

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 17, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 218,263.20
TOTAL TRANSFERS BETWEEN FUNDS	\$ 212,419.64
TOTAL NURSING HOME UPL EXPENSES	\$ 679,669.81
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED November 17, 2021	\$ 1,110,352.65

APPROVED

NOV 17 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 17, 2021

PAYABLES AND PAYROLL

11/12/2021	Weekly Payables	195,775.77
11/12/2021	Patient Refunds	2,909.52
11/12/2021	Citibank Credit Card-see attached	1,440.71
11/15/2021	McKesson-340B Prescription Expense	9,543.86
11/15/2021	Amerisource Bergen-340B Prescription Expense	610.80

Prosperity Electronic Bank Payments

11/10/2021	Credit Card & Lease Fees	5,295.74
11/20/2021	Sales Tax for October 2021	1,182.97
11/12/2021	Cleargage-Patient Financing Service	109.18
11/8-11/12/21	Pay Plus-Patient Claims Processing Fee	166.25
11/12/2021	ExpertPay- child support	1,228.40

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ 218,263.20

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

11/12/2021	MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating in error	4,277.00
11/12/2021	MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	13,054.62
11/12/2021	MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	25,513.68
11/12/2021	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	29,118.77
11/12/2021	MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	20,838.51

MEDICARE ADVANCE PAYMENT RECOUP

11/15/2021	Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	266.98
11/15/2021	Broadmoor to Golden Creek-correction of Broadmoor medical recoup taken from Golden Creek	192.37
11/15/2021	Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	266.98
11/15/2021	Crescent to Golden Creek-correction of Crescent medicare recoup taken from Golden Creek	192.37
11/15/2021	Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	266.98
11/15/2021	Solera to Golden Creek-correction of Solera medicare recoup taken from Golden Creek	192.37
11/15/2021	Tuscany to MMC Operating-correction of Tuscany medicare recoup taken from MMC Operating	266.98
11/15/2021	Tuscany to Golden Creek-correction of Tuscany medicare recoup taken from Golden Creek	192.37

TRANSFER OF FUNDS BETWEEN NURSING HOMES

11/15/2021	Gulf Pointe Plaza-PP-correction of MMC insurance payment deposited into Gulf Pointe Plaza-PP in error	54,114.83
11/15/2021	Gulf Pointe Plaza-PP-correction of MMC Clinic insurance payment deposited into Gulf Pointe Plaza-PP in error	3,481.10
11/15/2021	Gulf Pointe Plaza-PP-correction of Ashford insurance payment deposited into Gulf Pointe Plaza-PP in error	6,790.13
11/15/2021	Gulf Pointe Plaza-PP-correction of Broadmoor insurance payment deposited into Gulf Pointe Plaza-PP in error	4,914.00
11/15/2021	Gulf Pointe Plaza-PP-correction of Crescent insurance payment deposited into Gulf Pointe Plaza-PP in error	1,995.00
11/15/2021	Gulf Pointe Plaza-PP-correction of Fort Bend insurance payment deposited into Gulf Pointe Plaza-PP in error	14,890.72
11/15/2021	Gulf Pointe Plaza-PP-correction of Solera insurance payment deposited into Gulf Pointe Plaza-PP in error	11,672.00
11/15/2021	Gulf Pointe Plaza-PP-correction of Golden Creek insurance payment deposited into Gulf Pointe Plaza-PP in error	14,214.88
11/15/2021	Gulf Pointe Plaza-PP-correction of Tuscany insurance payment deposited into Gulf Pointe Plaza-PP in error	5,707.00

TOTAL TRANSFERS BETWEEN FUNDS \$ 212,419.64

NURSING HOME UPL EXPENSES

11/15/2021 Nursing Home UPL-Cantex Transfer	281,736.98
11/15/2021 Nursing Home UPL-Nexion Transfer	81,482.37
11/15/2021 Nursing Home UPL-HMG Transfer	13,617.37
11/15/2021 Nursing Home UPL-Tuscany Transfer	40,525.05
11/15/2021 Nursing Home UPL-HSL Transfer	161,695.71

QIPP CHECKS TO MMC

11/15/2021 Ashford	35,886.09
11/15/2021 Broadmoor	15,050.49
11/15/2021 Crescent	7,926.26
11/15/2021 Fort Bend	16,979.65
11/15/2021 Solera	14,051.39
11/15/2021 Tuscany	10,718.45

TOTAL NURSING HOME UPL EXPENSES	\$ 679,669.81
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED November 17, 2021	\$ 1,110,352.65
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RECEIVED

NOV 12 2021

11/11/2021
California County Auditor
12:38

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 11/24/2021

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code									
11283	ACE HARDWARE 15521 ✓											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
	158110 ✓		11/05/20	10/01/20	11/18/20		69.99	0.00	0.00	69.99 ✓		
		SUPPLIES										
	158267 ✓		11/05/20	10/06/20	11/18/20		24.57	0.00	0.00	24.57 ✓		
		SUPPLIES										
	158285 ✓		11/05/20	10/06/20	11/18/20		13.99	0.00	0.00	13.99 ✓		
		SUPPLIES										
	158316 ✓		11/05/20	10/07/20	11/18/20		6.01	0.00	0.00	6.01 ✓		
		SUPPLIES										
	158415 ✓		11/05/20	10/11/20	11/18/20		19.58	0.00	0.00	19.58 ✓		
		SUPPLIES										
	158435 ✓		11/05/20	10/11/20	11/18/20		16.99	0.00	0.00	16.99 ✓		
		SUPPLIES										
	158427 ✓		11/05/20	10/11/20	11/18/20		3.58	0.00	0.00	3.58 ✓		
		SUPPLIES										
	158398 ✓		11/05/20	10/11/20	11/18/20		23.96	0.00	0.00	23.96 ✓		
		SUPPLIES										
	158701 ✓		11/05/20	10/20/20	11/18/20		50.98	0.00	0.00	50.98 ✓		
		SUPPLIES										
	158799 ✓		11/05/20	10/22/20	11/18/20		4.59	0.00	0.00	4.59 ✓		
		SUPPLIES										
	158992 ✓		11/05/20	10/28/20	11/22/20		43.83	0.00	0.00	43.83 ✓		
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11283	ACE HARDWARE 15521	278.07	0.00	0.00	278.07

Vendor#	Vendor Name	Class	Pay Code									
14180	AGAPITA CANTU ✓											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
	110421		11/05/20	11/04/20	11/18/20		50.00	0.00	0.00	50.00 ✓		
		MONEY RETURNED										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							14180	AGAPITA CANTU	50.00	0.00	0.00	50.00

Vendor#	Vendor Name	Class	Pay Code									
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	M										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
	9118961814 ✓		10/31/20	10/25/20	11/24/20		227.48	0.00	0.00	227.48 ✓		
		NITROUS OXIDE										
	9118915737 ✓		11/05/20	10/21/20	11/18/20		309.20	0.00	0.00	309.20 ✓		
		OXYGEN										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							A1680	AIRGAS USA, LLC - CENTRAL DIV	536.68	0.00	0.00	536.68

Vendor#	Vendor Name	Class	Pay Code							
A1705	ALIMED INC. ✓	M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	03691464 ✓		11/09/20	10/29/20	11/13/20		120.76	0.00	0.00	120.76 ✓
		SUPPLIES								

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		A1705	ALIMED INC.	120.76	0.00	0.00	120.76		
Vendor#	Vendor Name	Class		Pay Code					
10958	ALLYSON SWOPE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
111221		11/11/20	11/12/20	11/18/20		3,071.25	0.00	0.00	3,071.25 ✓
CONTRACT EMPLOYEE									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10958	ALLYSON SWOPE	3,071.25	0.00	0.00	3,071.25		
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
2355351 ✓		10/27/20	10/25/20	11/24/20		2,428.75	0.00	0.00	2,428.75 ✓
TRAVEL LAB STAFFING									
2355034 ✓		10/27/20	10/25/20	11/24/20		2,680.00	0.00	0.00	2,680.00 ✓
TRAVEL LAB STAFFING									
2355247 ✓		10/27/20	10/25/20	11/24/20		2,760.00	0.00	0.00	2,760.00 ✓
TRAVEL LAB SERVICES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		A0400	AUREUS RADIOLOGY LLC	7,868.75	0.00	0.00	7,868.75		
Vendor#	Vendor Name	Class		Pay Code					
12800	AUTHORITYRX ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1220 ✓		11/09/20	11/04/20	11/04/20		9,885.00	0.00	0.00	9,885.00 ✓
340B ADVANCED CAPTURE									
1231 ✓		11/09/20	11/04/20	11/04/20		1,000.00	0.00	0.00	1,000.00 ✓
CLAIMS SUBMISSION									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		12800	AUTHORITYRX	10,885.00	0.00	0.00	10,885.00		
Vendor#	Vendor Name	Class		Pay Code					
A2600	AUTO PARTS & MACHINE CO. ✓	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
968881 ✓		11/05/20	10/08/20	11/18/20		28.68	0.00	0.00	28.68 ✓
SUPPLIES									
970922 ✓		11/08/20	11/03/20	11/18/20		63.67	0.00	0.00	63.67 ✓
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		A2600	AUTO PARTS & MACHINE CO.	92.35	0.00	0.00	92.35		
Vendor#	Vendor Name	Class		Pay Code					
11247	AVENO NETWORKS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
12665 ✓		11/05/20	11/01/20	11/18/20		20,272.57	0.00	0.00	20,272.57 ✓
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11247	AVENO NETWORKS	20,272.57	0.00	0.00	20,272.57		
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
72596839 ✓		11/08/20	10/25/20	11/19/20		1,009.01	0.00	0.00	1,009.01 ✓
SUPPLIES									
72635752 ✓		11/08/20	10/28/20	11/22/20		136.22	0.00	0.00	136.22 ✓

SUPPLIES

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		B1150	BAXTER HEALTHCARE		1,145.23	0.00	0.00	1,145.23	
Vendor#	Vendor Name		Class	Pay Code					
11544	BAY STORAGE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
110921		11/09/20	11/09/20	11/18/20		2,010.00	0.00	0.00	2,010.00 ✓
6 MTHS UNIT 175, 180, 191									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11544	BAY STORAGE		2,010.00	0.00	0.00	2,010.00	
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
5448657 ✓		10/31/20	10/30/20	11/24/20		3,507.27	0.00	0.00	3,507.27 ✓
LEASE									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		B1220	BECKMAN COULTER INC		3,507.27	0.00	0.00	3,507.27	
Vendor#	Vendor Name		Class	Pay Code					
B1680	BOUND TREE MEDICAL, LLC ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
84275163 ✓		11/08/20	11/03/20	11/18/20		186.89	0.00	0.00	186.89 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		B1680	BOUND TREE MEDICAL, LLC		186.89	0.00	0.00	186.89	
Vendor#	Vendor Name		Class	Pay Code					
12740	BUILDING KID STEPS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
OCT2021		11/09/20	11/04/20	11/18/20		1,013.00	0.00	0.00	1,013.00 ✓
SPEECH THERAPY									
OCT2021A		11/09/20	11/09/20	11/18/20		1,039.00	0.00	0.00	1,039.00 ✓
SPEECH THERAPY									
OCT2021B		11/09/20	11/09/20	11/18/20		1,200.00	0.00	0.00	1,200.00 ✓
SPEECH THERAPY									
OCT2021D		11/09/20	11/09/20	11/18/20		50.00	0.00	0.00	50.00 ✓
SPEECH THERAPY									
OCT2021C		11/09/20	11/09/20	11/18/20		1,052.00	0.00	0.00	1,052.00 ✓
SPEECH THERAPY									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		12740	BUILDING KID STEPS		4,354.00	0.00	0.00	4,354.00	
Vendor#	Vendor Name		Class	Pay Code					
11295	CALHOUN COUNTY INDIGENT ACCOUN ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
110821		11/11/20	11/08/20	11/08/20		20.00	0.00	0.00	20.00 ✓
COPAYS									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11295	CALHOUN COUNTY INDIGENT ACCOUN		20.00	0.00	0.00	20.00	
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
8002671291 ✓		11/10/20	10/23/20	11/17/20		246.55	0.00	0.00	246.55 ✓
SUPPLIES									

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		C1325	CARDINAL HEALTH 414, INC.	246.55	0.00	0.00	246.55		
Vendor#	Vendor Name	Class		Pay Code					
13028	CAVALLO ENERGY TEXAS LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
212910016099031 ✓	ELECTRICITY ✓	11/01/20	10/15/20	11/18/20		589.52	0.00	0.00	589.52 ✓
212910016099030 ✓	ELECTRICITY ✓	11/01/20	10/15/20	11/18/20		1,369.99	0.00	0.00	1,369.99 ✓
212910016099032 ✓	ELECTRICITY ✓	11/01/20	10/15/20	11/18/20		16.31	0.00	0.00	16.31 ✓
212930016115148 ✓	ELECTRICITY ✓	11/01/20	10/19/20	11/22/20		18.46	0.00	0.00	18.46 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		13028	CAVALLO ENERGY TEXAS LLC	1,994.28	0.00	0.00	1,994.28		
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
SD14407 ✓	SUPPLIES AC Repair ✓	10/27/20	10/19/20	11/18/20		737.50	0.00	0.00	737.50 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11202	CFI MECHANICAL INC	737.50	0.00	0.00	737.50		
Vendor#	Vendor Name	Class		Pay Code					
11616	CONTROL SOLUTIONS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
CS220133 ✓	CALIBRATION ✓	11/09/20	10/25/20	11/18/20		64.00	0.00	0.00	64.00 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11616	CONTROL SOLUTIONS	64.00	0.00	0.00	64.00		
Vendor#	Vendor Name	Class		Pay Code					
C2157	COOPER SURGICAL INC ✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6016136 ✓	SUPPLIES ✓	11/05/20	10/27/20	11/18/20		330.80	0.00	0.00	330.80 ✓
6014364 ✓	SUPPLIES ✓	11/09/20	10/25/20	11/09/20		905.11	0.00	0.00	905.11 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		C2157	COOPER SURGICAL INC	1,235.91	0.00	0.00	1,235.91		
Vendor#	Vendor Name	Class		Pay Code					
10006	CUSTOM MEDICAL SPECIALTIES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
287108 ✓	SUPPLIES ✓	11/05/20	10/22/20	11/18/20		654.15	0.00	0.00	654.15 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10006	CUSTOM MEDICAL SPECIALTIES	654.15	0.00	0.00	654.15		
Vendor#	Vendor Name	Class		Pay Code					
10368	DEWITT POTH & SON ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
660600T ✓ 6405270	SUPPLIES ✓	10/26/20	10/26/20	11/20/20		234.56	0.00	0.00	234.56 ✓
6606460 ✓	SUPPLIES ✓	10/31/20	10/25/20	11/19/20		23.99	0.00	0.00	23.99 ✓

