MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 20, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	891,089.00
TOTAL TRANSFERS BETWEEN FUNDS	$	234,962.78
TOTAL NURSING HOME UPL EXPENSES	$	356,043.76
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED Janaury 20, 2021	$	1,482,095.54

APPROVED

JAN 2 0 2021

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 20,2021

PAYABLES AND PAYROLL			
1/14/2021	Weekly Payables	457,462.25	
1/14/2021	Citibank Credit Card-see attached	651.00	
1/18/2021	McKesson-340B Prescription Expense	5,321.85	
1/18/2021	Amerisource Bergen-340B Prescription Expense	681.17	
1/19/2021	Payroll Liabilities -Payroll Taxes	102,675.70	
1/19/2021	Payroll	317,664.30	
	Prosperity Electronic Bank Payments		
1/11/2021	Credit Card & Lease Fees	4,505.67	
1/20/2021	Sales Tax for December 2020	1,279.09	
1/12-1/15/21	Pay Plus-Patient Claims Processing Fee	446.84	
1/11/2021	ExpertPay- child support	401.13	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 891,089.00**
TRANSFER BETWEEN FUNDS-NURSING HOMES			
1/14/2021	MMC Operating to Broadmoor-correction of NH insurance payment deposited ino MMC Operating	1,720.00	
1/14/2021	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	60,424.03	
1/14/2021	MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	31,874.51	
1/14/2021	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	68,317.47	
1/14/2021	MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating	72,626.77	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 234,962.78**
NURSING HOME UPL EXPENSES			
1/18/2021	Nursing Home UPL-Cantex Transfer	244,284.33	
1/18/2021	Nursing Home UPL-Tuscany Transfer	13,575.00	
1/18/2021	Nursing Home UPL-HSL Transfer	98,184.43	
TOTAL NURSING HOME UPL EXPENSES			**$ 356,043.76**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED January 20, 2021			**$ 1,482,095.54**

01/14/2021
11:10

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/03/2021

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Vendor#	Vendor Name	Class	Pay Code
13664			

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			125.00	0.00	0.00	125.00
	PATIENT REFUND									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13664		125.00		0.00	0.00	125.00

Vendor#	Vendor Name	Class	Pay Code
R1200	ADT COMMERCIAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
137530527		12/30/2020	12/07/2020	01/01/2021			49.18	0.00	0.00	49.18
	FIRE MONITORING									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9107925293		12/30/2020	12/10/2020	01/04/2021			39.64	0.00	0.00	39.64
	OXYGEN									
9108153694		12/30/2020	12/16/2020	01/10/2021			262.92	0.00	0.00	262.92
	OXYGEN									
9108131209		12/30/2020	12/17/2020	01/11/2021			2,501.74	0.00	0.00	2,501.74
	OXYGEN									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC -	2,804.30		0.00	0.00	2,804.30

Vendor#	Vendor Name	Class	Pay Code
A2218	AQUA BEVERAGE COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
132091		01/14/2021	11/12/2020	12/07/2020			177.00	0.00	0.00	177.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE (	177.00		0.00	0.00	177.00

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
946434		01/13/2021	01/06/2021	01/21/2021			66.14	0.00	0.00	66.14
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MA	66.14		0.00	0.00	66.14

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
69203925		01/13/2021	12/21/2020	01/15/2021			2,367.50	0.00	0.00	2,367.50
	LEASE									
69203697		01/13/2021	12/21/2020	01/15/2021			629.50	0.00	0.00	629.50
	LEASE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHC/	2,997.00		0.00	0.00	2,997.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
108527338		07/29/2020	07/19/2020	02/01/2021			-62,494.20	0.00	0.00	-62,494.20
	CREDIT DOUBLE CHARGE MUTI IN									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTE	-62,494.20		0.00	0.00	-62,494.20

Vendor#	Vendor Name	Class	Pay Code
10599	BKD, LLP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BK01324722	12/31/2020	12/23/2020	01/17/2021				10,400.00	0.00	0.00	10,400.00
	FINAL PREP2021 DSH DY 10									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10599	BKD, LLP	10,400.00		0.00	0.00	10,400.00

Vendor#	Vendor Name	Class	Pay Code
13640	I		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123120	12/30/2020	12/31/2020	12/31/2020				96.34	0.00	0.00	96.34
	PATIENT REFUND									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13640		96.34		0.00	0.00	96.34

Vendor#	Vendor Name	Class	Pay Code
B1601	BOHLS BEARING & POWER TRANS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
265775	12/30/2020	12/29/2020	01/29/2021				65.18	0.00	0.00	65.18
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	B1601	BOHLS BEARING &	65.18		0.00	0.00	65.18

Vendor#	Vendor Name	Class	Pay Code
13668			

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				220.00	0.00	0.00	220.00
	PATIENT REFUND									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13668		220.00		0.00	0.00	220.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CIT30998	01/13/2021	12/15/2020	01/09/2021				1,025.00	0.00	0.00	1,025.00
	MOTOR									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C0400	C-D ELECTRIC	1,025.00		0.00	0.00	1,025.00

Vendor#	Vendor Name	Class	Pay Code
11224	CABLES AND SENSORS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
104913	12/30/2020	12/30/2020	01/30/2020				208.00	0.00	0.00	208.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11224	CABLES AND SENS	208.00		0.00	0.00	208.00

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122420	01/14/2021	12/24/2020	01/20/2021				71.78	0.00	0.00	71.78
	FUEL									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	71.78		0.00	0.00	71.78

Vendor#	Vendor Name	Class	Pay Code
11295	CALHOUN COUNTY INDIGENT AC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011121	01/11/2021	01/11/2021	01/11/2021				120.00	0.00	0.00	120.00
	INDIGENT									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY	120.00		0.00	0.00	120.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8002398175	12/30/2020	11/30/2020	12/25/2020				219.23	0.00	0.00	219.23
	SUPPLIES									
8002415785	12/30/2020	12/19/2020	01/13/2021				471.08	0.00	0.00	471.08
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH	690.31		0.00	0.00	690.31

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2035200036(		12/31/2020	12/16/2020	01/18/2021			15.05	0.00	0.00	15.05
	ENERGY BILL									
2035200036(		12/31/2020	12/16/2020	01/18/2021			988.79	0.00	0.00	988.79
	ENERGY BILL									
2035200036(		12/31/2020	12/16/2020	01/18/2021			511.07	0.00	0.00	511.07
	ENERGY BILL									
2035600036(		12/31/2020	12/16/2020	01/20/2021			7.66	0.00	0.00	7.66
	ENERGY BILL									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13028	CAVALLO ENERGY	1,522.57		0.00	0.00	1,522.57

Vendor# 12768 — Vendor Name: CHEMAQUA — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7196792		12/30/2020	12/10/2020	12/20/2020			500.00	0.00	0.00	500.00
	WATER TREATMENT									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12768	CHEMAQUA	500.00		0.00	0.00	500.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121820		12/30/2020	12/18/2020	01/05/2021			43.43	0.00	0.00	43.43
	12126002 WATER									
121820B		12/30/2020	12/18/2020	01/05/2021			223.34	0.00	0.00	223.34
	12131500 WATER									
121820A		12/30/2020	12/18/2020	01/05/2021			5,033.06	0.00	0.00	5,033.06
	12132000 WATER									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAV.	5,299.83		0.00	0.00	5,299.83

Vendor# C1166 — Vendor Name: COASTAL OFFICE SOLUTONS — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OEQT16135:	01/13/2021	12/18/2020	12/28/2020				326.67	0.00	0.00	326.67
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE S	326.67		0.00	0.00	326.67

Vendor# 13644 — Vendor Name: — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123120		12/30/2020	12/31/2020	12/31/2020			97.00	0.00	0.00	97.00
	PATIENT REFUND									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13644		97.00		0.00	0.00	97.00

Vendor# 13572 — Vendor Name: COMMUNITY INFUSION SOLUTION — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IC20210118	01/13/2021	01/06/2021	01/06/2021				4,946.17	0.00	0.00	4,946.17
	OP UNFUSION CENTER									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13572	COMMUNITY INFUS	4,946.17		0.00	0.00	4,946.17

Vendor# 13672 — Vendor Name: — 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			932.63	0.00	0.00	932.63
	PATIENT REFUND									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13672		932.63		0.00	0.00	932.63

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6226760		12/30/2020	12/29/2020	01/30/2021			63.99	0.00	0.00	63.99
	SUPPLIES									
6298820		01/13/2021	01/05/2021	01/30/2021			123.05	0.00	0.00	123.05
	SUPPLIES									
6299340		01/13/2021	01/05/2021	01/30/2021			111.13	0.00	0.00	111.13
	SUPPLIES									
6299800		01/13/2021	01/05/2021	01/30/2021			15.12	0.00	0.00	15.12
	SUPPLIES									
6298890		01/13/2021	01/05/2021	01/30/2021			45.99	0.00	0.00	45.99
	SUPPLIES									
6301820		01/13/2021	01/06/2021	01/31/2021			858.00	0.00	0.00	858.00
	SUPPLIES									
6301880		01/13/2021	01/06/2021	01/31/2021			61.93	0.00	0.00	61.93
	SUPPLIES									
6302440		01/13/2021	01/07/2021	02/01/2021			96.38	0.00	0.00	96.38
	SUPPLIES									
6303560		01/13/2021	01/08/2021	02/02/2021			213.73	0.00	0.00	213.73
	SUPPLIES									
6302530		01/14/2021	01/07/2021	02/01/2021			375.00	0.00	0.00	375.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SC	1,964.32		0.00	0.00	1,964.32

Vendor#	Vendor Name	Class	Pay Code
10789	DISCOVERY MEDICAL NETWORK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC123120		12/31/2020	12/31/2020	01/28/2021			146,954.64	0.00	0.00	146,954.64
	PRO FEES Dec 16-31, 2020									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDIC	146,954.64		0.00	0.00	146,954.64

Vendor#	Vendor Name	Class	Pay Code
13648			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123120		12/30/2020	12/31/2020	12/31/2020			98.00	0.00	0.00	98.00
	PATIENT REFUND									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13648		98.00		0.00	0.00	98.00

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20232		01/11/2021	01/04/2021	01/29/2021			505.00	0.00	0.00	505.00
	PEST CONTROL									
20231		01/11/2021	01/04/2021	01/29/2021			105.00	0.00	0.00	105.00
	PEST CONTROL									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CON	610.00		0.00	0.00	610.00

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
39881		01/13/2021	01/15/2021	01/15/2021			40,062.50	0.00	0.00	40,062.50
	STAFFING (1-15th)									

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

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6169244		12/30/2020	12/21/2020	01/15/2021			1,816.31	0.00	0.00	1,816.31
	SUPPLIES									
6444383		12/30/2020	12/23/2020	01/17/2021			1,525.97	0.00	0.00	1,525.97

