	11/24/2020	10/13/2020	11/07/2020			509.07	0.00	0.00	509.07
7281363	SUPPLIES	11/24/2020	10/15/2020	11/09/2020			6,884.36	0.00	0.00	6,884.36

108686546	11/24/2020	10/15/2020	11/09/2020		1,288.45	0.00	0.00	1,288.45
MAINT CONTRACT								
108690013	11/24/2020	10/19/2020	11/13/2020		1,062.14	0.00	0.00	1,062.14
SUPPLIES								
108697978	11/24/2020	10/21/2020	11/15/2020		396.89	0.00	0.00	396.89
SUPPLIES								
108706903	11/24/2020	10/27/2020	11/21/2020		710.83	0.00	0.00	710.83
SUPPLIES								
5431587	11/24/2020	10/30/2020	11/24/2020		3,507.27	0.00	0.00	3,507.27
MAINT CONTRACT								
108717946	11/24/2020	11/01/2020	11/26/2020		1,544.98	0.00	0.00	1,544.98
108721643								
~~57373077~~	11/24/2020	11/01/2020	11/26/2020		708.00	0.00	0.00	708.00
SUPPLIES								
108718264	11/24/2020	11/02/2020	11/27/2020		5,355.58	0.00	0.00	5,355.58
SUPPLIES								
108717963	11/24/2020	11/02/2020	11/27/2020		8,301.92	0.00	0.00	8,301.92
SUPPLIES								
108720712	11/24/2020	11/03/2020	11/28/2020		184.28	0.00	0.00	184.28
SUPPLIES								
7282481	11/24/2020	11/03/2020	11/28/2020		7,231.89	0.00	0.00	7,231.89
SUPPLIES								
108722997	11/24/2020	11/04/2020	11/29/2020		33.12	0.00	0.00	33.12
SUPPLIES								
108724115	11/24/2020	11/04/2020	11/29/2020		165.60	0.00	0.00	165.60
SUPPLIES								
108723590	11/24/2020	11/04/2020	11/29/2020		2,084.46	0.00	0.00	2,084.46
SUPPLIES								
5431911	11/24/2020	11/05/2020	11/30/2020		6,249.42	0.00	0.00	6,249.42
MAINT CONTRACT								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTE	51,340.13		0.00	0.00	51,340.13

Vendor#	Vendor Name	Class	Pay Code
11072	BIO-RAD LABORATORIES, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
904441253		11/24/2020	11/04/2020	12/04/2020			684.36	0.00	0.00	684.36
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORAT	684.36		0.00	0.00	684.36

Vendor#	Vendor Name	Class	Pay Code
12324	BLUE CROSS BLUE SHIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101620		11/23/2020	10/16/2020	11/01/2020			163,617.73	0.00	0.00	163,617.73
INSURANCE										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12324	BLUE CROSS BLUE	163,617.73		0.00	0.00	163,617.73

Vendor#	Vendor Name	Class	Pay Code
B1650	BOSART LOCK & KEY INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120921		11/24/2020	11/09/2020	12/09/2020			36.50	0.00	0.00	36.50
MASTER KEYS										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KI	36.50		0.00	0.00	36.50

Vendor#	Vendor Name	Class	Pay Code
C0400	C-D ELECTRIC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
53939		11/24/2020	11/16/2020	12/11/2020			460.00	0.00	0.00	460.00
PRELACE BEARINGS										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C0400	C-D ELECTRIC	460.00		0.00	0.00	460.00

Vendor#	Vendor Name	Class	Pay Code

10368 DEWITT POTH & SON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6247170		11/24/2020	11/09/2020	12/04/2020			152.61	0.00	0.00	152.61
	SUPPLIES									
6247400		11/24/2020	11/09/2020	12/04/2020			52.45	0.00	0.00	52.45
	SUPPLIES									
6247000		11/24/2020	11/09/2020	12/04/2020			17.64	0.00	0.00	17.64
	SUPPLIES									
6247670		11/24/2020	11/09/2020	12/04/2020			56.24	0.00	0.00	56.24
	SUPPLIES									
6243510		11/24/2020	11/10/2020	12/05/2020			276.00	0.00	0.00	276.00
	SUPPLIES									
6248490		11/24/2020	11/10/2020	12/05/2020			641.12	0.00	0.00	641.12
	SUPPLIES									
6250300		11/24/2020	11/11/2020	12/06/2020			48.43	0.00	0.00	48.43
	SUPPLIES									
6249920		11/24/2020	11/12/2020	12/07/2020			138.00	0.00	0.00	138.00
	SUPPLIES									
6253650		11/24/2020	11/13/2020	12/08/2020			113.80	0.00	0.00	113.80
	SUPPLIES									
6254750		11/24/2020	11/16/2020	12/11/2020			47.98	0.00	0.00	47.98
	SUPPLIES									
6254460		11/24/2020	11/16/2020	12/11/2020			230.53	0.00	0.00	230.53
	SUPPLIES									
6258130		11/24/2020	11/18/2020	12/13/2020			667.60	0.00	0.00	667.60
	SUPPLIES									
6257210		11/24/2020	11/18/2020	12/13/2020			217.67	0.00	0.00	217.67
	SUPPLIES									
6258470		11/24/2020	11/20/2020	12/15/2020			198.16	0.00	0.00	198.16
	SUPPLEIS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SC	2,858.23	0.00	0.00	2,858.23

Vendor# C2510 Vendor Name EVIDENT Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A2011041378		11/24/2020	11/04/2020	11/29/2020			17,324.00	0.00	0.00	17,324.00
	SUPPORT/MONTH SUBS									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
717329483		11/24/2020	11/05/2020	11/30/2020			32.87	0.00	0.00	32.87
	SHIPPING									
717960670		11/24/2020	11/12/2020	12/07/2020			29.99	0.00	0.00	29.99
	SHIPPING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS	62.86	0.00	0.00	62.86

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
2531391		11/18/2020	11/03/2020	11/28/2020			6,240.00	0.00	0.00	6,240.00
	SUPPLIES									
2653250		11/18/2020	11/05/2020	11/30/2020			1,626.87	0.00	0.00	1,626.87
	SUPPLIES									
2120749		11/24/2020	10/28/2020	11/22/2020			42.72	0.00	0.00	42.72
	SUPPLIES									
2531392A		11/24/2020	11/03/2020	11/28/2020			1,061.36	0.00	0.00	1,061.36
	SUPPLIES									
2653251		11/24/2020	11/05/2020	11/30/2020			83.93	0.00	0.00	83.93
	SUPPLIES									

2653252	11/24/2020	11/05/2020	11/30/2020			81.00	0.00	0.00	81.00
	SUPPLIES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCA	9,135.88		0.00	0.00	9,135.88

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110220		11/24/2020	11/02/2020	11/27/2020			1,166.24	0.00	0.00	1,166.24

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11183	FRONTIER	1,166.24		0.00	0.00	1,166.24

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
6991434224		11/17/2020	11/02/2020	12/10/2020			68.28	0.00	0.00	68.28
	SUPPLIES									
6950026639		11/18/2020	06/23/2019	12/10/2020			-130.81	0.00	0.00	-130.81
	CREDIT									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G1001	GETINGE USA	-62.53		0.00	0.00	-62.53

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
1955049		11/11/2020	11/11/2020	12/11/2020			384.90	0.00	0.00	384.90
	SUPPLIES									
1959520		11/24/2020	11/10/2020	12/10/2020			684.91	0.00	0.00	684.91
	SUPPLIES									
1959511		11/24/2020	11/10/2020	12/10/2020			52.12	0.00	0.00	52.12
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPE	1,121.93		0.00	0.00	1,121.93

Vendor#	Vendor Name	Class	Pay Code
H1227	HEALTHSURE INSURANCE SERVI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1772		11/25/2020	11/24/2020	12/01/2020			400.00	0.00	0.00	400.00
	BETHANY SL BOND EFF 12/1/20									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	H1227	HEALTHSURE INSU	400.00		0.00	0.00	400.00

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC112020		11/24/2020	11/17/2020	12/07/2020			24,586.35	0.00	0.00	24,586.35
	RESP SERVICES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES IN	24,586.35		0.00	0.00	24,586.35

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
923565246		11/24/2020	10/28/2020	11/27/2020			1,070.22	0.00	0.00	1,070.22
	INVENTORY									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE	1,070.22		0.00	0.00	1,070.22

