

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 20, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

| | |
|--|------------------------|
| TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS | \$ 558,677.25 |
| TOTAL TRANSFERS BETWEEN FUNDS | \$ 100,637.04 |
| TOTAL NURSING HOME UPL EXPENSES | \$ 915,864.10 |
| TOTAL INTER-GOVERNMENT TRANSFERS | \$ 43,837.00 |
| GRAND TOTAL DISBURSEMENTS APPROVED October 20, 2021 | \$ 1,619,015.39 |

APPROVED

OCT 20 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---October 20, 2021

PAYABLES AND PAYROLL

| | | |
|------------|---|------------|
| 10/14/2021 | Weekly Payables | 491,681.72 |
| 10/18/2021 | Spectrum Health Partners-cost associated for interm CFO per contact | 45,000.00 |
| 10/14/2021 | Citibank Credit Card-see attached | 381.00 |
| 10/18/2021 | McKesson-340B Prescription Expense | 5,348.30 |
| 10/18/2021 | McKesson-340B Prescription Expense | 9,102.08 |
| 10/18/2021 | Amerisource Bergen-340B Prescription Expense | 1,080.13 |
| 10/18/2021 | Amerisource Bergen-340B Prescription Expense | 322.61 |

Prosperity Electronic Bank Payments

| | | |
|---------------|--|----------|
| 10/12/2021 | Credit Card & Lease Fees | 4,635.05 |
| 10/13/2021 | Cleargagge-Patient Financing Service | 72.40 |
| 10/8-10/15/21 | Pay Plus-Patient Claims Processing Fee | 439.76 |
| 10/12/2021 | ExpertPay- child support | 614.20 |

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 558,677.25**

TRANSFER BETWEEN FUNDS TO NURSING HOMES

| | | |
|------------|---|-----------|
| 10/14/2021 | MMC Operating to Ashford-NH portion of QIPP deposited into MMC Operating | 4,205.38 |
| 10/14/2021 | MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating in error and NH portion of QIPP | 15,980.26 |
| 10/14/2021 | MMC Operating to Fort bend-NH portion of QIPP deposited into MMC Operating | 1,688.89 |
| 10/14/2021 | MMC Operating to Broadmoor-NH portion of QIPP deposited into MMC Operating | 1,722.72 |
| 10/14/2021 | MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error | 1,384.93 |
| 10/14/2021 | MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error and NH portion of QIPP | 6,467.44 |
| 10/14/2021 | MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating and NH portion of QIPP | 35,460.66 |
| 10/14/2021 | MMC Operating to Tuscany Village-correction of MMC medicare recoup taken from Tuscany and NH portion of QIPP | 8,921.14 |
| 10/14/2021 | MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error and NH portion of QIPP | 21,571.32 |

MEDICARE ADVANCE PAYMENT RECOUP

| | | |
|------------|---|--------|
| 10/18/2021 | Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating | 646.86 |
| 10/18/2021 | Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating | 646.86 |
| 10/18/2021 | Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating | 646.86 |
| 10/18/2021 | Golden Creek to MMC Operating-correction of Golden Creek recoup taken from MMC Operating | 646.86 |
| 10/18/2021 | Tuscany to MMC Operating-correction of Tuscany medicare recoup taken from MMC Operating | 646.86 |

TOTAL TRANSFERS BETWEEN FUNDS **\$ 100,637.04**

NURSING HOME UPL EXPENSES

| | | |
|------------|-----------------------------------|------------|
| 10/18/2021 | Nursing Home UPL-Cantex Transfer | 298,729.55 |
| 10/18/2021 | Nursing Home UPL-Nexion Transfer | 170,638.83 |
| 10/18/2021 | Nursing Home UPL-HMG Transfer | 39,767.59 |
| 10/18/2021 | Nursing Home UPL-Tuscany Transfer | 103,545.46 |
| 10/18/2021 | Nursing Home UPL-HSL Transfer | 303,182.67 |

TOTAL NURSING HOME UPL EXPENSES **\$ 915,864.10**

INTER-GOVERNMENT TRANSFERS

| | | |
|-----------|--|-----------|
| 44,487.00 | IGT 2022 DSH Advance 2 Payment to be paid 11/03/2021 | 43,837.00 |
|-----------|--|-----------|

TOTAL INTER-GOVERNMENT TRANSFERS **\$ 43,837.00**

GRAND TOTAL DISBURSEMENTS APPROVED October 20, 2021 **\$ 1,619,015.39**

RECEIVED

OCT 14 2021

10/14/2021

10:34

Californi County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 10/27/2021

ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code | | | | | | | | |
|---------|---------------------------------|-------------------------------------|----------|----------|----------|---------|-----------|----------|--------|------------|--|
| A1680 | AIRGAS USA, LLC - CENTRAL DIV ✓ | M | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | |
| | 9117452094 ✓ | | 09/30/20 | 09/29/20 | 10/24/20 | | 2,766.42 | 0.00 | 0.00 | 2,766.42 ✓ | |
| | 9118072656 ✓ | OXYGEN | 10/08/20 | 09/28/20 | 10/23/20 | | 308.31 | 0.00 | 0.00 | 308.31 ✓ | |
| | 9118190127 ✓ | OXYGEN | 10/12/20 | 10/01/20 | 10/26/20 | | 197.48 | 0.00 | 0.00 | 197.48 ✓ | |
| | 9117947805 ✓ | OXYGEN | 10/14/20 | 09/22/20 | 10/17/20 | | 104.02 | 0.00 | 0.00 | 104.02 ✓ | |
| | Vendor Totals | Number Name | | | | | Gross | Discount | No-Pay | Net | |
| | | A1680 AIRGAS USA, LLC - CENTRAL DIV | | | | | 3,376.23 | 0.00 | 0.00 | 3,376.23 | |
| 10958 | ALLYSON SWOPE ✓ | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | |
| | 101121 | CONTRACT EMPLOYEE | 10/12/20 | 10/11/20 | 10/11/20 | | 3,264.75 | 0.00 | 0.00 | 3,264.75 ✓ | |
| | Vendor Totals | Number Name | | | | | Gross | Discount | No-Pay | Net | |
| | | 10958 ALLYSON SWOPE | | | | | 3,264.75 | 0.00 | 0.00 | 3,264.75 | |
| A0400 | AUREUS RADIOLOGY LLC ✓ | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | |
| | 2327855 ✓ | LAB STAFFING | 09/30/20 | 09/27/20 | 10/27/20 | | 2,956.38 | 0.00 | 0.00 | 2,956.38 ✓ | |
| | 2328231 ✓ | LAB STAFFING | 09/30/20 | 09/27/20 | 10/27/20 | | 2,428.75 | 0.00 | 0.00 | 2,428.75 ✓ | |
| | 2328123 ✓ | LAB STAFFING | 09/30/20 | 09/27/20 | 10/27/20 | | 2,604.75 | 0.00 | 0.00 | 2,604.75 ✓ | |
| | Vendor Totals | Number Name | | | | | Gross | Discount | No-Pay | Net | |
| | | A0400 AUREUS RADIOLOGY LLC | | | | | 7,989.88 | 0.00 | 0.00 | 7,989.88 | |
| B0436 | BARD ACCESS ✓ | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | |
| | 46463474 ✓ | SUPPLIES | 10/11/20 | 09/29/20 | 10/11/20 | | 31.50 | 0.00 | 0.00 | 31.50 ✓ | |
| | Vendor Totals | Number Name | | | | | Gross | Discount | No-Pay | Net | |
| | | B0436 BARD ACCESS | | | | | 31.50 | 0.00 | 0.00 | 31.50 | |
| B1266 | BECKMAN COULTER CAPITAL ✓ | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | |
| | 109350627 ✓ | SUPPLIES | 10/12/20 | 10/11/20 | 10/20/20 | | 833.60 | 0.00 | 0.00 | 833.60 ✓ | |
| | Vendor Totals | Number Name | | | | | Gross | Discount | No-Pay | Net | |
| | | B1266 BECKMAN COULTER CAPITAL | | | | | 833.60 | 0.00 | 0.00 | 833.60 | |
| B1220 | BECKMAN COULTER INC ✓ | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | |
| | | | | | | | | | | | |

| | | | | | | | | | | | |
|---------------|-------------------------|-----------------|----------|----------|---------|-----------|-------------------------|-----------|----------|--------|-----------|
| 109328355 | ✓ | 09/30/20 | 09/29/20 | 10/24/20 | | 1,751.06 | 0.00 | 0.00 | 1,751.06 | ✓ | |
| | | SUPPLIES | | | | | | | | | |
| 5447220 | ✓ | 09/30/20 | 09/30/20 | 10/25/20 | | 3,507.27 | 0.00 | 0.00 | 3,507.27 | ✓ | |
| | | SUPPLIES | | | | | | | | | |
| 109331508 | | 10/01/20 | 10/01/20 | 10/26/20 | | 2,743.40 | 0.00 | 0.00 | 2,743.40 | | |
| | | SUPPLIES | | | | | | | | | |
| 7302855 | ✓ | 10/05/20 | 10/01/20 | 10/26/20 | | 7,275.02 | 0.00 | 0.00 | 7,275.02 | ✓ | |
| | | METER BILLING | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | B1220 | BECKMAN COULTER INC | 15,276.75 | 0.00 | 0.00 | 15,276.75 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| 12600 | BIOFIRE DIAGNOSTICS LLC | | | | ✓ | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 1280137525 | ✓ | 09/29/20 | 09/22/20 | 10/22/20 | | 7,740.00 | 0.00 | 0.00 | 7,740.00 | ✓ | |
| | | SUPPLIES | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | 12600 | BIOFIRE DIAGNOSTICS LLC | 7,740.00 | 0.00 | 0.00 | 7,740.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| 10599 | BKD, LLP | | | | ✓ | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| BK01449711 | ✓ | 10/14/20 | 08/26/20 | 09/20/20 | | 9,568.00 | 0.00 | 0.00 | 9,568.00 | ✓ | |
| | | AUDIT 2020 | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | 10599 | BKD, LLP | 9,568.00 | 0.00 | 0.00 | 9,568.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| 12324 | BLUE CROSS BLUE SHIELD | | | | ✓ | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 081821A | | 10/12/20 | 08/18/20 | 09/01/20 | | 1,381.49 | 0.00 | 0.00 | 1,381.49 | ✓ | |
| | | COBRA INSURANCE | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | 12324 | BLUE CROSS BLUE SHIELD | 1,381.49 | 0.00 | 0.00 | 1,381.49 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| B1650 | BOSART LOCK & KEY INC | | | | ✓ | M | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 122694 | ✓ | 10/11/20 | 08/25/20 | 09/24/20 | | 419.85 | 0.00 | 0.00 | 419.85 | ✓ | |
| | | (3) Keypads | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | B1650 | BOSART LOCK & KEY INC | 419.85 | 0.00 | 0.00 | 419.85 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| B1680 | BOUND TREE MEDICAL, LLC | | | | ✓ | M | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 84207222 | ✓ | 09/29/20 | 09/14/20 | 10/11/20 | | 150.79 | 0.00 | 0.00 | 150.79 | ✓ | |
| | | SUPPLIES | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | B1680 | BOUND TREE MEDICAL, LLC | 150.79 | 0.00 | 0.00 | 150.79 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| 12740 | BUILDING KID STEPS | | | | ✓ | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| AUG2021C | | 10/12/20 | 08/31/20 | 08/31/20 | | 411.00 | 0.00 | 0.00 | 411.00 | ✓ | |
| | | SPEECH THERAPY | | | | | | | | | |
| SEPT2021 | | 10/12/20 | 09/17/20 | 09/17/20 | | 1,000.00 | 0.00 | 0.00 | 1,000.00 | ✓ | |

| | | | | | | | | | | | | |
|-------------------------|--------------------------------|----------|----------|----------|----------|-------|----------|--------------------------------|----------|------------|--------|----------|
| SPEECH THERAPY | | | | | | | | | | | | |
| SEPT2021A | | | 10/12/20 | 09/17/20 | 09/17/20 | | 1,261.00 | 0.00 | 0.00 | 1,261.00 ✓ | | |
| SPEECH THERAPY | | | | | | | | | | | | |
| SEPT2021C | | | 10/12/20 | 09/17/20 | 09/30/20 | | 250.00 | 0.00 | 0.00 | 250.00 ✓ | | |
| SPEECH THERAPY | | | | | | | | | | | | |
| SEPT2021B | | | 10/12/20 | 09/17/20 | 09/30/20 | | 1,026.00 | 0.00 | 0.00 | 1,026.00 ✓ | | |
| SPEECH THERAPY | | | | | | | | | | | | |
| Vendor Totals | | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | | 12740 | BUILDING KID STEPS | 3,948.00 | 0.00 | 0.00 | 3,948.00 |
| Vendor# | Vendor Name | | | | | Class | Pay Code | | | | | |
| 11295 | CALHOUN COUNTY INDIGENT ACCOUN | | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net | | |
| 101221 | | 10/14/20 | 10/12/20 | 10/12/20 | | | 70.00 | 0.00 | 0.00 | 70.00 | | |
| INDIGENT CO PAYS | | | | | | | | | | | | |
| Vendor Totals | | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | | 11295 | CALHOUN COUNTY INDIGENT ACCOUN | 70.00 | 0.00 | 0.00 | 70.00 |
| Vendor# | Vendor Name | | | | | Class | Pay Code | | | | | |
| 13992 | CARIANT HEALTH PARTNERS ✓ | | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net | | |
| 128184 ✓ | | 09/29/20 | 09/22/20 | 10/21/20 | | | 3,900.00 | 0.00 | 0.00 | 3,900.00 ✓ | | |
| MED SURG STAFFING | | | | | | | | | | | | |
| Vendor Totals | | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | | 13992 | CARIANT HEALTH PARTNERS | 3,900.00 | 0.00 | 0.00 | 3,900.00 |
| Vendor# | Vendor Name | | | | | Class | Pay Code | | | | | |
| 13028 | CAVALLO ENERGY TEXAS LLC ✓ | | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net | | |
| 212640015926614 ✓ | | 09/30/20 | 09/20/20 | 10/22/20 | | | 8.29 | 0.00 | 0.00 | 8.29 ✓ | | |
| ENERGY BILL ACCT 167662 | | | | | | | | | | | | |
| Vendor Totals | | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | | 13028 | CAVALLO ENERGY TEXAS LLC | 8.29 | 0.00 | 0.00 | 8.29 |
| Vendor# | Vendor Name | | | | | Class | Pay Code | | | | | |
| C1992 | CDW GOVERNMENT, INC. ✓ | | | | | M | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net | | |
| L229521 ✓ | | 09/30/20 | 09/24/20 | 10/24/20 | | | 280.79 | 0.00 | 0.00 | 280.79 ✓ | | |
| SUPPLIES | | | | | | | | | | | | |
| Vendor Totals | | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | | C1992 | CDW GOVERNMENT, INC. | 280.79 | 0.00 | 0.00 | 280.79 |
| Vendor# | Vendor Name | | | | | Class | Pay Code | | | | | |
| C1730 | CITY OF PORT LAVACA ✓ | | | | | W | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net | | |
| 091321A | | 10/11/20 | 09/13/20 | 10/05/20 | | | 25.68 | 0.00 | 0.00 | 25.68 ✓ | | |
| 091321 | | 10/11/20 | 10/05/20 | 10/18/20 | | | 3,104.35 | 0.00 | 0.00 | 3,104.35 ✓ | | |
| WATER ACCOUNT 12132000 | | | | | | | | | | | | |
| 101121 | | 10/11/20 | 10/05/20 | 10/18/20 | | | 64.13 | 0.00 | 0.00 | 64.13 ✓ | | |
| WATER ACCOUNT 12126002 | | | | | | | | | | | | |
| Vendor Totals | | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | | C1730 | CITY OF PORT LAVACA | 3,194.16 | 0.00 | 0.00 | 3,194.16 |
| Vendor# | Vendor Name | | | | | Class | Pay Code | | | | | |
| 13572 | COMMUNITY INFUSION SOLUTIONS ✓ | | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net | | |

| | | | | | | | | | | |
|-----------------------------------|-------------------------------|----------|-------------------------------|----------|---------|------------|----------|--------|------------|--|
| IC20211015 | | 10/08/20 | 10/06/20 | 10/16/20 | | 12,267.55 | 0.00 | 0.00 | 12,267.55 | |
| OP INFUSION CENTER | | | | | | | | | | |
| Vendor Totals | | Number | Name | | | Gross | Discount | No-Pay | Net | |
| | | 13572 | COMMUNITY INFUSION SOLUTIONS | | | 12,267.55 | 0.00 | 0.00 | 12,267.55 | |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 10368 | DEWITT POTH & SON | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | |
| 657706-0 | | 09/30/20 | 09/27/20 | 10/22/20 | | 5.40 | 0.00 | 0.00 | 5.40 | |
| SUPPLIES | | | | | | | | | | |
| 657791-0 | | 09/30/20 | 09/28/20 | 10/23/20 | | 45.99 | 0.00 | 0.00 | 45.99 | |
| SUPPLIES | | | | | | | | | | |
| 657907-0 | | 09/30/20 | 09/29/20 | 10/24/20 | | 19.56 | 0.00 | 0.00 | 19.56 | |
| SUPPLIES | | | | | | | | | | |
| 6545901 | | 10/01/20 | 09/01/20 | 09/30/20 | | 38.04 | 0.00 | 0.00 | 38.04 | |
| SUPPLIES | | | | | | | | | | |
| 6545902 | | 10/11/20 | 09/08/20 | 10/03/20 | | 21.68 | 0.00 | 0.00 | 21.68 | |
| SUPPLIES | | | | | | | | | | |
| Vendor Totals | | Number | Name | | | Gross | Discount | No-Pay | Net | |
| | | 10368 | DEWITT POTH & SON | | | 130.67 | 0.00 | 0.00 | 130.67 | |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 11011 | DIAMOND HEALTHCARE CORP | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | |
| IN20054944 | | 10/08/20 | 10/01/20 | 10/26/20 | | 2,500.00 | 0.00 | 0.00 | 2,500.00 | |
| INPATIENT ASSESSMENT | | | | | | | | | | |
| IN20054932 | | 10/08/20 | 10/01/20 | 10/26/20 | | 31,144.58 | 0.00 | 0.00 | 31,144.58 | |
| INPATIENT ASSESSMENT | | | | | | | | | | |
| IN20054933 | | 10/08/20 | 10/01/20 | 10/26/20 | | 19,166.67 | 0.00 | 0.00 | 19,166.67 | |
| CPR | | | | | | | | | | |
| Vendor Totals | | Number | Name | | | Gross | Discount | No-Pay | Net | |
| | | 11011 | DIAMOND HEALTHCARE CORP | | | 52,811.25 | 0.00 | 0.00 | 52,811.25 | |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 10789 | DISCOVERY MEDICAL NETWORK INC | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | |
| MMC093021 | | 10/12/20 | 09/30/20 | 10/16/20 | | 204,661.08 | 0.00 | 0.00 | 204,661.08 | |
| PRO FEES <i>Sept. 16-30, 2021</i> | | | | | | | | | | |
| Vendor Totals | | Number | Name | | | Gross | Discount | No-Pay | Net | |
| | | 10789 | DISCOVERY MEDICAL NETWORK INC | | | 204,661.08 | 0.00 | 0.00 | 204,661.08 | |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 11291 | DOWELL PEST CONTROL | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | |
| 21374 | | 10/08/20 | 09/30/20 | 10/25/20 | | 160.00 | 0.00 | 0.00 | 160.00 | |
| PEST CONTROL | | | | | | | | | | |
| Vendor Totals | | Number | Name | | | Gross | Discount | No-Pay | Net | |
| | | 11291 | DOWELL PEST CONTROL | | | 160.00 | 0.00 | 0.00 | 160.00 | |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 11284 | EMERGENCY STAFFING SOLUTIONS | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | |
| 40644 | | 10/11/20 | 10/15/20 | 10/25/20 | | 40,062.50 | 0.00 | 0.00 | 40,062.50 | |
| PRO FEES E/R (1-15th) | | | | | | | | | | |
| Vendor Totals | | Number | Name | | | Gross | Discount | No-Pay | Net | |
| | | 11284 | EMERGENCY STAFFING SOLUTIONS | | | 40,062.50 | 0.00 | 0.00 | 40,062.50 | |