	SUPPLIES								
6444382	12/30/2020	12/23/2020	01/17/2021			119.77	0.00	0.00	119.77
	SUPPLIES								
6608814	12/30/2020	12/28/2020	01/22/2021			9.35	0.00	0.00	9.35
	SUPPLIES								
6608817	12/30/2020	12/28/2020	01/22/2021			827.50	0.00	0.00	827.50
	SUPPLIES								
6608824	12/30/2020	12/28/2020	01/22/2021			59.40	0.00	0.00	59.40
	SUPPLIES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCA	4,358.30		0.00	0.00	4,358.30

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123120		12/31/2020	12/31/2020	12/31/2020			9,807.41	0.00	0.00	9,807.41
	INSURANCE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11149	GARDNER & WHITE	9,807.41		0.00	0.00	9,807.41

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6001745603		01/11/2021	01/01/2021	01/31/2021			5,665.83	0.00	0.00	5,665.83
	MAIN CONTRACT									
6001745478		01/11/2021	01/01/2021	01/31/2021			1,281.96	0.00	0.00	1,281.96
	MAINT CONTRACT									
6001745555		01/11/2021	01/01/2021	01/31/2021			3,588.58	0.00	0.00	3,588.58
	MAINT CONTRACT									
6001745479		01/11/2021	01/01/2021	01/31/2021			572.33	0.00	0.00	572.33
	MAINT CONTRACT									
6001745556		01/11/2021	01/01/2021	01/31/2021			86.67	0.00	0.00	86.67
	MAINT CONTRACT									

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

Vendor#	Vendor Name	Class	Pay Code
10901	GENESIS DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
51746		12/30/2020	12/29/2020	01/28/2021			120.93	0.00	0.00	120.93
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOS	120.93		0.00	0.00	120.93

Vendor#	Vendor Name	Class	Pay Code
11984	GUERBET, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
18447301		01/14/2021	06/05/2020	01/14/2021			875.00	0.00	0.00	875.00
	SUPPLIES									
18456192		01/14/2021	07/15/2020	01/14/2021			700.00	0.00	0.00	700.00
	SUPPLIES									
18467594		01/14/2021	09/03/2020	01/14/2021			530.25	0.00	0.00	530.25
	SUPPLIES									
18479123		01/14/2021	10/21/2020	01/14/2021			350.00	0.00	0.00	350.00
	SUPPLIES									
18490910		01/14/2021	12/09/2020	01/14/2021			350.00	0.00	0.00	350.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11984	GUERBET, LLC	2,805.25		0.00	0.00	2,805.25

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1982040		12/30/2020	12/29/2020	01/28/2021			143.76	0.00	0.00	143.76
	SUPPLIES									
1982042		12/30/2020	12/29/2020	01/28/2021			13.75	0.00	0.00	13.75

		SUPPLIES							
1982043	12/30/2020	12/29/2020	01/28/2021			362.43	0.00	0.00	362.43
		SUPPLIES							
1983689	12/30/2020	01/04/2021	02/03/2021			640.33	0.00	0.00	640.33
		supplies							

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPE	1,160.27		0.00	0.00	1,160.27

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10436	01/13/2021	12/31/2020	01/30/2021				749.12	0.00	0.00	749.12
		CODING SERVICES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10804	HEALTHCARE COD	749.12		0.00	0.00	749.12

Vendor#	Vendor Name	Class	Pay Code
H0031	HEB CREDIT RECEIVABLES DEPT:		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
618820	12/30/2020	11/30/2020	01/25/2021				26.01	0.00	0.00	26.01
		SUPPLIES								
180574	12/30/2020	12/03/2020	01/25/2021				39.37	0.00	0.00	39.37
		SUPPLIES								
394394	12/30/2020	12/06/2020	01/25/2021				4.96	0.00	0.00	4.96
		SUPPLIES								
394354	12/30/2020	12/06/2020	01/25/2021				33.35	0.00	0.00	33.35
		SUPPLIES								
468475	12/30/2020	12/07/2020	01/25/2021				37.98	0.00	0.00	37.98
		SUPPLIES								
895261	12/30/2020	12/08/2020	01/25/2021				39.42	0.00	0.00	39.42
		SUPPLIES								
276862	12/30/2020	12/13/2020	01/25/2020				49.49	0.00	0.00	49.49
		SUPPLIES								
277745	12/30/2020	12/14/2020	01/25/2021				16.32	0.00	0.00	16.32
		SUPPLIES								
278796	12/30/2020	12/15/2020	01/25/2021				21.13	0.00	0.00	21.13
		SUPPLIES								
279692	12/30/2020	12/16/2020	01/25/2021				42.72	0.00	0.00	42.72
		SUPPLIES								
279078	12/30/2020	12/16/2020	01/25/2021				6.25	0.00	0.00	6.25
		SUPPLIES								
281226	12/30/2020	12/19/2020	01/25/2021				44.31	0.00	0.00	44.31
		SUPPLIES								
283645	12/30/2020	12/27/2020	01/25/2021				46.56	0.00	0.00	46.56
		SUPPLIES								
OC48953	12/30/2020	12/28/2020					11.04	0.00	0.00	11.04
		FINANCE CHARGE								
OC48952	12/30/2020	12/28/2020	01/25/2021				4.87	0.00	0.00	4.87
		FINANCE CHARGE								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEI	423.78		0.00	0.00	423.78

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4203	12/31/2020	12/31/2020	01/20/2021				14,592.51	0.00	0.00	14,592.51
		PRO FEES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMAC	14,592.51		0.00	0.00	14,592.51

Vendor#	Vendor Name	Class	Pay Code
11200	IRON MOUNTAIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DGTD343	12/30/2020	12/31/2020	01/30/2021				170.73	0.00	0.00	170.73
		SHRED SERVICE								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN	170.73		0.00	0.00	170.73

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC12021	RESP SERVICES	01/11/2021	01/11/2021	01/31/2021			25,493.33	0.00	0.00	25,493.33

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES IN	25,493.33		0.00	0.00	25,493.33

Vendor#	Vendor Name	Class	Pay Code
L1288	LANGUAGE LINE SERVICES	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4914595	INTERPERTATION	01/14/2021	11/30/2020	12/25/2020			43.00	0.00	0.00	43.00

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	L1288	LANGUAGE LINE SE	43.00		0.00	0.00	43.00

Vendor#	Vendor Name	Class	Pay Code
13652			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123120	PATITENT REFUND	12/30/2020	12/31/2020	12/31/2020			99.00	0.00	0.00	99.00

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13652		99.00		0.00	0.00	99.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0000325	FOOD	12/31/2020	12/31/2020	01/30/2021			24,463.75	0.00	0.00	24,463.75

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11796	LUBY'S FUDDRUCK	24,463.75		0.00	0.00	24,463.75

Vendor#	Vendor Name	Class	Pay Code
13660			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123120	PATIENT REFUND	12/30/2020	12/31/2020	12/31/2020			125.00	0.00	0.00	125.00

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13660		125.00		0.00	0.00	125.00

Vendor#	Vendor Name	Class	Pay Code
M1950	MARTIN PRINTING CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
76541	SUPPLIES	01/13/2021	10/22/2020	11/21/2020			262.00	0.00	0.00	262.00

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING	262.00		0.00	0.00	262.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011121	INDIGENT CARE	01/12/2021	01/11/2021	01/11/2021			68.50	0.00	0.00	68.50

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALT	68.50		0.00	0.00	68.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1935420336	SUPPLIES	12/30/2020	12/23/2020	01/17/2021			73.18	0.00	0.00	73.18
1935420325	SUPPLIES	12/30/2020	12/23/2020	01/17/2021			1,676.56	0.00	0.00	1,676.56
1935420321	SUPPLIES	12/30/2020	12/23/2020	01/17/2021			107.98	0.00	0.00	107.98
1935420323		12/30/2020	12/23/2020	01/17/2021			4.78	0.00	0.00	4.78

	SUPPLIES								
1935420333	12/30/2020	12/23/2020	01/17/2021			26.25	0.00	0.00	26.25
	SUPPLIES								
1935420334	12/30/2020	12/23/2020	01/17/2021			63.39	0.00	0.00	63.39
	SUPPLIES								
1935420319	12/30/2020	12/23/2020	01/17/2021			226.38	0.00	0.00	226.38
	SUPPLIES								
1935953283	12/30/2020	12/29/2020	01/23/2021			1,313.23	0.00	0.00	1,313.23
	SUPPLIES								
1935953273	12/30/2020	12/29/2020	01/23/2021			46.89	0.00	0.00	46.89
	SUPPLIES								
1935953285	12/30/2020	12/29/2020	01/23/2021			94.10	0.00	0.00	94.10
	SUPPLIES								
1935953276	12/30/2020	12/29/2020	01/23/2021			6.68	0.00	0.00	6.68
	SUPPLIES								
1935953287	12/30/2020	12/29/2020	01/23/2021			43.15	0.00	0.00	43.15
	SUPPLIES								
1935953279	12/30/2020	12/29/2020	01/23/2021			199.67	0.00	0.00	199.67
	SUPPLIES								
1935953280	12/30/2020	12/29/2020	01/23/2021			34.27	0.00	0.00	34.27
	SUPPLIES								
1935953281	12/30/2020	12/29/2020	01/23/2021			399.34	0.00	0.00	399.34
	SUPPLIES								
1935953277	12/30/2020	12/29/2020	01/23/2021			4.60	0.00	0.00	4.60
	SUPPLIES								
1935953293	12/30/2020	12/29/2020	01/23/2021			2,863.55	0.00	0.00	2,863.55
	SUPPLIES								
1935953271	12/30/2020	12/29/2020	01/23/2021			214.48	0.00	0.00	214.48
	SUPPLIES								
1936063759	12/30/2020	12/30/2020	01/24/2021			219.89	0.00	0.00	219.89
	SUPPLIES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTR	7,618.37		0.00	0.00	7,618.37

Vendor#	Vendor Name	Class	Pay Code
11976	MID-COAST ELECTRIC SUPPLY, IN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10312099	12/31/2020	12/31/2020	01/30/2021				3.24	0.00	0.00	3.24
	SERVICE CHARGE									
12312099	12/31/2020	12/31/2020	01/30/2021				5.13	0.00	0.00	5.13
	SERVICE CHARGE									
11302099	12/31/2020	12/31/2020	01/30/2021				5.13	0.00	0.00	5.13
	SERVICE CHARGE									
193747400	01/13/2021	10/22/2020	11/21/2020				342.15	0.00	0.00	342.15
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11976	MID-COAST ELECTI	355.65		0.00	0.00	355.65

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
010721	01/13/2021	01/07/2021	01/07/2021				465.96	0.00	0.00	465.96
	PAYROLL DED									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GI	465.96		0.00	0.00	465.96

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
0745	01/11/2021	01/06/2021	01/16/2021				-14.99	0.00	0.00	-14.99
	CREDIT									
6466106	01/11/2021	01/07/2021	01/17/2021				379.18	0.00	0.00	379.18
	INVENTORY									
6465170	01/11/2021	01/07/2021	01/17/2021				3.52	0.00	0.00	3.52

