

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 10, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,045,899.09
TOTAL TRANSFERS BETWEEN FUNDS	\$ 321,814.57
TOTAL NURSING HOME UPL EXPENSES	\$ 627,574.22
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED November 10, 2021	\$ 1,995,287.88

APPROVED

NOV 10 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 10, 2021

PAYABLES AND PAYROLL

11/4/2021	Weekly Payables	408,306.24
11/4/2021	Texas HHSC-Inspection Fee	500.00
11/3/2021	McKesson-340B Prescription Expense	10,629.05
11/8/2021	Amerisource Bergen-340B Prescription Expense	716.11
11/8/2021	Payroll Liabilities -Payroll Taxes	99,936.63
11/8/2021	Payroll	310,664.13

Prosperity Electronic Bank Payments

11/1-11/5/21	Credit Card & Lease Fees	683.16
11/15/2021	TCDRS October Retirement	213,476.31
11/1/2021	Cleargage-Patient Financing Service	261.00
11/1-11/5/21	Pay Plus-Patient Claims Processing Fee	726.46

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 1,045,899.09**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

11/4/2021	MMC Operating to Ashford-correction of NH insurance payment deposited into MMC Operating	6,160.00
11/4/2021	MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating in error	1,407.50
11/4/2021	MMC Operating to Fort bend-correction on NH insurance payment deposited into MMC Operating	2,782.50
11/4/2021	MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating	5,565.00
11/4/2021	MMC Operating to Golden Creek-correction of NH insurance payment and medicare recoup deposited into MMC Operating in error	66,479.78
11/4/2021	MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	25,524.13
11/4/2021	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	29,385.96
11/4/2021	MMC Operating to Bethany-correction of NH insurance payment and medicare recoup deposited into MMC Operating in error	124,892.94
11/4/2021	MMC Operating to Cantex Health Care Center-correction of NH insurance payment deposited into MMC Operating in error	1,669.50

MEDICARE ADVANCE PAYMENT RECOUP

11/8/2021	Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	11,323.19
11/8/2021	Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	11,323.19
11/8/2021	Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	11,323.19
11/8/2021	Solera to Golden Creek-correction of Solera medicare recoup taken from Golden Creek	4,457.70
11/8/2021	Golden Creek to MMC Operating-correction of Golden Creek recoup taken from MMC Operating	9,100.72
11/8/2021	Tuscany to MMC Operating-correction of Tuscany medicare recoup taken from MMC Operating	10,419.27

TOTAL TRANSFERS BETWEEN FUNDS **\$ 321,814.57**

NURSING HOME UPL EXPENSES

11/8/2021	Nursing Home UPL-Cantex Transfer	139,663.20
11/8/2021	Nursing Home UPL-Nexion Transfer	59,669.84
11/8/2021	Nursing Home UPL-HMG Transfer	21,901.44
11/8/2021	Nursing Home UPL-Tuscany Transfer	34,198.04
11/8/2021	Nursing Home UPL-HSL Transfer	243,283.20

QIPP CHECKS TO MMC

11/8/2021	Ashford	45,116.08
11/8/2021	Broadmoor	18,782.98
11/8/2021	Crescent	12,779.94
11/8/2021	Fort Bend	19,602.97
11/8/2021	Solera	17,680.13
11/8/2021	Tuscany	14,896.40

TOTAL NURSING HOME UPL EXPENSES **\$ 627,574.22**

TOTAL INTER-GOVERNMENT TRANSFERS	\$	-
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GRAND TOTAL DISBURSEMENTS APPROVED November 10, 2021	\$	1,995,287.88
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RECEIVED

NOV 04 2021

11/04/2021
California County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 11/17/2021

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ap_open_invoice.template

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	
2348507 ✓		10/25/20	10/18/20	11/17/20		2,730.25	0.00	0.00	2,730.25 ✓	
	TRAVEL LAB STAFFING									
2348187 ✓		10/25/20	10/18/20	11/17/20		2,680.00	0.00	0.00	2,680.00 ✓	
	TRAVEL LAB STAFFING									
2348406 ✓		10/25/20	10/18/20	11/17/20		2,208.00	0.00	0.00	2,208.00 ✓	
	TRAVEL LAB STAFFING									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					A0400	AUREUS RADIOLOGY LLC	7,618.25	0.00	0.00	7,618.25
Vendor#	Vendor Name		Class	Pay Code						
14088	AZALEA HEALTH ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
59957 ✓		10/28/20	11/01/20	11/11/20		550.00	0.00	0.00	550.00 ✓	
	PROCESSING AND SUPPORT									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					14088	AZALEA HEALTH	550.00	0.00	0.00	550.00
Vendor#	Vendor Name		Class	Pay Code						
B0436	BARD ACCESS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
46480367 ✓		11/01/20	10/19/20	11/11/20		150.00	0.00	0.00	150.00 ✓	
	SUPPLIES									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					B0436	BARD ACCESS	150.00	0.00	0.00	150.00
Vendor#	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	
72567547 ✓		10/31/20	10/21/20	11/15/20		2,367.50	0.00	0.00	2,367.50 ✓	
	LEASE									
7567523 ✓		10/31/20	10/21/20	11/15/20		629.50	0.00	0.00	629.50 ✓	
	LEASE									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					B1150	BAXTER HEALTHCARE	2,997.00	0.00	0.00	2,997.00
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	
5786683 109372354 ✓		10/25/20	10/20/20	11/14/20		393.78	0.00	0.00	393.78 ✓	
	SUPPLIES									
109372354 ✓		10/26/20	10/20/20	11/14/20		170.60	0.00	0.00	170.60 ✓	
	SUPPLIES									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					B1220	BECKMAN COULTER INC	564.38	0.00	0.00	564.38
Vendor#	Vendor Name		Class	Pay Code						
10599	BKD, LLP ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
BKD01476790 ✓		10/31/20	10/27/20	11/11/20		4,680.00	0.00	0.00	4,680.00 ✓	
	PRO SERVICES									

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10599	BKD, LLP	4,680.00	0.00	0.00	4,680.00		
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
980517738 ✓		10/11/20	09/07/20	11/11/20		559.00	0.00	0.00	559.00 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		B1655	BOSTON SCIENTIFIC CORPORATION	559.00	0.00	0.00	559.00		
Vendor#	Vendor Name		Class	Pay Code					
C1048	CALHOUN COUNTY ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
103121	FUEL	10/31/20	10/31/20	11/11/20		54.79	0.00	0.00	54.79 ✓
	FUEL								
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		C1048	CALHOUN COUNTY	54.79	0.00	0.00	54.79		
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
21-10-0004 ✓		10/31/20	11/02/20	11/18/20		3,520.00	0.00	0.00	3,520.00 ✓
	TRANSPORTATION SERVICES (10/14 - 10/26/21)								
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		14120	CALHOUN COUNTY EMS	3,520.00	0.00	0.00	3,520.00		
Vendor#	Vendor Name		Class	Pay Code					
14064	CAPITAL ONE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
092021		10/27/20	09/20/20	11/13/20		69.49	0.00	0.00	69.49 ✓
	SUPPLIES								
100121		10/27/20	10/01/20	11/13/20		104.41	0.00	0.00	104.41 ✓
	SUPPLIES								
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		14064	CAPITAL ONE	173.90	0.00	0.00	173.90		
Vendor#	Vendor Name		Class	Pay Code					
C1325	CARDINAL HEALTH 414, INC. ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
8002660096		10/26/20	10/25/20	11/13/20		1,035.58	0.00	0.00	1,035.58 ✓
	SUPPLIES								
8002665506 ✓		10/31/20	10/16/20	11/10/20		395.83	0.00	0.00	395.83 ✓
	SUPPLIES								
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		C1325	CARDINAL HEALTH 414, INC.	1,431.41	0.00	0.00	1,431.41		
Vendor#	Vendor Name		Class	Pay Code					
13992	CARIANT HEALTH PARTNERS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
128933 ✓		10/25/20	10/20/20	11/15/20		4,062.50	0.00	0.00	4,062.50 ✓
	TRAVEL NURSE STAFFING								
128932 ✓		10/25/20	10/20/20	11/15/20		4,580.00	0.00	0.00	4,580.00 ✓
	TRAVEL NURSE STAFFING								
126214 ✓		11/01/20	07/07/20	11/11/20		1,000.00	0.00	0.00	1,000.00 ✓
	TRAVEL NURSING STAFF								
126369 ✓		11/01/20	07/14/20	11/11/20		5,000.00	0.00	0.00	5,000.00 ✓

126834	✓	TRAVEL NURSE STAFFING	11/01/20	08/04/20	11/11/20	1,020.00	0.00	0.00	1,020.00	✓
127343	✓	TRAVEL NURSE STAFFING	11/01/20	08/18/20	11/11/20	1,060.00	0.00	0.00	1,060.00	✓
127512	✓	TRAVEL NURSE STAFFING	11/01/20	08/26/20	11/11/20	2,120.00	0.00	0.00	2,120.00	✓
Vendor Totals										
13992		CARIANT HEALTH PARTNERS				18,842.50	0.00	0.00	18,842.50	
Vendor#	Vendor Name	Class	Pay Code							
11202	CFI MECHANICAL INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
SD14334		10/19/20	10/12/20	11/11/20		1,195.00	0.00	0.00	1,195.00	✓
LABOR/MATERIAL										
Vendor Totals										
11202	CFI MECHANICAL INC					1,195.00	0.00	0.00	1,195.00	
Vendor#	Vendor Name	Class	Pay Code							
10105	CHRIS KOVAREK ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
43		10/31/20	11/02/20	11/02/20		320.00	0.00	0.00	320.00	✓
Vendor Totals										
10105	CHRIS KOVAREK					320.00	0.00	0.00	320.00	
Vendor#	Vendor Name	Class	Pay Code							
L1629	CHRISTINA ZAPATA-ARROYO ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
102921		11/01/20	10/29/20	11/11/20		165.00	0.00	0.00	165.00	✓
SPEACH SERVICES										
Vendor Totals										
L1629	CHRISTINA ZAPATA-ARROYO					165.00	0.00	0.00	165.00	
Vendor#	Vendor Name	Class	Pay Code							
13000	CLEARFLY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
INV384720		10/31/20	11/01/20	11/15/20		1,209.55	0.00	0.00	1,209.55	✓
TELEPHONE										
Vendor Totals										
13000	CLEARFLY					1,209.55	0.00	0.00	1,209.55	
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	
OEQT186761	✓	10/31/20	10/29/20	11/08/20		62.50	0.00	0.00	62.50	✓
SUPPLIES										
Vendor Totals										
C1166	COASTAL OFFICE SOLUTONS					62.50	0.00	0.00	62.50	
Vendor#	Vendor Name	Class	Pay Code							
11030	COMBINED INSURANCE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
102821		11/01/20	10/28/20	11/11/20		801.60	0.00	0.00	801.60	✓
PAYROLL DEDUCT										
Vendor Totals										
11030	COMBINED INSURANCE					801.60	0.00	0.00	801.60	

Vendor#	Vendor Name				Class	Pay Code				
13232	COMPADRES DESIGN INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
33435 ✓		10/31/20	11/01/20	11/01/20		1,407.00	0.00	0.00	1,407.00 ✓	
	DIGITAL SIGN REPAIR									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	13232	COMPADRES DESIGN INC				1,407.00	0.00	0.00	1,407.00	
C2157	COOPER SURGICAL INC ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
6001196 ✓		10/25/20	10/14/20	11/11/20		918.69	0.00	0.00	918.69 ✓	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C2157	COOPER SURGICAL INC				918.69	0.00	0.00	918.69	
10368	DEWITT POTH & SON ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
6598360 ✓		10/20/20	10/18/20	11/12/20		55.50	0.00	0.00	55.50 ✓	
	SUPPLIES									
6597681 ✓		10/21/20	10/18/20	11/12/20		14.13	0.00	0.00	14.13 ✓	
	SUPPLIES									
6603960 ✓		10/25/20	10/20/20	11/14/20		261.45	0.00	0.00	261.45 ✓	
	SUPPLIES									
6593901 ✓		10/25/20	10/20/20	11/14/20		35.35	0.00	0.00	35.35 ✓	
	SUPPLIES									
6604760 ✓		10/25/20	10/21/20	11/15/20		81.66	0.00	0.00	81.66 ✓	
	SUPPLIES									
6605670 ✓		10/26/20	10/22/20	11/16/20		234.56	0.00	0.00	234.56 ✓	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10368	DEWITT POTH & SON				682.65	0.00	0.00	682.65	
10789	DISCOVERY MEDICAL NETWORK INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
MMC103121 ✓		10/31/20	10/31/20	11/03/20		189,282.05	0.00	0.00	189,282.05 ✓	
	PRO FEES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10789	DISCOVERY MEDICAL NETWORK INC				189,282.05	0.00	0.00	189,282.05	
12044	DRIESSEN WATER INC. (CULLIGAN) ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2195581 ✓		10/31/20	09/26/20	10/22/20		31.50	0.00	0.00	31.50 ✓	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	12044	DRIESSEN WATER INC. (CULLIGAN)				31.50	0.00	0.00	31.50	
14172	ESO SOLUTIONS, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
ESO-62164 ✓		11/01/20	10/02/20	11/11/20		1,875.00	0.00	0.00	1,875.00 ✓	
	TRAUMA REGISTRY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	

	14172	ESO SOLUTIONS, INC.					1,875.00	0.00	0.00	1,875.00	
Vendor#	Vendor Name		Class	Pay Code							
13872	ETHOS MEDICAL STAFFING ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
28750 ✓		10/22/20	10/15/20	11/14/20		2,847.00	0.00	0.00	2,847.00 ✓		
TRAVEL NURSE STAFFING IC											
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net			
	13872	ETHOS MEDICAL STAFFING ✓			2,847.00	0.00	0.00	2,847.00			
Vendor#	Vendor Name		Class	Pay Code							
C2510	EVIDENT		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
T2110151378 ✓		10/31/20	10/15/20	11/09/20		10,865.41	0.00	0.00	10,865.41 ✓		
BUSINESS SERVICES											
991234		10/31/20	10/22/20	11/16/20		1,275.00	0.00	0.00	1,275.00 ✓		
CPT CODES											
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net			
	C2510	EVIDENT			12,140.41	0.00	0.00	12,140.41			
Vendor#	Vendor Name		Class	Pay Code							
F1050	FASTENAL COMPANY ✓		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
TXPOT242251 ✓		10/25/20	10/15/20	11/14/20		60.12	0.00	0.00	60.12 ✓		
SUPPLIES											
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net			
	F1050	FASTENAL COMPANY			60.12	0.00	0.00	60.12			
Vendor#	Vendor Name		Class	Pay Code							
F1100	FEDERAL EXPRESS CORP. ✓		W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
753972537 ✓		10/25/20	10/21/20	11/15/20		28.37	0.00	0.00	28.37 ✓		
FREIGHT											
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net			
	F1100	FEDERAL EXPRESS CORP.			28.37	0.00	0.00	28.37			
Vendor#	Vendor Name		Class	Pay Code							
14092	FIRST CONNECT CENTER LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
3120 ✓		10/31/20	11/03/20	11/11/20		4,562.50	0.00	0.00	4,562.50 ✓		
TRAVEL NURSE STAFFING											
3100 ✓		11/01/20	10/14/20	11/13/20		4,500.00	0.00	0.00	4,500.00 ✓		
TRAVEL NURSING STAFF											
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net			
	14092	FIRST CONNECT CENTER LLC			9,062.50	0.00	0.00	9,062.50			
Vendor#	Vendor Name		Class	Pay Code							
F1400	FISHER HEALTHCARE ✓		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
0385811 ✓		10/25/20	10/18/20	11/12/20		52.75	0.00	0.00	52.75 ✓		
SUPPLIES											
0385807 ✓		10/25/20	10/18/20	11/12/20		158.25	0.00	0.00	158.25 ✓		
SUPPLIES											
0868773 ✓		10/26/20	10/19/20	11/13/20		402.78	0.00	0.00	402.78 ✓		
SUPPLIES											
0385813 ✓		10/31/20	10/07/20	11/01/20		158.25	0.00	0.00	158.25 ✓		
SUPPLIES											

9367462	✓		10/31/20	10/14/20	11/08/20		639.48	0.00	0.00	639.48	✓	
		SUPPLIES										
0385809	✓		10/31/20	10/18/20	11/12/20		131.18	0.00	0.00	131.18	✓	
		SUPPLIES										
1706923	✓		10/31/20	10/21/20	11/15/20		207.92	0.00	0.00	207.92	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				1,750.61	0.00	0.00	1,750.61		
Vendor#	Vendor Name		Class		Pay Code							
11183	FRONTIER											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
101921		10/27/20	10/19/20	11/12/20			65.40	0.00	0.00	65.40	✓	
	PHONE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11183	FRONTIER				65.40	0.00	0.00	65.40		
Vendor#	Vendor Name		Class		Pay Code							
12636	FUSION CLOUD SERVICES, LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
28343541A		10/31/20	10/16/20	11/15/20			1,044.31	0.00	0.00	1,044.31	✓	
	PHONE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		12636	FUSION CLOUD SERVICES, LLC				1,044.31	0.00	0.00	1,044.31		
Vendor#	Vendor Name		Class		Pay Code							
10642	GLAXOSMITHKLINE PHARMACUETICAL											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
8253587023A		10/31/20	10/14/20	11/11/20			10,176.35	0.00	0.00	10,176.35	✓	
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10642	GLAXOSMITHKLINE PHARMACUETICAL				10,176.35	0.00	0.00	10,176.35		
Vendor#	Vendor Name		Class		Pay Code							
G1210	GULF COAST PAPER COMPANY		M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
2120652		10/15/20	10/12/20	11/11/20			716.57	0.00	0.00	716.57	✓	
	SUPPLIES											
2120647		10/15/20	10/12/20	11/11/20			47.73	0.00	0.00	47.73	✓	
	SUPPLIES											
2122683		10/21/20	10/14/20	11/13/20			176.90	0.00	0.00	176.90	✓	
	SUPPLIES											
2103359		10/25/20	09/14/20	11/11/20			1,437.17	0.00	0.00	1,437.17	✓	
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				2,378.37	0.00	0.00	2,378.37		
Vendor#	Vendor Name		Class		Pay Code							
10334	HEALTH CARE LOGISTICS INC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
308179438		11/01/20	09/28/20	11/11/20			68.19	0.00	0.00	68.19	✓	
	INVENTORY											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10334	HEALTH CARE LOGISTICS INC				68.19	0.00	0.00	68.19		
Vendor#	Vendor Name		Class		Pay Code							
12380	HEALTH SOLUTIONS DIETETICS											

