

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 08, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,015,420.18
TOTAL TRANSFERS BETWEEN FUNDS	\$ 793,472.24
TOTAL NURSING HOME UPL EXPENSES	\$ 412,668.92
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED December 08, 2021	\$ 2,221,561.34

APPROVED

DEC 08 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 08, 2021

PAYABLES AND PAYROLL

12/2/2021	Weekly Payables	400,113.53
12/2/2021	Memorial Medical Center Petty Cash-petty cash reimbursement	14.50
12/2/2021	Texas Mutal Insurance Co-insurance	52,177.00
12/2/2021	Patient Refunds	176.73
12/2/2021	Healthsure Insurance Services-renewal of DOLI	23,998.00
12/6/2021	McKesson-340B Prescription Expense	8,526.35
12/6/2021	Amerisource Bergen-340B Prescription Expense	1,476.52
12/6/2021	Payroll Liabilities -Payroll Taxes	91,907.49
12/6/2021	Payroll	293,198.90

Prosperity Electronic Bank Payments

12/2-12/3/21	Credit Card & Lease Fees	659.51
12/15/2002	TCDRS November Retirement	142,891.14
12/1/2021	Cleargagge-Patient Financing Service	65.25
11/29-12/3/21	Pay Plus-Patient Claims Processing Fee	191.06
12/2/2021	Authnet Gateway Billing-3rd Party Payor Fee	24.20

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 1,015,420.18**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

12/2/2021	MMC Operating to Ashford-correction of NH insurance payment and QIPP deposited into MMC Operating	64,334.81
12/2/2021	MMC Operating to Solera-correction of NH insurance payment and QIPP deposited into MMC Operating in error	25,150.32
12/2/2021	MMC Operating to Fort bend-correction on NH insurance payment and QIPP deposited into MMC Operating	30,359.78
12/2/2021	MMC Operating to Broadmoor-correction of NH insurance payment and QIPP deposited into MMC Operating	26,989.80
12/2/2021	MMC Operating to Crescent-correction of NH insurance payment and QIPP deposited into MMC Operating in error	23,380.91
12/2/2021	MMC Operating to Golden Creek-correction of NH insurance payment and QIPP deposited into MMC Operating in error	123,660.55
12/22/2021	MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	76,115.04
12/22/2021	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	91,505.92
12/22/2021	MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	101,143.21

MEDICARE ADVANCE PAYMENT RECOUP

12/6/2021	Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	35,186.48
12/6/2021	Broadmoor to Bethany-correction of Broadmoor medical recoup taken from Bethany	120.13
12/6/2021	Broadmoor to Golden Creek-correction of Broadmoor medical recoup taken from Golden Creek	4,844.39
12/6/2021	Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	35,186.48
12/6/2021	Crescent to Bethany-correction of Crescent medicare recoup taken from Bethany	120.13
12/6/2021	Crescent to Golden Creek-correction of Crescent medicare recoup taken from Golden Creek	4,844.39
12/6/2021	Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	35,186.48
12/6/2021	Solera to Golden Creek-correction of Solera medicare recoup taken from Golden Creek	4,844.39
12/6/2021	Solera to Bethany-correction of Solera medicare recoup taken from Bethany	120.13
12/6/2021	Tuscany to MMC Operating-correction of Tuscany medicare recoup taken from MMC Operating	29,112.00

TRANSFER OF FUNDS BETWEEN NURSING HOMES

12/6/2021	Gulf Pointe Plaza-PP-correction of MMC insurance payment deposited into Gulf Pointe Plaza-PP in error	10,017.16
12/6/2021	Gulf Pointe Plaza-PP-correction of MMC Clinic insurance payment deposited into Gulf Pointe Plaza-PP in error	530.99

12/6/2021	Gulf Pointe Plaza-PP-correction of Ashford insurance payment deposited into Gulf Pointe Plaza-PP in error	2,870.00
12/6/2021	Gulf Pointe Plaza-PP-correction of Broadmoor insurance payment deposited into Gulf Pointe Plaza-PP in error	11,694.50
12/6/2021	Gulf Pointe Plaza-PP-correction of Crescent insurance payment deposited into Gulf Pointe Plaza-PP in error	18,870.00
12/6/2021	Gulf Pointe Plaza-PP-correction of Fort Bend insurance payment deposited into Gulf Pointe Plaza-PP in error	2,646.00
12/6/2021	Gulf Pointe Plaza-PP-correction of Solera insurance payment deposited into Gulf Pointe Plaza-PP in error	27,880.00
12/6/2021	Gulf Pointe Plaza-PP-correction of Golden Creek insurance payment deposited into Gulf Pointe Plaza-PP in error	3,685.25
12/6/2021	Gulf Pointe Plaza-PP-correction of Tuscany insurance payment deposited into Gulf Pointe Plaza-PP in error	3,073.00

TOTAL TRANSFERS BETWEEN FUNDS	\$ 793,472.24
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NURSING HOME UPL EXPENSES

12/6/2021	Nursing Home UPL-Cantex Transfer	185,610.18
12/6/2021	Nursing Home UPL-Nexion Transfer	19,474.65
12/6/2021	Nursing Home UPL-Tuscany Transfer	55,264.90
12/6/2021	Nursing Home UPL-HSL Transfer	152,319.19

TOTAL NURSING HOME UPL EXPENSES	\$ 412,668.92
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED December 08, 2021	\$ 2,221,561.34
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RECEIVED

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Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/15/2021