Vendor#	Vendor Name	Class	Pay Code
L0700	LABCORP OF AMERICA HOLDINGS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
67393050		11/24/2020	10/31/2020	11/25/2020			30.00	0.00	0.00	30.00
	SUPPLIES									
67564749		11/24/2020	10/31/2020	11/25/2020			79.25	0.00	0.00	79.25
	SUPPLIES									
67617731		11/24/2020	11/15/2020	12/10/2020			135.17	0.00	0.00	135.17

Vendor Totals: Number L0700 Name LABCORP OF AMEF

Gross	Discount	No-Pay	Net
244.42	0.00	0.00	244.42

Vendor# 11600 Vendor Name LEGAL SHIELD

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111520		11/23/2020	11/15/2020	11/15/2020			744.65	0.00	0.00	744.65
	PAYROLL DED									

Vendor Totals: Number 11600 Name LEGAL SHIELD

Gross	Discount	No-Pay	Net
744.65	0.00	0.00	744.65

Vendor# 10972 Vendor Name M G TRUST

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112320		11/23/2020	11/23/2020	11/23/2020			790.86	0.00	0.00	790.86
	PAYROLL DEDUCT									

Vendor Totals: Number 10972 Name M G TRUST

Gross	Discount	No-Pay	Net
790.86	0.00	0.00	790.86

Vendor# 10963 Vendor Name MEMORIAL MEDICAL CLINIC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112320		11/23/2020	11/23/2020	11/23/2020			236.00	0.00	0.00	236.00
	PAYROLL DED									

Vendor Totals: Number 10963 Name MEMORIAL MEDICA

Gross	Discount	No-Pay	Net
236.00	0.00	0.00	236.00

Vendor# M2621 Vendor Name MMC AUXILIARY GIFT SHOP

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111920		11/23/2020	11/19/2020	11/19/2020			245.19	0.00	0.00	245.19
	PAYROLL DED									

Vendor Totals: Number M2621 Name MMC AUXILIARY GI

Gross	Discount	No-Pay	Net
245.19	0.00	0.00	245.19

Vendor# 10536 Vendor Name MORRIS & DICKSON CO, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6291439		11/23/2020	11/16/2020	11/26/2020			1,301.43	0.00	0.00	1,301.43
	INVENTORY									
6291438		11/23/2020	11/16/2020	11/26/2020			3,325.14	0.00	0.00	3,325.14
	INVENTORY									
6291440		11/23/2020	11/16/2020	11/26/2020			4.33	0.00	0.00	4.33
	INVENTORY									
0334		11/23/2020	11/17/2020	11/27/2020			-4.99	0.00	0.00	-4.99
	CREDIT									
0122		11/23/2020	11/17/2020	11/27/2020			-0.07	0.00	0.00	-0.07
	INVENTORY									
0236		11/23/2020	11/17/2020	11/27/2020			-4.99	0.00	0.00	-4.99
	CREDIT									
0906		11/23/2020	11/18/2020	11/28/2020			-0.04	0.00	0.00	-0.04
	CREDIT									
1121		11/23/2020	11/18/2020	11/28/2020			-0.01	0.00	0.00	-0.01
	CREDIT									
6301708		11/23/2020	11/18/2020	11/28/2020			45.94	0.00	0.00	45.94
	INVENTORY									
6301709		11/23/2020	11/18/2020	11/28/2020			167.32	0.00	0.00	167.32
	INVENTORY									
6307241		11/23/2020	11/19/2020	11/29/2020			1,459.66	0.00	0.00	1,459.66
	INVENTORY									
6307238		11/23/2020	11/19/2020	11/29/2020			0.10	0.00	0.00	0.10
	INVENTORY									
6307239		11/23/2020	11/19/2020	11/29/2020			1,095.58	0.00	0.00	1,095.58
	INVENTORY									
6313354		11/23/2020	11/22/2020	12/02/2020			229.69	0.00	0.00	229.69
	INVENTORY									

6311216	11/23/2020	11/22/2020	12/02/2020		2,172.22	0.00	0.00	2,172.22
INVENTORY								
6313356	11/23/2020	11/22/2020	12/02/2020		120.27	0.00	0.00	120.27
INVENTORY								
6313355	11/23/2020	11/22/2020	12/02/2020		278.69	0.00	0.00	278.69
INVENTORY								
6314897	11/24/2020	11/23/2020	12/03/2020		36.27	0.00	0.00	36.27
INVENTORY								
63170102	11/24/2020	11/23/2020	12/03/2020		850.48	0.00	0.00	850.48
INVENTORY								
6314898	11/24/2020	11/23/2020	12/03/2020		424.84	0.00	0.00	424.84
INVENTORY								
6317514	11/24/2020	11/23/2020	12/03/2020		20.27	0.00	0.00	20.27
INVENTORY								
6317515	11/24/2020	11/23/2020	12/03/2020		12.99	0.00	0.00	12.99
INVENTORY								
6314899	11/24/2020	11/23/2020	12/03/2020		216.16	0.00	0.00	216.16
INVENTORY								
6317512	11/24/2020	11/23/2020	12/03/2020		163.77	0.00	0.00	163.77
INVENTORY								
6307240A	11/25/2020	11/19/2020	11/29/2020		3,860.23	0.00	0.00	3,860.23
INVENTORY								
6317513	11/25/2020	11/23/2020	12/03/2020		222.97	0.00	0.00	222.97
INVENTORY								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSOI	15,998.25	0.00	0.00	15,998.25

Vendor#	Vendor Name	Class	Pay Code
10188	NATUS MEDICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1041069176	11/24/2020	11/18/2020	12/13/2020				504.70	0.00	0.00	504.70
SUPPLIES										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10188	NATUS MEDICAL IN	504.70	0.00	0.00	504.70

Vendor#	Vendor Name	Class	Pay Code
11069	PABLO GARZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112420	11/24/2020	11/24/2020	11/24/2020				2,583.75	0.00	0.00	2,583.75
CONTRACT EMPLOYEE (11/10 - 11/23/20)										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	2,583.75	0.00	0.00	2,583.75

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
915244226	09/29/2020	09/14/2020	12/13/2020				511.03	0.00	0.00	511.03
INVENTORY										
915894868	11/24/2020	11/04/2020	01/01/2020				3,066.20	0.00	0.00	3,066.20
INVENTORY										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR I	3,577.23	0.00	0.00	3,577.23

Vendor#	Vendor Name	Class	Pay Code
S2270	SMILE MAKERS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8882451	11/24/2020	11/09/2020	12/04/2020				37.95	0.00	0.00	37.95
SUPPLIES										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2270	SMILE MAKERS	37.95	0.00	0.00	37.95

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
I07009820	11/24/2020	11/15/2020	12/10/2020				4,503.00	0.00	0.00	4,503.00
BLOOD										

CM3365	11/24/2020	11/15/2020	12/10/2020			-1,659.00	0.00	0.00	-1,659.00
CREDIT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLO	2,844.00	0.00	0.00	2,844.00

Vendor# 12476 — Vendor Name: SUN LIFE FINANCIAL — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102320	11/24/2020	10/23/2020	11/10/2020				10,562.76	0.00	0.00	10,562.76
INSURANCE										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12476	SUN LIFE FINANCIA	10,562.76	0.00	0.00	10,562.76

Vendor# U1054 — Vendor Name: UNIFIRST HOLDINGS — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400347793	11/18/2020	11/16/2020	12/11/2020				62.75	0.00	0.00	62.75
LAUNDRY										
8400347816	11/18/2020	11/16/2020	12/11/2020				1,477.18	0.00	0.00	1,477.18
LAUNDRY										
8400347792	11/18/2020	11/16/2020	12/11/2020				45.15	0.00	0.00	45.15
LAUNDRY										
8400347612	11/24/2020	11/12/2020	12/07/2020				174.29	0.00	0.00	174.29
LAUNDRY										
8400348173	11/24/2020	11/19/2020	12/14/2020				137.84	0.00	0.00	137.84
LAUNDRY										
8400348174	11/24/2020	11/19/2020	12/14/2020				184.48	0.00	0.00	184.48
LAUNDRY										
8400348185	11/24/2020	11/19/2020	12/14/2020				83.21	0.00	0.00	83.21
LAUNDRY										
8400348172	11/24/2020	11/19/2020	12/14/2020				159.40	0.00	0.00	159.40
LAUNDRY										
8400348204	11/24/2020	11/19/2020	12/14/2020				1,278.69	0.00	0.00	1,278.69
LAUNDRY										
8400348171	11/24/2020	11/19/2020	12/14/2020				121.55	0.00	0.00	121.55
LAUNDRY										
8400348169	11/24/2020	11/19/2020	12/14/2020				22.57	0.00	0.00	22.57
LAUNDRY										
8400348222	11/24/2020	11/19/2020	12/14/2020				117.69	0.00	0.00	117.69
LAUNDRY										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDING	3,864.80	0.00	0.00	3,864.80

