

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 01, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 476,785.93
TOTAL TRANSFERS BETWEEN FUNDS	\$ 84,868.85
TOTAL NURSING HOME UPL EXPENSES	\$ 801,814.18
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED December 01, 2021	\$ 1,363,468.96

APPROVED

DEC 01 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 01, 2021

PAYABLES AND PAYROLL

11/29/2021 Weekly Payables	472,565.19
11/29/2021 Patient Refunds	443.20
11/29/2021 McKesson-340B Prescription Expense	2,211.93
11/29/2021 Amerisource Bergen-340B Prescription Expense	658.92

Prosperity Electronic Bank Payments

11/22-11/26/21 Pay Plus-Patient Claims Processing Fee	292.49
11/26/2021 ExpertPay- child support	614.20

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ **476,785.93**

MEDICARE ADVANCE PAYMENT RECOUP

11/29/2021 Broadmoor to Bethany-correction of Broadmoor medical recoup taken from Bethany	1,778.46
11/29/2021 Broadmoor to Tuscany Village-correction of Broadmoor medical recoup taken from Tuscany Village	12,728.20
11/29/2021 Crescent to Tuscany Village-correction of Crecent medicare recoup taken from Tuscany Village	12,728.20
11/29/2021 Crescent to Bethany-correction of Crecent medicare recoup taken from Bethany	1,778.46
11/29/2021 Solera to Bethany-correction of Solera medicare recoup taken from Bethany	1,778.46
11/29/2021 Solera to Tuscany Village-correction of Solera medicare recoup taken from Tuscany Village	12,728.20

TRANSFER OF FUNDS BETWEEN NURSING HOMES

11/29/2021 Gulf Pointe Plaza-PP-correction of MMC insurance payment deposited into Gulf Pointe Plaza-PP in error	9,068.44
11/29/2021 Gulf Pointe Plaza-PP-correction of MMC Clinic insurance payment deposited into Gulf Pointe Plaza-PP in error	321.80
11/29/2021 Gulf Pointe Plaza-PP-correction of Ashford insurance payment deposited into Gulf Pointe Plaza-PP in error	10,610.06
11/29/2021 Gulf Pointe Plaza-PP-correction of Solera insurance payment deposited into Gulf Pointe Plaza-PP in error	11,089.81
11/29/2021 Gulf Pointe Plaza-PP-correction of Tuscany insurance payment deposited into Gulf Pointe Plaza-PP in error	10,258.76

TOTAL TRANSFERS BETWEEN FUNDS \$ **84,868.85**

NURSING HOME UPL EXPENSES

11/29/2021 Nursing Home UPL-Cantex Transfer	238,051.36
11/29/2021 Nursing Home UPL-Nexion Transfer	80,480.47
11/29/2021 Nursing Home UPL-HMG Transfer	98,153.59
11/29/2021 Nursing Home UPL-Tuscany Transfer	289,455.18
11/29/2021 Nursing Home UPL-HSL Transfer	95,673.58

TOTAL NURSING HOME UPL EXPENSES \$ **801,814.18**

TOTAL INTER-GOVERNMENT TRANSFERS \$ **-**

GRAND TOTAL DISBURSEMENTS APPROVED December 01, 2021 \$ **1,363,468.96**

11/23/2021 MEMORIAL MEDICAL CENTER 0
 14:42 AP Open Invoice List ap_open_invoice.template
 Due Dates Through: 12/08/2021

Vendor#	Vendor Name	Class	Pay Code							
10995	ABILITY NETWORK (SHIFTHOUND) ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
21M0167340 ✓		11/05/20	11/04/20	12/04/20		616.28	0.00	0.00	616.28 ✓	
SHIFTHOUND										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	10995	ABILITY NETWORK (SHIFTHOUND)			616.28	0.00	0.00	616.28		

Vendor#	Vendor Name	Class	Pay Code							
R1200	ADT COMMERCIAL ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
142595824 ✓		11/16/20	11/03/20	12/03/20		49.18	0.00	0.00	49.18 ✓	
FIRE MONITORING (11/01 - 12/03/21)										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	R1200	ADT COMMERCIAL			49.18	0.00	0.00	49.18		

Vendor#	Vendor Name	Class	Pay Code							
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9119208724 ✓		11/15/20	11/09/20	12/04/20		2,316.23	0.00	0.00	2,316.23 ✓	
OXYGEN										
9800809734 ✓		11/16/20	11/08/20	12/03/20		103.89	0.00	0.00	103.89 ✓	
SUPPLIES										
9983870356 ✓		11/22/20	10/31/20	11/30/20		158.35	0.00	0.00	158.35 ✓	
RESPIRATORY										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	A1680	AIRGAS USA, LLC - CENTRAL DIV			2,578.47	0.00	0.00	2,578.47		

Vendor#	Vendor Name	Class	Pay Code							
A1705	ALIMED INC. ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
03697739 ✓		11/22/20	11/09/20	11/24/20		102.65	0.00	0.00	102.65 ✓	
INVENTORY										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	A1705	ALIMED INC.			102.65	0.00	0.00	102.65		

Vendor#	Vendor Name	Class	Pay Code							
10958	ALLYSON SWOPE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
112321		11/23/20	11/23/20	11/23/20		2,448.00	0.00	0.00	2,448.00 ✓	
CONTRACT										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	10958	ALLYSON SWOPE			2,448.00	0.00	0.00	2,448.00		

Vendor#	Vendor Name	Class	Pay Code							
A2218	AQUA BEVERAGE COMPANY ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
103121 166797		11/22/20	10/31/20	11/25/20		42.00	0.00	0.00	42.00 ✓	
WATER CARDIAC REHAB										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	A2218	AQUA BEVERAGE COMPANY			42.00	0.00	0.00	42.00		

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		
2369350 ✓		11/10/20	11/08/20	12/08/20		1,541.00	0.00	0.00	1,541.00 ✓		
	TRAVEL LAB STAFFING (10/22-10/28/21) - Stibley										
2369530 ✓		11/10/20	11/08/20	12/08/20		2,553.00	0.00	0.00	2,553.00 ✓		
	TRAVEL LAB STAFFING (10/22-10/28/21) - Simonich										
2369638 ✓		11/10/20	11/08/20	12/08/20		2,328.25	0.00	0.00	2,328.25 ✓		
	TRAVEL LAB STAFFING (10/22-10/24/21) - Hawkins										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						A0400	AUREUS RADIOLOGY LLC	6,422.25	0.00	0.00	6,422.25
Vendor#	Vendor Name				Class	Pay Code					
M2485	BAYER HEALTHCARE ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
6009584403 ✓		11/22/20	11/10/20	11/22/20		1,223.56	0.00	0.00	1,223.56 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						M2485	BAYER HEALTHCARE	1,223.56	0.00	0.00	1,223.56
Vendor#	Vendor Name				Class	Pay Code					
B1220	BECKMAN COULTER INC ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
109416461 ✓		11/09/20	11/08/20	12/03/20		68.24	0.00	0.00	68.24 ✓		
	SUPPLIES										
109417539 ✓		11/09/20	11/08/20	12/03/20		43.56	0.00	0.00	43.56 ✓		
	SUPPLIES										
109418127 ✓		11/09/20	11/08/20	12/03/20		6,939.40	0.00	0.00	6,939.40 ✓		
	SUPPLIES										
109418817 ✓		11/09/20	11/08/20	12/03/20		46.00	0.00	0.00	46.00 ✓		
	SUPPLIES										
109432094 ✓		11/16/20	11/12/20	12/07/20		316.20	0.00	0.00	316.20 ✓		
	SUPPLIES										
5449257 ✓		11/16/20	11/13/20	12/08/20		5,016.58	0.00	0.00	5,016.58 ✓		
	LEASE										
109163121 ✓		11/23/20	07/06/20	07/31/20		119.42	0.00	0.00	119.42 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1220	BECKMAN COULTER INC	12,549.40	0.00	0.00	12,549.40
Vendor#	Vendor Name				Class	Pay Code					
12324	BLUE CROSS BLUE SHIELD ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
111721		11/22/20	11/17/20	12/01/20		207,383.49	0.00	0.00	207,383.49 ✓		
	INSURANCE										
111721A		11/22/20	11/17/20	12/01/20		1,381.49	0.00	0.00	1,381.49 ✓		
	COBRA										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12324	BLUE CROSS BLUE SHIELD	208,764.98	0.00	0.00	208,764.98
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		
121315 ✓		11/15/20	11/08/20	12/08/20		584.00	0.00	0.00	584.00 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11224	CABLES AND SENSORS	584.00	0.00	0.00	584.00

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	
129785 ✓		11/22/20	11/17/20			3,932.50	0.00	0.00	3,932.50 ✓	
	<i>1119-1113121) - Furbus</i>									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	13992	CARIANT HEALTH PARTNERS				3,932.50	0.00	0.00	3,932.50	
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	
N059725 ✓		11/10/20	11/02/20	12/02/20		7,043.07	0.00	0.00	7,043.07 ✓	
	<i>SUPPLIES (4) Laptops lenvo</i>									
N072083 ✓		11/10/20	11/03/20	12/03/20		472.45	0.00	0.00	472.45 ✓	
	<i>SUPPLIES Sonicwall T3950</i>									
N099809 ✓		11/10/20	11/03/20	12/03/20		212.56	0.00	0.00	212.56 ✓	
	<i>SUPPLIES</i>									
N138240 ✓		11/10/20	11/03/20	12/03/20		1,866.88	0.00	0.00	1,866.88 ✓	
	<i>SUPPLIES (4) Newsoft office</i>									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C1992	CDW GOVERNMENT, INC.				9,594.96	0.00	0.00	9,594.96	
Vendor#	Vendor Name	Class	Pay Code							
11202	CFI MECHANICAL INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
SD14539 ✓		11/08/20	11/02/20	12/02/20		2,940.00	0.00	0.00	2,940.00 ✓	
	<i>CONNECT CHILLER</i>									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11202	CFI MECHANICAL INC				2,940.00	0.00	0.00	2,940.00	
Vendor#	Vendor Name	Class	Pay Code							
12768	CHEMAQUA ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
7577122 ✓		11/22/20	11/10/20	11/20/20		518.75	0.00	0.00	518.75 ✓	
	<i>WATER TREATMENT</i>									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	12768	CHEMAQUA				518.75	0.00	0.00	518.75	
Vendor#	Vendor Name	Class	Pay Code							
10105	CHRIS KOVAREK ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
56 ✓		11/23/20	11/10/20	11/23/20		75.00	0.00	0.00	75.00 ✓	
	<i>REIMBURSEMENT</i>									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10105	CHRIS KOVAREK				75.00	0.00	0.00	75.00	
Vendor#	Vendor Name	Class	Pay Code							
C1730	CITY OF PORT LAVACA ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
111021C		11/15/20	11/10/20	12/06/20		2,805.90	0.00	0.00	2,805.90 ✓	
	<i>HOSPITAL</i>									
111021		11/15/20	11/10/20	12/06/20		75.84	0.00	0.00	75.84 ✓	
	<i>REHAB</i>									
111021A		11/15/20	11/10/20	12/06/20		62.29	0.00	0.00	62.29 ✓	
	<i>MM CLINIC</i>									
111021B		11/15/20	11/10/20	12/06/20		27.04	0.00	0.00	27.04 ✓	