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
OCTOBER2021		10/31/20	10/28/20	11/05/20		3,750.00	0.00	0.00	3,750.00 ✓		
DIETICIAN SERVICES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12380	HEALTH SOLUTIONS DIETETICS	3,750.00	0.00	0.00	3,750.00
Vendor#	Vendor Name	Class	Pay Code								
H0031	HEB CREDIT RECEIVABLES DEPT308 ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
790519 ✓	SUPPLIES	11/02/20	09/29/20	11/11/20		10.76 1.04	0.00	0.00	10.76 9.94		
092558 ✓	SUPPLIES	11/02/20	09/29/20	11/11/20		6.33	0.00	0.00	6.33 ✓		
532069 ✓	SUPPLIES	11/02/20	10/01/20	11/11/20		35.16	0.00	0.00	35.16 ✓		
019244 ✓	SUPPLIES	11/02/20	10/03/20	11/11/20		33.78	0.00	0.00	33.78 ✓		
672517 ✓	SUPPLIES	11/02/20	10/04/20	11/11/20		42.79	0.00	0.00	42.79 ✓		
557325 ✓	SUPPLIES	11/02/20	10/05/20	11/11/20		20.41	0.00	0.00	20.41 ✓		
483570 ✓	SUPPLIES	11/02/20	10/05/20	11/11/20		19.65	0.00	0.00	19.65 ✓		
489723 ✓	SUPPLIES	11/02/20	10/07/20	11/11/20		46.38	0.00	0.00	46.38 ✓		
333330 ✓	SUPPLIES	11/02/20	10/10/20	11/11/20		23.10	0.00	0.00	23.10 ✓		
249024 ✓	SUPPLIES	11/02/20	10/10/20	11/11/20		54.10	0.00	0.00	54.10 ✓		
518968 ✓	SUPPLIES	11/02/20	10/11/20	11/11/20		22.06	0.00	0.00	22.06 ✓		
920271 ✓	SUPPLIES	11/02/20	10/12/20	11/11/20		27.74	0.00	0.00	27.74 ✓		
565860 ✓	SUPPLIES	11/02/20	10/13/20	11/11/20		70.90	0.00	0.00	70.90 ✓		
230408 ✓	SUPPLIES	11/02/20	10/13/20	11/11/20		27.83	0.00	0.00	27.83 ✓		
066509 ✓	SUPPLIES	11/02/20	10/14/20	11/11/20		25.72	0.00	0.00	25.72 ✓		
816649 ✓	SUPPLIES (tax)	11/02/20	10/16/20	11/11/20		40.67 40.09	0.00	0.00	40.67 40.09		
285601 ✓	SUPPLIES	11/02/20	10/17/20	11/11/20		59.59	0.00	0.00	59.59 ✓		
798052 ✓	SUPPLIES	11/02/20	10/19/20	11/11/20		34.05	0.00	0.00	34.05 ✓		
322910 ✓	SUPPLIES	11/02/20	10/19/20	11/11/20		77.93	0.00	0.00	77.93 ✓		
OC50805 ✓	SUPPLIES	11/02/20	10/27/20	11/11/20		0.15	0.00	0.00	0.15 ✓		
OC50804 ✓	SUPPLIES	11/02/20	10/27/20	11/11/20		3.93	0.00	0.00	3.93 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net

	H0031	HEB CREDIT RECEIVABLES DEPT308					683.03	0.00	0.00	683.03	
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		
9896617		11/01/20	10/21/20	11/11/20		3,309.49	0.00	0.00	3,309.49	✓	
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	H0416	HOLOGIC INC				3,309.49	0.00	0.00	3,309.49		
Vendor#	Vendor Name		Class	Pay Code							
12868	HOLT CAT ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
WIENZ0030216 ✓		11/01/20	10/18/20	11/11/20		4,456.67	0.00	0.00	4,456.67	✓	
	PREVENTATIVE MAINTENANC										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	12868	HOLT CAT				4,456.67	0.00	0.00	4,456.67		
Vendor#	Vendor Name		Class	Pay Code							
12596	INDEED, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
51520559 ✓		10/31/20	10/31/20	10/31/20		1,116.36	0.00	0.00	1,116.36	✓	
	JOB POSTINGS										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	12596	INDEED, INC.				1,116.36	0.00	0.00	1,116.36		
Vendor#	Vendor Name		Class	Pay Code							
11692	INJOY HEALTH EDUCATION ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
SO22876691 ✓		10/28/20	10/21/20	11/11/20		225.00	0.00	0.00	225.00	✓	
	ANNUAL PORTAL FEE										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11692	INJOY HEALTH EDUCATION				225.00	0.00	0.00	225.00		
Vendor#	Vendor Name		Class	Pay Code							
J0150	J & J HEALTH CARE SYSTEMS, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
926760217 ✓		10/28/20	10/13/20	11/12/20	216.00	126.00	0.00	0.00	126.00	216.00 ✓	
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	J0150	J & J HEALTH CARE SYSTEMS, INC				216.00	126.00	0.00	0.00	126.00	216.00
Vendor#	Vendor Name		Class	Pay Code							
D1710	KEEP-U-NEAT CLEANERS ✓		W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
092721		10/31/20	09/27/20	11/02/20		423.60	0.00	0.00	423.60	✓	
	LAUNDRY										
110121A		11/01/20	11/01/20	11/11/20		176.10	0.00	0.00	176.10	✓	
	LAUNDRY										
102021		11/01/20	11/01/20	11/11/20		32.00	0.00	0.00	32.00	✓	
	LAUNDRY										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	D1710	KEEP-U-NEAT CLEANERS				631.70	0.00	0.00	631.70		
Vendor#	Vendor Name		Class	Pay Code							
K1049	KENTEC MEDICAL INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1116777 ✓		10/31/20	11/03/20	11/03/20		260.00	0.00	0.00	260.00	✓	

SUPPLIES

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		K1049	KENTEC MEDICAL INC		260.00	0.00	0.00	260.00	
Vendor#	Vendor Name		Class	Pay Code					
10613	MEDIMPACT HEALTHCARE SYS, INC.		A/P						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110121		11/01/20	11/01/20	11/11/20		30.01	0.00	0.00	30.01
CLAIMS									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10613	MEDIMPACT HEALTHCARE SYS, INC.		30.01	0.00	0.00	30.01	
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
10420012	1968589042	10/11/20	10/11/20	11/11/20		767.34	0.00	0.00	767.34
SUPPLIES									
1970882066		10/21/20	10/19/20	11/13/20		18.18	0.00	0.00	18.18
SUPPLIES									
1970882065		10/21/20	10/19/20	11/13/20		75.00	0.00	0.00	75.00
SUPPLIES									
1971063236		10/21/20	10/20/20	11/14/20		61.52	0.00	0.00	61.52
SUPPLIES									
1971063245		10/21/20	10/20/20	11/14/20		190.20	0.00	0.00	190.20
SUPPLIES									
1971063275		10/21/20	10/20/20	11/14/20		64.83	0.00	0.00	64.83
SUPPLIES									
1971063231		10/21/20	10/20/20	11/14/20		37.98	0.00	0.00	37.98
SUPPLIES									
1971063265		10/21/20	10/20/20	11/14/20		2,884.09	0.00	0.00	2,884.09
SUPPLIES									
1971063248		10/21/20	10/20/20	11/14/20		4.75	0.00	0.00	4.75
SUPPLIES									
1971063243		10/21/20	10/20/20	11/14/20		4.75	0.00	0.00	4.75
SUPPLIES									
1971063235		10/21/20	10/20/20	11/14/20		4.50	0.00	0.00	4.50
SUPPLIES									
1971063250		10/21/20	10/20/20	11/14/20		21.47	0.00	0.00	21.47
SUPPLIES									
1971063238		10/21/20	10/20/20	11/14/20		4.50	0.00	0.00	4.50
SUPPLIES									
1971063241		10/21/20	10/20/20	11/14/20		4.50	0.00	0.00	4.50
SUPPLIES									
1971063272		10/21/20	10/20/20	11/14/20		56.22	0.00	0.00	56.22
SUPPLIES									
1971063234		10/21/20	10/20/20	11/14/20		41.43	0.00	0.00	41.43
SUPPLIES									
1971063254		10/21/20	10/20/20	11/14/20		1,239.72	0.00	0.00	1,239.72
SUPPLIES									
1971063239		10/21/20	10/20/20	11/14/20		96.76	0.00	0.00	96.76
SUPPLIES									
1971063226		10/21/20	10/20/20	11/14/20		232.40	0.00	0.00	232.40
SUPPLIES									

1971045293	✓	10/21/20	10/20/20	11/14/20	5,827.94	0.00	0.00	5,827.94	✓
		SUPPLIES							
1971063225	✓	10/21/20	10/20/20	11/14/20	85.74	0.00	0.00	85.74	✓
		SUPPLIES							
1971063229	✓	10/21/20	10/20/20	11/14/20	65.45	0.00	0.00	65.45	✓
		SUPPLIES							
1971063246	✓	10/21/20	10/21/20	11/15/20	21.26	0.00	0.00	21.26	✓
		SUPPLIES							
1965636477	✓	10/26/20	09/09/20	11/11/20	670.52	0.00	0.00	670.52	✓
		SUPPLIES							
1969987286	✓	10/26/20	10/13/20	11/07/20	1,109.93	0.00	0.00	1,109.93	✓
		SUPPLIES							
1971179655	✓	10/26/20	10/21/20	11/15/20	77.15	0.00	0.00	77.15	✓
		SUPPLIES							
1971179654	✓	10/26/20	10/21/20	11/15/20	4.75	0.00	0.00	4.75	✓
		SUPPLIES							
1971324069	✓	10/26/20	10/21/20	11/15/20	2,941.15	0.00	0.00	2,941.15	✓
		SUPPLIES							
1971063276	✓	10/27/20	10/20/20	11/14/20	51.59	0.00	0.00	51.59	✓
		SUPPLIES							
1971063278	✓	10/27/20	10/20/20	11/14/20	83.75	0.00	0.00	83.75	✓
		SUPPLIES							
1971324070	✓	10/27/20	10/21/20	11/15/20	1,551.38	0.00	0.00	1,551.38	✓
		SUPPLIES							
1971063279	✓	10/28/20	10/20/20	11/14/20	8.96	0.00	0.00	8.96	✓
		SUPPLIES							
1962106573	✓	10/31/20	08/11/20	11/11/20	623.60	0.00	0.00	623.60	✓
		SUPPLIES							
1971045291	✓	10/31/20	10/20/20	11/14/20	3,869.84	0.00	0.00	3,869.84	✓
		SUPPLIES							
1965723082	✓	11/01/20	09/10/20	11/11/20	71.67	0.00	0.00	71.67	✓
		SUPPLIES							
1971616042	✓	11/01/20	10/23/20	11/17/20	18.74	0.00	0.00	18.74	✓
		SUPPLIES							
1702632872	✓	11/04/20	10/23/20	11/17/20	734.15	0.00	0.00	734.15	✓
		INTEREST							

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	23,627.71	0.00	0.00	23,627.71

Vendor#	Vendor Name	Class	Pay Code						
M2621	MMC AUXILIARY GIFT SHOP ✓	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
102821		10/28/20	10/28/20	11/11/20		162.56	0.00	0.00	162.56
	PAYROLL DEDUCTS								

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	162.56	0.00	0.00	162.56

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
7485756	✓	10/31/20	10/28/20	11/07/20		1,087.98	0.00	0.00	1,087.98
	INVENTORY								
5712	✓	10/31/20	10/28/20	11/07/20		-10.04	0.00	0.00	-10.04

	CREDIT							
7487000 ✓		10/31/20 10/28/20 11/07/20	208.74	0.00	0.00	208.74	✓	
	CREDIT							
7497334 ✓		10/31/20 10/28/20 11/07/20	2,632.69	0.00	0.00	2,632.69	✓	
	INVENTORY							
CM83984 ✓		10/31/20 10/28/20 11/07/20	-86.83	0.00	0.00	-86.83	✓	
	CREDIT							
7497336 ✓		10/31/20 10/28/20 11/07/20	9.35	0.00	0.00	9.35	✓	
	INVENTORY							
5872 ✓		10/31/20 10/28/20 11/07/20	-9.99	0.00	0.00	-9.99	✓	
	CREDIT							
7487001 ✓		10/31/20 10/28/20 11/07/20	1,043.70	0.00	0.00	1,043.70	✓	
	INVENTORY							
7497335 ✓		10/31/20 11/01/20 11/11/20	107.17	0.00	0.00	107.17	✓	
	INVENTORY							
6754 ✓		10/31/20 11/02/20 11/12/20	-4.99	0.00	0.00	-4.99	✓	
	CREDIT							
7502386 ✓		10/31/20 11/02/20 11/12/20	205.89	0.00	0.00	205.89	✓	
	INVENTORY							
7502387 ✓		10/31/20 11/02/20 11/12/20	158.39	0.00	0.00	158.39	✓	
	INVENTORY							
6872 ✓		10/31/20 11/02/20 11/12/20	-29.99	0.00	0.00	-29.99	✓	
	CREDIT							
7461974 ✓		11/01/20 10/21/20 11/11/20	67.05	0.00	0.00	67.05	✓	
	INVENTORY							
7458561 ✓		11/01/20 10/21/20 11/11/20	209.03	0.00	0.00	209.03	✓	
	INVENTORY							
7461976 ✓		11/01/20 10/21/20 11/11/20	20.27	0.00	0.00	20.27	✓	
	INVENTORY							
7461973 ✓		11/01/20 10/21/20 11/11/20	1,044.71	0.00	0.00	1,044.71	✓	
	INVENTORY							
7461975 ✓		11/01/20 10/21/20 11/11/20	202.11	0.00	0.00	202.11	✓	
	INVENTORY							
SC8655 ✓		11/01/20 10/25/20 11/11/20	13.81	0.00	0.00	13.81	✓	
	INVENTORY							
SC8656 ✓		11/01/20 10/25/20 11/11/20	15.24	0.00	0.00	15.24	✓	
	INVENTORY							
7477637 ✓		11/01/20 10/26/20 11/11/20	400.95	0.00	0.00	400.95	✓	
	INVENTORY							
7461972 ✓		11/01/20 10/26/20 11/11/20	9.59	0.00	0.00	9.59	✓	
	INVENTORY							
7475879 ✓		11/01/20 10/26/20 11/11/20	98.23	0.00	0.00	98.23	✓	
	INVENTORY							
7477638 ✓		11/01/20 10/26/20 11/11/20	114.06	0.00	0.00	114.06	✓	
	INVENTORY							
7470745 ✓		11/01/20 10/26/20 11/11/20	190.10	0.00	0.00	190.10	✓	
	INVENTORY							
7477639 ✓		11/01/20 10/26/20 11/11/20	29.10	0.00	0.00	29.10	✓	
	INVENTORY							
7480851 ✓		11/01/20 10/27/20 11/11/20	5.10	0.00	0.00	5.10	✓	
	INVENTORY							

7479445	✓		11/01/20	10/27/20	11/11/20		4.41	0.00	0.00	4.41	✓	
		INVENTORY										
5295	✓		11/01/20	10/27/20	11/11/20		-4.99	0.00	0.00	-4.99	✓	
		CREDIT										
7480852	✓		11/01/20	10/27/20	11/11/20		383.81	0.00	0.00	383.81	✓	
		INVENTORY										
7481900	✓		11/01/20	10/27/20	11/11/20		33.32	0.00	0.00	33.32	✓	
		INVENTORY										
7481899	✓		11/01/20	10/27/20	11/11/20		4,167.91	0.00	0.00	4,167.91	✓	
		INVENTORY										
7481902	✓		11/01/20	10/27/20	11/11/20		4,472.78	0.00	0.00	4,472.78	✓	
		INVENTORY										
7479446	✓		11/01/20	10/27/20	11/11/20		4,797.71	0.00	0.00	4,797.71	✓	
		INVENTORY										
7481901	✓		11/01/20	10/27/20	11/11/20		8.66	0.00	0.00	8.66	✓	
		INVENTORY										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10536	MORRIS & DICKSON CO, LLC	21,595.03	0.00	0.00	21,595.03
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		
76743		10/31/20	10/25/20	11/01/20			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							
O1500	OLYMPUS AMERICA INC		M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
31631334		10/19/20	10/19/20	11/13/20			116.96	0.00	0.00	116.96	✓	
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							O1500	OLYMPUS AMERICA INC	116.96	0.00	0.00	116.96
Vendor#	Vendor Name		Class		Pay Code							
O1416	ORTHO CLINICAL DIAGNOSTICS											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
1852100251		10/25/20	10/14/20	11/13/20			716.18	0.00	0.00	716.18	✓	
	SUPPLIES											
1852100252		10/25/20	10/14/20	11/13/20			42.45	0.00	0.00	42.45	✓	
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							O1416	ORTHO CLINICAL DIAGNOSTICS	758.63	0.00	0.00	758.63
Vendor#	Vendor Name		Class		Pay Code							
11155	PARA											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
8100		11/01/20	03/01/20	11/11/20			950.00	0.00	0.00	950.00	✓	
	SUBSCRIPTIONS											
8779		11/01/20	06/01/20	11/11/20			950.00	0.00	0.00	950.00	✓	
	SUBSCRIPTIONS											
8869		11/01/20	07/01/20	11/11/20			3,084.00	0.00	0.00	3,084.00	✓	
	SUBSCRIPTIONS											
9417		11/01/20	09/01/20	11/11/20			950.00	0.00	0.00	950.00	✓	