6606000	SUPPLIES	10/31/20	10/25/20	11/19/20			159.99	0.00	0.00	159.99	✓	
6610291	SUPPLIES	10/31/20	10/28/20	11/22/20			5.95	0.00	0.00	5.95	✓	
6612190	SUPPLIES	10/31/20	10/29/20	11/23/20			200.88	0.00	0.00	200.88	✓	
6610120	SUPPLIES	11/01/20	10/27/20	11/21/20			47.17	0.00	0.00	47.17	✓	
6610140	SUPPLIES	11/01/20	10/27/20	11/21/20			6.25	0.00	0.00	6.25	✓	
6545900	SUPPLIES	11/05/20	09/01/20	11/18/20			23.08	0.00	0.00	23.08	✓	
6581891	SUPPLIES	11/05/20	10/06/20	11/18/20			2.62	0.00	0.00	2.62	✓	
6588390	SUPPLIES	11/05/20	10/08/20	11/18/20			353.00	0.00	0.00	353.00	✓	
6588380	SUPPLIES	11/05/20	10/08/20	11/18/20			29.50	0.00	0.00	29.50	✓	
6587460	SUPPLIES	11/05/20	10/08/20	11/18/20			25.56	0.00	0.00	25.56	✓	
6592810	SUPPLIES	11/05/20	10/13/20	11/18/20			220.50	0.00	0.00	220.50	✓	
6593901	SUPPLIES	11/05/20	10/20/20	11/18/20			35.35	0.00	0.00	35.35	✓	
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10368	DEWITT POTH & SON	1,368.40	0.00	0.00	1,368.40
Vendor#	Vendor Name			Class	Pay Code							
12904	DSHS - VITAL STATISTICS											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
111021		11/10/20	11/10/20	11/10/20			37.00	0.00	0.00	37.00	✓	
BIRTH CERTIFICATE CORREC												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12904	DSHS - VITAL STATISTICS	37.00	0.00	0.00	37.00
Vendor#	Vendor Name			Class	Pay Code							
E0555	ESS											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
40736		11/10/20	10/31/20	11/18/20			6,744.00	0.00	0.00	6,744.00	✓	
COVERAGE <i>for Dr. Bunnell</i>												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							E0555	ESS	6,744.00	0.00	0.00	6,744.00
Vendor#	Vendor Name			Class	Pay Code							
S0501	EVOQUA WATER TECHNOLOGIES LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
905121456		11/05/20	10/28/20	11/18/20			752.93	0.00	0.00	752.93	✓	
SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							S0501	EVOQUA WATER TECHNOLOGIES LLC	752.93	0.00	0.00	752.93
Vendor#	Vendor Name			Class	Pay Code							
R1185	FARAH JANAK											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		

110521		11/05/20	11/05/20	11/18/20		7.80	0.00	0.00	7.80	✓	
	SUPPLIES										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net	
	R1185	FARAH JANAK				7.80	0.00	0.00	7.80		
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	
754792925	✓	11/05/20	10/28/20	11/22/20			35.65	0.00	0.00	35.65	✓
	FREIGHT										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net	
	F1100	FEDERAL EXPRESS CORP.					35.65	0.00	0.00	35.65	
Vendor#	Vendor Name				Class	Pay Code					
10788	FIRETROL PROTECTION SYSTEMS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
100750783	✓	11/05/20	11/03/20	11/18/20			3,290.00	0.00	0.00	3,290.00	✓
	SPRINKLER REPAIRS										
100750960	✓	11/05/20	11/03/20	11/18/20			4,585.00	0.00	0.00	4,585.00	✓
	COMPLIANCE/INSPECTION										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net	
	10788	FIRETROL PROTECTION SYSTEMS					7,875.00	0.00	0.00	7,875.00	
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	
3087	✓	10/25/20	10/25/20	11/24/20			4,625.00	0.00	0.00	4,625.00	
	TRAVEL NURSE STAFFING										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net	
	14092	FIRST CONNECT CENTER LLC					4,625.00	0.00	0.00	4,625.00	
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	
2583416	✓	10/27/20	10/26/20	11/20/20			623.76	0.00	0.00	623.76	✓
	SUPPLIES										
2583415	✓	10/27/20	10/26/20	11/20/20			123.58	0.00	0.00	123.58	✓
	SUPPLIES										
2884099	✓	11/05/20	10/28/20	11/22/20			808.08	0.00	0.00	808.08	✓
	SUPPLIES										
2740151	✓	11/09/20	10/27/20	11/21/20			207.11	0.00	0.00	207.11	✓
	SUPPLIES										
2884101	✓	11/09/20	10/28/20	11/22/20			82.96	0.00	0.00	82.96	✓
	SUPPLIES										
3069280	✓	11/10/20	10/29/20	11/23/20			652.90	0.00	0.00	652.90	✓
	SUPPLIES										
3069279	✓	11/10/20	10/29/20	11/23/20			157.15	0.00	0.00	157.15	✓
	SUPPLIES										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net	
	F1400	FISHER HEALTHCARE					2,655.54	0.00	0.00	2,655.54	
Vendor#	Vendor Name				Class	Pay Code					
11784	HALF LEAGUE STORAGE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
110121		11/10/20	11/01/20	11/18/20			360.00	0.00	0.00	360.00	✓
	3 MTHS UNIT 11, 12, 35 NOV-J										

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11784	HALF LEAGUE STORAGE	360.00	0.00	0.00	360.00		
Vendor#	Vendor Name	Class		Pay Code					
H1100	HAYES ELECTRIC SERVICE ✓	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
A221102508 ✓		11/05/20	11/04/20	11/18/20		125.00	0.00	0.00	125.00 ✓
		SUPPLIES <i>Compressor repair</i>							
A221110104 ✓		11/08/20	11/01/20	11/18/20		125.00	0.00	0.00	125.00 ✓
		SUPPLIES <i>Vent hood motor repair</i>							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		H1100	HAYES ELECTRIC SERVICE	250.00	0.00	0.00	250.00		
Vendor#	Vendor Name	Class		Pay Code					
11552	HEALTHCARE FINANCIAL SERVICES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
100536019 ✓		11/05/20	11/01/20	11/18/20		372.39	0.00	0.00	372.39 ✓
		LATE CHARGES							
100536018 ✓		11/05/20	11/01/20	11/18/20		357.71	0.00	0.00	357.71 ✓
		LATE CHARGES							
100536020 ✓		11/05/20	11/01/20	11/18/20		89.87	0.00	0.00	89.87 ✓
		FINANCE CHARGES							
100536017 ✓		11/05/20	11/01/20	11/18/20		476.50	0.00	0.00	476.50 ✓
		FINANCE CHARGE							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11552	HEALTHCARE FINANCIAL SERVICES	1,296.47	0.00	0.00	1,296.47		
Vendor#	Vendor Name	Class		Pay Code					
12196	ICU MEDICAL, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
3088418 ✓		11/09/20	10/19/20	11/09/20		507.00	0.00	0.00	507.00 ✓
		SUPPLIES							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		12196	ICU MEDICAL, INC	507.00	0.00	0.00	507.00		
Vendor#	Vendor Name	Class		Pay Code					
I1130	INTEGRA LIFESCIENCES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
26666990 ✓		11/08/20	10/28/20	11/08/20		873.00	0.00	0.00	873.00 ✓
		SUPPLIES							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		I1130	INTEGRA LIFESCIENCES	873.00	0.00	0.00	873.00		
Vendor#	Vendor Name	Class		Pay Code					
11108	ITERSOURCE CORPORATION ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
711414 ✓		11/05/20	11/01/20	11/18/20		250.00	0.00	0.00	250.00 ✓
		PHONE SUPPORT							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11108	ITERSOURCE CORPORATION	250.00	0.00	0.00	250.00		
Vendor#	Vendor Name	Class		Pay Code					
K1000	KEEP U NEAT DRY CLEANERS ✓	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
110321		11/05/20	11/03/20	11/18/20		24.10	0.00	0.00	24.10 ✓
		LAUNDRY							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		

	K1000	KEEP U NEAT DRY CLEANERS				24.10	0.00	0.00	24.10
Vendor#	Vendor Name			Class	Pay Code				
L0700	LABCORP OF AMERICA HOLDINGS ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
71146021 ✓		11/05/20	10/30/20	11/24/20		15.00	0.00	0.00	15.00 ✓
	LAB SERVICES								
70702436 ✓		11/10/20	09/25/20	10/20/20		79.25	0.00	0.00	79.25 ✓
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS				94.25	0.00	0.00	94.25
Vendor#	Vendor Name			Class	Pay Code				
10972	M G TRUST ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110421		11/09/20	11/04/20	11/18/20		640.86	0.00	0.00	640.86
	PAYROLL DEDUCTS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10972	M G TRUST				640.86	0.00	0.00	640.86
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
42006		10/31/20	10/27/20	11/21/20		16.36	0.00	0.00	16.36 ✓
1971985678 ✓	SUPPLIES								
1971985678 ✓	SUPPLIES	10/31/20	10/27/20	11/21/20		70.66	0.00	0.00	70.66 ✓
1971985670 ✓	SUPPLIES	10/31/20	10/27/20	11/21/20		100.98	0.00	0.00	100.98 ✓
1971985663 ✓	SUPPLIES	10/31/20	10/27/20	11/21/20		221.41	0.00	0.00	221.41 ✓
1971985672 ✓	SUPPLIES	10/31/20	10/27/20	11/21/20		37.48	0.00	0.00	37.48 ✓
1971985673 ✓	SUPPLIES	10/31/20	10/27/20	11/21/20		18.74	0.00	0.00	18.74 ✓
1971985658 ✓	SUPPLIES	10/31/20	10/27/20	11/21/20		48.02	0.00	0.00	48.02 ✓
1971985675 ✓	SUPPLIES	10/31/20	10/27/20	11/21/20		6.36	0.00	0.00	6.36 ✓
1971985691 ✓	SUPPLIES	10/31/20	10/27/20	11/21/20		3,957.45	0.00	0.00	3,957.45 ✓
1971985676 ✓	SUPPLIES	10/31/20	10/27/20	11/21/20		58.78	0.00	0.00	58.78 ✓
1971985668 ✓	SUPPLIES	10/31/20	10/27/20	11/21/20		2.47	0.00	0.00	2.47 ✓
1971985667 ✓	SUPPLIES	10/31/20	10/27/20	11/21/20		76.32	0.00	0.00	76.32 ✓
1971985657 ✓	SUPPLIES	10/31/20	10/27/20	11/21/20		1,698.43	0.00	0.00	1,698.43 ✓
1971986400 ✓	SUPPLIES	10/31/20	10/27/20	11/21/20		20.42	0.00	0.00	20.42 ✓
1971985679 ✓	SUPPLIES	10/31/20	10/27/20	11/21/20		91.26	0.00	0.00	91.26 ✓
1971985680 ✓	SUPPLIES	10/31/20	10/27/20	11/21/20		1,138.86	0.00	0.00	1,138.86 ✓

	SUPPLIES							
1971985677	✓	10/31/20 10/27/20 11/21/20	109.80	0.00	0.00	109.80	✓	
	SUPPLIES							
1971985697	✓	10/31/20 10/27/20 11/21/20	203.86	0.00	0.00	203.86	✓	
	SUPPLIES							
1971985674	✓	10/31/20 10/27/20 11/21/20	18.74	0.00	0.00	18.74	✓	
	SUPPLIES							
1971985698	✓	10/31/20 10/27/20 11/21/20	30.39	0.00	0.00	30.39	✓	
	SUPPLIES							
1971985661	✓	11/02/20 10/27/20 11/21/20	128.82	0.00	0.00	128.82	✓	
	SUPPLIES							
1702620822	✓	11/05/20 10/23/20 11/19/20	528.89	0.00	0.00	528.89	✓	
	INTEREST CHARGES							
1971764646	✓	11/05/20 10/26/20 11/20/20	4.89	0.00	0.00	4.89	✓	
	SUPPLIES							
1971764650	✓	11/05/20 10/26/20 11/20/20	201.16	0.00	0.00	201.16	✓	
	SUPPLIES							
1971764648	✓	11/05/20 10/26/20 11/20/20	57.69	0.00	0.00	57.69	✓	
	SUPPLIES							
1971764652	✓	11/05/20 10/26/20 11/20/20	80.23	0.00	0.00	80.23	✓	
	SUPPLIES							
1967762177	✓	11/08/20 09/25/20 11/18/20	39.71	0.00	0.00	39.71	✓	
	SUPPLIES							
1967762181	✓	11/08/20 09/25/20 11/18/20	679.90	0.00	0.00	679.90	✓	
	SUPPLIES							
1967762175	✓	11/08/20 09/25/20 11/18/20	34.51	0.00	0.00	34.51	✓	
	SUPPLIES							
1967762174	✓	11/08/20 09/25/20 11/18/20	100.98	0.00	0.00	100.98	✓	
	SUPPLIES							
1967762179	✓	11/08/20 09/25/20 11/18/20	179.17	0.00	0.00	179.17	✓	
	SUPPLIES							
1968289337	✓	11/08/20 09/30/20 11/18/20	8.92	0.00	0.00	8.92	✓	
	SUPPLIES							
1969957476	✓	11/08/20 10/13/20 11/18/20	52.82	0.00	0.00	52.82	✓	
	SUPPLIES							
1972309854	✓	11/08/20 10/29/20 11/23/20	188.42	0.00	0.00	188.42	✓	
	SUPPLIES							
1972309855	✓	11/08/20 10/29/20 11/23/20	291.10	0.00	0.00	291.10	✓	
	SUPPLIES							
1962730137	✓	11/09/20 08/17/20 09/11/20	64.83	0.00	0.00	64.83	✓	
	SUPPLIES							
1963622215	✓	11/09/20 08/24/20 09/18/20	54.89	0.00	0.00	54.89	✓	
	SUPPLIES							
1963622235	✓	11/09/20 08/24/20 09/18/20	4,160.68	0.00	0.00	4,160.68	✓	
	SUPPLIES							
1964917828	✓	11/09/20 09/02/20 09/27/20	41.23	0.00	0.00	41.23	✓	
	SUPPLIES							
1964917835	✓	11/09/20 09/02/20 09/27/20	8.02	0.00	0.00	8.02	✓	
	SUPPLIES							
1965443120	✓	11/09/20 09/08/20 10/03/20	84.27	0.00	0.00	84.27	✓	
	SUPPLIES							

1965443117	SUPPLIES	11/09/20	09/08/20	10/03/20	859.43	0.00	0.00	859.43	✓
1965443118	SUPPLIES	11/09/20	09/08/20	10/03/20	44.58	0.00	0.00	44.58	✓
1965443121	SUPPLIES	11/09/20	09/08/20	10/03/20	22.89	0.00	0.00	22.89	✓
1965443119	SUPPLIES	11/09/20	09/08/20	10/03/20	17.69	0.00	0.00	17.69	✓
1966325505	SUPPLIES	11/09/20	09/15/20	10/10/20	85.28	0.00	0.00	85.28	✓
1968289339	SUPPLIES	11/09/20	09/30/20	10/25/20	4.75	0.00	0.00	4.75	✓
1968289338	SUPPLIES	11/09/20	09/30/20	10/25/20	17.18	0.00	0.00	17.18	✓
1971764649	SUPPLIES	11/09/20	10/26/20	11/20/20	136.47	0.00	0.00	136.47	✓
1971764651	SUPPLIES	11/09/20	10/26/20	11/20/20	18.42	0.00	0.00	18.42	✓
1971956072	SUPPLIES	11/09/20	10/27/20	11/21/20	2,044.40	0.00	0.00	2,044.40	✓
1971956064	SUPPLIES	11/09/20	10/27/20	11/21/20	649.91	0.00	0.00	649.91	✓
1971956063	SUPPLIES	11/09/20	10/27/20	11/21/20	1,072.86	0.00	0.00	1,072.86	✓
1971956061	SUPPLIES	11/09/20	10/27/20	11/21/20	48.26	0.00	0.00	48.26	✓
1971985656	SUPPLIES	11/09/20	10/27/20	11/21/20	188.00	0.00	0.00	188.00	✓
1971956069	SUPPLIES	11/09/20	10/27/20	11/21/20	415.22	0.00	0.00	415.22	✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	20,543.26	0.00	0.00	20,543.26

Vendor#	Vendor Name	Class	Pay Code						
10825	MEMORIAL MEDICAL CLINIC	ICP							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
110521		11/05/20	11/05/20	11/18/20		40.00	0.00	0.00	40.00
	PAYROLL DEDUCTS								
110421		11/09/20	11/04/20	11/18/20		460.00	0.00	0.00	460.00
	PAYROLL DEDUCTS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10825	MEMORIAL MEDICAL CLINIC	500.00	0.00	0.00	500.00

