MEMORIAL MEDICAL CENTER

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

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	722,482.49
TOTAL TRANSFERS BETWEEN FUNDS	$	205,551.01
TOTAL NURSING HOME UPL EXPENSES	$	673,804.85
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED December 09, 2020	$	1,601,838.35

APPROVED

DEC 09 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

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

PAYABLES AND PAYROLL

12/3/2020	Weekly Payables	164,980.08	
12/3/2020	Patient Refunds	4,850.83	
12/3/2020	Texas Mutal Insurance Company-workers comp	8,305.95	
12/7/2020	McKesson-340B Prescription Expense	2,281.59	
12/7/2020	Amerisource Bergen-340B Prescription Expense	637.74	
12/7/2020	Payroll Liabilities -Payroll Taxes	96,655.74	
12/7/2020	Payroll	301,902.02	
	Prosperity Electronic Bank Payments		
12/4/2020	Credit Card & Lease Fees	437.84	
12/15/2020	TCDRS November Retirement	142,401.35	
12/2-12/4/20	Pay Plus-Patient Claims Processing Fee	7.35	
12/2/2020	Authnet Gateway Billing-3rd Party Payor Fee	22.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 722,482.49**

TRANSFER BETWEEN FUNDS-NURSING HOMES

12/3/2020	MMC Operating to Fortbend-correction of NH insurance payment deposited into MMC Operating	2,898.50	
12/3/2020	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	47,523.20	
12/3/2020	MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	34,057.94	
12/3/2020	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	25,102.45	
12/3/2020	MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating	95,968.92	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 205,551.01**

NURSING HOME UPL EXPENSES

12/7/2020	Nursing Home UPL-Cantex Transfer	300,264.19	
12/7/2020	Nursing Home UPL-Nexion Transfer	61,057.66	
12/7/2020	Nursing Home UPL-HMG Transfer	21,769.78	
12/7/2020	Nursing Home UPL-Tuscany Transfer	186,134.88	
12/7/2020	Nursing Home UPL-HSL Transfer	104,578.34	
TOTAL NURSING HOME UPL EXPENSES			**$ 673,804.85**

TOTAL INTER-GOVERNMENT TRANSFERS	**$ -**

GRAND TOTAL DISBURSEMENTS APPROVED December 09, 2020	**$ 1,601,838.35**

12/03/2020
12:22

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/23/2020

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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
9107029772		11/30/2020	11/06/2020	12/01/2020			67.40	0.00	0.00	67.40
	OXYGEN									
9800705853		11/30/2020	11/09/2020	12/04/2020			55.08	0.00	0.00	55.08
	OXYGEN									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC -	122.48	0.00	0.00	122.48	

Vendor#	Vendor Name	Class	Pay Code
A1705	ALIMED INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV03461(		11/17/2020	11/04/2020	11/19/2020			129.89	0.00	0.00	129.89
	SUPPLIES									
RPSV03467		11/30/2020	11/16/2020	12/01/2020			97.66	0.00	0.00	97.66
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	227.55	0.00	0.00	227.55	

Vendor#	Vendor Name	Class	Pay Code
10419	AMBU INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
221018300		11/30/2020	11/18/2020	11/30/2020			113.32	0.00	0.00	113.32
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10419	AMBU INC	113.32	0.00	0.00	113.32	

Vendor#	Vendor Name	Class	Pay Code
13516	AVANTE HEALTH SOULTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AR0013063		11/30/2020	11/12/2020	12/12/2020			369.81	0.00	0.00	369.81
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13516	AVANTE HEALTH S	369.81	0.00	0.00	369.81	

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
846367		11/24/2020	11/19/2020	12/19/2020			2,340.00	0.00	0.00	2,340.00
	STAFFING SURGERY									
851167		11/30/2020	11/25/2020	12/20/2020			2,851.25	0.00	0.00	2,851.25
	STAFFING SURGERY									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11756	AYA HEALTHCARE	5,191.25	0.00	0.00	5,191.25	

Vendor#	Vendor Name	Class	Pay Code
B0436	BARD ACCESS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
46173795		11/30/2020	11/17/2020	12/01/2020			150.00	0.00	0.00	150.00
	SUPPLIES									

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

Vendor#	Vendor Name	Class	Pay Code
B0435	BARD PERIPHERAL VASCULAR	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
81702795		11/24/2020	10/29/2020	11/10/2020			109.32	0.00	0.00	109.32
	SUPPLIES									
81795318		11/30/2020	11/19/2020	12/01/2020			420.00	0.00	0.00	420.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL	529.32	0.00	0.00	529.32	

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
68801586		11/30/2020	11/12/2020	12/07/2020			530.61	0.00	0.00	530.61
	SUPPLIES									
68806620		11/30/2020	11/13/2020	12/08/2020			132.25	0.00	0.00	132.25
	SUPPLIES									
68846947		11/30/2020	11/18/2020	12/13/2020			456.03	0.00	0.00	456.03
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHC/	1,118.89		0.00	0.00	1,118.89

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
108697184		11/30/2020	10/21/2020	11/15/2020			271.51	0.00	0.00	271.51
	SUPPLIES									
108708975		11/30/2020	10/28/2020	11/22/2020			34.68	0.00	0.00	34.68
	SUPPLIES									
108723597		11/30/2020	11/04/2020	11/29/2020			34.68	0.00	0.00	34.68
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTE	340.87		0.00	0.00	340.87

Vendor#	Vendor Name	Class	Pay Code
B1395	BIODEX MEDICAL SYSTEMS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
423124		11/30/2020	11/13/2020	12/01/2020			398.05	0.00	0.00	398.05
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B1395	BIODEX MEDICAL S	398.05		0.00	0.00	398.05

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11/24/20		11/30/2020	11/24/2020	11/24/2020			52.77	0.00	0.00	52.77
	FUEL									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	52.77		0.00	0.00	52.77

Vendor#	Vendor Name	Class	Pay Code
13024	CALHOUN COUNTY TAX		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112420		11/30/2020	11/24/2020	11/24/2020			7.50	0.00	0.00	7.50
	REGISTRATION STICKER F150									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13024	CALHOUN COUNTY	7.50		0.00	0.00	7.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8002374386		11/30/2020	11/12/2020	12/07/2020			157.16	0.00	0.00	157.16
	SUPPLIES									
8002368936		11/30/2020	11/12/2020	12/07/2020			186.49	0.00	0.00	186.49
	SUPPLIES									
8002381819		11/30/2020	11/24/2020	12/19/2020			224.68	0.00	0.00	224.68
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH	568.33		0.00	0.00	568.33

Vendor#	Vendor Name	Class	Pay Code
C1278	CARTSENS, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0044453		12/01/2020	11/05/2020	12/05/2020			100.11	0.00	0.00	100.11
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1278	CARTSENS, INC.	100.11		0.00	0.00	100.11

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3968485		11/30/2020	11/09/2020	12/09/2020			6,762.83	0.00	0.00	6,762.83
	MISC EQUIPMENT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMEN	6,762.83	0.00	0.00	6,762.83

Vendor#	Vendor Name	Class	Pay Code
12768	CHEMAQUA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7163670		11/30/2020	11/20/2020	11/30/2020			500.00	0.00	0.00	500.00
	WATER TREATMENT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12768	CHEMAQUA	500.00	0.00	0.00	500.00

Vendor#	Vendor Name	Class	Pay Code
10105	CHRIS KOVAREK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
44		12/01/2020	12/01/2020	12/01/2020			400.00	0.00	0.00	400.00
	SWING BED									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK	400.00	0.00	0.00	400.00

Vendor#	Vendor Name	Class	Pay Code
13000	CLEARFLY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV320560		12/01/2020	12/01/2020	12/15/2020			958.38	0.00	0.00	958.38
	PHONES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13000	CLEARFLY	958.38	0.00	0.00	958.38

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7991205378		11/30/2020	11/11/2020	11/11/2020			-125.00	0.00	0.00	-125.00
	CREDIT									
7991205377		11/30/2020	11/11/2020	11/11/2020			665.02	0.00	0.00	665.02
	SODA FOR LUBYS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTI	540.02	0.00	0.00	540.02

Vendor#	Vendor Name	Class	Pay Code
C1970	CONMED CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
396973		11/30/2020	11/10/2020	11/30/2020			572.89	0.00	0.00	572.89
	SUPPLIES									
401804		11/30/2020	11/16/2020	12/01/2020			572.89	0.00	0.00	572.89
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPOR/	1,145.78	0.00	0.00	1,145.78

Vendor#	Vendor Name	Class	Pay Code
C2150	COOK MEDICAL INCORPORATED	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
V20292190		11/30/2020	11/16/2020	11/30/2020			2,260.00	0.00	0.00	2,260.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2150	COOK MEDICAL INC	2,260.00	0.00	0.00	2,260.00

