

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 27, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,065,628.55
TOTAL TRANSFERS BETWEEN FUNDS	\$ 511,193.47
TOTAL NURSING HOME UPL EXPENSES	\$ 1,304,011.33
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED October 27, 2021	\$ 2,880,833.35

APPROVED

OCT 27 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 27, 2021

PAYABLES AND PAYROLL

10/21/2021	Weekly Payables	393,700.98
10/21/2021	Blue Cross Blue Shield-Insurance and (2) Cobra	203,070.40
10/25/2021	McKesson-340B Prescription Expense	9,079.18
10/25/2021	Amerisource Bergen-340B Prescription Expense	251.84
10/25/2021	Payroll Liabilities -Payroll Taxes	111,667.55
10/25/2021	Payroll	346,921.13
10/25/2021	Payroll Liabilities for supplemental payroll-Payroll Taxes	63.96
10/25/2021	Supplemental Payroll	356.76

Prosperity Electronic Bank Payments

10/18-10/22/21	Pay Plus-Patient Claims Processing Fee	516.95
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TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 1,065,628.55**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

10/21/2021	MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating	480.00
10/21/2021	MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error and NH portion of QIPP	9,992.70
10/21/2021	MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	3,226.83
10/21/2021	MMC Operating to Tuscany Village-correction of MMC medicare recoup taken from Tuscany	19,037.53
10/21/2021	MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	19,946.12

MEDICARE ADVANCE PAYMENT RECOUP

10/25/2021	Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	1,281.70
10/25/2021	Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	1,281.70
10/25/2021	Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	1,281.70
10/25/2021	Golden Creek to MMC Operating-correction of Golden Creek recoup taken from MMC Operating	1,281.70
10/25/2021	Tuscany to MMC Operating-correction of Tuscany medicare recoup taken from MMC Operating	1,281.70

TRANSFER OF FUNDS BETWEEN NURSING HOMES

10/25/2021	Gulf Pointe Plaza-PP-correction of MMC and MMC Clinic insurance payment deposited into Gulf Pointe Plaza-PP in error	73,279.20
10/25/2021	Gulf Pointe Plaza-PP-correction of Ashford insurance payment deposited into Gulf Pointe Plaza-PP in error	50,804.85
10/25/2021	Gulf Pointe Plaza-PP-correction of Broadmoor insurance payment deposited into Gulf Pointe Plaza-PP in error	83,751.55
10/25/2021	Gulf Pointe Plaza-PP-correction of Crescent insurance payment deposited into Gulf Pointe Plaza-PP in error	35,229.13
10/25/2021	Gulf Pointe Plaza-PP-correction of Fort Bend insurance payment deposited into Gulf Pointe Plaza-PP in error	19,768.66
10/25/2021	Gulf Pointe Plaza-PP-correction of Solera insurance payment deposited into Gulf Pointe Plaza-PP in error	116,171.39
10/25/2021	Gulf Pointe Plaza-PP-correction of Golden Creek insurance payment deposited into Gulf Pointe Plaza-PP in error	24,637.27
10/25/2021	Gulf Pointe Plaza-PP-correction of Tuscany insurance payment deposited into Gulf Pointe Plaza-PP in error	40,668.74
10/25/2021	Gulf Pointe Plaza-PP-correction of Bethany insurance payment deposited into Gulf Pointe Plaza-PP in error	7,791.00

TOTAL TRANSFERS BETWEEN FUNDS **\$ 511,193.47**

NURSING HOME UPL EXPENSES

10/25/2021	Nursing Home UPL-Cantex Transfer	745,910.70
10/25/2021	Nursing Home UPL-Nexion Transfer	55,376.62
10/25/2021	Nursing Home UPL-HMG Transfer	179,251.69
10/25/2021	Nursing Home UPL-Tuscany Transfer	12,039.44
10/25/2021	Nursing Home UPL-HSL Transfer	267,437.24

QIPP CHECKS TO MMC

10/25/2021 Ashford	14,059.24
10/25/2021 Broadmoor	5,819.32
10/25/2021 Crescent	4,673.24
10/25/2021 Fort Bend	5,681.00
10/25/2021 Solera	5,513.04
10/25/2021 Tuscany	8,249.80

TOTAL NURSING HOME UPL EXPENSES \$ 1,304,011.33

TOTAL INTER-GOVERNMENT TRANSFERS \$ -

GRAND TOTAL DISBURSEMENTS APPROVED October 27, 2021 \$ 2,880,833.35

RECEIVED

OCT 21 2021

10/21/2021
California County Auditor
10:38

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 11/03/2021

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Vendor#	Vendor Name	Class	Pay Code							
10950	ACUTE CARE INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INV422 ✓		10/08/20	10/20/20	10/30/20		1,400.00	0.00	0.00	1,400.00 ✓
	RFID FEE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10950	ACUTE CARE INC				1,400.00	0.00	0.00	1,400.00
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9118287362 ✓		10/15/20	10/05/20	10/30/20		177.32	0.00	0.00	177.32 ✓
	OXYGEN									
	9983135940 ✓		10/18/20	09/30/20	10/30/20		97.74	0.00	0.00	97.74 ✓
	OXYGEN									
	9983135939 ✓		10/18/20	09/30/20	10/30/20		788.75	0.00	0.00	788.75 ✓
	OXYGEN									
	9983133637 ✓		10/18/20	09/30/20	10/30/20		508.89	0.00	0.00	508.89 ✓
	RESPIRATORY									
	9118123551 ✓		10/18/20	09/30/20	10/30/20		2,316.23	0.00	0.00	2,316.23 ✓
	OXYGEN									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1680	AIRGAS USA, LLC - CENTRAL DIV				3,888.93	0.00	0.00	3,888.93
A2218	AQUA BEVERAGE COMPANY ✓		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	093021 ✓		10/12/20	10/04/20	10/29/20		43.40	0.00	0.00	43.40 ✓
	141334	SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A2218	AQUA BEVERAGE COMPANY				43.40	0.00	0.00	43.40
A0400	AUREUS RADIOLOGY LLC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2334522 ✓		10/12/20	10/04/20	11/03/20		2,680.00	0.00	0.00	2,680.00 ✓
	LAB STAFFING									
	2334881 ✓		10/12/20	10/04/20	11/03/20		2,705.13	0.00	0.00	2,705.13 ✓
	LAB STAFFING									
	2334777 ✓		10/12/20	10/04/20	11/03/20		2,785.88	0.00	0.00	2,785.88 ✓
	LAB STAFFING									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A0400	AUREUS RADIOLOGY LLC				8,171.01	0.00	0.00	8,171.01
B1150	BAXTER HEALTHCARE ✓		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	72432402 ✓		10/19/20	10/09/20	11/03/20		136.22	0.00	0.00	136.22 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE				136.22	0.00	0.00	136.22

B1220	BECKMAN COULTER INC ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
109333597 ✓		10/05/20	10/03/20	10/28/20		1,050.33	0.00	0.00	1,050.33 ✓	
	SUPPLIES									
109333668 ✓		10/05/20	10/03/20	10/28/20		102.36	0.00	0.00	102.36 ✓	
	SUPPLIES									
109334693 ✓		10/05/20	10/04/20	10/29/20		255.90	0.00	0.00	255.90 ✓	
	SUPPLIES									
109334470 ✓		10/05/20	10/04/20	10/29/20		82.48	0.00	0.00	82.48 ✓	
	SUPPLIES									
109334822 ✓		10/05/20	10/04/20	10/29/20		7,352.94	0.00	0.00	7,352.94 ✓	
	SUPPLIES									
109332433 ✓		10/18/20	10/01/20	10/28/20		506.25	0.00	0.00	506.25 ✓	
	SUPPLIES									
5447518 ✓		10/18/20	10/05/20	10/30/20		6,249.42	0.00	0.00	6,249.42 ✓	
	MAINT CONTRACT LEASE									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	B1220 BECKMAN COULTER INC					15,599.68	0.00	0.00	15,599.68	
Vendor#	Vendor Name			Class	Pay Code					
B1320	BEEKLEY CORPORATION ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
INV1474506 ✓		10/20/20	10/13/20	10/20/20		411.95	0.00	0.00	411.95 ✓	
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	B1320 BEEKLEY CORPORATION					411.95	0.00	0.00	411.95	
Vendor#	Vendor Name			Class	Pay Code					
14152	BENTEC MEDICAL OPCO LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
100783 ✓		10/18/20	09/27/20	10/28/20		259.57	0.00	0.00	259.57 ✓	
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	14152 BENTEC MEDICAL OPCO LLC					259.57	0.00	0.00	259.57	
Vendor#	Vendor Name			Class	Pay Code					
11072	BIO-RAD LABORATORIES, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
905053800 ✓		10/18/20	09/20/20	10/28/20		9,859.74	0.00	0.00	9,859.74 ✓	
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	11072 BIO-RAD LABORATORIES, INC					9,859.74	0.00	0.00	9,859.74	
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	
BK01450202 ✓		10/19/20	08/27/20	10/19/20		4,269.20	0.00	0.00	4,269.20 ✓	
	AUDIT SERVICES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10599 BKD, LLP					4,269.20	0.00	0.00	4,269.20	
Vendor#	Vendor Name			Class	Pay Code					
13892	BLUE CROSS BLUE SHIELD REFUND									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
0172725		10/18/20	10/12/20	10/28/20		60.00	0.00	0.00	60.00 ✓	
	PATIENT REFUND									

102021		10/20/20	10/20/20	10/20/20			70.00	0.00	0.00	70.00	✓	
PATIENT RFD RICHARD MCFA												
Vendor Totals Number Name							Gross	Discount	No-Pay	Net		
13892 BLUE CROSS BLUE SHIELD REFUND							130.00	0.00	0.00	130.00		
Vendor#	Vendor Name					Class	Pay Code					
B1800	BRIGGS HEALTHCARE ✓					M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
B369532 ✓		10/11/20	10/01/20	10/31/20		142.50	0.00	0.00	142.50 ✓			
SUPPLIES												
Vendor Totals Number Name							Gross	Discount	No-Pay	Net		
B1800 BRIGGS HEALTHCARE							142.50	0.00	0.00	142.50		
Vendor#	Vendor Name					Class	Pay Code					
D1040	C R BARD, INC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
83180184 ✓		10/15/20	10/05/20	10/28/20		350.78	0.00	0.00	350.78 ✓			
SUPPLIES												
Vendor Totals Number Name							Gross	Discount	No-Pay	Net		
D1040 C R BARD, INC							350.78	0.00	0.00	350.78		
Vendor#	Vendor Name					Class	Pay Code					
A1825	CARDINAL HEALTH 414,LLC ✓					M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
8002651559 ✓		10/19/20	10/01/20	10/31/20		338.63	0.00	0.00	338.63 ✓			
Vendor Totals Number Name							Gross	Discount	No-Pay	Net		
A1825 CARDINAL HEALTH 414,LLC							338.63	0.00	0.00	338.63		
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			
128542A ✓		10/14/20	10/06/20	10/30/20		2,096.25	0.00	0.00	2,096.25 ✓			
MED SURG TRAVEL NURSING												
128541A ✓		10/14/20	10/06/20	10/31/20		4,820.00	0.00	0.00	4,820.00 ✓			
MED SURG TRAVEL NURSING												
128730 ✓		10/15/20	10/13/20	10/28/20		780.00	0.00	0.00	780.00 ✓			
MED SURG TRAVEL NURSE												
128729 ✓		10/15/20	10/13/20	10/28/20		1,000.00	0.00	0.00	1,000.00 ✓			
MED SURG TRAVEL NURSE												
Vendor Totals Number Name							Gross	Discount	No-Pay	Net		
13992 CARIANT HEALTH PARTNERS							8,696.25	0.00	0.00	8,696.25		
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			
L369846 ✓		09/30/20	09/30/20	10/30/20		5,805.37	0.00	0.00	5,805.37 ✓			
MONITOR AND THINK PADS												
K793876 ✓		10/15/20	09/15/20	10/28/20		909.89	0.00	0.00	909.89 ✓			
SUPPLIES												
L446983 ✓		10/15/20	09/28/20	10/28/20		62.64	0.00	0.00	62.64 ✓			
L534964 SUPPLIES												
1698956A-		10/21/20	09/30/20	10/30/20		407.50	0.00	0.00	407.50			
IT SUPPLIES												
Vendor Totals Number Name							Gross	Discount	No-Pay	Net		
C1992 CDW GOVERNMENT, INC.							7,185.40	0.00	0.00	7,185.40		

Vendor#	Vendor Name		Class	Pay Code						
12768	CHEMAQUA ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	7538824 ✓		10/20/20	10/10/20	10/20/20		518.75	0.00	0.00	518.75 ✓
	WATER TREATMENT									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12768	CHEMAQUA				518.75	0.00	0.00	518.75
13760	CIGNA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	133025		10/20/20	10/20/20	10/30/20		177.00	0.00	0.00	177.00 ✓
	PATIENT									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		13760	CIGNA				177.00	0.00	0.00	177.00
13000	CLEARFLY ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INV378507		10/19/20	10/06/20	10/15/20		1,208.72	0.00	0.00	1,208.72 ✓
	PHONE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		13000	CLEARFLY				1,208.72	0.00	0.00	1,208.72
10212	CLINICAL PATHOLOGY LABS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	176562021090 ✓		10/18/20	09/30/20	10/28/20		14,067.21	0.00	0.00	14,067.21 ✓
	LAB SERVICES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10212	CLINICAL PATHOLOGY LABS				14,067.21	0.00	0.00	14,067.21
C1166	COASTAL OFFICE SOLUTONS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	OEQT186041 ✓		10/18/20	10/07/20	10/28/20		433.20	0.00	0.00	433.20 ✓
	SUPPLIES									
	WO498841 ✓		10/19/20	10/15/20	10/25/20		64.23	0.00	0.00	64.23 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1166	COASTAL OFFICE SOLUTONS				497.43	0.00	0.00	497.43
10646	COVIDIEN ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	5864187941 ✓		10/19/20	08/18/20	08/28/20		727.68	0.00	0.00	727.68 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10646	COVIDIEN				727.68	0.00	0.00	727.68
10509	DA&E ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	16473		10/12/20	10/04/20	10/30/20		2,440.00	0.00	0.00	2,440.00 ✓
	CAH MEDICARE REIMBURSEM									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10509	DA&E				2,440.00	0.00	0.00	2,440.00

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
	6582420 ✓		10/11/20	10/05/20	10/30/20		25.42	0.00	0.00	25.42 ✓
		SUPPLIES								
	6581821 ✓		10/11/20	10/06/20	10/31/20		54.38	0.00	0.00	54.38 ✓
		SUPPLIES								
	6587460 ✓		10/11/20	10/07/20	11/01/20		25.56	0.00	0.00	25.56 ✓
		SUPPLIES								
	658839 ✓		10/11/20	10/07/20	11/01/20		353.00	0.00	0.00	353.00 ✓
		SUPPLIES								
	658838 ✓		10/11/20	10/08/20	11/02/20		29.50	0.00	0.00	29.50 ✓
		SUPPLIES								
	6581820 ✓		10/12/20	10/04/20	10/29/20		123.66	0.00	0.00	123.66 ✓
		SUPPLIES								
	6588790A ✓		10/15/20	10/08/20	11/02/20		30.74	0.00	0.00	30.74 ✓
		SUPPLIES								
	Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				642.26	0.00	0.00	642.26

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
	FW5537 ✓		10/08/20	09/30/20	10/30/20		105.00	0.00	0.00	105.00 ✓
		PEST CONTROL								
	Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
		11291	DOWELL PEST CONTROL				105.00	0.00	0.00	105.00

Vendor#	Vendor Name	Class	Pay Code							
12044	DRIESSEN WATER INC. (CULLIGAN) ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1430270308312021		08/31/20	08/31/20	11/01/20		31.50	0.00	0.00	31.50 ✓
		SUPPLIES								
	14302703093021 ✓		10/18/20	09/30/20	10/28/20		474.00	0.00	0.00	474.00 ✓
		SUPPLIES								
	Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
		12044	DRIESSEN WATER INC. (CULLIGAN)				505.50	0.00	0.00	505.50

Vendor#	Vendor Name	Class	Pay Code							
W1167	ELITECH GROUP INC (WESCOR) ✓		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	758869A ✓		10/21/20	10/15/20	10/15/20		841.63	0.00	0.00	841.63 ✓
		SUPPLIES								
	761138A ✓		10/21/20	10/21/20	10/21/20		106.33	0.00	0.00	106.33 ✓
		SUPPLIES								
	Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
		W1167	ELITECH GROUP INC (WESCOR)				947.96	0.00	0.00	947.96

Vendor#	Vendor Name	Class	Pay Code							
10042	ERBE USA INC SURGICAL SYSTEMS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	704944 ✓		09/29/20	09/28/20	10/28/20		139.50	0.00	0.00	139.50 ✓
		SUPPLIES								
	Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
		10042	ERBE USA INC SURGICAL SYSTEMS				139.50	0.00	0.00	139.50

Vendor#	Vendor Name				Class	Pay Code					
C2510	EVIDENT ✓				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	A2110051378 ✓		10/20/20	10/05/20	10/30/20		17,414.00	0.00	0.00	17,414.00 ✓	
		SUPPORT									
	T2110081378 ✓		10/20/20	10/08/20	11/02/20		19,959.97	0.00	0.00	19,959.97 ✓	
		CONSULTING/BUSINESS SER									
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
		C2510 EVIDENT					37,373.97	0.00	0.00	37,373.97	
F1100	FEDERAL EXPRESS CORP. ✓				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	752432949 ✓		10/08/20	10/07/20	11/01/20		13.29	0.00	0.00	13.29 ✓	
		SHIPPING									
	749505581 ✓		10/15/20	09/09/20	10/28/20		73.69	0.00	0.00	73.69 ✓	
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
		F1100 FEDERAL EXPRESS CORP.					86.98	0.00	0.00	86.98	
10003	FILTER TECHNOLOGY CO, INC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	111836 ✓		10/18/20	09/24/20	10/28/20		681.63	0.00	0.00	681.63 ✓	
		FILTERS									
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
		10003 FILTER TECHNOLOGY CO, INC					681.63	0.00	0.00	681.63	
14092	FIRST CONNECT CENTER LLC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	2911 ✓		10/06/20	10/01/20	10/31/20		4,628.75	0.00	0.00	4,628.75 ✓	
		MED SURG STAFFING									
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
		14092 FIRST CONNECT CENTER LLC					4,628.75	0.00	0.00	4,628.75	
F1400	FISHER HEALTHCARE ✓				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	7800657 ✓		10/15/20	10/06/20	10/31/20		188.90	0.00	0.00	188.90 ✓	
		SUPPLIES									
	7800643 ✓		10/15/20	10/06/20	10/31/20		181.44	0.00	0.00	181.44 ✓	
		SUPPLIES									
	7959944 ✓		10/15/20	10/07/20	11/01/20		1,037.51	0.00	0.00	1,037.51 ✓	
		SUPPLIES									
	2703157 ✓		10/18/20	09/20/20	10/28/20		143.18	0.00	0.00	143.18 ✓	
		SUPPLIES									
	2868786 ✓		10/18/20	09/21/20	10/28/20		480.07	0.00	0.00	480.07 ✓	
		SUPPLIES									
	6540352 ✓		10/18/20	09/30/20	10/28/20		848.32	0.00	0.00	848.32 ✓	
		SUPPLIES									
	7604005 ✓		10/18/20	10/05/20	10/30/20		26.80	0.00	0.00	26.80 ✓	
		SUPPLIES									
	7959945 ✓		10/18/20	10/07/20	11/01/20		356.18	0.00	0.00	356.18 ✓	
		SUPPLIES									

