

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 13, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 531,123.35
TOTAL TRANSFERS BETWEEN FUNDS	\$ 9,258.30
TOTAL NURSING HOME UPL EXPENSES	\$ 274,466.59
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED Janaury 13, 2021	\$ 814,848.24

APPROVED

JAN 13 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---January 13,2021

PAYABLES AND PAYROLL

1/7/2021 Weekly Payables	337,859.89
1/7/2021 First Insurance Funding-texas hospital insurance	33,717.00
1/11/2021 McKesson-340B Prescription Expense	12,683.27
1/11/2021 Amerisource Bergen-340B Prescription Expense	3,023.49

Prosperity Electronic Bank Payments

1/5/2021 Credit Card & Lease Fees	698.90
1/15/2021 TCDRS December Retirement	142,870.63
12/24/20-1/8/21 Pay Plus-Patient Claims Processing Fee	248.57
1/4/2021 Authnet Gateway Billing-3rd Party Payor Fee	21.60

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 531,123.35
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TRANSFER BETWEEN FUNDS-NURSING HOMES

1/7/2020 MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating	9,258.30
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TOTAL TRANSFERS BETWEEN FUNDS	\$ 9,258.30
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NURSING HOME UPL EXPENSES

1/11/2021 Nursing Home UPL-Cantex Transfer	129,369.83
1/11/2021 Nursing Home UPL-Nexion Transfer	48,514.42
1/11/2021 Nursing Home UPL-Tuscany Transfer	8,731.70
1/11/2021 Nursing Home UPL-HSL Transfer	87,850.64

TOTAL NURSING HOME UPL EXPENSES	\$ 274,466.59
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED January 13, 2021	\$ 814,848.24
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APPROVED

JAN 13 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

RECEIVED

01/07/2021

12:33

JAN 07 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 01/27/2021

0

ap_open_invoice.template

Vendor# 11283
Coffman County Auditor

Vendor Name

Class

Pay Code

ACE HARDWARE 15521

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
149943	✓ 12/30/2020	11/30/2020	12/25/2020				7.59	0.00	0.00	7.59
	SUPPLIES - even exchange									
149963	✓ 12/30/2020	12/01/2020	12/26/2020				6.58	0.00	0.00	6.58
	SUPPLIES									
150028	✓ 12/30/2020	12/03/2020	12/28/2020				11.97	0.00	0.00	11.97
	SUPPLIES									
150214	✓ 12/30/2020	12/10/2020	01/04/2021				494.99	0.00	0.00	494.99
	SUPPLIES									
150409	✓ 12/30/2020	12/17/2020	01/11/2021				61.98	0.00	0.00	61.98
	SUPPLIES									
150448	✓ 12/30/2020	12/18/2020	01/12/2021				8.36	0.00	0.00	8.36
	SUPPLIES									
150519	✓ 12/30/2020	12/22/2020	01/16/2021				5.18	0.00	0.00	5.18
	SUPPLIES									
150553	✓ 12/30/2020	12/23/2020	01/17/2021				16.17	0.00	0.00	16.17
	SUPPLIES									
150542	✓ 12/30/2020	12/23/2020	01/17/2021				37.17	0.00	0.00	37.17
	SUPPLIES									
150588	✓ 12/30/2020	12/28/2020	01/22/2021				9.99	0.00	0.00	9.99
	SUPPLIES									
150613	✓ 12/30/2020	12/29/2020	01/23/2021				13.99	0.00	0.00	13.99
	SUPPLIES									

Vendor Totals: Number Name Gross Discount No-Pay Net
11283 ACE HARDWARE 15521 673.97 0.00 0.00 673.97

Vendor# R1200

Vendor Name

Class

Pay Code

ADT COMMERCIAL

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
136821821	✓ 12/30/2020	10/19/2020	11/13/2020				49.18	0.00	0.00	49.18
	FIRE MONITORING									

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

Vendor# 12232

Vendor Name

Class

Pay Code

ALCOR SCIENTIFIC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62819	✓ 12/30/2020	11/08/2019	11/08/2019				1,500.00	0.00	0.00	1,500.00
	11/16/19-11/15/20 SERVICE CONT									

Vendor Totals: Number Name Gross Discount No-Pay Net
12232 ALCOR SCIENTIFIC 1,500.00 0.00 0.00 1,500.00

Vendor# A1705

Vendor Name

Class

Pay Code

ALIMED INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV03494	✓ 12/30/2020	12/28/2020	01/12/2021				119.89	0.00	0.00	119.89
	5412 SUPPLIES									

Vendor Totals: Number Name Gross Discount No-Pay Net
A1705 ALIMED INC. 119.89 0.00 0.00 119.89

Vendor# 13636

Vendor Name

Class

Pay Code

ALLIANCE GRAPHICS PRINTING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
315838011	✓ 12/30/2020	11/16/2020					107.44	0.00	0.00	107.44
	STARBUCKS DECAL - sales tax included									

Vendor Totals: Number Name Gross Discount No-Pay Net
13636 ALLIANCE GRAPHICS 107.44 0.00 0.00 107.44

Vendor# 10958

Vendor Name

Class

Pay Code

ALLYSON SWOPE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
010621	01/06/2021	01/06/2021	01/06/2021				1,611.00	0.00	0.00	1,611.00 ✓
CONTRACT EMPLOYEE										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10958			ALLYSON SWOPE			1,611.00	0.00	0.00	1,611.00	
Vendor#	Vendor Name		Class		Pay Code					
A1360	AMERISOURCEBERGEN DRUG CCW		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
586637235	✓ 11/30/2019	02/15/2018	01/22/2021				-2,182.12	0.00	0.00	-2,182.12 ✓
CREDIT										
984734062	✓ 12/31/2020	12/31/2020	01/06/2021				10,400.00	0.00	0.00	10,400.00 ✓
INVENTORY COVID 19										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
A1360			AMERISOURCEBEF			8,217.88	0.00	0.00	8,217.88	
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
945915	✓ 12/30/2020	12/29/2020	01/13/2021				4.98	0.00	0.00	4.98 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
A2600			AUTO PARTS & MA			4.98	0.00	0.00	4.98	
Vendor#	Vendor Name		Class		Pay Code					
12324	BLUE CROSS BLUE SHIELD		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121820	12/30/2020	12/18/2020	01/01/2021				208,083.08	0.00	0.00	208,083.08 ✓
INSURANCE - remove family insurance on board member										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
12324			BLUE CROSS BLUE			208,083.08	0.00	0.00	208,083.08	
Vendor#	Vendor Name		Class		Pay Code					
B1650	BOSART LOCK & KEY INC		✓ M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121183	✓ 12/29/2020	12/23/2020	01/22/2021				14.20	0.00	0.00	14.20 ✓
KEYS										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
B1650			BOSART LOCK & K			14.20	0.00	0.00	14.20	
Vendor#	Vendor Name		Class		Pay Code					
B1800	BRIGGS HEALTHCARE		✓ M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B329746	✓ 12/30/2020	12/28/2020	01/27/2021				938.25	0.00	0.00	938.25 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
B1800			BRIGGS HEALTHCA			938.25	0.00	0.00	938.25	
Vendor#	Vendor Name		Class		Pay Code					
C1992	CDW GOVERNMENT, INC.		✓ M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4518597	✓ 12/30/2020	11/20/2020	12/20/2020				334.53	0.00	0.00	334.53 ✓
UPS										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
C1992			CDW GOVERNMENT			334.53	0.00	0.00	334.53	
Vendor#	Vendor Name		Class		Pay Code					
13000	CLEARFLY		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV326057	✓ 01/04/2021	01/01/2021	01/15/2021				969.24	0.00	0.00	969.24 ✓
PHONES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13000			CLEARFLY			969.24	0.00	0.00	969.24	
Vendor#	Vendor Name		Class		Pay Code					
C1166	COASTAL OFFICE SOLUTONS		✓ W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OEQT16393	✓ 12/30/2020	12/29/2020	01/08/2021				345.28	0.00	0.00	345.28 ✓
SUPPLIES										