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Vendor# Vendor Name

Class Pay Code

11283 ACE HARDWARE 15521 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
159121 ✓		11/30/20	11/01/20	11/26/20		27.98	0.00	0.00	27.98 ✓
	SUPPLIES								
159145 ✓		11/30/20	11/02/20	11/27/20		16.99	0.00	0.00	16.99 ✓
	SUPPLIES								
159202 ✓		11/30/20	11/03/20	11/28/20		79.99	0.00	0.00	79.99 ✓
	SUPPLIES								
159204 ✓		11/30/20	11/03/20	11/28/20		7.96	0.00	0.00	7.96 ✓
	SUPPLIES								
159201 ✓		11/30/20	11/03/20	11/28/20		44.99	0.00	0.00	44.99 ✓
	SUPPLIES								
159227 ✓		11/30/20	11/04/20	11/29/20		25.98	0.00	0.00	25.98 ✓
	SUPPLIES								
159298 ✓		11/30/20	11/05/20	11/30/20		38.99	0.00	0.00	38.99 ✓
	SUPPLIES								
159350 ✓		11/30/20	11/08/20	12/03/20		39.98	0.00	0.00	39.98 ✓
	SUPPLIES								
159561 ✓		11/30/20	11/15/20	12/10/20		42.96	0.00	0.00	42.96 ✓
	SUPPLIES								
159542 ✓		11/30/20	11/15/20	12/10/20		9.99	0.00	0.00	9.99 ✓
	SUPPLIES								
159602 ✓		11/30/20	11/16/20	12/11/20		8.58	0.00	0.00	8.58 ✓
	SUPPLIES								
159635 ✓		11/30/20	11/17/20	12/12/20		27.98	0.00	0.00	27.98 ✓
	SUPPLIES								
159720 ✓		11/30/20	11/19/20	12/14/20		28.77	0.00	0.00	28.77 ✓
	SUPPLIES								
159777 ✓		11/30/20	11/22/20	12/15/20		32.56	0.00	0.00	32.56 ✓
	SUPPLIES								
159877 ✓		11/30/20	11/24/20	12/15/20		11.98	0.00	0.00	11.98 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	445.68	0.00	0.00	445.68

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
2376824 ✓		11/22/20	11/15/20	12/15/20		2,208.00	0.00	0.00	2,208.00 ✓
	TRAVEL LAB STAFFING (11/1-11/4/21) - Simonich								
2376907 ✓		11/22/20	11/15/20	12/15/20		2,705.13	0.00	0.00	2,705.13 ✓
	TRAVEL LAB STAFFING (11/1-11/4/21) - Hawkins								
2376676 ✓		11/22/20	11/15/20	12/15/20		2,680.00	0.00	0.00	2,680.00 ✓
	TRAVEL LAB STAFFING (10/29-11/4/21) - Stribley								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A0400	AUREUS RADIOLOGY LLC	7,593.13	0.00	0.00	7,593.13

Vendor# Vendor Name Class Pay Code

14088 AZALEA HEALTH ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
60924 ✓		11/29/20	12/01/20	12/01/20		550.00	0.00	0.00	550.00 ✓		
PROCESSING AND SUPPORT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14088	AZALEA HEALTH	550.00	0.00	0.00	550.00
Vendor#	Vendor Name				Class	Pay Code					
B1220	BECKMAN COULTER INC ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
109436758 ✓		11/22/20	11/15/20	12/10/20		1,288.45	0.00	0.00	1,288.45 ✓		
SUPPLIES											
109444090 ✓		11/22/20	11/16/20	12/11/20		93.46	0.00	0.00	93.46 ✓		
SUPPLIES											
109445175 ✓		11/22/20	11/17/20	12/12/20		1,359.92	0.00	0.00	1,359.92 ✓		
SUPPLIES											
109450903 ✓		11/22/20	11/18/20	12/13/20		14.90	0.00	0.00	14.90 ✓		
SUPPLIES											
109437034 ✓		11/30/20	11/15/20	12/10/20		139.34	0.00	0.00	139.34 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1220	BECKMAN COULTER INC	2,896.07	0.00	0.00	2,896.07
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		
B374180 ✓		11/15/20	11/10/20	12/10/20		236.00	0.00	0.00	236.00 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1800	BRIGGS HEALTHCARE	236.00	0.00	0.00	236.00
Vendor#	Vendor Name				Class	Pay Code					
D1040	C R BARD, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
83381745 ✓		11/24/20	11/16/20	12/09/20		350.78	0.00	0.00	350.78 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						D1040	C R BARD, INC	350.78	0.00	0.00	350.78
Vendor#	Vendor Name				Class	Pay Code					
C1048	CALHOUN COUNTY ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
112421		11/30/20	11/24/20	12/15/20		22.29	0.00	0.00	22.29 ✓		
GAS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1048	CALHOUN COUNTY	22.29	0.00	0.00	22.29
Vendor#	Vendor Name				Class	Pay Code					
14064	CAPITAL ONE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
102121		11/29/20	10/21/20	12/14/20		104.88	0.00	0.00	104.88 ✓		
SUPPLIES											
102621A		11/29/20	10/26/20	12/14/20		87.40	0.00	0.00	87.40 ✓		
SUPPLIES											
102621		11/29/20	10/26/20	12/14/20		54.44	0.00	0.00	54.44 ✓		
SUPPLIES											
102621B		11/29/20	10/26/20	12/14/20		16.88	0.00	0.00	16.88 ✓		