Vendor# U1056 — Vendor Name: UNIFORM ADVANTAGE — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11867088	11/24/2020	11/20/2020	12/05/2020				153.94	0.00	0.00	153.94
UNIFORMS MARIA LONGORIA										
11867089	11/24/2020	11/20/2020	12/05/2020				69.46	0.00	0.00	69.46
UNIFORM CATHERINE DECILOS										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANT/	223.40	0.00	0.00	223.40

Vendor# U2000 — Vendor Name: US POSTAL SERVICE — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112020	11/24/2020	11/20/2020	11/20/2020				2,200.00	0.00	0.00	2,200.00
POSTAGE										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVIC	2,200.00	0.00	0.00	2,200.00

Vendor# 12208 — Vendor Name: WAGEWORKS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV2409386	11/24/2020	11/16/2020	12/16/2020				674.75	0.00	0.00	674.75
ADMIN/COMPLIANCE FEE										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12208	WAGEWORKS	674.75		0.00	0.00	674.75

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112320	PAYROLL DED	11/23/2020	11/23/2020	11/23/2020			4,206.37	0.00	0.00	4,206.37

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10793	WAGEWORKS, INC.	4,206.37		0.00	0.00	4,206.37

Vendor# W1040 — Vendor Name: WATERMARK GRAPHICS INC — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
130812	SHIRTS	11/24/2020	10/21/2020	11/20/2020			2,844.50	0.00	0.00	2,844.50

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	W1040	WATERMARK GRAF	2,844.50		0.00	0.00	2,844.50

Vendor# I1110 — Vendor Name: WERFEN USA LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9110900288	MAINT CONTRACT	11/24/2020	11/16/2020	12/11/2020			1,571.67	0.00	0.00	1,571.67

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,571.67		0.00	0.00	1,571.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	374,422.19	0.00	0.00	374,422.19

pg 5 correction { <744.65> / +774.65 }

$374,452.19

pg 4 correction +130.81

$374,583.00

374,422.19 +
744.65 −
774.65 +
130.81 +
374,583.00 *

APPROVED BY

NOV 25 2020

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Ck# 188281 – 188321

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/27/2020

DC: 8115

Territory:

Customer: 632536
Date: 11/28/2020

Page: 002

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

As of: 11/27/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 11/28/2020 **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: 2,539.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 12/01/2020, Pay This Amount: 2,489.06 USD

If Paid After 12/01/2020, Pay this Amount: 2,539.87 USD

Due If Paid On Time:
USD 2,489.06

Disc lost if paid late: 50.81

Due If Paid Late:
USD 2,539.87

O.C

486.18 +
1,517.88 +
4.95 +
473.17 +
6.88 +
2,489.06 *

CK # 500156

APPROVED ON
NOV 30 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/27/2020

DC: 8115

Territory: 400

Customer: 835438
Date: 11/28/2020

Page: 001

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

As of: 11/27/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 11/28/2020 **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											
11/26/2020	12/01/2020	7238105291	966217	115Invoice	9.92	496.10		486.18	✓	7238105291	

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: 496.10 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,528.92
11/23/2020

If Paid By 12/01/2020, Pay This Amount: 486.18 USD

If Paid After 12/01/2020, Pay this Amount: 496.10 USD

Due If Paid On Time:
USD 486.18
Disc lost if paid late: 9.92
Due If Paid Late:
USD 496.10

APPROVED ON
NOV 30 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 11/27/2020

Page: 001

DC: 8115

Territory: 400

Customer: 464450
Date: 11/28/2020

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: 11/27/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 11/28/2020 **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											
11/23/2020	12/01/2020	7237106903	55x669618	115Invoice	6.61	330.29		323.68 ✓		7237106903	
11/23/2020	12/01/2020	7237106904	55x669619	115Invoice	4.46	222.94		218.48 ✓		7237106904	
11/23/2020	12/01/2020	7237106905	55x670840	115Invoice	5.65	282.42		276.77 ✓		7237106905	
11/25/2020	12/01/2020	7237678654	55x675073	115Invoice	0.01	0.33		0.32 ✓		7237678654	
11/25/2020	12/01/2020	7237678655	55x675306	115Invoice	14.26	712.89		698.63 ✓		7237678655	

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: 1,548.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,528.92
11/23/2020

If Paid By 12/01/2020, Pay This Amount: 1,517.88 USD

If Paid After 12/01/2020, Pay this Amount: 1,548.87 USD

Due If Paid On Time:
USD 1,517.88
Disc lost if paid late: 30.99
Due If Paid Late:
USD 1,548.87

APPROVED
BY

NOV 30 2020

GOLDEN AMERICA
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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: 11/27/2020

Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 11/28/2020

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

As of: 11/27/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 11/28/2020 **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											
11/26/2020	12/01/2020	7237975690	966118	115Invoice	0.10	5.05		4.95	✓	7237975690	

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: 5.05 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,528.92
11/23/2020

If Paid By 12/01/2020, Pay This Amount: 4.95 USD

If Paid After 12/01/2020, Pay this Amount: 5.05 USD

Due If Paid On Time:
USD 4.95
Disc lost if paid late: 0.10
Due If Paid Late:
USD 5.05

APPROVED
BY

NOV 30 2020

COUNTY AUDITOR
CALHOUN COUNTY, TX

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/27/2020

DC: 8115

Territory: 400

Customer: 256342
Date: 11/28/2020

Page: 001

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

As of: 11/27/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 11/28/2020 **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											
11/23/2020	12/01/2020	7237372101	00011222020TM	115Invoice	2.54	126.88		124.34 ✓		7237372101	
11/24/2020	12/01/2020	7237434681	492993	115Invoice	7.12	355.95		348.83 ✓		7237434681	

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: 482.83 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,528.92
11/23/2020

If Paid By 12/01/2020, Pay This Amount: 473.17 USD

If Paid After 12/01/2020, Pay this Amount: 482.83 USD

Due If Paid On Time:
USD 473.17

Disc lost if paid late: 9.66

Due If Paid Late:
USD 482.83

APPROVED
BY

NOV 30 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/27/2020

DC: 8115

Territory: 400

Customer: 190813
Date: 11/28/2020

Page: 001

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

As of: 11/27/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 11/28/2020 **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											
11/25/2020	12/01/2020	7237661258	2017023305	115Invoice	0.14	7.02		6.88 ✓		7237661258	☐

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: 7.02 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,528.92
11/23/2020

If Paid By 12/01/2020, Pay This Amount: 6.88 USD

If Paid After 12/01/2020, Pay this Amount: 7.02 USD

Due If Paid On Time:
USD 6.88
Disc lost if paid late: 0.14
Due If Paid Late:
USD 7.02

APPROVED
GCH
NOV 30 2020
COUNTY AUDITOR
GALVESTON COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Statement Number: 60002522
Date: 11-27-2020

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:	1,465.15
Past Due:	0.00
Total Due:	1,465.15
Account Balance:	1,465.15

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-23-2020	12-04-2020	3044901021	159005	Invoice	68.97		0.00	68.97
11-23-2020	12-04-2020	3044901022	159006	Invoice	0.31		0.00	0.31
11-23-2020	12-04-2020	3044901023	159007	Invoice	274.38		0.00	274.38
11-24-2020	12-04-2020	3044995105	159061	Invoice	12.25		0.00	12.25
11-25-2020	12-04-2020	3045050035	159069	Invoice	716.90		0.00	716.90
11-26-2020	12-04-2020	3045091757	159082	Invoice	392.34		0.00	392.34

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,465.15	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
11-27-2020	(382.77)

