

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 06, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 388,033.41
TOTAL TRANSFERS BETWEEN FUNDS	\$ 83,861.27
TOTAL NURSING HOME UPL EXPENSES	\$ 623,952.28
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED October 06, 2021	\$ 1,095,846.96

APPROVED

OCT 06 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 06, 2021

PAYABLES AND PAYROLL

9/29/2021	Weekly Payables	225,337.08
10/4/2021	McKesson-340B Prescription Expense	9,404.61
10/4/2021	Amerisource Bergen-340B Prescription Expense	779.52

Prosperity Electronic Bank Payments

10/1/2021	Credit Card & Lease Fees	271.38
10/15/2021	TCDRS September Retirement	150,882.46
9/27-10/1/21	Pay Plus-Patient Claims Processing Fee	518.06
9/27/2021	CK 3103-Deposit item return	226.10
10/1/2021	ExpertPay- child support	614.20

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ **388,033.41**

TRANSFER BETWEEN FUNDS TO NURSING HOMES

9/30/2021	MMC Operating to Tuscany Village-correction of MMC medicare recoup taken from Tuscany	5,691.04
9/30/2021	MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error and medicare recoup	48,593.06

MEDICARE ADVANCE PAYMENT RECOUP

10/4/2021	Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	447.42
10/4/2021	Broadmoor to Bethany-correction of Broadmoor medical recoup taken from Bethany	1,447.10
10/4/2021	Broadmoor to Golden Creek-correction of Broadmoor medical recoup taken from Golden Creek	2,425.04
10/4/2021	Broadmoor to Tuscany Village-correction of Broadmoor medical recoup taken from Tuscany Village	2,581.36
10/4/2021	Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	447.42
10/4/2021	Crescent to Tuscany Village-correction of Crecent medicare recoup taken from Tuscany Village	2,581.36
10/4/2021	Crescent to Bethany-correction of Crecent medicare recoup taken from Bethany	1,447.10
10/4/2021	Crescent to Golden Creek-correction of Crescent medicare recoup taken from Golden Creek	2,425.04
10/4/2021	Fort Bend to MMC Operating-correction of Fort Bend medicare recoup taken from MMC Operating	78.97
10/4/2021	Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	447.42
10/4/2021	Solera to Golden Creek-correction of Solera medicare recoup taken from Golden Creek	2,425.04
10/4/2021	Solera to Bethany-correction of Solera medicare recoup taken from Bethany	1,447.10
10/4/2021	Solera to Tuscany Village-correction of Solera medicare recoup taken from Tuscany Village	2,581.36
10/4/2021	Golden Creek to MMC Operating-correction of Golden Creek recoup taken from MMC Operating	447.42
10/4/2021	Golden Creek to Tuscany Village-correction of Golden Creek medicare recoup taken from Tuscany Village	2,581.36
10/4/2021	Golden Creek to Bethany-correction of Golden Creek medicare recoup taken from Bethany	1,447.10
10/4/2021	Tuscany to MMC Operating-correction of Tuscany medicare recoup taken from MMC Operating	447.42
10/4/2021	Tuscany to Bethany-correction of Tuscany medicare recoup taken from Bethany	1,447.10
10/4/2021	Tuscany to Golden Creek-correction of Tuscany medicare recoup taken from Golden Creek	2,425.04

TOTAL TRANSFERS BETWEEN FUNDS \$ **83,861.27**

APPROVED

OCT 06 2021

CALHOUN COUNTY
COMMISSIONERS COURT

NURSING HOME UPL EXPENSES

10/4/2021 Nursing Home UPL-Cantex Transfer	269,429.74
10/4/2021 Nursing Home UPL-Nexion Transfer	34,196.70
10/4/2021 Nursing Home UPL-HMG Transfer	45,534.06
10/4/2021 Nursing Home UPL-Tuscany Transfer	81,363.25
10/4/2021 Nursing Home UPL-HSL Transfer	142,011.20

QIPP CHECKS TO MMC

10/4/2021 Golden Creek	31,426.90
10/4/2021 Gulf Pointe	18,947.29
10/4/2021 Tuscany	510.00

TRANSFER BETWEEN FUNDS TO MMC OPERATING

10/4/2021 Ashford-Interest Earned	77.70
10/4/2021 Broadmoor-Interest Earned	59.69
10/4/2021 Crescent-Interest Earned	41.32
10/4/2021 Fort Bend-Interest Earned	25.97
10/4/2021 Solera-Interest Earned	62.79
10/4/2021 Golden Creek-Interest Earned	53.98
10/4/2021 Gulf Pointe MM-Interest Earned	26.45
10/4/2021 Gulf Pointe PP-Interest Earned	68.22
10/4/2021 Bethany-Interest Earned	117.02

TOTAL NURSING HOME UPL EXPENSES \$ 623,952.28

TOTAL INTER-GOVERNMENT TRANSFERS \$ -

GRAND TOTAL DISBURSEMENTS APPROVED October 06, 2021 \$ 1,095,846.96

APPROVED
OCT 06 2021
CALHOUN COUNTY
COMMISSIONERS COURT

RECEIVED

09/30/2021
15:12

SEP 30 2021
California County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 10/13/2021

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ap_open_invoice.template

Vendor# R1200 Vendor Name ADT COMMERCIAL Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
141760188	09/30/2021	09/06/2021	10/01/2021				49.18	0.00	0.00	49.18

FIRE MONITORING

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
R1200		ADT COMMERCIAL	49.18	0.00	0.00	49.18

Vendor# 13180 Vendor Name ADVANCED STERILIZATION PROD Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8020336789	09/29/2021	08/30/2021	09/29/2021				7,500.00	0.00	0.00	7,500.00

SERVICE CONT 8/30/21-8/29/22

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13180		ADVANCED STERIL	7,500.00	0.00	0.00	7,500.00

Vendor# A1680 Vendor Name AIRGAS USA, LLC - CENTRAL DIV M Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9117448500	09/30/2021	09/07/2021	10/02/2021				238.24	0.00	0.00	238.24

OXYGEN

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A1680		AIRGAS USA, LLC -	238.24	0.00	0.00	238.24

Vendor# A1705 Vendor Name ALIMED INC. Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PRSV036608	09/29/2021	09/13/2021	09/28/2021				106.02	0.00	0.00	106.02

SUPPLIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV036485	09/30/2021	08/23/2021	09/30/2021				123.29	0.00	0.00	123.29

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A1705		ALIMED INC.	229.31	0.00	0.00	229.31

Vendor# 10958 Vendor Name ALLYSON SWOPE Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092921	09/30/2021	09/29/2021	09/29/2021				1,611.00	0.00	0.00	1,611.00

CONTRACT EMPOLYEE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10958		ALLYSON SWOPE	1,611.00	0.00	0.00	1,611.00

Vendor# A0400 Vendor Name AUREUS RADIOLOGY LLC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2315806	09/21/2021	09/13/2021	10/13/2021				2,242.50	0.00	0.00	2,242.50

LAB STAFFING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2315532	09/21/2021	09/13/2021	10/13/2021				2,160.75	0.00	0.00	2,160.75

LAB STAFFING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2315959	09/21/2021	09/13/2021	10/13/2021				1,507.50	0.00	0.00	1,507.50

LAB STAFFING

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A0400		AUREUS RADIOLOC	5,910.75	0.00	0.00	5,910.75

Vendor# B0436 Vendor Name BARD ACCESS Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
46449784	09/29/2021	09/15/2021	09/09/2021				150.00	0.00	0.00	150.00

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
B0436		BARD ACCESS	150.00	0.00	0.00	150.00

Vendor# B1150 Vendor Name BAXTER HEALTHCARE Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
71463299	✓ 09/29/2021	07/21/2021	08/15/2021				234.86	0.00	0.00	234.86 ✓
		SUPPLIES								
71473796	✓ 09/29/2021	07/21/2021	08/15/2021				2,367.50	0.00	0.00	2,367.50 ✓
		LEASE								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
B1150			BAXTER HEALTHCA			2,602.36	0.00	0.00	2,602.36	
Vendor#		Vendor Name				Class	Pay Code			
B1220		BECKMAN COULTER INC ✓				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5446370	✓ 09/21/2021	09/13/2021	10/08/2021				5,016.58	0.00	0.00	5,016.58 ✓
		MAINT CONTRACT LEASE								
109301699	✓ 09/21/2021	09/16/2021	10/11/2021				139.34	0.00	0.00	139.34 ✓
		SUPPLIES								
10930175	✓ 09/21/2021	09/16/2021	10/11/2021				43.56	0.00	0.00	43.56 ✓
		SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
B1220			BECKMAN COULTE			5,199.48	0.00	0.00	5,199.48	
Vendor#		Vendor Name				Class	Pay Code			
B1680		BOUND TREE MEDICAL, LLC ✓				M - remove per Caitlin				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
84207223	✓ 09/29/2021	09/14/2021	10/13/2021				343.63	0.00	0.00	343.63 ✓
		SUPPLIES								
64728368	09/29/2021	09/17/2021	10/01/2021				132.67	0.00	0.00	132.67
		SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
B1680			BOUND TREE MEDI			476.30	0.00	0.00	476.30	
Vendor#		Vendor Name				Class	Pay Code			
B1800		BRIGGS HEALTHCARE ✓				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B366590	✓ 09/29/2021	09/10/2021	10/10/2021				205.20	0.00	0.00	205.20 ✓
		SUPPLIES								
B366521	✓ 09/29/2021	09/10/2021	10/10/2021				1,197.60	0.00	0.00	1,197.60 ✓
		SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
B1800			BRIGGS HEALTHCA			1,402.80	0.00	0.00	1,402.80	
Vendor#		Vendor Name				Class	Pay Code			
14120		CALHOUN COUNTY EMS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
21090001	✓ 09/30/2021	09/14/2021	10/01/2021				880.00	0.00	0.00	880.00 ✓
		TRANSPORT PATIENT								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
14120			CALHOUN COUNTY			880.00	0.00	0.00	880.00	
Vendor#		Vendor Name				Class	Pay Code			
C1325		CARDINAL HEALTH 414, INC. ✓				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8002640199	✓ 09/30/2021	09/11/2021	10/06/2021				185.06	0.00	0.00	185.06 ✓
		SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
C1325			CARDINAL HEALTH			185.06	0.00	0.00	185.06	
Vendor#		Vendor Name				Class	Pay Code			
C1992		CDW GOVERNMENT, INC. ✓				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
J843054	✓ 09/29/2021	08/25/2021	09/24/2021				70.09	0.00	0.00	70.09 ✓
		SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
C1992			CDW GOVERNMEN			70.09	0.00	0.00	70.09	
Vendor#		Vendor Name				Class	Pay Code			
12768		CHEMAQUA ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7504502	✓ 09/30/2021	09/10/2021	09/20/2021				518.75	0.00	0.00	518.75 ✓

WATER TREATMENT

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	12768		CHEMAQUA	518.75	0.00	0.00	518.75				
C1166			Vendor Name	Class		Pay Code					
			COASTAL OFFICE SOLUTONS	W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	WO487771	09/29/2021	08/13/2021	08/23/2021				210.60	0.00	0.00	210.60
			SUPPLIES								
	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	C1166		COASTAL OFFICE S	210.60	0.00	0.00	210.60				
Vendor#			Vendor Name	Class		Pay Code					
14080			CORROHEALTH, INC.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	48848	09/29/2021	09/03/2021	10/03/2021				3,062.10	0.00	0.00	3,062.10
			CODING SERVICES								
	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	14080		CORROHEALTH, IN	3,062.10	0.00	0.00	3,062.10				
Vendor#			Vendor Name	Class		Pay Code					
10006			CUSTOM MEDICAL SPECIALTIES								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	285127	09/30/2021	08/31/2021	09/01/2021				282.42	0.00	0.00	282.42
			SUPPLIES								
	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	10006		CUSTOM MEDICAL	282.42	0.00	0.00	282.42				
Vendor#			Vendor Name	Class		Pay Code					
C1443			CYGNUS MEDICAL LLC	M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	353570	09/30/2021	08/31/2021	09/30/2021				419.00	0.00	0.00	419.00
			SUPPLIES								
	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	C1443		CYGNUS MEDICAL	419.00	0.00	0.00	419.00				
Vendor#			Vendor Name	Class		Pay Code					
10368			DEWITT POTTH & SON								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6560080	09/20/2021	09/13/2021	10/08/2021				398.71	0.00	0.00	398.71
			SUPPLIES								
	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	10368		DEWITT POTTH & SC	398.71	0.00	0.00	398.71				
Vendor#			Vendor Name	Class		Pay Code					
12988			DIESEL FUEL MAINTENANCE, INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	699A	09/29/2021	06/08/2021	06/08/2021				375.00	0.00	0.00	375.00
			CLINIC DIESEL/CLEAN								
	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	12988		DIESEL FUEL MAIN	375.00	0.00	0.00	375.00				
Vendor#			Vendor Name	Class		Pay Code					
11046			E-MDS, INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	465532	09/29/2021	09/17/2021	09/17/2021				9,275.00	0.00	0.00	9,275.00
			HOSTING SUBSCRIPTION QTRLY								
	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	11046		E-MDS, INC	9,275.00	0.00	0.00	9,275.00				
Vendor#			Vendor Name	Class		Pay Code					
11284			EMERGENCY STAFFING Solutio								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	40603	09/30/2021	09/30/2021	10/10/2021				40,062.50	0.00	0.00	40,062.50
			PRO FEES E/R (15th - EOM)								
	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	11284		EMERGENCY STAF	40,062.50	0.00	0.00	40,062.50				
Vendor#			Vendor Name	Class		Pay Code					
C2510			EVIDENT	M							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
T2109091371	09/30/2021	09/09/2021	10/04/2021				20,124.17	0.00	0.00	20,124.17 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
C2510	EVIDENT ✓		20,124.17	0.00	0.00	20,124.17

Vendor# S0501

Vendor Name EVOQUA WATER TECHNOLOGIES
Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
905069045	09/29/2021	09/17/2021	10/12/2021				1,421.96	0.00	0.00	1,421.96 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
S0501	EVOQUA WATER TI ✓		1,421.96	0.00	0.00	1,421.96

Vendor# 10689

Vendor Name FASTHEALTH CORPORATION ✓
Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
09B21MMC	09/30/2021	09/01/2021	09/16/2021				995.00	0.00	0.00	995.00 ✓

WEBSITE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
09A21MMC	09/30/2021	09/01/2021	09/16/2021				1,490.00	0.00	0.00	1,490.00 ✓

WEBSITE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10689	FASTHEALTH CORP		2,485.00	0.00	0.00	2,485.00

Vendor# F1400

Vendor Name FISHER HEALTHCARE ✓
Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1290326	09/29/2021	09/07/2021	10/02/2021				4.35	0.00	0.00	4.35 ✓

SUPPLIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1567628	09/29/2021	09/09/2021	10/04/2021				353.22	0.00	0.00	353.22 ✓

SUPPLIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1567631	09/29/2021	09/09/2021	10/04/2021				653.01	0.00	0.00	653.01 ✓

SUPPLIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1290328	09/30/2021	09/07/2021	10/02/2021				1,100.82	0.00	0.00	1,100.82 ✓

SUPPLIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1290331	09/30/2021	09/07/2021	10/02/2021				1,618.69	0.00	0.00	1,618.69 ✓

SUPPLIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1567636	09/30/2021	09/09/2021	10/04/2021				1,926.68	0.00	0.00	1,926.68 ✓

SUPPLIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1692739	09/30/2021	09/10/2021	10/05/2021				1,114.36	0.00	0.00	1,114.36 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
F1400	FISHER HEALTHCA		6,771.13	0.00	0.00	6,771.13

Vendor# 11183

Vendor Name FRONTIER ✓
Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091921	09/30/2021	09/19/2021	10/13/2021				65.40	0.00	0.00	65.40 ✓

PHONES ACCT 2101881480091211

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11183	FRONTIER		65.40	0.00	0.00	65.40

Vendor# W1300

Vendor Name GRAINGER ✓
Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9052626927	09/29/2021	09/14/2021	10/09/2021				154.00	0.00	0.00	154.00 ✓

SUPPLIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9053807690	09/29/2021	09/15/2021	10/10/2021				55.80	0.00	0.00	55.80 ✓

SUPPLIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9053807682	09/29/2021	09/15/2021	10/10/2021				67.37	0.00	0.00	67.37 ✓

SUPPLIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9054655759	09/29/2021	09/15/2021	10/10/2021				67.37	0.00	0.00	67.37 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
W1300	GRAINGER		344.54	0.00	0.00	344.54

