

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 01, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 671,743.21
TOTAL TRANSFERS BETWEEN FUNDS	\$ 413,269.50
TOTAL NURSING HOME UPL EXPENSES	\$ 1,073,751.01
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED September 01, 2021	\$ 2,158,763.72

APPROVED

SEP - 1 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 01, 2021

PAYABLES AND PAYROLL

8/23/2021	Weekly Payables	211,004.88
8/30/2021	McKesson-340B Prescription Expense	22,405.04
8/30/2021	Amerisource Bergen-340B Prescription Expense	519.16
8/27/2021	Payroll Liabilities -Payroll Taxes	106,962.69
8/27/2021	Payroll	329,229.41
8/30/2021	Payroll Liabilities for supplemental payroll-Payroll Taxes	187.21
8/30/2021	Supplemental Payroll	770.77

Prosperity Electronic Bank Payments

8/24/-8/27/21	Pay Plus-Patient Claims Processing Fee	564.05
8/27/2021	Bank Adjustment-see attached ACH report	100.00

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ **671,743.21**

TRANSFER BETWEEN FUNDS TO NURSING HOMES

8/27/2021	MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating in error	6,660.00
8/27/2021	MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	112,218.40
8/27/2021	MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	39,243.64
	MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment deposited into MMC Operating	
8/27/2021	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating in error	41,714.91
8/27/2021	MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error and MMC Medicare recoup taken from Bethany	95,453.55
8/31/2021	Solera to Tuscany Village-correction of check made out to Tuscany deposited into Solera in error	66,466.42

MEDICARE ADVANCE PAYMENT RECOUP

8/30/2021	Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	2,470.62
8/30/2021	Broadmoor to Bethany-correction of Broadmoor medical recoup taken from Bethany	607.41
8/30/2021	Broadmoor to Tuscany Village-correction of Broadmoor medical recoup taken from Tuscany Village	6,553.31
8/30/2021	Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	2,526.19
8/30/2021	Crescent to Tuscany Village-correction of Crecent medicare recoup taken from Tuscany Village	6,553.31
8/30/2021	Crescent to Bethany-correction of Crecent medicare recoup taken from Bethany	607.41
8/30/2021	Fort Bend to MMC Operating-correction of Fort Bend medicare recoup taken from MMC Operating	2,526.19
8/30/2021	Fort Bend to Tuscany Village-correction of Fort Bend medicare recoup taken from Tuscany Village	6,553.31
8/30/2021	Fort Bend to Bethany-correction of Fort Bend medicare recoup taken from Bethany	607.41
8/30/2021	Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	2,526.19
8/30/2021	Solera to Bethany-correction of Solera medicare recoup taken from Bethany	607.41
8/30/2021	Solera to Tuscany Village-correction of Solera medicare recoup taken from Tuscany Village	6,553.31
8/30/2021	Golden Creek to MMC Operating-correction of Golden Creek recoup taken from MMC Operating	2,526.19
8/30/2021	Golden Creek to Tuscany Village-correction of Golden Creek medicare recoup taken from Tuscany Village	6,553.31
8/30/2021	Golden Creek to Bethany-correction of Golden Creek medicare recoup taken from Bethany	607.41
8/30/2021	Tuscany to MMC Operating-correction of Tuscany medicare recoup taken from MMC Operating	2,526.19

8/30/2021 Tuscany to Bethany-correction of Tuscany medicare recoup taken from Bethany

607.41

TOTAL TRANSFERS BETWEEN FUNDS \$ 413,269.50

NURSING HOME UPL EXPENSES

8/30/2021 Nursing Home UPL-Cantex Transfer	418,203.66
8/30/2021 Nursing Home UPL-Nexion Transfer	27,650.09
8/30/2021 Nursing Home UPL-HMG Transfer	146,714.35
8/30/2021 Nursing Home UPL-Tuscany Transfer	206,939.45
8/30/2021 Nursing Home UPL-HSL Transfer	160,495.18

QIPP/RECOUP CHECKS TO MMC

8/30/2021 Ashford	43,686.31
8/30/2021 Broadmoor	18,074.10
8/30/2021 Crescent	14,507.61
8/30/2021 Fort Bend	17,659.44
8/30/2021 Solera	17,133.01
8/30/2021 Tuscany	2,687.81

TOTAL NURSING HOME UPL EXPENSES \$ 1,073,751.01

TOTAL INTER-GOVERNMENT TRANSFERS \$ -

GRAND TOTAL DISBURSEMENTS APPROVED September 01, 2021 \$ 2,158,763.72

08/26/2021		MEMORIAL MEDICAL CENTER								0
16:28		AP Open Invoice List								ap_open_invoice.template
		Due Dates Through: 09/15/2021								
Vendor#	Vendor Name							Pay Code		
11062	AIRESPRING INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
152004017	✓ 08/26/2021	08/16/2021	08/16/2021				619.82	0.00	0.00	619.82 ✓
PHONES										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net
11062		AIRESPRING INC				619.82	0.00	0.00		619.82
Vendor#	Vendor Name							Pay Code		
A1746	ALPHA TEC SYSTEMS INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00096374	✓ 08/24/2021	07/02/2021	07/18/2021				328.55	0.00	0.00	328.55 ✓
SUPPLIES										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net
A1746		ALPHA TEC SYSTEI				328.55	0.00	0.00		328.55
Vendor#	Vendor Name							Pay Code		
A1360	AMERISOURCEBERGEN DRUG CCW ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3061333248	✓ 08/24/2021	07/13/2021	07/19/2021				892.40	0.00	0.00	892.40 ✓
INVENTORY										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net
A1360		AMERISOURCEBEF				892.40	0.00	0.00		892.40
Vendor#	Vendor Name							Pay Code		
A2150	ANNOUNCEMENTS PLUS TOO AG W ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
611 ✓	08/24/2021	07/09/2021	07/19/2021				15.00	0.00	0.00	15.00 ✓
LEAF										
619 ✓	08/24/2021	08/04/2021	08/14/2021				175.00	0.00	0.00	175.00 ✓
PRINTING - FIRE PLAN										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net
A2150		ANNOUNCEMENTS				190.00	0.00	0.00		190.00
Vendor#	Vendor Name							Pay Code		
A0400	AUREUS RADIOLOGY LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2292211 ✓	08/19/2021	08/16/2021	09/15/2021				2,378.50	0.00	0.00	2,378.50 ✓
LAB STAFFING										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net
A0400		AUREUS RADIOLO(2,378.50	0.00	0.00		2,378.50
Vendor#	Vendor Name							Pay Code		
12800	AUTHORITYRX ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1172 ✓	08/24/2021	08/07/2021	08/07/2021				13,655.00	0.00	0.00	13,655.00 ✓
340B IDENTIFIED CLAIMS										
1176A ✓	08/24/2021	08/17/2021	08/17/2021				15,757.00	0.00	0.00	15,757.00 ✓
340 ADVANCED CLAIMS CAPTURE										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net
12800		AUTHORITYRX				29,412.00	0.00	0.00		29,412.00
Vendor#	Vendor Name							Pay Code		
B1150	BAXTER HEALTHCARE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
71537459 ✓	08/25/2021	07/28/2021	08/22/2021				272.44	0.00	0.00	272.44 ✓
SUPPLIES										
71556593 ✓	08/25/2021	07/29/2021	08/23/2021				1,108.56	0.00	0.00	1,108.56 ✓
SUPPLIES										
71555491 ✓	08/25/2021	07/29/2021	08/23/2021				20.71	0.00	0.00	20.71 ✓
SUPPLIES										
71473744 ✓	08/26/2021	07/21/2021	08/15/2021				629.50	0.00	0.00	629.50 ✓
LEASE										

12313726 ✓ 08/26/2021 08/01/2021 08/26/2021 3.60 0.00 0.00 3.60

LATE FEE

Vendor Totals: Number Name Gross Discount No-Pay Net
B1150 BAXTER HEALTHC/ 2,034.81 0.00 0.00 2,034.81

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
109238759 ✓ 08/19/2021 08/16/2021 09/10/2021 1,288.45 0.00 0.00 1,288.45 ✓

SUPPLIES

109239367 ✓ 08/19/2021 08/16/2021 09/10/2021 230.44 0.00 0.00 230.44 ✓

SUPPLIES

109064519 ✓ 08/24/2021 05/12/2021 06/06/2021 24.98 0.00 0.00 24.98 ✓

SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
B1220 BECKMAN COULTE 1,543.87 0.00 0.00 1,543.87

Vendor# B0437

Vendor Name Class Pay Code
C R BARD INC ✓ M

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
82909516 ✓ 08/25/2021 08/05/2021 09/04/2021 109.32 0.00 0.00 109.32 ✓

SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
B0437 C R BARD INC 109.32 0.00 0.00 109.32

Vendor# D1040

Vendor Name Class Pay Code
C R BARD, INC ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
82871786 ✓ 08/25/2021 07/28/2021 08/25/2021 350.78 0.00 0.00 350.78 ✓

SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
D1040 C R BARD, INC 350.78 0.00 0.00 350.78

Vendor# 13992

Vendor Name Class Pay Code
CARIANT HEALTH PARTNERS ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
127006 ✓ 08/25/2021 08/11/2021 09/10/2021 4,940.00 0.00 0.00 4,940.00 ✓

MED SURG STAFFING

Vendor Totals: Number Name Gross Discount No-Pay Net
13992 CARIANT HEALTH F 4,940.00 0.00 0.00 4,940.00

Vendor# C1992

Vendor Name Class Pay Code
CDW GOVERNMENT, INC. ✓ M

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
H726519 ✓ 08/26/2021 08/02/2021 09/01/2021 6,941.49 0.00 0.00 6,941.49 ✓

LAPTOP/PC/OFFICE/PHONE CORC

Vendor Totals: Number Name Gross Discount No-Pay Net
C1992 CDW GOVERNMEN 6,941.49 0.00 0.00 6,941.49

Vendor# 13572

Vendor Name Class Pay Code
COMMUNITY INFUSION SOLUTION ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
IC20210816 ✓ 08/26/2021 08/04/2021 10,364.31 0.00 0.00 10,364.31 ✓

OP INFUSION CENTER

Vendor Totals: Number Name Gross Discount No-Pay Net
13572 COMMUNITY INFUS 10,364.31 0.00 0.00 10,364.31

Vendor# C1970

Vendor Name Class Pay Code
CONMED CORPORATION ✓ M

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
625880 ✓ 08/25/2021 08/03/2021 08/25/2021 445.20 0.00 0.00 445.20 ✓

SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
C1970 CONMED CORPOR, 445.20 0.00 0.00 445.20

Vendor# 11368

Vendor Name Class Pay Code
CYRACOM LLC ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
1358201 ✓ 07/31/2021 07/31/2021 09/14/2021 166.33 0.00 0.00 166.33 ✓

INTERPERTATION SERVICES

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	11368		CYRACOM LLC	166.33	0.00	0.00	166.33			
Vendor#			Vendor Name	Class		Pay Code				
10368			DEWITT POTH & SON ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6524820 ✓	08/24/2021	08/10/2021	09/04/2021				127.89	0.00	0.00	127.89 ✓
			SUPPLIES							
6524810 ✓	08/24/2021	08/10/2021	09/04/2021				140.88	0.00	0.00	140.88 ✓
			SUPPLIES							
6525850 ✓	08/24/2021	08/11/2021	09/05/2021				114.98	0.00	0.00	114.98 ✓
			SUPPLIES							
6525060 ✓	08/24/2021	08/11/2021	09/05/2021				562.50	0.00	0.00	562.50 ✓
			SUPPLIES							
6516121 ✓	08/24/2021	08/12/2021	09/06/2021				385.89	0.00	0.00	385.89 ✓
			SUPPLIES							
6526680 ✓	08/24/2021	08/12/2021	09/06/2021				161.58	0.00	0.00	161.58 ✓
			SUPPLIES							
6526830 ✓	08/24/2021	08/12/2021	09/06/2021				32.50	0.00	0.00	32.50 ✓
			SUPPLIES							
652760 0	08/24/2021	08/13/2021	09/07/2021				73.90	0.00	0.00	73.90 ✓
			SUPPLIES							
6508090 ✓	08/24/2021	08/16/2021	09/10/2021				15.57	0.00	0.00	15.57 ✓
			SUPPLIES							
6528780 ✓	08/24/2021	08/16/2021	09/10/2021				235.26	0.00	0.00	235.26 ✓
			SUPPLIES							
6531600 ✓	08/24/2021	08/17/2021	09/11/2021				213.13	0.00	0.00	213.13 ✓
			SUPPLIES							
6531590 ✓	08/24/2021	08/17/2021	09/11/2021				18.82	0.00	0.00	18.82 ✓
			SUPPLIES							
6510180 ✓	08/26/2021	07/27/2021	08/21/2021				32.69	0.00	0.00	32.69 ✓
			SUPPLIES							
6510170 ✓	08/26/2021	07/27/2021	08/21/2021				53.19	0.00	0.00	53.19 ✓
			SUPPLIES							
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
10368		DEWITT POTH & SC	2,168.78	0.00	0.00	2,168.78				
Vendor#		Vendor Name	Class		Pay Code					
11960		DILON TECHNOLOGIES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00036184 ✓	08/25/2021	08/03/2021	08/25/2021				200.00	0.00	0.00	200.00 ✓
			SUPPLIES							
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
11960		DILON TECHNOLOC	200.00	0.00	0.00	200.00				
Vendor#		Vendor Name	Class		Pay Code					
10789		DISCOVERY MEDICAL NETWORK ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC081521 0	08/26/2021	08/15/2021	08/15/2021				55,735.15	0.00	0.00	55,735.15 ✓
			PRO FEES (August 1-15, 2021)							
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
10789		DISCOVERY MEDIC	55,735.15	0.00	0.00	55,735.15				
Vendor#		Vendor Name	Class		Pay Code					
10042		ERBE USA INC SURGICAL SYSTEM ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
692657 ✓	08/25/2021	07/28/2021	08/25/2021				139.50	0.00	0.00	139.50 ✓
			SUPPLIES							
694109 ✓	08/25/2021	08/04/2021	08/25/2021				139.50	0.00	0.00	139.50 ✓
			SUPPLIES							
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
10042		ERBE USA INC SUF	279.00	0.00	0.00	279.00				
Vendor#		Vendor Name	Class		Pay Code					
F1100		FEDERAL EXPRESS CORP. ✓	W							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
746592558	✓ 08/24/2021	08/12/2021	09/06/2021				128.56	0.00	0.00	128.56 ✓
	SHIPPING									
746592557	✓ 08/24/2021	08/12/2021	09/06/2021				10.89	0.00	0.00	10.89 ✓
	SHIPPING									
747282035	✓ 08/24/2021	08/19/2021	09/13/2021				69.82	0.00	0.00	69.82 ✓
	SHIPPING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
F1100		FEDERAL EXPRESS	209.27	0.00	0.00	209.27

Vendor# F1400

Vendor Name	Class	Pay Code
FISHER HEALTHCARE ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4413801	✓ 08/19/2021	07/13/2021	08/07/2021				147.19	0.00	0.00	147.19 ✓
	SUPPLIES									
6564235	✓ 08/25/2021	07/29/2021	08/23/2021				484.00	0.00	0.00	484.00 ✓
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
F1400		FISHER HEALTHCA	631.19	0.00	0.00	631.19

Vendor# 12944

Vendor Name	Class	Pay Code
FRASIER HEALTHCARE CONSULT ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
19081	✓ 08/26/2021	07/07/2021	07/07/2021				4,823.61	0.00	0.00	4,823.61 ✓
	COMMISSION ON COLLECTIONS									
19082	✓ 08/26/2021	07/07/2021	07/07/2021				8,038.54	0.00	0.00	8,038.54 ✓
	COLLECTIONS									
19100	✓ 08/26/2021	07/26/2021	07/26/2021				9,211.99	0.00	0.00	9,211.99 ✓
	COLELCTIONS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12944		FRASIER HEALTHC	22,074.14	0.00	0.00	22,074.14

Vendor# 11149

Vendor Name	Class	Pay Code
GARDNER & WHITE, INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090121	08/25/2021	09/01/2021	09/01/2021				4,656.73	0.00	0.00	4,656.73 ✓
	INSURANCE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11149		GARDNER & WHITE	4,656.73	0.00	0.00	4,656.73

Vendor# 10956

Vendor Name	Class	Pay Code
GETINGE USA SALES LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6991653051	08/25/2021	07/28/2021	07/23/2021				59.41	0.00	0.00	59.41 ✓
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10956		GETINGE USA SALT	59.41	0.00	0.00	59.41

Vendor# 10653

Vendor Name	Class	Pay Code
GLOBAL EQUIPMENT CO. INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
117413055	✓ 08/24/2021	03/19/2021	04/18/2021				462.89	0.00	0.00	462.89 ✓
	CEILING DUCT KIT									
118013297	✓ 08/24/2021	08/06/2021	09/05/2021				7,236.89	0.00	0.00	7,236.89 ✓
	PORTABLE AC UNITS/CEILING DU									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10653		GLOBAL EQUIPME	7,699.78	0.00	0.00	7,699.78

Vendor# 11984

Vendor Name	Class	Pay Code
GUERBET, LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
18539574	✓ 08/24/2021	07/06/2021	07/06/2021				350.00	0.00	0.00	350.00 ✓
	SUPPLIES									
18534241	✓ 08/26/2021	06/14/2021	05/04/2021				700.00	0.00	0.00	700.00 ✓
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11984		GUERBET, LLC	1,050.00	0.00	0.00	1,050.00

