

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 21, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,111,232.42
TOTAL TRANSFERS BETWEEN FUNDS	\$ 188,629.79
TOTAL NURSING HOME UPL EXPENSES	\$ 398,454.16
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED July 21, 2021	\$ 1,698,316.37

APPROVED

JUL 21 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---July 21, 2021

PAYABLES AND PAYROLL

7/16/2021 Weekly Payables	664,271.84
7/19/2021 Grace Plumbing and Glass LLC-broken window replacement	537.50
7/19/2021 ITA Resources Inc-Resources professional fee	26,357.21
7/20/2021 Citibank Credit Card-see attached	1,370.31
7/19/2021 McKesson-340B Prescription Expense	9,885.23
7/19/2021 Amerisource Bergen-340B Prescription Expense	501.27
7/19/2021 Payroll Liabilities -Payroll Taxes	99,452.06
7/19/2021 Payroll	301,523.71

Prosperity Electronic Bank Payments

7/12/2021 Credit Card & Lease Fees	5,618.24
7/12/2021 Sales Tax for June 2021	1,511.15
7/13/2021 Cleargage-Patient Financing Service	67.40
7/12-7/16/21 Pay Plus-Patient Claims Processing Fee	136.50

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 1,111,232.42**

TRANSFER BETWEEN FUNDS TO NURSING HOMES

7/16/2021 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating in error	56,172.06
7/16/2021 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment and QIPP deposited into MMC Operating	34,246.51
7/16/2021 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating in error	19,568.24
7/16/2021 MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating in error	9,162.81

MEDICARE ADVANCE PAYMENT RECOUP

7/19/2021 Ashford to MMC Operating-correction of Ashford medicare recoup taken from MMC Operating	601.57
7/19/2021 Ashford to Bethany-correction of Ashford medicare recoup taken from Bethany	7,226.15
7/19/2021 Ashford to Golden Creek-correction of Ashford medicare recoup taken from Golden Creek	3,584.86
7/19/2021 Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	601.57
7/19/2021 Broadmoor to Bethany-correction of Broadmoor medical recoup taken from Bethany	7,226.15
7/19/2021 Broadmoor to Golden Creek-correction of Broadmoor medical recoup taken from Golden Creek	3,584.86
7/19/2021 Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	601.57
7/19/2021 Crescent to Bethany-correction of Crescent medicare recoup taken from Bethany	7,226.15
7/19/2021 Crescent to Golden Creek-correction of Crescent medicare recoup taken from Golden Creek	3,584.86
7/19/2021 Fort Bend to MMC Operating-correction of Fort Bend medicare recoup taken from MMC Operating	601.57
7/19/2021 Fort Bend to MMC Operating-correction of Fort Bend medicare recoup taken from MMC Operating	277.01
7/19/2021 Fort Bend to Bethany-correction of Fort Bend medicare recoup taken from Bethany	7,226.15
7/19/2021 Fort Bend to Bethany-correction of Fort Bend medicare recoup taken from Bethany	28.04
7/19/2021 Fort Bend to Golden Creek-correction of Fort Bend medicare recoup taken from Golden Creek	3,584.86
7/19/2021 Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	601.57
7/19/2021 Solera to Bethany-correction of Solera medicare recoup taken from Bethany	7,226.15
7/19/2021 Solera to Golden Creek-correction of Solera medicare recoup taken from Golden Creek	3,584.86
7/19/2021 Golden Creek to MMC Operating-correction of Golden Creek recoup taken from MMC Operating	601.57

7/19/2021	Golden Creek to Bethany-correction of Golden Creek medicare recoup taken from Bethany	7,226.15
7/19/2021	Tuscany to MMC Operating-correction of Tuscany medicare recoup taken from MMC Operating	601.57
7/19/2021	Tuscany to Bethany-correction of Tuscany medicare recoup taken from Bethany	3,682.93

TOTAL TRANSFERS BETWEEN FUNDS	\$ 188,629.79
--------------------------------------	----------------------

NURSING HOME UPL EXPENSES

7/19/2021	Nursing Home UPL-Cantex Transfer	230,953.22
7/19/2021	Nursing Home UPL-Nexion Transfer	7,732.50
7/19/2021	Nursing Home UPL-HMG Transfer	56,723.49
7/19/2021	Nursing Home UPL-Tuscany Transfer	16,329.97
7/19/2021	Nursing Home UPL-HSL Transfer	86,714.98

TOTAL NURSING HOME UPL EXPENSES	\$ 398,454.16
--	----------------------

TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
---	-------------

GRAND TOTAL DISBURSEMENTS APPROVED July 21, 2021	\$ 1,698,316.37
---	------------------------

5/2021

tmp_cw5report6929370562110653262.html

RECEIVED

07/15/2021

12:39

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 08/04/2021

ap_open_invoice.template

Vendor#
10995

Gaffney County Auditor

Vendor Name
ABILITY NETWORK (SHIFTHOUND) ✓
Class
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay

Pay Code

Gross	Discount	No-Pay	Net
616.28	0.00	0.00	616.28 ✓

Vendor Totals: Number Name Gross
10995 ABILITY NETWORK 616.28

Discount	No-Pay	Net
0.00	0.00	616.28

Vendor#
A1680

Vendor Name
AIRGAS USA, LLC - CENTRAL DIV M ✓
Class
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay

Pay Code

Gross	Discount	No-Pay	Net
253.80	0.00	0.00	253.80 ✓

OXYGEN
9114682666 06/30/2021 06/23/2021 07/18/2021

273.72	0.00	0.00	273.72 ✓
--------	------	------	----------

OXYGEN
9114873441 06/30/2021 06/30/2021 07/25/2021

2,316.23	0.00	0.00	2,316.23 ✓
----------	------	------	------------

OXYGEN
9980925388 06/30/2021 06/30/2021 07/25/2021

65.16	0.00	0.00	65.16 ✓
-------	------	------	---------

OXYGEN
9980923616 06/30/2021 06/30/2021 07/25/2021

703.93	0.00	0.00	703.93 ✓
--------	------	------	----------

OXYGEN
9980923617 06/30/2021 06/30/2021 07/25/2021

500.79	0.00	0.00	500.79 ✓
--------	------	------	----------

OXYGEN
9114956026 07/01/2021 07/01/2021 07/26/2021

273.72	0.00	0.00	273.72 ✓
--------	------	------	----------

Vendor Totals: Number Name Gross
A1680 AIRGAS USA, LLC - 4,387.35

Discount	No-Pay	Net
0.00	0.00	4,387.35

Vendor#
10958

Vendor Name
ALLYSON SWOPE ✓
Class
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay

Gross	Discount	No-Pay	Net
3,546.00	0.00	0.00	3,546.00 ✓

Vendor Totals: Number Name Gross
10958 ALLYSON SWOPE 3,546.00

Discount	No-Pay	Net
0.00	0.00	3,546.00

Vendor#
A1360

Vendor Name
AMERISOURCEBERGEN DRUG CC W ✓
Class
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay

Gross	Discount	No-Pay	Net
82.80	0.00	0.00	82.80 ✓

INTEREST
803011314 07/14/2021 06/30/2021 07/06/2021

24.95	0.00	0.00	24.95 ✓
-------	------	------	---------

Vendor Totals: Number Name Gross
A1360 AMERISOURCEBEF 107.75

Discount	No-Pay	Net
0.00	0.00	107.75

Vendor#
A2150

Vendor Name
ANNOUNCEMENTS PLUS TOO AG W ✓
Class
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay

Gross	Discount	No-Pay	Net
15.00	0.00	0.00	15.00 ✓

Vendor Totals: Number Name Gross
A2150 ANNOUNCEMENTS 15.00

Discount	No-Pay	Net
0.00	0.00	15.00

Vendor#
A2271

Vendor Name
ARTHREX, INC ✓
Class
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay

Gross	Discount	No-Pay	Net
2,370.00	0.00	0.00	2,370.00 ✓

SUPPLIES
912286550 06/30/2021 06/08/2021 07/13/2021

1,535.00	0.00	0.00	1,535.00 ✓
----------	------	------	------------

Gross	Discount	No-Pay	Net

	A2271		ARTHREX, INC		3,905.00	0.00	0.00	3,905.00			
Vendor#			Vendor Name		Class	Pay Code					
13244			ASD HEALTHCARE								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	985577726	✓ 07/14/2021	01/14/2021	05/14/2021				1,245.00	0.00	0.00	1,245.00 ✓
			INVENTORY								
	802857202	✓ 07/14/2021	04/09/2021	05/09/2021				5.53	0.00	0.00	5.53 ✓
			INTEREST								
	802885667	✓ 07/14/2021	04/23/2021	05/23/2021				8.60	0.00	0.00	8.60 ✓
			INTEREST								
	802920310	✓ 07/14/2021	05/07/2021	06/06/2021				8.60	0.00	0.00	8.60 ✓
			INTEREST								
	802945359	✓ 07/14/2021	05/21/2021	06/20/2021				12.90	0.00	0.00	12.90 ✓
			INTEREST								
	802964163	✓ 07/14/2021	05/28/2021	06/27/2021				8.60	0.00	0.00	8.60 ✓
			INTEREST								
	802973914	✓ 07/14/2021	06/04/2021	07/04/2021				8.60	0.00	0.00	8.60 ✓
			INTEREST								
	802980537	✓ 07/14/2021	06/11/2021	07/11/2021				8.60	0.00	0.00	8.60 ✓
			INTEREST								
	802995125	✓ 07/14/2021	06/18/2021	07/18/2021				8.60	0.00	0.00	8.60 ✓
			INTEREST								
	803000933	✓ 07/14/2021	06/25/2021	07/25/2021				8.60	0.00	0.00	8.60 ✓
			INTEREST								
	803021463	✓ 07/14/2021	07/02/2021	08/01/2021				8.60	0.00	0.00	8.60 ✓
			INTEREST								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	13244			ASD HEALTHCARE			1,332.23	0.00	0.00	1,332.23	
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
	2201669	✓ 07/14/2021	04/26/2021	05/26/2021				2,680.00	0.00	0.00	2,680.00 ✓
			LAB STAFFING								
	2201382	✓ 07/14/2021	04/26/2021	05/26/2021				2,680.00	0.00	0.00	2,680.00 ✓
			LAB STAFFING								
	2206897	✓ 07/14/2021	05/03/2021	06/02/2021				2,680.00	0.00	0.00	2,680.00 ✓
			LAB STAFFING								
	2217911	✓ 07/14/2021	05/17/2021	06/16/2021				2,378.50	0.00	0.00	2,378.50 ✓
			LAB STAFFING								
	2234711	✓ 07/14/2021	06/07/2021	07/07/2021				2,680.00	0.00	0.00	2,680.00 ✓
			LAB STAFFING								
	2234439	✓ 07/14/2021	06/07/2021	07/07/2021				2,680.00	0.00	0.00	2,680.00 ✓
			LAB STAFFING								
	2235282	✓ 07/14/2021	06/07/2021	07/07/2021				2,225.25	0.00	0.00	2,225.25 ✓
			LAB STAFFING								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	A0400			AUREUS RADIOLO(			18,003.75	0.00	0.00	18,003.75	
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
	71130988	✓ 06/30/2021	06/21/2021	07/16/2021				2,367.50	0.00	0.00	2,367.50 ✓
			LEASE								
	71130956	✓ 06/30/2021	06/21/2021	07/16/2021				629.50	0.00	0.00	629.50 ✓
			LEASE								
	71148902	✓ 06/30/2021	06/23/2021	07/18/2021				333.48	0.00	0.00	333.48 ✓
			SUPPLIES								
	71152411	✓ 06/30/2021	06/23/2021	07/18/2021				53.84	0.00	0.00	53.84 ✓
			SUPPLIES								
	71152086	✓ 06/30/2021	06/23/2021	07/18/2021				53.84	0.00	0.00	53.84 ✓
			SUPPLIES								
	71152249	✓ 06/30/2021	06/23/2021	07/18/2021				53.84	0.00	0.00	53.84 ✓

SUPPLIES											
71169754	✓	06/30/2021	06/24/2021	07/19/2021		841.86	0.00	0.00	841.86	✓	
SUPPLIES											
71181704	✓	06/30/2021	06/25/2021	07/20/2021		53.84	0.00	0.00	53.84	✓	
SUPPLIES											
12295885	✓	06/30/2021	06/26/2021	07/21/2021		6.10	0.00	0.00	6.10	✓	
LATE FEE											
71197966	✓	06/30/2021	06/28/2021	07/23/2021		656.92	0.00	0.00	656.92	✓	
SUPPLIES											
71205346	✓	06/30/2021	06/29/2021	07/24/2021		136.22	0.00	0.00	136.22	✓	
SUPPLIES											
71239309	✓	06/30/2021	07/01/2021	07/26/2021		41.43	0.00	0.00	41.43	✓	
SUPPLIES											
70746456	✓	07/01/2021	05/15/2021	06/09/2021		136.22	0.00	0.00	136.22	✓	
SUPPLIES											
70755934	✓	07/01/2021	05/17/2021	06/11/2021		444.39	0.00	0.00	444.39	✓	
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount		No-Pay	Net	
B1150			BAXTER HEALTHC/			5,808.98	0.00		0.00	5,808.98	
Vendor# B1220	Vendor Name					Class	Pay Code				
	BECKMAN COULTER INC ✓					M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
109121081	✓ 07/01/2021	06/10/2021	07/05/2021				136.40	0.00	0.00	136.40	✓
SUPPLIES											
108982568	✓ 07/14/2021	03/29/2021	04/23/2021				28.81	0.00	0.00	28.81	✓
SUPPLIES											
109045719	✓ 07/14/2021	05/03/2021	05/28/2021				393.14	0.00	0.00	393.14	✓
SUPPLIES											
5441766	✓ 07/14/2021	06/05/2021	06/30/2021				6,249.42	0.00	0.00	6,249.42	✓
SUPPLIES											
109113291	✓ 07/14/2021	06/08/2021	07/03/2021				102.36	0.00	0.00	102.36	✓
SUPPLIES											
109114360	✓ 07/14/2021	06/08/2021	07/03/2021				46.00	0.00	0.00	46.00	✓
SUPPLIES											
109137942	✓ 07/14/2021	06/21/2021	07/16/2021				1,062.14	0.00	0.00	1,062.14	✓
SUPPLIES											
4423632	✓ 07/14/2021	06/25/2021	07/20/2021				880.00	0.00	0.00	880.00	✓
MAINT CONTRACT											
4423637	✓ 07/14/2021	06/25/2021	07/20/2021				1,842.50	0.00	0.00	1,842.50	✓
MAINT CONTRACT											
109156906	✓ 07/14/2021	07/01/2021	07/26/2021				42.95	0.00	0.00	42.95	✓
SUPPLIES											
109163312	✓ 07/14/2021	07/01/2021	07/26/2021				410.58	0.00	0.00	410.58	✓
SUPPLIES											
10916385	✓ 07/14/2021	07/01/2021	07/26/2021				160.16	0.00	0.00	160.16	✓
SUPPLIES											
109158745	✓ 07/14/2021	07/01/2021	07/26/2021				34.12	0.00	0.00	34.12	✓
SUPPLIES											
5443175	✓ 07/14/2021	07/05/2021	07/30/2021				6,249.42	0.00	0.00	6,249.42	✓
LEASE/MAIT CONTRACT											
109164917	✓ 07/14/2021	07/06/2021	07/31/2021				1,044.26	0.00	0.00	1,044.26	✓
SUPPLIES											
109164597	✓ 07/14/2021	07/06/2021	07/31/2021				46.00	0.00	0.00	46.00	✓
SUPPLIES											
109165938	✓ 07/14/2021	07/07/2021	08/01/2021				10,204.01	0.00	0.00	10,204.01	✓
SUPPLIES											
108951676	✓ 07/15/2021	03/11/2021	04/05/2021				24.48	0.00	0.00	24.48	✓
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount		No-Pay	Net	
B1220			BECKMAN COULTE			28,956.75	0.00		0.00	28,956.75	
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
INV1443642	✓ 07/01/2021	06/14/2021	07/08/2021				1,049.45	0.00	0.00	1,049.45 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
B1320		BEEKLEY CORPOR	1,049.45	0.00	0.00	1,049.45