		SUPPLIES										
102621C			11/29/20	10/26/20	12/14/20		49.88	0.00	0.00	49.88 ✓		
		SUPPLIES										
102621D			11/29/20	10/26/20	12/14/20		49.88	0.00	0.00	49.88 ✓		
		SUPPLIES										
102721			11/29/20	10/27/20	12/14/20		-49.88	0.00	0.00	-49.88 ✓		
		CREDIT										
102721A			11/29/20	10/27/20	12/14/20		49.88	0.00	0.00	49.88 ✓		
		SUPPLIES										
110221			11/29/20	11/02/20	12/14/20		4.88	0.00	0.00	4.88 ✓		
		SUPPLIES										
111521			11/29/20	11/15/20	12/14/20		54.42	0.00	0.00	54.42 ✓		
		SUPPLIES										
111821			11/29/20	11/18/20	12/14/20		19.32	0.00	0.00	19.32 ✓		
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							14064	CAPITAL ONE	441.98	0.00	0.00	441.98
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			
8002685903 ✓		11/30/20	11/06/20	12/11/20		519.46	0.00	0.00	519.46 ✓			
	SUPPLIES											
8002691769 ✓		11/30/20	11/13/20	12/08/20		631.14	0.00	0.00	631.14 ✓			
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							C1325	CARDINAL HEALTH 414, INC.	1,150.60	0.00	0.00	1,150.60
Vendor#	Vendor Name		Class			Pay Code						
13264	CERVEY, LLC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
13249 ✓		11/30/20	11/16/20	12/11/20		1,699.00	0.00	0.00	1,699.00 ✓			
	340B											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							13264	CERVEY, LLC	1,699.00	0.00	0.00	1,699.00
Vendor#	Vendor Name		Class			Pay Code						
10786	CLINICAL PATHOLOGY ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
176562021100		11/30/20	10/31/20	11/25/20		17,539.09	0.00	0.00	17,539.09 ✓			
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10786	CLINICAL PATHOLOGY	17,539.09	0.00	0.00	17,539.09
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			
OEQT191231 ✓		11/29/20	11/24/20	12/04/20		132.16	0.00	0.00	132.16 ✓			
	SUPPLIES											
OE334301 ✓		11/30/20	11/30/20	12/10/20		165.20	0.00	0.00	165.20 ✓			
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							C1166	COASTAL OFFICE SolutONS	297.36	0.00	0.00	297.36
Vendor#	Vendor Name		Class			Pay Code						
C1870	COLLEGE OF AMERICAN PATHOLOGIS ✓		W									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2570998 ✓		11/16/20	11/13/20	12/13/20		399.96	0.00	0.00	399.96 ✓		
SERVICES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1870	COLLEGE OF AMERICAN PATHOLOGIS	399.96	0.00	0.00	399.96
Vendor#	Vendor Name					Class	Pay Code				
11368	CYRACOM LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1401032 ✓		10/31/20	10/31/20	12/15/20		265.97	0.00	0.00	265.97 ✓		
INTERPRETATION SERVICES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11368	CYRACOM LLC	265.97	0.00	0.00	265.97
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		
6629040 ✓		11/17/20	11/15/20	12/10/20		294.20	0.00	0.00	294.20 ✓		
SUPPLIES											
6629030 ✓		11/17/20	11/15/20	12/10/20		272.99	0.00	0.00	272.99 ✓		
SUPPLIES											
6631280 ✓		11/17/20	11/15/20	12/10/20		35.35	0.00	0.00	35.35 ✓		
SUPPLIES											
6631281 ✓		11/22/20	11/16/20	12/11/20		39.85	0.00	0.00	39.85 ✓		
SUPPLIES											
6633650 ✓		11/22/20	11/18/20	12/13/20		40.80	0.00	0.00	40.80 ✓		
SUPPLIES											
6634340 ✓		11/30/20	11/18/20	12/13/20		33.99	0.00	0.00	33.99 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10368	DEWITT POTHS & SON	717.18	0.00	0.00	717.18
Vendor#	Vendor Name					Class	Pay Code				
10789	DISCOVERY MEDICAL NETWORK INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
MMC111521 ✓		11/29/20	11/15/20	12/09/20		151,427.05	0.00	0.00	151,427.05 ✓		
PRO FEES (NOV 1-15)											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10789	DISCOVERY MEDICAL NETWORK INC	151,427.05	0.00	0.00	151,427.05
Vendor#	Vendor Name					Class	Pay Code				
10175	DSHS CENTRAL LAB MC2004 (REMOVE PER ELLEN)										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
CENCN0426022021 ✓		04/27/20	03/30/20	12/15/20		605.80	0.00	0.00	605.80 ✓		
LAB SERVICES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10175	DSHS CENTRAL LAB MC2004	605.80	0.00	0.00	605.80
Vendor#	Vendor Name					Class	Pay Code				
10690	DYNASTHETICS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
21-27054 ✓		11/24/20	09/23/20	12/09/20		357.90	0.00	0.00	357.90 ✓		
SUPPLIES											
21-27097 ✓		11/30/20	09/28/20	11/30/20		47.33	0.00	0.00	47.33 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net

	10690	DYNASTHETICS					405.23	0.00	0.00	405.23
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
T2111151378 ✓		11/29/20	11/15/20	12/10/20			12,048.98	0.00	0.00	12,048.98 ✓
	BUSINESS SERVICES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C2510	EVIDENT					12,048.98	0.00	0.00	12,048.98
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
7321216910 ✓		11/30/20	10/16/20	11/10/20			154.00	0.00	0.00	154.00 ✓
	FREIGHT									
5418457306 ✓		12/01/20	09/03/20	09/28/20			58.92	0.00	0.00	58.92 ✓
	FREIGHT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.					212.92	0.00	0.00	212.92
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
100750790 ✓		11/30/20	11/03/20	11/13/20			536.92	0.00	0.00	536.92 ✓
	FIRE ALARM REPAIR									
100752321 ✓		11/30/20	11/11/20	11/21/20			905.00	0.00	0.00	905.00 ✓
	FIRE ALARM SERVICES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10788	FIRETROL PROTECTION SYSTEMS					1,441.92	0.00	0.00	1,441.92
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
3212		11/10/20	11/09/20	12/09/20			4,656.25	0.00	0.00	4,656.25 ✓
	TRAVEL NURSE STAFFING (11/16-11/18/21) Burnham									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	14092	FIRST CONNECT CENTER LLC					4,656.25	0.00	0.00	4,656.25
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
111521B		11/29/20	11/15/20	11/15/20			192.14	0.00	0.00	192.14 ✓
	ANNUAL CC FEE									
111521A		11/29/20	11/15/20	11/15/20			207.62	0.00	0.00	207.62 ✓
	ANNUAL CC FEE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	14200	FIRST DATA MERCHANT SERVICES					399.76	0.00	0.00	399.76
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
5564337 ✓		11/24/20	11/16/20	12/11/20			481.26	0.00	0.00	481.26 ✓
	SUPPLIES									
5712879 ✓		11/29/20	11/17/20	12/12/20			100.00	0.00	0.00	100.00 ✓
	SUPPLIES									
5816265 ✓		11/29/20	11/18/20	12/13/20			1,845.31	0.00	0.00	1,845.31 ✓
	SUPPLIES									