HOSPITAL										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		C1730	CITY OF PORT LAVACA				2,971.07	0.00	0.00	2,971.07
Vendor#	Vendor Name				Class	Pay Code				
C1166	COASTAL OFFICE SOLUTONS ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
OE-QT-18946-1 ✓		11/19/20	11/18/20	12/02/20			375.00	0.00	0.00	375.00 ✓
SUPPLIES										
OEQT190811 ✓		11/22/20	11/19/20	11/29/20			82.60	0.00	0.00	82.60 ✓
SUPPLIES										
OEQT186831 ✓		11/22/20	11/19/20	11/29/20			58.53	0.00	0.00	58.53 ✓
SUPPLIES										
OEQT182201 ✓		11/23/20	08/24/20	09/03/20			306.13	0.00	0.00	306.13 ✓
SUPPLIES										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		C1166	COASTAL OFFICE SOLUTONS				822.26	0.00	0.00	822.26
Vendor#	Vendor Name				Class	Pay Code				
14080	CORROHEALTH, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
50157 ✓		11/09/20	11/03/20	12/03/20			1,944.05	0.00	0.00	1,944.05 ✓
CODING SERVICES										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		14080	CORROHEALTH, INC.				1,944.05	0.00	0.00	1,944.05
Vendor#	Vendor Name				Class	Pay Code				
11524	DATA INNOVATIONS LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
77490 ✓		11/22/20	10/28/20	11/22/20			1,500.00	0.00	0.00	1,500.00 ✓
ANNUAL LICENSE										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		11524	DATA INNOVATIONS LLC				1,500.00	0.00	0.00	1,500.00
Vendor#	Vendor Name				Class	Pay Code				
10368	DEWITT POTHS & SON ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6623410 ✓		11/15/20	11/09/20	12/04/20			23.76	0.00	0.00	23.76 ✓
SUPPLIES										
6623390 ✓		11/15/20	11/09/20	12/04/20			39.49	0.00	0.00	39.49 ✓
SUPPLIES										
6622140 ✓		11/16/20	11/08/20	12/03/20			34.91	0.00	0.00	34.91 ✓
SUPPLIES										
6623070 ✓		11/22/20	11/09/20	12/04/20			425.00	0.00	0.00	425.00 ✓
SUPPLIES										
6626620 ✓		11/22/20	11/10/20	12/05/20			510.00	0.00	0.00	510.00 ✓
SUPPLIES										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTHS & SON				1,033.16	0.00	0.00	1,033.16
Vendor#	Vendor Name				Class	Pay Code				
10042	ERBE USA INC SURGICAL SYSTEMS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
715290 ✓		11/22/20	11/16/20	11/22/20			139.50	0.00	0.00	139.50 ✓
SUPPLIES										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net

	10042	ERBE USA INC SURGICAL SYSTEMS					139.50	0.00	0.00	139.50
Vendor#	Vendor Name		Class	Pay Code						
C2510	EVIDENT ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
T2111081378 ✓		11/22/20	11/08/20	12/03/20		11,274.09	0.00	0.00	11,274.09 ✓	
	BUSINESS SERVICES									
111921 ✓		11/22/20	11/19/20	12/07/20		5,400.00	0.00	0.00	5,400.00 ✓	
	LAB INTERFACE									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	C2510 EVIDENT					16,674.09	0.00	0.00	16,674.09	
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	
7-562-95801 ✓		11/22/20	11/11/20	12/06/20		47.20	0.00	0.00	47.20	
	FREIGHT									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	F1100 FEDERAL EXPRESS CORP.					47.20	0.00	0.00	47.20	
Vendor#	Vendor Name		Class	Pay Code						
10788	FIRETROL PROTECTION SYSTEMS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
100752747 ✓		11/22/20	11/16/20	11/26/20		1,680.00	0.00	0.00	1,680.00 ✓	
	FIRE ALARM INSPECTION									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10788 FIRETROL PROTECTION SYSTEMS					1,680.00	0.00	0.00	1,680.00	
Vendor#	Vendor Name		Class	Pay Code						
14092	FIRST CONNECT CENTER LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
3173 ✓		11/05/20	11/04/20	12/04/20		4,562.50	0.00	0.00	4,562.50 ✓	
	TRAVEL NURSE STAFFING (10/19-10/21) - Burnham									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	14092 FIRST CONNECT CENTER LLC					4,562.50	0.00	0.00	4,562.50	
Vendor#	Vendor Name		Class	Pay Code						
14200	FIRST DATA MERCHANT SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
111521		11/22/20	11/15/20	11/15/20		332.33	0.00	0.00	332.33 ✓	
	ANNUAL CC FEE									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	14200 FIRST DATA MERCHANT SERVICES					332.33	0.00	0.00	332.33	
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	
4007457 ✓		11/16/20	11/04/20	12/04/20		99.20	0.00	0.00	99.20 ✓	
	SUPPLIES									
4355552 ✓		11/16/20	11/08/20	12/03/20		509.02	0.00	0.00	509.02 ✓	
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	F1400 FISHER HEALTHCARE					608.22	0.00	0.00	608.22	
Vendor#	Vendor Name		Class	Pay Code						
H1399	HILL-ROM COMPANY, INC ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1371543 ✓		11/15/20	11/06/20	12/06/20		47.50	0.00	0.00	47.50 ✓	

SUPPLIES

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		H1399	HILL-ROM COMPANY, INC		47.50	0.00	0.00	47.50	
Vendor#	Vendor Name		Class	Pay Code					
11108	ITERSOURCE CORPORATION ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
711419 ✓		11/22/20	11/16/20	12/01/20		3,500.00	0.00	0.00	3,500.00 ✓
RECONFIG. CLINIC									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11108	ITERSOURCE CORPORATION		3,500.00	0.00	0.00	3,500.00	
Vendor#	Vendor Name		Class	Pay Code					
J0150	J & J HEALTH CARE SYSTEMS, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
927020102 ✓		11/15/20	11/04/20	12/04/20		447.70	0.00	0.00	447.70 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		J0150	J & J HEALTH CARE SYSTEMS, INC		447.70	0.00	0.00	447.70	
Vendor#	Vendor Name		Class	Pay Code					
K1000	KEEP U NEAT DRY CLEANERS ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112221		11/23/20	11/22/20	11/21/20		18.30	0.00	0.00	18.30 ✓
LAUNDRY									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		K1000	KEEP U NEAT DRY CLEANERS		18.30	0.00	0.00	18.30	
Vendor#	Vendor Name		Class	Pay Code					
10972	M G TRUST ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111821		11/22/20	11/18/20	11/24/20		640.86	0.00	0.00	640.86 ✓
PAYROLL DEDUCT									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10972	M G TRUST		640.86	0.00	0.00	640.86	
Vendor#	Vendor Name		Class	Pay Code					
11612	MASA GLOBAL BUILDING ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1129445 ✓		11/22/20	11/22/20	12/01/20		1,730.00	0.00	0.00	1,730.00 ✓
INSURANCE COVERAGE DEC									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11612	MASA GLOBAL BUILDING		1,730.00	0.00	0.00	1,730.00	
Vendor#	Vendor Name		Class	Pay Code					
M2827	MEDIVATORS ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
91108616 ✓		11/12/20	11/02/20	12/02/20		202.80	0.00	0.00	202.80 ✓
SUPPLIES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
91128553 ✓		11/23/20	11/17/20	11/23/20		400.00	0.00	0.00	400.00 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		M2827	MEDIVATORS		602.80	0.00	0.00	602.80	
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
1968289336 ✓		11/18/20	09/30/20	12/02/20		50.52	0.00	0.00	50.52 ✓

1969028397	✓	SUPPLIES	11/18/20 10/06/20 12/02/20	4.20	0.00	0.00	4.20	✓
1971985659	✓	SUPPLIES	11/18/20 10/27/20 12/02/20	16.36	0.00	0.00	16.36	✓
1973663005	✓	SUPPLIES	11/22/20 11/09/20 12/04/20	30.23	0.00	0.00	30.23	✓
1973652234	✓	SUPPLIES	11/22/20 11/09/20 12/04/20	649.91	0.00	0.00	649.91	✓
1973760676	✓	SUPPLIES	11/22/20 11/09/20 12/04/20	184.53	0.00	0.00	184.53	✓
1973652236	✓	SUPPLIES	11/22/20 11/09/20 12/04/20	86.60	0.00	0.00	86.60	✓
1973858183	✓	SUPPLIES	11/22/20 11/10/20 12/05/20	47.42	0.00	0.00	47.42	✓
1973858172	✓	SUPPLIES	11/22/20 11/10/20 12/05/20	112.00	0.00	0.00	112.00	✓
1973858509	✓	SUPPLIES	11/22/20 11/10/20 12/05/20	373.20	0.00	0.00	373.20	✓
1973858181	✓	SUPPLIES	11/22/20 11/10/20 12/05/20	64.87	0.00	0.00	64.87	✓
1973858190	✓	SUPPLIES	11/22/20 11/10/20 12/05/20	611.58	0.00	0.00	611.58	✓
1973858513	✓	SUPPLIES	11/22/20 11/10/20 12/05/20	51.51	0.00	0.00	51.51	✓
1973858191	✓	SUPPLIES	11/22/20 11/10/20 12/05/20	96.76	0.00	0.00	96.76	✓
1973950330	✓	SUPPLIES	11/22/20 11/10/20 12/05/20	233.50	0.00	0.00	233.50	✓
1973858176	✓	SUPPLIES	11/22/20 11/10/20 12/05/20	291.00	0.00	0.00	291.00	✓
1973950329	✓	SUPPLIES	11/22/20 11/10/20 12/05/20	466.25	0.00	0.00	466.25	✓
1973858189	✓	SUPPLIES	11/22/20 11/10/20 12/05/20	611.58	0.00	0.00	611.58	✓
1973858514	✓	SUPPLIES	11/22/20 11/10/20 12/05/20	201.33	0.00	0.00	201.33	✓
1973858506	✓	SUPPLIES	11/22/20 11/10/20 12/05/20	1,664.54	0.00	0.00	1,664.54	✓
1973858500	✓	SUPPLIES	11/22/20 11/10/20 12/05/20	4,178.27	0.00	0.00	4,178.27	✓
1973858501	✓	SUPPLIES	11/22/20 11/10/20 12/05/20	44.58	0.00	0.00	44.58	✓
1973797856	✓	SUPPLIES	11/22/20 11/10/20 12/05/20	276.34	0.00	0.00	276.34	✓
1973858511	✓	SUPPLIES	11/22/20 11/10/20 12/05/20	34.93	0.00	0.00	34.93	✓
1973858179	✓	SUPPLIES	11/22/20 11/10/20 12/05/20	87.50	0.00	0.00	87.50	✓
1973858512	✓	SUPPLIES	11/22/20 11/10/20 12/05/20	27.80	0.00	0.00	27.80	✓

