

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 06, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 629,104.37
TOTAL TRANSFERS BETWEEN FUNDS	\$ 75,236.17
TOTAL NURSING HOME UPL EXPENSES	\$ 500,408.74
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED Janaury 06, 2021	\$ 1,204,749.28

APPROVED

JAN 06 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---January 06,2021

PAYABLES AND PAYROLL

1/4/2021 Weekly Payables	206,612.88
1/4/2021 Patient Refunds	1,493.14
1/4/2021 McKesson-340B Prescription Expense	4,760.90
1/4/2021 Amerisource Bergen-340B Prescription Expense	1,960.99
1/4/2021 Payroll Liabilities -Payroll Taxes	101,951.31
1/4/2021 Payroll	312,201.23

Prosperity Electronic Bank Payments

2/28-12/31/2020 Pay Plus-Patient Claims Processing Fee	123.92
--	--------

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$	629,104.37
---	-----------	-------------------

TRANSFER BETWEEN FUNDS-NURSING HOMES

1/4/2021 MMC Operating to The Crescent- NH portion of stimulus payment deposited into MMC Operating	13,097.21
1/4/2021 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	26,002.70
1/4/2021 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	8,396.40
1/4/2021 MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating	27,739.86

TOTAL TRANSFERS BETWEEN FUNDS	\$	75,236.17
--------------------------------------	-----------	------------------

NURSING HOME UPL EXPENSES

1/4/2021 Nursing Home UPL-Cantex Transfer	196,435.00
1/4/2021 Nursing Home UPL-HMG Transfer	19,513.48
1/4/2021 Nursing Home UPL-Tuscany Transfer	91,578.74
1/4/2021 Nursing Home UPL-HSL Transfer	63,929.60

QIPP/INTEREST/RECOUP CHECKS TO MMC

1/4/2021 Ashford	49,248.15
1/4/2021 Broadmoor	20,387.68
1/4/2021 Crescent	16,369.33
1/4/2021 Fort Bend	20,517.96
1/4/2021 Solera	19,297.43
1/4/2021 Tuscany	2,037.05

TRANSFER BETWEEN FUNDS TO MMC OPERATING

1/4/2021 Ashford-Interest Earned	184.11
1/4/2021 Broadmoor-Interest Earned	122.67
1/4/2021 Crescent-Interest Earned	126.15
1/4/2021 Fort Bend-Interest Earned	53.22
1/4/2021 Solera-Interest Earned	137.10
1/4/2021 Golden Creek-Interest Earned	125.59
1/4/2021 Gulf Pointe MM-Interest Earned	69.08
1/4/2021 Gulf Pointe PP-Interest Earned	24.78
1/4/2021 Bethany-Interest Earned	237.49
1/4/2021 Tuscany Living-Interest Earned	14.13

TOTAL NURSING HOME UPL EXPENSES	\$	500,408.74
--	-----------	-------------------

TOTAL INTER-GOVERNMENT TRANSFERS	\$	-
---	-----------	----------

GRAND TOTAL DISBURSEMENTS APPROVED January 06, 2021	\$	1,204,749.28
--	-----------	---------------------

12/31/2020
11:36
RECEIVED
JAN 04 2021

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 01/20/2021

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
47361	12/30/2020	12/21/2020	01/20/2021				2,175.25	0.00	0.00	2,175.25
	HIGH TEMP REFRIG DRYER									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
A1679			AIR SPECIALTY & E			2,175.25	0.00	0.00		2,175.25
Vendor#	Vendor Name					Class	Pay Code			
A1705	ALIMED INC.					M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV03408	12/29/2020	08/13/2020	08/28/2020				97.66	0.00	0.00	97.66
	SUPPLIES									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
A1705			ALIMED INC.			97.66	0.00	0.00		97.66
Vendor#	Vendor Name					Class	Pay Code			
A0400	AUREUS RADIOLOGY LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2067548V1	12/29/2020	10/19/2020	11/18/2020				1,775.50	0.00	0.00	1,775.50
	STAFFING LAB									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
A0400			AUREUS RADIOLO			1,775.50	0.00	0.00		1,775.50
Vendor#	Vendor Name					Class	Pay Code			
A2600	AUTO PARTS & MACHINE CO.					W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
944236	12/29/2020	12/04/2020	12/19/2020				41.28	0.00	0.00	41.28
	SUPPLIES									
945200	12/29/2020	12/16/2020	12/31/2020				35.97	0.00	0.00	35.97
	SUPPLIES									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
A2600			AUTO PARTS & MA			77.25	0.00	0.00		77.25
Vendor#	Vendor Name					Class	Pay Code			
B0435	BARD PERIPHERAL VASCULAR					M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
81863714	12/22/2020	12/08/2020	12/01/2020				1,033.86	0.00	0.00	1,033.86
	SUPPLIES									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
B0435			BARD PERIPHERAL			1,033.86	0.00	0.00		1,033.86
Vendor#	Vendor Name					Class	Pay Code			
B1150	BAXTER HEALTHCARE					W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
69028760	12/10/2020	12/03/2020	12/28/2020				530.61	0.00	0.00	530.61
	SUPPLIES									
69125503	12/30/2020	12/14/2020	01/08/2021				1,036.40	0.00	0.00	1,036.40
	SUPPLIES									
69133128	12/30/2020	12/15/2020	01/09/2021				264.50	0.00	0.00	264.50
	SUPPLIES									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
B1150			BAXTER HEALTHCA			1,831.51	0.00	0.00		1,831.51
Vendor#	Vendor Name					Class	Pay Code			
M2485	BAYER HEALTHCARE					M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6008964392	12/22/2020	12/08/2020	12/30/2020				1,439.75	0.00	0.00	1,439.75
	SUPPLIES									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
M2485			BAYER HEALTHCA			1,439.75	0.00	0.00		1,439.75
Vendor#	Vendor Name					Class	Pay Code			
12600	BIOFIRE DIAGNOSTICS LLC									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1280090839	✓ 12/29/2020	12/23/2020	12/29/2020				12,358.20	0.00	0.00	12,358.20 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
12600			BIOFIRE DIAGNOST			12,358.20	0.00	0.00	12,358.20	
Vendor# 12740	Vendor Name					Class	Pay Code			
	BUILDING KID STEPS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112020B	✓ 12/29/2020	11/20/2020	11/20/2020				450.00	0.00	0.00	450.00 ✓
SPEECH THERAPY										
112020	✓ 12/29/2020	11/20/2020	11/20/2020				1,039.00	0.00	0.00	1,039.00 ✓
SPEECH THERAPY										
112020A	✓ 12/29/2020	11/20/2020	11/20/2020				1,052.00	0.00	0.00	1,052.00 ✓
SPEECH THERAPY										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
12740			BUILDING KID STEF			2,541.00	0.00	0.00	2,541.00	
Vendor# 11224	Vendor Name					Class	Pay Code			
	CABLES AND SENSORS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
99845	✓ 12/22/2020	09/29/2020	01/14/2021				206.00	0.00	0.00	206.00 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11224			CABLES AND SENS			206.00	0.00	0.00	206.00	
Vendor# C1992	Vendor Name					Class	Pay Code			
	CDW GOVERNMENT, INC. ✓					M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5408884	✓ 12/30/2020	12/14/2020	01/13/2021				1,021.35	0.00	0.00	1,021.35 ✓
(3) Apple 10.2 iPad4s										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
C1992			CDW GOVERNMENT			1,021.35	0.00	0.00	1,021.35	
Vendor# L1629	Vendor Name					Class	Pay Code			
	CHRISTINA ZAPATA-ARROYO ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112020	✓ 12/29/2020	11/20/2020	12/29/2020				288.75	0.00	0.00	288.75 ✓
SPEECH THERAPY										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
L1629			CHRISTINA ZAPATA			288.75	0.00	0.00	288.75	
Vendor# 11720	Vendor Name					Class	Pay Code			
	CLINICAL COMPUTER SYSTEMS II ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN130317	✓ 12/30/2020	12/07/2020	12/07/2020				5,775.00	0.00	0.00	5,775.00 ✓
OBIX HOSTED SERVICES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11720			CLINICAL COMPUTI			5,775.00	0.00	0.00	5,775.00	
Vendor# 13336	Vendor Name					Class	Pay Code			
	COCA COLA SOUTHWEST BEVER ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7994204551	✓ 12/30/2020	12/30/2020	12/30/2020				-125.00	0.00	0.00	-125.00 ✓
CREDIT										
7994204550	✓ 12/30/2020	12/30/2020	12/30/2020				651.31	0.00	0.00	651.31 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13336			COCA COLA SOUTH			526.31	0.00	0.00	526.31	
Vendor# C1870	Vendor Name					Class	Pay Code			
	COLLEGE OF AMERICAN PATHOLO ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2499362	✓ 12/29/2020	12/17/2020	12/17/2020				381.78	0.00	0.00	381.78 ✓
LAB PREPAREDNESS EXERCISE										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
C1870			COLLEGE OF AMEF			381.78	0.00	0.00	381.78	
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
413187 ✓	12/28/2020	11/28/2020	12/20/2020				1,145.78	0.00	0.00	1,145.78 ✓
	SUPPLIES									
412341 ✓	12/29/2020	11/27/2020	12/25/2020				215.06	0.00	0.00	215.06 ✓
	SUPPLIES									
427351 ✓	12/30/2020	12/15/2020	12/30/2020				215.06	0.00	0.00	215.06 ✓
	SUPPLIES									
429614 ✓	12/30/2020	12/17/2020	12/30/2020				87.50	0.00	0.00	87.50 ✓
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
C1970		CONMED CORPOR,	1,663.40	0.00	0.00	1,663.40

Vendor#
C2150Vendor Name
COOK MEDICAL INCORPORATED M ✓Class
Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
V20312516 ✓	12/29/2020	11/20/2020	12/29/2020				520.00	0.00	0.00	520.00 ✓
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
C2150		COOK MEDICAL INC	520.00	0.00	0.00	520.00

Vendor#
C2157Vendor Name
COOPER SURGICAL INC ✓Class
Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5662051 ✓	12/28/2020	11/06/2020	12/02/2020				396.55	0.00	0.00	396.55 ✓
	SUPPLIES									
5679368 ✓	12/28/2020	11/24/2020	12/20/2020				330.80	0.00	0.00	330.80 ✓
	SUPPLIES									
5643692 ✓	12/29/2020	10/20/2020	11/04/2020				81.68	0.00	0.00	81.68 ✓
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
C2157		COOPER SURGICAL	809.03	0.00	0.00	809.03

Vendor#
10646Vendor Name
COVIDIEN ✓Class
Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5862481803 ✓	12/10/2020	12/01/2020	12/11/2020				1,261.62	0.00	0.00	1,261.62 ✓
	SUPPLIES									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6275520 ✓	12/28/2020	12/07/2020	01/01/2021				152.22	0.00	0.00	152.22 ✓
	SUPPLIES									
6282730 ✓	12/29/2020	12/14/2020	01/08/2021				777.78	0.00	0.00	777.78 ✓
	SUPPLIES									
6284790 ✓	12/29/2020	12/15/2020	01/09/2021				32.52	0.00	0.00	32.52 ✓
	SUPPLIES									
C6282730 ✓	12/29/2020	12/17/2020	01/11/2021				-379.58	0.00	0.00	-379.58 ✓
	CREDIT INVOICE 6282730									
6290250 ✓	12/29/2020	12/21/2020	01/15/2021				61.30	0.00	0.00	61.30 ✓
	SUPPLIES									
6290100 ✓	12/29/2020	12/21/2020	01/15/2021				26.39	0.00	0.00	26.39 ✓
	SUPPLIES									
6290060 ✓	12/29/2020	12/21/2020	01/15/2021				258.27	0.00	0.00	258.27 ✓
	SUPPLIES									
6292960 ✓	12/29/2020	12/23/2020	01/17/2021				412.50	0.00	0.00	412.50 ✓
	SUPPLIES									
6262390 ✓	12/30/2020	11/23/2020	12/18/2020				190.00	0.00	0.00	190.00 ✓
	SUPPLIES									
6293060 ✓	12/30/2020	12/23/2020	01/17/2021				81.98	0.00	0.00	81.98 ✓
	SUPPLIES									
6293050 ✓	12/30/2020	12/23/2020	01/17/2021				11.84	0.00	0.00	11.84 ✓

SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
10368			DEWITT POTH & SC			1,625.22	0.00	0.00		1,625.22	
Vendor# D1785	Vendor Name		Class		Pay Code						
	DYNATRONICS CORPORATION										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
IN2117040	12/30/2020	12/18/2020	01/17/2021				4,610.00	0.00	0.00	4,610.00	
TOTAL GYM											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
D1785			DYNATRONICS COI			4,610.00	0.00	0.00		4,610.00	
Vendor# 12484	Vendor Name		Class		Pay Code						
	EL CAMPO REFRIGERATION										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
69176	12/30/2020	09/18/2020	09/18/2020				383.75	0.00	0.00	383.75	
REPLACE DRAIN PAN											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
12484			EL CAMPO REFRIG			383.75	0.00	0.00		383.75	
Vendor# W1167	Vendor Name		Class		Pay Code						
	ELITECH GROUP INC (WESCOR)										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
728514	12/28/2020	12/17/2020	12/29/2020				295.79	0.00	0.00	295.79	
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
W1167			ELITECH GROUP IN			295.79	0.00	0.00		295.79	
Vendor# 11284	Vendor Name		Class		Pay Code						
	EMERGENCY STAFFING SOLUTIO										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
39840	12/29/2020	12/31/2020	12/31/2020				40,062.50	0.00	0.00	40,062.50	
ER STAFFING (11-EDU)											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
11284			EMERGENCY STAF			40,062.50	0.00	0.00		40,062.50	
Vendor# C2510	Vendor Name		Class		Pay Code						
	EVIDENT										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
A201203137	12/30/2020	12/03/2020	12/28/2020				17,324.00	0.00	0.00	17,324.00	
SUPPORT/MONTH SUB											
T201208137	12/30/2020	12/08/2020	01/02/2021				9,746.95	0.00	0.00	9,746.95	
CONSULTING BUSINESS SERVICE											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
C2510			EVIDENT			27,070.95	0.00	0.00		27,070.95	
Vendor# S0501	Vendor Name		Class		Pay Code						
	EVOQUA WATER TECHNOLOGIES										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
904698464	12/28/2020	11/30/2020	12/25/2020				1,376.70	0.00	0.00	1,376.70	
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
S0501			EVOQUA WATER TI			1,376.70	0.00	0.00		1,376.70	
Vendor# F1100	Vendor Name		Class		Pay Code						
	FEDERAL EXPRESS CORP.										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
722398595	12/29/2020	12/24/2020	01/18/2021				20.60	0.00	0.00	20.60	
SHIPPING											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
F1100			FEDERAL EXPRESS			20.60	0.00	0.00		20.60	
Vendor# F1400	Vendor Name		Class		Pay Code						
	FISHER HEALTHCARE										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
4139944	12/28/2020	11/25/2020	12/20/2020				1,807.83	0.00	0.00	1,807.83	
SUPPLIES											
4769743	12/29/2020	12/03/2020	12/28/2020				160.00	0.00	0.00	160.00	
SUPPLIES											

tmp_cw5report3045631721410841349.html

file:///C:/Users/mmckissack/cpsi/memmed.cpsinet.com/u88150/data_5/tmp_cw5report3045631721410841349.html

12752

GULF POINTE PLAZA - *Need contract*

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112320	12/30/2020	11/23/2020	11/23/2020				11,250.00	0.00	0.00	11,250.00
NH TELEMED REIMBURSEMENT										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
12752			GULF POINTE PLAZ		11,250.00		0.00	0.00	11,250.00	

Vendor#
12380Vendor Name
HEALTH SOLUTIONS DIETETICS

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122920	12/29/2020	12/29/2020	12/29/2020				3,750.00	0.00	0.00	3,750.00
DIETICIAN (12/3-12/31/20)										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
12380			HEALTH SOLUTION		3,750.00		0.00	0.00	3,750.00	

Vendor#
H0031Vendor Name
HEB CREDIT RECEIVABLES DEPT:

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
726124	✓ 12/30/2020	10/31/2020	12/25/2020				29.58	0.00	0.00	29.58
SUPPLIES										
726339	✓ 12/30/2020	11/01/2020	12/25/2020				8.50	0.00	0.00	8.50
SUPPLIES										
726865	✓ 12/30/2020	11/02/2020	12/25/2020				44.96	0.00	0.00	44.96
SUPPLIES										
727566	✓ 12/30/2020	11/03/2020	12/25/2020				57.89	0.00	0.00	57.89
SUPPLIES										
727090	✓ 12/30/2020	11/03/2020	12/25/2020				4.48	0.00	0.00	4.48
SUPPLIES										
730997	✓ 12/30/2020	11/09/2020	12/25/2020				67.63	0.00	0.00	67.63
SUPPLIES										
731362	✓ 12/30/2020	11/10/2020	12/25/2020				43.64	0.00	0.00	43.64
SUPPLIES										
732196	✓ 12/30/2020	11/11/2020	12/25/2020				29.41	0.00	0.00	29.41
SUPPLIES										
611289	✓ 12/30/2020	11/14/2020	12/25/2020				66.39	0.00	0.00	66.39
SUPPLIES										
611137	✓ 12/30/2020	11/14/2020	12/25/2020				64.09	0.00	0.00	64.09
SUPPLIES										
611615	✓ 12/30/2020	11/15/2020	12/25/2020				9.60	0.00	0.00	9.60
SUPPLIES										
612448	✓ 12/30/2020	11/16/2020	12/25/2020				9.07	0.00	0.00	9.07
SUPPLIES										
613311	✓ 12/30/2020	11/17/2020	12/25/2020				18.11	0.00	0.00	18.11
SUPPLIES										
614949	✓ 12/30/2020	11/19/2020	12/25/2020				75.63	0.00	0.00	75.63
SUPPLIES										
615796	✓ 12/30/2020	11/21/2020	12/25/2020				63.96	0.00	0.00	63.96
SUPPLIES										
616275	✓ 12/30/2020	11/23/2020	12/25/2020				29.78	0.00	0.00	29.78
SUPPLIES										
616534	✓ 12/30/2020	11/23/2020	12/25/2020				14.96	0.00	0.00	14.96
SUPPLIES										
616307	✓ 12/30/2020	11/23/2020	12/25/2020				29.52	0.00	0.00	29.52
SUPPLIES										
616944	✓ 12/30/2020	11/24/2020	12/25/2020				13.52	0.00	0.00	13.52
SUPPLIES										
618061	✓ 12/30/2020	11/27/2020	12/25/2020				38.11	0.00	0.00	38.11
SUPPLIES										
618404	✓ 12/30/2020	11/29/2020	12/25/2020				6.54	0.00	0.00	6.54
SUPPLIES										

Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
H0031			HEB CREDIT RECEI		725.37		0.00	0.00	725.37	

Vendor#

Vendor Name

Class

Pay Code

12/31/2020

tmp_cw5report3045631721410841349.html

I1260

INTOXIMETERS INC

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
670424	12/30/2020	12/22/2020	01/16/2021				57.00	0.00	0.00	57.00

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
I1260		INTOXIMETERS INC	57.00	0.00	0.00	57.00

Vendor#
12932

Vendor Name

INTRADO

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00229679	12/29/2020	11/30/2020	11/30/2020				464.30	0.00	0.00	464.30

HOUSE CALLS

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12932		INTRADO	464.30	0.00	0.00	464.30

Vendor#
J0150

Vendor Name

J & J HEALTH CARE SYSTEMS, INC

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
923915400	12/30/2020	12/15/2020	01/14/2021				1,077.48	0.00	0.00	1,077.48

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
J0150		J & J HEALTH CARE	1,077.48	0.00	0.00	1,077.48

Vendor#
L1640

Vendor Name

LOWE'S HOME CENTERS INC

Class

W

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
55896	12/29/2020	11/02/2020	12/28/2020				240.16	0.00	0.00	240.16

SUPPLIES

112820	12/29/2020	11/28/2020	12/28/2020				28.00	0.00	0.00	28.00
--------	------------	------------	------------	--	--	--	-------	------	------	-------

CC FEE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
L1640		LOWE'S HOME CEN	268.16	0.00	0.00	268.16

Vendor#
M2178

Vendor Name

MCKESSON MEDICAL SURGICAL I

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
16095730	12/22/2020	11/25/2020	12/10/2020				4,778.70	0.00	0.00	4,778.70

SUPPLIES

16201938	12/22/2020	12/01/2020	12/16/2020				1,915.03	0.00	0.00	1,915.03
----------	------------	------------	------------	--	--	--	----------	------	------	----------

SUPPLIES

16216240	12/22/2020	12/01/2020	12/16/2020				161.69	0.00	0.00	161.69
----------	------------	------------	------------	--	--	--	--------	------	------	--------

SUPPLIES

16221122	12/22/2020	12/01/2020	12/16/2020				419.84	0.00	0.00	419.84
----------	------------	------------	------------	--	--	--	--------	------	------	--------

SUPPLIES

16412593	12/22/2020	12/06/2020	12/21/2020				163.59	0.00	0.00	163.59
----------	------------	------------	------------	--	--	--	--------	------	------	--------

SUPPLIES

16562339	12/30/2020	12/09/2020	12/24/2020				91.00	0.00	0.00	91.00
----------	------------	------------	------------	--	--	--	-------	------	------	-------

SUPPLIES

16777455	12/30/2020	12/15/2020	12/30/2020				477.45	0.00	0.00	477.45
----------	------------	------------	------------	--	--	--	--------	------	------	--------

SUPPLIES

16771034	12/30/2020	12/15/2020	12/30/2020				81.04	0.00	0.00	81.04
----------	------------	------------	------------	--	--	--	-------	------	------	-------

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
M2178		MCKESSON MEDIC	8,088.34	0.00	0.00	8,088.34

Vendor#
11432

Vendor Name

MD REPORTS

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INVMDR1855	12/15/2020	12/15/2020	01/14/2021				2,940.00	0.00	0.00	2,940.00

MAINT CONTRACT

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11432		MD REPORTS	2,940.00	0.00	0.00	2,940.00

Vendor#
11141

Vendor Name

MEDICAL DATA SYSTEMS, INC.

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
154297	12/29/2020	10/31/2020	11/25/2020				3,474.36	0.00	0.00	3,474.36

COLLECTIONS										
154296	✓	12/29/2020	10/31/2020	11/25/2020		615.42	0.00	0.00	615.42	✓
COLLECTIONS										
154820	✓	12/29/2020	11/30/2020	12/25/2020		3,961.14	0.00	0.00	3,961.14	✓
COLLECTIONS										
Vendor# 10613	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net	
			11141	MEDICAL DATA SY		8,050.92	0.00	0.00	8,050.92	
			Vendor Name		Class	Pay Code				
				MEDIMPACT HEALTHCARE SYS, II A/P						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122920	✓	12/29/2020	12/29/2020	12/29/2020			12.54	0.00	0.00	12.54
INDIGENT CARE										
Vendor# M2827	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net	
			10613	MEDIMPACT HEALT		12.54	0.00	0.00	12.54	
			Vendor Name		Class	Pay Code				
				MEDIVATORS						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90724531	✓	12/29/2020	12/08/2020	12/29/2020			213.57	0.00	0.00	213.57
SUPPLIES										
Vendor# M2470	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net	
			M2827	MEDIVATORS		213.57	0.00	0.00	213.57	
			Vendor Name		Class	Pay Code				
				MEDLINE INDUSTRIES INC						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1932659716	✓	12/22/2020	12/01/2020	12/26/2020			584.32	0.00	0.00	584.32
SUPPLIES										
1932659710	✓	12/22/2020	12/01/2020	12/26/2020			123.44	0.00	0.00	123.44
SUPPLIES										
1932826045	✓	12/22/2020	12/02/2020	12/27/2020			136.32	0.00	0.00	136.32
SUPPLEIS										
1933181241	✓	12/22/2020	12/04/2020	12/29/2020			23.98	0.00	0.00	23.98
SUPPLIES										
1930517980	✓	12/28/2020	11/10/2020	12/05/2020			1,331.29	0.00	0.00	1,331.29
SUPPLIES										
1932659711	✓	12/28/2020	12/01/2020	12/26/2020			52.20	0.00	0.00	52.20
SUPPLIES										
1929036278	✓	12/29/2020	10/28/2020	11/26/2020			1,333.47	0.00	0.00	1,333.47
SUPPLIES										
1931245854	✓	12/29/2020	11/17/2020	12/12/2020			265.29	0.00	0.00	265.29
SUPPLIES										
1932203910	✓	12/29/2020	11/25/2020	12/20/2020			50.00	0.00	0.00	50.00
SUPPLIES										
1932203909	✓	12/29/2020	11/25/2020	12/20/2020			284.50	0.00	0.00	284.50
SUPPLIES										
Vendor# 10536	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net	
			M2470	MEDLINE INDUSTR		4,184.81	0.00	0.00	4,184.81	
			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
6667	✓	12/30/2020	12/15/2020	12/25/2020			133.11	0.00	0.00	133.11
INVENTORY										
6411749	✓	12/30/2020	12/21/2020	12/31/2020			38.37	0.00	0.00	38.37
INVENTORY										
7972	✓	12/30/2020	12/22/2020	01/01/2021			-30.98	0.00	0.00	-30.98
CREDIT										
6418105	✓	12/30/2020	12/22/2020	01/01/2021			441.27	0.00	0.00	441.27
INVENTORY										
6418106	✓	12/30/2020	12/22/2020	01/01/2021			20.27	0.00	0.00	20.27
INVENTORY										
6423294	✓	12/30/2020	12/23/2020	01/02/2021			258.48	0.00	0.00	258.48
INVENTORY										