8109927

10051-56		10/19/20	10/08/20	11/02/20			10,051.56	0.00	0.00	10,051.56	✓	
	SUPPLIES											
8277866		10/19/20	10/08/20	11/02/20			494.68	0.00	0.00	494.68	✓	
	SUPPLIES											
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					13,808.64	0.00	0.00	13,808.64		
Vendor#	Vendor Name		Class	Pay Code								
10678	FIVE STAR STERILIZER SERVICES											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
7378		10/18/20	07/06/20	10/28/20			191.41	0.00	0.00	191.41	✓	
	FREIGHT											
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
	10678	FIVE STAR STERILIZER SERVICES					191.41	0.00	0.00	191.41		
Vendor#	Vendor Name		Class	Pay Code								
11183	FRONTIER											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
100221		10/18/20	10/02/20	10/28/20			1,178.82	0.00	0.00	1,178.82	✓	
	PHONE SERVICE											
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER					1,178.82	0.00	0.00	1,178.82		
Vendor#	Vendor Name		Class	Pay Code								
14156	FUJI FILM											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
PJIN0179246		10/19/20	09/15/20	10/25/20			7,908.33	0.00	0.00	7,908.33	✓	
	SMA FEE											
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
	14156	FUJI FILM					7,908.33	0.00	0.00	7,908.33		
Vendor#	Vendor Name		Class	Pay Code								
13960	G & S MANAGEMENT GROUP LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
34038057T		10/18/20	08/09/20	10/28/20			93.66	0.00	0.00	93.66	✓	
	TRASH SERVICES											
340383239T		10/18/20	09/02/20	10/28/20			1,379.53	0.00	0.00	1,379.53	✓	
	TRASH SERVICE											
340383601T		10/18/20	10/08/20	10/28/20			332.42	0.00	0.00	332.42	✓	
	TRASH SERVICE											
340383599T		10/18/20	10/08/20	10/28/20			1,429.53	0.00	0.00	1,429.53	✓	
	TRASH SERVICE											
340383600T		10/18/20	10/08/20	10/28/20			254.42	0.00	0.00	254.42	✓	
	TRASH SERVICE											
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
	13960	G & S MANAGEMENT GROUP LLC					3,489.56	0.00	0.00	3,489.56		
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	OCT	10/15/20	10/01/20	10/28/20			1,739.24	0.00	0.00	1,739.24	✓	
	INSURNACE											
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
	13980	GBS ADMINISTRATORS, INC					1,739.24	0.00	0.00	1,739.24		
Vendor#	Vendor Name		Class	Pay Code								
12404	GE PRECISION HEALTHCARE, LLC											

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
6001957159	MAINTENANCE CONTRACT	10/11/20	10/01/20	10/31/20		572.33	0.00	0.00	572.33		
6001957247	MAINTENANCE CONTRACT	10/11/20	10/01/20	10/31/20		61.67	0.00	0.00	61.67		
6001957245	MAINTENANCE CONTRACT	10/11/20	10/01/20	10/31/20		3,588.58	0.00	0.00	3,588.58		
6001957246	MAINTENANCE CONTRACT	10/11/20	10/01/20	10/31/20		86.67	0.00	0.00	86.67		
6001957158	MAINTENANCE CONTRACT	10/11/20	10/01/20	10/31/20		680.00	0.00	0.00	680.00		
6001957275	MAINTENANCE CONTRACT	10/11/20	10/01/20	10/31/20		5,665.83	0.00	0.00	5,665.83		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12404	GE PRECISION HEALTHCARE, LLC	10,655.08	0.00	0.00	10,655.08
Vendor#	Vendor Name			Class	Pay Code						
13060	GENZYME CORPORATION										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
7030212193	INVENTORY	08/17/20	07/22/20	10/30/20		2,605.00	0.00	0.00	2,605.00		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13060	GENZYME CORPORATION	2,605.00	0.00	0.00	2,605.00
Vendor#	Vendor Name			Class	Pay Code						
G1001	GETINGE USA										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
6991704932	SUPPLIES	10/15/20	10/15/20	10/28/20		48.84	0.00	0.00	48.84		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						G1001	GETINGE USA	48.84	0.00	0.00	48.84
Vendor#	Vendor Name			Class	Pay Code						
W1300	GRAINGER			M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9080802409	SUPPLIES	10/18/20	10/08/20	11/02/20		610.30	0.00	0.00	610.30		
9080389753	SUPPLIES	10/18/20	10/08/20	11/02/20		50.40	0.00	0.00	50.40		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						W1300	GRAINGER	660.70	0.00	0.00	660.70
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		
30233265	COPIER LEASE	10/12/20	10/06/20	10/31/20		12,334.97	0.00	0.00	12,334.97		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12948	GREAT AMERICAN FINANCIAL SVCS	12,334.97	0.00	0.00	12,334.97
Vendor#	Vendor Name			Class	Pay Code						
11984	GUERBET, LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
18546942	SUPPLIES	10/19/20	08/04/20	10/19/20		350.00	0.00	0.00	350.00		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net

	11984	GUERBET, LLC					350.00	0.00	0.00	350.00
Vendor#	Vendor Name		Class	Pay Code						
G0401	GULF COAST DELIVERY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
093021		09/30/20	09/30/20	10/30/20			75.00	0.00	0.00	75.00 ✓
	DELIVERY (9/15 ! 9/16/21)									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY					75.00	0.00	0.00	75.00
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
2112135 ✓		09/30/20	09/28/20	10/28/20			28.49	0.00	0.00	28.49 ✓
	SUPPLIES									
2112580 ✓		09/30/20	09/28/20	10/28/20			60.69	0.00	0.00	60.69 ✓
	SUPPLIES									
2112367 ✓		09/30/20	09/28/20	10/28/20			674.30	0.00	0.00	674.30 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					763.48	0.00	0.00	763.48
Vendor#	Vendor Name		Class	Pay Code						
10804	HEALTHCARE CODING & CONSULTING ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
11474 ✓		10/14/20	09/30/20	10/30/20			187.25	0.00	0.00	187.25 ✓
11515 ✓		10/14/20	09/30/20	10/30/20			286.45	0.00	0.00	286.45 ✓
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10804	HEALTHCARE CODING & CONSULTING					473.70	0.00	0.00	473.70
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
100521808 ✓		09/30/20	09/27/20	11/01/20			4,610.52	0.00	0.00	4,610.52 ✓
	PHONE/STERLIZER/GEM PREI									
100527695 ✓		10/11/20	10/08/20	11/01/20			1,797.44	0.00	0.00	1,797.44 ✓
	LEASE									
100527694 ✓		10/11/20	10/08/20	11/01/20			7,447.86	0.00	0.00	7,447.86 ✓
	LEASE									
100527693 ✓		10/11/20	10/08/20	11/01/20			7,154.17	0.00	0.00	7,154.17 ✓
	LEASE									
100527692 ✓		10/12/20	10/08/20	11/01/20			4,919.41	0.00	0.00	4,919.41 ✓
	LEASE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINANCIAL SERVICES					25,929.40	0.00	0.00	25,929.40
Vendor#	Vendor Name		Class	Pay Code						
12160	ICAD, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
546113 ✓		10/20/20	09/10/20	10/21/20			7,990.00	0.00	0.00	7,990.00 ✓
	SERVICE AGREEMENT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12160	ICAD, INC					7,990.00	0.00	0.00	7,990.00
Vendor#	Vendor Name		Class	Pay Code						

11260	INTOXIMETERS INC ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
691252	✓	10/18/20	10/07/20	11/01/20		480.00	0.00	0.00	480.00	✓	
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11260	INTOXIMETERS INC				480.00	0.00	0.00	480.00		
Vendor#	Vendor Name				Class	Pay Code					
11200	IRON MOUNTAIN ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
DYKB427	✓	09/30/20	09/30/20	10/30/20		692.96	0.00	0.00	692.96	✓	
	SHRED SERVICES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11200	IRON MOUNTAIN				692.96	0.00	0.00	692.96		
Vendor#	Vendor Name				Class	Pay Code					
13900	IRONSIDE HUMAN RESOURCS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2322	✓	10/18/20	09/13/20	10/28/20		9,000.00	0.00	0.00	9,000.00	✓	
	PLACEMENT FEE										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	13900	IRONSIDE HUMAN RESOURCS				9,000.00	0.00	0.00	9,000.00		
Vendor#	Vendor Name				Class	Pay Code					
J0150	J & J HEALTH CARE SYSTEMS, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
926652019	✓	10/15/20	10/04/20	11/03/20		293.20	0.00	0.00	293.20	✓	
	SUPPLIES										
924846846	✓	10/18/20	05/04/20	10/28/20		2,332.50	0.00	0.00	2,332.50	✓	
	SUPPLIES										
926269762	✓	10/18/20	08/31/20	10/28/20		2,593.33	0.00	0.00	2,593.33	✓	
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	J0150	J & J HEALTH CARE SYSTEMS, INC				5,219.03	0.00	0.00	5,219.03		
Vendor#	Vendor Name				Class	Pay Code					
13956	KOETTER FIRE PROTECTION ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
33805	✓	10/20/20	09/10/20	10/20/20		594.00	0.00	0.00	594.00	✓	
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	13956	KOETTER FIRE PROTECTION				594.00	0.00	0.00	594.00		
Vendor#	Vendor Name				Class	Pay Code					
11600	LEGAL SHIELD ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
101521		10/15/20	10/15/20	10/28/20		541.35	0.00	0.00	541.35	✓	
	PAYROLL DEDUCT										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11600	LEGAL SHIELD				541.35	0.00	0.00	541.35		
Vendor#	Vendor Name				Class	Pay Code					
L1640	LOWE'S HOME CENTERS INC ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
55903		10/07/20	09/15/20	10/28/20		395.48	0.00	0.00	395.48	✓	
	SUPPLIES										
42721		10/07/20	09/23/20	10/28/20		161.46	0.00	0.00	161.46	✓	

1968869063 ✓	10/11/20 10/05/20 10/30/20	14.49	0.00	0.00	14.49 ✓
SUPPLIES					
1968869051 ✓	10/12/20 10/05/20 10/30/20	56.87	0.00	0.00	56.87 ✓
SUPPLIES					
1969028398 ✓	10/12/20 10/06/20 10/31/20	4.27	0.00	0.00	4.27 ✓
SUPPLIES					
1969028383 ✓	10/12/20 10/06/20 10/31/20	103.18	0.00	0.00	103.18 ✓
SUPPLIES					
1969028390 ✓	10/12/20 10/06/20 10/31/20	60.74	0.00	0.00	60.74 ✓
SUPPLIES					
1969028369 ✓	10/12/20 10/06/20 10/31/20	44.58	0.00	0.00	44.58 ✓
SUPPLIES					
1969028365 ✓	10/12/20 10/06/20 10/31/20	100.98	0.00	0.00	100.98 ✓
SUPPLIES					
1969028396 ✓	10/12/20 10/06/20 10/31/20	186.60	0.00	0.00	186.60 ✓
SUPPLIES					
1969028388 ✓	10/12/20 10/06/20 10/31/20	83.75	0.00	0.00	83.75 ✓
SUPPLIES					
1969028351 ✓	10/12/20 10/06/20 10/31/20	54.90	0.00	0.00	54.90 ✓
SUPPLIES					
1969028352 ✓	10/12/20 10/06/20 10/31/20	1,220.78	0.00	0.00	1,220.78 ✓
SUPPLIES					
1969028357 ✓	10/12/20 10/06/20 10/31/20	184.09	0.00	0.00	184.09 ✓
SUPPLIES					
1969028361 ✓	10/12/20 10/06/20 10/31/20	172.45	0.00	0.00	172.45 ✓
SUPPLIES					
1969028393 ✓	10/12/20 10/06/20 10/31/20	147.43	0.00	0.00	147.43 ✓
SUPPLIES					
1969028355 ✓	10/12/20 10/06/20 10/31/20	13.32	0.00	0.00	13.32 ✓
SUPPLIES					
1969028350 ✓	10/12/20 10/06/20 10/31/20	527.51	0.00	0.00	527.51 ✓
SUPPLIES					
1969028385 ✓	10/12/20 10/06/20 10/31/20	56.22	0.00	0.00	56.22 ✓
SUPPLIES					
1969028392 ✓	10/12/20 10/06/20 10/31/20	59.89	0.00	0.00	59.89 ✓
SUPPLIES					
1969028367 ✓	10/12/20 10/06/20 10/31/20	44.58	0.00	0.00	44.58 ✓
SUPPLIES					
1969028364 ✓	10/12/20 10/06/20 10/31/20	51.58	0.00	0.00	51.58 ✓
SUPPLIES					
1968987145 ✓	10/12/20 10/06/20 10/31/20	26.21	0.00	0.00	26.21 ✓
SUPPLIES					
1969028349 ✓	10/12/20 10/06/20 10/31/20	27.39	0.00	0.00	27.39 ✓
SUPPLIES					
1969028360 ✓	10/12/20 10/06/20 10/31/20	277.04	0.00	0.00	277.04 ✓
SUPPLIES					
1969028387 ✓	10/12/20 10/06/20 10/31/20	64.83	0.00	0.00	64.83 ✓
SUPPLIES					
1969028394 ✓	10/12/20 10/06/20 10/31/20	22.36	0.00	0.00	22.36 ✓
SUPPLIES					
1969028389 ✓	10/12/20 10/06/20 10/31/20	27.81	0.00	0.00	27.81 ✓
SUPPLIES					

		SUPPLIES										
1969028359	✓		10/12/20	10/06/20	10/31/20		611.58	0.00	0.00	611.58 ✓		
		SUPPLIES										
1969028381	✓		10/15/20	10/06/20	10/31/20		116.98	0.00	0.00	116.98 ✓		
1969147912	✓		10/15/20	10/06/20	10/31/20		299.72	0.00	0.00	299.72 ✓		
		SUPPLIES										
1969028363	✓		10/15/20	10/06/20	10/31/20		9.00	0.00	0.00	9.00 ✓		
		SUPPLIES										
1968987144	✓		10/18/20	10/06/20	10/31/20		28,113.83	0.00	0.00	28,113.83 ✓		
		SUPPLIES										
1968268863	✓		10/19/20	09/30/20	10/25/20		-249.85	0.00	0.00	-249.85 ✓		
		CREDIT										
1968530633	✓		10/19/20	10/01/20	10/26/20		-149.89	0.00	0.00	-149.89 ✓		
		CREDIT										
1968987153	✓		10/19/20	10/06/20	10/31/20		-207.61	0.00	0.00	-207.61 ✓		
		CREDIT										
1968987150	✓		10/19/20	10/06/20	10/31/20		-57.14	0.00	0.00	-57.14 ✓		
		CREDIT										
1968987151	✓		10/19/20	10/06/20	10/31/20		-800.01	0.00	0.00	-800.01 ✓		
		CREDIT										
1968987149	✓		10/19/20	10/06/20	10/31/20		-149.89	0.00	0.00	-149.89 ✓		
		CREDIT										
1968987152	✓		10/19/20	10/06/20	10/31/20		-410.46	0.00	0.00	-410.46 ✓		
		CREDIT										
1969487456	✓		10/19/20	10/08/20	11/02/20		-4.20	0.00	0.00	-4.20 ✓		
		CREDIT										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2470	MEDLINE INDUSTRIES INC	33,646.58	0.00	0.00	33,646.58
Vendor#	Vendor Name			Class	Pay Code							
10904	MERCK SHARP & DOHME CORP ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
7015615307	✓	09/29/20	09/01/20	11/01/20			4,399.09	0.00	0.00	4,399.09 ✓		
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10904	MERCK SHARP & DOHME CORP	4,399.09	0.00	0.00	4,399.09
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		
100721		10/15/20	10/07/20	10/28/20			479.66	0.00	0.00	479.66 ✓		
		PAYROLL DED										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2621	MMC AUXILIARY GIFT SHOP	479.66	0.00	0.00	479.66
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		
CM80182	✓	10/19/20	10/07/20	10/17/20			-119.87	0.00	0.00	-119.87 ✓		
		CREDIT										
0743	✓	10/19/20	10/07/20	10/17/20			-0.65	0.00	0.00	-0.65 ✓		
		CREDIT/RETURN										
0860	✓	10/19/20	10/07/20	10/17/20			-5.00	0.00	0.00	-5.00 ✓		

CM80183	CREDIT	10/19/20 10/07/20 10/17/20	-119.87	0.00	0.00	-119.87	✓
7414236	CREDIT	10/19/20 10/08/20 10/18/20	209.03	0.00	0.00	209.03	✓
7418972	INVENTORY	10/19/20 10/10/20 10/20/20	28.18	0.00	0.00	28.18	✓
7418789	INVENTORY	10/19/20 10/10/20 10/20/20	14.51	0.00	0.00	14.51	✓
7417379	INVENTORY	10/19/20 10/10/20 10/20/20	1,237.37	0.00	0.00	1,237.37	✓
7417380	INVENTORY	10/19/20 10/10/20 10/20/20	3.38	0.00	0.00	3.38	✓
7417383	INVENTORY	10/19/20 10/10/20 10/20/20	2,038.45	0.00	0.00	2,038.45	✓
7418787	INVENTORY	10/19/20 10/10/20 10/20/20	777.75	0.00	0.00	777.75	✓
7418788	INVENTORY	10/19/20 10/10/20 10/20/20	2,406.96	0.00	0.00	2,406.96	✓
7423423	INVENTORY	10/19/20 10/11/20 10/21/20	43.05	0.00	0.00	43.05	✓
CM80535	INVENTORY	10/19/20 10/11/20 10/21/20	-434.55	0.00	0.00	-434.55	✓
7423422	CREDIT	10/19/20 10/11/20 10/21/20	201.25	0.00	0.00	201.25	✓
7427683	INVENTORY	10/19/20 10/12/20 10/22/20	1,060.03	0.00	0.00	1,060.03	✓
7427245	INVENTORY	10/19/20 10/12/20 10/22/20	282.26	0.00	0.00	282.26	✓
7425006	INVENTORY	10/19/20 10/12/20 10/22/20	720.46	0.00	0.00	720.46	✓
7427684	INVENTORY	10/19/20 10/12/20 10/22/20	39.00	0.00	0.00	39.00	✓
7424527	INVENTORY	10/19/20 10/12/20 10/22/20	289.26	0.00	0.00	289.26	✓
CM80853	INVENTORY	10/19/20 10/12/20 10/22/20	-64.90	0.00	0.00	-64.90	✓
7427682	CREDIT	10/19/20 10/12/20 10/22/20	372.46	0.00	0.00	372.46	✓
7431607	INVENTORY	10/19/20 10/13/20 10/23/20	11,390.68	0.00	0.00	11,390.68	✓
7429785	INVENTORY	10/19/20 10/13/20 10/23/20	105.77	0.00	0.00	105.77	✓
7429787	INVENTORY	10/19/20 10/13/20 10/23/20	538.16	0.00	0.00	538.16	✓
7429786	INVENTORY	10/19/20 10/13/20 10/23/20	1,493.23	0.00	0.00	1,493.23	✓
7431608	INVENTORY	10/19/20 10/13/20 10/23/20	298.24	0.00	0.00	298.24	✓
CM81807	INVENTORY	10/19/20 10/15/20 10/25/20	-64.65	0.00	0.00	-64.65	✓
	CREDIT						

7443494	✓		10/19/20	10/17/20	10/27/20		120.27	0.00	0.00	120.27	✓	
		INVENTORY										
7443491	✓		10/19/20	10/17/20	10/27/20		651.06	0.00	0.00	651.06	✓	
		INVENTORY										
7443492	✓		10/19/20	10/17/20	10/27/20		477.71	0.00	0.00	477.71	✓	
		INVENTORY										
7443493	✓		10/19/20	10/17/20	10/27/20		425.31	0.00	0.00	425.31	✓	
		INVENTORY										
7447986	✓		10/19/20	10/18/20	10/28/20		7.34	0.00	0.00	7.34	✓	
		INVENTORY										
7447987	✓		10/19/20	10/18/20	10/28/20		467.61	0.00	0.00	467.61	✓	
		INVENTORY										
7447988	✓		10/19/20	10/18/20	10/28/20		20.27	0.00	0.00	20.27	✓	
		INVENTORY										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10536	MORRIS & DICKSON CO, LLC	24,909.56	0.00	0.00	24,909.56
Vendor#	Vendor Name		Class		Pay Code							
13548	NACOGDOCHES TRANSCRIPTION		M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
7505		10/12/20	10/11/20	10/30/20		546.84	0.00	0.00	546.84			
	TRANSCRIPTION											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							13548	NACOGDOCHES TRANSCRIPTION	546.84	0.00	0.00	546.84
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			
31596568		10/15/20	09/28/20	10/28/20		197.92	0.00	0.00	197.92			
	SUPPLIES											
31649837		10/20/20	10/07/20	11/01/20		1,137.51	0.00	0.00	1,137.51			
	SERVICE CONTRACT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							O1500	OLYMPUS AMERICA INC	1,335.43	0.00	0.00	1,335.43
Vendor#	Vendor Name		Class		Pay Code							
11155	PARA											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
9512		10/14/20	10/01/20	10/31/20		3,084.00	0.00	0.00	3,084.00			
	REVENUE INTEGRITY PROGR											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11155	PARA	3,084.00	0.00	0.00	3,084.00
Vendor#	Vendor Name		Class		Pay Code							
10152	PARTSSOURCE, LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
04039185A		10/21/20	10/15/20	10/15/20		162.23	0.00	0.00	162.23			
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10152	PARTSSOURCE, LLC	162.23	0.00	0.00	162.23
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			
006954		10/15/20	10/13/20	10/28/20		3,700.00	0.00	0.00	3,700.00			
	MED SURG TRAVEL NURSING											