Reminders

Due Date	Amount
12-04-2020	1,465.15
Total Due:	1,465.15

CK #500157

ACCEPTED
OK
NOV 30 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

	#### ###	ENTER:
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		
☐ "ENTER YOUR 4-DIGIT PIN"		
☐ "MAKE A PAYMENT, PRESS 1"		1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941 #
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	20
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	12

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

☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 104.06 #
"1 TO CONFIRM"		1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 60.02 #
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 14.04 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 30.00 #
	CHECK	$ -
☐ "6-DIGIT SETTLEMENT DATE"	★	
"1 TO CONFIRM"		1
☐ ACKNOWLEDGEMENT NUMBER		

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

Num/Type/Name/Pay/Exempt	PayCd	Dept	Hrs	OT	SH	WE	HO	CB	Rate	Gross	Code	Amount	Code	Amount	Code	Amount
60191 FT Hrly: 11.0000	P	060	4.00	N		N	N	N	11.0000	44.00	FEDTAX	30.00	FICA-M	7.02	FICA-O	30.01
LOLA A RODRIGUEZ	K	060	40.00	N		N	N	N	11.0000	440.00	TSA-R	33.88				
Fed-Ex: M-00 St-Ex: -00																
Total:			44.00						(Gross:	484.00	Deductions:	100.91	Net:	383.09)		

Department Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
K	EXTENDED-ILLNESS-BANK	40.00	N		N	N	N	440.00
P	PAID-TIME-OFF	4.00	N		N	N	N	44.00

Code	Amount	Code	Amount	Code	Amount
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D		CAFE-F	
CAFE-H		CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	30.00	FICA-M	7.02	FICA-O	30.01
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL		MASA		MEALS	
MISC		MISC/		MMCSHR	
NATFML		OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	
STONE		STONE2		STUDEN	
SUNACC		SUNILL		SUNLIF	
SUNSTD		SUNVIS		SURCHG	
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	33.88	TUTION	
UNIFOR		UW/HOS			

Department Totals:	44.00	Gross:	484.00	Deductions:	100.91	Net:	383.09)
Checks Count:- FT 1 PT	Other	Female 1	Male	Credit	OverAmt	ZeroNet	Term	Total: 1

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- November 23, 2020 - November 29, 2020

Date	Bank Description	MMC Notes	Amount
11/23/2020	PAY PLUS ACHTRANS 452579291 101000694672810	3rd Party Payor Fee	1.64
11/24/2020	PAY PLUS ACHTRANS 452579291 101000695486997	3rd Party Payor Fee	6.6
11/24/2020	MCKESSON DRUG AUTO ACH ACH04382766 910000167	- 340B Drug Program Expense	1528.92 *
11/24/2020	CGHC FUNDING LLC FUNDING M28F1A36 7241382000	(clearyage) - Patient Financing Service	102.9
11/25/2020	PAY PLUS ACHTRANS 452579291 101000696400175	3rd Party Payor Fee	26.31
11/27/2020	PAY PLUS ACHTRANS 452579291 101000697197880	3rd Party Payor Fee	100.04
11/27/2020	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	297715.84 *
11/27/2020	EXPERTPAY EXPERTPAY 746003411 91000011300142	-Child Support Payment -Payroll E	302.81
11/27/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	382.77 *
11/27/2020	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	-CitiBank Corporate Card Payment	1014.3 * *
			301,182.13

Jason Anglin, CEO
Memorial Medical Center

November 30, 2020

* Approved 11.25.20
* * Approved 11.18.20

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount

Jason Anglin, CEO
Memorial Medical Center

November 30, 2020

Pay Plus 1.64 6.60 26.31 100.04 134.59

Clearyage 102.90 102.90

Expert Pay 302.81 302.81

134.59 102.90 302.81 540.30

301,182.13 1,528.92 297,715.84 382.77 1,014.30 540.30

540.30 540.30 0.00

ALLEN TUBB CPA
NOV 30 2020
COUNTY AUDITOR
GILLESPIE COUNTY, TEXAS

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
112420	11/24/2020	11/24/2020	12/17/2020				4,370.00	0.00	0.00	4,370.00
	UHC QUIPP 1&2 NH PORTION									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDEN	4,370.00	0.00	0.00	4,370.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,370.00	0.00	0.00	4,370.00

Ck# 188322

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112420	11/24/2020	11/24/2020	12/17/2020				1,701.45	0.00	0.00	1,701.45

UHC QUIPP 1&2 NH PORTION

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOU	1,701.45		0.00	0.00	1,701.45

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,701.45	0.00	0.00	1,701.45

CK# 188328

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

ap_open_invoice.template

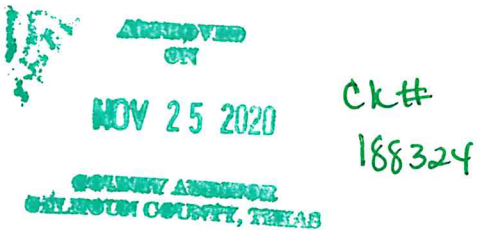
Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTEI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112420	11/24/2020	11/24/2020	12/17/2020				1,755.18	0.00	0.00	1,755.18
	UHC QUIPP 1&2 NH PORTION									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTI	1,755.18	0.00	0.00	1,755.18

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,755.18	0.00	0.00	1,755.18



Ck#
188324

11/25/2020
10:54

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
112420	11/24/2020	11/24/2020	12/17/2020				1,808.91	0.00	0.00	1,808.91
	UHC QUIPP 1&2 NH PORTION									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT C	1,808.91	0.00	0.00	1,808.91

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,808.91	0.00	0.00	1,808.91

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

ap_open_invoice.template

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
112420	11/24/2020	11/24/2020	12/17/2020				1,450.71	0.00	0.00	1,450.71
	UHC QUIPP 1&2 NH PORTION									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	1,450.71	0.00	0.00	1,450.71

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,450.71	0.00	0.00	1,450.71

Ck# 188329

11/25/2020
10:55

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
112420		11/24/2020	11/24/2020	12/17/2020			2,556.72	0.00	0.00	2,556.72
	UHC QUIPP 1&2 NH PORTION									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	2,556.72	0.00	0.00	2,556.72

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,556.72	0.00	0.00	2,556.72

Ck #
188325

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12752	GULF POINTE PLAZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112420	11/24/2020	11/24/2020	12/17/2020				7,561.96	0.00	0.00	7,561.96
	CORRECT WRONG QUIPP AMOUNT - half should have went to NH; MMC kept all of pymt									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12752	GULF POINTE PLAZ	7,561.96	0.00	0.00	7,561.96

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,561.96	0.00	0.00	7,561.96

APPROVED
GEN
NOV 25 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck # 188327

11/25/2020
10:56

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
112420	11/24/2020	11/24/2020	12/17/2020				1,511.52	0.00	0.00	1,511.52
	UHC QUIPP 1&2 NH PORTION									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZ	1,511.52	0.00	0.00	1,511.52

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,511.52	0.00	0.00	1,511.52

Ck # 188324

11/25/2020
10:52

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
112020	11/24/2020	11/20/2020	12/17/2020				10,745.70	0.00	0.00	10,745.70
	TRANSFER NH insurance pymt deposited into MMC operating									
112020A	11/24/2020	11/20/2020	12/17/2020				2,816.00	0.00	0.00	2,816.00
	TRANSFER NH insurance pymt deposited into MMC operating									
112420	11/24/2020	11/24/2020	12/17/2020				2,561.13	0.00	0.00	2,561.13
	UHC QUIPP 1&2 NH PORTION									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	16,122.83	0.00	0.00	16,122.83

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	16,122.83	0.00	0.00	16,122.83

Ck # 188330

		MMC PORTION					
	Total UHC Deposits	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION
Ashford	61,001.46	52,261.38	8,740.08	-	-	56,631.42	4,370.04
Broadmoor	25,253.10	21,635.28	3,617.82	-	-	23,444.19	1,808.91
Crescent	20,274.12	17,372.70	2,901.42	-	-	18,823.41	1,450.71
Fort Bend	24,644.16	21,133.80	3,510.36	-	-	22,888.98	1,755.18
Solera	23,891.94	20,489.04	3,402.90	-	-	22,190.49	1,701.45
Golden Creek	35,721.72	30,608.28	5,113.44	-	-	33,165.00	2,556.72
Gulf Pointe	21,129.12	18,106.08	3,023.04	-	-	19,617.60	1,511.52
Tuscany	35,784.18	30,661.92	5,122.26	-	-	33,223.05	2,561.13
Bethany	-					-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
Total UHC Desosit	**247,699.80**	**212,268.48**	**35,431.32**	-	-	**229,984.14**	17,715.66