5816255 ✓		11/29/20	11/18/20	12/13/20		28.20	0.00	0.00	28.20 ✓		
	SUPPLIES										
5187324 ✓		11/30/20	11/12/20	12/07/20		53.98	0.00	0.00	53.98 ✓		
	SUPPLIES										
5379594 ✓		11/30/20	11/15/20	12/10/20		45.92	0.00	0.00	45.92 ✓		
	SUPPLIES										
5379593 ✓		11/30/20	11/15/20	12/10/20		404.32	0.00	0.00	404.32 ✓		
	SUPPLIES										
5917637 ✓		11/30/20	11/19/20	12/14/20		3.30	0.00	0.00	3.30 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						F1400	FISHER HEALTHCARE	2,962.29	0.00	0.00	2,962.29
Vendor#	Vendor Name	Class		Pay Code							
11183	FRONTIER ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
111921		11/30/20	11/19/20	12/13/20	65.40	84.91	0.00	0.00	84.91	65.40	
	TELEPHONE										
112321		11/30/20	11/23/20	12/15/20		14.07 ✓	0.00	0.00	14.07 ✓		
	TELEPHONE										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11183	FRONTIER	98.98	0.00	0.00	98.98
Vendor#	Vendor Name	Class		Pay Code							
12636	FUSION CLOUD SERVICES, LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
28373571		11/30/20	11/16/20	12/15/20	1,044.31	1,100.91	0.00	0.00	1,100.91	1,044.31	
	PHONE SERVICES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12636	FUSION CLOUD SERVICES, LLC	1,100.91	0.00	0.00	1,100.91
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		
340383693 ✓		11/15/20	11/10/20	12/10/20		1,379.53	0.00	0.00	1,379.53 ✓		
	TRASH SERVICE										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13960	G & S MANAGEMENT GROUP LLC	1,379.53	0.00	0.00	1,379.53
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		
4810060 NOV ✓		11/29/20	11/01/20	11/01/20		6,761.32	0.00	0.00	6,761.32 ✓		
	NOVEMBER										
48100600 DEC ✓		11/29/20	12/01/20	12/01/20		5,056.16	0.00	0.00	5,056.16 ✓		
	DECEMBER										
48100602 DEC ✓		12/02/20	12/01/20	12/15/20		1,792.73	0.00	0.00	1,792.73 ✓		
	INSURANCE										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13980	GBS ADMINISTRATORS, INC	13,610.21	0.00	0.00	13,610.21
Vendor#	Vendor Name	Class		Pay Code							
11149	GBS ADMINISTRATORS, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
100121A		11/29/20	10/01/20	12/09/20		8,010.39	0.00	0.00	8,010.39 ✓		
	DENTAL										

110121		11/29/20	11/01/20	12/09/20			9,582.53	0.00	0.00	9,582.53	✓	
	DENTAL											
120121		11/29/20	12/01/20	12/09/20			9,481.14	0.00	0.00	9,481.14	✓	
	DENTAL											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11149	GBS ADMINISTRATORS, INC				27,074.06	0.00	0.00	27,074.06		
Vendor#	Vendor Name	Class		Pay Code								
10642	GLAXOSMITHKLINE PHARMACUETICAL ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
091321		09/30/20	09/13/20	12/13/20			10,374.85	0.00	0.00	10,374.85	✓	
	INVENTORY											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10642	GLAXOSMITHKLINE PHARMACUETICAL				10,374.85	0.00	0.00	10,374.85		
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		
113021		11/30/20	11/30/20	12/15/20			125.00	0.00	0.00	125.00	✓	
	DELIVERY											
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 ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
2138449 ✓		11/15/20	11/10/20	12/10/20			797.58	0.00	0.00	797.58	✓	
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				797.58	0.00	0.00	797.58		
Vendor#	Vendor Name	Class		Pay Code								
12380	HEALTH SOLUTIONS DIETETICS ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
NOV 2021		11/30/20	11/30/20	11/30/20			3,000.00	0.00	0.00	3,000.00	✓	
	DIETICIAN											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		12380	HEALTH SOLUTIONS DIETETICS				3,000.00	0.00	0.00	3,000.00		
Vendor#	Vendor Name	Class		Pay Code								
12868	HOLT CAT ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
WIEZ0030527 ✓		11/30/20	11/12/20	11/30/20			3,497.24	0.00	0.00	3,497.24	✓	
	GENERATOR TEST											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		12868	HOLT CAT				3,497.24	0.00	0.00	3,497.24		
Vendor#	Vendor Name	Class		Pay Code								
14108	K2 SCIENTIFIC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
0008043INA		11/30/20	09/07/20	10/07/20			450.00	0.00	0.00	450.00	✓	
	FREIGHT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		14108	K2 SCIENTIFIC				450.00	0.00	0.00	450.00		
Vendor#	Vendor Name	Class		Pay Code								
14204	KAYLIN EASLEY ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		

091521		11/30/20	09/15/20	11/30/20			11/3 11.42	0.00	0.00	11/3 11.42
	MILEAGE									
100921		11/30/20	10/09/20	11/30/20			5/13 5.04	0.00	0.00	5/13 5.04
	TRAVEL									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		14204	KAYLIN EASLEY				16.86 / 14.44	0.00	0.00	16.86 / 14.44
Vendor#	Vendor Name			Class	Pay Code					
M2178	MCKESSON MEDICAL SURGICAL INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
18785873		11/29/20	11/22/20	12/07/20			211.92	0.00	0.00	211.92
	SUPPLIES									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				211.92	0.00	0.00	211.92
Vendor#	Vendor Name			Class	Pay Code					
11203	MEDI-DOSE, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0830216		11/22/20	11/16/20	12/10/20			346.75	0.00	0.00	346.75
	SUPPLIES									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		11203	MEDI-DOSE, INC				346.75	0.00	0.00	346.75
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
113021		11/30/20	11/30/20	11/30/20			31.01	0.00	0.00	31.01
	INDIGENT									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10613	MEDIMPACT HEALTHCARE SYS, INC.				31.01	0.00	0.00	31.01
Vendor#	Vendor Name			Class	Pay Code					
M2470	MEDLINE INDUSTRIES INC			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1974304972		11/24/20	11/12/20	12/09/20			272.02	0.00	0.00	272.02
	SUPPLIES									
1974586344		11/24/20	11/16/20	12/11/20			52.81	0.00	0.00	52.81
	SUPPLIES									
1974586346		11/24/20	11/16/20	12/11/20			74.44	0.00	0.00	74.44
	SUPPLIES									
1974693863		11/24/20	11/16/20	12/11/20			184.53	0.00	0.00	184.53
	SUPPLIES									
1974586343		11/24/20	11/16/20	12/11/20			183.11	0.00	0.00	183.11
	SUPPLIES									
1974828863		11/24/20	11/17/20	12/12/20			432.87	0.00	0.00	432.87
	SUPPLIES									
1974922945		11/29/20	11/18/20	12/13/20			60.11	0.00	0.00	60.11
	SUPPLIES									
1974922946		11/29/20	11/18/20	12/13/20			83.75	0.00	0.00	83.75
	SUPPLIES									
1974922944		11/29/20	11/18/20	12/13/20			14.12	0.00	0.00	14.12
	SUPPLIES									
1974922942		11/29/20	11/18/20	12/13/20			1,622.21	0.00	0.00	1,622.21
	SUPPLIES									
1975374935		11/29/20	11/20/20	12/15/20			23.19	0.00	0.00	23.19
	SUPPLIES									