Vendor#	Vendor Name	Class	Pay Code						
M2621	MMC AUXILIARY GIFT SHOP	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
110521		11/05/20	11/04/20	11/18/20		270.92	0.00	0.00	270.92
	PAYROLL DEDUCT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	270.92	0.00	0.00	270.92

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

7504166	✓	INVENTORY	11/09/20	11/03/20	11/13/20	18.59	0.00	0.00	18.59	✓	
7506814	✓	INVENTORY	11/09/20	11/03/20	11/13/20	360.00	0.00	0.00	360.00	✓	
7505806	✓	INVENTORY	11/09/20	11/03/20	11/13/20	1,265.00	0.00	0.00	1,265.00	✓	
7505949	✓	INVENTORY	11/09/20	11/03/20	11/13/20	5.18	0.00	0.00	5.18	✓	
7505807	✓	INVENTORY	11/09/20	11/03/20	11/13/20	358.57	0.00	0.00	358.57	✓	
7506816	✓	INVENTORY	11/09/20	11/03/20	11/13/20	389.87	0.00	0.00	389.87	✓	
7506815	✓	INVENTORY	11/09/20	11/03/20	11/13/20	503.80	0.00	0.00	503.80	✓	
7505805	✓	INVENTORY	11/09/20	11/03/20	11/13/20	2,438.17	0.00	0.00	2,438.17	✓	
CM85532	✓	CREDIT	11/09/20	11/04/20	11/14/20	-4.18	0.00	0.00	-4.18	✓	
CM85534	✓	CREDIT	11/09/20	11/04/20	11/14/20	-8.20	0.00	0.00	-8.20	✓	
7512029	✓	INVENTORY	11/09/20	11/04/20	11/14/20	177.87	0.00	0.00	177.87	✓	
7508835	✓	INVENTORY	11/09/20	11/04/20	11/14/20	643.77	0.00	0.00	643.77	✓	
7512028	✓	INVENTORY	11/09/20	11/04/20	11/14/20	389.87	0.00	0.00	389.87	✓	
7512026	✓	INVENTORY	11/09/20	11/04/20	11/14/20	27.31	0.00	0.00	27.31	✓	
7512027	✓	INVENTORY	11/09/20	11/04/20	11/14/20	7.78	0.00	0.00	7.78	✓	
CM85533	✓	CREDIT	11/09/20	11/04/20	11/14/20	-955.35	0.00	0.00	-955.35	✓	
7518115	✓	INVENTORY	11/09/20	11/07/20	11/17/20	715.71	0.00	0.00	715.71	✓	
7516110	✓	INVENTORY	11/09/20	11/07/20	11/17/20	3,747.67	0.00	0.00	3,747.67	✓	
7518117	✓	INVENTORY	11/09/20	11/07/20	11/17/20	1,685.41	0.00	0.00	1,685.41	✓	
7518116	✓	INVENTORY	11/09/20	11/07/20	11/17/20	544.94	0.00	0.00	544.94	✓	
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10536	MORRIS & DICKSON CO, LLC	12,311.78	0.00	0.00	12,311.78
Vendor#	Vendor Name		Class		Pay Code						
M2659	MXR IMAGING, INC ✓		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
8800822011	✓	10/31/20	10/19/20	11/18/20			687.31	0.00	0.00	687.31	✓
							SUPPLIES				
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						M2659	MXR IMAGING, INC	687.31	0.00	0.00	687.31
Vendor#	Vendor Name		Class		Pay Code						
13548	NACOGDOCHES TRANSCRIPTION ✓										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
7532		11/05/20	11/05/20	11/18/20		469.28	0.00	0.00	469.28		
TRANSCRIPTION SERVICES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13548	NACOGDOCHES TRANSCRIPTION	469.28	0.00	0.00	469.28
Vendor#	Vendor Name				Class	Pay Code					
11472	OCCUPRO LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
23345		11/11/20	10/07/20	11/06/20		487.47	0.00	0.00	487.47		
PROVIDER LICENSURE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11472	OCCUPRO LLC	487.47	0.00	0.00	487.47
Vendor#	Vendor Name				Class	Pay Code					
O1500	OLYMPUS AMERICA INC				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
31724378		11/09/20	10/28/20	11/22/20		294.75	0.00	0.00	294.75		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						O1500	OLYMPUS AMERICA INC	294.75	0.00	0.00	294.75
Vendor#	Vendor Name				Class	Pay Code					
11069	PABLO GARZA										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
111121		11/11/20	11/11/20	11/18/20		2,510.63	0.00	0.00	2,510.63		
<i>contract work 10/26 - 11/8/21</i>											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11069	PABLO GARZA	2,510.63	0.00	0.00	2,510.63
Vendor#	Vendor Name				Class	Pay Code					
13988	PAYCHEX, ADVANCE FBO										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
007352		11/05/20	11/03/20	11/18/20		2,425.00	0.00	0.00	2,425.00		
TRAVEL NURSE STAFFING											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13988	PAYCHEX, ADVANCE FBO	2,425.00	0.00	0.00	2,425.00
Vendor#	Vendor Name				Class	Pay Code					
12708	POC ELECTRIC, LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
3429		11/08/20	11/02/20	11/18/20		900.00	0.00	0.00	900.00		
SERVICES <i>troubleshoot vent hood in dietary</i>											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12708	POC ELECTRIC, LLC	900.00	0.00	0.00	900.00
Vendor#	Vendor Name				Class	Pay Code					
11764	ROBERT RODRIQUEZ										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
110921		11/10/20	11/09/20	11/18/20		33.83	0.00	0.00	33.83		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11764	ROBERT RODRIQUEZ	33.83	0.00	0.00	33.83
Vendor#	Vendor Name				Class	Pay Code					
10936	SIEMENS FINANCIAL SERVICES										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
56382200004967		11/10/20	10/30/20	11/18/20		1,333.33	0.00	0.00	1,333.33		

LEASE

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net		
Vendor Totals				1,333.33	0.00	0.00	1,333.33		
10936	SIEMENS FINANCIAL SERVICES								
12288	SPBS CLINICAL EQUIPMENT SRVC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
964226	LABOR	11/10/20	08/31/20	08/31/20		90.00	0.00	0.00	90.00
Vendor Totals				90.00	0.00	0.00	90.00		
12288	SPBS CLINICAL EQUIPMENT SRVC								
14100	STAFFING FIRST								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
211046	TRAVEL NURSE STAFFING	11/10/20	10/23/20	11/18/20		4,656.25	0.00	0.00	4,656.25
Vendor Totals				4,656.25	0.00	0.00	4,656.25		
14100	STAFFING FIRST								
10758	TEXAS SELECT STAFFING, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
001844851079	TRAVEL NURSE STAFFING	11/05/20	11/03/20	11/18/20		9,503.70	0.00	0.00	9,503.70
Vendor Totals				9,503.70	0.00	0.00	9,503.70		
10758	TEXAS SELECT STAFFING, LLC								
T2250	TK ELEVATOR CORPORATION	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
3006259992	ELEVATOR REPAIR	11/10/20	11/01/20	11/01/20		1,354.38	0.00	0.00	1,354.38
Vendor Totals				1,354.38	0.00	0.00	1,354.38		
T2250	TK ELEVATOR CORPORATION								
U1064	UNIFIRST HOLDINGS INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
8400379838	LAUNDRY	10/27/20	10/25/20	11/19/20		55.83	0.00	0.00	55.83
8400379837	LAUNDRY	10/27/20	10/25/20	11/19/20		45.15	0.00	0.00	45.15
8400379861	LAUNDRY	10/27/20	10/25/20	11/19/20		2,271.94	0.00	0.00	2,271.94
8400380153	LAUNDRY	11/01/20	10/28/20	11/22/20		199.32	0.00	0.00	199.32
8400380164	LAUNDRY	11/01/20	10/28/20	11/22/20		86.15	0.00	0.00	86.15
8400380152	LAUNDRY	11/01/20	10/28/20	11/22/20		195.79	0.00	0.00	195.79
8400380148	LAUNDRY	11/01/20	10/28/20	11/22/20		38.75	0.00	0.00	38.75
8400380151	LAUNDRY	11/01/20	10/28/20	11/22/20		207.51	0.00	0.00	207.51
8400380150	LAUNDRY	11/01/20	10/28/20	11/22/20		137.13	0.00	0.00	137.13

8400380170	LAUNDRY	11/01/20	10/28/20	11/22/20	1,602.16	0.00	0.00	1,602.16
8400380183	LAUNDRY	11/05/20	10/28/20	11/22/20	182.74	0.00	0.00	182.74

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	5,022.47	0.00	0.00	5,022.47

Vendor#	Vendor Name	Class	Pay Code							
12400	UPDOX LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV00292022	FAXING	11/05/20	10/31/20	11/18/20			880.01	0.00	0.00	880.01
INV00284373	FAX	11/10/20	09/30/20	11/18/20			80.01	0.00	0.00	80.01

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12400	UPDOX LLC	960.02	0.00	0.00	960.02

Vendor#	Vendor Name	Class	Pay Code							
V1058	VICTORIA ANESTHESIOLOGY	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
103121	ANESTHESIOLOGY SERVICE	10/31/20	10/01/20	11/24/20			38,216.08	0.00	0.00	38,216.08

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1058	VICTORIA ANESTHESIOLOGY	38,216.08	0.00	0.00	38,216.08

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
VP20212568	SUPPLIES	11/05/20	11/04/20	11/18/20			1,948.26	0.00	0.00	1,948.26

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13808	VITA PERSONA LLC	1,948.26	0.00	0.00	1,948.26

Vendor#	Vendor Name	Class	Pay Code							
12208	WAGWORKS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
110421	PAYROLL DEDUCTS	11/09/20	11/04/20	11/18/20			3,344.79	0.00	0.00	3,344.79

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12208	WAGWORKS	3,344.79	0.00	0.00	3,344.79

Vendor#	Vendor Name	Class	Pay Code							
12548	WAGWORKS, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
103121	ADMIN FEES	11/09/20	11/01/20	11/18/20			28.53	0.00	0.00	28.53
1021DR46779	COBRA	11/09/20	11/01/20	11/21/20			155.52	0.00	0.00	155.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12548	WAGWORKS, INC	184.05	0.00	0.00	184.05

Grand Totals:	Gross	Discount	No-Pay	Net
	195,775.77	0.00	0.00	195,775.77

APPROVED BY
 NOV 18 2021
 172625-
 192694

RECEIVED

RUN DATE: 11/11/21

MEMORIAL MEDICAL CENTER

PAGE 1

TIME: 14:22

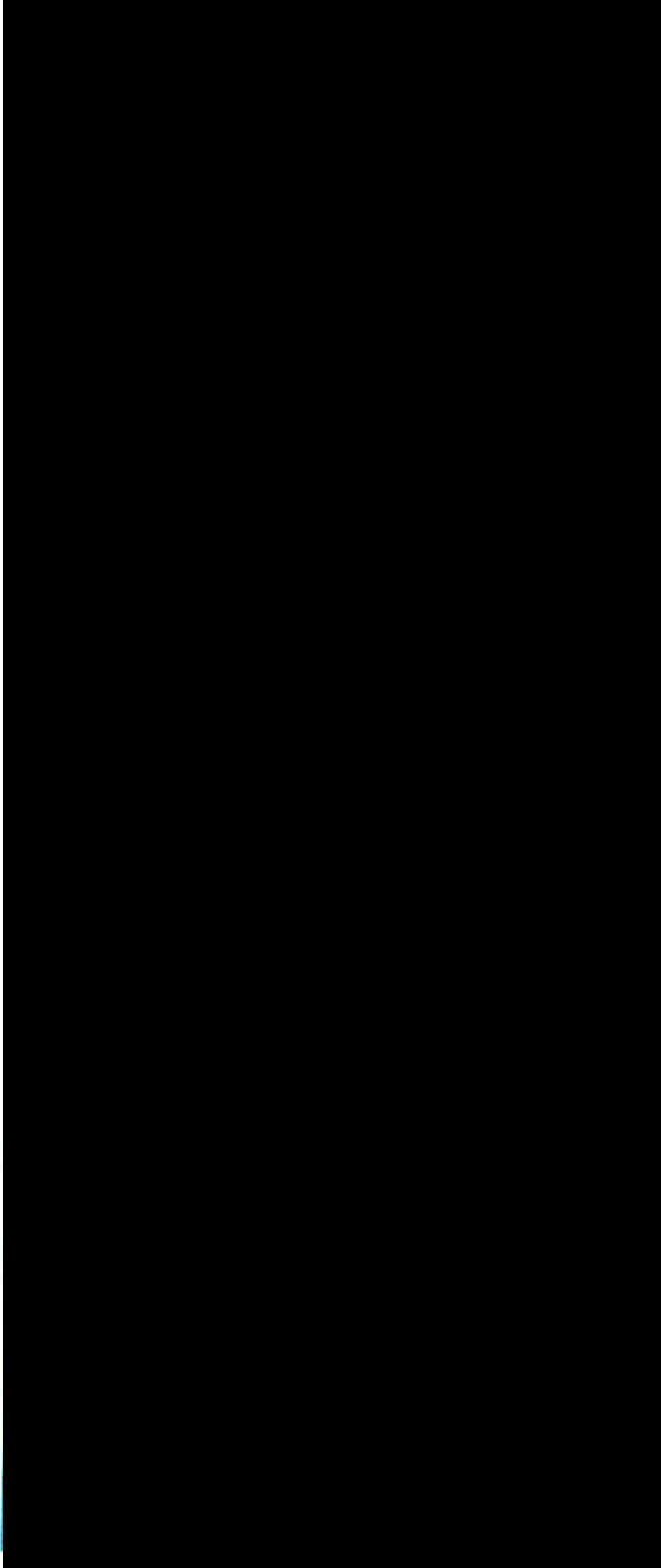
EDIT LIST FOR PATIENT REFUNDS ARID=0001

APCDEDIT

NOV 12 2021

PATIENT
NUMBER *Calhoun County Auditor* PAYEE NAME

DATE AMOUNT PAY PAT CODE TYPE DESCRIPTION GL NUM



101.84 ✓

30.00 ✓

921.01 ✓

20.00 ✓

75.00 ✓

158.09

728.53 ✓

17.40 ✓

294.55 ✓

25.00 ✓

90.00 ✓

327.15 ✓

40.70 ✓

12.85 ✓

37.35 ✓

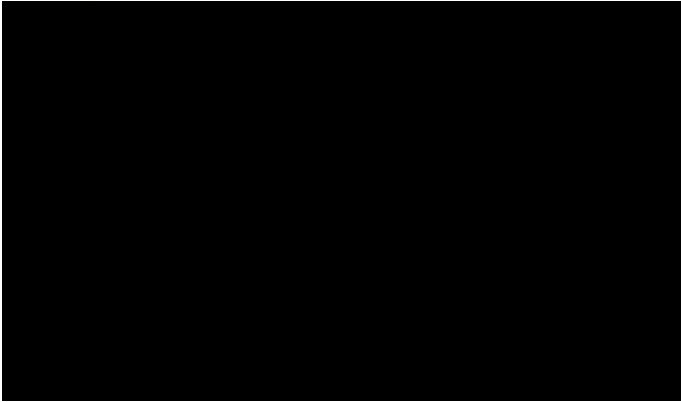


RUN DATE: 11/11/21
TIME: 14:22

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 2
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE DESCRIPTION	GL NUM
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14.85	✓	
15.20	✓	
2909.52		
2909.52		