		INVENTORY							
6468228	01/11/2021	01/07/2021	01/17/2021		25.10	0.00	0.00	25.10	
		INVENTORY							
6465169	01/11/2021	01/07/2021	01/17/2021		3.15	0.00	0.00	3.15	
		INVENTORY							
6468230	01/11/2021	01/07/2021	01/17/2021		38.91	0.00	0.00	38.91	
		INVENTORY							
6468229	01/11/2021	01/07/2021	01/17/2021		465.52	0.00	0.00	465.52	
		INVENTORY							
6466105	01/11/2021	01/07/2021	01/17/2021		85.74	0.00	0.00	85.74	
		INVENTORY							
6468227	01/11/2021	01/07/2021	01/17/2021		129.98	0.00	0.00	129.98	
		INVENTORY							
6474514	01/11/2021	01/10/2021	01/20/2021		189.13	0.00	0.00	189.13	
		INVENTORY							
6474512	01/11/2021	01/10/2021	01/20/2021		257.08	0.00	0.00	257.08	
		INVENTORY							
6474513	01/11/2021	01/10/2021	01/20/2021		994.65	0.00	0.00	994.65	
		INVENTORY							
9935	01/13/2021	01/04/2021	01/14/2021		153.90	0.00	0.00	153.90	
		INVENTORY							
6458255	01/13/2021	01/05/2021	01/15/2021		75.27	0.00	0.00	75.27	
		INVENTORY							
6458254	01/13/2021	01/05/2021	01/15/2021		80.89	0.00	0.00	80.89	
		INVENTORY							
6463650	01/13/2021	01/06/2021	01/16/2021		572.47	0.00	0.00	572.47	
		INVENTORY							
6463649	01/13/2021	01/06/2021	01/16/2021		27.60	0.00	0.00	27.60	
		INVENTORY							
6463651	01/13/2021	01/06/2021	01/16/2021		616.10	0.00	0.00	616.10	
		INVENTORY							
1130	01/13/2021	01/07/2021	01/17/2021		-4.99	0.00	0.00	-4.99	
		CREDIT							
6478842	01/13/2021	01/11/2021	01/21/2021		4,903.41	0.00	0.00	4,903.41	
		INVENTORY							
6478843	01/13/2021	01/11/2021	01/21/2021		240.14	0.00	0.00	240.14	
		INVENTORY							
6475982	01/13/2021	01/11/2021	01/21/2021		204.58	0.00	0.00	204.58	
		INVENTORY							
6478844	01/13/2021	01/11/2021	01/21/2021		245.13	0.00	0.00	245.13	
		INVENTORY							
6483611	01/13/2021	01/12/2021	01/22/2021		189.28	0.00	0.00	189.28	
		INVENTORY							
6483612	01/13/2021	01/12/2021	01/22/2021		117.54	0.00	0.00	117.54	
		INVENTORY							

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSOI	9,978.29		0.00	0.00	9,978.29

Vendor#	Vendor Name	Class	Pay Code
10188	NATUS MEDICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1040928867		01/14/2021	12/06/2020	12/31/2020			510.26	0.00	0.00	510.26
		SUPPLIES								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10188	NATUS MEDICAL IN	510.26		0.00	0.00	510.26

Vendor#	Vendor Name	Class	Pay Code
10352	NUANCE COMMUNICATIONS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10330754		01/13/2021	11/06/2020	12/06/2020			32.49	0.00	0.00	32.49
		ESCRIPTION								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10352	NUANCE COMMUNI	32.49		0.00	0.00	32.49

Vendor#	Vendor Name	Class	Pay Code
O1500	OLYMPUS AMERICA INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
30170227		12/23/2020	12/07/2021	01/01/2021			1,137.51	0.00	0.00	1,137.51
	SERVICE CONTRACT									
INU247598		01/14/2021	12/18/2020	01/12/2021			28.92	0.00	0.00	28.92
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERIC/	1,166.43		0.00	0.00	1,166.43

Vendor#	Vendor Name	Class	Pay Code
11155	PARA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7731		12/30/2020	12/31/2020	01/30/2021			5,625.00	0.00	0.00	5,625.00
	PRICE TRANSPARENCY TOOL									
7412		01/04/2021	01/01/2021	01/31/2021			3,084.00	0.00	0.00	3,084.00
	REVENUE INTEGRITY PROGRAM									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11155	PARA	8,709.00		0.00	0.00	8,709.00

Vendor#	Vendor Name	Class	Pay Code
10032	PHILIPS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
945469119A		01/14/2021	12/07/2020	01/01/2021			3,228.00	0.00	0.00	3,228.00
	HARDWARE PHILIPS TELEMTRY S									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10032	PHILIPS HEALTHCA	3,228.00		0.00	0.00	3,228.00

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
1017118584		01/14/2021	12/27/2020	01/26/2021			207.00	0.00	0.00	207.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	P1800	PITNEY BOWES INC	207.00		0.00	0.00	207.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN0004595621		12/30/2020	12/31/2020	01/30/2021			2,109.12	0.00	0.00	2,109.12
	PT SURVEY									

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

Vendor#	Vendor Name	Class	Pay Code
R1321	RECEIVABLE MANAGEMENT, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123120		01/13/2021	12/31/2020	12/31/2020			3.00	0.00	0.00	3.00
	COLLECTIONS									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	R1321	RECEIVABLE MANA	3.00		0.00	0.00	3.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111031495332		12/31/2020	12/14/2020	01/19/2021			22,709.36	0.00	0.00	22,709.36
	ENERGY BILL									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13460	RELIANT, DEPT 095	22,709.36		0.00	0.00	22,709.36

Vendor#	Vendor Name	Class	Pay Code
11764	ROBERT RODRIQUEZ		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
010821		01/11/2021	01/08/2021	01/08/2021			32.91	0.00	0.00	32.91
	32.91									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11764	ROBERT RODRIQU	32.91		0.00	0.00	32.91

Vendor#	Vendor Name	Class	Pay Code

11252 RX WASTE SYSTEMS LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2902		01/13/2021	01/01/2021	01/26/2021			235.00	0.00	0.00	235.00
	SUPPLIES									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
004185		12/31/2020	12/02/2020	01/08/2021			-4.45	0.00	0.00	-4.45
	CREDIT									
120220		12/31/2020	12/02/2020	01/08/2021			67.20	0.00	0.00	67.20
	SUPPLIES									
0188013CM		12/31/2020	12/04/2020	01/08/2021			-0.19	0.00	0.00	-0.19
	CREDIT									
120620		12/31/2020	12/06/2020	01/08/2021			60.42	0.00	0.00	60.42
	SUPPLIES									
121920		12/31/2020	12/19/2020	01/08/2021			7.35	0.00	0.00	7.35
	SERVICE CHARGE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	S0900	SAM'S CLUB DIREC	130.33		0.00	0.00	130.33

Vendor#	Vendor Name	Class	Pay Code
S1405	SERVICE SUPPLY OF VICTORIA IN	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
701079420		12/30/2020	12/29/2020	01/28/2021			226.07	0.00	0.00	226.07
	SUPPLIES									
701079655		12/31/2020	12/31/2020	01/30/2021			4.77	0.00	0.00	4.77
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY (	230.84		0.00	0.00	230.84

Vendor#	Vendor Name	Class	Pay Code
12288	SPBS CLINICAL EQUIPMENT SRVC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV009921		01/13/2021	01/04/2021	01/04/2021			12,870.00	0.00	0.00	12,870.00
	BIO MED SERVICES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12288	SPBS CLINICAL EQ	12,870.00		0.00	0.00	12,870.00

Vendor#	Vendor Name	Class	Pay Code
10094	ST DAVIDS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMCPL2020		01/13/2021	01/07/2021	01/07/2021			420.00	0.00	0.00	420.00
	CONNECTIVITY FEE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTH	420.00		0.00	0.00	420.00

Vendor#	Vendor Name	Class	Pay Code
S3960	STERICYCLE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4009813423		01/06/2021	01/01/2021	01/31/2021			2,415.00	0.00	0.00	2,415.00
	DISPOSAL SERVICES									

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

Vendor#	Vendor Name	Class	Pay Code
13528	STRYKER FLEX FINANCIAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
194649		12/30/2020	12/15/2020	02/01/2021			1,424.06	0.00	0.00	1,424.06
	RFA MACHINE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13528	STRYKER FLEX FIN	1,424.06		0.00	0.00	1,424.06

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

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

41700	12/31/2020	12/31/2020	01/30/2021			5,699.00	0.00	0.00	5,699.00
TRACKING/STAT/HOSTING									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC	5,699.00		0.00	0.00	5,699.00

Vendor#	Vendor Name	Class	Pay Code
11039	THE BRATTON FIRM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011321		01/13/2021	01/13/2021	01/13/2021			475.95	0.00	0.00	475.95
	COLLECTION FEES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11039	THE BRATTON FIRM	475.95		0.00	0.00	475.95

Vendor#	Vendor Name	Class	Pay Code
13656			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123120		12/30/2020	12/31/2020	12/31/2020			120.00	0.00	0.00	120.00
	PATIENT REFUND									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13656		120.00		0.00	0.00	120.00

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
930188404		01/13/2021	12/31/2020	12/31/2020			43.90	0.00	0.00	43.90
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13144	TRI WHOLESALE C	43.90		0.00	0.00	43.90

Vendor#	Vendor Name	Class	Pay Code
11067	TRIZETTO PROVIDER SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35FK012100		01/13/2021	01/01/2021	01/26/2021			1,643.18	0.00	0.00	1,643.18
	PT STATEMENTS									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDE	1,643.18		0.00	0.00	1,643.18

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
8400351264		12/30/2020	12/24/2020	01/18/2021			121.55	0.00	0.00	121.55
	LAUNDRY									
8400351277		12/30/2020	12/24/2020	01/18/2021			77.96	0.00	0.00	77.96
	LAUNDRY									
8400351296		12/30/2020	12/24/2020	01/18/2021			1,565.69	0.00	0.00	1,565.69
	LAUNDRY									
8400351262		12/30/2020	12/24/2020	01/18/2021			23.41	0.00	0.00	23.41
	LAUNDRY									
8400351267		12/30/2020	12/24/2020	01/18/2021			184.48	0.00	0.00	184.48
	LAUNDRY									
8400351266		12/30/2020	12/24/2020	01/18/2021			139.04	0.00	0.00	139.04
	LAUNDRY									
840351499		12/30/2020	12/28/2020	01/22/2021			46.04	0.00	0.00	46.04
	LAUNDRY									
8400351498		12/30/2020	12/28/2020	01/22/2021			45.15	0.00	0.00	45.15
	LAUNDRY									
8400351522		12/30/2020	12/28/2020	01/22/2021			1,621.62	0.00	0.00	1,621.62
	LAUNDRY									
8400351899		12/30/2020	12/31/2020	01/25/2021			91.40	0.00	0.00	91.40
	LAUNDRY									
8400351888		12/30/2020	12/31/2020	01/25/2021			145.04	0.00	0.00	145.04
	LAUNDRY									
8400351889		12/30/2020	12/31/2020	01/25/2021			184.48	0.00	0.00	184.48
	LAUNDRY									
8400351886		12/30/2020	12/31/2020	01/25/2021			121.55	0.00	0.00	121.55
	LAUNDRY									