Vendor#	Vendor Name	Class	Pay Code							
G1210	GULF COAST PAPER COMPANY	M ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2083329 ✓	08/24/2021	08/10/2021	09/09/2021				1,018.98	0.00	0.00	1,018.98 ✓
	SUPPLIES									
2083324 ✓	08/24/2021	08/10/2021	09/09/2021				124.62	0.00	0.00	124.62 ✓
	SUPPLIES									
2084388 ✓	08/24/2021	08/11/2021	09/10/2021				15.30	0.00	0.00	15.30 ✓
	SUPPLIES									
2084308 ✓	08/24/2021	08/11/2021	09/10/2021				358.56	0.00	0.00	358.56 ✓
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
G1210		GULF COAST PAPE				1,517.46	0.00	0.00	1,517.46	
10507	JASON ANGLIN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082421	08/25/2021	08/24/2021	08/24/2021				146.72	0.00	0.00	146.72 ✓
	THT CONFERENCE									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
10507		JASON ANGLIN				146.72	0.00	0.00	146.72 ✓	189.7
11141	MEDICAL DATA SYSTEMS, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
160964 ✓	08/26/2021	06/30/2021	07/25/2021				2,648.14	0.00	0.00	2,648.14 ✓
	COLLECTION FEES									
160963 ✓	08/26/2021	06/30/2021	07/25/2021				963.95	0.00	0.00	963.95 ✓
	COLLECTION FEES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
11141		MEDICAL DATA SY				3,612.09	0.00	0.00	3,612.09	
12588	MEDICAL TECHNOLOGY ASSOCIA ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV188929 ✓	08/26/2021	08/16/2021	09/10/2021				2,908.70	0.00	0.00	2,908.70 ✓
	SEMI ANNUAL PM ON VACUUM									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
12588		MEDICAL TECHNOL				2,908.70	0.00	0.00	2,908.70	
M2470	MEDLINE INDUSTRIES INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1959289370 ✓	08/25/2021	07/20/2021	08/14/2021				110.43	0.00	0.00	110.43 ✓
	SUPPLIES									
1960078808 ✓	08/25/2021	07/26/2021	08/20/2021				-186.60	0.00	0.00	-186.60 ✓
	CREDIT INVOICE 1959272249									
1960264125 ✓	08/25/2021	07/27/2021	08/21/2021				338.66	0.00	0.00	338.66 ✓
	SUPPLIES									
1960289079 ✓	08/25/2021	07/28/2021	08/22/2021				4,036.23	0.00	0.00	4,036.23 ✓
	SUPPLIES									
1960334246 ✓	08/25/2021	07/28/2021	08/22/2021				260.31	0.00	0.00	260.31 ✓
	SUPPLIES									
1960334247 ✓	08/25/2021	07/28/2021	08/22/2021				26.25	0.00	0.00	26.25 ✓
	SUPPLIES									
1960334245 ✓	08/25/2021	07/28/2021	08/22/2021				18.98	0.00	0.00	18.98 ✓
	SUPPLIES									
1960334248 ✓	08/25/2021	07/28/2021	08/22/2021				384.16	0.00	0.00	384.16 ✓
	SUPPLIES									
1960334249 ✓	08/25/2021	07/28/2021	08/22/2021				104.53	0.00	0.00	104.53 ✓
	SUPPLIES									
1960289080 ✓	08/25/2021	07/28/2021	08/22/2021				19.59	0.00	0.00	19.59 ✓
	SUPPLIES									
1960499255 ✓	08/25/2021	07/29/2021	08/23/2021				110.67	0.00	0.00	110.67 ✓
	SUPPLIES									

1960499254	08/25/2021	07/29/2021	08/23/2021	42.42	0.00	0.00	42.42	✓
SUPPLIES								
1961145258	08/25/2021	08/04/2021	08/29/2021	16.35	0.00	0.00	16.35	✓
SUPPLIES								
1961145260	08/25/2021	08/04/2021	08/29/2021	50.51	0.00	0.00	50.51	✓
SUPPLIES								
1961145274	08/25/2021	08/04/2021	08/29/2021	17.77	0.00	0.00	17.77	✓
SUPPLIES								
1961145270	08/25/2021	08/04/2021	08/29/2021	1,978.24	0.00	0.00	1,978.24	✓
SUPPLIES								
1961145268	08/25/2021	08/04/2021	08/29/2021	3,634.23	0.00	0.00	3,634.23	✓
SUPPLIES								
1961145265	08/25/2021	08/04/2021	08/29/2021	25.96	0.00	0.00	25.96	✓
SUPPLIES								
1961145272	08/25/2021	08/04/2021	08/29/2021	101.16	0.00	0.00	101.16	✓
SUPPLIES								
1961145271	08/25/2021	08/04/2021	08/29/2021	170.25	0.00	0.00	170.25	✓
SUPPLIES								
1961145257	08/25/2021	08/04/2021	08/29/2021	221.34	0.00	0.00	221.34	✓
SUPPLIES								
1961145261	08/25/2021	08/04/2021	08/29/2021	58.12	0.00	0.00	58.12	✓
SUPPLIES								
1961145273	08/25/2021	08/04/2021	08/29/2021	48.00	0.00	0.00	48.00	✓
SUPPLEIS								
1961145263	08/25/2021	08/04/2021	08/29/2021	297.60	0.00	0.00	297.60	✓
SUPPLIES								
1961145264	08/25/2021	08/04/2021	08/29/2021	135.42	0.00	0.00	135.42	✓
SUPPLIES								
1961145256	08/25/2021	08/04/2021	08/29/2021	110.67	0.00	0.00	110.67	✓
SUPPLIES								
1961743347	08/25/2021	08/07/2021	09/01/2021	18.18	0.00	0.00	18.18	✓
SUPPLIES								
1961743342	08/25/2021	08/07/2021	09/01/2021	37.55	0.00	0.00	37.55	✓
SUPPLIES								
1961743341	08/25/2021	08/07/2021	09/01/2021	2,525.31	0.00	0.00	2,525.31	✓
SUPPLIES								
1961743343	08/25/2021	08/07/2021	09/01/2021	394.28	0.00	0.00	394.28	✓
SUPPLIES								
1961743346	08/25/2021	08/07/2021	09/01/2021	49.02	0.00	0.00	49.02	✓
SUPPLIES								
1961743350	08/25/2021	08/07/2021	09/01/2021	7,572.31	0.00	0.00	7,572.31	✓
SUPPLIES								
1961743345	08/25/2021	08/07/2021	09/01/2021	173.20	0.00	0.00	173.20	✓
SUPPLIES								
1961743340	08/25/2021	08/07/2021	09/01/2021	160.41	0.00	0.00	160.41	✓
SUPPLIES								
1961743351	08/25/2021	08/07/2021	09/01/2021	85.80	82.91	0.00	82.91	✓
SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
M2470		MEDLINE INDUSTR	23,144.42	23,147.31	0.00	23,144.42

Vendor#
M2621

Vendor Name	Class	Pay Code								
MMC AUXILIARY GIFT SHOP	W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081921	08/25/2021	08/19/2021	08/19/2021				160.06	0.00	0.00	160.06
PAYROLL DED										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
M2621		MMC AUXILIARY GI	160.06	0.00	0.00	160.06

Vendor#
13548

Vendor Name	Class	Pay Code								
NACOGDOCHES TRANSCRIPTION	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7454	08/24/2021	08/20/2021	08/20/2021				386.54	0.00	0.00	386.54

TRANSCRIPTION

Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
	13548		NACOGDOCHES TF		386.54	0.00	0.00	386.54		
Vendor# 10152			Vendor Name PARTSSOURCE, LLC ✓		Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
03764792	✓ 08/25/2021	03/10/2021	03/10/2021	03/10/2021			473.50	0.00	0.00	473.50 ✓
			SUPPLIES							
03764507	✓ 08/25/2021	03/10/2021	03/10/2021	03/10/2021			160.75	0.00	0.00	160.75 ✓
			SUPPLIES							
03956555	✓ 08/26/2021	07/30/2021	08/29/2021	08/29/2021			49.58	0.00	0.00	49.58 ✓
			SUPPLIES							
Vendor# 13936	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
	10152		PARTSSOURCE, LL		683.83	0.00	0.00	683.83		
Vendor# 13936			Vendor Name PROTOUCH STAFFING ✓		Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
031183	✓ 08/26/2021	08/07/2021	09/06/2021	09/06/2021			975.00	0.00	0.00	975.00 ✓
			STAFFING ICU							
Vendor# 11080	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
	13936		PROTOUCH STAFF		975.00	0.00	0.00	975.00		
Vendor# 11080			Vendor Name RADSOURCE ✓		Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SC62597	✓ 08/26/2021	08/12/2021	09/06/2021	09/06/2021			1,667.00	0.00	0.00	1,667.00 ✓
			MAINT CONTRACT							
Vendor# 14052	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
	11080		RADSOURCE		1,667.00	0.00	0.00	1,667.00		
Vendor# 14052			Vendor Name RENEW BIOMEDICAL SERVICES L ✓		Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7743	✓ 08/24/2021	07/29/2021	07/29/2021	07/29/2021			3,500.00	0.00	0.00	3,500.00 ✓
			REPAIRS ON ER DEFIBULATORS							
Vendor# 10927	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
	14052		RENEW BIOMEDICA/		3,500.00	0.00	0.00	3,500.00		
Vendor# 10927			Vendor Name ROSHANDA THOMAS ✓		Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072921	08/25/2021	07/29/2021	07/29/2021	07/29/2021		224.64	164.64	0.00	0.00	164.64 224.64
			THT CONFERENCE							
Vendor# 11252	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
	10927		ROSHANDA THOM/		224.64 164.64	0.00	0.00	164.64 224.64		
Vendor# 11252			Vendor Name RX WASTE SYSTEMS LLC ✓		Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3310	✓ 08/26/2021	08/12/2021	09/06/2021	09/06/2021			1,787.80	0.00	0.00	1,787.80 ✓
			DISPOSAL SERVICES							
Vendor# S2270	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
	11252		RX WASTE SYSTEM		1,787.80	0.00	0.00	1,787.80		
Vendor# S2270			Vendor Name SMILE MAKERS ✓		Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9009716	✓ 08/24/2021	08/11/2021	09/05/2021	09/05/2021			51.93	0.00	0.00	51.93 ✓
			SUPPLIES							
Vendor# 11296	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
	S2270		SMILE MAKERS		51.93	0.00	0.00	51.93		
Vendor# 11296			Vendor Name SOUTH TEXAS BLOOD & TISSUE C ✓		Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CM5198	✓ 08/19/2021	08/15/2021	09/09/2021	09/09/2021			-1,659.00	0.00	0.00	-1,659.00 ✓
			CREDIT							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net				
107016595	08/19/2021	08/15/2021	09/09/2021				5,476.00	0.00	0.00	5,476.00 ✓				
Vendor Totals: BLOOD														
Vendor#	11296	Vendor Name	SOUTH TEXAS BLO	Class	3,817.00		0.00	0.00		3,817.00				
T1880		Vendor Name	TEXAS DEPARTMENT OF LICENSII A/P ✓	Class										
Invoice#	10129261	Comment	08/24/2021	Tran Dt	07/21/2021	Inv Dt	08/20/2021	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
							140.00	0.00	0.00		140.00			140.00 ✓
Vendor Totals: BOILER CERTS TX257962/63														
Vendor#	T1880	Vendor Name	TEXAS DEPARTMEI	Class	140.00		0.00	0.00		140.00				
13880		Vendor Name	TEXAS SELECT STAFFING ✓	Class										
Invoice#	00177905107	Comment	08/26/2021	Tran Dt	07/28/2021	Inv Dt	07/28/2021	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
							7,221.18	0.00	0.00		7,221.18			7,221.18 ✓
Vendor Totals: ICU/MED SURG STAFFING														
Vendor#	13880	Vendor Name	TEXAS SELECT ST/	Class	7,221.18		0.00	0.00		7,221.18				
11067		Vendor Name	TRIZETTO PROVIDER SOLUTIONS ✓	Class										
Invoice#	35FK082100	Comment	08/26/2021	Tran Dt	08/01/2021	Inv Dt	08/26/2021	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
							1,721.15	0.00	0.00		1,721.15			1,721.15 ✓
Vendor Totals: PT STATEMENTS														
Vendor#	11067	Vendor Name	TRIZETTO PROVIDE	Class	1,721.15		0.00	0.00		1,721.15				
U1054		Vendor Name	UNIFIRST HOLDINGS ✓	Class	W									
Invoice#	8400373514	Comment	08/17/2021	Tran Dt	08/16/2021	Inv Dt	09/10/2021	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
							47.47	0.00	0.00		47.47			47.47 ✓
Vendor Totals: LAUNDRY														
Invoice#	8400373537	Comment	08/17/2021	Tran Dt	08/16/2021	Inv Dt	09/10/2021	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
							1,622.66	0.00	0.00		1,622.66			1,622.66 ✓
Vendor Totals: LAUNDRY														
Invoice#	8400373513	Comment	08/17/2021	Tran Dt	08/16/2021	Inv Dt	09/10/2021	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
							45.15	0.00	0.00		45.15			45.15 ✓
Vendor Totals: LAUNDRY														
Vendor#	U1054	Vendor Name	UNIFIRST HOLDING	Class	1,715.28		0.00	0.00		1,715.28				
12208		Vendor Name	WAGeworks ✓	Class										
Invoice#	INV2984173	Comment	08/25/2021	Tran Dt	08/16/2021	Inv Dt	09/15/2021	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
							580.25	0.00	0.00		580.25			580.25 ✓
Vendor Totals: AMDMIN COMPLIANCE FEE														
Vendor#	12208	Vendor Name	WAGeworks	Class	580.25		0.00	0.00		580.25				

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	211,381.88	0.00	0.00	211,381.88

211,381.88 +
 146.72 -
 169.72 +
 82.91 -
 85.80 +
 164.64 -
 224.64 +
 211,467.77 +
 462.89 -
 211,004.88 =

APPROVED ON
 AUG 23 2021
 COUNTY ADMINISTRATOR
 CALLEJON COUNTY, TEXAS
 CK# 191714-
 191764

pg 5 correction { <146.72> +169.72
 pg 6 correction { <82.91> +85.80
 pg 7 correction { <164.64> +224.64
 remove per Melissa - pg 4
 \$211,467.77
 <462.89>
 \$ 211,004.88

MCKESSON

STATEMENT

As of: 08/27/2021

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 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536

Date: 08/28/2021

As of: 08/27/2021
Mail to:

Page: 002
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 08/28/2021 **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: 22,862.25 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 08/31/2021,
Pay This Amount: 22,405.04 USD

If Paid After 08/31/2021,
Pay this Amount: 22,862.25 USD

Due If Paid On Time: 22,405.04 ✓
USD
Disc lost if paid late: 457.21
Due If Paid Late: 22,862.25
USD

O.C

3,668.16 +
9,718.66 +
10.39 +
8,051.70 +
956.13 +
22,405.04 *

CK# 500228

APPROVED
ON

AUG 30 2021

GOENEY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 08/27/2021

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 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 190813

Date: 08/28/2021

As of: 08/27/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 08/28/2021

**PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
08/25/2021	08/31/2021	7289949971	2017034656	115Invoice	18.84	942.09		923.25 ✓		7289949971	
08/27/2021	08/31/2021	7290483912	2017034862	115Invoice	0.67	33.55		32.88 ✓		7290483912	

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

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

Subtotals: 975.64 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11,692.66
08/23/2021

If Paid By 08/31/2021,
Pay This Amount: 956.13 USD

If Paid After 08/31/2021,
Pay this Amount: 975.64 USD

Due If Paid On Time: 956.13 USD
Disc lost if paid late: 19.51
Due If Paid Late: 975.64 USD

APPROVED
AUG 30 2021
COUNTY CLERK
CAMERON COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 08/27/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 08/27/2021
Mail to:

Page: 001
Comp: 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

Territory: 400

Customer: 256342
Date: 08/28/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 08/28/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
18/21/2021	08/31/2021	7289436302	0820210734	115Invoice	22.75	1,137.46		1,114.71 ✓		7289436302	
18/23/2021	08/31/2021	7289352488	14129535	115Invoice	2.05	102.26		100.21 ✓		7289352488	
18/23/2021	08/31/2021	7289352490	14150366	115Invoice	5.09	254.74		249.65 ✓		7289352490	
18/23/2021	08/31/2021	7289352491	14150366	115Invoice	16.38	819.24		802.86 ✓		7289352491	
18/23/2021	08/31/2021	7289352493	14188766	115Invoice	0.29	14.69		14.40 ✓		7289352493	
18/24/2021	08/31/2021	7289694551	14242380	115Invoice	1.94	96.77		94.83 ✓		7289694551	
18/24/2021	08/31/2021	7289855607	0823210802	115Invoice	33.90	1,694.91		1,661.01 ✓		7289855607	
18/24/2021	08/31/2021	7289855608	0823210751	115Invoice	0.78	38.99		38.21 ✓		7289855608	
18/25/2021	08/31/2021	7289952703	14313836	115Invoice	0.56	28.08		27.52 ✓		7289952703	
18/25/2021	08/31/2021	7289952706	14347216	115Invoice		0.16		0.16 ✓		7289952706	
18/25/2021	08/31/2021	7290131252	0824211045	195Invoice	0.67	33.71		33.04 ✓		7290131252	
18/25/2021	08/31/2021	7290131253	0824210651	115Invoice	0.85	42.69		41.84 ✓		7290131253	
18/26/2021	08/31/2021	7290223657	14367822	115Invoice	4.32	216.08		211.76 ✓		7290223657	
18/26/2021	08/31/2021	7290223659	14403533	115Invoice	25.46	1,273.16		1,247.70 ✓		7290223659	
18/26/2021	08/31/2021	7290405145	0825210709	115Invoice	0.02	0.95		0.93 ✓		7290405145	
18/27/2021	08/31/2021	7290486526	14424237	115Invoice	0.56	28.08		27.52 ✓		7290486526	
18/27/2021	08/31/2021	7290486528	14424237	115Invoice	10.31	515.37		505.06 ✓		7290486528	
18/27/2021	08/31/2021	7290486530	14461506	115Invoice	28.70	1,435.16		1,406.46 ✓		7290486530	
18/27/2021	08/31/2021	7290644180	0826210841	195Invoice	9.65	482.55		472.90 ✓		7290644180	
18/27/2021	08/31/2021	7290644181	0826210628	115Invoice	0.02	0.95		0.93 ✓		7290644181	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 08/27/2021