APPROVED
ON
NOV 12 2021 CLK#
192700-
192716
GREGORY ANDREWS
CASHIER & CLERK, TEXAS

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
JASON W ANGLIN



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

Account Number: XXXX-XXXX-XXXX

Summary of Account Activity	
Total Activity	\$1,440.71

Not an invoice. For your records only.	
Credit Limit	\$20,000
Cash Advance Limit	\$0
Statement Closing Date	11/03/2021
Days in Billing Period	31

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

Pd. 11-24-21

Confirmation # DWR-01161022

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
10/05	10/04	8299	05436841277300233592575	1 FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243 USA ✓ 72.00 ✓
10/05	10/04	8299	05436841277300233592658	2 FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243 USA ✓ 24.00 ✓
10/11	10/08	9399	55488721282091278001916	3 TXDPS CRIME RECS 5124242936 TX	78752 USA ✓ 153.63 ✓
10/11	10/08	8299	05436841281300244000687	4 FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243 USA ✓ 36.00 ✓
10/11	10/08	8299	05436841281300244000760	5 FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243 USA ✓ 12.00 ✓
10/11	10/09	5942	55432861282200934555881	6 AMZN Mktp US*270SO1XG1 Amzn.com/billWA 113-2708760-77082	98109 USA ✓ 88.99 ✓
10/12	10/11	5942	55432861284200650659766	7 AMZN Mktp US*270OW1HT0 Amzn.com/billWA 113-7135292-82210	98109 USA ✓ 15.35 ✓
10/21	10/20	8641	55429501293852908453354	8 AHRA 9784437591 MA 90845335	USA ✓ 248.00 ✓
10/22	10/21	9399	05134371295600039021310	9 NPDB NPDB.HRSA.GOV 800-767-6732 VA N79238653	22033 USA ✓ 2.50 ✓
10/22	10/21	9399	05134371295600039021492	10 NPDB NPDB.HRSA.GOV 800-767-6732 VA N79239168	22033 USA ✓ 2.50 ✓
10/22	10/21	9399	05134371295600039021567	11 NPDB NPDB.HRSA.GOV 800-767-6732 VA N79239516	22033 USA ✓ 30.00 ✓
10/22	10/21	5942	55432861294200597708526	12 AMZN Mktp US*2Y1H40QB1 Amzn.com/billWA 113-9833825-26714	98109 USA ✓ 12.95 ✓
10/22	10/22	8999	55432861295200709045592	13 AMA*CREDENTIALING 800-621-8335 IL	60611 USA ✓ 44.00 ✓
10/22	10/22	8999	55432861295200709045675	14 AMA*CREDENTIALING 800-621-8335 IL	60611 USA ✓ 72.00 ✓
10/25	10/23	5942	55432861296200189708619	15 Amazon.com*2Y9UQ4XS2 Amzn.com/billWA 113-7227392-40250	98109 USA ✓ 88.79 ✓

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

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

Account Number XXXX-XXXX-XXX
Statement Closing Date November 03, 2021

CALHOUN COUNTY TREASURER

NOV - 8 2021

DATE RECEIVED

Not an invoice.
For your records only.

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

00006934502

Account: XXXX-XXXX-XXXX

Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
10/27	10/26	9399	05134371300600043759239	16 NPDB NPDB.HRSA.GOV 800-767-6732 VA N79317064	22033 USA 2.50 ✓
10/27	10/27	8999	55432861300200163478860	17 AMA*CREDENTIALING 800-621-8335 IL	60611 USA 44.00 ✓
10/29	10/28	9399	05134371302600039324509	18 NPDB NPDB.HRSA.GOV 800-767-6732 VA N79374412	22033 USA 2.50 ✓
10/29	10/29	8999	55432861302200819164284	19 AMA*CREDENTIALING 800-621-8335 IL	60611 USA 44.00 ✓
11/01	10/29	7399	55500801302083303116231	20 AURORA TRAINING ADVANT 4075424317 FL AURORA AUDIO LLC	32773 USA 219.00 ✓
11/02	11/01	8398	55500361305200127000647	21 AORN INC 3037556304 CO	80231 USA 225.00 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S): \$1,440.71					

APPROVED
OK

NOV 12 2021

CHEMISTRY ASSISTANT
CALLEGARY COURSEWORK, TEXAS

Account: XXXX-XXXX-XXXX

Information About Us

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

Account Inquiries

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

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citicbank

Date: 11/8/2021

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To		Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		FSP-EMR Safety + Health			72.00
2			6 ACLS Provider Cards			
3	—		FSP-EMR Safety + Health			24.00
4			2 PALS Provider Cards			
5	—		TX DPS CRIME RECS			153.63
6			50 Search Credits - HR + Cred.			
7	—		FSP-EMP Safety + Health			36.00
8			x 3 ACLS Provider Cards			
9	—		FSP-EMP Safety + Health			12.00
10			1 PALS Provider Card			89.99
=		Est. Freight	Amazon - Giantex 15 Drawer Rolling Storage Cart + Amazon - Plastic Caddies			15.35
NOTES:				Est. Total Cost	TOTAL COST	

changes made to Jason Anglin's MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator _____

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 11/8/2021

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		AHRA - Renew Membership			248.00
2			Farah Janak			
3	—		NPDB - 1 provider enrolled			2.50
4	—		NPDB - 1 provider enrolled			2.50
5	—		NPDB - 12 Renewals - Provider	2.50		30.00
6	—		AMA Credentialing - 1 new			44.00
7			provider - Init + Cont Monitoring			
8	—		AMA Credentialing - 4			72.00
9			Reappointment Profiles - Physicians			
10	—		NPDB - 1 provider enrolled			2.50

Est. Freight Amazon - plastic caddies withelle shower caddy basket Est. Total Cost 12.45 TOTAL COST 88.79

NOTES:

Amazon - Avery Matte Rectangle Labels

charges made to ~~JASON~~ JASON Angelina MC

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director	_____
Dir. Nursing	_____
Dir. Clinical Services	_____
CFO	_____
Administrator	_____

MEMORIAL MEDICAL CENTER PURCHASE ORDER

(5)

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

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

Vendor Name: Citibank

Date: 11/8/2021

Vendor Address: _____

P.O. # _____
Account # _____
Initiated By: _____

V 72.00 =
24.00 =
VI 153.65 =

Da	Expense #	Department	Deliver To	Form # 9401	
Li	Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	248.00	NPDB AMA Credentialing			44.00
2	2.50	1 new provider - Init + Cont. Monitoring			
3	30.00	NPDB - 1 Provider Enrolled			2.50
4	72.00	AMA Credentialing 1 new provider - Init + Cont. Monitoring			44.00
6	44.00	Aurora Training Advant			219.00
7	44.00	New Form 1099-NEC for Accounting			
9	1440.71	AORN Membership - Sandra Ruddick			225.00
10					

Est. Freight _____ Est. Total Cost _____ TOTAL COST \$1440.71

NOTES:

charges made to Jason's Anglin's MC

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.:

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

MCKESSON

STATEMENT

As of: 11/12/2021

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536

Date: 11/13/2021

As of: 11/12/2021

Mail to:

Page: 002

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536

Date: 11/13/2021

PLEASE CHECK ANY

ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 9,738.83 USD

Future Due: 0.00

Past Due: 10.20-

Past Payment 11/07/2017 2,451.97

If Paid By 11/16/2021,
Pay This Amount:

9,543.86 USD

If Paid After 11/16/2021,
Pay this Amount:

9,738.83 USD

Due If Paid On Time:

USD 9,543.86

Disc lost if paid late:

194.97

Due If Paid Late:

USD 9,738.83

8,547.22 +
0.31 +
229.92 +
757.85 +
10.20 -
18.76 +
9,543.86

APPROVED
ON

NOV 15 2021

GENERAL MANAGER
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 11/12/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 11/12/2021
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: 11/13/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 11/13/2021 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											
1/06/2021	11/16/2021	7304753512	1105210857	115Invoice	11.23	561.69		550.46 ✓		7304753512	
1/08/2021	11/16/2021	7304696711	18638676	115Invoice	0.01	0.32		0.31 ✓		7304696711	
1/08/2021	11/16/2021	7304696712	18638676	115Invoice	8.49	424.39		415.90 ✓		7304696712	
1/08/2021	11/16/2021	7304696713	18709615	115Invoice	0.01	0.63		0.62 ✓		7304696713	
1/08/2021	11/16/2021	7304696714	18752937	115Invoice	16.14	806.94		790.80 ✓		7304696714	
1/08/2021	11/16/2021	7304888320	1105210651	195Invoice	2.52	126.13		123.61 ✓		7304888320	
1/09/2021	11/16/2021	7305191977	1108211248	115Invoice	1.85	92.41		90.56 ✓		7305191977	
1/10/2021	11/16/2021	7305305230	18857831	115Invoice	11.83	591.73		579.90 ✓		7305305230	
1/10/2021	11/16/2021	7305305231	18861909	115Invoice	13.86	693.22		679.36 ✓		7305305231	
1/10/2021	11/16/2021	7305305232	18904697	115Invoice	1.11	55.56		54.45 ✓		7305305232	
1/10/2021	11/16/2021	7305449367	1109210727	195Invoice	7.87	393.38		385.51 ✓		7305449367	
1/10/2021	11/16/2021	7305449368	1109211022	115Invoice	4.05	202.67		198.62 ✓		7305449368	
1/11/2021	11/16/2021	7305568562	18977014	115Invoice	15.18	759.12		743.94 ✓		7305568562	
1/11/2021	11/16/2021	7305747032	1110210905	115Invoice	23.95	1,197.72		1,173.77 ✓		7305747032	
1/12/2021	11/16/2021	7305846835	19005515	115Invoice	10.45	522.35		511.90 ✓		7305846835	
1/12/2021	11/16/2021	7305846836	19005515	115Invoice	3.69	184.57		180.88 ✓		7305846836	
1/12/2021	11/16/2021	7305846837	19050304	115Invoice	11.37	568.55		557.18 ✓		7305846837	
1/12/2021	11/16/2021	7305846838	19050304	115Invoice	11.29	564.39		553.10 ✓		7305846838	
1/12/2021	11/16/2021	7305846839	19056863	115Invoice	10.95	547.41		536.46 ✓		7305846839	
1/12/2021	11/16/2021	7305979113	1111210709	195Invoice	7.76	387.94		380.18 ✓		7305979113	
1/12/2021	11/16/2021	7305979114	1111210752	115Invoice	0.81	40.52		39.71 ✓		7305979114	

CK 500249

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 11/12/2021

Page: 001

Company: 8000

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 256342

Date: 11/13/2021

As of: 11/12/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 11/13/2021 ITEMS NOT PAID (✓)

Column legend: P = Past Due Item, F = Future Due Item, National Account 832536 blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 8,721.64 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,629.05
1/08/2021

If Paid By 11/16/2021,
Pay This Amount: 8,547.22 USD

If Paid After 11/16/2021,
Pay this Amount: 8,721.64 USD

Due If Paid On Time:
USD 8,547.22 ✓
Disc lost if paid late: 174.42
Due If Paid Late:
USD 8,721.64

APPROVED
BY

NOV 15 2021

COMPTON ANTINECO
CALISSEN COUNTY, TEXAS

MCKESSON

STATEMENT

As of: 11/12/2021

Page: 001

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

Company: 8000

DC: 8195

As of: 11/12/2021

Page: 001

Mail to:

Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Territory: 99

Customer: 945479

Date: 11/13/2021

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 945479 **PLEASE CHECK ANY**
 Date: 11/13/2021 **ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 945479 WALMART 5315/MEMRL MC PHS												
1/10/2021	11/16/2021	7305417188		MH11092021	195Invoice	0.01	0.32		0.31	✓	7305417188	

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

TOTAL: Customer Number 945479 WALMART 5315/MEMRL MC PHS

Subtotals: 0.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 0/25/2021 9,079.18

If Paid By 11/16/2021,
 Pay This Amount:

0.31 USD

If Paid After 11/16/2021,
 Pay this Amount:

0.32 USD

Due If Paid On Time:

USD 0.31 ✓

Disc lost if paid late:

0.01

Due If Paid Late:

USD 0.32

APPROVED
 ON

NOV 15 2021

GENEVA ANNOUNCE
 GALVESTON GEORGETOWN, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 11/12/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 11/12/2021
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 835438

Date: 11/13/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 11/13/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS												
1/11/2021	11/16/2021	7305743540		1440427	115Invoice	4.69	234.61		229.92	✓	7305743540	

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

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

Subtotals: 234.61 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,629.05
1/08/2021

If Paid By 11/16/2021,
Pay This Amount:

229.92 USD

Due If Paid On Time:
USD 229.92 ✓
Disc lost if paid late:

4.69

If Paid After 11/16/2021,
Pay this Amount:

234.61 USD

Due If Paid Late:
USD 234.61

234.61

APPROVED
NOV 15 2021
GARRON J. GARRON
GARRON J. GARRON, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 11/12/2021

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 464450

Date: 11/13/2021

As of: 11/12/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 11/13/2021 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											
1/12/2021	11/16/2021	7305818766		55x728212	115Invoice	15.47	773.32		757.85 ✓		7305818766

*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: 773.32 USD

Future Due: 0.00

Past Due: 0.00

Fast Payment 1/08/2021 10,629.05

If Paid By 11/16/2021,
Pay This Amount: 757.85 USD

If Paid After 11/16/2021,
Pay this Amount: 773.32 USD

Due If Paid On Time: USD 757.85 ✓
Disc lost if paid late: 15.47
Due If Paid Late: USD 773.32

APPROVED

NOV 15 2021

OSCAR W. ANDERSON
CALLEDON BUSINESS, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 11/12/2021

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 262252

Date: 11/13/2021

As of: 11/12/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 11/13/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
1/12/2021	11/12/2021	7306062382	1291727	115Credit		10.20-	P	10.20-	P ✓	7306062382	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 10.20- USD

Future Due: 0.00

Past Due: 10.20-

Past Payment 1/08/2021 10,629.05

If Paid By 11/12/2021,
Pay This Amount: 10.20- USD

If Paid After 11/12/2021,
Pay this Amount: 10.20- USD

Due If Paid On Time: USD 10.20- ✓
Disc lost if paid late: 0.00
Due If Paid Late: USD 10.20-

APPROVED
OK

NOV 15 2021

CORRANT ASSURANCE
CALLETON COMPANY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 11/12/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 11/12/2021

Page: 001

Mail to:

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: 11/13/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813

PLEASE CHECK ANY

Date: 11/13/2021

ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
1/10/2021	11/16/2021	7305284867	2017038644	115Invoice	0.33	16.49		16.16 ✓		7305284867	
1/12/2021	11/16/2021	7305826252	2017038717	115Invoice	0.05	2.65		2.60 ✓		7305826252	

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

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

Subtotals:

19.14 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1/08/2021 10,629.05

If Paid By 11/16/2021,
Pay This Amount:

18.76 USD

If Paid After 11/16/2021,
Pay this Amount:

19.14 USD

Due If Paid On Time:

USD 18.76 ✓

Disc lost if paid late:

0.38

Due If Paid Late:

USD 19.14

APPROVED
OK

NOV 15 2021

CHEMIST ANNIE
CASHIER GORDON, WACAS

For AR Inquiries please contact 800-867-0333

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

DEA: RA0289276
866-451-9655

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

Remit To:
AMERISOURCEBERGEN
P.O. Box 905223
CHARLOTTE NC 28290-5223

Customer Number	
100135284 / 037028186	
Terms	
Sat - Fri Due in 7 days	
Summary	
Not Yet Due:	0.00
Current:	610.80
Past Due:	0.00
Total Due:	610.80
Account Balance:	610.80

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-08-2021	11-19-2021	3073119388	163477	Invoice	430.01		0.00	430.01
11-08-2021	11-19-2021	3073119389	163480	Invoice	9.10		0.00	9.10
11-08-2021	11-19-2021	3073119980	163478	Invoice	5.03		0.00	5.03
11-09-2021	11-19-2021	3073265285	163534	Invoice	70.73		0.00	70.73
11-11-2021	11-19-2021	3073533052	163551	Invoice	36.39		0.00	36.39
11-11-2021	11-19-2021	3073533053	163552	Invoice	8.03		0.00	8.03
11-12-2021	11-19-2021	3073669894	163562	Invoice	51.51		0.00	51.51

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
610.80	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
11-12-2021	(716.11)

Handwritten signature

Reminders

Due Date	Amount
11-19-2021	610.80
Total Due:	610.80

APPROVED BY

NOV 15 2021

COURTESY AMERICA'S CALIBRE COMPANY, INC.