6423291	✓	12/30/2020	12/23/2020	01/02/2021		373.24	0.00	0.00	373.24	✓
					INVENTORY					
6423292	✓	12/30/2020	12/23/2020	01/02/2021		619.24	0.00	0.00	619.24	✓
					INVENTORY					
6423293	✓	12/30/2020	12/23/2020	01/02/2021		1,917.47	0.00	0.00	1,917.47	✓
					INVENTORY					
6427637	✓	12/30/2020	12/27/2020	01/06/2021		699.59	0.00	0.00	699.59	✓
					INVENTORY					
6427633	✓	12/30/2020	12/27/2020	01/06/2021		261.49	0.00	0.00	261.49	✓
					INVENTORY					
6427634	✓	12/30/2020	12/27/2020	01/06/2021		152.92	0.00	0.00	152.92	✓
					INVENTORY					
6427635	✓	12/30/2020	12/27/2020	01/06/2021		2,359.86	0.00	0.00	2,359.86	✓
					INVENTORY					
6427636	✓	12/30/2020	12/27/2020	01/06/2021		2,048.93	0.00	0.00	2,048.93	✓
					INVENTORY					
SC6628	✓	12/30/2020	12/28/2020	01/07/2021		31.10	0.00	0.00	31.10	✓
					SERVICE CHARGE					
SC6627	✓	12/30/2020	12/28/2020	01/07/2021		31.93	0.00	0.00	31.93	✓
					SERVICE CHARGE					
6432095	✓	12/30/2020	12/28/2020	01/07/2021		111.31	0.00	0.00	111.31	✓
					INVENTORY					
6432093	✓	12/30/2020	12/28/2020	01/07/2021		705.40	0.00	0.00	705.40	✓
					INVENTORY					
6432094	✓	12/30/2020	12/28/2020	01/07/2021		1,252.09	0.00	0.00	1,252.09	✓
					INVENTORY					
6437269	✓	12/30/2020	12/29/2020	01/08/2021		281.40	0.00	0.00	281.40	✓
					INVENTORY					
6437268	✓	12/30/2020	12/29/2020	01/08/2021		108.07	0.00	0.00	108.07	✓
					INVENTORY					
6435574	✓	12/30/2020	12/29/2020	01/08/2021		5.79	0.00	0.00	5.79	✓
					INVENTORY					
6437270	✓	12/30/2020	12/29/2020	01/08/2021		1,074.08	0.00	0.00	1,074.08	✓
					INVENTORY					
6437396	✓	12/30/2020	12/29/2020	01/08/2021		75.43	0.00	0.00	75.43	✓
					INVENTORY					
6437395	✓	12/30/2020	12/29/2020	01/08/2021		33.73	0.00	0.00	33.73	✓
					INVENTORY					

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10536	MORRIS & DICKSOI	13,003.59	0.00	0.00	13,003.59	

Vendor#
M2659

					Vendor Name	Class	Pay Code			
					MXR IMAGING, INC	M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8800700017	✓ 12/22/2020	12/08/2020	01/07/2021				181.84	0.00	0.00	181.84
8800700488	✓ 12/30/2020	12/09/2020	01/08/2021				844.47	0.00	0.00	844.47

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
M2659	MXR IMAGING, INC	1,026.31	0.00	0.00	1,026.31	

Vendor#
12388

					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
3325543A	✓ 12/29/2020	12/14/2020	01/01/2021				4,101.52	0.00	0.00	4,101.52

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

Vendor#
13624

					Vendor Name	Class	Pay Code			
					NEXION HEALTH AT NAVASOTA IN					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1002	✓ 12/30/2020	11/12/2020	11/12/2020				1,085.50	0.00	0.00	1,085.50

102	12/30/2020	11/13/2020	11/13/2020		13,026.00	0.00	0.00	13,026.00		
NH PORTION TELEMED STAFFING										
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
O1500	13624		NEXION HEALTH A	14,111.50		0.00	0.00	14,111.50		
			Vendor Name	Class		Pay Code				
			OLYMPUS AMERICA INC	M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
30171316	12/22/2020	12/08/2020	01/02/2021				118.37	0.00	0.00	118.37
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
O1500			OLYMPUS AMERICA	118.37		0.00	0.00	118.37		
			Vendor Name	Class		Pay Code				
			ORTHO CLINICAL DIAGNOSTICS							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1851679724	12/29/2020	12/08/2020	01/07/2021				760.96	0.00	0.00	760.96
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
O1416			ORTHO CLINICAL D	760.96		0.00	0.00	760.96		
			Vendor Name	Class		Pay Code				
			PARTSSOURCE, LLC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
03673954	12/30/2020	12/11/2020	01/11/2021				137.10	0.00	0.00	137.10
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
10152			PARTSSOURCE, LL	137.10		0.00	0.00	137.10		
			Vendor Name	Class		Pay Code				
			ROBERT RODRIQUEZ							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
160621	12/30/2020	12/21/2020	12/21/2020				14.00	0.00	0.00	14.00
REIMBURSE FOR COOKIES										
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
11764			ROBERT RODRIQU	14.00		0.00	0.00	14.00		
			Vendor Name	Class		Pay Code				
			SERVICE SUPPLY OF VICTORIA IN W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
701078411	12/22/2020	12/15/2020	01/14/2021				11.22	0.00	0.00	11.22
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
S1405			SERVICE SUPPLY C	11.22		0.00	0.00	11.22		
			Vendor Name	Class		Pay Code				
			SHARN INC	M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN01207791	12/30/2020	12/15/2020	12/30/2020				125.62	0.00	0.00	125.62
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
S1700			SHARN INC	125.62		0.00	0.00	125.62		
			Vendor Name	Class		Pay Code				
			SIEMENS FINANCIAL SERVICES							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
115991915	12/30/2020	12/17/2020	01/17/2020				2,193.83	0.00	0.00	2,193.83
MAINT CONTRACT										
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
10936			SIEMENS FINANCI	2,193.83		0.00	0.00	2,193.83		
			Vendor Name	Class		Pay Code				
			SMITH & NEPHEW							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
929812561	12/30/2020	12/15/2020	12/30/2020				558.00	0.00	0.00	558.00
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
S2362			SMITH & NEPHEW	558.00		0.00	0.00	558.00		
			Vendor Name	Class		Pay Code				

S2353

SMITHS MEDICAL ASD INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
16077735	✓ 12/30/2020	12/19/2020	12/30/2020				66.82	0.00	0.00	66.82 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
S2353		SMITHS MEDICAL A	66.82	0.00	0.00	66.82

Vendor#
C1010Vendor Name
SPARKLIGHT *prev. bal.*Class
W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121620	✓ 12/30/2020	12/16/2020	12/30/2020				2,027.95	0.00	0.00	2,027.95 ✓

100987627 ACCT CABLE

121620A	✓ 12/30/2020	12/16/2020	12/30/2020				98.52 188.61	0.00	0.00	98.52 188.61 ✓
---------	--------------	------------	------------	--	--	--	--------------	------	------	----------------

CABLE 118134105

121620B	✓ 12/30/2020	12/16/2020	12/30/2020				1,683.56	0.00	0.00	1,683.56 ✓
---------	--------------	------------	------------	--	--	--	----------	------	------	------------

100951581 CABLE

122020	✓ 12/30/2020	12/20/2020	12/30/2020				103.79	0.00	0.00	103.79 ✓
--------	--------------	------------	------------	--	--	--	--------	------	------	----------

128686862 CABLE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
C1010		SPARKLIGHT	4,003.91	0.00	0.00	4,003.91

Vendor#
S2694Vendor Name
STANFORD VACUUM SERVICE *✓*Class
M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
334943	✓ 12/29/2020	12/15/2020	12/15/2020				385.00	0.00	0.00	385.00 ✓

GREASE TRAP

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
S2694		STANFORD VACUUM	385.00	0.00	0.00	385.00

Vendor#
13528Vendor Name
STRYKER FLEX FINANCIAL *✓*Class
M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
188467	✓ 12/30/2020	10/13/2020	12/01/2020				1,358.97	0.00	0.00	1,358.97 ✓

RFA MACHINE

190904	✓ 12/30/2020	11/10/2020	01/01/2021				1,294.26	0.00	0.00	1,294.26 ✓
--------	--------------	------------	------------	--	--	--	----------	------	------	------------

RFA MACHINE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13528		STRYKER FLEX FIN	2,653.23	0.00	0.00	2,653.23

Vendor#
S2830Vendor Name
STRYKER SALES CORP *✓*Class
M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9200824606	✓ 12/22/2020	12/08/2020	12/30/2020				914.22	0.00	0.00	914.22 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
S2830		STRYKER SALES C	914.22	0.00	0.00	914.22

Vendor#
12476Vendor Name
SUN LIFE FINANCIAL *✓*Class
M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122320	✓ 12/29/2020	12/23/2020	01/10/2021				10,237.22	0.00	0.00	10,237.22 ✓

INSURANCE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12476		SUN LIFE FINANCIAL	10,237.22	0.00	0.00	10,237.22

Vendor#
10765Vendor Name
TEXAS HOSPITAL ASSOCIATION *✓*Class
M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1900096480	✓ 12/30/2020	12/03/2020	12/03/2020				10,758.00	0.00	0.00	10,758.00 ✓

ANNUAL MEMBERSHIP

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10765		TEXAS HOSPITAL A	10,758.00	0.00	0.00	10,758.00

Vendor#
11824Vendor Name
THE CRESCENT - on separate listClass
M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123020	✓ 12/30/2020	12/30/2020	12/30/2020				13,097.21	0.00	0.00	13,097.21 ✓

NH PORTION US HHS STIMULUS

	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	11824		THE CRESCENT		13,097.21	0.00	0.00	13,097.21			
Vendor#			Vendor Name		Class	Pay Code					
13144			TRI WHOLESALE CO.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	930187723	12/29/2020	12/04/2020	12/04/2020				51.24	0.00	0.00	51.24
			BELTS								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	13144		TRI WHOLESALE CO.		51.24	0.00	0.00	51.24			
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
	8400350886	12/22/2020	12/21/2020	01/15/2021				50.22	0.00	0.00	50.22
			LAUNDRY								
	8400350885	12/22/2020	12/21/2020	01/15/2021				45.15	0.00	0.00	45.15
			LAUNDRY								
	8400350910	12/22/2020	12/21/2020	01/15/2021				1,541.73	0.00	0.00	1,541.73
			LAUNDRY								
	8400350694	12/29/2020	12/17/2020	01/11/2021				101.02	0.00	0.00	101.02
			LAUNDRY								
	8400350643	12/29/2020	12/17/2020	01/11/2021				127.38	0.00	0.00	127.38
			SUPPLIES								
	8400351265	12/29/2020	12/24/2020	01/18/2021				79.10	0.00	0.00	79.10
			SUPPLIES								
	8400351315	12/29/2020	12/24/2020	01/18/2021				125.28	0.00	0.00	125.28
			LAUNDRY								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	U1054		UNIFIRST HOLDING		2,069.88	0.00	0.00	2,069.88			
Vendor#			Vendor Name		Class	Pay Code					
U1350			UPS		W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0000778941	12/29/2020	12/21/2020	12/21/2020				255.21	0.00	0.00	255.21
			SHIPPING								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	U1350		UPS		255.21	0.00	0.00	255.21			
Vendor#			Vendor Name		Class	Pay Code					
U2000			US POSTAL SERVICE								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	122120	12/29/2020	12/21/2020	12/21/2020				240.00	0.00	0.00	240.00
			BRM RENEWAL								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	U2000		US POSTAL SERVIC		240.00	0.00	0.00	240.00			
Vendor#			Vendor Name		Class	Pay Code					
12000			VYAIRE MEDICAL, INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9100907983	12/29/2020	12/11/2020	01/05/2021				341.05	0.00	0.00	341.05
			SUPPLIES								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	12000		VYAIRE MEDICAL, I		341.05	0.00	0.00	341.05			
Vendor#			Vendor Name		Class	Pay Code					
12208			WAGWORKS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV2460279	12/15/2020	12/15/2020	01/14/2021				674.75	0.00	0.00	674.75
			ADMIN/COMPLIANCE FEE								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	12208		WAGWORKS		674.75	0.00	0.00	674.75			
Vendor#			Vendor Name		Class	Pay Code					
W1040			WATERMARK GRAPHICS INC		M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	131274	12/29/2020	12/09/2020	01/08/2021				393.60	0.00	0.00	393.60
			SHIRTS								

