

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 22, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 707,539.23
TOTAL TRANSFERS BETWEEN FUNDS	\$ 25,048.94
TOTAL NURSING HOME UPL EXPENSES	\$ 1,791,690.28
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED September 22, 2021	\$ 2,524,278.45

APPROVED

SEP 22 2021

**CALDWELL COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 22, 2021

PAYABLES AND PAYROLL

9/16/2021	Weekly Payables	688,481.85
9/16/2021	Azalea Health-Processing and Support Fee	550.00
9/16/2021	Fusion Cloud Services, LLC-Phone	1,181.13
9/16/2021	Patient Refunds	457.77
9/16/2021	Citibank Credit Card-see attached	556.08
9/20/2021	McKesson-340B Prescription Expense	12,955.71
9/20/2021	Amerisource Bergen-340B Prescription Expense	377.54
9/16/2021	Payroll Liabilities for supplemental payroll-Payroll Taxes	97.32
9/16/2021	Supplemental Payroll	345.54

Prosperity Electronic Bank Payments

9/20/2021	Sales Tax for August 2021	1,459.84
9/13/2021	Clearage-Patient Financing Service	67.40
9/13-9/17/21	Pay Plus-Patient Claims Processing Fee	394.85
9/17/2021	ExpertPay- child support	614.20

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ 707,539.23

TRANSFER BETWEEN FUNDS TO NURSING HOMES

9/16/2021	MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating in error	3,420.00
9/16/2021	MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	3,694.90
9/16/2021	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating in error	1,812.54
9/16/2021	MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	1,217.06

MEDICARE ADVANCE PAYMENT RECOUP

9/20/2021	Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	1,370.34
9/20/2021	Broadmoor to Bethany-correction of Broadmoor medical recoup taken from Bethany	512.97
9/20/2021	Broadmoor to Tuscany Village-correction of Broadmoor medical recoup taken from Tuscany Village	466.36
9/20/2021	Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	1,370.34
9/20/2021	Crescent to Tuscany Village-correction of Crescent medicare recoup taken from Tuscany Village	466.36
9/20/2021	Crescent to Bethany-correction of Crescent medicare recoup taken from Bethany	512.97
9/20/2021	Fort Bend to MMC Operating-correction of Fort Bend medicare recoup taken from MMC Operating	1,370.34
9/20/2021	Fort Bend to Tuscany Village-correction of Fort Bend medicare recoup taken from Tuscany Village	47.50
9/20/2021	Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	1,370.34
9/20/2021	Solera to Bethany-correction of Solera medicare recoup taken from Bethany	512.97
9/20/2021	Solera to Tuscany Village-correction of Solera medicare recoup taken from Tuscany Village	466.36
9/20/2021	Golden Creek to MMC Operating-correction of Golden Creek recoup taken from MMC Operating	1,370.34
9/20/2021	Golden Creek to Tuscany Village-correction of Golden Creek medicare recoup taken from Tuscany Village	466.36
9/20/2021	Golden Creek to Bethany-correction of Golden Creek medicare recoup taken from Bethany	512.97
9/20/2021	Tuscany to MMC Operating-correction of Tuscany medicare recoup taken from MMC Operating	3,574.95
9/20/2021	Tuscany to Bethany-correction of Tuscany medicare recoup taken from Bethany	512.97

TOTAL TRANSFERS BETWEEN FUNDS \$ 25,048.94

APPROVED

SEP 22 2021

**WALTON COUNTY
COMMISSIONERS COURT**

NURSING HOME UPL EXPENSES

9/20/2021 Nursing Home UPL-Cantex Transfer	1,224,600.64
9/20/2021 Nursing Home UPL-Nexion Transfer	285,683.11
9/20/2021 Nursing Home UPL-HMG Transfer	34,178.08
9/20/2021 Nursing Home UPL-Tuscany Transfer	50,037.72
9/20/2021 Nursing Home UPL-HSL Transfer	197,190.73

TOTAL NURSING HOME UPL EXPENSES \$ 1,791,690.28

TOTAL INTER-GOVERNMENT TRANSFERS \$ -

GRAND TOTAL DISBURSEMENTS APPROVED September 22, 2021 \$ 2,524,278.45

APPROVED

SEP 22 2021

**CALLAWAY COUNTY
COMMISSIONERS COURT**

RECEIVED

09/16/2021
13:44 SEP 15 2021

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 09/30/2021

10995 *Coffman County Auditor*

Vendor#	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10995	21M0133312	09/15/2021	09/07/2021	09/07/2021				616.28	0.00	0.00	616.28 ✓
			SCHEDULING SERVICES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	10995			ABILITY NETWORK			616.28	0.00	0.00	616.28	

Vendor#	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11283	156251 ✓	08/31/2021	08/03/2021	09/30/2021				7.35	0.00	0.00	7.35 ✓
			SUPPLIES								
	156628 ✓	08/31/2021	08/13/2021	09/30/2021				35.99	0.00	0.00	35.99 ✓
			SUPPLIES								
	156907 ✓	08/31/2021	08/23/2021	09/30/2021				9.99	0.00	0.00	9.99 ✓
			SUPPLIES								
	156917 ✓	08/31/2021	08/23/2021	09/30/2021				9.99	0.00	0.00	9.99 ✓
			SUPPLIES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	11283			ACE HARDWARE 15521 ✓			63.32	0.00	0.00	63.32	

Vendor#	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10950	INV323 ✓	08/31/2021	08/20/2021	08/31/2021				1,400.00	0.00	0.00	1,400.00 ✓
			RFID FEE								
	INV377 ✓	09/15/2021	09/20/2021	09/30/2021				1,400.00	0.00	0.00	1,400.00 ✓
			RFID FEE								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	10950			ACUTE CARE INC ✓			2,800.00	0.00	0.00	2,800.00	

Vendor#	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
R1200	141230307 ✓	08/31/2021	08/03/2021	09/30/2021				49.18	0.00	0.00	49.18 ✓
			FIRE MONITORING								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	R1200			ADT COMMERCIAL ✓			49.18	0.00	0.00	49.18	

Vendor#	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A1680	9116460277 ✓	08/31/2021	08/12/2021	09/30/2021				308.31	0.00	0.00	308.31 ✓
			OXYGEN								
	9116803961 ✓	08/31/2021	08/24/2021	09/30/2021				121.24	0.00	0.00	121.24 ✓
			OXYGEN								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	A1680			AIRGAS USA, LLC - CENTRAL DIV M ✓			429.55	0.00	0.00	429.55	

Vendor#	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10958	091621	09/16/2021	09/16/2021	09/16/2021				261.00	0.00	0.00	261.00 ✓
			CONTACT EMPLOYEE								
	091621A	09/16/2021	09/16/2021	09/16/2021				3,903.75	0.00	0.00	3,903.75 ✓
			CONTRACT EMPLOYEE								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	10958			ALLYSON SWOPE ✓			4,164.75	0.00	0.00	4,164.75	

Vendor#	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A2150											

625	08/31/2021	08/26/2021	09/30/2021	15.00	0.00	0.00	15.00
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PRINTING GIVING TREE LEAF

627	08/31/2021	08/26/2021	09/30/2021	169.00	0.00	0.00	169.00
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DOOR STICKERS

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A2150		ANNOUNCEMENTS	184.00	0.00	0.00	184.00

Vendor# A0400

Vendor Name AUREUS RADIOLOGY LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2218206	08/31/2021	05/17/2021	06/16/2021				2,680.00	0.00	0.00	2,680.00
										LAB STAFFING
2245737	08/31/2021	06/21/2021	07/21/2021				2,680.00	0.00	0.00	2,680.00
										LAB STAFFING
2251296	08/31/2021	06/28/2021	07/28/2021				2,680.00	0.00	0.00	2,680.00
										LAB STAFFING
2251856	08/31/2021	06/28/2021	07/28/2021				2,208.00	0.00	0.00	2,208.00
										LAB STAFFING

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A0400		AUREUS RADIOLOGY LLC	10,248.00	0.00	0.00	10,248.00

Vendor# B1150

Vendor Name BAXTER HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
71693117	08/31/2021	08/09/2021	09/30/2021				-234.86	0.00	0.00	-234.86
										CREDIT
71818930	08/31/2021	08/20/2021	09/14/2021				469.71	0.00	0.00	469.71
										FILTERS
71844436	08/31/2021	08/21/2021	09/30/2021				629.50	0.00	0.00	629.50
										LEASE
71844530	08/31/2021	08/23/2021	09/30/2021				2,367.50	0.00	0.00	2,367.50
										LEASE
71841137	08/31/2021	08/23/2021	09/30/2021				943.86	0.00	0.00	943.86
										SUPPLIES
71862793	08/31/2021	08/25/2021	09/30/2021				136.22	0.00	0.00	136.22
										SUPPLIES
71883588	08/31/2021	08/26/2021	09/30/2021				1,107.98	0.00	0.00	1,107.98
										SUPPLIES
12330489	08/31/2021	08/28/2021	09/30/2021				7.14	0.00	0.00	7.14
										LATE FEE
71520425	09/15/2021	07/27/2021	08/21/2021				280.16	0.00	0.00	280.16
										SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
B1150		BAXTER HEALTHCARE	5,707.21	0.00	0.00	5,707.21

Vendor# M2485

Vendor Name BAYER HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6009423644	08/31/2021	08/24/2021	09/30/2021				1,783.20	0.00	0.00	1,783.20
										SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
M2485		BAYER HEALTHCARE	1,783.20	0.00	0.00	1,783.20

Vendor# B1220

Vendor Name BECKMAN COULTER INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
109265808	08/31/2021	08/31/2021	09/25/2021				134.17	0.00	0.00	134.17
										SHIPPING
109267211	08/31/2021	08/31/2021	09/30/2021				626.25	0.00	0.00	626.25
										SUPPLIES
109269973	09/09/2021	09/01/2021	09/26/2021				413.57	0.00	0.00	413.57
										SUPPLIES
109267845	09/09/2021	09/01/2021	09/26/2021				181.13	0.00	0.00	181.13
										SUPPLIES
109269909	09/09/2021	09/01/2021	09/26/2021				887.81	0.00	0.00	887.81
										SUPPLIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
H972936	08/31/2021	08/06/2021	09/30/2021				84.99	0.00	0.00	84.99
										WEB CAM
K026759	08/31/2021	08/30/2021	09/30/2021				528.70	0.00	0.00	528.70
										MONITOR
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
C1992			CDW GOVERNMENT				613.69	0.00	0.00	613.69
Vendor#			Vendor Name				Class		Pay Code	
14084										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090821	08/31/2021	09/08/2021	09/30/2021				30.00	0.00	0.00	30.00
										PATIENT REFUND
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
14084							30.00	0.00	0.00	30.00
Vendor#			Vendor Name				Class		Pay Code	
12768			CHEMAQUA							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7468678	08/31/2021	08/10/2021	09/30/2021				518.75	0.00	0.00	518.75
										WATER TREATMENT
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
12768			CHEMAQUA				518.75	0.00	0.00	518.75
Vendor#			Vendor Name				Class		Pay Code	
10105			CHRIS KOVAREK							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
53	09/09/2021	09/02/2021	09/30/2021				80.00	0.00	0.00	80.00
										SWING BED
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
10105			CHRIS KOVAREK				80.00	0.00	0.00	80.00
Vendor#			Vendor Name				Class		Pay Code	
C1600			CITIZENS MEDICAL CENTER							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082021	08/31/2021	08/20/2021	09/30/2021				50.00	0.00	0.00	50.00
										10 BLS CARDS
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
C1600			CITIZENS MEDICAL				50.00	0.00	0.00	50.00
Vendor#			Vendor Name				Class		Pay Code	
13000			CLEARFLY							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV372427	09/01/2021	09/01/2021	09/30/2021				1,246.50	0.00	0.00	1,246.50
										PHONES
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
13000			CLEARFLY				1,246.50	0.00	0.00	1,246.50
Vendor#			Vendor Name				Class		Pay Code	
10212			CLINICAL PATHOLOGY LABS							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1765620210	08/31/2021	08/31/2021	08/31/2021				13,234.25	0.00	0.00	13,234.25
										LAB SERVICES
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
10212			CLINICAL PATHOLC				13,234.25	0.00	0.00	13,234.25
Vendor#			Vendor Name				Class		Pay Code	
C1166			COASTAL OFFICE SOLUTIONS							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OE324251	08/30/2021	08/27/2021	09/30/2021				150.00	0.00	0.00	150.00
										SUPPLIES
OEQT18086	08/31/2021	08/27/2021	09/30/2021				62.50	0.00	0.00	62.50
										BUSSINES CARDS
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
C1166			COASTAL OFFICE S				212.50	0.00	0.00	212.50
Vendor#			Vendor Name				Class		Pay Code	
11030			COMBINED INSURANCE							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

Vendor#	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	090121		09/14/2021	09/01/2021	09/30/2021			854.92	0.00	0.00	854.92
			INSURANCE								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	11030			COMBINED INSURA				854.92	0.00	0.00	854.92
Vendor#			Vendor Name					Pay Code			
13572			COMMUNITY INFUSION SOLUTION								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	IC20210843	09/15/2021	09/04/2021	09/14/2021				14,993.18	0.00	0.00	14,993.18
			OP INFUSION CENTER								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	13572			COMMUNITY INFUE				14,993.18	0.00	0.00	14,993.18
Vendor#			Vendor Name					Pay Code			
14080			CORROHEALTH, INC.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	48036	08/31/2021	08/04/2021	09/03/2021				2,242.00	0.00	0.00	2,242.00
			PURCHASED SERVICES								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	14080			CORROHEALTH, IN				2,242.00	0.00	0.00	2,242.00
Vendor#			Vendor Name					Pay Code			
11368			CYRACOM LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	133643	08/31/2021	08/31/2021	09/30/2021				545.13	0.00	0.00	545.13
			INTERPERTATION								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	11368			CYRACOM LLC				545.13	0.00	0.00	545.13
Vendor#			Vendor Name					Pay Code			
10368			DEWITT POTH & SON								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6539510	08/31/2021	08/23/2021	09/17/2021				44.59	0.00	0.00	44.59
			SUPPLIES								
	6540210	08/31/2021	08/24/2021	09/30/2021				40.65	0.00	0.00	40.65
			SUPPLIES								
	6540330	08/31/2021	08/24/2021	09/30/2021				376.28	0.00	0.00	376.28
			SUPPLIES								
	6543320	08/31/2021	08/26/2021	09/30/2021				185.60	0.00	0.00	185.60
			SUPPLIES								
	6545660	08/31/2021	08/31/2021	09/30/2021				126.76	0.00	0.00	126.76
			SUPPLIES								
	6545670	08/31/2021	08/31/2021	09/30/2021				114.60	0.00	0.00	114.60
			SUPPLIES								
	6547710	09/01/2021	09/01/2021	09/30/2021				99.55	0.00	0.00	99.55
			SUPPLIES								
	6549460	09/01/2021	09/02/2021	09/27/2021				12.01	0.00	0.00	12.01
			SUPPLIES								
	65495450	09/01/2021	09/02/2021	09/30/2021				29.15	0.00	0.00	29.15
			SUPPLIES								
	6549510	09/01/2021	09/03/2021	09/30/2021				111.13	0.00	0.00	111.13
			SUPPLIES								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	10368			DEWITT POTH & SC				1,140.32	0.00	0.00	1,140.32
Vendor#			Vendor Name					Pay Code			
11011			DIAMOND HEALTHCARE CORP								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	IN20054887	09/16/2021	09/01/2021	09/26/2021				2,500.00	0.00	0.00	2,500.00
			INPATIENT ASSESSMENT								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	11011			DIAMOND HEALTHC				2,500.00	0.00	0.00	2,500.00
Vendor#			Vendor Name					Pay Code			
10789			DISCOVERY MEDICAL NETWORK								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	MMC083121	08/31/2021	08/31/2021	09/30/2021				110,205.28	0.00	0.00	110,205.28

PRO FEES *Aug 16-31, 2021*

MMC091521 09/15/2021 09/15/2021 09/15/2021 137,150.04 0.00 0.00 137,150.04 ✓

PRO FEES *Sept 1-15, 2021*

Vendor Totals: Number Name Gross Discount No-Pay Net
10789 DISCOVERY MEDIC 247,355.32 0.00 0.00 247,355.32

Vendor# 11291

Vendor Name Class Pay Code

DOWELL PEST CONTROL ✓

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

20984 ✓ 08/31/2021 05/31/2021 06/25/2021 260.00 0.00 0.00 260.00 ✓

PEST CONTROL

21019 ✓ 08/31/2021 06/30/2021 09/30/2021 505.00 0.00 0.00 505.00 ✓

PEST CONTROL

21020 ✓ 08/31/2021 06/30/2021 09/30/2021 260.00 0.00 0.00 260.00 ✓

PEST CONTROL

FW4321 ✓ 08/31/2021 07/31/2021 09/30/2021 105.00 0.00 0.00 105.00 ✓

PEST CONTROL

FW4290 ✓ 08/31/2021 07/31/2021 09/30/2021 160.00 0.00 0.00 160.00 ✓

PEST CONTROL

FW4280 ✓ 08/31/2021 07/31/2021 09/30/2021 505.00 0.00 0.00 505.00 ✓

PEST CONTROL

FW4661 ✓ 08/31/2021 08/31/2021 09/30/2021 160.00 0.00 0.00 160.00 ✓

PEST CONTROL

FW4781 ✓ 08/31/2021 08/31/2021 09/30/2021 505.00 0.00 0.00 505.00 ✓

PEST CONTROL

Vendor Totals: Number Name Gross Discount No-Pay Net
11291 DOWELL PEST COI 2,460.00 0.00 0.00 2,460.00

