

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---November 03, 2021**

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 711,981.28
TOTAL TRANSFERS BETWEEN FUNDS	\$ 279,608.73
TOTAL NURSING HOME UPL EXPENSES	\$ 1,098,803.29
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
<b>GRAND TOTAL DISBURSEMENTS APPROVED November 03, 2021</b>	<b>\$ 2,090,393.30</b>

**APPROVED**

**NOV 03 2021**

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---November 03, 2021**

**PAYABLES AND PAYROLL**

10/29/2021	Weekly Payables	692,724.60
10/29/2021	Texas HHSC-UC Application State Fee for Medicaid DSH and UC	10,000.00
11/1/2021	McKesson-340B Prescription Expense	5,877.67
11/1/2020	Amerisource Bergen-340B Prescription Expense	1,814.60
11/1/2021	Payroll Liabilities for supplemental payroll-Payroll Taxes	156.54
11/1/2021	Supplemental Payroll	811.25

**Prosperity Electronic Bank Payments**

10/25/2021	Credit Card & Lease Fees	48.00
10/25-10/29/21	Pay Plus-Patient Claims Processing Fee	548.62

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** \$ 711,981.28

**TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES**

10/29/2021	MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating in error	9,505.80
10/29/2021	MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error	6,930.00
10/29/2021	MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	47,396.37
10/29/2021	MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	19,860.94
10/29/2021	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	33,600.52
10/29/2021	MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	57,077.34

**MEDICARE ADVANCE PAYMENT RECOUP**

11/1/2021	Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	996.21
11/1/2021	Broadmoor to Bethany-correction of Broadmoor medical recoup taken from Bethany	9,626.30
11/1/2021	Broadmoor to Golden Creek-correction of Broadmoor medical recoup taken from Golden Creek	2,120.23
11/1/2021	Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	996.21
11/1/2021	Crescent to Bethany-correction of Crescent medicare recoup taken from Bethany	9,626.30
11/1/2021	Crescent to Golden Creek-correction of Crescent medicare recoup taken from Golden Creek	2,120.23
11/1/2021	Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	996.21
11/1/2021	Solera to Golden Creek-correction of Solera medicare recoup taken from Golden Creek	2,120.23
11/1/2021	Solera to Bethany-correction of Solera medicare recoup taken from Bethany	9,626.30
11/1/2021	Golden Creek to MMC Operating-correction of Golden Creek recoup taken from MMC Operating	996.21
11/1/2021	Golden Creek to Bethany-correction of Golden Creek medicare recoup taken from Bethany	9,626.30
11/1/2021	Tuscany to MMC Operating-correction of Tuscany medicare recoup taken from MMC Operating	996.21
11/1/2021	Tuscany to Bethany-correction of Tuscany medicare recoup taken from Bethany	9,626.30
11/1/2021	Tuscany to Golden Creek-correction of Tuscany medicare recoup taken from Golden Creek	2,120.23

**TRANSFER OF FUNDS BETWEEN NURSING HOMES**

11/1/2021	Gulf Pointe Plaza-PP-correction of MMC insurance payment deposited into Gulf Pointe Plaza-PP in error	7,491.54
11/1/2021	Gulf Pointe Plaza-PP-correction of MMC Clinic insurance payment deposited into Gulf Pointe Plaza-PP in error	787.36
11/1/2021	Gulf Pointe Plaza-PP-correction of Broadmoor insurance payment deposited into Gulf Pointe Plaza-PP in error	5,803.39

11/1/2021	Gulf Pointe Plaza-PP-correction of Crescent insurance payment deposited into Gulf Pointe Plaza-PP in error	11,642.00
11/1/2021	Gulf Pointe Plaza-PP-correction of Solera insurance payment deposited into Gulf Pointe Plaza-PP in error	13,530.00
11/1/2021	Gulf Pointe Plaza-PP-correction of Tuscany insurance payment deposited into Gulf Pointe Plaza-PP in error	4,390.00

<b>TOTAL TRANSFERS BETWEEN FUNDS</b>	<b>\$ 279,608.73</b>
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**NURSING HOME UPL EXPENSES**

11/1/2021	Nursing Home UPL-Cantex Transfer	498,199.42
11/1/2021	Nursing Home UPL-Nexion Transfer	36,253.11
11/1/2021	Nursing Home UPL-HMG Transfer	165,395.44
11/1/2021	Nursing Home UPL-Tuscany Transfer	162,540.71
11/1/2021	Nursing Home UPL-HSL Transfer	86,763.77

**QIPP CHECKS TO MMC**

11/1/2021	Ashford	34,595.75
11/1/2021	Broadmoor	14,320.60
11/1/2021	Crescent	11,501.00
11/1/2021	Fort Bend	13,956.55
11/1/2021	Solera	13,560.05
11/1/2021	Golden Creek	28,712.55
11/1/2021	Gulf Pointe	12,710.64
11/1/2021	Tuscany	20,293.70

<b>TOTAL NURSING HOME UPL EXPENSES</b>	<b>\$ 1,098,803.29</b>
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<b>TOTAL INTER-GOVERNMENT TRANSFERS</b>	<b>\$ -</b>
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<b>GRAND TOTAL DISBURSEMENTS APPROVED November 03, 2021</b>	<b>\$ 2,090,393.30</b>
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10/28/2021  
 11:34  
 MEMORIAL MEDICAL CENTER  
 AP Open Invoice List  
 Due Dates Through: 11/10/2021  
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 ap\_open\_invoice.template

Vendor#	Vendor Name	Class	Pay Code							
10995	ABILITY NETWORK (SHIFTHOUND) ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21M0150318 ✓		10/28/20	10/06/20	11/05/20		616.28	0.00	0.00	616.28 ✓
	SHIFTHOUND									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
		10995	ABILITY NETWORK (SHIFTHOUND)			616.28	0.00	0.00	616.28	

Vendor#	Vendor Name	Class	Pay Code							
R1200	ADT COMMERCIAL ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	142129181 ✓		10/21/20	10/04/20	11/04/20		49.18	0.00	0.00	49.18 ✓
	FIRE MONITORING									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
		R1200	ADT COMMERCIAL			49.18	0.00	0.00	49.18	

Vendor#	Vendor Name	Class	Pay Code							
10958	ALLYSON SWOPE ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	102721 ✓		10/27/20	10/27/20	10/27/20		2,668.50	0.00	0.00	2,668.50 ✓
	CONTRACT EMPLOYEE									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
		10958	ALLYSON SWOPE			2,668.50	0.00	0.00	2,668.50	

Vendor#	Vendor Name	Class	Pay Code							
A2218	AQUA BEVERAGE COMPANY ✓	M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	164712 ✓		10/22/20	09/30/20	11/04/20		52.00	0.00	0.00	52.00 ✓
	SUPPLIES									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
		A2218	AQUA BEVERAGE COMPANY			52.00	0.00	0.00	52.00	

Vendor#	Vendor Name	Class	Pay Code							
A0400	AUREUS RADIOLOGY LLC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	<del>2341551</del> 2355247 ✓		10/18/20	10/11/20	11/10/20		2,760.00	0.00	0.00	2,760.00 ✓
	TRAVEL STAFFING									
	2341659 ✓		10/18/20	10/11/20	11/10/20		2,378.50	0.00	0.00	2,378.50 ✓
	AGENCY STAFFING LAB									
	2341295 ✓		10/18/20	10/11/20	11/10/20		2,144.00	0.00	0.00	2,144.00 ✓
	TRAVEL STAFFING									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
		A0400	AUREUS RADIOLOGY LLC			7,282.50	0.00	0.00	7,282.50	

Vendor#	Vendor Name	Class	Pay Code							
B1150	BAXTER HEALTHCARE ✓	W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	.83069385 71811423 ✓		10/27/20	08/19/20	09/13/20		187.18	0.00	0.00	187.18
	SUPPLIES									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
		B1150	BAXTER HEALTHCARE			187.18	0.00	0.00	187.18	

Vendor#	Vendor Name	Class	Pay Code							
M2485	BAYER HEALTHCARE ✓	M								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6009533169 ✓		10/21/20	10/13/20	11/04/20		890.40	0.00	0.00	890.40 ✓
SUPPLIES									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
M2485 BAYER HEALTHCARE						890.40	0.00	0.00	890.40
Vendor#	Vendor Name			Class	Pay Code				
B1266	BECKMAN COULTER CAPITAL ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
109350626 ✓		10/12/20	10/11/20	11/10/20		45.97	0.00	0.00	45.97 ✓
SUPPLIES									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
B1266 BECKMAN COULTER CAPITAL						45.97	0.00	0.00	45.97
Vendor#	Vendor Name			Class	Pay Code				
B1220	BECKMAN COULTER INC ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
109354199 ✓		10/18/20	10/12/20	11/06/20		301.33	0.00	0.00	301.33 ✓
SUPPLIES									
109355282 ✓		10/18/20	10/12/20	11/06/20		43.56	0.00	0.00	43.56 ✓
SUPPLIES									
109358899 ✓		10/18/20	10/13/20	11/07/20		1,093.10	0.00	0.00	1,093.10 ✓
SUPPLIES									
109362988 ✓		10/19/20	10/15/20	11/09/20		1,288.45	0.00	0.00	1,288.45 ✓
SUPPLIES									
109358941 ✓	LEASE	10/25/20	10/13/20	11/07/20		52.54	0.00	0.00	52.54 ✓
SUPPLIES									
109375002 ✓		10/25/20	10/15/20	11/09/20		269.02	0.00	0.00	269.02 ✓
SUPPLIES									
5447808 ✓		10/27/20	10/13/20	11/07/20		5,016.58	0.00	0.00	5,016.58
LEASE									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
B1220 BECKMAN COULTER INC						8,064.58	0.00	0.00	8,064.58
Vendor#	Vendor Name			Class	Pay Code				
12600	BIOFIRE DIAGNOSTICS LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1280142536 ✓		10/27/20	10/22/20	11/04/20		13,950.00	0.00	0.00	13,950.00 ✓
SUPPLIES									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
12600 BIOFIRE DIAGNOSTICS LLC						13,950.00	0.00	0.00	13,950.00
Vendor#	Vendor Name			Class	Pay Code				
B1655	BOSTON SCIENTIFIC CORPORATION ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
980786932 ✓		10/11/20	09/22/20	11/01/20		374.00	0.00	0.00	374.00 ✓
SUPPLIES									
981000640 ✓		10/19/20	10/04/20	10/19/20		384.00	0.00	0.00	384.00 ✓
SUPPLIES									
980397422 ✓		10/27/20	10/27/20	10/27/20		374.00	0.00	0.00	374.00 ✓
SUPPLIES									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
B1655 BOSTON SCIENTIFIC CORPORATION						1,132.00	0.00	0.00	1,132.00
Vendor#	Vendor Name			Class	Pay Code				
14120	CALHOUN COUNTY EMS ✓								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
21-10-0003	✓	10/15/20	10/14/20	11/05/20		3,080.00	0.00	0.00	3,080.00 ✓		
PATIENT TRANSPORTS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14120	CALHOUN COUNTY EMS	3,080.00	0.00	0.00	3,080.00
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		
L813857	✓	10/18/20	10/06/20	11/05/20		110.49	0.00	0.00	110.49 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1992	CDW GOVERNMENT, INC.	110.49	0.00	0.00	110.49
Vendor#	Vendor Name				Class	Pay Code					
13264	CERVEY, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
12769		10/19/20	10/15/20	11/09/20		1,699.00	0.00	0.00	1,699.00 ✓		
MONTHLY LICENSING FEE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13264	CERVEY, LLC	1,699.00	0.00	0.00	1,699.00
Vendor#	Vendor Name				Class	Pay Code					
C1730	CITY OF PORT LAVACA ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
101221		10/20/20	10/12/20	11/05/20		25.68	0.00	0.00	25.68 ✓		
WATER ACCT 12-1315-00											
1012B		10/20/20	10/12/20	11/05/20		64.13	0.00	0.00	64.13 ✓		
WATER ACCOUNT 12-1260-02											
101221C		10/20/20	10/12/20	11/05/20		60.93	0.00	0.00	60.93 ✓		
WATER ACCT 12-6505-01											
101221A		10/20/20	10/12/20	11/05/20		5,442.38	0.00	0.00	5,442.38 ✓		
WATER ACCT 12-1320-00											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1730	CITY OF PORT LAVACA	5,593.12	0.00	0.00	5,593.12
Vendor#	Vendor Name				Class	Pay Code					
C1166	COASTAL OFFICE SOLUTONS ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
OE-QT-18567-1	✓	10/27/20	10/01/20	10/11/20		162.72	0.00	0.00	162.72 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1166	COASTAL OFFICE SOLUTONS	162.72	0.00	0.00	162.72
Vendor#	Vendor Name				Class	Pay Code					
14080	CORROHEALTH, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
84	✓	10/11/20	10/05/20	11/04/20		2,578.30	0.00	0.00	2,578.30 ✓		
CODING SERVICES											
46958	✓	10/22/20	07/06/20	11/04/20		2,183.00	0.00	0.00	2,183.00 ✓		
CODING SERVICES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14080	CORROHEALTH, INC.	4,761.30	0.00	0.00	4,761.30
Vendor#	Vendor Name				Class	Pay Code					
11107	COURTNE THURLKILL ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		

102021		10/26/20	10/20/20	10/27/20		888.00	0.00	0.00	888.00	✓
DEA LICENSE RENEWAL										
Vendor Total# Number Name					Gross	Discount	No-Pay	Net		
11107 COURTNE THURLKILL					888.00	0.00	0.00	888.00		
Vendor#	Vendor Name				Class	Pay Code				
10646	COVIDIEN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
5864557956 ✓		10/25/20	10/14/20	11/04/20		3,784.85	0.00	0.00	3,784.85	✓
SUPPLIES										
Vendor Total# Number Name					Gross	Discount	No-Pay	Net		
10646 COVIDIEN					3,784.85	0.00	0.00	3,784.85		
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	
6581890 ✓		10/11/20	10/11/20	11/05/20		419.36	0.00	0.00	419.36	✓
SUPPLIES										
6581870 ✓		10/15/20	10/04/20	11/04/20		37.39	0.00	0.00	37.39	✓
SUPPLIES										
6588791 ✓		10/15/20	10/11/20	11/05/20		35.58	0.00	0.00	35.58	✓
SUPPLIES										
6593780 ✓		10/15/20	10/12/20	11/06/20		16.23	0.00	0.00	16.23	✓
SUPPLIES										
6592770 ✓		10/15/20	10/12/20	11/06/20		175.00	0.00	0.00	175.00	✓
SUPPLIES										
6592750 ✓		10/15/20	10/12/20	11/06/20		237.09	0.00	0.00	237.09	✓
SUPPLIES										
6593900 ✓		10/15/20	10/13/20	11/07/20		200.11	0.00	0.00	200.11	✓
SUPPLIES										
6593740 ✓		10/15/20	10/13/20	11/07/20		309.92	0.00	0.00	309.92	✓
SUPPLIES										
6592811 ✓		10/19/20	10/15/20	11/09/20		86.65	0.00	0.00	86.65	✓
SUPPLIES										
65973680 ✓		10/19/20	10/15/20	11/09/20		886.16	0.00	0.00	886.16	✓
SUPPLIES										
6597800 ✓		10/19/20	10/15/20	11/09/20		49.43	0.00	0.00	49.43	✓
SUPPLIES										
Vendor Total# Number Name					Gross	Discount	No-Pay	Net		
10368 DEWITT POTH & SON					2,452.92	0.00	0.00	2,452.92		
Vendor#	Vendor Name				Class	Pay Code				
11960	DILON TECHNOLOGIES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
00036531 ✓		10/26/20	10/13/20	11/08/20		100.00	0.00	0.00	100.00	✓
SUPPLIES										
00036496 ✓		10/28/20	10/04/20	11/01/20		300.00	0.00	0.00	300.00	✓
SUPPLIES										
Vendor Total# Number Name					Gross	Discount	No-Pay	Net		
11960 DILON TECHNOLOGIES					400.00	0.00	0.00	400.00		
Vendor#	Vendor Name				Class	Pay Code				
10789	DISCOVERY MEDICAL NETWORK INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
MMC101521		10/22/20	10/15/20	11/04/20		71,432.42	0.00	0.00	71,432.42	✓

PRO FEES Oct 1-15, 2021

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
Vendor Totals				10789	DISCOVERY MEDICAL NETWORK INC					71,432.42	0.00	0.00	71,432.42 ✓
11284	EMERGENCY STAFFING SOLUTIONS ✓			40682		10/27/20	10/31/20	11/01/20		40,062.50	0.00	0.00	40,062.50 ✓
Vendor Totals				11284	EMERGENCY STAFFING SOLUTIONS					40,062.50	0.00	0.00	40,062.50
10042	ERBE USA INC SURGICAL SYSTEMS ✓			709276 ✓		10/25/20	10/18/20	11/04/20		139.50	0.00	0.00	139.50 ✓
Vendor Totals				10042	ERBE USA INC SURGICAL SYSTEMS					139.50	0.00	0.00	139.50
13872	ETHOS MEDICAL STAFFING ✓			28463 ✓		10/22/20	10/01/20	11/04/20		4,988.30	0.00	0.00	4,988.30 ✓
	TRAVEL NURSE STAFFING ICI			28606 ✓		10/22/20	10/08/20	11/07/20		3,944.30	0.00	0.00	3,944.30 ✓
Vendor Totals				13872	ETHOS MEDICAL STAFFING					8,932.60	0.00	0.00	8,932.60
S0501	EVOQUA WATER TECHNOLOGIES LLC ✓			905104491 ✓		10/18/20	10/12/20	11/06/20		710.98	0.00	0.00	710.98 ✓
Vendor Totals				S0501	EVOQUA WATER TECHNOLOGIES LLC					710.98	0.00	0.00	710.98
F1100	FEDERAL EXPRESS CORP. ✓		W	7-532-37983 ✓		10/21/20	10/14/20	11/08/20		90.62	0.00	0.00	90.62 ✓
Vendor Totals				F1100	FEDERAL EXPRESS CORP.					90.62	0.00	0.00	90.62
14092	FIRST CONNECT CENTER LLC ✓			2934 ✓		10/12/20	10/08/20	11/07/20		4,500.00	0.00	0.00	4,500.00 ✓
Vendor Totals				14092	FIRST CONNECT CENTER LLC					4,500.00	0.00	0.00	4,500.00
F1400	FISHER HEALTHCARE ✓		M	7256209 ✓		10/15/20	10/15/20	11/09/20		255.88	0.00	0.00	255.88 ✓



