

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 29, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,015,080.35
TOTAL TRANSFERS BETWEEN FUNDS	\$ 160,856.04
TOTAL NURSING HOME UPL EXPENSES	\$ 1,337,275.46
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 393,876.69
GRAND TOTAL DISBURSEMENTS APPROVED September 29, 2021	\$ 2,907,088.54

APPROVED

SEP 29 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 29, 2021

PAYABLES AND PAYROLL

9/24/2021	Weekly Payables	605,015.04
9/24/2021	Patient Refunds	610.05
9/27/2021	McKesson-340B Prescription Expense	6,787.76
9/27/2021	Amerisource Bergen-340B Prescription Expense	757.60
9/27/2021	Payroll Liabilities -Payroll Taxes	95,306.37
9/27/2021	Payroll	303,457.90
9/28/2021	Payroll Liabilities for supplemental payroll-Payroll Taxes	687.06
9/28/2021	Supplemental Payroll	2,274.36

Prosperity Electronic Bank Payments

9/20-9/24/21	Pay Plus-Patient Claims Processing Fee	184.21
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TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ 1,015,080.35

TRANSFER BETWEEN FUNDS TO NURSING HOMES

9/24/2021	MMC Operating to Broadmoor-NH portion of QIPP deposited into MMC Operating	5,565.00
9/24/2021	MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	31,735.69
9/24/2021	MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment deposited into MMC Operating	32,518.95
9/24/2021	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating in error and medicare recoup	14,141.33
9/24/2021	MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error and medicare recoup	24,279.77

MEDICARE ADVANCE PAYMENT RECOUP

9/27/2021	Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	1,199.51
9/27/2021	Broadmoor to Bethany-correction of Broadmoor medical recoup taken from Bethany	6,961.95
9/27/2021	Broadmoor to Tuscany Village-correction of Broadmoor medical recoup taken from Tuscany Village	2,845.52
9/27/2021	Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	1,199.51
9/27/2021	Crescent to Tuscany Village-correction of Crescent medicare recoup taken from Tuscany Village	2,845.52
9/27/2021	Crescent to Bethany-correction of Crescent medicare recoup taken from Bethany	6,961.95
9/27/2021	Fort Bend to MMC Operating-correction of Fort Bend medicare recoup taken from MMC Operating	397.88
9/27/2021	Fort Bend to Bethany-correction of Fort Bend medicare recoup taken from Bethany	28.04
9/27/2021	Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	1,199.51
9/27/2021	Solera to Bethany-correction of Solera medicare recoup taken from Bethany	6,961.95
9/27/2021	Solera to Tuscany Village-correction of Solera medicare recoup taken from Tuscany Village	2,845.52
9/27/2021	Golden Creek to MMC Operating-correction of Golden Creek recoup taken from MMC Operating	1,199.51
9/21/2021	Golden Creek to Tuscany Village-correction of Golden Creek medicare recoup taken from Tuscany Village	2,845.52
9/21/2021	Golden Creek to Bethany-correction of Golden Creek medicare recoup taken from Bethany	6,961.95
9/21/2021	Tuscany to MMC Operating-correction of Tuscany medicare recoup taken from MMC Operating	1,199.51
9/21/2021	Tuscany to Bethany-correction of Tuscany medicare recoup taken from Bethany	6,961.95

TOTAL TRANSFERS BETWEEN FUNDS \$ 160,856.04

NURSING HOME UPL EXPENSES

9/27/2021 Nursing Home UPL-Cantex Transfer	799,241.13
9/27/2021 Nursing Home UPL-Nexion Transfer	59,437.07
9/27/2021 Nursing Home UPL-HMG Transfer	101,868.09
9/27/2021 Nursing Home UPL-Tuscany Transfer	74,125.86
9/27/2021 Nursing Home UPL-HSL Transfer	257,738.91

QIPP/RECOUP CHECKS TO MMC

9/27/2021 Ashford	17,372.24
9/27/2021 Broadmoor	7,085.19
9/27/2021 Crescent	5,655.11
9/27/2021 Fort Bend	7,005.54
9/27/2021 Solera	6,707.75
9/27/2021 Gulf Pointe	1,038.57

TOTAL NURSING HOME UPL EXPENSES \$ 1,337,275.46

INTER-GOVERNMENT TRANSFERS

9/27/2021 IGT UC DY10 to be paid October 01, 2021	350,482.69
9/27/2021 IGT DSH be paid on October 01, 2021	43,394.00

TOTAL INTER-GOVERNMENT TRANSFERS \$ 393,876.69

GRAND TOTAL DISBURSEMENTS APPROVED September 29, 2021 \$ 2,907,088.54

MEMORIAL MEDICAL CENTER

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09/23/2021

AP Open Invoice List

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12:34

Due Dates Through: 10/06/2021

Vendor#	Vendor Name	Class	Pay Code							
A1680	AIRGAS USA, LLC - CENTRAL DIV	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9116999677	09/21/2021	08/30/2021	09/29/2021				299.90	0.00	0.00	299.90
9982405980	09/21/2021	08/31/2021	09/25/2021				510.42	0.00	0.00	510.42
9982405982	09/21/2021	08/31/2021	09/25/2021				84.17	0.00	0.00	84.17
9117053667	09/21/2021	08/31/2021	09/25/2021				2,316.23	0.00	0.00	2,316.23
9982405981	09/21/2021	08/31/2021	09/30/2021				734.24	0.00	0.00	734.24
9117101092	09/21/2021	09/01/2021	09/26/2021				3,533.24	0.00	0.00	3,533.24
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
A1680		AIRGAS USA, LLC -			7,478.20		0.00	0.00	7,478.20	
A1715	ALCO SALES & SERVICE CO	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2860208IN	09/21/2021	09/10/2021	09/10/2021				224.00	0.00	0.00	224.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
A1715		ALCO SALES & SEF			224.00		0.00	0.00	224.00	
A1705	ALIMED INC.	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV03659C	09/22/2021	09/09/2021	09/24/2021				644.61	0.00	0.00	644.61
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
A1705		ALIMED INC.			644.61		0.00	0.00	644.61	
10419	AMBU INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
221143560	09/20/2021	09/08/2021	09/09/2021				174.00	0.00	0.00	174.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
10419		AMBU INC			174.00		0.00	0.00	174.00	
A2150	ANNOUNCEMENTS PLUS TOO AG. W	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
628	09/22/2021	09/03/2021	09/13/2021				132.00	0.00	0.00	132.00
632	09/22/2021	09/20/2021	09/30/2021				143.98	0.00	0.00	143.98
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
A2150		ANNOUNCEMENTS			275.98		0.00	0.00	275.98	
A2218	AQUA BEVERAGE COMPANY	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
156073	09/21/2021	08/19/2021	09/13/2021				51.50	0.00	0.00	51.50
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
A2218		AQUA BEVERAGE C			51.50		0.00	0.00	51.50	
A0400	AUREUS RADIOLOGY LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

	2309960	✓	09/15/2021	09/06/2021	10/06/2021			2,755.38	0.00	0.00	2,755.38	✓
	2309461	✓	09/15/2021	09/06/2021	10/06/2021			2,680.00	0.00	0.00	2,680.00	✓
	2309753	✓	09/15/2021	09/06/2021	10/06/2021			2,785.88	0.00	0.00	2,785.88	✓
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	A0400			AUREUS RADIOLOC				8,221.26	0.00	0.00	8,221.26	
Vendor#	B0436			Vendor Name				Class		Pay Code		
				BARD ACCESS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	46436369	✓	09/20/2021	08/31/2021	09/20/2021			31.50	0.00	0.00	31.50	✓
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	B0436			BARD ACCESS				31.50	0.00	0.00	31.50	
Vendor#	B1150			Vendor Name				Class		Pay Code		
				BAXTER HEALTHCARE				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	71832266	✓	09/20/2021	08/21/2021	09/15/2021			136.22	0.00	0.00	136.22	✓
	72006027	✓	09/20/2021	09/02/2021	09/27/2021			805.29	0.00	0.00	805.29	✓
	72011156	✓	09/22/2021	09/03/2021	09/28/2021			469.71	0.00	0.00	469.71	✓
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	B1150			BAXTER HEALTHC/				1,411.22	0.00	0.00	1,411.22	
Vendor#	B1220			Vendor Name				Class		Pay Code		
				BECKMAN COULTER INC				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	109275625	✓	09/15/2021	09/07/2021	10/02/2021			7,965.82	0.00	0.00	7,965.82	✓
	109275896	✓	09/15/2021	09/07/2021	10/02/2021			82.48	0.00	0.00	82.48	✓
	109275494	✓	09/15/2021	09/07/2021	10/02/2021			122.51	0.00	0.00	122.51	✓
	109278406	✓	09/15/2021	09/07/2021	10/02/2021			250.96	0.00	0.00	250.96	✓
	109287098	✓	09/15/2021	09/10/2021	10/05/2021			349.33	0.00	0.00	349.33	✓
	109270209	✓	09/21/2021	09/02/2021	09/27/2021			2,578.04	0.00	0.00	2,578.04	✓
	109276445	✓	09/21/2021	09/07/2021	10/02/2021			85.30	0.00	0.00	85.30	✓
	109279062	✓	09/21/2021	09/07/2021	10/02/2021			382.56	0.00	0.00	382.56	✓
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	B1220			BECKMAN COULTE				11,817.00	0.00	0.00	11,817.00	
Vendor#	B1320			Vendor Name				Class		Pay Code		
				BEEKLEY CORPORATION				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	INV1456766	✓	09/20/2021	08/04/2021	08/19/2021			541.45	0.00	0.00	541.45	✓
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	B1320			BEEKLEY CORPOR				541.45	0.00	0.00	541.45	
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	
	091621	✓	09/21/2021	09/16/2021				25.00	0.00	0.00	25.00	✓
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	12792			BETHANY SENIOR I				25.00	0.00	0.00	25.00	

Vendor#	Vendor Name	Class	Pay Code								
12600	BIOFIRE DIAGNOSTICS LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1280131827	09/21/2021	08/23/2021	09/22/2021				20,250.00	0.00	0.00	20,250.00 ✓	
	SUPPLIES										
1280132612	09/21/2021	08/23/2021	09/22/2021				40,500.00	0.00	0.00	40,500.00 ✓	
	SUPPLIES										
1289021427	09/21/2021	08/24/2021	09/23/2021				-127.71	0.00	0.00	-127.71 ✓	
	CREDIT										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
12600		BIOFIRE DIAGNOST				60,622.29	0.00	0.00	60,622.29		
12324	BLUE CROSS BLUE SHIELD ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
071621A	07/30/2021	07/16/2021	10/01/2021				-690.76	0.00	0.00	-690.76 ✓	
	COBRA										
091721	09/22/2021	09/17/2021	10/01/2021				204,829.73	0.00	0.00	204,829.73 ✓	
	INSURANCE										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
12324		BLUE CROSS BLUE				204,138.97	0.00	0.00	204,138.97		
12740	BUILDING KID STEPS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
AUGUST2020	09/22/2021	08/31/2021	08/31/2021				1,200.00	0.00	0.00	1,200.00 ✓	
	SPEECH THERAPY										
AUGUST 20	09/22/2021	08/31/2021	08/31/2021				1,026.00	0.00	0.00	1,026.00 ✓	
	SPEECH THERAPY										
AUGUST2020	09/22/2021	08/31/2021	08/31/2021				613.00	0.00	0.00	613.00 ✓	
	SPEECH THERAPY										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
12740		BUILDING KID STEF				2,839.00	0.00	0.00	2,839.00		
D1040	C R BARD, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
82922595	09/21/2021	08/09/2021	09/08/2021				350.78	0.00	0.00	350.78 ✓	
	SUPPLIES										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
D1040		C R BARD, INC				350.78	0.00	0.00	350.78		
10988	CALHOUN SPORTS MEDICINE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
091721	09/21/2021	09/17/2021	09/17/2021				250.00	0.00	0.00	250.00 ✓	
	SPONSORSHIP										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
10988		CALHOUN SPORTS				250.00	0.00	0.00	250.00		
C1325	CARDINAL HEALTH 414, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
8002626778	09/21/2021	08/31/2021	09/25/2021				1,453.49	0.00	0.00	1,453.49 ✓	
	SUPPLIES										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
C1325		CARDINAL HEALTH				1,453.49	0.00	0.00	1,453.49		
A1730	CAREFUSION ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
9109790945	09/21/2021	07/28/2021	08/27/2021				45.47	0.00	0.00	45.47 ✓	
	SUPPLIES										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
A1730		CAREFUSION				45.47	0.00	0.00	45.47		
13264	CERVEY, LLC ✓										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12247	09/15/2021	09/09/2021	10/04/2021				1,699.00	0.00	0.00	1,699.00
SPIT BILL MONTHLY LICENSING F										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
13264		CERVEY, LLC				1,699.00	0.00	0.00	1,699.00	
Vendor#	Vendor Name				Class	Pay Code				
10723	CLIA LABORATORY PROGRAM									
081721	08/31/2021	08/17/2021	10/01/2021				1,818.00	0.00	0.00	1,818.00
COMLIANCE CERT										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
10723		CLIA LABORATORY				1,818.00	0.00	0.00	1,818.00	
Vendor#	Vendor Name				Class	Pay Code				
14104	COMPASS FLOORING INNOVATIO									
507	09/22/2021	09/03/2021	09/03/2021				750.00	0.00	0.00	750.00
CARPET CAITLIN'S OFFICE										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
14104		COMPASS FLOORII				750.00	0.00	0.00	750.00	
Vendor#	Vendor Name				Class	Pay Code				
C2157	COOPER SURGICAL INC				M					
5959834	09/20/2021	09/08/2021	09/20/2021				120.33	0.00	0.00	120.33
SUPPLIES										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
C2157		COOPER SURGICA				120.33	0.00	0.00	120.33	
Vendor#	Vendor Name				Class	Pay Code				
10368	DEWITT POTH & SON									
6511120	09/21/2021	09/01/2021	09/26/2021				38.63	0.00	0.00	38.63
SUPPLIES										
6556100	09/22/2021	09/09/2021	10/04/2021				71.85	0.00	0.00	71.85
SUPPLIES										
6556520	09/23/2021	09/10/2021	10/05/2021				158.48	0.00	0.00	158.48
SUPPLIES										
6556580	09/23/2021	09/10/2021	10/05/2021				121.00	0.00	0.00	121.00
SUPPLIES										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
10368		DEWITT POTH & SC				389.96	0.00	0.00	389.96	
Vendor#	Vendor Name				Class	Pay Code				
11011	DIAMOND HEALTHCARE CORP									
IN20054876	09/01/2021	09/01/2021	10/01/2021				19,166.67	0.00	0.00	19,166.67
CPR										
IN20054875	09/21/2021	09/01/2021	09/26/2021				31,144.58	0.00	0.00	31,144.58
BEV HEALTH										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
11011		DIAMOND HEALTHC				50,311.25	0.00	0.00	50,311.25	
Vendor#	Vendor Name				Class	Pay Code				
C2510	EVIDENT				M					
A210903137	09/21/2021	09/03/2021	09/28/2021				20,164.00	0.00	0.00	20,164.00
EVIDENT										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
C2510		EVIDENT				20,164.00	0.00	0.00	20,164.00	
Vendor#	Vendor Name				Class	Pay Code				
10788	FIRETROL PROTECTION SYSTEM!									
100740579	09/21/2021	09/09/2021	09/19/2021				890.00	0.00	0.00	890.00
ANNUAL										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	

Vendor#	10788	FIRETROL PROTEC	890.00	0.00	0.00	890.00
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Vendor#	14092	FIRST CONNECT CENTER LLC	Class	Pay Code
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2850	09/21/2021	09/16/2021					5,453.13	0.00	0.00	5,453.13

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
		14092	FIRST CONNECT CI	5,453.13	0.00	0.00	5,453.13

Vendor#	F1400	FISHER HEALTHCARE	Class	Pay Code
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5405240	09/20/2021	07/22/2021	08/16/2021				289.55	0.00	0.00	289.55

							1,034.44	0.00	0.00	1,034.44
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							193.02	0.00	0.00	193.02
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							5,205.48	0.00	0.00	5,205.48
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							132.81	0.00	0.00	132.81
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							200.00	0.00	0.00	200.00
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							742.18	0.00	0.00	742.18
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Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCA	7,797.48	0.00	0.00	7,797.48

Vendor#	10678	FIVE STAR STERILIZER SERVICES	Class	Pay Code
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7457	09/21/2021	08/17/2021	09/11/2021				67.09	0.00	0.00	67.09

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
		10678	FIVE STAR STERILI	67.09	0.00	0.00	67.09

Vendor#	11183	FRONTIER	Class	Pay Code
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090221	09/21/2021	09/02/2021	09/27/2021				1,119.56	0.00	0.00	1,119.56

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
		11183	FRONTIER	1,119.56	0.00	0.00	1,119.56

Vendor#	13960	G & S MANAGEMENT GROUP LLC	Class	Pay Code
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
340383459T	09/23/2021	08/26/2021	09/26/2021				254.42	0.00	0.00	254.42

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
		13960	G & S MANAGEMEN	254.42	0.00	0.00	254.42

Vendor#	11149	GARDNER & WHITE, INC.	Class	Pay Code
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100121	09/16/2021	10/01/2021	10/01/2021				4,894.41	0.00	0.00	4,894.41

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
		11149	GARDNER & WHITE	4,894.41	0.00	0.00	4,894.41

Vendor#	12404	GE PRECISION HEALTHCARE, LLC	Class	Pay Code
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6001933858	09/01/2021	09/01/2021	10/01/2021				572.33	0.00	0.00	572.33
6001933857	09/01/2021	09/01/2021	10/01/2021				680.00	0.00	0.00	680.00

Vendor#	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	MAINT CONTRACT										
	6001934121	09/01/2021	09/01/2021	10/01/2021				868.16	0.00	0.00	868.16
	MAINT CONTRACT										
	6001933934	09/01/2021	09/01/2021	10/01/2021				86.67	0.00	0.00	86.67
	MAINT CONTRACT										
	6001933935	09/01/2021	09/01/2021	10/01/2021				61.67	0.00	0.00	61.67
	MAINT CONTRACT										
	600133962	09/01/2021	09/01/2021	10/01/2021				5,665.83	0.00	0.00	5,665.83
	MAINT CONTRACT										
	Vendor Totals: Number Name Gross Discount No-Pay Net										
	12404							7,934.66	0.00	0.00	7,934.66
Vendor#	Vendor Name Class Pay Code										
10901	GENESIS DIAGNOSTICS										
	Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net										
	51977	09/20/2021	03/18/2021	04/17/2021				328.38	0.00	0.00	328.38
	SUPPLIES										
	52173	09/20/2021	06/03/2021	07/03/2021				122.93	0.00	0.00	122.93
	SUPPLIES										
	Vendor Totals: Number Name Gross Discount No-Pay Net										
	10901							451.31	0.00	0.00	451.31
Vendor#	Vendor Name Class Pay Code										
W1300	GRAINGER										
	Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net										
	9045319630	09/22/2021	09/07/2021	10/02/2021				99.50	0.00	0.00	99.50
	SUPPLIES										
	Vendor Totals: Number Name Gross Discount No-Pay Net										
	W1300							99.50	0.00	0.00	99.50
Vendor#	Vendor Name Class Pay Code										
G1210	GULF COAST PAPER COMPANY										
	Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net										
	2076777	09/21/2021	07/27/2021	08/26/2021				271.16	0.00	0.00	271.16
	SUPPLIES										
	2079953	09/21/2021	08/03/2021	09/02/2021				95.24	0.00	0.00	95.24
	SUPPLIES										
	Vendor Totals: Number Name Gross Discount No-Pay Net										
	G1210							366.40	0.00	0.00	366.40
Vendor#	Vendor Name Class Pay Code										
11102	GULF COAST REGIONAL										
	Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net										
	2730	09/23/2021	09/17/2021	10/01/2021				1,000.00	0.00	0.00	1,000.00
	CONSULTING SRA CONTRACT RE										
	Vendor Totals: Number Name Gross Discount No-Pay Net										
	11102							1,000.00	0.00	0.00	1,000.00
Vendor#	Vendor Name Class Pay Code										
11095	GULF COAST SCIENTIFIC										
	Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net										
	74504	09/21/2021	07/23/2021	08/25/2021				295.91	0.00	0.00	295.91
	SUPPLIES										
	Vendor Totals: Number Name Gross Discount No-Pay Net										
	11095							295.91	0.00	0.00	295.91
Vendor#	Vendor Name Class Pay Code										
11552	HEALTHCARE FINANCIAL SERVICE										
	Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net										
	100514866	09/16/2021	09/07/2021	10/01/2021				7,447.86	0.00	0.00	7,447.86
	LEASE										
	100514865	09/16/2021	09/07/2021	10/01/2021				7,154.17	0.00	0.00	7,154.17
	LEASE										
	100514864	09/16/2021	09/07/2021	10/01/2021				4,919.41	0.00	0.00	4,919.41
	LEASE										
	100514867	09/16/2021	09/07/2021	10/01/2021				1,797.44	0.00	0.00	1,797.44
	LEASE										

