MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 16, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 694,055.41
TOTAL TRANSFERS BETWEEN FUNDS	$ 2,646,367.68
TOTAL NURSING HOME UPL EXPENSES	$ 494,933.16
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED December 16, 2020	$ 3,835,356.25

APPROVED

DEC 16 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 16, 2020

PAYABLES AND PAYROLL			
12/10/2020	Weekly Payables	680,164.05	
12/10/2020	Citibank Credit Card-see attached	3,583.20	
12/14/2020	McKesson-340B Prescription Expense	2,564.55	
12/14/2020	Amerisource Bergen-340B Prescription Expense	1,786.32	
	Prosperity Electronic Bank Payments		
12/7-12/10/20	Credit Card & Lease Fees	4,376.92	
12/20/2020	Sales Tax for October 2020	1,063.03	
12/7-12/11/20	Pay Plus-Patient Claims Processing Fee	104.46	
12/11/2020	ExpertPay- child support	412.88	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 694,055.41**
TRANSFERS BETWEEN FUNDS-MMC			
12/14/2020	Transfer from Operating to Money Market Account- higher interest rates	2,600,000.00	
TRANSFER BETWEEN FUNDS-NURSING HOMES			
12/10/2020	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	23,666.37	
12/10/2020	MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	4,045.30	
12/10/2020	MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating	18,656.01	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 2,646,367.68**
NURSING HOME UPL EXPENSES			
12/14/2020	Nursing Home UPL-Cantex Transfer	220,603.72	
12/14/2020	Nursing Home UPL-Nexion Transfer	75,543.49	
12/14/2020	Nursing Home UPL-HMG Transfer	36,345.94	
12/14/2020	Nursing Home UPL-Tuscany Transfer	33,259.90	
12/14/2020	Nursing Home UPL-HSL Transfer	129,180.11	
TOTAL NURSING HOME UPL EXPENSES			**$ 494,933.16**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED December 16, 2020			**$ 3,835,356.25**

12/10/2020
12:16

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/30/2020

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Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
149273		11/30/2020	11/03/2020	11/28/2020			26.78	0.00	0.00	26.78
	SUPPLIES									
149307		11/30/2020	11/04/2020	11/29/2020			76.57	0.00	0.00	76.57
	SUPPLIES									
149350		11/30/2020	11/05/2020	11/30/2020			64.99	0.00	0.00	64.99
	SUPPLIES									
149349		11/30/2020	11/05/2020	11/30/2020			49.99	0.00	0.00	49.99
	SUPPLIES									
149363		11/30/2020	11/06/2020	12/01/2020			38.75	0.00	0.00	38.75
	SUPPLIES									
149520		11/30/2020	11/12/2020	12/07/2020			29.14	0.00	0.00	29.14
	SUPPLEIS									
149583		11/30/2020	11/16/2020	12/11/2020			34.95	0.00	0.00	34.95
	SUPPLIES									
149589		11/30/2020	11/16/2020	12/11/2020			86.15	0.00	0.00	86.15
	SUPPLIES									
149582		11/30/2020	11/16/2020	12/11/2020			195.88	0.00	0.00	195.88
	SUPPLIES									
149617		11/30/2020	11/17/2020	12/12/2020			134.97	0.00	0.00	134.97
	SUPPLIES									
149643		11/30/2020	11/17/2020	12/12/2020			7.59	0.00	0.00	7.59
	SUPPLIES									
149660		11/30/2020	11/18/2020	12/13/2020			33.97	0.00	0.00	33.97
	SUPPLIES									
149718		11/30/2020	11/19/2020	12/14/2020			47.94	0.00	0.00	47.94
	SUPPLIES									
149749		11/30/2020	11/20/2020	12/15/2020			41.97	0.00	0.00	41.97
	SUPPLIES									
149857		11/30/2020	11/24/2020	12/19/2020			74.95	0.00	0.00	74.95
	SUPPLIES									
149942		11/30/2020	11/30/2020	12/25/2020			6.45	0.00	0.00	6.45
	SUPPLIES									
149946		11/30/2020	11/30/2020	12/25/2020			26.97	0.00	0.00	26.97
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15	978.01	0.00	0.00	978.01

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
25265		12/01/2020	12/20/2020	12/30/2020			1,400.00	0.00	0.00	1,400.00
	RFID FEE									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9975753728		11/30/2020	11/30/2020	12/25/2020			63.24	0.00	0.00	63.24
	OXYGEN									
9975751187		11/30/2020	11/30/2020	12/25/2020			707.82	0.00	0.00	707.82
	OXYGEN									
9975751185		11/30/2020	11/30/2020	12/25/2020			486.55	0.00	0.00	486.55
	OXYGEN									
9107536023		11/30/2020	11/30/2020	12/25/2020			2,248.76	0.00	0.00	2,248.76
	OXYGEN									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC -		3,506.37	0.00	0.00	3,506.37

Vendor# 10958 — Vendor Name: ALLYSON SWOPE — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120820	CONTRACT EMPLOYEE	12/08/2020	12/08/2020	12/08/2020			1,500.75	0.00	0.00	1,500.75

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE		1,500.75	0.00	0.00	1,500.75

Vendor# 13472 — Vendor Name: AMERICAN COLLEGE PF PHYSICI/ — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112420	LAB PROGRAM	11/30/2020	11/24/2020	11/24/2020			200.00	0.00	0.00	200.00

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13472	AMERICAN COLLEC		200.00	0.00	0.00	200.00

Vendor# 11756 — Vendor Name: AYA HEALTHCARE INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
853648	STAFFING SURGERY	12/08/2020	12/03/2020	12/03/2020			2,462.50	0.00	0.00	2,462.50

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11756	AYA HEALTHCARE		2,462.50	0.00	0.00	2,462.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
81775725	SUPPLIES	11/30/2020	11/16/2020	12/16/2020			218.08	0.00	0.00	218.08

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL		218.08	0.00	0.00	218.08

Vendor# B1150 — Vendor Name: BAXTER HEALTHCARE — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
68869721	SUPPLIES	11/30/2020	11/20/2020	12/15/2020			398.61	0.00	0.00	398.61
68894729	PUMP LEASE	11/30/2020	11/23/2020	12/18/2020			2,367.50	0.00	0.00	2,367.50
68894912		11/30/2020	11/23/2020	12/18/2020			629.50	0.00	0.00	629.50

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHC/		3,395.61	0.00	0.00	3,395.61

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
108757195	SUPPLIES	11/30/2020	11/24/2020	12/19/2020			76.93	0.00	0.00	76.93

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTE		76.93	0.00	0.00	76.93

Vendor# 10599 — Vendor Name: BKD, LLP — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BK01314902	PREP 2021 DSH/DY 1O UC PAYME	11/30/2020	11/25/2020	12/20/2020			13,000.00	0.00	0.00	13,000.00

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10599	BKD, LLP		13,000.00	0.00	0.00	13,000.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111720	INSURANCE	11/30/2020	11/17/2020	12/01/2020			202,016.30	0.00	0.00	202,016.30

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

12324	BLUE CROSS BLUE	202,016.30	0.00		0.00		202,016.30

Vendor# 13216 — Vendor Name: BRIANNA PASSMORE ✓ — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111020	11/30/2020	11/10/2020	11/10/2020				17.02	0.00	0.00	17.02 ✓
	MILEAGE (9/29 - 11/25/20 - NH Blood draws)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13216	BRIANNA PASSMOI	17.02	0.00	0.00	17.02

Vendor# B1800 — Vendor Name: BRIGGS HEALTHCARE (remove per Melissa M.) — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
H798625	11/30/2020	10/30/2020	12/24/2020				299.45 ✓	0.00	0.00	299.45 ✓
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCA	299.45 ✓	0.00	0.00	299.45 ✓

Vendor# 11295 — Vendor Name: CALHOUN COUNTY INDIGENT ACC ✓ — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120820	11/30/2020	11/23/2020	12/08/2020				10.00	0.00	0.00	10.00 ✓
	INDIGENT CO PAYS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY ✓	10.00	0.00	0.00	10.00

Vendor# 13028 — Vendor Name: CAVALLO ENERGY TEXAS LLC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2032100036 (8120)	11/30/2020	11/16/2020	12/16/2020				30.12 ✓ (previous bal included) 15.11	0.00	0.00	15.11 30.12 ✓
	ENERGY BILL									
2032200036 (0005)	11/30/2020	11/17/2020	12/17/2020				388.43	0.00	0.00	388.43 ✓
	ENERGY BILL									
2032200036 (0004)	11/30/2020	11/17/2020	12/17/2020				1,117.44	0.00	0.00	1,117.44 ✓
	ENERGY BILL									
2032400036 (2196)	11/30/2020	11/19/2020	12/21/2020				7.66	0.00	0.00	7.66 ✓
	ENERGY BILL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13028	CAVALLO ENERGY	1,543.65	0.00	0.00	1,543.65

Vendor# E1270 — Vendor Name: CENTERPOINT ENERGY ✓ (previous bal. included) — Class: W — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111220	11/30/2020	11/12/2020	11/27/2020				34.10 67.37 ✓	0.00	0.00	67.37 34.1
	GAS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	E1270	CENTERPOINT ENE	67.37 ✓ 34.10	0.00	0.00	67.37 34.1

Vendor# C1730 — Vendor Name: CITY OF PORT LAVACA ✓ — Class: W — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111820	11/30/2020	11/18/2020	12/07/2020				53.78	0.00	0.00	53.78 ✓
	12126002 WATER									
111820B	11/30/2020	11/18/2020	12/07/2020				5,089.91	0.00	0.00	5,089.91 ✓
	12132000 WATER									
111820A	11/30/2020	11/18/2020	12/07/2020				145.73	0.00	0.00	145.73 ✓
	12131500 WATER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAV.	5,289.42	0.00	0.00	5,289.42