1973858173	✓		11/22/20	11/10/20	12/05/20			483.11	0.00	0.00	483.11	✓	
		SUPPLIES											
1973858187	✓		11/22/20	11/10/20	12/05/20			5.38	0.00	0.00	5.38	✓	
		SUPPLIES											
1973858510	✓		11/22/20	11/10/20	12/05/20			18.57	0.00	0.00	18.57	✓	
		SUPPLIES											
1973858178	✓		11/22/20	11/10/20	12/05/20			123.00	0.00	0.00	123.00	✓	
		SUPPLIES											
1973858185	✓		11/22/20	11/10/20	12/05/20			204.54	0.00	0.00	204.54	✓	
		SUPPLIES											
1974197940	✓		11/22/20	11/12/20	12/07/20			55.87	0.00	0.00	55.87	✓	
		SUPPLIES											
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								M2470	MEDLINE INDUSTRIES INC	11,387.78	0.00	0.00	11,387.78
Vendor#	Vendor Name		Class		Pay Code								
12204	MEMORIAL MEDICAL CENTER												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
111821		11/23/20	11/18/20	11/18/20			14.50	0.00	0.00	14.50	✓		
	PETTY CASH (2) Truck registrations)												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								12204	MEMORIAL MEDICAL CENTER	14.50	0.00	0.00	14.50
Vendor#	Vendor Name		Class		Pay Code								
10963	MEMORIAL MEDICAL CLINIC												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
111821		11/22/20	11/18/20	12/01/20			300.00	0.00	0.00	300.00	✓		
	PAYROLL DEDUCT												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								10963	MEMORIAL MEDICAL CLINIC	300.00	0.00	0.00	300.00
Vendor#	Vendor Name		Class		Pay Code								
M2621	MMC AUXILIARY GIFT SHOP		W										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
111821		11/22/20	11/18/20	11/30/20			275.94	0.00	0.00	275.94	✓		
	PAYROLL DEDUCTS												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								M2621	MMC AUXILIARY GIFT SHOP	275.94	0.00	0.00	275.94
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			
7537392	✓	11/23/20	11/11/20	11/21/20			1,174.03	0.00	0.00	1,174.03	✓		
	INVENTORY												
7537394	✓	11/23/20	11/11/20	11/21/20			0.74	0.00	0.00	0.74	✓		
	INVENTORY												
7537393	✓	11/23/20	11/11/20	11/21/20			259.92	0.00	0.00	259.92	✓		
	INVENTORY												
7534212	✓	11/23/20	11/11/20	11/21/20			68.76	0.00	0.00	68.76	✓		
	INVENTORY												
7543670	✓	11/23/20	11/14/20	11/24/20			25,663.89	0.00	0.00	25,663.89	✓		
	INVENTORY												
7541613	✓	11/23/20	11/14/20	11/24/20			9.35	0.00	0.00	9.35	✓		
	INVENTORY												
7541612	✓	11/23/20	11/14/20	11/24/20			55.49	0.00	0.00	55.49	✓		

7543671	✓	INVENTORY	11/23/20	11/14/20	11/24/20	1,111.77	0.00	0.00	1,111.77	✓
7541611	✓	INVENTORY	11/23/20	11/14/20	11/24/20	21.75	0.00	0.00	21.75	✓
7543669	✓	INVENTORY	11/23/20	11/14/20	11/24/20	2,875.40	0.00	0.00	2,875.40	✓
7554240	✓	INVENTORY	11/23/20	11/16/20	11/26/20	3,667.81	0.00	0.00	3,667.81	✓
7551342	✓	INVENTORY	11/23/20	11/16/20	11/26/20	37.64	0.00	0.00	37.64	✓
7554242	✓	INVENTORY	11/23/20	11/16/20	11/26/20	743.35	0.00	0.00	743.35	✓
7551341	✓	INVENTORY	11/23/20	11/16/20	11/26/20	229.43	0.00	0.00	229.43	✓
7551340	✓	INVENTORY	11/23/20	11/16/20	11/26/20	4,983.14	0.00	0.00	4,983.14	✓
7554241	✓	INVENTORY	11/23/20	11/16/20	11/26/20	4,746.52	0.00	0.00	4,746.52	✓
7551343	✓	INVENTORY	11/23/20	11/16/20	11/26/20	23.58	0.00	0.00	23.58	✓
7553747	✓	INVENTORY	11/23/20	11/16/20	11/26/20	5.02	0.00	0.00	5.02	✓
7555068	✓	INVENTORY	11/23/20	11/17/20	11/27/20	50.86	0.00	0.00	50.86	✓
7555069	✓	INVENTORY	11/23/20	11/17/20	11/27/20	389.38	0.00	0.00	389.38	✓
0440	✓	INVENTORY	11/23/20	11/17/20	11/27/20	-5.00	0.00	0.00	-5.00	✓
7567526	✓	CREDIT	11/23/20	11/21/20	12/01/20	26.73	0.00	0.00	26.73	✓
7570675	✓	INVENTORY	11/23/20	11/22/20	12/02/20	119.53	0.00	0.00	119.53	✓
7574078	✓	INVENTORY	11/23/20	11/22/20	12/02/20	19.69	0.00	0.00	19.69	✓
7574077	✓	INVENTORY	11/23/20	11/22/20	12/02/20	3,886.25	0.00	0.00	3,886.25	✓
0493 75	✓	INVENTORY	11/23/20	11/22/20	12/02/20	3,493.75	0.00	0.00	3,493.75	✓
7574074		INVENTORY								
Vendor Totals						Gross	Discount	No-Pay	Net	
10536 MORRIS & DICKSON CO, LLC						53,658.78	0.00	0.00	53,658.78	

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	
MMC0021	✓		11/22/20	11/08/20	11/08/20	2,367.78	0.00	0.00	2,367.78	✓
	TRAVEL NURSE STAFFING (10/29-11/12/21) - Dunn									
MMC0020	✓		11/22/20	11/08/20	11/08/20	4,491.25	0.00	0.00	4,491.25	✓
	TRAVEL NURSE STAFFING (10/29 - 11/14/21) - Boardman									
MMC0023	✓		11/22/20	11/16/20	11/16/20	2,352.90	0.00	0.00	2,352.90	✓
	TRAVEL NURSE STAFFING (11/9-11/11/21) - Dunn									
MMC0022	✓		11/22/20	11/16/20	11/30/20	4,711.25	0.00	0.00	4,711.25	✓

MMC0024	TRAVEL NURSE STAFFING (11/9-11/11/21) - Brandman	11/23/20	11/22/20	11/22/20			4,581.25	0.00	0.00	4,581.25
MMC0025	TRAVEL NURSE STAFFING (11/11-11/18/21) - Brandman	11/23/20	11/22/20	11/22/20			2,367.78	0.00	0.00	2,367.78
	TRAVEL NURSE STAFFING (11/12-11/14/21) - Dunn									
Vendor#	Vendor Name						Gross	Discount	No-Pay	Net
14124	MSH HEALTH SERVICES LLC						20,872.21	0.00	0.00	20,872.21
Vendor#	Vendor Name									
11472	OCCUPRO LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
23714		11/09/20	11/07/20	12/07/20			487.47	0.00	0.00	487.47
	PROVIDER/MTHLY SUPPORT									
Vendor#	Vendor Name						Gross	Discount	No-Pay	Net
11472	OCCUPRO LLC						487.47	0.00	0.00	487.47
Vendor#	Vendor Name									
O1500	OLYMPUS AMERICA INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
31772240		11/17/20	11/07/20	12/02/20			1,137.51	0.00	0.00	1,137.51
	SERVICE CONTRACT									
Vendor#	Vendor Name						Gross	Discount	No-Pay	Net
O1500	OLYMPUS AMERICA INC						1,137.51	0.00	0.00	1,137.51
Vendor#	Vendor Name									
O1416	ORTHO CLINICAL DIAGNOSTICS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1852129779		11/16/20	11/08/20	12/08/20			759.03	0.00	0.00	759.03
	SUPPLIES									
Vendor#	Vendor Name						Gross	Discount	No-Pay	Net
O1416	ORTHO CLINICAL DIAGNOSTICS						759.03	0.00	0.00	759.03
Vendor#	Vendor Name									
11069	PABLO GARZA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
112321		11/23/20	11/23/20	12/07/20			2,494.38	0.00	0.00	2,494.38
	CONTRACT STAFFING (11/9-11/22/21)									
Vendor#	Vendor Name						Gross	Discount	No-Pay	Net
11069	PABLO GARZA						2,494.38	0.00	0.00	2,494.38
Vendor#	Vendor Name									
10152	PARTSSOURCE, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
04095089		11/22/20	11/05/20	12/05/20			456.37	0.00	0.00	456.37
	SUPPLIES									
Vendor#	Vendor Name						Gross	Discount	No-Pay	Net
10152	PARTSSOURCE, LLC						456.37	0.00	0.00	456.37
Vendor#	Vendor Name									
13988	PAYCHEX, ADVANCE FBO									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
005781		11/22/20	06/30/20	06/30/20			2,235.00	0.00	0.00	2,235.00
	TRAVEL NURSE STAFFING									
007670		11/22/20	11/17/20	11/17/20			3,700.00	0.00	0.00	3,700.00
	TRAVEL NURSE STAFFING									
Vendor#	Vendor Name						Gross	Discount	No-Pay	Net
13988	PAYCHEX, ADVANCE FBO						5,935.00	0.00	0.00	5,935.00

Vendor#	Vendor Name	Class	Pay Code							
C1010	SPARKLIGHT ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
111621A		11/23/20	11/16/20	11/23/20		2,260.00	0.00	0.00	2,260.00 ✓	
	ACCOUNT 100987627									
111621B		11/23/20	11/16/20	11/23/20		1,685.67	0.00	0.00	1,685.67 ✓	
	ACCOUNT									
111621		11/23/20	11/16/20	11/23/20		103.81	0.00	0.00	103.81 ✓	
	ACCOUNT 118134105									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	C1010	SPARKLIGHT			4,049.48	0.00	0.00	4,049.48		

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	
211109		11/22/20	11/15/20	11/29/20		4,406.25	0.00	0.00	4,406.25 ✓	
	TRAVEL NURSE STAFFING (10124-11/4/21)-McIntyre									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	14100	STAFFING FIRST			4,406.25	0.00	0.00	4,406.25		

Vendor#	Vendor Name	Class	Pay Code							
10735	STRYKER SUSTAINABILITY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
4304294 ✓		11/16/20	11/06/20	12/06/20		2,353.21	0.00	0.00	2,353.21 ✓	
	SUPPLIES									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	10735	STRYKER SUSTAINABILITY			2,353.21	0.00	0.00	2,353.21		

Vendor#	Vendor Name	Class	Pay Code							
13880	TEXAS SELECT STAFFING ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
001799351079CM		10/31/20	10/14/20	12/03/20		-3,115.25	0.00	0.00	-3,115.25 ✓	
	CREDIT									
001856451079IN		11/23/20	11/18/20	11/18/20		4,030.40	0.00	0.00	4,030.40 ✓	
	TRAVEL NURSE STAFFING (1019-11/11/21) Scoville									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	13880	TEXAS SELECT STAFFING			915.15	0.00	0.00	915.15		

