

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 27, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 343,823.63
TOTAL TRANSFERS BETWEEN FUNDS	\$ 97,476.67
TOTAL NURSING HOME UPL EXPENSES	\$ 956,199.82
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 166,054.62
GRAND TOTAL DISBURSEMENTS APPROVED Janaury 27, 2021	\$ 1,563,554.74

APPROVED

JAN 27 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---January 27,2021

PAYABLES AND PAYROLL

1/21/2021 Weekly Payables	320,545.58
1/21/2021 Patient Refunds	12,430.55
1/25/2021 McKesson-340B Prescription Expense	9,927.54

Prosperity Electronic Bank Payments

1/19/2021 Clearage-Patient Financing Service	117.40
1/19/-1/22/21 Pay Plus-Patient Claims Processing Fee	266.65
1/22/2021 ExpertPay- child support	535.91

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 343,823.63
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TRANSFER BETWEEN FUNDS-NURSING HOMES

1/21/2021 MMC Operating to The Crescent- correction of NH insurance payment deposited into MMC Operating	7,135.44
1/21/2021 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	3,778.00
1/21/2021 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	35,258.14
1/21/2021 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	31,210.88
1/21/2021 MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating	20,094.21

TOTAL TRANSFERS BETWEEN FUNDS	\$ 97,476.67
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NURSING HOME UPL EXPENSES

1/25/2021 Nursing Home UPL-Cantex Transfer	358,907.45
1/25/2021 Nursing Home UPL-Nexion Transfer	69,815.26
1/25/2021 Nursing Home UPL-HMG Transfer	50,032.91
1/25/2021 Nursing Home UPL-Tuscany Transfer	55,963.73
1/25/2021 Nursing Home UPL-HSL Transfer	401,248.42

QIPP/INTEREST/RECOUP CHECKS TO MMC

1/25/2021 Ashford	3,259.52
1/25/2021 Broadmoor	1,174.31
1/25/2021 Crescent	960.38
1/25/2021 Fort Bend	1,330.94
1/25/2021 Solera	1,153.16
1/25/2021 Tuscany	12,353.74

TOTAL NURSING HOME UPL EXPENSES	\$ 956,199.82
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INTER-GOVERNMENT TRANSFERS

1/25/2021 IGT DY10 UC be paid on February 04, 2021	166,054.62
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ 166,054.62
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GRAND TOTAL DISBURSEMENTS APPROVED January 27, 2021	\$ 1,563,554.74
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RECEIVED

01/21/2021

11:02

JAN 21 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 02/10/2021

ap_open_invoice.template

Vendor#

11237

Calhoun County Auditor

Vendor Name

3WON, LLC ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2434 ✓	01/06/2021	01/04/2021	02/04/2021				1,393.00	0.00	0.00	1,393.00 ✓

CREDENTIALING

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11237

3WON, LLC

1,393.00

0.00

0.00

1,393.00

Vendor#

10950

Vendor Name

ACUTE CARE INC ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV15 ✓	01/20/2021	01/20/2021	01/30/2021				1,400.00	0.00	0.00	1,400.00 ✓

RFID

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

10950

ACUTE CARE INC

1,400.00

0.00

0.00

1,400.00

Vendor#

13180

Vendor Name

ADVANCED STERILIZATION PROD ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8020117998 ✓	01/19/2021	12/29/2020	01/19/2021				864.00	0.00	0.00	864.00 ✓

SUPPLIES

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

13180

ADVANCED STERIL

864.00

0.00

0.00

864.00

Vendor#

A1680

Vendor Name

AIRGAS USA, LLC - CENTRAL DIV M ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9108524002 ✓	01/19/2021	12/29/2020	01/23/2021				298.22	0.00	0.00	298.22 ✓

OXYGEN

9976490440 ✓	01/19/2021	12/31/2020	01/25/2021				495.91	0.00	0.00	495.91 ✓
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OXYGEN

9976490441 ✓	01/19/2021	12/31/2020	01/25/2021				693.59	0.00	0.00	693.59 ✓
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OXYGEN

9108510469 ✓	01/19/2021	12/31/2020	01/25/2021				2,248.76	0.00	0.00	2,248.76 ✓
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OXYGEN

9976490442 ✓	01/19/2021	01/30/2021	01/30/2021				63.76	0.00	0.00	63.76 ✓
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OXYGEN

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

A1680

AIRGAS USA, LLC -

3,800.24

0.00

0.00

3,800.24

Vendor#

10592

Vendor Name

AMERICAN PROFICIENCY INSTITL ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
577454 ✓	01/21/2021	12/01/2020	12/26/2020				2,328.00	0.00	0.00	2,328.00 ✓

HOSPITAL API RENEAL

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

10592

AMERICAN PROFIC

2,328.00

0.00

0.00

2,328.00

Vendor#

A1360

Vendor Name

AMERISOURCEBERGEN DRUG CCW ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
985400564 ✓	01/19/2021	01/12/2021	01/18/2021				10,400.00	0.00	0.00	10,400.00 ✓

INVENTORY

802744541 ✓	01/19/2021	01/15/2021	01/21/2021				39.08	0.00	0.00	39.08 ✓
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SERVICE CHARGE

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

A1360

AMERISOURCEBEF

10,439.08

0.00

0.00

10,439.08

Vendor#

A2218

Vendor Name

AQUA BEVERAGE COMPANY ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116003 ✓	01/19/2021	12/31/2020	01/25/2021				8.00	0.00	0.00	8.00 ✓

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2/14

6741

CLARIUS SCANNER											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
13676			CLARIUS MOBILE H			5,040.00	0.00	0.00	5,040.00		
Vendor# C1166	Vendor Name		Class		Pay Code						
	COASTAL OFFICE SOLUTIONS		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	OE304601	01/18/2021	01/13/2021	01/23/2021				95.88	0.00	0.00	95.88
	SUPPLIES										
	OEQT15276	01/19/2021	11/13/2020	11/23/2020				452.21	0.00	0.00	452.21
SUPPLIES											
	WO447051	01/19/2021	01/15/2021	01/25/2021				51.44	0.00	0.00	51.44
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
C1166			COASTAL OFFICE S			599.53	0.00	0.00	599.53		
Vendor# C2157	Vendor Name		Class		Pay Code						
	COOPER SURGICAL INC		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	5698663	12/30/2020	12/15/2020	12/30/2020				918.69	0.00	0.00	918.69
	SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
C2157			COOPER SURGICAL			918.69	0.00	0.00	918.69		
Vendor# C2297	Vendor Name		Class		Pay Code						
	COVER ONE		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	19850	01/13/2021	01/06/2021	02/06/2021				968.00	0.00	0.00	968.00
	SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
C2297			COVER ONE			968.00	0.00	0.00	968.00		
Vendor# 10368	Vendor Name		Class		Pay Code						
	DEWITT POTH & SON										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6307610	01/13/2021	01/11/2021	02/05/2021				134.73	0.00	0.00	134.73
	SUPPLIES										
	6307350	01/13/2021	01/11/2021	02/05/2021				111.23	0.00	0.00	111.23
	SUPPLIES										
	6298891	01/13/2021	01/11/2021	02/05/2021				41.99	0.00	0.00	41.99
	SUPPLIES										
	6309260	01/19/2021	01/12/2021	02/06/2021				72.28	0.00	0.00	72.28
	SUPPLIES										
	6309320	01/19/2021	01/12/2021	02/06/2021				10.69	0.00	0.00	10.69
	SUPPLIES										
	6311010	01/19/2021	01/13/2021	02/07/2021				108.04	0.00	0.00	108.04
SUPPLIES											
6309860	01/19/2021	01/13/2021	02/07/2021				654.53	0.00	0.00	654.53	
SUPPLIES											
6307521	01/19/2021	01/13/2021	02/07/2021				17.23	0.00	0.00	17.23	
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
10368			DEWITT POTH & SC			1,150.72	0.00	0.00	1,150.72		
Vendor# 11011	Vendor Name		Class		Pay Code						
	DIAMOND HEALTHCARE CORP										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	IN20054317	01/19/2021	01/01/2021	01/26/2021				19,166.67	0.00	0.00	19,166.67
	CPR										
	IN20054316	01/19/2021	01/01/2021	01/26/2021				31,144.58	0.00	0.00	31,144.58
BEV HEALTH											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
11011			DIAMOND HEALTHC			50,311.25	0.00	0.00	50,311.25		
Vendor# 12040	Vendor Name		Class		Pay Code						
	DRIESSEN WATER INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

	1430270312301/19/2021	12/31/2020	01/22/2021		246.45	0.00	0.00	246.45		
				SUPPLIES						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
10175	12040		DRIESSEN WATER		246.45	0.00	0.00	246.45		
			Vendor Name	Class			Pay Code			
			DSHS CENTRAL LAB MC2004							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CENCN0426	01/20/2021	01/05/2021	01/30/2021				605.80	0.00	0.00	605.80
				SUPPLIES						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
11046	10175		DSHS CENTRAL LA		605.80	0.00	0.00	605.80		
			Vendor Name	Class			Pay Code			
			E-MDS, INC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
421574	01/20/2021	01/14/2021	01/14/2021				200.00	0.00	0.00	200.00
				EPCS SUBSCRIPTION PER PROVII						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
11046	11046		E-MDS, INC		200.00	0.00	0.00	200.00		
			Vendor Name	Class			Pay Code			
			EDWARDS PLUMBING INC	W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
63146	01/19/2021	11/18/2020	11/18/2020				4,014.11	0.00	0.00	4,014.11
				COMPLETE BACKFLOW REPAIR						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
E1070	E1070		EDWARDS PLUMBII		4,014.11	0.00	0.00	4,014.11		
			Vendor Name	Class			Pay Code			
			EMERGENCY STAFFING Solutio							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
39860	01/20/2021	12/31/2020	12/31/2020				5,280.00	0.00	0.00	5,280.00
				CHEN WKEND HOSPITALIST/ER PI						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
11284	11284		EMERGENCY STAF		5,280.00	0.00	0.00	5,280.00		
			Vendor Name	Class			Pay Code			
			ERBE USA INC SURGICAL SYSTEM							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
651617	01/18/2021	01/05/2021	01/18/2021				139.50	0.00	0.00	139.50
				SUPPLIES						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
10042	10042		ERBE USA INC SUF		139.50	0.00	0.00	139.50		
			Vendor Name	Class			Pay Code			
			EVIDENT	M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
980000	01/19/2021	12/11/2020	01/05/2021				187.00	0.00	0.00	187.00
				SUPPLIES						
	T201215137101/19/2021	12/15/2020	01/09/2021				9,433.56	0.00	0.00	9,433.56
				BUSINESS SERVICES - Private Pay Services						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
C2510	C2510		EVIDENT		9,620.56	0.00	0.00	9,620.56		
			Vendor Name	Class			Pay Code			
			EVOQUA WATER TECHNOLOGIES							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
904699060	01/20/2021	11/30/2020	12/25/2020				659.88	0.00	0.00	659.88
				SUPPLIES						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
S0501	S0501		EVOQUA WATER TI		659.88	0.00	0.00	659.88		
			Vendor Name	Class			Pay Code			
			FASTHEALTH CORPORATION							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
01A21MMC	01/19/2021	01/01/2021	01/16/2021				495.00	0.00	0.00	495.00
				WEBSITE						
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		