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
H0416	11552		HEALTHCARE FINA	21,318.88	0.00	0.00	21,318.88				
			Vendor Name	Class		Pay Code					
			HOLOGIC INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9833386	09/20/2021 ✓	08/30/2021	08/30/2021				65.22	0.00	0.00	65.22 ✓
											SUPPLIES
H0416	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	H0416		HOLOGIC INC	65.22	0.00	0.00	65.22				
			Vendor Name	Class		Pay Code					
			INTOXIMETERS INC ✓	M							
I1260	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	SO-0202691	09/09/2021 ✓	09/07/2021	10/02/2021				170.00	0.00	0.00	170.00 ✓
											TEST INSTRUCTOR REFRESHER
I1260	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	I1260		INTOXIMETERS INC	170.00	0.00	0.00	170.00				
			Vendor Name	Class		Pay Code					
			J & J HEALTH CARE SYSTEMS, INC ✓								
J0150	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	926108441	09/21/2021 ✓	08/16/2021	09/15/2021				2,135.28	0.00	0.00	2,135.28 ✓
											SUPPLIES
	926124071	09/21/2021 ✓	08/18/2021	09/17/2021				82.35	0.00	0.00	82.35 ✓
											SUPPLIES
J0150	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	J0150		J & J HEALTH CARE	2,217.63	0.00	0.00	2,217.63				
			Vendor Name	Class		Pay Code					
			K & M SPORTS ✓								
11122	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	114164	09/21/2021 ✓	09/20/2021	09/20/2021				275.00	0.00	0.00	275.00 ✓
											WINTER SPRING POSTER
11122	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	11122		K & M SPORTS	275.00	0.00	0.00	275.00				
			Vendor Name	Class		Pay Code					
			K2 SCIENTIFIC ✓								
14108	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0008043IN	09/22/2021 ✓	09/07/2021	09/03/2021				7,073.50	0.00	0.00	7,073.50 ✓
											SUPPLIES
14108	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	14108		K2 SCIENTIFIC	7,073.50	0.00	0.00	7,073.50				
			Vendor Name	Class		Pay Code					
			KCI USA ✓	M							
K0530	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	28831034	01/16/2020 ✓	07/08/2019	09/21/2021				-172.32	0.00	0.00	-172.32 ✓
											SUPPLIES
	30428042	09/21/2021 ✓	07/22/2021	09/21/2021				450.06	0.00	0.00	450.06 ✓
											supplies
	30425658	09/21/2021 ✓	08/03/2021	09/02/2021				655.00	0.00	0.00	655.00 ✓
											SUPPLIES
	30517468	09/21/2021 ✓	08/24/2021	09/23/2021				450.06	0.00	0.00	450.06 ✓
											SUPPLIES
	30516502	09/21/2021 ✓	08/23/2022	09/22/2021				65.50	0.00	0.00	65.50 ✓
											SUPPLIES
K0530	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	K0530		KCI USA	1,448.30	0.00	0.00	1,448.30				
			Vendor Name	Class		Pay Code					
			KOETTER FIR PROTECTION ✓								
13956	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	33799	09/21/2021 ✓	09/10/2021	09/10/2021				695.00	0.00	0.00	695.00 ✓
											FIRE ALRAM SERVICE
13956	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	13956		KOETTER FIR PRO	695.00	0.00	0.00	695.00				

Vendor#	Vendor Name	Class	Pay Code								
L1001	LANDAUER INC ✓	W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
100929280	09/22/2021	08/20/2021	08/20/2021				795.24	0.00	0.00	795.24 ✓	
BADGES											
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
L1001		LANDAUER INC				795.24	0.00	0.00	795.24		
L1640	LOWE'S HOME CENTERS INC	W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
01335	09/23/2021	08/02/2021	09/28/2021				188.25	0.00	0.00	188.25 ✓	
SUPPLIES											
55312	09/23/2021	08/18/2021	09/28/2021				395.48	0.00	0.00	395.48 ✓	
SUPPLIES											
082821	09/23/2021	08/28/2021	09/28/2021				52.51	0.00	0.00	52.51 ✓	
INTERST/LATE FEE											
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
L1640		LOWE'S HOME CEN				636.24	0.00	0.00	636.24		
11796	LUBY'S FUDDRUCKERS RESTAUR ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
INV0000476	09/21/2021	08/31/2021	08/31/2021				30,021.07	0.00	0.00	30,021.07 ✓	
FOOD SUPPLY											
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
11796		LUBY'S FUDDRUCK				30,021.07	0.00	0.00	30,021.07		
11612	MASA GLOBAL BUILDING ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1082925MK	09/23/2021	09/01/2021	09/01/2021				0.00	0.00	0.00	0.00 ✓	
INSURANCE OCT COVERAGE											
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
11612		MASA GLOBAL BUI				0.00	0.00	0.00	0.00	0.00 ✓	
M2178	MCKESSON MEDICAL SURGICAL I ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
18308323	09/21/2021	07/08/2021	07/23/2021				165.86	0.00	0.00	165.86 ✓	
SUPPLIES											
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
M2178		MCKESSON MEDIC				165.86	0.00	0.00	165.86		
M2470	MEDLINE INDUSTRIES INC ✓	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1959272253	09/20/2021	07/20/2021	08/14/2021				2,391.29	0.00	0.00	2,391.29 ✓	
SUPPLIES											
1959434011	09/20/2021	07/21/2021	08/15/2021				89.22	0.00	0.00	89.22 ✓	
SUPPLIES											
1959434018	09/20/2021	07/21/2021	08/15/2021				90.44	0.00	0.00	90.44 ✓	
SUPPLIES											
1960031560	09/20/2021	07/24/2021	08/18/2021				2,537.98	0.00	0.00	2,537.98 ✓	
SUPPLIES											
1960126469	09/20/2021	07/27/2021	08/21/2021				4,103.59	0.00	0.00	4,103.59 ✓	
SUPPLIES											
1961015218	09/20/2021	08/03/2021	08/28/2021				18.82	0.00	0.00	18.82 ✓	
SUPPLIES											
1960289078	09/21/2021	07/28/2021	08/22/2021				16,368.24	0.00	0.00	16,368.24 ✓	
SUPPLIES											
1961145255	09/21/2021	08/04/2021	08/29/2021				307.28	0.00	0.00	307.28 ✓	
SUPPLIES											
1961743349	09/21/2021	08/07/2021	09/01/2021				208.65	0.00	0.00	208.65 ✓	
SUPPLIES											
1962730120	09/21/2021	08/17/2021	09/11/2021				37.43	0.00	0.00	37.43 ✓	

SUPPLIES

1963007805 ✓ 09/21/2021 08/18/2021 09/12/2021 2.62 0.00 0.00 2.62 ✓

Vendor# M2470
 Vendor Name MEDLINE INDUSTR
 Class 26,155.56
 Gross 26,155.56
 Discount 0.00
 No-Pay 0.00
 Net 26,155.56

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
 091621 09/21/2021 09/16/2021 09/16/2021 105.71 0.00 0.00 105.71 ✓

PAYROL DED

Vendor# M2621
 Vendor Name MMC AUXILIARY GI
 Class 105.71
 Gross 105.71
 Discount 0.00
 No-Pay 0.00
 Net 105.71

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

7329052 ✓ 09/22/2021 09/15/2021 09/25/2021 3,639.67 0.00 0.00 3,639.67 ✓

INVENTORY

7331333 ✓ 09/22/2021 09/15/2021 09/25/2021 323.02 0.00 0.00 323.02 ✓

INVENTORY

7331332 ✓ 09/22/2021 09/15/2021 09/25/2021 675.96 0.00 0.00 675.96 ✓

INVENTORY

5161A ✓ 09/22/2021 09/15/2021 09/25/2021 -26.94 0.00 0.00 -26.94 ✓

CREDIT

5359 ✓ 09/22/2021 09/15/2021 09/25/2021 -4.99 0.00 0.00 -4.99 ✓

CREDIT

7331334 ✓ 09/22/2021 09/15/2021 09/25/2021 385.92 0.00 0.00 385.92 ✓

INVENTORY

7329051 ✓ 09/22/2021 09/15/2021 09/25/2021 58.56 0.00 0.00 58.56 ✓

INVENTORY

7329053 ✓ 09/22/2021 09/15/2021 09/25/2021 2,259.66 0.00 0.00 2,259.66 ✓

INVENTORY

CM75805 ✓ 09/22/2021 09/15/2021 09/25/2021 -5,732.97 0.00 0.00 -5,732.97 ✓

CREDIT

7337152 ✓ 09/22/2021 09/16/2021 09/26/2021 48.83 0.00 0.00 48.83 ✓

INVENTORY

7337153 ✓ 09/22/2021 09/16/2021 09/26/2021 20.63 0.00 0.00 20.63 ✓

INVENTORY

7334827 ✓ 09/22/2021 09/16/2021 09/26/2021 4,232.26 0.00 0.00 4,232.26 ✓

INVENTORY

7341444 ✓ 09/22/2021 09/19/2021 09/29/2021 4.63 0.00 0.00 4.63 ✓

INVENTORY

7341437 ✓ 09/22/2021 09/19/2021 09/29/2021 4,741.89 0.00 0.00 4,741.89 ✓

INVENTORY

7343399 ✓ 09/22/2021 09/19/2021 09/29/2021 108.62 0.00 0.00 108.62 ✓

INVENTORY

7341442 ✓ 09/22/2021 09/19/2021 09/29/2021 263.45 0.00 0.00 263.45 ✓

INVENTORY

7341439 ✓ 09/22/2021 09/19/2021 09/29/2021 15.89 0.00 0.00 15.89 ✓

INVENTORY

7343401 ✓ 09/22/2021 09/19/2021 09/29/2021 120.45 0.00 0.00 120.45 ✓

INVENTORY

7341438 ✓ 09/22/2021 09/19/2021 09/29/2021 19.69 0.00 0.00 19.69 ✓

INVENTORY

7341443 ✓ 09/22/2021 09/19/2021 09/29/2021 20.27 0.00 0.00 20.27 ✓

INVENTORY

7341440 ✓ 09/22/2021 09/19/2021 09/29/2021 57.90 0.00 0.00 57.90 ✓

INVENTORY

7343400 ✓ 09/22/2021 09/19/2021 09/29/2021 433.65 0.00 0.00 433.65 ✓

INVENTORY

7344738 ✓ 09/22/2021 09/20/2021 09/30/2021 64.17 0.00 0.00 64.17 ✓

INVENTORY

7348394	✓	09/22/2021	09/20/2021	09/30/2021			32.49	0.00	0.00	32.49	✓
											INVENTORY
7348393	✓	09/22/2021	09/20/2021	09/30/2021			1,384.85	0.00	0.00	1,384.85	✓
											INVENTORY
7348392	✓	09/22/2021	09/20/2021	09/30/2021			4,043.65	0.00	0.00	4,043.65	✓
											INVENTORY
7347398	✓	09/22/2021	09/20/2021	09/30/2021			953.32	0.00	0.00	953.32	✓
											INVENTORY
7344737	✓	09/22/2021	09/20/2021	09/30/2021			671.47	0.00	0.00	671.47	✓
											INVENTORY
7347397	✓	09/22/2021	09/20/2021	09/30/2021			67.55	0.00	0.00	67.55	✓
											INVENTORY

Vendor#	Vendor Name	Number	Name	Gross	Discount	No-Pay	Net			
M2659	MORRIS & DICKSOI	10536		18,883.55	0.00	0.00	18,883.55			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8800805073	✓	09/20/2021	09/02/2021	10/02/2021			569.19	0.00	0.00	569.19
										SUPPLIES
8800794020	✓	09/21/2021	08/05/2021	09/04/2021			827.63	0.00	0.00	827.63
										SUPPLIES

Vendor#	Vendor Name	Number	Name	Gross	Discount	No-Pay	Net			
12096	MXR IMAGING, INC	M2659		1,396.82	0.00	0.00	1,396.82			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4460122	✓	09/22/2021	06/30/2021	06/30/2021			450.00	0.00	0.00	450.00
										PURCHASED SERVICES
4648488	✓	09/22/2021	08/31/2021	08/31/2021			5,940.00	0.00	0.00	5,940.00
										PURCHASED SERVICES

Vendor#	Vendor Name	Number	Name	Gross	Discount	No-Pay	Net			
12796	NEOGENOMICS LABORATORIES	12096		6,390.00	0.00	0.00	6,390.00			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
205542109	✓	09/21/2021	09/08/2021	09/08/2021			6,675.59	0.00	0.00	6,675.59
										FUEL

Vendor#	Vendor Name	Number	Name	Gross	Discount	No-Pay	Net			
O0920	NEW DISTRIBUTING	12796		6,675.59	0.00	0.00	6,675.59			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1928379510	✓	09/20/2021	09/01/2021	09/20/2021			71.24	0.00	0.00	71.24
										SUPPLIES

Vendor#	Vendor Name	Number	Name	Gross	Discount	No-Pay	Net			
O1500	OFFICE DEPOT	O0920		71.24	0.00	0.00	71.24			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
31498012	✓	09/21/2021	09/07/2021	10/02/2021			1,137.51	0.00	0.00	1,137.51
										SERVICE CONTRACT

Vendor#	Vendor Name	Number	Name	Gross	Discount	No-Pay	Net			
O1416	OLYMPUS AMERICA INC	O1500		1,137.51	0.00	0.00	1,137.51			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1852027645	✓	09/21/2021	08/17/2021	09/16/2021			137.30	0.00	0.00	137.30
										SUPPLIES

11155

PARA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9338	08/31/2021	09/01/2021	10/01/2021				3,084.00	0.00	0.00	3,084.00

REVENUE INTEGRITY PROGRAM

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11155	PARA		3,084.00	0.00	0.00	3,084.00

Vendor#

Vendor Name

Class

Pay Code

10152

PARTSSOURCE, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
04000613	09/22/2021	09/02/2021	10/02/2021				37.43	0.00	0.00	37.43

SUPPLIES

04000524	09/22/2021	09/02/2021	10/02/2021				21.25	0.00	0.00	21.25
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SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10152	PARTSSOURCE, LL		58.68	0.00	0.00	58.68

Vendor#

Vendor Name

Class

Pay Code

12544

PATRICK OCHOA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
01	09/22/2021	09/19/2021	09/19/2021				400.00	0.00	0.00	400.00

REMOVE VINE OVER GROWTH

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12544	PATRICK OCHOA		400.00	0.00	0.00	400.00

Vendor#

Vendor Name

Class

Pay Code

13988

PAYCHEX, ADVANCE FBO

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
006474	09/21/2021	09/08/2021	09/08/2021				1,485.00	0.00	0.00	1,485.00

MED SURG STAFFING

006470	09/21/2021	09/08/2021	09/08/2021				2,220.00	0.00	0.00	2,220.00
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MED SURG STAFFING

006547	09/21/2021	09/15/2021	09/15/2021				750.00	0.00	0.00	750.00
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MED SURG STAFFING

006625	09/23/2021	09/22/2021	09/22/2021				3,725.00	0.00	0.00	3,725.00
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STAFFING MED SURG

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13988	PAYCHEX, ADVANC		8,180.00	0.00	0.00	8,180.00

Vendor#

Vendor Name

Class

Pay Code

11480

PORT LAVACA PLUMBING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10127	09/21/2021	04/27/2021	09/21/2021				1,050.00	0.00	0.00	1,050.00

SERVICE CALL

10128	09/21/2021	06/24/2021	09/21/2021				1,190.00	0.00	0.00	1,190.00
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STOPPAGE LAB/KITCHEN

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11480	PORT LAVACA PLU		2,240.00	0.00	0.00	2,240.00

Vendor#

Vendor Name

Class

Pay Code

13940

RN NETWORK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3984183RI	09/03/2021	09/06/2021	10/01/2021				2,812.00	0.00	0.00	2,812.00

ICU STAFFING

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13940	RN NETWORK		2,812.00	0.00	0.00	2,812.00

Vendor#

Vendor Name

Class

Pay Code

13172

SERACARE LIFE SCIENCES, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90148461	06/30/2021	06/02/2021	10/01/2021				1,532.51	0.00	0.00	1,532.51

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13172	SERACARE LIFE SC		1,532.51	0.00	0.00	1,532.51

Vendor#

Vendor Name

Class

Pay Code

10936

SIEMENS FINANCIAL SERVICES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
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	5638210006	09/21/2021	09/02/2021	09/20/2021			4,038.24	0.00	0.00	4,038.24	✓
		1517	LEASE								
Vendor#	10936	Vendor Name	SIEMENS FINANCI	Class			4,038.24	0.00	0.00	4,038.24	
		Vendor Name	SPBS CLINICAL EQUIPMENT SRVC	Class							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
INV010496	09/21/2021	09/01/2021	09/01/2021				12,870.00	0.00	0.00	12,870.00	✓
		Vendor Name	BIO MED SERVICES	Class							
Vendor#	12288	Vendor Name	SPBS CLINICAL EQ	Class			12,870.00	0.00	0.00	12,870.00	
		Vendor Name	STAFFING FIRST	Class							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
210924	09/21/2021	09/14/2021	09/30/2021				4,562.50	0.00	0.00	4,562.50	✓
		Vendor Name	LABOR DEL STAFFING	Class							
Vendor#	14100	Vendor Name	STAFFING FIRST	Class			4,562.50	0.00	0.00	4,562.50	
		Vendor Name	STERICYCLE, INC	Class							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
4010352707	09/01/2021	09/01/2021	10/01/2021				2,535.76	0.00	0.00	2,535.76	✓
		Vendor Name	DISPOSAL SERVICES	Class							
Vendor#	S3960	Vendor Name	STERICYCLE, INC	Class			2,535.76	0.00	0.00	2,535.76	
		Vendor Name	TELCOR	Class							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
0000051925	09/09/2021	09/01/2021	10/01/2021				2,950.15	0.00	0.00	2,950.15	✓
		Vendor Name	ANNUALSUPPORT10/01/21-09/30/2	Class							
Vendor#	10982	Vendor Name	TELCOR	Class			2,950.15	0.00	0.00	2,950.15	
		Vendor Name	TEXAS SELECT STAFFING	Class							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
0017947510	09/21/2021	08/25/2021	08/25/2021				3,091.45	0.00	0.00	3,091.45	✓
		Vendor Name	MED SURG	Class							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
0018086510	09/21/2021	09/16/2021					3,608.68	0.00	0.00	3,608.68	✓
		Vendor Name	STAFFING MED SURG	Class							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
0018135510	09/23/2021	09/22/2021	09/22/2021				9,081.40	0.00	0.00	9,081.40	✓
		Vendor Name	STAFFING	Class							
Vendor#	13880	Vendor Name	TEXAS SELECT ST/	Class			15,781.53	0.00	0.00	15,781.53	
		Vendor Name	THERACOM, LLC (duplicate)	Class							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
2217836143	08/04/2021	07/28/2021	10/01/2021				2,346.12	0.00	0.00	2,346.12	✓
		Vendor Name	INVENTORY	Class							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
072821	08/31/2021	07/28/2021	10/01/2021				2,346.12	0.00	0.00	2,346.12	✓
		Vendor Name	INVENTORY	Class							
Vendor#	10732	Vendor Name	THERACOM, LLC 2,346.12	Class			4,692.24	0.00	0.00	4,692.24	
		Vendor Name	TRIZETTO PROVIDER SOLUTIONS	Class							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
35FK092100	09/21/2021	09/01/2021	09/26/2021				1,059.50	0.00	0.00	1,059.50	✓
		Vendor Name	PT STATEMENT	Class							
Vendor#	11067	Vendor Name	TRIZETTO PROVIDE	Class			1,059.50	0.00	0.00	1,059.50	
		Vendor Name	UNIFIRST HOLDINGS	Class							
Vendor#	U1054	Vendor Name	UNIFIRST HOLDINGS	Class							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400375653	09/16/2021	09/06/2021	10/01/2021				47.47	0.00	0.00	47.47 ✓
		LAUNDRY								
8400375652	09/16/2021	09/06/2021	10/01/2021				45.15	0.00	0.00	45.15 ✓
		LAUNDRY								
8400375675	09/16/2021	09/06/2021	10/01/2021				1,948.15	0.00	0.00	1,948.15 ✓
		LAUNDRY								
8400376094	09/16/2021	09/09/2021	10/04/2021				41.07	0.00	0.00	41.07 ✓
		LAUNDRY								
8400376115	09/16/2021	09/09/2021	10/04/2021				90.23	0.00	0.00	90.23 ✓
		LAUNDRY								
8400376096	09/16/2021	09/09/2021	10/04/2021				121.55	0.00	0.00	121.55 ✓
		LAUNDRY								
8400376098	09/16/2021	09/09/2021	10/04/2021				146.25	0.00	0.00	146.25 ✓
		LAUNDRY								
8400376128	09/16/2021	09/09/2021	10/04/2021				1,324.71	0.00	0.00	1,324.71 ✓
		LAUNDRY								
8400376099	09/16/2021	09/09/2021	10/04/2021				194.90	0.00	0.00	194.90 ✓
		LAUNDRY								
8400376144	09/16/2021	09/09/2021	10/04/2021				128.01	0.00	0.00	128.01 ✓
		LAUNDRY								
8400376097	09/16/2021	09/09/2021	10/04/2021				191.71	0.00	0.00	191.71 ✓
		LAUNDRY								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
U1054		UNIFIRST HOLDING	4,279.20	0.00	0.00	4,279.20