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: 08/28/2021

As of: 08/27/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 08/28/2021

**PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 8,216.00 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11,692.66
08/23/2021

If Paid By 08/31/2021,
Pay This Amount: 8,051.70 USD

If Paid After 08/31/2021,
Pay this Amount: 8,216.00 USD

Due If Paid On Time:
USD 8,051.70 ✓
Disc lost if paid late: 164.30
Due If Paid Late:
USD 8,216.00

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 08/27/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 08/27/2021

Page: 001

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Mall to:

Comp: 8000

Customer: 262252

Date: 08/28/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 08/28/2021 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											
08/26/2021	08/31/2021	7290221262	1323133	115Invoice	0.21	10.60		10.39	✓	7290221262	

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: 10.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 20,309.51
08/16/2021

If Paid By 08/31/2021,
Pay This Amount:

10.39 USD

If Paid After 08/31/2021,
Pay this Amount:

10.60 USD

Due If Paid On Time:

USD 10.39 ✓

Disc lost if paid late:

0.21

Due If Paid Late:

USD 10.60

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 08/27/2021

Page: 001

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

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

DC: 8115

Territory: 400

Customer: 464450

Date: 08/28/2021

As of: 08/27/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450
Date: 08/28/2021

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 464450 HEB PHY FC 490/MEM MC PHS											
08/26/2021	08/31/2021	7290235525	55x585161	115Invoice	3.65	182.58		178.93	✓	7290235525	
08/26/2021	08/31/2021	7290235526	55x585164	115Invoice	0.17	8.53		8.36	✓	7290235526	
08/26/2021	08/31/2021	7290235527	55x585172	115Invoice	34.05	1,702.68		1,668.63	✓	7290235527	
08/26/2021	08/31/2021	7290235528	55x585204	115Invoice	160.29	8,014.46		7,854.17	✓	7290235528	
08/27/2021	08/31/2021	7290480312	55x588888	115Invoice	0.17	8.74		8.57	✓	7290480312	

PF 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:

9,916.99 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11,692.66
08/23/2021

If Paid By 08/31/2021,
Pay This Amount:

9,718.66 USD

If Paid After 08/31/2021,
Pay this Amount:

9,916.99 USD

Due If Paid On Time:
USD

9,718.66 ✓

Disc lost if paid late:

198.33

Due If Paid Late:
USD

9,916.99

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 08/27/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 08/27/2021
Mall to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 835438
Date: 08/28/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 08/28/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
08/26/2021	08/31/2021	7290425263	1323776	115Invoice	74.86	3,743.02		3,668.16	✓	7290425263	

*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: 3,743.02 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11,692.66
08/23/2021

If Paid By 08/31/2021,
Pay This Amount:

3,668.16 USD

If Paid After 08/31/2021,
Pay this Amount:

3,743.02 USD

Due If Paid On Time:

USD 3,668.16 ✓

Disc lost if paid late:

74.86

Due If Paid Late:

USD 3,743.02

For AR Inquiries please contact 800-867-0333

Serviced By:	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Customer:	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number	100135284 / 037028186
	DEA: RA0289276 866-451-9655			Terms	Sat - Fri Due in 7 days
Remit To:	AMERISOURCEBERGEN P.O. Box 905223 CHARLOTTE NC 28290-5223			Summary	
				Not Yet Due:	0.00
				Current:	519.16
				Past Due:	0.00
				Total Due:	519.16
				Account Balance:	519.16

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-23-2021	09-03-2021	3065355256	162558	Invoice	51.19		0.00	51.19
08-23-2021	09-03-2021	3065355257	162559	Invoice	53.03		0.00	53.03
08-23-2021	09-03-2021	3065388670	162605	Invoice	11.81		0.00	11.81
08-24-2021	09-03-2021	3065517935	162613	Invoice	39.56		0.00	39.56
08-25-2021	09-03-2021	3065652797	162623	Invoice	137.30		0.00	137.30
08-26-2021	09-03-2021	3065709877	4512834360	Invoice	34.17		0.00	34.17
08-26-2021	09-03-2021	3065788567	162635	Invoice	152.44		0.00	152.44
08-27-2021	09-03-2021	3065929347	162645	Invoice	39.66		0.00	39.66

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
519.16	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
08-27-2021	(542.93)

Reminders	
Due Date	Amount
09-03-2021	519.16
Total Due:	519.16

APPROVED
ON

AUG 30 2021

GOENY AUDITOR
CALLHOUN COUNTY, TEXAS

CK # 500-229

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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	<input type="text"/>
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		<input type="text"/>
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		<input type="text" value="941 #"/>
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		<input type="text" value="21"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		<input type="text" value="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			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		<input type="text" value="\$ 106,962.69 #"/>
	"1 TO CONFIRM"			<input type="text" value="1"/>
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		<input type="text" value="\$ 53,779.22 #"/>
	"ENTER W/CENTS AMOUNT OF MEDICARE"			<input type="text" value="\$ 12,841.80 #"/>
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			<input type="text" value="\$ 40,341.67 #"/>
		CHECK		<input type="text" value="\$ -"/>
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		<input type="text"/>
	"1 TO CONFIRM"			<input type="text" value="1"/>
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			<input type="text"/>

CALLED IN BY:	<input type="text"/>
CALLED IN DATE:	<input type="text"/>
CALLED IN TIME:	<input type="text"/>

Run Date: 08/27/21
Time: 14:32

MEMORIAL MEDICAL CENTER
Payroll Register (BI-Weekly)
Pay Period 08/13/21 - 08/26/21 Run# 1

Page 115
P3REG

Final Summary

*-- Pay Code Summary							*-- Deductions Summary							
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount				
1	REGULAR PAY-S1	9525.50	N	N	N			196381.45	A/R	577.25	A/R2	25.00	A/R3	
1	REGULAR PAY-S1	1568.75	N	N	N	N		68650.48	ADVANC	AWARDS	BOOTS			
1	REGULAR PAY-S1	520.25	Y	N	N			16867.31	CAFE-H	CAFE-1	CAFE-2			
2	REGULAR PAY-S2	2485.50	N	N	N			60466.28	CAFE-3	CAFE-4	CAFE-5			
2	REGULAR PAY-S2	227.25	Y	N	N			6907.82	CAFE-C	CAFE-D	1657.65	CAFE-F		
3	REGULAR PAY-S3	1464.50	N	N	N			38582.49	CAFE-H	20645.58	CAFE-I	CAFE-L		
3	REGULAR PAY-S3	141.00	Y	N	N			6094.70	CAFE-P	CANCER	CHILD	609.70		
C	CALL PAY	2359.00	N	1	N	N		4718.00	CLINIC	84.00	COMBIN	400.80	CREDUN	
D	DOUBLE TIME	50.00	N	1	N	N		3417.31	DD ADV	DENTAL	DEP-LF			
D	DOUBLE TIME	68.50	N	2	N	N		4779.32	DIS-LF	EAT	EATCSH			
D	DOUBLE TIME	32.50	N	3	N	N		2157.72	FEDTAX	40341.67	FICA-M	6420.90	FICA-O	26889.61
D	DOUBLE TIME	8.00	Y	1	N	N		917.28	FIRSTC	FLEX S	3352.29	FLX FE		
D	DOUBLE TIME	6.75	Y	2	N	N		795.76	FORT D	FUTA	GIFT S	224.33		
D	DOUBLE TIME	15.25	Y	3	N	N		1592.23	GRANT	GRP-IN	GTL			
E	EXTRA WAGES		N	N	N	N		8911.25	HOSP-I	1D TFT	LEAP			
E	EXTRA WAGES		N	1	N	N		1857.00	LEGAL	270.80	MASA	827.50	MEALS	155.14
I	INSERVICE	2.75	N	1	N	N		84.88	METVIS	376.74	MISC	MISC/		
K	EXTENDED-ILLNESS-BANK	16.00	N	N	N	N		335.04	MMCSHR	NATFML	1686.79	OTHER		
K	EXTENDED-ILLNESS-BANK	334.00	N	1	N	N		10569.32	PHI	PHI***	PR FIN			
P	PAID-TIME-OFF	319.49	N	N	N	N		7597.73	RELAY	REPAY	SAMS			
P	PAID-TIME-OFF	728.75	N	1	N	N		17691.39	SCRUBS	SIGNON	ST-TX			
X	CALL PAY 2	208.00	N	1	N	N		416.00	STONDF	780.86	STONE	STONE2		
Z	CALL PAY 3	96.00	N	1	N	N		288.00	STUDEN	SUNACC	773.61	SUNILL	672.92	
t	PHONE & DATA		N	N	N	N		1005.00	SUNIND	610.31	SUNLIF	734.31	SUNSTD	1192.99
v	COVID-PPCRA	428.00	N	1	N	N		7989.82	SUNVIS	SURCHG	450.00	TSA-1		
									TSA-2	TSA-C	TSA-P			
									TSA-R	38073.36	TUITION	UNIFOR	208.06	
									UW/HOS					

----- Grand Totals: 20605.74 ----- | Gross: 472783.58 | Deductions: 143554.17 | Net: 319229.41
 | Checks Count:- FT 194 PT 11 Other 36 Female 211 Male 29 Credit | OverAmt 12 ZeroNet 1 Term | Total: 240 |

Handwritten signature
 Pay date:
 09-03-21

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###	<input type="text"/>															
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"		<input type="text"/>															
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"		<input type="text" value="1"/>															
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	<input type="text" value="941 #"/>															
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"		<input type="text" value="1"/>															
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★	<input type="text" value="21"/>															
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH" 1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	★	<input type="text" value="09"/>															
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM" "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" "ENTER W/CENTS AMOUNT OF MEDICARE" "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	★	<table border="1"> <tr> <td>\$</td> <td>187.21</td> <td>#</td> </tr> <tr> <td></td> <td>1</td> <td></td> </tr> <tr> <td>0 \$</td> <td>118.02</td> <td>#</td> </tr> <tr> <td>\$</td> <td>27.60</td> <td>#</td> </tr> <tr> <td>\$</td> <td>41.59</td> <td>#</td> </tr> </table>	\$	187.21	#		1		0 \$	118.02	#	\$	27.60	#	\$	41.59	#
\$	187.21	#																
	1																	
0 \$	118.02	#																
\$	27.60	#																
\$	41.59	#																
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	CHECK ★	<table border="1"> <tr> <td>\$</td> <td></td> </tr> <tr> <td></td> <td>1</td> </tr> </table>	\$			1											
\$																		
	1																	
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER		<input type="text"/>															

CALLED IN BY:	<input type="text"/>
CALLED IN DATE:	<input type="text"/>
CALLED IN TIME:	<input type="text"/>

Run Date: 08/30/21
 Time: 14:23

MEMORIAL MEDICAL CENTER
 Payroll Register (Bi-Weekly)
 Pay Period 08/13/21 - 08/26/21 Run# 2

Page 3
 P2REG

Final Summary

*-- Pay Code Summary							*-- Deductions Summary					
PayCd	Description	Hrs	OT	SH	WE	HO	CE	Gross	Code	Amount		
D	DOUBLE TIME	3.75	N	2	N	N	N	264.00	A/R	A/R2	A/R3	
D	DOUBLE TIME	9.50	N	3	N	N	N	687.80	ADVANC	AWARDS	BOOTS	
									CAFE H	CAFE-1	CAFE-2	
									CAFE-3	CAFE-4	CAFE-5	
									CAFE-C	CAFE-D	CAFE-F	
									CAFE-H	CAFE-I	CAFE-L	
									CAFE-P	CANCER	CHILD	
									CLINIC	COMBIN	CREDUN	
									DD ADV	DENTAL	DEP-LF	
									DIS-LF	EAT	EATCSH	
									FEDTAX	41.59 FICA-M	13.80 FICA-O	59.01
									FIRSTC	FLEX S	FLX FE	
									FORT D	FUTA	GIFT S	
									GRANT	GRP-IN	GIL	
									HOSP-I	ID TPT	LEAF	
									LEGAL	MASA	MEALS	
									METVIS	MISC	MISC/	
									MMCSHR	NATFML	OTHER	
									PHI	PHI***	PR FIN	
									RELAY	REPAY	SAMS	
									SCRUBS	SIGNON	ST-TX	
									STONDF	STONE	STONE2	
									STUDEN	SUNACC	SUNILL	
									SUNIND	SUNLIF	SUNSTD	
									SUNVIS	SURCHG	TSA-1	
									TSA-2	TSA-C	TSA-P	
									TSA-R	66.63 TUTION	UNIFOR	
									UW/HOS			

Grand Totals:		13.25	-----		(Gross:	951.80	Deductions:	181.03	Net:	770.77			
Checks Count:-	PT	1	PT	Other	Female	1	Male	Credit	OverAmt	ZeroNet	Term	Total:	1

Pay date:
 09-03-21

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	8/13/2021	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS	
PAY PERIOD: END	8/26/2021						
PAY DATE:	9/3/2021						
GROSS PAY:	\$ 472,783.58			\$ -		\$ 472,783.58	
DEDUCTIONS:							
A/R	\$ 602.25					\$ 602.25	
ADVANC						\$ -	
BOOTS						\$ -	
SUNLIFE CRITICAL ILLNESS	\$ 672.92					\$ 672.92	
SUNLIFE ACCIDENT	\$ 773.61					\$ 773.61	
SUNLIFE VISION	\$ -					\$ -	
SUNLIFE SHORT TERM DIS	\$ 1,192.99					\$ 1,192.99	
METLIFE VISION	\$ 876.74					\$ 876.74	
CAFÉ-D	\$ 1,657.65					\$ 1,657.65	
CAFÉ-H	\$ 20,645.58					\$ 20,645.58	
CAFÉ-P	\$ -					\$ -	
CANCER						\$ -	
CHILD	\$ 609.70					\$ 609.70	
CLINIC	\$ 84.00					\$ 84.00	
COMBIN	\$ 400.80					\$ 400.80	
CREDUN						\$ -	
DENTAL	\$ -					\$ -	
DEP-LF						\$ -	
SUNLIFE TERM LIFE	\$ 734.31					\$ 734.31	
SUNLIFE HOSP INDEM	\$ 610.31					\$ 610.31	
FED TAX	\$ 40,341.67					\$ 40,341.67	
FICA-M	\$ 6,420.90					\$ 6,420.90	
FICA-O	\$ 26,889.61					\$ 26,889.61	
FIRST C	\$ -					\$ -	
FLEX S	\$ 3,352.28					\$ 3,352.28	
FLX-FE						\$ -	
GIFT S	\$ 224.33					\$ 224.33	
GRP-IN						\$ -	
GTL						\$ -	
HOSP-I						\$ -	
LEGAL	\$ 1,098.30					\$ 1,098.30	
OTHER	\$ 363.20					\$ 363.20	
NATIONAL FARM LIFE	\$ 1,688.79					\$ 1,688.79	
MED SURCHARGE	\$ 450.00					\$ 450.00	
PR FIN	\$ -					\$ -	
RELAY						\$ -	
REPAY						\$ -	
STONEDF	\$ 790.86					\$ 790.86	
STONE						\$ -	
STONE 2						\$ -	
STUDEN						\$ -	
TSA-R	\$ 33,073.36					\$ 33,073.36	
UW/HOS	\$ -					\$ -	
TOTAL DEDUCTIONS:	\$ 143,554.16	\$ -	\$ -	\$ -	\$ -	\$ 143,554.16	
NET PAY:	\$ 329,229.42	\$ -	\$ -	\$ -	\$ -	\$ 329,229.42	
TOTAL CAFÉ 125 PLAN:	\$ 29,962.63	Less Exempt:					
TAXABLE PAY:	\$ 442,820.95	\$ 433,702.89					

	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 6,420.90		
FICA - MED (EE)	1.45% \$ 6,420.90	\$ 6,420.90	\$ -
FICA - SOC SEC (ER)	6.20% \$ 26,889.58		
FICA - SOC SEC (EE)	6.20% \$ 26,889.58	\$ 26,889.61	\$ (0.03)
FED WITHHOLDING	\$ 40,341.67	\$ 40,341.67	

Employees over FICA-SS Cap:

Jason Anglin	\$ 9,118.06
Roshanda Thomas	\$ -
Paycode S - Employee Reimb.:	
TOTAL:	\$ 9,118.06

TAX DEPOSIT:	\$ 106,962.63	\$ 106,962.69
FICA - MEDICARE	2.90% \$ 12,841.80	\$ 12,841.80
FICA - SOCIAL SECURITY	12.40% \$ 53,779.16	\$ 53,779.22
FED WITHHOLDING	\$ 40,341.67	\$ 40,341.67
TOTAL TAX:	\$ 106,962.63	\$ 106,962.69

PREPARED BY: Caitlin Clevenger
 PREPARED DATE: 8/27/2021

Run Date: 09/27/21
Time: 15:16

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 09/13/21--09/26/21 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
PDDISTP