Vendor Totals:		Number	Name		Gross		Discount		No-Pay		Net
W1040			WATERMARK GRAF		393.60		0.00		0.00		393.60
Vendor#		Vendor Name				Class	Pay Code				
I1110		WERFEN USA LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
9110916524	12/29/2020	12/18/2020	01/12/2021				704.85	0.00	0.00	704.85	
SUPPLIES											
Vendor Totals:		Number	Name		Gross		Discount		No-Pay		Net
I1110			WERFEN USA LLC		704.85		0.00		0.00		704.85
Vendor#		Vendor Name				Class	Pay Code				
I1400		WEST COAST MEDICAL RESOURC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
INV061830	12/28/2020	09/21/2020	12/29/2020				195.00	0.00	0.00	195.00	
SUPPLIES											
INV065137	12/29/2020	12/17/2020	09/21/2020				895.00	0.00	0.00	895.00	
SUPPLIES											
Vendor Totals:		Number	Name		Gross		Discount		No-Pay		Net
I1400			WEST COAST MEDI		1,090.00		0.00		0.00		1,090.00
Report Summary											
Grand Totals:		Gross		Discount		No-Pay		Net			
		245,161.68		0.00		0.00		245,161.68			

245,161.68 +
 11,250.00 -
 14,111.50 -
 188.61 -
 98.52 +
 13,097.21 -
 206,612.88 *

pg 6 correction

pg 10 correction

pg 11 correction

Σ <11,250.00>

Σ <14,111.50>

Σ <188.61>

Σ +98.52

Σ <13,097.21>

\$206,612.88

APPROVED
 JAN 04 2021
 COUNTY ADMINISTRATOR
 CALHOUN COUNTY, TENNESSEE

CK#
 188648-
 188724

RECEIVED

RUN DATE: 12/31/20
TIME: 12:44

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

Calhoun County Auditor

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		123020	333.40	✓	3		
		123020	697.14	✓	3		
		123020	443.00	✓	3		
		123020	19.60	✓	2		
ARID=0001 TOTAL			1493.14				
TOTAL			1493.14				

APPROVED
ON
JAN 04 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#
188729-
188732

McKESSON**STATEMENT**

As of: 01/01/2021

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: 01/02/2021

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

As of: 01/01/2021

Page: 002

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536

PLEASE CHECK ANY

Date: 01/02/2021

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: 4,858.08 USD

Future Due: 0.00

If Paid By 01/05/2021,

Due If Paid On Time:

Past Due: 0.00

Pay This Amount:

4,760.90 USD

USD 4,760.90 ✓

Disc lost if paid late:

Last Payment 2,451.97
08/07/2017

If Paid After 01/05/2021,

Pay this Amount:

4,858.08 USD

Due If Paid Late:

USD 4,858.08

CK # 500166

106 * 99 +
4 * 355 = 46 +
19 * 01 +
279 * 44 +
4 * 760 * 90 *

106 * 99 +
4 * 355 = 46 +
19 * 01 +
279 * 44 +
4 * 760 * 90 *

JAN 04 2021

QUESTOR ASSOCIATES
CHANDLER COUNTY, ILLINOIS

McKESSON**STATEMENT**

As of: 01/01/2021

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: 01/02/2021

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

As of: 01/01/2021
 Mail to:

Page: 001
 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 262252 PLEASE CHECK ANY
 Date: 01/02/2021 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											
12/31/2020	01/05/2021	7244306991	1007089	115Invoice	0.16	7.76		7.60	✓	7244306991	
12/31/2020	01/05/2021	7244306992	1007089	115Invoice	2.03	101.42		99.39	✓	7244306992	

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: 109.18 USD

Future Due: 0.00

If Paid By 01/05/2021,
 Pay This Amount:

106.99 USD

Past Due: 0.00

If Paid After 01/05/2021,
 Pay this Amount:

109.18 USD

Last Payment 5,817.02
 12/28/2020

Due If Paid On Time:
 USD 106.99
 Disc lost if paid late: 2.19
 Due If Paid Late:
 USD 109.18

APPROVED
 ON

JAN 04 2021

COUNTY ATTORNEY
 CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

As of: 01/01/2021

Page: 001

Company: 8000

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

DC: 8115

Territory: 400

Customer: 256342

Date: 01/02/2021

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

As of: 01/01/2021

Page: 001

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342

Date: 01/02/2021

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 256342 WALMART 1098/MEM MED PHS											
12/27/2020	01/05/2021	7243450305	1224201024-00	115Invoice	1.07	53.43		52.36 ✓		7243450305	
12/27/2020	01/05/2021	7243450306	1600929	115Invoice	0.01	0.32		0.31 ✓		7243450306	
12/27/2020	01/05/2021	7243450307	1600929	115Invoice	3.57	178.26		174.69 ✓		7243450307	
12/27/2020	01/05/2021	7243450309	1618869	115Invoice	52.30	2,615.11		2,562.81 ✓		7243450309	
12/27/2020	01/05/2021	7243450310	1633821	115Invoice	3.56	177.97		174.41 ✓		7243450310	
12/27/2020	01/05/2021	7243450312	1682505	115Invoice	0.02	0.96		0.94 ✓		7243450312	
12/29/2020	01/05/2021	7243758907	1749372	115Invoice	4.19	209.57		205.38 ✓		7243758907	
12/29/2020	01/05/2021	7243758908	1783313	115Invoice	0.01	0.63		0.62 ✓		7243758908	
12/29/2020	01/05/2021	7243971081	00012282020-tw	115Invoice	6.57	328.44		321.87 ✓		7243971081	
12/30/2020	01/05/2021	7244041885	1804073	115Invoice	3.36	168.03		164.67 ✓		7244041885	
12/30/2020	01/05/2021	7244041886	1839225	115Invoice	2.36	118.00		115.64 ✓		7244041886	
12/30/2020	01/05/2021	7244041887	1839225	115Invoice	2.03	101.26		99.23 ✓		7244041887	
12/30/2020	01/05/2021	7244248148	00012292020tw	115Invoice	4.92	246.11		241.19 ✓		7244248148	
12/31/2020	01/05/2021	7244307270	1858900	115Invoice	0.88	43.76		42.88 ✓		7244307270	
12/31/2020	01/05/2021	7244307271	1895449	115Invoice	4.05	202.51		198.46 ✓		7244307271	

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:

4,444.36 USD

Future Due: 0.00

If Paid By 01/05/2021,
Pay This Amount:

4,355.46 USD

Past Due: 0.00

If Paid After 01/05/2021,
Pay this Amount:

4,444.36 USD

Last Payment 12/28/2020 5,817.02

Due If Paid On Time:
USD

4,355.46

Disc lost if paid late:

88.90

Due If Paid Late:

USD

4,444.36

APPROVED
ON

JAN 04 2021

COUNTY ATTORNEY
SALINAS COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 01/01/2021

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: 01/02/2021

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

As of: 01/01/2021

Page: 001

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813

PLEASE CHECK ANY

Date: 01/02/2021

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											
12/27/2020	01/05/2021	7243396326	2017025181	115Invoice	0.39	19.40		19.01	✓	7243396326	

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:

19.40 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,817.02
12/28/2020

If Paid By 01/05/2021,
Pay This Amount:

19.01 USD

If Paid After 01/05/2021,
Pay this Amount:

19.40 USD

Due If Paid On Time:

USD

19.01 ✓

Disc lost If paid late:

0.39

Due If Paid Late:

USD

19.40

APPROVED
ON

JAN 04 2021

GEORGE A. BARNETT
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 01/01/2021

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: 01/02/2021

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

As of: 01/01/2021

Page: 001

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 835438

PLEASE CHECK ANY

Date: 01/02/2021

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											
12/31/2020	01/05/2021	7244484458	1007210	115Invoice	5.70	285.14		279.44	✓	7244484458	

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:

285.14 USD

Future Due: 0.00

If Paid By 01/05/2021,
 Pay This Amount:

279.44 USD

Past Due: 0.00

If Paid After 01/05/2021,
 Pay this Amount:

285.14 USD

Last Payment 5,817.02
 12/28/2020

Due If Paid On Time:
 USD 279.44
 Disc lost If paid late:
 5.70
 Due If Paid Late:
 USD 285.14

APPROVED
 ON
 JAN 04 2021
 COUNTY ATTORNEY
 GALVESTON COUNTY, TEXAS



STATEMENT

Statement Number: 60185537
Date: 01-01-2021

1 of 1

Served By:

ABC DC SUGARLAND
12727 WEST AIRPORT BLVD
SUGAR LAND TX 77478-6101DEA: RA0289276
866-451-9655

Customer:

WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509

Remit To:

AMERISOURCEBERGEN
P.O. Box 905223
CHARLOTTE NC 28290-5223

Customer Number

0100135284 / 037028186

Terms

Monday - Friday Due in 7 days

Summary

Not Yet Due:	0.00
Current:	1,314.33
Past Due:	646.66
Total Due:	1,960.99
Account Balance:	1,960.99

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
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
12-28-2020	01-08-2021	3046146565	159457	Invoice	18.39		0.00	18.39
12-28-2020	01-08-2021	3046146566	159458	Invoice	13.34		0.00	13.34
12-28-2020	01-08-2021	3046146567	159459	Invoice	585.33		0.00	585.33
12-28-2020	01-08-2021	3046166688	159506	Invoice	688.70		0.00	688.70
12-28-2020	01-08-2021	3046166689	159507	Invoice	7.35		0.00	7.35
12-30-2020	01-08-2021	3046259790	159521	Invoice	0.91		0.00	0.91
12-30-2020	01-08-2021	3046259791	159522	Invoice	0.31		0.00	0.31

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,314.33	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
12-28-2020	(533.95)

Reminders

Due Date	Amount
01-01-2021	646.66
01-08-2021	1,314.33
Total Due:	1,960.99

CK # 500165

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"	★ 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"	★ \$ 101,951.31 #
"1 TO CONFIRM"	1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 \$ 52,175.54 #
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ 12,202.18 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 37,573.59 #
	CHECK \$ -
☐ "6-DIGIT SETTLEMENT DATE"	★
"1 TO CONFIRM"	1
☐ ACKNOWLEDGEMENT NUMBER	

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

Run Date: 01/05/21
Time: 10:45

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 12/18/20 - 12/31/20 Run# 1

Page 117
P2REG

Final Summary

-- Pay Code Summary -----						*-- Deductions Summary -----*					
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount	
1	REGULAR PAY-S1	7881.25	N		N	N		156142.47	A/R	635.00	A/R2 100.00 A/R3
1	REGULAR PAY-S1	1370.25	N		N	N	N	60658.39	ADVANC	AWARDS	BOOTS
1	REGULAR PAY-S1	201.50	N		N	Y		6032.39	CAFE H	CAFE-1	CAFE-2
1	REGULAR PAY-S1	149.00	Y		N	N		3810.91	CAFE-3	CAFE-4	CAFE-5
2	REGULAR PAY-S2	2078.75	N		N	N		46881.80	CAFE-C	CAFE-D	1728.05 CAFE-F
2	REGULAR PAY-S2	325.75	N		N	Y		10680.99	CAFE-H	19039.94 CAFE-I	CAFE-L
2	REGULAR PAY-S2	122.50	Y		N	N		3550.57	CAFE-P	CANCER	CHILD 398.13
3	REGULAR PAY-S3	1097.50	N		N	N		28468.33	CLINIC	80.00 COMBIN	412.31 CREDUN
3	REGULAR PAY-S3	292.75	N		N	Y		11186.06	DD ADV	DENTAL	DEP-LF
3	REGULAR PAY-S3	103.00	Y		N	N		3466.63	DIS-LF	EAT	EATCSH
C	CALL PAY	80.00	N		N	N	N	160.00	FEDTAX	37573.59 FICA-M	6101.09 FICA-O 26087.77
C	CALL PAY	2533.00	N	1	N	N		5066.00	FIRSTC	FLEX S	4117.37 FLX FE
D	DOUBLE TIME	6.75	N		N	N	N	350.06	FORT D	FUTA	GIFT S 239.48
D	DOUBLE TIME	93.50	N	1	N	N		5760.48	GRANT	GRP-IN	GTL
D	DOUBLE TIME	128.75	N	2	N	N		8667.43	HOSP-I	ID TFT	LEAF
D	DOUBLE TIME	161.75	N	3	N	N		11160.94	LEGAL	364.12 MASA	838.50 MEALS 142.38
E	EXTRA WAGES		N		N	N	N	5819.50	MISC	MISC/	MMCSHR
E	EXTRA WAGES		N	1	N	N	N	1112.50	NATFML	1928.24 OTHER	PHI
F	FUNERAL LEAVE	56.00	N	1	N	N		1806.64	PHI***	PR FIN	RELAY
I	INSERVICE	2.00	N	1	N	N		28.00	REPAY	SAMS	SCRUBS
K	EXTENDED-ILLNESS-BANK	162.00	N	1	N	N		4833.12	SIGNON	ST-TX	STONDF 790.86
P	PAID-TIME-OFF	28.00	N		N	N	N	1408.20	STONE	STONE2	STUDEN
P	PAID-TIME-OFF	2790.25	N	1	N	N		66422.06	SUNACC	882.39 SUNILL	1268.05 SUNLIP 1200.74
P	PAID-TIME-OFF		N	1	N	N	N	8.00	SUNSTD	1560.83 SUNVIS	1219.42 SURCHG 555.00
X	CALL PAY 2	160.00	N	1	N	N		320.00	TSA-1	TSA-2	TSA-C
Z	CALL PAY 3	48.00	N		N	N	N	144.00	TSA-P	TSA-R	31604.78 TUTION
Z	CALL PAY 3	96.00	N	1	N	N		288.00	UNIFOR	427.36 UW/HOS	
p	PAID TIME OFF - PROBATION	115.00	N	1	N	N		1616.99			
t	PHONE & DATA		N		N	N	N	915.00			
v	COVID-PFCRA	309.00	N	1	N	N		4731.17			

