MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 09, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	854,552.13
TOTAL TRANSFERS BETWEEN FUNDS	$	390,003.98
TOTAL NURSING HOME UPL EXPENSES	$	-
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED June 09, 2021	$	1,244,556.11

APPROVED

JUN 09 2021

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 09,2021

PAYABLES AND PAYROLL			
6/4/2021	Weekly Payables	452,332.63	
6/4/2021	Federal Express Corp	369.23	
6/4/2021	Patient Refunds	1,212.30	
6/7/2021	McKesson-340B Prescription Expense	2,186.42	
6/7/2021	Amerisource Bergen-340B Prescription Expense	1,845.47	
6/7/2021	Payroll Liabilities -Payroll Taxes	94,665.83	
6/7/2021	Payroll	301,288.03	
	Prosperity Electronic Bank Payments		
6/3/2021	Credit Card & Lease Fees	507.07	
6/1-6/2, 6/4/21	Pay Plus-Patient Claims Processing Fee	123.55	
6/2/2021	Authnet Gateway Billing-3rd Party Payor Fee	21.60	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 854,552.13**
TRANSFER BETWEEN FUNDS TO NURSING HOMES			
6/4/2021	MMC Operating to Ashford- correction of NH insurance payment deposited into MMC operating	77,242.63	
6/4/2021	MMC Operating to Solera-correction of NH insurance payment deposited into MMC operating	30,291.63	
6/4/2021	MMC Operating to Fortbend-correction of NH insurance payment deposited into MMC Operating	31,206.62	
6/4/2021	MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating	31,980.54	
6/4/2021	MMC Operating to The Crescent-correction of NH insurance payment deposited into MMC Operating	42,460.52	
6/4/2021	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	49,057.01	
6/4/2021	MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	50,017.91	
6/4/2021	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	69,008.18	
6/4/2021	MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating	8,738.94	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 390,003.98**
GRAND TOTAL DISBURSEMENTS APPROVED June 09, 2021			**$ 1,244,556.11**

RECEIVED ON JUN 03 2021

06/03/2021 11:17

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/23/2021

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Calhoun County Auditor

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9112845927		05/31/2021	05/04/2021	05/29/2021			235.55	0.00	0.00	235.55
	OXYGEN									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC -	235.55	0.00	0.00	235.55

Vendor#	Vendor Name	Class	Pay Code
12828	AMERICAN PRECISION MEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
360436		05/31/2021	05/13/2021	06/13/2021			2,898.75	0.00	0.00	2,898.75
	CYLINDER MANIFOLDKIT OB CLOS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12828	AMERICAN PRECIS	2,898.75	0.00	0.00	2,898.75

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
188740		05/31/2021	01/19/2021	01/25/2021			424.75	0.00	0.00	~~424.75~~
	INVENTORY Took off - No Invoice (2/15/2018 Date)									
802911916		05/31/2021	04/30/2021	05/06/2021			43.94	0.00	0.00	43.94
	~~INVENTORY~~ Late fee									
3055654425		05/31/2021	05/13/2021	05/19/2021			2,342.72	0.00	0.00	2,342.72
	INVENTORY									
802932453		05/31/2021	05/15/2021	05/21/2021			68.07	0.00	0.00	68.07
	SERVICE CHARGE / Late fee									
802964637		05/31/2021	05/31/2021	06/06/2021			65.20	0.00	0.00	65.20
	SERVICE CHARGE / Late fee									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBEF	2,944.68	0.00	0.00	~~2,944.68~~ 2,519.93

Vendor#	Vendor Name	Class	Pay Code
11247	AVENO NETWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
29295		06/01/2021	06/01/2021	06/16/2021			5,625.00	0.00	0.00	5,625.00
	SUPPORT FOR EXCHANGE INCIDENT (Server - Email incident)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11247	AVENO NETWORKS	5,625.00	0.00	0.00	5,625.00

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6009160782		05/31/2021	04/30/2021	04/30/2021			2,879.50	0.00	0.00	2,879.50
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCAI	2,879.50	0.00	0.00	2,879.50

Vendor#	Vendor Name	Class	Pay Code
10599	BKD, LLP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BMK014092(		05/31/2021	05/25/2021	06/19/2021			13,192.00	0.00	0.00	13,192.00
05	MEDICARE MEDICADE QIPP DSH - Professional Services									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10599	BKD, LLP	13,192.00	0.00	0.00	13,192.00

Vendor#	Vendor Name	Class	Pay Code
12324	BLUE CROSS BLUE SHIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051821A		05/31/2021	05/18/2021	06/01/2021			202,252.65	0.00	0.00	202,252.65
	INSURANCE Health Ins. 6/1-7/1/21 (Due 6/1/21)									
051821		05/31/2021	05/18/2021	06/01/2021			2,072.25	0.00	0.00	2,072.25
	COBRA Health Ins. 6/1-7/1/21 (Due 6/1/21)									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12324	BLUE CROSS BLUE	204,324.90		0.00	0.00	204,324.90

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052421	FUEL	05/31/2021	05/24/2021	06/16/2021			164.27	0.00	0.00	164.27
	FUEL - Voyager Fuel Card									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	164.27		0.00	0.00	164.27

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8002523448		05/31/2021	04/30/2021	05/25/2021			310.79	0.00	0.00	310.79
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH	310.79		0.00	0.00	310.79

Vendor#	Vendor Name	Class	Pay Code
C1992	CDW GOVERNMENT, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
D000488		05/31/2021	05/11/2021	06/10/2021			3,063.65	0.00	0.00	3,063.65
	SOFTWARE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMEN	3,063.65		0.00	0.00	3,063.65

Vendor#	Vendor Name	Class	Pay Code
12768	CHEMAQUA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7362033		05/31/2021	05/10/2021	05/20/2021			500.00	0.00	0.00	500.00
	WATER TREATMENT									

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

Vendor#	Vendor Name	Class	Pay Code
10105	CHRIS KOVAREK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
50		06/02/2021	06/02/2021	06/02/2021	5/6/21 – 5/20/21		200.00	0.00	0.00	200.00
	SWING BED									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK	200.00		0.00	0.00	200.00

Vendor#	Vendor Name	Class	Pay Code
11030	COMBINED INSURANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
050121		05/31/2021	05/01/2021	05/01/2021			854.92	0.00	0.00	854.92
	INSURANCE									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11030	COMBINED INSURA	854.92		0.00	0.00	854.92

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
11069		05/31/2021	05/01/2021	05/01/2021			550.00	0.00	0.00	550.00
	PROCESSING AND SUPPORT									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12612	DASHBOARD MD	550.00		0.00	0.00	550.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6443870		05/31/2021	05/19/2021	06/13/2021			84.93	0.00	0.00	84.93
	SUPPLIES									
6422521		05/31/2021	05/19/2021	06/13/2021			43.46	0.00	0.00	43.46
	SUPPLIES									
6422520		05/31/2021	05/19/2021	06/13/2021			18.78	0.00	0.00	18.78
	SUPPLIES									
6450340		05/31/2021	05/25/2021	06/19/2021			102.35	0.00	0.00	102.35

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SC	249.52	0.00	0.00	249.52

Vendor# 10789 — Vendor Name: DISCOVERY MEDICAL NETWORK — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC051521		05/31/2021	05/15/2021	05/15/2021			81,188.96	0.00	0.00	81,188.96

PRO FEES Physician Services 5/1-5/15/21

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDIC	81,188.96	0.00	0.00	81,188.96

Vendor# 13872 — Vendor Name: ETHOS MEDICAL STAFFING — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26111		05/31/2021	05/21/2021	06/21/2021			2,972.80	0.00	0.00	2,972.80

NURSE STAFFING 5/15 - 5/17/21

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13872	ETHOS MEDICAL S	2,972.80	0.00	0.00	2,972.80

Vendor# 10003 — Vendor Name: FILTER TECHNOLOGY CO, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110417		05/31/2021	11/04/2017	05/26/2021			2,450.44	0.00	0.00	2,450.44

FILTERS

110346		05/31/2021	04/06/2021	05/06/2021			44.32	0.00	0.00	44.32

Replacement part (freight 28.00)

110549		05/31/2021	05/05/2021	06/04/2021			1,259.50	0.00	0.00	1,259.50

FILTERS

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10003	FILTER TECHNOLO	3,754.26	0.00	0.00	3,754.26

Vendor# 12636 — Vendor Name: FUSION CLOUD SERVICES, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
28176064		05/31/2021	05/16/2021	06/15/2021			1,105.26	0.00	0.00	1,105.26

PHONES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12636	FUSION CLOUD SE	1,105.26	0.00	0.00	1,105.26

Vendor# W1300 — Vendor Name: GRAINGER — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9883222433		05/31/2021	04/27/2021	05/22/2021			173.52	0.00	0.00	173.52

SUPPLIES Fuses for cooling towers

9891944853		05/31/2021	05/05/2021	05/30/2021			39.36	0.00	0.00	39.36

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	212.88	0.00	0.00	212.88

Vendor# G0401 — Vendor Name: GULF COAST DELIVERY — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052821		05/31/2021	05/28/2021	05/28/2021			100.00	0.00	0.00	100.00

807977 - 807980 5/5 - 5/25/21

DELIVERY SERVICE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELI\	100.00	0.00	0.00	100.00

Vendor# 12696 — Vendor Name: ~~GULF POINTE PLAZA~~ — Class: — Pay Code:

Duplicate - Separate payable List

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060121		05/31/2021	06/01/2021	05/24/2021			12,004.60	0.00	0.00	~~12,004.60~~

UHC QIPP 4 & LAPSE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	~~GULF POINTE PLAZ~~	12,004.60	0.00	0.00	~~12,004.60~~

Duplicate

Vendor# 10922 — Vendor Name: HUNTER PHARMACY SERVICES — Class: — Pay Code:

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

4384	05/31/2021	04/30/2021	05/20/2021				14,672.78	0.00	0.00	14,672.78
	PRO FEES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMAC	14,672.78		0.00	0.00	14,672.78

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC52021	05/31/2021	05/17/2021	06/06/2021				25,873.25	0.00	0.00	25,873.25
	RESP SERVICES 5/1 & 5/15									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES IN	25,873.25		0.00	0.00	25,873.25

Vendor#	Vendor Name	Class	Pay Code
M2178	MCKESSON MEDICAL SURGICAL I		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
18157752	05/31/2021	04/30/2021	05/15/2021				1,514.70	0.00	0.00	1,514.70
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDIC	1,514.70		0.00	0.00	1,514.70

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1945520491	05/31/2021	03/19/2021	04/13/2021				7,890.12	0.00	0.00	7,890.12
	SUPPLIES									
1950120417	05/31/2021	04/29/2021	05/24/2021				134.23	0.00	0.00	134.23
	SUPPLIES									
1950120418	05/31/2021	04/29/2021	05/24/2021				89.16	0.00	0.00	89.16
	SUPPLIES									
1950120416	05/31/2021	04/29/2021	05/24/2021				226.90	0.00	0.00	226.90
	SUPPLIES									
1950293734	05/31/2021	04/30/2021	05/25/2021				66.43	0.00	0.00	66.43
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTR	8,406.84		0.00	0.00	8,406.84

Vendor#	Vendor Name	Class	Pay Code
10536	MORRIS & DICKSON CO, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6930158	05/31/2021	05/24/2021	06/03/2021				98.16	0.00	0.00	98.16
	INVENTORY									
6930156	05/31/2021	05/24/2021	06/03/2021				2.91	0.00	0.00	2.91
	INVENTORY									
6930157	05/31/2021	05/24/2021	06/03/2021				383.19	0.00	0.00	383.19
	INVENTORY									
6932580	05/31/2021	05/25/2021	06/04/2021				21.24	0.00	0.00	21.24
	INVENTORY									
6932582	05/31/2021	05/25/2021	06/04/2021				736.72	0.00	0.00	736.72
	INVENTORY									
6935594	05/31/2021	05/25/2021	06/04/2021				674.38	0.00	0.00	674.38
	INVENTORY									
6932583	05/31/2021	05/25/2021	06/04/2021				0.58	0.00	0.00	0.58
	INVENTORY									
6935593	05/31/2021	05/25/2021	06/04/2021				30.34	0.00	0.00	30.34
	INVENTORY									
6932581	05/31/2021	05/25/2021	06/04/2021				489.21	0.00	0.00	489.21
	INVENTORY									
6935595	05/31/2021	05/25/2021	06/04/2021				38.96	0.00	0.00	38.96
	INVENTORY									
6940346	05/31/2021	05/26/2021	06/05/2021				356.27	0.00	0.00	356.27
	INVENTORY									
6940347	05/31/2021	05/26/2021	06/05/2021				160.08	0.00	0.00	160.08
	INVENTORY									
6951243	05/31/2021	05/31/2021	06/10/2021				1,092.89	0.00	0.00	1,092.89

	INVENTORY								
6950098	05/31/2021	05/31/2021	06/10/2021			442.17	0.00	0.00	442.17
	INVENTORY								
6950097	05/31/2021	05/31/2021	06/10/2021			1,554.09	0.00	0.00	1,554.09
	INVENTORY								
6951242	05/31/2021	05/31/2021	06/10/2021			2.74	0.00	0.00	2.74
	INVENTORY								
6951244	05/31/2021	05/31/2021	06/10/2021			147.25	0.00	0.00	147.25
	INVENTORY								
6850096	05/31/2021	05/31/2021	06/10/2021			167.70	0.00	0.00	167.70
	INVENTORY								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSOI	6,398.88		0.00	0.00	6,398.88

Vendor#	Vendor Name	Class	Pay Code
M2659	MXR IMAGING, INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8800753584		05/31/2021	04/29/2021	05/29/2021			1,350.03	0.00	0.00	1,350.03
	SUPPLIES									
8800754439		05/31/2021	04/30/2021	05/30/2021			270.18	0.00	0.00	270.18
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC	1,620.21		0.00	0.00	1,620.21

Vendor#	Vendor Name	Class	Pay Code
13548	NACOGDOCHES TRANSCRIPTION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7376		06/01/2021	06/01/2021	06/01/2021			566.58	0.00	0.00	566.58
	TRANSCRIPTION 5/1 - 5/14/21									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TF	566.58		0.00	0.00	566.58

Vendor#	Vendor Name	Class	Pay Code
12388	NATIONAL FARM LIFE INSURANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3406664		05/31/2021	05/01/2021	05/01/2021			7,767.94	0.00	0.00	~~7,767.94~~ 3,883.97
	Insurance - May Inv									
3432388		05/31/2021	05/17/2021	06/01/2021			3,883.97	0.00	0.00	3,883.97
	INSURANCE June Inv									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LI	11,651.91		0.00	0.00	~~11,651.91~~ 7,767.94

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
30911668		05/31/2021	05/07/2021	06/01/2021			1,137.51	0.00	0.00	1,137.51
	SERVICE CONTRACT 5/7/21 - 6/6/21									
30920103		05/31/2021	05/11/2021	06/05/2021			226.95	0.00	0.00	226.95
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERIC/	1,364.46		0.00	0.00	1,364.46

Vendor#	Vendor Name	Class	Pay Code
P0706	PALACIOS BEACON	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33058031		05/31/2021	04/26/2021	05/26/2021			187.50	0.00	0.00	187.50
	ADS									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	P0706	PALACIOS BEACON	187.50		0.00	0.00	187.50

Vendor#	Vendor Name	Class	Pay Code
P1725	PREMIER SLEEP DISORDERS CEI	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
105		06/01/2021	06/01/2021	06/16/2021			7,375.00	0.00	0.00	7,375.00
	SLEEP STUDY									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DI	7,375.00		0.00	0.00	7,375.00

Vendor#	Vendor Name	Class	Pay Code
13936	PROTOUCH STAFFING ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030379 ✓		05/31/2021	05/22/2021	06/21/2021	5/18-5/20/21		2,700.00	0.00	0.00	2,700.00 ✓
	STAFFING ICU									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13936	PROTOUCH STAFF	2,700.00	0.00	0.00	2,700.00

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SC62190 ✓		05/31/2021	05/12/2021	06/06/2021			1,667.00	0.00	0.00	1,667.00 ✓
	MAINT CONTRACT 6/13/21 - 7/12/21									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	1,667.00	0.00	0.00	1,667.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1120128002 ✓		05/31/2021	05/20/2021	06/21/2021			24,516.93	0.00	0.00	24,516.93 ✓
	859 ENERGY BILL 17121243									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13460	RELIANT, DEPT 095	24,516.93	0.00	0.00	24,516.93

Vendor#	Vendor Name	Class	Pay Code
13172	SERACARE LIFE SCIENCES, INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90145241 ✓		05/31/2021	05/05/2021	06/05/2021			707.80	0.00	0.00	707.80 ✓
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13172	SERACARE LIFE SC	707.80	0.00	0.00	707.80

Vendor#	Vendor Name	Class	Pay Code
S1800	SHERWIN WILLIAMS ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
73759 ✓		05/31/2021	05/20/2021	06/04/2021			135.49	0.00	0.00	135.49 ✓
	SUPPLIES Paint for MMC Clinic									
74369 ✓		05/31/2021	05/21/2021	06/05/2021			299.04	0.00	0.00	299.04 ✓
	SUPPLIES Paint for MMC Clinic									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	434.53	0.00	0.00	434.53

Vendor#	Vendor Name	Class	Pay Code
S2830	STRYKER SALES CORP ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9201292276 ✓		05/31/2021	05/13/2021	06/01/2021			187.92	0.00	0.00	187.92 ✓
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES C	187.92	0.00	0.00	187.92

Vendor#	Vendor Name	Class	Pay Code
12476	SUN LIFE FINANCIAL ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
053121		05/31/2021	05/31/2021	06/10/2021			8,727.41	0.00	0.00	~~8,727.41~~
	INSURANCE 8,727.41 <80.74> Member Adjustments									8,646.67

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12476	SUN LIFE FINANCIA	8,727.41	0.00	0.00	~~8,727.41~~ 8,646.67

Vendor#	Vendor Name	Class	Pay Code
13880	TEXAS SELECT STAFFING ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0017370510 ✓		05/31/2021	05/26/2021	05/26/2021			3,060.00	0.00	0.00	3,060.00 ✓
	79IN STAFFING ICU 5/16-5/21/21									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13880	TEXAS SELECT ST	3,060.00	0.00	0.00	3,060.00

Vendor#	Vendor Name	Class	Pay Code
11038	THE INLINE GROUP ✓		

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

43716	05/31/2021	05/19/2021	06/03/2021	Billing 24 of 24		2,500.00	0.00	0.00	2,500.00
	CANIDATE SOURCING SERVICE for Primary Care for the service dates TBD								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11038	THE INLINE GROUF	2,500.00	0.00	0.00	2,500.00

Vendor#	Vendor Name	Class	Pay Code
11908	TMS SOUTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17135		05/31/2021	05/20/2021	06/19/2021			479.06	0.00	0.00	479.06
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11908	TMS SOUTH	479.06	0.00	0.00	479.06

Vendor#	Vendor Name	Class	Pay Code
U1054	UNIFIRST HOLDINGS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400364130		05/31/2021	05/13/2021	06/07/2021			135.06	0.00	0.00	135.06
	LAUNDRY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDING	135.06	0.00	0.00	135.06

Vendor#	Vendor Name	Class	Pay Code
V0552	VERATHON INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
80058425A		05/31/2021	02/06/2020	03/02/2020			775.00	0.00	0.00	775.00
	CALIBRATION									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V0552	VERATHON INC	775.00	0.00	0.00	775.00

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9110989472		05/31/2021	05/26/2021	06/20/2021			1,309.08	0.00	0.00	1,309.08
	Lab expenses									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,309.08	0.00	0.00	1,309.08

Vendor#	Vendor Name	Class	Pay Code
11580	WILLIAM CROWLEY III, DO	OB Services Covered for Schultz	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052021		05/31/2021	05/20/2021	05/20/2021			2,562.50	0.00	0.00	2,562.50
	COVERED SCHULTZ OB 5/17-5/19									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11580	WILLIAM CROWLEY	2,562.50	0.00	0.00	2,562.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	468,726.69	0.00	0.00	468,726.69

pg1, V#A1360 took of due to no invoice <424.75>
Invoice is from 2/15/2018

APPROVED ON
JUN 04 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#190578-190625

pg3, V#12696 Took off - Duplicate <12,004.60>
this is on a separate payable list

pg5, V#12388 wrong monthly invoice amount - picked up total
{ <7,767.94>
+3,883.97

pg6, V#12476 Did not pick up the 80.74 credit
{ <8,727.41>
+8,646.67

452,332.63

+ 468,726.69
- 424.75
- 12,004.60
- 7,767.94
+ 3,883.97
- 8,727.41
+ 8,646.67
452,332.63

06/04/2021
09:38

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
F1100	FEDERAL EXPRESS CORP.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
723188604	05/31/2021 SHIPPING	12/31/2020	01/25/2021				10.50	0.00	0.00	10.50
724487630	05/31/2021 SHIPPING	01/14/2021	02/08/2021				8.90	0.00	0.00	8.90
727438749	05/31/2021 SHIPPING	02/11/2021	03/08/2021				40.14	0.00	0.00	40.14
730303912	05/31/2021 SHIPPING	03/11/2021	04/05/2021				10.22	0.00	0.00	10.22
731052862	05/31/2021 SHIPPING	03/18/2021	04/12/2021				42.99	0.00	0.00	42.99
731822782	05/31/2021 SHIPPING	03/25/2021	04/19/2021				94.06	0.00	0.00	94.06
736989259	05/31/2021 SHIPPING	05/13/2021	06/07/2021				36.54	0.00	0.00	36.54
737838118	05/31/2021 SHIPPING	05/20/2021	06/14/2021				62.84	0.00	0.00	62.84
739292758	06/03/2021 SHIPPING	06/03/2021	06/03/2021				63.04	0.00	0.00	63.04

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS	369.23	0.00	0.00	369.23

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	369.23	0.00	0.00	369.23

RECEIVED ON
JUN 04 2021
Calhoun County Auditor

CK# 190595

APPROVED ON
JUN 04 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 06/03/21
TIME: 10:56

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		060321	781.73		2		
		060321	55.57		2		
		060321	200.00		2		
		060321	175.00		2		
	ARID=0001 TOTAL		1212.30				
TOTAL			1212.30				

RECEIVED ON
JUN 03 2021
Calhoun County Auditor

APPROVED
ON
JUN 04 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#
190634-
190637

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/04/2021 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 06/05/2021

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

As of: 06/04/2021 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 06/05/2021 ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,231.04 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 06/08/2021,
Pay This Amount: 2,186.42 USD

If Paid After 06/08/2021,
Pay this Amount: 2,231.04 USD

Due If Paid On Time:
USD 2,186.42

Disc lost if paid late:
44.62

Due If Paid Late:
USD 2,231.04

000

0.00

26.05 +
1,774.78 +
29.99 +
355.60 +

004

CK # 500204

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/04/2021 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 06/05/2021

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

As of: 06/04/2021 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 06/05/2021 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	PF	Amount (net)	PF	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
06/02/2021	06/08/2021	7273413729	2017030391	115Invoice	0.33	16.59		16.26	✓	7273413729	
06/04/2021	06/08/2021	7273918397	2017030588	115Invoice	0.20	9.99		9.79	✓	7273918397	

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: 26.58 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,454.24
05/31/2021

If Paid By 06/08/2021,
Pay This Amount: 26.05 USD

If Paid After 06/08/2021,
Pay this Amount: 26.58 USD

Due If Paid On Time:
USD 26.05 ✓

Disc lost if paid late:
0.53

Due If Paid Late:
USD 26.58

APPROVED
ON
JUN 07 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 06/04/2021 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 06/05/2021

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 06/04/2021 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 06/05/2021 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
05/29/2021	06/08/2021	7273318722	00005282021tw	115Invoice		0.09		0.09	✓	7273318722	
05/30/2021	06/08/2021	7273029579	9530088	115Invoice	5.54	277.13		271.59	✓	7273029579	
05/30/2021	06/08/2021	7273029580	9530088	115Invoice	1.15	57.39		56.24	✓	7273029580	
06/01/2021	06/08/2021	7273033534	9681003	115Invoice	5.54	277.13		271.59	✓	7273033534	
06/01/2021	06/08/2021	7273318723	00005312021tw	115Invoice	0.97	48.74		47.77	✓	7273318723	
06/02/2021	06/08/2021	7273394697	9718519	115Invoice		0.09		0.09	✓	7273394697	
06/02/2021	06/08/2021	7273595198	864264301	195Invoice	6.32	315.86		309.54	✓	7273595198	
06/02/2021	06/08/2021	7273613300	0601210735	115Invoice	0.03	1.27		1.24	✓	7273613300	
06/03/2021	06/08/2021	7273664923	0602210158-00	115Invoice	0.02	0.96		0.94	✓	7273664923	
06/03/2021	06/08/2021	7273840619	0602210842	115Invoice	8.04	402.04		394.00	✓	7273840619	
06/04/2021	06/08/2021	7273928006	9842212	115Invoice	0.01	0.32		0.31	✓	7273928006	
06/04/2021	06/08/2021	7273928007	9842212	115Invoice		0.09		0.09	✓	7273928007	
06/04/2021	06/08/2021	7273928008	9883220	115Invoice	7.60	379.89		372.29	✓	7273928008	
06/04/2021	06/08/2021	7274098337	864398158	195Invoice	0.03	1.26		1.23	✓	7274098337	
06/04/2021	06/08/2021	7274098338	0603210946	115Invoice	0.97	48.74		47.77	✓	7274098338	

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: 1,811.00 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,454.24
05/31/2021

If Paid By 06/08/2021,
Pay This Amount: 1,774.78 USD

If Paid After 06/08/2021,
Pay this Amount: 1,811.00 USD

Due If Paid On Time:
USD 1,774.78

Disc lost if paid late:
36.22

Due If Paid Late:
USD 1,811.00

APPROVED ON
JUN 07 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/04/2021 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 06/05/2021

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

As of: 06/04/2021 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 06/05/2021 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
06/03/2021	06/08/2021	7273663761	1200996	115Invoice	0.61	30.60		29.99	✓	7273663761	

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: 30.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,454.24
05/31/2021

If Paid By 06/08/2021,
Pay This Amount: 29.99 USD

If Paid After 06/08/2021,
Pay this Amount: 30.60 USD

Due If Paid On Time:
USD 29.99

Disc lost if paid late:
0.61

Due If Paid Late:
USD 30.60

APPROVED
ON
JUN 07 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/04/2021 Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 06/05/2021

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

As of: 06/04/2021 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 06/05/2021 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
06/03/2021	06/08/2021	7273870268	1201371	115Invoice	7.26	362.86		355.60	✓	7273870268	

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: 362.86 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,454.24
05/31/2021

If Paid By 06/08/2021,
Pay This Amount: 355.60 USD

If Paid After 06/08/2021,
Pay this Amount: 362.86 USD

Due If Paid On Time:
USD 355.60 ✓

Disc lost if paid late:
7.26

Due If Paid Late:
USD 362.86

APPROVED
ON
JUN 07 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 61039581
Date: 06-04-2021

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
0100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	1,845.47
Past Due:	0.00
Total Due:	1,845.47
Account Balance:	1,845.47

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-01-2021	06-11-2021	3057156756	161479	Invoice	158.27		0.00	158.27
06-01-2021	06-11-2021	3057156757	161480	Invoice	1,609.74		0.00	1,609.74
06-01-2021	06-11-2021	3057156758	161481	Invoice	0.09		0.00	0.09
06-01-2021	06-11-2021	3057156759	161528	Invoice	11.30		0.00	11.30
06-01-2021	06-11-2021	3057261752	161532	Invoice	14.56		0.00	14.56
06-02-2021	06-11-2021	3057392197	161543	Invoice	0.83		0.00	0.83
06-02-2021	06-11-2021	3057392198	161544	Invoice	0.09		0.00	0.09
06-03-2021	06-11-2021	3057517238	161553	Invoice	3.41		0.00	3.41
06-04-2021	06-11-2021	3057654263	161563	Invoice	40.92		0.00	40.92
06-04-2021	06-11-2021	3057654264	161564	Invoice	6.26		0.00	6.26

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,845.47	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
06-04-2021	(792.38)

APPROVED
ON
JUN 07 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 500205

Reminders

Due Date	Amount
06-11-2021	1,845.47
Total Due:	1,845.47

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- June 1, 2021 - June 6, 2021

Date	Bank Description	MMC Notes	Amount
6/1/2021	PAY PLUS ACHTRANS 452579291 101000698632510	- 3rd Party Payor Fee	3.95
6/1/2021	MCKESSON DRUG AUTO ACH ACH04603011 910000174	- 340B Drug Program Expense	6,454.24*
6/1/2021	IRS USATAXPYMT 220155203920337 6103601000763	- Payroll Taxes	101,092.98**
6/2/2021	PAY PLUS ACHTRANS 452579291 101000699797550	- 3rd Party Payor Fee	3.95
6/2/2021	AUTHNET GATEWAY BILLING 117434344 1040000175	- 3rd Party Payor Fee	21.60
6/3/2021	STATE COMPTRLR TEXNET 02428763/10602 2100002	- QIPP IGT YR 5 1ST HALF	2,344,974.43**
6/3/2021	MERCHANT BANKCD FEE 971160910883 91000016702	- Credit Card Processing Fee	9.95
6/3/2021	MERCHANT BANKCD FEE 971160913887 91000016702	- Credit Card Processing Fee	169.33
6/3/2021	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	196.40
6/3/2021	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	19.95
6/3/2021	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	111.44
6/4/2021	PAY PLUS ACHTRANS 452579291 101000692177198	- 3rd Party Payor Fee	115.65
6/4/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	792.38*
			2,453,966.25

Approved (682.38) o/s 110.00

CPSI

Pay Plus
3.95 +
3.95 +
115.65 +
123.55 +
Gateway Billing
21.60 +
21.60
Credit Card Fees
9.95 +
169.33 +
196.40 +
19.95 +
111.44 +
507.07 +

Jason Anglin, CEO
Memorial Medical Center

June 7, 2021

* Approved 6/2/21 cc
** Approved 5/26/21 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount

Jason Anglin, CEO
Memorial Medical Center

June 7, 2021

110.00 +
652.22 -
762.22 +
762.22 +
682.38 -
2,344.97 -
101,092.98 -
6,454.24 -
2,453,966.25 +
652.22 +
507.07 +
21.60 +
123.55 +

06/03/2021 MEMORIAL MEDICAL CENTER 0
11:03 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052821	05/31/2021	05/28/2021	06/24/2021				44,486.38	0.00	0.00	44,486.38 ✓
	NH PORTION OF UHC QIPP PAYMI Deposited into MMC oper.									
060121	05/31/2021	06/01/2021	06/24/2021				32,756.25	0.00	0.00	32,756.25 ✓
	UHC QIPP 4 & LAPSE						"	"		

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDEN	77,242.63	0.00	0.00	77,242.63

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	77,242.63	0.00	0.00	77,242.63

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CALHOUN COUNTY, TEXAS

CK# 190624

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06/03/2021 MEMORIAL MEDICAL CENTER 0
11:09 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0582821	05/31/2021	05/28/2021	06/24/2021				17,451.18	0.00	0.00	17,451.18 ✓
	NH PORTION OF UHC QIPP PAYMI Deposited into mmc oper.									
060121	05/31/2021	06/01/2021	06/24/2021				12,840.45	0.00	0.00	12,840.45 ✓
	UHC QIPP 4 & LAPSE						"	"		

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOU	30,291.63	0.00	0.00	30,291.63

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	30,291.63	0.00	0.00	30,291.63

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ON
JUN 04 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #
190631

06/03/2021 MEMORIAL MEDICAL CENTER 0
11:08 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTEI ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052821	05/31/2021	05/28/2021	06/24/2021				17,999.30	0.00	0.00	17,999.30 ✓
	NH PORTION OF UHC QUIPP PAYI Deposited into MMC oper.									
060121	05/31/2021	06/01/2021	06/24/2021				13,207.32	0.00	0.00	13,207.32 ✓
	UHC QIPP 4 & LAPSE						"	"		

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTI	31,206.62	0.00	0.00	31,206.62

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	31,206.62	0.00	0.00	31,206.62

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06/03/2021 MEMORIAL MEDICAL CENTER 0
11:04 AP Open Invoice List ap_open_invoice.template
Dates Through:

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052821	05/31/2021	05/28/2021	06/24/2021				18,406.35	0.00	0.00	18,406.35 ✓
	NH PORTION OF UHC QIPP PAYMI Deposited into MMC oper.									
060121	05/31/2021	06/01/2021	06/24/2021				13,574.19	0.00	0.00	13,574.19 ✓
	UHC QIPP 4 & LAPSE						"	"		

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT C	31,980.54	0.00	0.00	31,980.54

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	31,980.54	0.00	0.00	31,980.54

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CALHOUN COUNTY, TEXAS

CK# 190627

06/03/2021 MEMORIAL MEDICAL CENTER 0
11:07 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 06/24/2021

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051821B		05/31/2021	05/18/2021	06/24/2021			7,980.00	0.00	0.00	7,980.00 ✓
	TRANSFER	NH insurance pymnt deposited into MMC oper.								
051821		05/31/2021	05/18/2021	06/24/2021			380.00	0.00	0.00	380.00 ✓
	TRANSFER	"						"		
051821A		05/31/2021	05/18/2021	06/24/2021			8,400.00	0.00	0.00	8,400.00 ✓
	TRANSFER	"						"		
052821		05/31/2021	05/28/2021	06/24/2021			14,799.24	0.00	0.00	14,799.24 ✓
	NH PORTION OF UHC QIPP PAYMI	Deposited into MMC oper.								
060121		05/31/2021	06/01/2021	06/24/2021			10,901.28	0.00	0.00	10,901.28 ✓
	UHC QIPP 4 & LAPSE	"						"		

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	42,460.52	0.00	0.00	42,460.52

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	42,460.52	0.00	0.00	42,460.52

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CALHOUN COUNTY, TEXAS

CK#
190652

06/03/2021 MEMORIAL MEDICAL CENTER 0
11:09 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052021	05/31/2021	05/20/2021	06/24/2021				488.53	0.00	0.00	488.53 ✓
	TRANSFER NH insurance pymt deposited into mmc oper.									
052821	05/31/2021	05/28/2021	06/24/2021				28,291.28	0.00	0.00	28,291.28 ✓
	NH PORTION UHC QUIPP PAYMEN Deposited into mmc oper.									
060121	05/31/2021	06/01/2021	06/24/2021				20,277.20	0.00	0.00	20,277.20 ✓
	UHC QIPP 4 & LAPSE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	49,057.01	0.00	0.00	49,057.01

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	49,057.01	0.00	0.00	49,057.01

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JUN 04 2021 CKH
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CALHOUN COUNTY, TEXAS
190629

06/03/2021
11:10

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12696	GULF POINTE PLAZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051821	05/31/2021	05/18/2021	06/24/2021				10,899.17	0.00	0.00	10,899.17 ✓
	TRANSFER	NH Insurance payment deposited into MMC oper.								
051921	05/31/2021	05/19/2021	06/24/2021				6,936.00	0.00	0.00	6,936.00 ✓
	TRANSFER	"						"		
051921A	05/31/2021	05/19/2021	06/24/2021				2,779.84	0.00	0.00	2,779.84 ✓
	TRANSFER	"						"		
052021	05/31/2021	05/20/2021	06/24/2021				536.89	0.00	0.00	536.89 ✓
	TRANSFER	"						"		
052821A	05/31/2021	05/28/2021	06/24/2021				131.34	0.00	0.00	131.34 ✓
	TRANSFER	"						"		
052821	05/31/2021	05/28/2021	06/24/2021				16,730.07	0.00	0.00	16,730.07 ✓
	NH PORTION OF UHC QIPP PAYMI	Deposited into MMC oper.								
060121	05/31/2021	06/01/2021	05/24/2021				12,004.60	0.00	0.00	12,004.60 ✓
	UHC QIPP 4 & LAPSE	"					"			

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZ	50,017.91	0.00	0.00	50,017.91

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	50,017.91	0.00	0.00	50,017.91

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JUN 03 2021
Calhoun County Auditor

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ON
JUN 04 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK IE
190430

06/03/2021
11:12

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
13004	TUSCANY VILLAGE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051821A	05/31/2021	05/18/2021	06/24/2021				1,317.00	0.00	0.00	1,317.00 ✓
	TRANSFER	NH insurance pymt deposited into mmc oper.								
051821C	05/31/2021	05/18/2021	06/24/2021				14,665.96	0.00	0.00	14,665.96 ✓
	TRANSFER	"					"			
051821B	05/31/2021	05/18/2021	06/24/2021				7,430.83	0.00	0.00	7,430.83 ✓
	TRANSFER	NH insurance pymnt deposited into mmc oper.								
051821	05/31/2021	05/18/2021	06/24/2021				1,756.00	0.00	0.00	1,756.00 ✓
	TRANSFER	"					"			
051921	05/31/2021	05/19/2021	06/24/2021				5,832.01	0.00	0.00	5,832.01 ✓
	TRANSFER	"					"			
1549.17	05/31/2021	05/20/2021	06/24/2021				1,549.17	0.00	0.00	1,549.17 ✓
	TRANSFER	"					"			
052821	05/31/2021	05/28/2021	06/24/2021				26,080.03	0.00	0.00	26,080.03 ✓
	NH PORTION OF UHC QIPP PAYMI	Deposited into mmc oper.								
060121	05/31/2021	06/01/2021	06/24/2021				10,377.18	0.00	0.00	10,377.18 ✓
	UHC QIPP 4 & LAPSE	"					"			

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	69,008.18	0.00	0.00	69,008.18

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	69,008.18	0.00	0.00	69,008.18

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JUN 03 2021
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ON
JUN 04 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 190433

06/03/2021
11:18

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12792	BETHANY SENIOR LIVING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052821A		05/31/2021	05/28/2021	06/24/2021			3,789.93	0.00	0.00	3,789.93
	TRANSFER	NH Insurance payment deposited into MMC operating								
052821		05/31/2021	05/28/2021	06/24/2021			4,949.01	0.00	0.00	4,949.01
	TRANSFER	"							"	

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR I	8,738.94		0.00	0.00	8,738.94

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,738.94	0.00	0.00	8,738.94

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JUN 03 2021
Calhoun County Auditor

APPROVED
ON
JUN 04 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKH
190638

			MMC PORTION						
Facility ID	Facility Name	Total UHC Deposits	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION	
4811	Ashford	141,861.51	**52,888.75**	**8,845.00**	**80,127.76**	-	**97,375.13**	44,486.38	141,861.51
105818	Broadmoor	58,707.70	**21,895.00**	**3,661.25**	**33,151.45**	-	**40,301.35**	18,406.35	58,707.70
105314	Crescent	47,179.73	**17,581.25**	**2,936.25**	**26,662.23**	-	**32,380.49**	14,799.24	47,179.73
4628	Fort Bend	57,386.10	**21,387.50**	**3,552.50**	**32,446.10**	-	**39,386.80**	17,999.30	57,386.10
105006	Solera	55,637.36	**20,735.00**	**3,443.75**	**31,458.61**	-	**38,186.18**	17,451.18	55,637.36
102540	Golden Creek	91,949.58	**35,367.03**	**5,908.44**	**50,674.11**	-	**63,658.31**	28,291.28	91,949.58
100806	Gulf Pointe	54,381.21	**20,921.08**	**3,493.04**	**29,967.09**	-	**37,651.15**	16,730.07	54,381.21
103462	Tuscany	112,011.58	**59,851.52**	**5,183.75**	**46,976.31**	-	**85,931.55**	26,080.03	112,011.58
	Bethany	-					-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
	Total UHC Desosit	**619,114.77**	**250,627.13**	**37,023.98**	**331,463.66**	-	**434,870.95**	184,243.82	

FUNDS DEPOSITED INTO MMC OPERATING. NEED TO ISSUE PAYMENTS TO NURSING HOME.
MAKE CHECK REQUESTS FOR EACH NURSING HOME FOR HIGHLIGHTED YELLOW AMOUNTS

			MMC PORTION						
Facility ID	Facility Name	Total UHC Deposits	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION	
4811	Ashford	65,512.50				**65,512.50**	**32,756.25**	32,756.25	65,512.50
105818	Broadmoor	27,148.38				**27,148.38**	**13,574.19**	13,574.19	27,148.38
105314	Crescent	21,802.56				**21,802.56**	**10,901.28**	10,901.28	21,802.56
4628	Fort Bend	26,414.64				**26,414.64**	**13,207.32**	13,207.32	26,414.64
105006	Solera	25,680.90				**25,680.90**	**12,840.45**	12,840.45	25,680.90
102540	Golden Creek	40,554.40				**40,554.40**	**20,277.20**	20,277.20	40,554.40
100806	Gulf Pointe	24,009.20				**24,009.20**	**12,004.60**	12,004.60	24,009.20
103462	Tuscany	20,754.36				**20,754.36**	**10,377.18**	10,377.18	20,754.36
	Bethany	-					-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
	Total UHC Desosit	**251,876.94**	-	-	-	**251,876.94**	**125,938.47**	125,938.47	251,876.94

FUNDS DEPOSITED INTO MMC OPERATING. NEED TO ISSUE PAYMENTS TO NURSING HOME.
MAKE CHECK REQUESTS FOR EACH NURSING HOME FOR HIGHLIGHTED YELLOW AMOUNTS

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	190578	06/09/21	235.55	AIRGAS USA, LLC - CENTRAL DIV
A/P	190579	06/09/21	2,898.75	AMERICAN PRECISION MEDICAL GAS
A/P	190580	06/09/21	2,519.93	AMERISOURCEBERGEN DRUG CORP
A/P	190581	06/09/21	5,625.00	AVENO NETWORKS
A/P	190582	06/09/21	2,879.50	BAYER HEALTHCARE
A/P	190583	06/09/21	13,192.00	BKD, LLP
A/P	190584	06/09/21	204,324.90	BLUE CROSS BLUE SHIELD
A/P	190585	06/09/21	164.27	CALHOUN COUNTY
A/P	190586	06/09/21	310.79	CARDINAL HEALTH 414, INC.
A/P	190587	06/09/21	3,063.65	CDW GOVERNMENT, INC.
A/P	190588	06/09/21	500.00	CHEMAQUA
A/P	190589	06/09/21	200.00	CHRIS KOVAREK
A/P	190590	06/09/21	854.92	COMBINED INSURANCE
A/P	190591	06/09/21	550.00	DASHBOARD MD
A/P	190592	06/09/21	249.52	DEWITT POTH & SON
A/P	190593	06/09/21	81,188.96	DISCOVERY MEDICAL NETWORK INC
A/P	190594	06/09/21	2,972.80	ETHOS MEDICAL STAFFING
A/P	190595	06/09/21	369.23	FEDERAL EXPRESS CORP.
A/P	190596	06/09/21	3,754.26	FILTER TECHNOLOGY CO, INC
A/P	190597	06/09/21	1,105.26	FUSION CLOUD SERVICES, LLC
A/P	190598	06/09/21	212.88	GRAINGER
A/P	190599	06/09/21	100.00	GULF COAST DELIVERY
A/P	190600	06/09/21	14,672.78	HUNTER PHARMACY SERVICES
A/P	190601	06/09/21	25,873.25	ITA RESOURCES INC
A/P	190602	06/09/21	1,514.70	MCKESSON MEDICAL SURGICAL INC
A/P	190603	06/09/21	8,406.84	MEDLINE INDUSTRIES INC
A/P	190604	06/09/21	.00	VOIDED
A/P	190605	06/09/21	6,398.88	MORRIS & DICKSON CO, LLC
A/P	190606	06/09/21	1,620.21	MXR IMAGING, INC
A/P	190607	06/09/21	566.58	NACOGDOCHES TRANSCRIPTION
A/P	190608	06/09/21	7,767.94	NATIONAL FARM LIFE INSURANCE
A/P	190609	06/09/21	1,364.46	OLYMPUS AMERICA INC
A/P	190610	06/09/21	187.50	PALACIOS BEACON
A/P	190611	06/09/21	7,375.00	PREMIER SLEEP DISORDERS CENTER
A/P	190612	06/09/21	2,700.00	PROTOUCH STAFFING
A/P	190613	06/09/21	1,667.00	RADSOURCE
A/P	190614	06/09/21	24,516.93	RELIANT, DEPT 0954
A/P	190615	06/09/21	707.80	SERACARE LIFE SCIENCES, INC
A/P	190616	06/09/21	434.53	SHERWIN WILLIAMS
A/P	190617	06/09/21	187.92	STRYKER SALES CORP
A/P	190618	06/09/21	8,646.67	SUN LIFE FINANCIAL
A/P	190619	06/09/21	3,060.00	TEXAS SELECT STAFFING
A/P	190620	06/09/21	2,500.00	THE INLINE GROUP
A/P	190621	06/09/21	479.06	TMS SOUTH
A/P	190622	06/09/21	135.06	UNIFIRST HOLDINGS
A/P	190623	06/09/21	775.00	VERATHON INC
A/P	190624	06/09/21	1,309.08	WERFEN USA LLC
A/P	190625	06/09/21	2,562.50	WILLIAM CROWLEY III, DO
A/P	190626	06/09/21	77,242.63	ASHFORD GARDENS
A/P	190627	06/09/21	31,980.54	BROADMOOR AT CREEKSIDE PARK

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	190628	06/09/21	31,206.62	FORTBEND HEALTHCARE CENTER
A/P	190629	06/09/21	49,057.01	GOLDENCREEK HEALTHCARE
A/P	190630	06/09/21	50,017.91	GULF POINTE PLAZA
A/P	190631	06/09/21	30,291.63	SOLERA WEST HOUSTON
A/P	190632	06/09/21	42,460.52	THE CRESCENT
A/P	190633	06/09/21	69,008.18	TUSCANY VILLAGE
A/P	190634	06/09/21	781.73	
A/P	190635	06/09/21	55.57	
A/P	190636	06/09/21	175.00	
A/P	190637	06/09/21	200.00	
A/P	190638	06/09/21	8,738.94	BETHANY SENIOR LIVING
TOTALS:			843,918.14	

Payables 452,532.63 +
critical 369.23 +
Patient refunds 1,212.30 +
77,242.63 +
30,291.63 +
31,206.62 +
31,980.54 +
42,460.52 +
49,057.01 +
50,017.91 +
69,008.18 +
8,738.94 +
843,918.14 =

NH Transfers

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

		####	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	21	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	06	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 94,665.83	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 49,878.26	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 11,665.08	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 33,122.49	#
		CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

			ENTER VOID CKS AS NEGATIVE NUMBERS				
			VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN		5/21/2021					
PAY PERIOD: END		6/3/2021					
PAY DATE:		6/11/2021					
GROSS PAY:	$	432,567.95			$ -		$ 432,567.95
DEDUCTIONS:							
A/R	$	620.14					$ 620.14
ADVANC							$ -
BOOTS							$ -
SUNLIFE CRITICAL ILLNESS	$	672.26					$ 672.26
SUNLIFE ACCIDENT	$	761.42					$ 761.42
SUNLIFE VISION	$	-					$ -
SUNLIFE SHORT TERM DIS	$	1,161.15					$ 1,161.15
METLIFE VISION	$	874.56					$ 874.56
CAFE-D	$	1,714.45					$ 1,714.45
CAFE-H	$	20,707.82					$ 20,707.82
	$	-					$ -
	$	-					$ -
CAFE-P							$ -
CANCER							$ -
CHILD	$	443.08					$ 443.08
CLINIC	$	179.00					$ 179.00
COMBIN	$	434.57					$ 434.57
CREDUN							$ -
DENTAL	$	-					$ -
DEP-LF							$ -
SUNLIFE TERM LIFE	$	741.38					$ 741.38
SUNLIFE HOSP INDEM	$	550.58					$ 550.58
FED TAX	$	33,122.49					$ 33,122.49
FICA-M	$	5,832.54					$ 5,832.54
FICA-O	$	24,939.13					$ 24,939.13
FIRST C	$	-					$ -
FLEX S	$	3,640.48					$ 3,640.48
FLX-FE							$ -
GIFT S	$	171.33					$ 171.33
GRP-IN							$ -
GTL							$ -
HOSP-I							$ -
LEGAL	$	1,147.24					$ 1,147.24
OTHER	$	266.87					$ 266.87
NATIONAL FARM LIFE	$	1,753.72					$ 1,753.72
MED SURCHARGE	$	475.00					$ 475.00
PR FIN	$	-					$ -
RELAY							$ -
REPAY							$ -
STONEDF	$	790.86					$ 790.86
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$	30,279.85					$ 30,279.85
UW/HOS	$	-					$ -
TOTAL DEDUCTIONS:	$	131,279.92	$ -	$ -	$ -	$ -	$ 131,279.92
	SHOULD MATCH REPORT		**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$	301,288.03	$ -	$ -	$ -	$ -	$ 301,288.03
	SHOULD MATCH REPORT		**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFE 125 PLAN:	$	30,323.00	**Less Exempt:**				
TAXABLE PAY:	$	402,244.95	$ 402,244.95				**Exempt Amt:**

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,832.55		
FICA - MED (EE)	1.45%	$ 5,832.55	$ 5,832.54	$ 0.01
FICA - SOC SEC (ER)	6.20%	$ 24,939.19		
FICA - SOC SEC (EE)	6.20%	$ 24,939.19	$ 24,939.13	$ 0.06
FED WITHHOLDING		$ 33,122.49	$ 33,122.49	

Employees over FICA-SS Cap:

Jason Anglin	$ -
Marisol Hinojosa	$ -
Roshanda Thomas	$ -

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 94,665.97	$ 94,665.83	
FICA - MEDICARE	2.90%	$ 11,665.10	$11,665.08	
FICA - SOCIAL SECURITY	12.40%	$ 49,878.38	$49,878.26	**PREPARED BY:**
FED WITHHOLDING		$ 33,122.49	$33,122.49	**PREPARED DATE:**
TOTAL TAX:		**$ 94,665.97**	**$94,665.83**	**$ 0.14**

Caitlin Clevenger

6/4/2021

Final Summary

Pay Code Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CE	Gross
1	REGULAR PAY-S1	9052.50	N		N	N		178713.85
1	REGULAR PAY-S1	1717.50	N		N	N	N	73346.79
1	REGULAR PAY-S1	217.50	N		N	Y		6388.45
1	REGULAR PAY-S1	226.25	Y		N	N		9565.79
2	REGULAR PAY-S2	2212.25	N		N	N		52462.41
2	REGULAR PAY-S2	4.00	N		N	N	N	149.86
2	REGULAR PAY-S2	134.00	N		N	Y		5075.00
2	REGULAR PAY-S2	161.00	Y		N	N		4692.29
3	REGULAR PAY-S3	1285.50	N		N	N		35099.34
3	REGULAR PAY-S3	.50	N		N	N	N	19.11
3	REGULAR PAY-S3	97.00	N		N	Y		4009.79
3	REGULAR PAY-S3	82.75	Y		N	N		2907.90
C	CALL PAY	2494.00	N	1	N	N		4988.00
D	DOUBLE TIME	5.75	N	2	N	Y		492.89
D	DOUBLE TIME	6.00	N	3	N	Y		547.08
E	EXTRA WAGES		N		N	N	N	713.00
E	EXTRA WAGES		N	1	N	N	N	1613.75
F	FUNERAL LEAVE	59.75	N	1	N	N		1047.65
I	INSERVICE	21.25	N	1	N	N		680.99
I	INSERVICE	1.50	Y	1	N	N		68.96
J	JURY LEAVE	14.50	N	1	N	N		382.10
K	EXTENDED-ILLNESS-BANK	200.00	N	1	N	N		5110.10
P	PAID-TIME-OFF	215.86	N		N	N	N	1726.34
P	PAID-TIME-OFF	1862.21	N	1	N	N		42473.52
X	CALL PAY 2	168.00	N	1	N	N		336.00
Y	YMCA/CURVES		N		N	N	N	60.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	31.00	N	1	N	N		580.97
t	PHONE & DATA		N		N	N	N	1030.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/P	570.14	A/P2	50.00	A/P3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1714.45	CAFE-F	
CAFE-H	20707.82	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	443.08
CLINIC	179.00	COMBIN	434.57	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	33122.49	FICA-M	5832.54	FICA-O	24939.13
FIRSTC		FLEX S	3640.48	FLX FE	
FORT D		FUTA		GIFT S	171.33
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	284.24	MASA	853.00	MEALS	81.36
METVIS	874.56	MISC		MISC/	
MWCSHR		NATFML	1793.72	OTHER	
PHI		PHI***		PR FIN	
RELAY		REPAY		SAMS	
SCRUBS		SIGNCN		ST-TX	
STONDF	790.86	STONE		STONE2	
STUDEN		SUNACC	761.42	SUNILL	672.26
SUNIND	550.58	SUNLIF	741.38	SUNSTD	1161.15
SUNVIS		SURCHG	475.00	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	30279.85	TUITION		UNIFOR	185.51
UW/HOS					

Grand Totals: 20366.57 (Gross: 432567.85 Deductions: 131279.82 Net: 301288.03)
Checks Count:- FT 195 PT 13 Other 45 Female 224 Male 28 Credit OverAmt 6 ZeroNet Term Total: 252

Pay Date 6/11/21