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net				
Vendor Totals				13988	PAYCHEX, ADVANCE FBO			3,700.00	0.00	0.00	3,700.00
11932	PRESS GANEY ASSOCIATES, INC.										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
000497918		10/07/20	09/30/20	10/30/20			2,523.79	0.00	0.00	2,523.79	
				SURVEYS							
Vendor Totals				11932	PRESS GANEY ASSOCIATES, INC.			2,523.79	0.00	0.00	2,523.79
10896	QIAGEN INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
998029172		10/15/20	10/04/20	11/03/20			352.69	0.00	0.00	352.69	
				SUPPLIES							
Vendor Totals				10896	QIAGEN INC			352.69	0.00	0.00	352.69
S1001	SANOFI PASTEUR INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
917158548		09/22/20	09/07/20	11/01/20			958.51	0.00	0.00	958.51	
				INVENTORY							
Vendor Totals				S1001	SANOFI PASTEUR INC			958.51	0.00	0.00	958.51
10936	SIEMENS FINANCIAL SERVICES										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
56382200000217		10/19/20	10/02/20	10/20/20			4,038.24	0.00	0.00	4,038.24	
				LEASE							
Vendor Totals				10936	SIEMENS FINANCIAL SERVICES			4,038.24	0.00	0.00	4,038.24
S2345	SOUTHEAST TEXAS HEALTH SYS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
26567		10/07/20	10/01/20	10/31/20			5,000.00	0.00	0.00	5,000.00	
				QUARTERLY MEMBERSHIP							
Vendor Totals				S2345	SOUTHEAST TEXAS HEALTH SYS			5,000.00	0.00	0.00	5,000.00
12288	SPBS CLINICAL EQUIPMENT SRVC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
INV010578		10/18/20	10/05/20	10/28/20			12,870.00	0.00	0.00	12,870.00	
				PM CONTRACT							
Vendor Totals				12288	SPBS CLINICAL EQUIPMENT SRVC			12,870.00	0.00	0.00	12,870.00
14100	STAFFING FIRST										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
2109154		10/15/20	10/11/20	10/28/20			4,625.00	0.00	0.00	4,625.00	
				OB TRAVEL NURSE							
Vendor Totals				14100	STAFFING FIRST			4,625.00	0.00	0.00	4,625.00

Vendor#	Vendor Name		Class	Pay Code						
S3960	STERICYCLE, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
4010419275		10/05/20	10/01/20	10/31/20		2,535.76	0.00	0.00	2,535.76	
	DISPOSAL SERVICES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	S3960	STERICYCLE, INC				2,535.76	0.00	0.00	2,535.76	
Vendor#	Vendor Name		Class	Pay Code						
13528	STRYKER FLEX FINANCIAL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
223610		09/29/20	09/14/20	11/01/20		1,294.26	0.00	0.00	1,294.26	
	RFA MACHINE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	13528	STRYKER FLEX FINANCIAL				1,294.26	0.00	0.00	1,294.26	
Vendor#	Vendor Name		Class	Pay Code						
S2830	STRYKER SALES CORP		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9201741219		10/15/20	10/07/20	10/28/20		730.36	0.00	0.00	730.36	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	S2830	STRYKER SALES CORP				730.36	0.00	0.00	730.36	
Vendor#	Vendor Name		Class	Pay Code						
10735	STRYKER SUSTAINABILITY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
4280337		10/11/20	10/01/20	10/31/20		615.60	0.00	0.00	615.60	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10735	STRYKER SUSTAINABILITY				615.60	0.00	0.00	615.60	
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	
47831		10/20/20	08/01/20	10/25/20		495.00	0.00	0.00	495.00	
	YEARLY MONITORING									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	T2539	T-SYSTEM, INC				495.00	0.00	0.00	495.00	
Vendor#	Vendor Name		Class	Pay Code						
11097	TEXAS A&M HEALTH SCIENCE CENT									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1082021-4		10/20/20	10/08/20	10/31/20		3,287.50	0.00	0.00	3,287.50	
	UTILIZATION MGMT - 04/15									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11097	TEXAS A&M HEALTH SCIENCE CENT				3,287.50	0.00	0.00	3,287.50	
Vendor#	Vendor Name		Class	Pay Code						
10758	TEXAS SELECT STAFFING, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
001829051079IN		10/15/20	10/14/20	10/28/20		9,129.00	0.00	0.00	9,129.00	
	MED SURG/ICU NURSE STAFF									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10758	TEXAS SELECT STAFFING, LLC				9,129.00	0.00	0.00	9,129.00	
Vendor#	Vendor Name		Class	Pay Code						
11067	TRIZETTO PROVIDER SOLUTIONS									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
35FK102100	✓	10/15/20	10/01/20	10/30/20		1,769.12	0.00	0.00	1,769.12 ✓
PT STATEMENT									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
11067 TRIZETTO PROVIDER SOLUTIONS						1,769.12	0.00	0.00	1,769.12
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
8400378292	✓ 77791 LAUNDRY	10/04/20	10/04/20	10/29/20		45.15	0.00	0.00	45.15 ✓
8400378315	✓ LAUNDRY	10/05/20	10/04/20	10/29/20		2,366.31	0.00	0.00	2,366.31 ✓
8400378293	✓ 7772 LAUNDRY	10/05/20	10/04/20	10/29/20		47.74	0.00	0.00	47.74 ✓
8400378616	✓ LAUNDRY	10/07/20	10/07/20	11/01/20		38.75	0.00	0.00	38.75 ✓
8400378631	✓ LAUNDRY	10/07/20	10/07/20	11/01/20		79.43	0.00	0.00	79.43 ✓
8400378650	✓ LAUNDRY	10/07/20	10/07/20	11/01/20		108.02	0.00	0.00	108.02 ✓
8400378637	✓ LAUNDRY	10/07/20	10/07/20	11/01/20		1,727.38	0.00	0.00	1,727.38 ✓
8400378619	✓ LAUNDRY	10/08/20	10/07/20	11/01/20		175.01	0.00	0.00	175.01 ✓
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
U1054 UNIFIRST HOLDINGS						4,587.79	0.00	0.00	4,587.79
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
SIV11478132	✓ SHAWNA HARTL	10/15/20	10/13/20	10/28/20		144.93	0.00	0.00	144.93 ✓
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
U1056 UNIFORM ADVANTAGE						144.93	0.00	0.00	144.93
Vendor#	Vendor Name			Class	Pay Code				
U1200	UNITED AD LABEL CO INC ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
480711933	✓ SUPPLIES	10/18/20	10/06/20	10/31/20		235.37	0.00	0.00	235.37 ✓
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
U1200 UNITED AD LABEL CO INC						235.37	0.00	0.00	235.37
Vendor#	Vendor Name			Class	Pay Code				
14160	VERIF-Y INC. ✓ <i>John G Self & Partners Inc.</i>								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1099	✓ CFO SEARCH - <i>background reviews</i>	10/21/20	09/03/20	10/03/20		1,884.40	0.00	0.00	1,884.40 ✓
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
14160 VERIF-Y INC.						1,884.40	0.00	0.00	1,884.40
Vendor#	Vendor Name			Class	Pay Code				
12548	WAGEWORKS, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
093021		10/18/20	09/30/20	10/28/20		28.53	0.00	0.00	28.53 ✓

ADMIN FEES

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		12548	WAGeworks, INC		28.53	0.00	0.00	28.53	
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
9111044662 ✓	SUPPLIES ✓	10/15/20	09/27/20	10/28/20		282.36	0.00	0.00	282.36 ✓
911043990 ✓	SUPPLIES ✓	10/19/20	09/24/20	10/28/20		2,060.08	0.00	0.00	2,060.08 ✓
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		I1110	WERFEN USA LLC		2,342.44	0.00	0.00	2,342.44	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	393,700.98	0.00	0.00	393,700.98

APPROVED
ON
OCT 21 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#
192341-
192437

10/26/2021
10:16

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 11/02/2021

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12324	BLUE CROSS BLUE SHIELD			091721A		10/26/20	09/17/20	10/26/20		1,381.49	0.00	0.00	1,381.49 ✓
					COBRA	10/26/20	10/18/20	11/01/20		1,381.49	0.00	0.00	1,381.49 ✓
					COBRA	10/26/20	10/18/20	11/01/20		200,307.42	0.00	0.00	200,307.42 ✓
					INSURANCE								
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		12324	BLUE CROSS BLUE SHIELD							203,070.40	0.00	0.00	203,070.40
	Grand Totals:									Gross	Discount	No-Pay	Net
										203,070.40	0.00	0.00	203,070.40

Report Summary

APPROVED
ON

OCT 26 2021

CHK#

192446

COGENY AERATOR
CAMERON COUNTY, TEXAS

MCKESSON

STATEMENT

As of: 10/22/2021

Page: 002

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

Company 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536
Date: 10/23/2021

As of: 10/22/2021 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 10/23/2021 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 9,334.66 USD

Future Due: 0.00

Past Due: 3,438.78

Last Payment 2,451.97
10/07/2017

If Paid By 10/26/2021,
Pay This Amount: 9,079.18 USD

If Paid After 10/26/2021,
Pay this Amount: 9,334.66 USD

Due If Paid On Time:
USD 9,079.18

Disc lost if paid late:
255.48

Due If Paid Late:
USD 9,334.66

APPROVED
ON

OCT 25 2021

CORINNE ARRIZO
GALESON COUNTY, TEXAS

Ami

ck# 500243

695.11 +
71.82 +
6,321.34 +
1,905.48 +
85.43 +
9,079.18 *

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 10/22/2021

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8195

Territory: 99

Customer: 945479

Date: 10/23/2021

As of: 10/22/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 945479
Date: 10/23/2021

**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 945479 WALMART 5315/MEMRL MC PHS											
01/19/2021	10/26/2021	7300931393	MH10182021	195Invoice	0.01	0.32		0.31 ✓		7300931393	
01/21/2021	10/26/2021	7301469983	MH10202021	195Invoice	14.18	708.98		694.80 ✓		7301469983	

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

TOTAL: Customer Number 945479 WALMART 5315/MEMRL MC PHS

Subtotals: 709.30 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 01/04/2021 9,404.61

If Paid By 10/26/2021,
Pay This Amount: 695.11 USD

If Paid After 10/26/2021,
Pay this Amount: 709.30 USD

Due If Paid On Time: USD 695.11 ✓
Disc lost if paid late: 14.19
Due If Paid Late: USD 709.30

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OCT 25 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 10/22/2021

Page: 001

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

Company: 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

DC: 8115

Territory: 400

Customer: 190813

Date: 10/23/2021

As of: 10/22/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 10/23/2021

**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											
0/20/2021	10/26/2021	7301110833	2017037473	115Invoice	0.39	19.41		19.02 ✓		7301110833	
0/22/2021	10/26/2021	7301637334	2017037658	115Invoice	1.08	53.88		52.80 ✓		7301637334	

*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: 73.29 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,348.30
0/18/2021

If Paid By 10/26/2021,
Pay This Amount: 71.82 USD

If Paid After 10/26/2021,
Pay this Amount: 73.29 USD

Due If Paid On Time: 71.82 ✓
USD
Disc lost if paid late: 1.47
Due If Paid Late: 73.29
USD

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ON

OCT 23 2021

COUNTY AUDITOR
GALVESTON COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 10/22/2021

Page: 001

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

Company: 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

DC: 8115

Territory: 400

Customer: 256342

Date: 10/23/2021

As of: 10/22/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/23/2021 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											
0/16/2021	10/26/2021	7300601335	1015210921	115Invoice	2.22	110.96		108.74 ✓		7300601335	
0/18/2021	10/26/2021	7300540301	17325034	115Invoice	5.38	268.84		263.46 ✓		7300540301	
0/18/2021	10/26/2021	7300540302	17349336	115Invoice	15.19	759.32		744.13 ✓		7300540302	
0/18/2021	10/26/2021	7300540304	17370798	115Invoice	1.32	66.01		64.69 ✓		7300540304	
0/18/2021	10/26/2021	7300544484	17434080	115Invoice	5.38	268.98		263.60 ✓		7300544484	
0/18/2021	10/18/2021	7300818341	MFC PR CORR CR	Pricing Cor		569.99- P		569.99- P ✓		7300818341	
0/18/2021	10/18/2021	7300818342	MFC PR CORR CR	Pricing Cor		569.99- P		569.99- P ✓		7300818342	
0/18/2021	10/26/2021	7300818343	MFC PR CORR IN	Pricing Cor	0.01	0.32		0.31 ✓		7300818343	
0/18/2021	10/26/2021	7300818344	MFC PR CORR IN	Pricing Cor	0.01	0.32		0.31 ✓		7300818344	
0/19/2021	10/26/2021	7300869171	17493547	115Invoice	10.90	545.06		534.16 ✓		7300869171	
0/19/2021	10/26/2021	7301037021	1018210902	115Invoice	7.94	397.14		389.20 ✓		7301037021	
0/20/2021	10/26/2021	7301149795	17536128	115Invoice	25.62	1,280.82		1,255.20 ✓		7301149795	
0/20/2021	10/26/2021	7301285855	1019210822	195Invoice	46.67	2,333.45		2,286.78 ✓		7301285855	
0/20/2021	10/26/2021	7301285856	1019211051	115Invoice		0.10		0.10 ✓		7301285856	
0/21/2021	10/26/2021	7301405263	17600889	115Invoice	1.94	96.96		95.02 ✓		7301405263	
0/21/2021	10/26/2021	7301556509	1020210827	115Invoice	0.02	0.99		0.97 ✓		7301556509	
0/22/2021	10/26/2021	7301653679	17666713	115Invoice	29.27	1,463.41		1,434.14 ✓		7301653679	
0/22/2021	10/26/2021	7301653680	17666713	115Invoice	22.33	1,116.72		1,094.39 ✓		7301653680	
0/22/2021	10/26/2021	7301653681	17709028	115Invoice	5.32	266.10		260.78 ✓		7301653681	
0/22/2021	10/26/2021	7301802396	1021210648	195Invoice	0.01	0.26		0.25 ✓		7301802396	
0/22/2021	10/26/2021	7301802397	1021210720	115Invoice	6.87	343.42		336.55 ✓		7301802397	
0/22/2021	10/22/2021	7301861250	MFC PR CORR CR	Pricing Cor		1,204.41- P		1,204.41- P ✓		7301861250	
0/22/2021	10/22/2021	7301861251	MFC PR CORR CR	Pricing Cor		1,094.39- P		1,094.39- P ✓		7301861251	
0/22/2021	10/26/2021	7301861252	MFC PR CORR IN	Pricing Cor	7.97	398.59		390.62 ✓		7301861252	
0/22/2021	10/26/2021	7301861253	MFC PR CORR IN	Pricing Cor	4.83	241.55		236.72 ✓		7301861253	

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 10/22/2021

Page: 002

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

Company: 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

DC: 8115

Territory: 400

Customer: 256342

Date: 10/23/2021

As of: 10/22/2021
Mail to:

Page: 002
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 10/23/2021

**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
--------------	----------	-------------------	----------------------------------	-------------	---------------	----------------	-----	--------------	-----	-------------------

*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: 6,520.54 USD

Future Due: 0.00

Past Due: 3,438.78-

Last Payment 0/18/2021 5,348.30

If Paid By 10/26/2021,
Pay This Amount: 6,321.34 USD

If Paid After 10/26/2021,
Pay this Amount: 6,520.54 USD

Due If Paid On Time: USD 6,321.34 ✓
Disc lost if paid late: 199.20
Due If Paid Late: USD 6,520.54

APPROVED ON
OCT 25 2021
COUNTY ASSESSOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 10/22/2021

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 464450

Date: 10/23/2021

As of: 10/22/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 10/23/2021 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											
0/19/2021	10/26/2021	7300855978	55x679645	115Invoice	14.88	744.22		729.34	✓	7300855978	
0/21/2021	10/26/2021	7301399539	55x685112	115Invoice	0.26	12.93		12.67	✓	7301399539	
0/21/2021	10/26/2021	7301399540	55x685537	115Invoice	7.59	379.69		372.10	✓	7301399540	
0/22/2021	10/26/2021	7301629496	55x690176	115Invoice	4.16	208.21		204.05	✓	7301629496	
0/22/2021	10/26/2021	7301629497	55x690301	115Invoice	11.99	599.31		587.32	✓	7301629497	

*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: 1,944.36 USD

Future Due: 0.00

Past Due: 0.00

Past Payment 0/18/2021 5,348.30

If Paid By 10/26/2021,
Pay This Amount: 1,905.48 USD

If Paid After 10/26/2021,
Pay this Amount: 1,944.36 USD

Due If Paid On Time: USD 1,905.48 ✓
Disc lost if paid late: 38.88
Due If Paid Late: USD 1,944.36

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ON

OCT 25 2021

COUNTY ADDRESS
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 10/22/2021

Page: 001

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

Company 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 835438

Date: 10/23/2021

As of: 10/22/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 10/23/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 835438	CVS PHCY 7475/MEM MC PHS									
0/21/2021	10/26/2021	7301580825	1408263	115Invoice	1.74	87.17		85.43 ✓		7301580825

P 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: 87.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,348.30
0/18/2021

If Paid By 10/26/2021,
Pay This Amount:

85.43 USD

If Paid After 10/26/2021,
Pay this Amount:

87.17 USD

Due If Paid On Time:

USD 85.43 ✓

Disc lost if paid late:

1.74

Due If Paid Late:

USD 87.17

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ON

OCT 25 2021

COURTNEY ANDERSON
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:	251.64
Past Due:	0.00
Total Due:	251.64
Account Balance:	251.64

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-18-2021	10-29-2021	3070951448	163212	Invoice	26.73		0.00	26.73
10-18-2021	10-29-2021	3070951449	163213	Invoice	43.81		0.00	43.81
10-18-2021	10-29-2021	3070979752	163259	Invoice	30.91		0.00	30.91
10-18-2021	10-29-2021	342809169	163124	Invoice	(2.59)		0.00	(2.59)
10-18-2021	10-29-2021	342809170	163124	Invoice	3.53		0.00	3.53
10-20-2021	10-29-2021	3071249562	163270	Invoice	54.22		0.00	54.22
10-20-2021	10-29-2021	342852318	163124	Invoice	(12.06)		0.00	(12.06)
10-20-2021	10-29-2021	342852319	163124	Invoice	12.30		0.00	12.30
10-21-2021	10-29-2021	3071387627	163277	Invoice	43.26		0.00	43.26
10-22-2021	10-29-2021	3071527214	163284	Invoice	51.53		0.00	51.53

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
251.64	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
10-22-2021	(267.61)

Reminders	
Due Date	Amount
10-29-2021	251.64
Total Due: 251.64	

APPROVED
ON
OCT 25 2021

ck# 500242

Handwritten signature

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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	
		###	74-6003411	
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"		6716	
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"		1	
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★	21	
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	12	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	\$ 111,667.55	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	\$ 55,601.08	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		\$ 13,264.66	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		\$ 42,801.81	#
		CHECK	\$	-
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:

CALLED IN DATE:

CALLED IN TIME:

Run Date: 10/22/21
Time: 14:36

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 10/06/21 - 10/21/21 Run# 1

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P2REG

Final Summary

*-- Pay Code Summary						*-- Deductions Summary							
PayCd	Description	Hrs	OT	SH	WE	HO	CE	Gross	Code	Amount			
1	REGULAR PAY-S1	9905.75	N	N	N			207999.81	A/R	495.50	A/R2	25.00	A/R3
1	REGULAR PAY-S1	1747.30	N	N	N	N		77382.59	ADVANC		AWARDS		BOOTS
1	REGULAR PAY-S1	394.25	Y	N	N			10679.41	CAFE H		CAFE-1		CAFE-2
2	REGULAR PAY-S2	2125.00	N	N	N			50978.01	CAFE-3		CAFE-4		CAFE-5
2	REGULAR PAY-S2	124.75	Y	N	N			4778.79	CAFE-C		CAFE-D		CAFE-F
3	REGULAR PAY-S3	1063.25	N	N	N			30002.60	CAFE-R		CAFE-I		CAFE-L
3	REGULAR PAY-S3	103.25	Y	N	N			3848.71	CAFE-P		CANCER		CHILD
C	CALL PAY	2522.75	N	1	N	N		5045.50	CLINIC	190.00	CCMBIN		CREDUN
D	DOUBLE TIME	43.50	N	1	N	N		2951.41	ED ADV		DENTAL		DEP-LF
D	DOUBLE TIME	59.75	N	2	N	N		4264.52	DIS-LP		EAT		EATCSH
D	DOUBLE TIME	38.75	N	3	N	N		2780.49	FEDTAX	42801.81	FICA-M	6632.33	FICA-O 27800.54
D	DOUBLE TIME	3.50	Y	1	N	N		445.41	FIRSTC		FLEX S		FLX FE
D	DOUBLE TIME	20.50	Y	2	N	N		2224.83	FORT D		FUTA		GIFT S 324.53
D	DOUBLE TIME	32.00	Y	3	N	N		3312.15	GRANT		GRP-IN		GTL
E	EXTRA WAGES		N	N	N	N		9582.52	HOSP-I		ID TPT		LEAF
E	EXTRA WAGES		N	1	N	N	N	1123.25	LEGAL		MASA		MEALS 219.93
I	INSERVICE	3.00	N	1	N	N		103.62	METVIS		MISC		MISC/
J	JURY LEAVE	8.00	N	1	N	N		286.48	MMCSHR		NATFML		OTHER
K	EXTENDED-ILLNESS-BANK	240.00	N	1	N	N		5203.36	FHI		FHI***		PR FIN
P	PAID-TIME-OFF	1283.30	N	1	N	N		32047.58	RELAY		REPAY		SAMS
X	CALL PAY 2	176.00	N	1	N	N		352.00	SCRUBS		SIGNON		ST-TX
Y	YMCA/CURVES		N	N	N	N		45.00	STONDF		STONE		STONE2
Z	CALL PAY 3	144.00	N	1	N	N		432.00	STUDEN		SUNACC		SUNILL
v	COVID-FFCRA	60.00	N	1	N	N		1531.16	SUNIND		SUNLIF		SUNSTD
									SUNVIS		SURCHG		TSA-1
									TSA-2		TSA-C		TSA-P
									TSA-R	31990.43	TUTION		UNIFOR
									UW/HCS				

*----- Grand Totals: 20098.60 ----- (Gross: 457401.20 Deductions: 110480.07 Net: 346921.13
 | Checks Count:- PT 194 PT 12 Other 38 Female 217 Male 26 Credit OverAmt 13 ZeroNet Term 1 Total: 243 |

Paydate: 10-29-21

10/25/21

AR:

Run Date: 10/25/21
Time: 10:05

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 10/08/21--10/21/21 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P2DISTF

Num.	Name	Amount	CHECK NUM	DATE
02763	JESSICA COPPIN	794.02	00062900	10/29/21
02584	BEATRICE MAGU	5561.39	00062901	10/29/21
02745	TRACY L WIGGS	1961.33	00062902	10/29/21
38702	ANNA VANESSA PENNELL	884.26	00062903	10/29/21
60163	MIGDALIA CLARO	734.47	00062904	10/29/21
65550	SAN FRANCISCO MASCORRO	775.74	00062905	10/29/21
00041	CARL LEE KING	1461.20	DD	10/29/21
00083	SYLVIA A VARGAS	1091.74	DD	10/29/21
00094	SYLVIA A MENDOZA	859.40	DD	10/29/21
00113	JACLYN CARRON	1252.18	DD	10/29/21
00132	SANDRA A BRAUN	1135.49	DD	10/29/21
00192	BRENDA D PENA	1882.35	DD	10/29/21
00270	ANGELA M BURGIN	1618.78	DD	10/29/21
00344	SANDY LEE RUDDICK	2750.17	DD	10/29/21
00387	BILLIE F DUCKWORTH	2770.50	DD	10/29/21
00392	MONICA T CARR	2529.40	DD	10/29/21
00399	LINDA J TIJERINA	2580.67	DD	10/29/21
00401	WELMA J PINA	1093.20	DD	10/29/21
00417	SHERRY L KING	2414.47	DD	10/29/21
00423	DOMN V STRINGO	2468.96	DD	10/29/21
00482	PAM FIKAC	1386.23	DD	10/29/21
00504	HELEN DAVIS	998.42	DD	10/29/21
00533	LAURA V DAVILA	1512.40	DD	10/29/21
00577	DIANA GARCIA	2408.96	DD	10/29/21
00581	CYNTHIA L RUSHING	1583.34	DD	10/29/21
00676	SHEILA KAY HEATHCOCK	1453.82	DD	10/29/21
00681	R RENEE WOOD	1690.19	DD	10/29/21
00692	DEBOEAH E WITTEBERT	304.27	DD	10/29/21
00697	MARIA C FARIAS	1284.53	DD	10/29/21
00707	KIMBERLY R BLINKA	1582.65	DD	10/29/21
00918	GILMA MORENO	2080.59	DD	10/29/21
01015	SUSAN B SMALLEY	1703.63	DD	10/29/21
01234	JENISE N SVETLIK	1827.05	DD	10/29/21
01367	MARILYN A SANDERS	985.45	DD	10/29/21
01791	RAUSHANAH J MONDAY	1780.03	DD	10/29/21
02011	ERIN R CLEVINGER	3478.14	DD	10/29/21
02014	AGAPITA C CANTU	195.67	DD	10/29/21
02021	ERIKA OSORNIA-SANCHEZ	20.48	DD	10/29/21
02022	AMANDA J GRIGGS	2639.73	DD	10/29/21
02064	ANNA LAURA GARCIA	282.37	DD	10/29/21
02097	KYLIE M GAINES	1792.82	DD	10/29/21
02099	TRACI M SHEPCIK	5493.69	DD	10/29/21
02112	LESLIE THOMAS	2412.39	DD	10/29/21
02193	TIKI VENGLAR	1088.05	DD	10/29/21
02271	DAWN J BUBENIK	1992.45	DD	10/29/21
02279	MELANIE R FRANZ	296.24	DD	10/29/21
02301	NICOLAS TIJERINA	826.53	DD	10/29/21
02302	CATHERINE MARIE DECILOS	623.08	DD	10/29/21
02303	CONNIE M LUNA	2291.62	DD	10/29/21
02315	NINA M GREEN	3877.49	DD	10/29/21
02331	JESSICA B BIFFLE	936.20	DD	10/29/21
02346	JEANNETTE L FALCON	386.36	DD	10/29/21
02369	BECKY N BRISENO	602.26	DD	10/29/21

Run Date: 10/25/21
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Num.	Name	Amount	CHECK NUM	DATE
02416	JANELLE SCOTT	1949.07	DD	10/29/21
02525	AUDREY D GARCIA	200.04	DD	10/29/21
02535	STEPANIE M SOLIZ	20.48	DD	10/29/21
02552	VERONICA RAGUSIN	1806.79	DD	10/29/21
02701	RONDA DAWNELLE GOHLKE	4344.00	DD	10/29/21
02717	PATRICIA A BRISENO	704.83	DD	10/29/21
02719	DAWN M MCCLELLAND	2166.62	DD	10/29/21
02735	ZANDRA A CUELLAR	338.32	DD	10/29/21
02794	HEATHER L MUTCHLER	1996.27	DD	10/29/21
02797	SHELLY A MCAFEE	1820.81	DD	10/29/21
02812	BRITTANY N RUDDICK	1647.98	DD	10/29/21
02907	MARIA F LONGORIA	1046.07	DD	10/29/21
02927	MICHAEL L GAINES	3060.94	DD	10/29/21
02963	DOROTHY J REMDON	852.10	DD	10/29/21
02970	DIANNE G ATKINSON	1920.50	DD	10/29/21
03864	JACQUELINE R HERRERA	1310.63	DD	10/29/21
05003	COURTNE D THURKILL	2761.04	DD	10/29/21
05007	JAMIE K NEYLAND	2142.59	DD	10/29/21
05641	AMANDA R KEY	1813.52	DD	10/29/21
05757	SHARON T HOLDER	2247.78	DD	10/29/21
07066	DELPHINE PADRON	1785.71	DD	10/29/21
07878	DIANA C SAUCEDA	976.44	DD	10/29/21
10519	MARISSA LYNN HUNT	345.07	DD	10/29/21
11197	CATHERINE A SAENZ	1682.56	DD	10/29/21
11412	COURTNEY L MORKOVSKY	1180.49	DD	10/29/21
12011	KIMBERLY J REYNA	748.68	DD	10/29/21
12115	LISA J HINCUOSA	1072.28	DD	10/29/21
12212	MARIA B ARREDONDO	790.52	DD	10/29/21
15097	KYLE L DANIEL	2803.49	DD	10/29/21
15131	SAVANNAH HARLEY	1560.55	DD	10/29/21
15230	MEAGAN GARCIA	2320.81	DD	10/29/21
15286	DAWN M MAREK	1832.70	DD	10/29/21
15400	ANDREA RODRIGUEZ	1796.71	DD	10/29/21
15555	STEPHANIE MARTIN	686.43	DD	10/29/21
15909	JULIE NGUYEN	4106.34	DD	10/29/21
15915	BRIANNE J KEY	2339.28	DD	10/29/21
20112	YULMA PATRICA RODRIGUEZ	656.48	DD	10/29/21
20144	SOPHIE M PECENA	1353.14	DD	10/29/21
20156	ERIN ASHLEY WISDOM	2153.57	DD	10/29/21
20206	KELLI B GOFF	1547.10	DD	10/29/21
20207	SHAWNA G HARTL	2601.24	DD	10/29/21
20294	JESSICA D WALTHER	954.26	DD	10/29/21
20304	KAYLEN EASLEY	388.24	DD	10/29/21
20407	MISTY M RECTOR	868.69	DD	10/29/21
20419	KAREN N MCEUEN	126.74	DD	10/29/21
20484	BRIANNA S PASSMORE	89.17	DD	10/29/21
20567	JESSICA L RUDDICK	96.58	DD	10/29/21
20759	JAMIE SADLER	754.71	DD	10/29/21
20796	ANNA JIMENEZ	206.33	DD	10/29/21
20797	BETHANN M DIGGS	903.67	DD	10/29/21
20816	JOIE L PENA	987.02	DD	10/29/21
20837	DAISY MADRIGAL	1256.77	DD	10/29/21
20896	DANIELA CAMACHO	326.17	DD	10/29/21
20977	CHERYL L TESCH	2176.02	DD	10/29/21

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Num.	Name	Amount	CHECK NUM	DATE
21450	DIANA E LEAL	1484.62	DD	10/29/21
21629	JACOBY R CRAWFORD	1477.47	DD	10/29/21
21736	ALLISON GOULDEN	250.72	DD	10/29/21
22618	HEATHER L SMITH	345.23	DD	10/29/21
26120	JESSICA V SELVERA	899.42	DD	10/29/21
29199	KELLY A SCHOTT	348.34	DD	10/29/21
31031	HECTOR F GARCIA	1139.59	DD	10/29/21
31035	STACIE L EPLEY	1869.10	DD	10/29/21
31054	LORA L LAMBDEN	818.07	DD	10/29/21
31099	ARACELY Z GARCIA	2936.79	DD	10/29/21
31185	JERRY A FINDLEY	3465.59	DD	10/29/21
31219	LAUREN PHILLIPS	842.98	DD	10/29/21
31313	KATHERINE LYNN JIMENEZ	2021.23	DD	10/29/21
31319	STACY L FAPMER	1669.81	DD	10/29/21
31463	EDWARD E MATULA	2564.40	DD	10/29/21
31508	RACHEL A HEFFNER	2026.27	DD	10/29/21
31707	LORENZO A PEREZ	2350.77	DD	10/29/21
31821	KAYLA M ALVAREZ	1651.21	DD	10/29/21
31832	SHANE D KRESTA	732.29	DD	10/29/21
31849	CODY L JUREK	1647.58	DD	10/29/21
38118	KRYSTELLA F KISIAH	1015.96	DD	10/29/21
38413	DEVAN ORTA	1512.47	DD	10/29/21
41112	ANASTASIA L PEREZ	917.30	DD	10/29/21
41171	TOMMIE M TREVINO	756.13	DD	10/29/21
41205	JEANETTE ALVARADO	887.61	DD	10/29/21
41236	PAMELA K VANNOY	1284.50	DD	10/29/21
41274	KAREN GAIN	1145.13	DD	10/29/21
41308	ISABEL LEDEZMA	800.43	DD	10/29/21
41347	ADRIANNA D STRAKOS	696.85	DD	10/29/21
41369	LORETTA A LEAL	832.80	DD	10/29/21
41418	ANGEL M CASSEL	930.78	DD	10/29/21
41507	OLGA I BETANCOURT	861.78	DD	10/29/21
41612	SONJA A GUAJARDO	922.44	DD	10/29/21
41618	HEATHER DELBOSQUE	863.98	DD	10/29/21
41705	KELSEY R TAYLOR	859.99	DD	10/29/21
41896	RENAE EMERY	932.27	DD	10/29/21
41897	ROXANNA MARTINEZ	1012.61	DD	10/29/21
41901	JUANITA R MILLER	1175.40	DD	10/29/21
41924	BRITTNEY V STRICKLIN	718.00	DD	10/29/21
42106	CHRISTY SILVAS	1103.96	DD	10/29/21
42112	SOCORRO C GONZALES	826.99	DD	10/29/21
42122	LET ANA CHAVANA	1557.77	DD	10/29/21
42125	LUCY CALZADA	891.69	DD	10/29/21
42304	MIMI T NGUYEN	2516.90	DD	10/29/21
42320	MICHAEL A PFEIL	2998.51	DD	10/29/21
42820	MARIA D CHAVEZ	793.83	DD	10/29/21
42842	SHANNA S O DONNELL	3312.43	DD	10/29/21
48680	JESSICA BUSH	172.84	DD	10/29/21
50018	MICHELLE M MORALES	1675.51	DD	10/29/21
50148	PENNY GOULDEN	3595.77	DD	10/29/21
50248	MCKENNA VILLEGAS	532.33	DD	10/29/21
50282	JACOB W HAMILTON	2737.48	DD	10/29/21
50310	JASMINE GRIGSBY	835.94	DD	10/29/21
50573	DEANA S DAVIS	1677.80	DD	10/29/21

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Num.	Name	Amount	CHECK NUM	DATE
50596	BETTY S DAVIS	2080.87	DD	10/29/21
50719	DEBRA K MUSTERED	2301.06	DD	10/29/21
50928	ADINA RODRIGUEZ	772.10	DD	10/29/21
53541	JACLYN B HARTL	1737.03	DD	10/29/21
55025	LEA C RESENDEZ	725.81	DD	10/29/21
55106	CRYSTAL M CHAVEZ	822.04	DD	10/29/21
55127	APRIL N KUBALA	2675.32	DD	10/29/21
55392	SHANNON JACILDO	1338.69	DD	10/29/21
55658	LAJUAN WILKE	779.79	DD	10/29/21
58510	RITA L POLENSKY	918.53	DD	10/29/21
59999	RENEE ROULAND	3144.38	DD	10/29/21
60103	TODD SAVOY	946.98	DD	10/29/21
60112	ROBERT A RODRIQUEZ	2248.17	DD	10/29/21
60131	NORA OVALLE	924.34	DD	10/29/21
60191	LOLA A RODRIGUEZ	744.92	DD	10/29/21
60271	REBEKAH GERYK	752.82	DD	10/29/21
60412	CHRISTOPHER GALINDO	703.58	DD	10/29/21
60616	DOROTHY A LONGORIA	912.20	DD	10/29/21
60718	ANNA C GONZALEZ	753.44	DD	10/29/21
60934	CONSUELO ZAMORA	318.97	DD	10/29/21
63178	EMMANUEL ESCALONA	1237.84	DD	10/29/21
63289	JASON RUBIO	1237.93	DD	10/29/21
65100	FELICITA BONUZ	563.62	DD	10/29/21
65121	VIVIANA P MEDINA	615.38	DD	10/29/21
65151	ELIA OLACHIA	644.87	DD	10/29/21
65213	LEE SIMERLY	1306.81	DD	10/29/21
65222	LAURIE J KYCESKI	674.49	DD	10/29/21
65243	LUCILA LOPEZ	703.03	DD	10/29/21
65366	CYNTHIA GARCIA	941.41	DD	10/29/21
65393	RAMONA A PEREZ	717.07	DD	10/29/21
65413	CHRISTINA SOLIS	745.73	DD	10/29/21
65513	MARIA MORALES	971.64	DD	10/29/21
65616	JESUS RODRIGUEZ	993.55	DD	10/29/21
65705	DOMITILA HERRERA	893.90	DD	10/29/21
65815	MELISSA R VEGAS	1092.49	DD	10/29/21
65865	MARIA F LEDEZMA	902.07	DD	10/29/21
68792	NAZARIO HERNANDEZ DIAZ	1938.24	DD	10/29/21
70119	SARA N BLEDSOE	2403.80	DD	10/29/21
71620	ROBIN STEELE	2629.46	DD	10/29/21
73749	GLORIA N REID	2538.59	DD	10/29/21
75190	RIKA WILLIAMS	1935.94	DD	10/29/21
76003	IRMA DELEON	712.69	DD	10/29/21
76067	PAIGE G CHATHAM	672.63	DD	10/29/21
76110	TARAH SUBLETT	578.31	DD	10/29/21
76115	JENNIFER R CARLOCK	673.75	DD	10/29/21
76120	RACHEL CAVALES	1337.97	DD	10/29/21
76138	KAREN D GARCIA	757.55	DD	10/29/21
76210	ZOE VILLARREAL	471.64	DD	10/29/21
76225	JASON YARBOROUGH	457.79	DD	10/29/21
76300	AIDA JIMENEZ	894.28	DD	10/29/21
76313	PAMELA L BARTON	721.35	DD	10/29/21
76403	KATRINA A POKLUDA	1175.89	DD	10/29/21
76647	CHERYL A SEE	1119.32	DD	10/29/21
76706	GREGORY E MORALES	692.43	DD	10/29/21

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Num.	Name	Amount	CHECK NUM	DATE
76761	LAURA F PESINA	931.57	DD	10/29/21
76854	MARY PATTERSON	612.37	DD	10/29/21
76985	VANESSA TRISTAN	161.96	DD	10/29/21
77646	PAREN A GONZALES	930.35	DD	10/29/21
78020	MISTY R PASSMORE	1478.66	DD	10/29/21
78058	KYANN J POWER	617.08	DD	10/29/21
78072	DONNA M RAWLINGS	1019.48	DD	10/29/21
78186	ANDREA F COOK	207.79	DD	10/29/21
78191	JAMIE J GRASSE	941.41	DD	10/29/21
78287	MARISSA D ALMANZAR	1700.93	DD	10/29/21
78336	JESSICA L GLOVER	2542.78	DD	10/29/21
78566	MELISSA K GEE	869.65	DD	10/29/21
78764	ASHLEY D MADLEY	1811.43	DD	10/29/21
78778	SARA M RUBIO	1994.37	DD	10/29/21
78781	KRISTEN R MACHICEK	1655.74	DD	10/29/21
78787	FARAH I JANAK	2512.48	DD	10/29/21
78879	YESENIA QUEZADA	544.05	DD	10/29/21
80008	ADAM D BESIO	2566.18	DD	10/29/21
80141	JEANNIE ORTA	2275.01	DD	10/29/21
82227	CAITLIN A CLEVINGER	1170.73	DD	10/29/21
86225	REGINA ALLEN	184.36	DD	10/29/21
86432	KRISTI L BOYD	625.76	DD	10/29/21
86482	MEGAN M HARPER	1098.03	DD	10/29/21
88808	MARLEY B MOHRIG	2141.54	DD	10/29/21
88904	MAYRA K MARTINEZ	1565.78	DD	10/29/21
90320	ROSHANDA S THOMAS	3742.44	DD	10/29/21
90779	JASON W ANGLIN	7064.10	DD	10/29/21
98547	ELLEN W HEIMAN	1113.67	DD	10/29/21
98756	ADRIANNA M GALVAN	1367.59	DD	10/29/21