Vendor#

Vendor Name

Class

Pay Code

12600

BIOFIRE DIAGNOSTICS LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1280123470	✓ 07/14/2021	06/29/2021	07/29/2021				11,610.00	0.00	0.00	11,610.00 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12600		BIOFIRE DIAGNOST	11,610.00	0.00	0.00	11,610.00

Vendor#

Vendor Name

Class

Pay Code

10599

BKD, LLP ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BK01428601	06/30/2021	06/30/2021	07/25/2021				26,000.00	0.00	0.00	26,000.00 ✓

AUDIT 2020

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10599		BKD, LLP	26,000.00	0.00	0.00	26,000.00

Vendor#

Vendor Name

Class

Pay Code

B1800

BRIGGS HEALTHCARE ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B355296	✓ 06/30/2021	06/18/2021	07/18/2021				781.80	0.00	0.00	781.80 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
B1800		BRIGGS HEALTHCARE	781.80	0.00	0.00	781.80

Vendor#

Vendor Name

Class

Pay Code

D1040

C R BARD, INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
82711725	✓ 06/30/2021	06/22/2021	07/13/2021				348.74	0.00	0.00	348.74 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
D1040		C R BARD, INC	348.74	0.00	0.00	348.74

Vendor#

Vendor Name

Class

Pay Code

11224

CABLES AND SENSORS - remove per Melissa

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5615	06/30/2021	06/11/2021	07/30/2021				-182.00	0.00	0.00	-182.00 ✓

CREDIT INVOICE 112806

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11224		CABLES AND SENS	-182.00	0.00	0.00	-182.00

Vendor#

Vendor Name

Class

Pay Code

11295

CALHOUN COUNTY INDIGENT AC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071321	07/15/2021	07/13/2021	07/13/2021				60.00	0.00	0.00	60.00 ✓

INDGENT CO PAYS

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11295		CALHOUN COUNTY	60.00	0.00	0.00	60.00

Vendor#

Vendor Name

Class

Pay Code

C1325

CARDINAL HEALTH 414, INC. ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8002571117	✓ 06/30/2021	06/19/2021	07/14/2021				868.19	0.00	0.00	868.19 ✓

SUPPLIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8002577095	✓ 06/30/2021	06/30/2021	07/25/2021				825.38	0.00	0.00	825.38 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
C1325		CARDINAL HEALTH	1,693.57	0.00	0.00	1,693.57

Vendor#

Vendor Name

Class

Pay Code

C1275

CARROT TOP INDUSTRIES INC. ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
50832100	✓ 06/30/2021	06/25/2021	07/25/2021				310.18	0.00	0.00	310.18 ✓

FLAGS											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
C1275			CARROT TOP INDU			310.18	0.00	0.00		310.18	
Vendor#		Vendor Name		Class		Pay Code					
13028		CAVALLO ENERGY TEXAS LLC		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
2116900153	06/30/2021	06/17/2021	07/19/2021				573.33	0.00	0.00	573.33 ✓	
15439	ENERGY BILL										
2116900153	06/30/2021	06/17/2021	07/19/2021				15.94	0.00	0.00	15.94 ✓	
15440	ENERGY BILL										
2116900153	06/30/2021	06/17/2021	07/19/2021				470.73	0.00	0.00	470.73 ✓	
15438	ENERGY BILL										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
13028			CAVALLO ENERGY			1,060.00	0.00	0.00		1,060.00	
Vendor#		Vendor Name		Class		Pay Code					
C1992		CDW GOVERNMENT, INC.		✓ M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
F753257	06/30/2021	06/17/2021	07/17/2021				2,637.11	0.00	0.00	2,637.11 ✓	
BARCODE SCANNER/THINKPADS											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
C1992			CDW GOVERNMENT			2,637.11	0.00	0.00		2,637.11	
Vendor#		Vendor Name		Class		Pay Code					
13264		CERVEY, LLC		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
10293	07/14/2021	05/11/2021	06/05/2021				1,699.00	0.00	0.00	1,699.00 ✓	
MONTHLY LICENSING											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
13264			CERVEY, LLC			1,699.00	0.00	0.00		1,699.00	
Vendor#		Vendor Name		Class		Pay Code					
10105		CHRIS KOVAREK		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
51	07/09/2021	07/09/2021	07/29/2021				160.00	0.00	0.00	160.00 ✓	
SWING BED											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
10105			CHRIS KOVAREK			160.00	0.00	0.00		160.00	
Vendor#		Vendor Name		Class		Pay Code					
10212		CLINICAL PATHOLOGY LABS		✓ ICP							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1765620210	07/14/2021	06/30/2021	06/30/2021				13,942.54	0.00	0.00	13,942.54 ✓	
-0	LAB SERVICES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
10212			CLINICAL PATHOLC			13,942.54	0.00	0.00		13,942.54	
Vendor#		Vendor Name		Class		Pay Code					
11029		COASTAL REFRIGERATION		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
5113722	06/30/2021	06/30/2021	06/30/2021				339.95	0.00	0.00	339.95 ✓	
CONDENSATE PUMP KIT/ LABOR											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
11029			COASTAL REFRIGE			339.95	0.00	0.00		339.95	
Vendor#		Vendor Name		Class		Pay Code					
11030		COMBINED INSURANCE		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
070121	07/14/2021	07/01/2021	07/01/2021				801.60	0.00	0.00	801.60 ✓	
INSURANCE											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
11030			COMBINED INSURA			801.60	0.00	0.00		801.60	
Vendor#		Vendor Name		Class		Pay Code					
10646		COVIDIEN		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
5863724737	06/30/2021	06/15/2021	06/25/2021				22,500.00	0.00	0.00	22,500.00 ✓	
ELECTROCATERTY MACHINE											

7/15/2021

tmp_cw5report6929370562110653262.html

5863749130	06/30/2021	06/18/2021	06/28/2021			1,393.20	0.00	0.00	1,393.20	✓
				ELECTROCATERY MACHINE						
5863702405	07/01/2021	06/11/2021	06/21/2021			749.51	0.00	0.00	749.51	✓
				SUPPLIES						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
10006	10646		COVIDIEN		24,642.71	0.00	0.00	24,642.71		
			Vendor Name		Class		Pay Code			
			CUSTOM MEDICAL SPECIALTIES							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
282813	06/30/2021	06/29/2021	07/13/2021				327.07	0.00	0.00	327.07
				SUPPLIES						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
C1443	10006		CUSTOM MEDICAL		327.07	0.00	0.00	327.07		
			Vendor Name		Class		Pay Code			
			CYGNUS MEDICAL LLC		M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
342722	07/01/2021	05/12/2021	06/11/2021				844.00	0.00	0.00	844.00
				SUPPLIES						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
C1443	C1443		CYGNUS MEDICAL		844.00	0.00	0.00	844.00		
			Vendor Name		Class		Pay Code			
			DEWITT POTH & SON							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6456430	07/01/2021	06/02/2021	06/27/2021				341.19	0.00	0.00	341.19
				SUPPLIES						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
10368	10368		DEWITT POTH & SC		341.19	0.00	0.00	341.19		
			Vendor Name		Class		Pay Code			
			DIAMOND HEALTHCARE CORP							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN20054737	07/14/2021	07/01/2021	07/26/2021				31,144.58	0.00	0.00	31,144.58
				BEV HEALTH						
IN20054738	07/14/2021	07/01/2021	07/26/2021				19,166.67	0.00	0.00	19,166.67
				CPR SERVICES						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
11011	11011		DIAMOND HEALTHC		50,311.25	0.00	0.00	50,311.25		
			Vendor Name		Class		Pay Code			
			DISCOVERY MEDICAL NETWORK							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC063021	06/30/2021	06/30/2021	07/15/2021				155,824.02	0.00	0.00	155,824.02
				PRO FEES						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
10789	10789		DISCOVERY MEDIC		155,824.02	0.00	0.00	155,824.02		
			Vendor Name		Class		Pay Code			
			DOWELL PEST CONTROL							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
21017	06/30/2021	06/30/2021	07/25/2021				105.00	0.00	0.00	105.00
				PEST CONTROL						
21018	06/30/2021	06/30/2021	07/25/2021				160.00	0.00	0.00	160.00
				PEST CONTROL						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
11291	11291		DOWELL PEST CO		265.00	0.00	0.00	265.00		
			Vendor Name		Class		Pay Code			
			DRIESSEN WATER INC.							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1430270306	06/30/2021	06/30/2021	07/22/2021				304.70	0.00	0.00	304.70
				SUPPLIES						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
12040	12040		DRIESSEN WATER		304.70	0.00	0.00	304.70		
			Vendor Name		Class		Pay Code			
			EMERGENCY STAFFING Solutio							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
40407	07/14/2021	07/15/2021	07/15/2021				40,062.50	0.00	0.00	40,062.50
ER STAFFING (1-15-21)										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		11284	EMERGENCY STAF			40,062.50	0.00	0.00	40,062.50	
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
25081	06/30/2021	03/26/2021	04/25/2021				2,826.40	0.00	0.00	2,826.40
ICU STAFFING										
25197	06/30/2021	04/02/2021	05/02/2021				2,864.80	0.00	0.00	2,864.80
ICU STAFFING										
25546	06/30/2021	04/23/2021	05/23/2021				2,940.80	0.00	0.00	2,940.80
ICU STAFFING										
26751	06/30/2021	06/25/2021	07/25/2021				2,915.20	0.00	0.00	2,915.20
ICU STAFFING										
26891	07/15/2021	07/02/2021	08/01/2021				4,977.50	0.00	0.00	4,977.50
ICU STAFFING										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		13872	ETHOS MEDICAL S			16,524.70	0.00	0.00	16,524.70	
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
986444	06/30/2021	06/29/2021	07/24/2021				9,000.00	8100.	0.00	9,000.00
INTERFACE TRANSCRIPT										
A210706137	07/14/2021	07/06/2021	07/31/2021				20,226.00	0.00	0.00	20,226.00
SUPPORT										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		C2510	EVIDENT			29,226.00	0.00	0.00	29,226.00	
Vendor#	Vendor Name		Class		Pay Code					
S0501	EVOQUA WATER TECHNOLOGIES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
904840609	06/30/2021	03/23/2021	04/17/2021				1,271.66	0.00	0.00	1,271.66
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		S0501	EVOQUA WATER TI			1,271.66	0.00	0.00	1,271.66	
Vendor#	Vendor Name		Class		Pay Code					
10689	FASTHEALTH CORPORATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
07A21MMC	07/14/2021	07/01/2021	07/16/2021				990.00	0.00	0.00	990.00
WEBSITE										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		10689	FASTHEALTH CORP			990.00	495.00	0.00	0.00	990.00
Vendor#	Vendor Name		Class		Pay Code					
10788	FIRETROL PROTECTION SYSTEM									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100727374	06/30/2021	06/30/2021	07/10/2021				760.00	0.00	0.00	760.00
QTRLY INSPECTION										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		10788	FIRETROL PROTEC			760.00	0.00	0.00	760.00	
Vendor#	Vendor Name		Class		Pay Code					
F1400	FISHER HEALTHCARE		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8782624	07/01/2021	04/01/2021	04/26/2021				293.01	0.00	0.00	293.01
SUPPLIES										
8356445	07/01/2021	05/27/2021	06/21/2021				566.64	0.00	0.00	566.64
SUPPLIES										
8991379	07/01/2021	06/03/2021	06/28/2021				1,019.50	0.00	0.00	1,019.50
SUPPLIES										
0319910	07/14/2021	06/21/2021	07/16/2021				670.77	0.00	0.00	670.77
SUPPLIES										

0319911	✓	07/14/2021	06/21/2021	07/16/2021		9,561.24	0.00	0.00	9,561.24	✓
					SUPPLIES					
0605089	✓	07/14/2021	06/23/2021	07/18/2021		1,092.87	0.00	0.00	1,092.87	✓
					SUPPLIES					
0800981	✓	07/14/2021	06/24/2021	07/19/2021		202.50	0.00	0.00	202.50	✓
					SUPPLIES					
0800982	✓	07/14/2021	06/24/2021	07/19/2021		37.66	0.00	0.00	37.66	✓
					SUPPLIES					
3679012	✓	07/14/2021	07/06/2021	07/31/2021		1,128.54	0.00	0.00	1,128.54	✓
					SUPPLIES					

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11184	F1400		FISHER HEALTHCA	14,572.73	0.00	0.00	14,572.73
			Vendor Name	Class		Pay Code	
			FLDR DESIGNS LLC				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
15394		06/30/2021	06/21/2021	07/21/2021			463.54	0.00	0.00	463.54
SUPPLIES										

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11183	11184		FLDR DESIGNS LLC	463.54	0.00	0.00	463.54
			Vendor Name	Class		Pay Code	
			FRONTIER				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070221		07/14/2021	07/02/2021	07/27/2021			1,105.45	0.00	0.00	1,105.45
	PHONES									

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13980	11183		FRONTIER	1,105.45	0.00	0.00	1,105.45
			Vendor Name	Class		Pay Code	
			GBS ADMINISTRATORS, INC				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
48100602	M/06/30/2021	05/01/2021	05/01/2021				1,781.94	0.00	0.00	1,781.94	✓
	INSURANCE - Vision - May										
48100602	JU 07/15/2021	06/01/2021	06/01/2021				1,781.94	0.00	0.00	1,781.94	✓
	INSURANCE - Vision - June										
48100602	JU 07/15/2021	07/01/2021	07/01/2021				1,806.87	0.00	0.00	1,806.87	✓
	INSURANCE - Vision - July										

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
G1210	13980		GBS ADMINISTRAT	5,370.75	0.00	0.00	5,370.75
			Vendor Name	Class		Pay Code	
			GULF COAST PAPER COMPANY				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
2066333	✓	06/30/2021	06/29/2021	07/29/2021			999.33	0.00	0.00	999.33	✓
2066332	✓	06/30/2021	06/29/2021	07/29/2021			78.70	0.00	0.00	78.70	✓
2067163	✓	07/15/2021	06/30/2021	07/30/2021			-111.18	0.00	0.00	-111.18	✓

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
H1100	G1210		GULF COAST PAPE	966.85	0.00	0.00	966.85
			Vendor Name	Class		Pay Code	
			HAYES ELECTRIC SERVICE				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A221060103	✓	06/30/2021	06/01/2021	06/11/2021			299.99	0.00	0.00	299.99 ✓
	POLE BREAKER									
A221060904	✓	06/30/2021	06/09/2021	06/19/2021			110.00	0.00	0.00	110.00 ✓
	PARKING LOT LIGHTS/BREAKER									

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
H0031	H1100		HAYES ELECTRIC S	409.99	0.00	0.00	409.99
			Vendor Name	Class		Pay Code	
			HEB CREDIT RECEIVABLES DEPT:				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
064939		06/30/2021	05/26/2021	07/25/2021			13.16	0.00	0.00	13.16