Vendor#	Vendor Name	Class	Pay Code							
14012	TK ELEVATOR CORPORATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
5001683776 ✓		11/22/20	11/16/20	11/16/20		846.00	0.00	0.00	846.00 ✓	
	ELEVATOR REPAIRS									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	14012	TK ELEVATOR CORPORATION			846.00	0.00	0.00	846.00		

Vendor#	Vendor Name	Class	Pay Code							
11067	TRIZETTO PROVIDER SOLUTIONS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
35FK112100 ✓		11/22/20	11/01/20	11/26/20		2,001.38	0.00	0.00	2,001.38 ✓	
	PT STATEMENT									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	11067	TRIZETTO PROVIDER SOLUTIONS			2,001.38	0.00	0.00	2,001.38		


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	

8400380884	✓	11/10/20	11/08/20	12/03/20		2,020.25	0.00	0.00	2,020.25	✓	
	LAUNDRY										
8400380861	✓	11/10/20	11/08/20	12/03/20		51.65	0.00	0.00	51.65	✓	
	LAUNDRY										
8400380860	✓	11/10/20	11/08/20	12/03/20		45.15	0.00	0.00	45.15	✓	
	LAUNDRY										
8400381229	✓	11/15/20	11/11/20	12/06/20		145.57	0.00	0.00	145.57	✓	
	LAUNDRY										
8400381215	✓	11/15/20	11/11/20	12/06/20		1,470.62	0.00	0.00	1,470.62	✓	
	LAUNDRY										
8400381191	✓	11/15/20	11/11/20	12/06/20		42.72	0.00	0.00	42.72	✓	
	LAUNDRY										
8400381192	✓	11/15/20	11/11/20	12/06/20		127.23	0.00	0.00	127.23	✓	
	LAUNDRY										
8400381193	✓	11/15/20	11/11/20	12/06/20		153.95	0.00	0.00	153.95	✓	
	LAUNDRY										
8400381209	✓	11/15/20	11/11/20	12/06/20		79.43	0.00	0.00	79.43	✓	
	LAUNDRY										
8400381194	✓	11/15/20	11/11/20	12/06/20		169.39	0.00	0.00	169.39	✓	
	LAUNDRY										
8400381195	✓	11/15/20	11/11/20	12/06/20		199.32	0.00	0.00	199.32	✓	
	LAUNDRY										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						U1064	UNIFIRST HOLDINGS INC	4,505.28	0.00	0.00	4,505.28
Vendor#	Vendor Name	Class		Pay Code							
12208	WAGeworks ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
111821		11/22/20	11/18/20	11/24/20		3,312.29	0.00	0.00	3,312.29	✓	
PAYROLL DEDUCTS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12208	WAGeworks	3,312.29	0.00	0.00	3,312.29
Vendor#	Vendor Name	Class		Pay Code							
10943	WALLER,LANSDEN, DORTCH & DAVIS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
10830551		11/22/20	11/04/20	11/30/20		695.50	0.00	0.00	695.50	✓	
LEGAL FEES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10943	WALLER,LANSDEN, DORTCH & DAVIS	695.50	0.00	0.00	695.50
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		
9111067214	✓	11/16/20	11/10/20	12/05/20		347.41	0.00	0.00	347.41	✓	
	SUPPLIES										
9111067215	✓	11/16/20	11/10/20	12/05/20		1,023.49	0.00	0.00	1,023.49	✓	
	SUPPLIES										
9111036657	✓	11/22/20	09/08/20	10/03/20		285.18	0.00	0.00	285.18	✓	
	SUPPLIES										
9111039911	✓	11/22/20	09/15/20	10/10/20		346.08	0.00	0.00	346.08	✓	
	SUPPLIES										
9111063550	✓	11/22/20	11/03/20	11/28/20		506.00	0.00	0.00	506.00	✓	
	SUPPLIES										

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net			
		I1110	WERFEN USA LLC	2,508.16	0.00	0.00	2,508.16			
Vendor#	Vendor Name	Class	Pay Code							
10556	WOUND CARE SPECIALISTS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
WCS00004690 ✓	WOUND CARE	11/23/20	08/01/20	08/30/20			12,675.00	0.00	0.00	12,675.00 ✓
WCS00004726 ✓	WOUND CARE	11/23/20	09/01/20	09/30/20			18,075.00	0.00	0.00	18,075.00 ✓
WCS00004780 ✓	WOUND CARE	11/23/20	10/01/20	10/30/20			9,200.00	0.00	0.00	9,200.00 ✓
WCS00004837 ✓	WOUND CARE	11/23/20	11/01/20	11/30/20			17,500.00	0.00	0.00	17,500.00 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net			
		10556	WOUND CARE SPECIALISTS	57,450.00	0.00	0.00	57,450.00			

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	472,565.19	0.00	0.00	472,565.19



 ck# 192817-192878

RUN DATE: 11/23/21
TIME: 14:44

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
		112221	25.00	✓	2	REFUND FOR	
		112221	278.20	✓	3	REFUND FOR	
		112221	90.00	✓	2	REFUND FOR	
		112221	50.00	✓	3	REFUND FOR	
ARID=0001 TOTAL			443.20				
TOTAL			443.20				

APPROVED BY
NOV 29 2021
CHIEF ACCOUNTS
CALIFORNIA COUNTY, KERN
Clt#
192880-
192882

MCKESSON

STATEMENT

As of: 11/26/2021

Page: 002

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

Company: 8000

DC: 8115

As of: 11/26/2021
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: 11/27/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 11/27/2021

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

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,257.07 USD

Future Due: 0.00

Past Due: 0.00

Partial Payment 11/07/2017 2,451.97

If Paid By 11/30/2021,
Pay This Amount: 2,211.93 USD

If Paid After 11/30/2021,
Pay this Amount: 2,257.07 USD

Due If Paid On Time: 2,211.93 USD
Disc lost if paid late: 45.14
Due If Paid Late: 2,257.07 USD

448.85 +
887.24 +
850.33 +
25.51 +

2,211.93

CHK 500253

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NOV 19 2021

COURTESY AMERICAN
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 11/26/2021

Page: 001

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

Company 8000

DC: 8115

As of: 11/26/2021
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 835438
Date: 11/27/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 11/27/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
1/25/2021	11/30/2021	7308637268	1461295	115Invoice	9.16	457.99		448.83	✓	7308637268	

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

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

Subtotals: 457.99 USD

Future Due: 0.00

Past Due: 0.00

Past Payment 1/22/2021 8,901.55

If Paid By 11/30/2021,
Pay This Amount: 448.83 USD

If Paid After 11/30/2021,
Pay this Amount: 457.99 USD

Due If Paid On Time:
USD 448.83 ✓

Disc lost if paid late: 9.16

Due If Paid Late:
USD 457.99

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ON
NOV 19 2021
COURTNEY A. JENNISON
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 11/26/2021

Page: 001

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

Company 8000

DC: 8115

As of: 11/26/2021
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: 11/27/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450
Date: 11/27/2021

**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 464450 HEB PHY FC 490/MEM MC PHS											
1/23/2021	11/30/2021	7307895598	55x742989	115Invoice	0.52	26.08		25.56 ✓		7307895598	
1/23/2021	11/30/2021	7307897550	55x742860	115Invoice	9.04	452.22		443.18 ✓		7307897550	
1/23/2021	11/30/2021	7307899600	55x745328	115Invoice	0.07	3.55		3.48 ✓		7307899600	
1/24/2021	11/30/2021	7308176071	55x748124	115Invoice	8.47	423.49		415.02 ✓		7308176071	

*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: 905.34 USD

Future Due: 0.00

Due If Paid On Time: 887.24 ✓
USD

Past Due: 0.00

If Paid By 11/30/2021,
Pay This Amount: 887.24 USD

Disc lost if paid late: 18.10

Least Payment 1/22/2021 8,901.55

If Paid After 11/30/2021,
Pay this Amount: 905.34 USD

Due If Paid Late: 905.34
USD

**APPROVED
ST**
NOV 29 2021
**COUNSELOR AMBROSIO
CALHOUN COUNTY, TEXAS**

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 11/26/2021

Page: 001

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

Company 8000

DC: 8115

As of: 11/26/2021
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: 11/27/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 11/27/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
1/22/2021	11/30/2021	7307571862	19594491	115Invoice	4.83	241.55		236.72	✓	7307571862	
1/23/2021	11/30/2021	7307915812	19750521	115Invoice	1.89	94.30		92.41	✓	7307915812	
1/23/2021	11/30/2021	7308066382	1122211008	115Invoice	0.01	0.32		0.31	✓	7308066382	
1/24/2021	11/30/2021	7308203962	19798721	115Invoice	8.49	424.39		415.90	✓	7308203962	
1/24/2021	11/30/2021	7308203963	19821952	115Invoice	0.24	12.13		11.89	✓	7308203963	
1/24/2021	11/30/2021	7308383625	1123210706	115Invoice	1.90	95.02		93.12	✓	7308383625	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 867.71 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1/22/2021 8,901.55

If Paid By 11/30/2021,
Pay This Amount: 850.35 USD

If Paid After 11/30/2021,
Pay this Amount: 867.71 USD

Due If Paid On Time:
USD 850.35 ✓

Disc lost if paid late: 17.36

Due If Paid Late:
USD 867.71

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NOV 19 2021

COURTESY AMBROSIO
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 11/26/2021

Page: 001

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

Company 8000

DC: 8115

As of: 11/26/2021
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: 11/27/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 11/27/2021

**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											
1/24/2021	11/30/2021	7308209312	2017039481	115Invoice	0.52	26.03		25.51 ✓		7308209312	

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

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

Subtotals: 26.03 USD

Future Due: 0.00

Due If Paid On Time: USD 25.51 ✓

Past Due: 0.00

If Paid By 11/30/2021, Pay This Amount: 25.51 USD

Disc lost if paid late: 0.52

Past Payment 1/22/2021 8,901.55

If Paid After 11/30/2021, Pay this Amount: 26.03 USD

Due If Paid Late: USD 26.03

APPROVED
BY

NOV 19 2021

COONEY ANDERSON
CALHOUN COUNTY, TEXAS

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

Serviced By:	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Customer:	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number	100135284 / 037028186
	DEA: RA0289276 866-451-9655			Terms	Sat - Fri Due in 7 days
Remit To:	AMERISOURCEBERGEN P.O. Box 905223 CHARLOTTE NC 28290-5223			Summary	
				Not Yet Due:	0.00
				Current:	658.92
				Past Due:	0.00
				Total Due:	658.92
				Account Balance:	658.92

