MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 23, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 677,865.74
TOTAL TRANSFERS BETWEEN FUNDS	$ 384,588.30
TOTAL NURSING HOME UPL EXPENSES	$ 514,292.93
TOTAL INTER-GOVERNMENT TRANSFERS	$ 65,905.54
GRAND TOTAL DISBURSEMENTS APPROVED December 23, 2020	$ 1,642,652.51

APPROVED

DEC 2 3 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 23, 2020

PAYABLES AND PAYROLL

12/17/2020	Weekly Payables	264,244.46	
12/17/2020	Patient Refunds	70.13	
12/21/2020	McKesson-340B Prescription Expense	6,145.37	
12/21/2020	Amerisource Bergen-340B Prescription Expense	533.95	
12/21/2020	Payroll Liabilities -Payroll Taxes	98,544.11	
12/21/2020	Payroll	308,144.45	
	Prosperity Electronic Bank Payments		
12/14-12/18/20	Pay Plus-Patient Claims Processing Fee	183.27	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 677,865.74**

TRANSFER BETWEEN FUNDS-NURSING HOMES

12/17/2020	MMC Operating to Ashford- NH portion of stimulus payment deposited into MMC Operating	96,225.30	
12/17/2020	MMC Operating to Fortbend-NH portion of stimulus payment deposited into MMC Operating	9,016.92	
12/17/2020	MMC Operating to Broadmoor-NH portion of stimulus payment deposited into MMC Operating	32,461.79	
12/17/2020	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	70,718.64	
12/17/2020	MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	55,370.04	
12/17/2020	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	62,818.64	
12/17/2020	MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating	57,976.97	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 384,588.30**

NURSING HOME UPL EXPENSES

12/21/2020	Nursing Home UPL-Cantex Transfer	374,216.43	
12/21/2020	Nursing Home UPL-Nexion Transfer	31,753.37	
12/21/2020	Nursing Home UPL-HMG Transfer	20,315.77	
12/21/2020	Nursing Home UPL-HSL Transfer	88,007.36	
TOTAL NURSING HOME UPL EXPENSES			**$ 514,292.93**

INTER-GOVERNMENT TRANSFERS

12/21/2020	IGT DY9 Round 2 to be paid on January 06, 2021	65,905.54	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 65,905.54**

GRAND TOTAL DISBURSEMENTS APPROVED December 23, 2020 $ 1,642,652.51

12/17/2020 MEMORIAL MEDICAL CENTER 0
11:14 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 01/06/2021

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20M0184667		12/08/2020	12/07/2020	01/01/2021			586.52	0.00	0.00	586.52
	SCHEDULING SERVICES									

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

Vendor#	Vendor Name	Class	Pay Code
R1200	ADT COMMERCIAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
137250593		12/15/2020	11/17/2020	12/12/2020			49.18	0.00	0.00	49.18
	FIRE MONITORING									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	R1200	ADT COMMERCIAL	49.18	0.00	0.00	49.18	

Vendor#	Vendor Name	Class	Pay Code
A1679	AIR SPECIALTY & EQUIPMENT CO	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
47189		12/02/2020	12/02/2020	01/01/2021			3,545.10	0.00	0.00	3,545.10
	OIL FREE COMPRESSOR/SUPPLIE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	A1679	AIR SPECIALTY & E	3,545.10	0.00	0.00	3,545.10	

Vendor#	Vendor Name	Class	Pay Code
A1715	ALCO SALES & SERVICE CO	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2833324IN		12/16/2020	12/02/2020	12/02/2020			224.00	0.00	0.00	224.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	A1715	ALCO SALES & SEF	224.00	0.00	0.00	224.00	

Vendor#	Vendor Name	Class	Pay Code
A1787	AMERICAN COLLEGE OF HEALTH(	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1585154		11/30/2020	10/29/2020	12/31/2020			645.00	0.00	0.00	645.00
	ANNUAL MEMBERSHIP ROSHAND									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	A1787	AMERICAN COLLEC	645.00	0.00	0.00	645.00	

Vendor#	Vendor Name	Class	Pay Code
13244	ASD HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1102102695		10/31/2020	10/09/2020	01/01/2021			1,245.00	0.00	0.00	1,245.00
	INVENTORY									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13244	ASD HEALTHCARE	1,245.00	0.00	0.00	1,245.00	

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
862112		12/15/2020	12/10/2020	12/10/2020			1,717.50	0.00	0.00	1,717.50
	STAFFING SURGERY									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11756	AYA HEALTHCARE	1,717.50	0.00	0.00	1,717.50	

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
108771895		12/16/2020	12/02/2020	12/27/2020			1,004.38	0.00	0.00	1,004.38
	SUPPLIES									
108771859		12/16/2020	12/02/2020	12/27/2020			609.94	0.00	0.00	609.94
	SUPPLEIS									
108771232		12/16/2020	12/02/2020	12/27/2020			425.38	0.00	0.00	425.38

SUPPLIES								
108771858	12/16/2020	12/02/2020	12/27/2020		404.06	0.00	0.00	404.06
SUPPLIES								
108771863	12/16/2020	12/02/2020	12/27/2020		3,362.66	0.00	0.00	3,362.66
SUPPLIES								
108770933	12/16/2020	12/02/2020	12/27/2020		7,512.64	0.00	0.00	7,512.64
SUPPLIES								
108770975	12/16/2020	12/02/2020	12/27/2020		80.08	0.00	0.00	80.08
SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTE	13,399.14	0.00	0.00	13,399.14

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CIT30855	12/15/2020	11/24/2020	12/19/2020				460.00	0.00	0.00	460.00
REPLACE BEARINGS BALDOR MO										

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8002392692	12/16/2020	12/01/2020	12/26/2020				892.81	0.00	0.00	892.81
SUPPLIES										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH	892.81	0.00	0.00	892.81

Vendor#	Vendor Name	Class	Pay Code
13264	CERVEY, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2283	12/15/2020	12/09/2020	01/03/2021				1,699.00	0.00	0.00	1,699.00
MONTHLY LICENSING FEE										

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2020110	12/16/2020	11/30/2020	11/30/2020				39,398.41	0.00	0.00	39,398.41
LAB SERVICES										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLC	39,398.41	0.00	0.00	39,398.41

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
415720	12/16/2020	12/01/2020	12/16/2020				107.53	0.00	0.00	107.53
SUPPLIES										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPOR/	107.53	0.00	0.00	107.53

Vendor#	Vendor Name	Class	Pay Code
10006	CUSTOM MEDICAL SPECIALTIES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
274378	12/17/2020	11/16/2020	12/17/2020				110.92	0.00	0.00	110.92
SUPPLIES										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL	110.92	0.00	0.00	110.92

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20001	12/15/2020	11/30/2020	12/25/2020				105.00	0.00	0.00	105.00
PEST CONTROL										
20002	12/15/2020	11/30/2020	12/25/2020				505.00	0.00	0.00	505.00
PEST CONTROL										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

11291	DOWELL PEST CO	610.00	0.00	0.00	610.00		

Vendor# 11046 — Vendor Name: E-MDS, INC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
414442		12/15/2020	12/11/2020	12/11/2020			9,275.00	0.00	0.00	9,275.00
	HOSTING SUBSCRIPTION QTRLY									
414520		12/15/2020	12/14/2020	12/14/2020			448.00	0.00	0.00	448.00
	EPCS SET UP FEE PROVIDER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11046	E-MDS, INC	9,723.00	0.00	0.00	9,723.00

Vendor# 11284 — Vendor Name: EMERGENCY STAFFING SOLUTIO — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
39802		12/15/2020	12/15/2020	12/15/2020			40,062.50	0.00	0.00	40,062.50
	ER STAFFING (1-15th)									

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

Vendor# 10689 — Vendor Name: FASTHEALTH CORPORATION — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12A20MMC		12/16/2020	12/01/2020	12/16/2020			495.00	0.00	0.00	495.00
	WEBSITE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORI	495.00	0.00	0.00	495.00

Vendor# F1400 — Vendor Name: FISHER HEALTHCARE — Class: M — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3087482		12/16/2020	11/13/2020	12/08/2020			-83.93	0.00	0.00	-83.93
	CREDIT									
4611072		12/16/2020	12/02/2020	12/27/2020			159.00	0.00	0.00	159.00
	SUPPLIES									
4611074		12/16/2020	12/02/2020	12/27/2020			1,122.91	0.00	0.00	1,122.91
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCA	1,197.98	0.00	0.00	1,197.98