Vendor#	10689	FASTHEALTH CORP	495.00	0.00	0.00	495.00				
F1100		Vendor Name	Class	Pay Code						
		FEDERAL EXPRESS CORP.	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
723786602	01/19/2021	01/07/2021	02/01/2021				30.19	0.00	0.00	30.19
		SHIPPING								
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
F1100		FEDERAL EXPRESS	30.19	0.00	0.00	30.19				
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
5765334	01/20/2021	12/14/2020	01/08/2021				5,661.50	0.00	0.00	5,661.50
		SUPPLIES								
6169243	01/20/2021	12/21/2020	01/15/2021				994.82	0.00	0.00	994.82
		SUPPLIES								
6169242	01/20/2021	12/21/2020	01/15/2021				651.29	0.00	0.00	651.29
		SUPPLIES								
6513799	01/20/2021	12/24/2020	01/18/2021				9,392.17	0.00	0.00	9,392.17
		SUPPLIES								
6884621	01/20/2021	12/30/2020	01/24/2021				18,768.83	0.00	0.00	18,768.83
		SUPPLIES								
7013670	01/20/2021	12/31/2020	01/25/2021				67.86	0.00	0.00	67.86
		SUPPLIES								
7313042	01/20/2021	01/05/2021	01/30/2021				234.26	0.00	0.00	234.26
		SUPPLIES								
7485879	01/20/2021	01/06/2021	01/31/2021				556.54	0.00	0.00	556.54
		SUPPLIES								
7485874	01/20/2021	01/06/2021	01/31/2021				18,785.50	0.00	0.00	18,785.50
		SUPPLIES								
7673205	01/20/2021	01/07/2021	02/01/2021				5,503.23	0.00	0.00	5,503.23
		SUPPLIES								
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
F1400		FISHER HEALTHCA	60,616.00	0.00	0.00	60,616.00				
Vendor#		Vendor Name	Class	Pay Code						
11183		FRONTIER								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
010221	01/20/2021	01/02/2021	01/26/2021				1,177.02	0.00	0.00	1,177.02
		PHONES								
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
11183		FRONTIER	1,177.02	0.00	0.00	1,177.02				
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
6001722783	01/21/2021	12/01/2020	12/31/2020				795.84	0.00	0.00	795.84
		MAINT CONTRACT								
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
12404		GE PRECISION HE/	795.84	0.00	0.00	795.84				
Vendor#		Vendor Name	Class	Pay Code						
W1300		GRAINGER	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9757298238	01/19/2021	12/28/2020	01/22/2021				44.88	0.00	0.00	44.88
		SUPPLIES								
9761495572	01/19/2021	01/04/2021	01/29/2021				44.80	0.00	0.00	44.80
		SUPPLIES								
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
W1300		GRAINGER	89.68	0.00	0.00	89.68				
Vendor#		Vendor Name	Class	Pay Code						
G1210		GULF COAST PAPER COMPANY	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1984397	01/13/2021	01/05/2021	02/04/2021				255.72	0.00	0.00	255.72
		SUPPLIES								

Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
G1210			GULF COAST PAPE		255.72	0.00	0.00		255.72	
Vendor#		Vendor Name		Class		Pay Code				
H0032		H + H SYSTEM, INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
033359 ✓	01/19/2021	01/06/2021	02/05/2021				47.98	0.00	0.00	47.98 ✓
		SUPPLIES								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
H0032			H + H SYSTEM, INC		47.98	0.00	0.00		47.98	
Vendor#		Vendor Name		Class		Pay Code				
11552		HEALTHCARE FINANCIAL SERVICE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100406204 ✓	01/20/2021	12/28/2020	02/01/2021				4,610.52	0.00	0.00	4,610.52 ✓
		PHONE/STERLIZER/GEM PREM 4K								
100412370 ✓	01/20/2021	01/08/2021	02/01/2021				4,919.41	0.00	0.00	4,919.41 ✓
		LEASE								
100412371 ✓	01/20/2021	01/08/2021	02/01/2021				7,154.17	0.00	0.00	7,154.17 ✓
		LEASE								
100412372 ✓	01/20/2021	01/08/2021	02/01/2021				7,447.86	0.00	0.00	7,447.86 ✓
		LEASE								
100412373 ✓	01/20/2021	01/08/2021	02/01/2021				1,797.44	0.00	0.00	1,797.44 ✓
		LEASE								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
11552			HEALTHCARE FINA		25,929.40	0.00	0.00		25,929.40	
Vendor#		Vendor Name		Class		Pay Code				
12932		INTRADO ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00230700 ✓	01/20/2021	12/31/2020	01/31/2020				468.78	0.00	0.00	468.78 ✓
		HOUSE CALLS								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
12932			INTRADO		468.78	0.00	0.00		468.78	
Vendor#		Vendor Name		Class		Pay Code				
J0150		J & J HEALTH CARE SYSTEMS, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
924022963 ✓	01/18/2021	01/04/2021	02/03/2021				988.99	0.00	0.00	988.99 ✓
		SUPPLIES								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
J0150			J & J HEALTH CARE		988.99	0.00	0.00		988.99	
Vendor#		Vendor Name		Class		Pay Code				
L0700		LABCORP OF AMERICA HOLDING & M ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
68129651 ✓	01/20/2021	01/02/2021	01/27/2021				79.25	0.00	0.00	79.25 ✓
		SUPPLIES								
68204820 ✓	01/20/2021	01/02/2021	01/27/2021				45.00	0.00	0.00	45.00 ✓
		SUPPLIES								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
L0700			LABCORP OF AMEF		124.25	0.00	0.00		124.25	
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
4925687 ✓	01/19/2021	12/31/2020	01/25/2021				1.72	0.00	0.00	1.72 ✓
		INTERPERTATION								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
L1288			LANGUAGE LINE SI		1.72	0.00	0.00		1.72	
Vendor#		Vendor Name		Class		Pay Code				
L1640		LOWE'S HOME CENTERS INC		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
97006	01/20/2021	12/28/2020	01/28/2021				341.30	0.00	0.00	341.30 ✓
		SUPPLIES								
010221	01/20/2021	01/02/2021	01/28/2021				31.64	0.00	0.00	31.64 ✓
		INTEREST/LATE FEE								

	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
	L1640			LOWE'S HOME CEN			372.94	0.00	0.00		372.94
Vendor# 10972			Vendor Name			Class	Pay Code				
			M G TRUST ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	011921	01/19/2021	01/19/2021	01/19/2021				790.86	0.00	0.00	790.86 ✓
			PAYROLL DED								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
	10972			M G TRUST			790.86	0.00	0.00		790.86
Vendor# M1950			Vendor Name			Class	Pay Code				
			MARTIN PRINTING CO ✓			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	76540 ✓	01/13/2021	01/06/2021	02/05/2021				61.00	0.00	0.00	61.00 ✓
			SUPPLIES 250 appt cards - COOK								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
	M1950			MARTIN PRINTING			61.00	0.00	0.00		61.00
Vendor# 11612			Vendor Name			Class	Pay Code				
			MASA GLOBAL BUILDING ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	860579MKM ✓	01/19/2021	01/13/2021	01/13/2021				1,626.00	0.00	0.00	1,626.00 ✓
			INSURANCE								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
	11612			MASA GLOBAL BUI			1,626.00	0.00	0.00		1,626.00
Vendor# M2181			Vendor Name			Class	Pay Code				
			MATTHEW BENDER & CO.,INC. ✓			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	23271795 ✓	01/19/2021	12/18/2020	01/28/2020				72.08	0.00	0.00	72.08 ✓
			CONTINUING ED								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
	M2181			MATTHEW BENDEF			72.08	0.00	0.00		72.08
Vendor# M2178			Vendor Name			Class	Pay Code				
			MCKESSON MEDICAL SURGICAL I ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	17043525 ✓	12/30/2020	12/22/2020	01/06/2021				131.79	0.00	0.00	131.79 ✓
			SUPPLIES								
	17065354 ✓	01/14/2021	12/22/2020	02/01/2021				-91.14	0.00	0.00	-91.14 ✓
			CREDIT INV 16046296								
	17209414 ✓	01/18/2021	12/29/2020	01/13/2021				99.91	0.00	0.00	99.91 ✓
			SUPPLIES								
	17216443 ✓	01/18/2021	12/29/2020	01/13/2021				91.14	0.00	0.00	91.14 ✓
			SUPPLIES								
	16046296 ✓	01/19/2021	11/24/2020	12/09/2020				300.10	0.00	0.00	300.10 ✓
			SUPPLIES								
	17108792 ✓	01/20/2021	12/23/2020	01/07/2021				230.59	0.00	0.00	230.59 ✓
			SUPPLIES								
	17140254 ✓	01/20/2021	12/24/2020	01/08/2021				241.14	0.00	0.00	241.14 ✓
			SUPPLIES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
	M2178			MCKESSON MEDIC			1,003.53	0.00	0.00		1,003.53
Vendor# 11203			Vendor Name			Class	Pay Code				
			MEDI-DOSE, INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0794447 ✓	01/19/2021	01/08/2021	02/08/2021				105.50	0.00	0.00	105.50 ✓
			SUPPLIES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
	11203			MEDI-DOSE, INC			105.50	0.00	0.00		105.50
Vendor# M2827			Vendor Name			Class	Pay Code				
			MEDIVATORS ✓			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	90759293 ✓	01/19/2021	01/11/2021	01/19/2021				214.13	0.00	0.00	214.13 ✓
			SUPPLIES								

	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net
	M2827			MEDIVATORS		214.13	0.00	0.00		214.13
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
1934339656 ✓	12/30/2020	12/15/2020	01/09/2021				2,610.46	0.00	0.00	2,610.46 ✓
		SUPPLIES								
1935204069 ✓	12/30/2020	12/22/2020	01/16/2021				15.70	0.00	0.00	15.70 ✓
		SUPPLIES								
1935420318 ✓	12/30/2020	12/23/2020	01/17/2021				545.28	0.00	0.00	545.28 ✓
		SUPPLIES								
1935953278 ✓	12/30/2020	12/29/2020	01/23/2021				441.48	0.00	0.00	441.48 ✓
		SUPPLIES								
1936000836 ✓	12/30/2020	12/29/2020	01/23/2021				63.84	0.00	0.00	63.84 ✓
		SUPPLIES								
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net
	M2470			MEDLINE INDUSTR		3,676.76	0.00	0.00		3,676.76
Vendor#			Vendor Name		Class	Pay Code				
10963			MEMORIAL MEDICAL CLINIC ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011921	01/19/2021	01/19/2021	01/19/2021				175.00	0.00	0.00	175.00 ✓
		PAYROLL DED								
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net
	10963			MEMORIAL MEDICA		175.00	0.00	0.00		175.00
Vendor#			Vendor Name		Class	Pay Code				
10536			MORRIS & DICKSON CO, LLC ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6488469 ✓	01/19/2021	01/13/2021	01/23/2021				883.56	0.00	0.00	883.56 ✓
		INVENTORY								
6488468 ✓	01/19/2021	01/13/2021	01/23/2021				436.50	0.00	0.00	436.50 ✓
		INVENTORY								
2336 ✓	01/19/2021	01/13/2021	01/23/2021				-5.00	0.00	0.00	-5.00 ✓
		CREDIT								
2508 ✓	01/19/2021	01/13/2021	01/23/2021				-4.99	0.00	0.00	-4.99 ✓
		CREDIT								
6483610 ✓	01/19/2021	01/13/2021	01/23/2021				17.72	0.00	0.00	17.72 ✓
		INVENTORY								
6488470 ✓	01/19/2021	01/13/2021	01/23/2021				413.80	0.00	0.00	413.80 ✓
		INVENTORY								
6493165 ✓	01/19/2021	01/14/2021	01/24/2021				4,588.62	0.00	0.00	4,588.62 ✓
		INVENTORY								
6490179 ✓	01/19/2021	01/14/2021	01/24/2021				2,615.64	0.00	0.00	2,615.64 ✓
		INVENTORY								
6493167 ✓	01/19/2021	01/14/2021	01/24/2021				187.68	0.00	0.00	187.68 ✓
		INVENTORY								
6493166 ✓	01/19/2021	01/14/2021	01/24/2021				563.58	0.00	0.00	563.58 ✓
		INVENTORY								
6490178 ✓	01/19/2021	01/14/2021	01/24/2021				174.62	0.00	0.00	174.62 ✓
		INVENTORY								
6492955 ✓	01/19/2021	01/14/2021	01/24/2021				62.24	0.00	0.00	62.24 ✓
		SUPPLIES								
6498057 ✓	01/19/2021	01/17/2021	01/27/2021				57.66	0.00	0.00	57.66 ✓
		INVENTORY								
6498056 ✓	01/19/2021	01/17/2021	01/27/2021				541.75	0.00	0.00	541.75 ✓
		INVENTORY								
6498055 ✓	01/19/2021	01/17/2021	01/27/2021				561.83	0.00	0.00	561.83 ✓
		INVENTORY								
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net
	10536			MORRIS & DICKSON		11,095.21	0.00	0.00		11,095.21
Vendor#			Vendor Name		Class	Pay Code				
13548			NACOGDOCHES TRANSCRIPTION ✓							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7261	✓ 01/19/2021	01/18/2021	01/18/2021				314.44	0.00	0.00	314.44 ✓
TRANSCRIPTION										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13548			NACOGDOCHES TF			314.44	0.00	0.00	314.44	
Vendor#		Vendor Name			Class		Pay Code			
10868		NOVA BIOMEDICAL ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90796107	✓ 01/20/2021	12/01/2020	12/01/2020				4,748.01	0.00	0.00	4,748.01 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10868			NOVA BIOMEDICAL			4,748.01	0.00	0.00	4,748.01	
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
30306195	✓ 01/19/2021	01/07/2021	02/01/2021				1,137.51	0.00	0.00	1,137.51 ✓
SERVICE CONTRACT										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
O1500			OLYMPUS AMERICA ✓			1,137.51	0.00	0.00	1,137.51	
Vendor#		Vendor Name			Class		Pay Code			
O1416		ORTHO CLINICAL DIAGNOSTICS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1851716575	✓ 01/20/2021	01/04/2021	02/03/2021				759.03	0.00	0.00	759.03 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
O1416			ORTHO CLINICAL D			759.03	0.00	0.00	759.03	
Vendor#		Vendor Name			Class		Pay Code			
P0706		PALACIOS BEACON ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33057761	✓ 01/19/2021	12/29/2020	01/28/2021				62.50	0.00	0.00	62.50 ✓
AD										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
P0706			PALACIOS BEACON			62.50	0.00	0.00	62.50	
Vendor#		Vendor Name			Class		Pay Code			
10152		PARTSSOURCE, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
03688574A	✓ 01/21/2021	12/28/2020	01/27/2021				347.12	0.00	0.00	347.12 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10152			PARTSSOURCE, LL			347.12	0.00	0.00	347.12	
Vendor#		Vendor Name			Class		Pay Code			
12544		PATRICK OCHOA ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
010721	✓ 01/19/2021	01/07/2021	01/07/2021				200.00	0.00	0.00	200.00 ✓
REHAB LAWN										
010721B	✓ 01/19/2021	01/07/2021	01/07/2021				380.00	0.00	0.00	380.00 ✓
CLINIC LAWN										
010721A	✓ 01/19/2021	01/07/2021	01/07/2021				520.00	0.00	0.00	520.00 ✓
HOSPITAL LAWN										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
12544			PATRICK OCHOA			1,100.00	0.00	0.00	1,100.00	
Vendor#		Vendor Name			Class		Pay Code			
10372		PRECISION DYNAMICS CORP (PD) ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9345406077	✓ 01/19/2021	01/06/2021	02/05/2021				53.68	0.00	0.00	53.68 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10372			PRECISION DYNAM			53.68	0.00	0.00	53.68	
Vendor#		Vendor Name			Class		Pay Code			
11024		REED, CLAYMON, MEEKER & HAR ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