Vendor#	Vendor Name	Class	Pay Code
13576	CORTNEE PRIOUR THOMAS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111520		11/30/2020	11/15/2020	11/15/2020			35.00	0.00	0.00	35.00
	NRP COURSE REIMBURSEMENT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13576	CORTNEE PRIOUR	35.00	0.00	0.00	35.00

Vendor#	Vendor Name	Class	Pay Code

10646 COVIDIEN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5862291990	11/30/2020	11/02/2020	11/12/2020				1,261.62	0.00	0.00	1,261.62
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10646	COVIDIEN	1,261.62	0.00	0.00	1,261.62

Vendor#	Vendor Name	Class	Pay Code
10509	DA&E		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
14798	11/30/2020	11/20/2020	11/20/2020				4,828.00	0.00	0.00	4,828.00
	ASSISTANCE W/CAH MEDICARE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10509	DA&E	4,828.00	0.00	0.00	4,828.00

Vendor#	Vendor Name	Class	Pay Code
12612	DASHBOARD MD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10512	12/01/2020	12/01/2020	12/01/2020				550.00	0.00	0.00	550.00
	PROCESSING AND SUPPORT FEE									

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

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
6262430	11/30/2020	11/23/2020	12/18/2020				351.14	0.00	0.00	351.14
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SC	351.14	0.00	0.00	351.14

Vendor#	Vendor Name	Class	Pay Code
E0500	EAGLE FIRE & SAFETY INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
81058	11/30/2020	11/11/2020	12/11/2020				1,180.00	0.00	0.00	1,180.00
	RANGE GUARD/RECHARGE LIQUI									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	E0500	EAGLE FIRE & SAFI	1,180.00	0.00	0.00	1,180.00

Vendor#	Vendor Name	Class	Pay Code
12808	ESUTURES.COM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
374990	11/30/2020	11/16/2020	12/16/2020				40.00	0.00	0.00	40.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12808	ESUTURES.COM	40.00	0.00	0.00	40.00

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
T2011061370	11/30/2020	11/06/2020	12/01/2020				10,054.20	0.00	0.00	10,054.20
	CONSULTING/BUSINESS SERVICE									
T2011161370	11/30/2020	11/16/2020	12/11/2020				9,180.09	0.00	0.00	9,180.09
	BUSINESS SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	19,234.29	0.00	0.00	19,234.29

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2769489	11/30/2020	11/09/2020	12/04/2020				1,512.00	0.00	0.00	1,512.00
	SUPPLIES									
2897447	11/30/2020	11/11/2020	12/06/2020				579.82	0.00	0.00	579.82
	SUPPLIES									
2897446	11/30/2020	11/11/2020	12/06/2020				1,139.02	0.00	0.00	1,139.02
	SUPPLIES									
2969949	11/30/2020	11/12/2020	12/07/2020				223.10	0.00	0.00	223.10
	SUPPLIES									

3398380	11/30/2020	11/17/2020	12/12/2020			45.44	0.00	0.00	45.44
	SUPPLIES								
3398370	11/30/2020	11/17/2020	12/12/2020			45.44	0.00	0.00	45.44
	SUPPLIES								
3536356	11/30/2020	11/18/2020	12/13/2020			49.36	0.00	0.00	49.36
	INVENTORY								
3536357	11/30/2020	11/18/2020	12/13/2020			507.91	0.00	0.00	507.91
	SUPPLIES								
3669774	11/30/2020	11/19/2020	12/14/2020			1,592.24	0.00	0.00	1,592.24
	SUPPLIES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCA	5,694.33		0.00	0.00	5,694.33

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
27976137		11/30/2020	11/16/2020	12/16/2020			1,064.81	0.00	0.00	1,064.81
	PHONES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12636	FUSION CLOUD SE	1,064.81		0.00	0.00	1,064.81

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6001677723		11/30/2020	10/01/2020	10/31/2020			307.66	0.00	0.00	307.66
	MAINT CONTRACT									
6001700406		11/30/2020	11/01/2020	12/01/2020			307.66	0.00	0.00	307.66
	MAINT CONTRACT									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEA	615.32		0.00	0.00	615.32

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
9713323195		11/30/2020	11/11/2020	12/06/2020			192.00	0.00	0.00	192.00
	SUPPLIES									
9715866605		11/30/2020	11/12/2020	12/07/2020			36.40	0.00	0.00	36.40
	SUPPLIES									
9715866597		11/30/2020	11/13/2020	12/08/2020			119.70	0.00	0.00	119.70
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	W1300	GRAINGER	348.10		0.00	0.00	348.10

Vendor#	Vendor Name	Class	Pay Code
G0401	GULF COAST DELIVERY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
807956		12/02/2020	11/05/2020	12/05/2020			50.00	0.00	0.00	50.00
	DELIVERY 807956 - 807957									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELI\	50.00		0.00	0.00	50.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1963555		11/24/2020	11/17/2020	12/17/2020			52.12	0.00	0.00	52.12
	SUPPLIES									
1963717		11/24/2020	11/17/2020	12/17/2020			415.08	0.00	0.00	415.08
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPE	467.20		0.00	0.00	467.20

Vendor#	Vendor Name	Class	Pay Code
10334	HEALTH CARE LOGISTICS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
307790530		11/30/2020	11/16/2020	12/11/2020			90.18	0.00	0.00	90.18
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net

10334	HEALTH CARE LOG		90.18		0.00		0.00		90.18

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
100392506		11/30/2020	11/27/2020	12/23/2020			4,610.52	0.00	0.00	4,610.52

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINA	4,610.52	0.00	0.00	4,610.52

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
1776		12/01/2020	12/01/2020	12/01/2020			21,992.00	0.00	0.00	21,992.00
	RENEWAL DOLI EFFECTIVE 1/1/21									
1777		12/02/2020	12/01/2020	12/01/2020			19,963.65	0.00	0.00	19,963.65
	RENEWAL BE&O EFFECTIVE1/1/21									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H1227	HEALTHSURE INSU	41,955.65	0.00	0.00	41,955.65

Vendor#	Vendor Name	Class	Pay Code
12716	HITACHI HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PJIN0166960		11/30/2020	11/17/2020	12/17/2020			7,908.33	0.00	0.00	7,908.33
	SMA FEE									

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

Vendor#	Vendor Name	Class	Pay Code
H0416	HOLOGIC INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9526842		11/30/2020	11/18/2020	12/01/2020			708.75	0.00	0.00	708.75
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC	708.75	0.00	0.00	708.75

Vendor#	Vendor Name	Class	Pay Code
I1260	INTOXIMETERS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
667726		11/30/2020	11/10/2020	12/05/2020			660.00	0.00	0.00	660.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1260	INTOXIMETERS INC	660.00	0.00	0.00	660.00

Vendor#	Vendor Name	Class	Pay Code
11108	ITERSOURCE CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
711283		12/02/2020	12/01/2020	12/01/2020			250.00	0.00	0.00	250.00
	SUPPORT SERVICES									

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

Vendor#	Vendor Name	Class	Pay Code
12872	L.A.B. MICROSCOPE SERVICES LL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3011		11/24/2020	11/23/2020	12/23/2020			810.00	0.00	0.00	810.00
	ANNUAL PREVENTATIVE MAINT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12872	L.A.B. MICROSCOP	810.00	0.00	0.00	810.00

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
15265641		11/30/2020	11/04/2020	11/19/2020			74.38	0.00	0.00	74.38
	SUPPLIES									
15491352		11/30/2020	11/10/2020	11/25/2020			60.49	0.00	0.00	60.49
	SUPPLIES									
15485746		11/30/2020	11/10/2020	11/25/2020			91.14	0.00	0.00	91.14
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDIC	226.01		0.00	0.00	226.01

Vendor#	Vendor Name	Class	Pay Code
11203	MEDI-DOSE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0788484	11/24/2020	11/18/2020	12/18/2020				130.80	0.00	0.00	130.80
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11203	MEDI-DOSE, INC	130.80		0.00	0.00	130.80

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
120120	12/02/2020	12/01/2020	12/01/2020				4.89	0.00	0.00	4.89
	INDIGENT CARE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALT	4.89		0.00	0.00	4.89

Vendor#	Vendor Name	Class	Pay Code
M2827	MEDIVATORS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90694594	12/01/2020	11/11/2020	12/01/2020				213.54	0.00	0.00	213.54
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	213.54		0.00	0.00	213.54