Vendor# 11183 — Vendor Name: FRONTIER — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111920		12/02/2020	11/19/2020	12/14/2020			56.40	0.00	0.00	56.40
	PHONES – Previous balance picked up.									
112320		12/02/2020	11/23/2020	12/17/2020			37.22	0.00	0.00	23.11 / 37.22
	PHONES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	93.62 / 79.51	0.00	0.00	93.62 / 79.5

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6001722532		12/16/2020	12/01/2020	12/30/2020			1,281.96	0.00	0.00	1,281.96
	MAINT CONTRACT									
6001722533		12/16/2020	12/01/2020	12/30/2020			572.33	0.00	0.00	572.33
	MAINT CONTRACT									
6001722602		12/16/2020	12/01/2020	12/30/2020			86.67	0.00	0.00	86.67
	MAINT CONTRACT									
6001722601		12/16/2020	12/01/2020	12/31/2020			3,588.58	0.00	0.00	3,588.58
	MAINT CONTRACT									
6001722638		12/16/2020	12/01/2020	12/31/2020			5,665.83	0.00	0.00	5,665.83
	MAINT CONTRACT									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
972891577		12/16/2020	11/24/2020	12/19/2020			20.00	0.00	0.00	20.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	W1300	GRAINGER	20.00		0.00	0.00	20.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
28322159		12/16/2020	12/07/2020	12/31/2020			10,028.68	0.00	0.00	10,028.68
	COPIER PRONTER LEASE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12948	GREAT AMERICAN	10,028.68		0.00	0.00	10,028.68

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
1969526		12/09/2020	12/01/2020	12/31/2020			750.30	0.00	0.00	750.30
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPE	750.30		0.00	0.00	750.30

Vendor#	Vendor Name	Class	Pay Code
H1100	HAYES ELECTRIC SERVICE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A220102303		12/15/2020	10/23/2020	11/02/2020			110.00	0.00	0.00	110.00
	LOCATE CIRCUITS FOR FRIG									
A220102801		12/15/2020	10/28/2020	11/07/2020			802.29	0.00	0.00	802.29
	RUN NEW CIRCUITS EMERGENCY									
A22010301		12/15/2020	10/30/2020	11/09/2020			617.77	0.00	0.00	617.77
	RUN NEW CIRCUIT OFF GENERAT									
A220111603		12/15/2020	11/16/2020	11/26/2020			80.00	0.00	0.00	80.00
	CHECK COMPRESSOR MOTOR									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	H1100	HAYES ELECTRIC S	1,610.06		0.00	0.00	1,610.06

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
100398621		12/15/2020	12/08/2020	01/01/2021			7,154.17	0.00	0.00	7,154.17
	LEASE									
100398620		12/16/2020	12/08/2020	01/01/2021			4,919.41	0.00	0.00	4,919.41
	LEASE									
100398622		12/16/2020	12/08/2020	01/01/2021			7,447.86	0.00	0.00	7,447.86
	LEASE									
100398623		12/16/2020	12/08/2020	01/01/2021			1,797.44	0.00	0.00	1,797.44
	LEASE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINA	21,318.88		0.00	0.00	21,318.88

Vendor#	Vendor Name	Class	Pay Code
13544	HEALTHSMART INTERNATIONAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
H798625		12/17/2020	10/30/2020	11/29/2020			299.45	0.00	0.00	299.45
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13544	HEALTHSMART INT	299.45		0.00	0.00	299.45

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC122020		12/02/2020	12/14/2020	01/03/2021			24,662.84	0.00	0.00	24,662.84
	RESP SERVICES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES IN	24,662.84		0.00	0.00	24,662.84

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
923813664		12/16/2020	12/01/2020	12/31/2020			626.32	0.00	0.00	626.32
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE	626.32	0.00	0.00	626.32

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
67955108		12/16/2020	11/28/2020	12/23/2020			43.98	0.00	0.00	43.98
	SUPPLIES									
67950166		12/16/2020	11/28/2020	12/23/2020			30.00	0.00	0.00	30.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMEI	73.98	0.00	0.00	73.98

Vendor#	Vendor Name	Class	Pay Code
11600	LEGAL SHIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121520		12/15/2020	12/15/2020	12/15/2020			765.70	0.00	0.00	765.70

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD	765.70	0.00	0.00	765.70

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0000307		12/02/2020	11/30/2020	12/30/2020			21,869.92	0.00	0.00	21,869.92
	FOOD									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11796	LUBY'S FUDDRUCK	21,869.92	0.00	0.00	21,869.92

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
843355MKM		12/16/2020	12/07/2020	12/07/2020			1,612.00	0.00	0.00	1,612.00
	INSURANCE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11612	MASA GLOBAL BUII	1,612.00	0.00	0.00	1,612.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121420		12/16/2020	12/14/2020	12/14/2020			81.32	0.00	0.00	81.32
	INDIGENT CARE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALT	81.32	0.00	0.00	81.32

Vendor#	Vendor Name	Class	Pay Code
12248	MEMORIAL MEDICAL CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121620		12/17/2020	12/16/2020	12/16/2020			7.00	0.00	0.00	7.00
	FORD VEHICLE INSPECTION									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12248	MEMORIAL MEDICA	7.00	0.00	0.00	7.00

Vendor#	Vendor Name	Class	Pay Code
M2621	MMC AUXILIARY GIFT SHOP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121020		12/15/2020	12/10/2020	12/10/2020			244.22	0.00	0.00	244.22
	PAYROLL DED									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GI	244.22	0.00	0.00	244.22

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
6363259		12/02/2020	12/07/2020	12/17/2020			371.05	0.00	0.00	371.05
	INVENTORY									

4514	12/02/2020	12/07/2020	12/17/2020		-0.01	0.00	0.00	-0.01
CREDIT								
6363261	12/02/2020	12/07/2020	12/17/2020		53.08	0.00	0.00	53.08
INVENTORY								
6363260	12/02/2020	12/07/2020	12/17/2020		72.55	0.00	0.00	72.55
INVENTORY								
6368786	12/02/2020	12/08/2020	12/18/2020		668.94	0.00	0.00	668.94
INVENTORY								
6368785	12/02/2020	12/08/2020	12/18/2020		20.20	0.00	0.00	20.20
INVENTORY								
63687	12/02/2020	12/08/2020	12/18/2020		40.50	0.00	0.00	40.50
INVENTORY								
6373335	12/02/2020	12/09/2020	12/19/2020		357.88	0.00	0.00	357.88
INVENTORY								
6373600	12/02/2020	12/09/2020	12/19/2020		1,204.39	0.00	0.00	1,204.39
INVENTORY								
6373334	12/02/2020	12/09/2020	12/19/2020		1,017.36	0.00	0.00	1,017.36
INVENTORY								
6373333	12/02/2020	12/09/2020	12/19/2020		75.08	0.00	0.00	75.08
INVENTORY								
6378080	12/02/2020	12/10/2020	12/20/2020		822.66	0.00	0.00	822.66
INVENTORY								
6378078	12/02/2020	12/10/2020	12/20/2020		16.41	0.00	0.00	16.41
INVENTORY								
6378079	12/02/2020	12/10/2020	12/20/2020		4,068.69	0.00	0.00	4,068.69
INVENTORY								
6383659	12/02/2020	12/13/2020	12/23/2020		533.27	0.00	0.00	533.27
INVENTORY								
6383661	12/02/2020	12/13/2020	12/23/2020		87.55	0.00	0.00	87.55
INVENTORY								
6383660	12/02/2020	12/13/2020	12/23/2020		1,190.27	0.00	0.00	1,190.27
INVENTORY								
6385784	12/16/2020	12/14/2020	12/24/2020		10.67	0.00	0.00	10.67
INVENTORY								
6388756	12/16/2020	12/14/2020	12/24/2020		410.13	0.00	0.00	410.13
INVENTORY								
6385783	12/16/2020	12/14/2020	12/24/2020		4,537.70	0.00	0.00	4,537.70
INVENTORY								
6388755	12/16/2020	12/14/2020	12/24/2020		545.70	0.00	0.00	545.70
INVENTORY								
6388757	12/16/2020	12/14/2020	12/24/2020		348.52	0.00	0.00	348.52
INVENTORY								
6393750	12/16/2020	12/15/2020	12/25/2020		1,513.95	0.00	0.00	1,513.95
INVENTORY								
6393749	12/16/2020	12/15/2020	12/25/2020		1,787.66	0.00	0.00	1,787.66
INVENTORY								
6390177	12/16/2020	12/15/2020	12/25/2020		338.35	0.00	0.00	338.35
INVENTORY								
6393751	12/16/2020	12/15/2020	12/25/2020		460.19	0.00	0.00	460.19
INVENTORY								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSOI	20,552.74		0.00	0.00	20,552.74