21413	01/20/2021	12/16/2020	12/16/2020	124.50	0.00	0.00	124.50
			LEGAL NURSING HOME CANTEX				
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12492	11024		REED, CLAYMON, M	124.50	0.00	0.00	124.50
			Vendor Name	Class		Pay Code	
			ROBERT ADKINS MASONRY, INC.				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
110320	01/20/2021	11/03/2020	11/03/2020				
			PLASTER REPAIR				
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
S1405	12492		ROBERT ADKINS M	2,960.00	0.00	0.00	2,960.00
			Vendor Name	Class		Pay Code	
			SERVICE SUPPLY OF VICTORIA IN W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
701079916	01/13/2021	01/05/2021	02/04/2021				
			SUPPLIES				
701080096	01/13/2021	01/06/2021	02/05/2021				
			SUPPLIES				
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10699	S1405		SERVICE SUPPLY C	325.06	0.00	0.00	325.06
			Vendor Name	Class		Pay Code	
			SIGN AD, LTD.				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
257677	01/19/2021	01/01/2021	01/11/2021				
			AD				
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
S2353	10699		SIGN AD, LTD.	400.00	0.00	0.00	400.00
			Vendor Name	Class		Pay Code	
			SMITHS MEDICAL ASD INC				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
16091294	01/18/2021	12/30/2020	01/05/2021				
			SUPPLIES				
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11296	S2353		SMITHS MEDICAL A	265.12	0.00	0.00	265.12
			Vendor Name	Class		Pay Code	
			SOUTH TEXAS BLOOD & TISSUE C				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
CM3643	01/20/2021	12/31/2020	01/25/2021				
			CREDIT				
107010648	01/20/2021	12/31/2020	01/25/2021				
			BLOOD				
CM3752	01/20/2021	01/15/2021	02/09/2021				
			CREDIT				
107010986	01/20/2021	01/15/2021	02/09/2021				
			BLOOD				
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
S3940	11296		SOUTH TEXAS BLO	6,981.00	0.00	0.00	6,981.00
			Vendor Name	Class		Pay Code	
			STERIS CORPORATION	M			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
9141230	01/19/2021	12/23/2020	01/17/2021				
			SUPPLIES				
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
S2830	S3940		STERIS CORPORA1	211.69	0.00	0.00	211.69
			Vendor Name	Class		Pay Code	
			STRYKER SALES CORP	M			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
9200901996	01/18/2021	01/05/2021	01/18/2021				
			SUPPLIES				
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2830		STRYKER SALES C	2,552.39	0.00	0.00	2,552.39

Vendor#	Vendor Name	Class	Pay Code							
10735	STRYKER SUSTAINABILITY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4045447	11/17/2020	10/28/2020	01/20/2021				-38.50	0.00	0.00	-38.50
	CREDIT									
4090577	01/18/2021	12/31/2020	01/30/2021				515.68	0.00	0.00	515.68
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
10735		STRYKER SUSTAIN				477.18	0.00	0.00		477.18
Vendor#	Vendor Name	Class	Pay Code							
12440	SUN LIFE ASSURANCE COMPANY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011521	01/20/2021	01/15/2021	02/01/2021				106.26	0.00	0.00	106.26
	VISION INSURANCE									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
12440		SUN LIFE ASSURAN				106.26	0.00	0.00		106.26
Vendor#	Vendor Name	Class	Pay Code							
11136	SUSAN DOUGLASS, MSN, RN, CEN									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012021	01/20/2021	01/20/2021	01/20/2021				400.00	0.00	0.00	400.00
	CONT ED TOM CURNUTT									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
11136		SUSAN DOUGLASS				400.00	0.00	0.00		400.00
Vendor#	Vendor Name	Class	Pay Code							
T1880	TEXAS DEPARTMENT OF LICENSIIA/P									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10119860	01/19/2021	01/11/2021	02/10/2021				70.00	0.00	0.00	70.00
	CERT OF OPERATION ELECTRIC									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
T1880		TEXAS DEPARTMEI				70.00	0.00	0.00		70.00
Vendor#	Vendor Name	Class	Pay Code							
10143	TEXAS EMS TRAUMA & ACUTE CA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2936	01/13/2021	01/09/2021	02/10/2021				5,500.00	0.00	0.00	5,500.00
	TRAUMA SURVEY									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
10143		TEXAS EMS TRAUM				5,500.00	0.00	0.00		5,500.00
Vendor#	Vendor Name	Class	Pay Code							
11038	THE INLINE GROUP									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43060	01/20/2021	01/19/2021	02/03/2021				2,500.00	0.00	0.00	2,500.00
	CANIDATE SOURCING									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
11038		THE INLINE GROUF				2,500.00	0.00	0.00		2,500.00
Vendor#	Vendor Name	Class	Pay Code							
12444	THE UPS STORE VICTORIA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
117222	01/19/2021	01/04/2021	01/04/2021				165.00	0.00	0.00	165.00
	COVID BUTTONS									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
12444		THE UPS STORE VI				165.00	0.00	0.00		165.00
Vendor#	Vendor Name	Class	Pay Code							
U1200	UNITED AD LABEL CO INC	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
205060839	01/19/2021	10/29/2020	11/23/2020				203.45	0.00	0.00	203.45
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
U1200		UNITED AD LABEL I				203.45	0.00	0.00		203.45
Vendor#	Vendor Name	Class	Pay Code							
U1350	UPS	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

	0000778941	01/19/2021	12/19/2020	12/19/2020				183.86	0.00	0.00	183.86
				SHIPPING							
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
V0554	U1350	UPS			183.86	0.00	0.00	183.86			
		Vendor Name	Class			Pay Code					
		VCS SECURITY SYSTEMS	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
226447	01/20/2021	12/23/2020	01/22/2021				495.00	0.00	0.00	495.00	
				ANNUAL FIRE MONITORING							
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
V0554	V0554	VCS SECURITY SY			495.00	0.00	0.00	495.00			
Vendor#		Vendor Name	Class			Pay Code					
12548		WAGeworks, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1220DR4677	01/19/2021	01/02/2021	01/02/2021				211.04	0.00	0.00	211.04	
				COBRA							
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
12548	12548	WAGeworks, INC			211.04	0.00	0.00	211.04			
Vendor#		Vendor Name	Class			Pay Code					
10793		WAGeworks, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
011921	01/19/2021	01/19/2021	01/19/2021				3,399.08	0.00	0.00	3,399.08	
				PAYROLL DED							
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
10793	10793	WAGeworks, INC.			3,399.08	0.00	0.00	3,399.08			
Vendor#		Vendor Name	Class			Pay Code					
10943		WALLER,LANSDEN, DORTCH & DA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
10792140	01/19/2021	01/11/2021	01/11/2021				156.00	0.00	0.00	156.00	
				LEGAL							
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
10943	10943	WALLER,LANSDEN,			156.00	0.00	0.00	156.00			
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	
9110909795	01/20/2021	12/07/2020	01/01/2021				6,416.34	0.00	0.00	6,416.34	
				SUPPLIES							
9110924166	01/20/2021	01/07/2021	02/01/2021				442.08	0.00	0.00	442.08	
				SUPPLIES							
9110924616	01/20/2021	01/07/2021	02/01/2021				2,964.52	0.00	0.00	2,964.52	
				SUPPLIES							
9110928673	01/20/2021	01/15/2021	02/09/2021				1,571.67	0.00	0.00	1,571.67	
				SUPPLIES							
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
I1110	I1110	WERFEN USA LLC			11,394.61	0.00	0.00	11,394.61			
Vendor#		Vendor Name	Class			Pay Code					
W1270		WISCONSIN STATE LABORATORY W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
661641	01/20/2021	12/31/2020	12/31/2020				350.00	0.00	0.00	350.00	
				AMMONIA OFF EVENT							
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
W1270	W1270	WISCONSIN STATE			350.00	0.00	0.00	350.00			
Vendor#		Vendor Name	Class			Pay Code					
10556		WOUND CARE SPECIALISTS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
WCS000041	01/19/2021	01/01/2021	01/30/2021				10,625.00	0.00	0.00	10,625.00	
				WOUND CARE							
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
10556	10556	WOUND CARE SPE			10,625.00	0.00	0.00	10,625.00			

Grand Totals: Gross Discount No-Pay Net

551,003.75

0.00

0.00

551,003.75

pg 3 correction

<230,458.17>
\$ 320,545.58

0.00

551,003.75 +

230,458.17 -

320,545.58 *

APPROVED
ON

JAN 21 2021

CK #

189054-

189142

COMPTROLLER
GALVESTON COUNTY, TEXAS

RECEIVED

RUN DATE: 01/21/21
TIME: 12:49 PM JAN 21 2021

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

Callahan County Auditor

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		012121	123.49	✓			
		012121	8135.20	✓			
		012121	144.40	✓			
		012121	13.07	✓			
		012121	50.00	✓			
		012121	184.23	✓			
		012121	488.64	✓			
		012121	71.68	✓			
		012121	820.00	✓			
		012121	100.00	✓			
		012121	20.56	✓			
		012121	20.00	✓			
		012121	188.20	✓			
		012121	364.00	✓			
		012121	40.44	✓			
		012121	169.87	✓			
		012121	79.40	✓			
		012121	10.00	✓			
		012121	101.20	✓			
		012121	175.80	✓			
		012121	435.00	✓			
		012121	303.25	✓			
		012121	85.00	✓			
		012121	25.00	✓			
		012121	65.00	✓			
		012121	123.20	✓			
		012121	69.11	✓			
		012121	24.81	✓			
ARID=0001 TOTAL			12430.55				

TOTAL

12430.55

APPROVED
ON
JAN 21 2021
COUNTY AUDITOR
CALLAHAN COUNTY, TEXAS

CK#
189140-
189175

MCKESSON**STATEMENT**

As of: 01/22/2021

Page: 002

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

Company: 8000

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

DC: 8115

Territory:

Customer: 632536
Date: 01/23/2021As of: 01/22/2021 Page: 002
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 01/23/2021 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 10,130.13 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017If Paid By 01/26/2021,
Pay This Amount:

9,927.54 USD

If Paid After 01/26/2021,
Pay this Amount:

10,130.13 USD

Due If Paid On Time:
USD

9,927.54 ✓

Disc lost if paid late:

202.59

Due If Paid Late:
USD

10,130.13

132 * 18 = 2376
275 * 83 = 22825
5 * 550 * 12 = 33000
10 * 39 = 390
3 * 959 * 02 = 5754
9 * 927 * 54 = 43923

CK # 500 172

APPROVED
ON

JAN 25 2021

COURTNEY MCKESSON
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 01/22/2021

Page: 001

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

Company: 8000

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 190813
Date: 01/23/2021As of: 01/22/2021 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 190813 PLEASE CHECK ANY
Date: 01/23/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
01/20/2021	01/26/2021	7248001093	2017025882	115Invoice	2.46	123.15		120.69	✓	7248001093	
01/22/2021	01/26/2021	7248499668	2017026078	115Invoice	0.23	11.72		11.49	✓	7248499668	

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: 134.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,321.85
01/18/2021If Paid By 01/26/2021,
Pay This Amount:

132.18 USD

If Paid After 01/26/2021,
Pay this Amount:

134.87 USD

Due If Paid On Time:

USD

132.18 ✓

Disc lost if paid late:

2.69

Due If Paid Late:

USD

134.87

APPROVED
ON

JAN 25 2021

CORREY ARREARCO
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

As of: 01/22/2021

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 835438

Date: 01/23/2021

As of: 01/22/2021

Mail to:

Page: 001

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438

Date: 01/23/2021

PLEASE CHECK ANY

ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
01/21/2021	01/26/2021	7248449542	1031238	115Invoice	5.63	281.46		275.83	✓	7248449542	

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:

281.46 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,321.85
01/18/2021

If Paid By 01/26/2021,
Pay This Amount:

275.83 USD

If Paid After 01/26/2021,
Pay this Amount:

281.46 USD

Due If Paid On Time:

USD

275.83 ✓

Disc lost if paid late:

5.63

Due If Paid Late:

USD

281.46

APPROVED
ST

JAN 25 2021

COUNTY APPROVED
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 01/22/2021

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 464450

Date: 01/23/2021

As of: 01/22/2021

Mail to:

Page: 001

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450

Date: 01/23/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
01/21/2021	01/26/2021	7248247894	55x764218	115Invoice	112.03	5,601.66		5,489.63	✓	7248247894	
01/21/2021	01/26/2021	7248247896	55x764426	115Invoice	1.23	61.72		60.49	✓	7248247896	

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:

5,663.38 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,321.85
01/18/2021

If Paid By 01/26/2021,
Pay This Amount:

5,550.12 USD

If Paid After 01/26/2021,
Pay this Amount:

5,663.38 USD

Due If Paid On Time:

USD

5,550.12 ✓

Disc lost if paid late:

113.26

Due If Paid Late:

USD

5,663.38

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ON

JAN 25 2021

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CALHOUN COUNTY, TEXAS

MCKESSON**STATEMENT**

As of: 01/22/2021

Page: 001

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account, detach and return this
stub with your remittance

Company: 8000

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 262252
Date: 01/23/2021As of: 01/22/2021 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 262252 PLEASE CHECK ANY
Date: 01/23/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
01/21/2021	01/26/2021	7248259079	1030479	115Invoice	0.21	10.60		10.39	✓	7248259079	

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: 10.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,321.85
01/18/2021If Paid By 01/26/2021,
Pay This Amount:

10.39 USD

If Paid After 01/26/2021,
Pay this Amount:

10.60 USD

Due If Paid On Time:

USD

10.39 ✓

Disc lost if paid late:

0.21

Due If Paid Late:

USD

10.60

APPROVED
ON

JAN 25 2021

COUNTY ATTORNEY
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: 01/22/2021

Page: 001

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

DC: 8115

Territory: 400

Customer: 256342
Date: 01/23/2021

As of: 01/22/2021 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 01/23/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
01/18/2021	01/26/2021	7247443208	2666264	115Invoice	21.55	1,077.54		1,055.99	✓	7247443208	
01/18/2021	01/26/2021	7247443210	2745070	115Invoice	0.01	0.32		0.31	✓	7247443210	
01/18/2021	01/26/2021	7247632382	850826368	195Invoice	1.01	50.35		49.34	✓	7247632382	
01/19/2021	01/26/2021	7247762128	2794947	115Invoice	7.93	396.42		388.49	✓	7247762128	
01/19/2021	01/26/2021	7247762130	2830037	115Invoice	1.36	68.22		66.86	✓	7247762130	
01/19/2021	01/26/2021	7247762133	2830037	115Invoice	11.85	592.53		580.68	✓	7247762133	
01/20/2021	01/26/2021	7248190290	851204138	195Invoice	0.01	0.63		0.62	✓	7248190290	
01/22/2021	01/26/2021	7248523556	2963858	115Invoice	36.12	1,805.92		1,769.80	✓	7248523556	
01/22/2021	01/26/2021	7248697364	851517054	195Invoice	0.96	47.89		46.93	✓	7248697364	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 4,039.82 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 01/18/2021 5,321.85

If Paid By 01/26/2021,
Pay This Amount:

3,959.02 USD

If Paid After 01/26/2021,
Pay this Amount:

4,039.82 USD

Due If Paid On Time:

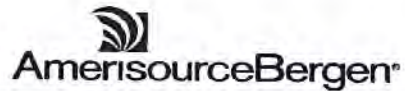
USD 3,959.02

Disc lost if paid late:

80.80

Due If Paid Late:

USD 4,039.82



STATEMENT

Statement Number: 60260389
Date: 01-22-2021

1 of 2

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

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

Customer Number

0100135284 / 037028186

Terms

Monday - Friday Due in 7 days

Summary

Not Yet Due:	0.00
Current:	(1,810.20)
Past Due:	0.00
Total Due:	(1,810.20)
Account Balance:	(1,810.20)

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-19-2021	01-29-2021	3046846416	159738	Invoice	43.58		0.00	43.58
01-19-2021	01-29-2021	3046846417	159740	Invoice	219.21		0.00	219.21
01-19-2021	01-29-2021	3046846418	159787	Invoice	479.29		0.00	479.29
01-19-2021	01-29-2021	3046846419	159788	Invoice	0.31		0.00	0.31
01-19-2021	01-29-2021	3046846960	159789	Invoice	50.15		0.00	50.15
01-19-2021	01-29-2021	3046935219	159797	Invoice	76.33		0.00	76.33
01-20-2021	01-29-2021	3046974031	159807	Invoice	11.15		0.00	11.15
01-20-2021	01-29-2021	337375057	159544	Invoice	(5.78)		0.00	(5.78)
01-20-2021	01-29-2021	337375058	159544	Invoice	1.09		0.00	1.09
01-20-2021	01-29-2021	337376907	159592	Invoice	(1,641.32)		0.00	(1,641.32)
01-20-2021	01-29-2021	337376908	159592	Invoice	2.12		0.00	2.12
01-21-2021	01-29-2021	3047031807	159819	Invoice	5.22		0.00	5.22
01-21-2021	01-29-2021	337400913	159639	Invoice	(277.84)		0.00	(277.84)
01-21-2021	01-29-2021	337400914	159639	Invoice	157.92		0.00	157.92
01-22-2021	01-29-2021	3047078535	159831	Invoice	5.22		0.00	5.22
01-22-2021	01-29-2021	337410726	159609	Invoice	(457.93)		0.00	(457.93)
01-22-2021	01-29-2021	337410727	159609	Invoice	0.54		0.00	0.54
01-22-2021	01-29-2021	337410860	159787	Invoice	(457.93)		0.00	(457.93)
01-22-2021	01-29-2021	337410861	159787	Invoice	0.54		0.00	0.54
01-22-2021	01-29-2021	337421966	159592	Invoice	(34.32)		0.00	(34.32)
01-22-2021	01-29-2021	337421967	159592	Invoice	12.25		0.00	12.25

CK # 500173

**STATEMENT**

Number: 60260389

Date: 01-22-2021

2 of 2

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
(1,810.20)	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
01-22-2021	(681.17)

Reminders

Due Date	Amount
01-29-2021	(1,810.20)
Total Due:	(1,810.20)

APPROVED
BY

JAN 25 2021

COMPTROLLER
GALVESTON COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- January 18, 2021 - January 24, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	
1/19/2021	PAY PLUS ACHTRANS 452579291 101000697545513	- 3rd Party Payor Fee	101.72	101.72 +
1/19/2021	MCKESSON DRUG AUTO ACH ACH04447167 910000117	- 340B Drug Program Expense	5,321.85*	43.72 +
1/19/2021	CLEARGAGE LLC CLEARGAGE, 8CWNDICW7NU31FI 242	- Patient Financing Service	117.40	48.27 +
1/20/2021	WEBFILE TAX PYMT DD 902/01154749 21000020567	- Sales Tax	1,279.09*	72.94 +
1/20/2021	PAY PLUS ACHTRANS 452579291 101000698168243	- 3rd Party Payor Fee	43.72	266.65 +
1/21/2021	PAY PLUS ACHTRANS 452579291 101000699758302	- 3rd Party Payor Fee	48.27	117.40 +
1/22/2021	PAY PLUS ACHTRANS 452579291 101000690435894	- 3rd Party Payor Fee	72.94	117.40 +
1/22/2021	EXPERTPAY EXPERTPAY 746003411 91000016132119	-Child Support Payment -Payroll E	535.91	535.91 +
1/22/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	681.17*	535.91 +
1/22/2021	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	312,574.14*	919.96 +
1/22/2021	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	-CitiBank Corporate Card Payment	651.00*	321.427.21 +
			321,427.21	

Jason Anglin, CEO
Memorial Medical Center

January 25, 2021

* Approved 01-21-21 cc

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>	
2/4/2021	ACH Payment STATE COMTRLR TEXNET	ACCRUED UC IGT	166,054.62	321.427.21 +

Jason Anglin, CEO
Memorial Medical Center

January 25, 2021

JAN 25 2021
COUNTY CLERK
SALTWATER COUNTY, TEXAS

1GT UC

TEXNET Electronic Payment Network



Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete

Texas Health and Human Services Commission Memorial Medical Center Operating County

Payment Total	\$166,054.62
Bank Routing and Account Number	
Settlement Date	2/4/2021
UC Hospital Amount	\$166,054.62
Entered By	Jason Anglin

DY10 UC/SDA Allocation Form

TRACE Number:

The Trace Number is in the receipt you receive from the Comptroller once you have submitted your IGT into TexNet.

The Trace Sheet and Allocation Form must be submitted together in the same email. All Trace Sheet submissions must be accompanied by an Allocation Form.

SDA	Government Entity	IGT Total
Nueces	Calhoun County DBA Memorial Medical Center	\$ 166,054.62
		\$ 166,054.62

									\$ 3,705,441,151	\$ 6,205,717,218	\$ 1,482,722,865	\$ 474,323,043			
Master TPI	Ownership Type	Rural Hospital Designation	Hospital Name	Hospital County	SDA by County	Active Affiliation Number Check	Request DY 10 UC	Application Received	DY 9 Total Payment	Total DY 9 Costs (After DSH and Adjustments)	Final DY 10 UC Advance Payment Amount	DY 10 UC Advance (OT) Amount	DY 10 UC Advance Payment Allocation (All-Funds)	Federal Match Rate:	State Match Rate:
	Small Public	Rural Hospital	Memorial Medical Center	Cathoun	Nueces		Yes	Yes	\$ 2,172,545	\$ 2,172,544.76	\$ 519,082.91	\$ 166,054.62			