FUNDS DEPOSITED INTO MMC OPERATING. NEED TO ISSUE PAYMENTS TO NURSING HOME.
MAKE CHECK REQUESTS FOR EACH NURSING HOME FOR HIGHLIGHTED YELLOW AMOUNTS

Ø

RUN DATE:12/01/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:50 CHECK REGISTER GLCKREG
12/02/20 THRU 12/02/20

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	188281	12/02/20	1,166.24	FRONTIER
A/P	188282	12/02/20	1,734.75	ALLYSON SWOPE
A/P	188283	12/02/20	42,894.78	AMERISOURCEBERGEN DRUG CORP
A/P	188284	12/02/20	56.76	AUTO PARTS & MACHINE CO.
A/P	188285	12/02/20	1,978.75	AYA HEALTHCARE INC
A/P	188286	12/02/20	.00	VOIDED
A/P	188287	12/02/20	51,340.13	BECKMAN COULTER INC
A/P	188288	12/02/20	684.36	BIO-RAD LABORATORIES, INC
A/P	188289	12/02/20	163,617.73	BLUE CROSS BLUE SHIELD
A/P	188290	12/02/20	36.50	BOSART LOCK & KEY INC
A/P	188291	12/02/20	460.00	C-D ELECTRIC
A/P	188292	12/02/20	.00	VOIDED
A/P	188293	12/02/20	2,858.23	DEWITT POTH & SON
A/P	188294	12/02/20	17,324.00	EVIDENT
A/P	188295	12/02/20	62.86	FEDERAL EXPRESS CORP.
A/P	188296	12/02/20	9,135.88	FISHER HEALTHCARE
A/P	188297	12/02/20	68.28	GETINGE USA
A/P	188298	12/02/20	1,121.93	GULF COAST PAPER COMPANY
A/P	188299	12/02/20	400.00	HEALTHSURE INSURANCE SERVICES
A/P	188300	12/02/20	24,586.35	ITA RESOURCES INC
A/P	188301	12/02/20	1,070.22	J & J HEALTH CARE SYSTEMS, INC
A/P	188302	12/02/20	244.42	LABCORP OF AMERICA HOLDINGS
A/P	188303	12/02/20	774.65	LEGAL SHIELD
A/P	188304	12/02/20	790.86	M G TRUST
A/P	188305	12/02/20	236.00	MEMORIAL MEDICAL CLINIC
A/P	188306	12/02/20	245.19	MMC AUXILIARY GIFT SHOP
A/P	188307	12/02/20	.00	VOIDED
A/P	188308	12/02/20	15,998.25	MORRIS & DICKSON CO, LLC
A/P	188309	12/02/20	504.70	NATUS MEDICAL INC
A/P	188310	12/02/20	2,583.75	PABLO GARZA
A/P	188311	12/02/20	3,577.23	SANOFI PASTEUR INC
A/P	188312	12/02/20	37.95	SMILE MAKERS
A/P	188313	12/02/20	2,844.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	188314	12/02/20	10,562.76	SUN LIFE FINANCIAL
A/P	188315	12/02/20	3,864.80	UNIFIRST HOLDINGS
A/P	188316	12/02/20	223.40	UNIFORM ADVANTAGE
A/P	188317	12/02/20	2,200.00	US POSTAL SERVICE
A/P	188318	12/02/20	674.75	WAGEWORKS
A/P	188319	12/02/20	4,206.37	WAGEWORKS, INC.
A/P	188320	12/02/20	2,844.50	WATERMARK GRAPHICS INC
A/P	188321	12/02/20	1,571.67	WERFEN USA LLC
A/P	188322	12/02/20	4,370.00	ASHFORD GARDENS
A/P	188323	12/02/20	1,808.91	BROADMOOR AT CREEKSIDE PARK
A/P	188324	12/02/20	1,755.18	FORTBEND HEALTHCARE CENTER
A/P	188325	12/02/20	2,556.72	GOLDENCREEK HEALTHCARE
A/P	188326	12/02/20	1,511.52	GULF POINTE PLAZA
A/P	188327	12/02/20	7,561.96	GULF POINTE PLAZA
A/P	188328	12/02/20	1,701.45	SOLERA WEST HOUSTON
A/P	188329	12/02/20	1,450.71	THE CRESCENT
A/P	188330	12/02/20	16,122.83	TUSCANY VILLAGE
TOTALS:			413,422.28	

APPROVED
ON
DEC 02 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
11/30/2020

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		112,629.22	112,447.79	243,503.37		-	243,684.80	192,658.41
						Bank Balance	243,684.80	
						Variance	-	
						Leave in Balance	100.00	
						AMERIGROUP QIPP 1 & 2	32,299.83	
						MOLINA QIPP 1 & 2	18,545.13	
						October Interest	81.43	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	192,658.41	
Broadmoor		210,702.15	210,509.74	108,283.38		-	108,475.79	87,234.65
						Bank Balance	108,475.79	
						Variance	-	
						Leave in Balance	100.00	
						MOLINA QIPP 1 & 2	7,677.29	
						AMERIGROUP QIPP 1 & 2	13,371.44	
						PENDING MMC Claim payment(clinic)	54.08	
						October Interest	38.33	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	87,234.65	
Crescent		59,031.15	58,886.08	277,317.54		-	277,462.61	260,417.64
						Bank Balance	277,462.61	
						Variance	-	
						Leave in Balance	100.00	
						MOLINA QIPP 1 & 2	6,164.11	
						AMERIGROUP QIPP 1 & 2	10,735.79	
						October Interest	45.07	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	260,417.64	
Fort Bend		29,721.12	29,600.31	93,079.86		-	93,200.67	72,542.36
						Bank Balance	93,200.67	
						Variance	-	
						Leave in Balance	100.00	
						MOLINA QIPP 1 & 2	7,482.73	
						AMERIGROUP QIPP 1 & 2	13,054.77	
						October Interest	20.81	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	72,542.36	
Solera at W Houston		80,109.16	79,957.34	174,442.04			174,593.86	154,518.91
						Bank Balance	174,593.86	
						Variance	-	
						Leave in Balance	100.00	
						MOLINA QIPP 1 & 2	7,266.74	
						AMERIGROUP QIPP 1 & 2	12,656.39	
						October Interest	51.82	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	154,518.91	
						TOTAL TRANSFERS		767,371.97

192,658.41 +
87,234.65 +
260,417.64 +
72,542.36 +
154,518.91 +
767,371.97 *

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

F:\NH Weekly Transfers\NH UPL Transfer Summary\2020\November\NH UPL Transfer Summary 11-30-20.xlsx

Approved:
Jason Anglin, CEO
11/30/20

APPROVED BY
NOV 30 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
11/23/2020 Amerigroup TXSC HCCLAIMPMT 3137270085 111000 TRN*1*3137270085*1752603231\	-	30,350.24					-	30,350.24
11/23/2020 HUMANA CHA DISB HCCLAIMPMT 390860 4200001526 TRN*1*014840101879011*1611013183\	-	6,629.78					-	6,629.78
11/23/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*0SG415351326436189*1746000156~	-	352.00					-	352.00
11/24/2020 MOLINA HEALTHCAR MOLINAACH 00896720 42000011 ISA* * * * *ZZ* *ZZ* *201123*093 4	-	19,976.19	17,114.07	2,862.12			18,545.13	1,431.06
11/24/2020 Amerigroup TXSC HCCLAIMPMT 3137383076 111000 TRN*1*3137383076*1752603231\	-	8,462.82					-	8,462.82
11/24/2020 AMERIGROUP CORPO E-PAYMENT EE52100914 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG	-	34,792.29	29,807.37	4,984.92			32,299.83	2,492.46
11/24/2020 UHC of Louisiana HCCLAIMPMT 746003411 910000 TRN*1*202011211350075*1721074008*000004567\	-	2,854.30					-	2,854.30
11/24/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011211390008*1912008361*0000TEX01\	-	20,824.09					-	20,824.09
11/24/2020 NOVITAS SOLUTION HCCLAIMPMT 675423 420000185 TRN*1*EFT7000963*1205296137*000004911\	-	48,377.40					-	48,377.40
11/25/2020 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	112,447.79	-					-	-
11/25/2020 Amerigroup TXSC HCCLAIMPMT 3137513759 111000 TRN*1*3137513759*1752603231\	-	6,796.78					-	6,796.78
11/25/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011221380014*1912008361*0000TEX01\	-	64,087.48					-	64,087.48
							-	-
	112,447.79	243,503.37	46,921.44	7,847.04	-	-	50,844.96	192,658.41