SUBSCRIPTION											
Vendor#		Vendor Name		Class		Pay Code		Gross	Discount	No-Pay	Net
		11155 PARA						5,934.00	0.00	0.00	5,934.00
12544	PATRICK OCHOA ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
110121 ✓		10/31/20	11/01/20	11/11/20			520.00	0.00	0.00	520.00 ✓	
LAWN SERVICES											
110121A ✓		10/31/20	11/01/20	11/11/20			200.00	0.00	0.00	200.00 ✓	
REHAB LAWN											
110121B ✓		11/02/20	11/01/20	11/11/20			380.00	0.00	0.00	380.00 ✓	
CLINIC LAWN											
		12544 PATRICK OCHOA						1,100.00	0.00	0.00	1,100.00
14176	PREECLAMPSIA MARKETING STORE ✓										
1124181 ✓		10/31/20	11/02/20	11/02/20			80.10	0.00	0.00	80.10 ✓	
MARKETING MATERIAL											
		14176 PREECLAMPSIA MARKETING STORE						80.10	0.00	0.00	80.10
P1725	PREMIER SLEEP DISORDERS CENTER ✓				M						
110		11/01/20	11/01/20	11/16/20			3,350.00	0.00	0.00	3,350.00 ✓	
SLEEP STUDY											
		P1725 PREMIER SLEEP DISORDERS CENTER						3,350.00	0.00	0.00	3,350.00
12480	PRO ENERGY PARTNERS LP ✓										
21090600 ✓		10/31/20	10/13/20	10/28/20			3,094.71	0.00	0.00	3,094.71 ✓	
FUEL											
		12480 PRO ENERGY PARTNERS LP						3,094.71	0.00	0.00	3,094.71
13460	RELIANT, DEPT 0954 ✓										
3060009086985 ✓		10/26/20	10/26/20	11/17/20			23,596.35	0.00	0.00	23,596.35 ✓	
ELECTRICITY											
		13460 RELIANT, DEPT 0954						23,596.35	0.00	0.00	23,596.35
11252	RX WASTE SYSTEMS LLC ✓										
3401 ✓		11/01/20	10/01/20	11/11/20			60.00	0.00	0.00	60.00 ✓	
SUBSCRIPTION											
		11252 RX WASTE SYSTEMS LLC						60.00	0.00	0.00	60.00
11360	SCRUBS ON WHEELS ✓										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
110121		11/01/20	10/27/20	11/11/20		4,247.19	0.00	0.00	4,247.19		
PAYROLL DEDUCTS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11360	SCRUBS ON WHEELS	4,247.19	0.00	0.00	4,247.19
Vendor#	Vendor Name				Class	Pay Code					
S2362	SMITH & NEPHEW										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
942809282		10/26/20	10/18/20	11/15/20		568.00	0.00	0.00	568.00		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S2362	SMITH & NEPHEW	568.00	0.00	0.00	568.00
Vendor#	Vendor Name				Class	Pay Code					
S2353	SMITHS MEDICAL ASD INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
15826025		11/01/20	03/24/20	11/11/20		331.40	0.00	0.00	331.40		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S2353	SMITHS MEDICAL ASD INC	331.40	0.00	0.00	331.40
Vendor#	Vendor Name				Class	Pay Code					
S3940	STERIS CORPORATION				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9696488		10/26/20	10/21/20	11/15/20		26.89	0.00	0.00	26.89		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S3940	STERIS CORPORATION	26.89	0.00	0.00	26.89
Vendor#	Vendor Name				Class	Pay Code					
S2830	STRYKER SALES CORP				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9201785140		11/01/20	10/21/20	11/11/20		183.86	0.00	0.00	183.86		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S2830	STRYKER SALES CORP	183.86	0.00	0.00	183.86
Vendor#	Vendor Name				Class	Pay Code					
T2204	TEXAS MUTUAL INSURANCE CO				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1003161676		10/31/20	10/26/20	11/17/20		20.00	0.00	0.00	20.00		
LATE FEE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						T2204	TEXAS MUTUAL INSURANCE CO	20.00	0.00	0.00	20.00
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		
CM1799351079		10/31/20	10/14/20	11/11/20		-3,115.25	0.00	0.00	-3,115.25		
CREDIT											
001839451079		11/01/20	10/28/20	11/11/20		8,590.10	0.00	0.00	8,590.10		
TRAVEL NURSE STAFFING											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10758	TEXAS SELECT STAFFING, LLC	5,474.85	0.00	0.00	5,474.85
Vendor#	Vendor Name				Class	Pay Code					
14132	TFORCE FREIGHT										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
923929834	✓	10/31/20	10/07/20	11/11/20		259.49	0.00	0.00	259.49 ✓		
FREIGHT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14132	TFORCE FREIGHT	259.49	0.00	0.00	259.49
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		
INV29322	✓	10/19/20	10/18/20	11/17/20		259.88	0.00	0.00	259.88 ✓		
FILTERS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11908	TMS SOUTH	259.88	0.00	0.00	259.88
Vendor#	Vendor Name				Class	Pay Code					
13616	TRIOSE, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
TRI095010	✓	10/31/20	10/28/20	11/12/20		412.12	0.00	0.00	412.12 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13616	TRIOSE, INC	412.12	0.00	0.00	412.12
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		
8400379317	✓	10/18/20	10/18/20	11/12/20		45.15	0.00	0.00	45.15 ✓		
	80340	LAUNDRY									
8400379340	✓	10/18/20	10/18/20	11/12/20		2,153.31	0.00	0.00	2,153.31 ✓		
		LAUNDRY									
8400379318	✓	10/18/20	10/18/20	11/12/20		55.83	0.00	0.00	55.83 ✓		
		LAUNDRY									
8400379648	✓	10/22/20	10/21/20	11/15/20		170.59	0.00	0.00	170.59 ✓		
		LAUNDRY									
8400379644	✓	10/22/20	10/21/20	11/15/20		38.75	0.00	0.00	38.75 ✓		
		LAUNDRY									
8400379666	✓	10/22/20	10/21/20	11/15/20		1,688.86	0.00	0.00	1,688.86 ✓		
		LAUNDRY									
8400379646	✓	10/22/20	10/21/20	11/15/20		137.13	0.00	0.00	137.13 ✓		
		LAUNDRY									
9400379660	✓	10/22/20	10/21/20	11/15/20		79.43	0.00	0.00	79.43 ✓		
		LAUNDRY									
8400379649	✓	10/22/20	10/21/20	11/15/20		199.32	0.00	0.00	199.32 ✓		
		LAUNDRY									
8400379647	✓	10/27/20	10/21/20	11/15/20		223.01	0.00	0.00	223.01 ✓		
		LAUNDRY									
8400379679	✓	10/27/20	10/21/20	11/15/20		74.37	0.00	0.00	74.37 ✓		
		LAUNDRY									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						U1064	UNIFIRST HOLDINGS INC	4,865.75	0.00	0.00	4,865.75
Vendor#	Vendor Name				Class	Pay Code					
U1056	UNIFORM ADVANTAGE ✓					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
SIV11541677	✓	10/31/20	10/30/20	11/14/20		55.98	0.00	0.00	55.98 ✓		
MONICA CARR UNIFORMS											

Vendor Total		Number	Name		Gross	Discount	No-Pay	Net	
		U1056	UNIFORM ADVANTAGE		55.98	0.00	0.00	55.98	
Vendor#	Vendor Name		Class	Pay Code					
U2000	US POSTAL SERVICE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
110321		10/31/20	11/03/20	11/03/20		2,200.00	0.00	0.00	2,200.00 ✓
POSTAGE									
Vendor Total		U2000	US POSTAL SERVICE			2,200.00	0.00	0.00	2,200.00
Vendor#	Vendor Name		Class	Pay Code					
V1471	VICTORIA RADIOWORKS, LTD ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
21100225	✓	10/31/20	10/31/20	11/11/20		160.00	0.00	0.00	160.00 ✓
RADIO ADS									
21100222	✓	10/31/20	10/31/20	11/11/20		280.00	0.00	0.00	280.00 ✓
RADIO ADS									
21100223	✓	10/31/20	10/31/20	11/11/20		280.00	0.00	0.00	280.00 ✓
RADIO ADS									
Vendor Total		V1471	VICTORIA RADIOWORKS, LTD			720.00	0.00	0.00	720.00
Vendor#	Vendor Name		Class	Pay Code					
13808	VITA PERSONA LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
VP20212537	✓	10/28/20	10/28/20	11/11/20		1,935.67	0.00	0.00	1,935.67 ✓
SUPPLIES									
VP20212520	✓	10/31/20	11/03/20	11/03/20		2,119.20	0.00	0.00	2,119.20 ✓
SUPPLIES									
Vendor Total		13808	VITA PERSONA LLC			4,054.87	0.00	0.00	4,054.87
Vendor#	Vendor Name		Class	Pay Code					
12208	WAGeworks ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
INV3113506	✓	10/18/20	10/15/20	11/15/20		580.25	0.00	0.00	580.25 ✓
ADMIN COMPLIANCE FEE									
Vendor Total		12208	WAGeworks			580.25	0.00	0.00	580.25
Vendor#	Vendor Name		Class	Pay Code					
I1110	WERFEN USA LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
9111053289	✓	10/19/20	10/19/20	11/13/20		120.62	0.00	0.00	120.62 ✓
SUPPLIES									
9111055185	✓	10/21/20	10/18/20	11/12/20		1,241.72	0.00	0.00	1,241.72 ✓
SUPPLIES									
9111056046	✓	10/27/20	10/19/20	11/13/20		1,236.36	0.00	0.00	1,236.36 ✓
SUPPLIES									
Vendor Total		I1110	WERFEN USA LLC			2,598.70	0.00	0.00	2,598.70
Vendor#	Vendor Name		Class	Pay Code					
11400	WEST COAST MEDICAL RESOURCES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
INV076396	✓	10/21/20	10/12/20	11/11/20		1,074.00	0.00	0.00	1,074.00 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11400	WEST COAST MEDICAL RESOURCES	1,074.00	0.00	0.00	1,074.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	408,216.82	0.00	0.00	408,216.82

408,216.82 +
 40.67 -
 40.09 +
 126.00 -
 216.00 +
 408,306.24

pg 7 correction

pg 8 correction

408,216.82
 { <40.67 >
 { +40.09
 { <126.00 >
 { +216.00
 \$408,306.24

APPROVED
 ON

NOV 04 2021

COUNTY ADMINISTRATOR
 CALHOUN COUNTY, TEXAS

11/05/2021
 10:50
 MEMORIAL MEDICAL CENTER
 AP Open Invoice List
 Dates Through: 11/17/2021
 0
 ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

14168 TEXAS HHSC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
110521		11/05/20	11/05/20	11/11/20			500.00	0.00	0.00	500.00 ✓

INSPECTION FEE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
14168	TEXAS HHSC	500.00	0.00	0.00	500.00	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	500.00	0.00	0.00	500.00

APPROVED
 SM

NOV 04 2021

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"	####	ENTER:	<input type="text"/>
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		<input type="text"/>
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		<input type="text" value="941"/> #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		<input type="text" value="21"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		<input type="text" value="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"	★		<input type="text" value="\$ 99,936.63"/> #
	"1 TO CONFIRM"			<input type="text" value="1"/>
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		<input type="text" value="\$ 50,711.78"/> #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			<input type="text" value="\$ 12,232.06"/> #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			<input type="text" value="\$ 36,992.79"/> #
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	CHECK		<input type="text" value="\$ -"/>
	"1 TO CONFIRM"	★		<input type="text" value="1"/>
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			<input type="text"/>

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

Final Summary

*-- Pay Code Summary						*-- Deductions Summary				
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount
1	REGULAR PAY-S1	9514.50	N	N	N			192618.09	A/R	540.00 ✓
1	REGULAR PAY-S1	1630.00	N	N	N	N		79812.56	ADVANC	AWARDS 25.00 ✓ BOOTS ✓
1	REGULAR PAY-S1	306.25	Y	N	N			9575.66	CAFE-H	CAFE-1 ✓ CAFE-2 ✓
2	REGULAR PAY-S2	2033.50	N	N	N			45935.39	CAFE-3	CAFE-4 ✓ CAFE-5 ✓
2	REGULAR PAY-S2	160.75	Y	N	N			5472.53	CAFE-C	CAFE-D ✓ CAFE-F ✓
3	REGULAR PAY-S3	1153.75	N	N	N			32513.49	CAFE-H	CAFE-I ✓ CAFE-L ✓
3	REGULAR PAY-S3	69.00	Y	N	N			2239.95	CAFE-P	CANCER ✓ CHILD 609.70 ✓
C	CALL PAY	2463.75	N	1	N	N		4927.50	CLINIC	460.00 ✓ COMBIN ✓ 400.80 ✓ CREDUN ✓
D	DOUBLE TIME	69.75	N	1	N	N		4359.45	DD ADV	DENTAL ✓ DEP-LF ✓
D	DOUBLE TIME	60.75	N	2	N	N		4309.90	DIS-LF	EAT ✓ EATCSH ✓
D	DOUBLE TIME	32.50	N	3	N	N		2513.64	FEDTAX	36992.79 ✓ FICA-M ✓ 6116.03 ✓ FICA-O ✓ 25355.89 ✓
D	DOUBLE TIME	10.00	Y	1	N	N		944.40	FIRSTC	FLEX S ✓ 3344.79 ✓ FLX FE ✓
D	DOUBLE TIME	7.50	Y	2	N	N		753.30	FORT D	FUTA ✓ GIFT S ✓ 175.75 ✓
D	DOUBLE TIME	7.25	Y	3	N	N		842.81	GRANT	GRP-IN ✓ GTL ✓
E	EXTRA WAGES		N	N	N	N		40.00	HOSP-I	IT TFT ✓ LEAF ✓
E	EXTRA WAGES		N	1	N	N		985.50	LEGAL	280.28 ✓ MISA ✓ 865.00 ✓ MEALS ✓
F	FUNERAL LEAVE	74.00	N	1	N	N		1110.20	METVIS	896.70 ✓ MISC ✓ MASC/ ✓
K	EXTENDED-ILLNESS-BANK	335.42	N	1	N	N		8891.26	MMCSHR	NATFML ✓ 1753.01 ✓ OTHER ✓
P	PAID-TIME-OFF	620.91	N	N	N	N		19219.82	PHI	PHI*** ✓ PR FIN ✓
P	PAID-TIME-OFF	1134.31	N	1	N	N		27866.17	RELAY	REPAY ✓ SAMS ✓
X	CALL PAY 2	80.00	N	1	N	N		160.00	SCRUBS	SIGNON ✓ ST-TX ✓
Y	YMCA/CURVES		N	N	N	N		45.00	STONDF	540.86 ✓ STONE ✓ STONE2 ✓
Z	CALL PAY 3	112.00	N	1	N	N		336.00	STUDEN	SUNACC ✓ 789.73 ✓ SUNILL ✓ 716.66 ✓
h	HAZARD PAY	1.75	N	N	N	N		71.95	SUNIND	667.22 ✓ SUNLIF ✓ 732.15 ✓ SUNSTD ✓ 1207.07 ✓
t	PHONE & DATA		N	N	N	N		1295.00	SUNVIS	SURCHG ✓ 450.00 ✓ TSA-1 ✓
v	COVID-PPCRA	40.00	N	1	N	N		1310.36	TSA-2	TSA-C ✓ TSA-P ✓ 548.37 ✓
									TSA-R	31429.02 ✓ TUITION ✓ UNIFOR ✓ 548.37 ✓
									UW/HOS	
----- Grand Totals: 20337.64 -----						Gross:	448246.83	Deductions:	137682.80	Net: 310564.03
Checks Count:- FT 196 PT 11 Other 36 Female 216 Male 24 Credit						OverAmt	11	ZeroNet	Term	Total: -242