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
1929589953	11/30/2020	11/02/2020	11/27/2020				-18.57	0.00	0.00	-18.57
	CREDIT INVOICE 1929036282									
1929631992	11/30/2020	11/03/2020	11/28/2020				10.45	0.00	0.00	10.45
	SUPPLIES									
1929631989	11/30/2020	11/03/2020	11/28/2020				210.09	0.00	0.00	210.09
	SUPPLIES									
1929631991	11/30/2020	11/03/2020	11/28/2020				213.38	0.00	0.00	213.38
	SUPPLIES									
1929631994	11/30/2020	11/03/2020	11/28/2020				35.28	0.00	0.00	35.28
	SUPPLIES									
1930517972	11/30/2020	11/10/2020	12/05/2020				50.10	0.00	0.00	50.10
	SUPPLIES									
1930517975	11/30/2020	11/10/2020	12/05/2020				9.52	0.00	0.00	9.52
	SUPPLIES									
1930517976	11/30/2020	11/10/2020	12/05/2020				9.52	0.00	0.00	9.52
	SUPPLIES									
1930517973	11/30/2020	11/10/2020	12/05/2020				47.15	0.00	0.00	47.15
	SUPPLIES									
1930517971	11/30/2020	11/10/2020	12/05/2020				48.21	0.00	0.00	48.21
	SUPPLIES									
1930517974	11/30/2020	11/10/2020	12/05/2020				53.37	0.00	0.00	53.37
	SUPPLIES									
1930517978	11/30/2020	11/10/2020	12/05/2020				1,546.00	0.00	0.00	1,546.00
	SUPPLIES									
1930517981	11/30/2020	11/10/2020	12/05/2020				67.63	0.00	0.00	67.63
	SUPPLIES									
1930517979	11/30/2020	11/10/2020	12/05/2020				56.22	0.00	0.00	56.22
	SUPPLIES									
1930606073	11/30/2020	11/11/2020	12/06/2020				85.30	0.00	0.00	85.30
	SUPPLIES									
1930606074	11/30/2020	11/11/2020	12/06/2020				290.44	0.00	0.00	290.44
	SUPPLIES									
1930606071	11/30/2020	11/11/2020	12/06/2020				153.09	0.00	0.00	153.09
	SUPPLIES									
1930606069	11/30/2020	11/11/2020	12/06/2020				83.34	0.00	0.00	83.34

		SUPPLIES							
1930874525	11/30/2020	11/12/2020	12/07/2020			-882.84	0.00	0.00	-882.84
		CREDIT INOVICE 1916312789							
1931245856	11/30/2020	11/17/2020	12/12/2020			8.21	0.00	0.00	8.21
		SUPPLIES							
1931245875	11/30/2020	11/17/2020	12/12/2020			2,531.65	0.00	0.00	2,531.65
		SUPPLIES							
1931245866	11/30/2020	11/17/2020	12/12/2020			4,877.30	0.00	0.00	4,877.30
		SUPPLIES							
1931245852	11/30/2020	11/17/2020	12/12/2020			8.97	0.00	0.00	8.97
		SUPPLIES							
1931245869	11/30/2020	11/17/2020	12/12/2020			23.79	0.00	0.00	23.79
		SUPPLIES							
1931245857	11/30/2020	11/17/2020	12/12/2020			97.46	0.00	0.00	97.46
		SUPPLIES							
1931245855	11/30/2020	11/17/2020	12/12/2020			882.84	0.00	0.00	882.84
		SUPPLIES							
1931245850	11/30/2020	11/17/2020	12/12/2020			536.09	0.00	0.00	536.09
		SUPPLIES							
1931245870	11/30/2020	11/17/2020	12/12/2020			105.78	0.00	0.00	105.78
		SUPPLIES							
1931587671	11/30/2020	11/19/2020	12/14/2020			22.00	0.00	0.00	22.00
		SUPPLIES							
1930606067	12/03/2020	11/11/2020	12/06/2020			433.26	0.00	0.00	433.26
		SUPPLIES							
1930606064	12/03/2020	11/11/2020	12/06/2020			1,809.45	0.00	0.00	1,809.45
		SUPPLIES							

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTR		13,404.48	0.00	0.00	13,404.48

Vendor#	Vendor Name	Class	Pay Code
10791	MINDRAY DS USA, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0600815606		11/30/2020	11/11/2020	12/01/2020			101.40	0.00	0.00	101.40
		SUPPLIES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10791	MINDRAY DS USA,		101.40	0.00	0.00	101.40

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
CM16266		11/30/2020	11/24/2020	12/04/2020			-128.45	0.00	0.00	-128.45
		CREDIT								
6323758		11/30/2020	11/24/2020	12/04/2020			755.84	0.00	0.00	755.84
		INVENTORY								
6323757		11/30/2020	11/24/2020	12/04/2020			15.30	0.00	0.00	15.30
		INVENTORY								
6328192		11/30/2020	11/25/2020	12/05/2020			429.03	0.00	0.00	429.03
		INVENTORY								
6328191		11/30/2020	11/25/2020	12/05/2020			761.24	0.00	0.00	761.24
		INVENTORY								
6328190		11/30/2020	11/25/2020	12/05/2020			49.24	0.00	0.00	49.24
		INVENTORY								
6333625		11/30/2020	11/29/2020	12/09/2020			238.68	0.00	0.00	238.68
		INVENTORY								
6333627		11/30/2020	11/29/2020	12/09/2020			3,022.56	0.00	0.00	3,022.56
		INVENTORY								
6333626		11/30/2020	11/29/2020	12/09/2020			3,302.78	0.00	0.00	3,302.78
		INVENTORY								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSOI		8,446.22	0.00	0.00	8,446.22

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
8800692445	11/30/2020	11/18/2020	12/18/2020				1,033.86	0.00	0.00	1,033.86
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC	1,033.86	0.00	0.00	1,033.86	

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
7216	11/30/2020	11/30/2020	11/30/2020				217.14	0.00	0.00	217.14
	TRANSCRIPTION									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TF	217.14	0.00	0.00	217.14	

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
30032088	11/30/2020	11/07/2020	12/02/2020				1,137.51	0.00	0.00	1,137.51
	SERVICE CONTRACT									
30067369	11/30/2020	11/16/2020	12/11/2020				150.46	0.00	0.00	150.46
	SUPPLEIS									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERIC/	1,287.97	0.00	0.00	1,287.97	

Vendor#	Vendor Name	Class	Pay Code
12708	POC ELECTRIC, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3203	12/03/2020	11/05/2020	11/05/2020				1,000.00	0.00	0.00	1,000.00
	INSTALL BREAKER BOX									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12708	POC ELECTRIC, LL(	1,000.00	0.00	0.00	1,000.00	

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SC61482	12/01/2020	11/12/2020	12/07/2020				1,667.00	0.00	0.00	1,667.00
	SERVICE CONTRACT									

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

Vendor#	Vendor Name	Class	Pay Code
11764	ROBERT RODRIQUEZ		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112520	11/30/2020	11/25/2020	11/25/2020				45.50	0.00	0.00	45.50
	REIMBURSE SUPPLIES PURCHAS									
113020	11/30/2020	11/30/2020	11/30/2020				2.29	0.00	0.00	2.29
	REIMBURSE SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11764	ROBERT RODRIQU	47.79	0.00	0.00	47.79	

Vendor#	Vendor Name	Class	Pay Code
11252	RX WASTE SYSTEMS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2832	11/30/2020	11/23/2020	12/18/2020				982.25	0.00	0.00	982.25
	DISPOSAL SERVICE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11252	RX WASTE SYSTEI	982.25	0.00	0.00	982.25	

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
256217	12/01/2020	11/16/2020	11/26/2020				400.00	0.00	0.00	400.00
	AD									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	400.00	0.00	0.00	400.00	

Vendor#	Vendor Name	Class	Pay Code
S2362	SMITH & NEPHEW		

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

929709660	11/30/2020	11/17/2020	12/01/2020				416.31	0.00	0.00	416.31
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	416.31		0.00	0.00	416.31

Vendor#	Vendor Name	Class	Pay Code
C1010	SPARKLIGHT	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
118134105-1		11/30/2020	11/16/2020	11/30/2020			90.09	0.00	0.00	90.09
CABLE										
100951581-1		11/30/2020	11/16/2020	11/30/2020			1,675.13	0.00	0.00	1,675.13
CABLE										
100987627-1		11/30/2020	11/16/2020	11/30/2020			2,019.95	0.00	0.00	2,019.95
CABLE										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT	3,785.17		0.00	0.00	3,785.17

Vendor#	Vendor Name	Class	Pay Code
S3940	STERIS CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9060467		11/30/2020	11/10/2020	12/05/2020			790.34	0.00	0.00	790.34
SUPPLIES										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORAT	790.34		0.00	0.00	790.34

Vendor#	Vendor Name	Class	Pay Code
T2204	TEXAS MUTUAL INSURANCE CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1002268812		11/30/2020	11/13/2020	12/05/2020			5,734.00	0.00	0.00	5,734.00
WORKERS COMP										
Q004377609		12/01/2020	12/01/2020	12/01/2020			8,414.70	0.00	0.00	8,414.70
RENEWAL WORKERS COMP										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INS	14,148.70	5734.00	0.00	0.00	14,148.70

Vendor#	Vendor Name	Class	Pay Code
11038	THE INLINE GROUP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
42718		11/30/2020	11/19/2020	12/04/2020			2,500.00	0.00	0.00	2,500.00
CANIDATE SOURCING										