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-22-2021	12-03-2021	3074527072	163660	Invoice	437.20		0.00	437.20 ✓
11-22-2021	12-03-2021	3074527073	163661	Invoice	0.09		0.00	0.09 ✓
11-22-2021	12-03-2021	3074527074	163662	Invoice	141.16		0.00	141.16 ✓
11-22-2021	12-03-2021	3074527075	163663	Invoice	0.18		0.00	0.18 ✓
11-22-2021	12-03-2021	3074566613	163710	Invoice	46.96		0.00	46.96 ✓
11-24-2021	12-03-2021	3074836478	163723	Invoice	14.07		0.00	14.07 ✓
11-26-2021	12-03-2021	3074946554	163730	Invoice	19.26		0.00	19.26 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
658.92	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
11-26-2021	(517.41)

Reminders	
Due Date	Amount
12-03-2021	658.92
Total Due:	658.92

APPROVED ON
NOV 29 2021
COURT REPORTER
GALVESTON COUNTY, TEXAS

CK# 500252 *A.M.*

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- November 22, 2021 - November 28, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CP</u>
11/26/2021	PAY PLUS ACHTRANS 452579291 101000692365829	- 3rd Party Payor Fee	\$ 163.25	163.25 +
11/26/2021	EXPERTPAY EXPERTPAY 746003411 91000010107184	- Child Support Payment - Payroll Ending *****	\$ 614.20	1.65 + 27.59 +
11/26/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	\$ 517.41*	292.49 +
11/26/2021	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	\$ 306,085.32*	Expert Pay 614.20 +
11/26/2021	IRS USATAXPYMT 220173054438652 6103601000248	- Payroll Taxes	\$ 99,026.39*	614.20 *
11/24/2021	PAY PLUS ACHTRANS 452579291 101000691597639	- 3rd Party Payor Fee	\$ 100.00	292.49 +
11/23/2021	PAY PLUS ACHTRANS 452579291 101000690569497	- 3rd Party Payor Fee	\$ 1.65	614.20 +
11/23/2021	MCKESSON DRUG AUTO ACH ACH04809702 910000124	- 340B Drug Program Expense	\$ 8,901.55*	906.69 *
11/22/2021	WEBFILE TAX PYMT DD 902/04166934 21000023781	- Sales Tax	\$ 1,182.97**	
11/22/2021	PAY PLUS ACHTRANS 452579291 101000699598305	- 3rd Party Payor Fee	\$ 27.59	
			-406,506.57	614.20 +
			416,620.33	906.69 *



Anthony Richardson, CFO
Memorial Medical Center

November 29, 2021

* Approved 11.24.21 CC
* * Approved 11.17.21 CC

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>		
November 29, 2021				
Anthony Richardson, CFO Memorial Medical Center				
			163.25 +	416,620.33 +
			614.20 +	517.41 -
			517.41 +	306,085.32 -
			306,085.32 +	99,026.39 -
			99,026.39 +	8,901.55 -
			100.00 +	1,182.97 -
			1.65 +	906.69 ✓*
			8,901.55 +	
			1,182.97 +	906.69 +
			27.59 -	906.69 ✓
			<u>416,620.33</u>	0.00 *

**APPROVED
CFO**

NOV 29 2021

**GEORGEY ANDERSON
CALHOUN COUNTY, TEXAS**

0

RUN DATE:11/29/21
 TIME:11:19

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 12/01/21 THRU 12/01/21

PAGE 1
 GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	192817	12/01/21	616.28	ABILITY NETWORK (SHIFTHOUD)
A/P	192818	12/01/21	49.18	ADT COMMERCIAL
A/P	192819	12/01/21	2,578.47	AIRGAS USA, LLC - CENTRAL DIV
A/P	192820	12/01/21	102.65	ALIMED INC.
A/P	192821	12/01/21	2,448.00	ALLYSON SWOPE
A/P	192822	12/01/21	42.00	AQUA BEVERAGE COMPANY
A/P	192823	12/01/21	6,422.25	AUREUS RADIOLOGY LLC
A/P	192824	12/01/21	1,223.56	BAYER HEALTHCARE
A/P	192825	12/01/21	12,549.40	BECKMAN COULTER INC
A/P	192826	12/01/21	208,764.98	BLUE CROSS BLUE SHIELD
A/P	192827	12/01/21	584.00	CABLES AND SENSORS
A/P	192828	12/01/21	3,932.50	CARIANT HEALTH PARTNERS
A/P	192829	12/01/21	9,594.96	CDW GOVERNMENT, INC.
A/P	192830	12/01/21	2,940.00	CFI MECHANICAL INC
A/P	192831	12/01/21	518.75	CHEMAQUA
A/P	192832	12/01/21	75.00	CHRIS KOVAREK
A/P	192833	12/01/21	2,971.07	CITY OF PORT LAVACA
A/P	192834	12/01/21	822.26	COASTAL OFFICE SOLUTONS
A/P	192835	12/01/21	1,944.05	CORROHEALTH, INC.
A/P	192836	12/01/21	1,500.00	DATA INNOVATIONS LLC
A/P	192837	12/01/21	1,033.16	DEWITT POTTH & SON
A/P	192838	12/01/21	139.50	ERBE USA INC SURGICAL SYSTEMS
A/P	192839	12/01/21	16,674.09	EVIDENT
A/P	192840	12/01/21	47.20	FEDERAL EXPRESS CORP.
A/P	192841	12/01/21	1,680.00	FIRETROL PROTECTION SYSTEMS
A/P	192842	12/01/21	4,562.50	FIRST CONNECT CENTER LLC
A/P	192843	12/01/21	332.33	FIRST DATA MERCHANT SERVICES
A/P	192844	12/01/21	608.22	FISHER HEALTHCARE
A/P	192845	12/01/21	47.50	HILL-ROM COMPANY, INC
A/P	192846	12/01/21	3,500.00	ITERSOURCE CORPORATION
A/P	192847	12/01/21	447.70	J & J HEALTH CARE SYSTEMS, INC
A/P	192848	12/01/21	18.30	KEEP U NEAT DRY CLEANERS
A/P	192849	12/01/21	640.86	M G TRUST
A/P	192850	12/01/21	1,730.00	MASA GLOBAL BUILDING
A/P	192851	12/01/21	602.80	MEDIVATORS
A/P	192852	12/01/21	.00	VOIDED
A/P	192853	12/01/21	.00	VOIDED
A/P	192854	12/01/21	.00	VOIDED
A/P	192855	12/01/21	11,387.78	MEDLINE INDUSTRIES INC
A/P	192856	12/01/21	14.50	MEMORIAL MEDICAL CENTER
A/P	192857	12/01/21	300.00	MEMORIAL MEDICAL CLINIC
A/P	192858	12/01/21	275.94	MMC AUXILIARY GIFT SHOP
A/P	192859	12/01/21	.00	VOIDED
A/P	192860	12/01/21	53,658.78	MORRIS & DICKSON CO, LLC
A/P	192861	12/01/21	20,872.21	MSH HEALTH SERVICES LLC
A/P	192862	12/01/21	487.47	OCCUPRO LLC
A/P	192863	12/01/21	1,137.51	OLYMPUS AMERICA INC
A/P	192864	12/01/21	759.03	ORTHO CLINICAL DIAGNOSTICS
A/P	192865	12/01/21	2,494.38	PABLO GARZA
A/P	192866	12/01/21	456.37	PARTSSOURCE, LLC

RUN DATE:11/29/21
TIME:11:19

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/01/21 THRU 12/01/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	192867	12/01/21	5,935.00	PAYCHEX, ADVANCE FBO
A/P	192868	12/01/21	4,049.48	SPARKLIGHT
A/P	192869	12/01/21	4,406.25	STAFFING FIRST
A/P	192870	12/01/21	2,353.21	STRYKER SUSTAINABILITY
A/P	192871	12/01/21	915.15	TEXAS SELECT STAFFING
A/P	192872	12/01/21	846.00	TK ELEVATOR CORPORATION
A/P	192873	12/01/21	2,001.38	TRIZETTO PROVIDER SOLUTIONS
A/P	192874	12/01/21	4,505.28	UNIFIRST HOLDINGS INC
A/P	192875	12/01/21	3,312.29	WAGWORKS
A/P	192876	12/01/21	695.50	WALLER, LANSDEN, DORTCH & DAVIS
A/P	192877	12/01/21	2,508.16	WERFEN USA LLC
A/P	192878	12/01/21	57,450.00	WOUND CARE SPECIALISTS
A/P	192879	12/01/21	90.00	ASSET PROTECTION INC.
A/P	192880	12/01/21	25.00	
A/P	192881	12/01/21	50.00	
A/P	192882	12/01/21	278.20	
TOTALS:			473,008.39	

Payable 472,565.19 +
Patient returns 443.20 +
473,008.39 *

APPROVED
BY
DEC 01 2021
COURTNEY A. HARRIS
CLERK OF COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____
 Date Requested: 11/23/2021
 Payer: MEDICARE
 Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER
 Requestor's email: tgordon@bethany-living.com
 Requestor's phone number: 361-551-0500
 District or County: Calhoun
 Facility: Bethany Senior Living

Please Attach:
Remittance Advice and EOB
 If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim
 * Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.
 Please email request form and Remittance Advice to : cclevenger@mmcporthavaca.com
mmartinez@mmcporthavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	11/22/2021	EFT		EFT 6161257	CVDAR000026869	851.41	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	11/23/2021	EFT		EFT 6162629	CVDAR000026869	927.05	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
			TOTAL	-			1,778.46	

To be filled out by Memorial Medical Center:
 Date Received: 11/29/2021
 Approved by: C. Clevenger
 Date of transfer: 12/1/2021
 From Facility: Broadmoor
 To Facility: Bethany
 Amount: 1,778.46

APPROVED ON
NOV 29 2021
GEOFFREY A. HENDERSON
 CALHOUN COUNTY, TEXAS
 Cl# 000162

Request for Transfer of Funds

Transfer #: _____

Date Requested: 11.24.21

Payer: MEDICARE

Requested by: RACHEL ARENAZAS

Requestor's email: rarenazas@tuscanyvillagecare.net

Requestor's phone number: 713-770-5300

District or County: BRAZORIA

Facility: TUSCANY VILLAGE

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@mhcportlavaca.com

mmartinez@mhcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		11.12.21	EFT	\$ 20.91	EFT6150698	WO/CVDAR000026869	\$ 20.91	Due Tuscany from Broadmoor
		11.18.21	EFT	\$ 15.53	EFT6156793	WO/CVDAR000026869	\$ 15.53	Due Tuscany from Broadmoor
		11.24.21	EFT	\$ 12,691.76	EFT6163950	WO/CVDAR000026869	\$ 12,691.76	Due Tuscany from Broadmoor
			TOTAL	12,728.20			12,728.20	

To be filled out by Memorial Medical Center:

Date Received: 11/29/2021

Approved by: C. Clevenger

Date of transfer: 12/1/2021

From Facility: Broadmoor

To Facility: Tuscany

Amount: 12,728.20

**APPROVED
ON**

NOV 29 2021

**GOSNEY ABBINON
CALHOUN COUNTY, TEXAS**

ck#000163

Request for Transfer of Funds

Transfer #: _____
 Date Requested: 11.24.21
 Payer: MEDICARE
 Requested by: RACHEL ARENAZAS
 Requestor's email: razenazas@tuscanyvillagecare.net
 Requestor's phone number: 713-770-5300
 District or County: BRAZORIA
 Facility: TUSCANY VILLAGE