Vendor#

Vendor Name Class Pay Code

11984

GUERBET, LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
18524052	✓ 09/30/2021	05/04/2021	08/13/2021				700.00	0.00	0.00	700.00 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11984		GUERBET, LLC	700.00	0.00	0.00	700.00

Vendor#
G1210

Vendor Name Class Pay Code
GULF COAST PAPER COMPANY ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2098832	✓ 09/20/2021	09/07/2021	10/07/2021				172.24	0.00	0.00	172.24 ✓

SUPPLIES

2098837	✓ 09/20/2021	09/07/2021	10/07/2021				883.43	0.00	0.00	883.43 ✓
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SUPPLIES

2099130	✓ 09/20/2021	09/07/2021	10/07/2021				71.88	0.00	0.00	71.88 ✓
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SUPPLIES

2099124	✓ 09/20/2021	09/07/2021	10/07/2021				30.97	0.00	0.00	30.97 ✓
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SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
G1210		GULF COAST PAPE	1,158.52	0.00	0.00	1,158.52

Vendor#
12380

Vendor Name Class Pay Code
HEALTH SOLUTIONS DIETETICS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092921	09/29/2021	09/29/2021	09/29/2021				3,000.00	0.00	0.00	3,000.00 ✓

DIETICIAN

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12380		HEALTH SOLUTION	3,000.00	0.00	0.00	3,000.00

Vendor#
11552

Vendor Name Class Pay Code
HEALTHCARE FINANCIAL SERVI ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100508567	✓ 09/29/2021	08/27/2021	10/01/2021				4,610.52	0.00	0.00	4,610.52 ✓

PHONES/STERLIZER/GEM PREM 4

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11552		HEALTHCARE FINA	4,610.52	0.00	0.00	4,610.52

Vendor#
H1399

Vendor Name Class Pay Code
HILL-ROM COMPANY, INC ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2597672	✓ 09/29/2021	08/31/2021	09/30/2021				312.54	0.00	0.00	312.54 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
H1399		HILL-ROM COMPAN	312.54	0.00	0.00	312.54

Vendor#
12932

Vendor Name Class Pay Code
INTRADO ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0023773	✓ 09/30/2021	08/31/2021	09/30/2021				886.21	0.00	0.00	886.21 ✓

HOUSE CALLS

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12932		INTRADO	886.21	0.00	0.00	886.21

Vendor#
J0150

Vendor Name Class Pay Code
J & J HEALTH CARE SYSTEMS, INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
926477191	✓ 09/29/2021	09/09/2021	10/09/2021				84.00	0.00	0.00	84.00 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
J0150		J & J HEALTH CARE	84.00	0.00	0.00	84.00

Vendor#
L1005

Vendor Name Class Pay Code
LAERDAL MEDICAL CORPORATIO ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2021/200004	✓ 09/29/2021	09/21/2021	10/02/2021				100.00	0.00	0.00	100.00 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
L1005		LAERDAL MEDICAL	100.00	0.00	0.00	100.00

Vendor#	Vendor Name	Class	Pay Code								
12244	LOLA RODRIGUEZ ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
092521	09/29/2021	09/25/2021	09/25/2021				24.90	0.00	0.00	24.90 ✓	
REIMBURSE ITEMS PURCHASED											
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net			
12244		LOLA RODRIGUEZ			24.90	0.00	0.00	24.90			
10972	M G TRUST ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
092721	09/29/2021	09/27/2021	09/27/2021				790.86	0.00	0.00	790.86 ✓	
PAYROLL DED											
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net			
10972		M G TRUST			790.86	0.00	0.00	790.86			
M2827	MEDIVATORS ✓	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
91027727 ✓	09/30/2021	08/25/2021	08/25/2021				100.29	0.00	0.00	100.29 ✓	
SUPPLIES											
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net			
M2827		MEDIVATORS			100.29	0.00	0.00	100.29			
M2470	MEDLINE INDUSTRIES INC ✓	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1965205371 ✓	09/20/2021	09/04/2021	09/29/2021				5,449.64	0.00	0.00	5,449.64 ✓	
SUPPLIES											
1966224237 ✓	09/28/2021	09/14/2020	10/09/2020				847.57	0.00	0.00	847.57 ✓	
SUPPLIES											
1963301176 ✓	09/28/2021	08/20/2021	09/14/2021				191.31	0.00	0.00	191.31 ✓	
SUPPLIES											
1963622227 ✓	09/28/2021	08/24/2021	09/18/2021				7.00	0.00	0.00	7.00 ✓	
SUPPLIES											
1963622216 ✓	09/28/2021	08/24/2021	09/18/2021				100.98	0.00	0.00	100.98 ✓	
SUPPLIES											
1963622218 ✓	09/28/2021	08/24/2021	09/18/2021				335.88	0.00	0.00	335.88 ✓	
SUPPLIES											
1963622226 ✓	09/28/2021	08/24/2021	09/18/2021				226.56	0.00	0.00	226.56 ✓	
SUPPLIES											
1963622238 ✓	09/28/2021	08/24/2021	09/18/2021				97.56	0.00	0.00	97.56 ✓	
SUPPLIES											
1963622217 ✓	09/28/2021	08/24/2021	09/18/2021				32.30	0.00	0.00	32.30 ✓	
SUPPLIES											
1963622219 ✓	09/28/2021	08/24/2021	09/18/2021				85.61	0.00	0.00	85.61 ✓	
SUPPLIES											
1964480737 ✓	09/28/2021	08/31/2021	09/25/2021				1,588.47	0.00	0.00	1,588.47 ✓	
SUPPLIES											
1965293945 ✓	09/28/2021	09/06/2021	10/01/2021				39.77	0.00	0.00	39.77 ✓	
SUPPLIES											
1965293946 ✓	09/28/2021	09/06/2021	10/01/2021				144.30	0.00	0.00	144.30 ✓	
SUPPLIES											
1965331852 ✓	09/28/2021	09/07/2021	10/02/2021				525.41	0.00	0.00	525.41 ✓	
SUPPLIES											
1965331854 ✓	09/28/2021	09/07/2021	10/02/2021				70.02	0.00	0.00	70.02 ✓	
SUPPLIES											
1965636471 ✓	09/28/2021	09/09/2021	10/04/2021				255.70	0.00	0.00	255.70 ✓	
SUPPLIES											
1965636472 ✓	09/28/2021	09/09/2021	10/04/2021				90.94	0.00	0.00	90.94 ✓	
SUPPLIES											
1965636473 ✓	09/28/2021	09/09/2021	10/04/2021				129.75	0.00	0.00	129.75 ✓	
SUPPLIES											
1965636478 ✓	09/28/2021	09/09/2021	10/04/2021				40.84	0.00	0.00	40.84 ✓	
SUPPLIES											

SUPPLIES										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1965636475		09/28/2021	09/09/2021	10/04/2021			516.19	0.00	0.00	516.19
SUPPLIES										
1965636476		09/28/2021	09/09/2021	10/04/2021			103.06	0.00	0.00	103.06
SUPPLIES										
1965723078		09/28/2021	09/10/2021	10/05/2021			31.03	0.00	0.00	31.03
SUPPLIES										
1966325526		09/28/2021	09/15/2021	10/10/2021			6,229.36	0.00	0.00	6,229.36
SUPPLIES										
1966325511		09/28/2021	09/15/2021	10/10/2021			2,557.13	0.00	0.00	2,557.13
SUPPLIES										
1962480979		09/29/2021	08/13/2021	09/07/2021			-55.00	0.00	0.00	-55.00
CREDIT INVOICE 1955490335										
1962480981		09/29/2021	08/13/2021	09/07/2021			-89.22	0.00	0.00	-89.22
CREDIT INVOICE 1962480981										
1702587837		09/29/2021	08/21/2021	09/15/2021			116.42	0.00	0.00	116.42
INTEREST										
1963488324		09/30/2021	08/13/2021	09/07/2021			14,156.65	0.00	0.00	14,156.65
SUPPLIES										
1963488323		09/30/2021	08/21/2021	09/15/2021			16,044.20	0.00	0.00	16,044.20
SUPPLIES										
1963813528		09/30/2021	08/25/2021	09/19/2021			2,914.50	0.00	0.00	2,914.50
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
M2470			MEDLINE INDUSTR		52,783.93		0.00	0.00		52,783.93
Vendor#	Vendor Name		Class		Pay Code					
10963	MEMORIAL MEDICAL CLINIC		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092721		09/29/2021	09/27/2021	09/27/2021			150.00	0.00	0.00	150.00
PAYROLL DED										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
10963			MEMORIAL MEDICA		150.00		0.00	0.00		150.00
Vendor#	Vendor Name		Class		Pay Code					
M2621	MMC AUXILIARY GIFT SHOP		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092321		09/29/2021	09/23/2021	09/23/2021			258.02	0.00	0.00	258.02
PAYROLL DED										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
M2621			MMC AUXILIARY GI		258.02		0.00	0.00		258.02
Vendor#	Vendor Name		Class		Pay Code					
10680	MMC EMPLOYEES ACTIVITIES TE/		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092721		09/30/2021	09/27/2021	09/27/2021			920.00	0.00	0.00	920.00
REMIBURSE SANDCRAB PRIDE SF										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
10680			MMC EMPLOYEES ,		920.00		0.00	0.00		920.00
Vendor#	Vendor Name		Class		Pay Code					
M2659	MXR IMAGING, INC		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8800807971		09/29/2021	09/13/2021	10/13/2021			182.78	0.00	0.00	182.78
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
M2659			MXR IMAGING, INC		182.78		0.00	0.00		182.78
Vendor#	Vendor Name		Class		Pay Code					
13548	NACOGDOCHES TRANSCRIPTION		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7480		09/29/2021	09/22/2021	09/22/2021			517.72	0.00	0.00	517.72
TRANSCRIPTION (9/21-9/3/21)										
7492		09/29/2021	09/28/2021	09/28/2021			262.36	0.00	0.00	262.36
TRANSCRIPTION (9/14-9/17/21)										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net

Vendor#	13548	NACOGDOCHES TF		780.08	0.00	0.00	780.08			
Vendor#	11472	Vendor Name		Class	Pay Code					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	22593	09/29/2021	08/07/2021	09/06/2021			487.47	0.00	0.00	487.47
		PROVIDER/MONTHLY SUPPORT								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
	11472		OCCUPRO LLC		487.47	0.00	0.00	487.47		
Vendor#	O1500	Vendor Name		Class	Pay Code					
		OLYMPUS AMERICA INC		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	31428804	09/30/2021	08/24/2021	09/30/2021			197.92	0.00	0.00	197.92
		SUPPLIES								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
	O1500		OLYMPUS AMERICA		197.92	0.00	0.00	197.92		
Vendor#	11069	Vendor Name		Class	Pay Code					
		PABLO GARZA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	092821	09/29/2021	09/28/2021	09/28/2021			2,543.13	0.00	0.00	2,543.13
		CONTRACT EMPLOYEE (9/14 - 9/21/21)								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
	11069		PABLO GARZA		2,543.13	0.00	0.00	2,543.13		
Vendor#	10152	Vendor Name		Class	Pay Code					
		PARTSSOURCE, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	04015839	09/29/2021	09/13/2021				516.80	0.00	0.00	516.80
		SUPPLIES								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
	10152		PARTSSOURCE, LL		516.80	0.00	0.00	516.80		
Vendor#	12544	Vendor Name		Class	Pay Code					
		PATRICK OCHOA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	90121A	09/30/2021	09/01/2021	09/01/2021			380.00	0.00	0.00	380.00
		CLINIC LAWN								
	90121	09/30/2021	09/01/2021	09/01/2021			520.00	0.00	0.00	520.00
		HOSPITAL LAWN								
	90121B	09/30/2021	09/01/2021	09/01/2021			200.00	0.00	0.00	200.00
		REHAB LAWN								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
	12544		PATRICK OCHOA		1,100.00	0.00	0.00	1,100.00		
Vendor#	13988	Vendor Name		Class	Pay Code					
		PAYCHEX, ADVANCE FBO								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	006728	09/30/2021	09/29/2021				3,900.00	0.00	0.00	3,900.00
		MED SUR STAFFING								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
	13988		PAYCHEX, ADVANC		3,900.00	0.00	0.00	3,900.00		
Vendor#	P2100	Vendor Name		Class	Pay Code					
		PORT LAVACA WAVE		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	083121	09/30/2021	08/31/2021	09/25/2021			1,206.00	0.00	0.00	1,206.00
		AD								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
	P2100		PORT LAVACA WAI		1,206.00	0.00	0.00	1,206.00		
Vendor#	10645	Vendor Name		Class	Pay Code					
		REVISTA de VICTORIA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	073021	09/30/2021	07/30/2021	07/30/2021			262.50	0.00	0.00	262.50
		AD								
	083121	09/30/2021	08/31/2021	08/31/2021			262.50	0.00	0.00	262.50
		AD								

Vendor#	Vendor Name	Number	Name	Gross	Discount	No-Pay	Net			
11296	REVISTA de VICTOR	10645		525.00	0.00	0.00	525.00			
11296	SOUTH TEXAS BLOOD & TISSUE C									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
107017273	09/21/2021	09/15/2021	10/10/2021				7,077.00	0.00	0.00	7,077.00
CM5411	09/21/2021	09/15/2021	10/10/2021				-3,749.00	0.00	0.00	-3,749.00
Vendor#	Vendor Name	Number	Name	Gross	Discount	No-Pay	Net			
C1010	SOUTH TEXAS BLO	11296		3,328.00	0.00	0.00	3,328.00			
C1010	SPARKLIGHT									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092021	09/30/2021	09/20/2021	09/20/2021				205.51	0.00	0.00	205.51
Vendor#	Vendor Name	Number	Name	Gross	Discount	No-Pay	Net			
12288	SPARKLIGHT	C1010		205.51	0.00	0.00	205.51			
12288	SPBS CLINICAL EQUIPMENT SRVC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
FCHRG0124	09/29/2021	09/15/2021	09/15/2021				3.48	0.00	0.00	3.48
Vendor#	Vendor Name	Number	Name	Gross	Discount	No-Pay	Net			
14112	SPBS CLINICAL EQ	12288		3.48	0.00	0.00	3.48			
14112	STEPHEN HUEY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092621	09/29/2021	09/26/2021	09/26/2021				873.74	0.00	0.00	873.74
Vendor#	Vendor Name	Number	Name	Gross	Discount	No-Pay	Net			
13528	STEPHEN HUEY	14112		873.74	0.00	0.00	873.74			
13528	STRYKER FLEX FINANCIAL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
219549	09/29/2021	08/10/2021	10/01/2021				1,294.26	0.00	0.00	1,294.26
Vendor#	Vendor Name	Number	Name	Gross	Discount	No-Pay	Net			
T2204	STRYKER FLEX FIN	13528		1,294.26	0.00	0.00	1,294.26			
T2204	TEXAS MUTUAL INSURANCE CO									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1003055882	09/30/2021	09/15/2021	10/07/2021				4,411.00	0.00	0.00	4,411.00
Vendor#	Vendor Name	Number	Name	Gross	Discount	No-Pay	Net			
13880	TEXAS MUTUAL INS	T2204		4,411.00	0.00	0.00	4,411.00			
13880	TEXAS SELECT STAFFING									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0018184510	09/30/2021	09/29/2021	09/29/2021				9,045.70	0.00	0.00	9,045.70
Vendor#	Vendor Name	Number	Name	Gross	Discount	No-Pay	Net			
12444	TEXAS SELECT ST/	13880		9,045.70	0.00	0.00	9,045.70			
12444	THE UPS STORE VICTORIA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
083021	09/30/2021	08/30/2021	08/30/2021				36.00	0.00	0.00	36.00
Vendor#	Vendor Name	Number	Name	Gross	Discount	No-Pay	Net			
12444	THE UPS STORE VI	12444		36.00	0.00	0.00	36.00			

U1054

UNIFIRST HOLDINGS ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400376390	09/29/2021 ✓	09/13/2021	10/08/2021				1,421.25	0.00	0.00	1,421.25 ✓
		LAUNDRY								
8400376367	09/29/2021 ✓	09/13/2021	10/08/2021				47.47	0.00	0.00	47.47 ✓
		LAUNDRY								
8400376366	09/29/2021 ✓	09/13/2021	10/08/2021				45.15	0.00	0.00	45.15 ✓
		LAUNDRY								
8400376841	09/29/2021 ✓	09/16/2021	10/11/2021				1,779.63	0.00	0.00	1,779.63 ✓
		LAUNDRY								
8400376813	09/29/2021 ✓	09/16/2021	10/11/2021				194.23	0.00	0.00	194.23 ✓
		LAUNDRY								
8400376810	09/29/2021 ✓	09/16/2021	10/11/2021				286.81	0.00	0.00	286.81 ✓
		LAUNDRY								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
U1054		UNIFIRST HOLDING	3,774.54	0.00	0.00	3,774.54