346921.13

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	10/8/2021	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	10/21/2021					
PAY DATE:	10/29/2021					
GROSS PAY:	\$ 457,401.20			\$ -		\$ 457,401.20
DEDUCTIONS:						
A/R	\$ 520.50					\$ 520.50
ADVANC						
BOOTS						
SUNLIFE CRITICAL ILLNESS	\$ -					\$ -
SUNLIFE ACCIDENT	\$ -					\$ -
SUNLIFE VISION	\$ -					\$ -
SUNLIFE SHORT TERM DIS	\$ -					\$ -
METLIFE VISION	\$ -					\$ -
CAFÉ-D	\$ -					\$ -
CAFÉ-H	\$ -					\$ -
CAFÉ-P	\$ -					\$ -
CANCER						
CHILD	\$ -					\$ -
CLINIC	\$ 190.00					\$ 190.00
COMBIN	\$ -					\$ -
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF	\$ -					\$ -
SUNLIFE TERM LIFE	\$ -					\$ -
SUNLIFE HOSP INDEM	\$ -					\$ -
FED TAX	\$ 42,801.81					\$ 42,801.81
FICA-M	\$ 6,632.33					\$ 6,632.33
FICA-O	\$ 27,800.54					\$ 27,800.54
FIRST C	\$ -					\$ -
FLEX S	\$ -					\$ -
FLX-FE	\$ -					\$ -
GIFT S	\$ 324.53					\$ 324.53
GRP-IN	\$ -					\$ -
GTL	\$ -					\$ -
HOSP-I	\$ -					\$ -
LEGAL	\$ -					\$ -
OTHER	\$ 219.93					\$ 219.93
NATIONAL FARM LIFE	\$ -					\$ -
MED SURCHARGE	\$ -					\$ -
PR FIN	\$ -					\$ -
RELAY	\$ -					\$ -
REPAY	\$ -					\$ -
STONEDF	\$ -					\$ -
STONE	\$ -					\$ -
STONE 2	\$ -					\$ -
STUDEN	\$ -					\$ -
TSA-R	\$ 31,990.43					\$ 31,990.43
UWHOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 110,480.07	\$ -	\$ -	\$ -	\$ -	\$ 110,480.07
NET PAY:	\$ 346,921.13	\$ -	\$ -	\$ -	\$ -	\$ 346,921.13

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

TAXABLE PAY:	\$ 457,401.20	\$ 448,397.73	
	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 6,632.32		
FICA - MED (EE)	1.45% \$ 6,632.32	\$ 6,632.33	\$ (0.01)
FICA - SOC SEC (ER)	6.20% \$ 27,800.66		
FICA - SOC SEC (EE)	6.20% \$ 27,800.66	\$ 27,800.54	\$ 0.12
FED WITHHOLDING	\$ 42,801.81	\$ 42,801.81	

Employees over FICA-SS Cap:

Jason Anglin	\$ 9,003.47
Roshanda Thomas	\$ -
Paycode S - Employee Reimb.:	\$ -
TOTAL:	\$ 9,003.47

TAX DEPOSIT:	\$ 111,667.77	\$ 111,667.55
FICA - MEDICARE	\$ 13,264.64	\$ 13,264.66
FICA - SOCIAL SECURITY	\$ 55,601.32	\$ 55,601.08
FED WITHHOLDING	\$ 42,801.81	\$ 42,801.81
TOTAL TAX:	\$ 111,667.77	\$ 111,667.55

PREPARED BY: Mayra Martinez
 PREPARED DATE: 10/25/2021

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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			1
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		941 #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			1
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		21
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		12
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		\$ 63.96 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		\$ 51.84 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			\$ 12.12 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			\$ - #
		CHECK		\$ -
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:
CALLED IN DATE:
CALLED IN TIME:

Run Date: 10/25/21
Time: 13:54

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
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Final Summary

*-- Pay Code Summary						*-- Deductions Summary				
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount
v		40.00	N	N	N	N		418.00	A/R	
									A/R2	
									A/R3	
									ADVANC	
									AWARDS	
									BOOTS	
									CAFE H	
									CAFE-1	
									CAFE-2	
									CAFE-3	
									CAFE-4	
									CAFE-5	
									CAFE-C	
									CAFE-D	
									CAFE-F	
									CAFE-H	
									CAFE-I	
									CAFE-L	
									CAFE-P	
									CANCER	
									CHILD	
									CLINIC	
									COMBIN	
									CREDUN	
									DD ADV	
									DENTAL	
									DEP-LF	
									DIS-LF	
									EAT	
									EATCSH	
									FEDTAX	
									FICA-M	6.06
									FICA-O	25.92
									FIRSTC	
									FLEX S	
									FLX FE	
									FORT D	
									FUTA	
									GIFT S	
									GRANT	
									GRP-IN	
									GIL	
									HOSP-I	
									ID TFT	
									LEAF	
									MASA	
									MEALS	
									METVIS	
									MISC	
									MISC/	
									MMCSHR	
									NATFML	
									OTHER	
									PHI	
									PHI***	
									PR FIN	
									RELAY	
									REPAY	
									SAMS	
									SCRUBS	
									SIGNON	
									ST-TX	
									STONDF	
									STONE	
									STONE2	
									STUDEN	
									SUNACC	
									SUNILL	
									SUNIND	
									SUNLIF	
									SUNSTD	
									SUNVIS	
									SURCHG	
									TSA-1	
									TSA-2	
									TSA-C	
									TSA-P	
									TSA-R	29.26
									TUTION	
									UNIFOR	
									UW/HOS	

*----- Grand Totals: 40.00 ----- (Gross: 418.00 Deductions: 61.24 Net: 356.76)
 | Checks Count: - FT 1 PT Other Female 1 Male Credit OverAmt ZeroNet Term Total: 1 |

Pay date: 10/29/21

10/25/21
 2132
 A. Ruiz

Run Date: 10/25/21
Time: 14:20

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 10/08/21--10/21/21 Run: 2
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
60934	CONSUELO ZAMORA	356.76	00062906	10/29/21
		356.76		

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

PAY PERIOD: BEGIN
 PAY PERIOD: END
 PAY DATE:

10/8/2021
 10/21/2021
 10/29/2021

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
GROSS PAY:	\$ 418.00			\$ -		\$ 418.00
DEDUCTIONS:						
A/R	\$ -					\$ -
ADVANC	\$ -					\$ -
BOOTS	\$ -					\$ -
SUNLIFE CRITICAL ILLNESS	\$ -					\$ -
SUNLIFE ACCIDENT	\$ -					\$ -
SUNLIFE VISION	\$ -					\$ -
SUNLIFE SHORT TERM DIS	\$ -					\$ -
METLIFE VISION	\$ -					\$ -
CAFÉ-D	\$ -					\$ -
CAFÉ-H	\$ -					\$ -
CAFÉ-P	\$ -					\$ -
CANCER	\$ -					\$ -
CHILD	\$ -					\$ -
CLINIC	\$ -					\$ -
COMBIN	\$ -					\$ -
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF	\$ -					\$ -
SUNLIFE TERM LIFE	\$ -					\$ -
SUNLIFE HOSP INDEM	\$ -					\$ -
FED TAX	\$ -					\$ -
FICA-M	\$ 6.06					\$ 6.06
FICA-O	\$ 25.92					\$ 25.92
FIRST C	\$ -					\$ -
FLEX S	\$ -					\$ -
FLX-FE	\$ -					\$ -
GIFT S	\$ -					\$ -
GRP-IN	\$ -					\$ -
GTL	\$ -					\$ -
HOSP-I	\$ -					\$ -
LEGAL	\$ -					\$ -
OTHER	\$ -					\$ -
NATIONAL FARM LIFE	\$ -					\$ -
MED SURCHARGE	\$ -					\$ -
PR FIN	\$ -					\$ -
RELAY	\$ -					\$ -
REPAY	\$ -					\$ -
STONEDF	\$ -					\$ -
STONE	\$ -					\$ -
STONE 2	\$ -					\$ -
STUDEN	\$ -					\$ -
TSA-R	\$ 29.26					\$ 29.26
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 61.24	\$ -	\$ -	\$ -	\$ -	\$ 61.24
NET PAY:	\$ 356.76	\$ -	\$ -	\$ -	\$ -	\$ 356.76

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

	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 6.06		
FICA - MED (EE)	1.45% \$ 6.06	\$ 6.06	\$ -
FICA - SOC SEC (ER)	6.20% \$ 25.92		
FICA - SOC SEC (EE)	6.20% \$ 25.92	\$ 25.92	\$ -
FED WITHHOLDING	\$ -	\$ -	\$ -

TAX DEPOSIT:	\$ 63.96	\$ 63.96
FICA - MEDICARE	2.90% \$ 12.12	\$ 12.12
FICA - SOCIAL SECURITY	12.40% \$ 51.84	\$ 51.84
FED WITHHOLDING	\$ -	\$ 0.00
TOTAL TAX:	\$ 63.96	\$ 63.96

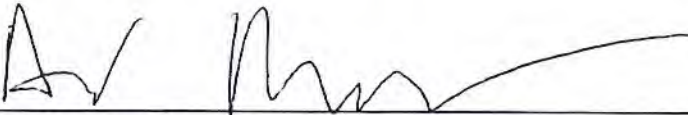
Exempt Amt:
 Employees over FICA-SS Cap:
 Jason Anglin \$ -
 Roshanda Thomas \$ -
 Paycode S - Employee Reimb.: \$ -
TOTAL: \$ -

PREPARED BY: Mayra Martinez
 PREPARED DATE: 10/25/2021

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- October 18, 2021 - October 24, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
10/22/2021	PAY PLUS ACHTRANS 452579291 101000690244590	- 3rd Party Payor Fee
10/22/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
10/21/2021	PAY PLUS ACHTRANS 452579291 101000699524860	- 3rd Party Payor Fee
10/20/2021	WEBFILE TAX PYMT DD 902/03797267 21000021482	- Sales Tax
10/20/2021	PAY PLUS ACHTRANS 452579291 101000698735616	- 3rd Party Payor Fee
10/19/2021	PAY PLUS ACHTRANS 452579291 101000697878278	- 3rd Party Payor Fee
10/19/2021	MCKESSON DRUG AUTO ACH ACH04769323 910000133	- 340B Drug Program Expense
10/18/2021	PAY PLUS ACHTRANS 452579291 101000696831024	- 3rd Party Payor Fee

<u>Amount</u>	<u>CP:</u>
96.11	96.11 +
267.61*	130.79 +
130.79	44.87 +
1238.38**	25.23 +
44.87	219.95 +
25.23	516.95*
5348.3*	7,371.24 +
219.95	267.61 -
	5,348.30 -
	516.95 *
	516.95 +
	516.95 -
	0.00 *
7,371.24	



 Anthony Richardson, CFO
 Memorial Medical Center
 October 25, 2021

* Approved 10-20-21
 ** Approved 10-11-21

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
October 25, 2021			

 Anthony Richardson, CFO
 Memorial Medical Center

**APPROVED
ON
OCT 25 2021
COURTNEY A. BISHOP
CALHOUN COUNTY, TEXAS**

10/21/2021
11:01

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/04/2021

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
100821		10/19/20	10/12/20	11/04/20		480.00	0.00	0.00	480.00		
	TRANSFER <i>Net insurance pymt deposited into memo check</i>										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						11832	BROADMOOR AT CREEKSIDE PARK	480.00	0.00	0.00	480.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	480.00	0.00	0.00	480.00

APPROVED
ON
OCT 21 2021
CK# 192439
COURTNEY ARRINGTON
CALHOUN COUNTY, TEXAS

10/21/2021
11:02

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/04/2021

0
ap_open_invoice.template

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
100721		10/19/20	10/07/20	11/04/20		1,738.55	0.00	0.00	1,738.55 ✓
100821	TRANSFER	10/19/20	10/08/20	11/04/20		7,811.65	0.00	0.00	7,811.65 ✓
	TRANSFER							"	
101221		10/19/20	10/12/20	11/04/20		442.50	0.00	0.00	442.50 ✓
	TRANSFER							"	
Vendor Totals:						Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE					9,992.70	0.00	0.00	9,992.70

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,992.70	0.00	0.00	9,992.70

APPROVED
ON

ckf

OCT 21 2021

192443

COURTNEY A. HANCOCK
CALHOUN COUNTY, TEXAS

10/21/2021 11:02
 MEMORIAL MEDICAL CENTER
 AP Open Invoice List
 Due Dates Through: 11/04/2021
 0
 ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code						
12696	GULF POINTE PLAZA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100821		10/19/20	10/08/20	11/04/20		3,226.83	0.00	0.00	3,226.83
TRANSFER <i>NH insurance pymt deposited into MME open</i>									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
	12696	GULF POINTE PLAZA			3,226.83	0.00	0.00	3,226.83	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,226.83	0.00	0.00	3,226.83

APPROVED
 ON
 OCT 21 2021
 CK#
 192444
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

10/21/2021
11:02

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/04/2021

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100721		10/19/20	10/07/20	11/04/20		16,243.00	0.00	0.00	16,243.00
	TRANSFER	<i>NH insurance pymt deposited into mmc account</i>							
100821		10/19/20	10/08/20	11/04/20		2,794.53	0.00	0.00	2,794.53
	TRANSFER	<i>''</i>							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	19,037.53	0.00	0.00	19,037.53

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	19,037.53	0.00	0.00	19,037.53

APPROVED
ON
OCT 21 2021
CK#
192445
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

OCT 21 2021

10/21/2021
11:01
Caldwell County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 11/04/2021

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100821		10/19/20	10/08/20	11/04/20		19,853.70	0.00	0.00	19,853.70 ✓
	TRANSFER								
101221		10/19/20	10/12/20	11/04/20		92.42	0.00	0.00	92.42 ✓
	TRANSFER								

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING	19,946.12	0.00	0.00	19,946.12

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	19,946.12	0.00	0.00	19,946.12

APPROVED
ON
OCT 21 2021
COURTNEY A. KESNER
CALDWELL COUNTY, TEXAS

CK#
192438

☒

RUN DATE:10/27/21
 TIME:10:19

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 10/27/21 THRU 10/27/21

PAGE 1
 GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	192341	10/27/21	1,400.00	ACUTE CARE INC
A/P	192342	10/27/21	3,888.93	AIRGAS USA, LLC - CENTRAL DIV
A/P	192343	10/27/21	43.40	AQUA BEVERAGE COMPANY
A/P	192344	10/27/21	8,171.01	AUREUS RADIOLOGY LLC
A/P	192345	10/27/21	136.22	BAXTER HEALTHCARE
A/P	192346	10/27/21	15,599.68	BECKMAN COULTER INC
A/P	192347	10/27/21	411.95	BEEKLEY CORPORATION
A/P	192348	10/27/21	259.57	BENTEC MEDICAL OPCO LLC
A/P	192349	10/27/21	9,859.74	BIO-RAD LABORATORIES, INC
A/P	192350	10/27/21	4,269.20	BKD, LLP
A/P	192351	10/27/21	130.00	BLUE CROSS BLUE SHIELD REFUND
A/P	192352	10/27/21	142.50	BRIGGS HEALTHCARE
A/P	192353	10/27/21	350.78	C R BARD, INC
A/P	192354	10/27/21	338.63	CARDINAL HEALTH 414,LLC
A/P	192355	10/27/21	8,696.25	CARIANT HEALTH PARTNERS
A/P	192356	10/27/21	7,185.40	CDW GOVERNMENT, INC.
A/P	192357	10/27/21	518.75	CHEMAQUA
A/P	192358	10/27/21	177.00	CIGNA
A/P	192359	10/27/21	1,208.72	CLEARFLY
A/P	192360	10/27/21	14,067.21	CLINICAL PATHOLOGY LABS
A/P	192361	10/27/21	497.43	COASTAL OFFICE SOLUTONS
A/P	192362	10/27/21	727.68	COVIDIEN
A/P	192363	10/27/21	2,440.00	DA&E
A/P	192364	10/27/21	642.26	DEWITT POTH & SON
A/P	192365	10/27/21	105.00	DOWELL PEST CONTROL
A/P	192366	10/27/21	505.50	DRIESSEN WATER INC. (CULLIGAN)
A/P	192367	10/27/21	947.96	ELITECH GROUP INC (WESCOR)
A/P	192368	10/27/21	139.50	ERBE USA INC SURGICAL SYSTEMS
A/P	192369	10/27/21	37,373.97	EVIDENT
A/P	192370	10/27/21	86.98	FEDERAL EXPRESS CORP.
A/P	192371	10/27/21	681.63	FILTER TECHNOLOGY CO, INC
A/P	192372	10/27/21	4,628.75	FIRST CONNECT CENTER LLC
A/P	192373	10/27/21	.00	VOIDED
A/P	192374	10/27/21	13,808.64	FISHER HEALTHCARE
A/P	192375	10/27/21	191.41	FIVE STAR STERILIZER SERVICES
A/P	192376	10/27/21	1,178.82	FRONTIER
A/P	192377	10/27/21	7,908.33	FUJI FILM
A/P	192378	10/27/21	3,489.56	G & S MANAGEMENT GROUP LLC
A/P	192379	10/27/21	1,739.24	GBS ADMINISTRATORS, INC
A/P	192380	10/27/21	10,655.08	GE PRECISION HEALTHCARE, LLC
A/P	192381	10/27/21	2,605.00	GENZYME CORPORATION
A/P	192382	10/27/21	48.84	GETINGE USA
A/P	192383	10/27/21	660.70	GRAINGER
A/P	192384	10/27/21	12,334.97	GREAT AMERICAN FINANCIAL SVCS
A/P	192385	10/27/21	350.00	GUERBET, LLC
A/P	192386	10/27/21	75.00	GULF COAST DELIVERY
A/P	192387	10/27/21	763.48	GULF COAST PAPER COMPANY
A/P	192388	10/27/21	473.70	HEALTHCARE CODING & CONSULTING
A/P	192389	10/27/21	25,929.40	HEALTHCARE FINANCIAL SERVICES
A/P	192390	10/27/21	7,990.00	ICAD, INC

RUN DATE:10/27/21
TIME:10:19

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/27/21 THRU 10/27/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	192391	10/27/21	480.00	INTOXIMETERS INC
A/P	192392	10/27/21	692.96	IRON MOUNTAIN
A/P	192393	10/27/21	9,000.00	IRONSIDE HUMAN RESOURCS
A/P	192394	10/27/21	5,219.03	J & J HEALTH CARE SYSTEMS, INC
A/P	192395	10/27/21	1,884.40	JOHNGSELF + PARTNERS, INC
A/P	192396	10/27/21	594.00	KOETTER FIRE PROTECTION
A/P	192397	10/27/21	541.35	LEGAL SHIELD
A/P	192398	10/27/21	614.00	LOWE'S HOME CENTERS INC
A/P	192399	10/27/21	28,797.10	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	192400	10/27/21	14.29	MEDIMPACT HEALTHCARE SYS, INC.
A/P	192401	10/27/21	202.80	MEDIVATORS
A/P	192402	10/27/21	.00	VOIDED
A/P	192403	10/27/21	.00	VOIDED
A/P	192404	10/27/21	.00	VOIDED
A/P	192405	10/27/21	.00	VOIDED
A/P	192406	10/27/21	.00	VOIDED
A/P	192407	10/27/21	33,646.58	MEDLINE INDUSTRIES INC
A/P	192408	10/27/21	4,399.09	MERCK SHARP & DOHME CORP
A/P	192409	10/27/21	479.66	MMC AUXILIARY GIFT SHOP
A/P	192410	10/27/21	.00	VOIDED
A/P	192411	10/27/21	.00	VOIDED
A/P	192412	10/27/21	24,909.56	MORRIS & DICKSON CO, LLC
A/P	192413	10/27/21	546.84	NACOGDOCHES TRANSCRIPTION
A/P	192414	10/27/21	1,335.43	OLYMPUS AMERICA INC
A/P	192415	10/27/21	3,084.00	PARA
A/P	192416	10/27/21	162.23	PARTSSOURCE, LLC
A/P	192417	10/27/21	3,700.00	PAYCHEX, ADVANCE FBO
A/P	192418	10/27/21	2,523.79	PRESS GANEY ASSOCIATES, INC.
A/P	192419	10/27/21	352.69	QIAGEN INC
A/P	192420	10/27/21	958.51	SANOPI PASTEUR INC
A/P	192421	10/27/21	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	192422	10/27/21	5,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P	192423	10/27/21	12,870.00	SPBS CLINICAL EQUIPMENT SRVC
A/P	192424	10/27/21	4,625.00	STAFFING FIRST
A/P	192425	10/27/21	2,535.76	STERICYCLE, INC
A/P	192426	10/27/21	1,294.26	STRYKER FLEX FINANCIAL
A/P	192427	10/27/21	730.36	STRYKER SALES CORP
A/P	192428	10/27/21	615.60	STRYKER SUSTAINABILITY
A/P	192429	10/27/21	495.00	T-SYSTEM, INC
A/P	192430	10/27/21	3,287.50	TEXAS A&M HEALTH SCIENCE CENT
A/P	192431	10/27/21	9,129.00	TEXAS SELECT STAFFING, LLC
A/P	192432	10/27/21	1,769.12	TRIZETTO PROVIDER SOLUTIONS
A/P	192433	10/27/21	4,587.79	UNIFIRST HOLDINGS
A/P	192434	10/27/21	144.93	UNIFORM ADVANTAGE
A/P	192435	10/27/21	235.37	UNITED AD LABEL CO INC
A/P	192436	10/27/21	28.53	WAGeworks, INC
A/P	192437	10/27/21	2,342.44	WERFEN USA LLC
A/P	192438	10/27/21	19,946.12	BETHANY SENIOR LIVING
A/P *	192439	10/27/21	480.00	BROADMOOR AT CREEKSIDE PARK
A/P	192443	10/27/21	9,992.70	GOLDENCREEK HEALTHCARE
A/P	192444	10/27/21	3,226.83	GULF POINTE PLAZA