Vendor# D1710

Vendor Name Class Pay Code

DOWNTOWN CLEANERS ✓

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

083121 08/31/2021 08/31/2021 09/30/2021 368.10 0.00 0.00 368.10 ✓

LAUNDRY

Vendor Totals: Number Name Gross Discount No-Pay Net
D1710 DOWNTOWN CLEAI 368.10 0.00 0.00 368.10

Vendor# 12040

Vendor Name Class Pay Code

DRIESSEN WATER INC. ✓

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

14302703 09/15/2021 08/31/2021 09/22/2021 31.50 0.00 0.00 31.50 ✓

SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
12040 DRIESSEN WATER 31.50 0.00 0.00 31.50

Vendor# 12044

Vendor Name Class Pay Code

DRIESSEN WATER INC. (CULLIGAI

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

1430270308: 08/31/2021 08/31/2021 09/30/2021 31.50 0.00 0.00 31.50

SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
12044 DRIESSEN WATER 31.50 0.00 0.00 31.50

Vendor# 11284

Vendor Name Class Pay Code

EMERGENCY STAFFING SOLUTIO ✓

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

40548 ✓ 08/31/2021 08/31/2021 09/30/2021 1,800.00 0.00 0.00 1,800.00 ✓

ODUTAYO COBER BUNNELL - *vacation coverage*

40567 ✓ 09/15/2021 09/15/2021 09/25/2021 40,062.50 0.00 0.00 40,062.50 ✓

STAFFING *(1-15th)*

Vendor Totals: Number Name Gross Discount No-Pay Net
11284 EMERGENCY STAF 41,862.50 0.00 0.00 41,862.50

Vendor# 10042

Vendor Name Class Pay Code

ERBE USA INC SURGICAL SYSTEM ✓

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

697969 ✓ 08/31/2021 08/24/2021 09/30/2021 139.50 0.00 0.00 139.50 ✓

SUPPLIES

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	10042		ERBE USA INC SUF	139.50	0.00	0.00	139.50			
Vendor#			Vendor Name	Class		Pay Code				
13872			ETHOS MEDICAL STAFFING ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
27628 ✓	08/31/2021	08/13/2021	09/30/2021				2,896.00	0.00	0.00	2,896.00 ✓
			ICU STAFFING							
27738 ✓	08/31/2021	08/20/2021	09/30/2021				2,919.20	0.00	0.00	2,919.20 ✓
			ICU STAFFING							
27856	09/16/2021	08/27/2021	09/26/2021				2,927.20	0.00	0.00	2,927.20
			STAFFING							
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
S0501	13872		ETHOS MEDICAL S	8,742.40	0.00	0.00	8,742.40			
Vendor#			Vendor Name	Class		Pay Code				
S0501			EVOQUA WATER TECHNOLOGIES ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
905045604 ✓	08/31/2021	08/31/2021	09/30/2021				20.00	0.00	0.00	20.00 ✓
			MAIT CONTRACT							
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
F1403	S0501		EVOQUA WATER TI	20.00	0.00	0.00	20.00			
Vendor#			Vendor Name	Class		Pay Code				
F1403			FISHER & PAYKEL HEALTHCARE M ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91301034 ✓	08/31/2021	08/31/2021	09/30/2021				660.38	0.00	0.00	660.38 ✓
			SUPPLIES							
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
F1400	F1403		FISHER & PAYKEL I	660.38	0.00	0.00	660.38			
Vendor#			Vendor Name	Class		Pay Code				
F1400			FISHER HEALTHCARE ✓	M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8133044 ✓	08/31/2021	08/10/2021	09/04/2021				438.00	0.00	0.00	438.00 ✓
			SUPPLIES							
8862202 ✓	08/31/2021	08/12/2021	09/06/2021				142.56	0.00	0.00	142.56 ✓
			SUPPLIES							
8862203 ✓	08/31/2021	08/12/2021	09/06/2021				1,158.08	0.00	0.00	1,158.08 ✓
			SUPPLIES							
9216526 ✓	08/31/2021	08/16/2021	09/10/2021				1,044.44	0.00	0.00	1,044.44 ✓
			SUPPLIES							
9216525 ✓	08/31/2021	08/16/2021	09/10/2021				548.59	0.00	0.00	548.59 ✓
			SUPPLIES							
9377197 ✓	08/31/2021	08/17/2021	09/11/2021				54.60	0.00	0.00	54.60 ✓
			SUPPLIES							
9664364 ✓	08/31/2021	08/19/2021	09/13/2021				228.85	0.00	0.00	228.85 ✓
			SUPPLIES							
9664363 ✓	08/31/2021	08/19/2021	09/13/2021				67.86	0.00	0.00	67.86 ✓
			SUPPLIES							
9783954 ✓	08/31/2021	08/20/2021	09/30/2021				123.44	0.00	0.00	123.44 ✓
			SUPPLIES							
0030391 ✓	08/31/2021	08/24/2021	09/18/2021				413.90	0.00	0.00	413.90 ✓
			SUPPLIES							
0173745 ✓	08/31/2021	08/25/2021	09/19/2021				37.38	0.00	0.00	37.38 ✓
			SUPPLIES							
0173739 ✓	08/31/2021	08/25/2021	09/30/2021				239.32	0.00	0.00	239.32 ✓
			SUPPLIES							
0322948 ✓	08/31/2021	08/26/2021	09/20/2021				1,212.00	0.00	0.00	1,212.00 ✓
			SUPPLIES							
0322944 ✓	08/31/2021	08/26/2021	09/30/2021				6,000.00	0.00	0.00	6,000.00 ✓
			SUPPLIES							
0322936 ✓	08/31/2021	08/26/2021	09/30/2021				1,343.46	0.00	0.00	1,343.46 ✓
			SUPPLIES							
0447192 ✓	08/31/2021	08/27/2021	09/21/2021				404.00	0.00	0.00	404.00 ✓

	2095008	✓	08/31/2021	08/31/2021	09/30/2021		172.24	0.00	0.00	172.24	✓
			SUPPLIES								
	2095013	✓	08/31/2021	08/31/2021	09/30/2021		482.44	0.00	0.00	482.44	✓
			SUPPLIES								
	2095216	✓	08/31/2021	08/31/2021	09/30/2021		129.59	0.00	0.00	129.59	✓
			SUPPLIES								
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
	G1210			GULF COAST PAPE	1,578.63		0.00	0.00	1,578.63		
Vendor#	12380		Vendor Name	HEALTH SOLUTIONS DIETETICS	Class		Pay Code				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	083121	08/31/2021	08/31/2021	09/30/2021				3,000.00	0.00	0.00	3,000.00
			DIETITIAN								✓
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
	12380			HEALTH SOLUTION	3,000.00		0.00	0.00	3,000.00		
Vendor#	10804		Vendor Name	HEALTHCARE CODING & CONSUL	Class		Pay Code				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	11351	09/15/2021	08/31/2021	09/30/2021				450.75	0.00	0.00	450.75
			CODING SERVICES								✓
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
	10804			HEALTHCARE COD	450.75		0.00	0.00	450.75		
Vendor#	H0416		Vendor Name	HOLOGIC INC	Class		Pay Code				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9828054	08/31/2021	08/26/2021	09/30/2021				1,243.01	0.00	0.00	1,243.01
			SUPPLIES								✓
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
	H0416			HOLOGIC INC	1,243.01		0.00	0.00	1,243.01		
Vendor#	10922		Vendor Name	HUNTER PHARMACY SERVICES	Class		Pay Code				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	4554	08/31/2021	08/31/2021	09/30/2021				14,923.09	0.00	0.00	14,923.09
											✓
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
	10922			HUNTER PHARMAC	14,923.09		0.00	0.00	14,923.09		
Vendor#	12596		Vendor Name	INDEED, INC.	Class		Pay Code				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	48456887	08/31/2021	08/31/2021	09/30/2021				202.15	0.00	0.00	202.15
			JOB LISTING								✓
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
	12596			INDEED, INC.	202.15		0.00	0.00	202.15		
Vendor#	11200		Vendor Name	IRON MOUNTAIN	Class		Pay Code				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	DXBC465	08/31/2021	08/31/2021	09/30/2021				617.56	0.00	0.00	617.56
			SHRED SERVICE								✓
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
	11200			IRON MOUNTAIN	617.56		0.00	0.00	617.56		
Vendor#	11285		Vendor Name	ITA RESOURCES INC	Class		Pay Code				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	MMC92021	09/06/2021	09/06/2021	09/26/2021				30,375.25	0.00	0.00	30,375.25
			PESP SERVICES								✓
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
	11285			ITA RESOURCES IN	30,375.25		0.00	0.00	30,375.25		
Vendor#	11108		Vendor Name	ITERSOURCE CORPORATION	Class		Pay Code				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	711389	09/15/2021	09/01/2021	09/01/2021				250.00	0.00	0.00	250.00
											✓

SUPPORT SYSTEM

Vendor#	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	11108		ITERSOURCE CORI					250.00	0.00	0.00	250.00
Vendor#	10834		Vendor Name			Class			Pay Code		
			JACKSON & CARTER, PLLC ✓								
	2900 ✓	09/06/2021	09/06/2021	09/30/2021				885.00	0.00	0.00	885.00 ✓
			LEGAL								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	10834		JACKSON & CARTE					885.00	0.00	0.00	885.00
Vendor#	L0700		Vendor Name			Class			Pay Code		
			LABCORP OF AMERICA HOLDING M ✓								
	70596863	08/31/2021	08/28/2021	09/22/2021				15.50	0.00	0.00	15.50 ✓
			SUPPLEIS								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	L0700		LABCORP OF AMEF					15.50	0.00	0.00	15.50
Vendor#	11600		Vendor Name			Class			Pay Code		
			LEGAL SHIELD ✓								
	091521	09/14/2021	09/15/2021	09/15/2021				541.35	0.00	0.00	541.35 ✓
			PAYROLL DED								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	11600		LEGAL SHIELD					541.35	0.00	0.00	541.35
Vendor#	12628		Vendor Name			Class			Pay Code		
			LEGATO ✓								
	C1981 ✓	08/31/2021	06/30/2021	09/30/2021				1,206.25	0.00	0.00	1,206.25 ✓
	C2010 ✓	08/31/2021	07/31/2021	09/30/2021				564.89	0.00	0.00	564.89 ✓
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	12628		LEGATO					1,771.14	0.00	0.00	1,771.14
Vendor#	10972		Vendor Name			Class			Pay Code		
			M G TRUST ✓								
	082721	08/31/2021	08/27/2021	09/30/2021				790.86	0.00	0.00	790.86 ✓
			PAYROLL DED								
	090921	09/14/2021	09/09/2021	09/09/2021				790.86	0.00	0.00	790.86 ✓
			PAYROLL DEDUCTIONS								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	10972		M G TRUST					1,581.72	0.00	0.00	1,581.72
Vendor#	11203		Vendor Name			Class			Pay Code		
			MEDI-DOSE, INC ✓								
	0820956 ✓	08/31/2021	08/26/2021	09/30/2021				102.55	0.00	0.00	102.55 ✓
			SUPPLIES								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	11203		MEDI-DOSE, INC					102.55	0.00	0.00	102.55
Vendor#	11141		Vendor Name			Class			Pay Code		
			MEDICAL DATA SYSTEMS, INC. ✓								
	163330 ✓	08/31/2021	08/31/2021	09/25/2021				2,067.26	0.00	0.00	2,067.26 ✓
			COLLECTIONS								
	163328 ✓	08/31/2021	08/31/2021	09/30/2021				3,463.29	0.00	0.00	3,463.29 ✓
			COLLECTIONS								
	163329 ✓	08/31/2021	08/31/2021	09/30/2021				4,699.19	0.00	0.00	4,699.19 ✓
			COLLECTIONS								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	11141		MEDICAL DATA SY					10,229.74	0.00	0.00	10,229.74
Vendor#			Vendor Name			Class			Pay Code		

10613

MEDIMPACT HEALTHCARE SYS, I/A/P

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090921	09/15/2021	09/09/2021	09/09/2021				61.56	0.00	0.00	61.56 ✓
INDIGENT										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
		10613	MEDIMPACT HEALT			61.56	0.00	0.00		61.56

Vendor# M2470

Vendor Name MEDLINE INDUSTRIES INC ✓
Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
195928930	08/31/2021	07/20/2021	09/30/2021				110.43	0.00	0.00	110.43 ✓
SUPPLIES										
1962004531	08/31/2021	08/10/2021	09/04/2021				144.44	0.00	0.00	144.44 ✓
SUPPLIES										
1962283862	08/31/2021	08/12/2021	09/06/2021				15,058.76	0.00	0.00	15,058.76 ✓
SUPPLIES										
1963175554	08/31/2021	08/19/2021	09/30/2021				65.06	0.00	0.00	65.06 ✓
SUPPLIES										
1963175555	08/31/2021	08/19/2021	09/30/2021				22.33	0.00	0.00	22.33 ✓
SUPPLIES										
1963175552	08/31/2021	08/19/2021	09/30/2021				10.90	0.00	0.00	10.90 ✓
SUPPLIES										
1963175550	08/31/2021	08/19/2021	09/30/2021				12.98	0.00	0.00	12.98 ✓
SUPPLIES										
1963057676	08/31/2021	08/19/2021	09/30/2021				110.43	0.00	0.00	110.43 ✓
SUPPLIES										
1963175551	08/31/2021	08/19/2021	09/30/2021				48.58	0.00	0.00	48.58 ✓
SUPPLIES										

Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
		M2470	MEDLINE INDUSTR			15,583.91	0.00	0.00		15,583.91

Vendor# 10963

Vendor Name MEMORIAL MEDICAL CLINIC ✓
Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082721	08/31/2021	08/27/2021	09/30/2021				84.00	0.00	0.00	84.00 ✓
PAYROLL DED										
090921	09/14/2021	09/09/2021	09/09/2021				295.26	0.00	0.00	295.26 ✓
PAYROLL DEDUCTIONS										

Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
		10963	MEMORIAL MEDICA			379.26	0.00	0.00		379.26

Vendor# 10904

Vendor Name MERCK SHARP & DOHME CORP ✓
Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7015532896	08/31/2021	08/05/2021	09/30/2021				4,642.68	0.00	0.00	4,642.68 ✓
INVENTORY										

Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
		10904	MERCK SHARP & D			4,642.68	0.00	0.00		4,642.68

Vendor# 10791

Vendor Name MINDRAY DS USA, INC. ✓
Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0600874629	08/31/2021	08/09/2021	09/30/2021				52.26	0.00	0.00	52.26 ✓
SUPPLIES										

Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
		10791	MINDRAY DS USA,			52.26	0.00	0.00		52.26

Vendor# 10536

Vendor Name MORRIS & DICKSON CO, LLC
Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0890 ✓	08/31/2021	08/30/2021	09/09/2021				-73.40	0.00	0.00	-73.40 ✓
CREDIT										
0891 ✓	08/31/2021	08/30/2021	09/09/2021				-271.53	0.00	0.00	-271.53 ✓
CREDIT										
7279297 ✓	08/31/2021	08/31/2021	09/10/2021				353.95	0.00	0.00	353.95 ✓
INVENTORY										

7289609	✓	08/31/2021	08/31/2021	09/10/2021	1,900.56	0.00	0.00	1,900.56	✓
				INVENTORY					
7279298	✓	08/31/2021	08/31/2021	09/10/2021	47.29	0.00	0.00	47.29	✓
				INVENTORY					
1661	✓	08/31/2021	08/31/2021	09/10/2021	-0.94	0.00	0.00	-0.94	✓
				CREDIT					
1994	✓	08/31/2021	08/31/2021	09/10/2021	-0.05	0.00	0.00	-0.05	✓
				CREDIT					
7279302	✓	08/31/2021	08/31/2021	09/10/2021	1,934.91	0.00	0.00	1,934.91	✓
				INVENTORY					
1660	✓	08/31/2021	08/31/2021	09/10/2021	-0.82	0.00	0.00	-0.82	✓
				CREDIT					
1659	✓	08/31/2021	08/31/2021	09/10/2021	-4.99	0.00	0.00	-4.99	✓
				CREDIT					
1993	✓	08/31/2021	08/31/2021	09/10/2021	-0.02	0.00	0.00	-0.02	✓
				CREDIT					
1995	✓	08/31/2021	08/31/2021	09/10/2021	-4.99	0.00	0.00	-4.99	✓
				CREDIT					
7284458	✓	09/09/2021	09/01/2021	09/11/2021	770.22	0.00	0.00	770.22	✓
				INVENTORY					
7284459	✓	09/09/2021	09/01/2021	09/11/2021	19.36	0.00	0.00	19.36	✓
				INVENTORY					
7284457	✓	09/09/2021	09/01/2021	09/11/2021	777.62	0.00	0.00	777.62	✓
				INVENTORY					
7289611	✓	09/09/2021	09/02/2021	09/12/2021	2,192.04	0.00	0.00	2,192.04	✓
				INVENTORY					
7289610	✓	09/09/2021	09/02/2021	09/12/2021	28.97	0.00	0.00	28.97	✓
				INVENTORY					
7293648	✓	09/09/2021	09/06/2021	09/16/2021	503.68	0.00	0.00	503.68	✓
				INVENTORY					
7293647	✓	09/09/2021	09/06/2021	09/16/2021	462.66	0.00	0.00	462.66	✓
				INVENTORY					
7293649	✓	09/09/2021	09/06/2021	09/16/2021	413.86	0.00	0.00	413.86	✓
				INVENTORY					
7301204	✓	09/09/2021	09/07/2021	09/17/2021	711.16	0.00	0.00	711.16	✓
				INVENTORY					
7301205	✓	09/09/2021	09/07/2021	09/17/2021	243.14	0.00	0.00	243.14	✓
				INVENTORY					
7298959	✓	09/09/2021	09/07/2021	09/17/2021	8,464.52	0.00	0.00	8,464.52	✓
				INVENTORY					
7301203	✓	09/09/2021	09/07/2021	09/17/2021	5,856.83	0.00	0.00	5,856.83	✓
				INVENTORY					
7298958	✓	09/09/2021	09/07/2021	09/17/2021	3,942.95	0.00	0.00	3,942.95	✓
				INVENTORY					
7305902	✓	09/15/2021	09/08/2021	09/18/2021	56.49	0.00	0.00	56.49	✓
				INVENTORY					
7304885	✓	09/15/2021	09/08/2021	09/18/2021	10.57	0.00	0.00	10.57	✓
				INVENTORY					
7307111	✓	09/15/2021	09/08/2021	09/18/2021	33.54	0.00	0.00	33.54	✓
				INVENTORY					
7304886	✓	09/15/2021	09/08/2021	09/18/2021	42.70	0.00	0.00	42.70	✓
				INVENTORY					
7305903	✓	09/15/2021	09/08/2021	09/18/2021	297.36	0.00	0.00	297.36	✓
				INVENTORY					
7305904	✓	09/15/2021	09/08/2021	09/18/2021	215.27	0.00	0.00	215.27	✓
				INVENTORY					
7311305	✓	09/15/2021	09/09/2021	09/19/2021	390.77	0.00	0.00	390.77	✓
				INVENTORY					
7311303	✓	09/15/2021	09/09/2021	09/19/2021	1.45	0.00	0.00	1.45	✓
				INVENTORY					
7311304	✓	09/15/2021	09/09/2021	09/19/2021	326.82	0.00	0.00	326.82	✓
				INVENTORY					