Vendor#

Vendor Name

Class

Pay Code

U2000

US POSTAL SERVICE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092021	09/29/2021 ✓	09/20/2021	09/20/2021				2,200.00	0.00	0.00	2,200.00 ✓
		POSTAGE								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
U2000		US POSTAL SERVIC	2,200.00	0.00	0.00	2,200.00

Vendor#

Vendor Name

Class

Pay Code

V0552

VERATHON INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
80357176	09/29/2021 ✓	09/17/2021	10/12/2021				42.19	0.00	0.00	42.19 ✓
		SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
V0552		VERATHON INC	42.19	0.00	0.00	42.19

Vendor#

Vendor Name

Class

Pay Code

13808

VITA PERSONA LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
VP20212342	09/29/2021 ✓	09/14/2021	09/29/2021				1,439.20	0.00	0.00	1,439.20 ✓
		SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13808		VITA PERSONA LLC	1,439.20	0.00	0.00	1,439.20

Vendor#

Vendor Name

Class

Pay Code

10793

WAGeworks, INC. ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092721	09/29/2021 ✓	09/27/2021	09/27/2021				3,382.29	0.00	0.00	3,382.29 ✓
		PAYROLL DED								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10793		WAGeworks, INC.	3,382.29	0.00	0.00	3,382.29

Vendor#

Vendor Name

Class

Pay Code

I1110

WERFEN USA LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9111040362	09/21/2021 ✓	09/16/2021	10/11/2021				1,571.67	0.00	0.00	1,571.67 ✓
		SUPPLIES								
9111031262	09/29/2021 ✓	08/25/2021	09/19/2021				2,470.31	0.00	0.00	2,470.31 ✓
		SUPPLIES								
9111039912	09/29/2021 ✓	09/15/2021	10/10/2021				1,241.42	0.00	0.00	1,241.42 ✓
		SUPPLIES								
9111041199	09/29/2021 ✓	09/16/2021	10/11/2021				306.84	0.00	0.00	306.84 ✓
		SUPPLIES								
9111037232	09/30/2021 ✓	09/09/2021	10/04/2021				144.30	0.00	0.00	144.30 ✓
		SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
I1110		WERFEN USA LLC	5,734.54	0.00	0.00	5,734.54

Vendor#

Vendor Name

Class

Pay Code

11400

WEST COAST MEDICAL RESOURC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV075013	✓	09/15/2021	09/07/2021	09/15/2021			138.00	0.00	0.00	138.00 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11400		WEST COAST MEDI ✓	138.00	0.00	0.00	138.00

Vendor#
Y1000

Vendor Name
YOUNG PLUMBING CO ✓
Class
W
Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
QB3401	✓	09/29/2021	09/15/2021	09/15/2021			21.90	0.00	0.00	21.90 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
Y1000		YOUNG PLUMBING	21.90	0.00	0.00	21.90

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	225,570.17	0.00	0.00	225,570.17

py 2 correction \$ 132.67

py 9 correction {

- < 205.51
- + 106.97
- < 873.74
- + 871.86

\$225,337.08

225,570.17 +
 132.67 -
 205.51 -
 106.97 +
 873.74 -
 871.86 +
 225,337.08

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OK

CK#

SEP 29 2021 192081-

192153

COUNTY ANCHORAGE
GARLAND COUNTY, TEXAS

MCKESSON

STATEMENT

As of: 10/01/2021

Page: 002

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

Company: 8000

DC: 8115

As of: 10/01/2021
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: 10/02/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 10/02/2021 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 9,596.56 USD

Future Due: 0.00

Past Due: 0.00

Past Payment 2,451.97
18/07/2017

If Paid By 10/05/2021,
Pay This Amount: 9,404.61 USD

If Paid After 10/05/2021,
Pay this Amount: 9,596.56 USD

Due If Paid On Time: 9,404.61
USD
Disc lost if paid late: 191.95
Due If Paid Late: 9,596.56
USD

0.0

7,215.56 +
655.68 +
264.50 +
1,232.87 +
6.57 +
29.43 +
9,404.61 =

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OK

OCT 04 2021

COUNTRY AMERICA
CALLETON COURT, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 10/01/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 10/01/2021
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: 10/02/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 10/02/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
09/29/2021	10/05/2021	7296947819	2017036264	115Invoice	0.60	30.03		29.43 ✓		7296947819	

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

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

Subtotals: 30.03 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,787.76
09/27/2021

If Paid By 10/05/2021,
Pay This Amount: 29.43 USD

If Paid After 10/05/2021,
Pay this Amount: 30.03 USD

Due If Paid On Time: USD 29.43 ✓
Disc lost if paid late: 0.60
Due If Paid Late: USD 30.03

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CANDACE ANDERSON
GARLAND COUNTY, TEXAS

CK# 500236

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 10/01/2021

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

DC: 8115

Territory: 400

Customer: 262252
 Date: 10/02/2021

As of: 10/01/2021 Page: 001
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 262252 PLEASE CHECK ANY
 Date: 10/02/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
09/30/2021	10/05/2021	7297212775	1376285	115Invoice	0.13	6.70		6.57 ✓		7297212775	

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: 6.70 USD

Future Due: 0.00

Past Due: 0.00

Past Payment 6,787.76
 09/27/2021

If Paid By 10/05/2021,
 Pay This Amount: 6.57 USD

If Paid After 10/05/2021,
 Pay this Amount: 6.70 USD

Due If Paid On Time: USD 6.57 ✓
 Disc lost if paid late: 0.13
 Due If Paid Late: USD 6.70

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OCT 04 2021

GENEVY ANDREWS
 CREDIT ADVISOR
 CANTONMENT COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 10/01/2021

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 464450
Date: 10/02/2021

As of: 10/01/2021 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 10/02/2021 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											
09/30/2021	10/05/2021	7297218257	55x649664	115Invoice	18.15	907.62		889.47	✓	7297218257	
09/30/2021	10/05/2021	7297218258	55x649670	115Invoice	1.04	52.11		51.07	✓	7297218258	
09/30/2021	10/05/2021	7297219842	55x649641	115Invoice	5.97	298.30		292.33	✓	7297219842	

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

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

Subtotals: 1,258.03 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 09/27/2021 6,787.76

If Paid By 10/05/2021, Pay This Amount: 1,232.87 USD

If Paid After 10/05/2021, Pay this Amount: 1,258.03 USD

Due If Paid On Time: USD 1,232.87 ✓
Disc lost if paid late: 25.16
Due If Paid Late: USD 1,258.03

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COUNTRY AMERICA
GARLAND COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 10/01/2021

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 835438
Date: 10/02/2021

As of: 10/01/2021 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 10/02/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
09/30/2021	10/05/2021	7297396778	1376761	115Invoice	5.40	269.90		264.50	✓	7297396778	

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: 269.90 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,787.76
09/27/2021

If Paid By 10/05/2021,
Pay This Amount: 264.50 USD

If Paid After 10/05/2021,
Pay this Amount: 269.90 USD

Due If Paid On Time:
USD 264.50 ✓

Disc lost if paid late:
5.40

Due If Paid Late:
USD 269.90

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ON

OCT 04 2021

COMPTON AMBROSIO
CARRINGTON COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 10/01/2021

Page: 001

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

Company: 8000

DC: 8195

As of: 10/01/2021 Page: 001
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 99

Customer: 945479
Date: 10/02/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 945479 PLEASE CHECK ANY
Date: 10/02/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 945479 WALMART 5315/MEMRL MC PHS											
09/27/2021	10/05/2021	7296494105	MH09242021	195Invoice	13.38	669.06		655.68	✓	7296494105	

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

TOTAL: Customer Number 945479 WALMART 5315/MEMRL MC PHS

Subtotals: 669.06 USD

Future Due: 0.00

If Paid By 10/05/2021,
Pay This Amount:

655.68 USD

Due If Paid On Time:

USD 655.68 ✓

Past Due: 0.00

Disc lost if paid late:

13.38

Past Payment 9,207.30
09/13/2021

If Paid After 10/05/2021,
Pay this Amount:

669.06 USD

Due If Paid Late:

USD 669.06

APPROVED
SMT

OCT 04 2021

CONROY AMBROS
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 10/01/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 10/01/2021
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: 10/02/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/02/2021 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											
19/27/2021	10/05/2021	7296370425	16060105	115Invoice	7.69	384.51		376.82	✓	7296370425	
19/27/2021	10/05/2021	7296370426	16060105	115Invoice	0.01	0.32		0.31	✓	7296370426	
19/27/2021	10/05/2021	7296370429	16082879	115Invoice	10.53	526.28		515.75	✓	7296370429	
19/27/2021	10/05/2021	7296370430	16103270	115Invoice	24.23	1,211.51		1,187.28	✓	7296370430	
19/27/2021	10/05/2021	7296370431	16103270	115Invoice	0.01	0.32		0.31	✓	7296370431	
19/27/2021	10/05/2021	7296370432	16163590	115Invoice	5.09	254.74		249.65	✓	7296370432	
19/27/2021	10/05/2021	7296570340	0924210717	195Invoice	0.02	0.95		0.93	✓	7296570340	
19/28/2021	10/05/2021	7296678030	16218583	115Invoice	5.10	254.82		249.72	✓	7296678030	
19/28/2021	10/05/2021	7296836568	0927210943	115Invoice	3.96	197.88		193.92	✓	7296836568	
19/29/2021	10/05/2021	7296978159	16260210	115Invoice	5.10	255.14		250.04	✓	7296978159	
19/29/2021	10/05/2021	7296978160	16260210	115Invoice	0.01	0.63		0.62	✓	7296978160	
19/29/2021	10/05/2021	7296978161	16298039	115Invoice	5.09	254.74		249.65	✓	7296978161	
19/29/2021	10/05/2021	7297118049	0928210848	195Invoice	1.27	63.26		61.99	✓	7297118049	
19/29/2021	10/05/2021	7297118051	0928210931	115Invoice	28.67	1,433.53		1,404.86	✓	7297118051	
19/30/2021	10/05/2021	7297225977	16322250	115Invoice	0.01	0.32		0.31	✓	7297225977	
19/30/2021	10/05/2021	7297225979	16322250	115Invoice	0.01	0.33		0.32	✓	7297225979	
19/30/2021	10/05/2021	7297225981	16360646	115Invoice	16.98	848.78		831.80	✓	7297225981	
19/30/2021	10/05/2021	7297225984	16360646	115Invoice	0.15	7.35		7.20	✓	7297225984	
19/30/2021	10/05/2021	7297400326	0929211027	115Invoice	10.23	511.52		501.29	✓	7297400326	
0/01/2021	10/05/2021	7297486581	16384497	115Invoice	18.68	933.88		915.20	✓	7297486581	
0/01/2021	10/05/2021	7297486582	16384497	115Invoice	0.03	1.58		1.55	✓	7297486582	
0/01/2021	10/05/2021	7297630315	0930210913	195Invoice	4.00	200.05		196.05	✓	7297630315	
0/01/2021	10/05/2021	7297630316	0930210733	115Invoice	0.41	20.40		19.99	✓	7297630316	

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

MCKESSON

STATEMENT

Company: 8000

As of: 10/01/2021

Page: 002

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

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

DC: 8115

Territory: 400

Customer: 256342

Date: 10/02/2021

As of: 10/01/2021

Page: 002

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 256342 PLEASE CHECK ANY
 Date: 10/02/2021 ITEMS NOT PAID (✓)

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

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 7,362.84 USD

Future Due: 0.00

Past Due: 0.00

Past Payment 6,787.76
 09/27/2021

If Paid By 10/05/2021,
 Pay This Amount: 7,215.56 USD

If Paid After 10/05/2021,
 Pay this Amount: 7,362.84 USD

Due If Paid On Time:
 USD 7,215.56

Disc lost if paid late:
 147.28

Due If Paid Late:
 USD 7,362.84

APPROVED
 001

OCT 04 2021

GENEVA AMBROSIO
 CREDIT MANAGER
 GALVESTON COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

Served By:
 AMERISOURCEBERGEN DRUG CORP
 12727 W. AIRPORT BLVD.
 SUGAR LAND TX 77478-6101
 DEA: RA0289276
 866-451-9655

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

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:	779.52
Past Due:	0.00
Total Due:	779.52
Account Balance:	779.52

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-27-2021	10-08-2021	3068834769	162947	Invoice	114.03		0.00	114.03 ✓
09-27-2021	10-08-2021	3068834890	162948	Invoice	0.09		0.00	0.09 ✓
09-27-2021	10-08-2021	3068834891	162949	Invoice	399.67		0.00	399.67 ✓
09-28-2021	10-08-2021	3068988321	163003	Invoice	169.15		0.00	169.15 ✓
09-29-2021	10-08-2021	3069127085	163011	Invoice	46.00		0.00	46.00 ✓
09-30-2021	10-08-2021	3069267551	163022	Invoice	49.57		0.00	49.57 ✓
10-01-2021	10-08-2021	3069394499	163027	Invoice	1.01		0.00	1.01 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
779.52	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
10-01-2021	(757.60)

Reminders	
Due Date	Amount
10-08-2021	779.52
Total Due:	779.52

CK# 500237

APPROVED ON
 OCT 04 2021
 GORDON AMBROSIO
 CREDIT CONTROL, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK**
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- September 27, 2021 - October 3, 2021

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CP</u>
10/1/2021	TRANSFIRST LLC VMC SETTLE 41399801332385 611	- Credit Card Processing Fee	271.38	271.38 +
10/1/2021	STATE COMPTRLR TEXNET 03681118/10930 2100002	DY10 Final UC Payment	350482.69*	271.38 +
10/1/2021	PAY PLUS ACHTRANS 452579291 101000696411653	- Credit Card Processing Fee	38.3	38.30 +
10/1/2021	IRS USATAXPYMT 220167462022147 6103601000195	- Payroll Taxes	95306.37*	39.34 +
10/1/2021	IRS USATAXPYMT 220167430348617 6103601000191	- Payroll Taxes	687.06*	232.08 +
10/1/2021	EXPERTPAY EXPERTPAY 746003411 91000016328495	-Child Support Payment -Payroll Ending	614.2	196.72 +
10/1/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	757.6*	11.62 +
10/1/2021	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	302518.89*	518.06 +
9/30/2021	PAY PLUS ACHTRANS 452579291 101000695521620	- Credit Card Processing Fee	39.34	614.20 +
9/29/2021	PAY PLUS ACHTRANS 452579291 101000694467066	- Credit Card Processing Fee	232.08	614.20 +
9/28/2021	PAY PLUS ACHTRANS 452579291 101000693485464	- Credit Card Processing Fee	196.72	226.10 +
9/28/2021	MCKESSON DRUG AUTO ACH ACH04745530 910000128	- 340B Drug Program Expense	6787.76*	1.629.74 *
9/27/2021	PAY PLUS ACHTRANS 452579291 101000692529168	- Credit Card Processing Fee	11.62	
9/27/2021	CK 3103 - Deposit Item Return	Return Check	226.1	
			758,170.11	

Jason Anglin, CEO
Memorial Medical Center

October 4, 2021
*Approved 9/29/21 CC

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
10/15/2021	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	150,882.46
			150,882.46

Jason Anglin, CEO
Memorial Medical Center

October 4, 2021

758,170.11 -
350,482.69 -
95,306.37 -
687.06 -
757.60 -
302,518.89 -
6,787.76 -
1,629.74 *
1,629.74 +
1,629.74 -
0.00 *

Retirement

10/15/21

Date/Time 10-01-2021 / 10:33 AM
Submitted By

Pay Date 09-30-2021

Employee Deposits	\$65,969.87
Employer Contributions	\$84,912.59
Group Term Life Premiums	\$0.00
Total	\$150,882.46