SUPPLIES									
613063	✓	06/30/2021	05/27/2021	07/25/2021	18.80	0.00	0.00	18.80	✓
SUPPLIES									
312314	✓	06/30/2021	05/30/2021	07/25/2021	64.94	0.00	0.00	64.94	✓
SUPPLIES									
504554	✓	06/30/2021	06/01/2021	07/25/2021	20.08	0.00	0.00	20.08	✓
SUPPLIES									
922198	✓	06/30/2021	06/02/2021	07/25/2021	29.79	0.00	0.00	29.79	✓
SUPPLIES									
849385	✓	06/30/2021	06/05/2021	07/25/2021	58.56	0.00	0.00	58.56	✓
SUPPLIES									
792876	✓	06/30/2021	06/06/2021	07/25/2021	30.75	0.00	0.00	30.75	✓
SUPPLIES									
060821		06/30/2021	06/08/2021	07/25/2021	23.33	0.00	0.00	23.33	✓
SUPPLIES									
963653	✓	06/30/2021	06/10/2021	07/25/2021	13.90	0.00	0.00	13.90	✓
SUPPLIES									
718038	✓	06/30/2021	06/13/2021	07/25/2021	36.33	0.00	0.00	36.33	✓
SUPPLIES									
948496	✓	06/30/2021	06/16/2021	07/25/2021	15.54	0.00	0.00	15.54	✓
SUPPLIES									
063455	✓	06/30/2021	06/18/2021	07/25/2021	58.61	0.00	0.00	58.61	✓
SUPPLIES									
414772	✓	06/30/2021	06/19/2021	07/25/2021	77.47	0.00	0.00	77.47	✓
SUPPLIES									
870766	✓	06/30/2021	06/20/2021	07/25/2021	21.38	0.00	0.00	21.38	✓
SUPPLIES									
870456	✓	06/30/2021	06/20/2021	07/25/2021	15.42	0.00	0.00	15.42	✓
SUPPLIES									
871534	✓	06/30/2021	06/22/2021	07/25/2021	16.69	0.00	0.00	16.69	✓
SUPPLIES									
872032	✓	06/30/2021	06/22/2021	07/25/2021	9.75	0.00	0.00	9.75	✓
SUPPLIES									
899688	✓	06/30/2021	06/23/2021	07/25/2021	46.01	0.00	0.00	46.01	✓
SUPPLIES									
680766	✓	06/30/2021	06/24/2021	07/25/2021	23.51	0.00	0.00	23.51	✓
SUPPLIES									
143359	✓	06/30/2021	06/27/2021	07/25/2021	96.32	0.00	0.00	96.32	✓
SUPPLIES									
172397	✓	06/30/2021	06/28/2021	07/25/2021	15.99	0.00	0.00	15.99	✓
SUPPLIES									
790213	✓	06/30/2021	06/29/2021	07/25/2021	14.72	0.00	0.00	14.72	✓
SUPPLIES									
OC50155	✓	06/30/2021	06/30/2021	07/25/2021	0.66	0.00	0.00	0.66	✓

FINANCE CHARGE											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
H0031			HEB CREDIT RECEI			721.71	0.00	0.00	721.71		
Vendor#		Vendor Name			Class	Pay Code					
10922		HUNTER PHARMACY SERVICES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
4470	06/30/2021	06/30/2021	07/20/2021				14,672.78	0.00	0.00	14,672.78	
PRO FEES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
10922			HUNTER PHARMAC			14,672.78	0.00	0.00	14,672.78		
Vendor#		Vendor Name			Class	Pay Code					
11200		IRON MOUNTAIN									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
DSMZ464	06/30/2021	06/30/2021	07/30/2021				557.67	0.00	0.00	557.67	
SHRED SERVICE											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
11200			IRON MOUNTAIN			557.67	0.00	0.00	557.67		

Vendor#	Vendor Name	Class	Pay Code							
11108	ITERSOURCE CORPORATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
711362	07/15/2021	07/01/2021	07/01/2021				250.00	0.00	0.00	250.00
	SUPPORT SERVICES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
11108		ITERSOURCE CORI				250.00	0.00	0.00	250.00	
Vendor#	Vendor Name	Class	Pay Code							
14020	KOTLAR PLUMBING CO INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042803	06/30/2021	06/28/2021	06/28/2021				668.75	0.00	0.00	668.75
	CLEAN GREASE TRAP LINES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
14020		KOTLAR PLUMBING				668.75	0.00	0.00	668.75	
Vendor#	Vendor Name	Class	Pay Code							
L0700	LABCORP OF AMERICA HOLDING'S									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
69985770	07/14/2021	06/26/2021	07/21/2021				79.25	0.00	0.00	79.25
	PURCHASED SERVICES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
L0700		LABCORP OF AMEF				79.25	0.00	0.00	79.25	
Vendor#	Vendor Name	Class	Pay Code							
L1640	LOWE'S HOME CENTERS INC	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
13931	06/30/2021	06/07/2021	07/28/2021				204.46	0.00	0.00	204.46
	SUPPLIES									
45326	06/30/2021	06/18/2021	07/28/2021				10.44	0.00	0.00	10.44
	SUPPLIES									
062821	06/30/2021	06/28/2021	07/28/2021				70.80	0.00	0.00	70.80
	LATE FEE/INTEREST									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
L1640		LOWE'S HOME CEN				285.70	0.00	0.00	285.70	
Vendor#	Vendor Name	Class	Pay Code							
11796	LUBY'S FUDDRUCKERS RESTAUR									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0000432	06/30/2021	06/30/2021	07/30/2021				28,653.03	0.00	0.00	28,653.03
	FOOD SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
11796		LUBY'S FUDDRUCK				28,653.03	0.00	0.00	28,653.03	
Vendor#	Vendor Name	Class	Pay Code							
M1950	MARTIN PRINTING CO	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
77301	07/15/2021	07/01/2021	07/31/2021				217.20	0.00	0.00	217.20
	APPOINTMENT CARDS									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
M1950		MARTIN PRINTING				217.20	0.00	0.00	217.20	
Vendor#	Vendor Name	Class	Pay Code							
11612	MASA GLOBAL BUILDING									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
927690MKMI	06/30/2021	05/01/2021	05/01/2021				1,759.00	0.00	0.00	1,759.00
	INSURANCE									
937142MKMI	06/30/2021	06/01/2021	06/01/2021				1,734.00	0.00	0.00	1,734.00
	INSURANCE									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
11612		MASA GLOBAL BUI				3,493.00	0.00	0.00	3,493.00	
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
26218626	06/30/2021	06/23/2021	07/08/2021				245.92	0.00	0.00	245.92
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	

!Users/mmckissack/cpsi/memmed.cpsinet.com/u88150/data_5/tmp_cw5report6929370562110653262.html

1956795401	06/30/2021	06/29/2021	07/24/2021	2,388.08	0.00	0.00	2,388.08	✓
	SUPPLIES							
1956794493	06/30/2021	06/29/2021	07/24/2021	444.98	0.00	0.00	444.98	✓
	SUPPLIES							
1956919233	06/30/2021	06/30/2021	07/25/2021	13.83	0.00	0.00	13.83	✓
	SUPPLIES							
1956919230	06/30/2021	06/30/2021	07/25/2021	64.83	0.00	0.00	64.83	✓
	SUPPLIES							
1956919235	06/30/2021	06/30/2021	07/25/2021	121.83	0.00	0.00	121.83	✓
	SUPPLIES							
1956919231	06/30/2021	06/30/2021	07/25/2021	26.00	0.00	0.00	26.00	✓
	SUPPLIES							
1956919236	06/30/2021	06/30/2021	07/25/2021	70.34	0.00	0.00	70.34	✓
	SUPPLIES							
1956919238	06/30/2021	06/30/2021	07/25/2021	30.46	0.00	0.00	30.46	✓
	SUPPLIES							
1956919232	06/30/2021	06/30/2021	07/25/2021	180.39	0.00	0.00	180.39	✓
	SUPPLIES							
1956919237	06/30/2021	06/30/2021	07/25/2021	47.56	0.00	0.00	47.56	✓
	SUPPLIES							
1956919228	06/30/2021	06/30/2021	07/25/2021	346.69	0.00	0.00	346.69	✓
	SUPPLIES							
1956919225	06/30/2021	06/30/2021	07/25/2021	10.45	0.00	0.00	10.45	✓
	SUPPLIES							
1934905729	07/01/2021	12/18/2020	01/12/2021	52.18	0.00	0.00	52.18	✓
	SUPPLIES							
1945807577	07/01/2021	03/23/2021	04/17/2021	296.28	0.00	0.00	296.28	✓
	SUPPLIES							
1949237887	07/01/2021	04/21/2021	05/16/2021	841.33	0.00	0.00	841.33	✓
	SUPPLIES							
1951081940	07/01/2021	05/07/2021	06/01/2021	9.47	0.00	0.00	9.47	✓
	SUPPLIES							
1951469449	07/01/2021	05/11/2021	06/05/2021	1,046.91	0.00	0.00	1,046.91	✓
	SUPPLIES							
1952593334	07/01/2021	05/20/2021	06/14/2021	2,247.67	0.00	0.00	2,247.67	✓
	SUPPLIES							
1955016284	07/01/2021	06/11/2021	07/06/2021	3.89	0.00	0.00	3.89	✓
	SUPPLIES							
1955248486	07/01/2021	06/15/2021	07/10/2021	37.10	0.00	0.00	37.10	✓
	SUPPLIES							
1955248488	07/01/2021	06/15/2021	07/10/2021	133.06	0.00	0.00	133.06	✓
	SUPPLIES							
1955490317	07/01/2021	06/16/2021	07/11/2021	57.14	0.00	0.00	57.14	✓
	SUPPLIES							
1955679060	07/01/2021	06/17/2021	07/12/2021	298.23	0.00	0.00	298.23	✓
	SUPPLIES							
1956168194	07/01/2021	06/23/2021	07/18/2021	628.58	0.00	0.00	628.58	✓
	SUPPLIES							
1955859118	07/14/2021	06/19/2021	07/14/2021	28.78	0.00	0.00	28.78	✓
	SUPPLIES							
1955425043	07/15/2021	06/16/2021	07/11/2021	76.00	0.00	0.00	76.00	✓
	SUPPLIES							
1956045896	07/15/2021	06/22/2021	07/17/2021	6,666.56	0.00	0.00	6,666.56	✓
	SUPPLIES							
1956168283	07/15/2021	06/23/2021	07/18/2021	58.51	0.00	0.00	58.51	✓
	SUPPLIES							
1956168285	07/15/2021	06/23/2021	07/18/2021	149.89	0.00	0.00	149.89	✓
	SUPPLIES							
1956569357	07/15/2021	06/25/2021	07/20/2021	59.71	0.00	0.00	59.71	✓
	SUPPLIES							
1956624491	07/15/2021	06/26/2021	07/21/2021	561.00	0.00	0.00	561.00	✓

			SUPPLIES								
	1956943088	✓	07/15/2021	06/30/2021	07/25/2021			1,289.95	0.00	0.00	1,289.95 ✓
			SUPPLIES								
	1957050020	✓	07/15/2021	06/30/2021	07/25/2021			3,711.25	0.00	0.00	3,711.25 ✓
			SUPPLIES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	M2470			MEDLINE INDUSTR			32,181.84	0.00	0.00	32,181.84	
Vendor#			Vendor Name			Class	Pay Code				
10536			MORRIS & DICKSON CO, LLC		✓						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	7060107	✓	07/09/2021	07/01/2021	07/29/2021			37.31	0.00	0.00	37.31 ✓
			INVENTORY								
	7061572	✓	07/09/2021	07/01/2021	07/29/2021			6,012.97	0.00	0.00	6,012.97 ✓
			INVENTORY								
	7061571	✓	07/09/2021	07/01/2021	07/29/2021			588.85	0.00	0.00	588.85 ✓
			INVENTORY								
	7060106	✓	07/09/2021	07/01/2021	07/29/2021			86.84	0.00	0.00	86.84 ✓
			INVENTORY								
	7061570	✓	07/09/2021	07/01/2021	07/29/2021			626.37	0.00	0.00	626.37 ✓
			INVENTORY								
	7094461	✓	07/14/2021	07/12/2021	07/22/2021			758.75	0.00	0.00	758.75 ✓
			SUPPLIES								
	7094463	✓	07/14/2021	07/12/2021	07/22/2021			20.27	0.00	0.00	20.27 ✓
			INVENTORY								
	7094462	✓	07/14/2021	07/12/2021	07/22/2021			656.45	0.00	0.00	656.45 ✓
			INVENTORY								
	6792A	✓	07/14/2021	07/12/2021	07/22/2021			-5.00	0.00	0.00	-5.00 ✓
			CREDIT								
	6793	✓	07/14/2021	07/12/2021	07/22/2021			-4.99	0.00	0.00	-4.99 ✓
			CREDIT								
	7353	✓	07/14/2021	07/13/2021	07/23/2021			-0.02	0.00	0.00	-0.02 ✓
			CREDIT								
	10 7096566	✓	07/14/2021	07/13/2021	07/23/2021			72.38	0.00	0.00	72.38 ✓
			INVENTORY								
	7096570	✓	07/14/2021	07/13/2021	07/23/2021			238.49	0.00	0.00	238.49 ✓
			INVENTORY								
	7096565	✓	07/14/2021	07/13/2021	07/23/2021			280.20	0.00	0.00	280.20 ✓
			INVENTORY								
	7097990	✓	07/14/2021	07/13/2021	07/23/2021			392.00	0.00	0.00	392.00 ✓
			INVENTORY								
	7099910	✓	07/14/2021	07/13/2021	07/23/2021			64.27	0.00	0.00	64.27 ✓
			INVENTORY								
	7096569	✓	07/14/2021	07/13/2021	07/23/2021			39.52	0.00	0.00	39.52 ✓
			INVENTORY								
	7099911	✓	07/14/2021	07/13/2021	07/23/2021			725.92	0.00	0.00	725.92 ✓
			INVENTORY								
	7098061	✓	07/14/2021	07/13/2021	07/23/2021			26.78	0.00	0.00	26.78 ✓
			INVENTORY								
	7096567	✓	07/14/2021	07/13/2021	07/23/2021			57.90	0.00	0.00	57.90 ✓
			INVENTORY								
	7098062	✓	07/14/2021	07/13/2021	07/23/2021			212.80	0.00	0.00	212.80 ✓
			INVENTORY								
	7098286	✓	07/14/2021	07/13/2021	07/23/2021			71.65	0.00	0.00	71.65 ✓
			INVENTORY								
	7067454	✓	07/15/2021	07/05/2021	07/15/2021			1,650.76	0.00	0.00	1,650.76 ✓
			INVENTORY								
	7069272	✓	07/15/2021	07/05/2021	07/15/2021			4,212.71	0.00	0.00	4,212.71 ✓
			SUPPLIES								
	7067453	✓	07/15/2021	07/05/2021	07/15/2021			15.72	0.00	0.00	15.72 ✓
			INVENTORY								
	7067456	✓	07/15/2021	07/05/2021	07/15/2021			101.68	0.00	0.00	101.68 ✓

		INVENTORY								
7067457	✓	07/15/2021	07/05/2021	07/15/2021		1,527.59	0.00	0.00	1,527.59	✓
		INVENTORY								
7073102	✓	07/15/2021	07/06/2021	07/16/2021		110.01	0.00	0.00	110.01	✓
		INVENTORY								
5478	✓	07/15/2021	07/06/2021	07/16/2021		-0.02	0.00	0.00	-0.02	✓
		CREDIT								
5476	✓	07/15/2021	07/06/2021	07/16/2021		-4.99	0.00	0.00	-4.99	✓
		CREDIT								
7074908	✓	07/15/2021	07/06/2021	07/16/2021		1,221.47	0.00	0.00	1,221.47	✓
		INVENTORY								
7073104	✓	07/15/2021	07/06/2021	07/16/2021		643.40	0.00	0.00	643.40	✓
		INVENTORY								
5477	✓	07/15/2021	07/06/2021	07/16/2021		-4.99	0.00	0.00	-4.99	✓
		CREDIT								
7074907	✓	07/15/2021	07/06/2021	07/16/2021		1,286.83	0.00	0.00	1,286.83	✓
		INVENTORY								
7074909	✓	07/15/2021	07/06/2021	07/16/2021		6,335.55	0.00	0.00	6,335.55	✓
		INVENTORY								
7076624	✓	07/15/2021	07/07/2021	07/17/2021		0.58	0.00	0.00	0.58	✓
		INVENTORY								
7079656	✓	07/15/2021	07/07/2021	07/17/2021		35.83	0.00	0.00	35.83	✓
		INVENTORY								
7077821	✓	07/15/2021	07/07/2021	07/17/2021		222.88	0.00	0.00	222.88	✓
		INVENTORY								
7079658	✓	07/15/2021	07/07/2021	07/17/2021		20.27	0.00	0.00	20.27	✓
		INVENTORY								
7079657	✓	07/15/2021	07/07/2021	07/17/2021		335.05	0.00	0.00	335.05	✓
		INVENTORY								
7084297	✓	07/15/2021	07/08/2021	07/18/2021		20.23	0.00	0.00	20.23	✓
		INVENTORY								
7084295	✓	07/15/2021	07/08/2021	07/18/2021		52.83	0.00	0.00	52.83	✓
		INVENTORY								
7084294	✓	07/15/2021	07/08/2021	07/18/2021		11.26	0.00	0.00	11.26	✓
		INVENTORY								
7084296	✓	07/15/2021	07/08/2021	07/18/2021		659.45	0.00	0.00	659.45	✓
		INVENTORY								
7090360	✓	07/15/2021	07/11/2021	07/21/2021		23.21	0.00	0.00	23.21	✓
		INVENTORY								
7090358	✓	07/15/2021	07/11/2021	07/21/2021		1,163.67	0.00	0.00	1,163.67	✓
		INVENTORY								
7090357	✓	07/15/2021	07/11/2021	07/21/2021		9,262.70	0.00	0.00	9,262.70	✓
		INVENTORY								
7088358	✓	07/15/2021	07/11/2021	07/21/2021		7.51	0.00	0.00	7.51	✓
		INVENTORY								
7090359	✓	07/15/2021	07/11/2021	07/21/2021		784.28	0.00	0.00	784.28	✓
		INVENTORY								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10536		MORRIS & DICKSOI	40,655.18	0.00	0.00	40,655.18