INVENTORY											
Vendor#	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	7308036		09/15/2021	09/09/2021	09/19/2021			10.71	0.00	0.00	10.71
INVENTORY											
	7317323		09/15/2021	09/12/2021	09/22/2021			1,625.63	0.00	0.00	1,625.63
INVENTORY											
	7317322		09/15/2021	09/12/2021	09/22/2021			317.66	0.00	0.00	317.66
INVENTORY											
	7317324		09/15/2021	09/12/2021	09/22/2021			39.39	0.00	0.00	39.39
INVENTORY											
	7317321		09/15/2021	09/12/2021	09/22/2021			64.19	0.00	0.00	64.19
INVENTORY											
	7322608		09/15/2021	09/13/2021	09/23/2021			315.37	0.00	0.00	315.37
INVENTORY											
	7319025		09/15/2021	09/13/2021	09/23/2021			47.29	0.00	0.00	47.29
INVENTORY											
	7322607		09/15/2021	09/13/2021	09/23/2021			11.82	0.00	0.00	11.82
	7319024		09/15/2021	09/13/2021	09/23/2021			162.79	0.00	0.00	162.79
INVENTORY											
	7327318		09/15/2021	09/14/2021	09/24/2021			372.34	0.00	0.00	372.34
INVENTORY											
	7327319		09/15/2021	09/14/2021	09/24/2021			1,196.24	0.00	0.00	1,196.24
INVENTORY											
	7327320		09/15/2021	09/14/2021	09/24/2021			489.61	0.00	0.00	489.61
Vendor Totals:											
	10536							34,294.99	0.00	0.00	34,294.99
Vendor#	Vendor Name		Number		Name		Class		Pay Code		
M2659	MORRIS & DICKSOI						M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	880800643		08/31/2021	08/25/2021	09/24/2021			1,146.55	0.00	0.00	1,146.55
SUPPLIES											
Vendor Totals:											
	M2659							1,146.55	0.00	0.00	1,146.55
Vendor#	Vendor Name		Number		Name		Class		Pay Code		
13548	MXR IMAGING, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	7467		09/16/2021	09/14/2021	09/14/2021			505.68	0.00	0.00	505.68
TRANSCRIPTION 18/7-8/20/21											
Vendor Totals:											
	13548							505.68	0.00	0.00	505.68
Vendor#	Vendor Name		Number		Name		Class		Pay Code		
12388	NACOGDOCHES TRANSCRIPTION										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	3495573		08/31/2021	08/31/2021	09/30/2021			3,478.60	0.00	0.00	3,478.60
INSURANCE											
Vendor Totals:											
	12388							3,478.60	0.00	0.00	3,478.60
Vendor#	Vendor Name		Number		Name		Class		Pay Code		
O1500	NATIONAL FARM LIFE INSURANCE						M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	31263327		07/31/2021	07/23/2021	09/30/2021	P		0.00	0.00	0.00	0.00
	31304467		08/31/2021	07/28/2021	08/22/2021			111.63	0.00	0.00	111.63
SUPPLIES											
	31263327A		09/16/2021	07/20/2021	08/14/2021			99.21	0.00	0.00	99.21
SUPPLIES											
Vendor Totals:											
	O1500							210.84	0.00	0.00	210.84
Vendor#	Vendor Name		Number		Name		Class		Pay Code		
O1416	OLYMPUS AMERICA INC										
	ORTHOClinical Diagnostics										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1852027644	08/31/2021	08/16/2021	09/15/2021				759.03	0.00	0.00	759.03
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
11069	O1416		ORTHO CLINICAL D				759.03	0.00	0.00	759.03
			Vendor Name				Class		Pay Code	
			PABLO GARZA							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091421	09/15/2021	09/14/2021	09/14/2021				2,145.00	0.00	0.00	2,145.00
CONTRACT EMPLOYEE (8/31-9/10/21)										
Vendor#	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
P0706	11069		PABLO GARZA				2,145.00	0.00	0.00	2,145.00
			Vendor Name				Class		Pay Code	
			PALACIOS BEACON				W			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33058307	08/31/2021	08/27/2021	09/30/2021				187.50	0.00	0.00	187.50
AD										
Vendor#	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
10152	P0706		PALACIOS BEACON				187.50	0.00	0.00	187.50
			Vendor Name				Class		Pay Code	
			PARTSSOURCE, LLC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
03621620	08/31/2021	10/16/2020	09/30/2021				386.67	0.00	0.00	386.67
CENTRIFUGE REPAIR										
03764177	08/31/2021	03/10/2021	09/30/2021				179.64	0.00	0.00	179.64
PARTS FOR PREVENTIVE MAINT										
03763907	08/31/2021	03/10/2021	09/30/2021				17.10	0.00	0.00	17.10
PARTS FOR PREVENTIVE MAINT										
03554474	08/31/2021	08/07/2021	09/30/2021				60.39	0.00	0.00	60.39
SUPPLIES										
03974141	08/31/2021	08/16/2021	09/30/2021				101.01	0.00	0.00	101.01
SUPPLIES										
03981699	08/31/2021	08/18/2021	09/30/2021				883.68	0.00	0.00	883.68
SUPPLIES										
03985060	08/31/2021	08/20/2021	09/30/2021				294.33	0.00	0.00	294.33
SUPPLIES										
03990383	08/31/2021	08/24/2021	09/30/2021				524.20	0.00	0.00	524.20
SUPPLIES										
03623281	08/31/2021	10/19/2021	09/30/2021				214.29	0.00	0.00	214.29
CENTRIFUDE REPAIR										
Vendor#	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
P1800	10152		PARTSSOURCE, LL				2,661.31	0.00	0.00	2,661.31
			Vendor Name				Class		Pay Code	
			PITNEY BOWES INC				W			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1018871767	08/31/2021	08/26/2021	09/30/2021				187.50	0.00	0.00	187.50
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
P2200	P1800		PITNEY BOWES INC				187.50	0.00	0.00	187.50
			Vendor Name				Class		Pay Code	
			POWER HARDWARE				W			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B63722	08/31/2021	08/10/2021	09/30/2021				20.38	0.00	0.00	20.38
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
11932	P2200		POWER HARDWAR				20.38	0.00	0.00	20.38
			Vendor Name				Class		Pay Code	
			PRESS GANEY ASSOCIATES, INC.							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN00048993	08/31/2021	07/31/2021	09/30/2021				2,523.79	0.00	0.00	2,523.79
PT SURVEY										

Vendor#	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	IN000493956	08/31/2021	08/03/2021	09/30/2021				2,523.79	0.00	0.00	2,523.79
			PT SURVEY								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	11932			PRESS GANEY ASE				5,047.58	0.00	0.00	5,047.58
Vendor#			Vendor Name								
12480			Class								
			Pay Code								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	21080600	09/15/2021	08/31/2021	09/15/2021				3,060.36	0.00	0.00	3,060.36
			GAS								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	12480			PRO ENERGY PAR				3,060.36	0.00	0.00	3,060.36
Vendor#			Vendor Name								
10896			Class								
			Pay Code								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	997977157	08/31/2021	08/24/2021	09/30/2021				1,627.69	0.00	0.00	1,627.69
			SUPPLIES								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	10896			QIAGEN INC				1,627.69	0.00	0.00	1,627.69
Vendor#			Vendor Name								
13940			Class								
			Pay Code								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	3990932RI	09/15/2021	09/13/2021	09/13/2021				2,793.00	0.00	0.00	2,793.00
			ICU STAFFING								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	13940			RN NETWORK				2,793.00	0.00	0.00	2,793.00
Vendor#			Vendor Name								
G0425			Class								
			Pay Code								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	81	09/03/2021	09/03/2021	09/30/2021				2,818.75	0.00	0.00	2,818.75
			LEGAL								
	107	09/03/2021	09/03/2021	09/30/2021				481.25	0.00	0.00	481.25
			LEGAL								
	183	09/03/2021	09/03/2021	09/30/2021				11,869.00	0.00	0.00	11,869.00
			LEGAL								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	G0425			ROBERTS, ODEFEY				15,169.00	0.00	0.00	15,169.00
Vendor#			Vendor Name								
S1800			Class								
			Pay Code								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	15636	08/31/2021	08/18/2021	09/30/2021				71.29	0.00	0.00	71.29
			SUPPLIES								
	18556	08/31/2021	08/25/2021	09/30/2021				97.90	0.00	0.00	97.90
			SUPPLIES								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	S1800			SHERWIN WILLIAM				169.19	0.00	0.00	169.19
Vendor#			Vendor Name								
10936			Class								
			Pay Code								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	40120032	08/31/2021	08/16/2021	09/30/2021				2,193.83	0.00	0.00	2,193.83
			MAINT CONTRACT								
	56382100056	08/31/2021	08/30/2021	09/30/2021				1,333.33	0.00	0.00	1,333.33
			LEASE								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
	10936			SIEMENS FINANCI				3,527.16	0.00	0.00	3,527.16
Vendor#			Vendor Name								
10699			Class								
			Pay Code								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	264852	08/31/2021	08/16/2021	08/26/2021				672.00	0.00	0.00	672.00
			AD								
	265642	09/01/2021	09/01/2021	09/30/2021				400.00	0.00	0.00	400.00
			AD								

Vendor#	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
Vendor Totals: Number Name Gross Discount No-Pay Net											
	10699							1,072.00	0.00	0.00	1,072.00
Vendor Name Class Pay Code											
10195											
SINGLETON ASSOCIATES PA ICP											
	90-20	08/31/2021	07/01/2019	09/30/2021				908.77	0.00	0.00	908.77
CONTRACT BILLING											
	90-30	08/31/2021	01/08/2020	09/30/2021				1,313.37	0.00	0.00	1,313.37
CONTRACT BILLING											
	105-2	08/31/2021	09/29/2020	09/30/2021				95.77	0.00	0.00	95.77
CONTRACT BILLING											
	105-3	08/31/2021	12/16/2020	09/30/2021				440.15	0.00	0.00	440.15
CONTRACT BILLING											
	105-1A	08/31/2021	12/16/2020	09/30/2021				107.10	0.00	0.00	107.10
CONTRACT BILLING											
	105-4	08/31/2021	01/18/2021	09/30/2021				10.51	0.00	0.00	10.51
CONTRACT BILLING											
	105-5	08/31/2021	01/21/2021	09/30/2021				1,164.85	0.00	0.00	1,164.85
CONTRACT BILLING											
	105-6	08/31/2021	03/03/2021	09/30/2021				887.24	0.00	0.00	887.24
CONTRACT BILLING											
	105-8	08/31/2021	04/30/2021	09/30/2021				1,180.47	0.00	0.00	1,180.47
CONTRACT BILLING											
	90-32	09/16/2021	04/01/2020	09/30/2021				1,031.35	0.00	0.00	1,031.35
CONTRACT BILLING											
Vendor Totals: Number Name Gross Discount No-Pay Net											
	10195							7,139.58	0.00	0.00	7,139.58
Vendor Name Class Pay Code											
S2353											
SMITHS MEDICAL ASD INC											
	16373194	08/31/2021	08/26/2021	09/14/2021				331.94	0.00	0.00	331.94
SUPPLIES											
Vendor Totals: Number Name Gross Discount No-Pay Net											
	S2353							331.94	0.00	0.00	331.94
Vendor Name Class Pay Code											
11296											
SOUTH TEXAS BLOOD & TISSUE C											
	CM5292	08/31/2021	08/31/2021	09/30/2021				-2,370.00	0.00	0.00	-2,370.00
CREDIT											
	I07016945	08/31/2021	08/31/2021	09/30/2021				7,080.00	0.00	0.00	7,080.00
BLOOD											
Vendor Totals: Number Name Gross Discount No-Pay Net											
	11296							4,710.00	0.00	0.00	4,710.00
Vendor Name Class Pay Code											
C1010											
SPARKLIGHT W											
	082021	08/31/2021	08/20/2021	09/30/2021				98.54	0.00	0.00	98.54
CABLE											
Vendor Totals: Number Name Gross Discount No-Pay Net											
	C1010							98.54	0.00	0.00	98.54
Vendor Name Class Pay Code											
S2694											
STANFORD VACUUM SERVICE M											
	287943	08/31/2021	08/17/2021	09/30/2021				385.00	0.00	0.00	385.00
PUMP GREASE TRAP											
Vendor Totals: Number Name Gross Discount No-Pay Net											
	S2694							385.00	0.00	0.00	385.00
Vendor Name Class Pay Code											
12476											
SUN LIFE FINANCIAL											
	082421	08/31/2021	08/24/2021	09/30/2021				8,225.49	0.00	0.00	8,225.49

PAYROLL DED

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	12476		SUN LIFE FINANCIAL	8,225.49	0.00	0.00	8,225.49			
T2539			Vendor Name	Class		Pay Code				
			T-SYSTEM, INC ✓	W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
40170015	08/31/2021	08/27/2021	09/30/2021				431.42	0.00	0.00	431.42 ✓
48324										
48411 ✓	08/31/2021	08/31/2021	09/30/2021				5,699.00	0.00	0.00	5,699.00 ✓
			ERX LICENSE							
			TRACKING HOSTING STAT							

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	T2539		T-SYSTEM, INC	6,130.42	0.00	0.00	6,130.42			
12704			Vendor Name	Class		Pay Code				
			TEXAS BURNER & BOILER SERVIC ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
213442 ✓	08/31/2021	08/19/2021	09/30/2021				758.00	0.00	0.00	758.00 ✓
			REPLASE LOW GAS PRESSURE S'							

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	12704		TEXAS BURNER & I	758.00	0.00	0.00	758.00			
10765			Vendor Name	Class		Pay Code				
			TEXAS HOSPITAL ASSOCIATION ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
09001336963	08/31/2021	08/03/2021	09/30/2021				7,006.38	0.00	0.00	7,006.38 ✓
			MEMBERSHIP DUES							

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	10765		TEXAS HOSPITAL A	7,006.38	0.00	0.00	7,006.38			
13880			Vendor Name	Class		Pay Code				
			TEXAS SELECT STAFFING ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0018039510	09/15/2021	09/09/2021	09/09/2021				3,089.75	0.00	0.00	3,089.75 ✓
79-11V										
			STAFFING							

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	13880		TEXAS SELECT ST/	3,089.75	0.00	0.00	3,089.75			
11039			Vendor Name	Class		Pay Code				
			THE BRATTON FIRM ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091021B ✓	09/16/2021	09/10/2021	09/10/2021				101.17	0.00	0.00	101.17 ✓
			HOSPITAL LIEN REIMBURSMET							
091021	09/16/2021	09/10/2021	09/10/2021				656.06	0.00	0.00	656.06 ✓
			HOSPITAL LIEN REIMBURSMET							
091021A	09/16/2021	09/10/2021	09/10/2021				222.28	0.00	0.00	222.28
			HOSPITAL LIEN REIMBURSMET							

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	11039		THE BRATTON FIR	979.51	0.00	0.00	979.51			
T0801			Vendor Name	Class		Pay Code				
			TLC STAFFING ✓	W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
27708 ✓	08/31/2021	08/30/2021	09/30/2021				1,908.05	0.00	0.00	1,908.05 ✓
			STAFFING							

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	T0801		TLC STAFFING	1,908.05	0.00	0.00	1,908.05			
13224			Vendor Name	Class		Pay Code				
			TORCH ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090121	09/14/2021	09/01/2021	09/01/2021				9,375.00	0.00	0.00	9,375.00 ✓
			CFO RECRUITING							

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	13224		TORCH ✓	9,375.00	0.00	0.00	9,375.00			
13616			Vendor Name	Class		Pay Code				
			TRIOSE, INC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

