

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---November 24, 2021**

**TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES**

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 970,301.88
TOTAL TRANSFERS BETWEEN FUNDS	\$ 165,557.26
TOTAL NURSING HOME UPL EXPENSES	\$ 1,071,157.32
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 2,344,974.43
<b>GRAND TOTAL DISBURSEMENTS APPROVED November 24, 2021</b>	<b>\$ 4,551,990.89</b>

**APPROVED**

**NOV 24 2021**

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---November 24, 2021**

**PAYABLES AND PAYROLL**

11/18/2021	Weekly Payables	552,855.09
11/18/2021	Patient Refunds	1,363.84
11/22/2021	McKesson-340B Prescription Expense	8,901.55
11/22/2021	Amerisource Bergen-340B Prescription Expense	517.41
11/22/2021	Payroll Liabilities -Payroll Taxes	99,026.39
11/22/2021	Payroll	307,546.06

**Prosperity Electronic Bank Payments**

11/15-11/19/21	Pay Plus-Patient Claims Processing Fee	91.54
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**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** \$ **970,301.88**

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

11/18/2021	MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating in error	20,995.17
11/18/2021	MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	14,133.60
11/18/2021	MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	2,609.30
11/18/2021	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	1,357.18

**MEDICARE ADVANCE PAYMENT RECOUP**

11/22/2021	Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	181.45
11/22/2021	Broadmoor to Bethany-correction of Broadmoor medical recoup taken from Bethany	11,883.91
11/22/2021	Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	181.45
11/22/2021	Crescent to Bethany-correction of Crescent medicare recoup taken from Bethany	11,883.91
11/22/2021	Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	181.45
11/22/2021	Solera to Bethany-correction of Solera medicare recoup taken from Bethany	11,883.91
11/22/2021	Tuscany to MMC Operating-correction of Tuscany medicare recoup taken from MMC Operating	181.45

**TRANSFER OF FUNDS BETWEEN NURSING HOMES**

11/22/2021	Gulf Pointe Plaza-PP-correction of MMC insurance payment deposited into Gulf Pointe Plaza-PP in error	10,129.82
11/22/2021	Gulf Pointe Plaza-PP-correction of MMC Clinic insurance payment deposited into Gulf Pointe Plaza-PP in error	1,109.40
11/22/2021	Gulf Pointe Plaza-PP-correction of Ashford insurance payment deposited into Gulf Pointe Plaza-PP in error	614.15
11/22/2021	Gulf Pointe Plaza-PP-correction of Crescent insurance payment deposited into Gulf Pointe Plaza-PP in error	480.00
11/22/2021	Gulf Pointe Plaza-PP-correction of Solera insurance payment deposited into Gulf Pointe Plaza-PP in error	6,150.00
11/22/2021	Gulf Pointe Plaza-PP-correction of Golden Creek insurance payment deposited into Gulf Pointe Plaza-PP in error	9,935.61
11/22/2021	Gulf Pointe Plaza-PP-correction of Tuscany insurance payment deposited into Gulf Pointe Plaza-PP in error	61,665.50

**TOTAL TRANSFERS BETWEEN FUNDS** \$ **165,557.26**

**NURSING HOME UPL EXPENSES**

11/22/2021	Nursing Home UPL-Cantex Transfer	529,971.91
11/22/2021	Nursing Home UPL-Nexion Transfer	89,882.32
11/21/2021	Nursing Home UPL-HMG Transfer	29,145.94
11/21/2021	Nursing Home UPL-Tuscany Transfer	45,579.78
11/21/2021	Nursing Home UPL-HSL Transfer	300,061.76

**NURSING HOME BANK FEES**

11/15/2021	Ashford-Enhanced analysis fee	76.65
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**QIPP CHECKS TO MMC**

11/22/2021 Golden Creek

48,039.77

11/22/2021 Gulf Pointe

28,399.19

**TOTAL NURSING HOME UPL EXPENSES**

**\$ 1,071,157.32**

**INTER-GOVERNMENT TRANSFERS**

11/22/2021 IGTQIPP Year 5 to be paid December 08, 2021

2,344,974.43

**TOTAL INTER-GOVERNMENT TRANSFERS**

**\$ 2,344,974.43**

**GRAND TOTAL DISBURSEMENTS APPROVED November 24, 2021**

**\$ 4,551,990.89**

RECEIVED

NOV 18 2021

11/18/2021  
09:55  
Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/01/2021

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ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

10950	ACUTE CARE INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV459 ✓		10/31/20	11/20/20	11/30/20		1,400.00	0.00	0.00	1,400.00 ✓		
	OXYGEN										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10950	ACUTE CARE INC	1,400.00	0.00	0.00	1,400.00

Vendor# Vendor Name

Class Pay Code

A1680	AIRGAS USA, LLC - CENTRAL DIV ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9983870355 ✓		11/16/20	10/31/20	11/25/20		785.31	0.00	0.00	785.31 ✓		
	OXYGEN										
9983870354 ✓		11/16/20	10/31/20	11/30/20		518.79	0.00	0.00	518.79 ✓		
	OXYGEN										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						A1680	AIRGAS USA, LLC - CENTRAL DIV	1,304.10	0.00	0.00	1,304.10

Vendor# Vendor Name

Class Pay Code

A1746	ALPHA TEC SYSTEMS INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV00099759 ✓		11/16/20	11/03/20	11/25/20		218.55	0.00	0.00	218.55 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						A1746	ALPHA TEC SYSTEMS INC	218.55	0.00	0.00	218.55

Vendor# Vendor Name

Class Pay Code

A2222	ARGON MEDICAL DEVICES ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
211120686 ✓		11/09/20	11/04/20	12/01/20		391.00	0.00	0.00	391.00 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						A2222	ARGON MEDICAL DEVICES	391.00	0.00	0.00	391.00

Vendor# Vendor Name

Class Pay Code

A0400	AUREUS RADIOLOGY LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2362386 ✓		10/31/20	11/01/20	12/01/20		2,811.75	0.00	0.00	2,811.75 ✓		
	TRAVEL LAB STAFFING										
2362188 ✓		10/31/20	11/01/20	12/01/20		2,680.00	0.00	0.00	2,680.00 ✓		
	TRAVEL LAB STAFFING										
2362484 ✓		10/31/20	11/01/20	12/01/20		2,680.00	0.00	0.00	2,680.00 ✓		
	TRAVEL LAB STAFFING										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						A0400	AUREUS RADIOLOGY LLC	8,171.75	0.00	0.00	8,171.75

Vendor# Vendor Name

Class Pay Code

B1150	BAXTER HEALTHCARE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
72675375 ✓		11/15/20	11/01/20	11/26/20		780.10	0.00	0.00	780.10 ✓		
	SUPPLIES										
72638269 ✓		11/16/20	10/28/20	11/22/20		-20.35	0.00	0.00	-20.35 ✓		
	CREDIT										

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net			
B1150	BAXTER HEALTHCARE			759.75	0.00	0.00	759.75			
B1220	BECKMAN COULTER INC ✓	M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	7304826 ✓	SUPPLIES	10/31/20	11/01/20	11/26/20		7,448.38	0.00	0.00	7,448.38 ✓
	109409219 ✓	SUPPLIES	11/09/20	11/03/20	11/28/20		1,182.10	0.00	0.00	1,182.10 ✓
	109412083 ✓	SUPPLIES	11/09/20	11/03/20	11/28/20		106.65	0.00	0.00	106.65 ✓
	109409257 ✓	SUPPLIES	11/09/20	11/03/20	11/28/20		180.91	0.00	0.00	180.91 ✓
	109408463 ✓	SUPPLIES	11/09/20	11/03/20	11/28/20		164.90	0.00	0.00	164.90 ✓
	109408199 ✓	SUPPLIES	11/09/20	11/03/20	11/28/20		1,667.23	0.00	0.00	1,667.23 ✓
	109414049 ✓	SUPPLIES	11/09/20	11/03/20	11/28/20		475.83	0.00	0.00	475.83 ✓
	109408105 ✓	SUPPLIES	11/09/20	11/03/20	11/28/20		42.95	0.00	0.00	42.95 ✓
	109410747 ✓	SUPPLIES	11/09/20	11/04/20	11/29/20		3,517.10	0.00	0.00	3,517.10 ✓
	109410739 ✓	SUPPLIES	11/09/20	11/04/20	11/29/20		1,998.87	0.00	0.00	1,998.87 ✓
	5448991 ✓	MAINT CONTRACT LEASE	11/09/20	11/05/20	11/30/20		6,249.42	0.00	0.00	6,249.42 ✓
	109235830 ✓	SUPPLIES	11/12/20	08/13/20	11/25/20		183.90	0.00	0.00	183.90 ✓
	109358941 ✓	SUPPLIES	11/12/20	10/13/20	11/25/20		52.54	0.00	0.00	52.54 ✓
	109159621 ✓	SUPPLIES	11/15/20	07/02/20	07/27/20		946.02	0.00	0.00	946.02 ✓
	109159622 ✓	SUPPLIES	11/15/20	07/02/20	07/27/20		503.94	0.00	0.00	503.94 ✓
	109159623 ✓	SUPPLIES	11/15/20	07/02/20	07/27/20		3,362.30	0.00	0.00	3,362.30 ✓
	109159455 ✓	SUPPLIES	11/15/20	07/02/20	07/27/20		3,661.76	0.00	0.00	3,661.76 ✓
	109173163 ✓	FREIGHT	11/15/20	07/12/20	08/06/20		88.06	0.00	0.00	88.06 ✓
	109182682 ✓	LEASE/CONTRACT	11/15/20	07/15/20	08/09/20		1,288.45	0.00	0.00	1,288.45 ✓
	7299536 ✓	SUPPLIES	11/15/20	08/04/20	08/29/20		7,117.80	0.00	0.00	7,117.80 ✓
	5444625 ✓	LEASE	11/15/20	08/05/20	08/30/20		6,249.42	0.00	0.00	6,249.42 ✓
	109241819 ✓	SUPPLIES	11/15/20	08/17/20	09/11/20		1,093.10	0.00	0.00	1,093.10 ✓
	109278205 ✓	SUPPLIES	11/15/20	09/03/20	09/28/20		626.25	0.00	0.00	626.25 ✓

109298572	✓		11/15/20	09/15/20	10/10/20			1,366.33	0.00	0.00	1,366.33	✓	
		SUPPLIES											
109298378	✓		11/15/20	09/15/20	10/10/20			1,288.45	0.00	0.00	1,288.45	✓	
		LEASE											
109333229	✓		11/15/20	10/01/20	10/26/20			446.46	0.00	0.00	446.46	✓	
		SUPPLIES											
109340220	✓		11/15/20	10/04/20	10/29/20			645.73	0.00	0.00	645.73	✓	
		SUPPLIES											
109375002	✓		11/15/20	10/04/20	10/29/20			269.02	0.00	0.00	269.02	✓	
		SUPPLIES											
109338008	✓		11/15/20	10/04/20	10/29/20			4,396.83	0.00	0.00	4,396.83	✓	
		SUPPLIES											
109362988	✓		11/15/20	10/15/20	11/09/20			1,288.45	0.00	0.00	1,288.45	✓	
		LEASE											
109159456	✓		11/16/20	07/02/20	07/27/20			239.94	0.00	0.00	239.94	✓	
		SUPPLIES											
109298946	✓		11/16/20	09/15/20	10/10/20			53.75	0.00	0.00	53.75	✓	
		SUPPLIES											
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								B1220	BECKMAN COULTER INC	58,202.84	0.00	0.00	58,202.84
Vendor#	Vendor Name		Class		Pay Code								
B1800	BRIGGS HEALTHCARE		M										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
B373043	✓		11/12/20	11/01/20	12/01/20		97.20	0.00	0.00	97.20	✓		
	SUPPLIES												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								B1800	BRIGGS HEALTHCARE	97.20	0.00	0.00	97.20
Vendor#	Vendor Name		Class		Pay Code								
11224	CABLES AND SENSORS												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
5615	✓		06/30/20	06/11/20	12/01/20		-182.00	0.00	0.00	-182.00	✓		
	CREDIT INVOICE 112806												
120539	✓		10/31/20	10/26/20	11/25/20		15.90	0.00	0.00	15.90	✓		
	SUPPLIES												
120683	✓		11/01/20	10/28/20	11/27/20		252.00	0.00	0.00	252.00	✓		
	SUPPLIES												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								11224	CABLES AND SENSORS	85.90	0.00	0.00	85.90
Vendor#	Vendor Name		Class		Pay Code								
C1325	CARDINAL HEALTH 414, INC.		W										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
8002676996	✓		11/10/20	10/31/20	11/25/20		485.64	0.00	0.00	485.64	✓		
	SUPPLIES												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								C1325	CARDINAL HEALTH 414, INC.	485.64	0.00	0.00	485.64
Vendor#	Vendor Name		Class		Pay Code								
13992	CARIANT HEALTH PARTNERS												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
129340	✓		11/09/20	11/03/20	11/26/20		2,900.00	0.00	0.00	2,900.00	✓		
	TRAVEL NURSE STAFFING												
129341	✓		11/09/20	11/03/20	11/26/20		3,802.50	0.00	0.00	3,802.50	✓		

TRAVEL NURSE STAFFING										
129560			11/15/20	11/10/20	11/10/20		2,880.00	0.00	0.00	2,880.00
TRAVEL NURSE STAFFING										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	13992	CARIANT HEALTH PARTNERS					9,582.50	0.00	0.00	9,582.50
Vendor#	Vendor Name				Class	Pay Code				
C1992	CDW GOVERNMENT, INC.				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
L997693		11/12/20	10/11/20	11/25/20		195.05	0.00	0.00	195.05	
SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.					195.05	0.00	0.00	195.05
Vendor#	Vendor Name				Class	Pay Code				
13760	CIGNA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
162948		11/15/20	11/03/20	11/03/20		104.82	0.00	0.00	104.82	
REFUND										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	13760	CIGNA					104.82	0.00	0.00	104.82
Vendor#	Vendor Name				Class	Pay Code				
C1166	COASTAL OFFICE SolutONS				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
OE313481	CREDIT	08/26/20	04/13/20	12/01/20		-231.42	0.00	0.00	-231.42	
CREDIT INVOICE OE313481										
OEQT186071		11/15/20	11/05/20	11/15/20		7,616.55	0.00	0.00	7,616.55	
SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SolutONS					7,385.13	0.00	0.00	7,385.13
Vendor#	Vendor Name				Class	Pay Code				
13336	COCA COLA SOUTHWEST BEVERAGES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
24165200140		11/17/20	10/06/20	11/30/20		-250.00	0.00	0.00	-250.00	
CREDIT										
24165200288		11/17/20	11/17/20	11/17/20		487.61	0.00	0.00	487.61	
SUPPLIES										
24165200289		11/17/20	11/17/20	11/17/20		-125.00	0.00	0.00	-125.00	
CREDIT										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTHWEST BEVERAGES					112.61	0.00	0.00	112.61
Vendor#	Vendor Name				Class	Pay Code				
C1970	CONMED CORPORATION				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
703490		11/16/20	11/01/20	11/16/20		555.52	0.00	0.00	555.52	
SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION					555.52	0.00	0.00	555.52
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	
6613000		11/05/20	11/01/20	11/26/20		21.23	0.00	0.00	21.23	
SUPPLIES										

6612950 ✓		11/05/20	11/01/20	11/26/20		211.12	0.00	0.00	211.12 ✓
	SUPPLIES								
6612970 ✓		11/05/20	11/01/20	11/26/20		70.99	0.00	0.00	70.99 ✓
	SUPPLIES								
6527601 ✓		11/08/20	11/04/20	11/29/20		97.90	0.00	0.00	97.90 ✓
	SUPPLIES								
6597801 ✓		11/08/20	11/04/20	11/29/20		97.90	0.00	0.00	97.90 ✓
	SUPPLIES								
6616050 ✓		11/08/20	11/04/20	11/29/20		77.14	0.00	0.00	77.14 ✓
	SUPPLIES								
6619660 ✓		11/10/20	11/05/20	11/30/20		78.00	0.00	0.00	78.00 ✓
	SUPPLIES								
6604770 ✓		11/16/20	10/22/20	11/16/20		234.56	0.00	0.00	234.56 ✓
	SUPPLIES								
661029 ✓		11/16/20	10/27/20	11/21/20		395.09	0.00	0.00	395.09 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,283.93	0.00	0.00	1,283.93

Vendor# Vendor Name Class Pay Code

11011	DIAMOND HEALTHCARE CORP ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN20054997 ✓	OCT / CPR	11/09/20	11/01/20	11/26/20		19,166.67	0.00	0.00	19,166.67 ✓
IN20054996 ✓	BEHAVIOR HEALTH	11/16/20	11/01/20	11/26/20		31,144.58	0.00	0.00	31,144.58 ✓
IN20055008 ✓	INPATIENT ASSESSMENT	11/16/20	11/01/20	11/26/20		2,500.00	0.00	0.00	2,500.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP	52,811.25	0.00	0.00	52,811.25

Vendor# Vendor Name Class Pay Code

12044	DRIESSEN WATER INC. (CULLIGAN) ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
-2276901 ✓	WATER	11/11/20	10/31/20	11/25/20		31.50	0.00	0.00	31.50 ✓

14302703-10312021

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12044	DRIESSEN WATER INC. (CULLIGAN)	31.50	0.00	0.00	31.50

Vendor# Vendor Name Class Pay Code

11046	E-MDS, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
471814 ✓	HOSTING SUBSCRIPTION GR 14 month	11/05/20	11/03/20	12/01/20		63,933.23	0.00	0.00	63,933.23 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11046	E-MDS, INC	63,933.23	0.00	0.00	63,933.23

Vendor# Vendor Name Class Pay Code

W1167	ELITECH GROUP INC (WESCOR) ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
762887 ✓	SUPPLIES	11/11/20	10/25/20	11/25/20		592.60	0.00	0.00	592.60 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1167	ELITECH GROUP INC (WESCOR)	592.60	0.00	0.00	592.60

Vendor# Vendor Name Class Pay Code



11284	EMERGENCY STAFFING SOLUTIONS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
40726 ✓		11/11/20	11/15/20	11/25/20		40,062.50	0.00	0.00	40,062.50	✓	
	ED PHYSICIAN STAFFING (1-15th)										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11284	EMERGENCY STAFFING SOLUTIONS				40,062.50	0.00	0.00	40,062.50		
Vendor#	Vendor Name		Class	Pay Code							
13804	EVERGREEN MEDICAL SERVICES ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
EMSIN0004280 ✓		11/17/20	10/22/20	11/30/20		1,500.00	0.00	0.00	1,500.00	✓	
	EVALUATION										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	13804	EVERGREEN MEDICAL SERVICES				1,500.00	0.00	0.00	1,500.00		
Vendor#	Vendor Name		Class	Pay Code							
C2510	EVIDENT ✓		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
A2111031378		11/15/20	11/03/20	11/28/20		17,414.00	0.00	0.00	17,414.00	✓	
	SUPPORT										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	C2510	EVIDENT				17,414.00	0.00	0.00	17,414.00		
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		
111221		11/15/20	11/12/20	11/30/20		122.08	0.00	0.00	122.08	✓	
	TRAVEL <i>Advisory Committee Meeting @ Wharton Junior college 11/12/20</i>										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	R1185	FARAH JANAK				122.08	0.00	0.00	122.08		
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		
755491162 ✓		11/05/20	11/04/20	11/29/20		59.15	0.00	0.00	59.15	✓	
	FREIGHT										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	F1100	FEDERAL EXPRESS CORP.				59.15	0.00	0.00	59.15		
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		
3327708 ✓		11/09/20	11/01/20	11/26/20		52.76	0.00	0.00	52.76	✓	
	SUPPLIES										
3813342 ✓		11/09/20	11/03/20	11/28/20		428.61	0.00	0.00	428.61	✓	
	SUPPLIES										
3813350 ✓		11/10/20	11/03/20	11/28/20		82.82	0.00	0.00	82.82	✓	
	SUPPLIES										
3813347 ✓		11/10/20	11/03/20	11/28/20		1,117.07	0.00	0.00	1,117.07	✓	
	LEASE										
3813349 ✓		11/10/20	11/03/20	11/28/20		78.49	0.00	0.00	78.49	✓	
	SUPPLIES										
2008336 ✓		11/11/20	10/22/20	11/25/20		181.98	0.00	0.00	181.98	✓	
	SUPPLIES										
3577649 ✓		11/11/20	11/11/20	11/25/20		78.38	0.00	0.00	78.38	✓	
	SUPPLIES										