| Vendor# | Vendor Name | Class | Pay Code | | | | | | | | |
|----------------|----------------------------|----------|----------|----------|---------|-----------|--------------------------|----------|------------|--------|----------|
| 14136 | EPI-EDWARD PLUMBING ✓ | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 64276 ✓ | | 10/11/20 | 10/07/20 | 10/11/20 | | 329.00 | 0.00 | 0.00 | 329.00 ✓ | | |
| | ANNUAL BAC FLO TEST | | | | | | | | | | |
| 64277 ✓ | | 10/11/20 | 10/07/20 | 10/11/20 | | 662.00 | 0.00 | 0.00 | 662.00 ✓ | | |
| | ANNUAL GAS TEST | | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | 14136 | EPI-EDWARD PLUMBING | 991.00 | 0.00 | 0.00 | 991.00 |
| Vendor# | Vendor Name | Class | Pay Code | | | | | | | | |
| 10689 | FASTHEALTH CORPORATION ✓ | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 10A21mmC ✓ | | 10/08/20 | 10/01/20 | 10/16/20 | | 495.00 | 0.00 | 0.00 | 495.00 ✓ | | |
| | MONTHLY INVOICE | | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | 10689 | FASTHEALTH CORPORATION | 495.00 | 0.00 | 0.00 | 495.00 |
| Vendor# | Vendor Name | Class | Pay Code | | | | | | | | |
| F1100 | FEDERAL EXPRESS CORP. ✓ | W | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 751685977 ✓ | | 10/08/20 | 09/30/20 | 10/25/20 | | 43.45 | 0.00 | 0.00 | 43.45 ✓ | | |
| | SHIPPING | | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | F1100 | FEDERAL EXPRESS CORP. | 43.45 | 0.00 | 0.00 | 43.45 |
| Vendor# | Vendor Name | Class | Pay Code | | | | | | | | |
| 14092 | FIRST CONNECT CENTER LLC ✓ | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 2873 ✓ | | 09/29/20 | 09/23/20 | 10/23/20 | | 4,597.50 | 0.00 | 0.00 | 4,597.50 ✓ | | |
| | MED SURG STAFFING | | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | 14092 | FIRST CONNECT CENTER LLC | 4,597.50 | 0.00 | 0.00 | 4,597.50 |
| Vendor# | Vendor Name | Class | Pay Code | | | | | | | | |
| F1400 | FISHER HEALTHCARE ✓ | M | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 4037436 ✓ | | 09/29/20 | 09/27/20 | 10/22/20 | | 13.05 | 0.00 | 0.00 | 13.05 ✓ | | |
| | SUPPLIES | | | | | | | | | | |
| 4037429 ✓ | | 09/29/20 | 09/27/20 | 10/22/20 | | 21.28 | 0.00 | 0.00 | 21.28 ✓ | | |
| | SUPPLIES | | | | | | | | | | |
| 5637029 ✓ | | 09/29/20 | 09/29/20 | 10/24/20 | | 117.59 | 0.00 | 0.00 | 117.59 ✓ | | |
| | SUPPLIES | | | | | | | | | | |
| 4037438 ✓ | | 09/30/20 | 09/27/20 | 10/22/20 | | 144.21 | 0.00 | 0.00 | 144.21 ✓ | | |
| | SUPPLIES | | | | | | | | | | |
| 1819443 ✓ | | 10/01/20 | 09/13/20 | 10/08/20 | | 28.30 | 0.00 | 0.00 | 28.30 ✓ | | |
| | SUPPLIES | | | | | | | | | | |
| 1427264 ✓ | | 10/01/20 | 09/29/20 | 10/24/20 | | 312.94 | 0.00 | 0.00 | 312.94 ✓ | | |
| | SUPPLIES | | | | | | | | | | |
| 5 4637031 ✓ | | 10/12/20 | 09/29/20 | 10/24/20 | | 438.00 | 0.00 | 0.00 | 438.00 ✓ | | |
| | SUPPLIES | | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | F1400 | FISHER HEALTHCARE | 1,075.37 | 0.00 | 0.00 | 1,075.37 |
| Vendor# | Vendor Name | Class | Pay Code | | | | | | | | |
| 13980 | GBS ADMINISTRATORS, INC ✓ | | | | | | | | | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
|---------------|----------------------------------|----------|----------|----------|---------|-----------|-------------------------------|-----------|-------------|--------|-----------|
| 48100602 | SEPT | 10/14/20 | 09/01/20 | 10/01/20 | | 1,767.11 | 0.00 | 0.00 | 1,767.11 ✓ | | |
| INSURANCE | | | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | 13980 | GBS ADMINISTRATORS, INC | 1,767.11 | 0.00 | 0.00 | 1,767.11 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| 12948 | GREAT AMERICAN FINANCIAL SVCS ✓ | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 30034009 | ✓ | 10/12/20 | 09/06/20 | 09/30/20 | | 10,028.68 | 0.00 | 0.00 | 10,028.68 ✓ | | |
| COPIER LEASE | | | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | 12948 | GREAT AMERICAN FINANCIAL SVCS | 10,028.68 | 0.00 | 0.00 | 10,028.68 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| G1210 | GULF COAST PAPER COMPANY ✓ | | | | M | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 2107606 | ✓ | 09/30/20 | 09/21/20 | 10/21/20 | | 1,049.44 | 0.00 | 0.00 | 1,049.44 ✓ | | |
| SUPPLIES | | | | | | | | | | | |
| 2108150 | ✓ | 09/30/20 | 09/21/20 | 10/21/20 | | 140.91 | 0.00 | 0.00 | 140.91 ✓ | | |
| SUPPLIES | | | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | G1210 | GULF COAST PAPER COMPANY | 1,190.35 | 0.00 | 0.00 | 1,190.35 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| 11552 | HEALTHCARE FINANCIAL SERVICES ✓ | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 100496409 | ✓ | 10/12/20 | 07/28/20 | 09/01/20 | | 4,610.52 | 0.00 | 0.00 | 4,610.52 ✓ | | |
| Vendor Totals | | | | | | | | | | | |
| | | | | | | 11552 | HEALTHCARE FINANCIAL SERVICES | 4,610.52 | 0.00 | 0.00 | 4,610.52 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| 10923 | HELMER SCIENTIFIC ✓ | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 0000393291 | ✓ | 10/11/20 | 09/22/20 | 10/11/20 | | 5,245.08 | 0.00 | 0.00 | 5,245.08 ✓ | | |
| SUPPLIES | | | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | 10923 | HELMER SCIENTIFIC | 5,245.08 | 0.00 | 0.00 | 5,245.08 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| 10922 | HUNTER PHARMACY SERVICES ✓ | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 4597 | ✓ | 10/11/20 | 09/30/20 | 10/20/20 | | 14,682.21 | 0.00 | 0.00 | 14,682.21 ✓ | | |
| PHARMACIST | | | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | 10922 | HUNTER PHARMACY SERVICES | 14,682.21 | 0.00 | 0.00 | 14,682.21 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| D1710 | KEEP-U-NEAT CLEANERS ✓ | | | | W | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 101121 | | 10/11/20 | 10/08/20 | 10/18/20 | | 74.20 | 0.00 | 0.00 | 74.20 ✓ | | |
| LAUNDRY | | | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | D1710 | KEEP-U-NEAT CLEANERS | 74.20 | 0.00 | 0.00 | 74.20 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| 11796 | LUBY'S FUDDRUCKERS RESTAURANTS ✓ | | | | | | | | | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
|--------------------|----------------------------|----------|----------|----------|---------|-----------|--------------------------------|--------|------------|--------|--------|
| 24165200139 | ✓ | 10/11/20 | 10/06/20 | 10/06/20 | | 346.68 | 0.00 | 0.00 | 346.68 ✓ | | |
| SUPPLIES | | | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | 11796 | LUBY'S FUDDRUCKERS RESTAURANTS | 346.68 | 0.00 | 0.00 | 346.68 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| 10972 | M G TRUST ✓ | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 100721 | | 10/08/20 | 10/08/20 | 10/08/20 | | 790.86 | 0.00 | 0.00 | 790.86 ✓ | | |
| PAYROLL DEDUCTIONS | | | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | 10972 | M G TRUST | 790.86 | 0.00 | 0.00 | 790.86 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| J1350 | M.C. JOHNSON COMPANY INC ✓ | | | | M | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 00388621 | ✓ | 09/29/20 | 09/21/20 | 10/21/20 | | 187.96 | 0.00 | 0.00 | 187.96 ✓ | | |
| SUPPLIES | | | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | J1350 | M.C. JOHNSON COMPANY INC | 187.96 | 0.00 | 0.00 | 187.96 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| M2827 | MEDIVATORS ✓ | | | | M | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 91074249 | ✓ | 10/01/20 | 10/05/20 | 10/11/20 | | 400.00 | 0.00 | 0.00 | 400.00 ✓ | | |
| SUPPLIES | | | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | M2827 | MEDIVATORS | 400.00 | 0.00 | 0.00 | 400.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| M2470 | MEDLINE INDUSTRIES INC ✓ | | | | M | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 1968143333 | ✓ | 09/29/20 | 09/29/20 | 10/24/20 | | 294.28 | 0.00 | 0.00 | 294.28 ✓ | | |
| SUPPLIES | | | | | | | | | | | |
| 1968143336 | ✓ | 09/29/20 | 09/29/20 | 10/24/20 | | 287.27 | 0.00 | 0.00 | 287.27 ✓ | | |
| SUPPLIES | | | | | | | | | | | |
| 1967901076 | ✓ | 09/30/20 | 09/28/20 | 10/23/20 | | 2,044.40 | 0.00 | 0.00 | 2,044.40 ✓ | | |
| SUPPLIES | | | | | | | | | | | |
| 1967901078 | ✓ | 09/30/20 | 09/28/20 | 10/23/20 | | 1,180.09 | 0.00 | 0.00 | 1,180.09 ✓ | | |
| SUPPLIES | | | | | | | | | | | |
| 1938143334 | ✓ | 09/30/20 | 09/29/20 | 10/24/20 | | 46.16 | 0.00 | 0.00 | 46.16 ✓ | | |
| SUPPLIES | | | | | | | | | | | |
| 1968143312 | ✓ | 09/30/20 | 09/29/20 | 10/24/20 | | 42.81 | 0.00 | 0.00 | 42.81 ✓ | | |
| SUPPLIES | | | | | | | | | | | |
| 1968143311 | ✓ | 09/30/20 | 09/29/20 | 10/24/20 | | 96.76 | 0.00 | 0.00 | 96.76 ✓ | | |
| SUPPLIES | | | | | | | | | | | |
| 1968143313 | ✓ | 09/30/20 | 09/29/20 | 10/24/20 | | 525.41 | 0.00 | 0.00 | 525.41 ✓ | | |
| SUPPLIES | | | | | | | | | | | |
| 1968143308 | ✓ | 09/30/20 | 09/29/20 | 10/24/20 | | 35.24 | 0.00 | 0.00 | 35.24 ✓ | | |
| SUPPLIES | | | | | | | | | | | |
| 1968143310 | ✓ | 09/30/20 | 09/29/20 | 10/24/20 | | 35.24 | 0.00 | 0.00 | 35.24 ✓ | | |
| SUPPLIES | | | | | | | | | | | |
| 1968143317 | ✓ | 09/30/20 | 09/29/20 | 10/24/20 | | 24.75 | 0.00 | 0.00 | 24.75 ✓ | | |
| SUPPLIES | | | | | | | | | | | |

| | | | | | | | | | | | | |
|-----------------|----------------------------|-----------|----------|----------|----------|-----|----------|-------------------------|----------|----------|--------|----------|
| 1968143315 | ✓ | | 09/30/20 | 09/29/20 | 10/24/20 | | 525.41 | 0.00 | 0.00 | 525.41 | ✓ | |
| | | SUPPLIES | | | | | | | | | | |
| 1968143316 | ✓ | | 09/30/20 | 09/29/20 | 10/24/20 | | 24.99 | 0.00 | 0.00 | 24.99 | ✓ | |
| | | SUPPLIES | | | | | | | | | | |
| 1968143309 | ✓ | | 09/30/20 | 09/29/20 | 10/24/20 | | 17.62 | 0.00 | 0.00 | 17.62 | ✓ | |
| | | SUPPLIES | | | | | | | | | | |
| 1968143307 | ✓ | | 09/30/20 | 09/29/20 | 10/24/20 | | 35.24 | 0.00 | 0.00 | 35.24 | ✓ | |
| | | SUPPLIES | | | | | | | | | | |
| 1702603445 | ✓ | | 09/30/20 | 09/30/20 | 10/25/20 | | 313.89 | 0.00 | 0.00 | 313.89 | ✓ | |
| | | INTEREST | | | | | | | | | | |
| 1968589042 | ✓ | | 10/01/20 | 10/02/20 | 10/27/20 | | 767.34 | 0.00 | 0.00 | 767.34 | ✓ | |
| | | SUPPLIES | | | | | | | | | | |
| 1968589044 | ✓ | | 10/01/20 | 10/02/20 | 10/27/20 | | 148.36 | 0.00 | 0.00 | 148.36 | ✓ | |
| | | SUPPLIES | | | | | | | | | | |
| 1968644632 | ✓ | | 10/05/20 | 10/02/20 | 10/27/20 | | 815.95 | 0.00 | 0.00 | 815.95 | ✓ | |
| | | SUPPLIES | | | | | | | | | | |
| 1968644633 | ✓ | | 10/11/20 | 10/02/20 | 10/27/20 | | 439.23 | 0.00 | 0.00 | 439.23 | ✓ | |
| | | SUPPLIES | | | | | | | | | | |
| 1968589043 | ✓ | | 10/11/20 | 10/02/20 | 10/27/20 | | 148.36 | 0.00 | 0.00 | 148.36 | ✓ | |
| | | SUPPLIES | | | | | | | | | | |
| Vendor Totals | | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | | M2470 | MEDLINE INDUSTRIES INC | 7,848.80 | 0.00 | 0.00 | 7,848.80 |
| Vendor# | Vendor Name | | Class | | Pay Code | | | | | | | |
| 10825 | MEMORIAL MEDICAL CLINIC ✓ | | ICP | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net | | |
| 100721 | | 10/07/20 | 10/07/20 | 10/07/20 | | | 110.00 | 0.00 | 0.00 | 110.00 | ✓ | |
| PAYROLL DEDUCTS | | | | | | | | | | | | |
| Vendor Totals | | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | | 10825 | MEMORIAL MEDICAL CLINIC | 110.00 | 0.00 | 0.00 | 110.00 |
| Vendor# | Vendor Name | | Class | | Pay Code | | | | | | | |
| M2621 | MMC AUXILIARY GIFT SHOP ✓ | | W | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net | | |
| 100821 | | 10/08/20 | 10/08/20 | 10/21/20 | | | 334.80 | 0.00 | 0.00 | 334.80 | ✓ | |
| PAYROLL DED | | | | | | | | | | | | |
| Vendor Totals | | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | | M2621 | MMC AUXILIARY GIFT SHOP | 334.80 | 0.00 | 0.00 | 334.80 |
| Vendor# | Vendor Name | | Class | | Pay Code | | | | | | | |
| 10536 | MORRIS & DICKSON CO, LLC ✓ | | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net | | |
| 7407851 | ✓ | | 10/06/20 | 10/06/20 | 10/16/20 | | 310.65 | 0.00 | 0.00 | 310.65 | ✓ | |
| | | INVENTORY | | | | | | | | | | |
| 7409140 | ✓ | | 10/06/20 | 10/06/20 | 10/16/20 | | 4,472.78 | 0.00 | 0.00 | 4,472.78 | ✓ | |
| | | INVENTORY | | | | | | | | | | |
| 7398732 | ✓ | | 10/07/20 | 10/04/20 | 10/21/20 | | 9.60 | 0.00 | 0.00 | 9.60 | ✓ | |
| | | INVENTORY | | | | | | | | | | |
| 7403888 | ✓ | | 10/07/20 | 10/05/20 | 10/21/20 | | 361.20 | 0.00 | 0.00 | 361.20 | ✓ | |
| | | INVENTORY | | | | | | | | | | |
| 7403887 | ✓ | | 10/07/20 | 10/05/20 | 10/21/20 | | 26.08 | 0.00 | 0.00 | 26.08 | ✓ | |
| | | INVENTORY | | | | | | | | | | |
| 7403889 | ✓ | | 10/07/20 | 10/05/20 | 10/21/20 | | 28.93 | 0.00 | 0.00 | 28.93 | ✓ | |
| | | INVENTORY | | | | | | | | | | |

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|---------------|-------------------------|-----------|----------|----------|---------|----------|----------|--------------------------|----------|----------|--------|----------|
| 7402026 | ✓ | 10/07/20 | 10/05/20 | 10/21/20 | | | 206.51 | 0.00 | 0.00 | 206.51 | ✓ | |
| | | INVENTORY | | | | | | | | | | |
| 7403084 | ✓ | 10/07/20 | 10/05/20 | 10/21/20 | | | 725.26 | 0.00 | 0.00 | 725.26 | ✓ | |
| | | INVENTORY | | | | | | | | | | |
| 7407850 | ✓ | 10/11/20 | 10/06/20 | 10/16/20 | | | 61.27 | 0.00 | 0.00 | 61.27 | ✓ | |
| | | INVENTORY | | | | | | | | | | |
| 7407594 | ✓ | 10/11/20 | 10/06/20 | 10/16/20 | | | 3,123.73 | 0.00 | 0.00 | 3,123.73 | ✓ | |
| | | INVENTORY | | | | | | | | | | |
| Vendor Totals | | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | | 10536 | MORRIS & DICKSON CO, LLC | 9,326.01 | 0.00 | 0.00 | 9,326.01 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | | |
| M2659 | MXR IMAGING, INC ✓ | | | | M | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net | | |
| 8800810329 | ✓ | 10/11/20 | 09/20/20 | 10/20/20 | | | 680.04 | 0.00 | 0.00 | 680.04 | ✓ | |
| | TABLE SKIRT | | | | | | | | | | | |
| Vendor Totals | | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | | M2659 | MXR IMAGING, INC | 680.04 | 0.00 | 0.00 | 680.04 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | | |
| 11472 | OCCUPRO LLC ✓ | | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net | | |
| 22973 | ✓ | 10/08/20 | 10/01/20 | 10/07/20 | | | 487.47 | 0.00 | 0.00 | 487.47 | ✓ | |
| | PROVIDER/MONTHLY SUPPOI | | | | | | | | | | | |
| Vendor Totals | | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | | 11472 | OCCUPRO LLC | 487.47 | 0.00 | 0.00 | 487.47 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | | |
| O1500 | OLYMPUS AMERICA INC ✓ | | | | M | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net | | |
| 31501247 | ✓ | 10/01/20 | 09/09/20 | 10/04/20 | | | 419.84 | 0.00 | 0.00 | 419.84 | ✓ | |
| | SUPPLIES | | | | | | | | | | | |
| Vendor Totals | | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | | O1500 | OLYMPUS AMERICA INC | 419.84 | 0.00 | 0.00 | 419.84 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | | |
| 11069 | PABLO GARZA ✓ | | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net | | |
| 101121 | | 10/12/20 | 10/11/20 | 10/11/20 | | | 2,616.25 | 0.00 | 0.00 | 2,616.25 | ✓ | |
| | CONTRACT EMPLOYEE | | | | | | | | | | | |
| Vendor Totals | | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | | 11069 | PABLO GARZA | 2,616.25 | 0.00 | 0.00 | 2,616.25 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | | |
| 13988 | PAYCHEX, ADVANCE FBO ✓ | | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net | | |
| 006844 | ✓ | 10/07/20 | 10/06/20 | 10/21/20 | | | 3,725.00 | 0.00 | 0.00 | 3,725.00 | ✓ | |
| | MED SURG STAFFING | | | | | | | | | | | |
| Vendor Totals | | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | | 13988 | PAYCHEX, ADVANCE FBO | 3,725.00 | 0.00 | 0.00 | 3,725.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | | |
| P1800 | PITNEY BOWES INC ✓ | | | | W | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net | | |
| 1019092144 | ✓ | 09/30/20 | 09/26/20 | 10/26/20 | | | 207.00 | 0.00 | 0.00 | 207.00 | ✓ | |
| | POSTAGE | | | | | | | | | | | |
| Vendor Totals | | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | | | | | | | |

| | | | | | | | | | |
|-----------------------|------------------------------------|----------------------------|----------|----------|----------|-----------|----------|--------|------------|
| | P1800 | PITNEY BOWES INC | | | | 207.00 | 0.00 | 0.00 | 207.00 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
| P2200 | POWER HARDWARE ✓ | | | W | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| A76657 ✓ | | 10/08/20 | 09/02/20 | 09/12/20 | | 16.97 | 0.00 | 0.00 | 16.97 ✓ |
| | SUPPLIES | | | | | | | | |
| A76494 ✓ | | 10/08/20 | 09/02/20 | 09/12/20 | | 4.99 | 0.00 | 0.00 | 4.99 ✓ |
| | SUPPLIES | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | P2200 | POWER HARDWARE | | | | 21.96 | 0.00 | 0.00 | 21.96 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
| S1001 | SANOFI PASTEUR INC ✓ | | | W | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| 916812639 | | 09/30/20 | 09/30/20 | 10/21/20 | | -1,265.10 | 0.00 | 0.00 | -1,265.10 |
| | CREDIT MEMO | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | S1001 | SANOFI PASTEUR INC | | | | -1,265.10 | 0.00 | 0.00 | -1,265.10 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
| 11556 | SHELLY MCAFEE ✓ | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| 101121 | | 10/11/20 | 10/06/20 | 10/06/20 | | 33.04 | 0.00 | 0.00 | 33.04 ✓ |
| | MILEAGE <i>Acc Meeting @ Detar</i> | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 11556 | SHELLY MCAFEE | | | | 33.04 | 0.00 | 0.00 | 33.04 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
| S1800 | SHERWIN WILLIAMS ✓ | | | W | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| 25965 ✓ | | 10/08/20 | 09/09/20 | 09/24/20 | | 47.82 | 0.00 | 0.00 | 47.82 ✓ |
| TR 25940 ✓ | | 10/08/20 | 09/09/20 | 09/24/20 | | 25.81 | 0.00 | 0.00 | 25.81 ✓ |
| | PAIN | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | S1800 | SHERWIN WILLIAMS | | | | 73.63 | 0.00 | 0.00 | 73.63 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
| 10936 | SIEMENS FINANCIAL SERVICES ✓ | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| 5638210006546 2 | | 10/12/20 | 09/29/20 | 10/24/20 | | 1,333.33 | 0.00 | 0.00 | 1,333.33 ✓ |
| | LEASE | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 10936 | SIEMENS FINANCIAL SERVICES | | | | 1,333.33 | 0.00 | 0.00 | 1,333.33 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
| S2353 | SMITHS MEDICAL ASD INC ✓ | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| 16404988 ✓ | | 09/29/20 | 09/23/20 | 10/23/20 | | 1,078.29 | 0.00 | 0.00 | 1,078.29 ✓ |
| | SUPPLIES | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | S2353 | SMITHS MEDICAL ASD INC | | | | 1,078.29 | 0.00 | 0.00 | 1,078.29 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
| 11296 | SOUTH TEXAS BLOOD & TISSUE CEN ✓ | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| I07017619 ✓ | | 09/30/20 | 09/30/20 | 10/25/20 | | 5,581.00 | 0.00 | 0.00 | 5,581.00 ✓ |

