

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---February 25, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 944,405.29
TOTAL TRANSFERS BETWEEN FUNDS	\$ 585,127.96
TOTAL NURSING HOME UPL EXPENSES	\$ 2,141,105.37
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 2,187.48
GRAND TOTAL DISBURSEMENTS APPROVED February 25, 2021	\$ 3,672,826.10

APPROVED

FEB 25 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---February 25,2021

PAYABLES AND PAYROLL

2/11/2021 Weekly Payables	363,322.09
2/22/2021 Weekly Payables	157,389.52
2/22/2021 Citibank Credit Card-see attached	4,334.50
2/12/2021 TORCH Foundation-medical gloves	1,918.75
2/23/2021 Texas Burner & Boiler Service-boiler panel gaskets	6,394.00
2/22/2021 McKesson-340B Prescription Expense	5,853.80
2/22/2021 McKesson-340B Prescription Expense	2,273.26
2/12/2021 Payroll Liabilities -Payroll Taxes	95,472.13
2/12/2021 Payroll	300,404.50

Prosperity Electronic Bank Payments

2/10/2021 Credit Card & Lease Fees	5,104.49
2/16/2021 Cleargage-Patient Financing Service	84.58
2/8-2/19/21 Pay Plus-Patient Claims Processing Fee	1,384.06
2/8/2021 ExpertPay- child support	469.61

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 944,405.29**

TRANSFER BETWEEN FUNDS-NURSING HOMES

2/11/2021 MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating	704.00
2/11/2021 MMC Operating to The Crescent- correction of NH insurance payment deposited into MMC Operating	1,800.00
2/11/2021 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	69.47
2/11/2021 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	788.95
2/11/2021 MMC Operating to Gulf Pointe Plaza-MMC's portion of NH telehealth service payment	2,250.00
2/11/2021 MMC Operating to Tuscany Village-correction of NH insurance payment and reimbursement of interest earned on account deposited into MMC Operating	27,488.97
2/11/2021 MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating	55,143.22
2/22/2021 MMC Operating to Ashford- NH stimulus payment deposited into MMC Operating	110,890.04
2/22/2021 MMC Operating to The Crescent-NH stimulus payment deposited into MMC Operating	87,978.95
2/22/2021 MMC Operating to Golden Creek Healthcare-NH stimulus payment deposited into MMC Operating	65,741.10
2/22/2021 MMC Operating to Gulf Pointe Plaza-NH stimulus payment deposited into MMC Operating	23,074.84
2/22/2021 MMC Operating to Bethany Senior Living-NH stimulus payment deposited into MMC Operating	209,198.42

TOTAL TRANSFERS BETWEEN FUNDS **\$ 585,127.96**

NURSING HOME UPL EXPENSES

2/22/2021 Nursing Home UPL-Cantex Transfer	818,313.67
2/22/2021 Nursing Home UPL-Nexion Transfer	316,464.18
2/22/2021 Nursing Home UPL-HMG Transfer	174,058.10
2/22/2021 Nursing Home UPL-Tuscany Transfer	110,061.91
2/22/2021 Nursing Home UPL-HSL Transfer	722,167.51

CREDIT CARD & LEASE FEES

2/12/2021 Tuscany-Enhanced analysis fee	40.00
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TOTAL NURSING HOME UPL EXPENSES **\$ 2,141,105.37**

INTER-GOVERNMENT TRANSFERS

2/22/2021 IGT DY5 UC to be paid on March 03, 2021	2,187.48
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TOTAL INTER-GOVERNMENT TRANSFERS **\$ 2,187.48**

GRAND TOTAL DISBURSEMENTS APPROVED February 25, 2021 **\$ 3,672,826.10**

FEB 11 2021

02/11/2021

11:16 Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 03/03/2021

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code							
11283	ACE HARDWARE 15521 ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
150712 ✓	01/31/2021	01/04/2021	01/29/2021				35.96	0.00	0.00	35.96 ✓
	SUPPLIES									
150758 ✓	01/31/2021	01/05/2021	01/30/2021				42.90	0.00	0.00	42.90 ✓
	SUPPLIES									
151039 ✓	01/31/2021	01/18/2021	02/12/2021				23.96	0.00	0.00	23.96 ✓
	SUPPLIES									
151049 ✓	01/31/2021	01/18/2021	02/12/2021				9.98	0.00	0.00	9.98 ✓
	SUPPLIES									
151120 ✓	01/31/2021	01/21/2021	02/15/2021				2.99	0.00	0.00	2.99 ✓
	SUPPLIES									
151229 ✓	01/31/2021	01/25/2021	02/19/2021				0.50	0.00	0.00	0.50 ✓
	SUPPLIES									
151272 ✓	01/31/2021	01/27/2021	02/21/2021				2.59	0.00	0.00	2.59 ✓
	SUPPLIES									
151307 ✓	01/31/2021	01/28/2021	02/22/2021				6.59	0.00	0.00	6.59 ✓
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
11283		ACE HARDWARE 15				125.47		0.00	0.00	125.47
Vendor#	Vendor Name	Class	Pay Code							
10950	ACUTE CARE INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV61 ✓	02/10/2021	02/20/2021	03/02/2021				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#	Vendor Name	Class	Pay Code							
13716	ALLIED 100, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1821495 ✓	01/31/2021	01/27/2021	02/27/2021				683.06	0.00	0.00	683.06 ✓
	BLS PROVIDER MANUAL/INSTRUC									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
13716		ALLIED 100, LLC				683.06		0.00	0.00	683.06
Vendor#	Vendor Name	Class	Pay Code							
10730	AMERICAN COLLEGE OF RADIOLOG									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2006892021 ✓	01/31/2021	01/19/2021	01/19/2021				1,299.00	0.00	0.00	1,299.00
	REPORTING FEE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
10730		AMERICAN COLLEC				1,299.00		0.00	0.00	1,299.00
Vendor#	Vendor Name	Class	Pay Code							
A1360	AMERISOURCEBERGEN DRUG CCW ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
802708300 ✓	01/31/2021	11/30/2020	12/06/2020				293.42	0.00	0.00	293.42 ✓
	SERVICE CHARGE									
802716398 ✓	01/31/2021	12/15/2020	12/21/2020				61.97	0.00	0.00	61.97 ✓
	SERVICE CHARGE									
802735480 ✓	01/31/2021	12/31/2020	01/06/2021				6.77	0.00	0.00	6.77 ✓
	SERVICE CHARGE									
985807583 ✓	01/31/2021	01/18/2021	01/24/2021				20,800.00	0.00	0.00	20,800.00 ✓
	INVENTORY									
986453986 ✓	01/31/2021	01/28/2021	02/03/2021				20,800.00	0.00	0.00	20,800.00 ✓
	INVENTORY									
802758426 ✓	01/31/2021	01/31/2021	02/06/2021				263.94	0.00	0.00	263.94 ✓
	SERVICE CHARGE									

Vendor# 11376	Vendor Totals:		Number	Name		Gross		Discount		No-Pay		Net									
	A1360			AMERISOURCEBEF		42,226.10		0.00		0.00		42,226.10									
	Vendor Name		Class		Pay Code																
	APPLETON MEDICAL SERVICES IN																				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross		Discount		No-Pay		Net								
							771.95		0.00		0.00		771.95								
							SUPPLIES														
							416819		01/31/2021		01/19/2021		02/25/2021		779.95		0.00		0.00	779.95	
SUPPLIES																					
Vendor# A2218	Vendor Totals:		Number	Name		Gross		Discount		No-Pay		Net									
	11376			APPLETON MEDICA		1,551.90		0.00		0.00		1,551.90									
	Vendor Name		Class		Pay Code																
	AQUA BEVERAGE COMPANY		M																		
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross		Discount		No-Pay		Net								
							29.96		0.00		0.00		29.96								
							WATER														
							119839		01/31/2021		01/31/2021		02/25/2021								
Vendor Totals:											Number	Name		Gross		Discount		No-Pay		Net	
A2218												AQUA BEVERAGE C		29.96		0.00		0.00		29.96	
Vendor Name											Class		Pay Code								
A2271											ARTHREX, INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross		Discount		No-Pay		Net								
							309.98		0.00		0.00		309.98								
							SUPPLIES														
							911436116		01/31/2021		01/20/2021		02/25/2021								
Vendor Totals:											Number	Name		Gross		Discount		No-Pay		Net	
A2271												ARTHREX, INC		309.98		0.00		0.00		309.98	
Vendor Name											Class		Pay Code								
B0436											BARD ACCESS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross		Discount		No-Pay		Net								
							94.08		0.00		0.00		94.08								
							SUPPLIES														
							82055435		01/31/2021		01/26/2021		02/09/2021								
Vendor Totals:											Number	Name		Gross		Discount		No-Pay		Net	
B0436												BARD ACCESS		94.08		0.00		0.00		94.08	
Vendor Name											Class		Pay Code								
B1150											BAXTER HEALTHCARE										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross		Discount		No-Pay		Net								
							41.43		0.00		0.00		41.43								
							SUPPLIES														
							69459457		01/31/2021		01/14/2021		02/25/2021								
69519332											01/31/2021		01/21/2021		02/25/2021						
69516797											01/31/2021		01/21/2021		02/25/2021						
SUPPLIES																					
Vendor Totals:											Number	Name		Gross		Discount		No-Pay		Net	
B1150												BAXTER HEALTHC/		800.71		0.00		0.00		800.71	
Vendor Name											Class		Pay Code								
13216											BRIANNA PASSMORE										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross		Discount		No-Pay		Net								
							7.95		0.00		0.00		7.95								
							LAB DRAWS														
							120820		01/31/2021		12/08/2020		12/08/2020								
122320											01/31/2021		12/23/2020		12/23/2020						
LAB DRAWS																					
011321											01/31/2021		01/13/2021		01/13/2021						
LAB DRAWS																					
Vendor Totals:											Number	Name		Gross		Discount		No-Pay		Net	
13216												BRIANNA PASSMOI		24.30		0.00		0.00		24.30	
Vendor Name											Class		Pay Code								
B1800											BRIGGS HEALTHCARE										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross		Discount		No-Pay		Net								
							224.50		0.00		0.00		224.50								
							SUPPLIES														
							B334238		01/31/2021		01/26/2021		02/26/2021								
Vendor Totals:											Number	Name		Gross		Discount		No-Pay		Net	
B1800												BRIGGS HEALTHC/		224.50		0.00		0.00		224.50	

Vendor#
12740

Vendor Name

Class

Pay Code

BUILDING KID STEPS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
013121C	01/31/2021	01/31/2021	01/31/2021				326.00	0.00	0.00	326.00 ✓
	SPEECH THERAPY									
JANUARY 20	01/31/2021	01/31/2021	01/31/2021				1,026.00	0.00	0.00	1,026.00 ✓
	SPEECH THERAPY									
JANUARY 20	01/31/2021	01/31/2021	01/31/2021				1,187.00	0.00	0.00	1,187.00 ✓
	SPEECH THERAPY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12740		BUILDING KID STEF	2,539.00	0.00	0.00	2,539.00

Vendor#
D1040

Vendor Name

Class

Pay Code

C R BARD, INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
81945174	✓ 01/27/2021	12/29/2020	02/09/2021				348.59	0.00	0.00	348.59 ✓
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
D1040		C R BARD, INC	348.59	0.00	0.00	348.59

Vendor#
C1048

Vendor Name

Class

Pay Code

CALHOUN COUNTY ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021220	02/10/2021	02/12/2020	02/12/2020				357.00	0.00	0.00	357.00 ✓
	INSURANCE FLEET1/1/20-12/31/20									
020521	02/10/2021	02/05/2021	02/05/2021				386.00	0.00	0.00	386.00 ✓
	ASTO INS 1/1/21-12/31/21									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
C1048		CALHOUN COUNTY	743.00	0.00	0.00	743.00

Vendor#
11295

Vendor Name

Class

Pay Code

CALHOUN COUNTY INDIGENT AC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020521	02/09/2021	02/05/2021	02/05/2021				90.00	0.00	0.00	90.00 ✓
	TRANSFER CO PAYS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11295		CALHOUN COUNTY ✓	90.00	0.00	0.00	90.00

Vendor#
13028

Vendor Name

Class

Pay Code

CAVALLO ENERGY TEXAS LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2102200037	01/31/2021	01/22/2021	02/22/2021				7.66	0.00	0.00	7.66 ✓
	ENERGY BILL ACCT 167662									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13028		CAVALLO ENERGY	7.66	0.00	0.00	7.66

Vendor#
C1166

Vendor Name

Class

Pay Code

COASTAL OFFICE SOLUTIONS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OE300901	✓ 01/29/2021	01/08/2021	01/18/2021				70.31	0.00	0.00	70.31 ✓
	SUPPLIES									
OEQT15844	✓ 01/29/2021	01/08/2021	01/18/2021				70.31	0.00	0.00	70.31 ✓
	SUPPLIES									
OE300881	✓ 01/29/2021	01/08/2021	01/18/2021				70.31	0.00	0.00	70.31 ✓
	SUPPLIES									
OEQT16572	✓ 01/29/2021	01/29/2021	02/08/2021				1,490.72	0.00	0.00	1,490.72 ✓
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
C1166		COASTAL OFFICE S	1,701.65	0.00	0.00	1,701.65

Vendor#
13572

Vendor Name

Class

Pay Code

COMMUNITY INFUSION SOLUTION ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IC20210216	✓ 02/10/2021	02/03/2021	02/13/2021				5,015.33	0.00	0.00	5,015.33 ✓
	OP INFUSION CENTER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13572		COMMUNITY INFUS	5,015.33	0.00	0.00	5,015.33

Vendor#	Vendor Name	Class	Pay Code							
C1443	CYGNUS MEDICAL LLC ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
331672 ✓	01/31/2021	01/18/2021	02/25/2021				403.00	0.00	0.00	403.00 ✓
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
C1443		CYGNUS MEDICAL				403.00	0.00	0.00	403.00	
Vendor#	Vendor Name	Class	Pay Code							
10368	DEWITT POTH & SON ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6331360 ✓	02/01/2021	02/01/2021	02/26/2021				917.20	0.00	0.00	917.20 ✓
	SUPPLIES									
6333710 ✓	02/09/2021	02/03/2021	02/28/2021				39.98	0.00	0.00	39.98 ✓
	SUPPLIES									
6333720 ✓	02/09/2021	02/03/2021	02/28/2021				119.00	0.00	0.00	119.00 ✓
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
10368		DEWITT POTH & SC				1,076.18	0.00	0.00	1,076.18	
Vendor#	Vendor Name	Class	Pay Code							
D1710	DOWNTOWN CLEANERS ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
013121	01/31/2021	01/31/2021	02/10/2021				1,136.20	0.00	0.00	1,136.20 ✓
	LAUNDRY									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
D1710		DOWNTOWN CLEAI				1,136.20	0.00	0.00	1,136.20	
Vendor#	Vendor Name	Class	Pay Code							
12040	DRIESSEN WATER INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1430270301:01/31/2021	01/31/2021	02/22/2021					277.95	31.50	0.00	277.95 31.50 ✓
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
12040		DRIESSEN WATER				277.95 31.50	0.00	0.00	277.95 31.50	
Vendor#	Vendor Name	Class	Pay Code							
11284	EMERGENCY STAFFING SOLUTION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
39956 ✓	01/31/2021	01/31/2021	02/18/2021				1,200.00	0.00	0.00	1,200.00 ✓
	CHEN WKD HOSPITALIST									
39939 ✓	02/10/2021	12/31/2020	02/07/2021				43,875.00	0.00	0.00	43,875.00 ✓
	PRO FEES									
39979 ✓	02/10/2021	02/15/2021	02/25/2021				39,582.50	0.00	0.00	39,582.50 ✓
	PRO FEES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
11284		EMERGENCY STAF				84,657.50	0.00	0.00	84,657.50	
Vendor#	Vendor Name	Class	Pay Code							
S0501	EVOQUA WATER TECHNOLOGIES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
904769943 ✓	01/31/2021	01/28/2021	02/22/2021				1,376.70	0.00	0.00	1,376.70 ✓
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
S0501		EVOQUA WATER TI				1,376.70	0.00	0.00	1,376.70	
Vendor#	Vendor Name	Class	Pay Code							
10689	FASTHEALTH CORPORATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
02A21MMC ✓	02/10/2021	02/01/2021	02/16/2021				495.00	0.00	0.00	495.00 ✓
	WEBSITE									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
10689		FASTHEALTH CORI				495.00	0.00	0.00	495.00	
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
8884090 ✓	01/31/2021	01/14/2021	02/25/2021				1,044.35	0.00	0.00	1,044.35 ✓

			SUPPLIES									
	9513154	✓	01/31/2021	01/15/2021	02/25/2021			557.00	0.00	0.00	557.00	✓
			SUPPLIES									
	0854822	✓	01/31/2021	01/21/2021	02/25/2021			403.45	0.00	0.00	403.45	✓
			SUPPLIES									
	0854824	✓	01/31/2021	01/21/2021	02/25/2021			3,642.64	0.00	0.00	3,642.64	✓
			SUPPLIES									
	0854836	✓	01/31/2021	01/21/2021	02/25/2021			961.17	0.00	0.00	961.17	✓
			SUPPLIES									
	1210532	✓	01/31/2021	01/22/2021	02/25/2021			153.53	0.00	0.00	153.53	✓
			SUPPLIES									
	1210525	✓	01/31/2021	01/22/2021	02/25/2021			77.16	0.00	0.00	77.16	✓
			SUPPLIES									
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	F1400			FISHER HEALTHCA		6,839.30		0.00	0.00		6,839.30	
Vendor#			Vendor Name		Class		Pay Code					
12944			FRASIER HEALTHCARE CONSULT		✓							
	Invoice#	✓	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	19049	✓	01/31/2021	12/14/2020	12/14/2020				7,376.68	0.00	0.00	7,376.68
			COLLECTIONS									✓
	19055	✓	01/31/2021	01/18/2021	01/18/2021				3,666.75	0.00	0.00	3,666.75
			COLLECTIONS									✓
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	12944			FRASIER HEALTHC		11,043.43		0.00	0.00		11,043.43	
Vendor#			Vendor Name		Class		Pay Code					
12636			FUSION CLOUD SERVICES, LLC		✓							
	Invoice#	✓	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	28042682	✓	01/31/2021	01/16/2021	02/15/2021				1,022.11	0.00	0.00	1,022.11
			PHONES									✓
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	12636			FUSION CLOUD SE		1,022.11		0.00	0.00		1,022.11	
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
	6001767783	✓	02/10/2021	02/01/2021	03/01/2021				1,281.96	0.00	0.00	1,281.96
			MAINT CONTRACT									✓
	6001767897	✓	02/10/2021	02/01/2021	03/01/2021				5,665.83	0.00	0.00	5,665.83
			MAINT CONTRACT									✓
	6001767849	✓	02/10/2021	02/01/2021	03/01/2021				3,588.58	0.00	0.00	3,588.58
			MAINT CONTRACT									✓
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	12404			GE PRECISION HE/		10,536.37		0.00	0.00		10,536.37	
Vendor#			Vendor Name		Class		Pay Code					
10901			GENESIS DIAGNOSTICS		✓							
	Invoice#	✓	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	51790	✓	01/31/2021	01/13/2021	02/25/2021				224.92	0.00	0.00	224.92
			SUPPLIES									✓
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	10901			GENESIS DIAGNOS		224.92		0.00	0.00		224.92	
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
	9785666794	✓	01/31/2021	01/26/2021	02/20/2021				316.66	0.00	0.00	316.66
			SUPPLIES									✓
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	W1300			GRAINGER		316.66		0.00	0.00		316.66	
Vendor#			Vendor Name		Class		Pay Code					
10804			HEALTHCARE CODING & CONSUL		✓							
	Invoice#	✓	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	10541	✓	01/31/2021	01/31/2021	03/02/2021				431.00	0.00	0.00	431.00
			CODING SERVICES									✓

	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	10804			HEALTHCARE COD			431.00	0.00	0.00	431.00	
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
	100417852	01/31/2021	01/25/2021	03/01/2021				4,610.52	0.00	0.00	4,610.52
			PHONE/STERLIZER/GEM PREM 4K								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	11552			HEALTHCARE FINA			4,610.52	0.00	0.00	4,610.52	
Vendor#			Vendor Name			Class	Pay Code				
10829			HEALTHSTREAM, INC.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0242891	01/04/2021	01/19/2020	02/18/2021				2,611.80	0.00	0.00	2,611.80
			CONTINUE ED								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	10829			HEALTHSTREAM, IT			2,611.80	0.00	0.00	2,611.80	
Vendor#			Vendor Name			Class	Pay Code				
H0031			HEB CREDIT RECEIVABLES DEPT:								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	359294	01/31/2021	12/28/2020	02/25/2021				25.66	0.00	0.00	25.66
			SUPPLIES								
	620906	01/31/2021	01/01/2021	02/25/2021				9.72	0.00	0.00	9.72
			SUPPLIES								
	701761	01/31/2021	01/02/2021	02/25/2021				17.66	0.00	0.00	17.66
			SUPPLIES								
	801679	01/31/2021	01/03/2021	02/25/2021				18.70	0.00	0.00	18.70
			SUPPLIES								
	800103	01/31/2021	01/03/2021	02/25/2021				14.88	0.00	0.00	14.88
			SUPPLIES								
	891925	01/31/2021	01/04/2021	02/25/2021				84.92	0.00	0.00	84.92
			SUPPLIES								
	892167	01/31/2021	01/05/2021	02/25/2021				33.28	0.00	0.00	33.28
			SUPPLIES								
	893234	01/31/2021	01/06/2021	02/25/2021				12.96	0.00	0.00	12.96
			SUPPLIES								
	893798	01/31/2021	01/07/2021	02/25/2021				33.94	0.00	0.00	33.94
			SUPPLIES								
	678029	01/31/2021	01/10/2021	02/25/2021				64.27	0.00	0.00	64.27
			SUPPLIES								
	059025	01/31/2021	01/15/2021	02/25/2021				9.30	0.00	0.00	9.30
			SUPPLIES								
	523575	01/31/2021	01/16/2021	02/25/2021				42.29	0.00	0.00	42.29
			SUPPLIES								
	191791	01/31/2021	01/20/2021	02/25/2021				29.35	0.00	0.00	29.35
			SUPPLIES								
	231717	01/31/2021	01/22/2021	02/25/2021				44.12	0.00	0.00	44.12
			SUPPLIES								
	880233	01/31/2021	01/24/2021	02/25/2021				23.97	0.00	0.00	23.97
			SUPPLIES								
	695539	01/31/2021	01/25/2021	02/25/2021				20.45	0.00	0.00	20.45
			SUPPLIES								
	717311	01/31/2021	01/25/2021	02/25/2021				20.31	0.00	0.00	20.31
			SUPPLIES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	H0031			HEB CREDIT RECEI			505.78	0.00	0.00	505.78	
Vendor#			Vendor Name			Class	Pay Code				
12716			HITACHI HEALTHCARE								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	PJIN0166173	01/31/2021	01/15/2021	02/25/2021				7,908.33	0.00	0.00	7,908.33
			SMA FEE								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	

Vendor#	12716	HITACHI HEALTHC/	7,908.33	0.00	0.00	7,908.33				
H0416		Vendor Name	Class		Pay Code					
		HOLOGIC INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9589325 ✓	01/31/2021	01/20/2021	02/09/2021				236.25	0.00	0.00	236.25 ✓
		SUPPLIES								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
H0416		HOLOGIC INC			236.25		0.00	0.00	236.25	
Vendor#	10922	Vendor Name	Class		Pay Code					
		HUNTER PHARMACY SERVICES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4247 ✓	01/31/2021	01/31/2021	02/20/2021				14,686.20	0.00	0.00	14,686.20 ✓
		PRO FEES								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
10922		HUNTER PHARMAC			14,686.20		0.00	0.00	14,686.20	
Vendor#	I1260	Vendor Name	Class		Pay Code					
		INTOXIMETERS INC	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
672207 ✓	01/31/2021	02/04/2021	02/25/2021				0.00	0.00	0.00	0.00 ✓
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
I1260		INTOXIMETERS INC			0.00		0.00	0.00	0.00	0.00 ✓
Vendor#	11285	Vendor Name	Class		Pay Code					
		ITA RESOURCES INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC22021 ✓	02/10/2021	02/08/2021	02/28/2021				26,334.70	0.00	0.00	26,334.70 ✓
		RESP SERVICES								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
11285		ITA RESOURCES IN			26,334.70		0.00	0.00	26,334.70	
Vendor#	11108	Vendor Name	Class		Pay Code					
		ITERSOURCE CORPORATION ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
711295 ✓	01/31/2021	01/02/2021	01/02/2021				250.00	0.00	0.00	250.00 ✓
		SUPPORT SERVICES								
711307 ✓	02/09/2021	02/01/2021	02/01/2021				250.00	0.00	0.00	250.00 ✓
		SUPPORT SERVICES								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
11108		ITERSOURCE CORI			500.00		0.00	0.00	500.00	
Vendor#	11796	Vendor Name	Class		Pay Code					
		LUBY'S FUDDRUCKERS RESTAUR ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0000341 ✓	01/31/2021	01/31/2021	03/02/2001				20,172.96	0.00	0.00	20,172.96 ✓
		FOOD SUPPLIES								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
11796		LUBY'S FUDDRUCK			20,172.96		0.00	0.00	20,172.96	
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
876709MKMI ✓	02/09/2021	02/04/2021	02/04/2021				1,617.00	0.00	0.00	1,617.00 ✓
		INSURANCE								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
11612		MASA GLOBAL BUII			1,617.00		0.00	0.00	1,617.00	
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
20131518 ✓	01/31/2021	01/20/2021	02/25/2021				4,352.47	0.00	0.00	4,352.47 ✓
		SUPPLIES								
20417503 ✓	01/31/2021	01/27/2021	02/11/2021				17.57	0.00	0.00	17.57 ✓
		SUPPLIES								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
M2178		MCKESSON MEDIC			4,370.04		0.00	0.00	4,370.04	

Vendor#
11141

Vendor Name

MEDICAL DATA SYSTEMS, INC.

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
156433	✓ 01/31/2021	01/31/2021	02/25/2021				6,423.33	0.00	0.00	6,423.33 ✓
										COLLECTION FEES
156434	✓ 01/31/2021	01/31/2021	02/25/2021				1,450.57	0.00	0.00	1,450.57 ✓
										COLLECTION FEE
156432	✓ 01/31/2021	01/31/2021	02/25/2021				856.84	0.00	0.00	856.84 ✓
										COLLECTION FEES

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11141

MEDICAL DATA SY:

8,730.74

0.00

0.00

8,730.74

Vendor#
M2827

Vendor Name

MEDIVATORS ✓

Class

M

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90784592	✓ 02/02/2021	02/02/2021	02/09/2021				400.00	0.00	0.00	400.00 ✓
										SUPPLIES

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

M2827

MEDIVATORS

400.00

0.00

0.00

400.00

Vendor#
M2470

Vendor Name

MEDLINE INDUSTRIES INC ✓

Class

M

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1937981347	✓ 01/31/2021	01/14/2021	02/25/2021				70.66	0.00	0.00	70.66 ✓
										SUPPLIES
1937981345	✓ 01/31/2021	01/14/2021	02/25/2021				64.07	0.00	0.00	64.07 ✓
										SUPPLIES
1937981346	✓ 01/31/2021	01/14/2021	02/25/2021				18.54	0.00	0.00	18.54 ✓
										SUPPLIES
1938048985	✓ 01/31/2021	01/15/2021	02/25/2021				43.50	0.00	0.00	43.50 ✓
										SUPPLIES

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

M2470

MEDLINE INDUSTR

196.77

0.00

0.00

196.77

Vendor#
10536

Vendor Name

MORRIS & DICKSON CO, LLC ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6528761	✓ 01/31/2021	01/26/2021	02/05/2021				0.02	0.00	0.00	0.02 ✓
										INVENTORY
6548441A	✓ 01/31/2021	02/01/2021	02/11/2021				375.34	0.00	0.00	375.34 ✓
										INVENTORY
6443	✓ 02/10/2021	02/01/2021	02/11/2021				-46.10	0.00	0.00	-46.10 ✓
										CREDIT
6551120	✓ 02/10/2021	02/01/2021	02/11/2021				81.75	0.00	0.00	81.75 ✓
										INVENTORY
6548440	✓ 02/10/2021	02/01/2021	02/11/2021				57.90	0.00	0.00	57.90 ✓
										INVENTORY
6548439	✓ 02/10/2021	02/01/2021	02/11/2021				84.48	0.00	0.00	84.48 ✓
										INVENTORY
6551121	✓ 02/10/2021	02/01/2021	02/11/2021				56.47	0.00	0.00	56.47 ✓
										INVENTORY
6553296	✓ 02/10/2021	02/02/2021	02/12/2021				4.27	0.00	0.00	4.27 ✓
										INVENTORY
6556238	✓ 02/10/2021	02/02/2021	02/12/2021				465.98	0.00	0.00	465.98 ✓
										INVENTORY
6556239	✓ 02/10/2021	02/02/2021	02/12/2021				581.24	0.00	0.00	581.24 ✓
										INVENTORY
6556237	✓ 02/10/2021	02/02/2021	02/12/2021				119.92	0.00	0.00	119.92 ✓
										INVENTORY
6827	✓ 02/10/2021	02/02/2021	02/12/2021				-9.99	0.00	0.00	-9.99 ✓
										CREDIT
6560425	✓ 02/10/2021	02/03/2021	02/13/2021				212.94	0.00	0.00	212.94 ✓
										INVENTORY
6560424	✓ 02/10/2021	02/03/2021	02/13/2021				0.48	0.00	0.00	0.48 ✓

INVENTORY										
6558218	02/10/2021	02/03/2021	02/13/2021				110.73	0.00	0.00	110.73
INVENTORY										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
N1100	10536		MORRIS & DICKSOI		2,095.43		0.00	0.00		2,095.43
			Vendor Name		Class			Pay Code		
			NATIONAL RECALL ALERT CENTE W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
480305	01/31/2021	01/04/2021	01/14/2021				595.00	0.00	0.00	595.00
			MEMEBERSHIP RENEWAL							
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
O0920	N1100		NATIONAL RECALL		595.00		0.00	0.00		595.00
			Vendor Name		Class			Pay Code		
			OFFICE DEPOT							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
14967001500	01/31/2021	01/21/2021	02/25/2021				71.24	0.00	0.00	71.24
			SUPPLIES							
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
O1416	O0920		OFFICE DEPOT		71.24		0.00	0.00		71.24
			Vendor Name		Class			Pay Code		
			ORTHO CLINICAL DIAGNOSTICS							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1851746120	01/31/2021	01/26/2021	02/25/2021				133.07	0.00	0.00	133.07
			SUPPLIES							
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
O1416	O1416		ORTHO CLINICAL D		133.07		0.00	0.00		133.07
			Vendor Name		Class			Pay Code		
			PARA							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7886	02/01/2021	02/01/2021	03/03/2021				3,084.00	0.00	0.00	3,084.00
			REVENUE INTEGRITY PROGRAM							
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
O152	11155		PARA		3,084.00		0.00	0.00		3,084.00
			Vendor Name		Class			Pay Code		
			PARTSSOURCE, LLC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
03696081	01/31/2021	01/06/2021	02/05/2021				15.26	0.00	0.00	15.26
			SUPPLIES							
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
P2200	10152		PARTSSOURCE, LL		15.26		0.00	0.00		15.26
			Vendor Name		Class			Pay Code		
			POWER HARDWARE							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B58878	01/31/2021	01/05/2021	01/15/2021				6.69	0.00	0.00	6.69
			SUPPLIES							
A69197	01/31/2021	01/14/2021	01/24/2021				12.38	0.00	0.00	12.38
			SUPPLIES							
A69339	01/31/2021	01/19/2021	01/29/2021				2.98	0.00	0.00	2.98
			SUPPLIES							
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
P2200	P2200		POWER HARDWAR		22.05		0.00	0.00		22.05
			Vendor Name		Class			Pay Code		
			PRECISION DYNAMICS CORP (PD							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9345527347	01/31/2021	01/19/2021	02/25/2021				3.81	0.00	0.00	3.81
			SUPPLIES							
9345724808	01/31/2021	01/29/2021	02/28/2021				81.43	0.00	0.00	81.43
			SUPPLIES							
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
10372	10372		PRECISION DYNAM		85.24		0.00	0.00		85.24
			Vendor Name		Class			Pay Code		

11932

PRESS GANEY ASSOCIATES, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0004651	01/31/2021	01/31/2021	03/02/2021				2,109.12	0.00	0.00	2,109.12
	PT SURVEY									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
11932		PRESS GANEY ASS				2,109.12	0.00	0.00	2,109.12	
	Vendor Name				Class			Pay Code		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2961	02/10/2021	02/01/2021	02/26/2021				235.00	0.00	0.00	235.00
DISPOSAL SERVICE										
Vendor Totals:	Number	Name				Gross	Discount		No-Pay	Net
11252		RX WASTE SYSTEM				235.00	0.00		0.00	235.00
	Vendor Name			Class			Pay Code			
	SERVICE SUPPLY OF VICTORIA IN W									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
701081863	✓	01/31/2021	01/26/2021	02/25/2021			152.46	0.00	0.00	152.46
SUPPLIES										
701082512	✓	02/09/2021	01/12/2021	02/11/2021			302.57	0.00	0.00	302.57
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount		No-Pay	Net
S1405			SERVICE SUPPLY C			455.03	0.00		0.00	455.03

		Vendor Name		Class		Pay Code		455.03		
		SIEMENS FINANCIAL SERVICES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5638210002	01/31/2021	01/30/2021	02/24/2021				1,333.33	0.00	0.00	1,333.33
	2487	LEASE								
5638210002	02/10/2021	02/02/2021	02/21/2021				4,038.24	0.00	0.00	4,038.24
	3072	LEASE								

Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10936			SIEMENS FINANCI			5,371.57	0.00	0.00	5,371.57	
		Vendor Name		Class		Pay Code				
		SMITH & NEPHEW								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
929905357	✓	01/31/2021	01/18/2021	02/25/2021			632.00	0.00	0.00	632.00
SUPPLIES										

Vendor Totals:		Number	Name		Gross		Discount	No-Pay	Net	
S2362			SMITH & NEPHEW		632.00		0.00	0.00	632.00	
		Vendor Name		Class		Pay Code				
		STERIS CORPORATION		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9168140		01/31/2021	01/12/2021	02/06/2021			217.74	0.00	0.00	217.74
SUPPLIES										

Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
S3940			STERIS CORPORA1		217.74	0.00	0.00		217.74	
		Vendor Name		Class	Pay Code					
		STRYKER ENDOSCOPY								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10163477E	01/31/2021	01/20/2021	02/25/2021				590.33	0.00	0.00	590.33
SUPPLIES										

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
S2833			STRYKER ENDOSC		590.33	0.00	0.00	590.33		
		Vendor Name		Class	Pay Code					
		STRYKER FLEX FINANCIAL								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
197681	01/31/2021	01/12/2021	03/01/2021				1,358.97	0.00	0.00	1,358.97
		RFA MACHINE								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
42448	✓ 01/31/2021	01/27/2021	02/26/2021				431.42	0.00	0.00	431.42 ✓
	ERX LICENSE									
42538	01/31/2021	01/31/2021	03/02/2021				10,694.00	0.00	0.00	10,694.00 ✓
	TRACKING/HOSTING/STAT/ SUBS									
Vendor# 12704	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	T2539		T-SYSTEM, INC	431.42	11,125.42	0.00	0.00	0.00	11,125.42	431.42 ✓
			Vendor Name		Class		Pay Code			
			TEXAS BURNER & BOILER SERVIC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3754	✓ 01/31/2021	01/26/2021	02/26/2021				1,022.00	0.00	0.00	1,022.00 ✓
	TROUBLESHOOT HVAC BOILER									
Vendor# T1880	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	12704		TEXAS BURNER & B		1,022.00	0.00	0.00	0.00	1,022.00	
			Vendor Name		Class		Pay Code			
			TEXAS DEPARTMENT OF LICENSI A/P							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10120910	✓ 01/31/2021	01/29/2021	02/28/2021				70.00	0.00	0.00	70.00 ✓
	CERT OF OPERATION									
Vendor# 10677	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	T1880		TEXAS DEPARTMEI		70.00	0.00	0.00	0.00	70.00	
			Vendor Name		Class		Pay Code			
			THE SURGICAL EQUIPMENT PEOP							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1523684	✓ 01/31/2021	01/21/2021	02/20/2021				2,095.00	0.00	0.00	2,095.00 ✓
	REPAIR STRYKER TPS CONSOLE									
Vendor# 11100	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	10677		THE SURGICAL EQI		2,095.00	0.00	0.00	0.00	2,095.00	
			Vendor Name		Class		Pay Code			
			THE US CONSULTING GROUP							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
34081494	✓ 02/10/2021	02/05/2021	03/02/2021				313.69	0.00	0.00	313.69 ✓
	TRASH SERVICES									
Vendor# 11067	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	11100		THE US CONSULTIT		313.69	0.00	0.00	0.00	313.69	
			Vendor Name		Class		Pay Code			
			TRIZETTO PROVIDER SOLUTIONS							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35FK022100	✓ 02/10/2021	02/01/2021	02/26/2021				1,755.06	0.00	0.00	1,755.06 ✓
	PATIENT STATEMENTS									
Vendor# 13680	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	11067		TRIZETTO PROVIDI		1,755.06	0.00	0.00	0.00	1,755.06	
			Vendor Name		Class		Pay Code			
			TX DEPT OF STATE HEALTH							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24057	✓ 01/27/2021	01/05/2021	02/28/2021				2,035.00	0.00	0.00	2,035.00 ✓
	MAMMO RADIATION LICENSE									
Vendor# U1054	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	13680		TX DEPT OF STATE		2,035.00	0.00	0.00	0.00	2,035.00	
			Vendor Name		Class		Pay Code			
			UNIFIRST HOLDINGS		W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400354386	✓ 01/31/2021	01/28/2021	02/22/2021				200.63	0.00	0.00	200.63 ✓
	LAUNDRY									
8400354384	✓ 01/31/2021	01/28/2021	02/22/2021				193.31	0.00	0.00	193.31 ✓
	LAUNDRY									
8400354414	✓ 01/31/2021	01/28/2021	02/22/2021				1,539.35	0.00	0.00	1,539.35 ✓
	LAUNDRY									
8400354381	✓ 01/31/2021	01/28/2021	02/22/2021				23.41	0.00	0.00	23.41 ✓
	LAUNDRY									
8400354433	✓ 01/31/2021	01/28/2021	02/22/2021				93.52	0.00	0.00	93.52 ✓

LAUNDRY										
8400354383	01/31/2021	01/28/2021	02/22/2021				121.55	0.00	0.00	121.55
LAUNDRY										
8400354402	01/31/2021	01/28/2021	02/22/2021				80.90	0.00	0.00	80.90
LAUNDRY										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
U1054			UNIFIRST HOLDING			2,252.67	0.00	0.00	2,252.67	
U1056			Vendor Name			Class	Pay Code			
			UNIFORM ADVANTAGE			W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
P000153974	01/31/2021	01/27/2021	02/11/2021				29.99	0.00	0.00	29.99
UNIFORMS SANDY RUDDICK										
P000153598	01/31/2021	01/27/2021	02/11/2021				77.93	0.00	0.00	77.93
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
U1056			UNIFORM ADVANTAGE			107.92	0.00	0.00	107.92	
13720			Vendor Name			Class	Pay Code			
			UNIPOWER CORPORATION							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
526375	01/31/2021	01/19/2021	02/19/2021				894.45	0.00	0.00	894.45
3M BATTERY REPLACEMENT										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
13720			UNIPOWER CORPC			894.45	0.00	0.00	894.45	
U1350			Vendor Name			Class	Pay Code			
			UPS			W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
778941031	01/31/2021	01/16/2021	01/16/2021				268.79	0.00	0.00	268.79
SHIPPING										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
U1350			UPS			268.79	0.00	0.00	268.79	
V1058			Vendor Name			Class	Pay Code			
			VICTORIA ANESTHESIOLOGY			W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020821	01/31/2021	02/08/2021	02/08/2021				48,284.16	0.00	0.00	48,284.16
ANESTHESIA										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
V1058			VICTORIA ANESTHESIOLOGY			48,284.16	0.00	0.00	48,284.16	
V1471			Vendor Name			Class	Pay Code			
			VICTORIA RADIOWORKS, LTD			W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
21010180	01/31/2021	01/31/2021	01/31/2021				280.00	0.00	0.00	280.00
AD										
21010179	01/31/2021	01/31/2021	01/31/2021				280.00	0.00	0.00	280.00
AD										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
V1471			VICTORIA RADIOWORKS, LTD			560.00	0.00	0.00	560.00	
12548			Vendor Name			Class	Pay Code			
			WAGEWORKS, INC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0121DR4677	02/11/2021	02/01/2021	02/01/2021				155.52	0.00	0.00	155.52
COBRA										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
12548			WAGEWORKS, INC			155.52	0.00	0.00	155.52	
W1005			Vendor Name			Class	Pay Code			
			WALMART COMMUNITY			W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121720	01/31/2021	12/17/2020	02/11/2021				218.88	0.00	0.00	218.88
SUPPLIES										
122220	01/31/2021	12/22/2020	02/11/2020				13.92	0.00	0.00	13.92
SUPPLIES										
122220A	01/31/2021	12/22/2020	02/11/2021				116.56	0.00	0.00	116.56

SUPPLIES											
011621	01/31/2021	01/16/2021	02/11/2021					9.27	0.00	0.00	9.27 ✓
LATE FEE											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	W1005		WALMART COMMU			358.63	0.00	0.00		358.63	
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	
9110895649	✓	01/27/2021	11/03/2020	11/28/2020			2,041.92	0.00	0.00	2,041.92 ✓	
SUPPLIES											
9110936309	✓	02/01/2021	02/01/2021	02/26/2021			1,206.86	0.00	0.00	1,206.86 ✓	
SUPPLIES											
9110936310	✓	02/01/2021	02/01/2021	02/26/2021			1,206.86	0.00	0.00	1,206.86 ✓	
SUPPLIES											
9110937015	✓	02/02/2021	02/02/2021	02/27/2021			825.37	0.00	0.00	825.37 ✓	
SUPPLIES											
9110937885	✓	02/03/2021	02/03/2021	02/28/2021			257.53	0.00	0.00	257.53 ✓	
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	I1110		WERFEN USA LLC			5,538.54	0.00	0.00		5,538.54	
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	
WCS000042	54	02/11/2021	02/01/2021	03/02/2021			8,475.00	0.00	0.00	8,475.00 ✓	
WOUND CARE											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	10556		WOUND CARE SPE			8,475.00	0.00	0.00		8,475.00	
Report Summary											
Grand Totals:		Gross		Discount		No-Pay		Net			
		374,314.60		0.00		0.00		374,314.60			

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
374,314.60	0.00	0.00	374,314.60

374,314.60 +
 683.06 -
 631.00 +
 277.95 -
 31.50 +
 10,694.00 -
 363,322.09 *

pg 1 correction
(sales tax)

{ <683.06>
 { +681.00

pg 4 correction
(prev. bal. included)

{ <277.95>
 { +31.50

pg 11 correction
(revenue perm)

{ <10,694.00>
 \$363,322.09

FEB 11 2021

CHK#

189326-

189406

RECEIVED

02/22/2021

13:26 FEB 22 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 03/10/2021

ap_open_invoice.template

Vendor# 10995

Vendor Name

Class

Pay Code

ABILITY NETWORK (SHIFTHOUND)

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
21M001650	02/03/2021	02/03/2021	03/05/2021				616.28	0.00	0.00	616.28
21M0000046	02/17/2021	01/07/2021	01/07/2021				586.52	0.00	0.00	586.52

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

10995

ABILITY NETWORK

1,202.80

0.00

0.00

1,202.80

Vendor#

Vendor Name

Class

Pay Code

10958

ALLYSON SWOPE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021621	02/17/2021	02/16/2021	02/16/2021				1,674.00	0.00	0.00	1,674.00

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

10958

ALLYSON SWOPE

1,674.00

0.00

0.00

1,674.00

Vendor#

Vendor Name

Class

Pay Code

B0436

BARD ACCESS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
46247301	02/19/2021	02/03/2021	02/19/2021				150.00	0.00	0.00	150.00

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

B0436

BARD ACCESS

150.00

0.00

0.00

150.00

Vendor#

Vendor Name

Class

Pay Code

B1150

BAXTER HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
69358600	02/18/2021	01/04/2021	01/29/2021				512.93	0.00	0.00	512.93

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

B1150

BAXTER HEALTHCARE

977.35

0.00

0.00

977.35

Vendor#

Vendor Name

Class

Pay Code

B1220

BECKMAN COULTER INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
108849891	02/17/2021	01/15/2021	02/09/2021				1,288.45	0.00	0.00	1,288.45

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

B1220

BECKMAN COULTER INC

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
108849891	02/17/2021	01/15/2021	02/09/2021				1,288.45	0.00	0.00	1,288.45
5435031	02/17/2021	01/19/2021	02/13/2021				5,016.58	0.00	0.00	5,016.58
108854484	02/17/2021	01/19/2021	02/13/2021				30.44	0.00	0.00	30.44
108856618	02/17/2021	01/20/2021	02/14/2021				70.48	0.00	0.00	70.48
5435884	02/17/2021	01/30/2021	02/24/2021				3,507.27	0.00	0.00	3,507.27
108878367	02/17/2021	02/01/2021	02/26/2021				135.28	0.00	0.00	135.28
108877060	02/17/2021	02/01/2021	02/26/2021				75.60	0.00	0.00	75.60
7287754	02/17/2021	02/01/2021	02/26/2021				6,576.12	0.00	0.00	6,576.12
108877305	02/17/2021	02/01/2021	02/26/2021				279.34	0.00	0.00	279.34
108879713	02/17/2021	02/01/2021	02/26/2021				160.16	0.00	0.00	160.16
108878353	02/17/2021	02/01/2021	02/26/2021				4,176.58	0.00	0.00	4,176.58

	108877149	✓	02/17/2021	02/01/2021	02/26/2021			1,398.95	0.00	0.00	1,398.95	✓
				SUPPLIES								
	108880416	✓	02/17/2021	02/02/2021	02/27/2021			563.70	0.00	0.00	563.70	✓
				SUPPLIES								
	108880533	✓	02/17/2021	02/02/2021	02/27/2021			227.04	0.00	0.00	227.04	✓
				SUPPLIES								
	108880562	✓	02/17/2021	02/02/2021	02/27/2021			140.52	0.00	0.00	140.52	✓
				SUPPLIES								
	108808199	✓	02/18/2021	12/21/2020	01/15/2021			191.17	0.00	0.00	191.17	✓
				SUPPLIES								
	108810335	✓	02/18/2021	12/22/2020	01/16/2021			98.40	0.00	0.00	98.40	✓
				SUPPLIES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	B1220			BECKMAN COULTE			23,936.08	0.00	0.00		23,936.08	
Vendor#			Vendor Name			Class	Pay Code					
B1655			BOSTON SCIENTIFIC CORPORATI		M	✓						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	975719587	✓	02/18/2021	12/14/2020	01/18/2021			367.00	0.00	0.00	367.00	✓
				SUPPLIES								
	975863829	✓	02/18/2021	12/22/2020	01/18/2021			219.00	0.00	0.00	219.00	✓
				SUPPLIES								
	976449010	✓	02/19/2021	01/29/2021	02/19/2021			773.00	0.00	0.00	773.00	✓
				SUPPLIES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	B1655			BOSTON SCIENTIFI			1,359.00	0.00	0.00		1,359.00	
Vendor#			Vendor Name			Class	Pay Code					
C1325			CARDINAL HEALTH 414, INC.		✓	W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	8002434195	✓	02/17/2021	01/16/2021	02/10/2021			386.76	0.00	0.00	386.76	✓
				SUPPLIES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	C1325			CARDINAL HEALTH			386.76	0.00	0.00		386.76	
Vendor#			Vendor Name			Class	Pay Code					
A1730			CAREFUSION		✓							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	9109611643	✓	02/19/2021	01/27/2021	02/26/2021			81.45	0.00	0.00	81.45	✓
				SUPPLIES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	A1730			CAREFUSION			81.45	0.00	0.00		81.45	
Vendor#			Vendor Name			Class	Pay Code					
C1730			CITY OF PORT LAVACA		✓	W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	011921A	02/17/2021	01/19/2021	02/05/2021				66.83	0.00	0.00	66.83	✓
				ACCT 12131500								
	011921B	02/17/2021	01/19/2021	02/05/2021				43.43	0.00	0.00	43.43	✓
				ACCT 12126002 WATER								
	011921	02/17/2021	01/19/2021	02/05/2021				3,282.08	0.00	0.00	3,282.08	✓
				ACCT 12132000 WATER								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	C1730			CITY OF PORT LAV.			3,392.34	0.00	0.00		3,392.34	
Vendor#			Vendor Name			Class	Pay Code					
11029			COASTAL REFRIGERATION		✓							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	5113642	✓	02/17/2021	01/08/2021	01/08/2021			165.00	0.00	0.00	165.00	✓
				INSPECT FOOD CART								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	11029			COASTAL REFRIGE			165.00	0.00	0.00		165.00	
Vendor#			Vendor Name			Class	Pay Code					
13336			COCA COLA SOUTHWEST BEVER,		✓							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	7996205820	✓	02/17/2021	02/10/2021	02/10/2021			424.43	0.00	0.00	424.43	✓

SUPPLIES											
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net	
13336			COCA COLA SOUTH		424.43		0.00	0.00		424.43	
Vendor#	Vendor Name		Class		Pay Code						
13736	COMBINED INSURANCE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
021121	02/17/2021	02/11/2021	02/11/2021				16.00	0.00	0.00	16.00	✓
PATIENT REFUND OLGA BETANCOURT											
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net	
13736			COMBINED INSURANCE		16.00		0.00	0.00		16.00	
Vendor#	Vendor Name		Class		Pay Code						
C1970	CONMED CORPORATION ✓		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
465735 ✓	02/19/2021	02/01/2021	02/19/2021				215.06	0.00	0.00	215.06	✓
SUPPLIES											
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net	
C1970			CONMED CORPORATION		215.06		0.00	0.00		215.06	
Vendor#	Vendor Name		Class		Pay Code						
C0399	CORPUS CHRISTI PROSTHETICS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
21020001 ✓	02/19/2021	02/02/2021	02/19/2021				70.00	0.00	0.00	70.00	✓
SUPPLIES											
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net	
C0399			CORPUS CHRISTI PROSTHETICS		70.00		0.00	0.00		70.00	
Vendor#	Vendor Name		Class		Pay Code						
10368	DEWITT POTH & SON ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
6324630 ✓	02/18/2021	01/25/2021	02/19/2021				908.96	0.00	0.00	908.96	✓
SUPPLIES											
6341430 ✓	02/19/2021	02/10/2021	03/07/2021				295.98	0.00	0.00	295.98	✓
SUPPLIES											
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net	
10368			DEWITT POTH & SON		1,204.94		0.00	0.00		1,204.94	
Vendor#	Vendor Name		Class		Pay Code						
11291	DOWELL PEST CONTROL ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
20346 ✓	02/17/2021	01/31/2021	02/25/2021				105.00	0.00	0.00	105.00	✓
PEST CONTROL											
20347 ✓	02/17/2021	01/31/2021	02/25/2021				505.00	0.00	0.00	505.00	✓
PEST CONTROL											
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net	
11291			DOWELL PEST CONTROL		610.00		0.00	0.00		610.00	
Vendor#	Vendor Name		Class		Pay Code						
F1300	FIRESTONE OF PORT LAVACA ✓		W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
0071509 ✓	02/17/2021	11/06/2020	11/06/2020				51.44	0.00	0.00	51.44	✓
OIL CHANGE											
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net	
F1300			FIRESTONE OF PORT LAVACA		51.44		0.00	0.00		51.44	
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	
5848170 ✓	02/18/2021	12/15/2020	01/09/2021				977.57	0.00	0.00	977.57	✓
SUPPLIES											
6009230 ✓	02/18/2021	12/17/2020	01/11/2021				915.26	0.00	0.00	915.26	✓
SUPPLIES											
6169246 ✓	02/18/2021	12/21/2020	01/15/2021				138.49	0.00	0.00	138.49	✓
SUPPLIES											
6444386 ✓	02/19/2021	12/23/2020	01/17/2021				2,304.09	0.00	0.00	2,304.09	✓
SUPPLIES											
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net	

	F1400	FISHER HEALTHCA	4,335.41	0.00	0.00	4,335.41				
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
1998288	02/02/2021	02/02/2021	03/04/2021				256.62	0.00	0.00	256.62
		SUPPLIES								
1998268	02/02/2021	02/02/2021	03/04/2021				639.49	0.00	0.00	639.49
		SUPPLIES								
1998276	02/09/2021	02/02/2021	03/04/2021				2,232.00	0.00	0.00	2,232.00
		SUPPLIES								
1994648	02/18/2021	01/26/2021	02/25/2021				542.81	0.00	0.00	542.81
		SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
G1210			GULF COAST PAPE		3,670.92		0.00	0.00	3,670.92	
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
923873086	02/18/2021	12/09/2020	01/08/2021				1,161.40	0.00	0.00	1,161.40
		SUPPLIES								
924162800	02/19/2021	01/26/2021	02/25/2021				2,427.64	0.00	0.00	2,427.64
		SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
J0150			J & J HEALTH CARE		3,589.04		0.00	0.00	3,589.04	
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
68129658	02/17/2021	01/20/2021	02/14/2021				78.87	0.00	0.00	78.87
		SUPPLIES								
68524485	02/17/2021	01/30/2021	02/24/2021				367.00	0.00	0.00	367.00
		SUPPLIES								
68436947	02/17/2021	01/30/2021	02/24/2021				237.75	0.00	0.00	237.75
		SUPPLIES								
68277216	02/17/2021	01/30/2021	02/24/2021				67.52	0.00	0.00	67.52
		SUPPLIES								
68524584	02/17/2021	01/30/2021	02/24/2021				100.00	0.00	0.00	100.00
		SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
L0700			LABCORP OF AMEF		851.14		0.00	0.00	851.14	
Vendor#		Vendor Name	Class		Pay Code					
10972		M G TRUST								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021221	02/17/2021	02/12/2021	02/12/2021				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#		Vendor Name	Class		Pay Code					
M2178		MCKESSON MEDICAL SURGICAL I								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17209303	02/19/2021	12/29/2020	01/13/2021				109.05	0.00	0.00	109.05
		SUPPLIES								
17424892	02/19/2021	01/05/2021	01/20/2021				66.98	0.00	0.00	66.98
		SUPPLIES								
17416299	02/19/2021	01/05/2021	01/20/2021				101.87	0.00	0.00	101.87
		SUPPLIES								
17461358	02/19/2021	01/05/2021	01/20/2021				93.29	0.00	0.00	93.29
		SUPPLIES								
20128460	02/19/2021	01/20/2021	02/18/2021				111.62	0.00	0.00	111.62
		SUPPLIES								
20646891	02/19/2021	02/02/2021	02/17/2021				1,354.49	0.00	0.00	1,354.49
		SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	

	M2178	MCKESSON MEDIC		1,837.30	0.00	0.00	1,837.30				
Vendor#		Vendor Name		Class	Pay Code						
13520		MEAGAN GARCIA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	021021	02/17/2021	02/10/2021	02/10/2021				62.72	0.00	0.00	62.72 ✓
		TRAVEL FOR TNCC COURSE 1/30/21 - 2/1/21 day travel									
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	13520		MEAGAN GARCIA			62.72	0.00	0.00	62.72		
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
	1934339647 ✓	02/18/2021	12/15/2020	01/09/2021				4,052.02	0.00	0.00	4,052.02 ✓
		SUPPLIES									
	1935953274 ✓	02/18/2021	12/29/2020	01/23/2021				4.75	0.00	0.00	4.75 ✓
		SUPPLIES									
	1937762207 ✓	02/18/2021	01/13/2021	02/07/2021				18.83	0.00	0.00	18.83 ✓
		SUPPLIES									
	1938517075 ✓	02/18/2021	01/19/2021	02/13/2021				332.48	0.00	0.00	332.48 ✓
		SUPPLIES									
	1938640792 ✓	02/18/2021	01/20/2021	02/14/2021				164.46	0.00	0.00	164.46 ✓
		SUPPLIES									
	1938640787 ✓	02/18/2021	01/20/2021	02/14/2021				35.80	0.00	0.00	35.80 ✓
		SUPPLIES									
	1938640795 ✓	02/18/2021	01/20/2021	02/14/2021				468.25	0.00	0.00	468.25 ✓
		SUPPLIES									
	1938640796 ✓	02/18/2021	01/20/2021	02/14/2021				375.40	0.00	0.00	375.40 ✓
		SUPPLIES									
	1938640793 ✓	02/18/2021	01/20/2021	02/14/2021				26.44	0.00	0.00	26.44 ✓
		SUPPLIES									
	1938640788 ✓	02/18/2021	01/20/2021	02/14/2021				230.13	0.00	0.00	230.13 ✓
		SUPPLIES									
	1938640798 ✓	02/18/2021	01/20/2021	02/14/2021				34.27	0.00	0.00	34.27 ✓
		SUPPLIES									
	1938640797 ✓	02/18/2021	01/20/2021	02/14/2021				217.00	0.00	0.00	217.00 ✓
		SUPPLIES									
	1938640789 ✓	02/18/2021	01/20/2021	02/14/2021				46.64	0.00	0.00	46.64 ✓
		SUPPLIES									
	1938640794 ✓	02/18/2021	01/20/2021	02/14/2021				27.54	0.00	0.00	27.54 ✓
		SUPPLIES									
	1939405840 ✓	02/18/2021	02/04/2021	03/01/2021				100.10	0.00	0.00	100.10 ✓
		SUPPLIES									
	1935420330 ✓	02/19/2021	12/23/2020	01/17/2021				5,306.00	0.00	0.00	5,306.00 ✓
		SUPPLIES									
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	M2470		MEDLINE INDUSTR			11,440.11	0.00	0.00	11,440.11		
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
	021221	02/17/2021	02/12/2021	02/12/2021				100.00	0.00	0.00	100.00 ✓
		PAYROLL DED									
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	10963		MEMORIAL MEDICAL			100.00	0.00	0.00	100.00		
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
	6566386 ✓	02/17/2021	02/04/2021	02/14/2021				245.55	0.00	0.00	245.55 ✓
		INVENTORY									
	6566387 ✓	02/17/2021	02/04/2021	02/14/2021				1,911.62	0.00	0.00	1,911.62 ✓
		INVENTORY									
	6562797 ✓	02/17/2021	02/04/2021	02/14/2021				84.48	0.00	0.00	84.48 ✓
		INVENTORY									

6566388	✓	02/17/2021	02/04/2021	02/14/2021		63.93	0.00	0.00	63.93	✓	
			INVENTORY								
6571743	✓	02/17/2021	02/07/2021	02/17/2021		145.50	0.00	0.00	145.50	✓	
			INVENTORY								
6571744	✓	02/17/2021	02/07/2021	02/17/2021		1,112.02	0.00	0.00	1,112.02	✓	
			INVENTORY								
6571745	✓	02/17/2021	02/07/2021	02/17/2021		72.09	0.00	0.00	72.09	✓	
			INVENTORY								
6573137	✓	02/17/2021	02/08/2021	02/18/2021		725.26	0.00	0.00	725.26	✓	
			INVENTORY								
6576321	✓	02/17/2021	02/08/2021	02/18/2021		206.19	0.00	0.00	206.19	✓	
			INVENTORY								
6574271	✓	02/17/2021	02/08/2021	02/18/2021		4,741.89	0.00	0.00	4,741.89	✓	
			INVENTORY								
6576320	✓	02/17/2021	02/08/2021	02/18/2021		217.20	0.00	0.00	217.20	✓	
			INVENTORY								
6576176	✓	02/17/2021	02/08/2021	02/18/2021		35.76	0.00	0.00	35.76	✓	
			INVENTORY								
6576322	✓	02/17/2021	02/08/2021	02/18/2021		334.82	0.00	0.00	334.82	✓	
			INVENTORY								
6582888	✓	02/19/2021	02/10/2021	02/20/2021		47.25	0.00	0.00	47.25	✓	
			INVENTORY								
6585464	✓	02/19/2021	02/10/2021	02/20/2021		4,488.42	0.00	0.00	4,488.42	✓	
			INVENTORY								
6585466	✓	02/19/2021	02/10/2021	02/20/2021		31.48	0.00	0.00	31.48	✓	
			INVENTORY								
6585467	✓	02/19/2021	02/10/2021	02/20/2021		19.57	0.00	0.00	19.57	✓	
			INVENTORY								
6582887	✓	02/19/2021	02/10/2021	02/20/2021		540.40	0.00	0.00	540.40	✓	
			INVENTORY								
6582886	✓	02/19/2021	02/10/2021	02/20/2021		61.90	0.00	0.00	61.90	✓	
			INVENTORY								
6582885	✓	02/19/2021	02/10/2021	02/20/2021		18.52	0.00	0.00	18.52	✓	
			INVENTORY								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
10536			MORRIS & DICKSOI			15,103.85	0.00	0.00		15,103.85	
		Vendor Name			Class	Pay Code					
		MXR IMAGING, INC		✓	M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
8800710806	✓	02/18/2021	01/07/2021	02/06/2021			1,402.67	0.00	0.00	1,402.67	✓
			SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
M2659			MXR IMAGING, INC			1,402.67	0.00	0.00		1,402.67	
		Vendor Name			Class	Pay Code					
		NANCY CASTILLO		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
021721		02/17/2021	02/17/2021	02/17/2021			7.16	0.00	0.00	7.16	✓
			ICE FOR KITCHEN								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
13728			NANCY CASTILLO			7.16	0.00	0.00		7.16	
		Vendor Name			Class	Pay Code					
		OFFICE DEPOT		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1536085810	01 (02/19/2021)	02/03/2021	02/19/2021				71.24	0.00	0.00	71.24	✓
			SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
O0920			OFFICE DEPOT			71.24	0.00	0.00		71.24	
		Vendor Name			Class	Pay Code					
		OLYMPUS AMERICA INC		✓	M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
30427743	✓	02/19/2021	02/03/2021	02/28/2021			1,217.51	0.00	0.00	1,217.51	✓

SUPPLIES

	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	O1500		OLYMPUS AMERICA		1,217.51	0.00	0.00	1,217.51			
Vendor# 11069			Vendor Name		Class		Pay Code				
			PABLO GARZA ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	021621	02/17/2021	02/16/2021	02/16/2021				2,543.13	0.00	0.00	2,543.13 ✓
			CONTRACT EMPLOYEE (2/2-2/15/21)								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	11069		PABLO GARZA		2,543.13	0.00	0.00	2,543.13			
Vendor# 12544			Vendor Name		Class		Pay Code				
			PATRICK OCHOA ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	020121	02/17/2021	02/01/2021	02/01/2021				380.00	0.00	0.00	380.00 ✓
			CLINIC LAWN								
	020121B	02/17/2021	02/01/2021	02/01/2021				200.00	0.00	0.00	200.00 ✓
			REHAB LAWN								
	020121A	02/17/2021	02/01/2021	02/01/2021				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# 11316			Vendor Name		Class		Pay Code				
			QUILA BAILEY								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	021021	02/17/2021	02/10/2021	02/10/2021				62.72	0.00	0.00	62.72 ✓
			TRAVEL TO TNCC COURSE 1/30-1/31/21 day travel								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	11316		QUILA BAILEY		62.72	0.00	0.00	62.72			
Vendor# 11764			Vendor Name		Class		Pay Code				
			ROBERT RODRIQUEZ ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	021721	02/17/2021	02/17/2021	02/17/2021				27.92	0.00	0.00	27.92 ✓
			ICE FOR THE KITCHEN								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	11764		ROBERT RODRIQU		27.92	0.00	0.00	27.92			
Vendor# 10836			Vendor Name		Class		Pay Code				
			SHERRY KING								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	021021	02/17/2021	02/10/2021	02/10/2021				62.72	0.00	0.00	62.72
			TRAVEL TO TNCC COURSE 1/30-1/31/21 day travel								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	10836		SHERRY KING		62.72	0.00	0.00	62.72 ✓			
Vendor# S2362			Vendor Name		Class		Pay Code				
			SMITH & NEPHEW ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	929973935 ✓	02/19/2021	02/08/2021	02/19/2021				558.00	0.00	0.00	558.00 ✓
			SUPPLIES								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	S2362		SMITH & NEPHEW		558.00	0.00	0.00	558.00			
Vendor# S2353			Vendor Name		Class		Pay Code				
			SMITHS MEDICAL ASD INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	16129637 ✓	02/19/2021	02/03/2021	02/19/2021				331.94	0.00	0.00	331.94 ✓
			SUPPLIES								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	S2353		SMITHS MEDICAL A		331.94	0.00	0.00	331.94			
Vendor# 13724			Vendor Name		Class		Pay Code				
			SOPHIE PECENA								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	021621	02/17/2021	02/16/2021	02/16/2021				62.72	0.00	0.00	62.72 ✓
			TRAVEL TO TNCC COURSE 1/30-1/31/21 day travel								

Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
13724			SOPHIE PECENA			62.72	0.00	0.00		62.72
Vendor#		Vendor Name			Class	Pay Code				
11296		SOUTH TEXAS BLOOD & TISSUE C								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CM3833	02/17/2021	01/31/2021	02/25/2021				-1,896.00	0.00	0.00	-1,896.00
CREDIT										
107011534	02/17/2021	01/31/2021	02/25/2021				6,955.00	0.00	0.00	6,955.00
BLOOD										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
11296			SOUTH TEXAS BLO			5,059.00	0.00	0.00		5,059.00
Vendor#		Vendor Name			Class	Pay Code				
S3960		STERICYCLE, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4009881028	02/17/2021	02/01/2021	03/03/2021				2,415.00	0.00	0.00	2,415.00
DISPOSAL SERVICE										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
S3960			STERICYCLE, INC			2,415.00	0.00	0.00		2,415.00
Vendor#		Vendor Name			Class	Pay Code				
S3940		STERIS CORPORATION			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9151199	02/18/2021	12/30/2020	01/24/2021				82.56	0.00	0.00	82.56
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
S3940			STERIS CORPORAT			82.56	0.00	0.00		82.56
Vendor#		Vendor Name			Class	Pay Code				
S2833		STRYKER ENDOSCOPY								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10119934E	02/18/2021	01/12/2021	01/27/2021				376.60	0.00	0.00	376.60
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
S2833			STRYKER ENDOSC			376.60	0.00	0.00		376.60
Vendor#		Vendor Name			Class	Pay Code				
S2830		STRYKER SALES CORP			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9200981173	02/19/2021	02/02/2021	02/19/2021				730.36	0.00	0.00	730.36
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
S2830			STRYKER SALES C			730.36	0.00	0.00		730.36
Vendor#		Vendor Name			Class	Pay Code				
12704		TEXAS BURNER & BOILER SERVIC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021621	02/17/2021	02/16/2021	02/16/2021				46,500.00	0.00	0.00	46,500.00
BOILERS 1ST INSTALLMENT										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
12704			TEXAS BURNER & I			46,500.00	0.00	0.00		46,500.00
Vendor#		Vendor Name			Class	Pay Code				
10893		TOM CURNUTT								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021621	02/17/2021	02/16/2021	02/16/2021				62.72	0.00	0.00	62.72
TRAVEL FOR TNCC COURSE 11/30/2020-1/31/21 day travel										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
10893			TOM CURNUTT			62.72	0.00	0.00		62.72
Vendor#		Vendor Name			Class	Pay Code				
U1054		UNIFIRST HOLDINGS			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400355007	02/17/2021	02/04/2021	03/01/2021				140.52	0.00	0.00	140.52
LAUNDRY										
8400355057	02/17/2021	02/04/2021	03/01/2021				45.38	0.00	0.00	45.38
LAUNDRY										
8400355244	02/17/2021	02/08/2021	03/05/2021				45.15	0.00	0.00	45.15

LAUNDRY											
8400355269	02/17/2021	02/08/2021	03/05/2021			1,961.62	0.00	0.00	1,961.62	✓	
LAUNDRY											
8400355245	02/17/2021	02/08/2021	03/05/2021			57.93	0.00	0.00	57.93	✓	
LAUNDRY											
8400355618	02/17/2021	02/11/2021	03/08/2021			121.55	0.00	0.00	121.55	✓	
LAUNDRY											
8400355621	02/17/2021	02/11/2021	03/08/2021			186.38	0.00	0.00	186.38	✓	
LAUNDRY											
8400355619	02/17/2021	02/11/2021	03/08/2021			227.60	0.00	0.00	227.60	✓	
LAUNDRY											
8400355616	02/17/2021	02/11/2021	03/08/2021			19.56	0.00	0.00	19.56	✓	
LAUNDRY											
8400355637	02/17/2021	02/11/2021	03/08/2021			173.09	0.00	0.00	173.09	✓	
LAUNDRY											
8400355649	02/17/2021	02/11/2021	03/08/2021			1,567.95	0.00	0.00	1,567.95	✓	
LAUNDRY											
8400355668	02/17/2021	02/11/2021	03/08/2021			154.59	0.00	0.00	154.59	✓	
LAUNDRY											
8400355620	02/17/2021	02/11/2021	03/08/2021			168.57	0.00	0.00	168.57	✓	
LAUNDRY											
Vendor Totals: Number Name Gross Discount No-Pay Net											
U1054 UNIFIRST HOLDING 4,869.89 0.00 0.00 4,869.89											
Vendor# 10793	Vendor Name WAGeworks, INC. ✓										
	Class Pay Code										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
021221	02/17/2021	02/12/2021	02/12/2021				3,941.32	0.00	0.00	3,941.32	✓
PAYROLL DED											
Vendor Totals: Number Name Gross Discount No-Pay Net											
10793 WAGeworks, INC. ✓ 3,941.32 0.00 0.00 3,941.32											
Vendor# I1110	Vendor Name WERFEN USA LLC ✓										
	Class Pay Code										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
9110931905	02/17/2021	01/20/2021	02/14/2021				6,416.34	0.00	0.00	6,416.34	✓
SUPPLIES											
Vendor Totals: Number Name Gross Discount No-Pay Net											
I1110 WERFEN USA LLC 6,416.34 0.00 0.00 6,416.34											
Vendor# 11400	Vendor Name WEST COAST MEDICAL RESOURC ✓										
	Class Pay Code										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
INV065971	02/19/2021	01/18/2021	01/22/2021				895.00	0.00	0.00	895.00	✓
SUPPLIES											
INV066754	02/19/2021	02/08/2021	02/19/2021				895.00	0.00	0.00	895.00	✓
SUPPLIES											
Vendor Totals: Number Name Gross Discount No-Pay Net											
11400 WEST COAST MEDI 1,790.00 0.00 0.00 1,790.00											
Report Summary											
Grand Totals: Gross Discount No-Pay Net											
157,389.52 0.00 0.00 157,389.52											



 FEB 22 2021

CK# 189416-
 189468

RECEIVED

FEB 27 2021

Calhoun County Auditor

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
JASON W ANGLIN

Account Inquiries:

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

Account Number: XXXX-XXXX-XXXX-8997

Summary of Account Activity

Total Activity \$4,334.50

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

Not an invoice. For your records only.

Credit Limit \$20,000
Cash Advance Limit \$0
Statement Closing Date 02/03/2021
Days in Billing Period 31

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
01/05	01/04	9399	05134371005600036523970	1 NPDB NPDB.HRSA.GOV 800-767-6732 VA N73494305	22033 USA 2.00 ✓
01/05	01/04	9399	05134371005600036524051	2 NPDB NPDB.HRSA.GOV 800-767-6732 VA N73494590	22033 USA 2.00 ✓
01/05	01/04	9399	05134371005600036524135	3 NPDB NPDB.HRSA.GOV 800-767-6732 VA N73494818	22033 USA 2.00 ✓
01/11	01/08	5200	52707151009010178311179	4 HOMEDPOT.COM 800-430-3376 GA 91233	30339 USA 106.16 ✓
01/11	01/08	8699	75418231008111412856409	5 ACHE - MEMBER SERVICES 312-4249335 IL	60606 USA 345.00 ✓
01/15	01/14	5968	55432861014200236169790	6 LOGMEIN*GoToMeeting logmein.com MA E6839B94 E4A7 409	USA 696.00 ✓
01/19	01/18	5942	55432861018200232026883	7 Amazon.com*PR0X31WF3 Amzn.com/billWA 114-1871228-43994	98109 USA 954.80 ✓
01/21	01/19	7399	55207391020000019190119	8 TRAINING LEADER NAPLES FL	34109 USA 247.00 ✓
01/27	01/26	5942	55432861026200352639135	9 Amazon.com*2K1V108O3 Amzn.com/billWA 114-4627145-28810	98109 USA 351.64 ✓
01/29	01/28	5942	55432861028200873716600	10 AMZN Mktp US*108IZ9KU3 Amzn.com/billWA 114-5712315-65962	98109 USA 279.90 ✓
01/29	01/28	9399	05134371029600029433676	11 NPDB NPDB.HRSA.GOV 800-767-6732 VA N73960039	22033 USA 22.00 ✓
01/29	01/28	5942	55432861028200887212802	12 AMZN Mktp US*L96VU1NZ3 Amzn.com/billWA 114-7910926-62954	98109 USA 153.20 ✓
01/29	01/28	8299	55480771028014000500551	13 SCCE/HCCA EDEN PRAIRIE MN 223923	95131 USA 695.00 ✓

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125Account Number
Statement Closing DateXXXX-XXXX-XXXX-
February 03, 2021Not an invoice.
For your records only.

CALHOUN COUNTY TREASURER

FEB - 8 2021

DATE RECEIVED

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

00006934502

Information About Your Citi® Corporate Card Account

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

Account Inquiries

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

Account: XXXX-XXXX-XXXX-

Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
01/29	01/28	5942	55432861028200899693833	14 AMZN Mktp US*NCST39NU3 Amzn.com/billWA 114-9789061-95346	477.80 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S):					\$4,334.60

APPROVED
OK

FEB 22 2021

COUNTY CLERK
CALHOUN COUNTY, TEXAS

Account: XXXX-XXXX-XXXX-

MEMORIAL MEDICAL CENTER PURCHASE ORDER

①

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

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

Vendor Name: Citibank

Date: 2/12/2021

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To		Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 1 Provider			2.00
2	—		NPDB - 1 Provider			2.00
3	—		NPDB - 1 Provider			2.00
4	—		ACHE-membership renewal			345.00
5			for Jason Anglin <i>American College of Healthcare Executives</i>			
6	—		GoToMeeting Pro - Account			696.00
7			IT			
8	—		Training Leader. Registration			247.00
9			Roshanda Thomas <i>-webinar 1/20/21</i>			
10	—		NPDB - 11 Providers			22.00

Est. Freight _____

Est. Total Cost _____

TOTAL COST _____

NOTES:

Charges made to Mr. Anglin's credit card

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____
Dir. Nursing _____
Adm. Dir. Clinical Service _____
CFO _____
Administrator <i>[Signature]</i>

MEMORIAL MEDICAL CENTER PURCHASE ORDER

(2)

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

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

Vendor Name: Citibank

Date: 2/21/2021

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1			SCCE/HCCA - Registration			695.00
2	2.00	+	for Roshanda Thomas			
3	2.00	+	Compliance Conf- Virtual			
4	245.00	+	(2) 5-Tier Steel Home Depot - wire shelving units			106.16
5	22.00	+	Amazon - (20) 3M Air-mate Breathing Tube Assembly			954.80
6	695.00	+	Medline Stainless Steel 6x leg			
7	106.16	+	Amazon - (4) Heavy Duty IV Pole, Holder, oxygen Tank			351.64
8	954.80	+	Amazon - (2) Floor Mat Exit Alarm for Elderly Fall Prevention			279.90
9	279.90	+	Amazon - (2) Posi 8373 Keypace Essential chair alarms			153.20
10	153.20	+	Amazon - (2) replacement 10x15in cordless chair sensor pad			477.80
	477.80	+	(2) smart caregiver wireless alarm w/ bed sensor pad and chair sensor pad			

Est. Freight _____

Est. Total Cost _____

TOTAL COST \$4,334.50

NOTES:

changes made to Mr. Anglin's credit card

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director
Dir. Nursing
Adm. Dir. Clinical Service
CFO
Administrator

CITIBANK CORPORATE CARD

Account Statement



Account Inquiries:

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

Commercial Card Account
 C0001 CALHOUN COUNTY MMC

Account Number: XXXX-XXXX-XXXX
 Invoice # 3653004031

Summary of Account Activity

Previous Balance	\$651.00
Payments	\$651.00
Credits	\$0.00
Purchases & Other Charges	\$4,334.50
Cash Transactions	\$0.00
Cash Transaction Fees	\$0.00
Interest Charges	\$0.00

Credit Limit	\$30,000
Available Credit Limit	\$25,665
Cash Advance Limit	\$0
Available Cash Advance Limit	\$0

Payment Information

New Balance	\$4,334.50
Past Due Amount	\$0.00
Disputed Amount	\$0.00
Amount Over Credit Limit	\$0.00
Minimum Payment Due	\$4,334.50
Payment Due Date	02/28/2021
Statement Closing Date	02/03/2021
Days in Billing Period	31

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

Company Transactions

Account: XXXX-XXXX-XXXX-2799				C0001 CALHOUN COUNTY MMC		Total Activity: -\$651.00	
Post Date	Trans Date	MCC	Reference Number		Description/Location	Amount	
01/22	01/22	0000	75563971022022411100028	1	PAYMENT RECEIVED – THANK YOU	651.00	PY

Cardholder Transactions

Account: XXXX-XXXX-XXXX-6997				JASON W ANGLIN				Total Activity: \$4,334.50			
Credit Limit: \$20,000				Cash Limit: \$0							
Post Date	Trans Date	MCC	Reference Number		Description/Location					Amount	
01/05	01/04	9399	05134371005600036523970	1	NPDB NPDB.HRSA.GOV N73494305	800-767-6732 VA		22033	USA	2.00	
01/05	01/04	9399	05134371005600036524051	2	NPDB NPDB.HRSA.GOV N73494590	800-767-6732 VA		22033	USA	2.00	
01/05	01/04	9399	05134371005600036524135	3	NPDB NPDB.HRSA.GOV N73494818	800-767-6732 VA		22033	USA	2.00	

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

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

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

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

Account Number XXXX-XXXX-XXXX
 Payment Due Date February 28, 2021
 New Balance \$4,334.50
 Past Due Amount* \$0.00
 Minimum Payment Due \$4,334.50
 Amount Enclosed

Mail
 Checks
 To

\$

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

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

CALHOUN COUNTY TREASURER

FEB - 8 2021

DATE RECEIVED

Confirmation # DWR-00708953
 2-26-21

28000 0433450 0433450 0065100 05567090005272799 0307

Information About Your Citi® Corporate Card Account

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

Account Inquiries

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

Account: XXXX-XXXX-XXXX

Cardholder Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
01/11	01/08	5200	52707151009010178311179	4 HOMEDEPOT.COM 800-430-3376 GA 91233 30339 USA	106.16
01/11	01/08	8699	75418231008111412856409	5 ACHE - MEMBER SERVICES 312-4249335 IL 60606 USA	345.00
01/15	01/14	5968	55432861014200236169790	6 LOGMEIN*GoToMeeting logmein.com MA E6839B94 E4A7 409 USA	696.00
01/19	01/18	5942	55432861018200232026883	7 Amazon.com*PROX31WF3 Amzn.com/billWA 114-1871228-43994 98109 USA	954.80
01/21	01/19	7399	55207391020000019190119	8 TRAINING LEADER NAPLES FL 34109 USA	247.00
01/27	01/26	5942	55432861026200352639135	9 Amazon.com*2K1V108O3 Amzn.com/billWA 114-4627145-28810 98109 USA	351.64
01/29	01/28	5942	55432861028200873716600	10 AMZN Mkt US*108IZ9KU3 Amzn.com/billWA 114-5712315-65962 98109 USA	279.90
01/29	01/28	9399	05134371029600029433676	11 NPDB NPDB.HRSA.GOV 800-767-6732 VA N73960039 22033 USA	22.00
01/29	01/28	5942	55432861028200887212802	12 AMZN Mkt US*L96VU1NZ3 Amzn.com/billWA 114-7910926-62954 98109 USA	153.20
01/29	01/28	8299	55480771028014000500551	13 SCCE/HCCA EDEN PRAIRIE MN 223923 95131 USA	695.00
01/29	01/28	5942	55432861028200899693833	14 AMZN Mkt US*NC5T39NU3 Amzn.com/billWA 114-9789061-95346 98109 USA	477.80

FINANCE CHARGE SUMMARY

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rates	Periodic Rate*	Balance Subject to Finance Charges
PURCHASE AND FEES	0.00%	0.0000% (M)	\$0.00
CASH	0.00%	0.0000% (M)	\$0.00

* (D) Daily Rate

(M) Monthly Rate

Account: XXXX-XXXX-XXXX

02/12/2021

MEMORIAL MEDICAL CENTER

0

15:38

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

13224

TORCH

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2224213	02/12/2021	02/10/2021	02/10/2021				1,918.75	0.00	0.00	1,918.75

GLOVES

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

13224

TORCH

1,918.75

0.00

0.00

1,918.75

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

1,918.75

0.00

0.00

1,918.75



FEB 12 2021

COOPERATIVE AMERICAN
COUNCIL ON EDUCATION, INC.

2/23/2021

tmp__cw5report8854463012023165701.html

RECEIVED

02/23/2021

14:16

FEB 23 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 01/01/2021

0

ap_open_invoice.template

Cameron County Auditor

Vendor#

12704

Vendor Name

Class

Pay Code

TEXAS BURNER & BOILER SERVIC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3675	✓ 02/23/2021	11/24/2020	11/23/2020				6,394.00	0.00	0.00	6,394.00 ✓

BOILER PANEL GASKETS

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12704		TEXAS BURNER & I	6,394.00	0.00	0.00	6,394.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,394.00	0.00	0.00	6,394.00

APPROVED**FEB 23 2021**

CL#

CAMERON COUNTY, TEXAS

189463

MCKESSON

Company: 8000

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

STATEMENT

As of: 02/12/2021

Page: 002

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

DC: 8115

As of: 02/12/2021
Mail to: Page: 002
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory:

Customer: 632536
Date: 02/13/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 02/13/2021 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
-----------------	-------------	----------------------	--	-------------	------------------	-------------------	--------	-----------------	--------	----------------------

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 5,973.31 USD

Future Due: 0.00

Past Due: 1.63-

Last Payment 2,451.97

18/07/2017

Due If Paid On Time:
USD

5,853.80

Disc lost if paid late:

119.51

Due If Paid Late:
USD

5,973.31

65*68 +
1*879*44 +
3*562*78 +
345*90 +
5,853.80 *

CK # 500175

APPROVED
DATE

FEB 22 2021

MEMORIAL MEDICAL CENTER

MCKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/12/2021

DC: 8115

Territory: 400

Customer: 190813
Date: 02/13/2021

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

As of: 02/12/2021
Mail to: Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 02/13/2021 ITEMS NOT PAID (✓)

Billing date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 190813 HEB PHCY 0434/MEM MED PHS										
12/10/2021	02/16/2021	7252121113	2017026907	115Invoice	1.34	67.20		65.86	✓	7252121113
12/10/2021	02/10/2021	7252343072	MFC PR CORR CR	Pricing Cor		1.63- P		1.63- P	✓	7252343072
12/10/2021	02/16/2021	7252343073	MFC PR CORR IN	Pricing Cor	0.03	1.48		1.45	✓	7252343073

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:

67.05 USD

Future Due:

0.00

Past Due:

1.63-

Last Payment

12/08/2021

4,455.12

If Paid By 02/16/2021,

Pay This Amount:

65.68 USD

If Paid After 02/16/2021,

Pay this Amount:

67.05 USD

Due If Paid On Time:

USD

65.68

Disc lost if paid late:

1.37

Due If Paid Late:

USD

67.05

FEB 22 2021

MCKESSON

Company: 8000

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

STATEMENT

As of: 02/12/2021

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 02/13/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 02/12/2021
Mail to: Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 02/13/2021 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											
12/08/2021	02/16/2021	7251509371		3791532	115Invoice	1.36	68.22		66.86	✓	7251509371
12/08/2021	02/16/2021	7251756842		853287297	195Invoice	4.70	234.80		230.10	✓	7251756842
12/10/2021	02/16/2021	7252080144		3897114	115Invoice	0.01	0.32		0.31	✓	7252080144
12/10/2021	02/16/2021	7252277408		853628173	195Invoice	1.07	53.27		52.20	✓	7252277408
12/11/2021	02/16/2021	7252360472		3951849	115Invoice	0.92	45.98		45.06	✓	7252360472
12/11/2021	02/16/2021	7252360473		3987913	115Invoice	0.02	0.95		0.93	✓	7252360473
12/12/2021	02/16/2021	7252650308		4007124	115Invoice	13.33	666.44		653.11	✓	7252650308
12/12/2021	02/16/2021	7252650309		4007124	115Invoice	3.97	198.70		194.73	✓	7252650309
12/12/2021	02/16/2021	7252650310		4007124	115Invoice	12.94	646.91		633.97	✓	7252650310
12/12/2021	02/16/2021	7252794036		853930748	195Invoice	0.04	2.21		2.17	✓	7252794036

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:

1,917.80 USD

Future Due:

0.00

Past Due:

0.00

Last Payment

4,455.12

If Paid By 02/16/2021,
Pay This Amount:

1,879.44 USD

Due If Paid On Time:
USD 1,879.44

Disc lost if paid late:

38.36

If Paid After 02/16/2021,
Pay this Amount:

1,917.80 USD

Due If Paid Late:
USD 1,917.80

FEB 22 2021

McKesson

Company: 8000

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

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/12/2021 Page: 001

DC: 8115

Territory: 400

Customer: 464450
Date: 02/13/2021

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

As of: 02/12/2021 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 02/13/2021 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 464450 HEB PHY FC 490/MEM MC PHS										
12/09/2021	02/16/2021	7251831994	55x793233	115Invoice	0.32	16.03	✓	15.71	✓	7251831994
12/09/2021	02/16/2021	7251831995	55x793289	115Invoice	0.56	27.82	✓	27.26	✓	7251831995
12/09/2021	02/16/2021	7251831997	55x793471	115Invoice	0.49	24.26	✓	23.77	✓	7251831997
12/09/2021	02/16/2021	7251831998	55x795339	115Invoice	24.14	1,207.08	✓	1,182.94	✓	7251831998
12/09/2021	02/16/2021	7251831999	55x795349	115Invoice	21.56	1,078.05	✓	1,056.49	✓	7251831999
12/09/2021	02/16/2021	7251837601	55x795363	115Invoice	5.51	275.66	✓	270.15	✓	7251837601
12/09/2021	02/16/2021	7251837603	55x795368	115Invoice	3.64	182.07	✓	178.43	✓	7251837603
12/09/2021	02/16/2021	7251837606	55x795381	115Invoice	10.13	506.38	✓	496.25	✓	7251837606
12/09/2021	02/16/2021	7251837607	55x795394	115Invoice	1.70	85.00	✓	83.30	✓	7251837607
12/09/2021	02/16/2021	7251837608	55x795396	115Invoice	3.14	156.78	✓	153.64	✓	7251837608
12/09/2021	02/16/2021	7251837609	55x795419	115Invoice	1.53	76.37	✓	74.84	✓	7251837609

IF 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:

3,635.50 USD

Future Due:

0.00

Past Due:

0.00

Last Payment

2,306.48

If Paid By 02/16/2021,
Pay This Amount:

3,562.78 USD

Due If Paid On Time:

3,562.78

Disc lost if paid late:

72.72

If Paid After 02/16/2021,
Pay this Amount:

3,635.50 USD

Due If Paid Late:

3,635.50

FEB 22 2021

MCKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/12/2021

Page: 001

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

DC: 8115

As of: 02/12/2021
Mail to: AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 835438
Date: 02/13/2021

Page: 001
Comp: 8000

Cust: 835438
Date: 02/13/2021
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									
12/11/2021	02/16/2021	7252552165	1056842	115Invoice	7.06	352.96		345.90	✓	7252552165

If 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: 352.96 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,455.12

12/08/2021

If Paid By 02/16/2021,
Pay This Amount:

345.90 USD

If Paid After 02/16/2021,
Pay this Amount:

352.96 USD

Due If Paid On Time:

USD

345.90

Disc lost if paid late:

USD

7.06

Due If Paid Late:

USD

352.96

APPROVED

FEB 22 2021

CASH ON HAND
CASH ON HAND
CASH ON HAND

MCKESSON

Company: 8000

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

STATEMENT

As of: 02/19/2021

Page: 002

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

DC: 8115

As of: 02/19/2021
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory:
Customer: 632536
Date: 02/20/2021

Cust: 632536 PLEASE CHECK ANY
Date: 02/20/2021 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: 2,319.65 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97

If Paid By 02/23/2021,
Pay This Amount:

If Paid After 02/23/2021,
Pay this Amount:

Due If Paid On Time:
USD 2,273.26

Disc lost if paid late:
46.39

Due If Paid Late:
USD 2,319.65

2 * 264 * 43 +
8 * 83 +

2 * 210 * 26 +

CK # 500170

APPROVED
BY

FEB 22 2021

MEMORIAL MEDICAL CENTER
PORT LAVACA, TEXAS

MCKESSON

Company: 8000

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

STATEMENT

As of: 02/19/2021

Page: 001

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

DC: 8115

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/19/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 256342
Date: 02/20/2021

Cust: 256342 PLEASE CHECK ANY
Date: 02/20/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 256342 WALMART 1098/MEM MED PHS										
12/15/2021	02/23/2021	7253078674	854069618	195Invoice	5.52	275.88	✓	270.36	✓	7253078674
12/17/2021	02/23/2021	7253527069	854365223	195Invoice	15.96	798.14	✓	782.18	✓	7253527069
12/19/2021	02/23/2021	7253854791	4233107	115Invoice	7.94	397.05	✓	389.11	✓	7253854791
12/19/2021	02/23/2021	7253854792	4338568	115Invoice	7.93	396.42	✓	388.49	✓	7253854792
12/19/2021	02/23/2021	7253854793	4098732	115Invoice	7.93	396.73	✓	388.80	✓	7253854793
12/19/2021	02/23/2021	7254007541	854636337	195Invoice	0.93	46.42	✓	45.49	✓	7254007541

P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS
Subtotals: 2,310.64 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,853.80

12/15/2021

If Paid By 02/23/2021,
Pay This Amount:

2,264.43 USD

If Paid After 02/23/2021,
Pay this Amount:

2,310.64 USD

Due If Paid On Time:

2,264.43

Disc lost if paid late:

46.21

Due If Paid Late:

2,310.64

AMT DUE REMITTED
VIA ACH DEBIT

FEB 22 2021

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

MCKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/19/2021

Page: 001

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

DC: 8115

As of: 02/19/2021
Mail to: Page: 001
Comp: 8000

Territory: 400

Customer: 190813
Date: 02/20/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 02/20/2021
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 190813 HEB PHCY 0434/MEM MED PHS

02/19/2021 02/23/2021 7253820449 2017027096 115Invoice 0.18 9.01 8.83 7253820449

IF 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:

9.01 USD

Future Due:

0.00

Past Due:

0.00

Last Payment

02/15/2021

5,853.80

If Paid By 02/23/2021,
Pay This Amount:

8.83 USD

If Paid After 02/23/2021,
Pay this Amount:

9.01 USD

Due If Paid On Time:

USD

8.83

Disc lost If paid late:

0.18

Due If Paid Late:

USD

9.01

APPROVED

FEB 22 2021

CAUTION: REMITTED TO
CREDIT CARD, NOT ACH



AmerisourceBergen®

STATEMENT

Statement Number: 60354141
Date: 02-12-2021

1 of 2

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

Customer Number

0100135284 / 037028186

Terms

Monday - Friday Due in 7 days

Remit To:

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

Summary

Not Yet Due: 0.00
Current: 131.22
Past Due: (826.69)
Total Due: (695.47)
Account Balance: (695.47)

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
01-25-2021	02-05-2021	3047126954	159838	Invoice	15.60		0.00	15.60
01-25-2021	02-05-2021	3047126955	159840	Invoice	8.63		0.00	8.63
01-25-2021	02-05-2021	3047149629	159892	Invoice	2.76		0.00	2.76
01-26-2021	02-05-2021	3047185067	159900	Invoice	0.63		0.00	0.63
01-27-2021	02-05-2021	3047238749	159910	Invoice	1.22		0.00	1.22
01-27-2021	02-05-2021	3047238880	159911	Invoice	43.58		0.00	43.58



AmerisourceBergen®

STATEMENT

Number: 60354141

Date: 02-12-2021

2 of 2

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-28-2021	02-05-2021	3047288437	159922	Invoice	11.10		0.00	11.10
01-29-2021	02-05-2021	3047336849	159935	Invoice	324.60		0.00	324.60
02-01-2021	02-12-2021	3047379726	159938	Invoice	327.60		0.00	327.60
02-01-2021	02-12-2021	3047379727	159941	Invoice	162.44		0.00	162.44
02-01-2021	02-12-2021	3047399112	159989	Invoice	10.34		0.00	10.34
02-02-2021	02-12-2021	3047432639	159996	Invoice	16.87		0.00	16.87
02-03-2021	02-12-2021	3047480185	160009	Invoice	13.78		0.00	13.78
02-04-2021	02-12-2021	3047521409	160020	Invoice	34.57		0.00	34.57
02-05-2021	02-12-2021	3047574119	160033	Invoice	9.79		0.00	9.79
02-08-2021	02-19-2021	3047622514	160040	Invoice	9.75		0.00	9.75
02-09-2021	02-19-2021	3047686764	160095	Invoice	27.97		0.00	27.97
02-10-2021	02-19-2021	3047724254	160100	Invoice	74.36		0.00	74.36
02-11-2021	02-19-2021	3047777017	160112	Invoice	19.14		0.00	19.14

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
131.22	(1,402.08)	0.00	0.00	0.00	0.00	0.00

Reminders	Due Date	Amount
	01-29-2021	(1,810.20)
	02-05-2021	408.12
	02-12-2021	575.39
	02-19-2021	131.22
	Total Due:	(695.47)

APPROVED BY

FEB 22 2021

AMERISOURCE BERGEN
CASHFLOW ACCOUNT, INC.

[Signature]



AmerisourceBergen®

STATEMENT

Statement Number: 60389772
Date: 02-19-2021

1 of 2

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

Customer Number
0100135284 / 037028186

Terms
Monday - Friday Due in 7 days

Remit To:
AMERISOURCEBERGEN
P.O. Box 905223
CHARLOTTE NC 28290-5223

Summary

Not Yet Due: 0.00
Current: 0.00
Past Due: (695.47)
Total Due: (695.47)
Account Balance: (695.47)

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
01-25-2021	02-05-2021	3047126954	159838	Invoice	15.60		0.00	15.60
01-25-2021	02-05-2021	3047126955	159840	Invoice	8.63		0.00	8.63
01-25-2021	02-05-2021	3047149629	159892	Invoice	2.76		0.00	2.76
01-26-2021	02-05-2021	3047185067	159900	Invoice	0.63		0.00	0.63
01-27-2021	02-05-2021	3047238749	159910	Invoice	1.22		0.00	1.22
01-27-2021	02-05-2021	3047238880	159911	Invoice	43.58		0.00	43.58



AmerisourceBergen®

STATEMENT

Number: 60389772

Date: 02-19-2021

2 of 2

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-28-2021	02-05-2021	3047288437	159922	Invoice	11.10		0.00	11.10
01-29-2021	02-05-2021	3047336849	159935	Invoice	324.60		0.00	324.60
02-01-2021	02-12-2021	3047379726	159938	Invoice	327.60		0.00	327.60
02-01-2021	02-12-2021	3047379727	159941	Invoice	162.44		0.00	162.44
02-01-2021	02-12-2021	3047399112	159989	Invoice	10.34		0.00	10.34
02-02-2021	02-12-2021	3047432639	159996	Invoice	16.87		0.00	16.87
02-03-2021	02-12-2021	3047480185	160009	Invoice	13.78		0.00	13.78
02-04-2021	02-12-2021	3047521409	160020	Invoice	34.57		0.00	34.57
02-05-2021	02-12-2021	3047574119	160033	Invoice	9.79		0.00	9.79
02-08-2021	02-19-2021	3047622514	160040	Invoice	9.75		0.00	9.75
02-09-2021	02-19-2021	3047686764	160095	Invoice	27.97		0.00	27.97
02-10-2021	02-19-2021	3047724254	160100	Invoice	74.36		0.00	74.36
02-11-2021	02-19-2021	3047777017	160112	Invoice	19.14		0.00	19.14

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
0.00	983.51	(1,810.20)	0.00	0.00	0.00	0.00

Reminders	
Due Date	Amount
01-29-2021	(1,810.20)
02-05-2021	408.12
02-12-2021	575.39
02-19-2021	131.22
Total Due: (695.47)	

APPROVED

FEB 22 2021

AMERISOURCEBERGEN
CANTON, OHIO 44705

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

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

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###
☐ "ENTER YOUR 4-DIGIT PIN"	
☐ "MAKE A PAYMENT, PRESS 1"	1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941 #
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"	1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★ 21
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★ 03
1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ \$ 95,472.13 #
"1 TO CONFIRM"	1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 \$ 49,941.28 #
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ 11,679.94 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 33,850.91 #
☐ "6-DIGIT SETTLEMENT DATE"	CHECK \$ -
"1 TO CONFIRM"	★ 1
☐ ACKNOWLEDGEMENT NUMBER	

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

Run Date: 02/12/21
Time: 15:26

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 01/29/21 - 02/11/21 Run# 1

Page 114
P2REG

Final Summary

-- Pay Code Summary -----						*-- Deductions Summary -----*					
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount	
1	REGULAR PAY-S1	10187.50	N		N	N		202942.44	A/R	685.00	A/R2 25.00 A/R3
1	REGULAR PAY-S1	1754.08	N		N	N	N	76071.30	ADVANC	AWARDS	BOOTS
1	REGULAR PAY-S1	303.50	Y		N	N		8088.50	CAFE H	CAFE-1	CAFE-2
2	REGULAR PAY-S2	2487.00	N		N	N		55842.46	CAFE-3	CAFE-4	CAFE-5
2	REGULAR PAY-S2	155.25	Y		N	N		5510.74	CAFE-C	CAFE-D	1768.63 CAFE-F
3	REGULAR PAY-S3	1400.25	N		N	N		36604.13	CAFE-H	21234.85 CAFE-I	CAFE-L
3	REGULAR PAY-S3	98.25	Y		N	N		3938.78	CAFE-P	CANCER	CHILD 544.62
C	CALL PAY	2492.00	N	1	N	N		4984.00	CLINIC	100.00 COMBIN	434.57 CREDUN
D	DOUBLE TIME	24.00	N	1	N	N		1535.23	DD ADV	DENTAL	DEP-LF
D	DOUBLE TIME	12.00	N	2	N	N		777.68	DIS-LF	EAT	EATCSH
E	EXTRA WAGES				N	N	N	3667.17	FEDTAX	33850.91 FICA-M	5839.97 FICA-O 24970.64
E	EXTRA WAGES			N	1	N	N	1417.50	FIRSTC	FLEX S	3941.32 FLX FE
F	FUNERAL LEAVE	32.00	N	1	N	N		684.88	FORT D	FUTA	GIFT S 161.00
I	INSERVICE	148.50	N	1	N	N		4467.75	GRANT	GRP-IN	GTL
I	INSERVICE	1.50	Y	1	N	N		70.88	HOSP-I	ID TFT	LEAF
K	EXTENDED-ILLNESS-BANK	169.00	N	1	N	N		2929.65	LEGAL	280.32 MASA	899.00 MEALS 169.50
P	PAID-TIME-OFF	80.00	N		N	N	N	836.00	METVIS	912.37 MISC	MISC/
P	PAID-TIME-OFF	800.25	N	1	N	N		19804.06	MMCSHR	NATEML	1855.51 OTHER
X	CALL PAY 2	160.00	N	1	N	N		320.00	PHI	PHI***	PR FIN
Y	YMCA/CURVES				N	N	N	15.00	RELAY	REPAY	SAMS
Z	CALL PAY 3	96.00	N	1	N	N		288.00	SCRUBS	SIGNON	ST-TX
p	PAID TIME OFF - PROBATION	8.00	N	1	N	N		98.48	STONDF	790.86 STONE	STONE2
v	COVID-FFCRA	108.00	N	1	N	N		3104.20	STUDEN	SUNACC	781.60 SUNILL 668.44
									SUNIND	613.12 SUNLIF	773.89 SUNSTD 1147.79
									SUNVIS	SURCHG	760.00 TSA-1
									TSA-2	TSA-C	TSA-P
									TSA-R	30380.01 TUTION	UNIFOR 5.41
									UW/HOS		

*----- Grand Totals: 20517.08 ----- (Gross: 433998.83 Deductions: 133594.33 Net: 300404.50)
| Checks Count:- FT 202 PT 7 Other 44 Female 221 Male 29 Credit OverAmt 5 ZeroNet Term Total: 250 |

Pay date
02-19-21

MEMORIAL MEDICAL CENTER
PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- February 7, 2021 - February 21, 2021

Date	Bank Description	Amount
2/8/2021	PAY PLUS ACHTRANS 452579291 101000690106157	17.03
2/8/2021	EXPERTPAY PAY 746003411 91000010047509	469.61
2/9/2021	PAY PLUS ACHTRANS 452579291 101000691233973	205.28
2/9/2021	MCKESSON DRUG AUTO ACH ACH04467822 9100000168	4455.12
2/10/2021	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	566.35
2/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	555.27
2/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	685.65
2/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	2087.42
2/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	140.22
2/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	843.88
2/10/2021	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	96.7
2/10/2021	PAY PLUS ACHTRANS 452579291 101000691967857	129
2/11/2021	PAY PLUS ACHTRANS 452579291 101000692770248	228.76
2/12/2021	PAY PLUS ACHTRANS 452579291 101000693680524	362.96
2/16/2021	PAY PLUS ACHTRANS 452579291 101000694359701	203.22
2/16/2021	MCKESSON DRUG AUTO ACH ACH04480865 910000153	28.12
2/16/2021	CLEARGAGE LLC CLEARGAGE, 8PP2ISANCOBBOOK 242	5853.88
2/16/2021	TEXAS COUNTY DRS RECEIVABLE 0419 21000028030	84.58
2/17/2021	PAY PLUS ACHTRANS 452579291 101000695054447	147416.55
2/17/2021	PAY PLUS ACHTRANS 452579291 101000695583971	49.07
2/18/2021	PAY PLUS ACHTRANS 452579291 101000696514020	2.67
2/19/2021	PAY PLUS ACHTRANS 452579291 101000697368996	265.67
2/19/2021	MEMORIAL MEDICAL PAYROLL 7460003411 113122650	21.28
2/19/2021	IRS USATAXPYMT 220145034163637 6103601000362	296191.77
		95472.13
		556,432.11

Jason Anglin, CEO
Memorial Medical Center

February 22, 2021

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	Amount
3/3/2021	ACH Payment STATE COMTRLR TEXNET	2187.48

Jason Anglin, CEO
Memorial Medical Center

February 22, 2021

PAY PLUS	17.03	+
	205.28	+
	228.76	+
	362.96	+
	203.22	+
	28.12	+
	49.07	+
	2.67	+
	265.67	+
	21.28	+
	21.28	+
Expert pay	1,384.06	*
	469.61	+
Credit Card Fees	469.61	+
	566.35	+
	555.27	+
	685.65	+
	2,087.42	+
	140.22	+
	843.88	+
	96.7	+
	129	+
	228.76	+
	362.96	+
	203.22	+
	28.12	+
	5853.88	+
	84.58	+
	147416.55	+
	49.07	+
	2.67	+
	265.67	+
	21.28	+
	296191.77	+
	95472.13	+
	556,432.11	+
	5,104.49	*
Change	84.58	+
	84.58	+

GL# 60530000



Electronic Payment Network

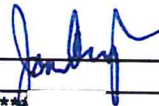


Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete

Texas Health and Human Services Commission Memorial Medical Center Operating County

Payment Total	\$2,187.48	
Bank Routing and Account Number	****	
Settlement Date	3/3/2021	
DSH Amount	\$2,187.48	
Entered By	Jason Anglin	

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.

Affiliation Number	Provider Name	9 Digit TPI	Government Entity	RHP Region	IGT Total
	Memorial Medical Center		Calhoun County dba Memorial Medical Center	3	\$2,187.48
					\$ 2,187.48

Master TPI	Medicare Number (CCN)	Hospital Name	Total Uncompensated Care Costs Excluding Other Insurance and Medicare Payments	Disproportionate Share Hospital (DSH) Payment	DSH Recoupment Excluding Other Insurance and Medicare Payments	GME Payments	YTD Uncompensated Care Payment	DYS Withheld Payment	Uncompensated Care (UC) Payment	UC Payment in Excess of UC Cost Excluding Other Insurance and Medicare Payments	Remaining UCC	Redistribution of Capped Funds	Total Withheld UC Payment	Withheld UC IGT
		MEMORIAL MEDICAL CENTER	\$3,724,344.66	\$987,295.66	\$0.00	\$0.00	\$1,156,838.95	\$5,087.99	\$1,161,926.94	\$0.00	\$1,575,122.06	\$14.59	\$5,102.59	\$2,187.48

Jason Anglin

From: Texas A&M Health - COM-TAMHSC-1115-Anchor-Team <tamhsc-1115-anchor-team@tamu.edu>
Sent: Friday, February 12, 2021 4:32 PM
To: Spurlin, Shayna F
Cc: Jiles, Shawna R
Subject: IMPORTANT - FOR REVIEW: HHSC UC DY5 Withheld IGT Notification
Attachments: DY 5 Withheld Payment-FINAL.xlsx; Master Affiliation as of 2_11_21 for Publication.xlsx; DY5 Withheld UC Allocation Form.xlsx

[WARNING-Remote attachments, VERIFY SENDER]

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning, RHP 17 UC IGT Entities (and hospital UC Providers):

You should have all received the email below from HHSC this morning. We want to make sure everyone needing the information did, indeed, receive it, and noted the IGT deadline of March 2, 2021.

As a reminder, this off-cycle UC payment is taking place to distribute UC funding from DY5 that was withheld by the state due to pending litigation that was ongoing from DY3 thru DY6.

As always, IGT transfers remain at the discretion of the IGT entities. An IGT entity is not obligated to transfer funds. It is understood that there may not be full funding available to cover all the IGT transfers requested for both the normally scheduled supplemental payments and the new requests for previously withheld UC.

AT THIS TIME, NECESSARY ACTIONS INCLUDE:

- **UC providers** confirm IGT support with the affiliated IGT entity who will cover this off-cycle DY5 payment to ensure agreement and availability of funds
- **IGT entities** should **complete their transfers in TexNet no later than 4 p.m. on Tuesday, March 2, 2021** (settlement date 3/03/2021)
- **UC Providers** complete the DY5 UC Withheld Allocation Form listing all UC providers supported and including the TexNet trace numbers on the form for all transfers covering the provider payment
- **Both the trace sheet and the completed allocation form should be emailed to HHSC Provider Finance (PFD_UC_Payments@hhs.texas.gov) as two separate files**
 - See email below for additional instructions if the IGT transfer is made over the phone rather than via the TexNet portal
 - Please note the new HHSC Provider Finance email and make sure you do not use the old "RAD" email.

If you have any questions, please let us know or email the HHSC UC payment mailbox noted above for assistance.

Thank you,
TAMHSC Anchor Team
Shayna (sfspurlin@tamu.edu)
Shawna (jiles@tamu.edu)

From: HHSC PFD RAD UC Payments <PFD_UC_Payments@hhs.texas.gov>
Sent: Friday, February 12, 2021 10:21 AM
Subject: UC DY5 Withheld IGT Notification - Anchors

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 DY5 Withheld UC Payment.

Dates pertinent to this payment:

3/2/2021	Last day to submit your IGT into TexNet
3/3/2021	IGT Settlement Date
3/15/2021	UC Transferring Paid
3/30/2021	UC Non-Transferring Paid

Attached to this email are the following documents:

- DY5 Withheld UC Payment Calculation spreadsheet
- DY5 Withheld UC Allocation Form
- Master Affiliation Publication

Attached to this email is the DY 5 withheld UC payment calculation. Providers will find their payment amount in column N of the first "DY5 Withheld Calculation" tab and IGT amounts in column O. 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 PFD_UC_Payments@hhs.texas.gov. Additionally, you must submit the IGT allocation form 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.

Payment amounts were calculated in accordance with the methodology adopted for paying the withheld payments in 1 TAC §355.8201. Payment amounts were then compared to the final Uncompensated Cost of Care (UCC) calculated for each provider in the DY 5 UC reconciliation to ensure providers did not exceed their total eligible UCC.

HHSC has removed providers who are ineligible to receive a payment due to changes of ownership or the hospital closing. The remaining providers are eligible for a DY 5 withheld payment as long as the IGT required to fund that payment is received.

If you have questions regarding the UC payment process, please send an email to PFD_UC_Payments@hhs.texas.gov

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

Please note: If you have the old "RAD" email address cached in your email system, there may be issues when trying to reply to PFD_UC_Payments@hhs.texas.gov. Please clear all memorized

versions of the former RAD_UC email address and let us know if there are any issues with emails bouncing back.

**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

Jason Anglin

From: Microsoft Outlook
To: HHSC PFD DSH Payments
Sent: Tuesday, February 16, 2021 10:15 AM
Subject: Relayed: FW: DY5 UC - Memorial Medical Center IGT

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

HHSC PFD DSH Payments (DSHPayments@hhs.texas.gov)

Subject: FW: DY5 UC - Memorial Medical Center IGT

02/11/2021

13:01

RECEIVED

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Vendor#

FEB 11 2021

11828

Vendor Name

SOLERA WEST HOUSTON ✓

Class

Pay Code

Calhoun County Auditor

Invoice#

Comment

Tran Dt

Inv Dt

Due Dt

Check Dt

Pay

Gross

Discount

No-Pay

Net

020221

02/11/2021

02/02/2021

03/04/2021

704.00

0.00

0.00

704.00 ✓

TRANSFER

NH insurance pymt deposited into MMC open

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11828

SOLERA WEST HOI

704.00

0.00

0.00

704.00

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

704.00

0.00

0.00

704.00

APPROVED**FEB 11 2021**

CHK#

189411

OFFICE MANAGER
MEMORIAL MEDICAL CENTER, KILGUS

RECEIVED

02/11/2021

13:06 FEB 11 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# 11824
County Auditor

Vendor Name

THE CRESCENT

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020521	02/10/2021	02/05/2021	03/04/2021				1,800.00	0.00	0.00	1,800.00

TRANSFER *Nursing home insurance pymt deposited into mmc open*

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11824	THE CRESCENT		1,800.00	0.00	0.00	1,800.00

Grand Totals:

Gross	Discount	No-Pay	Net
1,800.00	0.00	0.00	1,800.00

Report Summary

APPROVED
FEB 11 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#
189412

RECEIVED

02/11/2021

13:03 FEB 11 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor#
11836

Canadian County Auditor

Vendor Name

GOLDENCREEK HEALTHCARE

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020521	02/11/2021	02/05/2021	03/04/2021				69.47	0.00	0.00	69.47

TRANSFER

Vendor Totals:

Number

11836

Name

GOLDENCREEK HE

Gross

69.47

Discount

0.00

No-Pay

0.00

Net

69.47

Report Summary

Grand Totals:

Gross

69.47

Discount

0.00

No-Pay

0.00

Net

69.47

APPROVED
CJ

FEB 11 2021

CANADIAN COUNTY, OKLAHOMA

ck#
189408

RECEIVED

02/11/2021

13:03

FEB 11 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor#

12696

Harris County Auditor

Vendor Name

GULF POINTE PLAZA

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020321	02/11/2021	02/03/2021	03/04/2021				518.95	0.00	0.00	518.95 ✓
						TRANSFER				
						NH insurance pymt deposited into mme open tr				
020321A	02/11/2021	02/03/2021	03/04/2021				270.00	0.00	0.00	270.00 ✓
						TRANSFER				
						NH insurance pymt deposited into mme open tr				
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
12696			GULF POINTE PLAZ			788.95	0.00	0.00		788.95

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
788.95	0.00	0.00	788.95

APPROVED
FEB 11 2021
HARRIS COUNTY AUDITOR
HARRIS COUNTY, TEXAS

CHK#

189409

RECEIVED

02/11/2021

MEMORIAL MEDICAL CENTER

13:07

FEB 11 2021

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor#

Vendor Name

Class

Pay Code

12752

Culbourn County Auditor

GULF POINTE PLAZA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020421	02/11/2021	02/04/2021	03/04/2021				2,250.00	0.00	0.00	2,250.00 ✓

NH TELEHEALTH SERVICE PAYME

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12752	GULF POINTE PLAZ	2,250.00	0.00	0.00	2,250.00	

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
2,250.00	0.00	0.00	2,250.00

RECEIVED**FEB 11 2021**

CK#

CULBOURN COUNTY, TEXAS

189410

RECEIVED

02/11/2021

13:03

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Caldwell County Auditor

Vendor#

13004

Vendor Name

Class

Pay Code

TUSCANY VILLAGE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020521A	02/10/2021	02/05/2021	03/04/2021				1,056.00	0.00	0.00	1,056.00 ✓
	TRANSFER									
020521	02/10/2021	02/05/2021	03/04/2021				27.71	0.00	0.00	27.71 ✓
	INTEREST OWED BACK TO NH									
020121	02/11/2021	02/01/2021	03/04/2021				13,083.67	0.00	0.00	13,083.67 ✓
	TRANSFER									
020121A	02/11/2021	02/01/2021	03/04/2021				2,376.85	0.00	0.00	2,376.85 ✓
	TRANSFER									
020221	02/11/2021	02/02/2021	03/04/2021				10,464.58	0.00	0.00	10,464.58 ✓
	TRANSFER									
020521B	02/11/2021	02/05/2021	03/04/2021				480.16	0.00	0.00	480.16 ✓
	TRANSFER									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net
13004		TUSCANY VILLAGE				27,488.97	0.00	0.00		27,488.97

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	27,488.97	0.00	0.00	27,488.97

APPROVED

FEB 11 2021

COUNTY AUDITOR
CALDWELL COUNTY, TEXAS

CIC#

189413

RECEIVED

02/11/2021

13:01

FEB 11 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor#

Vendor Name

Class

Pay Code

12792

County Auditor

BETHANY SENIOR LIVING ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012921	01/31/2021	01/29/2021	03/04/2021				1,245.20	0.00	0.00	1,245.20 ✓
	TRANSFER									
020221	02/11/2021	02/02/2021	03/04/2021				48,844.31	0.00	0.00	48,844.31 ✓
	TRANSFER									
020221A	02/11/2021	02/02/2021	03/04/2021				2,287.05	0.00	0.00	2,287.05 ✓
	TRANSFER									
020321	02/11/2021	02/03/2021	03/04/2021				2,766.66	0.00	0.00	2,766.66 ✓
	TRANSFER									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
12792			BETHANY SENIOR I			55,143.22	0.00	0.00		55,143.22

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	55,143.22	0.00	0.00	55,143.22

FEB 11 2021

CK#
189407COUNTY AUDITOR
COMMISSION COUNTY, TEXAS



RUN DATE:02/17/21
TIME:08:47

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/17/21 THRU 02/17/21

PAGE 1
GLCKREG

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

A/P	189326	02/17/21	125.47	ACE HARDWARE 15521
A/P	189327	02/17/21	1,400.00	ACUTE CARE INC
A/P	189328	02/17/21	631.00	ALLIED 100, LLC
A/P	189329	02/17/21	1,299.00	AMERICAN COLLEGE OF RADIOLOGY
A/P	189330	02/17/21	42,226.10	AMERISOURCEBERGEN DRUG CORP
A/P	189331	02/17/21	1,551.90	APPLETON MEDICAL SERVICES INC
A/P	189332	02/17/21	29.96	AQUA BEVERAGE COMPANY
A/P	189333	02/17/21	309.98	ARTHREX, INC
A/P	189334	02/17/21	94.08	BARD ACCESS
A/P	189335	02/17/21	800.71	BAXTER HEALTHCARE
A/P	189336	02/17/21	24.30	BRIANNA PASSMORE
A/P	189337	02/17/21	224.50	BRIGGS HEALTHCARE
A/P	189338	02/17/21	2,539.00	BUILDING KID STEPS
A/P	189339	02/17/21	348.59	C R BARD, INC
A/P	189340	02/17/21	743.00	CALHOUN COUNTY
A/P	189341	02/17/21	90.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	189342	02/17/21	7.66	CAVALLO ENERGY TEXAS LLC
A/P	189343	02/17/21	1,701.65	COASTAL OFFICE SOLUTONS
A/P	189344	02/17/21	5,015.33	COMMUNITY INFUSION SOLUTIONS
A/P	189345	02/17/21	403.00	CYGNUS MEDICAL LLC
A/P	189346	02/17/21	1,076.18	DEWITT POTH & SON
A/P	189347	02/17/21	1,136.20	DOWNTOWN CLEANERS
A/P	189348	02/17/21	31.50	DRIESSEN WATER INC.
A/P	189349	02/17/21	84,657.50	EMERGENCY STAFFING SOLUTIONS
A/P	189350	02/17/21	1,376.70	EVOQUA WATER TECHNOLOGIES LLC
A/P	189351	02/17/21	495.00	FASTHEALTH CORPORATION
A/P	189352	02/17/21	6,839.30	FISHER HEALTHCARE
A/P	189353	02/17/21	11,043.43	FRASIER HEALTHCARE CONSULTING,
A/P	189354	02/17/21	1,022.11	FUSION CLOUD SERVICES, LLC
A/P	189355	02/17/21	10,536.37	GE PRECISION HEALTHCARE, LLC
A/P	189356	02/17/21	224.92	GENESIS DIAGNOSTICS
A/P	189357	02/17/21	316.66	GRAINGER
A/P	189358	02/17/21	431.00	HEALTHCARE CODING & CONSULTING
A/P	189359	02/17/21	4,610.52	HEALTHCARE FINANCIAL SERVICES
A/P	189360	02/17/21	2,611.80	HEALTHSTREAM, INC.
A/P	189361	02/17/21	.00	VOIDED
A/P	189362	02/17/21	505.78	HEB CREDIT RECEIVABLES DEPT308
A/P	189363	02/17/21	7,908.33	HITACHI HEALTHCARE
A/P	189364	02/17/21	236.25	HOLOGIC INC
A/P	189365	02/17/21	14,686.20	HUNTER PHARMACY SERVICES
A/P	189366	02/17/21	26,334.70	ITA RESOURCES INC
A/P	189367	02/17/21	500.00	ITERSOURCE CORPORATION
A/P	189368	02/17/21	20,172.96	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	189369	02/17/21	1,617.00	MASA GLOBAL BUILDING
A/P	189370	02/17/21	4,370.04	MCKESSON MEDICAL SURGICAL INC
A/P	189371	02/17/21	8,730.74	MEDICAL DATA SYSTEMS, INC.
A/P	189372	02/17/21	400.00	MEDIVATORS
A/P	189373	02/17/21	196.77	MEDLINE INDUSTRIES INC
A/P	189374	02/17/21	2,095.43	MORRIS & DICKSON CO, LLC
A/P	189375	02/17/21	595.00	NATIONAL RECALL ALERT CENTER

RUN DATE:02/17/21
TIME:08:47

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/17/21 THRU 02/17/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	189376	02/17/21	71.24	OFFICE DEPOT
A/P	189377	02/17/21	133.07	ORTHO CLINICAL DIAGNOSTICS
A/P	189378	02/17/21	3,084.00	PARA
A/P	189379	02/17/21	15.26	PARTSSOURCE, LLC
A/P	189380	02/17/21	22.05	POWER HARDWARE
A/P	189381	02/17/21	85.24	PRECISION DYNAMICS CORP (PDC)
A/P	189382	02/17/21	2,109.12	PRESS GANEY ASSOCIATES, INC.
A/P	189383	02/17/21	235.00	RX WASTE SYSTEMS LLC
A/P	189384	02/17/21	455.03	SERVICE SUPPLY OF VICTORIA INC
A/P	189385	02/17/21	5,371.57	SIEMENS FINANCIAL SERVICES
A/P	189386	02/17/21	632.00	SMITH & NEPHEW
A/P	189387	02/17/21	217.74	STERIS CORPORATION
A/P	189388	02/17/21	590.33	STRYKER ENDOSCOPY
A/P	189389	02/17/21	1,358.97	STRYKER FLEX FINANCIAL
A/P	189390	02/17/21	431.42	T-SYSTEM, INC
A/P	189391	02/17/21	1,022.00	TEXAS BURNER & BOILER SERVICES
A/P	189392	02/17/21	70.00	TEXAS DEPARTMENT OF LICENSING
A/P	189393	02/17/21	2,095.00	THE SURGICAL EQUIPMENT PEOPLE
A/P	189394	02/17/21	313.69	THE US CONSULTING GROUP
A/P	189395	02/17/21	1,755.06	TRIZETTO PROVIDER SOLUTIONS
A/P	189396	02/17/21	2,035.00	TX DEPT OF STATE HEALTH
A/P	189397	02/17/21	2,252.67	UNIFIRST HOLDINGS
A/P	189398	02/17/21	107.92	UNIFORM ADVANTAGE
A/P	189399	02/17/21	894.45	UNIPOWER CORPORATION
A/P	189400	02/17/21	268.79	UPS
A/P	189401	02/17/21	48,284.16	VICTORIA ANESTHESIOLOGY
A/P	189402	02/17/21	560.00	VICTORIA RADIOWORKS, LTD
A/P	189403	02/17/21	155.52	WAGEWORKS, INC
A/P	189404	02/17/21	358.63	WALMART COMMUNITY
A/P	189405	02/17/21	5,538.54	WERFEN USA LLC
A/P	189406	02/17/21	8,475.00	WOUND CARE SPECIALISTS
A/P	189407	02/17/21	55,143.22	BETHANY SENIOR LIVING
A/P	189408	02/17/21	69.47	GOLDENCREEK HEALTHCARE
A/P	189409	02/17/21	788.95	GULF POINTE PLAZA
A/P	189410	02/17/21	2,250.00	GULF POINTE PLAZA
A/P	189411	02/17/21	704.00	SOLERA WEST HOUSTON
A/P	189412	02/17/21	1,800.00	THE CRESCENT
A/P *	189413	02/17/21	27,488.97	TUSCANY VILLAGE
A/P	189415	02/17/21	1,918.75	TORCH
TOTALS:			453,485.45	

Payables 363,322.09 +
704.00 +
1,800.00 +
69.47 +
788.95 +
2,250.00 +
27,488.97 +
55,143.22 +
1,918.75 +
453,485.45 *

MT
Transfer
initial

APPROVED
BY

FEB 25 2021

CALZADILLA COUNTY, TEXAS

RECEIVED

02/22/2021

13:24 FEB 22 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# 11816
Cass County Auditor

Vendor Name

Class

Pay Code

ASHFORD GARDENS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021821	02/19/2021	02/18/2021	03/11/2021				110,890.04	0.00	0.00	110,890.04 ✓

STIMULUS PAYMENT

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11816

ASHFORD GARDEN

110,890.04

0.00

0.00

110,890.04

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

110,890.04

0.00

0.00

110,890.04

APPROVED
OK

FEB 22 2021

CHK#

189469

CASS COUNTY AUDITOR
CASS COUNTY, TEXAS

RECEIVED

02/22/2021

13:23

FEB 22 2021**Calhoun County Auditor**

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11824

THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021821	02/19/2021	02/18/2021	03/11/2021				87,978.95	0.00	0.00	87,978.95

STIMULUS PAYMENT

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11824

THE CRESCENT

87,978.95

0.00

0.00

87,978.95

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

87,978.95

0.00

0.00

87,978.95

APPROVED**FEB 22 2021**

CHK#

189473

CALHOUN COUNTY AUDITOR
CALHOUN COUNTY, ALABAMA

RECEIVED

02/22/2021

13:24

FEB 22 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor#

Vendor Name

Class

Pay Code

11836 **Cass County Auditor**

GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021821	02/19/2021	02/18/2021	03/11/2021				65,741.10	0.00	0.00	65,741.10

STIMULUS PAYMENT

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HE	65,741.10	0.00	0.00	65,741.10	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	65,741.10	0.00	0.00	65,741.10

APPROVED**FEB 22 2021**

CHK#

189471

**SECRETARY AUDITOR
CASS COUNTY, TEXAS**

02/22/2021

RECEIVED

MEMORIAL MEDICAL CENTER

0

13:24

AP Open Invoice List

ap_open_invoice.template

FEB 22 2021

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

12696

Calhoun County Auditor

GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021821	02/19/2021	02/18/2021	03/11/2021				23,074.84	0.00	0.00	23,074.84

STIMULUS PAYMENT

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12696		GULF POINTE PLAZ	23,074.84	0.00	0.00	23,074.84

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
23,074.84	0.00	0.00	23,074.84

APPROVED
FEB 22 2021
CALHOUN COUNTY AUDITOR

CHK#
 189472

RECEIVED

02/22/2021

MEMORIAL MEDICAL CENTER

0

13:24

FEB 22 2021

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#
12792

Cathoun County Auditor

Vendor Name

Class

Pay Code

BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021821	02/19/2021	02/18/2021	03/11/2021				209,198.42	0.00	0.00	209,198.42

STIMULUS PAYMENT

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR I	209,198.42	0.00	0.00	209,198.42	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	209,198.42	0.00	0.00	209,198.42

APPROVED

FEB 22 2021

CATHOUN COUNTY, KANSAS

CKH

189470

CCN	Facility Name	Performance Month	Final Payment	Note					
675423	ASHFORD GARDENS	September	\$96,225.30	a	\$96,225.30				
675663	FORT BEND HEALTHCARE CENTER	September	\$9,016.92	a	\$9,016.92				
676357	THE BROADMOOR AT CREEKSIDE PARK	September	\$32,461.79	a	\$32,461.79				
676323	THE CRESCENT	September	\$13,097.21	a	\$13,097.21				
675423	ASHFORD GARDENS	October	\$55,733.08	b		\$55,733.08			
675663	FORT BEND HEALTHCARE CENTER	October	\$11,100.63	b		\$11,100.63			
676097	GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	October	\$52,572.25	b		\$52,572.25			
675892	GULF POINTE PLAZA	October	\$10,891.66	b		\$10,891.66			
676357	THE BROADMOOR AT CREEKSIDE PARK	October	\$47,976.91	b		\$47,976.91			
676481	BETHANY SENIOR LIVING	October	\$74,297.18	c		\$74,297.18			
676323	THE CRESCENT	October	\$14,575.60	b		\$14,575.60			
676097	GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	November	\$65,741.10	d			\$65,741.10		
675892	GULF POINTE PLAZA	November	\$23,074.84	d			\$23,074.84		
676323	THE CRESCENT	November	\$25,844.09	d			\$25,844.09		
676481	BETHANY SENIOR LIVING	November	\$40,975.69	d			\$40,975.69		
675423	ASHFORD GARDENS	December	\$110,890.04	e				\$110,890.04	
676323	THE CRESCENT	December	\$62,134.86	e				\$62,134.86	
676481	BETHANY SENIOR LIVING	December	\$93,925.55	e				\$93,925.55	
			840,534.70	e	150,801.22	192,850.13	74,297.18	155,635.72	266,950.45

		Received	Distributed	Balance to Distribute
Received	11/2/2020	126,865.53		
Received	11/30/2020	23,935.69		
		150,801.22	150,801.22	a
Received	12/9/2020	267,147.31	192,850.13	b
				74,297.18 c
Received	1/25/2021	155,635.72	-	d
				155,635.72 d
Received	2/12/2021	266,950.45	-	e
				266,950.45 e
				496,883.35 total to be distributed
Total		840,534.70	343,651.35	496,883.35 total to be distributed

		Total	Ashford	Bethany	Golden Creek	Gulf Pointe	Crescent	Total
675423	ASHFORD GARDENS	December	\$ 110,890.04					
676481	BETHANY SENIOR LIVING	October	\$ 74,297.18					
676481	BETHANY SENIOR LIVING	November	\$ 40,975.69					
676481	BETHANY SENIOR LIVING	December	\$ 93,925.55					
676097	GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	November	\$ 65,741.10					
675892	GULF POINTE PLAZA	November	\$ 23,074.84					
676323	THE CRESCENT	November	\$ 25,844.09					
676323	THE CRESCENT	December	\$ 62,134.86					
		\$ 496,883.35	\$ 110,890.04	\$ 209,198.42	\$ 65,741.10	\$ 23,074.84	\$ 87,978.95	\$ 496,883.35

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RUN DATE:02/23/21
TIME:15:16

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/25/21 THRU 02/25/21

PAGE 1
GLCKREG

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

A/P	189416	02/25/21	1,202.80	ABILITY NETWORK (SHIFTHOUND)
A/P	189417	02/25/21	1,674.00	ALLYSON SWOPE
A/P	189418	02/25/21	150.00	BARD ACCESS
A/P	189419	02/25/21	977.35	BAXTER HEALTHCARE
A/P	189420	02/25/21	.00	VOIDED
A/P	189421	02/25/21	23,936.08	BECKMAN COULTER INC
A/P	189422	02/25/21	1,359.00	BOSTON SCIENTIFIC CORPORATION
A/P	189423	02/25/21	386.76	CARDINAL HEALTH 414, INC.
A/P	189424	02/25/21	81.45	CAREFUSION
A/P	189425	02/25/21	3,392.34	CITY OF PORT LAVACA
A/P	189426	02/25/21	165.00	COASTAL REFRIGERATION
A/P	189427	02/25/21	424.43	COCA COLA SOUTHWEST BEVERAGES
A/P	189428	02/25/21	16.00	COMBINED INSURANCE
A/P	189429	02/25/21	215.06	CONMED CORPORATION
A/P	189430	02/25/21	70.00	CORPUS CHRISTI PROSTHETICS
A/P	189431	02/25/21	1,204.94	DEWITT POTH & SON
A/P	189432	02/25/21	610.00	DOWELL PEST CONTROL
A/P	189433	02/25/21	51.44	FIRESTONE OF PORT LAVACA
A/P	189434	02/25/21	4,335.41	FISHER HEALTHCARE
A/P	189435	02/25/21	3,670.92	GULF COAST PAPER COMPANY
A/P	189436	02/25/21	3,589.04	J & J HEALTH CARE SYSTEMS, INC
A/P	189437	02/25/21	851.14	LABCORP OF AMERICA HOLDINGS
A/P	189438	02/25/21	790.86	M G TRUST
A/P	189439	02/25/21	1,837.30	MCKESSON MEDICAL SURGICAL INC
A/P	189440	02/25/21	62.72	MEAGAN GARCIA
A/P	189441	02/25/21	.00	VOIDED
A/P	189442	02/25/21	11,440.11	MEDLINE INDUSTRIES INC
A/P	189443	02/25/21	100.00	MEMORIAL MEDICAL CLINIC
A/P	189444	02/25/21	.00	VOIDED
A/P	189445	02/25/21	15,103.85	MORRIS & DICKSON CO, LLC
A/P	189446	02/25/21	1,402.67	MXR IMAGING, INC
A/P	189447	02/25/21	7.16	NANCY CASTILLO
A/P	189448	02/25/21	71.24	OFFICE DEPOT
A/P	189449	02/25/21	1,217.51	OLYMPUS AMERICA INC
A/P	189450	02/25/21	2,543.13	PABLO GARZA
A/P	189451	02/25/21	1,100.00	PATRICK OCHOA
A/P	189452	02/25/21	62.72	QUILA BAILEY
A/P	189453	02/25/21	27.92	ROBERT RODRIQUEZ
A/P	189454	02/25/21	62.72	SHERRY KING
A/P	189455	02/25/21	558.00	SMITH & NEPHEW
A/P	189456	02/25/21	331.94	SMITHS MEDICAL ASD INC
A/P	189457	02/25/21	62.72	SOPHIE PECENA
A/P	189458	02/25/21	5,059.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	189459	02/25/21	2,415.00	STERICYCLE, INC
A/P	189460	02/25/21	82.56	STERIS CORPORATION
A/P	189461	02/25/21	376.60	STRYKER ENDOSCOPY
A/P	189462	02/25/21	730.36	STRYKER SALES CORP
A/P	189463	02/25/21	52,894.00	TEXAS BURNER & BOILER SERVICES
A/P	189464	02/25/21	62.72	TOM CURNUTT
A/P	189465	02/25/21	4,869.89	UNIFIRST HOLDINGS

RUN DATE:02/23/21
TIME:15:16

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/25/21 THRU 02/25/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	189466	02/25/21	3,941.32	WAGeworks, INC.
A/P	189467	02/25/21	6,416.34	WERFEN USA LLC
A/P	189468	02/25/21	1,790.00	WEST COAST MEDICAL RESOURCES
A/P	189469	02/25/21	110,890.04	ASHFORD GARDENS
A/P	189470	02/25/21	209,198.42	BETHANY SENIOR LIVING
A/P	189471	02/25/21	65,741.10	GOLDENCREEK HEALTHCARE
A/P	189472	02/25/21	23,074.84	GULF POINTE PLAZA
A/P	189473	02/25/21	87,978.95	THE CRESCENT
TOTALS:			660,666.87	

payables 157,389.52 +
NIT 110,890.04 +
Translog 87,978.95 +
65,741.10 +
23,074.84 +
209,198.42 +
critical 6,394.00 +
660,666.87 *

APPROVED
ON

FEB 25 2021

COURTNEY ANDERSON
CLERK OF COURTS
GALVESTON COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
2/22/2021

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		274,153.85	198,500.75	198,311.18		273,964.28	309,201.22
						Bank Balance	273,964.28
						Variance	
						Pending Deposit	110,890.04
						Leave in Balance	100.00

Broadmoor		177,390.94	145,995.97	175,940.94		207,335.91	175,940.94
						Bank Balance	207,335.91
						Variance	
						Leave in Balance	100.00

Crescent		141,737.82	116,493.87	77,347.39		102,591.34	165,326.34
						Bank Balance	102,591.34
						Variance	
						Pending Deposit	87,978.95
						Leave in Balance	100.00

Fort Bend		74,956.40	44,320.34	23,901.37		54,537.43	23,901.37
						Bank Balance	54,537.43
						Variance	
						Leave in Balance	100.00

Solera at W Houston		149,064.29	126,119.12	143,943.80		166,888.97	143,943.80
						Bank Balance	166,888.97
						Variance	
						Leave in Balance	100.00

309,201.22 +
175,940.94 +
165,326.34 +
23,901.37 +
143,943.80 +
818,312.67

Januar Interest 0/s 46.15
QIPP 1,2,3,4, LAPSE 0/s 75,506.95
Adjust Balance/Transfer Amt 309,201.22

Jan Interest 0/s 34.47
DEC QIPP 1,2,3,4 LAPSE 0/s 31,260.50
Adjust Balance/Transfer Amt 175,940.94

JAN INTEREST 0/s 30.40
QIPP 1,2,3,4, LAPSE 0/s 25,113.55
Adjust Balance/Transfer Amt 165,326.34

JAN INTEREST 0/s 18.96
QIPP 1,2,3,4 LAPSE 0/s 30,517.10
December Interest
Adjust Balance/Transfer Amt 23,901.37

JAN INTEREST 0/s 53.20
QIPP 1,2,3,4 LAPSE 0/s 22,791.97
Adjust Balance/Transfer Amt 143,943.80

TOTAL TRANSFERS 818,312.67

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

2/22/2021

Ashford Gardens

2/8/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/9/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 2/9/2021 Amerigroup TXSC HCCLAIMPMT 3142815236 111000
 2/10/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 2/11/2021 Check
 2/11/2021 Check
 2/12/2021 Deposit
 2/12/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 2/12/2021 Amerigroup TXSC HCCLAIMPMT 3143146822 111000
 2/12/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
 2/16/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
 2/17/2021 Amerigroup TXSC HCCLAIMPMT 3143666774 111000
 2/17/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/19/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000121
 2/19/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QPPP/Comp1	QPPP/Comp2	QPPP/Comp3	QPPP/Comp4 &Lapse	QPPP TI	
-	13,316.93	-	-	-	-	-	13,316.93
-	4,510.00	-	-	-	-	-	4,510.00
-	25.82	-	-	-	-	-	25.82
147,270.72	-	-	-	-	-	-	-
3,259.52	-	-	-	-	-	-	-
47,970.51	-	-	-	-	-	-	-
-	55,733.08	-	-	-	-	-	55,733.08
-	1,640.00	-	-	-	-	-	1,640.00
-	43,901.77	-	-	-	-	-	43,901.77
-	4,616.42	-	-	-	-	-	4,616.42
-	428.52	-	-	-	-	-	428.52
-	124.54	-	-	-	-	-	124.54
-	19,409.88	-	-	-	-	-	19,409.88
-	1,606.03	-	-	-	-	-	1,606.03
-	9,032.78	-	-	-	-	-	9,032.78
-	41,636.67	-	-	-	-	-	41,636.67
-	696.01	-	-	-	-	-	696.01
-	1,632.73	-	-	-	-	-	1,632.73
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
198,500.75	198,812.18	-	-	-	-	-	198,812.18

Broadmoor

2/8/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 2/8/2021 UHC GOVERNMENT E HCCLAIMPMT 746003411 124384
 2/10/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 2/11/2021 Check
 2/11/2021 Check
 2/11/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000111
 2/12/2021 Deposit
 2/12/2021 UHC GOVERNMENT E HCCLAIMPMT 746003411 124384
 2/16/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/17/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/18/2021 AARP Supplementa HCCLAIMPMT 746003411 124384
 2/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/19/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000120

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QPPP/Comp1	QPPP/Comp2	QPPP/Comp3	QPPP/Comp4 &Lapse	QPPP TI	
-	1,408.00	-	-	-	-	-	1,408.00
-	6,020.00	-	-	-	-	-	6,020.00
125,262.38	-	-	-	-	-	-	-
1,174.31	-	-	-	-	-	-	-
19,559.28	-	-	-	-	-	-	-
-	10,737.95	-	-	-	-	-	10,737.95
-	47,976.91	-	-	-	-	-	47,976.91
-	3,010.00	-	-	-	-	-	3,010.00
-	2,323.58	-	-	-	-	-	2,323.58
-	23,156.74	-	-	-	-	-	23,156.74
-	2,261.71	-	-	-	-	-	2,261.71
-	7,216.00	-	-	-	-	-	7,216.00
-	3,047.27	-	-	-	-	-	3,047.27
-	68,782.78	-	-	-	-	-	68,782.78
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
145,995.97	175,940.94	-	-	-	-	-	175,940.94

Essexnet

2/8/2021 HUMANA INS CO HCCLAIMPMT 390864 830000502785
 2/10/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 2/10/2021 MANAGEANDNET 1718 MNS PMNT 00000000003268 41
 2/11/2021 Check
 2/11/2021 Check
 2/12/2021 Deposit
 2/16/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/16/2021 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384
 2/16/2021 UHC Community PI HCCLAIMPMT 746003411 910000
 2/16/2021 AARP Supplementa HCCLAIMPMT 746003411 124384
 2/17/2021 MANAGEANDNET 1718 MNS PMNT 00000000003268 41
 2/17/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 2/17/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/17/2021 AARP Supplementa HCCLAIMPMT 746003411 124384
 2/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/19/2021 MANAGEANDNET 1718 MNS PMNT 00000000003268 41
 2/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/19/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QPPP/Comp1	QPPP/Comp2	QPPP/Comp3	QPPP/Comp4 &Lapse	QPPP TI	
-	967.96	-	-	-	-	-	967.96
99,790.50	-	-	-	-	-	-	-
-	4,685.00	-	-	-	-	-	4,685.00
960.38	-	-	-	-	-	-	-
15,742.99	-	-	-	-	-	-	-
-	27,793.32	-	-	-	-	-	27,793.32
-	15,357.18	-	-	-	-	-	15,357.18
-	8,944.42	-	-	-	-	-	8,944.42
-	2,816.00	-	-	-	-	-	2,816.00
-	1,232.00	-	-	-	-	-	1,232.00
-	1,174.00	-	-	-	-	-	1,174.00
-	1,110.00	-	-	-	-	-	1,110.00
-	2,420.00	-	-	-	-	-	2,420.00
-	67.50	-	-	-	-	-	67.50
-	6,504.62	-	-	-	-	-	6,504.62
-	2,205.00	-	-	-	-	-	2,205.00
-	1,460.80	-	-	-	-	-	1,460.80
-	609.59	-	-	-	-	-	609.59
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
116,488.87	77,347.39	-	-	-	-	-	77,347.39

Fort Bend

2/10/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 2/11/2021 Check
 2/11/2021 Check
 2/12/2021 Deposit
 2/16/2021 AARP Supplementa HCCLAIMPMT 746003411 124384
 2/17/2021 MOLINA HEALTHCARE MOLINAACH 0090807 42000010
 2/17/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QPPP/Comp1	QPPP/Comp2	QPPP/Comp3	QPPP/Comp4 &Lapse	QPPP TI	
-	23,574.30	-	-	-	-	-	23,574.30
-	19,415.10	-	-	-	-	-	19,415.10
-	1,330.94	-	-	-	-	-	1,330.94
-	11,100.63	-	-	-	-	-	11,100.63
-	148.00	-	-	-	-	-	148.00
-	970.00	-	-	-	-	-	970.00
-	11,555.37	-	-	-	-	-	11,555.37
-	127.37	-	-	-	-	-	127.37
44,820.94	23,901.57	-	-	-	-	-	23,901.57

Solara at West Houston

2/8/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 2/8/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000104
 2/8/2021 HUMANA INS CO HCCLAIMPMT 390862 830000502785
 2/8/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001895
 2/9/2021 HUMANA INS CO HCCLAIMPMT 390862 830000548498
 2/10/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 2/10/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 2/11/2021 Check
 2/11/2021 Check
 2/11/2021 Amerigroup TXSC HCCLAIMPMT 3143066606 111000
 2/11/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2
 2/12/2021 Amerigroup TXSC HCCLAIMPMT 3143146823 111000
 2/12/2021 HUMANA INS CO HCCLAIMPMT 390862 83000055340
 2/16/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/16/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/16/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000116
 2/16/2021 AARP Supplementa HCCLAIMPMT 746003411 124384
 2/17/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/17/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000158
 2/18/2021 Amerigroup TXSC HCCLAIMPMT 3143773307 111000
 2/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/19/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QPPP/Comp1	QPPP/Comp2	QPPP/Comp3	QPPP/Comp4 &Lapse	QPPP TI	
-	7,790.00	-	-	-	-	-	7,790.00
-	6,720.36	-	-	-	-	-	6,720.36
-	20,522.06	-	-	-	-	-	20,522.06
-	7,028.56	-	-	-	-	-	7,028.56
-	12,198.79	-	-	-	-	-	12,198.79
106,369.57	-	-	-	-	-	-	-
-	7,790.00	-	-	-	-	-	7,790.00
1,153.16	-	-	-	-	-	-	-
18,596.39	-	-	-	-	-	-	-
-	5,293.08	-	-	-	-	-	5,293.08
-	3,446.34	-	-	-	-	-	3,446.34
-	524.49	-	-	-	-	-	524.49
-	7,623.04	-	-	-	-	-	7,623.04
-	27,201.86	-	-	-	-	-	27,201.86
-	8,068.80	-	-	-	-	-	8,068.80
-	3,571.00	-	-	-	-	-	3,571.00
-	1,056.00	-	-	-	-	-	1,056.00
-	2,149.70	-	-	-	-	-	2,149.70
-	6,592.70	-	-	-	-	-	6,592.70
-	4,806.12	-	-	-	-	-	4,806.12
-	687.84	-	-	-	-	-	687.84
-	8,888.44	-	-	-	-	-	8,888.44
-	1,984.62	-	-	-	-	-	1,984.62
126,119.12	149,943.80	-	-	-	-	-	149,943.80
631,430.05	619,444.68	-	-	-	-	-	619,444.68

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

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All

Select Group
Groups

Add Group

DDA

Data reported as of Feb 22, 2021

Account Number

Current Balance

Available Balance

Collected Balance

Prior Day Balance

*4381MEMORIAL MEDICAL
CENTER / NH ASHFORD ✓

\$273,964.28 ✓

\$315,073.93

\$273,964.28

\$271,635.5

*4403MEMORIAL MEDICAL
CENTER / NH
BROADMOOR

\$207,335.91 ✓

\$231,799.45

\$207,335.91

\$135,505.8

*4411MEMORIAL MEDICAL
CENTER / NH CRESCENT

\$102,591.34 ✓

\$114,602.46

\$102,591.34

\$98,315.9

*4446MEMORIAL MEDICAL
CENTER / NH FORT BEND

\$54,537.43 ✓

\$97,944.52

\$54,537.43

\$54,410.0

*4438MEMORIAL MEDICAL
CENTER / SOLERA AT
WEST HOUSTON

\$166,888.97

\$181,265.47

\$166,888.97

\$156,015.9

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
2/22/2021

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		182,360.94 ✓	100,393.21 ✓	250,723.08 ✓	-	332,690.81 ✓	316,464.18
					Bank Balance Variance	332,690.81 ✓	
					Leave in Balance	100.00 ✓	
					Pending Deposit	65,741.10 ✓	
					QJPP 1234 LAPSE & ADJ 015	81,840.48 ✓	
					JAN INTEREST 015	27.25 ✓	
					November Interest		
					December Interest		
					Adjust Balance/Transfer Amt	316,464.18 ✓	

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

2/22/2021

APPROVED
ON
FEB 22 2021
COUNTY ATTORNEY
GARLAND COUNTY, TEXAS

Golden Creek

2/8/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 2/8/2021 CIGNA HCCLAIMPMT 1588075964 91000011238243
 2/9/2021 ACH SETTLEMENT SERVICE 4105523439 9601693327
 2/9/2021 NOVITAS SOLUTION HCCLAIMPMT 676097 420000106
 2/10/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 2/11/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 2/12/2021 Deposit
 2/12/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 2/18/2021 AETNA AS01 HCCLAIMPMT 1588075964 51000015254
 2/19/2021 NOVITAS SOLUTION HCCLAIMPMT 676097 420000120
 2/19/2021 CIGNA HCCLAIMPMT 1588075964 91000012380425

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L apra	QJPP TI	
-	392.52					-	392.52
-	2,640.00					-	2,640.00
-	2,629.50					-	2,629.50
-	655.16					-	655.16
100,393.21	-					-	-
-	1,642.00					-	1,642.00
-	153,369.80					-	153,369.80
-	1,279.44					-	1,279.44
-	205.24					-	205.24
-	87,113.51					-	87,113.51
-	795.91					-	795.91
-	-					-	-
-	-					-	-
-	-					-	-
-	-					-	-
100,393.21	250,723.08	-	-	-	-	-	250,723.08

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search

All

Select Group
Groups

Add Group

DDA

Data reported as of Feb 22, 2021

Account Number

Current Balance

Available Balance

Collected Balance

Prior Day Balance

*4454

MEMORIAL MEDICAL /
NH GOLDEN CREEK
HEALTHCARE

\$332,690.81



\$332,690.81

\$332,690.81

\$244,781.3

* indicate:

Page generated on 02/22/2021 at

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
2/22/2021

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		78,293.88	✓	33,315.77	✓		111,609.65	85,716.38
						Bank Balance	111,609.65	
						Variance		
						Leave in Balance	100.00	
						Pending Deposit	23,074.84	
						QIPP 1,2,3,4 LAPSE & ADI	48,861.27	
						JAN INTEREST	6.84	
						Adjust Balance/Transfer Amt	85,716.38	
Gulf Pointe Plaza-Medicare/Medicaid		51,061.04	✓	50,948.38	✓		88,454.38	88,341.72
						Bank Balance	88,454.38	
						Variance		
						Leave in Balance	100.00	
						JAN INTEREST	12.66	
						Adjust Balance/Transfer Amt	88,341.72	
TOTAL TRANSFERS							174,058.10	

Resting Information for Gulf Pointe Plaza:

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

Approved:
Jason Anglin, CEO

2/22/2021

85,716.38 +
88,341.72 +
174,058.10 =

APPROVED
FEB 22 2021
JASON ANGLIN
CHIEF FINANCIAL OFFICER, MEMPHIS

Gulf Pointe Plaza-Private Pay

2/9/2021 AETNA H09 HCCLAIMPMT 1922092790 311002089237
 2/16/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001104
 2/16/2021 AETNA AS01 HCCLAIMPMT 1922092790 51000013471
 2/17/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001953
 2/17/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001952
 2/17/2021 HUMANA INS CO HCCLAIMPMT 624982 830000549112
 2/17/2021 AETNA AS01 HCCLAIMPMT 1922092790 51000017489
 2/19/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001138

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
-	2,450.00					-	2,450.00
-	18,878.41					-	18,878.41
-	2,450.00					-	2,450.00
-	7,258.92					-	7,258.92
-	407.83					-	407.83
-	71.97					-	71.97
-	1,750.00					-	1,750.00
-	48.64					-	48.64
-						-	-
-	33,315.77	-	-	-	-	-	33,315.77

Gulf Pointe Plaza-Medicare/Medicaid

2/10/2021 WIRE OUT HMG SERVICES, LLC
 2/11/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2
 2/12/2021 Deposit
 2/12/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001179073
 2/19/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001175099
 2/19/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
50,948.38	-					-	-
-	4,838.23					-	4,838.23
-	66,725.39					-	66,725.39
-	844.39					-	844.39
-	5,019.02					-	5,019.02
-	10,914.69					-	10,914.69
-						-	-
50,948.38	88,341.72	-	-	-	-	-	88,341.72
50,948.38	121,657.49	-	-	-	-	-	121,657.49

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search

All

Select Group
Groups

Add Group

DDA

Data reported as of Feb 22, 2021

Account Number

Current Balance

Available Balance

Collected Balance

Prior Day Balance

*5441

MMC -NH GULF POINTE
PLAZA -
MEDICARE/MEDICAID

\$88,454.38 ✓

\$88,454.38

\$88,454.38

\$72,520.6

*5433

MMC -NH GULF POINTE
PLAZA - PRIVATE PAY

\$111,609.65 ✓

\$111,609.65

\$111,609.65

\$111,561.0

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 2/22/2021

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		351,070.95	295,304.82	110,101.91			165,868.04	110,061.91
						Bank Balance	165,868.04	
						Variance		
						Leave in Balance	100.00	
						QIPP 1,2,3,4 LAPSE	55,706.13	

Adjust Balance/Transfer Amt 110,061.91

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 2/22/2021

APPROVED
 FEB 22 2021
 JASON ANGLIN
 OVERSEER COUNTY, TEXAS

Tuscany Senior Living

MMC PORTION							NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	6,294.34					-	6,294.34
282,911.08 ✓	-					-	-
12,353.74 ✓	-					-	-
40.00	-					-	-
	49,304.26					-	49,304.26
-	3,960.00					-	3,960.00
-	33,652.24					-	33,652.24
-	2,280.00					-	2,280.00
-	12,725.63					-	12,725.63
-	473.51					-	473.51
-	1,411.93					-	1,411.93
						-	-
295,304.82 ✓	110,101.91 ✓	-	-	-	-	-	110,101.91

Quick View

Select Quick View Accounts

Account Number / Name

Select Group Groups

Account Type

Add Group

Search

All

DDA

Data reported as of Feb 22, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
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*3407					
MMC -NH TUSCANY	\$165,868.04	✓	\$165,868.04	\$165,868.04	\$164,456.1
VILLAGE					

* indicate:

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Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 2/22/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		123,307.63	✓ 123,160.25	✓ 512,969.09	✓		513,116.47	722,167.51
						Bank Balance	513,116.47	✓
						Variance		
						Leave in Balance	100.00	
						Pending Deposit	209,198.42	✓
						JAN INTEREST	47.38	✓
						Adjust Balance/Transfer Amt	722,167.51	✓
Approved:								
Jason Anglin, CEO								2/22/2021

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

APPROVED
 ON
 FEB 22 2021
 JASON ANGLIN
 CHAIRMAN, BOARD OF DIRECTORS

Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
2/8/2021 Deposit	-	9,405.30					-	9,405.30
2/8/2021 Deposit	-	8,281.88					-	8,281.88
2/10/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	123,160.25	-					-	-
2/10/2021 Deposit	-	4,515.16					-	4,515.16
2/11/2021 Deposit	-	8,227.25					-	8,227.25
2/12/2021 Deposit	-	140,990.03					-	140,990.03
2/12/2021 HOSPICE OF SO TX VENDORS NF 91000010092708	-	2,296.75					-	2,296.75
2/17/2021 JPMORGAN CHASE PAYABLES 9990007660 210000265	-	4,500.00					-	4,500.00
2/18/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000101	-	11,580.89					-	11,580.89
2/18/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	31,122.53					-	31,122.53
2/19/2021 Deposit	-	44,395.36					-	44,395.36
2/19/2021 Deposit	-	7,855.02					-	7,855.02
2/19/2021 Deposit	-	15,385.11					-	15,385.11
2/19/2021 HOSPICE OF SO TX VENDORS NF 91000011030757	-	1,873.01					-	1,873.01
2/19/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000120	-	210,343.49					-	210,343.49
2/19/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	12,197.31					-	12,197.31
	123,160.25	512,969.09	-	-	-	-	-	512,969.09

Quick View

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All

Select Group
Groups

Add Group

DDA

Data reported as of Feb 22, 2021

Account Number

Current Balance

Available Balance

Collected Balance

Prior Day Balance

*5506MMC -NH BETHANY
SENIOR LIVING

\$513,116.47



\$513,116.47

\$513,116.47

\$221,067.1

189241

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
2224108	01/19/21	2,516.75			2,516.75
VOIDED #189241 replaced w/ 189415 Vendor credited account after check was issued.					
CHECK NO. 189241 020121	TOTALS	2,516.75	TOTALS		2,516.75

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

189241

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
2224108	01/19/21	2,516.75			2,516.75
CHECK NO. 189241	TOTALS	2,516.75	TOTALS		2,516.75

MEMORIAL
 MEDICAL  CENTER

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

PROSPERITY BANK

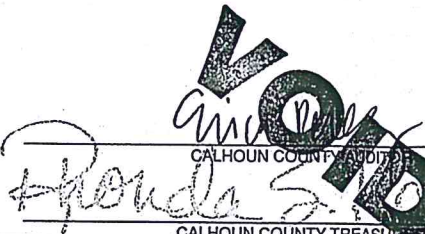
88-2265
 1131

189241

Two Thousand Five Hundred Sixteen Dollars and Seventy-Five Cents

PAY TO THE ORDER OF
 TORCH
 3309 FOREST CREEK DR, UNIT 305
 ROUND ROCK, TX 86646-9168

13224 189241
 DATE AMOUNT
 02/01/21 \$2,516.75


 CALHOUN COUNTY TREASURER

3309 FOREST CREEK DR, UNIT 305, ROUND ROCK, TX 86646-9168
MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

189415

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
2224213	02/10/21	1,918.75			1,918.75
CHECK NO. 189415 02/17/21	TOTALS	1,918.75	TOTALS		1,918.75

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

189415

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
2224213	02/10/21	1,918.75			1,918.75
CHECK NO. 189415	TOTALS	1,918.75	TOTALS		1,918.75

MEMORIAL
MEDICAL  CENTER

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

PROSPERITY BANK

88-2265
1131

189415

13224 189415
DATE AMOUNT
02/17/21 \$1,918.75

One Thousand Nine Hundred Eighteen Dollars and Seventy-Five Cents

PAY
TO THE ORDER OF
TORCH
3309 FOREST CREEK DR, UNIT 305
ROUND ROCK, TX 86646-9168

CALHOUN COUNTY TREASURER