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
11/23/2020 MANAGEANDNET1718 MNS PMNT 000000000004293 41 0257209	-	7,020.00					-	7,020.00
11/23/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011201210478*1912008361*0000TEX01\	-	2,516.71					-	2,516.71
11/23/2020 UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*202011201220124 9*1912008361*0000TEX01\	-	715.00					-	715.00
11/23/2020 NOVITAS SOLUTION HCCLAIMPMT 676357 420000160 TRN*1*EFT5766012*1205296137*000004011\	-	2,478.09					-	2,478.09
11/24/2020 MOLINA HEALTHCAR MOLINAACH 00897118 42000011 ISA* * * * *ZZ* *ZZ* *201123*093 4	-	8,269.65	7084.92	1,184.73			7,677.29	592.37
11/24/2020 AMERIGROUP CORPO E-PAYMENT EE52100917 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG	-	14,403.15	12339.72	2,063.43			13,371.44	1,031.72
11/24/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1583851072*1411289245*000087726\	-	4,730.00					-	4,730.00
11/24/2020 UMR ELECTRONIC T HCCLAIMPMT 746003411 124384 TRN*1*583751234*1391995276*0000UMR01\	-	1,290.00					-	1,290.00
11/25/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III	210,509.74	-					-	-
11/25/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1584195214*1411289245*000087726\	-	5,160.00					-	5,160.00
11/25/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011221390029 3*1912008361*0000TEX01\	-	2,489.55					-	2,489.55
11/25/2020 NOVITAS SOLUTION HCCLAIMPMT 676357 420000199 TRN*1*EFT5769461*1205296137*000004011\	-	4,303.73					-	4,303.73
11/27/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1584899137*1411289245*000087726\	-	13,330.00					-	13,330.00
11/27/2020 AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1584804364*1362739571*000036273\	-	4,752.00					-	4,752.00
11/27/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*0SG454181669860433*1746000156~	-	36,825.50					-	36,825.50
							-	-
	210,509.74	108,283.38	19,424.64	3,248.16	-	-	21,048.72	87,234.66

Crescent

	Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
11/23/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011201480024 4*1912008361*0000TEX01\	-	6,394.55					-	6,394.55
11/23/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000160 TRN*1*EFT5766003*1205296137*000004011\	-	202,381.64					-	202,381.64
11/23/2020 HUMANA INS CO HCCLAIMPMT 390864 830000522593 TRN*1*001290053749510*1391263473\	-	537.80					-	537.80
11/24/2020 MOLINA HEALTHCAR MOLINAACH 00897080 42000011 ISA* * * * *ZZ* *ZZ* *201123*093 4	-	6,639.18	5,689.04	950.13			6,164.11	475.08
11/24/2020 MANAGEANDNET1718 MNS PMNT 000000000003268 41 0257229	-	3,802.50					-	3,802.50
11/24/2020 AMERIGROUP CORPO E-PAYMENT EE52100916 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG	-	11,563.38	9,908.55	1,654.83			10,735.97	827.41
11/24/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011211130041 6*1912008361*0000TEX01\	-	13,461.07					-	13,461.07
11/24/2020 HUMANA CHA DISB HCCLAIMPMT 390864 4200001762 TRN*1*014840101889184*1611013183\	-	9,502.92					-	9,502.92
11/25/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III	58,886.08	-					-	-
11/25/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1584195213*1411289245*000087726\	-	9,250.00					-	9,250.00
11/25/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011221240022 7*1912008361*0000TEX01\	-	1,903.80					-	1,903.80
11/25/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*0SG433641669860425*1746000156~	-	1,408.00					-	1,408.00
11/27/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1584899136*1411289245*000087726\	-	740.00					-	740.00
11/27/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000131 TRN*1*EFT5770301*1205296137*000004011\	-	1,500.03					-	1,500.03
11/27/2020 HUMANA CHA DISB HCCLAIMPMT 390864 4200001259 TRN*1*014840101899475*1611013183\	-	8,232.67					-	8,232.67
							-	-
	58,886.08	277,317.54	15,597.59	2,604.96	-	-	16,900.07	260,417.47

Fort Bend

	Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
11/23/2020 NOVITAS SOLUTION HCCLAIMPMT 675663 420000160 TRN*1*EFT5765104*1205296137*000004011\	-	4,739.26					-	4,739.26
11/24/2020 MOLINA HEALTHCAR MOLINAACH 00896810 42000011 ISA* * * * *ZZ* *ZZ* *201123*093 4	-	8,070.24	6,920.70	1,124.06			7,482.73	587.51
11/24/2020 MOLINA HEALTHCAR MOLINAACH 00896809 42000011 ISA* * * * *ZZ* *ZZ* *201123*093 4	-	1,152.00					-	1,152.00
11/24/2020 AMERIGROUP CORPO E-PAYMENT EE52100913 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG	-	14,055.84	12,053.70	2,002.14			13,054.77	1,001.07
11/24/2020 NOVITAS SOLUTION HCCLAIMPMT 675663 420000184 TRN*1*EFT5767690*1205296137*000004011\	-	63,155.68					-	63,155.68
11/25/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III	29,600.31	-					-	-
11/25/2020 NOVITAS SOLUTION HCCLAIMPMT 675663 420000199 TRN*1*EFT5768909*1205296137*000004011\	-	1,906.84					-	1,906.84
							-	-
	29,600.31	93,079.86	18,974.40	3,126.20	-	-	20,537.50	72,542.36

Solera at West Houston

	Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
11/23/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011201150016 7*1912008361*0000TEX01\	-	11,741.40					-	11,741.40
11/23/2020 NOVITAS SOLUTION HCCLAIMPMT 676310 420000160 TRN*1*EFT5765995*1205296137*000004011\	-	1,820.78					-	1,820.78
11/23/2020 HUMANA CHA DISB HCCLAIMPMT 390862 4200001526 TRN*1*014840101879012*1611013183\	-	977.07					-	977.07
11/24/2020 MOLINA HEALTHCAR MOLINAACH 00897050 42000011 ISA* * * * *ZZ* *ZZ* *201123*093 4	-	7,823.91	6,709.56	1,114.35			7,266.74	557.17
11/24/2020 Amerigroup TXSC HCCLAIMPMT 3137383077 111000 TRN*1*3137383077*1752603231\	-	6,273.67					-	6,273.67
11/24/2020 AMERIGROUP CORPO E-PAYMENT EE52100915 111000 ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG	-	13,626.81	11,685.96	1,940.85			12,656.39	970.43
11/24/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011211130036 2*1912008361*0000TEX01\	-	15,107.14					-	15,107.14
11/24/2020 NOVITAS SOLUTION HCCLAIMPMT 676310 420000184 TRN*1*EFT5767760*1205296137*000004011\	-	116,371.26					-	116,371.26
11/24/2020 HUMANA INS CO HCCLAIMPMT 390862 830000557469 TRN*1*001290053812424*1391263473\	-	700.00					-	700.00
11/25/2020 CK 1106	7,476.62	-					-	-
11/25/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III	72,480.72	-					-	-
							-	-
	79,957.34	174,442.04	18,395.52	3,055.20	-	-	19,923.12	154,518.92
TOTALS	491,401.26	896,626.19	119,313.59	19,881.56	-	-	129,254.37	767,371.82

Quick View

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DDA

Data reported as of Nov 30, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$243,684.80	$248,083.50	$243,684.80	$243,684.80
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$108,475.79	$162,834.55	$108,475.79	$53,568.29
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$277,462.61	$304,578.34	$277,462.61	$266,989.91
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$93,200.67	$93,200.67	$93,200.67	$93,200.67
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$174,593.86	$188,838.03	$174,593.86	$174,593.86
[redacted]				