Vendor# 10723 — Vendor Name: CLIA LABORATORY PROGRAM ✓ — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112320	11/24/2020	11/23/2020	12/25/2020				516.00	0.00	0.00	516.00 ✓
	CERTIFICATE FEE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10723	CLIA LABORATORY	516.00	0.00	0.00	516.00

Vendor# — Vendor Name — Class — Pay Code

C1166 COASTAL OFFICE SOLUTONS W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OE298481		11/30/2020	11/24/2020	12/04/2020			70.31	0.00	0.00	70.31
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE S	70.31	0.00	0.00	70.31

Vendor# 11030 Vendor Name COMBINED INSURANCE Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120120		11/30/2020	12/01/2020	12/01/2020			877.94	0.00	0.00	877.94

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11030	COMBINED INSURA	877.94	0.00	0.00	877.94

Vendor# 10006 Vendor Name CUSTOM MEDICAL SPECIALTIES Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
272151		12/10/2020	09/21/2020	12/10/2020			818.90	0.00	0.00	818.90
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL	818.90	0.00	0.00	818.90

Vendor# 11368 Vendor Name CYRACOM LLC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1246532		11/30/2020	11/30/2020	12/30/2020			211.36	0.00	0.00	211.36
	INTERPERTATION SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC	211.36	0.00	0.00	211.36

Vendor# S2896 Vendor Name DANETTE BETHANY Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120420		12/08/2020	12/04/2020	12/04/2020			2,054.65	0.00	0.00	2,054.65
	REIMBURSE OVER DEDUCTIONS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2896	DANETTE BETHAN	2,054.65	0.00	0.00	2,054.65

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6269280		12/09/2020	12/01/2020	12/26/2020			384.58	0.00	0.00	384.58
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SC	384.58	0.00	0.00	384.58

Vendor# 11011 Vendor Name DIAMOND HEALTHCARE CORP Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN20054243		11/30/2020	11/30/2020	12/25/2020			31,144.58	0.00	0.00	31,144.58
	BEV HEALTH									
IN20054244		11/30/2020	11/30/2020	12/25/2020			19,166.67	0.00	0.00	19,166.67
	CPR									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTH	50,311.25	0.00	0.00	50,311.25

Vendor# 10789 Vendor Name DISCOVERY MEDICAL NETWORK Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC113020		11/30/2020	11/30/2020	11/30/2020			139,294.38	0.00	0.00	139,294.38
	PRO FEES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDIC	139,294.38	0.00	0.00	139,294.38

Vendor# 12040 Vendor Name DRIESSEN WATER INC. Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
143027031		11/30/2020	11/30/2020	12/22/2020			414.20	0.00	0.00	414.20

SUPPLIES

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12040	DRIESSEN WATER	414.20		0.00	0.00	414.20

Vendor#	Vendor Name	Class	Pay Code
D1785	DYNATRONICS CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN2114177		11/30/2020	11/18/2020	12/08/2020			47.90	0.00	0.00	47.90

SUPPLIES

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS COI	47.90		0.00	0.00	47.90

Vendor#	Vendor Name	Class	Pay Code
M2500	ED MELCHER CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0163		12/09/2020	12/03/2020	12/03/2020			50.26	0.00	0.00	50.26

SUPPLIES

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2500	ED MELCHER CO	50.26		0.00	0.00	50.26

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
39756		12/10/2020	11/30/2020	12/10/2020			40,062.50	0.00	0.00	40,062.50

PRO FEES ER (11th-EOM)

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

Vendor#	Vendor Name	Class	Pay Code
S0501	EVOQUA WATER TECHNOLOGIES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0904664358		11/30/2020	10/30/2020	11/24/2020			1,023.69	0.00	0.00	1,023.69

SUPPLIES

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TI	1,023.69		0.00	0.00	1,023.69

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
719391430		12/09/2020	11/26/2020	12/21/2020			10.01	0.00	0.00	10.01

SHIPPING

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS	10.01		0.00	0.00	10.01

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90876776		11/30/2020	08/13/2020	09/13/2020			6,348.00	0.00	0.00	6,348.00

Supplies

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	F1403	FISHER & PAYKEL I	6,348.00		0.00	0.00	6,348.00

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
2769490		11/30/2020	11/09/2020	12/04/2020			43.04	0.00	0.00	43.04
		SUPPLIES								
2832363		11/30/2020	11/10/2020	12/05/2020			765.50	0.00	0.00	765.50
		SUPPLIES								
3536358		11/30/2020	11/18/2020	12/13/2020			2,388.93	0.00	0.00	2,388.93
		SUPPLIES								
3789973		11/30/2020	11/20/2020	12/15/2020			7,800.00	0.00	0.00	7,800.00
		SUPPLIES								
3914469		11/30/2020	11/23/2020	12/18/2020			243.74	0.00	0.00	243.74
		SUPPLIES								
4203867		11/30/2020	11/27/2020	12/22/2020			1,438.91	0.00	0.00	1,438.91
		SUPPLIES								
4301648		11/30/2020	11/30/2020	12/25/2020			8,955.96	0.00	0.00	8,955.96

SUPPLIES

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCA	21,636.08		0.00	0.00	21,636.08

Vendor# 11184 — Vendor Name: FLDR DESIGNS LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
15361	SUPPLIES	11/30/2020	10/22/2020	11/22/2020			3,654.43	0.00	0.00	3,654.43

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11184	FLDR DESIGNS LLC	3,654.43		0.00	0.00	3,654.43

Vendor# 11149 — Vendor Name: GARDNER & WHITE, INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110120	INSURANCE	11/30/2020	11/01/2020	11/01/2020			5,134.54	0.00	0.00	5,134.54

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11149	GARDNER & WHITE	5,134.54		0.00	0.00	5,134.54

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9721393297		11/30/2020	11/18/2020	12/13/2020			884.51	0.00	0.00	884.51
9722075331	SUPPLIES	11/30/2020	11/19/2020	12/14/2020			143.99	0.00	0.00	143.99
9728987935	SUPPLIES	11/30/2020	11/25/2020	12/20/2020			79.20	0.00	0.00	79.20
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	W1300	GRAINGER	1,107.70		0.00	0.00	1,107.70

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1967384		11/30/2020	11/24/2020	12/24/2020			528.59	0.00	0.00	528.59
1967381	SUPPLIES	11/30/2020	11/24/2020	12/24/2020			52.12	0.00	0.00	52.12
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPE	580.71		0.00	0.00	580.71

Vendor# 12380 — Vendor Name: HEALTH SOLUTIONS DIETETICS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
113020	DIETCIAN (11/6-11/27/20)	11/30/2020	11/30/2020	11/30/2020			3,000.00	0.00	0.00	3,000.00

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTION	3,000.00		0.00	0.00	3,000.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10370	PRO SDC/OBS CHARTS CODING	12/09/2020	11/30/2020	12/30/2020			582.00	0.00	0.00	582.00

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10804	HEALTHCARE COD	582.00		0.00	0.00	582.00

Vendor# 10922 — Vendor Name: HUNTER PHARMACY SERVICES — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4159	PRO FEES	11/30/2020	11/30/2020	12/20/2020			14,205.37	0.00	0.00	14,205.37

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMAC	14,205.37		0.00	0.00	14,205.37

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

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

37730059	11/30/2020	11/30/2020	11/30/2020			1,137.26	0.00	0.00	1,137.26
JOB POSTING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12596	INDEED, INC.	1,137.26	0.00	0.00	1,137.26

Vendor#	Vendor Name	Class	Pay Code
11200	IRON MOUNTAIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DDC9067		11/30/2020	11/30/2020	12/30/2020			521.72	0.00	0.00	521.72
SHRED SERVICE										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN	521.72	0.00	0.00	521.72

Vendor#	Vendor Name	Class	Pay Code
11124	KELLY SCHOTT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120720		11/30/2020	12/07/2020	12/07/2020			270.82	0.00	0.00	270.82
INSURANCE REIBURSEMENT										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11124	KELLY SCHOTT	270.82	0.00	0.00	270.82

Vendor#	Vendor Name	Class	Pay Code
L1001	LANDAUER INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100845239		11/30/2020	11/13/2020	11/13/2020			789.84	0.00	0.00	789.84
BADGES										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L1001	LANDAUER INC	789.84	0.00	0.00	789.84

Vendor#	Vendor Name	Class	Pay Code
13580	LAW ENFORCEMENT MAGNETS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CALHOUN2111		30/2020	10/09/2020	11/09/2020			200.00	0.00	0.00	200.00
MAGNETS										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13580	LAW ENFORCEMEN	200.00	0.00	0.00	200.00

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120120		11/30/2020	11/30/2020	12/01/2020			790.86	0.00	0.00	790.86
DEDUCTIONS PAYMENT										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	790.86	0.00	0.00	790.86

Vendor#	Vendor Name	Class	Pay Code
11612	MASA GLOBAL BUILDING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
820306MKM		11/30/2020	11/13/2020	12/01/2020			1,582.00	0.00	0.00	1,582.00
INSURANCE PYMT										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11612	MASA GLOBAL BUI	1,582.00	0.00	0.00	1,582.00

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
16048035		11/30/2020	11/24/2020	12/09/2020			32.05	0.00	0.00	32.05
SUPPLIES										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDIC	32.05	0.00	0.00	32.05

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
154819		11/30/2020	11/30/2020	12/25/2020			516.07	0.00	0.00	516.07
COLLECTIONS										
154821		11/30/2020	11/30/2020	12/25/2020			712.41	0.00	0.00	712.41
COLLECTIONS										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

11141	MEDICAL DATA SY	1,228.48	0.00	0.00	1,228.48	

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90717489		12/08/2020	12/02/2020	01/02/2020			408.26	0.00	0.00	408.26
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	408.26	0.00	0.00	408.26