RUN DATE:10/27/21
TIME:10:19

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/27/21 THRU 10/27/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	192445	10/27/21	19,037.53	TUSCANY VILLAGE
A/P	192446	10/27/21	203,070.40	BLUE CROSS BLUE SHIELD
TOTALS:			649,454.56	

Payable	393,700.98	+
Bluecross	203,070.40	+
MH	480.00	+
	9,992.70	+
Transfers	3,226.83	+
	19,037.53	+
	19,946.12	+
	649,454.56	*

APPROVED
ON

OCT 27 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: 10/18/2021

Payer: Medicare

Requested by: Faren Campos

Requestor's email: fagonzales@mmcportlavaca.com

Requestor's phone number: 361-552-0226

District or County: Calhoun

Facility: Memorial Medical Center

Please Attach:

Remittance Advice and EOB

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

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

Remittance Advice to : clevenger@mmcportlavaca.com
mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed-Enter funds (-) or Funds (+) to YOUR account	Notes
		9/30/2021	EFT	(718.99)	EFT6106753	CVDAR00026869	718.99	BROADMOOR
		10/1/2021	EFT	(44.27)	EFT6108088	CVDAR00026869	44.27	BROADMOOR
		10/4/2021	EFT	(2.86)	EFT6109367	CVDAR00026869	2.86	BROADMOOR
		10/5/2021	EFT	(79.35)	EFT6110691	CVDAR00026869	79.35	BROADMOOR
		10/6/2021	EFT	\$ (326.00)	EFT6112024	CVDAR00026869	326.00	BROADMOOR
		10/7/2021	EFT	\$ (26.08)	EFT6113331	CVDAR00026869	26.08	BROADMOOR
		10/8/2021	EFT	\$ (84.15)	EFT6114627	CVDAR00026869	84.15	BROADMOOR
			TOTAL	(1,281.70)			1,281.70	

To be filled out by Memorial Medical Center:

Date Received: 10/18/2021

Approved by: C. Clevenger

Date of transfer: 10/27/2021

From Facility: Broadmoor

To Facility: MMC

Amount: 1,281.70

APPROVED
ON

OCT 25 2021

GABRIEL ALONSO
CALHOUN COUNTY, TEXAS

CL # 000146

Request for Transfer of Funds

Transfer #: _____

Date Requested: 10/18/2021

Payer: Medicare

Requested by: Faren Campos

Requestor's email: fagonzales@mmcportlavaca.com

Requestor's phone number: 361-552-0226

District or County: Calhoun

Facility: Memorial Medical Center

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		9/30/2021	EFT	(718.99)	EFT6106753	CVDAR000018170	718.99	SOLERA
		10/1/2021	EFT	(44.27)	EFT6108088	CVDAR000018170	44.27	SOLERA
		10/4/2021	EFT	(2.86)	EFT6109367	CVDAR000018170	2.86	SOLERA
		10/5/2021	EFT	(79.35)	EFT6110691	CVDAR000018170	79.35	SOLERA
		10/6/2021	EFT	\$ (326.00)	EFT6112024	CVDAR000018170	326.00	SOLERA
		10/7/2021	EFT	\$ (26.08)	EFT6113331	CVDAR000018170	26.08	SOLERA
		10/8/2021	EFT	\$ (84.15)	EFT6114627	CVDAR000018170	84.15	SOLERA
			TOTAL	(1,281.70)			1,281.70	

To be filled out by Memorial Medical Center:

Date Received: 10/18/2021

Approved by: C. Clevenger

Date of transfer: 10/27/2021

From Facility: Solera

To Facility: MMC

Amount: 1,281.70

APPROVED
ON

OCT 25 2021

COUNTY ATTORNEY
CALHOUN COUNTY, TEXAS

CL # 00177

Request for Transfer of Funds

Transfer #: _____

Date Requested: 10/18/2021

Payer: Medicare

Requested by: Faren Campos

Requestor's email: fagonzales@mmcporthlavaca.com

Requestor's phone number: 361-552-0226

District or County: Calhoun

Facility: Memorial Medical Center

Please Attach:

Remittance Advice and EOB

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

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

Please email request form and

Remittance Advice to : cclevenger@mmcporthlavaca.com
mmartinez@mmcporthlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		9/30/2021	EFT	(718.99)	EFT6106753	CVDAR000019540	718.99	GOLDEN CREEK
		10/1/2021	EFT	(44.27)	EFT6108088	CVDAR000019540	44.27	GOLDEN CREEK
		10/4/2021	EFT	(2.86)	EFT6109367	CVDAR000019540	2.86	GOLDEN CREEK
		10/5/2021	EFT	(79.35)	EFT6110691	CVDAR000019540	79.35	GOLDEN CREEK
		10/6/2021	EFT	\$(326.00)	EFT6112024	CVDAR000019540	326.00	GOLDEN CREEK
		10/7/2021	EFT	\$(26.08)	EFT6113331	CVDAR000019540	26.08	GOLDEN CREEK
		10/8/2021	EFT	\$(84.15)	EFT6114627	CVDAR000019540	84.15	GOLDEN CREEK
			TOTAL	(1,281.70)			1,281.70	

To be filled out by Memorial Medical Center:

Date Received: 10/18/2021

Approved by: C. Clevenger

Date of transfer: 10/27/2021

From Facility: Golden Creek

To Facility: MMC

Amount: 1,281.70

APPROVED
ON

OCT 25 2021

COUNTY SUPERVISOR
CALHOUN COUNTY, TEXAS
CK#000138

RUN DATE:10/27/21
TIME:11:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/27/21 THRU 10/27/21

PAGE 9
CICRREG

BANK-CHECK-----
CODE NUMBER DATE AMOUNT PAGES

NHG 000138 10/27/21 1,281.70 MMC
TOTALS: 1,281.70

golden creek

APPROVED
BY

OCT 27 2021

CORINNE A. KERRISON
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000146

Date 10-27-20

88-2265/1131

PAY

TO THE ORDER OF

Memorial Medical Center

\$ 1,281.70/100

One thousand, two hundred eighty-one dollars ⁷⁰/₁₀₀

DOLLARS



County Auditor

FOR Medicare repayment



⑈000146⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000178

Date 10-27-21

88-2265/1131

PAY

TO THE ORDER OF

Memorial Medical Center

\$ 1,281.70/100

One thousand, two hundred eighty-one dollars ⁷⁰/₁₀₀

DOLLARS



County Auditor

FOR Medicare repayment



⑈000178⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001177

Date 10-27-21

88-2265/1131

PAY

TO THE ORDER OF

Memorial Medical Center

\$ 1,281.70/100

One thousand, two hundred eighty-one dollars ⁷⁰/₁₀₀

DOLLARS



County Auditor

FOR



⑈001177⑈ ⑆113122655⑆

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

000138

88-2265/1131

Date 10 27 21

PAY

TO THE ORDER OF

Memorial Medical Center

\$ 1,281.70

One thousand, two hundred eighty-one dollars $\frac{70}{100}$ DOLLARS



PROSPERITY BANK

County Auditor

FOR Medicare repayment



County Treasurer

⑈000138⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

PH 361-553-4818
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1070

88-2265/1131-87

DATE 10 27 21

CHECK NUMBER

PAY TO THE ORDER OF

Memorial Medical Center

\$ 1,281.70

One thousand, two hundred eighty-one dollars $\frac{70}{100}$ DOLLARS



PROSPERITY BANK

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



FOR Medicare repayment

County Auditor

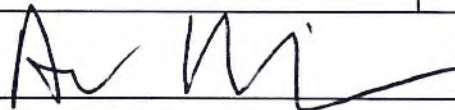
County Treasurer

⑈001070⑈ ⑆113122655⑆

Medicare Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	Amt	CK DATE
BROADMOOR			MMC	20351000	1,281.70	10/27/2021
CRESCENT			MMC	20351000	1,281.70	10/27/2021
SOLERA			MMC	20351000	1,281.70	10/27/2021
GOLDEN CREEK			MMC	20351000	1,281.70	10/27/2021
TUSCANY			MMC	20351000	1,281.70	10/27/2021
Total					6,408.50	

Note:

Approved: 
 Anthony Richardson, CFO

10/25/2021

Gulf Point Plaza - PP

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P _____
A _____
Y _____
E _____
E _____

Date Requested: 10/25/21

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED
ON

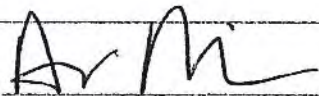
OCT 25 2021

COURTESY AFFIDAVIT
CALHOUN COUNTY, TEXAS
G/L NUMBER:
CL# 1012

AMOUNT 69,366.86

EXPLANATION: Echo payments owed from GPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

Gulf Pointe Plaza-PP

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P _____
A _____
Y _____
E _____
E _____

Date Requested: 10/25/21

APPROVED
ON

OCT 25 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL#1014

G/L NUMBER: _____

FOR ACCT. USE ONLY

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

AMOUNT 3,912.34

EXPLANATION: Echo payments owed from GPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

Gulf Point Plaza-PP

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Ashford

A

Y

E

E

Date Requested: 10/25/21

APPROVED
ON

OCT 25 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 1015

FOR ACCT. USE ONLY

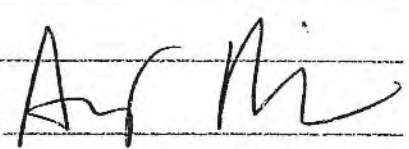
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT 50,804.85

G/L NUMBER: _____

EXPLANATION: Echo payments owed from GPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

Gulf Breeze Plaza - PP

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Broadmoor _____
A _____
Y _____
E _____
E _____

Date Requested: 10/25/21

APPROVED
ON

OCT 25 2021

COSNEY ABRAMOR
CALHOUN COUNTY, TEXAS
G/L NUMBER:

CHK# 1014

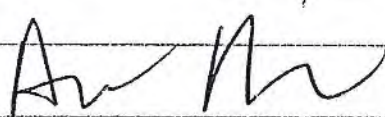
FOR ACCT. USE ONLY

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

AMOUNT 83,751.55

EXPLANATION: Echo payments owed from GPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

Gulf Pointe Plaza - PP

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Crescent
A _____
Y _____
E _____
E _____

Date Requested: 10/25/21

APPROVED
ON

OCT 25 2021

COTNEY AUBREON
CALHOUN COUNTY, TEXAS

ex#1017

FOR ACCT. USE ONLY

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

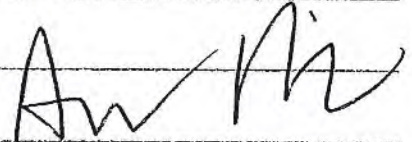
AMOUNT 35,229.13

G/L NUMBER: _____

EXPLANATION: Echo payments owed from GPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:



Gulf Pointe Plaza-PP

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Fort Bend
A _____
Y _____
E _____
E _____

Date Requested: 10/25/21

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED
ON

OCT 25 2021

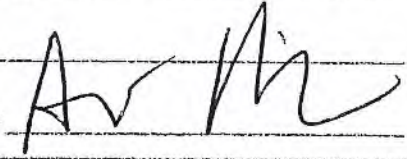
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT 19,768.66

G/L NUMBER: _____
ck #1018

EXPLANATION: Echo payments owed from GPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

Gulf Pointe Plaza-PP

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Solera
A _____
Y _____
E _____
E _____

Date Requested: 10/25/21

APPROVED
ON

OCT 25 2021

COUNTY APPROVER
CALHOUN COUNTY, TEXAS

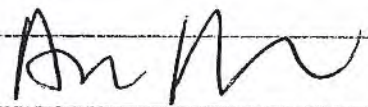
CK #1019

G/L NUMBER: _____

AMOUNT 116,171.39

EXPLANATION: Echo payments owed from GPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

FOR ACCT. USE ONLY

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

Gulf Pointe Plaza-PP

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Golden Creek
A _____
Y _____
E _____
E _____

Date Requested: 10/25/21

APPROVED
ON
OCT 25 2021
COURTNEY A. HARRIS
CLERK CALHOUN COUNTY, TEXAS
CL#1020

FOR ACCT. USE ONLY

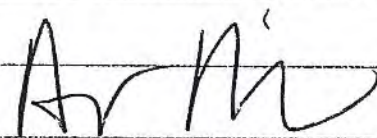
Imprest Cash
 A/P Check
 Mail Check to Vendor
 Return Check to Dept

AMOUNT 24,637.27

G/L NUMBER: _____

EXPLANATION: Echo payments owed from GPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

Gulf Pointe Plaza-PP

~~MEMORIAL MEDICAL CENTER~~
CHECK REQUEST

P Tuscany _____
A _____
Y _____
E _____
E _____

Date Requested: 10/25/21

APPROVED
ON

OCT 25 2021

COSNEY ABBOTT
CALHOUN COUNTY, TEXAS
ck#1013

FOR ACCT. USE ONLY

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

AMOUNT 40,668.74

G/L NUMBER: _____

EXPLANATION: Echo payments owed from GPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

Gulf Pointe Plaza - PP

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Bethany _____
A _____
Y _____
E _____
E _____

Date Requested: 10/25/21

APPROVED
ON

OCT 25 2021

COUNTY APPROVER
CALHOUN COUNTY, TEXAS

CK# 1021

FOR ACCT. USE ONLY

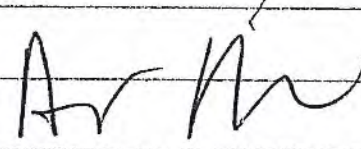
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT 7,791.00

G/L NUMBER: _____

EXPLANATION: Echo payments owed from GPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

Gulf Pointe Plaza Acct: 5433		Echo Service Fee contract amount 308047	MMC	TUSCANY	MMC CLINIC	CANTEX	ASHFORD	BROADMOOR	SOLERA	FOXTREND	CRESCENT	GOLDEN CREEK	BETHANY	GULF POINTE
Echo / Wellness Deposits														
WELLMED ACH NO REMIT	6/21/2021	\$2,021.78	\$41.05											
WELLMED ACH NO REMIT	6/21/2021		\$0.46			\$ 24.00								\$ 2,092.81
WELLMED ACH NO REMIT	6/21/2021		\$0.52	\$ 26.43										
WELLMED ACH NO REMIT	6/21/2021		\$22.39	\$ 1,125.00										
WELLMED ACH NO REMIT	6/21/2021		\$2.89						\$ 145.00					
WELLMED ACH NO REMIT	6/21/2021		\$118.99	\$ 1,728.99				\$ 4,300.00						
WELLMED ACH NO REMIT	6/21/2021		\$4.14						\$ 298.00					
WELLMED ACH NO REMIT	6/21/2021		\$893.59				\$ 34,853.61							
WELLMED ACH NO REMIT	6/21/2021		\$89.89	\$ 3,512.00										
WELLMED ACH NO REMIT	6/21/2021		\$46.57						\$ 2,340.00					
WELLMED ACH NO REMIT	6/21/2021		\$87.36	\$ 4,390.00										
WELLMED ACH NO REMIT	6/21/2021		\$25.03											
WELLMED ACH NO REMIT	6/28/2021	\$255.90					\$ 1,258.00							
WELLMED ACH NO REMIT	6/28/2021		\$2.85		\$ 140.39									
WELLMED ACH NO REMIT	6/28/2021		\$153.99	\$ 8,341.00										
WELLMED ACH NO REMIT	6/28/2021		\$29.53	\$ 1,488.00										
WELLMED ACH NO REMIT	6/28/2021		\$6.11	\$ 307.07										
WELLMED ACH NO REMIT	6/28/2021		\$3.87		\$ 184.54									
WELLMED ACH NO REMIT	6/28/2021		\$283.40											
WELLMED ACH NO REMIT	6/30/2021	\$9,185.40	\$186.50					\$ 14,241.27						
WELLMED ACH NO REMIT	6/30/2021		\$113.04											\$ 9,371.96
NO REMITS - NOT GPP MONEY	6/30/2021		\$52.78	\$ 2,652.25			\$ 5,710.50							
NO REMITS - NOT GPP MONEY	6/30/2021		\$44.07	\$ 2,214.68										
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NO REMITS - NOT GPP MONEY	6/30/2021		\$8.11	\$ 407.56										
NO REMITS - NOT GPP MONEY	6/30/2021		\$2.43		\$ 122.36									
NO REMITS - NOT GPP MONEY	6/30/2021		\$2.22	\$ 111.59										
NO REMITS - NOT GPP MONEY	6/30/2021		\$45.13							\$ 2,268.05				
NO REMITS - NOT GPP MONEY	6/30/2021		\$37.16									\$ 1,987.40		
NO REMITS - NOT GPP MONEY	6/30/2021		\$22.89	\$ 1,150.12										
NO REMITS - NOT GPP MONEY	6/30/2021		\$151.25	\$ 7,902.00										
NO REMITS - NOT GPP MONEY	6/30/2021		\$2.04	\$ 102.40										
NO REMITS - NOT GPP MONEY	6/30/2021		\$2.74		\$ 137.81									
NO REMITS - NOT GPP MONEY	6/30/2021		\$16.94				\$ 851.05							
NO REMITS - NOT GPP MONEY	6/30/2021		\$1.90	\$ 95.40										
NO REMITS - NOT GPP MONEY	6/30/2021		\$101.65				\$ 5,108.07							
NO REMITS - NOT GPP MONEY	6/30/2021		\$69.88	\$ 4,516.60										
NO REMITS - NOT GPP MONEY	6/30/2021		\$69.88	\$ 3,512.00										
NO REMITS - NOT GPP MONEY	6/30/2021		\$3.41		\$ 271.89									
NO REMITS - NOT GPP MONEY	6/30/2021		\$1.59		\$ 80.00									
NO REMITS - NOT GPP MONEY	7/14/2021	\$70.13	\$0.96		\$ 48.00									
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NO REMITS - NOT GPP MONEY	7/14/2021	\$23.15												
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NO REMITS - NOT GPP MONEY	7/14/2021		\$3.48		\$ 175.00									
WELLMED ACH NO REMIT - NOT G	7/14/2021		\$167.73				\$ 8,428.47							
WELLMED ACH NO REMIT - NOT G	7/14/2021		\$17.89	\$ 868.78										
WELLMED ACH NO REMIT - NOT G	7/14/2021		\$14.45	\$ 728.18										
WELLMED ACH NO REMIT - NOT G	7/14/2021		\$0.80		\$ 49.00									
WELLMED ACH NO REMIT - NOT G	7/14/2021		\$240.95	\$ 12,168.00										
WELLMED ACH NO REMIT - NOT G	7/14/2021		\$65.28				\$ 3,280.29							
WELLMED ACH NO REMIT - NOT G	7/14/2021		\$16.22	\$ 814.85										
WELLMED ACH NO REMIT - NOT G	7/14/2021		\$1.59		\$ 80.00									
WELLMED ACH NO REMIT - NOT G	7/14/2021		\$1.01	\$ 50.59										
WELLMED ACH NO REMIT - NOT G	7/14/2021		\$0.32											
WELLMED ACH NO REMIT - NOT G	7/14/2021		\$318.97	\$ 1,491.88		\$ 16.00								
WELLMED ACH NO REMIT - NOT G	7/14/2021		\$204.25				\$ 24,972.00							
WELLMED ACH NO REMIT - NOT G	7/14/2021		\$1.99	\$ 100.00						\$ 10,264.00				
WELLMED ACH NO REMIT - NOT G	7/22/2021	\$63.71	\$0.90	\$ 45.00										
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$1.79	\$ 89.85										
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$30.65						\$ 1,540.00					
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$12.97	\$ 631.81										
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$11.94		\$ 600.00									
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$8.31				\$ 417.76							
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$0.00											
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$110.45									\$ 0.02		
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$32.34					\$ 1,624.03		\$ 5,950.00				
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$10.36	\$ 520.44										
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$6.88	\$ 345.80										
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$0.81		\$ 40.80									
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$0.48		\$ 24.00									
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$242.12											
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$116.53	\$ 5,896.00						\$ 12,167.00				
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$26.56											
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$89.88	\$ 4,518.60								\$ 1,334.83		
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$53.68	\$ 2,897.85										
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$69.89	\$ 3,512.00										
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$36.91						\$ 1,855.00					
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$25.03	\$ 1,257.80										
WELLMED ACH NO REMIT - NOT G	7/22/2021		\$14.77					\$ 742.00						