* indicates re
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Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
11/30/2020

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		41,468.80	41,317.81	174,779.86	-	-	174,930.85	142,398.61
						Bank Balance	174,930.85	
						Variance	-	
						Leave in Balance	100.00	
							-	
						SUPERIOR QIPP 1 & 2	32,381.25	
						October Interest	50.99	
						November Interest	-	
						December Interest	-	
							-	
						Adjust Balance/Transfer Amt	142,398.61	

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 11/30/2020

APPROVED ON
NOV 30 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek			MMC PORTION					
	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
11/23/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 111920	-	237.60					-	237.60
11/23/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000160 TRN*1*EFT5765138*1205296137*000004011\	-	99,688.79					-	99,688.79
11/25/2020 CK 68	2,583.41	-					-	-
11/25/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	38,734.40	-					-	-
11/25/2020 DEPOSIT	-	39,975.92					-	39,975.92
11/25/2020 Centene Manageme CCD+ 38888463 3110020504403 RMR*IV*QIPP 11.18.20**34877.55\	-	34,877.55	29,884.95	4,992.60			32,381.25	2,496.30
							-	-
	41,317.81	174,779.86	29,884.95	4,992.60	-	-	32,381.25	142,398.61

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DDA Data reported as of Nov 30, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$174,930.85	$220,448.24	$174,930.85	$174,930.85
[redacted]				

* indicates re
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Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
11/30/2020

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		32,281.59	32,175.24	32,950.84		-		-	33,057.19	13,796.84
							Bank Balance		33,057.19	
							Variance		-	
							Leave in Balance		100.00	
							SUPERIOR QIPP 1 & 2		19,154.00	
							October Interest		6.35	
							November Interest		-	
							December Interest		-	
							Adjust Balance/Transfer Amt		13,796.84	

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		3,646.22	1,655.31	198,916.34		-		-	200,907.25	200,787.93
							Bank Balance		200,907.25	
							Variance		-	
							Leave in Balance		100.00	
							QIPP Payment Adjustments			
							October Interest		19.32	
							November Interest		-	
							December Interest		-	
							Adjust Balance/Transfer Amt		200,787.93	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS		200,787.93
		214,584.77

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 11/30/2020

APPROVED ON
NOV 30 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION
11/24/2020	HUMANA INS CO HCCLAIMPMT 624982 830000557117 TRN*1*001290053781104*1391263473\	-	2,104.95					-	2,104 95
11/24/2020	HUMANA INS CO HCCLAIMPMT 624982 830000557598 TRN*1*001290053818862*1391263473\	-	10,216.09					-	10,216.09
11/25/2020	WIRE OUT HMG SERVICES, LLC	32,175.24	-					-	-
11/25/2020	Centene Manageme CCD+ 38888463 3110020504450 RMR*IV*QIPP 11.18.20**20629.8\	-	20,629.80	17,678.20	2,951.60			19,154.00	1,475.80
			-					-	-
		32,175.24	32,950.84	17,678.20	2,951.60	-	-	19,154.00	13,796.84

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
11/23/2020	NORIDIAN J3A HCCLAIMPMT 675892 4200001855898 TRN*1*EFT7015548*1450173185*000003(	-	63,904.46					-	63,904 46
11/24/2020	NORIDIAN J3A HCCLAIMPMT 675892 4200001617721 TRN*1*EFT7016479*1450173185*000003(	-	87,325.47					-	87,325.47
11/25/2020	CK 10	1,655.31	-					-	-
11/25/2020	DEPOSIT	-	42,070.59					-	42,070.59
11/25/2020	NORIDIAN J3A HCCLAIMPMT 675892 4200001848994 TRN*1*EFT7017341*1450173185*000003(	-	5,615.82					-	5,615.82
								-	-
		1,655.31	198,916.34	-	-	-	-	-	198,916.34
		33,830.55	231,867.18	17,678.20	2,951.60	-	-	19,154.00	212,713.18

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Data reported as of Nov 30, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
SENIOR LIVING				
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$200,907.25	$204,726.69	$200,907.25	$200,907.25
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$33,057.19	$33,057.19	$33,057.19	$33,057.19
[redacted]				

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Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
11/30/2020

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home		Test
Tuscany Senior Living		30,326.27	50,221.69	141,074.20	-	-	141,178.78	111,245.79	111,245.79	29,932.99

Bank Balance	141,178.78
Variance	-
Leave in Balance	100.00
MOLINA QIPP 1 & 2	10,879.58
AMERIGROUP QIPP 1 & 2	18,948.83
October Interest	4.58
November Interest	-
December Interest	-
Adjust Balance/Transfer Amt	111,245.79

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 11/30/2020

AMERIGROUP
CCI

NOV 30 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Senior Living	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
11/24/2020 MOLINA HEALTHCAR MOLINAACH 00897115 42000011 ISA* *	-	11,718.27	10,040.88	1,677.39			10,879.58	838.70
11/24/2020 AMERIGROUP CORPO E-PAYMENT EE52100918 111000 ISA*00*	-	20,409.57	17,488.08	2,921.49			18,948.83	1,460.75
11/25/2020 WIRE OUT LINBAR ENTERPRISES, LLC	50,221.69	-					-	-
11/25/2020 DEPOSIT	-	36,268.61					-	36,268.61
11/25/2020 NOVITAS SOLUTION HCCLAIMPMT 676201 420000199 TRN*1*E	-	37,325.13					-	37,325.13
11/25/2020 KS PLAN ADMINIST HCCLAIMPMT 179 111000020840 TRN*1*0(	-	31,935.00					-	31,935.00
11/27/2020 NOVITAS SOLUTION HCCLAIMPMT 676201 420000131 TRN*1*E	-	3,417.62					-	3,417.62
	50,221.69	141,074.20	27,528.96	4,598.88	-	-	29,828.40	111,245.80

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DDA

Data reported as of Nov 30, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*3407 MMC -NH TUSCANY VILLAGE	$141,178.78	$170,999.74	$141,178.78	$137,761.16

* indicates re
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Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
11/30/2020

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		53,508.28	53,324.34	393,974.73		-	394,158.67	393,974.73

Bank Balance	394,158.67
Variance	-
Leave in Balance	100.00

October Interest	83.94
November Interest	-
December Interest	-
Adjust Balance/Transfer Amt	393,974.73

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 11/30/2020

Bethany Senior Living		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
11/23/2020	DEPOSIT	-	17,088.88					-	17,088.88
11/23/2020	NOVITAS SOLUTION HCCLAIMPMT 676481 420000160 TRN*1*EFT5766076*:	-	269,545.21					-	269,545.21
11/23/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2 TRN*1*0SG4193015	-	4,504.94					-	4,504.94
11/24/2020	DEPOSIT	-	4,392.08					-	4,392.08
11/24/2020	NOVITAS SOLUTION HCCLAIMPMT 676481 420000184 TRN*1*EFT5767836*:	-	23,543.04					-	23,543.04
11/25/2020	CK 1002	528.00	-					-	-
11/25/2020	WIRE OUT BETHANY SENIOR LIVING, LTD	52,796.34	-					-	-
11/25/2020	DEPOSIT	-	64,431.62					-	64,431.62
11/25/2020	NOVITAS SOLUTION HCCLAIMPMT 676481 420000199 TRN*1*EFT5769509*:	-	864.58					-	864.58
11/27/2020	NOVITAS SOLUTION HCCLAIMPMT 676481 420000131 TRN*1*EFT5770335*:	-	9,429.03					-	9,429.03
11/27/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2 TRN*1*0SG4585115	-	175.35					-	175.35
								-	-
		53,324.34	393,974.73	-	-	-	-	-	393,974.73

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA

Data reported as of Nov 30, 2020 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*5506 MMC -NH BETHANY SENIOR LIVING	$394,158.67	$399,372.57	$394,158.67	$384,554.29
[redacted]				

* indicates re
Page generated on 11/30/2020 at 8

Ashford

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: MMC OPERATING

Date Requested: 11/30/20

APPROVED ON NOV 30 2020

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 001113

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

AMOUNT: 50,844.96

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP AND MOLINA QIPP 1 AND 2 OCTOBER PAYMENT

REQUESTED BY: CAITLIN CLEVENGER

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	001113	12/03/20	50,844.96	MMC OPERATING Ashford
TOTALS:			50,844.96	