2868785	✓		11/12/20	09/21/20	11/25/20		1,473.55	0.00	0.00	1,473.55	✓	
		SUPPLIES										
4158973	✓		11/15/20	11/05/20	11/30/20		4,140.00	0.00	0.00	4,140.00	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				7,633.66	0.00	0.00	7,633.66		
Vendor#	Vendor Name		Class		Pay Code							
11183	FRONTIER											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
110221		11/10/20	11/05/20	11/25/20			1,181.78	0.00	0.00	1,181.78	✓	
	TELEPHONE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11183	FRONTIER				1,181.78	0.00	0.00	1,181.78		
Vendor#	Vendor Name		Class		Pay Code							
14156	FUJI FILM											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
PJIN0180835	✓	10/26/20	10/15/20	11/25/20			7,908.33	0.00	0.00	7,908.33	✓	
	SMA FEE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		14156	FUJI FILM				7,908.33	0.00	0.00	7,908.33		
Vendor#	Vendor Name		Class		Pay Code							
13960	G & S MANAGEMENT GROUP LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
340383695	✓	11/15/20	10/26/20	11/15/20			254.42	0.00	0.00	254.42	✓	
	TRASH											
340383694	✓	11/15/20	11/10/20	11/20/20			335.88	0.00	0.00	335.88	✓	
	TRASH SERVICE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		13960	G & S MANAGEMENT GROUP LLC				590.30	0.00	0.00	590.30		
Vendor#	Vendor Name		Class		Pay Code							
13980	GBS ADMINISTRATORS, INC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
48100602	NOV	11/17/20	11/17/20	11/17/20			1,819.09	0.00	0.00	1,819.09	✓	
	INSURANCE (Vision)											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		13980	GBS ADMINISTRATORS, INC				1,819.09	0.00	0.00	1,819.09		
Vendor#	Vendor Name		Class		Pay Code							
10283	GE HEALTHCARE											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
6001986428	✓	11/10/20	11/01/20	12/01/20			61.67	0.00	0.00	61.67	✓	
	MAINTENANCE CONTRACT											
6001986427	✓	11/10/20	11/01/20	12/01/20			86.67	0.00	0.00	86.67	✓	
	MAINTENANCE CONTRACT											
6001986426	✓	11/10/20	11/01/20	12/01/20			3,588.58	0.00	0.00	3,588.58	✓	
	MAINTENANCE CONTRACT											
6001986346	✓	11/10/20	11/01/20	12/01/20			680.00	0.00	0.00	680.00	✓	
	MAINTENANCE CONTRACT											
6001986629	✓	11/10/20	11/01/20	12/01/20			868.16	0.00	0.00	868.16	✓	
	MAINTENANCE CONTRACT											
6001986347	✓	11/10/20	11/01/20	12/01/20			572.33	0.00	0.00	572.33	✓	
	MAINTENANCE CONTRACT											

6001986456		11/10/20	11/01/20	12/01/20			5,665.83	0.00	0.00	5,665.83		
MAINTENANCE CONTRACT												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10283	GE HEALTHCARE	11,523.24	0.00	0.00	11,523.24
Vendor#	Vendor Name				Class	Pay Code						
W1300	GRAINGER				M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
9101481480		11/12/20	10/27/20	11/26/20			182.04	0.00	0.00	182.04		
SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							W1300	GRAINGER	182.04	0.00	0.00	182.04
Vendor#	Vendor Name				Class	Pay Code						
12948	GREAT AMERICAN FINANCIAL SVCS											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
<del>110521</del>		11/10/20	11/05/20	11/30/20			9,797.22	0.00	0.00	9,797.22		
30420839	COPIER LEASE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12948	GREAT AMERICAN FINANCIAL SVCS	9,797.22	0.00	0.00	9,797.22
Vendor#	Vendor Name				Class	Pay Code						
G0401	GULF COAST DELIVERY											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
10312021		10/31/20	10/30/20	11/29/20			125.00	0.00	0.00	125.00		
DELIVERY (10/5-10/29/20)												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							G0401	GULF COAST DELIVERY	125.00	0.00	0.00	125.00
Vendor#	Vendor Name				Class	Pay Code						
G1210	GULF COAST PAPER COMPANY				M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
2128934		11/12/20	10/26/20	11/25/20			676.84	0.00	0.00	676.84		
SUPPLIES												
2075075		11/16/20	07/21/20	08/20/20			-51.35	0.00	0.00	-51.35		
CREDIT												
2084788		11/16/20	08/11/20	09/10/20			-58.20	0.00	0.00	-58.20		
CREDIT												
2107601		11/16/20	09/21/20	10/21/20			79.90	0.00	0.00	79.90		
SUPPLIES												
2116589		11/16/20	10/05/20	11/04/20			807.21	0.00	0.00	807.21		
SUPPLIES												
2124669		11/16/20	10/19/20	11/18/20			910.46	0.00	0.00	910.46		
SUPPLIES												
2128689		11/16/20	10/26/20	11/25/20			428.31	0.00	0.00	428.31		
SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							G1210	GULF COAST PAPER COMPANY	2,793.17	0.00	0.00	2,793.17
Vendor#	Vendor Name				Class	Pay Code						
10804	HEALTHCARE CODING & CONSULTING											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
11599		11/15/20	10/31/20	11/30/20			404.75	0.00	0.00	404.75		
SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10804	HEALTHCARE CODING & CONSULTING	404.75	0.00	0.00	404.75

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11552	HEALTHCARE FINANCIAL SERVICES			100533975	LEASE	11/01/20	10/27/20	12/01/20		4,610.52	0.00	0.00	4,610.52
				100539944	LEASE	11/09/20	11/06/20	12/01/20		7,154.17	0.00	0.00	7,154.17
				100539946	LEASE	11/09/20	11/06/20	12/01/20		1,797.44	0.00	0.00	1,797.44
				100539945	LEASE	11/11/20	11/06/20	12/01/20		7,447.86	0.00	0.00	7,447.86
				100539943	LEASE	11/11/20	11/06/20	12/01/20		4,919.41	0.00	0.00	4,919.41
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				11552	HEALTHCARE FINANCIAL SERVICES					25,929.40	0.00	0.00	25,929.40

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
H1227	HEALTHSURE INSURANCE SERVICES			2452	PATIENT BONDS BETHANY LI'	10/26/20	10/25/20	12/01/20		400.00	0.00	0.00	400.00
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				H1227	HEALTHSURE INSURANCE SERVICES					400.00	0.00	0.00	400.00

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10530	HUMANAH EALTH CARE PLANS			174976	REFUND	11/15/20	10/28/20	11/30/20		96.00	0.00	0.00	96.00
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				10530	HUMANAH EALTH CARE PLANS					96.00	0.00	0.00	96.00

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10922	HUNTER PHARMACY SERVICES			4640	PHARMACIST	11/16/20	10/31/20	11/20/20		14,577.42	0.00	0.00	14,577.42
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				10922	HUNTER PHARMACY SERVICES					14,577.42	0.00	0.00	14,577.42

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11200	IRON MOUNTAIN			DZVC370	RECYCLE SERVICES	10/31/20	10/31/20	11/30/20		674.89	0.00	0.00	674.89
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				11200	IRON MOUNTAIN					674.89	0.00	0.00	674.89

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11264	ITA RESOURCES, INC	W		MMC112021	RESPIRATORY	11/16/20	11/15/20	11/30/20		25,152.92	0.00	0.00	25,152.92
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				11264	ITA RESOURCES, INC					25,152.92	0.00	0.00	25,152.92

Vendor#	Vendor Name	Class	Pay Code
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J0150	J & J HEALTH CARE SYSTEMS, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
926985612 ✓		11/08/20	11/01/20	12/01/20		76.26	0.00	0.00	76.26 ✓		
	SUPPLIES										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						J0150	J & J HEALTH CARE SYSTEMS, INC	76.26	0.00	0.00	76.26
Vendor#	Vendor Name				Class	Pay Code					
11600	LEGAL SHIELD ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
111521		11/15/20	11/15/20	11/25/20		541.35	0.00	0.00	541.35 ✓		
	PAYROLL DEDUCT										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						11600	LEGAL SHIELD	541.35	0.00	0.00	541.35
Vendor#	Vendor Name				Class	Pay Code					
L1640	LOWE'S HOME CENTERS INC ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
55348 ✓		11/17/20	10/01/20	10/30/20		395.48	0.00	0.00	395.48 ✓		
	SUPPLIES										
110221		11/17/20	10/01/20	11/28/20		24.06	0.00	0.00	24.06 ✓		
	INTEREST CHARGES										
53717 ✓		11/17/20	10/01/20	11/28/20		296.34	0.00	0.00	296.34 ✓		
	SUPPLIES										
55351 ✓		11/17/20	10/01/20	11/28/20		187.40	0.00	0.00	187.40 ✓		
	SUPPLIES										
42830 ✓		11/17/20	10/01/20	11/28/20		5.66	0.00	0.00	5.66 ✓		
	SUPPLIES										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						L1640	LOWE'S HOME CENTERS INC	908.94	0.00	0.00	908.94
Vendor#	Vendor Name				Class	Pay Code					
11796	LUBY'S FUDDRUCKERS RESTAURANTS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV00004988 ✓		11/11/20	10/31/20	11/30/20		24,249.06	0.00	0.00	24,249.06 ✓		
	FOOD SUPPLY										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						11796	LUBY'S FUDDRUCKERS RESTAURANTS	24,249.06	0.00	0.00	24,249.06
Vendor#	Vendor Name				Class	Pay Code					
M1950	MARTIN PRINTING CO ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
77802 ✓		11/05/20	10/26/20	11/25/20		248.41	0.00	0.00	248.41 ✓		
	SUPPLIES										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						M1950	MARTIN PRINTING CO	248.41	0.00	0.00	248.41
Vendor#	Vendor Name				Class	Pay Code					
11141	MEDICAL DATA SYSTEMS, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
164397 ✓		11/17/20	09/30/20	10/25/20		8.75	0.00	0.00	8.75 ✓		
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						11141	MEDICAL DATA SYSTEMS, INC.	8.75	0.00	0.00	8.75
Vendor#	Vendor Name				Class	Pay Code					
14188	MEDICAL DEVICE DEPOT ✓										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
A136946	✓	11/11/20	11/01/20	11/30/20		182.97	0.00	0.00	182.97 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14188	MEDICAL DEVICE DEPOT	182.97	0.00	0.00	182.97
Vendor#	Vendor Name				Class	Pay Code					
10613	MEDIMPACT HEALTHCARE SYS, INC.				✓	A/P					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
111521	✓	11/16/20	11/15/20	11/15/20		30.74	0.00	0.00	30.74 ✓		
CLAIMS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10613	MEDIMPACT HEALTHCARE SYS, INC.	30.74	0.00	0.00	30.74
Vendor#	Vendor Name				Class	Pay Code					
M2827	MEDIVATORS				✓	M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
91103485	✓	11/09/20	10/28/20	11/27/20		31.00	0.00	0.00	31.00 ✓		
SUPPLIES											
91105183	✓	11/09/20	10/29/20	11/28/20		229.07	0.00	0.00	229.07 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						M2827	MEDIVATORS	260.07	0.00	0.00	260.07
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		
1967435038	✓	09/30/20	09/23/20	10/17/20		135.42	0.00	0.00	135.42 ✓		
SUPPLIES											
1971063282	✓	10/21/20	10/20/20	11/14/20		36.71	0.00	0.00	36.71 ✓		
SUPPLIES											
1972755741	✓	11/08/20	11/02/20	11/27/20		44.58	0.00	0.00	44.58 ✓		
SUPPLIES											
1972755745	✓	11/08/20	11/02/20	11/27/20		193.52	0.00	0.00	193.52 ✓		
SUPPLIES											
1972755743	✓	11/08/20	11/02/20	11/27/20		5.38	0.00	0.00	5.38 ✓		
SUPPLIES											
1972755748	✓	11/08/20	11/02/20	11/27/20		12.58	0.00	0.00	12.58 ✓		
SUPPLIES											
1972755746	✓	11/08/20	11/02/20	11/27/20		164.70	0.00	0.00	164.70 ✓		
SUPPLIES											
1972755744	✓	11/08/20	11/02/20	11/27/20		272.02	0.00	0.00	272.02 ✓		
SUPPLIES											
1972755740	✓	11/08/20	11/02/20	11/27/20		82.86	0.00	0.00	82.86 ✓		
SUPPLIES											
1972755742	✓	11/08/20	11/02/20	11/27/20		96.76	0.00	0.00	96.76 ✓		
SUPPLIES											
1972846658	✓	11/09/20	11/03/20	11/28/20		1,975.38	0.00	0.00	1,975.38 ✓		
SUPPLIES											
1972846662	✓	11/09/20	11/03/20	11/28/20		117.87	0.00	0.00	117.87 ✓		
SUPPLIES											
1972846654	✓	11/09/20	11/03/20	11/28/20		2,002.01	0.00	0.00	2,002.01 ✓		
SUPPLIES											
1972846663	✓	11/09/20	11/03/20	11/28/20		123.00	0.00	0.00	123.00 ✓		

Invoice#	Vendor Name	Class	Pay Code	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1972846660	SUPPLIES			11/09/20	11/03/20	11/28/20		287.27	0.00	0.00	287.27
1964917836	SUPPLIES			11/11/20	09/02/20	11/25/20		1,453.56	0.00	0.00	1,453.56
1964917823	SUPPLIES			11/11/20	09/02/20	11/25/20		2,648.98	0.00	0.00	2,648.98
1965443116	SUPPLIES			11/11/20	09/08/20	11/25/20		2,403.88	0.00	0.00	2,403.88
1966177885	SUPPLIES			11/11/20	09/14/20	11/25/20		28.34	0.00	0.00	28.34
1969028382	SUPPLIES			11/11/20	10/06/20	11/25/20		37.48	0.00	0.00	37.48
1971985655	SUPPLIES			11/11/20	10/27/20	11/25/20		599.85	0.00	0.00	599.85
1971985666	SUPPLIES			11/11/20	10/27/20	11/25/20		784.02	0.00	0.00	784.02
1971985669	SUPPLIES			11/11/20	10/27/20	11/25/20		4.75	0.00	0.00	4.75
1972652520	SUPPLIES			11/15/20	11/01/20	11/26/20		32.65	0.00	0.00	32.65
1972713903	SUPPLIES			11/15/20	11/02/20	11/27/20		1,863.72	0.00	0.00	1,863.72
1955248479	SUPPLIES			11/16/20	06/15/20	07/10/20		916.56	0.00	0.00	916.56
1964917837	SUPPLIES			11/16/20	09/02/20	09/27/20		11.35	0.00	0.00	11.35
1964917827	SUPPLIES			11/16/20	09/02/20	09/27/20		213.34	0.00	0.00	213.34
1964917825	SUPPLIES			11/16/20	09/02/20	09/27/20		479.12	0.00	0.00	479.12
1964917826	SUPPLIES			11/16/20	09/02/20	09/27/20		23.32	0.00	0.00	23.32
1964917824	SUPPLIES			11/16/20	09/02/20	09/27/20		86.94	0.00	0.00	86.94
1971956066	SUPPLIES			11/16/20	10/27/20	11/21/20		1,499.10	0.00	0.00	1,499.10
1971985654	SUPPLIES			11/16/20	10/27/20	11/21/20		43.28	0.00	0.00	43.28
1972473458	SUPPLIES			11/16/20	10/30/20	11/24/20		706.58	0.00	0.00	706.58
1972755747	SUPPLIES			11/16/20	11/02/20	11/27/20		222.96	0.00	0.00	222.96
1972713902	SUPPLIES			11/16/20	11/02/20	11/27/20		142.53	0.00	0.00	142.53

Vendor Totals: Number Name Gross Discount No-Pay Net  
M2470 MEDLINE INDUSTRIES INC 19,752.37 0.00 0.00 19,752.37

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  
8324 11/11/20 11/08/20 11/25/20 -4.99 0.00 0.00 -4.99

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
					CREDIT								
7523634	✓					11/11/20	11/08/20	11/25/20		1,751.22	0.00	0.00	1,751.22 ✓
					INVENTORY								
7519488	✓					11/11/20	11/08/20	11/25/20		115.12	0.00	0.00	115.12 ✓
					INVENTORY								
7523633	✓					11/15/20	11/08/20	11/25/20		5,117.81	0.00	0.00	5,117.81 ✓
					INVENTORY								
7523632	✓					11/15/20	11/08/20	11/25/20		1,907.14	0.00	0.00	1,907.14 ✓
					INVENTORY								
7524320	✓					11/15/20	11/09/20	11/25/20		28.78	0.00	0.00	28.78 ✓
					TRANSFER								
7527780	✓					11/15/20	11/09/20	11/25/20		40.65	0.00	0.00	40.65 ✓
					INVENTORY								
7527781	✓					11/15/20	11/09/20	11/25/20		732.87	0.00	0.00	732.87 ✓
					INVENTORY								
CM86453	✓					11/15/20	11/09/20	11/25/20		-1.16	0.00	0.00	-1.16 ✓
					INVENTORY								
7524319	✓					11/15/20	11/09/20	11/25/20		5.20	0.00	0.00	5.20 ✓
					INVENTORY								
7527782	✓					11/15/20	11/09/20	11/25/20		441.36	0.00	0.00	441.36 ✓
					INVENTORY								
7533145	✓					11/15/20	11/10/20	11/25/20		1,084.54	0.00	0.00	1,084.54 ✓
					TRANSFER								
7533146	✓					11/15/20	11/10/20	11/25/20		4,551.99	0.00	0.00	4,551.99 ✓
					INVENTORY								
7533147	✓					11/15/20	11/10/20	11/25/20		871.11	0.00	0.00	871.11 ✓
					INVENTORY								
Vendor Totals													
	Number	Name								Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC								16,641.64	0.00	0.00	16,641.64
Vendor#	Vendor Name	Class	Pay Code										
14124	MSH HEALTH SERVICES LLC ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	MMC0003	✓	11/11/20	09/07/20	11/25/20		2,232.00	0.00	0.00	2,232.00 ✓			
		TRAVEL NURSE STAFFING											
	MMC0007	✓	11/11/20	09/20/20	11/25/20		5,127.40	0.00	0.00	5,127.40 ✓			
		TRAVEL NURSE STAFFING											
	MMC0011	✓	11/11/20	10/04/20	11/25/20		4,634.50	0.00	0.00	4,634.50 ✓			
		TRAVEL NURSE STAFFING											
	MMC0012	✓	11/11/20	10/04/20	11/25/20		13,336.25	0.00	0.00	13,336.25 ✓			
		TRAVEL NURSE STAFFING											
	MMC0006	✓	11/15/20	09/14/20	11/15/20		2,356.00	0.00	0.00	2,356.00 ✓			
		TRAVEL NURSE STAFFING											
	MMC0009	✓	11/15/20	09/28/20	11/15/20		1,516.25	0.00	0.00	1,516.25 ✓			
		TRAVEL NURSE STAFFING											
	MMC0010	✓	11/15/20	09/28/20	11/15/20		2,402.50	0.00	0.00	2,402.50 ✓			
		TRAVEL NURSE STAFFING											
Vendor Totals													
	Number	Name								Gross	Discount	No-Pay	Net
	14124	MSH HEALTH SERVICES LLC					31,604.90	0.00	0.00	31,604.90			
Vendor#	Vendor Name	Class	Pay Code										
O0920	OFFICE DEPOT ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			