Vendor#
13548Vendor Name
NACOGDOCHES TRANSCRIPTION

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7412	✓	06/30/2021	06/30/2021	06/30/2021			440.02	0.00	0.00	440.02

TRANSCRIPTION

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13548		NACOGDOCHES TF	440.02	0.00	0.00	440.02

Vendor#
12388Vendor Name
NATIONAL FARM LIFE INSURANCE

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3451999	✓	06/30/2021	07/01/2021	07/01/2021			3,572.29	0.00	0.00	3,572.29

INSURANCE

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
Vendor# 10868	NATIONAL FARM LI	3,572.29									0.00	0.00	3,572.29	
	NOVA BIOMEDICAL			90874145	06/30/2021	06/24/2021	06/24/2021			Pay	65.00	0.00	0.00	65.00
	SUPPLIES													
Vendor# 00920	OFFICE DEPOT	142.48									0.00	0.00	142.48	
	OFFICE DEPOT			1790585190	06/30/2021	06/30/2021	07/13/2021			Pay	142.48	0.00	0.00	142.48
	SUPPLIES													
Vendor# 11069	PABLO GARZA	2,307.50									0.00	0.00	2,307.50	
	PABLO GARZA			071421	07/14/2021	07/14/2021	07/14/2021			Pay	2,307.50	0.00	0.00	2,307.50
	CONTRACT EMPLOYEE													
Vendor# 10152	PARTSSOURCE, LLC	421.01									0.00	0.00	421.01	
	PARTSSOURCE, LLC			CM00005960	06/30/2021	05/27/2021	07/30/2021			Pay	82.48	0.00	0.00	82.48
	SUPPLIES			03898994	06/30/2021	06/17/2021	07/17/2021			Pay	338.53	0.00	0.00	338.53
Vendor# 13988	PAYCHECK, ADVANCE FBO	4,440.00									0.00	0.00	4,440.00	
	PAYCHECK, ADVANCE FBO			005902	07/14/2021	07/13/2021	07/13/2021			Pay	2,220.00	0.00	0.00	2,220.00
	MED/SURG STAFFING			005840	07/15/2021	07/07/2021	07/07/2021			Pay	2,220.00	0.00	0.00	2,220.00
	MED SURG NURSE													
Vendor# P1260	PENTAX MEDICAL COMPANY	397.24									0.00	0.00	397.24	
	PENTAX MEDICAL COMPANY			92215517	07/14/2021	07/01/2021	07/26/2021			Pay	397.24	0.00	0.00	397.24
	1YR SRV CONTRACT BRONCHOSCOPY													
Vendor# 10032	PHILIPS HEALTHCARE	1,181.00									0.00	0.00	1,181.00	
	PHILIPS HEALTHCARE			946793574	06/30/2021	05/27/2021	06/21/2021			Pay	995.00	0.00	0.00	995.00
	TELE MONITOR REPAIR			946862866	06/30/2021	06/05/2021	06/30/2021			Pay	186.00	0.00	0.00	186.00
	SUPPLIES													
Vendor# P1800	PITNEY BOWES INC	207.00									0.00	0.00	207.00	
	PITNEY BOWES INC			207	06/30/2021	06/26/2021	07/26/2021			Pay	207.00	0.00	0.00	207.00

SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
P1800			PITNEY BOWES INC		207.00		0.00	0.00		207.00	
Vendor#	Vendor Name		Class		Pay Code						
10372	PRECISION DYNAMICS CORP (PD)		✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
9346908887	✓ 07/01/2021	06/02/2021	07/02/2021				84.05	0.00	0.00	84.05 ✓	
SUPPLIES											
9347076999	✓ 07/01/2021	06/22/2021	07/22/2021				50.46	0.00	0.00	50.46 ✓	
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
10372			PRECISION DYNAM		134.51		0.00	0.00		134.51	
Vendor#	Vendor Name		Class		Pay Code						
11932	PRESS GANEY ASSOCIATES, INC		✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
IN00048598	✓ 06/30/2021	06/30/2021	07/30/2021				2,523.79	0.00	0.00	2,523.79 ✓	
PT SURVEY											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
11932			PRESS GANEY ASE		2,523.79		0.00	0.00		2,523.79	
Vendor#	Vendor Name		Class		Pay Code						
14024			✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
071421	✓ 07/14/2021	07/14/2021	07/14/2021				74.76	0.00	0.00	74.76 ✓	
PATIENT REFUND											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
14024					74.76		0.00	0.00		74.76	
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	✓ 06/30/2021	06/29/2021	07/24/2021				1,333.33	0.00	0.00	1,333.33 ✓	
LEASE											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
10936			SIEMENS FINANCIAL		1,333.33		0.00	0.00		1,333.33	
Vendor#	Vendor Name		Class		Pay Code						
10699	SIGN AD, LTD.		✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
263556	✓ 07/14/2021	07/01/2021	07/11/2021				400.00	0.00	0.00	400.00 ✓	
AD											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
10699			SIGN AD, LTD.		400.00		0.00	0.00		400.00	
Vendor#	Vendor Name		Class		Pay Code						
S2362	SMITH & NEPHEW		✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
942341953	✓ 07/01/2021	05/27/2021	06/23/2021				635.10	0.00	0.00	635.10 ✓	
SUPPLIES											
942387729	✓ 07/01/2021	06/10/2021	06/30/2021				778.00	0.00	0.00	778.00 ✓	
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
S2362			SMITH & NEPHEW		1,413.10		0.00	0.00		1,413.10	
Vendor#	Vendor Name		Class		Pay Code						
S2345	SOUTHEAST TEXAS HEALTH SYS W		✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
26539	✓ 07/14/2021	07/05/2021	08/04/2021				5,000.00	0.00	0.00	5,000.00 ✓	
CREDENTIALING											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
S2345			SOUTHEAST TEXAS		5,000.00		0.00	0.00		5,000.00	
Vendor#	Vendor Name		Class		Pay Code						
S3940	STERIS CORPORATION		✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
9467436	✓ 06/30/2021	06/21/2021	07/16/2021				2,182.64	0.00	0.00	2,182.64 ✓	
SUPPLIES											

file:///C:/Users/mmckissack/cpsi/memmed.cpsinet.com/u88150/data_5/tmp_cw5report6929370562110653262.html

tmp_cw5report6929370562110653262.html

12 MONTH CALIBRATION

Vendor Name	Class	Pay Code
VICTORIA RADIOWORKS, LTD	W	

ADAD

Vendor#
13808

Vendor Name	Class	Pay Code
VITA PERSONA LLC ✓		

SUPPLIES

SUPPLIES

SUPPLIES

Vendor#
12548

Vendor Name	Class	Pay Code
WAGeworks, INC		

ADMIN FEES

COBRA

Vendor#
11110

Vendor Name	Class	Pay Code
WERFEN USA LLC		

SUPPLIES

SUPPLIES

SUPPLIES

SUPPLIES

Vendor#
.....

Vendor Name	Class	Pay Code
WEST COAST MEDICAL RESOURC		

SUPPLIES

WEST COAST MEDICAL	1,790.00
--------------------	----------

302 10 2021

UNSWAY AUSTIN
HALLIDAY COUNTY, TEXAS

pg 4 correction
pg 7 correction

Add HEB missing receipts

$\$ + 182.00$
 $\$ < 445.00 > \quad \$ < 900.00$
 $+ \$ 105.99 \quad \quad \quad \$ < 800.00$

 $\$ 667.91.84$
 $< 340.00 > \quad 18/18$

7/16/2021

tmp__cw5report442231621981526377.html

07/16/2021

MEMORIAL MEDICAL CENTER

0

14:15

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

13148

GRACE FLOORING AND GLASS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
~~071621~~ 000664	07/15/2021	07/16/2021	07/16/2021				537.50	0.00	0.00	537.50 ✓

1/2 DOWN TO REPLACE WINDOW

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13148		GRACE FLOORING	537.50	0.00	0.00	537.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	537.50	0.00	0.00	537.50

APPROVED
ON

JUL 19 2021

COUNTY AUDITOR
SALUDON COUNTY, TEXAS

7/15/2021

tmp__cw5report8225982432543952791.html

07/15/2021 15:45

MEMORIAL MEDICAL CENTER

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# 11285

Vendor Name ITA RESOURCES INC

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC72021	07/15/2021	07/12/2021	08/01/2021				26,357.21	0.00	0.00	26,357.21
RESP SERVICES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
		11285	ITA RESOURCES IN			26,357.21	0.00	0.00		26,357.21
Report Summary										
Grand Totals:		Gross		Discount		No-Pay		Net		
		26,357.21		0.00		0.00		26,357.21		

APPROVED
GN

JUL 19 2021

COUNTY AUDITOR
CARROLL COUNTY, TEXAS

CITIBANK CORPORATE CARD

Account Statement

Commerical Card Account
JASON W ANGLIN

Account Inquiries:

Toll Free: 1-(800)-248-4553

International: 1-(904)-954-7314

TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX

Summary of Account Activity

Total Activity \$1,370.31

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

Not an invoice. For your records only.

Credit Limit \$20,000

Cash Advance Limit \$0

Statement Closing Date 07/03/2021

Days in Billing Period 30

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
05/04	06/03	9399	55488721155091271004093	1 TXDPS CRIME RECS 5124242936 TX 78752 USA	✓ 122.96 ✓
05/07	06/04	9399	05134371156600047148574	2 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 30.00 ✓
				N76535674	
08/07	06/04	9399	05134371156600047148657	3 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 2.00 ✓
				N76535935	
06/07	06/04	9399	05134371156600047148731	4 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 2.00 ✓
				N76536591	
06/15	06/14	5943	55429501165637294834071	5 SP * SPECIALISTID.COM 3052205500 FL 33155 USA	✓ 93.27 ✓
06/15	06/14	5943	55429501165637295013217	6 SP * SPECIALISTID.COM 3052205500 FL 33155 USA	✓ 46.87 ✓
06/22	06/22	8999	55432861173200735132569	7 AMA* CREDENTIALING 800-621-8335 IL 60611 USA	✓ 44.00 ✓
06/23	06/22	9399	05134371174600035646918	8 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 2.00 ✓
				N76842051	
06/23	06/23	8999	55432861174200051101411	9 AMA* CREDENTIALING 800-621-8335 IL 60611 USA	✓ 44.00 ✓
06/24	06/23	9399	05134371175600035076099	10 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 2.00 ✓
				N76869849	
07/01	06/30	9399	05134371182600040898702	11 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 2.00 ✓
				N77011196	
07/01	07/01	8999	55432861182200400808534	12 AMA* CREDENTIALING 800-621-8335 IL 60611 USA	✓ 44.00 ✓
07/02	06/30	3640	52704871182722608146240	13 HYATT HILL COUNTRY RES 8885874589 TX 78251 USA	✓ 889.21 ✓
				40423037	
				CHECK IN: 06/28/2021	
07/02	07/01	9399	05134371183600044322039	14 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 2.00 ✓
				N77042603	

Transaction # DWR-00957523

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125Account Number XXXX-XXXX-XXXX
Statement Closing Date July 03, 2021Not an invoice.
For your records only.JASON W ANGLIN
CALHOUN COUNTY
STE A
202 S ANN ST
PORT LAVACA TX 77979-4204

00006934502

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

How to Dispute

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

Account: XXXX-XXXX-XXXX-

Account: XXXX-XXXX-XXXX-

Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
07/02	07/02	8999	55432861183200735176002 15	AMA*CREDENTIALING 800-621-8335 IL 60611 USA	44.00 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S) *****					\$1,370.31

APPROVED
ON

JUL 20 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

①

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

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

Vendor Name: Citibank

Date: 7/15/2021

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		TXDPS Crime Recs - Credits			122.96
2			for HR + Credentialing			
3	—		NPDB - 15 Renewals for			30.00
4			Credentialing providers			
5	—		NPDB - 1 Enrollment (New Doctor)			2.00
6	—		NPDB - "	"		2.00
7	—		SP Specialist ID - Badges			43.27
8			for HR "PTA; Medical Assistant"			
9	—		SP Specialist ID - Badges			46.87
10			for HR "DPT; RN"			

Est. Freight _____

Est. Total Cost _____

TOTAL COST _____

NOTES:

Charges made to Mr. Anglin's credit card (MC)

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

Dept. Director	_____
Dir. Nursing	_____
Dir. Clinical Services	_____
CFO	_____
Administrator	<u>[Signature]</u>

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

2

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

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

Vendor Name: Citibank

Date: 7/15/2021

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To			Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost	
1	—		AMA Credentialing - x1			44.00	
2			provider - Init + Cont Mon.				
3	—		NPDB x1 physician			2.00	
4	—		AMA Credentialing - x1			44.00	
5			provider - Init + Cont. Mon				
6	—		NPDB x1 physician			2.00	
7	—		NPDB x1 physician			2.00	
8	—		AMA Credentialing - x1			44.00	
9			provider - Init + Cont Mon.				
10	—		Hyatt Hill Country Resort			889.21	
			Kyle Daniel - conference				

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

charges made to Mr. Anglin's credit card (MC)

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

Dept. Director	_____
Dir. Nursing	_____
Dir. Clinical Services	_____
CFO	_____
Administrator	_____

MEMORIAL MEDICAL CENTER PURCHASE ORDER

③

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

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

Vendor Name: Citi bank

Date: 7/15/21

Vendor Address: _____

P.O. # _____

Account # _____

Initiated By: _____

0.0

Expense # Department Deliver To Form # 9401

	Description	Unit Cost	Unit Meas.	Extended Cost
122.96	NPDB x 1 physician			2.00
30.00	AMA Credentialing - x 1			44.00
2.00	provider- Init + Cont. Mon.			
2.00				
93.27				
46.87				
44.00				
2.00				
44.00				
2.00				
2.00				
44.00				
889.27				
2.00				
44.00				
1,370.31				
10				

Est. Freight _____ Est. Total Cost _____ TOTAL COST \$1,370.31

NOTES:

charges made to Mr. Anglin's credit card (MC)

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

Dept. Director
Dir. Nursing
Dir. Clinical Services
CFO
Administrator <u>[Signature]</u>

McKESSON**STATEMENT**

As of: 07/16/2021

Page: 002

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

Company: 8000

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

DC: 8115

Territory:

Customer: 632536

Date: 07/17/2021

As of: 07/16/2021
Mail to:Page: 002
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 07/17/2021 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 10,086.97 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017If Paid By 07/20/2021,
Pay This Amount:

9,885.23 USD

If Paid After 07/20/2021,
Pay this Amount:

10,086.97 USD

Due If Paid On Time:
USD

9,885.23

Disc lost if paid late:

201.74

Due If Paid Late:
USD

10,086.97

188.64
1,110.20
5.07
8,432.16
149.16

5,865.23

CK # 500216

APPROVED
ON

JUL 19 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

McKESSON**STATEMENT**

As of: 07/16/2021

Page: 001

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

Company: 8000

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

DC: 8115

Territory: 400

Customer: 190813

Date: 07/17/2021

As of: 07/16/2021
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 190813 PLEASE CHECK ANY
Date: 07/17/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
07/12/2021	07/20/2021	7280944718	2017032331	115Invoice	2.45	122.26		119.81 ✓		7280944718	
07/15/2021	07/20/2021	7281792163	2017032585	115Invoice	0.06	3.01		2.95 ✓		7281792163	
07/16/2021	07/20/2021	7282052637	2017032705	115Invoice	0.54	26.94		26.40 ✓		7282052637	

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

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals:

152.21 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,704.18
07/12/2021If Paid By 07/20/2021,
Pay This Amount:

149.16 USD

If Paid After 07/20/2021,
Pay this Amount:

152.21 USD

Due If Paid On Time:
USD

149.16 ✓

Disc lost if paid late:

3.05

Due If Paid Late:
USD

152.21

APPROVED
ON

JUL 19 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/16/2021

Page: 001

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

DC: 8115

Territory: 400

Customer: 256342

Date: 07/17/2021

As of: 07/16/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 07/17/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
17/10/2021	07/20/2021	7281041257	0709210824	115Invoice	4.98	249.04		244.06	✓	7281041257	
17/12/2021	07/20/2021	7280949913	11892359	115Invoice	7.58	379.15		371.57	✓	7280949913	
17/12/2021	07/20/2021	7280949914	11911935	115Invoice	0.01	0.49		0.48	✓	7280949914	
17/12/2021	07/20/2021	7280949915	11933237	115Invoice	2.33	116.44		114.11	✓	7280949915	
17/12/2021	07/20/2021	7280949916	11933237	115Invoice	13.25	662.27		649.02	✓	7280949916	
17/12/2021	07/20/2021	7280949917	11952375	115Invoice	0.60	29.92		29.32	✓	7280949917	
17/12/2021	07/20/2021	7281165552	0709210827	195Invoice	1.22	60.79		59.57	✓	7281165552	
17/13/2021	07/20/2021	7281261674	12057992	115Invoice	0.01	0.33		0.32	✓	7281261674	
17/13/2021	07/20/2021	7281282323	0712211758-00	115Invoice	8.49	424.39		415.90	✓	7281282323	
17/13/2021	07/20/2021	7281453174	0712210840	115Invoice	25.07	1,253.73		1,228.66	✓	7281453174	
17/14/2021	07/20/2021	7281533327	12094869	115Invoice		0.09		0.09	✓	7281533327	
17/14/2021	07/20/2021	7281698375	0713210839	195Invoice	0.92	46.15		45.23	✓	7281698375	
17/14/2021	07/20/2021	7281698376	0713211006	115Invoice	7.84	392.23		384.39	✓	7281698376	
17/15/2021	07/20/2021	7281803557	12151032	115Invoice	5.78	289.02		283.24	✓	7281803557	
17/15/2021	07/20/2021	7281803558	12151032	115Invoice	24.58	1,228.99		1,204.41	✓	7281803558	
17/15/2021	07/20/2021	7281803559	12187082	115Invoice	23.27	1,163.63		1,140.36	✓	7281803559	
17/15/2021	07/20/2021	7281803560	12187082	115Invoice	4.14	206.89		202.75	✓	7281803560	
17/15/2021	07/20/2021	7281983334	0714210801	115Invoice	22.75	1,137.46		1,114.71	✓	7281983334	
17/16/2021	07/20/2021	7282052954	12209128	115Invoice	8.49	424.39		415.90	✓	7282052954	
17/16/2021	07/20/2021	7282052955	12245127	115Invoice	10.19	509.63		499.44	✓	7282052955	
17/16/2021	07/20/2021	7282251819	0715210630	115Invoice	0.58	29.21		28.63	✓	7282251819	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 07/16/2021

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 256342

Date: 07/17/2021

As of: 07/16/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 07/17/2021 ITEMS NOT PAID (✓)

*F column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item
National Account 632536

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 8,604.24 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,704.18
07/12/2021

If Paid By 07/20/2021,
Pay This Amount:

8,432.16 USD

If Paid After 07/20/2021,
Pay this Amount:

8,604.24 USD

Due If Paid On Time:
USD

8,432.16 ✓

Disc lost if paid late:

172.08

Due If Paid Late:
USD

8,604.24

[Signature]

APPROVED
ON

JUL 19 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please ^{<>} contact 800-867-0333

McKESSON**STATEMENT**

As of: 07/16/2021

Page: 001

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

Company: 8000

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

DC: 8115

Territory: 400

Customer: 262252

Date: 07/17/2021

As of: 07/16/2021 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 262252 PLEASE CHECK ANY
Date: 07/17/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252	CVS PHCY 7006/MEMORIA PHS										
07/15/2021	07/20/2021	7281800910	1260382	115Invoice	0.10	5.17		5.07	✓	7281800910	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 5.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11,505.01
07/05/2021If Paid By 07/20/2021,
Pay This Amount:

5.07 USD

If Paid After 07/20/2021,
Pay this Amount:

5.17 USD

Due If Paid On Time:
USD

5.07 ✓

Disc lost if paid late:

0.10

Due If Paid Late:
USD

5.17

APPROVED
CN

JUL 19 2021

COUNTY AUDITOR
SARAH L. COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

As of: 07/16/2021

Page: 001

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

DC: 8115

Territory: 400

Customer: 464450

Date: 07/17/2021

As of: 07/16/2021
 Mail to:

Page: 001
 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 464450 PLEASE CHECK ANY
 Date: 07/17/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
07/12/2021	07/20/2021	7280905688	55x499565	115Invoice	0.28	14.08		13.80	✓	7280905688	
07/12/2021	07/20/2021	7280905689	55x499700	115Invoice	17.93	896.37		878.44	✓	7280905689	
07/12/2021	07/20/2021	7280905690	55x499803	115Invoice	4.40	219.91		215.51	✓	7280905690	
07/14/2021	07/20/2021	7281529012	55x501716	115Invoice	0.05	2.50		2.45	✓	7281529012	

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

TOTAL: Customer Number 464450 HEB PHY FC 490/MEM MC PHS

Subtotals:

1,132.86 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,704.18
 07/12/2021

If Paid By 07/20/2021,
 Pay This Amount:

1,110.20 USD

If Paid After 07/20/2021,
 Pay this Amount:

1,132.86 USD

Due If Paid On Time:

USD

1,110.20 ✓

Disc lost if paid late:

22.66

Due If Paid Late:

USD

1,132.86

APPROVED
 ON

JUL 19 2021

COUNTY AUDITOR
 CLAY COUNTY, TEXAS

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

McKESSON**STATEMENT**

As of: 07/16/2021

Page: 001

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

Company: 8000

CVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 835438

Date: 07/17/2021

As of: 07/16/2021 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835438 PLEASE CHECK ANY
Date: 07/17/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438	CVS PHCY 7475/MEM MC PHS										
07/15/2021	07/20/2021	7281987865	1261181	115Invoice	3.85	192.49		188.64	✓	7281987865	

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

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

Subtotals:

192.49 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,704.18
07/12/2021If Paid By 07/20/2021,
Pay This Amount:

188.64 USD

If Paid After 07/20/2021,
Pay this Amount:

192.49 USD

Due If Paid On Time:
USD

188.64 ✓

Disc lost if paid late:

3.85

Due If Paid Late:
USD

192.49 Jk

APPROVED
ON

JUL 19 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

Served By:

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

DEA: RA0289276
866-451-9655

Customer:

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

Remit To:

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

Customer Number

0100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	501.27
Past Due:	0.00
Total Due:	501.27
Account Balance:	501.27

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
07-12-2021	07-23-2021	3061147575	161996	Invoice	11.47		0.00	11.47 ✓
07-12-2021	07-23-2021	3061175261	162042	Invoice	413.98		0.00	413.98 ✓
07-13-2021	07-23-2021	3061304222	162050	Invoice	15.44		0.00	15.44 ✓
07-14-2021	07-23-2021	3061418648	162058	Invoice	18.03		0.00	18.03 ✓
07-14-2021	07-23-2021	340836702	161956	Invoice	(2.82)		0.00	(2.82) ✓
07-14-2021	07-23-2021	340836703	161956	Invoice	3.60		0.00	3.60 ✓
07-14-2021	07-23-2021	340836706	161963	Invoice	(2.82)		0.00	(2.82) ✓
07-14-2021	07-23-2021	340836707	161963	Invoice	3.60		0.00	3.60 ✓
07-15-2021	07-23-2021	3061551153	162069	Invoice	22.67		0.00	22.67 ✓
07-15-2021	07-23-2021	340852872	161963	Invoice	(210.87)		0.00	(210.87) ✓
07-15-2021	07-23-2021	340852873	161963	Invoice	214.62		0.00	214.62 ✓
07-16-2021	07-23-2021	3061692564	162079	Invoice	14.28		0.00	14.28 ✓
07-16-2021	07-23-2021	3061692565	162080	Invoice	0.09		0.00	0.09 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
501.27	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
07-16-2021	(995.45)

Reminders

Due Date	Amount
07-23-2021	501.27
Total Due:	501.27

CK #500217

JUL 19 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###
☐ "ENTER YOUR 4-DIGIT PIN"	
☐ "MAKE A PAYMENT, PRESS 1"	1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941 #
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"	1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★ 21
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★ 09
1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ \$ 99,452.06 #
"1 TO CONFIRM"	1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 \$ 50,801.90 #
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ 11,881.10 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 36,769.06 #
	CHECK \$ -
☐ "6-DIGIT SETTLEMENT DATE"	★
"1 TO CONFIRM"	1
☐ ACKNOWLEDGEMENT NUMBER	

CALLED IN BY:

CALLED IN DATE:

CALLED IN TIME:

Run Date: 07/15/21
Time: 14:26

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 07/02/21 - 07/15/21 Run# 1

Page 113
P2REG

Final Summary

Pay Code Summary					Deductions Summary				
PayCd	Description	Hrs	OT	SH	WE	HO	CS	Gross	Code Amount
1	REGULAR PAY-S1	8712.50	N	N	N			173780.15	A/R 620.00 A/R2 50.00 A/R3
1	REGULAR PAY-S1	1374.75	N	N	N	N		58931.89	ADVANC AWARDS BOOTS
1	REGULAR PAY-S1	210.00	N	N	Y			6649.42	CAFE H CAFE-I CAFE-2
1	REGULAR PAY-S1	208.00	Y	N	N			6294.89	CAFE-3 CAFE-4 CAFE-5
2	REGULAR PAY-S2	2153.75	N	N	N			50190.11	CAFE-C CAFE-D 1692.79 CAFE-F
2	REGULAR PAY-S2	145.50	N	N	Y			5611.58	CAFE-H 20292.32 CAFE-I CAFE-L
2	REGULAR PAY-S2	139.75	Y	N	N			5182.49	CAFE-P CANCER CHILD 609.70
3	REGULAR PAY-S3	1247.00	N	N	N			31148.64	CLINIC 295.00 COMBIN 133.68 CREDUN
3	REGULAR PAY-S3	119.50	N	N	Y			4921.67	DC ADV DENTAL DEP-LF
3	REGULAR PAY-S3	115.00	Y	N	N			3918.55	DIS-LF EAT EATCSH
C	CALL PAY	2573.25	N	1	N	N		5146.50	FEDTAX 36769.06 FICA-M 5940.55 FICA-O 25400.95
D	DOUBLE TIME	28.75	N	1	N	N		1781.16	FIRSTC FLEX S 3537.48 FLX FE
D	DOUBLE TIME	7.75	N	1	N	Y		813.75	FORT D FUTA GIFT S 145.47
D	DOUBLE TIME	42.00	N	2	N	N		2881.89	GRANT GRP-IN GTL
D	DOUBLE TIME	4.25	N	2	N	Y		471.75	HOSP-I ID TPT LEAP
D	DOUBLE TIME	23.50	N	3	N	N		1574.77	LEGAL 270.80 MASA 658.00 MEALS 128.82
D	DOUBLE TIME	1.25	Y	3	N	N		118.05	METVIS 891.49 MISC MISC/
E	EXTRA WAGES		N	N	N	N		9337.92	MMCSHR NATFML 1647.84 OTHER
E	EXTRA WAGES		N	1	N	N	N	1637.50	PHI PHI*** PR FIN
F	FUNERAL LEAVE	56.00	N	1	N	N		1588.48	RELAY REPAY SAMS
I	INSERVICE	4.00	N	1	N	N		108.00	SCRUBS 1741.87 SIGNON ST-TX
J	JURY LEAVE	8.00	N	1	N	N		286.48	STONDF 790.86 STONE STONE2
K	EXTENDED-ILLNESS-BANK	72.00	N	N	N	N		4680.00	STUDEN SUNACC 760.11 SUNILL 673.13
K	EXTENDED-ILLNESS-BANK	104.00	N	1	N	N		2976.72	SUNIND 584.65 SUNLIF 738.57 SUNSTD 1150.00
P	PAID-TIME-OFF	248.33	N	N	N	N		4811.14	SUNVIS SURCHG 475.00 TSA-1
P	PAID-TIME-OFF	2249.00	N	1	N	N		53918.43	TSA-2 TSA-C TSA-P
X	CALL PAY 2	168.00	N	1	N	N		336.00	TSA-R 30763.84 TUTION UNIFOR 995.24
Y	YMCA/CURVES		N	N	N	N		15.00	UA/HOS
Z	CALL PAY 3	120.00	N	1	N	N		360.00	
Grand Totals: 20135.83 ----- (Gross: 439482.93									Deductions: 137959.22
Net: 301523.71									OverAmt 8 ZeroNet 1 Term Total: 238
Checks Count:- FT 193 PT 13 Other 34 Female 212 Male 26 Credit									

Pay date: 07-23-21

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- July 12- July 18, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPS</u>
7/12/2021	STATE COMPTLR TEXNET 02877185/10709 2100002	DSH Pass 3	71477.25*	
7/12/2021	PAY PLUS ACHTRANS 452579291 101000694664027	- 3rd Party Payor Fee	68.93	
7/12/2021	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee	568.57	
7/12/2021	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	104.8	
7/12/2021	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	683.09	
7/12/2021	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110	- Credit Card Processing Fee	89.15	
7/12/2021	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	477.41	
7/12/2021	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110	- Credit Card Processing Fee	760.29	
7/12/2021	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	2805.93	
7/12/2021	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	129	
7/13/2021	PAY PLUS ACHTRANS 452579291 101000695610862	- 3rd Party Payor Fee	25.54	
7/13/2021	MCKESSON DRUG AUTO ACH ACH04655134 910000126	- 340B Drug Program Expense	5704.18*	
7/13/2021	CLEARGAGE LLC CLEARGAGE, 5K2QV9I8CTXBD2J 242	- Patient Financing Service	67.4	
7/14/2021	PAY PLUS ACHTRANS 452579291 101000696510855	- 3rd Party Payor Fee	19.2	
7/15/2021	PAY PLUS ACHTRANS 452579291 101000697416435	- 3rd Party Payor Fee	20.85	
7/15/2021	TEXAS COUNTY DRS RECEIVABLE 0419 21000028833	- Retirement Funding	137435.8*	
7/16/2021	PAY PLUS ACHTRANS 452579291 101000698183378	- 3rd Party Payor Fee	1.98	
7/16/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	995.45*	

221,434.82

Jason Anglin, CEO
Memorial Medical Center

7/19/2021 * Approved 07-14-21 CC
** Approved 07-07-21 CC

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
7/20/2021	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	1,511.15
			1,511.15

Jason Anglin, CEO
Memorial Medical Center

7/19/2021

7/20/21

☑ Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 06/30/2021 (2106)

Taxpayer ID: 17460034113

User ID: mmc746003412

Reference Number: 19521030536

Date and Time of Filing:

07/14/2021, 09:21:14 AM

Taxpayer Name:

MEMORIAL MEDICAL CENTER

Taxpayer Address:

815 N VIRGINIA ST PORT LAVACA, TX

77979-3025

IP Address: 24.116.195.218

Entered By: Sarah Henderson

Email Address:

shenderson@mmcportlavaca.com

Telephone Number: (361) 552-0342

PAYMENT SUMMARY

Electronic Check

State Amount: \$1,144.81

Local Amount: \$366.34

Amount to Pay: \$1,511.15

Electronic Check: \$1,511.15

Payment Reference Number: 19521030535

Trace Number: 02962675

Type of Bank Account: Checking

Accountholder Name: PROSPERITY BANK

Bank Routing Number: *****2655

Bank Account Number: *****4357

Payment Effective Date: 07/20/2021

CREDIT SUMMARY

Credits Taken

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

No

Licensed Customs Broker Exported Sales

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

No

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	18409	18409	0	18409	1150.56	18409	0.02	368.18
SubTotal	18409	18409	0	18409	1150.56	18409		368.18

Total Tax for Locations

\$1,518.74

Total Tax Due: \$1,518.74

Timely Filing Discount: - \$7.59

Balance Due: \$1,511.15

Pending Payments: - \$0.00

Total Amount Due and Payable: \$1,511.15

(State amount due is \$1,144.81) (Local amount due is \$366.34)

7/15/2021

RECEIVED

tmp_cw5report4013509871550406370.html

JUL 16 2021

07/15/2021

MEMORIAL MEDICAL CENTER

0

1420 Jefferson County Auditor

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11836

GOLDENCREEK HEALTHCARE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063021B	06/30/2021	06/30/2021	08/05/2021				730.19	0.00	0.00	730.19 ✓
	TRANSFER									
063021A	06/30/2021	06/30/2021	08/05/2021				7,979.61	0.00	0.00	7,979.61 ✓
	TRANSFER									
063021	06/30/2021	06/30/2021	08/05/2021				45,617.75	0.00	0.00	45,617.75 ✓
	TRANSFER									
070221	07/15/2021	07/02/2021	08/05/2021				1,844.51	0.00	0.00	1,844.51 ✓
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11836		GOLDENCREEK HE	56,172.06	0.00	0.00	56,172.06

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	56,172.06	0.00	0.00	56,172.06

APPROVED
BY

JUL 16 2021

COUNTY AUDITOR
JEFFERSON COUNTY, TEXAS

RECEIVED

07/15/2021

MEMORIAL MEDICAL CENTER

0

14:10

JUL 16 2021

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Calhoun County Auditor

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	
063021A	06/30/2021	06/30/2021	08/05/2021				9,275.00	0.00	0.00	9,275.00	✓
	TRANSFER										
063021	06/30/2021	06/30/2021	08/05/2021				6,661.14	0.00	0.00	6,661.14	✓
	TRANSFER										
063021B	06/30/2021	06/30/2021	08/05/2021				11,920.04	0.00	0.00	11,920.04	✓
	TRANSFER										
070121	07/15/2021	07/01/2021	08/05/2021				795.77	0.00	0.00	795.77	✓
	TRANSFER										
070221B	07/15/2021	07/02/2021	08/05/2021				281.09	0.00	0.00	281.09	✓
	TRANSFER										
070221	07/15/2021	07/02/2021	08/05/2021				4,407.78	0.00	0.00	4,407.78	✓
	TRANSFER										
070221A	07/15/2021	07/02/2021	08/05/2021				905.69	0.00	0.00	905.69	✓
	TRANSFER										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12696		GULF POINTE PLAZ	34,246.51	0.00	0.00	34,246.51

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	34,246.51	0.00	0.00	34,246.51

APPROVED
ST**JUL 16 2021****CALHOUN COUNTY AUDITOR**
CALHOUN COUNTY, TEXAS

RECEIVED

07/15/2021

JUL 16 2021

14:13

MEMORIAL MEDICAL CENTER

0

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
063021	06/30/2021	06/30/2021	08/05/2021				2,644.46	0.00	0.00	2,644.46 ✓
	TRANSFER									
063021A	06/30/2021	06/30/2021	08/05/2021				8,090.95	0.00	0.00	8,090.95 ✓
	TRANSFER									
070221A	07/15/2021	07/02/2021	08/05/2021				7,463.00	0.00	0.00	7,463.00 ✓
	TRANSFER									
070221	07/15/2021	07/02/2021	08/05/2021				1,369.83	0.00	0.00	1,369.83 ✓
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13004		TUSCANY VILLAGE	19,568.24	0.00	0.00	19,568.24

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	19,568.24	0.00	0.00	19,568.24

APPROVED
OK**JUL 16 2021****CANDACE AGRESTON**
CALHOUN COUNTY, TEXAS

RECEIVED

07/15/2021

14:24

JUL 16 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

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	
063021	06/30/2021	06/30/2021	08/05/2021				751.78	0.00	0.00	751.78	✓
	TRANSFER										
071221	07/13/2021	07/12/2021	08/05/2021				56.08	0.00	0.00	56.08	✓
	TRANSFER										
070121	07/15/2021	07/01/2021	08/05/2021				79.11	0.00	0.00	79.11	✓
	TRANSFER										
070221	07/15/2021	07/02/2021	08/05/2021				7,723.48	0.00	0.00	7,723.48	✓
	TRANSFER										
070621	07/15/2021	07/06/2021	08/05/2021				552.36	0.00	0.00	552.36	✓
	MEDICARE WITHHOLDING REPAY										

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

12792

BETHANY SENIOR I

9,162.81

0.00

0.00

9,162.81

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

9,162.81

0.00

0.00

9,162.81

APPROVED
OK**JUL 16 2021****COUNTY CLERK**
SALT HORN COUNTY, TEXAS

RUN DATE:07/19/21
TIME:15:20

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/21/21 THRU 07/21/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	191158	07/21/21	827.69	HEB CREDIT RECEIVABLES DEPT308
A/P	191159	07/21/21	14,672.78	HUNTER PHARMACY SERVICES
A/P	191160	07/21/21	557.67	IRON MOUNTAIN
A/P	191161	07/21/21	26,357.21	ITA RESOURCES INC
A/P	191162	07/21/21	250.00	ITERSOURCE CORPORATION
A/P	191163	07/21/21	668.75	KOTLAR PLUMBING CO INC
A/P	191164	07/21/21	79.25	LABCORP OF AMERICA HOLDINGS
A/P	191165	07/21/21	285.70	LOWE'S HOME CENTERS INC
A/P	191166	07/21/21	28,653.03	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	191167	07/21/21	217.20	MARTIN PRINTING CO
A/P	191168	07/21/21	3,493.00	MASA GLOBAL BUILDING
A/P	191169	07/21/21	245.92	MCKESSON MEDICAL SURGICAL INC
A/P	191170	07/21/21	7,754.14	MEDICAL DATA SYSTEMS, INC.
A/P	191171	07/21/21	.00	VOIDED
A/P	191172	07/21/21	.00	VOIDED
A/P	191173	07/21/21	.00	VOIDED
A/P	191174	07/21/21	.00	VOIDED
A/P	191175	07/21/21	.00	VOIDED
A/P	191176	07/21/21	.00	VOIDED
A/P	191177	07/21/21	.00	VOIDED
A/P	191178	07/21/21	32,181.84	MEDLINE INDUSTRIES INC
A/P	191179	07/21/21	.00	VOIDED
A/P	191180	07/21/21	.00	VOIDED
A/P	191181	07/21/21	.00	VOIDED
A/P	191182	07/21/21	40,655.18	MORRIS & DICKSON CO, LLC
A/P	191183	07/21/21	440.02	NACOGDOCHES TRANSCRIPTION
A/P	191184	07/21/21	3,572.29	NATIONAL FARM LIFE INSURANCE
A/P	191185	07/21/21	65.00	NOVA BIOMEDICAL
A/P	191186	07/21/21	142.48	OFFICE DEPOT
A/P	191187	07/21/21	2,307.50	PABLO GARZA
A/P	191188	07/21/21	421.01	PARTSSOURCE, LLC
A/P	191189	07/21/21	4,440.00	PAYCHECK, ADVANCE FEO
A/P	191190	07/21/21	397.24	PENTAX MEDICAL COMPANY
A/P	191191	07/21/21	1,181.00	PHILIPS HEALTHCARE
A/P	191192	07/21/21	207.00	PITNEY BOWES INC
A/P	191193	07/21/21	134.51	PRECISION DYNAMICS CORP (PDC)
A/P	191194	07/21/21	2,523.79	PRESS GANEY ASSOCIATES, INC.
A/P	191195	07/21/21	74.76	SARA MASEDA
A/P	191196	07/21/21	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	191197	07/21/21	400.00	SIGN AD, LTD.
A/P	191198	07/21/21	1,413.10	SMITH & NEPHEW
A/P	191199	07/21/21	5,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P	191200	07/21/21	2,182.64	STERIS CORPORATION
A/P	191201	07/21/21	1,294.26	STRYKER FLEX FINANCIAL
A/P	191202	07/21/21	5,699.00	T-SYSTEM, INC
A/P	191203	07/21/21	4,957.21	TEXAS ASSOCIATION OF COUNTIES
A/P	191204	07/21/21	1,062.50	TEXAS SELECT STAFFING
A/P	191205	07/21/21	6,000.00	TEXAS SELECT STAFFING, LLC
A/P	191206	07/21/21	2,550.00	THE COMPLIANCE TEAM, INC
A/P	191207	07/21/21	1,224.00	TLC STAFFING
A/P	191208	07/21/21	75.00	TROEMNER, LLC

RUN DATE:07/19/21
TIME:15:20

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/21/21 THRU 07/21/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	191209	07/21/21	560.00	VICTORIA RADIOWORKS, LTD
A/P	191210	07/21/21	6,421.33	VITA PERSONA LLC
A/P	191211	07/21/21	184.05	WAGEWORKS, INC
A/P	191212	07/21/21	3,314.53	WERFEN USA LLC
A/P	191213	07/21/21	1,790.00	WEST COAST MEDICAL RESOURCES
A/P	191214	07/21/21	9,162.81	BETHANY SENIOR LIVING
A/P	191215	07/21/21	56,172.06	GOLDENCREEK HEALTHCARE
A/P	191216	07/21/21	34,246.51	GULF POINTE PLAZA
A/P	191217	07/21/21	19,568.24	TUSCANY VILLAGE
TOTALS:			810,316.17	

Payables 664,271.84 +
Criticals < 537.50 +
26,357.21 +
NH < 56,172.06 +
34,246.51 +
Transfers < 19,568.24 +
9,162.81 +
810,316.17 *

Request for Transfer of Funds

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

To be filled out by Memorial Medical Center:	
Date Received:	7/15/2021
Approved by:	Mayra Martinez
Date of transfer:	7/21/2021
From Facility:	ASHFORD GARDENS
To Facility:	MMC CLINIC
Amount:	601.57
Requested Transfer Date #2:	
Date of transfer:	
From Facility:	
To Facility:	
Amount:	

APPROVED
ON

JUL 19 2021

COUNTY AUDITOR
GALFORD COUNTY, TEXAS

CK# 1142

RUN DATE:07/21/21
TIME:10:39

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/21/21 THRU 07/21/21

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001142 07/21/21 601.57 MEMORIAL MEDICAL CLINIC
NHA 001143 07/21/21 7,226.15 BETHANY SENIOR LIVING
NHA 001144 07/21/21 3,584.86 GOLDENCREEK
TOTALS: 11,412.58

Ashtford

APPROVED
ON

JUL 21 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

1142
88-2265/1131-87

7/21/21

Date



Pay to the
Order of Memorial Medical Clinic \$ 601.57

Six hundred and one & 57/100 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 ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

1143
88-2265/1131-87

7/21/21

Date



Pay to the
Order of Bethany Senior Living \$ 7226.15

Seven thousand two hundred twenty six & 15/100 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 ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

1144
88-2265/1131-87

7/21/21

Date



Pay to the
Order of GoldenCreek Healthcare \$ 3584.80

Three thousand five hundred eighty four & 80/100 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

Request for Transfer of Funds

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 : cleveland@mmcporthlavaca.com
 mmmartinez@mmcporthlavaca.com

To be filled out by Memorial Medical Center:	
Date Received:	7/15/2021
Approved by:	Mayra Martinez
Date of transfer:	7/21/2021
From Facility:	BROADMOOR AT CREEKSIDE
To Facility:	MMC CLINIC
Amount:	601.57
Requested Transfer Date #2:	
Date of transfer:	
From Facility:	
To Facility:	
Amount:	

APPROVED
ON

7/15/2021

COMPTROLLER
SABIN COUNTY, TEXAS
CK #000104

Request for Transfer of Funds

Transfer #: _____

Requestor's phone _____

1000

Journal of Management Inquiry 22(1) 3-15
© The Author(s) 2013
Reprints and permissions: sagepub.com/journalsPermissions.nav
DOI: 10.1177/1056492613505501
<http://jmi.sagepub.com>

.....

mmartinez@mmicportlavaca.com

[illegible]

Date Received: 7/15/2021

Approved by: Mayra Martinez

Date of transfer: 7/21/2021

From Facility: Broadmoor

To Facility: Golden Creek
Amount: 3664.85

Amount: 3364.80

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

JUL 19 2021

COUNTY AUDITOR
GALHOUN COUNTY, TEXAS
CIC #000106

RUN DATE:07/21/21
TIME:10:39

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/21/21 THRU 07/21/21

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000104 07/21/21 601.57 MEMORIAL MEDICAL CLINIC
NHB 000105 07/21/21 7,226.15 BETHANY SENIOR LIVING
NHB 000106 07/21/21 3,584.86 GOLDENCREEK
TOTALS: 11,412.58

Bradman

APPROVED
ON

JUL 21 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

000104

88-2265/1131

Date 7/21/21

PAY TO THE ORDER OF Memorial Medical Clinic \$ 601.57

Six hundred one & 57/100 DOLLARS

 PROSPERITY BANK

FOR Medicare repayment

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 BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000105

88-2265/1131

Date 7/21/2021

PAY TO THE ORDER OF Bethany Senior Living \$ 7226.15

Seven thousand two hundred twenty six & 15/100 DOLLARS

 PROSPERITY BANK

FOR Medicare repayment

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 BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000106

88-2265/1131

Date 7/21/2021

PAY TO THE ORDER OF Golden creek Healthcare \$ 3584.86

Three thousand five hundred eighty four & 86/100 DOLLARS

 PROSPERITY BANK

FOR Medicare repayments

Security features are included. Details on back.

Request for Transfer of Funds

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

To be filled out by Memorial Medical Center:	
Date Received:	7/15/2021
Approved by:	Mayra Martinez
Date of transfer:	7/21/2021
From Facility:	THE CRESENT
To Facility:	MMC CLINIC
Amount:	601.57
Requested Transfer Date #2:	
Date of transfer:	
From Facility:	
To Facility:	
Amount:	

APPROVED
ON

JUL 19 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL #00139

Request for Transfer of Funds

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

nmartinez@mmcportlavaca.com

[illegible]

Date Received: 7/15/2021
Approved by: Mayra Martinez
Date of transfer: 7/21/2021
From Facility: THE CRESCENT - AUXILIARY ADVANCE PMT
To Facility: Bethany Senior Living
Amount: 7,226.15
Requested Transfer Date #2:
Date of transfer:
From Facility:
To Facility:
Amount:

APPROVED
ON

JUL 19 2021

COMPTON AUDITOR
CALHOUN COUNTY, TEXAS
CL#000140

RUN DATE:07/21/21
TIME:10:39

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/21/21 THRU 07/21/21

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000139 07/21/21 601.57 MEMORIAL MEDICAL CLINIC
NHC 000140 07/21/21 7,226.15 BETHANY SENIOR LIVING
NHC 000141 07/21/21 3,584.86 GOLDENCREEK
TOTALS: 11,412.58

Crescent

APPROVED
GN

JUL 21 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000139

88-2265/1131

Date 7/21/2021

PAY

TO THE
ORDER OFMemorial medical clinic\$ 601.57Six hundred one & 57/100

DOLLARS

PROSPERITY
BANKFOR Medicare repaymentSecurity features are
included. Details on back.