Vendor# 12400

Vendor Name UPDOX LLC ✓
Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00277860	09/21/2021	08/31/2021	08/31/2021				1,600.00	0.00	0.00	1,600.00 ✓
		FAXING								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12400		UPDOX LLC	1,600.00	0.00	0.00	1,600.00

Vendor# 11110

Vendor Name WERFEN USA LLC ✓
Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9111025906	09/21/2021	08/13/2021	09/07/2021				708.50	0.00	0.00	708.50 ✓
		SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11110		WERFEN USA LLC	708.50	0.00	0.00	708.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	605,692.16	0.00	0.00	605,692.16

pg 8 correction $\$ + \$1,669.00$
 pg 12 correction $\$ < 2,346.12 >$
 $\$ 605,015.04$

APPROVED

SEP 24 2021

ck# 191994-192074

605,692.16 +
 1,669.00 +
 2,346.12 -
605,015.04 *

RUN DATE: 09/23/21
TIME: 09:59

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	PAY AMOUNT	PAT CODE	TYPE DESCRIPTION	GL NUM
		092221	610.05	3	REFUND FOR	
ARID=0001 TOTAL			610.05			
TOTAL			610.05			

APPROVED
ON
SEP 24 2021
COUNTY CLERK
CARROLL COUNTY, TEXAS

ck#
192080

MCKESSON

STATEMENT

As of: 09/24/2021

Page: 002

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

Company: 8000

DC: 8115

As of: 09/24/2021
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: 09/25/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 09/25/2021 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: 6,926.31 USD

Future Due: 0.00

If Paid By 09/28/2021,
Pay This Amount:

6,787.76 USD

Due If Paid On Time:
USD

6,787.76

Past Due: 0.00

Disc lost if paid late:

138.55

Last Payment 08/07/2017 2,451.97

If Paid After 09/28/2021,
Pay this Amount:

6,926.31 USD

Due If Paid Late:
USD

6,926.31

1,203.42 +
4,235.97 +
23.12 +
799.51 +
525.74 +
6,787.76 =

CK # 500234

APPROVED
ON

SEP 27 2021

CREDIT ADVISORY
CALL 800-867-0333

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 09/24/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 09/24/2021
Mail to:

Page: 001
Comp: 8000

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 190813
Date: 09/25/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 09/25/2021

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
09/24/2021	09/28/2021	7296055494	2017035920	115Invoice	24.56	1,227.98		1,203.42	✓	7296055494	

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

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

Subtotals: 1,227.98 USD

Future Due: 0.00

If Paid By 09/28/2021,
Pay This Amount:

1,203.42 USD

Due If Paid On Time:
USD

1,203.42 ✓

Past Due: 0.00

Disc lost if paid late:

24.56

Last Payment 09/06/2021 10,233.51

If Paid After 09/28/2021,
Pay this Amount:

1,227.98 USD

Due If Paid Late:
USD

1,227.98

APPROVED
CN

SEP 27 2021

COUNTY ARBITRATOR
CALISCOCK COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 09/24/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 09/24/2021
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: 09/25/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 09/25/2021 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											
09/20/2021	09/28/2021	7294941443	15627074	115Invoice	0.01	0.26		0.25	✓	7294941443	
09/20/2021	09/28/2021	7294941444	15647897	115Invoice	2.89	144.51		141.62	✓	7294941444	
09/20/2021	09/28/2021	7294941445	15691472	115Invoice	1.07	53.36		52.29	✓	7294941445	
09/20/2021	09/28/2021	7294941446	15751550	115Invoice	6.31	315.36		309.05	✓	7294941446	
09/21/2021	09/28/2021	7295263147	15769356	115Invoice	17.17	858.55		841.38	✓	7295263147	
09/22/2021	09/28/2021	7295520871	15849556	115Invoice	7.99	399.33		391.34	✓	7295520871	
09/22/2021	09/28/2021	7295520872	15849556	115Invoice	4.67	233.39		228.72	✓	7295520872	
09/22/2021	09/28/2021	7295520873	15887839	115Invoice	11.38	568.90		557.52	✓	7295520873	
09/23/2021	09/28/2021	7295779714	15951200	115Invoice	20.38	1,019.05		998.67	✓	7295779714	
09/24/2021	09/28/2021	7296076423	15975341	115Invoice	10.19	509.63		499.44	✓	7296076423	
09/24/2021	09/28/2021	7296076424	16015674	115Invoice	4.32	215.98		211.66	✓	7296076424	
09/24/2021	09/28/2021	7296185447	0923211119	195Invoice	0.01	0.32		0.31	✓	7296185447	
09/24/2021	09/28/2021	7296185448	0923210544	115Invoice	0.08	3.80		3.72	✓	7296185448	

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: 4,322.44 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 09/20/2021 12,955.71

If Paid By 09/28/2021,
Pay This Amount: 4,235.97 USD

If Paid After 09/28/2021,
Pay this Amount: 4,322.44 USD

Due If Paid On Time:
USD 4,235.97 ✓

Disc lost if paid late:
86.47

Due If Paid Late:
USD 4,322.44

RECEIVED
107
SEP 27 2021

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 09/24/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 09/24/2021
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 262252
Date: 09/25/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 09/25/2021

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	
09/23/2021	09/28/2021	7295762039	632536 1365154	115Invoice	0.47	23.59		23.12	✓	7295762039	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 23.59 USD

Future Due: 0.00
Past Due: 0.00
Last Payment 22,405.04
08/30/2021

If Paid By 09/28/2021,
Pay This Amount: 23.12 USD
If Paid After 09/28/2021,
Pay this Amount: 23.59 USD

Due If Paid On Time: 23.12 USD ✓
Disc lost if paid late: 0.47
Due If Paid Late: 23.59 USD

APPROVED ON
SEP 27 2021
COUNTY AGENT
CALLEGON COUNTY, TEXAS

MCKESSON

STATEMENT

As of: 09/24/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 09/24/2021
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: 09/25/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 09/25/2021 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											
09/23/2021	09/28/2021	7295764780	55x634853	115Invoice	11.76	588.02		576.26	✓	7295764780	
09/24/2021	09/28/2021	7296031275	55x639407	115Invoice	4.56	227.81		223.25	✓	7296031275	

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: 815.83 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 09/20/2021 12,955.71

If Paid By 09/28/2021,
Pay This Amount: 799.51 USD

If Paid After 09/28/2021,
Pay this Amount: 815.83 USD

Due If Paid On Time: USD 799.51 ✓
Disc lost if paid late: 16.32
Due If Paid Late: USD 815.83

APPROVED ON

SEP 27 2021

USE ONLY APPROVED FOR CASH ON HAND, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 09/24/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 09/24/2021
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: 09/25/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 09/25/2021

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
09/23/2021	09/28/2021	7295956913	1367097	115Invoice	10.73	536.47		525.74	✓	7295956913	

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

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

Subtotals: 536.47 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 09/20/2021 12,955.71

If Paid By 09/28/2021,
Pay This Amount: 525.74 USD

If Paid After 09/28/2021,
Pay this Amount: 536.47 USD

Due If Paid On Time:
USD 525.74 ✓
Disc lost if paid late: 10.73
Due If Paid Late:
USD 536.47

APPROVED ON

SEP 27 2021

CREDIT ADVISOR
CALLED ON COUNTRY, 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

Remit To:
AMERISOURCEBERGEN
P.O. Box 905223
CHARLOTTE NC 28290-5223

Customer Number	
100135284 / 037028186	
Terms	
Sat - Fri Due in 7 days	
Summary	
Not Yet Due:	0.00
Current:	757.60
Past Due:	0.00
Total Due:	757.60
Account Balance:	757.60

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-20-2021	10-01-2021	3068027702	162862	Invoice	142.27		0.00	142.27 ✓
09-20-2021	10-01-2021	3068027703	162868	Invoice	572.27		0.00	572.27 ✓
09-21-2021	10-01-2021	3068279646	162921	Invoice	14.58		0.00	14.58 ✓
09-22-2021	10-01-2021	3068421583	162928	Invoice	12.61		0.00	12.61 ✓
09-23-2021	10-01-2021	3068556662	162935	Invoice	5.93		0.00	5.93 ✓
09-23-2021	10-01-2021	3068556663	162936	Invoice	9.76		0.00	9.76 ✓
09-24-2021	10-01-2021	3068693117	162943	Invoice	0.18		0.00	0.18 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
757.60	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
09-24-2021	(377.54)

Reminders	
Due Date	Amount
10-01-2021	757.60
Total Due:	757.60

RECEIVED ON

SEP 27 2021

CK # 500235



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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	<input type="text"/>
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		<input type="text"/>
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		<input type="text" value="941 #"/>
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		<input type="text" value="21"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		<input type="text" value="09"/>
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		<input type="text" value="\$ 95,306.37 #"/>
	"1 TO CONFIRM"			<input type="text" value="1"/>
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		<input type="text" value="\$ 49,151.12 #"/>
	"ENTER W/CENTS AMOUNT OF MEDICARE"			<input type="text" value="\$ 11,759.58 #"/>
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			<input type="text" value="\$ 34,395.67 #"/>
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	CHECK		<input type="text" value="\$ -"/>
	"1 TO CONFIRM"	★		<input type="text" value="1"/>
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			<input type="text"/>
	CALLER IN BY:			<input type="text"/>
	CALLER IN DATE:			<input type="text"/>
	CALLER IN TIME:			<input type="text"/>

Run Date: 09/24/21
Time: 14:20

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 09/10/21 - 09/23/21 Run# 1

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P2REG

Final Summary

*-- Pay Code Summary				*-- Deductions Summary			
PayCd	Description	Hrs	OT SH WE HO CB	Gross	Code	Amount	
1	REGULAR PAY-S1	9501.75	N N N	197774.23	A/R	515.00	A/R2 25.00 A/R3
1	REGULAR PAY-S1	1684.75	N N N N	74400.22	ADVANC	AWARDS	BOOTS
1	REGULAR PAY-S1	283.50	Y N N	7817.85	CAPE-H	CAPE-1	CAPE-2
2	REGULAR PAY-S2	2149.75	N N N	50643.92	CAPE-3	CAPE-4	CAPE-5
2	REGULAR PAY-S2	100.75	Y N N	3601.22	CAPE-C	CAPE-D	CAPE-F
3	REGULAR PAY-S3	1138.50	N N N	32015.70	CAPE-H	20605.58	CAPE-I CAPE-L
3	REGULAR PAY-S3	61.25	Y N N	2258.56	CAPE-P	CANCER	CHILD 509.70
C	CALL PAY	2388.25	N 1 N N	4776.50	CLINIC	175.00	COMBIN 400.80
D	DOUBLE TIME	49.25	N 1 N N	3440.67	DD ADV	DENTAL	DEP-LF
D	DOUBLE TIME	57.50	N 2 N N	4254.50	DIS-LF	ENT	EATOSH
D	DOUBLE TIME	19.50	N 3 N N	1581.85	FEDTAX	34395.57	FICA-M 5879.73 FICA-O 24575.56
D	DOUBLE TIME	13.75	Y 1 N N	1298.55	FIRSTC	FLEX S	3382.29
D	DOUBLE TIME	4.25	Y 2 N N	426.87	FORT D	FUTA	GIFT S 140.19
D	DOUBLE TIME	7.75	Y 3 N N	589.39	GRANT	GRP-IN	GTL
E	EXTRA WAGES		N N N N	297.50	HOSP-1	ID TFT	LEAF
E	EXTRA WAGES	8.00	N 1 N N		LEGAL	270.80	MASA 834.50
E	EXTRA WAGES		N 1 N N N	1063.50	METVIS	888.55	MISC MISC/ 260.83
F	FUNERAL LEAVE	46.00	N 1 N N	1354.80	MMCSHR	NATFML	1699.40
I	INSERVICE	1.75	N 1 N N	33.25	PHI	PHI***	PR FIN
K	EXTENDED-ILLNESS-BANK	442.00	N 1 N N	8651.52	RELAY	REPAY	SAMS
P	PAID-TIME-OFF	1012.60	N 1 N N	22104.04	SCRUBS	SIGNON	ST-TX
X	CALL PAY 2	160.00	N 1 N N	320.00	STONDF	790.86	STONE STONE2
Y	YMCA/CURVES		N N N N	60.00	STUDEN	SUNACC	769.55
Z	CALL PAY 3	96.00	N 1 N N	288.00	SUNIND	618.72	SUNLIF 732.70
h	HAZARD PAY	65.50	N 1 N N	2705.77	SUNVIS	SURCHG	450.00
h	HAZARD PAY	115.75	N 2 N N	4531.03	TSA-2	TSA-C	TSA-F
h	HAZARD PAY	99.00	N 3 N N	4484.92	TSA-R	30456.52	TUTION UNIFOR
h	HAZARD PAY	8.75	Y 2 N N	635.05	UW/HOS		
h	HAZARD PAY	6.00	Y 3 N N	523.13			
p	PAID TIME OFF - PROBATION	6.00	N 1 N N	81.18			
t	PHONE & DATA		N N N N	1005.00			
v	COVID-FFCRA	120.00	N 1 N N	2520.00			

----- Grand Totals: 19647.85 ----- | Gross: 435538.82 | Deductions: 132080.92 | Net: 303457.90
 | Checks Count:- FT 193 PT 11 Other 36 Female 214 Male 27 Credit | OverAmt 10 ZeroNet | Term Total: 241 |

Pay date: 10/01/21 *Janey*

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	9/10/2021	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS	
PAY PERIOD: END	9/23/2021						
PAY DATE:	10/1/2021						
GROSS PAY:	\$ 435,538.82			\$ -		\$ 435,538.82	
DEDUCTIONS:							
A/R	\$ 540.00					\$ 540.00	
ADVANC						\$ -	
BOOTS						\$ -	
SUNLIFE CRITICAL ILLNESS	\$ 699.80					\$ 699.80	
SUNLIFE ACCIDENT	\$ 769.55					\$ 769.55	
SUNLIFE VISION	\$ -					\$ -	
SUNLIFE SHORT TERM DIS	\$ 1,194.06					\$ 1,194.06	
METLIFE VISION	\$ 889.55					\$ 889.55	
CAFÉ-D	\$ 1,709.05					\$ 1,709.05	
CAFÉ-H	\$ 20,605.58					\$ 20,605.58	
CAFÉ-P	\$ -					\$ -	
CANCER	\$ -					\$ -	
CHILD	\$ 609.70					\$ 609.70	
CLINIC	\$ 175.00					\$ 175.00	
COMBIN	\$ 400.80					\$ 400.80	
CREDUN	\$ -					\$ -	
DENTAL	\$ -					\$ -	
DEP-LF	\$ -					\$ -	
SUNLIFE TERM LIFE	\$ 732.70					\$ 732.70	
SUNLIFE HOSP INDEM	\$ 618.72					\$ 618.72	
FED TAX	\$ 34,395.67					\$ 34,395.67	
FICA-M	\$ 5,879.79					\$ 5,879.79	
FICA-O	\$ 24,575.56					\$ 24,575.56	
FIRST C	\$ -					\$ -	
FLEX S	\$ 3,382.29					\$ 3,382.29	
FLX-FE	\$ -					\$ -	
GIFT S	\$ 140.19					\$ 140.19	
GRP-IN	\$ -					\$ -	
GTL	\$ -					\$ -	
HOSP-I	\$ -					\$ -	
LEGAL	\$ 1,104.50					\$ 1,104.50	
OTHER	\$ 260.83					\$ 260.83	
NATIONAL FARM LIFE	\$ 1,699.40					\$ 1,699.40	
MED SURCHARGE	\$ 450.00					\$ 450.00	
PR FIN	\$ -					\$ -	
RELAY	\$ -					\$ -	
REPAY	\$ -					\$ -	
STONEDF	\$ 790.86					\$ 790.86	
STONE	\$ -					\$ -	
STONE 2	\$ -					\$ -	
STUDEN	\$ -					\$ -	
TSA-R	\$ 30,456.52					\$ 30,456.52	
UW/HOS	\$ -					\$ -	
TOTAL DEDUCTIONS:	\$ 132,080.12	\$ -	\$ -	\$ -	\$ -	\$ 132,080.12	
NET PAY:	\$ 303,458.70	\$ -	\$ -	\$ -	\$ -	\$ 303,458.70	
TOTAL CAFÉ 125 PLAN:	\$ 30,040.74	Less Exempt:					
TAXABLE PAY:	\$ 405,498.08	\$ 396,380.00					

	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 5,879.72		
FICA - MED (EE)	1.45% \$ 5,879.72	\$ 5,879.79	\$ (0.07)
FICA - SOC SEC (ER)	6.20% \$ 24,575.56		
FICA - SOC SEC (EE)	6.20% \$ 24,575.56	\$ 24,575.56	\$ -
FED WITHHOLDING	\$ 34,395.67	\$ 34,395.67	\$ -

Employees over FICA-SS Cap:

Jason Anglin	\$ 9,118.08
Roshanda Thomas	\$ -
Paycode S - Employee Reimb.:	\$ -
TOTAL:	\$ 9,118.08

TAX DEPOSIT:	\$ 95,306.23	\$ 95,306.37
FICA - MEDICARE	2.90% \$ 11,759.44	\$11,759.58
FICA - SOCIAL SECURITY	12.40% \$ 49,151.12	\$49,151.12
FED WITHHOLDING	\$ 34,395.67	\$34,395.67
TOTAL TAX:	\$ 95,306.23	\$95,306.37