*----- Grand Totals: 20392.25 ----- (Gross: 451496.63 Deductions: 139295.40 Net: 312201.23)
| Checks Count:- FT 205 PT 5 Other 42 Female 221 Male 29 Credit OverAmt 10 ZeroNet Term Total: 250 |

Pay date: 01-08-21

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- December 28, 2020 - January 3, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
12/28/2020	PAY PLUS ACHTRANS 452579291 101000694122987	- 3rd Party Payor Fee
12/28/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
12/29/2020	PAY PLUS ACHTRANS 452579291 101000695084728	- 3rd Party Payor Fee
12/29/2020	MCKESSON DRUG AUTO ACH ACH04425817 910000158	- 340B Drug Program Expense
12/30/2020	PAY PLUS ACHTRANS 452579291 101000696117775	- 3rd Party Payor Fee
12/31/2020	PAY PLUS ACHTRANS 452579291 101000697092251	- 3rd Party Payor Fee
12/31/2020	IRS USATAXPYMT 220076644530637 6103601000378	- Payroll Taxes

<u>Amount</u>	<u>CPS</u>
31.38	31.38 +
533.95*	2.30 +
2.3	74.89 +
5817.02**	15.35 +
74.89	123.92 +
15.35	6,584.28 +
109.39**	533.95 -
	5,817.02 -
<u>6,584.28</u>	109.39 -
	123.92 *

Jason Anglin, CEO
Memorial Medical Center

January 4, 2021

* Approved 12-23-20 CC
** Approved 12-30-20 CC

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
-------------	--------------------	------------------	---------------

Jason Anglin, CEO
Memorial Medical Center

January 4, 2021

12/31/2020

tmp__cw5report33998690636189350.html

RECEIVED

JAN 04 2021

12:43

Calhoun County Auditor

Vendor#

11824

Vendor Name

THE CRESCENT

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123020	12/30/2020	12/30/2020	12/30/2020				13,097.21	0.00	0.00	13,097.21

NH PORTION US HHS STIMULUS

deposited into mmc operating

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11824

THE CRESCENT

13,097.21

0.00

0.00

13,097.21

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

13,097.21

0.00

0.00

13,097.21

APPROVED
ON

JAN 04 2021

CLH

188727

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CCN	Facility Name	Address	City	State	Zip Code	Total Resid	Total Covid Facility	Infe County Infe	Infection P	Mortality A	Performance Month	Final Payment	
675423	ASHFORD GARDENS	7210 NORT HOUSTON	TX		77,076	397	0	0	1.89	0.75	0 September	\$96,225.30	
675663	FORT BEND HEALTHCARE CENTER	3010 BAMM ROSENBER	TX		77,471	179	0	0	0.39	0.07	0 September	\$9,016.92	
676323	THE CRESCENT	11353 SUG SUGAR LA	TX		77,478	260	0	0	0.39	0.1	0 September	\$13,097.21	
676357	THE BROADMOOR AT CREEKSIDE PARK	5665 CREEK THE WOOD	TX		77,389	275	0	0	0.92	0.25	0 September	\$32,461.79	150,801
675423	ASHFORD GARDENS	7210 NORT HOUSTON	TX		77,076	489	0	0	0.89	0.43	0 October	\$55,733.08	
675663	FORT BEND HEALTHCARE CENTER	3010 BAMM ROSENBER	TX		77,471	230	0	0	0.38	0.09	0 October	\$11,100.63	
675892	GULF POINTE PLAZA	1008 ENTE ROCKPORT	TX		78,382	287	0	0	0.25	0.07	0.2 October	\$10,891.66	
676097	GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	2100 DOVE NAVASOTA	TX		77,868	329	0	0	1.04	0.34	0.2 October	\$52,572.25	
676323	THE CRESCENT	11353 SUG SUGAR LA	TX		77,478	302	0	0	0.38	0.11	0 October	\$14,575.60	
676357	THE BROADMOOR AT CREEKSIDE PARK	5665 CREEK THE WOOD	TX		77,389	340	0	0	1.1	0.37	0 October	\$47,976.91	192,850

US HHS Stimulus - The Crescents
portion

GL 20352000

Jason,

I have attached the most recent SNF qualify incentive payment file released by HHS. The payments that you received are for the October performance period. I am not able to tie back to the payments below. Can you double check I have all of your SNFs incl

The good news is the most recent file now agrees to the \$150,800 that your received back on 11/30. The difference that you had \$13,097 relates to The Crescent – 67-6323.

It appears that they have been updating these files on sort of a regular basis, so I will check the next update to see if we can agree amount below if we are not missing one of the SNFs.

Steve Parde, CHFP
Managing Director | BKD
2700 Post Oak Blvd. Suite 1500
Houston, TX 77056
713.499.4600 Ext. 40409
713.499.4645 Direct
816.674.2372 Mobile



COVID-19 Resource Center
CLICK TO SEE RESOURCES NOW

From: Jason Anglin <JAnglin@mmcportlavaca.com>
Sent: Tuesday, December 15, 2020 1:45 PM
To: Parde, Steve <sparde@bkd.com>
Subject: FW: US HHS Stimulus

What is this one for?

Thank you,

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

From: Faren Gonzales
Sent: Tuesday, December 15, 2020 10:11 AM
To: Jason Anglin <JAnglin@mmcportlavaca.com>
Subject: US HHS Stimulus

Mr. Anglin,

Would you like me to post this deposit to €

US HHS Stimulus HHSPAYMENT*

12/9/2020 \$ 267,147.31

RECEIVED

12/31/2020

JAN 04 2021

12:43

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Clerk County Auditor

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
121520	12/29/2020	12/15/2020	01/21/2021				26,002.70	0.00	0.00	26,002.70

TRANSFER

NH insurance payment deposited into mme operating

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11836

GOLDENCREEK HE

26,002.70

0.00

0.00

26,002.70

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

26,002.70

0.00

0.00

26,002.70

APPROVED
ON

JAN 04 2021

COURTNEY A. BARNETT
CLERK COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#

188724

RECEIVED

12/31/2020

12:42 JAN 04 2021

Vendor# 13004
Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121520		12/29/2020	12/15/2020	01/21/2021			8,396.40	0.00	0.00	8,396.40

Vendor Name
TUSCANY VILLAGE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13004		TUSCANY VILLAGE	8,396.40	0.00	0.00	8,396.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,396.40	0.00	0.00	8,396.40

APPROVED
ON

JAN 04 2021

CLERK
CALHOUN COUNTY, TEXAS

CLH

188728

RECEIVED

12/31/2020 JAN 04 2021

12:44
Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

12792

BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121520	12/29/2020	12/15/2020	01/21/2021				1,061.88	0.00	0.00	1,061.88
	TRANSFER									
121620	12/29/2020	12/16/2020	01/21/2021				1,158.99	0.00	0.00	1,158.99
	TRANSFER									
122120	12/29/2020	12/21/2020	01/21/2021				25,518.99	0.00	0.00	25,518.99
	TRANSFER									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
12792			BETHANY SENIOR I			27,739.86	0.00	0.00		27,739.86

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	27,739.86	0.00	0.00	27,739.86

APPROVED
JAN 04 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#
18865

8

RUN DATE:01/04/21
TIME:15:35

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/06/21 THRU 01/06/21

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	188648	01/06/21	2,175.25	AIR SPECIALTY & EQUIPMENT CO
A/P	188649	01/06/21	97.66	ALIMED INC.
A/P	188650	01/06/21	1,775.50	AUREUS RADIOLOGY LLC
A/P	188651	01/06/21	77.25	AUTO PARTS & MACHINE CO.
A/P	188652	01/06/21	1,033.86	BARD PERIPHERAL VASCULAR
A/P	188653	01/06/21	1,831.51	BAXTER HEALTHCARE
A/P	188654	01/06/21	1,439.75	BAYER HEALTHCARE
A/P	188655	01/06/21	12,358.20	BIOFIRE DIAGNOSTICS LLC
A/P	188656	01/06/21	2,541.00	BUILDING KID STEPS
A/P	188657	01/06/21	206.00	CABLES AND SENSORS
A/P	188658	01/06/21	1,021.35	CDW GOVERNMENT, INC.
A/P	188659	01/06/21	288.75	CHRISTINA ZAPATA-ARROYO
A/P	188660	01/06/21	5,775.00	CLINICAL COMPUTER SYSTEMS INC
A/P	188661	01/06/21	526.31	COCA COLA SOUTHWEST BEVERAGES
A/P	188662	01/06/21	381.78	COLLEGE OF AMERICAN PATHOLOGIS
A/P	188663	01/06/21	1,663.40	CONMED CORPORATION
A/P	188664	01/06/21	520.00	COOK MEDICAL INCORPORATED
A/P	188665	01/06/21	809.03	COOPER SURGICAL INC
A/P	188666	01/06/21	1,261.62	COVIDIEN
A/P	188667	01/06/21	.00	VOIDED
A/P	188668	01/06/21	1,625.22	DEWITT POTH & SON
A/P	188669	01/06/21	4,610.00	DYNATRONICS CORPORATION
A/P	188670	01/06/21	383.75	EL CAMPO REFRIGERATION
A/P	188671	01/06/21	295.79	ELITECH GROUP INC (WESCOR)
A/P	188672	01/06/21	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	188673	01/06/21	27,070.95	EVIDENT
A/P	188674	01/06/21	1,376.70	EVOQUA WATER TECHNOLOGIES LLC
A/P	188675	01/06/21	20.60	FEDERAL EXPRESS CORP.
A/P	188676	01/06/21	2,900.64	FISHER HEALTHCARE
A/P	188677	01/06/21	1,189.66	FRONTIER
A/P	188678	01/06/21	1,065.43	FUSION CLOUD SERVICES, LLC
A/P	188679	01/06/21	221.92	GENESIS DIAGNOSTICS
A/P	188680	01/06/21	1,894.00	GRAINGER
A/P	188681	01/06/21	175.00	GULF COAST DELIVERY
A/P	188682	01/06/21	1,305.60	GULF COAST PAPER COMPANY
A/P	188683	01/06/21	3,750.00	HEALTH SOLUTIONS DIETETICS
A/P	188684	01/06/21	.00	VOIDED
A/P	188685	01/06/21	725.37	HEB CREDIT RECEIVABLES DEPT308
A/P	188686	01/06/21	57.00	INTOXIMETERS INC
A/P	188687	01/06/21	464.30	INTRADO
A/P	188688	01/06/21	1,077.48	J & J HEALTH CARE SYSTEMS, INC
A/P	188689	01/06/21	268.16	LOWE'S HOME CENTERS INC
A/P	188690	01/06/21	8,088.34	MCKESSON MEDICAL SURGICAL INC
A/P	188691	01/06/21	2,940.00	MD REPORTS
A/P	188692	01/06/21	8,050.92	MEDICAL DATA SYSTEMS, INC.
A/P	188693	01/06/21	12.54	MEDIMPACT HEALTHCARE SYS, INC.
A/P	188694	01/06/21	213.57	MEDIVATORS
A/P	188695	01/06/21	.00	VOIDED
A/P	188696	01/06/21	4,184.81	MEDLINE INDUSTRIES INC
A/P	188697	01/06/21	.00	VOIDED

RUN DATE:01/04/21
TIME:15:35

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/06/21 THRU 01/06/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	188698	01/06/21	13,003.59	MORRIS & DICKSON CO, LLC
A/P	188699	01/06/21	1,026.31	MXR IMAGING, INC
A/P	188700	01/06/21	4,101.52	NATIONAL FARM LIFE INSURANCE
A/P	188701	01/06/21	118.37	OLYMPUS AMERICA INC
A/P	188702	01/06/21	760.96	ORTHO CLINICAL DIAGNOSTICS
A/P	188703	01/06/21	137.10	PARTSSOURCE, LLC
A/P	188704	01/06/21	14.00	ROBERT RODRIQUEZ
A/P	188705	01/06/21	11.22	SERVICE SUPPLY OF VICTORIA INC
A/P	188706	01/06/21	125.62	SHARN INC
A/P	188707	01/06/21	2,193.83	SIEMENS FINANCIAL SERVICES
A/P	188708	01/06/21	558.00	SMITH & NEPHEW
A/P	188709	01/06/21	66.82	SMITHS MEDICAL ASD INC
A/P	188710	01/06/21	3,913.82	SPARKLIGHT
A/P	188711	01/06/21	385.00	STANFORD VACUUM SERVICE
A/P	188712	01/06/21	2,653.23	STRYKER FLEX FINANCIAL
A/P	188713	01/06/21	914.22	STRYKER SALES CORP
A/P	188714	01/06/21	10,237.22	SUN LIFE FINANCIAL
A/P	188715	01/06/21	10,758.00	TEXAS HOSPITAL ASSOCIATION
A/P	188716	01/06/21	51.24	TRI WHOLESALE CO.
A/P	188717	01/06/21	2,069.88	UNIFIRST HOLDINGS
A/P	188718	01/06/21	255.21	UPS
A/P	188719	01/06/21	240.00	US POSTAL SERVICE
A/P	188720	01/06/21	341.05	VYAIRE MEDICAL, INC
A/P	188721	01/06/21	674.75	WAGWORKS
A/P	188722	01/06/21	393.60	WATERMARK GRAPHICS INC
A/P	188723	01/06/21	704.85	WERFEN USA LLC
A/P	188724	01/06/21	1,090.00	WEST COAST MEDICAL RESOURCES
A/P	188725	01/06/21	27,739.86	BETHANY SENIOR LIVING
A/P	188726	01/06/21	26,002.70	GOLDENCREEK HEALTHCARE
A/P	188727	01/06/21	13,097.21	THE CRESCENT
A/P	188728	01/06/21	8,396.40	TUSCANY VILLAGE
A/P	188729	01/06/21	697.14	
A/P	188730	01/06/21	443.00	
A/P	188731	01/06/21	19.60	
A/P	188732	01/06/21	333.40	
TOTALS:			283,342.19	