Vendor#	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
Vendor# 11001	TRI092305 09/15/2021 09/10/2021 09/25/2021 1,797.54 0.00 0.00 1,797.54 ✓										
	FREIGHT MANAGEMENT										
Vendor# 11001	Vendor Totals: Number Name Gross Discount No-Pay Net										
	13616	TRIOSE, INC ✓		1,797.54	0.00	0.00	1,797.54				
Vendor# 11001	Vendor Name Class Pay Code										
	ULINE ✓										
Vendor# 11001	Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net										
	137338297	08/31/2021	08/12/2021	09/30/2021				715.81	0.00	0.00	715.81 ✓
WIRE SHELVING											
Vendor# 11001	Vendor Totals: Number Name Gross Discount No-Pay Net										
	11001	ULINE ✓		715.81	0.00	0.00	715.81				
Vendor# U1054	Vendor Name Class Pay Code										
	UNIFIRST HOLDINGS ✓ W										
Vendor# U1054	Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net										
	8400375383	09/16/2021	09/02/2021	09/27/2021				41.07	0.00	0.00	41.07 ✓
LAUNDRY											
Vendor# U1054	8400375385 09/16/2021 09/02/2021 09/27/2021 121.55 0.00 0.00 121.55 ✓										
	LAUNDRY										
Vendor# U1054	8400375418 09/16/2021 09/02/2021 09/27/2021 1,709.07 0.00 0.00 1,709.07 ✓										
	LAUNDRY										
Vendor# U1054	8400375434 09/16/2021 09/02/2021 09/27/2021 68.55 0.00 0.00 68.55 ✓										
	LAUNDRY										
Vendor# U1054	8400375405 09/16/2021 09/02/2021 09/27/2021 79.43 0.00 0.00 79.43 ✓										
	LAUNDRY										
Vendor# U1054	8400375386 09/16/2021 09/02/2021 09/27/2021 199.64 0.00 0.00 199.64 ✓										
	LAUNDRY										
Vendor# U1054	8400375388 09/16/2021 09/02/2021 09/27/2021 194.90 0.00 0.00 194.90 ✓										
	LAUNDRY										
Vendor# U1054	8400375387 09/16/2021 09/02/2021 09/27/2021 173.14 0.00 0.00 173.14 ✓										
	LAUNDRY										
Vendor# U1200	Vendor Totals: Number Name Gross Discount No-Pay Net										
	U1054	UNIFIRST HOLDING ✓		2,587.35	0.00	0.00	2,587.35				
Vendor# U1200	Vendor Name Class Pay Code										
	UNITED AD LABEL CO INC ✓ M										
Vendor# U1200	Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net										
	068115987	08/31/2021	08/06/2021	08/31/2021				126.69	0.00	0.00	126.69 ✓
SUPPLIES											
Vendor# U1200	068326643 08/31/2021 08/25/2021 09/30/2021 166.22 0.00 0.00 166.22 ✓										
	SUPPLIES										
Vendor# V1058	Vendor Totals: Number Name Gross Discount No-Pay Net										
	U1200	UNITED AD LABEL (✓		292.91	0.00	0.00	292.91				
Vendor# V1058	Vendor Name Class Pay Code										
	VICTORIA ANESTHESIOLOGY ✓ W										
Vendor# V1058	Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net										
	083121	08/31/2021	08/31/2021	08/31/2021				43,315.01	0.00	0.00	43,315.01 ✓
ANESTHSIA											
Vendor# V1471	Vendor Totals: Number Name Gross Discount No-Pay Net										
	V1058	VICTORIA ANESTHI ✓		43,315.01	0.00	0.00	43,315.01				
Vendor# V1471	Vendor Name Class Pay Code										
	VICTORIA RADIOWORKS, LTD ✓ W										
Vendor# 13808	Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net										
	21080204	08/31/2021	08/31/2021	09/30/2021				280.00	0.00	0.00	280.00 ✓
AD											
Vendor# 13808	21080207 08/31/2021 08/31/2021 09/30/2021 40.00 0.00 0.00 40.00 ✓										
	AD										
Vendor# 13808	21080205 08/31/2021 08/31/2021 09/30/2021 280.00 0.00 0.00 280.00 ✓										
	AD										
Vendor# 13808	Vendor Totals: Number Name Gross Discount No-Pay Net										
	V1471	VICTORIA RADIOWORKS ✓		600.00	0.00	0.00	600.00				
Vendor# 13808	Vendor Name Class Pay Code										
	VITA PERSONA LLC ✓										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
VP20212004	09/01/2021	06/24/2021	09/01/2021				2,398.50	0.00	0.00	2,398.50
INVENTORY										
Vendor#	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
12548	13808		VITA PERSONA LLC				2,398.50	0.00	0.00	2,398.50
Vendor#	Vendor Name	Class	Pay Code							
12548	WAGeworks, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0821DR4677	08/31/2021	08/31/2021	09/30/2021				155.52	0.00	0.00	155.52
COBRA										
0321DR4677	08/31/2021	08/31/2021	09/30/2021				155.52	0.00	0.00	155.52
COBRA										
083121	08/31/2021	08/31/2021	09/30/2021				28.53	0.00	0.00	28.53
ADMIN FEES										
0421DR6779	08/31/2021	08/31/2021	09/30/2021				155.52	0.00	0.00	155.52
COBRA										
Vendor#	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
10793	12548		WAGeworks, INC				495.09	0.00	0.00	495.09
Vendor#	Vendor Name	Class	Pay Code							
10793	WAGeworks, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082721	08/31/2021	08/27/2021	09/30/2021				3,352.29	0.00	0.00	3,352.29
PAYROLL DED										
090921	09/14/2021	09/09/2021	09/09/2021				3,382.29	0.00	0.00	3,382.29
PAYROLL DEDUCTIONS										
Vendor#	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
10943	10793		WAGeworks, INC.				6,734.58	0.00	0.00	6,734.58
Vendor#	Vendor Name	Class	Pay Code							
10943	WALLER,LANSDEN, DORTCH & DA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10823029	08/30/2021	09/08/2021	09/08/2021				428.00	0.00	0.00	428.00
LEGAL FEES										
10819255	09/15/2021	08/09/2021	08/09/2021				321.00	0.00	0.00	321.00
LEGAL										
Vendor#	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
W1040	10943		WALLER,LANSDEN,				749.00	0.00	0.00	749.00
Vendor#	Vendor Name	Class	Pay Code							
W1040	WATERMARK GRAPHICS INC	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
133237	08/31/2021	07/09/2021	09/30/2021				273.10	0.00	0.00	273.10
SHIRT ORDER FOR MMC CLINIC E										
Vendor#	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
I1110	W1040		WATERMARK GRAF				273.10	0.00	0.00	273.10
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
9111010000	09/15/2021	07/15/2021	08/09/2021				1,571.67	0.00	0.00	1,571.67
LEASE										
Vendor#	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
I1110	11110		WERFEN USA LLC				1,571.67	0.00	0.00	1,571.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	688,481.85	0.00	0.00	688,481.85

APPROVED ON
 SEP 22 2021
 COUNTY AUDITOR
 GALLEGOS COUNTY, TEXAS

CHK#
 191865-
 191984

09/16/2021
15:44

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#
14088

Vendor Name

Class

Pay Code

AZALEA HEALTH

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
57484	09/16/2021	09/03/2021	09/03/2021				550.00	0.00	0.00	550.00

PROCESSING AND SUPPORT FEE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
14088		AZALEA HEALTH	550.00	0.00	0.00	550.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	550.00	0.00	0.00	550.00

APPROVED
ON

SEP 16 2021

COUNTY ARCHIVE
CALHOUN COUNTY, TEXAS

CK# 191873

09/17/2021

MEMORIAL MEDICAL CENTER

0

12:31

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

12636

FUSION CLOUD SERVICES, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
28278469	09/17/2021	08/16/2021	09/15/2021				1,181.13	0.00	0.00	1,181.13

PHONES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12636	FUSION CLOUD SE		1,181.13	0.00	0.00	1,181.13

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,181.13	0.00	0.00	1,181.13

APPROVED ON

SEP 20 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 191910

RUN DATE: 09/16/21
TIME: 14:00

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		091521	457.77	✓	2		
	ARID=0001 TOTAL		457.77				
TOTAL			457.77				

APPROVED
ON

SEP 16 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 191991

CITIBANK CORPORATE CARD

Account Statement

Commerical Card Account
JASON W ANGLIN



Account Inquiries:

Toll Free: 1-(800)-248-4553
International: 1-(904)-954-7314
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXX 7

Summary of Account Activity

Total Activity \$556.08

Not an invoice. For your records only.

Credit Limit \$20,000
Cash Advance Limit \$0
Statement Closing Date 09/03/2021
Days in Billing Period 31

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

Transactions

*PK Pd. 9-24-2021
SI DW 501056197*

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
08/06	08/05	5942	55432861217200651479620	1 AMZN Mktp US*2P7GJ8KV1 Amzn.com/billWA 111-6729769-42354	98109 USA 48.95 ✓
08/10	08/09	5942	55432861221200790525071	2 AMZN Mktp US Amzn.com/billWA 112-4740939-21826	98109 USA 31.00 CR ✓
08/13	08/12	5942	55310201224083333438272	3 AMZN MKTP US*2D1A78EN1 AMZN.COM/BILLWA 111-7911090-71994	98109 USA 26.99 ✓
08/19	08/18	5942	55432861230200354407178	4 AMZN Mktp US*2D8CS8D51 Amzn.com/billWA 111-4389968-37978	98109 USA 55.29 ✓
08/19	08/18	5942	55432861230200376129073	5 AMZN Mktp US*2D8CS8D51 Amzn.com/billWA 111-0283849-44834	98109 USA 48.00 ✓
08/20	08/19	9399	05134371232600035815885	6 NPDB NPDB.HRSA.GOV 800-767-6732 VA N77990213	22033 USA 2.00 ✓
08/20	08/20	8999	55432861232200796253865	7 AMA*CREDENTIALING 800-621-8335 IL	60611 USA 44.00 ✓
08/23	08/21	5942	55432861233200057634265	8 Amazon.com*2D3EB6SK0 Amzn.com/billWA 111-1747799-11114	98109 USA 34.89 ✓
08/31	08/30	8299	05436841242300232162836	9 FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243 USA 60.00 ✓
08/31	08/30	8299	05436841242300232162919	10 FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243 USA 36.00 ✓
08/31	08/30	8299	05436841242300232163099	11 FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243 USA 60.00 ✓
09/02	09/01	9399	55488721245091271004889	12 TXDPS CRIME RECS 5124242936 TX	78752 USA 122.96 ✓
09/02	09/01	9399	05134371245600036405418	13 NPDB NPDB.HRSA.GOV 800-767-6732 VA N78254848	22033 USA 2.00 ✓
09/02	09/02	8999	55432861245200097488306	14 AMA*CREDENTIALING 800-621-8335 IL	60611 USA 44.00 ✓

*40370093
46270093
40370070
40370055
40370055
40510090
11
40370031
40370015
11
40510095
40510010
40510090*

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

Account Number XXXX-XXXX-XXXX
Statement Closing Date September 03, 2021

Not an invoice.
For your records only.

CALHOUN COUNTY TREASURER

SEP 7 2021

DATE RECEIVED

JASON W ANGLIN
CALHOUN COUNTY
STE A
202 S ANN ST
PORT LAVACA TX 77979-4204

00006934502

Account: XXXX-XXXX-XXXX

Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
09/03	09/02	9399	05134371246600034215461	15 NPDB NPDB.HRSA.GOV 800-767-6732 VA N78283385	2.00 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S): \$556.08					

40510090

APPROVED
ON

SEP 15 2021

CASHIER / CHECKER
CASHIER / CHECKER, STGAS

1

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 9/9/2021

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 1 Provider			2.00
2	—		AMA Profile - 1 Provider			44.00
3			Init + Cont Monitoring			
4	—		EMR Safety - PALS			60.00
5			provider cards (x5)			
6	—		EMR Safety - ACLS			36.00
7			provider cards (x3)			
8	—		EMR Safety - ACLS			60.00
9			provider cards (x5)			
10	—		TXDPS Crime Recs - criminal Hx Search (HR + credentialing)			122.96

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

NOTES:

charges made to Jason's MC xxx 6997

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

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

2

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank
Vendor Address: _____
Vendor Phone #: _____
Vendor Fax #: _____

Date: _____
P.O. # _____
Account # _____
Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.		Description	Unit Cost	Unit Meas.	Extended Cost
1	2.00 +		NPDB - 1 Provider			2.00
2	44.00 +		AMA Credentialing - 1			44.00
3	60.00 +		provider - ^{initial +} cont. monitoring			
	122.96 +					
4	2.00 +		NPDB - 1 Provider			2.00
	44.00 +					
5	2.00 +		Amazon - Hon lateral file bars 42"			48.95
	48.95 +					
6	31.00 -		Amazon - Refund of Hon lateral file bars 30"			< 31.00 >
	26.99 +					
7	55.29 +		Amazon - Red Pricing Labels for Monarch 1131 Pricing Gun			26.99
	48.00 +					
8	34.89 +		Amazon - Numeric Label (chart labels)			55.29
	55.29 * (highlighted)					
9			Amazon "			48.00
10			Amazon Daily Appointment Book			34.89

Est. Freight _____ Est. Total Cost _____ TOTAL COST 554.04

NOTES:

Charges made to Jason's MC xxx 6997

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Julia</u>

MCKESSON

STATEMENT

As of: 09/17/2021

Page: 002

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

Company: 8000

DC: 8115

As of: 09/17/2021
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: 09/18/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 09/18/2021 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
--------------	----------	-------------------	----------------------------------	-------------	---------------	----------------	-----	--------------	-----	-------------------

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 13,220.10 USD

Future Due: 0.00

Past Due: 0.00

Fast Payment 2,451.97
08/07/2017

If Paid By 09/21/2021,
Pay This Amount: 12,955.71 USD

If Paid After 09/21/2021,
Pay this Amount: 13,220.10 USD

Due If Paid On Time: 12,955.71 USD
Disc lost if paid late: 264.39
Due If Paid Late: 13,220.10 USD

0.00

698.50 +
2,777.14 +
9,480.27 +
12,955.71 +

CK # 500230

APPROVED
ON

SEP 20 2021

COURTNEY ANDERSON
CASHIER/INVOICER, TEXAS

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

MCKESSON

STATEMENT

As of: 09/17/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 09/17/2021
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: 09/18/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 09/18/2021 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										
09/13/2021	09/21/2021	7293508262	15224280	115Invoice	25.62	1,281.16		1,255.54 ✓		7293508262
09/13/2021	09/21/2021	7293508263	15244403	115Invoice	0.74	37.06		36.32 ✓		7293508263
09/13/2021	09/21/2021	7293508264	15244403	115Invoice	9.70	484.93		475.23 ✓		7293508264
09/13/2021	09/21/2021	7293508265	15286560	115Invoice	10.19	509.63		499.44 ✓		7293508265
09/13/2021	09/21/2021	7293508266	0912211534-00	115Invoice	0.74	37.06		36.32 ✓		7293508266
09/13/2021	09/21/2021	7293508267	15345008	115Invoice	5.10	254.82		249.72 ✓		7293508267
09/13/2021	09/21/2021	7293508268	15345008	115Invoice	0.01	0.63		0.62 ✓		7293508268
09/13/2021	09/21/2021	7293682924	0910210846	195Invoice	1.40	70.21		68.81 ✓		7293682924
09/14/2021	09/21/2021	7293832618	15361600	115Invoice	1.77	88.36		86.59 ✓		7293832618
09/14/2021	09/21/2021	7293832619	15399539	115Invoice	8.49	424.39		415.90 ✓		7293832619
09/14/2021	09/21/2021	7293832620	15399539	115Invoice	19.85	992.69		972.84 ✓		7293832620
09/14/2021	09/21/2021	7293976776	0913211004	115Invoice	2.31	115.39		113.08 ✓		7293976776
09/15/2021	09/21/2021	7294110605	15439604	115Invoice	4.32	215.98		211.66 ✓		7294110605
09/15/2021	09/21/2021	7294110606	15476974	115Invoice	16.98	848.94		831.96 ✓		7294110606
09/15/2021	09/21/2021	7294260118	0914210837	195Invoice	39.74	1,987.17		1,947.43 ✓		7294260118
09/16/2021	09/21/2021	7294385495	15500474	115Invoice	7.75	387.42		379.67 ✓		7294385495
09/16/2021	09/21/2021	7294385496	15539325	115Invoice	9.42	470.96		461.54 ✓		7294385496
09/16/2021	09/21/2021	7294540403	0915210549	115Invoice	2.53	126.73		124.20 ✓		7294540403
09/17/2021	09/21/2021	7294649872	15563424	115Invoice	5.70	284.87		279.17 ✓		7294649872
09/17/2021	09/21/2021	7294649874	15563424	115Invoice	3.47	173.45		169.98 ✓		7294649874
09/17/2021	09/21/2021	7294649876	15603864	115Invoice	1.91	95.65		93.74 ✓		7294649876
09/17/2021	09/21/2021	7294649877	15613280	115Invoice	1.91	95.65		93.74 ✓		7294649877
09/17/2021	09/21/2021	7294778630	0916210716	195Invoice	6.45	322.47		316.02 ✓		7294778630
09/17/2021	09/21/2021	7294778631	0916210737	115Invoice	7.36	368.11		360.75 ✓		7294778631

(Handwritten signature)

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

MCKESSON

STATEMENT

As of: 09/17/2021

Page: 002

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

Company: 8000

DC: 8115

As of: 09/17/2021
Mail to:

Page: 002
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: 09/18/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 09/18/2021