	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	C1166			COASTAL OFFICE SUPPLIES			345.28	0.00	0.00	345.28	
Vendor# 11030			Vendor Name			Class	Pay Code				
			COMBINED INSURANCE								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	010121	01/06/2021	01/01/2021	01/01/2021				877.94	0.00	0.00	877.94
			INSURANCE								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	11030			COMBINED INSURANCE			877.94	0.00	0.00	877.94	
Vendor# 13572			Vendor Name			Class	Pay Code				
			COMMUNITY INFUSION SOLUTIONS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	IC20201217	12/30/2020	12/04/2020	12/04/2020				4,430.00	0.00	0.00	4,430.00
			OP INFUSION CENTER								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	13572			COMMUNITY INFUSION SOLUTIONS			4,430.00	0.00	0.00	4,430.00	
Vendor# 10006			Vendor Name			Class	Pay Code				
			CUSTOM MEDICAL SPECIALTIES								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	275781	12/30/2020	12/22/2020	01/06/2021				1,144.02	0.00	0.00	1,144.02
			SUPPLIES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	10006			CUSTOM MEDICAL SPECIALTIES			1,144.02	0.00	0.00	1,144.02	
Vendor# 12612			Vendor Name			Class	Pay Code				
			DASHBOARD MD								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	10636	01/06/2021	01/01/2021	01/01/2021				550.00	0.00	0.00	550.00
			PROCESSING SUPPORT FEE								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	12612			DASHBOARD MD			550.00	0.00	0.00	550.00	
Vendor# D1193			Vendor Name			Class	Pay Code				
			DEPUY SYNTHES SALES, INC.			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	22337285RI	12/30/2020	12/02/2019	12/27/2019				36.00	0.00	0.00	36.00
			SUPPLIES								
	2240900RI	12/30/2020	12/20/2019	01/14/2020				1,088.60	0.00	0.00	1,088.60
			SUPPLIES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	D1193			DEPUY SYNTHES SALES, INC.			1,124.60	0.00	0.00	1,124.60	
Vendor# 10368			Vendor Name			Class	Pay Code				
			DEWITT POTH & SON								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6295450	12/30/2020	12/28/2020	01/22/2021				143.21	0.00	0.00	143.21
			SUPPLIES								
	6295240	12/30/2020	12/28/2020	01/22/2021				73.83	0.00	0.00	73.83
			SUPPLIES								
	6296770	12/30/2020	12/29/2020	01/23/2021				78.77	0.00	0.00	78.77
			SUPPLIES								
	6284770	12/30/2020	12/29/2020	01/23/2021				16.85	0.00	0.00	16.85
			SUPPLIES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	10368			DEWITT POTH & SON			312.66	0.00	0.00	312.66	
Vendor# F1400			Vendor Name			Class	Pay Code				
			FISHER HEALTHCARE			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	5691841	12/30/2020	12/11/2020	01/05/2021				55.06	0.00	0.00	55.06
			SUPPLIES								
	5765335	12/30/2020	12/14/2020	01/08/2021				78.36	0.00	0.00	78.36
			SUPPLIES								
	5848171	12/30/2020	12/15/2020	01/09/2021				914.12	0.00	0.00	914.12
			SUPPLIES								

4/10

12596

INDEED, INC. ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
38550112	✓ 12/30/2020	12/31/2020	12/31/2020				1,083.14	0.00	0.00	1,083.14 ✓

JOB POSTING

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12596	INDEED, INC.	1,083.14	0.00	0.00	1,083.14	

Vendor#

I1260

Vendor Name

INTOXIMETERS INC ✓

Class

M

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
668689	✓ 12/30/2020	11/24/2020	12/19/2020				102.85	0.00	0.00	102.85 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
I1260	INTOXIMETERS INC	102.85	0.00	0.00	102.85	

Vendor#

11108

Vendor Name

ITERSOURCE CORPORATION ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
711288	✓ 12/30/2020	12/30/2020	12/30/2020				24,536.11	0.00	0.00	24,536.11 ✓

WIFI SYSTEM

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11108	ITERSOURCE CORI	24,536.11	0.00	0.00	24,536.11	

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
921667638	✓ 12/30/2020	11/14/2020	12/14/2020				558.29	0.00	0.00	558.29 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
J0150	J & J HEALTH CARE ✓	558.29	0.00	0.00	558.29	

Vendor#

10972

Vendor Name

M G TRUST ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
010521	01/06/2021	01/05/2021	01/05/2021				790.86	0.00	0.00	790.86 ✓

PAYROLL DED

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

Vendor#

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
156085	✓ 12/30/2020	12/31/2020	01/25/2021				8,359.03	0.00	0.00	8,359.03 ✓

COLLECTION FEE

156086	✓ 12/30/2020	12/31/2020	01/25/2021				1,476.56	0.00	0.00	1,476.56 ✓
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COLLECTION FEE

156084	✓ 12/30/2020	12/31/2020	01/25/2021				1,185.24	0.00	0.00	1,185.24 ✓
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COLLECTIONS

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11141	MEDICAL DATA SY	11,020.83	0.00	0.00	11,020.83	

Vendor#

M2470

Vendor Name

MEDLINE INDUSTRIES INC ✓

Class

M

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1928473588	✓ 12/30/2020	12/07/2020	01/01/2021				-3.37	0.00	0.00	-3.37 ✓

CREDIT 1927277327

1934040316	✓ 12/30/2020	12/11/2020	01/05/2021				177.85	0.00	0.00	177.85 ✓
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SUPPLIES

1934040315	✓ 12/30/2020	12/11/2020	01/05/2021				10.73	0.00	0.00	10.73 ✓
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SUPPLIES

1934209477	✓ 12/30/2020	12/14/2020	01/08/2021				37.30	0.00	0.00	37.30 ✓
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SUPPLIES

1934339636	✓ 12/30/2020	12/15/2020	01/09/2021				165.31	0.00	0.00	165.31 ✓
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SUPPLIES

1934339637	✓ 12/30/2020	12/15/2020	01/09/2021				18.41	0.00	0.00	18.41 ✓
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SUPPLIES