Payables 206,612.88 +
Patient refunds 1,493.14 +
NH 13,097.21 +
Transfers 26,002.70 +
8,396.40 -
27,739.86 -
283,342.19 -

APPROVED
ON

JAN 06 2021

COURTNEY MURPHY
CLERK OF COURT, TEXAS

Ashford Gardens

12/28/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,494.60	-	-	-	-	4,494.60
12/29/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	936.00	-	-	-	-	936.00
12/29/2020	MOLINA HEALTHCARE MOLINAACH 00901686 42000013	-	19,005.48	16,282.44	2,723.04	-	17,643.96	1,361.52
12/29/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000183	-	3,836.26	-	-	-	-	3,836.26
12/30/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	276,061.67	-	-	-	-	-	-
12/30/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000115	-	11,633.71	-	-	-	-	11,633.71
12/31/2020	Added to Account	-	46.23	-	-	-	-	46.23
12/31/2020	AMERIGROUP CORPO E-PAYMENT EES2114170 111000	-	34,042.97	29,165.41	4,877.56	-	31,604.19	2,438.78
12/31/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000173	-	21.22	-	-	-	-	21.22

		MMC PORTION					NH PORTION	
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI		
276,061.67	74,016.47	45,447.85	7,600.60	-	-	49,248.15	24,764.32	

Broadmoor

12/28/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,489.55	-	-	-	-	2,489.55
12/29/2020	MOLINA HEALTHCARE MOLINAACH 00901994 42000013	-	7,867.80	6,740.64	1,127.16	-	7,304.22	563.58
12/29/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,619.90	-	-	-	-	1,619.90
12/29/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	19,921.97	-	-	-	-	19,921.97
12/29/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000183	-	3,278.13	-	-	-	-	3,278.13
12/30/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	229,818.66	-	-	-	-	-	-
12/30/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	5,160.00	-	-	-	-	5,160.00
12/30/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	1,720.00	-	-	-	-	1,720.00
12/30/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000114	-	330.05	-	-	-	-	330.05
12/31/2020	Added to Account	-	49.74	-	-	-	-	49.74
12/31/2020	AMERIGROUP CORPO E-PAYMENT EES2114173 111000	-	14,091.95	12,073.96	2,018.99	-	13,083.46	1,009.50
12/31/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,010.00	-	-	-	-	3,010.00
12/31/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000172	-	3,981.95	-	-	-	-	3,981.95

		MMC PORTION					NH PORTION	
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI		
229,818.66	63,522.04	18,814.60	3,146.15	-	-	20,387.68	43,134.37	

Crescent

12/28/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	14,164.50	-	-	-	-	14,164.50
12/28/2020	UHC Community PI HCCLAIMPMT 746003411 910000	-	2,590.00	-	-	-	-	2,590.00
12/29/2020	MOLINA HEALTHCARE MOLINAACH 00901994 42000013	-	6,316.56	5,412.60	903.96	-	5,864.58	451.98
12/29/2020	UHC Community PI HCCLAIMPMT 746003411 910000	-	3,330.00	-	-	-	-	3,330.00
12/29/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000183	-	523.78	-	-	-	-	523.78
12/29/2020	HHP TEXAS HCCLAIMPMT 390864 42000019138517 D	-	2,225.80	-	-	-	-	2,225.80
12/30/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	170,279.15	-	-	-	-	-	-
12/30/2020	UHC Community PI HCCLAIMPMT 746003411 910000	-	9,340.00	-	-	-	-	9,340.00
12/30/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000114	-	1,015.02	-	-	-	-	1,015.02
12/30/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	1,322.52	-	-	-	-	1,322.52
12/31/2020	Added to Account	-	36.04	-	-	-	-	36.04
12/31/2020	MANAGEANDNET1718 MNS PMNT 00000000003268 41	-	2,763.00	-	-	-	-	2,763.00
12/31/2020	AMERIGROUP CORPO E-PAYMENT EES2114172 111000	-	11,314.34	9,695.15	1,619.19	-	10,504.75	809.60
12/31/2020	UHC Community PI HCCLAIMPMT 746003411 910000	-	1,552.00	-	-	-	-	1,552.00
12/31/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000172	-	13,696.86	-	-	-	-	13,696.86

		MMC PORTION					NH PORTION	
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI		
170,279.15	70,190.42	15,107.75	2,523.15	-	-	16,369.33	53,821.10	

Fort Bend

12/28/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,018.62	-	-	-	-	4,018.62
12/29/2020	MOLINA HEALTHCARE MOLINAACH 00901765 42000013	-	7,678.08	6,584.40	1,093.68	-	7,137.24	546.84
12/30/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	42,112.91	-	-	-	-	-	-
12/30/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	3,010.00	-	-	-	-	3,010.00
12/30/2020	NOVITAS SOLUTION HCCLAIMPMT 675663 420000114	-	1,312.52	-	-	-	-	1,312.52
12/31/2020	Added to Account	-	8.27	-	-	-	-	8.27
12/31/2020	Deposit	-	2,728.00	-	-	-	-	2,728.00
12/31/2020	AMERIGROUP CORPO E-PAYMENT EES2114169 111000	-	13,753.12	11,794.10	1,959.02	-	12,773.61	979.51
12/31/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,505.63	-	-	-	-	3,505.63
12/31/2020	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	2,025.00	-	-	-	-	2,025.00

		MMC PORTION					NH PORTION	
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI		
42,112.91	39,939.24	18,378.50	3,052.70	-	-	19,904.85	18,134.39	

Solera at West Houston

12/28/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,303.25	-	-	-	-	2,303.25
12/28/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	22,606.45	-	-	-	-	22,606.45
12/29/2020	MOLINA HEALTHCARE MOLINAACH 00901967 42000013	-	7,443.72	6,383.52	1,060.20	-	6,913.62	530.10
12/29/2020	UHC Community PI HCCLAIMPMT 746003411 910000	-	5,620.00	-	-	-	-	5,620.00
12/29/2020	HUMANA INS CO HCCLAIMPMT 390862 830000531488	-	8,495.60	-	-	-	-	8,495.60
12/29/2020	HUMANA CHA DISB HCCLAIMPMT 390862 4200001920	-	1,044.67	-	-	-	-	1,044.67
12/30/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III	283,060.91	-	-	-	-	-	-
12/30/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000114	-	7,798.72	-	-	-	-	7,798.72
12/31/2020	Added to Account	-	44.81	-	-	-	-	44.81
12/31/2020	MANAGEANDNET1718 MNS PMNT 00000000002482 41	-	9,981.92	-	-	-	-	9,981.92
12/31/2020	AMERIGROUP CORPO E-PAYMENT EES2114171 111000	-	13,333.33	11,434.28	1,899.05	-	12,363.81	949.53

		MMC PORTION					NH PORTION	
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI		
283,060.91	76,672.47	17,817.80	2,959.25	-	-	19,797.43	57,375.05	
1,001,333.30	322,440.64	115,564.50	19,281.85	-	-	125,297.43	197,233.22	

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

Add Group

Search

All

DDA

Data reported as of Jan 4, 2021

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

*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$74,254.35	\$74,254.35	\$74,254.35	\$74,254.35
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$63,694.97	\$72,294.97	\$63,694.97	\$63,694.97
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$70,380.53	\$74,428.53	\$70,380.53	\$70,380.53
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$38,184.19	\$56,762.01	\$38,184.19	\$38,184.19
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$76,864.76	\$85,864.76	\$76,864.76	\$76,864.76

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
1/4/2021

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		24,908.33	191,926.84	2,439.17	-	35,420.66	2,401.32
						Bank Balance	35,420.66
						Variance	-
						Leave in Balance	100.00
						SUPERIOR QJPP 1 & 2	32,793.75
						October Interest	50.99
						November Interest	36.75
						December Interest	37.85
						Adjust Balance/Transfer Amt	2,401.32

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

Jason Anglin

1/4/2021

APPROVED
ON

JAN 04 2021

COUNTY ATTORNEY
GARLAND COUNTY, TEXAS

Golden Creek

12/30/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
12/31/2020 Added to Account
12/31/2020 Deposit

MMC PORTION							NH PORTION
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L apss	QJPP T1	
191,926.84	-	-	-	-	-	-	-
-	37.85	-	-	-	-	-	37.85
-	2,401.32	-	-	-	-	-	2,401.32
191,926.84	2,439.17	-	-	-	-	-	2,439.17

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

▼

Search

All

Select Group
Groups

Add Group

DDA

Data reported as of Jan 4, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$35,420.66	\$36,219.71	\$35,420.66	\$35,420.66

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
1/4/2021

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
Gulf Pointe Plaza- Private Pay		21,010.67	✓	18,025.59	✓		39,036.26	✓ 19,513.48
						Bank Balance	39,036.26	
						Variance	39,036.26	
						Leave in Balance	100.00	
						SUPERIOR QIPP 1 & 2	19,398.00	✓
						October Interest	6.35	✓
						November Interest	11.72	✓
						December Interest	6.71	✓
						Adjust Balance/Transfer Amt	19,513.48	✓
Gulf Pointe Plaza-Medicare/Medicaid		226,488.03	✓	226,345.13	✓	26.18	159.08	✓
						Bank Balance	159.08	NO TRANSFER
						Variance	(0.00)	
						Leave in Balance	100.00	
						QIPP Payment Adjustments		
						October Interest	19.32	✓
						November Interest	23.58	✓
						December Interest	26.18	✓
						Adjust Balance/Transfer Amt	-	✓
TOTAL TRANSFERS								-

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

1/4/2021

APPROVED
ON
JAN 04 2021
COUNTRY ANGLIN
CALLED BY COUNTRY

Gulf Pointe Plaza-Private Pay

12/28/2020 HUMANA INS CO HCCLAIMPMT 624982 830000593104
 12/29/2020 HUMANA INS CO HCCLAIMPMT 624982 830000532074
 12/31/2020 Added to Account

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
-	5,595.77	-	-	-	-	-	5,595.77
-	12,423.11	-	-	-	-	-	12,423.11
-	6.71	-	-	-	-	-	6.71
-	18,025.59	-	-	-	-	-	18,025.59

Gulf Pointe Plaza-Medicare/Medicaid

12/30/2020 WIRE OUT HMG SERVICES, LLC
 12/31/2020 Added to Account

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
226,345.13	-	-	-	-	-	-	-
-	26.18	-	-	-	-	-	26.18
226,345.13	26.18	-	-	-	-	-	26.18
226,345.13	18,051.77	-	-	-	-	-	18,051.77

Quick View

Select Quick View Accounts
Account Number / Name

Account Number / Name

Account Type

Search

All

DDA

Data reported as of Jan 4, 202

Account Number**Current Balance****Available Balance****Collected Balance****Prior Day Balanc**

*5441

MMC -NH GULF POINTE
PLAZA -
MEDICARE/MEDICAID

\$169.08

\$169.08

\$169.08

\$169.C

*5433

MMC -NH GULF POINTE
PLAZA - PRIVATE PAY

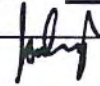
\$39,036.26

\$39,388.26

\$39,036.26

\$39.036.2

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
1/4/2021

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home							
Tuscany Senior Living	252,164.61	✓ 252,055.44	✓ 93,620.75	✓		93,729.92	✓ 91,578.74
					Bank Balance	93,729.92	
					Variance		
					Leave in Balance	100.00	
					MOLINA QJPP 1 & 2		
					AMERIGROUP QJPP 1 & 2	2,037.05	✓
					October Interest	4.58	✓
					November Interest	4.59	✓
					December Interest	4.96	✓
					Adjust Balance/Transfer Amt	91,578.74	✓
Approved: 							
Jason Anglin, CEO							1/4/2021

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
ON
JAN 04 2021
COURTNEY ANGELO
CASHIERS OFFICE, TUSCANY

MMC PORTION

Tuscany Senior Living

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	NH PORTION
12/29/2020 NOVITAS SOLUTION HCCLAIMPMT 676201 420000183	-	55,276.86					-	55,276.86
12/30/2020 WIRE OUT LINBAR ENTERPRISES, LLC	252,055.44	-					-	-
12/30/2020 KS PLAN ADMINIST HCCLAIMPMT 179 111000022130	-	14,458.34					-	14,458.34
12/31/2020 Added to Account	-	4.96					-	4.96
12/31/2020 Deposit	-	2,421.36					-	2,421.36
12/31/2020 AMERIGROUP CORPO E-PAYMENT EE52114174 111000	-	3,466.33	607.76	2,858.57			2,037.05	1,429.29
12/31/2020 NOVITAS SOLUTION HCCLAIMPMT 676201 420000172	-	17,992.90					-	17,992.90
	252,055.44	93,620.75	607.76	2,858.57	-	-	2,037.05	91,583.71

Quick View

Select Quick View Accounts

Account Number / Name

--

Account Type

_____ ▼

Search

All

DDA

Data reported as of Jan 4, 202

Account Number**Current Balance****Available Balance****Collected Balance****Prior Day Balanc**The image shows a dark, textured surface, likely the cover or endpaper of an old book. The texture is grainy and uneven, with subtle variations in tone from dark grey to black. A vertical strip of lighter, possibly white or light grey, material is visible along the right edge, suggesting a hinge or a different material used for the spine or binding. There are no titles, logos, or other markings visible on this portion of the image.