206534594001		11/16/20	10/29/20	11/16/20			284.96	0.00	0.00	284.96
SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
00920 OFFICE DEPOT							284.96	0.00	0.00	284.96
Vendor#	Vendor Name				Class	Pay Code				
01500	OLYMPUS AMERICA INC				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
31746334		11/09/20	11/02/20	11/27/20		309.55	0.00	0.00	309.55	
SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
01500 OLYMPUS AMERICA INC							309.55	0.00	0.00	309.55
Vendor#	Vendor Name				Class	Pay Code				
11155	PARA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9813		11/17/20	11/01/20	12/01/20		3,084.00	0.00	0.00	3,084.00	
REVENUE INTEGRITY PROGR										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
11155 PARA							3,084.00	0.00	0.00	3,084.00
Vendor#	Vendor Name				Class	Pay Code				
10152	PARTSSOURCE, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
04083313		11/15/20	10/28/20	11/27/20		438.05	0.00	0.00	438.05	
SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
10152 PARTSSOURCE, LLC							438.05	0.00	0.00	438.05
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	
007505		11/11/20	11/10/20	11/25/20		1,225.00	0.00	0.00	1,225.00	
TRAVEL NURSE STAFFING										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
13988 PAYCHEX, ADVANCE FBO							1,225.00	0.00	0.00	1,225.00
Vendor#	Vendor Name				Class	Pay Code				
P2200	POWER HARDWARE				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
A77433		11/05/20	10/01/20	11/30/20		5.59	0.00	0.00	5.59	
SUPPLIES										
A77598		11/05/20	10/07/20	11/30/20		9.99	0.00	0.00	9.99	
SUPPLIES										
A77798		11/05/20	10/14/20	11/30/20		5.99	0.00	0.00	5.99	
SUPPLIES										
A78064		11/05/20	10/21/20	11/30/20		29.61	0.00	0.00	29.61	
SUPPLIES										
b64465		11/05/20	10/25/20	11/30/20		19.45	0.00	0.00	19.45	
SUPPLIES										
B64484		11/05/20	10/26/20	11/30/20		16.45	0.00	0.00	16.45	
SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
P2200 POWER HARDWARE							87.08	0.00	0.00	87.08
Vendor#	Vendor Name				Class	Pay Code				
11932	PRESS GANEY ASSOCIATES, INC.									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
IN000501981	SURVEY	10/31/20	10/31/20	11/30/20		2,523.79	0.00	0.00	2,523.79		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11932	PRESS GANEY ASSOCIATES, INC.	2,523.79	0.00	0.00	2,523.79
Vendor#	Vendor Name			Class	Pay Code						
12480	PRO ENERGY PARTNERS LP										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2110-0600	NATURAL GAS	11/15/20	11/10/20	11/25/20		4,178.13	0.00	0.00	4,178.13		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12480	PRO ENERGY PARTNERS LP	4,178.13	0.00	0.00	4,178.13
Vendor#	Vendor Name			Class	Pay Code						
10896	QIAGEN INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
998077049	SUPPLIES	11/15/20	11/08/20	11/30/20		352.69	0.00	0.00	352.69		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10896	QIAGEN INC	352.69	0.00	0.00	352.69
Vendor#	Vendor Name			Class	Pay Code						
11024	REED, CLAYMON, MEEKER & HARGET										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
091621	LEGAL FEES	11/17/20	09/16/20	09/16/20		122.50	0.00	0.00	122.50		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11024	REED, CLAYMON, MEEKER & HARGET	122.50	0.00	0.00	122.50
Vendor#	Vendor Name			Class	Pay Code						
11252	RX WASTE SYSTEMS LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
3436	SUBSCRIPTION	11/09/20	11/01/20	11/26/20		60.00	0.00	0.00	60.00		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11252	RX WASTE SYSTEMS LLC	60.00	0.00	0.00	60.00
Vendor#	Vendor Name			Class	Pay Code						
S1001	SANOFI PASTEUR INC			W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
917156740	INVENTORY	09/22/20	09/07/20	12/01/20		13,908.79	0.00	0.00	13,908.79		
916812639	CREDIT MEMO	09/30/20	09/30/20	12/01/20		-1,265.10	0.00	0.00	-1,265.10		
917386673	INVENTORY	10/08/20	09/27/20	11/26/20		347.36	0.00	0.00	347.36		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S1001	SANOFI PASTEUR INC	12,991.05	0.00	0.00	12,991.05
Vendor#	Vendor Name			Class	Pay Code						
11296	SOUTH TEXAS BLOOD & TISSUE CEN										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
I07018236	BLOOD	10/31/20	10/31/20	11/25/20		5,862.00	0.00	0.00	5,862.00		
CM5693	CREDIT	10/31/20	10/31/20	11/25/20		-2,607.00	0.00	0.00	-2,607.00		

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11296	SOUTH TEXAS BLOOD & TISSUE CEN	3,255.00	0.00	0.00	3,255.00		
Vendor#	Vendor Name	Class	Pay Code						
14100	STAFFING FIRST ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
2110136 ✓		11/15/20	11/06/20	11/24/20		4,562.50	0.00	0.00	4,562.50 ✓
TRAVEL NURSE STAFFING									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		14100	STAFFING FIRST	4,562.50	0.00	0.00	4,562.50		
Vendor#	Vendor Name	Class	Pay Code						
S3960	STERICYCLE, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
4010488366 ✓		11/15/20	11/01/20	12/01/20		2,550.79	0.00	0.00	2,550.79 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		S3960	STERICYCLE, INC	2,550.79	0.00	0.00	2,550.79		
Vendor#	Vendor Name	Class	Pay Code						
13528	STRYKER FLEX FINANCIAL ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
226812 ✓		10/21/20	10/12/20	12/01/20		1,358.97	0.00	0.00	1,358.97 ✓
RFA MACHINE									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		13528	STRYKER FLEX FINANCIAL	1,358.97	0.00	0.00	1,358.97		
Vendor#	Vendor Name	Class	Pay Code						
S2830	STRYKER SALES CORP ✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
9201849905 ✓		11/15/20	11/07/20	11/25/20		1,460.72	0.00	0.00	1,460.72 ✓
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		S2830	STRYKER SALES CORP	1,460.72	0.00	0.00	1,460.72		
Vendor#	Vendor Name	Class	Pay Code						
T2539	T-SYSTEM, INC ✓	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
49671 ✓		11/01/20	10/27/20	11/26/20		431.42	0.00	0.00	431.42 ✓
ERX LICENSE									
49743 ✓		11/17/20	10/31/20	11/30/20		5,699.00	0.00	0.00	5,699.00 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		T2539	T-SYSTEM, INC	6,130.42	0.00	0.00	6,130.42		
Vendor#	Vendor Name	Class	Pay Code						
T2204	TEXAS MUTUAL INSURANCE CO ✓	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1003190541 ✓		11/10/20	11/05/20	11/27/20		6,494.00	0.00	0.00	6,494.00 ✓
WORKERS COMP									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		T2204	TEXAS MUTUAL INSURANCE CO	6,494.00	0.00	0.00	6,494.00		
Vendor#	Vendor Name	Class	Pay Code						
10758	TEXAS SELECT STAFFING, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
001850454079IN ✓		11/11/20	11/10/20	11/25/20		10,092.10	0.00	0.00	10,092.10 ✓
TRAVEL NURSE STAFFING									

Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					10758	TEXAS SELECT STAFFING, LLC	10,092.10	0.00	0.00	10,092.10
Vendor#	Vendor Name	Class	Pay Code							
U1064	UNIFIRST HOLDINGS INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400380341 ✓ 79838	LAUNDRY	10/31/20	11/01/20	11/26/20			55.83	0.00	0.00	55.83 ✓
8400380340 ✓ 79817	LAUNDRY	10/31/20	11/01/20	11/26/20			45.15	0.00	0.00	45.15 ✓
8400380362 ✓	LAUNDRY	10/31/20	11/01/20	11/26/20			2,117.74	0.00	0.00	2,117.74 ✓
8400380664 ✓	LAUNDRY	11/05/20	11/04/20	11/29/20			76.82	0.00	0.00	76.82 ✓
8400380669 ✓	LAUNDRY	11/05/20	11/04/20	11/29/20			199.32	0.00	0.00	199.32 ✓
8400380680 ✓	LAUNDRY	11/05/20	11/04/20	11/29/20			79.43	0.00	0.00	79.43 ✓
8400380686 ✓	LAUNDRY	11/05/20	11/04/20	11/29/20			1,498.62	0.00	0.00	1,498.62 ✓
8400380668 ✓	LAUNDRY	11/05/20	11/04/20	11/29/20			188.41	0.00	0.00	188.41 ✓
8400380667 ✓	LAUNDRY	11/05/20	11/04/20	11/29/20			188.62	0.00	0.00	188.62 ✓
8400380666 ✓	LAUNDRY	11/05/20	11/04/20	11/29/20			137.13	0.00	0.00	137.13 ✓
8400380699 ✓	LAUNDRY	11/05/20	11/04/20	11/29/20			109.31	0.00	0.00	109.31 ✓
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					U1064	UNIFIRST HOLDINGS INC	4,696.38	0.00	0.00	4,696.38
Vendor#	Vendor Name	Class	Pay Code							
U1056	UNIFORM ADVANTAGE ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SIV11468992 ✓	UNIFORMS ERIN WISDOM	11/16/20	10/12/20	11/11/20			226.95	0.00	0.00	226.95 ✓
SIV11468981 ✓	UNIFORMS BRITTANY RUDDIC	11/16/20	10/12/20	11/11/20			118.92	0.00	0.00	118.92 ✓
SIV11469002 ✓	UNIFORMS SAVANNAH HARLI	11/16/20	10/12/20	11/11/20			220.93	0.00	0.00	220.93 ✓
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					U1056	UNIFORM ADVANTAGE	566.80	0.00	0.00	566.80
Vendor#	Vendor Name	Class	Pay Code							
14192	UNITED HEALTHCARE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
168591 ✓	REFUND	11/15/20	11/03/20	11/30/20			2.56	0.00	0.00	2.56 ✓
138261 ✓	REFUND	11/15/20	11/03/20	11/30/20			80.00	0.00	0.00	80.00 ✓
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					14192	UNITED HEALTHCARE	82.56	0.00	0.00	82.56
Vendor#	Vendor Name	Class	Pay Code							
10768	VICTORIA MEDICAL FOUNDATION ✓									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
150		11/15/20	04/15/20	11/25/20		725.00	0.00	0.00	725.00		
ANNUAL DUES FOR ARROYO-											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10768	VICTORIA MEDICAL FOUNDATION	725.00	0.00	0.00	725.00
Vendor#	Vendor Name						Class	Pay Code			
13808	VITA PERSONA LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
VP20212588		11/16/20	11/10/20	11/16/20		1,942.98	0.00	0.00	1,942.98		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13808	VITA PERSONA LLC	1,942.98	0.00	0.00	1,942.98
Vendor#	Vendor Name						Class	Pay Code			
11018	WEBPT, INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV163238		11/17/20	11/12/20	11/18/20		9,244.80	0.00	0.00	9,244.80		
PROVIDER SUB											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11018	WEBPT, INC	9,244.80	0.00	0.00	9,244.80
Vendor#	Vendor Name						Class	Pay Code			
11110	WERFEN USA LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9111063551		11/12/20	11/03/20	11/28/20		983.00	0.00	0.00	983.00		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11110	WERFEN USA LLC	983.00	0.00	0.00	983.00
Vendor#	Vendor Name						Class	Pay Code			
11400	WEST COAST MEDICAL RESOURCES										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV076985		10/31/20	10/27/20	11/26/20		895.00	0.00	0.00	895.00		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11400	WEST COAST MEDICAL RESOURCES	895.00	0.00	0.00	895.00
Report Summary											
Grand Totals:		Gross		Discount		No-Pay		Net			
		552,855.09		0.00		0.00		552,855.09			

AFFIDAVIT  
 NGV 22 2021  
 CHIEF CLERK  
 192717-  
 192807  
 CLERK OF DISTRICT COURT  
 CLERK OF DISTRICT COURT, MORGAN

RECEIVED

RUN DATE: 11/18/21

TIME: 10:05

NOV 18 2021

MEMORIAL MEDICAL CENTER  
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1  
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		111721	34.77	✓	5	REFUND FOR	
		111721	391.56	✓	2	REFUND FOR	
		111721	600.00	✓	2	REFUND FOR	
		111721	279.11	✓	2	REFUND FOR	
		111721	58.40	✓	2	REFUND FOR	
ARID=0001 TOTAL			1363.84				
TOTAL			1363.84				

APPROVED  
BY

NOV 18 2021 CK# 192813-192814

CURRENT ADDRESS  
CALIFORNIA UNIVERSITY, MERCED

# MCKESSON

# STATEMENT

As of: 11/19/2021

Page: 002

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

Company: 8000

DC: 8115

As of: 11/19/2021  
Mail to:

Page: 002  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory:

Customer: 632536  
Date: 11/20/2021

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536  
Date: 11/20/2021

PLEASE CHECK ANY  
ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 9,083.22 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 18/07/2017 2,451.97

If Paid By 11/23/2021,  
Pay This Amount: 8,901.55 USD

If Paid After 11/23/2021,  
Pay this Amount: 9,083.22 USD

Due If Paid On Time:  
USD 8,901.55 ✓

Disc lost if paid late:  
181.67

Due If Paid Late:  
USD 9,083.22

163.67 +  
360.47 +  
2,250.22 +  
16.14 +  
5,416.25 +  
694.80 +  
8,901.55 \*

AMT REMITTED  
BY

NOV 22 2021

CONTRACT AGREEMENT  
CALVERTON COMPANY, TEXAS

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

# MCKESSON

# STATEMENT

As of: 11/19/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 11/19/2021  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 190813  
Date: 11/20/2021

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 190813  
Date: 11/20/2021

PLEASE CHECK ANY  
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813	HEB PHCY 0434/MEM MED PHS										
1/19/2021	11/23/2021	7307270127	2017039206	115Invoice	3.34	167.01		163.67	✓	7307270127	

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

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

Subtotals: 167.01 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1/15/2021 9,543.86

If Paid By 11/23/2021,  
Pay This Amount: 163.67 USD

If Paid After 11/23/2021,  
Pay this Amount: 167.01 USD

Due If Paid On Time: 163.67 ✓  
USD  
Disc lost if paid late: 3.34  
Due If Paid Late: 167.01  
USD

APPROVED BY

NOV 22 2021

CORRECT AMOUNTS  
CALCULATED CORRECTLY, THANKS

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



# MCKESSON

# STATEMENT

As of: 11/19/2021

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

DC: 8115

Territory: 400

Customer: 835438

Date: 11/20/2021

As of: 11/19/2021 Page: 001  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 835438 PLEASE CHECK ANY  
 Date: 11/20/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 835438	CVS PHCY 7475/MEM MC PHS									
1/18/2021	11/23/2021	7307207633	1450180	115Invoice	7.36	367.83		360.47 ✓		7307207633

\* 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: 367.83 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1/15/2021 9,543.86

If Paid By 11/23/2021,  
 Pay This Amount: 360.47 USD

If Paid After 11/23/2021,  
 Pay this Amount: 367.83 USD

Due If Paid On Time: USD 360.47 ✓  
 Disc lost if paid late: 7.36  
 Due If Paid Late: USD 367.83

APPROVED  
 ON

NOV 22 2021

CORPORATE ASSISTANCE  
 CALLETON SQUARE, WYCKE

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

# McKESSON

# STATEMENT

As of: 11/19/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 11/19/2021  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 464450

Date: 11/20/2021

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 464450  
Date: 11/20/2021

PLEASE CHECK ANY  
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
<b>Customer Number 464450 HEB PHY FC 490/MEM MC PHS</b>											
1/16/2021	11/23/2021	7306480365	B2111-055-731028	115Invoice	20.78	1,038.79		1,018.01	✓	7306480365	
1/16/2021	11/23/2021	7306480367	B2111-055-731055	115Invoice	7.41	370.32		362.91	✓	7306480367	
1/16/2021	11/23/2021	7306480369	B2111-055-731071	115Invoice	0.79	39.36		38.57	✓	7306480369	
1/18/2021	11/23/2021	7307005813	55x735790	115Invoice	10.91	545.51		534.60	✓	7307005813	
1/19/2021	11/23/2021	7307266395	55x740399	115Invoice	0.02	1.06		1.04	✓	7307266395	
1/19/2021	11/23/2021	7307275254	55x740463	115Invoice	6.02	301.11		295.09	✓	7307275254	

\*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: 2,296.15 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1/15/2021 9,543.86

If Paid By 11/23/2021,  
Pay This Amount:

2,250.22 USD

If Paid After 11/23/2021,  
Pay this Amount:

2,296.15 USD

Due If Paid On Time:

USD 2,250.22 ✓

Disc lost if paid late:

45.93

Due If Paid Late:

USD 2,296.15



*A. M.*

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

# MCKESSON

# STATEMENT

As of: 11/19/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 11/19/2021  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 262252

Date: 11/20/2021

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 262252  
Date: 11/20/2021

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 1/18/2021	262252 11/23/2021	CVS PHCY 7006/MEMORIA PHS 7307014926	632536 1451281	115Invoice	0.33	16.47		16.14	✓	7307014926

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 16.47 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1/08/2021 10,629.05

If Paid By 11/23/2021,  
Pay This Amount:

16.14 USD

Due If Paid On Time:

USD

16.14 ✓

Disc lost if paid late:

0.33

If Paid After 11/23/2021,  
Pay this Amount:

16.47 USD

Due If Paid Late:

USD

16.47

APPROVED  
BY

NOV 22 2021

CLERK'S ASSISTANCE  
CALISTO V. GONZALEZ, TELLER

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

# McKESSON

# STATEMENT

As of: 11/19/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 11/19/2021  
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: 11/20/2021

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342  
Date: 11/20/2021

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
<b>Customer Number 256342 WALMART 1098/MEM MED PHS</b>											
1/13/2021	11/23/2021	7306216565	1112210741	115Invoice	0.01	0.63		0.62	✓	7306216565	
1/15/2021	11/23/2021	7306148702	19147219	115Invoice	30.84	1,542.14		1,511.30	✓	7306148702	
1/15/2021	11/23/2021	7306148703	19147219	115Invoice	0.01	0.32		0.31	✓	7306148703	
1/15/2021	11/23/2021	7306148704	19214035	115Invoice	0.65	32.31		31.66	✓	7306148704	
1/15/2021	11/23/2021	7306337226	1112210750	195Invoice	0.02	0.95		0.93	✓	7306337226	
1/16/2021	11/23/2021	7306469278	19278953	115Invoice	5.38	268.84		263.46	✓	7306469278	
1/16/2021	11/23/2021	7306637305	1115210947	115Invoice	3.16	158.05		154.89	✓	7306637305	
1/17/2021	11/23/2021	7306755381	19326449	115Invoice	10.76	537.96		527.20	✓	7306755381	
1/17/2021	11/23/2021	7306901421	1116210844	195Invoice	0.01	0.57		0.56	✓	7306901421	
1/17/2021	11/23/2021	7306901422	1116210755	115Invoice		0.12		0.12	✓	7306901422	
1/18/2021	11/23/2021	7307029275	19398270	115Invoice	9.74	487.16		477.42	✓	7307029275	
1/18/2021	11/23/2021	7307029276	19421167	115Invoice	10.75	537.67		526.92	✓	7307029276	
1/18/2021	11/23/2021	7307029277	19442509	115Invoice	14.11	705.63		691.52	✓	7307029277	
1/18/2021	11/23/2021	7307162140	1117210703	115Invoice	0.63	31.36		30.73	✓	7307162140	
1/19/2021	11/23/2021	7307289272	19471810	115Invoice	13.49	674.54		661.05	✓	7307289272	
1/19/2021	11/23/2021	7307289273	19517186	115Invoice	5.38	268.98		263.60	✓	7307289273	
1/19/2021	11/23/2021	7307459435	1118210653	195Invoice	5.59	279.55		273.96	✓	7307459435	

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

**TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS**

Subtotals: 5,526.78 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1/15/2021 9,543.86

If Paid By 11/23/2021,  
Pay This Amount: 5,416.25 USD

If Paid After 11/23/2021,  
Pay this Amount: 5,526.78 USD

Due If Paid On Time:  
USD 5,416.25

Disc lost if paid late:  
110.53

Due If Paid Late:  
USD 5,526.78

NOV 22 2021

ORIGINATOR: AMERICAN  
CALIFORNIA CREDIT, INC

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 11/19/2021

Page: 001

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

Company: 8000

DC: 8195

As of: 11/19/2021

Page: 001

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

Mail to:

Comp: 8000

Customer: 945479

Date: 11/20/2021

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 945479 PLEASE CHECK ANY  
Date: 11/20/2021 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												
1/17/2021	11/23/2021	7306807979		MH11162021	195Invoice	14.18	708.98		694.80 ✓		7306807979	