PREPARED BY: Caitlin Clevenger
 PREPARED DATE: 9/27/2021

Run Date: 09/27/21
Time: 10:12

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 09/10/21--09/23/21 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
65550	SAN FRANCISCO MASCORRO	749.75	00062896	10/01/21
76986	VANESSA TRISTAN	169.26	00062897	10/01/21
00041	CARL LEE KING	1133.00	DD	10/01/21
00083	SYLVIA A VARGAS	850.99	DD	10/01/21
00094	SYLVIA A MENDOZA	733.52	DD	10/01/21
00113	JACLYN CARREON	959.72	DD	10/01/21
00132	SANDRA A BRAUN	912.19	DD	10/01/21
00192	BRENDA D PENA	1879.65	DD	10/01/21
00270	ANGELA M HURGIN	1986.06	DD	10/01/21
00344	SANDY LEE RUDDICK	2656.00	DD	10/01/21
00387	BILLIE F DUCKWORTH	1565.23	DD	10/01/21
00392	MONICA T CARR	1740.43	DD	10/01/21
00399	LINDA J TIJERINA	3540.65	DD	10/01/21
00401	VELMA J PINA	1023.97	DD	10/01/21
00417	SHERRY L KING	2244.10	DD	10/01/21
00423	DOWN V STRINGO	2453.22	DD	10/01/21
00482	PAM FIKAC	1165.41	DD	10/01/21
00504	HELEN DAVIS	925.33	DD	10/01/21
00533	LAURA V DAVILA	1166.10	DD	10/01/21
00577	DIANA GARCIA	2406.30	DD	10/01/21
00581	CYNTHIA L RUSHING	1259.23	DD	10/01/21
00676	SHEILA KAY HEATHCOCK	1198.50	DD	10/01/21
00681	R RENEE WOOD	1725.31	DD	10/01/21
00697	MARIA C FARIAS	1073.62	DD	10/01/21
00707	KIMBERLY R BLINKA	1776.22	DD	10/01/21
00895	EMILIE DIANE WILKEY	234.38	DD	10/01/21
01015	SUSAN B SMALLEY	1746.69	DD	10/01/21
01234	JENISE N SVETLIK	1674.48	DD	10/01/21
01311	AMANDA L KOLIBA	91.53	DD	10/01/21
01367	MARILYN A SANDERS	1016.32	DD	10/01/21
01791	RAUSHANAH J MONDAY	1878.23	DD	10/01/21
02011	ERIN R CLEVINGER	3691.23	DD	10/01/21
02021	ERIKA OSORNIA-SANCHEZ	405.32	DD	10/01/21
02022	AMANDA J GRIGGS	2420.76	DD	10/01/21
02064	ANNA LAURA GARCIA	435.12	DD	10/01/21
02097	KYLIE M GAINES	1800.24	DD	10/01/21
02099	TRACI M SHEFCIK	2661.94	DD	10/01/21
02112	LESLIE THOMAS	2571.33	DD	10/01/21
02193	TIKI VENGLAR	1625.31	DD	10/01/21
02271	DAWN J BUBENIK	1997.68	DD	10/01/21
02301	NICOLAS TIJERINA	1554.58	DD	10/01/21
02302	CATHERINE MARIE DECILOS	406.94	DD	10/01/21
02303	CONNIE M LUNA	2117.42	DD	10/01/21
02315	NINA M GREEN	3387.78	DD	10/01/21
02331	JESSICA B BIFFLE	1017.94	DD	10/01/21
02346	JEANEITE L FALCON	377.24	DD	10/01/21
02369	BECKY M BRAISENO	458.65	DD	10/01/21
02416	JANELLE SCOTT	1872.19	DD	10/01/21
02525	AUDREY D GARCIA	28.38	DD	10/01/21
02535	STEFANIE M SOLIZ	345.23	DD	10/01/21
02552	VERONICA RAGUSIN	1788.85	DD	10/01/21
02602	VANESSA GUARDIOLA	332.15	DD	10/01/21
02701	RONDA DAWNELLE GOHLKE	1915.71	DD	10/01/21

Run Date: 09/27/21
Time: 10:12

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 09/10/21--09/23/21 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 2
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
02717	PATRICIA A BRISENO	619.24	DD	10/01/21
02719	DAWN M MCCLELLAND	1691.90	DD	10/01/21
02735	ZANDRA A CUELLAR	508.79	DD	10/01/21
02789	AMY E STRIEGLER	100.61	DD	10/01/21
02794	HEATHER L MUTCHLER	1641.59	DD	10/01/21
02797	SHELLY A MCAFFEE	1515.96	DD	10/01/21
02812	BRITTANY N RUDDICK	1854.01	DD	10/01/21
02907	MARIA F LONGORIA	999.45	DD	10/01/21
02927	MICHAEL L GAINES	2362.17	DD	10/01/21
02963	DOROTHY J RENDON	510.79	DD	10/01/21
02970	DIANNE G ATKINSON	1874.05	DD	10/01/21
03864	JACQUELINE R HERRERA	1181.34	DD	10/01/21
05008	COURTNE D THURLKILL	2623.74	DD	10/01/21
05007	JAMIE K MEYLAND	1548.20	DD	10/01/21
05641	AMANDA R KEY	1713.12	DD	10/01/21
05757	SHARON T HOLDER	1826.80	DD	10/01/21
07007	URSULA S BRYAN	342.77	DD	10/01/21
07066	DELPHINE PADRON	1373.42	DD	10/01/21
10519	MARISSA LYNN HUNT	1452.36	DD	10/01/21
11197	CATHERINE A SAENZ	1044.37	DD	10/01/21
11412	COURTNEY L MORKOVSKY	342.57	DD	10/01/21
12011	KIMBERLY J REYNA	1354.86	DD	10/01/21
12115	LISA J HINOJOSA	869.20	DD	10/01/21
12212	MARIA E ARREDONDO	763.29	DD	10/01/21
15097	KYLE L DANIEL	3412.11	DD	10/01/21
15131	SAVANNAH HARLEY	1470.91	DD	10/01/21
15230	MEAGAN GARCIA	2324.02	DD	10/01/21
15286	DAWN M MAREK	3270.61	DD	10/01/21
15400	ANDREA RODRIGUEZ	1511.84	DD	10/01/21
15909	JULIE NGUYEN	1173.33	DD	10/01/21
15915	BRIANNE J KEY	1924.86	DD	10/01/21
20121	ROBERT WAHOME	1488.87	DD	10/01/21
20144	SOPHIE M PECENA	909.22	DD	10/01/21
20156	ERIN ASHLEY WISDOM	1825.17	DD	10/01/21
20206	KELLI B GOFF	1367.35	DD	10/01/21
20207	SHAWNA G HARTL	2222.56	DD	10/01/21
20294	JESSICA D WALTHER	810.78	DD	10/01/21
20304	KAYLIN EASLEY	595.00	DD	10/01/21
20407	MISTY M RECTOR	802.47	DD	10/01/21
20484	BRIANNA S PASSMORE	149.11	DD	10/01/21
20567	JESSICA L RUDDICK	330.31	DD	10/01/21
20759	JAMIE SADLER	1248.13	DD	10/01/21
20786	ANNA JIMENEZ	373.40	DD	10/01/21
20797	BETHANN M DIGGS	572.69	DD	10/01/21
20816	JOIE L PENA	983.67	DD	10/01/21
20837	DAISY MADRIGAL	1090.83	DD	10/01/21
20896	DANIELA CAMACHO	371.42	DD	10/01/21
20977	CHERYL L TESCH	1421.37	DD	10/01/21
21450	DIANA E LEAL	1358.06	DD	10/01/21
21629	JACOBY R CRAWFORD	1399.63	DD	10/01/21
21736	ALLISON GOULDEN	579.48	DD	10/01/21
22493	BRITTANY E NAVARRO	959.39	DD	10/01/21
22618	HEATHER L SMITH	555.98	DD	10/01/21
28120	JESSICA V SELVERA	1343.31	DD	10/01/21

Run Date: 09/27/21
Time: 10:12

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 09/10/21--09/23/21 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

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P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
29199	KELLY A SCHOTT	578.19	DD	10/01/21
31031	HECTOR F GARCIA	1098.35	DD	10/01/21
31035	STACIE L EPLEY	1570.05	DD	10/01/21
31054	LORA L LAMBDEN	748.53	DD	10/01/21
31099	ARACELY Z GARCIA	2183.50	DD	10/01/21
31185	JERRY A FINDLEY	1882.34	DD	10/01/21
31219	LAUREN PHILLIPS	172.82	DD	10/01/21
31313	KATHERINE LYNN JIMENEZ	1664.92	DD	10/01/21
31319	STACY L FARMER	1651.88	DD	10/01/21
31463	EDWARD E MATULA	2234.11	DD	10/01/21
31508	RACHEL A HEFFNER	1765.67	DD	10/01/21
31707	LORENZO A PEREZ	1260.13	DD	10/01/21
31821	KAYLA M ALVAREZ	1118.25	DD	10/01/21
31832	SHANE D KRESTA	837.34	DD	10/01/21
31849	CODY L JUREK	1311.54	DD	10/01/21
38118	KRYSTELLA F KISIAH	921.52	DD	10/01/21
38413	DEVAN ORTA	1369.21	DD	10/01/21
38702	ANNA VANESSA PENNELL	765.53	DD	10/01/21
41112	ANASTASIA L PEREZ	618.09	DD	10/01/21
41171	TOMMIE M TREVINO	486.17	DD	10/01/21
41205	JEANNETTE ALVARADO	722.75	DD	10/01/21
41236	PAMELA K VAINOY	1328.93	DD	10/01/21
41274	KAREN GANN	920.76	DD	10/01/21
41308	ISABEL LEDEZMA	819.54	DD	10/01/21
41347	ADRIANNA D STRAKOS	754.43	DD	10/01/21
41369	LORETTA A LEAL	629.40	DD	10/01/21
41418	ANGEL M CASSEL	893.90	DD	10/01/21
41507	OLGA I BETANCOURT	771.51	DD	10/01/21
41612	SONJA A GUAJARDO	740.69	DD	10/01/21
41618	HEATHER DELBOSQUE	675.33	DD	10/01/21
41705	KELSEY R TAYLOR	761.89	DD	10/01/21
41896	RENAE EMERY	601.40	DD	10/01/21
41897	ROXANNA MARTINEZ	818.17	DD	10/01/21
41901	JUANITA R MILLER	1101.58	DD	10/01/21
41924	BRITTNEY V STRICKLIN	593.46	DD	10/01/21
42106	CHRISTY SILVAS	997.47	DD	10/01/21
42112	SOCORRO C GONZALES	680.41	DD	10/01/21
42122	LEI ANA CHAVANA	1366.21	DD	10/01/21
42125	LUCY CALZADA	826.86	DD	10/01/21
42304	MIMI T NGUYEN	106.57	DD	10/01/21
42320	MICHAEL A PFEIL	2753.66	DD	10/01/21
42820	MARIA D CHAVEZ	553.71	DD	10/01/21
42842	SHANNA S O DONNELL	3196.41	DD	10/01/21
48690	JESSICA BUSH	15.80	DD	10/01/21
50018	MICHELLE M MORALES	1464.13	DD	10/01/21
50148	PENNY GOULDEN	3621.60	DD	10/01/21
50248	MCKENNA VILLEGAS	595.15	DD	10/01/21
50282	JACOB W HAMILTON	2539.49	DD	10/01/21
50310	JASMINE GRIGSEY	754.34	DD	10/01/21
50573	DEANA R DAVIS	1525.61	DD	10/01/21
50596	BETTY S DAVIS	1878.31	DD	10/01/21
50645	CERENITY LIBERTY	262.84	DD	10/01/21
50719	DEBRA K MUSTERED	2041.36	DD	10/01/21
50928	ADINA RODRIGUEZ	489.24	DD	10/01/21

Run Date: 09/27/21
Time: 10:12

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 09/10/21--09/23/21 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

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P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
53541	JACLYN B HARTL	1574.23	DD	10/01/21
55025	LEA C RESENDEZ	428.20	DD	10/01/21
55106	CRYSTAL M CHAVEZ	757.29	DD	10/01/21
55127	APRIL N KUBALA	2503.21	DD	10/01/21
55382	SHANNON JACILDO	1225.59	DD	10/01/21
55658	LAJUAN WILKE	662.39	DD	10/01/21
58510	RITA L POLENSKY	790.04	DD	10/01/21
59999	RENEE ROULAND	3346.66	DD	10/01/21
60103	TODD SAVOY	1005.46	DD	10/01/21
60112	ROBERT A RODRIGUEZ	2102.81	DD	10/01/21
60131	NORA OVALLE	673.32	DD	10/01/21
60191	LOLA A RODRIGUEZ	512.67	DD	10/01/21
60271	REBEKAH GERYK	577.32	DD	10/01/21
60412	CHRISTOPHER GALINDO	537.37	DD	10/01/21
60608	NANCY CASTILLO	629.37	DD	10/01/21
60616	DOROTHY A LONGORIA	823.33	DD	10/01/21
60718	ANNA C GONZALEZ	668.54	DD	10/01/21
60934	CONSUELO ZAMORA	548.28	DD	10/01/21
63178	EMMANUEL ESCALONA	937.96	DD	10/01/21
63289	JASON RUBIO	1011.34	DD	10/01/21
65100	FELICITA BONUZ	525.89	DD	10/01/21
65121	VIVIANA P MEDINA	481.50	DD	10/01/21
65151	ELIA OLACHIA	627.35	DD	10/01/21
65213	LEE SIMERLY	1194.15	DD	10/01/21
65222	LAURIE J KRZYCESKI	906.56	DD	10/01/21
65243	LUCILA LOPEZ	819.41	DD	10/01/21
65366	CYNTHIA GARCIA	615.42	DD	10/01/21
65393	RAMONA A PEREZ	650.01	DD	10/01/21
65413	CHRISTINA SOLIS	575.79	DD	10/01/21
65513	MARIA MORALES	927.89	DD	10/01/21
65616	JESUS RODRIGUEZ	990.28	DD	10/01/21
65705	DOMITILA HERRERA	654.94	DD	10/01/21
65815	MELISSA R VEGAS	821.78	DD	10/01/21
65865	MARIA F LEDEZMA	709.03	DD	10/01/21
65879	MARTHA FLORES	816.17	DD	10/01/21
68792	NAZARIO HERNANDEZ DIAZ	1710.86	DD	10/01/21
70119	SARA N BLEDSOE	2078.58	DD	10/01/21
71620	ROBIN STEELE	2504.76	DD	10/01/21
73749	GLORIA N REID	2545.44	DD	10/01/21
75190	RIKA WILLIAMS	1872.18	DD	10/01/21
76003	IRMA DELEON	556.00	DD	10/01/21
76067	PAIGE G CHATHAM	606.62	DD	10/01/21
76110	TARAH SUBLETT	559.02	DD	10/01/21
76115	JENNIFER R CARLOCK	627.84	DD	10/01/21
76120	RACHEL CANALES	1190.27	DD	10/01/21
76138	KAREN D GARCIA	585.96	DD	10/01/21
76210	ZOE VILLARREAL	614.62	DD	10/01/21
76225	JASON YARBOROUGH	559.70	DD	10/01/21
76300	AIDA JIMENEZ	676.96	DD	10/01/21
76313	PAMELA L BARTON	588.72	DD	10/01/21
76403	KATRINA A POKLUDA	781.35	DD	10/01/21
76647	CHERYL A SEE	758.43	DD	10/01/21
76706	GREGORY E MORALES	604.06	DD	10/01/21
76761	LAURA F PESINA	772.05	DD	10/01/21

Run Date: 09/27/21
Time: 10:12

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 09/10/21--09/23/21 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

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P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
76854	MARY PATTERSON	303.20	DD	10/01/21
77646	FAREN A GONZALES	989.66	DD	10/01/21
78020	MISTY R PASSMORE	991.64	DD	10/01/21
78058	KYANN J POWER	1399.42	DD	10/01/21
78072	DONNA M RAWLINGS	961.03	DD	10/01/21
78186	ANDREA F COOK	236.30	DD	10/01/21
78191	JAMIE J GRASSE	775.94	DD	10/01/21
78287	MARISSA D ALMANZAR	1550.04	DD	10/01/21
78336	JESSICA L GLOVER	1739.54	DD	10/01/21
78566	MELISSA K GEE	783.35	DD	10/01/21
78764	ASHLEY D HADLEY	1896.40	DD	10/01/21
78778	SARA M RUBIO	2320.14	DD	10/01/21
78781	KRISTEN R MACHICK	1682.57	DD	10/01/21
78787	FARAH I JANAK	2504.47	DD	10/01/21
78879	YESENIA QUEZADA	509.48	DD	10/01/21
80008	ADAM D BESIO	2280.83	DD	10/01/21
80141	JEANNIE ORTA	1842.37	DD	10/01/21
82227	CAITLIN A CLEVINGER	975.79	DD	10/01/21
86432	KRISTI L BOYD	1853.46	DD	10/01/21
86482	MEGAN M HARPER	733.26	DD	10/01/21
88150	MELISSA I MCKISSACK	1054.45	DD	10/01/21
88808	MARLEY B MOHRIG	2079.99	DD	10/01/21
88904	MAYRA K MARTINEZ	1204.54	DD	10/01/21
90320	ROSHANDA S THOMAS	3086.88	DD	10/01/21
90779	JASON W ANGLIN	7003.41	DD	10/01/21
98547	ELLEN W HEIMAN	900.24	DD	10/01/21
98756	ADRIANNA M GALVAN	1390.66	DD	10/01/21

303457.90

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

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

	####	ENTER:
<input type="checkbox"/> "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###	<input type="text"/>
<input type="checkbox"/> "ENTER YOUR 4-DIGIT PIN"		<input type="text"/>
<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"	★	\$ 687.06 #
"1 TO CONFIRM"		1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	\$ 364.84 #
"ENTER W/CENTS AMOUNT OF MEDICARE"		\$ 85.32 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		\$ 236.90 #
	CHECK	\$ -
<input type="checkbox"/> "6-DIGIT SETTLEMENT DATE"	★	<input type="text"/>
"1 TO CONFIRM"		1
<input type="checkbox"/> ACKNOWLEDGEMENT NUMBER		<input type="text"/>

CALLER INFORMATION:

CALLER NAME:

CALLER PHONE:

CALLER ADDRESS:

Run Date: 09/28/21
 Time: 14:22

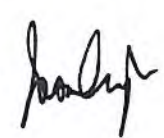
MEMORIAL MEDICAL CENTER
 Payroll Register (Bi-Weekly)
 Pay Period 09/10/21 - 09/23/21 Run# 2

Page 3
 P2REG

Final Summary

*-- Pay Code Summary						*-- Deductions Summary						
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount		
K	EXTENDED-ILLNESS-BANK	8.00	N		N	N	N	326.92	A/R	A/R2	A/R3	
P	PAID-TIME-OFF	64.00	N		N	N	N	2615.38	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	236.90 FICA-M	42.66 FICA-O	182.42
									FIRSTC	FLEX S	FLX FE	
									FORT D	FUTA	GIFT S	
									GRANT	GRP-IN	GTL	
									HOSP-1	ID TPT	LEAF	
									LEGAL	MASA	MEALS	
									METVIS	MISC	MISC/	
									MCSHR	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	205.96 TUTION	UNIFOR	
									UW/HOS			

Grand Totals:		72.00	Gross:		2942.30	Deductions:		667.94	Net:	2274.36
Checks Count:	FT	1	PT	Other	Female	1	Male	Credit	OverAmt	1
									ZeroNet	Term
									Total:	1



941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

PAY PERIOD: BEGIN
 PAY PERIOD: END
 PAY DATE:

9/10/2021
 9/23/2021
 10/1/2021

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
GROSS PAY:	\$ 2,942.30			\$ -		\$ 2,942.30
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	\$ 236.90					\$ 236.90
FICA-M	\$ 42.66					\$ 42.66
FICA-O	\$ 182.42					\$ 182.42
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	\$ 205.96					\$ 205.96
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 667.94	\$ -	\$ -	\$ -	\$ -	\$ 667.94
NET PAY:	\$ 2,274.36	\$ -	\$ -	\$ -	\$ -	\$ 2,274.36
TOTAL CAFÉ 125 PLAN:	\$ -	Less Exempt:				
TAXABLE PAY:	\$ 2,942.30	\$ 2,942.30				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 42.66		
FICA - MED (EE)	1.45%	\$ 42.66	\$ 42.66	\$ -
FICA - SOC SEC (ER)	6.20%	\$ 182.42		
FICA - SOC SEC (EE)	6.20%	\$ 182.42	\$ 182.42	\$ -
FED WITHHOLDING		\$ 236.90	\$ 236.90	\$ -

Employees over FICA-SS Cap:

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

TAX DEPOSIT:	\$ 687.06	\$ 687.06	
FICA - MEDICARE	2.90%	\$ 85.32	\$ 85.32
FICA - SOCIAL SECURITY	12.40%	\$ 364.84	\$ 364.84
FED WITHHOLDING		\$ 236.90	\$ 236.90
TOTAL TAX:	\$ 687.06	\$ 687.06	\$ -

PREPARED BY: Caitlin Clevenger
 PREPARED DATE: 9/28/2021

Run Date: 09/28/21
Time: 14:30

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 09/10/21--09/23/21 Run: 2
Type=NET 10000001 OPERATING - PROSPERITY

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P2DISTP

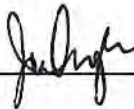
Num.	Name	Amount	CHECK NUM	DATE
42304	MIMI T NGUYEN	2274.36	00062898	10/01/21
		2274.36		

