

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 30, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 302,243.74
TOTAL TRANSFERS BETWEEN FUNDS	\$ 11,950.68
TOTAL NURSING HOME UPL EXPENSES	\$ 2,133,329.29
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED December 30, 2020	\$ 2,447,523.71

APPROVED

DEC 30 2020

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---December 30, 2020

PAYABLES AND PAYROLL

12/23/2020 Weekly Payables	293,950.65
12/28/2020 McKesson-340B Prescription Expense	5,817.02
12/28/2020 Amerisource Bergen-340B Prescription Expense	1,180.61
12/28/2020 Payroll Liabilities for supplemental payroll-Payroll Taxes	109.39
12/28/2020 Supplemental Payroll	533.26

Prosperity Electronic Bank Payments

12/21-12/23/20 Cleargage-Patient Financing Service	67.40
12/21-12/23/20 Pay Plus-Patient Claims Processing Fee	52.60
12/23/2020 ExpertPay- child support	532.81

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 302,243.74
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TRANSFER BETWEEN FUNDS-NURSING HOMES

12/23/2020 MMC Operating to Fortbend-correction of NH insurance payment deposited into MMC Operating	2,728.00
12/23/2020 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	2,401.32
12/23/2020 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	2,421.36
12/23/2020 MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating	4,400.00

TOTAL TRANSFERS BETWEEN FUNDS	\$ 11,950.68
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NURSING HOME UPL EXPENSES

12/28/2020 Nursing Home UPL-Cantex Transfer	1,001,333.30
12/28/2020 Nursing Home UPL-Nexion Transfer	191,926.84
12/28/2020 Nursing Home UPL-HMG Transfer	226,345.13
12/28/2020 Nursing Home UPL-Tuscany Transfer	252,055.44
12/28/2020 Nursing Home UPL-HSL Transfer	409,476.83

QIPP/INTEREST/RECOUP CHECKS TO MMC

12/28/2020 Golden Creek	32,793.75
12/28/2020 Gulf Pointe	19,398.00

TOTAL NURSING HOME UPL EXPENSES	\$ 2,133,329.29
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED December 30, 2020	\$ 2,447,523.71
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Vendor#	B1220	BECKMAN COULTE	12,584.89	0.00	0.00	12,584.89
B1800	Vendor Name	BRIGGS HEALTHCARE ✓	Class	M	Pay Code	
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
B327156	12/23/2020	12/09/2020	01/08/2021			
		SUPPLIES				
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
B1800		BRIGGS HEALTHCARE	131.45	0.00	0.00	131.45
Vendor#	10368	DEWITT POTH & SON ✓	Class		Pay Code	
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
6275690	12/22/2020	12/07/2020	01/01/2021			
		SUPPLIES				
6275700	12/22/2020	12/07/2020	01/01/2021			
		SUPPLIES				
6279480	12/22/2020	12/09/2020	01/03/2021			
		SUPPLIES				
6280050	12/22/2020	12/10/2020	01/04/2021			
		INVENTORY				
6280030	12/22/2020	12/10/2020	01/04/2021			
		SUPPLIES				
6281350	12/22/2020	12/11/2020	01/05/2021			
		SUPPLIES				
6281660	12/22/2020	12/11/2020	01/05/2021			
		SUPPLIES				
6281400	12/22/2020	12/11/2020	01/05/2021			
		SUPPLIES				
6281661	12/22/2020	12/15/2020	01/09/2021			
		SUPPLIES				
6284260	12/22/2020	12/15/2020	01/09/2021			
		SUPPLIES				
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10368		DEWITT POTH & SC	2,164.62	0.00	0.00	2,164.62
Vendor#	10789	DISCOVERY MEDICAL NETWORK ✓	Class		Pay Code	
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
MMC121520	12/22/2020	12/15/2020	12/15/2020			
		PRO FEES				
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10789		DISCOVERY MEDIC	140,138.64	0.00	0.00	140,138.64
Vendor#	13600	ELDA LUERA ✓	Class		Pay Code	
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
122120	12/22/2020	12/21/2020	12/21/2020			
		INSURANCE REIMBURSEMENT				
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13600		ELDA LUERA	59.59	0.00	0.00	59.59
Vendor#	T0383	ERIN CLEVINGER ✓	Class	W	Pay Code	
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
122220	12/22/2020	12/22/2020	12/22/2020			
		REIMBURSE FOR COVID 19 MASK				
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
T0383		ERIN CLEVINGER	157.27	0.00	0.00	157.27
Vendor#	10788	FIRETROL PROTECTION SYSTEMS ✓	Class		Pay Code	
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
100692052	12/22/2020	12/09/2020	12/19/2020			
		QRTLY INSPECTION				
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10788		FIRETROL PROTEC	760.00	0.00	0.00	760.00

12/23/2020

tmp_cw5report7471295874140599076.html

Vendor#
F1400Vendor Name
FISHER HEALTHCAREClass
M

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3789978	✓ 12/22/2020	11/20/2020	12/15/2020				648.23	0.00	0.00	648.23 ✓
										SUPPLIES
3914472	✓ 12/22/2020	11/23/2020	12/18/2020				28.20	0.00	0.00	28.20 ✓
										SUPPLIES
4139945	✓ 12/22/2020	11/25/2020	12/20/2020				9,425.50	0.00	0.00	9,425.50 ✓
										INVENTORY
4301656	✓ 12/22/2020	11/30/2020	12/25/2020				3,779.50	0.00	0.00	3,779.50 ✓
										SUPPLIES
4449128	✓ 12/22/2020	12/01/2020	12/26/2020				178.00	0.00	0.00	178.00 ✓
										SUPPLIES
4449123	✓ 12/22/2020	12/01/2020	12/26/2020				680.88	0.00	0.00	680.88 ✓
										SUPPLIES
4769740	✓ 12/22/2020	12/03/2020	12/28/2020				845.65	0.00	0.00	845.65 ✓
										SUPPLIES
4769742	✓ 12/22/2020	12/03/2020	12/28/2020				119.06	0.00	0.00	119.06 ✓
										SUPPLIES
5123833	✓ 12/22/2020	12/07/2020	01/01/2021				300.00	0.00	0.00	300.00 ✓
										SUPPLIES
5123834	✓ 12/22/2020	12/07/2020	01/01/2021				1,212.00	0.00	0.00	1,212.00 ✓
										SUPPLIES
5442326	✓ 12/22/2020	12/09/2020	01/03/2021				141.31	0.00	0.00	141.31 ✓
										SUPPLIES
5442325	✓ 12/22/2020	12/09/2020	01/03/2021				483.56	0.00	0.00	483.56 ✓
										SUPPLIES
5576740	✓ 12/22/2020	12/10/2020	01/04/2021				158.47	0.00	0.00	158.47 ✓
										SUPPLIES
5576739	✓ 12/22/2020	12/10/2020	01/04/2021				374.82	0.00	0.00	374.82 ✓
										SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
F1400 FISHER HEALTHCA 18,375.18 0.00 0.00 18,375.18

Vendor#
13148Vendor Name
GRACE FLOORING AND GLASSClass
M

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
000153	12/22/2020	12/09/2020	12/09/2020				240.00	0.00	0.00	240.00 ✓
										FORMICA

Vendor Totals: Number Name Gross Discount No-Pay Net
13148 GRACE FLOORING 240.00 0.00 0.00 240.00

Vendor#
W1300Vendor Name
GRAINGERClass
M

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9731638830	✓ 12/23/2020	11/30/2020	12/25/2020				197.40	0.00	0.00	197.40 ✓
										SUPPLIES
9734385421	✓ 12/23/2020	12/02/2020	01/01/2021				52.32	0.00	0.00	52.32 ✓
										SUPPLIES
9734575997	✓ 12/23/2020	12/03/2020	12/28/2020				101.52	0.00	0.00	101.52 ✓
										supplies

Vendor Totals: Number Name Gross Discount No-Pay Net
W1300 GRAINGER 351.24 0.00 0.00 351.24

Vendor#
G1210Vendor Name
GULF COAST PAPER COMPANYClass
M

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1974774	✓ 12/22/2020	12/09/2020	01/08/2021				113.34	0.00	0.00	113.34 ✓
										SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
G1210 GULF COAST PAPE 113.34 0.00 0.00 113.34

