

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 15, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$	503,585.76
TOTAL TRANSFERS BETWEEN FUNDS	\$	287,193.20
TOTAL NURSING HOME UPL EXPENSES	\$	387,410.65
TOTAL INTER-GOVERNMENT TRANSFERS	\$	-
GRAND TOTAL DISBURSEMENTS APPROVED September 15, 2021	\$	1,178,189.61

APPROVED

SEP 15 2021

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 15, 2021

PAYABLES AND PAYROLL

9/9/2021 Weekly Payables	57,141.57
9/13/2021 McKesson-340B Prescription Expense	9,207.30
9/13/2021 Amerisource Bergen-340B Prescription Expense	343.58
9/13/2021 Payroll Liabilities -Payroll Taxes	106,133.59
9/13/2021 Payroll	325,261.77

Prosperity Electronic Bank Payments

9/7-9/10/21 Credit Card & Lease Fees	5,238.45
9/7-9/10/21 Pay Plus-Patient Claims Processing Fee	259.50

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ **503,585.76**

TRANSFER BETWEEN FUNDS TO NURSING HOMES

9/9/2021 MMC Operating to Ashford-NH portion of QIPP deposited into MMC Operating	4,286.45
9/9/2021 MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating in error and NH portion of QIPP	5,768.99
9/9/2021 MMC Operating to Fort bend-correction of NH insurance payment deposited into MMC Operating in error and NH portion of QIPP	1,742.40
9/9/2021 MMC Operating to Broadmoor-NH portion of QIPP deposited into MMC Operating	1,777.30
9/9/2021 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error and NH portion of QIPP	12,422.08
9/9/2021 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	61,774.08
9/9/2021 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating and NH portion of QIPP	28,024.53
9/9/2021 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating in error and NH portion of QIPP	33,996.73
9/9/2021 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	94,234.85

MEDICARE ADVANCE PAYMENT RECOUP

9/13/2021 Ashford to MMC Operating-correction of Ashford medicare recoup taken from MMC Operating	255.30
9/13/2021 Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	6,921.08
9/13/2021 Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	6,921.08
9/13/2021 Fort Bend to MMC Operating-correction of Fort Bend medicare recoup taken from MMC Operating	6,921.08
9/13/2021 Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	6,921.08
9/13/2021 Golden Creek to MMC Operating-correction of Golden Creek recoup taken from MMC Operating	7,088.03
9/13/2021 Tuscany to MMC Operating-correction of Tuscany medicare recoup taken from MMC Operating	8,138.14

TOTAL TRANSFERS BETWEEN FUNDS \$ **287,193.20**

NURSING HOME UPL EXPENSES

9/13/2021 Nursing Home UPL-Cantex Transfer	75,588.37
9/13/2021 Nursing Home UPL-Nexion Transfer	69,893.87
9/13/2021 Nursing Home UPL-HMG Transfer	25,260.77
9/13/2021 Nursing Home UPL-Tuscany Transfer	134,184.24
9/13/2021 Nursing Home UPL-HSL Transfer	82,483.40

TOTAL NURSING HOME UPL EXPENSES \$ **387,410.65**

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

GRAND TOTAL DISBURSEMENTS APPROVED September 15, 2021 \$ **1,178,189.61**

RECEIVED

09/09/2021

11:57 SEP 09 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 09/29/2021

0

ap_open_invoice.template

Vendor#
A0400
Columbia County Auditor

Vendor Name
AUREUS RADIOLOGY LLC ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2503490 2297455	08/31/2021	08/30/2021	09/29/2021				2,680.00	0.00	0.00	2,680.00 ✓
										LAB STAFFING
2303821 ✓	08/31/2021	08/30/2021	09/29/2021				2,760.00	0.00	0.00	2,760.00 ✓
										LAB STAFFING

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A0400		AUREUS RADIOLOG	5,440.00	0.00	0.00	5,440.00

Vendor#
B0435

Vendor Name
BARD PERIPHERAL VASCULAR ✓ M

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
82958975 ✓	08/30/2021	08/17/2021	09/08/2021				54.38	0.00	0.00	54.38 ✓
										SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
B0435		BARD PERIPHERAL	54.38	0.00	0.00	54.38

Vendor#
B1150

Vendor Name
BAXTER HEALTHCARE ✓ W

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
71742690 ✓	08/30/2021	08/12/2021	09/06/2021				710.76	0.00	0.00	710.76 ✓
										SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
B1150		BAXTER HEALTHCARE	710.76	0.00	0.00	710.76

Vendor#
B1220

Vendor Name
BECKMAN COULTER INC ✓ M

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5445803 ✓	08/31/2021	08/30/2021	09/24/2021				3,507.27	0.00	0.00	3,507.27 ✓
										SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
B1220		BECKMAN COULTE	3,507.27	0.00	0.00	3,507.27

Vendor#
10723

Vendor Name
CLIA LABORATORY PROGRAM ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081021	08/19/2021	08/10/2021	09/24/2021				2,448.00	0.00	0.00	2,448.00 ✓
										CERTIFICATE FEE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10723		CLIA LABORATORY	2,448.00	0.00	0.00	2,448.00

Vendor#
C1970

Vendor Name
CONMED CORPORATION ✓ M

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
635606 ✓	08/30/2021	08/16/2021	09/08/2021				430.12	0.00	0.00	430.12 ✓
										SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
C1970		CONMED CORPOR,	430.12	0.00	0.00	430.12

Vendor#
10646

Vendor Name
COVIDIEN ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5864157066 ✓	08/30/2021	08/13/2021	08/23/2021				727.68	0.00	0.00	727.68 ✓
										SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10646		COVIDIEN	727.68	0.00	0.00	727.68

Vendor#
10006

Vendor Name
CUSTOM MEDICAL SPECIALTIES ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
284904 ✓	08/30/2021	08/24/2021	09/08/2021				1,159.24	0.00	0.00	1,159.24 ✓
										SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

Vendor#	10006	CUSTOM MEDICAL			1,159.24		0.00	0.00	1,159.24	
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
8133027 ✓	08/30/2021	08/10/2021	09/04/2021				28.20	0.00	0.00	28.20 ✓
		SUPPLIES								
9529680 ✓	08/30/2021	08/18/2021	09/12/2021				200.00	0.00	0.00	200.00 ✓
		SUPPLIES								
8862199 ✓	09/09/2021	08/12/2021	09/06/2021				473.38	0.00	0.00	473.38 ✓
		SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
F1400		FISHER HEALTHCA				701.58	0.00	0.00	701.58	
Vendor#	10901	Vendor Name			Class		Pay Code			
		GENESIS DIAGNOSTICS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
52460 ✓	08/30/2021	08/06/2021	09/05/2021				120.46	0.00	0.00	120.46 ✓
		SUPPLIES								
52461 ✓	08/30/2021	08/10/2021	09/09/2021				120.46	0.00	0.00	120.46 ✓
		SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
10901		GENESIS DIAGNOS				240.92	0.00	0.00	240.92	
Vendor#	G0401	Vendor Name			Class		Pay Code			
		GULF COAST DELIVERY ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
083121	08/31/2021	08/31/2021	09/23/2021				75.00	0.00	0.00	75.00 ✓
		DELIVERY								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
G0401		GULF COAST DELIV				75.00	0.00	0.00	75.00	
Vendor#	J0150	Vendor Name			Class		Pay Code			
		J & J HEALTH CARE SYSTEMS, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
926029501 ✓	08/30/2021	08/10/2021	09/09/2021				83.31	0.00	0.00	83.31 ✓
		SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
J0150		J & J HEALTH CARE				83.31	0.00	0.00	83.31	
Vendor#	M2470	Vendor Name			Class		Pay Code			
		MEDLINE INDUSTRIES INC ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1955248480 ✓	08/30/2021	06/15/2021	07/10/2021				197.14	0.00	0.00	197.14 ✓
		SUPPLIES								
1960766596 ✓	08/30/2021	07/30/2021	08/24/2021				157.77	0.00	0.00	157.77 ✓
		SUPPLIES								
1960814019 ✓	08/30/2021	07/31/2021	08/25/2021				151.51	0.00	0.00	151.51 ✓
		SUPPLIES								
1961478092 ✓	08/30/2021	08/05/2021	08/30/2021				217.07	0.00	0.00	217.07 ✓
		SUPPLIES								
1961953058 ✓	08/30/2021	08/10/2021	09/04/2021				8.59	0.00	0.00	8.59 ✓
		SUPPLIES								
1961953057 ✓	08/30/2021	08/10/2021	09/04/2021				8.36	0.00	0.00	8.36 ✓
		SUPPLIES								
1962025018 ✓	08/30/2021	08/11/2021	09/05/2021				14.49	0.00	0.00	14.49 ✓
		SUPPLIES								
1962025022 ✓	08/30/2021	08/11/2021	09/05/2021				2,752.58	0.00	0.00	2,752.58 ✓
		SUPPLIES								
1962025020 ✓	08/30/2021	08/11/2021	09/05/2021				3,857.84	0.00	0.00	3,857.84 ✓
		SUPPLIES								
1962106574 ✓	08/30/2021	08/11/2021	09/05/2021				812.48	0.00	0.00	812.48 ✓
		SUPPLIES								
1962025025 ✓	08/30/2021	08/11/2021	09/05/2021				123.48	0.00	0.00	123.48 ✓
		SUPPLIES								
1962025017 ✓	08/30/2021	08/11/2021	09/05/2021				28.98	0.00	0.00	28.98 ✓

		SUPPLIES							
1962025024	08/30/2021	08/11/2021	09/05/2021		93.30	0.00	0.00	93.30	✓
		SUPPLIES							
1962025021	08/30/2021	08/11/2021	09/05/2021		61.59	0.00	0.00	61.59	✓
		SUPPLIES							
1962183339	08/30/2021	08/11/2021	09/05/2021		1,001.82	0.00	0.00	1,001.82	✓
		SUPPLIES							
1962025019	08/30/2021	08/11/2021	09/05/2021		17.60	0.00	0.00	17.60	✓
		SUPPLIES							
1962106571	08/30/2021	08/11/2021	09/05/2021		136.64	0.00	0.00	136.64	✓
		SUPPLIES							
1962025023	08/30/2021	08/11/2021	09/05/2021		333.25	0.00	0.00	333.25	✓
		SUPPLIES							
1962106572	08/30/2021	08/11/2021	09/05/2021		300.35	0.00	0.00	300.35	✓
		SUPPLIES							
1962210200	08/30/2021	08/12/2021	09/06/2021		50.39	0.00	0.00	50.39	✓
		SUPPLIES							
1962730128	08/30/2021	08/17/2021	09/11/2021		44.29	0.00	0.00	44.29	✓
		SUPPLIES							
1962730126	08/30/2021	08/17/2021	09/11/2021		13.76	0.00	0.00	13.76	✓
		SUPPLIES							
1962730133	08/30/2021	08/17/2021	09/11/2021		3,403.24	0.00	0.00	3,403.24	✓
		SUPPLIES							
1962730122	08/30/2021	08/17/2021	09/11/2021		96.76	0.00	0.00	96.76	✓
		SUPPLIES							
1962730139	08/30/2021	08/17/2021	09/11/2021		635.79	0.00	0.00	635.79	✓
		SUPPLIES							
1962730124	08/30/2021	08/17/2021	09/11/2021		62.23	0.00	0.00	62.23	✓
		SUPPLIES							
1962748738	08/30/2021	08/17/2021	09/11/2021		441.72	0.00	0.00	441.72	✓
		SUPPLIES							
1962988417	08/30/2021	08/18/2021	09/12/2021		44.46	0.00	0.00	44.46	✓
		SUPPLIES							
1963007806	08/30/2021	08/18/2021	09/12/2021		121.98	0.00	0.00	121.98	✓
		SUPPLIES							
1962324235	09/08/2021	08/12/2021	09/06/2021		30.00	0.00	0.00	30.00	✓
		SUPPLIES							
1962324234	09/08/2021	08/12/2021	09/06/2021		30.00	0.00	0.00	30.00	✓
		SUPPLIES							
1962988416	09/09/2021	08/18/2021	09/12/2021		3,232.32	0.00	0.00	3,232.32	✓
		SUPPLIES							

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
Vendor#	M2470		MEDLINE INDUSTR		18,481.78	0.00	0.00	18,481.78		
			Vendor Name		Class		Pay Code			
M2659			MXR IMAGING, INC ✓		M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8800794880	08/30/2021	08/09/2021	09/08/2021				26.11	0.00	0.00	26.11
		SUPPLIES								

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
Vendor#	M2659		MXR IMAGING, INC		26.11	0.00	0.00	26.11		
			Vendor Name		Class		Pay Code			
O1500			OLYMPUS AMERICA INC ✓		M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INU267030	08/30/2021	08/11/2021	09/05/2021				28.74	0.00	0.00	28.74
		SUPPLIES								
31391291	08/30/2021	08/16/2021	09/10/2021				395.84	0.00	0.00	395.84
		SUPPLIES								
31396348	08/30/2021	08/17/2021	09/11/2021				309.55	0.00	0.00	309.55
		SUPPLIES								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
	O1500		OLYMPUS AMERIC,		734.13	0.00	0.00	734.13		