| | | | | | | | | | | |
|-------------------------|---------------------------|----------|--------------------------------|----------|----------|-----|-----------|----------|--------|-----------|
| CM5491 | | 09/30/20 | 09/30/20 | 10/25/20 | | | -1,185.00 | 0.00 | 0.00 | -1,185.00 |
| CREDIT MEMO | | | | | | | | | | |
| Vendor Totals | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11296 | SOUTH TEXAS BLOOD & TISSUE CEN | | | | 4,396.00 | 0.00 | 0.00 | 4,396.00 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| C1010 | SPARKLIGHT | | | W | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
| 0914A | | 10/11/20 | 10/08/20 | 10/08/20 | | | 2,258.00 | 0.00 | 0.00 | 2,258.00 |
| 091421 | | 10/11/20 | 10/08/20 | 10/11/20 | | | 101.70 | 0.00 | 0.00 | 101.70 |
| CABLE ACCOUNT 118134105 | | | | | | | | | | |
| Vendor Totals | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | C1010 | SPARKLIGHT | | | | 2,359.70 | 0.00 | 0.00 | 2,359.70 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| 10094 | ST DAVIDS HEALTHCARE | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
| MMC202108 | | 10/08/20 | 10/07/20 | 10/07/20 | | | 745.00 | 0.00 | 0.00 | 745.00 |
| CONNECTIVITY FEE | | | | | | | | | | |
| Vendor Totals | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10094 | ST DAVIDS HEALTHCARE | | | | 745.00 | 0.00 | 0.00 | 745.00 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| 14100 | STAFFING FIRST | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
| 2109123 | | 10/07/20 | 10/05/20 | 10/21/20 | | | 4,593.75 | 0.00 | 0.00 | 4,593.75 |
| OB NURSE STAFFING | | | | | | | | | | |
| Vendor Totals | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 14100 | STAFFING FIRST | | | | 4,593.75 | 0.00 | 0.00 | 4,593.75 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| S2694 | STANFORD VACUUM SERVICE | | | M | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
| 648054 | | 10/08/20 | 10/08/20 | 10/21/20 | | | 385.00 | 0.00 | 0.00 | 385.00 |
| GREASE TRAP | | | | | | | | | | |
| Vendor Totals | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | S2694 | STANFORD VACUUM SERVICE | | | | 385.00 | 0.00 | 0.00 | 385.00 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| T2539 | T-SYSTEM, INC | | | W | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
| 49049 | | 09/30/20 | 09/27/20 | 10/27/20 | | | 431.42 | 0.00 | 0.00 | 431.42 |
| TRACKING/HOSTING/STAT | | | | | | | | | | |
| Vendor Totals | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | T2539 | T-SYSTEM, INC | | | | 431.42 | 0.00 | 0.00 | 431.42 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| T2204 | TEXAS MUTUAL INSURANCE CO | | | W | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
| 1003099252 | | 10/11/20 | 10/01/20 | 10/23/20 | | | 4,644.00 | 0.00 | 0.00 | 4,644.00 |
| WORKERS COMP | | | | | | | | | | |
| Vendor Totals | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | T2204 | TEXAS MUTUAL INSURANCE CO | | | | 4,644.00 | 0.00 | 0.00 | 4,644.00 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| 13880 | TEXAS SELECT STAFFING | | | | | | | | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
|-------------------------|--------------------------------|----------|----------|----------|---------|-----------|------------------------------|----------|------------|--------|----------|
| 001823451079IN | ✓ | 10/07/20 | 10/08/20 | 10/08/20 | | 9,072.05 | 0.00 | 0.00 | 9,072.05 ✓ | | |
| MED SURG TRAVEL NURSING | | | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | 13880 | TEXAS SELECT STAFFING | 9,072.05 | 0.00 | 0.00 | 9,072.05 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| S1801 | TRACI SHEFCIK ✓ | | | | W | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 101121 | | 10/11/20 | 10/11/20 | 10/11/20 | | 129.00 | 0.00 | 0.00 | 129.00 ✓ | | |
| RN/APRN RENEWAL | | | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | S1801 | TRACI SHEFCIK | 129.00 | 0.00 | 0.00 | 129.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| T3130 | TRI-ANIM HEALTH SERVICES INC ✓ | | | | M | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 64741564 ✓ | | 09/29/20 | 09/27/20 | 10/22/20 | | 287.31 | 0.00 | 0.00 | 287.31 ✓ | | |
| SUPPLIES | | | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | T3130 | TRI-ANIM HEALTH SERVICES INC | 287.31 | 0.00 | 0.00 | 287.31 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| 13616 | TRIOSE, INC ✓ | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| TRI093715 ✓ | | 10/12/20 | 10/07/20 | 10/22/20 | | 619.39 | 0.00 | 0.00 | 619.39 ✓ | | |
| FREIGHT MANAGEMENT | | | | | | | | | | | |
| Vendor Totals | | | | | | Number | Name | Gross | Discount | No-Pay | Net |
| | | | | | | 13616 | TRIOSE, INC | 619.39 | 0.00 | 0.00 | 619.39 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | | |
| U1054 | UNIFIRST HOLDINGS ✓ | | | | W | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net | | |
| 8400378113 ✓ | | 09/30/20 | 09/27/20 | 10/22/20 | | 317.02 | 0.00 | 0.00 | 317.02 ✓ | | |
| LAUNDRY | | | | | | | | | | | |
| 8400377791 ✓ | 8292 | 09/30/20 | 09/27/20 | 10/22/20 | | 45.15 | 0.00 | 0.00 | 45.15 ✓ | | |
| LAUNDRY | | | | | | | | | | | |
| 8400377792 ✓ | 8293 | 09/30/20 | 09/27/20 | 10/22/20 | | 47.47 | 0.00 | 0.00 | 47.47 ✓ | | |
| LAUNDRY | | | | | | | | | | | |
| 8400377815 ✓ | | 09/30/20 | 09/27/20 | 10/22/20 | | 2,230.21 | 0.00 | 0.00 | 2,230.21 ✓ | | |
| LAUNDRY | | | | | | | | | | | |
| 8400378112 ✓ | | 09/30/20 | 09/27/20 | 10/22/20 | | 169.39 | 0.00 | 0.00 | 169.39 ✓ | | |
| LAUNDRY | | | | | | | | | | | |
| 8400378111 ✓ | | 09/30/20 | 09/30/20 | 10/25/20 | | 191.74 | 0.00 | 0.00 | 191.74 ✓ | | |
| LAUNDRY | | | | | | | | | | | |
| 8400378129 ✓ | | 09/30/20 | 09/30/20 | 10/25/20 | | 1,566.08 | 0.00 | 0.00 | 1,566.08 ✓ | | |
| LAUNDRY | | | | | | | | | | | |
| 8400378108 ✓ | | 09/30/20 | 09/30/20 | 10/25/20 | | 38.75 | 0.00 | 0.00 | 38.75 ✓ | | |
| LAUNDRY | | | | | | | | | | | |
| 8400378123 ✓ | | 09/30/20 | 09/30/20 | 10/25/20 | | 79.43 | 0.00 | 0.00 | 79.43 ✓ | | |
| LAUNDRY | | | | | | | | | | | |
| 8400378110 ✓ | | 09/30/20 | 09/30/20 | 10/25/20 | | 137.13 | 0.00 | 0.00 | 137.13 ✓ | | |
| LAUNDRY | | | | | | | | | | | |
| 8400378142 ✓ | | 09/30/20 | 09/30/20 | 10/25/20 | | 122.73 | 0.00 | 0.00 | 122.73 ✓ | | |
| LAUNDRY | | | | | | | | | | | |

| | | | | | | | | | |
|---------------------------|-------------------|----------------------------|----------|----------|-------------|----------|----------|--------|----------|
| 840378621 | ✓ | 10/07/20 09/30/20 10/25/20 | 199.32 | 0.00 | 0.00 | 199.32 | ✓ | | |
| | | LAUNDRY | | | | | | | |
| 8400378620 | ✓ | 10/07/20 09/30/20 10/25/20 | 179.77 | 0.00 | 0.00 | 179.77 | ✓ | | |
| | | LAUNDRY | | | | | | | |
| 8400378618 | ✓ | 10/07/20 09/30/20 10/25/20 | 137.13 | 0.00 | 0.00 | 137.13 | ✓ | | |
| | | LAUNDRY | | | | | | | |
| Vendor Totals Number Name | | | Gross | Discount | No-Pay | Net | | | |
| | | U1054 UNIFIRST HOLDINGS | 5,461.32 | 0.00 | 0.00 | 5,461.32 | | | |
| Vendor# | Vendor Name | Class | Pay Code | | | | | | |
| U1056 | UNIFORM ADVANTAGE | W | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| SIV11468957 | ✓ | 10/14/20 | 10/12/20 | 10/27/20 | | 108.96 | 0.00 | 0.00 | 108.96 |
| | | UNIFORMS FOR JENISE SVET | | | | | | | |
| SIV11468946 | ✓ | 10/14/20 | 10/12/20 | 10/27/20 | | 117.96 | 0.00 | 0.00 | 117.96 |
| | | UNIFORMS FOR BRITTANY N/ | | | | | | | |
| SIV11468971 | ✓ | 10/14/20 | 10/12/20 | 10/27/20 | | 77.91 | 0.00 | 0.00 | 77.91 |
| | | UNIFORMS FOR MARIA LONG | | | | | | | |
| SIV11468964 | ✓ | 10/14/20 | 10/12/20 | 10/27/20 | | 21.98 | 0.00 | 0.00 | 21.98 |
| | | UNIFORMS FOR RAMONA PEF | | | | | | | |
| Vendor Totals Number Name | | | Gross | Discount | No-Pay | Net | | | |
| | | U1056 UNIFORM ADVANTAGE | 326.81 | 0.00 | 0.00 | 326.81 | | | |
| Vendor# | Vendor Name | Class | Pay Code | | | | | | |
| 12208 | WAGeworks | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| 100821 | | 10/08/20 | 10/08/20 | 10/08/20 | | 3,327.29 | 0.00 | 0.00 | 3,327.29 |
| | | ADMIN COMPLIANCE FEE | | | | | | | |
| Vendor Totals Number Name | | | Gross | Discount | No-Pay | Net | | | |
| | | 12208 WAGeworks | 3,327.29 | 0.00 | 0.00 | 3,327.29 | | | |
| Vendor# | Vendor Name | Class | Pay Code | | | | | | |
| I1110 | WERFEN USA LLC | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| 9111045695 | | 09/30/20 | 09/28/20 | 10/23/20 | | 8,555.12 | 0.00 | 0.00 | 8,555.12 |
| | | SUPPLIES | | | | | | | |
| Vendor Totals Number Name | | | Gross | Discount | No-Pay | Net | | | |
| | | I1110 WERFEN USA LLC | 8,555.12 | 0.00 | 0.00 | 8,555.12 | | | |

Report Summary

| | | | | |
|---------------|------------|----------|--------|------------|
| Grand Totals: | Gross | Discount | No-Pay | Net |
| | 490,416.62 | 0.00 | 0.00 | 490,416.62 |

APPROVED
ON

OCT 14 2021

GEORGE ANDERSON
CALHOUN COUNTY, TEXAS

490,416.62
1,265.10
491,681.72

ck#
192249-
192320

+ 1,265.10
491,681.72

10/18/2021
 10:37
 MEMORIAL MEDICAL CENTER
 AP Open Invoice List
 Dates Through:
 0
 ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code | | | | | | |
|---------------|---|-------------------------------|----------|----------|---------|-----------|----------|--------|-------------|
| 14148 | SPECTRUM HEALTH PARTNERS, LLC | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| RET MMC21 | | 10/18/20 | 10/18/20 | 10/18/20 | | 25,000.00 | 0.00 | 0.00 | 25,000.00 ✓ |
| | AGENCY STAFFING - cash on account per contract for interm CPO | | | | | | | | |
| NOV06 MMC21 | | 10/18/20 | 10/18/20 | 10/18/20 | | 20,000.00 | 0.00 | 0.00 | 20,000.00 ✓ |
| | AGENCY STAFFING - 10/11-11/11/21 per contract for Anthony Richard | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 14148 | SPECTRUM HEALTH PARTNERS, LLC | | | | 45,000.00 | 0.00 | 0.00 | 45,000.00 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|-----------|----------|--------|-----------|
| | 45,000.00 | 0.00 | 0.00 | 45,000.00 |

APPROVED
 ON
 OCT 18 2021
 COURTNEY ANDERSON
 CLERK COUNTY, TEXAS
 CL# 192307

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
JASON W ANGLIN



Account Inquiries:

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

Account Number: XXXX-XXXX-XXXX

Summary of Account Activity

Total Activity \$381.00

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

Not an invoice. For your records only.

Credit Limit \$20,000
Cash Advance Limit \$0
Statement Closing Date 10/03/2021
Days in Billing Period 30

pd. 10-28-21 Confirmation # DWR-01106557

Transactions

| Post Date | Trans Date | MCC | Reference Number | Description/Location | Amount |
|--|------------|------|-------------------------|--|------------|
| ***** NOTICE MEMO ITEM(S) LISTED BELOW ***** | | | | | |
| 09/10 | 09/09 | 8299 | 55457021253286664200539 | 1 HEALTHSTREAM E-LEARNIN 8005210574 TN 37203 USA | ✓ 149.00 ✓ |
| 09/13 | 09/10 | 8299 | 05436841253300244503528 | 2 FSP*EMR SAFETY & HEALT 972-235-8330 TX 75243 USA | ✓ 48.00 ✓ |
| 09/13 | 09/10 | 8299 | 05436841253300244503601 | 3 FSP*EMR SAFETY & HEALT 972-235-8330 TX 75243 USA | ✓ 24.00 ✓ |
| 09/16 | 09/15 | 9399 | 05134371259600035486115 | 4 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA | ✓ 2.00 ✓ |
| | | | | N78497929 | |
| 09/16 | 09/15 | 9399 | 05134371259600035486297 | 5 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA | ✓ 52.00 ✓ |
| | | | | N78498181 | |
| 09/16 | 09/16 | 8999 | 55432861259200115221047 | 6 AMA*CREDENTIALING 800-621-8335 IL 60611 USA | ✓ 44.00 ✓ |
| 09/21 | 09/20 | 9399 | 05134371264600034949801 | 7 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA | ✓ 2.00 ✓ |
| | | | | N78572559 | |
| 09/22 | 09/21 | 9399 | 05134371265600033188335 | 8 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA | ✓ 2.00 ✓ |
| | | | | N78609908 | |
| 09/22 | 09/21 | 9399 | 05134371265600033188418 | 9 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA | ✓ 2.00 ✓ |
| | | | | N78610045 | |
| 09/22 | 09/21 | 9399 | 05134371265600033188582 | 10 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA | ✓ 2.00 ✓ |
| | | | | N78610107 | |
| 09/22 | 09/21 | 9399 | 05134371265600033188665 | 11 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA | ✓ 2.00 ✓ |
| | | | | N78610199 | |
| 09/22 | 09/21 | 9399 | 05134371265600033188749 | 12 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA | ✓ 2.00 ✓ |
| | | | | N78610399 | |
| 09/23 | 09/22 | 9399 | 05134371266600033057646 | 13 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA | ✓ 2.00 ✓ |
| | | | | N78618470 | |
| 09/23 | 09/22 | 9399 | 05134371266600033057729 | 14 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA | ✓ 2.00 ✓ |
| | | | | N78618652 | |

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

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

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

CALHOUN COUNTY TREASURER

OCT - 7 2021

Not an invoice.
For your records only.

DATE RECEIVED

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

00006934502

Account: XXXX-XXXX-XXXX

Transactions (con't)

| Post Date | Trans Date | MCC | Reference Number | Description/Location | Amount |
|--|------------|------|-------------------------|--|-------------------|
| 09/30 | 09/29 | 9399 | 05134371273600035928829 | 15 NPDB NPDB.HRSA.GOV 800-767-6732 VA N78768541 | 22033 USA 2.00 ✓ |
| 09/30 | 09/30 | 8999 | 55432861273200132785281 | 16 AMA*CREENTIALING 800-621-8335 IL | 60611 USA 44.00 ✓ |
| ***** TOTAL AMOUNT OF MEMO ITEM(S): \$381.00 | | | | | |

APPROVED
ON
OCT 14 2021
COMMISSIONER
CALHOUN COUNTY, TEXAS

Additional Information

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day, 24 hours a day. Call the Customer Service telephone number specified on the front of the statement to report a lost or stolen Citi Corporate Card.
- **Credit Reports:** The Bank may report Account information to credit bureaus. Late payments, missed payments, or other defaults on the Account may be reflected in your credit report.
- **Cardholder Credit Line:** Each Cardholder has an individual Credit Line (a portion of which may be used for Cash Advances), which is the maximum amount that the Cardholder can charge at any time. The size of each Cardholder's Credit Line (and Cash Limit, if any), is determined by the Company and is a portion of the total Company Credit Line.
- **To Increase or Reallocate a Company or Cardholder Credit Line:** The Company may request changes to credit lines by contacting Citi Corporate Card Customer Services. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement.
- **Additional Cardholders:** The Company may request applications for additional Cardholders by contacting Citi Corporate Card Service. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement. Limit one Citi Corporate Card per Cardholder.
- **CitiManager® Online Tool:** You can easily manage your Citi Corporate Card online using the CitiManager online tool. CitiManager enables you to manage business expenses from anywhere around the globe from your computer or mobile device; you can view statements online as well as confirm account balances. To register for CitiManager, please log on to www.citimanager.com/login and click on the "Self registration for Cardholders" link. From there, follow the prompts to establish your account.
- **Payments:** You may make a payment to your individually billed card account online using CitiManager. Please note that some organizations do not have the CitiManager online payment feature enabled for cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for all Cardholder balances. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day. Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of this statement for details.
- **Company Ratification:** By its payment of any amounts charged to the Account, the Company, (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardholders to whom Cards are issued.
- **Special Information on Cash Advances:** Cardholders may get a Cash Advance at over 160,000 locations worldwide.
 - The Cardholder's Cash Advance Limit is a part of the Cardholder's Total Credit Line. It is not an additional line of credit.
 - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.
- **Delinquency Fee: My Account** will be delinquent unless the Bank receives the amount shown on the billing statement as the balance due, less any disputed charges, by the payment due date. The Bank will show any unpaid portion of the balance due as a past due balance on subsequent billing statements. If any portion of the past due balance appears on two consecutive billing statements (approximately 55-60 days after the billing cycle date), I agree to pay a delinquency fee monthly based on a percentage of the entire past due balance until my payment is received by the Bank. A late fee may also be imposed monthly until payment for the past due balance is received by the Bank.

Additional Information

- **In Case of Errors or Questions About Your Bill:** You are responsible for initiating the dispute resolution process if your Account Statement lists charges that you believe are unauthorized, incorrect, for merchandise that has not been received, or for returned merchandise. You should also initiate the process if your Account Statement incorrectly lists a credit as a charge or if a credit, for which you have been issued a credit slip, is not shown. To begin the dispute resolution process, visit citimanager.com/login.
- You may also dispute a transaction by writing to Citi. You may write to us on a separate sheet at the address specified on the front of this statement as soon as possible. Please notify us no later than 60 days after the date of the bill on which the error or problem first appeared. In the letter please give us the following information:
 - Your name and account number. For centrally billed Company Accounts, the Company name and individual account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain the reason for the error; if more information is needed about an item, please describe it to us.
 - Merchant Disputes. If the Company or Cardholder was unsuccessful in attempting to resolve a problem with a merchant concerning the quality of goods or services purchased with the Citi Corporate Card, we may be able to help if we are notified in writing within 60 days of the date of the charge. You will be responsible if we are not able to resolve the dispute or if the Bank finds you responsible for the disputed charge.
- In the letter to us, please explain in detail the dispute and the results of the attempt to resolve it with the merchant. The letter must include the amount involved, and must be signed by the Individual Cardholder. We will notify you of the results of our efforts.
- If you returned merchandise and received a credit slip which has not yet been posted, please allow 30 days from the date it was issued. If it has not been posted to the Account by then, forward a copy of the credit slip to us at the billing dispute address specified on the front of the statement. Along with the copy of the credit slip please include a letter (signed by the individual Cardholder) stating that credit was not received. If a credit slip was not issued, please request one from the merchant. If the merchant refuses, please write to us and explain the details.
- On non-disputed matters or any matter shown by the Bank not to be in error, the Bank may charge the Company or Cardholder the fee specified in the Corporate Card Agreement for each copy of any document the Company or Cardholder requests, such as duplicate periodic statements, transaction slips, and the like.
- Please save your charge receipts.