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net	
	SUPPLIES							
1964917833 ✓		11/30/20	09/02/20 09/27/20	3,110.15	0.00	0.00	3,110.15 ✓	
	SUPPLIES							
1965205246 ✓		11/30/20	09/04/20 09/29/20	1,128.30	0.00	0.00	1,128.30 ✓	
	SUPPLIES							
1971985671 ✓		11/30/20	10/27/20 11/21/20	18.74	0.00	0.00	18.74 ✓	
	SUPPLIES							
1973858192 ✓		11/30/20	11/10/20 12/05/20	140.90	0.00	0.00	140.90 ✓	
	SUPPLIES							
1973858171 ✓		11/30/20	11/10/20 12/05/20	89.52	0.00	0.00	89.52 ✓	
	SUPPLIES							
Vendor Totals Number Name				Gross	Discount	No-Pay	Net	
M2470 MEDLINE INDUSTRIES INC				7,490.77	0.00	0.00	7,490.77	
10536	MORRIS & DICKSON CO, LLC ✓							
Invoice#	Comment	Tran Dt	Inv Dt Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
7541610 ✓		11/30/20	11/14/20 11/24/20		38.29	0.00	0.00	38.29 ✓
	INVENTORY							
1898 ✓		11/30/20	11/23/20 12/03/20		-5.00	0.00	0.00	-5.00 ✓
	CREDIT							
7578693 ✓		11/30/20	11/23/20 12/03/20		700.71	0.00	0.00	700.71 ✓
	INVENTORY							
7577283 ✓		11/30/20	11/23/20 12/03/20		2,931.21	0.00	0.00	2,931.21 ✓
	INVENTORY							
7578692 ✓		11/30/20	11/23/20 12/03/20		342.07	0.00	0.00	342.07 ✓
	INVENTORY							
2005 ✓		11/30/20	11/23/20 12/03/20		-6.09	0.00	0.00	-6.09 ✓
	CREDIT							
7588518 ✓		11/30/20	11/28/20 12/08/20		166.43	0.00	0.00	166.43 ✓
	INVENTORY							
7588517 ✓		11/30/20	11/28/20 12/08/20		36.57	0.00	0.00	36.57 ✓
	INVENTORY							
2539 ✓		12/01/20	11/24/20 12/04/20		-0.98	0.00	0.00	-0.98 ✓
	INVENTORY							
7589938 ✓		12/01/20	11/29/20 12/09/20		19.69	0.00	0.00	19.69 ✓
	INVENTORY							
7592501 ✓		12/01/20	11/29/20 12/09/20		321.48	0.00	0.00	321.48 ✓
	INVENTORY							
7589939 ✓		12/01/20	11/29/20 12/09/20		177.17	0.00	0.00	177.17 ✓
	INVENTORY							
3182 ✓		12/01/20	11/29/20 12/09/20		-10.06	0.00	0.00	-10.06 ✓
	INVENTORY							
7592502 ✓		12/01/20	11/29/20 12/09/20		243.98	0.00	0.00	243.98 ✓
	INVENTORY							
7589940 ✓		12/01/20	11/30/20 12/10/20		77.92	0.00	0.00	77.92 ✓
	INVENTORY							
7594534 ✓		12/01/20	11/30/20 12/10/20		13,150.20	0.00	0.00	13,150.20 ✓
	INVENTORY							
SC8876 ✓		12/01/20	11/30/20 12/10/20		23.94	0.00	0.00	23.94 ✓
	INVENTORY							
SC8875 ✓		12/01/20	11/30/20 12/10/20		35.40	0.00	0.00	35.40 ✓