1934339661	✓ 12/30/2020	12/15/2020	01/09/2021				148.22	0.00	0.00	148.22 ✓
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SUPPLIES					
1934339634	12/30/2020	12/15/2020	01/09/2021	195.30	0.00 0.00 195.30 ✓
SUPPLIES					
1934339638	12/30/2020	12/15/2020	01/09/2021	507.20	0.00 0.00 507.20 ✓
SUPPLIES					
1934339639	12/30/2020	12/15/2020	01/09/2021	38.28	0.00 0.00 38.28 ✓
SUPPLIES					
1934339658	12/30/2020	12/15/2020	01/09/2021	242.00	0.00 0.00 242.00 ✓
SUPPLIES					
1934339664	12/30/2020	12/15/2020	01/09/2021	25.94	0.00 0.00 25.94 ✓
SUPPLIES					
1934339632	12/30/2020	12/15/2020	01/09/2021	56.49	0.00 0.00 56.49 ✓
SUPPLIES					
1934339657	12/30/2020	12/15/2020	01/09/2021	203.41	0.00 0.00 203.41 ✓
SUPPLIES					
1934339633	12/30/2020	12/15/2020	01/09/2021	848.91	0.00 0.00 848.91 ✓
SUPPLIES					
1934339649	12/30/2020	12/15/2020	01/09/2021	25.38	0.00 0.00 25.38 ✓
SUPPLIES					
1934339665	12/30/2020	12/15/2020	01/09/2021	398.66	0.00 0.00 398.66 ✓
SUPPLIES					
1934339663	12/30/2020	12/15/2020	01/09/2021	25.02	0.00 0.00 25.02 ✓
SUPPLIES					
1934339660	12/30/2020	12/15/2020	01/09/2021	86.40	0.00 0.00 86.40 ✓
SUPPLIES					
1934530436	12/30/2020	12/16/2020	01/10/2021	390.47	0.00 0.00 390.47 ✓
SUPPLIES					
1934530438	12/30/2020	12/16/2020	01/10/2021	111.86	0.00 0.00 111.86 ✓
SUPPLIES					
1934530441	12/30/2020	12/16/2020	01/10/2021	44.96	0.00 0.00 44.96 ✓
SUPPLIES					
1934530440	12/30/2020	12/16/2020	01/10/2021	73.18	0.00 0.00 73.18 ✓
SUPPLIES					
1934530434	12/30/2020	12/16/2020	01/10/2021	248.29	0.00 0.00 248.29 ✓
SUPPLIES					
1934530444	12/30/2020	12/16/2020	01/10/2021	100.15	0.00 0.00 100.15 ✓
SUPPLIES					
1934943439	12/30/2020	12/18/2020	01/12/2021	-9.15	0.00 0.00 -9.15 ✓
CREDIT					
1934905728	12/30/2020	12/18/2020	01/12/2021	13.03	0.00 0.00 13.03 ✓
SUPPLIES					
1934943440	12/30/2020	12/18/2020	01/12/2021	-9.15	0.00 0.00 -9.15 ✓
CREDIT					
1935204071	12/30/2020	12/22/2020	01/16/2021	10.11	0.00 0.00 10.11 ✓
SUPPLIES					
1935204067	12/30/2020	12/22/2020	01/16/2021	52.28	0.00 0.00 52.28 ✓
SUPPLIES					
1935204074	12/30/2020	12/22/2020	01/16/2021	77.43	0.00 0.00 77.43 ✓
SUPPLIES					
1935204079	12/30/2020	12/22/2020	01/16/2021	91.20	0.00 0.00 91.20 ✓
SUPPLIES					
1935204063	12/30/2020	12/22/2020	01/16/2021	62.93	0.00 0.00 62.93 ✓
SUPPLIES					
1935204077	12/30/2020	12/22/2020	01/16/2021	189.72	0.00 0.00 189.72 ✓
SUPPLIES					
1935204075	12/30/2020	12/22/2020	01/16/2021	36.28	0.00 0.00 36.28 ✓
SUPPLIES					
1935204073	12/30/2020	12/22/2020	01/16/2021	27.64	0.00 0.00 27.64 ✓
SUPPLIES					
1935204064	12/30/2020	12/22/2020	01/16/2021	25.73	0.00 0.00 25.73 ✓
SUPPLIES					

	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
	M2470			MEDLINE INDUST			4,744.40	0.00	0.00		4,744.40
Vendor#			Vendor Name		Class		Pay Code				
10963			MEMORIAL MEDICAL CLINIC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	010521	01/06/2021	01/05/2021	01/05/2021				80.00	0.00	0.00	80.00
			PAYROLL DED								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
	10963			MEMORIAL MEDICA			80.00	0.00	0.00		80.00
Vendor#			Vendor Name		Class		Pay Code				
10536			MORRIS & DICKSON CO, LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6439499	12/30/2020	12/30/2020	01/09/2021				23.21	0.00	0.00	23.21
			INVENTORY								
	6448820	01/06/2021	01/03/2021	01/13/2021				1,698.25	0.00	0.00	1,698.25
			INVENTORY								
	6448819	01/06/2021	01/03/2021	01/13/2021				237.07	0.00	0.00	237.07
			INVENTORY								
	6446545	01/06/2021	01/03/2021	01/13/2021				610.99	0.00	0.00	610.99
			INVENTORY								
	6448821	01/06/2021	01/03/2021	01/13/2021				1,374.44	0.00	0.00	1,374.44
			INVENTORY								
	6446547	01/06/2021	01/03/2021	01/13/2021				1,873.11	0.00	0.00	1,873.11
			INVENTORY								
	6446548	01/06/2021	01/03/2021	01/13/2021				75.75	0.00	0.00	75.75
			INVENTORY								
	6446546	01/06/2021	01/03/2021	01/13/2021				904.91	0.00	0.00	904.91
			INVENTORY								
	6453431	01/06/2021	01/04/2021	01/14/2021				236.91	0.00	0.00	236.91
			INVENTORY								
	6453432	01/06/2021	01/04/2021	01/14/2021				28.93	0.00	0.00	28.93
			INVENTORY								
	CM22555	01/06/2021	01/04/2021	01/14/2021				-189.91	0.00	0.00	-189.91
			CREDIT								
	6453430	01/06/2021	01/04/2021	01/14/2021				524.63	0.00	0.00	524.63
			INVENTORY								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
	10536			MORRIS & DICKSOI			7,398.29	0.00	0.00		7,398.29
Vendor#			Vendor Name		Class		Pay Code				
13548			NACOGDOCHES TRANSCRIPTION								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	7250	01/04/2021	01/04/2021	01/04/2021				486.50	0.00	0.00	486.50
			TRANSCRIPTION								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
	13548			NACOGDOCHES TF			486.50	0.00	0.00		486.50
Vendor#			Vendor Name		Class		Pay Code				
O0920			OFFICE DEPOT								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1348114870	12/30/2020	11/05/2020	01/04/2021				142.48	0.00	0.00	142.48
			SUPPLIES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
	O0920			OFFICE DEPOT			142.48	0.00	0.00		142.48
Vendor#			Vendor Name		Class		Pay Code				
11069			PABLO GARZA								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	010521	01/06/2021	01/05/2021	01/05/2021				1,462.50	0.00	0.00	1,462.50
			CONTRACT EMPLOYEE								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
	11069			PABLO GARZA			1,462.50	0.00	0.00		1,462.50
Vendor#			Vendor Name		Class		Pay Code				
P1800			PITNEY BOWES INC		W						

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1017002296	✓ 12/30/2020	12/11/2020	01/10/2021				527.64	0.00	0.00	527.64 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
P1800			PITNEY BOWES INC			527.64	0.00	0.00	527.64	
Vendor# P2200			Vendor Name			Class		Pay Code		
			POWER HARDWARE	✓		W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B58305	✓ 12/30/2020	12/02/2020	12/12/2020				13.78	0.00	0.00	13.78 ✓
SUPPLIES										
B58532	✓ 12/30/2020	12/15/2020	12/25/2020				9.24	0.00	0.00	9.24 ✓
SUPPLIES										
A68737	✓ 12/30/2020	12/29/2020	01/08/2021				19.99	0.00	0.00	19.99 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
P2200			POWER HARDWAR			43.01	0.00	0.00	43.01	
Vendor# P1725			Vendor Name			Class		Pay Code		
			PREMIER SLEEP DISORDERS CEM	✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100	01/06/2021	01/05/2020	01/20/2020				1,700.00	0.00	0.00	1,700.00 ✓
SLEEP STUDIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
P1725			PREMIER SLEEP DI			1,700.00	0.00	0.00	1,700.00	
Vendor# 12036			Vendor Name			Class		Pay Code		
			SAM'S CLUB 6471	✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121320	12/30/2020	12/13/2020	01/25/2021				100.00	0.00	0.00	100.00 ✓
RENEW MEMBERSHIP										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
12036			SAM'S CLUB 6471			100.00	0.00	0.00	100.00	
Vendor# S1800			Vendor Name			Class		Pay Code		
			SHERWIN WILLIAMS	✓		W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
97881	✓ 12/30/2020	12/11/2020	12/26/2020				21.14	0.00	0.00	21.14 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
S1800			SHERWIN WILLIAM:			21.14	0.00	0.00	21.14	
Vendor# 10699			Vendor Name			Class		Pay Code		
			SIGN AD, LTD.	✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
257189	✓ 12/30/2020	12/16/2020	12/26/2020				400.00	0.00	0.00	400.00 ✓
AD										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10699			SIGN AD, LTD.			400.00	0.00	0.00	400.00	
Vendor# 10681			Vendor Name			Class		Pay Code		
			SIMMLER, INC.	✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
188475	✓ 12/30/2020	12/22/2020	01/06/2021				175.00	0.00	0.00	175.00 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10681			SIMMLER, INC.			175.00	0.00	0.00	175.00	
Vendor# 12288			Vendor Name			Class		Pay Code		
			SPBS CLINICAL EQUIPMENT SRVC	✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV009755	✓ 12/30/2020	10/30/2020	11/29/2020				12,375.00	0.00	0.00	12,375.00 ✓
BIO MED SERVICES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
12288			SPBS CLINICAL EQ			12,375.00	0.00	0.00	12,375.00	
Vendor# S3940			Vendor Name			Class		Pay Code		
			STERIS CORPORATION	✓		M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