Vendor#	Vendor Name	Class	Pay Code							
10896	QIAGEN INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
997965422	08/30/2021	08/16/2021	09/15/2021				1,327.69	0.00	0.00	1,327.69 ✓
SUPPLIES										
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
10896		QIAGEN INC	1,327.69	0.00	0.00	1,327.69				

Vendor#	Vendor Name	Class	Pay Code							
13940	RN NETWORK ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3945529RI	08/31/2021	07/19/2021	09/23/2021				1,881.00	0.00	0.00	1,881.00 ✓
ICU STAFFING										
3945405RI	08/31/2021	07/19/2021	09/23/2021				2,736.00	0.00	0.00	2,736.00 ✓
ICU STAFFING										
3963309RI	08/31/2021	08/09/2021	09/23/2021				2,812.00	0.00	0.00	2,812.00 ✓
ICU STAFFING										
3969231RI	08/31/2021	08/16/2021	09/23/2021				2,831.00	0.00	0.00	2,831.00 ✓
ICU STAFFING										
3978913RI	08/31/2021	08/30/2021	09/29/2021				2,850.00	0.00	0.00	2,850.00 ✓
ICU STAFFING										
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
13940		RN NETWORK	13,110.00	0.00	0.00	13,110.00				

Vendor#	Vendor Name	Class	Pay Code							
S2362	SMITH & NEPHEW ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
942602386	08/30/2021	08/17/2021	09/08/2021				1,402.00	0.00	0.00	1,402.00 ✓
SUPPLIES										
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
S2362		SMITH & NEPHEW	1,402.00	0.00	0.00	1,402.00				

Vendor#	Vendor Name	Class	Pay Code							
13880	TEXAS SELECT STAFFING ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090121	09/03/2021	09/01/2021	09/23/2021				3,115.25	0.00	0.00	3,115.25 ✓
MED SURG STAFFING										
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
13880		TEXAS SELECT ST/	3,115.25	0.00	0.00	3,115.25				

Vendor#	Vendor Name	Class	Pay Code							
U1054	UNIFIRST HOLDINGS ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400374943	09/01/2021	08/30/2021	09/24/2021				47.47	0.00	0.00	47.47 ✓
LAUNDRY										
8400374942	09/01/2021	08/30/2021	09/24/2021				45.15	0.00	0.00	45.15 ✓
LAUNDRY										
8400374966	09/01/2021	08/30/2021	09/24/2021				2,032.63	0.00	0.00	2,032.63 ✓
LAUNDRY										
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
U1054		UNIFIRST HOLDING	2,125.25	0.00	0.00	2,125.25				

Vendor#	Vendor Name	Class	Pay Code							
I1110	WERFEN USA LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9111033551	08/30/2021	08/31/2021	09/25/2021				1,241.10	0.00	0.00	1,241.10 ✓
SUPPLIES										
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
I1110		WERFEN USA LLC	1,241.10	0.00	0.00	1,241.10				

Grand Totals:	Gross	Discount	No-Pay	Net
	57,141.57	0.00	0.00	57,141.57

SEP 09 2021
 COUNTY CLERK
 CLERK # 191831-191854

Report Summary

MCKESSON

STATEMENT

As of: 09/10/2021

Page: 002

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

Company: 8000

DC: 8115

As of: 09/10/2021
Mail to:

Page: 002
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory:

Customer: 632536
Date: 09/11/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 09/11/2021

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 9,395.17 USD

Future Due: 0.00

If Paid By 09/14/2021,

Due If Paid On Time:

USD 9,207.30

Past Due: 0.00

Pay This Amount:

9,207.30 USD

Disc lost if paid late: 187.87

Last Payment 08/07/2017 2,451.97

If Paid After 09/14/2021,
Pay this Amount:

9,395.17 USD

Due If Paid Late:

USD 9,395.17

5,398.36 +
 2,504.47 +
 648.79 +
 655.68 +
 9,207.30 +

APPROVED
ON

SEP 13 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 09/10/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 09/10/2021
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: 09/11/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 09/11/2021 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											
09/04/2021	09/14/2021	7292424020	0903210633	115Invoice	0.15	7.35		7.20	✓	7292424020	
09/07/2021	09/14/2021	7292276535	14857153	115Invoice		0.09		0.09	✓	7292276535	
09/07/2021	09/14/2021	7292276536	14916258	115Invoice	30.56	1,527.98		1,497.42	✓	7292276536	
09/07/2021	09/14/2021	7292276537	14971827	115Invoice	5.09	254.74		249.65	✓	7292276537	
09/07/2021	09/14/2021	7292276538	15019048	115Invoice	5.10	255.21		250.11	✓	7292276538	
09/07/2021	09/14/2021	7292276539	15019048	115Invoice	3.67	183.58		179.91	✓	7292276539	
09/07/2021	09/14/2021	7292481077	0903210752	195Invoice	0.02	0.98		0.96	✓	7292481077	
09/07/2021	09/14/2021	7292481078	0906210803	115Invoice	2.44	121.90		119.46	✓	7292481078	
09/08/2021	09/14/2021	7292623215	15049086	115Invoice	3.53	176.71		173.18	✓	7292623215	
09/08/2021	09/14/2021	7292623216	15049086	115Invoice	7.58	379.15		371.57	✓	7292623216	
09/08/2021	09/14/2021	7292623217	15082369	115Invoice	5.09	254.74		249.65	✓	7292623217	
09/08/2021	09/14/2021	7292821470	0907211100	195Invoice	0.59	29.53		28.94	✓	7292821470	
09/09/2021	09/14/2021	7292945235	15104791	115Invoice	0.01	0.49		0.48	✓	7292945235	
09/09/2021	09/14/2021	7292945237	15142927	115Invoice	22.08	1,103.76		1,081.68	✓	7292945237	
09/09/2021	09/14/2021	7293095134	0908210741	115Invoice	10.35	517.70		507.35	✓	7293095134	
09/10/2021	09/14/2021	7293237677	15164868	115Invoice	2.05	102.26		100.21	✓	7293237677	
09/10/2021	09/14/2021	7293237680	15164868	115Invoice	0.01	0.32		0.31	✓	7293237680	
09/10/2021	09/14/2021	7293237682	15203274	115Invoice	5.10	254.82		249.72	✓	7293237682	
09/10/2021	09/14/2021	7293335201	0909210753	195Invoice	2.09	104.28		102.19	✓	7293335201	
09/10/2021	09/14/2021	7293335202	0909210929	115Invoice	4.66	232.94		228.28	✓	7293335202	

CK # 500230

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

McKESSON

STATEMENT

As of: 09/10/2021

Page: 001

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Company: 8000

DC: 8115

As of: 09/10/2021
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: 09/11/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 09/11/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)



PF column legend: P = Past Due Item, F = Future Due Item, National Account 832536 blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS
Subtotals: 5,508.53 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,233.51
09/06/2021

If Paid By 09/14/2021,
Pay This Amount: 5,398.36 USD

If Paid After 09/14/2021,
Pay this Amount: 5,508.53 USD

Due If Paid On Time:
USD 5,398.36 ✓
Disc lost if paid late: 110.17
Due If Paid Late:
USD 5,508.53

APPROVED
ON

SEP 13 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 09/10/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 09/10/2021
Mail to:

Page: 001
Comp: 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

Territory: 400

Customer: 464450
Date: 09/11/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450
Date: 09/11/2021

**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											
09/09/2021	09/14/2021	7292928979	55x609601	115Invoice	22.81	1,140.59		1,117.78	✓	7292928979	
09/09/2021	09/14/2021	7292928984	55x609623	115Invoice	23.69	1,184.51		1,160.82	✓	7292928984	
09/10/2021	09/14/2021	7293175355	55x613240	115Invoice	4.40	220.11		215.71	✓	7293175355	
09/10/2021	09/14/2021	7293176246	55x613209	115Invoice	0.21	10.37		10.16	✓	7293176246	

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: 2,555.58 USD

Future Due: 0.00

If Paid By 09/14/2021,
Pay This Amount:

2,504.47 USD

Past Due: 0.00

If Paid After 09/14/2021,
Pay this Amount:

2,555.58 USD

Last Payment 09/06/2021 10,233.51

Due If Paid On Time:

USD 2,504.47 ✓

Disc lost if paid late:

51.11

Due If Paid Late:

USD 2,555.58

APPROVED
ON

SEP 13 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 09/10/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 09/10/2021
Mail 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: 09/11/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 09/11/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS												
09/09/2021	09/14/2021	7293123971		632536 1345665	115Invoice	13.21	662.00		648.79 ✓		7293123971	

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

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

Subtotals: 662.00 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 09/06/2021 10,233.51

If Paid By 09/14/2021,
Pay This Amount:

648.79 USD

If Paid After 09/14/2021,
Pay this Amount:

662.00 USD

Due If Paid On Time:

USD

648.79 ✓

Disc lost if paid late:

13.21

Due If Paid Late:

USD

662.00

APPROVED
ON

SEP 13 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 09/10/2021

Page: 001

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

Company: 8000

DC: 8195

As of: 09/10/2021 Page: 001
Mail to: Comp: 8000

WALMART 5315/MEMRL MC PHS
MEMORIAL MEDICAL CENTER
A/P
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 99

Customer: 945479
Date: 09/11/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 945479 PLEASE CHECK ANY
Date: 09/11/2021 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 945479 WALMART 5315/MEMRL MC PHS											
09/08/2021	09/14/2021	7292747409	MH09072021	195Invoice	13.38	669.06		655.68	✓	7292747409	

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

TOTAL: Customer Number 945479 WALMART 5315/MEMRL MC PHS

Subtotals: 669.06 USD

Future Due: 0.00

If Paid By 09/14/2021,

Due If Paid On Time:

USD

655.68 ✓

Past Due: 0.00

Pay This Amount:

655.68 USD

Disc lost if paid late:

13.38

Last Payment 10,233.51
09/06/2021

If Paid After 09/14/2021,
Pay this Amount:

669.06 USD

Due If Paid Late:

USD

669.06

APPROVED
ON

SEP 13 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

<>
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:	343.58
				Past Due:	0.00
				Total Due:	343.58
				Account Balance:	343.58

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-07-2021	09-17-2021	3066848834	162754	Invoice	226.02		0.00	226.02
09-07-2021	09-17-2021	3066848835	162756	Invoice	117.56		0.00	117.56

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
343.58	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
09-10-2021	(2,083.08)

Reminders

Due Date	Amount
09-17-2021	343.58
Total Due:	343.58

CK # 500231

APPROVED
ON
SEP 13 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FREE 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="\$ 106,133.59"/> #
	"1 TO CONFIRM"			<input type="text" value="1"/>
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		<input type="text" value="\$ 53,235.26"/> #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			<input type="text" value="\$ 12,704.60"/> #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			<input type="text" value="\$ 40,193.73"/> #
		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"/>

CALLER INFORMATION:

CALLER NAME:

CALLER PHONE:

CALLER ADDRESS:

Run Date: 09/10/21
Time: 15:45

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 08/27/21 - 09/09/21 Run# 1

Page 115
P2REG

Final Summary

Pay Code Summary							Deductions Summary							
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount				
1	REGULAR PAY-S1	8768.50	N		N	N		185640.55	A/R	515.00	A/R2	25.00	A/R3	
1	REGULAR PAY-S1	1685.25	N		N	N	N	73633.50	ADVANC	AWARDS		BOOTS		
1	REGULAR PAY-S1	229.00	N		N	Y		7897.40	CAFE-H	CAFE-1		CAFE-2		
1	REGULAR PAY-S1	292.75	Y		N	N		8535.39	CAFE-3	CAFE-4		CAFE-5		
2	REGULAR PAY-S2	2245.50	N		N	N		52422.29	CAFE-C	CAFE-D	1700.92	CAFE-F		
2	REGULAR PAY-S2	8.75	N		N	N	N	294.48	CAFE-H	20770.16	CAFE-I	CAFE-L		
2	REGULAR PAY-S2	148.25	N		N	Y		6016.25	CAFE-P	CANCER		CHILD	609.70	
2	REGULAR PAY-S2	177.00	Y		N	N		4245.16	CLINIC	295.26	COMBIN	400.60	CREDUN	
3	REGULAR PAY-S3	1215.00	N		N	N		32294.24	DD ADV	DENTAL		DEP-LF		
3	REGULAR PAY-S3	13.00	N		N	N	N	454.15	DIS-LF	EAT		EATCSH		
3	REGULAR PAY-S3	88.75	N		N	Y		4175.63	FEDTAX	40193.73	FICA-M	6352.30	FICA-O	26617.63
3	REGULAR PAY-S3	115.00	Y		N	N		3946.60	FIRSTC	FLEX S	3382.29	FLX FE		
C	CALL PAY	2237.50	N	1	N	N		4475.00	PORT D	FUTA		GIFT S	191.82	
D	DOUBLE TIME	26.25	N	1	N	N		1624.76	GRANT	GRP-IN		GTL		
D	DOUBLE TIME	8.00	N	1	N	Y		649.92	HOSP-1	ID TFT		LEAF		
D	DOUBLE TIME	51.00	N	2	N	N		3587.16	LEGAL	270.80	MASA	834.60	MEALS	167.40
D	DOUBLE TIME	4.25	N	2	N	Y		370.77	MEWIS	866.72	MISC	MISC/		
D	DOUBLE TIME	57.50	N	3	N	N		4303.09	MMCSHR	NATFML	1699.40	OTHER		
D	DOUBLE TIME	1.25	N	3	N	Y		122.15	PHI	PHI***		PR FIN		
D	DOUBLE TIME	3.75	Y	1	N	N		304.65	RELAY	REPAY		SMS		
D	DOUBLE TIME	1.75	Y	2	N	N		248.06	SCRUBS	SIGNON		ST-TX		
D	DOUBLE TIME	8.50	Y	3	N	N		1230.38	STONDF	790.86	STONE	STONE2		
E	EXTRA WAGES		N		N	N	N	18175.45	STUDEN	SUNACC	769.55	SUNILL	672.92	
E	EXTRA WAGES		N	1	N	N	N	1228.25	SUNIND	610.31	SUNLIF	739.93	SUNSTD	1192.99
F	FUNERAL LEAVE	32.00	N	1	N	N		693.04	SUNVIS	SURCHG	450.00	TSA-1		
I	INSERVICE	5.75	N	1	N	N		173.82	TSA-2	TSA-C		TSA-P		
J	JURY LEAVE	20.00	N	1	N	N		663.64	TSA-R	32747.44	TUTION	UNIFOR	101.02	
K	EXTENDED-ILLNESS-BANK	554.00	N	1	N	N		12161.96	UV/HOS					
P	PAID-TIME-OFF	80.00	N		N	N	N	852.80						
P	PAID-TIME-OFF	1468.00	N	1	N	N		32431.63						
X	CALL PAY 2	144.00	N	1	N	N		288.00						
Z	CALL PAY 3	112.00	N	1	N	N		336.00						
V	COVID-FFCRA	241.00	N	1	N	N		4769.85						