Vendor#
13612

Vendor Name

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
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	121720	12/22/2020	12/17/2020	12/17/2020				55.00	0.00	0.00	55.00
	PATIENT REFUND										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	13612						55.00	0.00	0.00	55.00	
Vendor#	Vendor Name										
13604	LETICIA CONTRERAS ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	122120	12/22/2020	12/21/2020	12/21/2020				64.29	0.00	0.00	64.29 ✓
	REIMBURSE INSURANCE										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	13604		LETICIA CONTRER/				64.29	0.00	0.00	64.29	
Vendor#	Vendor Name										
13608	LORI RENDON ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	122120	12/22/2020	12/21/2020	12/21/2020				98.50	0.00	0.00	98.50 ✓
	REIMBURSE INSURANCE										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	13608		LORI RENDON				98.50	0.00	0.00	98.50	
Vendor#	Vendor Name										
10972	M G TRUST ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	121820	12/23/2020	12/18/2020	12/18/2020				790.86	0.00	0.00	790.86 ✓
	PAYROLL DED										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	10972		M G TRUST				790.86	0.00	0.00	790.86	
Vendor#	Vendor Name										
M2470	MEDLINE INDUSTRIES INC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1932392150	12/22/2020	11/26/2020	12/21/2020				9.34	0.00	0.00	9.34 ✓
	SUPPLIES										
	1932578174	12/22/2020	11/28/2020	12/23/2020				336.71	0.00	0.00	336.71 ✓
	SUPPLIES										
	1932659708	12/22/2020	12/01/2020	12/26/2020				11.15	0.00	0.00	11.15 ✓
	SUPPLIES										
	1932659705	12/22/2020	12/01/2020	12/26/2020				438.14	0.00	0.00	438.14 ✓
	SUPPLIES										
	1932659707	12/22/2020	12/01/2020	12/26/2020				107.24	0.00	0.00	107.24 ✓
	SUPPLIES										
	1932659709	12/22/2020	12/01/2020	12/26/2020				26.16	0.00	0.00	26.16 ✓
	SUPPLIES										
	1932659706	12/22/2020	12/01/2020	12/26/2020				18.31	0.00	0.00	18.31 ✓
	SUPPLIES										
	1932659717	12/22/2020	12/01/2020	12/26/2020				24.20	0.00	0.00	24.20 ✓
	SUPPLIES										
	1932659712	12/22/2020	12/01/2020	12/26/2020				32.73	0.00	0.00	32.73 ✓
	SUPPLIES										
	1932659714	12/22/2020	12/01/2020	12/26/2020				2,448.82	0.00	0.00	2,448.82 ✓
	SUPPLIES										
	1932659704	12/22/2020	12/01/2020	12/26/2020				128.16	0.00	0.00	128.16 ✓
	SUPPLIES										
	1932659703	12/22/2020	12/01/2020	12/26/2020				40.22	0.00	0.00	40.22 ✓
	SUPPLIES										
	1932659702	12/22/2020	12/01/2020	12/26/2020				207.05	0.00	0.00	207.05 ✓
	SUPPLIES										
	1932659701	12/22/2020	12/01/2020	12/26/2020				3.72	0.00	0.00	3.72 ✓
	SUPPLIES										
	1933451508	12/22/2020	12/08/2020	01/02/2021				2,228.85	0.00	0.00	2,228.85 ✓
	SUPPLIES										
	1933450795	12/22/2020	12/08/2020	01/02/2021				2,041.44	0.00	0.00	2,041.44 ✓
	SUPPLIES										
	1933450798	12/22/2020	12/08/2020	01/02/2021				177.85	0.00	0.00	177.85 ✓

SUPPLIES

1933450797	✓ 12/22/2020	12/08/2020	01/02/2021	24.53	0.00	0.00	24.53	✓
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SUPPLIES

1933657379	✓ 12/22/2020	12/09/2020	01/03/2021	33.19	0.00	0.00	33.19	✓
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SUPPLIES

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	M2470		MEDLINE INDUSTR	8,337.81	0.00	0.00	8,337.81			
10963			Vendor Name	Class		Pay Code				
			MEMORIAL MEDICAL CLINIC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121820	12/23/2020	12/18/2020	12/18/2020				240.00	0.00	0.00	240.00

PAYROLL DED

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	10963		MEMORIAL MEDICA	240.00	0.00	0.00	240.00			
M2621			Vendor Name	Class		Pay Code				
			MMC AUXILIARY GIFT SHOP	W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121720	12/22/2020	12/17/2020	12/17/2020				526.10	527.10	0.00	0.00

PAYROLL DED

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	M2621		MMC AUXILIARY GI	526.10	527.10	0.00	0.00	526.10		
10536			Vendor Name	Class		Pay Code				
			MORRIS & DICKSON CO, LLC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6940	✓ 12/22/2020	12/16/2020	12/26/2020				-14.99	0.00	0.00	-14.99

CREDIT

6394809	✓ 12/22/2020	12/16/2020	12/26/2020	784.98	0.00	0.00	784.98	✓
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INVENTORY

CM19976	✓ 12/22/2020	12/16/2020	12/26/2020	-540.11	0.00	0.00	-540.11	✓
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CREDIT

6398094	✓ 12/22/2020	12/16/2020	12/26/2020	406.11	0.00	0.00	406.11	✓
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INVENTORY

6398151	✓ 12/22/2020	12/16/2020	12/26/2020	145.00	0.00	0.00	145.00	✓
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INVENTORY

6398093	✓ 12/22/2020	12/16/2020	12/26/2020	679.33	0.00	0.00	679.33	✓
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INVENTORY

6398024	✓ 12/22/2020	12/16/2020	12/26/2020	2.68	0.00	0.00	2.68	✓
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INVENTOTRY

6402998	✓ 12/22/2020	12/17/2020	12/27/2020	328.25	0.00	0.00	328.25	✓
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INVENTORY

6399870	✓ 12/22/2020	12/17/2020	12/27/2020	25.75	0.00	0.00	25.75	✓
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INVENTORY

6399869	✓ 12/22/2020	12/17/2020	12/27/2020	2.96	0.00	0.00	2.96	✓
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INVENTORY

6402996	✓ 12/22/2020	12/17/2020	12/27/2020	30.55	0.00	0.00	30.55	✓
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INVENTORY

6399871	✓ 12/22/2020	12/17/2020	12/27/2020	150.12	0.00	0.00	150.12	✓
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INVENTORY

6402977	✓ 12/22/2020	12/17/2020	12/27/2020	461.69	0.00	0.00	461.69	✓
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INVENTORY

6402768	✓ 12/22/2020	12/17/2020	12/27/2020	12.99	0.00	0.00	12.99	✓
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INVENTORY

6408725	✓ 12/22/2020	12/20/2020	12/30/2020	4,041.34	0.00	0.00	4,041.34	✓
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INVENTORY

6406897	✓ 12/22/2020	12/20/2020	12/30/2020	4,217.60	0.00	0.00	4,217.60	✓
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INVENTORY

6408723	✓ 12/22/2020	12/20/2020	12/30/2020	206.67	0.00	0.00	206.67	✓
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INVENTORY

6408726	✓ 12/22/2020	12/20/2020	12/30/2020	48.44	0.00	0.00	48.44	✓
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INVENTORY