Num.	Name	Amount	CHECK NUM	DATE
20896	DANIELA CAMACHO	243.97	00062886	09/03/21
20796	ANNA JIMENEZ	401.14	00062887	09/03/21
86225	REGINA ALLEN	189.48	00062888	09/03/21
65550	SAN FRANCISCO MASCORRO	744.63	00062889	09/03/21
76854	MARY PATTERSON	110.10	00062890	09/03/21
00041	CARL LEE KING	1046.23	DD	09/03/21
00093	SYLVIA A VARGAS	861.92	DD	09/03/21
00094	SYLVIA A MENDOZA	1138.56	DD	09/03/21
00113	JACLYN CARREON	1200.09	DD	09/03/21
00132	SANDRA A BRAUN	902.76	DD	09/03/21
00192	BRENDA D PENA	2094.83	DD	09/03/21
00270	ANGELA M BURGIN	826.02	DD	09/03/21
00344	SANDY LEE RUDDICK	2602.58	DD	09/03/21
00387	BILLIE F DUCKWORTH	2387.31	DD	09/03/21
00392	MONICA T CARR	886.13	DD	09/03/21
00399	LINDA J TIJERINA	3415.62	DD	09/03/21
00401	VELMA J PINA	1094.86	DD	09/03/21
00417	SHERRY L KING	2051.96	DD	09/03/21
00423	DOMN V STRINGO	2340.14	DD	09/03/21
00482	PAM PIKAC	1165.41	DD	09/03/21
00504	HELEN DAVIS	933.50	DD	09/03/21
00533	LAURA V DAVILA	1210.93	DD	09/03/21
00577	DIANA GARCIA	2369.53	DD	09/03/21
00581	CYNTHIA L RUSHING	1463.50	DD	09/03/21
00676	SHEILA KAY HEATHCOCK	1290.17	DD	09/03/21
00681	R RENEE WOOD	1586.99	DD	09/03/21
00692	DEBORAH E WITTEBERT	357.18	DD	09/03/21
00697	MARIA C FARIAS	1103.78	DD	09/03/21
00707	KIMBERLY R BLINYA	2322.99	DD	09/03/21
01015	SUSAN B SMALLEY	1796.80	DD	09/03/21
01191	SHARON M SPARKS	352.29	DD	09/03/21
01234	JENISE N SVETLYK	2691.18	DD	09/03/21
01311	AMANDA L KOLISA	327.33	DD	09/03/21
01367	MARILYN A SANDERS	679.05	DD	09/03/21
01791	RAUSHANAH J MONDAY	1585.18	DD	09/03/21
02011	ERIN R CLEVINGER	3245.31	DD	09/03/21
02021	ERIKA OSORNIA-SANCHEZ	1733.33	DD	09/03/21
02022	AMANDA J GRIGGS	2420.76	DD	09/03/21
02064	ANNA LAURA GARCIA	824.38	DD	09/03/21
02097	KYLIE M GAINES	2056.39	DD	09/03/21
02099	TRACI M SHEFCIK	2661.94	DD	09/03/21
02112	LESLIE THOMAS	2730.58	DD	09/03/21
02193	TIKI VENGLAR	1546.38	DD	09/03/21
02271	DAWN J BUBENIK	2000.17	DD	09/03/21
02301	NICOLAS TIJERINA	1105.87	DD	09/03/21
02302	CATHERINE MARIE DECILLOS	426.37	DD	09/03/21
02303	CONNIE M LUNA	3782.04	DD	09/03/21
02315	NINA M GREEN	2037.47	DD	09/03/21
02331	JESSICA B BIFFLE	3230.22	DD	09/03/21
02346	JEANETTE L FALCON	591.27	DD	09/03/21
02369	BECKY N BRISENO	367.63	DD	09/03/21
02416	JANELLE SCOTT	1834.15	DD	09/03/21
02535	STEFANIE M SOLIZ	451.92	DD	09/03/21

Run Date: 08/27/21
Time: 15:16

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 08/13/21--08/26/21 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 2
PDDISTP

Num.	Name	Amount	CHECK NUM	DATE
02552	VERONICA RAGUSIN	2720.05	DD	09/03/21
02602	VANESSA GUARDIOLA	463.50	DD	09/03/21
02701	RONDA DAWNELLE GOHLKE	2336.89	DD	09/03/21
02717	PATRICIA A BRISENO	732.33	DD	09/03/21
02719	DAWN M MCCLELLAND	2140.40	DD	09/03/21
02735	ZANDRA A CUELLAR	1005.14	DD	09/03/21
02794	HEATHER L MUTCHLER	2066.76	DD	09/03/21
02797	SHELLY A MCAFEE	1732.76	DD	09/03/21
02812	BRITTANY N RUDDICK	2170.43	DD	09/03/21
02907	MARIA F LONGORIA	1167.99	DD	09/03/21
02927	MICHAEL L GAINES	3166.16	DD	09/03/21
02963	DOROTHY J RENDON	542.99	DD	09/03/21
02970	DIANNE G ATKINSON	1725.90	DD	09/03/21
03864	JACQUELINE R HERRERA	1148.44	DD	09/03/21
05003	COURTNE D THURLKILL	2623.74	DD	09/03/21
05007	JAMIE K NEYLAND	1990.93	DD	09/03/21
05641	AMANDA R KEY	1764.76	DD	09/03/21
05757	SHARON T HOLDER	1726.79	DD	09/03/21
07066	DELPHINE PADRON	1540.98	DD	09/03/21
10519	MARISSA LYNN HUNT	1426.55	DD	09/03/21
11197	CATHERINE A SAENZ	696.62	DD	09/03/21
11412	COURTNEY L MORKOVSKY	697.79	DD	09/03/21
12011	KIMBERLY J REYNA	376.31	DD	09/03/21
12115	LISA J HINOJOSA	1255.24	DD	09/03/21
12212	MARIA E ARREDONDO	763.29	DD	09/03/21
15097	KYLE L DANIEL	2995.59	DD	09/03/21
15131	SAVANNAH HARLEY	1539.64	DD	09/03/21
15230	MEAGAN GARCIA	2562.21	DD	09/03/21
15286	DAWN M MAREK	2616.60	DD	09/03/21
15400	ANDREA RODRIGUEZ	1863.11	DD	09/03/21
15555	STEPHANIE MARTIN	350.31	DD	09/03/21
15615	THOMAS H CURNUTT	322.63	DD	09/03/21
15909	JULIE NGUYEN	413.51	DD	09/03/21
15915	BRIANNE J KEY	4589.04	DD	09/03/21
20121	ROBERT WAKOME	2821.56	DD	09/03/21
20156	ERIN ASHLEY WISDOM	2238.35	DD	09/03/21
20206	KELLI B GOFF	1311.72	DD	09/03/21
20207	SHAWNA G HARTL	2481.76	DD	09/03/21
20294	JESSICA D WALTHER	222.02	DD	09/03/21
20304	KAYLIN EASLEY	572.22	DD	09/03/21
20407	MISTY M RECTOR	655.10	DD	09/03/21
20484	BRIANNA S PASSMORE	252.81	DD	09/03/21
20567	JESSICA L RUDDICK	337.77	DD	09/03/21
20759	JAMIE SADLER	1375.89	DD	09/03/21
20797	BETHANN M DIGGS	576.72	DD	09/03/21
20816	JOIE L PENA	850.70	DD	09/03/21
20837	DAISY MADRIGAL	1062.27	DD	09/03/21
20977	CHERYL L TESCH	1662.07	DD	09/03/21
21450	DIANA E LEAL	2062.85	DD	09/03/21
21629	JACOBY R CRAWFORD	1355.89	DD	09/03/21
21736	ALLISON GOULDEN	220.62	DD	09/03/21
22493	BRITTANY E NAVARRO	1027.26	DD	09/03/21
23546	GEORGIA S HOSKINS	669.98	DD	09/03/21
25177	ASHLEY N CARROLL	329.10	DD	09/03/21

Run Date: 08/27/21
Time: 15:16

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 08/13/21--08/26/21 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 3
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
28120	JESSICA V SELVERA	763.31	DD	09/03/21
31031	HECTOR F GARCIA	1690.82	DD	09/03/21
31035	STACIE L EPLEY	2637.34	DD	09/03/21
31054	LORA L LAMBDEN	755.99	DD	09/03/21
31099	ARACELY Z GARCIA	2077.60	DD	09/03/21
31185	JERRY A FINDLEY	2005.80	DD	09/03/21
31219	LAUREN PHILLIPS	720.53	DD	09/03/21
31313	KATHERINE LYNN JIMENEZ	1769.34	DD	09/03/21
31319	STACY L FARMER	1639.68	DD	09/03/21
31463	EDWARD E MATULA	2389.90	DD	09/03/21
31508	RACHEL A HEFFNER	1939.35	DD	09/03/21
31707	LORENZO A PEREZ	1173.90	DD	09/03/21
31821	KAYLA M ALVAREZ	919.59	DD	09/03/21
31832	SHANE D KRESTA	594.55	DD	09/03/21
31849	CODY L JUREK	2773.03	DD	09/03/21
38118	KRYSTELLA F KISIAH	945.78	DD	09/03/21
38413	DEVAN ORTA	1111.94	DD	09/03/21
38702	ANNA VANESSA PENNELL	820.53	DD	09/03/21
41112	ANASTASIA L PEREZ	601.32	DD	09/03/21
41171	TOMMIE M TREVINO	506.41	DD	09/03/21
41205	JEANETTE ALVARADO	835.00	DD	09/03/21
41236	PAMELA K VANNOV	1240.87	DD	09/03/21
41274	KAREN GANN	953.17	DD	09/03/21
41308	ISABEL LEDEZMA	775.32	DD	09/03/21
41347	ADRIANNA D STRAKOS	296.83	DD	09/03/21
41369	LORETTA A LEAL	612.27	DD	09/03/21
41418	ANGEL M CASSEL	899.48	DD	09/03/21
41507	OLGA I BETANCOURT	844.30	DD	09/03/21
41612	SONJA A GUAJARDO	886.80	DD	09/03/21
41618	HEATHER DELBOSQUE	639.11	DD	09/03/21
41705	KELSEY R TAYLOR	787.37	DD	09/03/21
41896	BENAE EMERY	535.73	DD	09/03/21
41897	ROXANNA MARTINEZ	782.74	DD	09/03/21
41901	JUANITA R MILLER	1067.09	DD	09/03/21
41924	BRITTNEY V STRICKLIN	522.25	DD	09/03/21
42106	CHRISTY SILVAS	1240.13	DD	09/03/21
42112	SOCORRO C GONZALES	521.90	DD	09/03/21
42122	LEI ANA CHAVANA	1450.91	DD	09/03/21
42125	LUCY CALZADA	795.85	DD	09/03/21
42304	MIMI T NGUYEN	2366.85	DD	09/03/21
42320	MICHAEL A PFEIL	2753.66	DD	09/03/21
42820	MARIA D CHAVEZ	637.50	DD	09/03/21
42842	SHANNA S O DONNELL	3196.41	DD	09/03/21
50018	MICHELLE M MORALES	1532.89	DD	09/03/21
50148	PENNY GOULDEN	3368.26	DD	09/03/21
50248	MCKENNA VILLEGAS	627.47	DD	09/03/21
50282	JACOB W HAMILTON	2539.49	DD	09/03/21
50310	JASMINE GRIGSBY	716.01	DD	09/03/21
50573	DEANA R DAVIS	1359.43	DD	09/03/21
50596	BETTY S DAVIS	1931.98	DD	09/03/21
50719	DEBRA K MUSTERED	2166.87	DD	09/03/21
50928	ADINA RODRIGUEZ	552.05	DD	09/03/21
53541	JACLYN B HARTL	1574.23	DD	09/03/21
55025	LEA C RESENDEZ	430.47	DD	09/03/21

Run Date: 08/27/21
Time: 15:16

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 08/13/21--08/26/21 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 4
P0DISTP

Num.	Name	Amount	CHECK NUM	DATE
55106	CRYSTAL M CHAVEZ	753.49	DD	09/03/21
55127	APRIL N KUBALA	2535.31	DD	09/03/21
55382	SHANNON JACILDO	1252.43	DD	09/03/21
55658	LAJUAN WILKE	706.18	DD	09/03/21
56510	RITA L POLENSKY	802.33	DD	09/03/21
56978	LARA THURMOND	296.59	DD	09/03/21
59999	RENEE ROULAND	6805.83	DD	09/03/21
60103	TODD SAVOY	807.90	DD	09/03/21
60112	ROBERT A RODRIQUEZ	2176.54	DD	09/03/21
60131	NORA OVALLE	751.87	DD	09/03/21
60191	LOLA A RODRIGUEZ	619.14	DD	09/03/21
60271	REBEKAH GERYK	519.76	DD	09/03/21
60412	CHRISTOPHER GALINDO	928.10	DD	09/03/21
60608	NANCY CASTILLO	1226.98	DD	09/03/21
60616	DOROTHY A LONGORIA	685.79	DD	09/03/21
60718	ANNA C GONZALEZ	691.59	DD	09/03/21
60934	CONSUELO ZAMORA	671.32	DD	09/03/21
63178	EMMANUEL ESCALONA	716.81	DD	09/03/21
63289	JASON RUBIO	797.59	DD	09/03/21
65100	FELICITA BONUZ	525.89	DD	09/03/21
65121	VIVIANA P MEDINA	408.99	DD	09/03/21
65151	ELIA OLACHIA	626.27	DD	09/03/21
65213	LEE SIMERLY	1219.37	DD	09/03/21
65222	LAURIE J KRYCESKI	973.39	DD	09/03/21
65243	LUCILA LOPEZ	709.12	DD	09/03/21
65366	CYNTHIA GARCIA	716.37	DD	09/03/21
65393	RAMONA A PEREZ	708.75	DD	09/03/21
65413	CHRISTINA SOLIS	879.97	DD	09/03/21
65513	MARIA MORALES	897.30	DD	09/03/21
65616	JESUS RODRIGUEZ	1003.63	DD	09/03/21
65705	DOMITILA HERRERA	683.11	DD	09/03/21
65815	MELISSA R VEGAS	842.91	DD	09/03/21
65865	MARIA F LEDEZMA	717.51	DD	09/03/21
65879	MARTHA FLORES	797.69	DD	09/03/21
66792	NAZARIO HERNANDEZ DIAZ	1710.86	DD	09/03/21
68902	KENNETH FORD	2237.86	DD	09/03/21
70119	SARA N BLEDSOE	3209.60	DD	09/03/21
71620	ROBIN STEELE	2412.69	DD	09/03/21
73749	GLORIA N REID	2443.59	DD	09/03/21
75190	RIKA WILLIAMS	1850.89	DD	09/03/21
76003	IRMA DELEON	650.31	DD	09/03/21
76067	PAIGE G CHATHAM	611.01	DD	09/03/21
76110	TARAH SUBLETT	534.90	DD	09/03/21
76115	JENNIFER R CARLOCK	644.48	DD	09/03/21
76120	RACHEL CANALES	1160.71	DD	09/03/21
76138	KAREN D GARCIA	589.34	DD	09/03/21
76210	ZOE VILLARREAL	295.93	DD	09/03/21
76225	JASON HARBOROUGH	154.51	DD	09/03/21
76300	AIDA JIMENEZ	1012.59	DD	09/03/21
76313	PAMELA L BARTON	600.35	DD	09/03/21
76403	KATRINA A POKLUDA	825.85	DD	09/03/21
76647	CHERYL A SEE	890.59	DD	09/03/21
76706	GREGORY E MORALES	622.50	DD	09/03/21
76761	LAURA F PESINA	785.70	DD	09/03/21

Run Date: 08/27/21
Time: 15:16

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 08/19/21--08/26/21 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

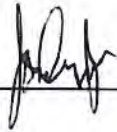
Page 5
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
77646	FAREN A GONZALES	1021.07	DD	09/03/21
78020	MISTY R PASSMORE	1178.61	DD	09/03/21
78058	KYANN J POWER	696.18	DD	09/03/21
78072	DONNA M RAWLINGS	943.64	DD	09/03/21
78186	ANDREA F COOK	341.89	DD	09/03/21
78191	JAMIE J GRASSE	761.82	DD	09/03/21
78287	MARISSA D ALMANZAR	1563.90	DD	09/03/21
78336	JESSICA L GLOVER	2824.56	DD	09/03/21
78566	MELISSA K GEE	780.62	DD	09/03/21
78764	ASHLEY D HADLEY	1868.31	DD	09/03/21
78778	SARA M RUBIO	2126.62	DD	09/03/21
78781	KRISTEN R MACHICEK	2632.21	DD	09/03/21
78787	FARAH I JANAK	2632.22	DD	09/03/21
78879	YESENIA QUEZADA	585.13	DD	09/03/21
80008	ADAM D BESIO	2466.79	DD	09/03/21
80141	JEANNIE ORTA	2025.61	DD	09/03/21
82227	CAITLIN A CLEVINGER	982.58	DD	09/03/21
86432	KRISTI L BOVD	2303.28	DD	09/03/21
86482	MEGAN M HARPER	740.50	DD	09/03/21
88150	MELISSA I MCKISSACK	1031.41	DD	09/03/21
88808	MARLEY B MOEHRIG	2086.77	DD	09/03/21
88904	MAYRA K MARTINEZ	1019.45	DD	09/03/21
90320	ROSHANDA S THOMAS	3086.88	DD	09/03/21
90779	JASON W ANGLIN	7003.39	DD	09/03/21
98547	ELLEN W HEIMAN	916.39	DD	09/03/21
98756	ADRIANNA M GALVAN	1524.69	DD	09/03/21
		329229.41		

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- August 23 , 2021 - August 29, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CP</u>
8/24/2021	PAY PLUS ACHTRANS 452579291 101000691650794	- 3rd Party Payor Fee	35.43	35.43 +
8/24/2021	MCKESSON DRUG AUTO ACH ACH04699611 910000121	- 340B Drug Program Expense	11692.66*	89.30 +
8/25/2021	PAY PLUS ACHTRANS 452579291 101000692437026	- 3rd Party Payor Fee	89.3	235.42 +
8/26/2021	PAY PLUS ACHTRANS 452579291 101000693087720	- 3rd Party Payor Fee	235.42	203.90 +
8/26/2021	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	-CitiBank Corporate Card Payment	3514.02**	564.05 *
8/27/2021	PAY PLUS ACHTRANS 452579291 101000693936011	- 3rd Party Payor Fee	203.9	Debit adj. 100.00 +
8/27/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	542.93 *	100.00 *
8/27/2021	Ck132 1137.33s-b1037.33 8/23/21 sq8033803898	Debit Adjustment	100.00**	564.05 +
			16,413.66	100.00 +
				664.05 *

Jason Anglin, CEO
Memorial Medical Center



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

August 30, 2021

* Approved 08.25.21 cc
* * Approved 08.18.21 cc
*** Bank picked up checks 1037.33
s/b 1037.33

16,413.66 +
11,692.66 -
3,514.02 -
542.93 -
664.05 *

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
-------------	--------------------	------------------	---------------