**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
			632536							

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS
Subtotals: 9,673.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9/13/2021 9,207.30

If Paid By 09/21/2021,
Pay This Amount: 9,480.27 USD

If Paid After 09/21/2021,
Pay this Amount: 9,673.73 USD

Due If Paid On Time: USD 9,480.27
Disc lost if paid late: 193.46
Due If Paid Late: USD 9,673.73

APPROVED
ON

SEP 20 2021

CAROL ANN ANDERSON
CASHIER IN CHARGE, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 09/17/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 09/17/2021
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: 09/18/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 09/18/2021 **ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
09/16/2021	09/21/2021	7294380462	55x621048	115Invoice	48.49	2,424.54		2,376.05 ✓		7294380462	
09/16/2021	09/21/2021	7294380467	55x621278	115Invoice	0.12	6.01		5.89 ✓		7294380467	
09/17/2021	09/21/2021	7294613764	55x626414	115Invoice	8.07	403.27		395.20 ✓		7294613764	

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: 2,833.82 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,207.30
09/13/2021

If Paid By 09/21/2021,
Pay This Amount: 2,777.14 USD

If Paid After 09/21/2021,
Pay this Amount: 2,833.82 USD

Due If Paid On Time:
USD 2,777.14

Disc lost if paid late:
56.68

Due If Paid Late:
USD 2,833.82

APPROVED
ON

SEP 20 2021

COUNTY CLERK
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 09/17/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 09/17/2021
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: 09/18/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 09/18/2021

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	
09/16/2021	09/21/2021	7294554479	632536 1355777	115Invoice	14.25	712.55		698.30	✓	7294554479	

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

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

Subtotals: 712.55 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,207.30
09/13/2021

If Paid By 09/21/2021,
Pay This Amount: 698.30 USD

If Paid After 09/21/2021,
Pay this Amount: 712.55 USD

Due If Paid On Time: 698.30 USD
Disc lost if paid late: 14.25
Due If Paid Late: 712.55 USD

APPROVED
ON

SEP 20 2021

COUNTY AGENCIES
CALHOUN COUNTY, TEXAS

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

Served By:
AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101

DEA: RA0289276
866-451-9655

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

Customer Number
100135284 / 037028186

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: 377.54
Past Due: 0.00
Total Due: 377.54
Account Balance: 377.54

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-15-2021	09-24-2021	3067694087	162841	Invoice	154.12		0.00	154.12 ✓
09-15-2021	09-24-2021	3067694088	162842	Invoice	0.09		0.00	0.09 ✓
09-15-2021	09-24-2021	3067694089	162843	Invoice	0.09		0.00	0.09 ✓
09-15-2021	09-24-2021	3067694780	162844	Invoice	9.06		0.00	9.06 ✓
09-16-2021	09-24-2021	3067832813	162854	Invoice	214.18		0.00	214.18 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
377.54	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
09-17-2021	(343.58)

Reminders	
Due Date	Amount
09-24-2021	377.54
Total Due:	377.54

CK# 500233

APPROVED ON
SEP 20 2021
CREDIT ADVISOR
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="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			1
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		941 #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			1
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		21
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		09
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	\$	97.32 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	\$	54.56 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"		\$	12.76 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		\$	30.00 #
		CHECK	\$	-
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

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

Run Date: 09/16/21
Time: 15:18

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 08/27/21 - 09/09/21 Run# 2

Page 3
P2REG

Final Summary

*-- Pay Code Summary						*-- Deductions Summary								
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount				
K		40.00	N	N	N	N		440.00	A/R		A/R2		A/R3	
									ADVANC		AWARDS		BOOTS	
									CAFE H		CAFE-1		CAFE-2	
									CAFE-3		CAFE-4		CAFE-5	
									CAFE-C		CAFE-D		CAFE-F	
									CAFE-H		CAFE-I		CAFE-L	
									CAFE-P		CANCER		CHILD	
									CLINIC		COMBIN		CREDUN	
									DD ADV		DENTAL		DEP-LF	
									DIS-LF		EAT		EATCSH	
									FEDTAX	30.00	FICA-M	6.38	FICA-O	27.28
									FIRSTC		FLEX S		FLX FE	
									FORT D		FUTA		GIFT S	
									GRANT		GRP-IN		GTL	
									HOSP-I		ID TPT		LEAF	
									LEGAL		MASA		MEALS	
									METVIS		MISC		MISC/	
									MMCSHR		NATFML		OTHER	
									PHI		PHI***		PR FIN	
									RELAY		REPAY		SAMS	
									SCRUBS		SIGNON		ST-TX	
									STONDF		STONE		STONE2	
									STUDEN		SUNACC		SUNILL	
									SUNIND		SUNLIF		SUNSTD	
									SUNVIS		SURCHG		TSA-1	
									TSA-2		TSA-C		TSA-P	
									TSA-R	30.80	TUTION		UNIFOR	
									UW/HOS					

*----- Grand Totals: 40.00 ----- (Gross: 440.00 Deductions: 94.46 Net: 345.54)
 | Checks Count: - FT 1 PT Other Female 1 Male Credit OverAmt ZeroNet Term Total: 1 |

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:	\$ 440.00			\$ -		\$ 440.00
DEDUCTIONS:						
A/R						\$ -
ADVANC						\$ -
BOOTS						\$ -
SUNLIFE CRITICAL ILLNESS	\$ -					\$ -
SUNLIFE ACCIDENT	\$ -					\$ -
SUNLIFE VISION	\$ -					\$ -
SUNLIFE SHORT TERM DIS	\$ -					\$ -
METLIFE VISION	\$ -					\$ -
CAFÉ-D	\$ -					\$ -
CAFÉ-H	\$ -					\$ -
CAFÉ-P	\$ -					\$ -
CANCER						\$ -
CHILD	\$ -					\$ -
CLINIC	\$ -					\$ -
COMBIN	\$ -					\$ -
CREDUN						\$ -
DENTAL	\$ -					\$ -
DEP-LF						\$ -
SUNLIFE TERM LIFE	\$ -					\$ -
SUNLIFE HOSP INDEM	\$ -					\$ -
FED TAX	\$ 30.00					\$ 30.00
FICA-M	\$ 6.38					\$ 6.38
FICA-O	\$ 27.28					\$ 27.28
FIRST C	\$ -					\$ -
FLEX S	\$ -					\$ -
FLX-FE						\$ -
GIFT S	\$ -					\$ -
GRP-IN						\$ -
GTL						\$ -
HOSP-I						\$ -
LEGAL	\$ -					\$ -
OTHER	\$ -					\$ -
NATIONAL FARM LIFE	\$ -					\$ -
MED SURCHARGE	\$ -					\$ -
PR FIN	\$ -					\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ -					\$ -
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ -					\$ -
UWHOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 63.66	\$ -	\$ -	\$ -	\$ -	\$ 63.66
NET PAY:	\$ 376.34	\$ -	\$ -	\$ -	\$ -	\$ 376.34

TOTAL CAFÉ 125 PLAN: \$ - Less Exempt: \$ -

TAXABLE PAY:	\$ 440.00	\$ 440.00	Exempt Amt:
FICA - MED (ER)	1.45%	\$ 6.38	
FICA - MED (EE)	1.45%	\$ 6.38	
FICA - SOC SEC (ER)	6.20%	\$ 27.28	
FICA - SOC SEC (EE)	6.20%	\$ 27.28	
FED WITHHOLDING		\$ 30.00	

Employees over FICA-SS Cap:
 Jason Anglin \$ -
 Roshanda Thomas \$ -
 Paycode S - Employee Reimb.: \$ -
TOTAL: \$ -

TAX DEPOSIT:	\$ 97.32	\$ 97.32	PREPARED BY:	Caitlin Clevenger
FICA - MEDICARE	2.90%	\$ 12.76	\$12.76	
FICA - SOCIAL SECURITY	12.40%	\$ 54.56	\$54.56	
FED WITHHOLDING		\$ 30.00	\$30.00	
TOTAL TAX:	\$ 97.32	\$97.32	\$ -	

PREPARED DATE: 9/16/2021

Run Date: 09/16/21
Time: 15:31

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 08/27/21--09/09/21 Run: 2
Type-NET 10000001 OPERATING - PROSPERITY

Page 1
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
60191	LOLA A RODRIGUEZ	345.54	00062895	09/22/21
		345.54		

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK**

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- September 13 , 2021 - September 19, 2021

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>
9/13/2021	PAY PLUS ACHTRANS 452579291 101000694105076	- 3rd Party Payor Fee	14.59
9/13/2021	CLEARGAGE LLC CLEARGAGE, 7HSTY27XLI4X0MF 242	- Patient Financing Service	67.4
9/14/2021	PAY PLUS ACHTRANS 452579291 101000695048338	- 3rd Party Payor Fee	27.71
9/14/2021	MCKESSON DRUG AUTO ACH ACH04728795 910000133	- 340B Drug Program Expense	9207.3 *
9/15/2021	PAY PLUS ACHTRANS 452579291 101000695945492	- 3rd Party Payor Fee	124.67
9/15/2021	TEXAS COUNTY DRS RECEIVABLE 0419 21000027387	- Retirement Funding	142622.27 **
9/16/2021	PAY PLUS ACHTRANS 452579291 101000696940460	- 3rd Party Payor Fee	103.44
9/17/2021	PAY PLUS ACHTRANS 452579291 101000697798196	- 3rd Party Payor Fee	124.44
9/17/2021	EXPERTPAY EXPERTPAY 746003411 91000012508059	-Child Support Payment -Payroll Ending	614.2
9/17/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	343.58 *
9/17/2021	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	322452.04 *
9/17/2021	IRS USATAXPYMT 220166030885990 6103601000472	- Payroll Taxes	106133.59 *
			581,835.23

Pay Plus
 14.59 +
 27.71 +
 124.67 +
 103.44 +
 124.44 +
 334.85 *
Cleargagc
 67.40 +
 67.40 +
Expert Pay
 614.20 +
 614.20 +
 394.85 +
 67.40 +
 614.20 +
 1,076.45 +

 Jason Anglin, CEO
 Memorial Medical Center

September 20, 2021

** Approved 09-15-21 CC*
*** Approved 09-08-21 CC*

581,835.23 +
 9,207.30 -
 142,622.27 -
 343.58 -
 322,452.04 -
 106,133.59 -
 1,076.45 *
 1,076.45 +
 1,076.45 -
 0.00 *

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
9/20/2021	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	1,459.84
			1,459.84

 Jason Anglin, CEO
 Memorial Medical Center

September 20, 2021

✔ Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 08/31/2021 (2108)

Taxpayer ID:	Taxpayer Name:	Entered By: Sarah Henderson
User ID:	MEMORIAL MEDICAL CENTER	Email Address:
Reference Number:	Taxpayer Address:	Telephone Number: (361) 552-0342
Date and Time of Filing:	815 N VIRGINIA ST PORT LAVACA , TX	
09/15/2021, 09:26:54 AM	77979-3025	
	IP Address:	

PAYMENT SUMMARY

Electronic Check	Payment Reference Number	Type of Bank Account: Checking
State Amount: \$1,105.94	Trace Number	Accountholder Name:
Local Amount: \$353.90		Bank Routing Number
Amount to Pay: \$1,459.84		Bank Account Number
Electronic Check: \$1,459.84		Payment Effective Date: 09/20/2021

CREDIT SUMMARY

Credits Taken

Are you taking credit to reduce taxes due on this return? No

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licenced Customs Broker Export Certifications? No

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	17784	17784	0	17784	1111.5	17784	0.02	355.68
SubTotal	17784	17784	0	17784	1111.5	17784		355.68

Total Tax for Locations

\$1,467.18

Total Tax Due:	\$1,467.18
Timely Filing Discount:	- \$7.34
Balance Due:	\$1,459.84
Pending Payments:	- \$0.00

Total Amount Due and Payable: \$1,459.84
(State amount due is \$1,105.94) (Local amount due is \$353.90)

09/16/2021

MEMORIAL MEDICAL CENTER

0

14:05

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11828

SOLERA WEST HOUSTON ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
083121A	08/31/2021	08/31/2021	10/01/2021				3,420.00	0.00	0.00	3,420.00 ✓

TRANSFER *MM insurance pymt deposited into MMC operating*

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOI	3,420.00	0.00	0.00	3,420.00	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,420.00	0.00	0.00	3,420.00

APPROVED ON

SEP 16 2021

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CL# 191989

09/16/2021

MEMORIAL MEDICAL CENTER

0

14:04

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#
13004

Vendor Name
TUSCANY VILLAGE

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090721	09/15/2021	09/07/2021	10/01/2021				1,812.54	0.00	0.00	1,812.54

MEDICARE REPAYMENT SWINGBI

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	1,812.54	0.00	0.00	1,812.54	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,812.54	0.00	0.00	1,812.54

APPROVED
ON

SEP 16 2021

CASIMY ARDITCE
CALIBON COURT, TEXAS

CL#191990

09/16/2021

MEMORIAL MEDICAL CENTER

0

14:04

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#
11836

Vendor Name
GOLDENCREEK HEALTHCARE

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090721	09/15/2021	09/01/2021	10/01/2021				3,694.90	0.00	0.00	3,694.90

MEDICARE REPAYMENT SWINGBI

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HE	3,694.90	0.00	0.00	3,694.90	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,694.90	0.00	0.00	3,694.90

APPROVED
ON

SEP 16 2021

CAROL ANN ANDERSON
CALHOUN COUNTY, TEXAS

CK#191988

MEMORIAL MEDICAL CENTER

0

09/16/2021

AP Open Invoice List

ap_open_invoice.template

14:05

Dates Through:

Vendor#
12792

Vendor Name

Class

Pay Code

BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
083121A	08/31/2021	08/31/2021	10/01/2021				1,217.06	0.00	0.00	1,217.06

TRANSFER NH insurance pymt deposited into mme operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12792		BETHANY SENIOR I	1,217.06	0.00	0.00	1,217.06

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,217.06	0.00	0.00	1,217.06

APPROVED
ON

SEP 16 2021

CONNIE ANDERSON
CALHOUN COUNTY, TEXAS

CK#191987

Q

RUN DATE:09/20/21
 TIME:13:05

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 09/22/21 THRU 09/22/21

PAGE 1
 GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	191865	09/22/21	616.28	ABILITY NETWORK (SHIFTHOUND)
A/P	191866	09/22/21	63.32	ACE HARDWARE 15521
A/P	191867	09/22/21	2,800.00	ACUTE CARE INC
A/P	191868	09/22/21	49.18	ADT COMMERCIAL
A/P	191869	09/22/21	429.55	AIRGAS USA, LLC - CENTRAL DIV
A/P	191870	09/22/21	4,164.75	ALLYSON SWOPE
A/P	191871	09/22/21	184.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	191872	09/22/21	10,248.00	AUREUS RADIOLOGY LLC
A/P	191873	09/22/21	550.00	AZALEA HEALTH
A/P	191874	09/22/21	5,707.21	BAXTER HEALTHCARE
A/P	191875	09/22/21	1,783.20	BAYER HEALTHCARE
A/P	191876	09/22/21	17,908.11	BECKMAN COULTER INC
A/P	191877	09/22/21	212.95	BEEKLEY CORPORATION
A/P	191878	09/22/21	147.68	C R BARD, INC
A/P	191879	09/22/21	42.05	CALHOUN COUNTY
A/P	191880	09/22/21	110.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	191881	09/22/21	229.16	CARDINAL HEALTH 414, INC.
A/P	191882	09/22/21	5,441.25	CARIANT HEALTH PARTNERS
A/P	191883	09/22/21	613.69	CDW GOVERNMENT, INC.
A/P	191884	09/22/21	30.00	CHARLES MODLEY
A/P	191885	09/22/21	518.75	CHEMAQUA
A/P	191886	09/22/21	80.00	CHRIS KOVAREK
A/P	191887	09/22/21	50.00	CITIZENS MEDICAL CENTER
A/P	191888	09/22/21	1,246.50	CLEARFLY
A/P	191889	09/22/21	13,234.25	CLINICAL PATHOLOGY LABS
A/P	191890	09/22/21	212.50	COASTAL OFFICE SOLUTONS
A/P	191891	09/22/21	854.92	COMBINED INSURANCE
A/P	191892	09/22/21	14,993.18	COMMUNITY INFUSION SOLUTIONS
A/P	191893	09/22/21	2,242.00	CORROHEALTH, INC.
A/P	191894	09/22/21	545.13	CYRACOM LLC
A/P	191895	09/22/21	.00	VOIDED
A/P	191896	09/22/21	1,140.32	DEWITT POTH & SON
A/P	191897	09/22/21	2,500.00	DIAMOND HEALTHCARE CORP
A/P	191898	09/22/21	247,355.32	DISCOVERY MEDICAL NETWORK INC
A/P	191899	09/22/21	2,460.00	DOWELL PEST CONTROL
A/P	191900	09/22/21	31.50	DRIESSEN WATER INC.
A/P	191901	09/22/21	31.50	DRIESSEN WATER INC., (CULLIGAN)
A/P	191902	09/22/21	41,862.50	EMERGENCY STAFFING SOLUTIONS
A/P	191903	09/22/21	139.50	ERBE USA INC SURGICAL SYSTEMS
A/P	191904	09/22/21	8,742.40	ETHOS MEDICAL STAFFING
A/P	191905	09/22/21	20.00	EVOQUA WATER TECHNOLOGIES LLC
A/P	191906	09/22/21	660.38	FISHER & PAYKEL HEALTHCARE
A/P	191907	09/22/21	.00	VOIDED
A/P	191908	09/22/21	16,345.58	FISHER HEALTHCARE
A/P	191909	09/22/21	14.39	FRONTIER
A/P	191910	09/22/21	1,181.13	FUSION CLOUD SERVICES, LLC
A/P	191911	09/22/21	2,844.84	G & S MANAGEMENT GROUP LLC
A/P	191912	09/22/21	122.46	GENESIS DIAGNOSTICS
A/P	191913	09/22/21	380.00	GI SUPPLY
A/P	191914	09/22/21	486.76	GRAINGER