Vendor#	Vendor Name	Class	Pay Code
11155	PARA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7247		12/01/2020	12/01/2020	12/31/2020			3,084.00	0.00	0.00	3,084.00
REVENUE INTERGRITY PROGRAM										

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11155	PARA	3,084.00		0.00	0.00	3,084.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20110600		12/15/2020	12/10/2020	12/25/2020			2,589.20	0.00	0.00	2,589.20
	GAS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PAR	2,589.20	0.00	0.00	2,589.20

Vendor#	Vendor Name	Class	Pay Code
13584	QUANTUM WORLD TECHNOLOGIE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
QWT04557		12/04/2020	12/04/2020	01/03/2021			3,648.13	0.00	0.00	3,648.13
	CONTRACT RN MED SURG									
QWT04558		12/04/2020	12/04/2020	01/03/2021			2,470.00	0.00	0.00	2,470.00
	CONTRACT RN MED SURG									
QWT04556		12/15/2020	12/04/2020	01/03/2021			2,551.25	0.00	0.00	2,551.25
	CONTRACT RN MED SURG									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13584	QUANTUM WORLD	8,669.38	0.00	0.00	8,669.38

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
915937267		11/30/2020	11/09/2020	01/01/2021			726.26	0.00	0.00	726.26
	INVENTORY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR I	726.26	0.00	0.00	726.26

Vendor#	Vendor Name	Class	Pay Code
S1800	SHERWIN WILLIAMS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90506		12/15/2020	11/24/2020	12/09/2020			141.83	0.00	0.00	141.83
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAM:	141.83	0.00	0.00	141.83

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
252355		07/22/2020	07/16/2020	01/01/2021			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
S3960	STERICYCLE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4009744732		12/08/2020	12/01/2020	12/31/2020			2,415.00	0.00	0.00	2,415.00
	DISPOSAL SERVICE									

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

Vendor#	Vendor Name	Class	Pay Code
11136	SUSAN DOUGLASS, MSN, RN, CEI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121620D		12/16/2020	12/16/2020	12/16/2020			400.00	0.00	0.00	400.00
	CONT ED ER ANDREA RODRIQUE:									
121620		12/16/2020	12/16/2020	12/16/2020			400.00	0.00	0.00	400.00
	CONT EDUCATION ER MEGAN GA									
121620C		12/16/2020	12/16/2020	12/16/2020			400.00	0.00	0.00	400.00
	CONT ED SHERRY KING									
121620A		12/16/2020	12/16/2020	12/16/2020			400.00	0.00	0.00	400.00
	CONT EDUCATION ER SOPHIE PE									
121620B		12/16/2020	12/16/2020	12/16/2020			400.00	0.00	0.00	400.00
	CONT ED ER QUILA BAILEY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11136	SUSAN DOUGLASS	2,000.00	0.00	0.00	2,000.00

Vendor#	Vendor Name	Class	Pay Code
T1809	TARHC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2222679		11/30/2020	01/01/2021	01/01/2021			375.00	0.00	0.00	375.00
	DUES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	T1809	TARHC	375.00		0.00	0.00	375.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
340380866		12/02/2020	12/02/2020	12/27/2020			309.41	0.00	0.00	309.41
	TRASH SERVICE									
340380967		12/15/2020	12/10/2020	01/04/2021			248.47	0.00	0.00	248.47
	TRASH SERVICE									
340380966		12/15/2020	12/10/2020	01/04/2021			1,353.87	0.00	0.00	1,353.87
	TRASH SERVICE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11100	THE US CONSULTII	1,911.75		0.00	0.00	1,911.75

Vendor#	Vendor Name	Class	Pay Code
13596	TML		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
133728		12/16/2020	12/07/2020	12/07/2020			207.58	0.00	0.00	207.58
	PATIENT REFUND									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13596	TML	207.58		0.00	0.00	207.58

Vendor#	Vendor Name	Class	Pay Code
11908	TMS SOUTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
683194		12/16/2020	09/30/2020	09/30/2020			444.10	0.00	0.00	444.10
	SUPPLIES									
685266		12/16/2020	10/13/2020	10/13/2020			102.12	0.00	0.00	102.12
	SUPPLIES									
685455		12/16/2020	10/14/2020	10/14/2020			222.05	0.00	0.00	222.05
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11908	TMS SOUTH	768.27		0.00	0.00	768.27

Vendor#	Vendor Name	Class	Pay Code
13224	TORCH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2223901		11/30/2020	01/01/2021	01/01/2021			3,850.00	0.00	0.00	3,850.00
	HOSPITAL DUES LEVEL 3									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13224	TORCH	3,850.00		0.00	0.00	3,850.00

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
8400349646		12/16/2020	12/07/2020	01/01/2021			50.22	0.00	0.00	50.22
	LAUNDRY									
8400349670		12/16/2020	12/07/2020	01/01/2021			1,565.39	0.00	0.00	1,565.39
	LAUNDRY									
8400349645		12/16/2020	12/07/2020	01/01/2021			45.15	0.00	0.00	45.15
8400350055		12/16/2020	12/10/2020	01/04/2021			1,673.69	0.00	0.00	1,673.69
	LAUNDRY									
8400350073		12/16/2020	12/10/2020	01/04/2021			112.52	0.00	0.00	112.52
	LAUNDRY									
8400350023		12/16/2020	12/10/2020	01/04/2021			125.01	0.00	0.00	125.01
	LAUNDRY									
8400350022		12/16/2020	12/10/2020	01/04/2021			121.55	0.00	0.00	121.55
	LAUNDRY									
8400350036		12/16/2020	12/10/2020	01/04/2021			79.76	0.00	0.00	79.76
	LAUNDRY									
8400350025		12/16/2020	12/10/2020	01/04/2021			184.48	0.00	0.00	184.48

	LAUNDRY							
8400350024	12/16/2020	12/10/2020	01/04/2021		160.13	0.00	0.00	160.13
	LAUNDRY							
8400350020	12/16/2020	12/10/2020	01/04/2021		23.41	0.00	0.00	23.41
	LAUNDRY							

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDING	4,141.31		0.00	0.00	4,141.31

Vendor#	Vendor Name	Class	Pay Code
12548	WAGEWORKS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1020DR4677		12/16/2020	12/15/2020	12/15/2020			100.00	0.00	0.00	100.00
	COBRA									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12548	WAGEWORKS, INC	100.00		0.00	0.00	100.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10788639		12/02/2020	12/10/2020	12/10/2020			208.00	0.00	0.00	208.00
	LEGAL									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10943	WALLER,LANSDEN,	208.00		0.00	0.00	208.00

Vendor#	Vendor Name	Class	Pay Code
W1270	WISCONSIN STATE LABORATORY W		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
657708		12/16/2020	11/30/2020	11/30/2020			690.00	0.00	0.00	690.00
	SUPPLIES&ANNUAL PROCESSING									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	W1270	WISCONSIN STATE	690.00		0.00	0.00	690.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	264,258.57	0.00	0.00	264,258.57

Pg 3 correction { <37.22>
{ + 23.11

$264,244.46

264,258.57 +
37.22 -
23.11 +
264,244.46 =

APPROVED ON
DEC 17 2020
CALHOUN COUNTY, MICH.

CK# 188531-188585

RUN DATE: 12/17/20
TIME: 08:53

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		121620	70.13	3			
	ARID=0001 TOTAL		70.13				
TOTAL			70.13				

CK# 188593

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/18/2020 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 12/19/2020

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

As of: 12/18/2020 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 12/19/2020 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: 6,270.79 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 12/22/2020,
Pay This Amount: 6,145.37 USD

If Paid After 12/22/2020,
Pay this Amount: 6,270.79 USD

Due If Paid On Time:
USD 6,145.37 ✓

Disc lost if paid late:
125.42

Due If Paid Late:
USD 6,270.79

434.70 +
709.87 +
825.43 +
1,249.49 +
2,902.46 +
23.42 +
6,145.37

CK # 500162

APPROVED
ON
DEC 21 2020
JOURNAL ARTICLE
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: 12/18/2020 Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 12/19/2020

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

As of: 12/18/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 12/19/2020 **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											
12/17/2020	12/22/2020	7241959159	990697	115Invoice	8.87	443.57		434.70		7241959159	

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: 443.57 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,564.55
12/14/2020

If Paid By 12/22/2020, Pay This Amount: 434.70 USD

If Paid After 12/22/2020, Pay this Amount: 443.57 USD

Due If Paid On Time: USD 434.70

Disc lost if paid late: 8.87

Due If Paid Late: USD 443.57

APPROVED ON

DEC 21 2020

CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 12/18/2020

Page: 001

DC: 8115

Territory: 400

Customer: 835434
Date: 12/19/2020

CVS PHCY 8923/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: 12/18/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 12/19/2020 **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 835434 CVS PHCY 8923/MEM MC PHS											
12/17/2020	12/22/2020	7241813128	991697	115Invoice	14.49	724.36		709.87 ✓		7241813128	