Comments

Payroll File September 2021 Retirement Upload.xlsx

CLOSE

PRINT

9/30/21, 2:47 PM

tmp_cw5report9186849168778161962.html

RECEIVED

SEP 30 2021

09/30/2021

14:47

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

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
092121	09/29/2021	09/21/2021	10/14/2021				12,448.04	0.00	0.00	12,448.04 ✓
	TRANSFER									
092321A	09/29/2021	09/23/2021	10/14/2021				1,218.59	0.00	0.00	1,218.59 ✓
	TRANSFER									
092321	09/29/2021	09/23/2021	10/14/2021				21,002.53	0.00	0.00	21,002.53 ✓
	TRANSFER									
092721	09/29/2021	09/27/2021	10/14/2021				13,923.90	0.00	0.00	13,923.90 ✓
	TRANSFER									

NI insurance pymt deposited into M.M.C. operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR I		48,593.06	0.00	0.00	48,593.06

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	48,593.06	0.00	0.00	48,593.06

APPROVED

SEP 30 2021

CHK#
192154-

CALHOUN COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

9/30/21, 2:25 PM

tmp__cw5report2704985968754053950.html

RECEIVED
SEP 30 2021
14:25
Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor#
13004

Vendor Name

Class

Pay Code

TUSCANY VILLAGE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092721	09/29/2021	09/27/2021	10/14/2021				5,691.04	0.00	0.00	5,691.04 ✓

MEDICARE REPAYMENT

Vendor Totals:
13004

Number

Name

Gross

Discount

No-Pay

Net

TUSCANY VILLAGE

5,691.04

0.00

0.00

5,691.04

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

5,691.04

0.00

0.00

5,691.04

APPROVED
GM

SEP 30 2021

CLK#

192155

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:10/04/21
TIME:13:34

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/06/21 THRU 10/06/21

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	192081	10/06/21	49.18	ADT COMMERCIAL
A/P	192082	10/06/21	7,500.00	ADVANCED STERILIZATION PRODUCT
A/P	192083	10/06/21	238.24	AIRGAS USA, LLC - CENTRAL DIV
A/P	192084	10/06/21	229.31	ALIMED INC.
A/P	192085	10/06/21	1,611.00	ALLYSON SWOPE
A/P	192086	10/06/21	5,910.75	AUREUS RADIOLOGY LLC
A/P	192087	10/06/21	150.00	BARD ACCESS
A/P	192088	10/06/21	2,602.36	BAXTER HEALTHCARE
A/P	192089	10/06/21	5,199.48	BECKMAN COULTER INC
A/P	192090	10/06/21	343.63	BOUND TREE MEDICAL, LLC
A/P	192091	10/06/21	1,402.80	BRIGGS HEALTHCARE
A/P	192092	10/06/21	880.00	CALHOUN COUNTY EMS
A/P	192093	10/06/21	185.06	CARDINAL HEALTH 414, INC.
A/P	192094	10/06/21	70.09	CDW GOVERNMENT, INC.
A/P	192095	10/06/21	518.75	CHEMAQUA
A/P	192096	10/06/21	210.60	COASTAL OFFICE SOLUTIONS
A/P	192097	10/06/21	3,062.10	CORROHEALTH, INC.
A/P	192098	10/06/21	282.42	CUSTOM MEDICAL SPECIALTIES
A/P	192099	10/06/21	419.00	CYGNUS MEDICAL LLC
A/P	192100	10/06/21	398.71	DEWITT POTH & SON
A/P	192101	10/06/21	375.00	DIESEL FUEL MAINTENANCE, INC
A/P	192102	10/06/21	9,275.00	E-MDS, INC
A/P	192103	10/06/21	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	192104	10/06/21	20,124.17	EVIDENT
A/P	192105	10/06/21	1,421.96	EVOQUA WATER TECHNOLOGIES LLC
A/P	192106	10/06/21	2,485.00	FASTHEALTH CORPORATION
A/P	192107	10/06/21	6,771.13	FISHER HEALTHCARE
A/P	192108	10/06/21	65.40	FRONTIER
A/P	192109	10/06/21	344.54	GRAINGER
A/P	192110	10/06/21	700.00	GUERBET, LLC
A/P	192111	10/06/21	1,158.52	GULF COAST PAPER COMPANY
A/P	192112	10/06/21	3,000.00	HEALTH SOLUTIONS DIETETICS
A/P	192113	10/06/21	4,610.52	HEALTHCARE FINANCIAL SERVICES
A/P	192114	10/06/21	312.54	HILL-ROM COMPANY, INC
A/P	192115	10/06/21	886.21	INTRADO
A/P	192116	10/06/21	84.00	J & J HEALTH CARE SYSTEMS, INC
A/P	192117	10/06/21	100.00	LAERDAL MEDICAL CORPORATION
A/P	192118	10/06/21	24.90	LOLA RODRIGUEZ
A/P	192119	10/06/21	790.86	M G TRUST
A/P	192120	10/06/21	100.29	MEDIWATORS
A/P	192121	10/06/21	.00	VOIDED
A/P	192122	10/06/21	.00	VOIDED
A/P	192123	10/06/21	.00	VOIDED
A/P	192124	10/06/21	52,783.93	MEDLINE INDUSTRIES INC
A/P	192125	10/06/21	150.00	MEMORIAL MEDICAL CLINIC
A/P	192126	10/06/21	258.02	MMC AUXILIARY GIFT SHOP
A/P	192127	10/06/21	920.00	MMC EMPLOYEES ACTIVITIES TEAM
A/P	192128	10/06/21	182.78	MYR IMAGING, INC
A/P	192129	10/06/21	780.08	NACOGDOCHES TRANSCRIPTION
A/P	192130	10/06/21	487.47	OCCUPRO LLC

RUN DATE:10/04/21
TIME:13:34

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/06/21 THRU 10/06/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	192131	10/06/21	197.92	OLYMPUS AMERICA INC
A/P	192132	10/06/21	2,543.13	PABLO GARZA
A/P	192133	10/06/21	516.80	PARTSSOURCE, LLC
A/P	192134	10/06/21	1,100.00	PATRICK OCHOA
A/P	192135	10/06/21	3,900.00	PAYCHEX, ADVANCE FBO
A/P	192136	10/06/21	1,206.00	PORT LAVACA WAVE
A/P	192137	10/06/21	525.00	REVISTA de VICTORIA
A/P	192138	10/06/21	3,328.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	192139	10/06/21	106.97	SPARKLIGHT
A/P	192140	10/06/21	3.48	SPBS CLINICAL EQUIPMENT SRVC
A/P	192141	10/06/21	871.86	STEPHEN HUEY
A/P	192142	10/06/21	1,294.26	STRYKER FLEX FINANCIAL
A/P	192143	10/06/21	4,411.00	TEXAS MUTUAL INSURANCE CO
A/P	192144	10/06/21	9,045.70	TEXAS SELECT STAFFING
A/P	192145	10/06/21	36.00	THE UPS STORE VICTORIA
A/P	192146	10/06/21	3,774.54	UNIFIRST HOLDINGS
A/P	192147	10/06/21	2,200.00	US POSTAL SERVICE
A/P	192148	10/06/21	42.19	VERATHON INC
A/P	192149	10/06/21	1,439.20	VITA PERSONA LLC
A/P	192150	10/06/21	3,382.29	WAGWORKS, INC.
A/P	192151	10/06/21	5,734.54	WERFEN USA LLC
A/P	192152	10/06/21	138.00	WEST COAST MEDICAL RESOURCES
A/P	192153	10/06/21	21.90	YOUNG PLUMBING CO
A/P	192154	10/06/21	48,593.06	BETHANY SENIOR LIVING
A/P	192155	10/06/21	5,691.04	TUSCANY VILLAGE
TOTALS:			279,621.18	

O.C

Payables 225,327.08 +
NH 5,691.04 +
Transfers 48,593.06 +
279,621.18 +

APPROVED
ON

OCT 06 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: _____

Payer: _____

Requested by: _____

Requestor's email: _____

Requestor's phone number: _____

District or County: _____

Facility: _____

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	9/22/2021	EFT	1,657.90	EFT6097522	CV DAR000026869	78.90	BROADMOOR AT CREEKSIDE
N/A	N/A	9/22/2021	EFT	2,618.69	EFT6097494	CV DAR000026869	124.63	BROADMOOR AT CREEKSIDE
N/A	N/A	9/23/2021	EFT	3,233.90	EFT6099033	CV DAR000026869	153.91	BROADMOOR AT CREEKSIDE
N/A	N/A	9/24/2021	EFT	467.66	EFT6100758	CV DAR000026869	22.26	BROADMOOR AT CREEKSIDE
N/A	N/A	9/27/2021	EFT	\$ 1,295.08	EFT6102629	CV DAR000026869	61.64	BROADMOOR AT CREEKSIDE
N/A	N/A	9/27/2021	EFT	\$ 127.75	EFT6102598	CV DAR000026869	6.08	BROADMOOR AT CREEKSIDE
TOTAL				9,400.98			447.42	

To be filled out by Memorial Medical Center:

Date Received: 9/30/2021

Approved by: Mayra Martinez

Date of transfer: 10/6/2021

From Facility: BROADMOOR AT CREEKSIDE

To Facility: MM Clinic

Amount: 447.42

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED

OCT 04 2021

COURTNEY ANDERSON
CASSIDY COMPANY, TEXAS

CK# 000138

Request for Transfer of Funds

Transfer #: _____

Date Requested: 10/1/2021

Payer: MEDICARE

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

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

Requestor's phone number: 361-551-0500

District or County: Calhoun

Facility: Bethany Senior Living

Please Attach:

Remittance Advice and EOB

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

* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.
Please email request form and Remittance Advice to : clevenger@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	9/23/2021	EFT		EFT 6099198	CVDAR000026869	1,447.10	THE BROADMORE CREEKSIDE - AUXILLARY ADVANCE PMT
TOTAL							1,447.10	

To be filled out by Memorial Medical Center:

Date Received: 10/1/2021

Approved by: Mayra Martinez

Date of transfer: 10/6/2021

From Facility: THE BROADMORE CREEKSIDE - AUXILLARY ADVANCE PMT

To Facility: Bethany Senior Living

Amount: 1,447.10

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED

OCT 04 2021

**GENEVA ANDRONE
CALHOUN COUNTY, TEXAS
CK# 000136**

Request for Transfer of Funds

Transfer #: _____
 Date Requested: 9/27/2021
 Payer: Novitas
 Requested by: Catrina Hopper
 Requestor's email: Chopper@Nexion-Health.com
 Requestor's phone number: 903-372-8412
 District or County: Memorial Medical Center
 Facility: Golden Creek

CV DAR000026869

Please Attach:

Remittance Advice and EOB

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

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

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

<u>Patient Name</u> (REQUIRED)	<u>Date of Service</u> (REQUIRED)	<u>Date of Payment</u>	<u>Type of Payment</u> (Check/EFT)	<u>Amount of Payment</u> shown on	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter funds (-) or Funds (+) to YOUR account</u>	<u>Notes</u>
		9/22/2021		\$ (2,425.04)		CV DAR000026869	\$ 2,425.04	The Broadmoor Creeks
			TOTAL	\$ (2,425.04)			\$ 2,425.04	

To be filled out by Memorial Medical Center:
 Date Received: 9/27/2021
 Approved by: Mayra Martinez
 Date of transfer: 10/6/2021
 From Facility: The Broadmoor Creeks
 To Facility: Golden Creek
 Amount: \$ 2,425.04
 Requested Transfer Date #2: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED

OCT 04 2021

CAROL ANN WOOD
 CLERK OF DISTRICT COURT, TEXAS
 CLK# 000139

Request for Transfer of Funds

Transfer #: _____

Date Requested: 9.28.21

Payer: MEDICARE

Requested by: RACHEL ARENAZAS

Requestor's email: rrarenazas@tuscanyvillagecare.net

Requestor's phone number: 713-770-5300

District or County: BRAZORIA

Facility: TUSCANY VILLAGE

Please Attach:

Remittance Advice and EOB

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

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

and Remittance Advice to : clevenger@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
		9.28.21	EFT	\$ 2,581.36	EFT6104537	WO/CVDAR000026869	\$ 2,581.36	Broadmoor
TOTAL				2,581.36			2,581.36	

To be filled out by Memorial Medical Center:

Date Received: 9/9/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 10/6/2021

From Facility: Broadmoor

To Facility: TUSCANY VILLAGE

Amount: 2,581.36


Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED

OCT 04 2021
COUNTY ANCHOR
CALHOUN COUNTY, TEXAS
 CLK# 000137

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

000138

88-2265/1131

Date 10/6/21

PAY

TO THE
ORDER OF

Memorial Medical Clinic

\$ 447.42

Four hundred forty Seven & 42/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000138⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000136

88-2265/1131

Date 10/6/21

PAY

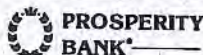
TO THE
ORDER OF

Bethany

\$ 1447.10

One thousand four hundred forty Seven & 10/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000136⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000139

Date 10/6/21

88-2265/1131

PAY
TO THE
ORDER OF

Golden Creek

\$ 2425.04

Two thousand four hundred twenty five & 04/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000139⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000137

Date 10/6/21

88-2265/1131

PAY
TO THE
ORDER OF

Tuscany

\$ 2581.36

Two thousand five hundred eighty one & 36/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000137⑈ ⑆113122655⑆

Request for Transfer of Funds

Transfer #: _____
 Date Requested: 9.28.21
 Payer: MEDICARE
 Requested by: RACHEL ARENAZAS
 Requestor's email: rrarenazas@tuscanyvillagecare.net
 Requestor's phone number: 713-770-5300
 District or County: BRAZORIA
 Facility: TUSCANY VILLAGE

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : clevenger@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
		9.28.21	EFT	\$ 2,581.36	EFT6104537	WO/CVDAR000019557	\$ 2,581.36	Crescent
TOTAL				2,581.36			2,581.36	

To be filled out by Memorial Medical Center:

Date Received: 9/9/2021
 Approved by: MAYRA MARTINEZ
 Date of transfer: 10/6/2021
 From Facility: CRESCENT
 To Facility: TUSCANY VILLAGE
 Amount: 2,581.36
 Requested Transfer Date #2: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED
BY

OCT 04 2021

COMMUNITY AMBULANCE
CALHOUN COUNTY, TEXAS
CL# 00070

Request for Transfer of Funds

Transfer #: _____

Date Requested: 10/1/2021

Payer: MEDICARE

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

Requestor's email: tgordon@bethanyliving.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@mhcportlavaca.com
mnartinez@mhcportlavaca.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	9/23/2021	EFT		EFT 6099198	CVDAR000019557	1,447.10	THE CRESENT - AUXILIARY ADVANCE PMT
TOTAL				-			1,447.10	

To be filled out by Memorial Medical Center:

Date Received: 10/1/2021

Approved by: Mayra Martinez

Date of transfer: 10/6/2021

From Facility: THE CRESENT - AUXILIARY ADVANCE PMT

To Facility: Bethany Senior Living

Amount: 1,447.10

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
SM

OCT 04 2021

GERTRUDE ANDERSON
 CALHOUN COUNTY, TEXAS
 Clk# 00069

Request for Transfer of Funds

Transfer #: _____
 Date Requested: 9/27/2021
 Payer: Novitas
 Requested by: Catrina Hopper
 Requestor's email: Chopper@Nexign-Health.com
 Requestor's phone number: 903-372-8412
 District or County: Memorial Medical Center
 Facility: Golden Creek

CVDAR000019557

Please Attach:

Remittance Advice and EOB

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

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

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

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		9/22/2021		\$ (2,425.04)		CVDAR000019557	\$ 2,425.04	The Crescent
TOTAL				\$ (2,425.04)			\$ 2,425.04	

To be filled out by Memorial Medical Center:

Date Received: 9/27/2021
 Approved by: Mayra Martinez
 Date of transfer: 10/6/2021
 From Facility: The Crescent
 To Facility: Golden Creek
 Amount: \$ 2,425.04
 Requested Transfer Date #2: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED
 OCT 04 2021
 MAYRA MARTINEZ
 GATEWAY COUNTY, TEXAS
 ck #00172

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

000171

88-2265/1131

Date 10/6/21

PAY

TO THE ORDER OF Memorial Medical Clinic

\$ 447.42

Four hundred forty seven & 42/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000171⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000170

88-2265/1131

Date 10/6/21

PAY

TO THE ORDER OF Tuscany

\$ 2581.36

Two thousand five hundred eighty one & 36/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000170⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000169

88-2265/1131

Date 10/6/21

PAY

TO THE
ORDER OF

Bethany

\$ 1447.10

One thousand four hundred forty seven & 10/100

DOLLARS



PROSPERITY
BANK

FOR Medicare repayment

Security features are included. Details on back.