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- November 8, 2021 - November 14, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	
11/12/2021	PAY PLUS ACHTRANS 452579291 101000693804803	- 3rd Party Payor Fee	\$ 11.84	11.84 +
11/12/2021	EXPERTPAY EXPERTPAY 746003411 91000010382754	-Child Support Payment -Payroll Ending *****	\$ 614.20	22.76 +
11/12/2021	EXPERTPAY EXPERTPAY 746003411 91000010367754	-Child Support Payment -Payroll Ending *****	\$ 614.20	69.77 +
11/12/2021	CLEARGAGE LLC CLEARGAGE, 20LZFPVTT6WYVVRP 242	- Patient Financing Service	\$ 109.18	61.88 +
11/12/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	\$ 716.11*	166.25 +
11/12/2021	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	\$ 307,508.12*	Expertpay
11/12/2021	IRS USATAXPYMT 220171614677962 6103601000664	- Payroll Taxes	\$ 99,936.63*	614.20 +
11/10/2021	PAY PLUS ACHTRANS 452579291 101000692814063	- 3rd Party Payor Fee	\$ 22.76	614.20 +
11/10/2021	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee	\$ 589.51	1.228 +
11/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110	- Credit Card Processing Fee	\$ 140.82	Cleargag
11/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	\$ 64.93	109.18 +
11/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	\$ 577.43	CC fees
11/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	\$ 742.26	589.51 +
11/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110	- Credit Card Processing Fee	\$ 636.77	140.82 +
11/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	\$ 2,415.02	64.93 +
11/10/2021	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	\$ 129.00	577.43 +
11/9/2021	PAY PLUS ACHTRANS 452579291 101000691901620	- 3rd Party Payor Fee	\$ 69.77	742.26 +
11/9/2021	MCKESSON DRUG AUTO ACH ACH04791124 910000137	- 340B Drug Program Expense	\$ 10,629.05*	636.77 +
11/8/2021	PAY PLUS ACHTRANS 452579291 101000690801666	- 3rd Party Payor Fee	\$ 61.88	2,415.02 +
			425,589.48	129.00 +
				5,295.74 +

Anthony Richardson, CFO
Memorial Medical Center

November 15, 2021
*Approved 11-10-21 CC

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>	
11/20/2021	Sales Tax	Sales Tax	\$ 1,182.97	166.25 +
			1,182.97	1,228.40 +
				109.18 +
				5,295.74 +
				6,799.57 ✓
				425,589.48 -
				716.11 -
				307,508.12 -
				99,936.63 -
				10,629.05 -
				6,799.57 ✓

Anthony Richardson, CFO
Memorial Medical Center

November 15, 2021

☑ Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 10/31/2021 (2110)

Taxpayer ID	Taxpayer Name:	Entered By:
User ID:	MEMORIAL MEDICAL CENTER	Email Address:
Reference Number:	Taxpayer Address:	-----@-----.com
Date and Time of Filing:	815 N VIRGINIA ST PORT LAVACA , TX	Telephone Number:
11/09/2021, 01:22:14 PM	77979-3025	
	IP Address: :	

PAYMENT SUMMARY

Electronic Check	Payment Reference Number:	Type of Bank Account: Checking
State Amount: \$896.19	Trace Number:	Accountholder Name:
Local Amount: \$286.78		Bank Routing Number: -----
Amount to Pay: \$1,182.97		Bank Account Number: -----
Electronic Check: \$1,182.97		Payment Effective Date: 11/20/2021

CREDIT SUMMARY

Credits Taken

Are you taking credit to reduce taxes due on this return?

No


Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licenced Customs Broker Export Certifications?

No

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	14411	14411	0	14411	900.69	14411	0.02	288.22
SubTotal	14411	14411	0	14411	900.69	14411		288.22
Total Tax for Locations								\$1,188.91


Total Tax Due: \$1,188.91
Timely Filing Discount: - \$5.94
Balance Due: \$1,182.97
Pending Payments: - \$0.00

Total Amount Due and Payable: \$1,182.97
(State amount due is \$896.19) (Local amount due is \$286.78)

RECEIVED

NOV 12 2021

11/11/2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Calhoun County Auditor

12:52

Due Dates Through: 11/25/2021

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
110321		11/09/20	11/03/20	11/25/20		4,277.00	0.00	0.00	4,277.00 ✓

TRANSFER *MT insurance pymt deposited into MME openly*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON	4,277.00	0.00	0.00	4,277.00	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,277.00	0.00	0.00	4,277.00

APPROVED

NOV 12 2021

CK#

192698

GERARDY ANDERSON
CALHOUN COUNTY, TEXAS

11/15/2021
07:49

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through: 11/25/2021

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		
110221		11/09/20	11/02/20	11/25/20		609.29	0.00	0.00	609.29 ✓		
	TRANSFER	<i>MH insurance pymt deposited into mhcc bank</i>									
110421A		11/10/20	11/04/20	11/25/20		7,462.40	0.00	0.00	7,462.40 ✓		
	TRANSFER	"									
110421		11/10/20	11/04/20	11/25/20		4,982.93	0.00	0.00	4,982.93 ✓		
	TRANSFER	"									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11836	GOLDENCREEK HEALTHCARE	13,054.62	0.00	0.00	13,054.62

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	13,054.62	0.00	0.00	13,054.62

APPROVED
OK

NOV 12 2021

CK#
192696

GORDON J. ANDERSON
CALIFORNIA COUNTY, NEKAS

RECEIVED

NOV 12 2021

11/11/2021
12:51
Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 11/25/2021

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110121		11/05/20	11/01/20	11/25/20		2,760.06	0.00	0.00	2,760.06 ✓
	TRANSFER	<i>NH insurance pymt deposited into mme operat</i>							
110221		11/09/20	11/02/20	11/25/20		2,856.00	0.00	0.00	2,856.00 ✓
	TRANSFER	"							
110221A		11/09/20	11/02/20	11/25/20		18,917.80	0.00	0.00	18,917.80 ✓
	TRANSFER	"							
110321		11/09/20	11/03/20	11/25/20		979.82	0.00	0.00	979.82 ✓
	TRANSFER	"							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	25,513.68	0.00	0.00	25,513.68

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	25,513.68	0.00	0.00	25,513.68

APPROVED
BY
NOV 12 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#
192697

11/15/2021
07:47

MEMORIAL MEDICAL CENTER

AP Open Invoice List
Dates Through: 11/25/2021

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	
110121		11/05/20	11/01/20	11/25/20		8,531.69	0.00	0.00	8,531.69	✓
	TRANSFER	NH insurance pymt deposited into MME upemt ✓								
110221A		11/09/20	11/02/20	11/25/20		7,030.48	0.00	0.00	7,030.48	✓
	TRANSFER	" " " " ✓								
110221B		11/09/20	11/02/20	11/25/20		927.50	0.00	0.00	927.50	✓
	TRANSFER	" " " " ✓								
110221		11/09/20	11/02/20	11/25/20		11,288.00	0.00	0.00	11,288.00	✓
	TRANSFER	" " " " ✓								
110421		11/10/20	11/04/20	11/25/20		1,341.10	0.00	0.00	1,341.10	✓
	TRANSFER	" " " " ✓								
Vendor Totals						Gross	Discount	No-Pay	Net	
13004 TUSCANY VILLAGE						29,118.77	0.00	0.00	29,118.77	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	29,118.77	0.00	0.00	29,118.77

APPROVED ON
NOV 12 2021 CLH
192699
COURTNEY ANTHONY
CALLED BY COURTNEY, TUSCANY

RECEIVED

NOV 12 2021

11/11/2021

12:50
Caldwin County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 11/25/2021

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
110121A		11/05/20	11/01/20	11/25/20		118.99	0.00	0.00	118.99 ✓
	TRANSFER	<i>NH insurance pymt deposited into mmae account</i>							
110421A		11/10/20	11/04/20	11/25/20		9,763.78	0.00	0.00	9,763.78 ✓
	TRANSFER	"							
110421B		11/10/20	11/04/20	11/25/20		10,955.74	0.00	0.00	10,955.74 ✓
	TRANSFER	"							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	20,838.51	0.00	0.00	20,838.51

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	20,838.51	0.00	0.00	20,838.51

APPROVED
ON

CK#

NOV 12 2021

192695

CORRINE ANNUNCI
CALDWIN COUNTY, TEXAS

8

RUN DATE:11/15/21
 TIME:12:24

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 11/17/21 THRU 11/17/21

PAGE 1
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	192625	11/17/21	278.07	ACE HARDWARE 15521
A/P	192626	11/17/21	50.00	AGAPITA CANTU
A/P	192627	11/17/21	536.68	AIRGAS USA, LLC - CENTRAL DIV
A/P	192628	11/17/21	120.76	ALIMED INC.
A/P	192629	11/17/21	3,071.25	ALLYSON SWOPE
A/P	192630	11/17/21	7,868.75	AUREUS RADIOLOGY LLC
A/P	192631	11/17/21	10,885.00	AUTHORITYRX
A/P	192632	11/17/21	92.35	AUTO PARTS & MACHINE CO.
A/P	192633	11/17/21	20,272.57	AVENO NETWORKS
A/P	192634	11/17/21	1,145.23	BAXTER HEALTHCARE
A/P	192635	11/17/21	2,010.00	BAY STORAGE
A/P	192636	11/17/21	3,507.27	BECKMAN COULTER INC
A/P	192637	11/17/21	186.89	BOUND TREE MEDICAL, LLC
A/P	192638	11/17/21	4,354.00	BUILDING KID STEPS
A/P	192639	11/17/21	20.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	192640	11/17/21	246.55	CARDINAL HEALTH 414, INC.
A/P	192641	11/17/21	1,994.28	CAVALLO ENERGY TEXAS LLC
A/P	192642	11/17/21	737.50	CFI MECHANICAL INC
A/P	192643	11/17/21	64.00	CONTROL SOLUTIONS
A/P	192644	11/17/21	1,235.91	COOPER SURGICAL INC
A/P	192645	11/17/21	654.15	CUSTOM MEDICAL SPECIALTIES
A/P	192646	11/17/21	.00	VOIDED
A/P	192647	11/17/21	1,368.40	DEWITT POTH & SON
A/P	192648	11/17/21	37.00	DSHS - VITAL STATISTICS
A/P	192649	11/17/21	6,744.00	ESS
A/P	192650	11/17/21	752.93	EVOQUA WATER TECHNOLOGIES LLC
A/P	192651	11/17/21	7.80	FARAH JANAK
A/P	192652	11/17/21	35.65	FEDERAL EXPRESS CORP.
A/P	192653	11/17/21	7,875.00	FIRETROL PROTECTION SYSTEMS
A/P	192654	11/17/21	4,625.00	FIRST CONNECT CENTER LLC
A/P	192655	11/17/21	2,655.54	FISHER HEALTHCARE
A/P	192656	11/17/21	360.00	HALF LEAGUE STORAGE
A/P	192657	11/17/21	250.00	HAYES ELECTRIC SERVICE
A/P	192658	11/17/21	1,296.47	HEALTHCARE FINANCIAL SERVICES
A/P	192659	11/17/21	507.00	ICU MEDICAL, INC
A/P	192660	11/17/21	873.00	INTEGRA LIFESCIENCES
A/P	192661	11/17/21	250.00	ITERSOURCE CORPORATION
A/P	192662	11/17/21	24.10	KEEP U NEAT DRY CLEANERS
A/P	192663	11/17/21	94.25	LABCORP OF AMERICA HOLDINGS
A/P	192664	11/17/21	640.86	M G TRUST
A/P	192665	11/17/21	.00	VOIDED
A/P	192666	11/17/21	.00	VOIDED
A/P	192667	11/17/21	.00	VOIDED
A/P	192668	11/17/21	.00	VOIDED
A/P	192669	11/17/21	.00	VOIDED
A/P	192670	11/17/21	.00	VOIDED
A/P	192671	11/17/21	20,543.26	MEDLINE INDUSTRIES INC
A/P	192672	11/17/21	500.00	MEMORIAL MEDICAL CLINIC
A/P	192673	11/17/21	270.92	MMC AUXILIARY GIFT SHOP
A/P	192674	11/17/21	.00	VOIDED

RUN DATE:11/15/21
TIME:12:24

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/17/21 THRU 11/17/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	192675	11/17/21	12,311.78	MORRIS & DICKSON CO, LLC
A/P	192676	11/17/21	687.31	MXR IMAGING, INC
A/P	192677	11/17/21	469.28	NACOGDOCHES TRANSCRIPTION
A/P	192678	11/17/21	487.47	OCCUPRO LLC
A/P	192679	11/17/21	294.75	OLYMPUS AMERICA INC
A/P	192680	11/17/21	2,510.63	PABLO GARZA
A/P	192681	11/17/21	2,425.00	PAYCHEX, ADVANCE FBO
A/P	192682	11/17/21	900.00	POC ELECTRIC, LLC
A/P	192683	11/17/21	33.83	ROBERT RODRIQUEZ
A/P	192684	11/17/21	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	192685	11/17/21	90.00	SPBS CLINICAL EQUIPMENT SRVC
A/P	192686	11/17/21	4,656.25	STAFFING FIRST
A/P	192687	11/17/21	9,503.70	TEXAS SELECT STAFFING, LLC
A/P	192688	11/17/21	1,354.38	TK ELEVATOR CORPORATION
A/P	192689	11/17/21	5,022.47	UNIFIRST HOLDINGS INC
A/P	192690	11/17/21	960.02	UPDOX LLC
A/P	192691	11/17/21	38,216.08	VICTORIA ANESTHESIOLOGY
A/P	192692	11/17/21	1,948.26	VITA PERSONA LLC
A/P	192693	11/17/21	3,344.79	WAGWORKS
A/P	192694	11/17/21	184.05	WAGWORKS, INC
A/P	192695	11/17/21	20,838.51	BETHANY SENIOR LIVING
A/P	192696	11/17/21	13,054.62	GOLDENCREEK HEALTHCARE
A/P	192697	11/17/21	25,513.68	GULF POINTE PLAZA
A/P	192698	11/17/21	4,277.00	SOLERA WEST HOUSTON
A/P	192699	11/17/21	29,118.77	TUSCANY VILLAGE
A/P	192700	11/17/21	12.85	
A/P	192701	11/17/21	37.35	
A/P	192702	11/17/21	294.55	
A/P	192703	11/17/21	14.85	
A/P	192704	11/17/21	158.09	
A/P	192705	11/17/21	25.00	
A/P	192706	11/17/21	30.00	
A/P	192707	11/17/21	327.15	
A/P	192708	11/17/21	17.40	
A/P	192709	11/17/21	40.70	
A/P	192710	11/17/21	101.84	
A/P	192711	11/17/21	90.00	
A/P	192712	11/17/21	20.00	
A/P	192713	11/17/21	15.20	
A/P	192714	11/17/21	921.01	
A/P	192715	11/17/21	75.00	
A/P	192716	11/17/21	728.53	
TOTALS:			291,487.87	

Payables 195,775.17
Patient refunds 2,909.52 +
NH 4,277.00
transfers 13,054.62 +
25,513.68 +
29,118.77 +
20,838.51 +
291,487.87