		INVENTORY								
7594532	✓		12/01/20	11/30/20	12/10/20		169.88	0.00	0.00	169.88 ✓
		INVENTORY								
7597360	✓		12/01/20	11/30/20	12/10/20		57.74	0.00	0.00	57.74 ✓
		INVENTORY								
7598451	✓		12/01/20	11/30/20	12/10/20		1,307.67	0.00	0.00	1,307.67 ✓
		INVENTORY								
SC8874	✓		12/01/20	11/30/20	12/10/20		69.48	0.00	0.00	69.48 ✓
		INVENTORY								
Vendor Totals		Number Name					Gross	Discount	No-Pay	Net
		10536 MORRIS & DICKSON CO, LLC					19,847.70	0.00	0.00	19,847.70
Vendor#		Vendor Name					Class	Pay Code		
M2659		MXR IMAGING, INC ✓					M			
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
880831914	✓		11/22/20	11/11/20	12/11/20		532.87	0.00	0.00	532.87 ✓
		SUPPLIES								
Vendor Totals		Number Name					Gross	Discount	No-Pay	Net
		M2659 MXR IMAGING, INC					532.87	0.00	0.00	532.87
Vendor#		Vendor Name					Class	Pay Code		
13548		NACOGDOCHES TRANSCRIPTION ✓								
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7542	✓		11/30/20	11/24/20	11/30/20		708.82	0.00	0.00	708.82 ✓
		TRANSCRIPTION SERVICES (10/30 - 11/2/21)								
Vendor Totals		Number Name					Gross	Discount	No-Pay	Net
		13548 NACOGDOCHES TRANSCRIPTION					708.82	0.00	0.00	708.82
Vendor#		Vendor Name					Class	Pay Code		
14196		NATIONAL ASSOCIATION OF RURAL ✓								
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MEM115234	✓		11/22/20	11/11/20	12/11/20		450.00	0.00	0.00	450.00 ✓
		MEMBERSHIP								
Vendor Totals		Number Name					Gross	Discount	No-Pay	Net
		14196 NATIONAL ASSOCIATION OF RURAL					450.00	0.00	0.00	450.00
Vendor#		Vendor Name					Class	Pay Code		
O1500		OLYMPUS AMERICA INC ✓					M			
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
31813204	✓		11/24/20	11/16/20	12/11/20		197.92	0.00	0.00	197.92 ✓
		SUPPLIES								
Vendor Totals		Number Name					Gross	Discount	No-Pay	Net
		O1500 OLYMPUS AMERICA INC					197.92	0.00	0.00	197.92
Vendor#		Vendor Name					Class	Pay Code		
12544		PATRICK OCHOA ✓								
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
120121B			11/30/20	12/01/20			200.00	0.00	0.00	200.00 ✓
		REHAB LAWN SERVICE								
120121			11/30/20	12/01/20	12/01/20		380.00	0.00	0.00	380.00 ✓
		CLINIC LAWN SERVICES								
120121A			11/30/20	12/01/20	12/01/20		520.00	0.00	0.00	520.00 ✓
		HOSPITAL LAWN SERVICE								
Vendor Totals		Number Name					Gross	Discount	No-Pay	Net
		12544 PATRICK OCHOA					1,100.00	0.00	0.00	1,100.00
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	
007832 ✓		11/29/20	11/24/20	11/24/20	*	3,725.00	0.00	0.00	3,725.00 ✓	
	TRAVEL NURSE STAFFING (11/12-11/14/20) - Schelma									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	13988	PAYCHEX, ADVANCE FBO				3,725.00	0.00	0.00	3,725.00	
Vendor#	Vendor Name			Class	Pay Code					
P1725	PREMIER SLEEP DISORDERS CENTER ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
113021		11/30/20	12/01/20	12/15/20		7,900.00	0.00	0.00	7,900.00 ✓	
	SLEEP STUDY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	P1725	PREMIER SLEEP DISORDERS CENTER				7,900.00	0.00	0.00	7,900.00	
Vendor#	Vendor Name			Class	Pay Code					
11080	RADSOURCE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
SC62991 ✓		11/30/20	11/16/20	12/11/20		1,625.00	0.00	0.00	1,625.00 ✓	
	MAINTENANCE CONTRACT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11080	RADSOURCE				1,625.00	0.00	0.00	1,625.00	
Vendor#	Vendor Name			Class	Pay Code					
13460	RELIANT, DEPT 0954 ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
306009383549 ✓		11/30/20	11/17/20	12/15/20		24,959.14	0.00	0.00	24,959.14 ✓	
	ELECTRICITY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	13460	RELIANT, DEPT 0954				24,959.14	0.00	0.00	24,959.14	
Vendor#	Vendor Name			Class	Pay Code					
11476	SAMS CLUB ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
007978		11/29/20	10/20/20	12/08/20		68.70	0.00	0.00	68.70 ✓	
	SUPPLIES									
000114		11/29/20	10/24/20	12/08/20		27.96	0.00	0.00	27.96 ✓	
	SUPPLIES									
006144		11/29/20	10/31/20	12/08/20		16.96	0.00	0.00	16.96 ✓	
	SUPPLIES									
001503		11/29/20	10/31/20	12/08/20		48.62	0.00	0.00	48.62 ✓	
	SUPPLIES									
000080		11/29/20	11/02/20	12/08/20		10.58	0.00	0.00	10.58 ✓	
	SUPPLIES									
006524		11/29/20	11/07/20	12/08/20		185.94	0.00	0.00	185.94 ✓	
	SUPPLIES									
002323		11/29/20	11/14/20	12/08/20		119.94	0.00	0.00	119.94 ✓	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11476	SAMS CLUB				478.70	0.00	0.00	478.70	
Vendor#	Vendor Name			Class	Pay Code					
S1800	SHERWIN WILLIAMS ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
5255-5 ✓		11/30/20	11/11/20	11/26/20		87.64	0.00	0.00	87.64 ✓	
	SUPPLIES									

1237-3 ✓		11/30/20	11/22/20	12/07/20		290.85	0.00	0.00	290.85 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS				378.49	0.00	0.00	378.49		
Vendor#	Vendor Name				Class	Pay Code					
S2001	SIEMENS MEDICAL SOLUTIONS INC ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
116135738 ✓		11/30/20	11/16/20	12/11/20			2,193.83	0.00	0.00	2,193.83 ✓	
	MAINTENANCE										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC				2,193.83	0.00	0.00	2,193.83		
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	
CM5805 ✓		11/22/20	11/15/20	12/10/20			-2,844.00	0.00	0.00	-2,844.00 ✓	
	CREDIT										
107018616 ✓		11/22/20	11/15/20	12/10/20			5,395.00	0.00	0.00	5,395.00 ✓	
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN				2,551.00	0.00	0.00	2,551.00		
Vendor#	Vendor Name				Class	Pay Code					
12476	SUN LIFE FINANCIAL ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
100121		11/30/20	10/01/20	11/10/20			7,832.57	0.00	0.00	7,832.57 ✓	
	PAYROLL DEDUCTS <i>Life + App Insurance</i>										
110121		11/30/20	11/01/20	12/10/20			8,212.05	0.00	0.00	8,212.05 ✓	
	PAYROLL DEDUCT "										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	12476	SUN LIFE FINANCIAL				16,044.62	0.00	0.00	16,044.62		
Vendor#	Vendor Name				Class	Pay Code					
10239	T&R MECHANICAL ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
C2100402 ✓		11/30/20	07/19/20	08/18/20			1,581.25	0.00	0.00	1,581.25 ✓	
	CHILLER QUARTERLY MAINT										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	10239	T&R MECHANICAL				1,581.25	0.00	0.00	1,581.25		
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	
001862451079IN ✓		11/29/20	11/24/20	11/24/20			3,996.30	0.00	0.00	3,996.30 ✓	
	TRAVEL NURSE STAFFING <i>(11/13-11/15/21) - Jeschke</i>										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	13880	TEXAS SELECT STAFFING				3,996.30	0.00	0.00	3,996.30		
Vendor#	Vendor Name				Class	Pay Code					
11908	TMS SOUTH ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
INV31509 ✓		11/15/20	11/11/20	12/11/20			205.26	0.00	0.00	205.26 ✓	
	FILTERS										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	11908	TMS SOUTH				205.26	0.00	0.00	205.26		
Vendor#	Vendor Name				Class	Pay Code					