	9036039	✓	12/30/2020	10/28/2020	11/22/2020			59.99	0.00	0.00	59.99	✓
			SUPPLIES									
	9133052	✓	12/30/2020	12/18/2020	01/12/2021			112.44	0.00	0.00	112.44	✓
			SUPPLIES									
Vendor#	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
S2833	S3940			STERIS CORPORA1		172.43		0.00	0.00		172.43	
	Vendor Name			STRYKER ENDOSCOPY		Class		Pay Code				
Invoice#	Comment		Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
10082748E	✓	12/30/2020	12/23/2020	01/06/2021				1,892.45	0.00	0.00	1,892.45	✓
			SUPPLIES									
Vendor#	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
S2830	S2833			STRYKER ENDOSC		1,892.45		0.00	0.00		1,892.45	
	Vendor Name			STRYKER SALES CORP		Class		Pay Code				
Invoice#	Comment		Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
2855421M	✓	12/30/2020	11/26/2019	11/26/2019				9,450.00	0.00	0.00	9,450.00	✓
			LIFENET BASIC 1/8/20-01/7/23									
3023418M	✓	12/30/2020	05/11/2020	05/11/2020				425.00	0.00	0.00	425.00	✓
			SMR REPAIR									
Vendor#	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
T2539	S2830			STRYKER SALES C		9,875.00		0.00	0.00		9,875.00	
	Vendor Name			T-SYSTEM, INC		Class		Pay Code				
Invoice#	Comment		Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
41614	✓	12/30/2020	12/27/2020	01/26/2021				431.42	0.00	0.00	431.42	✓
			ERX LICENSE									
Vendor#	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
T2235	T2539			T-SYSTEM, INC		431.42		0.00	0.00		431.42	
	Vendor Name			TEXAS SOCIAL SECURITY PROGRW		Class		Pay Code				
Invoice#	Comment		Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
120720		12/15/2020	12/07/2020	01/21/2021				77.00	0.00	0.00	77.00	✓
			ANNUAL FEE									
Vendor#	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
11038	T2235			TEXAS SOCIAL SEC		77.00		0.00	0.00		77.00	
	Vendor Name			THE INLINE GROUP		Class		Pay Code				
Invoice#	Comment		Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
42885	✓	12/30/2020	12/19/2020	01/03/2021				2,500.00	0.00	0.00	2,500.00	✓
			CANIDATE SOURCING									
Vendor#	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
13632	11038			THE INLINE GROUF		2,500.00		0.00	0.00		2,500.00	
	Vendor Name			THRIVEFUEL LLC		Class		Pay Code				
Invoice#	Comment		Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1095745010	✓	12/30/2020	12/31/2020	01/11/2021				2,849.00	0.00	0.00	2,849.00	✓
			SOCIAL ADVERTISING									
Vendor#	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
U2000	13632			THRIVEFUEL LLC		2,849.00		0.00	0.00		2,849.00	
	Vendor Name			US POSTAL SERVICE		Class		Pay Code				
Invoice#	Comment		Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
010621		01/06/2021	01/06/2021	01/06/2021				2,200.00	0.00	0.00	2,200.00	
			postage									✓
Vendor#	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
10793	U2000			US POSTAL SERVIC		2,200.00		0.00	0.00		2,200.00	
	Vendor Name			WAGEWORKS, INC.		Class		Pay Code				
Invoice#	Comment		Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
010521		01/06/2021	01/05/2021	01/05/2021				4,117.37	0.00	0.00	4,117.37	

PAYROLL DED

	Vendor Totals:		Number		Name		Gross		Discount		No-Pay		Net	
	10793				WAGEWORKS, INC.		4,117.37		0.00		0.00		4,117.37	
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	
	9110920220	12/30/2020	12/29/2020	01/23/2021				298.75		0.00	0.00		298.75	
	SUPPLIES													
	Vendor Totals:		Number		Name		Gross		Discount		No-Pay		Net	
	I1110				WERFEN USA LLC		298.75		0.00		0.00		298.75	
Report Summary														
Grand Totals:			Gross			Discount			No-Pay			Net		
			339,053.79			0.00			0.00			339,053.79		

Pg 1 correction

Pg 2 correction

$\{ < 7.57 >$
 $\{ < 107.44 >$
 $\{ + 99.25$

$\{ < 208,083.08 >$
 $\{ + 206,904.96$

337,859.89

APPROVED
ON
JAN 07 2021
CK#
188734-
188795
COUNTY AUDITOR
SARAH J. GUNTER, CLERK
SARAH J. GUNTER, CLERK

RECEIVED

1/8/2021 JAN 08 2021

tmp__cw5report40291553489932751.html

01/08/2021
10:01
Cameron County Auditor

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#
13016

Vendor Name

FIRST INSURANCE FUNDING

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26351882	12/31/2020	12/31/2020	12/31/2020				33,717.00	0.00	0.00	33,717.00

TEXAS HOSPITAL INSURANCE EX

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

13016

FIRST INSURANCE

33,717.00

0.00

0.00

33,717.00

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

33,717.00

0.00

0.00

33,717.00

APPROVED
CN

JAN 07 2021

CK#

188754

CAMERON COUNTY AUDITOR
CAMERON COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 01/08/2021

Page: 002

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

Company: 8000

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536

Date: 01/09/2021

As of: 01/08/2021
Mail to:Page: 002
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 01/09/2021 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: 12,942.15 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017If Paid By 01/12/2021,
Pay This Amount:

12,683.27 USD

If Paid After 01/12/2021,
Pay this Amount:

12,942.15 USD

Due If Paid On Time:
USD

12,683.27 ✓

Disc lost if paid late:

258.88

Due If Paid Late:
USD

12,942.15

16,57 +
11,647.04 +
240.10 +
779.56 +
12,683.27 *

APPROVED
ON

JAN 11 2021

COURTNEY A. JENSEN
CLERK, GALVESTON COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

As of: 01/08/2021

Page: 001

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

DC: 8115

Territory: 400

Customer: 190813
Date: 01/09/2021As of: 01/08/2021 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyHEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 190813 PLEASE CHECK ANY
Date: 01/09/2021 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											
01/06/2021	01/12/2021	7245233371	2017025427	115Invoice	0.34	16.91		16.57	✓	7245233371	

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: 16.91 USD

Future Due: 0.00

If Paid By 01/12/2021,
Pay This Amount:

16.57 USD

Past Due: 0.00

If Paid After 01/12/2021,
Pay this Amount:

16.91 USD

Last Payment 4,760.90
01/04/2021

Due If Paid On Time:

USD 16.57 ✓

Disc lost if paid late:

0.34

Due If Paid Late:

USD 16.91

JAN 11 2021

CK# 500169

McKESSON

STATEMENT

As of: 01/08/2021

Page: 001

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

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: 01/09/2021

As of: 01/08/2021 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 01/09/2021 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 256342 WALMART 1098/MEM MED PHS											
01/03/2021	01/12/2021	7244582068		115Invoice	9.65	482.59		472.94 ✓		7244582068	
01/03/2021	01/12/2021	7244582070		115Invoice	0.88	43.76		42.88 ✓		7244582070	
01/03/2021	01/12/2021	7244582071		115Invoice	14.24	711.90		697.66 ✓		7244582071	
01/03/2021	01/12/2021	7244582073		115Invoice	5.92	295.83		289.91 ✓		7244582073	
01/03/2021	01/12/2021	7244582075		115Invoice	1.96	97.94		95.98 ✓		7244582075	
01/03/2021	01/12/2021	7244582076		115Invoice	35.78	1,788.93		1,753.15 ✓		7244582076	
01/03/2021	01/12/2021	7244582077		115Invoice	1.36	68.22		66.86 ✓		7244582077	
01/03/2021	01/12/2021	7244582078		115Invoice	3.61	180.33		176.72 ✓		7244582078	
01/04/2021	01/12/2021	7244848568	848883832	195Invoice	0.04	1.87		1.83 ✓		7244848568	
01/05/2021	01/12/2021	7244985645	2081980	115Invoice	0.01	0.32		0.31 ✓		7244985645	
01/05/2021	01/12/2021	7244985646	2115956	115Invoice	7.88	393.94		386.06 ✓		7244985646	
01/05/2021	01/12/2021	7244985647	2115956	115Invoice	9.80	490.08		480.28 ✓		7244985647	
01/05/2021	01/12/2021	7245170795	00001042021TW	115Invoice	3.68	183.92		180.24 ✓		7245170795	
01/06/2021	01/12/2021	7245238869	2137743	115Invoice	9.80	490.08		480.28 ✓		7245238869	
01/06/2021	01/12/2021	7245238870	2137743	115Invoice	17.35	867.33		849.98 ✓		7245238870	
01/06/2021	01/12/2021	7245238871	2173936	115Invoice	0.01	0.56		0.55 ✓		7245238871	
01/06/2021	01/12/2021	7245238872	0105210404-00	115Invoice	34.69	1,734.65		1,699.96 ✓		7245238872	
01/06/2021	01/12/2021	7245403272	849473312	195Invoice	2.81	140.31		137.50 ✓		7245403272	
01/06/2021	01/12/2021	7245439143	00001052021TM	115Invoice	0.95	47.37		46.42 ✓		7245439143	
01/07/2021	01/12/2021	7245516443	2194300	115Invoice	9.80	490.08		480.28 ✓		7245516443	
01/07/2021	01/12/2021	7245516445	0106210256-00	115Invoice	1.11	55.26		54.15 ✓		7245516445	
01/07/2021	01/12/2021	7245516446	2230910	115Invoice	0.04	1.82		1.78 ✓		7245516446	
01/07/2021	01/12/2021	7245516447	2230910	115Invoice	0.61	30.26		29.65 ✓		7245516447	
01/07/2021	01/12/2021	7245707021	00001062021TW	115Invoice	14.06	703.24		689.18 ✓		7245707021	
01/08/2021	01/12/2021	7245777951	2250845	115Invoice	0.06	2.79		2.73 ✓		7245777951	
01/08/2021	01/12/2021	7245777952	2250845	115Invoice	51.60	2,579.88		2,528.28 ✓		7245777952	
01/08/2021	01/12/2021	7245921111	849802603	195Invoice	0.01	0.56		0.55 ✓		7245921111	
01/08/2021	01/12/2021	7245959740	00001072021TW	115Invoice	0.02	0.95		0.93 ✓		7245959740	

McKESSON**STATEMENT**

As of: 01/08/2021

Page: 002

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

Company: 8000

DC: 8115

As of: 01/08/2021 Page: 002
Mail to: Comp: 8000WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 256342

Date: 01/09/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 256342 PLEASE CHECK ANY
Date: 01/09/2021 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: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 11,884.77 USD

Future Due: 0.00

If Paid By 01/12/2021,
Pay This Amount:

11,647.04 USD

Past Due: 0.00

If Paid After 01/12/2021,
Pay this Amount:

11,884.77 USD

Last Payment 4,760.90
01/04/2021Due If Paid On Time:
USD

11,647.04 ✓

Disc lost If paid late:

237.73

Due If Paid Late:
USD

11,884.77

APPROVED
ON

JAN 11 2021

COUNTY AUDITOR
CALDWELL COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

As of: 01/08/2021

Page: 001

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

DC: 8115

Territory: 400

Customer: 262252

Date: 01/09/2021

As of: 01/08/2021 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 262252 PLEASE CHECK ANY
Date: 01/09/2021 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											
01/07/2021	01/12/2021	7245514591	1014429	115Invoice	0.82	40.79		39.97	✓	7245514591	
01/07/2021	01/12/2021	7245514592	1014429	115Invoice	4.08	204.21		200.13	✓	7245514592	

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: 245.00 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,760.90
01/04/2021If Paid By 01/12/2021,
Pay This Amount:

240.10 USD

If Paid After 01/12/2021,
Pay this Amount:

245.00 USD

Due If Paid On Time:

USD 240.10 ✓

Disc lost if paid late:

4.90

Due If Paid Late:

USD 245.00

APPROVED
ON

JAN 11 2021

COURTNEY A. HARRIS
SALASCA COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 01/08/2021

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: 01/09/2021

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

As of: 01/08/2021

Mail to:

Page: 001

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438

Date: 01/09/2021

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 835438 CVS PHCY 7475/MEM MC PHS											
01/07/2021	01/12/2021	7245697940	1014778	115Invoice	15.91	795.47		779.56	✓	7245697940	

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:

795.47 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,760.90
01/04/2021

If Paid By 01/12/2021,
Pay This Amount:

779.56 USD

If Paid After 01/12/2021,
Pay this Amount:

795.47 USD

Due If Paid On Time:

USD

779.56 ✓

Disc lost if paid late:

15.91

Due If Paid Late:

USD

795.47

APPROVED
OK**JAN 11 2021****COUNTY AUDITOR**
CALESON COUNTY, TEXAS



STATEMENT

Statement Number: 60207431
Date: 01-08-2021

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:	2,913.49
Past Due:	0.00
Total Due:	2,913.49
Account Balance:	2,913.49

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-03-2021	01-15-2021	3046321065	159541	Invoice	166.59		0.00	166.59
01-04-2021	01-15-2021	3046368079	159544	Invoice	5.78		0.00	5.78
01-04-2021	01-15-2021	3046368750	159545	Invoice	1.55		0.00	1.55
01-04-2021	01-15-2021	3046387940	159592	Invoice	1,752.17		0.00	1,752.17
01-05-2021	01-15-2021	3046423959	159601	Invoice	29.12		0.00	29.12
01-06-2021	01-15-2021	3046473992	159609	Invoice	794.71		0.00	794.71
01-06-2021	01-15-2021	3046483763	159610	Invoice	52.43		0.00	52.43
01-08-2021	01-15-2021	3046573315	159628	Invoice	60.72		0.00	60.72
01-08-2021	01-15-2021	3046573316	159630	Invoice	43.58		0.00	43.58
01-08-2021	01-15-2021	3046573317	159629	Invoice	6.84		0.00	6.84

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,913.49	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
01-04-2021	(646.66)
01-08-2021	(1,424.33)