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

Vendor#	Vendor Name	Class	Pay Code
10732	THERACOM, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
219941583		10/21/2020	10/06/2020	12/20/2020			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
T0801	TLC STAFFING	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26682		11/30/2020	11/09/2020	11/09/2020			663.53	0.00	0.00	663.53
CONTRACT NURSING										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING	663.53		0.00	0.00	663.53

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
8400348436		11/30/2020	11/23/2020	12/18/2020			1,729.52	0.00	0.00	1,729.52
LAUNDRY										
8400348412		11/30/2020	11/23/2020	12/18/2020			84.32	0.00	0.00	84.32
LAUNDRY										
8400348411		11/30/2020	11/23/2020	12/18/2020			45.15	0.00	0.00	45.15
LAUNDRY										

8400348826	11/30/2020	11/26/2020	12/21/2020			1,364.26	0.00	0.00	1,364.26
	LAUNDRY								
8400348794	11/30/2020	11/26/2020	12/21/2020			121.55	0.00	0.00	121.55
	LAUNDRY								
8400348795	11/30/2020	11/26/2020	12/21/2020			132.00	0.00	0.00	132.00
	LAUNDRY								
8400348797	11/30/2020	11/26/2020	12/21/2020			184.48	0.00	0.00	184.48
	LAUNDRY								
8400348796	11/30/2020	11/26/2020	12/21/2020			158.40	0.00	0.00	158.40
	LAUNDRY								
8400348792	11/30/2020	11/26/2020	12/21/2020			37.51	0.00	0.00	37.51
	LAUNDRY								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINC	3,857.19		0.00	0.00	3,857.19

Vendor#	Vendor Name	Class	Pay Code
U1200	UNITED AD LABEL CO INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
148726012		11/30/2020	11/12/2020	12/07/2020			231.54	0.00	0.00	231.54
	SUPPLEIS									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	U1200	UNITED AD LABEL (	231.54		0.00	0.00	231.54

Vendor#	Vendor Name	Class	Pay Code
12400	UPDOX LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0021300		11/30/2020	11/30/2020	11/30/2020			499.00	0.00	0.00	499.00
	FAXING									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12400	UPDOX LLC	499.00		0.00	0.00	499.00

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9110905620		11/30/2020	11/25/2020	12/20/2020			1,205.07	0.00	0.00	1,205.07
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,205.07		0.00	0.00	1,205.07

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	173,394.78	0.00	0.00	173,394.78

remove per Melissa M. <8414.70>

$164,980.08

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DEC 03 2020

COUNTY AUDITOR
CALDWELL COUNTY, TEXAS

Ck# 188331-188403

173,394.78 +
8,414.70 -
164,980.08 =

RUN DATE: 12/03/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 12:26 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		120220	239.69		3	[redacted]	
		120220	100.00		3		
		120220	371.52		2		
		120220	220.00		2		
		120220	31.99		3		
		120220	183.78		2		
		120220	200.00		2		
		120220	76.52		2		
		120220	633.86		2		
		120220	109.30		2		
		120220	490.00		2		
		120220	270.00		2		
		120220	788.00		2		
		120220	27.58		2		
		120220	59.81		2		
		120220	94.05		2		
		120220	689.70		2		
		120220	13.08		2		
		120220	176.00		2		
		120220	26.00		2		
		120220	13.10		2		
		120220	14.50		2		
		120220	22.35		2		
	ARID=0001 TOTAL		4850.83				
TOTAL			4850.83				

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GM

DEC 03 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 188409-
188431

12/04/2020 MEMORIAL MEDICAL CENTER 0

08:48 AP Open Invoice List ap_open_invoice.template

Dates Through:

Vendor#	Vendor Name	Class	Pay Code
T2204	TEXAS MUTUAL INSURANCE CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1002268812	11/30/2020	11/13/2020	12/05/2020				5,734.00	0.00	0.00	5,734.00
	WORKERS COMP on main payables list									
Q004377609	12/04/2020	12/02/2020	12/02/2020				8,305.95	0.00	0.00	8,305.95
	RENEWAL 1/1/21-1/1/22									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INS	14,039.95	8305.95	0.00	0.00	14,039.95

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	14,039.95	0.00	0.00	14,039.95

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BY
DEC 03 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Clk# 188396

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: 12/04/2020 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 12/05/2020

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

As of: 12/04/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 12/05/2020 ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,328.15 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 12/08/2020,
Pay This Amount: 2,281.59 USD

If Paid After 12/08/2020,
Pay this Amount: 2,328.15 USD

Due If Paid On Time:
USD 2,281.59

Disc lost if paid late:
46.56

Due If Paid Late:
USD 2,328.15

0.17 +
1.22 +
1,129.16 +
141.29 +
1,009.75 +
2,281.59 *

CK # 500158

ADVISED ON
DEC 07 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

HEB PHY FC 490/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/04/2020

DC: 8115

Territory: 400

Customer: 464450
Date: 12/05/2020

Page: 001

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

As of: 12/04/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 12/05/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
12/02/2020	12/08/2020	7238791624	55x685709	115Invoice		0.17		0.17 ✓		7238791624	☐

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: 0.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,489.06
11/30/2020

If Paid By 12/08/2020,
Pay This Amount: 0.17 USD

If Paid After 12/08/2020,
Pay this Amount: 0.17 USD

Due If Paid On Time:
USD 0.17

Disc lost if paid late:
0.00

Due If Paid Late:
USD 0.17

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CH

DEC 07 2020

COUNTY AUDITOR
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: 12/04/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 262252
Date: 12/05/2020

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

As of: 12/04/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 12/05/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
12/03/2020	12/08/2020	7239071522	973429	115Invoice	0.02	1.24		1.22 ✓		7239071522	

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

TOTAL: **Customer Number 262252 CVS PHCY 7006/MEMORIA PHS**

Subtotals: 1.24 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,489.06
11/30/2020

If Paid By 12/08/2020,
Pay This Amount: 1.22 USD

If Paid After 12/08/2020,
Pay this Amount: 1.24 USD

Due If Paid On Time:
USD 1.22

Disc lost if paid late:
0.02

Due If Paid Late:
USD 1.24

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ON
DEC 07 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/04/2020

DC: 8115

Territory: 400

Customer: 256342
Date: 12/05/2020

Page: 001

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

As of: 12/04/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 12/05/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
12/02/2020	12/08/2020	7238792658	684309	115Invoice	0.04	1.90		1.86 ✓		7238792658	
12/04/2020	12/08/2020	7239334179	733065	115Invoice	9.65	482.50		472.85 ✓		7239334179	
12/04/2020	12/08/2020	7239334181	1203200407-00	115Invoice	13.36	667.81		654.45 ✓		7239334181	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 1,152.21 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,489.06
11/30/2020

If Paid By 12/08/2020, Pay This Amount: 1,129.16 USD

If Paid After 12/08/2020, Pay this Amount: 1,152.21 USD

Due If Paid On Time: USD 1,129.16 ✓

Disc lost if paid late: 23.05

Due If Paid Late: USD 1,152.21

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DEC 07 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: 12/04/2020

DC: 8115

Territory: 400

Customer: 190813
Date: 12/05/2020

Page: 001

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

As of: 12/04/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 12/05/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
12/02/2020	12/08/2020	7238791725	2017023733	115Invoice	2.40	120.18		117.78 ✓		7238791725	
12/04/2020	12/08/2020	7239317701	2017023901	115Invoice	0.48	23.99		23.51 ✓		7239317701	

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: 144.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,489.06
11/30/2020

If Paid By 12/08/2020, Pay This Amount: 141.29 USD

If Paid After 12/08/2020, Pay this Amount: 144.17 USD

Due If Paid On Time: USD 141.29 ✓

Disc lost if paid late: 2.88

Due If Paid Late: USD 144.17

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DEC 07 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/04/2020 Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 12/05/2020

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

As of: 12/04/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 12/05/2020 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
12/03/2020	12/08/2020	7239246781	973455	115Invoice	20.61	1,030.36		1,009.75	✓	7239246781	

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

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

Subtotals: 1,030.36 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,489.06
11/30/2020

If Paid By 12/08/2020,
Pay This Amount: 1,009.75 USD

If Paid After 12/08/2020,
Pay this Amount: 1,030.36 USD

Due If Paid On Time:
USD 1,009.75

Disc lost if paid late:
20.61

Due If Paid Late:
USD 1,030.36

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BY

DEC 07 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Statement Number: 60063368
Date: 12-04-2020

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:	637.74
Past Due:	0.00
Total Due:	637.74
Account Balance:	637.74

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-29-2020	12-11-2020	3045149939	159088	Invoice	116.18		0.00	116.18
11-29-2020	12-11-2020	3045150620	159089	Invoice	0.31		0.00	0.31
11-29-2020	12-11-2020	3045150621	159092	Invoice	3.65		0.00	3.65
11-29-2020	12-11-2020	3045170690	159141	Invoice	0.31		0.00	0.31
11-30-2020	12-11-2020	3045211910	159148	Invoice	0.90		0.00	0.90
12-01-2020	12-11-2020	3045257103	159153	Invoice	293.71		0.00	293.71
12-01-2020	12-11-2020	3045257104	159154	Invoice	0.93		0.00	0.93
12-03-2020	12-11-2020	3045314937	159166	Invoice	40.81		0.00	40.81
12-04-2020	12-11-2020	3045358208	159173	Invoice	180.94		0.00	180.94