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

TOTAL: Customer Number 945479 WALMART 5315/MEMRL MC PHS

Subtotals: 708.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,543.86  
1/15/2021

If Paid By 11/23/2021,  
Pay This Amount: 694.80 USD

If Paid After 11/23/2021,  
Pay this Amount: 708.98 USD

Due If Paid On Time: 694.80 ✓  
USD  
Disc lost if paid late: 14.18  
Due If Paid Late: 708.98  
USD

APPROVED BY

NOV 22 2021

COOPER ANDERSON  
CALICOON, MISSOURI

For AR Inquiries please contact 800-867-0333

Serviced 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:	517.41
Past Due:	0.00
Total Due:	517.41
Account Balance:	517.41

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-15-2021	11-26-2021	3073811047	163569	Invoice	35.14		0.00	35.14 ✓
11-15-2021	11-26-2021	3073811048	163570	Invoice	12.36		0.00	12.36 ✓
11-15-2021	11-26-2021	3073840065	163616	Invoice	117.58		0.00	117.58 ✓
11-16-2021	11-26-2021	3073883698	4515553587	Invoice	30.16		0.00	30.16 ✓
11-16-2021	11-26-2021	3073972991	163626	Invoice	137.96		0.00	137.96 ✓
11-17-2021	11-26-2021	3074113277	163633	Invoice	164.45		0.00	164.45 ✓
11-19-2021	11-26-2021	3074391126	163652	Invoice	19.76		0.00	19.76 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
517.41	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
11-19-2021	(610.80)

Reminders

Due Date	Amount
11-26-2021	517.41
Total Due:	517.41

APPROVED BY

NOV 22 2021

OFFICE ADDRESS  
CALLED BY CUSTOMER, TEXAS



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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			1
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		941 #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			1
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		21
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		12
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		\$ 99,026.39 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		\$ 50,060.08 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			\$ 12,184.08 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			\$ 36,782.23 #
		CHECK	\$	-
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

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

Run Date: 11/19/21  
Time: 14:57

MEMORIAL MEDICAL CENTER  
Payroll Register ( Bi-Weekly )  
Pay Period 11/05/21 - 11/18/21 Run# 1

Page 111  
P2REG

Final Summary

Pay Code Summary				Deductions Summary			
PayCd	Description	Hrs	OT SH WE HO CB	Gross	Code	Amount	
1	REGULAR PAY-S1	9320.25	N N N	189374.77	A/R	550.16	A/R2 25.00 A/R3
1	REGULAR PAY-S1	1789.00	N N N N	75051.40	ADVANC	AWARDS	BOOTS
1	REGULAR PAY-S1	386.75	Y N N	10143.73	CAFE H	CAFE-1	CAFE-2
1	REGULAR PAY-S1	3.00	Y N N N	81.45	CAFE-3	CAFE-4	CAFE-5
2	REGULAR PAY-S2	2056.50	N N N	49287.46	CAFE-C	CAFE-D	1681.97 CAFE-F
2	REGULAR PAY-S2	130.75	Y N N	3320.39	CAFE-H	20504.81 CAFE-I	CAFE-L
3	REGULAR PAY-S3	1269.50	N N N	35825.74	CAFE-P	CANCER	CHILD 720.47
3	REGULAR PAY-S3	46.25	Y N N	1454.53	CLINIC	300.00 COMBIN	400.80 CREDUN
C	CALL PAY	2636.00	N 1 N N	5272.00	DD ADV	DENTAL	DEP-LF
D	DOUBLE TIME	17.00	N 1 N N	906.26	DIS-LF	EAT	EATOSH
D	DOUBLE TIME	31.00	N 2 N N	2284.28	FEDTAX	36782.23 FICA-M	6092.04 FICA-O 25030.04
D	DOUBLE TIME	29.00	N 3 N N	2206.64	FIRSTC	FLEX S	3312.29 FLX FE
E	EXTRA WAGES		N N N N	13566.15	PORT D	FUTA	GIFT S 363.49
E	EXTRA WAGES		N 1 N N N	384.00	GRANT	GRP-IN	GTL
F	FUNERAL LEAVE	16.00	N 1 N N	888.48	HOSP-I	ID TFT	LEAF
I	INSERVICE	33.00	N 1 N N	1088.84	LEGAL	280.28 MASA	865.00 MEALS 310.08
J	JURY LEAVE	8.00	N 1 N N	286.48	METVIS	925.24 MISC	MISC/
K	EXTENDED-ILLNESS-BANK	404.00	N 1 N N	9400.56	MMCSHR	NATFML	1753.01 OTHER
P	PAID-TIME-OFF	256.57	N N N N	4414.27	PHI	PHI***	PR FIN
P	PAID-TIME-OFF	1354.75	N 1 N N	36285.03	RELAY	REPAY	SAMS
X	CALL PAY 2	80.00	N 1 N N	160.00	SCRUBS	SIGNON	ST-TX
Z	CALL PAY 3	48.00	N 1 N N	144.00	STONDF	640.86 STONE	STONE2
c	PHONE & DATA		N N N N	1355.00	STUDEN	SUNACC	784.35 SUNILL 733.88
v	COVID-PFCRA	8.00	N 1 N N	82.24	SUNIND	674.21 SUNLIF	726.24 SUNSTD 1203.35
					SUNVIS	SURCHG	450.00 TSA-1
					TSA-2	TSA-C	TSA-P
					TSA-R	31071.48 TUITION	UNIFOR 526.36
					UW/HOS		

----- Grand Totals: 19923.32 ----- ( Gross: 444263.70 Deductions: 136717.64 Net: 307546.06 )  
 Checks Count:- FT 194 PT 9 Other 40 Female 221 Male 21 Credit OverAmt 6 ZeroNet Term Total: 242

*Janey*

Pay date 11/26/21



941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

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

PAY PERIOD: BEGIN	11/5/2021	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	11/18/2021					
PAY DATE:	11/26/2021					
GROSS PAY:	\$ 444,263.70			\$ -		\$ 444,263.70
<b>DEDUCTIONS:</b>						
A/R	\$ 585.16					\$ 585.16
ADVANC						\$ -
BOOTS						\$ -
SUNLIFE CRITICAL ILLNESS	\$ 733.88					\$ 733.88
SUNLIFE ACCIDENT	\$ 784.35					\$ 784.35
SUNLIFE VISION	\$ -					\$ -
SUNLIFE SHORT TERM DIS	\$ 1,203.35					\$ 1,203.35
METLIFE VISION	\$ 925.24					\$ 925.24
CAFÉ-D	\$ 1,681.97					\$ 1,681.97
CAFÉ-H	\$ 20,504.81					\$ 20,504.81
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ 720.47					\$ 720.47
CLINIC	\$ 300.00					\$ 300.00
COMBIN	\$ 400.80					\$ 400.80
CREDUN						\$ -
DENTAL						\$ -
DEP-LF						\$ -
SUNLIFE TERM LIFE	\$ 726.24					\$ 726.24
SUNLIFE HOSP INDEM	\$ 674.21					\$ 674.21
FED TAX	\$ 36,782.23					\$ 36,782.23
FICA-M	\$ 6,092.04					\$ 6,092.04
FICA-O	\$ 25,030.04					\$ 25,030.04
FIRST C	\$ -					\$ -
FLEX S	\$ 3,312.29					\$ 3,312.29
FLX-FE						\$ -
GIFT S	\$ 363.49					\$ 363.49
GRP-IN						\$ -
GTL						\$ -
HOSP-I						\$ -
LEGAL	\$ 1,145.28					\$ 1,145.28
OTHER	\$ 836.44					\$ 836.44
NATIONAL FARM LIFE	\$ 1,753.01					\$ 1,753.01
MED SURCHARGE	\$ 450.00					\$ 450.00
PR FIN	\$ -					\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 640.86					\$ 640.86
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 31,071.48					\$ 31,071.48
UW/HOS	\$ -					\$ -
<b>TOTAL DEDUCTIONS:</b>	\$ 136,717.64	\$ -	\$ -	\$ -	\$ -	\$ 136,717.64
	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
<b>NET PAY:</b>	\$ 307,546.06	\$ -	\$ -	\$ -	\$ -	\$ 307,546.06
	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	\$ 29,786.75					
		<b>Less Exempt:</b>				
<b>TAXABLE PAY:</b>	\$ 414,476.95	\$ 405,358.89				

	**CALCULATED**	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 6,009.92		
FICA - MED (EE)	1.45% \$ 6,009.92	\$ 6,092.04	\$ (82.12)
FICA - SOC SEC (ER)	6.20% \$ 25,132.25		
FICA - SOC SEC (EE)	6.20% \$ 25,132.25	\$ 25,030.04	\$ 102.21
FED WITHHOLDING	\$ 36,782.23	\$ 36,782.23	

**Exempt Amt:**

**Employees over FICA-SS Cap:**

Jason Anglin \$ 9,118.06

Roshanda Thomas \$ -

**Paycode S - Employee Reimb.:**

**TOTAL: \$ 9,118.06**

TAX DEPOSIT:	\$ 99,066.57	\$ 99,026.39
FICA - MEDICARE	2.90% \$ 12,019.84	\$ 12,184.08
FICA - SOCIAL SECURITY	12.40% \$ 50,264.50	\$ 50,060.08
FED WITHHOLDING	\$ 36,782.23	\$ 36,782.23
<b>TOTAL TAX:</b>	\$ 99,066.57	\$ 99,026.39

**PREPARED BY:** Caitlin Clevenger

**PREPARED DATE:** 11/22/2021

Run Date: 11/22/21  
Time: 09:12

MEMORIAL MEDICAL CENTER BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
Pay Period 11/05/21--11/15/21 Run: 1  
Type=NET 10000001 OPERATING - PROSPERITY

Page 1  
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
65243	LUCILA LOPEZ	1104.37	00062912	11/26/21
65463	MARIA I VELOZ	356.37	00062913	11/26/21
00041	CARL LEE KING	962.91	DD	11/26/21
00083	SYLVIA A VARGAS	875.96	DD	11/26/21
00094	SYLVIA A MENDOZA	766.50	DD	11/26/21
00113	JACLYN CARREON	944.19	DD	11/26/21
00132	SANDRA A BRAUN	893.56	DD	11/26/21
00192	BRENDA D PENA	1898.23	DD	11/26/21
00344	SANDY LEE RUDDICK	2660.46	DD	11/26/21
00387	BILLIE F DUCKWORTH	1528.46	DD	11/26/21
00392	MONICA T CARR	761.28	DD	11/26/21
00399	LINDA J TIJERINA	1835.88	DD	11/26/21
00401	VELMA J PINA	1052.33	DD	11/26/21
00417	SHERRY L KING	2211.31	DD	11/26/21
00423	DONN V STRINGO	2083.48	DD	11/26/21
00482	PAM FIKAC	1165.41	DD	11/26/21
00504	HELEN DAVIS	959.92	DD	11/26/21
00533	LAURA V DAVILA	1168.82	DD	11/26/21
00577	DIANA GARCIA	2245.04	DD	11/26/21
00581	CYNTHIA L RUSHING	1359.81	DD	11/26/21
00676	SHEILA KAY HEATHCOCK	1194.34	DD	11/26/21
00681	R RENEE WOOD	1594.13	DD	11/26/21
00692	DEBORAH E WITTNEBERT	244.74	DD	11/26/21
00697	MARIA C FARIAS	1059.79	DD	11/26/21
00707	KIMBERLY R BLINKA	1363.07	DD	11/26/21
00895	EMILIE DIANE WILKEY	46.65	DD	11/26/21
00918	GILMA MORENO	1528.24	DD	11/26/21
01015	SUSAN B SMALLEY	1768.79	DD	11/26/21
01191	SHARON M SPARKS	705.51	DD	11/26/21
01234	JENISE N SVETLIK	1770.43	DD	11/26/21
01367	MARILYN A SANDERS	1779.45	DD	11/26/21
01791	RAUSHANAH J MONDAY	1883.79	DD	11/26/21
02011	ERIN R CLEVINGER	3305.40	DD	11/26/21
02014	AGAPITA C CANTU	16.21	DD	11/26/21
02021	ERIKA OSORNIA-SANCHEZ	772.51	DD	11/26/21
02022	AMANDA J GRIGGS	2420.76	DD	11/26/21
02064	ANNA LAURA GARCIA	650.06	DD	11/26/21
02097	KYLIE M GAINES	1620.89	DD	11/26/21
02099	TRACI M SHEFCIK	2661.94	DD	11/26/21
02112	LESLIE THOMAS	2276.15	DD	11/26/21
02193	TIKI VENGLAR	1526.12	DD	11/26/21
02271	DAWN J BUBENIK	1942.10	DD	11/26/21
02279	MELANIE R FRANZ	28.16	DD	11/26/21
02301	NICOLAS TIJERINA	2287.86	DD	11/26/21
02302	CATHERINE MARIE DECILLOS	312.93	DD	11/26/21
02303	CONNIE M LUNA	2003.78	DD	11/26/21
02315	NINA M GREEN	2024.48	DD	11/26/21
02331	JESSICA B BIFFLE	898.08	DD	11/26/21
02346	JEANETTE L FALCON	282.17	DD	11/26/21
02369	BECKY N BRISENO	369.12	DD	11/26/21
02416	JANELLE SCOTT	1237.96	DD	11/26/21
02511	MAGDALENA SEPULVEDA	153.22	DD	11/26/21
02525	AUDREY D GARCIA	216.15	DD	11/26/21

Run Date: 11/22/21  
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MEMORIAL MEDICAL CENTER  
\*\*\*\* Check Register \*\*\*\*  
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Type-NET 10000001 OPERATING - PROSPERITY

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P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
02535	STEPANIE M SOLIZ	330.31	DD	11/26/21
02552	VERONICA RAGUSIN	1708.87	DD	11/26/21
02584	BEATRICE MAGU	2128.11	DD	11/26/21
02717	PATRICIA A BRISENO	526.50	DD	11/26/21
02719	DAWN M MCCLELLAND	1994.61	DD	11/26/21
02735	ZANDRA A CUELLAR	669.77	DD	11/26/21
02745	TRACY L WIGGS	1757.49	DD	11/26/21
02763	JESSICA COPPIN	1601.00	DD	11/26/21
02794	HEATHER L MUTCHLER	1461.58	DD	11/26/21
02797	SHELLY A MCAFEE	1602.55	DD	11/26/21
02812	BRITTANY N RUDDICK	1388.23	DD	11/26/21
02907	MARIA F LONGORIA	1065.87	DD	11/26/21
02927	MICHAEL L GAINES	2596.67	DD	11/26/21
02963	DOROTHY J RENDON	528.65	DD	11/26/21
02970	DIANNE G ATKINSON	1865.15	DD	11/26/21
03864	JACQUELINE R HERRERA	1784.76	DD	11/26/21
05003	COURTINE D THURLKILL	2623.74	DD	11/26/21
05007	JAMIE K NEYLAND	1618.42	DD	11/26/21
05641	AMANDA R KEY	1642.26	DD	11/26/21
05757	SHARON T HOLDER	1755.14	DD	11/26/21
07066	DELPHINE PADRON	1810.57	DD	11/26/21
07878	DIANA C SAUCEDA	958.33	DD	11/26/21
11197	CATHERINE A SAENZ	1809.94	DD	11/26/21
11412	COURTNEY L MORKOVSKY	1613.98	DD	11/26/21
12011	KIMBERLY J REYNA	1086.57	DD	11/26/21
12115	LISA J HINOJOSA	864.67	DD	11/26/21
12212	MARIA E ARREDONDO	743.23	DD	11/26/21
15097	KYLE L DANIEL	2279.12	DD	11/26/21
15131	SAVANNAH HARLEY	1460.42	DD	11/26/21
15230	MEAGAN GARCIA	1400.62	DD	11/26/21
15286	DAWN M MAREK	1559.59	DD	11/26/21
15400	ANDREA RODRIGUEZ	1559.96	DD	11/26/21
15555	STEPHANIE MARTIN	364.13	DD	11/26/21
15909	JULIE NGUYEN	1796.05	DD	11/26/21
15915	BRIANNE J KEY	2744.12	DD	11/26/21
20112	YULMA PATRICA RODRIGUEZ	42.24	DD	11/26/21
20144	SOPHIE M PECENA	979.23	DD	11/26/21
20156	ERIN ASHLEY WISDOM	1699.81	DD	11/26/21
20206	KELLI B GOFF	1518.46	DD	11/26/21
20207	SHAWNA G HARTL	1982.91	DD	11/26/21
20294	JESSICA D WALTHER	850.60	DD	11/26/21
20304	KAYLIN EASLEY	161.48	DD	11/26/21
20407	MISTY M RECTOR	1365.87	DD	11/26/21
20419	KAREN N MCEUEN	21.13	DD	11/26/21
20484	BRIANNA S PASSMORE	125.64	DD	11/26/21
20759	JAMIE SADLER	839.85	DD	11/26/21
20796	ANNA JIMENEZ	454.07	DD	11/26/21
20797	BETHANN M DIGGS	625.62	DD	11/26/21
20816	JOIE L PENA	827.88	DD	11/26/21
20837	DAISY MADRIGAL	1067.01	DD	11/26/21
20896	DANIELA CAMACHO	73.51	DD	11/26/21
20977	CHERYL L TESCH	1505.82	DD	11/26/21
21450	DIANA E LEAL	1374.32	DD	11/26/21
21629	JACOBY R CRAWFORD	1405.45	DD	11/26/21

Run Date: 11/22/21  
Time: 09:12

MEMORIAL MEDICAL CENTER BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
Pay Period 11/05/21--11/16/21 Run: 1  
Type-NET 10000001 OPERATING - PROSPERITY

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Num.	Name	Amount	CHECK NUM	DATE
28034	KRISTINA A BUENGER	20.48	DD	11/26/21
28120	JESSICA V SELVERA	858.67	DD	11/26/21
29199	KELLY A SCHOTT	282.66	DD	11/26/21
30491	ARLEEN JUDD	601.60	DD	11/26/21
31035	STACIE L EPLEY	1934.65	DD	11/26/21
31054	LORA L LAMBDEN	755.99	DD	11/26/21
31099	ARACELY Z GARCIA	2011.83	DD	11/26/21
31219	LAUREN PHILLIPS	299.58	DD	11/26/21
31313	KATHERINE LYNN JIMENEZ	1828.72	DD	11/26/21
31319	STACY L FARMER	1677.44	DD	11/26/21
31463	EDWARD E MATULA	2862.31	DD	11/26/21
31508	RACHEL A HEFFNER	1953.61	DD	11/26/21
31821	KAYLA M ALVAREZ	1726.94	DD	11/26/21
31832	SHANE D KRESTA	1350.23	DD	11/26/21
31849	CODY L JUREK	1463.67	DD	11/26/21
38116	KRYSTELLA F KISIAH	906.77	DD	11/26/21
38413	DEVAN ORTA	1327.70	DD	11/26/21
38702	ANNA VANESSA PENNELL	1215.80	DD	11/26/21
41112	ANASTASIA L PEREZ	758.24	DD	11/26/21
41171	TOMMIE M TREVINO	504.65	DD	11/26/21
41205	JEANETTE ALVARADO	702.81	DD	11/26/21
41225	LESLIE A CRAIGEN	850.93	DD	11/26/21
41236	PAMELA K VANNOY	1266.13	DD	11/26/21
41274	KAREN GANN	918.70	DD	11/26/21
41308	ISABEL LEDEZMA	665.80	DD	11/26/21
41347	ADRIANNA D STRAKOS	590.81	DD	11/26/21
41369	LORETTA A LEAL	751.80	DD	11/26/21
41418	ANGEL M CASSEL	938.40	DD	11/26/21
41507	OLGA I BETANCOURT	791.52	DD	11/26/21
41612	SONJA A GUAJARDO	648.29	DD	11/26/21
41617	JACQUELINE M MARTINEZ	743.12	DD	11/26/21
41618	HEATHER DELEBOSQUE	677.78	DD	11/26/21
41705	KELSEY R TAYLOR	634.06	DD	11/26/21
41896	RENAE EMERY	558.03	DD	11/26/21
41897	ROXANNA MARTINEZ	644.08	DD	11/26/21
41901	JUANITA R MILLER	1145.93	DD	11/26/21
41924	BRITTNEY V STRICKLIN	588.00	DD	11/26/21
42106	CHRISTY SILVAS	964.49	DD	11/26/21
42112	SOCORRO C GONZALES	452.86	DD	11/26/21
42122	LEI ANA CHAVANA	1575.13	DD	11/26/21
42125	LUCY CALZADA	808.72	DD	11/26/21
42304	MIMI T NGUYEN	2366.84	DD	11/26/21
42320	MICHAEL A PFELT	2753.66	DD	11/26/21
42820	MARIA D CHAVEZ	568.73	DD	11/26/21
42842	SHANNA S O DONNELL	11625.26	DD	11/26/21
48680	JESSICA BUSH	131.88	DD	11/26/21
50018	MICHELLE M MORALES	1490.79	DD	11/26/21
50148	PENNY GOULDEN	3380.17	DD	11/26/21
50248	MCKENNA VILLEGAS	516.38	DD	11/26/21
50282	JACOB W HAMILTON	2539.49	DD	11/26/21
50310	JASMINE GRIGSBY	782.08	DD	11/26/21
50573	DEANA R DAVIS	1603.52	DD	11/26/21
50596	BETTY S DAVIS	1937.94	DD	11/26/21
50719	DEBRA K MUSTERED	2246.25	DD	11/26/21