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- September 20 , 2021 - September 26, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>C</u>
9/20/2021	WEBFILE TAX PYMT DD 902/03572592 21000023680	- Sales Tax	1459.84*	2.46 +
9/20/2021	PAY PLUS ACHTRANS 452579291 101000698587512	- 3rd Party Payor Fee	2.46	31.54 +
9/21/2021	PAY PLUS ACHTRANS 452579291 101000699514215	- 3rd Party Payor Fee	31.54	90.81 +
9/21/2021	MCKESSON DRUG AUTO ACH ACH04734011 910000125	- 340B Drug Program Expense	12955.71*	48.68 +
9/22/2021	PAY PLUS ACHTRANS 452579291 101000690353820	- 3rd Party Payor Fee	90.81	10.72 +
9/22/2021	IRS USATAXPYMT 220166504972438 6103601000557	- Payroll Taxes	97.32	184.21 *
9/23/2021	PAY PLUS ACHTRANS 452579291 101000690981670	- 3rd Party Payor Fee	48.68	15,630.70 +
9/24/2021	PAY PLUS ACHTRANS 452579291 101000691772010	- 3rd Party Payor Fee	10.72	1,459.84 -
9/24/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	377.54*	12,955.71 -
9/24/2021	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	-CitiBank Corporate Card Payment	556.08*	97.32 -
			15,630.70	377.54 -
				556.08 -
				184.21 *

PAY PLUS

Jason Anglin, CEO
Memorial Medical Center



September 27, 2021

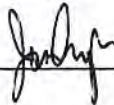
*

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
10/1/2021	ACH Payment STATE COMTRLR TEXNET	ACCRUED UC IGT	350,482.69
10/1/2021	ACH Payment STATE COMTRLR TEXNET	ACCRUED IGT DSH	43,394.00
			393,876.69

Jason Anglin, CEO
Memorial Medical Center



September 27, 2021

SEP 27 2021

MEMORIAL MEDICAL CENTER



Transaction Summary

Transaction Complete
Trace #

**Texas Health and Human Services Commission
Memorial Medical Center Operating County**

Payment Total	\$43,394.00
Bank Routing and Account Number	_____7
Settlement Date	10/8/2021
DSH Amount	\$43,394.00 <i>[Signature]</i>
Entered By	Marley Moehrig

983,267	834,825	1,186,235	1,186,235	-	41,810,414	41,810,414	1,856,053,277
400,143	132,831	204,236	204,236	-	7,198,558	7,198,558	240,286,813
#####	2,018,623	3,602,965	3,671,912	-	129,421,378	129,421,378	2,789,181,304
#####	2,986,279	4,993,436	5,062,383	100.00%	-	178,430,350	4,885,521,394

Total IP Census Days	LIUR Percentage	Low-Income Days	Total Days	Adjusted Total Days for Non-Transferring Public Hospitals	PCT Total Adjusted Days	Total Days State GR Payment (All Funds) Pool 1 (Pass 1) Calculation	Total Days Non-GR Federal Payment Pool 2 (Pass 1) Calculation	Total Payment before State Payment Cap and IGT Return	State Payment Cap
4,230	34.66%	1,466	1,855	2,467	0.05%	\$0	\$86,967	\$86,967	\$2,590,998

490,386,887	1,264,100,626	-	1,856,053,277	41,810,414	-	1,814,242,863	829,844	42,640,258
53,079,519	167,948,223	-	240,286,813	7,198,558	-	233,088,254	106,616	7,305,174
534,850,144	892,967,253	69,543,620	2,719,637,684	127,299,170	2,122,208	2,592,338,515	1,185,749	128,484,919
1,078,316,550	2,325,016,103	69,543,620	4,815,977,774	176,308,142	2,122,208	4,639,669,632	2,122,208	178,430,350

YTD Advance UC Payments	Schedule 1 & 2 costs + Adjustments + UC-Only Charity Costs	Amount of UC Advance Payment Attributable to State Payment Cap	Analysis State Payment Cap less UC Advance Payments Charged to State Payment Cap	Capped Payment at State Payment Cap less 2021 UC Advance Payments Charged to State Payment Cap	Leftover Payment due to State Payment Cap	Remaining State Payment Cap	Leftover DSH Amount Paid	Pool 2 (Pass 2) Payment before IGT Return
\$519,083	\$365,711	\$153,372	\$2,437,626	\$86,967	\$0	\$2,350,658	\$1,075	\$88,043

IMD CHECK
\$5,927,754

21,001,918	58,409,608	122,051,784	122,051,784	-	#####	67,796	122,119,580	-
3,598,071	-	10,903,245	10,903,245	-	229,383,568	8,968	10,912,213	-
4,874,008	-	133,358,927	133,181,037	177,890	#####	101,125	133,282,162	(58,704)
29,473,997	58,409,608	266,313,955	266,136,065	177,890	#####	177,890	266,313,955	(58,704)

IGT from Self (Trans and Publics Only)	TH IGT Other Than Self	Pool 3 Total Payment w/IGT Return before State Payment Cap Cap #2	Capped Payment at State Payment Cap	Leftover Payment due to State Payment Cap Cap	Remaining State Payment Cap	Leftover DSH Amount Paid	Pool 3 (Pass 2) Total Payment (including IGT repayment)	IGT Reduction For Pool 3 Pass 2 Overage
\$43,364	\$0	\$131,407	\$131,407	\$0	\$2,306,219	\$90	\$131,497	\$0

(0.11)	
--------	--

22,373	30,568	79,464,467	#####	42,655,113	122,119,580	79,464,467
2,960	-	3,601,030	229,374,599	7,311,183	10,912,213	3,601,030
2,803	-	4,818,108	#####	128,464,055	133,282,162	4,818,108
28,135	30,568	87,883,605	#####	178,430,350	266,313,955	87,883,605

Additional IGT For Pool 3 Pass 2 Redistribution (Urban Public Class 1, 2, and Non-Urban Public Hospitals)	Additional IGT For Pool 3 Pass 2 Redistribution from Private Hospitals (Urban Public Class 1 Hospitals)	Total IGT Paid	Remaining State Payment Cap	DSH Payment Net of IGT	2022 DSH Advance 1 Payment	2022 DSH Advance 1 IGT
\$30	\$0.00	\$43,394	\$2,306,129	\$88,103	\$131,497	\$43,394

266,313,955



Transaction Summary

Transaction Complete

Trace # 7

**Texas Health and Human Services Commission
Memorial Medical Center Operating County**

Payment Total	\$350,482.69	
Bank Routing and Account Number		
Settlement Date	10/1/2021	
UC Hospital Amount	\$350,482.69	<i>[Signature]</i>
Entered By	Marley Moehrig	<i>[Signature]</i>

Calculation: if in
 State Tab, Total
 DY9 Payment
 minus YTD IGT
 after Schedule 3;
 otherwise, Total
 DY9 Payment
 minus YTD IGT

Calculation:
 State Match *
 Final Payment or
 Recoupment

Final Payment or Recoupment	Final IGT Required	Final Payment After Accounting for Recoupments	Final IGT Required After Accounting for Recoupments	Notes	IGT Payment After Accounting for Recoupment
\$1,099,507.07	\$351,732.31	\$1,095,600.80	\$350,482.69		\$0.01

Application Data	Application Data	Application Data	Application Data	Application Data	Application Data	If Hospital is in the 2. State Hospitals tab, the value is Yes, otherwise it is blank	Application Data	Application Data	Application Data
TPI	2021 Master TPI	UC Hospital Class	Rural Hospital	IMD	Children's Hospital	Included in State Hospital Tab?	Provider Name	SDA	County
137909111	137909111	Private	Rural Hospital	Private IMD			Memorial Medical Center	Nueces	Calhoun

Application Data	Application Data	Application Data	Calculated: Unins SF - UC Unins Dupl in DSH	Application Data	DSH calculation Data	Calculated: If DSH PMT > DSH only costs (Medicaid SF + DSH-Only Uninsured SF) then DSH PMT - Medicaid SF - DSH-only SF, else 0
Medicaid Shortfall with OI and Medicare Payments (Inflated)	Total DSH Uninsured Shortfall (Inflated)	UC Uninsured Charity Duplicated in DSH Uninsured Shortfall (Inflated)	DSH-Only Uninsured Shortfall (Inflated)	UC Schedule 3 Total Charity Costs + Non-Covered Services (Inflated)	2021 DSH Payment (Assumes Full Funding for Pass 3)	DSH Payment Attributable to Charity Care
\$ (754,160.26)	\$ 3,345,158.13	\$ 2,590,936.57	\$ 754,221.56	\$ 2,848,633.99	\$ 908,741.20	\$ 908,679.91

Calculated: If UC
 Schedule 3 - DSH PMT
 attributable to Charity >0,
 UC Schedule 3 - DSH
 PMT attributable to
 Charity, else 0

Application Data

Application Data

Application Data

Application Data

Application Data

Calculated: Sum of
 Sched 1, Sched 2,
 Sched 1 Adj, Sched 2
 Adj, and Sched 3 Adj

Remaining UC Schedule 3 Charity Costs after DSH Payment Attributable to Charity Care is Offset	Total Schedule 1: Uninsured Charity Physician & Mid- Level Costs	Total Schedule 2: Uninsured Charity Pharmacy Costs	Schedule 1 Adjustments	Schedule 2 Adjustments	Schedule 3 Adjustments	Estimated Total Non- S-10 UC Costs (Schedule 1 and 2 and Schedules 1 to 3 Adjustments)
\$ 1,939,954.09	\$ 108,013.41	\$ -	\$ -	\$ -	\$ -	\$ 108,013.41

DSH calculation data

Calculated: If on State Tab, Other UC Cost (Non-S-10) - Sched 3 Adj; otherwise, UC Charity Cost Remaining after DSH offset + Other UC Cost (Non-S-10) + DSH IGT for Large Public

Calculated: Rural hospitals get UC cost, Other Hospitals get an amount equal to % of total cost times remaining pool (Total UC Pool - Non-Hospital - State & Rural Set Aside); physician groups get % to total times physician pool

Calculated: If Large Public, ensures payment does not exceed UC cost excluding the IGT amount; If First Pass > Eligible UC Cost - DSH IGT, then First Pass - (UC Cost - DSH IGT), else 0

Calculated: If there was a reduction, there are no remaining UC Costs, otherwise UC cost - Large Public IGT - First Pass

§355.8212(2)(a)(iv) adjustment for Urban Public Class One Hospitals (Large Public IGT in DSH)	Total Eligible UC Costs (excludes State Schedule 3 Cost & Sched 3 Adj)	Hospital and Physician Payment Allocation (First Pass)	Initial Allocation Reduction for Large Public (If Payment Exceeds UC Cost w/o DSH IGT)	Total UC Costs Remaining After First Pass Allocation
\$ -	\$2,047,967	\$1,618,590	\$0	\$429,378

Calculated: Allocation reductions are distributed based on remaining UC costs as a % to total; (Remaining UC Costs after First Pass)/(Sum of All Remaining UC Costs after First Pass)*(Sum Allocation Reduction for Large Public)

Calculated: UC costs remaining after first pass minus second pass allocation

Calculated: First pass payment minus initial reduction plus second pass payment

Calculated: Payment after Second Pass times State Match

From UC Advance

Calculated: YTD UC Payments*State FMAP %

Placeholder for future years; for now 0

Initial Allocation Overage Redistribution (Second Pass)	Total UC Costs Remaining After Second Pass Allocation and Redistribution	Hospital and Physician Payment Allocation (after Second Pass)	Total IGT Required if IGT is Fully Funded In all SDAs	YTD UC Payments	YTD UC IGT	State Hospitals: YTD UC Payments Remaining after Sched 3
\$0	\$429,378	\$1,618,590	\$ 517,786.94	\$ 519,082.91	\$ 166,054.62	

Calculated: YTD Payment*State Match	Calculated: Total Eligible UC Cost - DSH IGT for Large Public	Calculated: State Match * Max Total Payment	Calculated: If provider is in State Tab, Max total payment minus YTD UC after Sched 3; otherwise Max total payment minus YTD UC payment	Calculated: If in State Tab, max total IGT minus YTD IGT after Sched 3; otherwise, max total IGT minus YTD IGT	Update with new IGT amounts	Total UC Cost Remaining
State Hospitals: YTD UC IGT Remaining after Sched 3	Maximum Total Payment (State Hospitals - Non-S-10 Only)	Maximum Total IGT Commitment Amount (State Hospitals - Non-S-10 Only)	Maximum Final Payment (If IGT is not funded in another SDA)	Maximum Final IGT Commitment	Final UC IGT Commitment	Payment after Second Pass
\$ -	\$2,047,967	\$655,144.80	\$1,528,884.59	\$489,090.18	\$489,090.00	\$655,144.62

	\$137,011,806.67	\$72,697,268.38	\$88,223,020.15	\$328,820,511.74	\$197,141,514.72			
						Calculation: Sum of Pink Columns (Reallocation/Reduction by SDA)	Calculation: UC Payment After Second Pass plus Reallocation/Reduction	
	\$ 192,483,672	\$ 164,080,645	\$ 104,956,991	\$ 424,561,154	\$ 214,662,581			
MRSA Northeast Pool Reallocation or (Reduction) Based on IGT Survey as Described in 1 TAC 355.8212 (f)(3)	MRSA West Pool Reallocation or (Reduction) Based on IGT Survey as Described in 1 TAC 355.8212 (f)(3)	Nueces Pool Reallocation or (Reduction) Based on IGT Survey as Described in 1 TAC 355.8212 (f)(3)	Tarrant Pool Reallocation or (Reduction) Based on IGT Survey as Described in 1 TAC 355.8212 (f)(3)	Travis Pool Reallocation or (Reduction) Based on IGT Survey as Described in 1 TAC 355.8212 (f)(3)	Total Additional Payment or (Payment Reduction)	Total DY 10 Payment (State Hospitals - Non-S-10 Only)	Total DY 10 IGT	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,618,589.98	\$517,786.93	

DY10 UC/SDA Allocation Form

TRACE Number: 000000003681118

The Trace Number is in the receipt you receive from the Comptroller once you have submitted your IGT into TexNet.

The Trace Sheet and Allocation Form must be submitted together in the same email. All Trace Sheet submissions must be accompanied by an Allocation Form. If a governmental entity is submitting in multiple SDA's, a separate allocation form must be submitted for each SDA

SDA	Government Entity	IGT Total	
Nueces	Calhoun County dba Memorial Medical Center	\$	350,482.69
		\$	350,482.69

Marley Moehrig

From: HHSC PFD RAD UC Payments <PFD_UC_Payments@hhs.texas.gov>
Sent: Monday, September 20, 2021 2:36 PM
To: Marley Moehrig
Subject: Read: Memorial Medical Center - DY10 Final UC Payment IGT - Trace#
000000003681118
Attachments: Read: Memorial Medical Center - DY10 Final UC Payment IGT - Trace#
000000003681118

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.

Jason Anglin

From: Luba Kubinski <luba@ahcv.com>
Sent: Tuesday, September 14, 2021 6:57 PM
To: chris.nicosia@hcahealthcare.com; sparker@rcmhospital.org; jmoehler@rcmhospital.org; Michael Healey; eric_graves@chs.net; michael_tea@chs.net; Harrison, Jaclynn J.; kristina.alldredge@christushealth.org; joel.vigil@christushealth.org; steve.king@dchstx.org; Eric.Hamon@dchstx.org; david.lee@okmh.org; Carolyn Zafereo; Patrick Strauss; Duane.Woods@cmcvtx.org; Jason Anglin
Cc: Colt Sullivan; David Elliot; Robin Daniel
Subject: UC DY10 Final IGT Confirmation - Nueces SDA
Attachments: 20210914 Nueces DY10 UC Final Allocation Summary - Distribution.xlsx

[WARNING-Remote attachments, VERIFY SENDER]

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.

Dear All,

Hopefully, everyone received the attached updated DY10 Final UC allocation file from HHSC yesterday. Because these IGTs are collected at the SDA level, some coordination is required.

The attached Allocation Summary includes a facility breakdown of all funding needs and expected funding entities within the SDA. Listed funding entities are based on historical allocations and/or previous discussions with you and your teams. **Please confirm the amounts and expected funding sources within the yellow 'Nueces Alloc by Hosp' tab by the deadlines listed below.**

Private hospitals: Please confirm your facility's DY10 Final UC non-federal share allocation and funding source(s) by EOD Tuesday, September 21st. If you believe any of the information provided in the attached schedules is incorrect, please let us know immediately.

Public hospitals: Please provide a copy of the TexNet sent to HHSC by Friday, September 24th to those copied on this email (Note: If the amount is different than the amount noted on the schedule, please explain why).

If you have any questions related to the allocation or the file, please reach out to the AHCV Team.

Best regards,

Luba Kubinski
Financial Analyst
AHCV - Adelanto HealthCare Ventures L.L.C.
401 W. 15th Street, Suite 840
Austin, TX 78701

Direct: 512-508-9545

<https://ahcv.com/>

DY10 Facility Allocation

SDA	TPI	Hospital	Government Entity	IGT Total
Nueces	020811801	CHRISTUS Spohn Hospital Beeville	Nueces County Hospital District	\$ 1,029,075.87
Nueces	094222903	CHRISTUS Spohn Hospital Alice	Nueces County Hospital District	\$ 1,615,765.63
Nueces	121775403	CHRISTUS Spohn Hospital Corpus Christi	Nueces County Hospital District	\$ 10,249,282.17
Nueces	136436606	CHRISTUS Spohn Kleberg	Nueces County Hospital District	\$ 824,281.05
Nueces	020973601	Bay Area Healthcare Group Ltd	Nueces LPPF	\$ 3,333,847.41
Nueces	132812205	Driscoll Children's Hospital	Nueces LPPF	\$ 569,927.75
Nueces	094118902	Detar Hospital	Webb LPPF	\$ 917,541.17
Nueces	020991801	Refugio County Memorial Hospital	Refugio County Memorial Hospital	\$ 67,981.28
Nueces	136412710	Karnes County Hospital District	Karnes County Hospital District	\$ 477,123.43
Nueces	137907508	Citizens Medical Center	Citizens Medical Center	\$ 737,041.04
Nueces	137909111	Memorial Medical Center	Memorial Medical Center	\$ 350,482.69
			Total	\$ 20,172,349.49
			Nueces County Hospital District	\$ 13,718,404.72
			Nueces LPPF	\$ 3,903,775.16
			Webb LPPF	\$ 917,541.17
			Refugio County Memorial Hospital	\$ 67,981.28
			Karnes County Hospital District	\$ 477,123.43
			Citizens Medical Center	\$ 737,041.04
			Memorial Medical Center	\$ 350,482.69
			Total	\$ 20,172,349.49

09/23/2021

MEMORIAL MEDICAL CENTER

12:48

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11832

BROADMOOR AT CREEKSIDE PAF

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090221A	09/21/2021	09/02/2021	10/07/2021				5,565.00	0.00	0.00	5,565.00

TRANSFER NH insurance pymt deposited into MMC operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT C	5,565.00	0.00	0.00	5,565.00	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,565.00	0.00	0.00	5,565.00

APPROVED ON

SEP 24 2021

CK# 192076

COURTNEY ABOITEAU
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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09/23/2021

12:47

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
090121	09/21/2021	09/01/2021	10/07/2021				5,407.59	0.00	0.00	5,407.59 ✓
090121B	09/21/2021	09/01/2021	10/07/2021				7,304.13	0.00	0.00	7,304.13 ✓
090121A	09/21/2021	09/01/2021	10/07/2021				4,217.80	0.00	0.00	4,217.80 ✓
090321	09/21/2021	09/03/2021	10/07/2021				10,192.62	0.00	0.00	10,192.62 ✓
090921	09/21/2021	09/09/2021	10/07/2021				4,613.55	0.00	0.00	4,613.55 ✓

Net insurance pymt deposited into mmcc operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HE		31,735.69	0.00	0.00	31,735.69

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	31,735.69	0.00	0.00	31,735.69

APPROVED ON

SEP 24 2021

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K12077

COUNTY CLERK
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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09/23/2021

AP Open Invoice List

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Dates Through:

Vendor#
12696

Vendor Name
GULF POINTE PLAZA

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090221A	09/21/2021	09/02/2021	10/07/2021				4,520.97	0.00	0.00	4,520.97 ✓
	TRANSFER NH insurance pymt deposited into MMC operating									
090821	09/21/2021	09/08/2021	10/07/2021				2,070.14	0.00	0.00	2,070.14 ✓
	TRANSFER "									
090921A	09/21/2021	09/09/2021	10/07/2021				18,208.94	0.00	0.00	18,208.94 ✓
	TRANSFER "									
090921	09/21/2021	09/09/2021	10/07/2021				7,718.90	0.00	0.00	7,718.90 ✓
	TRANSFER "									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12696		GULF POINTE PLAZ	32,518.95	0.00	0.00	32,518.95

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	32,518.95	0.00	0.00	32,518.95