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
637.74	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
12-04-2020	(1,465.15)

Reminders

Due Date	Amount
12-11-2020	637.74
Total Due:	637.74

CK # 500159

APPROVED ON
DEC 07 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"	★	$ 96,655.74	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 49,322.40	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 11,963.26	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 35,370.08	#
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	8532.75	N		N	N		165728.05
1	REGULAR PAY-S1	1318.50	N		N	N	N	57368.69
1	REGULAR PAY-S1	213.25	N		N	Y		6583.25
1	REGULAR PAY-S1	159.00	Y		N	N		4622.17
2	REGULAR PAY-S2	2326.25	N		N	N		53389.41
2	REGULAR PAY-S2	164.50	N		N	Y		6129.28
2	REGULAR PAY-S2	127.50	Y		N	N		4223.53
3	REGULAR PAY-S3	1442.50	N		N	N		37814.18
3	REGULAR PAY-S3	111.75	N		N	Y		4502.60
3	REGULAR PAY-S3	66.75	Y		N	N		2485.02
C	CALL PAY	2522.00	N	1	N	N		5044.00
E	EXTRA WAGES		N	1	N	N	N	1536.50
I	INSERVICE	9.25	N	1	N	N		307.01
K	EXTENDED-ILLNESS-BANK	313.00	N	1	N	N		5722.04
P	PAID-TIME-OFF	316.00	N		N	N	N	8385.06
P	PAID-TIME-OFF	2449.50	N	1	N	N		61606.97
X	CALL PAY 2	200.00	N	1	N	N		400.00
Y	YMCA/CURVES		N		N	N	N	75.00
Z	CALL PAY 3	48.00	N	1	N	N		144.00
p	PAID TIME OFF - PROBATION	92.00	N	1	N	N		1317.56
t	PHONE & DATA		N		N	N	N	930.00
v	COVID-FFCRA	276.00	N	1	N	N		9048.84

-- Deductions Summary --

Code	Amount	Code	Amount	Code	Amount
A/R	680.00	A/R2	100.00	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1679.32	CAFE-F	
CAFE-H	18872.05	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	409.88
CLINIC	185.00	COMBIN	412.31	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	35370.08	FICA-M	5981.63	FICA-O	24661.20
FIRSTC		FLEX S	4231.37	FLX FE	
FORT D		FUTA		GIFT S	186.73
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	392.56	MASA	834.00	MEALS	135.60
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	882.39	SUNILL	1238.35	SUNLIF	1234.82
SUNSTD	1593.64	SUNVIS	1200.48	SURCHG	555.00
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	30615.52	TUTION	
UNIFOR	1221.23	UW/HOS			

Grand Totals: 20688.50 (Gross: 437363.16 Deductions: 135461.14 Net: 301902.02)

Checks Count:- FT 204 PT 4 Other 50 Female 228 Male 29 Credit OverAmt 6 ZeroNet Term Total: 257

Pay Date
12.01.20

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- November 30, 2020 - December 06, 2020

Date	Bank Description	MMC Notes	Amount
11/30/2020	IRS USATAXPYMT 220073580860794 6103601000158	- Payroll Taxes	96,759.62***
12/1/2020	MCKESSON DRUG AUTO ACH ACH04393747 910000155	- 340B Drug Program Expense	2,489.06*
12/2/2020	PAY PLUS ACHTRANS 452579291 101000699925540	- 3rd Party Payor Fee	4.86
12/2/2020	AUTHNET GATEWAY BILLING 115032659 1040000194	- 3rd Party Payor Fee	22.00
12/3/2020	PAY PLUS ACHTRANS 452579291 101000691235222	- 3rd Party Payor Fee	0.82
12/3/2020	IRS USATAXPYMT 220073883941566 6103601000043	- Payroll Taxes	104.06*
12/3/2020	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	-CitiBank Corporate Card Payment	1,014.30**
12/4/2020	STATE COMPTRLR TEXNET 00599609/01203 2100002	NH QIPP IGT	2,482,528.43**
12/4/2020	PAY PLUS ACHTRANS 452579291 101000692164895	- 3rd Party Payor Fee	1.67
12/4/2020	MERCH BNKCD FEE 971160913887 114902520002370	- Credit Card Processing Fee	137.40
12/4/2020	MERCH BNKCD FEE 971160910883 114902520002369	- Credit Card Processing Fee	9.95
12/4/2020	MERCH BNKCD DISCOUNT 971160913887 1149025200	- Credit Card Processing Fee	163.45
12/4/2020	MERCH BNKCD DISCOUNT 971160910883 1149025200	- Credit Card Processing Fee	19.95
12/4/2020	MERCH BNKCD INTERCHNG 971160913887 114902520	- Credit Card Processing Fee	107.09
12/4/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1,465.15*
			2,584,827.81

Jason Anglin, CEO
Memorial Medical Center

December 7,2020

* Approved 12.02.20
** Approved 11.18.20
*** Approved 11.25.20

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
12/15/2020	TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	**142,401.35**

Jason Anglin, CEO
Memorial Medical Center

December 7,2020

Pay Plus
CC Fees
Authnet

CI
4.86 +
0.82 +
1.67 +
7.35 *
22.00 +
22.00 *
137.40 +
9.95 +
163.45 +
19.95 +
107.09 +
437.84 *

7.35 +
22.00 +
437.84 +
467.19 *

2,584,827.81 +
96,759.62 −
2,489.06 −
104.06 −
1,014.30 −
2,482,528.43 −
1,465.15 −
467.19 *

467.19 +
467.19 −
0.00 *

Date/Time Submitted By	12-01-2020 / 01:50 PM
Pay Date	11-30-2020
Employee Deposits	$61,607.59
Employer Contributions	$80,793.76
Group Term Life Premiums	$0.00
Total	$142,401.35
Comments	
Payroll File	November 2020 Retirement Upload.xlsx

CLOSE PRINT

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DEC 03 2020
Calhoun County Auditor

12/03/2020 MEMORIAL MEDICAL CENTER 0
12:26 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTEI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
113020	11/30/2020	11/30/2020	12/24/2020				2,898.50	0.00	0.00	2,898.50

TRANSFER Nursing home insurance pymt deposited into mmc operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTI	2,898.50	0.00	0.00	2,898.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,898.50	0.00	0.00	2,898.50

APPROVED
BY
DEC 03 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 188405

12/03/2020 MEMORIAL MEDICAL CENTER 0
12:24 AP Open Invoice List
Dates Through: 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
112320	11/30/2020	11/23/2020	12/24/2020				2,754.45	0.00	0.00	2,754.45 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
112420A	11/30/2020	11/24/2020	12/24/2020				42,529.11	0.00	0.00	42,529.11 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
112520	11/30/2020	11/25/2020	12/24/2020				1,454.09	0.00	0.00	1,454.09 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
113020	11/30/2020	11/30/2020	12/24/2020				785.55	0.00	0.00	785.55 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	47,523.20	0.00	0.00	47,523.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	47,523.20	0.00	0.00	47,523.20

CK# 188432

12/03/2020 MEMORIAL MEDICAL CENTER 0
12:25 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
112320	11/30/2020	11/23/2020	12/24/2020				2,360.61	0.00	0.00	2,360.61 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
112420A	11/30/2020	11/24/2020	12/24/2020				26,227.05	0.00	0.00	26,227.05 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
112520	11/30/2020	11/25/2020	12/24/2020				90.28	0.00	0.00	90.28 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
112720	11/30/2020	11/27/2020	12/24/2020				1,300.00	0.00	0.00	1,300.00 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
113020	11/30/2020	11/30/2020	12/24/2020				4,080.00	0.00	0.00	4,080.00 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZ	34,057.94	0.00	0.00	34,057.94

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	34,057.94	0.00	0.00	34,057.94

Ck # 188407

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor# 13004 Vendor Name TUSCANY VILLAGE Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112320	11/30/2020	11/23/2020	12/24/2020				4,158.94	0.00	0.00	4,158.94 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
112320A	11/30/2020	11/23/2020	12/24/2020				4,176.97	0.00	0.00	4,176.97 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
112420A	11/30/2020	11/24/2020	12/24/2020				10,745.70	0.00	0.00	10,745.70 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
112520	11/30/2020	11/25/2020	12/24/2020				1,563.84	0.00	0.00	1,563.84 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
112520A	11/30/2020	11/25/2020	12/25/2020				880.00	0.00	0.00	880.00 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
112720	11/30/2020	11/27/2020	12/24/2020				585.00	0.00	0.00	585.00 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
113020	11/30/2020	11/30/2020	12/24/2020				2,992.00	0.00	0.00	2,992.00 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	25,102.45	0.00	0.00	25,102.45