T3130	TRI-ANIM HEALTH SERVICES INC ✓			M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
64818277 ✓		11/29/20	11/19/20	12/14/20		287.46	0.00	0.00	287.46 ✓		
	SUPPLIES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	T3130 TRI-ANIM HEALTH SERVICES INC					287.46	0.00	0.00	287.46		
Vendor#	Vendor Name				Class	Pay Code					
T3334	TRINITY PHYSICS CONSULTING LLC ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
09-76 ✓		11/30/20	11/15/20	12/15/20		330.00	0.00	0.00	330.00 ✓		
	MAINTENANCE										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	T3334 TRINITY PHYSICS CONSULTING LLC					330.00	0.00	0.00	330.00		
Vendor#	Vendor Name				Class	Pay Code					
13616	TRIOSE, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
TRIO95743 ✓		11/30/20	11/11/20	11/26/20		482.15	0.00	0.00	482.15 ✓		
	FREIGHT										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	13616 TRIOSE, INC					482.15	0.00	0.00	482.15		
Vendor#	Vendor Name				Class	Pay Code					
14208	TRUSTED HEALTH, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV6745 ✓		11/30/20	11/06/20	11/06/20		4,715.00	0.00	0.00	4,715.00 ✓		
	TRAVEL NURSE STAFFING (11/11-11/13) Williams										
INV6746 ✓		11/30/20	11/13/20	11/13/20		4,521.25	0.00	0.00	4,521.25 ✓		
	TRAVEL NURSE STAFFING (11/8-11/10) Williams										
INV6747 ✓		11/30/20	11/20/20	11/20/20		4,558.75	0.00	0.00	4,558.75 ✓		
	TRAVEL NURSE STAFFING (11/12-11/14) Williams										
INV6748 ✓		11/30/20	11/27/20	11/27/20		5,312.50	0.00	0.00	5,312.50 ✓		
	TRAVEL NURSE STAFFING (11/23-11/25) - Williams										
INV6744 ✓		11/30/20	11/30/20	11/30/20		6,738.13	0.00	0.00	6,738.13 ✓		
	TRAVEL NURSE STAFFING (10/22-10/25) - Williams										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	14208 TRUSTED HEALTH, INC					25,845.63	0.00	0.00	25,845.63		
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		
8400381369 ✓		11/15/20	11/15/20	12/10/20		47.80	0.00	0.00	47.80 ✓		
	LAUNDRY										
8400381394 ✓		11/15/20	11/15/20	12/10/20		2,450.64	0.00	0.00	2,450.64 ✓		
	LAUNDRY										
8400381368 ✓		11/15/20	11/15/20	12/10/20		45.15	0.00	0.00	45.15 ✓		
	LAUNDRY										
8400381714 ✓		11/22/20	11/18/20	12/13/20		170.59	0.00	0.00	170.59 ✓		
	LAUNDRY										
8400381733 ✓		11/22/20	11/18/20	12/13/20		1,499.64	0.00	0.00	1,499.64 ✓		
	LAUNDRY										
8400381713 ✓		11/22/20	11/18/20	12/13/20		196.29	0.00	0.00	196.29 ✓		
	LAUNDRY										
8400381712 ✓		11/22/20	11/18/20	12/13/20		137.13	0.00	0.00	137.13 ✓		

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net		
8400381728	LAUNDRY ✓			79.43	0.00	0.00	79.43 ✓		
8400381711	LAUNDRY ✓			42.72	0.00	0.00	42.72 ✓		
8400381715	LAUNDRY ✓			199.32	0.00	0.00	199.32 ✓		
8400381747	LAUNDRY ✓			128.50	0.00	0.00	128.50 ✓		
Vendor Totals				4,997.21	0.00	0.00	4,997.21		
Vendor#	Vendor Name	Class	Pay Code						
12208	WAGeworks ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV3182275	ADMIN COMPLIANCE FEE ✓	11/16/20	11/15/20	12/15/20		580.25	0.00	0.00	580.25 ✓
Vendor Totals				580.25	0.00	0.00	580.25		
Vendor#	Vendor Name	Class	Pay Code						
W1040	WATERMARK GRAPHICS INC ✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
134464	UNIFORMS ✓	11/30/20	11/08/20	12/08/20		1,098.15	0.00	0.00	1,098.15 ✓
Vendor Totals				1,098.15	0.00	0.00	1,098.15		
Vendor#	Vendor Name	Class	Pay Code						
11580	WILLIAM CROWLEY III, DO ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112421	COVERED SCHULTZ 11/15/21 ✓	11/29/20	11/24/20	11/24/20		359.38	0.00	0.00	359.38 ✓
Vendor Totals				359.38	0.00	0.00	359.38		

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	400,827.09	0.00	0.00	400,827.09
400 + 827 + 0.09 =				
4 + 656 + 25 =				
4 + 625 + 0.00 =				
84 + 91 =				
65 + 40 =				
1 + 100 + 91 =				
1 + 044 + 31 =				
16 + 86 =				
16 + 46 =				
609 + 80 =				
400 + 113 + 53 =				

pg 5 correction { < 4,656.25 > + 4,625.00 }

pg 6 corrections { < 84.91 > + 65.40 < 1,100.91 > + 1,044.31 }

pg 8 correction { < 16.86 > + 16.46 }

pg 4 correction { < 605.80 > }

400,113.53

APPROVED SET

DEC 0 2 2021

COMMUNITY AFFAIRS DEPARTMENT, MEMPHIS

CK# 192883-192954

12/02/2021	MEMORIAL MEDICAL CENTER					0				
14:14	AP Open Invoice List						ap_open_invoice.template			
	Dates Through: 12/15/2021									
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	
4483882		11/30/20	11/09/20	12/02/20		52,177.00	0.00	0.00	52,177.00	
INSURANCE										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		T2204	TEXAS MUTUAL INSURANCE CO			52,177.00	0.00	0.00	52,177.00	
Report Summary										
Grand Totals:		Gross		Discount		No-Pay		Net		
		52,177.00		0.00		0.00		52,177.00		

APPROVED
 021
 DEC 02 2021
 COUNTY MENTOR
 CARROLL COUNTY, TEXAS

CK#
 192944

RECEIVED

RUN DATE: 12/02/21
TIME: 10:26
DEC 02 2021

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

Jefferson County Auditor

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE DESCRIPTION	GL NUM
	✓	112921	176.73	✓ 2	REFUND FOR	
ARID=0001 TOTAL			176.73			
TOTAL			176.73			

APPROVED
CST

DEC 02 2021

Cliff
192964

ROBERT AUSTIN
CAMERON COUNTY, MISSISSIPPI

12/02/2021 MEMORIAL MEDICAL CENTER 0
 14:16 AP Open Invoice List ap_open_invoice.template
 Dates Through: 12/15/2021