6408724	✓ 12/22/2020	12/20/2020	12/30/2020	1,776.27	0.00	0.00	1,776.27	✓
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INVENTORY											
6411751	✓	12/22/2020	12/21/2020	12/31/2020			137.22	0.00	0.00	137.22	✓
INVENTORY											
6413489	✓	12/22/2020	12/21/2020	12/31/2020			47.75	0.00	0.00	47.75	✓
INVENTORY											
6411750	✓	12/22/2020	12/21/2020	12/31/2020			274.45	0.00	0.00	274.45	✓
INVENTORY											
6413491	✓	12/22/2020	12/21/2020	12/31/2020			124.63	0.00	0.00	124.63	✓
INVENTORY											
6413490	✓	12/22/2020	12/21/2020	12/31/2020			215.48	0.00	0.00	215.48	✓
INVENTORY											
6412196	✓	12/22/2020	12/21/2020	12/31/2020			289.50	0.00	0.00	289.50	✓
INVENTORY											
Vendor# 13548	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
			10536	MORRIS & DICKSOI			13,854.66	0.00	0.00	13,854.66	
			Vendor Name		Class		Pay Code				
			NACOGDOCHES TRANSCRIPTION								
Vendor# 12388	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	7236	12/23/2020	12/14/2020	12/14/2020				309.68	0.00	0.00	309.68
			TRANSCRIPTION		(11/14 - 11/27/20)						
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
Vendor# 12388			13548	NACOGDOCHES TF			309.68	0.00	0.00	309.68	
			Vendor Name		Class		Pay Code				
			NATIONAL FARM LIFE INSURANCE								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
Vendor# 11069	3325543	12/23/2020	12/14/2020	01/01/2021				0.00	0.00	0.00	0.00
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
			12388	NATIONAL FARM LI			0.00	0.00	0.00	0.00	0.00
			Vendor Name		Class		Pay Code				
Vendor# P0706			PABLO GARZA								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	122220	12/22/2020	12/22/2020	12/22/2020				2,543.13	0.00	0.00	2,543.13
			CONTRACT EMPLOYEE		(12/8 - 12/21/20)						
Vendor# P0706	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
			11069	PABLO GARZA			2,543.13	0.00	0.00	2,543.13	
			Vendor Name		Class		Pay Code				
			PALACIOS BEACON								
Vendor# 10152	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	33057694	12/23/2020	12/03/2020	01/02/2021				187.50	0.00	0.00	187.50
			AD								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
Vendor# P2100			P0706	PALACIOS BEACON			187.50	0.00	0.00	187.50	
			Vendor Name		Class		Pay Code				
			PARTSSOURCE, LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
Vendor# P2100	03615402	12/22/2020	10/09/2020	11/08/2020				126.59	0.00	0.00	126.59
			SUPPLIES								
	03662942	12/23/2020	11/30/2020	12/30/2020				134.93	0.00	0.00	134.93
			SUPPLIES								
Vendor# P2100	03664547	12/23/2020	12/02/2020	01/01/2021				192.99	0.00	0.00	192.99
			SUPPLIES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
			10152	PARTSSOURCE, LL			454.51	0.00	0.00	454.51	
Vendor# P2100			Vendor Name		Class		Pay Code				
			PORT LAVACA WAVE								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	113020	12/22/2020	11/30/2020	12/25/2020				476.00	0.00	0.00	476.00
NEWS AD											
Vendor# P2100	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
			P2100	PORT LAVACA WAVE			476.00	0.00	0.00	476.00	

12/23/2020

tmp_cw5report7471295874140599076.html

Vendor#	Vendor Name	Class	Pay Code								
10987	REVCYCLE+, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
41385 ✓	12/22/2020	12/04/2020	12/29/2020				1,696.25	0.00	0.00	1,696.25 ✓	
CODING SERVICES											
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
10987		REVCYCLE+, INC.				1,696.25	0.00	0.00	1,696.25		
Vendor#	Vendor Name	Class	Pay Code								
11164	RS CLARK & ASSOCIATES, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
20201031 ✓	12/23/2020	10/31/2020	10/31/2020				242.02	0.00	0.00	242.02 ✓	
COLLECTIONS											
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
11164		RS CLARK & ASSO(				242.02	0.00	0.00	242.02		
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	
5638210001(0911 ✓	12/23/2020	11/30/2020	11/30/2020				1,333.33	0.00	0.00	1,333.33 ✓	
MAINT CONTRACT											
5638210001(1259 ✓	12/23/2020	12/02/2020	12/02/2020				4,038.24	0.00	0.00	4,038.24 ✓	
LEASE											
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
10936		SIEMENS FINANCIA ✓				5,371.57	0.00	0.00	5,371.57		
Vendor#	Vendor Name	Class	Pay Code								
10699	SIGN AD, LTD. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
257185 ✓	12/23/2020	12/16/2020	12/26/2020				390.00	0.00	0.00	390.00 ✓	
ad											
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
10699		SIGN AD, LTD.				390.00	0.00	0.00	390.00		
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	
CM3557 ✓	12/22/2020	12/15/2020	01/09/2021				-948.00	0.00	0.00	-948.00 ✓	
CREDIT											
107010386 ✓	12/22/2020	12/15/2020	01/09/2021				6,129.00	0.00	0.00	6,129.00 ✓	
BLOOD											
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
11296		SOUTH TEXAS BLO				5,181.00	0.00	0.00	5,181.00		
Vendor#	Vendor Name	Class	Pay Code								
12288	SPBS CLINICAL EQUIPMENT SRVC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
INV009830 ✓	12/22/2020	12/02/2020	12/02/2020				12,870.00	0.00	0.00	12,870.00 ✓	
BIO MED SERVICES											
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
12288		SPBS CLINICAL EQ				12,870.00	0.00	0.00	12,870.00		
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	
3698 ✓	12/22/2020	12/11/2020	12/11/2020				506.52	0.00	0.00	506.52 ✓	
SUPPLIES/PARTS											
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
12704		TEXAS BURNER & f				506.52	0.00	0.00	506.52		
Vendor#	Vendor Name	Class	Pay Code								
T2204	TEXAS MUTUAL INSURANCE CO W ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1002327013 ✓	12/23/2020	12/08/2020	12/08/2020				3,901.00	0.00	0.00	3,901.00 ✓	
WORKERS COMP											
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
T2204		TEXAS MUTUAL INS				3,901.00	0.00	0.00	3,901.00		
Vendor#	Vendor Name	Class	Pay Code								

10732

THERACOM, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2203273213	12/22/2020	12/02/2020	02/15/2020				2,346.12	0.00	0.00	2,346.12

INVENTORY

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10732	THERACOM, LLC		2,346.12	0.00	0.00	2,346.12

Vendor#

T0801

Vendor Name

TLC STAFFING

CONTRACT NURSING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26765	12/22/2020	12/07/2020	12/07/2020				1,815.08	0.00	0.00	1,815.08

CONTRACT NURSING

26786	12/22/2020	12/14/2020	12/14/2020				2,194.55	0.00	0.00	2,194.55
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CONTRACT NURSING

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
T0801	TLC STAFFING		4,009.63	0.00	0.00	4,009.63

Vendor#

U1054

Vendor Name

UNIFIRST HOLDINGS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400350255	12/16/2020	12/14/2020	01/08/2021				45.15	0.00	0.00	45.15

LAUNDRY

8400350256	12/16/2020	12/14/2020	01/08/2021				50.22	0.00	0.00	50.22
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LAUNDRY

8400350279	12/16/2020	12/14/2020	01/08/2021				1,682.80	0.00	0.00	1,682.80
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LAUNDRY

8400350645	12/22/2020	12/17/2020	01/11/2021				184.48	0.00	0.00	184.48
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SUPPLIES

8400350656	12/22/2020	12/17/2020	01/11/2021				77.96	0.00	0.00	77.96
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LAUNDRY

8400350642	12/22/2020	12/17/2020	01/11/2021				121.55	0.00	0.00	121.55
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LAUNDRY

8400350675	12/22/2020	12/17/2020	01/11/2021				1,683.14	0.00	0.00	1,683.14
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LAUNDRY

8400350640	12/22/2020	12/17/2020	01/11/2021				23.41	0.00	0.00	23.41
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SUPPLIES

8400350644	12/22/2020	12/17/2020	01/11/2021				137.84	0.00	0.00	137.84
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LAUNDRY

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
U1054	UNIFIRST HOLDING		4,006.55	0.00	0.00	4,006.55

Vendor#

U1056

Vendor Name

UNIFORM ADVANTAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11932925	12/22/2020	12/05/2020	12/20/2020				31.94	0.00	0.00	31.94

UNIFORM MELISSA VEGA

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
U1056	UNIFORM ADVANTAGE		31.94	0.00	0.00	31.94

Vendor#

12548

Vendor Name

WAGeworks, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1120DR4677	12/22/2020	12/17/2020	12/17/2020				155.52	0.00	0.00	155.52