		SUPPLIES												
8109930	✓		10/19/20	10/08/20	11/02/20			30.11	0.00	0.00	30.11 ✓			
		SUPPLIES												
8277865	✓		10/19/20	10/11/20	11/05/20			71.32	0.00	0.00	71.32 ✓			
		SUPPLIES												
8109931	✓		10/19/20	10/15/20	11/09/20			120.59	0.00	0.00	120.59 ✓			
		SUPPLIESX												
8639223	✓		10/25/20	10/13/20	11/07/20			114.40	0.00	0.00	114.40 ✓			
		SUPPLIES												
9367511	✓		10/26/20	10/14/20	11/08/20			1,066.90	0.00	0.00	1,066.90 ✓			
		SUPPLIES												
1003095	✓		10/27/20	09/02/20	11/01/20			1,082.96	0.00	0.00	1,082.96 ✓			
		SUPPLIES												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net	
								F1400	FISHER HEALTHCARE	2,742.16	0.00	0.00	2,742.16	
Vendor#	Vendor Name		Class		Pay Code									
12944	FRASIER HEALTHCARE CONSULTING, ✓													
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net				
19126	✓		10/21/20	10/18/20	11/04/20		12,279.48	0.00	0.00	12,279.48	✓			
		COLLECTIONS												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net	
								12944	FRASIER HEALTHCARE CONSULTING,	12,279.48	0.00	0.00	12,279.48	
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				
18561304	✓		10/05/20	10/04/20	11/04/20		350.00	0.00	0.00	350.00	✓			
		SUPPLIES												
18563976	✓		10/25/20	10/13/20	11/04/20		700.00	0.00	0.00	700.00	✓			
		SUPPLIES												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net	
								11984	GUERBET, LLC	1,050.00	0.00	0.00	1,050.00	
Vendor#	Vendor Name		Class		Pay Code									
H0416	HOLOGIC INC ✓													
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net				
9887228	✓		10/21/20	10/13/20	11/04/20		708.75	0.00	0.00	708.75	✓			
		SUPPLIES												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net	
								H0416	HOLOGIC INC	708.75	0.00	0.00	708.75	
Vendor#	Vendor Name		Class		Pay Code									
12932	INTRADO ✓													
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net				
INV002383688	✓		10/21/20	09/30/20	11/04/20		683.85	0.00	0.00	683.85	✓			
		HOUSE CALLS												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net	
								12932	INTRADO	683.85	0.00	0.00	683.85	
Vendor#	Vendor Name		Class		Pay Code									
11285	ITA RESOURCES INC ✓													
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net				
MMC102021	✓		10/25/20	10/18/20	11/07/20		26,660.00	0.00	0.00	26,660.00	✓			
		RESPIRATORY												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net	

	11285	ITA RESOURCES INC				26,660.00	0.00	0.00	26,660.00
Vendor#	Vendor Name				Class	Pay Code			
L0700	LABCORP OF AMERICA HOLDINGS ✓				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
70308060A ✓		10/27/20	09/25/20	10/20/20		38.43	0.00	0.00	38.43 ✓
	LAB SERVICES								
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS				38.43	0.00	0.00	38.43
Vendor#	Vendor Name				Class	Pay Code			
M1511	MARKETLAB, INC ✓				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN01496908 ✓		10/25/20	10/13/20	11/04/20		96.66	0.00	0.00	96.66 ✓
	SUPPLIES								
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC				96.66	0.00	0.00	96.66
Vendor#	Vendor Name				Class	Pay Code			
11612	MASA GLOBAL BUILDING ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1106313		10/21/20	10/21/20	11/04/20		1,655.00	0.00	0.00	1,655.00 ✓
	INSURANCE								
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
	11612	MASA GLOBAL BUILDING				1,655.00	0.00	0.00	1,655.00
Vendor#	Vendor Name				Class	Pay Code			
M2827	MEDIVATORS ✓				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
91042452 ✓		10/11/20	09/08/20	11/01/20		202.80	0.00	0.00	202.80 ✓
	SUPPLIES								
91091114 ✓		10/21/20	10/19/20	11/04/20		202.80	0.00	0.00	202.80 ✓
	SUPPLIES								
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS				405.60	0.00	0.00	405.60
Vendor#	Vendor Name				Class	Pay Code			
M2470	MEDLINE INDUSTRIES INC ✓				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1968143335 ✓		10/11/20	09/29/20	11/01/20		117.87	0.00	0.00	117.87 ✓
	SUPPLIES								
1968143330 ✓		10/11/20	09/29/20	11/01/20		1,333.01	0.00	0.00	1,333.01 ✓
	SUPPLIES								
1968869041 ✓		10/11/20	10/05/20	10/30/20		1,759.95	0.00	0.00	1,759.95 ✓
	SUPPLIES								
1968869055 ✓		10/11/20	10/11/20	11/05/20		121.98	0.00	0.00	121.98 ✓
	SUPPLIES								
1957458788 ✓		10/12/20	07/03/20	11/01/20		131.61	0.00	0.00	131.61 ✓
	SUPPLIES								
1969028376 ✓		10/12/20	10/06/20	10/31/20		3,729.50	0.00	0.00	3,729.50 ✓
	SUPPLIES								
1969617861 ✓		10/12/20	10/09/20	11/03/20		233.96	0.00	0.00	233.96 ✓
	SUPPLIES								
1969802293 ✓		10/12/20	10/12/20	11/06/20		369.83	0.00	0.00	369.83 ✓
	SUPPLIES								
1969802294 ✓		10/12/20	10/12/20	11/06/20		72.32	0.00	0.00	72.32 ✓

	SUPPLIES							
1969802289	✓	10/12/20	10/12/20	11/06/20	367.18	0.00	0.00	367.18 ✓
	SUPPLIES							
1969802287	✓	10/12/20	10/12/20	11/06/20	53.87	0.00	0.00	53.87 ✓
	SUPPLIES							
1969802296	✓	10/12/20	10/12/20	11/06/20	226.31	0.00	0.00	226.31 ✓
	SUPPLIES							
1970365728	✓	10/12/20	10/15/20	11/09/20	40.56	0.00	0.00	40.56 ✓
	SUPPLIES							
1970365729	✓	10/12/20	10/15/20	11/09/20	4.75	0.00	0.00	4.75 ✓
	SUPPLIES							
1965636474	✓	10/15/20	09/09/20	11/04/20	1,102.47	0.00	0.00	1,102.47 ✓
	SUPPLIES							
1967241549	✓	10/15/20	09/22/20	11/04/20	2,851.47	0.00	0.00	2,851.47 ✓
	SUPPLIES							
1967215380	✓	10/15/20	09/22/20	11/04/20	3,028.24	0.00	0.00	3,028.24 ✓
	SUPPLIES							
1969843423	✓	10/15/20	10/12/20	11/06/20	816.01	0.00	0.00	816.01 ✓
	SUPPLIES							
1970139153	✓	10/15/20	10/13/20	11/07/20	1,251.11	0.00	0.00	1,251.11 ✓
	SUPPLIES							
1970189915	✓	10/15/20	10/14/20	11/08/20	89.60	0.00	0.00	89.60 ✓
	SUPPLIES							
1970189913	✓	10/15/20	10/14/20	11/08/20	2,302.04	0.00	0.00	2,302.04 ✓
	SUPPLIES							
1969028372	✓	10/15/20	10/15/20	11/09/20	1,471.72	0.00	0.00	1,471.72 ✓
	SUPPLIES							
1969843419	✓	10/18/20	10/12/20	11/06/20	5,000.00	0.00	0.00	5,000.00 ✓
	SUPPLIES							
1970537730	✓	10/18/20	10/15/20	11/09/20	255.69	0.00	0.00	255.69 ✓
	SUPPLIES							
1970537731	✓	10/18/20	10/15/20	11/09/20	75.38	0.00	0.00	75.38 ✓
	SUPPLIES							
1969957483	✓	10/25/20	10/13/20	11/07/20	51.38	0.00	0.00	51.38 ✓
	SUPPLIES							
1969958813	✓	10/25/20	10/13/20	11/07/20	272.02	0.00	0.00	272.02 ✓
	SUPPLIES							
1969957497	✓	10/25/20	10/13/20	11/07/20	78.19	0.00	0.00	78.19 ✓
	SUPPLIES							
1969957492	✓	10/25/20	10/13/20	11/07/20	54.90	0.00	0.00	54.90 ✓
	SUPPLIES							
197013153	✓	10/25/20	10/13/20	11/07/20	1,251.11	0.00	0.00	1,251.11 ✓
	SUPPLIES							
1969957489	✓	10/25/20	10/13/20	11/07/20	66.38	0.00	0.00	66.38 ✓
	SUPPLIES							
1969957496	✓	10/25/20	10/13/20	11/07/20	44.58	0.00	0.00	44.58 ✓
	SUPPLIES							
1969957494	✓	10/25/20	10/13/20	11/07/20	1,536.20	0.00	0.00	1,536.20 ✓
	SUPPLIES							
1969957485	✓	10/25/20	10/13/20	11/07/20	5.38	0.00	0.00	5.38 ✓
	SUPPLIES							

1969957490 ✓		10/25/20 10/13/20 11/07/20	69.70	0.00	0.00	69.70 ✓
	SUPPLIES					
1969958812 ✓		10/25/20 10/13/20 11/07/20	203.86	0.00	0.00	203.86 ✓
	SUPPLIES					
1969958807 ✓		10/25/20 10/13/20 11/07/20	2,244.63	0.00	0.00	2,244.63 ✓
	SUPPLIES					
<del>1969957476</del> ✓		10/25/20 10/13/20 11/07/20	52.82	0.00	0.00	52.82 ✓
	SUPPLIES					
1969957487 ✓		10/25/20 10/13/20 11/07/20	4.60	0.00	0.00	4.60 ✓
	SUPPLIES					
1969957478 ✓		10/25/20 10/13/20 11/07/20	54.52	0.00	0.00	54.52 ✓
	SUPPLIES					
1969958814 ✓		10/25/20 10/13/20 11/07/20	22.78	0.00	0.00	22.78 ✓
	SUPPLIES					
1969957481 ✓		10/25/20 10/13/20 11/07/20	96.76	0.00	0.00	96.76 ✓
	SUPPLIES					
1970536515 ✓		10/25/20 10/15/20 11/09/20	92.93	0.00	0.00	92.93 ✓
	SUPPLIES					
1961145259 ✓		10/27/20 08/04/20 11/01/20	48.08	0.00	0.00	48.08 ✓
	SUPPLIES					
1962209299 ✓		10/27/20 08/12/20 11/01/20	146.18	0.00	0.00	146.18 ✓
	SUPPLIES					
1963301175 ✓		10/27/20 08/20/20 11/01/20	69.96	0.00	0.00	69.96 ✓
	SUPPLIES					
19636622215 ✓		10/27/20 08/24/20 11/04/20	54.89	0.00	0.00	54.89 ✓
	SUPPLIES					
1965723080 ✓		10/27/20 09/10/20 11/04/20	1,923.17	0.00	0.00	1,923.17 ✓
	SUPPLIES					
1969987285 ✓		10/27/20 10/13/20 11/07/20	289.14	0.00	0.00	289.14 ✓
19699987287 ✓		10/27/20 10/13/20 11/07/20	207.61	0.00	0.00	207.61 ✓
	SUPPLIES					

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	35,748.20	0.00	0.00	35,748.20

Vendor#	Vendor Name	Class	Pay Code
10825	MEMORIAL MEDICAL CLINIC ✓	ICP	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
102121		10/26/20	10/21/20	10/21/20		190.00	0.00	0.00	190.00 ✓
	PAYROLL DEDUCTS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10825	MEMORIAL MEDICAL CLINIC	190.00	0.00	0.00	190.00

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
CM81700 ✓		10/27/20	10/14/20	10/24/20		-285.88	0.00	0.00	-285.88 ✓
	CREDIT								
7434712 ✓		10/27/20	10/14/20	10/24/20		120.29	0.00	0.00	120.29 ✓
	INVENTORY								
CM81454 ✓		10/27/20	10/14/20	10/24/20		-30.66	0.00	0.00	-30.66 ✓
	CREDIT MEMO								
2394 ✓		10/27/20	10/14/20	10/24/20		-5.00	0.00	0.00	-5.00 ✓

7434711	✓	CREDIT	10/27/20	10/14/20	10/24/20	23.16	0.00	0.00	23.16	✓	
CM81453	✗	INVENTORY	10/27/20	10/14/20	10/24/20	-40.98	0.00	0.00	-40.98	✗	
7452684	✓	CREDIT (NOT MMC'S CREDIT)	10/27/20	10/19/20	10/29/20	4,464.43	0.00	0.00	4,464.43	✓	
7452685	✓	INVENTORY	10/27/20	10/19/20	10/29/20	1,954.11	0.00	0.00	1,954.11	✓	
7452686	✓	INVENTORY	10/27/20	10/19/20	10/29/20	489.32	0.00	0.00	489.32	✓	
7449557	✓	INVENTORY	10/27/20	10/19/20	10/29/20	4,741.89	0.00	0.00	4,741.89	✓	
7449558	✓	INVENTORY	10/27/20	10/19/20	10/29/20	21.38	0.00	0.00	21.38	✓	
7455600	✓	INVENTORY	10/27/20	10/20/20	10/30/20	4.75	0.00	0.00	4.75	✓	
7457483	✓	INVENTORY	10/27/20	10/20/20	10/30/20	185.43	0.00	0.00	185.43	✓	
7457484	✓	INVENTORY	10/27/20	10/20/20	10/30/20	33.15	0.00	0.00	33.15	✓	
CM83076	✓	CREDIT	10/27/20	10/22/20	11/01/20	-34.74	0.00	0.00	-34.74	✓	
7467956	✓	INVENTORY	10/27/20	10/24/20	11/03/20	33.06	0.00	0.00	33.06	✓	
7467955	✓	INVENTORY	10/27/20	10/24/20	11/03/20	987.44	0.00	0.00	987.44	✓	
7467954	✓	INVENTORY	10/27/20	10/24/20	11/03/20	195.72	0.00	0.00	195.72	✓	
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10536	MORRIS & DICKSON CO, LLC	12,856.87	0.00	0.00	12,856.87
Vendor#	Vendor Name					Class	Pay Code				
14164	MOUSER ELECTRONICS, INC.										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
64264752		10/25/20	10/20/20	11/04/20			38.70	0.00	0.00	38.70	
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14164	MOUSER ELECTRONICS, INC.	38.70	0.00	0.00	38.70
Vendor#	Vendor Name					Class	Pay Code				
13548	NACOGDOCHES TRANSCRIPTION										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
7518		10/26/20	10/26/20	11/04/20			721.14	0.00	0.00	721.14	
CODING SERVICES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13548	NACOGDOCHES TRANSCRIPTION	721.14	0.00	0.00	721.14
Vendor#	Vendor Name					Class	Pay Code				
12388	NATIONAL FARM LIFE INSURANCE										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
3538286		10/21/20	10/21/20	11/04/20			3,505.88	0.00	0.00	3,505.88	
INSURANCE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net

	12388	NATIONAL FARM LIFE INSURANCE					3,505.88	0.00	0.00	3,505.88
Vendor#	Vendor Name		Class		Pay Code					
13624	NEXION HEALTH AT NAVASOTA INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
TELEMED1002		10/28/20	10/01/20	10/31/20		1,000.00	0.00	0.00	1,000.00	
	TELEMED REIMBURSEMENT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	13624	NEXION HEALTH AT NAVASOTA INC				1,000.00	0.00	0.00	1,000.00	
Vendor#	Vendor Name		Class		Pay Code					
10868	NOVA BIOMEDICAL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
90919655		10/21/20	10/15/20	11/04/20		120.00	0.00	0.00	120.00	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10868	NOVA BIOMEDICAL				120.00	0.00	0.00	120.00	
Vendor#	Vendor Name		Class		Pay Code					
11256	NOVITAS SOLUTIONS - PART A									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
102721		10/27/20	10/27/20	10/27/20		339,928.00	0.00	0.00	339,928.00	
	MEDICARE INTERIM REIMBUF (MHC WAS OVERPAID ON MEDICARE REIMBURSEMENT)									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11256	NOVITAS SOLUTIONS - PART A				339,928.00	0.00	0.00	339,928.00	
Vendor#	Vendor Name		Class		Pay Code					
11069	PABLO GARZA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
102721		10/27/20	10/27/20	10/27/20		2,632.50	0.00	0.00	2,632.50	
	CONTRACT EMPLOYEE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11069	PABLO GARZA				2,632.50	0.00	0.00	2,632.50	
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	
007080		10/22/20	10/20/20	11/04/20		3,675.00	0.00	0.00	3,675.00	
	TRAVEL NURSE STAFFING									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	13988	PAYCHEX, ADVANCE FBO				3,675.00	0.00	0.00	3,675.00	
Vendor#	Vendor Name		Class		Pay Code					
12708	POC ELECTRIC, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
3416		10/21/20	10/13/20	11/04/20		900.00	0.00	0.00	900.00	
	POWER UP CHILLER									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	12708	POC ELECTRIC, LLC				900.00	0.00	0.00	900.00	
Vendor#	Vendor Name		Class		Pay Code					
P2100	PORT LAVACA WAVE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
093021		10/27/20	09/30/20	10/25/20		250.00	0.00	0.00	250.00	
	WAVE ONLINE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	P2100	PORT LAVACA WAVE				250.00	0.00	0.00	250.00	
Vendor#	Vendor Name		Class		Pay Code					

12480	PRO ENERGY PARTNERS LP ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2109-0600 ✓		10/25/20	10/13/20	11/04/20		3,094.71	0.00	0.00	3,094.71 ✓		
	NATURAL GAS										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	12480	PRO ENERGY PARTNERS LP				3,094.71	0.00	0.00	3,094.71		
Vendor#	Vendor Name				Class	Pay Code					
11080	RADSOURCE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
SC62863		10/19/20	10/16/20	11/10/20		1,625.00	0.00	0.00	1,625.00 ✓		
	MAINT CONTRACT										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11080	RADSOURCE				1,625.00	0.00	0.00	1,625.00		
Vendor#	Vendor Name				Class	Pay Code					
11764	ROBERT RODRIQUEZ ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
102621		10/26/20	10/26/20	10/26/20		64.71	0.00	0.00	64.71 ✓		
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11764	ROBERT RODRIQUEZ				64.71	0.00	0.00	64.71		
Vendor#	Vendor Name				Class	Pay Code					
S0900	SAM'S CLUB DIRECT ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
009215		10/26/20	09/20/20	11/08/20		104.62	0.00	0.00	104.62 ✓		
	SUPPLIES										
00475		10/26/20	09/21/20	11/08/20		169.90	0.00	0.00	169.90 ✓		
	SUPPLIES										
001181		10/26/20	09/24/20	11/08/20		43.74	0.00	0.00	43.74 ✓		
	SUPPLIES										
005270		10/26/20	09/26/20	11/08/20		47.90	0.00	0.00	47.90 ✓		
	SUPPLIES										
005724		10/26/20	09/29/20	11/08/20		78.48	0.00	0.00	78.48 ✓		
	SUPPLIES										
006687		10/26/20	10/04/20	11/08/20		138.84	0.00	0.00	138.84 ✓		
	SUPPLIES										
006707		10/26/20	10/07/20	11/08/20		75.76	0.00	0.00	75.76 ✓		
	SUPPLIES										
002162		10/26/20	10/10/20	11/08/20		108.78	0.00	0.00	108.78 ✓		
	SUPPLIES										
005401A		10/26/20	10/11/20	11/08/20		100.37	0.00	0.00	100.37 ✓		
	SUPPLIES										
007085		10/26/20	10/13/20	11/08/20		85.28	0.00	0.00	85.28 ✓		
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	S0900	SAM'S CLUB DIRECT				953.67	0.00	0.00	953.67		
Vendor#	Vendor Name				Class	Pay Code					
13172	SERACARE LIFE SCIENCES, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
90158090 ✓	supplies	10/27/20	09/02/20	11/03/20		189.52	0.00	0.00	189.52 ✓		
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		