DY10 Advance UC IGT Notification - Providers 8 of 20

HHSC PFD RAD UC Payments <PFD_UC_Payments@hhs.texas.gov>

Wed 1/13/2021 1:27 PM

To: 'heichenauer@parmermedicalcenter.com' <heichenauer@parmermedicalcenter.com>; 'heintz@gl-law.com' <heintz@gl-law.com>;
'helterbrandr@claritycgc.org' <helterbrandr@claritycgc.org>; 'hernandezg0@uthscsa.edu' <hernandezg0@uthscsa.edu>;
'herron.mitchell@phhs.org' <herron.mitchell@phhs.org>; 'hgonzalez@ci.laredo.tx.us' <hgonzalez@ci.laredo.tx.us>;
'hholcomb@childresshospital.com' <hholcomb@childresshospital.com>; 'hines4155@sbcglobal.net' <hines4155@sbcglobal.net>;
'hinesf@claritycgc.org' <hinesf@claritycgc.org>; 'hoffmann@bcd.tamhsc.edu' <hoffmann@bcd.tamhsc.edu>; Holly Foreman
<hollyforeman@shannonhealth.org>; 'holt@gl-law.com' <holt@gl-law.com>; 'hong.wade@sweenyhospital.org'
<hong.wade@sweenyhospital.org>; 'hoxfordiv@benoxford.com' <hoxfordiv@benoxford.com>; 'hplyer@wghospital.com'
<hplyer@wghospital.com>; 'htolier@bkd.com' <htolier@bkd.com>; Toliver, Heather <htoliver@bkd.com>; Toliver, Heather
<htoliver@bkd.com>; 'hugh.simmons@atcic.org' <hugh.simmons@atcic.org>;
'hugmanl@nacmem.org' <hugmanl@nacmem.org>; 'Hunter.hawkins@tsrh.org' <Hunter.hawkins@tsrh.org>; 'hwhitt@rcmhospital.org'
<hwhitt@rcmhospital.org>; 'HXin@jpshealth.org' <HXin@jpshealth.org>; 'Iain.Burchell@UTSouthwestern.edu'
<Iain.Burchell@UTSouthwestern.edu>; 'igarza@comanchecmc.com' <igarza@comanchecmc.com>; 'irocha@ecmh.org'
<irocha@ecmh.org>; 'is.rocha@dhr-rgv.com' <is.rocha@dhr-rgv.com>; 'istvan.szucs@christushealth.org'
<istvan.szucs@christushealth.org>; 'j.barnes@cfl.us' <j.barnes@cfl.us>; 'j.casbeer@smmctx.org' <j.casbeer@smmctx.org>;
'j.navarro@dhr-rgv.com' <j.navarro@dhr-rgv.com>; 'j.williams@lambhc.org' <j.williams@lambhc.org>; 'jaceh@parkviewhosp.org'
<jaceh@parkviewhosp.org>; 'jaceh@parkviewhosp.org' <jaceh@parkviewhosp.org>; 'Jack.Wilcox@lpnt.net' <Jack.Wilcox@lpnt.net>;
'jack_montois@brmccares.com' <jack_montois@brmccares.com>; 'jackie.gavlik@ttuhsc.edu' <jackie.gavlik@ttuhsc.edu>;
'jackie.stgermain@strategicbh.com' <jackie.stgermain@strategicbh.com>; 'jadlynn.harrison@christushealth.org'
<jadlynn.harrison@christushealth.org>; 'jacob.davis@claritycgc.org' <jacob.davis@claritycgc.org>; 'jade.andrews@tenethealth.com'
<jade.andrews@tenethealth.com>; 'jadler@jpshealth.org' <jadler@jpshealth.org>; 'Jadler01@jpshealth.org' <Jadler01@jpshealth.org>;
'Jaime.Mitchell@titusregional.com' <Jaime.Mitchell@titusregional.com>; 'Jaime.Wesolowski@MHSHealth.com'
<Jaime.Wesolowski@MHSHealth.com>; 'jaimejames@texashealth.org' <jaimejames@texashealth.org>; 'jalaniz@pbmhm.com'
<jalaniz@pbmhm.com>; 'james.blasingame@phhs.org' <james.blasingame@phhs.org>; 'james.cagle@strategicbh.com'
<james.cagle@strategicbh.com>; 'james.dawson@dshs.state.tx.us' <james.dawson@dshs.state.tx.us>; 'james.l.vitt@uth.tmc.edu'
<james.l.vitt@uth.tmc.edu>; 'James.McNatt@baylorhealth.edu' <James.McNatt@baylorhealth.edu>; 'James.McNatt@BSWHealth.org'
<James.McNatt@BSWHealth.org>; 'james.wells@dentoncounty.com' <james.wells@dentoncounty.com>;
'James.Wright@hcahealthcare.com' <James.Wright@hcahealthcare.com>; 'James.wright@tenethealth.com'
<James.wright@tenethealth.com>; 'james1.wright@tenethealth.com' <james1.wright@tenethealth.com>; 'JamesBerg@TexasHealth.org'
<JamesBerg@TexasHealth.org>; 'Jamie.Gragg@lpnt.net' <Jamie.Gragg@lpnt.net>; 'jamie.jacoby@newlighthhealthcare.com'
<jamie.jacoby@newlighthhealthcare.com>; 'jamie.marsh-wheeler@childrens.com' <jamie.marsh-wheeler@childrens.com>;
'jamie.mathews@hcmhosp.com' <jamie.mathews@hcmhosp.com>; 'jamiejudd@TexasHealth.org' <jamiejudd@TexasHealth.org>;
'jana.jones@umchealthsystem.com' <jana.jones@umchealthsystem.com>; 'janae.hall@ntmconline.net' <janae.hall@ntmconline.net>;
'janak@medicine.tamhsc.edu' <janak@medicine.tamhsc.edu>; 'janas@co.harrison.tx.us' <janas@co.harrison.tx.us>; 'jandis@ych.us'
<jandis@ych.us>; 'Jane.Griffith@tenethealth.com' <Jane.Griffith@tenethealth.com>; Barrera, Janet G (DSHS)
<Janet.Barrera@dshs.texas.gov>; 'janet.garcia@adventhealth.com' <janet.garcia@adventhealth.com>; 'janet.montel@parismc.com'
<janet.montel@parismc.com>; 'janet.sammann@cchdonline.com' <janet.sammann@cchdonline.com>;
'janet@preferredmanagementcorp.com' <janet@preferredmanagementcorp.com>; 'janglin@mmcportlavaca.com'
<janglin@mmcportlavaca.com>; 'janice.lightfoot@phhs.org' <janice.lightfoot@phhs.org>; 'jannagardner@hhmtx.org'
<jannagardner@hhmtx.org>; 'jared.albrecht@co.lee.tx.us' <jared.albrecht@co.lee.tx.us>; 'jared@preferredmanagementcorp.com'
<jared@preferredmanagementcorp.com>; 'jareka.anderson@lpnt.net' <jareka.anderson@lpnt.net>; 'Jarren.garrett@bhset.net'
<Jarren.garrett@bhset.net>; 'Jason.Cole@BSWHealth.org' <Jason.Cole@BSWHealth.org>; 'Jason.Cole@BSWHealth.org'
<Jason.Cole@BSWHealth.org>; 'Jason.Jennings@BSWHealth.org' <Jason.Jennings@BSWHealth.org>; 'jason.linscott@phrtexas.com'
<jason.linscott@phrtexas.com>; 'jason.miller1@steward.org' <jason.miller1@steward.org>; 'Jason.Johnson' <jasonj@clplains.org>;
'javier.canetti@campbellwilson.com' <javier.canetti@campbellwilson.com>; 'javier.delgado@ttuhsc.edu' <javier.delgado@ttuhsc.edu>;
'jay.t.elliott@co.falls.tx.us' <jay.t.elliott@co.falls.tx.us>; 'Jay.Whitfield@BSWHealth.org' <Jay.Whitfield@BSWHealth.org>;
'JayWH@baylorhealth.edu' <JayWH@baylorhealth.edu>; 'jbailey@mchd.net' <jbailey@mchd.net>; 'jbanks@ttbh.org'
<jbanks@ttbh.org>; 'jbarnettsarpalius@stlukeshealth.org' <jbarnettsarpalius@stlukeshealth.org>; 'jbeauchamp@stlukeshealth.org'
<jbeauchamp@stlukeshealth.org>; 'jberryhill@andrewscenter.com' <jberryhill@andrewscenter.com>; 'jbiley@mchd.net'
<jbiley@mchd.net>; 'jbuchanan@BKD.com' <jbuchanan@BKD.com>; 'jbuckner@dimmitregional.com'
<jbuckner@dimmitregional.com>;

Cc: Brown, Adam (HHSC) <Adam.Brown04@hhs.texas.gov>; Jenkins, Brooke (HHSC) <Brooke.Jenkins01@hhs.texas.gov>; Chang, Sylvia

(HHSC) <sylvia.chang@hhs.texas.gov>; Wade,Tonika (HHSC) <Tonika.Wade@hhs.texas.gov>; Okoniewski,Amanda (HHSC) <Amanda.Okoniewski01@hhs.texas.gov>; Cantu,Rene (HHSC) <Rene.Cantu@hhs.texas.gov>; Anthony,Alan (HHSC) <Alan.Anthony@hhs.texas.gov>; Reed,Matt (HHSC) <Matt.Reed@hhs.texas.gov>; Marquez,Gabriella (HHSC) <Gabriella.Marquez01@hhs.texas.gov>; Corzine,Ketha (HHSC) <Ketha.Corzine@hhs.texas.gov>;

Sensitivity Confidential

2 attachments (253 KB)

2021_DY 10 UC Advance Payment Calculation.xlsx; DY10 Advance SDA Allocation Form.xlsx;

Providers, Government Entities, and Anchors:

Please read this entire message carefully and make note of the information provided below that failure by IGT entities and providers to submit the required forms may result in a delayed payment for the providers.

HHSC is providing notice to IGT for the DY10 Advance UC Payment.

Dates pertinent to this payment:

2/03/2021 Last day to submit your IGT into TexNet
2/04/2021 IGT Settlement date
2/15/2021 State Owned Submit Journal Entry
2/19/2021 State Owned paid
2/26/2021 UC Providers paid

Attached to this email are the following documents:

- DY10 UC Advance Payment Calculation spreadsheet
- DY10 UC UC/SDA Allocation Form

Beginning with the DY9 UC Advance Payment, IGT received will be allocated at the Service Delivery Area (SDA) level. While providers are required to have an affiliation to be eligible to participate in the UC Program, IGT received is no longer allocated at the affiliation level. In the event of an IGT shortage in a SDA, a pro-rata reduction will be imposed for all participants in that SDA for the advance payment, with no additional funding opportunities. Should this occur in a final payment, there will be a final payment in September 2021. If additional IGT is not submitted for the underfunded SDA, HHSC will proportionally reduce the payments to all providers in the SDA based on the IGT received. HHSC will then reallocate the funds from the underfunded SDA to all SDAs who have additional IGT based on IGT commitments. The timeline for the September payment is published on the Rate Analysis Website.

The amount that needs to be submitted into TexNet for all entities is in **Column M of the "DY 10 UC Advance Calculation" tab, while the corresponding payment amount is in column L of the attached 2021_DY 10 UC Advance Payment Calculation.** The total IGT amount needed to fully fund each SDA is summarized in column C of the "DY 10 Advance Summary by SDA" tab. Please ensure you select the applicable UC bucket in TexNet when you enter your IGT. It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the trace number, location number, IGT amount and settlement date, if the TexNet is submitted over the phone, to RAD_UC_Payments@hhsc.state.tx.us. An IGT allocation form designating what SDA the IGT is being submitted for must also be submitted with the Trace Sheet. Please submit the trace sheet and IGT allocation as two separate documents. Please include two

contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.

Government Entities funding in multiple SDA's should submit a separate TexNet and UC/SDA Allocation form, for each SDA for which they are providing funding.

In the instance of an IGT overage within an SDA, HHSC will issue a pro-rata refund to the governmental entity/entities identified by HHSC. HHSC will determine the pro-rata refund, not the government entity/entities or their representative(s).

If you have questions regarding the UC payment process, please send an email to RAD_UC_Payments@hhsc.state.tx.us.

If you have questions regarding the payment calculation file, please send an email to uctools@hhsc.state.tx.us

**HHSC Provider Finance Department-Payments
(Formerly Rate Analysis)**

Texas Health and Human Services Commission
P.O. Box 149030, Mail Code H-400
Brown-Heatly Building
4900 N. Lamar Blvd.
Austin, TX 78714-9030

RECEIVED

01/21/2021
11:05

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0
ap_open_invoice.templateVendor#
11824

Calhoun County Auditor

JAN 21 2021

Vendor Name

THE CRESCENT

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
010821	01/20/2021	01/08/2021	02/11/2021				7,135.44	0.00	0.00	7,135.44

TRANSFER

NH insurance pymt deposited into mmc open

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11824

THE CRESCENT

7,135.44

0.00

0.00

7,135.44

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

7,135.44

0.00

0.00

7,135.44

APPROVED
ON

JAN 21 2021

CHK#

189145

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

01/21/2021

11:05

JAN 21 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Coffman County Auditor

Vendor#

11836

Vendor Name

GOLDENCREEK HEALTHCARE

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
010521A	01/20/2021	01/05/2021	02/11/2021				352.00	0.00	0.00	352.00

TRANSFER

Mt insurance pymt deposited into mme opening

010521	01/20/2021	01/05/2021	02/11/2021				3,426.00	0.00	0.00	3,426.00
--------	------------	------------	------------	--	--	--	----------	------	------	----------

TRANSFER

Mt insurance pymt deposited into mme opening

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11836

GOLDENCREEK HE

3,778.00

0.00

0.00

3,778.00

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

3,778.00

0.00

0.00

3,778.00

APPROVED
BY

JAN 21 2021

CK#

189147

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

01/21/2021

11:04

JAN 21 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

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
010521	01/20/2021	01/05/2021	02/11/2021				86.58	0.00	0.00	86.58 ✓

TRANSFER

NH insurance pymt deposited into mme opent

010621	01/20/2021	01/06/2021	02/11/2021				28,194.45	0.00	0.00	28,194.45 ✓
--------	------------	------------	------------	--	--	--	-----------	------	------	-------------

TRANSFER

NH insurance pymt deposited into mme opent

3243.90	01/20/2021	01/06/2021	02/11/2021				3,243.90	0.00	0.00	3,243.90 ✓
---------	------------	------------	------------	--	--	--	----------	------	------	------------

TRANSFER

NH insurance pymt deposited into mme opent

010821	01/20/2021	01/08/2021	02/11/2021				3,733.21	0.00	0.00	3,733.21 ✓
--------	------------	------------	------------	--	--	--	----------	------	------	------------

TRANSFER

NH insurance pymt deposited into mme opent

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12696		GULF POINTE PLAZ	35,258.14	0.00	0.00	35,258.14

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	35,258.14	0.00	0.00	35,258.14

APPROVED

BY

C.K.H.

JAN 21 2021

189144

COUNTY ASSessor
COLLEEN COUNTY, TEXAS

RECEIVED

01/21/2021

11:04

JAN 21 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor#
13004

Galveston County Auditor

Vendor Name

Class

Pay Code

TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
010421		01/20/2021	01/04/2021	02/11/2021			2.63	0.00	0.00	2.63 ✓
	TRANSFER									
010421A		01/20/2021	01/04/2021	02/11/2021			3,696.00	0.00	0.00	3,696.00 ✓
	TRANSFER									
010521		01/20/2021	01/05/2021	02/11/2021			5,257.30	0.00	0.00	5,257.30 ✓
	TRANSFER									
010621		01/20/2021	01/06/2021	02/11/2021			4,227.30	0.00	0.00	4,227.30 ✓
	TRANSFER									
010821		01/20/2021	01/08/2021	02/11/2021			642.05	0.00	0.00	642.05 ✓
	TRANSFER									
010821A		01/20/2021	01/08/2021	02/11/2021			17,385.60	0.00	0.00	17,385.60 ✓
	TRANSFER									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
13004			TUSCANY VILLAGE			31,210.88	0.00	0.00		31,210.88

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	31,210.88	0.00	0.00	31,210.88

APPROVED
OK
JAN 21 2021
COURTNEY ANDERSON
CLERK
GALVESTON COUNTY, TEXAS

CK #
189146

01/21/2021

MEMORIAL MEDICAL CENTER

0

11:07

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

12792

BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
010421	01/20/2021	01/04/2021	02/11/2021				291.47	0.00	0.00	291.47 ✓
	TRANSFER									
010621	01/20/2021	01/06/2021	02/11/2021				2,725.74	0.00	0.00	2,725.74 ✓
	TRANSFER									
010621A	01/21/2021	01/06/2021	02/11/2021				17,077.00	0.00	0.00	17,077.00 ✓
	TRANSFER									
Vendor Totals:		Number	Name			Gross	Discount		No-Pay	Net
12792			BETHANY SENIOR I		20,094.21		0.00		0.00	20,094.21

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	20,094.21	0.00	0.00	20,094.21

APPROVED
BY

JAN 21 2021

CK#

189143

CORANW LEPAGE
SALOON COUNTY, TEXAS

Q

RUN DATE:01/25/21
TIME:13:34

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/27/21 THRU 01/27/21

PAGE 1
GLCKREG

BANK--CHECK--

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	189054	01/27/21	1,393.00	3WON, LLC
A/P	189055	01/27/21	1,400.00	ACUTE CARE INC
A/P	189056	01/27/21	864.00	ADVANCED STERILIZATION PRODUCT
A/P	189057	01/27/21	3,800.24	AIRGAS USA, LLC - CENTRAL DIV
A/P	189058	01/27/21	2,328.00	AMERICAN PROFICIENCY INSTITUTE
A/P	189059	01/27/21	10,439.08	AMERISOURCEBERGEN DRUG CORP
A/P	189060	01/27/21	48.99	AQUA BEVERAGE COMPANY
A/P	189061	01/27/21	5,800.00	AQUA PURIFICATION INC.
A/P	189062	01/27/21	11,088.50	AUREUS RADIOLOGY LLC
A/P	189063	01/27/21	94.08	BARD ACCESS
A/P	189064	01/27/21	1,057.99	BAXTER HEALTHCARE
A/P	189065	01/27/21	.00	VOIDED
A/P	189066	01/27/21	.00	VOIDED
A/P	189067	01/27/21	31,346.15	BECKMAN COULTER INC
A/P	189068	01/27/21	125.95	BEEKLEY CORPORATION
A/P	189069	01/27/21	314.00	CABLES AND SENSORS
A/P	189070	01/27/21	1,699.00	CERVEY, LLC
A/P	189071	01/27/21	200.00	CHRIS KOVAREK
A/P	189072	01/27/21	5,040.00	CLARIUS MOBILE HEALTH CORP
A/P	189073	01/27/21	599.53	COASTAL OFFICE SOLUTIONS
A/P	189074	01/27/21	918.69	COOPER SURGICAL INC
A/P	189075	01/27/21	968.00	COVER ONE
A/P	189076	01/27/21	1,150.72	DEWITT POT & SON
A/P	189077	01/27/21	50,311.25	DIAMOND HEALTHCARE CORP
A/P	189078	01/27/21	246.45	DRIESSEN WATER INC.
A/P	189079	01/27/21	605.80	DSHS CENTRAL LAB MC2004
A/P	189080	01/27/21	200.00	E-MDS, INC
A/P	189081	01/27/21	4,014.11	EDWARDS PLUMBING INC
A/P	189082	01/27/21	5,280.00	EMERGENCY STAFFING SOLUTIONS
A/P	189083	01/27/21	139.50	ERBE USA INC SURGICAL SYSTEMS
A/P	189084	01/27/21	9,620.56	EVIDENT
A/P	189085	01/27/21	659.88	EVOQUA WATER TECHNOLOGIES LLC
A/P	189086	01/27/21	495.00	FASTHEALTH CORPORATION
A/P	189087	01/27/21	30.19	FEDERAL EXPRESS CORP.
A/P	189088	01/27/21	.00	VOIDED
A/P	189089	01/27/21	60,616.00	FISHER HEALTHCARE
A/P	189090	01/27/21	1,177.02	FRONTIER
A/P	189091	01/27/21	795.84	GE PRECISION HEALTHCARE, LLC
A/P	189092	01/27/21	89.68	GRAINGER
A/P	189093	01/27/21	255.72	GULF COAST PAPER COMPANY
A/P	189094	01/27/21	47.98	H + H SYSTEM, INC.
A/P	189095	01/27/21	25,929.40	HEALTHCARE FINANCIAL SERVICES
A/P	189096	01/27/21	468.78	INTRADO
A/P	189097	01/27/21	988.99	J & J HEALTH CARE SYSTEMS, INC
A/P	189098	01/27/21	124.25	LABCORP OF AMERICA HOLDINGS
A/P	189099	01/27/21	1.72	LANGUAGE LINE SERVICES
A/P	189100	01/27/21	372.94	LOWE'S HOME CENTERS INC
A/P	189101	01/27/21	790.86	M G TRUST
A/P	189102	01/27/21	61.00	MARTIN PRINTING CO
A/P	189103	01/27/21	1,626.00	MASA GLOBAL BUILDING

RUN DATE:01/25/21
TIME:13:34

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/27/21 THRU 01/27/21

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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	189104	01/27/21	72.08	MATTHEW BENDER & CO., INC.
A/P	189105	01/27/21	1,003.53	MCKESSON MEDICAL SURGICAL INC
A/P	189106	01/27/21	105.50	MEDI-DOSE, INC
A/P	189107	01/27/21	214.13	MEDIVATORS
A/P	189108	01/27/21	3,676.76	MEDLINE INDUSTRIES INC
A/P	189109	01/27/21	175.00	MEMORIAL MEDICAL CLINIC
A/P	189110	01/27/21	11,095.21	MORRIS & DICKSON CO, LLC
A/P	189111	01/27/21	314.44	NACOGDOCHES TRANSCRIPTION
A/P	189112	01/27/21	4,748.01	NOVA BIOMEDICAL
A/P	189113	01/27/21	1,137.51	OLYMPUS AMERICA INC
A/P	189114	01/27/21	759.03	ORTHO CLINICAL DIAGNOSTICS
A/P	189115	01/27/21	62.50	PALACIOS BEACON
A/P	189116	01/27/21	347.12	PARTSSOURCE, LLC
A/P	189117	01/27/21	1,100.00	PATRICK OCHOA
A/P	189118	01/27/21	53.68	PRECISION DYNAMICS CORP (PDC)
A/P	189119	01/27/21	124.50	REED, CLAYMON, MEEKER & HARGET
A/P	189120	01/27/21	2,960.00	ROBERT ADKINS MASONRY, INC.
A/P	189121	01/27/21	325.06	SERVICE SUPPLY OF VICTORIA INC
A/P	189122	01/27/21	400.00	SIGN AD, LTD.
A/P	189123	01/27/21	265.12	SMITHS MEDICAL ASD INC
A/P	189124	01/27/21	6,981.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	189125	01/27/21	211.69	STERIS CORPORATION
A/P	189126	01/27/21	2,552.39	STRYKER SALES CORP
A/P	189127	01/27/21	477.18	STRYKER SUSTAINABILITY
A/P	189128	01/27/21	106.26	SUN LIFE ASSURANCE COMPANY
A/P	189129	01/27/21	400.00	SUSAN DOUGLASS, MSN, RN, CEN
A/P	189130	01/27/21	70.00	TEXAS DEPARTMENT OF LICENSING
A/P	189131	01/27/21	5,500.00	TEXAS EMS TRAUMA & ACUTE CARE
A/P	189132	01/27/21	2,500.00	THE INLINE GROUP
A/P	189133	01/27/21	165.00	THE UPS STORE VICTORIA
A/P	189134	01/27/21	203.45	UNITED AD LABEL CO INC
A/P	189135	01/27/21	183.86	UPS
A/P	189136	01/27/21	495.00	VCS SECURITY SYSTEMS
A/P	189137	01/27/21	211.04	WAGEWORKS, INC
A/P	189138	01/27/21	3,399.08	WAGEWORKS, INC.
A/P	189139	01/27/21	156.00	WALLER, LANSDEN, DORTCH & DAVIS
A/P	189140	01/27/21	11,394.61	WERFEN USA LLC
A/P	189141	01/27/21	350.00	WISCONSIN STATE LABORATORY
A/P	189142	01/27/21	10,625.00	WOUND CARE SPECIALISTS
A/P	189143	01/27/21	20,094.21	BETHANY SENIOR LIVING
A/P	189144	01/27/21	35,258.14	GULF POINTE PLAZA
A/P	189145	01/27/21	7,135.44	THE CRESCENT
A/P	189146	01/27/21	31,210.88	TUSCANY VILLAGE
A/P	189147	01/27/21	3,778.00	GOLDENCREEK HEALTHCARE
A/P	189148	01/27/21		
A/P	189149	01/27/21		
A/P	189150	01/27/21		
A/P	189151	01/27/21		
A/P	189152	01/27/21		
A/P	189153	01/27/21		
A/P	189154	01/27/21		

RUN DATE:01/25/21
TIME:13:34

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/27/21 THRU 01/27/21

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GLCKREG

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

A/P	189155	01/27/21	85.00	
A/P	189156	01/27/21	13.07	
A/P	189157	01/27/21	100.00	
A/P	189158	01/27/21	123.49	
A/P	189159	01/27/21	71.68	
A/P	189160	01/27/21	169.87	
A/P	189161	01/27/21	24.81	
A/P	189162	01/27/21	20.56	
A/P	189163	01/27/21	303.25	
A/P	189164	01/27/21	40.44	
A/P	189165	01/27/21	8,135.20	
A/P	189166	01/27/21	69.11	
A/P	189167	01/27/21	20.00	
A/P	189168	01/27/21	175.80	
A/P	189169	01/27/21	435.00	
A/P	189170	01/27/21	10.00	
A/P	189171	01/27/21	50.00	
A/P	189172	01/27/21	820.00	
A/P	189173	01/27/21	488.64	
A/P	189174	01/27/21	25.00	
A/P	189175	01/27/21	65.00	
TOTALS:			430,452.80	