COBRA

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12548	WAGeworks, INC.		155.52	0.00	0.00	155.52

Vendor#

10793

Vendor Name

WAGeworks, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121820	12/23/2020	12/18/2020	12/18/2020				4,142.37	0.00	0.00	4,142.37

PAYROLL DED

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10793	WAGeworks, INC.		4,142.37	0.00	0.00	4,142.37

Vendor#

I1110

Vendor Name

WERFEN USA LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9310036508	✓	12/15/2020	12/10/2020	01/10/2021			-216.46	0.00	0.00	-216.46 ✓
CREDIT INVOICE # 9110908767										
9110914011	✓	12/22/2020	12/15/2020	01/09/2021			1,571.67	0.00	0.00	1,571.67 ✓

LEASE

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10556	I1110		WERFEN USA LLC	1,355.21	0.00	0.00	1,355.21
			Vendor Name	Class		Pay Code	
			WOUND CARE SPECIALISTS				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS000041	✓	12/23/2020	12/01/2020	12/30/2020			10,675.00	0.00	0.00	10,675.00 ✓
WOUND CARE										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10556		WOUND CARE SPE	10,675.00	0.00	0.00	10,675.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	293,959.65	0.00	0.00	293,959.65

pg 1 correction { < 99.92
 { + 89.92

pg 5 correction { < 526.10
 { + 527.10

\$293,950.65

293,959.65 +
99.92 -
89.92 +
526.10 -
527.10 +
293,950.65

DEC 23 2020

CK#

188594-

188643

JERRY ANTHONY
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 12/25/2020

Page: 002

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536

Date: 12/26/2020

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

As of: 12/25/2020
Mail to:

Page: 002
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 12/26/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 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: 5,935.74 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 12/29/2020,
Pay This Amount:

5,817.02 USD

If Paid After 12/29/2020,
Pay this Amount:

5,935.74 USD

Due If Paid On Time:

USD 5,817.02 ✓

Disc lost if paid late:

118.72

Due If Paid Late:

USD 5,935.74

28 * 18 +
5,055 * 16 +
6 * 17 +
295 * 49 +
432 * 02 +
5,817 * 02 *

CK# 500164

APPROVED
ON

DEC 28 2020

CLERK AMMER
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 12/25/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 835438

Date: 12/26/2020

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account, detach and return this
stub with your remittance

As of: 12/25/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 12/26/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
12/24/2020	12/29/2020	7243312249	999656	115Invoice	8.82	440.84		432.02	✓	7243312249	

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: 440.84 USD

Future Due: 0.00

If Paid By 12/29/2020,
Pay This Amount:

432.02 USD

Due If Paid On Time:

USD 432.02 ✓

Past Due: 0.00

Disc lost if paid late:

8.82

Last Payment 6,145.37
12/21/2020

If Paid After 12/29/2020,
Pay this Amount:

440.84 USD

Due If Paid Late:

USD 440.84

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BY

DEC 28 2020

SHERRY A. WILSON
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 12/25/2020

Page: 001

Company: 8000

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

DC: 8115

Territory: 400

Customer: 464450

Date: 12/26/2020

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

As of: 12/25/2020

Page: 001

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450

PLEASE CHECK ANY

Date: 12/26/2020

ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 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											
12/22/2020	12/29/2020	7242619764	55x718582	115Invoice	6.03	301.52		295.49	✓	7242619764	

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: 301.52 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,145.37
12/21/2020

If Paid By 12/29/2020,
Pay This Amount:

295.49 USD

If Paid After 12/29/2020,
Pay this Amount:

301.52 USD

Due If Paid On Time:

USD 295.49 ✓

Disc lost if paid late:

6.03

Due If Paid Late:

USD 301.52

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011

DEC 28 2020

STATEMENT
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 12/25/2020

Page: 001

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 262252

Date: 12/26/2020

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account, detach and return this
stub with your remittance

As of: 12/25/2020

Page: 001

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252

PLEASE CHECK ANY

Date: 12/26/2020

ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS												
12/24/2020	12/29/2020	7243157621		999297	115Invoice	0.13	6.30		6.17	✓	7243157621	

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:

6.30 USD

Future Due: 0.00

If Paid By 12/29/2020,
Pay This Amount:

6.17 USD

Past Due: 0.00

If Paid After 12/29/2020,
Pay this Amount:

6.30 USD

Last Payment 12/21/2020 6,145.37

Due If Paid On Time:

USD

6.17

Disc lost if paid late:

0.13

Due If Paid Late:

USD

6.30

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DEC 28 2020

FORWARDED AUTHORIZED
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

As of: 12/25/2020

Page: 001

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Company: 8000

DC: 8115

As of: 12/25/2020
Mail to:

Page: 001
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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

Territory: 400

Customer: 256342
Date: 12/26/2020

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/26/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
12/21/2020	12/29/2020	7242333406		115Invoice	28.48	1,423.79		1,395.31	✓	7242333406	
12/21/2020	12/29/2020	7242333407		115Invoice	3.56	177.97		174.41	✓	7242333407	
12/21/2020	12/29/2020	7242333409		115Invoice	1.75	87.51		85.76	✓	7242333409	
12/21/2020	12/29/2020	7242333410		115Invoice	0.12	6.06		5.94	✓	7242333410	
12/21/2020	12/29/2020	7242333411		115Invoice	3.56	177.97		174.41	✓	7242333411	
12/21/2020	12/29/2020	7242542545	847617173	195Invoice	0.13	6.68		6.55	✓	7242542545	
12/21/2020	12/29/2020	7242578054	00012182020TW	115Invoice	3.83	191.59		187.76	✓	7242578054	
12/22/2020	12/29/2020	7242652795	1434326	115Invoice	10.97	548.52		537.55	✓	7242652795	
12/22/2020	12/29/2020	7242652796	1470214	115Invoice		0.16		0.16	✓	7242652796	
12/22/2020	12/29/2020	7242832358	00012212020TW	115Invoice	9.63	481.31		471.68	✓	7242832358	
12/23/2020	12/29/2020	7242918136	1491805	115Invoice		0.09		0.09	✓	7242918136	
12/23/2020	12/29/2020	7242918137	1527409	115Invoice	2.03	101.26		99.23	✓	7242918137	
12/23/2020	12/29/2020	7243086705	848008602	195Invoice	8.51	425.74		417.23	✓	7243086705	
12/23/2020	12/29/2020	7243117539	0001222220TW	115Invoice	20.33	1,016.40		996.07	✓	7243117539	
12/24/2020	12/29/2020	7243169577	1547384	115Invoice	7.96	398.18		390.22	✓	7243169577	
12/24/2020	12/29/2020	7243169578	1583422	115Invoice	2.30	115.00		112.70	✓	7243169578	
12/24/2020	12/29/2020	7243169579	1583422	115Invoice		0.09		0.09	✓	7243169579	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 5,158.32 USD

Future Due: 0.00

If Paid By 12/29/2020,
Pay This Amount:

5,055.16 USD

Past Due: 0.00

If Paid After 12/29/2020,
Pay this Amount:

5,158.32 USD

Last Payment 12/21/2020 6,145.37

Due If Paid On Time:

USD 5,055.16 ✓

Disc lost if paid late:

103.16

Due If Paid Late:

USD 5,158.32

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ON

DEC 28 2020

SECURITY ANALYSIS
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

As of: 12/25/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 190813

Date: 12/26/2020

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account, detach and return this
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As of: 12/25/2020
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Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 12/26/2020

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
12/23/2020	12/29/2020	7242883721	2017025075	115Invoice	0.58	28.76		28.18		7242883721	

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: 28.76 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12/21/2020 6,145.37

If Paid By 12/29/2020,
Pay This Amount:

28.18 USD

If Paid After 12/29/2020,
Pay this Amount:

28.76 USD

Due If Paid On Time:
USD

28.18

Disc lost if paid late:

0.58

Due If Paid Late:
USD

28.76

APPROVED
ON

DEC 28 2020

SHERMAN ABERNETHY
CALHOUN COUNTY, TEXAS



STATEMENT

Statement Number: 60132768
Date: 12-25-2020

1 of 1

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

DEA: RA0289276
866-451-9655**Customer:**
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509**Remit To:**
AMERISOURCEBERGEN
P.O. Box 905223
CHARLOTTE NC 28290-5223**Customer Number**