Pay date: 11-12-21

Run Date: 11/05/21
Time: 17:00

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 10/22/21--11/04/21 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
41225	LESLIE A CRAIGEN	795.40	00062908	11/12/21
41617	JACQUELINE M MARTINEZ	731.12	00062909	11/12/21
65550	SAN FRANCISCO MASCORRO	521.72	00062910	11/12/21
65486	ROSA RODRIGUEZ	1007.77	00062911	11/12/21
00041	CARL LEE KING	1998.23	DD	11/12/21
00083	SYLVIA A VARGAS	829.26	DD	11/12/21
00094	SYLVIA A MENDOZA	756.11	DD	11/12/21
00113	JACLYN CARREDON	1096.31	DD	11/12/21
00132	SANDRA A BRAUN	873.57	DD	11/12/21
00192	BRENDA D PENA	646.84	DD	11/12/21
00270	ANGELA M BURGIN	842.61	DD	11/12/21
00344	SANDY LEE RUDDICK	2624.84	DD	11/12/21
00387	BILLIE F DUCKWORTH	3223.04	DD	11/12/21
00392	MONICA T CARR	2441.50	DD	11/12/21
00399	LINDA J TIJERINA	2327.34	DD	11/12/21
00401	VELMA J PINA	1060.17	DD	11/12/21
00417	SHERRY L KING	2086.08	DD	11/12/21
00423	DOMN V STRINGO	4160.82	DD	11/12/21
00482	PAM FIKAC	1165.41	DD	11/12/21
00504	HELEN DAVIS	922.55	DD	11/12/21
00533	LAURA V DAVILA	1160.71	DD	11/12/21
00577	DIANA GARCIA	2358.91	DD	11/12/21
00581	CYNTHIA L RUSHING	1374.89	DD	11/12/21
00676	SHEILA KAY HEATHCOCK	1157.41	DD	11/12/21
00681	R RENEE WOOD	1672.10	DD	11/12/21
00692	DEBORAH E WITTNEBERT	324.12	DD	11/12/21
00697	MARIA C FARIAS	2171.58	DD	11/12/21
00707	KIMBERLY R BLINKA	1530.06	DD	11/12/21
00918	GILMA MORENO	1576.15	DD	11/12/21
01015	SUSAN B SMALLEY	1696.21	DD	11/12/21
01234	JENISE N SVETLIK	1987.46	DD	11/12/21
01367	MARILYN A SANDERS	1975.55	DD	11/12/21
01791	RAUSHANAH J MONDAY	1581.70	DD	11/12/21
02011	ERIN R CLEVINGER	3144.03	DD	11/12/21
02014	AGAPITA C CANTU	20.48	DD	11/12/21
02022	AMANDA J GRIGGS	2420.76	DD	11/12/21
02064	ANNA LAURA GARCIA	472.22	DD	11/12/21
02097	KYLIE M GAINES	1080.50	DD	11/12/21
02099	TRACI M SHEFCIK	2661.94	DD	11/12/21
02107	CARLY M HAHN	366.16	DD	11/12/21
02112	LESLIE THOMAS	2173.86	DD	11/12/21
02193	TIKI VENGLAR	1477.62	DD	11/12/21
02271	DAWN J BUBENIK	1939.01	DD	11/12/21
02301	NICOLAS TIJERINA	792.04	DD	11/12/21
02302	CATHERINE MARIE DECILOS	330.60	DD	11/12/21
02303	CONNIE M LUNA	2037.56	DD	11/12/21
02315	NINA M GREEN	4259.17	DD	11/12/21
02331	JESSICA B BIFFLE	352.67	DD	11/12/21
02346	JEANETTE L FALCON	394.40	DD	11/12/21
02369	BECKY N BRISENO	384.54	DD	11/12/21
02416	JANELLE SCOTT	1850.84	DD	11/12/21
02525	AUDREY D GARCIA	200.04	DD	11/12/21
02535	STEFANIE M SOLIZ	357.83	DD	11/12/21

Run Date: 11/03/21
Time: 17:00

MEMORIAL MEDICAL CENTER BI-WEEKLY
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P2DISTP

Num.	Name	Amount	CHECK	NUM	DATE
02552	VERONICA FAGUSIN	1683.33	DD	11/12/21	
02584	BENETRICE MAGU	2075.44	DD	11/12/21	
02701	RONDA DAWNELLE GOHLKE	1478.82	DD	11/12/21	
02717	PATRICIA A BRISENO	511.83	DD	11/12/21	
02719	DAWN M MCCLELLAND	2019.93	DD	11/12/21	
02735	ZANDRA A CUELLAR	629.64	DD	11/12/21	
02745	TRACY L WIGGS	1481.00	DD	11/12/21	
02763	JESSICA COPPIN	1563.61	DD	11/12/21	
02794	HEATHER L MUTCHLER	1472.33	DD	11/12/21	
02797	SHELLY A MCAFEE	1696.83	DD	11/12/21	
02812	BRITTANY N RUDDICK	1496.68	DD	11/12/21	
02907	MARIA F LONGORIA	920.44	DD	11/12/21	
02927	MICHAEL L GAINES	2504.91	DD	11/12/21	
02963	DOROTHY J RENDON	510.79	DD	11/12/21	
02970	DIANNE G ATKINSON	1797.01	DD	11/12/21	
03864	JACQUELINE R HERRERA	1174.79	DD	11/12/21	
05003	COURTNE D THURLKILL	2623.74	DD	11/12/21	
05007	JAMIE K NEYLAND	2003.36	DD	11/12/21	
05641	AMANDA R KEY	1648.80	DD	11/12/21	
05757	SHARON T HOLDER	1061.54	DD	11/12/21	
07007	URSULA S BRYAN	20.48	DD	11/12/21	
07066	DELPHINE PADRON	1493.00	DD	11/12/21	
07878	DIANA C SAUCEDA	1012.62	DD	11/12/21	
11197	CATHERINE A SAENZ	733.00	DD	11/12/21	
11412	COURTNEY L MORKOVSKY	342.57	DD	11/12/21	
12011	KIMBERLY J REYNA	370.37	DD	11/12/21	
12115	LISA J HINOJOSA	1011.50	DD	11/12/21	
12212	MARIA E ARREDONDO	723.21	DD	11/12/21	
15097	KYLE L DANIEL	2671.45	DD	11/12/21	
15131	SAVANNAH HARLEY	1441.06	DD	11/12/21	
15230	MEAGAN GARCIA	1354.82	DD	11/12/21	
15286	DAWN M MAREK	4702.19	DD	11/12/21	
15400	ANDREA RODRIGUEZ	1572.35	DD	11/12/21	
15909	JULIE NGUYEN	1631.50	DD	11/12/21	
15915	BRIANNE J KEY	2702.27	DD	11/12/21	
20112	YULMA PATRICA RODRIGUEZ	337.77	DD	11/12/21	
20144	SOPHIE M PECENA	641.11	DD	11/12/21	
20156	ERIN ASHLEY WISDOM	3619.34	DD	11/12/21	
20206	KELLI B GOFF	1479.58	DD	11/12/21	
20207	SHAWNA G HARTL	2235.60	DD	11/12/21	
20294	JESSICA D WALTHER	763.86	DD	11/12/21	
20304	HAYLIN EASLEY	331.96	DD	11/12/21	
20407	MISTY M RECTOR	750.62	DD	11/12/21	
20419	KAREN N MCBUEN	299.63	DD	11/12/21	
20484	BRIANNA S PASSMORE	182.40	DD	11/12/21	
20567	JESSICA L RUDDICK	337.34	DD	11/12/21	
20759	JAMIE SADLER	822.57	DD	11/12/21	
20796	ANNA JIMENEZ	214.65	DD	11/12/21	
20797	BETHANN M DIGGS	566.25	DD	11/12/21	
20816	JOIE L PENA	850.32	DD	11/12/21	
20837	DAISY MADRIGAL	1050.26	DD	11/12/21	
20896	DANIELA CAMACHO	260.65	DD	11/12/21	
20977	CHERYL L TESCH	1717.61	DD	11/12/21	
21450	DIANA E LEAL	1194.92	DD	11/12/21	

Run Date: 11/05/21
Time: 17:00

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**** Check Register ****
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Num.	Name	Amount	CHECK NUM	DATE
21629	JACOBY R CRAWFORD	1379.54	DD	11/12/21
22618	HEATHER L SMITH	363.80	DD	11/12/21
28120	JESSICA V SELVERA	795.37	DD	11/12/21
30491	ARLEEN JUDD	209.88	DD	11/12/21
31031	HECTOR F GARCIA	451.36	DD	11/12/21
31035	STACIE L EPLEY	2088.95	DD	11/12/21
31054	LORA L LAMBDEN	755.99	DD	11/12/21
31099	ARACELY Z GARCIA	2759.98	DD	11/12/21
31219	LAUREN PHILLIPS	1361.60	DD	11/12/21
31313	KATHERINE LYNN JIMENEZ	1843.20	DD	11/12/21
31319	STACY L FARMER	1653.84	DD	11/12/21
31463	EDWARD E MATULA	2312.01	DD	11/12/21
31508	RACHEL A HEFFNER	1451.39	DD	11/12/21
31821	KAYLA M ALVAREZ	1131.84	DD	11/12/21
31832	SHANE D KRESTA	1107.36	DD	11/12/21
31849	CODY L JUREK	1760.55	DD	11/12/21
38118	KRYSTELLA F KISIRH	859.11	DD	11/12/21
38413	DEVAN ORTA	1105.68	DD	11/12/21
38702	ANNA VANESSA PENNELL	972.28	DD	11/12/21
41112	ANASTASIA L PEREZ	802.43	DD	11/12/21
41171	TOMMIE M TREVINO	472.53	DD	11/12/21
41205	JEANETTE ALVARADO	687.66	DD	11/12/21
41236	PAMELA K VANNOY	1220.42	DD	11/12/21
41274	KAREN GAMN	946.10	DD	11/12/21
41308	ISABEL LEDEZMA	931.58	DD	11/12/21
41347	ADRIANNA D STRAKOS	600.10	DD	11/12/21
41369	LORETTA A LEAL	862.61	DD	11/12/21
41418	ANGEL M CASSEL	911.97	DD	11/12/21
41507	OLGA I BETANCOURT	768.75	DD	11/12/21
41612	SONJA A GUAJARDO	582.46	DD	11/12/21
41618	HEATHER DELBOSQUE	693.73	DD	11/12/21
41705	KELSEY R TAYLOR	744.90	DD	11/12/21
41896	RENAE EMERY	627.74	DD	11/12/21
41897	ROXANNA MARTINEZ	790.29	DD	11/12/21
41901	JUANITA R MILLER	1182.05	DD	11/12/21
41924	BRITTNEY V STRICKLIN	555.75	DD	11/12/21
42106	CHRISTY SILVAS	897.12	DD	11/12/21
42112	SOCORRO C GONZALES	678.84	DD	11/12/21
42122	LEI ANA CHAVANA	1509.88	DD	11/12/21
42125	LUCY CALZADA	778.03	DD	11/12/21
42304	MIMI T NGUYEN	2366.84	DD	11/12/21
42320	MICHAEL A PFEIL	2753.66	DD	11/12/21
42820	MARIA D CHAVEZ	490.88	DD	11/12/21
42842	SHARNA S O DONNELL	3196.41	DD	11/12/21
50018	MICHELLE M MORALES	1301.52	DD	11/12/21
50148	PENNY GOULDEN	3344.55	DD	11/12/21
50248	MCKENNA VILLEGAS	494.44	DD	11/12/21
50282	JACOB W HAMILTON	2613.03	DD	11/12/21
50310	JASMINE GRIGSBY	728.36	DD	11/12/21
50573	DEANA R DAVIS	1619.09	DD	11/12/21
50596	BETTY S DAVIS	1955.82	DD	11/12/21
50645	CERENITY LIBERTY	501.34	DD	11/12/21
50719	DEBRA K MUSTERED	2060.19	DD	11/12/21
50928	ADINA RODRIGUEZ	560.38	DD	11/12/21

Run Date: 11/05/21
Time: 17:00

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
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P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
53541	JACLYN B HARTL	1574.91	DD	11/12/21
55025	LEA C RESENDEZ	432.72	DD	11/12/21
55106	CRYSTAL M CHAVEZ	749.59	DD	11/12/21
55127	APRIL N KUBALA	2538.82	DD	11/12/21
55371	BLANCA HERNANDEZ	771.27	DD	11/12/21
55382	SHANNON JACILDO	1287.62	DD	11/12/21
55658	LAJUAN WILKE	667.15	DD	11/12/21
58510	RITA L POLENSKY	697.30	DD	11/12/21
59999	RENEE ROULAND	2430.39	DD	11/12/21
60103	TODD SAVOY	689.39	DD	11/12/21
60112	ROBERT A RODRIQUEZ	2028.16	DD	11/12/21
60131	NORA OVALLE	569.00	DD	11/12/21
60163	MIGDALIA CLARO	771.34	DD	11/12/21
60191	LOLA A RODRIGUEZ	600.86	DD	11/12/21
60271	REBEKAH GERYK	634.97	DD	11/12/21
60412	CHRISTOPHER GALINDO	2302.70	DD	11/12/21
60616	DOROTHY A LONGORIA	650.26	DD	11/12/21
60716	ANNA C GONZALEZ	607.24	DD	11/12/21
60934	CONSUELO ZAMORA	559.41	DD	11/12/21
63178	EMMANUEL ESCALONA	925.21	DD	11/12/21
63289	JASON RUBIO	1004.79	DD	11/12/21
65100	FELICITA BONUZ	505.08	DD	11/12/21
65121	VIVIANA P MEDINA	417.45	DD	11/12/21
65151	ELIA OLACHIA	651.07	DD	11/12/21
65213	LEE SIMERLY	1286.15	DD	11/12/21
65222	LAURIE J KRYCESKI	654.44	DD	11/12/21
65243	LUCILA LOPEZ	615.67	DD	11/12/21
65366	CYNTHIA GARCIA	612.34	DD	11/12/21
65393	RAMONA A PEREZ	533.99	DD	11/12/21
65413	CHRISTINA SOLIS	601.06	DD	11/12/21
65513	MARIA MORALES	912.07	DD	11/12/21
65616	JESUS RODRIGUEZ	1011.46	DD	11/12/21
65705	DOMITILA HERRERA	686.24	DD	11/12/21
65815	MELISSA R VEGAS	859.92	DD	11/12/21
65865	MARIA F LEDEZMA	709.03	DD	11/12/21
68792	NAZARIO HERNANDEZ DIAZ	1710.86	DD	11/12/21
70119	SARA N BLEDSOE	2095.11	DD	11/12/21
71520	ROBIN STEELE	2465.29	DD	11/12/21
73749	GLORIA N REID	2302.06	DD	11/12/21
75190	RIKA WILLIAMS	1887.75	DD	11/12/21
76003	IRMA DELEON	549.10	DD	11/12/21
76067	PAIGE G CHATHAM	607.73	DD	11/12/21
76110	TARAH SUBLETT	517.09	DD	11/12/21
76115	JENNIFER R CARLOCK	520.88	DD	11/12/21
76120	RACHEL CANALES	1259.80	DD	11/12/21
76138	KAREN D GARCIA	631.15	DD	11/12/21
76210	ZOE VILLARREAL	377.25	DD	11/12/21
76225	JASON YARBOROUGH	164.72	DD	11/12/21
76300	AIDA JIMENEZ	716.56	DD	11/12/21
76313	PAMELA L BARTON	599.30	DD	11/12/21
76403	KATRINA A POKLUDA	1120.51	DD	11/12/21
76647	CHERYL A SEE	948.90	DD	11/12/21
76706	GREGORY E MORALES	624.55	DD	11/12/21
76761	LAURA F PESINA	805.56	DD	11/12/21

Run Date: 11/05/21
Time: 17:00

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
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Num.	Name	Amount	CHECK NUM	DATE
76954	MARY PATTERSON	692.56	DD	11/12/21
76985	VANESSA TRISTAN	190.54	DD	11/12/21
77646	FAREN A GONZALES	1015.93	DD	11/12/21
78020	MISTY R PASSMORE	991.64	DD	11/12/21
78058	KYAMN J POWER	933.46	DD	11/12/21
78072	DONNA M RAWLINGS	1214.32	DD	11/12/21
78186	ANDREA F COOK	141.72	DD	11/12/21
78191	JAMIE J GRASSE	758.67	DD	11/12/21
78287	MARISSA D ALMANZAR	1543.90	DD	11/12/21
78336	JESSICA L GLOVER	1414.04	DD	11/12/21
78566	MELISSA K GEE	744.65	DD	11/12/21
78764	ASHLEY D MADLEY	1886.36	DD	11/12/21
78778	SARA M RUBIO	2163.48	DD	11/12/21
78781	KRISTEN R MACHICEK	3004.65	DD	11/12/21
78787	FARAH I JANAK	2380.99	DD	11/12/21
78879	YESENIA QUEZADA	557.02	DD	11/12/21
80008	ADAM D BESIO	2519.92	DD	11/12/21
80141	JEANNIE ORTA	2176.18	DD	11/12/21
82227	CAITLIN A CLEVENGER	954.43	DD	11/12/21
86225	REGINA ALLEN	572.07	DD	11/12/21
86432	KRISTI L BOYD	2278.14	DD	11/12/21
86482	MEGAN M HARPER	729.65	DD	11/12/21
88808	MARLEY B MOHRIG	2066.77	DD	11/12/21
88904	MAYRA K MARTINEZ	1355.84	DD	11/12/21
90320	ROSHANDA S THOMAS	3443.90	DD	11/12/21
90779	JASON W ANGLIN	6949.58	DD	11/12/21
98547	ELLEN W HEIMAN	900.26	DD	11/12/21
98756	ADRIANNA M GALVAN	1547.28	DD	11/12/21

310664.13

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

PAY PERIOD: BEGIN 10/22/2021
 PAY PERIOD: END 11/4/2021
 PAY DATE: 11/3/2021

"ENTER VOID CKS AS NEGATIVE NUMBERS"

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
GROSS PAY:	\$ 448,246.93			\$ -		\$ 448,246.93
DEDUCTIONS:						
A/R	\$ 565.00					\$ 565.00
ADVANC						\$ -
BOOTS						\$ -
SUNLIFE CRITICAL ILLNESS	\$ 718.88					\$ 718.88
SUNLIFE ACCIDENT	\$ 789.73					\$ 789.73
SUNLIFE VISION	\$ -					\$ -
SUNLIFE SHORT TERM DIS	\$ 1,207.07					\$ 1,207.07
METLIFE VISION	\$ 896.70					\$ 896.70
CAFE-D	\$ 1,709.05					\$ 1,709.05
CAFE-H	\$ 20,854.70					\$ 20,854.70
	\$ -					\$ -
	\$ -					\$ -
CAFE-P						\$ -
CANCER						\$ -
CHILD	\$ 609.70					\$ 609.70
CLINIC	\$ 460.00					\$ 460.00
COMBIN	\$ 400.80					\$ 400.80
CREDUN						\$ -
DENTAL	\$ -					\$ -
DEP-LF						\$ -
SUNLIFE TERM LIFE	\$ 732.15					\$ 732.15
SUNLIFE HOSP INDEM	\$ 687.22					\$ 687.22
FED TAX	\$ 36,992.79					\$ 36,992.79
FICA-M	\$ 6,116.03					\$ 6,116.03
FICA-O	\$ 25,355.89					\$ 25,355.89
FIRST C	\$ -					\$ -
FLEX S	\$ 3,344.79					\$ 3,344.79
FLX-FE						\$ -
GIFT S	\$ 175.75					\$ 175.75
GRP-IN						\$ -
GTL						\$ -
HOSP-I						\$ -
LEGAL	\$ 1,145.28					\$ 1,145.28
OTHER	\$ 548.37					\$ 548.37
NATIONAL FARM LIFE	\$ 1,753.01					\$ 1,753.01
MED SURCHARGE	\$ 450.00					\$ 450.00
PR FIN	\$ -					\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 640.86					\$ 640.86
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 31,429.03					\$ 31,429.03
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 137,582.80	\$ -	\$ -	\$ -	\$ -	\$ 137,582.80