Vendor# M2470 — Vendor Name: MEDLINE INDUSTRIES INC — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1915644259		11/30/2020	07/01/2020	07/26/2020			1,758.80	0.00	0.00	1,758.80
	NOT OURS/ CREDIT INV193087452									
1930874524		11/30/2020	11/12/2020	12/07/2020			-1,758.80	0.00	0.00	-1,758.80
	CREDIT INVOICE 1915644259									
1931486565		11/30/2020	11/18/2020	12/13/2020			47.98	0.00	0.00	47.98
	SUPPLIES									
1931486564		11/30/2020	11/18/2020	12/13/2020			60.72	0.00	0.00	60.72
	SUPPLIES									
1931706627		11/30/2020	11/20/2020	12/15/2020			131.87	0.00	0.00	131.87
	SUPPLIES									
1932070173		11/30/2020	11/24/2020	12/19/2020			40.08	0.00	0.00	40.08
	SUPPLIES									
1932070188		11/30/2020	11/24/2020	12/19/2020			2,048.73	0.00	0.00	2,048.73
	SUPPLIES									
1932070171		11/30/2020	11/24/2020	12/19/2020			4.60	0.00	0.00	4.60
	SUPPLIES									
1932070175		11/30/2020	11/24/2020	12/19/2020			25.51	0.00	0.00	25.51
	SUPPLIES									
1932070174		11/30/2020	11/24/2020	12/19/2020			43.50	0.00	0.00	43.50
	SUPPLIES									
1932070170		11/30/2020	11/24/2020	12/19/2020			19.04	0.00	0.00	19.04
	SUPPLIES									
1932070180		11/30/2020	11/24/2020	12/19/2020			2,414.93	0.00	0.00	2,414.93
	SUPPLIES									
1932070168		11/30/2020	11/24/2020	12/19/2020			507.20	0.00	0.00	507.20
	SUPPLIES									
1932203913		11/30/2020	11/25/2020	12/20/2020			64.83	0.00	0.00	64.83
	SUPPLIES									
1932203912		11/30/2020	11/25/2020	12/20/2020			192.35	0.00	0.00	192.35
	SUPPLIES									
1932203911		11/30/2020	11/25/2020	12/20/2020			34.98	0.00	0.00	34.98
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTR	5,636.32	0.00	0.00	5,636.32

Vendor# 10963 — Vendor Name: MEMORIAL MEDICAL CLINIC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
113020		11/30/2020	11/30/2020	11/30/2020			185.00	0.00	0.00	185.00
	AR DEDUCTION PAYMENT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDIC	185.00	0.00	0.00	185.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0600816565		11/30/2020	11/17/2020	12/07/2020			154.44	0.00	0.00	154.44
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10791	MINDRAY DS USA,	154.44	0.00	0.00	154.44

Vendor# 10536 — Vendor Name: MORRIS & DICKSON CO, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SC6386		11/30/2020	11/30/2020	12/10/2020			72.19	0.00	0.00	72.19
	INVENTORY									
SC6387		11/30/2020	11/30/2020	12/10/2020			68.88	0.00	0.00	68.88
	SERVICE CHARGE									
6337828		11/30/2020	11/30/2020	12/10/2020			824.80	0.00	0.00	824.80
	INVENTORY									
6337827		11/30/2020	11/30/2020	12/10/2020			687.30	0.00	0.00	687.30
	INVENTORY									
6348227		12/08/2020	12/02/2020	12/12/2020			506.53	0.00	0.00	506.53
	INVENTORY									
6348228		12/08/2020	12/02/2020	12/12/2020			249.20	0.00	0.00	249.20
	INVENTORY									
6348229		12/08/2020	12/02/2020	12/12/2020			11.21	0.00	0.00	11.21
	INVENTORY									
6353245		12/08/2020	12/03/2020	12/13/2020			4,303.69	0.00	0.00	4,303.69
	INVENTORY									
6353243		12/08/2020	12/03/2020	12/13/2020			80.73	0.00	0.00	80.73
	INVENTORY									
6353244		12/08/2020	12/03/2020	12/13/2020			127.96	0.00	0.00	127.96
	INVENTORY									
6358424		12/08/2020	12/06/2020	12/16/2020			803.30	0.00	0.00	803.30
	INVENTORY									
120620		12/08/2020	12/06/2020	12/16/2020			243.17	0.00	0.00	243.17
	INVENTORY									
6359410		12/08/2020	12/06/2020	12/16/2020			1,948.11	0.00	0.00	1,948.11
	INVENTORY									
6357255		12/08/2020	12/06/2020	12/16/2020			1,533.50	0.00	0.00	1,533.50
	INVENTORY									
6359408		12/08/2020	12/06/2020	12/16/2020			133.21	0.00	0.00	133.21
	INVENTORY									
6358423		12/08/2020	12/06/2020	12/16/2020			163.84	0.00	0.00	163.84
	INVENTORY									
6359409		12/08/2020	12/06/2020	12/16/2020			312.97	0.00	0.00	312.97
	INVENTORY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSOI	12,070.59	0.00	0.00	12,070.59

Vendor#	Vendor Name	Class	Pay Code
12388	NATIONAL FARM LIFE INSURANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3305872		11/30/2020	11/16/2020	12/16/2020			4,101.52	0.00	0.00	4,101.52
	INSURANCE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LI	4,101.52	0.00	0.00	4,101.52

Vendor#	Vendor Name	Class	Pay Code
11472	OCCUPRO LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
19126		11/30/2020	10/07/2020	11/06/2020			473.28	0.00	0.00	473.28
	PROVIDER MONTHLY SUPPORT									
19441		11/30/2020	11/07/2020	12/07/2020			473.28	0.00	0.00	473.28
	PROVIDER MONTHLY SUPPORT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11472	OCCUPRO LLC	946.56	0.00	0.00	946.56

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
120820		12/08/2020	12/08/2020	12/08/2020			2,218.13	0.00	0.00	2,218.13
	CONTRACT EMPLOYEE (11/24 - 12/7/20)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	2,218.13	0.00	0.00	2,218.13

Vendor#	Vendor Name	Class	Pay Code

P0706 PALACIOS BEACON W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33047628	11/30/2020	10/26/2020	11/26/2020				187.50	0.00	0.00	187.50
	NEWPAPER AD									

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

Vendor# 12544 Vendor Name PATRICK OCHOA Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120120A	12/09/2020	12/01/2020	12/01/2020				380.00	0.00	0.00	380.00
	CLINIC LAWN									
120120B	12/09/2020	12/01/2020	12/01/2020				200.00	0.00	0.00	200.00
	REHAB LAWN									
120120	12/09/2020	12/01/2020	12/01/2020				520.00	0.00	0.00	520.00
	HOSPITAL LAWN									

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

Vendor# P2100 Vendor Name PORT LAVACA WAVE Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
103120	11/30/2020	10/31/2020	11/25/2020				2,462.00	0.00	0.00	2,462.00
	NEWS AD									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WA\	2,462.00	0.00	0.00	2,462.00

Vendor# P2200 Vendor Name POWER HARDWARE Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A68025	11/30/2020	11/25/2020	12/05/2020				2.99	0.00	0.00	2.99
	SUPPLEIS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER HARDWAR	2.99	0.00	0.00	2.99

Vendor# 10372 Vendor Name PRECISION DYNAMICS CORP (PD Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9345011438	11/30/2020	11/18/2020	12/18/2020				113.40	0.00	0.00	113.40

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAM	113.40	0.00	0.00	113.40

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN0004562481	11/30/2020	11/30/2020	12/30/2020				2,109.12	0.00	0.00	2,109.12
	PT SURVEY									

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

Vendor# 13460 Vendor Name RELIANT, DEPT 0954 Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
115007990511	11/30/2020	11/18/2020	12/21/2020				22,060.09	0.00	0.00	22,060.09
	ENERGY BILL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13460	RELIANT, DEPT 095	22,060.09	0.00	0.00	22,060.09

Vendor# 11240 Vendor Name REMI CORPORATION Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1008012	11/30/2020	11/11/2020	11/11/2020				6,416.22	0.00	0.00	6,416.22
	SERVICE CONTRACT C ARM 1YR									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11240	REMI CORPORATIC	6,416.22	0.00	0.00	6,416.22

Vendor# 10645 Vendor Name REVISTA de VICTORIA Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10202024	NEWS AD (October)	11/30/2020	10/30/2020	11/30/2020			262.50	0.00	0.00	262.50
11202020	AD (November)	11/30/2020	11/30/2020	11/30/2020			262.50	0.00	0.00	262.50

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10645	REVISTA de VICTOI	525.00		0.00	0.00	525.00

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
2803	WASTE SERVICE	11/30/2020	11/01/2020	11/26/2020			235.00	0.00	0.00	235.00

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11252	RX WASTE SYSTEM	235.00		0.00	0.00	235.00

Vendor#	Vendor Name	Class	Pay Code
S0900	SAM'S CLUB DIRECT	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102020	SUPPLIES	11/30/2020	10/20/2020	12/08/2020			112.06	0.00	0.00	112.06
102520	SUPPLIES	11/30/2020	10/25/2020	12/08/2020			86.12	0.00	0.00	86.12
102620	SUPPLIES	11/30/2020	10/26/2020	12/08/2020			22.56	0.00	0.00	22.56
110120	SUPPLIES	11/30/2020	11/01/2020	12/08/2020			16.96	0.00	0.00	16.96
100920	SUPPLIES	11/30/2020	11/09/2020	12/08/2020			121.32	0.00	0.00	121.32
111620	SUPPLIES	11/30/2020	11/16/2020	12/08/2020			135.84	0.00	0.00	135.84

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	S0900	SAM'S CLUB DIREC	494.86		0.00	0.00	494.86

Vendor#	Vendor Name	Class	Pay Code
10936	SIEMENS FINANCIAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
115979266	MAINT CONTRACT	11/30/2020	11/16/2020	12/16/2020			2,193.83	0.00	0.00	2,193.83

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIA	2,193.83		0.00	0.00	2,193.83

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
256719	BILLBOARD	12/01/2020	12/01/2020	12/11/2020			790.00	0.00	0.00	790.00

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

Vendor#	Vendor Name	Class	Pay Code
S2362	SMITH & NEPHEW		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
929723137	SUPPLIES	11/30/2020	11/20/2020	12/08/2020			762.31	0.00	0.00	762.31