----- Grand Totals: 20043.25 ----- | Gross: 468250.22 | Deductions: 142988.45 | Net: 325261.77
 | Checks Count:- PT 193 PT 11 Other 37 Female 213 Male 27 Credit | OverAmb 10 ZeroNet 2 Term | Total: 240 |

Pay date:
09-17-21

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	8/27/2021	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	9/9/2021					
PAY DATE:	9/17/2021					
GROSS PAY:	\$ 468,250.22			\$ -		\$ 468,250.22
DEDUCTIONS:						
A/R	\$ 540.00					\$ 540.00
ADVANC						
BOOTS						
SUNLIFE CRITICAL ILLNESS	\$ 672.92					\$ 672.92
SUNLIFE ACCIDENT	\$ 769.55					\$ 769.55
SUNLIFE VISION						
SUNLIFE SHORT TERM DIS	\$ 1,192.99					\$ 1,192.99
METLIFE VISION	\$ 886.72					\$ 886.72
CAFÉ-D	\$ 1,700.92					\$ 1,700.92
CAFÉ-H	\$ 20,770.16					\$ 20,770.16
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						
CANCER						
CHILD	\$ 609.70					\$ 609.70
CLINIC	\$ 295.26					\$ 295.26
COMBIN	\$ 400.80					\$ 400.80
CREDUN						
DENTAL	\$ -					\$ -
DEP-LF						
SUNLIFE TERM LIFE	\$ 739.93					\$ 739.93
SUNLIFE HOSP INDEM	\$ 610.31					\$ 610.31
FED TAX	\$ 40,193.73					\$ 40,193.73
FICA-M	\$ 6,352.30					\$ 6,352.30
FICA-O	\$ 26,617.63					\$ 26,617.63
FIRST C	\$ -					\$ -
FLEX S	\$ 3,382.29					\$ 3,382.29
FLX-FE						
GIFT S	\$ 191.82					\$ 191.82
GRP-IN						
GTL						
HOSP-I						
LEGAL	\$ 1,105.30					\$ 1,105.30
OTHER	\$ 268.42					\$ 268.42
NATIONAL FARM LIFE	\$ 1,699.40					\$ 1,699.40
MED SURCHARGE	\$ 450.00					\$ 450.00
PR FIN	\$ -					\$ -
RELAY						
REPAY						
STONEDF	\$ 790.86					\$ 790.86
STONE						
STONE 2						
STUDEN						
TSA-R	\$ 32,747.44					\$ 32,747.44
UWHOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 142,988.45	\$ -	\$ -	\$ -	\$ -	\$ 142,988.45
NET PAY:	\$ 325,261.77	\$ -	\$ -	\$ -	\$ -	\$ 325,261.77

TOTAL CAFE 125 PLAN: \$ 30,166.41 Less Exempt:

TAXABLE PAY:		**CALCULATED**	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 6,352.22		
FICA - MED (EE)	1.45%	\$ 6,352.22	\$ 6,352.30	\$ (0.08)
FICA - SOC SEC (ER)	6.20%	\$ 26,617.58		
FICA - SOC SEC (EE)	6.20%	\$ 26,617.58	\$ 26,617.63	\$ (0.05)
FED WITHHOLDING		\$ 40,193.73	\$ 40,193.73	

Employees over FICA-SS Cap:
 Jason Anglin \$ 8,768.06
 Roshanda Thomas \$ -
 Paycode S - Employee Reimb: \$ -

TOTAL: \$ 8,768.06

TAX DEPOSIT:	\$ 106,133.33	\$ 106,133.59	
FICA - MEDICARE	2.90%	\$ 12,704.44	\$12,704.60
FICA - SOCIAL SECURITY	12.40%	\$ 53,235.16	\$53,235.26
FED WITHHOLDING		\$ 40,193.73	\$40,193.73
TOTAL TAX:	\$ 106,133.33	\$106,133.59	\$ (0.26)

PREPARED BY: Caitlin Clevenger
 PREPARED DATE: 9/13/2021

Run Date: 09/13/21
Time: 09:40

MEMORIAL MEDICAL CENTER
**** Check Register ****
Pay Period 08/27/21--09/09/21 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P201STP

Num.	Name	Amount	CHECK NUM	DATE
02789	AMY E STRIEGLER	195.67	00062892	09/17/21
65550	SAN FRANCISCO MASCOZZO	710.38	00062893	09/17/21
02970	DIANNE G ATKINSON	1903.68	00062894	09/17/21
00041	CARL LEE KING	1731.20	DD	09/17/21
00083	SYLVIA A VARGAS	837.39	DD	09/17/21
00094	SYLVIA A MENDOZA	741.31	DD	09/17/21
00113	JACLYN CARREON	1121.56	DD	09/17/21
00132	SANDRA A BRAUN	854.05	DD	09/17/21
00192	BRENDA D PENA	1985.77	DD	09/17/21
00270	ANGELA M BURGIN	1799.34	DD	09/17/21
00344	SANDY LEE RUDDICK	2598.87	DD	09/17/21
00387	BILLIE F DUCKWORTH	3890.07	DD	09/17/21
00392	MONICA T CARR	904.57	DD	09/17/21
00399	LINDA J TIJERINA	2141.64	DD	09/17/21
00401	VELMA J PINA	1052.33	DD	09/17/21
00417	SHERRY L KING	2316.00	DD	09/17/21
00423	DOMN V STRINGO	4357.17	DD	09/17/21
00482	PAM FIKAC	1161.69	DD	09/17/21
00504	HELEN DAVIS	1185.49	DD	09/17/21
00533	LAURA V DAVILA	1198.06	DD	09/17/21
00577	DIANA GARCIA	2308.53	DD	09/17/21
00581	CYNTHIA L RUSHING	1350.54	DD	09/17/21
00676	SHEILA KAY HEATHCOCK	1174.58	DD	09/17/21
00681	R RENEE WOOD	1559.88	DD	09/17/21
00692	DEBORAH E WITTNEBERT	1062.80	DD	09/17/21
00697	MARIA C FARIAS	1171.56	DD	09/17/21
00707	KIMBERLY R BLINKA	1690.13	DD	09/17/21
00895	EMILIE DIANE WILKEY	880.71	DD	09/17/21
01015	SUSAN B SMALLEY	1789.80	DD	09/17/21
01234	JENISE N SVETLIK	2020.95	DD	09/17/21
01367	MARILYN A SANDERS	1307.20	DD	09/17/21
01791	RAUSHANAH J MONDAY	1580.83	DD	09/17/21
02011	ERIN R CLEVINGER	3098.02	DD	09/17/21
02021	ERIKA OSORNIA-SANCHEZ	992.40	DD	09/17/21
02022	AMANDA J GRIGGS	2420.78	DD	09/17/21
02064	ANNA LAURA GARCIA	223.03	DD	09/17/21
02087	KYLIE M GAINES	1866.74	DD	09/17/21
02099	TRACI M SHEFCIK	2661.94	DD	09/17/21
02112	LESLIE THOMAS	2497.64	DD	09/17/21
02193	TIKI VENGLAR	1467.95	DD	09/17/21
02271	DAWN J BUBENIK	1979.15	DD	09/17/21
02279	MELANIE R FRANZ	278.31	DD	09/17/21
02301	NICOLAS TIJERINA	1419.04	DD	09/17/21
02302	CATHERINE MARIE DECILOS	428.06	DD	09/17/21
02303	CONNIE M LUNA	2124.39	DD	09/17/21
02315	NINA M GREEN	2144.88	DD	09/17/21
02331	JESSICA B BIFFLE	1261.29	DD	09/17/21
02346	JEANETTE L FALCON	295.77	DD	09/17/21
02349	BECKY N BRISENO	394.85	DD	09/17/21
02416	JANELLE SCOTT	1932.72	DD	09/17/21
02535	STEFANIE M SOLIZ	365.51	DD	09/17/21
02552	VERONICA RAGUSON	1603.63	DD	09/17/21
02602	VANESSA GUARDIOLA	289.29	DD	09/17/21

Run Date: 09/13/21
Time: 09:40

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 08/27/21--09/09/21 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 2
P2DISTF

Num.	Name	Amount	CHECK NUM	DATE
02701	RONDA DAWNELLE GOHLKE	2065.19	DD	09/17/21
02717	PATRICIA A BRIENO	522.08	DD	09/17/21
02719	DAWN M MCCLELLAND	1701.34	DD	09/17/21
02735	ZANDRA A CUELLAR	807.06	DD	09/17/21
02794	HEATHER L MUTCHLER	1743.67	DD	09/17/21
02797	SHELLY A MCAFEE	1716.99	DD	09/17/21
02812	BRITTANY N RUDDICK	2019.18	DD	09/17/21
02907	MARIA F LONGORIA	1013.57	DD	09/17/21
02927	MICHAEL L GAINES	2780.18	DD	09/17/21
02963	DOROTHY J RENDON	518.20	DD	09/17/21
03664	JACQUELINE R HERRERA	1147.51	DD	09/17/21
05003	COURTNE D THURLKILL	2623.74	DD	09/17/21
05007	JAMIE K NEYLAND	2105.27	DD	09/17/21
05641	AMANDA R KEY	1866.65	DD	09/17/21
05757	SHARON T HOLDER	3931.07	DD	09/17/21
07007	URSULA S BRYAN	434.02	DD	09/17/21
07066	DELPHINE PADRON	1305.14	DD	09/17/21
10519	MARISSA LYNN HUNT	1549.73	DD	09/17/21
11197	CATHERINE A SAENZ	1079.49	DD	09/17/21
11412	COURTNEY L MORKOVSKY	674.34	DD	09/17/21
12116	LISA J HINOJOSA	597.02	DD	09/17/21
12212	MARIA E ARREDONDO	776.19	DD	09/17/21
15097	KYLE L DANIEL	2636.12	DD	09/17/21
15131	SAVANNAH HARLEY	2726.10	DD	09/17/21
15171	JESSICA BARRON	365.29	DD	09/17/21
15230	MEAGAN GARCIA	1907.99	DD	09/17/21
15286	DAWN M MAREK	1485.50	DD	09/17/21
15400	ANDREA RODRIGUEZ	2586.89	DD	09/17/21
15555	STEPHANIE MARTIN	857.56	DD	09/17/21
15909	JULIE NGUYEN	330.00	DD	09/17/21
15915	BRIANNE J KEY	4795.39	DD	09/17/21
20112	YULMA PATRICA RODRIGUEZ	350.71	DD	09/17/21
20121	ROBERT WAHOME	1702.90	DD	09/17/21
20144	SOPHIE M PECENA	536.50	DD	09/17/21
20156	ERIN ASHLEY WISDOM	2318.60	DD	09/17/21
20206	KELLI B GOFF	1499.36	DD	09/17/21
20207	SHAWNA G HARTL	2206.63	DD	09/17/21
20294	JESSICA D WALTHER	220.30	DD	09/17/21
20304	KAYLIN HASLEY	492.89	DD	09/17/21
20407	MISTY M RECTOR	668.27	DD	09/17/21
20484	BRIANNA S PASSMORE	250.24	DD	09/17/21
20567	JESSICA L RUDDICK	337.77	DD	09/17/21
20759	JAMIE SADLER	1391.58	DD	09/17/21
20796	ANNA JIMENEZ	274.09	DD	09/17/21
20797	BETHANN M DIGGS	595.58	DD	09/17/21
20816	JOIE L PENA	817.12	DD	09/17/21
20837	DAISY MADRIGAL	1072.97	DD	09/17/21
20896	DANIELA CAMACHO	357.33	DD	09/17/21
20977	CHERYL L TESCH	1582.83	DD	09/17/21
21460	DIANA E LEAL	1386.79	DD	09/17/21
21629	JACOBY R CRAWFORD	1520.99	DD	09/17/21
21736	ALLISON GOULDEN	608.28	DD	09/17/21
22493	BRITTANY E NAVARRO	499.72	DD	09/17/21
25177	ASHLEY N CARROLL	341.06	DD	09/17/21