8400351936	12/30/2020	12/31/2020	01/25/2021			82.30	0.00	0.00	82.30
	LAUNDRY								
8400351918	12/30/2020	12/31/2020	01/25/2021			1,354.89	0.00	0.00	1,354.89
	LAUNDRY								
8400351887	12/30/2020	12/31/2020	01/25/2021			60.61	0.00	0.00	60.61
	LAUNDRY								
8400351884	12/30/2020	12/31/2020	01/25/2021			23.41	0.00	0.00	23.41
	LAUNDRY								
8400352154	01/11/2021	01/04/2021	01/29/2021			1,466.20	0.00	0.00	1,466.20
	LAUNDRY								
8400352130	01/11/2021	01/04/2021	01/29/2021			92.36	0.00	0.00	92.36
	LAUNDRY								
8400352129	01/11/2021	01/04/2021	01/29/2021			45.15	0.00	0.00	45.15
	45.15								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINC	7,492.33		0.00	0.00	7,492.33

Vendor#	Vendor Name	Class	Pay Code
12400	UPDOX LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0022104	01/11/2021	01/01/2021	01/01/2021				146.15	0.00	0.00	146.15
	FAXING									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12400	UPDOX LLC	146.15		0.00	0.00	146.15

Vendor#	Vendor Name	Class	Pay Code
V1058	VICTORIA ANESTHESIOLOGY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
010821	12/31/2020	01/08/2021	01/08/2021				46,262.54	0.00	0.00	46,262.54
	ANESTHESIA									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	V1058	VICTORIA ANESTHI	46,262.54		0.00	0.00	46,262.54

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20120211	12/30/2020	12/31/2020	12/31/2020				280.00	0.00	0.00	280.00
	AD									
20120212	12/30/2020	12/31/2020	12/31/2020				280.00	0.00	0.00	280.00
	AD									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOW	560.00		0.00	0.00	560.00

Vendor#	Vendor Name	Class	Pay Code
W1005	WALMART COMMUNITY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1119	12/31/2020	11/19/2020	01/11/2021				79.82	0.00	0.00	79.82
	SUPPLIES									
1203	12/31/2020	12/03/2020	01/11/2021				43.13	0.00	0.00	43.13
	SUPPLIES									
1203B	12/31/2020	12/03/2020	01/11/2021				268.70	0.00	0.00	268.70
	SUPPLIES									
1203A	12/31/2020	12/03/2020	01/11/2021				239.10	0.00	0.00	239.10
	SUPPLIES									
1216	12/31/2020	12/16/2020	01/11/2021				2.57	0.00	0.00	2.57
	SERVICE CHARGE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	W1005	WALMART COMMU	633.32		0.00	0.00	633.32

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
9110922655	01/13/2021	01/05/2021	01/30/2021				1,167.00	0.00	0.00	1,167.00
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,167.00		0.00	0.00	1,167.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	394,968.05	0.00	0.00	394,968.05

pg 1 correction + 62,494.20

$457,462.25

394,968.05 +
62,494.20 +
457,462.25 *

APPROVED BY

JAN 14 2021

COMMISSIONERS COURT
CALHOUN COUNTY, TEXAS

CK# 188878 - 188958

CITIBANK CORPORATE CARD

Account Statement

Commerical Card Account
C0001 CALHOUN COUNTY MMC

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

Account Number: XXXX-XXXX-XXXX-
Invoice # 3653004030

Summary of Account Activity

Previous Balance	$4,597.50
Payments	$4,597.50
Credits	$0.00
Purchases & Other Charges	$651.00
Cash Transactions	$0.00
Cash Transaction Fees	$0.00
Interest Charges	$0.00

Credit Limit	$30,000
Available Credit Limit	$29,349
Cash Advance Limit	$0
Available Cash Advance Limit	$0

Payment Information

New Balance	$651.00
Past Due Amount	$0.00
Disputed Amount	$0.00
Amount Over Credit Limit	$0.00
Minimum Payment Due	$651.00
Payment Due Date	**01/28/2021**
Statement Closing Date	**01/03/2021**
Days in Billing Period	31

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

Company Transactions

Account: XXXX-XXXX-XXXX — **C0001 CALHOUN COUNTY MMC** — **Total Activity: -$4,597.50**

Post Date	Trans Date	MCC	Reference Number		Description/Location	Amount	
12/04	12/03	0000	7556397033933841110002 8	1	PAYMENT RECEIVED -- THANK YOU	1,014.30	PY
12/23	12/23	0000	7556397035835841110004 8	2	PAYMENT RECEIVED -- THANK YOU	3,583.20	PY

Cardholder Transactions

Account: XXXX-XXXX-XXXX- — **JASON W ANGLIN** — **Total Activity: $651.00**

Credit Limit: $20,000 Cash Limit: $0

Post Date	Trans Date	MCC	Reference Number		Description/Location					Amount
12/23	12/22	5047	25247800357002628006981	1	R AND D BATTERIES 17559	BURNSVILLE MN	55306	USA		353.00 ✓
12/31	12/30	7399	55429500365743875140824	2	EB NEW FORM 1099-NEC	8014137200 CA	94103	USA		298.00 ✓

APPROVED
GH

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION Page 1 of 4

Please detach and return lower portion with your payment to ensure proper credit. Retain upper portion for your records.

JAN 14 2021

CALHOUN COUNTY, TEXAS

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

Account Number	XXXX-XXXX-XXXX-
Payment Due Date	January 28, 2021
New Balance	$651.00
Past Due Amount*	$0.00
Minimum Payment Due	$651.00
Amount Enclosed	

$ pd 1-22-21

*Past Due Amount is included in the Minimum Payment Due.

Mail Checks To

CITIBANK, N.A.
PO BOX 78025
PHOENIX AZ 85062-8025

C0001 CALHOUN COUNTY MMC
RHONDA KOKENA
STE A
202 S ANN ST
PORT LAVACA TX 77979-4204

28000 0065100 0065100 0459750 05567090005272799 0305

Information About Your Citi® Corporate Card Account

- ***Report a Lost or Stolen Card Immediately:*** Our telephone lines are open every day, 24 hours a day. Call the Customer Service telephone number specified on the front of the statement to report a lost or stolen Citi Corporate Card.
- ***Credit Reports:*** The Bank may report Account information to credit bureaus. Late payments, missed payments, or other defaults on the Account may be reflected in your credit report.
- ***Cardholder Credit Line:*** Each Cardholder has an individual Credit Line (a portion of which may be used for Cash Advances), which is the maximum amount that the Cardholder can charge at any time. The size of each Cardholder's Credit Line (and Cash Limit, if any), is determined by the Company and is a portion of the total Company Credit Line.
- ***To Increase or Reallocate a Company or Cardholder Credit Line:*** The Company may request changes to credit lines by contacting Citi Corporate Card Customer Services. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement.
- ***Additional Cardholders:*** The Company may request applications for additional Cardholders by contacting Citi Corporate Card Service. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement. Limit one Citi Corporate Card per Cardholder.
- ***CitiManager® Online Tool:*** You can easily manage your Citi Corporate Card online using the CitiManager online tool. CitiManager enables you to manage business expenses from anywhere around the globe from your computer or mobile device; you can view statements online as well as confirm account balances. To register for CitiManager, please log on to www.citimanager.com/login and click on the 'Self registration for Cardholders' link. From there, follow the prompts to establish your account.
- ***Payments:*** You may make a payment to your individually billed card account online using CitiManager. Please note that some organizations do not have the CitiManager online payment feature enabled for cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for all Cardholder balances. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day. Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of this statement for details.
- ***Company Ratification:*** By its payment of any amounts charged to the Account, the Company: (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardholders to whom Cards are issued.
- ***Special Information on Cash Advances:*** Cardholders may get a Cash Advance at over 160,000 locations worldwide.
  - The Cardholder's Cash Advance Limit is a part of the Cardholder's Total Credit Line. It is not an additional line of credit.
  - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.
- ***Delinquency Fee:*** My Account will be delinquent unless the Bank receives the amount shown on the billing statement as the balance due, less any disputed charges, by the payment due date. The Bank will show any unpaid portion of the balance due as a past due balance on subsequent billing statements. If any portion of the past due balance appears on two consecutive billing statements (approximately 55-60 days after the billing cycle date), I agree to pay a delinquency fee monthly based on a percentage of the entire past due balance until my payment is received by the Bank. A late fee may also be imposed monthly until payment for the past due balance is received by the Bank.

Account Inquiries

- ***In Case of Errors or Questions About Your Bill:*** You are responsible for initiating the dispute resolution process if your Account Statement lists charges that you believe are unauthorized, incorrect, for merchandise that has not been received, or for returned merchandise. You should also initiate the process if your Account Statement incorrectly lists a credit as a charge or if a credit, for which you have been issued a credit slip, is not shown. To begin the dispute resolution process, visit citimanager.com/login.
- You may also dispute a transaction by writing to Citi. You may write to us on a separate sheet at the address specified on the front of this statement as soon as possible. Please notify us no later than 60 days after the date of the bill on which the error or problem first appeared. In the letter please give us the following information:
  - Your name and account number. For centrally billed Company Accounts, the Company name and individual account number.
  - The dollar amount of the suspected error.
  - Describe the error and explain the reason for the error; if more information is needed about an item, please describe it to us.
  - Merchant Disputes. If the Company or Cardholder was unsuccessful in attempting to resolve a problem with a merchant concerning the quality of goods or services purchased with the Citi Corporate Card, we may be able to help if we are notified in writing within 60 days of the date of the charge. You will be responsible if we are not able to resolve the dispute or if the Bank finds you responsible for the disputed charge.
  - In the letter to us, please explain in detail the dispute and the results of the attempt to resolve it with the merchant. The letter must include the amount involved, **and must be signed by the individual Cardholder. We will notify you of the results of our efforts.**
  - If you returned merchandise and received a credit slip which has not yet been posted, please allow 30 days from the date it was issued. If it has not been posted to the Account by then, forward a copy of the credit slip to us at the billing dispute address specified on the front of the statement. Along with the copy of the credit slip please include a letter (signed by the individual Cardholder) stating that credit was not received. If a credit slip was not issued, please request one from the merchant. If the merchant refuses, please write to us and explain the details.
  - On non-disputed matters or any matter shown by the Bank not to be in error, the Bank may charge the Company or Cardholder the fee specified in the Corporate Card Agreement for each copy of any document the Company or Cardholder requests, such as duplicate periodic statements, transaction slips, and the like.
  - Please save your charge receipts.