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	762.31		0.00	0.00	762.31

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
CM3449	BLOOD CREDIT	11/30/2020	11/30/2020	12/25/2020			-2,607.00	0.00	0.00	-2,607.00
I07010055	BLOOD	11/30/2020	11/30/2020	12/25/2020			4,930.00	0.00	0.00	4,930.00

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLO	2,323.00		0.00	0.00	2,323.00

Vendor#	Vendor Name	Class	Pay Code
10094	ST DAVIDS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMCPL2020	11/30/2020	10/29/2020	10/29/2020				420.00	0.00	0.00	420.00
	CONNECTIVITY									
MMC962020	12/08/2020	12/02/2020	12/02/2020				420.00	0.00	0.00	420.00
	CONNECTIVITY FEE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTH	840.00	0.00	0.00	840.00

Vendor#	Vendor Name	Class	Pay Code
S2833	STRYKER ENDOSCOPY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10018754E	11/30/2020	11/25/2020	12/20/2020				660.09	0.00	0.00	660.09
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2833	STRYKER ENDOSC	660.09	0.00	0.00	660.09

Vendor#	Vendor Name	Class	Pay Code
S2830	STRYKER SALES CORP	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9200786772	11/30/2020	11/24/2020	12/20/2020				3,205.84	0.00	0.00	3,205.84
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES C	3,205.84	0.00	0.00	3,205.84

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120120	11/30/2020	11/13/2020	12/01/2020				2,388.81	0.00	0.00	2,388.81
	VISION INSURANCE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12440	SUN LIFE ASSURAN	2,388.81	0.00	0.00	2,388.81

Vendor#	Vendor Name	Class	Pay Code
12476	SUN LIFE FINANCIAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121020	11/30/2020	12/10/2020	12/10/2020				10,135.68	0.00	0.00	10,135.68
	SUPP INSURANCE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12476	SUN LIFE FINANCIA	10,135.68	0.00	0.00	10,135.68

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
40756	11/30/2020	11/27/2020	12/27/2020				431.42	0.00	0.00	431.42
	EXR LICENSE									
40835	11/30/2020	11/30/2020	12/30/2020				5,699.00	0.00	0.00	5,699.00
	TRACKING									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3676	11/30/2020	11/23/2020	11/23/2020				1,874.00	0.00	0.00	1,874.00
	BROKEN BOLTS IN FRYER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12704	TEXAS BURNER & I	1,874.00	0.00	0.00	1,874.00

Vendor#	Vendor Name	Class	Pay Code
10511	THERMO FISHER SCIENTIFIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SLS25717861	11/30/2020	11/12/2020	12/12/2020				93.83	0.00	0.00	93.83
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10511	THERMO FISHER S	93.83	0.00	0.00	93.83

Vendor#	Vendor Name	Class	Pay Code

T2250 THYSSENKRUPP ELEVATOR COR M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3005585537	11/30/2020	11/01/2020	11/01/2020				1,311.36	0.00	0.00	1,311.36
	OIL AND GREASE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T2250	THYSSENKRUPP EI	1,311.36	0.00	0.00	1,311.36

Vendor# T0801 Vendor Name TLC STAFFING Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26738	11/30/2020	11/30/2020	11/30/2020				1,234.94	0.00	0.00	1,234.94
	MED SURG STAFFING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING	1,234.94	0.00	0.00	1,234.94

Vendor# T3130 Vendor Name TRI-ANIM HEALTH SERVICES INC Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
64324624	11/30/2020	11/23/2020	12/18/2020				295.98	0.00	0.00	295.98
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH S	295.98	0.00	0.00	295.98

Vendor# 11067 Vendor Name TRIZETTO PROVIDER SOLUTIONS Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35FK122000	12/09/2020	12/01/2020	12/26/2020				1,629.62	0.00	0.00	1,629.62
	PT STATEMENT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDE	1,629.62	0.00	0.00	1,629.62

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
8400348844	11/30/2020	11/26/2020	12/21/2020				111.56	0.00	0.00	111.56
	LAUNDRY									
8400348807	11/30/2020	11/26/2020	12/21/2020				77.96	0.00	0.00	77.96
	LAUNDRY									
8400349024	11/30/2020	11/30/2020	12/25/2020				45.15	0.00	0.00	45.15
	LAUNDRY									
8400349048	11/30/2020	11/30/2020	12/25/2020				1,351.31	0.00	0.00	1,351.31
	LAUNDRY									
8400349025	11/30/2020	11/30/2020	12/25/2020				50.22	0.00	0.00	50.22
	LAUNDRY									
8400349415	12/08/2020	12/03/2020	12/28/2020				77.96	0.00	0.00	77.96
	LAUNDRY									
8400349402	12/08/2020	12/03/2020	12/28/2020				121.55	0.00	0.00	121.55
	LAUNDRY									
8400349404	12/08/2020	12/03/2020	12/28/2020				145.04	0.00	0.00	145.04
	LAUNDRY									
8400349403	12/08/2020	12/03/2020	12/28/2020				104.20	0.00	0.00	104.20
	LAUNDRY									
8400349400	12/08/2020	12/03/2020	12/28/2020				23.41	0.00	0.00	23.41
	LAUNDRY									
840349434	12/08/2020	12/03/2020	12/28/2020				1,156.56	0.00	0.00	1,156.56
	LAUNDRY									
8400349452	12/08/2020	12/03/2020	12/28/2020				102.08	0.00	0.00	102.08
	LAUNDRY									
8400349405	12/08/2020	12/03/2020	12/28/2020				184.48	0.00	0.00	184.48
	LAUNDRY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDING	3,551.48	0.00	0.00	3,551.48

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

11867087	11/30/2020	11/20/2020	12/05/2020	78.90	0.00	0.00	78.90
UNIFORM BRITTANY NAVARRO							
11879722	11/30/2020	11/24/2020	12/09/2020	198.87	0.00	0.00	198.87
UNIFORM ANNA CAROLLO							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANT/	277.77	0.00	0.00	277.77

Vendor# V0552 — Vendor Name: VERATHON INC - remove per Melissa M. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
80058425	02/25/2020	02/06/2020	12/30/2020				7,980.00	0.00	0.00	7,980.00
BLADDER SCAN										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V0552	VERATHON INC	7,980.00	0.00	0.00	7,980.00

Vendor# V1058 — Vendor Name: VICTORIA ANESTHESIOLOGY — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120820	11/30/2020	12/08/2020	12/08/2020				39,248.45	0.00	0.00	39,248.45
ANESTHESIA										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V1058	VICTORIA ANESTHI	39,248.45	0.00	0.00	39,248.45

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20110224	11/30/2020	11/30/2020	12/15/2020				120.00	0.00	0.00	120.00
RADIO AD										
20110222	11/30/2020	11/30/2020	12/15/2020				280.00	0.00	0.00	280.00
RADIO AD										
20110221	11/30/2020	11/30/2020	12/15/2020				280.00	0.00	0.00	280.00
RADIO AD										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOW	680.00	0.00	0.00	680.00

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
120120	12/01/2020	12/01/2020	12/01/2020				4,231.37	0.00	0.00	4,231.37

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

Vendor# W1005 — Vendor Name: WALMART COMMUNITY — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102320	12/08/2020	10/23/2020	12/12/2020				43.71	0.00	0.00	43.71
SUPPLIES										
102820	12/08/2020	10/25/2020	12/12/2020				9.98	0.00	0.00	9.98
SUPPLIES										
102620	12/08/2020	10/26/2020	12/12/2020				15.76	0.00	0.00	15.76
SUPPLIES										
110220	12/08/2020	11/02/2020	12/12/2020				16.88	0.00	0.00	16.88
SUPPLIES										
110520	12/08/2020	11/05/2020	12/12/2020				84.80	0.00	0.00	84.80
SUPPLIES										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1005	WALMART COMMU	171.13	0.00	0.00	171.13

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
9110908767	11/30/2020	12/04/2020	12/29/2020				85.62	0.00	0.00	85.62
SUPPLIES										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	85.62	0.00	0.00	85.62

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

Z1000 ZIMMER BIOMET M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
830083DV07	11/30/2020 SUPPLIES	11/26/2020	11/25/2020				38.00	0.00	0.00	38.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	Z1000	ZIMMER BIOMET	38.00	0.00	0.00	38.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	688,491.78	0.00	0.00	688,491.78

688,491.78 +
299.45 −
30.12 −
15.11 +
67.37 −
34.10 +
7,980.00 −
680,164.05 =

py 4 correction {<299.45>, <30.12>, +15.11}
py 4 correction {<67.37>, +34.10}
py 14 correction {<7980.00>}
$680,164.05

APPROVED ON DEC 10 2020
COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 188434 - 188537

CITIBANK CORPORATE CARD

Account Statement

Commerical Card Account
JASON W ANGLIN

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

Account Number: XXXX-XXXX-XXXX-

Summary of Account Activity

Total Activity	$3,583.20

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

Not an invoice. For your records only.