0100135284 / 037028186

Terms

Monday - Friday Due in 7 days

Summary

Not Yet Due:	0.00
Current:	646.66
Past Due:	533.95
Total Due:	1,180.61
Account Balance:	1,180.61

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
12-21-2020	01-01-2021	3045918393	159371	Invoice	11.69		0.00	11.69
12-21-2020	01-01-2021	3045918394	159374	Invoice	98.27		0.00	98.27
12-21-2020	01-01-2021	3045940535	159420	Invoice	6.52		0.00	6.52
12-22-2020	01-01-2021	3045983305	159429	Invoice	16.18		0.00	16.18
12-24-2020	01-01-2021	3046093964	159448	Invoice	514.00		0.00	514.00

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
646.66	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
12-25-2020	533.95
01-01-2021	646.66
Total Due:	1,180.61

CK # 500165

APPROVED
ON

DEC 28 2020

JACQUES ANNESEN
CLERK OF COURT
CALHOUN COUNTY, TEXAS

TOLL FREE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###																		
☐ "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" 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	★ 12																		
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM" "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" "ENTER W/CENTS AMOUNT OF MEDICARE" "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	★ <table border="1"><tr><td>\$</td><td>109.39</td><td>#</td></tr><tr><td></td><td>1</td><td></td></tr><tr><td>0</td><td>\$ 79.18</td><td>#</td></tr><tr><td></td><td>\$ 18.52</td><td>#</td></tr><tr><td></td><td>\$ 11.69</td><td>#</td></tr><tr><td></td><td>\$ -</td><td></td></tr></table>	\$	109.39	#		1		0	\$ 79.18	#		\$ 18.52	#		\$ 11.69	#		\$ -	
\$	109.39	#																	
	1																		
0	\$ 79.18	#																	
	\$ 18.52	#																	
	\$ 11.69	#																	
	\$ -																		
☐ "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	CHECK ★ 1																		
☐ ACKNOWLEDGEMENT NUMBER																			

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

Run Date: 12/28/20
Time: 09:37

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 12/04/20 - 12/17/20 Run# 2

Page 3
P2REG

Final Summary

-- Pay Code Summary -----						*-- Deductions Summary -----*					
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount	
v		50.00	N		N	N	N	638.50	A/R		
									A/R2		A/R3
									ADVANC	AWARDS	BOOTS
									CAFE H	CAFE-1	CAFE-2
									CAFE-3	CAFE-4	CAFE-5
									CAFE-C	CAFE-D	CAFE-F
									CAFE-H	CAFE-I	CAFE-L
									CAFE-P	CANCER	CHILD
									CLINIC	COMBIN	CREDUN
									DD ADV	DENTAL	DEP-LF
									DIS-LF	EAT	EATCSH
									FEDTAX	11.69 FICA-M	9.26 FICA-O 39.59
									FIRSTC	FLEX S	PLX FE
									FORT D	FUTA	GIFT S
									GRANT	GRP-IN	GTL
									HOSP-I	ID TPT	LEAF
									LEGAL	MASA	MEALS
									MISC	MISC/	MMCSHR
									NATFML	OTHER	PHI
									PHI***	PR FIN	RELAY
									REPAY	SAMS	SCRUBS
									SIGNON	ST-TX	STONDF
									STONE	STONE2	STUDEN
									SUNACC	SUNILL	SUNLIF
									SUNSTD	SUNVIS	SURCHG
									TSA-1	TSA-2	TSA-C
									TSA-P	TSA-R	44.70 TUTION
									UNIFOR	UN/HOS	

*----- Grand Totals: 50.00 ----- (Gross: 638.50 Deductions: 105.24 Net: 533.26)
| Checks Count:- PT 1 PT Other Female 1 Male Credit OverAmt ZeroNet Term Total: 1 |
*-----



**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- December 21, 2020 - December 27, 2020**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CP</u>
12/21/2020	WEBFILE TAX PYMT DD 902/00847899 21000026190	- Sales Tax	1063.03*	7 • 37 +
12/21/2020	PAY PLUS ACHTRANS 452579291 101000691073872	- 3rd Party Payor Fee	7.37	1 • 81 +
12/21/2020	CLEARGAGE LLC CLEARGAGE, 70Y7F81E4V6JWW8 242	- Patient Financing Service	61.06	43 • 42 +
12/22/2020	PAY PLUS ACHTRANS 452579291 101000691848152	- 3rd Party Payor Fee	1.81	52 • 60 *
12/22/2020	MCKESSON DRUG AUTO ACH ACH04414848 910000155	- 340B Drug Program Expense	6145.37**	Cleargagc
12/22/2020	CLEARGAGE LLC CLEARGAGE, BFCEUJDKIAA6Q1D 242	- Patient Financing Service	6.34	61 • 06 +
12/23/2020	PAY PLUS ACHTRANS 452579291 101000692808789	- 3rd Party Payor Fee	43.42	6 • 34 +
12/23/2020	EXPERTPAY EXPERTPAY 746003411 91000013269092	- Child Support Payment -Payroll E	532.81	67 • 40 *
12/23/2020	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	305663.22**	Expert Pay
12/23/2020	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	- CitiBank Corporate Card Payment	3583.2*	532 • 81 +
12/24/2020	IRS USATAXPYMT 220075904350428 6103601000228	- Payroll Taxes	98544.11**	532 • 81 *
			415,651.74	52 • 60 +
				67 • 40 +
				532 • 81 +
				652 • 81 *

Jason Anglin, CEO
Memorial Medical Center

December 28, 2020

* Approved 12-16-20 CC
** Approved 12-23-20 CC

**PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS**

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>	
				415,651.74 +
				1,063.03 -
				6,145.37 -
				305,663.22 -
				3,583.20 -
				98,544.11 -
				652 • 81 *
				652 • 81 +
				652 • 81 -
				0 • 00 *

Jason Anglin, CEO
Memorial Medical Center

December 28, 2020

RECEIVED

12/23/2020

13:27

DEC 23 2020

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor#
11820
Cameron County Auditor

Vendor Name

Class

Pay Code

FORTBEND HEALTHCARE CENTE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121620	12/23/2020	12/16/2020	01/14/2021				2,728.00	0.00	0.00	2,728.00

TRANSFER

NH insurance pymt deposited into mmc operating

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11820

FORTBEND HEALTH

2,728.00

0.00

0.00

2,728.00

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

2,728.00

0.00

0.00

2,728.00

APPROVED
ON

DEC 23 2020

CAMERON COUNTY AUDITOR
CAMERON COUNTY, TEXAS

CK#

188645

RECEIVED

12/23/2020

DEC 23 2020

MEMORIAL MEDICAL CENTER

0

13:26

AP Open Invoice List

ap_open_invoice.template

Calhoun County Auditor

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11836

GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121420	12/23/2020	12/14/2020	01/14/2021				2,401.32	0.00	0.00	2,401.32 ✓

TRANSFER NH insurance pymt deposited into mme operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HE	2,401.32	0.00	0.00	2,401.32	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,401.32	0.00	0.00	2,401.32

APPROVED
ON

DEC 23 2020

ck#
188646COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

12/23/2020

MEMORIAL MEDICAL CENTER

0

13:26

DEC 23 2020

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

13004

Calhoun County Auditor

TUSCANY VILLAGE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121420	12/23/2020	12/14/2020	01/14/2021				2,421.36	0.00	0.00	2,421.36 ✓

TRANSFER

NH Insurance pymt deposited into mmc operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	2,421.36	0.00	0.00	2,421.36	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,421.36	0.00	0.00	2,421.36

**APPROVED
ON****DEC 23 2020**

CK#

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

188647

RECEIVED

12/23/2020

DEC 23 2020

13:26

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor# 12792
Calhoun County Auditor

Vendor Name

Class

Pay Code

BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121420	12/23/2020	12/14/2020	01/14/2021				4,400.00	0.00	0.00	4,400.00 ✓

TRANSFER NH insurance payout deposited into mmc operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12792		BETHANY SENIOR I	4,400.00	0.00	0.00	4,400.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,400.00	0.00	0.00	4,400.00