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: cclevengeer@mmcporthlavaca.com

mmartinez@mmcporthlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed - Enter funds (-) or Funds (+) to YOUR account	Notes
		11.12.21	EFT	\$ 20.91	EFT6150698	WO/CVDAR000019557	\$ 20.91	Due Tuscany from Crescent
		11.18.21	EFT	\$ 15.53	EFT6156793	WO/CVDAR000019557	\$ 15.53	Due Tuscany from Crescent
		11.24.21	EFT	\$ 12,691.76	EFT6163950	WO/CVDAR000019557	\$ 12,691.76	Due Tuscany from Crescent
			TOTAL	12,728.20			12,728.20	

To be filled out by Memorial Medical Center:

Date Received: 11/29/2021
 Approved by: C. Clevenger
 Date of transfer: 12/1/2021
 From Facility: Crescent
 To Facility: Tuscany
 Amount: 12,728.20

APPROVED
ON

NOV 29 2021

GONNIE ARBOREZ
 GALVESTON COUNTY, TEXAS
 CLK # 00192

Request for Transfer of Funds

Transfer #: _____

Date Requested 11.24.21

Payer MEDICARE

Requested by: RACHEL ARENAZAS

Requestor's email rrarenazas@tuscanyvillagecare.net

Requestor's phone number 713-770-5300

District or County BRAZORIA

Facility TUSCANY VILLAGE

Please Attach:

Remittance Advice and EOB

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

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

Please email request form and Remittance Advice to : clevenger@mnicportlavaca.com
mmartinez@mnicportlavaca.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
		11.12.21	EFT	\$ 20.91	EFT6150698	WO/CVDAR000018170	\$ 20.91	Due Tuscany from Solera
		11.18.21	EFT	\$ 15.53	EFT6156793	WO/CVDAR000018170	\$ 15.53	Due Tuscany from Solera
		11.24.21	EFT	\$ 12,691.76	EFT6163950	WO/CVDAR000018170	\$ 12,691.76	Due Tuscany from Solera
				TOTAL			12,728.20	

To be filled out by Memorial Medical Center:

Date Received: 11/29/2021

Approved by: C. Clevenger

Date of transfer: 12/1/2021

From Facility: Solera

To Facility: Tuscany

Amount: 12,728.20

APPROVED ON

NOV 29 2021

**GOVERNOR'S OFFICE
CALHOUN COUNTY, TEXAS**

CL#01191

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000162

88-2265/1131

Date 12-1-21

PAY
TO THE
ORDER OF

Bethany Senior Living

\$ 1,778. ⁴⁶/₁₀₀

One thousand, seven hundred seventy-eight dollars ⁴⁶/₁₀₀ DOLLARS



County Auditor

FOR medicare repayment



⑈000162⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000163

88-2265/1131

Date 12-1-21

PAY
TO THE
ORDER OF

Tuscany Village

\$ 12,728. ²⁰/₁₀₀

Twelve thousand, seven hundred twenty-eight dollars ²⁰/₁₀₀ DOLLARS



County Auditor

FOR medicare repayment



⑈000163⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000191

88-2265/1131

Date 12-1-21

PAY
TO THE
ORDER OF

Bethany Senior Living

\$ 1,778. ⁴⁶/₁₀₀

One thousand, seven hundred seventy-eight dollars ⁴⁶/₁₀₀ DOLLARS



County Auditor

FOR medicare repayment



⑈000191⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000192

Date 12-1-21

88-2265/1131

PAY
TO THE
ORDER OF

Tuscany Village

\$ 12,728. ²⁰/₁₀₀

Twelve thousand, seven hundred twenty-eight dollars ²⁰/₁₀₀

DOLLARS



country auditor

FOR medicare repayment

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

⑈000192⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001190

Date 12-1-21

88-2265/1131

PAY
TO THE
ORDER OF

Bethany Senior Living

\$ 1,778. ⁴⁶/₁₀₀

One thousand, seven hundred seventy-eight dollars ⁴⁶/₁₀₀

DOLLARS



country auditor

FOR medicare repayment

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

⑈001190⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001191

Date 12-1-21

88-2265/1131

PAY
TO THE
ORDER OF

Tuscany Village

\$ 12,728. ²⁰/₁₀₀

Twelve thousand, seven hundred twenty-eight dollars ²⁰/₁₀₀

DOLLARS



country auditor

FOR medicare repayment

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


⑈001191⑈ ⑆113122655⑆

Medicare Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	Amt	CK DATE
BROADMOOR			BETHANY	20351000	1,778.46	12/1/2021
BROADMOOR			TUSCANY	20351000	12,728.20	12/1/2021
CRESCENT			BETHANY	20351000	1,778.46	12/1/2021
CRESCENT			TUSCANY	20351000	12,728.20	12/1/2021
SOLERA			BETHANY	20351000	1,778.46	12/1/2021
SOLERA			MM CLINIC	20351000	12,728.20	12/1/2021
				Total	43,519.98	

Note:

Approved:



Anthony Richardson, CFO

11/29/2021

Gulf Pointe Plaza - PP

~~MEMORIAL MEDICAL CENTER~~
CHECK REQUEST

P MMC
A _____
Y _____
E _____
E _____

Date Requested: 12/1/21

APPROVED
BY

NOV 29 2021

COURTNEY A. BENDER
CLERK
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

AMOUNT 9,068.44

ck # 1049
G/L NUMBER: _____

EXPLANATION: Echo Payment distribution

REQUESTED BY: C. Clevenger

AUTHORIZED BY: A. [Signature]

Gulf Pointe Plaza-PP

~~MEMORIAL MEDICAL CENTER~~
CHECK REQUEST

P MMClinic
A _____
Y _____
E _____
E _____

Date Requested: 12/1/21

APPROVED
BY

NOV 29 2021

COBBY ANDREWS
CALHOUN COUNTY, TEXAS

ck#1051

G/L NUMBER: _____

FOR ACCT. USE ONLY

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

AMOUNT 321.80

EXPLANATION: Echo Payment distribution

REQUESTED BY: C. Clevenger

AUTHORIZED BY: A. Mi

Gulf Pointe Plaza-PP

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Ashford

Date Requested: 12/1/21

A

Y

E

E

FOR ACCT. USE ONLY

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

APPROVED
ON

NOV 29 2021

COUNTY ALABAMA
CALHOUN COUNTY, ALABAMA

CK # 1052

AMOUNT 10,610.06

G/L NUMBER:

EXPLANATION: Echo Payment distribution

REQUESTED BY: C. Clevenger

AUTHORIZED BY: 

Gulf Pointe Plaza - PP

~~MEMORIAL MEDICAL CENTER~~
CHECK REQUEST

P Solera _____
A _____
Y _____
E _____
E _____

Date Requested: 12/1/21

FOR ACCT. USE ONLY

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

APPROVED
ON
NOV 24 2021
CASHIER ALYSON
CALDWELL
CK #1053

AMOUNT 11,089.81

G/L NUMBER: _____

EXPLANATION: Echo Payment distribution

REQUESTED BY: C. Clevenger

AUTHORIZED BY: A. Mi

Gulf Pointe Plaza-PP

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Tuscany _____
A _____
Y _____
E _____
E _____

Date Requested: 12/1/21

APPROVED
BY

NOV 29 2021

COUNTY APPROVER
CALHOUN COUNTY, TEXAS
CK#1050

FOR ACCT. USE ONLY

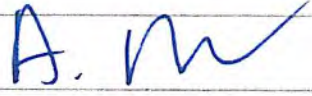
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT 10,258.76

G/L NUMBER: _____

EXPLANATION: Echo Payment distribution

REQUESTED BY: C. Clevenger

AUTHORIZED BY: 

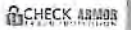
MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

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

1049

88-2265/1131-87

DATE 12-1-21



PAY TO THE ORDER OF Memorial medical center

\$ 9,068. ⁴⁴/₁₀₀

Nine thousand, sixty-eight dollars ³/₁₀₀

DOLLARS



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

FOR Echo repayment

county auditor

county treasurer

⑈001049⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

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

1051

88-2265/1131-87

DATE 12-1-21



PAY TO THE ORDER OF Memorial Medical Clinic

\$ 321. ⁰⁰/₁₀₀

Three hundred twenty-one dollars ³/₁₀₀

DOLLARS



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

FOR Echo repayment

county auditor

county treasurer

⑈001051⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

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

1052

88-2265/1131-87

DATE 12-1-21



PAY TO THE ORDER OF Ashford

\$ 10,610. ⁰⁰/₁₀₀

Ten thousand, six hundred ten dollars ³/₁₀₀

DOLLARS



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

FOR Echo repayment

county auditor

county treasurer

⑈001052⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

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

1053

88-2265/1131-87

DATE 12-1-21

CHECK ARMOR

PAY
TO THE
ORDER OF

Solera

\$ 11,089.90⁹⁰/₁₀₀

Eleven thousand, eighty-nine dollars $\frac{90}{100}$

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 repayment

county auditor

county treasurer

⑈001053⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

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

1050

88-2265/1131-87

DATE 12-1-21

CHECK ARMOR

PAY
TO THE
ORDER OF

Tuscany Village

\$ 10,258.76⁷⁶/₁₀₀

Ten thousand, Two hundred fifty-eight dollars $\frac{76}{100}$

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 repayment

county auditor

county treasurer

⑈001050⑈ ⑆113122655⑆

Echo Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	Amt	CK DATE
GPP			MMC		9,068.44	12/1/2021
GPP			TUSCANY		10,258.76	12/1/2021
GPP			MMCLINIC		321.80	12/1/2021
GPP			ASHFORD		10,610.06	12/1/2021
GPP			SOLERA		11,089.80	12/1/2021
GPP					-	
GPP					-	
GPP					-	
GPP					-	
GPP					-	
Total					41,348.86	

Note:

Approved:



Anthony Richardson, CFO

11/1/2021

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 11/29/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-in	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		105,744.37	✓ 105,628.14	✓ 85,238.07	✓	85,354.30	85,238.07
						Bank Balance	85,354.30 ✓
						Variance	.
						Leave in Balance	100.00
						OCT INTEREST	16.23 ✓
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	85,238.07 ✓
Broadmoor		110,310.00	✓ 110,198.67	✓ 34,126.39	✓	34,237.72	19,619.73
						Bank Balance	34,237.72 ✓
						Variance	.
						Leave in Balance	100.00
						MEDICARE REPAYMENT TO BETHANY	1,778.46 ✓
						MEDICARE REPAYMENT TO TUSCANY	12,728.20 ✓
						OCT INTEREST	11.33 ✓
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	19,619.73 ✓
Crescent		129,549.34	✓ 129,439.20	✓ 57,702.15	✓	57,812.29	43,195.49
						Bank Balance	57,812.29 ✓
						Variance	.
						Leave in Balance	100.00
						MEDICARE REPAYMENT TO BETHANY	1,778.46 ✓
						MEDICARE REPAYMENT TO TUSCANY	12,728.20 ✓
						OCT INTEREST	10.14 ✓
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	43,195.49 ✓
Fort Bend		46,543.89	✓ 29,461.50	✓ 27,266.72	✓	44,349.11	44,246.37
						Bank Balance	44,349.11 ✓
						Variance	.
						Leave in Balance	100.00
						OCT INTEREST	2.74 ✓
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	44,246.37 ✓
Solera at W Houston		191,558.89	✓ 191,440.48	✓ 60,258.36	✓	60,376.77	45,751.70
						Bank Balance	60,376.77 ✓
						Variance	.
						Leave in Balance	100.00
						MEDICARE REPAYMENT TO TUSCANY	12,728.20 ✓
						MEDICARE REPAYMENT TO BETHANY	1,778.46 ✓
						OCT INTEREST	18.41 ✓
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt	45,751.70 ✓
TOTAL TRANSFERS							238,051.36