NET PAY: **\$ 310,664.13**

TOTAL CAFE 125 PLAN: \$ 30,161.78 **Less Exempt:**

TAXABLE PAY: **\$ 418,085.15** **\$ 408,967.09**

	%	"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 6,062.23		
FICA - MED (EE)	1.45%	\$ 6,062.23	\$ 6,116.03	\$ (53.80)
FICA - SOC SEC (ER)	6.20%	\$ 25,355.96		
FICA - SOC SEC (EE)	6.20%	\$ 25,355.96	\$ 25,355.89	\$ 0.07
FED WITHHOLDING		\$ 36,992.79	\$ 36,992.79	

Employees over FICA-SS Cap:
 Jason Anglin \$ 9,118.06
 Roshanda Thomas \$ -
Paycode S - Employee Reimb.:
TOTAL: \$ 9,118.06

TAX DEPOSIT:	\$ 99,829.17	\$ 99,936.63
FICA - MEDICARE	2.90% \$ 12,124.46	\$12,232.06
FICA - SOCIAL SECURITY	12.40% \$ 50,711.92	\$50,711.78
FED WITHHOLDING	\$ 36,992.79	\$36,992.79
TOTAL TAX:	\$ 99,829.17	\$99,936.63

PREPARED BY: Mayra Martinez
 PREPARED DATE: 10/29/2021

MCKESSON

STATEMENT

As of: 11/05/2021

Page: 002

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

Company: 8000

DC: 8115

As of: 11/05/2021
Mail to:

Page: 002
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory:

Customer: 632536
Date: 11/06/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 11/06/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	632536	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
--------------	----------	-------------------	----------------------------------	--------	-------------	---------------	----------------	-----	--------------	-----	-------------------	--

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 10,845.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 18/07/2017 2,451.97

If Paid By 11/09/2021,
Pay This Amount:

10,629.05 USD

If Paid After 11/09/2021,
Pay this Amount:

10,845.98 USD

Due If Paid On Time:
USD

10,629.05

Disc lost if paid late:

216.93

Due If Paid Late:
USD

10,845.98

987.22 +
1,580.09 +
870.14 +
6,713.02 +
478.57 +
10,629.05 *

APPROVED
OK

NOV 08 2021

COUNTY AUDITOR
CALLETON COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 11/05/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 11/05/2021
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 262252
Date: 11/06/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 11/06/2021

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	
1/04/2021	11/09/2021	7304146472	632536 1430294	115 Invoice	9.77	488.34		478.57	✓	7304146472	<input type="checkbox"/>

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
Subtotals:					488.34	USD					
Future Due:	0.00		If Paid By 11/09/2021,				Due If Paid On Time:				
Past Due:	0.00		Pay This Amount:		478.57	USD	USD		478.57	✓	
Past Payment 0/11/2021	9,102.08		If Paid After 11/09/2021,				Disc lost if paid late:		9.77		
			Pay this Amount:		488.34	USD	Due If Paid Late:		USD 488.34		

AW

APPROVED
NOV 08 2021
COMPTON ARIZONA
CALIFORNIA COUNTY, MEXICO

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

MCKESSON

STATEMENT

As of: 11/05/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 11/05/2021
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 256342
Date: 11/06/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 11/06/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
1/01/2021	11/09/2021	7303325816	18184642	115Invoice	25.46	1,273.16		1,247.70	✓	7303325816	
1/01/2021	11/09/2021	7303325818	18209917	115Invoice	10.75	537.67		526.92	✓	7303325818	
1/01/2021	11/09/2021	7303325819	18231961	115Invoice	5.38	268.84		263.46	✓	7303325819	
1/01/2021	11/09/2021	7303325821	18231961	115Invoice	0.01	0.32		0.31	✓	7303325821	
1/01/2021	11/09/2021	7303325822	18297649	115Invoice	0.63	31.36		30.73	✓	7303325822	
1/01/2021	11/09/2021	7303325823	18297649	115Invoice	2.18	109.16		106.98	✓	7303325823	
1/02/2021	11/09/2021	7303619986	18366564	115Invoice	16.74	837.08		820.34	✓	7303619986	
1/03/2021	11/09/2021	7303890964	18405248	115Invoice	0.70	34.81		34.11	✓	7303890964	
1/03/2021	11/09/2021	7303890965	18445644	115Invoice	8.49	424.39		415.90	✓	7303890965	
1/03/2021	11/09/2021	7304040003	1102210736	195Invoice	10.95	547.71		536.76	✓	7304040003	
1/03/2021	11/09/2021	7304040004	1102210829	115Invoice	0.04	1.90		1.86	✓	7304040004	
1/04/2021	11/09/2021	7304157248	18473299	115Invoice	17.34	867.18		849.84	✓	7304157248	
1/04/2021	11/09/2021	7304157249	18516480	115Invoice	13.87	693.37		679.50	✓	7304157249	
1/04/2021	11/09/2021	7304157250	18516480	115Invoice	2.29	114.60		112.31	✓	7304157250	
1/04/2021	11/09/2021	7304316580	1103210824	115Invoice	0.02	0.95		0.93	✓	7304316580	
1/05/2021	11/09/2021	7304417301	18544437	115Invoice	1.91	95.69		93.78	✓	7304417301	
1/05/2021	11/09/2021	7304417302	18544437	115Invoice	7.97	398.59		390.62	✓	7304417302	
1/05/2021	11/09/2021	7304555785	1104210822	195Invoice	7.83	391.41		383.58	✓	7304555785	
1/05/2021	11/09/2021	7304555786	1104210825	115Invoice	4.44	221.84		217.40	✓	7304555786	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 6,850.03 USD

Future Due: APPROVED 0.00

Past Due: 0.00

Last Payment: NOV 08 2021 5,877.67

If Paid By 11/09/2021, Pay This Amount: 6,713.03 USD

If Paid After 11/09/2021, Pay this Amount: 6,850.03 USD

Due If Paid On Time: USD 6,713.03 ✓

Disc lost if paid late: 137.00

Due If Paid Late: USD 6,850.03

COPY SENT TO CALHOUN COUNTY, TEXAS

CK 500247

For AR Inquiries please contact 800-867-0333

Handwritten signature

MCKESSON

STATEMENT

As of: 11/05/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 11/05/2021 Page: 001
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 835438
Date: 11/06/2021

Cust: 835438 PLEASE CHECK ANY
Date: 11/06/2021 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	
1/04/2021	11/09/2021	7304325886	632536 1430030	115 Invoice	17.76	887.90		870.14	✓	7304325886	

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

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

Subtotals: 887.90 USD

Future Due: 0.00

Past Due: 0.00

Past Payment 1/01/2021 5,877.67

If Paid By 11/09/2021,
Pay This Amount: 870.14 USD

If Paid After 11/09/2021,
Pay this Amount: 887.90 USD

Due If Paid On Time: 870.14 ✓
USD
Disc lost if paid late: 17.76
Due If Paid Late: 887.90
USD

APPROVED
081
NOV 08 2021
COUNTY CLERK
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 11/05/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 11/05/2021

Page: 001

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Mail to:

Comp: 8000

Customer: 464450

Date: 11/06/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 11/06/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
1/02/2021	11/09/2021	7303628518	55x705160	115Invoice	25.40	1,269.90		1,244.50 ✓		7303628518	
1/02/2021	11/09/2021	7303628519	55x705239	115Invoice	1.62	80.79		79.17 ✓		7303628519	
1/04/2021	11/09/2021	7304144571	55x710573	115Invoice	5.23	261.65		256.42 ✓		7304144571	

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

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

Subtotals: 1,612.34 USD

Future Due: 0.00

Past Due: 0.00

Past Payment 1/01/2021 5,877.67

If Paid By 11/09/2021,
Pay This Amount: 1,580.09 USD

If Paid After 11/09/2021,
Pay this Amount: 1,612.34 USD

Due If Paid On Time:
USD 1,580.09 ✓

Disc lost if paid late: 32.25

Due If Paid Late:
USD 1,612.34

APPROVED
001

NOV 08 2021

COUNTY AUDITOR
CALLEGON COUNTY, TEXAS

A. Mi

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

MCKESSON

STATEMENT

As of: 11/05/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 11/05/2021
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 190813
Date: 11/06/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 11/06/2021

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 190813	HEB PHCY 0434/MEM MED PHS									
1/03/2021	11/09/2021	7303881047	2017038347	115Invoice	20.15	1,007.37		987.22	✓	7303881047

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

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

Subtotals: 1,007.37 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1/01/2021 5,877.67

If Paid By 11/09/2021,
Pay This Amount: 987.22 USD

If Paid After 11/09/2021,
Pay this Amount: 1,007.37 USD

Due If Paid On Time: USD 987.22 ✓
Disc lost if paid late: 20.15
Due If Paid Late: USD 1,007.37

APPROVED
ON
NOV 08 2021
COURTNEY A. JENSEN
CALHOUN COUNTY, TEXAS

A. W.

Serviced By:	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Customer:	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number	100135284 / 037028186
	DEA: RA0289276 866-451-9655			Terms	Sat - Fri Due in 7 days
Remit To:	AMERISOURCEBERGEN P.O. Box 905223 CHARLOTTE NC 28290-5223			Summary	
				Not Yet Due:	0.00
				Current:	716.11
				Past Due:	0.00
				Total Due:	716.11
				Account Balance:	716.11

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-01-2021	11-12-2021	3072378089	163387	Invoice	14.78		0.00	14.78 ✓
11-01-2021	11-12-2021	3072379390	163388	Invoice	272.47		0.00	272.47 ✓
11-01-2021	11-12-2021	3072407578	163434	Invoice	250.33		0.00	250.33 ✓
11-01-2021	11-12-2021	3072407579	163435	Invoice	8.03		0.00	8.03 ✓
11-02-2021	11-12-2021	3072541793	163442	Invoice	0.93		0.00	0.93 ✓
11-03-2021	11-12-2021	3072683017	163452	Invoice	57.62		0.00	57.62 ✓
11-04-2021	11-12-2021	3072822054	163460	Invoice	80.08		0.00	80.08 ✓
11-05-2021	11-12-2021	3072962430	163470	Invoice	31.87		0.00	31.87 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
716.11	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED
NOV 08 2021
CANTON AMERSON
CALHOUN COUNTY, MISSISSIPPI

Reminders	
Due Date	Amount
11-12-2021	716.11
Total Due: 716.11 ✓	

A W

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

<u>Date</u>	<u>Bank Description</u>
11/5/2021	PAY PLUS ACHTRANS 452579291 101000699913532
11/5/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002
11/5/2021	FDMS FDMS PYMT 052-1479468-000 4100012809058
11/5/2021	FDMS FDMS PYMT 052-1479214-000 4100012809048
11/5/2021	FDMS FDMS PYMT 052-1479213-000 4100012809048
11/5/2021	FDMS FDMS PYMT 052-1601830-000 4100012812172
11/4/2021	PAY PLUS ACHTRANS 452579291 101000698986648
11/4/2021	IRS USATAXPYMT 220170881569373 6103601000135
11/3/2021	STATE COMPTLR TEXNET 03911748/11102 2100002
11/3/2021	PAY PLUS ACHTRANS 452579291 101000698067611
11/3/2021	MERCHANT BANKCD INTERCHNG 971160913887 91000
11/3/2021	MERCHANT BANKCD FEE 971160910883 91000015075
11/3/2021	MERCHANT BANKCD FEE 971160913887 91000015075
11/3/2021	MERCHANT BANKCD DISCOUNT 971160913887 910000
11/3/2021	MERCHANT BANKCD DISCOUNT 971160910883 910000
11/2/2021	PAY PLUS ACHTRANS 452579291 101000696578896
11/2/2021	MCKESSON DRUG AUTO ACH ACH04786313 910000177
11/2/2021	AUTHNET GATEWAY BILLING 120040412 1040000174
11/1/2021	PAY PLUS ACHTRANS 452579291 101000695553455
11/1/2021	CLEARGAGE SV9T 8002363206 242071752245713 2
11/1/2021	IRS USATAXPYMT 220170545887971 6103601000205
11/1/2021	IRS USATAXPYMT 220170550458413 6103601000190

<u>MMC Notes</u>
- 3rd Party Payor Fee
- 340B Drug Program Expense
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- 3rd Party Payor Fee
- Payroll Taxes
- 2nd DHS Payment
- 3rd Party Payor Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- 3rd Party Payor Fee
- 340B Drug Program Expense
- 3rd Party Payor Fee
- 3rd Party Payor Fee
- Patient Financing Service
- Payroll Taxes
- Payroll Taxes

<u>Amount</u>	<u>CPSI</u>
\$ 346.42	346.42 +
\$ 1,924.60*	127.20 +
\$ 69.24	187.42 +
\$ 40.02	34.17 +
\$ 43.26	26.50 +
\$ 32.45	4.75 +
\$ 127.20	726.46 *
\$ 156.54*	CC Fees
\$ 43,837.00***	69.24 +
\$ 187.42	40.02 +
\$ 113.80	43.26 +
\$ 9.95	32.45 +
\$ 171.42	113.80 +
\$ 183.07	9.95 +
\$ 19.95	171.42 +
\$ 34.17	183.07 +
\$ 5,877.67*	19.95 +
\$ 26.50	883.16 *
\$ 4.75	Cleargase
\$ 261.00	261.00 +
\$ 63.96**	261.00 *
\$ 111,667.55**	726.46 +
<u>165,197.94</u>	683.16 +

A. M.

Anthony Richardson, CFO
Memorial Medical Center

November 8, 2021

* Approved 11-03-21 CC
** Approved 10-27-21 CC
*** Approved 10-20-21 CC

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

<u>Date</u>	<u>Description</u>
11/15/2021	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329

<u>MMC Notes</u>
- Retirement Funding

<u>Amount</u>
\$ 213,476.31
<u>213,476.31</u>

A. M.

Anthony Richardson, CFO
Memorial Medical Center

November 8, 2021

1,670.62 +
165,197.94 +
1,924.60 =
156.54 =
43,837.00 =
5,877.67 =
63.96 =
111,667.55 =
1,670.62 *
1,670.62 +
1,670.62 =

Retirement 11/15/21

Date/Time 11-02-2021 / 09:50 AM
Submitted By

Pay Date 10-31-2021

Employee Deposits	\$93,337.64
Employer Contributions	\$120,138.67
Group Term Life Premiums	\$0.00
Total	\$213,476.31

Comments

Payroll File October 2021 Retirement Upload.xlsx

CLOSE

PRINT

11/04/2021
 10:40

MEMORIAL MEDICAL CENTER
 AP Open Invoice List
 Due Dates Through: 11/18/2021

0
 ap_open_invoice.template

Vendor# Vendor Name

11816 ASHFORD GARDENS ✓

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
102121		10/31/20	10/21/20	11/18/20		6,160.00	0.00	0.00	6,160.00 ✓

TRANSFER *With insurance pymt deposited into MME operating*

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	6,160.00	0.00	0.00	6,160.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,160.00	0.00	0.00	6,160.00

APPROVED
 ON

NOV 04 2021

COURTNEY A. BARNHART
 CALHOUN COUNTY, TEXAS

11/04/2021
 10:47
 MEMORIAL MEDICAL CENTER
 AP Open Invoice List
 Due Dates Through: 11/18/2021
 0
 ap_open_invoice.template

Vendor# Vendor Name

11828 SOLERA WEST HOUSTON ✓

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
102221		10/31/20	10/22/20	11/18/20		1,222.00	0.00	0.00	1,222.00		
	TRANSFER										
102721		10/31/20	10/27/20	11/18/20		185.50	0.00	0.00	185.50		
	TRANSFER										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11828	SOLERA WEST HOUSTON	1,407.50	0.00	0.00	1,407.50

NH insurance pymt deposited into mmc open

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,407.50	0.00	0.00	1,407.50

APPROVED
ON
NOV 04 2021
COUNTY AUDITOR
GALVESTON COUNTY, TEXAS

11/04/2021
 10:43
 MEMORIAL MEDICAL CENTER
 AP Open Invoice List
 Due Dates Through: 11/18/2021
 0
 ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

11820 FORTBEND HEALTHCARE CENTER ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
102821		10/31/20	10/28/20	11/18/20		2,226.00	0.00	0.00	2,226.00 ✓
	TRANSFER	<i>NH insurance pymt deposited into mmc openy</i>							
102921		10/31/20	10/29/20	11/18/20		556.50	0.00	0.00	556.50 ✓
	TRANSFER	<i>u</i>							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	2,782.50	0.00	0.00	2,782.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,782.50	0.00	0.00	2,782.50

APPROVED
ON

NOV 04 2021

COSNEY AUDITOR
CALHOUN COUNTY, TEXAS

11/04/2021

MEMORIAL MEDICAL CENTER

0

10:43

AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 11/18/2021

Vendor# Vendor Name

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
102921		10/31/20	10/29/20	11/18/20		5,565.00	0.00	0.00	5,565.00 ✓