FINANCE CHARGE SUMMARY		Your **Annual Percentage Rate (APR)** is the annual interest rate on your account.	
Type of Balance	**Annual Percentage Rates**	**Periodic Rate***	**Balance Subject to Finance Charges**
PURCHASE AND FEES	0.00%	0.0000% (M)	$0.00
CASH	0.00%	0.0000% (M)	$0.00

* (D) Daily Rate
(M) Monthly Rate

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 1/8/2021

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Eventbrite - Registration			298.00
2			for Melissa McKissack			
3			Webinar - New Form 1099 1/27/21			
4	—		R ? D Batteries			353.00
5			(2) 12 Volt 2.5 Ah SLA			

298.00 +
353.00 +
651.00 *

Est. Freight _____ Est. Total Cost _____ TOTAL COST $651.00

NOTES:

charge made to Mr. Anglin's CC

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

CITIBANK CORPORATE CARD

Account Statement

Commerical Card Account
JASON W ANGLIN

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

Account Number: XXXX-XXXX-XXXX-(

Summary of Account Activity

Total Activity	$651.00

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

Not an invoice. For your records only.

Credit Limit	$20,000
Cash Advance Limit	$0
Statement Closing Date	**01/03/2021**
Days in Billing Period	31

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location					Amount
********** NOTICE MEMO ITEM(S) LISTED BELOW **********										
12/23	12/22	5047	252478003570026280069 81	1	R AND D BATTERIES 17559	BURNSVILLE	MN	55306	USA	353.00
12/31	12/30	7399	554295003657438751408 24	2	EB NEW FORM 1099-NEC	8014137200	CA	94103	USA	298.00
********** TOTAL AMOUNT OF MEMO ITEM(S): **$651.00**										

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

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

Account Number XXXX-XXXX-XXXX-
Statement Closing Date January 03, 2021

Not an invoice.
For your records only.

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

00006934502

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/15/2021 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 01/16/2021

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

As of: 01/15/2021 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 01/16/2021 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 5,430.46 USD

Future Due:	0.00			**Due If Paid On Time:** USD	5,321.85 ✓
Past Due:	0.00	**If Paid By 01/19/2021, Pay This Amount:**	5,321.85 USD	**Disc lost if paid late:**	108.61
Last Payment 08/07/2017	2,451.97	**If Paid After 01/19/2021, Pay this Amount:**	5,430.46 USD	**Due If Paid Late:** USD	5,430.46

1,088.15 +
863.72 +
3.91 +
3,322.48 +
43.59 +
5,321.85 *

CK# 500170

APPROVED ON
JAN 18 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

CVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/15/2021 Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 01/16/2021

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

As of: 01/15/2021 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 01/16/2021 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
01/14/2021	01/19/2021	7247091969	1023269	115Invoice	22.21	1,110.36		1,088.15 ✓		7247091969	

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: 1,110.36 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12,683.27
01/11/2021

If Paid By 01/19/2021,
Pay This Amount: 1,088.15 USD

If Paid After 01/19/2021,
Pay this Amount: 1,110.36 USD

Due If Paid On Time:
USD 1,088.15 ✓

Disc lost if paid late:
22.21

Due If Paid Late:
USD 1,110.36

APPROVED
BY

JAN 18 2021

COMMISSIONERS
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

HEB PHY FC 490/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/15/2021 **Page:** 001

DC: 8115

Territory: 400

Customer: 464450
Date: 01/16/2021

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

As of: 01/15/2021 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 01/16/2021 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
01/15/2021	01/19/2021	7247139779	55x756472	115Invoice	17.63	881.35		863.72 ✓		7247139779	

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

TOTAL: Customer Number 464450 HEB PHY FC 490/MEM MC PHS

Subtotals: 881.35 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,817.02
12/28/2020

If Paid By 01/19/2021,
Pay This Amount: 863.72 USD

If Paid After 01/19/2021,
Pay this Amount: 881.35 USD

Due If Paid On Time:
USD 863.72 ✓

Disc lost if paid late:
17.63

Due If Paid Late:
USD 881.35

APPROVED
BY

JAN 18 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

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

As of: 01/15/2021

DC: 8115

Territory: 400

Customer: 262252
Date: 01/16/2021

Page: 001

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

As of: 01/15/2021 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 01/16/2021 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
01/14/2021	01/19/2021	7246905687	1022465	115Invoice	0.08	3.99		3.91 ✓		7246905687	

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: 3.99 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12,683.27
01/11/2021

If Paid By 01/19/2021, Pay This Amount: 3.91 USD

If Paid After 01/19/2021, Pay this Amount: 3.99 USD

Due If Paid On Time:
USD 3.91

Disc lost if paid late: 0.08

Due If Paid Late:
USD 3.99

APPROVED ON
JAN 18 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

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

As of: 01/15/2021 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 01/16/2021

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

As of: 01/15/2021 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 01/16/2021 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
01/11/2021	01/19/2021	7246316560	00001082021tw	115Invoice	2.47	123.36		120.89	✓	7246316560	
01/12/2021	01/19/2021	7246381503	2436348	115Invoice	0.92	45.98		45.06	✓	7246381503	
01/12/2021	01/19/2021	7246381504	2471370	115Invoice	6.53	326.72		320.19	✓	7246381504	
01/12/2021	01/19/2021	7246381506	2471370	115Invoice	0.01	0.32		0.31	✓	7246381506	
01/13/2021	01/19/2021	7246655512	2494024	115Invoice	52.71	2,635.37		2,582.66	✓	7246655512	
01/13/2021	01/19/2021	7246655513	0112210404-00	115Invoice	4.09	204.71		200.62	✓	7246655513	
01/13/2021	01/19/2021	7246824372	850361790	195Invoice	0.04	2.21		2.17	✓	7246824372	
01/14/2021	01/19/2021	7246885633	2551582	115Invoice	0.01	0.63		0.62	✓	7246885633	
01/14/2021	01/19/2021	7246885634	2589329	115Invoice	1.01	50.35		49.34	✓	7246885634	
01/15/2021	01/19/2021	7247329506	850679315	195Invoice	0.01	0.63		0.62	✓	7247329506	

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: 3,390.28 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12,683.27
01/11/2021

If Paid By 01/19/2021, Pay This Amount: 3,322.48 USD

If Paid After 01/19/2021, Pay this Amount: 3,390.28 USD

Due If Paid On Time:
USD 3,322.48

Disc lost if paid late:
67.80

Due If Paid Late:
USD 3,390.28

APPROVED
BY

JAN 18 2021

GALVESTON COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/15/2021 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 01/16/2021

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

As of: 01/15/2021 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 01/16/2021 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
01/13/2021	01/19/2021	7246622887	2017025576	115Invoice	0.55	27.63		27.08 ✓		7246622887	
01/15/2021	01/19/2021	7247140845	2017025683	115Invoice	0.34	16.85		16.51 ✓		7247140845	

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: 44.48 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12,683.27
01/11/2021

If Paid By 01/19/2021,
Pay This Amount: 43.59 USD

If Paid After 01/19/2021,
Pay this Amount: 44.48 USD

Due If Paid On Time:
USD 43.59 ✓

Disc lost if paid late:
0.89

Due If Paid Late:
USD 44.48

APPROVED
ON
JAN 18 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Statement Number: 60246086
Date: 01-15-2021

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

DEA: RA0289276
866-451-9655

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

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:	681.17
Past Due:	0.00
Total Due:	681.17
Account Balance:	681.17

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-11-2021	01-22-2021	3046623832	159639	Invoice	284.88		0.00	284.88
01-11-2021	01-22-2021	3046623833	159640	Invoice	56.05		0.00	56.05
01-11-2021	01-22-2021	3046643079	159687	Invoice	42.25		0.00	42.25
01-13-2021	01-22-2021	3046734103	159709	Invoice	5.56		0.00	5.56
01-14-2021	01-22-2021	3046778146	159719	Invoice	9.32		0.00	9.32
01-15-2021	01-22-2021	3046834817	159730	Invoice	283.11		0.00	283.11

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
681.17	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
01-15-2021	(2,913.49)

Reminders

Due Date	Amount
01-22-2021	681.17
Total Due:	681.17

APPROVED ON
JAN 18 2021
CALHOUN COUNTY, TEXAS

CK # 500171

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

		####	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	21	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	03	

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"	★	$ 102,675.70	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 52,829.48	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 12,355.24	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 37,490.98	#
		CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

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

Final Summary

-- PayCode Summary --

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9320.00	N		N	N		185447.43
1	REGULAR PAY-S1	1669.50	N		N	N	N	73016.28
1	REGULAR PAY-S1	223.25	N		N	Y		7551.28
1	REGULAR PAY-S1	285.75	Y		N	N		8514.30
2	REGULAR PAY-S2	2335.00	N		N	N		52044.72
2	REGULAR PAY-S2	169.75	N		N	Y		5726.52
2	REGULAR PAY-S2	160.75	Y		N	N		5435.43
3	REGULAR PAY-S3	1278.50	N		N	N		33534.72
3	REGULAR PAY-S3	117.75	N		N	Y		4425.48
3	REGULAR PAY-S3	134.50	Y		N	N		5676.38
C	CALL PAY	2690.00	N	1	N	N		5380.00
D	DOUBLE TIME		N		N	N	N	1271.57
D	DOUBLE TIME	61.00	N	1	N	N		3528.66
D	DOUBLE TIME	110.50	N	2	N	N		7708.57
D	DOUBLE TIME	171.75	N	3	N	N		12561.33
E	EXTRA WAGES		N	1	N	N	N	1230.25
F	FUNERAL LEAVE	32.00	N	1	N	N		1072.16
I	INSERVICE	11.00	N	1	N	N		305.70
I	INSERVICE	1.00	Y	1	N	N		58.88
K	EXTENDED-ILLNESS-BANK	87.00	N	1	N	N		2065.91
P	PAID-TIME-OFF	80.00	N		N	N	N	1540.00
P	PAID-TIME-OFF	1277.18	N	1	N	N		30688.88
X	CALL PAY 2	144.00	N	1	N	N		288.00
Z	CALL PAY 3	48.00	N	1	N	N		144.00
p	PAID TIME OFF - PROBATION	74.00	N	1	N	N		1113.52
v	COVID-FFCRA	456.00	N	1	N	N		9276.92