⑈000169⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000172

88-2265/1131

Date 10/6/21

PAY

TO THE
ORDER OF

Golden Creek

\$ 2425.04

Two thousand four hundred twenty five & 04/100

DOLLARS



PROSPERITY
BANK

FOR Medicare repayment

Security features are included. Details on back.

⑈000172⑈ ⑆113122655⑆

Request for Transfer of Funds

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

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : clevenger@mhcportlavaca.com

mmartinez@mhcportlavaca.com

<u>Patient Name</u> (REQUIRED)	<u>Date of Service</u> (REQUIRED)	<u>Date of Payment</u>	<u>Type of Payment</u> (Check/EFT)	<u>Amount of Payment</u> shown on	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter funds (-) or Funds (+) to YOUR account</u>	<u>Notes</u>
N/A	N/A	8/11/2021	EFT	1,899.41	EFT6051792	CVDAR000019556	78.97	FORT BEND HEALTHCARE
TOTAL				1,899.41			78.97	

To be filled out by Memorial Medical Center:
 Date Received: 9/30/2021
 Approved by: Mayra Martinez
 Date of transfer: 10/6/2021
 From Facility: FORT BEND HEALTHCARE
 To Facility: MM Clinic
 Amount: 78.97
 Requested Transfer Date #2: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED
 ON
 OCT 04 2021

 GENEVY ANDRONE
 CLERK COUNTY, TEXAS
 CLK#00061

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

000161

88-2265/1131

Date 10/6/21

PAY

TO THE
ORDER OF

Memorial Medical Clinic

\$ 78.97

Seventy eight & 97/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000161⑈ ⑆163122655⑆

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 <small>(REQUIRED)</small>	Date of Service <small>(REQUIRED)</small>	Date of Payment	Type of Payment <small>(Check/EFT)</small>	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	9/22/2021	EFT	1,657.90	EFT6097522	CV DAR000018170	78.90	SOLERA WEST HOUSTON
N/A	N/A	9/22/2021	EFT	2,618.69	EFT6097494	CV DAR000018170	124.63	SOLERA WEST HOUSTON
N/A	N/A	9/23/2021	EFT	3,233.90	EFT6099033	CV DAR000018170	153.91	SOLERA WEST HOUSTON
N/A	N/A	9/24/2021	EFT	467.66	EFT6100758	CV DAR000018170	22.26	SOLERA WEST HOUSTON
N/A	N/A	9/27/2021	EFT	\$ 1,295.08	EFT6102629	CV DAR000018170	61.64	SOLERA WEST HOUSTON
N/A	N/A	9/27/2021	EFT	\$ 127.75	EFT6102598	CV DAR000018170	6.08	SOLERA WEST HOUSTON
TOTAL				9,400.98			447.42	

To be filled out by Memorial Medical Center:

Date Received: 9/30/2021

Approved by: Mayra Martinez

Date of transfer: 10/6/2021

From Facility: SOLERA WEST HOUSTON

To Facility: MM Clinic

Amount: 447.42

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED

OCT 04 2021

GENIVY ANDRINOZ
GARIBAY COUNTY, TEXAS
CK# 001170

Request for Transfer of Funds

Transfer #: _____
 Date Requested: 9/27/2021
 Payer: Novitas
 Requested by: Catrina Hopper
 Requestor's email: Chopper@Nexion-Health.com
 Requestor's phone number: 903-372-8412
 District or County: Memorial Medical Center
 Facility: Golden Creek

CVDAR000018170

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : clevenger@mhcportlavaca.com

mmartinez@mhcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		9/22/2021		\$ (2,425.04)		CVDAR000018170	\$ 2,425.04	Solera West Houston
TOTAL				\$ (2,425.04)			\$ 2,425.04	

To be filled out by Memorial Medical Center:

Date Received: 9/27/2021
 Approved by: Mayra Martinez
 Date of transfer: 10/6/2021
 From Facility: Solera West Houston
 To Facility: Golden Creek
 Amount: \$ 2,425.04
 Requested Transfer Date #2:
 Date of transfer:
 From Facility:
 To Facility:
 Amount:

APPROVED

 OCT 04 2021
 GENEVIE AMBROSE
 CLERK COUNTY, TREAS
 CK#001171

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001170

Date 10/6/21 88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Clinic

\$ 447.42

Four hundred forty four & 42/100

DOLLARS



PROSPERITY
BANK

FOR Medicare repayment

Security features are included. Details on back.

⑈001170⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001171

Date 10/6/21 88-2265/1131

PAY

TO THE
ORDER OF

Golden Creek

\$ 2425.04

Two thousand four hundred twenty five & 04/100

DOLLARS



PROSPERITY
BANK

FOR medicare repayment

Security features are included. Details on back.

⑈001171⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001168

PAY

TO THE
ORDER OF

Bethany

Date 10/6/21

88-2265/1131

\$ 1447.10

One thousand four hundred forty seven $\frac{10}{100}$

DOLLARS



PROSPERITY
BANK

FOR Medicare repayment

Security features are included. Details on back.

⑈001168⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001169

PAY

TO THE
ORDER OF

Tuscany

Date 10/6/21

88-2265/1131

\$ 2581.36

Two thousand five hundred eighty one $\frac{36}{100}$

DOLLARS



PROSPERITY
BANK

FOR Medicare repayment

Security features are included. Details on back.

⑈001169⑈ ⑆113122655⑆

Request for Transfer of Funds

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

Please Attach:

Remittance Advice and EOB

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

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

and Remittance Advice to : 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	9/22/2021	EFT	1,657.90	EFT6097522	CV DAR000019540	78.90	GOLDEN CREEK
N/A	N/A	9/22/2021	EFT	2,618.69	EFT6097494	CV DAR000019540	124.63	GOLDEN CREEK
N/A	N/A	9/23/2021	EFT	3,233.90	EFT6099033	CV DAR000019540	153.91	GOLDEN CREEK
N/A	N/A	9/24/2021	EFT	467.66	EFT6100758	CV DAR000019540	22.26	GOLDEN CREEK
N/A	N/A	9/27/2021	EFT	\$ 1,295.08	EFT6102629	CV DAR000019540	61.64	GOLDEN CREEK
N/A	N/A	9/27/2021	EFT	\$ 127.75	EFT6102598	CV DAR000019540	6.08	GOLDEN CREEK
TOTAL				9,400.98			447.42	

To be filled out by Memorial Medical Center:

Date Received: 9/30/2021
 Approved by: Mayra Martinez
 Date of transfer: 10/6/2021
 From Facility: GOLDEN CREEK
 To Facility: MM Clinic
 Amount: 447.42
 Requested Transfer Date #2: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED

OCT 04 2021

COMPTROLLER
 GARRETT COUNTY, TEXAS
 CK #00133

Request for Transfer of Funds

Transfer #: _____

Date Requested 9.28.21

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
		9.28.21	EFT	\$ 2,581.36	EFT6104537	WO/CVDAR000019540	\$ 2,581.36	Golden Creek
TOTAL				2,581.36			2,581.36	

To be filled out by Memorial Medical Center:

Date Received: 9/9/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 10/6/2021

From Facility: Golden Creek

To Facility: TUSCANY VILLAGE

Amount: 2,581.36

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
CSF

OCT 04 2021

COURTNEY ANDERSON
CASEWORK MANAGER, WILKES
CL# 002132

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

000133

Date 10/6/21

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Clinic

\$ 447.42

Four hundred forty seven & 42/100

DOLLARS



FOR Medicare repayment

MP
Security features are included. Details on back.

⑈000133⑈ ⑆113122655⑆

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

000132

Date 10/6/21

88-2265/1131

PAY

TO THE
ORDER OF

Tuscany

\$ 2581.36

Two thousand five hundred eighty one & 36/100

DOLLARS



FOR Medicare repayment

MP
Security features are included. Details on back.

⑈000132⑈ ⑆113122655⑆

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

000131

Date 10/6/21

88-2265/1131

PAY

TO THE
ORDER OF

Bethany

\$ 1447.10

One thousand four hundred forty seven & 10/100

DOLLARS



FOR Medicare repayment

MP
Security features are included. Details on back.

⑈000131⑈ ⑆113122655⑆

Request for Transfer of Funds

Transfer #: _____

Date Requested: _____

Payer: _____

Requested by: _____

Requestor's email: _____

Requestor's phone number: _____

District or County: _____

Facility: _____

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : 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	9/22/2021	EFT	1,657.90	EFT6097522	CV DAR000007985	78.90	TUSCANY VILLAGE
N/A	N/A	9/22/2021	EFT	2,618.69	EFT6097494	CV DAR000007985	124.63	TUSCANY VILLAGE
N/A	N/A	9/23/2021	EFT	3,233.90	EFT6099033	CV DAR000007985	153.91	TUSCANY VILLAGE
N/A	N/A	9/24/2021	EFT	467.66	EFT6100758	CV DAR000007985	22.26	TUSCANY VILLAGE
N/A	N/A	9/27/2021	EFT	\$ 1,295.08	EFT6102629	CV DAR000007985	61.64	TUSCANY VILLAGE
N/A	N/A	9/27/2021	EFT	\$ 127.75	EFT6102598	CV DAR000007985	6.08	TUSCANY VILLAGE
TOTAL				9,400.98			447.42	

To be filled out by Memorial Medical Center:

Date Received: 9/30/2021

Approved by: Mayra Martinez

Date of transfer: 10/6/2021

From Facility: TUSCANY VILLAGE

To Facility: MM Clinic

Amount: 447.42

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
EOT

OCT 04 2021

GENEVA ANDERSON
SALARADO COUNTY, TEXAS

CK# 1004

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1064

88-2265/1131-87

DATE 10/6/21



PAY TO THE ORDER OF Memorial Medical Clinic

\$ 447.42

Four hundred forty seven & 42/100

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

⑈001064⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1061

88-2265/1131-87

DATE 10/6/21



PAY TO THE ORDER OF Bethany

\$ 1447.10

One thousand four hundred forty seven & 10/100

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

⑈001061⑈ ⑆113122655⑆

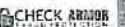
MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1063

88-2265/1131-87

DATE 10/6/21



PAY TO THE ORDER OF Golden Creek

\$ 2425.04

Two thousand four hundred twenty five & 04/100

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

⑈001063⑈ ⑆113122655⑆

Medicare Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	Amt	Date
BROADMOOR			BETHANY	20351000	1,447.10	10/4/2021
BROADMOOR			TUSCANY	20351000	2,581.36	10/4/2021
BROADMOOR			MMCLINIC	20351000	447.42	10/4/2021
BROADMOOR			GOLDEN CREEK	20351000	2,425.04	10/4/2021
CRESCENT			BETHANY	20351000	1,447.10	10/4/2021
CRESCENT			TUSCANY	20351000	2,581.36	10/4/2021
CRESCENT			MMCLINIC	20351000	447.42	10/4/2021
CRESCENT			GOLDEN CREEK	20351001	2,425.04	10/4/2021
FORT BEND			MMCLINIC	20351000	78.97	10/4/2021
SOLERA			BETHANY	20351000	1,447.10	10/4/2021
SOLERA			TUSCANY	20351000	2,581.36	10/4/2021
SOLERA			MMCLINIC	20351000	447.42	10/4/2021
SOLERA			GOLDEN CREEK	20351001	2,425.04	10/4/2021
GOLDEN CREEK			BETHANY	20351000	1,447.10	10/4/2021
GOLDEN CREEK			TUSCANY	20351000	2,581.36	10/4/2021
GOLDEN CREEK			MMCLINIC	20351000	447.42	10/4/2021
TUSCANY			BETHANY	20351000	1,447.10	10/4/2021
TUSCANY			MMCLINIC	20351000	447.42	10/4/2021
TUSCANY			GOLDEN CREEK	20351000	2,425.04	10/4/2021
				Total	29,577.17	

Note:

Approved:

Jason Anglin, CEO/CFO



10/4/2021

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 10/4/2021

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		189,411.28 ✓	189,254.67 ✓	84,867.20 ✓		85,023.81 ✓ 85,023.81 ✓	84,846.11
						Bank Balance Variance	
						Leave in Balance	100.00
						JULY INTEREST	38.78 ✓
						AUG INTEREST	17.83 ✓
						SEP INTEREST	21.09 ✓
						Adjust Balance/Transfer Amt	84,846.11 ✓
Broadmoor		167,930.92 ✓	167,784.79 ✓	23,913.69 ✓		24,059.82 ✓ 24,059.82 ✓	16,999.21
						Bank Balance Variance	
						Leave in Balance	100.00
						MEDICARE REPAYMENT DUE TO BETHANY	1,447.10 ✓
						MEDICARE REPAYMENT DUE TO TUSCANY	2,581.36 ✓
						MEDICARE REPAYMENT DUE TO MM CLINIC	447.42 ✓
						MEDICARE REPAYMENT DUE TO GOLDEN CREEK	2,425.04 ✓
						JULY INTEREST	32.13 ✓
						AUG INTEREST	14.00 ✓
						SEP INTEREST	13.56 ✓
						Adjust Balance/Transfer Amt	16,999.21 ✓
Crescent		123,483.80 ✓	123,353.58 ✓	57,755.77 ✓		57,885.99 ✓ 57,885.99 ✓	50,843.75
						Bank Balance Variance	
						Leave in Balance	100.00
						MEDICARE REPAYMENT DUE TO BETHANY	1,447.10 ✓
						MEDICARE REPAYMENT DUE TO TUSCANY	2,581.36 ✓
						MEDICARE REPAYMENT DUE TO MM CLINIC	447.42 ✓
						MEDICARE REPAYMENT DUE TO GOLDEN CREEK	2,425.04 ✓
						JULY INTEREST	20.98 ✓
						AUG INTEREST	9.26 ✓
						SEP INTEREST	11.10 ✓
						Adjust Balance/Transfer Amt	50,843.75 ✓
Fort Bend		193.06 ✓	35,078.64 ✓	12,160.72 ✓		12,275.14 ✓ 12,275.14 ✓	12,070.20
						Bank Balance Variance	
						Leave in Balance	100.00
						MEDICARE REPAYMENT DUE TO MM CLINIC	78.97 ✓
						JULY INTEREST	8.77 ✓
						AUG INTEREST	5.65 ✓
						SEP INTEREST	11.55 ✓
						Adjust Balance/Transfer Amt	12,070.20 ✓
Solera at W Houston		379,327.16 ✓	379,183.79 ✓	111,590.81 ✓		111,734.18 ✓ 111,734.18 ✓	104,670.47
						Bank Balance Variance	
						Leave in Balance	100.00
						MEDICARE REPAYMENT DUE TO BETHANY	1,447.10 ✓
						MEDICARE REPAYMENT DUE TO TUSCANY	2,581.36 ✓
						MEDICARE REPAYMENT DUE TO MM CLINIC	447.42 ✓
						MEDICARE REPAYMENT DUE TO GOLDEN CREEK	2,425.04 ✓
						JULY INTEREST	26.44 ✓
						AUG INTEREST	16.93 ✓
						SEP INTEREST	19.42 ✓
						Adjust Balance/Transfer Amt	104,670.47 ✓

84,846.11 +
 16,999.21 +
 50,843.75 +
 12,070.20 +
 104,670.47 +
 269,429.74 *

APPROVED
 OCT 04 2021
 CANTEX AMERICA
 CALIFORNIA COURT, TEXAS

TOTAL TRANSFERS 269,429.74
 Approved: Jason Anglin, CEO
 10/4/2021

Note: Only balances of over \$5,000 will be transferred.
 Note 2: Each account has a base balance of \$100.00.