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ON
SEP 24 2021
CR#
192078
COMPTROLLER
CALHOUN COUNTY, TEXAS

09/23/2021
12:44

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor#
12792

Vendor Name
BETHANY SENIOR LIVING

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090121	09/21/2021	09/01/2021	10/07/2021				3,076.94	0.00	0.00	3,076.94 ✓
	TRANSFER									
090221	09/21/2021	09/02/2021	10/07/2021				189.09	0.00	0.00	189.09 ✓
	TRANSFER									
090321	09/21/2021	09/03/2021	10/07/2021				3,428.88	0.00	0.00	3,428.88 ✓
	TRANSFER									
090721	09/21/2021	09/07/2021	10/07/2021				9,275.00	0.00	0.00	9,275.00 ✓
	TRANSFER									
090821	09/21/2021	09/08/2021	10/07/2021				1,533.42	0.00	0.00	1,533.42 ✓
	TRANSFER									
090921	09/21/2021	09/09/2021	10/07/2021				5,750.50	0.00	0.00	5,750.50 ✓
	TRANSFER									
091621	09/21/2021	09/16/2021					25.00	0.00	0.00	25.00
	HEALTH FAIR BOOTH FEE									
091721	09/21/2021	09/17/2021	10/07/2021				1,025.94	0.00	0.00	1,025.94 ✓
	TRANSFER									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
12792		BETHANY SENIOR I					24,304.77	0.00	0.00	24,304.77

NH insurance pymt deposited into mmc acct

Medicare recoup taken from Bethany for mmc

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	24,304.77	0.00	0.00	24,304.77
				24,279.77

APPROVED
CN

SEP 24 2021

CHK#
192075

COUNTY AUDITOR
CARRISBORO COUNTY, TEXAS

09/23/2021
12:46

MEMORIAL MEDICAL CENTER

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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
090121	09/21/2021	09/01/2021	10/07/2021				518.52	0.00	0.00	518.52 ✓
	<i>TRANSFER N/A insurance pymt deposited into MMC operating</i>									
090821	09/21/2021	09/08/2021	10/07/2021				4,217.98	0.00	0.00	4,217.98 ✓
	<i>TRANSFER ""</i>									
090921	09/21/2021	09/09/2021	10/07/2021				2,644.46	0.00	0.00	2,644.46 ✓
	<i>TRANSFER ""</i>									
090921A	09/21/2021	09/09/2021	10/07/2021				6,247.40	0.00	0.00	6,247.40 ✓
	<i>TRANSFER ""</i>									
091721	09/21/2021	09/17/2021	10/07/2021				512.97	0.00	0.00	512.97 ✓
	<i>TRANSFER Medicare reoup taken from Tuscany for MMC</i>									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13004			TUSCANY VILLAGE			14,141.33	0.00	0.00	14,141.33	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	14,141.33	0.00	0.00	14,141.33

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ON

SEP 24 2021

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192019

COUNTY AT LARGE
CALHOUN COUNTY, TEXAS

8

RUN DATE:09/27/21
 TIME:14:44

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 09/29/21 THRU 09/29/21

PAGE 1
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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	191994	09/29/21	7,478.20	AIRGAS USA, LLC - CENTRAL DIV
A/P	191995	09/29/21	224.00	ALCO SALES & SERVICE CO
A/P	191996	09/29/21	644.61	ALIMED INC.
A/P	191997	09/29/21	174.00	AMBU INC
A/P	191998	09/29/21	275.98	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	191999	09/29/21	51.50	AQUA BEVERAGE COMPANY
A/P	192000	09/29/21	8,221.26	AUREUS RADIOLOGY LLC
A/P	192001	09/29/21	31.50	BARD ACCESS
A/P	192002	09/29/21	1,411.22	BAXTER HEALTHCARE
A/P	192003	09/29/21	11,817.00	BECKMAN COULTER INC
A/P	192004	09/29/21	541.45	BEEKLEY CORPORATION
A/P	192005	09/29/21	25.00	BETHANY SENIOR LIVING
A/P	192006	09/29/21	60,622.29	BIOFIRE DIAGNOSTICS LLC
A/P	192007	09/29/21	204,138.97	BLUE CROSS BLUE SHIELD
A/P	192008	09/29/21	2,839.00	BUILDING KID STEPS
A/P	192009	09/29/21	350.78	C R BARD, INC
A/P	192010	09/29/21	250.00	CALHOUN SPORTS MEDICINE
A/P	192011	09/29/21	1,453.49	CARDINAL HEALTH 414, INC.
A/P	192012	09/29/21	45.47	CAREFUSION
A/P	192013	09/29/21	1,699.00	CERVEY, LLC
A/P	192014	09/29/21	1,818.00	CLIA LABORATORY PROGRAM
A/P	192015	09/29/21	750.00	COMPASS FLOORING INNOVATIONS
A/P	192016	09/29/21	120.33	COOPER SURGICAL INC
A/P	192017	09/29/21	389.96	DEWITT POTH & SON
A/P	192018	09/29/21	50,311.25	DIAMOND HEALTHCARE CORP
A/P	192019	09/29/21	20,164.00	EVIDENT
A/P	192020	09/29/21	890.00	FIRETROL PROTECTION SYSTEMS
A/P	192021	09/29/21	5,453.13	FIRST CONNECT CENTER LLC
A/P	192022	09/29/21	7,797.48	FISHER HEALTHCARE
A/P	192023	09/29/21	67.09	FIVE STAR STERILIZER SERVICES
A/P	192024	09/29/21	1,119.56	FRONTIER
A/P	192025	09/29/21	254.42	G & S MANAGEMENT GROUP LLC
A/P	192026	09/29/21	4,894.41	GARDNER & WHITE, INC.
A/P	192027	09/29/21	7,934.66	GE PRECISION HEALTHCARE, LLC
A/P	192028	09/29/21	451.31	GENESIS DIAGNOSTICS
A/P	192029	09/29/21	99.50	GRAINGER
A/P	192030	09/29/21	366.40	GULF COAST PAPER COMPANY
A/P	192031	09/29/21	1,000.00	GULF COAST REGIONAL
A/P	192032	09/29/21	295.91	GULF COAST SCIENTIFIC
A/P	192033	09/29/21	21,318.88	HEALTHCARE FINANCIAL SERVICES
A/P	192034	09/29/21	65.22	HOLOGIC INC
A/P	192035	09/29/21	170.00	INTOXIMETERS INC
A/P	192036	09/29/21	2,217.63	J & J HEALTH CARE SYSTEMS, INC
A/P	192037	09/29/21	275.00	K & M SPORTS
A/P	192038	09/29/21	7,073.50	K2 SCIENTIFIC
A/P	192039	09/29/21	1,448.30	KCI USA
A/P	192040	09/29/21	695.00	KOETTER FIR PROTECTION
A/P	192041	09/29/21	795.24	LANDAUER INC
A/P	192042	09/29/21	636.24	LOWE'S HOME CENTERS INC
A/P	192043	09/29/21	30,021.07	LUBY'S FUDDRUCKERS RESTAURANTS

RUN DATE:09/27/21
TIME:14:44

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/29/21 THRU 09/29/21

PAGE 2
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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	192044	09/29/21	1,669.00	MASA GLOBAL BUILDING
A/P	192045	09/29/21	165.86	MCKESSON MEDICAL SURGICAL INC
A/P	192046	09/29/21	.00	VOIDED
A/P	192047	09/29/21	26,155.56	MEDLINE INDUSTRIES INC
A/P	192048	09/29/21	105.71	MMC AUXILIARY GIFT SHOP
A/P	192049	09/29/21	.00	VOIDED
A/P	192050	09/29/21	18,883.55	MORRIS & DICKSON CO, LLC
A/P	192051	09/29/21	1,396.82	MXR IMAGING, INC
A/P	192052	09/29/21	6,390.00	NEOGENOMICS LABORATORIES
A/P	192053	09/29/21	6,675.59	NEW DISTRIBUTING
A/P	192054	09/29/21	71.24	OFFICE DEPOT
A/P	192055	09/29/21	1,137.51	OLYMPUS AMERICA INC
A/P	192056	09/29/21	137.30	ORTHO CLINICAL DIAGNOSTICS
A/P	192057	09/29/21	3,084.00	PARA
A/P	192058	09/29/21	58.68	PARTSSOURCE, LLC
A/P	192059	09/29/21	400.00	PATRICK OCHOA
A/P	192060	09/29/21	8,180.00	PAYCHEX, ADVANCE FBO
A/P	192061	09/29/21	2,240.00	PORT LAVACA PLUMBING
A/P	192062	09/29/21	2,812.00	RN NETWORK
A/P	192063	09/29/21	1,532.51	SERACARE LIFE SCIENCES, INC
A/P	192064	09/29/21	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	192065	09/29/21	12,870.00	SPBS CLINICAL EQUIPMENT SRVC
A/P	192066	09/29/21	4,562.50	STAFFING FIRST
A/P	192067	09/29/21	2,535.76	STERICYCLE, INC
A/P	192068	09/29/21	2,950.15	TELCOR
A/P	192069	09/29/21	15,781.53	TEXAS SELECT STAFFING
A/P	192070	09/29/21	2,346.12	THERACOM, LLC
A/P	192071	09/29/21	1,059.50	TRIZETTO PROVIDER SOLUTIONS
A/P	192072	09/29/21	4,279.20	UNIFIRST HOLDINGS
A/P	192073	09/29/21	1,600.00	UPDOX LLC
A/P	192074	09/29/21	708.50	WERFEN USA LLC
A/P	192075	09/29/21	24,279.77	BETHANY SENIOR LIVING
A/P	192076	09/29/21	5,565.00	BROADMOOR AT CREEKSIDE PARK
A/P	192077	09/29/21	31,735.69	GOLDENCREEK HEALTHCARE
A/P	192078	09/29/21	32,518.95	GULF POINTE PLAZA
A/P	192079	09/29/21	14,141.33	TUSCANY VILLAGE
A/P	192080	09/29/21	610.05	
TOTALS:			713,865.83	

Payables 605,015.04 +
Patient refunds 610,000 +
NH
Transfers 5,565.00 +
31,735.69 +
32,518.95 +
14,141.33 +
24,279.77 +
713,865.83 +

APPROVED

SEP 29 2021

CHEERY AMMONS
CLARKSON 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@mmcporthlavaca.com

mmartinez@mmcporthlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	8/31/2021	EFT	726.03	EFT6075863	CVDAR000026869	30.19	BROADMOOR AT CREEKSIDE
N/A	N/A	9/1/2021	EFT	990.47	EFT6077182	CVDAR000026869	41.18	BROADMOOR AT CREEKSIDE
N/A	N/A	9/2/2021	EFT	791.76	EFT6078470	CVDAR000026869	32.92	BROADMOOR AT CREEKSIDE
N/A	N/A	9/2/2021	EFT	1,987.95	EFT6078444	CVDAR000026869	82.66	BROADMOOR AT CREEKSIDE
N/A	N/A	9/3/2021	EFT	\$ 383.40	EFT6079707	CVDAR000026869	15.94	BROADMOOR AT CREEKSIDE
N/A	N/A	9/3/2021	EFT	\$ 1,345.36	EFT6079738	CVDAR000026869	55.94	BROADMOOR AT CREEKSIDE
N/A	N/A	9/7/2021	EFT	\$ 3,344.21	EFT6081460	CVDAR000026869	139.05	BROADMOOR AT CREEKSIDE
N/A	N/A	9/10/2021	EFT	\$ 4,206.97	EFT6085177	CVDAR000026869	200.22	BROADMOOR AT CREEKSIDE
N/A	N/A	9/13/2021	EFT	\$ 1,411.12	EFT6086687	CVDAR000026869	67.39	BROADMOOR AT CREEKSIDE
N/A	N/A	9/14/2021	EFT	\$ 3,226.18	EFT6088016	CVDAR000026869	153.54	BROADMOOR AT CREEKSIDE
N/A	N/A	9/16/2021	EFT	\$ 4,119.02	EFT6091105	CVDAR000026869	196.04	BROADMOOR AT CREEKSIDE
N/A	N/A	9/17/2021	EFT	\$ 3,875.39	EFT6092800	CVDAR000026869	184.44	BROADMOOR AT CREEKSIDE
TOTAL				26,407.86			1,199.51	

To be filled out by Memorial Medical Center:

Date Received: 9/24/2021

Approved by: Mayra Martinez

Date of transfer: 9/29/2021

From Facility: BROADMOOR AT CREEKSIDE

To Facility: MMC

Amount: 1,199.51

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
CM

SEP 27 2021

COURTESY ALEXANDER
CALDERON, MD, MBA

CL# 000134

Request for Transfer of Funds

Transfer #: _____
Date Requested 9/24/2021
Payer MEDICARE
Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER
Requestor's email tgordon@bethany-living.com
Requestor's phone number 361-551-0500
District or County Calhoun
Facility Bethany Senior Living

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	9/21/2021	EFT		EFT 6096107	CV DAR000026869	6,322.35	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	9/22/2021	EFT		EFT 6097641	CV DAR000026869	639.60	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
TOTAL							6,961.95	

To be filled out by Memorial Medical Center:
Date Received: 9/24/2021
Approved by: Mayra Martinez
Date of transfer: 9/29/2021
From Facility: Broadmoor
To Facility: Bethany Senior Living
Amount: 6,961.95
Requested Transfer Date #2: _____
Date of transfer: _____
From Facility: _____
To Facility: _____
Amount: _____

APPROVED
ON

SEP 27 2021

CASHIER ASSOCIATE
CASINO UNEMPLOYMENT, TEXAS

CL#
000132

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000132

88-2265/1131

Date 9/29/21

PAY

TO THE
ORDER OF

Bethany Senior Living

\$ 6,961.95

Six thousand nine hundred sixty one & 95/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000132⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000133

88-2265/1131

Date 9/29/21

PAY

TO THE
ORDER OF

Tuscany

\$ 2,845.52

Two thousand eight hundred forty five & 52/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000133⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000134

88-2265/1131

Date 9/29/21

PAY

TO THE
ORDER OF

Memorial Medical Clinic

\$ 1,199.51

One thousand one hundred ninety nine & 51/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000134⑈ ⑆113122655⑆

RUN DATE:09/29/21
TIME:13:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/29/21 THRU 09/29/21

PAGE 5
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000131	09/29/21	7,085.19	MEMORIAL MEDICAL CENTER
NHB	000132	09/29/21	6,961.95	BETHANY
NHB	000133	09/29/21	2,845.52	TUSCANY
NHB	000134	09/29/21	1,199.51	MEMORIAL MEDICAL CENTER
TOTALS:			18,092.17	

Q1PP
> Medicare Transfers
- Broadmoor

APPROVED
ON

SEP 29 2021

COUNTY AUDITOR
GARRETT 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	8/31/2021	EFT	726.03	EFT6075863	CVDAR000019557	30.19	THE CRESENT
N/A	N/A	9/1/2021	EFT	990.47	EFT6077182	CVDAR000019557	41.18	THE CRESENT
N/A	N/A	9/2/2021	EFT	791.76	EFT6078470	CVDAR000019557	32.92	THE CRESENT
N/A	N/A	9/2/2021	EFT	1,987.95	EFT6078444	CVDAR000019557	82.66	THE CRESENT
N/A	N/A	9/3/2021	EFT	\$ 383.40	EFT6079707	CVDAR000019557	15.94	THE CRESENT
N/A	N/A	9/3/2021	EFT	\$ 1,345.36	EFT6079738	CVDAR000019557	55.94	THE CRESENT
N/A	N/A	9/7/2021	EFT	\$ 3,344.21	EFT6081460	CVDAR000019557	139.05	THE CRESENT
N/A	N/A	9/10/2021	EFT	\$ 4,206.97	EFT6085177	CVDAR000019557	200.22	THE CRESENT
N/A	N/A	9/13/2021	EFT	\$ 1,411.12	EFT6086687	CVDAR000019557	67.39	THE CRESENT
N/A	N/A	9/14/2021	EFT	\$ 3,226.18	EFT6088016	CVDAR000019557	153.54	THE CRESENT
N/A	N/A	9/16/2021	EFT	\$ 4,119.02	EFT6091105	CVDAR000019557	196.04	THE CRESENT
N/A	N/A	9/17/2021	EFT	\$ 3,875.39	EFT6092800	CVDAR000019557	184.44	THE CRESENT
			TOTAL	26,407.86			1,199.51	

To be filled out by Memorial Medical Center:

Date Received: 9/24/2021

Approved by: Mayra Martinez

Date of transfer: 9/29/2021

From Facility: THE CRESENT

To Facility: MMC

Amount: 1,199.51

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
IN

SEP 27 2021

COURTNEY ANDERSON
CALIBUR SOURCE SYSTEMS
CL# 000167

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000165

Date 9/29/21

88-2265/1131

PAY

TO THE
ORDER OF

Bethany Senior Living

\$ 6961.95

Six thousand nine hundred sixty one & 95/100

DOLLARS



FOR Medicare Repayment

Security features are included. Details on back.

⑈000165⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000166

Date 9/29/21

88-2265/1131

PAY

TO THE
ORDER OF

Tuscany

\$ 2845.52

Two thousand eight hundred forty five & 52/100

DOLLARS



FOR Medicare Repayment

Security features are included. Details on back.

⑈000166⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000167

Date 9/29/21

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Clinic

\$ 1,199.51

One thousand one hundred ninety nine & 51/100

DOLLARS



FOR Medicare Repayment

Security features are included. Details on back.

⑈000167⑈ ⑆113122655⑆

RUN DATE:09/29/21
TIME:13:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/29/21 THRU 09/29/21

PAGE 6
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000164	09/29/21	5,655.11	MEMORIAL MEDICAL CENTER QIP
NHC	000165	09/29/21	6,961.95	BETHANY
NHC	000166	09/29/21	2,845.52	TUSCANY
NHC	000167	09/29/21	1,199.51	MEMORIAL MEDICAL CLINIC
TOTALS:			16,662.09	> NH Transfer - Crescent

APPROVED
ON
SEP 29 2021
COMPTROLLER
GARRISON 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	8/31/2021	EFT	726.03	EFT6075863	CVDAR000019556	30.19	FORT BEND HEALTHCARE
N/A	N/A	9/1/2021	EFT	990.47	EFT6077182	CVDAR000019556	41.18	FORT BEND HEALTHCARE
N/A	N/A	9/2/2021	EFT	791.76	EFT6078470	CVDAR000019556	32.92	FORT BEND HEALTHCARE
N/A	N/A	9/2/2021	EFT	1,987.95	EFT6078444	CVDAR000019556	82.66	FORT BEND HEALTHCARE
N/A	N/A	9/3/2021	EFT	\$ 383.40	EFT6079707	CVDAR000019556	15.94	FORT BEND HEALTHCARE
N/A	N/A	9/3/2021	EFT	\$ 1,345.36	EFT6079738	CVDAR000019556	55.94	FORT BEND HEALTHCARE
N/A	N/A	9/7/2021	EFT	\$ 3,344.21	EFT6081460	CVDAR000019556	139.05	FORT BEND HEALTHCARE
TOTAL				9,569.18			397.88	

To be filled out by Memorial Medical Center:

Date Received: 9/24/2021

Approved by: Mayra Martinez

Date of transfer: 9/29/2021

From Facility: FORT BEND HEALTHCARE

To Facility: MMC

Amount: 397.88

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
MM

SEP 27 2021

MEMORIAL MEDICAL CENTER
CLERK/CLERICAL SERVICES, TEXAS
CL#000159

Request for Transfer of Funds

Transfer #: _____

Date Requested: 7/8/2021 & 9/24/2021

Payer: MEDICARE

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

Requestor's email: tgordon@bethany-living.com

Requestor's phone number: 361-551-0500

District or County: Calhoun

Facility: Bethany Senior Living

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	7/6/2021	EFT		EFT 6011505	CVDAR000019556	28.04	FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
								9/22/2021 - RECEIVED EMAIL FROM CAITLIN TO RESEND IT WAS OVERLOOKED
			TOTAL	-			28.04	

To be filled out by Memorial Medical Center:

Date Received: 9/24/2021

Approved by: Mayra Martinez

Date of transfer: 9/29/2021

From Facility: FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT

To Facility: Bethany Senior Living

Amount: 28.04

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

SEP 27 2021

CLARENCE ARBORETT
CALHOUN COUNTY, TEXAS

Cl # 00158

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

000158

88-2265/1131

Date 9/29/21

PAY

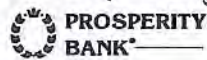
TO THE
ORDER OF

Bethany Senior Living

\$ 28.04

Twenty eight & 04/100

DOLLARS



PROSPERITY
BANK

FOR Medicare repayment

Security features are included. Details on back.