APPROVED
BY

NOV 17 2021

CHECKED BY
DATE

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000158

88-2265/1131

Date 11/17/21

PAY
TO THE
ORDER OF

Memorial Medical Clinic

\$ 266.98

Two hundred sixty six & 98/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000158⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000159

88-2265/1131

Date 11/17/21

PAY
TO THE
ORDER OF

Golden Creek

\$ 192.37

One hundred ninety two & 37/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000159⑈ ⑆113122655⑆

Request for Transfer of Funds

Transfer #: _____
 Date Requested: 11/11/2021
 Payer: Novitas
 Requested by: Catrina Hopper
 Requestor's email: Chopper@Nexion-Health.com
 Requestor's phone number: 903-372-8412
 District or County: Memorial Medical Center
 Facility: Golden Creek

CVDAR000019557

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevenger@mmcporthavaca.com

mmartinez@mmcporthavaca.com

Patient Name <small>(REQUIRED)</small>	Date of Service <small>(REQUIRED)</small>	Date of Payment	Type of Payment <small>(Check/EFT)</small>	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		10/26/2021	EFT6133767	\$ (106.57)	EFT6133767	CVDAR000019557	\$ 106.57	Due to Golden Creek from The Crescent
		10/26/2021	EFT6142375	\$ (85.80)	EFT6142375	CVDAR000019557	\$ 85.80	Due to Golden Creek from The Crescent
TOTAL				\$ (192.37)			\$ 192.37	

To be filled out by Memorial Medical Center:

Date Received: 11/12/2021
 Approved by: C. Clevenger
 Date of transfer: 11/17/2021
 From Facility: Crescent
 To Facility: Golden Creek
 Amount: \$ 192.37
 Requested Transfer Date #2: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED

NOV 15 2021

COMMUNITY ADVISOR
 CALLETON GARDNER, KANSAS

ckt# 020188

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000187

88-2265/1131

Date 11/17/21

PAY

TO THE ORDER OF Memorial Medical Clinic

\$ 266.98

Two hundred sixty six & 98/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000187⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000188

88-2265/1131

Date 11/17/21

PAY

TO THE ORDER OF Golden creek

\$ 192.37

One hundred ninety two & 37/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000188⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001186

Date 11/17/21 88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center - Clinic

\$ 266.98

Two hundred sixty six & 98/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001186⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001187

Date 11/17/21 88-2265/1131

PAY

TO THE
ORDER OF

Golden Creek

\$ 192.37

One hundred ninety two & 37/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001187⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1079

88-2265/1131-87

DATE 11/17/21



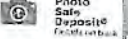
PAY TO THE ORDER OF

Memorial Medical Clinic

\$ 266.98

Two hundred sixty six & 98/100

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

⑆001079⑆ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1080

88-2265/1131-87

DATE 11/17/2021



PAY TO THE ORDER OF

Golden Creek

\$ 192.37

One hundred ninety two & 37/100

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

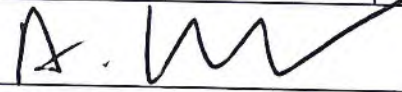
⑆001080⑆ ⑆113122655⑆

Medicare Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	CK DATE
BROADMOOR			GOLDEN CREEK	20351000		192.37	11/17/2021
BROADMOOR			MM CLINIC	20351000		266.98	11/17/2021
CRESCENT			GOLDEN CREEK	20351000		192.37	11/17/2021
CRESCENT			MM CLINIC	20351000		266.98	11/17/2021
SOLERA			GOLDEN CREEK	20351000		192.37	11/17/2021
SOLERA			MM CLINIC	20351000		266.98	11/17/2021
TUSCANY			MM CLINIC	20351000		266.98	11/17/2021
TUSCANY			GOLDEN CREEK	20351000		192.37	11/17/2021
					Total	1,837.40	

Note:

Approved:



Anthony Richardson, CFO

11/15/2021

GULF POINTE PLAZA

CHECK REQUEST

PAYEE Memorial Medical Center

DATE: 11/15/21

APPROVED
BY

NOV 15 2021

COURTNEY ADAMS
CALIFORNIA COUNTY, MEXICO

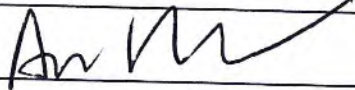
CLIF 1029

AMOUNT \$12,643.40

G/L NUMBER: _____

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GULF POINTE PLAZA

CHECK REQUEST

PAYEE MEMORIAL MEDICAL CLINIC

DATE: 11/15/21

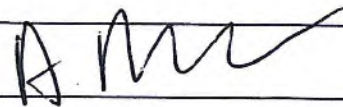
APPROVED
ON
NOV 15 2021
GENERAL ADDRESS
CALIFORNIA 91301
CK# 1031

AMOUNT \$830.07

G/L NUMBER: _____

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GULF POINTE PLAZA

CHECK REQUEST

PAYEE ASHFORD

DATE: 11/15/21

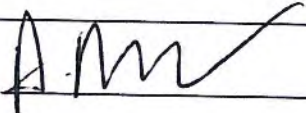
APPROVED
BY
NOV 15 2021
CASHIER/CLERK
GULF POINTE PLAZA
CK#1032

AMOUNT \$6,790.13

G/L NUMBER: _____

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GULF POINTE PLAZA

CHECK REQUEST

PAYEE BROADMOOR

DATE: 11/15/21

APPROVED
BY

NOV 15 2021

CITY OF GULF BAY
CALHOUN COUNTY, TEXAS

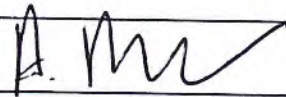
CK# 1033

AMOUNT \$4,914.00

G/L NUMBER: _____

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GULF POINTE PLAZA

CHECK REQUEST

PAYEE CRESCENT

DATE: 11/15/21

APPROVED
ON

NOV 15 2021

CHESTER ARTHUR
CALIFORNIA GOVERNMENT TREASURER
CK# 1035

AMOUNT \$1,995.00

G/L NUMBER: _____

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: A.M.

GULF POINTE PLAZA

CHECK REQUEST

PAYEE FORT BEND

DATE: 11/15/21

APPROVED
ON

NOV 15 2021

GEORGETT ARMBRISTOR
CLERK OF SUPERIOR COURT, WALKER

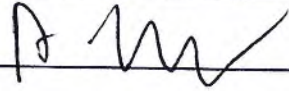
CL# 1004

G/L NUMBER: _____

AMOUNT \$14,890.72

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GULF POINTE PLAZA

CHECK REQUEST

PAYEE SOLERA

DATE: 11/15/21

APPROVED
BY

NOV 15 2021

CITY OF GULF BAY
CALHOUN COUNTY, FLORIDA

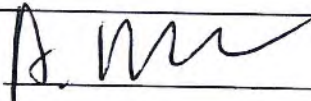
CHK# 1034

AMOUNT \$4,285.50

G/L NUMBER: _____

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GULF POINTE PLAZA

CHECK REQUEST

PAYEE GOLDEN CREEK

DATE: 11/15/21

APPROVED
OK

NOV 15 2021

CHECKS AUTHORIZED
CALLETON GOVERNMENT, TEXAS

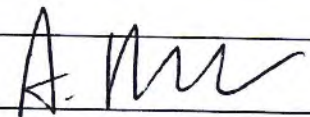
CK# 1034

AMOUNT \$1,477.39

G/L NUMBER: _____

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GULF POINTE PLAZA

CHECK REQUEST

PAYEE TUSCANY

DATE: 11/15/21

APPROVED
BY

NOV 15 2021

COURTESY ASSISTANCE
CALIFORNIA BANKING, BANKS

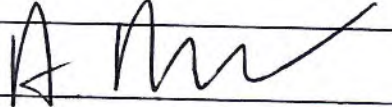
CL# 1030

AMOUNT \$5,707

G/L NUMBER: _____

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GULF POINTE PLAZA

CHECK REQUEST

PAYEE MEMORIAL MEDICAL CENTER

DATE: 11/15/21

APPROVED
OK

NOV 15 2021

COUNTY AUDITOR
CALIFORNIA GOVERNMENT SERVICES

CHK # 1037

AMOUNT \$41,471.43

G/L NUMBER: _____

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: A. Hill

GULF POINTE PLAZA

CHECK REQUEST

PAYEE MEMORIAL MEDICAL CLINIC

DATE: 11/15/21

APPROVED
ON

NOV 15 2021

COURTESY AMTRAK
CALIFORNIA COMMUNITY AREAS

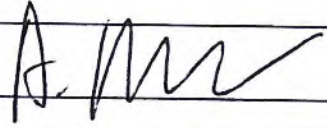
CLIF 1038

AMOUNT \$2,651.03

G/L NUMBER: _____

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GULF POINTE PLAZA

CHECK REQUEST

PAYEE SOLERA

DATE: 11/15/21

APPROVED
ON

NOV 15 2021

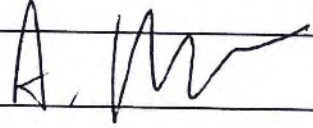
COURTNEY ANTHONY
CALIFORNIA COUNTY, TEXAS

AMOUNT \$7,386.50

G/L NUMBER: _____

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GULF POINTE PLAZA

CHECK REQUEST

PAYEE GOLDEN CREEK

DATE: 11/15/21

APPROVED
BY

NOV 15 2021

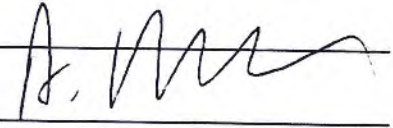
COURTESY AMERICA
CALIFORNIA BANKING, TEXAS

CL#1040

G/L NUMBER: _____

AMOUNT \$12,737.49

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

361-553-4818
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1037

88-2265/1131-87

DATE 11/17/21



PAY TO THE ORDER OF Memorial medical center \$ 41,471.43

Fourty one thousand Four hundred Seventy one & 43/100

DOLLARS



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

FOR Echo payments

County Auditor

County Treasurer

⑈001037⑈ ⑆113122655⑆

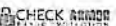
MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

361-553-4818
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1029

88-2265/1131-87

DATE 11/17/21



PAY TO THE ORDER OF Memorial Medical Center \$ 12,643.40

Twelve thousand Six hundred fourty three & 40/100

DOLLARS



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County Auditor

County Treasurer

⑈001029⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

361-553-4818
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1038

88-2265/1131-87

DATE 11/17/21



PAY TO THE ORDER OF Memorial medical Clinic \$ 2651.03

Two thousand Six hundred fifty one & 03/100

DOLLARS



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County Auditor

County Treasurer

⑈001038⑈ ⑆113122655⑆

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

1031

88-2255/1131-87

DATE 11/17/21

CHECK ARMOR

PAY TO THE ORDER OF Memorial Medical Clinic \$ 830.07

Eight hundred thirty & 07/100

DOLLARS



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County Treasurer

⑈001031⑈ ⑆113122655⑆

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

1032

88-2255/1131-87

DATE 11/17/21

CHECK ARMOR

PAY TO THE ORDER OF Ashford \$ 6790.13

Six thousand Seven hundred ninety & 13/100

DOLLARS



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County Treasurer

⑈001032⑈ ⑆113122655⑆

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

1033

88-2255/1131-87

DATE 11/17/21

CHECK ARMOR

PAY TO THE ORDER OF Broadmoor \$ 4914.00

Four thousand nine hundred fourteen

DOLLARS



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County Treasurer

⑈001033⑈ ⑆113122655⑆

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

1035

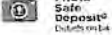
88-2265/1131-87

DATE 11/17/21

CHECK ARMED

PAY TO THE ORDER OF Crescent \$ 1,995.⁰⁰

One thousand nine hundred ninety five

DOLLARS 



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County Auditor

County Treasurer

⑈001035⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER
NH GULF POINTE PLAZA
MEDICARE/MEDICAID 361-553-4818
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1004


88-2265/1131-87

DATE 11/17/21

CHECK ARMED

PAY TO THE ORDER OF Fort Bend \$ 14,890.72

Fourteen thousand eight hundred ninety & 72/100

DOLLARS 



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County Auditor

County Treasurer

⑈001004⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY
361-553-4818
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1034

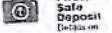
88-2265/1131-87

DATE 11/17/21

CHECK ARMED

PAY TO THE ORDER OF Solera \$ 4,285.50

Four thousand two hundred eighty five & 50/100

DOLLARS 



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County Treasurer

⑈001034⑈ ⑆113122655⑆

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

1039

88-2265/1131-87

DATE 11/17/21

CHECK ARMOR

PAY TO THE ORDER OF Solera

\$ 7,386.50

Seven thousand three hundred eighty six & 50/100 DOLLARS

Photo Safe Deposit



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FOR Echo payments

County Auditor
County Treasurer

⑈001039⑈ ⑆113122655⑆ 217715433⑈

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

1040

88-2265/1131-87

DATE 11/17/21

CHECK ARMOR

PAY TO THE ORDER OF Golden Creek

\$ 12,737.49

Twelve thousand seven hundred thirty seven & 49/100 DOLLARS

Photo Safe Deposit



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County Auditor
County Treasurer

⑈001040⑈ ⑆113122655⑆

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

1036

88-2265/1131-87

DATE 11/17/21

CHECK ARMOR

PAY TO THE ORDER OF Golden Creek

\$ 1477.39

One thousand four hundred Seventy seven & 39/100 DOLLARS

Photo Safe Deposit



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FOR Echo payments

County Auditor
County Treasurer

⑈001036⑈ ⑆113122655⑆

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

1030

88-2265/1131-87

DATE 11/17/21

CHECK ARMO

PAY
TO THE
ORDER OF

Tuscany

\$ 5707.00

Five thousand seven hundred seven

DOLLARS



PROSPERITY BANK

PORT LAVACA BANKING CENTER
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Photo
Safe
Deposit

FOR

Echo payments

County Auditor

County Treasurer

⑈001030⑈ ⑆113122655⑆

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
11/15/2021

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		90,519.06	90,402.83	129,375.49		129,491.72	93,489.40
						Bank Balance	129,491.72
						Variance	
						Leave in Balance	100.00
						AMERIGROUP Q4 QIPP	35,886.09
						Molina Q4 QIPP	
						OCT INTEREST	16.23
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	93,489.40
Broadmoor		47,679.08	47,567.75	37,640.98		37,752.31	22,131.14
						Bank Balance	37,752.31
						Variance	
						Leave in Balance	100.00
						AMERIGROUP Q4 QIPP	15,050.49
						MEDICARE REPAYMENT TO GOLDEN CREEK	192.37
						MEDICARE REPAYMENT TO MM CLINIC	266.98
						OCT INTEREST	11.33
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	22,131.14
Crescent		65,986.72	65,896.58	62,255.62		62,345.76	53,850.01
						Bank Balance	62,345.76
						Variance	
						Leave in Balance	100.00
						AMERIGROUP Q4 QIPP	7,926.26
						MEDICARE REPAYMENT TO GOLDEN CREEK	192.37
						MEDICARE REPAYMENT TO MM CLINIC	266.98
						OCT INTEREST	10.14
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	53,850.01
Fort Bend		29,108.34	29,005.60	36,741.80		36,844.54	19,762.15
						Bank Balance	36,844.54
						Variance	
						Leave in Balance	100.00
						AMERIGROUP Q4 QIPP	16,979.65
						OCT INTEREST	2.74
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	19,762.15
Solera at W Houston		59,318.22	54,742.11	107,015.02		111,591.13	92,504.28
						Bank Balance	111,591.13
						Variance	
						Leave in Balance	100.00
						AMERIGROUP Q4 QIPP	14,051.89
						MEDICARE REPAYMENT TO MM CLINIC	266.98
						MEDICARE REPAYMENT TO GOLDEN CREEK	4,457.70
						MEDICARE REPAYMENT TO GOLDEN CREEK 11/15/21	192.37
						OCT INTEREST	18.41
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	92,504.28