RUN DATE:09/20/21
TIME:13:05

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/22/21 THRU 09/22/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	191915	09/22/21	.00	GULF COAST PAPER COMPANY
A/P	191916	09/22/21	3,000.00	HEALTH SOLUTIONS DIETETICS
A/P	191917	09/22/21	450.75	HEALTHCARE CODING & CONSULTING
A/P	191918	09/22/21	1,243.01	HOLOGIC INC
A/P	191919	09/22/21	14,923.09	HUNTER PHARMACY SERVICES
A/P	191920	09/22/21	202.15	INDEED, INC.
A/P	191921	09/22/21	617.56	IRON MOUNTAIN
A/P	191922	09/22/21	30,375.25	ITA RESOURCES INC
A/P	191923	09/22/21	250.00	ITERSOURCE CORPORATION
A/P	191924	09/22/21	885.00	JACKSON & CARTER, PLLC
A/P	191925	09/22/21	368.10	KEEP-U-NEAT CLEANERS
A/P	191926	09/22/21	15.50	LABCORP OF AMERICA HOLDINGS
A/P	191927	09/22/21	541.35	LEGAL SHIELD
A/P	191928	09/22/21	1,771.14	LEGATO
A/P	191929	09/22/21	1,581.72	M G TRUST
A/P	191930	09/22/21	102.55	MEDI-DOSE, INC
A/P	191931	09/22/21	.00	MEDICAL DATA SYSTEMS, INC.
A/P	191932	09/22/21	61.56	MEDIMPACT HEALTHCARE SYS, INC.
A/P	191933	09/22/21	.00	VOIDED
A/P	191934	09/22/21	15,583.91	MEDLINE INDUSTRIES INC
A/P	191935	09/22/21	379.26	MEMORIAL MEDICAL CLINIC
A/P	191936	09/22/21	4,642.68	MERCK SHARP & DOHME CORP
A/P	191937	09/22/21	52.26	MINDRAY DS USA, INC.
A/P	191938	09/22/21	.00	VOIDED
A/P	191939	09/22/21	.00	VOIDED
A/P	191940	09/22/21	.00	VOIDED
A/P	191941	09/22/21	34,294.99	MORRIS & DICKSON CO, LLC
A/P	191942	09/22/21	1,146.55	MXR IMAGING, INC
A/P	191943	09/22/21	505.68	NACOGDOCHES TRANSCRIPTION
A/P	191944	09/22/21	3,478.60	NATIONAL FARM LIFE INSURANCE
A/P	191945	09/22/21	210.84	OLYMPUS AMERICA INC
A/P	191946	09/22/21	759.03	ORTHO CLINICAL DIAGNOSTICS
A/P	191947	09/22/21	2,145.00	PABLO GARZA
A/P	191948	09/22/21	187.50	PALACIOS BEACON
A/P	191949	09/22/21	.00	VOIDED
A/P	191950	09/22/21	2,661.31	PARTSSOURCE, LLC
A/P	191951	09/22/21	187.50	PITNEY BOWES INC
A/P	191952	09/22/21	20.38	POWER HARDWARE
A/P	191953	09/22/21	5,047.58	PRESS GANEY ASSOCIATES, INC.
A/P	191954	09/22/21	3,060.36	PRO ENERGY PARTNERS LP
A/P	191955	09/22/21	1,627.69	QIAGEN INC
A/P	191956	09/22/21	2,793.00	RN NETWORK
A/P	191957	09/22/21	15,169.00	ROBERTS, ODEFEY, WITTE & WALL
A/P	191958	09/22/21	169.19	SHERWIN WILLIAMS
A/P	191959	09/22/21	3,527.16	SIEMENS FINANCIAL SERVICES
A/P	191960	09/22/21	1,072.00	SIGN AD, LTD.
A/P	191961	09/22/21	.00	VOIDED
A/P	191962	09/22/21	7,139.58	SINGLETON ASSOCIATES PA
A/P	191963	09/22/21	331.94	SMITHS MEDICAL ASD INC
A/P	191964	09/22/21	4,710.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	191965	09/22/21	98.54	SPARKLIGHT

RUN DATE:09/20/21
TIME:13:05

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/22/21 THRU 09/22/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	191966	09/22/21	385.00	STANFORD VACUUM SERVICE
A/P	191967	09/22/21	8,225.49	SUN LIFE FINANCIAL
A/P	191968	09/22/21	6,130.42	T-SYSTEM, INC
A/P	191969	09/22/21	758.00	TEXAS BURNER & BOILER SERVICES
A/P	191970	09/22/21	7,006.38	TEXAS HOSPITAL ASSOCIATION
A/P	191971	09/22/21	3,089.75	TEXAS SELECT STAFFING
A/P	191972	09/22/21	979.51	THE BRATTON FIRM
A/P	191973	09/22/21	1,908.05	TLC STAFFING
A/P	191974	09/22/21	9,375.00	TORCH
A/P	191975	09/22/21	1,797.54	TRIOSE, INC
A/P	191976	09/22/21	715.81	ULINE
A/P	191977	09/22/21	2,587.35	UNIFIRST HOLDINGS
A/P	191978	09/22/21	292.91	UNITED AD LABEL CO INC
A/P	191979	09/22/21	43,315.01	VICTORIA ANESTHESIOLOGY
A/P	191980	09/22/21	600.00	VICTORIA RADIOWORKS, LTD
A/P	191981	09/22/21	2,398.50	VITA PERSONA LLC
A/P	191982	09/22/21	495.09	WAGEWORKS, INC
A/P	191983	09/22/21	6,734.58	WAGEWORKS, INC.
A/P	191984	09/22/21	749.00	WALLER, LANSDEN, DORTCH & DAVIS
A/P	191985	09/22/21	273.10	WATERMARK GRAPHICS INC
A/P	191986	09/22/21	1,571.67	WERFEN USA LLC
A/P	191987	09/22/21	1,217.06	BETHANY SENIOR LIVING
A/P	191988	09/22/21	3,694.90	GOLDENCREEK HEALTHCARE
A/P	191989	09/22/21	3,420.00	SOLERA WEST HOUSTON
A/P	191990	09/22/21	1,812.54	TUSCANY VILLAGE
A/P	191991	09/22/21	457.77	
A/P	191992	09/22/21	1,578.63	GULF COAST PAPER COMPANY
A/P	191993	09/22/21	10,229.74	MEDICAL DATA SYSTEMS, INC.
TOTALS:			700,815.25	

Payables 688,481.85 +
Criticals < 550.00 +
Patient refund < 1,181.15 +
NH < 457.77 +
Transfers < 3,420.00 +
3,694.90 +
1,812.54 +
1,217.06 +
700,815.25 *

APPROVED
ON

SEP 22 2021

COUNTY AUDITOR
GARIBOLDI COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: _____

Payer: _____

Requested by: _____

Requestor's email: _____

Requestor's phone number: _____

District or County: _____

Facility: _____

Please Attach:

Remittance Advice and EOB

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

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

and Remittance Advice to : 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	8/16/2021	EFT	1,079.68	EFT6055921	CV DAR000026869	44.89	BROADMOOR AT CREEKSIDE
N/A	N/A	8/16/2021	EFT	1,963.12	EFT6055889	CV DAR000026869	81.62	BROADMOOR AT CREEKSIDE
N/A	N/A	8/17/2021	EFT	1,354.31	EFT6057616	CV DAR000026869	56.31	BROADMOOR AT CREEKSIDE
N/A	N/A	8/17/2021	EFT	2,303.12	EFT6057642	CV DAR000026869	95.76	BROADMOOR AT CREEKSIDE
N/A	N/A	8/18/2021	EFT	\$ 1,475.56	EFT6059608	CV DAR000026869	61.35	BROADMOOR AT CREEKSIDE
N/A	N/A	8/18/2021	EFT	\$ 638.99	EFT6059578	CV DAR000026869	26.57	BROADMOOR AT CREEKSIDE
N/A	N/A	8/19/2021	EFT	\$ 39.04	EFT6061740	CV DAR000026869	1.62	BROADMOOR AT CREEKSIDE
N/A	N/A	8/19/2021	EFT	\$ 899.72	EFT6061763	CV DAR000026869	37.41	BROADMOOR AT CREEKSIDE
N/A	N/A	8/23/2021	EFT	\$ 2,159.48	EFT6065709	CV DAR000026869	89.78	BROADMOOR AT CREEKSIDE
N/A	N/A	8/23/2021	EFT	\$ 3,190.79	EFT6065680	CV DAR000026869	132.67	BROADMOOR AT CREEKSIDE
N/A	N/A	8/24/2021	EFT	\$ 127.83	EFT6067287	CV DAR000026869	5.31	BROADMOOR AT CREEKSIDE
N/A	N/A	8/25/2021	EFT	\$ 2,770.83	EFT6069201	CV DAR000026869	115.20	BROADMOOR AT CREEKSIDE
N/A	N/A	8/25/2021	EFT	\$ 8,117.93	EFT6069175	CV DAR000026869	337.53	BROADMOOR AT CREEKSIDE
N/A	N/A	8/26/2021	EFT	\$ 431.84	EFT6070959	CV DAR000026869	17.96	BROADMOOR AT CREEKSIDE
N/A	N/A	8/26/2021	EFT	\$ 1,022.40	EFT6070935	CV DAR000026869	42.51	BROADMOOR AT CREEKSIDE
N/A	N/A	8/30/2021	EFT	\$ 5,383.92	EFT6074540	CV DAR000026869	223.85	BROADMOOR AT CREEKSIDE
TOTAL				32,958.56			1,370.34	

To be filled out by Memorial Medical Center:

Date Received: 9/20/2021

Approved by: C. Clevenger

Date of transfer: 9/22/2021

From Facility: ~~Crescent~~ Broadmoor

To Facility: MMClinic

Amount: 1,370.34

APPROVED
ON

SEP 20 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CLK#000130

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000128

88-2265/1131

Date 9-22-21

PAY
TO THE
ORDER OF

Bethany Senior Living

\$ 512 $\frac{97}{100}$

Five hundred twelve dollars & $\frac{97}{100}$

DOLLARS



County Auditor

FOR medicare repayment



⑈000128⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000129

88-2265/1131

Date 9-22-21

PAY
TO THE
ORDER OF

Tuscany Village

\$ 466 $\frac{36}{100}$

Four hundred sixty-six dollars & $\frac{36}{100}$

DOLLARS



County Auditor

FOR medicare repayment



⑈000129⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000130

88-2265/1131

Date 9-22-21

PAY
TO THE
ORDER OF

Memorial Medical Clinic

\$ 1370 $\frac{34}{100}$

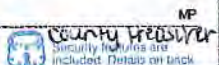
One thousand, three hundred seventy dollars & $\frac{34}{100}$

DOLLARS



County Auditor

FOR medicare repayment



⑈000130⑈ ⑆113122655⑆

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

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

PAGE 9
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

~~NHB 000125 09/08/21 1,847.45 GOLDEN CREEK~~
~~NHB 000126 09/08/21 906.27 TUSCANY~~
~~NHB 000127 09/15/21 6,921.08 MEMORIAL MEDICAL CENTER~~
NHB 000128 09/22/21 512.97 BETHANY
NHB 000129 09/22/21 466.36 TUSCANY
NHB 000130 09/22/21 1,370.34 MMCLINIC
TOTALS: 12,024.47

Bradmoor 9/22/21

APPROVED
ON

SEP 22 2021

COUNTY AUDITOR
GALLEGUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000161

Date 9-22-21

88-2265/1131

PAY

TO THE ORDER OF

Bethany Senior Living

\$ 512. ⁹⁷/₁₀₀

Five hundred twelve dollars ⁹⁷/₁₀₀

DOLLARS



County auditor

FOR medicare repayment

County Treasurer
Security features are included. Details on back.

⑈000161⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000162

Date 9-22-21

88-2265/1131

PAY

TO THE ORDER OF

Tuscany Village

\$ 466. ³⁶/₁₀₀

Four hundred sixty-six dollars ³⁶/₁₀₀

DOLLARS



County auditor

FOR medicare repayment

County Treasurer
Security features are included. Details on back.

⑈000162⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000163

Date 9-22-21

88-2265/1131

PAY

TO THE ORDER OF

Memorial Medical Clinic

\$ 1310. ³⁴/₁₀₀

One thousand, three hundred seventy dollars ³⁴/₁₀₀

DOLLARS



County auditor

FOR medicare repayment

County Treasurer
Security features are included. Details on back.

⑈000163⑈ ⑆113122655⑆

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

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

PAGE 12
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG	000121	09/08/21	32,541.90	MEMORIAL MEDICAL CENTER
NHG	000122	09/08/21	907.71	TUSCANY
NHG	000123	09/15/21	7,088.03	MEMORIAL MEDICAL CENTER
NHG	000124	09/22/21	512.97	BETHANY
NHG	000125	09/22/21	466.36	TUSCANY
NHG	000126	09/22/21	1,370.34	MMCLINIC
TOTALS:			42,887.31	

Crescent 9/22/21

APPROVED
ON

SEP 27 2021

COUNTY AUDITOR
GALLEGON COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: _____

Payer: _____

Requested by: _____

Requestor's email: _____

Requestor's phone number: _____

District or County: _____

Facility: _____

Please Attach:

Remittance Advice and EOB

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

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

and Remittance Advice to : 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
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N/A	N/A	8/16/2021	EFT	1,963.12	EFT6055889	CV DAR000019556	81.62	FORT BEND HEALTHCARE
N/A	N/A	8/17/2021	EFT	1,354.31	EFT6057616	CV DAR000019556	56.31	FORT BEND HEALTHCARE
N/A	N/A	8/17/2021	EFT	2,303.12	EFT6057642	CV DAR000019556	95.76	FORT BEND HEALTHCARE
N/A	N/A	8/18/2021	EFT	\$ 1,475.56	EFT6059608	CV DAR000019556	61.35	FORT BEND HEALTHCARE
N/A	N/A	8/18/2021	EFT	\$ 638.99	EFT6059578	CV DAR000019556	26.57	FORT BEND HEALTHCARE
N/A	N/A	8/19/2021	EFT	\$ 39.04	EFT6061740	CV DAR000019556	1.62	FORT BEND HEALTHCARE
N/A	N/A	8/19/2021	EFT	\$ 899.72	EFT6061763	CV DAR000019556	37.41	FORT BEND HEALTHCARE
N/A	N/A	8/23/2021	EFT	\$ 2,159.48	EFT6065709	CV DAR000019556	89.78	FORT BEND HEALTHCARE
N/A	N/A	8/23/2021	EFT	\$ 3,190.79	EFT6065680	CV DAR000019556	132.67	FORT BEND HEALTHCARE
N/A	N/A	8/24/2021	EFT	\$ 127.83	EFT6067287	CV DAR000019556	5.31	FORT BEND HEALTHCARE
N/A	N/A	8/25/2021	EFT	\$ 2,770.83	EFT6069201	CV DAR000019556	115.20	FORT BEND HEALTHCARE
N/A	N/A	8/25/2021	EFT	\$ 8,117.93	EFT6069175	CV DAR000019556	337.53	FORT BEND HEALTHCARE
N/A	N/A	8/26/2021	EFT	\$ 431.84	EFT6070959	CV DAR000019556	17.96	FORT BEND HEALTHCARE
N/A	N/A	8/26/2021	EFT	\$ 1,022.40	EFT6070935	CV DAR000019556	42.51	FORT BEND HEALTHCARE
N/A	N/A	8/30/2021	EFT	\$ 5,383.92	EFT6074540	CV DAR000019556	223.85	FORT BEND HEALTHCARE
TOTAL				32,958.56			1,370.34	

To be filled out by Memorial Medical Center:

Date Received: 9/20/2021

Approved by: C. Clevenger

Date of transfer: 9/22/2021

From Facility: Crescent Fort Bend

To Facility: MMClinic

Amount: 1,370.34

APPROVED
ON
SEP 20 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
ck # 00956

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

000155

Date 9-22-21

88-2265/1131

PAY
TO THE
ORDER OF

Tuscany Village

\$ 47 $\frac{50}{100}$

Forty-seven dollars & $\frac{50}{100}$

DOLLARS



County Auditor

FOR medicare repayment

MP
County Treasurer
Security features are included. Details on back.

⑈000155⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

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

000156

Date 9-22-21

88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Clinic

\$ 1370 $\frac{34}{100}$

One thousand, three hundred seventy dollars & $\frac{34}{100}$

DOLLARS



County Auditor

FOR medicare repayment

MP
County Treasurer
Security features are included. Details on back.