Payables 320,545.58 +
Patient refunds 12,430.55 +
NH 7,135.44 +
Transfers 3,778.00 +
35,258.14 +
31,210.88 +
20,094.21 +
430,452.80 *

APPROVED
ON

JAN 27 2021

COURTNEY ANTONIO
GALESON COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
1/25/2021

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		75,019.40	74,919.40	91,213.13		91,313.13	87,953.61
						Bank Balance	91,313.13
						Variance	-
						Leave in Balance	100.00
						MOLINA QIPP YR 3 ADJ	3,259.52
						October Interest	
						November Interest	
						December Interest	
						Adjust Balance/Transfer Amt	87,953.61
Broadmoor		59,092.95	58,992.95	98,610.01		98,710.01	97,435.70
						Bank Balance	98,710.01
						Variance	-
						Leave in Balance	100.00
						MOLINA QIPP YR 3 ADJ	1,174.31
						October Interest	
						November Interest	
						December Interest	
						Adjust Balance/Transfer Amt	97,435.70
Crescent		54,269.52	54,169.52	58,531.20		58,631.20	57,570.82
						Bank Balance	58,631.20
						Variance	-
						Leave in Balance	100.00
						MOLINA QIPP YR 3 ADJ	960.38
						October Interest	
						November Interest	
						December Interest	
						Adjust Balance/Transfer Amt	57,570.82
Fort Bend		235.39	-	21,460.37		21,695.76	20,264.82
						Bank Balance	21,695.76
						Variance	-
						Leave in Balance	100.00
						MOLINA QIPP YR 3 ADJ	1,330.94
						PENDING MMC Claim payment[clinic]	
						October Interest	
						November Interest	
						December Interest	
						Adjust Balance/Transfer Amt	20,264.82
Solera at W Houston		56,302.36	56,202.36	96,835.66		96,935.66	95,682.50
						Bank Balance	96,935.66
						Variance	-
						Leave in Balance	100.00
						MOLINA QIPP YR 3 ADJ	1,153.16
						October Interest	
						November Interest	
						December Interest	
						Adjust Balance/Transfer Amt	95,682.50
87,953.61 + 97,435.70 + 57,570.82 + 20,264.82 + 95,682.50 + 358,907.45 =							
TOTAL TRANSFERS							358,907.45

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.

I:\NH Weekly Transfers\NH UPL Transfer Summary\2021\January\NH UPL Transfer Summary 1-27-21.xlsx

Approved:

Jason Anglin, CEO

1/25/2021

APPROVED
ON

JAN 25 2021

COUNTY ATTORNEY
CALHOUN COUNTY, TEXAS

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
1/19/2021 Amerigroup TXSC HCCLAIMPMT 3141109042 111000	-	3,043.20	-	-	-	-	-	3,043.20
1/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,252.64	-	-	-	-	-	2,252.64
1/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	49,382.34	-	-	-	-	-	49,382.34
1/19/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	12,698.09	-	-	-	-	-	12,698.09
1/20/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	74,919.40	-	-	-	-	-	-	-
1/20/2021 MOLINA HEALTHCARE MOLINAACH 00904835 42000010	-	4,301.19	2,217.84	333.54	776.15	973.66	3,259.52	1,041.69
1/20/2021 Amerigroup TXSC HCCLAIMPMT 3141220200 111000	-	1,451.93	-	-	-	-	-	1,451.93
1/20/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	8,747.84	-	-	-	-	-	8,747.84
1/20/2021 UHC Community PI HCCLAIMPMT 746003411 910000	-	3,510.00	-	-	-	-	-	3,510.00
1/21/2021 MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	292.50	-	-	-	-	-	292.50
1/21/2021 Amerigroup TXSC HCCLAIMPMT 3141383295 111000	-	354.96	-	-	-	-	-	354.96
1/21/2021 UHC Community PI HCCLAIMPMT 746003411 910000	-	820.00	-	-	-	-	-	820.00
1/22/2021 MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	52.88	-	-	-	-	-	52.88
1/22/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000176	-	1,053.30	-	-	-	-	-	1,053.30
1/22/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	3,252.26	-	-	-	-	-	3,252.26
	74,919.40	91,213.13	2,217.84	333.54	776.15	973.66	3,259.52	87,953.62

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
1/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,576.00	-	-	-	-	-	4,576.00
1/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,655.52	-	-	-	-	-	2,655.52
1/19/2021 UHC Community PI HCCLAIMPMT 746003411 910000	-	14,186.00	-	-	-	-	-	14,186.00
1/20/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	58,992.95	-	-	-	-	-	-	-
1/20/2021 MOLINA HEALTHCARE MOLINAACH 00905128 42000010	-	1,549.72	798.90	121.28	279.70	349.84	1,174.31	375.41
1/20/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	29,549.41	-	-	-	-	-	29,549.41
1/21/2021 Deposit	-	1,720.00	-	-	-	-	-	1,720.00
1/21/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,598.40	-	-	-	-	-	5,598.40
1/22/2021 NOVITAS SOLUTION HCCLAIMPMT 675357 420000175	-	38,774.96	-	-	-	-	-	38,774.96
	58,992.95	98,610.01	798.90	121.28	279.70	349.84	1,174.31	97,435.70

Crescent

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
1/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,261.71	-	-	-	-	-	2,261.71
1/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	13,786.18	-	-	-	-	-	13,786.18
1/19/2021 UHC Community PI HCCLAIMPMT 746003411 910000	-	4,074.00	-	-	-	-	-	4,074.00
1/19/2021 HUMANA INS CO HCCLAIMPMT 390864 830000548214	-	7,139.56	-	-	-	-	-	7,139.56
1/20/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	54,169.52	-	-	-	-	-	-	-
1/20/2021 MOLINA HEALTHCARE MOLINAACH 00905100 42000010	-	1,268.01	652.74	98.28	229.31	287.68	960.38	307.64
1/20/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	-	3,344.00	-	-	-	-	-	3,344.00
1/20/2021 HUMANA INS CO HCCLAIMPMT 390864 830000502980	-	9,524.47	-	-	-	-	-	9,524.47
1/21/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000162	-	6,808.41	-	-	-	-	-	6,808.41
1/21/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	-	124.43	-	-	-	-	-	124.43
1/22/2021 MANAGEANDNET1718 MNS PMNT 0000000000003268 41	-	7,550.53	-	-	-	-	-	7,550.53
1/22/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5.90	-	-	-	-	-	5.90
1/22/2021 UHC Community PI HCCLAIMPMT 746003411 910000	-	2,644.00	-	-	-	-	-	2,644.00
	54,169.52	58,531.20	652.74	98.28	229.31	287.68	960.38	57,570.83

Fort Bend

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
1/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	16,364.53	-	-	-	-	-	16,364.53
1/20/2021 MOLINA HEALTHCARE MOLINAACH 00904907 42000010	-	1,757.08	904.80	136.07	317.51	398.70	1,330.94	426.14
1/21/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,056.00	-	-	-	-	-	1,056.00
1/21/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	1,451.13	-	-	-	-	-	1,451.13
1/21/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	-	139.85	-	-	-	-	-	139.85
1/22/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	691.78	-	-	-	-	-	691.78
	-	21,460.37	904.80	136.07	317.51	398.70	1,330.94	20,129.43

Solera at West Houston

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
1/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,456.80	-	-	-	-	-	2,456.80
1/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	24,115.38	-	-	-	-	-	24,115.38
1/19/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000182	-	2,440.21	-	-	-	-	-	2,440.21
1/19/2021 HUMANA INS CO HCCLAIMPMT 390862 830000548214	-	8,895.62	-	-	-	-	-	8,895.62
1/19/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001772	-	4,844.51	-	-	-	-	-	4,844.51
1/19/2021 CIGNA HCCLAIMPMT 1497143259 91000011447832	-	352.00	-	-	-	-	-	352.00
1/20/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	56,202.36	-	-	-	-	-	-	-
1/20/2021 MOLINA HEALTHCARE MOLINAACH 00905075 42000010	-	1,522.54	783.78	118.44	273.94	346.38	1,153.16	369.38
1/20/2021 HUMANA INS CO HCCLAIMPMT 390862 830000502980	-	23,238.19	-	-	-	-	-	23,238.19
1/20/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001329	-	6,624.16	-	-	-	-	-	6,624.16
1/20/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001330	-	3,059.84	-	-	-	-	-	3,059.84
1/20/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001331	-	1,963.47	-	-	-	-	-	1,963.47
1/20/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	3,228.50	-	-	-	-	-	3,228.50
1/21/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,062.40	-	-	-	-	-	1,062.40
1/22/2021 MANAGEANDNET1718 MNS PMNT 0000000000002482 41	-	657.23	-	-	-	-	-	657.23
1/22/2021 Amerigroup TXSC HCCLAIMPMT 3141493858 111000	-	6,427.30	-	-	-	-	-	6,427.30
1/22/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001689	-	2,210.22	-	-	-	-	-	2,210.22
1/22/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	3,209.29	-	-	-	-	-	3,209.29
1/22/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	528.00	-	-	-	-	-	528.00
	56,202.36	96,835.66	783.78	118.44	273.94	346.38	1,153.16	95,682.50
TOTALS	244,284.23	366,650.37	5,358.06	807.61	1,876.61	2,356.26	7,878.30	358,772.07

Quick View

Select Quick View Accounts

Account Number / Name

Account Type



Search

All

Select Group
Groups

Add Group

DDA

Data reported as of Jan 25, 2021

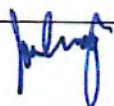
Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$91,313.13	\$147,275.81	\$91,313.13	\$86,954.6
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$98,710.01	\$161,766.33	\$98,710.01	\$59,935.0
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$58,631.20	\$137,981.56	\$58,631.20	\$48,430.7
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$21,695.76	\$22,104.68	\$21,695.76	\$21,003.9
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$96,935.66	\$133,482.88	\$96,935.66	\$83,903.6

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
1/25/2021

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		1,164.00	✓	68,751.26	✓	69,915.26	69,815.26
						Bank Balance	69,915.26
						Variance	✓
						Leave in Balance	100.00
							-
						SUPERIOR Q/PP 1 & 2	
						October Interest	
						November Interest	
						December Interest	
						Adjust Balance/Transfer Amt	69,815.26 ✓

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 1/25/2021

APPROVED
BY
JAN 25 2021
CONNOR AMERSON
CALHOUN COUNTY, TEXAS

Golden Creek

1/20/2021 CIGNA HCCLAIMPMT 1588075964 91000012498337
 1/21/2021 Deposit
 1/21/2021 TSYS/TRANSFIRST BKCD ST1MT 543684555876917 9
 1/21/2021 AETNA AS01 HCCLAIMPMT 1588075964 51000013016

		MMC PORTION					NH	
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L apse	QJPP T1	PORTION	
-	3,409.99						3,409.99	
-	60,424.03						60,424.03	
-	4,712.00						4,712.00	
-	205.24						205.24	
-	68,751.26	-	-	-	-	-	68,751.26	

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search

All

Select Group
Groups

Add Group

DDA

Data reported as of Jan 25, 202

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

*4454MEMORIAL MEDICAL /
NH GOLDEN CREEK
HEALTHCARE

\$69,915.26

\$192,932.06

\$69,915.26

\$69,915.2

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
1/25/2021

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		452.00		17,173.64			17,625.64	17,525.64
						Bank Balance	17,625.64	
						Variance	17,625.64	
						Leave in Balance	100.00	
						SUPERIOR QJPP 1 & 2		

October Interest
November Interest
December Interest
Adjust Balance/Transfer Amt 17,525.64

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		100.00		32,507.27			32,607.27	32,507.27
						Bank Balance	32,607.27	
						Variance	32,607.27	
						Leave in Balance	100.00	

QJPP Payment Adjustments
October Interest
November Interest
December Interest
Adjust Balance/Transfer Amt 32,507.27

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS 32,507.27 450,032.91

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 1/25/2021

17,525.64
32,507.27
50,032.91

APPROVED
JAN 25 2021
COUNTY CLERK
GALVESTON COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

1/20/2021 HUMANA INS CO HCCLAIMPMT 624982 830000503823
 1/21/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001547