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

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 724.36 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,295.64
10/19/2020

If Paid By 12/22/2020, Pay This Amount: 709.87 USD

If Paid After 12/22/2020, Pay this Amount: 724.36 USD

Due If Paid On Time: USD 709.87

Disc lost if paid late: 14.49

Due If Paid Late: USD 724.36

APPROVED ON
DEC 21 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 12/18/2020

Page: 001

DC: 8115

Territory: 400

Customer: 464450
Date: 12/19/2020

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: 12/18/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 12/19/2020 **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											
2/14/2020	12/22/2020	7240882312	55x703299	961Invoice	0.21	10.54		10.33 ✓		7240882312	
2/14/2020	12/22/2020	7240919065	55x703299	115Invoice	0.97	48.70		47.73 ✓		7240919065	
2/15/2020	12/22/2020	7241243598	55x706094	115Invoice	9.61	480.46		470.85 ✓		7241243598	
2/17/2020	12/22/2020	7241782867	55x710800	115Invoice	0.17	8.27		8.10 ✓		7241782867	
2/17/2020	12/22/2020	7241782868	55x711695	115Invoice	1.67	83.65		81.98 ✓		7241782868	
2/18/2020	12/22/2020	7242022259	55x714098	115Invoice	4.21	210.65		206.44 ✓		7242022259	

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: 842.27 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,564.55
2/14/2020

If Paid By 12/22/2020,
Pay This Amount: 825.43 USD

If Paid After 12/22/2020,
Pay this Amount: 842.27 USD

Due If Paid On Time:
USD 825.43 ✓

Disc lost if paid late:
16.84

Due If Paid Late:
USD 842.27

APPROVED
ON
DEC 21 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: 12/18/2020

Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 12/19/2020

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

As of: 12/18/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 12/19/2020 **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											
12/17/2020	12/22/2020	7241812711	991762	115Invoice	25.50	1,274.99		1,249.49	✓	7241812711	

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: 1,274.99 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,281.59
12/07/2020

If Paid By 12/22/2020, Pay This Amount: 1,249.49 USD

If Paid After 12/22/2020, Pay this Amount: 1,274.99 USD

Due If Paid On Time:
USD 1,249.49
Disc lost if paid late: 25.50
Due If Paid Late:
USD 1,274.99

APPROVED
ON
DEC 2 1 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 12/18/2020

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 12/19/2020

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 12/18/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 12/19/2020 **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											
2/15/2020	12/22/2020	7241243093	1139526	115Invoice		0.10		0.10	✓	7241243093	
2/16/2020	12/22/2020	7241513662	1154563	115Invoice	1.75	87.51		85.76	✓	7241513662	
2/16/2020	12/22/2020	7241513663	1184781	115Invoice	0.01	0.33		0.32	✓	7241513663	
2/17/2020	12/22/2020	7241813604	1216200323-00	115Invoice	8.35	417.69		409.34	✓	7241813604	
2/17/2020	12/22/2020	7241813605	1238381	115Invoice	2.79	139.61		136.82	✓	7241813605	
2/17/2020	12/22/2020	7241813606	1238381	115Invoice	10.68	533.91		523.23	✓	7241813606	
2/17/2020	12/22/2020	7241979960	00012162020TW	115Invoice	23.66	1,182.97		1,159.31	✓	7241979960	
2/18/2020	12/22/2020	7242060467	1256266	115Invoice	3.57	178.30		174.73	✓	7242060467	
2/18/2020	12/22/2020	7242060468	1256266	115Invoice	2.63	131.27		128.64	✓	7242060468	
2/18/2020	12/22/2020	7242060469	1290348	115Invoice	0.13	6.38		6.25	✓	7242060469	
2/18/2020	12/22/2020	7242060470	1290348	115Invoice	0.01	0.49		0.48	✓	7242060470	
2/18/2020	12/22/2020	7242213699	847486570	195Invoice	5.66	283.14		277.48	✓	7242213699	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,961.70 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,281.59
2/07/2020

If Paid By 12/22/2020,
Pay This Amount: 2,902.46 USD

If Paid After 12/22/2020,
Pay this Amount: 2,961.70 USD

Due If Paid On Time:
USD 2,902.46 ✓

Disc lost if paid late:
59.24

Due If Paid Late:
USD 2,961.70

APPROVED
BM

DEC 21 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/18/2020 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 12/19/2020

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

As of: 12/18/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 12/19/2020 **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											
2/16/2020	12/22/2020	7241502831	2017024625	115Invoice	0.48	23.90		23.42	✓	7241502831	

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: 23.90 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,564.55
2/14/2020

If Paid By 12/22/2020, Pay This Amount: 23.42 USD

If Paid After 12/22/2020, Pay this Amount: 23.90 USD

Due If Paid On Time:
USD 23.42

Disc lost if paid late: 0.48

Due If Paid Late:
USD 23.90

APPROVED
BM

DEC 21 2020

CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Statement Number: 60118078
Date: 12-18-2020

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:	533.95
Past Due:	0.00
Total Due:	533.95
Account Balance:	533.95

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-14-2020	12-25-2020	3045663724	159275	Invoice	119.48		0.00	119.48
12-14-2020	12-25-2020	3045663725	159276	Invoice	50.04		0.00	50.04
12-17-2020	12-25-2020	3045812389	159354	Invoice	173.30		0.00	173.30
12-18-2020	12-25-2020	3045869881	159362	Invoice	151.28		0.00	151.28
12-18-2020	12-25-2020	3045869882	159363	Invoice	39.85		0.00	39.85

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
533.95	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
12-18-2020	(1,786.32)

Reminders

Due Date	Amount
12-25-2020	533.95
Total Due:	533.95

CK # 500163

APPROVED
BY

DEC 21 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"	★	$ 98,544.11 #
"1 TO CONFIRM"		1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 50,296.04 #
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 12,174.80 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 36,073.27 #
	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	9981.75	N		N	N		199605.40
1	REGULAR PAY-S1	1783.25	N		N	N	N	78215.13
1	REGULAR PAY-S1	328.25	Y		N	N		8930.90
2	REGULAR PAY-S2	2638.00	N		N	N		60097.37
2	REGULAR PAY-S2	164.50	Y		N	N		5834.59
3	REGULAR PAY-S3	1590.75	N		N	N		41548.24
3	REGULAR PAY-S3	169.50	Y		N	N		7453.44
C	CALL PAY	2345.25	N	1	N	N		4690.50
D	DOUBLE TIME	11.75	N		N	N	N	687.40
E	EXTRA WAGES		N		N	N	N	304.95
E	EXTRA WAGES		N	1	N	N	N	1907.50
F	FUNERAL LEAVE	20.00	N	1	N	N		463.16
K	EXTENDED-ILLNESS-BANK	268.00	N	1	N	N		5562.38
P	PAID-TIME-OFF	393.90	N		N	N	N	5067.03
P	PAID-TIME-OFF	770.75	N	1	N	N		17734.41
X	CALL PAY 2	80.00	N	1	N	N		160.00
Y	YMCA/CURVES		N		N	N	N	15.00
Z	CALL PAY 3	48.00	N	1	N	N		144.00
p	PAID TIME OFF - PROBATION	30.00	N	1	N	N		371.52
v	COVID-FFCRA	232.00	N	1	N	N		6212.16

Deductions Summary

Code	Amount				
A/R	786.74	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	1728.06	CAFE-F	
CAFE-H	19018.28	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	529.81
CLINIC	240.00	COMBIN	412.31	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	36073.27	FICA-M	6087.40	FICA-O	25148.02
FIRSTC		FLEX S	4142.37	FLX FE	
FORT D		FUTA		GIFT S	333.17
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	392.56	MASA	838.50	MEALS	135.60
MISC		MISC/		MMCSHR	
NATFML	1928.24	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	790.86
STONE		STONE2		STUDEN	
SUNACC	882.39	SUNILL	1240.01	SUNLIF	1222.12
SUNSTD	1602.16	SUNVIS	1224.16	SURCHG	555.00
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	31150.45	TUTION	
UNIFOR	299.15	UW/HOS			

Grand Totals: 20855.65 (Gross: 445005.08 Deductions: 136860.63 Net: 308144.45)

Checks Count:- PT 205 PT 5 Other 45 Female 223 Male 30 Credit OverAmt 6 ZeroNet Term Total: 253

Pay date: 12.23.20

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- December 14, 2020 - December 20, 2020