TRANSFER *NH insurance pymt deposited into MME operating*

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	5,565.00	0.00	0.00	5,565.00

Report Summary

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

APPROVED
ON

NOV 04 2021

CANDY ABBEY
CALHOUN COUNTY, TEXAS

11/04/2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

10:44

Due Dates Through: 11/18/2021

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
102521		10/31/20	10/25/20	11/18/20		7,062.62	0.00	0.00	7,062.62 ✓
	TRANSFER								
102621A		10/31/20	10/26/20	11/18/20		2,151.38	0.00	0.00	2,151.38 ✓
	TRANSFER								
102621		10/31/20	10/26/20	11/18/20		44,835.78	0.00	0.00	44,835.78 ✓
	TRANSFER								
102721A		10/31/20	10/27/20	11/18/20		401.71	0.00	0.00	401.71 ✓
	TRANSFER								
102721		10/31/20	10/27/20	11/18/20		537.87	0.00	0.00	537.87 ✓
	TRANSFER								
102721B		10/31/20	10/27/20	11/18/20		620.65	0.00	0.00	620.65 ✓
	TRANSFER								
102921C		10/31/20	10/29/20	11/18/20		185.50	0.00	0.00	185.50 ✓
	TRANSFER								
102921A		10/31/20	10/29/20	11/18/20		4,432.83	0.00	0.00	4,432.83 ✓
	TRANSFER								
102921B		10/31/20	10/29/20	11/18/20		1,561.73	0.00	0.00	1,561.73 ✓
	TRANSFER								
102921		10/31/20	10/29/20	11/18/20		449.25	0.00	0.00	449.25 ✓
	TRANSFER								
110121		10/31/20	11/01/20	11/18/20		4,240.46	0.00	0.00	4,240.46 ✓
	TRANSFER - Medicare repayment								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	66,479.78	0.00	0.00	66,479.78

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	66,479.78	0.00	0.00	66,479.78

APPROVED ON

NOV 04 2021

COUNTY ASSISTANT
CALHOUN COUNTY, TEXAS

11/04/2021
 10:45
 MEMORIAL MEDICAL CENTER
 AP Open Invoice List
 Due Dates Through: 11/18/2021
 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
12696	GULF POINTE PLAZA ✓								
102221		10/31/20	10/22/20	11/18/20		10,507.95	0.00	0.00	10,507.95 ✓
102721	TRANSFER <i>NH insurance pymt deposited into mme open</i>	10/31/20	10/27/20	11/18/20		8,160.00	0.00	0.00	8,160.00 ✓
102821	TRANSFER "	10/31/20	10/28/20	11/18/20		311.18	0.00	0.00	311.18 ✓
102921	TRANSFER "	10/31/20	10/29/20	11/18/20		525.00	0.00	0.00	525.00 ✓
102921A	TRANSFER "	10/31/20	10/29/20	11/18/20		6,020.00	0.00	0.00	6,020.00 ✓
Vendor Totals						Gross	Discount	No-Pay	Net
12696 GULF POINTE PLAZA						25,524.13	0.00	0.00	25,524.13

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	25,524.13	0.00	0.00	25,524.13

APPROVED
est
NOV 04 2021
GEORGE AUDITOR
CALHOUN COUNTY, TEXAS

11/04/2021
10:47

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/18/2021

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
102221A		10/31/20	10/22/20	11/18/20		4,363.87	0.00	0.00	4,363.87 ✓
	TRANSFER	<i>MT insurance pymt deposited into mme open</i>							
102221		10/31/20	10/22/20	11/18/20		767.18	0.00	0.00	767.18 ✓
	TRANSFER	"							
102621		10/31/20	10/26/20	11/18/20		1,546.79	0.00	0.00	1,546.79 ✓
	TRANSFER	"							
102721A		10/31/20	10/27/20	11/18/20		5,572.58	0.00	0.00	5,572.58 ✓
	TRANSFER	"							
102721		10/31/20	10/27/20	11/18/20		4,942.65	0.00	0.00	4,942.65 ✓
	TRANSFER	"							
102921A		10/31/20	10/29/20	11/18/20		889.71	0.00	0.00	889.71 ✓
	TRANSFER	"							
102921		10/31/20	10/29/20	11/18/20		10,536.00	0.00	0.00	10,536.00 ✓
	TRANSFER	"							
102921C		10/31/20	10/29/20	11/18/20		767.18	0.00	0.00	767.18 ✓
	TRANSFER	"							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	29,385.96	0.00	0.00	29,385.96

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	29,385.96	0.00	0.00	29,385.96

APPROVED
BY
NOV 04 2021
CLARENCE ADAMS
CALHOUN COUNTY, MISSISSIPPI

11/05/2021
10:46

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 11/18/2021

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
102221		10/31/20	10/22/20	11/18/20		790.66	0.00	0.00	790.66 ✓
	TRANSFER								
102221A		10/31/20	10/22/20	11/18/20		19,137.15	0.00	0.00	19,137.15 ✓
	TRANSFER								
102521		10/31/20	10/25/20	11/18/20		33,940.05	0.00	0.00	33,940.05 ✓
	TRANSFER								
102621A		10/31/20	10/26/20	11/18/20		1,855.00	0.00	0.00	1,855.00 ✓
	TRANSFER								
102621B		10/31/20	10/26/20	11/18/20		5,565.00	0.00	0.00	5,565.00 ✓
	TRANSFER								
102621		10/31/20	10/26/20	11/18/20		2,375.09	0.00	0.00	2,375.09 ✓
	TRANSFER								
102821		10/31/20	10/28/20	11/18/20		4,081.00	0.00	0.00	4,081.00 ✓
	TRANSFER								
102921B		10/31/20	10/29/20	11/18/20		7,168.93	0.00	0.00	7,168.93 ✓
	TRANSFER								
102921		10/31/20	10/29/20	11/18/20		30,541.96	0.00	0.00	30,541.96 ✓
	TRANSFER								
110121		10/31/20	11/01/20	11/18/20		19,252.60	0.00	0.00	19,252.60 ✓
	MEIDCARE REPAYMENT BET								
102921D		11/05/20	10/29/20	11/18/20		185.50	0.00	0.00	185.50 ✓
	TRANSFER								

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
12792		BETHANY SENIOR LIVING	124,892.94	0.00	0.00	124,892.94

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	124,892.94	0.00	0.00	124,892.94

APPROVED
ON

NOV 14 2021

COONEY ARBITOR
GALVESTON COUNTY, TEXAS

11/04/2021 10:49
 MEMORIAL MEDICAL CENTER
 AP Open Invoice List
 Due Dates Through: 11/18/2021
 0
 ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11088	CANTEX HEALTH CARE CENTERS LLC	✓	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
102921		10/31/20	10/29/20	11/18/20		1,669.50	0.00	0.00	1,669.50

NI insurance pymt deposited into mhc open ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11088	CANTEX HEALTH CARE CENTERS LLC	1,669.50	0.00	0.00	1,669.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,669.50	0.00	0.00	1,669.50

APPROVED
ON
NOV 04 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: 11/3/2021

Payer: Medicare

Requested by: Faren Campos

Requestor's email: fagonzales@mmcportlavaca.com

Requestor's phone number: 361-552-0226

District or County: Calhoun

Facility: Memorial Medical Center

Please Attach:

Remittance Advice and EOB

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

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

Please email request form and Remittance Advice to : clevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		10/12/2021	EFT	(3,241.20)	EFT6115947	CVDAR000026869	3,241.20	BROADMOOR
		10/13/2021	EFT	(76.06)	EFT6117665	CVDAR000026869	76.06	BROADMOOR
		10/14/2021	EFT	(451.96)	EFT6119367	CVDAR000026869	451.96	BROADMOOR
		10/15/2021	EFT	(2,589.44)	EFT6121075	CVDAR000026869	2,589.44	BROADMOOR
		10/18/2021	EFT	\$ (1,048.14)	EFT6127629	CVDAR000026869	1,048.14	BROADMOOR
		10/19/2021	EFT	\$ (129.77)	EFT6124548	CVDAR000026869	129.77	BROADMOOR
		10/20/2021	EFT	\$ (252.76)	EFT6126626	CVDAR000026869	252.76	BROADMOOR
		10/21/2021	EFT	\$ (454.14)	EFT6128654	CVDAR000026869	454.14	BROADMOOR
		10/22/2021	EFT	\$ (443.94)	EFT6130381	CVDAR000026869	443.94	BROADMOOR
		10/25/2021	EFT	\$ (41.20)	EFT6132000	CVDAR000026869	41.20	BROADMOOR
		10/26/2021	EFT	\$ (236.43)	EFT6133121	CVDAR000026869	236.43	BROADMOOR
		10/26/2021	EFT	\$ (1,897.57)	EFT6133306	CVDAR000026869	1,897.57	BROADMOOR
		10/27/2021	EFT	\$ (144.37)	EFT6135226	CVDAR000026869	144.37	BROADMOOR
TOTAL				(11,006.98)			11,006.98	

To be filled out by Memorial Medical Center:

Date Received: 11/3/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 11/10/2021

From Facility: BROADMOOR

To Facility: Memorial Medical Center

Amount: 11,006.98

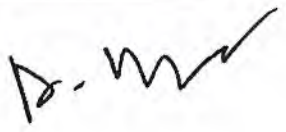
Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED
BY

NOV 08 2021

COURTNEY ANDERSON
CALHOUN COUNTY, TEXAS
CR# 000155

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

000155

Date 11-10-21

88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Center

\$ 11,006. ⁹⁸/₁₀₀

Eleven thousand, six dollars & ⁹⁸/₁₀₀

DOLLARS



county auditor

FOR Medicare repayment



⑈000155⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000156

Date 11-10-21

88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Clinic

\$ 316. ²¹/₁₀₀

Three hundred sixteen dollars & ²¹/₁₀₀

DOLLARS



county auditor

FOR Medicare repayment



⑈000156⑈ ⑆113122655⑆

Request for Transfer of Funds

Transfer #: _____

Date Requested: 11/3/2021

Payer: Medicare

Requested by: Faren Campos

Requestor's email: fagonzales@mmcportlavaca.com

Requestor's phone number: 361-552-0226

District or County: Calhoun

Facility: Memorial Medical Center

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to: cclevene@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		10/12/2021	EFT	(3,241.20)	EFT6115947	CV DAR000019557	3,241.20	CRESCENT
		10/13/2021	EFT	(76.06)	EFT6117665	CV DAR000019557	76.06	CRESCENT
		10/14/2021	EFT	(451.96)	EFT6119367	CV DAR000019557	451.96	CRESCENT
		10/15/2021	EFT	(2,589.44)	EFT6121075	CV DAR000019557	2,589.44	CRESCENT
		10/18/2021	EFT	\$ (1,048.14)	EFT6122629	CV DAR000019557	1,048.14	CRESCENT
		10/19/2021	EFT	\$ (129.77)	EFT6124548	CV DAR000019557	129.77	CRESCENT
		10/20/2021	EFT	\$ (252.76)	EFT6126626	CV DAR000019557	252.76	CRESCENT
		10/21/2021	EFT	\$ (454.14)	EFT6128654	CV DAR000019557	454.14	CRESCENT
		10/22/2021	EFT	\$ (443.94)	EFT6130381	CV DAR000019557	443.94	CRESCENT
		10/25/2021	EFT	\$ (41.20)	EFT6132000	CV DAR000019557	41.20	CRESCENT
		10/26/2021	EFT	\$ (236.43)	EFT6133121	CV DAR000019557	236.43	CRESCENT
		10/26/2021	EFT	\$ (1,897.57)	EFT6133306	CV DAR000019557	1,897.57	CRESCENT
		10/27/2021	EFT	\$ (144.37)	EFT6135226	CV DAR000019557	144.37	CRESCENT
TOTAL				(11,006.98)			11,006.98	

To be filled out by Memorial Medical Center:

Date Received: 11/3/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 11/10/2021

From Facility: CRESCENT

To Facility: Memorial Medical Center

Amount: 11,006.98

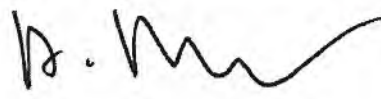
Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED
ON

NOV 08 2021

COUNCIL ADMINISTRATOR
CALHOUN COUNTY, TEXAS
CL# 000184

Request for Transfer of Funds

Transfer #: _____

Date Requested _____

Payer _____

Requested by: _____

Requestor's email _____

Requestor's phone number _____

District or County _____

Facility _____

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : clevenger@mmcporthavaca.com

mmartinez@mmcporthavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	10/27/2021	EFT	1,511.50	EFT6135927	CVDAR000019557	83.79	THE CRESENT
N/A	N/A	10/27/2021	EFT	1,789.20	EFT6135899	CVDAR000019557	99.19	THE CRESENT
N/A	N/A	10/28/2021	EFT	837.80	EFT6137261	CVDAR000019557	46.44	THE CRESENT
N/A	N/A	10/29/2021	EFT	1,565.56	EFT6138725	CVDAR000019557	86.79	THE CRESENT
TOTAL				5,704.06			316.21	

To be filled out by Memorial Medical Center:

Date Received: 11/4/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 11/10/2021

From Facility: THE CRESENT

To Facility: MM CLINIC

Amount: 316.21

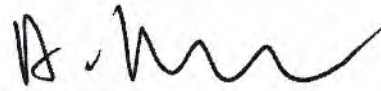
Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED
OK

NOV 08 2021

COUNSEL ADMINISTRATOR
CALIFORNIA COUNTY, TEXAS
CK #000185

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000184

88-2265/1131

Date 11-10-21

PAY

TO THE ORDER OF Memorial Medical Center

\$ 11,006. ⁹⁸/₁₀₀

Eleven thousand, six dollars ⁹⁸/₁₀₀

DOLLARS



County Auditor

FOR medicare repayment



⑈000184⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000185

88-2265/1131

Date 11-10-21

PAY

TO THE ORDER OF Memorial Medical Clinic

\$ 316. ²¹/₁₀₀

Three hundred sixteen dollars ²¹/₁₀₀

DOLLARS



County Auditor

FOR medicare repayment



⑈000185⑈ ⑆113122655⑆

Request for Transfer of Funds

Transfer #: _____

Date Requested: _____

Payer: _____

Requested by: _____

Requestor's email: _____

Requestor's phone number: _____

District or County: _____

Facility: _____

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	10/27/2021	EFT	1,511.50	EFT6135927	CV DAR000018170	83.79	SOLERA WEST HOUSTON
N/A	N/A	10/27/2021	EFT	1,789.20	EFT6135899	CV DAR000018170	99.19	SOLERA WEST HOUSTON
N/A	N/A	10/28/2021	EFT	837.80	EFT6137261	CV DAR000018170	46.44	SOLERA WEST HOUSTON
N/A	N/A	10/29/2021	EFT	1,565.56	EFT6138725	CV DAR000018170	86.79	SOLERA WEST HOUSTON
TOTAL				5,704.06			316.21	

To be filled out by Memorial Medical Center:

Date Received: 11/4/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 11/10/2021

From Facility: SOLERA

To Facility: MM CLINIC

Amount: 316.21

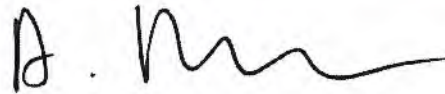
Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED
OK

NOV 08 2021

COURTESY ANDREW W.
SALASER-GONZALEZ, MD, FACS

Ck#001184

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001183

Date 11-10-21 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 11,006.98
100

Eleven thousand, six dollars $\frac{98}{100}$

DOLLARS



County Auditor

FOR Medicare repayment

County Treasurer
Security features are included. Details on back.

⑈001183⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001184

Date 11-10-21 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Clinic

\$ 316.21
100

Three hundred sixteen dollars $\frac{21}{100}$

DOLLARS



County Auditor

FOR medicare repayment

County Treasurer
Security features are included. Details on back.

⑈001184⑈ ⑆113122655⑆

Request for Transfer of Funds

Transfer #: _____

Date Requested: 11/3/2021

Payer: Medicare

Requested by: Faren Campos

Requestor's email: fagonzales@mhcportlavaca.com

Requestor's phone number: 361-552-0226

District or County: Calhoun

Facility: Memorial Medical Center

Please Attach:

Remittance Advice and EOB

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

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

Please email request form and

Remittance Advice to: clevenjer@mhcportlavaca.com

mmartinez@mhcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		10/12/2021	EFT	(3,241.20)	EFT6115947	CVDAR000019540	3,241.20	GOLDEN CREEK
		10/13/2021	EFT	(76.06)	EFT6117665	CVDAR000019540	76.06	GOLDEN CREEK
		10/14/2021	EFT	(451.96)	EFT6119367	CVDAR000019540	451.96	GOLDEN CREEK
		10/15/2021	EFT	(2,589.44)	EFT6121075	CVDAR000019540	2,589.44	GOLDEN CREEK
		10/18/2021	EFT	\$(1,048.14)	EFT6122629	CVDAR000019540	1,048.14	GOLDEN CREEK
		10/19/2021	EFT	\$(129.77)	EFT6124548	CVDAR000019540	129.77	GOLDEN CREEK
		10/20/2021	EFT	\$(252.76)	EFT6126626	CVDAR000019540	252.76	GOLDEN CREEK
		10/21/2021	EFT	\$(454.14)	EFT6128654	CVDAR000019540	454.14	GOLDEN CREEK
		10/22/2021	EFT	\$(443.94)	EFT6130381	CVDAR000019540	443.94	GOLDEN CREEK
		10/25/2021	EFT	\$(41.20)	EFT6132000	CVDAR000019540	41.20	GOLDEN CREEK
		10/26/2021	EFT	\$(372.11)	EFT6133306	CVDAR000019540	372.11	GOLDEN CREEK
TOTAL				(9,100.72)			9,100.72	

To be filled out by Memorial Medical Center:

Date Received: 11/3/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 11/10/2021

From Facility: GOLDEN CREEK

To Facility: Memorial Medical Center

Amount: 9,100.72

Requested Transfer Date #: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

A. Martinez

APPROVED

NOV 08 2021

**COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CIT# 00942

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

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

000142

Date 11-10-21

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 9,100 $\frac{72}{100}$

Nine thousand, one hundred dollars $\frac{72}{100}$

DOLLARS



**PROSPERITY
BANK**

FOR

Medicare repayment

County Auditor

County Treasurer
Security features are included. Details on back.