APPROVED
BY

DEC 23 2020

SCOTT W. ANDERSON
CALHOUN COUNTY, TEXAS

ck#

188644

0

RUN DATE:12/28/20
TIME:15:20

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/30/20 THRU 12/30/20

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE

A/P	188594	12/30/20	89.92	ACE HARDWARE 15521
A/P	188595	12/30/20	1,759.50	ALLYSON SWOPE
A/P	188596	12/30/20	21,541.14	AMERISOURCEBERGEN DRUG CORP
A/P	188597	12/30/20	10,209.13	AUREUS RADIOLOGY LLC
A/P	188598	12/30/20	455.00	AYA HEALTHCARE INC
A/P	188599	12/30/20	12,584.89	BECKMAN COULTER INC
A/P	188600	12/30/20	131.45	BRIGGS HEALTHCARE
A/P	188601	12/30/20	.00	VOIDED
A/P	188602	12/30/20	2,164.62	DEWITT POTH & SON
A/P	188603	12/30/20	140,138.64	DISCOVERY MEDICAL NETWORK INC
A/P	188604	12/30/20	59.59	ELDA LUERA
A/P	188605	12/30/20	157.27	ERIN CLEVINGER
A/P	188606	12/30/20	760.00	FIRETROL PROTECTION SYSTEMS
A/P	188607	12/30/20	.00	VOIDED
A/P	188608	12/30/20	18,375.18	FISHER HEALTHCARE
A/P	188609	12/30/20	240.00	GRACE FLOORING AND GLASS
A/P	188610	12/30/20	351.24	GRAINGER
A/P	188611	12/30/20	113.34	GULF COAST PAPER COMPANY
A/P	188612	12/30/20	55.00	KIM JACKSON
A/P	188613	12/30/20	64.29	LETICIA CONTRERAS
A/P	188614	12/30/20	98.50	LORI RENDON
A/P	188615	12/30/20	790.86	M G TRUST
A/P	188616	12/30/20	.00	VOIDED
A/P	188617	12/30/20	.00	VOIDED
A/P	188618	12/30/20	8,337.81	MEDLINE INDUSTRIES INC
A/P	188619	12/30/20	240.00	MEMORIAL MEDICAL CLINIC
A/P	188620	12/30/20	527.10	MMC AUXILIARY GIFT SHOP
A/P	188621	12/30/20	.00	VOIDED
A/P	188622	12/30/20	13,854.66	MORRIS & DICKSON CO, LLC
A/P	188623	12/30/20	309.68	NACOGDOCHES TRANSCRIPTION
A/P	188624	12/30/20	2,543.13	PABLO GARZA
A/P	188625	12/30/20	187.50	PALACIOS BEACON
A/P	188626	12/30/20	454.51	PARTSSOURCE, LLC
A/P	188627	12/30/20	476.00	PORT LAVACA WAVE
A/P	188628	12/30/20	1,696.25	REVCYCLE+, INC.
A/P	188629	12/30/20	242.02	RS CLARK & ASSOCIATES, INC
A/P	188630	12/30/20	5,371.57	SIEMENS FINANCIAL SERVICES
A/P	188631	12/30/20	390.00	SIGN AD, LTD.
A/P	188632	12/30/20	5,181.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	188633	12/30/20	12,870.00	SPBS CLINICAL EQUIPMENT SRVC
A/P	188634	12/30/20	506.52	TEXAS BURNER & BOILER SERVICES
A/P	188635	12/30/20	3,901.00	TEXAS MUTUAL INSURANCE CO
A/P	188636	12/30/20	2,346.12	THERACOM, LLC
A/P	188637	12/30/20	4,009.63	TLC STAFFING
A/P	188638	12/30/20	4,006.55	UNIFIRST HOLDINGS
A/P	188639	12/30/20	31.94	UNIFORM ADVANTAGE
A/P	188640	12/30/20	155.52	WAGEWORKS, INC
A/P	188641	12/30/20	4,142.37	WAGEWORKS, INC.
A/P	188642	12/30/20	1,355.21	WERFEN USA LLC
A/P	188643	12/30/20	10,675.00	WOUND CARE SPECIALISTS

RUN DATE:12/28/20
TIME:15:20

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/30/20 THRU 12/30/20

PAGE 2
GLCKREG

BANK--CHECK-----
CODE NUMBER DATE AMOUNT PAYEE

A/P	188644	12/30/20	4,400.00	BETHANY SENIOR LIVING
A/P	188645	12/30/20	2,728.00	FORTBEND HEALTHCARE CENTER
A/P	188646	12/30/20	2,401.32	GOLDENCREEK HEALTHCARE
A/P	188647	12/30/20	2,421.36	TUSCANY VILLAGE
TOTALS:			305,901.33	

APPROVED
BY
DEC 30 2020
COUNTY CLERK
CALHOUN COUNTY, TEXAS

Payables	293,950.65	+
	2,728.00	+
N It	2,401.32	+
Transfers	2,421.36	+
	4,400.00	+
	305,901.33	*

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/28/2020

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		159,725.40 ✓	159,487.52 ✓	276,061.67 ✓		276,299.55	276,061.67
						Bank Balance	276,299.55 ✓
						Variance	-
						Leave in Balance	100.00
<i>Routing Information for Ashford Gardens:</i>							
r Ltd Co							
						AMERIGROUP QIPP 1 & 2	-
						MOLINA QIPP 1 & 2	- ✓
						October Interest	81.43 ✓
						November Interest	56.45 ✓
						December Interest	- ✓
						Adjust Balance/Transfer Amt	276,061.67 ✓
Broadmoor		65,708.75 ✓	65,535.82 ✓	229,818.66 ✓		229,991.59	229,818.66
						Bank Balance	229,991.59 ✓
						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	229,818.66
Crescent		47,082.49 ✓	46,892.38 ✓	170,279.15 ✓		170,469.26	170,279.15
						Bank Balance	170,469.26 ✓
						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	170,279.15 ✓
Fort Bend		9,856.09 ✓	9,711.14 ✓	42,112.91 ✓		42,257.86	42,112.91
						Bank Balance	42,257.86 ✓
						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	42,112.91 ✓
Solera at W Houston		92,781.86 ✓	92,589.57 ✓	283,060.91 ✓		283,253.20	283,060.91
						Bank Balance	283,253.20 ✓
						Variance	-
						Leave in Balance	100.00
						MOLINA QIPP 1 & 2	-
						AMERIGROUP QIPP 1 & 2	-
						October Interest	51.82 ✓
						November Interest	40.47 ✓
						December Interest	-
						Adjust Balance/Transfer Amt	283,060.91 ✓
<i>Routing Information for Crescent / Solera at West Houston</i>							
Cantex Health Care Centers III LLC							
						276,061.67	+
						229,818.66	+
						170,279.15	+
						42,112.91	+
						283,060.91	+
						1,001,333.30	+
TOTAL TRANSFERS							1,001,333.30

Note: Only balances of over \$5,000 will be transferred

Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved:

Jason Anglin, CEO

12/28/2020

APPROVED ON

DEC 28 2020

STURGEON AMMER
CALHOUN COUNTY, TEXAS

Ashford Gardens

12/21/2020 MANAGEANDNET1718 MNS PMNT 00000000000093 41
 12/21/2020 Amerigroup TXSC HCCLAIMPMT 3139227440 111000
 12/22/2020 Amerigroup TXSC HCCLAIMPMT 3139335701 111000
 12/22/2020 NOVITAS SOLUTION HCCLAIMPMT 675423 420000162
 12/23/2020 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 12/23/2020 Deposit
 12/23/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 12/24/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 12/24/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 12/24/2020 NOVITAS SOLUTION HCCLAIMPMT 675423 420000196
 12/24/2020 HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
-	29.25	-	-	-	-	-	29.25
-	1,398.13	-	-	-	-	-	1,398.13
-	49,151.63	-	-	-	-	-	49,151.63
-	1,199.91	-	-	-	-	-	1,199.91
159,487.52	-	-	-	-	-	-	-
-	96,225.30	-	-	-	-	-	96,225.30
-	27,526.19	-	-	-	-	-	27,526.19
-	4,162.20	-	-	-	-	-	4,162.20
-	49,100.19	-	-	-	-	-	49,100.19
-	41,368.46	-	-	-	-	-	41,368.46
-	5,900.41	-	-	-	-	-	5,900.41
159,487.52	276,061.67	-	-	-	-	-	276,061.67