-- Deductions Summary --

Code	Amount	Code	Amount	Code	Amount
A/R	651.79	A/R2	100.00	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1830.85	CAFE-F	
CAFE-H	23386.87	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	532.91
CLINIC	175.00	COMBIN	434.57	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	37490.98	FICA-M	6177.62	FICA-O	26414.74
FIRSTC		FLEX S	3399.08	FLX FE	
FORT D		FUTA		GIFT S	327.41
GRANT		GRP-IN		GTL	
HOSP-I	120.90	ID TFT		LEAF	
LEGAL	206.00	MASA	973.00	MEALS	171.18
METVIS	666.88	MISC		MISC/	
MMCSHR		NATFML	1850.16	OTHER	
PHI		PHI***		PR FIN	
RELAY		REPAY		SAMS	
SCRUBS		SIGNON		ST-TX	
STONDF	790.86	STONE		STONE2	
STUDEN		SUNACC	684.42	SUNILL	127.37
SUNIND	1105.34	SUNLIF	476.01	SUNSTD	794.75
SUNVIS	190.27	SURCHG	555.00	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	32172.51	TUTION		UNIFOR	136.12
UW/HOS					

Grand Totals: 20938.18 ------- (Gross: 459606.89 Deductions: 141942.59 Net: 317664.30)

Checks Count:- PT 204 PT 6 Other 43 Female 221 Male 30 Credit OverAmt 9 ZeroNet Term Total: 251

Pay date 01-22-21

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- January 11, 2021 - January 17, 2021

Date	Bank Description	MMC Notes	Amount
1/11/2021	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	1930.74
1/11/2021	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	74.83
1/11/2021	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	526.93
1/11/2021	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	456.02
1/11/2021	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110	- Credit Card Processing Fee	138.57
1/11/2021	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110	- Credit Card Processing Fee	725.62
1/11/2021	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	129
1/11/2021	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee	523.96
1/11/2021	PAY PLUS ACHTRANS 452579291 101000693476334	- 3rd Party Payor Fee	65.67
1/11/2021	EXPERTPAY EXPERTPAY 746003411 91000017505177	-Child Support Payment -Payroll E	401.13
1/12/2021	PAY PLUS ACHTRANS 452579291 101000694333688	- 3rd Party Payor Fee	215.18
1/12/2021	MCKESSON DRUG AUTO ACH ACH04442018 910000159	- 340B Drug Program Expense	12683.27 *
1/13/2021	PAY PLUS ACHTRANS 452579291 101000695104707	- 3rd Party Payor Fee	149.01
1/14/2021	PAY PLUS ACHTRANS 452579291 101000695907595	- 3rd Party Payor Fee	12.81
1/15/2021	PAY PLUS ACHTRANS 452579291 101000696764235	- 3rd Party Payor Fee	4.17
1/15/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	2913.49 *
1/15/2021	TEXAS COUNTY DRS RECEIVABLE 0419 21000020659	- Retirement Funding	142870.63 *
			163,821.03

Jason Anglin, CEO
Memorial Medical Center

January 18, 2021

* Approved 01.13.21 CC

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
1/20/2021	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	1,279.09

Jason Anglin, CEO
Memorial Medical Center

January 18, 2021

Credit Card Fees

1,930.74 +
74.83 +
526.93 +
456.02 +
138.57 +
725.62 +
129.00 +
523.96 +
4,505.67 *

Pay Plus

65.67 +
215.18 +
149.01 +
12.81 +
4.17 +
446.84 *

Child Support

401.13 +
401.13 *

4,505.67 +
446.84 +
401.13 +
5,353.64 *

163,821.03 +
12,683.27 -
2,913.49 -
142,870.63 -
5,353.64 *

5,353.64 +
5,353.64 -
0.00 *

Sales and Use Tax Sales tax

Original Return for Period Ending 12/31/2020 (2012)

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.

Print this page for your records.

Reference Number:
Date and Time of Filing:

Taxpayer ID:
Taxpayer Name:
Taxpayer Address:

Entered by:
Email Address.
Telephone Number:
IP Address:

Credits Taken

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

Licensed Customs Broker Exported Sales

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

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	15,582	15,582	0	15,582	973.88	15,582	.02000	311.64
Total Tax Due								**1,285.52**

Total Tax Due:	**= 1,285.52**
Timely Filing Discount:	**- 6.43**
Balance Due:	**= 1,279.09**
Pending Payments:	**- 0.00**
Total Amount Due and Payable:	**= 1,279.09**

(State amount due is 969.01)
(Local amount due is 310.08)

Payment Summary

State Amount: 969.01
Local Amount: 310.08
Amount to Pay: $1,279.09
Electronic Check: $1,279.09

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

Print | Return to Menu | File for Another Taxpayer

RECEIVED
JAN 14 2021
Calhoun County Auditor

01/14/2021
11:15

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121720	12/30/2020	12/17/2020	02/04/2021				1,720.00	0.00	0.00	1,720.00

TRANSFER NH insurance pymt deposited into mmc operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT C	1,720.00	0.00	0.00	1,720.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,720.00	0.00	0.00	1,720.00

APPROVED
BY
JAN 14 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#
188960

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

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Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122820	12/30/2020	12/28/2020	02/04/2021				299.18	0.00	0.00	299.18
	TRANSFER NH insurance pymt deposited into MMC operating									
122920	12/30/2020	12/29/2020	02/04/2021				8,438.24	0.00	0.00	8,438.24
	TRANSFER NH insurance pymt deposited into MMC operating									
123020A	12/30/2020	12/30/2020	02/04/2021				37,039.07	0.00	0.00	37,039.07
	TRANSFER NH insurance pymt deposited into MMC operating									
123020	12/30/2020	12/30/2020	02/04/2021				7,601.12	0.00	0.00	7,601.12
	TRANSFER NH insurance pymt deposited into MMC operating									
123120	12/30/2020	12/31/2020	02/04/2021				7,046.42	0.00	0.00	7,046.42
	TRANSFER NH insurance pymt deposited into MMC operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	60,424.03	0.00	0.00	60,424.03

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	60,424.03	0.00	0.00	60,424.03

CK# 188961

01/14/2021
11:14

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12696	GULF POINTE PLAZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122120	12/30/2020	12/21/2020	02/04/2021				2,811.38	0.00	0.00	2,811.38
	TRANSFER NH insurance pymt deposited into mmc operating									
122220	12/30/2020	12/22/2020	02/04/2021				27,075.06	0.00	0.00	27,075.06
	TRANSFER NH insurance pymt deposited into mmc operating									
122820	12/30/2020	12/28/2020	02/04/2021				325.00	0.00	0.00	325.00
	TRANSFER NH insurance pymt deposited into mmc operating									
123020	12/30/2020	12/30/2020	02/04/2021				360.00	0.00	0.00	360.00
	TRANSFER NH insurance pymt deposited into mmc operating									
12/30/20	12/30/2020	12/30/2020	02/04/2021				1,303.07	0.00	0.00	1,303.07
	TRANSFER NH insurance pymt deposited into mmc operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZ	31,874.51	0.00	0.00	31,874.51

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	31,874.51	0.00	0.00	31,874.51

CK#
188962

01/14/2021 MEMORIAL MEDICAL CENTER 0
11:13 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
13004	TUSCANY VILLAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120420A	12/30/2020	12/04/2020	02/04/2021				704.00	0.00	0.00	704.00 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
121820	12/30/2020	12/18/2020	02/04/2021				10,975.00	0.00	0.00	10,975.00 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
122120	12/30/2020	12/21/2020	02/04/2021				169.96	0.00	0.00	169.96 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
122320	12/30/2020	12/23/2020	02/04/2021				2,470.71	0.00	0.00	2,470.71 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
122320A	12/30/2020	12/23/2020	02/04/2021				2,103.54	0.00	0.00	2,103.54 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
122420	12/30/2020	12/24/2020	02/04/2021				23,479.51	0.00	0.00	23,479.51 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
122420B	12/30/2020	12/24/2020	02/04/2021				1,495.00	0.00	0.00	1,495.00 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
122420A	12/30/2020	12/24/2020	02/04/2021				8,976.00	0.00	0.00	8,976.00 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
122420C	12/30/2020	12/24/2020	02/04/2021				9,958.76	0.00	0.00	9,958.76 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
122820	12/30/2020	12/28/2020	02/04/2021				1,056.00	0.00	0.00	1,056.00 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
123020	12/30/2020	12/30/2020	02/04/2021				6,928.99	0.00	0.00	6,928.99 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	68,317.47	0.00	0.00	68,317.47

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	68,317.47	0.00	0.00	68,317.47

CK# 188963

01/14/2021
11:12

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12792	BETHANY SENIOR LIVING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121820	12/30/2020	12/18/2020	02/04/2021				5,456.00	0.00	0.00	5,456.00
	TRANSFER NH insurance pymt deposited into mmc operating									
122420	12/30/2020	12/24/2020	02/04/2021				7,473.99	0.00	0.00	7,473.99
	TRANSFER Ntl insurance pymt deposited into mmc operating									
122820	12/30/2020	12/28/2020	02/04/2021				51,504.04	0.00	0.00	51,504.04
	TRANSFER NH insurance pymt deposited into mmc operating									
122920	12/30/2020	12/29/2020	02/04/2021				1,742.30	0.00	0.00	1,742.30
	TRANSFER NH insurance pymt deposited into mmc operating									
122920A	12/30/2020	12/29/2020	02/04/2021				3,344.00	0.00	0.00	3,344.00
	TRANSFER NH insurance pymt deposited into mmc operating									
123020A	12/30/2020	12/30/2020	02/04/2021				821.12	0.00	0.00	821.12
	TRANSFER NH insurance pymt deposited into mmc operating									
011321	01/13/2021	01/13/2021	02/04/2021				2,285.32	0.00	0.00	2,285.32
	TRANSFER NH insurance pymt deposited into mmc operating									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR I	72,626.77	0.00	0.00	72,626.77

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	72,626.77	0.00	0.00	72,626.77