	13172	SERACARE LIFE SCIENCES, INC					189.52	0.00	0.00	189.52
Vendor#	Vendor Name		Class	Pay Code						
10936	SIEMENS FINANCIAL SERVICES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
116122788		10/26/20	10/16/20	11/09/20		2,193.83	0.00	0.00	2,193.83	
	MAINT CONTRACT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10936	SIEMENS FINANCIAL SERVICES				2,193.83	0.00	0.00	2,193.83	
Vendor#	Vendor Name		Class	Pay Code						
10699	SIGN AD, LTD.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
267118		10/27/20	10/16/20	10/26/20		400.00	0.00	0.00	400.00	
	BILLBOARD									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10699	SIGN AD, LTD.				400.00	0.00	0.00	400.00	
Vendor#	Vendor Name		Class	Pay Code						
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
107017948		10/25/20	10/15/20	11/09/20		13,976.00	0.00	0.00	13,976.00	
	BLOOD									
CM5609		10/25/20	10/15/20	11/09/20		-3,081.00	0.00	0.00	-3,081.00	
	CREDIT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11296	SOUTH TEXAS BLOOD & TISSUE CEN				10,895.00	0.00	0.00	10,895.00	
Vendor#	Vendor Name		Class	Pay Code						
S2345	SOUTHEAST TEXAS HEALTH SYS		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
26582		10/07/20	10/05/20	11/04/20		125.00	0.00	0.00	125.00	
	CREDENTIALING									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	S2345	SOUTHEAST TEXAS HEALTH SYS				125.00	0.00	0.00	125.00	
Vendor#	Vendor Name		Class	Pay Code						
C1010	SPARKLIGHT		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
101621B		10/26/20	10/16/20	11/04/20		100.65	0.00	0.00	100.65	
	ACCOUNT 128686862									
101621A		10/26/20	10/16/20	11/04/20		101.70	0.00	0.00	101.70	
	ACCOUNT 118134105									
101621		10/26/20	10/16/20	11/04/20		2,258.00	0.00	0.00	2,258.00	
	ACCOUNT 100987627									
041521		10/27/20	04/15/20	10/31/20		1,675.13	0.00	0.00	1,675.13	
	INTERNET									
101621D		10/27/20	10/16/20	10/16/20		1,685.67	0.00	0.00	1,685.67	
	INTERNET									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C1010	SPARKLIGHT				5,813.15	0.00	0.00	5,813.15	
Vendor#	Vendor Name		Class	Pay Code						
14100	STAFFING FIRST									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
211018		10/22/20	10/18/20	11/04/20		4,625.00	0.00	0.00	4,625.00	
	TRAVEL NURSE STAFFING									



Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		14100	STAFFING FIRST		4,625.00	0.00	0.00	4,625.00	
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
4265071 ✓		10/11/20	09/09/20	11/01/20		6,976.18	0.00	0.00	6,976.18 ✓
Vendor Totals		10735	STRYKER SUSTAINABILITY			6,976.18	0.00	0.00	6,976.18
Vendor#	Vendor Name		Class	Pay Code					
T1450	TEXAS ASSOCIATION OF COUNTIES ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
100921		10/21/20	10/09/20	11/04/20		4,319.03	0.00	0.00	4,319.03 ✓
			3RD QRT UNEMPLOYMENT						
Vendor Totals		T1450	TEXAS ASSOCIATION OF COUNTIES			4,319.03	0.00	0.00	4,319.03
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
001834051079IN ✓		10/22/20	10/21/20	11/04/20		9,180.00	0.00	0.00	9,180.00 ✓
			TRAVEL NURSE MEDSURG/IC						
Vendor Totals		10758	TEXAS SELECT STAFFING, LLC			9,180.00	0.00	0.00	9,180.00
Vendor#	Vendor Name		Class	Pay Code					
11908	TMS SOUTH ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
INV26202 ✓		10/21/20	09/10/20	11/04/20		239.53	0.00	0.00	239.53 ✓
			SUPPLIES						
Vendor Totals		11908	TMS SOUTH			239.53	0.00	0.00	239.53
Vendor#	Vendor Name		Class	Pay Code					
T3334	TRINITY PHYSICS CONSULTING LLC ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
03-5228 ✓		10/19/20	10/11/20	11/10/20		3,150.00	0.00	0.00	3,150.00 ✓
			EVAL SERVICES						
Vendor Totals		T3334	TRINITY PHYSICS CONSULTING LLC			3,150.00	0.00	0.00	3,150.00
Vendor#	Vendor Name		Class	Pay Code					
U1064	UNIFIRST HOLDINGS INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
8400379131 ✓		10/15/20	10/14/20	11/08/20		197.10	0.00	0.00	197.10 ✓
			LAUNDRY						
8400379163 ✓		10/15/20	10/14/20	11/08/20		132.89	0.00	0.00	132.89 ✓
			LAUNDRY						
8400379144 ✓		10/18/20	10/14/20	11/08/20		79.43	0.00	0.00	79.43 ✓
			LAUNDRY						
8400379130 ✓		10/18/20	10/14/20	11/08/20		137.13	0.00	0.00	137.13 ✓
			LAUNDRY						
8400379133 ✓		10/18/20	10/14/20	11/08/20		199.32	0.00	0.00	199.32 ✓
			LAUNDRY						
8400379128 ✓		10/18/20	10/14/20	11/08/20		38.75	0.00	0.00	38.75 ✓

Vendor#	Vendor Name	Class	Pay Code							
8400379150	LAUNDRY			10/18/20	10/14/20	11/08/20	1,440.97	0.00	0.00	1,440.97
8400378812	LAUNDRY			10/28/20	10/11/20	11/05/20	88.33	0.00	0.00	88.33
8400378835	LAUNDRY			10/28/20	10/11/20	11/05/20	2,586.81	0.00	0.00	2,586.81
8400378811	LAUNDRY			10/28/20	10/11/20	11/05/20	45.15	0.00	0.00	45.15
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				U1064	UNIFIRST HOLDINGS INC		4,945.88	0.00	0.00	4,945.88
13808	VITA PERSONA LLC									
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				13808	VITA PERSONA LLC		687.91	0.00	0.00	687.91
11110	WERFEN USA LLC									
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				11110	WERFEN USA LLC		1,571.67	0.00	0.00	1,571.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	692,675.62	0.00	0.00	692,675.62

pg 10 correction  $\Sigma +40.98$   
 pg 13 correction  $\Sigma <2250.00>$   
 $\Sigma +2258.00$   
\$692,724.60

692,675.62 +  
 40.98 +  
 2,250.00 -  
 2,258.00 +  
692,724.60

APPROVED  
 ON  
 OCT 29 2021  
 COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS  
 CK#  
 19247-  
 192525

10/29/2021  
 12:41  
 Vendor# Vendor Name  
 14168 TEXAS HHSC ✓

MEMORIAL MEDICAL CENTER  
 AP Open Invoice List  
 Dates Through:  
 Class Pay Code

0  
 ap\_open\_invoice.template

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
102821		10/29/20	10/29/20	10/29/20		10,000.00	0.00	0.00	10,000.00 ✓

UC APPLICATION *for Medicaid DSH and UC*

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
14168	TEXAS HHSC		10,000.00	0.00	0.00	10,000.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,000.00	0.00	0.00	10,000.00

APPROVED  
 ON

OCT 29 2021

ck#

192519

COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###	<b>ENTER:</b>	
<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"	★		\$ 156.54 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		\$ 119.24 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			\$ 27.88 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			\$ 9.42 #
				\$ -
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	CHECK	★	
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

**CALLER INFORMATION:**

**CALLER NAME:** \_\_\_\_\_

**CALLER DATE:** \_\_\_\_\_

**CALLER TIME:** \_\_\_\_\_

Run Date: 10/29/21  
 Time: 10:43

MEMORIAL MEDICAL CENTER  
 Payroll Register ( Bi-Weekly )  
 Pay Period 10/06/21 - 10/21/21 Run# 3

Page 3  
 P2REG

Final Summary

*-- Pay Code Summary				*-- Deductions Summary			
PayCd	Description	Hrs	OT SH WE HO CB	Gross	Code	Amount	
P		20.00	N N N N	961.54	A/R		
					A/R2		A/R3
					ADVANC		AWARDS
					CAFE H		CAFE-1
					CAFE-3		CAFE-2
					CAFE-C		CAFE-4
					CAFE-H		CAFE-5
					CAFE-P		CAFE-D
					CLINIC		CAFE-F
					DD ADV		CAFE-I
					DIS-LF		CANCER
					FEDTAX	9.42	CHILD
					FIRSTC		COMBIN
					FORT D		CREDUN
					GRANT		DENTAL
					HOSP-I		DEP-LF
					LEGAL		EAT
					METVIS		EATCSH
					MMCSHR		FICA-M
					PHI		FICA-O
					RELAY		59.62
					SCRUBS		FLEX S
					STONDF		FUTA
					STUDEN		GIFT S
					SUNIND		GRP-IN
					SUNVIS		ID TFT
					TSA-2		LEAF
					TSA-R		MASA
					UW/HOS		MISC
							MISC/
							OTHER
							PR FIN
							SAMS
							SIGNON
							ST-TX
							STONE
							STONE2
							SUNILL
							SUNACC
							SUNLIF
							SUNSTD
							SURCHG
							TSA-1
							TSA-C
							TSA-P
							TUTION
							UNIFOR

----- Grand Totals: 20.00 ----- ( Gross: 961.54 Deductions: 150.29 Net: 811.25 )  
Checks Count:- FT PT 1 Other Female 1 Male Credit OverAmt ZeroNet Term Total: 1

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  
 11/3/2021

\*\*ENTER VOID CKS AS NEGATIVE NUMBERS\*\*

	10/8/2021	10/21/2021	11/3/2021	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
GROSS PAY:	\$	961.54				\$	-	\$ 961.54
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	\$	9.42						\$ 9.42
FICA-M	\$	13.94						\$ 13.94
FICA-O	\$	59.62						\$ 59.62
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	\$	67.31						\$ 67.31
UW/HOS	\$	-						\$ -
TOTAL DEDUCTIONS:	\$	150.29		\$ -	\$ -	\$ -	\$ -	\$ 150.29
NET PAY:	\$	811.25		\$ -	\$ -	\$ -	\$ -	\$ 811.25

TOTAL CAFÉ 125 PLAN:  
 TAXABLE PAY:

\$ - Less Exempt:  
 \$ 961.54 \$ 961.54

	**CALCULATED**	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 13.94		
FICA - MED (EE)	1.45% \$ 13.94	\$ 13.94	\$ -
FICA - SOC SEC (ER)	6.20% \$ 59.62		
FICA - SOC SEC (EE)	6.20% \$ 59.62	\$ 59.62	\$ -
FED WITHHOLDING	\$ 9.42	\$ 9.42	\$ -

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

TAX DEPOSIT:	\$	156.54	\$	156.54
FICA - MEDICARE	2.90%	\$ 27.88	\$ 27.88	
FICA - SOCIAL SECURITY	12.40%	\$ 119.24	\$ 119.24	
FED WITHHOLDING		\$ 9.42	\$ 9.42	
TOTAL TAX:		\$ 156.54	\$ 156.54	\$ -

PREPARED BY:  
 PREPARED DATE:

Mayra Martinez  
 10/29/2021

Run Date: 10/29/21  
Time: 10:42

MEMORIAL MEDICAL CENTER      BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
Pay Period 10/08/21--10/21/21    Run: 3  
Type=NET    10000001 OPERATING - PROSPERITY

Page 1  
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
86432	KRISTI L BOYD	811.25	00062907	11/03/21
		811.25		

# MCKESSON

# STATEMENT

As of: 10/29/2021

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: 10/30/2021

As of: 10/29/2021 Page: 002  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536 PLEASE CHECK ANY  
Date: 10/30/2021 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 5,997.65 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97  
10/07/2017

If Paid By 11/02/2021,  
Pay This Amount: 5,877.67 USD

If Paid After 11/02/2021,  
Pay this Amount: 5,997.65 USD

Due If Paid On Time: USD 5,877.67 ✓  
Disc lost if paid late: 119.98  
Due If Paid Late: USD 5,997.65

258.80 +  
1,352.87 +  
4,235.89 +  
30.11 +  
5,877.67 \*

CK# 500245

APPROVED  
ON

NOV 01 2021

COUNTY AGENT  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



# MCKESSON

# STATEMENT

As of: 10/29/2021

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: 10/30/2021

As of: 10/29/2021  
Mail to:

Page: 001  
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 190813 PLEASE CHECK ANY  
Date: 10/30/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
0/27/2021	11/02/2021	7302498897	2017037936	115Invoice	0.60	29.77		29.17 ✓		7302498897	
0/29/2021	11/02/2021	7303010556	2017038086	115Invoice	0.02	0.96		0.94 ✓		7303010556	

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

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

Subtotals: 30.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 0/25/2021 9,079.18

If Paid By 11/02/2021,  
Pay This Amount: 30.11 USD

If Paid After 11/02/2021,  
Pay this Amount: 30.73 USD

Due If Paid On Time: 30.11 ✓  
USD  
Disc lost if paid late: 0.62  
Due If Paid Late: 30.73  
USD

APPROVED  
ON  
NOV 01 2021  
COUNTY ASSESSOR  
CALHOUN COUNTY, TEXAS

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

# MCKESSON

# STATEMENT

As of: 10/29/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 10/29/2021  
Mall to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 256342  
Date: 10/30/2021

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342  
Date: 10/30/2021

**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	
<b>Customer Number 256342 WALMART 1098/MEM MED PHS</b>											
0/23/2021	11/02/2021	7301999975	1022210926	115Invoice	1.88	94.07		92.19	✓	7301999975	
0/25/2021	11/02/2021	7301944889	17733503	115Invoice	0.01	0.33		0.32	✓	7301944889	
0/25/2021	11/02/2021	7301944890	17754934	115Invoice	5.38	268.84		263.46	✓	7301944890	
0/25/2021	11/02/2021	7301944891	17778965	115Invoice	5.38	268.98		263.60	✓	7301944891	
0/25/2021	11/02/2021	7301944893	17800158	115Invoice	8.49	424.39		415.90	✓	7301944893	
0/25/2021	11/02/2021	7301944895	17800158	115Invoice	0.02	0.96		0.94	✓	7301944895	
0/25/2021	11/02/2021	7301944897	17822179	115Invoice	0.01	0.63		0.62	✓	7301944897	
0/26/2021	11/02/2021	7302254323	17881034	115Invoice	0.01	0.31		0.30	✓	7302254323	
0/26/2021	11/02/2021	7302423347	1025211148	115Invoice	23.60	1,179.90		1,156.30	✓	7302423347	
0/27/2021	11/02/2021	7302522998	18000788	115Invoice	0.70	34.99		34.29	✓	7302522998	
0/27/2021	11/02/2021	7302522999	18000788	115Invoice	7.86	393.19		385.33	✓	7302522999	
0/27/2021	11/02/2021	7302526000	18007467	115Invoice	0.01	0.28		0.27	✓	7302526000	
0/27/2021	11/02/2021	7302668572	1026210750	195Invoice	6.58	328.96		322.38	✓	7302668572	
0/27/2021	11/02/2021	7302668573	1026210905	115Invoice	0.04	1.90		1.86	✓	7302668573	
0/28/2021	11/02/2021	7302778659	18065889	115Invoice	16.98	848.78		831.80	✓	7302778659	
0/28/2021	11/02/2021	7302936110	1027210824	115Invoice	3.92	196.02		192.10	✓	7302936110	
0/29/2021	11/02/2021	7303050510	18092525	115Invoice	5.38	269.14		263.76	✓	7303050510	
0/29/2021	11/02/2021	7303050511	18092525	115Invoice	0.03	1.27		1.24	✓	7303050511	
0/29/2021	11/02/2021	7303050512	18136107	115Invoice	0.01	0.63		0.62	✓	7303050512	
0/29/2021	11/02/2021	7303197345	1028210815	195Invoice	0.18	8.79		8.61	✓	7303197345	

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 10/29/2021

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: 10/30/2021

As of: 10/29/2021  
Mail to:

Page: 001  
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342  
Date: 10/30/2021

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

RF column legend: P = Past Due Item, F = Future Due Item, National Account 632536 blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 4,322.36 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,079.18  
10/25/2021

If Paid By 11/02/2021,  
Pay This Amount: 4,235.89 USD

If Paid After 11/02/2021,  
Pay this Amount: 4,322.36 USD

Due If Paid On Time: USD 4,235.89 ✓  
Disc lost if paid late: 86.47  
Due If Paid Late: USD 4,322.36

APPROVED  
ON

NOV 01 2021

COUNTY CLERK  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 10/29/2021

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: 10/30/2021

As of: 10/29/2021  
Mail to:

Page: 001  
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 464450  
Date: 10/30/2021

**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	
<b>Customer Number 464450 HEB PHY FC 490/MEM MC PHS</b>											
0/26/2021	11/02/2021	7302240784	55x693135	115Invoice	9.23	461.63		452.40	✓	7302240784	
0/26/2021	11/02/2021	7302240785	55x693244	115Invoice	0.24	11.84		11.60	✓	7302240785	
0/26/2021	11/02/2021	7302240787	55x693246	115Invoice	0.25	12.38		12.13	✓	7302240787	
0/28/2021	11/02/2021	7302753684	55x698119	115Invoice	0.08	3.85		3.77	✓	7302753684	
0/29/2021	11/02/2021	7303013579	55x702619	115Invoice	12.49	624.64		612.15	✓	7303013579	
0/29/2021	11/02/2021	7303013580	55x702733	115Invoice	5.32	266.14		260.82	✓	7303013580	

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

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

Subtotals: 1,380.48 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 0/25/2021 9,079.18

If Paid By 11/02/2021,  
Pay This Amount: 1,352.87 USD

If Paid After 11/02/2021,  
Pay this Amount: 1,380.48 USD

Due If Paid On Time:  
USD 1,352.87 ✓

Disc lost if paid late:  
27.61

Due If Paid Late:  
USD 1,380.48

APPROVED  
ON

NOV 01 2021

COUNTY ATTORNEY  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 10/29/2021