Date	Bank Description	MMC Notes	Amount
12/14/2020	PAY PLUS ACHTRANS 452579291 101000697027146	- 3rd Party Payor Fee	0.91
12/15/2020	PAY PLUS ACHTRANS 452579291 101000697878372	- 3rd Party Payor Fee	58.24
12/15/2020	MCKESSON DRUG AUTO ACH ACH04410177 910000116	- 340B Drug Program Expense	2,564.55*
12/15/2020	TEXAS COUNTY DRS RECEIVABLE 0419 21000026588	- Retirement Funding	142,401.35**
12/15/2020	IRS USATAXPYMT 220075065913249 6103601000692	- Payroll Taxes	96,655.74**
12/16/2020	PAY PLUS ACHTRANS 452579291 101000698774553	- 3rd Party Payor Fee	64.48
12/17/2020	PAY PLUS ACHTRANS 452579291 101000699520833	- 3rd Party Payor Fee	2.99
12/18/2020	PAY PLUS ACHTRANS 452579291 101000690298797	- 3rd Party Payor Fee	56.65
12/18/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1,786.32*
			~~309,496.77~~
			243,591.23

Jason Anglin, CEO
Memorial Medical Center

December 21,2020

*Approved 12.16.20
**Approved 12.09.20

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
1/6/2021	ACH Payment STATE COMTRLR TEXNET	DSRIP WAIVER IGT	65,905.54

Jason Anglin, CEO
Memorial Medical Center

December 21,2020

Pay Plus
0.91 -
58.24 -
64.48 -
2.99 -
56.65 -
183.27 *
243,591.23 -
2,564.55 -
142,401.35 -
96,655.74 -
1,786.32 -
183.27 *
183.27 +
183.27 -
0.00 *

TEXNET Electronic Payment Network | Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete

Texas Health and Human Services Commission
Memorial Medical Center Operating County

Payment Total	$65,905.54
Bank Routing and Account Number	
Settlement Date	1/6/2021
DSRIP Amount	$65,905.54
Entered By	Jason Anglin

Run Date: 12/15/2020
Run Time: 14:31:21

DSRIP Payment Summary Report by IGT for Demo Year 9			Round 2						
RHP	IGT TPI	IGT Name	DY9 Round 2 Approved IGT	DY9 Previous Round NMI Approved IGT	DY9 Other Approved IGT (from previous DY that was short IGT)	DY8 Carryforward Approved IGT	DY8 Previous Round NMI Approved IGT	DY8 Other Approved IGT (from previous DY that was short IGT)	Total Approved IGT for Round 2 DSRIP
RHP 3	081522701	Texana Center	$340,892.91	$0.00	$0.00	$0.00	$0.00	$0.00	$340,892.91
RHP 3	082006001	Texas Higher Education Board	$716,631.15	$2,738.84	$0.00	$0.00	$0.00	$0.00	$719,369.98
RHP 3	093774008	City of Houston	$1,137,702.34	$0.00	$0.00	$0.00	$0.00	$0.00	$1,137,702.34
RHP 3	111810101	University of Texas Health Science Ctr at Houston UTHSC	$6,907,200.57	$0.00	$0.00	$750,268.37	$0.00	$0.00	$7,657,468.93
RHP 3	112672402	UT MD Anderson Cancer Center	$845,104.86	$0.00	$0.00	$0.00	$0.00	$0.00	$845,104.87
RHP 3	113180703	The Harris Center for Mental Health and IDD	$2,524,695.70	$0.00	$0.00	$0.00	$0.00	$0.00	$2,524,695.70
RHP 3	121785303	Gonzales County Hospital District	$10,396.75	$0.00	$0.00	$0.00	$0.00	$0.00	$10,396.75
RHP 3	127303903	Oak Bend Medical Center	$383,237.79	$0.00	$0.00	$114,457.20	$0.00	$0.00	$497,694.99
RHP 3	130959304	Matagorda County Hospital District	$83,834.27	$0.00	$0.00	$66,860.72	$0.00	$0.00	$150,694.99
RHP 3	130982504	Brazos County Treasurer	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
RHP 3	133355104	Harris County Hospital District	$9,954,168.79	$0.00	$0.00	$9,568,308.63	$3,185,163.23	$0.00	$22,707,640.66
RHP 3	137909111	Calhoun County dba Memorial Medical Center	$65,905.54	$0.00	$0.00	$0.00	$0.00	$0.00	$65,905.54
RHP 3	158771901	Harris County	$666,061.67	$0.00	$0.00	$1,153,715.39	$0.00	$0.00	$1,819,777.05
RHP 3	296760601	Fort Bend County	$169,970.25	$0.00	$0.00	$0.00	$0.00	$0.00	$169,970.26
RHP 3	311054601	West Wharton County Hospital District	$0.00	$0.00	$0.00	$63,996.99	$0.00	$0.00	$63,996.99
RHP 3		Brazos County dba Brazos County LPPF	$228,689.54	$0.00	$0.00	$141,908.76	$0.00	$0.00	$370,598.30
RHP 3		El Paso County Hospital District LPPF	$46,829.03	$0.00	$70,243.54	$31,123.13	$0.00	$298,782.06	$446,977.75
RHP 3		Rice Hospital District	$119,195.53	$0.00	$0.00	$469,608.91	$0.00	$0.00	$588,804.44
RHP 3		Tomball Hospital Authority	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

[WARNING-Remote attachments, VERIFY SENDER]

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

Anchors/Government Entities/Providers:

Please carefully review this message in its entirety making note of the information provided which pertains to the DY9 Delivery System Reform Incentive Payments (DSRIP).

Attached are the following files: DSRIP Notification- DY9 Round 2 January 2021 Affiliation Summary and DY9 Round 2 January 2021 IGT Summary workbooks. These workbooks include DY9 DSRIP payments and DY8 Carryforward Reporting.

The DY9 Round 2 January 2021 Affiliation Summary workbook has separate tabs for each Regional Healthcare Partnership (RHP) and contains the Intergovernmental Transfer (IGT) needed, by affiliation, for DY9 Round 2 DSRIP payments and DY8 Carry Forward.

The DY9 Round 2 January 2021 IGT Summary workbook has separate tabs for each RHP and contains the total IGT needed by each IGT Entity for the DY9 Round 2 DSRIP payments and DY8 Carryforward Reporting.

Providers can determine their estimated payment amount by dividing Column M of the DY9 Round 2 January 2021 Affiliation Summary by the state share of the current FMAP. The current FMAP is 68.01%/31.99%.

The Transformation Waiver Team emailed the Anchors information to share with providers regarding how much will be paid by Category and measure on Friday, December 11, 2020. Health and Human Services Commission (HHSC) Provider Finance Department is unable to answer questions regarding this information. Please send any questions regarding this information to TXHealthcareTransformation@hhsc.state.tx.us

HHSC requires that the appropriate TexNet bucket is used for DSRIP Reporting IGTs. The DSRIP Reporting IGT should be placed in DSRIP.

IGT Entities may choose to IGT less than the required amount for DSRIP Reporting payments; however, all affiliated providers and metrics will be paid proportionately. IGT may not be directed towards specific providers, Categories, or metrics.

A screen shot/.pdf of the confirmation/trace sheet or email of the confirmation number if the TexNet is submitted over the phone is required and must be emailed to Rate_Analysis_DSRIP_Payments@hhsc.state.tx.us. We are requesting that all government entities enter their IGT transactions into TexNet no later than January 5th with a Settlement Date of January 6th. **No IGT's submitted after January 5th will be accepted.**

HHSC Accounting will request the Comptroller to issue payments according to the following *estimated* schedule:

Tuesday, January 05, 2021	Last date for Public entities to enter TexNet and submit Trace Sheet
Wednesday, January 06, 2021	TexNet Sweeps (Settlement date of funds)
Wednesday, January 20, 2021	Payment issue date for Transferring Hospitals "Big 6"
Friday, January 29, 2021	Payment issue date for Non-Transferring Hospitals

Information regarding TexNet Connect can be found at https://comptroller.texas.gov/programs/systems/docs/96-1193.pdf

RECEIVED
DEC 17 2020
Calhoun County Auditor

12/17/2020
11:03

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121020	12/16/2020	12/10/2020	01/07/2021				96,225.30	0.00	0.00	96,225.30
	TRANSFER NH portion OF stimulus payment									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDEN	96,225.30	0.00	0.00	96,225.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	96,225.30	0.00	0.00	96,225.30