⑈000142⑈ ⑆113122655⑆

Request for Transfer of Funds

Transfer #: _____

Date Requested: _____

Payer: _____

Requested by: _____

Requestor's email: _____

Requestor's phone number: _____

District or County: _____

Facility: _____

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : clevenger@mmcpportlavaca.com

mmartinez@mmcpportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	10/27/2021	EFT	1,511.50	EFT6135927	CV0AR000007985	83.79	TUSCANY VILLAGE
N/A	N/A	10/27/2021	EFT	1,789.20	EFT6135899	CV0AR000007985	99.19	TUSCANY VILLAGE
N/A	N/A	10/28/2021	EFT	837.80	EFT6137261	CV0AR000007985	46.44	TUSCANY VILLAGE
N/A	N/A	10/29/2021	EFT	1,565.56	EFT6138725	CV0AR000007985	86.79	TUSCANY VILLAGE
			TOTAL	5,704.06			316.21	

To be filled out by Memorial Medical Center:

Date Received: 11/4/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 11/10/2021

From Facility: TUSCANY VILLAGE

To Facility: MM CLINIC

Amount: 316.21

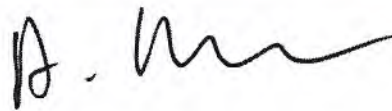
Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED
ON

NOV 08 2021

CHECKING ACCOUNT
CALHOUN COUNTY, TEXAS

CHK # 1076

Request for Transfer of Funds

Transfer #: _____

Date Requested: 11/3/2021

Payer: Medicare

Requested by: Faren Campos

Requestor's email: fagonzales@mmpportlavaca.com

Requestor's phone number: 361-552-0226

District or County: Calhoun

Facility: Memorial Medical Center

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to: cclevenger@mmpportlavaca.com

mmartinez@mmpportlavaca.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
		10/12/2021	EFT	(3,241.20)	EFT6115947	CV DAR000007985	3,241.20	TUSCANY VILLAGE
		10/13/2021	EFT	(76.06)	EFT6117665	CV DAR000007985	76.06	TUSCANY VILLAGE
		10/14/2021	EFT	(451.96)	EFT6119367	CV DAR000007985	(451.96)	TUSCANY VILLAGE
		10/15/2021	EFT	(2,589.44)	EFT6121075	CV DAR000007985	2,589.44	TUSCANY VILLAGE
		10/18/2021	EFT	\$ (1,048.14)	EFT6122629	CV DAR000007985	1,048.14	TUSCANY VILLAGE
		10/19/2021	EFT	\$ (129.77)	EFT6124548	CV DAR000007985	129.77	TUSCANY VILLAGE
		10/20/2021	EFT	\$ (252.76)	EFT6126626	CV DAR000007985	252.76	TUSCANY VILLAGE
		10/21/2021	EFT	\$ (454.14)	EFT6128654	CV DAR000007985	454.14	TUSCANY VILLAGE
		10/22/2021	EFT	\$ (443.94)	EFT6130381	CV DAR000007985	443.94	TUSCANY VILLAGE
		10/25/2021	EFT	\$ (41.20)	EFT6132000	CV DAR000007985	41.20	TUSCANY VILLAGE
		10/26/2021	EFT	\$ (236.43)	EFT6133121	CV DAR000007985	236.43	TUSCANY VILLAGE
		10/26/2021	EFT	\$ (1,897.57)	EFT6133306	CV DAR000007985	1,897.57	TUSCANY VILLAGE
		10/27/2021	EFT	\$ (144.37)	EFT6135226	CV DAR000007985	144.37	TUSCANY VILLAGE
			TOTAL	(11,006.98)			10,103.06	

To be filled out by Memorial Medical Center:

Date Received: 11/3/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 11/10/2021

From Facility: TUSCANY VILLAGE

To Facility: Memorial Medical Center

Amount: 10,103.06

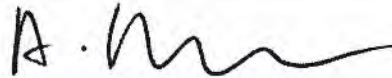
Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED
OK

NOV 08 2021

CONVENT ADMINISTRATIVE
CALHOUN COUNTY, FLORIDA

CL# 1077

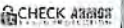
MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1076

88-2265/1131-87

DATE 11-10-21



PAY TO THE ORDER OF

Memorial Medical Clinic

\$ 316.21

Three hundred sixteen dollars & 21/100

DOLLARS



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

FOR medicare repayment

county auditor

county treasurer

⑈001076⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1077

88-2265/1131-87

DATE 11-10-21



PAY TO THE ORDER OF

Memorial Medical Center

\$ 10,103.00

Ten thousand, one hundred three dollars & 00/100

DOLLARS



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

FOR medicare repayment

county auditor

county treasurer

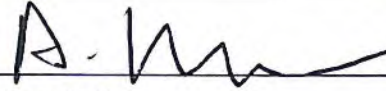
⑈001077⑈ ⑆113122655⑆

Medicare Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	Amt	CK DATE
BROADMOOR			MMC	20351000	11,006.98	11/10/2021
BROADMOOR			MM CLINIC	20351000	316.21	11/10/2021
CRESCENT			MMC	20351000	11,006.98	11/10/2021
CRESCENT			MM CLINIC	20351000	316.21	11/10/2021
SOLERA			Golden Creek	20351000	4,457.70	11/10/2021
SOLERA			MMC	20351000	11,006.98	11/10/2021
SOLERA			MM CLINIC	20351000	316.21	11/10/2021
GOLDEN CREEK			MMC	20351000	9,100.72	11/10/2021
TUSCANY			MM CLINIC	20351000	316.21	11/10/2021
TUSCANY			MMC	20351000	10,103.06	11/10/2021
				Total	57,947.26	

Note:

Approved:



Anthony Richardson, CFO

11/8/2021

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
11/8/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		221,309.58 ✓	221,193.35 ✓	90,402.83 ✓		90,519.06 ✓	45,286.75
						Bank Balance	
						Variance	
						Leave in Balance	
						AMERIGROUP SEPT QIPP	
						Molina Q4 QIPP	
						OCT INTEREST	
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	
Broadmoor		141,895.02 ✓	141,783.69 ✓	47,567.75 ✓		47,679.08 ✓	17,461.58
						Bank Balance	
						Variance	
						Leave in Balance	
						AMERIGROUP SEPT QIPP	
						Molina Q4 QIPP	
						MEDICARE REPAYMENT TO MMC & MM CLINIC	
						OCT INTEREST	
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	
Crescent		63,514.03 ✓	63,403.89 ✓	65,876.58 ✓		65,986.72 ✓	41,773.45
						Bank Balance	
						Variance	
						Leave in Balance	
						AMERIGROUP SEPT QIPP	
						Molina Q4 QIPP	
						MEDICARE REPAYMENT TO MMC & MM CLINIC	
						OCT INTEREST	
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	
Fort Bend		34,220.00 ✓	34,117.26 ✓	29,005.60 ✓		29,108.34 ✓	9,402.63
						Bank Balance	
						Variance	
						Leave in Balance	
						AMERIGROUP SEPT QIPP	
						MOLINA Q4 QIPP	
						OCT INTEREST	
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	
Solera at W Houston		163,981.81 ✓	163,863.40 ✓	59,199.81 ✓		59,318.22 ✓	25,738.79
						Bank Balance	
						Variance	
						Leave in Balance	
						AMERIGROUP SEPT QIPP	
						MOLINA Q4 QIPP	
						MEDICARE REPAYMENT TO MMC & MM CLINIC	
						MEDICARE REPAYMENT TO GOLDEN CREEK	
						OCT INTEREST	
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	

45,286.75 +
17,461.58 +
41,773.45 +
9,402.63 +
25,738.79 +
139,663.20

APPROVED ON
NOV 08 2021
CANDACE A. RICHARDSON
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 139,663.20
Approved: *[Signature]*
Anthony Richardson, CFO
11/8/2021

Note: Only balances of over \$5,000
Note 2: Each account has a base balance of \$100 that MMC deposited to open account

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
Ashford Gardens								
11/1/2021 UnitedHealthcare HCCLAIMPMT 746003411 910000	-	3,872.00						3,872.00
11/1/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,250.25						1,250.25
11/1/2021 HUMANA CHA DISB HCCLAIMPMT 390860 4200001717	-	1,050.35						1,050.35
11/2/2021 Amerigroup TXSC HCCLAIMPMT 3164275975 111000	-	499.50						499.50
11/3/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	186,597.60	-						-
11/3/2021 MOLINA HEALTHCAR MOLINAACH 01011595 42000019	-	39,459.51			12,008.20	27,451.31	19,729.76	19,729.76
11/3/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	23.38						23.38
11/3/2021 AMERIGROUP CORPO E-PAYMENT EE52256870 111000	-	25,386.32	25,386.32				25,386.32	-
11/4/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	14,602.95						14,602.95
11/5/2021 CK1360	34,595.75	-						-
11/5/2021 Amerigroup TXSC HCCLAIMPMT 3164616161 111000	-	1,251.12						1,251.12
11/5/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,478.63						1,478.63
11/5/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,528.82						1,528.82
	221,193.35	90,402.83	25,386.32	-	12,008.20	27,451.31	45,116.08	45,286.76

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
Broadmoor								
11/1/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000179	-	419.19						419.19
11/2/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	3,010.00						3,010.00
11/3/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	114,720.35	-						-
11/3/2021 MOLINA HEALTHCAR MOLINAACH 01011931 42000019	-	16,550.44			7,420.90	9,129.54	8,775.22	8,775.22
11/3/2021 AMERIGROUP CORPO E-PAYMENT EE52256873 111000	-	10,507.76	10,507.76				10,507.76	-
11/4/2021 CK149	2,120.23	-						-
11/4/2021 CK152	9,626.30	-						-
11/4/2021 Deposit	-	5,803.39						5,803.39
11/4/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,350.00						7,350.00
11/4/2021 MANAGEANDNET1718 MNS PMNT 00000000004293 41	-	2,520.00						2,520.00
11/4/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	940.00						940.00
11/5/2021 CK151	996.21	-						-
11/5/2021 CK147	14,310.60	-						-
11/5/2021 MANAGEANDNET1718 MNS PMNT 00000000004293 41	-	315.00						315.00
11/5/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	151.97						151.97
	141,783.69	47,567.75	10,507.76	-	7,420.90	9,129.54	18,782.98	28,784.77

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
Crescent								
11/2/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	4,440.00						4,440.00
11/2/2021 HUMANA INS CO HCCLAIMPMT 390864 830000539732	-	5,396.14						5,396.14
11/3/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	39,160.15	-						-
11/3/2021 MOLINA HEALTHCAR MOLINAACH 01011897 42000019	-	8,683.24			76.44	8,606.80	4,341.42	4,341.42
11/3/2021 CIGNA HCCLAIMPMT 1669860425 91000010662396	-	4,500.00						4,500.00
11/3/2021 AMERIGROUP CORPO E-PAYMENT EE52256872 111000	-	8,438.32	8,438.32				8,438.32	-
11/4/2021 CK180	2,120.23	-						-
11/4/2021 CK182	9,626.30	-						-
11/4/2021 Deposit	-	6,930.00						6,930.00
11/4/2021 Deposit	-	11,642.00						11,642.00
11/4/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	8,880.00						8,880.00
11/4/2021 MANAGEANDNET1718 MNS PMNT 00000000003268 41	-	4,994.95						4,994.95
11/5/2021 CK179	11,501.00	-						-
11/5/2021 CK183	996.21	-						-
11/5/2021 MANAGEANDNET1718 MNS PMNT 00000000003268 41	-	1,260.00						1,260.00
11/5/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000171	-	711.93						711.93
	63,403.89	65,876.58	8,438.32	-	76.44	8,606.80	12,779.94	53,096.64

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
Fort Bend								
11/1/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000179	-	57.66						57.66
11/3/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	20,160.71	-						-
11/3/2021 MOLINA HEALTHCAR MOLINAACH 01011685 42000019	-	18,689.94			7,233.80	11,456.14	9,344.97	9,344.97
11/3/2021 AMERIGROUP CORPO E-PAYMENT EE52256869 111000	-	10,258.00	10,258.00				10,258.00	-
11/5/2021 CK165	13,956.55	-						-
	34,117.26	29,005.60	10,258.00	-	7,233.80	11,456.14	19,602.97	9,402.63

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
Solers at West Houston								
11/1/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,380.00						7,380.00
11/3/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	137,560.61	-						-
11/3/2021 MOLINA HEALTHCAR MOLINAACH 01011870 42000019	-	15,450.81			4,707.04	10,743.77	7,725.41	7,725.41
11/3/2021 AMERIGROUP CORPO E-PAYMENT EE52256871 111000	-	9,954.72	9,954.72				9,954.72	-
11/4/2021 CK1179	2,120.23	-						-
11/4/2021 CK1181	9,626.30	-						-
11/4/2021 Deposit	-	9,505.80						9,505.80
11/4/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	13,530.00						13,530.00
11/4/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	1,190.00						1,190.00
11/5/2021 CK1178	13,560.05	-						-
11/5/2021 CK1180	996.21	-						-
	163,863.40	59,199.81	9,954.72	-	4,707.04	10,743.77	17,680.13	41,519.69
TOTALS	624,361.59	291,052.57	64,545.12	-	31,446.38	67,387.56	113,962.09	178,090.48

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type



DDA

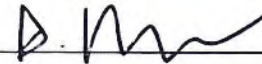
Data reported as of Nov 8, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
Number of Accounts: 15	\$7,984,469.56	\$8,365,754.18	\$7,984,469.56	\$7,734,433.0
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$12,800.64	\$12,800.64	\$12,800.64	\$12,800.6
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$68,882.07	\$73,645.98	\$68,882.07	\$95,268.8
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.9
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,126,671.11	\$6,228,260.29	\$6,126,671.11	\$5,762,520.3
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.46	\$431.46	\$431.46	\$431.4
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$90,519.06	\$163,248.56	\$90,519.06	\$120,856.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$47,679.08	\$77,780.06	\$47,679.08	\$62,528.9
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$65,986.72	\$95,814.49	\$65,986.72	\$76,512.0
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$29,108.34	\$63,067.64	\$29,108.34	\$43,064.8
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$59,318.22	\$132,668.52	\$59,318.22	\$73,874.4
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,867.88	\$1,108,867.88	\$1,108,867.88	\$1,108,867.8
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$243,408.59	\$248,447.83	\$243,408.59	\$223,824.6
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$22,007.67	\$22,007.67	\$22,007.67	\$22,007.6
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$48,639.09	\$57,126.64	\$48,639.09	\$53,075.8
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$59,613.71	\$81,050.60	\$59,613.71	\$78,263.6

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 11/8/2021

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		75,699.68	75,588.17	68,770.56		68,882.07	59,669.84
						Bank Balance	68,882.07
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPAYMENT TO MMC	9,100.72
						OCT INTEREST	11.51
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	59,669.84

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 11/8/2021

APPROVED
 ON
 NOV 08 2021
 COUNTY AUDITOR
 CALVERTON COUNTY, MICHIGAN

Golden Creek

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L apse	QJPP TI	
11/1/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	313.44	-	-	-	-	-	313.44
11/3/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	36,253.11	-	-	-	-	-	-	-
11/3/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	7,710.00	-	-	-	-	-	7,710.00
11/4/2021 CK140	9,626.30	-	-	-	-	-	-	-
11/4/2021 Deposit	-	8,480.92	-	-	-	-	-	8,480.92
11/4/2021 Deposit	-	47,396.37	-	-	-	-	-	47,396.37
11/4/2021 NOVITAS SOLUTION HCCLAIMPMT 676097 420000174	-	1,547.80	-	-	-	-	-	1,547.80
11/5/2021 CK139	28,712.55	-	-	-	-	-	-	-
11/5/2021 CK141	996.21	-	-	-	-	-	-	-
11/5/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	886.98	-	-	-	-	-	886.98
11/5/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	2,435.05	-	-	-	-	-	2,435.05
	75,588.11	68,770.56	-	-	-	-	-	68,770.56

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Nov 8, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
Number of Accounts: 15	\$7,984,469.56	\$8,365,754.18	\$7,984,469.56	\$7,734,433.0
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$12,800.64	\$12,800.64	\$12,800.64	\$12,800.64
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$68,882.07	\$73,645.98	\$68,882.07	\$95,268.64
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.92
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,126,671.11	\$6,228,260.29	\$6,126,671.11	\$5,762,520.31
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.46	\$431.46	\$431.46	\$431.46
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$90,519.06	\$163,248.56	\$90,519.06	\$120,856.21
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$47,679.08	\$77,780.06	\$47,679.08	\$62,528.64
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$65,986.72	\$95,814.49	\$65,986.72	\$76,512.01
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$29,108.34	\$63,067.64	\$29,108.34	\$43,064.64
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$59,318.22	\$132,668.52	\$59,318.22	\$73,874.41
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,867.88	\$1,108,867.88	\$1,108,867.88	\$1,108,867.88
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$243,408.59	\$248,447.83	\$243,408.59	\$223,824.64
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$22,007.67	\$22,007.67	\$22,007.67	\$22,007.67
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$48,639.09	\$57,126.64	\$48,639.09	\$53,075.51
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$59,613.71	\$81,050.60	\$59,613.71	\$78,263.64