Ashford Gardens

9/27/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/27/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/27/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
 9/18/2021 Amerigroup TXSC HCCLAIMPMT 3161646380 111000
 9/29/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 9/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/29/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000184
 9/30/2021 Added to Account
 9/30/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 10/1/2021 CK1156
 10/1/2021 KS PLAN ADMINIST HCCLAIMPMT 3278 11100002169
 10/1/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 10/1/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 10/1/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	195.61	-	-	-	-	-	195.61
-	30,752.61	-	-	-	-	-	30,752.61
-	6,186.61	-	-	-	-	-	6,186.61
-	125.37	-	-	-	-	-	125.37
171,882.43	-	-	-	-	-	-	-
-	4,965.48	-	-	-	-	-	4,965.48
-	8,355.60	-	-	-	-	-	8,355.60
-	5,589.65	-	-	-	-	-	5,589.65
-	462.36	-	-	-	-	-	462.36
-	21.09	-	-	-	-	-	21.09
17,372.24	7,380.00	-	-	-	-	-	7,380.00
-	7,200.00	-	-	-	-	-	7,200.00
-	10,953.58	-	-	-	-	-	10,953.58
-	2,657.82	-	-	-	-	-	2,657.82
-	21.42	-	-	-	-	-	21.42
189,254.67	84,867.20	-	-	-	-	-	84,867.20

Broadmoor

9/27/2021 CK128
 9/27/2021 CK129
 9/27/2021 CK130
 9/27/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000177
 9/28/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000171
 9/29/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 9/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/29/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000183
 9/30/2021 Added to Account
 9/30/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 10/1/2021 CK132
 10/1/2021 CK133
 10/1/2021 CK134
 10/1/2021 CK131
 10/1/2021 Deposit
 10/1/2021 MANAGEANDNET1718 MNS PMNT 00000000004293 41

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	512.97	-	-	-	-	-	512.97
-	466.36	-	-	-	-	-	466.36
1,370.34	-	-	-	-	-	-	-
-	286.33	-	-	-	-	-	286.33
-	1,952.00	-	-	-	-	-	1,952.00
147,342.95	-	-	-	-	-	-	-
-	5,853.89	-	-	-	-	-	5,853.89
-	7,251.91	-	-	-	-	-	7,251.91
-	13.56	-	-	-	-	-	13.56
-	156.00	-	-	-	-	-	156.00
6,961.95	-	-	-	-	-	-	-
2,845.52	-	-	-	-	-	-	-
1,199.51	-	-	-	-	-	-	-
7,085.19	-	-	-	-	-	-	-
-	5,565.00	-	-	-	-	-	5,565.00
-	2,835.00	-	-	-	-	-	2,835.00
167,784.79	23,913.69	-	-	-	-	-	23,913.69

Crescent

9/27/2021 CK161
 9/27/2021 CK162
 9/27/2021 CK163
 9/27/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/27/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000177
 9/28/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000171
 9/29/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 9/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/30/2021 Added to Account
 9/30/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 10/1/2021 CK165
 10/1/2021 CK166
 10/1/2021 CK167
 10/1/2021 CK164
 10/1/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 10/1/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000116
 10/1/2021 HUMANA CHA DISB HCCLAIMPMT 390864 4200001146

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	512.97	-	-	-	-	-	512.97
-	466.36	-	-	-	-	-	466.36
1,370.34	-	-	-	-	-	-	-
-	6,701.61	-	-	-	-	-	6,701.61
-	2,123.21	-	-	-	-	-	2,123.21
-	20,800.93	-	-	-	-	-	20,800.93
104,341.82	-	-	-	-	-	-	-
-	6,766.06	-	-	-	-	-	6,766.06
-	11.10	-	-	-	-	-	11.10
-	5,180.00	-	-	-	-	-	5,180.00
6,961.95	-	-	-	-	-	-	-
2,845.52	-	-	-	-	-	-	-
1,199.51	-	-	-	-	-	-	-
5,655.11	-	-	-	-	-	-	-
-	4,491.53	-	-	-	-	-	4,491.53
-	3,431.19	-	-	-	-	-	3,431.19
-	8,250.14	-	-	-	-	-	8,250.14
123,359.58	57,755.77	-	-	-	-	-	57,755.77

East Bend

9/27/2021 CK155
 9/27/2021 CK156
 9/27/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/29/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 9/29/2021 AARP Supplementa HCCLAIMPMT 746003411 124384
 9/30/2021 Added to Account
 9/30/2021 MANAGEANDNET1718 MNS PMNT 00000000004294 41
 9/30/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 10/1/2021 CK158
 10/1/2021 CK159
 10/1/2021 CK157
 10/1/2021 MANAGEANDNET1718 MNS PMNT 00000000004294 41
 10/1/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	47.50	-	-	-	-	-	47.50
1,370.34	-	-	-	-	-	-	-
-	4,838.34	-	-	-	-	-	4,838.34
26,229.34	-	-	-	-	-	-	-
-	4,318.06	-	-	-	-	-	4,318.06
-	11.55	-	-	-	-	-	11.55
-	1,116.00	-	-	-	-	-	1,116.00
-	430.00	-	-	-	-	-	430.00
28.04	-	-	-	-	-	-	-
397.88	-	-	-	-	-	-	-
7,005.54	-	-	-	-	-	-	-
-	1,395.00	-	-	-	-	-	1,395.00
-	51.77	-	-	-	-	-	51.77
35,078.64	12,160.72	-	-	-	-	-	12,160.72

Elfers at Wood Houston

9/27/2021 CK1160
 9/27/2021 CK46636
 9/27/2021 CK1158
 9/27/2021 CK1157
 9/27/2021 CK1162
 9/27/2021 CK1159
 9/27/2021 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384
 9/27/2021 Amerigroup TXSC HCCLAIMPMT 3161528878 111000
 9/27/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/27/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000177
 9/27/2021 HUMANA INS CO HCCLAIMPMT 390862 830000564704
 9/27/2021 AARP Supplementa HCCLAIMPMT 746003411 124384
 9/28/2021 Amerigroup TXSC HCCLAIMPMT 3161646381 111000
 9/28/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000171
 9/28/2021 HUMANA INS CO HCCLAIMPMT 390862 830000597614
 9/28/2021 AARP Supplementa HCCLAIMPMT 746003411 124384
 9/29/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 9/29/2021 Amerigroup TXSC HCCLAIMPMT 3161756558 111000
 9/30/2021 Added to Account
 9/30/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 9/30/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000198

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	512.97	-	-	-	-	-	512.97
-	466.36	-	-	-	-	-	466.36
-	906.27	-	-	-	-	-	906.27
-	1,847.45	-	-	-	-	-	1,847.45
-	1,370.34	-	-	-	-	-	1,370.34
5,921.08	-	-	-	-	-	-	-
-	7.42	-	-	-	-	-	7.42
-	759.77	-	-	-	-	-	759.77
-	7,512.66	-	-	-	-	-	7,512.66
-	9,185.39	-	-	-	-	-	9,185.39
-	650.00	-	-	-	-	-	650.00
-	1,484.00	-	-	-	-	-	1,484.00
-	519.37	-	-	-	-	-	519.37
-	24,732.69	-	-	-	-	-	24,732.69
-	7,780.05	-	-	-	-	-	7,780.05
-	1,669.50	-	-	-	-	-	1,669.50
349,444.59	-	-	-	-	-	-	-
-	125.25	-	-	-	-	-	125.25
-	19.42	-	-	-	-	-	19.42
-	6,312.00	-	-	-	-	-	6,312.00
-	2,611.06	-	-	-	-	-	2,611.06

			Page
9/30/2021 HUMANA INS CO HCCLAIMPMT 390862 830000573275	-	663.67	663.67
9/30/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001914	-	16,544.21	16,544.21
10/1/2021 CK1164	6,961.95	-	-
10/1/2021 CK1165	2,845.52	-	-
10/1/2021 CK1166	1,199.51	-	-
10/1/2021 CK1163	6,707.75	-	-
10/1/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	3,690.00	3,690.00
10/1/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	387.42	387.42
10/1/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000116	-	13,890.46	13,890.46
10/1/2021 HUMANA INS CO HCCLAIMPMT 390862 830000516916	-	13,046.47	13,046.47
	379,183.79	111,590.81	111,590.81
TOTALS	894,655.47	290,288.19	290,288.19

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Oct 4, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$85,023.81 ✓	\$114,785.47	\$85,023.81	\$81,563.2
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$24,059.82 ✓	\$48,464.26	\$24,059.82	\$33,751.9
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$57,885.99 ✓	\$67,755.63	\$57,885.99	\$58,375.2
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$12,275.14 ✓	\$24,376.09	\$12,275.14	\$18,259.9
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$111,734.18 ✓	\$128,419.34	\$111,734.18	\$98,434.5



Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 10/4/2021

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		72,930.47	72,793.72	70,116.71		70,253.46	34,196.70
						Bank Balance	70,253.46
						Variance	
						Leave in Balance	100.00
						Superior AUG/ ADJ QIPP	31,426.90
						MEDICARE REPAYMENT DUE TO BETHANY	1,447.10
						MEDICARE REPAYMENT DUE TO TUSCANY	2,581.36
						MEDICARE REPAYMENT DUE TO CLINIC	447.42
						JULY INTEREST	26.48
						AUG INTEREST	10.27
						SEP INTEREST	17.23
						Adjust Balance/Transfer Amt	34,196.70

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 10/4/2021

APPROVED
OK
OCT 04 2021
COUNTY CLERK
DALESON COUNTY, TEXAS

Golden Creek	MMC PORTION						NH PORTION	
	Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L apse		QJPP T1
9/27/2021 CK124	512.97	-	-	-	-	-	-	-
9/27/2021 CK125	466.36	-	-	-	-	-	-	-
9/27/2021 CK126	1,370.34	-	-	-	-	-	-	-
9/27/2021 Deposit	-	3,073.44	-	-	-	-	-	3,073.44
9/29/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	59,437.07	-	-	-	-	-	-	-
9/29/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	483.42	-	-	-	-	-	483.42
9/30/2021 Added to Account	-	17.23	-	-	-	-	-	17.23
9/30/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	830.50	-	-	-	-	-	830.50
10/1/2021 CK127	6,961.95	-	-	-	-	-	-	-
10/1/2021 CK128	2,845.52	-	-	-	-	-	-	-
10/1/2021 CK129	1,199.51	-	-	-	-	-	-	-
10/1/2021 Deposit	-	31,735.69	-	-	-	-	-	31,735.69
10/1/2021 Centene Managem CCID+ 38888463 3110020125810	-	33,976.43	28,877.37	5,348.85	(136.78)	(113.01)	31,426.90	2,549.53
	72,793.72	70,116.71	28,877.37	5,348.85	(136.78)	(113.01)	31,426.90	38,689.81

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Oct 4, 2021

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

MEMORIAL MEDICAL /
NH GOLDEN CREEK
HEALTHCARE

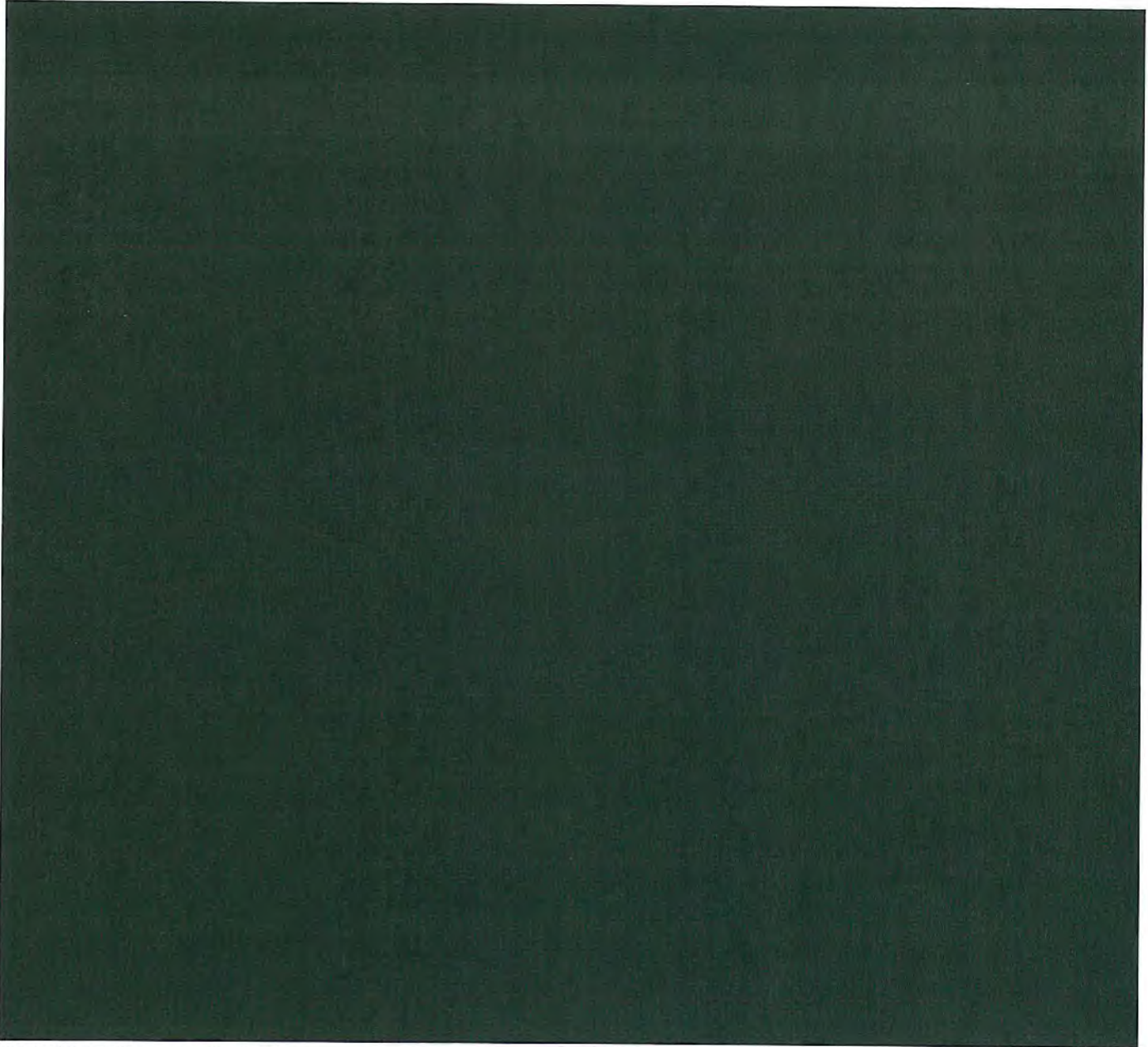
\$70,253.46



\$75,753.46

\$70,253.46

\$15,548.3



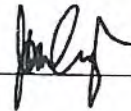
Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 10/4/2021

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		358,727.05	8,784.05	43,228.81				
						Bank Balance	393,171.81	
						Variance	393,171.81	
						Leave in Balance	100.00	
						ECHO CLAIM PAYMENTS TO HOLD SUPERIOR AUG QIPP	372,441.91	
							18,947.29	
						JULY INTEREST	24.01	
						AUG INTEREST	9.54	
						SEP INTEREST	34.67	
						Adjust Balance/Transfer Amt	1,614.39	
								45,534.06
						Bank Balance	45,660.51	
						Variance	45,660.51	
						Leave in Balance	100.00	
						JULY INTEREST	15.04	
						AUG INTEREST	6.83	
						SEP INTEREST	4.58	
						Adjust Balance/Transfer Amt	45,534.06	
						TOTAL TRANSFERS		47,148.45

Routine 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



10/4/2021

APPROVED
 ON
 OCT 04 2021
 COUNTY AUDITOR
 GARLAND COUNTY, TEXAS

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
Gulf Points Plaza-Private Pay								
9/27/2021 HNB - ECHO HCCLAIMPMT 746003411 440000245917	-	1,338.37						1,338.37
9/27/2021 HNB - ECHO HCCLAIMPMT 746003411 440000245917	-	2,327.74						2,327.74
9/27/2021 HNB - ECHO HCCLAIMPMT 746003411 440000245917	-	764.48						764.48
9/28/2021 HNB - ECHO HCCLAIMPMT 746003411 440000274896	-	4,303.04						4,303.04
9/28/2021 HNB - ECHO HCCLAIMPMT 746003411 440000274896	-	1,463.49						1,463.49
9/28/2021 HNB - ECHO HCCLAIMPMT 746003411 440000274896	-	99.73						99.73
9/29/2021 WIRE OUT HMG SERVICES, LLC	7,745.48	-						-
9/29/2021 HNB - ECHO HCCLAIMPMT 746003411 440000206453	-	58.81						58.81
9/29/2021 HNB - ECHO HCCLAIMPMT 746003411 440000206453	-	2,604.18						2,604.18
9/30/2021 Added to Account	-	34.67						34.67
9/30/2021 HNB - ECHO HCCLAIMPMT 746003411 440000234610	-	2,915.99						2,915.99
9/30/2021 HNB - ECHO HCCLAIMPMT 746003411 440000234610	-	553.95						553.95
9/30/2021 HNB - ECHO HCCLAIMPMT 746003411 440000234610	-	3,273.14						3,273.14
9/30/2021 HNB - ECHO HCCLAIMPMT 746003411 440000234610	-	54.10						54.10
9/30/2021 HNB - ECHO HCCLAIMPMT 746003411 440000234610	-	15.68						15.68
9/30/2021 HNB - ECHO HCCLAIMPMT 746003411 440000234610	-	62.73						62.73
9/30/2021 HNB - ECHO HCCLAIMPMT 746003411 440000234610	-	21.46						21.46
9/30/2021 HNB - ECHO HCCLAIMPMT 746003411 440000234610	-	1,289.93						1,289.93
9/30/2021 HNB - ECHO HCCLAIMPMT 746003411 440000234610	-	371.27						371.27
10/1/2021 CK1009	1,038.57	-						-
10/1/2021 HNB - ECHO HCCLAIMPMT 746003411 440000264046	-	23.52						23.52
10/1/2021 HNB - ECHO HCCLAIMPMT 746003411 440000264046	-	1,090.85						1,090.85
10/1/2021 Centene Managem CCD+ 38888463 3110020125842	-	20,561.68	17,332.90	3,204.89		23.89	18,947.29	1,614.39
	8,784.05	43,228.81	17,332.90	3,204.89		23.89	18,947.29	24,281.52