APPROVED
ON
DEC 17 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#
188586

RECEIVED
DEC 17 2020
Calhoun County Auditor

12/17/2020 MEMORIAL MEDICAL CENTER 0
11:03 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
121020	12/16/2020	12/10/2020	01/07/2021				9,016.92	0.00	0.00	9,016.92
TRANSFER NH portion of stimulus payment										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTI	9,016.92	0.00	0.00	9,016.92

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,016.92	0.00	0.00	9,016.92

APPROVED
ON
DEC 17 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 188589

12/17/2020
11:03

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121020	12/16/2020 TRANSFER NH portion of stimulus payment	12/10/2020	01/07/2021				32,461.79	0.00	0.00	32,461.79

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT C	32,461.79	0.00	0.00	32,461.79

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	32,461.79	0.00	0.00	32,461.79

APPROVED BY
DEC 17 2020
CK# 188589
[illegible]
CALHOUN COUNTY, TEXAS

CCN	Facility Name	Total Resident Weeks	Total Covid Infections	Facility Infection Rate Per 1000 Resident Weeks	County Infection Rate Per 1000 Resident Weeks	Infection Performance Score	Mortality Adjustment	Final Payment
675423	ASHFORD GARDENS	397	0	0	1.89	0.75	0	$96,225.30
675663	FORT BEND HEALTHCARE CENTER	179	0	0	0.39	0.07	0	$9,016.92
676357	THE BROADMOOR AT CREEKSIDE PARK	275	0	0	0.92	0.25	0	$32,461.79
								$ 137,704.01

Payments Received:
11/2 US HHS Stimulus Payment $126,865.00
11/30 US HHS Stimulus Payment $23,935.29
$150,800.29

Payments to Distribute 12/10	
ASHFORD GARDENS	$ 96,225.30
FORT BEND HEALTHCARE CENTER	$ 9,016.92
THE BROADMOOR AT CREEKSIDE PARK	$ 32,461.79
	$ 137,704.01

12/17/2020
11:04

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
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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
120320		12/16/2020	12/03/2020	01/07/2021			11,078.49	0.00	0.00	11,078.49
	TRANSFER NH insurance pymt deposited into mmc operating									
120820		12/16/2020	12/08/2020	01/07/2021			4,655.68	0.00	0.00	4,655.68
	TRANSFER NH insurance pymt deposited into mmc operating									
120920		12/16/2020	12/09/2020	01/07/2021			49,946.68	0.00	0.00	49,946.68
	TRANSFER NH insurance pymt deposited into mmc operating									
121120		12/16/2020	12/11/2020	01/07/2021			5,037.79	0.00	0.00	5,037.79
	TRANSFER NH insurance pymt deposited into mmc operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	70,718.64	0.00	0.00	70,718.64

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	70,718.64	0.00	0.00	70,718.64

CK# 188590

12/17/2020 MEMORIAL MEDICAL CENTER
11:04 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
120420		12/16/2020	12/04/2020	01/07/2021			11,031.08	0.00	0.00	11,031.08 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
120820A		12/16/2020	12/08/2020	01/07/2021			2,117.75	0.00	0.00	2,117.75 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
120820		12/16/2020	12/08/2020	01/07/2021			880.00	0.00	0.00	880.00 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
120920		12/16/2020	12/09/2020	01/07/2021			31,507.19	0.00	0.00	31,507.19 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
121020		12/16/2020	12/10/2020	01/07/2021			3,499.02	0.00	0.00	3,499.02 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
121020A		12/16/2020	12/10/2020	01/07/2021			6,335.00	0.00	0.00	6,335.00 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZ	55,370.04	0.00	0.00	55,370.04

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	55,370.04	0.00	0.00	55,370.04

ck# 188591

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

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Vendor#	Vendor Name	Class	Pay Code
13004	TUSCANY VILLAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120420		12/16/2020	12/04/2020	01/07/2021			3,556.74	0.00	0.00	3,556.74
	TRANSFER NH insurance pymt deposited into mmc operating									
120720		12/16/2020	12/07/2020	01/07/2021			10,097.57	0.00	0.00	10,097.57
	TRANSFER NH insurance pymt deposited into mmc operating									
120820		12/16/2020	12/08/2020	01/07/2021			3,499.05	0.00	0.00	3,499.05
	TRANSFER NH insurance pymt deposited into mmc operating									
120920		12/16/2020	12/09/2020	01/07/2021			11,724.24	0.00	0.00	11,724.24
	TRANSFER NH insurance pymt deposited into mmc operating									
121020		12/16/2020	12/10/2020	01/07/2021			30,421.04	0.00	0.00	30,421.04
	TRANSFER NH insurance pymt deposited into mmc operating									
121120		12/16/2020	12/11/2020	01/07/2021			3,520.00	0.00	0.00	3,520.00
	TRANSFER NH insurance pymt deposited into mmc operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	62,818.64	0.00	0.00	62,818.64

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	62,818.64	0.00	0.00	62,818.64

CK# 188592

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor# 12792 Vendor Name BETHANY SENIOR LIVING Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120320	12/16/2020	12/03/2020	01/07/2021				7,762.94	0.00	0.00	7,762.94
	TRANSFER NH insurance pymt deposited into mmc operating									
120820	12/16/2020	12/08/2020	01/07/2021				6,315.00	0.00	0.00	6,315.00
	TRANSFER NH insurance pymt deposited into mmc operating									
120920	12/16/2020	12/09/2020	01/07/2021				34,351.16	0.00	0.00	34,351.16
	TRANSFER NH insurance pymt deposited into mmc operating									
121020	12/16/2020	12/10/2020	01/07/2021				9,547.87	0.00	0.00	9,547.87
	TRANSFER NH insurance pymt deposited into mmc operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR I	57,976.97	0.00	0.00	57,976.97

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	57,976.97	0.00	0.00	57,976.97

Ck# 188587

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	188531	12/23/20	586.52	ABILITY NETWORK (SHIFTHOUND)
A/P	188532	12/23/20	49.18	ADT COMMERCIAL
A/P	188533	12/23/20	3,545.10	AIR SPECIALTY & EQUIPMENT CO
A/P	188534	12/23/20	224.00	ALCO SALES & SERVICE CO
A/P	188535	12/23/20	645.00	AMERICAN COLLEGE OF HEALTHCARE
A/P	188536	12/23/20	1,245.00	ASD HEALTHCARE
A/P	188537	12/23/20	1,717.50	AYA HEALTHCARE INC
A/P	188538	12/23/20	13,399.14	BECKMAN COULTER INC
A/P	188539	12/23/20	460.00	C-D ELECTRIC
A/P	188540	12/23/20	892.81	CARDINAL HEALTH 414, INC.
A/P	188541	12/23/20	1,699.00	CERVEY, LLC
A/P	188542	12/23/20	39,398.41	CLINICAL PATHOLOGY LABS
A/P	188543	12/23/20	107.53	CONMED CORPORATION
A/P	188544	12/23/20	110.92	CUSTOM MEDICAL SPECIALTIES
A/P	188545	12/23/20	610.00	DOWELL PEST CONTROL
A/P	188546	12/23/20	9,723.00	E-MDS, INC
A/P	188547	12/23/20	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	188548	12/23/20	495.00	FASTHEALTH CORPORATION
A/P	188549	12/23/20	1,197.98	FISHER HEALTHCARE
A/P	188550	12/23/20	79.51	FRONTIER
A/P	188551	12/23/20	11,195.37	GE PRECISION HEALTHCARE, LLC
A/P	188552	12/23/20	20.00	GRAINGER
A/P	188553	12/23/20	10,028.68	GREAT AMERICAN FINANCIAL SVCS
A/P	188554	12/23/20	750.30	GULF COAST PAPER COMPANY
A/P	188555	12/23/20	1,610.06	HAYES ELECTRIC SERVICE
A/P	188556	12/23/20	21,318.88	HEALTHCARE FINANCIAL SERVICES
A/P	188557	12/23/20	299.45	HEALTHSMART INTERNATIONAL
A/P	188558	12/23/20	24,662.84	ITA RESOURCES INC
A/P	188559	12/23/20	626.32	J & J HEALTH CARE SYSTEMS, INC
A/P	188560	12/23/20	73.98	LABCORP OF AMERICA HOLDINGS
A/P	188561	12/23/20	765.70	LEGAL SHIELD
A/P	188562	12/23/20	21,869.92	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	188563	12/23/20	1,612.00	MASA GLOBAL BUILDING
A/P	188564	12/23/20	81.32	MEDIMPACT HEALTHCARE SYS, INC.
A/P	188565	12/23/20	7.00	MEMORIAL MEDICAL CENTER
A/P	188566	12/23/20	244.22	MMC AUXILIARY GIFT SHOP
A/P	188567	12/23/20	.00	VOIDED
A/P	188568	12/23/20	20,552.74	MORRIS & DICKSON CO, LLC
A/P	188569	12/23/20	3,084.00	PARA
A/P	188570	12/23/20	2,589.20	PRO ENERGY PARTNERS LP
A/P	188571	12/23/20	8,669.38	QUANTUM WORLD TECHNOLOGIES INC
A/P	188572	12/23/20	726.26	SANOFI PASTEUR INC
A/P	188573	12/23/20	141.83	SHERWIN WILLIAMS
A/P	188574	12/23/20	400.00	SIGN AD, LTD.
A/P	188575	12/23/20	2,415.00	STERICYCLE, INC
A/P	188576	12/23/20	2,000.00	SUSAN DOUGLASS, MSN, RN, CEN
A/P	188577	12/23/20	375.00	TARHC
A/P	188578	12/23/20	1,911.75	THE US CONSULTING GROUP
A/P	188579	12/23/20	207.58	TML
A/P	188580	12/23/20	768.27	TMS SOUTH