Run Date: 11/22/21  
Time: 09:12

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Pay Period 11/05/21--11/18/21 Run: 1  
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P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
50928	ADINA RODRIGUEZ	520.33	DD	11/26/21
53541	JACLYN B HARTL	1574.91	DD	11/26/21
55025	LEA C RESENDEZ	453.03	DD	11/26/21
55106	CRYSTAL M CHAVEZ	741.93	DD	11/26/21
55127	APRIL N KUBALA	2543.34	DD	11/26/21
55371	BLANCA HERNANDEZ	345.23	DD	11/26/21
55382	SHANNON JACILDO	1577.66	DD	11/26/21
55658	LAJUAN WILKE	670.18	DD	11/26/21
56510	RITA L POLENSKY	751.86	DD	11/26/21
59999	RENEE ROULAND	1970.09	DD	11/26/21
60103	TODD SAVOY	873.88	DD	11/26/21
60112	ROBERT A RODRIQUEZ	2028.16	DD	11/26/21
60131	NORA OVALLE	538.39	DD	11/26/21
60163	MIGDALIA CLARO	751.91	DD	11/26/21
60191	LOLA A RODRIGUEZ	591.56	DD	11/26/21
60271	REBEKAH GERYK	561.94	DD	11/26/21
60616	DOROTHY A LONGORIA	1380.19	DD	11/26/21
60718	ANNA C GONZALEZ	878.27	DD	11/26/21
60934	CONSUELO ZAMORA	598.36	DD	11/26/21
63178	EMMANUEL ESCALONA	667.49	DD	11/26/21
63289	JASON RUBIO	906.10	DD	11/26/21
65100	FELICITA BONUZ	537.28	DD	11/26/21
65121	VIVIANA P MEDINA	479.46	DD	11/26/21
65151	ELIA OLACHIA	641.77	DD	11/26/21
65213	LEE SIMERLY	1121.44	DD	11/26/21
65222	LAURIE J KRYCESKI	836.17	DD	11/26/21
65366	CYNTHIA GARCIA	625.60	DD	11/26/21
65393	RAMONA A PEREZ	554.89	DD	11/26/21
65413	CHRISTINA SOLIS	521.83	DD	11/26/21
65486	ROSA RODRIGUEZ	981.09	DD	11/26/21
65513	MARIA MORALES	1044.92	DD	11/26/21
65616	JESUS RODRIGUEZ	504.93	DD	11/26/21
65705	DOMITILA HERRERA	742.58	DD	11/26/21
65815	MELISSA R VEGAS	959.48	DD	11/26/21
65865	MARIA F LEDEZMA	709.03	DD	11/26/21
68792	NAZARIO HERNANDEZ DIAZ	1900.79	DD	11/26/21
70119	SARA N BLEDSOE	2227.17	DD	11/26/21
71620	ROBIN STEELE	2434.64	DD	11/26/21
73749	GLORIA N REID	2327.67	DD	11/26/21
75190	RIKA WILLIAMS	1750.14	DD	11/26/21
76003	IRMA DELEON	588.20	DD	11/26/21
76067	PAIGE G CHATHAM	604.43	DD	11/26/21
76110	TARAH SUBLETT	530.25	DD	11/26/21
76115	JENNIFER R CARLOCK	649.23	DD	11/26/21
76120	RACHEL CANALES	1298.07	DD	11/26/21
76138	KAREN D GARCIA	586.00	DD	11/26/21
76210	ZOE VILLARREAL	501.71	DD	11/26/21
76225	JASON YARBOROUGH	199.28	DD	11/26/21
76300	AIDA JIMENEZ	738.49	DD	11/26/21
76313	PAMELA L BARTON	605.63	DD	11/26/21
76403	KATRINA A POKLUDA	1079.80	DD	11/26/21
76647	CHERYL A SEE	933.35	DD	11/26/21
76706	GREGORY E MORALES	633.80	DD	11/26/21
76761	LAURA F PESINA	712.93	DD	11/26/21

Run Date: 11/22/21  
Time: 09:12

MEMORIAL MEDICAL CENTER BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
Pay Period 11/05/21--11/18/21 Run: 1  
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P2DISTP

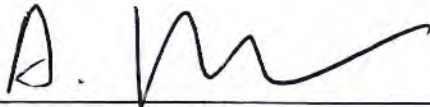
Num.	Name	Amount	CHECK NUM	DATE
76854	MARY PATTERSON	1007.72	DD	11/26/21
76985	VANESSA TRISTAN	259.82	DD	11/26/21
77646	FAREN A GONZALES	903.59	DD	11/26/21
78020	MISTY R PASSMORE	1152.67	DD	11/26/21
78058	KYANN J POWER	211.60	DD	11/26/21
78072	DONNA M RAWLINGS	1061.90	DD	11/26/21
78186	ANDREA F COOK	264.35	DD	11/26/21
78191	JAMIE J GRASSE	819.10	DD	11/26/21
78287	MARISSA D ALMANZAR	3008.75	DD	11/26/21
78336	JESSICA L GLOVER	1792.41	DD	11/26/21
78566	MELISSA K GEE	762.22	DD	11/26/21
78764	ASHLEY D HADLEY	2017.37	DD	11/26/21
78778	SARA M RUBIO	2150.17	DD	11/26/21
78781	KRISTEN R MACHICEK	1565.38	DD	11/26/21
78787	FARAH I JANAK	2360.65	DD	11/26/21
78879	YESENIA QUEZADA	522.43	DD	11/26/21
80008	ADAM D BESIO	2493.36	DD	11/26/21
80141	JEANNIE ORTA	2118.61	DD	11/26/21
82227	CAITLIN A CLEVINGER	961.29	DD	11/26/21
86225	REGINA ALLEN	145.95	DD	11/26/21
86432	KRISTI L BOYD	1787.71	DD	11/26/21
86482	MEGAN M HARPER	744.13	DD	11/26/21
88808	MARLEY B MOHRIG	2086.77	DD	11/26/21
88904	MAYRA K MARTINEZ	1441.80	DD	11/26/21
90320	ROSHANDA S THOMAS	3300.29	DD	11/26/21
90779	JASON W ANGLIN	6921.35	DD	11/26/21
96547	ELLEN W HEIMAN	945.29	DD	11/26/21
98756	ADRIANNA M GALVAN	1451.41	DD	11/26/21

307546.06

**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- November 15, 2021 - November 21, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
11/19/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
11/17/2021	PAY PLUS ACHTRANS 452579291 101000697236678	- 3rd Party Payor Fee
11/16/2021	PAY PLUS ACHTRANS 452579291 101000696195162	- 3rd Party Payor Fee
11/16/2021	MCKESSON DRUG AUTO ACH ACH04804923 910000152	- 340B Drug Program Expense
11/15/2021	PAY PLUS ACHTRANS 452579291 101000694349336	- 3rd Party Payor Fee
11/15/2021	TEXAS COUNTY DRS RECEIVABLE 0419 21000028924	- Retirement Funding

<u>Amount</u>	<u>CPSI "Handwritten"</u>
\$ 610.80 *	0.00
\$ 39.19	Pay Plus
\$ 24.48	39.19 +
\$ 9,543.86 *	24.48 +
\$ 27.87	27.87 +
\$ 213,476.31 **	91.54 *



Anthony Richardson, CFO  
Memorial Medical Center

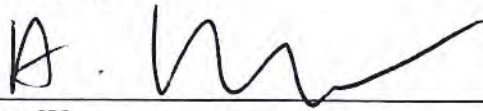
November 22, 2021

\* Approved 11-17-21 CC  
ψ \* 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>	<u>CPSI "Handwritten"</u>
12/8/2021	ACCRUED NH QIPP IGT		\$ 2,344,974.43	0.00 *



Anthony Richardson, CFO  
Memorial Medical Center

November 22, 2021

APPROVED  
BY  
NOV 22 2021  
COMMITTEE AND FINANCE  
CALLED BY COUNSEL, TEXAS

223,722.51	223,722.51 +
<b>223,722.51</b>	610.80 -
	9,543.86 -
	213,476.31 -
	91.54 *
	91.54 +
	91.54 -
	0.00 *
<b>2,344,974.43</b>	



**Transaction Summary**

Transaction Complete

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

Payment Total	\$2,344,974.43
Bank Routing and Account Number	
Settlement Date	12/8/2021
QIPP Amount	\$2,344,974.43
Entered By	Marley Moehrig



**Cc:** Regmi,Asha (HHSC); HHSC PFD QIPP Payments  
**Subject:** QIPP Official Provider Notification 4 of 4

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

QIPP Year 5 NSGO Providers,

HHSC has now received federal approval for QIPP Year 5 and is thus providing official notification of the suggested IGT for the second half of QIPP Year 5.

The calculations for the IGT amounts can be found on the [Provider Finance QIPP website](#) in the document "*QIPP Year 5 Estimated Component Values and Suggested IGT*". Please note the component values will be updated once the state share has been calculated from the IGT deposits.

The IGT must be **entered into TexNet no later than close of business December 7, 2021** with a settlement date of December 8, 2021.

- This settlement date is non-negotiable.
- The funds need to be placed in the "**QIPP**" Bucket.
- The amount that needs to be entered into TexNet is on **column Z** of the tab named "Eligible NF & Enroll Status" of the "*QIPP Year 5 Estimated Component Values and Suggested IGT*" spreadsheet provided in the link above.
- The IGT will be processed at that time and there will be no further revisions or redistributions of IGT suggestions should the aggregate IGT amount not fully utilize the available pool. Please ensure you double check the number while entering to ensure the correct number has been entered.

Please transfer funds through TexNet. TexNet instructions are available here: <https://comptroller.texas.gov/programs/systems/texnet.php>

Send an email with a screen shot or PDF of the confirmation/trace sheet to [HHSCPFDOIPPPayments@hhs.texas.gov](mailto:HHSCPFDOIPPPayments@hhs.texas.gov)

Please email any questions regarding this change or the calculation in general to [QIPP@hhs.texas.gov](mailto:QIPP@hhs.texas.gov).

Thank you,

**HHSC Provider Finance Payments  
(Formerly Rate Analysis)**  
Texas Health and Human Services Commission  
Attention: Provider Finance Department

North Austin Complex  
4601 Guadalupe St  
Austin, TX 78751 Mail Code H-400  
P.O. Box 149030  
Austin, Texas 78714-9030



**TEXAS**  
Health and Human  
Services

QIPP Year 5 Maximum dollars based on a fully funded program meeting 100% quality metrics

QIPP Year 5 Eligibility Cost-Off Point	42.00%
Total Number of Standing Facilities	218
Number of Qualifying Inpatient Facilities	227
Number of Qualifying Private Facilities	219

Total Value	Total Allow	Component 1 Value	Component 2 Value	Component 3 Value	Component 4 Value
\$1,040,139	\$1,040,139	\$1,040,139	\$1,040,139	\$1,040,139	\$1,040,139

Total Cost	Total Revenue	Total Net Revenue
\$1,040,139	\$1,040,139	\$1,040,139

Facility ID	Facility Name	Facility Owner	Primary Owned, Non-Shared Ownership Status (REGUL or State Owned)	Country	SCA	Medicare Number	SNF	Next Renewal Annual Cost or Accountability Status Date	Contract Renewal Date	Ch or AB Begin Date	Ch or AB End Date	Total Paid/Contract Days	Total Days of Service	Medicaid Patient Mix/Referral	Number of Paid/Contract Days	Percent of Component 1	Percent of Component 2	Estimated Max Value of Component 1	Estimated Max Value of Component 2	Estimated Max Value of Component 3	Estimated Max Value of Component 4	Estimated Maximum Value from Component 5
4030	FORT BEND HEALTHCARE CENTER	HONOLULU MEDICAL CENTER	REGUL	PORT BEND	HAWAII	479643	170577983	2018 CR	102600	1/1/2018	11/31/2018	11,237	15,528	68.47%	11,237	0.104%	0.2617%	\$ 464,370	\$ 113,764	\$ 149,148	\$ 103,236	\$ 939,209
4011	ASHFORD GARDENS	HONOLULU MEDICAL CENTER	REGUL	HAWAII	HAWAII	479433	132942101	2018 CR	102610	1/1/2018	11/31/2018	30,091	32,209	75.41%	30,091	0.28%	0.1049%	\$ 1,199,134	\$ 279,004	\$ 416,424	\$ 461,143	\$ 2,017,691
10806	GULF FORTS PLAZA	HONOLULU MEDICAL CENTER	REGUL	ALABAMA	HAWAII	479891	1523991799	2018 CR	101117	1/1/2018	11/31/2018	8,740	17,265	50.62%	8,740	0.061%	0.0061%	\$ 301,270	\$ 97,272	\$ 131,839	\$ 141,952	\$ 713,261
101148	BOULDER CREEK HEALTHCARE AND REHABILITATION CENTER	HONOLULU MEDICAL CENTER	REGUL	COLORADO	HAWAII	479687	180879564	2018 CR	102665	1/1/2018	11/31/2018	20,825	27,464	75.81%	20,825	0.187%	0.1141%	\$ 619,872	\$ 190,829	\$ 290,243	\$ 211,206	\$ 1,317,704
10262	TYGARY VILLAGE	HONOLULU MEDICAL CENTER	REGUL	FLORIDA	HAWAII	479281	1275712694	2018 CR	102662	1/1/2018	11/31/2018	16,401	26,154	62.33%	16,401	0.129%	0.0539%	\$ 674,214	\$ 143,649	\$ 242,464	\$ 244,630	\$ 2,417,815
10106	BOJURA AT WEST HOUSTON	HONOLULU MEDICAL CENTER	REGUL	HAWAII	HAWAII	479320	1407143355	2018 CR	102665	1/1/2018	11/31/2018	11,817	34,431	34.32%	11,817	0.101%	0.0617%	\$ 489,433	\$ 189,388	\$ 144,883	\$ 176,910	\$ 861,683
101214	THE CRISCENT	HONOLULU MEDICAL CENTER	REGUL	PORT BEND	HAWAII	479322	1608880431	2018 CR	102600	1/1/2018	11/31/2018	9,239	38,791	23.81%	9,239	0.095%	0.0512%	\$ 261,889	\$ 82,717	\$ 139,261	\$ 149,163	\$ 763,771
101018	THE BRIMWOOD AT CHENOWETH PARK	HONOLULU MEDICAL CENTER	REGUL	HAWAII	HAWAII	479327	1648880431	2018 CR	102610	1/1/2018	11/31/2018	11,421	21,790	54.47%	11,421	0.100%	0.0661%	\$ 476,737	\$ 116,494	\$ 172,237	\$ 184,276	\$ 913,218
110191	BETHANY BRIDGE LYONS	HONOLULU MEDICAL CENTER	REGUL	CALIFORNIA	HAWAII	479481	1138719838	No Data	No Data	No Data	No Data	No Data	No Data	No Data	-	0.000%	0.0000%	\$ -	\$ -	\$ -	\$ -	\$ -

Actual Cost (\$M of total)	Estimated Cost (\$M of total)	Total Request for bid \$
\$ 316,041.91	\$ 229,041.81	\$ 438,083.81
\$ 894,331.15	\$ 964,131.16	\$ 1,139,262.30
\$ 177,301.83	\$ 177,301.83	\$ 351,603.66
\$ 481,096.38	\$ 481,096.38	\$ 864,192.76
\$ 236,918.83	\$ 236,918.83	\$ 461,837.66
\$ 211,214.36	\$ 211,214.36	\$ 422,428.72
\$ 187,843.68	\$ 187,843.67	\$ 375,687.35
\$ -	\$ -	\$ 0.00
\$ 273,843.67	\$ 273,843.67	\$ 487,687.34

67 564 674.41

## QIPP Year 5 I

<b>QIPP Year 5 Eligibility Cut-off Point</b>	<b>65.00%</b>
<b>Total Number of Nursing Facilities</b>	<b>912</b>
<b>Number of Qualifying NSGO Facilities</b>	<b>607</b>
<b>Number of Qualifying Private Facilities</b>	<b>305</b>

Facility ID	Facility Name	Facility Owner	Privately Owned, Non-State Government Owned (NSGO), or State Owned	County
4628	FORT BEND HEALTHCARE CENTER	MEMORIAL MEDICAL CENTER	NSGO	FORT BEND
4811	ASHFORD GARDENS	MEMORIAL MEDICAL CENTER	NSGO	HARRIS
100806	GULF POINTE PLAZA	MEMORIAL MEDICAL CENTER	NSGO	ARANSAS
102540	GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	MEMORIAL MEDICAL CENTER	NSGO	GRIMES
103462	TUSCANY VILLAGE	MEMORIAL MEDICAL CENTER	NSGO	BRAZORIA
105006	SOLERA AT WEST HOUSTON	MEMORIAL MEDICAL CENTER	NSGO	HARRIS
105314	THE CRESCENT	MEMORIAL MEDICAL CENTER	NSGO	FORT BEND
105818	THE BROADMOOR AT CREEKSIDE PARK	MEMORIAL MEDICAL CENTER	NSGO	HARRIS
110301	BETHANY SENIOR LIVING	MEMORIAL MEDICAL CENTER	NSGO	CALHOUN



# metrics

Total NSG Days	Total All Days	Component 1 Value	Component 2 Value	Component 3 Value	Component 4 Value	Estimated Total Value of
10,960,329	17,557,430	\$ 448,305,000	\$174,328,000	\$261,492,000	\$176,000,000	\$1,060,125,000

Annuaized Medicaid Days	Percent of Components 1 & 4	Percent of Components 2 & 3	Estimated Max Value of Component 1	Estimated Max Value Component 2	Estimated Max Value of Component 3	Estimated Max Value of Component 4	Estimated Maximum Value from Components to Provider
11,357	0.104%	0.0647%	\$ 464,530	\$ 112,764	\$ 169,146	\$ 182,370	\$ 928,809
28,095	0.256%	0.1600%	\$ 1,149,156	\$ 278,956	\$ 418,434	\$ 451,147	\$ 2,297,692
8,840	0.081%	0.0503%	\$ 361,578	\$ 87,773	\$ 131,659	\$ 141,952	\$ 722,961
20,025	0.183%	0.1141%	\$ 819,073	\$ 198,829	\$ 298,243	\$ 321,560	\$ 1,637,704
16,481	0.150%	0.0939%	\$ 674,114	\$ 163,640	\$ 245,460	\$ 264,650	\$ 1,347,865
11,017	0.101%	0.0627%	\$ 450,623	\$ 109,388	\$ 164,082	\$ 176,910	\$ 901,003
9,339	0.085%	0.0532%	\$ 381,989	\$ 92,727	\$ 139,091	\$ 149,965	\$ 763,771
11,631	0.106%	0.0662%	\$ 475,737	\$ 115,484	\$ 173,227	\$ 186,770	\$ 951,218
-	0.000%	0.0000%	\$ -	\$ -	\$ -	\$ -	\$ -

Total June IGT Request	Total December IGT Request	Total Year IGT Request
\$ 220,077,000	\$ 220,077,000	\$ 440,154,000