Run Date: 09/13/21
Time: 09:40

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 08/27/21--09/09/21 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 3
F02DISTP

Num.	Name	Amount	CHECK NUM	DATE
28120	JESSICA V SELVERA	718.59	DD	09/17/21
29199	KELLY A SCHOTT	450.36	DD	09/17/21
31031	HECTOR F GARCIA	697.94	DD	09/17/21
31035	STACIE L EPLEY	2251.26	DD	09/17/21
31054	LORA L LAMBDEN	755.99	DD	09/17/21
31099	ARACELY Z GARCIA	2084.17	DD	09/17/21
31185	JERRY A FINDLEY	2350.93	DD	09/17/21
31313	KATHERINE LYNN JIMENEZ	1792.50	DD	09/17/21
31319	STACY L FARMER	1682.17	DD	09/17/21
31463	EDWARD E MATULA	2156.20	DD	09/17/21
31506	RACHEL A HEFFNER	1457.82	DD	09/17/21
31707	LORENZO A PEREZ	1265.16	DD	09/17/21
31821	KAYLA M ALVAREZ	456.27	DD	09/17/21
31832	SHANE D KRESTA	473.02	DD	09/17/21
31849	CODY L JUREK	1398.64	DD	09/17/21
38118	KRYSTELLA F KISIAH	1018.67	DD	09/17/21
38413	DEVAN ORTA	1177.18	DD	09/17/21
38702	ANNA VANESSA PENNELL	787.23	DD	09/17/21
41112	ANASTASIA L PEREZ	658.69	DD	09/17/21
41171	TOMMIE M TREVINO	518.30	DD	09/17/21
41205	JEANETTE ALVARADO	724.89	DD	09/17/21
41236	PAMELA K VANNOY	1349.62	DD	09/17/21
41274	KAREN GANN	821.48	DD	09/17/21
41308	ISABEL LEDEZMA	826.18	DD	09/17/21
41347	ADRIANNA D STRAKOS	560.65	DD	09/17/21
41369	LORETTA A LEBL	826.36	DD	09/17/21
41418	ANGEL M CASSEL	832.46	DD	09/17/21
41507	OLGA I BETANCOURT	799.98	DD	09/17/21
41612	SONJA A GUAJARDO	824.23	DD	09/17/21
41618	HEATHER DELBOSQUE	631.77	DD	09/17/21
41705	KELSEY R TAYLOR	776.04	DD	09/17/21
41896	RENAE EMERY	582.76	DD	09/17/21
41897	ROXANNA MARTINEZ	846.23	DD	09/17/21
41901	JUANITA R MILLER	966.60	DD	09/17/21
41924	BRITTNEY V STRICKLIN	539.69	DD	09/17/21
42106	CHRISTY SILVAS	953.07	DD	09/17/21
42112	SOCORRO C GONZALES	638.04	DD	09/17/21
42122	LEI ANA CHAVANA	1433.09	DD	09/17/21
42125	LUCY CALZADA	788.80	DD	09/17/21
42304	MIMI T NGUYEN	2366.94	DD	09/17/21
42320	MICHAEL A PFEIL	2753.66	DD	09/17/21
42820	MARIA D CHAVEZ	523.94	DD	09/17/21
42842	SHANNA S O DONNELL	9916.20	DD	09/17/21
50018	MICHELLE M MORALES	1370.79	DD	09/17/21
50148	PENNY GOULDEN	3314.88	DD	09/17/21
50248	MCKENNA VILLEGAS	541.31	DD	09/17/21
50282	JACOB W HAMILTON	2676.68	DD	09/17/21
50310	JASMINE GRIGSBY	782.08	DD	09/17/21
50573	DEANA R DAVIS	1793.69	DD	09/17/21
50596	BETTY S DAVIS	2012.48	DD	09/17/21
50719	DEBRA K MUSTERED	2348.01	DD	09/17/21
50928	ADINA RODRIGUEZ	562.58	DD	09/17/21
53541	JACLYN B HARTL	1574.23	DD	09/17/21
55025	LEA C RESENDEZ	403.38	DD	09/17/21

Run Date: 09/13/21
Time: 09:40

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 08/27/21--09/09/21 Run: 1
Type-NET 10000001 OPERATING - PROSPERITY

Page 4
F2DISTP

Num.	Name	Amount	CHECK NUM	DATE
55106	CRYSTAL M CHAVEZ	741.93	DD	09/17/21
55127	APRIL N KUBALA	2503.21	DD	09/17/21
55382	SHANNON JACILDO	1236.79	DD	09/17/21
55658	LAJUAN WILKE	689.18	DD	09/17/21
58510	RITA L POLENSKY	738.23	DD	09/17/21
58978	LARA THURMOND	388.98	DD	09/17/21
59999	RENEE ROULAND	6310.51	DD	09/17/21
60103	TODD SAVOY	1066.06	DD	09/17/21
60112	ROBERT A RODRIQUEZ	2710.70	DD	09/17/21
60131	NORA OVALLE	947.76	DD	09/17/21
60191	LOLA A RODRIGUEZ	215.96	DD	09/17/21
60271	REBEKAH GERYK	788.53	DD	09/17/21
60412	CHRISTOPHER GALINDO	665.97	DD	09/17/21
60609	NANCY CASTILLO	813.45	DD	09/17/21
60616	DOROTHY A LONGORIA	864.06	DD	09/17/21
60718	ANNA C GONZALEZ	615.08	DD	09/17/21
60934	CONSUELO ZAMORA	840.70	DD	09/17/21
63178	EMMANUEL ESCALONA	858.15	DD	09/17/21
63289	JASON RUBIO	863.87	DD	09/17/21
65100	FELICITA BONUZ	523.28	DD	09/17/21
65121	VIVIANA P MEDINA	459.80	DD	09/17/21
65151	ELIA OLACHIA	558.06	DD	09/17/21
65213	LEE SIMERLY	1207.50	DD	09/17/21
65222	LAURIE J KRYCESKI	900.20	DD	09/17/21
65243	LUCILA LOPEZ	713.77	DD	09/17/21
65366	CYNTHIA GARCIA	1244.80	DD	09/17/21
65393	RAMONA A PEREZ	586.31	DD	09/17/21
65413	CHRISTINA SOLIS	741.16	DD	09/17/21
65513	MARIA MORALES	890.84	DD	09/17/21
65616	JESUS RODRIGUEZ	1009.01	DD	09/17/21
65705	DOMITILA HERRERA	645.55	DD	09/17/21
65815	MELISSA R VEGAS	1244.42	DD	09/17/21
65865	MARIA F LEDEZMA	700.50	DD	09/17/21
65879	MARTHA FLORES	798.69	DD	09/17/21
68792	NAZARIO HERNANDEZ DIAZ	1692.31	DD	09/17/21
70119	SARA N BLEDSOE	2330.10	DD	09/17/21
71620	ROBIN STEELE	2514.94	DD	09/17/21
73749	GLORIA N REID	2311.51	DD	09/17/21
75190	RIKA WILLIAMS	1759.03	DD	09/17/21
76003	IRMA DELEON	629.60	DD	09/17/21
76067	PAIGE G CHATHAM	595.65	DD	09/17/21
76110	TARAH SUBLETT	580.96	DD	09/17/21
76115	JENNIFER R CARLOCK	596.94	DD	09/17/21
76120	RACHEL CANALES	1237.21	DD	09/17/21
76138	KAREN D GARCIA	593.48	DD	09/17/21
76210	ZOE VILLARREAL	807.01	DD	09/17/21
76225	JASON YARBOROUGH	533.75	DD	09/17/21
76300	AIDA JIMENEZ	857.58	DD	09/17/21
76313	PAMELA L BARTON	586.61	DD	09/17/21
76403	KATRINA A POKLUDA	753.61	DD	09/17/21
76647	CHERYL A SEE	928.16	DD	09/17/21
76706	GREGORY E MORALES	620.46	DD	09/17/21
76761	LAURA F PESINA	778.69	DD	09/17/21
76854	MARY PATTERSON	618.64	DD	09/17/21

Run Date: 09/13/21
Time: 09:40

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 08/27/21--09/09/21 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 5
PDIISTP

Num.	Name	Amount	CHECK NUM	DATE
77646	FAREN A GONZALES	604.30	DD	09/17/21
78020	MISTY R PASSMORE	1130.31	DD	09/17/21
78058	KYANN J POWER	495.14	DD	09/17/21
78072	DONNA M RAWLINGS	983.50	DD	09/17/21
78186	ANDREA F COOK	158.54	DD	09/17/21
78191	JAMIE J GRASSE	775.94	DD	09/17/21
78287	MARISSA D ALMANZAR	1509.22	DD	09/17/21
78336	JESSICA L GLOVER	2118.79	DD	09/17/21
78566	MELISSA K GEE	749.65	DD	09/17/21
78764	ASHLEY D HADLEY	2053.54	DD	09/17/21
78778	SARA M RUBIO	2018.60	DD	09/17/21
78781	KRISTEN R MACHICEK	1642.22	DD	09/17/21
78787	FARAH I JANAK	2533.35	DD	09/17/21
78879	YESENIA QUEZADA	494.35	DD	09/17/21
80008	ADAM D BESTO	2304.28	DD	09/17/21
80141	JEMNIE ORTA	2207.04	DD	09/17/21
82227	CAITLIN A CLEVINGER	994.50	DD	09/17/21
86432	KRISTI L BOYD	2264.40	DD	09/17/21
86482	MEGAN M HARPER	797.07	DD	09/17/21
88150	MELISSA I MCKISSACK	1026.59	DD	09/17/21
88808	MARLEY B MOHRIG	2086.77	DD	09/17/21
88904	MAYRA K MARTINEZ	1345.64	DD	09/17/21
90320	ROSHANDA S THOMAS	3060.92	DD	09/17/21
90779	JASON W ANGLIN	6761.08	DD	09/17/21
98547	ELLEN W HEIMAN	928.63	DD	09/17/21
98756	ADRIANNA M GALVAN	1369.73	DD	09/17/21

325261.77

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK**
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- September 07 , 2021 - September 12, 2021

Pay Plus

58.02 +
177.41 +
1.48 +
22.59 +

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>C</u>
9/7/2021	PAY PLUS ACHTRANS 452579291 101000699934668	- 3rd Party Payor Fee	58.02	259.50 *
9/7/2021	MCKESSON DRUG AUTO ACH ACH04716402 910000186	- 340B Drug Program Expense	10,233.51*	CC Fees
9/7/2021	FDMS FDMS PYMT 052-1479214-000 4100012579909	- Credit Card Processing Fee	40.02	40.02 +
9/7/2021	FDMS FDMS PYMT 052-1479213-000 4100012579909	- Credit Card Processing Fee	43.26	43.26 +
9/7/2021	FDMS FDMS PYMT 052-1479468-000 4100012579920	- Credit Card Processing Fee	69.24	69.24 +
9/7/2021	FDMS FDMS PYMT 052-1601830-000 4100012583179	- Credit Card Processing Fee	32.45	32.45 +
9/8/2021	PAY PLUS ACHTRANS 452579291 101000691550483	- 3rd Party Payor Fee	177.41	32.45 +
9/9/2021	PAY PLUS ACHTRANS 452579291 101000692386135	- 3rd Party Payor Fee	1.48	932.52 +
9/10/2021	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee	932.52	129.00 +
9/10/2021	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	129.00	2,293.18 +
9/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	2,293.18	582.24 +
9/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110	- Credit Card Processing Fee	582.24	344.82 +
9/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	344.82	344.82 +
9/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	53.10	53.10 +
9/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	603.46	603.46 +
9/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110	- Credit Card Processing Fee	115.16	115.16 +
9/10/2021	PAY PLUS ACHTRANS 452579291 101000693329516	- 3rd Party Payor Fee	22.59	
9/10/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	2,083.08*	5,238.45 *
			17,814.54	

Jason Anglin, CEO
Memorial Medical Center

September 13, 2021
* Approved 09-08-21 CC

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
			17,814.54 +
			10,233.51 -
			2,083.08 -
			5,497.95 *

Jason Anglin, CEO
Memorial Medical Center

September 13, 2021

5,497.95 +
5,497.95 -
0.00 *

RECEIVED

09/09/2021
12:07

SEP 09 2021

Calhoun County Auditor

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/30/2021

0
ap_open_invoice.template

Vendor#
11816

Vendor Name
ASHFORD GARDENS
Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090221	09/02/2021	09/02/2021	09/30/2021				4,286.45	0.00	0.00	4,286.45

UHC JULY QIPP

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11816	ASHFORD GARDEN	4,286.45	0.00	0.00	4,286.45	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,286.45	0.00	0.00	4,286.45