Credit Limit	$20,000
Cash Advance Limit	$0
Statement Closing Date	**12/03/2020**
Days in Billing Period	30

Pd. 12-23-2020 RK

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location			Amount
			********** NOTICE MEMO ITEM(S) LISTED BELOW **********					
11/06	11/05	5968	75418230310106470354102	1	WEB*NETWORKSOLUTIONS 888-6429675 FL	32258	USA	64.95
11/09	11/05	8062	55457370311200873900046	2	TEXAS HOSPITAL ASSOC 5124651000 TX 40299	78701	USA	1,049.00
11/09	11/06	5942	55432860311200157808691	3	AMZN Mktp US*289SR9QR0 Amzn.com/billWA 113-3011661-41162	98109	USA	57.12
11/11	11/10	5085	05227020315300226555728	4	TEXAS AIR PRODUCTS 210-495-8100 TX 99765	78216	USA	1,050.00
11/16	11/14	5942	55432860319200274475954	5	Amazon.com*205ZS1T41 Amzn.com/billWA 113-4093353-07290	98109	USA	149.00
11/17	11/17	8398	55500360322083769151196	6	AORN INC 3037556304 CO 337591	80231	USA	225.00
11/20	11/20	5065	55432860325200597012312	7	SENASYS 715-831-6353 WI	54720	USA	28.13
11/23	11/20	8299	05436840325300230070629	8	FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243	USA	60.00
11/23	11/20	8299	05436840325300230070702	9	FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243	USA	40.00
11/23	11/20	8299	05436840325300230070884	10	FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243	USA	50.00
11/23	11/20	8299	05436840325300230070967	11	FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243	USA	60.00
11/23	11/20	8299	05436840325300230071049	12	FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243	USA	50.00
11/23	11/20	8299	05436840325300230071122	13	FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243	USA	40.00
11/23	11/20	8299	05436840325300230071205	14	FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243	USA	60.00
11/23	11/20	8299	05436840325300230071387	15	FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243	USA	60.00
11/23	11/20	8299	05436840325300230071460	16	FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243	USA	30.00
11/23	11/20	8299	05436840325300230071536	17	FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243	USA	50.00
11/23	11/20	8299	05436840325300230071619	18	FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243	USA	40.00
11/23	11/20	8299	05436840325300230071791	19	FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243	USA	30.00

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

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

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

Not an invoice.
For your records only.

JASON W ANGLIN
CALHOUN COUNTY
STE A
202 S ANN ST
PORT LAVACA TX 77979-4204

00006934502

Transactions (con't)

Post Date	Trans Date	MCC	Reference Number		Description/Location				Amount
11/23	11/20	8299	05436840325300230071874	20	FSP*EMR SAFETY & HEALT	972-235-8330 TX	75243	USA	40.00
11/23	11/20	8299	05436840325300230071957	21	FSP*EMR SAFETY & HEALT	972-235-8330 TX	75243	USA	60.00
11/23	11/20	8299	05436840325300230072039	22	FSP*EMR SAFETY & HEALT	972-235-8330 TX	75243	USA	30.00
11/25	11/24	8299	55480770329014000534301	23	SCCE/HCCA EDINA 223923	MN	95131	USA	200.00
12/02	12/01	9399	05134370337600077933204	24	NPDB NPDB.HRSA.GOV N72968701	800-767-6732 VA	22033	USA	12.00
12/02	12/01	9399	05134370337600077933386	25	NPDB NPDB.HRSA.GOV N72969305	800-767-6732 VA	22033	USA	2.00
12/02	12/02	8999	55432860337200077415999	26	AMA*CREDENTIALING	800-621-8335 IL	60611	USA	44.00
12/03	12/02	9399	05134370338600068521843	27	NPDB NPDB.HRSA.GOV N73004175	800-767-6732 VA	22033	USA	2.00

********** TOTAL AMOUNT OF MEMO ITEM(S): **$3,583.20**

APPROVED
BH
DEC 10 2020
COUNTY AUDITOR
GALVESTON COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 12/9/2020

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required | Expense # | Department | Deliver To | Form # 9401

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Web Network - IT			64.95
2	—		Texas Hospital Assoc. - 2/16-2/19/21 Virtual			1,049.00
3			Registration for Admin. Conference			
4	—		Texas Air Products -			1,050.00 ✓
5			Dampers			
6	—		EMR - 6 ACLS cards			✓ 60.00
7	—		EMR - 4 ACS cards			✓ 40.00
8	—		EMR - 5 ACLS cards			✓ 50.00
9	—		EMR - 6 ACLS cards			✓ 60.00
10	—		EMR - 5 ACLS cards			✓ 50.00

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

Charges made to Mr. Anglin's MC

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

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 12/9/2020

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required | Expense # | Department | Deliver To | Form # 9401

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		EMR - 4 ACLS cards			40.00
2	—		EMR - 6 ACLS cards			60.00
3	—		EMR - 6 ACLS cards			60.00
4	—		EMR - 3 PALS cards			30.00
5	—		EMR - 5 PALS cards			50.00
6	—		EMR - 4 PALS cards			40.00
7	—		EMR - 3 PALS cards			30.00
8	—		EMR - 4 PALS cards			40.00
9	—		EMR - 6 PALS cards			60.00
10	—		EMR - 3 PALS cards			30.00

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

charges made to Mr. Anglin's MC

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

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Vendor Address:

Date: 12/9/2020

P.O. #

Account #

Initiated By:

Form # 9401

Date | Expense # | Department | Deliver To

Line No.	Description	Unit Cost	Unit Meas.	Extended Cost
1	SCCE/HCCA - membership for Roshanda Thomas			200.00
2	NPDB - 36 Providers			12.00
3	NPDB - 1 Provider			2.00
4	AMA Credentialing - 1 Doctor - Init & Cont Mon.			44.00
5	NPDB - 1 Provider			2.00
6	Amazon - (2) Microphone Kits for IPhones			57.12
7	Amazon - Gimbal Stabilizer Tripod			149.00
8	AORN INC - AORN Membership			225.00
9	Senasys Inc - Switch		28.13	~~28.75~~
10				

64.95 + 1,049.00 + 1,050.00 + 60.00 + 40.00 + 50.00 + 60.00 + 50.00 + 40.00 + 60.00 + 60.00 + 30.00 + 50.00 + 40.00 + 30.00 + 40.00 + 60.00 + 30.00 + 200.00 + 12.00 + 2.00 + 44.00 + 2.00 + 57.12 + 149.00 + 225.00 + 28.13 + 3,583.20

ght

Est. Total Cost

TOTAL COST $3583.20

NOTI

made to Mr. Anglin's MC

Contact:

Date:

Quoted By:

Buyer:

E.T.A.

Dept. Director

Dir. Nursing

Adm.Dir. Clinical Service

CFO

Administrator

McKESSON

Company: 8000

STATEMENT

As of: 12/11/2020 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 12/12/2020

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 12/11/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 12/12/2020 **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: 2,616.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 12/15/2020,
Pay This Amount: 2,564.55 USD

If Paid After 12/15/2020,
Pay this Amount: 2,616.87 USD

Due If Paid On Time:
USD 2,564.55

Disc lost if paid late:
52.32

Due If Paid Late:
USD 2,616.87

1,713.01 +
45.24 +
806.30 +
2,564.55 *

CK # 500160

APPROVED
GM

DEC 14 2020

CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 12/11/2020 Page: 001

DC: 8115

Territory: 400

Customer: 464450
Date: 12/12/2020

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: 12/11/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 12/12/2020 **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											
12/08/2020	12/15/2020	7239901097	55x692046	115Invoice	0.07	3.47		3.40 ✓		7239901097	
12/08/2020	12/15/2020	7239901098	55x692142	115Invoice	1.37	68.51		67.14 ✓		7239901098	
12/08/2020	12/15/2020	7239901099	55x694632	115Invoice	16.38	818.88		802.50 ✓		7239901099	
12/08/2020	12/15/2020	7239907100	55x694642	115Invoice	4.36	217.79		213.43 ✓		7239907100	
12/08/2020	12/15/2020	7239907102	55x694659	115Invoice	0.45	22.51		22.06 ✓		7239907102	
12/10/2020	12/15/2020	7240405071	55x696636	115Invoice	0.23	11.29		11.06 ✓		7240405071	
12/10/2020	12/15/2020	7240405072	55x698166	115Invoice	4.99	249.59		244.60 ✓		7240405072	
12/11/2020	12/15/2020	7240647608	55x701641	115Invoice	7.12	355.94		348.82 ✓		7240647608	

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: 1,747.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,281.59
12/07/2020

If Paid By 12/15/2020, Pay This Amount: 1,713.01 USD

If Paid After 12/15/2020, Pay this Amount: 1,747.98 USD

Due If Paid On Time:
USD 1,713.01
Disc lost if paid late: 34.97
Due If Paid Late:
USD 1,747.98

APPROVED ON

DEC 14 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: 12/11/2020

DC: 8115

Territory: 400

Customer: 190813
Date: 12/12/2020

Page: 001

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

As of: 12/11/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 12/12/2020 **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											
12/09/2020	12/15/2020	7240147615	2017024159	115Invoice	0.92	46.16		45.24	✓	7240147615	

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: 46.16 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,281.59
12/07/2020

If Paid By 12/15/2020, Pay This Amount: 45.24 USD

If Paid After 12/15/2020, Pay this Amount: 46.16 USD

Due If Paid On Time: USD 45.24

Disc lost if paid late: 0.92

Due If Paid Late: USD 46.16

APPROVED
ON
DEC 14 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: 12/11/2020 **Page:** 001

DC: 8115

Territory: 400

Customer: 835438
Date: 12/12/2020

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

As of: 12/11/2020 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 12/12/2020 **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											
12/10/2020	12/15/2020	7240586913	982116	115Invoice	16.43	822.73		806.30 ✓		7240586913	

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: 822.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,281.59
12/07/2020

If Paid By 12/15/2020,
Pay This Amount: 806.30 USD

If Paid After 12/15/2020,
Pay this Amount: 822.73 USD

Due If Paid On Time:
USD 806.30

Disc lost if paid late:
16.43

Due If Paid Late:
USD 822.73

APPROVED ON
DEC 14 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Statement Number: 60082244
Date: 12-11-2020

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

Customer Number
0100135284 / 037028186

Terms
Monday - Friday Due in 7 days

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

Summary

Not Yet Due:	0.00
Current:	1,786.32
Past Due:	0.00
Total Due:	1,786.32
Account Balance:	1,786.32

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-07-2020	12-18-2020	3045409246	159180	Invoice	152.51		0.00	152.51
12-07-2020	12-18-2020	3045409247	159182	Invoice	0.31		0.00	0.31
12-07-2020	12-18-2020	3045409248	159181	Invoice	13.12		0.00	13.12
12-09-2020	12-18-2020	3045503608	159243	Invoice	574.63		0.00	574.63
12-11-2020	12-18-2020	3045612319	159269	Invoice	1,045.75		0.00	1,045.75