Reminders

Due Date	Amount
01-15-2021	2,913.49
Total Due:	2,913.49

CK# 500168

JAN 11 2021

COUNTRY AMERICA
GALVESTON COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK**
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- January 4, 2021 - January 10, 2021

Date	Bank Description		MMC Notes	Amount	CP:
12/15/2020	WITHDRAWL	2,600,000.00 +	MONEY MARKEY ACCT	2,600,000.00 ***	
12/24/2020	PAY PLUS ACHTRANS 452579291 101000693490336	2,900.00 +	- 3rd Party Payor Fee	2.90	
1/4/2021	PAY PLUS ACHTRANS 452579291 101000697887037	22,180.00 +	- 3rd Party Payor Fee	22.18	
1/4/2021	AUTHNET GATEWAY BILLING 115466702 104000015:	17,460.00 +	- 3rd Party Payor Fee	21.60	
1/4/2021	AMERISOURCE BERG PAYMENTS 0100007768 210000	152,180.00 +	- 340B Drug Program Expense	646.66*	
1/5/2021	PAY PLUS ACHTRANS 452579291 101000699262006	9,950.00 +	- 3rd Party Payor Fee	17.46	
1/5/2021	MERCH BNKCD FEE 971160913887 11490252000153	19,950.00 +	- Credit Card Processing Fee	152.18	
1/5/2021	MERCH BNKCD FEE 971160910883 11490252000152	184,430.00 +	- Credit Card Processing Fee	9.95	
1/5/2021	MERCH BNKCD DISCOUNT 971160910883 114902520	147,420.00 +	- Credit Card Processing Fee	19.95	
1/5/2021	MERCH BNKCD DISCOUNT 971160913887 114902520	4,760.90 +	- Credit Card Processing Fee	184.43	
1/5/2021	MCKESSON DRUG AUTO ACH ACH04430419 9100001	32,450.00 +	- 340B Drug Program Expense	147.42	
1/5/2021	FDGL LEASE PYMT 052-1601830-000 410001211691	43,260.00 +	- Credit Card Machine Lease Expense	4,760.90*	
1/5/2021	FDGL LEASE PYMT 052-1479213-000 410001211382	69,240.00 +	- Credit Card Machine Lease Expense	32.45	
1/5/2021	FDGL LEASE PYMT 052-1479468-000 410001211383	40,020.00 +	- Credit Card Machine Lease Expense	43.26	
1/5/2021	FDGL LEASE PYMT 052-1479214-000 410001211382	65,905.54 +	- Credit Card Machine Lease Expense	69.24	
1/6/2021	STATE COMPTLR TEXNET 00915141/10105 2100002	37,890.00 +	- DSRIP WAIVER IGT	40.02	
1/6/2021	PAY PLUS ACHTRANS 452579291 101000690745552	167,040.00 +	- 3rd Party Payor Fee	65,905.54**	
1/7/2021	PAY PLUS ACHTRANS 452579291 101000691850023	1,424.33 +	- 3rd Party Payor Fee	37.89	
1/8/2021	AMERISOURCE BERG PAYMENTS 0100007768 210000	309,956.97 +	- 340B Drug Program Expense	167.04	
1/8/2021	MEMORIAL MEDICAL PAYROLL 746003411 11312265	101,951.31 +	- Payroll	1,424.33*	
1/8/2021	IRS USATAXPYMT 220140811539107 610360100053	1,100.00 +	- Payroll Taxes	309,956.97*	
1/8/2021	PAY PLUS ACHTRANS 452579291 101000692748900	3,085,614.78 *	- 3rd Party Payor Fee	101,951.31*	
				1.10	
				969.07 *	
				3,085,614.78 *	

Jason Anglin, CEO
Memorial Medical Center

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
1/15/2021	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	142,870.63
			3,085,614.78 +
			2,600,000.00 -
			646.66 -
			4,760.90 -
			65,905.54 -
			1,424.33 -
			309,956.97 -
			101,951.31 -
			969.07 *

Jason Anglin, CEO
Memorial Medical Center

* Approved 01.06.21
** Approved 12.23.20
*** Approved 12.16.20

January 4, 2021

1/4/2021

1/15/21

TCDRS Employer Portal - View Payroll Detail

Date/Time 01-04-2021 / 02:45 PM
Submitted By

Pay Date 12-31-2020

Employee Deposits	\$61,810.67
Employer Contributions	\$81,059.96
Group Term Life Premiums	\$0.00
Total	\$142,870.63



Comments

Payroll File December 2020 Retirement Upload.xlsx

CLOSE

PRINT

1/7/2021

RECEIVED

tmp_cw5report5055454742117469722.html

JAN 07 2021

01/07/2021

12:34
Cotton 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
123020	12/30/2020	12/30/2020	01/28/2021				9,258.30	0.00	0.00	9,258.30

TRANSFER

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

12792

BETHANY SENIOR I

9,258.30

0.00

0.00

9,258.30

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

9,258.30

0.00

0.00

9,258.30

APPROVED
OK

CK#

JAN 07 2021

188746

COTTON COUNTY AUDITOR
COTTON COUNTY, TEXAS

8

RUN DATE:01/11/21
TIME:13:19

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/13/21 THRU 01/13/21

PAGE 1
GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	188733	01/13/21	.00	VOIDED
A/P	188734	01/13/21	666.38	ACE HARDWARE 15521
A/P	188735	01/13/21	49.18	ADT COMMERCIAL
A/P	188736	01/13/21	1,500.00	ALCOR SCIENTIFIC
A/P	188737	01/13/21	119.89	ALIMED INC.
A/P	188738	01/13/21	99.25	ALLIANCE GRAPHICS PRINTING
A/P	188739	01/13/21	1,611.00	ALLYSON SWOPE
A/P	188740	01/13/21	8,217.88	AMERISOURCEBERGEN DRUG CORP
A/P	188741	01/13/21	4.98	AUTO PARTS & MACHINE CO.
A/P	188742	01/13/21	206,904.96	BLUE CROSS BLUE SHIELD
A/P	188743	01/13/21	14.20	BOSART LOCK & KEY INC
A/P	188744	01/13/21	938.25	BRIGGS HEALTHCARE
A/P	188745	01/13/21	334.53	CDW GOVERNMENT, INC.
A/P	188746	01/13/21	969.24	CLEARFLY
A/P	188747	01/13/21	345.28	COASTAL OFFICE SOLUTIONS
A/P	188748	01/13/21	877.94	COMBINED INSURANCE
A/P	188749	01/13/21	4,430.00	COMMUNITY INFUSION SOLUTIONS
A/P	188750	01/13/21	1,144.02	CUSTOM MEDICAL SPECIALTIES
A/P	188751	01/13/21	550.00	DASHBOARD MD
A/P	188752	01/13/21	1,124.60	DEPUY SYNTHES SALES, INC.
A/P	188753	01/13/21	312.66	DEWITT POTH & SON
A/P	188754	01/13/21	33,717.00	FIRST INSURANCE FUNDING
A/P	188755	01/13/21	1,921.72	FISHER HEALTHCARE
A/P	188756	01/13/21	65.40	FRONTIER
A/P	188757	01/13/21	1,216.00	GE PRECISION HEALTHCARE, LLC
A/P	188758	01/13/21	197.40	GRAINGER
A/P	188759	01/13/21	867.21	GULF COAST PAPER COMPANY
A/P	188760	01/13/21	7,908.33	HITACHI HEALTHCARE
A/P	188761	01/13/21	3,308.13	HOLOGIC INC
A/P	188762	01/13/21	1,083.14	INDEED, INC.
A/P	188763	01/13/21	102.85	INTOXIMETERS INC
A/P	188764	01/13/21	24,536.11	ITERSOURCE CORPORATION
A/P	188765	01/13/21	558.29	J & J HEALTH CARE SYSTEMS, INC
A/P	188766	01/13/21	790.86	M G TRUST
A/P	188767	01/13/21	11,020.83	MEDICAL DATA SYSTEMS, INC.
A/P	188768	01/13/21	.00	VOIDED
A/P	188769	01/13/21	.00	VOIDED
A/P	188770	01/13/21	.00	VOIDED
A/P	188771	01/13/21	.00	VOIDED
A/P	188772	01/13/21	4,744.40	MEDLINE INDUSTRIES INC
A/P	188773	01/13/21	80.00	MEMORIAL MEDICAL CLINIC
A/P	188774	01/13/21	7,398.29	MORRIS & DICKSON CO, LLC
A/P	188775	01/13/21	486.50	NACOGDOCHES TRANSCRIPTION
A/P	188776	01/13/21	142.48	OFFICE DEPOT
A/P	188777	01/13/21	1,462.50	PABLO GARZA
A/P	188778	01/13/21	527.64	PITNEY BOWES INC
A/P	188779	01/13/21	43.01	POWER HARDWARE
A/P	188780	01/13/21	1,700.00	PREMIER SLEEP DISORDERS CENTER
A/P	188781	01/13/21	100.00	SAM'S CLUB 6471
A/P	188782	01/13/21	21.14	SHERWIN WILLIAMS