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	25,102.45	0.00	0.00	25,102.45

Ck# 188407

12/03/2020 MEMORIAL MEDICAL CENTER 0
12:22 AP Open Invoice List
Dates Through: 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
112320	11/30/2020	11/23/2020	12/24/2020				11,299.02	0.00	0.00	11,299.02
	TRANSFER NH insurance pymt deposited into MMC operating									
112420	11/30/2020	11/24/2020	12/24/2020				41,006.29	0.00	0.00	41,006.29
	TRANSFER NH insurance pymt deposited into MMC operating									
112520A	11/30/2020	11/25/2020	12/24/2020				4,103.55	0.00	0.00	4,103.55
	TRANSFER NH insurance pymt deposited into MMC operating									
112520	11/30/2020	11/25/2020	12/24/2020				31,293.25	0.00	0.00	31,293.25
	TRANSFER NH insurance pymt deposited into MMC operating									
112520B	11/30/2020	11/25/2020	12/24/2020				5,280.00	0.00	0.00	5,280.00
	TRANSFER NH insurance pymt deposited into MMC operating									
113020	11/30/2020	11/30/2020	12/24/2020				2,355.36	0.00	0.00	2,355.36
	TRANSFER NH insurance pymt deposited into MMC operating									
113020A	11/30/2020	11/30/2020	12/24/2020				631.45	0.00	0.00	631.45
	TRANSFER NH insurance pymt deposited into MMC operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR I	95,968.92	0.00	0.00	95,968.92

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	95,968.92	0.00	0.00	95,968.92

ck# 188404

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	188331	12/09/20	122.48	AIRGAS USA, LLC - CENTRAL DIV
A/P	188332	12/09/20	227.55	ALIMED INC.
A/P	188333	12/09/20	113.32	AMBU INC
A/P	188334	12/09/20	369.81	AVANTE HEALTH SOULTIONS
A/P	188335	12/09/20	5,191.25	AYA HEALTHCARE INC
A/P	188336	12/09/20	150.00	BARD ACCESS
A/P	188337	12/09/20	529.32	BARD PERIPHERAL VASCULAR
A/P	188338	12/09/20	1,118.89	BAXTER HEALTHCARE
A/P	188339	12/09/20	340.87	BECKMAN COULTER INC
A/P	188340	12/09/20	398.05	BIODEX MEDICAL SYSTEMS INC
A/P	188341	12/09/20	52.77	CALHOUN COUNTY
A/P	188342	12/09/20	7.50	CALHOUN COUNTY TAX
A/P	188343	12/09/20	568.33	CARDINAL HEALTH 414, INC.
A/P	188344	12/09/20	100.11	CARTSENS, INC.
A/P	188345	12/09/20	6,762.83	CDW GOVERNMENT, INC.
A/P	188346	12/09/20	500.00	CHEMAQUA
A/P	188347	12/09/20	400.00	CHRIS KOVAREK
A/P	188348	12/09/20	958.38	CLEARFLY
A/P	188349	12/09/20	540.02	COCA COLA SOUTHWEST BEVERAGES
A/P	188350	12/09/20	1,145.78	CONMED CORPORATION
A/P	188351	12/09/20	2,260.00	COOK MEDICAL INCORPORATED
A/P	188352	12/09/20	35.00	CORTNEE PRIOUR THOMAS
A/P	188353	12/09/20	1,261.62	COVIDIEN
A/P	188354	12/09/20	4,828.00	DA&E
A/P	188355	12/09/20	550.00	DASHBOARD MD
A/P	188356	12/09/20	351.14	DEWITT POTH & SON
A/P	188357	12/09/20	1,180.00	EAGLE FIRE & SAFETY INC
A/P	188358	12/09/20	40.00	ESUTURES.COM
A/P	188359	12/09/20	19,234.29	EVIDENT
A/P	188360	12/09/20	.00	VOIDED
A/P	188361	12/09/20	5,694.33	FISHER HEALTHCARE
A/P	188362	12/09/20	1,064.81	FUSION CLOUD SERVICES, LLC
A/P	188363	12/09/20	615.32	GE PRECISION HEALTHCARE, LLC
A/P	188364	12/09/20	348.10	GRAINGER
A/P	188365	12/09/20	50.00	GULF COAST DELIVERY
A/P	188366	12/09/20	467.20	GULF COAST PAPER COMPANY
A/P	188367	12/09/20	90.18	HEALTH CARE LOGISTICS INC
A/P	188368	12/09/20	4,610.52	HEALTHCARE FINANCIAL SERVICES
A/P	188369	12/09/20	41,955.65	HEALTHSURE INSURANCE SERVICES
A/P	188370	12/09/20	7,908.33	HITACHI HEALTHCARE
A/P	188371	12/09/20	708.75	HOLOGIC INC
A/P	188372	12/09/20	660.00	INTOXIMETERS INC
A/P	188373	12/09/20	250.00	ITERSOURCE CORPORATION
A/P	188374	12/09/20	810.00	L.A.B. MICROSCOPE SERVICES LLC
A/P	188375	12/09/20	226.01	MCKESSON MEDICAL SURGICAL INC
A/P	188376	12/09/20	130.80	MEDI-DOSE, INC
A/P	188377	12/09/20	4.89	MEDIMPACT HEALTHCARE SYS, INC.
A/P	188378	12/09/20	213.54	MEDIVATORS
A/P	188379	12/09/20	.00	VOIDED
A/P	188380	12/09/20	.00	VOIDED

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	188381	12/09/20	.00	VOIDED
A/P	188382	12/09/20	13,404.48	MEDLINE INDUSTRIES INC
A/P	188383	12/09/20	101.40	MINDRAY DS USA, INC.
A/P	188384	12/09/20	8,446.22	MORRIS & DICKSON CO, LLC
A/P	188385	12/09/20	1,033.86	MXR IMAGING, INC
A/P	188386	12/09/20	217.14	NACOGDOCHES TRANSCRIPTION
A/P	188387	12/09/20	1,287.97	OLYMPUS AMERICA INC
A/P	188388	12/09/20	1,000.00	POC ELECTRIC, LLC
A/P	188389	12/09/20	1,667.00	RADSOURCE
A/P	188390	12/09/20	47.79	ROBERT RODRIQUEZ
A/P	188391	12/09/20	982.25	RX WASTE SYSTEMS LLC
A/P	188392	12/09/20	400.00	SIGN AD, LTD.
A/P	188393	12/09/20	416.31	SMITH & NEPHEW
A/P	188394	12/09/20	3,785.17	SPARKLIGHT
A/P	188395	12/09/20	790.34	STERIS CORPORATION
A/P	188396	12/09/20	14,039.95	TEXAS MUTUAL INSURANCE CO
A/P	188397	12/09/20	2,500.00	THE INLINE GROUP
A/P	188398	12/09/20	1,564.08	THERACOM, LLC
A/P	188399	12/09/20	663.53	TLC STAFFING
A/P	188400	12/09/20	3,857.19	UNIFIRST HOLDINGS
A/P	188401	12/09/20	231.54	UNITED AD LABEL CO INC
A/P	188402	12/09/20	499.00	UPDOX LLC
A/P	188403	12/09/20	1,205.07	WERFEN USA LLC
A/P	188404	12/09/20	95,968.92	BETHANY SENIOR LIVING
A/P	188405	12/09/20	2,898.50	FORTBEND HEALTHCARE CENTER
A/P	188406	12/09/20	.00	GOLDENCREEK HEALTHCARE
A/P	188407	12/09/20	34,057.94	GULF POINTE PLAZA
A/P	188408	12/09/20	25,102.45	TUSCANY VILLAGE
A/P	188409	12/09/20	109.30	
A/P	188410	12/09/20	100.00	
A/P	188411	12/09/20	22.35	
A/P	188412	12/09/20	490.00	
A/P	188413	12/09/20	31.99	
A/P	188414	12/09/20	59.81	
A/P	188415	12/09/20	371.52	
A/P	188416	12/09/20	27.58	
A/P	188417	12/09/20	14.50	
A/P	188418	12/09/20	200.00	
A/P	188419	12/09/20	788.00	
A/P	188420	12/09/20	183.78	
A/P	188421	12/09/20	633.86	
A/P	188422	12/09/20	270.00	
A/P	188423	12/09/20	13.08	
A/P	188424	12/09/20	26.00	
A/P	188425	12/09/20	76.52	
A/P	188426	12/09/20	220.00	
A/P	188427	12/09/20	13.10	
A/P	188428	12/09/20	689.70	
A/P	188429	12/09/20	94.05	
A/P	188430	12/09/20	239.69	
A/P	188431	12/09/20	176.00	

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	188432	12/09/20	47,523.20	GOLDENCREEK HEALTHCARE
TOTALS:			383,687.87	