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,786.32	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
12-11-2020	(637.74)

Reminders

Due Date	Amount
12-18-2020	1,786.32
Total Due:	1,786.32

CK # 500161

APPROVED ON
DEC 14 2020
COUNTY AUDITOR
GALVESTON COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- December 07, 2020 - December 13, 2020

Date	Bank Description	MMC Notes	Amount
12/7/2020	PAY PLUS ACHTRANS 452579291 101000692851626	- 3rd Party Payor Fee	1.15
12/7/2020	FDGL LEASE PYMT 052-1601830-000 410001280131	- Credit Card Machine Lease Expe	32.45
12/7/2020	FDGL LEASE PYMT 052-1479468-000 410001279820	- Credit Card Machine Lease Expe	69.24
12/7/2020	FDGL LEASE PYMT 052-1479214-000 410001279819	- Credit Card Machine Lease Expe	40.02
12/7/2020	FDGL LEASE PYMT 052-1479213-000 410001279819	- Credit Card Machine Lease Expe	43.26
12/8/2020	MCKESSON DRUG AUTO ACH ACH04398125 910000172	- 340B Drug Program Expense	2,281.59 *
12/9/2020	PAY PLUS ACHTRANS 452579291 101000694726199	- 3rd Party Payor Fee	42.79
12/10/2020	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110 39300982589946 MMC OUTPA	- 3rd Party Payor Fee	129.00
12/10/2020	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110 39300982541616 MEMORIAL M	- 3rd Party Payor Fee	458.06
12/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110 41399801332419 MMC ONLINE	- 3rd Party Payor Fee	470.35
12/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110 41399801332385 MMC ER	- 3rd Party Payor Fee	75.25
12/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110 41399801332401 MMC CLINIC	- 3rd Party Payor Fee	489.36
12/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110 41399801391837 MMC CAFETE	- 3rd Party Payor Fee	105.82
12/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110 41399801332393 MEMORIAL M	- 3rd Party Payor Fee	1,863.27
12/10/2020	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110 41399801368397 CLINICAL HOS	- 3rd Party Payor Fee	600.84
12/10/2020	PAY PLUS ACHTRANS 452579291 101000695516577	- 3rd Party Payor Fee	6.00
12/11/2020	PAY PLUS ACHTRANS 452579291 101000696161161	- 3rd Party Payor Fee	54.52
12/11/2020	EXPERTPAY EXPERTPAY 746003411 91000016142796	-Child Support Payment -Payroll E	412.88
12/11/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	637.74 *
12/11/2020	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	299,371.40 *
			307,184.99

Jason Anglin, CEO
Memorial Medical Center

December 14,2020

* Approved 12.09.20

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
12/20/2020	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	1,063.03
12/14/2020	WIRE TRANSFER	Transfer to mony market	2,600,000.00

Jason Anglin, CEO
Memorial Medical Center

December 14,2020

Pay PLUS
1.15 +
42.79 +
6.00 +
54.52 +
CPS 104.46 *
credit card fees
32.45 +
69.24 +
40.02 +
43.26 +
129.00 +
458.06 +
470.35 +
75.25 +
489.36 +
105.82 +
1,863.27 +
600.84 +
4,376.92 *
Expert Pay
412.88 +
412.88 *

104.46 +
4,376.92 +
412.88 +
4,894.26 *

307,184.99 +
2,281.59 -
637.74 -
299,371.40 -
4,894.26 *

4,894.26 +
4,894.26 -
0.00 *

Sales and Use Tax 12/20/20

Original Return for Period Ending 11/30/2020 (2011)

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.

Print this page for your records.

Reference Number:
Date and Time of Filing: 12/07/2020 03:37:51 PM

Taxpayer ID:
Taxpayer Name:
Taxpayer Address:

Entered by:
Email Address:
Telephone Number
IP Address:

Credits Taken

Are you taking credit to reduce taxes due on this return? **Taking Credit?** No

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licensed Customs Broker Export Certification? **Refund Sales Tax?** No

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	12,950	12,950	0	12,950	809.38	12,950	.02000	259.00
Total Tax Due								**1,068.38**

Total Tax Due:	**= 1,068.38**
Timely Filing Discount:	**- 5.35**
Balance Due:	**= 1,063.03**
Pending Payments:	**- 0.00**
Total Amount Due and Payable:	**= 1,063.03**

(State amount due is 805.33)
(Local amount due is 257.70)

Payment Summary

State Amount: 805.33
Local Amount: 257.70
Amount to Pay: $1,063.03
Electronic Check: $1,063.03

Payment Reference Number:
Trace Number
Type of Bank Account:
Accountholder Name:
Bank Routing Number:
Bank Account Number:
Payment Effective Date

Print | Return to Menu | File for Another Taxpayer

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC Money Market Account

Date Requested: 12/14/20

APPROVED
BY
DEC 14 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT 2,600,000.00

G/L NUMBER: 100250000

EXPLANATION: Transfer to money market account for higher interest rate on funds.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

Mayra Martinez

From: Jason Anglin
Sent: Monday, December 14, 2020 10:18 AM
To: Marley Moehrig; Mayra Martinez
Subject: FW: [WARNING-Remote attachments, verify sender] RE: NEW MONEY MARKET ACCOUNT

Please create a transfer request to go with the Monday submittals.

Description " transfer for higher interest rate on funds "

Amount $2,600,000

GL account for funds to be transferred/deposited in : Money Market Account.

Thank you,

Jason Anglin, CEO
Memorial Medical Center
815 N Virginia St
Port Lavaca, TX 77979
Office 361-552-0240
Fax 361-552-0220

From: rhonda kokena <rhonda.kokena@calhouncotx.org>
Sent: Monday, December 14, 2020 9:16 AM
To: Jason Anglin <JAnglin@mmcportlavaca.com>
Cc: Marley Moehrig <mmoehrig@mmcportlavaca.com>; Erica Perez <Erica.Perez@calhouncotx.org>
Subject: RE: [WARNING-Remote attachments, verify sender] RE: NEW MONEY MARKET ACCOUNT

Yes sir - will do.

Just make sure that there is a Transfer Request for this week's court. The description can read " transfer for higher interest rate on funds "

I am making the transfer either today or tomorrow. I will put a copy of the account information in MMC's box - here at my office.

Rhonda S. Kokena

CALHOUN COUNTY TREASURER
Calhoun County Annex II
202 S. Ann St., Suite A

Port Lavaca, Texas 77979
361-553-4619 office
361-553-4614 fax

From: JAnglin@mmcportlavaca.com (Jason Anglin) [mailto:JAnglin@mmcportlavaca.com]
Sent: Monday, December 14, 2020 8:57 AM
To: rhonda kokena <rhonda.kokena@calhouncotx.org>
Cc: Marley Moehrig <mmoehrig@mmcportlavaca.com>
Subject: [WARNING-Remote attachments, verify sender] RE: NEW MONEY MARKET ACCOUNT

Let's move $2,600,000 to the Money Market Account.

Thank you for setting this up.

Thank you,

Jason Anglin, CEO
Memorial Medical Center
815 N Virginia St
Port Lavaca, TX 77979
Office 361-552-0240
Fax 361-552-0220

From: rhonda kokena <rhonda.kokena@calhouncotx.org>
Sent: Thursday, December 10, 2020 9:21 AM
To: Jason Anglin <JAnglin@mmcportlavaca.com>
Subject: NEW MONEY MARKET ACCOUNT
Importance: High

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

Jason –

I have the account opened and need the amount you would like transferred. I will supply you and your staff with all pertanent paperwork and web access as soon as I have completed everything.

Rhonda S. Kokena

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

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
113020A	11/30/2020	11/30/2020	12/31/2020				18,210.37	0.00	0.00	18,210.37 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
120120	12/01/2020	12/01/2020	12/31/2020				5,456.00	0.00	0.00	5,456.00 ✓
	TRANSFER NH Insurance pymt deposited into mmc operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	23,666.37	0.00	0.00	23,666.37

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	23,666.37	0.00	0.00	23,666.37

CK# 188529

12/10/2020
09:59

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
120120A	12/01/2020	12/01/2020	12/31/2020				829.30	0.00	0.00	829.30
	TRANSFER NH insurance pymt deposited into MMC operating									
120120	12/01/2020	12/01/2020	12/31/2020				3,216.00	0.00	0.00	3,216.00
	TRANSFER NH insurance pymt deposited into MMC operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZ	4,045.30	0.00	0.00	4,045.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,045.30	0.00	0.00	4,045.30

Ck # 188530

12/10/2020
09:59

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12792	BETHANY SENIOR LIVING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120120	12/01/2020	12/01/2020	12/31/2020				18,656.01	0.00	0.00	18,656.01
	TRASNFER	NH insurance pymt deposited into MMC operating								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR I	18,656.01	0.00	0.00	18,656.01

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	18,656.01	0.00	0.00	18,656.01

CK #
188528

Ø

RUN DATE:12/14/20 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:32 CHECK REGISTER GLCKREG
12/16/20 THRU 12/16/20