June IGT Request (1/2 of total)	December IGT Request (1/2 of total)	Total Request for Year 5
\$ 228,041.91	\$ 228,041.91	\$ 456,083.82
\$ 564,131.15	\$ 564,131.15	\$ 1,128,262.30
\$ 177,502.03	\$ 177,502.03	\$ 355,004.06
\$ 402,090.28	\$ 402,090.28	\$ 804,180.56
\$ 330,928.83	\$ 330,928.83	\$ 661,857.66
\$ 221,214.91	\$ 221,214.91	\$ 442,429.82
\$ 187,521.65	\$ 187,521.65	\$ 375,043.30
\$ 233,543.67	\$ 233,543.67	\$ 467,087.34
\$ -	\$ -	\$ -

\$ 2,344,974.43    \$ 2,344,974.43    \$ 4,689,948.86

11/18/2021  
09:59

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 12/02/2021

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

11828 SOLERA WEST HOUSTON ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110521		11/15/20	11/08/20	12/02/20		20,995.17	0.00	0.00	20,995.17

TRANSFER *NH insurance payment deposited into mme upentty* ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	20,995.17	0.00	0.00	20,995.17

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	20,995.17	0.00	0.00	20,995.17

APPROVED  
BY

NOV 18 2021

CK#  
192810

CHESTER ANTHONY  
CALICUT & ASSOCIATES



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NOV 18 2021

11/18/2021  
09:58  
Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/02/2021

0

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Vendor# Vendor Name

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE ✓								
110821B		11/15/20	11/08/20	12/02/20		7,521.24	0.00	0.00	7,521.24 ✓
	TRANSFER	<i>Medicare payment deposited into mmc operating</i>							
110821		11/15/20	11/08/20	12/02/20		5,793.90	0.00	0.00	5,793.90 ✓
	TRANSFER	<i>"</i>							
110821A		11/15/20	11/08/20	12/02/20		433.72	0.00	0.00	433.72 ✓
	TRANSFER	<i>"</i>							
111521		11/16/20	11/15/20	12/02/20		384.74	0.00	0.00	384.74 ✓
	TRANSFER	<i>Medicare repayment</i>							
Vendor Totals:						Gross	Discount	No-Pay	Net
11836 GOLDENCREEK HEALTHCARE						14,133.60	0.00	0.00	14,133.60

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	14,133.60	0.00	0.00	14,133.60

APPROVED  
BY  
NOV 18 2021  
CK#  
192808  
COUNTY AUDITOR  
CALHOUN COUNTY, GEORGIA

**RECEIVED**

**NOV 18 2021**

11/18/2021  
 10:00  
 Colton County Auditor

MEMORIAL MEDICAL CENTER  
 AP Open Invoice List  
 Due Dates Through: 12/02/2021  
 Class Pay Code  
 0  
 ap\_open\_invoice.template

Vendor# Vendor Name

12696 GULF POINTE PLAZA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
110821		11/15/20	11/08/20	12/02/20		508.85	0.00	0.00	508.85 ✓		
	TRANSFER	<i>NH insurance payment deposited into MME open</i>									
110821A		11/15/20	11/08/20	12/02/20		2,100.45	0.00	0.00	2,100.45 ✓		
	TRANSFER	<i>"</i>									
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						12696	GULF POINTE PLAZA	2,609.30	0.00	0.00	2,609.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,609.30	0.00	0.00	2,609.30

APPROVED  
 015

NOV 18 2021

CK#

192809

COUNTY AUDITOR  
 COLTON COUNTY, NEVADA

**RECEIVED**

11/18/2021 **NOV 18 2021**

10:01

**Calhoun County Auditor**

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 12/02/2021

ap\_open\_invoice.template

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110521		11/15/20	11/05/20	12/02/20		767.18	0.00	0.00	767.18 ✓
	TRANSFER	<i>NI insurance payment deposited into MML open</i>							
110521A		11/15/20	11/05/20	12/02/20		590.00	0.00	0.00	590.00 ✓
	TRANSFER	<i>ll</i>							
Vendor Totals						Gross	Discount	No-Pay	Net
13004 TUSCANY VILLAGE						1,357.18	0.00	0.00	1,357.18

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,357.18	0.00	0.00	1,357.18

**APPROVED**  
**OK**

**CK#**

**NOV 18 2021**

**192811**

**CHIEF AUDITOR**  
**CALHOUN COUNTY, GEORGIA**

8

RUN DATE:11/22/21  
 TIME:09:42

MEMORIAL MEDICAL CENTER  
 CHECK REGISTER  
 11/24/21 THRU 11/24/21

PAGE 1  
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	192717	11/24/21	1,400.00	ACUTE CARE INC
A/P	192718	11/24/21	1,304.10	AIRGAS USA, LLC - CENTRAL DIV
A/P	192719	11/24/21	218.55	ALPHA TEC SYSTEMS INC
A/P	192720	11/24/21	391.00	ARGON MEDICAL DEVICES
A/P	192721	11/24/21	8,171.75	AUREUS RADIOLOGY LLC
A/P	192722	11/24/21	759.75	BAXTER HEALTHCARE
A/P	192723	11/24/21	.00	VOIDED
A/P	192724	11/24/21	.00	VOIDED
A/P	192725	11/24/21	58,202.84	BECKMAN COULTER INC
A/P	192726	11/24/21	97.20	BRIGGS HEALTHCARE
A/P	192727	11/24/21	85.90	CABLES AND SENSORS
A/P	192728	11/24/21	485.64	CARDINAL HEALTH 414, INC.
A/P	192729	11/24/21	9,582.50	CARIANT HEALTH PARTNERS
A/P	192730	11/24/21	195.05	CDW GOVERNMENT, INC.
A/P	192731	11/24/21	104.82	CIGNA
A/P	192732	11/24/21	7,385.13	COASTAL OFFICE SOLUTIONS
A/P	192733	11/24/21	112.61	COCA COLA SOUTHWEST BEVERAGES
A/P	192734	11/24/21	555.52	CONMED CORPORATION
A/P	192735	11/24/21	.00	VOIDED
A/P	192736	11/24/21	1,283.93	DEWITT POTH & SON
A/P	192737	11/24/21	52,811.25	DIAMOND HEALTHCARE CORP
A/P	192738	11/24/21	31.50	DRIESSEN WATER INC. (CULLIGAN)
A/P	192739	11/24/21	63,933.23	E-MDS, INC
A/P	192740	11/24/21	592.60	ELITECH GROUP INC (WESCOR)
A/P	192741	11/24/21	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	192742	11/24/21	1,500.00	EVERGREEN MEDICAL SERVICES
A/P	192743	11/24/21	17,414.00	EVIDENT
A/P	192744	11/24/21	122.08	FARAH JANAK
A/P	192745	11/24/21	59.15	FEDERAL EXPRESS CORP.
A/P	192746	11/24/21	.00	VOIDED
A/P	192747	11/24/21	7,633.66	FISHER HEALTHCARE
A/P	192748	11/24/21	1,181.78	FRONTIER
A/P	192749	11/24/21	7,908.33	FUJI FILM
A/P	192750	11/24/21	590.30	G & S MANAGEMENT GROUP LLC
A/P	192751	11/24/21	1,819.09	GBS ADMINISTRATORS, INC
A/P	192752	11/24/21	11,523.24	GE HEALTHCARE
A/P	192753	11/24/21	182.04	GRAINGER
A/P	192754	11/24/21	9,797.22	GREAT AMERICAN FINANCIAL SVCS
A/P	192755	11/24/21	125.00	GULF COAST DELIVERY
A/P	192756	11/24/21	2,793.17	GULF COAST PAPER COMPANY
A/P	192757	11/24/21	404.75	HEALTHCARE CODING & CONSULTING
A/P	192758	11/24/21	25,929.40	HEALTHCARE FINANCIAL SERVICES
A/P	192759	11/24/21	400.00	HEALTHSURE INSURANCE SERVICES
A/P	192760	11/24/21	96.00	HUMANAH EALTH CARE PLANS
A/P	192761	11/24/21	14,577.42	HUNTER PHARMACY SERVICES
A/P	192762	11/24/21	674.89	IRON MOUNTAIN
A/P	192763	11/24/21	25,152.92	ITA RESOURCES, INC
A/P	192764	11/24/21	76.26	J & J HEALTH CARE SYSTEMS, INC
A/P	192765	11/24/21	541.35	LEGAL SHIELD
A/P	192766	11/24/21	908.94	LOWE'S HOME CENTERS INC

RUN DATE:11/22/21  
TIME:09:42

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
11/24/21 THRU 11/24/21

PAGE 2  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	192767	11/24/21	24,249.06	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	192768	11/24/21	248.41	MARTIN PRINTING CO
A/P	192769	11/24/21	8.75	MEDICAL DATA SYSTEMS, INC.
A/P	192770	11/24/21	182.97	MEDICAL DEVICE DEPOT
A/P	192771	11/24/21	30.74	MEDIMPACT HEALTHCARE SYS, INC.
A/P	192772	11/24/21	260.07	MEDIVATORS
A/P	192773	11/24/21	.00	VOIDED
A/P	192774	11/24/21	.00	VOIDED
A/P	192775	11/24/21	.00	VOIDED
A/P	192776	11/24/21	.00	VOIDED
A/P	192777	11/24/21	19,752.37	MEDLINE INDUSTRIES INC
A/P	192778	11/24/21	16,641.64	MORRIS & DICKSON CO, LLC
A/P	192779	11/24/21	31,604.90	MSH HEALTH SERVICES LLC
A/P	192780	11/24/21	284.96	OFFICE DEPOT
A/P	192781	11/24/21	309.55	OLYMPUS AMERICA INC
A/P	192782	11/24/21	3,084.00	PARA
A/P	192783	11/24/21	438.05	PARTSSOURCE, LLC
A/P	192784	11/24/21	1,225.00	PAYCHEX, ADVANCE FBO
A/P	192785	11/24/21	87.08	POWER HARDWARE
A/P	192786	11/24/21	2,523.79	PRESS GANEY ASSOCIATES, INC.
A/P	192787	11/24/21	4,178.13	PRO ENERGY PARTNERS LP
A/P	192788	11/24/21	352.69	QIAGEN INC
A/P	192789	11/24/21	122.50	REED, CLAYMON, MEEKER & HARGET
A/P	192790	11/24/21	60.00	RX WASTE SYSTEMS LLC
A/P	192791	11/24/21	12,991.05	SANOPI PASTEUR INC
A/P	192792	11/24/21	3,255.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	192793	11/24/21	4,562.50	STAFFING FIRST
A/P	192794	11/24/21	2,550.79	STERICYCLE, INC
A/P	192795	11/24/21	1,358.97	STRYKER FLEX FINANCIAL
A/P	192796	11/24/21	1,460.72	STRYKER SALES CORP
A/P	192797	11/24/21	6,130.42	T-SYSTEM, INC
A/P	192798	11/24/21	6,494.00	TEXAS MUTUAL INSURANCE CO
A/P	192799	11/24/21	10,092.10	TEXAS SELECT STAFFING, LLC
A/P	192800	11/24/21	4,696.38	UNIFIRST HOLDINGS INC
A/P	192801	11/24/21	566.80	UNIFORM ADVANTAGE
A/P	192802	11/24/21	82.56	UNITED HEALTHCARE
A/P	192803	11/24/21	725.00	VICTORIA MEDICAL FOUNDATION
A/P	192804	11/24/21	1,942.98	VITA PERSONA LLC
A/P	192805	11/24/21	9,244.80	WEBPT, INC
A/P	192806	11/24/21	983.00	WERFEN USA LLC
A/P	192807	11/24/21	895.00	WEST COAST MEDICAL RESOURCES
A/P	192808	11/24/21	14,133.60	GOLDENCREEK HEALTHCARE
A/P	192809	11/24/21	2,609.30	GULF POINTE PLAZA
A/P	192810	11/24/21	20,995.17	SOLERA WEST HOUSTON
A/P	192811	11/24/21	1,357.18	TUSCANY VILLAGE
A/P	192812	11/24/21	600.00	
A/P	192813	11/24/21	279.11	
A/P	192814	11/24/21	58.40	
A/P	192815	11/24/21	391.56	
A/P	192816	11/24/21	34.77	
TOTALS:			593,314.18	

Payables 552,855.09 +  
Patient returns 1,363.84 +  
NH { 20,995.17 +  
          14,133.60 +  
Transfers { 2,609.30 +  
              1,357.18 +  
              593,314.18 =

APPROVED  
BY

NOV 24 2021

COUNTRY AMERICA  
CALHOUN COUNTY, TEXAS

## Request for Transfer of Funds

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

Date Requested \_\_\_\_\_

Payer \_\_\_\_\_

Requested by: \_\_\_\_\_

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

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

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

Facility \_\_\_\_\_

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form and Remittance Advice to : [cclevenger@mmcportlavaca.com](mailto:cclevenger@mmcportlavaca.com)  
[mmartinez@mmcportlavaca.com](mailto:mmartinez@mmcportlavaca.com)

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	11/9/2021	EFT	2,586.06	EFT6148203	CVDAR000026869	143.36	BROADMOOR AT CREEKSIDE
N/A	N/A	11/12/2021	EFT	687.01	EFT6151131	CVDAR000026869	38.09	BROADMOOR AT CREEKSIDE
<b>TOTAL</b>				<b>3,273.07</b>			<b>181.45</b>	

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

Date Received: 11/18/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 11/24/2021

From Facility: BROADMOOR

To Facility: MEMORIAL MEDICAL CLINIC

Amount: 181.45

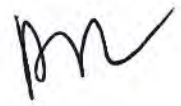
Requested Transfer Date #2: \_\_\_\_\_

Date of transfer: \_\_\_\_\_

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

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

Amount: \_\_\_\_\_



APPROVED BY

NOV 22 2021

GRABINET ANGELOS

GABRIEL GONZALEZ, TREAS

CK# 00961



## Request for Transfer of Funds

Transfer #: \_\_\_\_\_  
 Date Requested: \_\_\_\_\_  
 Payer: \_\_\_\_\_  
 Requested by: \_\_\_\_\_  
 Requestor's email: \_\_\_\_\_  
 Requestor's phone number: \_\_\_\_\_  
 District or County: \_\_\_\_\_  
 Facility: MEMORIAL MEDICAL CLINIC

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

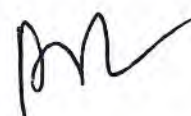
and Remittance Advice to : [cclevenger@mmcportlavaca.com](mailto:cclevenger@mmcportlavaca.com)

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

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	11/9/2021	EFT	2,586.06	EFT6148203	CVDAR000019557	143.36	THE CRESENT
N/A	N/A	11/12/2021	EFT	687.01	EFT6151131	CVDAR000019557	38.09	THE CRESENT
<b>TOTAL</b>				3,273.07			181.45	

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

Date Received: 11/18/2021  
 Approved by: MAYRA MARTINEZ  
 Date of transfer: 11/24/2021  
 From Facility: THE CRESCENT  
 To Facility: MEMORIAL MEDICAL CLINIC  
 Amount: 181.45  
 Requested Transfer Date #2: \_\_\_\_\_  
 Date of transfer: \_\_\_\_\_  
 From Facility: \_\_\_\_\_  
 To Facility: \_\_\_\_\_  
 Amount: \_\_\_\_\_



APPROVED BY

NOV 22 2021

CHUBBIE SANCHEZ  
CLERK/PORT LAVACA DEPARTMENT

CK# 000190



## Request for Transfer of Funds

Transfer #: \_\_\_\_\_  
 Date Requested: 11/18/2021  
 Payer: MEDICARE  
 Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER  
 Requestor's email: tgordon@bethany-living.com  
 Requestor's phone number: 361-551-0500  
 District or County: Calhoun  
 Facility: Bethany Senior Living

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	11/18/2021	EFT		EFT 6157328	CV DAR000019557	11,883.91	THE CRESENT - AUXILIARY ADVANCE PMT
TOTAL				-			11,883.91	

To be filled out by Memorial Medical Center:

Date Received: 11/18/2021  
 Approved by: MAYRA MARTINEZ  
 Date of transfer: 11/24/2021  
 From Facility: CRESCENT  
 To Facility: BETHANY  
 Amount: 11,883.91  
 Requested Transfer Date #2: \_\_\_\_\_  
 Date of transfer: \_\_\_\_\_  
 From Facility: \_\_\_\_\_  
 To Facility: \_\_\_\_\_  
 Amount: \_\_\_\_\_



APPROVED  
BY

NOV 22 2021

OVERSEEN BY  
CALHOUN COUNTY, FLORIDA

CR# 00089



## Request for Transfer of Funds

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

Date Requested: 11/18/2021

Payer: MEDICARE

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

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

Requestor's phone number: 361-551-0500

District or County: Calhoun

Facility: Bethany Senior Living

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

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

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

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	11/18/2021	EFT		EFT 6157328	CVDAR000018170	11,883.91	Solera West Houston - AUXILIARY ADVANCE PMT
<b>TOTAL</b>				-			11,883.91	

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

Date Received: 11/18/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 11/24/2021

From Facility: SOLERA

To Facility: BETHANY

Amount: 11,883.91

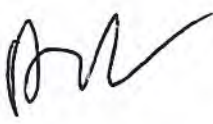
Requested Transfer Date #2: \_\_\_\_\_

Date of transfer: \_\_\_\_\_

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

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

Amount: \_\_\_\_\_



APPROVED BY

NOV 22 2021

CHUBBIE ANTHONY  
CALHOUN COUNTY, TEXAS

CK#001188

## Request for Transfer of Funds

Transfer #: \_\_\_\_\_  
 Date Requested \_\_\_\_\_  
 Payer \_\_\_\_\_  
 Requested by: \_\_\_\_\_  
 Requestor's email \_\_\_\_\_  
 Requestor's phone number \_\_\_\_\_  
 District or County \_\_\_\_\_  
 Facility \_\_\_\_\_

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

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

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

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	11/9/2021	EFT	2,586.06	EFT6148203	CV DAR000007985	143.36	TUSCANY VILLAGE
N/A	N/A	11/12/2021	EFT	687.01	EFT6151131	CV DAR000007985	38.09	TUSCANY VILLAGE
<b>TOTAL</b>				3,273.07			181.45	

**To be filled out by Memorial Medical Center:**  
 Date Received: 11/18/2021  
 Approved by: MAYRA MARTINEZ  
 Date of transfer: 11/24/2021  
 From Facility: TUSCANY  
 To Facility: MEMORIAL MEDICAL CLINIC  
 Amount: 181.45  
 Requested Transfer Date #2: \_\_\_\_\_  
 Date of transfer: \_\_\_\_\_  
 From Facility: \_\_\_\_\_  
 To Facility: \_\_\_\_\_  
 Amount: \_\_\_\_\_



APPROVED  
 SM

NOV 22 2021

GRANDSTAFF ADMINISTRATOR  
 CLERKSHIP DIVISION, TUSCANY  
 CK #1081

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

000161

Date 11/24/21

88-2265/1131

PAY

TO THE  
ORDER OF

Memorial Medical Clinic

\$ 181.45

One hundred eighty one & 45/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000161⑈ ⑆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

000160

Date 11/24/21

88-2265/1131

PAY

TO THE  
ORDER OF

Bethany

\$ 11,883.91

Eleven thousand Eight hundred eighty three & 91/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000160⑈ ⑆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

000190

Date 11/24/21

88-2265/1131

PAY

TO THE  
ORDER OF

Memorial Medical Clinic

\$ 181.45

One hundred eighty one & 45/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000190⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001188

Date 11/24/21 88-2265/1131

PAY

TO THE  
ORDER OF

Bethany

\$ 11,883.91

Eleven thousand eight hundred eighty three & 91/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001188⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001189

Date 11/24/21 88-2265/1131

PAY

TO THE  
ORDER OF

Memorial Medical Clinic

\$ 181.45

one hundred eighty one & 45/100 DOLLARS



FOR Medicare repayment  
~~Memorial Medical~~

Security features are included. Details on back.