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: 10/30/2021

As of: 10/29/2021  
 Mail to:

Page: 001  
 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 835438  
 Date: 10/30/2021

**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	
10/28/2021	11/02/2021	7302951193	632536 1419153	115Invoice	5.28	264.08		258.80 ✓		7302951193	

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

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

Subtotals: 264.08 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,079.18  
 10/25/2021

If Paid By 11/02/2021,  
 Pay This Amount: 258.80 USD

If Paid After 11/02/2021,  
 Pay this Amount: 264.08 USD

Due If Paid On Time: 258.80 ✓  
 USD  
 Disc lost if paid late: 5.28  
 Due If Paid Late:  
 USD 264.08

APPROVED  
 ON

NOV 01 2021

COUNTY CLERK  
 CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

Served By:

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

DEA: RA0289276  
866-451-9655

Customer:

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

Remit To:

AMERISOURCEBERGEN  
P.O. Box 905223  
CHARLOTTE NC 28290-5223

Customer Number

100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	1,814.60
Past Due:	0.00
Total Due:	1,814.60
Account Balance:	1,814.60

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-25-2021	11-05-2021	3071666135	163293	Invoice	3.20		0.00	3.20 ✓
10-25-2021	11-05-2021	3071666136	163294	Invoice	6.57		0.00	6.57 ✓
10-25-2021	11-05-2021	3071694285	163342	Invoice	135.48		0.00	135.48 ✓
10-26-2021	11-05-2021	3071818407	163352	Invoice	1,605.22		0.00	1,605.22 ✓
10-27-2021	11-05-2021	3071960133	163360	Invoice	1.01		0.00	1.01 ✓
10-27-2021	11-05-2021	3071960134	163361	Invoice	0.09		0.00	0.09 ✓
10-28-2021	11-05-2021	3072100740	163369	Invoice	40.38		0.00	40.38 ✓
10-28-2021	11-05-2021	3072100741	163370	Invoice	0.09		0.00	0.09 ✓
10-29-2021	11-05-2021	3072239920	163381	Invoice	22.56		0.00	22.56 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,814.60	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
10-29-2021	(251.64)

Reminders	
Due Date	Amount
11-05-2021	1,814.60
<b>Total Due:</b>	<b>1,814.60</b>

CW# 500244

APPROVED  
ON

NOV 01 2021

COUNTY CLERK  
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- October 25, 2021 - Octobe31, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
10/29/2021	PAY PLUS ACHTRANS 452579291 101000694595925	- 3rd Party Payor Fee
10/29/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
10/29/2021	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll
10/28/2021	PAY PLUS ACHTRANS 452579291 101000693582634	- 3rd Party Payor Fee
10/27/2021	PAY PLUS ACHTRANS 452579291 101000692815803	- 3rd Party Payor Fee
10/26/2021	PAY PLUS ACHTRANS 452579291 101000691907615	- 3rd Party Payor Fee
10/26/2021	MCKESSON DRUG AUTO ACH ACH04780601 910000121	- 340B Drug Program Expense
10/25/2021	TRANSFIRST LLC VMC SETTLE 41399801332385 611	- Credit Card Processing Fee
10/25/2021	PAY PLUS ACHTRANS 452579291 101000690928526	- 3rd Party Payor Fee
10/22/2021	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	- CitiBank Corporate Card Payment

<u>Amount</u>	<u>Cf</u>
\$ 168.95	168.95 +
\$ 251.64*	51.27 +
\$ 336,209.92*	154.35 +
\$ 51.27	130.29 +
\$ 154.35	43.76 +
\$ 130.29	548.02 *
\$ 9,079.18*	CC Fee
\$ 48.00	48.00 +
\$ 43.76	48.00 -
381.00*	48.00 -
	596.62 *
<b>346,518.36</b>	346.518.36 +
	251.64 -
	336.209.92 -
	9.079.18 -
	381.00 -
	596.62 *

\_\_\_\_\_  
 Anthony Richardson, CFO  
 Memorial Medical Center

November 1, 2021  
 \* Approved 10-27-21  
 \* \* Approved 10-20-21

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>

\_\_\_\_\_  
 Anthony Richardson, CFO  
 Memorial Medical Center

November 1, 2021

<u>Amount</u>	
	596.62 +
	596.62 -
	0.00 *

APPROVED  
ON  
 NOV 01 2021  
 COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

10/28/2021  
11:57

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

0  
ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

11828 SOLERA WEST HOUSTON ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
101521		10/27/20	10/15/20	11/11/20		9,505.80	0.00	0.00	9,505.80 ✓

TRANSFER NH insurance pymt deposited into mmc open

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	9,505.80	0.00	0.00	9,505.80

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,505.80	0.00	0.00	9,505.80

APPROVED  
ON

OCT 29 2021

ck#  
192529

COUNTY CLERK  
CALHOUN COUNTY, TEXAS



11/01/2021  
10:43

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

0  
ap\_open\_invoice.template

Vendor# Vendor Name  
11824 THE CRESCENT ✓

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
101821		10/27/20	10/18/20	11/11/20		6,930.00	0.00	0.00	6,930.00 ✓
TRANSFER <i>NT insurance pymt deposited into mme acct</i>									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
11824 THE CRESCENT						6,930.00	0.00	0.00	6,930.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,930.00	0.00	0.00	6,930.00

APPROVED  
ON

OCT 29 2021

CK#  
192530

COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

10/28/2021  
11:54

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

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
101321		10/27/20	10/13/20	11/11/20		9,225.66	0.00	0.00	9,225.66 ✓
	TRANSFER	<i>Hi insurance pymts deposited into MWC openmg</i>							
101321A		10/27/20	10/13/20	11/11/20		34,730.35	0.00	0.00	34,730.35 ✓
	TRANSFER	"							
101421		10/27/20	10/14/20	11/11/20		572.52	0.00	0.00	572.52 ✓
	TRANSFER	"							
101521		10/27/20	10/15/20	11/11/20		1,907.87	0.00	0.00	1,907.87 ✓
	TRANSFER	"							
101921A		10/27/20	10/19/20	11/11/20		374.36	0.00	0.00	374.36 ✓
	TRANSFER	"							
101921		10/27/20	10/19/20	11/11/20		53.38	0.00	0.00	53.38 ✓
	TRANSFER	"							
102021		10/27/20	10/20/20	11/11/20		532.23	0.00	0.00	532.23 ✓
	TRANSFER	"							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	47,396.37	0.00	0.00	47,396.37

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	47,396.37	0.00	0.00	47,396.37

**APPROVED**  
**ON**

*ck#*

**OCT 29 2021**

*192527*

**COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**

10/28/2021  
11:55

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through: 11/11/2021

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
101321		10/27/20	10/13/20	11/11/20		427.89	0.00	0.00	427.89 ✓
101421	TRANSFER NH insurance pymt deposited into mme accty	10/27/20	10/14/20	11/11/20		4,080.00	0.00	0.00	4,080.00 ✓
101521	TRANSFER "	10/27/20	10/15/20	11/11/20		4,080.00	0.00	0.00	4,080.00 ✓
101921A	TRANSFER "	10/27/20	10/19/20	11/11/20		655.88	0.00	0.00	655.88 ✓
101921	TRANSFER "	10/27/20	10/19/20	11/11/20		1,699.77	0.00	0.00	1,699.77 ✓
102021	TRANSFER "	10/27/20	10/20/20	11/11/20		5,887.57	0.00	0.00	5,887.57 ✓
102021A	TRANSFER "	10/27/20	10/20/20	11/11/20		3,029.83	0.00	0.00	3,029.83 ✓

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
12696		GULF POINTE PLAZA	19,860.94	0.00	0.00	19,860.94

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	19,860.94	0.00	0.00	19,860.94

APPROVED  
CN

OCT 29 2021

CK#  
192528

COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

10/28/2021  
11:58

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

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
13004	TUSCANY VILLAGE ✓								
101321		10/27/20	10/13/20	11/11/20		8,341.00	0.00	0.00	8,341.00 ✓
	TRANSFER								
101321A		10/27/20	10/13/20	11/11/20		1,092.54	0.00	0.00	1,092.54 ✓
	TRANSFER	"	"	"				"	
101421B		10/27/20	10/14/20	11/11/20		4,518.54	0.00	0.00	4,518.54 ✓
	TRANSFER	"	"	"				"	
101421A		10/27/20	10/14/20	11/11/20		9,219.00	0.00	0.00	9,219.00 ✓
	TRANSFER	"	"	"				"	
101421		10/27/20	10/14/20	11/11/20		1,870.20	0.00	0.00	1,870.20 ✓
	TRANSFER	"	"	"				"	
101521		10/27/20	10/15/20	11/11/20		1,416.60	0.00	0.00	1,416.60 ✓
	TRANSFER	"	"	"				"	
101821A		10/27/20	10/18/20	11/11/20		17.62	0.00	0.00	17.62 ✓
	TRANSFER	"	"	"				"	
101821		10/27/20	10/18/20	11/11/20		5,707.00	0.00	0.00	5,707.00 ✓
	TRANSFER	"	"	"				"	
102021		10/27/20	10/20/20	11/11/20		1,418.02	0.00	0.00	1,418.02 ✓
	TRANSFER	"	"	"				"	
Vendor Totals:									
Number Name						Gross	Discount	No-Pay	Net
13004 TUSCANY VILLAGE						33,600.52	0.00	0.00	33,600.52

*NI insurance pmt deposited into mmc open*

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	33,600.52	0.00	0.00	33,600.52

APPROVED  
ON

OCT 29 2021

CHK#

192531

COUNTY ATTORNEY  
CALESON COUNTY, TEXAS

10/28/2021  
11:53

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

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
12792	BETHANY SENIOR LIVING ✓								
101321		10/27/20	10/13/20	11/11/20		1,994.63	0.00	0.00	1,994.63 ✓
	TRANSFER	<i>NH insurance pymt deposited into mme acct</i>							
101321A		10/27/20	10/13/20	11/11/20		32,938.74	0.00	0.00	32,938.74 ✓
	TRANSFER	"							
101421		10/27/20	10/14/20	11/11/20		1,298.50	0.00	0.00	1,298.50 ✓
	TRANSFER	"							
101821		10/27/20	10/18/20	11/11/20		20,196.00	0.00	0.00	20,196.00 ✓
	TRANSFER	"							
102021		10/27/20	10/20/20	11/11/20		649.47	0.00	0.00	649.47 ✓
	TRANSFER	"							
Vendor Totals						Gross	Discount	No-Pay	Net
12792 BETHANY SENIOR LIVING						57,077.34	0.00	0.00	57,077.34

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	57,077.34	0.00	0.00	57,077.34

APPROVED  
ON  
OCT 29 2021  
CKH  
192524  
COURTNEY ABBOTT  
CALHOUN COUNTY, TEXAS

Q

RUN DATE:11/02/21  
 TIME:09:57

MEMORIAL MEDICAL CENTER  
 CHECK REGISTER  
 11/03/21 THRU 11/03/21

PAGE 1  
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	192447	11/03/21	616.28	ABILITY NETWORK (SHIFTHOUND)
A/P	192448	11/03/21	49.18	ADT COMMERCIAL
A/P	192449	11/03/21	2,668.50	ALLYSON SWOPE
A/P	192450	11/03/21	52.00	AQUA BEVERAGE COMPANY
A/P	192451	11/03/21	7,282.50	AUREUS RADIOLOGY LLC
A/P	192452	11/03/21	187.18	BAXTER HEALTHCARE
A/P	192453	11/03/21	890.40	BAYER HEALTHCARE
A/P	192454	11/03/21	45.97	BECKMAN COULTER CAPITAL
A/P	192455	11/03/21	8,064.58	BECKMAN COULTER INC
A/P	192456	11/03/21	13,950.00	BIOFIRE DIAGNOSTICS LLC
A/P	192457	11/03/21	1,132.00	BOSTON SCIENTIFIC CORPORATION
A/P	192458	11/03/21	3,080.00	CALHOUN COUNTY EMS
A/P	192459	11/03/21	110.49	CDW GOVERNMENT, INC.
A/P	192460	11/03/21	1,699.00	CERVEY, LLC
A/P	192461	11/03/21	5,593.12	CITY OF PORT LAVACA
A/P	192462	11/03/21	162.72	COASTAL OFFICE SOLUTIONS
A/P	192463	11/03/21	4,761.30	CORROHEALTH, INC.
A/P	192464	11/03/21	888.00	COURTNE THURLKILL
A/P	192465	11/03/21	3,784.85	COVIDIEN
A/P	192466	11/03/21	.00	VOIDED
A/P	192467	11/03/21	2,452.92	DEWITT POTH & SON
A/P	192468	11/03/21	400.00	DILON TECHNOLOGIES
A/P	192469	11/03/21	71,432.42	DISCOVERY MEDICAL NETWORK INC
A/P	192470	11/03/21	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	192471	11/03/21	139.50	ERBE USA INC SURGICAL SYSTEMS
A/P	192472	11/03/21	8,932.60	ETHOS MEDICAL STAFFING
A/P	192473	11/03/21	710.98	EVOQUA WATER TECHNOLOGIES LLC
A/P	192474	11/03/21	90.62	FEDERAL EXPRESS CORP.
A/P	192475	11/03/21	4,500.00	FIRST CONNECT CENTER LLC
A/P	192476	11/03/21	2,742.16	FISHER HEALTHCARE
A/P	192477	11/03/21	12,279.48	FRASIER HEALTHCARE CONSULTING,
A/P	192478	11/03/21	1,050.00	GUERBET, LLC
A/P	192479	11/03/21	708.75	HOLOGIC INC
A/P	192480	11/03/21	683.85	INTRADO
A/P	192481	11/03/21	26,660.00	ITA RESOURCES INC
A/P	192482	11/03/21	38.43	LABCORP OF AMERICA HOLDINGS
A/P	192483	11/03/21	96.66	MARKETLAB, INC
A/P	192484	11/03/21	1,655.00	MASA GLOBAL BUILDING
A/P	192485	11/03/21	405.60	MEDIVATORS
A/P	192486	11/03/21	.00	VOIDED
A/P	192487	11/03/21	.00	VOIDED
A/P	192488	11/03/21	.00	VOIDED
A/P	192489	11/03/21	.00	VOIDED
A/P	192490	11/03/21	.00	VOIDED
A/P	192491	11/03/21	.00	VOIDED
A/P	192492	11/03/21	35,748.20	MEDLINE INDUSTRIES INC
A/P	192493	11/03/21	190.00	MEMORIAL MEDICAL CLINIC
A/P	192494	11/03/21	.00	VOIDED
A/P	192495	11/03/21	12,897.85	MORRIS & DICKSON CO, LLC
A/P	192496	11/03/21	38.70	MOUSER ELECTRONICS, INC.

RUN DATE:11/02/21  
TIME:09:57

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
11/03/21 THRU 11/03/21

PAGE 2  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	192497	11/03/21	721.14	NACOGDOCHES TRANSCRIPTION
A/P	192498	11/03/21	3,505.88	NATIONAL FARM LIFE INSURANCE
A/P	192499	11/03/21	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	192500	11/03/21	120.00	NOVA BIOMEDICAL
A/P	192501	11/03/21	339,928.00	NOVITAS SOLUTIONS - PART A
A/P	192502	11/03/21	2,632.50	PABLO GARZA
A/P	192503	11/03/21	3,675.00	PAYCHEX, ADVANCE FBO
A/P	192504	11/03/21	900.00	POC ELECTRIC, LLC
A/P	192505	11/03/21	250.00	PORT LAVACA WAVE
A/P	192506	11/03/21	3,094.71	PRO ENERGY PARTNERS LP
A/P	192507	11/03/21	1,625.00	RADSOURCE
A/P	192508	11/03/21	64.71	ROBERT RODRIQUEZ
A/P	192509	11/03/21	953.67	SAM'S CLUB DIRECT
A/P	192510	11/03/21	189.52	SERACARE LIFE SCIENCES, INC
A/P	192511	11/03/21	2,193.83	SIEMENS FINANCIAL SERVICES
A/P	192512	11/03/21	400.00	SIGN AD, LTD.
A/P	192513	11/03/21	10,895.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	192514	11/03/21	125.00	SOUTHEAST TEXAS HEALTH SYS
A/P	192515	11/03/21	5,821.15	SPARKLIGHT
A/P	192516	11/03/21	4,625.00	STAFFING FIRST
A/P	192517	11/03/21	6,976.18	STRYKER SUSTAINABILITY
A/P	192518	11/03/21	4,319.03	TEXAS ASSOCIATION OF COUNTIES
A/P	192519	11/03/21	10,000.00	TEXAS HHSC
A/P	192520	11/03/21	9,180.00	TEXAS SELECT STAFFING, LLC
A/P	192521	11/03/21	239.53	TMS SOUTH
A/P	192522	11/03/21	3,150.00	TRINITY PHYSICS CONSULTING LLC
A/P	192523	11/03/21	4,945.88	UNIFIRST HOLDINGS INC
A/P	192524	11/03/21	687.91	VITA PERSONA LLC
A/P	192525	11/03/21	1,571.67	WERFEN USA LLC
A/P	192526	11/03/21	57,077.34	BETHANY SENIOR LIVING
A/P	192527	11/03/21	47,396.37	GOLDENCREEK HEALTHCARE
A/P	192528	11/03/21	19,860.94	GULF POINTE PLAZA
A/P	192529	11/03/21	9,505.80	SOLERA WEST HOUSTON
A/P	192530	11/03/21	6,930.00	THE CRESCENT
A/P	192531	11/03/21	33,600.52	TUSCANY VILLAGE
TOTALS:			877,095.57	

Payable 692,724.00 -  
Critical 10,000.00 -  
9,505.80 -  
6,930.00 -  
NH 47,396.37 +  
Transfers 19,860.94 +  
33,600.52 +  
57,077.34 +  
877,095.57 \*

APPROVED  
BY

NOV 03 2021

COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

## Request for Transfer of Funds

Transfer #: \_\_\_\_\_

Date Requested: 10/28/2021

Payer: \_\_\_\_\_

Requested by: ADRIANNA STRAKOS

Requestor's email: \_\_\_\_\_

Requestor's phone number: \_\_\_\_\_

District or County: \_\_\_\_\_

Facility: \_\_\_\_\_

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : [cclevenger@mmcportlavaca.com](mailto:cclevenger@mmcportlavaca.com)

[mmartinez@mmcportlavaca.com](mailto:mmartinez@mmcportlavaca.com)