APPROVED
ON

SEP 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck#
191855

RECEIVED
SEP 09 2021

09/09/2021
12:08

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/30/2021

0
ap_open_invoice.template

Vendor# 11828
Harris County Auditor

Vendor Name SOLERA WEST HOUSTON
Class
Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082321	08/30/2021	08/23/2021	09/30/2021				4,078.86	0.00	0.00	4,078.86 ✓
		TRANSFER NH insurance pymt deposited into mmc operating								
090221	09/02/2021	09/02/2021	09/30/2021				1,690.13	0.00	0.00	1,690.13 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOI	5,768.99	0.00	0.00	5,768.99	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,768.99	0.00	0.00	5,768.99

APPROVED
ON
SEP 09 2021
COUNTY AUDITOR
HARRIS COUNTY, TEXAS
CK#
141859

RECEIVED

09/09/2021
12:08 SEP 09 2021

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/30/2021

0
ap_open_invoice.template

Vendor# 11820
Madison County Auditor

Vendor Name Class Pay Code
FORTBEND HEALTHCARE CENTE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090221	09/02/2021	09/02/2021	09/30/2021				1,742.40	0.00	0.00	1,742.40 ✓

Net portion of BIPP deposited into mme operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11820		FORTBEND HEALTH	1,742.40	0.00	0.00	1,742.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,742.40	0.00	0.00	1,742.40

APPROVED BY

SEP 09 2021

COUNTY AUDITOR
MADISON COUNTY, TENNESSEE

CL# 191858

RECEIVED

09/09/2021
12:08
SEP 09 2021

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/30/2021

0
ap_open_invoice.template

Calhoun County Auditor
Vendor# 11832

Vendor Name Class
BROADMOOR AT CREEKSIDE PAF

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090221	09/02/2021	09/02/2021	09/30/2021				1,777.30	0.00	0.00	1,777.30

TRANSFER *With portion of Q1PP pymt deposited into MMC operating*

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT C		1,777.30	0.00	0.00	1,777.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,777.30	0.00	0.00	1,777.30

APPROVED
SEP

SEP 09 2021

GEORGE J. JEFFERSON
CALHOUN COUNTY, TEXAS

ck#191856

RECEIVED

09/09/2021

SEP 09 2021

12:08

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 09/30/2021

0

ap_open_invoice.template

Vendor#
11824

Vendor Name

Class

Pay Code

THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082621	08/30/2021	08/26/2021	09/30/2021				682.90	0.00	0.00	682.90 ✓
	TRANSFER	N/A insurance pymt deposited into MHC account								
082721	08/30/2021	08/27/2021	09/30/2021				7,156.88	0.00	0.00	7,156.88 ✓
	TRANSFER	"								
082721A	08/30/2021	08/27/2021	09/30/2021				3,153.50	0.00	0.00	3,153.50 ✓
	TRANSFER	"								
090221	09/02/2021	09/02/2021	09/30/2021				1,428.80	0.00	0.00	1,428.80 ✓
	TRANSFER	N/A portion of QIPP Pymt deposited into MHC account								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11824		THE CRESCENT	12,422.08	0.00	0.00	12,422.08

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	12,422.08	0.00	0.00	12,422.08

APPROVED
BY

SEP 09 2021

CALHOUN COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 191857

RECEIVED

SEP 09 2021

09/09/2021

12:09
Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 09/30/2021

0

ap_open_invoice.template

Vendor#

Vendor Name

Class

Pay Code

11836

GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082621	08/30/2021	08/26/2021	09/30/2021				277.11	0.00	0.00	277.11 ✓
082621A	08/30/2021	08/26/2021	09/30/2021				1,420.80	0.00	0.00	1,420.80 ✓
082721	08/30/2021	08/27/2021	09/30/2021				302.63	0.00	0.00	302.63 ✓
083021A	08/30/2021	08/30/2021	09/30/2021				4,823.00	0.00	0.00	4,823.00 ✓
083021B	08/30/2021	08/30/2021	09/30/2021				9,931.75	0.00	0.00	9,931.75 ✓
083021	08/30/2021	08/30/2021	09/30/2021				42,109.61	0.00	0.00	42,109.61 ✓
090221	09/02/2021	09/02/2021	09/30/2021				2,909.18	0.00	0.00	2,909.18 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11836		GOLDENCREEK HE	61,774.08	0.00	0.00	61,774.08

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	61,774.08	0.00	0.00	61,774.08

RECEIVED

SEP 19 2021

CALHOUN COUNTY AUDITOR

Clk# 191860

RECEIVED

09/09/2021

12:22 SEP 09 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 09/30/2021

0

ap_open_invoice.template

Vendor# 12696 *Collin County Auditor*

Vendor Name GULF POINTE PLAZA

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082321	08/30/2021	08/23/2021	09/30/2021				2,015.92	0.00	0.00	2,015.92 ✓
		TRANSFER <i>NH insurance pymt deposited into mmcc open tr</i>								
082421	08/30/2021	08/24/2021	09/30/2021				10,248.38	0.00	0.00	10,248.38 ✓
		TRANSFER "								
082521	08/30/2021	08/25/2021	09/30/2021				10,137.54	0.00	0.00	10,137.54 ✓
		TRANSFER "								
082621	08/30/2021	08/26/2021	09/30/2021				1,860.00	0.00	0.00	1,860.00 ✓
		TRANSFER "								
082721	08/30/2021	08/27/2021	09/30/2021				975.66	0.00	0.00	975.66 ✓
		TRANSFER "								
082721A	08/30/2021	08/27/2021	09/30/2021				494.61	0.00	0.00	494.61 ✓
		TRANSE "								
083121	08/31/2021	08/31/2021	08/31/2021				562.52	0.00	0.00	562.52 ✓
		TRANSFER "								
090221	09/02/2021	09/02/2021	09/30/2021				1,729.90	0.00	0.00	1,729.90 ✓
		UHC JULY QIPP								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZ		28,024.53	0.00	0.00	28,024.53

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	28,024.53	0.00	0.00	28,024.53

RECEIVED

SEP 09 2021

COUNTY AUDITOR
COLLIN COUNTY, TEXAS

CK#191861

RECEIVED

09/09/2021
12:24 SEP 09 2021

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/30/2021

0
ap_open_invoice.template

Calaveras County Auditor
Vendor# 13004

Vendor Name Class Pay Code
TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082021	08/30/2021	08/20/2021	09/30/2021				9,694.77	0.00	0.00	9,694.77 ✓
		TRANSFER <i>NT insurance pymt deposited into MMC operating</i>								
082321	08/30/2021	08/23/2021	09/30/2021				2,644.46	0.00	0.00	2,644.46 ✓
		TRANSFER "								
082421	08/30/2021	08/24/2021	09/30/2021				6,049.89	0.00	0.00	6,049.89 ✓
		TRANSFER "								
082521	08/30/2021	08/25/2021	09/30/2021				2,426.62	0.00	0.00	2,426.62 ✓
		TRANSFER "								
083021A	08/30/2021	08/30/2021	09/30/2021				2,696.16	0.00	0.00	2,696.16 ✓
		TRANSFER "								
083121	08/30/2021	08/31/2021	09/30/2021				7,607.08	0.00	0.00	7,607.08 ✓
		TRANSFER "								
083121B	08/30/2021	08/31/2021	09/30/2021				371.00	0.00	0.00	371.00 ✓
		TRANSFER "								
090221	09/02/2021	09/02/2021	09/30/2021				2,506.75	0.00	0.00	2,506.75 ✓
		TRANSFER <i>NT portion of QIPP pymt deposited into MMC operating</i>								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13004			TUSCANY VILLAGE			33,996.73	0.00	0.00	33,996.73	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	33,996.73	0.00	0.00	33,996.73

APPROVED
BY

SEP 09 2021

CALIFORNIA COUNTY AUDITOR
CALAVERAS COUNTY, TEXAS

CL#191862

09/09/2021
12:09
RECEIVED
SEP 09 2021

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/30/2021

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code							
12792	BETHANY SENIOR LIVING									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082321B	08/30/2021	08/23/2021	09/30/2021				9,505.91	0.00	0.00	9,505.91 ✓
082621	08/30/2021	08/23/2021	09/30/2021				3,711.18	0.00	0.00	3,711.18 ✓
082321A	08/30/2021	08/23/2021	09/30/2021				304.13	0.00	0.00	304.13 ✓
082421	08/30/2021	08/24/2021	09/30/2021				18,917.54	0.00	0.00	18,917.54 ✓
082521A	08/30/2021	08/25/2021	09/30/2021				218.66	0.00	0.00	218.66 ✓
082521	08/30/2021	08/25/2021	09/30/2021				35,612.83	0.00	0.00	35,612.83 ✓
082721A	08/30/2021	08/27/2021	09/30/2021				3,289.95	0.00	0.00	3,289.95 ✓
082721B	08/30/2021	08/27/2021	09/30/2021				8,798.17	0.00	0.00	8,798.17 ✓
082721C	08/30/2021	08/27/2021	09/30/2021				7,657.47	0.00	0.00	7,657.47 ✓
083021B	08/30/2021	08/30/2021	09/30/2021				5,008.50	0.00	0.00	5,008.50 ✓
083021A	08/30/2021	08/30/2021	09/30/2021				1,210.51	0.00	0.00	1,210.51 ✓

Falghoun County Auditor

NH insurance pymnt deposited into mmc operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING	94,234.85	0.00	0.00	94,234.85	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	94,234.85	0.00	0.00	94,234.85

APPROVED BY
SEP 09 2021
CLERK
CARRISBY COUNTY, TEXAS
CK#191863

Facility ID	Facility Name	Total UHC Deposits	MMC PORTION				QIPP TI	NH PORTION	
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse			
4811	Ashford	55,076.14	46,503.24	8,572.90			50,789.690	4,286.450	55,076.14
105818	Broadmoor	22,797.42	19,242.82	3,554.60			21,020.120	1,777.300	22,797.42
105314	Crescent	18,300.67	15,443.07	2,857.60			16,871.870	1,428.800	18,300.67
4628	Fort Bend	22,274.37	18,789.57	3,484.80			20,531.970	1,742.400	22,274.37
105006	Solera	21,612.02	18,231.77	3,380.25			19,921.895	1,690.125	21,612.02
102540	Golden Creek	37,470.28	31,651.92	5,818.36			34,561.100	2,909.180	37,470.28
100806	Gulf Pointe	22,177.06	18,717.27	3,459.79			20,447.165	1,729.895	22,177.06
103462	Tuscany	7,680.34	2,666.84	5,013.50			5,173.590	2,506.750	7,680.34
	Bethany	-					-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
Total UHC Desosit		207,388.30	171,246.50	36,141.80	-	-	189,317.40	18,070.90	207,388.30

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



RUN DATE:09/13/21
 TIME:10:55

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 09/15/21 THRU 09/15/21

PAGE 1
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	191831	09/15/21	5,440.00	AUREUS RADIOLOGY LLC
A/P	191832	09/15/21	54.38	BARD PERIPHERAL VASCULAR
A/P	191833	09/15/21	710.76	BAXTER HEALTHCARE
A/P	191834	09/15/21	3,507.27	BECKMAN COULTER INC
A/P	191835	09/15/21	2,448.00	CLIA LABORATORY PROGRAM
A/P	191836	09/15/21	430.12	CONMED CORPORATION
A/P	191837	09/15/21	727.68	COVIDIEN
A/P	191838	09/15/21	1,159.24	CUSTOM MEDICAL SPECIALTIES
A/P	191839	09/15/21	701.58	FISHER HEALTHCARE
A/P	191840	09/15/21	240.92	GENESIS DIAGNOSTICS
A/P	191841	09/15/21	75.00	GULF COAST DELIVERY
A/P	191842	09/15/21	83.31	J & J HEALTH CARE SYSTEMS, INC
A/P	191843	09/15/21	.00	VOIDED
A/P	191844	09/15/21	.00	VOIDED
A/P	191845	09/15/21	.00	VOIDED
A/P	191846	09/15/21	18,481.78	MEDLINE INDUSTRIES INC
A/P	191847	09/15/21	26.11	MXR IMAGING, INC
A/P	191848	09/15/21	734.13	OLYMPUS AMERICA INC
A/P	191849	09/15/21	1,327.69	QIAGEN INC
A/P	191850	09/15/21	13,110.00	RN NETWORK
A/P	191851	09/15/21	1,402.00	SMITH & NEPHEW
A/P	191852	09/15/21	3,115.25	TEXAS SELECT STAFFING
A/P	191853	09/15/21	2,125.25	UNIFIRST HOLDINGS
A/P	191854	09/15/21	1,241.10	WERFEN USA LLC
A/P	191855	09/15/21	4,286.45	ASHFORD GARDENS
A/P	191856	09/15/21	1,777.30	BROADMOOR AT CREEKSIDE PARK
A/P	191857	09/15/21	12,422.08	THE CRESCENT
A/P	191858	09/15/21	1,742.40	FORTBEND HEALTHCARE CENTER
A/P	191859	09/15/21	5,768.99	SOLERA WEST HOUSTON
A/P	191860	09/15/21	61,774.08	GOLDENCREEK HEALTHCARE
A/P	191861	09/15/21	28,024.53	GULF POINTE PLAZA
A/P	191862	09/15/21	33,996.73	TUSCANY VILLAGE
A/P	191863	09/15/21	94,234.85	BETHANY SENIOR LIVING
TOTALS:			301,168.98	