RUN DATE:01/11/21
TIME:13:19

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/13/21 THRU 01/13/21

PAGE 2
GLCKREG

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

A/P	188783	01/13/21	400.00	SIGN AD, LTD.
A/P	188784	01/13/21	175.00	SIMMLER, INC.
A/P	188785	01/13/21	12,375.00	SPBS CLINICAL EQUIPMENT SRVC
A/P	188786	01/13/21	172.43	STERIS CORPORATION
A/P	188787	01/13/21	1,892.45	STRYKER ENDOSCOPY
A/P	188788	01/13/21	9,875.00	STRYKER SALES CORP
A/P	188789	01/13/21	431.42	T-SYSTEM, INC
A/P	188790	01/13/21	77.00	TEXAS SOCIAL SECURITY PROGRAM
A/P	188791	01/13/21	2,500.00	THE INLINE GROUP
A/P	188792	01/13/21	2,849.00	THRIVEFUEL LLC
A/P	188793	01/13/21	2,200.00	US POSTAL SERVICE
A/P	188794	01/13/21	4,117.37	WAGeworks, INC.
A/P	188795	01/13/21	298.75	WERFEN USA LLC
A/P	188796	01/13/21	9,258.30	BETHANY SENIOR LIVING
TOTALS:			380,835.19	

APPROVED
OK

JAN 13 2021

CERTIFIED AUTHORITY
MEMORIAL MEDICAL CENTER

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
1/11/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		74,254.35 ✓	24,722.09 ✓	10,805.01 ✓		60,337.27 ✓	10,805.01
						Bank Balance	60,337.27 ✓
						Variance	-
						Leave in Balance	100.00
						AMERIGROUP QIPP 1 & 2	31,604.19 ✓
						MOLINA QIPP 1 & 2	17,643.96 ✓
						October Interest	81.43 ✓
						November Interest	56.45 ✓
						December Interest	46.23 ✓
						Adjust Balance/Transfer Amt	10,805.01 ✓
Broadmoor		63,694.97 ✓	43,084.62 ✓	31,560.62 ✓		52,170.97 ✓	31,560.62
						Bank Balance	52,170.97 ✓
						Variance	-
						Leave in Balance	100.00
						MOLINA QIPP 1 & 2	7,304.22 ✓
						AMERIGROUP QIPP 1 & 2	13,083.46 ✓
						October Interest	38.33 ✓
						November Interest	34.60 ✓
						December Interest	49.74 ✓
						Adjust Balance/Transfer Amt	31,560.62 ✓
Crescent		70,380.53 ✓	53,785.05 ✓	34,182.78 ✓		50,778.26 ✓	34,182.78
						Bank Balance	50,778.26 ✓
						Variance	-
						Leave in Balance	100.00
						MOLINA QIPP 1 & 2	5,864.58 ✓
						AMERIGROUP QIPP 1 & 2	10,504.75 ✓
						October Interest	45.07 ✓
						November Interest	45.04 ✓
						December Interest	36.04 ✓
						Adjust Balance/Transfer Amt	34,182.78 ✓
Fort Bend		38,184.19 ✓	17,513.01 ✓	38,705.63 ✓		59,376.81 ✓	38,705.63
						Bank Balance	59,376.81 ✓
						Variance	-
						Leave in Balance	100.00
						MOLINA QIPP 1 & 2	7,131.24 ✓
						AMERIGROUP QIPP 1 & 2	12,773.61 ✓
						PENDING MMC Claim payment(clinic)	613.11 ✓
						October Interest	20.81 ✓
						November Interest	24.14 ✓
						December Interest	8.27 ✓
						Adjust Balance/Transfer Amt	38,705.63 ✓
Solera at W Houston		76,864.76 ✓	57,330.23 ✓	14,115.79 ✓		33,650.32 ✓	14,115.79
						Bank Balance	33,650.32 ✓
						Variance	-
						Leave in Balance	100.00
						MOLINA QIPP 1 & 2	6,913.62 ✓
						AMERIGROUP QIPP 1 & 2	12,383.81 ✓
						October Interest	51.82 ✓
						November Interest	40.47 ✓
						December Interest	44.81 ✓
						Adjust Balance/Transfer Amt	14,115.79 ✓
10,805.01 + 31,560.62 + 34,182.78 + 38,705.63 + 14,115.79 + 129,369.83 *							
APPROVED ON JAN 11 2021 COURTNEY A. HENDERSON CALLETON COUNTY, TEXAS							
TOTAL TRANSFERS 129,369.83							

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

Approved: 

Ashford Gardens

1/6/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 1/6/2021 Amerigroup TXSC HCCLAIMPMT 3140385592 111000
 1/6/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/6/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/8/2021 Amerigroup TXSC HCCLAIMPMT 3140555289 111000
 1/8/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/8/2021 HUMANA CHA DISB HCCLAIMPMT 390860 4200001948

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
24,722.09	-	-	-	-	-	-	-
-	519.32	-	-	-	-	-	519.32
-	2,646.00	-	-	-	-	-	2,646.00
-	5,523.75	-	-	-	-	-	5,523.75
-	111.97	-	-	-	-	-	111.97
-	111.97	-	-	-	-	-	111.97
-	1,892.00	-	-	-	-	-	1,892.00
24,722.09	10,805.01	-	-	-	-	-	10,805.01

Broadmoor

1/4/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 1/5/2021 HUMANA INS CO HCCLAIMPMT 390861 830000517729
 1/5/2021 HUMANA CHA DISB HCCLAIMPMT 390861 4200001493
 1/6/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 1/8/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/8/2021 HUMANA INS CO HCCLAIMPMT 390861 830000541403

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
-	8,600.00	-	-	-	-	-	8,600.00
-	2,197.40	-	-	-	-	-	2,197.40
-	10,411.03	-	-	-	-	-	10,411.03
43,084.62	-	-	-	-	-	-	-
-	3,463.37	-	-	-	-	-	3,463.37
-	6,888.82	-	-	-	-	-	6,888.82
43,084.62	31,560.62	-	-	-	-	-	31,560.62

Crescent

1/4/2021 CIGNA HCCLAIMPMT 1669860425 91000012021177
 1/5/2021 AARP Supplementa HCCLAIMPMT 746003411 124384
 1/6/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 1/6/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000189
 1/7/2021 Deposit
 1/8/2021 AARP Supplementa HCCLAIMPMT 746003411 124384
 1/8/2021 HUMANA INS CO HCCLAIMPMT 390864 830000541403