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	10/12/2021	EFT	925.12	EFT6116796	CV DAR000026869	44.03	BROADMOOR AT CREEKSIDE
N/A	N/A	10/13/2021	EFT	2,475.90	EFT6118429	CV DAR000026869	117.84	BROADMOOR AT CREEKSIDE
N/A	N/A	10/14/2021	EFT	2,568.39	EFT6120184	CV DAR000026869	122.24	BROADMOOR AT CREEKSIDE
N/A	N/A	10/15/2021	EFT	143.89	EFT6121851	CV DAR000026869	6.85	BROADMOOR AT CREEKSIDE
N/A	N/A	10/15/2021	EFT	\$ 2,746.06	EFT6121817	CV DAR000026869	130.70	BROADMOOR AT CREEKSIDE
N/A	N/A	10/19/2021	EFT	\$ 4,027.74	EFT6125433	CV DAR000026869	191.69	BROADMOOR AT CREEKSIDE
N/A	N/A	10/20/2021	EFT	\$ 1,005.45	EFT6127783	CV DAR000026869	47.85	BROADMOOR AT CREEKSIDE
N/A	N/A	10/21/2021	EFT	\$ 2,650.01	EFT6129511	CV DAR000026869	126.13	BROADMOOR AT CREEKSIDE
N/A	N/A	10/22/2021	EFT	\$ 4,388.96	EFT6131272	CV DAR000026869	208.88	BROADMOOR AT CREEKSIDE
			<b>TOTAL</b>	<b>20,931.52</b>			<b>996.21</b>	

To be filled out by Memorial Medical Center:

Date Received: 10/28/

Approved by: C. Clevenger

Date of transfer: 11/3/2021

From Facility: Broadmoor

To Facility: MM Clinic

Amount: 996.21 ✓

APPROVED  
ON

NOV 01 2021

COENNY ABBOTT  
CALHOUN COUNTY, TEXAS

CHK# 000151



## Request for Transfer of Funds

Transfer #: \_\_\_\_\_  
 Date Requested: 10/28/2021  
 Payer: MEDICARE  
 Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER  
 Requestor's email: tgordon@bethany-living.com  
 Requestor's phone number: 361-551-0500  
 District or County: Calhoun  
 Facility: Bethany Senior Living

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to: [cclevenger@mmcportlavaca.com](mailto:cclevenger@mmcportlavaca.com)

[mmartinez@mmcportlavaca.com](mailto:mmartinez@mmcportlavaca.com)

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds [-] or Funds [+] to YOUR account	Notes
N/A	N/A	10/13/2021	EFT		EFT 6118495	CV DAR000026869	11.58	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	10/18/2021	EFT		EFT 6123721	CV DAR000026869	383.38	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	10/19/2021	EFT		EFT 6125547	CV DAR000026869	8,675.66	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	10/20/2021	EFT		EFT 6127926	CV DAR000026869	107.21	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	10/21/2021	EFT		EFT 6129671	CV DAR000026869	70.96	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	10/22/2021	EFT		EFT 6131432	CV DAR000026869	377.51	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
			<b>TOTAL</b>				9,626.30	

**To be filled out by Memorial Medical Center:**

Date Received: 10/28/2021  
 Approved by: C Clevenger  
 Date of transfer: 11/3/2021  
 From Facility: BROADMOOR  
 To Facility: Bethany  
 Amount: 9,626.30 ✓

ATTACHED  
@N

NOV 01 2021

COURTNEY AUDITOR  
CALHOUN COUNTY, TEXAS

ck# 000152



MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000151

Date 11-3-21

88-2265/1131

PAY

TO THE  
ORDER OF

Memorial Medical Clinic

\$ 996  $\frac{21}{100}$

Nine hundred ninety-six dollars &  $\frac{21}{100}$

DOLLARS



County Auditor

FOR Medicare repayment

County Treasurer  
Security features included. Details on back.

⑈000151⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000152

Date 11-3-21

88-2265/1131

PAY

TO THE  
ORDER OF

Bethany Senior Living

\$ 9,626  $\frac{30}{100}$

Nine thousand, six hundred twenty-six dollars &  $\frac{30}{100}$

DOLLARS



County Auditor

FOR mdcr repayment

County Treasurer  
Security features included. Details on back.

⑈000152⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000149

Date 11-3-21

88-2265/1131

PAY

TO THE  
ORDER OF

Golden Creek

\$ 2,120  $\frac{23}{100}$

Two thousand, one hundred twenty dollars &  $\frac{23}{100}$

DOLLARS



County Auditor

FOR medicare repayment

County Treasurer  
Security features included. Details on back.

⑈000149⑈ ⑆113122655⑆

## Request for Transfer of Funds

Transfer #: \_\_\_\_\_

Date Requested: 10/28/2021

Payer: \_\_\_\_\_

Requested by: ADRIANNA STRAKOS

Requestor's email: \_\_\_\_\_

Requestor's phone number: \_\_\_\_\_

District or County: \_\_\_\_\_

Facility: \_\_\_\_\_

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to: [cclevenger@mmcporthlavaca.com](mailto:cclevenger@mmcporthlavaca.com)

[mmartinez@mmcporthlavaca.com](mailto:mmartinez@mmcporthlavaca.com)

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	10/12/2021	EFT	925.12	EFT6116796	CV DAR000019557	44.03	THE CRESENT
N/A	N/A	10/13/2021	EFT	2,475.90	EFT6118429	CV DAR000019557	117.84	THE CRESENT
N/A	N/A	10/14/2021	EFT	2,568.39	EFT6120184	CV DAR000019557	122.24	THE CRESENT
N/A	N/A	10/15/2021	EFT	143.89	EFT6121851	CV DAR000019557	6.85	THE CRESENT
N/A	N/A	10/15/2021	EFT	\$ 2,746.06	EFT6121817	CV DAR000019557	130.70	THE CRESENT
N/A	N/A	10/19/2021	EFT	\$ 4,027.74	EFT6125433	CV DAR000019557	191.69	THE CRESENT
N/A	N/A	10/20/2021	EFT	\$ 1,005.45	EFT6127783	CV DAR000019557	47.85	THE CRESENT
N/A	N/A	10/21/2021	EFT	\$ 2,650.01	EFT6129511	CV DAR000019557	126.13	THE CRESENT
N/A	N/A	10/22/2021	EFT	\$ 4,388.96	EFT6131272	CV DAR000019557	208.88	THE CRESENT
<b>TOTAL</b>				<b>20,931.52</b>			<b>996.21</b>	

To be filled out by Memorial Medical Center:

Date Received: 10/28/

Approved by: C Clevenger

Date of transfer: 11/3/2021

From Facility: Crescent

To Facility: MMClinic

Amount: 996.21

APPROVED  
ON

NOV 01 2021

COURTNEY ARZUFF  
CALHOUN COUNTY, TEXAS  
CLF 000181

## Request for Transfer of Funds

Transfer #: \_\_\_\_\_

Date Requested: 10/28/2021

Payer: MEDICARE

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

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

Requestor's phone number: 361-551-0500

District or County: Calhoun

Facility: Bethany Senior Living

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : [cclevenger@mmcpportlavaca.com](mailto:cclevenger@mmcpportlavaca.com)

[mmartinez@mmcpportlavaca.com](mailto:mmartinez@mmcpportlavaca.com)

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	10/13/2021	EFT		EFT 6118495	CVDAR000019557	11.58	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	10/18/2021	EFT		EFT 6123721	CVDAR000019557	383.38	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	10/19/2021	EFT		EFT 6125547	CVDAR000019557	8,675.66	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	10/20/2021	EFT		EFT 6127926	CVDAR000019557	107.21	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	10/21/2021	EFT		EFT 6129671	CVDAR000019557	70.96	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	10/22/2021	EFT		EFT 6131432	CVDAR000019557	377.51	THE CRESENT - AUXILLARY ADVANCE PMT
			<b>TOTAL</b>				9,626.30	

**To be filled out by Memorial Medical Center:**

Date Received: 10/28/2021

Approved by: C Clevenger

Date of transfer: 11/3/2021

From Facility: Crescent

To Facility: Bethany

Amount: 9,626.30

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED  
ON

NOV 01 2021

COURTNEY AUGUSTON  
CALHOUN COUNTY, TEXAS

ck #00182



MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000181

88-2265/1131

Date 11-3-21

PAY

TO THE  
ORDER OF

Memorial Medical Clinic

\$ 996.<sup>21</sup>/<sub>100</sub>

Nine hundred ninety-six dollars & <sup>21</sup>/<sub>100</sub>

DOLLARS



PROSPERITY  
BANK

county auditor

FOR Medicare repayment



County Treasurer  
Security features are  
included. Details on back.

⑈000181⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000182

88-2265/1131

Date 11-3-21

PAY

TO THE  
ORDER OF

Bethany Senior Living

\$ 9,626.<sup>30</sup>/<sub>100</sub>

Nine thousand, six hundred twenty-six dollars & <sup>30</sup>/<sub>100</sub>

DOLLARS



PROSPERITY  
BANK

county auditor

FOR Medicare repayment



County Treasurer  
Security features are  
included. Details on back.

⑈000182⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000180

88-2265/1131

Date 11-3-21

PAY

TO THE  
ORDER OF

Golden Creek

\$ 2,120.<sup>23</sup>/<sub>100</sub>

Two thousand, one hundred twenty dollars & <sup>23</sup>/<sub>100</sub>

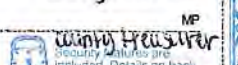
DOLLARS



PROSPERITY  
BANK

county auditor

FOR mdr repayment



County Treasurer  
Security features are  
included. Details on back.

⑈000180⑈ ⑆113122655⑆

## Request for Transfer of Funds

Transfer #: \_\_\_\_\_

Date Requested: 10/28/2021

Payer: \_\_\_\_\_

Requested by: ADRIANNA STRAKOS

Requestor's email: \_\_\_\_\_

Requestor's phone number: \_\_\_\_\_

District or County: \_\_\_\_\_

Facility: \_\_\_\_\_

**Please Attach:**

Remittance Advice and EOB

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\* 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](mailto:cclevenger@mmcportlavaca.com)

[mmartinez@mmcportlavaca.com](mailto:mmartinez@mmcportlavaca.com)

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	10/12/2021	EFT	925.12	EFT6116796	CV DAR000018170	44.03	SOLERA WEST HOUSTON
N/A	N/A	10/13/2021	EFT	2,475.90	EFT6118429	CV DAR000018170	117.84	SOLERA WEST HOUSTON
N/A	N/A	10/14/2021	EFT	2,568.39	EFT6120184	CV DAR000018170	122.24	SOLERA WEST HOUSTON
N/A	N/A	10/15/2021	EFT	143.89	EFT6121851	CV DAR000018170	6.85	SOLERA WEST HOUSTON
N/A	N/A	10/15/2021	EFT	\$ 2,746.06	EFT6121817	CV DAR000018170	130.70	SOLERA WEST HOUSTON
N/A	N/A	10/19/2021	EFT	\$ 4,027.74	EFT6125433	CV DAR000018170	191.69	SOLERA WEST HOUSTON
N/A	N/A	10/20/2021	EFT	\$ 1,005.45	EFT6127783	CV DAR000018170	47.85	SOLERA WEST HOUSTON
N/A	N/A	10/21/2021	EFT	\$ 2,650.01	EFT6129511	CV DAR000018170	126.13	SOLERA WEST HOUSTON
N/A	N/A	10/22/2021	EFT	\$ 4,388.96	EFT6131272	CV DAR000018170	208.88	SOLERA WEST HOUSTON
<b>TOTAL</b>				<b>20,931.52</b>			<b>996.21</b>	

**To be filled out by Memorial Medical Center:**

Date Received: 10/28/

Approved by: C. Clevenger

Date of transfer: 11/3/2021

From Facility: Solera

To Facility: MM Clinic

Amount: 996.21

APPROVED  
CN

NOV 01 2021

COUNTY AGENITOR  
CALHOUN COUNTY, TEXAS  
CL#601180





## Request for Transfer of Funds

Transfer #: \_\_\_\_\_  
 Date Requested: 10/28/2021  
 Payer: MEDICARE  
 Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER  
 Requestor's email: tgordon@bethany-living.com  
 Requestor's phone number: 361-551-0500  
 District or County: Calhoun  
 Facility: Bethany Senior Living

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : [cclevenger@mmcportlavaca.com](mailto:cclevenger@mmcportlavaca.com)

[mmartinez@mmcportlavaca.com](mailto:mmartinez@mmcportlavaca.com)

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	10/13/2021	EFT		EFT 6118495	CV DAR000018170	11.58	Solera West Houston - AUXILLARY ADVANCE PMT
N/A	N/A	10/18/2021	EFT		EFT 6123721	CV DAR000018170	383.38	Solera West Houston - AUXILLARY ADVANCE PMT
N/A	N/A	10/19/2021	EFT		EFT 6125547	CV DAR000018170	8,675.66	Solera West Houston - AUXILLARY ADVANCE PMT
N/A	N/A	10/20/2021	EFT		EFT 6127926	CV DAR000018170	107.21	Solera West Houston - AUXILLARY ADVANCE PMT
N/A	N/A	10/21/2021	EFT		EFT 6129671	CV DAR000018170	70.96	Solera West Houston - AUXILLARY ADVANCE PMT
N/A	N/A	10/22/2021	EFT		EFT 6131432	CV DAR000018170	377.51	Solera West Houston - AUXILLARY ADVANCE PMT
			<b>TOTAL</b>	-			9,626.30	

**To be filled out by Memorial Medical Center:**

Date Received: 10/28/2021  
 Approved by: C Clevenger  
 Date of transfer: 11/3/2021  
 From Facility: Solera  
 To Facility: Bethany  
 Amount: 9,626.30

APPROVED  
BY

NOV 01 2021

COUNTY CLERK  
CALHOUN COUNTY, TEXAS  
CLEF001181

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001180

Date 11-3-21 88-2265/1131

PAY

TO THE  
ORDER OF

Memorial Medical Clinic

\$ 996.<sup>21</sup>/<sub>100</sub>

Nine hundred ninety-six dollars & <sup>21</sup>/<sub>100</sub>

DOLLARS



FOR Medicare repayment

County Auditor



⑈001180⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001179

Date 11-3-21 88-2265/1131

PAY

TO THE  
ORDER OF

Golden Creek

\$ 2,120.<sup>23</sup>/<sub>100</sub>

Two thousand, one hundred twenty dollars & <sup>23</sup>/<sub>100</sub>

DOLLARS



FOR Medicare repayment

County Auditor



⑈001179⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001181

Date 11-3-21 88-2265/1131

PAY

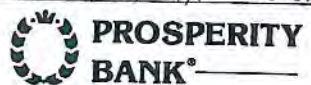
TO THE  
ORDER OF

Bethany Senior Living

\$ 9,626.<sup>30</sup>/<sub>100</sub>

Nine thousand, six hundred twenty-six dollars & <sup>30</sup>/<sub>100</sub>

DOLLARS



FOR Medicare repayment

County Auditor



⑈001181⑈ ⑆113122655⑆

## Request for Transfer of Funds

Transfer #: \_\_\_\_\_

Date Requested: 10/28/2021

Payer: \_\_\_\_\_

Requested by: ADRIANNA STRAKOS

Requestor's email: \_\_\_\_\_

Requestor's phone number: \_\_\_\_\_

District or County: \_\_\_\_\_

Facility: \_\_\_\_\_

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to: [cclevenger@mmcportlavaca.com](mailto:cclevenger@mmcportlavaca.com)

[mmartinez@mmcportlavaca.com](mailto:mmartinez@mmcportlavaca.com)

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	10/12/2021	EFT	925.12	EFT6116796	CVDAR000019540	44.03	GOLDEN CREEK
N/A	N/A	10/13/2021	EFT	2,475.90	EFT6118429	CVDAR000019540	117.84	GOLDEN CREEK
N/A	N/A	10/14/2021	EFT	2,568.39	EFT6120184	CVDAR000019540	122.24	GOLDEN CREEK
N/A	N/A	10/15/2021	EFT	143.89	EFT6121851	CVDAR000019540	6.85	GOLDEN CREEK
N/A	N/A	10/15/2021	EFT	\$ 2,746.06	EFT6121817	CVDAR000019540	130.70	GOLDEN CREEK
N/A	N/A	10/19/2021	EFT	\$ 4,027.74	EFT6125433	CVDAR000019540	191.69	GOLDEN CREEK
N/A	N/A	10/20/2021	EFT	\$ 1,005.45	EFT6127783	CVDAR000019540	47.85	GOLDEN CREEK
N/A	N/A	10/21/2021	EFT	\$ 2,650.01	EFT6129511	CVDAR000019540	126.13	GOLDEN CREEK
N/A	N/A	10/22/2021	EFT	\$ 4,388.96	EFT6131272	CVDAR000019540	208.88	GOLDEN CREEK
<b>TOTAL</b>				<b>20,931.52</b>			<b>996.21</b>	

**To be filled out by Memorial Medical Center:**

Date Received: 10/28/

Approved by: C Clevenger

Date of transfer: 11/3/2021

From Facility: Golden Creek

To Facility: MMClinic

Amount: 996.21

APPROVED  
BY

NOV 01 2021

COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
ck#000191

## Request for Transfer of Funds

Transfer #: \_\_\_\_\_  
 Date Requested: 10/28/2021  
 Payer: MEDICARE  
 Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER  
 Requestor's email: tgordon@bethany-living.com  
 Requestor's phone number: 361-551-0500  
 District or County: Calhoun  
 Facility: Bethany Senior Living

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : [cclevenger@mmcportlavaca.com](mailto:cclevenger@mmcportlavaca.com)

[mmartinez@mmcportlavaca.com](mailto:mmartinez@mmcportlavaca.com)

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	10/13/2021	EFT		EFT 6118495	CVDAR00019540	11.58	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	10/18/2021	EFT		EFT 6123721	CVDAR00019540	383.38	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	10/19/2021	EFT		EFT 6125547	CVDAR00019540	8,675.66	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	10/20/2021	EFT		EFT 6127926	CVDAR00019540	107.21	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	10/21/2021	EFT		EFT 6129671	CVDAR00019540	70.96	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	10/22/2021	EFT		EFT 6131432	CVDAR00019540	377.51	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
			<b>TOTAL</b>				<b>9,626.30</b>	

**To be filled out by Memorial Medical Center:**

Date Received: 10/28/2021  
 Approved by: C Clevenger  
 Date of transfer: 11/3/2021  
 From Facility: Golden Creek  
 To Facility: Bethany  
 Amount: 9,626.30