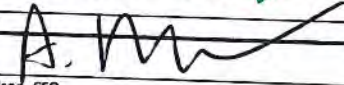
93,489.40 +
22,131.14 +
53,850.01 +
19,762.15 +
92,504.28 =
281,736.98

ton / Fort Bend / Broadmoor

MEDICARE REPAYMENT TO MM CLINIC 266.98
MEDICARE REPAYMENT TO GOLDEN CREEK 4,457.70
MEDICARE REPAYMENT TO GOLDEN CREEK 11/15/21 192.37
OCT INTEREST 18.41
NOV INTEREST
DEC INTEREST

APPROVED
OK
NOV 15 2021
COURTNEY ARNOLD
CALCULATED & APPROVED, TEXAS

TOTAL TRANSFERS **281,736.98**

Approved: 
Anthony Richardson, CFO

11/15/2021

Ashford Gardens

11/8/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 11/8/2021 AMERIGROUP CORPO E-PAYMENT EES2259347 111000
 11/9/2021 HUMANA CHA DISB HCCLAIMPMT 390864 4200001790
 11/9/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
 11/10/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 11/10/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 11/12/2021 ck1161
 11/12/2021 Deposit
 11/12/2021 Amerigroup TXSC HCCLAIMPMT 3165111576 111000

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	957.33	-	-	-	-	-	957.33
-	71,772.17	-	-	21,932.90	49,839.27	35,886.09	35,886.09
-	4,565.00	-	-	-	-	-	4,565.00
-	4,389.89	-	-	-	-	-	4,389.89
45,286.75	-	-	-	-	-	-	-
-	5,901.50	-	-	-	-	-	5,901.50
45,116.08	-	-	-	-	-	-	-
-	6,160.00	-	-	-	-	-	6,160.00
-	35,629.60	-	-	-	-	-	35,629.60
90,402.83	129,375.49	-	-	21,932.90	49,839.27	35,886.09	93,489.41

Broadmoor

11/8/2021 AMERIGROUP CORPO E-PAYMENT EES2259350 111000
 11/9/2021 HUMANA CHA DISB HCCLAIMPMT 390864 4200001790
 11/10/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 11/12/2021 ck153
 11/12/2021 ck155
 11/12/2021 ck156
 11/12/2021 Deposit

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	30,100.98	-	-	13,503.34	16,597.64	15,050.49	15,050.49
-	1,975.00	-	-	-	-	-	1,975.00
17,461.58	-	-	-	-	-	-	-
18,782.98	-	-	-	-	-	-	-
11,006.98	-	-	-	-	-	-	-
316.21	-	-	-	-	-	-	-
-	5,565.00	-	-	-	-	-	5,565.00
47,567.75	37,640.98	-	-	13,503.34	16,597.64	15,050.49	22,590.49

Crescent

11/8/2021 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384
 11/8/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 11/8/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000168
 11/8/2021 AMERIGROUP CORPO E-PAYMENT EES2259349 111000
 11/9/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 11/9/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 11/9/2021 HUMANA INS CO HCCLAIMPMT 390864 830000569426
 11/9/2021 HUMANA CHA DISB HCCLAIMPMT 390864 4200001790
 11/10/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 11/10/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 11/12/2021 ck183
 11/12/2021 ck184
 11/12/2021 ck185
 11/12/2021 HUMANA INS CO HCCLAIMPMT 390864 830000558602

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	9,250.00	-	-	-	-	-	9,250.00
-	4,361.36	-	-	-	-	-	4,361.36
-	363.89	-	-	-	-	-	363.89
-	15,852.52	-	-	221.04	15,631.48	7,926.26	7,926.26
-	36.76	-	-	-	-	-	36.76
-	3,452.87	-	-	-	-	-	3,452.87
-	10,116.50	-	-	-	-	-	10,116.50
-	5,608.04	-	-	-	-	-	5,608.04
41,773.45	-	-	-	-	-	-	-
-	8,624.69	-	-	-	-	-	8,624.69
12,799.94	-	-	-	-	-	-	-
11,006.98	-	-	-	-	-	-	-
316.21	-	-	-	-	-	-	-
-	4,588.99	-	-	-	-	-	4,588.99
65,896.58	62,255.62	-	-	221.04	15,631.48	7,926.26	54,329.36

Fort Bend

11/8/2021 AMERIGROUP CORPO E-PAYMENT EES2259346 111000
 11/10/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 11/12/2021 ck166
 11/12/2021 Deposit

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	33,959.30	-	-	13,163.16	20,796.14	16,979.65	16,979.65
9,402.63	-	-	-	-	-	-	-
19,602.97	-	-	-	-	-	-	-
-	2,782.50	-	-	-	-	-	2,782.50
29,005.60	36,741.80	-	-	13,163.16	20,796.14	16,979.65	19,762.15

Solera at West Houston

11/8/2021 Amerigroup TXSC HCCLAIMPMT 3164701632 111000
 11/8/2021 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384
 11/8/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000168
 11/8/2021 HUMANA CHA DISB HCCLAIMPMT 390864 4200001625
 11/8/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2
 11/8/2021 AMERIGROUP CORPO E-PAYMENT EES2259348 111000
 11/9/2021 Amerigroup TXSC HCCLAIMPMT 3164824708 111000
 11/9/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 11/10/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 11/10/2021 Amerigroup TXSC HCCLAIMPMT 3164987157 111000
 11/10/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 11/10/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000190
 11/12/2021 ck1182
 11/12/2021 ck1183
 11/12/2021 ck1184
 11/12/2021 Deposit

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	22,800.31	-	-	-	-	-	22,800.31
-	4,510.00	-	-	-	-	-	4,510.00
-	2,047.15	-	-	-	-	-	2,047.15
-	11,293.25	-	-	-	-	-	11,293.25
-	4,596.82	-	-	-	-	-	4,596.82
-	28,102.77	-	-	8,597.48	19,505.29	14,051.39	14,051.39
-	277.00	-	-	-	-	-	277.00
25,738.79	-	-	-	-	-	-	-
-	11,628.16	-	-	-	-	-	11,628.16
-	4,877.27	-	-	-	-	-	4,877.27
-	8,821.32	-	-	-	-	-	8,821.32
17,680.13	-	-	-	-	-	-	-
11,006.98	-	-	-	-	-	-	-
316.21	-	-	-	-	-	-	-
-	1,407.50	-	-	-	-	-	1,407.50
54,742.11	107,015.02	-	-	8,597.48	19,505.29	14,051.39	92,963.64
287,614.87	373,028.91	-	-	57,417.92	122,369.82	89,893.87	283,135.04

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type

DDA

Data reported as of Nov 15, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,613,230.21	\$7,902,616.47	\$7,613,230.21	\$7,727,375.4
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,572.13	\$5,572.13	\$5,572.13	\$5,678.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$81,593.88	\$178,819.34	\$81,593.88	\$24,214.8
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.9
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,680,952.03	\$5,723,853.19	\$5,680,952.03	\$5,957,266.9
<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	\$129,491.72	\$178,247.32	\$129,491.72	\$132,818.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$37,752.31	\$37,752.31	\$37,752.31	\$62,293.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$62,345.76	\$88,169.82	\$62,345.76	\$81,879.9
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$36,844.54	\$38,885.04	\$36,844.54	\$53,665.0
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$111,591.13	\$114,296.25	\$111,591.13	\$139,186.9
<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	\$161,821.10	\$161,821.10	\$161,821.10	\$14,175.2
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$28,614.32	\$29,500.33	\$28,614.32	\$106.2
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$115,013.18	\$176,268.98	\$115,013.18	\$99,402.3
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$51,802.85	\$59,595.40	\$51,802.85	\$46,852.5

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 11/15/2021

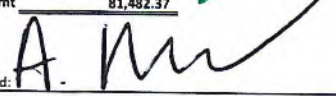
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-in	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		68,882.07	68,770.56	81,482.37		81,593.88	81,482.37
						Bank Balance Variance	
						Leave in Balance	100.00

MEDICARE REPAYMENT TO MMC

OCT INTEREST 11.51 ✓
 NOV INTEREST
 DEC INTEREST

Adjust Balance/Transfer Amt 81,482.37 ✓

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

11/15/2021

APPROVED
 OK
 NOV 15 2021
 COUNTRY ADMINISTRATOR
 CALICOBY COUNTRY BANK, OKLAHOMA

Golden Creek

11/8/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 11/8/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 11/9/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 11/9/2021 ACH SETTLEMENT SERVICE 4105523839 9601693260
 11/10/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 11/10/2021 GOLDENCREEKHHEALT MERC DEP 1220356 9100001625
 11/10/2021 CIGNA HCCLAIMPMT 1588075964 91000011056850
 11/12/2021 ck142
 11/12/2021 Deposit

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	
-	203.91	-	-	-	-	-	203.91
-	4,560.00	-	-	-	-	-	4,560.00
-	4,560.00	-	-	-	-	-	4,560.00
-	2,630.00	-	-	-	-	-	2,630.00
59,669.84	-	-	-	-	-	-	2,630.00
-	2,970.60	-	-	-	-	-	-
-	78.08	-	-	-	-	-	2,970.60
9,100.72	-	-	-	-	-	-	78.08
-	66,479.78	-	-	-	-	-	-
-	-	-	-	-	-	-	66,479.78
68,770.56	81,482.37	-	-	-	-	-	81,482.37

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Nov 15, 2021

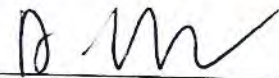
Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,613,230.21	\$7,902,616.47	\$7,613,230.21	\$7,727,375.4
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,572.13	\$5,572.13	\$5,572.13	\$5,678.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$81,593.88	\$178,819.34	\$81,593.88	\$24,214.8
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.9
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,680,952.03	\$5,723,853.19	\$5,680,952.03	\$5,957,266.9
<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	\$129,491.72	\$178,247.32	\$129,491.72	\$132,818.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$37,752.31	\$37,752.31	\$37,752.31	\$62,293.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$62,345.76	\$88,169.82	\$62,345.76	\$81,879.9
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$36,844.54	\$38,885.04	\$36,844.54	\$53,665.0
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$111,591.13	\$114,296.25	\$111,591.13	\$139,186.9
<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	\$161,821.10	\$161,821.10	\$161,821.10	\$14,175.2
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$28,614.32	\$29,500.33	\$28,614.32	\$106.2
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$115,013.18	\$176,268.98	\$115,013.18	\$99,402.3
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$51,802.85	\$59,595.40	\$51,802.85	\$46,852.5

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 11/15/2021

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		48,639.09		66,374.09			115,013.18	
						Bank Balance	115,013.18	
						Variance	115,013.18	
						Leave in Balance	100.00	
						UNIDENTIFIED ECHO PAYMENTS (NO CHECK WILL BE WRITTEN FOR THIS AMOUNT YET)	28,364.20	402,940.00
						ECHO PAYMENT TO MMC	12,643.40	
						ECHO PAYMENT TO TUSCANY	5,707.00	11,963.08
						ECHO PAYMENT TO MM CLINIC	830.07	
						ECHO PAYMENT TO ASHFORD	6,790.13	
						ECHO PAYMENT TO BROADMOOR	4,914.00	
						ECHO PAYMENT TO SOLERA	4,285.50	
						ECHO PAYMENT TO CRESCENT	1,995.00	
						ECHO PAYMENT TO GOLDEN CREEK	1,477.39	
						MMC ECHO FUNDS THAT WERE TRANSFERRED IN ERROR	41,471.43	
						MMCLINIC ECHO FUNDS THAT WERE TRANSFERRED IN ERROR	2,651.03	
						SOLERA ECHO FUNDS THAT WERE TRANSFERRED IN ERROR	7,386.50	
						GOLDEN CREEK ECHO FUNDS THAT WERE TRANSFERRED IN ERROR	12,737.49	
						OCT INTEREST	60.86	
						NOV INTEREST		
						DEC INTEREST		
						Adjust Balance/Transfer Amt	(16,400.82)	
Gulf Pointe Plaza-Medicare/Medicaid		22,007.67	21,901.44	28,508.09			28,614.32	13,617.37
						Bank Balance	28,614.32	
						Variance	28,614.32	
						Leave in Balance	100.00	
						FORT BEND ECHO FUNDS THAT WERE TRANSFERRED IN ERROR	14,850.72	
						OCT INTEREST	6.23	
						NOV INTEREST		
						DEC INTEREST		
						Adjust Balance/Transfer Amt	13,617.37	
						TOTAL TRANSFERS		(2,783.45)

Routing Information for Gulf Pointe Plaza:
 [Redacted]

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

11/15/2021

Gulf Points Plaza-Private Pay

Date	Description	Transfer-Out	Transfer-In
11/8/2021	HNB - ECHO HCCLAIMPMT 746003411 440000279550	-	440.46
11/8/2021	HNB - ECHO HCCLAIMPMT 746003411 440000279550	-	23.52
11/8/2021	HNB - ECHO HCCLAIMPMT 746003411 440000279550	-	23.52
11/8/2021	HNB - ECHO HCCLAIMPMT 746003411 440000279550	-	5,770.68
11/8/2021	HNB - ECHO HCCLAIMPMT 746003411 440000278867	-	1,185.34
11/8/2021	HNB - ECHO HCCLAIMPMT 746003411 440000278867	-	311.08
11/8/2021	HNB - ECHO HCCLAIMPMT 746003411 440000278867	-	623.74
11/8/2021	HNB - ECHO HCCLAIMPMT 746003411 440000280071	-	109.21
11/9/2021	NDC SWEEP FAC H261 21000029640395 SWEEP FR	-	11,976.10
11/9/2021	HNB - ECHO HCCLAIMPMT 746003411 440000232113	-	6,567.00
11/9/2021	HUMANA CHA DISB HCCLAIMPMT 624982 4200001790	-	11,463.30
11/10/2021	HNB - ECHO HCCLAIMPMT 746003411 440000274365	-	884.32
11/10/2021	HNB - ECHO HCCLAIMPMT 746003411 440000274365	-	7,486.95
11/10/2021	HNB - ECHO HCCLAIMPMT 746003411 440000274365	-	1,447.99
11/10/2021	AETNA H09 HCCLAIMPMT 1922092790 311002022469	-	2,450.00
11/12/2021	HNB - ECHO HCCLAIMPMT 746003411 440000210898	-	9,637.26
11/12/2021	HNB - ECHO HCCLAIMPMT 746003411 440000210898	-	237.54
11/12/2021	HNB - ECHO HCCLAIMPMT 746003411 440000210898	-	359.68
11/12/2021	HUMANA CHA DISB HCCLAIMPMT 624982 4200001976	-	5,376.40

MMC PORTION

Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION
-	-	-	-	-	-	-	440.46
-	-	-	-	-	-	-	23.52
-	-	-	-	-	-	-	23.52
-	-	-	-	-	-	-	5,770.68
-	-	-	-	-	-	-	1,185.34
-	-	-	-	-	-	-	311.08
-	-	-	-	-	-	-	623.74
-	-	-	-	-	-	-	109.21
-	-	-	-	-	-	-	11,976.10
-	-	-	-	-	-	-	6,567.00
-	-	-	-	-	-	-	11,463.30
-	-	-	-	-	-	-	884.32
-	-	-	-	-	-	-	7,486.95
-	-	-	-	-	-	-	1,447.99
-	-	-	-	-	-	-	2,450.00
-	-	-	-	-	-	-	9,637.26
-	-	-	-	-	-	-	237.54
-	-	-	-	-	-	-	359.68
-	-	-	-	-	-	-	5,376.40
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	66,374.09	-	-	-	-	-	66,374.09