APPROVED
BY

DEC 09 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 164,980.08 +
Patient refunds 4,850.83 +
Priority 8,305.95 +
2,898.50 +
NH 47,523.20 +
Transfers 34,057.94 +
25,102.45 +
95,968.92 +
383,687.87 =

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/7/2020

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		243,684.80	243,503.37	18,927.34		-	19,108.77	18,870.89
						Bank Balance	19,108.77	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Ashford Gardens:						AMERIGROUP QIPP 1 & 2	-	
						MOLINA QIPP 1 & 2	-	
						October Interest	81.43	
						November Interest	56.45	
						December Interest	-	
						Adjust Balance/Transfer Amt	18,870.89	
Broadmoor		108,475.79	108,337.46	161,154.97		-	161,293.30	161,120.37
						Bank Balance	161,293.30	
						Variance	-	
						Leave in Balance	100.00	
						MOLINA QIPP 1 & 2	-	
						AMERIGROUP QIPP 1 & 2	-	
						PENDING MMC Claim payment(clinic)	-	
						October Interest	38.33	
						November Interest	34.60	
						December Interest	-	
						Adjust Balance/Transfer Amt	161,120.37	
Crescent		277,462.61	277,317.54	67,799.74		-	67,944.81	67,754.70
						Bank Balance	67,944.81	
						Variance	-	
						Leave in Balance	100.00	
						MOLINA QIPP 1 & 2	-	
						AMERIGROUP QIPP 1 & 2	-	
						October Interest	45.07	
						November Interest	45.04	
						December Interest	-	
						Adjust Balance/Transfer Amt	67,754.70	
Fort Bend		93,200.67	93,079.86	12,559.67		-	12,680.48	12,535.53
						Bank Balance	12,680.48	
						Variance	-	
						Leave in Balance	100.00	
						MOLINA QIPP 1 & 2	-	
						AMERIGROUP QIPP 1 & 2	-	
						October Interest	20.81	
						November Interest	24.14	
						December Interest	-	
						Adjust Balance/Transfer Amt	12,535.53	
Solera at W Houston		174,593.86	174,442.04	40,023.17			40,174.99	39,982.70
						Bank Balance	40,174.99	
						Variance	-	
						Leave in Balance	100.00	
						MOLINA QIPP 1 & 2	-	
						AMERIGROUP QIPP 1 & 2	-	
						October Interest	51.82	
						November Interest	40.47	
						December Interest	-	
							-	
						Adjust Balance/Transfer Amt	39,982.70	

18,870.89 +
161,120.37 +
67,754.70 +
12,535.53 +
39,982.70 +
300,264.19 *

TOTAL TRANSFERS 300,264.19

Routing Information for Crescent / Solera at West Houston / Fort Bend / Br
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 111000614
Account # 937662922

APPROVED
BY
DEC 07 2020
COUNTY AUDITOR
SALEDUN COUNTY, TEXAS

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

Approved:

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

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
11/30/2020	Added to Account	-	56.45					-	56.45
11/30/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011251280034 8*1912008361*0000TEX01\	-	3,412.53					-	3,412.53
11/30/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000144 TRN*1*EFT7002501*1205296137*000004911\	-	986.17					-	986.17
12/1/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000152 TRN*1*EFT7003055*1205296137*000004911\	-	7,613.20					-	7,613.20
12/2/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	192,658.41	-					-	-
12/3/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1586656954*1411289245*000087726\	-	585.00					-	585.00
12/3/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202012021160061 2*1912008361*0000TEX01\	-	1,903.99					-	1,903.99
12/4/2020	Check	50,844.96	-					-	-
12/4/2020	Deposit	-	4,370.00					-	4,370.00
								-	-
		243,503.37	18,927.34	-	-	-	-	-	18,927.34

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
11/30/2020	Added to Account	-	34.60					-	34.60
11/30/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0257353	-	4,680.00					-	4,680.00
11/30/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011261600035 3*1912008361*0000TEX01\	-	1,222.80					-	1,222.80
11/30/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011261580054 7*1912008361*0000TEX01\	-	20,220.39					-	20,220.39
11/30/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011251510022 3*1912008361*0000TEX01\	-	14,265.77					-	14,265.77
11/30/2020	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*202011251550072 8*1912008361*0000TEX01\	-	4,158.00					-	4,158.00
11/30/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000144 TRN*1*EFT5772968*1205296137*000004011\	-	14,491.80					-	14,491.80
12/1/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1586040446*1411289245*000087726\	-	2,736.00					-	2,736.00
12/1/2020	HUMANA INS CO HCCLAIMPMT 390861 830000525531 TRN*1*001290053959106*1391263473\	-	1,842.73					-	1,842.73
12/1/2020	HUMANA INS CO HCCLAIMPMT 390861 830000525098 TRN*1*001290053936623*1391263473\	-	3,456.67					-	3,456.67
12/1/2020	HUMANA CHA DISB HCCLAIMPMT 390861 4200001560 TRN*1*014840101914901*1611013183\	-	8,282.43					-	8,282.43
12/1/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*0SG463171669860433*1746000156~	-	2,816.00					-	2,816.00
12/2/2020	Check	54.08	-					-	-
12/2/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	87,234.65	-					-	-
12/2/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*0SG471941669860433*1746000156~	-	16,187.97					-	16,187.97
12/3/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1586666315*1411289245*000087726\	-	860.00					-	860.00
12/3/2020	HUMANA INS CO HCCLAIMPMT 390861 830000517454 TRN*1*001290054010307*1391263473\	-	35,325.07					-	35,325.07
12/3/2020	HUMANA CHA DISB HCCLAIMPMT 390861 4200001056 TRN*1*014840101919322*1611013183\	-	27,010.83					-	27,010.83
12/4/2020	Check	21,048.73	-					-	-
12/4/2020	Deposit	-	1,808.91					-	1,808.91
12/4/2020	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0257463	-	1,755.00					-	1,755.00
								-	-
		108,337.46	161,154.97	-	-	-	-	-	161,154.97

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
11/30/2020	Added to Account	-	45.04					-	45.04
11/30/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000144 TRN*1*EFT5772951*1205296137*000004011\	-	18,729.08					-	18,729.08
11/30/2020	HUMANA INS CO HCCLAIMPMT 390864 830000587785 TRN*1*001290053915241*1391263473\	-	8,386.65					-	8,386.65
12/1/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1586040445*1411289245*000087726\	-	1,850.00					-	1,850.00
12/1/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1585886700*1362739571*000036273\	-	3,872.00					-	3,872.00
12/1/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011271470055 1*1912008361*0000TEX01\	-	0.15					-	0.15
12/1/2020	HUMANA CHA DISB HCCLAIMPMT 390864 4200001559 TRN*1*014840101908123*1611013183\	-	1,953.05					-	1,953.05
12/2/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	260,417.64	-					-	-
12/2/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*0SG471991669860425*1746000156~	-	2,343.48					-	2,343.48
12/3/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1586666314*1411289245*000087726\	-	17,845.00					-	17,845.00
12/3/2020	HUMANA INS CO HCCLAIMPMT 390864 830000517454 TRN*1*001290054010308*1391263473\	-	3,523.35					-	3,523.35
12/3/2020	HUMANA CHA DISB HCCLAIMPMT 390864 4200001056 TRN*1*014840101919323*1611013183\	-	5,272.03					-	5,272.03
12/4/2020	Check	16,899.90	-					-	-
12/4/2020	Deposit	-	1,450.71					-	1,450.71
12/4/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0257452	-	2,520.00					-	2,520.00
12/4/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202012031640082 0*1912008361*0000TEX01\	-	9.20					-	9.20
		277,317.54	67,799.74	-	-	-	-	-	67,799.74

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
11/30/2020	Added to Account	-	24.14					-	24.14
12/2/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	72,542.36	-					-	-
12/3/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1586668263*1411289245*000087726\	-	10,628.00					-	10,628.00
12/3/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*0SG478061730577503*1746000156~	-	152.35					-	152.35
12/4/2020	Check	20,537.50	-					-	-
12/4/2020	Deposit	-	1,755.18					-	1,755.18
								-	-
		93,079.86	12,559.67	-	-	-	-	-	12,559.67