Account: XXXX-XXXX-XXXX

MEMORIAL MEDICAL CENTER PURCHASE ORDER

①

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

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

Vendor Name: Citibank

Date: 10/12/2021

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

| Date Required | | Expense # | Department | Deliver To | | | Form # 9401 |
|---------------|--------------|----------------|---|------------|------------|---------------|-------------|
| Line No. | Qty. | Catalog Number | Description | Unit Cost | Unit Meas. | Extended Cost | |
| 1 | 1 | | HealthStream E-Learning | | | 149.00 | |
| 2 | | | NRP Instructor Renewal | | | | |
| 3 | | | for Denise Svetlik (for L+D nurses) | | | | |
| 4 | — | | FSP EMR Safety + Health | 12. | | 48.00 | |
| 5 | | | PALS Provider Cards x 4 | | | | |
| 6 | — | | FSP EMR Safety + Health | 12. | | 24.00 | |
| 7 | | | PALS Provider Cards x 2 | | | | |
| 8 | — | | NPDB - 1 Physician - ^{for} credentialing | | | 2.00 | |
| 9 | — | | NPDB - 26 Renewals - ^{for} credentialing 2. | | | 52.00 | |
| 10 | — | | AMA Credentialing - 1 Physician <i>initial & continuous monitoring</i> | | | 44.00 | |

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

NOTES:

charges made to Jason's credit card

| | |
|------------------|--------------|
| Contact: _____ | Date: _____ |
| Quoted By: _____ | |
| Buyer: _____ | E.T.A. _____ |

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

2

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

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

Date: 10/12/2021
P.O. # _____
Account # _____
Initiated By: _____

Form # 9401

| Date Required | Expense # | Department | Deliver To | | | |
|---------------|-----------|----------------|--|-----------|------------|---------------|
| Line N | Qty. | Catalog Number | Description | Unit Cost | Unit Meas. | Extended Cost |
| 1 | 1 | 149.00 + | NPDB - 1 new physician | | | 2.00 |
| 2 | 1 | 48.00 + | NPDB - 1 new physician | | | 2.00 |
| 3 | 1 | 24.00 + | " | | | 2.00 |
| 4 | 1 | 2.00 + | " | | | 2.00 |
| 5 | 1 | 52.00 + | " | | | 2.00 |
| 6 | 1 | 44.00 + | " | | | 2.00 |
| 7 | 1 | 2.00 + | " | | | 2.00 |
| 8 | 1 | 2.00 + | " | | | 2.00 |
| 9 | 1 | 2.00 + | " | | | 2.00 |
| 10 | 1 | 44.00 + | " | | | 2.00 |
| | | 381.00 * | AMA Credentialing x 1 physician initial + continuous monitoring | | | 44.00 |

Est. Freight _____ Est. Total Cost _____ TOTAL COST \$381.00

NOTES:

charges made to Jason's credit card

| | |
|------------------|--------------|
| Contact: _____ | Date: _____ |
| Quoted By: _____ | |
| Buyer: _____ | E.T.A. _____ |

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

10/14/2021
08:36

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11816

ASHFORD GARDENS ✓

RECEIVED
OCT 14 2021

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|----------|------------|------------|------------|--------|----------|-----|----------|----------|--------|------------|
| 10621 | 10/07/2021 | 10/07/2021 | 11/04/2021 | | | | 4,205.38 | 0.00 | 0.00 | 4,205.38 ✓ |

UHC AUGUST QIPP PAYMENT

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|----------------|----------------|----------|-------|----------|----------|-----|
| 11816 | ASHFORD GARDEN | 4,205.38 | 0.00 | 0.00 | 4,205.38 | |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|----------|----------|--------|----------|
| | 4,205.38 | 0.00 | 0.00 | 4,205.38 |

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ON

OCT 14 2021

COURNEY A. REZAKOR
CALHOUN COUNTY, TEXAS

CLC# 192330

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10/14/2021

08:38

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11828

SOLERA WEST HOUSTON ✓

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|----------|---|------------|------------|--------|----------|-----|----------|----------|--------|------------|
| 100621 | 10/08/2021 | 10/06/2021 | 11/04/2021 | | | | 1,688.76 | 0.00 | 0.00 | 1,688.76 ✓ |
| | UHC AUGUST QIPP PAYMENT | | | | | | | | | |
| 100421 | 10/14/2021 | 10/04/2021 | 10/28/2021 | | | | 3,465.00 | 0.00 | 0.00 | 3,465.00 ✓ |
| | TRANSFER <i>HT insurance pymt deposited into mmt checking</i> | | | | | | | | | |
| 100521 | 10/14/2021 | 10/05/2021 | 10/28/2021 | | | | 3,800.00 | 0.00 | 0.00 | 3,800.00 ✓ |
| | TRANSFER <i>ll</i> | | | | | | | | | |
| 100621A | 10/14/2021 | 10/06/2021 | 10/28/2021 | | | | 7,026.50 | 0.00 | 0.00 | 7,026.50 ✓ |
| | TRANSFER <i>ll</i> | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|----------------|-----------------|-----------|-------|----------|-----------|-----|
| 11828 | SOLERA WEST HOI | 15,980.26 | 0.00 | 0.00 | 15,980.26 | |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|-----------|----------|--------|-----------|
| | 15,980.26 | 0.00 | 0.00 | 15,980.26 |

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OCT 14 2021

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CL# 192334

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10/14/2021

08:37

OCT 14 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor#
11820

Calhoun County Auditor

Vendor Name
FORTBEND HEALTHCARE CENTE

Class ✓

Pay Code

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|----------|------------|------------|------------|--------|----------|-----|----------|----------|--------|------------|
| 100621 | 10/08/2021 | 10/06/2021 | 11/04/2021 | | | | 1,688.89 | 0.00 | 0.00 | 1,688.89 ✓ |

UHC AUGUST QIPP PAYMENT

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|----------------|-----------------|----------|-------|----------|----------|-----|
| 11820 | FORTBEND HEALTH | 1,688.89 | 0.00 | 0.00 | 1,688.89 | |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|----------|----------|--------|----------|
| | 1,688.89 | 0.00 | 0.00 | 1,688.89 |

APPROVED
ON

OCT 14 2021

COURTNEY ABBOTT
CALHOUN COUNTY, TEXAS

CL# 192333

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10/14/2021

OCT 14 2021

08:36

Callison County Auditor

Vendor#

11832

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Pay Code

Vendor Name

Class

BROADMOOR AT CREEKSIDE PAF ✓

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|----------|------------|------------|------------|--------|----------|-----|----------|----------|--------|------------|
| 100621 | 10/07/2021 | 10/07/2021 | 11/04/2021 | | | | 1,722.72 | 0.00 | 0.00 | 1,722.72 ✓ |

UHC AUGUST QIPP PAYMENT

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|----------------|----------------|----------|-------|----------|----------|-----|
| 11832 | BROADMOOR AT C | 1,722.72 | 0.00 | 0.00 | 1,722.72 | |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|----------|----------|--------|----------|
| | 1,722.72 | 0.00 | 0.00 | 1,722.72 |

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CN

OCT 14 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 192332

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10/14/2021

08:37

OCT 14 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor#
11824
Caldeson County Auditor

Vendor Name
THE CRESCENT ✓

Class

Pay Code

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|----------|------------|------------|------------|--------|----------|-----|----------|----------|--------|------------|
| 100621 | 10/08/2021 | 10/06/2021 | 11/04/2021 | | | | 1,384.93 | 0.00 | 0.00 | 1,384.93 ✓ |

UHC AUGUST QIPP PAYMENT

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|----------------|--------------|------|----------|----------|--------|----------|
| 11824 | THE CRESCENT | | 1,384.93 | 0.00 | 0.00 | 1,384.93 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|----------|----------|--------|----------|
| | 1,384.93 | 0.00 | 0.00 | 1,384.93 |

APPROVED
ON

OCT 14 2021

CORNEY ARMBOR
CALDESON COUNTY, TEXAS

CLK#192337

OCT 14 2021

Callhoun County Auditor

10/14/2021

10:41

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 11/04/2021

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE ✓

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|----------|--|----------|----------|----------|---------|-----------|----------|--------|------------|
| 100621 | | 10/08/20 | 10/06/20 | 11/04/20 | | 2,876.24 | 0.00 | 0.00 | 2,876.24 ✓ |
| | UHC AUGUST QIPP PAYMENT | | | | | | | | |
| 100121 | | 10/14/20 | 10/01/20 | 10/28/20 | | 2,619.80 | 0.00 | 0.00 | 2,619.80 ✓ |
| | TRANSFER NH insurance pymt deposited into MME yearly | | | | | | | | |
| 100521 | | 10/14/20 | 10/05/20 | 11/04/20 | | 332.04 | 0.00 | 0.00 | 332.04 ✓ |
| | TRANSFER u " | | | | | | | | |
| 100621B | | 10/14/20 | 10/12/20 | 11/04/20 | | 639.36 | 0.00 | 0.00 | 639.36 ✓ |
| | TRANSFER u " | | | | | | | | |

| Vendor Total# | Number | Name | Gross | Discount | No-Pay | Net |
|---------------|--------|------------------------|----------|----------|--------|----------|
| | 11836 | GOLDENCREEK HEALTHCARE | 6,467.44 | 0.00 | 0.00 | 6,467.44 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|----------|----------|--------|----------|
| | 6,467.44 | 0.00 | 0.00 | 6,467.44 |

APPROVED
CN

OCT 14 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 192334

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10/14/2021

08:38

OCT 14 2021

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AP Open Invoice List

Dates Through:

0

ap_open_invoice.template

Vendor#

Vendor Name

Class

Pay Code

12696 Galloway County Auditor

GULF POINTE PLAZA

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|----------|---|------------|------------|--------|----------|-----|-----------|----------|--------|-------------|
| 100621 | 10/08/2021 | 10/06/2021 | 11/04/2021 | | | | 1,700.30 | 0.00 | 0.00 | 1,700.30 ✓ |
| | UHC AUGUST QIPP PAYMENT | | | | | | | | | |
| 100121 | 10/14/2021 | 10/01/2021 | 10/28/2021 | | | | 6,120.00 | 0.00 | 0.00 | 6,120.00 ✓ |
| | TRANSFER <i>W/ insurance pymt deposited into mme open</i> | | | | | | | | | |
| 100121A | 10/14/2021 | 10/01/2021 | 10/28/2021 | | | | 508.96 | 0.00 | 0.00 | 508.96 ✓ |
| | TRANSFER " | | | | | | | | | |
| 100421 | 10/14/2021 | 10/04/2021 | 10/28/2021 | | | | 465.54 | 0.00 | 0.00 | 465.54 ✓ |
| | TRANSFER " | | | | | | | | | |
| 100421A | 10/14/2021 | 10/04/2021 | 10/28/2021 | | | | 3,264.00 | 0.00 | 0.00 | 3,264.00 ✓ |
| | TRANSFER " | | | | | | | | | |
| 100521A | 10/14/2021 | 10/05/2021 | 10/28/2021 | | | | 14,910.54 | 0.00 | 0.00 | 14,910.54 ✓ |
| | TRANSFER " | | | | | | | | | |
| 100521 | 10/14/2021 | 10/05/2021 | 10/28/2021 | | | | 6,968.54 | 0.00 | 0.00 | 6,968.54 ✓ |
| | TRANSFER " | | | | | | | | | |
| 100621A | 10/14/2021 | 10/06/2021 | 10/28/2021 | | | | 1,522.78 | 0.00 | 0.00 | 1,522.78 ✓ |
| | TRANSFER " | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|----------------|------------------|------|-----------|----------|--------|-----------|
| 12696 | GULF POINTE PLAZ | | 35,460.66 | 0.00 | 0.00 | 35,460.66 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|-----------|----------|--------|-----------|
| | 35,460.66 | 0.00 | 0.00 | 35,460.66 |

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OCT 14 2021

COUNTY AUDITOR
GALLOWAY COUNTY, TEXAS

CK#192335

RECEIVED

10/14/2021

OCT 14 2021

08:38

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

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 |
|----------|--|------------|------------|--------|----------|-----|----------|----------|--------|------------|
| 100621 | 10/08/2021 | 10/06/2021 | 11/04/2021 | | | | 1,695.79 | 0.00 | 0.00 | 1,695.79 ✓ |
| | UHC AUGUST QIPP PAYMENT | | | | | | | | | |
| 100521A | 10/14/2021 | 10/05/2021 | 10/28/2021 | | | | 3,073.00 | 0.00 | 0.00 | 3,073.00 ✓ |
| | TRANSFER NH insurance pymt deposited into MMC operat | | | | | | | | | |
| 100521 | 10/14/2021 | 10/05/2021 | 10/28/2021 | | | | 855.02 | 0.00 | 0.00 | 855.02 ✓ |
| | TRANSFER " | | | | | | | | | |
| 100621B | 10/14/2021 | 10/06/2021 | 10/28/2021 | | | | 1,491.42 | 0.00 | 0.00 | 1,491.42 ✓ |
| | TRANSFER " | | | | | | | | | |
| 100621A | 10/14/2021 | 10/06/2021 | 10/28/2021 | | | | 1,805.91 | 0.00 | 0.00 | 1,805.91 ✓ |
| | TRANSFER | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|----------------|--------|-----------------|----------|----------|--------|----------|
| 13004 | | TUSCANY VILLAGE | 8,921.14 | 0.00 | 0.00 | 8,921.14 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|----------|----------|--------|----------|
| | 8,921.14 | 0.00 | 0.00 | 8,921.14 |

APPROVED
ON

OCT 14 2021

CORNEY ANDERSON
CALHOUN COUNTY, TEXAS

CL#192338

RECEIVED

10/14/2021
08:39

OCT 14 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Calhoun County Auditor

Vendor#
12792

Vendor Name

Class

Pay Code

BETHANY SENIOR LIVING

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|----------|------------|------------|------------|--------|----------|-----|----------|----------|--------|------------|
| 100121A | 10/14/2021 | 10/05/2021 | 11/04/2021 | | | | 9,583.52 | 0.00 | 0.00 | 9,583.52 ✓ |
| | TRANSFER | | | | | | | | | |
| 100421A | 10/14/2021 | 10/05/2021 | 11/04/2021 | | | | 2,956.79 | 0.00 | 0.00 | 2,956.79 ✓ |
| | TRANSFER | | | | | | | | | |
| 100521 | 10/14/2021 | 10/05/2021 | 11/04/2021 | | | | 7,596.12 | 0.00 | 0.00 | 7,596.12 ✓ |
| | TRANSFER | | | | | | | | | |
| 100121 | 10/14/2021 | 10/05/2021 | 11/04/2021 | | | | 1,434.89 | 0.00 | 0.00 | 1,434.89 ✓ |
| | TRANSFER | | | | | | | | | |

NH insurance pymt deposited into mme open

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|----------------|------------------|-----------|-------|----------|-----------|-----|
| 12792 | BETHANY SENIOR I | 21,571.32 | 0.00 | 0.00 | 21,571.32 | |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|-----------|----------|--------|-----------|
| | 21,571.32 | 0.00 | 0.00 | 21,571.32 |

APPROVED
CN

OCT 14 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 192331

☒

RUN DATE:10/19/21
 TIME:09:39

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 10/20/21 THRU 10/20/21

PAGE 1
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BANK--CHECK-----
 CODE NUMBER DATE AMOUNT PAYEE

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|------|--------|----------|------------|--------------------------------|
| A/P | 192249 | 10/20/21 | 3,376.23 | AIRGAS USA, LLC - CENTRAL DIV |
| A/P | 192250 | 10/20/21 | 3,264.75 | ALLYSON SWOPE |
| A/P | 192251 | 10/20/21 | 7,989.88 | AUREUS RADIOLOGY LLC |
| A/P | 192252 | 10/20/21 | 31.50 | BARD ACCESS |
| A/P | 192253 | 10/20/21 | 833.60 | BECKMAN COULTER CAPITAL |
| A/P | 192254 | 10/20/21 | 15,276.75 | BECKMAN COULTER INC |
| A/P | 192255 | 10/20/21 | 7,740.00 | BIOFIRE DIAGNOSTICS LLC |
| A/P | 192256 | 10/20/21 | 9,568.00 | BKD, LLP |
| A/P | 192257 | 10/20/21 | 1,381.49 | BLUE CROSS BLUE SHIELD |
| A/P | 192258 | 10/20/21 | 419.85 | BOSART LOCK & KEY INC |
| A/P | 192259 | 10/20/21 | 150.79 | BOUND TREE MEDICAL, LLC |
| A/P | 192260 | 10/20/21 | 3,948.00 | BUILDING KID STEPS |
| A/P | 192261 | 10/20/21 | 70.00 | CALHOUN COUNTY INDIGENT ACCOUN |
| A/P | 192262 | 10/20/21 | 3,900.00 | CARIANT HEALTH PARTNERS |
| A/P | 192263 | 10/20/21 | 8.29 | CAVALLO ENERGY TEXAS LLC |
| A/P | 192264 | 10/20/21 | 280.79 | CDW GOVERNMENT, INC. |
| A/P | 192265 | 10/20/21 | 3,194.16 | CITY OF PORT LAVACA |
| A/P | 192266 | 10/20/21 | 12,267.55 | COMMUNITY INFUSION SOLUTIONS |
| A/P | 192267 | 10/20/21 | 130.67 | DEWITT POTH & SON |
| A/P | 192268 | 10/20/21 | 52,811.25 | DIAMOND HEALTHCARE CORP |
| A/P | 192269 | 10/20/21 | 204,661.08 | DISCOVERY MEDICAL NETWORK INC |
| A/P | 192270 | 10/20/21 | 160.00 | DOWELL PEST CONTROL |
| A/P | 192271 | 10/20/21 | 40,062.50 | EMERGENCY STAFFING SOLUTIONS |
| A/P | 192272 | 10/20/21 | 991.00 | EPI-EDWARD PLUMBING |
| A/P | 192273 | 10/20/21 | 495.00 | FASTHEALTH CORPORATION |
| A/P | 192274 | 10/20/21 | 43.45 | FEDERAL EXPRESS CORP. |
| A/P | 192275 | 10/20/21 | 4,597.50 | FIRST CONNECT CENTER LLC |
| A/P | 192276 | 10/20/21 | 1,075.37 | FISHER HEALTHCARE |
| A/P | 192277 | 10/20/21 | 1,767.11 | GBS ADMINISTRATORS, INC |
| A/P | 192278 | 10/20/21 | 10,028.68 | GREAT AMERICAN FINANCIAL SVCS |
| A/P | 192279 | 10/20/21 | 1,190.35 | GULF COAST PAPER COMPANY |
| A/P | 192280 | 10/20/21 | 4,610.52 | HEALTHCARE FINANCIAL SERVICES |
| A/P | 192281 | 10/20/21 | 5,245.08 | HELMER SCIENTIFIC |
| A/P | 192282 | 10/20/21 | 14,682.21 | HUNTER PHARMACY SERVICES |
| A/P | 192283 | 10/20/21 | 74.20 | KEEP-U-NEAT CLEANERS |
| A/P | 192284 | 10/20/21 | 346.68 | LUBY'S FUDDRUCKERS RESTAURANTS |
| A/P | 192285 | 10/20/21 | 790.86 | M G TRUST |
| A/P | 192286 | 10/20/21 | 187.96 | M.C. JOHNSON COMPANY INC |
| A/P | 192287 | 10/20/21 | 400.00 | MEDIVATORS |
| A/P | 192288 | 10/20/21 | .00 | VOIDED |
| A/P | 192289 | 10/20/21 | .00 | VOIDED |
| A/P | 192290 | 10/20/21 | 7,848.80 | MEDLINE INDUSTRIES INC |
| A/P | 192291 | 10/20/21 | 110.00 | MEMORIAL MEDICAL CLINIC |
| A/P | 192292 | 10/20/21 | 334.80 | MMC AUXILIARY GIFT SHOP |
| A/P | 192293 | 10/20/21 | 9,326.01 | MORRIS & DICKSON CO, LLC |
| A/P | 192294 | 10/20/21 | 680.04 | MXR IMAGING, INC |
| A/P | 192295 | 10/20/21 | 487.47 | OCCUPRO LLC |
| A/P | 192296 | 10/20/21 | 419.84 | OLYMPUS AMERICA INC |
| A/P | 192297 | 10/20/21 | 2,616.25 | PABLO GARZA |
| A/P | 192298 | 10/20/21 | 3,725.00 | PAYCHEX, ADVANCE PBO |