Broadmoor

12/21/2020 MANAGEANDNET1718 MNS PMNT 0000000000004293 41
 12/21/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 12/21/2020 HUMANA INS CO HCCLAIMPMT 390861 830000546697
 12/22/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 12/22/2020 NOVITAS SOLUTION HCCLAIMPMT 676357 420000161
 12/23/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 12/23/2020 Deposit
 12/23/2020 MANAGEANDNET1718 MNS PMNT 0000000000004293 41
 12/23/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2
 12/24/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 12/24/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 12/24/2020 MANAGEANDNET1718 MNS PMNT 0000000000004293 41
 12/24/2020 HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
-	4,463.15	-	-	-	-	-	4,463.15
-	5,215.50	-	-	-	-	-	5,215.50
-	10,938.87	-	-	-	-	-	10,938.87
-	22,296.72	-	-	-	-	-	22,296.72
-	133,441.97	-	-	-	-	-	133,441.97
65,535.82	-	-	-	-	-	-	-
-	32,461.79	-	-	-	-	-	32,461.79
-	4,540.00	-	-	-	-	-	4,540.00
-	2,779.50	-	-	-	-	-	2,779.50
-	2,413.20	-	-	-	-	-	2,413.20
-	4,734.45	-	-	-	-	-	4,734.45
-	4,410.00	-	-	-	-	-	4,410.00
-	2,123.51	-	-	-	-	-	2,123.51
65,535.82	229,818.66	-	-	-	-	-	229,818.66

Crescent

12/21/2020 MANAGEANDNET1718 MNS PMNT 0000000000003268 41
 12/21/2020 HUMANA INS CO HCCLAIMPMT 390861 830000546697
 12/22/2020 MANAGEANDNET1718 MNS PMNT 0000000000003268 41
 12/22/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000161
 12/23/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 12/23/2020 MANAGEANDNET1718 MNS PMNT 0000000000003268 41
 12/23/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000177
 12/23/2020 HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2
 12/24/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
-	1,890.00	-	-	-	-	-	1,890.00
-	5,039.07	-	-	-	-	-	5,039.07
-	13,126.74	-	-	-	-	-	13,126.74
-	2,768.96	-	-	-	-	-	2,768.96
46,892.38	-	-	-	-	-	-	-
-	4,436.00	-	-	-	-	-	4,436.00
-	135,858.59	-	-	-	-	-	135,858.59
-	1,734.99	-	-	-	-	-	1,734.99
-	5,424.80	-	-	-	-	-	5,424.80
46,892.38	170,279.15	-	-	-	-	-	170,279.15

Fort Bend

12/21/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 12/22/2020 NOVITAS SOLUTION HCCLAIMPMT 675663 420000161
 12/23/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 12/23/2020 Deposit
 12/23/2020 NOVITAS SOLUTION HCCLAIMPMT 675663 420000177
 12/24/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 12/24/2020 NOVITAS SOLUTION HCCLAIMPMT 675663 420000195
 12/24/2020 HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
-	6,335.66	-	-	-	-	-	6,335.66
-	692.64	-	-	-	-	-	692.64
9,711.14	-	-	-	-	-	-	-
-	9,016.92	-	-	-	-	-	9,016.92
-	17,928.42	-	-	-	-	-	17,928.42
-	5,380.24	-	-	-	-	-	5,380.24
-	351.99	-	-	-	-	-	351.99
-	2,407.04	-	-	-	-	-	2,407.04
9,711.14	42,112.91	-	-	-	-	-	42,112.91

Solera at West Houston

12/21/2020 AARP Supplementa HCCLAIMPMT 746003411 124384
 12/21/2020 CIGNA HCCLAIMPMT 1497143259 91000012736236
 12/22/2020 MANAGEANDNET1718 MNS PMNT 0000000000002482 41
 12/22/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 12/22/2020 NOVITAS SOLUTION HCCLAIMPMT 676310 420000161
 12/22/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2
 12/23/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 12/23/2020 Amerigroup TXSC HCCLAIMPMT 3139461879 111000
 12/23/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 12/23/2020 NOVITAS SOLUTION HCCLAIMPMT 676310 420000177
 12/23/2020 HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2
 12/24/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 12/24/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 12/24/2020 NOVITAS SOLUTION HCCLAIMPMT 676310 420000195

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
-	1,056.00	-	-	-	-	-	1,056.00
-	4,400.00	-	-	-	-	-	4,400.00
-	26,462.40	-	-	-	-	-	26,462.40
-	308.24	-	-	-	-	-	308.24
-	823.82	-	-	-	-	-	823.82
-	2,932.51	-	-	-	-	-	2,932.51
92,589.57	-	-	-	-	-	-	-
-	9,263.45	-	-	-	-	-	9,263.45
-	1,110.91	-	-	-	-	-	1,110.91
-	198,514.28	-	-	-	-	-	198,514.28
-	2,083.79	-	-	-	-	-	2,083.79
-	5,395.74	-	-	-	-	-	5,395.74
-	8,806.05	-	-	-	-	-	8,806.05
-	21,903.72	-	-	-	-	-	21,903.72
92,589.57	283,060.91	-	-	-	-	-	283,060.91
374,216.43	1,001,333.30	-	-	-	-	-	1,001,333.30

TOTALS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
12/28/2020

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		31,941.11 ✓	31,753.37 ✓	224,720.59	-		224,908.33 ✓	191,926.84
						Bank Balance	224,908.33	
						Variance	-	
						Leave in Balance	100.00	
						SUPERIOR Q/PP 1 & 2	32,793.75 ✓	
						October Interest	50.99 ✓	
						November Interest	36.75 ✓	
						December Interest	-	
						Adjust Balance/Transfer Amt	191,926.84 ✓	

Routing Information for Golden Creek:

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

Approved: _____ 12/28/2020
Jason Anglin, CEO

APPROVED
BY
DEC 28 2020
JASON ANGLIN
CALHOUN COUNTY, FLORIDA

Golden Creek

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L apse	QJPP TI	
12/23/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	31,753.37	-					-	-
12/23/2020 Deposit	-	70,718.64					-	70,718.64
12/23/2020 TSVS/TRANSFIRST BKCD STLMT 543684555876917 9	-	2,500.00					-	2,500.00
12/23/2020 Centene Managemen CCD+ 36888463 3110020996486	-	35,321.85	30,265.65	5,056.20			32,793.75	2,528.10
12/23/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000177	-	100,366.05					-	100,366.05
12/23/2020 HEALTH HUMAN SVC INV-PAYMTS 17460034113011 2	-	3,839.43					-	3,839.43
12/23/2020 AETNA ASD1 HCCLAIMPMT 1588075964 51000013022	-	2,625.00					-	2,625.00
12/24/2020 TSVS/TRANSFIRST BKCD STLMT 543684555876917 9	-	2,816.00					-	2,816.00
12/24/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	6,533.62					-	6,533.62
	31,753.37	224,720.59	30,265.65	5,056.20	-	-	32,793.75	191,926.84

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search

All

Select Group
Groups

Add Group

DDA

Data reported as of Dec 28, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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*4454MEMORIAL MEDICAL /
NH GOLDEN CREEK
HEALTHCARE

\$224,908.33

\$224,908.33

\$224,908.33

\$215,558.7

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
12/28/2020

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		12,442.82	✓ 12,324.75	✓ 20,892.60	✓	-	21,010.67	1,494.60
						Bank Balance	21,010.67	
						Variance	-	NO TRANSFER
						Leave in Balance	100.00	
						SUPERIOR QIPP 1 & 2	19,398.00	
						October Interest	6.35	✓
						November Interest	11.72	✓
						December Interest	-	✓
						Adjust Balance/Transfer Amt	1,494.60	✓
Gulf Pointe Plaza-Medicare/Medicaid		8,133.92	✓ 7,991.02	✓ 226,345.13	✓	-	226,488.03	226,345.13
						Bank Balance	226,488.03	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Payment Adjustments		
						October Interest	19.32	✓
						November Interest	23.58	✓
						December Interest	-	✓
						Adjust Balance/Transfer Amt	226,345.13	✓
TOTAL TRANSFERS							226,345.13	