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
Gulf Points Plaza-Medicare/Medicaid								
9/27/2021 WPS-TDEFIC CONTR HCCLAIMPMT 2222561853 21000	-	45.98						45.98
9/27/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001845214	-	6,360.39						6,360.39
9/29/2021 WIRE OUT HMG SERVICES, LLC	94,122.61	-						-
9/29/2021 WPS-TDEFIC CONTR HCCLAIMPMT 2222590097 21000	-	927.50						927.50
9/30/2021 Added to Account	-	4.58						4.58
10/1/2021 Deposit	-	32,518.95						32,518.95
10/1/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001223699	-	5,681.24						5,681.24
	94,122.61	45,538.64						45,538.64
	102,906.66	88,767.45	17,332.90	3,204.89		23.89	18,947.29	69,820.16

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

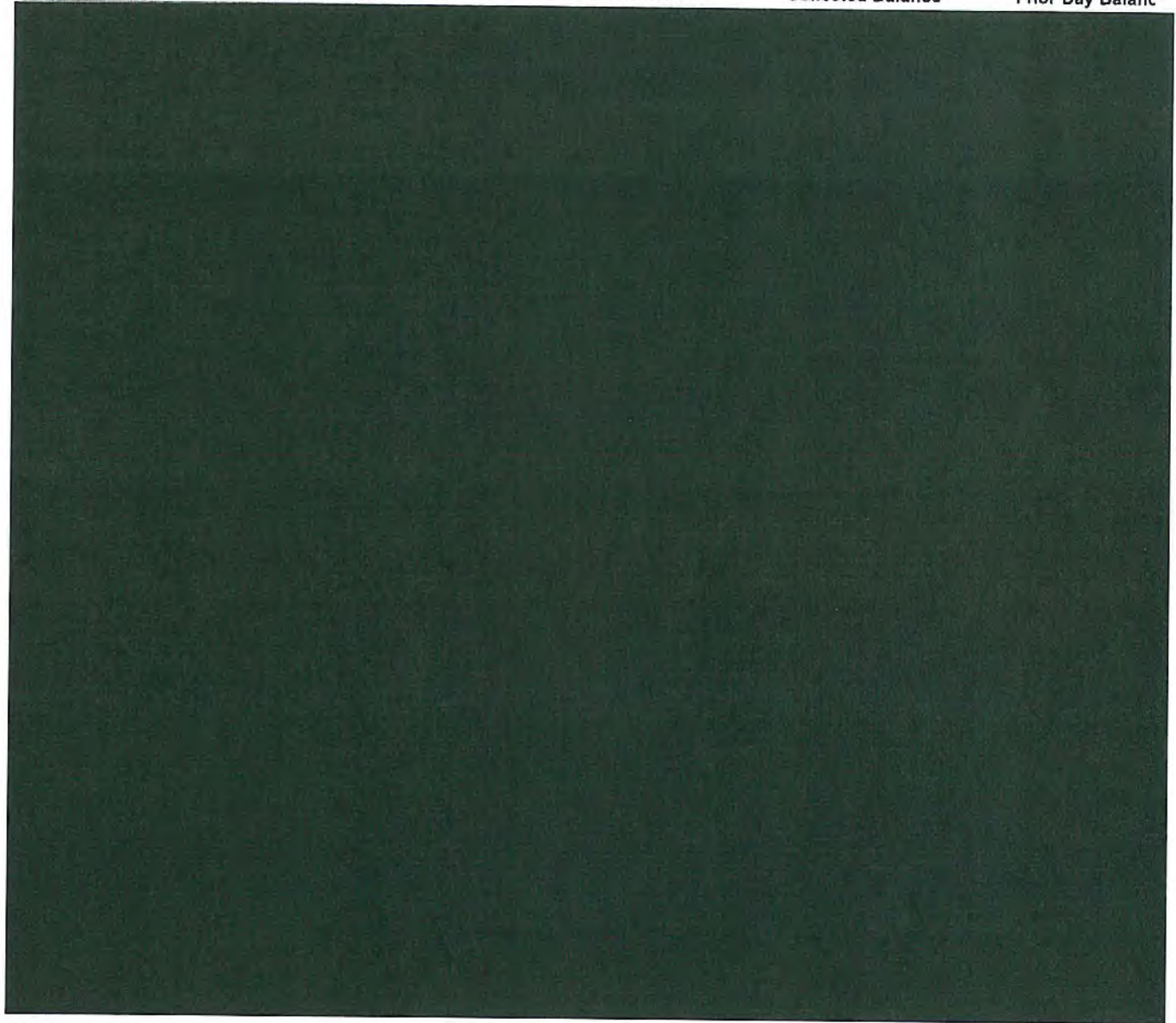


Select Group
Groups

DDA

Data reported as of Oct 4, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$45,660.51 ✓	\$45,660.51	\$45,660.51	\$7,460.3
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$393,171.81 ✓	\$416,357.08	\$393,171.81	\$372,534.3

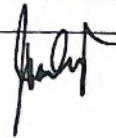


Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscan Transfer
 Prosperity Accounts
 10/4/2021

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		86,475.24	86,375.24	86,192.81			86,292.81	81,363.25
						Bank Balance	86,292.81	
						Variance		
						Leave in Balance	100.00	
						MOLINA QPPP ADJ	510.00	
						MEDICARE REPAYMENT DUE TO BETHANY	1,447.10	
						MEDICARE REPAYMENT DUE TO MM CLINIC	447.42	
						MEDICARE REPAYMENT DUE TO GOLDEN CREEK	2,425.04	
						Adjust Balance/Transfer Amt	81,363.25	

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: _____ 10/4/2021
 Jason Anglin, CEO



APPROVED
 OCT

OCT 04 2021

CLERK AMERICAN
 CALIFORNIA COUNTY, TEXAS

Tuscany Village

MMC PORTION				
QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
9/27/2021 CK1056	512.97	-	-	-	-	-	-	-
9/27/2021 CK1057	3,574.95	-	-	-	-	-	-	-
9/27/2021 Deposit	-	2,819.21	-	-	-	-	-	2,819.21
9/28/2021 MOLINA HEALTHCAR MOLINAACH 01005988 42000013	-	1,020.00	-	-	-	1,020.00	510.00	510.00
9/29/2021 WIRE OUT LINBAR ENTERPRISES, LLC	74,125.86	-	-	-	-	-	-	-
9/29/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000183	-	56,818.92	-	-	-	-	-	56,818.92
9/30/2021 Added to Account	-	11.27	-	-	-	-	-	11.27
10/1/2021 CK1058	6,961.95	-	-	-	-	-	-	-
10/1/2021 CK1059	1,199.51	-	-	-	-	-	-	-
10/1/2021 Deposit	-	11,382.08	-	-	-	-	-	11,382.08
10/1/2021 Deposit	-	14,141.33	-	-	-	-	-	14,141.33
	86,375.24	86,192.81	-	-	-	1,020.00	510.00	85,682.81

Quick View

Select Quick View Accounts
Account Number / Name

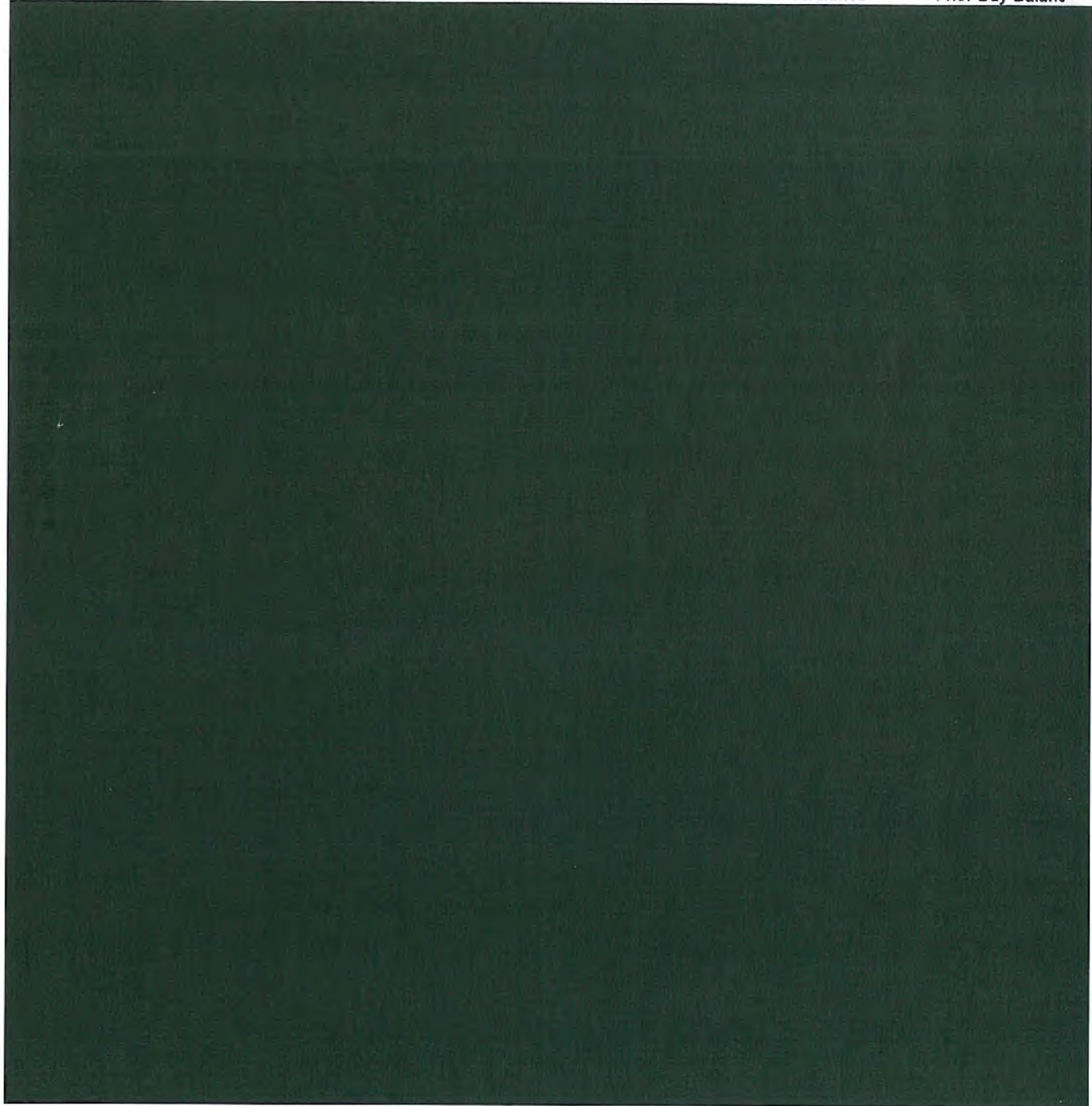
Select Group
Groups

Account Type

DDA

Data reported as of Oct 4, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
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*3407 MMC -NH TUSCANY VILLAGE	\$86,292.81	\$116,728.78	\$86,292.81	\$68,930.8
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Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 10/4/2021

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		259,159.94	256,964.90	142,033.18			142,228.22	142,011.20
						Bank Balance	142,228.22	
						Variance		
						Leave in Balance	100.00	
						JULY INTEREST	72.51	
						AUG INTEREST	21.53	
						SEP INTEREST	21.98	
						Adjust Balance/Transfer Amt	142,011.20	

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 10/4/2021



APPROVED
 OCT

OCT 04 2021

COMMUNITY AMBICOR
 CALLETON COUNTY, TEXAS

MMC PORTION				
QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI

Bethany Senior Living

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
9/27/2021 CK1006	1,225.99	-	-	-	-	-	-	-
9/27/2021 Deposit	-	5,040.00	-	-	-	-	-	5,040.00
9/27/2021 Deposit	-	2,564.85	-	-	-	-	-	2,564.85
9/27/2021 Deposit	-	649.20	-	-	-	-	-	649.20
9/27/2021 Deposit	-	64,294.45	-	-	-	-	-	64,294.45
9/28/2021 Deposit	-	1,606.43	-	-	-	-	-	1,606.43
9/29/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	257,738.91	-	-	-	-	-	-	-
9/29/2021 Deposit	-	80.24	-	-	-	-	-	80.24
9/30/2021 Added to Account	-	21.98	-	-	-	-	-	21.98
9/30/2021 Deposit	-	149.00	-	-	-	-	-	149.00
10/1/2021 Deposit	-	34,837.79	-	-	-	-	-	34,837.79
10/1/2021 Deposit	-	24,279.77	-	-	-	-	-	24,279.77
10/1/2021 Deposit	-	5,580.00	-	-	-	-	-	5,580.00
10/1/2021 Deposit	-	656.00	-	-	-	-	-	656.00
10/1/2021 HOSPICE OF SOUTH Payments NF 1.13122650020548	-	2,273.47	-	-	-	-	-	2,273.47
	258,964.90	142,033.18	-	-	-	-	-	142,033.18

Quick View

Select Quick View Accounts

Account Number / Name

Account Type

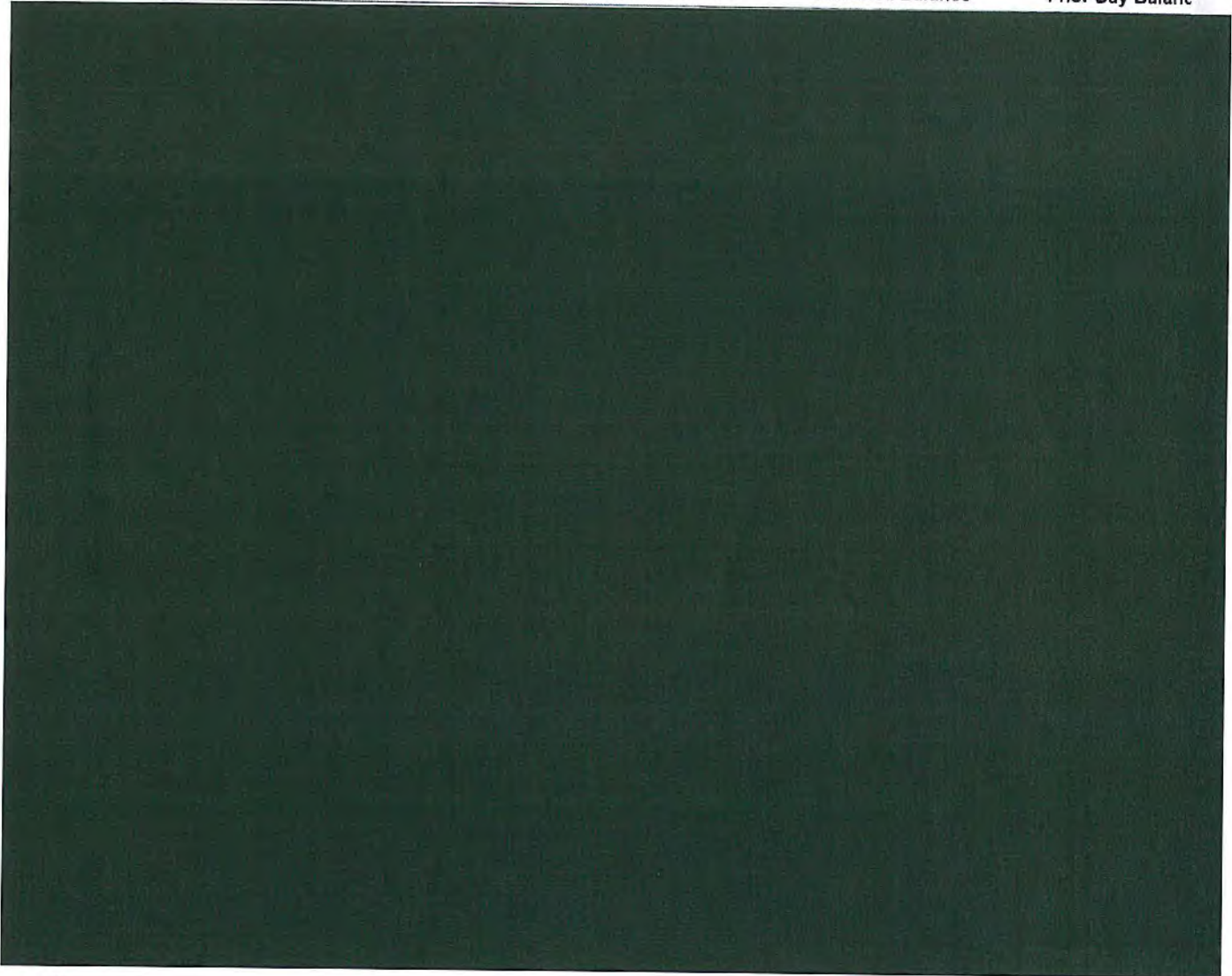
Select Group

Groups

DDA

Data reported as of Oct 4, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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*5506