CK# 188959

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	188878	01/20/21	125.00	
A/P	188879	01/20/21	49.18	ADT COMMERCIAL
A/P	188880	01/20/21	2,804.30	AIRGAS USA, LLC - CENTRAL DIV
A/P	188881	01/20/21	177.00	AQUA BEVERAGE COMPANY
A/P	188882	01/20/21	66.14	AUTO PARTS & MACHINE CO.
A/P	188883	01/20/21	2,997.00	BAXTER HEALTHCARE
A/P	188884	01/20/21	10,400.00	BKD, LLP
A/P	188885	01/20/21	96.34	
A/P	188886	01/20/21	65.18	BOHLS BEARING & POWER TRANS
A/P	188887	01/20/21	220.00	
A/P	188888	01/20/21	1,025.00	C-D ELECTRIC
A/P	188889	01/20/21	208.00	CABLES AND SENSORS
A/P	188890	01/20/21	71.78	CALHOUN COUNTY
A/P	188891	01/20/21	120.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	188892	01/20/21	690.31	CARDINAL HEALTH 414, INC.
A/P	188893	01/20/21	1,522.57	CAVALLO ENERGY TEXAS LLC
A/P	188894	01/20/21	500.00	CHEMAQUA
A/P	188895	01/20/21	5,299.83	CITY OF PORT LAVACA
A/P	188896	01/20/21	326.67	COASTAL OFFICE SOLUTONS
A/P	188897	01/20/21	97.00	LRE
A/P	188898	01/20/21	4,946.17	COMMUNITY INFUSION SOLUTIONS
A/P	188899	01/20/21	932.63	
A/P	188900	01/20/21	.00	VOIDED
A/P	188901	01/20/21	1,964.32	DEWITT POTH & SON
A/P	188902	01/20/21	146,954.64	DISCOVERY MEDICAL NETWORK INC
A/P	188903	01/20/21	98.00	I
A/P	188904	01/20/21	610.00	DOWELL PEST CONTROL
A/P	188905	01/20/21	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	188906	01/20/21	4,358.30	FISHER HEALTHCARE
A/P	188907	01/20/21	9,807.41	GARDNER & WHITE, INC.
A/P	188908	01/20/21	11,195.37	GE PRECISION HEALTHCARE, LLC
A/P	188909	01/20/21	120.93	GENESIS DIAGNOSTICS
A/P	188910	01/20/21	2,805.25	GUERBET, LLC
A/P	188911	01/20/21	1,160.27	GULF COAST PAPER COMPANY
A/P	188912	01/20/21	749.12	HEALTHCARE CODING & CONSULTING
A/P	188913	01/20/21	423.78	HEB CREDIT RECEIVABLES DEPT308
A/P	188914	01/20/21	14,592.51	HUNTER PHARMACY SERVICES
A/P	188915	01/20/21	170.73	IRON MOUNTAIN
A/P	188916	01/20/21	25,493.33	ITA RESOURCES INC
A/P	188917	01/20/21	43.00	LANGUAGE LINE SERVICES
A/P	188918	01/20/21	99.00	LINDSEY MEADOR
A/P	188919	01/20/21	24,463.75	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	188920	01/20/21	125.00	MARLEN HUNTER
A/P	188921	01/20/21	262.00	MARTIN PRINTING CO
A/P	188922	01/20/21	68.50	MEDIMPACT HEALTHCARE SYS, INC.
A/P	188923	01/20/21	.00	VOIDED
A/P	188924	01/20/21	.00	VOIDED
A/P	188925	01/20/21	7,618.37	MEDLINE INDUSTRIES INC
A/P	188926	01/20/21	355.65	MID-COAST ELECTRIC SUPPLY, INC
A/P	188927	01/20/21	465.96	MMC AUXILIARY GIFT SHOP

BANK--CHECK----------

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	188928	01/20/21	.00	VOIDED
A/P	188929	01/20/21	9,978.29	MORRIS & DICKSON CO, LLC
A/P	188930	01/20/21	510.26	NATUS MEDICAL INC
A/P	188931	01/20/21	32.49	NUANCE COMMUNICATIONS, INC
A/P	188932	01/20/21	1,166.43	OLYMPUS AMERICA INC
A/P	188933	01/20/21	8,709.00	PARA
A/P	188934	01/20/21	3,228.00	PHILIPS HEALTHCARE
A/P	188935	01/20/21	207.00	PITNEY BOWES INC
A/P	188936	01/20/21	2,109.12	PRESS GANEY ASSOCIATES, INC.
A/P	188937	01/20/21	3.00	RECEIVABLE MANAGEMENT, INC
A/P	188938	01/20/21	22,709.36	RELIANT, DEPT 0954
A/P	188939	01/20/21	32.91	ROBERT RODRIQUEZ
A/P	188940	01/20/21	235.00	RX WASTE SYSTEMS LLC
A/P	188941	01/20/21	130.33	SAM'S CLUB DIRECT
A/P	188942	01/20/21	230.84	SERVICE SUPPLY OF VICTORIA INC
A/P	188943	01/20/21	12,870.00	SPBS CLINICAL EQUIPMENT SRVC
A/P	188944	01/20/21	420.00	ST DAVIDS HEALTHCARE
A/P	188945	01/20/21	2,415.00	STERICYCLE, INC
A/P	188946	01/20/21	1,424.06	STRYKER FLEX FINANCIAL
A/P	188947	01/20/21	5,699.00	T-SYSTEM, INC
A/P	188948	01/20/21	475.95	THE BRATTON FIRM
A/P	188949	01/20/21	120.00	TOMAS PENA
A/P	188950	01/20/21	43.90	TRI WHOLESALE CO.
A/P	188951	01/20/21	1,643.18	TRIZETTO PROVIDER SOLUTIONS
A/P	188952	01/20/21	.00	VOIDED
A/P	188953	01/20/21	7,492.33	UNIFIRST HOLDINGS
A/P	188954	01/20/21	146.15	UPDOX LLC
A/P	188955	01/20/21	46,262.54	VICTORIA ANESTHESIOLOGY
A/P	188956	01/20/21	560.00	VICTORIA RADIOWORKS, LTD
A/P	188957	01/20/21	633.32	WALMART COMMUNITY
A/P	188958	01/20/21	1,167.00	WERFEN USA LLC
A/P	188959	01/20/21	72,626.77	BETHANY SENIOR LIVING
A/P	188960	01/20/21	1,720.00	BROADMOOR AT CREEKSIDE PARK
A/P	188961	01/20/21	60,424.03	GOLDENCREEK HEALTHCARE
A/P	188962	01/20/21	31,874.51	GULF POINTE PLAZA
A/P	188963	01/20/21	68,317.47	TUSCANY VILLAGE
TOTALS:			692,425.03	

O.C

Payables 457,462.25 +
1,720.00 +
NH 60,424.03 +
31,874.51 +
Transfers 68,317.47 +
72,626.77 +
692,425.03 *

APPROVED
ON
JAN 20 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
1/18/2021

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		60,337.27 ✓	60,237.27 ✓	74,919.40 ✓		-	75,019.40 ✓	74,919.40
						Bank Balance	75,019.40	
						Variance	-	
						Leave in Balance	100.00	
						AMERIGROUP QIPP 1 & 2		
						MOLINA QIPP 1 & 2		
						October Interest		
						November Interest		
						December Interest		
						Adjust Balance/Transfer Amt	74,919.40 ✓	
Broadmoor		52,170.97 ✓	52,070.97 ✓	58,992.95 ✓		-	59,092.95 ✓	58,992.95
						Bank Balance	59,092.95	
						Variance	-	
						Leave in Balance	100.00	
						MOLINA QIPP 1 & 2		
						AMERIGROUP QIPP 1 & 2		
						PENDING MMC Claim payment(clinic)	-	
						October Interest		
						November Interest		
						December Interest		
						Adjust Balance/Transfer Amt	58,992.95 ✓	
Crescent		50,778.26 ✓	50,678.26 ✓	54,169.52 ✓		-	54,269.52 ✓	54,169.52
						Bank Balance	54,269.52	
						Variance	-	
						Leave in Balance	100.00	
						MOLINA QIPP 1 & 2		
						AMERIGROUP QIPP 1 & 2		
						October Interest		
						November Interest		
						December Interest		
						Adjust Balance/Transfer Amt	54,169.52 ✓	
Fort Bend		59,376.81 ✓	59,276.81 ✓	135.39 ✓		-	235.39 ✓	~~135.39~~
						Bank Balance	235.39	NO TRANSFER
						Variance	-	
						Leave in Balance	100.00	
						MOLINA QIPP 1 & 2		
						AMERIGROUP QIPP 1 & 2		
						PENDING MMC Claim payment(clinic)		
						October Interest		
						November Interest		
						December Interest		
						Adjust Balance/Transfer Amt	135.39 ✓	
Solera at W Houston		33,650.32 ✓	33,550.32 ✓	56,202.36 ✓			56,302.36 ✓	56,202.36
						Bank Balance	56,302.36	
						Variance	-	
						Leave in Balance	100.00	
						MOLINA QIPP 1 & 2		
						AMERIGROUP QIPP 1 & 2		
						October Interest		
						November Interest		
						December Interest		
						Adjust Balance/Transfer Amt	56,202.36 ✓	
						TOTAL TRANSFERS		-244,419.62-

APPROVED
GN
JAN 18 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Routing Information for Crescent / Solera at West Houston

74,919.40 +
58,992.95 +
54,169.52 +
56,202.36 +
244,284.23 ?

244,284.23

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

Approved:

J:\NH Weekly Transfers\NH UPL Transfer Summary\2021\January\NH UPL Transfer Summary 1-20-21.xlsx

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
1/12/2021	Check	184.11	-					-	-
1/12/2021	Check	49,248.15	-					-	-
1/13/2021	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	10,805.01	-					-	-
1/14/2021	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	675.00					-	675.00
1/15/2021	Amerigroup TXSC HCCLAIMPMT 3141026389 111000	-	49,207.91					-	49,207.91
1/15/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	25,036.49					-	25,036.49
								-	-
								-	-
		60,237.27	74,919.40	-	-	-	-	-	74,919.40

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
1/11/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,727.60					-	1,727.60
1/11/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	24,843.35					-	24,843.35
1/12/2021	Check	122.67	-					-	-
1/12/2021	Check	20,387.68	-					-	-
1/12/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	15,833.54					-	15,833.54
1/12/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,650.46					-	4,650.46
1/13/2021	WIRE OUT CANTEX HEALTH CARE CENTERS III	31,560.62	-					-	-
1/15/2021	UHC Community Pl HCCLAIMPMT 746003411 910000	-	4,064.00					-	4,064.00
1/15/2021	UHC Community Pl HCCLAIMPMT 746003411 910000	-	7,874.00					-	7,874.00
								-	-
		52,070.97	58,992.95	-	-	-	-	-	58,992.95

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
1/11/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	10,393.45					-	10,393.45
1/12/2021	Check	126.15	-					-	-
1/12/2021	Check	16,369.33	-					-	-
1/12/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,588.35					-	1,588.35
1/12/2021	HUMANA INS CO HCCLAIMPMT 390864 830000513336	-	10,006.71					-	10,006.71
1/12/2021	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	176.00					-	176.00
1/13/2021	WIRE OUT CANTEX HEALTH CARE CENTERS III	34,182.78	-					-	-
1/13/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2.60					-	2.60
1/14/2021	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	6,144.26					-	6,144.26
1/15/2021	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	1,110.00					-	1,110.00
1/15/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,093.34					-	3,093.34
1/15/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	13,841.88					-	13,841.88
1/15/2021	HUMANA CHA DISB HCCLAIMPMT 390864 4200001782	-	6,444.22					-	6,444.22
1/15/2021	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	1,368.71					-	1,368.71
								-	-
		50,678.26	54,169.52	-	-	-	-	-	54,169.52

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
1/12/2021	Check	53.22	-					-	-
1/12/2021	Check	613.11	-					-	-
1/12/2021	Check	19,904.85	-					-	-
1/13/2021	WIRE OUT CANTEX HEALTH CARE CENTERS III	38,705.63	-					-	-
1/14/2021	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	135.39					-	135.39
								-	-
		59,276.81	135.39	-	-	-	-	-	135.39