⑈001189⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000189

Date 11/24/21 88-2265/1131

PAY

TO THE  
ORDER OF

Bethany

\$ 11,883.91

Eleven thousand eight hundred eighty three & 91/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000189⑈ ⑆113122655⑆

**MEMORIAL MEDICAL CENTER 022020  
NH TUSCANY VILLAGE**

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

1081

88-2265/1131-87

DATE 11/24/21

CHECK NUMBER

PAY TO THE ORDER OF Memorial Medical Clinic

\$ 181.45

One hundred eighty one & 45/100

DOLLARS

Photo Safe Deposit®  
Circle on back



**PROSPERITY BANK**

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

FOR medicare repayment

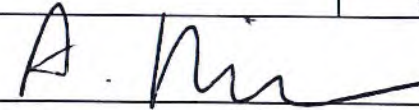
⑈001081⑈ ⑆113122655⑆

**Medicare Repayment**

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	Amt	CK DATE
BROADMOOR			BETHANY	20351000	11,883.91	11/17/2021
BROADMOOR			MM CLINIC	20351000	181.45	11/17/2021
CRESCENT			BETHANY	20351000	11,883.91	11/17/2021
CRESCENT			MM CLINIC	20351000	181.45	11/17/2021
SOLERA			BETHANY	20351000	11,883.91	11/17/2021
SOLERA			MM CLINIC	20351000	181.45	11/17/2021
TUSCANY			MM CLINIC	20351000	181.45	11/17/2021
<b>Total</b>					<b>36,377.53</b>	

Note:

Approved:



**Anthony Richardson, CFO**

11/22/2021



Gulf Pointe Plaza

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

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Date Requested: 11/22/21

APPROVED  
BY

NOV 22 2021

COURTESY ASSISTANCE  
CALIFORNIA GOVERNMENT, NOV 22 2021

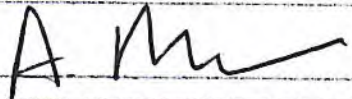
CHK# 1042

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

AMOUNT \$10,129.82

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

FOR ACCT. USE ONLY

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

Gulf Pointe Plaza

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MM CLINIC  
A \_\_\_\_\_  
Y \_\_\_\_\_  
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E \_\_\_\_\_

Date Requested: 11/22/21

APPROVED  
ON

NOV 22 2021

CONTRACT AUTHORITY  
CALLED BY: [illegible]

CK#1043  
G/L NUMBER: \_\_\_\_\_

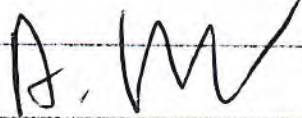
FOR ACCT. USE ONLY

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

AMOUNT \$1,109.40

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

Gulf Pointe Plaza

~~MEMORIAL MEDICAL CENTER~~  
CHECK REQUEST

P ASHFORD \_\_\_\_\_  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 11/22/21

APPROVED  
BY

NOV 22 2021

CURRENT AUTHORITY  
CALLED BY QUANTA, TEXAS

CHK # 1044

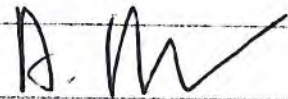
G/L NUMBER: \_\_\_\_\_

AMOUNT \$614.15

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY:



FOR ACCT. USE ONLY

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

Gulf Pointe Plaza

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P \_\_\_\_\_  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 11/22/21

APPROVED  
BY

NOV 22 2021

CHESTER A. MARTINEZ  
CASHIER SUPERVISOR, TOWER

CK#1046

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

FOR ACCT. USE ONLY

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

AMOUNT \$480.00

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

Gulf Pointe Plaza

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P SOLERA \_\_\_\_\_  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 11/22/21

APPROVED  
BY

NOV 22 2021

CHECKING ACCOUNT  
CALICOY COMPANY, INC

ck # 1045

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

FOR ACCT. USE ONLY

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

AMOUNT \$6,150.00

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

Culif Pointe Plaza

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P GOLDEN CREEK  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 11/22/21

APPROVED  
ON

NOV 22 2021

COMMUNITY ASSISTANCE  
CALIFORNIA SOUTHWEST NURSING

ck #1047

FOR ACCT. USE ONLY

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

AMOUNT \$9,935.61

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

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

Gulf Point Plaza

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P TUSCANY  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 11/22/21

APPROVED  
ON  
NOV 22 2021  
COURTNEY ANTHONIO  
CASHIER/ISSUANCE, TUSCANY  
CK #1048  
G/L NUMBER: \_\_\_\_\_

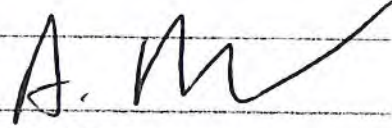
FOR ACCT. USE ONLY

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

AMOUNT \$18,388.50

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

Gulf Pointe plaza

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P TUSCANY  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 11/22/21

APPROVED  
BY

NOV 22 2021

COMMUNITY ADVISOR  
CALIFORNIA JOURNAL NEWS  
CK # 1048

FOR ACCT. USE ONLY

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

AMOUNT \$43,277.00

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

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 



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

1042

88-2265/1131-87

DATE 11/24/21

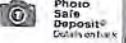


PAY TO THE ORDER OF Memorial Medical Center

\$ 10,129.82

Ten thousand one hundred twenty nine & 82/100

DOLLARS



PROSPERITY BANK®

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

FOR Echo payments

⑆001042⑆ ⑆113122655⑆

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

1043

88-2265/1131-87

DATE 11/24/21

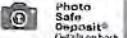


PAY TO THE ORDER OF Memorial Medical Clinic

\$ 1,109.40

One thousand one hundred nine & 40/100

DOLLARS



PROSPERITY BANK®

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FOR Echo payments

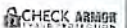
⑆001043⑆ ⑆113122655⑆

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

1044

88-2265/1131-87

DATE 11/24/21



PAY TO THE ORDER OF Ashford

\$ 614.15

Six hundred fourteen & 15/100

DOLLARS



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FOR Echo payments

⑆001044⑆ ⑆113122655⑆

MEMORIAL MEDICAL CENTER  
NH GULF POINTE - PRIVATE PAY

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

1046

88-2265/1131-87

DATE 11/24/21



PAY TO THE ORDER OF Crescent

\$ 480.00

Four hundred eighty

DOLLARS



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FOR Echo payments

⑈001046⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER  
NH GULF POINTE - PRIVATE PAY

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

1045

88-2265/1131-87

DATE 11/24/21



PAY TO THE ORDER OF Solera

\$ 6,150.00

Six thousand One hundred fifty

DOLLARS



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361-552-7411 www.prosperitybankusa.com

FOR Echo payments

⑈001045⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER  
NH GULF POINTE - PRIVATE PAY

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

1047

88-2265/1131-87

DATE 11/24/21



PAY TO THE ORDER OF Golden Creek

\$ 9,935.61

Nine thousand nine hundred thirty five & 61/100

DOLLARS



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

FOR Echo payments

⑈001047⑈ ⑆113122655⑆

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

1048

88-2265/1131-87

DATE 11/24/21

CHECK ARMOR  
FOR DEPOSIT ONLY

PAY TO THE ORDER OF Tuscany \$ 61,665.50

Sixty one thousand six hundred sixty five & 50/100

DOLLARS

Photo Safe Deposit  
Details on back



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

FOR Echo Payments

⑈001048⑈ ⑆113122655⑆

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Cantex Transfer  
 Prosperity Accounts  
 11/22/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<b>Ashford Gardens</b>		129,491.72 ✓	129,452.14 ✓	105,704.79 ✓	✓	105,744.37	105,628.14
						Bank Balance	105,744.37 ✓
						Variance	-
						Leave In Balance	100.00
<i>Routing Information for Ashford Gardens:</i>							
						OCT INTEREST	16.23 ✓
						NOV INTEREST	-
						DEC INTEREST	-
						Adjust Balance/Transfer Amt	105,628.14 ✓
<b>Broadmoor</b>		37,752.31 ✓	37,640.98 ✓	110,198.67 ✓	✓	110,310.00	98,133.31
						Bank Balance	110,310.00 ✓
						Variance	-
						Leave In Balance	100.00
						AMERIGROUP Q4 QIPP	-
						MEDICARE REPAYMENT TO BETHANY	11,883.91 ✓
						MEDICARE REPAYMENT TO MM CLINIC	181.45 ✓
						OCT INTEREST	11.33 ✓
						NOV INTEREST	-
						DEC INTEREST	-
						Adjust Balance/Transfer Amt	98,133.31 ✓
<b>Crescent</b>		62,345.76 ✓	62,235.62 ✓	129,439.20 ✓	✓	129,549.34	117,373.84
						Bank Balance	129,549.34 ✓
						Variance	-
						Leave In Balance	100.00
						AMERIGROUP Q4 QIPP	-
						MEDICARE REPAYMENT TO BETHANY	11,883.91 ✓
						MEDICARE REPAYMENT TO MM CLINIC	181.45 ✓
						OCT INTEREST	10.14 ✓
						NOV INTEREST	-
						DEC INTEREST	-
						Adjust Balance/Transfer Amt	117,373.84 ✓
<b>Fort Bend</b>		36,844.54 ✓	36,741.80 ✓	46,441.15 ✓		46,543.89	29,461.50
						Bank Balance	46,543.89
						Variance	-
						Leave In Balance	100.00
						AMERIGROUP Q4 QIPP	16,979.65 <b>VOIDED</b>
						OCT INTEREST	2.74
						NOV INTEREST	-
						DEC INTEREST	-
						Adjust Balance/Transfer Amt	29,461.50
<b>Solera at W Houston</b>		111,591.13 ✓	107,015.02 ✓	186,982.78 ✓	✓	191,558.89	179,375.12
						Bank Balance	191,558.89 ✓
						Variance	-
						Leave In Balance	100.00
						AMERIGROUP Q4 QIPP	-
						MEDICARE REPAYMENT TO MM CLINIC	181.45 ✓
						MEDICARE REPAYMENT TO BETHANY	11,883.91 ✓
						OCT INTEREST	18.41 ✓
						NOV INTEREST	-
						DEC INTEREST	-
						Adjust Balance/Transfer Amt	179,375.12 ✓

105,628.14 +  
 98,133.31 +  
 117,373.84 +  
 29,461.50 +  
 179,375.12 +  
 529,971.91

tion / Fort Bend / Broadmoor

**APPROVED**  
**NOV 22 2021**  
 COURTNEY AMUNDSON  
 CASHIER / ACCOUNTS RECEIVABLE

TOTAL TRANSFERS 529,971.91  
 Approved: A. Richardson  
 Anthony Richardson, CFO 11/22/2021

**Ashford Gardens**

11/15/2021	Enhanced Analysis Ch
11/15/2021	Amerigroup TXSC HCCLAIMPMT 3165177863 111000
11/15/2021	UnitedHealthcare HCCLAIMPMT 746003411 910000
11/15/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
11/15/2021	HUMANA CHA DISB HCCLAIMPMT 390860 4200001324
11/16/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
11/16/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
11/17/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
11/18/2021	WIRE OUT ASHFORD HEALTH CARE CENTER LTD
11/18/2021	Deposit
11/18/2021	CK1162
11/19/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
11/19/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
11/19/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
11/19/2021	NOVITAS SOLUTION HCCLAIMPMT 675423 420000104
11/19/2021	KS PLAN ADMINIST HCCLAIMPMT 3278 11100002425
11/19/2021	AARP Supplementa HCCLAIMPMT 746003411 124384

Needs to be reimbursed

Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	
76.65	4,811.34	-	-	-	-	4,811.34
-	410.00	-	-	-	-	410.00
-	43,349.62	-	-	-	-	43,349.62
-	184.64	-	-	-	-	184.64
-	1,566.75	-	-	-	-	1,566.75
-	1,839.49	-	-	-	-	1,839.49
-	6,952.01	-	-	-	-	6,952.01
-	0.02	-	-	-	-	0.02
93,489.40	6,790.13	-	-	-	-	6,790.13
35,866.09	0.33	-	-	-	-	0.33
-	342.12	-	-	-	-	342.12
-	409.64	-	-	-	-	409.64
-	30,463.20	-	-	-	-	30,463.20
-	8,400.00	-	-	-	-	8,400.00
-	185.50	-	-	-	-	185.50
129,452.14	105,704.79	-	-	-	-	105,704.79

**Broadmoor**

11/16/2021	UnitedHealthcare HCCLAIMPMT 746003411 910000
11/16/2021	HUMANA CHA DISB HCCLAIMPMT 390861 4200001902
11/16/2021	HUMANA CHA DISB HCCLAIMPMT 390861 4200001902
11/16/2021	HHPB LA HCCLAIMPMT 390861 42000019058900 DIS
11/18/2021	CK159
11/18/2021	WIRE OUT CANTEX HEALTH CARE CENTERS III
11/18/2021	Deposit
11/18/2021	NOVITAS SOLUTION HCCLAIMPMT 676357 420000103
11/19/2021	CK157
11/19/2021	CK158
11/19/2021	NOVITAS SOLUTION HCCLAIMPMT 676357 420000104

Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	
-	180.35	-	-	-	-	180.35
-	4,345.00	-	-	-	-	4,345.00
-	4,345.00	-	-	-	-	4,345.00
-	3,555.00	-	-	-	-	3,555.00
192.37	-	-	-	-	-	-
22,131.14	4,914.00	-	-	-	-	4,914.00
-	92,002.39	-	-	-	-	92,002.39
15,050.49	-	-	-	-	-	-
266.98	-	-	-	-	-	-
-	856.93	-	-	-	-	856.93
37,640.98	110,198.67	-	-	-	-	110,198.67

**Crescent**

11/15/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
11/16/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
11/17/2021	MANAGEANDNET1718 MNS PMNT 00000000003268 41
11/18/2021	CK188
11/18/2021	WIRE OUT CANTEX HEALTH CARE CENTERS III
11/18/2021	Deposit
11/18/2021	NOVITAS SOLUTION HCCLAIMPMT 676323 420000103
11/18/2021	AARP Supplementa HCCLAIMPMT 746003411 124384
11/19/2021	CK186
11/19/2021	CK187
11/19/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	
-	25,824.06	-	-	-	-	25,824.06
-	20,958.70	-	-	-	-	20,958.70
-	2,106.00	-	-	-	-	2,106.00
192.37	-	-	-	-	-	-
53,850.01	1,995.00	-	-	-	-	1,995.00
-	73,143.48	-	-	-	-	73,143.48
-	371.00	-	-	-	-	371.00
7,926.26	-	-	-	-	-	-
266.98	-	-	-	-	-	-
-	5,040.96	-	-	-	-	5,040.96
62,235.62	129,439.20	-	-	-	-	129,439.20

**Fort Bend**

11/15/2021	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2
11/16/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
11/16/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
11/16/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
11/17/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
11/18/2021	WIRE OUT CANTEX HEALTH CARE CENTERS III
11/18/2021	Deposit
11/18/2021	NOVITAS SOLUTION HCCLAIMPMT 675663 420000103
11/19/2021	CK167
11/19/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
11/19/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	
-	2,040.50	-	-	-	-	2,040.50
-	5,770.98	-	-	-	-	5,770.98
-	3,921.62	-	-	-	-	3,921.62
-	882.20	-	-	-	-	882.20
-	3,520.74	-	-	-	-	3,520.74
19,762.15	-	-	-	-	-	-
-	14,890.72	-	-	-	-	14,890.72
-	12,284.96	-	-	-	-	12,284.96
16,979.65	-	-	-	-	-	-
-	1,524.16	-	-	-	-	1,524.16
-	605.27	-	-	-	-	605.27
36,741.80	46,441.15	-	-	-	-	46,441.15

**Solera at West Houston**

11/15/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
11/15/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
11/16/2021	HUMANA INS CO HCCLAIMPMT 390862 830000599945
11/16/2021	Amerigroup TXSC HCCLAIMPMT 3165413203 111000
11/16/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
11/16/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
11/16/2021	NOVITAS SOLUTION HCCLAIMPMT 676310 420000100
11/16/2021	HMP HCCLAIMPMT 390862 42000018938970 DISDATA
11/17/2021	MANAGEANDNET1718 MNS PMNT 00000000002482 41
11/17/2021	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2
11/18/2021	CK1187
11/18/2021	WIRE OUT CANTEX HEALTH CARE CENTERS III
11/18/2021	Deposit
11/18/2021	Deposit
11/18/2021	Amerigroup TXSC HCCLAIMPMT 3165655795 111000
11/18/2021	NOVITAS SOLUTION HCCLAIMPMT 676310 420000103
11/19/2021	CK1185
11/19/2021	CK1186
11/19/2021	UnitedHealthcare HCCLAIMPMT 746003411 124384
11/19/2021	CIGNA HCCLAIMPMT 1497143259 91000013016222

Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	
-	1,785.88	-	-	-	-	1,785.88
-	919.24	-	-	-	-	919.24
-	5,260.14	-	-	-	-	5,260.14
-	3,428.09	-	-	-	-	3,428.09
-	64,077.66	-	-	-	-	64,077.66
-	1,469.30	-	-	-	-	1,469.30
-	523.89	-	-	-	-	523.89
-	3,434.04	-	-	-	-	3,434.04
-	3,465.00	-	-	-	-	3,465.00
-	4,228.96	-	-	-	-	4,228.96
192.37	-	-	-	-	-	-
92,504.28	-	-	-	-	-	-
-	11,672.00	-	-	-	-	11,672.00
-	4,277.00	-	-	-	-	4,277.00
-	1,546.79	-	-	-	-	1,546.79
-	78,965.29	-	-	-	-	78,965.29
14,051.39	-	-	-	-	-	-
266.98	-	-	-	-	-	-
-	260.00	-	-	-	-	260.00
-	1,669.50	-	-	-	-	1,669.50
107,015.02	186,982.78	-	-	-	-	186,982.78
373,085.56	578,766.59	-	-	-	-	578,766.59

TOTALS

## Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type




DDA

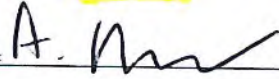
Data reported as of Nov 22, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$8,624,645.85</b>	<b>\$8,992,509.10</b>	<b>\$8,624,645.85</b>	<b>\$8,293,917.1</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,572.13	\$5,572.13	\$5,572.13	\$5,572.1
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$138,033.60	\$192,687.77	\$138,033.60	\$131,022.9
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.9
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,287,219.14	\$6,385,691.92	\$6,287,219.14	\$6,046,185.3
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.46	\$431.46	\$431.46	\$431.4
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$105,744.37 ✓	\$108,372.50	\$105,744.37	\$101,829.6
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$110,310.00 ✓	\$129,789.51	\$110,310.00	\$124,770.5
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$129,549.34 ✓	\$172,530.79	\$129,549.34	\$132,701.6
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$46,543.89	\$68,066.67	\$46,543.89	\$61,394.1
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$191,558.89	\$204,742.08	\$191,558.89	\$203,947.7
<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	\$300,187.15	\$309,902.97	\$300,187.15	\$120,322.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$29,252.17	\$101,091.00	\$29,252.17	\$26,505.9
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$124,978.68	\$158,365.27	\$124,978.68	\$176,125.7
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$45,861.23	\$45,861.23	\$45,861.23	\$53,703.7

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 11/22/2021

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		81,593.88	✓ 81,482.37	✓ 137,922.09	✓	-	
						138,033.60	89,882.32
						Bank Balance	138,033.60 ✓
						Variance	-
						Leave in Balance	100.00
						SUPERIOR Q4 QIPP	48,039.77 ✓
						OCT INTEREST	11.51 ✓
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	89,882.32

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 11/22/2021

APPROVED  
 BY  
 NOV 22 2021  
 CATERINE ANTONIO  
 CLERK OF SUPERIOR COURT, NEWELL





# Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type





DDA

Data reported as of Nov 22, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
<b>Number of Accounts: 15</b>	<b>\$8,624,645.85</b>	<b>\$8,992,509.10</b>	<b>\$8,624,645.85</b>	<b>\$8,293,917.1</b>
*4551 CAL CO INDIGENT HEALTHCARE	\$5,572.13	\$5,572.13	\$5,572.13	\$5,572.1
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$138,033.60	\$192,687.77	\$138,033.60	\$131,022.9
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.9
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$6,287,219.14	\$6,385,691.92	\$6,287,219.14	\$6,046,185.3
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.46	\$431.46	\$431.46	\$431.4
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$105,744.37	\$108,372.50	\$105,744.37	\$101,829.6
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$110,310.00	\$129,789.51	\$110,310.00	\$124,770.5
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$129,549.34	\$172,530.79	\$129,549.34	\$132,701.6
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$46,543.89	\$68,066.67	\$46,543.89	\$61,394.1
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$191,558.89	\$204,742.08	\$191,558.89	\$203,947.7
*2998 MMC -MONEY MARKET FUND	\$1,108,867.88	\$1,108,867.88	\$1,108,867.88	\$1,108,867.8
*5506 MMC -NH BETHANY SENIOR LIVING	\$300,187.15	\$309,902.97	\$300,187.15	\$120,322.3
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$29,252.17	\$101,091.00	\$29,252.17	\$26,505.9
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$124,978.68	\$158,365.27	\$124,978.68	\$176,125.7
*3407 MMC -NH TUSCANY VILLAGE	\$45,861.23	\$45,861.23	\$45,861.23	\$53,703.7