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
11/30/2020	Added to Account	-	40.47					-	40.47
11/30/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011261580024 9*1912008361*0000TEX01\	-	134.00					-	134.00
11/30/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011251280054 3*1912008361*0000TEX01\	-	3,417.76					-	3,417.76
11/30/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000144 TRN*1*EFT5772944*1205296137*000004011\	-	10,692.41					-	10,692.41
12/1/2020	Amerigroup TXSC HCCLAIMPMT 3137728175 111000 TRN*1*3137728175*1752603231\	-	28.30					-	28.30
12/1/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011271470046 4*1912008361*0000TEX01\	-	11.85					-	11.85
12/2/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	154,518.91	-					-	-
12/2/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202011291660024 3*1912008361*0000TEX01\	-	174.76					-	174.76
12/2/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000103 TRN*1*EFT5776316*1205296137*000004011\	-	3,571.00					-	3,571.00
12/3/2020	Amerigroup TXSC HCCLAIMPMT 3138061048 111000 TRN*1*3138061048*1752603231\	-	3,825.41					-	3,825.41
12/3/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202012021040183 1*1912008361*0000TEX01\	-	38.40					-	38.40
12/3/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000134 TRN*1*EFT5777743*1205296137*000004011\	-	15,331.36					-	15,331.36
12/4/2020	Check	19,923.13	-					-	-
12/4/2020	Deposit	-	1,701.45					-	1,701.45
12/4/2020	CIGNA HCCLAIMPMT 1497143259 91000013061756 TRN*1*201201090024536*1591031071\	-	1,056.00					-	1,056.00
								-	-
		174,442.04	40,023.17	-	-	-	-	-	40,023.17
	TOTALS	896,680.27	300,464.89	-	-	-	-	-	300,464.89

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DDA Data reported as of Dec 7, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$19,108.77	$19,792.80	$19,108.77	$65,583.7
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$161,293.30	$161,293.30	$161,293.30	$178,778.1
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$67,944.81	$72,696.81	$67,944.81	$80,864.8
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$12,680.48	$12,918.02	$12,680.48	$31,462.8
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$40,174.99	$41,406.99	$40,174.99	$57,340.6
[redacted]				

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Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
12/7/2020

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		174,930.85	174,779.86	61,094.41	-	-	61,245.40	61,057.66
						Bank Balance	61,245.40	
						Variance	-	
						Leave in Balance	100.00	
							-	
						SUPERIOR QIPP 1 & 2	-	
						October Interest	50.99	
						November Interest	36.75	
						December Interest	-	
							-	
						Adjust Balance/Transfer Amt	61,057.66	

Routing Information for Golden Creek:

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

Approved:

Jason Anglin, CEO — 12/7/2020

APPROVED
BY
DEC 07 2020
COUNTY AUDITOR
GALVESTON COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				CJPP/Comp1	CJPP/Comp 2	CJPP/Comp3	CJPP/Comp4&Lapse	CJPP TI	
11/30/2020	Added to Account	-	36.75					-	36.75
11/30/2020	NOVITAS SOLUTION HCCLAIMPMT 676097 420000144 TRN*1*EFT5772090*1205296137*000004011\	-	45,517.39					-	45,517.39
12/2/2020	WIRE OUT NEXION HEALTH AT GOLDEN CREEK	142,398.61	-					-	-
12/2/2020	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 113020	-	6,210.55					-	6,210.55
12/3/2020	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 120120	-	6,773.00					-	6,773 00
12/4/2020	Check	32,381.25	-					-	-
12/4/2020	Deposit	-	2,556.72					-	2,556.72
		174,779.86	61,094.41	-	-	-	-	-	61,094.41

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DDA Data reported as of Dec 7, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$61,245.40	$74,286.06	$61,245.40	$91,069.9
[redacted]				

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Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
12/7/2020

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		33,057.19	32,950.84	16,400.44		-		-	16,506.79	16,388.72
							Bank Balance		16,506.79	
							Variance		-	
							Leave in Balance		100.00	
							SUPERIOR QIPP 1 & 2			
							October Interest		6.35	
							November Interest		11.72	
							December Interest		-	
							Adjust Balance/Transfer Amt		16,388.72	

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		200,907.25	200,787.93	5,404.64		-		-	5,523.96	5,381.06
							Bank Balance		5,523.96	
							Variance		0.0	
							Leave in Balance		100.00	
							QIPP Payment Adjustments			
							October Interest		19.32	
							November Interest		23.58	
							December Interest		-	
							Adjust Balance/Transfer Amt		5,381.06	

Routing information for Gulf Pointe Plaza:

TOTAL TRANSFERS	~~5,381.06~~ 21,769.78

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 12/7/2020

APPROVED
BY
DEC 07 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
11/30/2020	Added to Account	-	11.72					-	11.72
12/1/2020	CIGNA HCCLAIMPMT 1922092790 91000014535031 TRN*1*201128090058541*1591031071\	-	8,272.00					-	8,272.00
12/2/2020	WIRE OUT HMG SERVICES, LLC	13,796.84	-					-	-
12/4/2020	Check	19,154.00	-					-	-
12/4/2020	Deposit	-	7,561.96					-	7,561.96
12/4/2020	AETNA AS01 HCCLAIMPMT 1922092790 51000015382 TRN*1*820336000565200*1066033492\	-	554.76					-	554.76
			-					-	-
		32,950.84	16,400.44	-	-	-	-	-	16,400.44

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
11/30/2020	Added to Account	-	23.58					-	23.58
11/30/2020	NORIDIAN J3A HCCLAIMPMT 675892 4200001485770 TRN*1*EFT7018884*1450173185*000003(	-	3,819.44					-	3,819.44
12/2/2020	WIRE OUT HMG SERVICES, LLC	200,787.93	-					-	-
12/4/2020	Deposit	-	1,511.52					-	1,511.52
12/4/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SG489311922092790*17460001	-	50.10					-	50.10
								-	-
		200,787.93	5,404.64	-	-	-	-	-	5,404.64
		233,738.77	21,805.08	-	-	-	-	-	21,805.08

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DDA Data reported as of Dec 7, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$5,523.96	$7,811.96	$5,523.96	$3,962.3
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$16,506.79	$16,506.79	$16,506.79	$27,544.0
[redacted]				

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Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
12/7/2020

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		141,178.78	59,761.40	104,826.67	-	-	186,244.05	186,134.88	186,134.88	109.17

Bank Balance	186,244.05
Variance	-
Leave In Balance	100.00
MOLINA QIPP 1 & 2	-
SUPERIOR 1 & 2	-
October Interest	4.58
November Interest	4.59
December Interest	-
Adjust Balance/Transfer Amt	186,134.88

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 12/7/2020

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DEC 07 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
11/30/2020	Added to Account	-	4.59					-	4.59
11/30/2020	NOVITAS SOLUTION HCCLAIMPMT 676201 420000144 TRN*1*E	-	29,820.96					-	29,820.96
12/2/2020	WIRE OUT LINBAR ENTERPRISES, LLC (wrong amt picked up)	29,932.99	-					-	-
12/2/2020	NOVITAS SOLUTION HCCLAIMPMT 676201 420000103 TRN*1*E	-	15,723.37					-	15,723.37
12/3/2020	NOVITAS SOLUTION HCCLAIMPMT 676201 420000134 TRN*1*E	-	26,933.07					-	26,933.07
12/4/2020	Check	29,828.41	-					-	-
12/4/2020	Deposit	-	16,122.83					-	16,122.83
12/4/2020	NOVITAS SOLUTION HCCLAIMPMT 676201 420000129 TRN*1*E	-	16,221.85						16,221.85
		59,761.40	104,826.67	✓ -	-	-	-	-	104,826.67

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Account Number / Name

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DDA Data reported as of Dec 7, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*3407 MMC -NH TUSCANY VILLAGE	$186,244.05	$186,244.05	$186,244.05	$183,727.7

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Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
12/7/2020

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		394,158.67 ✓	393,974.73 ✓	104,648.29 ✓		-	-	104,832.23	104,578.34
							Bank Balance	104,832.23 ✓	
							Variance	-	
							Leave in Balance	100.00	

October Interest	83.94 ✓
November Interest	69.95 ✓
December Interest	-
Adjust Balance/Transfer Amt	104,578.34 ✓

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 12/7/2020

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DEC 07 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
11/30/2020	Added to Account	-	69.95					-	69.95
11/30/2020	Deposit	-	35,516.34					-	35,516.34
11/30/2020	Deposit	-	4,946.13					-	4,946.13
11/30/2020	NOVITAS SOLUTION HCCLAIMPMT 676481 420000144 TRN*1*EFT5773047*1	-	5,213.90					-	5,213.90
12/1/2020	NOVITAS SOLUTION HCCLAIMPMT 676481 420000152 TRN*1*EFT5774902*1	-	5,147.14					-	5,147.14
12/2/2020	WIRE OUT BETHANY SENIOR LIVING, LTD	393,974.73	-					-	-
12/2/2020	Deposit	-	9,356.27					-	9,356.27
12/2/2020	NOVITAS SOLUTION HCCLAIMPMT 676481 420000103 TRN*1*EFT5776357*1	-	21,332.89					-	21,332.89
12/3/2020	Deposit	-	4,443.98					-	4,443.98
12/3/2020	HOSPICE OF SO TX VENDORS NF 91000015161961	-	6,263.30					-	6,263.30
12/4/2020	Deposit	-	12,358.39					-	12,358.39
								-	-
		393,974.73	104,648.29	-	-	-	-	-	104,648.29

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Select Quick View Accounts
Account Number / Name

Account Type

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DDA Data reported as of Dec 7, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*5506 MMC -NH BETHANY SENIOR LIVING	$104,832.23	$121,191.92	$104,832.23	$92,473.8
[redacted]				

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