MMC -NH BETHANY
SENIOR LIVING

\$142,228.22



\$142,228.22

\$142,228.22

\$74,601.1

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 10/4/21

APPROVED
OK

OCT 04 2021

COUNTY AUDITOR
SARASOTA COUNTY, FLORIDA

CK#000134

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

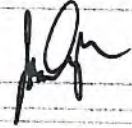
Return Check to Dept

AMOUNT \$31,426.90

G/L NUMBER: 10255040

EXPLANATION: SUPERIOR AUG QIPP & ADJ2 - golden creek

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 10/4/21

APPROVED
OCT
OCT 04 2021
COUNTY AMERICO
GALVESTON COUNTY, TEXAS
CHK# 1010
G/L NUMBER: 10255040

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

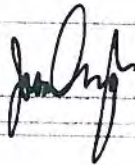
Mail Check to Vendor

Return Check to Dept

AMOUNT \$18,947.29

EXPLANATION: SUPERIOR AUG QIPP - QUIF Pointe- PP

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 10/4/21

APPROVED
001

OCT 04 2021

COUNTRY MEDICAL
CANTONMENT COUNTY, TEXAS

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

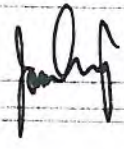
Return Check to Dept

AMOUNT \$510.00

CHK # 1060
G/L NUMBER: 10255040

EXPLANATION: MOLINA ADJUSTMENT - Tuscany

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER

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

000134

Date 10/6/21

88-2265/1131

PAY

TO THE ORDER OF

Memorial Medical Center

\$ 31426.90

Thirty one thousand four hundred twenty six & 90/100

DOLLARS



FOR Superior AVG/ADJ QIPP

Security features are included. Details on back.

⑆000134⑆ ⑆113122655⑆

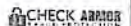
MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

361-553-4618
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1010

88-2265/1131-97

DATE 10/6/21



PAY TO THE ORDER OF

Memorial Medical Clinic Center

\$ 18947.29

Eighteen thousand nine hundred forty seven & 29/100

DOLLARS



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

FOR Superior AVG/ADJ QIPP

⑆001010⑆ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1060

88-2265/1131-87

DATE 10/6/21



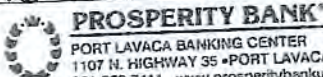
PAY TO THE ORDER OF

Memorial Medical Center

\$ 510.00

Five hundred Dollars

DOLLARS



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

FOR Molina QIPP ADJ

⑆001060⑆ ⑆113122655⑆

QIPP Payment to MMC from Nursing Facilities

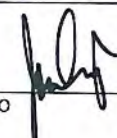
Commissioner's Court

10/6/2021

NH Name	From Bank Acct #	Ck #	Payee	GL #	Superior Aug/Adj QIPP	MOLINA ADJ			TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-	10/6/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-	10/6/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-	10/6/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-	10/6/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-	10/6/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040	31,426.90				31,426.90	10/6/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040	18,947.29				18,947.29	10/6/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001						-	10/6/2021
Bethany			MMC -Prosperity Operating #10000001						-	10/6/2021
Tuscany			MMC -Prosperity Operating #10000001	10255040		510.00			510.00	10/6/2021
			Total:		50,374.19	-	-	-	50,884.19	

Note:

Approved:
Jason Anglin, CEO



10/4/2021

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 10/4/21

A _____

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APPROVED
OK

OCT 04 2021

GENEVY ANDERSON
CLERK COUNTY CLERK, TEXAS

CK# 1157

FOR ACCT. USE ONLY

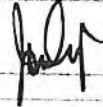
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT \$77.70

G/L NUMBER: 21000011

EXPLANATION: July- September Interest - Ashford

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 10/4/21

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APPROVED
ON

OCT 04 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 000135

FOR ACCT. USE ONLY

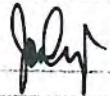
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept.

AMOUNT \$59.69

G/L NUMBER: 21000011

EXPLANATION: July- September Interest - Broadmoor

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating
A _____
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Date Requested: 10/4/21

APPROVED
OCT
OCT 04 2021
CREDIT ADVISOR
GARRESON COUNTY, TEXAS
CL# 00068

FOR ACCT. USE ONLY

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

AMOUNT \$41.32

G/L NUMBER: 21000011

EXPLANATION: July- September Interest - Crescent

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: _____

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 10/4/21

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OCT 04 2021

COUNTY AUDITOR
GALVESTON COUNTY, TEXAS

CL# 6016C

FOR ACCT. USE ONLY

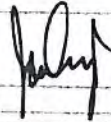
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT \$25.97

G/L NUMBER: 21000011

EXPLANATION: July- September Interest - Fort Bend

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating
A _____
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Date Requested: 10/4/21

APPROVED
ON

OCT 04 2021

COUNTY AUDITOR
GARRETT COUNTY, TEXAS

FOR ACCT. USE ONLY

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

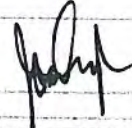
AMOUNT \$62.79

CK# 00167

G/L NUMBER: 21000011

EXPLANATION: July- September Interest Solem

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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Memorial Medical Center Operating

Date Requested: 10/4/21

APPROVED
ON

OCT 04 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 000130

FOR ACCT. USE ONLY

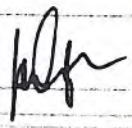
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT \$53.98

G/L NUMBER: 21000011

EXPLANATION: July- September Interest - golden creek

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 10/04/2021

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FOR ACCT. USE ONLY

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

APPROVED
091

OCT 04 2021

COUNTY AUDITOR
GARRETT COUNTY, TEXAS

CK# 1003

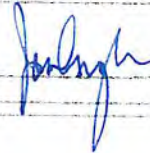
AMOUNT \$26.45

G/L NUMBER: 21000011

EXPLANATION: July- Septmeber interest

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating
A _____
Y _____
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E _____

Date Requested: 10/4/21

APPROVED
ON
OCT 04 2021
COMMUNITY AMBUSH
GALVESTON COUNTY, TEXAS

FOR ACCT. USE ONLY

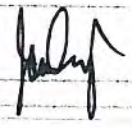
Imprest Cash
 A/P Check
 Mail Check to Vendor
 Return Check to Dept

AMOUNT \$68.22

G/L NUMBER: 21000011
CHK # 104

EXPLANATION: July- September Interest - gulf pointe PP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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

Date Requested: 10/4/21

FOR ACCT. USE ONLY

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

APPROVED
ON

OCT 04 2021

COUNTY ADDRESS
GARLAND COUNTY, TEXAS

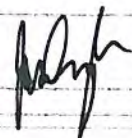
CK # 107

AMOUNT \$117.02

G/L NUMBER: 21000011

EXPLANATION: July- September Interest - Bethany

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

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

1157

88-2265/1131-87

10/6/21

Date CHECK ARMOR

Pay to the
Order of Memorial Medical Center

\$ 77.70

Seventy Seven & 70/100

Dollars Photo Safe Deposits on back



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

For July - September Interest

County Auditor

County Treasurer

⑆113122655⑆

⑆1157

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

000135

88-2265/113

Date 10/6/21

PAY
TO THE
ORDER OF Memorial Medical Center

\$ 59.69

Fifty nine & 69/100

DOLLAR



PROSPERITY BANK®

County Auditor

FOR July - September Interest

County Treasurer Security features are included. Details on back.

⑆000135⑆ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000168

88-2265/1131

Date 10/6/21

PAY
TO THE
ORDER OF Memorial Medical Center

\$ 41.32

Fourty one & 32/100

DOLLARS



PROSPERITY BANK®

County Auditor

FOR July - September Interest

County Treasurer Security features are included. Details on back.

⑆000168⑆ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000160

Date 10/6/21

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 25.97

Twenty five & 97/100

DOLLARS



County Auditor

County Treasurer
Security features are included. Details on back.

FOR Medicare repayment

⑈000160⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001167

Date 10/6/21

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Clinic

\$ 62.79

Sixty two & 79/100

DOLLARS



County Auditor

County Treasurer
Security features are included. Details on back.

FOR Medicare repayment interest

⑈001167⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000130

Date 10/6/21

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 53.98

Fifty three & 98/100

DOLLARS



County Auditor

County Treasurer
Security features are included. Details on back.

FOR Medicare repayment

⑈000130⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER
NH GULF POINTE PLAZA
MEDICARE/MEDICAID 361-553-4618
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1003

88-2265/1131-87

DATE 10/6/21

CHECK AMOUNT

PAY TO THE ORDER OF Memorial Medical Center

\$ 26.45

Twenty six & 45/100

DOLLARS

Photo Safe Deposit® Details on back



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

FOR Medicare repayment Jul-Sep interest

County Auditor
County Treasurer

⑈001003⑈ ⑆113122655⑆

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

1011

88-2265/1131-87

DATE 10/6/21

CHECK AMOUNT

PAY TO THE ORDER OF Memorial Medical Center

\$ 68.22

Sixty eight & 22/100

DOLLARS

Photo Safe Deposit® Details on back



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

FOR July-Sep. interest

County Auditor
County Treasurer

⑈001011⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING
PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1007

88-2265/1131-87

DATE 10/6/21

CHECK AMOUNT

PAY TO THE ORDER OF Memorial Medical Center

\$ 117.02

One hundred Seventeen & 02/100

DOLLARS

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

FOR Med July-September interest

County Auditor
County Treasurer

⑈001007⑈ ⑆113122655⑆

RUN DATE:10/06/21
TIME:16:26

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/06/21 THRU 10/06/21

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GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001157 10/06/21 77.70 MEMORIAL MEDICAL CENTER *Ashford*
TOTALS: 77.70

APPROVED
ON

OCT 06 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:10/06/21
TIME:16:26

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/06/21 THRU 10/06/21

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

NHB	000135	10/06/21	59.69	MEMORIAL MEDICAL CENTER
NHB	000136	10/06/21	1,447.10	BETHANY
NHB	000137	10/06/21	2,581.36	TUSCANY
NHB	000138	10/06/21	447.42	MEMORIAL MEDICAL CLINIC
NHB	000139	10/06/21	2,425.04	GOLDEN CREEK
TOTALS:			6,960.61	

Bwaldman

APPROVED
ON
OCT 06 2021
COUNTY ADMINISTRATOR
CALHOUN COUNTY, TEXAS

RUN DATE:10/06/21
TIME:16:26

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/06/21 THRU 10/06/21

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BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000168 10/06/21 41.32 MEMORIAL MEDICAL CENTER
NHC 000169 10/06/21 1,447.10 BETHANY
NHC 000170 10/06/21 2,581.36 TUSCANY
NHC 000171 10/06/21 447.42 MEMORIAL MEDICAL CLINIC
NHC 000172 10/06/21 2,425.04 GOLDEN CREEK
TOTALS: 6,942.24

Crescent

APPROVED
SN

OCT 06 2021

COURTNEY A. BENTON
CLERK
GALVESTON COUNTY, TEXAS

RUN DATE:10/06/21
TIME:16:26

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/06/21 THRU 10/06/21

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BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000160 10/06/21 25.97 MEMORIAL MEDICAL CENTER
NHF 000161 10/06/21 78.97 MEMORIAL MEDICAL CLINIC
TOTALS: 104.94

Furt Bend

APPROVED
CN

OCT 06 2021

COURTNEY ANDERSON
CLERK
GALVESTON COUNTY, TEXAS

RUN DATE:10/06/21
TIME:16:26

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/06/21 THRU 10/06/21

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BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001167 10/06/21 62.79 MEMORIAL MEDICAL CENTER
NHS 001168 10/06/21 1,447.10 BETHANY
NHS 001169 10/06/21 2,581.36 TUSCANY
NHS 001170 10/06/21 447.42 MEMORIAL MEDICAL CLINIC
NHS 001171 10/06/21 2,425.04 GOLDEN CREEK
TOTALS: 6,963.71

Sulem

APPROVED
ON

OCT 06 2021

COURTNEY ANDERSON
CALHOUN COUNTY, TEXAS

RUN DATE:10/06/21
TIME:16:26

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/06/21 THRU 10/06/21

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GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG 000130 10/06/21 53.98 MEMORIAL MEDICAL CENTER
NHG 000131 10/06/21 1,447.10 BETHANY
NHG 000132 10/06/21 2,581.36 TUSCANY
NHG 000133 10/06/21 447.42 MEMORIAL MEDICALCLINIC
NHG 000134 10/06/21 31,426.90 MEMORIAL MEDICAL CENTER
TOTALS: 35,956.76

golden creek

APPROVED
ON

OCT 06 2021

GOVERNOR AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:10/06/21
TIME:16:26

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/06/21 THRU 10/06/21

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BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPM 001003 10/06/21 26.45 MEMORIAL MEDICAL CENTER *gulf Rinte-mm*
TOTALS: 26.45

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ON

OCT 06 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:10/06/21
TIME:16:26

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/06/21 THRU 10/06/21

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

GPP 001010 10/06/21 18,947.29 MEMORIAL MEDICAL CENTER
GPP 001011 10/06/21 68.22 MEMORIAL MEDICAL CENTER
TOTALS: 19,015.51

guif Pointe PP

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ON
OCT 06 2021
COURNEY ANDERSON
GALVESTON COUNTY, TEXAS

RUN DATE:10/06/21
TIME:16:26

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/06/21 THRU 10/06/21

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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
TUS	001060	10/06/21	510.00	MEMORIAL MEDICAL CENTER
TUS *	001061	10/06/21	1,447.10	BETHANY
TUS	001063	10/06/21	2,425.04	GOLDEN CREEK
TUS	001064	10/06/21	447.42	MEMORIAL MEDICAL CLINIC
TOTALS:			4,829.56	

Tuscany

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ON

OCT 06 2021

COURTNEY ABBOTT
CALHOUN COUNTY, TEXAS

RUN DATE:10/06/21
TIME:16:26

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/06/21 THRU 10/06/21

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GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

BSL 001007 10/06/21 117.02 MEMORIAL MEDICAL CETNER *Bethany*
TOTALS: 117.02

APPROVED
ON

OCT 06 2021

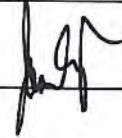
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Interest To MMC From NH

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	21400012	July-September 2021 Interest Earned	77.70	10/4/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	21400009	July-September 2021 Interest Earned	59.69	10/4/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	21400010	July-September 2021 Interest Earned	41.32	10/4/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	21400008	July-September 2021 Interest Earned	25.97	10/4/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	21400011	July-September 2021 Interest Earned	62.79	10/4/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	21400013	July-September 2021 Interest Earned	53.98	10/4/2021
Gulf Pointe-PP	10000025 - Prosperity		MMC -Prosperity Operating #10000001	21400014	July-September 2021 Interest Earned	68.22	10/4/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001	21400014	July-September 2021 Interest Earned	26.45	10/4/2021
Bethany	10000026 - Prosperity		MMC -Prosperity Operating #10000001	21400015	July-September 2021 Interest Earned	117.02	10/4/2021
						533.14	

Note:

Approved:
Jason Anglin, CEO



10/4/2021