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	188581	12/23/20	3,850.00	TORCH
A/P	188582	12/23/20	4,141.31	UNIFIRST HOLDINGS
A/P	188583	12/23/20	100.00	WAGEWORKS, INC
A/P	188584	12/23/20	208.00	WALLER,LANSDEN, DORTCH & DAVIS
A/P	188585	12/23/20	690.00	WISCONSIN STATE LABORATORY
A/P	188586	12/23/20	96,225.30	ASHFORD GARDENS
A/P	188587	12/23/20	57,976.97	BETHANY SENIOR LIVING
A/P	188588	12/23/20	32,461.79	BROADMOOR AT CREEKSIDE PARK
A/P	188589	12/23/20	9,016.92	FORTBEND HEALTHCARE CENTER
A/P	188590	12/23/20	70,718.64	GOLDENCREEK HEALTHCARE
A/P	188591	12/23/20	55,370.04	GULF POINTE PLAZA
A/P	188592	12/23/20	62,818.64	TUSCANY VILLAGE
A/P	188593	12/23/20	70.13	
TOTALS:			648,902.89	

Payables 264,244.46 +
Patient refund 70.13 +
NH Transfers
96,225.30 +
9,016.92 +
32,461.79 +
70,718.64 +
55,370.04 +
62,818.64 +
57,976.97 +
648,902.89 =

APPROVED BY
DEC 23 20[illegible]
COUNTY AUDITOR
CALHOUN COUNTY

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/21/2020

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		44,403.04 ✓	44,165.16 ✓	159,487.52 ✓		-	159,725.40	159,487.52
						Bank Balance	159,725.40 ✓	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Ashford Gardens:						AMERIGROUP QIPP 1 & 2	-	
Ashford Health Care Center Ltd Co						MOLINA QIPP 1 & 2	-	
JP Morgan Chase Bank						October Interest	81.43 ✓	
ABA 111000614						November Interest	56.45 ✓	
Account # 448234257						December Interest	-	
						Adjust Balance/Transfer Amt	159,487.52 ✓	
Broadmoor		62,007.15 ✓	61,834.22 ✓	65,535.82 ✓		-	65,708.75	65,535.82
						Bank Balance	65,708.75 ✓	
						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	65,535.82 ✓	
Crescent		68,430.39 ✓	68,240.28 ✓	46,892.38 ✓		-	47,082.49	46,892.38
						Bank Balance	47,082.49 ✓	
						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	46,892.38 ✓	
Fort Bend		5,744.99 ✓	5,600.04 ✓	9,711.14 ✓		-	9,856.09	9,711.14
						Bank Balance	9,856.09 ✓	
						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	9,711.14 ✓	
Solera at W Houston		10,956.31 ✓	40,764.02 ✓	92,589.57 ✓		-	92,781.86	92,589.57
						Bank Balance	92,781.86 ✓	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Crescent / Solera at West Ho						MOLINA QIPP 1 & 2	-	
						AMERIGROUP QIPP 1 & 2	-	
						October Interest	51.82 ✓	
						November Interest	40.47 ✓	
						December Interest	-	
						Adjust Balance/Transfer Amt	92,589.57 ✓	

159,487.52 +
65,535.82 +
46,892.38 +
9,711.14 +
92,589.57 +
374,216.43 *

TOTAL TRANSFERS	**374,216.43**

Approved:
Jason Anglin, CEO — 12/21/2020

APPROVED BY
DEC 21 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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.

F:\NH Weekly Transfers\NH UPL Transfer Summary\2020\December\NH UPL Transfer Summary 12-21-20.xlsx

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
12/15/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121210900124*1912008361*0000TEX01\	-	3,705.02					-	3,705.02
12/15/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05G549681326436189*1746000156~	-	165.98					-	165.98
12/16/2020 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	44,165.16	-					-	-
12/16/2020 Amerigroup TXSC HCCLAIMPMT 3138968018 111000 TRN*1*3138968018*1752603231\	-	48,166.44					-	48,166.44
12/16/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121310800509*1912008361*0000TEX01\	-	28,374.67					-	28,374.67
12/16/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05G554231326436189*1746000156~	-	2,980.75					-	2,980.75
12/17/2020 Amerigroup TXSC HCCLAIMPMT 3139076948 111000 TRN*1*3139076948*1752603231\	-	177.48					-	177.48
12/17/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1591137106*1411289245*000087726\	-	12,710.00					-	12,710.00
12/18/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1591549973*1411289245*000087726\	-	6,150.00					-	6,150.00
12/18/2020 MANAGEANDNET1718 MNS PMNT 000000000000093 41 0257949	-	81.90					-	81.90
12/18/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121716900391*1912008361*0000TEX01\	-	1,866.75					-	1,866.75
12/18/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121716700692*1912008361*0000TEX01\	-	6,108.15					-	6,108.15
12/18/2020 UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*2020121710100448*1912008361*0000TEX01\	-	512.75					-	512.75
12/18/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121616800197*1912008361*0000TEX01\	-	48,487.63					-	48,487.63
							-	-
	44,165.16	**159,487.52**	-	-	-	-	-	**159,487.52**

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
12/14/2020 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR72594289*1411289245*000087726\	-	860.00					-	860.00
12/14/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121114101099*1912008361*0000TEX01\	-	3,185.42					-	3,185.42
12/14/2020 UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*2020121112500141*1912008361*0000TEX01\	-	4,318.00					-	4,318.00
12/14/2020 HUMANA INS CO HCCLAIMPMT 390861 830000562981 TRN*1*001290054172828*1391263473\	-	6,180.80					-	6,180.80
12/15/2020 MANAGEANDNET1718 MNS PMNT 000000000004293 41 0257772	-	2,340.00					-	2,340.00
12/15/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121214100534*1912008361*0000TEX01\	-	4,120.63					-	4,120.63
12/15/2020 HUMANA INS CO HCCLAIMPMT 390861 830000501767 TRN*1*001290054218250*1391263473\	-	9,390.93					-	9,390.93
12/16/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III	61,834.22	-					-	-
12/16/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121314300452*1912008361*0000TEX01\	-	628.48					-	628.48
12/18/2020 PaySpan PaySpan 61000109056573	-	0.05					-	0.05
12/18/2020 MANAGEANDNET1718 MNS PMNT 000000000004293 41 0257927	-	202.50					-	202.50
12/18/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121716900524*1912008361*0000TEX01\	-	65.94					-	65.94
12/18/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121616201312*1912008361*0000TEX01\	-	8,597.57					-	8,597.57
12/18/2020 UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*2020121611100479*1912008361*0000TEX01\	-	22,866.00					-	22,866.00
12/18/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*05G567441669860433*1746000156~	-	2,779.50					-	2,779.50
							-	-
	61,834.22	**65,535.82**	-	-	-	-	-	**65,535.82**

Crescent

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
12/14/2020 MANAGEANDNET1718 MNS PMNT 000000000003268 41 0257742	-	5,355.00					-	5,355.00
12/14/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121114100899*1912008361*0000TEX01\	-	4,541.60					-	4,541.60
12/15/2020 MANAGEANDNET1718 MNS PMNT 000000000003268 41 0257770	-	5,505.00					-	5,505.00
12/15/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121212000150*1912008361*0000TEX01\	-	11,676.51					-	11,676.51
12/15/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05G549721669860425*1746000156~	-	3,154.15					-	3,154.15
12/16/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III	68,240.28	-					-	-
12/16/2020 MANAGEANDNET1718 MNS PMNT 000000000003268 41 0257789	-	5,985.00					-	5,985.00
12/16/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121314300313*1912008361*0000TEX01\	-	2,138.75					-	2,138.75
12/18/2020 PaySpan PaySpan 61000109056545	-	0.14					-	0.14
12/18/2020 UHC Community PI HCCLAIMPMT 746003411 910000 TRN*1*2020121711700780*1912008361*0000TEX01\	-	518.00					-	518.00
12/18/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121615700216*1912008361*0000TEX01\	-	186.01					-	186.01
12/18/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000165 TRN*1*EFT5792308*1205296137*000004011\	-	7,832.22					-	7,832.22
							-	-
	68,240.28	**46,892.38**	-	-	-	-	-	**46,892.38**