RUN DATE:10/27/21
TIME:11:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/27/21 THRU 10/27/21

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPP 001012 10/27/21 69,366.86 MMC
GPP 001013 10/27/21 40,668.74 TUSCANY
GPP 001014 10/27/21 3,912.34 MMCLINIC
GPP 001015 10/27/21 50,804.85 ASHFORD
GPP 001016 10/27/21 83,751.55 BROADMOOR
GPP 001017 10/27/21 35,229.13 CRESCENT
GPP 001018 10/27/21 19,768.66 FORT BEND
GPP 001019 10/27/21 116,171.39 SOLERA
GPP 001020 10/27/21 24,637.27 GOLDEN CREEK
GPP 001021 10/27/21 7,791.00 BETHANY
TOTALS: 452,101.79

Gulf Hintze PP

APPROVED
ON

OCT 27 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

1012

88-2265/1131-87

DATE 10-27-21

CHECK AMOUNT

PAY TO THE ORDER OF Memorial Medical Center \$ 69,366 ⁸⁶/₁₀₀

Sixty-nine thousand, three hundred sixty-six dollars ³/₁₀₀ DOLLARS



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

FOR Echo payment repayment

Country auditor

Country treasurer

⑈001012⑈ ⑆113122655⑆

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

1014

88-2265/1131-87

DATE 10-27-21

CHECK AMOUNT

PAY TO THE ORDER OF Memorial Medical Clinic \$ 3,912 ³⁴/₁₀₀

Three thousand, nine hundred twelve dollars ³/₁₀₀ DOLLARS



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FOR Echo Repayment

Country auditor

Country treasurer

⑈001014⑈ ⑆113122655⑆

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

1015

88-2265/1131-87

DATE 10-27-21

CHECK AMOUNT

PAY TO THE ORDER OF Ashford \$ 50,804 ⁸⁵/₁₀₀

Fifty thousand, eight hundred four dollars ⁸⁵/₁₀₀ DOLLARS



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FOR Echo repayment

Country auditor

Country treasurer

⑈001015⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

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

1016

88-2265/1131-97

DATE 10 27 21



PAY TO THE ORDER OF Broadmoor

\$ 83,757 ⁵⁵/₁₀₀

Eighty-three thousand, seven hundred fifty-one dollars ⁵⁵/₁₀₀

DOLLARS



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FOR Echo repayments

county auditor

county treasurer

⑈001016⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

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

1017

88-2265/1131-87

DATE 10 27 21



PAY TO THE ORDER OF Crescent

\$ 35,279 ¹³/₁₀₀

Thirty-five thousand, two hundred twenty-nine dollars ¹³/₁₀₀

DOLLARS



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county auditor

county treasurer

⑈001017⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

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

1018

88-2265/1131-87

DATE 10 27 21



PAY TO THE ORDER OF Fort Bend

\$ 19,768 ⁶⁶/₁₀₀

Nineteen thousand, seven hundred sixty-eight dollars ⁶⁶/₁₀₀

DOLLARS



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FOR Echo repayments

county auditor

county treasurer

⑈001018⑈ ⑆113122655⑆

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

1019

88-2265/1131-87

DATE 10-27-21

CHECK ARMOR

PAY TO THE ORDER OF Solera

\$ 116,171 ³⁹/₁₀₀

One hundred sixteen thousand, one hundred seventy-one dollars ³⁹/₁₀₀ DOLLARS

Photo Safe Deposit



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FOR Echo repayments

county auditor

county treasurer

⑈001019⑈ ⑆113122655⑆

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

1020

88-2265/1131-87

DATE 10-27-21

CHECK ARMOR

PAY TO THE ORDER OF Golden Creek

\$ 24,637.27

Twenty-four thousand, six hundred thirty-seven dollars ²⁷/₁₀₀ DOLLARS

Photo Safe Deposit



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FOR Echo repayments

county auditor

county treasurer

⑈001020⑈ ⑆113122655⑆

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

1013

88-2265/1131-87

DATE 10-27-21

CHECK ARMOR

PAY TO THE ORDER OF Tuscany Village

\$ 40,668.74

Forty thousand, six hundred sixty-eight dollars ⁷⁴/₁₀₀ DOLLARS

Photo Safe Deposit



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FOR Echo payment repayment

county auditor

county treasurer

⑈001013⑈ ⑆113122655⑆

1021

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

88-2265/1131-87

DATE 10-27-21

CHECK ASSURE
FOR THE FUTURE

PAY
TO THE
ORDER OF

Bethany Senior Living

\$ 7791. ⁰⁰/₁₀₀

Seven thousand, seven hundred ninety-one dollars & ⁰⁰/₁₀₀

DOLLARS

Photo
Safe
Deposit
Details on back



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361-552-7411 www.prosperitybankusa.com

FOR

Etho repayments

county auditor

county treasurer

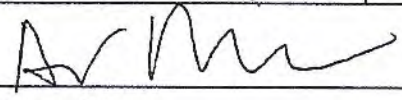
⑈001021⑈ ⑆113122655⑆

Medicare Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	Amt	CK DATE
GPP			MMC		69,366.86	10/27/2021
GPP			TUSCANY		40,668.74	10/27/2021
GPP			MMCLINIC		3,912.34	10/27/2021
GPP			ASHFORD		50,804.85	10/27/2021
GPP			BROADMOOR		83,751.55	10/27/2021
GPP			CRESCENT		35,229.13	10/27/2021
GPP			FORT BEND		19,768.66	10/27/2021
GPP			SOLERA		116,171.39	10/27/2021
GPP			GOLDEN CREEK		24,637.27	10/27/2021
GPP			BETHANY		7,791.00	10/27/2021
				Total	411,433.05	

Note:

Approved:



Anthony Richardson, CFO

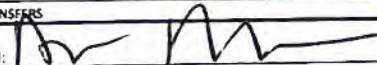
10/25/2021

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/25/2021

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		155,999.41	✓ 155,899.41	✓ 106,648.84	✓	106,748.84	92,589.60
						Bank Balance	106,748.84 ✓
						Variance	
						Leave in Balance	100.00
						Molina QIPP September	14,059.24 ✓
						OCT INTEREST	
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	92,589.60 ✓
Broadmoor		24,439.40	✓ 24,339.40	✓ 169,475.16	✓	169,575.16	162,374.14
						Bank Balance	169,575.16 ✓
						Variance	
						Leave in Balance	100.00
						Molina QIPP September	5,819.32 ✓
						MEDICARE REPAYMENT TO MMC	1,281.70 ✓
						OCT INTEREST	
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	162,374.14 ✓
Crescent		45,759.04	✓ 45,659.04	✓ 176,045.99	✓	176,145.99	170,091.05
						Bank Balance	176,145.99 ✓
						Variance	
						Leave in Balance	100.00
						Molina QIPP September	4,673.24 ✓
						MEDICARE REPAYMENT TO MMC	1,281.70 ✓
						OCT INTEREST	
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	170,091.05 ✓
Fort Bend		11,495.64	✓ 11,395.64	✓ 35,678.31	✓	35,778.31	29,997.31
						Bank Balance	35,778.31 ✓
						Variance	
						Leave in Balance	100.00
						Molina QIPP September	5,681.00 ✓
						OCT INTEREST	
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	29,997.31 ✓
Solera at W Houston		63,476.64	✓ 63,376.64	✓ 297,653.34	✓	297,753.34	290,858.60
						Bank Balance	297,753.34 ✓
						Variance	
						Leave in Balance	100.00
						Molina QIPP September	5,513.04 ✓
						MEDICARE REPAYMENT TO MM CLINIC	1,281.70 ✓
						OCT INTEREST	
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	290,858.60 ✓

92,589.60 +
162,374.14 +
170,091.05 +
29,997.31 +
290,858.60 -
745,910.70 =

APPROVED
ON
OCT 25 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 745,910.70
Approved: 
Anthony Richardson, CFO 10/25/2021

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.

Ashford Gardens

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
10/22/2021 MANAGEANDNET1718 MNS PMNT 00000000000093 41	540.00						540.00
10/22/2021 KS PLAN ADMINST HCCLAIMPMT 3278 11100002969	4,400.00						4,400.00
10/22/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000141	31,255.97						31,255.97
10/21/2021 Deposit	4,205.38						4,205.38
10/21/2021 Amerigroup TXSC HCCLAIMPMT 3163462844 111000	3,536.82						3,536.82
10/21/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000132	2,766.93						2,766.93
10/21/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	371.00						371.00
10/20/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	155,899.41						
10/20/2021 MOLINA HEALTHCARE MOLINAACH 01009242 42000017	14,059.24	14,059.24				14,059.24	
10/20/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	17.64						17.64
10/20/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	1,755.82						1,755.82
10/20/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	18,817.85						18,817.85
10/19/2021 Amerigroup TXSC HCCLAIMPMT 3163228744 111000	701.06						701.06
10/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	4,002.19						4,002.19
10/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	8,792.04						8,792.04
10/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	6,881.01						6,881.01
10/19/2021 HUMANA CHA DISB HCCLAIMPMT 390860 4200001271	4,545.89						4,545.89
	155,899.41	106,648.84	14,059.24			14,059.24	92,589.60

Breadmoor

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
10/22/2021 CK 144	646.86						
10/22/2021 UnitedHealthcare HCCLAIMPMT 746003411 910000	102.35						102.35
10/22/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000140	13,688.20						13,688.20
10/21/2021 Deposit	1,722.72						1,722.72
10/21/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	6,202.00						6,202.00
10/21/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000131	70,958.10						70,958.10
10/20/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	23,692.54						
10/20/2021 MOLINA HEALTHCARE MOLINAACH 01009452 42000017	5,819.32	5,819.32				5,819.32	
10/20/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000133	237.67						237.67
10/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	23,433.08						23,433.08
10/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	9,203.40						9,203.40
10/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	33,845.35						33,845.35
10/19/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	50.97						50.97
10/18/2021 MANAGEANDNET1718 MNS PMNT 00000000004293 41	4,212.00						4,212.00
	24,339.40	169,475.16	5,819.32			5,819.32	163,655.84

Crescent

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
10/22/2021 CK 176	646.86						
10/22/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	4,895.32						4,895.32
10/22/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000140	3,968.62						3,968.62
10/22/2021 HUMANA CHA DISB HCCLAIMPMT 390864 4200001339	6,379.19						6,379.19
10/21/2021 Deposit	1,384.93						1,384.93
10/21/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000131	107,625.41						107,625.41
10/21/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113009 2	460.70						460.70
10/20/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	45,012.18						
10/20/2021 MOLINA HEALTHCARE MOLINAACH 01009428 42000017	4,673.24	4,673.24				4,673.24	
10/20/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	7,953.50						7,953.50
10/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	16,577.77						16,577.77
10/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	11,905.44						11,905.44
10/19/2021 HUMANA CHA DISB HCCLAIMPMT 390864 4200001271	2,644.67						2,644.67
10/18/2021 MANAGEANDNET1718 MNS PMNT 000000000003268 41	3,780.00						3,780.00
10/18/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000104	303.16						303.16
10/18/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	3,494.04						3,494.04
	45,659.04	176,045.99	4,673.24			4,673.24	171,872.75

Fort Bend

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
10/22/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000140	23,643.83						23,643.83
10/21/2021 Deposit	1,688.89						1,688.89
10/20/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	11,395.64						
10/20/2021 MOLINA HEALTHCARE MOLINAACH 01009293 42000017	5,681.00	5,681.00				5,681.00	
10/19/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	780.00						780.00
10/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	2,138.07						2,138.07
10/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	1,625.20						1,625.20
10/18/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	121.32						121.32
	11,395.64	35,678.31	5,681.00			5,681.00	29,997.31

Solera at West Houston

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
10/22/2021 CK 1175	646.86						
10/22/2021 UnitedHealthcare HCCLAIMPMT 746003411 910000	30.74						30.74
10/22/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	3,492.17						3,492.17
10/22/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	9,599.10						9,599.10
10/22/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000140	2,134.52						2,134.52
10/22/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	185.50						185.50
10/21/2021 Deposit	15,980.26						15,980.26
10/21/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000131	125,904.77						125,904.77
10/20/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	62,729.78						
10/20/2021 MOLINA HEALTHCARE MOLINAACH 01009413 42000017	5,513.04	5,513.04				5,513.04	
10/20/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	5,363.86						5,363.86
10/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	10,635.86						10,635.86
10/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	53,145.04						53,145.04
10/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	871.94						871.94
10/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	10,953.01						10,953.01
10/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	23,272.77						23,272.77
10/19/2021 HUMANA INS CO HCCLAIMPMT 390862 830000597928	3,212.36						3,212.36
10/19/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001270	3,710.00						3,710.00
10/19/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	8,787.61						8,787.61
10/18/2021 HUMANA INS CO HCCLAIMPMT 390862 810000542707	14,860.79						14,860.79
10/18/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001975							
	63,376.64	297,653.34	5,513.04			5,513.04	292,140.30

Account Type ▼

Add Group My Groups

Search All

DDA Data reported as of Oct 25, 2021 2

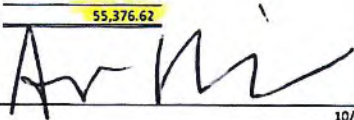
Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$8,177,312.61	\$8,703,496.05	\$8,177,312.61	\$7,741,129.82
*4551 CAL CO INDIGENT HEALTHCARE	\$5,370.86	\$5,370.86	\$5,370.86	\$5,370.86
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$56,758.32	\$59,083.24	\$56,758.32	\$54,919.17
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.85	\$535.85	\$535.85	\$535.85
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,214,312.49	\$5,543,663.46	\$5,214,312.49	\$5,000,494.70
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.41	\$431.41	\$431.41	\$431.41
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$106,748.84 ✓	\$176,365.35	\$106,748.84	\$70,552.87
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$169,575.16 ✓	\$194,360.81	\$169,575.16	\$156,431.47
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$176,145.99 ✓	\$178,269.20	\$176,145.99	\$161,549.72
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$35,778.31 ✓	\$37,125.91	\$35,778.31	\$12,134.48
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$297,753.34 ✓	\$310,794.35	\$297,753.34	\$282,958.17
*2998 MMC -MONEY MARKET FUND	\$1,108,632.49	\$1,108,632.49	\$1,108,632.49	\$1,108,632.49
*5506 MMC -NH BETHANY SENIOR LIVING	\$267,537.24	\$307,574.41	\$267,537.24	\$249,307.03
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$128,251.48	\$144,701.61	\$128,251.48	\$39,542.72
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$587,809.89	\$614,916.16	\$587,809.89	\$580,351.08
*3407 MMC -NH TUSCANY VILLAGE	\$21,670.94	\$21,670.94	\$21,670.94	\$17,917.80

* indicates re
Page generated on 10/25/2021 at 2

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 10/25/2021

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		171,385.69	171,285.69	56,658.32		56,758.32	55,376.62
						Bank Balance Variance	56,758.32
						Leave in Balance	100.00
						MEDICARE REPAYMENT TO MM CLINIC	1,281.70
						OCT INTEREST	
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	55,376.62

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: 
 Anthony Richardson, CFO 10/25/2021

APPROVED
 ON
 OCT 25 2021
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apst	QIPP TI	
10/22/2021 CK 137	646.86	-	-	-	-	-	-	-
10/22/2021 NOVITAS SOLUTION HCCLAIMPMT 676097 420000140	-	50.96	-	-	-	-	-	50.96
10/22/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	2,435.05	-	-	-	-	-	2,435.05
10/21/2021 Deposit	-	6,467.44	-	-	-	-	-	6,467.44
10/21/2021 NOVITAS SOLUTION HCCLAIMPMT 676097 420000131	-	46,617.87	-	-	-	-	-	46,617.87
10/20/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	170,638.83	-	-	-	-	-	-	-
10/20/2021 TSY5/TRANSFIRST BKCD ST LMT 543684555876917 9	-	1,087.00	-	-	-	-	-	1,087.00
	171,285.69	56,658.32	-	-	-	-	-	56,658.32

Account Type

Add Group My Groups

Search All

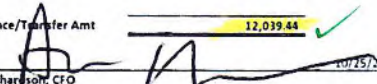
DDA Data reported as of Oct 25, 2021 2

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$8,177,312.61	\$8,703,496.05	\$8,177,312.61	\$7,741,129.82
*4551 CAL CO INDIGENT HEALTHCARE	\$5,370.86	\$5,370.86	\$5,370.86	\$5,370.86
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$56,758.32	\$59,083.24	\$56,758.32	\$54,919.17
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.85	\$535.85	\$535.85	\$535.85
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,214,312.49	\$5,543,663.46	\$5,214,312.49	\$5,000,494.70
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.41	\$431.41	\$431.41	\$431.41
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$106,748.84	\$176,365.35	\$106,748.84	\$70,552.87
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$169,575.16	\$194,360.81	\$169,575.16	\$156,431.47
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$176,145.99	\$178,269.20	\$176,145.99	\$161,549.72
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$35,778.31	\$37,125.91	\$35,778.31	\$12,134.48
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$297,753.34	\$310,794.35	\$297,753.34	\$282,958.17
*2998 MMC -MONEY MARKET FUND	\$1,108,632.49	\$1,108,632.49	\$1,108,632.49	\$1,108,632.49
*5506 MMC -NH BETHANY SENIOR LIVING	\$267,537.24	\$307,574.41	\$267,537.24	\$249,307.03
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$128,251.48	\$144,701.61	\$128,251.48	\$39,542.72
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$587,809.89	\$614,916.16	\$587,809.89	\$580,351.08
*3407 MMC -NH TUSCANY VILLAGE	\$21,670.94	\$21,670.94	\$21,670.94	\$17,917.80

* indicates re
Page generated on 10/25/2021 at 2

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 10/25/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Ck's Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		104,292.32 ✓	104,192.32 ✓	21,570.94 ✓			21,670.94	12,039.44 ✓
						Bank Balance Variance	21,670.94	
						Leave in Balance	100.00 ✓	
						Molina QIPP September	8,249.80 ✓	
						MEDICARE REPAYMENT TO MM CLINIC	1,281.70 ✓	

Adjust Balance/Transfer Amt 12,039.44 ✓
 Approved  10/25/2021
 Anthony Richardson, CFO

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 25 2021
 COUNTY AUDITOR
 GALVESTON COUNTY, TEXAS

Tuscany Village

MMC PORTION

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
10/22/2021 CK 1068	646.86	-						-
10/22/2021 KS PLAN ADMINIST HCCLAIMPMT 179 111000029693	-	4,400.00						4,400.00
10/21/2021 Deposit	-	8,921.14						8,921.14
10/20/2021 WIRE OUT LINBAR ENTERPRISES, LLC	103,545.46	-						-
10/20/2021 MOLINA HEALTHCAR MOLINAACH 01009449 42000017	-	8,249.80	8,249.80				8,249.80	-
	104,192.32	21,570.94	8,249.80	-	-	-	8,249.80	13,321.14