Gulf Points Plaza-Medicare/Medicaid

Date	Description	Transfer-Out	Transfer-In
11/10/2021	WIRE OUT HMG SERVICES, LLC	21,901.44	-
11/12/2021	Deposit	-	25,524.13
11/12/2021	WPS-TDEFIC CONTR HCCLAIMPMT 2223248403 21000	-	2,115.00
11/12/2021	HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2	-	868.96

MMC PORTION

Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION
21,901.44	-	-	-	-	-	-	-
-	25,524.13	-	-	-	-	-	25,524.13
-	2,115.00	-	-	-	-	-	2,115.00
-	868.96	-	-	-	-	-	868.96
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
21,901.44	28,508.09	-	-	-	-	-	28,508.09
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
21,901.44	94,882.18	-	-	-	-	-	94,882.18

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Nov 15, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,613,230.21	\$7,902,616.47	\$7,613,230.21	\$7,727,375.4
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,572.13	\$5,572.13	\$5,572.13	\$5,678.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$81,593.88	\$178,819.34	\$81,593.88	\$24,214.8
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.9
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,680,952.03	\$5,723,853.19	\$5,680,952.03	\$5,957,266.9
<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	\$129,491.72	\$178,247.32	\$129,491.72	\$132,818.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$37,752.31	\$37,752.31	\$37,752.31	\$62,293.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$62,345.76	\$88,169.82	\$62,345.76	\$81,879.9
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$36,844.54	\$38,885.04	\$36,844.54	\$53,665.0
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$111,591.13	\$114,296.25	\$111,591.13	\$139,186.9
<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	\$161,821.10	\$161,821.10	\$161,821.10	\$14,175.2
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$28,614.32 ✓	\$29,500.33	\$28,614.32	\$106.2
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$115,013.18 ✓	\$176,268.98	\$115,013.18	\$99,402.3
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$51,802.85	\$59,595.40	\$51,802.85	\$46,852.5

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 11/15/2021

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		59,613.71	59,513.71	51,702.85			51,802.85	40,525.05
						Bank Balance Variance	51,802.85	
						Leave in Balance	100.00	
						AMERIGROUP Q4 QJPP	10,718.45	
						MEDICARE REPAYMENT TO MM CLINIC	266.98	
						MEDICARE REPAYMENT TO GOLDEN CREEK	192.37	
						Adjust Balance/Transfer Amt	40,525.05	
						Approved: <i>A. Richardson</i>		11/15/2021
						Anthony Richardson, CFO		

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

APPROVED
 ON
 NOV 15 2021
 COURTNEY ANDERSON
 CALIFORNIA GOVERNMENT, SERVICES

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Nov 15, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,613,230.21	\$7,902,616.47	\$7,613,230.21	\$7,727,375.4
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,572.13	\$5,572.13	\$5,572.13	\$5,678.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$81,593.88	\$178,819.34	\$81,593.88	\$24,214.8
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.9
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,680,952.03	\$5,723,853.19	\$5,680,952.03	\$5,957,266.9
<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	\$129,491.72	\$178,247.32	\$129,491.72	\$132,818.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$37,752.31	\$37,752.31	\$37,752.31	\$62,293.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$62,345.76	\$88,169.82	\$62,345.76	\$81,879.9
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$36,844.54	\$38,885.04	\$36,844.54	\$53,665.0
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$111,591.13	\$114,296.25	\$111,591.13	\$139,186.5
<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	\$161,821.10	\$161,821.10	\$161,821.10	\$14,175.2
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$28,614.32	\$29,500.33	\$28,614.32	\$106.2
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$115,013.18	\$176,268.98	\$115,013.18	\$99,402.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$51,802.85	\$59,595.40	\$51,802.85	\$46,852.5

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 11/15/2021

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	217715506	243,408.59	243,283.20	161,695.71			161,821.10	161,695.71
						Bank Balance	161,821.10	
						Variance	161,821.10	
						Leave in Balance	100.00	
						OCT INTEREST	25.39	
						NOV INTEREST		
						DEC INTEREST		
						Adjust Balance/Transfer Amt	161,695.71	
						Approved:		
						Anthony Richardson, CFO		11/15/2021

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

APPROVED
 ON
 NOV 15 2021
 COUNTY ADMINISTRATOR
 CALIFORNIA GOVERNMENT SERVICES

Bethany Senior Living

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

	<u>Transfer-Out</u>	<u>Transfer-In</u>	MMC PORTION		NH PORTION
11/8/2021 Deposit	-	1,306.40			1,306.40
11/8/2021 Deposit	-	102.79			102.79
11/8/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	5,039.24			5,039.24
11/9/2021 Deposit	-	5,707.37			5,707.37
11/10/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	243,283.20	-			5,707.37
11/10/2021 Deposit	-	1,894.08			-
11/12/2021 Deposit	-	21,076.07			1,894.08
11/12/2021 Deposit	-	124,892.94			21,076.07
11/12/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	1,676.82			124,892.94
					1,676.82
					-
					-
					-
					-
					-
	243,283.20	161,695.71			161,695.71

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type

DDA

Data reported as of Nov 15, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,613,230.21	\$7,902,616.47	\$7,613,230.21	\$7,727,375.4
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,572.13	\$5,572.13	\$5,572.13	\$5,678.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$81,593.88	\$178,819.34	\$81,593.88	\$24,214.6
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.5
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,680,952.03	\$5,723,853.19	\$5,680,952.03	\$5,957,266.5
<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	\$129,491.72	\$178,247.32	\$129,491.72	\$132,818.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$37,752.31	\$37,752.31	\$37,752.31	\$62,293.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$62,345.76	\$88,169.82	\$62,345.76	\$81,879.5
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$36,844.54	\$38,885.04	\$36,844.54	\$53,665.0
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$111,591.13	\$114,296.25	\$111,591.13	\$139,186.5
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,867.88	\$1,108,867.88	\$1,108,867.88	\$1,108,867.5
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$161,821.10	\$161,821.10	\$161,821.10	\$14,175.2
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$28,614.32	\$29,500.33	\$28,614.32	\$106.2
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$115,013.18	\$176,268.98	\$115,013.18	\$99,402.3
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$51,802.85	\$59,595.40	\$51,802.85	\$46,852.5

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
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E
MEMORIAL MEDICAL CENTER — *Ashford*

Date Requested: 11/15/21

APPROVED
OK

NOV 15 2021

COURTESY ASSISTANCE
CALESTON GARDNER, MD, MD, MS

CL# 001162

FOR ACCT. USE ONLY

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

AMOUNT \$35,886.09

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP Q4 QIPP

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: *A.M.*

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
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MEMORIAL MEDICAL CENTER - *Broadmoor*

Date Requested: 11/15/21

FOR ACCT. USE ONLY

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

APPROVED
BY

NOV 15 2021

CHEMIST ANDERSON
CALIFORNIA UNIVERSITY, TEXAS

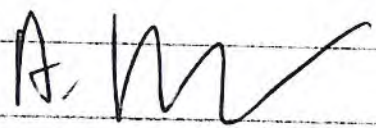
CK# 000157

G/L NUMBER: 10255040

AMOUNT \$15,050.49

EXPLANATION: AMERIGROUP Q4 QIPP

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER - Crescent

Date Requested: 11/15/21

A _____

APPROVED
ON

FOR ACCT. USE ONLY

Y _____

NOV 15 2021

Imprest Cash

E _____

A/P Check

E _____

GEORGE ANNUNCIO
CALICOON 043674, TEXAS

Mail Check to Vendor

Return Check to Dept

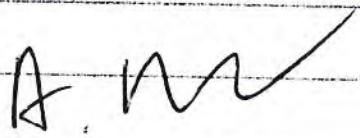
CHK# 000184

AMOUNT \$7,926.26

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP Q4 QIPP

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
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MEMORIAL MEDICAL CENTER - Fort Bend

Date Requested: 11/15/21

APPROVED
OK

NOV 15 2021

COOPERATIVE AMBULANCE
CALLED BY COMPANY, TEXAS

ck#000167

FOR ACCT. USE ONLY

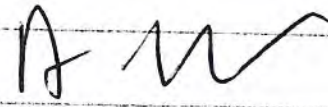
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT \$16,979.65

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP Q4 QIPP

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER - *Solera* Date Requested: 11/15/21
A _____
Y _____

E _____
E _____

APPROVED
ON

NOV 15 2021

COURTNEY AMBROSIO
CALCUTTA, INDIANA
CK# 001185

FOR ACCT. USE ONLY

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

AMOUNT \$14,051.39 G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP Q4 QIPP

REQUESTED BY: MAYRA MARTINEZ AUTHORIZED BY: *A. W.*

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER - Tuscany Date Requested: 11/15/21
A _____

Y _____ APPROVED ON _____

E _____ NOV 15 2021

E _____ COUNTY ANTI-DOTE CALIFORNIA COUNTY, TUCUMCARI
CK#1078

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT \$10,718.45 G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP Q4 QIPP

REQUESTED BY: MAYRA MARTINEZ AUTHORIZED BY: A. W.

MEMORIAL MEDICAL CENTER

NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001162

Date 11/17/21 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 35,886.09

Thirty five thousand Eight hundred eighty six & 09/100 DOLLARS



FOR Amerigroup Q4 QIPP

Security features are included. Details on back.

⑈001162⑈ ⑆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

000157

Date 11/17/21 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 15,050.49

Fifteen thousand fifty & 49/100 DOLLARS



FOR Amerigroup Q4 QIPP

Security features are included. Details on back.

⑈000157⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000186

Date 11/17/21 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 7,926.26

Seven thousand nine hundred twenty six & 26/100 DOLLARS



FOR Amerisource Q4 QIPP

Security features are included. Details on back.

⑈000186⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000167

88-2265/1131

Date 11/17/21

PAY

TO THE ORDER OF Memorial Medical Center

\$ 16,979.65

Sixteen thousand nine hundred seventy nine & 65/100 DOLLARS



FOR Amerisource Q4 QIPP

Security features are included. Details on back.

⑈000167⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001185

88-2265/1131

Date 11/17/21

PAY

TO THE ORDER OF Memorial Medical Center

\$ 14,051.39

Fourteen thousand fifty one & 39/100 DOLLARS



FOR Amerisource Q4 QIPP

Security features are included. Details on back.

⑈001185⑈ ⑆113122655⑆

**MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE**

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

1078

88-2265/1131-67

DATE 11/17/21

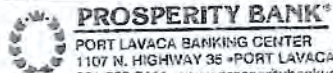
CHECK AMOUNT

PAY
TO THE ORDER OF

Memorial Medical Center

\$ 10,718.45

Ten thousand Seven hundred eighteen & 45/100 DOLLARS



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

FOR Amerisource Q4 QIPP

Photo Safe Deposit Details on back

⑈001078⑈ ⑆113122655⑆


QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

11/17/2021

NH Name	From Bank Acct #	Ck #	Payee	GL #	AMERIGROUP Q4 QIPP	TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	35,886.09	35,886.09	11/17/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	15,050.49	15,050.49	11/17/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	7,926.26	7,926.26	11/17/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	16,979.65	16,979.65	11/17/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	14,051.39	14,051.39	11/17/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040		-	11/17/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040		-	11/17/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001			-	11/17/2021
Bethany			MMC -Prosperity Operating #10000001			-	11/17/2021
Tuscany			MMC -Prosperity Operating #10000001	10255040	10,718.45	10,718.45	11/17/2021
			Total:		-	100,612.33	

Note:

Approved: 
 Anthony Richardson

11/15/2021

RUN DATE:11/17/21
TIME:16:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/17/21 THRU 11/17/21

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000157 11/17/21 15,050.49 MEMORIAL MEDICAL CETNER
NHB 000158 11/17/21 266.98 MEMORIAL MEDICAL CLINIC
NHB 000159 11/17/21 192.37 GOLDEN CREEK
TOTALS: 15,509.84

Broadman

APPROVED
BY

NOV 17 2021

COMPTROLLER
CARRINGTON COUNTY, TEXAS

RUN DATE:11/17/21
TIME:16:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/17/21 THRU 11/17/21

PAGE 7
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000186	11/17/21	7,926.26	MEMORIAL MEDICAL CENTER
NHC	000187	11/17/21	266.98	MEMORIAL MEDICAL CLINIC
NHC	000188	11/17/21	192.37	GOLDEN CREEK
TOTALS:			8,385.61	

Crescent

APPROVED
OK

NOV 17 2021

GEORGE J. STRIMLING
CASHIER/CLERK, CRENSHAW

RUN DATE:11/17/21
TIME:16:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/17/21 THRU 11/17/21

PAGE 9
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	001185	11/17/21	14,051.39	MEMORIAL MEDICAL CENTER
NHS	001186	11/17/21	266.98	MEMORIAL MEDICAL CLINIC
NHS	001187	11/17/21	192.37	GOLDEN CREEK
TOTALS:			14,510.74	

Solenu

APPROVED
BY

NOV 17 2021

OF COUNTY AUTHORITY
CARLETON G. BASSING, TREASURER

RUN DATE:11/17/21
TIME:16:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/17/21 THRU 11/17/21

PAGE 10
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS 001078 11/17/21 10,718.45 MEMORIAL MEDICAL CENTER
TUS 001079 11/17/21 266.98 MEMORIAL MEDICAL CLINIC
TUS 001080 11/17/21 192.37 GOLDEN CRBEK
TOTALS: 11,177.80

Tuscany

APPROVED
BY

NOV 17 2021

COURTNEY ANTHONIS
CASHIER/BOOKKEEPER, INDIANAPOLIS

0

RUN DATE:11/18/21
TIME:08:49

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/17/21 THRU 11/18/21

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
GPP	001029	11/17/21	12,643.40	MEMORIAL MEDICAL CETER
GPP	001030	11/17/21	5,707.00	TUSCANY
GPP	001031	11/17/21	830.07	MEMORIAL MEDICAL CLINIC
GPP	001032	11/17/21	6,790.13	ASHFORD
GPP	001033	11/17/21	4,914.00	BROADMOOR
GPP	001034	11/17/21	4,285.50	SOLEA
GPP	001035	11/17/21	1,995.00	CREDCENT
GPP	001036	11/17/21	1,477.39	GOLDEN CREEK
GPP	001037	11/17/21	41,471.43	MEMORIAL MEDICAL CENTER
GPP	001038	11/17/21	2,651.03	MEMORIAL MEDICAL CLINIC
GPP	001039	11/17/21	7,386.50	SOLEA
GPP	001040	11/17/21	12,737.49	GOLDEN CREEK
TOTALS:			102,888.94	

gulf Pointe Plaza

APPROVED
BY

NOV 17 2021

CREDIT ADVISORY
CALLERID@BUSHMAN.COM

RUN DATE:11/17/21
TIME:16:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/17/21 THRU 11/17/21

PAGE 3
GLCKRBG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPM 001004 11/17/21 14,890.72 FORT BEND
TOTALS: 14,890.72

Gulf Pointe

APPROVED
BY

NOV 17 2021

CHEMIST ASSISTANT
CALLED BY GIBSON, MERCEDES

RUN DATE:11/17/21
TIME:16:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/17/21 THRU 11/17/21

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001162 11/17/21 35,886.09 MEMORIAL MEDICAL CENTER
TOTALS: 35,886.09

Ashtine

APPROVED
BY

NOV 17 2021

COMMERCIAL BANK OF
CALIFORNIA & COMPANY, FIDELITY

RUN DATE:11/17/21
TIME:16:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/17/21 THRU 11/17/21

PAGE 8
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000167 11/17/21 16,979.65 MEMORIAL MEDICAL CENTER
TOTALS: 16,979.65

Fort Bend

APPROVED
BY

NOV 17 2021

COURTNEY WATKINS
CALICO BROS. BUSINESS SERVICES