Broadmoor

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC OPERATING

Date Requested: 11/30/20

APPROVED ON NOV 30 2020

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Clk# 000075

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

AMOUNT: 21,048.73

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP AND MOLINA QIPP 1 AND 2 OCTOBER PAYMENT

REQUESTED BY: CAITLIN CLEVENGER

AUTHORIZED BY:

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000075	12/03/20	21,048.73	MMC OPERATING
TOTALS:			21,048.73	

Broadmoor

APPROVED
BY

DEC 0 2 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Crescent

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC OPERATING

Date Requested: 11/30/20

APPROVED ON NOV 30 2020 GOLDEN ANDERSON CALHOUN COUNTY, TEXAS

ck# 000107

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

AMOUNT: 16,899.90

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP AND MOLINA QIPP 1 AND 2 OCTOBER PAYMENT

REQUESTED BY: CAITLIN CLEVENGER

AUTHORIZED BY:

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000107	12/03/20	16,899.90	MMC OPERATING
TOTALS:			16,899.90	

Crescent

APPROVED
GN

DEC 0 2 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Fort Bend

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: MMC OPERATING

Date Requested: 11/30/20

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

APPROVED ON NOV 30 2020 COUNTY AUDITOR GALVESTON COUNTY, TEXAS

AMOUNT: 20,537.50

G/L NUMBER: 10255040

Ck # 000104

EXPLANATION: AMERIGROUP AND MOLINA QIPP 1 AND 2 OCTOBER PAYMENT

REQUESTED BY: CAITLIN CLEVENGER

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000104	12/03/20	20,537.50	MMC OPERATING
TOTALS:			20,537.50	

Fort Bend

APPROVED
ON

DEC 0 2 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Solera

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC OPERATING

Date Requested: 11/30/20

APPROVED BY CCT

NOV 30 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 001107

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

AMOUNT: 19,923.13

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP AND MOLINA QIPP 1 AND 2 OCTOBER PAYMENT

REQUESTED BY: CAITLIN CLEVENGER

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	001107	12/03/20	19,923.13	MMC OPERATING Solem
TOTALS:			19,923.13	

APPROVED
BY

DEC 0 2 2020

COUNTY AUDITOR
GALVESTON COUNTY, TEXAS

Golden Creek

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC OPERATING

Date Requested: 11/30/20

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

APPROVED BY
NOV 30 2020
GOLDEN ASPEN
CHEROKEE COUNTY
Clk # 000069

AMOUNT: 32,381.25

G/L NUMBER: 10255040

EXPLANATION: SUPERIOR QIPP 1 & 2 OCTOBER PAYMENT

REQUESTED BY: CAITLIN CLEVENGER

AUTHORIZED BY:

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG	000069	12/03/20	32,381.25	MMC OPERATING
TOTALS:			32,381.25	

golden creek

APPROVED
BY

DEC 0 2 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe - Private Pay

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC OPERATING

Date Requested: 11/30/20

APPROVED ON NOV 3 0 2020

COUNTY AUDITOR CALHOUN COUNTY

CK# 000020

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

AMOUNT: 19,154.00

G/L NUMBER: 10255040

EXPLANATION: SUPERIOR QIPP 1 & 2 OCTOBER PAYMENT

REQUESTED BY: CAITLIN CLEVENGER

AUTHORIZED BY:

RUN DATE:12/04/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:14 CHECK REGISTER GLCKREG
12/03/20 THRU 12/03/20

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
GPP	000020	12/03/20	19,154.00	MMC OPERATING
TOTALS:			19,154.00	

APPROVED
BY

DEC 0 2 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC OPERATING

Date Requested: 11/30/20

APPROVED ON NOV 30 2020 CALHOUN COUNTY, TX

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

CK #001003

AMOUNT: 29,828.41

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP AND MOLINA QIPP 1 AND 2 OCTOBER PAYMENT

REQUESTED BY: CAITLIN CLEVENGER

AUTHORIZED BY:

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
TUS	001003	12/03/20	29,828.41	MMC OPERATING
TOTALS:			29,828.41	

Tuscany

APPROVED
BY

DEC 0 2 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **12/2/2020**

NH Name	From Bank Acct #	Ck #	Payee	GL #	MOLINA 1 & 2	Amerigroup 1&2	SUPERIOR QIPP 1&2		TOTAL		Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	18,545.13	32,299.83			50,844.96		12/2/2020
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	7,677.29	13,371.44			21,048.73		12/2/2020
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	6,164.11	10,735.79			16,899.90		12/2/2020
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	7,482.73	13,054.77			20,537.50		12/2/2020
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	7,266.74	12,656.39			19,923.13		12/2/2020
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040	-	-	32,381.25		32,381.25		12/2/2020
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040	-	-	19,154.00		19,154.00		12/2/2020
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001		-	-			-		12/2/2020
Bethany			MMC -Prosperity Operating #10000001		-				-		12/2/2020
Tuscany			MMC -Prosperity Operating #10000001	10255040	10,879.58	18,948.83			29,828.41		12/2/2020
				Total:	58,015.58	82,118.22	32,381.25	-	210,617.88		
	Note:										

Approved:
Jason Anglin, CEO 11/30/2020

50,844.96 +
21,048.73 +
16,899.90 +
20,537.50 +
19,923.13 +
32,381.25 +
19,154.00 +
29,828.41 +
210,617.88 =

NOV 30 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY
815 N VIRGINIA ST
PORT LAVACA, TX 77979

87SS

No. #20

88-2265
1131

12-3-20

PAY TO THE ORDER OF mmc operating $ 19,154.61/100

Nineteen thousand, One hundred fifty-four dollars 61/100 DOLLARS

PROSPERITY BANK

county auditor

Superior Gipp 132

county treasurer

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

1113
88-2265/1131-87

12-3-20
Date

CHECK ARMOR

Pay to the Order of Memorial Medical Center Operating $ 50,844.96

Fifty-thousand eight hundred forty-four dollars 96/100 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 Molina Comp 132 - 18,545.13
Amerigroup Comp 132 - 32,299.83

county auditor

MP

county treasurer

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

1107
88-2265/1131-87

12-3-20
Date

CHECK ARMOR

Pay to the Order of mmc Operating $ 19,923.13/100

Nineteen thousand, nine hundred twenty-three dollars 13/100 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 Molina 132 - 7,262.74
Amerigroup 132 - 12,660.39

county auditor

MP

county treasurer

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE
PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1003

88-2265/1131-87

CHECK ARMOR

DATE 12.3.20

PAY TO THE ORDER OF mmc Operating $ 29,828.41/100

Twenty-nine thousand, eight hundred twenty-eight dollars & 41/100 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

County Auditor

Molina - 10,879.58
FOR Amerigroup - 18,448.83

MP
County Treasurer

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

MP

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

000104

88-2265/1131

Date 12.3.20

PAY
TO THE ORDER OF mmc Operating $ 20,531.50

Twenty thousand, five hundred thirty-seven dollars & 50/100 **DOLLARS**

PROSPERITY BANK®

County Auditor

Molina 132 - 7,482.73
FOR Amerigroup 132 - 13,054.77

MP
County Treasurer

Security features are included. Details on back.

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MP

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

000107

88-2265/1131

Date 12.3.20

PAY
TO THE ORDER OF mmc Operating $ 16,899.90/100

Sixteen thousand, eight hundred ninety-nine dollars & 90/100 **DOLLARS**

PROSPERITY BANK®

County Auditor

Molina 132 - 6,164.11
FOR Amerigroup 132 - 10,735.79

MP
County Treasurer

Security features are included. Details on back.

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

000075

88-2265/1131

Date 12-2-20

PAY TO THE ORDER OF mmc Operating $ 21,048.73/100

Twenty-one thousand, forty-eight dollars 73/100 **DOLLARS**

PROSPERITY BANK

County Auditor

FOR Amerigroup 132 - 13,371.44
Molina 132 - 7,677.29

County Treasurer MP

Security features are included. Details on back.

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

MP

000069

88-2265/1131

Date 12-3-20

PAY TO THE ORDER OF mmc operating $ 32,381.25/100

Thirty-two thousand, three hundred eighty one dollars 25/100 **DOLLARS**

PROSPERITY BANK

County auditor

FOR Superior Appt 132

County treasurer MP

Security features are included. Details on back.