August 30, 2021

Jason Anglin, CEO
Memorial Medical Center

RECEIVED

08/27/2021

09:10 **AUG 27 2021**

Vendor# **Calhoun County Auditor**
11828

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080321	08/24/2021	08/03/2021	09/16/2021				6,660.00	0.00	0.00	6,660.00 ✓

Vendor Name
SOLERA WEST HOUSTON ✓

Class

Pay Code

TRANSFER *NI insurance pymt deposited into MMC operating*

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOI	6,660.00	0.00	0.00	6,660.00	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,660.00	0.00	0.00	6,660.00

APPROVED ON

AUG 27 2021

**COBENY AUDITOR
CALHOUN COUNTY, TEXAS**

CK#

191768

08/27/2021

MEMORIAL MEDICAL CENTER

0

09:06

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#
11836

Vendor Name
GOLDENCREEK HEALTHCARE

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080221	08/24/2021	08/02/2021	09/16/2021				4,452.00	0.00	0.00	4,452.00 ✓
	TRANSFER NH insurance pymt deposited into MMLC operating									
080321A	08/24/2021	08/03/2021	09/16/2021				1,625.36	0.00	0.00	1,625.36 ✓
	TRANSFER "									
080321	08/24/2021	08/03/2021	09/16/2021				9,064.64	0.00	0.00	9,064.64 ✓
	TRANSFER "									
080421A	08/24/2021	08/04/2021	09/16/2021				2,547.63	0.00	0.00	2,547.63 ✓
	TRANSFER "									
080421	08/24/2021	08/04/2021	09/16/2021				42,601.55	0.00	0.00	42,601.55 ✓
	TRANSFER "									
080521	08/24/2021	08/05/2021	09/16/2021				190.20	0.00	0.00	190.20 ✓
	TRANSFER "									
080521A	08/24/2021	08/05/2021	09/16/2021				371.90	0.00	0.00	371.90 ✓
	TRANSFER "									
080921B	08/24/2021	08/09/2021	09/16/2021				893.05	0.00	0.00	893.05 ✓
	TRANSFER "									
080921A	08/24/2021	08/09/2021	09/16/2021				7,178.22	0.00	0.00	7,178.22 ✓
	TRANSFERS "									
081021A	08/24/2021	08/10/2021	09/16/2021				223.27	0.00	0.00	223.27 ✓
	TRANSFER "									
081021	08/24/2021	08/10/2021	09/16/2021				42,960.82	0.00	0.00	42,960.82 ✓
	TRANSFER "									
081121	08/24/2021	08/11/2021	09/16/2021				109.76	0.00	0.00	109.76 ✓
	TRANSFER "									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11836		GOLDENCREEK HE	112,218.40	0.00	0.00	112,218.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	112,218.40	0.00	0.00	112,218.40

APPROVED
ON

AUG 27 2021

CK#

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

191764

08/27/2021 MEMORIAL MEDICAL CENTER 0
09:05 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code							
12696	GULF POINTE PLAZA ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090321	08/24/2021	08/03/2021	09/16/2021				0.13	0.00	0.00	0.13 ✓
	TRANSFER									
	<i>NH insurance pynt deposited into mmc operating</i>									
080321A	08/24/2021	08/03/2021	09/16/2021				2,157.68	0.00	0.00	2,157.68 ✓
	TRANSFER									
080321	08/24/2021	08/03/2021	09/16/2021				2040.00	0.00	0.00	3,040.00 2040 ✓
	TRANSFER									
080421	08/24/2021	08/04/2021	09/16/2021				0.81	0.00	0.00	0.81 ✓
	TRANSFER									
080521	08/24/2021	08/05/2021	09/16/2021				7,344.00	0.00	0.00	7,344.00 ✓
	TRANSFER									
080621	08/24/2021	08/06/2021	09/16/2021				13.36	0.00	0.00	13.36 ✓
	TRANSFER									
080921	08/24/2021	08/09/2021	09/16/2021				10,358.59	0.00	0.00	10,358.59 ✓
	TRANSFER									
081021	08/24/2021	08/10/2021	09/16/2021				12,042.90	0.00	0.00	12,042.90 ✓
	TRANSFER									
081121	08/24/2021	08/11/2021	09/16/2021				5,286.17	0.00	0.00	5,286.17 ✓
	TRANSFER									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
12696		GULF POINTE PLAZ					40,243.64	0.00	0.00	40,243.64

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	40,243.64	0.00	0.00	40,243.64

APPROVED
ON
AUG 27 2021
GOVERNOR AUDITOR
CALHOUN COUNTY, TEXAS

CHK#
191767

08/27/2021

MEMORIAL MEDICAL CENTER

0

09:05

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#
13004

Vendor Name
TUSCANY VILLAGE

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080221B	08/24/2021	08/02/2021	09/16/2021				898.11	0.00	0.00	898.11 ✓
	TRANSFER									
080221A	08/24/2021	08/02/2021	09/16/2021				3,073.00	0.00	0.00	3,073.00 ✓
	TRANSFER									
080221C	08/24/2021	08/02/2021	09/16/2021				927.50	0.00	0.00	927.50 ✓
	TRANSFER									
080321	08/24/2021	08/03/2021	09/16/2021				9,219.00	0.00	0.00	9,219.00 ✓
	TRANSFER									
080321A	08/24/2021	08/03/2021	09/16/2021				2,226.00	0.00	0.00	2,226.00 ✓
	TRANSFER									
080421	08/24/2021	08/04/2021	09/16/2021				1,113.00	0.00	0.00	1,113.00 ✓
	TRANSFER									
080521	08/24/2021	08/05/2021	09/16/2021				350.22	0.00	0.00	350.22 ✓
	TRANSFER									
080921A	08/24/2021	08/09/2021	09/16/2021				937.86	0.00	0.00	937.86 ✓
	TRANSFER									
080921B	08/24/2021	08/09/2021	09/16/2021				2,314.10	0.00	0.00	2,314.10 ✓
	TRANSFER									
081021	08/24/2021	08/10/2021	09/16/2021				4,911.14	0.00	0.00	4,911.14 ✓
	TRANSFER									
081121	08/24/2021	08/11/2021	09/16/2021				15,744.98	0.00	0.00	15,744.98 ✓
	TRANSFER									

MT insurance pymt deposited into mme operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	41,714.91	0.00	0.00	41,714.91	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	41,714.91	0.00	0.00	41,714.91

APPROVED ON

AUG 27 2021

GENEY AUDITOR
CAMDEN COUNTY, MISSISSIPPI

CK#

191769

08/27/2021 MEMORIAL MEDICAL CENTER 0
 09:05 AP Open Invoice List ap_open_invoice.template
 Dates Through:

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING			080221		08/02/2021	09/16/2021				4,835.90	0.00	0.00	4,835.90 ✓
	TRANSFER			080321	08/24/2021	08/03/2021	09/16/2021				168.61	0.00	0.00	168.61 ✓
	TRANSFER			080621	08/24/2021	08/06/2021	09/16/2021				742.00	0.00	0.00	742.00 ✓
	TRANSFER			080921A	08/24/2021	08/09/2021	09/16/2021				5,379.50	0.00	0.00	5,379.50 ✓
	TRANSFER			080921	08/24/2021	08/09/2021	09/16/2021				1,430.23	0.00	0.00	1,430.23 ✓
	TRANSFER			081021	08/24/2021	08/10/2021	09/16/2021				33,731.34	0.00	0.00	33,731.34 ✓
	TRANSFER			081021A	08/24/2021	08/10/2021	09/16/2021				153.82	0.00	0.00	153.82 ✓
	TRANSFER			081121	08/24/2021	08/11/2021	09/16/2021				31,549.81	0.00	0.00	31,549.81 ✓
	TRANSFER			082321	08/24/2021	08/23/2021	09/16/2021				17,462.34	0.00	0.00	17,462.34 ✓

NH insurance pymt deposited into MMC open

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR I		95,453.55	0.00	0.00	95,453.55

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	95,453.55	0.00	0.00	95,453.55

APPROVED
 ON
 AUG 27 2021
 SORREY AUDITOR
 CALHOUN COUNTY, TEXAS

CKH
191765

MEMORIAL MEDICAL CENTER
Solera Nursing Home
CHECK REQUEST

P Tuscany Village

A _____
Y _____
E _____
E _____

Date Requested: 8/31/21

APPROVED
ON

AUG 31 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

AMOUNT 66,466.42

G/L NUMBER: _____

EXPLANATION: Check for Tuscany was deposited to Solera account

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

Image Report



PROSPERITY BANK

ABA Number 113122655
 Account Number 216844438
 Amount \$66,466.42
 Deposit Date 08/19/2021

Front

DEPOSIT TICKET FOR CLEAR COPY, PRESS FIRMLY		DATE 8-19-21		DOLLARS		CENTS		88-2265/1131-87	
CURRENCY	COINS	CHECKS	MEMORIAL MEDICAL CENTER						TOTAL ITEMS <input type="checkbox"/>
			NH SOLERA AT WEST HOUSTON						
		1	mmc	66,466	42				CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTOR'S AGREEMENT. DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL.
		2							
		3							
		4							
		5							
		6							
		7							
		8							
		9							
		10							
		11							
		12							
		13							
		14							
		15							
		16							
		17							
		18							
		19							
		20							
		21							
		22							
		23							
		24							
		25							
		26							
		27							
		28							
		TOTAL		66,466	42				
		PLEASE BE SURE ALL ITEMS ARE PROPERLY ENDORSED							

PROSPERITY BANK*
 PORT LAVACA BANKING CENTER
 1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
 361-662-7411 www.prosperitybankusa.com

MEMORIAL MEDICAL CENTER
 NH SOLERA AT WEST HOUSTON

66466.42

113122655

Front

MEMORIAL MEDICAL CENTER	PROSPERITY BANK	191469
Operating 815 N. Virginia St. Port Lavaca, TX 77979	88-2265 1131	
PAY TO THE ORDER OF	13004	191469
TUSCANY VILLAGE 2750 MILLER RANCH RD PEARLAND, TX 77584	DATE	AMOUNT
Sixty-Six Thousand Four Hundred Sixty-Six Dollars and Forty-Two Cents	08/11/21	\$66,466.42
	CALHOUN COUNTY TREASURER	

191469 113122655

Back



END X

Rhonda Kokena

From: prosperitybank@olbanking.com (Prosperity Bank) <prosperitybank@olbanking.com>
Sent: Tuesday, September 7, 2021 1:45 PM
To: rhonda.kokena@calhouncotx.org
Subject: Prosperity - Account Transfer Status Change Notification

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

Account Transfer Notification



Report Date/Time 09/07/21 13:44:40 CDT

This transaction has been successfully completed.

Transaction Number

Amount: \$66,466.42

From Account: DDA (MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON)

To Account: ' - DDA (MMC -NH TUSCANY VILLAGE)

Status: Completed

8

RUN DATE:08/31/21
 TIME:14:36

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 09/01/21 THRU 09/01/21

PAGE 1
 GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	191714	09/01/21	619.82	AIRESRING INC
A/P	191715	09/01/21	328.55	ALPHA TEC SYSTEMS INC
A/P	191716	09/01/21	892.40	AMERISOURCEBERGEN DRUG CORP
A/P	191717	09/01/21	190.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	191718	09/01/21	2,378.50	AUREUS RADIOLOGY LLC
A/P	191719	09/01/21	29,412.00	AUTHORITYRX
A/P	191720	09/01/21	2,034.81	BAXTER HEALTHCARE
A/P	191721	09/01/21	1,543.87	BECKMAN COULTER INC
A/P	191722	09/01/21	109.32	C R BARD INC
A/P	191723	09/01/21	350.78	C R BARD, INC
A/P	191724	09/01/21	4,940.00	CARIANT HEALTH PARTNERS
A/P	191725	09/01/21	6,941.49	CDW GOVERNMENT, INC.
A/P	191726	09/01/21	10,364.31	COMMUNITY INFUSION SOLUTIONS
A/P	191727	09/01/21	445.20	COMMED CORPORATION
A/P	191728	09/01/21	166.33	CYRACOM LLC
A/P	191729	09/01/21	.00	VOIDED
A/P	191730	09/01/21	2,168.78	DEWITT POTH & SON
A/P	191731	09/01/21	200.00	DILON TECHNOLOGIES
A/P	191732	09/01/21	55,735.15	DISCOVERY MEDICAL NETWORK INC
A/P	191733	09/01/21	279.00	ERBE USA INC SURGICAL SYSTEMS
A/P	191734	09/01/21	209.27	FEDERAL EXPRESS CORP.
A/P	191735	09/01/21	631.19	FISHER HEALTHCARE
A/P	191736	09/01/21	22,074.14	FRASIER HEALTHCARE CONSULTING,
A/P	191737	09/01/21	4,656.73	GARDNER & WHITE, INC.
A/P	191738	09/01/21	59.41	GETINGE USA SALES LLC
A/P	191739	09/01/21	7,236.89	GLOBAL EQUIPMENT CO. INC.
A/P	191740	09/01/21	1,050.00	GUERBET, LLC
A/P	191741	09/01/21	1,517.46	GULF COAST PAPER COMPANY
A/P	191742	09/01/21	169.72	JASON ANGLIN
A/P	191743	09/01/21	3,612.09	MEDICAL DATA SYSTEMS, INC.
A/P	191744	09/01/21	2,908.70	MEDICAL TECHNOLOGY ASSOCIATES
A/P	191745	09/01/21	.00	VOIDED
A/P	191746	09/01/21	.00	VOIDED
A/P	191747	09/01/21	.00	VOIDED
A/P	191748	09/01/21	.00	VOIDED
A/P	191749	09/01/21	23,147.31	MEDLINE INDUSTRIES INC
A/P	191750	09/01/21	160.06	MMC AUXILIARY GIFT SHOP
A/P	191751	09/01/21	386.54	NACOGDOCHES TRANSCRIPTION
A/P	191752	09/01/21	683.83	PARTSSOURCE, LLC
A/P	191753	09/01/21	975.00	PROTOUCH STAFFING
A/P	191754	09/01/21	1,667.00	RADSOURCE
A/P	191755	09/01/21	3,500.00	RENEW BIOMEDICAL SERVICES LLC
A/P	191756	09/01/21	224.64	ROSHANDA THOMAS
A/P	191757	09/01/21	1,787.80	RX WASTE SYSTEMS LLC
A/P	191758	09/01/21	51.93	SMILE MAKERS
A/P	191759	09/01/21	3,817.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	191760	09/01/21	140.00	TEXAS DEPARTMENT OF LICENSING
A/P	191761	09/01/21	7,221.18	TEXAS SELECT STAFFING
A/P	191762	09/01/21	1,721.15	TRIZETTO PROVIDER SOLUTIONS
A/P	191763	09/01/21	1,715.28	UNIFIRST HOLDINGS

RUN DATE:08/31/21
TIME:14:36

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/01/21 THRU 09/01/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	191764	09/01/21	580.25	WAGeworks
A/P	191765	09/01/21	95,453.55	BETHANY SENIOR LIVING
A/P	191766	09/01/21	112,218.40	GOLDENCREEK HEALTHCARE
A/P	191767	09/01/21	39,243.64	GULF POINTE PLAZA
A/P	191768	09/01/21	6,660.00	SOLERA WEST HOUSTON
A/P	191769	09/01/21	41,714.91	TUSCANY VILLAGE
TOTALS:			506,295.38	

Payables 211,004.88 +
NH { 6,660.00 +
112,218.40 +
Trusts { 39,243.64 +
41,714.91 +
95,453.55 +
506,295.38

APPROVED
ON

SEP 01 2021

CLARENCE ANDERSON
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: 7/29/2021

Payer: Medicare

Requested by: Faren Campos

Requestor's email: fagonzales@mhcportlavaca.com

Requestor's phone number: 361-552-0226

District or County: Calhoun

Facility: Memorial Medical Center

Please Attach:

Remittance Advice and EOB

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

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

Please email request form and Remittance Advice to : clevenger@mhcportlavaca.com
mmartinez@mhcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		7/30/2021	EFT	(51.84)	EFT6040046	CV DAR000026869	51.84	BROADMOOR
		8/4/2021	EFT	(824.53)	EFT6044352	CV DAR000026869	824.53	BROADMOOR
		8/5/2021	EFT	(1,537.96)	EFT6045828	CV DAR000026869	1,537.96	BROADMOOR
		8/11/2021	EFT	(56.29)	EFT6051200	CV DAR000026869	56.29	BROADMOOR
TOTAL				(2,470.62)			2,470.62	

To be filled out by Memorial Medical Center:

Date Received: 8/24/2021

Approved by: Mayra Martinez

Date of transfer: 8/1/2021

From Facility: BROADMOOR

To Facility: Memorial Medical Center

Amount: 2,470.62

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

AUG 30 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#
000121

Request for Transfer of Funds

Transfer #: _____
 Date Requested: 8/26/2021
 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 : clevenger@mmcpportlavaca.com
mmartinez@mmcpportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes	
N/A	N/A	8/20/2021	EFT		EFT 6064088	CV DAR000026869	595.87	THE BROADMORE CREEK SIDE	
N/A	N/A	8/24/2021	EFT		EFT 6067439	CV DAR000026869	11.54	THE BROADMORE CREEK SIDE	
TOTAL								607.41	

To be filled out by Memorial Medical Center:
 Date Received: 8/26/2021
 Approved by: Mayra Martinez
 Date of transfer: 9/1/2021
 From Facility: THE BROADMORE CREEK SIDE
 To Facility: Bethany Senior Living
 Amount: 607.41
 Requested Transfer Date #2: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED ON
 AUG 30 2021
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS
 CLK# 000124

Request for Transfer of Funds

Transfer #: _____

Date Requested: 8.23.21

Payer: MEDICARE

Requested by: RACHEL ARENAZAS

Requestor's email: rrarenazas@tuscanyvillagecare.net

Requestor's phone number: 713-770-5300

District or County: BRAZORIA

Facility: TUSCANY VILLAGE

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@mmicportlavaca.com
mmartinez@mmicportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		8.20.21	EFT	\$ 3,653.70	EFT6063990	WO/CVDAR000026869	\$ 3,653.70	Broadmoor
		8.21.21	EFT	\$ 71.03	EFT6065286	WO/CVDAR000026869	\$ 71.03	Broadmoor
		8.24.21	EFT	\$ 2,828.58	EFT6067358	WO/CVDAR000026869	\$ 2,828.58	Broadmoor
			TOTAL	6,553.31			6,553.31	

Memorial Medical

Date Received: 8/23/2021

Approved by: Mayra Martinez

Date of transfer: 9/17/2021

From Facility: Broadmoor

To Facility: TUSCANY VILLAGE

Amount: 6,553.31

Requested Transfer Date #: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

AUG 30 2021

GOBNEY AUSTIN
 CLERK
 COUNTY CLERK
 CALLEGUN COUNTY, TEXAS
 000122

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000121

88-2265/1131

Date 9-1-21

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 2,470. ⁶²/₁₀₀

Two thousand, four hundred seventy dollars $\frac{62}{100}$

DOLLARS



County Auditor

FOR medicare repayment

County Treasurer
Security features are included. Details on back.