*3407
MMC -NH TUSCANY
VILLAGE

\$93,729.92

\$93,729.92

\$93,729.92

\$93,729.9

* indicate:

Page generated on 01/04/2021 : ▼

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 1/4/2021

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home							
Bethany Senior Living	409,730.72	✓ 409,476.83	✓ 64,013.20	✓		64,267.09	✓ 63,929.60
					Bank Balance	64,267.09	
					Variance	-	
					Leave in Balance	100.00	

October Interest	83.94	✓
November Interest	69.95	✓
December Interest	83.60	✓
Adjust Balance/Transfer Amt	63,929.60	✓

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 1/4/2021

APPROVED
 ON
 JAN 04 2021
 COUNTY ATTORNEY
 CLARK COUNTY, TEXAS

Bethany Senior Living	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 %Lapse	QIPP T1	
12/28/2020 Deposit	-	49,898.77					-	49,898.77
12/28/2020 Deposit	-	6,633.47					-	6,633.47
12/29/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	157.13					-	157.13
12/31/2020 Added to Account	-	83.60					-	83.60
12/31/2020 WIRE OUT BETHANY SENIOR LIVING, LTD	409,476.83	-					-	-
12/31/2020 Deposit	-	4,400.00					-	4,400.00
12/31/2020 Deposit	-	2,358.13					-	2,358.13
12/31/2020 HOSPICE OF SO TX VENDORS NF 91000014572275	-	482.10					-	482.10
	409,476.83	64,013.20	-	-	-	-	-	64,013.20

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search

All

Select Group
Groups

Add Group

DDA

Data reported as of Jan 4, 2021

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

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance

*5506

MMC -NH BETHANY
SENIOR LIVING

\$64,267.09

\$64,267.09

\$64,267.09

\$64,267.09

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MMC OPERATING

Date Requested: 01/04/21

A _____

Y _____

E _____

E _____

APPROVED
ON
JAN 04 2021
COUNTY APPLICATOR
COLLEGE COUNTY, TEXAS

FOR ACCT. USE ONLY

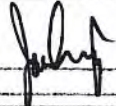
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$49,248.15

CK#00114
G/L NUMBER: 10255040

EXPLANATION: MOLINA QIPP 1 & 2 & AMERIGROUP 1 & 2 - Ashford

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

RUN DATE:01/06/21
TIME:15:48

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/06/21 THRU 01/06/21

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001114 01/06/21 49,248.15 MMC OPERATING
NHA 001115 01/06/21 184.11 MMC OPERATING
TOTALS: 49,432.26

Ashted

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P _____
A _____
Y _____
E _____
E _____

Date Requested: 01/04/21

APPROVED
ON
JAN 04 2021
COURTESY ATTORNEY
CALLEJON COUNTY, TEXAS

FOR ACCT. USE ONLY

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

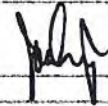
AMOUNT \$20,387.68

G/L NUMBER: 10255040

ck# 00076

EXPLANATION: MOLINA QIPP 1 & 2 & AMERIGROUP 1 & 2 - Broadmoor

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

RUN DATE:01/06/21
TIME:15:48

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/06/21 THRU 01/06/21

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000076 01/06/21 20,387.68 MMC OPERATING
NHB 000077 01/06/21 122.67 MMC OPERATING
TOTALS: 20,510.35

APPROVED
OK

JAN 06 2021

COUNTY AUDITOR
GALLEGOS COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P _____
A _____
Y _____
E _____
E _____

MMC OPERATING

Date Requested: 01/04/21

FOR ACCT. USE ONLY

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

JAN 04 2021

COUNTY ABSTRACTOR
CALHOUN COUNTY, TEXAS

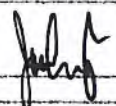
ck #00 0105

G/L NUMBER: 10255040

AMOUNT \$16,369.33

EXPLANATION: MOLINA QIPP 1 & 2 & AMERIGROUP 1 & 2 - Crescent

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

RUN DATE:01/06/21
TIME:15:48

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/06/21 THRU 01/06/21

PAGE 8
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000108 01/06/21 16,369.33 MMC OPERATING
NHC 000109 01/06/21 126.15 MMC OPERATING
TOTALS: 16,495.48

Crescent

APPROVED
BY

JAN 06 2021

CORRENT AMBROSIO
GALVESTON COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P

MMC OPERATING

Date Requested: 01/04/21

A

Y

E

E

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

JAN 04 2021

CHECK AUTHORIZED
MEMORIAL MEDICAL CENTER

CK # 00105

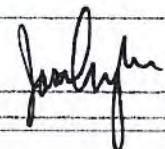
G/L NUMBER: 10255040

AMOUNT \$19,904.85

EXPLANATION: MOLINA QIPP 1 & 2 & AMERIGROUP 1 & 2 - Fort Bend

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY:



RUN DATE:01/06/21
TIME:15:48

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/06/21 THRU 01/06/21

PAGE 9
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000105 01/06/21 19,904.85 MMC OPERATING
NHF 000106 01/06/21 613.11 MMC OPERATING
NHF 000107 01/06/21 53.22 MMC OPERATING
TOTALS: 20,571.18

Furt Bend

APPROVED
ON

JAN 06 2021

COUNTY CLERK
SALADO COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MMC OPERATING

Date Requested: 01/04/21

A _____

Y _____

E _____

E _____

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

JAN 04 2021

**COUNTY AVENUE
CHANDLER COUNTY, ILL.**

AMOUNT \$19,297.43

G/L NUMBER: 10255040

ck# 001106

EXPLANATION: MOLINA QIPP 1 & 2 & AMERIGROUP 1 & 2 - *Solem*

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: *[Signature]*

RUN DATE:01/06/21
TIME:15:48

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/06/21 THRU 01/06/21

PAGE 11
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
------	--------	------	--------	-------

NHS	001108	01/06/21	19,297.43	MMC OPERATING
NHS	001109	01/06/21	137.10	MMC OPERATING
TOTALS:			19,434.53	

Solem

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P _____
A _____
Y _____
E _____
E _____

Date Requested: 01/04/21

APPROVED
OK

JAN 04 2021

COUNTY AMERIGROUP
CALIFORNIA COUNTY, TEXAS

chk# 001004

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT \$2,037.05

G/L NUMBER: 10255040

EXPLANATION: MOLINA QIPP 1 & 2 & AMERIGROUP 1 & 2 - Tuscany

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY:

[Signature]

RUN DATE:01/06/21
TIME:15:48

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/06/21 THRU 01/06/21

PAGE 12
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS 001004 01/06/21 2,037.05 MMC OPERATING
TUS 001005 01/06/21 14.13 MMC OPERATING
TOTALS: 2,051.18

Tuscan

APPROVED
ON

JAN 06 2021

COMPTON A. WILSON
CLERK OF COURT, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P _____
A _____
Y _____
E _____
E _____

MMC OPERATING

Date Requested: 01/04/21

FOR ACCT. USE ONLY

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

APPROVED
ON
JAN 04 2021

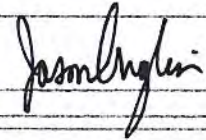
COUNTY ATTORNEY
CALHOUN COUNTY, ALABAMA

CHK# 000104
G/L NUMBER: _____

AMOUNT \$613.11

EXPLANATION: MMC CLAIM PAYMENT - Fort Bend

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

Mayra Martinez

From: Caitlin Clevenger
Sent: Tuesday, December 15, 2020 2:13 PM
To: Mayra Martinez
Subject: FW: Check sent to Fort Bend
Attachments: Community Health Choice - Brittany Serna.tiff

Follow Up Flag: Follow up
Flag Status: Flagged

For Monday's transfer.

Respectfully,
Caitlin Clevenger

Memorial Medical Center
Accountant
815 N Virginia. St
Port Lavaca, TX 77979
Ph: 361.552.0272 Fax: 361.551.4504

From: Adrianna Strakos
Sent: Tuesday, December 15, 2020 10:28 AM
To: Caitlin Clevenger <cclevenger@mmcportlavaca.com>; Marley Moehrig <mmoehrig@mmcportlavaca.com>
Subject: Check sent to Fort Bend

Community Health Choice sent payment choice to Fort Bend Healthcare Center in the amount of 613.11. Please with hold and check a check to us

Thank you

Adrianna Strakos
Collections Clerk
Memorial Medical Clinic
1016 N. Virginia St.
Port Lavaca, TX 77979
361-552-0379 ext. 552

*Payment sent to Fort Bend should have
been issued to MMC*

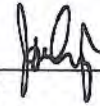
QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

1/6/2021

NH Name	From Bank Acct #	Ck #	Payee	GL #	MOLINA 1 & 2	Amerigroup 1&2	MMC CLAIM PYMT	TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	17,643.96	31,604.19		49,248.15	1/6/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	7,304.22	13,083.46		20,387.68	1/6/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	5,864.58	10,504.75		16,369.33	1/6/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	7,131.24	12,773.61	613.11	20,517.96	1/6/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	6,913.62	12,383.81		19,297.43	1/6/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040	-	-		-	1/6/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040	-	-		-	1/6/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001		-	-		-	1/6/2021
Bethany			MMC -Prosperity Operating #10000001		-	-		-	1/6/2021
Tuscany			MMC -Prosperity Operating #10000001	10255040	-	2,037.05		2,037.05	1/6/2021
			Total:		44,857.62	80,349.82	613.11	127,857.60	

Note:

Approved:
Jason Anglin, CEO

1/4/2021

49,248.15 +

20,387.68 +

16,369.33 +

19,904.85 +

613.11 +

19,297.43 +

2,037.05 +

127,857.60

APPROVED
FOR

JAN 07 2021

COMMITTEE APPROVED
KATIE ANN GUNTER, CLERK

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

1114

88-2265/1131-87

~~12300~~ 1-6-2021
Date

CHECK ARMOR

Pay to the
Order of mmc operating

\$ 49,248.15

Forty nine thousand two hundred and forty eight ¹⁵/₁₀₀ Dollars



PROSPERITY BANK®

PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
361-552-7411 www.prosperitybankusa.com

For Molina & Amerigroup QIPP

MP

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000076

88-2265/1131

Date 1/6/2021

PAY
TO THE
ORDER OF

MMC operating

\$ 20,387.68

Twenty thousand three hundred eighty seven ⁶⁸/₁₀₀

DOLLARS



PROSPERITY
BANK®

FOR Molina & Amerigroup QIPP 132

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000108

88-2265/1131

Date 1/6/2021

PAY

TO THE
ORDER OF

MMC operating

\$ 16,369.33

Sixteen thousand three hundred sixty nine ³³/₁₀₀

DOLLARS



PROSPERITY
BANK®

FOR Molina & Amerigroup QIPP 132

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

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

000105

88-2265/1131

Date 1/6/21

PAY

TO THE
ORDER OF

MMC Operating

\$ 19,904.85

Nine teen thousand nine hundred four & 85/100

DOLLARS



PROSPERITY
BANK

FOR Molina & Amerigroup QIPP 1 & 2



Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER 022020 NH TUSCANY VILLAGE

PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1004

88-2265/1131-87

DATE 1/6/21

CHECK

PAY
TO THE
ORDER OF

MMC Operating

\$ 2,037.05

Two thousand thirty seven & 05/100

DOLLARS



PROSPERITY BANK

PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
361-552-7411 www.prosperitybankusa.com

FOR Amerigroup QIPP 1 & 2



Ph
Sat
Dej
Out

MEMORIAL MEDICAL CENTER

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

000106

Date 1/6/21

88-2265/1131

PAY

TO THE
ORDER OF

MMC operating

\$ 613.11

Six Hundred thirteen & 11/100

DOLLARS



**PROSPERITY
BANK**

FOR MMC claim payment

Security features are included. Details on back.