⑈000156⑈ ⑆113122655⑆

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

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

PAGE 11
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000152	09/08/21	1,847.45	GOLDEN CREEK
NHF	000153	09/08/21	906.27	TUSCANY
NHF	000154	09/15/21	6,921.08	MEMORIAL MEDICAL CENTER
NHF	000155	09/22/21	47.50	TUSCANY
NHF	000156	09/22/21	1,370.34	MMCLINIC
TOTALS:			11,092.64	

Fort Bend 9/22/21

APPROVED
ON

SEP 22 2021

COUNTY AUDITOR
CALLEGON COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: _____

Payer: _____

Requested by: _____

Requestor's email: _____

Requestor's phone number: _____

District or County: _____

Facility: _____

Please Attach:

Remittance Advice and EOB

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

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

and Remittance Advice to : cclevenger@mmcpportlavaca.com

mmartinez@mmcpportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	8/16/2021	EFT	1,079.68	EFT6055921	CV DAR000018170	44.89	SOLERA WEST HOUSTON
N/A	N/A	8/16/2021	EFT	1,963.12	EFT6055889	CV DAR000018170	81.62	SOLERA WEST HOUSTON
N/A	N/A	8/17/2021	EFT	1,354.31	EFT6057616	CV DAR000018170	56.31	SOLERA WEST HOUSTON
N/A	N/A	8/17/2021	EFT	2,303.12	EFT6057642	CV DAR000018170	95.76	SOLERA WEST HOUSTON
N/A	N/A	8/18/2021	EFT	\$ 1,475.56	EFT6059608	CV DAR000018170	61.35	SOLERA WEST HOUSTON
N/A	N/A	8/18/2021	EFT	\$ 638.99	EFT6059578	CV DAR000018170	26.57	SOLERA WEST HOUSTON
N/A	N/A	8/19/2021	EFT	\$ 39.04	EFT6061740	CV DAR000018170	1.62	SOLERA WEST HOUSTON
N/A	N/A	8/19/2021	EFT	\$ 899.72	EFT6061763	CV DAR000018170	37.41	SOLERA WEST HOUSTON
N/A	N/A	8/23/2021	EFT	\$ 2,159.48	EFT6065709	CV DAR000018170	89.78	SOLERA WEST HOUSTON
N/A	N/A	8/23/2021	EFT	\$ 3,190.79	EFT6065680	CV DAR000018170	132.67	SOLERA WEST HOUSTON
N/A	N/A	8/24/2021	EFT	\$ 127.83	EFT6067287	CV DAR000018170	5.31	SOLERA WEST HOUSTON
N/A	N/A	8/25/2021	EFT	\$ 2,770.83	EFT6069201	CV DAR000018170	115.20	SOLERA WEST HOUSTON
N/A	N/A	8/25/2021	EFT	\$ 8,117.93	EFT6069175	CV DAR000018170	337.53	SOLERA WEST HOUSTON
N/A	N/A	8/26/2021	EFT	\$ 431.84	EFT6070959	CV DAR000018170	17.96	SOLERA WEST HOUSTON
N/A	N/A	8/26/2021	EFT	\$ 1,022.40	EFT6070935	CV DAR000018170	42.51	SOLERA WEST HOUSTON
N/A	N/A	8/30/2021	EFT	\$ 5,383.92	EFT6074540	CV DAR000018170	223.85	SOLERA WEST HOUSTON
TOTAL				32,958.56			1,370.34	

To be filled out by Memorial Medical Center:

Date Received: 9/20/2021

Approved by: C. Clevenger

Date of transfer: 9/22/2021

From Facility: SOLERA

To Facility: MMClinic

Amount: 1,370.34

APPROVED
ON

SEP 20 2021

COMMUNITY & SUPPORT
CALHOUN COUNTY, TEXAS

CL# 001162

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001160

Date 9-22-21 88-2265/1131

PAY
TO THE
ORDER OF

Bethany Senior Living

\$ 512 $\frac{17}{100}$

Five hundred twelve dollars & $\frac{17}{100}$

DOLLARS



FOR medicare repayment

County Auditor

County Treasurer
MP
included. Dollars on back

⑈001160⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001161

Date 9-22-21 88-2265/1131

PAY
TO THE
ORDER OF

Tuscany Village

\$ 466 $\frac{36}{100}$

Four hundred sixty-six dollars & $\frac{36}{100}$

DOLLARS



FOR medicare repayment

County Auditor

County Treasurer
MP
included. Dollars on back

⑈001161⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001162

Date 9-22-21 88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Clinic

\$ 1370 $\frac{34}{100}$

One thousand, three hundred seventy dollars & $\frac{34}{100}$

DOLLARS



FOR medicare repayment

County Auditor

County Treasurer
MP
included. Dollars on back

⑈001162⑈ ⑆113122655⑆

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

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

PAGE 10
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000158	09/08/21	1,847.45	GOLDEN CREEK
NHC	000159	09/08/21	906.27	TUSCANY
NHC	000160	09/15/21	6,921.08	MEMORIAL MEDICAL CENTER
NHC	000161	09/22/21	512.97	BETHANY
NHC	000162	09/22/21	466.36	TUSCANY
NHC	000163	09/22/21	1,370.34	MMCLINIC
TOTALS:			12,024.47	

Sulem al22/21 cc

**APPROVED
ON**

SEP 22 2021

**COUNTY AUDITOR
GALLEGOS COUNTY, TEXAS**

Request for Transfer of Funds

Transfer #: _____

Date Requested: _____

Payer: _____

Requested by: _____

Requestor's email: _____

Requestor's phone number: _____

District or County: _____

Facility: _____

Please Attach:

Remittance Advice and EOB

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

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

and Remittance Advice to : cclevenger@mmcpportlavaca.com

mmartinez@mmcpportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	8/16/2021	EFT	1,079.68	EFT6055921	CV DAR000019540	44.89	GOLDEN CREEK
N/A	N/A	8/16/2021	EFT	1,963.12	EFT6055889	CV DAR000019540	81.62	GOLDEN CREEK
N/A	N/A	8/17/2021	EFT	1,354.31	EFT6057616	CV DAR000019540	56.31	GOLDEN CREEK
N/A	N/A	8/17/2021	EFT	2,303.12	EFT6057642	CV DAR000019540	95.76	GOLDEN CREEK
N/A	N/A	8/18/2021	EFT	\$ 1,475.56	EFT6059608	CV DAR000019540	61.35	GOLDEN CREEK
N/A	N/A	8/18/2021	EFT	\$ 638.99	EFT6059578	CV DAR000019540	26.57	GOLDEN CREEK
N/A	N/A	8/19/2021	EFT	\$ 39.04	EFT6061740	CV DAR000019540	1.62	GOLDEN CREEK
N/A	N/A	8/19/2021	EFT	\$ 899.72	EFT6061763	CV DAR000019540	37.41	GOLDEN CREEK
N/A	N/A	8/23/2021	EFT	\$ 2,159.48	EFT6065709	CV DAR000019540	89.78	GOLDEN CREEK
N/A	N/A	8/23/2021	EFT	\$ 3,190.79	EFT6065680	CV DAR000019540	132.67	GOLDEN CREEK
N/A	N/A	8/24/2021	EFT	\$ 127.83	EFT6067287	CV DAR000019540	5.31	GOLDEN CREEK
N/A	N/A	8/25/2021	EFT	\$ 2,770.83	EFT6069201	CV DAR000019540	115.20	GOLDEN CREEK
N/A	N/A	8/25/2021	EFT	\$ 8,117.93	EFT6069175	CV DAR000019540	337.53	GOLDEN CREEK
N/A	N/A	8/26/2021	EFT	\$ 431.84	EFT6070959	CV DAR000019540	17.96	GOLDEN CREEK
N/A	N/A	8/26/2021	EFT	\$ 1,022.40	EFT6070935	CV DAR000019540	42.51	GOLDEN CREEK
N/A	N/A	8/30/2021	EFT	\$ 5,383.92	EFT6074540	CV DAR000019540	223.85	GOLDEN CREEK
TOTAL				32,958.56			1,370.34	

To be filled out by Memorial Medical Center:

Date Received: 9/20/2021

Approved by: C. Clevenger

Date of transfer: 9/22/2021

From Facility: Present - Golden Creek

To Facility: MMClinic

Amount: 1,370.34

APPROVED ON

SEP 20 2021

CLINICAL ANCHOR
CALHOUN COUNTY, TEXAS

CK# 000124

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MEMORIAL MEDICAL CENTER

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

000124

Date 9-22-21

88-2265/1131

PAY

TO THE ORDER OF

Bethany Senior Living

\$ 512. ⁹⁷/₁₀₀

Five hundred twelve dollars ⁹⁷/₁₀₀

DOLLARS



County auditor

FOR medicare repayment



⑈000124⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

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

000125

Date 9-22-21

88-2265/1131

PAY

TO THE ORDER OF

Tuscany Village

\$ 466. ³⁶/₁₀₀

Four hundred sixty-six dollars ³⁶/₁₀₀

DOLLARS



County auditor

FOR medicare repayment



⑈000125⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

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

000126

Date 9-22-21

88-2265/1131

PAY

TO THE ORDER OF

Memorial Medical Clinic

\$ 1370. ³⁴/₁₀₀

One thousand, three hundred seventy dollars ³⁴/₁₀₀

DOLLARS



County auditor

FOR medicare repayment



⑈000126⑈ ⑆113122655⑆

Request for Transfer of Funds

Transfer #: _____

Date Requested: _____

Payer: _____

Requested by: _____

Requestor's email: _____

Requestor's phone number: _____

District or County: _____

Facility: _____

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : clevenger@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	1/1/2021 TO 1/25/2021	8/10/2021	EFT	-	REMIT01210	00063500005ZW	542.73	TUSCANY VILLAGE
N/A	1/11/2021 TO 1/30/2021	8/10/2021	EFT	-	REMIT01210	457400005ZHM	323.75	TUSCANY VILLAGE
N/A	2/1/2021 TO 2/27/2021	8/10/2021	EFT	-	REMIT01210	4574000060WK	175.65	TUSCANY VILLAGE
N/A	1/1/2021 TO 1/29/2021	8/10/2021	EFT	-	REMIT01210	226000005ZDT	568.96	TUSCANY VILLAGE
N/A	1/1/2021 TO 1/26/2021	8/10/2021	EFT	-	REMIT01210	193800005ZFN	593.52	TUSCANY VILLAGE
N/A	N/A	8/16/2021	EFT	1,079.68	EFT6055921	CVDAR000007985	44.89	TUSCANY VILLAGE
N/A	N/A	8/16/2021	EFT	1,963.12	EFT6055889	CVDAR000007985	81.62	TUSCANY VILLAGE
N/A	N/A	8/17/2021	EFT	1,354.31	EFT6057616	CVDAR000007985	56.31	TUSCANY VILLAGE
N/A	N/A	8/17/2021	EFT	2,303.12	EFT6057642	CVDAR000007985	95.76	TUSCANY VILLAGE
N/A	N/A	8/18/2021	EFT	\$ 1,475.56	EFT6059608	CVDAR000007985	61.35	TUSCANY VILLAGE
N/A	N/A	8/18/2021	EFT	\$ 638.99	EFT6059578	CVDAR000007985	26.57	TUSCANY VILLAGE
N/A	N/A	8/19/2021	EFT	\$ 39.04	EFT6061740	CVDAR000007985	1.62	TUSCANY VILLAGE
N/A	N/A	8/19/2021	EFT	\$ 899.72	EFT6061763	CVDAR000007985	37.41	TUSCANY VILLAGE
N/A	N/A	8/23/2021	EFT	\$ 2,159.48	EFT6065709	CVDAR000007985	89.78	TUSCANY VILLAGE
N/A	N/A	8/23/2021	EFT	\$ 3,190.79	EFT6065680	CVDAR000007985	132.67	TUSCANY VILLAGE
N/A	N/A	8/24/2021	EFT	\$ 127.83	EFT6067287	CVDAR000007985	5.31	TUSCANY VILLAGE
N/A	N/A	8/25/2021	EFT	\$ 2,770.83	EFT6069201	CVDAR000007985	115.20	TUSCANY VILLAGE
N/A	N/A	8/25/2021	EFT	\$ 8,117.93	EFT6069175	CVDAR000007985	337.53	TUSCANY VILLAGE
N/A	N/A	8/26/2021	EFT	\$ 431.84	EFT6070959	CVDAR000007985	17.96	TUSCANY VILLAGE
N/A	N/A	8/26/2021	EFT	\$ 1,022.40	EFT6070935	CVDAR000007985	42.51	TUSCANY VILLAGE
N/A	N/A	8/30/2021	EFT	\$ 5,383.92	EFT6074540	CVDAR000007985	223.85	TUSCANY VILLAGE
			TOTAL	32,958.56			3,574.95	

To be filled out by Memorial Medical Center:

Date Received: 9/20/2021

Approved by: C. Clevenger

Date of transfer: 9/22/2021

From Facility: Geascom Tuscany

To Facility: MMClinic

Amount: 3,574.95

APPROVED ON

SEP 20 2021

COUNTY AUDITOR
GALENGER COUNTY, TEXAS

ck# 1057

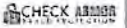
MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1056

88-2265/1131-87

DATE 9-22-21



PAY TO THE ORDER OF

Bethany Senior Living

\$ 512 $\frac{97}{100}$

Five hundred twelve dollars & $\frac{97}{100}$

DOLLARS



PROSPERITY BANK
PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-6102
361-552-7411 www.prosperitybankusa.com

FOR Medicare repayment

_____ county auditor

_____ county treasurer

⑈001056⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1057

88-2265/1131-87

DATE 9-22-21



PAY TO THE ORDER OF

Memorial Medical Clinic

\$ 3574 $\frac{95}{100}$

Three thousand, five hundred seventy four dollars & $\frac{95}{100}$

DOLLARS



PROSPERITY BANK
PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-6102
361-552-7411 www.prosperitybankusa.com

FOR Medicare repayment

_____ county auditor

_____ county treasurer

⑈001057⑈ ⑆113122655⑆

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

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

PAGE 14
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS	001054	09/08/21	1,847.45	GOLDEN CREEK
TUS	001055	09/15/21	8,138.14	MEMORIAL MEDICAL CENTER
TUS	001056	09/22/21	512.97	BETHANY
TUS	001057	09/22/21	3,574.95	MMCLINIC
TOTALS:			14,073.51	

Tuscany 9/22/21

APPROVED
BY

SEP 22 2021

COUNTY AUDITOR
GALLAGHER COUNTY, TEXAS

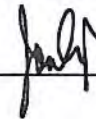
Medicare Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	Amt	Date
BROADMOOR			BETHANY	20351000	512.97	9/20/2021
BROADMOOR			TUSCANY	20351000	466.36	9/20/2021
BROADMOOR			MMCLINIC	20351000	1,370.34	9/20/2021
CRESCENT			BETHANY	20351000	512.97	9/20/2021
CRESCENT			TUSCANY	20351000	466.36	9/20/2021
CRESCENT			MMCLINIC	20351000	1,370.34	9/20/2021
FORT BEND			TUSCANY	20351000	47.50	9/20/2021
FORT BEND			MMCLINIC	20351000	1,370.34	9/20/2021
SOLERA			BETHANY	20351000	512.97	9/20/2021
SOLERA			TUSCANY	20351000	466.36	9/20/2021
SOLERA			MMCLINIC	20351000	1,370.34	9/20/2021
GOLDEN CREEK			BETHANY	20351000	512.97	9/20/2021
GOLDEN CREEK			TUSCANY	20351000	466.36	9/20/2021
GOLDEN CREEK			MMCLINIC	20351000	1,370.34	9/20/2021
TUSCANY			BETHANY	20351000	512.97	9/20/2021
TUSCANY			MMCLINIC	20351000	3,574.95	9/20/2021
				Total	14,904.44	

Note:

Approved:

Jason Anglin, CEO/CFO



9/13/2021

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
9/20/2021

Nursing Home	Account Number	Previous				Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
		Beginning Balance	Transfer-Out	Transfer-In	ACH			
Ashford Gardens		985.19	-	469,897.63		470,882.82	470,470.91	
						Bank Balance	470,882.82	
						Variance	-	
						Leave in Balance	100.00	
						Medicare repayment owed to MMC	255.30 <i>ols</i>	
						JULY INTEREST	38.78	
						AUG INTEREST	17.83	
						SEP INTEREST	-	
						Adjust Balance/Transfer Amt	470,470.91	
Broadmoor		31,633.13	24,565.92	203,246.23		210,313.44	200,896.56	
						Bank Balance	210,313.44	
						Variance	-	
						Leave in Balance	100.00	
						Medicare repayment owed to MMC	6,921.08 <i>ols</i>	
						Medicare repayment owed to bethany	512.97	
						Medicare repayment owed to Tusccany	466.36	
						Medicare repayment owed to MMClinic	1,370.34	
						JULY INTEREST	32.13	
						AUG INTEREST	14.00	
						SEP INTEREST	-	
						Adjust Balance/Transfer Amt	200,896.56	
Crescent		33,711.63	26,660.33	131,925.26		138,976.56	129,575.59	
						Bank Balance	138,976.56	
						Variance	-	
						Leave in Balance	100.00	
						Medicare repayment owed to MMC	6,921.08 <i>ols</i>	
						Medicare repayment owed to Bethany	512.97	
						Medicare repayment owed to Tusccany	466.36	
						Medicare repayment owed to MMClinic	1,370.34	
						JULY INTEREST	20.96	
						AUG INTEREST	9.26	
						SEP INTEREST	-	
						Adjust Balance/Transfer Amt	129,575.59	
Fort Bend		4,949.72	-	297,309.00		302,258.72	293,805.38	
						Bank Balance	302,258.72	
						Variance	-	
						Leave in Balance	100.00	
						Medicare repayment owed to MMC	6,921.08	
						Medicare repayment owed to Tusccany	47.50	
						Medicare repayment owed to MMClinic	1,370.34	
						JULY INTEREST	8.77	
						AUG INTEREST	5.65	
						SEP INTEREST	-	
						Adjust Balance/Transfer Amt	293,805.38	
Solera at W Houston		34,180.29	24,362.12	132,201.87		147,020.04	129,852.20	
						Bank Balance	147,020.04	
						Variance	-	
						Leave in Balance	100.00	
						Medicare repayment owed to GOLDEN CREEK	1,847.45 <i>ols</i>	
						Medicare repayment owed to Tusccany 9.7.21	906.27 <i>ols</i>	
						Medicare repayment owed to MMC	6,921.08 <i>ols</i>	
						Medicare repayment owed to Bethany	512.97	
						Medicare repayment owed to Tusccany	466.36	
						Medicare repayment owed to MMClinic	1,370.34	
						JULY INTEREST	26.44	
						AUG INTEREST	16.93	
						SEP INTEREST	-	
						Adjust Balance/Transfer Amt	129,852.20	
						TOTAL TRANSFERS	1,224,600.64	