BANK--CHECK-----

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---------|--------|----------|------------|--------------------------------|
| A/P | 192299 | 10/20/21 | 207.00 | PITNEY BOWES INC |
| A/P | 192300 | 10/20/21 | 21.96 | POWER HARDWARE |
| A/P | 192301 | 10/20/21 | 33.04 | SHELLY MCAFFEE |
| A/P | 192302 | 10/20/21 | 73.63 | SHERWIN WILLIAMS |
| A/P | 192303 | 10/20/21 | 1,333.33 | SIEMENS FINANCIAL SERVICES |
| A/P | 192304 | 10/20/21 | 1,078.29 | SMITHS MEDICAL ASD INC |
| A/P | 192305 | 10/20/21 | 4,396.00 | SOUTH TEXAS BLOOD & TISSUE CEN |
| A/P | 192306 | 10/20/21 | 2,359.70 | SPARKLIGHT |
| A/P | 192307 | 10/20/21 | 45,000.00 | SPECTRUM HEALTH PARTNERS, LLC |
| A/P | 192308 | 10/20/21 | 745.00 | ST DAVIDS HEALTHCARE |
| A/P | 192309 | 10/20/21 | 4,593.75 | STAFFING FIRST |
| A/P | 192310 | 10/20/21 | 385.00 | STANFORD VACUUM SERVICE |
| A/P | 192311 | 10/20/21 | 431.42 | T-SYSTEM, INC |
| A/P | 192312 | 10/20/21 | 4,644.00 | TEXAS MUTUAL INSURANCE CO |
| A/P | 192313 | 10/20/21 | 9,072.05 | TEXAS SELECT STAFFING |
| A/P | 192314 | 10/20/21 | 129.00 | TRACI SHEFCIK |
| A/P | 192315 | 10/20/21 | 287.31 | TRI-ANIM HEALTH SERVICES INC |
| A/P | 192316 | 10/20/21 | 619.39 | TRIOSE, INC |
| A/P | 192317 | 10/20/21 | 5,461.32 | UNIFIRST HOLDINGS |
| A/P | 192318 | 10/20/21 | 326.81 | UNIFORM ADVANTAGE |
| A/P | 192319 | 10/20/21 | 3,327.29 | WAGWORKS |
| A/P * | 192320 | 10/20/21 | 8,555.12 | WERPEN USA LLC |
| A/P | 192330 | 10/20/21 | 4,205.38 | ASHFORD GARDENS |
| A/P | 192331 | 10/20/21 | 21,571.32 | BETHANY SENIOR LIVING |
| A/P | 192332 | 10/20/21 | 1,722.72 | BROADMOOR AT CREEKSIDE PARK |
| A/P | 192333 | 10/20/21 | 1,688.89 | FORTBEND HEALTHCARE CENTER |
| A/P | 192334 | 10/20/21 | 6,467.44 | GOLDENCREEK HEALTHCARE |
| A/P | 192335 | 10/20/21 | 35,460.66 | GULF POINTE PLAZA |
| A/P | 192336 | 10/20/21 | 15,980.26 | SOLERA WEST HOUSTON |
| A/P | 192337 | 10/20/21 | 1,384.93 | THE CRESCENT |
| A/P | 192338 | 10/20/21 | 8,921.14 | TUSCANY VILLAGE |
| TOTALS: | | | 634,084.46 | |

Payables 491,681.72 +
critical 45,000.00 +
 4,205.38 +
 15,980.26 +
NH 1,688.89 +
Transfers 1,722.72 +
 1,384.93 +
 6,467.44 +
 35,460.66 +
 8,921.14 +
 21,571.32 +
 634,084.46 *

APPROVED
 ON
 OCT 20 2021
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

MCKESSON

STATEMENT

As of: 10/15/2021

Page: 002

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

Company: 8000

DC: 8115

As of: 10/15/2021 Page: 002
Mail to: 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:

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 632536

Date: 10/16/2021

Cust: 632536 PLEASE CHECK ANY
Date: 10/16/2021 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: 5,457.41 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
10/07/2017

If Paid By 10/19/2021,
Pay This Amount: 5,348.30 USD

If Paid After 10/19/2021,
Pay this Amount: 5,457.41 USD

Due If Paid On Time:
USD 5,348.30

Disc lost if paid late:
109.11

Due If Paid Late:
USD 5,457.41

O.C

352.89 +
2,787.98 +
1,396.51 +
810.92 +
5,348.30 *

CK 500240

APPROVED
ON

OCT 18 2021

COURTNEY ARBENZON
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 10/15/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 10/15/2021
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: 10/16/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 10/16/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

| Billing Date | Due Date | Receivable Number | National Account Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number | |
|--|------------|-------------------|----------------------------------|-------------|---------------|----------------|-----|--------------|-----|-------------------|--|
| Customer Number 190813 HEB PHCY 0434/MEM MED PHS | | | | | | | | | | | |
| 0/13/2021 | 10/19/2021 | 7299692184 | 2017036941 | 115Invoice | 4.59 | 229.67 | | 225.08 ✓ | | 7299692184 | |
| 0/15/2021 | 10/19/2021 | 7300267933 | 2017037176 | 115Invoice | 0.38 | 19.08 | | 18.70 ✓ | | 7300267933 | |
| 0/15/2021 | 10/19/2021 | 7300267934 | 2017037176 | 115Invoice | 2.23 | 111.34 | | 109.11 ✓ | | 7300267934 | |

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

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

Subtotals: 360.09 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 0/11/2021 9,102.08

If Paid By 10/19/2021,
Pay This Amount: 352.89 USD

If Paid After 10/19/2021,
Pay this Amount: 360.09 USD

Due If Paid On Time:
USD 352.89 ✓

Disc lost if paid late:
7.20

Due If Paid Late:
USD 360.09

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ON

OCT 18 2021

COURTNEY A. BRADSHAW
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 10/15/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 10/15/2021
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: 10/16/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/16/2021 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 | | | | | | | | | | |
| 0/09/2021 | 10/19/2021 | 7299208944 | 1008210731 | 115Invoice | 3.91 | 195.70 | | 191.79 | ✓ | 7299208944 |
| 0/11/2021 | 10/19/2021 | 7299158644 | 16874722 | 115Invoice | | 0.09 | | 0.09 | ✓ | 7299158644 |
| 0/11/2021 | 10/19/2021 | 7299322362 | 1008210738 | 195Invoice | 0.03 | 1.48 | | 1.45 | ✓ | 7299322362 |
| 0/12/2021 | 10/19/2021 | 7299622498 | 1011210943 | 115Invoice | 0.01 | 0.63 | | 0.62 | ✓ | 7299622498 |
| 0/13/2021 | 10/19/2021 | 7299699698 | 17104937 | 115Invoice | 13.49 | 674.54 | | 661.05 | ✓ | 7299699698 |
| 0/13/2021 | 10/19/2021 | 7299699699 | 17104937 | 115Invoice | 2.27 | 113.66 | | 111.39 | ✓ | 7299699699 |
| 0/13/2021 | 10/19/2021 | 7299863274 | 1012210758 | 195Invoice | 8.48 | 423.86 | | 415.38 | ✓ | 7299863274 |
| 0/13/2021 | 10/19/2021 | 7299863275 | 1012210847 | 115Invoice | 4.05 | 202.67 | | 198.62 | ✓ | 7299863275 |
| 0/14/2021 | 10/19/2021 | 7300001709 | 17170164 | 115Invoice | 0.70 | 34.97 | | 34.27 | ✓ | 7300001709 |
| 0/14/2021 | 10/19/2021 | 7300001714 | 17211295 | 115Invoice | | 0.16 | | 0.16 | ✓ | 7300001714 |
| 0/14/2021 | 10/19/2021 | 7300001716 | 17211295 | 115Invoice | 0.01 | 0.63 | | 0.62 | ✓ | 7300001716 |
| 0/14/2021 | 10/19/2021 | 7300001717 | 17218395 | 115Invoice | 0.01 | 0.32 | | 0.31 | ✓ | 7300001717 |
| 0/14/2021 | 10/19/2021 | 7300139606 | 1013210748 | 195Invoice | 1.07 | 53.55 | | 52.48 | ✓ | 7300139606 |
| 0/14/2021 | 10/19/2021 | 7300139607 | 1013210833 | 115Invoice | 1.88 | 94.07 | | 92.19 | ✓ | 7300139607 |
| 0/15/2021 | 10/19/2021 | 7300269333 | 17236634 | 115Invoice | 5.38 | 268.98 | | 263.60 | ✓ | 7300269333 |
| 0/15/2021 | 10/19/2021 | 7300269334 | 17236634 | 115Invoice | 0.01 | 0.63 | | 0.62 | ✓ | 7300269334 |
| 0/15/2021 | 10/19/2021 | 7300269335 | 17278507 | 115Invoice | 0.01 | 0.63 | | 0.62 | ✓ | 7300269335 |
| 0/15/2021 | 10/19/2021 | 7300426442 | 1014210758 | 195Invoice | 15.57 | 778.29 | | 762.72 | ✓ | 7300426442 |

*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: 2,844.86 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,102.08
0/11/2021

If Paid By 10/19/2021,
Pay This Amount: 2,787.98 USD

If Paid After 10/19/2021,
Pay this Amount: 2,844.86 USD

Due If Paid On Time: USD 2,787.98
Disc lost if paid late: 56.88
Due If Paid Late: USD 2,844.86

APPROVED
ON

OCT 18 2021

COURTNEY ABRAMOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 10/15/2021

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

Company: 8000

DC: 8115

As of: 10/15/2021
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 464450

Date: 10/16/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 10/16/2021 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 | | | | | | | | | | | |
| 0/12/2021 | 10/19/2021 | 7299459312 | 55x667364 | 115Invoice | 4.81 | 240.61 | | 235.80 | ✓ | 7299459312 | |
| 0/12/2021 | 10/19/2021 | 7299459314 | 55x667447 | 115Invoice | 17.20 | 860.12 | | 842.92 | ✓ | 7299459314 | |
| 0/12/2021 | 10/19/2021 | 7299459315 | 55x667572 | 115Invoice | 1.00 | 50.22 | | 49.22 | ✓ | 7299459315 | |
| 0/12/2021 | 10/19/2021 | 7299459316 | 55x667573 | 115Invoice | 0.09 | 4.74 | | 4.65 | ✓ | 7299459316 | |
| 0/15/2021 | 10/19/2021 | 7300235024 | 55x677153 | 115Invoice | 5.32 | 266.14 | | 260.82 | ✓ | 7300235024 | |
| 0/15/2021 | 10/19/2021 | 7300235025 | 55x677204 | 115Invoice | 0.06 | 3.16 | | 3.10 | ✓ | 7300235025 | |

*P 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: 1,424.99 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,102.08
0/11/2021

If Paid By 10/19/2021,
Pay This Amount: 1,396.51 USD

If Paid After 10/19/2021,
Pay this Amount: 1,424.99 USD

Due If Paid On Time: 1,396.51 USD ✓
Disc lost if paid late: 28.48
Due If Paid Late: 1,424.99 USD

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OCT 18 2021

COURNEY A EDWARDS
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 10/15/2021

Page: 001

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Company: 8000

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As of: 10/15/2021 Page: 001
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 835438
Date: 10/16/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 10/16/2021 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 | |
|--------------|------------|-------------------|--------------------------|-------------------|-------------|---------------|----------------|-----|--------------|-----|-------------------|--|
| 0/14/2021 | 10/19/2021 | 7300173562 | CVS PHCY 7475/MEM MC PHS | 632536 1397653 | 115Invoice | 16.55 | 827.47 | | 810.92 | ✓ | 7300173562 | |

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: 827.47 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,102.08
0/11/2021

If Paid By 10/19/2021,
Pay This Amount: 810.92 USD

If Paid After 10/19/2021,
Pay this Amount: 827.47 USD

Due If Paid On Time: 810.92 USD ✓
Disc lost if paid late: 16.55
Due If Paid Late: 827.47 USD

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ON

OCT 18 2021

COURTNEY ANDERSON
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 10/08/2021

Page: 002

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

Company: 8000

DC: 8115

As of: 10/08/2021
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: 10/09/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 10/09/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 9,287.83 USD

Future Due: 0.00

If Paid By 10/12/2021,
Pay This Amount:

9,102.08 USD

Due If Paid On Time:
USD 9,102.08

Past Due: 0.00

Disc lost if paid late:
185.75

Last Payment 2,451.97
10/07/2017

If Paid After 10/12/2021,
Pay this Amount:

9,287.83 USD

Due If Paid Late:
USD 9,287.83

0.00

74.60 +
467.37 +
689.32 +
230.64 +
7,640.15 +
9,102.08 +

APPROVED
ON

OCT 18 2021

COURTNEY ANNEBOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 10/08/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 10/08/2021
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: 10/09/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 10/09/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

| Billing Date | Due Date | Receivable Number | National Account Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number | |
|--|------------|-------------------|----------------------------------|-------------|---------------|----------------|-----|--------------|-----|-------------------|--|
| Customer Number 190813 HEB PHCY 0434/MEM MED PHS | | | | | | | | | | | |
| 0/06/2021 | 10/12/2021 | 7298322844 | 2017036598 | 115Invoice | 1.52 | 76.12 | | 74.60 ✓ | | 7298322844 | |

*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: 76.12 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,404.61
0/04/2021

If Paid By 10/12/2021,
Pay This Amount: 74.60 USD

If Paid After 10/12/2021,
Pay this Amount: 76.12 USD

Due If Paid On Time:
USD 74.60 ✓

Disc lost if paid late:
1.52

Due If Paid Late:
USD 76.12

APPROVED
ON
OCT 18 2021
GOURNEY ANDERSON
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 10/08/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 10/08/2021
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 262252
Date: 10/09/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 10/09/2021 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 | | | | | | | | | | | |
| 0/07/2021 | 10/12/2021 | 7298604012 | 1387100 | 115Invoice | 9.54 | 476.91 | | 467.37 ✓ | | 7298604012 | |

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

*OTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 476.91 USD

Future Due: 0.00

If Paid By 10/12/2021,
Pay This Amount:

467.37 USD

Due If Paid On Time:
USD

467.37 ✓

Past Due: 0.00

If Paid After 10/12/2021,
Pay this Amount:

476.91 USD

Due If Paid Late:
USD

9.54

476.91

Last Payment 9,404.61
0/04/2021

APPROVED
ON

OCT 18 2021

COURNEY ANDERSON
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 10/08/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 10/08/2021
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 464450
Date: 10/09/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 10/09/2021 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 | | | | | | | | | | | |
| 0/08/2021 | 10/12/2021 | 7298843733 | 55x664377 | 115Invoice | 13.80 | 690.13 | | 676.33 ✓ | | 7298843733 | |
| 0/08/2021 | 10/12/2021 | 7298843737 | 55x664540 | 115Invoice | 0.01 | 0.33 | | 0.32 ✓ | | 7298843737 | |
| 0/08/2021 | 10/12/2021 | 7298843738 | 55x664697 | 115Invoice | 0.26 | 12.93 | | 12.67 ✓ | | 7298843738 | |

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

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

Subtotals: 703.39 USD

Future Due: 0.00

If Paid By 10/12/2021,
Pay This Amount:

689.32 USD

Due If Paid On Time:
USD
Disc lost if paid late:

689.32

Past Due: 0.00

If Paid After 10/12/2021,
Pay this Amount:

703.39 USD

Due If Paid Late:
USD

14.07

Last Payment 9,404.61
10/04/2021

703.39

APPROVED
EN

OCT 18 2021

COURTNEY ANDERSON
CALLEGON COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 10/08/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 10/08/2021
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 835438
Date: 10/09/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 10/09/2021 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 | | | | | | | | | | | |
| 01/07/2021 | 10/12/2021 | 7298784472 | 1387664 | 115Invoice | 4.71 | 235.35 | | 230.64 | ✓ | 7298784472 | |

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

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

Subtotals: 235.35 USD

Future Due: 0.00

If Paid By 10/12/2021,
Pay This Amount:

230.64 USD

Due If Paid On Time:
USD

230.64 ✓

Past Due: 0.00

If Paid After 10/12/2021,
Pay this Amount:

235.35 USD

Due If Paid Late:
USD

4.71

235.35

Last Payment 9,404.61
01/04/2021

APPROVED
ON

OCT 18 2021

COURNEY ABBOTT
CALLEDON COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 10/08/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 10/08/2021
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: 10/09/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/09/2021 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 | | | | | | | | | | | |
| 0/02/2021 | 10/12/2021 | 7297820305 | 1001210833 | 115Invoice | 0.97 | 48.37 | | 47.40 | ✓ | 7297820305 | |
| 0/04/2021 | 10/12/2021 | 7297769942 | 16449104 | 115Invoice | 15.59 | 779.59 | | 764.00 | ✓ | 7297769942 | |
| 0/04/2021 | 10/12/2021 | 7297769944 | 16469858 | 115Invoice | 0.70 | 34.97 | | 34.27 | ✓ | 7297769944 | |
| 0/04/2021 | 10/12/2021 | 7297769945 | 16513993 | 115Invoice | 4.73 | 236.69 | | 231.96 | ✓ | 7297769945 | |
| 0/04/2021 | 10/12/2021 | 7297931698 | 1001210730 | 195Invoice | | 0.03 | | 0.03 | ✓ | 7297931698 | |
| 0/05/2021 | 10/12/2021 | 7298082463 | 16595283 | 115Invoice | 6.55 | 327.49 | | 320.94 | ✓ | 7298082463 | |
| 0/05/2021 | 10/12/2021 | 7298082464 | 16635624 | 115Invoice | 7.86 | 393.19 | | 385.33 | ✓ | 7298082464 | |
| 0/05/2021 | 10/12/2021 | 7298082465 | 16646678 | 115Invoice | 2.18 | 109.16 | | 106.98 | ✓ | 7298082465 | |
| 0/05/2021 | 10/12/2021 | 7298248076 | 1004211004 | 115Invoice | 18.12 | 906.08 | | 887.96 | ✓ | 7298248076 | |
| 0/06/2021 | 10/12/2021 | 7298349509 | 16679275 | 115Invoice | 16.28 | 814.04 | | 797.76 | ✓ | 7298349509 | |
| 0/06/2021 | 10/12/2021 | 7298349511 | 16679275 | 115Invoice | 0.04 | 1.90 | | 1.86 | ✓ | 7298349511 | |
| 0/06/2021 | 10/12/2021 | 7298349512 | 16718566 | 115Invoice | 1.96 | 97.96 | | 96.00 | ✓ | 7298349512 | |
| 0/06/2021 | 10/12/2021 | 7298500674 | 1005210718 | 195Invoice | 16.32 | 815.95 | | 799.63 | ✓ | 7298500674 | |
| 0/06/2021 | 10/12/2021 | 7298500677 | 1005210624 | 115Invoice | 4.47 | 223.54 | | 219.07 | ✓ | 7298500677 | |
| 0/07/2021 | 10/12/2021 | 7298620032 | 16783317 | 115Invoice | 8.74 | 436.78 | | 428.04 | ✓ | 7298620032 | |
| 0/07/2021 | 10/12/2021 | 7298782701 | 1006210837 | 115Invoice | 7.86 | 393.19 | | 385.33 | ✓ | 7298782701 | |
| 0/08/2021 | 10/12/2021 | 7298869918 | 16807754 | 115Invoice | 2.18 | 109.19 | | 107.01 | ✓ | 7298869918 | |
| 0/08/2021 | 10/12/2021 | 7298869919 | 16807754 | 115Invoice | 28.22 | 1,411.03 | | 1,382.81 | ✓ | 7298869919 | |
| 0/08/2021 | 10/12/2021 | 7299007312 | 1007210829 | 195Invoice | 10.39 | 519.45 | | 509.06 | ✓ | 7299007312 | |
| 0/08/2021 | 10/12/2021 | 7299007313 | 1007210934 | 115Invoice | 2.75 | 137.46 | | 134.71 | ✓ | 7299007313 | |

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 10/08/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 10/08/2021
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: 10/09/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/09/2021 ITEMS NOT PAID (✓)

PF column legend: P = Past Due Item, F = Future Due Item, National Account 652536 blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS
Subtotals: 7,796.06 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,404.61
10/04/2021

If Paid By 10/12/2021,
Pay This Amount: 7,640.15 USD

If Paid After 10/12/2021,
Pay this Amount: 7,796.06 USD

Due If Paid On Time: 7,640.15
USD
Disc lost if paid late: 155.91
Due If Paid Late: 7,796.06
USD

APPROVED
ON

OCT 18 2021

COURTNEY ANRIEBO
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

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

DEA: RA0289276
866-451-9655

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

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: | 1,080.13 |
| Past Due: | 0.00 |
| Total Due: | 1,080.13 |
| Account Balance: | 1,080.13 |

| Document Date | Due Date | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance |
|---------------|------------|------------------|-----------------------|---------------|-----------------|--------------|-----------------|---------|
| 10-04-2021 | 10-15-2021 | 3069537283 | 163036 | Invoice | 15.32 | | 0.00 | 15.32 |
| 10-04-2021 | 10-15-2021 | 3069537284 | 163037 | Invoice | 16.06 | | 0.00 | 16.06 |
| 10-04-2021 | 10-15-2021 | 3069537285 | 163038 | Invoice | 0.09 | | 0.00 | 0.09 |
| 10-04-2021 | 10-15-2021 | 3069537286 | 163040 | Invoice | 33.85 | | 0.00 | 33.85 |
| 10-04-2021 | 10-15-2021 | 3069563397 | 163087 | Invoice | 345.48 | | 0.00 | 345.48 |
| 10-05-2021 | 10-15-2021 | 3069691503 | 163093 | Invoice | 27.11 | | 0.00 | 27.11 |
| 10-06-2021 | 10-15-2021 | 3069828831 | 163100 | Invoice | 38.42 | | 0.00 | 38.42 |
| 10-07-2021 | 10-15-2021 | 3069888855 | 5213882777 | Invoice | 26.52 | | 0.00 | 26.52 |
| 10-08-2021 | 10-15-2021 | 3070098993 | 163115 | Invoice | 577.19 | | 0.00 | 577.19 |
| 10-08-2021 | 10-15-2021 | 3070098994 | 163116 | Invoice | 0.09 | | 0.00 | 0.09 |

| Current | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|----------|-----------|------------|------------|------------|-------------|---------------|
| 1,080.13 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

| Thank You for Your Payment | |
|----------------------------|----------|
| Date | Amount |
| 10-08-2021 | (889.53) |

| Reminders | |
|-------------------|-----------------|
| Due Date | Amount |
| 10-15-2021 | 1,080.13 |
| Total Due: | 1,080.13 |

OCT 18 2021

COWBOY AGENCIES FOR
CALHOUN COUNTY, TEXAS

500239





STATEMENT

Statement Number: 61807838
Date: 10-15-2021

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: | 267.61 |
| Past Due: | 0.00 |
| Total Due: | 267.61 |
| Account Balance: | 267.61 |