85,238.07 +
 19,619.73 +
 43,195.49 + *vt Bend / Broadmoor*
 44,246.37 +
 45,751.70 +
 238,051.36 *

APPROVED
 OCT
 NOV 29 2021
 COURTNEY A. ANDERSON
 CASHIERS SUPERVISOR, MEMC

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

Approved: *[Signature]*
 Anthony Richardson, CFO 11/29/2021

Ashford Gardens

11/26/2021 Amerigroup TXSC HCCLAIMPMT 3166312637 111000
 11/26/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000147
 11/26/2021 HEALTH HUMAN SVC HCCLAIMPMT 1746003411 3005 2
 11/24/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 11/24/2021 Deposit
 11/24/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 11/24/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 11/24/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000132
 11/23/2021 Amerigroup TXSC HCCLAIMPMT 3165986265 111000
 11/23/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000115
 11/22/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000193

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
0	1848.13						1,848.13
0	390.42						390.42
0	2667.5						2,667.50
105628.14	0						
0	614.15						614.15
0	10280.16						10,280.16
0	16996.58						16,996.58
0	6123.99						6,123.99
0	41171.87						41,171.87
0	2517.14						2,517.14
0	2628.13						2,628.13
105,628.14	85,238.07						85,238.07

Broadmoor

11/24/2021 CK 160
 11/24/2021 CK 161
 11/24/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 11/24/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000132
 11/23/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000115
 11/22/2021 AARP Supplementa HCCLAIMPMT 746003411 124384
 11/22/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000193
 11/22/2021 HUMANA HIC HCCLAIMPMT 390861 3110020259608

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
11883.91	0						
181.45	0						
98133.31	0						
0	14245.81						14,245.81
0	401.07						401.07
0	192.74						192.74
0	11781.77						11,781.77
0	7505						7,505.00
110,198.67	34,126.39						34,126.39

Crescent

11/26/2021 HEALTH HUMAN SVC HCCLAIMPMT 1746003411 3008 2
 11/24/2021 CK 189
 11/24/2021 CK 190
 11/24/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 11/24/2021 Deposit
 11/24/2021 CIGNA HCCLAIMPMT 1669860425 9100001087532
 11/23/2021 HUMANA INS CO HCCLAIMPMT 390864 830000529527
 11/23/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 11/23/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000115
 11/23/2021 HUMANA CHA DISB HCCLAIMPMT 390864 4200001093
 11/23/2021 HEALTH HUMAN SVC HCCLAIMPMT 1746003411 3008 2
 11/22/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000193
 11/22/2021 HUMANA CHA DISB HCCLAIMPMT 390864 4200001910

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
0	1948.56						1,948.56
11883.91	0						
181.45	0						
117373.84	0						
0	480						480.00
0	371						371.00
0	2893.64						2,893.64
0	1091.16						1,091.16
0	3290.75						3,290.75
0	3982.68						3,982.68
0	662.91						662.91
0	37640.45						37,640.45
0	5341						5,341.00
129,439.20	57,702.15						57,702.15

Fort Bend

11/24/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 11/24/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000132
 11/23/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 11/23/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000115
 11/22/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 11/22/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000193

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
29461.5	0						
0	1730.6						1,730.60
0	2743.5						2,743.50
0	1269.84						1,269.84
0	280.52						280.52
0	21242.26						21,242.26
29,461.50	27,266.72						27,266.72

Solera at West Houston

11/24/2021 CK 1188
 11/24/2021 CK 1189
 11/24/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 11/24/2021 Deposit
 11/24/2021 Deposit
 11/23/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 11/22/2021 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384
 11/22/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000193
 11/22/2021 HUMANA INS CO HCCLAIMPMT 390862 83000053707
 11/22/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001910

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
11883.91	0						
181.45	0						
179375.12	0						
0	6150						6,150.00
0	20995.17						20,995.17
0	19930						19,930.00
0	22.26						22.26
0	7866.24						7,866.24
0	674.14						674.14
0	4620.55						4,620.55
191,440.48	60,258.36						60,258.36

TOTALS

566,167.99	264,591.69						264,591.69
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Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

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DDA

Data reported as of Nov 29, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$9,748,312.40	\$10,101,929.07	\$9,748,312.40	\$9,855,458.85
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,592.13	\$5,592.13	\$5,592.13	\$5,592.13
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$80,591.98	\$80,591.98	\$80,591.98	\$78,834.89
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.92
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$7,734,600.00	\$7,912,108.04	\$7,734,600.00	\$8,081,369.07
<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	\$85,354.30	\$147,977.75	\$85,354.30	\$80,448.25
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$34,237.72	\$71,527.26	\$34,237.72	\$34,237.72
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$57,812.29	\$84,811.07	\$57,812.29	\$55,863.73
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$44,349.11	\$49,892.85	\$44,349.11	\$44,349.11
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$60,376.77	\$72,486.77	\$60,376.77	\$60,376.77
<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	\$95,798.97	\$97,270.52	\$95,798.97	\$95,215.39
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$91,785.41	\$91,785.41	\$91,785.41	\$89,100.29
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$58,423.28	\$58,423.28	\$58,423.28	\$49,755.32
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$289,555.18	\$319,626.75	\$289,555.18	\$70,480.92

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 11/29/2021

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		138,033.60 ✓	137,922.09 ✓	80,480.47 ✓		80,591.98 ✓	80,480.47
						Bank Balance 80,591.98 ✓	
						Variance -	
						Leave in Balance 100.00	
						OCT INTEREST 11.51 ✓	
						NOV INTEREST	
						DEC INTEREST	
						Adjust Balance/Transfer Amt 80,480.47 ✓	

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 11/29/2021

APPROVED
 ON
 NOV 29 2021
 GOURNEY ANDERSON
 CLERK OF SUPERIOR COURT

MMC PORTION

Golden Creek

11/26/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 11/26/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 11/24/2021 CK 143
 11/24/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 11/24/2021 Deposit
 11/24/2021 Deposit
 11/22/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 11/22/2021 ACH SETTLEMENT SERVICE 4105523439 9601693387
 11/22/2021 NOVITAS SOLUTION HCCLAIMPMT 676097 420000193

Transfer-Out	Transfer-in	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apst	QIPP TI	NH PORTION
0	1064						1,064.00
0	693.09						693.09
48039.77	0						-
89882.32	0						-
0	9935.61						9,935.61
0	14133.6						14,133.60
0	487.7						487.70
0	975.2						975.20
0	53191.27						53,191.27
137,922.09	80,480.47						80,480.47

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Nov 29, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$9,748,312.40	\$10,101,929.07	\$9,748,312.40	\$9,855,458.85
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,592.13	\$5,592.13	\$5,592.13	\$5,592.13
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$80,591.98	\$80,591.98	\$80,591.98	\$78,834.89
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.92
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$7,734,600.00	\$7,912,108.04	\$7,734,600.00	\$8,081,369.07
<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	\$85,354.30	\$147,977.75	\$85,354.30	\$80,448.25
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$34,237.72	\$71,527.26	\$34,237.72	\$34,237.72
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$57,812.29	\$84,811.07	\$57,812.29	\$55,863.73
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$44,349.11	\$49,892.85	\$44,349.11	\$44,349.11
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$60,376.77	\$72,486.77	\$60,376.77	\$60,376.77
<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	\$95,798.97	\$97,270.52	\$95,798.97	\$95,215.39
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$91,785.41	\$91,785.41	\$91,785.41	\$89,100.29
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$58,423.28	\$58,423.28	\$58,423.28	\$49,755.32
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$289,555.18	\$319,626.75	\$289,555.18	\$70,480.92

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 11/29/2021

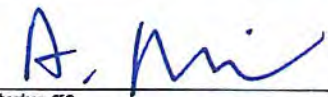
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		124,978.68 ✓	118,483.67 ✓	51,928.27 ✓			58,423.28	6,474.41
						Bank Balance	58,423.28	✓
						Variance	58,423.28	
						Leave in Balance	100.00	
						UNIDENTIFIED ECHO PAYMENTS (NO CHECK WILL BE WRITTEN FOR THIS AMOUNT YET)	10,439.14	✓
						ECHO PAYMENT TO MMC	9,068.44	✓
						ECHO PAYMENT TO TUSCANY	10,258.76	✓
						ECHO PAYMENT TO MM CLINIC	321.80	✓
						ECHO PAYMENT TO ASHFORD	10,610.06	✓
						ECHO PAYMENT TO BROADMOOR		✓
						ECHO PAYMENT TO SOLERA	11,089.81	✓
						ECHO PAYMNET TO CRESCENT		✓
						ECHO PAYMNET TO GOLDEN CREEK		✓

OCT INTEREST 60.86 ✓
 NOV INTEREST
 DEC INTEREST
 Adjust Balance/Transfer Amt 6,474.41 ✓

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		29,252.17 ✓	29,145.94 ✓	91,679.18 ✓			91,785.41	91,679.18
						Bank Balance	91,785.41	✓
						Variance	91,785.41	
						Leave in Balance	100.00	
						OCT INTEREST	6.23	✓
						NOV INTEREST		
						DEC INTEREST		
						Adjust Balance/Transfer Amt	91,679.18	✓
						TOTAL TRANSFERS	98,153.59	✓

Routine Information for Gulf Pointe Plaza:
 [Redacted]

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

Approved: 
 Anthony Richardson, CFO 11/29/2021

APPROVED
 BY
NOV 29 2021
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Gulf Points Plaza-Private Pay