⑈000121⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000124

88-2265/1131

Date 9-1-21

PAY
TO THE
ORDER OF

Bethany Senior Living

\$ 607. ⁴¹/₁₀₀

Six hundred seven dollars $\frac{41}{100}$

DOLLARS



County Auditor

FOR medicare repayment

County Treasurer
Security features are included. Details on back.

⑈000124⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000122

88-2265/1131

Date 9-1-21

PAY
TO THE
ORDER OF

Tuscany Village

\$ 6,553. ³¹/₁₀₀

Six thousand, five hundred fifty-three dollars $\frac{31}{100}$

DOLLARS



County Auditor

FOR medicare repayment

County Treasurer
Security features are included. Details on back.

⑈000122⑈ ⑆113122655⑆

RUN DATE:09/03/21
TIME:10:49

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/01/21 THRU 09/01/21

PAGE 4
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000121	09/01/21	2,470.62	MMC OPERATING
NHB	000122	09/01/21	6,553.31	TUSCANY
NHB	000123	09/01/21	18,074.10	MMC
NHB	000124	09/01/21	607.41	BETHANY
TOTALS:			27,705.44	

Broadman

APPROVED
ON

SEP 01 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____
 Date Requested: 8/6/2021
 Payer: Medicare
 Requested by: Faren Campos
 Requestor's email: fagonzales@mmcportlavaca.com
 Requestor's phone number: 361-552-0226
 District or County: Calhoun
 Facility: Memorial Medical Center

Please Attach:

Remittance Advice and EOB

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

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

and Remittance Advice to : cclevenger@mmcportlavaca.com
mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		7/30/2021	EFT	(51.84)	EFT6040046	CV DAR000019557	51.84	CRESCENT
		8/4/2021	EFT	(824.53)	EFT6044352	CV DAR000019557	824.53	CRESCENT
		8/5/2021	EFT	(1,537.96)	EFT6045828	CV DAR000019557	1,537.96	CRESCENT
		8/6/2021	EFT	(55.57)	EFT6047247	CV DAR000019557	55.57	CRESCENT
		8/11/2021	EFT	\$ (56.29)	EFT6051200	CV DAR000019557	56.29	CRESCENT
				TOTAL	(2,526.19)		2,526.19	

To be filled out by Memorial Medical Center:

Date Received: 8/24/2021
 Approved by: Mayra Martinez
 Date of transfer: 8/1/2021
 From Facility: CRESCENT
 To Facility: Memorial Medical Center
 Amount: 2,526.19
 Requested Transfer Date #: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED
ON

AUG 30 2021

GOVERNMENT AUDITOR
CALHOUN COUNTY, TEXAS

C.H.F.
00055

Request for Transfer of Funds

Transfer #: _____

Date Requested: 8/26/2021

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 : rclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

<u>Patient Name (REQUIRED)</u>	<u>Date of Service (REQUIRED)</u>	<u>Date of Payment</u>	<u>Type of Payment (Check/EFT)</u>	<u>Amount of Payment shown on</u>	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter funds (-) or Funds (+) to YOUR account</u>	<u>Notes</u>
N/A	N/A	8/20/2021	EFT		EFT 6064088	CVDAR00019557	595.87	THE CRESENT
N/A	N/A	8/24/2021	EFT		EFT 6067439	CVDAR00019557	11.54	THE CRESENT
			TOTAL				607.41	

To be filled out by Memorial Medical Center:

Date Received: 8/26/2021

Approved by: Mayra Martinez

Date of transfer: 9/1/2021

From Facility: THE CRESENT

To Facility: Bethany Senior Living

Amount: 607.41

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

AUG 30 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ckf
000157

RUN DATE:09/03/21
TIME:10:49

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/01/21 THRU 09/01/21

PAGE 5
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000154	09/01/21	14,507.61	MMC
NHC	000155	09/01/21	2,526.19	MMC
NHC	000156	09/01/21	6,553.31	TUSCANY
NHC	000157	09/01/21	607.41	BETHANY
TOTALS:			24,194.52	

Crescent

APPROVED
ON

SEP 01 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000155

Date 9-1-21

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 2,526. ¹⁹/₁₀₀

Two thousand, five hundred twenty-six dollars ¹⁹/₁₀₀

DOLLARS



county auditor

FOR medicare repayment



⑈000155⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000156

Date 9-1-21

88-2265/1131

PAY

TO THE
ORDER OF

Tuscany Village

\$ 6,553. ³¹/₁₀₀

Six thousand, five hundred fifty-three dollars ³¹/₁₀₀

DOLLARS



county auditor

FOR medicare repayment



⑈000156⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000157

Date 9-1-21

88-2265/1131

PAY

TO THE
ORDER OF

Bethany Senior Living

\$ 607. ⁴¹/₁₀₀

Six hundred seven dollars ⁴¹/₁₀₀

DOLLARS



county auditor

FOR medicare repayment



⑈000157⑈ ⑆113122655⑆

Request for Transfer of Funds

Transfer #: _____

Date Requested _____

Payer: Medicare _____

Requested by: Faren Campos _____

Requestor's email: fagonzales@mhcportlavaca.com _____

Requestor's phone number: 361-552-0226 _____

District or County: Calhoun _____

Facility: Memorial Medical Center _____

Please Attach:
Remittance Advice and EOB
 If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim
 * Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.
 Please email request form

and Remittance Advice to : ccleveenger@mhcportlavaca.com
 mmartinez@mhcportlavaca.com

<u>Patient Name</u> <small>(REQUIRED)</small>	<u>Date of Service</u> <small>(REQUIRED)</small>	<u>Date of Payment</u>	<u>Type of Payment</u> <small>(Check/EFT)</small>	<u>Amount of 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>
		7/30/2021	EFT	(51.84)	EFT6040046	CVDAR000019556	51.84	FORT BEND HEALTHCARE
		8/4/2021	EFT	(824.53)	EFT6044352	CVDAR000019556	824.53	FORT BEND HEALTHCARE
		8/5/2021	EFT	(1,537.96)	EFT6045828	CVDAR000019556	1,537.96	FORT BEND HEALTHCARE
		8/6/2021	EFT	(55.57)	EFT6047247	CVDAR000019556	55.57	FORT BEND HEALTHCARE
		8/11/2021	EFT	\$ (56.29)	EFT6051200	CVDAR000019556	56.29	FORT BEND HEALTHCARE
			TOTAL	(2,526.19)			2,526.19	

To be filled out by Memorial Medical Center:

Date Received: 8/24/2021
 Approved by: Mayra Martinez _____
 Date of transfer: 8/1/2021
 From Facility: FORT BEND HEALTHCARE
 To Facility: Memorial Medical Center
 Amount: \$ 2,526.19
 Requested Transfer Date #2: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED
ON

AUG 30 2021

COUNTY ASSESSOR
 CALHOUN COUNTY, TEXAS
 CK#
 mm149

Request for Transfer of Funds

Transfer #: _____

Date Requested: 8/26/2021

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 : clevenger@mmcpportlavaca.com

mmartinez@mmcpportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	8/20/2021	EFT		EFT 6064088	CV DAR000019556	595.87	FORT BEND HEALTHCARE
N/A	N/A	8/24/2021	EFT		EFT 6067439	CV DAR000019556	11.54	FORT BEND HEALTHCARE
			TOTAL				607.41	

To be filled out by Memorial Medical Center:

Date Received: 8/26/2021

Approved by: Mayra Martinez

Date of transfer: 9/1/2021

From Facility: FORT BEND HEALTHCARE

To Facility: Bethany Senior Living

Amount: 607.41

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

AUG 30 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#

MEMORIAL MEDICAL CENTER

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

000149

Date 9-1-21

88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Center

\$ 2526.19/₁₀₀

Two thousand, five hundred twenty-six dollars $\frac{19}{100}$ DOLLARS



County Auditor

FOR medicare repayment



⑈000149⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000150

Date 9-1-21

88-2265/1131

PAY
TO THE
ORDER OF

Tuscany Village

\$ 6553.31/₁₀₀

Six thousand, five hundred fifty-three dollars $\frac{31}{100}$ DOLLARS



County Auditor

FOR medicare repayment



⑈000150⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000151

Date 9-1-21

88-2265/1131

PAY
TO THE
ORDER OF

Bethany Senior Living

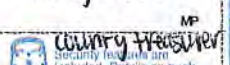
\$ 607.41/₁₀₀

Six hundred seven dollars $\frac{41}{100}$ DOLLARS



County Auditor

FOR medicare repayment



⑈000151⑈ ⑆113122655⑆

RUN DATE:09/03/21
TIME:10:49

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/01/21 THRU 09/01/21

PAGE 6
GLCKREG

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

NHF	000148	09/01/21	17,659.44	MMC	
NHF	000149	09/01/21	2,526.19	MMC	
NHF	000150	09/01/21	6,553.31	TUSCANY	<i>Fort Bend</i>
NHF	000151	09/01/21	607.41	BETHANY	
TOTALS:			27,346.35		

APPROVED
ON

SEP 01 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

1154

88-2265/1131-87

9-1-21

Date CHECK ARMOR

Pay to the Order of Memorial Medical Center | \$ 2526.14¹⁴/₁₀₀

Two thousand, five hundred twenty-six dollars & ¹⁴/₁₀₀ Dollars



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

County Auditor

For Medicare repayment

County Treasurer

⑆ 113122655⑆

1154

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

1155

88-2265/1131-87

9-1-21

Date CHECK ARMOR

Pay to the Order of Tuscany Village | \$ 6553.31³¹/₁₀₀

Six thousand, five hundred fifty-three dollars & ³¹/₁₀₀ Dollars



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

County Auditor

For Medicare repayment

County Treasurer

⑆ 113122655⑆

1155

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

1156

88-2265/1131-87

9-1-21

Date CHECK ARMOR

Pay to the Order of Bethany Senior Living | \$ 607.41⁴¹/₁₀₀

Six hundred seven dollars & ⁴¹/₁₀₀ Dollars



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

County Auditor

For Medicare repayment

County Treasurer

⑆ 113122655⑆

1156

RUN DATE:09/03/21
TIME:10:49

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/01/21 THRU 09/01/21

PAGE 8
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001153 09/01/21 17,133.01 MMC
NHS 001154 09/01/21 2,526.19 MMC
NHS 001155 09/01/21 6,553.31 TUSCANY
NHS 001156 09/01/21 607.41 BETHANY
TOTALS: 26,819.92

Solem

APPROVED
ON

SEP 01 2021

COUNTY ANCHOR
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____
 Date Requested: _____
 Payer: Medicare
 Requested by: Faren Campos
 Requestor's email: fagonzales@mmcportlavaca.com
 Requestor's phone number: 361-552-0226
 District or County: Calhoun
 Facility: Memorial Medical Center

Please Attach:

Remittance Advice and EOB

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

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

Please email request form and

Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		7/30/2021	EFT	(51.84)	EFT6040046	CVDAR000019540	51.84	GOLDEN CREEK
		8/4/2021	EFT	(824.53)	EFT6044352	CVDAR000019540	824.53	GOLDEN CREEK
		8/5/2021	EFT	(1,537.96)	EFT6045828	CVDAR000019540	1,537.96	GOLDEN CREEK
		8/6/2021	EFT	(55.57)	EFT6047247	CVDAR000019540	55.57	GOLDEN CREEK
		8/11/2021	EFT	\$(56.29)	EFT6051200	CVDAR000019540	56.29	GOLDEN CREEK
			TOTAL	(2,526.19)			2,526.19	

To be filled out by Memorial Medical Center:

Date Received: 8/24/2021
 Approved by: Mayra Martinez
 Date of transfer: 8/1/2021
 From Facility: GOLDEN CREEK
 To Facility: Memorial Medical Center
 Amount: 2,526.19 ✓
 Requested Transfer Date #: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED
ON

AUG 30 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKF
000118

Request for Transfer of Funds

Transfer #: _____
 Date Requested: 8/26/2021
 Payer: MEDICARE
 Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER
 Requestor's email: tgordon@bethany-living.com
 Requestor's phone number: 361-551-0500
 District or County: Calhoun
 Facility: Bethany Senior Living

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to: cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

<u>Patient Name</u> <u>(REQUIRED)</u>	<u>Date of Service</u> <u>(REQUIRED)</u>	<u>Date of Payment</u>	<u>Type of Payment</u> <u>(Check/EFT)</u>	<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	8/20/2021	EFT		EFT 6064088	CV DAR000019540	595.87	GOLDEN CREEK & REHAB
N/A	N/A	8/24/2021	EFT		EFT 6067439	CV DAR000019540	11.54	GOLDEN CREEK & REHAB
			TOTAL				607.41	

To be filled out by Memorial Medical Center:

Date Received: 8/26/2021
 Approved by: Mayra Martinez
 Date of transfer: 9/1/2021
 From Facility: GOLDEN CREEK & REHAB
 To Facility: Bethany Senior Living
 Amount: 607.41
 Requested Transfer Date #2: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED
 ON
AUG 30 2021

COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS
 CK#
000120

MEMORIAL MEDICAL CENTER

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

000118

Date 9-1-21

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 2,526 ¹⁹/₁₀₀

Two thousand, five hundred twenty-six dollars ¹⁹/₁₀₀ DOLLARS



Calhoun County Auditor

FOR medicare repayment



⑈000118⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000119

Date 9-1-21

88-2265/1131

PAY

TO THE ORDER OF Tuscan Village

\$ 6,553 ³¹/₁₀₀

Six thousand, five hundred fifty-three dollars ³¹/₁₀₀ DOLLARS



County Auditor

FOR medicare repayment



⑈000119⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000120

Date 9-1-21

88-2265/1131

PAY

TO THE ORDER OF Bethany Senior Living

\$ 607 ⁴¹/₁₀₀

Six hundred seven dollars ⁴¹/₁₀₀ DOLLARS



County Auditor

FOR medicare repayment



⑈000120⑈ ⑆113122655⑆

RUN DATE:09/03/21
TIME:10:49

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/01/21 THRU 09/01/21

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG 000118 09/01/21 2,526.19 MMC
NHG 000119 09/01/21 6,553.31 TUSCANY
NHG 000120 09/01/21 607.41 BETHANY
TOTALS: 9,686.91

golden creek

APPROVED
ON

SEP 01 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____
 Date Requested _____
 Payer Medicare
 Requested by: Faren Campos
 Requestor's email fagonzales@mmcporthlavaca.com
 Requestor's phone number 361-552-0226
 District or County Calhoun
 Facility Memorial Medical Center

Please Attach:
 Remittance Advice and EOB
 If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim
 * Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.
 Please email request form and Remittance Advice to : ccleventer@mmcporthlavaca.com
mmartinez@mmcporthlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		7/30/2021	EFT	(51.84)	EFT6040046	CVDAR000007985	51.84	TUSCANY VILLAGE
		8/4/2021	EFT	(824.53)	EFT6044352	CVDAR000007985	824.53	TUSCANY VILLAGE
		8/5/2021	EFT	(1,537.96)	EFT6045828	CVDAR000007985	1,537.96	TUSCANY VILLAGE
		8/6/2021	EFT	(55.57)	EFT6047247	CVDAR000007985	55.57	TUSCANY VILLAGE
		8/11/2021	EFT	\$ (56.29)	EFT6051200	CVDAR000007985	56.29	TUSCANY VILLAGE
TOTAL				(2,526.19)			2,526.19	

To be filled out by Memorial Medical Center:

Date Received: 8/24/2021
 Approved by: Mayra Martinez
 Date of transfer: 9/1/2021
 From Facility: TUSCANY VILLAGE
 To Facility: Memorial Medical Center
 Amount: 2,526.19
 Requested Transfer Date #2: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED
ON

AUG 30 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CUT#
001052

Request for Transfer of Funds

Transfer #: _____

Date Requested: 8/26/2021

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

mmartinez@mmcporthavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed - Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	8/20/2021	EFT		EFT 6064088	CVDAR000007985	595.87	TUSCANY VILLAGE
N/A	N/A	8/24/2021	EFT		EFT 6067439	CVDAR000007985	11.54	TUSCANY VILLAGE
TOTAL							607.41	

To be filled out by Memorial Medical Center:

Date Received: 8/26/2021

Approved by: Mayra Martinez

Date of transfer: 9/1/2021

From Facility: TUSCANY VILLAGE

To Facility: Bethany Senior Living

Amount: 607.41

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

AUG 30 2021

CORINNE AUDYER
CLERK OF COURT

CL#
001053

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1052

88-2265/1131-87

DATE 9-1-21



PAY TO THE ORDER OF Memorial Medical Center \$ 2,526.¹⁹/₁₀₀

Two thousand, five hundred twenty-six dollars ¹⁹/₁₀₀ DOLLARS



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

FOR medicare repayment

County Auditor

County Treasurer

⑈001052⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1053

88-2265/1131-87

DATE 9-1-21



PAY TO THE ORDER OF Bethany Senior Living \$ 607.⁴¹/₁₀₀

Six hundred seven dollars ⁴¹/₁₀₀ DOLLARS



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

FOR medicare repayment

County Auditor

County Treasurer

⑈001053⑈ ⑆113122655⑆

RUN DATE:09/03/21
TIME:10:49

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/01/21 THRU 09/01/21

PAGE 9
GLCKREG

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

TUS 001051 09/01/21 2,687.81 MMC
TUS 001052 09/01/21 2,526.19 MMC
TUS 001053 09/01/21 607.41 BETHANY
TOTALS: 5,821.41

Tuscany

APPROVED
ON

SEP 01 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

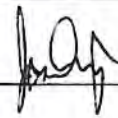
Medicare Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Broadmoor	10000019 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	2,470.62	9/1/2021
Broadmoor	10000019 - Prosperity		TUSCANY	20351000	Medicare repayment owed to TUSCANY	6,553.31	9/1/2021
Broadmoor	10000019 - Prosperity		BETHANY	20351000	Medicare repayment owed to BETHANY	607.41	9/1/2021
Crescent	10000019 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	2,526.19	9/1/2021
Crescent	10000019 - Prosperity		TUSCANY	20351000	Medicare repayment owed to TUSCANY	6,553.31	9/1/2021
Crescent	10000019 - Prosperity		BETHANY	20351000	Medicare repayment owed to BETHANY	607.41	9/1/2021
Fort Bend	10000020 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	2,526.19	9/1/2021
Fort Bend	10000020 - Prosperity		TUSCANY	20351000	Medicare repayment owed to TUSCANY	6,553.31	9/1/2021
Fort Bend	10000020 - Prosperity		BETHANY	20351000	Medicare repayment owed to BETHANY	607.41	9/1/2021
Solera	10000020 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	2,526.19	9/1/2021
Solera	10000020 - Prosperity		TUSCANY	20351000	Medicare repayment owed to TUSCANY	6,553.31	9/1/2021
Solera	10000020 - Prosperity		BETHANY	20351000	Medicare repayment owed to BETHANY	607.41	9/1/2021
Golden Creek	10000021 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	2,526.19	9/1/2021
Golden Creek	10000021 - Prosperity		TUSCANY	20351000	Medicare repayment owed to TUSCANY	6,553.31	9/1/2021
Golden Creek	10000021 - Prosperity		BETHANY	20351000	Medicare repayment owed to BETHANY	607.41	9/1/2021
Tuscany	10000023 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	2,526.19	9/1/2021
Tuscany	10000023 - Prosperity		BETHANY	20351000	Medicare repayment owed to BETHANY	607.41	9/1/2021
					Total	51,512.58	

Note:

Approved:

Jason Anglin, CEO/CFO



8/30/2021

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 8/30/2021

Nursing Home	Account Number	Previous			ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home	
		Beginning Balance	Transfer-Out	Transfer-In					
Ashford Gardens		33,916.64	23,777.86	✓	162,505.72	✓	262,644.50	218,819.41	
							Bank Balance	262,644.50	
							Variance		
							Leave in Balance	100.00	
							Amerigroup July QIPP	28,200.81	
							Molina July QIPP	15,459.97	
							Molina Year 2 Adjustment 3	25.53	
							JULY INTEREST	38.78	
							AUG INTEREST		
							SEP INTEREST		
							Adjust Balance/Transfer Amt	218,819.41	
Broadmoor		82,076.83	✓	173,213.53	✓	54,176.92	✓	63,040.22	26,471.49
							Bank Balance	63,040.22	
							Variance		
							Leave in Balance	100.00	
							pending check	8,731.17	
							Medicare repayment owed to MMC	2,470.62	
							Medicare repayment owed to Tusculany	6,553.31	
							Medicare repayment owed to Bethany	607.41	
							Amerigroup July QIPP	11,671.35	
							Molina July QIPP	6,398.33	
							Molina Year 2 Adjustment 3	4.42	
							JULY INTEREST	32.13	
							AUG INTEREST		
							SEP INTEREST		
							Adjust Balance/Transfer Amt	26,471.49	
Crescent		16,625.40	✓	7,771.27	✓	88,764.64	✓	97,616.77	64,570.13
							Bank Balance	97,616.77	
							Variance		
							Leave in Balance	100.00	
							pending check	8,731.17	
							Medicare repayment owed to MMC	2,526.19	
							Medicare repayment owed to Tusculany	6,553.31	
							Medicare repayment owed to Bethany	607.41	
							Amerigroup July QIPP	9,368.08	
							Molina July QIPP	5,135.66	
							Molina Year 2 Adjustment 3	3.87	
							JULY INTEREST	20.96	
							AUG INTEREST		
							SEP INTEREST		
							Adjust Balance/Transfer Amt	64,570.13	
Fort Bend		20,007.31	✓	11,167.37	✓	55,134.32	✓	63,974.26	27,787.97
							Bank Balance	63,974.26	
							Variance		
							Leave in Balance	100.00	
							Medicare repayment owed to Bethany	8,731.17	
							Medicare repayment owed to MMC	2,526.19	
							Medicare repayment owed to Tusculany	6,553.31	
							Medicare repayment owed to Bethany	607.41	
							Amerigroup July QIPP	11,400.34	
							Molina July QIPP	6,249.29	
							Molina Year 2 Adjustment 3	9.31	
							JULY INTEREST	8.77	
							AUG INTEREST		
							SEP INTEREST		
							Adjust Balance/Transfer Amt	27,787.97	
Solera at W Houston		150,191.47	✓	41,333.85	✓	171,841.00	✓	142,698.61	80,554.66
							Bank Balance	142,698.61	
							Variance		
							Leave in Balance	100.00	
							pending check	8,731.17	
							Transfer to Tusculany for Deposit Error	66,466.42	
							Medicare repayment owed to MMC	2,526.19	
							Medicare repayment owed to Tusculany	6,553.31	
							Medicare repayment owed to Bethany	607.41	
							Medicare repayment owed to Bethany	607.41	
							Amerigroup July QIPP	11,091.60	
							Molina July QIPP	6,064.20	
							Molina Year 2 Adjustment 3	7.31	
							JULY INTEREST	26.44	
							AUG INTEREST		
							SEP INTEREST		
							Adjust Balance/Transfer Amt	80,554.66	

218,819.41 +
 26,471.49 +
 64,570.13 +
 27,787.97 +
 80,554.66 +
 418,203.66

Note: Only balances of over 1
 Note 2: Each account has a 6

APPROVED
 ON
 AUG 30 2021
 COUNTY AUDITOR
 CALROON COUNTY, TEXAS

TOTAL TRANSFERS 418,203.66

Approved: Jason Anglin, CEO 8/30/2021

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/23/2021 HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2		13,889.17						13,889.17
8/23/2021 AMERIGROUP CORPO E-PAYMENT EES2218764 111000		30,580.80	25,820.82	4,759.98			28,200.81	2,379.99
8/24/2021 Amerigroup TRSC HCCLAIMPMT 3158994767 111000		45,448.13						45,448.13
8/24/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		0.15						0.15
8/24/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000138		59,921.04						59,921.04
8/25/2021 MOLINA HEALTHCARE MOLINAACH 00959078 42000018		16,764.99	14,134.95	2,630.04			15,459.97	1,305.02
8/25/2021 Amerigroup TRSC HCCLAIMPMT 3159141327 111000		1,767.20						1,767.20
8/25/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		26,941.50						26,941.50
8/26/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	33,777.86							
8/26/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384		4,597.54						4,597.54
8/27/2021 Deposit		7,208.00						7,208.00
8/27/2021 MOLINA HEALTHCARE MOLINAACH 01000363 42000018		51.05				51.05	25.53	25.53
8/27/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,289.99						4,289.99
8/27/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,584.52						4,584.52
8/27/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		46,138.22						46,138.22
8/27/2021 UHC Community PL HCCLAIMPMT 746003411 910000		323.42						323.42
TOTAL	33,777.86	262,505.72	39,975.77	7,370.02		51.05	43,686.31	218,819.42

Broadway

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/23/2021 MANAGEANDNET1718 MNS PMNT 00000000004293 41		4,410.00						4,410.00
8/23/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000113		1,758.25						1,758.25
8/23/2021 HUMANA INS CO HCCLAIMPMT 390861 830000588463		5,530.00						5,530.00
8/23/2021 HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2		2,707.59						2,707.59
8/23/2021 AMERIGROUP CORPO E-PAYMENT EES2218767 111000		12,658.17	10,684.53	1,973.64			11,671.35	986.82
8/24/2021 UHC Community PL HCCLAIMPMT 746003411 910000		52.00						52.00
8/24/2021 HUMANA INS CO HCCLAIMPMT 390861 830000522163		3,555.00						3,555.00
8/24/2021 HUMANA CHA DISB HCCLAIMPMT 390861 4200001294		395.00						395.00
8/25/2021 MOLINA HEALTHCARE MOLINAACH 00999427 42000018		6,939.43	5,857.22	1,082.21			6,390.33	549.10
8/25/2021 UHC Community PL HCCLAIMPMT 746003411 910000		240.92						240.92
8/25/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000135		833.71						833.71
8/26/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	173,213.53							
8/27/2021 Deposit		3,603.21						3,603.21
8/27/2021 MOLINA HEALTHCARE MOLINAACH 01000513 42000018		8.83				8.83	4.42	4.42
8/27/2021 MANAGEANDNET1718 MNS PMNT 00000000004293 41		2,790.00						2,790.00
8/27/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,744.81						4,744.81
8/27/2021 HUMANA INS CO HCCLAIMPMT 390861 830000521350		3,950.00						3,950.00
TOTAL	173,213.53	54,176.92	16,541.75	3,055.85		8.83	18,074.09	36,102.83

Crescent

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/23/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000113		37,086.17						37,086.17
8/23/2021 HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2		2,683.47						2,683.47
8/23/2021 AMERIGROUP CORPO E-PAYMENT EES2218766 111000		10,161.40	8,574.76	1,586.64			9,368.08	793.32
8/24/2021 AARP Supplementa HCCLAIMPMT 746003411 124384		3,139.00						3,139.00
8/25/2021 MOLINA HEALTHCARE MOLINAACH 00999393 42000018		5,570.66	4,700.65	870.01			5,125.66	445.01
8/26/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	7,773.27							
8/26/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384		11,470.00						11,470.00
8/26/2021 MANAGEANDNET1718 MNS PMNT 00000000003268 41		4,410.00						4,410.00
8/27/2021 Deposit		8,945.56						8,945.56
8/27/2021 MOLINA HEALTHCARE MOLINAACH 01000497 42000018		7.73				7.73	3.87	3.87
8/27/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,090.65						5,090.65
TOTAL	7,773.27	88,764.64	13,275.41	2,456.65		7.73	14,507.60	74,257.04

Fort Bend

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/23/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000113		9,741.09						9,741.09
8/23/2021 HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2		5,681.60						5,681.60
8/23/2021 AMERIGROUP CORPO E-PAYMENT EES2218763 111000		12,187.78	10,432.90	1,934.88			11,400.34	967.44
8/24/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		28.83						28.83
8/24/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000138		8,786.23						8,786.23
8/25/2021 MOLINA HEALTHCARE MOLINAACH 00999164 42000018		6,780.28	5,719.30	1,060.98			6,249.79	530.49
8/25/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3,180.50						3,180.50
8/26/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	11,167.37							
8/26/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000124		5,842.39						5,842.39
8/27/2021 Deposit		52.66						52.66
8/27/2021 MOLINA HEALTHCARE MOLINAACH 01000396 42000018		18.62				18.62	9.31	9.31
8/27/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		14.53						14.53
8/27/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000138		2,639.81						2,639.81
TOTAL	11,167.37	55,134.32	16,152.20	2,995.86		18.62	17,659.44	37,474.88

Solare at West Houston

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/23/2021 AARP Supplementa HCCLAIMPMT 746003411 124384		1,855.00						1,855.00
8/23/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		113.38						113.38
8/23/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000113		1,574.43						1,574.43
8/23/2021 HUMANA INS CO HCCLAIMPMT 390862 830000588463		7,321.82						7,321.82
8/23/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001065		2,142.88						2,142.88
8/23/2021 HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2		3,954.90						3,954.90
8/23/2021 AMERIGROUP CORPO E-PAYMENT EES2218765 111000		12,000.01	10,123.18	1,876.83			11,061.60	938.41
8/24/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000138		95,144.86						95,144.86
8/24/2021 HUMANA INS CO HCCLAIMPMT 390862 830000521679		668.86						668.86
8/24/2021 HUMANA INS CO HCCLAIMPMT 390862 830000522163		5,764.87						5,764.87
8/25/2021 MOLINA HEALTHCARE MOLINAACH 00999366 42000018		6,578.67	5,549.52	1,029.15			6,044.10	534.57
8/25/2021 UHC Community PL HCCLAIMPMT 746003411 910000		147.74						147.74
8/25/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001293		1,442.69						1,442.69
8/25/2021 AARP Supplementa HCCLAIMPMT 746003411 124384		2,968.00						2,968.00
8/26/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	141,333.86							
8/26/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000124		9,514.60						9,514.60
8/27/2021 Deposit		3,252.43						3,252.43
8/27/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384		468.00						468.00
8/27/2021 MOLINA HEALTHCARE MOLINAACH 01000480 42000018		14.62				14.62	7.31	7.31
8/27/2021 HUMANA INS CO HCCLAIMPMT 390862 830000521350		7,647.58						7,647.58
8/27/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001299		11,265.66						11,265.66

141,333.86	173,841.00	15,672.70	2,905.98	-	14.62	17,133.00	156,708.00
367,265.89	634,422.60	101,617.83	18,784.36	-	100.85	111,060.44	523,362.17

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Aug 30, 2021

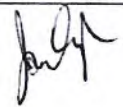
Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$6,797,793.92	\$6,926,124.71	\$6,797,793.92	\$6,601,065.58
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,422.42	\$5,422.42	\$5,422.42	\$5,372.42
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$46,194.65	\$46,194.65	\$46,194.65	\$27,129.24
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.71	\$535.71	\$535.71	\$535.71
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,338,593.95	\$4,409,769.28	\$4,338,593.95	\$4,442,234.95
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.30	\$431.30	\$431.30	\$431.30
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$262,644.50 ✓	\$272,517.69	\$262,644.50	\$200,049.30
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$63,040.22 ✓	\$79,166.16	\$63,040.22	\$47,943.37
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$97,616.77 ✓	\$111,578.52	\$97,616.77	\$83,572.83
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$63,974.26 ✓	\$63,974.26	\$63,974.26	\$61,248.64
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$182,698.61 ✓	\$189,764.48	\$182,698.61	\$160,050.32
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$160,667.69	\$160,667.69	\$160,667.69	\$61,358.80
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$131,007.72	\$131,007.72	\$131,007.72	\$103,597.67
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$115,249.60	\$125,378.31	\$115,249.60	\$115,141.77
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$221,592.03	\$221,592.03	\$221,592.03	\$184,274.77

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 8/30/2021

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		57,206.29	48,348.64	37,337.00			
						46,194.65	27,650.09
					Bank Balance	46,194.65	
					Variance	-	
					Leave in Balance	100.00	
					pending check	8,731.17	
					Medicare repayment owed to MMC	2,526.19	
					Medicare repayment owed to Tuscan	6,553.31	
					Medicare repayment owed to Bethany	607.41	
					JULY INTEREST	26.48	
					AUG INTEREST		
					SEP INTEREST		
					Adjust Balance/Transfer Amt	<u>27,650.09</u>	

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 8/30/2021



APPROVED
 ON
 AUG 30 2021
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek

8/23/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 8/23/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 8/23/2021 HEALTH HUMAN SVC INV-PAYMTS 17460034113011 2
 8/26/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 8/26/2021 NOVITAS SOLUTION HCCLAIMPMT 676097 420000124
 8/27/2021 Deposit
 8/27/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2

		MMC PORTION					NH
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP 11	PORTION
-	756.96	-	-	-	-	-	756.96
-	5,910.00	-	-	-	-	-	5,910.00
-	8,035.98	-	-	-	-	-	8,035.98
48,348.64	-	-	-	-	-	-	-
-	3,568.65	-	-	-	-	-	3,568.65
-	9,775.53	-	-	-	-	-	9,775.53
-	9,289.88	-	-	-	-	-	9,289.88
48,348.64	37,337.00	-	-	-	-	-	37,337.00

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

Add Group

My Groups

Search

All

DDA

Data reported as of Aug 30, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$6,797,793.92	\$6,926,124.71	\$6,797,793.92	\$6,601,065.58
*4551 CAL CO INDIGENT HEALTHCARE	\$5,422.42	\$5,422.42	\$5,422.42	\$5,372.42
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$46,194.65 ✓	\$46,194.65	\$46,194.65	\$27,129.24
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.71	\$535.71	\$535.71	\$535.71
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,338,593.95	\$4,409,769.28	\$4,338,593.95	\$4,442,234.95
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.30	\$431.30	\$431.30	\$431.30
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$262,644.50	\$272,517.69	\$262,644.50	\$200,049.30
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$63,040.22	\$79,166.16	\$63,040.22	\$47,943.37
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$97,616.77	\$111,578.52	\$97,616.77	\$83,572.83
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$63,974.26	\$63,974.26	\$63,974.26	\$61,248.64
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$182,698.61	\$189,764.48	\$182,698.61	\$160,050.32
*2998 MMC -MONEY MARKET FUND	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49
*5506 MMC -NH BETHANY SENIOR LIVING	\$160,667.69	\$160,667.69	\$160,667.69	\$61,358.80
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$131,007.72	\$131,007.72	\$131,007.72	\$103,597.67
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$115,249.60	\$125,378.31	\$115,249.60	\$115,141.77
*3407 MMC -NH TUSCANY VILLAGE	\$221,592.03	\$221,592.03	\$221,592.03	\$184,274.77