Account Activity

| Document Date | Due Date | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance |
|---------------|------------|------------------|-----------------------|---------------|-----------------|--------------|-----------------|---------|
| 10-11-2021 | 10-22-2021 | 3070234763 | 163124 | Invoice | 24.61 | | 0.00 | 24.61 |
| 10-11-2021 | 10-22-2021 | 3070234764 | 163126 | Invoice | 96.57 | | 0.00 | 96.57 |
| 10-11-2021 | 10-22-2021 | 3070234765 | 163127 | Invoice | 0.09 | | 0.00 | 0.09 |
| 10-11-2021 | 10-22-2021 | 3070266252 | 163173 | Invoice | 76.62 | | 0.00 | 76.62 |
| 10-13-2021 | 10-22-2021 | 3070536658 | 163186 | Invoice | 19.75 | | 0.00 | 19.75 |
| 10-14-2021 | 10-22-2021 | 3070671106 | 163193 | Invoice | 15.34 | | 0.00 | 15.34 |
| 10-15-2021 | 10-22-2021 | 3070810411 | 163203 | Invoice | 34.39 | | 0.00 | 34.39 |
| 10-15-2021 | 10-22-2021 | 342791170 | 163093 | Invoice | (6.33) | | 0.00 | (6.33) |
| 10-15-2021 | 10-22-2021 | 342791171 | 163093 | Invoice | 6.57 | | 0.00 | 6.57 |

| Current | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|---------|-----------|------------|------------|------------|-------------|---------------|
| 267.61 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

| Thank You for Your Payment | |
|----------------------------|------------|
| Date | Amount |
| 10-15-2021 | (1,080.13) |

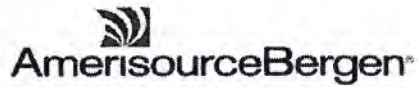
| Reminders | |
|------------|--------|
| Due Date | Amount |
| 10-22-2021 | 267.61 |
| Total Due: | |
| | 267.61 |

APPROVED
ON

OCT 18 2021

500241

COUNTY ASSessor
CALHOUN COUNTY, TEXAS



STATEMENT

Statement Number: 61740975
Date: 10-01-2021

Serviced By:
AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

Customer:
US BIOSERVICES CARROLLTON 340B
5025 PLANO PARKWAY SUITE 100
CARROLLTON TX 75010

Remit To:
AMERISOURCEBERGEN
P.O. Box 978740
DALLAS TX 75397-8740

| Customer Number | |
|-------------------------|-------|
| 100270691 / 018628707 | |
| Terms | |
| Sat - Fri Due in 7 days | |
| Summary | |
| Not Yet Due: | 0.00 |
| Current: | 55.00 |
| Past Due: | 0.00 |
| Total Due: | 55.00 |
| Account Balance: | 55.00 |

| 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 | 342511093 | | Invoice | 55.00 | | 0.00 | 55.00 |

| Current | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|---------|-----------|------------|------------|------------|-------------|---------------|
| 55.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

| Reminders | |
|------------|--------|
| Due Date | Amount |
| 10-08-2021 | 55.00 |
| Total Due: | |
| | 55.00 |

APPROVED
ON

OCT 18 2021

COURTNEY A. BISHOP
CLERK, CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- October 8, 2021 - October 15, 2021**

Pay Plus
2,044 +
37,26 +
35,67 +
67,99 +
80,86 +
215,54 +

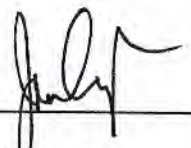
| Date | Bank Description |
|------------|--|
| 10/8/2021 | STATE COMPTRLR TEXNET 03731419/11007 2100002 |
| 10/8/2021 | PAY PLUS ACHTRANS 452579291 101000691899078 |
| 10/8/2021 | AMERISOURCE BERG PAYMENTS 0100007768 2100002 |
| 10/12/2021 | TSYS/TRANSFIRST DISCOUNT 39300982589946 6110 |
| 10/12/2021 | TSYS/TRANSFIRST DISCOUNT 39300982541616 6110 |
| 10/12/2021 | TSYS/TRANSFIRST DISCOUNT 41399801368397 6110 |
| 10/12/2021 | TSYS/TRANSFIRST DISCOUNT 41399801391837 6110 |
| 10/12/2021 | TSYS/TRANSFIRST DISCOUNT 41399801332393 6110 |
| 10/12/2021 | TSYS/TRANSFIRST DISCOUNT 41399801332419 6110 |
| 10/12/2021 | TSYS/TRANSFIRST DISCOUNT 41399801332385 6110 |
| 10/12/2021 | TSYS/TRANSFIRST DISCOUNT 41399801332401 6110 |
| 10/12/2021 | PAY PLUS ACHTRANS 452579291 101000692591297 |
| 10/12/2021 | MCKESSON DRUG AUTO ACH ACH04763618 910000147 |
| 10/12/2021 | EXPERTPAY EXPERTPAY 746003411 91000016137049 |
| 10/13/2021 | PAY PLUS ACHTRANS 452579291 101000693852254 |
| 10/13/2021 | CLEARGAGE LLC CLEARGAGE, C42SEV2CSN25I7B 242 |
| 10/14/2021 | PAY PLUS ACHTRANS 452579291 101000694954063 |
| 10/15/2021 | PAY PLUS ACHTRANS 452579291 101000695946676 |
| 10/15/2021 | AMERISOURCE BERG PAYMENTS 0100007768 2100002 |
| 10/15/2021 | TEXAS COUNTY DRS RECEIVABLE D419 21000025246 |
| 10/15/2021 | MEMORIAL MEDICAL PAYROLL 746003411 113122650 |
| 10/15/2021 | IRS USATAXPYMT 220168892066502 6103601002179 |

| MMC Notes | Amount |
|--|-------------|
| 1st DSH advanced payment | 43394.00+ |
| - 3rd Party Payor Fee | 2.44 |
| - 340B Drug Program Expense | 889.53** |
| - Credit Card Processing Fee | 129.00 |
| - Credit Card Processing Fee | 595.23 |
| - Credit Card Processing Fee | 556.39 |
| - Credit Card Processing Fee | 111.34 |
| - Credit Card Processing Fee | 2143.11 |
| - Credit Card Processing Fee | 534.58 |
| - Credit Card Processing Fee | 54.03 |
| - Credit Card Processing Fee | 511.37 |
| - 3rd Party Payor Fee | 37.26 |
| - 340B Drug Program Expense | 9102.08** |
| - Child Support Payment - Payroll Ending | 614.20 |
| - 3rd Party Payor Fee | 35.67 |
| - 3rd Party Payor Fee | 67.99 |
| - Patient Financing Service | 72.40 |
| - 3rd Party Payor Fee | 80.86 |
| - 3rd Party Payor Fee | 215.54 |
| - 340B Drug Program Expense | 1080.13** |
| - Retirement Funding | 150882.46** |
| - Payroll | 302710.50* |
| - Payroll Taxes | 96045.10* |

| CP | Amount |
|----|-------------|
| | 43394.00+ |
| | 2.44 |
| | 889.53** |
| | 129.00 |
| | 595.23 |
| | 556.39 |
| | 111.34 |
| | 2143.11 |
| | 534.58 |
| | 54.03 |
| | 511.37 |
| | 37.26 |
| | 9102.08** |
| | 614.20 |
| | 35.67 |
| | 67.99 |
| | 72.40 |
| | 80.86 |
| | 215.54 |
| | 1080.13** |
| | 150882.46** |
| | 302710.50* |
| | 96045.10* |

439,760 *
CC Fees
129.00 +
595.23 +
556.39 +
111.34 +
2,143.11 +
2,534.58 +
54.03 +
511.37 +
54.03 +
511.37 +
4,635.05 *
Expert Pay
614.20 +
614.20 *
Cleargase
72.40 +
72.40 *

609,865.21 +
43,394.00 -
2889.53 -
9,102.08 -
1,080.13 -
150,882.46 -
302,710.50 -
96,045.10 -
5,761.41 *



Jason Anglin, CEO
Memorial Medical Center

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

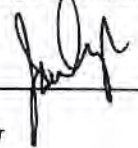
| Date | Description |
|-----------|----------------------------------|
| 11/3/2021 | 2022 Second DSH Advanced Payment |

October 18, 2021
*** to be approved 10-20-21 CC
Approved 10-11-21 CC
** Approved 10-06-21 CC
+ Approved 09-29-21 CC

| MMC Notes | Amount |
|-----------|-----------|
| | 43,837.00 |
| | 43,837.00 |

439,760 +
4,635.05 +
614.20 +
72.40 +
5,761.41 *

5,761.41 +
5,761.41 -
0.00 *



Jason Anglin, CEO
Memorial Medical Center

October 18, 2021

OCT 18 2021

**COURTNEY A. HANCOCK
CALIFORNIA COUNTY, WEISAB**



Transaction Summary

Transaction Complete
Trace #

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

| | |
|---------------------------------|----------------|
| Payment Total | \$43,837.00 |
| Bank Routing and Account Number | |
| Settlement Date | 11/3/2021 |
| DSH Amount | \$43,837.00 |
| Entered By | Marley Moehrig |

Proposed Method for State-Owned Hospitals

- Non-State Owned Urban
- 5 Public Hospital Class 1
- 3 Non-State Owned Urban
- 156 Non-State Owned All Other
- 164 Non-State Owned Totals

| 2021 TPI | Hospital Name | County | Urban Public Hospital (UPH) Class 1=Class 1 (TH) 2=Class 2 3=All Others | Own 1=Public 2=Private 3=State | Rural 1=LE 500K 2=R38 3=No | Children 1=Yes 2=No |
|-----------|-------------------------|---------|--|---|-------------------------------------|---------------------------|
| 137909111 | Memorial Medical Center | Calhoun | 3 | 1 | 2 | 2 |

| | | | | |
|-----------|-----------|-----------|-----------|-----------|
| 351,410 | 983,267 | 834,825 | 1,186,235 | 1,186,235 |
| 71,405 | 400,143 | 132,831 | 204,236 | 204,236 |
| 1,560,964 | 7,687,053 | 1,991,520 | 3,552,484 | 3,621,431 |
| 1,983,779 | 9,070,463 | 2,959,176 | 4,942,955 | 5,011,902 |
| | | | | 100.00% |

| IMD 1=Yes 2=No | 3rd Pass 1 = Yes 2 = No 3 = Unk. | Total Hospital Medicaid Days (Includes OOS Days, Excludes Dual Eligible Days) | Total IP Census Days | LIUR Percentage | Low-Income Days | Total Days | Adjusted Total Days for Non- Transferring Public Hospitals | PCT Total Adjusted Days |
|----------------------|---|--|----------------------------|--------------------|--------------------|------------|---|----------------------------|
| 2 | 1 | 389 | 4,230 | 34.66% | 1,466 | 1,855 | 2,467 | 0.05% |

| | | | | | | | |
|---|-------------|-------------|---------------|---------------|---------------|------------|---------------|
| - | 42,231,541 | 42,231,541 | 1,856,053,277 | 490,386,887 | 1,264,100,626 | - | 1,856,053,277 |
| - | 7,271,064 | 7,271,064 | 240,286,813 | 53,079,519 | 167,948,223 | - | 240,286,813 |
| - | 128,927,745 | 128,927,745 | 2,786,883,109 | 534,350,953 | 888,695,985 | 69,543,620 | 2,717,339,490 |
| - | 178,430,350 | 178,430,350 | 4,883,223,199 | 1,077,817,360 | 2,320,744,834 | 69,543,620 | 4,813,679,579 |

| Total Days State GR Payment (All Funds) Pool 1 (Pass 1) Calculation | Total Days Non-GR Federal Payment Pool 2 (Pass 1) Calculation | Total Payment before State Payment Cap and IGT Return | State Payment Cap | YTD Advance UC Payments | Schedule 1 & 2 costs + Adjustments + UC-Only Charity Costs | Amount of UC Advance Payment Attributable to State Payment Cap | Analysis State Payment Cap less UC Advance Payments Charged to State Payment Cap |
|---|---|---|-------------------|-------------------------|--|--|--|
| \$0 | \$87,843 | \$87,843 | \$2,590,998 | \$519,083 | \$365,711 | \$153,372 | \$2,437,626 |

| | | | | | |
|-------------|-----------|---------------|-----------|-------------|------------|
| 42,231,541 | - | 1,813,821,737 | 845,009 | 43,076,549 | 21,216,808 |
| 7,271,064 | - | 233,015,748 | 108,555 | 7,379,620 | 3,634,738 |
| 126,767,306 | 2,160,439 | 2,590,572,183 | 1,206,875 | 127,974,181 | 4,923,500 |
| 176,269,911 | 2,160,439 | 4,637,409,668 | 2,160,439 | 178,430,350 | 29,775,046 |

| Capped Payment at State Payment Cap less 2021 UC Advance Payments Charged to State Payment Cap | Leftover Payment due to State Payment Cap | Remaining State Payment Cap | Leftover DSH Amount Paid | Pool 2 (Pass 2) Payment before IGT Return | IGT from Self (Trans and Publics Only) |
|--|---|-----------------------------|--------------------------|---|--|
| \$87,843 | \$0 | \$2,349,782 | \$1,095 | \$88,938 | \$43,805 |

IMD CHECK
\$5,974,755

| | | | | | | | |
|------------|-------------|-------------|---------|---------------|---------|-------------|----------|
| 58,108,559 | 122,401,916 | 122,401,916 | - | 1,733,651,361 | 71,223 | 122,473,139 | - |
| - | 11,014,358 | 11,014,358 | - | 229,272,455 | 9,419 | 11,023,777 | - |
| - | 132,897,681 | 132,710,855 | 186,826 | 2,584,628,634 | 106,184 | 132,817,039 | (61,653) |
| 58,108,559 | 266,313,955 | 266,127,129 | 186,826 | 4,547,552,450 | 186,826 | 266,313,955 | (61,653) |

| TH IGT Other Than Self | Pool 3 Total Payment w/IGT Return before State Payment Cap Cap #2 | Capped Payment at State Payment Cap | Leftover Payment due to State Payment Cap Cap | Remaining State Payment Cap | Leftover DSH Amount Paid | Pool 3 (Pass 2) Total Payment (including IGT repayment) | IGT Reduction For Pool 3 Pass 2 Overage |
|------------------------|---|-------------------------------------|---|-----------------------------|--------------------------|---|---|
| \$0 | \$132,743 | \$132,743 | \$0 | \$2,304,882 | \$95 | \$132,838 | \$0 |

| | | | | | | |
|--------|--------|------------|---------------|-------------|---|---|
| 23,504 | 32,097 | 79,380,968 | 1,733,580,138 | 43,092,172 | - | - |
| 3,108 | - | 3,637,846 | 229,263,036 | 7,385,931 | - | - |
| 2,943 | - | 4,864,791 | 2,584,522,451 | 127,952,248 | - | - |
| 29,555 | 32,097 | 87,883,605 | 4,547,365,624 | 178,430,350 | - | - |

| Additional IGT For Pool 3 Pass 2 Redistribution (Urban Public Class 1, 2, and Non-Urban Public Hospitals) | Additional IGT For Pool 3 Pass 2 Redistribution from Private Hospitals (Urban Public Class 1 Hospitals) | Total IGT Paid | Remaining State Payment Cap | DSH Payment Net of IGT | 2021 YTD DSH Payments | 2021 Advance DSH Payments IGTs |
|---|---|----------------|-----------------------------|------------------------|-----------------------|--------------------------------|
| \$31 | \$0.00 | \$43,837 | \$2,304,788 | \$89,002 | | |

| | |
|--------|--|
| (0.00) | |
|--------|--|

| | | | |
|---|---|-------------|------------|
| - | - | 122,473,139 | 79,380,968 |
| - | - | 11,023,777 | 3,637,846 |
| - | - | 132,817,039 | 4,864,791 |
| - | - | 266,313,955 | 87,883,605 |

| 2021 Advance DSH Payments from Pool 1 | 2021 Advance DSH Payments from Pools 2 and 3 | 2022 DSH Advance 2 Payment | 2022 DSH Advance 2 IGT |
|---------------------------------------|--|----------------------------|------------------------|
| | | \$132,838 | \$43,837 |

266,313,955

To:

tracy.betts@hcmhosp.com; bfkalmus@mdanderson.org; jsharp@mchd.net;
 dsmith@columbusch.com; cmh.sbarnett@cogdellhospital.com;
 ujohnson@jpshealth.org; carla.davila@mhshealth.com; afutch@seymourtexas.net;
 radha.savitala@crmc.health; dgarcia@echd.com; kwalsh@wisehealthsystem.com;
 sherrie@wshd-tx.com; tlancaster@freestonemc.com;
 veronica.kimbrow@electrahospital.com; anna.smith@hnhm.cc;
 jstanley@comanchecmc.com; jaertker@ecmh.org; r.haddad@dhr-rgv.com;
 jared.brown@smmctx.org; Rob.tyler@signaturehc.com; ereimer@grmedcenter.com;
 halvarado@lambhc.org; dhaehn@ccmhospital.com; claudia.falcon@vvrhc.org;
 jmenking@hillcountrymemorial.org; Elia.Stokes@cookchildrens.org;
 thorton@lavacamedcen.com; ssutton@cuerohospital.org;
 mchong@dimmitregional.com; cwhite@fishercountyhospital.com; klahey@bkd.com;
 ss_siegert@olneyhh.com; sabrina.hiett@stonewallhospital.org;
 talford@sweenyhospital.org; te.contreras@umhtx.org; mruuff@wghospital.com;
 apuckett@ppgh.com; mbermea@lchdhealthcare.org; TPfahning@permianregional.com;
 CRodriguez20@primehealthcare.com; lflores@umcelpaso.org;
 pgonzales@ansongh.com; kparker@rankincountyhospital.org; ryan@ahcv.com;
 terrell.thrasher@umchealthsystem.com; nnlm@texaschildrens.org;
 germis@stlukeshealth.org; mklock@matagordaregional.org; lauram@bmhd.org;
 tfhastings@starcarelubbock.org; Marley Moehrig; tammyz@jchd.org;
 bbrewer@fallshospital.com; beverly.montez@okmh.org;
 shawton.hankins@hcahealthcare.com; laurend@dhcg.com;
 kvoss@throcmortonhospital.com; ncooke@martinch.org; rol78582@yahoo.com;
 heather.corder@emhd.org; christopher.frierson@strategicbh.com; Susari.Hodges1
 @BSWHealth.org; nicoleplain@texashealth.org; jaclynn.harrison@christushealth.org;
 Neil.Graff@ardenthealth.com; tricia.sanford@tsrh.org; miwilliams@lmchospital.com;
 Margaret Haak-Muse; jijacob@utmb.edu; aimeeplowman@mhd.com;
 mwallace@sunhouston.com; denise.green@redriverhospital.com;
 mance.fine@childrens.com; kevin.mulvany@myfrh.com; frey@gl-law.com;
 Steve.Broman@HCAhealthcare.com; melissa.wheeler@cedarcresthospital.com;
 jgulihur@rhd.care; jsmith@medicalartshospital.org; diana.strupp@tenethealth.com;
 scarruth@obmc.org; brichards@oceanshealthcare.com; megan@pm-hs.com;
 rmdowles@utmb.edu; cclark@hillrh.com; cochua-faustino@houstonmethodist.org;
 elviah@mangoldmemorial.org; bfoley@lubbockheart.com;
 matthew.herbst@memorialhermann.org; wanda.pierce@memorialhermann.org;
 tony.coronado@memorialhermann.org; a.zinni@crocketmedicalcenter.com; Keri
 Disney-Story; sara.cowan@utsouthwestern.edu;
 stephanie.swanson@utsouthwestern.edu; martinez@gl-law.com; capelo@gl-law.com;
 dolvera1@covhs.org; laura.case@cchdonline.com; vreasoner@gracehealthsystem.com;
 sparde@bkd.com; paslin@chambershealth.org; julieh@rpmh.net; lsurvant@st-
 joseph.org; carmen.campos@riovistabh.com; priscilla.saiz@conchoch.com;
 bertodatto@gl-law.com; brian.schrayner@ardenthealth.com; Shari.Collier@stdavids.com;
 Julie.T.Page@uth.tmc.edu; laura.williams@adventhealth.com;
 kara.cox@coryellhealth.org; kaylac@brownfield-rmc.org; florjone@ttuhsc.edu

Cc:

HHSC PFD DSH Payments; Brown,Adam (HHSC); Okoniewski,Amanda (HHSC);
 Kaminsky,Kathryn (HHSC); Guzman,Kenneth (HHSC); HHSC PFD Uncompensated Care
 Tools; Wolfe,Megan (HHSC); Michalik,Ed W (HHSC); Grady,Victoria C (HHSC); Cantu,Rene
 (HHSC); Regmi,Asha (HHSC); Heinemann,David (HHSC); Dovalina,Jose (HHSC);
 Heinemann,David (HHSC); Jacques,Robert (HHSC)

Subject:

REVISED DSH 2022 Advance 2 Notification 1 of 3

Attachments:

2022 DSH Advanced Payment 2 CalculationJRDRRevised101821.xlsx; TexNet User
 Guide.pdf

[WARNING-Remote attachments, VERIFY SENDER]

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

DSH Providers:

Please see attached for a revised Advance 2 Disproportionate Share Hospital (DSH) 2022 calculation file. This updated calculation is to account for a provider opting out of this advance payment.