⑈000158⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

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

000159

88-2265/1131

Date 9/29/21

PAY

TO THE
ORDER OF

Memorial Medical Clinic

\$ 397.88

Three hundred ninety Seven & 88/100

DOLLARS



PROSPERITY
BANK

FOR Medicare repayment

Security features are included. Details on back.

⑈000159⑈ ⑆113122655⑆

RUN DATE:09/29/21
TIME:13:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/29/21 THRU 09/29/21

PAGE 7
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000157	09/29/21	7,005.54	MEMORIAL MEDICAL CENTER
NHF	000158	09/29/21	28.04	BETHANY
NHF	000159	09/29/21	397.88	MEMORIAL MEDICAL CLINIC
TOTALS:			7,431.46	

Q1PP
> NH Transfer - Fort Bend

APPROVED
SEP 29 2021
COUNTY ANCHOR
SALISBU 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	8/31/2021	EFT	726.03	EFT6075863	CVDAR000018170	30.19	SOLERA WEST HOUSTON
N/A	N/A	9/1/2021	EFT	990.47	EFT6077182	CVDAR000018170	41.18	SOLERA WEST HOUSTON
N/A	N/A	9/2/2021	EFT	791.76	EFT6078470	CVDAR000018170	32.92	SOLERA WEST HOUSTON
N/A	N/A	9/2/2021	EFT	1,987.95	EFT6078444	CVDAR000018170	82.66	SOLERA WEST HOUSTON
N/A	N/A	9/3/2021	EFT	\$ 383.40	EFT6079707	CVDAR000018170	15.94	SOLERA WEST HOUSTON
N/A	N/A	9/3/2021	EFT	\$ 1,345.36	EFT6079738	CVDAR000018170	55.94	SOLERA WEST HOUSTON
N/A	N/A	9/7/2021	EFT	\$ 3,344.21	EFT6081460	CVDAR000018170	139.05	SOLERA WEST HOUSTON
N/A	N/A	9/10/2021	EFT	\$ 4,206.97	EFT6085177	CVDAR000018170	200.22	SOLERA WEST HOUSTON
N/A	N/A	9/13/2021	EFT	\$ 1,411.12	EFT6086687	CVDAR000018170	67.39	SOLERA WEST HOUSTON
N/A	N/A	9/14/2021	EFT	\$ 3,226.18	EFT6088016	CVDAR000018170	153.54	SOLERA WEST HOUSTON
N/A	N/A	9/16/2021	EFT	\$ 4,119.02	EFT6091105	CVDAR000018170	196.04	SOLERA WEST HOUSTON
N/A	N/A	9/17/2021	EFT	\$ 3,875.39	EFT6092800	CVDAR000018170	184.44	SOLERA WEST HOUSTON
TOTAL				26,407.86			1,199.51	

To be filled out by Memorial Medical Center:

Date Received: 9/24/2021
 Approved by: Mayra Martinez
 Date of transfer: 9/29/2021
 From Facility: SOLERA WEST HOUSTON
 To Facility: MMC
 Amount: 1,199.51
 Requested Transfer Date #: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

ACCEPTED
09

SEP 27 2021

CLERK ANDRONE
CALHOUN COUNTY, TEXAS

CL# 001146

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001164

Date 9/29/21 88-2265/1131

PAY
TO THE
ORDER OF

Bethany Senior Living

\$ 6,961.95

Six thousand nine hundred sixty one & 95/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001164⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001165

Date 9/29/21 88-2265/1131

PAY
TO THE
ORDER OF

Tuscany

\$ 2,845.52

Two thousand eight hundred forty five & 52/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001165⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001166

Date 9/29/21 88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Clinic

\$ 1,199.51

One thousand one hundred ninety nine & 51/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001166⑈ ⑆113122655⑆

RUN DATE:09/29/21
TIME:13:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/29/21 THRU 09/29/21

PAGE 9
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	001163	09/29/21	6,707.75	MEMORIAL MEDICAL CENTER
NHS	001164	09/29/21	6,961.95	BETHANY
NHS	001165	09/29/21	2,845.52	TUSCANY
NHS	001166	09/29/21	1,199.51	MEMORIAL MEDICAL CLINIC
TOTALS:			17,714.73	

QIPP
> NH Transfers - Solem

APPROVED
CBI

SEP 29 2021

COURT REPORTER
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested _____

Payer _____

Requested by: _____

Requestor's email _____

Requestor's phone number _____

District or County _____

Facility _____

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 : cclevenge@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	8/31/2021	EFT	726.03	EFT6075863	CVDAR000019540	30.19	GOLDEN CREEK
N/A	N/A	9/1/2021	EFT	990.47	EFT6077182	CVDAR000019540	41.18	GOLDEN CREEK
N/A	N/A	9/2/2021	EFT	791.76	EFT6078470	CVDAR000019540	32.92	GOLDEN CREEK
N/A	N/A	9/2/2021	EFT	1,987.95	EFT6078444	CVDAR000019540	82.66	GOLDEN CREEK
N/A	N/A	9/3/2021	EFT	\$ 383.40	EFT6079707	CVDAR000019540	15.94	GOLDEN CREEK
N/A	N/A	9/3/2021	EFT	\$ 1,345.36	EFT6079738	CVDAR000019540	55.94	GOLDEN CREEK
N/A	N/A	9/7/2021	EFT	\$ 3,344.21	EFT6081460	CVDAR000019540	139.05	GOLDEN CREEK
N/A	N/A	9/10/2021	EFT	\$ 4,206.97	EFT6085177	CVDAR000019540	200.22	GOLDEN CREEK
N/A	N/A	9/13/2021	EFT	\$ 1,411.12	EFT6086687	CVDAR000019540	67.39	GOLDEN CREEK
N/A	N/A	9/14/2021	EFT	\$ 3,226.18	EFT6088016	CVDAR000019540	153.54	GOLDEN CREEK
N/A	N/A	9/16/2021	EFT	\$ 4,119.02	EFT6091105	CVDAR000019540	196.04	GOLDEN CREEK
N/A	N/A	9/17/2021	EFT	\$ 3,875.39	EFT6092800	CVDAR000019540	184.44	GOLDEN CREEK
TOTAL				26,407.86			1,199.51	

To be filled out by Memorial Medical Center:

Date Received: 9/24/2021

Approved by: Mayra Martinez

Date of transfer: 9/29/2021

From Facility: GOLDEN CREEK

To Facility: MMC

Amount: 1,199.51

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
(2)

SEP 27 2021

CONFIRM LAWE FROM
CASE# 17V-000177, 172013

C# 000129

Request for Transfer of Funds

Transfer #: _____

Date Requested: 9.22.21

Payer: MEDICARE

Requested by: RACHEL ARENAZAS

Requestor's email: rrarenazas@tuscanyvillagecare.net

Requestor's phone number: 713-770-5300

District or County: BRAZORIA

Facility: TUSCANY VILLAGE

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : 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
		9.22.21	EFT	\$ 2,845.52	EFT6097558	WO/CVDAR000019540	\$ 2,845.52	Due Tuscany from Golden Creek
TOTAL				2,845.52			2,845.52	

To be filled out by Memorial Medical Center:

Date Received: 9/22/2021

Approved by: Mayra Martinez

Date of transfer: 9/29/2021

From Facility: Golden creek

To Facility: TUSCANY VILLAGE

Amount: 2,845.52

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

RECEIVED
SEP 27 2021
COMMUNITY MEDICAL CENTER
CANTON, TEXAS
CK#000128

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

000127

88-2265/1131

Date 9/29/21

PAY TO THE ORDER OF Bethany Senior Living \$ 6961.95
Six thousand nine hundred sixty one & 95/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000127⑈ ⑆113122655⑆

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

000128

88-2265/1131

Date 9/29/21

PAY TO THE ORDER OF Tuscany \$ 2,845.52
Two thousand eight hundred forty five & 52/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000128⑈ ⑆113122655⑆

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

000129

88-2265/1131

Date 9/29/21

PAY TO THE ORDER OF Memorial Medical Clinic \$ 1199.51
One thousand one hundred ninety nine & 51/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000129⑈ ⑆113122655⑆

RUN DATE:09/29/21
TIME:11:10

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/29/21 THRU 09/29/21

PAGE 6
GLCKREG

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

NHG 000127 09/29/21 6,961.95 BETHANY
NHG 000128 09/29/21 2,845.52 TUSCANY
NHG 000129 09/29/21 1,199.51 MEMORIAL MEDICAL CLINIC
TOTALS: 11,006.98

golden creek

APPROVED
ON

SEP 29 2021

COUNTY CLERK
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested _____

Payer _____

Requested by: _____

Requestor's email _____

Requestor's phone number _____

District or County _____

Facility _____

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevenger@mmcporthlavaca.com

mmartinez@mmcporthlavaca.com

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	8/31/2021	EFT	726.03	EFT6075863	CVDAR000007985	30.19	TUSCANY VILLAGE
N/A	N/A	9/1/2021	EFT	990.47	EFT6077182	CVDAR000007985	41.18	TUSCANY VILLAGE
N/A	N/A	9/2/2021	EFT	791.76	EFT6078470	CVDAR000007985	32.92	TUSCANY VILLAGE
N/A	N/A	9/2/2021	EFT	1,987.95	EFT6078444	CVDAR000007985	82.66	TUSCANY VILLAGE
N/A	N/A	9/3/2021	EFT	\$ 383.40	EFT6079707	CVDAR000007985	15.94	TUSCANY VILLAGE
N/A	N/A	9/3/2021	EFT	\$ 1,345.36	EFT6079738	CVDAR000007985	55.94	TUSCANY VILLAGE
N/A	N/A	9/7/2021	EFT	\$ 3,344.21	EFT6081460	CVDAR000007985	139.05	TUSCANY VILLAGE
N/A	N/A	9/10/2021	EFT	\$ 4,206.97	EFT6085177	CVDAR000007985	200.22	TUSCANY VILLAGE
N/A	N/A	9/13/2021	EFT	\$ 1,411.12	EFT6086687	CVDAR000007985	67.39	TUSCANY VILLAGE
N/A	N/A	9/14/2021	EFT	\$ 3,226.18	EFT6088016	CVDAR000007985	153.54	TUSCANY VILLAGE
N/A	N/A	9/16/2021	EFT	\$ 4,119.02	EFT6091105	CVDAR000007985	196.04	TUSCANY VILLAGE
N/A	N/A	9/17/2021	EFT	\$ 3,875.39	EFT6092800	CVDAR000007985	184.44	TUSCANY VILLAGE
TOTAL				26,407.86			1,199.51	

To be filled out by Memorial Medical Center:

Date Received: 9/24/2021

Approved by: Mayra Martinez

Date of transfer: 9/29/2021

From Facility: TUSCANY VILLAGE

To Facility: MMC

Amount: 1,199.51

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
BY

SEP 27 2021

CREDIT ADVISORY
COLLEGE COUNTY, TEXAS

ck # 1059

Request for Transfer of Funds

Transfer #: _____
 Date Requested: 9/24/2021
 Payer: MEDICARE
 Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER
 Requestor's email: tgordon@bethany-living.com
 Requestor's phone number: 361-551-0500
 District or County: Calhoun
 Facility: Bethany Senior Living

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to: cclevenger@mmcporthavaca.com

mmartinez@mmcporthavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	9/21/2021	EFT		EFT 6096107	CVDAR000007985	6,322.35	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	9/22/2021	EFT		EFT 6097641	CVDAR000007985	639.60	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
TOTAL				-			6,961.95	

To be filled out by Memorial Medical Center:
 Date Received: 9/24/2021
 Approved by: Mayra Martinez
 Date of transfer: 9/29/2021
 From Facility: TUSCANY
 To Facility: Bethany Senior Living
 Amount: 6,961.95
 Requested Transfer Date #2: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED
ON

SEP 27 2021

CLERK/CLERK/CLERK

ck# 1088

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1058

88-2265/1131-87

DATE 9/29/21



PAY TO THE ORDER OF Bethany Senior Living \$ 6961.95

Six thousand nine hundred sixty one & 95/100 DOLLARS



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

FOR medicare repayment

⑈001058⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1059

88-2265/1131-87

DATE 9/29/21



PAY TO THE ORDER OF Memorial Medical Clinic \$ 1,199.51

One thousand one hundred ninety nine & 51/100 DOLLARS



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

FOR medicare repayment

⑈001059⑈ ⑆113122655⑆

RUN DATE:09/29/21
TIME:11:10

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/29/21 THRU 09/29/21

PAGE 8
GLCKREG

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

TUS 001058 09/29/21 6,961.95 BETHANY
TUS 001059 09/29/21 1,199.51 MEMORIAL MEDICAL CLINIC
TOTALS: 8,161.46

Tuscany

APPROVED
CSJ

SEP 29 2021

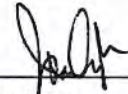
COUNTY AUDITOR
GARRETT COUNTY, TEXAS

Medicare Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	Amt	Date
BROADMOOR			BETHANY	20351000	6,961.95	9/27/2021
BROADMOOR			TUSCANY	20351000	2,845.52	9/27/2021
BROADMOOR			MMCLINIC	20351000	1,199.51	9/27/2021
CRESCENT			BETHANY	20351000	6,961.95	9/27/2021
CRESCENT			TUSCANY	20351000	2,845.52	9/27/2021
CRESCENT			MMCLINIC	20351000	1,199.51	9/27/2021
FORT BEND			BETHANY	20351000	28.04	9/27/2021
FORT BEND			MMCLINIC	20351000	397.88	9/27/2021
SOLERA			BETHANY	20351000	6,961.95	9/27/2021
SOLERA			TUSCANY	20351000	2,845.52	9/27/2021
SOLERA			MMCLINIC	20351000	1,199.51	9/27/2021
GOLDEN CREEK			BETHANY	20351000	6,961.95	9/27/2021
GOLDEN CREEK			TUSCANY	20351000	2,845.52	9/27/2021
GOLDEN CREEK			MMCLINIC	20351000	1,199.51	9/27/2021
TUSCANY			BETHANY	20351000	6,961.95	9/27/2021
TUSCANY			MMCLINIC	20351000	1,199.51	9/27/2021
Total					52,615.30	

Note:

Approved:



Jason Anglin, CEO/CFO

9/27/2021

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
9/27/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	216844381	470,887.82	470,726.21	189,254.67	✓	189,411.28	171,882.43
						Bank Balance	189,411.28
						Variance	
						Leave in Balance	100.00
						MOLINA QIPP YR 3 ADJ 2	822.02
						MOLINA AUG QIPP	14,808.91
						AMERIGROUP QIPP YR 3 ADJ 2	1,741.31
						JULY INTEREST	38.78
						AUG INTEREST	17.83
						SEP INTEREST	
						Adjust Balance/Transfer Amt	171,882.43
Broadmoor	216844403	210,313.44	207,817.64	165,435.12	✓	167,930.92	147,342.95
						Bank Balance	167,930.92
						Variance	
						Leave in Balance	100.00
						Medicare repayment owed to bethany	512.97
						Medicare repayment owed to Tuscany	466.36
						Medicare repayment owed to MMClinic	1,370.34
						Medicare repayment owed to bethany	6,961.95
						Medicare repayment owed to MMClinic	1,199.51
						Medicare repayment owed to Tuscany	2,845.52
						MOLINA QIPP YR 3 ADJ 2	309.15
						MOLINA AUG QIPP	6,122.21
						AMERIGROUP QIPP YR 3 ADJ 2	653.79
						JULY INTEREST	32.13
						AUG INTEREST	14.00
						SEP INTEREST	
						Adjust Balance/Transfer Amt	147,342.95
Crescent	216844411	138,976.56	136,496.67	121,003.91	✓	123,483.80	104,341.82
						Bank Balance	123,483.80
						Variance	
						Leave in Balance	100.00
						Medicare repayment owed to Bethany	512.97
						Medicare repayment owed to Tuscany	466.36
						Medicare repayment owed to MMClinic	1,370.34
						Medicare repayment owed to Bethany	6,961.95
						Medicare repayment owed to MMClinic	1,199.51
						Medicare repayment owed to Tuscany	2,845.52
						MOLINA QIPP YR 3 ADJ 2	236.48
						MOLINA AUG QIPP	4,914.02
						AMERIGROUP QIPP YR 3 ADJ 2	504.61
						JULY INTEREST	20.96
						AUG INTEREST	9.26
						SEP INTEREST	
						Adjust Balance/Transfer Amt	104,341.82
Fort Bend	216844446	302,258.72	300,726.46	33,660.80	✓	35,193.06	26,229.34
						Bank Balance	35,193.06
						Variance	
						Leave in Balance	100.00
						Medicare repayment owed to Tuscany	47.50
						Medicare repayment owed to MMClinic	1,370.34
						Medicare repayment owed to Bethany	28.04
						Medicare repayment owed to MMClinic	197.88
						MOLINA QIPP YR 3 ADJ 2	127.55
						MOLINA AUG QIPP	5,980.14
						AMERIGROUP QIPP YR 3 ADJ 2	697.85
						JULY INTEREST	8.77
						AUG INTEREST	5.85
						SEP INTEREST	
						Adjust Balance/Transfer Amt	26,229.34
Solera at W Houston	216844438	142,020.04	129,852.20	167,159.32	✓	179,127.16	349,444.59
						Bank Balance	179,127.16
						Variance	
						Leave in Balance	100.00
						Medicare repayment owed to GOLDEN CREEK	1,847.45
						Medicare repayment owed to Tuscany 9.7.21	906.27
						Medicare repayment owed to MMC	6,921.08
						Medicare repayment owed to Bethany	512.97
						Medicare repayment owed to Tuscany	466.36
						Medicare repayment owed to MMClinic	1,370.34
						Medicare repayment owed to Bethany	6,961.95
						Medicare repayment owed to MMClinic	1,199.51
						Medicare repayment owed to Tuscany	2,845.52
						MOLINA QIPP YR 3 ADJ 2	283.83
						MOLINA AUG QIPP	5,818.51
						AMERIGROUP QIPP YR 3 ADJ 2	605.41
						JULY INTEREST	26.44
						AUG INTEREST	16.93
						SEP INTEREST	
						Adjust Balance/Transfer Amt	349,444.59

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 111000614
Account # 448234257

Routing Information for Cres:
Crescent Health Care Centers I
JP Morgan Chase Bank
ABA 111000614
Account # 931662922

171,882.43 +
147,342.95 +
104,341.82 +
26,229.34 +
349,444.59 +
799,241.13

APPROVED ON
SEP 27 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 799,241.13
Approved: Jason Anglin, CEO 9/27/2021

Ashford Gardens

Table with columns: Transfer-Out, Transfer-In, QIPP/Comp1, QIPP/Comp2, QIPP/Comp3, QIPP/Comp4 & Lapse, QIPP TI, NH PORTION. Rows include transactions for UHC COMMUNITY PL, MOLINA HEALTHCAR, AMERIGROUP CORPO, and WIRE OUT ASHFORD HEALTH CARE CENTER LTD.

Brentwood

Table with columns: Transfer-Out, Transfer-In, QIPP/Comp1, QIPP/Comp2, QIPP/Comp3, QIPP/Comp4 & Lapse, QIPP TI, NH PORTION. Rows include transactions for HUMANA INS CO, MOLINA HEALTHCAR, AMERIGROUP CORPO, and WIRE OUT CANTEX HEALTH CARE CENTERS III.

Crescent

Table with columns: Transfer-Out, Transfer-In, QIPP/Comp1, QIPP/Comp2, QIPP/Comp3, QIPP/Comp4 & Lapse, QIPP TI, NH PORTION. Rows include transactions for UNITEDHEALTHCARE, AARP Supplementa, MOLINA HEALTHCAR, AMERIGROUP CORPO, and WIRE OUT CANTEX HEALTH CARE CENTERS III.

East Bend

Table with columns: Transfer-Out, Transfer-In, QIPP/Comp1, QIPP/Comp2, QIPP/Comp3, QIPP/Comp4 & Lapse, QIPP TI, NH PORTION. Rows include transactions for AARP Supplementa, UHC COMMUNITY PL, MOLINA HEALTHCAR, AMERIGROUP CORPO, and WIRE OUT CANTEX HEALTH CARE CENTERS III.

Solers at West Houston

Table with columns: Transfer-Out, Transfer-In, QIPP/Comp1, QIPP/Comp2, QIPP/Comp3, QIPP/Comp4 & Lapse, QIPP TI, NH PORTION. Rows include transactions for MANAGEANDNET1718 MNS PMNT, AARP Supplementa, HEALTH HUMAN SVC, HUMANA INS CO, HUMANA CHA DISB, and WIRE OUT CANTEX HEALTH CARE CENTERS III.