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	188433	12/16/20	.00	VOIDED
A/P	188434	12/16/20	978.01	ACE HARDWARE 15521
A/P	188435	12/16/20	1,400.00	ACUTE CARE INC
A/P	188436	12/16/20	3,506.37	AIRGAS USA, LLC - CENTRAL DIV
A/P	188437	12/16/20	1,500.75	ALLYSON SWOPE
A/P	188438	12/16/20	200.00	AMERICAN COLLEGE PF PHYSICIANS
A/P	188439	12/16/20	2,462.50	AYA HEALTHCARE INC
A/P	188440	12/16/20	218.08	BARD PERIPHERAL VASCULAR
A/P	188441	12/16/20	3,395.61	BAXTER HEALTHCARE
A/P	188442	12/16/20	76.93	BECKMAN COULTER INC
A/P	188443	12/16/20	13,000.00	BKD, LLP
A/P	188444	12/16/20	202,016.30	BLUE CROSS BLUE SHIELD
A/P	188445	12/16/20	17.02	BRIANNA PASSMORE
A/P	188446	12/16/20	10.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	188447	12/16/20	1,528.64	CAVALLO ENERGY TEXAS LLC
A/P	188448	12/16/20	34.10	CENTERPOINT ENERGY
A/P	188449	12/16/20	5,289.42	CITY OF PORT LAVACA
A/P	188450	12/16/20	516.00	CLIA LABORATORY PROGRAM
A/P	188451	12/16/20	70.31	COASTAL OFFICE SOLUTONS
A/P	188452	12/16/20	877.94	COMBINED INSURANCE
A/P	188453	12/16/20	818.90	CUSTOM MEDICAL SPECIALTIES
A/P	188454	12/16/20	211.36	CYRACOM LLC
A/P	188455	12/16/20	2,054.65	DANETTE BETHANY
A/P	188456	12/16/20	384.58	DEWITT POTH & SON
A/P	188457	12/16/20	50,311.25	DIAMOND HEALTHCARE CORP
A/P	188458	12/16/20	139,294.38	DISCOVERY MEDICAL NETWORK INC
A/P	188459	12/16/20	414.20	DRIESSEN WATER INC.
A/P	188460	12/16/20	47.90	DYNATRONICS CORPORATION
A/P	188461	12/16/20	50.26	ED MELCHER CO
A/P	188462	12/16/20	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	188463	12/16/20	1,023.69	EVOQUA WATER TECHNOLOGIES LLC
A/P	188464	12/16/20	10.01	FEDERAL EXPRESS CORP.
A/P	188465	12/16/20	6,348.00	FISHER & PAYKEL HEALTHCARE
A/P	188466	12/16/20	21,636.08	FISHER HEALTHCARE
A/P	188467	12/16/20	3,654.43	FLDR DESIGNS LLC
A/P	188468	12/16/20	5,134.54	GARDNER & WHITE, INC.
A/P	188469	12/16/20	1,107.70	GRAINGER
A/P	188470	12/16/20	580.71	GULF COAST PAPER COMPANY
A/P	188471	12/16/20	3,000.00	HEALTH SOLUTIONS DIETETICS
A/P	188472	12/16/20	582.00	HEALTHCARE CODING & CONSULTING
A/P	188473	12/16/20	14,205.37	HUNTER PHARMACY SERVICES
A/P	188474	12/16/20	1,137.26	INDEED, INC.
A/P	188475	12/16/20	521.72	IRON MOUNTAIN
A/P	188476	12/16/20	270.82	KELLY SCHOTT
A/P	188477	12/16/20	789.84	LANDAUER INC
A/P	188478	12/16/20	200.00	LAW ENFORCEMENT MAGNETS
A/P	188479	12/16/20	790.86	M G TRUST
A/P	188480	12/16/20	1,582.00	MASA GLOBAL BUILDING
A/P	188481	12/16/20	32.05	MCKESSON MEDICAL SURGICAL INC
A/P	188482	12/16/20	1,228.48	MEDICAL DATA SYSTEMS, INC.

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	188483	12/16/20	408.26	MEDIVATORS
A/P	188484	12/16/20	.00	VOIDED
A/P	188485	12/16/20	5,636.32	MEDLINE INDUSTRIES INC
A/P	188486	12/16/20	185.00	MEMORIAL MEDICAL CLINIC
A/P	188487	12/16/20	154.44	MINDRAY DS USA, INC.
A/P	188488	12/16/20	.00	VOIDED
A/P	188489	12/16/20	12,070.59	MORRIS & DICKSON CO, LLC
A/P	188490	12/16/20	4,101.52	NATIONAL FARM LIFE INSURANCE
A/P	188491	12/16/20	946.56	OCCUPRO LLC
A/P	188492	12/16/20	2,218.13	PABLO GARZA
A/P	188493	12/16/20	187.50	PALACIOS BEACON
A/P	188494	12/16/20	1,100.00	PATRICK OCHOA
A/P	188495	12/16/20	2,462.00	PORT LAVACA WAVE
A/P	188496	12/16/20	2.99	POWER HARDWARE
A/P	188497	12/16/20	113.40	PRECISION DYNAMICS CORP (PDC)
A/P	188498	12/16/20	2,109.12	PRESS GANEY ASSOCIATES, INC.
A/P	188499	12/16/20	22,060.09	RELIANT, DEPT 0954
A/P	188500	12/16/20	6,416.22	REMI CORPORATION
A/P	188501	12/16/20	525.00	REVISTA de VICTORIA
A/P	188502	12/16/20	235.00	RX WASTE SYSTEMS LLC
A/P	188503	12/16/20	494.86	SAM'S CLUB DIRECT
A/P	188504	12/16/20	2,193.83	SIEMENS FINANCIAL SERVICES
A/P	188505	12/16/20	790.00	SIGN AD, LTD.
A/P	188506	12/16/20	762.31	SMITH & NEPHEW
A/P	188507	12/16/20	2,323.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	188508	12/16/20	840.00	ST DAVIDS HEALTHCARE
A/P	188509	12/16/20	660.09	STRYKER ENDOSCOPY
A/P	188510	12/16/20	3,205.84	STRYKER SALES CORP
A/P	188511	12/16/20	2,388.81	SUN LIFE ASSURANCE COMPANY
A/P	188512	12/16/20	10,135.68	SUN LIFE FINANCIAL
A/P	188513	12/16/20	6,130.42	T-SYSTEM, INC
A/P	188514	12/16/20	1,874.00	TEXAS BURNER & BOILER SERVICES
A/P	188515	12/16/20	93.83	THERMO FISHER SCIENTIFIC
A/P	188516	12/16/20	1,311.36	THYSSENKRUPP ELEVATOR CORP
A/P	188517	12/16/20	1,234.94	TLC STAFFING
A/P	188518	12/16/20	295.98	TRI-ANIM HEALTH SERVICES INC
A/P	188519	12/16/20	1,629.62	TRIZETTO PROVIDER SOLUTIONS
A/P	188520	12/16/20	3,551.48	UNIFIRST HOLDINGS
A/P	188521	12/16/20	277.77	UNIFORM ADVANTAGE
A/P	188522	12/16/20	39,248.45	VICTORIA ANESTHESIOLOGY
A/P	188523	12/16/20	680.00	VICTORIA RADIOWORKS, LTD
A/P	188524	12/16/20	4,231.37	WAGEWORKS, INC.
A/P	188525	12/16/20	171.13	WALMART COMMUNITY
A/P	188526	12/16/20	85.62	WERFEN USA LLC
A/P	188527	12/16/20	38.00	ZIMMER BIOMET
A/P	188528	12/16/20	18,656.01	BETHANY SENIOR LIVING
A/P	188529	12/16/20	23,666.37	GOLDENCREEK HEALTHCARE
A/P	188530	12/16/20	4,045.30	GULF POINTE PLAZA
TOTALS:			726,531.73	

0.C

Payables 680,164.05 +
NH 23,666.37 +
4,045.30 +
Transfers 18,656.01 +
726,531.73 *

APPROVED
BY

DEC 16 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/14/2020

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		19,108.77 ✓	18,870.89 ✓	44,165.16 ✓		-	44,403.04 ✓	44,165.16
						Bank Balance	44,403.04	
						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	44,165.16 ✓	
Broadmoor		161,293.30 ✓	161,120.37 ✓	61,834.22 ✓		-	62,007.15 ✓	61,834.22
						Bank Balance	62,007.15	
						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	61,834.22 ✓	
Crescent		67,944.81 ✓	67,754.70 ✓	68,240.28 ✓		-	68,430.39 ✓	68,240.28
						Bank Balance	68,430.39	
						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	68,240.28 ✓	
Fort Bend		12,680.48 ✓	12,535.53 ✓	5,600.04 ✓		-	5,744.99 ✓	5,600.04
						Bank Balance	5,744.99	
						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	5,600.04 ✓	
Solera at W Houston	216844438	40,174.99 ✓	39,982.70 ✓	40,764.02 ✓			40,956.31 ✓	40,764.02
						Bank Balance	40,956.31	
						Variance	-	
						Leave In Balance	100.00	
Routing Information for Crescent / S						MOLINA QIPP 1 & 2	-	
:						AMERIGROUP QIPP 1 & 2	-	
						October Interest	51.82 ✓	
						November Interest	40.47 ✓	
						December Interest	-	
							-	
						Adjust Balance/Transfer Amt	40,764.02 ✓	

44,165.16 +
61,834.22 +
68,240.28 +
5,600.04 +
40,764.02 +
220,603.72 *

TOTAL TRANSFERS	220,603.72

Approved:

APPROVED ON DEC 14 2020 CALHOUN COUNTY, TEXAS

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

J:\NH Weekly Transfers\NH UPL Transfer Summary\2020\December\NH UPL Transfer Summary 12-14-20.xlsx

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
12/7/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05G495511326436189*1746000156~	-	684.03					-	684.03
12/9/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	18,870.89	-					-	-
12/9/2020	Amerigroup TXSC HCCLAIMPMT 3138457355 111000 TRN*1*3138457355*1752603231\	-	1,063.66					-	1,063.66
12/10/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1588857874*1411289245*000087726\	-	4,448.00					-	4,448.00
12/10/2020	UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202012091380135 4*1912008361*0000TEX01\	-	8,428.00					-	8,428.00
12/10/2020	Amerigroup TXSC HCCLAIMPMT 3138558407 111000 TRN*1*3138558407*1752603231\	-	3,175.26					-	3,175.26
12/10/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000146 TRN*1*EFT7005855*1205296137*000004911\	-	12,981.82					-	12,981.82
12/10/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05G527671326436189*1746000156~	-	7,234.39					-	7,234.39
12/11/2020	UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202012101530135 2*1912008361*0000TEX01\	-	6,150.00					-	6,150.00
								-	-
		18,870.89	44,165.16	-	-	-	-	-	44,165.16