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

12/28/2020

APPROVED
ON

DEC 28 2020

SEAL OF CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
12/23/2020 WIRE OUT HMG SERVICES, LLC	12,324.75	-	-	-	-	-	-	-
12/23/2020 Centene Manageme CCD+ 38888463 3110020996508	-	20,892.60	17,903.40	2,989.20	-	-	19,398.00	1,494.60
	12,324.75	20,892.60	17,903.40	2,989.20	-	-	19,398.00	1,494.60

Gulf Pointe Plaza-Medicare/Medicaid

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
12/23/2020 WIRE OUT HMG SERVICES, LLC	7,991.02	-	-	-	-	-	-	-
12/23/2020 Deposit	-	55,370.04	-	-	-	-	-	55,370.04
12/23/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001761455	-	161,921.84	-	-	-	-	-	161,921.84
12/24/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001991172	-	9,053.25	-	-	-	-	-	9,053.25
	7,991.02	226,345.13	-	-	-	-	-	226,345.13
	20,315.77	247,237.73	17,903.40	2,989.20	-	-	19,398.00	227,839.73

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search

All

Select Group
Groups

DDA

Data reported as of Dec 28, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$4,723,738.76	\$4,851,232.05	\$4,723,738.76	\$4,647,982.4
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,521.47	\$5,521.47	\$5,521.47	\$5,521.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$224,908.33	\$224,908.33	\$224,908.33	\$215,558.7
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$534.13	\$534.13	\$534.13	\$534.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$2,580,679.31	\$2,649,909.86	\$2,580,679.31	\$2,719,200.4
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$430.03	\$430.03	\$430.03	\$430.0
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$276,299.55	\$280,794.15	\$276,299.55	\$175,768.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$229,991.59	\$232,481.14	\$229,991.59	\$216,310.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$170,469.26	\$187,223.76	\$170,469.26	\$165,044.4
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$42,257.86	\$46,276.48	\$42,257.86	\$34,118.5
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$283,253.20	\$308,162.90	\$283,253.20	\$247,147.6
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$409,730.72	\$409,730.72	\$409,730.72	\$400,633.6
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$226,488.03	\$226,488.03	\$226,488.03	\$217,434.7
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$21,010.67	\$26,606.44	\$21,010.67	\$21,010.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$252,164.61	\$252,164.61	\$252,164.61	\$229,269.1

* indicate:

Page generated on 12/28/2020

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
12/28/2020

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Senior Living		69.17		252,095.44			252,164.61	252,055.44
						Bank Balance	252,164.61	
						Variance	-	
						Leave in Balance	100.00	
						MOLINA QJPP 1 & 2	-	
						SUPERIOR 1 & 2	-	
						October Interest	4.58	
						November Interest	4.59	
						December Interest	-	
						Adjust Balance/Transfer Amt	252,055.44	

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 12/28/2020

APPROVED
ON
DEC 28 2020
JASON ANGLIN
CALHOUN COUNTY, TEXAS

MMC PORTION

Tuscany Senior Living

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
12/23/2020 Deposit	-	62,818.64					-	62,818.64
12/23/2020 NOVITAS SOLUTION HCCLAIMPMT 676201 420000177	-	166,381.38					-	166,381.38
12/24/2020 NOVITAS SOLUTION HCCLAIMPMT 676201 420000195	-	22,895.42					-	22,895.42
	-	252,095.44	-	-	-	-	-	252,095.44



Quick View

Select Quick View Accounts

Account Number / Name

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Account Type

Search

All

Select Group Groups

Add Group

DDA

Data reported as of Dec 28, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*3407 MMC -NH TUSCANY VILLAGE	\$252,164.61	\$252,164.61	\$252,164.61	\$229,269.1

* indicate:
Page generated on 12/28/2020 : ▼

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 12/28/2020

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		88,261.25	88,007.36	409,476.83			409,730.72	409,476.83
						Bank Balance	409,730.72	
						Variance	-	
						Leave in Balance	100.00	
						October Interest	83.94	
						November Interest	69.95	
						December Interest	-	
						Adjust Balance/Transfer Amt	409,476.83	

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 12/28/2020



APPROVED
 OFF

DEC 28 2020

SOUTHERN ASSURANCE
 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	
12/21/2020 Deposit	-	6,572.25					-	6,572.25
12/21/2020 Deposit	-	5,873.26					-	5,873.26
12/21/2020 Deposit	-	7,008.40					-	7,008.40
12/21/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000150	-	291,962.18					-	291,962.18
12/22/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	20,277.86					-	20,277.86
12/23/2020 WIRE OUT BETHANY SENIOR LIVING, LTD	88,007.36	-					-	-
12/23/2020 Deposit	-	57,976.97					-	57,976.97
12/23/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000177	-	10,708.80					-	10,708.80
12/24/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000195	-	8,683.88					-	8,683.88
12/24/2020 HOSPICE OF SO TX VENDORS NF 91000015964012	-	413.23					-	413.23
	88,007.36	409,476.83	-	-	-	-	-	409,476.83

Quick View

Select Quick View Accounts

Account Number / Name

Account Type

Search

All

Select Group

Groups

Add Group

DDA

Data reported as of Dec 28, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
----------------	-----------------	-------------------	-------------------	-------------------

*5506MMC -NH BETHANY
SENIOR LIVING

\$409,730.72

\$409,730.72

\$409,730.72

\$400,633.6

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MMC OPERATING
A _____
Y _____
E _____
E _____

Date Requested: 12/28/2020

APPROVED
ON
DEC 28 2020
JESSIE L. ANDERSON
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

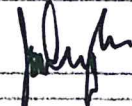
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$32,793.75

G/L NUMBER: 10255040

EXPLANATION: Superior QIPP 1 & 2 - golden creek

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E

MMC OPERATING

Date Requested: 12/28/2020

APPROVED
ON
DEC 28 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

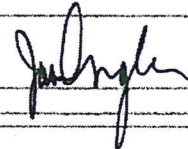
AMOUNT \$19,398.00

G/L NUMBER: 10255040

EXPLANATION: Superior QIPP 1 & 2 - Gulf Pointe Plaza

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY:



QIPP Payment to MMC from Nursing Facilities				Commissioner's Court				12/30/2020			
NH Name	From Bank Acct #	Ck #	Payee	GL #	MOLINA 1 & 2	Amerigroup 1&2	SUPERIOR QIPP 1&2	TOTAL	Date		
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #100000001	10255040				-	12/30/2020		
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #100000001	10255040				-	12/30/2020		
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #100000001	10255040				-	12/30/2020		
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #100000001	10255040				-	12/30/2020		
Solera	10000022 - Prosperity		MMC -Prosperity Operating #100000001	10255040				-	12/30/2020		
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #100000001	10255040	-		32,793.75	32,793.75	12/30/2020		
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #100000001	10255040	-		19,398.00	19,398.00	12/30/2020		
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #100000001		-			-	12/30/2020		
Bethany			MMC -Prosperity Operating #100000001		-			-	12/30/2020		
Tuscany			MMC -Prosperity Operating #100000001	10255040				-	12/30/2020		
				Total:	-	-	32,793.75	52,191.75			

Note:

Approved: 
Jason Anglin, CEO

11/30/2020

DEC 30 2020

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

8755

No. #22

88-2265
1131

12/30/20

PAY TO THE
ORDER OF

MMC Prosperity operating

\$ 19,398.⁰⁰

Nineteen thousand three hundred ninety eight DOLLARS



Superior CIPP 1 & 2

Calhoun Auditor

Calhoun Treasurer

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

MEMORIAL MEDICAL CENTER

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

000070

Date 12/30/2020

88-2265/1131

PAY

TO THE
ORDER OF

MMC prosperity operating

\$ 32,793.⁷⁵

Thirty two thousand Seven hundred ninety three and 75/100 DOLLARS



FOR Superior CIPP 1 & 2

County Auditor

MP

County Treasurer
Includ. Details on back