APPROVED  
ON

NOV 01 2021

COURTNEY ANDERSON  
 CALHOUN COUNTY, TEXAS  
 CLK # 00140

MEMORIAL MEDICAL CENTER

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

000141

Date 11-3-21

88-2265/1131

PAY

TO THE  
ORDER OF

Memorial Medical Clinic

\$ 996.<sup>21</sup>/<sub>100</sub>

Nine hundred ninety-six dollars & <sup>21</sup>/<sub>100</sub>

DOLLARS



county auditor

FOR

medicare repayment



⑈000141⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000140

Date 11-3-21

88-2265/1131

PAY

TO THE  
ORDER OF

Bethany Senior Living

\$ 9,626.<sup>30</sup>/<sub>100</sub>

Nine thousand, six hundred twenty-six dollars & <sup>30</sup>/<sub>100</sub>

DOLLARS



county auditor

FOR

medicare repayment



⑈000140⑈ ⑆113122655⑆

## Request for Transfer of Funds

Transfer #: \_\_\_\_\_

Date Requested: 10/28/2021

Payer: \_\_\_\_\_

Requested by: ADRIANNA STRAKOS

Requestor's email: \_\_\_\_\_

Requestor's phone number: \_\_\_\_\_

District or County: \_\_\_\_\_

Facility: \_\_\_\_\_

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : [cclevenger@mmcporthlavaca.com](mailto:cclevenger@mmcporthlavaca.com)

[mmartinez@mmcporthlavaca.com](mailto:mmartinez@mmcporthlavaca.com)

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	10/12/2021	EFT	925.12	EFT6116796	CV DAR000007985	44.03	TUSCANY VILLAGE
N/A	N/A	10/13/2021	EFT	2,475.90	EFT6118429	CV DAR000007985	117.84	TUSCANY VILLAGE
N/A	N/A	10/14/2021	EFT	2,568.39	EFT6120184	CV DAR000007985	122.24	TUSCANY VILLAGE
N/A	N/A	10/15/2021	EFT	143.89	EFT6121851	CV DAR000007985	6.85	TUSCANY VILLAGE
N/A	N/A	10/15/2021	EFT	\$ 2,746.06	EFT6121817	CV DAR000007985	130.70	TUSCANY VILLAGE
N/A	N/A	10/19/2021	EFT	\$ 4,027.74	EFT6125433	CV DAR000007985	191.69	TUSCANY VILLAGE
N/A	N/A	10/20/2021	EFT	\$ 1,005.45	EFT6127783	CV DAR000007985	47.85	TUSCANY VILLAGE
N/A	N/A	10/21/2021	EFT	\$ 2,650.01	EFT6129511	CV DAR000007985	126.13	TUSCANY VILLAGE
N/A	N/A	10/22/2021	EFT	\$ 4,388.96	EFT6131272	CV DAR000007985	208.88	TUSCANY VILLAGE
<b>TOTAL</b>				<b>20,931.52</b>			<b>996.21</b>	

**To be filled out by Memorial Medical Center:**

Date Received: 10/28/

Approved by: C Clevenger

Date of transfer: 11/3/2021

From Facility: Tuscany

To Facility: MMClinic

Amount: 996.21

APPROVED  
BY

NOV 01 2021

CORNER AMBULATOR  
CALHOUN COUNTY, TEXAS

CR#1074

## Request for Transfer of Funds

Transfer #: \_\_\_\_\_

Date Requested: 10/28/2021

Payer: MEDICARE

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

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

Requestor's phone number: 361-551-0500

District or County: Calhoun

Facility: Bethany Senior Living

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : [cclevenger@mmcporthavaca.com](mailto:cclevenger@mmcporthavaca.com)

[mmartinez@mmcporthavaca.com](mailto:mmartinez@mmcporthavaca.com)

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	10/13/2021	EFT		EFT 6118495	CVDAR000007985	11.58	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	10/18/2021	EFT		EFT 6123721	CVDAR000007985	383.38	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	10/19/2021	EFT		EFT 6125547	CVDAR000007985	8,675.66	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	10/20/2021	EFT		EFT 6127926	CVDAR000007985	107.21	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	10/21/2021	EFT		EFT 6129671	CVDAR000007985	70.96	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	10/22/2021	EFT		EFT 6131432	CVDAR000007985	377.51	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
<b>TOTAL</b>							<b>9,626.30</b>	

**To be filled out by Memorial Medical Center:**

Date Received: 10/28/2021

Approved by: C Clevenger

Date of transfer: 11/3/2021

From Facility: Tuscany

To Facility: Bethany

Amount: 9,626.30

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED  
ON

NOV 01 2021

COUNTY CLERK  
CALHOUN COUNTY, TEXAS

ck # 1073





MEMORIAL MEDICAL CENTER 022020  
NH TUSCANY VILLAGE

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

1074

88-2265/1131-87

DATE 11-3-21



PAY TO THE ORDER OF Memorial Medical Clinic

\$ 996. <sup>21</sup>/<sub>100</sub>

Nine hundred ninety six dollars <sup>21</sup>/<sub>100</sub>

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

⑈001074⑈ ⑆113122655⑆

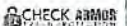
MEMORIAL MEDICAL CENTER 022020  
NH TUSCANY VILLAGE

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

1073

88-2265/1131-87

DATE 11-3-21



PAY TO THE ORDER OF Bethany Senior Living

\$ 9,626. <sup>30</sup>/<sub>100</sub>

Nine thousand, six hundred twenty-six dollars <sup>30</sup>/<sub>100</sub>

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

⑈001073⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020  
NH TUSCANY VILLAGE

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

1072

88-2265/1131-87

DATE 11-3-21



PAY TO THE ORDER OF Golden Creeke

\$ 2,120. <sup>23</sup>/<sub>100</sub>

Two thousand, one hundred twenty dollars <sup>23</sup>/<sub>100</sub>

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

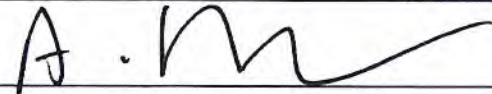
⑈001072⑈ ⑆113122655⑆

**Medicare Repayment**

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	Amt	CK DATE
BROADMOOR			Golden Creek	20351000	2,120.23	11/3/2021
BROADMOOR			MMClinic	20351000	996.21	11/3/2021
BROADMOOR			Bethany	20351000	9,626.30	11/3/2021
CRESCENT			Golden Creek	20351000	2,120.23	11/3/2021
CRESCENT			MMClinic	20351000	996.21	11/3/2021
CRESCENT			Bethany	20351000	9,626.30	11/3/2021
SOLERA			Golden Creek	20351000	2,120.23	11/3/2021
SOLERA			MMClinic	20351000	996.21	11/3/2021
SOLERA			Bethany	20351000	9,626.30	11/3/2021
GOLDEN CREEK			BETHANY	20351000	9,626.30	11/3/2021
GOLDEN CREEK			MMClinic	20351000	996.21	11/3/2021
TUSCANY			GOLDEN CREEK	20351000	2,120.23	11/3/2021
TUSCANY			BETHANY	20351000	9,626.30	11/3/2021
TUSCANY			MMClinic	20351000	996.21	11/3/2021
<b>Total</b>					<b>61,593.47</b>	

Note:

Approved:



Anthony Richardson, CFO

11/1/2021

Gulf Pointe Plaza

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC

Date Requested: 11/1/21

A

Y

E

E

APPROVED  
ON

NOV 01 2021

COUNTY APPROVED  
CALHOUN COUNTY, TEXAS

CK#1022

FOR ACCT. USE ONLY

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

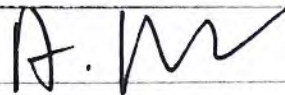
AMOUNT 7491.54

G/L NUMBER:

EXPLANATION: Echo payments owed from GPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:



Gulf Pointe Plaza

~~MEMORIAL MEDICAL CENTER~~  
CHECK REQUEST

P MMC **Clinic**  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 11/1/21

APPROVED  
ON

NOV 01 2021

COURTESY APPROVED  
CALHOUN COUNTY, TEXAS  
CK#1024

FOR ACCT. USE ONLY

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

AMOUNT 787.36

G/L NUMBER: \_\_\_\_\_

EXPLANATION: Echo payments owed from GPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: \_\_\_\_\_

Gulf Pointe Plaza

~~MEMORIAL MEDICAL CENTER~~  
CHECK REQUEST

P ~~MMC~~ Broadman

Date Requested: 11/1/21

A \_\_\_\_\_

APPROVED  
ON

FOR ACCT. USE ONLY

Y \_\_\_\_\_

NOV 01 2021

Imprest Cash

E \_\_\_\_\_

COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CLC#1025

A/P Check

E \_\_\_\_\_

Mail Check to Vendor

Return Check to Dept

AMOUNT 5,803.39

G/L NUMBER: \_\_\_\_\_

EXPLANATION: Echo payment owed from Gulf Pointe Private Pay Account

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: A.M.

Gulf Pointe Plaza

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC Crescent

Date Requested: 11/1/21

A \_\_\_\_\_

APPROVED  
ON

Y \_\_\_\_\_

NOV 01 2021

E \_\_\_\_\_

COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CL#1024

E \_\_\_\_\_

FOR ACCT. USE ONLY

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

AMOUNT 11,642.00

G/L NUMBER: \_\_\_\_\_

EXPLANATION: Echo payment owed from Gulf Pointe Private Pay Account

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: A.M.

Pointe  
Gulf Plaza

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC *Solem*

Date Requested: 11/1/21

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

APPROVED  
ON

NOV 01 2021

COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK#1027

FOR ACCT. USE ONLY

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

AMOUNT 13,530.00

G/L NUMBER: \_\_\_\_\_

EXPLANATION: Echo payment owed from Gulf Pointe Private Pay Account

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *A.M.*



Gulf Pointe Plaza

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P ~~MIMC~~ Tuscany

Date Requested: 11/1/21

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

APPROVED  
ON

NOV 01 2021

COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 1623

FOR ACCT. USE ONLY

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

AMOUNT 4,390.00

G/L NUMBER: \_\_\_\_\_

EXPLANATION: Echo payment owed from Gulf Pointe Private Pay Account

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: A.M.

Gulf Pointe Plaza Acct: 5433			Echo Service Fee contract amount 308047		MMC	TUSCANY	MMC CLINIC	CANTEX	ASHFORD	BROADMOOR	SOLERA	FORTBEND	CRESCENT	GOLDEN CREEK	BETHANY	GULF PONTE	
Echo / Wellmed Deposits																	
WELLMED ACH NO REMIT	6/28/2021	\$255.90															
NO REMITS - NOT GPP MONEY	7/14/2021	\$70.13															
NO REMITS - NOT GPP MONEY	7/14/2021	\$23.15															
WELLMED ACH NO REMIT - NOT GPP MONEY	7/22/2021	\$63.71															
WELLMED ACH NO REMIT - NOT GPP MONEY	8/12/2021	\$4,816.21															
Echo / Wellmed Deposits	8/18/2021	\$206.44															
Echo / Wellmed Deposits	8/25/2021	\$102.91															
HNB - ECHO HCCLAIMPMT 746003411 440000250774	9/1/2021	\$54.98															
HNB - ECHO HCCLAIMPMT 746003411 440000278828	10/28/2021	\$13.88	\$2.38	\$119.80													
HNB - ECHO HCCLAIMPMT 746003411 440000278828	10/28/2021	\$894.87	\$52.89	\$2,657.80													
HNB - ECHO HCCLAIMPMT 746003411 440000203782	10/26/2021	\$26.62	\$3.58							\$180.00							
HNB - ECHO HCCLAIMPMT 746003411 440000203782	10/26/2021	\$498.75	\$269.25								\$13,530.00						
HNB - ECHO HCCLAIMPMT 746003411 440000203782	10/26/2021	\$5.88	\$0.32					\$16.00									
HNB - ECHO HCCLAIMPMT 746003411 440000203782	10/26/2021	\$17.81	\$2.39					\$120.00									
HNB - ECHO HCCLAIMPMT 746003411 440000203782	10/26/2021	\$70.77	\$1.43					\$72.00									
HNB - ECHO HCCLAIMPMT 746003411 440000257764	10/25/2021	\$2.78	\$0.26					\$13.00									
HNB - ECHO HCCLAIMPMT 746003411 440000257764	10/25/2021	\$4.53	\$0.48					\$24.00									
HNB - ECHO HCCLAIMPMT 746003411 440000257764	10/25/2021	\$8.81	\$1.59					\$80.00									
HNB - ECHO HCCLAIMPMT 746003411 440000257764	10/25/2021	\$27.21	\$0.48					\$24.00									
HNB - ECHO HCCLAIMPMT 746003411 440000257764	10/25/2021	\$811.88	\$111.91							\$5,623.39							
HNB - ECHO HCCLAIMPMT 746003411 440000257764	10/25/2021	\$1811.87	\$231.68										\$11,642.00				
HNB - ECHO HCCLAIMPMT 746003411 440000257764	10/25/2021	\$19.88	\$2.76					\$138.60									
HNB - ECHO HCCLAIMPMT 746003411 440000257764	10/25/2021	\$86.58	\$20.02	\$1,006.20													
HNB - ECHO HCCLAIMPMT 746003411 440000257764	10/25/2021	\$77.22	\$0.68					\$33.95									
HNB - ECHO HCCLAIMPMT 746003411 440000257764	10/25/2021	\$814.42	\$29.53	\$1,484.00													
HNB - ECHO HCCLAIMPMT 746003411 440000257784	10/25/2021	\$1.20	\$0.32					\$16.00									
HNB - ECHO HCCLAIMPMT 746003411 440000257764	10/25/2021	\$570.88	\$22.76	\$1,143.60													
HNB - ECHO HCCLAIMPMT 746003411 440000273043	10/22/2021	\$8.88	\$1.19					\$60.00									
HNB - ECHO HCCLAIMPMT 746003411 41000129739278	10/21/2021	\$97.80	\$16.71	\$839.64													
HNB - ECHO HCCLAIMPMT 746003411 440000285600	10/21/2021	\$87.24	\$4.82					\$242.36									
HNB - ECHO HCCLAIMPMT 746003411 440000285600	10/21/2021	\$84.71	\$3.74	\$67.95				\$120.00									
HNB - ECHO HCCLAIMPMT 746003411 440000285600	10/21/2021	\$289.88	\$87.36	\$4,390.00													
HNB - ECHO HCCLAIMPMT 746003411 440000285600	10/21/2021	\$158.01	\$31.23														
<b>Totals</b>				\$7,491.54	\$4,190.00	\$	\$787.36	\$	\$	\$	\$5,801.19	\$11,530.00	\$	\$11,642.00	\$	\$	\$1,569.24

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

1022

88-2265/1131-87

DATE 11-3-21



PAY TO THE ORDER OF Memorial Medical Center \$ 7,491.<sup>54</sup>/<sub>100</sub>

Seven thousand, four hundred ninety-one dollars  $3 \frac{54}{100}$  DOLLARS



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

FOR Echo repayments

\_\_\_\_\_  
county auditor  
\_\_\_\_\_  
county treasurer

⑈001022⑈ ⑆113122655⑆

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

1024

88-2265/1131-87

DATE 11-3-21



PAY TO THE ORDER OF Memorial Medical Clinic \$ 787.<sup>32</sup>/<sub>100</sub>

Seven hundred eighty-seven dollars  $3 \frac{32}{100}$  DOLLARS



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361-552-7411 www.prosperitybankusa.com

FOR Echo payments

\_\_\_\_\_  
county auditor  
\_\_\_\_\_  
county treasurer

⑈001024⑈ ⑆113122655⑆

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

1025

88-2265/1131-87

DATE 11-3-21



PAY TO THE ORDER OF Broadmoor \$ 5,803.<sup>39</sup>/<sub>100</sub>

Five thousand, eight hundred three dollars  $3 \frac{39}{100}$  DOLLARS



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FOR Echo payments

\_\_\_\_\_  
county auditor  
\_\_\_\_\_  
county treasurer

⑈001025⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER  
NH GULF POINTE - PRIVATE PAY

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

1026

88-2265/1131-87

DATE 11-3-21

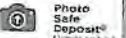


PAY TO THE ORDER OF The Crescent

\$ 11,642.<sup>00</sup>/<sub>100</sub>

Eleven thousand, six hundred forty-two dollars  $\frac{00}{100}$

DOLLARS



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361-552-7411 www.prosperitybankusa.com

FOR Echo payments

\_\_\_\_\_  
county auditor

\_\_\_\_\_  
county treasurer

⑈001026⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER  
NH GULF POINTE - PRIVATE PAY

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

1027

88-2265/1131-87

DATE 11-3-21



PAY TO THE ORDER OF Solera

\$ 13,530.<sup>00</sup>/<sub>100</sub>

Thirteen thousand, five hundred thirty dollars  $\frac{00}{100}$

DOLLARS



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361-552-7411 www.prosperitybankusa.com

FOR Echo payments

\_\_\_\_\_  
county auditor

\_\_\_\_\_  
county treasurer

⑈001027⑈ ⑆113122655⑆

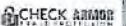
MEMORIAL MEDICAL CENTER  
NH GULF POINTE - PRIVATE PAY

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

1023

88-2265/1131-87

DATE 11-3-21



PAY TO THE ORDER OF Tuscany Village

\$ 4,390.<sup>00</sup>/<sub>100</sub>

Four thousand, three hundred ninety dollars  $\frac{00}{100}$

DOLLARS



PROSPERITY BANK®

PORT LAVACA BANKING CENTER  
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361-552-7411 www.prosperitybankusa.com

FOR Echo repayments

\_\_\_\_\_  
county auditor

\_\_\_\_\_  
county treasurer

⑈001023⑈ ⑆113122655⑆

**Echo Repayment**

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	Amt	CK DATE
GPP			MMC		7,491.54	11/3/2021
GPP			TUSCANY		4,390.00	11/3/2021
GPP			MMCLINIC		787.36	11/3/2021
GPP			ASHFORD		-	11/3/2021
GPP			BROADMOOR		5,803.39	11/3/2021
GPP			CRESCENT		11,642.00	11/3/2021
GPP			FORT BEND		-	11/3/2021
GPP			SOLERA		13,530.00	11/3/2021
GPP			GOLDEN CREEK		-	11/3/2021
GPP			BETHANY		-	11/3/2021
				<b>Total</b>	<b>43,644.29</b>	

Note:

Approved:



Anthony Richardson, CFO

11/1/2021

Memorial Medical Center  
Nursing Home UPL  
Weekly Cantex Transfer  
Prosperity Accounts  
11/1/2021