TOTALS

Summary row for totals: 1,245,619.18, 876,513.82, 38,564.55, 7,037.97, 1,407.25, 2,077.25, 43,825.79, 832,688.04

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type



DDA

Data reported as of Sep 27, 202

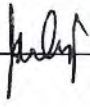
Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,208,296.18	\$7,458,175.22	\$7,208,296.18	\$6,531,569.8
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$7,160.01	\$7,160.01	\$7,160.01	\$7,198.6
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$72,930.47	\$72,930.47	\$72,930.47	\$65,722.6
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.78	\$535.78	\$535.78	\$535.7
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,324,880.89	\$4,493,239.41	\$4,324,880.89	\$4,189,666.3
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.36	\$431.36	\$431.36	\$431.3
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$189,411.28	\$226,546.11	\$189,411.28	\$77,522.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$167,930.92	\$168,217.25	\$167,930.92	\$145,421.3
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$123,483.80	\$132,308.62	\$123,483.80	\$108,546.6
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$35,193.06	\$40,031.40	\$35,193.06	\$21,252.3
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$379,327.16	\$398,926.40	\$379,327.16	\$111,825.2
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,404.74	\$1,108,404.74	\$1,108,404.74	\$1,108,404.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$259,159.94	\$259,159.94	\$259,159.94	\$190,015.4
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$94,244.48	\$100,650.85	\$94,244.48	\$78,967.4
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$358,727.05	\$363,157.64	\$358,727.05	\$341,396.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$86,475.24	\$86,475.24	\$86,475.24	\$84,662.7

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 9/27/2021

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	216844454	295,257.56 ✓	292,771.14 ✓	70,444.05 ✓		-	
						Bank Balance	72,930.47 ✓
						Variance	-
						Leave in Balance	100.00 ✓
						Medicare repayment owed to Tuscany	2,845.52 ✓
						Medicare repayment owed to MMCLINIC	1,199.51 ✓
						Medicare repayment owed to Bethany	6,961.95 ✓
						Medicare repayment owed to Bethany	512.97 o/s
						Medicare repayment owed to Tuscany	466.36 o/s
						Medicare repayment owed to MMCLINIC	1,370.34 o/s
						JULY INTEREST	26.48 ✓
						AUG INTEREST	10.27 ✓
						SEP INTEREST	
						Adjust Balance/Transfer Amt	<u>59,437.07</u> ✓✓

Routing Information for Golden Creek:
 Nexion Health at Golden Creek
 Wells Fargo Bank, N.A.
 ABA 121000248
 Account # 4439840323

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 9/27/2021

**APPROVED
 ON
 SEP 27 2021
 COUNTY AUDITOR
 GARRETT COUNTY, TEXAS**

Golden Creek

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L apse	QJPP TI	
9/21/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	1,087.00						1,087.00
9/21/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	4,211.10						4,211.10
9/12/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	4,560.00						4,560.00
9/23/2021 CK123	7,088.03	-						-
9/23/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	285,683.11	-						-
9/23/2021 NOVITAS SOLUTION HCCLAIMPMT 676097 420000178	-	53,378.07						53,378.07
9/24/2021 Deposit	-	3,694.90						3,694.90
9/24/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	3,512.98						3,512.98
	292,771.14	70,444.05	-	-	-	-	-	70,444.05

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA Data reported as of Sep 27, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
Number of Accounts: 15	\$7,208,296.18	\$7,458,175.22	\$7,208,296.18	\$6,531,569.8
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$7,160.01	\$7,160.01	\$7,160.01	\$7,198.6
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$72,930.47	\$72,930.47	\$72,930.47	\$65,722.5
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.78	\$535.78	\$535.78	\$535.7
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,324,880.89	\$4,493,239.41	\$4,324,880.89	\$4,189,666.3
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.36	\$431.36	\$431.36	\$431.3
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$189,411.28	\$226,546.11	\$189,411.28	\$77,522.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$167,930.92	\$168,217.25	\$167,930.92	\$145,421.3
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$123,483.80	\$132,308.62	\$123,483.80	\$108,546.8
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$35,193.06	\$40,031.40	\$35,193.06	\$21,252.3
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$379,327.16	\$398,926.40	\$379,327.16	\$111,825.2
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,404.74	\$1,108,404.74	\$1,108,404.74	\$1,108,404.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$259,159.94	\$259,159.94	\$259,159.94	\$190,015.4
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$94,244.48	\$100,650.85	\$94,244.48	\$78,967.4
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$358,727.05	\$363,157.64	\$358,727.05	\$341,396.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$86,475.24	\$86,475.24	\$86,475.24	\$84,662.7

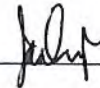
Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 9/27/2021

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	217715433	321,943.17	5,170.29	41,954.17			358,727.05	7,745.48
						Bank Balance	358,727.05	
						Variance	-	
						Leave in Balance	100.00	
						ECHO CLAIM PAYMENTS TO HOLD	349,809.45	
						SUPERIOR YR 3 ADJ 2	1,038.57	
						JULY INTEREST	24.01	
						AUG INTEREST	9.54	
						SEP INTEREST		
						Adjust Balance/Transfer Amt	7,745.48	
Gulf Pointe Plaza-Medicare/Medicaid	217715441	29,129.66	29,007.79	94,122.61			94,244.48	94,122.61
						Bank Balance	94,244.48	
						Variance		
						Leave in Balance	100.00	
						JULY INTEREST	15.04	
						AUG INTEREST	6.83	
						SEP INTEREST		
						Adjust Balance/Transfer Amt	94,122.61	
TOTAL TRANSFERS							101,868.09	

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



9/27/2021

APPROVED
 ON
 SEP 27 2021
 COUNTY AUDITOR
 CALHOUN COUNTY

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	
9/20/2021 HNB - ECHO HCCLAIMPMT 746003411 440000219924	-	210.72	-	-	-	-	-	210.72
9/20/2021 HNB - ECHO HCCLAIMPMT 746003411 440000219924	-	51.95	-	-	-	-	-	51.95
9/20/2021 HNB - ECHO HCCLAIMPMT 746003411 440000219924	-	1,991.69	-	-	-	-	-	1,991.69
9/20/2021 HNB - ECHO HCCLAIMPMT 746003411 440000219924	-	978.36	-	-	-	-	-	978.36
9/21/2021 PNC-ECHO HCCLAIMPMT 746003411 41000125804307	-	713.69	-	-	-	-	-	713.69
9/21/2021 HNB - ECHO HCCLAIMPMT 746003411 440000252995	-	36.26	-	-	-	-	-	36.26
9/21/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001861	-	7,401.48	-	-	-	-	-	7,401.48
9/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000276444	-	6,431.06	-	-	-	-	-	6,431.06
9/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000276444	-	202.04	-	-	-	-	-	202.04
9/22/2021 Centene Manageme CCD+ 38888463 3110020734045	-	1,382.57	694.56	104.39	242.91	340.71	1,038.57	344.01
9/23/2021 WIRE OUT HMG SERVICES, LLC	5,170.29	-	-	-	-	-	-	-
9/23/2021 HNB - ECHO HCCLAIMPMT 746003411 440000200914	-	5,223.93	-	-	-	-	-	5,223.93
9/24/2021 HNB - ECHO HCCLAIMPMT 746003411 440000223708	-	17,330.42	-	-	-	-	-	17,330.42
	<u>5,170.29</u>	<u>41,954.17</u>	<u>694.56</u>	<u>104.39</u>	<u>242.91</u>	<u>340.71</u>	<u>1,038.57</u>	<u>40,915.61</u>

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	
9/23/2021 WIRE OUT HMG SERVICES, LLC	29,007.79	-	-	-	-	-	-	-
9/23/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001019110	-	78,845.58	-	-	-	-	-	78,845.58
9/24/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001967249	-	15,277.03	-	-	-	-	-	15,277.03
	<u>29,007.79</u>	<u>94,122.61</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>94,122.61</u>
	<u>34,178.08</u>	<u>136,076.78</u>	<u>694.56</u>	<u>104.39</u>	<u>242.91</u>	<u>340.71</u>	<u>1,038.57</u>	<u>135,038.22</u>

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type



DDA

Data reported as of Sep 27, 2021

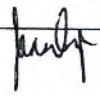
Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,208,296.18	\$7,458,175.22	\$7,208,296.18	\$6,531,569.8
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$7,160.01	\$7,160.01	\$7,160.01	\$7,198.6
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$72,930.47	\$72,930.47	\$72,930.47	\$65,722.5
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.78	\$535.78	\$535.78	\$535.7
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,324,880.89	\$4,493,239.41	\$4,324,880.89	\$4,189,666.3
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.36	\$431.36	\$431.36	\$431.3
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$189,411.28	\$226,546.11	\$189,411.28	\$77,522.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$167,930.92	\$168,217.25	\$167,930.92	\$145,421.3
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$123,483.80	\$132,308.62	\$123,483.80	\$108,546.8
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$35,193.06	\$40,031.40	\$35,193.06	\$21,252.3
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$379,327.16	\$398,926.40	\$379,327.16	\$111,825.2
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,404.74	\$1,108,404.74	\$1,108,404.74	\$1,108,404.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$259,159.94	\$259,159.94	\$259,159.94	\$190,015.4
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$94,244.48	\$100,650.85	\$94,244.48	\$78,967.4
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$358,727.05	\$363,157.64	\$358,727.05	\$341,396.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$86,475.24	\$86,475.24	\$86,475.24	\$84,662.7

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 9/27/2021

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	217843407	62,363.78 ✓	58,175.86 ✓	82,287.32 ✓			86,475.24	74,125.86 ✓
						Bank Balance	86,475.24	
						Variance	86,475.24	
						Leave in Balance	100.00	
						Medicare repayment owed to BETHANY	512.97	015
						Medicare repayment owed to MMCLINIC	3,574.95	015
						Medicare repayment owed to BETHANY	6,961.95	
						Medicare repayment owed to MMCLINIC	1,199.51 ✓	
						Adjust Balance/Transfer Amt	74,125.86	✓

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: _____ 9/27/2021
 Jason Anglin, CEO



APPROVED
 ON
 SEP 27 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>QIPP TI</u>	<u>NH PORTION</u>
9/20/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	17,841.36					-	17,841.36
9/23/2021 CK1055	8,138.14	-					-	-
9/23/2021 WIRE OUT LINBAR ENTERPRISES, LLC	50,037.72	-					-	-
9/23/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000178	-	62,633.42					-	62,633.42
9/24/2021 Deposit	-	1,812.54					-	1,812.54
							-	-
							-	-
							-	-
	58,175.86	82,287.32	-	-	-	-	-	82,287.32

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type

DDA

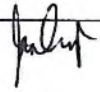
Data reported as of Sep 27, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,208,296.18	\$7,458,175.22	\$7,208,296.18	\$6,531,569.8
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$7,160.01	\$7,160.01	\$7,160.01	\$7,198.6
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$72,930.47	\$72,930.47	\$72,930.47	\$65,722.5
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.78	\$535.78	\$535.78	\$535.7
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,324,880.89	\$4,493,239.41	\$4,324,880.89	\$4,189,666.3
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.36	\$431.36	\$431.36	\$431.3
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$189,411.28	\$226,546.11	\$189,411.28	\$77,522.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$167,930.92	\$168,217.25	\$167,930.92	\$145,421.3
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$123,483.80	\$132,308.62	\$123,483.80	\$108,546.8
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$35,193.06	\$40,031.40	\$35,193.06	\$21,252.3
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$379,327.16	\$398,926.40	\$379,327.16	\$111,825.2
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,404.74	\$1,108,404.74	\$1,108,404.74	\$1,108,404.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$259,159.94	\$259,159.94	\$259,159.94	\$190,015.4
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$94,244.48	\$100,650.85	\$94,244.48	\$78,967.4
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$358,727.05	\$363,157.64	\$358,727.05	\$341,396.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$86,475.24	\$86,475.24	\$86,475.24	\$84,662.7

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 9/27/2021

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	217715506	198,611.76	✓ 197,190.73	✓ 257,738.91			259,159.94	257,738.91
							259,159.94	
							100.00	
							1,225.99	015
							72.51	✓
							22.53	✓
							257,738.91	✓

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 9/27/2021

APPROVED ON
 SEP 27 2021
 COUNTY AUDITOR
 CAMERON COUNTY, TEXAS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Sep 27, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,208,296.18	\$7,458,175.22	\$7,208,296.18	\$6,531,569.8
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$7,160.01	\$7,160.01	\$7,160.01	\$7,198.6
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$72,930.47	\$72,930.47	\$72,930.47	\$65,722.5
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.78	\$535.78	\$535.78	\$535.7
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,324,880.89	\$4,493,239.41	\$4,324,880.89	\$4,189,666.3
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.36	\$431.36	\$431.36	\$431.3
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$189,411.28	\$226,546.11	\$189,411.28	\$77,522.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$167,930.92	\$168,217.25	\$167,930.92	\$145,421.3
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$123,483.80	\$132,308.62	\$123,483.80	\$108,546.8
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$35,193.06	\$40,031.40	\$35,193.06	\$21,252.3
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$379,327.16	\$398,926.40	\$379,327.16	\$111,825.2
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,404.74	\$1,108,404.74	\$1,108,404.74	\$1,108,404.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$259,159.94	\$259,159.94	\$259,159.94	\$190,015.4
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$94,244.48	\$100,650.85	\$94,244.48	\$78,967.4
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$358,727.05	\$363,157.64	\$358,727.05	\$341,396.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$86,475.24	\$86,475.24	\$86,475.24	\$84,662.7

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
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MEMORIAL MEDICAL CENTER

Date Requested: 09/27/21

APPROVED
ON
SEP 27 2021
COUNTY ADDRESS
GARRETT COUNTY, TEXAS
CL#1156

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

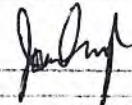
AMOUNT \$17,372.24

G/L NUMBER: 10255040

EXPLANATION: MOLINA YR 3 ADJ- \$822.02 MOLINA AUG QIPP- \$14,808.91 AMERIGROUP- \$1,741.31

Ashford

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:09/29/21
TIME:13:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/29/21 THRU 09/29/21

PAGE 4
GLCKREG

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

NHA 001156 09/29/21 17,372.24 MEMORIAL MEDICAL CENTER
TOTALS: 17,372.24

Ashtford

**APPROVED
ON
SEP 29 2021
COUNTY AUDITOR
GARRETT COUNTY, TEXAS**

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 09/27/21

A _____

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E _____

E _____

FOR ACCT. USE ONLY

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

APPROVED
ON

SEP 27 2021

COUNTY AUDITOR
COMPTON COUNTY, TEXAS
ck# 02131

AMOUNT \$7,085.19

G/L NUMBER: 10255040

EXPLANATION: MOLINA YR 3 ADJ- \$309.19 MOLINA AUG QIPP- \$6,122.21 AMERIGROUP- \$653.79

Broadman

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *[Signature]*

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 09/27/21

A _____

Y _____

E _____

E _____

APPROVED
ON
SEP 27 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK #000164

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

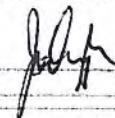
AMOUNT \$5,655.11

G/L NUMBER: 10255040

EXPLANATION: MOLINA YR 3 ADJ- \$236.48 MOLINA AUG QIPP- \$4,914.02 AMERIGROUP- \$504.61

Crescent

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
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MEMORIAL MEDICAL CENTER

Date Requested: 09/27/21

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

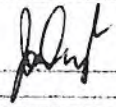
APPROVED
ON
SEP 27 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
G/L NUMBER: 10255040
CLL#00157

AMOUNT \$7,005.54

EXPLANATION: MOLINA YR 3 ADJ- \$327.55 MOLINA AUG QIPP- \$5,980.14 AMERIGROUP- \$697.85

Fort Bend

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E

MEMORIAL MEDICAL CENTER

Date Requested: 09/27/21

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED
ON
SEP 27 2021

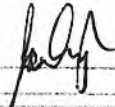
COUNTY AUDITOR
CALESON COUNTY, TEXAS
G/L NUMBER: 10255040
CK# 01163

AMOUNT \$6,707.75

EXPLANATION: MOLINA YR 3 ADJ- \$283.83 MOLINA AUG QIPP- \$5,818.51 AMERIGROUP- \$605.41

Solera

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E
MEMORIAL MEDICAL CENTER

Date Requested: 09/27/21

FOR ACCT. USE ONLY

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

APPROVED
ON

SEP 27 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

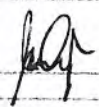
CL #1001

AMOUNT \$1,038.57

G/L NUMBER: 10255040

EXPLANATION: SUPERIOR YR 3 ADJ- \$1,038.57 - Gulf Pointe

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:09/29/21
TIME:13:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/29/21 THRU 09/29/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPP 001009 09/29/21 1,038.57 MEMORIAL MEDICAL CENTER
TOTALS: 1,038.57

Gu F. Pank

**APPROVED
BY**

SEP 29 2021

**CONDY ANNOUN
GARRETT COUNTY, TEXAS**

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

1156
88-2265/1131-87

9/29/21

Date

CHECK AMOUNT

Pay to the

Order of Memorial Medical Center

\$ 17,372.24

Seventeen thousand three hundred seventy two & 24/100 Dollars



PROSPERITY BANK®

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

Molina Avb - 14,808.91 Amerigroup:
For Molina ADJ - 422.02 4,741.31

⑆ 1131226551⑆

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000131

Date

9/29/21

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 7,085.19

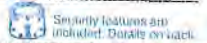
Seven thousand eighty five & 19/100

DOLLARS

PROSPERITY
BANK®

Molina YR3 ADJ - 309.19
Molina Avb - 6,122.21

FOR Amerigroup YR3 ADJ - 653.79



⑆ 000131⑆ ⑆ 1131226551⑆

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

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000164

Date

9/29/21

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 5,655.11

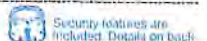
Five thousand six hundred fifty five & 11/100

DOLLARS

PROSPERITY
BANK®

Molina YR3 ADJ - 236.48
Molina Avb - 4,914.02

FOR Amerigroup YR3 ADJ - 504.161



⑆ 000164⑆ ⑆ 1131226551⑆

MEMORIAL MEDICAL CENTER

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

000157

88-2265/1131

Date 9/29/21

PAY TO THE ORDER OF Memorial Medical Center

\$ 7,005.54

Seven thousand five & 54/100 DOLLARS



Molina YR3 ADJ - 327.55
Molina AUG - 5,980.14

FOR Amerigroup YR3 ADJ - 697.85

Security features are included. Details on back.

⑈000157⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001163

88-2265/1131

Date 9/29/21

PAY TO THE ORDER OF Memorial Medical Center

\$ 6,707.75

Six thousand Seven hundred Seven & 75/100 DOLLARS



Molina YR3 ADJ - 283.83
Molina AUG - 5,918.51

FOR Amerigroup YR3 ADJ - 105.41

Security features are included. Details on back.

⑈001163⑈ ⑆113122655⑆

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

1009

88-2265/1131-87

DATE 9/29/21

PAY TO THE ORDER OF Memorial Medical Center

\$ 1038.57

One thousand thirty eight & 57/100 DOLLARS



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

FOR Superior YR3 ADJ

Photo Safe Deposit®
Details on back.

⑈001009⑈ ⑆113122655⑆

QIPP Payment to MMC from Nursing Facilities

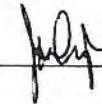
Commissioner's Court

9/29/2021

NH Name	From Bank Acct #	Ck #	Payee	GL #	MOLINA YR 3 ADJ	MOLINA AUG QIPP	AMERIGROUP YR 3 ADJ	SUPERIOR YR 3 ADJ	TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	822.02	14,808.91	1,741.31		17,372.24	9/29/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	309.19	6,122.21	653.79		7,085.19	9/29/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	236.48	4,914.02	504.61		5,655.11	9/29/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	327.55	5,980.14	697.85		7,005.54	9/29/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	283.83	5,818.51	605.41		6,707.75	9/29/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-	9/29/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040				1,038.57	1,038.57	9/29/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001						-	9/29/2021
Bethany			MMC -Prosperity Operating #10000001						-	9/29/2021
Tuscany			MMC -Prosperity Operating #10000001	10255040					-	9/29/2021
			Total:		1,979.07	37,643.79	4,202.97	-	44,864.40	

Note:

Approved:
Jason Anglin, CEO



9/27/2021