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
1/11/2021	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	6,150.00					-	6,150.00
1/11/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	121.89					-	121.89
1/12/2021	Check	137.10	-					-	-
1/12/2021	Check	19,297.43	-					-	-
1/12/2021	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	6,500.97					-	6,500.97
1/13/2021	WIRE OUT CANTEX HEALTH CARE CENTERS III	14,115.79	-					-	-
1/13/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,806.57					-	1,806.57
1/15/2021	Amerigroup TXSC HCCLAIMPMT 3141026390 111000	-	13,143.24					-	13,143.24
1/15/2021	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	14,350.00					-	14,350.00
1/15/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	722.15					-	722.15
1/15/2021	UHC Community Pl HCCLAIMPMT 746003411 910000	-	936.00					-	936.00
1/15/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,078.42					-	3,078.42
1/15/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	9,393.12					-	9,393.12
								-	-
		33,550.32	56,202.36	-	-	-	-	-	56,202.36

	Transfer-Out	Transfer-In	MMC PORTION QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
TOTALS	255,813.63	244,419.62	-	-	-	-	-	244,419.62

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
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DDA Data reported as of Jan 18, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$75,019.40	$139,352.47	$75,019.40	$775.0
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$59,092.95	$80,510.47	$59,092.95	$47,154.9
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$54,269.52	$81,530.97	$54,269.52	$28,411.3
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$235.39	$16,599.92	$235.39	$235.3
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$56,302.36	$99,406.88	$56,302.36	$14,679.4
[redacted]				

* indicate
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Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
1/18/2021

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		48,740.01	48,640.01	1,064.00	-	-	1,164.00	~~1,064.00~~
						Bank Balance	1,164.00	NO TRANSFER
						Variance	-	
						Leave in Balance	100.00	
							-	
						SUPERIOR QIPP 1 & 2		
						October Interest		
						November Interest		
						December Interest		
							-	
						Adjust Balance/Transfer Amt	1,064.00	

Routing Information for Golden Creek:

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

Approved:
Jason Anglin, CEO 1/18/2021

APPROVED
BY
JAN 18 2021
CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&Lapse	QJPP TI	
1/12/2021 Check	125.59	-					-	-
1/13/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	48,514.42	-					-	-
1/14/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	1,064.00					-	1,064.00
							-	-
							-	-
	48,640.01	1,064.00	-	-	-	-	-	1,064.00

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Jan 18, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$1,164.00	$1,164.00	$1,164.00	$1,164.0
[redacted]				

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Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
1/18/2021

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		476.78	24.78	-		-	-	452.00	352.00
							Bank Balance	452.00	NO TRANSFER
							Variance	-	
							Leave in Balance	100.00	
							SUPERIOR QIPP 1 & 2		
							October Interest		
							November Interest		
							December Interest		
							Adjust Balance/Transfer Amt	352.00	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		169.08	69.08	-		-	-	100.00	-
							Bank Balance	100.00	NO TRANSFER
							Variance	-	
							Leave in Balance	100.00	
							QIPP Payment Adjustments		
							October Interest		
							November Interest		
							December Interest		
							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 1/18/2021

APPROVED
BY
JAN 18 2021
COMMISSIONERS COURT
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

1/12/2021 Check

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
24.78	-					-	-
						-	-
						-	-
24.78	-	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid

1/12/2021 Check

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
69.08	-					-	-
						-	-
						-	-
69.08	-	-	-	-	-	-	-
							-
93.86	-	-	-	-	-	-	-

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Jan 18, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.0
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$452.00	$452.00	$452.00	$452.0
[redacted]				

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Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
1/18/2021

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
Tuscany Senior Living		10,882.88	10,822.88	13,615.00	-	-	-	13,675.00	13,575.00
							Bank Balance	13,675.00	
							Variance	-	
							Leave in Balance	100.00	
							MOLINA QIPP 1 & 2	-	
							AMERIGROUP QIPP 1 & 2		
							October Interest		
							November Interest		
							December Interest		
							Adjust Balance/Transfer Amt	13,575.00	

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

Approved:
Jason Anglin, CEO 1/18/2021

APPROVED ON
JAN 18 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Senior Living	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
1/12/2021 Check	14.13	-					-	-
1/12/2021 Check	2,037.05	-					-	-
1/13/2021 WIRE OUT LINBAR ENTERPRISES, LLC	8,731.70	-					-	-
1/15/2021 Enhanced Analysis Ch	40.00	-					-	-
1/15/2021 KS PLAN ADMINIST HCCLAIMPMT 179 111000020058	-	13,615.00					-	13,615.00
	10,822.88	13,615.00	-	-	-	-	-	13,615.00

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Jan 18, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*3407 MMC -NH TUSCANY VILLAGE	$13,675.00	$13,675.00	$13,675.00	$100.0

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Page generated on 01/18/2021

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
1/18/2021

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
Bethany Senior Living		88,188.13 ✓	88,088.13 ✓	98,184.43 ✓		-	-	98,284.43	98,184.43
							Bank Balance	98,284.43 ✓	
							Variance	-	
							Leave in Balance	100.00	

October Interest	
November Interest	
December Interest	
Adjust Balance/Transfer Amt	98,184.43 ✓

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 1/18/2021

APPROVED
ON
JAN 18 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
1/12/2021 Check	237.49	-					-	-
1/12/2021 Deposit	-	17,996.20					-	17,996.20
1/13/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	87,850.64	-					-	-
1/14/2021 Deposit	-	9,258.30					-	9,258.30
1/15/2021 Deposit	-	46,743.25					-	46,743.25
1/15/2021 Deposit	-	19,486.05					-	19,486.05
1/15/2021 HOSPICE OF SO TX VENDORS NF 91000011581471	-	801.45					-	801.45
1/15/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	3,899.18					-	3,899.18
							-	-
	88,088.13	98,184.43	-	-	-	-	-	98,184.43

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
Add Group

DDA Data reported as of Jan 18, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*5506 MMC -NH BETHANY SENIOR LIVING	$98,284.43	$98,284.43	$98,284.43	$27,354.5
[redacted]				

* indicate
Page generated on 01/18/2021 :

Ø

RUN DATE:01/21/21 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:26 CHECK REGISTER GLCKREG
01/21/21 THRU 01/21/21

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P *	188473	01/21/21	14,205.37CR	HUNTER PHARMACY SERVICES
A/P	188964	01/21/21	14,205.37	HUNTER PHARMACY SERVICES
TOTALS:			.00	

Melissa Mckissack

From: rhonda kokena <rhonda.kokena@calhouncotx.org>
Sent: Monday, January 11, 2021 2:54 PM
To: Melissa Mckissack
Cc: Erica Perez
Subject: RE: Stop Payment

Stop payment has been issued this date.. 1.11.21

Have a great day.

Rhonda S. Kokena

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

From: mmckissack@mmcportlavaca.com (Melissa Mckissack) [mailto:mmckissack@mmcportlavaca.com]
Sent: Monday, January 11, 2021 1:27 PM
To: rhonda kokena <rhonda.kokena@calhouncotx.org>
Subject: Stop Payment

Good afternoon Rhonda,

At your convenience please request a stop payment on the below.

188473	12/16/20	14,205.37	HUNTER PHARMACY SERVICES	Not Cleared	-	14,205.37

Thank you in advance for your help!

Respectfully,
Melissa McKissack
Memorial Medical Center
Accounts Payable
815 N Virginia. St
Port Lavaca, TX 77979
Ph: 361.552.0256 Fax: 361.551.4504

From: Melissa Mckissack
Sent: Friday, January 08, 2021 9:26 AM
To: 'Cheryl Mercer' <cmercer@hunterpharmacy.com>
Subject: RE: Invoice 4159 from Hunter Pharmacy Services, Inc.

Check number 188473 was issued and mailed 12/16/20

Respectfully,
Melissa McKissack
Memorial Medical Center
Accounts Payable
815 N Virginia. St
Port Lavaca, TX 77979
Ph: 361.552.0256 Fax: 361.551.4504

From: Cheryl Mercer [mailto:cmercer@hunterpharmacy.com]
Sent: Thursday, January 07, 2021 12:28 PM
To: Melissa Mckissack <mmckissack@mmcportlavaca.com>; Caitlin Clevenger <cclevenger@mmcportlavaca.com>; Roshanda S. Thomas <rthomas@mmcportlavaca.com>
Subject: Fwd: Invoice 4159 from Hunter Pharmacy Services, Inc.

Good afternoon. Could you please give me the status payment for this invoice?

Thank you,
Cheryl Mercer
Hunter Pharmacy Services
3420 Executive Center Drive
Suite 100
Austin Texas 78731
Office 512-346-9296/800-707-8799
Fax 512-343-1060
www.hunterpharmacy.com

HUNTER
PHARMACY
SERVICES

---------- Forwarded message ---------
From: <cmercer@hunterpharmacy.com>
Date: Tue, Dec 8, 2020 at 11:43 AM
Subject: Invoice 4159 from Hunter Pharmacy Services, Inc.
To: <mmckissack@mmcportlavaca.com>
Cc: <cclevenger@mmcportlavaca.com>, <rgray@mmcportlavaca.com>, <rhusk@hunterpharmacy.com>

Hunter Pharmacy Services, Inc.

Invoice *Due:12/20/2020*
4159

Amount Due: $14,205.37

Dear Customer:

Your invoice-4159 for 14,205.37 is attached. Please remit payment at your earliest convenience.

Thank you for your business - we appreciate it very much.

Sincerely,
Hunter Pharmacy Services, Inc.

5123469296

This email and any files transmitted with it may contain information that is PRIVILEGED AND CONFIDENTIAL. It is the property of Hunter Pharmacy Services, Inc. and is only for the use of the intended recipient. If you have received this email in error, do not disseminate, distribute, forward, print or copy this email or any of its attachments. Immediately notify the sender by reply and the destroy. Any abuse may result in disciplinary action and/or legal liability. Unauthorized interception of this email is a violation of federal law.

Calhoun County Texas

188964

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

10922 HUNTER PHARMACY SERVICES
P O BOX 30573, AUSTIN TEX 78755

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
4159	11/30/20	14,205.37			14,205.37

#188473 was issued a stop payment and was re-issued to Hunter Pharmacy with #188964

CHECK NO.		TOTALS		TOTALS		
188964 01/21/21			14,205.37			14,205.37

188964

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
4159	11/30/20	14,205.37			14,205.37

CHECK NO.	188964	TOTALS	14,205.37	TOTALS		14,205.37

MEMORIAL MEDICAL CENTER

Operating
815 N. Virginia St.
Port Lavaca, TX 77979

PROSPERITY BANK
88-2265
1131

188964

10922 188964

DATE 01/21/21 AMOUNT $14,205.37

Fourteen Thousand Two Hundred Five Dollars and Thirty-Seven Cents

PAY TO THE ORDER OF
HUNTER PHARMACY SERVICES
P O BOX 30573
AUSTIN, TX 78755

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER