MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 28, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 501,744.50
TOTAL TRANSFERS BETWEEN FUNDS	$ 457,442.63
TOTAL NURSING HOME UPL EXPENSES	$ 1,212,629.66
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED June 28, 2021	**$ 2,171,816.79**

APPROVED

JUN 28 2021

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 28, 2021

PAYABLES AND PAYROLL

6/24/2021	Weekly Payables	490,128.72	
6/24/2021	Patient Refunds	11,473.69	
	Prosperity Electronic Bank Payments		
6/21-6/24/21	Pay Plus-Patient Claims Processing Fee	142.09	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 501,744.50**

TRANSFER BETWEEN FUNDS TO NURSING HOMES

6/24/2021	MMC Operating to Ashford- correction of NH insurance paymen and QIPP deposited into MMC operating	18,123.28
6/24/2021	MMC Operating to Solera- correctio of NH insurance payment and QIPP deposited into MMC operating	6,706.50
6/24/2021	MMC Operating to Fortbend- NH portion of QIPP deposited into MMC Operating	5,766.18
6/24/2021	MMC Operating to Broadmoor-correction of NH insurance payment and QIPP deposited into MMC Operating	16,875.11
6/24/2021	MMC Operating to The Crescent-correction of NH insurance payment and QIPP deposited into MMC Operating	5,948.83
6/24/2021	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment and QIPP deposited into MMC Operating	63,994.42
6/24/2021	MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment and QIPP deposited into MMC Operating	20,969.47
6/24/2021	MMC Operating to Tuscany Village-correction of NH insurance payment and QIPP deposited into MMC Operating	74,005.80
6/24/2021	MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating	58,236.40

MEDICARE ADVANCE PAYMENT RECOUP-ACH TRANSFERS

6/24/2021	Ashford to MMC Operating-correction of Ashford medicare recoup taken from MMC Operating	544.81
6/24/2021	Ashford to Golden Creek-correction of Ashford medicare recoup taken from Golden Creek	1,773.74
6/24/2021	Fort Bend to Golden Creek-correction of Fort Bend medicare recoup taken from Golden Creek	1,773.74
6/24/2021	Broadmoor to Golden Creek-correction of Broadmoor medicar recoup taken from Golden Creek	1,773.74
6/24/2021	Crescent to Golden Creek-correction of Crecent medicare recoup taken from Golden Creek	1,773.74
6/24/2021	MMC Operating to Golden Creek-correction of MMC medicare recoup taken from Golden Creek	3,547.48
6/24/2021	Solera to Golden Creek-correction of Solera medicare recoup taken from Golden Creek	1,773.74
6/24/2021	Tuscany to Golden Creek-correction of Tuscany medicare recoup taken from Golden Creek	1,773.74
6/24/2021	Crescent to Gulf Pointe Plaza-correction of Crescent medicare recoup taken from Gulf Pointe Plaza	135.55
6/24/2021	Golden Creek to Solera-correction of Golden Creek medicare recoup taken from Solera	13,216.94
6/24/2021	MMC Operating to Solera-correction of MMC medicare recoup taken from Solera	26,415.31
6/24/2021	Tuscany to Solera-correction of Tuscany medicare recoup taken from Solera	13,216.94
6/24/2021	Tuscany to Fort Bend-correction of Tuscany medicare recoup taken from Fort Bend	2,201.39
6/24/2021	Golden Creek to Fort Bend-correction of Golden Creek medicare recoup taken from Fort Bend	2,201.39
6/24/2021	MMC Operating to Fort Bend-correction of MMC medicare recoup taken from Fort Bend	4,239.70
6/24/2021	Golden Creek to Crescent-correction of Golden Creek medicare recoup taken from Crescent	6,604.19
6/24/2021	MMC Operating to Crescent-correction of MMC medicare recoup taken form Crescent	12,718.30

6/24/2021	Tuscany to Crescent-correction of Tuscany medicare recoup taken from Crescent	6,604.19	
6/24/2021	Golden Creek to Broadmoor-correction of Golden Creek medicare recoup taken from Broadmoor	13,696.76	
6/24/2021	MMC Operating to Broadmoor-correction of MMC medicare recoup taken from Broadmoor	23,836.33	
6/24/2021	Tuscany to Broadmoor-correction of Tuscany medicare recoup taken from Broadmoor	17,283.64	
6/24/2021	Golden Creek to Ashford-correction of Golden Creek medicare recoup taken from Ashford	4,818.98	
6/24/2021	MMC Operating to Ashford-correction of MMC medicare recoup taken from Ashford	9,578.31	
6/24/2021	Tuscany to Ashford-correction of Tuscany medicare recoup taken from Ashford	4,818.98	
6/24/2021	Tuscany to Bethany-correction of Tuscany medicare recoup taken from Bethany	7,226.15	
6/24/2021	Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	544.81	
6/24/2021	Fort Bend to MMC Operating-correction of Fort Bend medicare recoup taken from MMC Operating	544.81	
6/24/2021	Tuscany Village to MMC Operating-correction of Tuscany Village medicare recoup taken from MMC Operating	544.81	
6/24/2021	Golden Creek to MMC Operating-correction of Golden Creek medicare recoup taken from MMC Operating	544.81	
6/24/2021	Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	544.81	
6/24/2021	Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	544.81	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 457,442.63**

NURSING HOME UPL EXPENSES

6/24/2021	Nursing Home UPL-Cantex Transfer	446,370.64	
6/24/2021	Nursing Home UPL-Nexion Transfer	90,122.05	
6/24/2021	Nursing Home UPL-HMG Transfer	191,825.26	
6/24/2021	Nursing Home UPL-Tuscany Transfer	27,126.93	
6/24/2021	Nursing Home UPL-HSL Transfer	280,336.00	

QIPP/RECOUP CHECKS TO MMC

6/24/2021	Ashford	35,083.52	
6/24/2021	Broadmoor	14,531.08	
6/24/2021	Crescent	11,701.98	
6/24/2021	Fort Bend	14,179.97	
6/24/2021	Solera	13,758.39	
6/24/2021	Golden Creek	42,110.58	
6/24/2021	Gulf Pointe	24,905.85	
6/24/2021	Tuscany	20,577.41	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,212,629.66**

TOTAL INTER-GOVERNMENT TRANSFERS	**$ -**

GRAND TOTAL DISBURSEMENTS APPROVED June 28, 2021	**$ 2,171,816.79**

RECEIVED
JUN 24 2021
Calhoun County Auditor

06/24/2021 MEMORIAL MEDICAL CENTER 0
11:24 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 07/14/2021

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV240	RFID FEE	06/21/2021	06/20/2021	06/30/2021			1,400.00	0.00	0.00	1,400.00

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
R1200	ADT COMMERCIAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
140329565	FIRE MONITORING	06/24/2021	06/02/2021	06/27/2021			49.18	0.00	0.00	49.18

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

Vendor#	Vendor Name	Class	Pay Code
A1430	ADVANCE MEDICAL DESIGNS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SI01420292	SUPPLIES	06/23/2021	05/26/2021	06/23/2021			17.20	0.00	0.00	17.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1430	ADVANCE MEDICAL	17.20	0.00	0.00	17.20

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
9980254028	OXYGEN	06/24/2021	05/31/2021	06/25/2021			510.42	0.00	0.00	510.42
9113791266	OXYGEN	06/24/2021	05/31/2021	06/25/2021			2,316.23	0.00	0.00	2,316.23
9980112883	OXYGEN	06/24/2021	05/31/2021	06/25/2021			704.48	0.00	0.00	704.48
9980254029	OXYGEN	06/24/2021	05/31/2021	06/25/2021			70.58	0.00	0.00	70.58
9113982385	OXYGEN	06/24/2021	06/04/2021	06/29/2021			288.15	0.00	0.00	288.15

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC -	3,889.86	0.00	0.00	3,889.86

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
RPSV03570(988	SUPPLIES	06/23/2021	04/22/2021	05/07/2021			119.89	0.00	0.00	119.89

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	119.89	0.00	0.00	119.89

Vendor#	Vendor Name	Class	Pay Code
A0400	AUREUS RADIOLOGY LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2229190	LAB STAFFING	06/23/2021	05/31/2021	06/30/2021			2,345.00	0.00	0.00	2,345.00
2228911	LAB STAFFING	06/23/2021	05/31/2021	06/30/2021			2,680.00	0.00	0.00	2,680.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A0400	AUREUS RADIOLO(	5,025.00	0.00	0.00	5,025.00

Vendor#	Vendor Name	Class	Pay Code
B0436	BARD ACCESS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
46345478	SUPPLIES	06/23/2021	05/21/2021	06/23/2021			300.00	0.00	0.00	300.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B0436	BARD ACCESS	300.00	0.00	0.00	300.00

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
70731793	SUPPLIES	06/23/2021	05/13/2021	06/07/2021			902.43	0.00	0.00	902.43
70731508	SUPPLIES	06/23/2021	05/13/2021	06/07/2021			321.01	0.00	0.00	321.01

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHC/	1,223.44	0.00	0.00	1,223.44

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
6009215269	SUPPLIES	06/23/2021	05/26/2021	05/27/2021			1,151.80	0.00	0.00	1,151.80

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCAI	1,151.80	0.00	0.00	1,151.80

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5441529	MAINT CONTRACT LEASE	06/23/2021	05/30/2021	06/24/2021			3,507.27	0.00	0.00	3,507.27
109103222	SUPPLIES	06/23/2021	06/02/2021	06/27/2021			51.18	0.00	0.00	51.18
109106537	SUPPLIES	06/23/2021	06/03/2021	06/28/2021			450.39	0.00	0.00	450.39
109104283	SUPPLIES	06/23/2021	06/03/2021	06/28/2021			170.60	0.00	0.00	170.60
109106532	SUPPLIES	06/23/2021	06/03/2021	06/28/2021			884.12	0.00	0.00	884.12
109106536	SUPPLIES	06/23/2021	06/03/2021	06/28/2021			197.36	0.00	0.00	197.36
109105920	SUPPLIES	06/23/2021	06/03/2021	06/28/2021			75.60	0.00	0.00	75.60
109106097	SUPPLIES	06/23/2021	06/03/2021	06/28/2021			106.65	0.00	0.00	106.65
109106534	SUPPLIES	06/23/2021	06/03/2021	06/28/2021			1,695.55	0.00	0.00	1,695.55
7295892	SUPPLIES	06/23/2021	06/04/2021	06/29/2021			7,074.25	0.00	0.00	7,074.25
109110746	SUPPLIES	06/23/2021	06/07/2021	07/02/2021			80.08	0.00	0.00	80.08
109111970	SUPPLIES	06/23/2021	06/07/2021	07/02/2021			7,083.38	0.00	0.00	7,083.38
109112045	SUPPLIES	06/23/2021	06/07/2021	07/02/2021			104.52	0.00	0.00	104.52
5442053	SUPPLIES	06/23/2021	06/13/2021	07/08/2021			5,016.58	0.00	0.00	5,016.58
109126207	SUPPLIES	06/23/2021	06/15/2021	07/10/2021			1,288.45	0.00	0.00	1,288.45
109130778	SUPPLIES	06/23/2021	06/16/2021	07/11/2021			214.59	0.00	0.00	214.59

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTE	28,000.57	0.00	0.00	28,000.57

Vendor#	Vendor Name	Class	Pay Code
B1320	BEEKLEY CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1425520	SUPPLIES	06/23/2021	04/01/2021	05/11/2021			403.00	0.00	0.00	403.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

B1320	BEEKLEY CORPOR	403.00		0.00		0.00		403.00

Vendor# 12600 | Vendor Name: BIOFIRE DIAGNOSTICS LLC | Class | Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1280120316		06/23/2021	06/02/2021	06/23/2021			17,820.00	0.00	0.00	17,820.00
	SUPPLIES									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12600	BIOFIRE DIAGNOST	17,820.00	0.00	0.00	17,820.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061721		06/24/2021	06/17/2021	07/01/2021			203,751.47	0.00	0.00	203,751.47
	INSURANCE									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12324	BLUE CROSS BLUE	203,751.47	0.00	0.00	203,751.47

Vendor# B1655 | Vendor Name: BOSTON SCIENTIFIC CORPORATI | Class: M | Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
978420267		06/23/2021	05/17/2021	06/09/2021			729.00	0.00	0.00	729.00
	SUPPLIES									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
B1655	BOSTON SCIENTIFI	729.00	0.00	0.00	729.00

Vendor# B1680 | Vendor Name: BOUND TREE MEDICAL, LLC | Class: M | Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
83962732		06/23/2021	02/23/2021	03/10/2021			1,987.20	0.00	0.00	1,987.20
	SUPPLIES									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
B1680	BOUND TREE MEDI	1,987.20	0.00	0.00	1,987.20

Vendor# D1040 | Vendor Name: C R BARD, INC | Class | Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
82442126		06/23/2021	04/22/2021	04/21/2021			317.19	0.00	0.00	317.19
	SUPPLIES									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
D1040	C R BARD, INC	317.19	0.00	0.00	317.19

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8002550397		06/23/2021	05/31/2021	06/25/2021			329.44	0.00	0.00	329.44
	SUPPLIES									
8002562557		06/23/2021	06/05/2021	06/30/2021			188.99	0.00	0.00	188.99
	SUPPLIES									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1325	CARDINAL HEALTH	518.43	0.00	0.00	518.43

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061121		06/24/2021	06/11/2021	07/06/2021			10.21	0.00	0.00	10.21
	WATER 12-1215-00									
061121A		06/24/2021	06/11/2021	07/06/2021			5,305.94	0.00	0.00	5,305.94
	WATER ACCT 12132000									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1730	CITY OF PORT LAV.	5,316.15	0.00	0.00	5,316.15

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IC20210515		06/21/2021	05/05/2021	05/05/2021			7,124.43	0.00	0.00	7,124.43
	OP INFUSION CENTER									
IC20210618		06/21/2021	06/03/2021	06/03/2021			6,244.94	0.00	0.00	6,244.94
	OP INFUISON CENTER									

Vendor Totals: Number Name Gross Discount No-Pay Net
13572 COMMUNITY INFUS 13,369.37 0.00 0.00 13,369.37

Vendor# Vendor Name Class Pay Code
C1970 CONMED CORPORATION M

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
568444 06/23/2021 05/27/2021 06/23/2021 572.89 0.00 0.00 572.89
SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
C1970 CONMED CORPOR/ 572.89 0.00 0.00 572.89

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
6468810 06/16/2021 06/15/2021 07/10/2021 53.52 0.00 0.00 53.52
SUPPLIES
6456431 06/22/2021 06/03/2021 06/28/2021 3.12 0.00 0.00 3.12
SUPPLIES
6287230 06/23/2021 12/14/2020 01/08/2021 777.78 0.00 0.00 777.78
SUPPLIES
6441960 06/23/2021 05/17/2021 06/11/2021 845.41 0.00 0.00 845.41
SUPPLIES
6441961 06/23/2021 05/18/2021 06/12/2021 423.81 0.00 0.00 423.81
SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
10368 DEWITT POTH & SC 2,103.64 0.00 0.00 2,103.64

Vendor# Vendor Name Class Pay Code
13996

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
061621 06/24/2021 06/17/2021 06/17/2021 15.00 0.00 0.00 15.00
PATIENT REFUND

Vendor Totals: Number Name Gross Discount No-Pay Net
13996 15.00 0.00 0.00 15.00

Vendor# Vendor Name Class Pay Code
11960 DILON TECHNOLOGIES

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
00035772 06/23/2021 05/21/2021 06/23/2021 78.00 0.00 0.00 78.00
SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
11960 DILON TECHNOLO(78.00 0.00 0.00 78.00

Vendor# Vendor Name Class Pay Code
14000 DR. RICHARD ARROYO-DIAZ

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
061621 06/24/2021 06/16/2021 06/16/2021 500.00 0.00 0.00 500.00
PROCEDURE HE WAS MISS PAID I

Vendor Totals: Number Name Gross Discount No-Pay Net
14000 DR. RICHARD ARR(500.00 0.00 0.00 500.00

Vendor# Vendor Name Class Pay Code
11046 E-MDS, INC

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
449884 06/15/2021 06/11/2021 07/09/2021 9,295.00 0.00 0.00 9,295.00
HOSTING SUBSCRIPTION

Vendor Totals: Number Name Gross Discount No-Pay Net
11046 E-MDS, INC 9,295.00 0.00 0.00 9,295.00

Vendor# Vendor Name Class Pay Code
W1167 ELITECH GROUP INC (WESCOR) W

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
744305 06/23/2021 05/12/2021 06/23/2021 196.93 0.00 0.00 196.93
SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
W1167 ELITECH GROUP IN 196.93 0.00 0.00 196.93

Vendor# Vendor Name Class Pay Code
10042 ERBE USA INC SURGICAL SYSTEN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
677980	06/23/2021	05/17/2021	06/23/2021				139.50	0.00	0.00	139.50
		SUPPLIES								
679625	06/23/2021	05/25/2021	06/23/2021				139.50	0.00	0.00	139.50
		SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10042	ERBE USA INC SUF		279.00	0.00	0.00	279.00

Vendor#	Vendor Name	Class	Pay Code
13872	ETHOS MEDICAL STAFFING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26480	06/15/2021	06/11/2021	07/11/2021				3,268.50	0.00	0.00	3,268.50
		NURSE STAFFING								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13872	ETHOS MEDICAL S'		3,268.50	0.00	0.00	3,268.50

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
FD10%PYXIS	06/22/2021	05/07/2021	06/01/2021				900.00	0.00	0.00	900.00
1378		10% DOWN INTERFACE PHARMAC								
A210604137	06/24/2021	06/04/2021	06/29/2021				21,163.00	0.00	0.00	21,163.00
		SUPPORT/MONTH SUB/ANNUAL C								
T210608137	06/24/2021	06/08/2021	07/03/2021				17,785.97	0.00	0.00	17,785.97
		CONSULTING/BUSINESS SERVICE								
T210616137	06/24/2021	06/16/2021	07/11/2021				10,805.21	0.00	0.00	10,805.21
		BUSINESS SERVICES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
C2510	EVIDENT		50,654.18	0.00	0.00	50,654.18

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
739981820	06/16/2021	06/10/2021	06/25/2021				55.43	0.00	0.00	55.43
		SHIPPING								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
F1100	FEDERAL EXPRESS		55.43	0.00	0.00	55.43

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5536165	06/22/2021	05/13/2021	06/07/2021				356.70	0.00	0.00	356.70
		SUPPLIES								
6336010	06/22/2021	05/17/2021	06/11/2021				493.21	0.00	0.00	493.21
		SUPPLIES								
6335998	06/22/2021	05/17/2021	06/11/2021				696.19	0.00	0.00	696.19
		SUPPLIES								
6696886	06/22/2021	05/18/2021	06/12/2021				12.24	0.00	0.00	12.24
		SUPPLIES								
3614562	06/23/2021	05/06/2021	05/31/2021				78.75	0.00	0.00	78.75
		SUPPLIES								
4088296	06/23/2021	05/10/2021	06/04/2021				18.70	0.00	0.00	18.70
		SUPPLIES								
6335977	06/23/2021	05/17/2021	06/11/2021				3,865.29	0.00	0.00	3,865.29
		SUPPLIES								
6696892	06/23/2021	05/18/2021	06/12/2021				2,641.60	0.00	0.00	2,641.60
		SUPPLIES								
6993507	06/23/2021	05/19/2021	06/13/2021				1,913.23	0.00	0.00	1,913.23
		SUPPLIES								
6993509	06/23/2021	05/19/2021	06/13/2021				49.27	0.00	0.00	49.27
		SUPPLIES								
6993504	06/23/2021	05/19/2021	06/13/2021				54.80	0.00	0.00	54.80
		SUPPLIES								
6993497	06/23/2021	05/19/2021	06/13/2021				39.52	0.00	0.00	39.52
		SUPPLIES								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6993491		06/23/2021	05/19/2021	06/13/2021			9.35	0.00	0.00	9.35
			SUPPLIES							
7911371		06/23/2021	05/25/2021	06/19/2021			636.24	0.00	0.00	636.24
			SUPPLIES							
8131791		06/23/2021	05/26/2021	06/20/2021			919.99	0.00	0.00	919.99
			SUPPLIES							
8131793		06/23/2021	05/26/2021	06/20/2021			532.50	0.00	0.00	532.50
			SUPPLIES							
8131790		06/23/2021	05/26/2021	06/20/2021			13.38	0.00	0.00	13.38
			SUPPLIES							

Vendor Totals: Number: F1400 | Name: FISHER HEALTHCA | Gross: 12,330.96 | Discount: 0.00 | No-Pay: 0.00 | Net: 12,330.96

Vendor# 13980 | Vendor Name: GBS ADMINISTRATORS, INC | Class | Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
481000602		06/21/2021	02/01/2021	02/01/2021			1,838.28	0.00	0.00	1,838.28
			INSURANCE - Vision							
~~081000603~~ 48100602-B		06/21/2021	03/01/2021	03/01/2021			1,818.32	0.00	0.00	1,818.32
			INSURNACE - Vision							
48100602		06/21/2021	04/01/2021	04/01/2021			1,789.80	0.00	0.00	1,789.80
			INSURANCE - Vision							

Vendor Totals: Number: 13980 | Name: GBS ADMINISTRAT | Gross: 5,446.40 | Discount: 0.00 | No-Pay: 0.00 | Net: 5,446.40

Vendor# G1001 | Vendor Name: GETINGE USA | Class | Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6991584769		06/23/2021	05/11/2021	06/23/2021			65.89	0.00	0.00	65.89
			SUPPLIES							

Vendor Totals: Number: G1001 | Name: GETINGE USA | Gross: 65.89 | Discount: 0.00 | No-Pay: 0.00 | Net: 65.89

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2033800		06/22/2021	04/20/2021	05/20/2021			505.24	0.00	0.00	505.24
			SUPPLIES							
2054964		06/23/2021	06/01/2021	07/01/2021			645.85	0.00	0.00	645.85
			SUPPLIES							
2058248		06/23/2021	06/08/2021	07/08/2021			652.51	0.00	0.00	652.51
			SUPPLIES							

Vendor Totals: Number: G1210 | Name: GULF COAST PAPE | Gross: 1,803.60 | Discount: 0.00 | No-Pay: 0.00 | Net: 1,803.60

Vendor# 10334 | Vendor Name: HEALTH CARE LOGISTICS INC | Class | Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
308019660		06/24/2021	05/21/2021	06/15/2021			1,788.57	0.00	0.00	1,788.57
			SUPPLIES							

Vendor Totals: Number: 10334 | Name: HEALTH CARE LOG | Gross: 1,788.57 | Discount: 0.00 | No-Pay: 0.00 | Net: 1,788.57

Vendor# 11552 | Vendor Name: HEALTHCARE FINANCIAL SERVICI | Class | Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100470708		06/24/2021	05/27/2021	07/01/2021			4,610.52	0.00	0.00	4,610.52
			PHONE/STERLIZER/GEM PREM 4K							

Vendor Totals: Number: 11552 | Name: HEALTHCARE FINA | Gross: 4,610.52 | Discount: 0.00 | No-Pay: 0.00 | Net: 4,610.52

Vendor# 12932 | Vendor Name: INTRADO | Class | Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0023590: 38		06/24/2021	05/31/2021	06/30/2021			524.73	0.00	0.00	524.73
			HOUSE CALLS							

Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net

12932	INTRADO	524.73	0.00	0.00	524.73	

Vendor# 13564 | Vendor Name: IRENE BALDERA Mileage rate incorrect | Class | Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
033021		06/23/2021	03/30/2021	06/23/2021			~~10.58~~ 10.30	0.00	0.00	~~10.58~~ 10.30
	TRAVEL LAB DRAWS									
042821		06/23/2021	04/28/2021	06/23/2021			~~10.35~~ 10.08	0.00	0.00	~~10.35~~ 10.08
	TRAVEL LAB DRAWS 4/28-6/9/21									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13564	IRENE BALDERA	~~20.93~~ 20.38	0.00	0.00	~~20.93~~ 20.3

Vendor# J0150 | Vendor Name: J & J HEALTH CARE SYSTEMS, IN(| Class | Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
925011508		06/23/2021	05/18/2021	06/17/2021			469.37	0.00	0.00	469.37
	SUPPLIES									
925047276		06/23/2021	05/20/2021	06/19/2021			271.53	0.00	0.00	271.53
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE	740.90	0.00	0.00	740.90

Vendor# 13920 | Vendor Name: KAYLIN EASLEY Mileage rate incorrect | Class | Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
033021		06/22/2021	03/30/2021	03/30/2021			~~10.58~~ 10.30	0.00	0.00	~~10.58~~ 10.30
	TRAVEL LAB DRAWS									
052521		06/22/2021	05/25/2021	05/25/2021			~~5.75~~ 5.60	0.00	0.00	~~5.75~~ 5.60
	TRAVEL LAB DRAWS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13920	KAYLIN EASLEY	~~16.33~~ 15.90	0.00	0.00	~~16.33~~ 15.90

Vendor# L0700 | Vendor Name: LABCORP OF AMERICA HOLDING: M | Class | Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
69554026		06/22/2021	05/29/2021	06/23/2021			634.00	0.00	0.00	634.00
	LAB SERVICES									
69702928		06/22/2021	05/29/2021	06/23/2021			676.56	0.00	0.00	676.56
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMEF	1,310.56	0.00	0.00	1,310.56

Vendor# L1640 | Vendor Name: LOWE'S HOME CENTERS INC | Class: W | Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91806		06/24/2021	05/05/2021	06/28/2021			726.08	0.00	0.00	726.08
	SUPPLIES									
55120A		06/24/2021	05/05/2021	06/28/2021			99.75	0.00	0.00	99.75
	SUPPLIES									
53130		06/24/2021	05/24/2021	06/28/2021			276.70	0.00	0.00	276.70
	SUPPLIES									
95935		06/24/2021	05/26/2021	06/28/2021			395.48	0.00	0.00	395.48
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L1640	LOWE'S HOME CEN	1,498.01	0.00	0.00	1,498.01

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00004128		06/21/2021	05/31/2021	06/30/2021			25,218.75	0.00	0.00	25,218.75
	FOOD SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11796	LUBY'S FUDDRUCK	25,218.75	0.00	0.00	25,218.75

Vendor# 10972 | Vendor Name: M G TRUST | Class | Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062121		06/21/2021	06/21/2021	06/21/2021			790.86	0.00	0.00	790.86

PAYROLL DED

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	790.86	0.00	0.00	790.86

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
18177285		06/23/2021	05/11/2021	05/26/2021			1,824.72	0.00	0.00	1,824.72
	SUPPLIES									
18176961		06/23/2021	05/11/2021	05/26/2021			21.96	0.00	0.00	21.96
	SUPPLIES									
18176731		06/23/2021	05/11/2021	05/26/2021			2,176.95	0.00	0.00	2,176.95
	SUPPLIES									
18177744		06/23/2021	05/11/2021	05/26/2021			396.70	0.00	0.00	396.70
	SUPPLIES									
18176950		06/23/2021	05/11/2021	05/26/2021			64.43	0.00	0.00	64.43
	SUPPLIES									
18180929		06/23/2021	05/12/2021	05/27/2021			560.62	0.00	0.00	560.62
	SUPPLIES									
18194401		06/23/2021	05/19/2021	06/03/2021			35.30	0.00	0.00	35.30
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDIC	5,080.68	0.00	0.00	5,080.68

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061621A		06/24/2021	06/16/2021	06/16/2021			94.78	0.00	0.00	94.78
	INDIGENT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALT	94.78	0.00	0.00	94.78

Vendor#	Vendor Name	Class	Pay Code
M2827	MEDIVATORS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90934263		06/23/2021	06/07/2021	06/07/2021			195.00	0.00	0.00	195.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	195.00	0.00	0.00	195.00

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
1702539595		06/22/2021	05/22/2021	06/16/2021			329.02	0.00	0.00	329.02
	INTEREST									
1928053772		06/23/2021	10/20/2020	11/14/2020			25.69	0.00	0.00	25.69
	SUPPLIES									
1938517071		06/23/2021	01/19/2021	02/13/2021			361.88	0.00	0.00	361.88
	IV POLES COVID									
1938844703		06/23/2021	01/21/2021	02/15/2021			85.00	0.00	0.00	85.00
	SUPPLIES									
1938844706		06/23/2021	01/21/2021	02/15/2021			580.35	0.00	0.00	580.35
	SUPPLIES									
1940291224		06/23/2021	02/02/2021	02/27/2021			36.11	0.00	0.00	36.11
	SUPPLIES									
1948644522		06/23/2021	04/16/2021	05/11/2021			586.01	0.00	0.00	586.01
	SUPPLIES									
1951315651		06/23/2021	05/08/2021	06/02/2021			284.50	0.00	0.00	284.50
	SUPPLIES									
1951469453		06/23/2021	05/11/2021	06/05/2021			5,444.53	0.00	0.00	5,444.53
	SUPPLIES									
1951629892		06/23/2021	05/12/2021	06/06/2021			64.83	0.00	0.00	64.83
	SUPPLIES									
1951629894		06/23/2021	05/12/2021	06/06/2021			64.83	0.00	0.00	64.83
	SUPPLIES									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1951629895		06/23/2021	05/12/2021	06/06/2021			20.56	0.00	0.00	20.56
		SUPPLIES								
1952080515		06/23/2021	05/15/2021	06/09/2021			135.89	0.00	0.00	135.89
		SUPPLIES								
1952080516		06/23/2021	05/15/2021	06/09/2021			235.52	0.00	0.00	235.52
		SUPPLIES								
1952164592		06/23/2021	05/17/2021	06/11/2021			27.54	0.00	0.00	27.54
		SUPPLIES								
1952383086		06/23/2021	05/19/2021	06/13/2021			124.64	0.00	0.00	124.64
		SUPPLIES								
1952383087		06/23/2021	05/19/2021	06/13/2021			628.58	0.00	0.00	628.58
		SUPPLIES								
1952593346		06/23/2021	05/20/2021	06/14/2021			132.45	0.00	0.00	132.45
		SUPPLIES								
1952593332		06/23/2021	05/20/2021	06/14/2021			207.21	0.00	0.00	207.21
		SUPPLIES								
1952982474		06/23/2021	05/24/2021	06/18/2021			383.68	0.00	0.00	383.68
		SUPPLIES								
1953078566		06/23/2021	05/25/2021	06/19/2021			61.51	0.00	0.00	61.51
		SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
M2470		MEDLINE INDUSTR	9,820.33	0.00	0.00	9,820.33

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062121		06/21/2021	06/21/2021	06/21/2021			75.00	0.00	0.00	75.00
		PAYROLL DED								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10963		MEMORIAL MEDICA	75.00	0.00	0.00	75.00

Vendor#	Vendor Name	Class	Pay Code
M2685	MICROTEK MEDICAL INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5005022		06/23/2021	04/20/2021	05/12/2021			301.86	0.00	0.00	301.86
		SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
M2685		MICROTEK MEDICA	301.86	0.00	0.00	301.86

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061721		06/24/2021	06/17/2021	06/17/2021			275.45	0.00	0.00	275.45
		PAYROLL DED								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
M2621		MMC AUXILIARY GI	275.45	0.00	0.00	275.45

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
6976298		06/24/2021	06/07/2021	06/17/2021			292.64	0.00	0.00	292.64
		INVENTORY								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10536		MORRIS & DICKSOI	292.64	0.00	0.00	292.64

Vendor#	Vendor Name	Class	Pay Code
13984	MUTUAL OF OMAHA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060321		06/24/2021	06/03/2021	06/03/2021			41.60	0.00	0.00	41.60
		PATIENT REFUND								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13984		MUTUAL OF OMAH/	41.60	0.00	0.00	41.60

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
7391		06/21/2021	06/17/2021	06/17/2021			508.34	0.00	0.00	508.34

TRANSCRIPTION 5/15 - 5/28/21

	Vendor Totals:	Number	Name		Gross		Discount		No-Pay	Net
	13548		NACOGDOCHES TF	508.34			0.00		0.00	508.34
Vendor# 10188			Vendor Name NATUS MEDICAL INC	Class			Pay Code			
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1041156683		06/23/2021	06/07/2021	07/02/2021			1,023.26	0.00	0.00	1,023.26
			SUPPLIES								
	Vendor Totals:	Number	Name		Gross		Discount		No-Pay	Net
	10188		NATUS MEDICAL IN	1,023.26			0.00		0.00	1,023.26
Vendor# O1500			Vendor Name OLYMPUS AMERICA INC	Class M			Pay Code			
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	30990678		06/23/2021	05/25/2021	06/19/2021			150.46	0.00	0.00	150.46
			SUPPLIES								
	31057154		06/24/2021	06/07/2021	07/02/2021			1,137.51	0.00	0.00	1,137.51
			SERVICE CONTRACT								
	Vendor Totals:	Number	Name		Gross		Discount		No-Pay	Net
	O1500		OLYMPUS AMERIC/	1,287.97			0.00		0.00	1,287.97
Vendor# O1416			Vendor Name ORTHO CLINICAL DIAGNOSTICS	Class			Pay Code			
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1851911776		06/22/2021	05/24/2021	06/23/2021			759.03	0.00	0.00	759.03
			SUPPLIES								
	Vendor Totals:	Number	Name		Gross		Discount		No-Pay	Net
	O1416		ORTHO CLINICAL D	759.03			0.00		0.00	759.03
Vendor# 13988			Vendor Name PAYCHECK, ADVANCE FBO	Class			Pay Code			
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	005650		06/24/2021	06/16/2021	06/16/2021			870.00	0.00	0.00	870.00
			MED SURG NURSE 6/7-6/8/21								
	005673		06/24/2021	06/18/2021	06/18/2021			1,500.00	0.00	0.00	1,500.00
			MED SURG NURSE 4/9-6/10/21								
	Vendor Totals:	Number	Name		Gross		Discount		No-Pay	Net
	13988		PAYCHECK, ADVAN	2,370.00			0.00		0.00	2,370.00
Vendor# P1800			Vendor Name PITNEY BOWES INC	Class W			Pay Code			
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1018297122		06/24/2021	06/09/2021	07/09/2021			557.64	0.00	0.00	557.64
			SUPPLIES								
	Vendor Totals:	Number	Name		Gross		Discount		No-Pay	Net
	P1800		PITNEY BOWES INC	557.64			0.00		0.00	557.64
Vendor# 11195			Vendor Name PSYCHEMEDICS CORPORATION	Class			Pay Code			
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	607713		06/22/2021	12/30/2020	12/30/2020			50.00	0.00	0.00	50.00
			LAB SERVICES								
	610398		06/22/2021	02/27/2021	02/27/2021			119.00	0.00	0.00	119.00
			LAB SERVICES								
	612974		06/22/2021	04/29/2021	04/29/2021			110.00	0.00	0.00	110.00
			LAB SERVICES								
	Vendor Totals:	Number	Name		Gross		Discount		No-Pay	Net
	11195		PSYCHEMEDICS C(	279.00			0.00		0.00	279.00
Vendor# 10896			Vendor Name QIAGEN INC	Class			Pay Code			
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	997845134		06/23/2021	05/17/2021	06/16/2021			1,327.69	0.00	0.00	1,327.69
			SUPPLIES								
	Vendor Totals:	Number	Name		Gross		Discount		No-Pay	Net
	10896		QIAGEN INC	1,327.69			0.00		0.00	1,327.69
Vendor#			Vendor Name	Class			Pay Code			

11240 REMI CORPORATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1016242		06/23/2021	06/04/2021	06/30/2021			13,524.25	0.00	0.00	13,524.25
		ANNUAL SERVICE AGREEMENT								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11240	REMI CORPORATIC	13,524.25	0.00	0.00	13,524.25

Vendor#	Vendor Name	Class	Pay Code
S1001	SANOFI PASTEUR INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
916512543		05/31/2021	05/10/2021	07/09/2021			4,504.32	0.00	0.00	4,504.32
		INVENTORY								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR I	4,504.32	0.00	0.00	4,504.32

Vendor#	Vendor Name	Class	Pay Code
10936	SIEMENS FINANCIAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5638210004:		06/24/2021	05/28/2021	06/24/2021			1,333.33	0.00	0.00	1,333.33
	3770	LEASE								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIA	1,333.33	0.00	0.00	1,333.33

Vendor#	Vendor Name	Class	Pay Code
10681	SIMMLER, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
189094		06/23/2021	05/11/2021	06/23/2021			175.00	0.00	0.00	175.00
		SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10681	SIMMLER, INC.	175.00	0.00	0.00	175.00

Vendor#	Vendor Name	Class	Pay Code
S2353	SMITHS MEDICAL ASD INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
16266596		06/23/2021	05/26/2021	06/23/2021			331.94	0.00	0.00	331.94
		SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL A	331.94	0.00	0.00	331.94

Vendor#	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
I07014737		06/23/2021	06/15/2021	07/10/2021			6,080.00	0.00	0.00	6,080.00
		BLOOD								
CM4783		06/23/2021	06/15/2021	07/10/2021			-2,133.00	0.00	0.00	-2,133.00
		CREDIT								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLO	3,947.00	0.00	0.00	3,947.00

Vendor#	Vendor Name	Class	Pay Code
C1010	SPARKLIGHT previous bal.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061621B		06/24/2021	06/16/2021	06/30/2020			2,250.00	0.00	0.00	2,250.00
		ACCT 100987627 CABLE								
061621A		06/24/2021	06/16/2021	06/30/2021			1685.67 ~~3,370.80~~	0.00	0.00	~~3,370.80~~ 1685.6
		ACCT 100951581 CABLE								
061621		06/24/2021	06/16/2021	06/30/2021			4.20	0.00	0.00	4.20
		ACCT 118134105 CABLE								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT	~~5,625.00~~ 3,939.87	0.00	0.00	~~5,625.00~~ 3939.8

Vendor#	Vendor Name	Class	Pay Code
12288	SPBS CLINICAL EQUIPMENT SRV(		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV010246		06/24/2021	06/01/2021	06/01/2021			12,870.00	0.00	0.00	12,870.00
		BIO MED SERVICES								

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

Vendor#	Vendor Name	Class	Pay Code
10094	ST DAVIDS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMCPL2021 -04		06/21/2021	06/21/2021	06/21/2021			470.00	0.00	0.00	470.00
	CONNECTIVITY FEE									
MMCPL2021 -05		06/21/2021	06/21/2021	06/21/2021			470.00	0.00	0.00	470.00
	CONNECTIVITY FEE									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10094	ST DAVIDS HEALTH	940.00	0.00	0.00	940.00

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
00175145107 791N		06/24/2021	06/17/2021	06/17/2021			3,187.50	0.00	0.00	3,187.50
	STAFFING									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13880	TEXAS SELECT ST/	3,187.50	0.00	0.00	3,187.50

Vendor#	Vendor Name	Class	Pay Code
D1641	THE DOCTORS' CENTER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7274		06/23/2021	05/04/2021	05/29/2021			75.00	0.00	0.00	75.00
	LAB SERVICES									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
D1641	THE DOCTORS' CEI	75.00	0.00	0.00	75.00

Vendor#	Vendor Name	Class	Pay Code
T0801	TLC STAFFING	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
27382		06/24/2021	06/02/2021	06/02/2021			1,865.28	0.00	0.00	1,865.28
	STAFFING									
27446		06/24/2021	06/14/2021	06/14/2021			535.65	0.00	0.00	535.65
	STAFFING									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
T0801	TLC STAFFING	2,400.93	0.00	0.00	2,400.93

Vendor#	Vendor Name	Class	Pay Code
11067	TRIZETTO PROVIDER SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35FK062100		06/24/2021	06/01/2021	06/26/2021			1,745.26	0.00	0.00	1,745.26
	PT STATEMENTS									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11067	TRIZETTO PROVIDI	1,745.26	0.00	0.00	1,745.26

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
8400366834		06/22/2021	06/10/2021	07/05/2021			162.91	0.00	0.00	162.91
	LAUNDRY									
8400366832		06/22/2021	06/10/2021	07/05/2021			121.55	0.00	0.00	121.55
	LAUNDRY									
8400366835		06/22/2021	06/10/2021	07/05/2021			276.95	0.00	0.00	276.95
	LAUNDRY									
8400366854		06/22/2021	06/10/2021	07/05/2021			79.43	0.00	0.00	79.43
	LAUNDRY									
8400366867		06/22/2021	06/10/2021	07/05/2021			1,442.73	0.00	0.00	1,442.73
	LAUNDRY									
8400366830		06/22/2021	06/10/2021	07/05/2021			26.64	0.00	0.00	26.64
	LAUNDRY									
8400367111		06/22/2021	06/14/2021	07/09/2021			45.15	0.00	0.00	45.15
	LAUNDRY									
8400367134		06/22/2021	06/14/2021	07/09/2021			1,520.61	0.00	0.00	1,520.61
	LAUNDRY									
8400367112		06/22/2021	06/14/2021	07/09/2021			45.16	0.00	0.00	45.16
	LAUNDRY									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net

	U1054	UNIFIRST HOLDING			3,721.13		0.00		0.00	3,721.13
Vendor#		Vendor Name			Class			Pay Code		
10793		WAGEWORKS, INC.								
	Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	062121	06/21/2021	06/21/2021	06/21/2021			3,502.48	0.00	0.00	3,502.48
		PAYROLL DED								
	Vendor Totals:	Number	Name			Gross	Discount		No-Pay	Net
	10793	WAGEWORKS, INC.			3,502.48		0.00		0.00	3,502.48
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
	9110994531	06/23/2021	06/08/2021	07/03/2021			597.76	0.00	0.00	597.76
		SUPPLIES								
	9110995783	06/23/2021	06/10/2021	07/05/2021			228.83	0.00	0.00	228.83
		SUPPLIES								
	9110996131	06/23/2021	06/11/2021	07/06/2021			240.50	0.00	0.00	240.50
		SUPPLIES								
	Vendor Totals:	Number	Name			Gross	Discount		No-Pay	Net
	I1110	WERFEN USA LLC			1,067.09		0.00		0.00	1,067.09

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	491,814.83	0.00	0.00	491,814.83

491,814.83 +
20.93 −
20.38 +
16.33 −
15.90 +
3,370.80 −
1,685.67 +
490,128.72 *

pg 7 correction
<20.93>
+20.38
<16.33>
+15.90

pg 11 correction
<3,370.80>
+1686.67

$490,128.72

(remove per Melissa) PG 4 — 777.78

489,350.94

APPROVED
JUN 24 2021

CK#
190816 –
190897

PATIENT NUMBER		PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1445099	01		062121	1280.68		3	REFUND FOR	
1445293	01		062121	75.00		2	REFUND FOR	
1447211	01		062121	2539.80		2	REFUND FOR	
1461746	01		062121	50.00		5	REFUND FOR	
1467104	01		062121	618.46		3	REFUND FOR	
1469661	01		062121	5655.88		2	REFUND FOR	
1471293	01		062121	62.40		3	REFUND FOR	
1471497	01		062121	50.00		3	REFUND FOR	
1472087	01		062121	11.71		2	REFUND FOR	
1472811	01		062121	528.19		3	REFUND FOR	
1474610	01		062121	601.57		3	REFUND FOR	
		ARID=0001 TOTAL		11473.69				
TOTAL				11473.69				

APPROVED

JUN 24 2021

CK#
190907-
190917

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- June 21, 2021 - June 24, 2021

Pay Plus
50.72 +
6.93 +
78.23 +
6.21 +
142.09 *

Date	Bank Description	MMC Notes	CF	Amount
6/21/2021	WEBFILE TAX PYMT DD 902/02623211 21000020656	- Sales Tax		1,143.57**
6/21/2021	PAY PLUS ACHTRANS 452579291 101000691627962	- 3rd Party Payor Fee		50.72
6/22/2021	PAY PLUS ACHTRANS 452579291 101000692395989	- 3rd Party Payor Fee		6.93
6/22/2021	MCKESSON DRUG AUTO ACH ACH04625722 910000125	- 340B Drug Program Expense		8,598.46 *
6/23/2021	PAY PLUS ACHTRANS 452579291 101000693226055	- 3rd Party Payor Fee		78.23
6/24/2021	PAY PLUS ACHTRANS 452579291 101000693987260	- 3rd Party Payor Fee		6.21
				9,884.12

9,884.12 +
1,143.57 −
8,598.46 −
142.09 *

142.09 +
142.09 −
0.00 *

Jason Anglin, CEO
Memorial Medical Center

June 21, 2021

* Approved 06-23-21 CC
** Approved 06-14-21 CC

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
			-

Jason Anglin, CEO
Memorial Medical Center

June 21, 2021

APPROVED
ON
JUN 24 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

06/24/2021
10:23

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
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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
060821	TRANSFER NH insurance pymt deposited into MMC operating	06/21/2021	06/08/2021	07/15/2021			3,840.00	0.00	0.00	3,840.00 ✓
062121	UHC MAY QUIPP 1,2,3 &LAPSE	06/21/2021	06/21/2021	07/15/2021			14,283.28	0.00	0.00	14,283.28 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDEN	18,123.28	0.00	0.00	18,123.28

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	18,123.28	0.00	0.00	18,123.28

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ON
JUN 24 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #
190898

06/24/2021
10:12

MEMORIAL MEDICAL CENTER
AP Open Invoice List
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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
061721		06/21/2021	06/17/2021	07/15/2021			1,114.52	0.00	0.00	1,114.52 ✓
		TRANSFER NH insurance pymt deposited into MMC opering								
11828		06/21/2021	06/21/2021	07/15/2021			5,591.98	0.00	0.00	5,591.98 ✓
		UHC MAY QUIPP 1,2,3, & LAPSE								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOI	6,706.50	0.00	0.00	6,706.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,706.50	0.00	0.00	6,706.50

APPROVED
JUN 24 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#
190904

06/24/2021
10:11

MEMORIAL MEDICAL CENTER
AP Open Invoice List
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ap_open_invoice.template

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
	062121		06/21/2021	06/21/2021	07/15/2021			5,766.18	0.00	0.00	5,766.18
			UHC MAY QUIPP 1,2,3, & LAPSE								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTI	5,766.18	0.00	0.00	5,766.18

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,766.18	0.00	0.00	5,766.18

APPROVED
ON
JUN 24 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#
190901

06/24/2021
10:21

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

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ap_open_invoice.template

Vendor#			Vendor Name			Class			Pay Code		
11832			BROADMOOR AT CREEKSIDE PAF								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	061121		06/21/2021	06/11/2021	07/15/2021			10,192.87	0.00	0.00	10,192.87
			TRANSFER NH insurance pymt deposited into MMC operating								
	062121		06/21/2021	06/21/2021	07/15/2021			5,922.24	0.00	0.00	5,922.24
			UHC MAY QUIPP 1,2,3, & LAPSE								
	060821		06/24/2021	06/08/2021	07/15/2021			760.00	0.00	0.00	760.00
			TRANSFER NH insurance pymt deposited into MMC operating								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11832		BROADMOOR AT C	16,875.11	0.00	0.00	16,875.11

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	16,875.11	0.00	0.00	16,875.11

APPROVED
JUN 24 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck#
190900

06/24/2021
10:27

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

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ap_open_invoice.template

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
062121		06/21/2021	06/21/2021	07/15/2021			4,808.83	0.00	0.00	4,808.83
		UHC MAY QUIPP 1,2,3, & LAPSE Transfer								
060821		06/24/2021	06/08/2021	07/15/2021			1,140.00	0.00	0.00	1,140.00
		TRANSFER NH insurance pymt deposited into MMC operating								

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11824	THE CRESCENT		5,948.83	0.00	0.00	5,948.83

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,948.83	0.00	0.00	5,948.83

APPROVED
ON
JUN 24 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck#
190905

06/24/2021
10:12

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
060721	TRANSFER NH insurance pymt deposited into MMC operating	06/21/2021	06/07/2021	07/15/2021			5,121.42	0.00	0.00	5,121.42 ✓
060821	TRANSFER "	06/21/2021	06/08/2021	07/15/2021			11,641.20	0.00	0.00	11,641.20 ✓
060821A	TRANSFER "	06/21/2021	06/08/2021	07/15/2021			2,357.37	0.00	0.00	2,357.37 ✓
061021	TRANSFER "	06/21/2021	06/10/2021	07/15/2021			6,138.77	0.00	0.00	6,138.77 ✓
061021A	TRANSFER "	06/21/2021	06/10/2021	07/15/2021			1,858.20	0.00	0.00	1,858.20 ✓
061421	TRANSFER "	06/21/2021	06/14/2021	07/15/2021			4,462.46	0.00	0.00	4,462.46 ✓
061621	TRANSFER "	06/21/2021	06/16/2021	07/15/2021			18,099.54	0.00	0.00	18,099.54 ✓
061721A	TRANSFER "	06/21/2021	06/17/2021	07/15/2021			1,096.48	0.00	0.00	1,096.48 ✓
061721	TRANSFER "	06/21/2021	06/17/2021	07/15/2021			2,167.26	0.00	0.00	2,167.26 ✓
062121	UHC MAY QUIPP 1,2,3, & LAPSE	06/21/2021	06/21/2021	07/15/2021			11,051.72	0.00	0.00	11,051.72 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HE	63,994.42	0.00	0.00	63,994.42

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	63,994.42	0.00	0.00	63,994.42

APPROVED
BY
JUN 2 4 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#
190902

06/24/2021
10:15

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
061421		06/21/2021	06/14/2021	07/15/2021			8,086.17	0.00	0.00	8,086.17 ✓
		TRANSFER NH insurance pymt deposited into MMC oper								
061621		06/21/2021	06/16/2021	07/15/2021			6,348.80	0.00	0.00	6,348.80
		TRANSFER "							"	
062121		06/21/2021	06/21/2021	07/15/2021			6,534.50	0.00	0.00	6,534.50 ✓
		UHC MAY QUIPP 1,2,3, & LAPSE								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZ	20,969.47	0.00	0.00	20,969.47

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	20,969.47	0.00	0.00	20,969.47

APPROVED
JUN 24 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#
190903

06/24/2021 MEMORIAL MEDICAL CENTER 0

10:16 AP Open Invoice List ap_open_invoice.template

Dates Through:

Vendor#	Vendor Name	Class	Pay Code
13004	TUSCANY VILLAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060721		06/21/2021	06/07/2021	07/15/2021			1,123.22	0.00	0.00	1,123.22 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
060821		06/21/2021	06/08/2021	07/15/2021			774.96	0.00 "	0.00	774.96
	TRANSFER "									
061121		06/21/2021	06/11/2021	07/15/2021			33,896.78	0.00 "	0.00	33,896.78 ✓
	TRANSFER "									
0601421		06/21/2021	06/14/2021	07/15/2021			5,268.00	0.00 "	0.00	5,268.00 ✓
	TRANSFER "									
061421		06/21/2021	06/14/2021	07/15/2021			7,052.38	0.00 "	0.00	7,052.38 ✓
	TRANSFER "									
061621		06/21/2021	06/16/2021	07/15/2021			16,735.40	0.00 "	0.00	16,735.40 ✓
	TRANSFER "									
061721		06/21/2021	06/17/2021	07/15/2021			459.42	0.00 "	0.00	459.42 ✓
	TRANSFER "									
061821		06/21/2021	06/18/2021	07/15/2021			325.00	0.00 "	0.00	325.00 ✓
	TRANSFER "									
062121		06/21/2021	06/21/2021	07/15/2021			8,370.64	0.00	0.00	8,370.64
	UHC MAY QUIPP 1,2,3, & LAPSE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	74,005.80	0.00	0.00	74,005.80

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	74,005.80	0.00	0.00	74,005.80

JUN 24 2021

CK#
190906

06/24/2021
10:26

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
060721		06/21/2021	06/07/2021	07/15/2021			181.80	0.00	0.00	181.80 ✓
		TRANSFER NH insurance pymt deposited into MMC opmt								
061421		06/21/2021	06/14/2021	07/15/2021			57,965.37	0.00	0.00	57,965.37 ✓
		TRANSFER "						"		
061821		06/21/2021	06/18/2021	07/15/2021			89.23	0.00	0.00	89.23 ✓
		TRANSFER "						"		

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR I	58,236.40	0.00	0.00	58,236.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	58,236.40	0.00	0.00	58,236.40

APPROVED
JUN 24 2021

Ck# 190899

Facility ID	Facility Name	Total UHC Deposits	MMC PORTION						
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION	
4811	Ashford	75,215.34	**46,648.78**	**8,570.08**	**19,996.48**		**60,932.06**	14,283.28	75,215.34
105818	Broadmoor	31,159.33	**19,314.85**	**3,553.40**	**8,291.08**		**25,237.09**	5,922.24	31,159.33
105314	Crescent	25,131.83	**15,514.17**	**2,856.60**	**6,653.88**	**107.18**	**20,323.00**	4,808.83	25,131.83
4628	Fort Bend	30,393.68	**18,861.33**	**3,450.03**	**8,082.32**		**24,627.51**	5,766.18	30,393.68
105006	Solera	29,487.28	**18,303.33**	**3,345.51**	**7,838.44**		**23,895.31**	5,591.98	29,487.28
102540	Golden Creek	58,659.18	**36,555.75**	**6,650.21**	**15,453.22**		**47,607.47**	11,051.72	58,659.18
100806	Gulf Pointe	34,691.35	**21,622.35**	**3,932.76**	**9,136.24**		**28,156.85**	6,534.50	34,691.35
103462	Tuscany	44,110.05	**27,368.77**	**5,001.32**	**11,739.96**		**35,739.41**	8,370.64	44,110.05
	Bethany	-					-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
	Total UHC Desosit	**328,848.04**	**204,189.33**	**37,359.91**	**87,191.62**	**107.18**	**266,518.69**	62,329.36	328,848.04

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

BANK CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	190816	06/28/21	1,400.00	ACUTE CARE INC
A/P	190817	06/28/21	49.18	ADT COMMERCIAL
A/P	190818	06/28/21	17.20	ADVANCE MEDICAL DESIGNS INC
A/P	190819	06/28/21	3,889.86	AIRGAS USA, LLC - CENTRAL DIV
A/P	190820	06/28/21	119.89	ALIMED INC.
A/P	190821	06/28/21	5,025.00	AUREUS RADIOLOGY LLC
A/P	190822	06/28/21	300.00	BARD ACCESS
A/P	190823	06/28/21	1,223.44	BAXTER HEALTHCARE
A/P	190824	06/28/21	1,151.80	BAYER HEALTHCARE
A/P	190825	06/28/21	.00	VOIDED
A/P	190826	06/28/21	28,000.57	BECKMAN COULTER INC
A/P	190827	06/28/21	403.00	BEEKLEY CORPORATION
A/P	190828	06/28/21	17,820.00	BIOFIRE DIAGNOSTICS LLC
A/P	190829	06/28/21	203,751.47	BLUE CROSS BLUE SHIELD
A/P	190830	06/28/21	729.00	BOSTON SCIENTIFIC CORPORATION
A/P	190831	06/28/21	1,987.20	BOUND TREE MEDICAL, LLC
A/P	190832	06/28/21	317.19	C R BARD, INC
A/P	190833	06/28/21	518.43	CARDINAL HEALTH 414, INC.
A/P	190834	06/28/21	5,316.15	CITY OF PORT LAVACA
A/P	190835	06/28/21	13,369.37	COMMUNITY INFUSION SOLUTIONS
A/P	190836	06/28/21	572.89	CONMED CORPORATION
A/P	190837	06/28/21	1,325.86	DEWITT POTH & SON
A/P	190838	06/28/21	15.00	DEYANIRA SANCHEZ
A/P	190839	06/28/21	78.00	DILON TECHNOLOGIES
A/P	190840	06/28/21	500.00	DR. RICHARD ARROYO-DIAZ
A/P	190841	06/28/21	9,295.00	E-MDS, INC
A/P	190842	06/28/21	196.93	ELITECH GROUP INC (WESCOR)
A/P	190843	06/28/21	279.00	ERBE USA INC SURGICAL SYSTEMS
A/P	190844	06/28/21	3,268.50	ETHOS MEDICAL STAFFING
A/P	190845	06/28/21	50,654.18	EVIDENT
A/P	190846	06/28/21	55.43	FEDERAL EXPRESS CORP.
A/P	190847	06/28/21	.00	VOIDED
A/P	190848	06/28/21	.00	VOIDED
A/P	190849	06/28/21	12,330.96	FISHER HEALTHCARE
A/P	190850	06/28/21	5,446.40	GBS ADMINISTRATORS, INC
A/P	190851	06/28/21	65.89	GETINGE USA
A/P	190852	06/28/21	1,803.60	GULF COAST PAPER COMPANY
A/P	190853	06/28/21	1,788.57	HEALTH CARE LOGISTICS INC
A/P	190854	06/28/21	4,610.52	HEALTHCARE FINANCIAL SERVICES
A/P	190855	06/28/21	524.73	INTRADO
A/P	190856	06/28/21	20.38	IRENE BALDERA
A/P	190857	06/28/21	740.90	J & J HEALTH CARE SYSTEMS, INC
A/P	190858	06/28/21	15.90	KAYLIN EASLEY
A/P	190859	06/28/21	1,310.56	LABCORP OF AMERICA HOLDINGS
A/P	190860	06/28/21	1,498.01	LOWE'S HOME CENTERS INC
A/P	190861	06/28/21	25,218.75	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	190862	06/28/21	790.86	M G TRUST
A/P	190863	06/28/21	5,080.68	MCKESSON MEDICAL SURGICAL INC
A/P	190864	06/28/21	94.78	MEDIMPACT HEALTHCARE SYS, INC.
A/P	190865	06/28/21	195.00	MEDIVATORS

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	190866	06/28/21	.00	VOIDED
A/P	190867	06/28/21	.00	VOIDED
A/P	190868	06/28/21	9,820.33	MEDLINE INDUSTRIES INC
A/P	190869	06/28/21	75.00	MEMORIAL MEDICAL CLINIC
A/P	190870	06/28/21	301.86	MICROTEK MEDICAL INC
A/P	190871	06/28/21	275.45	MMC AUXILIARY GIFT SHOP
A/P	190872	06/28/21	292.64	MORRIS & DICKSON CO, LLC
A/P	190873	06/28/21	41.60	MUTUAL OF OMAHA
A/P	190874	06/28/21	508.34	NACOGDOCHES TRANSCRIPTION
A/P	190875	06/28/21	1,023.26	NATUS MEDICAL INC
A/P	190876	06/28/21	1,287.97	OLYMPUS AMERICA INC
A/P	190877	06/28/21	759.03	ORTHO CLINICAL DIAGNOSTICS
A/P	190878	06/28/21	2,370.00	PAYCHECK, ADVANCE FBO
A/P	190879	06/28/21	557.64	PITNEY BOWES INC
A/P	190880	06/28/21	279.00	PSYCHEMEDICS CORPORATION
A/P	190881	06/28/21	1,327.69	QIAGEN INC
A/P	190882	06/28/21	13,524.25	REMI CORPORATION
A/P	190883	06/28/21	4,504.32	SANOFI PASTEUR INC
A/P	190884	06/28/21	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	190885	06/28/21	175.00	SIMMLER, INC.
A/P	190886	06/28/21	331.94	SMITHS MEDICAL ASD INC
A/P	190887	06/28/21	3,947.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	190888	06/28/21	3,939.87	SPARKLIGHT
A/P	190889	06/28/21	12,870.00	SPBS CLINICAL EQUIPMENT SRVC
A/P	190890	06/28/21	940.00	ST DAVIDS HEALTHCARE
A/P	190891	06/28/21	3,187.50	TEXAS SELECT STAFFING
A/P	190892	06/28/21	75.00	THE DOCTORS' CENTER
A/P	190893	06/28/21	2,400.93	TLC STAFFING
A/P	190894	06/28/21	1,745.26	TRIZETTO PROVIDER SOLUTIONS
A/P	190895	06/28/21	3,721.13	UNIFIRST HOLDINGS
A/P	190896	06/28/21	3,502.48	WAGEWORKS, INC.
A/P	190897	06/28/21	1,067.09	WERFEN USA LLC
A/P	190898	06/28/21	27,701.59	ASHFORD GARDENS
A/P	190899	06/28/21	58,236.40	BETHANY SENIOR LIVING
A/P	190900	06/28/21	40,711.44	BROADMOOR AT CREEKSIDE PARK
A/P	190901	06/28/21	10,005.88	FORTBEND HEALTHCARE CENTER
A/P	190902	06/28/21	67,541.90	GOLDENCREEK HEALTHCARE
A/P	190903	06/28/21	20,969.47	GULF POINTE PLAZA
A/P	190904	06/28/21	33,121.81	SOLERA WEST HOUSTON
A/P	190905	06/28/21	18,667.13	THE CRESCENT
A/P	190906	06/28/21	74,005.80	TUSCANY VILLAGE
A/P	190907	06/28/21	50.00	
A/P	190908	06/28/21	62.40	
A/P	190909	06/28/21	75.00	
A/P	190910	06/28/21	11.71	
A/P	190911	06/28/21	2,539.80	
A/P	190912	06/28/21	618.46	
A/P	190913	06/28/21	50.00	
A/P	190914	06/28/21	1,280.68	
A/P	190915	06/28/21	528.19	
A/P	190916	06/28/21	5,655.88	

BANK--CODE	CHECK--NUMBER	DATE	AMOUNT	PAYEE
A/P	190917	06/28/21	601.57	
TOTALS:			851,786.05	

JUN 28 2021

Request for Transfer of Funds

Transfer #: MMCLINIC-2

Date Requested: 6/24/2021

Payer:

Requested by: SHAWNA WILLIAMS

Requestor's email: SWILLIAMS@MMCPORTLAVACA.COM

Requestor's phone number:

District or County: CALHOUN

Facility: MEMORIAL MEDICAL CLINIC

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.

Please email request form and Remittance Advice to: cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	6/17/2021	EFT	6,918.87	EFT5992712	CVDAR000019552	255.30	ASHFORD GARDENS
N/A	N/A	6/18/2021	EFT	2,273.43	EFT5994421	CVDAR000019552	83.89	ASHFORD GARDENS
N/A	N/A	6/22/2021	EFT	5,572.63	EFT5997341	CVDAR000019552	205.62	ASHFORD GARDENS
			TOTAL	14,764.93			544.81	

To be filled out by Memorial Medical Center:

Date Received: 6/24/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 6/28/2021

From Facility: ASHFORD

To Facility: MEMORIAL MEDICAL

Amount: 544.81

Requested Transfer Date #2:

Date of transfer:

From Facility:

To Facility:

Amount:

CK# 001136

JUN 24 2021

Request for Transfer of Funds

Transfer #: MMCLINIC-2

Date Requested: 6/24/2021

Payer:

Requested by: SHAWNA WILLIAMS

Requestor's email: SWILLIAMS@MMCPORTLAVACA.COM

Requestor's phone number:

District or County: CALHOUN

Facility: MEMORIAL MEDICAL CLINIC

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

*** Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.**

Please email request form and Remittance Advice to: cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	6/17/2021	EFT	6,918.87	EFT5992712	CVDAR000019556	255.30	FORT BEND HEALTHCARE
N/A	N/A	6/18/2021	EFT	2,273.43	EFT5994421	CVDAR000019556	83.89	FORT BEND HEALTHCARE
N/A	N/A	6/22/2021	EFT	5,572.63	EFT5997341	CVDAR000019556	205.62	FORT BEND HEALTHCARE
			TOTAL	14,764.93			544.81	

To be filled out by Memorial Medical Center:

Date Received: 6/24/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 6/28/2021

From Facility: FORT BEND

To Facility: MEORIAL MEDICAL

Amount: 544.81

Requested Transfer Date #2:

Date of transfer:

From Facility:

To Facility:

Amount:

APPROVED ON

JUN 24 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 000129

Request for Transfer of Funds

Transfer #: MMCLINIC-2

Date Requested: 6/24/2021

Payer:

Requested by: SHAWNA WILLIAMS

Requestor's email: SWILLIAMS@MMCPORTLAVACA.COM

Requestor's phone number:

District or County: CALHOUN

Facility: MEMORIAL MEDICAL CLINIC

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

*** Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.**

Please email request form and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	6/17/2021	EFT	6,918.87	EFT5992712	CVDAR000026869	255.30	BROADMOOR AT CREEKSIDE
N/A	N/A	6/18/2021	EFT	2,273.43	EFT5994421	CVDAR000026869	83.89	BROADMOOR AT CREEKSIDE
N/A	N/A	6/22/2021	EFT	5,572.63	EFT5997341	CVDAR000026869	205.62	BROADMOOR AT CREEKSIDE
			TOTAL	14,764.93			544.81	

To be filled out by Memorial Medical Center:

Date Received: 6/24/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 6/28/2021

From Facility: BROADMOOR

To Facility: MEMORIAL MEDICAL

Amount: 544.81

Requested Transfer Date #2:

Date of transfer:

From Facility:

To Facility:

Amount:

APPROVED

JUN 24 2021

Ck# 000098

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: MMCLINIC-2

Date Requested: 6/24/2021

Payer:

Requested by: SHAWNA WILLIAMS

Requestor's email: SWILLIAMS@MMCPORTLAVACA.COM

Requestor's phone number:

District or County: CALHOUN

Facility: MEMORIAL MEDICAL CLINIC

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

*** Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.**

Please email request form and Remittance Advice to: cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	6/17/2021	EFT	6,918.87	EFT5992712	CVDAR000019540	255.30	GOLDEN CREEK
N/A	N/A	6/18/2021	EFT	2,273.43	EFT5994421	CVDAR000019540	83.89	GOLDEN CREEK
N/A	N/A	6/22/2021	EFT	5,572.63	EFT5997341	CVDAR000019540	205.62	GOLDEN CREEK
			TOTAL	14,764.93			544.81	

To be filled out by Memorial Medical Center:

Date Received: 6/24/2021
Approved by: MAYRA MARTINEZ
Date of transfer: 6/28/2021
From Facility: GOLDEN CREEK
To Facility: MEMORIAL MEDICAL
Amount: 544.81
Requested Transfer Date #2:
Date of transfer:
From Facility:
To Facility:
Amount:

APPROVED

JUN 24 2021 CK#000089

CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #:	MMCLINIC-2
Date Requested	6/24/2021
Payer	
Requested by:	SHAWNA WILLIAMS
Requestor's email	SWILLIAMS@MMCPORTLAVACA.COM
Requestor's phone number	
District or County	CALHOUN
Facility	MEMORIAL MEDICAL CLINIC

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

*** Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.**

Please email request form and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	6/17/2021	EFT	6,918.87	EFT5992712	CVDAR000018170	255.30	SOLERA WEST HOUSTON
N/A	N/A	6/18/2021	EFT	2,273.43	EFT5994421	CVDAR000018170	83.89	SOLERA WEST HOUSTON
N/A	N/A	6/22/2021	EFT	5,572.63	EFT5997341	CVDAR000018170	205.62	SOLERA WEST HOUSTON
			TOTAL	14,764.93			544.81	

To be filled out by Memorial Medical Center:

Date Received:	6/24/2021
Approved by:	MAYRA MARTINE
Date of transfer:	6/28/2021
From Facility:	SOLERA
To Facility:	MEMORIAL MEDICAL
Amount:	544.81
Requested Transfer Date #2:	
Date of transfer:	
From Facility:	
To Facility:	
Amount:	

JUN 24 2021

CL#001131

Request for Transfer of Funds

Transfer #:	MMCLINIC-2
Date Requested	6/24/2021
Payer	
Requested by:	SHAWNA WILLIAMS
Requestor's email	SWILLIAMS@MMCPORTLAVACA.COM
Requestor's phone number	
District or County	CALHOUN
Facility	MEMORIAL MEDICAL CLINIC

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

*** Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.**

Please email request form and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	6/17/2021	EFT	6,918.87	EFT5992712	CVDAR000019557	255.30	THE CRESENT
N/A	N/A	6/18/2021	EFT	2,273.43	EFT5994421	CVDAR000019557	83.89	THE CRESENT
N/A	N/A	6/22/2021	EFT	5,572.63	EFT5997341	CVDAR000019557	205.62	THE CRESENT
			TOTAL	14,764.93			544.81	

To be filled out by Memorial Medical Center:

Date Received:	6/24/2021
Approved by:	Mayra Martinez
Date of transfer:	6/28/2021
From Facility:	The Cresent
To Facility:	Memorial Medical
Amount:	$ 544.81

Approved by:

X [signature]

Jason Anglin
CEO/CFO

APPROVED ON
JUN 24 2021
CALHOUN COUNTY, TEXAS

Ck #00133

Request for Transfer of Funds

Transfer #:	MMCLINIC-2
Date Requested	6/24/2021
Payer	
Requested by:	SHAWNA WILLIAMS
Requestor's email	SWILLIAMS@MMCPORTLAVACA.COM
Requestor's phone number	
District or County	CALHOUN
Facility	MEMORIAL MEDICAL CLINIC

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

*** Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.**

Please email request form and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	6/17/2021	EFT	6,918.87	EFT5992712	CVDAR000007985	255.30	TUSCANY VILLAGE
N/A	N/A	6/18/2021	EFT	2,273.43	EFT5994421	CVDAR000007985	83.89	TUSCANY VILLAGE
N/A	N/A	6/22/2021	EFT	5,572.63	EFT5997341	CVDAR000007985	205.62	TUSCANY VILLAGE
			TOTAL	14,764.93			544.81	

To be filled out by Memorial Medical Center:

Date Received:	6/24/2021
Approved by:	Mayra Martinez
Date of transfer:	6/28/2021
From Facility:	Tuscany
To Facility:	MEMORIAL MEDICAL
Amount:	$ 544.81
Requested Transfer Date #2:	
Date of transfer:	
From Facility:	
To Facility:	
Amount:	

APPROVED

JUN 24 2021

CK # 001024

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: 061121-135.55

Date Requested 6/10/2021

Payer HUMANA

Requested by: Sandra Suarez

Requestor's email sandra.suarez@healthmarkgroup.com

Requestor's phone number 210-842-3674

District or County

Facility Gulf Pointe Plaza

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

*** Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.**

Please email request form and Remittance Advice to : mpassmore@mmcportlavaca.com

cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

EXAMPLE

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
BOBBY REIDER	1/1/2021	2/26/2021	CHECK	135.55	14840102166700	820201900139349	135.55	HUMANA RECOUPED FROM THE CRESCENT ON TERRY AMY
			TOTAL	135.55				

To be filled out by Memorial Medical Center:

Date Received: 4/24/2021
Approved by: MAYRA MARTINEZ
Date of transfer: 6/28/2021
From Facility: CRESCENT
To Facility: GULF POINTE PLAZA
Amount: $ 135.55
Requested Transfer Date #2:
Date of transfer:
From Facility:
To Facility:
Amount:

APPROVED

JUN 24 2021 Ck#000131

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Date Requested	6/17/2021
Payer	Novitas
Requested by:	Tracy Simms
Requestor's email	tsimms@cantexcc.com
Requestor's phone number	214-954-4114 ext 115
District or County	Memorial Medical Center
Facility	Ashford

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

*** Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.**

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		4/20/2021	EFT	$59.65	EFT7043249	CVDAR000019540	$59.65	Due Ashford from Golden Creek
		4/22/2021	EFT	$2,059.80	EFT7044250	CVDAR000019540	$2,059.80	Due Ashford from Golden Creek
		4/27/2021	EFT	$237.10	EFT7045929	CVDAR000019540	$237.10	Due Ashford from Golden Creek
		5/20/2021	EFT	$32.49	EFT7051773	CVDAR000019540	$32.49	Due Ashford from Golden Creek
		5/24/2021	EFT	2,370.72	EFT7053467	CVDAR000019540	$2,370.72	Due Ashford from Golden Creek
		5/27/2021	EFT	35.95	EFT7055091	CVDAR000019540	$35.95	Due Ashford from Golden Creek
		6/17/2021	EFT	23.27	EFT7060180	CVDAR000019540	$23.27	Due Ashford from Golden Creek
		4/20/2021	EFT	$59.65	EFT7043249	CVDAR000025365	$59.65	Due Ashford from MMC - Hospital
		4/22/2021	EFT	$2,059.80	EFT7044250	CVDAR000025365	$2,059.80	Due Ashford from MMC - Hospital
		4/27/2021	EFT	$237.10	EFT7045929	CVDAR000025365	$237.10	Due Ashford from MMC - Hospital
		5/20/2021	EFT	$32.49	EFT7051773	CVDAR000025365	$32.49	Due Ashford from MMC - Hospital
		5/24/2021	EFT	2,370.72	EFT7053467	CVDAR000025365	$2,370.72	Due Ashford from MMC - Hospital
		5/27/2021	EFT	35.95	EFT7055091	CVDAR000025365	$35.95	Due Ashford from MMC - Hospital
		6/17/2021	EFT	23.27	EFT7060180	CVDAR000025365	$23.27	Due Ashford from MMC - Hospital
		4/22/2021	EFT	$2,059.80	EFT7044250	CVDAR000030525	$2,059.80	Due Ashford from MMC - Swing Bed
		4/27/2021	EFT	$237.10	EFT7045929	CVDAR000030525	$237.10	Due Ashford from MMC - Swing Bed
		5/20/2021	EFT	$32.49	EFT7051773	CVDAR000030525	$32.49	Due Ashford from MMC - Swing Bed
		5/24/2021	EFT	2,370.72	EFT7053467	CVDAR000030525	$2,370.72	Due Ashford from MMC - Swing Bed
		5/27/2021	EFT	35.95	EFT7055091	CVDAR000030525	$35.95	Due Ashford from MMC - Swing Bed
		6/17/2021	EFT	23.27	EFT7060180	CVDAR000030525	$23.27	Due Ashford from MMC - Swing Bed
		4/20/2021	EFT	$59.65	EFT7043249	CVDAR000007985	$59.65	Due Ashford from Tuscany
		4/22/2021	EFT	$2,059.80	EFT7044250	CVDAR000007985	$2,059.80	Due Ashford from Tuscany
		4/27/2021	EFT	$237.10	EFT7045929	CVDAR000007985	$237.10	Due Ashford from Tuscany
		5/20/2021	EFT	$32.49	EFT7051773	CVDAR000007985	$32.49	Due Ashford from Tuscany
		5/24/2021	EFT	2,370.72	EFT7053467	CVDAR000007985	$2,370.72	Due Ashford from Tuscany
		5/27/2021	EFT	35.95	EFT7055091	CVDAR000007985	$35.95	Due Ashford from Tuscany
		6/17/2021	EFT	23.27	EFT7060180	CVDAR000007985	$23.27	Due Ashford from Tuscany
			TOTAL	19,216.27			19,216.27	

To be filled out by Company who received funds:

Date Received:	6/23/2021	Transfer 3	6/23/2021
Approved by:	Caitlin Clevenger	Date of transfer:	6/28/2021
Date of transfer:	6/28/2021	From Facility:	Tuscany
From Facility:	Golden Creek	To Facility:	Ashford
To Facility:	Ashford	Amount:	$4,818.98 ck#001018
Amount:	$4,818.98		
Transfer 2	6/23/2021	Transfer 4	
Date of transfer:	6/28/2021	Date of transfer:	
From Facility:	Memorial Medical	From Facility:	
To Facility:	Ashford	To Facility:	
Amount:	$9,578.31	Amount:	

Request for Transfer of Funds

Date Requested	6/17/2021
Payer	Novitas
Requested by:	Tracy Simms
Requestor's email	tsimms@cantexcc.com
Requestor's phone number	214-954-4114 ext 115
District or County	Memorial Medical Center
Facility	The Broadmoor at Creekside Park

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

*** Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.**

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		4/19/2021	EFT	$188.45	EFT5920163	CVDAR000019540	$188.45	Due Broadmoor from Golden Creek
		4/20/2021	EFT	$3,368.74	EFT5922418	CVDAR000019540	$3,368.74	Due Broadmoor from Golden Creek
		4/23/2021	EFT	$717.38	EFT5927862	CVDAR000019540	$717.38	Due Broadmoor from Golden Creek
		4/27/2021	EFT	330.94	EFT5931593	CVDAR000019540	$330.94	Due Broadmoor from Golden Creek
		4/28/2021	EFT	$423.30	EFT5933771	CVDAR000019540	$423.30	Due Broadmoor from Golden Creek
		5/5/2021	EFT	$626.77	EFT5943101	CVDAR000019540	$626.77	Due Broadmoor from Golden Creek
		5/20/2021	EFT	$4,787.05	EFT5961612	CVDAR000019540	$4,787.05	Due Broadmoor from Golden Creek
		5/20/2021	EFT	$61.78	EFT5959278	CVDAR000019540	$61.78	Due Broadmoor from Golden Creek
		5/21/2021	EFT	$5.45	EFT5963378	CVDAR000019540	$5.45	Due Broadmoor from Golden Creek
		5/24/2021	EFT	$96.54	EFT5965566	CVDAR000019540	$96.54	Due Broadmoor from Golden Creek
		5/25/2021	EFT	$3.90	EFT5967492	CVDAR000019540	$3.90	Due Broadmoor from Golden Creek
		5/27/2021	EFT	$116.69	EFT5970943	CVDAR000019540	$116.69	Due Broadmoor from Golden Creek
		6/2/2021	EFT	$220.90	EFT5976533	CVDAR000019540	$220.90	Due Broadmoor from Golden Creek
		6/4/2021	EFT	$7.30	EFT5979694	CVDAR000019540	$7.30	Due Broadmoor from Golden Creek
		6/17/2021	EFT	$2,741.57	EFT5992799	CVDAR000019540	$2,741.57	Due Broadmoor from Golden Creek
		4/19/2021	EFT	$188.45	EFT5920163	CVDAR000025365	$188.45	Due Broadmoor from MMC - Hospital
		4/20/2021	EFT	$3,368.74	EFT5922418	CVDAR000025365	$3,368.74	Due Broadmoor from MMC - Hospital
		4/23/2021	EFT	$717.38	EFT5927862	CVDAR000025365	$717.38	Due Broadmoor from MMC - Hospital
		4/27/2021	EFT	330.94	EFT5931593	CVDAR000025365	$330.94	Due Broadmoor from MMC - Hospital
		4/28/2021	EFT	$423.30	EFT5933771	CVDAR000025365	$423.30	Due Broadmoor from MMC - Hospital
		5/5/2021	EFT	$626.77	EFT5943101	CVDAR000025365	$626.77	Due Broadmoor from MMC - Hospital
		5/20/2021	EFT	$4,787.05	EFT5961612	CVDAR000025365	$4,787.05	Due Broadmoor from MMC - Hospital
		5/20/2021	EFT	$61.78	EFT5959278	CVDAR000025365	$61.78	Due Broadmoor from MMC - Hospital
		5/21/2021	EFT	$5.45	EFT5963378	CVDAR000025365	$5.45	Due Broadmoor from MMC - Hospital
		5/24/2021	EFT	$96.54	EFT5965566	CVDAR000025365	$96.54	Due Broadmoor from MMC - Hospital
		5/25/2021	EFT	$3.90	EFT5967492	CVDAR000025365	$3.90	Due Broadmoor from MMC - Hospital
		5/27/2021	EFT	$116.69	EFT5970943	CVDAR000025365	$116.69	Due Broadmoor from MMC - Hospital
		6/2/2021	EFT	$220.90	EFT5976533	CVDAR000025365	$220.90	Due Broadmoor from MMC - Hospital
		6/4/2021	EFT	$7.30	EFT5979694	CVDAR000025365	$7.30	Due Broadmoor from MMC - Hospital
		6/17/2021	EFT	$2,741.57	EFT5992799	CVDAR000025365	$2,741.57	Due Broadmoor from MMC - Hospital

		4/23/2021	EFT	$717.38	EFT5927862	CVDAR000030525	$717.38	Due Broadmoor from MMC - Swing Bed
		4/27/2021	EFT	330.94	EFT5931593	CVDAR000030525	$330.94	Due Broadmoor from MMC - Swing Bed
		4/28/2021	EFT	$423.30	EFT5933771	CVDAR000030525	$423.30	Due Broadmoor from MMC - Swing Bed
		5/5/2021	EFT	$626.77	EFT5943101	CVDAR000030525	$626.77	Due Broadmoor from MMC - Swing Bed
		5/20/2021	EFT	$4,787.05	EFT5961612	CVDAR000030525	$4,787.05	Due Broadmoor from MMC - Swing Bed
		5/20/2021	EFT	$61.78	EFT5959278	CVDAR000030525	$61.78	Due Broadmoor from MMC - Swing Bed
		5/21/2021	EFT	$5.45	EFT5963378	CVDAR000030525	$5.45	Due Broadmoor from MMC - Swing Bed
		5/24/2021	EFT	$96.54	EFT5965566	CVDAR000030525	$96.54	Due Broadmoor from MMC - Swing Bed
		5/25/2021	EFT	$3.90	EFT5967492	CVDAR000030525	$3.90	Due Broadmoor from MMC - Swing Bed
		5/27/2021	EFT	$116.69	EFT5970943	CVDAR000030525	$116.69	Due Broadmoor from MMC - Swing Bed
		6/2/2021	EFT	$220.90	EFT5976533	CVDAR000030525	$220.90	Due Broadmoor from MMC - Swing Bed
		6/4/2021	EFT	$7.30	EFT5979694	CVDAR000030525	$7.30	Due Broadmoor from MMC - Swing Bed
		6/17/2021	EFT	$2,741.57	EFT5992799	CVDAR000030525	$2,741.57	Due Broadmoor from MMC - Swing Bed
		4/13/2021	EFT	$1,034.26	EFT5913055	CVDAR000007985	$1,034.26	Due Broadmoor from Tuscany
		4/15/2021	EFT	$2,531.81	EFT5916504	CVDAR000007985	$2,531.81	Due Broadmoor from Tuscany
		4/19/2021	EFT	$188.45	EFT5920163	CVDAR000007985	$188.45	Due Broadmoor from Tuscany
		4/20/2021	EFT	$3,368.74	EFT5922418	CVDAR000007985	$3,368.74	Due Broadmoor from Tuscany
		4/23/2021	EFT	$717.38	EFT5927862	CVDAR000007985	$717.38	Due Broadmoor from Tuscany
		4/27/2021	EFT	330.94	EFT5931593	CVDAR000007985	$330.94	Due Broadmoor from Tuscany
		4/28/2021	EFT	$423.30	EFT5933771	CVDAR000007985	$423.30	Due Broadmoor from Tuscany
		5/5/2021	EFT	$626.77	EFT5943101	CVDAR000007985	$626.77	Due Broadmoor from Tuscany
		5/20/2021	EFT	$4,787.05	EFT5961612	CVDAR000007985	$4,787.05	Due Broadmoor from Tuscany
		5/20/2021	EFT	$61.78	EFT5959278	CVDAR000007985	$61.78	Due Broadmoor from Tuscany
		5/21/2021	EFT	$5.45	EFT5963378	CVDAR000007985	$5.45	Due Broadmoor from Tuscany
		5/24/2021	EFT	$96.54	EFT5965566	CVDAR000007985	$96.54	Due Broadmoor from Tuscany
		5/25/2021	EFT	$3.90	EFT5967492	CVDAR000007985	$3.90	Due Broadmoor from Tuscany
		5/27/2021	EFT	$116.69	EFT5970943	CVDAR000007985	$116.69	Due Broadmoor from Tuscany
		6/2/2021	EFT	$220.90	EFT5976533	CVDAR000007985	$220.90	Due Broadmoor from Tuscany
		6/4/2021	EFT	$7.30	EFT5979694	CVDAR000007985	$7.30	Due Broadmoor from Tuscany
		6/9/2021	EFT	20.81	REMIT00704	CVDAR000007985	$20.81	Due Broadmoor from Tuscany
		6/17/2021	EFT	$2,741.57	EFT5992799	CVDAR000007985	$2,741.57	Due Broadmoor from Tuscany
			TOTAL	$54,816.73			$54,816.73	

To be filled out by Company who received funds:

Date Received:	6/23/2021	Transfer 3	6/23/2021
Approved by:	Caitlin Clevenger	Date of transfer:	6/28/2021
Date of transfer:	6/28/2021	From Facility:	Tuscany
From Facility:	Golden Creek	To Facility:	Broadmoor
To Facility:	Broadmoor	Amount:	$17,283.64
Amount:	$13,696.76		
Transfer 2	6/23/2021	Transfer 4	
Date of transfer:	6/28/2021	Date of transfer:	
From Facility:	Memorial Medical	From Facility:	
To Facility:	Broadmoor	To Facility:	
Amount:	$23,836.33	Amount:	

Request for Transfer of Funds

Date Requested	6/17/2021
Payer	Novitas
Requested by:	Tracy Simms
Requestor's email	tsimms@cantexcc.com
Requestor's phone number	214-954-4114 ext 115
District or County	Memorial Medical Center
Facility	The Crescent

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

*** Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.**

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		4/19/2021	EFT	$450.53	EFT5920148	CVDAR000019540	$450.53	Due Crescent from Golden Creek
		4/20/2021	EFT	$39.55	EFT5922405	CVDAR000019540	$39.55	Due Crescent from Golden Creek
		4/21/2021	EFT	$2,432.76	EFT5923855	CVDAR000019540	$2,432.76	Due Crescent from Golden Creek
		4/23/2021	EFT	$61.45	EFT5927848	CVDAR000019540	$61.45	Due Crescent from Golden Creek
		4/27/2021	EFT	$19.88	EFT5931585	CVDAR000019540	$19.88	Due Crescent from Golden Creek
		4/28/2021	EFT	$78.21	EFT5933761	CVDAR000019540	$78.21	Due Crescent from Golden Creek
		4/29/2021	EFT	$257.46	EFT5935626	CVDAR000019540	$257.46	Due Crescent from Golden Creek
		4/30/2021	EFT	$237.71	EFT5937256	CVDAR000019540	$237.71	Due Crescent from Golden Creek
		5/3/2021	EFT	$8.94	EFT5938849	CVDAR000019540	$8.94	Due Crescent from Golden Creek
		5/13/2021	EFT	$176.99	EFT5953139	CVDAR000019540	$176.99	Due Crescent from Golden Creek
		5/14/2021	EFT	$10.50	EFT5954439	CVDAR000019540	$10.50	Due Crescent from Golden Creek
		5/20/2021	EFT	2,171.60	EFT5961599	CVDAR000019540	$2,171.60	Due Crescent from Golden Creek
		5/25/2021	EFT	$250.86	EFT5967482	CVDAR000019540	$250.86	Due Crescent from Golden Creek
		5/27/2021	EFT	$6.26	EFT5970934	CVDAR000019540	$6.26	Due Crescent from Golden Creek
		6/2/2021	EFT	$141.44	EFT5976525	CVDAR000019540	$141.44	Due Crescent from Golden Creek
		6/4/2021	EFT	$4.92	EFT5979686	CVDAR000019540	$4.92	Due Crescent from Golden Creek
		6/17/2021	EFT	$255.13	EFT5992789	CVDAR000019540	$255.13	Due Crescent from Golden Creek
		4/19/2021	EFT	$450.53	EFT5920148	CVDAR000025365	$450.53	Due Crescent from MMC - Hospital
		4/20/2021	EFT	$39.55	EFT5922405	CVDAR000025365	$39.55	Due Crescent from MMC - Hospital
		4/21/2021	EFT	$2,432.76	EFT5923855	CVDAR000025365	$2,432.76	Due Crescent from MMC - Hospital
		4/23/2021	EFT	$61.45	EFT5927848	CVDAR000025365	$61.45	Due Crescent from MMC - Hospital
		4/27/2021	EFT	$19.88	EFT5931585	CVDAR000025365	$19.88	Due Crescent from MMC - Hospital
		4/28/2021	EFT	$78.21	EFT5933761	CVDAR000025365	$78.21	Due Crescent from MMC - Hospital
		4/29/2021	EFT	$257.46	EFT5935626	CVDAR000025365	$257.46	Due Crescent from MMC - Hospital
		4/30/2021	EFT	$237.71	EFT5937256	CVDAR000025365	$237.71	Due Crescent from MMC - Hospital
		5/3/2021	EFT	$8.94	EFT5938849	CVDAR000025365	$8.94	Due Crescent from MMC - Hospital
		5/13/2021	EFT	$176.99	EFT5953139	CVDAR000025365	$176.99	Due Crescent from MMC - Hospital
		5/14/2021	EFT	$10.50	EFT5954439	CVDAR000025365	$10.50	Due Crescent from MMC - Hospital
		5/20/2021	EFT	2,171.60	EFT5961599	CVDAR000025365	$2,171.60	Due Crescent from MMC - Hospital
		5/25/2021	EFT	$250.86	EFT5967482	CVDAR000025365	$250.86	Due Crescent from MMC - Hospital

		5/27/2021	EFT	$6.26	EFT5970934	CVDAR000025365	$6.26	Due Crescent from MMC - Hospital
		6/2/2021	EFT	$141.44	EFT5976525	CVDAR000025365	$141.44	Due Crescent from MMC - Hospital
		6/4/2021	EFT	$4.92	EFT5979686	CVDAR000025365	$4.92	Due Crescent from MMC - Hospital
		6/17/2021	EFT	$255.13	EFT5992789	CVDAR000025365	$255.13	Due Crescent from MMC - Hospital
		4/21/2021	EFT	$2,432.76	EFT5923855	CVDAR000030525	$2,432.76	Due Crescent from MMC - Swing Bed
		4/23/2021	EFT	$61.45	EFT5927848	CVDAR000030525	$61.45	Due Crescent from MMC - Swing Bed
		4/27/2021	EFT	$19.88	EFT5931585	CVDAR000030525	$19.88	Due Crescent from MMC - Swing Bed
		4/28/2021	EFT	$78.21	EFT5933761	CVDAR000030525	$78.21	Due Crescent from MMC - Swing Bed
		4/29/2021	EFT	$257.46	EFT5935626	CVDAR000030525	$257.46	Due Crescent from MMC - Swing Bed
		4/30/2021	EFT	$237.71	EFT5937256	CVDAR000030525	$237.71	Due Crescent from MMC - Swing Bed
		5/3/2021	EFT	$8.94	EFT5938849	CVDAR000030525	$8.94	Due Crescent from MMC - Swing Bed
		5/13/2021	EFT	$176.99	EFT5953139	CVDAR000030525	$176.99	Due Crescent from MMC - Swing Bed
		5/14/2021	EFT	$10.50	EFT5954439	CVDAR000030525	$10.50	Due Crescent from MMC - Swing Bed
		5/20/2021	EFT	2,171.60	EFT5961599	CVDAR000030525	$2,171.60	Due Crescent from MMC - Swing Bed
		5/25/2021	EFT	$250.86	EFT5967482	CVDAR000030525	$250.86	Due Crescent from MMC - Swing Bed
		5/27/2021	EFT	$6.26	EFT5970934	CVDAR000030525	$6.26	Due Crescent from MMC - Swing Bed
		6/2/2021	EFT	$141.44	EFT5976525	CVDAR000030525	$141.44	Due Crescent from MMC - Swing Bed
		6/4/2021	EFT	$4.92	EFT5979686	CVDAR000030525	$4.92	Due Crescent from MMC - Swing Bed
		6/17/2021	EFT	$255.13	EFT5992789	CVDAR000030525	$255.13	Due Crescent from MMC - Swing Bed
		4/19/2021	EFT	$450.53	EFT5920148	CVDAR000007985	$450.53	Due Crescent from Tuscany
		4/20/2021	EFT	$39.55	EFT5922405	CVDAR000007985	$39.55	Due Crescent from Tuscany
		4/21/2021	EFT	$2,432.76	EFT5923855	CVDAR000007985	$2,432.76	Due Crescent from Tuscany
		4/23/2021	EFT	$61.45	EFT5927848	CVDAR000007985	$61.45	Due Crescent from Tuscany
		4/27/2021	EFT	$19.88	EFT5931585	CVDAR000007985	$19.88	Due Crescent from Tuscany
		4/28/2021	EFT	$78.21	EFT5933761	CVDAR000007985	$78.21	Due Crescent from Tuscany
		4/29/2021	EFT	$257.46	EFT5935626	CVDAR000007985	$257.46	Due Crescent from Tuscany
		4/30/2021	EFT	$237.71	EFT5937256	CVDAR000007985	$237.71	Due Crescent from Tuscany
		5/3/2021	EFT	$8.94	EFT5938849	CVDAR000007985	$8.94	Due Crescent from Tuscany
		5/13/2021	EFT	$176.99	EFT5953139	CVDAR000007985	$176.99	Due Crescent from Tuscany
		5/14/2021	EFT	$10.50	EFT5954439	CVDAR000007985	$10.50	Due Crescent from Tuscany
		5/20/2021	EFT	2,171.60	EFT5961599	CVDAR000007985	$2,171.60	Due Crescent from Tuscany
		5/25/2021	EFT	$250.86	EFT5967482	CVDAR000007985	$250.86	Due Crescent from Tuscany
		5/27/2021	EFT	$6.26	EFT5970934	CVDAR000007985	$6.26	Due Crescent from Tuscany
		6/2/2021	EFT	$141.44	EFT5976525	CVDAR000007985	$141.44	Due Crescent from Tuscany
		6/4/2021	EFT	$4.92	EFT5979686	CVDAR000007985	$4.92	Due Crescent from Tuscany
		6/17/2021	EFT	$255.13	EFT5992789	CVDAR000007985	$255.13	Due Crescent from Tuscany
			TOTAL	9,434.40			$25,926.68	

To be filled out by Company who received funds:

Date Received:	6/23/2021	Transfer 3	6/23/2021
Approved by:	Caitlin Clevenger	Date of transfer:	6/28/2021
Date of transfer:	6/28/2021	From Facility:	Tuscany
From Facility:	Golden Creek	To Facility:	Crescent
To Facility:	Crescent	Amount:	$6,604.19
Amount:	$6,604.19		
Transfer 2	6/23/2021	Transfer 4	
Date of transfer:	6/28/2021	Date of transfer:	
From Facility:	Memorial Medical	From Facility:	
To Facility:	Crescent	To Facility:	
Amount:	$12,718.30	Amount:	

Request for Transfer of Funds

Date Requested	6/17/2021
Payer	Novitas
Requested by:	Tracy Simms
Requestor's email	tsimms@cantexcc.com
Requestor's phone number	214-954-4114 ext 115
District or County	Memorial Medical Center
Facility	Fort Bend

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

*** Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.**

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		4/20/2021	EFT	$163.08	EFT5921624	CVDAR000007985	$163.08	Due Fort Bed from Tuscany
		4/21/2021	EFT	$1,125.99	EFT5923422	CVDAR000007985	$1,125.99	Due Fort Bed from Tuscany
		4/29/2021	EFT	$111.70	EFT5935098	CVDAR000007985	$111.70	Due Fort Bed from Tuscany
		5/20/2021	EFT	$49.29	EFT5958745	CVDAR000007985	$49.29	Due Fort Bed from Tuscany
		5/24/2021	EFT	$751.33	EFT5964908	CVDAR000007985	$751.33	Due Fort Bed from Tuscany
		4/20/2021	EFT	$163.08	EFT5921624	CVDAR000019540	$163.08	Due Fort Bend from Golden Creek
		4/21/2021	EFT	$1,125.99	EFT5923422	CVDAR000019540	$1,125.99	Due Fort Bend from Golden Creek
		4/29/2021	EFT	$111.70	EFT5935098	CVDAR000019540	$111.70	Due Fort Bend from Golden Creek
		5/20/2021	EFT	$49.29	EFT5958745	CVDAR000019540	$49.29	Due Fort Bend from Golden Creek
		5/24/2021	EFT	$751.33	EFT5964908	CVDAR000019540	$751.33	Due Fort Bend from Golden Creek
		4/20/2021	EFT	$163.08	EFT5921624	CVDAR000025365	$163.08	Due Fort Bend from MMC - Hospital
		4/21/2021	EFT	$1,125.99	EFT5923422	CVDAR000025365	$1,125.99	Due Fort Bend from MMC - Hospital
		4/29/2021	EFT	$111.70	EFT5935098	CVDAR000025365	$111.70	Due Fort Bend from MMC - Hospital
		5/20/2021	EFT	$49.29	EFT5958745	CVDAR000025365	$49.29	Due Fort Bend from MMC - Hospital
		5/24/2021	EFT	$751.33	EFT5964908	CVDAR000025365	$751.33	Due Fort Bend from MMC - Hospital
		4/21/2021	EFT	$1,125.99	EFT5923422	CVDAR000030525	$1,125.99	Due Fort Bend from MMC - Swing Bed
		4/29/2021	EFT	$111.70	EFT5935098	CVDAR000030525	$111.70	Due Fort Bend from MMC - Swing Bed
		5/20/2021	EFT	$49.29	EFT5958745	CVDAR000030525	$49.29	Due Fort Bend from MMC - Swing Bed
		5/24/2021	EFT	$751.33	EFT5964908	CVDAR000030525	$751.33	Due Fort Bend from MMC - Swing Bed
			TOTAL	8,642.48			8,642.48	

To be filled out by Company who received funds:

Date Received:	6/23/2021	Transfer 3	6/23/2021
Approved by:	Caitlin Clevenger	Date of transfer:	6/28/2021
Date of transfer:	6/28/2021	From Facility:	Memorial Medical
From Facility:	Tuscany	To Facility:	Fort Bend
To Facility:	Fort Bend	Amount:	$4,239.70
Amount:	$ 2,201.39		
Transfer 2	6/23/2021	Transfer 4	
Date of transfer:	6/28/2021	Date of transfer:	
From Facility:	Golden Creek	From Facility:	
To Facility:	Fort Bend	To Facility:	
Amount:	$ 2,201.39	Amount:	

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Request for Transfer of Funds

Date Requested	6/17/2021
Payer	Novitas
Requested by:	Tracy Simms
Requestor's email	tsimms@cantexcc.com
Requestor's phone number	214-954-4114 ext 115
District or County	Memorial Medical Center
Facility	Solera at West Houston

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

*** Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.**

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		4/20/2021	EFT	$18.57	EFT5922402	CVDAR000019540	$18.57	Due Solera from Golden Creek
		4/21/2021	EFT	$2,432.76	EFT5923855	CVDAR000019540	$2,432.76	Due Solera from Golden Creek
		4/22/2021	EFT	$5,149.51	EFT5925724	CVDAR000019540	$5,149.51	Due Solera from Golden Creek
		4/23/2021	EFT	$227.23	EFT5927843	CVDAR000019540	$227.23	Due Solera from Golden Creek
		4/29/2021	EFT	$90.53	EFT5935623	CVDAR000019540	$90.53	Due Solera from Golden Creek
		5/7/2021	EFT	$96.18	EFT5947287	CVDAR000019540	$96.18	Due Solera from Golden Creek
		5/18/2021	EFT	$183.24	EFT5957635	CVDAR000019540	$183.24	Due Solera from Golden Creek
		5/20/2021	EFT	$5.81	EFT5959265	CVDAR000019540	$5.81	Due Solera from Golden Creek
		5/20/2021	EFT	$79.81	EFT5961594	CVDAR000019540	$79.81	Due Solera from Golden Creek
		5/21/2021	EFT	$4,326.78	EFT5963363	CVDAR000019540	$4,326.78	Due Solera from Golden Creek
		5/24/2021	EFT	$194.78	EFT5965544	CVDAR000019540	$194.78	Due Solera from Golden Creek
		5/25/2021	EFT	$55.75	EFT5967477	CVDAR000019540	$55.75	Due Solera from Golden Creek
		6/1/2021	EFT	$96.67	EFT5974829	CVDAR000019540	$96.67	Due Solera from Golden Creek
		6/4/2021	EFT	96.18	EFT5979684	CVDAR000019540	$96.18	Due Solera from Golden Creek
		6/7/2021	EFT	$19.38	EFT5981350	CVDAR000019540	$19.38	Due Solera from Golden Creek
		6/10/2021	EFT	$73.24	EFT5985664	CVDAR000019540	$73.24	Due Solera from Golden Creek
		6/17/2021	EFT	$70.52	EFT5992786	CVDAR000019540	$70.52	Due Solera from Golden Creek
		4/20/2021	EFT	$18.57	EFT5922402	CVDAR000025365	$18.57	Due Solera from MMC - hospital
		4/21/2021	EFT	$2,432.76	EFT5923855	CVDAR000025365	$2,432.76	Due Solera from MMC - hospital
		4/22/2021	EFT	$5,149.51	EFT5925724	CVDAR000025365	$5,149.51	Due Solera from MMC - hospital
		4/23/2021	EFT	$227.23	EFT5927843	CVDAR000025365	$227.23	Due Solera from MMC - hospital
		4/29/2021	EFT	$90.53	EFT5935623	CVDAR000025365	$90.53	Due Solera from MMC - hospital
		5/7/2021	EFT	$96.18	EFT5947287	CVDAR000025365	$96.18	Due Solera from MMC - hospital
		5/18/2021	EFT	$183.24	EFT5957635	CVDAR000025365	$183.24	Due Solera from MMC - hospital
		5/20/2021	EFT	$5.81	EFT5959265	CVDAR000025365	$5.81	Due Solera from MMC - hospital
		5/20/2021	EFT	$79.81	EFT5961594	CVDAR000025365	$79.81	Due Solera from MMC - hospital
		5/21/2021	EFT	$4,326.78	EFT5963363	CVDAR000025365	$4,326.78	Due Solera from MMC - hospital
		5/24/2021	EFT	$194.78	EFT5965544	CVDAR000025365	$194.78	Due Solera from MMC - hospital
		5/25/2021	EFT	$55.75	EFT5967477	CVDAR000025365	$55.75	Due Solera from MMC - hospital
		6/1/2021	EFT	$96.67	EFT5974829	CVDAR000025365	$96.67	Due Solera from MMC - hospital
		6/4/2021	EFT	96.18	EFT5979684	CVDAR000025365	$96.18	Due Solera from MMC - hospital

		6/7/2021	EFT	$19.38	EFT5981350	CVDAR000025365	$19.38	Due Solera from MMC - hospital
		6/10/2021	EFT	$73.24	EFT5985664	CVDAR000025365	$73.24	Due Solera from MMC - hospital
		6/17/2021	EFT	$70.52	EFT5992786	CVDAR000025365	$70.52	Due Solera from MMC - hospital
		4/21/2021	EFT	$2,432.76	EFT5923855	CVDAR000030525	$2,432.76	Due Solera from MMC - Swing Bed
		4/22/2021	EFT	$5,149.51	EFT5925724	CVDAR000030525	$5,149.51	Due Solera from MMC - Swing Bed
		4/23/2021	EFT	$227.23	EFT5927843	CVDAR000030525	$227.23	Due Solera from MMC - Swing Bed
		4/29/2021	EFT	$90.53	EFT5935623	CVDAR000030525	$90.53	Due Solera from MMC - Swing Bed
		5/7/2021	EFT	$96.18	EFT5947287	CVDAR000030525	$96.18	Due Solera from MMC - Swing Bed
		5/18/2021	EFT	$183.24	EFT5957635	CVDAR000030525	$183.24	Due Solera from MMC - Swing Bed
		5/20/2021	EFT	$5.81	EFT5959265	CVDAR000030525	$5.81	Due Solera from MMC - Swing Bed
		5/20/2021	EFT	$79.81	EFT5961594	CVDAR000030525	$79.81	Due Solera from MMC - Swing Bed
		5/21/2021	EFT	$4,326.78	EFT5963363	CVDAR000030525	$4,326.78	Due Solera from MMC - Swing Bed
		5/24/2021	EFT	$194.78	EFT5965544	CVDAR000030525	$194.78	Due Solera from MMC - Swing Bed
		5/25/2021	EFT	$55.75	EFT5967477	CVDAR000030525	$55.75	Due Solera from MMC - Swing Bed
		6/1/2021	EFT	$96.67	EFT5974829	CVDAR000030525	$96.67	Due Solera from MMC - Swing Bed
		6/4/2021	EFT	96.18	EFT5979684	CVDAR000030525	$96.18	Due Solera from MMC - Swing Bed
		6/7/2021	EFT	$19.38	EFT5981350	CVDAR000030525	$19.38	Due Solera from MMC - Swing Bed
		6/10/2021	EFT	$73.24	EFT5985664	CVDAR000030525	$73.24	Due Solera from MMC - Swing Bed
		6/17/2021	EFT	$70.52	EFT5992786	CVDAR000030525	$70.52	Due Solera from MMC - Swing Bed
		4/20/2021	EFT	$18.57	EFT5922402	CVDAR000007985	$18.57	Due Solera from Tuscany
		4/21/2021	EFT	$2,432.76	EFT5923855	CVDAR000007985	$2,432.76	Due Solera from Tuscany
		4/22/2021	EFT	$5,149.51	EFT5925724	CVDAR000007985	$5,149.51	Due Solera from Tuscany
		4/23/2021	EFT	$227.23	EFT5927843	CVDAR000007985	$227.23	Due Solera from Tuscany
		4/29/2021	EFT	$90.53	EFT5935623	CVDAR000007985	$90.53	Due Solera from Tuscany
		5/7/2021	EFT	$96.18	EFT5947287	CVDAR000007985	$96.18	Due Solera from Tuscany
		5/18/2021	EFT	$183.24	EFT5957635	CVDAR000007985	$183.24	Due Solera from Tuscany
		5/20/2021	EFT	$5.81	EFT5959265	CVDAR000007985	$5.81	Due Solera from Tuscany
		5/20/2021	EFT	$79.81	EFT5961594	CVDAR000007985	$79.81	Due Solera from Tuscany
		5/21/2021	EFT	$4,326.78	EFT5963363	CVDAR000007985	$4,326.78	Due Solera from Tuscany
		5/24/2021	EFT	$194.78	EFT5965544	CVDAR000007985	$194.78	Due Solera from Tuscany
		5/25/2021	EFT	$55.75	EFT5967477	CVDAR000007985	$55.75	Due Solera from Tuscany
		6/1/2021	EFT	$96.67	EFT5974829	CVDAR000007985	$96.67	Due Solera from Tuscany
		6/4/2021	EFT	96.18	EFT5979684	CVDAR000007985	$96.18	Due Solera from Tuscany
		6/7/2021	EFT	$19.38	EFT5981350	CVDAR000007985	$19.38	Due Solera from Tuscany
		6/10/2021	EFT	$73.24	EFT5985664	CVDAR000007985	$73.24	Due Solera from Tuscany
		6/17/2021	EFT	$70.52	EFT5992786	CVDAR000007985	$70.52	Due Solera from Tuscany
			TOTAL	$52,849.19			$52,849.19	

To be filled out by Company who received funds:

Date Received:	6/23/2021	Transfer 3	6/23/2021
Approved by:	Caitlin Clevenger	Date of transfer:	6/28/2021
Date of transfer:	6/28/2021	From Facility:	Tuscany
From Facility:	Golden Creek	To Facility:	Solera
To Facility:	Solera	Amount:	$ 13,216.94
Amount:	$ 13,216.94		
Transfer 2	6/23/2021	Transfer 4	
Date of transfer:	6/28/2021	Date of transfer:	
From Facility:	Memorial Medical	From Facility:	
To Facility:	Solera	To Facility:	
Amount:	$ 26,415.31	Amount:	

JUN 24 2021

Request for Transfer of Funds

Transfer #:	
Date Requested	6/23/2021
Payer	Medicare-Novitas
Requested by:	Catrina Hopper
Requestor's email	chopper@nexion-health.com
Requestor's phone number	903-372-8412
District or County	
Facility	Golden Creek Rehab and Nursing Center

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

*** Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.**

Please email request form and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		6/22/2021	EFT	$ (1,773.74)	EFT5996378	CVDAR000019552	$ 1,773.74	Ashford Garden
		6/22/2021	EFT	$ (1,773.74)	EFT5996378	CVDAR000019556	$ 1,773.74	Fort Bend Healthcare
		6/22/2021	EFT	$ (1,773.74)	EFT5996378	CVDAR000025365	$ 1,773.74	Memorial Medical Center
		6/22/2021	EFT	$ (1,773.74)	EFT5996378	CVDAR000030525	$ 1,773.74	Memorial Medical Center
		6/22/2021	EFT	$ (1,773.74)	EFT5996378	CVDAR000018170	$ 1,773.74	Solera at West Houston
		6/22/2021	EFT	$ (1,773.74)	EFT5996378	CVDAR000026869	$ 1,773.74	The Broadmoor at Creekside Park
		6/22/2021	EFT	$ (1,773.74)	EFT5996378	CVDAR000019557	$ 1,773.74	The Crescent
		6/22/2021	EFT	$ (1,773.74)	EFT5996378	CVDAR000007985	$ 1,773.74	Tuscany Village
			TOTAL	(14,189.92)				

To be filled out by Memorial Medical Center:

Date Received:	6/23/2021	Transfer 5	6/23/2021
Approved by:	Caitlin Clevenger	Date of transfer:	6/28/2021
Date of transfer:	6/28/2021	From Facility:	Broadmoor
From Facility:	Ashford	To Facility:	Golden Creek
To Facility:	Golden Creek	Amount:	$ 1,773.74
Amount:	$ 1,773.74		
Transfer 2	6/23/2021	Transfer 6	6/23/2021
Date of transfer:	6/28/2021	Date of transfer:	6/28/2021
From Facility:	Fort Bend	From Facility:	Crescent
To Facility:	Golden Creek	To Facility:	Golden Creek
Amount:	$ 1,773.74	Amount:	$ 1,773.74

JUN 24 2021

Transfer 3	6/23/2021	**Transfer 7**	6/23/2021
Date of transfer:	6/28/2021	**Date of transfer:**	6/28/2021
From Facility:	Memorial Medical	**From Facility:**	Tuscany
To Facility:	Golden Creek	**To Facility:**	Golden Creek
Amount:	$ 3,547.48	**Amount:**	$ 1,773.74
Transfer 4	6/23/2021	**Transfer 8**	
Date of transfer:	6/28/2021	**Date of transfer:**	
From Facility:	Solera	**From Facility:**	
To Facility:	Golden Creek	**To Facility:**	
Amount:	$ 1,773.74	**Amount:**	

Request for Transfer of Funds

Transfer #:	
Date Requested	6/24/2021
Payer	MEDICARE
Requested by:	TATUM GORDON - BUSINESS OFFICE MANAGER
Requestor's email	tgordon@bethany-living.com
Requestor's phone number	361-551-0500
District or County	Calhoun
Facility	Bethany Senior Living

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

*** Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.**

Please email request form and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	6/18/2021	EFT		EFT 5994588	CVDAR000007985	7,010.84	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	6/22/2021	EFT		EFT 5997601	CVDAR000007985	103.20	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	6/23/2021	EFT		EFT 5999242	CVDAR000007985	112.11	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
			TOTAL	-			7,226.15	

To be filled out by Memorial Medical Center:

Date Received:	6/24/2021
Approved by:	Mayra Martinez
Date of transfer:	6/28/2021
From Facility:	Tuscany
To Facility:	Bethany
Amount:	$ 7,226.15

RUN DATE:06/29/21 MEMORIAL MEDICAL CENTER PAGE 8
TIME:10:17 CHECK REGISTER GLCKREG
06/28/21 THRU 06/28/21

BANK--CODE	CHECK--NUMBER	DATE	AMOUNT	PAYEE
NHF	000127	06/28/21	~~14,179.97~~	MMC OPERATING
NHF	000128	06/28/21	1,773.74	GOLDEN CREEK
NHF	000129	06/28/21	544.81	MEMORIAL MEDICAL CLINIC
TOTALS:			~~16,498.52~~	

Fort Bend

JUN 28 2021

RUN DATE:06/29/21 MEMORIAL MEDICAL CENTER PAGE 5
TIME:10:17 CHECK REGISTER GLCKREG
06/28/21 THRU 06/28/21

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	001134	06/28/21	~~35,083.52~~	MMC OPERATING
NHA	001135	06/28/21	1,773.74	GOLDEN CREEK
NHA	001136	06/28/21	544.81	MEMORIAL MEDICAL CLINIC
TOTALS:			~~37,402.07~~	

Ashford

JUN 28 2021

RUN DATE:07/02/21 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:07 CHECK REGISTER GLCKREG
06/28/21 THRU 06/28/21

BANK CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHS	001129	06/28/21	.00	MMC OPERATING
NHS	001130	06/28/21	1,773.74	GOLDEN CREEK
NHS	001131	06/28/21	544.81	MEMORIAL MEDICAL CLINIC Solem
NHS	001132	06/28/21	~~13,758.39~~	MMC OPERATING
TOTALS:			~~16,076.94~~	

JUN 28 2021

RUN DATE:06/29/21 MEMORIAL MEDICAL CENTER PAGE 6
TIME:10:17 CHECK REGISTER GLCKREG
06/28/21 THRU 06/28/21

BANK CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHB	000096	06/28/21	~~14,531.08~~	MMC OPERATING
NHB	000097	06/28/21	1,773.74	GOLDEN CREEK
NHB	000098	06/28/21	544.81	MEMORIAL MEDICAL CLINIC
TOTALS:			~~16,849.63~~	

Broadmoor

JUN 28 2021

MEMORIAL MEDICAL CENTER

CHECK REGISTER

06/28/21 THRU 06/28/21

BANK CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHC	000130	06/28/21	~~11,701.98~~	MMC OPERATING
NHC	000131	06/28/21	135.55	GULF POINTE PLAZA
NHC	000132	06/28/21	1,773.74	GOLDEN CREEK
NHC	000133	06/28/21	544.81	MEMORIAL MEDICAL CLINIC
TOTALS:			~~14,156.08~~	

Crescent

JUN 28 2021

06/28/21 THRU 06/28/21

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG	000083	06/28/21	~~42,110.58~~	~~MMC OPERATING~~
NHG	000084	06/28/21	4,818.98	ASHFORD GARDENS
NHG	000085	06/28/21	13,696.76	THE BROADMOOR
NHG	000086	06/28/21	6,604.19	THE CRECENT
NHG	000087	06/28/21	2,201.39	FORT BEND
NHG	000088	06/28/21	13,216.94	SOLERA
NHG	000089	06/28/21	544.81	MEMORIAL MEDICAL CLINIC
TOTALS:			~~83,193.65~~	

golden creek

JUN 28 2021

BANK--CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
TUS	001016	06/28/21	~~20,577.41~~	MMC OPERATING
TUS	001017	06/28/21	7,226.15	BETHANY SENIOR LIVING
TUS	001018	06/28/21	4,818.98	ASHFORD GARDENS
TUS	001019	06/28/21	17,283.64	THE BROADMOOR
TUS	001020	06/28/21	6,604.19	THE CRESCENT
TUS	001021	06/28/21	2,201.39	FORT BEND
TUS	001022	06/28/21	13,216.94	SOLERA
TUS	001023	06/28/21	1,773.74	GOLDEN CREEK
TUS	001024	06/28/21	544.81	MEMORIAL MEDICAL CLINIC
TOTALS:			~~74,247.25~~	

Tuscany

JUN 28 2021

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

1130
88-2265/1131-87

6/28/21 Date

CHECK ARMOR

Pay to the Order of Golden Creek $ 1,773.74

One thousand seven hundred seventy three 74/100 Dollars

Photo Safe Deposit® Details on back

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

For Medicare repayment

MP

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

1131
88-2265/1131-87

6/28/21 Date

CHECK ARMOR

Pay to the Order of MMC operating $ 544.81

Five hundred forty four & 81/100 Dollars

Photo Safe Deposit® Details on back

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

For Medicare repayments

MP

MEMORIAL MEDICAL CENTER
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

1135
88-2265/1131-87

6/28/21 Date

CHECK ARMOR

Pay to the Order of Golden Creek $ 1,773.74

One thousand seven hundred seventy three & 74/100 Dollars

Photo Safe Deposit® Details on back

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

For Medicare repayments

MP

MEMORIAL MEDICAL CENTER
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

1136
88-2265/1131-87

6/28/21 Date

CHECK ARMOR

Pay to the Order of MMC operating $ 544.81

Five hundred forty four & 81/100 Dollars

Photo Safe Deposit® Details on back

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

For Medicare repayment

MP

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE
PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1017
88-2265/1131-87

DATE 6/28/21

CHECK ARMOR

PAY TO THE ORDER OF Bethany Senior Living $ 7,226.15

Seven thousand two hundred twenty six & 15/100— DOLLARS

Photo Safe Deposit

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

FOR Medicare RepayMent

MP

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE
PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1018
88-2265/1131-87

DATE 6/28/21

CHECK ARMOR

PAY TO THE ORDER OF Ashford Gardens $ 4,818.98

Four thousand eight hundred eighteen & 98/100— DOLLARS

Photo Safe Deposit

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

FOR Medicare repayment

MP

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE
PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1019
88-2265/1131-87

DATE 6/28/21

CHECK ARMOR

PAY TO THE ORDER OF The Broadmoor $ 17,283.64

Seventeen thousand two hundred eighty three & 64/100 DOLLARS

Photo Safe Deposit

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

FOR Medicare repayments

MP

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE
PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1020

88-2265/1131-87

DATE 6/28/21

CHECK ARMOR

PAY TO THE ORDER OF The Crescent $ 6,604.19

Six thousand Six hundred Four & 19/100 DOLLARS

Photo Safe Deposit® Details on back

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

FOR Medicare repayments

MP

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE
PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1021

88-2265/1131-87

DATE 6/28/21

CHECK ARMOR

PAY TO THE ORDER OF Fort Bend $ 2,201.39

Two thousand two hundred one & 39/100 DOLLARS

Photo Safe Deposit® Details on back

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

FOR Medicare repayments

MP

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE
PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1024

88-2265/1131-87

DATE 6/28/21

CHECK ARMOR

PAY TO THE ORDER OF MMC operating $ 544.81

Five hundred fourty four & 81/100 DOLLARS

Photo Safe Deposit® Details on back

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

FOR Medicare repayment

MP

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE
PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1023

88-2265/1131-87

DATE 6/28/21

CHECK ARMOR

PAY TO THE ORDER OF Golden Creek $ 1,773.74

One thousand Seven hundred Seventy three & 74/100 DOLLARS

Photo Safe Deposit® Details on back

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

FOR Medicare repayment

MP

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE
PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1022

88-2265/1131-87

DATE 6/28/21

CHECK ARMOR

PAY TO THE ORDER OF Solera $ 13,216.94

Thirteen thousand two hundred sixteen & 94/100 DOLLARS

Photo Safe Deposit® Details on back

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

FOR Medicare repayment

MP

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP

000097

88-2265/1131

Date 6/28/21

PAY TO THE ORDER OF Golden Creek **$** 1,773.74

One thousand Seven hundred Seventy three & 74/100 **DOLLARS**

PROSPERITY BANK®

FOR Medicare repayment

MP

Security features are included. Details on back

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MEMORIAL MEDICAL CENTER
NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000098

88-2265/1131

Date 6/28/21

PAY TO THE ORDER OF MMC operating $ 544.81

Five hundred forty four & 81/100 DOLLARS

PROSPERITY BANK

FOR Medicare repayment

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MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000131

88-2265/1131

Date 6/28/21

PAY TO THE ORDER OF Gulf Pointe Plaza $ 135.55

One hundred thirty five & 55/100 DOLLARS

PROSPERITY BANK

FOR Medicare repayments

Security features are included. Details on back.

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MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000132

88-2265/1131

Date 6/28/21

PAY TO THE ORDER OF Golden Creek $ 1,773.74

One thousand seven hundred seventy three & 74/100 DOLLARS

PROSPERITY BANK

FOR Medicare repayments

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MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000133

88-2265/1131

Date 6/28/21

PAY TO THE ORDER OF MMC operating $ 544.81

Five hundred forty four & 81/100 DOLLARS

PROSPERITY BANK

FOR Medicare repayment

MP

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

000128

88-2265/1131

Date 6/28/21

PAY TO THE ORDER OF Golden Creek $ 1,773.74

One thousand seven hundred seventy three & 74/100 DOLLARS

PROSPERITY BANK

FOR Medicare repayments

MP

Security features are included. Details on back.

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

000129

88-2265/1131

Date 6/28/21

PAY TO THE ORDER OF MMC operating $ 544.81

Five hundred forty four & 81/100 DOLLARS

PROSPERITY BANK

FOR Medicare repayment

MP

Security features are included. Details on back.

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MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP

000084

88-2265/1131

Date 6/28/21

PAY TO THE ORDER OF Ashford Gardens $ 4,818.98

Four thousand eight hundred eighteen & 98/100 DOLLARS

PROSPERITY BANK

FOR Medicare repayment

MP

Security features are included. Details on back.

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MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP

000085

88-2265/1131

Date 6/28/21

PAY TO THE ORDER OF The Broadmoor $ 13,696.76

Thirteen thousand six hundred ninety six & 76/100 DOLLARS

PROSPERITY BANK

FOR Medicare repayments

MP

Security features are included. Details on back.

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MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP

000086

88-2265/1131

Date 6/28/21

PAY TO THE ORDER OF The Crescent $ 6,604.19

Six thousand six hundred four & 19/100 DOLLARS

PROSPERITY BANK

FOR Medicare repayments

MP

Security features are included. Details on back.

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000089

88-2265/1131

Date 6/28/21

PAY TO THE ORDER OF MMC operating $ 544.81

Five hundred fourty four & 81/100 DOLLARS

PROSPERITY BANK

FOR Medicare repayment

MP

Security features are included. Details on back.

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MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000087

88-2265/1131

Date 6/28/21

PAY TO THE ORDER OF Fort Bend $ 2,201.39

Two thousand two hundred and one & 39/100 DOLLARS

PROSPERITY BANK

FOR Medicare repayments

MP

Security features are included. Details on back.

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000088

88-2265/1131

Date 6/28/21

PAY TO THE ORDER OF Solera $ 13,216.94

Thirteen thousand two hundred sixteen & 94/100 DOLLARS

PROSPERITY BANK

FOR Medicare repayments

MP

Security features are included. Details on back.

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
6/25/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		190,829.12	17,153.75	140,674.40	19,216.27		333,566.04	122,488.60
						Bank Balance	314,349.77	
						Variance	19,216.27	
						Leave in Balance	100.00	
						PENDING TRANSFER	118,477.44	
						WITHHOLDING FOR MMC	544.81	
						WITHHOLDING FOR OTHER NH	1,773.74	
						AMERIGROUP MAY QIPP PYMT	35,083.52	
						AMERIGROUP APRIL QIPP PYMT O/S	35,888.09	
						MOLINA MAY QIPP PYMT O/S	19,106.93	
						APRIL INTEREST	43.79	
						MAY INTEREST	59.12	
						JUNE INTEREST		
						Adjust Balance/Transfer Amt	122,488.60	
Broadmoor		200,585.42	17,153.75	36,393.56	54,816.73	-	274,641.96	74,360.66
						Bank Balance	219,825.23	
						Variance	54,816.73	
						Leave in Balance	100.00	
						PENDING TRANSFER	160,481.35	
						MOLINA MAY QIPP PYMT O/S	7,913.86	
						AMERIGROUP APRIL QIPP PYMT O/S	14,862.54	
						AMERIGROUP MAY QIPP PYMT	14,531.08	
						WITHHOLDING FOR OTHER NH	1,773.74	
						WITHHOLDING FOR MMC	544.81	
						APRIL INTEREST	30.81	
						MAY INTEREST	43.11	
						JUNE INTEREST		
						Adjust Balance/Transfer Amt	74,360.66	
Crescent		93,669.45	17,153.75	46,733.63	25,926.68		149,176.01	58,504.23
						Bank Balance	123,249.33	
						Variance	25,926.68	
						Leave in Balance	100.00	
						PENDING TRANSFER	58,066.74	
						MOLINA MAY QIPP PYMT O/S	6,373.57	
						AMERIGROUP APRIL QIPP PYMT O/S	11,925.31	
						AMERIGROUP MAY QIPP PYMT	11,701.98	
						WITHHOLDING FOR OTHER NH	1,909.29	
						WITHHOLDING FOR MMC	544.81	
						APRIL INTEREST	22.45	
						MAY INTEREST	27.63	
						JUNE INTEREST		
						Adjust Balance/Transfer Amt	58,504.23	
Fort Bend		57,450.64	17,153.75	33,713.06	8,642.48		82,652.43	25,857.02
						Bank Balance	74,009.95	
						Variance	8,642.48	
						Leave in Balance	100.00	
						PENDING TRANSFER	17,932.65	
						MAY MOLINA QIPP PYMT O/S	7,722.55	
						AMERIGROUP APRIL QIPP PYMT O/S	14,512.85	
						AMERIGROUP MAY QIPP PYMT	14,179.97	
						WITHHOLDING FOR OTHER NH	1,773.74	
						WITHHOLDING FOR MMC	544.81	
						APRIL INTEREST	9.83	
						MAY INTEREST	19.01	
						JUNE INTEREST		
						Adjust Balance/Transfer Amt	25,857.02	
Solera at W Houston		137,534.79	18,088.00	128,387.88	52,849.19		300,683.86	165,160.13
						Bank Balance	247,834.67	
						Variance	52,849.19	
						Leave in Balance	100.00	
						PENDING TRANSFER	97,691.73	
						MAY MOLINA QIPP PYMT O/S	7,493.00	
						AMERIGROUP APRIL QIPP PYMT O/S	14,081.11	
						AMERIGROUP MAY QIPP PYMT	13,758.39	
						WITHHOLDING FOR OTHER NH	1,773.74	
						WITHHOLDING FOR MMC	544.81	
						APRIL INTEREST	35.12	
						MAY INTEREST	45.83	
						JUNE INTEREST		
						Adjust Balance/Transfer Amt	165,160.13	
TOTAL TRANSFERS								446,370.64

122,488.60 +
74,360.66 +
58,504.23 +
25,857.02 +
165,160.13 +
446,3[illegible].64

APPROVED ON
JUN 24 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Approved:
Jason Anglin, CEO
6/25/2021

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

J:\NH Weekly Transfers\NH UPL Transfer Summary\2021\June\NH UPL Transfer Summary 6.25.21.xlsx

Ashford Gardens

				MMC PORTION					
Ashford Gardens		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/24/2021	Transfer to DDA 4357 - TRNSFR APPVD 6-23-21	227.13	-					-	-
6/24/2021	Transfer to DDA 5506 - TRNSFR APPVD 6-23-21	15,046.67	-					-	-
6/24/2021	Amerigroup TXSC HCCLAIMPMT 3154147193 111000		4,108.37					-	4,108.37
6/23/2021	Amerigroup TXSC HCCLAIMPMT 3154037498 111000		34,150.26					-	34,150.26
6/23/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,571.07					-	2,571.07
6/23/2021	NOVITAS SOLUTION HCCLAIMPMT 675423 420000185	-	48,619.21					-	48,619.21
6/23/2021	AMERIGROUP CORPO E-PAYMENT EE52189910 111000		43,307.48	26,859.56	4,934.44	11,513.48		35,083.52	8,223.96
6/22/2021	Check	1,232.78						-	
6/22/2021	Check	271.90						-	-
6/22/2021	Check	375.27						-	-
6/22/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,946.60					-	2,946.60
6/22/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,250.47					-	1,250.47
6/21/2021	Amerigroup TXSC HCCLAIMPMT 3153751781 111000		3,569.64					-	3,569.64
6/21/2021	NOVITAS SOLUTION HCCLAIMPMT 675423 420000164	-	151.30					-	151.30
		17,153.75	140,674.40	26,859.56	4,934.44	11,513.48	-	35,083.52	105,590.88

Broadmoor

				MMC PORTION					
Broadmoor		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/24/2021	Transfer to DDA 4357 - TRNSFR APPVD 6-23-21	227.13	-					-	-
6/24/2021	Transfer to DDA 5506 - TRNSFR APPVD 6-23-21	15,046.67	-					-	-
6/23/2021	AMERIGROUP CORPO E-PAYMENT EE52189913 111000		17,940.96	11,121.20	2,045.96	4,773.80		14,531.08	3,409.88
6/22/2021	Check	1,232.78	-					-	
6/22/2021	Check	271.90	-					-	-
6/22/2021	Check	375.27	-					-	-
6/22/2021	AARP Supplementa HCCLAIMPMT 746003411 124384		5,750.50					-	5,750.50
6/22/2021	HUMANA CHA DISB HCCLAIMPMT 390861 4200001815		6,050.37					-	6,050.37
6/21/2021	NOVITAS SOLUTION HCCLAIMPMT 676357 420000164		6,651.73					-	6,651.73
		17,153.75	36,393.56	11,121.20	2,045.96	4,773.80	-	14,531.08	21,862.48

Crescent

				MMC PORTION					
Crescent		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/24/2021	Transfer to DDA 4357 - TRNSFR APPVD 6-23-21	227.13	-					-	-
6/24/2021	Transfer to DDA 5506 - TRNSFR APPVD 6-23-21	15,046.67	-					-	-
6/23/2021	NOVITAS SOLUTION HCCLAIMPMT 676323 420000184		30,045.68					-	30,045.68
6/23/2021	AMERIGROUP CORPO E-PAYMENT EE52189912 111000	-	14,471.11	8,932.85	1,644.76	3,831.14	62.36	11,701.98	2,769.13
6/22/2021	Check	1,232.78	-					-	-
6/22/2021	Check	271.90	-					-	-
6/22/2021	Check	375.27						-	-
6/22/2021	HUMANA CHA DISB HCCLAIMPMT 390864 4200001816	-	181.30					-	181.30
6/21/2021	HUMANA INS CO HCCLAIMPMT 390864 830000567284		2,035.54					-	2,035.54
		17,153.75	46,733.63	8,932.85	1,644.76	3,831.14	62.36	11,701.98	35,031.65

Fort Bend

				MMC PORTION					
Fort Bend		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/24/2021	Transfer to DDA 4357 - TRNSFR APPVD 6-23-21	227.13	-					-	-
6/24/2021	Transfer to DDA 5506 - TRNSFR APPVD 6-23-21	15,046.67	-					-	-
6/23/2021	NOVITAS SOLUTION HCCLAIMPMT 675663 420000184		13,425.52					-	13,425.52
6/23/2021	AMERIGROUP CORPO E-PAYMENT EE52189909 111000	-	17,499.89	10,860.05	1,986.24	4,653.60		14,179.97	3,319.92
6/22/2021	Check	1,232.78	-					-	
6/22/2021	Check	271.90	-					-	
6/22/2021	Check	375.27	-					-	
6/22/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	94.61					-	94.61
6/21/2021	MANAGEANDNET1718 MNS PMNT 000000000004294 41		2,430.00					-	2,430.00
6/21/2021	NOVITAS SOLUTION HCCLAIMPMT 675663 420000164		263.04					-	263.04
		17,153.75	33,713.06	10,860.05	1,986.24	4,653.60	-	14,179.97	19,533.09

Solera at West Houston

				MMC PORTION					
Solera at West Houston		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/24/2021	Transfer to DDA 4357 - TRNSFR APPVD 6-23-21	1,161.38	-					-	
6/24/2021	Transfer to DDA 5506 - TRNSFR APPVD 6-23-21	15,046.67	-					-	-
6/24/2021	NOVITAS SOLUTION HCCLAIMPMT 676310 420000167		9,153.82					-	9,153.82
6/23/2021	MANAGEANDNET1718 MNS PMNT 000000000002482 41		5,040.00					-	5,040.00
6/23/2021	Amerigroup TXSC HCCLAIMPMT 3154037499 111000		6,499.54					-	6,499.54
6/23/2021	NOVITAS SOLUTION HCCLAIMPMT 676310 420000184		81,061.58					-	81,061.58
6/23/2021	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	180.17					-	180.17
6/23/2021	AMERIGROUP CORPO E-PAYMENT EE52189911 111000		16,978.01	10,538.77	1,926.06	4,513.18		13,758.39	3,219.62
6/22/2021	Check	1,232.78	-					-	
6/22/2021	Check	271.90	-					-	
6/22/2021	Check	375.27	-					-	
6/22/2021	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		5,252.10					-	5,252.10
6/21/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,364.02					-	1,364.02
6/21/2021	UHC Community Pl HCCLAIMPMT 746003411 910000		156.00					-	156.00
6/21/2021	NOVITAS SOLUTION HCCLAIMPMT 676310 420000164		2,702.64					-	2,702.64
		18,088.00	128,387.88	10,538.77	1,926.06	4,513.18	-	13,758.39	114,629.49
TOTALS		86,703.00	385,902.53	68,312.43	12,537.46	29,285.20	62.36	89,254.94	296,647.59

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
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DDA Data reported as of Jun 25, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$314,349.77	$380,670.59	$314,349.77	$325,515.2
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$219,825.23	$257,499.12	$219,825.23	$235,099.C
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$123,249.33	$146,718.52	$123,249.33	$138,523.1
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$74,009.95	$84,004.15	$74,009.95	$89,283.7
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$247,834.67	$292,972.44	$247,834.67	$254,888.S
[redacted]				

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
6/25/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		82,692.20	17,153.75	159,125.78	14,189.92	-	238,854.15	90,122.05
						Bank Balance	224,664.23	
						Variance	14,189.92	
						Leave in Balance	100.00	
						PENDING TRANSFER	65,362.81	
						SUPERIOR QIPP PYMT	42,110.58	
						WITHHOLDING FOR OTHER NH	40,538.26	
						WITHHOLDING FOR MMC	544.81	
						APRIL INTEREST	39.13	
						MAY INTEREST	36.51	
						JUNE INTEREST	-	
						Adjust Balance/Transfer Amt	90,122.05	

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 6/25/2021

APPROVED
ON
JUN 24 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

J:\NH Weekly Transfers\NH UPL Transfer Summary\2021\June\NH UPL Transfer Summary 6.25.21.xlsx

			MMC PORTION					
Golden Creek	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/24/2021 Transfer to DDA 4357 - TRNSFR APPVD 6-23-21	227.13	-					-	-
6/24/2021 Transfer to DDA 5506 - TRNSFR APPVD 6-23-21	15.046.67	-					-	-
6/24/2021 Deposit	-	52,801.12					-	52,801.12
6/24/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	4,560.00					-	4,560.00
6/23/2021 NOVITAS SOLUTION HCCLAIMPMT 676097 420000184	-	49,844.14					-	49,844.14
6/23/2021 Centene Manageme CCD+ 38888463 3110020403445	-	51,920.52	32,300.64	5,903.57	13,716.31		42,110.58	9,809.94
6/22/2021 Check	1,232.78	-					-	-
6/22/2021 Check	271.90	-					-	-
6/22/2021 Check	375.27	-					-	-
							-	-
	17,153.75	159,125.78	32,300.64	5,903.57	13,716.31	-	42,110.58	117,015.20

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups
Add Group

Search All

DDA Data reported as of Jun 25, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$224,664.23	$228,417.86	$224,664.23	$182,576.9
[redacted]				

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
6/25/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay	3	19,596.82	-	43,292.14		135.55	-	63,024.51	18,521.84
							Bank Balance	62,888.96	
							Variance	135.55	
							Leave in Balance	100.00	
							PENDING TRANSFER	19,474.48	
							SUPERIOR QIPP PYMT	24,905.85	
							APRIL INTEREST	12.65	
							MAY INTEREST	9.69	
							JUNE INTEREST		
							Adjust Balance/Transfer Amt	18,521.84	

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		8,722.62	-	173,303.42		-	-	182,026.04	173,303.42
							Bank Balance	182,026.04	
							Variance	-	
							Leave in Balance	100.00	
							PENDING TRANSFER	8,566.05	
							APRIL INTEREST	26.76	
							MAY INTEREST	29.81	
							JUNE INTEREST		
							Adjust Balance/Transfer Amt	173,303.42	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS ~~173,303.42~~ 191,825.26

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

Approved:
Jason Anglin, CEO 6/25/2021

JUN 24 2021

J:\NH Weekly Transfers\NH UPL Transfer Summary\2021\June\NH UPL Transfer Summary 6.25.21.xlsx

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION
6/24/2021 HNB - ECHO HCCLAIMPMT 746003411 440000291803	-	5,909.01					-	5,909.01
6/24/2021 HNB - ECHO HCCLAIMPMT 746003411 440000291803	-	203.86					-	203.86
6/24/2021 AETNA AS01 HCCLAIMPMT 1922092790 51000010974	-	1,632.40					-	1,632.40
6/23/2021 HNB - ECHO HCCLAIMPMT 746003411 440000268070	-	1,102.61					-	1,102.61
6/23/2021 HNB - ECHO HCCLAIMPMT 746003411 440000268070	-	142.11					-	142.11
6/23/2021 Centene Manageme CCD+ 38888463 3110020403471	-	30,706.19	19,105.50	3,491.37	8,109.32		24,905.85	5,800.35
6/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000244850	-	25.90					-	25.90
6/22/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001816	-	834.89					-	834.89
6/21/2021 HNB - ECHO HCCLAIMPMT 746003411 440000212718	-	2,021.76					-	2,021.76
6/21/2021 HNB - ECHO HCCLAIMPMT 746003411 440000212717	-	23.52					-	23.52
6/21/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001625	-	689.89					-	689.89
	-	43,292.14	19,105.50	3,491.37	8,109.32	-	24,905.85	18,386.30

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION
6/24/2021 Deposit	-	28,485.13					-	28,485.13
6/24/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001853265	-	34,078.42					-	34,078.42
6/23/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2	-	1,092.93					-	1,092.93
6/22/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001687041	-	2,196.58					-	2,196.58
6/21/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001845033	-	107,450.36					-	107,450.36
	-	173,303.42	-	-	-	-	-	173,303.42
	-	216,595.56	19,105.50	3,491.37	8,109.32	-	24,905.85	191,689.72

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search All

Select Group
Groups
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DDA Data reported as of Jun 25, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$182,026.04	$184,232.68	$182,026.04	$119,462.4
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$62,888.96	$102,784.52	$62,888.96	$55,143.6
[redacted]				

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
6/25/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Senior Living		73,359.08	18,743.00	101,374.18	-	-	-	155,990.26	27,126.93
							Bank Balance	155,990.26	
							Variance	-	
							Leave in Balance	100.00	
							PENDING TRANSFER	33,476.93	
							WITHHOLD FOR OTHER NH	53,125.03	
							WITHHOLD FOR MMC	544.81	
							AMERIGROUP MAY QIPP PYMT	20,577.41	
							AMERIGROUP APRIL QIPP PYMT O/S	21,039.15	
							Adjust Balance/Transfer Amt	27,126.93	

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 6/25/2021

APPROVED
ON
JUN 24 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

			MMC PORTION					
Tuscany Senior Living	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/24/2021 Transfer to DDA 4357 - TRNSFR APPVD 6-23-21	227.13	-					-	-
6/24/2021 Transfer to DDA 5506 - TRNSFR APPVD 6-23-21	15,046.67	-					-	-
6/24/2021 Deposit	-	12,374.08					-	12,374.08
6/24/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000167	-	9,718.34					-	9,718.34
6/23/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	6,849.62					-	6,849.62
6/23/2021 AMERIGROUP CORPO E-PAYMENT EE52189914 111000	-	25,396.40	15,758.42	2,878.40	6,759.58		20,577.41	4,818.99
6/22/2021 Check	2,822.03	-					-	-
6/22/2021 Check	271.90	-					-	-
6/22/2021 Check	375.27	-					-	-
6/21/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000164	-	47,035.74					-	47,035.74
	18,743.00	101,374.18	15,758.42	2,878.40	6,759.58	-	20,577.41	80,796.77

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search | All

Select Group
Groups
Add Group

DDA

Data reported as of Jun 25, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*3407 MMC -NH TUSCANY VILLAGE	$155,990.26	$276,041.53	$155,990.26	$149,171.6

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
6/25/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		178,896.18	-	402,168.01		7,226.15	-	588,290.34 ~~581,064.19~~	280,336.00
							Bank Balance	581,064.19	
							Variance	-	
							Leave in Balance	100.00	
							PENDING TRANSFER	307,725.08	
							APRIL INTEREST	64.11	
							MAY INTEREST	65.15	
							JUNE INTEREST		
							Adjust Balance/Transfer Amt	280,336.00	

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

Approved:
Jason Anglin, CEO 6/25/2021

JUN 24 2021

Bethany Senior Living	Transfer-Out	Transfer-In	MMC PORTION					
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/24/2021 Deposit	-	36,599 23					-	36,599.23
6/24/2021 Deposit	-	2,940.67					-	2,940.67
6/24/2021 Transfer from DDA 4357 - TRNSFR APPVD 6-23-2	-	8,684.80					-	8,684.80
6/24/2021 Transfer from DDA 4357 - TRNSFR APPVD 6-23-2	-	15,046.67					-	15,046.67
6/24/2021 Transfer from DDA 3407 - TRNSFR APPVD 6-23-2	-	15,046.67					-	15,046.67
6/24/2021 Transfer from DDA 4454 - TRNSFR APPVD 6-23-2	-	15,046.67					-	15,046.67
6/24/2021 Transfer from DDA 4438 - TRNSFR APPVD 6-23-2	-	15,046.67					-	15,046.67
6/24/2021 Transfer from DDA 4446 - TRNSFR APPVD 6-23-2	-	15,046.67					-	15,046.67
6/24/2021 Transfer from DDA 4411 - TRNSFR APPVD 6-23-2	-	15,046.67					-	15,046.67
6/24/2021 Transfer from DDA 4403 - TRNSFR APPVD 6-23-2	-	15,046.67					-	15,046.67
6/24/2021 Transfer from DDA 4381 - TRNSFR APPVD 6-23-2	-	15,046.67					-	15,046.67
6/24/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000167	-	3,038.30					-	3,038.30
6/24/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	6,247.94					-	6,247.94
6/23/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000184	-	2,797.00					-	2,797.00
6/22/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	4,058.00					-	4,058.00
6/21/2021 Deposit	-	7,988.91					-	7,988.91
6/21/2021 Deposit	-	19,438.46					-	19,438.46
6/21/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000164	-	190,001.34					-	190,001.34
							-	-
							-	-
	-	402,168.01	-	-	-	-	-	402,168.01

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 Jun 25, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*5506 MMC -NH BETHANY SENIOR LIVING	$581,064.19	$583,474.90	$581,064.19	$403,179.8
[redacted]				

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE	MEMORIAL MEDICAL CENTER	Date Requested:	06/25/21

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

JUN 24 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck# 001134

AMOUNT $35,083.52 G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP QIPP 1,2,3, & LAPSE - Ashford

REQUESTED BY: Mayra Martinez AUTHORIZED BY: [signature]

RUN DATE:06/28/21 MEMORIAL MEDICAL CENTER PAGE 2

TIME:15:07 CHECK REGISTER GLCKREG

06/28/21 THRU 06/28/21

BANK CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHA	001134	06/28/21	35,083.52	MMC OPERATING
TOTALS:			35,083.52	

Ashful

JUN 28 2021

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MEMORIAL MEDICAL CENTER

Date Requested: 06/25/21

APPROVED ON JUN 24 2021 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 000094

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $14,531.08

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP QIPP 1,2,3, & LAPSE - Broadmoor

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:

RUN DATE:06/28/21 MEMORIAL MEDICAL CENTER PAGE 3
TIME:15:07 CHECK REGISTER GLCKREG
06/28/21 THRU 06/28/21

BANK CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHB	000096	06/28/21	14,531.08	MMC OPERATING Broadmoor
TOTALS:			14,531.08	

JUN 28 2021

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MEMORIAL MEDICAL CENTER

Date Requested: 06/25/21

APPROVED ON

JUN 24 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck# 00 0130

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $11,701.98

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP QIPP 1,2,3, & LAPSE - Crescent

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: [signature]

BANK CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHC	000130	06/28/21	11,701.98	MMC OPERATING
TOTALS:			11,701.98	

Crescent

APPROVED ON

JUN 28 2021

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE	MEMORIAL MEDICAL CENTER	Date Requested:	06/25/21
			FOR ACCT. USE ONLY ☐ Imprest Cash ☐ A/P Check ☐ Mail Check to Vendor ☐ Return Check to Dept

APPROVED
JUN 24 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT $14,179.97

CAH-000127 G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP QIPP 1,2,3, & LAPSE - Fort Bend

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:

06/28/21 THRU 06/28/21

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000127	06/28/21	14,179.97	MMC OPERATING Fort Bend
TOTALS:			14,179.97	

[illegible]

JUN 28 2021

[illegible]

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MEMORIAL MEDICAL CENTER

Date Requested: 06/25/21

APPROVED
JUN 24 2021
COUNTY AUDITOR
CAMERON COUNTY, TEXAS
CK# 00129

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $13,758.39

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP QIPP 1,2,3, & LAPSE - Solem

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:

BANK CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHS	001129	06/28/21	13,758.39	MMC OPERATING
TOTALS:			13,758.39	

Solem

JUN 28 2021

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MEMORIAL MEDICAL CENTER

Date Requested: 06/25/21

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

APPROVED
JUN 24 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 00983

AMOUNT $42,110.58 G/L NUMBER: 10255040

EXPLANATION: SUPERIOR QIPP 1,2,3, & LAPSE – golden creek

REQUESTED BY: Mayra Martinez AUTHORIZED BY: [signature]

RUN DATE:06/28/21
TIME:15:07

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/28/21 THRU 06/28/21

BANK CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHG	000083	06/28/21	42,110.58	MMC OPERATING golden creek
TOTALS:			42,110.58	

JUN 28 2021

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MEMORIAL MEDICAL CENTER

Date Requested: 06/25/21

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

APPROVED
JUN 24 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#001005

AMOUNT $24,905.85

G/L NUMBER: 10255040

EXPLANATION: SUPERIOR QIPP 1,2,3, & LAPSE - gulf Pointe Plaza

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:

RUN DATE:06/28/21 MEMORIAL MEDICAL CENTER PAGE 1

TIME:15:07 CHECK REGISTER GLCKREG

06/28/21 THRU 06/28/21

BANK CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
GPP	001005	06/28/21	24,905.85	MMC OPERATING
TOTALS:			24,905.85	

gulF Pointe Plaza

JUN 28 2021

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MEMORIAL MEDICAL CENTER

Date Requested: 06/25/21

JUN 24 2021

Ck# 00104

FOR ACCT. USE ONLY

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

AMOUNT: $20,577.41

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP QIPP 1,2,3, & LAPSE - Tuscany

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:

BANK CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
TUS	001016	06/28/21	20,577.41	MMC OPERATING
TOTALS:			20,577.41	

Tuscany

APPROVED
ON
JUN 2 8 2021

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **6/28/2021**

NH Name	From Bank Acct #	Ck #	Payee	GL #	AMERIGROUP QIPP 1,2,3, &Laps	SUPERIOR QIPP			TOTAL		Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	35,083.52				35,083.52		6/28/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	14,531.08				14,531.08		6/28/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	11,701.98				11,701.98		6/28/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	14,179.97				14,179.97		6/28/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	13,758.39				13,758.39		6/28/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040	-	42,110.58			42,110.58		6/28/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040	-	24,905.85			24,905.85		6/28/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001						-		6/28/2021
Bethany			MMC -Prosperity Operating #10000001						-		6/28/2021
Tuscany			MMC -Prosperity Operating #10000001	10255040		20,577.41			20,577.41		6/28/2021
				Total:	89,254.94	67,016.43	-	-	176,848.78		

Note:

Approved: [signature]

Jason Anglin, CEO, CFO 6/25/2021

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

1129
88-2265/1131-87

6/28/21 Date

CHECK ARMOR

Pay to the Order of MMC operating $ 13,758.39

Thirteen thousand seven hundred fifty eight & 39/100 Dollars

Photo Safe Deposit® Details on back

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

For Amerigroup QIPP

Kicked back by Prosperity

MP

MEMORIAL MEDICAL CENTER
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

1134
88-2265/1131-87

6/28/21 Date

CHECK ARMOR

Pay to the Order of Memorial Medical Center operating $ 35,083.52

Thirty five thousand eighty three & 52/100 Dollars

Photo Safe Deposit® Details on back

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

For Amerigroup QIPP 1,2,3, lapse

MP

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY
361-553-4618
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1005
88-2265/1131-87

DATE 6/28/21

CHECK ARMOR

PAY TO THE ORDER OF MMC Operating $ 24,905.85

Twenty four thousand nine hundred five & 85/100 DOLLARS

Photo Safe Deposit® Details on back

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

FOR Superior QIPP

MP

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

1132
88-2265/1131-87

6/28/21 Date

CHECK ARMOR

Pay to the Order of MMC Operating $ 13,758.39

Thirteen thousand Seven Hundred Fifty eight & 39/100 Dollars

Photo Safe Deposit® Details on back

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

County Auditor

For Amerigroup May QIPP

MP

County Treasurer

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE
PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1016

88-2265/1131-87

DATE 6/28/21

CHECK ARMOR

PAY TO THE ORDER OF MMC operating $ 20,577.41

Twenty thousand five hundred seventy seven & 41/100 DOLLARS

Photo Safe Deposit® Details on back

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

FOR Amerigroup QIPP

MP

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MEMORIAL MEDICAL CENTER
NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000096

88-2265/1131

Date 6/28/21

PAY TO THE ORDER OF MMC operating $ 14,531.08

Fourteen thousand five hundred thirtyone & 08/100 — DOLLARS

PROSPERITY BANK®

FOR Amerigroup QIPP 1,2,3, lapse

MP

Security features are included. Details on back.

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MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000130

88-2265/1131

Date 6/28/21

PAY TO THE ORDER OF MMC operating $ 11,701.98

Eleven thousand seven hundred one & 98/100 DOLLARS

PROSPERITY BANK®

FOR Amerigroup QIPP 1,2,3, lapse

MP

Security features are included. Details on back.

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MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000083

88-2265/1131

Date 6/28/21

PAY TO THE ORDER OF MMC operating $ 42,110.58

Forty two thousand one hundred ten & 58/100 DOLLARS

PROSPERITY BANK

FOR Superior QIPP

MP

Security features are included. Details on back.

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

000127

88-2265/1131

Date 6/28/21

PAY TO THE ORDER OF MMC operating $ 14,179.97

Fourteen thousand one hundred seventy nine & 97/100 DOLLARS

PROSPERITY BANK

FOR Amerigroup QIPP.

MP

Security features are included. Details on back.

Melissa Mckissack

From: rhonda kokena <rhonda.kokena@calhouncotx.org>
Sent: Wednesday, June 23, 2021 10:53 AM
To: Melissa Mckissack
Subject: RE: stop payment

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

Melissa -

I went ahead and stopped on all three checks. Your good to go.

Rhonda S. Kokena

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

From: Melissa Mckissack [mailto:mmckissack@mmcportlavaca.com]
Sent: Tuesday, June 22, 2021 11:22 AM
To: rhonda kokena <rhonda.kokena@calhouncotx.org>
Subject: FW: stop payment

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

Good afternoon,

When you get a chance can you issue a stop payment on the two check below and I sent one on May 28th but I'm not sure if that one was processed. It has been so crazy lately! Thank you very much I appreciate your time!! ☺ A total of 3 all together.

190581	06/09/21	5,625.00	AVENO NETWORKS	Not Cleared

189594	03/10/21	531.02	NACOGDOCHES TRANSCRIPTION	Not Cleared	-

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

From: Melissa Mckissack
Sent: Friday, May 28, 2021 9:24 AM
To: 'rhonda kokena' <rhonda.kokena@calhouncotx.org>
Subject: stop payment

Good morning,

At your convenience please issue a stop payment for the following check as they have not received it from January.

188944	01/20/21	420.00	ST DAVIDS HEALTHCARE	Not Cleared	-	420.00

Thank you!!! ☺

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

Calhoun County Texas

11247 AVENO NETWORKS
609 MAIN STREET, HOUSTON, TX 77002

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

190813

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
29295	06/01/21	5,625.00			5,625.00
CHECK NO. 190813 06/24/21	TOTALS	5,625.00	TOTALS		5,625.00

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

190813

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
29295	06/01/21	5,625.00			5,625.00
CHECK NO. 190813	TOTALS	5,625.00	TOTALS		5,625.00

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK
88-2265
1131

190813

11247 190813

DATE	AMOUNT
06/24/21	$5,625.00

Five Thousand Six Hundred Twenty-Five Dollars and No Cents

PAY TO THE ORDER OF

AVENO NETWORKS
609 MAIN STREET
STE 2500
HOUSTON, TX 77002

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

13548 NACOGDOCHES TRANSCRIPTION
5284 WEST STATE HIGHWAY 7, NACOGDOCHES, TX 75964

190814

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
7305	02/25/21	531.02			531.02
CHECK NO. 190814 06/24/21	TOTALS	531.02	TOTALS		531.02

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

190814

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
7305	02/25/21	531.02			531.02
CHECK NO. 190814	TOTALS	531.02	TOTALS		531.02

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK
88-2265
1131

190814

13548 190814

DATE	AMOUNT
06/24/21	$531.02

Five Hundred Thirty-One Dollars and Two Cents

PAY TO THE ORDER OF
NACOGDOCHES TRANSCRIPTION
5284 WEST STATE HIGHWAY 7
NACOGDOCHES, TX 75964

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

10094 ST DAVIDS HEALTHCARE
ATTN: MARISSA TAMEZ AUSTIN, TX 78701

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

190815

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
MMCPL202011	01/07/21	420.00			420.00
CHECK NO. 190815 06/24/21	TOTALS	420.00	TOTALS		420.00

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

190815

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
MMCPL202011	01/07/21	420.00			420.00
CHECK NO. 190815	TOTALS	420.00	TOTALS		420.00

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK

88-2265
1131

190815

10094 190815

DATE	AMOUNT
06/24/21	$420.00

Four Hundred Twenty Dollars and No Cents

PAY TO THE ORDER OF

ST DAVIDS HEALTHCARE
ATTN: MARISSA TAMEZ
98 SAN JACINTO BLVD.
SUITE 1800
AUSTIN, TX 78701

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

Run Date: 07/01/21 MEMORIAL MEDICAL CENTER BI-WEEKLY Page 1
Time: 09:50 **** Check Register **** P2DISTP
Pay Period 06/04/21--06/17/21 Run: 3
Type=NET 10000001 OPERATING - PROSPERITY

Num.	Name	Amount	CHECK NUM	DATE
20102	MAYA HAWKINS	201.85	00062871	07/01/21
		201.85		