O.C

Payables 57,141.57 +
 4,286.45 +
 5,768.99 +
 1,742.40 +
 1,777.30 +
 12,422.08 +
 61,774.08 +
 28,024.53 +
 33,996.73 +
 94,234.85 +
 301,168.98 +

NIH
 Transfers

APPROVED
 CH

SEP 15 2021

CREDIT AUDITOR
 CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____
 Date Requested _____
 Payer _____
 Requested by: _____
 Requestor's email _____
 Requestor's phone number _____
 District or County _____
 Facility MEMORIAL MEDICAL CLINIC

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	6/17/2021	EFT	6,918.87	EFT592712	CVDAR00019552	255.30	ASHFORD GARDENS
TOTAL				6,918.87			255.30	

To be filled out by Memorial Medical Center:

Date Received: 9/9/2021
 Approved by: MAYRA MARTINEZ
 Date of transfer: 9/15/2021
 From Facility: ASHFORD GARDENS
 To Facility: MEMORIAL MEDICAL CLINIC
 Amount: 255.30
 Requested Transfer Date #2: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED
ON

SEP 13 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 1155

RUN DATE:09/15/21
TIME:10:43

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/15/21 THRU 09/15/21

PAGE 3
GLCKREG

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

NHA 001155 09/15/21 255.30 MEMORIAL MEDICAL CENTER *Ashtul*
TOTALS: 255.30

**APPROVED
ON
SEP 15 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

Request for Transfer of Funds

Transfer #: _____
 Date Requested: 7/29/2021
 Payer: Medicare
 Requested by: Faren Campos
 Requestor's email: fagonzales@mmcpportlavaca.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@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 Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		8/12/2021	EFT	(43.82)	EFT6052476	CVDAR000026869	43.82	BROADMOOR
		8/13/2021	EFT	(568.86)	EFT6053804	CVDAR000026869	568.86	BROADMOOR
		8/16/2021	EFT	(102.18)	EFT6055213	CVDAR000026869	102.18	BROADMOOR
		8/18/2021	EFT	(1,472.78)	EFT6058584	CVDAR000026869	1,472.78	BROADMOOR
		8/19/2021	EFT	\$ 772.01	EFT6060795	CVDAR000026869	772.01	BROADMOOR
		8/20/2021	EFT	\$ (1,988.85)	EFT6062856	CVDAR000026869	1,988.85	BROADMOOR
		8/20/2021	EFT	\$ (51.90)	EFT6062665	CVDAR000026869	51.90	BROADMOOR
		8/23/2021	EFT	\$ (607.29)	EFT6064858	CVDAR000026869	607.29	BROADMOOR
		8/23/2021	EFT	\$ (363.29)	EFT6064681	CVDAR000026869	363.29	BROADMOOR
		8/24/2021	EFT	\$ (52.53)	EFT6066523	CVDAR000026869	52.53	BROADMOOR
		8/25/2021	EFT	\$ (139.68)	EFT6068373	CVDAR000026869	139.68	BROADMOOR
		8/26/2021	EFT	\$ (53.92)	EFT6070147	CVDAR000026869	53.92	BROADMOOR
		8/27/2021	EFT	\$ (19.61)	EFT6071937	CVDAR000026869	19.61	BROADMOOR
		8/30/2021	EFT	\$ (267.94)	EFT6073728	CVDAR000026869	267.94	BROADMOOR
		7/28/2021	\$0 PAID REMIT	\$ (230.85)	\$0 PAID REMIT	CVDAR000026869	230.85	BROADMOOR
			TOTAL	(5,191.49)			6,735.51	

To be filled out by Memorial Medical Center:

Date Received: 9/7/2021
 Approved by: MAYRA MARTINEZ
 Date of transfer: 9/15/2021
 From Facility: BROADMOOR
 To Facility: Memorial Medical Center
 Amount: 6,735.51
 Requested Transfer Date #2: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED
ON

SEP 13 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 000127

Request for Transfer of Funds

Transfer #: _____
 Date Requested: _____
 Payer: _____
 Requested by: _____
 Requestor's email: _____
 Requestor's phone number: _____
 District or County: _____
 Facility: MEMORIAL MEDICAL CLINIC

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	8/11/2021	EFT	1,899.41	EFT6051792	CV DAR000026869	78.97	BROADMOOR AT CREEKSIDE
N/A	N/A	8/12/2021	EFT	1,374.44	EFT6053081	CV DAR000026869	57.15	BROADMOOR AT CREEKSIDE
N/A	N/A	8/13/2021	EFT	1,189.19	EFT6054445	CV DAR000026869	49.45	BROADMOOR AT CREEKSIDE
TOTAL				4,463.04			185.57	

To be filled out by Memorial Medical Center:

Date Received: 9/9/2021
 Approved by: MAYRA MARTINEZ
 Date of transfer: 9/15/2021
 From Facility: BROADMOOR AT CREEKSIDE
 To Facility: MEMORIAL MEDICAL CLINIC
 Amount: 185.57
 Requested Transfer Date #: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED
 ON
SEP 13 2021
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS
 CR#00127

RUN DATE:09/15/21
TIME:10:43

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/15/21 THRU 09/15/21

PAGE 4
GLCKREG

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

NHE 000127 09/15/21 6,921.08 MEMORIAL MEDICAL CENTER *Broadman*
TOTALS: 6,921.08

APPROVED
ON

SEP 15 2021

COURTNEY ANNEBOR
CLERK OF COURT, 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
		8/12/2021	EFT	(43.82)	EFT6052476	CVDAR000019557	43.82	CRESCENT
		8/13/2021	EFT	(568.86)	EFT6053804	CVDAR000019557	568.86	CRESCENT
		8/16/2021	EFT	(102.18)	EFT6055213	CVDAR000019557	102.18	CRESCENT
		8/18/2021	EFT	(1,472.78)	EFT6058584	CVDAR000019557	1,472.78	CRESCENT
		8/19/2021	EFT	\$ (772.01)	EFT6060795	CVDAR000019557	772.01	CRESCENT
		8/20/2021	EFT	\$ (1,988.85)	EFT6062856	CVDAR000019557	1,988.85	CRESCENT
		8/20/2021	EFT	\$ (51.90)	EFT6062665	CVDAR000019557	51.90	CRESCENT
		8/23/2021	EFT	\$ (607.29)	EFT6064858	CVDAR000019557	607.29	CRESCENT
		8/23/2021	EFT	\$ (363.29)	EFT6064681	CVDAR000019557	363.29	CRESCENT
		8/24/2021	EFT	\$ (52.53)	EFT6066523	CVDAR000019557	52.53	CRESCENT
		8/25/2021	EFT	\$ (139.68)	EFT6068373	CVDAR000019557	139.68	CRESCENT
		8/26/2021	EFT	\$ (53.92)	EFT6070147	CVDAR000019557	53.92	CRESCENT
		8/27/2021	EFT	\$ (19.61)	EFT6071937	CVDAR000019557	19.61	CRESCENT
		8/30/2021	EFT	\$ (267.94)	EFT6073728	CVDAR000019557	267.94	CRESCENT
		7/28/2021	\$0 PAID REMIT	\$ (230.85)	\$0 PAID REMIT	CVDAR000019557	230.85	CRESCENT
			TOTAL	(6,735.51)			6,735.51	

To be filled out by Memorial Medical Center:

Date Received: 9/7/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 9/15/2021

From Facility: CRESCENT

To Facility: Memorial Medical Center

Amount: 6,735.51

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED ON

SEP 13 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Clk#000160

Request for Transfer of Funds

Transfer #: _____

Date Requested: _____

Payer: _____

Requested by: _____

Requestor's email: _____

Requestor's phone number: _____

District or County: _____

Facility: MEMORIAL MEDICAL CLINIC

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	8/11/2021	EFT	1,899.41	EFT6051792	CVDAR000019557	78.97	THE CRESENT
N/A	N/A	8/12/2021	EFT	1,374.44	EFT6053081	CVDAR000019557	57.15	THE CRESENT
N/A	N/A	8/13/2021	EFT	1,189.19	EFT6054445	CVDAR000019557	49.45	THE CRESENT
TOTAL				4,463.04			185.57	

To be filled out by Memorial Medical Center:

Date Received: 9/9/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 9/15/2021

From Facility: THE CRESENT

To Facility: MEMORIAL MEDICAL CLINIC

Amount: 185.57

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

SEP 13 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
ck# 000160

RUN DATE:09/15/21
TIME:10:43

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/15/21 THRU 09/15/21

PAGE 5
GLCKREG

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

NHC 000160 09/15/21 6,921.08 MEMORIAL MEDICAL CENTER *Crescent*
TOTALS: 6,921.08

APPROVED
ON

SEP 15 2021

COUNTY ASSESSOR
CALHOUN COUNTY, TEXAS

RUN DATE:09/15/21
TIME:10:43

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/15/21 THRU 09/15/21

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000154 09/15/21 6,921.08 MEMORIAL MEDICAL CENTER *Furt Bend*
TOTALS: 6,921.08

APPROVED
ON

SEP 15 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: 9/7/2021

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 Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		8/12/2021	EFT	(43.82)	EFT6052476	CVDAR000019540	43.82	GOLDEN CREEK
		8/13/2021	EFT	(568.86)	EFT6053804	CVDAR000019540	568.86	GOLDEN CREEK
		8/16/2021	EFT	(102.18)	EFT6055213	CVDAR000019540	102.18	GOLDEN CREEK
		8/18/2021	EFT	(1,472.78)	EFT6058584	CVDAR000019540	1,472.78	GOLDEN CREEK
		8/19/2021	EFT	\$(772.01)	EFT6060795	CVDAR000019540	772.01	GOLDEN CREEK
		8/20/2021	EFT	\$(1,988.85)	EFT6062856	CVDAR000019540	1,988.85	GOLDEN CREEK
		8/20/2021	EFT	\$(51.90)	EFT6062665	CVDAR000019540	51.90	GOLDEN CREEK
		8/23/2021	EFT	\$(607.29)	EFT6064858	CVDAR000019540	607.29	GOLDEN CREEK
		8/23/2021	EFT	\$(363.29)	EFT6064681	CVDAR000019540	363.29	GOLDEN CREEK
		8/24/2021	EFT	\$(52.53)	EFT6066523	CVDAR000019540	52.53	GOLDEN CREEK
		8/25/2021	EFT	\$(139.68)	EFT6068373	CVDAR000019540	139.68	GOLDEN CREEK
		8/26/2021	EFT	\$(53.92)	EFT6070147	CVDAR000019540	53.92	GOLDEN CREEK
		8/27/2021	EFT	\$(19.61)	EFT6071937	CVDAR000019540	19.61	GOLDEN CREEK
		8/30/2021	EFT	\$(267.94)	EFT6073728	CVDAR000019540	267.94	GOLDEN CREEK
		7/28/2021	SO PAID REMIT	\$(230.85)	SO PAID REMIT	CVDAR000019540	230.85	GOLDEN CREEK
			TOTAL	(6,735.51)			6,735.51	

To be filled out by Memorial Medical Center:

Date Received: 9/7/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 9/15/2021

From Facility: GOLDEN CREEK

To Facility: Memorial Medical Center

Amount: 6,735.51

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

SEP 13 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK #001 23

RUN DATE:09/15/21
TIME:10:43

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/15/21 THRU 09/15/21

PAGE 7
GLCKREG

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

NHG 000123 09/15/21 7,088.03 MEMORIAL MEDICAL CENTER *golden creek*
TOTALS: 7,088.03

APPROVED
ON
SEP 15 2021
COUNTY AUDITOR
GARRETT 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 : cclevenger@mmcporthlavaca.com

mmartinez@mmcporthlavaca.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 funds (-) or Funds (+) to YOUR account</u>	<u>Notes</u>
		8/12/2021	EFT	(43.82)	EFT6052476	CVDAR000007985	43.82	TUSCANY VILLAGE
		8/13/2021	EFT	(568.86)	EFT6053804	CVDAR000007985	568.86	TUSCANY VILLAGE
		8/16/2021	EFT	(102.18)	EFT6055213	CVDAR000007985	102.18	TUSCANY VILLAGE
		8/18/2021	EFT	(1,472.78)	EFT6058584	CVDAR000007985	1,472.78	TUSCANY VILLAGE
		8/19/2021	EFT	\$ (772.01)	EFT6060795	CVDAR000007985	772.01	TUSCANY VILLAGE
		8/20/2021	EFT	\$ (1,988.85)	EFT6062856	CVDAR000007985	1,988.85	TUSCANY VILLAGE
		8/20/2021	EFT	\$ (51.90)	EFT6062665	CVDAR000007985	51.90	TUSCANY VILLAGE
		8/23/2021	EFT	\$ (607.29)	EFT6064858	CVDAR000007985	607.29	TUSCANY VILLAGE
		8/23/2021	EFT	\$ (363.29)	EFT6064681	CVDAR000007985	363.29	TUSCANY VILLAGE
		8/24/2021	EFT	\$ (52.53)	EFT6066523	CVDAR000007985	52.53	TUSCANY VILLAGE
		8/25/2021	EFT	\$ (139.68)	EFT6068373	CVDAR000007985	139.68	TUSCANY VILLAGE
		8/26/2021	EFT	\$ (53.92)	EFT6070147	CVDAR000007985	53.92	TUSCANY VILLAGE
		8/27/2021	EFT	\$ (19.61)	EFT6071937	CVDAR000007985	19.61	TUSCANY VILLAGE
		8/30/2021	EFT	\$ (267.94)	EFT6073728	CVDAR000007985	267.94	TUSCANY VILLAGE
		7/28/2021	\$0 PAID REMIT	\$ (230.85)	\$0 PAID REMIT	CVDAR000007985	230.85	TUSCANY VILLAGE
			TOTAL	(6,735.51)			6,735.51	