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
12/8/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1587839188*1411289245*000087726\	-	12,470.00					-	12,470.00
12/8/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202012051180054 5*1912008361*0000TEX01\	-	8,339.75					-	8,339.75
12/9/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	161,120.37	-					-	-
12/9/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202012061210042 6*1912008361*0000TEX01\	-	5,456.07					-	5,456.07
12/10/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202012091250124 2*1912008361*0000TEX01\	-	1,671.23					-	1,671.23
12/11/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202012101350093 7*1912008361*0000TEX01\	-	1,228.50					-	1,228.50
12/11/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202012101620007 8*1912008361*0000TEX01\	-	14,302.38					-	14,302.38
12/11/2020	UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202012101200093 3*1912008361*0000TEX01\	-	10,612.00					-	10,612.00
12/11/2020	HUMANA INS CO HCCLAIMPMT 390861 830000531686 TRN*1*001290054157017*1391263473\	-	7,754.29					-	7,754.29
								-	-
		161,120.37	61,834.22	-	-	-	-	-	61,834.22

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
12/7/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1587684937*1411289245*000087726\	-	390.00					-	390.00
12/7/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1587360772*1362739571*000036273\	-	880.00					-	880.00
12/7/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05G495601669860425*1746000156~	-	3,872.00					-	3,872.00
12/8/2020	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0257579	-	2,520.00					-	2,520.00
12/9/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	67,754.70	-					-	-
12/9/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000149 TRN*1*EFT5783509*1205296137*000004011\	-	389.07					-	389.07
12/9/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05G519611669860425*1746000156~	-	19,497.67					-	19,497.67
12/10/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1588868500*1411289245*000087726\	-	6,290.00					-	6,290.00
12/11/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1589121417*1362739571*000036273\	-	5,280.00					-	5,280.00
12/11/2020	UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*202012101200082 6*1912008361*0000TEX01\	-	7,558.00					-	7,558.00
12/11/2020	HUMANA INS CO HCCLAIMPMT 390864 830000531687 TRN*1*001290054157019*1391263473\	-	18,627.69					-	18,627.69
12/11/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05G537051669860425*1746000156~	-	2,935.85					-	2,935.85
								-	-
		67,754.70	68,240.28	-	-	-	-	-	68,240.28

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
12/7/2020	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1587360734*1362739571*000036273\	-	237.54					-	237.54
12/8/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05G508501730577503*1746000156~	-	2,464.00					-	2,464.00
12/9/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	12,535.53	-					-	-
12/9/2020	Deposit	-	2,898.50					-	2,898.50
								-	-
		12,535.53	5,600.04	-	-	-	-	-	5,600.04

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
12/7/2020	Amerigroup TXSC HCCLAIMPMT 3138222234 111000 TRN*1*3138222234*1752603231\	-	1,232.00					-	1,232.00
12/8/2020	Amerigroup TXSC HCCLAIMPMT 3138326987 111000 TRN*1*3138326987*1752603231\	-	7.32					-	7.32
12/8/2020	HHP TEXAS HCCLAIMPMT 390862 42000014720861 D TRN*1*003690012837872*1610994632\	-	3,787.30					-	3,787.30
12/9/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	39,982.70	-					-	-
12/9/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*05G519621497143259*1746000156~	-	5,141.48					-	5,141.48
12/11/2020	HUMANA INS CO HCCLAIMPMT 390862 830000531687 TRN*1*001290054157018*1391263473\	-	19,641.42					-	19,641.42
12/11/2020	HUMANA CHA DISB HCCLAIMPMT 390862 4200001424 TRN*1*014840101941536*1611013183\	-	5,494.96					-	5,494.96
12/11/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*05G537061497143259*1746000156~	-	5,459.54					-	5,459.54
								-	-
		39,982.70	40,764.02	-	-	-	-	-	40,764.02

TOTALS

300,264.19	220,603.72	-	-	-	-	-	220,603.72

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Dec 14, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$44,403.04	$44,403.04	$44,403.04	$38,253.0
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$62,007.15	$76,551.37	$62,007.15	$28,109.9
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$68,430.39	$78,326.99	$68,430.39	$34,028.8
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$5,744.99	$5,744.99	$5,744.99	$5,744.9
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$40,956.31	$93,872.84	$40,956.31	$10,360.3
[redacted]				

* indicate
Page generated on 12/14/2020 a

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
12/14/2020

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		61,245.40	61,057.66	75,543.49	-	-	75,731.23	75,543.49
						Bank Balance	75,731.23	
						Variance	-	
						Leave in Balance	100.00	
							-	
						SUPERIOR QIPP 1 & 2	-	
						October Interest	50.99	
						November Interest	36.75	
						December Interest	-	
							-	
						Adjust Balance/Transfer Amt	75,543.49	

Routing Information for Golden Creek:
k

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 12/14/2020

APPROVED
BY
DEC 14 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&Lapse	QJPP TI	
12/7/2020	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 120420	-	286.58					-	286.58
12/7/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*0SG496981588075964*1746000156~	-	12,754.08					-	12,754.08
12/9/2020	WIRE OUT NEXION HEALTH AT GOLDEN CREEK	61,057.66	-					-	-
12/9/2020	Deposit	-	47,523.20					-	47,523.20
12/9/2020	NOVITAS SOLUTION HCCLAIMPMT 676097 420000149 TRN*1*EFT5783126*1205296137*000004011\	-	9,582.91					-	9,582.91
12/10/2020	ACH SETTLEMENT SERVICE 4105523439 9601693796	-	2,596.60					-	2,596.60
12/11/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*0SG538391588075964*1746000156~	-	2,800.12					-	2,800.12
		61,057.66	75,543.49	-	-	-	-	-	75,543.49

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Dec 14, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$75,731.23	$75,731.23	$75,731.23	$72,931.1

[redacted]

* indicate
Page generated on 12/14/2020 :

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
12/14/2020

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		16,506.79	16,388.72	3,580.29		-	-	3,698.36	3,580.29
							Bank Balance	3,698.36	
							Variance	-	NO TRANSFER
							Leave in Balance	100.00	
							SUPERIOR QIPP 1 & 2		
							October Interest	6.35	
							November Interest	11.72	
							December Interest	-	
							Adjust Balance/Transfer Amt	3,580.29	

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		5,523.96	5,381.06	36,345.94		-	-	36,488.84	36,345.94
							Bank Balance	36,488.84	
							Variance	-	
							Leave in Balance	100.00	
							QIPP Payment Adjustments		
							October Interest	19.32	
							November Interest	23.58	
							December Interest	-	
							Adjust Balance/Transfer Amt	36,345.94	
							TOTAL TRANSFERS	36,345.94	

Routing Information for Gulf Pointe Plaza:

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

Approved:
Jason Anglin, CEO 12/14/2020

APPROVED
ON
DEC 14 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
12/9/2020 WIRE OUT HMG SERVICES, LLC	16,388.72	-					-	-
12/10/2020 HUMANA CHA DISB HCCLAIMPMT 624982 4200001364 TRN*1*014840101939568*1611013183\	-	3,580.29					-	3,580.29
							-	-
	16,388.72	3,580.29	-	-	-	-	-	3,580.29

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
12/7/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SG498821922092790*17460001	-	2,288.00					-	2,288.00
12/9/2020 WIRE OUT HMG SERVICES, LLC	5,381.06	-					-	-
12/9/2020 Deposit	-	34,057.94					-	34,057.94
							-	-
	5,381.06	36,345.94	-	-	-	-	-	36,345.94
	21,769.78	39,926.23	-	-	-	-	-	39,926.23

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DDA Data reported as of Dec 14, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$36,488.84	$36,488.84	$36,488.84	$36,488.8
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,698.36	$3,698.36	$3,698.36	$3,698.3
[redacted]				

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Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
12/14/2020

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
Tuscany Senior Living		186,244.05	186,134.88	33,259.90	-	-	33,369.07	33,259.90

Bank Balance	33,369.07
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	33,259.90

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 12/14/2020

APPROVED
ON
DEC 14 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
12/9/2020 WIRE OUT LINBAR ENTERPRISES, LLC	186,134.88	-					-	-
12/9/2020 Deposit	-	25,102.45					-	25,102.45
12/10/2020 Molina HC of TX HCCLAIMPMT PN1275717894 4200 TRN*1*EFT	-	8,157.45					-	8,157.45
								-
	186,134.88	33,259.90	-	-	-	-	-	33,259.90

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DDA Data reported as of Dec 14, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*3407 MMC -NH TUSCANY VILLAGE	$33,369.07	$33,369.07	$33,369.07	$33,369.0

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Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
12/14/2020

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		104,832.23	104,578.34	129,180.11		-	-	129,434.00	129,180.11
							Bank Balance	129,434.00	
							Variance	-	
							Leave in Balance	100.00	

October Interest	83.94
November Interest	69.95
December Interest	-
Adjust Balance/Transfer Amt	129,180.11

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 12/14/2020

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ON
DEC 14 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
12/7/2020	Deposit	-	11,377.83					-	11,377.83
12/7/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2 TRN*1*0SG4994315:	-	16,359.69					-	16,359.69
12/9/2020	WIRE OUT BETHANY SENIOR LIVING, LTD	104,578.34	-					-	-
12/9/2020	Deposit	-	95,968.92					-	95,968.92
12/9/2020	Deposit	-	1,644.95					-	1,644.95
12/9/2020	Deposit	-	3,137.00					-	3,137.00
12/11/2020	HOSPICE OF SO TX VENDORS NF 91000012514675	-	691.72					-	691.72
								-	-
		104,578.34	129,180.11	-	-	-	-	-	129,180.11

Quick View

Select Quick View Accounts
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Groups
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DDA

Data reported as of Dec 14, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*5506 MMC -NH BETHANY SENIOR LIVING	$129,434.00	$138,228.58	$129,434.00	$128,742.2
[redacted]				

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