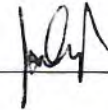
Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 8/30/2021

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		42,520.04	23,442.75	96,172.31			115,249.60	15,821.67
						Bank Balance	115,249.60	
						Variance		
						Leave in Balance	100.00	
						ECHO CLAIM PAYMENTS TO HOLD	99,303.92	
						JULY INTEREST	24.01	
						AUG INTEREST		
						SEP INTEREST		
						Adjust Balance/Transfer Amt	15,821.67	
							131,007.72	130,892.68
						Bank Balance	131,007.72	
						Variance		
						Leave in Balance	100.00	
						JULY INTEREST	15.04	
						AUG INTEREST		
						SEP INTEREST		
						Adjust Balance/Transfer Amt	130,892.68	
						TOTAL TRANSFERS	146,714.35	

Routing information for Gulf Pointe Plaza:

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

Approved:
 Jason Anglin, CEO



8/30/2021

APPROVED
 ON
 AUG 30 2021
 COONEY AUDITOR
 CALHOUN COUNTY, TEXAS

Gulf Points Plaza-Private Pay

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
8/23/2021 PNC-ECHO HCCLAIMPMT 746003411 41000129601949	-	869.37	-	-	-	-	-	869.37
8/23/2021 HNB - ECHO HCCLAIMPMT 746003411 440000255723	-	12,055.23	-	-	-	-	-	12,055.23
8/23/2021 HNB - ECHO HCCLAIMPMT 746003411 440000255723	-	608.18	-	-	-	-	-	608.18
8/23/2021 HNB - ECHO HCCLAIMPMT 746003411 440000255723	-	4,671.88	-	-	-	-	-	4,671.88
8/23/2021 HNB - ECHO HCCLAIMPMT 746003411 440000255723	-	1,481.91	-	-	-	-	-	1,481.91
8/23/2021 HNB - ECHO HCCLAIMPMT 746003411 440000255723	-	376.68	-	-	-	-	-	376.68
8/23/2021 HNB - ECHO HCCLAIMPMT 746003411 440000255723	-	26,397.34	-	-	-	-	-	26,397.34
8/23/2021 HUMANA INS CO HCCLAIMPMT 624982 830000588567	-	4,810.00	-	-	-	-	-	4,810.00
8/23/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001065	-	2,590.00	-	-	-	-	-	2,590.00
8/24/2021 HNB - ECHO HCCLAIMPMT 746003411 440000287868	-	117.61	-	-	-	-	-	117.61
8/24/2021 HNB - ECHO HCCLAIMPMT 746003411 440000287868	-	4,554.47	-	-	-	-	-	4,554.47
8/24/2021 HNB - ECHO HCCLAIMPMT 746003411 440000287868	-	10,255.77	-	-	-	-	-	10,255.77
8/24/2021 HNB - ECHO HCCLAIMPMT 746003411 440000287868	-	9,644.18	-	-	-	-	-	9,644.18
8/25/2021 HNB - ECHO HCCLAIMPMT 746003411 440000210730	-	4,838.36	-	-	-	-	-	4,838.36
8/25/2021 HNB - ECHO HCCLAIMPMT 746003411 440000210730	-	34.30	-	-	-	-	-	34.30
8/25/2021 HNB - ECHO HCCLAIMPMT 746003411 440000210730	-	2,475.14	-	-	-	-	-	2,475.14
8/25/2021 HNB - ECHO HCCLAIMPMT 746003411 440000210730	-	412.04	-	-	-	-	-	412.04
8/25/2021 HNB - ECHO HCCLAIMPMT 746003411 440000210730	-	855.63	-	-	-	-	-	855.63
8/25/2021 HNB - ECHO HCCLAIMPMT 746003411 440000210730	-	445.75	-	-	-	-	-	445.75
8/25/2021 HNB - ECHO HCCLAIMPMT 746003411 440000210730	-	102.91	-	-	-	-	-	102.91
8/25/2021 HNB - ECHO HCCLAIMPMT 746003411 440000210730	-	22.54	-	-	-	-	-	22.54
8/25/2021 HUMANA INS CO HCCLAIMPMT 624982 830000552774	-	8,421.67	-	-	-	-	-	8,421.67
8/26/2021 WIRE OUT HMG SERVICES, LLC	23,442.75	-	-	-	-	-	-	-
8/26/2021 HNB - ECHO HCCLAIMPMT 746003411 440000236059	-	23.52	-	-	-	-	-	23.52
8/27/2021 HNB - ECHO HCCLAIMPMT 746003411 440000261351	-	107.83	-	-	-	-	-	107.83
	23,442.75	96,172.31	-	-	-	-	-	96,172.31

Gulf Points Plaza-Medicare/Medicaid

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
8/24/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001320974	-	88,181.28	-	-	-	-	-	88,181.28
8/25/2021 WPS-TDEFIC CONTR HCCLAIMPMT 2222092509 21000	-	674.48	-	-	-	-	-	674.48
8/25/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001388923	-	14,626.87	-	-	-	-	-	14,626.87
8/26/2021 WIRE OUT HMG SERVICES, LLC	15,572.56	-	-	-	-	-	-	-
8/27/2021 Deposit	-	27,410.05	-	-	-	-	-	27,410.05
	15,572.56	130,892.68	-	-	-	-	-	130,892.68
	39,015.31	227,064.99	-	-	-	-	-	227,064.99

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Aug 30, 2021 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$6,797,793.92	\$6,926,124.71	\$6,797,793.92	\$6,601,065.58
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,422.42	\$5,422.42	\$5,422.42	\$5,372.42
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$46,194.65	\$46,194.65	\$46,194.65	\$27,129.24
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.71	\$535.71	\$535.71	\$535.71
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,338,593.95	\$4,409,769.28	\$4,338,593.95	\$4,442,234.95
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.30	\$431.30	\$431.30	\$431.30
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$262,644.50	\$272,517.69	\$262,644.50	\$200,049.30
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$63,040.22	\$79,166.16	\$63,040.22	\$47,943.37
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$97,616.77	\$111,578.52	\$97,616.77	\$83,572.83
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$63,974.26	\$63,974.26	\$63,974.26	\$61,248.64
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$182,698.61	\$189,764.48	\$182,698.61	\$160,050.32
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$160,667.69	\$160,667.69	\$160,667.69	\$61,358.80
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$131,007.72 ✓	\$131,007.72	\$131,007.72	\$103,597.67
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$115,249.60 ✓	\$125,378.31	\$115,249.60	\$115,141.77
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$221,592.03	\$221,592.03	\$221,592.03	\$184,274.77

Prosperity Accounts
8/30/2021

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home	Trst
Tusculum Senior Living		41,702.58	32,871.41	112,760.86	✓		221,592.03	206,939.45	14,652.58
						Bank Balance	221,592.03		
						Variance	221,592.03	✓	
						Leave in Balance	100.00	✓	
						Pending check	8,731.10	ols	
						Amerigroup July QIPP	1,687.81	✓	
						Medicare repayment owed to MMC	2,526.19	✓	
						Medicare repayment owed to Bethany	607.41	✓	
						Adjust Balance/Transfer Amt	206,939.45	✓	
						Approved			8/30/2021
						Jason Anglin, CEO			

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

APPROVED
ON
AUG 30 2021
GOENTRY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village

MMC PORTION

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
8/23/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000113	-	91,529.95					-	91,529.95
8/23/2021 AMERIGROUP CORPO E-PAYMENT EES2218768 111000	-	4,080.50	1,295.12	2,785.38			2,687.81	1,392.69
8/24/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	7,194.12					-	7,194.12
8/24/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000138	-	1,779.53					-	1,779.53
8/25/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000135	-	70,859.50					-	70,859.50
8/26/2021 WIRE OUT LINBAR ENTERPRISES, LLC	32,871.41	-					-	-
8/27/2021 Deposit	-	37,317.26					-	37,317.26
	32,871.41	212,760.86	1,295.12	2,785.38	-	-	2,687.81	210,073.05

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Aug 30, 2021 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$6,797,793.92	\$6,926,124.71	\$6,797,793.92	\$6,601,065.58
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,422.42	\$5,422.42	\$5,422.42	\$5,372.42
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$46,194.65	\$46,194.65	\$46,194.65	\$27,129.24
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.71	\$535.71	\$535.71	\$535.71
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,338,593.95	\$4,409,769.28	\$4,338,593.95	\$4,442,234.95
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.30	\$431.30	\$431.30	\$431.30
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$262,644.50	\$272,517.69	\$262,644.50	\$200,049.30
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$63,040.22	\$79,166.16	\$63,040.22	\$47,943.37
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$97,616.77	\$111,578.52	\$97,616.77	\$83,572.83
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$63,974.26	\$63,974.26	\$63,974.26	\$61,248.64
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$182,698.61	\$189,764.48	\$182,698.61	\$160,050.32
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$160,667.69	\$160,667.69	\$160,667.69	\$61,358.80
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$131,007.72	\$131,007.72	\$131,007.72	\$103,597.67
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$115,249.60	\$125,378.31	\$115,249.60	\$115,141.77
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$221,592.03	\$221,592.03	\$221,592.03	\$184,274.77

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 8/30/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		306,596.43	✓ 306,423.92	✓ 160,495.18	✓		160,667.69	✓ 160,495.18
						Bank Balance	160,667.69	✓
						Variance	160,667.69	✓
						Leave in Balance	100.00	✓
						JULY INTEREST	72.51	✓
						AUG INTEREST		✓
						SEP INTEREST		✓
						Adjust Balance/Transfer Amt	160,495.18	✓
						Approved		
						Jason Anglin, CEO		8/30/2021

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

APPROVED
 ON
 AUG 30 2021
 GOENNY AUDITOR
 CALLHOUN COUNTY, TEXAS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Aug 30, 2021 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$6,797,793.92	\$6,926,124.71	\$6,797,793.92	\$6,601,065.58
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,422.42	\$5,422.42	\$5,422.42	\$5,372.42
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$46,194.65	\$46,194.65	\$46,194.65	\$27,129.24
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.71	\$535.71	\$535.71	\$535.71
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,338,593.95	\$4,409,769.28	\$4,338,593.95	\$4,442,234.95
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.30	\$431.30	\$431.30	\$431.30
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$262,644.50	\$272,517.69	\$262,644.50	\$200,049.30
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$63,040.22	\$79,166.16	\$63,040.22	\$47,943.37
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$97,616.77	\$111,578.52	\$97,616.77	\$83,572.83
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$63,974.26	\$63,974.26	\$63,974.26	\$61,248.64
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$182,698.61	\$189,764.48	\$182,698.61	\$160,050.32
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$160,667.69	\$160,667.69	\$160,667.69	\$61,358.80
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$131,007.72	\$131,007.72	\$131,007.72	\$103,597.67
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$115,249.60	\$125,378.31	\$115,249.60	\$115,141.77
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$221,592.03	\$221,592.03	\$221,592.03	\$184,274.77

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 8/30/21

A _____

Y _____

E _____

E _____

APPROVED
ON

AUG 30 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 1154

FOR ACCT. USE ONLY

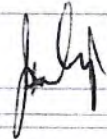
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT 43,686.31

G/L NUMBER: 10255040

EXPLANATION: Amerigroup July, Molina July and Molina Y2 ADJ 3 QIPP - Ashford

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center
A _____
Y _____
E _____
E _____

Date Requested: 8/30/21

APPROVED
ON
AUG 30 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#
000123
G/L NUMBER: 10255040

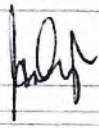
FOR ACCT. USE ONLY

<input type="checkbox"/>	Imprest Cash
<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Mail Check to Vendor
<input type="checkbox"/>	Return Check to Dept

AMOUNT 18,074.10

EXPLANATION: Amerigroup July, Molina July and Molina Y2 ADJ 3 QIPP - Broadmoor

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 8/30/21

A _____

APPROVED
ON

Y _____

AUG 30 2021

E _____

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

E _____

chk#
000154

FOR ACCT. USE ONLY

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

AMOUNT 14,507.61

G/L NUMBER: 10255040

EXPLANATION: Amerigroup July, Molina July and Molina Y2 ADJ 3 QIPP - Crescent

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 8/30/21

A _____

Y _____

E _____

E _____

APPROVED
ON

AUG 30 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#
000148

FOR ACCT. USE ONLY

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

AMOUNT 17,659.44

G/L NUMBER: 10255040

EXPLANATION: Amerigroup July, Molina July and Molina Y2 ADJ 3 QIPP - Fort Bend

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 8/30/21

A _____

Y _____

E _____

E _____

APPROVED
ON
AUG 30 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK # 1153

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

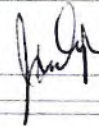
Return Check to Dept

AMOUNT 17,133.01

G/L NUMBER: 10255040

EXPLANATION: Amerigroup July, Molina July and Molina Y2 ADJ 3 QIPP - *Solem*

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 8/30/21

A _____

Y _____

E _____

E _____

APPROVED
ON

AUG 30 2021

GOBNEY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#
1051

FOR ACCT. USE ONLY

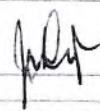
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT 2,687.81

G/L NUMBER: 10255040

EXPLANATION: Amerigroup July, Molina July and Molina Y2 ADJ 3 QIPP - Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
NH ASHFORD

202 S ANN ST STE A
PORT LAVACA TX 77979

1154

88-2265/1131-87

9-1-21

Date



Pay to the
Order of Memorial Medical Center

\$ 43,686. ³¹/₁₀₀

Forty-three thousand, six hundred eighty-six dollars ³¹/₁₀₀ Dollars



Photo Safe Deposit
Details on back



PROSPERITY BANK®

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

For Amerigroup July - 2020.01
Moina July - 15,459.97
Moina Y2adj3 - 76.53

County Auditor

County Treasurer

⑆ 113122655⑆

54

MEMORIAL MEDICAL CENTER
NH SOLERA AT WEST HOUSTON

202 S ANN ST STE A
PORT LAVACA TX 77979

1153

88-2265/1131-87

9-1-21

Date



Pay to the
Order of Memorial Medical Center

\$ 17,133. ⁹¹/₁₀₀

Seventeen thousand, one hundred thirty-three dollars ⁹¹/₁₀₀ Dollars



Photo Safe Deposit
Details on back



PROSPERITY BANK®

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

For Amerigroup July - 11,041.00
Moina July - 6014.00
Moina Y2adj3 - 7.31

County Auditor

County Treasurer

⑆ 113122655⑆

153

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

PH 361-553-4818
816 N VIRGINIA ST
PORT LAVACA, TX 77979

1051

88-2265/1131-87

DATE 9-1-21



PAY TO THE
ORDER OF Memorial Medical Center

\$ 2687. ⁸¹/₁₀₀

Two thousand, six hundred eighty-seven dollars ⁸¹/₁₀₀ DOLLARS



Photo Safe Deposit
Details on back



PROSPERITY BANK®

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

FOR Amerigroup July - 2087.01
Moina July - cc
Moina Y2adj3 - cc

County Auditor

County Treasurer

⑆ 00105⑆ ⑆ 113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000123

88-2265/1131

Date 9-1-21

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 18,074. ¹⁰/₁₀₀

Eighteen thousand ⁰⁰/₁₀₀, seventy-four dollars ¹⁰/₁₀₀

DOLLARS



County auditor

Amerigroup July- 11,671.35

FOR Molina July- 6,398.33 Molina y2 adj 3-442



⑈000123⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000154

88-2265/1131

Date 9-1-21

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 14,507. ⁴¹/₁₀₀

Forteen thousand, five hundred seven dollars ⁴¹/₁₀₀

DOLLARS



County auditor

Amerigroup July- 9,368.00

FOR Molina July 5,135.66 Molina y2 adj 3-387



⑈000154⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000148

88-2265/1131

Date 9-1-21

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 17,659. ⁴⁴/₁₀₀

Seventeen thousand, six hundred fifty-nine dollars ⁴⁴/₁₀₀

DOLLARS



County auditor

Amerigroup July- 11,400.34

FOR Molina July- 6,249.79 Molina y2 adj 3-931



⑈000148⑈ ⑆113122655⑆

RUN DATE:09/03/21
TIME:10:49

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/01/21 THRU 09/01/21

PAGE 3
GLCKREG

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

NHA 001154 09/01/21 43,686.31 MMC *Ashford*
TOTALS: 43,686.31

APPROVED
ON

SEP 01 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities

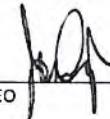
Commissioner's Court

9/1/2021

NH Name	From Bank Acct #	Ck #	Payee	GL #	Amerigroup July QIPP	Molina July QIPP	Molina Y2 Adj 3	TOTAL	Date
Ashford	10000018 - Prosperity		MMC - Prosperity Operating #10000001	10255040	28,200.81	15,459.97	25.53	43,686.31	9/1/2021
Broadmoor	10000019 - Prosperity		MMC - Prosperity Operating #10000001	10255040	11,671.35	6,398.33	4.42	18,074.10	9/1/2021
Crescent	10000020 - Prosperity		MMC - Prosperity Operating #10000001	10255040	9,368.08	5,135.66	3.87	14,507.61	9/1/2021
Fort Bend	10000021 - Prosperity		MMC - Prosperity Operating #10000001	10255040	11,400.34	6,249.79	9.31	17,659.44	9/1/2021
Solera	10000022 - Prosperity		MMC - Prosperity Operating #10000001	10255040	11,061.60	6,064.10	7.31	17,133.01	9/1/2021
Golden Creek	10000023 - Prosperity		MMC - Prosperity Operating #10000001	10255040				-	9/1/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC - Prosperity Operating #10000001	10255040				-	9/1/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC - Prosperity Operating #10000001					-	9/1/2021
Bethany			MMC - Prosperity Operating #10000001					-	9/1/2021
Tuscany			MMC - Prosperity Operating #10000001	10255040	2,687.81			2,687.81	9/1/2021
			Total:		74,389.99	39,307.85	50.44	113,748.28	

Note:

Approved:
Jason Anglin, CEO



8/9/2021