To be filled out by Memorial Medical Center:

Date Received: 9/7/2021
 Approved by: MAYRA MARTINEZ
 Date of transfer: 9/15/2021
 From Facility: TUSCANY VILLAGE
 To Facility: Memorial Medical Center
 Amount: 6,735.51
 Requested Transfer Date #2: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED
ON

SEP 13 2021

COUNTY AGENT
CALHOUN COUNTY, TEXAS

CK #1055

RUN DATE:09/15/21
TIME:10:43

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/15/21 THRU 09/15/21

PAGE 8
GLCKREG

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

TUS 001055 09/15/21 8,138.14 MEMORIAL MEDICAL CENTER
TOTALS: 8,138.14

Tuscany

APPROVED
ON

SEP 15 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS


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

1155
88-2265/1131-87

9/15/21

Date CHECK ARMOR

Pay to the
Order of Memorial Medical Center \$ 255.30

Two hundred fifty five & 30/100 Dollars 

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

For Medicare repayments

⑆ 113122655⑆

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

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

000127

88-2265/1131

Date 9/15/21

PAY
TO THE ORDER OF Memorial Medical Center \$ 6,921.08

Six thousand nine hundred twenty one & 08/100 DOLLARS

 **PROSPERITY BANK**

FOR Medicare repayment

 Security features are included. Details on back.

⑆000127⑆ ⑆ 113122655⑆

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

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

000160

88-2265/1131

Date 9/15/21

PAY
TO THE ORDER OF Memorial Medical Center \$ 6,921.08

Six thousand nine hundred twenty one & 08/100 DOLLARS

 **PROSPERITY BANK**

FOR Medicare repayment

 Security features are included. Details on back.

⑆000160⑆ ⑆ 113122655⑆

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

MEMORIAL MEDICAL CENTER

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

000154

88-2265/1131

Date 9/15/21

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 6,921.08

Six thousand nine hundred twenty one & 08/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000154⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

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

000123

88-2265/1131

Date 9/15/21

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 7,088.03

Seven thousand eighty eight & 03/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000123⑈ ⑆113122655⑆

**MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE**

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

1055

88-2265/1131-87

DATE 9/15/21

PAY
TO THE
ORDER OF

Memorial Medical Center

\$ 8,138.14

Eight thousand one hundred thirty eight & 14/100 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

CHECK ARMOR

Photo
Safe
Deposit
Details on back

⑈001055⑈ ⑆113122655⑆

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

001159

Date 9-15-21 88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Clinic

\$ 6,921.00

Six thousand, nine hundred twenty-one dollars & ⁰⁰/₁₀₀ DOLLARS



PROSPERITY
BANK

County Auditor

FOR medicare repayment

County Treasurer
MP
Included. Details on back.

⑈001159⑈ ⑆113122655⑆

RUN DATE:09/23/21
TIME:15:46

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/08/21 THRU 09/23/21

PAGE 13
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS	001157	09/08/21	1,847.45	GOLDEN CREEK	> 9/8/21 court
NHS	001158	09/08/21	906.27	TUSCANY	
NHS	001159	09/15/21	6,921.08	MEMORIAL MEDICAL CLINIC	> 9/15/21 court
NHS	001160	09/22/21	512.97	BETHANY	
NHS	001161	09/22/21	466.36	TUSCANY	
NHS	001162	09/22/21	1,370.34	MMCLINIC	
TOTALS:			12,024.47		

☐

RUN DATE:09/15/21
TIME:10:47

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/15/21 THRU 09/15/21

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
BSL	001006	09/15/21	1,225.99	GOLDENCREEK HEALTHCARE
TOTALS:			1,225.99	

APPROVED
ON

SEP 15 2021

COUNTY AUDITOR
GALVESTON COUNTY, TEXAS

MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING

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

1006

88-2265/1131-87

DATE 9/15/21



PAY TO THE ORDER OF Golden Creek Healthcare

\$ 1,225.99

One thousand two hundred twenty five $\frac{99}{100}$

DOLLARS



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

FOR Deposit error

⑈001006⑈ ⑆113122655⑆

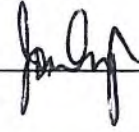
Medicare Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Ashford	10000018 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	255.30	9/15/2021
Broadmoor	10000019 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	6,921.08	9/15/2021
Crescent	10000019 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	6,921.08	9/15/2021
Fort Bend	10000020 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	6,921.08	9/15/2021
Solera	10000020 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	6,921.08	9/15/2021
Golden Creek	10000021 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	7,088.03	9/15/2021
Tuscany	10000023 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	8,138.14	9/15/2021
					Total	43,165.79	

Note:

Approved:

Jason Anglin, CEO/CFO



9/13/2021

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 9/13/2021

Nursing Home	Account Number	Previous				Today's	Amount to Be Transferred to Nursing Home
		Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		
Ashford Gardens		58,144.64 ✓	57,988.01 ✓	828.58 ✓		985.19 ✓	
					Bank Balance	985.19 ✓	
					Variance		
					Leave in Balance	100.00	
					Medicare repayment owed to MMC	255.30 ✓	
					JULY INTEREST	38.78 ✓	
					AUG INTEREST	17.83 ✓	
					SEP INTEREST		
					Adjust Balance/Transfer Amt	573.28 ✓	
Broadmoor		65,467.38 ✓	65,321.26 ✓	31,487.01 ✓		31,633.13 ✓	24,565.92
					Bank Balance	31,633.13 ✓	
					Variance		
					Leave in Balance	100.00	
					Medicare repayment owed to MMC	6,921.08 ✓	
					JULY INTEREST	32.13 ✓	
					AUG INTEREST	14.00 ✓	
					SEP INTEREST		
					Adjust Balance/Transfer Amt	24,565.92 ✓	
Crescent		75,037.06 ✓	74,906.84 ✓	33,581.41 ✓		33,711.63 ✓	26,660.33
					Bank Balance	33,711.63 ✓	
					Variance		
					Leave in Balance	100.00	
					Medicare repayment owed to MMC	6,921.08 ✓	
					JULY INTEREST	20.96 ✓	
					AUG INTEREST	9.26 ✓	
					SEP INTEREST		
					Adjust Balance/Transfer Amt	26,660.33 ✓	
Fort Bend		50,255.90 ✓	51,047.75 ✓	5,741.57 ✓		4,949.72 ✓	
					Bank Balance	4,949.72 ✓	
					Variance		
					Leave in Balance	100.00	
					Medicare repayment owed to MMC	6,921.08 ✓	
					JULY INTEREST	8.77 ✓	
					AUG INTEREST	5.65 ✓	
					SEP INTEREST		
					Adjust Balance/Transfer Amt	(2,085.78) ✓	
Solera at W Houston		154,760.69 ✓	150,957.33 ✓	30,376.93 ✓		34,180.29 ✓	24,362.12
					Bank Balance	34,180.29 ✓	
					Variance		
					Leave in Balance	100.00	
					Medicare repayment owed to GOLDEN CREEK	1,847.45 ✓	
					Medicare repayment owed to Tuscany 9.7.21	906.27 ✓	
					Medicare repayment owed to MMC	6,921.08 ✓	
					JULY INTEREST	26.44 ✓	
					AUG INTEREST	16.93 ✓	
					SEP INTEREST		
					Adjust Balance/Transfer Amt	24,362.12 ✓	

24,565.92 +
 26,660.33 +
 24,362.12 +
 75,588.37 *

TOTAL TRANSFERS

Approved
 Jason Anglin, CEO

APPROVED ON

SEP 13 2021

COMMUNITY ADVISOR
 CALLETON COUNTY, TEXAS

9/13/2021

Ashford Gardens

9/8/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 9/9/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/10/2021 CK1154

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
14,301.72							
	828.58						828.58
43,686.31							
57,988.03	828.58						828.58

Broadmoor

9/8/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 9/8/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2
 9/9/2021 CK124
 9/9/2021 CK125
 9/9/2021 CK126
 9/9/2021 CK122
 9/9/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/9/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000137
 9/10/2021 CK123
 9/10/2021 CK121
 9/10/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
34,862.10							
	17,810.86						17,810.86
607.41							
1,847.45							
906.27							
6,553.31							
	383.54						383.54
	8,696.31						8,696.31
18,074.10							
2,470.62							
65,321.26	31,487.01						31,487.01

Crescent

9/8/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 9/8/2021 HUMANA CHA DISB HCCLAIMPMT 390864 4200001815
 9/8/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2
 9/9/2021 CK157
 9/9/2021 CK158
 9/9/2021 CK159
 9/9/2021 CK156
 9/9/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 9/9/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/9/2021 HUMANA CHA DISB HCCLAIMPMT 390864 4200001120
 9/10/2021 CK154
 9/10/2021 CK155
 9/10/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2
 9/10/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
47,958.60							
	7,220.44						7,220.44
	4,462.46						4,462.46
607.41							
1,847.45							
906.27							
6,553.31							
	2,810.00						2,810.00
	4,860.71						4,860.71
	7,742.24						7,742.24
14,507.61							
2,526.19							
	419.17						419.17
	6,066.39						6,066.39
74,906.84	33,581.41						33,581.41

Fort Bend

9/8/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 9/8/2021 UHC Community Pl HCCLAIMPMT 746003411 910000
 9/9/2021 CK151
 9/9/2021 CK152
 9/9/2021 CK153
 9/9/2021 CK150
 9/9/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000137
 9/10/2021 CK148
 9/10/2021 CK149
 9/10/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
20,947.68							
	176.00						176.00
607.41							
1,847.45							
906.27							
6,553.31							
	325.20						325.20
17,659.44							
2,526.19							
	5,240.37						5,240.37
51,047.75	5,741.57						5,741.57

Schire at West Houston

9/7/2021 Transfer to DDA 3407 - Deposit error -MMC T
 9/7/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 9/8/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 9/8/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 9/8/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/8/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000178
 9/8/2021 HUMANA INS CO HCCLAIMPMT 390862 830000505267
 9/8/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001814
 9/9/2021 CK1156
 9/9/2021 CK1155
 9/9/2021 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384
 9/9/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/9/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/10/2021 CK1153
 9/10/2021 CK1154
 9/10/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
66,466.42							
	3,942.00						3,942.00
57,670.99							
	7,380.00						7,380.00
	545.16						545.16
	305.50						305.50
	7,678.78						7,678.78
	4,893.34						4,893.34
607.41							
6,553.31							
	4,920.00						4,920.00
	192.68						192.68
	0.10						0.10
17,133.01							
2,526.19							
	519.37						519.37
150,957.33	30,376.93						30,376.93
400,221.21	102,015.50						102,015.50

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Sep 13, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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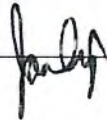
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$985.19 ✓	\$2,403.19	\$985.19	\$44,671.5
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$31,633.13 ✓	\$41,040.58	\$31,633.13	\$47,581.5
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$33,711.63 ✓	\$38,313.55	\$33,711.63	\$44,259.8
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$4,949.72 ✓	\$13,538.76	\$4,949.72	\$19,894.5
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$34,180.29	\$40,648.04	\$34,180.29	\$53,320.1



Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 9/13/2021

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		161,517.42	✓ 161,380.67	76,981.90	✓	-	69,893.87
						77,118.65	
						Bank Balance Variance	77,118.65 ✓
						Leave in Balance	100.00
						Medicare repayment owed to MMC	7,088.03 ✓
						JULY INTEREST	26.48 ✓
						AUG INTEREST	10.27 ✓
						SEP INTEREST	
						Adjust Balance/Transfer Amt	69,893.87