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4& Lapse	Q/PP TI	
-	15,164.70					-	15,164.70
-	2,008.94					-	2,008.94
-	17,173.64	-	-	-	-	-	17,173.64

Gulf Pointe Plaza-Medicare/Medicaid

1/21/2021 Deposit
 1/22/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4& Lapse	Q/PP TI	
-	31,874.51					-	31,874.51
-	632.76					-	632.76
-	32,507.27	-	-	-	-	-	32,507.27
-	49,680.91	-	-	-	-	-	49,680.91

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search

All

Select Group
Groups

Add Group

DDA

Data reported as of Jan 25, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$32,607.27	\$131,706.16	\$32,607.27	\$31,974.5
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$17,625.64	\$17,625.64	\$17,625.64	\$17,625.6

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 1/25/2021

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		13,675.00	✓ 13,575.00	✓ 68,317.47	✓		68,417.47	✓ 55,963.73
						Bank Balance	68,417.47	
						Variance	-	
						Leave in Balance	100.00	
						MMC TAKE BACK	12,353.74	✓
						October Interest		
						November Interest		
						December Interest		
						Adjust Balance/Transfer Amt	55,963.73	✓

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 1/25/2021

APPROVED
 ON
 JAN 25 2021

COMPTROLLER
 GALVESTON COUNTY, TEXAS

MMC PORTION

Tuscanv Senior Living

1/20/2021 WIRE OUT LINBAR ENTERPRISES, LLC
1/21/2021 Deposit

Transfer-Out	Transfer-In	Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4 &Lapse	Q/PP TI	NH PORTION
13,575.00	-					-	-
-	68,317.47					-	68,317.47
13,575.00	68,317.47	-	-	-	-	-	68,317.47

Quick View

Select Quick View Accounts

Account Number / Name

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Account Type

Downloaded from <http://ajphaphysiol.org/> at University of California, San Diego on June 11, 2015

Search

All

Select Group Groups

Add Group

DDA

Data reported as of Jan 25, 202

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

*3407
MMC -NH TUSCANY
VILLAGE

\$68,417.47

\$68,417.47

\$68,417.47

\$68,417.4

* indicate:
Page generated on 01/25/2021 ; ▼

MEMORIAL MEDICAL CENTER
CHECK REQUEST

POSTED

P
A
Y
E

Juscany Village
2750 Meller Ranch Rd
Pearland, Tx 77584

Date Requested: 10-30-2020

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

AMOUNT \$12,353.74 G/L NUMBER: 20655000

ATTACHED
EX

EXPLANATION: We received their money

NOV 06 2020

CHECKED BY: [Signature]
CALHOUN COUNTY, TEXAS

REQUESTED BY: [Signature]

AUTHORIZED BY: [Signature]

MEMORIAL MEDICAL CENTER
CHECK REQUEST

POSTED

PAYEE

Tuscany Village
2750 Muller Ranch Rd
Portland, TX 77584

Date Requested: 11-2-2020

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

AMOUNT \$12353.74

G/L NUMBER: 20655000

EXPLANATION: We received their money

REQUESTED BY: MPas

AUTHORIZED BY:

gdy

APPROVED
BY

NOV 06 2020

COUNTY ADMINISTRATOR
CALIFORNIA COUNTY, TEXAS

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 1/25/2021

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home Bethany Senior Living	98,284.43	98,184.43	401,248.42			401,348.42	401,248.42
					Bank Balance	401,348.42	
					Variance	-	
					Leave in Balance	100.00	

October Interest
 November Interest
 December Interest
 Adjust Balance/Transfer Amt 401,248.42

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

Approved:
 Jason Anglin, CEO 1/25/2021

APPROVED
 BY

JAN 25 2021

COUNTY ATTORNEY
 GALVESTON COUNTY, TEXAS

Bethany Senior Living

1/20/2021 WIRE OUT BETHANY SENIOR LIVING, LTD
 1/20/2021 Deposit
 1/20/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
 1/21/2021 Deposit
 1/21/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000162
 1/22/2021 Deposit
 1/22/2021 HOSPICE OF SO TX VENDORS NF 91000014180411
 1/22/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
98,184.43	-					-	-
-	12,131.42					-	12,131.42
-	12,144.37					-	12,144.37
-	72,626.77					-	72,626.77
-	260,598.03					-	260,598.03
-	35,016.71					-	35,016.71
-	700.31					-	700.31
-	8,030.81					-	8,030.81
-	-					-	-
98,184.43	401,248.42	-	-	-	-	-	401,248.42

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search

All

Select Group
Groups

Add Group

DDA

Data reported as of Jan 25, 202

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

*5506 MMC -NH BETHANY SENIOR LIVING	\$401,348.42	\$401,348.42	\$401,348.42	\$357,600.5
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QIPP Payment to MMC from Nursing Facilities

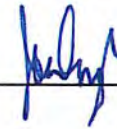
Commissioner's Court

1/27/2021

NH Name	From Bank Acct #	Ck #	Payee	GL #	MOLINA QIPP YR 3 ADJ	Amerigroup 1&2	MMC TAKE BACK	TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	3,259.52			3,259.52	1/27/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	1,174.31			1,174.31	1/27/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	960.38			960.38	1/27/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	1,330.94			1,330.94	1/27/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	1,153.16			1,153.16	1/27/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040				-	1/27/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040				-	1/27/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001					-	1/27/2021
Bethany			MMC -Prosperity Operating #10000001					-	1/27/2021
Tuscany			MMC -Prosperity Operating #10000001	10255040			12,353.74	12,353.74	1/27/2021
			Total:		7,878.31	-	12,353.74	-	20,232.05

Note:

Approved:
Jason Anglin, CEO



1/25/2021

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P _____
A _____
Y _____
E _____
E _____

Date Requested: 01/25/21

APPROVED
ON
JAN 25 2021
COURTNEY L. HARRIS
CLERK
CALHOUN COUNTY, TEXAS
CK#001114

FOR ACCT. USE ONLY

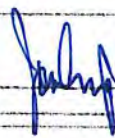
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$3259.52

G/L NUMBER: 10255040

EXPLANATION: MONLINA QIPP YEAR 3 ADJUSTMENT PAYMENT - Ashford

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:02/02/21
TIME:10:56

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/01/21 THRU 02/01/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001116 02/01/21 3,259.52 MMC OPERATING *Ashford*

~~APPROVED~~
~~OK~~

JAN 27 2021

~~CLARENCE ASHFOR~~
~~GALENDUK GROUP, TEXAS~~

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P _____
A _____
Y _____
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E _____

MMC OPERATING

Date Requested: 01/25/21

APPROVED
ON

JAN 25 2021

COUNTY ANTI-TRUST
CANTON COUNTY, VERMONT

CHK# 000078

FOR ACCT. USE ONLY

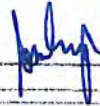
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$1,174.31

G/L NUMBER: 10255040

EXPLANATION: MONLINA QIPP YEAR 3 ADJUSTMENT PAYMENT - Broadmoor

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:02/02/21
TIME:10:56

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/01/21 THRU 02/01/21

PAGE 4
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
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NHB	000078	02/01/21	1,174.31	MMC OPERATING <i>Brid Moov</i>
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APPROVED
BY

JAN 27 2021

~~COMPTROLLER~~
GALESBURG COUNTY, ILLINOIS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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A _____
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E _____

Date Requested: 01/25/21

FOR ACCT. USE ONLY

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

APPROVED
ON
JAN 25 2021
COUNTY ATTORNEY
CALHOUN COUNTY, TEXAS

AMOUNT \$960.38

G/L NUMBER: 10255040

EXPLANATION: MONLINA QIPP YEAR 3 ADJUSTMENT PAYMENT -Crescent

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:02/02/21
TIME:10:56

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/01/21 THRU 02/01/21

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000110 02/01/21 960.38 MMC OPERATING

Crescent

APPROVED
BY

JAN 27 2021

COMPTROLLER
GALVESTON COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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Date Requested: 01/25/21

FOR ACCT. USE ONLY

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

APPROVED
CIT

JAN 25 2021

CLERK APPROVED
GALVESTON COUNTY, TEXAS

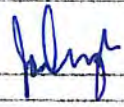
CK#000108

G/L NUMBER: 10255040

AMOUNT \$1,330.94

EXPLANATION: MONLINA QIPP YEAR 3 ADJUSTMENT PAYMENT - Fort Bend

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

PAGE 6
GLCKREG

NHF	000108	02/01/21	1,330.94	MMC OPERATING
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Furt Bachel

APPROVED
BY

JAN 27 2021

JOHN L. ANDERSON
DALE COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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E _____

Date Requested: 01/25/21

FOR ACCT. USE ONLY

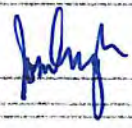
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept.

APPROVED
ON
JAN 25 2021
COUNTY ATTORNEY
CALHOUN COUNTY, TEXAS
Ck # 001110
G/L NUMBER: 10255040

AMOUNT \$1,153.16

EXPLANATION: MONLINA QIPP YEAR 3 ADJUSTMENT PAYMENT - Solen

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:02/02/21
TIME:10:56

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/01/21 THRU 02/01/21

PAGE 7
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
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NHS	001110	02/01/21	1,153.16	MMC OPERATING <i>Solem</i>
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APPROVED
ON

JAN 27 2021

CLARENCE AUSTIN
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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Y _____
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E _____

MMC OPERATING

Date Requested: 01/25/21

APPROVED
ON
JAN 25 2021
COURTNEY ANDERSON
CLERK COUNTY, TEXAS
CL # 60166

FOR ACCT. USE ONLY

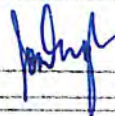
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$12,353.74

G/L NUMBER: 10255000

EXPLANATION: MMC TAKEBACK FOR DOUBLE PAYMENT - Tuscany

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:02/02/21
TIME:10:56

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/01/21 THRU 02/01/21

PAGE 8
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS 001006 02/01/21 12,353.74 MMC OPERATING
TOTALS: 12,353.74

Tusany

APPROVED
ON

JAN 27 2021

~~CLERK OF DISTRICT COURT~~
GALVESTON COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

NH ASHFORD

202 S ANN ST STE A

PORT LAVACA TX 77979

1116

88-2265/1131-87

2/1/2021

Date

 **CHECK ARMOR**
TRADE PROTECTION

Pay to the

Order of

MMC Prosperity operating \$ 3,259.52

Three thousand two hundred fifty nine & 52/100 Dollars



Photo
Safe
Deposit
Details on back



PROSPERITY BANK®

PORT LAVACA BANKING CENTER

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

361-552-7411 www.prosperitybankusa.com

Calhoun County Auditor

For Molina Clipp & 3 ADS.

MP

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

1110
88-2265/1131-87

2/1/21

Date

CHECK ARMOR
TRAUD PROTECTION

Pay to the

Order of

MMC Operating

\$ 1,153.16

one thousand one hundred fifty three & 16/100 Dollars



Photo
Safe
Deposit
Details on back



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361-552-7411 www.prosperitybankusa.com

Calhoun County Auditor

For Molina GIPP YR 3 ADJ.

MP

**MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE**

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

1006

88-2265/1131-87

DATE 2/1/21

CHECK ARMOR
FRAUD PROTECTION

PAY
TO THE
ORDER OF MMC Prosperity Operating

\$ 12,353.74

Twelve thousand three hundred fifty three and 74/100 DOLLARS

Photo
Safe
Deposit
Circle on back



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

Calhoun County Auditor

FOR MMC take back for double pymt.

MP

MEMORIAL MEDICAL CENTER

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

000108

88-2265/1131

Date 2/1/21

PAY

TO THE
ORDER OF

MMC operating

\$ 1,330.94

one thousand three hundred thirty and 94/100

DOLLARS



PROSPERITY
BANK

Cathoun County Auditor

MP

FOR Molina QIPP YR 3 ADJ.



Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000110

88-2265/1131

Date 2/1/2021

PAY

TO THE
ORDER OF

MMC operating

\$ 960.38

Nine hundred sixty & 38/100

DOLLARS



PROSPERITY
BANK

FOR Molina AIPP YR 3 ADJ

Calhoun County Auditor

MP



Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000078

88-2265/1131

Date 2/1/21

PAY

TO THE
ORDER OF

MMC Operating

\$ 1,174.31

One thousand one hundred seventy four & 31/100 DOLLARS



PROSPERITY
BANK

Carroll County Auditor

FOR Molina QIPP YR 3 Adj.



Security features are
included. Details on back.