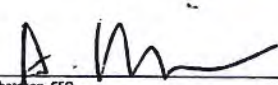
Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 11/8/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		191,604.44	✓ 185,850.15	✓ 42,884.80	✓		48,639.09	-
						Bank Balance	48,639.09	✓
						Variance	-	
						Leave in Balance	100.00	
						UNIDENTIFIED ECHO PAYMENTS	48,478.23	
						OCT INTEREST	60.86	✓
						NOV INTEREST		
						DEC INTEREST		
						Adjust Balance/Transfer Amt	(0.00)	✓

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		36,006.45	✓ 35,900.22	✓ 21,901.44	✓		22,007.67	21,901.44
						Bank Balance	22,007.67	✓
						Variance	-	
						Leave in Balance	100.00	
						OCT INTEREST	6.23	✓
						NOV INTEREST		
						DEC INTEREST		
						Adjust Balance/Transfer Amt	21,901.44	
						TOTAL TRANSFERS	21,901.44	✓

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 11/8/2021

APPROVED
OK
NOV 08 2021
COURTNEY ANDERSON
CALVERTON COUNTY, TEXAS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Nov 8, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
Number of Accounts: 15	\$7,984,469.56	\$8,365,754.18	\$7,984,469.56	\$7,734,433.0
*4551 CAL CO INDIGENT HEALTHCARE	\$12,800.64	\$12,800.64	\$12,800.64	\$12,800.E
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$68,882.07	\$73,645.98	\$68,882.07	\$95,268.E
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.E
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$6,126,671.11	\$6,228,260.29	\$6,126,671.11	\$5,762,520.E
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.46	\$431.46	\$431.46	\$431.4
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$90,519.06	\$163,248.56	\$90,519.06	\$120,856.E
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$47,679.08	\$77,780.06	\$47,679.08	\$62,528.E
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$65,986.72	\$95,814.49	\$65,986.72	\$76,512.E
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$29,108.34	\$63,067.64	\$29,108.34	\$43,064.E
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$59,318.22	\$132,668.52	\$59,318.22	\$73,874.4
*2998 MMC -MONEY MARKET FUND	\$1,108,867.88	\$1,108,867.88	\$1,108,867.88	\$1,108,867.E
*5506 MMC -NH BETHANY SENIOR LIVING	\$243,408.59	\$248,447.83	\$243,408.59	\$223,824.E
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$22,007.67 ✓	\$22,007.67	\$22,007.67	\$22,007.E
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$48,639.09 ✓	\$57,126.64	\$48,639.09	\$53,075.E
*3407 MMC -NH TUSCANY VILLAGE	\$59,613.71	\$81,050.60	\$59,613.71	\$78,263.E

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 11/8/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		195,677.15	195,577.15	59,513.71			59,613.71	34,198.04
						Bank Balance Variance	59,613.71	
						Leave in Balance	100.00	
						AMERIGROUP SEPT Q/PP	14,896.40	
						MEDICARE REPAYMENT TO MMC & MM CLINIC	10,419.27	

Adjust Balance/Transfer Amt 34,198.04

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:  11/8/2021
 Anthony Richardson, CFO

APPROVED
 ON
 NOV 08 2021
 COURTNEY ABBOTT
 CLERK OF COURTS
 CALLETON COUNTY, TEXAS

Tuscany Village

MMC PORTION

	<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>QIPP/Comp1</u>	<u>QIPP/Comp 2</u>	<u>QIPP/Comp3</u>	<u>QIPP/Comp4 &Lapse</u>	<u>QIPP TI</u>	<u>NH PORTION</u>
11/3/2021 WIRE OUT LINBAR ENTERPRISES, LLC	162,540.71	-					-	-
11/3/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000179	-	3,986.79					-	3,986.79
11/3/2021 AMERIGROUP CORPO E-PAYMENT EE52256874 111000	-	14,896.40	14,896.40				14,896.40	-
11/4/2021 CK1072	2,120.23	-					-	-
11/4/2021 CK1073	9,626.30	-					-	-
11/4/2021 Deposit	-	33,600.52					-	33,600.52
11/4/2021 Deposit	-	4,390.00					-	4,390.00
11/5/2021 CK1074	996.21	-					-	-
11/5/2021 CK1071	20,293.70	-					-	-
11/5/2021 KS PLAN ADMINIST HCCLAIMPMT 179 111000020078	-	2,640.00					-	2,640.00
	195,577.15	59,513.71	14,896.40	-	-	-	14,896.40	44,617.31

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

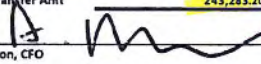
Data reported as of Nov 8, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
Number of Accounts: 15	\$7,984,469.56	\$8,365,754.18	\$7,984,469.56	\$7,734,433.0
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$12,800.64	\$12,800.64	\$12,800.64	\$12,800.6
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$68,882.07	\$73,645.98	\$68,882.07	\$95,268.8
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.9
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,126,671.11	\$6,228,260.29	\$6,126,671.11	\$5,762,520.3
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.46	\$431.46	\$431.46	\$431.4
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$90,519.06	\$163,248.56	\$90,519.06	\$120,856.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$47,679.08	\$77,780.06	\$47,679.08	\$62,528.9
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$65,986.72	\$95,814.49	\$65,986.72	\$76,512.0
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$29,108.34	\$63,067.64	\$29,108.34	\$43,064.8
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$59,318.22	\$132,668.52	\$59,318.22	\$73,874.4
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,867.88	\$1,108,867.88	\$1,108,867.88	\$1,108,867.8
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$243,408.59	\$248,447.83	\$243,408.59	\$223,824.6
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$22,007.67	\$22,007.67	\$22,007.67	\$22,007.6
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$48,639.09	\$57,126.64	\$48,639.09	\$53,075.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$59,613.71	\$81,050.60	\$59,613.71	\$78,263.6

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 11/8/2021

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		86,889.16	86,763.77	243,283.20			243,408.59	243,283.20
						Bank Balance	243,408.59	
						Variance		
						Leave in Balance	100.00	
						OCT INTEREST	25.39	
						NOV INTEREST		
						DEC INTEREST		
						Adjust Balance/Transfer Amt	243,283.20	

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

Approved: 
 Anthony Richardson, CFO 11/8/2021

APPROVED
 ON
 NOV 08 2021
 COUNTY ASSessor
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	
11/1/2021 Deposit	-	46,392.17					46,392.17
11/1/2021 Deposit	-	12,261.00					12,261.00
11/2/2021 Deposit	-	18,021.50					18,021.50
11/2/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	7,228.89					7,228.89
11/3/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	86,763.77	-					-
11/3/2021 Deposit	-	21,841.91					21,841.91
11/4/2021 Deposit	-	48,131.50					48,131.50
11/4/2021 Deposit	-	57,077.34					57,077.34
11/4/2021 Deposit	-	12,744.91					12,744.91
11/5/2021 Deposit	-	11,952.50					11,952.50
11/5/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	7,631.48					7,631.48
	86,763.77	243,283.20	-	-	-	-	243,283.20

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type



DDA

Data reported as of Nov 8, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,984,469.56	\$8,365,754.18	\$7,984,469.56	\$7,734,433.0
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$12,800.64	\$12,800.64	\$12,800.64	\$12,800.6
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$68,882.07	\$73,645.98	\$68,882.07	\$95,268.8
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.9
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,126,671.11	\$6,228,260.29	\$6,126,671.11	\$5,762,520.3
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.46	\$431.46	\$431.46	\$431.4
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$90,519.06	\$163,248.56	\$90,519.06	\$120,856.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$47,679.08	\$77,780.06	\$47,679.08	\$62,528.9
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$65,986.72	\$95,814.49	\$65,986.72	\$76,512.0
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$29,108.34	\$63,067.64	\$29,108.34	\$43,064.6
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$59,318.22	\$132,668.52	\$59,318.22	\$73,874.4
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,867.88	\$1,108,867.88	\$1,108,867.88	\$1,108,867.8
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$243,408.59	\$248,447.83	\$243,408.59	\$223,824.6
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$22,007.67	\$22,007.67	\$22,007.67	\$22,007.6
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$48,639.09	\$57,126.64	\$48,639.09	\$53,075.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$59,613.71	\$81,050.60	\$59,613.71	\$78,263.6

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER - Ashland

Date Requested: 11/8/21

A _____

Y _____

E _____

E _____

APPROVED
ON
NOV 08 2021
COUNTY CLERK
CALIFORNIA COUNTY TREAS
CL # 1121
G/L NUMBER: _____

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT \$45,116.08

EXPLANATION: QIPP: MOLINA Q4- \$19,729.76 AMERIGROUP SEPT- \$25,386.32

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER - Broadmark Date Requested: 11/8/21

A _____

Y _____

E _____

E _____

APPROVED
ON
NOV 08 2021
COUNTY ADMINISTRATOR
CALHOUN COUNTY, TEXAS
CHK#000153
G/L NUMBER: _____

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

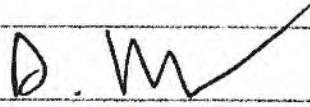
Mail Check to Vendor

Return Check to Dept

AMOUNT \$18,782.98

EXPLANATION: QIPP: MOLINA Q4- \$8,275.22 AMERIGROUP SEPT- \$10,507.76

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E

MEMORIAL MEDICAL CENTER - *Crescent*

Date Requested: 11/8/21

APPROVED
OK

NOV 08 2021

COUNTY AUDITOR
GALLEGOS COUNTY, TEXAS

ck# 000183

G/L NUMBER: _____

FOR ACCT. USE ONLY

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

AMOUNT \$12,779.94

EXPLANATION: QIPP: MOLINA Q4- \$4,341.62 AMERIGROUP SEPT- \$8,438.32

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *D. W.*

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
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E

MEMORIAL MEDICAL CENTER - *First Back*

Date Requested: 11/8/21

APPROVED
CMT

NOV 08 2021

CORRENY AMADOR
CALIFORNIA COUNTY, TREAS
Ck# 000164

FOR ACCT. USE ONLY

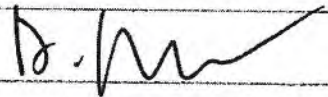
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT \$19,602.97

G/L NUMBER: _____

EXPLANATION: QIPP: MOLINA Q4- \$9,344.97 AMERIGROUP SEPT- \$10,258.00

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER - *Salem*

Date Requested: 11/8/21

A _____
Y _____
E _____
E _____

APPROVED
BY

NOV 08 2021

CHECK # DO 1182
G/L NUMBER: _____

FOR ACCT. USE ONLY

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

AMOUNT \$17,680.13

EXPLANATION: QIPP: MOLINA Q4- \$7,725.41 AMERIGROUP SEPT- \$9,954.72

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *[Signature]*

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER - *Tuscany*

Date Requested: 11/8/21

A _____
Y _____
E _____
E _____

APPROVED
OK

NOV 08 2021

COUNTRY AMBROSIO
CALIFORNIA COUNTY, SHERAS

ck # 1075

G/L NUMBER: _____

FOR ACCT. USE ONLY

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

AMOUNT \$14,896.40

EXPLANATION: AMERIGROUP SEPT QIPP- \$14,896.40

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *D. Martinez*

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

1161
88-2265/1131-87

11-10-21

Date CHECK ARMOR

Pay to the Order of Memorial Medical Center

\$ 45,110.⁰²/₁₀₀

Forty-five thousand, one hundred sixteen dollars ⁰²/₁₀₀

Dollars

PROSPERITY BANK

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

Mailing Q4 QIPP
For Amerigroup Sept QIPP

County Auditor

County Treasurer

⑆113122655⑆

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MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000153

Date 11-10-21

88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center

\$ 18,782.⁹⁶/₁₀₀

Eighteen thousand, seven hundred eighty-two dollars ⁹⁶/₁₀₀

DOLLARS

PROSPERITY BANK

Mailing Q4 QIPP
FOR Amerigroup Sept QIPP

County Auditor

County Treasurer
Security features are included. Details on back.

⑆000153⑆ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000183

Date 11-10-21

88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center

\$ 12,799.⁹⁴/₁₀₀

Twelve thousand, seven hundred ninety-nine dollars ⁹⁴/₁₀₀

DOLLARS

PROSPERITY BANK

Mailing Q4 QIPP
FOR Amerigroup Sept QIPP

County Auditor

County Treasurer
Security features are included. Details on back.

⑆000183⑆ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000166

Date 11-10-21

88-2265/1131

PAY

TO THE ORDER OF

Memorial Medical Center

\$ 19,602. ⁹⁷/₁₀₀

Nineteen thousand, six hundred two dollars & ⁹⁷/₁₀₀ DOLLARS



PROSPERITY BANK

FOR Molina Q4 QIPP, Amerigroup Sept QIPP

County Auditor

County Treasurer
Security features are included. Details on back.

⑈000166⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001182

Date 11-10-21

88-2265/1131

PAY

TO THE ORDER OF

Memorial Medical Center

\$ 17,680. ¹³/₁₀₀

Seventeen thousand, six hundred eighty dollars & ¹³/₁₀₀ DOLLARS



PROSPERITY BANK

FOR Q4 QIPP Molina, Sept. Amerigroup QIPP

County Auditor

County Treasurer
Security features are included. Details on back.

⑈001182⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1075

88-2265/1131-87

DATE 11-10-21

CHECK AMOUNT

PAY TO THE ORDER OF

Memorial Medical Center

\$ 14,896. ⁴⁰/₁₀₀

Fourteen thousand, eight hundred ninety six dollars & ⁴⁰/₁₀₀ DOLLARS



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

FOR Amerigroup Sept. QIPP, Molina Q4 QIPP

County Auditor

County Treasurer

⑈001075⑈ ⑆113122655⑆

QIPP Payment to MMC from Nursing Facilities			Commissioner's Court			11/10/2021		
NH Name	From Bank Acct #	Ck #	Payee	GL #	MOLINA Q4 QIPP PAYMENT	AMENIGROUP SEP QIPP	TOTAL	Date
Ashford	10000018 - Prosperity		MMC - Prosperity Operating #10000001	10255040	19,729.76	25,386.32	45,116.08	11/3/2021
Broadmoor	10000019 - Prosperity		MMC - Prosperity Operating #10000001	10255040	8,275.22	10,507.76	18,782.98	11/3/2021
Crescent	10000020 - Prosperity		MMC - Prosperity Operating #10000001	10255040	4,341.62	8,438.32	12,779.94	11/3/2021
Fort Bend	10000021 - Prosperity		MMC - Prosperity Operating #10000001	10255040	9,344.37	10,258.00	19,602.37	11/3/2021
Solera	10000022 - Prosperity		MMC - Prosperity Operating #10000001	10255040	7,725.41	9,954.72	17,680.13	11/3/2021
Golden Creek	10000023 - Prosperity		MMC - Prosperity Operating #10000001	10255040				11/3/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC - Prosperity Operating #10000001	10255040				11/3/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC - Prosperity Operating #10000001					11/3/2021
Bethany			MMC - Prosperity Operating #10000001					11/3/2021
Tuscan			MMC - Prosperity Operating #10000001	10255040		14,896.40	14,896.40	11/3/2021
				Total:	49,416.98	64,545.12	128,858.50	

Note:

Approved: 
 Anthony Richardson
 11/8/2021

RUN DATE:11/10/21
TIME:13:24

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/10/21 THRU 11/10/21

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB * 000153 11/10/21 18,782.98 MMC
NHB 000155 11/10/21 11,006.98 MMC
NHB 000156 11/10/21 316.21 MMCLINIC
TOTALS: 30,106.17

Bradman

APPROVED
BY

NOV 10 2021

COURTNEY ANDRINO
CALHOUN COUNTY, TEXAS

RUN DATE:11/10/21
TIME:13:24

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/10/21 THRU 11/10/21

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000183 11/10/21 12,779.94 MMC
NHC 000184 11/10/21 11,006.98 MMC
NHC 000185 11/10/21 316.21 MMCLINIC
TOTALS: 24,103.13

Crescent

APPROVED
BY
NOV 10 2021
CANDACE ADRIANO
CALHOUN COUNTY, TEXAS

RUN DATE:11/10/21
TIME:13:24

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/10/21 THRU 11/10/21

PAGE 8
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001182 11/10/21 17,680.13 MMC
NHS 001183 11/10/21 11,006.98 MMC
NHS 001184 11/10/21 316.21 MMCLINIC
TOTALS: 29,003.32

Solen

APPROVED
ON

NOV 10 2021

GERARDY ANDRINO
CASHIER/CLERK, BELLAS

RUN DATE:11/10/21
TIME:13:24

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/10/21 THRU 11/10/21

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG 000142 11/10/21 9,100.72 MMC
TOTALS: 9,100.72

golden creek

APPROVED
ON

NOV 10 2021

CORREY ANDERSON
CALIFORNIA COUNTY, TEXAS

RUN DATE:11/10/21
TIME:13:24

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/10/21 THRU 11/10/21

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GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS 001075 11/10/21 14,896.40 MMC
TUS 001076 11/10/21 316.21 MMCLINIC
TUS 001077 11/10/21 10,103.06 MMC
TOTALS: 25,315.67

Tuscany

APPROVED
OK

NOV 10 2021

COUNTY AUDITOR
GALVESTON COUNTY, TEXAS

RUN DATE:11/10/21
TIME:13:24

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/10/21 THRU 11/10/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001161 11/10/21 45,116.08 MMC
TOTALS: 45,116.08

Ashtun

APPROVED
ON

NOV 10 2021

GERARDY ANDRUSO
CALIFORNIA GOVERNOR, TEXAS

RUN DATE:11/10/21
TIME:13:24

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/10/21 THRU 11/10/21

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GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000166 11/10/21 19,602.97 MMC
TOTALS: 19,602.97

Furt Deal

APPROVED
BY

NOV 10 2021

CHERRY AMUNDSON
CALVERTON, TEXAS