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
-	4,048.00	-	-	-	-	-	4,048.00
-	528.00	-	-	-	-	-	528.00
53,785.05	-	-	-	-	-	-	-
-	270.07	-	-	-	-	-	270.07
-	13,097.21	-	-	-	-	-	13,097.21
-	704.00	-	-	-	-	-	704.00
-	15,535.50	-	-	-	-	-	15,535.50
53,785.05	34,182.78	-	-	-	-	-	34,182.78

Fort Bend

1/4/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/4/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2
 1/5/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/6/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 1/6/2021 AARP Supplementa HCCLAIMPMT 746003411 124384

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
-	1,390.56	-	-	-	-	-	1,390.56
-	17,187.26	-	-	-	-	-	17,187.26
-	19,902.33	-	-	-	-	-	19,902.33
17,513.01	-	-	-	-	-	-	-
-	225.48	-	-	-	-	-	225.48
17,513.01	38,705.63	-	-	-	-	-	38,705.63

Solera at West Houston

1/4/2021 CIGNA HCCLAIMPMT 1497143259 91000012021178
 1/5/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000160
 1/6/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 1/6/2021 MANAGEANDNET1718 MNS PMNT 00000000002482 41
 1/8/2021 Amerigroup TXSC HCCLAIMPMT 3140555290 111000

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
-	9,000.00	-	-	-	-	-	9,000.00
-	3,571.00	-	-	-	-	-	3,571.00
57,330.23	-	-	-	-	-	-	-
-	1,282.50	-	-	-	-	-	1,282.50
-	262.29	-	-	-	-	-	262.29
57,330.23	14,115.79	-	-	-	-	-	14,115.79
196,435.00	129,369.83	-	-	-	-	-	129,369.83

TOTALS

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Data reported as of Jan 11, 2021 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$60,337.27	\$60,337.27	\$60,337.27	\$58,221.33
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$52,170.97	\$78,741.92	\$52,170.97	\$41,818.78
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$50,778.26	\$61,171.71	\$50,778.26	\$34,538.76
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$59,376.81	\$59,376.81	\$59,376.81	\$59,376.81
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$33,650.32	\$39,922.21	\$33,650.32	\$33,388.03

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
1/11/2021

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		35,420.66	32,793.75	46,113.10	-	48,740.01	48,514.42
					Bank Balance Variance	48,740.01	NO TRANSFER
					Leave in Balance	100.00	
					SUPERIOR QJPP 1 & 2	-	
					October Interest	50.99	
					November Interest	36.75	
					December Interest	37.85	
					Adjust Balance/Transfer Amt	48,514.42	

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

1/11/2021

APPROVED
ON

JAN 11 2021

COURTNEY A. HARRIS
CLERK OF COURT, TEXAS

Golden Creek

1/4/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 1/4/2021 CIGNA HCCLAIMPMT 1588075964 91000012021179
 1/5/2021 NOVITAS SOLUTION HCCLAIMPMT 676097 420000160
 1/6/2021 CK 70
 1/6/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 1/7/2021 Deposit
 1/7/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 1/8/2021 ACH SETTLEMENT SERVICE 4105523439 9601693045
 1/8/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2

		MMC PORTION					NH PORTION	
Transfer-Out	Transfer-In	Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4&L apse	Q/PP TI		
-	237.60					-	237.60	
-	561.45					-	561.45	
-	4,370.35					-	4,370.35	
32,793.75	-					-	-	
-	7,938.98					-	7,938.98	
-	26,002.70					-	26,002.70	
-	1,430.90					-	1,430.90	
-	2,629.50					-	2,629.50	
-	2,941.62					-	2,941.62	
32,793.75	46,113.10	-	-	-	-	-	46,113.10	

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Data reported as of Jan 11, 2021 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$48,740.01	\$48,740.01	\$48,740.01	\$43,168.89

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
1/11/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		39,036.26	38,911.48	352.00			476.78	NO TRANSFER
						Bank Balance	476.78	
						Variance	(0.00)	
						Leave in Balance	100.00	
						SUPERIOR QJPP 1 & 2		
						October Interest	6.35	
						November Interest	11.72	
						December Interest	6.71	
						Adjust Balance/Transfer Amt	352.00	
Gulf Pointe Plaza-Medicare/Medicaid		169.08					169.08	NO TRANSFER
						Bank Balance	169.08	
						Variance		
						Leave in Balance	100.00	
						QJPP 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

1/11/2021

APPROVED
ON
JAN 11 2021
COUNTY CLERK
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

1/4/2021 CIGNA HCCLAIMPMT 1922092790 91000012021186
 1/6/2021 CK 22
 1/6/2021 WIRE OUT HMG SERVICES, LLC

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP T1	
-	352.00					-	352.00
19,398.00	-					-	-
19,513.48	-					-	-
38,911.48	352.00	-	-	-	-	-	352.00

Gulf Pointe Plaza-Medicare/Medicaid

no activity

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP T1	
						-	-
						-	-
						-	-
38,911.48	352.00	-	-	-	-	-	352.00

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Data reported as of Jan 11, 2021 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$169.08	\$169.08	\$169.08	\$169.08
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$476.78	\$476.78	\$476.78	\$476.78

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 1/11/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Ck's Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Senior Living		93,729.92	91,578.74	8,731.70			10,882.88	8,731.70
						Bank Balance	10,882.88	
						Variance	-	
						Leave in Balance	100.00	
						MOLINA QIPP 1 & 2	-	
						AMERIGROUP QIPP 1 & 2	2,037.05	
						October Interest	4.58	
						November Interest	4.59	
						December Interest	4.96	
						Adjust Balance/Transfer Amt	8,731.70	

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

1/11/2021



APPROVED ON

JAN 11 2021

COURTNEY ANDERSON
 CLERK OF COURTS
 GALVESTON COUNTY, TEXAS

Tuscany Senior Living

		MMC PORTION					NH PORTION
	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	
1/6/2021 WIRE OUT LINBAR ENTERPRISES, LLC	91,578.74	-					-
1/7/2021 Deposit	-	8,396.40					8,396.40
1/8/2021 KS PLAN ADMINIST HCCLAIMPMT 179 111000025661	-	335.30					335.30
	91,578.74	8,731.70	-	-	-	-	8,731.70

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Data reported as of Jan 11, 2021 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*3407 MMC -NH TUSCANY VILLAGE	\$10,882.88	\$10,882.88	\$10,882.88	\$10,547.58

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 1/11/2021

Nursing Home	Account Number	Previous				Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
		Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared			
Bethany Senior Living		64,267.09	63,929.60	87,850.64			88,188.13	87,850.64
						Bank Balance	88,188.13	
						Variance	-	
						Leave in Balance	100.00	

October Interest	83.94
November Interest	69.95
December Interest	83.60
Adjust Balance/Transfer Amt	87,850.64

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 1/11/2021

APPROVED ON
 JAN 11 2021
 COURTNEY A. JENSEN
 CLERK OF COURTS
 GARLAND COUNTY, TEXAS

Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
1/4/2021 Deposit	-	1,889.27					-	1,889.27
1/4/2021 Deposit	-	11,266.59					-	11,266.59
1/5/2021 Deposit	-	14,325.99					-	14,325.99
1/6/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	63,929.60	-					-	-
1/6/2021 Deposit	-	2,530.74					-	2,530.74
1/7/2021 Deposit	-	27,739.86					-	27,739.86
1/8/2021 HOSPICE OF SO TX VENDORS NF 91000010214375	-	550.97					-	550.97
1/8/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	29,547.22					-	29,547.22
							-	-
	63,929.60	87,850.64	-	-	-	-	-	87,850.64

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Data reported as of Jan 11, 2021 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*5506 MMC -NH BETHANY SENIOR LIVING	\$88,188.13	\$88,188.13	\$88,188.13	\$58,089.94