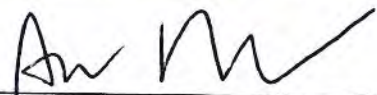
Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 11/22/2021

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		115,013.18	102,888.94	112,854.44			124,978.68	
						Bank Balance	124,978.68	
						Variance		
						Leave in Balance	100.00	
						UNIDENTIFIED ECHO PAYMENTS (NO CHECK WILL BE WRITTEN FOR THIS AMOUNT YET)	7,941.84	
						ECHO PAYMENT TO MMC	10,129.82	
						ECHO PAYMENT TO TUSCANY	18,388.50	
						ECHO PAYMENT TO MM CLINIC	1,109.40	
						ECHO PAYMENT TO ASHFORD	614.15	
						ECHO PAYMENT TO BROADMOOR		
						ECHO PAYMENT TO SOLERA	6,150.00	
						ECHO PAYMENT TO CRESCENT	480.00	
						ECHO PAYMENT TO GOLDEN CREEK	9,935.61	
						TUSCANY ECHO FUNDS THAT WERE TRANSFERRED IN ERROR	43,277.00	
						SUPERIOR Q4 QIPP	28,399.19	
						OCT INTEREST	60.86	
						NOV INTEREST		
						DEC INTEREST		
						Adjust Balance/Transfer Amt	(1,607.69)	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		28,614.32	28,508.09	29,145.94			29,252.17	29,145.94
						Bank Balance	29,252.17	
						Variance		
						Leave in Balance	100.00	
						OCT INTEREST	6.23	
						NOV INTEREST		
						DEC INTEREST		
						Adjust Balance/Transfer Amt	29,145.94	
						<b>TOTAL TRANSFERS</b>	<b>27,538.25</b>	

Routing Information for Gulf Pointe Plaza:

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

Approved:   
 Anthony Richardson, CFO  
 11/22/2021

APPROVED  
 BY  
 NOV 22 2021  
 CHRISTOPHER M. BROWN, MGR

**Gulf Pointe Plaza-Private Pay**

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
11/15/2021 HNB - ECHO HCCLAIMPMT 746003411 440000269845	-	102.70	-	-	-	-	-	102.70
11/15/2021 Centene Manageme CCD/CTX 008765433514 111000	-	56,798.37	-	-	22,055.89	34,742.48	28,399.19	28,399.19
11/15/2021 HUMANA INS CO HCCLAIMPMT 624982 830000526779	-	1,483.13	-	-	-	-	-	1,483.13
11/15/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001324	-	2,871.60	-	-	-	-	-	2,871.60
11/16/2021 HNB - ECHO HCCLAIMPMT 746003411 440000221302	-	5,963.40	-	-	-	-	-	5,963.40
11/16/2021 HNB - ECHO HCCLAIMPMT 746003411 440000221302	-	584.14	-	-	-	-	-	584.14
11/16/2021 HNB - ECHO HCCLAIMPMT 746003411 440000221302	-	555.13	-	-	-	-	-	555.13
11/16/2021 HNB - ECHO HCCLAIMPMT 746003411 440000221302	-	784.86	-	-	-	-	-	784.86
11/16/2021 HNB - ECHO HCCLAIMPMT 746003411 440000221302	-	367.36	-	-	-	-	-	367.36
11/16/2021 HNB - ECHO HCCLAIMPMT 746003411 440000221302	-	1,250.09	-	-	-	-	-	1,250.09
11/16/2021 HNB - ECHO HCCLAIMPMT 746003411 440000221302	-	100.63	-	-	-	-	-	100.63
11/17/2021 HNB - ECHO HCCLAIMPMT 746003411 440000260105	-	1,729.15	-	-	-	-	-	1,729.15
11/17/2021 HNB - ECHO HCCLAIMPMT 746003411 440000260105	-	15.68	-	-	-	-	-	15.68
11/17/2021 HNB - ECHO HCCLAIMPMT 746003411 440000260105	-	4,684.29	-	-	-	-	-	4,684.29
11/17/2021 HNB - ECHO HCCLAIMPMT 746003411 440000259369	-	470.45	-	-	-	-	-	470.45
11/17/2021 HNB - ECHO HCCLAIMPMT 746003411 440000259369	-	6,027.61	-	-	-	-	-	6,027.61
11/17/2021 HNB - ECHO HCCLAIMPMT 746003411 440000259369	-	139.55	-	-	-	-	-	139.55
11/17/2021 HNB - ECHO HCCLAIMPMT 746003411 440000259369	-	3,127.81	-	-	-	-	-	3,127.81
11/17/2021 HNB - ECHO HCCLAIMPMT 746003411 440000259369	-	407.94	-	-	-	-	-	407.94
11/17/2021 HNB - ECHO HCCLAIMPMT 746003411 440000259369	-	203.36	-	-	-	-	-	203.36
11/17/2021 HNB - ECHO HCCLAIMPMT 746003411 440000259369	-	18,022.57	-	-	-	-	-	18,022.57
11/18/2021 CK1030	5,707.00	-	-	-	-	-	-	-
11/18/2021 CK1040	12,737.49	-	-	-	-	-	-	-
11/18/2021 CK1036	1,477.39	-	-	-	-	-	-	-
11/18/2021 CK1039	7,386.50	-	-	-	-	-	-	-
11/18/2021 CK1034	4,285.50	-	-	-	-	-	-	-
11/18/2021 CK1033	4,914.00	-	-	-	-	-	-	-
11/18/2021 CK1032	6,790.13	-	-	-	-	-	-	-
11/18/2021 CK1035	1,995.00	-	-	-	-	-	-	-
11/18/2021 PNC-ECHO HCCLAIMPMT 746003411 41000129206940	-	715.75	-	-	-	-	-	715.75
11/19/2021 CK1038	2,651.03	-	-	-	-	-	-	-
11/19/2021 CK1037	41,471.43	-	-	-	-	-	-	-
11/19/2021 CK1029	12,643.40	-	-	-	-	-	-	-
11/19/2021 CK1031	830.07	-	-	-	-	-	-	-
11/19/2021 HNB - ECHO HCCLAIMPMT 746003411 440000231716	-	6,448.87	-	-	-	-	-	6,448.87
<b>TOTAL</b>	<b>102,888.94</b>	<b>112,854.44</b>	<b>-</b>	<b>-</b>	<b>22,055.89</b>	<b>34,742.48</b>	<b>28,399.19</b>	<b>84,455.26</b>

**Gulf Pointe Plaza-Medicare/Medicaid**

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
11/15/2021 HEALTH HUMAN SVC HCCLAIMPMT 174600341113013 2	-	886.01	-	-	-	-	-	886.01
11/18/2021 CK1004	14,890.72	-	-	-	-	-	-	-
11/18/2021 WIRE OUT HMG SERVICES, LLC	13,617.37	-	-	-	-	-	-	-
11/18/2021 Deposit	-	25,513.68	-	-	-	-	-	25,513.68
11/19/2021 HEALTH HUMAN SVC HCCLAIMPMT 174600341113013 2	-	2,746.25	-	-	-	-	-	2,746.25
<b>TOTAL</b>	<b>28,508.09</b>	<b>29,145.94</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>29,145.94</b>
<b>TOTAL</b>	<b>131,397.03</b>	<b>142,000.38</b>	<b>-</b>	<b>-</b>	<b>22,055.89</b>	<b>34,742.48</b>	<b>28,399.19</b>	<b>113,601.20</b>

### Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type

DDA

Data reported as of Nov 22, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$8,624,645.85</b>	<b>\$8,992,509.10</b>	<b>\$8,624,645.85</b>	<b>\$8,293,917.1</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,572.13	\$5,572.13	\$5,572.13	\$5,572.1
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$138,033.60	\$192,687.77	\$138,033.60	\$131,022.9
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.9
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,287,219.14	\$6,385,691.92	\$6,287,219.14	\$6,046,185.3
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.46	\$431.46	\$431.46	\$431.4
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$105,744.37	\$108,372.50	\$105,744.37	\$101,829.6
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$110,310.00	\$129,789.51	\$110,310.00	\$124,770.5
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$129,549.34	\$172,530.79	\$129,549.34	\$132,701.6
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$46,543.89	\$68,066.67	\$46,543.89	\$61,394.1
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$191,558.89	\$204,742.08	\$191,558.89	\$203,947.7
<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	\$300,187.15	\$309,902.97	\$300,187.15	\$120,322.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$29,252.17 ✓	\$101,091.00	\$29,252.17	\$26,505.9
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$124,978.68 ✓	\$158,365.27	\$124,978.68	\$176,125.7
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$45,861.23	\$45,861.23	\$45,861.23	\$53,703.7

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscany Transfer  
 Prosperity Accounts  
 11/22/2021

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		\$1,802.85 ✓	\$1,702.85 ✓	45,761.23 ✓			45,861.23 ✓	45,579.78
						Bank Balance Variance	45,861.23 ✓	
						Leave in Balance	100.00	
						MEDICARE REPAYMENT TO MM CLINIC	181.45 ✓	

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.

Adjust Balance Transfer Am 45,579.78 ✓  
 Approved: Anthony Richardson, CFO 11/22/2021

APPROVED  
 NOV 22 2021  
 COURTNEY ANDERSON  
 CHIEF FINANCIAL OFFICER

**Tuscany Village**

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
11/15/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	7,394.36	-	-	-	-	-	7,394.36
11/15/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000125	-	398.19	-	-	-	-	-	398.19
11/18/2021 CK1080	192.37	-	-	-	-	-	-	-
11/18/2021 WIRE OUT LINBAR ENTERPRISES, LLC	40,525.05	-	-	-	-	-	-	-
11/18/2021 Deposit	-	5,707.00	-	-	-	-	-	5,707.00
11/18/2021 Deposit	-	29,118.77	-	-	-	-	-	29,118.77
11/19/2021 CK1078	10,718.45	-	-	-	-	-	-	-
11/19/2021 CK1079	266.98	-	-	-	-	-	-	-
11/19/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000104	-	232.91	-	-	-	-	-	232.91
11/19/2021 KS PLAN ADMINIST HCCLAIMPMT 179 111000024252	-	2,910.00	-	-	-	-	-	2,910.00
	<b>51,702.85</b>	<b>45,761.23</b>	-	-	-	-	-	<b>45,761.23</b>

# Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type

DDA

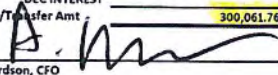
Data reported as of Nov 22, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$8,624,645.85</b>	<b>\$8,992,509.10</b>	<b>\$8,624,645.85</b>	<b>\$8,293,917.1</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,572.13	\$5,572.13	\$5,572.13	\$5,572.1
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$138,033.60	\$192,687.77	\$138,033.60	\$131,022.5
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.9
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,287,219.14	\$6,385,691.92	\$6,287,219.14	\$6,046,185.3
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.46	\$431.46	\$431.46	\$431.4
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$105,744.37	\$108,372.50	\$105,744.37	\$101,829.6
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$110,310.00	\$129,789.51	\$110,310.00	\$124,770.5
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$129,549.34	\$172,530.79	\$129,549.34	\$132,701.6
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$46,543.89	\$68,066.67	\$46,543.89	\$61,394.1
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$191,558.89	\$204,742.08	\$191,558.89	\$203,947.7
<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	\$300,187.15	\$309,902.97	\$300,187.15	\$120,322.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$29,252.17	\$101,091.00	\$29,252.17	\$26,505.9
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$124,978.68	\$158,365.27	\$124,978.68	\$176,125.7
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$45,861.23 ✓	\$45,861.23	\$45,861.23	\$53,703.7

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSLTransfer  
 Prosperity Accounts  
 11/22/2021

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		161,821.10 ✓	161,695.71 ✓	300,061.76 ✓	✓		300,187.15	300,061.76
						Bank Balance	300,187.15	
						Variance	-	✓
						Leave in Balance	100.00	
						OCT INTEREST	25.39	✓
						NOV INTEREST		
						DEC INTEREST		
						Adjust Balance/Transfer Amt	300,061.76	✓

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 11/22/2021

APPROVED  
 BY  
 NOV 22 2021  
 GEORGE ANTONIO  
 CLERK OF COURT



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

**Bethany Senior Living**

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	NH PORTION
11/15/2021 Deposit	-	17,523.00					-	17,523.00
11/15/2021 Deposit	-	47,111.80					-	47,111.80
11/16/2021 Deposit	-	3,862.50					-	3,862.50
11/16/2021 ACCENTCARE INC PAYABLES 9990007660 210000276	-	5,199.31					-	5,199.31
11/17/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	6,712.79					-	6,712.79
11/18/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	161,695.71	-					-	-
11/18/2021 Deposit	-	20,838.51					-	20,838.51
11/18/2021 Deposit	-	18,949.01					-	18,949.01
11/19/2021 Deposit	-	1,606.25					-	1,606.25
11/19/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000104	-	178,258.59					-	178,258.59
	<b>161,695.71</b>	<b>300,061.76</b>	-	-	-	-	-	<b>300,061.76</b>

## Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type




DDA

Data reported as of Nov 22, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$8,624,645.85</b>	<b>\$8,992,509.10</b>	<b>\$8,624,645.85</b>	<b>\$8,293,917.11</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,572.13	\$5,572.13	\$5,572.13	\$5,572.11
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$138,033.60	\$192,687.77	\$138,033.60	\$131,022.59
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.92
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,287,219.14	\$6,385,691.92	\$6,287,219.14	\$6,046,185.33
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.46	\$431.46	\$431.46	\$431.46
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$105,744.37	\$108,372.50	\$105,744.37	\$101,829.66
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$110,310.00	\$129,789.51	\$110,310.00	\$124,770.59
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$129,549.34	\$172,530.79	\$129,549.34	\$132,701.66
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$46,543.89	\$68,066.67	\$46,543.89	\$61,394.11
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$191,558.89	\$204,742.08	\$191,558.89	\$203,947.77
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,867.88	\$1,108,867.88	\$1,108,867.88	\$1,108,867.88
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$300,187.15	\$309,902.97	\$300,187.15	\$120,322.33
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$29,252.17	\$101,091.00	\$29,252.17	\$26,505.99
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$124,978.68	\$158,365.27	\$124,978.68	\$176,125.77
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$45,861.23	\$45,861.23	\$45,861.23	\$53,703.77

golden creek

~~MEMORIAL MEDICAL CENTER~~  
CHECK REQUEST

P MEMORIAL MEDICAL CENTER  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 11/22/21

FOR ACCT. USE ONLY

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

APPROVED BY

NOV 22 2021

CREDIT ADVISORY  
CALIFORNIA DEPARTMENT OF REVENUE

ck# 000143

G/L NUMBER: 10255040

AMOUNT \$48,039.77

EXPLANATION: SUPERIOR Q4 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

guif Pante Plaza

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 11/22/21

A \_\_\_\_\_

APPROVED  
BY

Y \_\_\_\_\_

NOV 22 2021

E \_\_\_\_\_

CONTRACT NUMBER:  
CASH/GRANT/CHARGING, NOKAS

E \_\_\_\_\_

ck #1041

FOR ACCT. USE ONLY

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

AMOUNT \$28,399.19

G/L NUMBER: 10255040

EXPLANATION: SUPERIOR Q4 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

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

1041

88-2265/1131-87

DATE 11/24/21

CHECK ARMOR

PAY TO THE ORDER OF Memorial Medical Center

\$ 28,399.19

Twenty eight thousand three hundred ninety nine & 19/100 DOLLARS

Photo Safe Deposit Details on back



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

FOR Superior Q4 QIPP

⑈00104⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

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

000143

Date 11/24/21

88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center

\$ 48,039.77

Fourty eight thousand thirty nine & 77/100 DOLLARS



PROSPERITY BANK

FOR Superior Q4 QIPP

Security features are included. Details on back

⑈000143⑈ ⑆113122655⑆

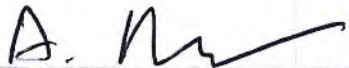
QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

11/24/2021

NH Name	From Bank Acct #	Ck #	Payee	GL #	SUPERIOR Q4 QIPP				TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-	11/24/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-	11/24/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-	11/24/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-	11/24/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-	11/24/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040	48,039.77				48,039.77	11/24/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040	28,399.19				28,399.19	11/24/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001						-	11/24/2021
Bethany			MMC -Prosperity Operating #10000001						-	11/24/2021
Tuscany			MMC -Prosperity Operating #10000001	10255040					-	11/24/2021
			<b>Total:</b>		<b>76,438.96</b>				<b>76,438.96</b>	

Note:

Approved:   
 Anthony Richardson 11/22/2021

RUN DATE:11/24/21  
TIME:11:42

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
11/24/21 THRU 11/24/21

PAGE 4  
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000160 11/24/21 11,883.91 BETHANY  
NHB 000161 11/24/21 181.45 MEMORIAL MEDICAL CLINIC  
TOTALS: 12,065.36

*Bwadmer*

APPROVED  
BY

NOV 24 2021

COUNTY ADMINISTRATOR  
CALHOUN COUNTY, TEXAS

RUN DATE:11/24/21  
TIME:11:42

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
11/24/21 THRU 11/24/21

PAGE 5  
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000189 11/24/21 11,883.91 BETHANY  
NHC 000190 11/24/21 181.45 MEMORIAL MEDICAL CLINIC  
TOTALS: 12,065.36

*Crescent*

APPROVED  
BY

NOV 24 2021

COURTNEY ANTHONY  
CALHOUN COUNTY, TEXAS



RUN DATE:11/24/21  
TIME:11:42

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
11/24/21 THRU 11/24/21

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GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	001188	11/24/21	11,883.91	BETHANY
NHS	001189	11/24/21	181.45	MEMORIAL MEDICAL CLINIC
TOTALS:			12,065.36	

*Slen*

**APPROVED  
ON**

**NOV 24 2021**

**COURTNEY ALLENBOR  
CALHOUN COUNTY, TEXAS**

RUN DATE:11/24/21  
TIME:11:42

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
11/24/21 THRU 11/24/21

PAGE 6  
GLCKREG

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

NHG 000143 11/24/21 48,039.77 MEMORIAL MEDICAL CENTER  
TOTALS: 48,039.77

*golden creek*

**APPROVED**  
**BY**

**NOV 24 2021**

**COURTNEY ANTHONY**  
**CALFORN GOSNEY, TEXAS**

RUN DATE:11/24/21  
TIME:11:42

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
11/24/21 THRU 11/24/21

PAGE 3  
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

CODE	NUMBER	DATE	AMOUNT	PAYEE
GPP	001041	11/24/21	28,399.19	MEMORIAL MEDICAL CENTER
GPP	001042	11/24/21	10,129.82	MEMORIAL MEDICAL CENTER
GPP	001043	11/24/21	1,109.40	MEMORIAL MEDICAL CLINIC
GPP	001044	11/24/21	614.15	ASHFORD
GPP	001045	11/24/21	6,150.00	SOLERA
GPP	001046	11/24/21	480.00	CRESCENT
GPP	001047	11/24/21	9,935.61	GOLDEN CREEK
GPP	001048	11/24/21	61,665.50	TUSCANY
TOTALS:			118,483.67	

*guilt Pints*

APPROVED  
BY

NOV 24 2021

COUNTY CLERK  
CALHOUN COUNTY, TEXAS

RUN DATE:11/24/21  
TIME:11:42

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
11/24/21 THRU 11/24/21

PAGE 8  
GLCKREG

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

TUS 001081 11/24/21 181.45 MEMORIAL MEDICAL CLINIC  
TOTALS: 181.45

*Thiscany*

APPROVED  
BY

NOV 24 2021

CLERK  
CALHOUN COUNTY, TEXAS