Account Type

Add Group

My Groups

Search

All

DDA

Data reported as of Oct 25, 2021 2

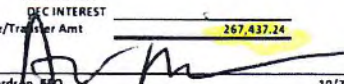
Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$8,177,312.61	\$8,703,496.05	\$8,177,312.61	\$7,741,129.82
*4551 CAL CO INDIGENT HEALTHCARE	\$5,370.86	\$5,370.86	\$5,370.86	\$5,370.86
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$56,758.32	\$59,083.24	\$56,758.32	\$54,919.17
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.85	\$535.85	\$535.85	\$535.85
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,214,312.49	\$5,543,663.46	\$5,214,312.49	\$5,000,494.70
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.41	\$431.41	\$431.41	\$431.41
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$106,748.84	\$176,365.35	\$106,748.84	\$70,552.87
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$169,575.16	\$194,360.81	\$169,575.16	\$156,431.47
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$176,145.99	\$178,269.20	\$176,145.99	\$161,549.72
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$35,778.31	\$37,125.91	\$35,778.31	\$12,134.48
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$297,753.34	\$310,794.35	\$297,753.34	\$282,958.17
*2998 MMC -MONEY MARKET FUND	\$1,108,632.49	\$1,108,632.49	\$1,108,632.49	\$1,108,632.49
*5506 MMC -NH BETHANY SENIOR LIVING	\$267,537.24	\$307,574.41	\$267,537.24	\$249,307.03
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$128,251.48	\$144,701.61	\$128,251.48	\$39,542.72
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$587,809.89	\$614,916.16	\$587,809.89	\$580,351.08
*3407 MMC -NH TUSCANY VILLAGE	\$21,670.94	\$21,670.94	\$21,670.94	\$17,917.80

* indicates re
Page generated on 10/25/2021 at 2

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 10/25/2021

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	5	303,282.67	303,182.67	267,437.24			267,537.24	267,437.24
						Bank Balance	267,537.24	
						Variance	267,537.24	
						Leave in Balance	100.00	

OCT INTEREST
 NOV INTEREST
 DEC INTEREST
 Adjust Balance/Transfer Amt 267,437.24

Approved: 
 Anthony Richardson, M.D. 10/25/2021

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 25 2021
 COUNTY ABSTRACTOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	
10/22/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000140	-	1,491.01	-	-	-	-	1,491.01
10/22/2021 HOSPICE OF SOUTH Payments NF 113122650023221	-	1,579.41	-	-	-	-	1,579.41
10/22/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	15,159.79	-	-	-	-	15,159.79
10/21/2021 Deposit	-	21,571.32	-	-	-	-	21,571.32
10/21/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000131	-	2,252.71	-	-	-	-	2,252.71
10/21/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	5,431.36	-	-	-	-	5,431.36
10/20/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	303,182.67	-	-	-	-	-	-
10/20/2021 Deposit	-	7,440.00	-	-	-	-	7,440.00
10/20/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000133	-	182,286.12	-	-	-	-	182,286.12
10/20/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	5,379.50	-	-	-	-	5,379.50
10/19/2021 ACCENTCARE INC PAYABLES 9990007660 210000225	-	1,314.56	-	-	-	-	1,314.56
10/19/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000146	-	8,055.26	-	-	-	-	8,055.26
10/18/2021 Deposit	-	15,476.20	-	-	-	-	15,476.20
	303,182.67	267,437.24	-	-	-	-	267,437.24

Account Type

Add Group

My Groups

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All

DDA

Data reported as of Oct 25, 2021 2

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$8,177,312.61	\$8,703,496.05	\$8,177,312.61	\$7,741,129.82
<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	\$56,758.32	\$59,083.24	\$56,758.32	\$54,919.17
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.85	\$535.85	\$535.85	\$535.85
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,214,312.49	\$5,543,663.46	\$5,214,312.49	\$5,000,494.70
<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	\$106,748.84	\$176,365.35	\$106,748.84	\$70,552.87
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$169,575.16	\$194,360.81	\$169,575.16	\$156,431.47
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$176,145.99	\$178,269.20	\$176,145.99	\$161,549.72
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$35,778.31	\$37,125.91	\$35,778.31	\$12,134.48
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$297,753.34	\$310,794.35	\$297,753.34	\$282,958.17
<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	\$267,537.24 ✓	\$307,574.41	\$267,537.24	\$249,307.03
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$128,251.48	\$144,701.61	\$128,251.48	\$39,542.72
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$587,809.89	\$614,916.16	\$587,809.89	\$580,351.08
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$21,670.94	\$21,670.94	\$21,670.94	\$17,917.80

* indicates re
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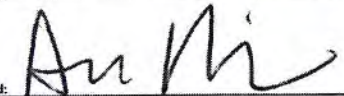
Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 10/25/2021

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home Gulf Pointe Plaza- Private Pay	\$14,179.37	12,683.94	86,314.46			587,809.89	\$1,100.21
						Bank Balance Variance	587,809.89
						Leave in Balance	100.00
						UNIDENTIFIED ECHO PAYMENTS	84,507.89
						ECHO PAYMENTS TO MMC	69,366.86
						ECHO PAYMENTS TO TUSCANY	40,668.74
						ECHO PAYMENTS TO MMCLINIC	3,912.34
						ECHO PAYMENTS TO ASHFORD	50,804.85
						ECHO PAYMENTS TO BROADMOOR	83,751.55
						ECHO PAYMENTS TO CRESCENT	35,229.13
						ECHO PAYMENTS TO FORT BEND	19,768.66
						ECHO PAYMENTS TO SOLERA	116,171.39
						ECHO PAYMENTS TO GOLDEN CREEK	24,637.27
						ECHO PAYMENTS TO BETHANY	7,791.00
						OCT INTEREST	
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	51,100.21

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home Gulf Pointe Plaza-Medicare/Medicaid	27,183.65	27,083.65	128,151.48			128,251.48	128,151.48
						Bank Balance Variance	128,251.48
						Leave in Balance	100.00
						OCT INTEREST	
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	128,151.48
						TOTAL TRANSFERS	179,251.69

Routing Information for Gulf Pointe Plaza:

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

Approved: 
 Anthony Richardson, CFO 10/25/2021

APPROVED
 ON
 OCT 26 2021
 CORINNE ANTONIO
 CALHOUN COUNTY, TEXAS

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
Gulf Pointe Plaza-Private Pay								
10/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000223043	-	58.81						58.81
10/22/2021 HUMANA INS CO HCCLAIMPMT 624982 830000521750	-	7,400.00						7,400.00
10/21/2021 PNC-ECHO HCCLAIMPMT 745003411 41000129739278	-	822.93						822.93
10/21/2021 HNB - ECHO HCCLAIMPMT 746003411 440000285600	-	237.54						237.54
10/21/2021 HNB - ECHO HCCLAIMPMT 746003411 440000285600	-	184.21						184.21
10/21/2021 HNB - ECHO HCCLAIMPMT 746003411 440000285600	-	4,302.64						4,302.64
10/21/2021 HNB - ECHO HCCLAIMPMT 746003411 440000285600	-	1,538.01						1,538.01
10/20/2021 WIRE OUT HMG SERVICES, LLC	12,683.94	-						-
10/20/2021 HNB - ECHO HCCLAIMPMT 746003411 440000248483	-	19.60						19.60
10/20/2021 HNB - ECHO HCCLAIMPMT 746003411 440000248483	-	8,007.42						8,007.42
10/20/2021 HNB - ECHO HCCLAIMPMT 746003411 440000248483	-	9,467.60						9,467.60
10/20/2021 HNB - ECHO HCCLAIMPMT 746003411 440000248483	-	5,186.69						5,186.69
10/20/2021 HNB - ECHO HCCLAIMPMT 746003411 440000248483	-	22,503.10						22,503.10
10/19/2021 HNB - ECHO HCCLAIMPMT 746003411 440000209173	-	9,065.92						9,065.92
10/19/2021 HNB - ECHO HCCLAIMPMT 746003411 440000209173	-	6,072.67						6,072.67
10/19/2021 HNB - ECHO HCCLAIMPMT 746003411 440000209173	-	7,744.75						7,744.75
10/18/2021 HNB - ECHO HCCLAIMPMT 746003411 440000247955	-	25.48						25.48
10/18/2021 HNB - ECHO HCCLAIMPMT 746003411 440000247955	-	1,016.17						1,016.17
10/18/2021 HNB - ECHO HCCLAIMPMT 746003411 440000247955	-	517.05						517.05
10/18/2021 HNB - ECHO HCCLAIMPMT 746003411 440000247955	-	78.41						78.41
10/18/2021 HNB - ECHO HCCLAIMPMT 746003411 440000247955	-	1,104.18						1,104.18
10/18/2021 HNB - ECHO HCCLAIMPMT 746003411 440000247955	-	961.28						961.28
	12,683.94	86,314.46	-	-	-	-	-	86,314.46

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
Gulf Pointe Plaza-Medicare/Medicaid								
10/22/2021 NORIDIAN 13A HCCLAIMPMT 675892 4200001472766	-	88,708.76						88,708.76
10/21/2021 Deposit	-	35,460.66						35,460.66
10/20/2021 WIRE OUT HMG SERVICES, LLC	27,083.65	-						-
10/20/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2	-	3,982.05						3,982.05
	27,083.65	128,151.48	-	-	-	-	-	128,151.48
	39,767.59	214,465.94	-	-	-	-	-	214,465.94

Account Type

Add Group

My Groups

Search

All

DDA

Data reported as of Oct 25, 2021 2

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$8,177,312.61	\$8,703,496.05	\$8,177,312.61	\$7,741,129.82
*4551 CAL CO INDIGENT HEALTHCARE	\$5,370.86	\$5,370.86	\$5,370.86	\$5,370.86
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$56,758.32	\$59,083.24	\$56,758.32	\$54,919.17
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.85	\$535.85	\$535.85	\$535.85
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,214,312.49	\$5,543,663.46	\$5,214,312.49	\$5,000,494.70
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.41	\$431.41	\$431.41	\$431.41
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$106,748.84	\$176,365.35	\$106,748.84	\$70,552.87
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$169,575.16	\$194,360.81	\$169,575.16	\$156,431.47
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$176,145.99	\$178,269.20	\$176,145.99	\$161,549.72
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$35,778.31	\$37,125.91	\$35,778.31	\$12,134.48
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$297,753.34	\$310,794.35	\$297,753.34	\$282,958.17
*2998 MMC -MONEY MARKET FUND	\$1,108,632.49	\$1,108,632.49	\$1,108,632.49	\$1,108,632.49
*5506 MMC -NH BETHANY SENIOR LIVING	\$267,537.24	\$307,574.41	\$267,537.24	\$249,307.03
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$128,251.48	\$144,701.61	\$128,251.48	\$39,542.72
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$587,809.89	\$614,916.16	\$587,809.89	\$580,351.08
*3407 MMC -NH TUSCANY VILLAGE	\$21,670.94	\$21,670.94	\$21,670.94	\$17,917.80

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P ~~ASHFORD~~ ✓ **MMC**

A _____
Y _____
E _____
E _____

Date Requested: 10/25/21

APPROVED
ON
OCT 25 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
ck #1159


FOR ACCT. USE ONLY	
<input type="checkbox"/>	Imprest Cash
<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Mail Check to Vendor
<input type="checkbox"/>	Return Check to Dept

AMOUNT 14,059.24

G/L NUMBER: _____

EXPLANATION: QIPP MOLINA SEPTEMBER 2021

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:10/27/21
TIME:11:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/27/21 THRU 10/27/21

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001159 10/27/21 14,059.24 MMC *Ashford*
TOTALS: 14,059.24

APPROVED
ON

OCT 27 2021

COUNTY CLERK
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P ~~BROADMOOR~~ ✓ **MMC**
A _____
Y _____
E _____
E _____

Date Requested: 10/25/21

APPROVED
ON
OCT 25 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 00145

FOR ACCT. USE ONLY

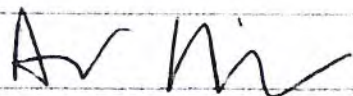
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT 5,819.32

G/L NUMBER: _____

EXPLANATION: QIPP MOLINA SEPTEMBER 2021

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:10/27/21
TIME:11:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/27/21 THRU 10/27/21

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000145 10/27/21 5,819.32 MMC
NHB 000146 10/27/21 1,281.70 MMC
TOTALS: 7,101.02

Boadmoor

APPROVED
ON

OCT 27 2021

COUNTY ASSessor
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P ~~CRESCENT~~ MMC
A _____
Y _____
E _____
E _____

Date Requested: 10/25/21

APPROVED
ON
OCT 25 2021

FOR ACCT. USE ONLY

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

COMMISSIONER
CALHOUN COUNTY, TEXAS
CHK# 000177
G/L NUMBER: _____

AMOUNT 4,673.24

EXPLANATION: QIPP MOLINA SEPTEMBER 2021

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:10/27/21
TIME:11:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/27/21 THRU 10/27/21

PAGE 7
GLCKREG

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

NHC 000177 10/27/21 4,673.24 MMC
NHC 000178 10/27/21 1,281.70 MMC *Crescent*
TOTALS: 5,954.94

APPROVED
ON

OCT 27 2021

COUNTY ADDRESS
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P FORT BEND ✓ MMC
A _____
Y _____
E _____
E _____

Date Requested: 10/25/21

APPROVED
ON

OCT 25 2021

COSMETIC APPROVAL
CALHOUN COUNTY, TEXAS

CL #000164

FOR ACCT. USE ONLY

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

AMOUNT 5,681.00

G/L NUMBER: _____

EXPLANATION: QIPP MOLINA SEPTEMBER 2021

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:10/27/21
TIME:11:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/27/21 THRU 10/27/21

PAGE 8
GLCKREG

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

NHF 000164 10/27/21 5,681.00 MMC Fort Bend
TOTALS: 5,681.00

APPROVED
ON

OCT 27 2021

COUNTY CLERK
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P SOLERA ✓ MMC
A _____
Y _____
E _____
E _____

Date Requested: 10/25/21

APPROVED
ON

OCT 25 2021

COUNTY APPROVER
CALHOUN COUNTY, TEXAS

ck# 00174

FOR ACCT. USE ONLY

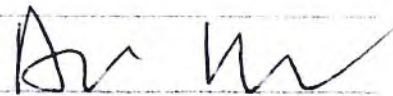
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT 5,513.04

G/L NUMBER: _____

EXPLANATION: QIPP MOLINA SEPTEMBER 2021

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:10/27/21
TIME:11:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/27/21 THRU 10/27/21

PAGE 10
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001176 10/27/21 5,513.04 MMC
NHS 001177 10/27/21 1,281.70 MMC *Solem*
TOTALS: 6,794.74

APPROVED
ON

OCT 27 2021

COUNTY CLERK
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P *Tuscany*
A ~~TMMC~~ *MMC*
Y _____
E _____
E _____

Date Requested: 10/25/21

APPROVED
ON
OCT 25 2021

COUNTY APPROVER
CALESON COUNTY, TEXAS

ck # 1069
G/L NUMBER: _____

FOR ACCT. USE ONLY

<input type="checkbox"/>	Imprest Cash
<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Mail Check to Vendor
<input type="checkbox"/>	Return Check to Dept

AMOUNT 8,249.80

EXPLANATION: QIPP MOLINA SEPTEMBER 2021

REQUESTED BY: Caitlin Clevenger AUTHORIZED BY: 

RUN DATE:10/27/21
TIME:11:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/27/21 THRU 10/27/21

PAGE 11
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS 001069 10/27/21 8,249.80 MMC
TUS 001070 10/27/21 1,281.70 MMC
TOTALS: 9,531.50

Tuscany


APPROVED
CN

OCT 27 2021


COURNEY ANASTOR
CALHOUN COUNTY, TEXAS


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

1159
88-2265/1131-87

Date 10-27-20 

Pay to the Order of Memorial Medical Center | \$ 14,059.²⁴/₁₀₀

Fourteen thousand, fifty-nine dollars $\frac{24}{100}$ Dollars 

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

For Molina GIPP Sept Comp 1 _____
 county auditor _____
 county treasurer _____

⑆ 113122655⑆

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


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

000145
88-2265/1131

Date 10-27-21

PAY TO THE ORDER OF Memorial Medical Center | \$ 5,819.³⁷/₁₀₀

Five thousand, eight hundred nineteen dollars $\frac{37}{100}$ **DOLLARS**

 **PROSPERITY BANK**

FOR Molina - September QIPP _____
 county auditor _____
 county treasurer _____

⑆ 000145⑆ ⑆ 113122655⑆

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


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

000177
88-2265/1131

Date 10-27-21

PAY TO THE ORDER OF Memorial Medical Center | \$ 4,673.²⁴/₁₀₀

Four thousand, six hundred seventy-three dollars $\frac{24}{100}$ **DOLLARS**

 **PROSPERITY BANK**

FOR Molina - Sept QIPP _____
 county auditor _____
 county treasurer _____

⑆ 000177⑆ ⑆ 113122655⑆

MEMORIAL MEDICAL CENTER

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

000164

Date 10-27-21

88-2265/1131

PAY

TO THE ORDER OF

Memorial Medical Center

\$ 5,190 ⁰⁰/₁₀₀

Five thousand, six hundred eighty-one dollars ¹/₁₀₀

DOLLARS



PROSPERITY BANK

county auditor

FOR

Molina QIPP Sept

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

⑈000164⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001176

Date 10-27-21

88-2265/1131

PAY

TO THE ORDER OF

Memorial Medical Center

\$ 5,513. ⁰⁴/₁₀₀

Five thousand, five hundred thirteen dollars ⁰⁴/₁₀₀

DOLLARS



PROSPERITY BANK

county auditor

FOR

Molina September QIPP

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

⑈001176⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1069

88-2265/1131-87

DATE 10-27-21

CHECK NUMBER

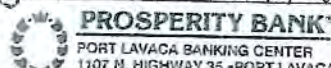
PAY TO THE ORDER OF

Memorial Medical Center

\$ 8,249. ⁸⁰/₁₀₀

Eight thousand, two hundred forty-nine dollars ⁸⁰/₁₀₀

DOLLARS



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

county auditor

FOR Molina Sept QIPP

County Treasurer
MP

⑈001069⑈ ⑆113122655⑆

Erica Perez

From: eheiman@mmcportlavaca.com (Ellen Heiman) <eheiman@mmcportlavaca.com>
Sent: Friday, October 22, 2021 1:32 PM
To: Erica Perez
Subject: FW: Ck# 192037

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

Good afternoon Erica. We had to void a check for K&M Sports and reissue one. I will be by in a few minutes to get signatures for the reissue. See correspondence below.

Thanks!

Ellen Heiman

Accounts Payable
(361) 552-0256
Memorial Medical Center
815 N. Virginia St
Port Lavaca, TX 77979

From: rhonda kokena [mailto:rhonda.kokena@calhouncotx.org]
Sent: Friday, October 22, 2021 10:56 AM
To: Ellen Heiman <eheiman@mmcportlavaca.com>
Cc: Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Subject: RE: Ck# 192037

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.

Ellen -

Stop payment has been issued this date.

Rhonda S. Kokena

CALHOUN COUNTY TREASURER

Calhoun County Annex II

202 S. Ann St., Suite A

Port Lavaca, Texas 77979

361-553-4619 office

361-553-4614 fax

From: eheiman@mmcportlavaca.com (Ellen Heiman) [<mailto:eheiman@mmcportlavaca.com>]

Sent: Friday, October 22, 2021 9:43 AM

To: rhonda kokena <rhonda.kokena@calhouncotx.org>

Cc: Caitlin Clevenger <cclevenger@mmcportlavaca.com>

Subject: Ck# 192037

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

Good Morning Rhonda. We have a vendor who is looking for check #192037 that was sent out on 09/29/2021. Caitlin and I did the research and the check is showing that it hasn't cleared. Is there any way we can put a stop payment on this check and re-issue? I have attached all the supporting documentation.

Thanks!

Ellen Heiman

Accounts Payable

(361) 552-0256

Memorial Medical Center

815 N. Virginia St

Port Lavaca, TX 77979

Calhoun County Texas

11122 K & M SPORTS
 MEMORIAL MEDICAL CENTER, PORT LAVACA, TEXAS 77979
 P O BOX 7831, BEAUMONT, TX 77726

192340

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
114164	09/20/21	275.00			275.00
CHECK NO. 192340 10/22/21		TOTALS	TOTALS		275.00

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

192340

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
114164	09/20/21	275.00			275.00
CHECK NO. 192340		TOTALS	TOTALS		275.00

MEMORIAL
 MEDICAL  **CENTER**

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

PROSPERITY BANK

88-2265
 1131

192340

DATE 11122 192340
 AMOUNT
 10/22/21 \$275.00

PAY TO THE ORDER OF
 Two Hundred Seventy-Five Dollars and No Cents
 K & M SPORTS
 P O BOX 7831
 BEAUMONT, TX 77726

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

⑈ 192340 ⑈

8

RUN DATE:10/22/21
TIME:13:06

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/22/21 THRU 10/22/21

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P * 192037 10/22/21 275.00CR K & M SPORTS VOIDED
A/P 192340 10/22/21 275.00 K & M SPORTS RE-ISSUED
TOTALS: .00