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
<b>Ashford Gardens</b>		106,748.84 ✓	106,648.84 ✓	221,209.58 ✓		221,309.58 ✓	186,597.60
						Bank Balance	221,309.58 ✓
						Variance	
						Leave in Balance	100.00
						Amerisource QIPP from March 31	34,595.75 ✓
<i>Business Information for Ashford Gardens:</i>							
						OCT INTEREST	16.23 ✓
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	186,597.60 ✓
<b>Broadmoor</b>		169,575.16 ✓	169,475.16 ✓	141,795.02 ✓		141,895.02 ✓	114,720.35
						Bank Balance	141,895.02 ✓
						Variance	
						Leave in Balance	100.00
						Amerisource QIPP from March 31	14,320.60 ✓
						Medicare repayment owed to Golden Creek	2,120.23 ✓
						Medicare repayment owed to MMCLINIC	996.21 ✓
						Medicare repayment owed to Bethany	9,626.30 ✓
						OCT INTEREST	11.33 ✓
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	114,720.35 ✓
<b>Crescent</b>		176,145.99 ✓	176,045.99 ✓	63,414.03 ✓		63,514.03 ✓	39,160.15
						Bank Balance	63,514.03 ✓
						Variance	
						Leave in Balance	100.00
						Amerisource QIPP from March 31	11,501.00 ✓
						Medicare repayment owed to Golden Creek	2,120.23 ✓
						Medicare repayment owed to MMCLINIC	996.21 ✓
						Medicare repayment owed to Bethany	9,626.30 ✓
						OCT INTEREST	10.14 ✓
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	39,160.15 ✓
<b>Fort Bend</b>		35,778.31 ✓	35,678.31 ✓	34,120.00 ✓		34,220.00 ✓	20,160.71
						Bank Balance	34,220.00 ✓
						Variance	
						Leave in Balance	100.00
						Amerisource QIPP from March 31	13,956.55 ✓
						OCT INTEREST	2.74 ✓
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	20,160.71 ✓
<b>Solera at W Houston</b>		297,753.34 ✓	297,653.34 ✓	163,881.81 ✓		163,981.81 ✓	137,560.61
						Bank Balance	163,981.81 ✓
						Variance	
						Leave in Balance	100.00
						Amerisource QIPP from March 31	13,560.05 ✓
						Medicare repayment owed to Golden Creek	2,120.23 ✓
						Medicare repayment owed to MMCLINIC	996.21 ✓
						Medicare repayment owed to Bethany	9,626.30 ✓
						OCT INTEREST	18.41 ✓
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	137,560.61 ✓
<b>TOTAL TRANSFERS</b>							<b>498,199.42</b>

186,597.60 +  
 114,720.35 +  
 39,160.15 +  
 20,160.71 +  
 137,560.61 +  
 498,199.42 \*

APPROVED  
 ON  
 NOV 01 2021  
 COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

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: *[Signature]*  
 Anthony Richardson, CFO  
 11/1/2021

**Ashford Gardens**

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
	67.50						67.50
10/25/2021 MANAGEANDNET1718 MNS PMNT 00000000000093 41							
10/25/2021 Amerigroup TXSC HCCLAIMPMT 3163619662 111000	41,783.64						41,783.64
10/25/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	14,610.57						14,610.57
10/25/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000129	1,584.39						1,584.39
10/25/2021 HEALTH HUMAN SVC HCCLAIMPMT 174600341113005 2	11,570.41						11,570.41
10/26/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	18,667.96						18,667.96
10/26/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000149	244.22						244.22
10/27/2021 MANAGEANDNET1718 RNS PMNT 00000000000093 41	472.50						472.50
10/27/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	49,240.07						49,240.07
10/27/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000145	1,810.10						1,810.10
10/28/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	92,589.60						
10/28/2021 Deposit	50,804.85						50,804.85
10/28/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000140	669.15						669.15
10/29/2021 CK 1159	14,059.24						
10/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	1,997.09						
10/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	1,254.90						
10/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	5,452.67						
10/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	6,383.70						6,383.70
10/29/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	8,829.13						8,829.13
10/29/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	5,750.50						5,750.50
10/31/2021 Added to Account	16.23						16.23
<b>106,648.84</b>	<b>221,209.58</b>						<b>112,504.92</b>

**Breadthway**

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
	7,740.00						7,740.00
10/25/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384							
10/25/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000128	17,045.65						17,045.65
10/26/2021 HUMANA CHA DISB HCCLAIMPMT 390861 4200001350	3,555.00						3,555.00
10/26/2021 HHBP LA HCCLAIMPMT 390861 42000013528826 DIS	2,765.00						2,765.00
10/27/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	860.00						860.00
10/28/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	162,374.14						
10/28/2021 Deposit	480.00						480.00
10/28/2021 Deposit	83,751.55						83,751.55
10/28/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000139	2,068.49						2,068.49
10/29/2021 CK 146	1,281.70						
10/29/2021 CK 145	5,819.32						
10/29/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	23,518.00						23,518.00
10/31/2021 Added to Account	11.33						11.33
<b>169,475.16</b>	<b>141,795.02</b>						<b>141,795.02</b>

**Collins**

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
	2,123.21						2,123.21
10/25/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000128							
10/26/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000149	1,835.03						1,835.03
10/26/2021 HUMANA CHA DISB HCCLAIMPMT 390864 4200001350	590.74						590.74
10/27/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000144	547.70						547.70
10/28/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	170,091.05						
10/28/2021 Deposit	35,229.13						35,229.13
10/28/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000139	12,781.58						12,781.58
10/29/2021 CK 178	1,281.70						
10/29/2021 CK 177	4,673.24						
10/29/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	9,740.00						9,740.00
10/29/2021 CIGNA HCCLAIMPMT 1669860425 91000013808153	556.50						556.50
10/31/2021 Added to Account	10.14						10.14
<b>176,045.99</b>	<b>63,414.03</b>						<b>63,414.03</b>

**East Bend**

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
	1,347.60						1,347.60
10/25/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000128							
10/26/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	6,551.00						6,551.00
10/28/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	29,997.31						
10/28/2021 Deposit	19,768.66						19,768.66
10/29/2021 CK 164	5,681.00						
10/29/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	6,450.00						6,450.00
10/31/2021 Added to Account	2.74						2.74
<b>35,678.31</b>	<b>34,120.00</b>						<b>34,120.00</b>

**Salars at West Houston**

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
	43.71						43.71
10/25/2021 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384							
10/25/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000128	5,117.29						5,117.29
10/25/2021 HUMANA INS CO HCCLAIMPMT 390862 830000559230	6,002.55						6,002.55
10/25/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001220	1,877.46						1,877.46
10/26/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001350	1,995.90						1,995.90
10/28/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	290,858.60						
10/28/2021 Deposit	116,171.39						116,171.39
10/28/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000139	6,675.32						6,675.32
10/28/2021 HUMANA INS CO HCCLAIMPMT 390862 830000583328	1,513.64						1,513.64
10/29/2021 CK 1177	1,281.70						
10/29/2021 CK 1176	5,513.04						
10/29/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	14,169.21						14,169.21
10/29/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000171	10,296.93						10,296.93
10/31/2021 Added to Account	18.41						18.41
<b>297,653.34</b>	<b>163,881.81</b>						<b>163,881.81</b>
<b>785,501.64</b>	<b>624,420.44</b>						<b>615,715.78</b>

TOTALS

## Quick View

Select Quick View Accounts  
Account Number / Name

Account Type



Select Group  
Groups

Add Group

My Groups

Search

All

DDA

Data reported as of Nov 1, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$8,304,555.72</b>	<b>\$8,366,589.88</b>	<b>\$8,304,555.72</b>	<b>\$8,277,355.65</b>
*4551 CAL CO INDIGENT HEALTHCARE	\$5,441.71	\$5,441.71	\$5,441.71	\$5,440.86
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$75,699.68	\$76,013.12	\$75,699.68	\$47,354.32
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.85
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,978,481.43	\$6,012,740.12	\$5,978,481.43	\$5,985,009.97
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.46	\$431.46	\$431.46	\$431.41
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$221,309.58	\$227,482.18	\$221,309.58	\$205,684.60
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$141,895.02	\$142,314.21	\$141,895.02	\$125,466.71
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$63,514.03	\$63,514.03	\$63,514.03	\$59,162.33
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$34,220.00	\$34,277.66	\$34,220.00	\$33,448.26
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$163,981.81	\$171,361.81	\$163,981.81	\$146,292.00
*2998 MMC -MONEY MARKET FUND	\$1,108,867.88	\$1,108,867.88	\$1,108,867.88	\$1,108,632.49
*5506 MMC -NH BETHANY SENIOR LIVING	\$86,889.16	\$86,889.16	\$86,889.16	\$76,299.29
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$36,006.45	\$36,006.45	\$36,006.45	\$34,138.15
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$191,604.44	\$205,037.02	\$191,604.44	\$251,356.72
*3407 MMC -NH TUSCANY VILLAGE	\$195,677.15	\$195,677.15	\$195,677.15	\$198,102.69

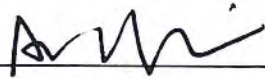


Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 11/1/2021

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		56,758.32 ✓	56,658.32 ✓	75,599.68 ✓		75,699.68 ✓	36,253.11
					Bank Balance Variance	75,699.68 ✓	
					Leave in Balance	100.00	
					MEDICARE REPAYMENT TO BETHANY	9,626.30 ✓	
					MEDICARE REPAYMENT TO MMCLINIC	996.21 ✓	
					Superior September payment owed to MMC	28,712.55 ✓	
					OCT INTEREST	11.51 ✓	
					NOV INTEREST		
					DEC INTEREST		
					Adjust Balance/Transfer Amt	36,253.11	

Iden Creek:

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 11/1/2021

APPROVED  
 ON  
 NOV 01 2021  
 COUNTY ATTORNEY  
 CALHOUN COUNTY, TEXAS



## Quick View

Select Quick View Accounts  
Account Number / Name

Account Type



Select Group  
Groups





DDA

Data reported as of Nov 1, 2021 10


Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$8,304,555.72</b>	<b>\$8,366,589.88</b>	<b>\$8,304,555.72</b>	<b>\$8,277,355.65</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,441.71	\$5,441.71	\$5,441.71	\$5,440.86
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$75,699.68	\$76,013.12	\$75,699.68	\$47,354.32
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.85
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,978,481.43	\$6,012,740.12	\$5,978,481.43	\$5,985,009.97
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.46	\$431.46	\$431.46	\$431.41
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$221,309.58	\$227,482.18	\$221,309.58	\$205,684.60
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$141,895.02	\$142,314.21	\$141,895.02	\$125,466.71
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$63,514.03	\$63,514.03	\$63,514.03	\$59,162.33
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$34,220.00	\$34,277.66	\$34,220.00	\$33,448.26
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$163,981.81	\$171,361.81	\$163,981.81	\$146,292.00
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,867.88	\$1,108,867.88	\$1,108,867.88	\$1,108,632.49
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$86,889.16	\$86,889.16	\$86,889.16	\$76,299.29
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$36,006.45	\$36,006.45	\$36,006.45	\$34,138.15
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$191,604.44	\$205,037.02	\$191,604.44	\$251,356.72
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$195,677.15	\$195,677.15	\$195,677.15	\$198,102.69

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 11/1/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chs Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		587,809.89	453,202.50	56,997.05			191,604.44	229,495.22
						Bank Balance	191,604.44	
						Variance		
						Leave in Balance	100.00	
						Superior September payment owed to MMC	12,710.64	
						UNIDENTIFIED ECHO PAYMENTS	5,593.43	
						ECHO PAYMENTS TO MMC	7,491.54	
						ECHO PAYMENTS TO TUSCANY	4,390.00	
						ECHO PAYMENTS TO MMCLINIC	787.36	
						ECHO PAYMENTS TO ASHFORD		
						ECHO PAYMENTS TO BROADMOOR	5,803.39	
						ECHO PAYMENTS TO CRESCENT	11,642.00	
						ECHO PAYMENTS TO FORT BEND		
						ECHO PAYMENTS TO SOLERA	13,530.00	
						ECHO PAYMENTS TO GOLDEN CREEK		
						ECHO PAYMENTS TO BETHANY		
						OCT INTEREST	60.86	
						NOV INTEREST		
						DEC INTEREST		
						Adjust Balance/Transfer Amt	129,495.22	
Gulf Pointe Plaza- Medicare/Medicaid		128,251.48	128,151.48	35,906.45			36,006.45	35,900.22
						Bank Balance	36,006.45	
						Variance		
						Leave in Balance	100.00	
						OCT INTEREST	6.23	
						NOV INTEREST		
						DEC INTEREST		
						Adjust Balance/Transfer Amt	35,900.22	
<b>TOTAL TRANSFERS</b>							<b>165,395.44</b>	

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

11/1/2021

APPROVED ON  
 NOV 01 2021  
 COUNTY CLERK  
 CALHOUN COUNTY, TEXAS

**Gulf Points Plaza-Private Pay**

Date	Description	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION
10/31/2021	Added to Account	-	60.86	-	-	-	-	-	60.86
10/29/2021	CK 1014	3,912.84	-	-	-	-	-	-	-
10/29/2021	CK 1012	69,366.86	-	-	-	-	-	-	-
10/29/2021	Centene Managem CCD/CTX 008765433514 111000	-	12,710.64	12,710.64	-	-	-	12,710.64	-
10/29/2021	HUMANA CHA DISB HCCLAIMPMT 624982 4200001697	-	755.92	-	-	-	-	-	755.92
10/28/2021	CK 1015	50,804.85	-	-	-	-	-	-	-
10/28/2021	CK 1017	35,229.13	-	-	-	-	-	-	-
10/28/2021	CK 1016	83,751.55	-	-	-	-	-	-	-
10/28/2021	CK 1018	19,768.66	-	-	-	-	-	-	-
10/28/2021	CK 1020	24,637.27	-	-	-	-	-	-	-
10/28/2021	CK 1019	116,171.39	-	-	-	-	-	-	-
10/28/2021	CK 1013	40,668.74	-	-	-	-	-	-	-
10/28/2021	CK 1021	7,791.00	-	-	-	-	-	-	-
10/28/2021	WIRE OUT HMG SERVICES, LLC	1,100.21	-	-	-	-	-	-	-
10/28/2021	HNB - ECHO HCCLAIMPMT 746003411 440000279828	-	117.42	-	-	-	-	-	117.42
10/28/2021	HNB - ECHO HCCLAIMPMT 746003411 440000279828	-	2,604.91	-	-	-	-	-	2,604.91
10/26/2021	HNB - ECHO HCCLAIMPMT 746003411 440000203782	-	176.42	-	-	-	-	-	176.42
10/26/2021	HNB - ECHO HCCLAIMPMT 746003411 440000203782	-	13,260.75	-	-	-	-	-	13,260.75
10/26/2021	HNB - ECHO HCCLAIMPMT 746003411 440000203782	-	15.68	-	-	-	-	-	15.68
10/26/2021	HNB - ECHO HCCLAIMPMT 746003411 440000203782	-	117.61	-	-	-	-	-	117.61
10/26/2021	HNB - ECHO HCCLAIMPMT 746003411 440000203782	-	70.57	-	-	-	-	-	70.57
10/25/2021	HNB - ECHO HCCLAIMPMT 746003411 440000257764	-	12.74	-	-	-	-	-	12.74
10/25/2021	HNB - ECHO HCCLAIMPMT 746003411 440000257764	-	23.52	-	-	-	-	-	23.52
10/25/2021	HNB - ECHO HCCLAIMPMT 746003411 440000257764	-	78.41	-	-	-	-	-	78.41
10/25/2021	HNB - ECHO HCCLAIMPMT 746003411 440000257764	-	23.52	-	-	-	-	-	23.52
10/25/2021	HNB - ECHO HCCLAIMPMT 746003411 440000257764	-	5,511.48	-	-	-	-	-	5,511.48
10/25/2021	HNB - ECHO HCCLAIMPMT 746003411 440000257764	-	11,410.32	-	-	-	-	-	11,410.32
10/25/2021	HNB - ECHO HCCLAIMPMT 746003411 440000257764	-	135.84	-	-	-	-	-	135.84
10/25/2021	HNB - ECHO HCCLAIMPMT 746003411 440000257764	-	986.18	-	-	-	-	-	986.18
10/25/2021	HNB - ECHO HCCLAIMPMT 746003411 440000257764	-	33.27	-	-	-	-	-	33.27
10/25/2021	HNB - ECHO HCCLAIMPMT 746003411 440000257764	-	1,454.47	-	-	-	-	-	1,454.47
10/25/2021	HNB - ECHO HCCLAIMPMT 746003411 440000257764	-	15.68	-	-	-	-	-	15.68
10/25/2021	HNB - ECHO HCCLAIMPMT 746003411 440000257764	-	1,120.84	-	-	-	-	-	1,120.84
10/25/2021	AETNA H09 HCCLAIMPMT 1922092790 311002087023	-	6,300.00	-	-	-	-	-	6,300.00

MMC PORTION								NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION	
453,202.50	56,997.05	12,710.64	-	-	-	12,710.64	44,286.41	

*Handwritten: 616,511,100.21*

**Gulf Points Plaza-Medicare/Medicaid**

Date	Description	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION
10/31/2021	Added to Account	-	6.23	-	-	-	-	-	6.23
10/29/2021	HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2	-	1,862.07	-	-	-	-	-	1,862.07
10/28/2021	WIRE OUT HMG SERVICES, LLC	128,151.48	-	-	-	-	-	-	-
10/28/2021	Deposit	-	3,226.83	-	-	-	-	-	3,226.83
10/28/2021	NORIDIAN J3A HCCLAIMPMT 675892 4200001452915	-	2,035.02	-	-	-	-	-	2,035.02
10/27/2021	HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2	-	2,432.99	-	-	-	-	-	2,432.99
10/26/2021	WPS-TDEFIC CONTR HCCLAIMPMT 2222991386 21000	-	217.22	-	-	-	-	-	217.22
10/26/2021	NORIDIAN J3A HCCLAIMPMT 675892 4200001462692	-	9,675.96	-	-	-	-	-	9,675.96
10/25/2021	WPS-TDEFIC CONTR HCCLAIMPMT 2222960609 21000	-	3,153.50	-	-	-	-	-	3,153.50
10/25/2021	NORIDIAN J3A HCCLAIMPMT 675892 4200001505865	-	13,296.63	-	-	-	-	-	13,296.63

MMC PORTION								NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION	
128,151.48	35,906.45	-	-	-	-	-	35,906.45	
581,353.98	92,903.50	12,710.64	-	-	-	12,710.64	80,192.86	

### Quick View

Select Quick View Accounts  
Account Number / Name

Account Type

Select Group  
Groups

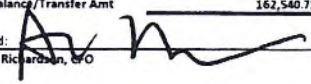
DDA Data reported as of Nov 1, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$8,304,555.72</b>	<b>\$8,366,589.88</b>	<b>\$8,304,555.72</b>	<b>\$8,277,355.65</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,441.71	\$5,441.71	\$5,441.71	\$5,440.86
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$75,699.68	\$76,013.12	\$75,699.68	\$47,354.32
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.85
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,978,481.43	\$6,012,740.12	\$5,978,481.43	\$5,985,009.97
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.46	\$431.46	\$431.46	\$431.41
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$221,309.58	\$227,482.18	\$221,309.58	\$205,684.60
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$141,895.02	\$142,314.21	\$141,895.02	\$125,466.71
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$63,514.03	\$63,514.03	\$63,514.03	\$59,162.33
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$34,220.00	\$34,277.66	\$34,220.00	\$33,448.26
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$163,981.81	\$171,361.81	\$163,981.81	\$146,292.00
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,867.88	\$1,108,867.88	\$1,108,867.88	\$1,108,632.49
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$86,889.16	\$86,889.16	\$86,889.16	\$76,299.29
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$36,006.45	\$36,006.45	\$36,006.45	\$34,138.15
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$191,604.44	\$205,037.02	\$191,604.44	\$251,356.72
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$195,677.15	\$195,677.15	\$195,677.15	\$198,102.69