Fort Bend

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
12/16/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III	5,600.04	-					-	-
12/18/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121715900618*1912008361*0000TEX01\	-	6,619.80					-	6,619.80
12/18/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121614902503*1912008361*0000TEX01\	-	3,091.34					-	3,091.34
							-	-
	5,600.04	**9,711.14**	-	-	-	-	-	**9,711.14**

Solera at West Houston

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
12/14/2020 Amerigroup TXSC HCCLAIMPMT 3138722037 111000 TRN*1*3138722037*1752603231\	-	11,404.49					-	11,404.49
12/14/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121114100812*1912008361*0000TEX01\	-	8,173.85					-	8,173.85
12/14/2020 HUMANA INS CO HCCLAIMPMT 390862 830000562981 TRN*1*001290054172829*1391263473\	-	10,192.36					-	10,192.36
12/14/2020 HUMANA CHA DISB HCCLAIMPMT 390862 4200001225 TRN*1*014840101944072*1611013183\	-	23,145.83					-	23,145.83
12/15/2020 Amerigroup TXSC HCCLAIMPMT 3138834762 111000 TRN*1*3138834762*1752603231\	-	2,380.15					-	2,380.15
12/15/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121212000093*1912008361*0000TEX01\	-	11,466.05					-	11,466.05
12/15/2020 HUMANA INS CO HCCLAIMPMT 390862 830000502234 TRN*1*001290054243398*1391263473\	-	76.10					-	76.10
12/16/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III	40,764.02	-					-	-
12/16/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121314300258*1912008361*0000TEX01\	-	6,225.35					-	6,225.35
12/16/2020 NOVITAS SOLUTION HCCLAIMPMT 676310 420000156 TRN*1*EFT5788857*1205296137*000004011\	-	3,571.00					-	3,571.00
12/16/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*05G554291497143259*1746000156~	-	573.17					-	573.17
12/18/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1591553424*1411289245*000087726\	-	3,690.00					-	3,690.00
12/18/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020121616201259*1912008361*0000TEX01\	-	2,303.25					-	2,303.25
12/18/2020 NOVITAS SOLUTION HCCLAIMPMT 676310 420000165 TRN*1*EFT5792304*1205296137*000004011\	-	2,729.82					-	2,729.82
12/18/2020 HUMANA INS CO HCCLAIMPMT 390862 830000515248 TRN*1*001290054301532*1391263473\	-	6,658.15					-	6,658.15
	40,764.02	**92,589.57**	-	-	-	-	-	**92,589.57**

TOTALS

	220,603.72	**374,216.43**	-	-	-	-	-	**374,216.43**

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[redacted]

*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$159,725.40	$161,152.78	$159,725.40	$96,518.22
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$65,708.75	$86,326.27	$65,708.75	$31,197.19
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$47,082.49	$54,011.56	$47,082.49	$38,546.12
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$9,856.09	$16,191.75	$9,856.09	$144.95
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$92,781.86	$98,237.86	$92,781.86	$77,400.64

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Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
12/21/2020

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		75,731.23	75,543.49	31,753.37	-	-	31,941.11	31,753.37
						Bank Balance	31,941.11	
						Variance	-	
						Leave in Balance	100.00	
							-	
						SUPERIOR QIPP 1 & 2	-	
						October Interest	50.99	
						November Interest	36.75	
						December Interest	-	
							-	
						Adjust Balance/Transfer Amt	31,753.37	

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 12/21/2020

APPROVED ON DEC 21 2020 COUNTY JUDGE CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
12/16/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	75,543.49	-					-	-
12/16/2020 AETNA AS01 HCCLAIMPMT 1588075964 51000012945 TRN*1*882034601015754*1066033492\	-	3,375.00					-	3,375.00
12/17/2020 Deposit	-	23,666.37					-	23,666.37
12/17/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 121520	-	4,712.00					-	4,712.00
							-	-
	75,543.49	**31,753.37**	-	-	-	-	-	**31,753.37**

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Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$31,941.11	$31,941.11	$31,941.11	$31,941.11
[redacted]				

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Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
12/21/2020

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		3,698.36	-	8,744.46		-	-	12,442.82	12,324.75
							Bank Balance	12,442.82	
							Variance	-	
							Leave in Balance	100.00	
							SUPERIOR QIPP 1 & 2		
							October Interest	6.35	
							November Interest	11.72	
							December Interest	-	
							Adjust Balance/Transfer Amt	12,324.75	

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		36,488.84	36,345.94	7,991.02		-	-	8,133.92	7,991.02
							Bank Balance	8,133.92	
							Variance	-	
							Leave in Balance	100.00	
							QIPP Payment Adjustments		
							October Interest	19.32	
							November Interest	23.58	
							December Interest	-	
							Adjust Balance/Transfer Amt	7,991.02	

TOTAL TRANSFERS	7,991.02

20,315.77

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 12/21/2020

APPROVED
BY
DEC 21 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
12/15/2020 HUMANA CHA DISB HCCLAIMPMT 624982 4200001478 TRN*1*014840101956082*1611013183\	-	8,720.47					-	8,720.47
12/15/2020 HUMANA CHA DISB HCCLAIMPMT 624982 4200001477 TRN*1*014840101948203*1611013183\	-	23.99					-	23.99
	-	8,744.46	-	-	-	-	-	8,744.46

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
12/15/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SG551341922092790*17460001	-	2,456.05					-	2,456.05
12/16/2020 WIRE OUT HMG SERVICES, LLC	36,345.94	-					-	-
12/17/2020 Deposit	-	4,045.30					-	4,045.30
12/18/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SG570041922092790*17460001	-	1,489.67					-	1,489.67
	36,345.94	7,991.02	-	-	-	-	-	7,991.02
	36,345.94	16,735.48	-	-	-	-	-	16,735.48

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Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$8,133.92	$8,133.92	$8,133.92	$6,644.25
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$12,442.82	$12,442.82	$12,442.82	$12,442.82
[redacted]				

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Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
12/21/2020

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		33,369.07	33,299.90	-	-	-	-	69.17	(40.00)
							Bank Balance	69.17	
							Variance	(0.00)	NO TRANSFER
							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	(40.00)	

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 12/21/2020

APPROVED
BW
DEC 21 2020
COUNTY ATTORNEY
CALHOUN COUNTY

Tuscany Senior Living	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
12/15/2020 Enhanced Analysis Ch	40.00	-					-	-
12/16/2020 WIRE OUT LINBAR ENTERPRISES, LLC	33,259.90	-					-	-
	33,299.90	-	-	-	-	-	-	-

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Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*3407 MMC -NH TUSCANY VILLAGE	$69.17	$69.17	$69.17	$69.17

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Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
12/21/2020

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chs Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		129,434.00	129,180.11	88,007.36		-	-	88,261.25	88,007.36
							Bank Balance	88,261.25	
							Variance	-	
							Leave in Balance	100.00	

October Interest	83.94
November Interest	69.95
December Interest	-
Adjust Balance/Transfer Amt	88,007.36

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 12/21/2020

APPROVED
ON
DEC 21 2020
COUNTY AUDITOR
GALVESTON 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	
12/14/2020 Deposit	-	1,528.00					-	1,528.00
12/14/2020 Deposit	-	11,582.10					-	11,582.10
12/14/2020 Deposit	-	32,480.17					-	32,480.17
12/14/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2 TRN*1*05G5457015	-	8,794.58					-	8,794.58
12/15/2020 Deposit	-	4,563.19					-	4,563.19
12/16/2020 WIRE OUT BETHANY SENIOR LIVING, LTD	129,180.11	-					-	-
12/16/2020 Deposit	-	7,081.35					-	7,081.35
12/17/2020 Deposit	-	18,656.01					-	18,656.01
12/18/2020 Deposit	-	910.00					-	910.00
12/18/2020 HOSPICE OF SO TX VENDORS NF 91000013950915	-	2,411.96					-	2,411.96
							-	-
	129,180.11	**88,007.36**	-	-	-	-	-	**88,007.36**

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Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*5506 MMC -NH BETHANY SENIOR LIVING	$88,261.25	$380,223.43	$88,261.25	$84,939.29
[redacted]				

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