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 9/13/2021

APPROVED
 ON
 SEP 13 2021
 COURTNEY ANDERSON
 CLERK COUNTY CLERK
 CALHOUN COUNTY, TEXAS

Golden Creek

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L ase	QJPP T1	
9/7/2021 TSYS/TRANSFIRST BKCD STLMY 543684555876917 9	-	8,789.00	-	-	-	-	-	8,789.00
9/8/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	118,244.15	-	-	-	-	-	-	-
9/8/2021 GOLDENCREEKHEALT MERC DEP 1220356 9100001645	-	1,197.97	-	-	-	-	-	1,197.97
9/8/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	6,416.05	-	-	-	-	-	6,416.05
9/8/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	206.37	-	-	-	-	-	206.37
9/8/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	9,837.01	-	-	-	-	-	9,837.01
9/9/2021 CK120	607.41	-	-	-	-	-	-	-
9/9/2021 CK122	907.71	-	-	-	-	-	-	-
9/9/2021 CK119	6,553.31	-	-	-	-	-	-	-
9/9/2021 Deposit	-	34,932.72	-	-	-	-	-	34,932.72
9/9/2021 Deposit	-	7,389.80	-	-	-	-	-	7,389.80
9/9/2021 TSYS/TRANSFIRST BKCD STLMY 543684555876917 9	-	7,309.98	-	-	-	-	-	7,309.98
9/10/2021 CK121	32,541.90	-	-	-	-	-	-	-
9/10/2021 CK118	2,526.19	-	-	-	-	-	-	-
9/10/2021 TSYS/TRANSFIRST BKCD STLMY 543684555876917 9	-	903.00	-	-	-	-	-	903.00
	161,380.67	76,981.90	-	-	-	-	-	76,981.90

Quick View

Select Quick View Accounts
Account Number / Name

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Search

All

Select Group
Groups

Add Group

DDA

Data reported as of Sep 13, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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*4454

MEMORIAL MEDICAL /
NH GOLDEN CREEK
HEALTHCARE

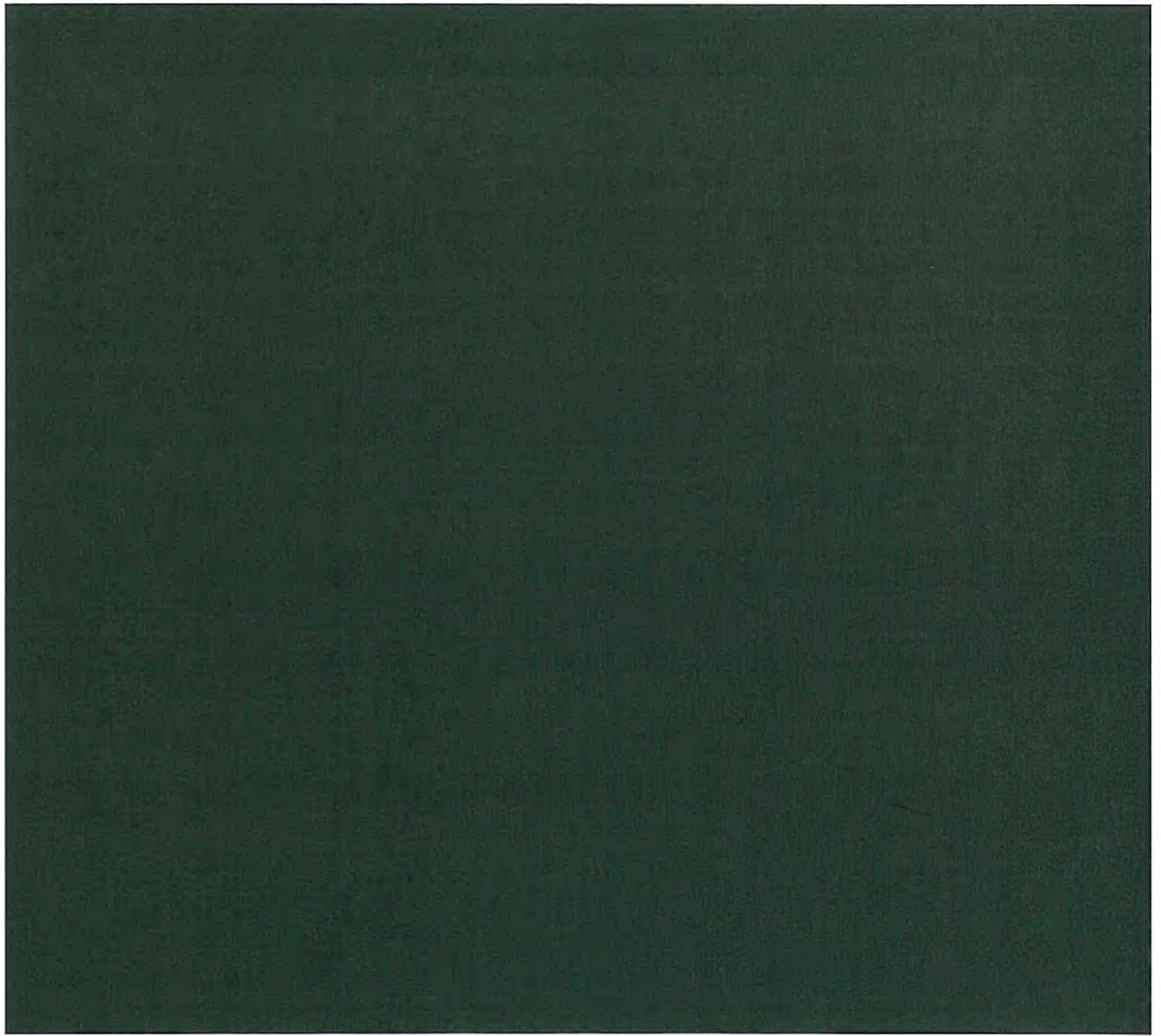
\$77,118.65



\$88,020.10


\$77,118.65

\$111,283.7

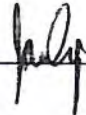


Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 9/13/2021

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home							
Gulf Pointe Plaza- Private Pay	199,728.20 ✓	19,252.43 ✓	71,452.83 ✓			251,928.60	11,214.89 ✓
					Bank Balance	251,928.60	
					Variance	-	
					Leave in Balance	100.00	
					ECHO CLAIM PAYMENTS TO HOLD	240,580.16	
					JULY INTEREST	24.01 ✓	
					AUG INTEREST	9.54 ✓	
					SEP INTEREST		
					Adjust Balance/Transfer Amt	11,214.89 ✓	
Nursing Home							
Gulf Pointe Plaza-Medicare/Medicaid	39,365.53 ✓	39,243.64 ✓	14,045.88 ✓			14,167.75	14,045.88 ✓
					Bank Balance	14,167.75	
					Variance	-	
					Leave in Balance	100.00	
					JULY INTEREST	15.04 ✓	
					AUG INTEREST	6.83 ✓	
					SEP INTEREST		
					Adjust Balance/Transfer Amt	14,045.88	
					TOTAL TRANSFERS	25,260.77 ✓	

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 9/13/2021

APPROVED
 ON
 SEP 13 2021
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Search

All

Select Group
Groups

DDA

Data reported as of Sep 13, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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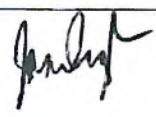
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$14,167.75 ✓	\$14,167.75	\$14,167.75	\$14,167.7
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$251,928.60 ✓	\$252,978.87	\$251,928.60	\$243,071.2

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscan Transfer
 Prosperity Accounts
 9/13/2021

Nursing Home	Account Number	Previous				Pending	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
		Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Deposits		
Tuscany Senior Living		70,358.17 ✓	70,258.17 ✓	142,322.38 ✓			142,422.38	134,184.24 ✓
						Bank Balance	142,422.38 ✓	
						Variance		
						Leave in Balance	100.00	
						Medicare repayment owed to MMC	8,138.14 ✓	
						Adjust Balance/Transfer Amt	134,184.24 ✓	

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: _____ 9/13/2021
 Jason Anglin, CEO



APPROVED
 ON
 SEP 13 2021
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Sep 13, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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*3407
MMC -NH TUSCANY
VILLAGE

\$142,422.38 ✓

\$142,422.38

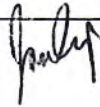
\$142,422.38

\$147,636.3

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 9/13/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Reimpyment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		229,894.12 ✓	228,473.09 ✓	82,483.40 ✓			83,904.43	82,483.40 ✓
						Bank Balance	83,904.43	
						Variance		
						Leave in Balance	100.00	
						Transfer to G.C. for deposit error	1,225.99	
						JULY INTEREST	72.51	
						AUG INTEREST	22.53	
						SEP INTEREST		
						Adjust Balance/Transfer Amt	82,483.40	

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 9/13/2021

APPROVED
ON

SEP 13 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living

MMC PORTION

	<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>QIPP/Comp1</u>	<u>QIPP/Comp 2</u>	<u>QIPP/Comp3</u>	<u>QIPP/Comp4 & Lapse</u>	<u>QIPP TI</u>	<u>NH PORTION</u>
9/7/2021 Deposit	-	20,918.90					-	20,918.90
9/7/2021 Deposit	-	5,282.21					-	5,282.21
9/7/2021 Deposit	-	3,093.26					-	3,093.26
9/7/2021 Deposit	-	2,215.05					-	2,215.05
9/8/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	228,473.09	-					-	-
9/8/2021 ACCENTCARE INC PAYABLES 9990007660 210000262	-	360.86					-	360.86
9/9/2021 Deposit	-	32,605.08					-	32,605.08
9/9/2021 Deposit	-	3,644.46					-	3,644.46
9/9/2021 Deposit	-	2,698.25					-	2,698.25
9/9/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	4,373.68					-	4,373.68
9/10/2021 Deposit	-	5,400.00					-	5,400.00
9/10/2021 HOSPICE OF SOUTH Payments NF 113122650020845	-	1,891.65					-	1,891.65
	228,473.09	82,483.40	-	-	-	-	-	82,483.40

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

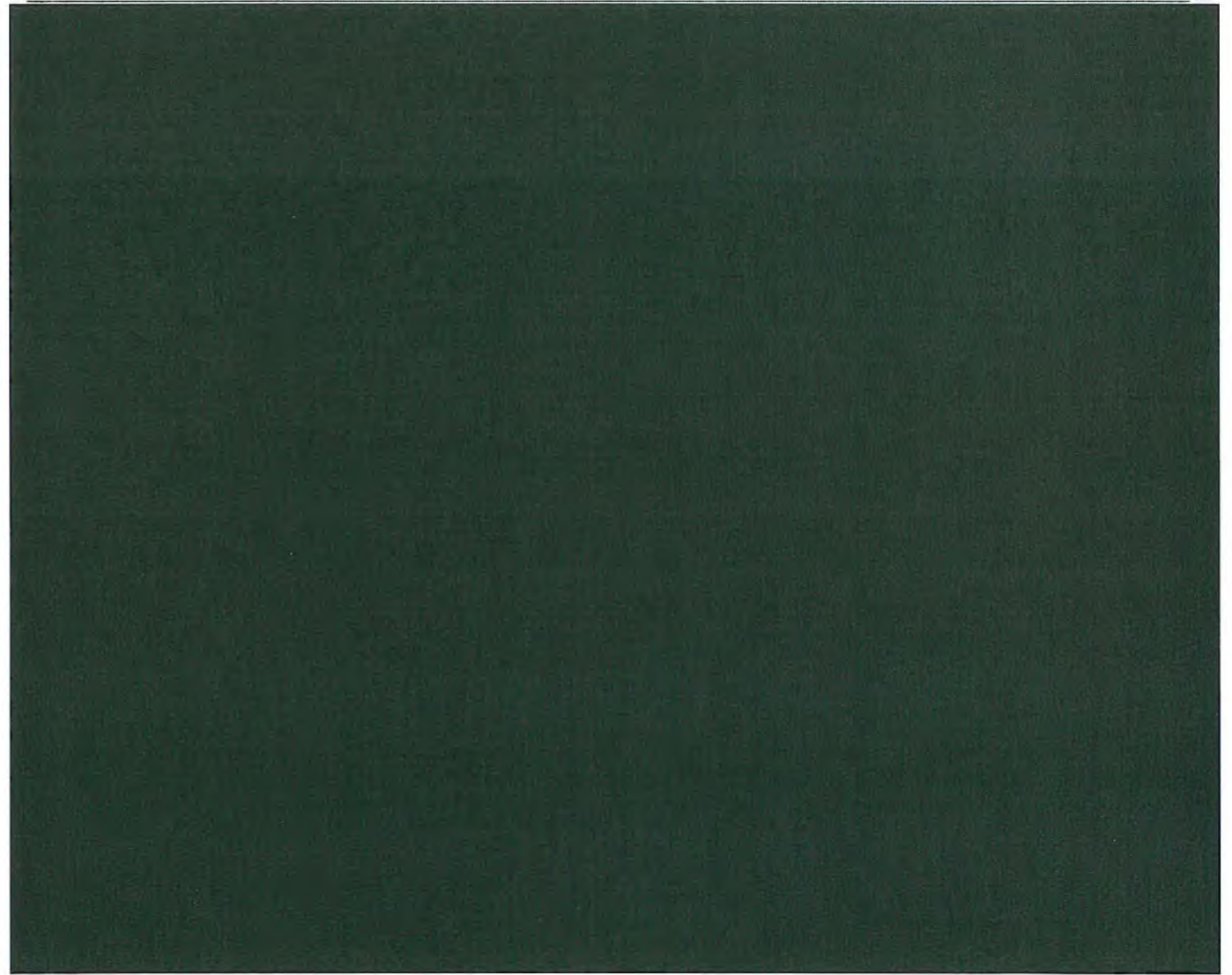
Account Type



DDA

Data reported as of Sep 13, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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*5506 MMC -NH BETHANY SENIOR LIVING	\$83,904.43	\$83,904.43	\$83,904.43	\$76,612.7
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