470 + 470 = 940
200 + 896 = 1096
129 + 575 = 704
293 + 805 = 1098
129 + 852 = 981

1 + 224 + 600 = 825

Note: Only balances of over \$5.
Note 2: Each account has a bal

APPROVED ON
SEP 20 2021
COURTNEY ANDERSON
CALHOUN COUNTY, TEXAS

Approved: *[Signature]*
Jason Anglin, CEO

9/20/2021

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Sep 20, 2021 9

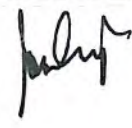
Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$6,779,004.68	\$7,220,874.67	\$6,779,004.68	\$6,763,632.03
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$16,152.00	\$16,152.00	\$16,152.00	\$5,423.33
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$295,257.56	\$295,257.56	\$295,257.56	\$295,257.56
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.78	\$535.78	\$535.78	\$535.78
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,481,723.29	\$3,839,650.25	\$3,481,723.29	\$3,808,257.35
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.36	\$431.36	\$431.36	\$431.36
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$470,882.82 ✓	\$483,992.01	\$470,882.82	\$395,561.93
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$210,313.44 ✓	\$210,313.44	\$210,313.44	\$169,688.57
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$138,976.56 ✓	\$144,212.71	\$138,976.56	\$133,135.82
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$302,258.72 ✓	\$313,807.58	\$302,258.72	\$189,787.86
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$142,020.04 ✓	\$166,900.92	\$142,020.04	\$141,215.67
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,404.74	\$1,108,404.74	\$1,108,404.74	\$1,108,404.74
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$198,611.76	\$206,705.63	\$198,611.76	\$186,178.54
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$29,129.66	\$29,129.66	\$29,129.66	\$28,180.70
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$321,943.17	\$325,175.89	\$321,943.17	\$250,118.47
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$62,363.78	\$80,205.14	\$62,363.78	\$51,454.35

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 9/20/2021

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		77,118.65 ✓	69,893.87 ✓	288,032.78 ✓		295,257.56 ✓	285,683.11
						Bank Balance Variance	
						295,257.56	
						-	
						Leave in Balance	
						100.00	
						pending ck-Medicare repayment owed to MMC	
						7,088.03 <i>p/s</i>	
						Medicare repayment owed to Bethany	
						512.97 ✓	
						Medicare repayment owed to Tuscany	
						466.36 ✓	
						Medicare repayment owed to MMCLINIC	
						1,370.34 ✓	
						JULY INTEREST	
						26.48 ✓	
						AUG INTEREST	
						10.27 ✓	
						SEP INTEREST	
						-	
						Adjust Balance/Transfer Amt	
						285,683.11 ✓	

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 9/20/2021



APPROVED ON
 SEP 20 2021
 COUNTY CLERK
 CALHOUN COUNTY, TEXAS

Golden Creek

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	
9/13/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	893.50	-	-	-	-	893.50
9/13/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	601.00	-	-	-	-	601.00
9/13/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	6,202.00	-	-	-	-	6,202.00
9/13/2021 ACH SETTLEMENT SERVICE 4105523439 9601693622	-	1,829.69	-	-	-	-	1,829.69
9/13/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	1,375.26	-	-	-	-	1,375.26
9/15/2021 Deposit	-	61,774.08	-	-	-	-	61,774.08
9/16/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	69,893.87	-	-	-	-	-	-
9/16/2021 HEALTH HUMAN SVC INV-PAYMTS 17460034113011 2	-	215,357.25	-	-	-	-	215,357.25
	69,893.87	288,032.78	-	-	-	-	288,032.78

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Data reported as of Sep 20, 2021 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$6,779,004.68	\$7,220,874.67	\$6,779,004.68	\$6,763,632.03
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$16,152.00	\$16,152.00	\$16,152.00	\$5,423.33
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$295,257.56	\$295,257.56	\$295,257.56	\$295,257.56
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.78	\$535.78	\$535.78	\$535.78
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,481,723.29	\$3,839,650.25	\$3,481,723.29	\$3,808,257.35
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.36	\$431.36	\$431.36	\$431.36
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$470,882.82	\$483,992.01	\$470,882.82	\$395,561.93
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$210,313.44	\$210,313.44	\$210,313.44	\$169,688.57
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$138,976.56	\$144,212.71	\$138,976.56	\$133,135.82
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$302,258.72	\$313,807.58	\$302,258.72	\$189,787.86
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$142,020.04	\$166,900.92	\$142,020.04	\$141,215.67
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,404.74	\$1,108,404.74	\$1,108,404.74	\$1,108,404.74
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$198,611.76	\$206,705.63	\$198,611.76	\$186,178.54
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$29,129.66	\$29,129.66	\$29,129.66	\$28,180.70
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$321,943.17	\$325,175.89	\$321,943.17	\$250,118.47
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$62,363.78	\$80,205.14	\$62,363.78	\$51,454.35

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 9/20/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		251,928.60	11,214.89	81,229.46			321,943.17	5,170.29
						Bank Balance	321,943.17	
						Variance		
						Leave in Balance	100.00	
						ECHO CLAIM PAYMENTS TO HOLD	316,639.33	
						JULY INTEREST	24.01	
						AUG INTEREST	9.54	
						SEP INTEREST		
						Adjust Balance/Transfer Amt	5,170.29	
Gulf Pointe Plaza-Medicare/Medicaid		14,167.75	14,045.88	29,007.79			29,129.66	29,007.79
						Bank Balance	29,129.66	
						Variance	29,129.66	
						Leave in Balance	100.00	
						JULY INTEREST	15.04	
						AUG INTEREST	6.83	
						SEP INTEREST		
						Adjust Balance/Transfer Amt	29,007.79	
TOTAL TRANSFERS							34,178.08	

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



9/20/2021

APPROVED
 ON
 SEP 20 2021
 COUNTY AUDITOR
 CAMARON COUNTY, TEXAS

Gulf Points Plaza-Private Pay

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
9/13/2021 HNB - ECHO HCCLAIMPMT 746003411 440000269500	-	25.48	-	-	-	-	-	25.48
9/13/2021 HNB - ECHO HCCLAIMPMT 746003411 440000269500	-	789.96	-	-	-	-	-	789.96
9/13/2021 HNB - ECHO HCCLAIMPMT 746003411 440000269500	-	15.68	-	-	-	-	-	15.68
9/13/2021 HNB - ECHO HCCLAIMPMT 746003411 440000269500	-	25.09	-	-	-	-	-	25.09
9/13/2021 HNB - ECHO HCCLAIMPMT 746003411 440000269500	-	178.38	-	-	-	-	-	178.38
9/13/2021 HNB - ECHO HCCLAIMPMT 746003411 440000269500	-	15.68	-	-	-	-	-	15.68
9/14/2021 HNB - ECHO HCCLAIMPMT 746003411 440000205739	-	23.52	-	-	-	-	-	23.52
9/14/2021 HNB - ECHO HCCLAIMPMT 746003411 440000205739	-	117.61	-	-	-	-	-	117.61
9/14/2021 HNB - ECHO HCCLAIMPMT 746003411 440000205739	-	688.26	-	-	-	-	-	688.26
9/14/2021 HUMANA INS CO HCCLAIMPMT 624982 830000561473	-	806.31	-	-	-	-	-	806.31
9/14/2021 AETNA H09 HCCLAIMPMT 1922092790 311002060616	-	2,800.00	-	-	-	-	-	2,800.00
9/15/2021 HNB - ECHO HCCLAIMPMT 746003411 440000235869	-	303.38	-	-	-	-	-	303.38
9/15/2021 HNB - ECHO HCCLAIMPMT 746003411 440000235869	-	23.52	-	-	-	-	-	23.52
9/15/2021 HNB - ECHO HCCLAIMPMT 746003411 440000235869	-	2,027.91	-	-	-	-	-	2,027.91
9/15/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001373	-	1,563.98	-	-	-	-	-	1,563.98
9/16/2021 WIRE OUT HMG SERVICES, LLC	11,214.89	-	-	-	-	-	-	-
9/17/2021 HNB - ECHO HCCLAIMPMT 746003411 440000289939	-	671.37	-	-	-	-	-	671.37
9/17/2021 HNB - ECHO HCCLAIMPMT 746003411 440000289939	-	51,531.73	-	-	-	-	-	51,531.73
9/17/2021 HNB - ECHO HCCLAIMPMT 746003411 440000289939	-	4,351.64	-	-	-	-	-	4,351.64
9/17/2021 HNB - ECHO HCCLAIMPMT 746003411 440000289939	-	15,269.96	-	-	-	-	-	15,269.96
	11,214.89	81,229.46	-	-	-	-	-	81,229.46

Gulf Points Plaza-Medicare/Medicaid

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
9/14/2021 WPS-TDEFIC CONTR HCCLAIMPMT 2222367837 21000	-	34.30	-	-	-	-	-	34.30
9/15/2021 Deposit	-	28,024.53	-	-	-	-	-	28,024.53
9/16/2021 WIRE OUT HMG SERVICES, LLC	14,045.88	-	-	-	-	-	-	-
9/17/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2	-	948.96	-	-	-	-	-	948.96
	14,045.88	29,007.79	-	-	-	-	-	29,007.79
	25,260.77	110,237.25	-	-	-	-	-	110,237.25

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Data reported as of Sep 20, 2021 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$6,779,004.68	\$7,220,874.67	\$6,779,004.68	\$6,763,632.03
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$16,152.00	\$16,152.00	\$16,152.00	\$5,423.33
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$295,257.56	\$295,257.56	\$295,257.56	\$295,257.56
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.78	\$535.78	\$535.78	\$535.78
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,481,723.29	\$3,839,650.25	\$3,481,723.29	\$3,808,257.35
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.36	\$431.36	\$431.36	\$431.36
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$470,882.82	\$483,992.01	\$470,882.82	\$395,561.93
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$210,313.44	\$210,313.44	\$210,313.44	\$169,688.57
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$138,976.56	\$144,212.71	\$138,976.56	\$133,135.82
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$302,258.72	\$313,807.58	\$302,258.72	\$189,787.86
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$142,020.04	\$166,900.92	\$142,020.04	\$141,215.67
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,404.74	\$1,108,404.74	\$1,108,404.74	\$1,108,404.74
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$198,611.76	\$206,705.63	\$198,611.76	\$186,178.54
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$29,129.66 ✓	\$29,129.66	\$29,129.66	\$28,180.70
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$321,943.17 ✓	\$325,175.89	\$321,943.17	\$250,118.47
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$62,363.78	\$80,205.14	\$62,363.78	\$51,454.35

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 9/20/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Senior Living		142,422.38	134,184.24	54,125.64			62,363.78	50,037.72
						Bank Balance	62,363.78	
						Variance		
						Leave in Balance	100.00	
						Medicare repayment owed to MMC	8,138.14	ols
						Medicare repayment owed to BETHANY	512.97	
						Medicare repayment owed to MMCLINIC	3,574.95	
						Adjust Balance/Transfer Amt	50,037.72	

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:  9/20/2021
 Jason Anglin, CEO

APPROVED
 ON
 SEP 20 2021
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village

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>QIPPTI</u>	<u>NH PORTION</u>
9/14/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000153	-	9,219.48					-	9,219.48
9/15/2021 Deposit	-	33,996.73					-	33,996.73
9/16/2021 WIRE OUT LINBAR ENTERPRISES, LLC	134,184.24	-					-	-
9/17/2021 KS PLAN ADMINIST HCCLAIMPMT 179 111000023591	-	10,909.43					-	10,909.43
	134,184.24	54,125.64 ✓	-	-	-	-	-	54,125.64

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Data reported as of Sep 20, 2021 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$6,779,004.68	\$7,220,874.67	\$6,779,004.68	\$6,763,632.03
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$16,152.00	\$16,152.00	\$16,152.00	\$5,423.33
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$295,257.56	\$295,257.56	\$295,257.56	\$295,257.56
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.78	\$535.78	\$535.78	\$535.78
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,481,723.29	\$3,839,650.25	\$3,481,723.29	\$3,808,257.35
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.36	\$431.36	\$431.36	\$431.36
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$470,882.82	\$483,992.01	\$470,882.82	\$395,561.93
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$210,313.44	\$210,313.44	\$210,313.44	\$169,688.57
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$138,976.56	\$144,212.71	\$138,976.56	\$133,135.82
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$302,258.72	\$313,807.58	\$302,258.72	\$189,787.86
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$142,020.04	\$166,900.92	\$142,020.04	\$141,215.67
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,404.74	\$1,108,404.74	\$1,108,404.74	\$1,108,404.74
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$198,611.76	\$206,705.63	\$198,611.76	\$186,178.54
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$29,129.66	\$29,129.66	\$29,129.66	\$28,180.70
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$321,943.17	\$325,175.89	\$321,943.17	\$250,118.47
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$62,363.78	\$80,205.14	\$62,363.78	\$51,454.35

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 9/20/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		83,904.43	82,483.40	197,190.73			198,611.76	197,190.73
						Bank Balance	198,611.76	
						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	197,190.73	

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 9/20/2021



APPROVED
 ON
 SEP 20 2021
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
9/13/2021 Deposit	-	22,905.70					-	22,905.70
9/13/2021 Deposit	-	57,462.08					-	57,462.08
9/14/2021 Deposit	-	7,044.92					-	7,044.92
9/14/2021 ACCENTCARE INC PAYABLES 9990007660 210000270	-	2,884.46					-	2,884.46
9/15/2021 Deposit	-	94,234.85					-	94,234.85
9/16/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	82,483.40	-					-	-
9/16/2021 Deposit	-	225.50					-	225.50
9/17/2021 NOVITAS SOLUTION HCLAIMPMT 676481 420000183	-	10,778.02					-	10,778.02
9/17/2021 HOSPICE OF SOUTH Payments NF 113122650022873	-	1,655.20					-	1,655.20
	82,483.40	197,190.73	-	-	-	-	-	197,190.73

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<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$295,257.56	\$295,257.56	\$295,257.56	\$295,257.56
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.78	\$535.78	\$535.78	\$535.78
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,481,723.29	\$3,839,650.25	\$3,481,723.29	\$3,808,257.35
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.36	\$431.36	\$431.36	\$431.36
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$470,882.82	\$483,992.01	\$470,882.82	\$395,561.93
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$210,313.44	\$210,313.44	\$210,313.44	\$169,688.57
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$138,976.56	\$144,212.71	\$138,976.56	\$133,135.82
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$302,258.72	\$313,807.58	\$302,258.72	\$189,787.86
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$142,020.04	\$166,900.92	\$142,020.04	\$141,215.67
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,404.74	\$1,108,404.74	\$1,108,404.74	\$1,108,404.74
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$198,611.76 ✓	\$206,705.63	\$198,611.76	\$186,178.54
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$29,129.66	\$29,129.66	\$29,129.66	\$28,180.70
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$321,943.17	\$325,175.89	\$321,943.17	\$250,118.47
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$62,363.78	\$80,205.14	\$62,363.78	\$51,454.35

1454684 GARCIA CARMEN B
 MEMORIAL MEDICAL CENTER - PORT LAVACA, TEXAS 77979

191864

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
1454684 REFUND FOR GARCIA CARMEN B	06/03/21	200.00			200.00
CHECK NO. 191864 09/17/21		TOTALS		TOTALS	
		200.00			200.00

MEMORIAL MEDICAL CENTER - PORT LAVACA, TEXAS 77979

191864

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
1454684 REFUND FOR GARCIA CARMEN B	06/03/21	200.00			200.00
CHECK NO. 191864		TOTALS		TOTALS	
		200.00			200.00

MEMORIAL
 MEDICAL CENTER

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

PROSPERITY BANK

88-2265
 1131

191864

1454684	191864
DATE	AMOUNT
09/17/21	200.00

Two Hundred Dollars and No Cents

PAY
 TO THE
 ORDER
 OF

GARCIA CARMEN B
 PO BOX 464
 PORT LAVACA, TX 77979

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

⑈ 191864 ⑈ - ⑈ 113122655⑈

Melissa Mckissack

From: rhonda kokena <rhonda.kokena@calhouncotx.org>
Sent: Thursday, August 19, 2021 3:11 PM
To: Melissa Mckissack
Subject: RE: STOP PAYMENT

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

Stop payment has been issued!

Sorry for delay.

Rhonda S. Kokena

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

From: mmckissack@mmcportlavaca.com (Melissa Mckissack) [mailto:mmckissack@mmcportlavaca.com]
Sent: Tuesday, August 17, 2021 10:42 AM
To: rhonda kokena <rhonda.kokena@calhouncotx.org>
Subject: STOP PAYMENT

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

Good Morning,

At your convenience please issue a stop payment for a check that was never received. Thank you! 😊

190637 06/09/21 200.00 GARCIA CARMEN B Not Cleared - 200.00

Respectfully,
Melissa Mckissack
Memorial Medical Center