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000140

88-2265/1131

Date 7/21/21

PAY

TO THE
ORDER OFBethany Senior Living\$ 7226.15Seven thousand two hundred twenty six & 15/100

DOLLARS

PROSPERITY
BANKFOR Medicare repaymentSecurity features are
included. Details on back.

11

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000141

88-2265/1131

Date 7/21/21

PAY

TO THE
ORDER OFGoldencreek\$ 3584.86Three thousand five hundred eighty four & 86/100

DOLLARS

PROSPERITY
BANKFOR medicare repaymentSecurity features are
included. Details on back.

Request for Transfer of Funds

Transfer #: _____

Date Requested _____

Payer _____

Requested by: _____

Requestor's email: _____

number _____

District or County _____

Facility _____

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 : cclevengeer@mmcportlavaca.com
mmartinez@mmcportlavaca.com

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

Please email request form

and Remittance Advice to : cdevenger@mmcporthavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)		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	7/6/2021	EFT	5,470.70	EFT6011406	CVDAR000019556	201.86	FORT BEND HEALTHCARE
N/A	N/A	7/6/2021	EFT	598.52	EFT6011370	CVDAR000019556	22.08	FORT BEND HEALTHCARE
N/A	N/A	7/7/2021	EFT	144.05	EFT6012761	CVDAR000026869	5.31	FORT BEND HEALTHCARE
N/A	N/A	7/7/2021	EFT	127.83	EFT6012732	CVDAR000026869	4.72	FORT BEND HEALTHCARE
N/A	N/A	7/8/2021	EFT	2,283.95	EFT6013771	CVDAR000026869	84.27	FORT BEND HEALTHCARE
N/A	N/A	7/9/2021	EFT	2,447.30	EFT6014948	CVDAR000026869	90.30	FORT BEND HEALTHCARE
N/A	N/A	7/9/2021	EFT	144.05	EFT6014973	CVDAR000026869	5.31	FORT BEND HEALTHCARE
N/A	N/A	7/12/2021	EFT	576.02	EFT6016265	CVDAR000026869	21.26	FORT BEND HEALTHCARE
N/A	N/A	7/12/2021	EFT	2,340.08	EFT6016239	CVDAR000026869	86.34	FORT BEND HEALTHCARE
N/A	N/A	7/13/2021	EFT	1,105.26	EFT6017726	CVDAR000026869	40.78	FORT BEND HEALTHCARE
N/A	N/A	7/13/2021	EFT	1,066.02	EFT6017695	CVDAR000026869	39.34	FORT BEND HEALTHCARE
			TOTAL	16,303.78			601.57	

To be filled out by Memorial Medical Center:

Date Received: 7/15/2021

Approved by: Mayra Martinez

Approved by: Mayra Martinez
Date of transfer: 7/21/2021

From Facility: **FORT BEND HEALTHCARE**

To Facility: MMC CLINIC

TO Facility:	MMHC CLINIC
Amount:	601.57

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

JUL 19 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CLK# 000133

Request for Transfer of Funds

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 :** **clevenger@mmcporthlavaca.com**
mmartinez@mmcporthlavaca.com

To be filled out by Memorial Medical Center:	
Date Received:	7/8/2021
Approved by:	MAYRA MARTINEZ
Date of transfer:	7/14/2021 7/2/21
From Facility:	FORT BEND
To Facility:	BETHANY
Amount:	28.04
Requested Transfer Date #2:	
Date of transfer:	
From Facility:	
To Facility:	
Amount:	

APPROVED ON

11/11/2021

CLERK AUDITOR
SALFORD COUNTY, TEXAS
CL #000134

RUN DATE:07/21/21
TIME:10:39

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/21/21 THRU 07/21/21

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF	000133	07/21/21	878.58	MEMORIAL MEDICAL CLINIC	Fort Bend
NHF	000134	07/21/21	7,254.19	BETHANY SENIOR LIVING	
NHF	000135	07/21/21	3,584.86	GOLDENCREEK	
TOTALS:			11,717.63		

APPROVED
ON

JUL 21 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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

000133

Date

7/21/21

88-2265/1131

PAYTO THE
ORDER OF

Memorial medical clinic

\$

878.58

Eight hundred Seventy eight & 58/100

DOLLARS

PROSPERITY
BANK

FOR Medicare repayment

Security features are
included. Details on back

MP

MEMORIAL MEDICAL CENTER

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

000134

Date

7/21/21

88-2265/1131

PAYTO THE
ORDER OF

Bethany Senior Living

\$

7254.19

Seven thousand two hundred fifty four & 19/100

DOLLARS

PROSPERITY
BANK

FOR Medicare repayment

Security features are
included. Details on back

MP

110 C

MEMORIAL MEDICAL CENTER

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

000135

Date

7/21/21

88-2265/1131

PAYTO THE
ORDER OF

Golden creek

\$

3584.84

Three thousand five hundred eighty four & 84/100

DOLLARS

PROSPERITY
BANK

FOR Medicare repayment

Security features are
included. Details on back

MP

Request for Transfer of Funds

Journal of Management Education 36(9) 1078-1090

... ..

Requestor's phone _____

© 2006 The Authors
Journal compilation © 2006 Blackwell Publishing Ltd

Source: *Journal of the American Statistical Association*, 1997, 92, 1037-1046.

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

Please email request form

and Remittance Advice to : cclevenger@mmcoortlavaca.com

1. *Journal of the American Medical Association*, 1997; 277: 1033-1038.

[illegible][illegible]

Date Received: 6/24/2021

Approved by: Mayra Martinez

Date of transfer: 7/21/2021

To Facility: SOIERS WEST HOUSTON - AUXILIARY ADVANCE PMT

Amount: 7,226.15

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility. _____
To Facility. _____

Amount: _____

CLERK
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL # 1139

RUN DATE:07/21/21
TIME:10:39

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/21/21 THRU 07/21/21

PAGE 9
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001138 07/21/21 601.57 MEMORIAL MEDICAL CLINIC
NHS 001139 07/21/21 7,226.15 BETHANY SENIOR LIVING
NHS 001140 07/21/21 3,584.86 GOLDENCREEK
TOTALS: 11,412.58

Solem

APPROVED
ON

JUL 21 2021

COUNTY AUDITOR
CALEBORN COUNTY, TEXAS

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

1138

88-2265/1131-87

7/21/21

Date

CHECK ARMOR

Pay to the

Order of Memorial Medical Clinic

\$ 601.57

Six hundred one & 57/100

Dollars



Photo
Safe
Deposit®
Excludes outbox



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

1139

88-2265/1131-87

7/21/21

Date

CHECK ARMOR

Pay to the

Order of Bethany Senior Living

\$ 7226.15

Seven thousand two hundred twenty six & 15/100

Dollars



Photo
Safe
Deposit®
Excludes outbox



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

1140

88-2265/1131-87

7/21/21

Date

CHECK ARMOR

Pay to the

Order of Golden Creek

\$ 3584.84

Three thousand five hundred eighty four & 84/100

Dollars



Photo
Safe
Deposit®
Excludes outbox



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

Request for Transfer of Funds

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@mmcporthlavaca.com

mmmartinez@mmcporthlavaca.com

To be filled out by Memorial Medical Center:	
Date Received:	7/15/2021
Approved by:	Mayra Martinez
Date of transfer:	7/21/2021
From Facility:	GOLDEN CREEK
To Facility:	MMC CLINIC
Amount:	601.57
Requested Transfer Date #2:	
Date of transfer:	
From Facility:	
To Facility:	
Amount:	




CLERK COUNTY AUDITOR
HARRIS COUNTY, TEXAS
CL#00095

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@mmcporthavaca.com

cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

<u>Patient Name</u> (REQUIRED)	<u>Date of Service</u> (REQUIRED)	<u>Date of Payment</u>	<u>Type of Payment</u> (Check/EFT)	<u>Amount of</u> <u>Payment</u> <u>shown on</u>	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter</u> <u>funds (-) or Funds (+)</u> <u>to YOUR account</u>	<u>Notes</u>
N/A	N/A	6/18/2021	EFT		EFT 5994588	CVDAR000019540	7,010.84	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	6/22/2021	EFT		EFT 5997601	CVDAR000019540	103.20	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	6/23/2021	EFT		EFT 5999242	CVDAR000019540	112.11	GOLDEN CREEK & REHAB - AUXILIARY 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: 7/21/2021

From Facility: **GOLDEN CREEK & REHAB - AUXILLARY ADVANCE PMT**

To Facility: Bethany Senior Living

Amount:	7,226.15
---------	----------

Requested Transfer Date #2: _____
Date of transfer: _____

Date of transfer: _____
From: _____

From Facility: _____
To Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

JUL 19 2021

CLERK AUDITOR
CALHOUN COUNTY, TEXAS
CL#00096

RUN DATE:07/21/21
TIME:10:39

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/21/21 THRU 07/21/21

PAGE 8
GLCKREG

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

NHG 000095 07/21/21 601.57 MEMORIAL MEDICAL CLINIC
NHG 000096 07/21/21 7,226.15 BETHANY SENIOR LIVING
TOTALS: 7,827.72

golden creek

APPROVED
ON

JUL 21 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

000095

88-2265/1131

Date 7/21/21**PAY**TO THE
ORDER OFMemorial Medical Clinic\$ 601.57Six hundred one & 57/100**DOLLARS****PROSPERITY
BANK**FOR Medicare repaymentSecurity features are
included. Details on back.

MP

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

000096

88-2265/1131

Date 7/21/21**PAY**TO THE
ORDER OFBethany Senior Living\$ 7226.15Seven thousand two hundred twenty six & 15/100**DOLLARS****PROSPERITY
BANK**FOR Medicare repaymentSecurity features are
included. Details on back.

MP

Request for Transfer of Funds

Transfer #: _____

Abstract

Requestor's phone _____

• **RESEARCH** •

[illegible]

Please email request form

[illegible]

Date Received: 7/15/2021

Approved by: Mayra Martinez

Date of transfer: 7/21/2021
From Facility: TUSCANY VILLAGE

To Facility: TUSCANY MEDICAL
MMC CLINIC

Amount: 601.57

Requested Transfer Date #2: _____

Date of transfer: _____
From Facility: _____

From Facility: _____
To Facility: _____

Amount: _____

JUL 19 2021

CLERK OF COURT
GARLAND COUNTY, TEXAS
CH
1029

RUN DATE:07/21/21
TIME:10:39

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/21/21 THRU 07/21/21

PAGE 10
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS 001029 07/21/21 601.57 MEMORIAL MEDICAL CLINIC
TUS 001030 07/21/21 3,682.93 GOLDENCREEK
TOTALS: 4,284.50

Tuscany

APPROVED
ON

JUL 21 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1030

88-2265/1131-87

DATE 7/21/21

CHECK AMOUNT

PAY
TO THE
ORDER OF Golden Creek

\$ 3682.93

Three thousand six hundred eighty two & 93/100

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

11

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1029

88-2265/1131-87

DATE 7/21/21

CHECK AMOUNT

PAY
TO THE
ORDER OF Memorial Medical Clinic

\$ 601.57

Six hundred one & 57/100

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

1

Medicare Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	601.57	7/19/2021
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to BSL	7,226.15	7/19/2021
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000002	10262001	Medicare repayment owed to Nexion	3,584.86	7/19/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	601.57	7/19/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to BSL	7,226.15	7/19/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000002	10262001	Medicare repayment owed to Nexion	3,584.86	7/19/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	601.57	7/19/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to BSL	7,226.15	7/19/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000002	10262001	Medicare repayment owed to Nexion	3,584.86	7/19/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	878.58	7/19/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to BSL	7,254.19	7/19/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000002	10262001	Medicare repayment owed to Nexion	3,584.86	7/19/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	601.57	7/19/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to BSL	7,226.15	7/19/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000002	10262001	Medicare repayment owed to Nexion	3,584.86	7/19/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	601.57	7/19/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to BSL	7,226.15	7/19/2021
Tuscany			MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	601.57	7/19/2021
Tuscany			MMC -Prosperity Operating #10000001		Medicare repayment owed to Nexion	3,682.93	7/19/2021
						69,480.17	

Note:

Approved:

Jason Anglin, CEO



7/19/2021

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/19/2021

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		11,955.47 ✓	11,855.47 ✓	117,948.93 ✓		118,048.93 ✓	106,536.35
						Bank Balance	118,048.93 ✓
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPYMT OWED TO BETHANY	7,226.15 ✓
						MEDICARE REPYMT OWED TO MMCLINIC	601.57 ✓
						MEDICARE REPYMT OWED TO NEXION	3,584.86 ✓
						JULY INTEREST	
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	106,536.35 ✓
Broadmoor		32,716.73 ✓	32,616.73 ✓	54,390.89 ✓		54,490.89 ✓	42,978.31
						Bank Balance	54,490.89 ✓
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPYMT OWED TO BETHANY	7,226.15 ✓
						MEDICARE REPYMT OWED TO MMCLINIC	601.57 ✓
						MEDICARE REPYMT OWED TO NEXION	3,584.86 ✓
						JULY INTEREST	
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	42,978.31 ✓
Crescent		26,036.61 ✓	25,936.61 ✓	25,742.13 ✓		25,842.13 ✓	14,329.55
						Bank Balance	25,842.13 ✓
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPYMT OWED TO BETHANY	7,226.15 ✓
						MEDICARE REPYMT OWED TO MMCLINIC	601.57 ✓
						MEDICARE REPYMT OWED TO NEXION	3,584.86 ✓
						JULY INTEREST	
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	14,329.55 ✓
Fort Bend		229.79 ✓	-	30,293.58 ✓		30,523.37 ✓	18,705.74
						Bank Balance	30,523.37 ✓
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPYMT OWED TO BETHANY	7,254.19 ✓
						MEDICARE REPYMT OWED TO MMCLINIC	878.58 ✓
						MEDICARE REPYMT OWED TO NEXION	3,584.86 ✓
						JULY INTEREST	
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	18,705.74 ✓
Solera at W Houston		11,914.05 ✓	11,814.05 ✓	59,815.85 ✓		59,915.85 ✓	48,403.27
						Bank Balance	59,915.85 ✓
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPYMT OWED TO BETHANY	7,226.15 ✓
						MEDICARE REPYMT OWED TO MMCLINIC	601.57 ✓
						MEDICARE REPYMT OWED TO NEXION	3,584.86 ✓
						JULY INTEREST	
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	48,403.27 ✓
						TOTAL TRANSFERS	230,953.22
						Approved:	
						Jason Anglin, CEO	7/19/2021

Note: Only balances of over \$5,000 will be transferred.
Note 2: Each account has a base balance of \$1

106,536.35
42,978.31
14,329.55
18,705.74
48,403.27
230,953.22

APPROVED
ON

JUL 19 2021

CERTIFIED AUDITOR
GARRETT COUNTY, TEXAS

		MMC PORTION					
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
-	1,285.54	-	-	-	-	-	1,285.54
-	4,034.80	-	-	-	-	-	4,034.80
-	40,628.00	-	-	-	-	-	40,628.00
-	25,635.54	-	-	-	-	-	25,635.54
-	24,440.10	-	-	-	-	-	24,440.10
11,550.42 ✓	-	-	-	-	-	-	-
-	13,383.23	-	-	-	-	-	13,383.23
28.04 ✓	-	-	-	-	-	-	-
277.01 ✓	-	-	-	-	-	-	-
-	1,665.50	-	-	-	-	-	1,665.50
-	3,182.01	-	-	-	-	-	3,182.01
-	3,694.21	-	-	-	-	-	3,694.21
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
11,855.47	117,948.93	-	-	-	-	-	117,948.93

		MMC PORTION				
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI
-	11,201.43	-	-	-	-	-
-	1,056.00	-	-	-	-	-
-	4,671.33	-	-	-	-	-
32,311.68		-	-	-	-	-
-	10,455.86	-	-	-	-	-
-	24,348.09	-	-	-	-	-
28.04	-	-	-	-	-	-
277.01	-	-	-	-	-	-
-	2,658.15	-	-	-	-	-
-	0.03	-	-	-	-	-
32,616.73	54,390.89	-	-	-	-	-