Providers that have already entered their TexNet submission should cancel their TexNet and reenter the revised amount. The TexNet User Guide is attached for assistance on how to cancel a TexNet.

HHSC apologizes for any inconvenience.

Please let us know if you have any questions.

Thank you,

**HHSC Provider Finance Payments
(Formerly Rate Analysis)**

Texas Health and Human Services Commission
Attention: Provider Finance Department
North Austin Complex
4601 Guadalupe St
Austin, TX 78751 Mail Code H-400
P.O. Box 149030
Austin, Texas 78714-9030



TEXAS
Health and Human
Services

DSH Providers:

Attached is the FFY 2022 DSH Advance 2 Payment Calculation that details how HHSC calculated the advance payment/IGT amounts, and related IGT Notification spreadsheets. Payment amounts/transfer amounts for state hospitals can be found in column V of the "State" tab and the corresponding IGT amounts in column W of the same tab. Payment amounts for non-state hospitals can be found in column AW of the "Non-State" tab and the corresponding IGT amounts in column AX of the same tab. To ensure that all government entities receive this

notification, HHSC strongly encourages providers to send this to any government entity who is IGT'ing on their behalf.

Please also note that the current 2022 DSH Advance 2 Payment calculation continues to use the state payment cap calculated in the 2021 applications. Accordingly, it is up to each provider to determine if it should opt out of the advance payment due to the concern that their 2022 state payment cap cannot support it. Providers who have a state payment cap that cannot support the DSH advance payments they receive will be at risk for recoupment when the final 2022 DSH payments are calculated in May of 2022.

The following information pertains to 2022 Second DSH advance payment. All payment dates are calendar year 2021.

I. Key Dates

| | |
|-------------------|---|
| October 18, 2021 | HHSC notifies of payment intergovernmental transfer (IGT) amounts |
| November 2, 2021 | Last date to transfer funds into TexNet |
| November 3, 2021 | TexNet settlement date |
| November 12, 2021 | Pay the transferring hospitals (Urban public hospital-Class one) |
| November 15, 2021 | State Owned Hospitals submit Journal Entry |
| November 19, 2021 | State Owned Hospitals paid |
| November 30, 2021 | Pay remaining DSH hospitals |

II. November 2021 Advance DSH payment

Which hospitals will receive an advance DSH payment in November?

Hospitals that received a 2021 DSH payment are eligible to receive a 2022 Advance DSH payment (subject to the availability of the non-federal share of the payment amount). Since this payment will be made before HHSC has determined qualification for 2022 DSH, a hospital may opt out of the November payment by sending a written request to DSHPayments@hhs.texas.gov by October 30, 2021.

Hospitals should opt out of the October payment if:

1. The hospital is concerned it will not qualify for 2022 DSH; or
2. The hospital is concerned that it will be overpaid for 2022 DSH based on YTD advance payments and the costs calculated in the providers' 2022 DSH/UC Application.

Does a hospital need to do anything to receive the October payment?

All public hospitals will be required to transfer funds to HHSC in order to receive a program year 2022 DSH payment. Urban public hospitals are required to transfer 100 percent of the non-federal share of their Pass One and Pass Two 2022 DSH payments and non-urban public hospitals are required to transfer 100 percent of the non-federal share of their Pass One and Pass Two 2022 DSH payments.

Urban public hospitals class one and class two (see below), (i.e., those owned by a governmental entity that has historically funded DSH payments) do not need to do anything prior to transferring funds into TexNet.

Urban public hospital - class one is a hospital that is operated by or under a lease contract with one of the following entities: the Dallas County Hospital District, the El Paso County Hospital District, the Harris County Hospital District, the Tarrant County Hospital District, or the University Health System of Bexar County.

Urban public hospital - class two is a hospital that is operated by or under a lease contract with one of the following entities: the Ector County Hospital District, the Lubbock County Hospital District, and the Nueces County Hospital District.

Non-urban public hospitals may need to take certain steps. A non-urban public hospital is:

1. Any hospital anywhere in the state that is owned and operated by a non-state governmental entity (other than one of the entities described above); or
2. A privately-operated hospital operating under a lease from a governmental entity in which the hospital and governmental entity are both located in the same county with 500,000 or fewer persons, based on the most recent decennial census, where the privately-operated hospital and governmental entity have both signed an attestation that they wish the hospital to be treated as a public hospital for all purposes for 2022 DSH and 2022 UC waiver payments. If you are a privately owned hospital who has submitted an attestation to be treated as a public hospital for prior DSH payments, HHSC will continue to treat your facility as a public hospital for the purpose of DSH and UC payments.

Privately-operated hospitals in this category are “rural public-financed hospitals” and are eligible, along with rural public hospitals, for Pass Three DSH payments.

All non-urban public hospitals should ensure that the governmental entity that owns the hospital is aware of its obligation and prepared to transfer funds for the November payment. Any governmental entity that has not previously transferred funds through the TexNet System for an HHSC Payment (i.e., Uncompensated Care, DSH, and DSRIP) must enroll with TexNet to submit funds for this payment. The TexNet Enrollment form can be accessed at <https://texnet.epa.state.tx.us>.

Private hospitals (i.e., privately-operated hospitals that do not lease from a governmental entity and hospitals described in item (2) above that do not submit an attestation form) do not need to do anything to receive the November DSH payment.

How will payment and IGT amounts be calculated?

To calculate the November payment amounts and distribute 20% of the 2022 DSH funds, HHSC will use the methodology described in 1 Tex. Admin. Code § 355.8065 for interim DSH payments, but will use hospitals’ 2022 interim hospital-specific limits, Medicaid days, and low-income days.

III. Remaining 2022 DSH funds

Which hospitals will receive subsequent DSH payments?

HHSC is distributing 2022 DSH funds over four payments. Only hospitals that received a 2021 DSH payment and submitted a 2022 DSH/UC Application will be eligible for advance DSH payments. **Due to the timing, HHSC has not verified that providers who are included in the first 2022 DSH advance payment calculation have requested a 2022 application. If a provider slated to receive a 2022 DSH advance payment knows they are not going to request a 2022 application, they should opt out of receiving this payment.**

All hospitals that meet the DSH qualification criteria based on data in the 2022 DSH/UC application will be eligible to receive DSH payments that occur after the applications are processed (subject to the availability of the non-federal share of the payment amount), including hospitals that did not participate in 2021 DSH.

How will payment and IGT amounts be calculated?

Using information from each qualifying hospital's 2022 DSH/UC application, HHSC will use the methodology described in the DSH rule to calculate a 2022 DSH payment amount. For each hospital that received one or more advance payments, HHSC will reduce the 2022 DSH payment amount by the sum of such payments. HHSC will then determine IGT obligations.

If a hospital received an advance payment and later submitted a rural public-financed hospital attestation form, HHSC will increase the IGT obligation for the governmental entity that owns the hospital by an amount equal to half of the non-federal share of any 2022 advance payments.

Will there be a Pass 3?

Once the final 2022 DSH payment amounts are calculated, HHSC will determine if any 2022 DSH allocation funds remain to be distributed through Pass 3. If such funds are available for distribution, HHSC will work with rural public hospitals and rural public-financed hospitals that have submitted the above-referenced attestation to determine Pass 3 payments and required transfers. Pass 3 payment amounts are not calculated for advance payments.

What if a hospital receives advance payments but does not qualify for 2022 DSH?

HHSC will recoup the entire amount of all advance payments made to any hospital that does not qualify for 2022 DSH.

What if a hospital's advance payments exceed its 2022 DSH payment amount?

HHSC will recoup the amount of any advance payments that exceed the 2022 DSH payment amount calculated using the information in the application. Any hospital concerned about potential recoupment should opt out of receiving advance payments, as described in Section II above.

For additional information, please contact DSHPayments@hhs.texas.gov

**** Note** that if you have not already enrolled in TexNet Connect for HHSC Rate Analysis you will need to do so immediately. Information pertaining to enrollment can be found at: <https://texnet.epa.state.tx.us>

Please ensure you select the DSH bucket in TexNet when you enter your IGT. It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the confirmation number and IGT amount if the TexNet is submitted over the phone, to DSHPayments@hhs.texas.gov. Please include two contacts with their phone numbers and email addresses, should HHSC have any questions regarding the

TexNet received. HHSC will not confirm receipt of emails. Please set your email settings to request a delivery receipt, if a confirmation is needed.

Please let us know if you have any questions.

Thank you,

**HHSC Provider Finance Payments
(Formerly Rate Analysis)**

Texas Health and Human Services Commission
Attention: Provider Finance Department
North Austin Complex
4601 Guadalupe St
Austin, TX 78751 Mail Code H-400
P.O. Box 149030
Austin, Texas 78714-9030



TEXAS
Health and Human
Services

RUN DATE:10/20/21
TIME:09:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/20/21 THRU 10/20/21

PAGE 7
GLCKREG

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

TUS 001068 10/20/21 646.86 MEMORIAL MEDICAL CLINIC
TOTALS: 646.86

Tuscany

APPROVED
ON

OCT 20 2021

COUNSELOR
CALHOUN COUNTY, TEXAS

RUN DATE:10/20/21
TIME:09:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/20/21 THRU 10/20/21

PAGE 3
GLCKREG

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

NHE 000144 10/20/21 646.86 MEMORIAL MEDICAL CLINIC *Broadmoor*
TOTALS: 646.86

APPROVED
ON

OCT 20 2021

COSNEY ABBOTT
CALHOUN COUNTY, TEXAS

RUN DATE:10/20/21
TIME:09:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/20/21 THRU 10/20/21

PAGE 4
GLCKREG

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

NHC 000176 10/20/21 646.86 MEMORIAL MEDICAL CLINIC
TOTALS: 646.86

RUN DATE:10/20/21
TIME:09:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/20/21 THRU 10/20/21

PAGE 6
GLCKREG

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

NHS 001175 10/20/21 646.86 MEMORIAL MEDICAL CLINIC *Solem*
TOTALS: 646.86

APPROVED
ON

OCT 20 2021

COURNEY A. BROWN
CLERK COUNTY CLERK
CALHOUN COUNTY, TEXAS

RUN DATE:10/20/21
TIME:09:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/20/21 THRU 10/20/21

PAGE 5
GLCKREG

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

NHG 000137 10/20/21 646.86 MEMORIAL MEDICAL CLINIC *golden creek*
TOTALS: 646.86

APPROVED
ON

OCT 20 2021

CORINNE A. HENNINGER
CALHOUN COUNTY, TEXAS

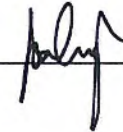
Medicare Repayment

| NH Name | From CPSI Bank Acct # | CK# | Payee | GL # | Amt | Date |
|--------------|-----------------------|-----|----------|----------|-----------------|-----------|
| BROADMOOR | | | MMCLINIC | 20351000 | 646.86 | 10/8/2021 |
| CRESCENT | | | MMCLINIC | 20351000 | 646.86 | 10/8/2021 |
| SOLERA | | | MMCLINIC | 20351000 | 646.86 | 10/8/2021 |
| GOLDEN CREEK | | | MMCLINIC | 20351000 | 646.86 | 10/8/2021 |
| TUSCANY | | | MMCLINIC | 20351000 | 646.86 | 10/8/2021 |
| Total | | | | | 3,234.30 | |

Note:

Approved:

Jason Anglin, CEO



10/8/2021

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000144

Date 10/20/21

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Clinic

\$ 646.86

Six hundred fourty six $\frac{1}{2}$ 86/100

DOLLARS



County Auditor

FOR Medicare repayment

County Treasurer
Included: Details on back

⑈000144⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000176

Date 10/20/21

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Clinic

\$ 646.86

Six hundred fourty six $\frac{1}{2}$ 86/100

DOLLARS



County Auditor

FOR Medicare repayment

County Treasurer
Included: Details on back

⑈000176⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001175

Date 10/20/21

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Clinic

\$ 646.86

Six hundred fourty six $\frac{1}{2}$ 86/100

DOLLARS



County Auditor

FOR Medicare repayment

County Treasurer
Included: Details on back

⑈001175⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000137

Date 10/20/21

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Clinic

\$ 646.86

Six hundred forty six & 86/100

DOLLARS



County Auditor



FOR

⑈000137⑈ ⑆113122655⑆

**MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE**

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

1068

88-2265/1131-87

DATE 10/20/21



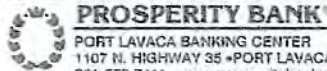
PAY
TO THE
ORDER OF

Memorial Medical Clinic

\$ 646.86

Six hundred forty six & 86/100

DOLLARS



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

County Auditor

FOR Medicare repayment

County Treasurer

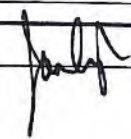
⑈001068⑈ ⑆113122655⑆

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/18/2021

| 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 | | 32,002.11 | ✓ 27,497.55 | ✓ 151,494.85 | | 155,999.41 | 155,899.41 |
| | | | | | | Bank Balance | 155,999.41 |
| | | | | | | Variance | - |
| | | | | | | Leave in Balance | 100.00 |
| | | | | | | OCT INTEREST | |
| | | | | | | NOV INTEREST | |
| | | | | | | DEC INTEREST | |
| | | | | | | Adjust Balance/Transfer Amt | 155,899.41 |
| Broadmoor | | 72,147.38 | ✓ 72,047.38 | ✓ 24,339.40 | | 24,439.40 | 23,692.54 |
| | | | | | | Bank Balance | 24,439.40 |
| | | | | | | Variance | - |
| | | | | | | Leave in Balance | 100.00 |
| | | | | | | MEDICARE REPAYMENT TO MM CLINIC | 646.86 |
| | | | | | | OCT INTEREST | |
| | | | | | | NOV INTEREST | |
| | | | | | | DEC INTEREST | |
| | | | | | | Adjust Balance/Transfer Amt | 23,692.54 |
| Crescent | | 30,787.88 | ✓ 26,221.35 | ✓ 41,192.51 | | 45,759.04 | 45,012.18 |
| | | | | | | Bank Balance | 45,759.04 |
| | | | | | | Variance | - |
| | | | | | | Leave in Balance | 100.00 |
| | | | | | | MEDICARE REPAYMENT TO MM CLINIC | 646.86 |
| | | | | | | OCT INTEREST | |
| | | | | | | NOV INTEREST | |
| | | | | | | DEC INTEREST | |
| | | | | | | Adjust Balance/Transfer Amt | 45,012.18 |
| Fort Bend | | 14,977.39 | ✓ 12,866.75 | ✓ 9,385.00 | | 11,495.64 | 11,395.64 |
| | | | | | | Bank Balance | 11,495.64 |
| | | | | | | Variance | - |
| | | | | | | Leave in Balance | 100.00 |
| | | | | | | OCT INTEREST | |
| | | | | | | NOV INTEREST | |
| | | | | | | DEC INTEREST | |
| | | | | | | Adjust Balance/Transfer Amt | 11,395.64 |
| Solera at W Houston | | 34,329.48 | ✓ 34,229.48 | ✓ 63,376.64 | | 63,476.64 | 62,729.78 |
| | | | | | | Bank Balance | 63,476.64 |
| | | | | | | Variance | - |
| | | | | | | Leave in Balance | 100.00 |
| | | | | | | MEDICARE REPAYMENT TO MM CLINIC | 646.86 |
| | | | | | | OCT INTEREST | |
| | | | | | | NOV INTEREST | |
| | | | | | | DEC INTEREST | |
| | | | | | | Adjust Balance/Transfer Amt | 62,729.78 |
| TOTAL TRANSFERS | | | | | | | 298,729.55 |

155,899.41 +
 23,692.54 + *100 / Fort Bend / Broadmoor*
 45,012.18 +
 11,395.64 +
 62,729.78 +
 298,729.55 *
 the nursing home
 MC deposited to open account.

APPROVED ON
 OCT 18 2021
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Approved: 
 Jason Anglin, CEO 10/18/2021

| | Transfer-Out | Transfer-In | MMC PORTION | | | | | NH PORTION |
|---|--------------|-------------|-------------|-------------|------------|----------------------|---------|------------|
| | | | QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4 &Lapse | QIPP TI | |
| Ashford Gardens | | | | | | | | |
| 10/8/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 700.00 | - | - | - | - | - | 700.00 |
| 10/8/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 2,058.87 | - | - | - | - | - | 2,058.87 |
| 10/8/2021 CIGNA HCCLAIMPMT 1326436189 91000012717170 | - | 24,300.00 | - | - | - | - | - | 24,300.00 |
| 10/12/2021 CK 1157 | 77.70 | - | - | - | - | - | - | - |
| 10/12/2021 CK 1158 | 27,419.85 | - | - | - | - | - | - | - |
| 10/12/2021 MANAGEANDNET1718 MNS PMNT 00000000000093 41 | - | 405.00 | - | - | - | - | - | 405.00 |
| 10/12/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 | - | 1,010.52 | - | - | - | - | - | 1,010.52 |
| 10/12/2021 Amerigroup TXSC HCCLAIMPMT 3162577410 111000 | - | 36,154.54 | - | - | - | - | - | 36,154.54 |
| 10/12/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 | - | 6,806.11 | - | - | - | - | - | 6,806.11 |
| 10/13/2021 Amerigroup TXSC HCCLAIMPMT 3162704591 111000 | - | 2,342.95 | - | - | - | - | - | 2,342.95 |
| 10/13/2021 Amerigroup TXSC HCCLAIMPMT 3162853558 111000 | - | 2,677.05 | - | - | - | - | - | 2,677.05 |
| 10/13/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 21,515.68 | - | - | - | - | - | 21,515.68 |
| 10/13/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 154.76 | - | - | - | - | - | 154.76 |
| 10/14/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 53,369.37 | - | - | - | - | - | 53,369.37 |
| | 27,497.55 | 151,494.85 | - | - | - | - | - | 151,494.85 |

| | Transfer-Out | Transfer-In | MMC PORTION | | | | | NH PORTION |
|---|--------------|-------------|-------------|-------------|------------|----------------------|---------|------------|
| | | | QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4 &Lapse | QIPP TI | |
| Broadmeor | | | | | | | | |
| 10/12/2021 CK 135 | - | 59.69 | - | - | - | - | - | 59.69 |
| 10/12/2021 CK 140 | 11,335.93 | - | - | - | - | - | - | - |
| 10/12/2021 CK 143 | - | 202.78 | - | - | - | - | - | 202.78 |
| 10/12/2021 CK 138 | - | 447.42 | - | - | - | - | - | 447.42 |
| 10/12/2021 CK 141 | - | 9,977.49 | - | - | - | - | - | 9,977.49 |
| 10/12/2021 CK 139 | - | 2,425.04 | - | - | - | - | - | 2,425.04 |
| 10/12/2021 CK 137 | - | 2,581.36 | - | - | - | - | - | 2,581.36 |
| 10/12/2021 CK 136 | - | 1,447.10 | - | - | - | - | - | 1,447.10 |
| 10/12/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III | 43,570.57 | - | - | - | - | - | - | - |
| 10/12/2021 Deposit | - | 1,484.00 | - | - | - | - | - | 1,484.00 |
| 10/12/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 | - | 11,727.29 | - | - | - | - | - | 11,727.29 |
| 10/13/2021 HUMANA INS CO HCCLAIMPMT 390861 830000595246 | - | 6,320.00 | - | - | - | - | - | 6,320.00 |
| 10/14/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 4,808.11 | - | - | - | - | - | 4,808.11 |
| | 72,047.38 | 24,339.40 | - | - | - | - | - | 24,339.40 |

| | Transfer-Out | Transfer-In | MMC PORTION | | | | | NH PORTION |
|---|--------------|-------------|-------------|-------------|------------|----------------------|---------|------------|
| | | | QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4 &Lapse | QIPP TI | |
| Crescent | | | | | | | | |
| 10/8/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 | - | 5,870.70 | - | - | - | - | - | 5,870.70 |
| 10/12/2021 CK168 | 41.32 | - | - | - | - | - | - | - |
| 10/12/2021 CK173 | 9,098.84 | - | - | - | - | - | - | - |
| 10/12/2021 CK174 | - | 202.78 | - | - | - | - | - | 202.78 |
| 10/12/2021 CK171 | - | 447.42 | - | - | - | - | - | 447.42 |
| 10/12/2021 CK175 | - | 9,977.49 | - | - | - | - | - | 9,977.49 |
| 10/12/2021 CK172 | - | 2,425.04 | - | - | - | - | - | 2,425.04 |
| 10/12/2021 CK170 | - | 2,581.36 | - | - | - | - | - | 2,581.36 |
| 10/12/2021 CK169 | - | 1,447.10 | - | - | - | - | - | 1,447.10 |
| 10/12/2021 Deposit | - | 4,863.69 | - | - | - | - | - | 4,863.69 |
| 10/12/2021 MANAGEANDNET1718 MNS PMNT 000000000003268 41 | - | 3,906.00 | - | - | - | - | - | 3,906.00 |
| 10/12/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000109 | - | 1,238.19 | - | - | - | - | - | 1,238.19 |
| 10/13/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 4,154.92 | - | - | - | - | - | 4,154.92 |
| 10/14/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 18,167.16 | - | - | - | - | - | 18,167.16 |
| 10/14/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000171 | - | 2,991.85 | - | - | - | - | - | 2,991.85 |
| | 26,221.35 | 41,192.51 | - | - | - | - | - | 41,192.51 |

| | Transfer-Out | Transfer-In | MMC PORTION | | | | | NH PORTION |
|---|--------------|-------------|-------------|-------------|------------|----------------------|---------|------------|
| | | | QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4 &Lapse | QIPP TI | |
| Fort Bend | | | | | | | | |
| 10/12/2021 CK160 | 25.97 | - | - | - | - | - | - | - |
| 10/12/2021 CK162 | 11,072.75 | - | - | - | - | - | - | - |
| 10/12/2021 CK163 | 1,689.05 | - | - | - | - | - | - | - |
| 10/12/2021 CK161 | 78.97 | - | - | - | - | - | - | - |
| 10/12/2021 AARP Supplementa HCCLAIMPMT 746003411 124384 | - | 4,752.00 | - | - | - | - | - | 4,752.00 |
| 10/13/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 2,084.34 | - | - | - | - | - | 2,084.34 |
| 10/14/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 2,548.66 | - | - | - | - | - | 2,548.66 |
| | 12,866.75 | 9,385.00 | - | - | - | - | - | 9,385.00 |

| | Transfer-Out | Transfer-In | MMC PORTION | | | | | NH PORTION |
|---|--------------|-------------|-------------|-------------|------------|----------------------|---------|------------|
| | | | QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4 &Lapse | QIPP TI | |
| Solera at West Houston | | | | | | | | |
| 10/8/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384 | - | 10,660.00 | - | - | - | - | - | 10,660.00 |
| 10/8/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 | - | 6,555.53 | - | - | - | - | - | 6,555.53 |
| 10/12/2021 CK1167 | 62.79 | - | - | - | - | - | - | - |
| 10/12/2021 CK1172 | 10,773.18 | - | - | - | - | - | - | - |
| 10/12/2021 CK1173 | 202.78 | - | - | - | - | - | - | 202.78 |
| 10/12/2021 CK1170 | - | 447.42 | - | - | - | - | - | 447.42 |
| 10/12/2021 CK1174 | - | 9,977.49 | - | - | - | - | - | 9,977.49 |
| 10/12/2021 CK1171 | - | 2,425.04 | - | - | - | - | - | 2,425.04 |
| 10/12/2021 CK1169 | - | 2,581.36 | - | - | - | - | - | 2,581.36 |
| 10/12/2021 CK1168 | - | 1,447.10 | - | - | - | - | - | 1,447.10 |
| 10/12/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III | 6,312.32 | - | - | - | - | - | - | - |
| 10/12/2021 Amerigroup TXSC HCCLAIMPMT 3162577411 111000 | - | 19,699.36 | - | - | - | - | - | 19,699.36 |
| 10/12/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000109 | - | 2,043.62 | - | - | - | - | - | 2,043.62 |
| 10/13/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 5,685.59 | - | - | - | - | - | 5,685.59 |
| 10/14/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384 | - | 7,380.00 | - | - | - | - | - | 7,380.00 |
| 10/14/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 5,580.29 | - | - | - | - | - | 5,580.29 |
| 10/14/2021 HUMANA INS CO HCCLAIMPMT 390862 830000543456 | - | 5,772.25 | - | - | - | - | - | 5,772.25 |
| | 34,229.48 | 63,376.64 | - | - | - | - | - | 63,376.64 |
| TOTALS | 172,862.51 | 289,788.40 | - | - | - | - | - | 289,788.40 |