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

1108

88-2265/1131-87

1/6/21

Date

CHECK ARMOR

Pay to the

Order of

MMC operating

\$ 19,297.43

Nine teen Thousand two hundred ninety seven & 43/100

Dollars



Photo
Safe
Deposit
Details on back



PROSPERITY BANK

PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
361-552-7411 www.prosperitybankusa.com

For Molina & Amerigroup CIPP 142

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P _____
A _____
Y _____
E _____
E _____

MMC OPERATING

Date Requested: 01/04/21

FOR ACCT. USE ONLY

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

APPROVED
ON

JAN 04 2021

COUNTY AUDITOR
CALHOUN COUNTY, ALA

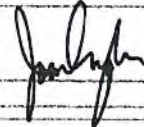
CL# 001115

G/L NUMBER: 214 00012

AMOUNT \$184.11

EXPLANATION: TO TRANSFER FUNDS FOR INTEREST EARNED OCT-DEC 2020 - Ashford

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P

MMC OPERATING

Date Requested: 01/04/21

A

Y

E

E

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

JAN 04 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 000077

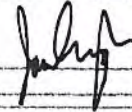
G/L NUMBER: 21400009

AMOUNT \$122.67

EXPLANATION: TO TRANSFER FUNDS FOR INTEREST EARNED OCT-DEC 2020 - Broadmoor

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY:



MEMORIAL MEDICAL CENTER
CHECK REQUEST

P _____
A _____
Y _____
E _____
E _____

MMC OPERATING

Date Requested: 01/04/21

APPROVED
ON

JAN 04 2021

COURTNEY ANDERSON
CALHOUN COUNTY, TEXAS

CK # 000109

G/L NUMBER: 21400010

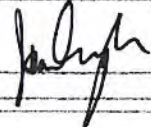
FOR ACCT. USE ONLY

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

AMOUNT \$126.15

EXPLANATION: TO TRANSFER FUNDS FOR INTEREST EARNED OCT-DEC 2020 - Crescent

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P _____
A _____
Y _____
E _____
E _____

MMC OPERATING

Date Requested: 01/04/21

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

JAN 04 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

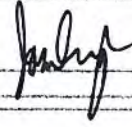
AMOUNT \$53.22

G/L NUMBER: 21400008

CHK# 000107

EXPLANATION: TO TRANSFER FUNDS FOR INTEREST EARNED OCT-DEC 2020 - Fort Bend

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P _____
A _____
Y _____
E _____
E _____

MMC OPERATING

Date Requested: 01/04/21

APPROVED
ON
JAN 04 2021
COUNTRY ASSOCIATE
CALHOUN COUNTY, TEXAS
CHK#0011091

FOR ACCT. USE ONLY

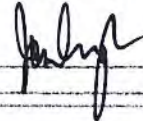
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$137.10

G/L NUMBER: 214000 11

EXPLANATION: TO TRANSFER FUNDS FOR INTEREST EARNED OCT-DEC 2020 - Solera

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P _____
A _____
Y _____
E _____
E _____

MMC OPERATING

Date Requested: 01/04/21

FOR ACCT. USE ONLY

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

JAN 04 2021

COURTNEY A. HARRISON
CALHOUN COUNTY, TEXAS

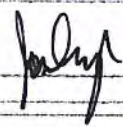
AMOUNT \$125.59

G/L NUMBER: 21400013

CL# 00071

EXPLANATION: TO TRANSFER FUNDS FOR INTEREST EARNED OCT-DEC 2020 - golden creek

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

RUN DATE:01/06/21
TIME:15:48

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/06/21 THRU 01/06/21

PAGE 10
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG 000071 01/06/21 125.59 MMC OPERATING
TOTALS: 125.59

Golden rule

APPROVED
ON

JAN 06 2021

COUNTY ATTORNEY
SALASCA COUNTY, NEVADA

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P _____
A _____
Y _____
E _____
E _____

Date Requested: 01/04/21

APPROVED
ON
JAN 04 2021
COURTNEY A. HENDERSON
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

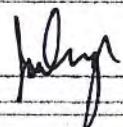
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$69.08

G/L NUMBER: 214 00014

EXPLANATION: TO TRANSFER FUNDS FOR INTEREST EARNED OCT-DEC 2020 - Gulf Pointe - MM

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

RUN DATE:01/06/21
TIME:15:48

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/06/21 THRU 01/06/21

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPM 000011 01/06/21 69.08 MMC OPERATING
TOTALS: 69.08

Gulf Pointe MM

**APPROVED
ON**

JAN 06 2021

**CLARENCE A. WATSON
DALE COUNTY, TEXAS**

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P _____
A _____
Y _____
E _____
E _____

Date Requested: 01/04/21

APPROVED
JAN 04 2021
COUNTY CLERK
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

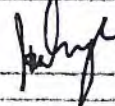
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept.

AMOUNT \$24.78

G/L NUMBER: 21400014

EXPLANATION: TO TRANSFER FUNDS FOR INTEREST EARNED OCT-DEC 2020 - gu IF Pointe - PP

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

RUN DATE:01/06/21
TIME:15:48

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/06/21 THRU 01/06/21

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPP 000023 01/06/21 24.78 MMC OPERATING
TOTALS: 24.78

Guif Pointe PP

APPROVED
ON

JAN 06 2021

COUNTY ADDRESS
GALVESTON COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MMC OPERATING

Date Requested: 01/04/21

A _____

Y _____

E _____

E _____

APPROVED
ON
JAN 04 2021
COUNTY ATTORNEY
CALHOUN COUNTY, ALABAMA

FOR ACCT. USE ONLY

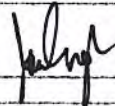
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$237.49

Clk # 001003
G/L NUMBER: 21400015

EXPLANATION: TO TRANSFER FUNDS FOR INTEREST EARNED OCT-DEC 2020 - Bethany

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

RUN DATE:01/06/21
TIME:15:48

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/06/21 THRU 01/06/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

BSL 001003 01/06/21 237.49 MMC OPERATING
TOTALS: 237.49

Bethany

APPROVED
BY

JAN 06 2021

CHIEF ACCOUNTANT
SALES/STOCK CONTROL, ADAMS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P _____
A _____
Y _____
E _____
E _____

Date Requested: 01/04/21

FOR ACCT. USE ONLY

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

JAN 04 2021

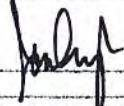
AMOUNT \$14.13

~~SECRET NUMBER~~ 214 00016
~~CALHOUN COUNTY, TEXAS~~

CK #001005

EXPLANATION: TO TRANSFER FUNDS FOR INTEREST EARNED OCT-DEC 2020 - Tuscany

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

Interest To MMC From NH

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Ashford	10000018 - Prosperity	1109	MMC -Prosperity Operating #10000001	21400012	October - December 2020 Interest Earned	184.11	1/6/2021
Broadmoor	10000019 - Prosperity	70	MMC -Prosperity Operating #10000001	21400009	October - December 2020 Interest Earned	122.67	1/6/2021
Crescent	10000020 - Prosperity	102	MMC -Prosperity Operating #10000001	21400010	October - December 2020 Interest Earned	126.15	1/6/2021
Fort Bend	10000021 - Prosperity	98	MMC -Prosperity Operating #10000001	21400008	October - December 2020 Interest Earned	53.22	1/6/2021
Solera	10000022 - Prosperity	1102	MMC -Prosperity Operating #10000001	21400011	October - December 2020 Interest Earned	137.10	1/6/2021
Golden Creek	10000023 - Prosperity	64	MMC -Prosperity Operating #10000001	21400013	October - December 2020 Interest Earned	125.59	1/6/2021
Gulf Pointe-PP	10000025 - Prosperity		MMC -Prosperity Operating #10000001	21400014	October - December 2020 Interest Earned	24.78	1/6/2021
Gulf Pointe-MM	10000025 - Prosperity	9	MMC -Prosperity Operating #10000001	21400014	October - December 2020 Interest Earned	69.08	1/6/2021
Bethany	10000026 - Prosperity	3	MMC -Prosperity Operating #10000001	21400015	October - December 2020 Interest Earned	237.49	1/6/2021
Tuscany			MMC -Prosperity Operating #10000001	21400016	October - December 2020 Interest Earned	14.13	1/6/2021
					October - December 2020 Interest Earned	1,094.32	

Note:

184 + 11 =
 122 + 67 =
 126 + 15 =
 53 + 22 =
 137 + 10 =
 125 + 59 =
 69 + 08 =
 24 + 78 =
 237 + 49 =
 14 + 13 =

1,094.32

APPROVED
BY

JAN 07 2021

 COUNTY CLERK
 CLAY COUNTY, MISSISSIPPI

MEMORIAL MEDICAL CENTER**NH ASHFORD**

202 S ANN ST STE A

PORT LAVACA TX 77979

1115

88-2265/1131-87

1/16/2021

Date



Pay to the

Order of

MMC operating\$ 184.11One Hundred eighty four & 11/100

Dollars

Photo
Safe
Deposit
Details on back**PROSPERITY BANK®**

PORT LAVACA BANKING CENTER

1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102

361-552-7411 www.prosperitybankusa.com

For Oct-Dec interest

MP

MEMORIAL MEDICAL CENTER

NH BROADMOOR

815 N VIRGINIA ST

PORT LAVACA, TX 77979

000077

88-2265/1131

Date

1/16/21**PAY**

TO THE

ORDER OF

MMC Operating\$ 122.67One Hundred twenty two & 67/100

DOLLARS

**PROSPERITY
BANK®**FOR Oct-Dec interest

MP

Security features are
included. Details on back.**MEMORIAL MEDICAL CENTER**

NH CRESCENT

815 N VIRGINIA ST

PORT LAVACA, TX 77979

000109

88-2265/1131

Date

1/16/2021**PAY**

TO THE

ORDER OF

MMC operating\$ 126.15one Hundred twenty Six & 15/100

DOLLARS

**PROSPERITY
BANK®**FOR Oct - Dec interest

MP

Security features are
included. Details on back.

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

1109

88-2265/1131-87

1/16/21

Date

CHECK ARBOR

Pay to the
Order of

MMC operating

\$ 137.10

One Hundred thirty seven & 10/100

Dollars



Photo
Safe
Deposit®
Details on back



PROSPERITY BANK®

PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
361-552-7411 www.prosperitybankusa.com

For Oct-Dec interest

MEMORIAL MEDICAL CENTER

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

000107

Date

1/16/21

88-2265/1131

PAY

TO THE
ORDER OF

MMC operating

\$ 53.22

Fifty three dollars & 22/100

DOLLARS



PROSPERITY
BANK®

FOR Oct-Dec interest

MEMORIAL MEDICAL CENTER

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

000071

Date

1/16/21

88-2265/1131

PAY

TO THE
ORDER OF

MMC operating

\$ 125.59

One Hundred twenty five & 59/100

DOLLARS



PROSPERITY
BANK®

FOR Oct-Dec interest

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

87SS

No #23

88-2265
1131

1/16/21

PAY TO THE
ORDER OF

MMC Operating

\$ 24.78

DOLLARS

Twenty four dollars & 78/100



OCT - DEC interest



MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING

PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1003

88-2265/1131-87

DATE 1/16/21

CHECK ARMOR
FRAUD PROTECTION

PAY
TO THE
ORDER OF

MMC operating

\$ 237.49

DOLLARS

Two Hundred thirty seven & 49/100



PROSPERITY BANK

PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
361-552-7411 www.prosperitybankusa.com

FOR OCT - DEC interest

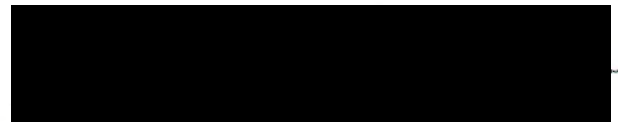


Photo
Safe
Deposit®
Details on the back

MEMORIAL MEDICAL CENTER
NH GULF POINTE PLAZA - MEDICARE/MEDICAID
815 N VIRGINIA ST
PORT LAVACA, TX 77979

87SS

No

11

88-2265
1131

1/16/21

PAY TO THE
ORDER OF

MMC Operating

\$ 69.08

Sixty nine dollars & 08/100

DOLLARS



OCT-DEC interest



MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1005

88-2265/1131-87

DATE

1/16/21

PAY
TO THE
ORDER OF

MMC Operating

\$ 14.13

Fourteen dollars & 13/100

DOLLARS

CHECK NUMBER

Photo
Safe
Deposit®
Details on back



PROSPERITY BANK®

PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77978-5102
361-552-7411 www.prosperitybankusa.com

FOR OCT-DEC interest