		MMC PORTION					
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 Elapse	QJPP TI	NH PORTION
-	2,471.20	-	-	-	-	-	2,471.20
-	6,030.65	-	-	-	-	-	6,030.65
25,631.56 ✓	-	-	-	-	-	-	-
-	16,683.78	-	-	-	-	-	16,683.78
28.04 ✓	-	-	-	-	-	-	-
277.01 ✓	-	-	-	-	-	-	-
-	556.50	-	-	-	-	-	556.50
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
25,936.61 ✓	25,742.13 ✓	-	-	-	-	-	25,742.13

		MMC PORTION					
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 Blaise	QIPP TI	NH PORTION
-	1,500.00						1,500.00
-	4,296.43						4,296.43
-	495.64						495.64
-	2,472.95						2,472.95
-	8,356.79						8,356.79
-	6,341.59						6,341.59
-	2,285.23						2,285.23
-	3,534.95						3,534.95
-	1,010.00						1,010.00
-							-
-							-
-							-
-							-
-	30,293.58						30,293.58

		MMC PORTION				NH PORTION	
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
-	1,417.10	-	-	-	-	-	1,417.10
-	9,355.60	-	-	-	-	-	9,355.60
-	13,135.60	-	-	-	-	-	13,135.60
-	5,654.00	-	-	-	-	-	5,654.00
11,509.00	-	-	-	-	-	-	-
-	2,716.98	-	-	-	-	-	2,716.98
-	25,290.78	-	-	-	-	-	25,290.78
28.04	-	-	-	-	-	-	-
277.01	-	-	-	-	-	-	-
-	2,245.79	-	-	-	-	-	2,245.79
11,814.05	59,815.85	-	-	-	-	-	59,815.85
82,222.86	288,191.38	-	-	-	-	-	288,191.38

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

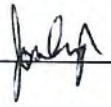
Data reported as of Jul 19, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$4,278,700.75	\$4,427,480.11	\$4,278,700.75	\$4,166,918.3
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,372.41	\$5,372.41	\$5,372.41	\$5,429.0
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$15,660.22	\$17,455.03	\$15,660.22	\$10,374.3
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.5
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$2,695,820.26	\$2,762,914.04	\$2,695,820.26	\$2,642,819.6
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.14	\$431.14	\$431.14	\$431.1
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$118,048.93 ✓	\$118,048.93	\$118,048.93	\$109,812.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$54,490.89 ✓	\$60,959.33	\$54,490.89	\$52,137.7
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$25,842.13 ✓	\$51,832.58	\$25,842.13	\$25,590.6
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$30,523.37 ✓	\$39,742.52	\$30,523.37	\$25,978.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$59,915.85 ✓	\$65,714.05	\$59,915.85	\$57,975.1
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10	\$1,107,607.1
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$86,814.98	\$95,068.88	\$86,814.98	\$71,446.7
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$19,921.76	\$34,236.89	\$19,921.76	\$12,072.6
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$37,001.73	\$46,847.23	\$37,001.73	\$36,327.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$20,714.47	\$20,714.47	\$20,714.47	\$8,380.1

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/19/2021

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		11,511.90 ✓	11,411.90 ✓	15,560.22 ✓		15,660.22	7,732.50
					Bank Balance	15,660.22	
					Variance	-	
					Leave in Balance	100.00	
					MEDICARE REPYMT OWED TO BETHANY	7,226.15 ✓	
					MEDICARE REPYMT OWED TO MMCLINIC	601.57 ✓	
					JULY INTEREST		
					AUG INTEREST		
					SEP INTEREST		
					Adjust Balance/Transfer Amt	7,732.50 ✓	

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 7/19/2021

APPROVED
ON
JUL 19 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

7/12/2021 TSYS/TRANSFIRST BXCD STLMT 54368455876917 9
 7/12/2021 ACH SETTLEMENT SERVICE 4105523439 9601693028
 7/12/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 7/14/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 7/15/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 7/16/2021 Check
 7/16/2021 Check
 7/16/2021 Deposit
 7/16/2021 GOLDENCREEKHEALT MERC DEP 1220356 9100001728
 7/16/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4&L apse	Q/PP TI	
-	1,720.00					-	1,720.00
-	2,104.02					-	2,104.02
-	5,929.66					-	5,929.66
-	215.59					-	215.59
11,106.85	-					-	-
28.04	-					-	-
277.01	-					-	-
-	4,259.13					-	4,259.13
-	1,077.93					-	1,077.93
-	253.89					-	253.89
-	-					-	-
-	-					-	-
11,411.90	15,560.22	-	-	-	-	-	15,560.22

Quick View

Select Quick View Accounts

Account Number / Name

Account Type



Select Group

Groups

Add Group

Search

All

DDA

Data reported as of Jul 19, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$4,278,700.75	\$4,427,480.11	\$4,278,700.75	\$4,166,918.3
*4551 CAL CO INDIGENT HEALTHCARE	\$5,372.41	\$5,372.41	\$5,372.41	\$5,429.0
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$15,660.22 ✓	\$17,455.03	\$15,660.22	\$10,374.3
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.5
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$2,695,820.26	\$2,762,914.04	\$2,695,820.26	\$2,642,819.6
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.14	\$431.14	\$431.14	\$431.1
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$118,048.93	\$118,048.93	\$118,048.93	\$109,812.2
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$54,490.89	\$60,959.33	\$54,490.89	\$52,137.7
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$25,842.13	\$51,832.58	\$25,842.13	\$25,590.6
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$30,523.37	\$39,742.52	\$30,523.37	\$25,978.4
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$59,915.85	\$65,714.05	\$59,915.85	\$57,975.1
*2998 MMC -MONEY MARKET FUND	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10	\$1,107,607.1
*5506 MMC -NH BETHANY SENIOR LIVING	\$86,814.98	\$95,068.88	\$86,814.98	\$71,446.7
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$19,921.76	\$34,236.89	\$19,921.76	\$12,072.8
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$37,001.73	\$46,847.23	\$37,001.73	\$36,327.5
*3407 MMC -NH TUSCANY VILLAGE	\$20,714.47	\$20,714.47	\$20,714.47	\$8,380.1

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/19/2021

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		17,026.77	✓ 16,926.77	✓ 36,901.73	✓		37,001.73	36,901.73
						Bank Balance	37,001.73	
						Variance	-	
						Leave in Balance	100.00	

JULY INTEREST
AUG INTEREST
SEP INTEREST
Adjust Balance/Transfer Amt 36,901.73 ✓

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		2,322.41	✓	✓ 17,599.35	✓		19,921.76	19,821.76
						Bank Balance	19,921.76	
						Variance	-	
						Leave in Balance	100.00	

JULY INTEREST
AUG INTEREST
SEP INTEREST
Adjust Balance/Transfer Amt 19,821.76 ✓

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS 19,821.76

54,723.49

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

7/19/2021

APPROVED
ON
JUL 19 2021
COUNTY AUDITOR
GARRETT COUNTY, TEXAS

Gulf Points Plaza-Private Pay

7/12/2021 NDC SWEEP FAC H261 21000025989704 SWEEP FR
 7/12/2021 HNB - ECHO HCCLAIMPMT 746003411 440000219416
 7/13/2021 HNB - ECHO HCCLAIMPMT 746003411 440000254025
 7/13/2021 HNB - ECHO HCCLAIMPMT 746003411 440000254025
 7/13/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001013
 7/14/2021 PNC-ECHO HCCLAIMPMT 746003411 41000129246805
 7/14/2021 HNB - ECHO HCCLAIMPMT 746003411 440000278211
 7/14/2021 HNB - ECHO HCCLAIMPMT 746003411 440000278211
 7/14/2021 HNB - ECHO HCCLAIMPMT 746003411 440000278211
 7/14/2021 HNB - ECHO HCCLAIMPMT 746003411 440000278211
 7/14/2021 HNB - ECHO HCCLAIMPMT 746003411 440000278211
 7/14/2021 HNB - ECHO HCCLAIMPMT 746003411 440000278211
 7/14/2021 HNB - ECHO HCCLAIMPMT 746003411 440000278211
 7/14/2021 AETNA H09 HCCLAIMPMT 1922092790 311002006678
 7/15/2021 WIRE OUT HMG SERVICES, LLC
 7/15/2021 HNB - ECHO HCCLAIMPMT 746003411 440000210083
 7/15/2021 HNB - ECHO HCCLAIMPMT 746003411 440000210083
 7/16/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001215

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
-	8,104.00					-	8,104.00
-	135.07					-	135.07
-	93.50					-	93.50
-	834.11					-	834.11
-	5,766.69					-	5,766.69
-	78.41					-	78.41
-	39.20					-	39.20
-	70.13					-	70.13
-	4,426.72					-	4,426.72
-	47.04					-	47.04
-	266.48					-	266.48
-	23.15					-	23.15
-	3,442.11					-	3,442.11
-	5,006.42					-	5,006.42
-	700.00					-	700.00
16,926.77	-					-	-
-	171.52					-	171.52
-	7,022.98					-	7,022.98
-	674.20					-	674.20
-	-					-	-
-	-					-	-
-	-					-	-
-	-					-	-
-	-					-	-
16,926.77	36,901.73	-	-	-	-	-	36,901.73

Gulf Points Plaza-Medicare/Medicaid

7/12/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2
 7/16/2021 Deposit

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
-	9,750.46					-	9,750.46
-	7,848.89					-	7,848.89
-	-					-	-
-	-					-	-
-	-					-	-
-	17,599.35	-	-	-	-	-	17,599.35
-	-					-	-
16,926.77	54,501.08	-	-	-	-	-	54,501.08

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

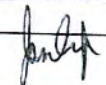
Data reported as of Jul 19, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$4,278,700.75	\$4,427,480.11	\$4,278,700.75	\$4,166,918.3
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,372.41	\$5,372.41	\$5,372.41	\$5,429.0
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$15,660.22	\$17,455.03	\$15,660.22	\$10,374.3
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.5
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$2,695,820.26	\$2,762,914.04	\$2,695,820.26	\$2,642,819.6
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.14	\$431.14	\$431.14	\$431.1
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$118,048.93	\$118,048.93	\$118,048.93	\$109,812.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$54,490.89	\$60,959.33	\$54,490.89	\$52,137.7
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$25,842.13	\$51,832.58	\$25,842.13	\$25,590.6
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$30,523.37	\$39,742.52	\$30,523.37	\$25,978.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$59,915.85	\$65,714.05	\$59,915.85	\$57,975.1
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10	\$1,107,607.1
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$86,814.98	\$95,068.88	\$86,814.98	\$71,446.7
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$19,921.76 ✓	\$34,236.89	\$19,921.76	\$12,072.6
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$37,001.73 ✓	\$46,847.23	\$37,001.73	\$36,327.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$20,714.47	\$20,714.47	\$20,714.47	\$8,380.1

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 7/19/2021

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		64,426.23	64,326.23	20,614.47			20,714.47	16,329.97
						Bank Balance	20,714.47	
						Variance		
						Leave in Balance	100.00	
						MEDICARE REPYMT OWED TO BETHANY		
						MEDICARE REPYMT OWED TO MMCLINIC	601.57	
						ICARE REPYMT OWED TO NEXION	3,682.93	
						Adjust Balance/Transfer Amt	16,329.97	

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 7/19/2021

APPROVED
 ON
 JUL 19 2021
 COUNTY AUDITOR
 CARROLL COUNTY, TEXAS

Tuscany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
7/13/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	3,515.21					-	3,515.21
7/14/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	1,922.07					-	1,922.07
7/14/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000129	-	1,197.71					-	1,197.71
7/15/2021 WIRE OUT LINBAR ENTERPRISES, LLC	64,021.18	-					-	-
7/15/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000157	-	1,340.13					-	1,340.13
7/16/2021 Check	28.04	-					-	-
7/16/2021 Check	277.01	-					-	-
7/16/2021 Deposit	-	1,558.69					-	1,558.69
7/16/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	5,725.66					-	5,725.66
7/16/2021 KS PLAN ADMINIST HCCLAIMPMT 179 111000023619	-	5,355.00					-	5,355.00
							-	-
	64,326.23	20,614.47	-	-	-	-	-	20,614.47

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Jul 19, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$4,278,700.75	\$4,427,480.11	\$4,278,700.75	\$4,166,918.3
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,372.41	\$5,372.41	\$5,372.41	\$5,429.0
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$15,660.22	\$17,455.03	\$15,660.22	\$10,374.3
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.5
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$2,695,820.26	\$2,762,914.04	\$2,695,820.26	\$2,642,819.6
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.14	\$431.14	\$431.14	\$431.1
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$118,048.93	\$118,048.93	\$118,048.93	\$109,812.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$54,490.89	\$60,959.33	\$54,490.89	\$52,137.7
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$25,842.13	\$51,832.58	\$25,842.13	\$25,590.6
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$30,523.37	\$39,742.52	\$30,523.37	\$25,978.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$59,915.85	\$65,714.05	\$59,915.85	\$57,975.1
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10	\$1,107,607.1
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$86,814.98	\$95,068.88	\$86,814.98	\$71,446.7
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$19,921.76	\$34,236.89	\$19,921.76	\$12,072.8
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$37,001.73	\$46,847.23	\$37,001.73	\$36,327.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$20,714.47	\$20,714.47	\$20,714.47	\$8,380.1

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 7/19/2021

Nursing Home	Account	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		\$ 246,817.37	246,717.37	86,714.98			86,814.98	86,714.98
						Bank Balance	86,814.98	
						Variance	.	
						Leave in Balance	100.00	

JULY INTEREST
 AUG INTEREST
 SEP INTEREST
 Adjust Balance/Transfer Amt 86,714.98

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 7/19/2021

APPROVED
 ON
 JUL 19 2021
 COUNTY AUDITOR
 CARROLL COUNTY, TEXAS

Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
7/12/2021 Deposit	-	6,163.19					-	6,163.19
7/12/2021 Deposit	-	50,168.60					-	50,168.60
7/13/2021 Deposit	-	491.43					-	491.43
7/13/2021 ACCENTCARE INC PAYABLES 9990007660 210000270	-	2,664.30					-	2,664.30
7/13/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	419.19					-	419.19
7/14/2021 Deposit	-	7,440.00					-	7,440.00
7/15/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	246,717.37	-					-	-
7/15/2021 Deposit	-	4,000.00					-	4,000.00
7/16/2021 Deposit	-	11,390.56					-	11,390.56
7/16/2021 Deposit	-	168.24					-	168.24
7/16/2021 HOSPICE OF SO TX VENDORS NF 91000010750567	-	903.83					-	903.83
7/16/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	2,905.64					-	2,905.64
	246,717.37	86,714.98	-	-	-	-	-	86,714.98

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

Add Group

Search

All

DDA

Data reported as of Jul 19, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$4,278,700.75	\$4,427,480.11	\$4,278,700.75	\$4,166,918.3
*4551 CAL CO INDIGENT HEALTHCARE	\$5,372.41	\$5,372.41	\$5,372.41	\$5,429.0
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$15,660.22	\$17,455.03	\$15,660.22	\$10,374.3
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.5
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$2,695,820.26	\$2,762,914.04	\$2,695,820.26	\$2,642,819.6
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.14	\$431.14	\$431.14	\$431.1
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$118,048.93	\$118,048.93	\$118,048.93	\$109,812.2
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$54,490.89	\$60,959.33	\$54,490.89	\$52,137.7
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$25,842.13	\$51,832.58	\$25,842.13	\$25,590.6
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$30,523.37	\$39,742.52	\$30,523.37	\$25,978.4
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$59,915.85	\$65,714.05	\$59,915.85	\$57,975.1
*2998 MMC -MONEY MARKET FUND	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10	\$1,107,607.1
*5506 MMC -NH BETHANY SENIOR LIVING	\$86,814.98 ✓	\$95,068.88	\$86,814.98	\$71,446.7
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$19,921.76	\$34,236.89	\$19,921.76	\$12,072.6
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$37,001.73	\$46,847.23	\$37,001.73	\$36,327.5
*3407 MMC -NH TUSCANY VILLAGE	\$20,714.47	\$20,714.47	\$20,714.47	\$8,380.1