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type



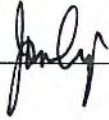
DDA Data reported as of Oct 18, 2021

| Account Number | Current Balance | Available Balance | Collected Balance | Prior Day Balanc |
|---|-----------------------|-----------------------|-----------------------|----------------------|
| Number of Accounts: 15 | \$7,017,511.30 | \$7,185,792.37 | \$7,017,511.30 | \$6,346,797.9 |
| <u>*4551</u> CAL CO INDIGENT HEALTHCARE | \$5,370.86 | \$5,370.86 | \$5,370.86 | \$5,370.86 |
| <u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | \$171,385.69 | \$171,385.69 | \$171,385.69 | \$165,466.6 |
| <u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 | \$535.85 | \$535.85 | \$535.85 | \$535.8 |
| <u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING | \$4,481,046.86 | \$4,610,066.44 | \$4,481,046.86 | \$3,848,446.6 |
| <u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING | \$431.41 | \$431.41 | \$431.41 | \$431.4 |
| <u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD | \$155,999.41 ✓ | \$155,999.41 | \$155,999.41 | \$155,999.4 |
| <u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR | \$24,439.40 ✓ | \$28,651.40 | \$24,439.40 | \$24,439.4 |
| <u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT | \$45,759.04 ✓ | \$53,336.24 | \$45,759.04 | \$45,759.0 |
| <u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND | \$11,495.64 ✓ | \$11,616.96 | \$11,495.64 | \$11,495.6 |
| <u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON | \$63,476.64 ✓ | \$87,125.04 | \$63,476.64 | \$63,476.6 |
| <u>*2998</u> MMC -MONEY MARKET FUND | \$1,108,632.49 | \$1,108,632.49 | \$1,108,632.49 | \$1,108,632.4 |
| <u>*5506</u> MMC -NH BETHANY SENIOR LIVING | \$303,282.67 | \$303,282.67 | \$303,282.67 | \$292,798.4 |
| <u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | \$27,183.65 | \$27,183.65 | \$27,183.65 | \$26,203.6 |
| <u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY | \$514,179.37 | \$517,881.94 | \$514,179.37 | \$503,319.6 |
| <u>*3407</u> MMC -NH TUSCANY VILLAGE | \$104,292.32 | \$104,292.32 | \$104,292.32 | \$94,422.3 |

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 10/18/2021

| 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 | | 62,052.98 ✓ | 61,952.98 ✓ | 171,285.69 ✓ | | 171,385.69 | 170,638.83 |
| | | | | | Bank Balance Variance | 171,385.69 ✓ | |
| | | | | | Leave in Balance | 100.00 | |
| | | | | | MEDICARE REPAYMENT TO MM CLINIC | 646.86 ✓ | |
| | | | | | OCT INTEREST | | |
| | | | | | NOV INTEREST | | |
| | | | | | DEC INTEREST | | |
| | | | | | Adjust Balance/Transfer Amt | 170,638.83 ✓ | |

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:  10/18/2021
 Jason Anglin, CEO

APPROVED
 ON
 OCT 18 2021
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek

| | Transfer-Out | Transfer-In | MMC PORTION | | | | | NH PORTION |
|---|--------------|-------------|-------------|-------------|------------|----------------------|---------|------------|
| | | | Q/PP/Comp1 | Q/PP/Comp 2 | Q/PP/Comp3 | Q/PP/Comp4&L apsc | Q/PP Tl | |
| 10/8/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 | - | 521.79 | - | - | - | - | - | 521.79 |
| 10/12/2021 CK134 | 31,426.90 | - | - | - | - | - | - | - |
| 10/12/2021 CK135 | 202.78 | - | - | - | - | - | - | - |
| 10/12/2021 CK133 | 447.42 | - | - | - | - | - | - | - |
| 10/12/2021 CK130 | 53.98 | - | - | - | - | - | - | - |
| 10/12/2021 CK136 | 9,977.49 | - | - | - | - | - | - | - |
| 10/12/2021 CK132 | 2,581.36 | - | - | - | - | - | - | - |
| 10/12/2021 CK131 | 1,447.10 | - | - | - | - | - | - | - |
| 10/12/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK | 15,815.95 | - | - | - | - | - | - | - |
| 10/12/2021 Deposit | - | 136,820.55 | - | - | - | - | - | 136,820.55 |
| 10/12/2021 Deposit | - | 9,700.16 | - | - | - | - | - | 9,700.16 |
| 10/12/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 | - | 4,712.00 | - | - | - | - | - | 4,712.00 |
| 10/12/2021 GOLDENCREEKHEALT MERC DEP 1220356 9100001230 | - | 1,772.60 | - | - | - | - | - | 1,772.60 |
| 10/13/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 | - | 285.98 | - | - | - | - | - | 285.98 |
| 10/13/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 | - | 1,417.92 | - | - | - | - | - | 1,417.92 |
| 10/13/2021 GOLDENCREEKHEALT MERC DEP 1220356 9100001569 | - | 1,198.00 | - | - | - | - | - | 1,198.00 |
| 10/14/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 | - | 1,768.37 | - | - | - | - | - | 1,768.37 |
| 10/14/2021 AETNA AS01 HCCLAIMPMT 1588075964 51000013900 | - | 7,169.32 | - | - | - | - | - | 7,169.32 |
| 10/15/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 | - | 97.00 | - | - | - | - | - | 97.00 |
| 10/15/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 | - | 3,192.00 | - | - | - | - | - | 3,192.00 |
| 10/15/2021 ACH SETTLEMENT SERVICE 4105523439 9601693977 | - | 2,630.00 | - | - | - | - | - | 2,630.00 |
| | 61,952.98 | 171,285.69 | - | - | - | - | - | 171,285.69 |

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Oct 18, 2021

| Account Number | Current Balance | Available Balance | Collected Balance | Prior Day Balance |
|--|-----------------------|-----------------------|-----------------------|----------------------|
| Number of Accounts: 15 | \$7,017,511.30 | \$7,185,792.37 | \$7,017,511.30 | \$6,346,797.9 |
| *4551 CAL CO INDIGENT HEALTHCARE | \$5,370.86 | \$5,370.86 | \$5,370.86 | \$5,370.8 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | \$171,385.69 | \$171,385.69 | \$171,385.69 | \$165,466.6 |
| *4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 | \$535.85 | \$535.85 | \$535.85 | \$535.8 |
| *4357 MEMORIAL MEDICAL CENTER - OPERATING | \$4,481,046.86 | \$4,610,066.44 | \$4,481,046.86 | \$3,848,446.6 |
| *4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING | \$431.41 | \$431.41 | \$431.41 | \$431.4 |
| *4381 MEMORIAL MEDICAL CENTER / NH ASHFORD | \$155,999.41 | \$155,999.41 | \$155,999.41 | \$155,999.4 |
| *4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR | \$24,439.40 | \$28,651.40 | \$24,439.40 | \$24,439.4 |
| *4411 MEMORIAL MEDICAL CENTER / NH CRESCENT | \$45,759.04 | \$53,336.24 | \$45,759.04 | \$45,759.0 |
| *4446 MEMORIAL MEDICAL CENTER / NH FORT BEND | \$11,495.64 | \$11,616.96 | \$11,495.64 | \$11,495.6 |
| *4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON | \$63,476.64 | \$87,125.04 | \$63,476.64 | \$63,476.6 |
| *2998 MMC -MONEY MARKET FUND | \$1,108,632.49 | \$1,108,632.49 | \$1,108,632.49 | \$1,108,632.4 |
| *5506 MMC -NH BETHANY SENIOR LIVING | \$303,282.67 | \$303,282.67 | \$303,282.67 | \$292,798.4 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | \$27,183.65 | \$27,183.65 | \$27,183.65 | \$26,203.6 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | \$514,179.37 | \$517,881.94 | \$514,179.37 | \$503,319.5 |
| *3407 MMC -NH TUSCANY VILLAGE | \$104,292.32 | \$104,292.32 | \$104,292.32 | \$94,422.3 |

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 10/18/2021

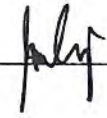
| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | Transfer-In | Cks Cleared | Pending Deposits | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|-------------------------------|----------------|----------------------------|--------------|-------------|-------------|-----------------------------|---------------------------|--|
| Gulf Pointe Plaza-Private Pay | | 507,544.06 | 32,947.74 | 39,583.05 | | | 514,179.37 | 12,683.94 |
| | | | | | | Bank Balance | 514,179.37 | |
| | | | | | | Variance | | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | ECHO CLAIM PAYMENTS TO HOLD | 501,395.43 | |
| | | | | | | OCT INTEREST | | |
| | | | | | | NOV INTEREST | | |
| | | | | | | DEC INTEREST | | |
| | | | | | | Adjust Balance/Transfer Amt | 12,683.94 | |

| 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-Medicare/Medicaid | | 126.45 | 26.45 | 27,083.65 | | | 27,183.65 | 27,083.65 |
| | | | | | | Bank Balance | 27,183.65 | |
| | | | | | | Variance | | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | OCT INTEREST | | |
| | | | | | | NOV INTEREST | | |
| | | | | | | DEC INTEREST | | |
| | | | | | | Adjust Balance/Transfer Amt | 27,083.65 | |

Routine Information for Gulf Pointe Plaza:
 [Redacted]

TOTAL TRANSFERS 39,767.59

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 10/18/2021

APPROVED ON
OCT 18 2021
COURTNEY ABBOTT FOR
CALHOUN COUNTY, TEXAS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

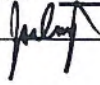
Data reported as of Oct 18, 2021

| Account Number | Current Balance | Available Balance | Collected Balance | Prior Day Balance |
|---|-----------------------|-----------------------|-----------------------|----------------------|
| Number of Accounts: 15 | \$7,017,511.30 | \$7,185,792.37 | \$7,017,511.30 | \$6,346,797.9 |
| <u>*4551</u> CAL CO INDIGENT HEALTHCARE | \$5,370.86 | \$5,370.86 | \$5,370.86 | \$5,370.8 |
| <u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | \$171,385.69 | \$171,385.69 | \$171,385.69 | \$165,466.6 |
| <u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 | \$535.85 | \$535.85 | \$535.85 | \$535.8 |
| <u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING | \$4,481,046.86 | \$4,610,066.44 | \$4,481,046.86 | \$3,848,446.6 |
| <u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING | \$431.41 | \$431.41 | \$431.41 | \$431.4 |
| <u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD | \$155,999.41 | \$155,999.41 | \$155,999.41 | \$155,999.4 |
| <u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR | \$24,439.40 | \$28,651.40 | \$24,439.40 | \$24,439.4 |
| <u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT | \$45,759.04 | \$53,336.24 | \$45,759.04 | \$45,759.0 |
| <u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND | \$11,495.64 | \$11,616.96 | \$11,495.64 | \$11,495.6 |
| <u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON | \$63,476.64 | \$87,125.04 | \$63,476.64 | \$63,476.6 |
| <u>*2998</u> MMC -MONEY MARKET FUND | \$1,108,632.49 | \$1,108,632.49 | \$1,108,632.49 | \$1,108,632.4 |
| <u>*5506</u> MMC -NH BETHANY SENIOR LIVING | \$303,282.67 | \$303,282.67 | \$303,282.67 | \$292,798.4 |
| <u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | \$27,183.65 ✓ | \$27,183.65 | \$27,183.65 | \$26,203.6 |
| <u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY | \$514,179.37 ✓ | \$517,881.94 | \$514,179.37 | \$503,319.5 |
| <u>*3407</u> MMC -NH TUSCANY VILLAGE | \$104,292.32 | \$104,292.32 | \$104,292.32 | \$94,422.3 |

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 10/18/2021

| 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 | | 38,849.89 | 44,499.00 | 109,941.43 | | | 104,292.32 | 103,545.46 |
| | | | | | | Bank Balance | 104,292.32 | |
| | | | | | | Variance | 104,292.32 | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | MEDICARE REPAYMENT TO MM CLINIC | 646.86 | |
| | | | | | | Adjust Balance/Transfer Amt | 103,545.46 | |

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:  10/18/2021
 Jason Anglin, CEO

APPROVED
 ON
 OCT 18 2021
 COUNTY AUDITOR
 GALVESTON COUNTY, TEXAS

Tuscany Village

MMC PORTION

| | <u>Transfer-Out</u> | <u>Transfer-In</u> | MMC PORTION | | | | <u>NH PORTION</u> | |
|---|---------------------|--------------------|-------------|-------------|------------|----------------------|-------------------|-------------------|
| | | | QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4 &Lapse | QIPP TI | |
| 10/8/2021 KS PLAN ADMINIST HCCLAIMPMT 179 111000020203 | - | 16,715.00 | | | | | - | 16,715.00 |
| 10/12/2021 CK1065 | 29,489.17 | - | | | | | - | - |
| 10/12/2021 CK1060 | 510.00 | - | | | | | - | - |
| 10/12/2021 CK1066 | 202.78 | - | | | | | - | - |
| 10/12/2021 CK1064 | 447.42 | - | | | | | - | - |
| 10/12/2021 CK1067 | 9,977.49 | - | | | | | - | - |
| 10/12/2021 CK1063 | 2,425.04 | - | | | | | - | - |
| 10/12/2021 CK1061 | 1,447.10 | - | | | | | - | - |
| 10/12/2021 Deposit | - | 67,339.95 | | | | | - | 67,339.95 |
| 10/12/2021 Deposit | - | 5,691.04 | | | | | - | 5,691.04 |
| 10/12/2021 Deposit | - | 10,325.44 | | | | | - | 10,325.44 |
| 10/15/2021 KS PLAN ADMINIST HCCLAIMPMT 179 111000026000 | - | 9,870.00 | | | | | - | 9,870.00 |
| | 44,499.00 | 109,941.43 | - | - | - | - | - | 109,941.43 |

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA


Data reported as of Oct 18, 2021

| Account Number | Current Balance | Available Balance | Collected Balance | Prior Day Balance |
|---|-----------------------|-----------------------|-----------------------|----------------------|
| Number of Accounts: 15 | \$7,017,511.30 | \$7,185,792.37 | \$7,017,511.30 | \$6,346,797.9 |
| <u>*4551</u> CAL CO INDIGENT HEALTHCARE | \$5,370.86 | \$5,370.86 | \$5,370.86 | \$5,370.86 |
| <u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | \$171,385.69 | \$171,385.69 | \$171,385.69 | \$165,466.6 |
| <u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 | \$535.85 | \$535.85 | \$535.85 | \$535.85 |
| <u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING | \$4,481,046.86 | \$4,610,066.44 | \$4,481,046.86 | \$3,848,446.6 |
| <u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING | \$431.41 | \$431.41 | \$431.41 | \$431.41 |
| <u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD | \$155,999.41 | \$155,999.41 | \$155,999.41 | \$155,999.41 |
| <u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR | \$24,439.40 | \$28,651.40 | \$24,439.40 | \$24,439.41 |
| <u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT | \$45,759.04 | \$53,336.24 | \$45,759.04 | \$45,759.04 |
| <u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND | \$11,495.64 | \$11,616.96 | \$11,495.64 | \$11,495.64 |
| <u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON | \$63,476.64 | \$87,125.04 | \$63,476.64 | \$63,476.64 |
| <u>*2998</u> MMC -MONEY MARKET FUND | \$1,108,632.49 | \$1,108,632.49 | \$1,108,632.49 | \$1,108,632.49 |
| <u>*5506</u> MMC -NH BETHANY SENIOR LIVING | \$303,282.67 | \$303,282.67 | \$303,282.67 | \$292,798.41 |
| <u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | \$27,183.65 | \$27,183.65 | \$27,183.65 | \$26,203.65 |
| <u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY | \$514,179.37 | \$517,881.94 | \$514,179.37 | \$503,319.5 |
| <u>*3407</u> MMC -NH TUSCANY VILLAGE | \$104,292.32 | \$104,292.32 | \$104,292.32 | \$94,422.32 |

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 10/18/2021

| 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 | | 79,862.12 | 79,762.12 | 303,182.67 | | | 303,282.67 | 303,182.67 |
| | | | | | | Bank Balance | 303,282.67 | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |

OCT INTEREST
 NOV INTEREST
 DEC INTEREST
 Adjust Balance/Transfer Amt 303,182.67

Approved: 
 Jason Anglin, CEO 10/18/2021

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

APPROVED
ON
OCT 18 2021
COURTNEY ANDERSON
CALHOUN COUNTY, TEXAS

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type



DDA

Data reported as of Oct 18, 2021

| Account Number | Current Balance | Available Balance | Collected Balance | Prior Day Balance |
|---|-----------------------|-----------------------|-----------------------|----------------------|
| Number of Accounts: 15 | \$7,017,511.30 | \$7,185,792.37 | \$7,017,511.30 | \$6,346,797.9 |
| <u>*4551</u> CAL CO INDIGENT HEALTHCARE | \$5,370.86 | \$5,370.86 | \$5,370.86 | \$5,370.86 |
| <u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | \$171,385.69 | \$171,385.69 | \$171,385.69 | \$165,466.6 |
| <u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 | \$535.85 | \$535.85 | \$535.85 | \$535.85 |
| <u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING | \$4,481,046.86 | \$4,610,066.44 | \$4,481,046.86 | \$3,848,446.6 |
| <u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING | \$431.41 | \$431.41 | \$431.41 | \$431.41 |
| <u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD | \$155,999.41 | \$155,999.41 | \$155,999.41 | \$155,999.41 |
| <u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR | \$24,439.40 | \$28,651.40 | \$24,439.40 | \$24,439.41 |
| <u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT | \$45,759.04 | \$53,336.24 | \$45,759.04 | \$45,759.04 |
| <u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND | \$11,495.64 | \$11,616.96 | \$11,495.64 | \$11,495.64 |
| <u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON | \$63,476.64 | \$87,125.04 | \$63,476.64 | \$63,476.64 |
| <u>*2998</u> MMC -MONEY MARKET FUND | \$1,108,632.49 | \$1,108,632.49 | \$1,108,632.49 | \$1,108,632.41 |
| <u>*5506</u> MMC -NH BETHANY SENIOR LIVING | \$303,282.67 | \$303,282.67 | \$303,282.67 | \$292,798.41 |
| <u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | \$27,183.65 | \$27,183.65 | \$27,183.65 | \$26,203.65 |
| <u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY | \$514,179.37 | \$517,881.94 | \$514,179.37 | \$503,319.51 |
| <u>*3407</u> MMC -NH TUSCANY VILLAGE | \$104,292.32 | \$104,292.32 | \$104,292.32 | \$94,422.32 |