11/26/2021 HNB - ECHO HCCLAIMPMT 746003411 440000288105
 11/26/2021 HNB - ECHO HCCLAIMPMT 746003411 440000288105
 11/26/2021 HNB - ECHO HCCLAIMPMT 746003411 440000288105
 11/26/2021 HNB - ECHO HCCLAIMPMT 746003411 440000288105
 11/24/2021 CK 1044
 11/24/2021 CK 1046
 11/24/2021 CK 1048
 11/24/2021 CK 1045
 11/24/2021 CK 1047
 11/24/2021 CK 1043
 11/24/2021 CK 1042
 11/24/2021 CK 1041
 11/24/2021 HNB - ECHO HCCLAIMPMT 746003411 440000250286
 11/24/2021 HNB - ECHO HCCLAIMPMT 746003411 440000250286
 11/24/2021 HNB - ECHO HCCLAIMPMT 746003411 440000250286
 11/24/2021 HNB - ECHO HCCLAIMPMT 746003411 440000250286
 11/24/2021 HNB - ECHO HCCLAIMPMT 746003411 440000250286
 11/24/2021 HNB - ECHO HCCLAIMPMT 746003411 440000250286
 11/23/2021 PNC-ECHO HCCLAIMPMT 746003411 41000121557083
 11/23/2021 HNB - ECHO HCCLAIMPMT 746003411 440000209607
 11/23/2021 HNB - ECHO HCCLAIMPMT 746003411 440000209607
 11/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000263467
 11/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000263467
 11/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000263467
 11/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000263467
 11/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000263467
 11/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000263467
 11/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000263467
 11/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000263467
 11/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000263467
 11/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000263467
 11/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000263467

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
0	3416.69						3,416.69
0	125.84						125.84
0	2175.82						2,175.82
0	2949.61						2,949.61
614.15	0						
480	0						
61665.5	0						
6150	0						
9935.61	0						
1109.4	0						
10129.82	0						
28399.19	0						
0	741.35						741.35
0	83.22						83.22
0	63.71						63.71
0	1781.29						1,781.29
0	2440.52						2,440.52
0	130.55						130.55
0	68.03						68.03
0	144.8						144.80
0	4420.25						4,420.25
0	10054.61						10,054.61
0	5076.92						5,076.92
0	10398.92						10,398.92
0	556.5						556.50
0	23.52						23.52
0	81.74						81.74
0	3611.91						3,611.91
0	1499.56						1,499.56
0	1717.72						1,717.72
0	365.19						365.19
118,483.67	51,928.27						51,928.27

Gulf Points Plaza-Medicare/Medicaid

11/26/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2
 11/24/2021 WIRE OUT HMG SERVICES, LLC
 11/24/2021 DEPOSIT
 11/24/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001358970
 11/23/2021 WPS-TDEFIC CONTR HCCLAIMPMT 2223419454 21000
 11/22/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001085909

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
0	2685.12						2,685.12
29145.94	0						
0	2609.3						2,609.30
0	11021.43						11,021.43
0	3524.5						3,524.50
0	71838.83						71,838.83
29,145.94	91,679.18						91,679.18
147,629.61	143,607.45						143,607.45

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Nov 29, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$9,748,312.40	\$10,101,929.07	\$9,748,312.40	\$9,855,458.85
*4551 CAL CO INDIGENT HEALTHCARE	\$5,592.13	\$5,592.13	\$5,592.13	\$5,592.13
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$80,591.98	\$80,591.98	\$80,591.98	\$78,834.89
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.92
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$7,734,600.00	\$7,912,108.04	\$7,734,600.00	\$8,081,369.07
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.46	\$431.46	\$431.46	\$431.46
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$85,354.30	\$147,977.75	\$85,354.30	\$80,448.25
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$34,237.72	\$71,527.26	\$34,237.72	\$34,237.72
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$57,812.29	\$84,811.07	\$57,812.29	\$55,863.73
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$44,349.11	\$49,892.85	\$44,349.11	\$44,349.11
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$60,376.77	\$72,486.77	\$60,376.77	\$60,376.77
*2998 MMC -MONEY MARKET FUND	\$1,108,867.88	\$1,108,867.88	\$1,108,867.88	\$1,108,867.88
*5506 MMC -NH BETHANY SENIOR LIVING	\$95,798.97	\$97,270.52	\$95,798.97	\$95,215.39
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$91,785.41	\$91,785.41	\$91,785.41	\$89,100.29
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$58,423.28	\$58,423.28	\$58,423.28	\$49,755.32
*3407 MMC -NH TUSCANY VILLAGE	\$289,555.18	\$319,626.75	\$289,555.18	\$70,480.92

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 11/29/2021

Nursing Home Tuscany Village	Account Number	Previous			Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
		Beginning Balance	Transfer-Out	Transfer-In			
		45,861.23	✓ 45,761.23	✓ 289,455.18	✓	289,555.18	✓ 289,455.18
					Bank Balance	289,555.18	
					Variance	289,555.18	
					Leave in Balance	100.00	

Adjust Balance/Transfer Amt 289,455.18 ✓

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

Approved:  11/29/2021
 Anthony Richardson, CFO

APPROVED
OK
NOV 29 2021
CHRISTINE ANDERSON
CLERK
CALESON COUNTY, TEXAS

Tuscany Village

MMC PORTION

	<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>QIPP/Comp1</u>	<u>QIPP/Comp 2</u>	<u>QIPP/Comp3</u>	<u>QIPP/Comp4 &Lapse</u>	<u>QIPP TI</u>	<u>NH PORTION</u>
11/26/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000147	0	190376.47						190,376.47
11/26/2021 KS PLAN ADMINIST HCCLAIMPMT 179 111000026564	0	28697.79						28,697.79
11/24/2021 CK 1081	181.45	0						-
11/24/2021 WIRE OUT LINBAR ENTERPRISES, LLC	45579.78	0						-
11/24/2021 Deposit	0	61665.5						61,665.50
11/24/2021 Deposit	0	1357.18						1,357.18
11/23/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200	0	7358.24						7,358.24
								-
	45,761.23	289,455.18	-	-	-	-	-	289,455.18

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

Add Group

My Groups

Search

All

DDA

Data reported as of Nov 29, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$9,748,312.40	\$10,101,929.07	\$9,748,312.40	\$9,855,458.85
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,592.13	\$5,592.13	\$5,592.13	\$5,592.13
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$80,591.98	\$80,591.98	\$80,591.98	\$78,834.89
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.92
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$7,734,600.00	\$7,912,108.04	\$7,734,600.00	\$8,081,369.07
<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	\$85,354.30	\$147,977.75	\$85,354.30	\$80,448.25
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$34,237.72	\$71,527.26	\$34,237.72	\$34,237.72
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$57,812.29	\$84,811.07	\$57,812.29	\$55,863.73
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$44,349.11	\$49,892.85	\$44,349.11	\$44,349.11
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$60,376.77	\$72,486.77	\$60,376.77	\$60,376.77
<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	\$95,798.97	\$97,270.52	\$95,798.97	\$95,215.39
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$91,785.41	\$91,785.41	\$91,785.41	\$89,100.29
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$58,423.28	\$58,423.28	\$58,423.28	\$49,755.32
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$289,555.18	\$319,626.75	\$289,555.18	\$70,480.92

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 11/29/2021

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		300,187.15	300,061.76	95,673.58			95,798.97	95,673.58
						Bank Balance	95,798.97	
						Variance		
						Leave in Balance	100.00	
						OCT INTEREST	25.39	
						NOV INTEREST		
						DEC INTEREST		
						Adjust Balance/Transfer Amt	95,673.58	
						Approved:		
						Anthony Richardson, CFO		11/29/2021

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

APPROVED BY
NOV 29 2021
COURTNEY ANDERSON
CALHOUN COUNTY, TEXAS

Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP T1	
11/26/2021 HOSPICE OF SOUTH Payments NF 113122650013550	0	583.58	-	-	-	-	-	583.58
11/24/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	300061.76	0	-	-	-	-	-	-
11/24/2021 Deposit	0	35651.73	-	-	-	-	-	35,651.73
11/24/2021 Deposit	0	1823	-	-	-	-	-	1,823.00
11/24/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000132	0	13905.82	-	-	-	-	-	13,905.82
11/23/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000115	0	12771.14	-	-	-	-	-	12,771.14
11/23/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	0	1218.45	-	-	-	-	-	1,218.45
11/22/2021 Deposit	0	6485.02	-	-	-	-	-	6,485.02
11/22/2021 Deposit	0	13519.02	-	-	-	-	-	13,519.02
11/22/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	0	9715.82	-	-	-	-	-	9,715.82
			-	-	-	-	-	-
	300,061.76	95,673.58	-	-	-	-	-	95,673.58

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Nov 29, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$9,748,312.40	\$10,101,929.07	\$9,748,312.40	\$9,855,458.85
*4551 CAL CO INDIGENT HEALTHCARE	\$5,592.13	\$5,592.13	\$5,592.13	\$5,592.13
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$80,591.98	\$80,591.98	\$80,591.98	\$78,834.89
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.92	\$535.92	\$535.92	\$535.92
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$7,734,600.00	\$7,912,108.04	\$7,734,600.00	\$8,081,369.07
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.46	\$431.46	\$431.46	\$431.46
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$85,354.30	\$147,977.75	\$85,354.30	\$80,448.25
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$34,237.72	\$71,527.26	\$34,237.72	\$34,237.72
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$57,812.29	\$84,811.07	\$57,812.29	\$55,863.73
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$44,349.11	\$49,892.85	\$44,349.11	\$44,349.11
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$60,376.77	\$72,486.77	\$60,376.77	\$60,376.77
*2998 MMC -MONEY MARKET FUND	\$1,108,867.88	\$1,108,867.88	\$1,108,867.88	\$1,108,867.88
*5506 MMC -NH BETHANY SENIOR LIVING	\$95,798.97	\$97,270.52	\$95,798.97	\$95,215.39
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*3407 MMC -NH TUSCANY VILLAGE	\$289,555.18	\$319,626.75	\$289,555.18	\$70,480.92

RUN DATE:12/01/21
TIME:08:32

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/01/21 THRU 12/01/21

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000162 12/01/21 1,778.46 BETHANY
NHB 000163 12/01/21 12,728.20 TUSCANY, *Bhadmar*
TOTALS: 14,506.66

APPROVED
ON

DEC 0 1 2021

GEORGE J. JANTON
GARLAND COUNTY, TEXAS

RUN DATE:12/01/21
TIME:08:32

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/01/21 THRU 12/01/21

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000191 12/01/21 1,778.46 BETHANY
NHC 000192 12/01/21 12,728.20 TUSCANY
TOTALS: 14,506.66

Crescent

APPROVED
ON

DEC 0 1 2021

GEORGE W. HENDERSON
CASHIER GENERAL, MEMPHIS

RUN DATE:12/01/21
TIME:08:32

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/01/21 THRU 12/01/21

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001190 12/01/21 1,778.46 BETHANY
NHS 001191 12/01/21 12,728.20 TUSCANY
TOTALS: 14,506.66

Solca

APPROVED
ON

DEC 0 1 2021

COMMUNITY DEVELOPMENT
COUNCIL OF TEXAS

RUN DATE:12/01/21
TIME:08:32

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/01/21 THRU 12/01/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPP 001049 12/01/21 9,068.44 MMC
GPP 001050 12/01/21 10,258.76 TUSCANY
GPP 001051 12/01/21 321.80 MMCLINIC
GPP 001052 12/01/21 10,610.16 ASHFORD
GPP 001053 12/01/21 11,089.80 SOLERA
TOTALS: 41,348.96

Gulf Point Plaza

APPROVED
ON

DEC 01 2021

GORDON AMUNDSON
GARDNER-GARDNER, TEXAS