

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 17, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 975,875.62
TOTAL TRANSFERS BETWEEN FUNDS	\$ 656,896.43
TOTAL NURSING HOME UPL EXPENSES	\$ 321,840.51
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED March 17, 2021	\$ 1,954,612.56

APPROVED

MAR 17 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---March 17,2021

PAYABLES AND PAYROLL

3/11/2021 Weekly Payables	423,904.71
3/15/2021 Citibank Credit Card-see attached	493.00
3/15/2021 McKesson-340B Prescription Expense	2,179.09
3/15/2021 Amerisource Bergen-340B Prescription Expense	530.33
3/15/2021 Payroll Liabilities -Payroll Taxes	98,715.85
3/15/2021 Payroll	304,058.73

Prosperity Electronic Bank Payments

3/10/2021 Credit Card & Lease Fees	4,375.90
3/20/2021 Sales Tax for February 2021	1,226.31
3/19/2021 TCDRS February Retirement	139,712.21
3/8-3/12/21 Pay Plus-Patient Claims Processing Fee	679.49

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 975,875.62
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TRANSFER BETWEEN FUNDS-NURSING HOMES

3/11/2021 MMC Operating to Ashford- NH portion of QIPP payment deposit into MMC Operating	14,240.63
3/11/2021 MMC Operating to Solera-NH portion of QIPP payment deposited into MMC Operating	5,579.19
3/11/2021 MMC Operating to Fortbend-NH portion of QIPP payment deposited into MMC Operating	5,803.76
3/11/2021 MMC Operating to Broadmoor-correction of NH insurance payment and portion of QIPP payment deposited into MMC Operating	17,171.56
3/11/2021 MMC Operating to The Crescent- correction of NH insurance payment and portion of QIPP payment deposited into MMC Operating	12,192.87
3/11/2021 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment and portion of QIPP payment deposited into MMC Operating	91,474.19
3/11/2021 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment and portion of QIPP payment deposited into MMC Operating	84,344.31
3/11/2021 MMC Operating to Tuscany Village-correction of NH insurance payment and portion of QIPP payment deposited into MMC Operating	89,147.38
3/11/2021 MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating	336,942.54

TOTAL TRANSFERS BETWEEN FUNDS	\$ 656,896.43
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NURSING HOME UPL EXPENSES

3/15/2021 Nursing Home UPL-Cantex Transfer	181,628.29
3/15/2021 Nursing Home UPL-Nexion Transfer	9,452.22
3/15/2021 Nursing Home UPL-HMG Transfer	52,234.69
3/15/2021 Nursing Home UPL-Tuscany Transfer	26,009.58
3/15/2021 Nursing Home UPL-HSL Transfer	52,515.73

TOTAL NURSING HOME UPL EXPENSES	\$ 321,840.51
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED March 17, 2021	\$ 1,954,612.56
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RECEIVED

03/11/2021

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MAR 11 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Due Dates Through: 03/31/2021

ap_open_invoice.template

Vendor#	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10950	INV106	02/28/2021	03/20/2021	03/30/2021				1,400.00	0.00	0.00	1,400.00
		RFID									
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
10950		ACUTE CARE INC						1,400.00	0.00	0.00	1,400.00
Vendor#	Vendor Name							Class	Pay Code		
A1705	ALIMED INC.							M			
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	RPSV035314	03/10/2021	02/24/2021	03/11/2021				101.17	0.00	0.00	101.17
		SUPPLIES									
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
A1705		ALIMED INC.						101.17	0.00	0.00	101.17
Vendor#	Vendor Name							Class	Pay Code		
13636	ALLIANCE GRAPHICS PRINTING										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	318467011A	03/11/2021	02/23/2021	03/23/2021				280.00	0.00	0.00	280.00
		MENUS									
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
13636		ALLIANCE GRAPHIC						280.00	0.00	0.00	280.00
Vendor#	Vendor Name							Class	Pay Code		
A1746	ALPHA TEC SYSTEMS INC							M			
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV00091850	03/11/2021	01/12/2021	01/12/2021				230.55	0.00	0.00	230.55
		SUPPLEIS									
	INV00091854	03/11/2021	01/12/2021	02/18/2021				90.32	0.00	0.00	90.32
		SUPPLIES									
	INV00092427	03/11/2021	02/04/2021	01/26/2021				183.70	0.00	0.00	183.70
		SUPPLIES									
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
A1746		ALPHA TEC SYSTEI						504.57	0.00	0.00	504.57
Vendor#	Vendor Name							Class	Pay Code		
13788											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	030921	03/10/2021	03/09/2021	03/09/2021				324.67	0.00	0.00	324.67
		PATIENT REFUND									
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
13788								324.67	0.00	0.00	324.67
Vendor#	Vendor Name							Class	Pay Code		
A2271	ARTHREX, INC							W			
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	911585811	03/10/2021	02/15/2021	02/16/2021				75.00	0.00	0.00	75.00
		SUPPLIES									
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
A2271		ARTHREX, INC						75.00	0.00	0.00	75.00
Vendor#	Vendor Name							Class	Pay Code		
B1150	BAXTER HEALTHCARE							W			
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	69820532	03/09/2021	02/19/2021	03/16/2021				867.54	0.00	0.00	867.54
		SUPPLIES									
	69805779	03/10/2021	02/17/2021	03/14/2021				40.69	0.00	0.00	40.69
		SUPPLIES									
	69842208	03/10/2021	02/22/2021	03/19/2021				546.53	0.00	0.00	546.53
		SUPPLIES									
	69887857	03/10/2021	02/25/2021	03/22/2021				40.69	0.00	0.00	40.69
		SUPPLIES									

	69526992	✓ 03/11/2021	01/22/2021	02/16/2021			436.67	0.00	0.00	436.67	✓
			SUPPLIES								
	69585597	✓ 03/11/2021	01/28/2021	02/22/2021			321.01	0.00	0.00	321.01	✓
			SUPPLIES								
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
B1220	B1150		BAXTER HEALTHC/			2,253.13	0.00	0.00	2,253.13		
			Vendor Name			Class		Pay Code			
			BECKMAN COULTER INC	✓		M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
108919582	✓ 02/28/2021	02/23/2021	03/25/2021				152.93	0.00	0.00	152.93	✓
			SUPPLIES								
108915768	✓ 03/10/2021	02/22/2021	03/19/2021				28.81	0.00	0.00	28.81	✓
			SHIPPING								
108915777	✓ 03/10/2021	02/22/2021	03/19/2021				1,060.54	0.00	0.00	1,060.54	✓
			SUPPLIES								
108920433	✓ 03/10/2021	02/24/2021	03/21/2021				238.05	0.00	0.00	238.05	✓
			SUPPLIES								
108924349	✓ 03/10/2021	02/25/2021	03/22/2021				71.35	0.00	0.00	71.35	✓
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
10599	B1220		BECKMAN COULTE			1,551.68	0.00	0.00	1,551.68		
			Vendor Name			Class		Pay Code			
			BKD, LLP	✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
BK01350745	✓ 02/28/2021	02/26/2021	03/25/2021				6,240.00	0.00	0.00	6,240.00	✓
			DSH/DY7 UC 2019 DSH/ DY 8 UC								
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
12324	10599		BKD, LLP			6,240.00	0.00	0.00	6,240.00		
			Vendor Name			Class		Pay Code			
			BLUE CROSS BLUE SHIELD	✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
021521A	02/28/2021	02/15/2021	03/25/2021				3,394.91	0.00	0.00	3,394.91	✓
			COBRA COVERAGE NORA OVALLI								
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
13784	12324		BLUE CROSS BLUE			3,394.91	0.00	0.00	3,394.91		
			Vendor Name			Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
030921	03/10/2021	03/09/2021	03/09/2021				90.00	0.00	0.00	90.00	✓
			PATIENT REFUND								
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
11295	13784					90.00	0.00	0.00	90.00		
			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	
030921	03/09/2021	03/09/2021	03/09/2021				60.00	0.00	0.00	60.00	✓
			INDIGENT CO PAYS								
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
11202	11295		CALHOUN COUNTY			60.00	0.00	0.00	60.00		
			Vendor Name			Class		Pay Code			
			CFI MECHANICAL INC	✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
SD12230	✓ 02/28/2021	02/25/2021	03/27/2021				842.50	0.00	0.00	842.50	✓
			SURGERY ROOM HOT								
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
C1730	11202		CFI MECHANICAL II			842.50	0.00	0.00	842.50		
			Vendor Name			Class		Pay Code			
			CITY OF PORT LAVACA	✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
021821A	03/10/2021	02/18/2021	03/05/2021				92.51	0.00	0.00	92.51	✓
			UTILITY BILL ACCT 12131500								

021821	03/10/2021	02/18/2021	03/05/2021					108.59	0.00	0.00	108.59	✓
				UTILITY BILL ACCT 12126002								
Vendor#	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net			
10212	C1730			CITY OF PORT LAV.		201.10	0.00	0.00	201.10			
			Vendor Name		Class		Pay Code					
			CLINICAL PATHOLOGY LABS		ICP							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
2020120	03/09/2021	12/31/2020	12/31/2020				35,412.53	0.00	0.00	35,412.53	✓	
			LAB SERVICES									
2021010	03/09/2021	01/31/2021	01/31/2021				34,377.46	0.00	0.00	34,377.46	✓	
			LAB SERVICES									
2021020	03/09/2021	02/28/2021	02/28/2021				15,762.30	0.00	0.00	15,762.30	✓	
			LAB SERVICES									
Vendor#	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net			
C1166	10212			CLINICAL PATHOLC		85,552.29	0.00	0.00	85,552.29			
			Vendor Name		Class		Pay Code					
			COASTAL OFFICE SOLUTIONS		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
OEQT16884	03/10/2021	02/26/2021	03/08/2021				191.76	0.00	0.00	191.76	✓	
			SUPPLIES									
OE310011	03/10/2021	03/05/2021	03/15/2021				110.40	0.00	0.00	110.40	✓	
			SUPPLIES									
Vendor#	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net			
C1166	C1166			COASTAL OFFICE S		302.16	0.00	0.00	302.16			
Vendor#			Vendor Name		Class		Pay Code					
13572			COMMUNITY INFUSION SOLUTION		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
IC20210246	03/09/2021	03/04/2021	03/14/2021				5,367.69	0.00	0.00	5,367.69	✓	
			OP INFUISON CENTER									
Vendor#	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net			
13772	13572			COMMUNITY INFUS		5,367.69	0.00	0.00	5,367.69			
Vendor#			Vendor Name		Class		Pay Code					
13772					✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
012621	02/28/2021	01/26/2021	03/25/2021				90.00	0.00	0.00	90.00	✓	
			PATIENT REFUND									
Vendor#	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net			
12612	13772			r		90.00	0.00	0.00	90.00			
Vendor#			Vendor Name		Class		Pay Code					
12612			DASHBOARD MD		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
10884	03/09/2021	03/01/2021	03/01/2021				550.00	0.00	0.00	550.00	✓	
			PROCESSING AND SUPPORT FEE									
Vendor#	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net			
10060	12612			DASHBOARD MD		550.00	0.00	0.00	550.00			
Vendor#			Vendor Name		Class		Pay Code					
10060			DETAR HOSPITAL		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
DTR2101015	02/28/2021	02/01/2021	03/25/2021				3,707.88	0.00	0.00	3,707.88	✓	
			SUPPLIES									

	6365360	✓	03/10/2021	03/04/2021	03/29/2021		141.60	0.00	0.00	141.60	✓
					SUPPLIES						✓
	6367760	✓	03/10/2021	03/05/2021	03/30/2021		419.15	0.00	0.00	419.15	✓
					SUPPLIES						✓
Vendor#	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
11011	10368			DEWITT POTH & SC		1,022.37	0.00	0.00	1,022.37		
				Vendor Name	Class			Pay Code			
				DIAMOND HEALTHCARE CORP	✓						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	IN20054450	✓ 03/09/2021	03/01/2021	03/26/2021				19,166.67	0.00	0.00	19,166.67
					CPR						✓
	IN20054449	✓ 03/09/2021	03/01/2021	03/26/2021				31,144.58	0.00	0.00	31,144.58
					BEV HEALTH						✓
Vendor#	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
12040	11011			DIAMOND HEALTHC	✓	50,311.25	0.00	0.00	50,311.25		
				Vendor Name	Class			Pay Code			
				DRIESSEN WATER INC.	✓						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1430270302	✓ 02/28/2021	02/28/2021	03/25/2021				297.00	0.00	0.00	297.00
		26204			SUPPLEIS						✓
Vendor#	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
13804	12040			DRIESSEN WATER		297.00	0.00	0.00	297.00		
				Vendor Name	Class			Pay Code			
				EVERGREEN MEDICAL SERVICES	✓						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	54481	✓ 03/10/2021	10/30/2020	11/29/2020				1,430.00	0.00	0.00	1,430.00
					VENTILATION EVAL						✓
Vendor#	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
10689	13804			EVERGREEN MEDI		1,430.00	0.00	0.00	1,430.00		
				Vendor Name	Class			Pay Code			
				FASTHEALTH CORPORATION	✓						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	03A21MMC	✓ 03/10/2021	03/01/2021	03/16/2021				990.00	0.00	0.00	990.00
					WEBSITE						✓
Vendor#	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
F1100	10689			FASTHEALTH CORP		990.00	0.00	0.00	990.00		
				Vendor Name	Class			Pay Code			
				FEDERAL EXPRESS CORP.	✓ W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	728787791	✓ 03/11/2021	02/25/2021	03/22/2021				10.06	0.00	0.00	10.06
					SHIPPING						✓
Vendor#	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
F1400	F1100			FEDERAL EXPRESS		10.06	0.00	0.00	10.06		
				Vendor Name	Class			Pay Code			
				FISHER HEALTHCARE	✓ M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2241028	✓ 02/28/2021	02/02/2021	03/25/2021				2,213.64	0.00	0.00	2,213.64
					SUPPLIES						✓
	3070678	✓ 02/28/2021	02/09/2021	03/25/2021				308.24	0.00	0.00	308.24
					SUPPLIES						✓
	3070676	✓ 02/28/2021	02/10/2021	03/07/2021				290.52	0.00	0.00	290.52
					SUPPLIES						✓
	3360233	✓ 02/28/2021	02/11/2021	03/25/2021				116.09	0.00	0.00	116.09
					SUPPLIES						✓
	4173664	✓ 02/28/2021	02/17/2021	03/14/2021				115.70	0.00	0.00	115.70
					SUPPLIES						✓
	4354192	✓ 02/28/2021	02/18/2021	03/25/2021				289.32	0.00	0.00	289.32
					SUPPLIES						✓
	3848343	✓ 03/10/2021	02/15/2021	03/12/2021				18,785.50	0.00	0.00	18,785.50
					SUPPLIES						✓
Vendor#	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		

Vendor#	F1400	FISHER HEALTHCA	22,119.01	0.00	0.00	22,119.01
11183	Vendor Name	FRONTIER ✓	Class	Pay Code		
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
021921	03/10/2021	02/19/2021	03/15/2021			
	PHONES					
022321	03/10/2021	02/23/2021	03/19/2021			
	PHONES					
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11183		FRONTIER	88.79	0.00	0.00	88.79
Vendor#		Vendor Name	Class	Pay Code		
12404		GE PRECISION HEALTHCARE, LLC ✓				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
500786112 ✓	03/09/2021	02/03/2021	03/20/2021			
	RAD PORTABLE MACHINE 20% DC					
6001792735 ✓	03/09/2021	03/01/2021	03/31/2021			
	MAINT CONTRACT					
6001792935 ✓	03/09/2021	03/01/2021	03/31/2021			
	MAINT CONTRACT					
6001792736 ✓	03/09/2021	03/01/2021	03/31/2021			
	MAINT CONTRACT					
6001792649 ✓	03/09/2021	03/01/2021	03/31/2021			
	MAINT CONTRACT					
6001792650 ✓	03/09/2021	03/01/2021	03/31/2021			
	MAINT CONTRACT					
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12404		GE PRECISION HE/	57,681.95	0.00	0.00	57,681.95
Vendor#		Vendor Name	Class	Pay Code		
G1210		GULF COAST PAPER COMPANY ✓	M			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
2005977 ✓	02/28/2021	02/23/2021	03/25/2021			
	SUPPLIES					
2006066 ✓	02/28/2021	02/23/2021	03/25/2021			
	SUPPLIES					
1987905 ✓	03/10/2021	01/12/2021	02/11/2021			
	SUPPLIES					
1987995 ✓	03/10/2021	01/12/2021	02/11/2021			
	SUPPLIES					
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
G1210		GULF COAST PAPE	1,557.55	0.00	0.00	1,557.55
Vendor#		Vendor Name	Class	Pay Code		
10804		HEALTHCARE CODING & CONSUL ✓				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
10661 ✓	03/10/2021	02/28/2021	03/30/2021			
	CODING SERVICES					
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10804		HEALTHCARE COD	730.20	0.00	0.00	730.20
Vendor#		Vendor Name	Class	Pay Code		
12716		HITACHI HEALTHCARE ✓				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
PJIN0167770 ✓	02/28/2021	02/15/2021	03/25/2021			
	SMA FEE					
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12716		HITACHI HEALTHC/	7,908.33	0.00	0.00	7,908.33
Vendor#		Vendor Name	Class	Pay Code		
H0416		HOLOGIC INC ✓				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
9611479 ✓	03/09/2021	02/11/2021	03/09/2021			
	SUPPLIES					
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
H0416		HOLOGIC INC	472.50	0.00	0.00	472.50

Vendor#	Vendor Name	Class	Pay Code								
10922	HUNTER PHARMACY SERVICES										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
4292	02/28/2021	02/28/2021	03/20/2021				13,780.99	0.00	0.00	13,780.99	
	PRO FEES										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
10922		HUNTER PHARMAC				13,780.99	0.00	0.00	13,780.99		
Vendor#	Vendor Name	Class	Pay Code								
11200	IRON MOUNTAIN										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
DKX309	02/28/2021	02/28/2021	03/30/2021				561.88	0.00	0.00	561.88	
	SHRED SERVICE										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
11200		IRON MOUNTAIN				561.88	0.00	0.00	561.88		
Vendor#	Vendor Name	Class	Pay Code								
11108	ITERSOURCE CORPORATION										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
711316	03/09/2021	03/01/2021	03/01/2021				250.00	0.00	0.00	250.00	
	SUPPORT SERVICES										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
11108		ITERSOURCE CORI				250.00	0.00	0.00	250.00		
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	
924162799	03/11/2021	01/26/2021	02/25/2021				208.47	0.00	0.00	208.47	
	SUPPLIES										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
J0150		J & J HEALTH CARE				208.47	0.00	0.00	208.47		
Vendor#	Vendor Name	Class	Pay Code								
13776											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
030821	03/09/2021	03/08/2021	03/08/2021				175.06	0.00	0.00	175.06	
	PATIENT REFUND										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
13776						175.06	0.00	0.00	175.06		
Vendor#	Vendor Name	Class	Pay Code								
13796											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
030921	03/10/2021	03/09/2021	03/09/2021				90.00	0.00	0.00	90.00	
	PATIENT REFUND										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
13796						90.00	0.00	0.00	90.00		
Vendor#	Vendor Name	Class	Pay Code								
L1001	LANDAUER INC	W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
100874976	03/09/2021	02/18/2021	03/18/2021				929.52	0.00	0.00	929.52	
	BADGES										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
L1001		LANDAUER INC				929.52	0.00	0.00	929.52		
Vendor#	Vendor Name	Class	Pay Code								
11796	LUBY'S FUDDRUCKERS RESTAUR										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
INV00003566	03/10/2021	02/28/2021	03/30/2021				24,164.76	0.00	0.00	24,164.76	
	FOOD SUPPLIES										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
11796		LUBY'S FUDDRUCK				24,164.76	0.00	0.00	24,164.76		
Vendor#	Vendor Name	Class	Pay Code								
M1950	MARTIN PRINTING CO	W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
76758	03/09/2021	03/01/2021	03/31/2021				28.30	0.00	0.00	28.30	
	SUPPLIES										

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SUPPLIES									
1941207296	02/28/2021	02/10/2021	03/07/2021		441.48	0.00	0.00	441.48	✓
SUPPLIES									
1941207288	02/28/2021	02/10/2021	03/07/2021		593.97	0.00	0.00	593.97	✓
SUPPLIES									
1941207295	02/28/2021	02/10/2021	03/07/2021		13.54	0.00	0.00	13.54	✓
SUPPLIES									
1941207290	02/28/2021	02/10/2021	03/25/2021		63.40	0.00	0.00	63.40	✓
SUPPLIES									
1941207536	02/28/2021	02/10/2021	03/25/2021		50.92	0.00	0.00	50.92	✓
SUPPLIES									
1941207533	02/28/2021	02/10/2021	03/25/2021		69.22	0.00	0.00	69.22	✓
SUPPLIES									
1941207524	02/28/2021	02/10/2021	03/25/2021		51.38	0.00	0.00	51.38	✓
SUPPLIES									
1941207542	02/28/2021	02/10/2021	03/25/2021		478.34	0.00	0.00	478.34	✓
SUPPLIES									
1941207287	02/28/2021	02/10/2021	03/25/2021		10.76	0.00	0.00	10.76	✓
SUPPLIES									
1941207285	02/28/2021	02/10/2021	03/25/2021		10.76	0.00	0.00	10.76	✓
SUPPLIES									
1941207511	02/28/2021	02/10/2021	03/25/2021		103.05	0.00	0.00	103.05	✓
SUPPLIES									
1941207283	02/28/2021	02/10/2021	03/25/2021		130.80	0.00	0.00	130.80	✓
SUPPLIES									
1941207293	02/28/2021	02/10/2021	03/25/2021		66.26	0.00	0.00	66.26	✓
SUPPLIES									
1941207516	02/28/2021	02/10/2021	03/25/2021		131.22	0.00	0.00	131.22	✓
SUPPLIES									
1941207519	02/28/2021	02/10/2021	03/25/2021		105.14	0.00	0.00	105.14	✓
SUPPLIES									
1941207506	02/28/2021	02/10/2021	03/25/2021		2,921.93	0.00	0.00	2,921.93	✓
SUPPLIES									
1941207526	02/28/2021	02/10/2021	03/25/2021		83.75	0.00	0.00	83.75	✓
SUPPLIES									
1941207530	02/28/2021	02/10/2021	03/25/2021		19.67	0.00	0.00	19.67	✓
SUPPLIES									
1941207518	02/28/2021	02/10/2021	03/25/2021		57.20	0.00	0.00	57.20	✓
SUPPLIES									
1941207292	02/28/2021	02/10/2021	03/25/2021		1,000.98	0.00	0.00	1,000.98	✓
SUPPLIES									
1941207281	02/28/2021	02/10/2021	03/25/2021		3.18	0.00	0.00	3.18	✓
SUPPLIES									
1942118419	02/28/2021	02/18/2021	03/25/2021		16.35	0.00	0.00	16.35	✓
SUPPLIES									
1942288531	02/28/2021	02/19/2021	03/25/2021		25.17	0.00	0.00	25.17	✓
SUPPLIES									
1942288528	02/28/2021	02/19/2021	03/25/2021		72.18	0.00	0.00	72.18	✓
SUPPLIES									
1942288529	02/28/2021	02/19/2021	03/25/2021		29.39	0.00	0.00	29.39	✓
SUPPLIES									
1942288523	02/28/2021	02/19/2021	03/25/2021		21.59	0.00	0.00	21.59	✓
SUPPLIES									
1942288524	02/28/2021	02/19/2021	03/25/2021		27.38	0.00	0.00	27.38	✓
SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
M2470		MEDLINE INDUST	16,032.79	0.00	0.00	16,032.79

Vendor#
10536

Vendor Name
MORRIS & DICKSON CO, LLC ✓

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SC7131	03/09/2021	02/25/2021	03/07/2021				30.58	0.00	0.00	30.58 ✓

SERVICE CHARGE								
SC7132	✓	03/09/2021	02/25/2021 03/07/2021	106.40	0.00	0.00	106.40	✓
SERVICE CHARGE								
2676	✓	03/09/2021	03/01/2021 03/11/2021	-461.59	0.00	0.00	-461.59	✓
CREDIT								
6644186	✓	03/09/2021	03/01/2021 03/11/2021	3,420.20	0.00	0.00	3,420.20	✓
INVENTORY								
6644188	✓	03/09/2021	03/01/2021 03/11/2021	20.23	0.00	0.00	20.23	✓
INVENTORY								
6644187	✓	03/09/2021	03/01/2021 03/11/2021	241.19	0.00	0.00	241.19	✓
INVENTORY								
6646046	✓	03/09/2021	03/02/2021 03/12/2021	19.34	0.00	0.00	19.34	✓
INVENTORY								
6648687	✓	03/09/2021	03/02/2021 03/12/2021	84.48	0.00	0.00	84.48	✓
INVENTORY								
6648688	✓	03/09/2021	03/02/2021 03/12/2021	78.29	0.00	0.00	78.29	✓
INVENTORY								
6653847	✓	03/09/2021	03/03/2021 03/13/2021	49.63	0.00	0.00	49.63	✓
INVENTORY								
6653846	✓	03/09/2021	03/03/2021 03/13/2021	3,699.00	0.00	0.00	3,699.00	✓
INVENTORY								
6651161		03/09/2021	03/03/2021 03/13/2021	898.70	0.00	0.00	898.70	✓
INVENTORY								
6653848	✓	03/09/2021	03/03/2021 03/13/2021	203.51	0.00	0.00	203.51	✓
INVENTORY								
3279	✓	03/09/2021	03/03/2021 03/13/2021	-4.99	0.00	0.00	-4.99	✓
CREDIT								
CM35858	✓	03/09/2021	03/04/2021 03/14/2021	-4,342.50	0.00	0.00	-4,342.50	✓
CREDIT								
3571	✓	03/09/2021	03/04/2021 03/14/2021	-113.56	0.00	0.00	-113.56	✓
CREDIT								
6658153	✓	03/09/2021	03/04/2021 03/14/2021	377.84	0.00	0.00	377.84	✓
INVENTORY								
6658155	✓	03/09/2021	03/04/2021 03/14/2021	802.55	0.00	0.00	802.55	✓
INVENTORY								
6658156	✓	03/09/2021	03/04/2021 03/14/2021	463.20	0.00	0.00	463.20	✓
INVENTORY								
6658157	✓	03/09/2021	03/04/2021 03/14/2021	19.36	0.00	0.00	19.36	✓
INVENTORY								
6658154	✓	03/09/2021	03/04/2021 03/14/2021	101.72	0.00	0.00	101.72	✓
INVENTORY								
6658152	✓	03/09/2021	03/04/2021 03/14/2021	16.14	0.00	0.00	16.14	✓
INVENTORY								
CM36257	✓	03/09/2021	03/05/2021 03/15/2021	-10.33	0.00	0.00	-10.33	✓
CREDIT								
6664976	✓	03/09/2021	03/07/2021 03/17/2021	209.44	0.00	0.00	209.44	✓
INVENTORY								
6664975	✓	03/09/2021	03/07/2021 03/17/2021	375.16	0.00	0.00	375.16	✓
INVENTORY								
6664974	✓	03/09/2021	03/07/2021 03/17/2021	681.42	0.00	0.00	681.42	✓
INVENTORY								
6666263	✓	03/09/2021	03/08/2021 03/18/2021	12.89	0.00	0.00	12.89	✓
INVENTORY								
6670267	✓	03/09/2021	03/08/2021 03/18/2021	81.74	0.00	0.00	81.74	✓
INVENTORY								
6666260	✓	03/09/2021	03/08/2021 03/18/2021	216.16	0.00	0.00	216.16	✓
INVENTORY								
6668820	✓	03/09/2021	03/08/2021 03/18/2021	222.09	0.00	0.00	222.09	✓
INVENTORY								
666259	✓	03/09/2021	03/08/2021 03/18/2021	4,342.50	0.00	0.00	4,342.50	✓
INVENTORY								

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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030921	03/10/2021	03/09/2021	03/09/2021				95.07	0.00	0.00	95.07 ✓
PATIENT REFUND										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13780						95.07	0.00	0.00	95.07	
Vendor#	Vendor Name		Class		Pay Code					
11252	RX WASTE SYSTEMS LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3010	03/01/2021 ✓	03/01/2021	03/26/2021				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#	Vendor Name		Class		Pay Code					
S0900	SAM'S CLUB DIRECT ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011221	03/10/2021	01/21/2021	03/08/2021				63.94	0.00	0.00	63.94 ✓
SUPPLIES										
012421	03/10/2021	01/24/2021	03/08/2021				279.97	0.00	0.00	279.97 ✓
FREEZER- ICE CREAM 3YR WARR										
020221	03/10/2021	02/02/2021	03/08/2021				66.49	0.00	0.00	66.49 ✓
SUPPLIES										
020421A	03/10/2021	02/04/2021	03/08/2021				8.98	0.00	0.00	8.98 ✓
SUPPLIES										
020421	03/10/2021	02/04/2021	03/08/2021				8.98	0.00	0.00	8.98 ✓
SUPPLIES										
020621	03/10/2021	02/06/2021	03/08/2021				8.98	0.00	0.00	8.98 ✓
SUPPLIES										
021921	03/10/2021	02/19/2021	03/08/2021				4.82	0.00	0.00	4.82 ✓
SERVICE CHARGE										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
S0900			SAM'S CLUB DIREC			442.16	0.00	0.00	442.16	
Vendor#	Vendor Name		Class		Pay Code					
S1405	SERVICE SUPPLY OF VICTORIA IN W ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
701087360	03/01/2021 ✓	03/01/2021	03/31/2021				66.21	0.00	0.00	66.21 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
S1405			SERVICE SUPPLY C			66.21	0.00	0.00	66.21	
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
CM4017	02/28/2021 ✓	02/28/2021	03/25/2021				-3,081.00	0.00	0.00	-3,081.00 ✓
CREDIT										
107012150	02/28/2021 ✓	02/28/2021	03/25/2021				5,581.00	0.00	0.00	5,581.00 ✓
BLOOD										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11296			SOUTH TEXAS BLO			2,500.00	0.00	0.00	2,500.00	
Vendor#	Vendor Name		Class		Pay Code					
C1010	SPARKLIGHT ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022021	03/10/2021	02/20/2021	03/10/2021				105.90	0.00	0.00	105.90 ✓
CABLE ACCT 128686862										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
C1010			SPARKLIGHT			105.90	0.00	0.00	105.90	
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
4009946539	03/01/2021 ✓	03/01/2021	03/31/2021				2,535.76	0.00	0.00	2,535.76 ✓
DISPOSAL SERVICES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
S3960			STERICYCLE, INC			2,535.76	0.00	0.00	2,535.76	

3/11/2021

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Vendor#
S2833

		Vendor Name		Class		Pay Code				
		STRYKER ENDOSCOPY								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10195606E	03/10/2021	02/15/2021	03/10/2021				322.32	0.00	0.00	322.32
		SUPPLIES								
Vendor Totals:		Number	Name	Gross		Discount	No-Pay	Net		
S2833			STRYKER ENDOSC	322.32		0.00	0.00	322.32		

Vendor#
T2539

		Vendor Name		Class		Pay Code				
		T-SYSTEM, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
42538	01/31/2021	01/31/2021	03/31/2021				10,694.00	0.00	0.00	10,694.00
		TRACKING/HOSTING/STAT/ SUBS								
43288	02/28/2021	02/27/2021	03/29/2021				431.42	0.00	0.00	431.42
		TRANSFER								
43473	02/28/2021	02/28/2021	03/30/2021				5,699.00	0.00	0.00	5,699.00
		TRACKING STAT CLOUD HOSTING								
Vendor Totals:		Number	Name	Gross		Discount	No-Pay	Net		
T2539			T-SYSTEM, INC	16,824.42		0.00	0.00	16,824.42		

Vendor#
11944

		Vendor Name		Class		Pay Code				
		TALX CORPORATION								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1002228598	03/08/2021	12/08/2020	01/07/2021				10.99	0.00	0.00	10.99
		EMPLOYE VERIFICATION								
1002425226	03/08/2021	02/08/2021	03/10/2021				10.99	0.00	0.00	10.99
		EMPLOYEE VERIFICATION								
Vendor Totals:		Number	Name	Gross		Discount	No-Pay	Net		
11944			TALX CORPORATIC	21.98		0.00	0.00	21.98		

Vendor#
13632

		Vendor Name		Class		Pay Code				
		THRIVEFUEL LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1095745010	03/10/2021	02/28/2021	03/10/2021				2,650.00	0.00	0.00	2,650.00
		SOCIAL ADVERTISING								
Vendor Totals:		Number	Name	Gross		Discount	No-Pay	Net		
13632			THRIVEFUEL LLC	2,650.00		0.00	0.00	2,650.00		

Vendor#
T2250

		Vendor Name		Class		Pay Code				
		THYSSENKRUPP ELEVATOR COR M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
54665236	03/10/2021	01/07/2021	01/07/2021				834.00	0.00	0.00	834.00
		OIL AND GREASE								
55048838	03/10/2021	01/08/2021	01/08/2021				625.50	0.00	0.00	625.50
		OIL AND GREASE								
Vendor Totals:		Number	Name	Gross		Discount	No-Pay	Net		
T2250			THYSSENKRUPP EI	1,459.50		0.00	0.00	1,459.50		

Vendor#
U1054

		Vendor Name		Class		Pay Code				
		UNIFIRST HOLDINGS		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400357134	03/09/2021	03/01/2021	03/26/2021				1,590.61	0.00	0.00	1,590.61
		LAUNDRY								
8400357109	03/09/2021	03/01/2021	03/26/2021				45.15	0.00	0.00	45.15
		LAUNDRY								
8400357110	03/09/2021	03/01/2021	03/26/2021				62.11	0.00	0.00	62.11
		LAUNDRY								
8400357488	03/10/2021	03/04/2021	03/29/2021				242.14	0.00	0.00	242.14
		LAUNDRY								
8400357538	03/10/2021	03/04/2021	03/29/2021				117.77	0.00	0.00	117.77
		LAUNDRY								
Vendor Totals:		Number	Name	Gross		Discount	No-Pay	Net		
U1054			UNIFIRST HOLDING	2,057.78		0.00	0.00	2,057.78		

Vendor#
12400

		Vendor Name		Class		Pay Code				
		UPDOX LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

3/11/2021

tmp_cw5report6368851117979330750.html

INV00234399	02/28/2021	02/28/2021	03/25/2021				1,600.00	0.00	0.00	1,600.00	✓
				FAXING							
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
U2000	12400		UPDOX LLC		1,600.00	0.00	0.00	1,600.00			
			Vendor Name		Class		Pay Code				
			US POSTAL SERVICE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
031021	03/10/2021	03/10/2021	03/10/2021				2,200.00	0.00	0.00	2,200.00	✓
				POSTAGE							
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
V1058	U2000		US POSTAL SERVIC		2,200.00	0.00	0.00	2,200.00			
			Vendor Name		Class		Pay Code				
			VICTORIA ANESTHESIOLOGY	✓	W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
030428	02/28/2021	03/04/2028	03/25/2021				46,055.53	0.00	0.00	46,055.53	✓
				ANESTHESIA							
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
V1471	V1058		VICTORIA ANESTHI		46,055.53	0.00	0.00	46,055.53			
			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	
21020160	✓ 03/10/2021	02/28/2021	02/28/2021				280.00	0.00	0.00	280.00	✓
				AD							
21020159	✓ 03/10/2021	02/28/2021	02/28/2021				280.00	0.00	0.00	280.00	✓
				AD							
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
I1110	V1471		VICTORIA RADIOW		560.00	0.00	0.00	560.00			
			Vendor Name		Class		Pay Code				
			WERFEN USA LLC	✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
9110917439	03/09/2021	12/21/2020	01/15/2021				2,744.41	0.00	0.00	2,744.41	✓
				SUPPLIES							
9110942993	✓ 03/10/2021	02/15/2021	03/12/2021				1,571.67	0.00	0.00	1,571.67	✓
				LEASE							
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
I1110	I1110		WERFEN USA LLC		4,316.08	0.00	0.00	4,316.08			
			Vendor Name		Class		Pay Code				
			WOUND CARE SPECIALISTS	✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
WCS000043	03/10/2021	03/01/2021	03/30/2021				5,950.00	0.00	0.00	5,950.00	✓
	19			WOUND CARE							
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
I10556	10556		WOUND CARE SPE		5,950.00	0.00	0.00	5,950.00			
			Vendor Name		Class		Pay Code				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
030921	03/10/2021	03/09/2021	03/09/2021				113.06	0.00	0.00	113.06	✓
				PATIENT REFUND							
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
I13792	13792				113.06	0.00	0.00	113.06			

Report Summary

Grand Totals:

Gross
453,052.21Discount
0.00No-Pay
0.00Net
453,052.21

453,052.21 +
10,694.00 -
18,453.50 -
423,904.71

APPROVED
MAR 11 2021
COURTESY ACCOUNTING
SALT CREEK COUNTY, TEXAS

CK#

189627-

189705

pg 12 correction
pg 10 correction

Σ < 10,694.00
Σ < 18,453.50
\$ 423,904.71

CITIBANK CORPORATE CARD

Account Statement



Account Inquiries:

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

Commerical Card Account
 JASON W ANGLIN

Account Number: XXXX-XXXX-XXXX

Summary of Account Activity

Total Activity \$493.00

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

Not an invoice. For your records only.

Credit Limit \$20,000
 Cash Advance Limit \$0
 Statement Closing Date 03/03/2021
 Days in Billing Period 28

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
02/11	02/10	7399	55432861041200328388172	1 IN *HIGHWAY 35 BAY WAS 361-5520770 TX PH0076961379	77979 USA 229.29 ✓
02/25	02/24	5942	55432861055200778469004	2 AMZN Mktp US*7R0RC7Q83 Amzn.com/billWA 114-9192428-81866	98109 USA 7.75 ✓
03/01	02/26	9399	55488721058091274000914	3 TXDPS CRIME RECS 5124242936 TX	78752 USA 122.96 ✓
03/01	02/26	9399	05134371058600031664148	4 NPDB NPDB.HRSA.GOV 800-767-6732 VA N74554045	22033 USA 12.00 ✓
03/01	02/26	9399	05134371058600031664221	5 NPDB NPDB.HRSA.GOV 800-767-6732 VA N74554302	22033 USA 2.00 ✓
03/02	03/01	5968	55432861060200320594161	6 Amazon Prime*BJ11J8DJ3 Amzn.com/billWA D01-8543653-09570	98109 USA 119.00 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S): \$493.00					✓

Confirmation DWR-00744203

3-24-21

CALHOUN COUNTY TREASURER

APPROVED

MAR - 4 2021

MAR 15 2021

DATE RECEIVED

RECEIVED
 CALHOUN COUNTY, TEXAS

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2



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

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

Not an invoice.
 For your records only.

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

00006934502

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 charges 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.

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 3/4/2021

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	—		TXDPS Crime Recs			122.96 ✓
2			HR + Credentialing			
3	—		NPDB - 6 renewals			12.00 ✓
4			Credentialing			
5	—	122.96 +	NPDB - 1 enrollment			2.00 ✓
6		12.00 +	Credentialing			
7	—	2.00 +	Amazon - Membership			119.00 ✓
8		119.00 +	Renewal Fee			7.75 ✓
		7.75 +				
		493.00 *				
9	—		Bay Storage - 10x15 Climate Control Storage Unit for Feb. and March w/ sec. deposit			229.21 ✓
10	—		Amazon - Assembly Connector			7.75 ✓

Est. Freight _____

Est. Total Cost _____

TOTAL COST \$493.00

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 [Signature]

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 # 3653004032

Summary of Account Activity

Previous Balance	\$4,334.50
Payments	\$4,334.50
Credits	\$0.00
Purchases & Other Charges	\$493.00
Cash Transactions	\$0.00
Cash Transaction Fees	\$0.00
Interest Charges	\$0.00

Credit Limit	\$30,000
Available Credit Limit	\$29,507
Cash Advance Limit	\$0
Available Cash Advance Limit	\$0

Payment Information

New Balance	\$493.00
Past Due Amount	\$0.00
Disputed Amount	\$0.00
Amount Over Credit Limit	\$0.00
Minimum Payment Due	\$493.00
Payment Due Date	03/28/2021
Statement Closing Date	03/03/2021
Days in Billing Period	28

Send Notice of Billing Errors and Customer Service Inquiries to:

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

Company Transactions

Account: XXXX-XXXX-XXXX-

C0001 CALHOUN COUNTY MMC

Total Activity: -\$4,334.50

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
03/01	03/01	0000	75563971060060000000301	1 PAYMENT THANK YOU	4,334.50 PY

Cardholder Transactions

Account: XXXX-XXXX-XXXX-

JASON W ANGLIN

Total Activity: \$493.00

Credit Limit: \$20,000

Cash Limit: \$0

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
02/11	02/10	7399	55432861041200328388172	1 IN *HIGHWAY 35 BAY WAS 361-5520770 TX PH0076961379	229.29
02/25	02/24	5942	55432861055200778469004	2 AMZN Mktp US*7R0RC7Q83 Amzn.com/billWA 114-9192428-81866	7.75
03/01	02/26	9399	55488721058091274000914	3 TXDPS CRIME RECS 5124242936 TX	122.96

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.

CALHOUN COUNTY TREASURER

MAR - 4 2021

DATE RECEIVED

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-2799
 Payment Due Date March 28, 2021
 New Balance \$493.00
 Past Due Amount* \$0.00
 Minimum Payment Due \$493.00
 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

28000 0049300 0049300 0433450 05567090005272799 0302

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.
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- 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.
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- 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
03/01	02/26	9399	05134371058600031664148	4	NPDB NPDB.HRSA.GOV N74554045	800-767-6732 VA	22033 USA	12.00
03/01	02/26	9399	05134371058600031664221	5	NPDB NPDB.HRSA.GOV N74554302	800-767-6732 VA	22033 USA	2.00
03/02	03/01	5968	55432861060200320594161	6	Amazon Prime*BJ11J8DJ3 D01-8543653-09570	Amzn.com/billWA	98109 USA	119.00

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

Wire Transfer

- COUNTY OF CALHOUN TEXAS (COUNT1923)



Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 493.00 ✓
Debit Account *4357 - DDA (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank
Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL
Payment Date 03/24/2021 ✓

Originator Information

Originator Name COUNTY OF CALHOUN TEXAS
Originator Address 1 202 S ANN STREET
Originator Address 2 SUITE A
Originator Address 3 PORT LAVACA, TX 77979

Beneficiary / Payee Information

Name CBNA INCOMING SETTLEMENT
ACCOUNT Beneficiary ID Type Account Number
Beneficiary ID
Address 1
Address 2
Address 3
Beneficiary Country
Contact Name
Phone Number

Beneficiary Bank Information

Name CITIBANK NA
Beneficiary Bank ID Type
Beneficiary Bank ID
Address
Address 2
Address 3
Intl Routing Number
Beneficiary Bank Country US

Additional Reference Information

Purpose Of Payment CREDIT CARD PMT

Additional Information
Beneficiary

Status History

Timestamp	Status	Initiator	Description
Mar 19, 2021 9:24:15 AM CDT	Created		Wire Created.

MCKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/12/2021

Page: 002

DC: 8115

Territory:

Customer: 632536

Date: 03/13/2021

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

As of: 03/12/2021

Page: 002

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536

Date: 03/13/2021

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	
-----------------	-------------	----------------------	--	-------------	------------------	-------------------	--------	-----------------	--------	----------------------	--

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,223.56 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 03/16/2021,
Pay This Amount:

2,179.09 USD

If Paid After 03/16/2021,
Pay this Amount:

2,223.56 USD

Due If Paid On Time:
USD

2,179.09

Disc lost if paid late:

44.47

Due If Paid Late:
USD

2,223.56

530.91 +
1,119.55 +
600.39 +
405.24 +
2,179.09 *

OK # 500180

APPROVED
ON

MAR 15 2021

CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

Company: 8000

As of: 03/12/2021

Page: 001

To ensure proper credit to your
account, detach and return this
stub with your remittanceHEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 190813

Date: 03/13/2021

As of: 03/12/2021
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 190813 PLEASE CHECK ANY
Date: 03/13/2021 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											
03/10/2021	03/16/2021	7257654854	2017027652	115Invoice	0.56	28.07		27.51 ✓		7257654854	
03/12/2021	03/16/2021	7258157204	2017027747	115Invoice	0.54	26.94		26.40 ✓		7258157204	

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: 55.01 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,728.66
03/08/2021If Paid By 03/16/2021,
Pay This Amount:

53.91 USD

If Paid After 03/16/2021,
Pay this Amount:

55.01 USD

Due If Paid On Time:
USD

53.91

Disc lost if paid late:

1.10

Due If Paid Late:
USD

55.01

MAR 15 2021

CREDIT ADVISORY
CALL 800-867-0333, 24 HRS

For AR Inquiries please <> contact 800-867-0333

McKESSON**STATEMENT**

Company: 8000

As of: 03/12/2021

Page: 001

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

DC: 8115

As of: 03/12/2021
Mail to:Page: 001
Comp: 8000WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 256342

Date: 03/13/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 256342 PLEASE CHECK ANY
Date: 03/13/2021 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											
03/08/2021	03/16/2021	7257079030	5117218	115Invoice	0.01	0.63		0.62 ✓		7257079030	
03/08/2021	03/16/2021	7257079031	5137184	115Invoice	0.01	0.32		0.31 ✓		7257079031	
03/10/2021	03/16/2021	7257649074	5303379	115Invoice	0.04	1.90		1.86 ✓		7257649074	
03/10/2021	03/16/2021	7257649075	5339786	115Invoice	0.01	0.61		0.60 ✓		7257649075	
03/10/2021	03/16/2021	7257843484	856815644	195Invoice	1.20	59.82		58.62 ✓		7257843484	
03/11/2021	03/16/2021	7257922882	5399420	115Invoice	21.55	1,077.54		1,055.99 ✓		7257922882	
03/11/2021	03/16/2021	7257922884	5399420	115Invoice	0.01	0.63		0.62 ✓		7257922884	
03/12/2021	03/16/2021	7258348737	857101208	195Invoice	0.02	0.95		0.93 ✓		7258348737	

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:

1,142.40 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,728.66
03/08/2021If Paid By 03/16/2021,
Pay This Amount:

1,119.55 USD

If Paid After 03/16/2021,
Pay this Amount:

1,142.40 USD

Due If Paid On Time:

USD

1,119.55

Disc lost if paid late:

22.85

Due If Paid Late:

USD

1,142.40

APPROVED
ON

MAR 15 2021

GARY A. JONES
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 03/12/2021

Page: 001

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

Company: 8000

DC: 8115

Territory: 400

Customer: 262252

Date: 03/13/2021

As of: 03/12/2021
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 262252
Date: 03/13/2021
**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 262252 CVS PHCY 7006/MEMORIA PHS											
03/11/2021	03/16/2021	7257923927	1090305	115Invoice	12.25	612.64		600.39	✓	7257923927	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals:

612.64 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,728.66
03/08/2021If Paid By 03/16/2021,
Pay This Amount:

600.39 USD

If Paid After 03/16/2021,
Pay this Amount:

612.64 USD

Due If Paid On Time:

USD

600.39

Disc lost if paid late:

12.25

Due If Paid Late:

USD

612.64

APPROVED
BY

MAR 15 2021

GARY A. ...
CALHOUN COUNTY, TEXAS

For AR Inquiries please <> contact 800-867-0333

McKESSON**STATEMENT**

Company: 8000

As of: 03/12/2021

Page: 001

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

DC: 8115

As of: 03/12/2021 Page: 001
Mail to: Comp: 8000

Territory: 400

Customer: 835438
Date: 03/13/2021AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835438 PLEASE CHECK ANY
Date: 03/13/2021 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 835438 CVS PHCY 7475/MEM MC PHS											
03/11/2021	03/16/2021	7258105755	1091786	115Invoice	8.27	413.51		405.24	✓	7258105755	

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

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS

Subtotals:

413.51 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,728.66
03/08/2021If Paid By 03/16/2021,
Pay This Amount:

405.24 USD

If Paid After 03/16/2021,
Pay this Amount:

413.51 USD

Due If Paid On Time:

USD

405.24 ✓

Disc lost if paid late:

8.27

Due If Paid Late:

USD

413.51

APPROVED
ON

MAR 15 2021

GEORGE ANDERSON
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



STATEMENT

Statement Number: 60495805
Date: 03-12-2021

1 of 1

Served By:

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

Customer:

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

Remit To:

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

Customer Number

0100135284 / 037028186

Terms

Monday - Friday Due in 7 days

Summary

Not Yet Due:	0.00
Current:	530.33
Past Due:	0.00
Total Due:	530.33
Account Balance:	530.33

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-08-2021	03-19-2021	3049205274	160383	Invoice	396.00		0.00	396.00 ✓
03-08-2021	03-19-2021	3049205275	160388	Invoice	24.88		0.00	24.88 ✓
03-08-2021	03-19-2021	3049205276	160390	Invoice	0.18		0.00	0.18 ✓
03-08-2021	03-19-2021	3049205277	160384	Invoice	7.19		0.00	7.19 ✓
03-08-2021	03-19-2021	3049205278	160389	Invoice	1.26		0.00	1.26 ✓
03-08-2021	03-19-2021	3049238295	160436	Invoice	10.47		0.00	10.47 ✓
03-09-2021	03-19-2021	3049378397	160451	Invoice	74.54		0.00	74.54 ✓
03-10-2021	03-19-2021	3049508343	160457	Invoice	15.81		0.00	15.81 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
530.33	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
03-19-2021	530.33 ✓
Total Due:	530.33

CK #500181

APPROVED
ON

MAR 15 2021

COURT REPORTER
CALHOUN COUNTY, TEXAS

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" 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	★ 03
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM"	★ \$ 98,715.85 #
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	1
"ENTER W/CENTS AMOUNT OF MEDICARE"	0 \$ 50,805.54 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 11,882.00 #
	\$ 36,028.31 #
	CHECK \$
☐ "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	★
	1
☐ ACKNOWLEDGEMENT NUMBER	

CALLER IN BY:
CALLER IN DATE:
CALLER IN TIME:

Run Date: 03/15/21
Time: 09:57

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 02/26/21 - 03/11/21 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	9922.75	N		N	N		197635.18	A/R	687.85	A/R2 25.00 A/R3
1	REGULAR PAY-S1	1865.25	N		N	N	N	80430.80	ADVANC	AWARDS	BOOTS
1	REGULAR PAY-S1	354.25	Y		N	N		9440.67	CAFE H	CAFE-1	CAFE-2
2	REGULAR PAY-S2	2565.00	N		N	N		59356.33	CAFE-3	CAFE-4	CAFE-5
2	REGULAR PAY-S2	1.00	N		N	N	N	17.00	CAFE-C	CAFE-D	1703.62 CAFE-F
2	REGULAR PAY-S2	148.50	Y		N	N		4803.51	CAFE-H	20917.57	CAFE-I CAFE-L
3	REGULAR PAY-S3	1349.00	N		N	N		35807.48	CAFE-P	CANCER	CHILD 544.62
3	REGULAR PAY-S3	95.25	Y		N	N		3344.56	CLINIC	50.00	COMBIN 434.57 CREDUN
C	CALL PAY	2525.75	N	1	N	N		5051.50	DD ADV	DENTAL	DEP-LF
D	DOUBLE TIME		N		N	N	N	295.74	DIS-LF	EAT	EATCSH
D	DOUBLE TIME	3.75	N	2	N	N		310.65	FEDTAX	36028.31	FICA-M 5941.00 FICA-O 25402.77
D	DOUBLE TIME	7.50	N	3	N	N		636.30	FIRSTC	FLEX S	3757.98 FLX FE
E	EXTRA WAGES		N		N	N	N	6740.25	FORT D	FUTA	GIFT S 212.74
E	EXTRA WAGES		N	1	N	N	N	1325.00	GRANT	GRP-IN	GTL
F	FUNERAL LEAVE	12.00	N	1	N	N		153.24	HOSP-I	ID TFT	LEAF
I	INSERVICE	31.75	N	1	N	N		915.24	LEGAL	280.32	MASA 885.50 MEALS 210.18
K	EXTENDED-ILLNESS-BANK	124.00	N	1	N	N		3771.56	METVIS	904.87	MISC MISC/
P	PAID-TIME-OFF	299.29	N		N	N	N	7477.08	MMCSHR	NATFML	1838.73 OTHER
P	PAID-TIME-OFF	1029.69	N	1	N	N		22170.59	PHI	PHI***	PR FIN
X	CALL PAY 2	112.00	N	1	N	N		224.00	RELAY	REPAY	SAMS
Y	YMCA/CURVES		N		N	N	N	75.00	SCRUBS	SIGNON	ST-TX
Z	CALL PAY 3	144.00	N	1	N	N		432.00	STONDF	790.86	STONE STONE2
								STUDEN	SUNACC	772.18	SUNILL 664.76
								SUNIND	563.59	SUNLIF 769.10	SUNSTD 1179.36
								SUNVIS	SURCHG	720.00	TSA-1
								TSA-2	TSA-C		TSA-P
								TSA-R	30828.92	TUTION	UNIFOR 240.55
								UW/HOS			
Grand Totals: 20610.73								(Gross: 440413.68	Deductions: 136354.95	Net: 304058.73	
Checks Count:- FT 202 PT 8 Other 50 Female 229 Male 29 Credit								OverAmt 5 ZeroNet	Term	Total: 256	

Pay date
03-19-21

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- March 8, 2021 - March 14, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	
3/8/2021	PAY PLUS ACHTRANS 452579291 101000697314992	- 3rd Party Payor Fee	62.70	62.70 +
3/8/2021	IRS USATAXPYMT 220146741333493 6103601000153	- Payroll Taxes	92,103.16	320.20 +
3/9/2021	PAY PLUS ACHTRANS 452579291 101000698400099	- 3rd Party Payor Fee	320.20	275.47 +
3/9/2021	MCKESSON DRUG AUTO ACH ACH04501372 910000156	- 340B Drug Program Expense	2,728.66	21.12 +
3/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	497.46	679.49 *
3/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	71.84	497.46 +
3/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	594.41	71.84 +
3/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110	- Credit Card Processing Fee	107.48	594.41 +
3/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	1,888.36	107.48 +
3/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110	- Credit Card Processing Fee	595.04	1,888.36 +
3/10/2021	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	129.00	595.04 +
3/10/2021	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee	492.31	129.00 +
3/10/2021	PAY PLUS ACHTRANS 452579291 101000699246476	- 3rd Party Payor Fee	275.47	492.31 +
3/12/2021	PAY PLUS ACHTRANS 452579291 101000690758548	- 3rd Party Payor Fee	21.12	4,375.90 *
3/12/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	3,722.96	679.49 +
			<u>103,610.17</u>	4,375.90 +
				5,055.39 *

Jason Anglin, CEO
Memorial Medical Center

March 15, 2021

* Approved 03.10.21 CC
** Approved 03.03.21 CC

103,610.17 +
92,103.16 -
2,728.66 -
3,722.96 -
5,055.39 *

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>	
3/19/2021	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	139,712.21	5,055.39 +
3/20/2021	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	1,226.31	5,055.39 -
			<u>139,712.21</u>	0.00 *

Jason Anglin, CEO
Memorial Medical Center

March 15, 2021

Retirement 3/15/21

Date/Time 03-09-2021 / 12:55 PM
Submitted By

Pay Date 02-28-2021

Employee Deposits	\$61,086.07
Employer Contributions	\$78,626.14
Group Term Life Premiums	\$0.00
Total	\$139,712.21



Comments

Payroll File February 2021 Retirement Upload.xlsx

CLOSE

PRINT

Sales Tax 3/20/21

03/20/2021

eSystems

800-875-4444

GreenHogart
To view reports, click on the report icon.

Home Help Log Out



IMPORTANT : To avoid losing data you have entered, Please do NOT use your browser's back button.

Sales and Use Tax

Period Ending 02/28/2021 (2102)



Confirmation: You Have Filed Successfully

Reference Number

Date and Time of Filing: 03/09/2021, 01:33:18 PM

Taxpayer ID:

Taxpayer Name: MEMORIAL MEDICAL CENTER

Taxpayer Address: 815 N VIRGINIA ST PORT LAVACA, TX 77979-3025

Entered by:

Email Address:

Telephone Number:

IP Address:

CREDITS TAKEN

Credits Taken

Are you taking credit to reduce taxes due on this return?

No

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licenced Customs Broker Export Certifications?

No

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	14939	14939	0	14939	933.69	14939	0.02	298.78
SubTotal	14939	14939	0	14939	933.69	14939		298.78

Total Tax for Locations

\$1,232.47

Total Tax Due: \$1,232.47

Timely Filing Discount: -\$6.16

Balance Due: \$1,226.31

Pending Payments: -\$0.00

Total Amount Due and Payable: \$1,226.31

(State amount due is \$929.02)

(Local amount due is \$297.29)

03/11/2021

MEMORIAL MEDICAL CENTER

0

10:48

AP Open Invoice List

ap_open_invoice.template

Dates Through: 04/01/2021

Vendor#
11816

Vendor Name

Class

Pay Code

ASHFORD GARDENS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030421	03/09/2021	03/04/2021	04/01/2021				14,240.63	0.00	0.00	14,240.63 ✓

UHC QUIPP JANUARY 2021

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11816		ASHFORD GARDEN	14,240.63	0.00	0.00	14,240.63

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	14,240.63	0.00	0.00	14,240.63

APPROVED
ON
MAR 11 2021
GARY ASHLEY
CALHOUN COUNTY, TEXAS

CK #
189704

RECEIVED

03/11/2021
10:48 MAR 11 2021

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 04/01/2021

0
ap_open_invoice.template

Vendor#
11828
Galveston County Auditor

Vendor Name
SOLERA WEST HOUSTON
Class
Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030421	03/09/2021	03/04/2021	04/01/2021				5,579.19	0.00	0.00	5,579.19

UHC QUIPP JANUARY 2021

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11828		SOLERA WEST HOI	5,579.19	0.00	0.00	5,579.19

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,579.19	0.00	0.00	5,579.19

APPROVED
ON
MAR 11 2021
CK#
18973
CLERK
GALVESTON COUNTY, TEXAS

RECEIVED

03/11/2021

10:48 MAR 11 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through: 04/01/2021

ap_open_invoice.template

Vendor#
11820

Calhoun County Auditor

Vendor Name

Class

Pay Code

FORTBEND HEALTHCARE CENTE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030421	03/09/2021	03/04/2021	04/01/2021				5,803.76	0.00	0.00	5,803.76

UHC QUIPP JANUARY 2021

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11820

FORTBEND HEALTH

5,803.76

0.00

0.00

5,803.76

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

5,803.76

0.00

0.00

5,803.76

APPROVED
ON

MAR 11 2021

GARY A. ANDERSON
CALHOUN COUNTY, TEXAS

CK#

189710

RECEIVED

03/11/2021

10:48 MAR 11 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through: 04/01/2021

ap_open_invoice.template

Vendor#
11832

Catholix County Auditor

Vendor Name

Class

Pay Code

BROADMOOR AT CREEKSIDE PAF

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021021	02/28/2021	02/10/2021	04/01/2021				4,048.00	0.00	0.00	4,048.00 ✓
		TRANSFER								
022521	02/28/2021	02/25/2021	04/01/2021				1,298.50	0.00	0.00	1,298.50 ✓
		TRANSFER								
022521A	02/28/2021	02/25/2021	04/01/2021				5,750.50	0.00	0.00	5,750.50 ✓
		TRANSFER								
022521B	02/28/2021	02/25/2021	04/01/2021				185.50	0.00	0.00	185.50 ✓
		TRANSFER								
030421	03/09/2021	03/04/2021	04/01/2021				5,889.06	0.00	0.00	5,889.06 ✓
		UHC QUPP JANUARY 2021								

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11832

BROADMOOR AT C

17,171.56

0.00

0.00

17,171.56

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

17,171.56

0.00

0.00

17,171.56

APPROVED
CM

MAR 11 2021

ck#

189709

CATHOLIX COUNTY AUDITOR
CATHOLIX COUNTY, TEXAS

RECEIVED

03/11/2021

MAR 11 2021

10:48

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through: 04/01/2021

ap_open_invoice.template

Calhoun County Auditor

Vendor#
11824

Vendor Name

THE CRESCENT ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020921	02/28/2021	02/09/2021	04/01/2021				1,440.00	0.00	0.00	1,440.00 ✓
	TRANSFER NH insurance payment deposited into mmc operating									
021921	02/28/2021	02/19/2021	04/01/2021				3,000.00	0.00	0.00	3,000.00 ✓
	TRANSFER NH insurance payment deposited into mmc operating									
022521	02/28/2021	02/25/2021	04/01/2021				3,000.00	0.00	0.00	3,000.00 ✓
	TRANSFER NH insurance payment deposited into mmc operating									
030421	03/09/2021	03/04/2021	04/01/2021				4,752.87	0.00	0.00	4,752.87 ✓

UHC QUIPP JANUARY 2021

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11824		THE CRESCENT	12,192.87	0.00	0.00	12,192.87

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	12,192.87	0.00	0.00	12,192.87

APPROVED
GT**MAR 11 2021**

OK H

CALHOUN COUNTY, TEXAS

189714

RECEIVED

03/11/2021

10:47

MAR 11 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through: 04/01/2021

ap_open_invoice.template

Vendor#
11836 **Coffey 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
020821	02/28/2021	02/08/2021	04/01/2021				14,079.14	0.00	0.00	14,079.14 ✓
	TRANSFER									
021021	02/28/2021	02/10/2021	04/01/2021				38,286.79	0.00	0.00	38,286.79 ✓
	TRANSFER									
021621	02/28/2021	02/16/2021	04/01/2021				59.15	0.00	0.00	59.15 ✓
	TRANSFER									
021821C	02/28/2021	02/18/2021	02/18/2021				18,848.97	0.00	0.00	18,848.97 ✓
	TRANSFER									
021821A	02/28/2021	02/18/2021	04/01/2021				6,539.96	0.00	0.00	6,539.96 ✓
	TRANSFER									
021821B	02/28/2021	02/18/2021	04/01/2021				1,855.20	0.00	0.00	1,855.20 ✓
	TRANSFER									
022521	02/28/2021	02/25/2021	04/01/2021				2,040.50	0.00	0.00	2,040.50 ✓
	TRANSFER									
030421	03/09/2021	03/04/2021	04/01/2021				9,764.48	0.00	0.00	9,764.48 ✓
	UHC QUIPP JANUARY 2021									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11836			GOLDENCREEK HE			91,474.19	0.00	0.00	91,474.19	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	91,474.19	0.00	0.00	91,474.19

APPROVED
BY

CkH

MAR 11 2021

185711

CALIFORNIA AUDITOR
CALIFORNIA COUNTY, TEXAS

0

ap_open_invoice.template

Dates Through: 04/01/2021

Pay Code

12696

GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020821		02/28/2021	02/08/2021	04/01/2021			4,834.48	0.00	0.00	4,834.48
	TRANSFER									
021021A		02/28/2021	02/10/2021	04/01/2021			4,094.75	0.00	0.00	4,094.75
	TRANSFER									
021021		02/28/2021	02/10/2021	04/01/2021			25,765.75	0.00	0.00	25,765.75
	TRANSFER									
021121		02/28/2021	02/11/2021	04/01/2021			86.75	0.00	0.00	86.75
	TRANSFER									
022221		02/28/2021	02/22/2021	04/01/2021			4,942.99	0.00	0.00	4,942.99
	TRANSFER									
022321A		02/28/2021	02/23/2021	04/01/2021			23,782.98	0.00	0.00	23,782.98
	TRANSFER									
022321		02/28/2021	02/23/2021	04/01/2021			8,568.00	0.00	0.00	8,568.00
	TRANSFER									
022421		02/28/2021	02/24/2021	04/01/2021			1,603.29	0.00	0.00	1,603.29
	TRANSFER									
022521		02/28/2021	02/25/2021	04/01/2021			910.00	0.00	0.00	910.00
	TRANSFER									
022621A		02/28/2021	02/26/2021	04/01/2021			282.24	0.00	0.00	282.24
	TRANSFER									
022621		02/28/2021	02/26/2021	04/01/2021			3,710.00	0.00	0.00	3,710.00
	TRANSFER									
030421		03/09/2021	03/04/2021	04/01/2021			5,763.08	0.00	0.00	5,763.08

UHC QUIPP JANUARY 2021

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12696		GULF POINTE PLAZ	84,344.31	0.00	0.00	84,344.31

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	84,344.31	0.00	0.00	84,344.31

APPROVED
ON
MAR 11 2021
CANTON AUDITOR
CALIFORNIA COUNTY, TEXAS

CK#
189712

RECEIVED

03/11/2021

10:47

MAR 11 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through: 04/01/2021

ap_open_invoice.template

Vendor#

Vendor Name

Class

Pay Code

13004

Columbia County Auditor

TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
020501A	02/28/2021	02/05/2001	04/01/2021				1,858.82	0.00	0.00	1,858.82	✓
	TRANSFER										
020821	02/28/2021	02/08/2021	04/01/2021				1,408.00	0.00	0.00	1,408.00	✓
	TRANSFER										
020821A	02/28/2021	02/08/2021	04/01/2021				2,376.85	0.00	0.00	2,376.85	✓
	TRANSFER										
020821B	02/28/2021	02/08/2021	04/01/2021				8,780.00	0.00	0.00	8,780.00	✓
	TRANSFER										
020921	02/28/2021	02/09/2021	04/01/2021				3,696.00	0.00	0.00	3,696.00	✓
	TRANSFER										
021021A	02/28/2021	02/10/2021	04/01/2021				1,056.00	0.00	0.00	1,056.00	✓
	TRANSFER										
021021C	02/28/2021	02/10/2021	04/01/2021				9,764.28	0.00	0.00	9,764.28	✓
	TRANSFER										
021021	02/28/2021	02/10/2021	04/01/2021				7,463.00	0.00	0.00	7,463.00	✓
	TRANSFER										
021021B	02/28/2021	02/10/2021	04/01/2021				598.30	0.00	0.00	598.30	✓
	TRANSFER										
021021D	02/28/2021	02/10/2021	04/01/2021				5,632.00	0.00	0.00	5,632.00	✓
	TRANSFER										
021621	02/28/2021	02/16/2021	04/01/2021				1,584.00	0.00	0.00	1,584.00	✓
	TRANSFER										
021721A	02/28/2021	02/17/2021	04/01/2021				2,553.81	0.00	0.00	2,553.81	✓
	TRANSFER										
021721	02/28/2021	02/17/2021	04/01/2021				433.80	0.00	0.00	433.80	✓
	TRANSFER										
021821A	02/28/2021	02/18/2021	04/01/2021				11,277.91	0.00	0.00	11,277.91	✓
	TRANSFER										
021821	02/28/2021	02/18/2021	04/01/2021				528.00	0.00	0.00	528.00	✓
	TRANSFER										
021821C	02/28/2021	02/18/2021	04/01/2021				2,288.00	0.00	0.00	2,288.00	✓
	TRANSFER										
021821B	02/28/2021	02/18/2021	04/01/2021				1,096.83	0.00	0.00	1,096.83	✓
	TRANSFER										
021921	02/28/2021	02/19/2021	04/01/2021				528.00	0.00	0.00	528.00	✓
	TRANSFER										
022221A	02/28/2021	02/22/2021	04/01/2021				1,756.00	0.00	0.00	1,756.00	✓
	TRANSFER										
022221	02/28/2021	02/22/2021	04/01/2021				880.00	0.00	0.00	880.00	✓
	TRANSFER										
022321	02/28/2021	02/23/2021	04/01/2021				307.66	0.00	0.00	307.66	✓
	TRANSFER										
022321A	02/28/2021	02/23/2021	04/01/2021				2,553.81	0.00	0.00	2,553.81	✓
	TRANSFER										
022421	02/28/2021	02/24/2021	04/01/2021				9,793.98	0.00	0.00	9,793.98	✓
	TRANSFER										
022521	02/28/2021	02/25/2021	04/01/2021				2,580.76	0.00	0.00	2,580.76	✓
	TRANSFER										
030421	03/09/2021	03/04/2021	04/01/2021				8,351.57	0.00	0.00	8,351.57	✓
	UHC QUIPP JANUARY 2021										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13004		TUSCANY VILLAGE	89,147.38	0.00	0.00	89,147.38

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
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89,147.38	0.00	0.00	89,147.38
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APPROVED
ON
MAR 11 2021
COURTNEY J. HENDERSON
CLERK OF COURTS, TEXAS

CK#
1897114

RECEIVED

03/11/2021

10:57

MAR 11 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through: 04/01/2021

ap_open_invoice.template

Vendor#

12792

Gallatin County Auditor

Vendor Name

BETHANY SENIOR LIVING ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020521	02/28/2021	02/05/2021	04/01/2021				403.75	0.00	0.00	403.75 ✓
		TRANSFER								
020921	02/28/2021	02/09/2021	04/01/2021				1,760.00	0.00	0.00	1,760.00 ✓
		TRANSFER								
021021	02/28/2021	02/10/2021	04/01/2021				5,456.00	0.00	0.00	5,456.00 ✓
		TRANSFER								
021021A	02/28/2021	02/10/2021	04/01/2021				9,439.75	0.00	0.00	9,439.75 ✓
		TRANSFER								
021021B	02/28/2021	02/10/2021	04/01/2021				57,006.69	0.00	0.00	57,006.69 ✓
		TRANSFER								
021121	02/28/2021	02/11/2021	04/01/2021				7,773.50	0.00	0.00	7,773.50 ✓
		TRANSFER								
021821A	02/28/2021	02/18/2021	04/01/2021				15,664.00	0.00	0.00	15,664.00 ✓
		TRANSFER								
021921	02/28/2021	02/19/2021	04/01/2021				41,243.46	0.00	0.00	41,243.46 ✓
		TRANSFER								
022221	02/28/2021	02/22/2021	04/01/2021				40,082.65	0.00	0.00	40,082.65 ✓
		TRANSFER								
022421A	02/28/2021	02/24/2021	04/01/2021				202.14	0.00	0.00	202.14 ✓
		TRANSFER								
022421	02/28/2021	02/24/2021	04/01/2021				19,121.90	0.00	0.00	19,121.90 ✓
		TRANSFER								
022521B	02/28/2021	02/25/2021	04/01/2021				92,771.33	0.00	0.00	92,771.33 ✓
		TRANSFER								
022521	02/28/2021	02/25/2021	04/01/2021				4,079.23	0.00	0.00	4,079.23 ✓
		TRANSFER								
022621C	02/28/2021	02/26/2021	04/01/2021				223.24	0.00	0.00	223.24 ✓
		TRANSFER								
022621	02/28/2021	02/26/2021	04/01/2021				10,439.83	0.00	0.00	10,439.83 ✓
		TRANSFER								
022621A	02/28/2021	02/26/2021	04/01/2021				31,275.07	0.00	0.00	31,275.07 ✓
		TRANSFER								

Vendor Totals:

12792

Number

Name

BETHANY SENIOR I

Gross

336,942.54

Discount

0.00

No-Pay

0.00

Net

336,942.54

Report Summary

Grand Totals:

Gross

336,942.54

Discount

0.00

No-Pay

0.00

Net

336,942.54

APPROVED
ON**MAR 11 2021**GALLATIN COUNTY AUDITOR
GALLATIN COUNTY, TEXASCL#
189708



RUN DATE:03/16/21
TIME:10:41

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/17/21 THRU 03/17/21

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	189627	03/17/21	1,400.00	ACUTE CARE INC
A/P	189628	03/17/21	101.17	ALIMED INC.
A/P	189629	03/17/21	280.00	ALLIANCE GRAPHICS PRINTING
A/P	189630	03/17/21	504.57	ALPHA TEC SYSTEMS INC
A/P	189631	03/17/21	324.67	
A/P	189632	03/17/21	75.00	ARTHREX, INC
A/P	189633	03/17/21	2,253.13	BAXTER HEALTHCARE
A/P	189634	03/17/21	1,551.68	BECKMAN COULTER INC
A/P	189635	03/17/21	6,240.00	BKD, LLP
A/P	189636	03/17/21	3,394.91	BLUE CROSS BLUE SHIELD
A/P	189637	03/17/21	90.00	
A/P	189638	03/17/21	60.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	189639	03/17/21	842.50	CFI MECHANICAL INC
A/P	189640	03/17/21	201.10	CITY OF PORT LAVACA
A/P	189641	03/17/21	85,552.29	CLINICAL PATHOLOGY LABS
A/P	189642	03/17/21	302.16	COASTAL OFFICE SOLUTONS
A/P	189643	03/17/21	5,367.69	COMMUNITY INFUSION SOLUTIONS
A/P	189644	03/17/21	90.00	
A/P	189645	03/17/21	550.00	DASHBOARD MD
A/P	189646	03/17/21	3,707.88	DETAR HOSPITAL
A/P	189647	03/17/21	1,022.37	DEWITT POTH & SON
A/P	189648	03/17/21	50,311.25	DIAMOND HEALTHCARE CORP
A/P	189649	03/17/21	297.00	DRIESSEN WATER INC.
A/P	189650	03/17/21	1,430.00	EVERGREEN MEDICAL SERVICES
A/P	189651	03/17/21	990.00	FASTHEALTH CORPORATION
A/P	189652	03/17/21	10.06	FEDERAL EXPRESS CORP.
A/P	189653	03/17/21	22,119.01	FISHER HEALTHCARE
A/P	189654	03/17/21	88.79	FRONTIER
A/P	189655	03/17/21	57,681.95	GE PRECISION HEALTHCARE, LLC
A/P	189656	03/17/21	1,557.55	GULF COAST PAPER COMPANY
A/P	189657	03/17/21	730.20	HEALTHCARE CODING & CONSULTING
A/P	189658	03/17/21	7,908.33	HITACHI HEALTHCARE
A/P	189659	03/17/21	472.50	HOLOGIC INC
A/P	189660	03/17/21	13,780.99	HUNTER PHARMACY SERVICES
A/P	189661	03/17/21	561.88	IRON MOUNTAIN
A/P	189662	03/17/21	250.00	ITERSOURCE CORPORATION
A/P	189663	03/17/21	208.47	J & J HEALTH CARE SYSTEMS, INC
A/P	189664	03/17/21	175.06	
A/P	189665	03/17/21	90.00	
A/P	189666	03/17/21	929.52	LANDAUER INC
A/P	189667	03/17/21	24,164.76	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	189668	03/17/21	28.30	MARTIN PRINTING CO
A/P	189669	03/17/21	81.12	MCKESSON MEDICAL SURGICAL INC
A/P	189670	03/17/21	284.80	MEDELA INC
A/P	189671	03/17/21	2,759.75	MEDICAL DATA SYSTEMS, INC.
A/P	189672	03/17/21	21.51	MEDIMPACT HEALTHCARE SYS, INC.
A/P	189673	03/17/21	1,656.92	MEDIVATORS
A/P	189674	03/17/21	.00	VOIDED
A/P	189675	03/17/21	.00	VOIDED
A/P	189676	03/17/21	.00	VOIDED

RUN DATE:03/16/21
TIME:10:41

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/17/21 THRU 03/17/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	189677	03/17/21	.00	VOIDED
A/P	189678	03/17/21	16,032.79	MEDLINE INDUSTRIES INC
A/P	189679	03/17/21	.00	VOIDED
A/P	189680	03/17/21	.00	VOIDED
A/P	189681	03/17/21	20,082.57	MORRIS & DICKSON CO, LLC
A/P	189682	03/17/21	187.50	PALACIOS BEACON
A/P	189683	03/17/21	3,084.00	PARA
A/P	189684	03/17/21	2,397.55	PRESS GANEY ASSOCIATES, INC.
A/P	189685	03/17/21	202.69	QIAGEN INC
A/P	189686	03/17/21	95.07	
A/P	189687	03/17/21	235.00	RX WASTE SYSTEMS LLC
A/P	189688	03/17/21	442.16	SAM'S CLUB DIRECT
A/P	189689	03/17/21	66.21	SERVICE SUPPLY OF VICTORIA INC
A/P	189690	03/17/21	2,500.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	189691	03/17/21	105.90	SPARKLIGHT
A/P	189692	03/17/21	2,535.76	STERICYCLE, INC
A/P	189693	03/17/21	322.32	STRYKER ENDOSCOPY
A/P	189694	03/17/21	6,130.42	T-SYSTEM, INC
A/P	189695	03/17/21	21.98	TALX CORPORATION
A/P	189696	03/17/21	2,650.00	THRIVEFUEL LLC
A/P	189697	03/17/21	1,459.50	THYSSENKRUPP ELEVATOR CORP
A/P	189698	03/17/21	2,057.78	UNIFIRST HOLDINGS
A/P	189699	03/17/21	1,600.00	UPDOX LLC
A/P	189700	03/17/21	2,200.00	US POSTAL SERVICE
A/P	189701	03/17/21	46,055.53	VICTORIA ANESTHESIOLOGY
A/P	189702	03/17/21	560.00	VICTORIA RADIOWORKS, LTD
A/P	189703	03/17/21	4,316.08	WERFEN USA LLC
A/P	189704	03/17/21	5,950.00	WOUND CARE SPECIALISTS
A/P	189705	03/17/21	113.06	
A/P	189706	03/17/21	14,240.63	ASHFORD GARDENS
A/P	189707	03/17/21	.00	VOIDED
A/P	189708	03/17/21	336,942.54	BETHANY SENIOR LIVING
A/P	189709	03/17/21	17,171.56	BROADMOOR AT CREEKSIDE PARK
A/P	189710	03/17/21	5,803.76	FORTBEND HEALTHCARE CENTER
A/P	189711	03/17/21	91,474.19	GOLDENCREEK HEALTHCARE
A/P	189712	03/17/21	84,344.31	GULF POINTE PLAZA
A/P	189713	03/17/21	5,579.19	SOLERA WEST HOUSTON
A/P	189714	03/17/21	12,192.87	THE CRESCENT
A/P	189715	03/17/21	.00	VOIDED
A/P	189716	03/17/21	89,147.38	TUSCANY VILLAGE
TOTALS:			1,080,801.14	

Payables 423,904.71 +
14,240.63 +
5,579.19 +
5,803.76 +
Transfers 17,171.56 +
12,192.87 +
91,474.19 +
84,344.31 +
89,147.38 +
336,942.54 +
1,080,801.14 *

MAR 17 2021

COUNTY CLERK
DALLAS COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
3/15/2021

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		101,123.35 ✓	42,815.06 ✓	10,814.34 ✓		69,122.63 ✓	10,814.34
						Bank Balance	69,122.63 ✓
						Variance	
						Leave In Balance	100.00 ✓
						Pending QIPP CK	58,070.30 ✓
						Januar Interest	46.15 ✓
						Feb Interest	91.84 ✓
						Adjust Balance/Transfer Amt	10,814.34 ✓
Broadmoor		68,777.66 ✓	44,552.90 ✓	37,951.34 ✓		62,176.10 ✓	37,951.34
						Bank Balance	62,176.10 ✓
						Variance	
						Leave In Balance	100.00 ✓
						Pending QIPP CK	24,034.38 ✓
						Jan Interest	34.47 ✓
						Feb Interest	55.91 ✓
						Adjust Balance/Transfer Amt	37,951.34 ✓
Crescent		76,878.83 ✓	57,382.31 ✓	15,630.77 ✓		35,127.29 ✓	15,630.77
						Bank Balance	35,127.29 ✓
						Variance	
						Leave In Balance	100.00 ✓
						Pending QIPP CK	19,320.86 ✓
						JAN INTEREST	30.40 ✓
						Feb Interest	45.26 ✓
						Adjust Balance/Transfer Amt	15,630.77 ✓
Fort Bend		23,668.49 ✓				23,668.49 ✓	0.00
						Bank Balance	23,668.49 ✓
						Variance	
						Leave In Balance	100.00 ✓
						Pending QIPP CK	23,523.53 ✓
						JAN INTEREST	18.96 ✓
						Feb Interest	26.00 ✓
						Adjust Balance/Transfer Amt	0.00 ✓
Solera at W Houston		121,668.42 ✓	98,665.32 ✓	117,231.84 ✓		140,234.94 ✓	117,231.84
						Bank Balance	140,234.94 ✓
						Variance	
						Leave In Balance	100.00 ✓
						Pending QIPP CK	22,762.97 ✓
						JAN INTEREST	53.20 ✓
						FEB INTEREST	86.93 ✓
						Adjust Balance/Transfer Amt	117,231.84 ✓
TOTAL TRANSFERS							181,628.29

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

3/15/2021

Ashford Gardens

3/9/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/10/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 3/10/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/11/2021 Amerigroup TXSC HCCLAIMPMT 314535851 111000
 3/12/2021 MANAGEANDNET1718 MNS PMNT 00000000000093 41
 3/12/2021 HUMANA CHA DISB HCCLAIMPMT 390860 4200001022

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4 &Lapse	Q/PP TI	
-	184.10	-	-	-	-	-	184.10
42,815.06	-	-	-	-	-	-	-
-	3,513.61	-	-	-	-	-	3,513.61
-	162.47	-	-	-	-	-	162.47
-	67.50	-	-	-	-	-	67.50
-	6,886.66	-	-	-	-	-	6,886.66
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
42,815.06	10,814.34	-	-	-	-	-	10,814.34

Broadmoor

3/8/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 3/9/2021 HUMANA INS CO HCCLAIMPMT 390861 830000525016
 3/9/2021 HUMANA INS CO HCCLAIMPMT 390861 830000525452
 3/10/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 3/10/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/10/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2
 3/11/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 3/11/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2
 3/12/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 3/12/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000112

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4 &Lapse	Q/PP TI	
-	1,720.00	-	-	-	-	-	1,720.00
-	2,869.40	-	-	-	-	-	2,869.40
-	910.83	-	-	-	-	-	910.83
44,552.90	-	-	-	-	-	-	-
-	10,186.32	-	-	-	-	-	10,186.32
-	704.00	-	-	-	-	-	704.00
-	1,936.00	-	-	-	-	-	1,936.00
-	4,012.18	-	-	-	-	-	4,012.18
-	4,300.00	-	-	-	-	-	4,300.00
-	11,312.61	-	-	-	-	-	11,312.61
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
44,552.90	37,951.34	-	-	-	-	-	37,951.34

Crescent

3/10/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 3/10/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 3/10/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/10/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2
 3/11/2021 MANAGEANDNET1718 MNS PMNT 000000000003268 41
 3/12/2021 MANAGEANDNET1718 MNS PMNT 000000000003268 41
 3/12/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000112

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4 &Lapse	Q/PP TI	
57,382.31	-	-	-	-	-	-	-
-	1,850.00	-	-	-	-	-	1,850.00
-	134.06	-	-	-	-	-	134.06
-	935.64	-	-	-	-	-	935.64
-	6,300.00	-	-	-	-	-	6,300.00
-	4,079.37	-	-	-	-	-	4,079.37
-	2,331.70	-	-	-	-	-	2,331.70
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
57,382.31	15,630.77	-	-	-	-	-	15,630.77

Fort Bend

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

Solera at West Houston

3/8/2021 HUMANA INS CO HCCLAIMPMT 390862 830000581476
 3/8/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001544
 3/8/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2
 3/9/2021 HUMANA INS CO HCCLAIMPMT 390862 830000525016
 3/9/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001902
 3/10/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 3/10/2021 MANAGEANDNET1718 MNS PMNT 000000000002482 41
 3/10/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 3/10/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/11/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 3/11/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001935
 3/12/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/12/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/12/2021 HUMANA INS CO HCCLAIMPMT 390862 830000537674
 3/12/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001022
 3/12/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2
 3/12/2021 CIGNA HCCLAIMPMT 1497143259 91000012720141

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4 &Lapse	Q/PP TI	
-	17,147.98	-	-	-	-	-	17,147.98
-	9,608.24	-	-	-	-	-	9,608.24
-	12,905.01	-	-	-	-	-	12,905.01
-	11,712.66	-	-	-	-	-	11,712.66
-	638.36	-	-	-	-	-	638.36
98,665.32	-	-	-	-	-	-	-
-	6,517.45	-	-	-	-	-	6,517.45
-	7,380.00	-	-	-	-	-	7,380.00
-	1,838.57	-	-	-	-	-	1,838.57
-	24,190.00	-	-	-	-	-	24,190.00
-	3,950.10	-	-	-	-	-	3,950.10
-	4,326.49	-	-	-	-	-	4,326.49
-	4,271.94	-	-	-	-	-	4,271.94
-	4,990.79	-	-	-	-	-	4,990.79
-	6,823.35	-	-	-	-	-	6,823.35
-	3.40	-	-	-	-	-	3.40
-	927.50	-	-	-	-	-	927.50
-	-	-	-	-	-	-	-
98,665.32	117,231.84	-	-	-	-	-	117,231.84
243,415.59	181,628.29	-	-	-	-	-	181,628.29

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

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Groups

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DDA

Data reported as of Mar 15, 2021

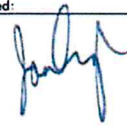
Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$69,122.63	\$69,787.51	\$69,122.63	\$62,168.4
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$62,176.10	\$67,336.10	\$62,176.10	\$46,563.4
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$35,127.29	\$35,127.29	\$35,127.29	\$28,716.2
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$23,668.49	\$30,548.49	\$23,668.49	\$23,668.4
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$140,234.94	\$147,704.06	\$140,234.94	\$118,891.4

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
3/15/2021

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		51,883.24 ✓	11,108.90 ✓	9,452.22 ✓		50,226.56 ✓	9,452.22
						Bank Balance	50,226.56 ✓
						Variance	-
						Leave in Balance	100.00 ✓
						Pending QIPP Ck	40,569.03 ✓
						JAN INTEREST	27.25 ✓
						FEB INTEREST	78.06 ✓
						Adjust Balance/Transfer Amt	9,452.22 ✓

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 3/15/2021



APPROVED
OTC
MAR 15 2021
JASON ANGLIN
CALHOUN COUNTY, TEXAS

Golden Creek

3/9/2021 ACH SETTLEMENT SERVICE 4105523439 9601693206
 3/10/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 3/12/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 3/12/2021 CIGNA HCCLAIMPMT 1588075964 91000012720142

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4&L apse	Q/PP TI	
-	2,629.50	-	-	-	-	-	2,629.50
11,108.90	-	-	-	-	-	-	-
-	331.71	-	-	-	-	-	331.71
-	6,491.01	-	-	-	-	-	6,491.01
-	-	-	-	-	-	-	-
11,108.90	9,452.22	-	-	-	-	-	9,452.22

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 Mar 15, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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*4454MEMORIAL MEDICAL /
NH GOLDEN CREEK
HEALTHCARE

\$50,226.56

\$51,173.17

\$50,226.56

\$43,403.6

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
3/15/2021

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		15,313.00	✓	42,289.65	✓		57,602.65	33,481.27
						Bank Balance	57,602.65	
						Variance		
						Leave in Balance	100.00	
						Pending QIPP Ck	23,985.99	✓
						JAN INTEREST	6.84	✓
						Feb Interest	28.55	✓
						Adjust Balance/Transfer Amt	33,481.27	✓

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		651.50	✓	18,746.87	✓		18,898.37	18,753.42
						Bank Balance	18,898.37	
						Variance		
						Leave in Balance	100.00	✓
						JAN INTEREST	12.66	✓
						Feb Interest	32.29	✓
						Adjust Balance/Transfer Amt	18,753.42	✓

Routing information for Gulf Pointe Plaza:

TOTAL TRANSFERS ~~18,753.42~~ 52,234.69

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

3/15/2021

APPROVED
BY
MAR 15 2021
COUNTY CLERK
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

3/9/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001901
 3/9/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001902
 3/10/2021 AETNA ASD1 HCCLAIMPMT 1922092790 51000018982
 3/11/2021 AETNA H09 HCCLAIMPMT 1922092790 311002074391
 3/12/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001023

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
-	48.64					-	48.64
-	214.36					-	214.36
-	2,450.00					-	2,450.00
-	8,750.00					-	8,750.00
-	30,826.65					-	30,826.65
-						-	-
-	42,289.65	-	-	-	-	-	42,289.65

Gulf Pointe Plaza-Medicare/Medicaid

3/8/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001593064
 3/8/2021 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	
-	15,698.79					-	15,698.79
-	2,548.08					-	2,548.08
-	18,246.87	-	-	-	-	-	18,246.87
-						-	-
-	60,536.52	-	-	-	-	-	60,536.52

Select Quick View Accounts

Account Number / Name

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All

Data reported as of Mar 15, 2021

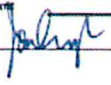
Prior Day Balance

The image shows the front cover of a book. The cover is a dark, mottled green or black color with a fine, woven texture. There are some lighter, worn patches and subtle variations in tone across the surface, suggesting age or handling. No text, titles, or decorative elements are visible on this side of the cover.

\$18,898.3

\$26,776.C

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 3/15/2021

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		164,750.17	✓ 142,395.78	✓ 26,009.58	✓		48,363.97	✓ 26,009.58
						Bank Balance	48,363.97	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck	22,254.39	✓
						Adjust Balance/Transfer Amt	26,009.58	✓
Approved: 								
Jason Anglin, CEO								3/15/2021

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
 SM

MAR 15 2021

CLARENCE ARNOLD
 CLARENCE ARNOLD
 CLARENCE ARNOLD

Tuscany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
3/10/2021 WIRE OUT LINBAR ENTERPRISES, LLC	142,395.78	-					-	-
3/10/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	2,165.72					-	2,165.72
3/10/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000101	-	6,237.70					-	6,237.70
3/11/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000103	-	9,116.50					-	9,116.50
3/12/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	8,489.66					-	8,489.66
							-	-
	142,395.78	26,009.58	-	-	-	-	-	26,009.58

Quick View

Select Quick View Accounts

Account Number / Name

Account Type

Search

All

DDA

Data reported as of Mar 15, 2021

Account Number

Current Balance**Available Balance****Collected Balance**

Prior Day Balanc

*3407
MMC -NH TUSCANY
VILLAGE

\$48,363.97

\$48,363.97

\$48,363.97

\$39,874.3

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Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 3/15/2021

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		258,731.04	258,503.19	52,515.73			52,743.58	52,515.73
						Bank Balance	52,743.58	
						Variance		
						Leave in Balance	100.00	

JAN INTEREST	47.38	✓
Feb Interest	80.47	✓
Adjust Balance/Transfer Amt	52,515.73	✓
Approved:		
Jason Anglin, CEO		3/15/2021

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

MAR 15 2021

CALTECH ASSOCIATES
 CALTECH COUNTY, TEXAS

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Quick View

Select Quick View Accounts
Account Number / Name

Account Type

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Select Group
Groups

Add Group

DDA

Data reported as of Mar 15, 2021

Account Number

Current Balance

Available Balance

Collected Balance

Prior Day Balance

^{*5506}MMC -NH BETHANY
SENIOR LIVING

\$52,743.58

\$52,743.58

\$52,743.58

\$46,990.58