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscany Transfer  
 Prosperity Accounts  
 11/1/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chk Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		21,670.94 ✓	21,570.94 ✓	195,577.15 ✓			195,677.15	162,540.71 ✓
						Bank Balance Variance	195,677.15	
						Leave in Balance	100.00 ✓	
						Amerisource QIPP from March	20,293.70 ✓	
						MEDICARE REPAYMENT TO BETHANY	9,626.30 ✓	
						MEDICARE REPAYMENT TO GOLDEN CREEK	2,120.23 ✓	
						MEDICARE REPAYMENT TO MM CLINIC	996.21 ✓	
						Adjust Balance/Transfer Amt	162,540.71 ✓	

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:  11/1/2021  
 Anthony Richardson, CFO

APPROVED  
 ON  
 NOV 01 2021  
 COURTNEY A. WILSON  
 CLERK OF COURTS  
 CALHOUN COUNTY, TEXAS

**Tuscany Village**

**MMC PORTION**

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
10/31/2021 Added to Account	-	11.34					-	11.34
10/29/2021 CK 1069	8,249.80	-					-	-
10/29/2021 CK 1070	1,281.70	-					-	-
10/29/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	7,094.62					-	7,094.62
10/28/2021 WIRE OUT LINBAR ENTERPRISES, LLC	12,039.44	-					-	-
10/28/2021 Deposit	-	19,037.53					-	19,037.53
10/28/2021 Deposit	-	40,668.74					-	40,668.74
10/28/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	317.84					-	317.84
10/27/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000144	-	121,352.46					-	121,352.46
10/26/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	7,094.62					-	7,094.62
	<b>21,570.94</b>	<b>195,577.15</b>	-	-	-	-	-	<b>195,577.15</b>



# Quick View

Select Quick View Accounts  
Account Number / Name

Account Type



Select Group  
Groups

DDA

Data reported as of Nov 1, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$8,304,555.72</b>	<b>\$8,366,589.88</b>	<b>\$8,304,555.72</b>	<b>\$8,277,355.65</b>
*4551 CAL CO INDIGENT HEALTHCARE	\$5,441.71	\$5,441.71	\$5,441.71	\$5,440.86
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$75,699.68	\$76,013.12	\$75,699.68	\$47,354.32
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.85
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,978,481.43	\$6,012,740.12	\$5,978,481.43	\$5,985,009.97
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.46	\$431.46	\$431.46	\$431.41
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$221,309.58	\$227,482.18	\$221,309.58	\$205,684.60
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Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSL Transfer  
 Prosperity Accounts  
 11/1/2021

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		267,537.24	267,437.24	86,789.16			86,889.16	86,763.77
						Bank Balance	86,889.16	
						Variance	-	
						Leave in Balance	100.00	

OCT INTEREST 25.39  
 NOV INTEREST  
 DEC INTEREST  
 Adjust Balance/Transfer Amt 86,763.77

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 11/1/2021

APPROVED  
 ON  
 NOV 01 2021  
 COUNTY ASSessor  
 CALHOUN COUNTY, TEXAS

**MMC PORTION**

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	
<b>Bethany Senior Living</b>							
10/31/2021 Added to Account	-	25.39					25.39
10/29/2021 Deposit	-	9,991.03					9,991.03
10/29/2021 HOSPICE OF SOUTH Payments NF 113122650048170	-	573.45					573.45
10/28/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	267,437.24	-					-
10/28/2021 Deposit	-	19,946.12					19,946.12
10/28/2021 Deposit	-	7,791.00					7,791.00
10/28/2021 Deposit	-	4,199.37					4,199.37
10/27/2021 Deposit	-	4,225.63					4,225.63
10/25/2021 Deposit	-	4,044.35					4,044.35
10/25/2021 Deposit	-	28,061.00					28,061.00
10/25/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000128	-	7,931.82					7,931.82
	<b>267,437.24</b>	<b>86,789.16</b>					<b>86,789.16</b>

## Quick View

Select Quick View Accounts  
Account Number / Name

Account Type



Select Group  
Groups

Add Group

My Groups

Search

All

DDA

Data reported as of Nov 1, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$8,304,555.72</b>	<b>\$8,366,589.88</b>	<b>\$8,304,555.72</b>	<b>\$8,277,355.65</b>
*4551 CAL CO INDIGENT HEALTHCARE	\$5,441.71	\$5,441.71	\$5,441.71	\$5,440.86
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$75,699.68	\$76,013.12	\$75,699.68	\$47,354.32
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.85
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,978,481.43	\$6,012,740.12	\$5,978,481.43	\$5,985,009.97
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.46	\$431.46	\$431.46	\$431.41
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$221,309.58	\$227,482.18	\$221,309.58	\$205,684.60
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$141,895.02	\$142,314.21	\$141,895.02	\$125,466.71
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$63,514.03	\$63,514.03	\$63,514.03	\$59,162.33
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$34,220.00	\$34,277.66	\$34,220.00	\$33,448.26
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$163,981.81	\$171,361.81	\$163,981.81	\$146,292.00
*2998 MMC -MONEY MARKET FUND	\$1,108,867.88	\$1,108,867.88	\$1,108,867.88	\$1,108,632.49
*5506 MMC -NH BETHANY SENIOR LIVING	\$86,889.16	\$86,889.16	\$86,889.16	\$76,299.29
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$36,006.45	\$36,006.45	\$36,006.45	\$34,138.15
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$191,604.44	\$205,037.02	\$191,604.44	\$251,356.72
*3407 MMC -NH TUSCANY VILLAGE	\$195,677.15	\$195,677.15	\$195,677.15	\$198,102.69

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC Ashford  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 11/1/21

APPROVED  
ON  
NOV 01 2021  
COUNTY AMBULANCE  
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

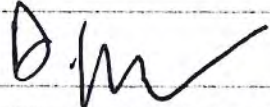
Imprest Cash  
 A/P Check  
 Mail Check to Vendor  
 Return Check to Dept

AMOUNT 34,595.75

ck# 1160  
G/L NUMBER: 10255040

EXPLANATION: Amerigroup Payment March 2021

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC - *Broadmoor*  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 11/1/21

APPROVED  
ON  
NOV 01 2021  
COURTNEY AUSTIN  
CALHOUN COUNTY, TEXAS  
CHK # 20147

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

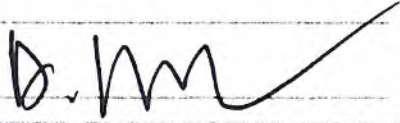
Return Check to Dept

AMOUNT 14,320.60

G/L NUMBER: 10255040

EXPLANATION: Amerigroup Payment March 2021

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC - Crescent

Date Requested: 11/1/21

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

APPROVED  
ON  
NOV 01 2021  
COUNTY CLERK  
CALHOUN COUNTY, TEXAS  
CK # 000179

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

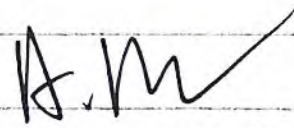
Return Check to Dept

AMOUNT 11,501.00

G/L NUMBER: 10255040

EXPLANATION: Amerigroup Payment March 2021

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC - Fort Bend  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 11/1/21

APPROVED  
ON  
NOV 01 2021  
COUNTY CLERK  
CALHOUN COUNTY, TEXAS  
CK# 000165

FOR ACCT. USE ONLY

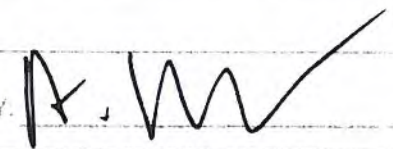
<input type="checkbox"/>	Imprest Cash
<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Mail Check to Vendor
<input type="checkbox"/>	Return Check to Dept

AMOUNT 13,956.55

G/L NUMBER: 10255040

EXPLANATION: Amerigroup Payment March 2021

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 



MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC - *Solem*  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 11/1/21

FOR ACCT. USE ONLY

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

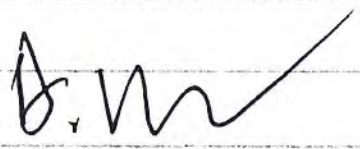
APPROVED  
ON  
NOV 01 2021

COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
ck#001178  
G/L NUMBER: 10255040

AMOUNT 13,560.05

EXPLANATION: Amerigroup Payment March 2021

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC - golden creek

Date Requested: 11/1/21

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

APPROVED  
ON

NOV 01 2021

COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 00139

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

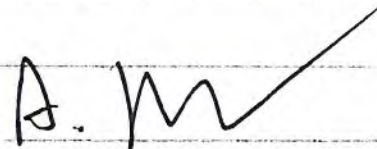
Return Check to Dept

AMOUNT 28,712.55

G/L NUMBER: 10255040

EXPLANATION: Superior September Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC - Gulf Risk Plan

Date Requested: 11/1/21

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

APPROVED  
ON

NOV 01 2021

COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT 12,710.64

G/L NUMBER: 10255040 <sup>ck# 1028</sup>

EXPLANATION: Superior September Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: \_\_\_\_\_

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC - *Tuscany*

Date Requested: 11/1/21

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

APPROVED  
ON

NOV 01 2021

COUNTRY APPROVER  
CALIEGON BOURNAY, DENTAS  
CHK# 1071

FOR ACCT. USE ONLY

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

AMOUNT 20,293.70

G/L NUMBER: \_\_\_\_\_

EXPLANATION: Amerigroup March payment owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *A. M.*



**Tuscany Senior Living**

**MMC PORTION**

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
3/31/2021 Added to Account	-	53.17					-	53.17
3/31/2021 WIRE OUT LINBAR ENTERPRISES, LLC	121,723.20	-					-	-
3/31/2021 ANTHEM INC E-PAYMENT EE52152824 111000023415	-	24,708.60	15,878.80	2,652.65	6,177.15		20,293.70	4,414.90
4/1/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000115	-	37,892.46					-	37,892.46
4/2/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000141	-	4,838.92					-	4,838.92
	<b>121,723.20</b>	<b>67,493.15</b>	<b>15,878.80</b>	<b>2,652.65</b>	<b>6,177.15</b>	<b>-</b>	<b>20,293.70</b> ✓	<b>47,199.45</b>

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

1160

88-2265/1131-87

11-3-21

Date

CHECK ARMOR  
FRAUD PROTECTION

Pay to the Order of Memorial Medical Center \$ 34,595.75

Thirty-four thousand, five hundred ninety five dollars  $\frac{75}{100}$  Dollars



Photo Safe Deposit  
Details on back

PROSPERITY BANK®

PORT LAVACA BANKING CENTER  
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102  
381-552-7411 www.prosperitybankusa.com

For Amerigroup March QIPP

County Auditor

County Treasurer

⑆113122655⑆

⑆1160

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

000147

Date 11-3-21

88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center \$ 14,320.  $\frac{60}{100}$

Fourteen thousand, three hundred twenty dollars  $\frac{60}{100}$  DOLLARS



PROSPERITY BANK

FOR Amerigroup QIPP March

County Auditor



County Treasurer  
Security features are included. Details on back.

⑆000147⑆ ⑆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

000179

Date 11-3-21

88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center \$ 11,501.  $\frac{00}{100}$

Eleven thousand, five hundred one dollars  $\frac{00}{100}$  DOLLARS



PROSPERITY BANK

FOR Amerigroup March QIPP

County Auditor



County Treasurer  
Security features are included. Details on back.

⑆000179⑆ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000165

Date 11-3-21 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

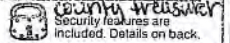
\$ 13,956 <sup>55</sup>/<sub>100</sub>

Thirteen thousand, nine hundred fifty six dollars & <sup>55</sup>/<sub>100</sub> DOLLARS



county auditor

FOR Amerigroup March QIPP



⑈000165⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001178

Date 11-3-21 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

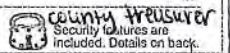
\$ 13,560 <sup>05</sup>/<sub>100</sub>

Thirteen thousand, five hundred sixty dollars & <sup>05</sup>/<sub>100</sub> DOLLARS



county auditor

FOR Amerigroup March QIPP



⑈001178⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000139

Date 11-3-21 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 28,712 <sup>05</sup>/<sub>100</sub>

Twenty-eight thousand, seven hundred twelve dollars & <sup>05</sup>/<sub>100</sub> DOLLARS



county auditor

FOR Superior Sept. QIPP



⑈000139⑈ ⑆113122655⑆



MEMORIAL MEDICAL CENTER 022020  
NH TUSCANY VILLAGE

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

1071

88-2265/1131-97

DATE 11-3-21

CHECK ARMOR

PAY TO THE ORDER OF Memorial Medical Center \$ 20,293.70<sup>70</sup>/<sub>100</sub>

Twenty thousand, two hundred ninety-three dollars <sup>70</sup>/<sub>100</sub> DOLLARS



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361-552-7411 www.prosperitybankusa.com

FOR Amnigroup March GPP

county auditor

county treasurer

⑆001071⑆ ⑆113122655⑆

MEMORIAL MEDICAL CENTER  
NH GULF POINTE - PRIVATE PAY

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

1028

88-2265/1131-97

DATE 11-3-21

CHECK ARMOR

PAY TO THE ORDER OF Memorial Medical Center \$ 12,710.44<sup>44</sup>/<sub>100</sub>

Twelve thousand, seven hundred ten dollars <sup>44</sup>/<sub>100</sub> DOLLARS



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361-552-7411 www.prosperitybankusa.com

FOR Superior Sept. GPP

county auditor

county treasurer

⑆001028⑆ ⑆113122655⑆


QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

11/3/2021

NH Name	From Bank Acct #	Ck #	Payee	GL #	Superior September	Amerigroup March	TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040		34,595.75	34,595.75	11/3/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040		14,320.60	14,320.60	11/3/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040		11,501.00	11,501.00	11/3/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040		13,956.55	13,956.55	11/3/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040		13,560.05	13,560.05	11/3/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040	28,712.55		28,712.55	11/3/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040	12,710.64		12,710.64	11/3/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001				-	11/3/2021
Bethany			MMC -Prosperity Operating #10000001				-	11/3/2021
Tuscany			MMC -Prosperity Operating #10000001	10255040		20,293.70	20,293.70	11/3/2021
			<b>Total:</b>		<b>41,423.19</b>	<b>87,933.95</b>	<b>149,650.84</b>	

Note:

Approved:   
 Anthony Richardson

11/1/2021

RUN DATE:11/03/21  
TIME:14:05

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
11/03/21 THRU 11/03/21

PAGE 5  
GLCKREG

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

NHB *	000147	11/03/21	14,320.60	MMC	
NHB *	000149	11/03/21	2,120.23	GOLDEN CREEK	<i>Broadmor</i>
NHB	000151	11/03/21	996.21	MMCLINIC	
NHB	000152	11/03/21	9,626.30	BETHANY	
TOTALS:			27,063.34		

APPROVED  
ON

NOV 03 2021

COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RUN DATE:11/03/21  
TIME:14:05

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
11/03/21 THRU 11/03/21

PAGE 6  
GLCKREG

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

NHC	000179	11/03/21	11,501.00	CRESCENT	
NHC	000180	11/03/21	2,120.23	GOLDEN CREEK	<i>Crescent</i>
NHC	000181	11/03/21	996.21	MMCLINIC	
NHC	000182	11/03/21	9,626.30	BETHANY	
TOTALS:			24,243.74		

APPROVED  
BY

NOV 03 2021

COUNTY CLERK  
CALHOUN COUNTY, TEXAS

RUN DATE:11/03/21  
TIME:14:05

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
11/03/21 THRU 11/03/21

PAGE 9  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	001178	11/03/21	13,560.05	MMC
NHS	001179	11/03/21	2,120.23	GOLDEN CREEK
NHS	001180	11/03/21	996.21	MMCLINIC
NHS	001181	11/03/21	9,626.30	BETHANY
TOTALS:			26,302.79	

*Solem*

APPROVED  
BY

NOV 03 2021

COUNTY CLERK  
CALHOUN COUNTY, TEXAS

RUN DATE:11/03/21  
TIME:14:05

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
11/03/21 THRU 11/03/21

PAGE 8  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG	000139	11/03/21	28,712.55	MMC
NHG	000140	11/03/21	9,626.30	BETHANY
NHG	000141	11/03/21	996.21	MMCLINIC
TOTALS:			39,335.06	

*golden creek*

**APPROVED**  
**ON**  
**NOV 03 2021**  
**COUNTY CLERK**  
**CALHOUN COUNTY, TEXAS**

RUN DATE:11/03/21  
TIME:14:05

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
11/03/21 THRU 11/03/21

PAGE 10  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
TUS	001071	11/03/21	20,293.70	MMC
TUS	001072	11/03/21	2,120.23	GOLDEN CREEK
TUS	001073	11/03/21	9,626.30	BETHANY
TUS	001074	11/03/21	996.21	MMCLINIC
TOTALS:			33,036.44	

*Tuscany*

APPROVED  
ON

NOV 03 2021

COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RUN DATE:11/03/21  
TIME:14:05

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
11/03/21 THRU 11/03/21

PAGE 3  
GLCKREG

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

GPP	001022	11/03/21	7,491.54	MMC
GPP	001023	11/03/21	4,390.00	TUSCANY
GPP	001024	11/03/21	787.36	MMCLINIC
GPP	001025	11/03/21	5,803.39	BROADMOOR
GPP	001026	11/03/21	11,642.00	CRESCENT
GPP	001027	11/03/21	13,530.00	SOLETA
GPP	001028	11/03/21	12,710.64	MMC
TOTALS:			56,354.93	

*Guif Point Plaza*

APPROVED  
BY

NOV 03 2021

COURTNEY ARMENTA  
CALHOUN COUNTY, TEXAS



RUN DATE:11/03/21  
TIME:14:05

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
11/03/21 THRU 11/03/21

PAGE 4  
GLCKREG

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

NHA 001160 11/03/21 34,595.75 MMC *Ashford*  
TOTALS: 34,595.75

APPROVED  
ON  
NOV 03 2021  
COURTNEY ANDERSON  
CALHOUN COUNTY, TEXAS

RUN DATE:11/03/21  
TIME:14:05

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
11/03/21 THRU 11/03/21

PAGE 7  
GLCKREG

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

NHF 000165 11/03/21 13,956.55 MMC *Fort Bend*  
TOTALS: 13,956.55

**APPROVED**  
**001**

**NOV 03 2021**

**COURTNEY ANDERSON**  
**CALHOUN COUNTY, TEXAS**