Vendor#	Vendor Name	Class	Pay Code							
H1227	HEALTHSURE INSURANCE SERVICES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2523		11/30/20	12/02/20	12/14/20		23,998.00	0.00	0.00	23,998.00	
INSURANCE										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	H1227	HEALTHSURE INSURANCE SERVICES			23,998.00	0.00	0.00	23,998.00		

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	23,998.00	0.00	0.00	23,998.00

APPROVED
 ON
 DEC 8 2 2021 CL#
 192916
 COURTNEY AUSTIN
 CLERK COUNTY CLERK, TEXAS

MCKESSON

STATEMENT

Company: 8000

As of: 12/03/2021

Page: 002

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536

Date: 12/04/2021

As of: 12/03/2021
Mail to:

Page: 002
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 12/04/2021

**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: 8,700.36 USD

Future Due: 0.00

If Paid By 12/07/2021,
Pay This Amount:

8,526.35 USD

Due If Paid On Time:
USD

8,526.35 ✓

Past Due: 0.00

Disc lost if paid late:

174.01

Last Payment 12/07/2017 2,451.97

If Paid After 12/07/2021,
Pay this Amount:

8,700.36 USD

Due If Paid Late:
USD

8,700.36

A.M.

APPROVED
GM

DEC 06 2021

SCOTT W. AMMER
CALNECK GURNEY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 12/03/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/03/2021
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: 12/04/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 12/04/2021

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											
1/29/2021	12/07/2021	7308730098	2017039607	115Invoice	2.72	136.04		133.32 ✓		7308730098	
2/03/2021	12/07/2021	7309932081	2017040011	115Invoice	4.59	229.67		225.08 ✓		7309932081	

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: 365.71 USD

Future Due: 0.00

Due If Paid On Time: 358.40 ✓
USD

Past Due: 0.00

If Paid By 12/07/2021,
Pay This Amount: 358.40 USD

Disc lost if paid late: 7.31

Past Payment 1/29/2021 2,211.93

If Paid After 12/07/2021,
Pay this Amount: 365.71 USD

Due If Paid Late: 365.71
USD

CK# 500253



For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 12/03/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/03/2021
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: 12/04/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/04/2021 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											
1/29/2021	12/07/2021	7308766634	19911964	115Invoice	5.82	290.88		285.06 ✓		7308766634	
1/29/2021	12/07/2021	7308766635	19924815	115Invoice	16.14	806.94		790.80 ✓		7308766635	
1/29/2021	12/07/2021	7308766636	19924815	115Invoice	17.37	868.44		851.07 ✓		7308766636	
1/29/2021	12/07/2021	7308766637	19958834	115Invoice	2.64	131.90		129.26 ✓		7308766637	
1/29/2021	12/07/2021	7308766638	19997196	115Invoice	0.63	31.36		30.73 ✓		7308766638	
1/29/2021	12/07/2021	7308766639	20022485	115Invoice	5.38	268.84		263.46 ✓		7308766639	
1/29/2021	12/07/2021	7308766640	20044609	115Invoice	0.02	0.95		0.93 ✓		7308766640	
1/29/2021	12/07/2021	7308766642	20067789	115Invoice	0.18	9.10		8.92 ✓		7308766642	
1/30/2021	12/07/2021	7309136929	20173820	115Invoice	10.06	502.80		492.74 ✓		7309136929	
1/30/2021	12/07/2021	7309136930	20173820	115Invoice	0.03	1.27		1.24 ✓		7309136930	
1/30/2021	12/07/2021	7309285126	1129210730	195Invoice	10.43	521.70		511.27 ✓		7309285126	
1/30/2021	12/07/2021	7309285127	1129211016	115Invoice	2.30	114.92		112.62 ✓		7309285127	
2/01/2021	12/07/2021	7309443921	20221965	115Invoice	0.02	0.91		0.89 ✓		7309443921	
2/01/2021	12/07/2021	7309443924	20265784	115Invoice		0.16		0.16 ✓		7309443924	
2/01/2021	12/07/2021	7309594562	1130210916	115Invoice	11.56	577.99		566.43 ✓		7309594562	
2/02/2021	12/07/2021	7309696806	20295512	115Invoice		0.16		0.16 ✓		7309696806	
2/02/2021	12/07/2021	7309696807	20295512	115Invoice	0.02	0.95		0.93 ✓		7309696807	
2/02/2021	12/07/2021	7309696808	20341068	115Invoice		0.16		0.16 ✓		7309696808	
2/02/2021	12/07/2021	7309696809	20352009	115Invoice	0.01	0.49		0.48 ✓		7309696809	
2/02/2021	12/07/2021	7309849338	1201211020	115Invoice	0.02	0.95		0.93 ✓		7309849338	
2/03/2021	12/07/2021	7309962054	20370760	115Invoice	5.38	268.98		263.60 ✓		7309962054	
2/03/2021	12/07/2021	7309962055	20370760	115Invoice	0.02	1.06		1.04 ✓		7309962055	
2/03/2021	12/07/2021	7309962056	20417275	115Invoice	5.38	268.98		263.60 ✓		7309962056	
2/03/2021	12/07/2021	7309962057	20417275	115Invoice	0.01	0.63		0.62 ✓		7309962057	
2/03/2021	12/07/2021	7310088847	1202210737	195Invoice	1.69	84.57		82.88 ✓		7310088847	
2/03/2021	12/07/2021	7310088848	1202210905	115Invoice	33.90	1,694.91		1,661.01 ✓		7310088848	

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

McKESSON

STATEMENT

As of: 12/03/2021

Page: 002

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

Company: 8000

DC: 8115

As of: 12/03/2021
Mail to:

Page: 002
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: 12/04/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 12/04/2021

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

Subtotals: 6,450.00 USD

Future Due: 0.00

If Paid By 12/07/2021,

Due If Paid On Time:
USD

6,320.99 ✓

Past Due: 0.00

Pay This Amount:

6,320.99 USD

Disc lost if paid late:

129.01

Past Payment 1/29/2021 2,211.93

If Paid After 12/07/2021,
Pay this Amount:

6,450.00 USD

Due If Paid Late:
USD

6,450.00

RECEIVED ON
DEC 06 2021
OFFICE ADDRESS
CLEBURG COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 12/03/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/03/2021
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: 12/04/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450
Date: 12/04/2021

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											
1/30/2021	12/07/2021	7309187181	55x754266	115Invoice	23.25	1,162.64		1,139.39	✓	7309187181	
2/02/2021	12/07/2021	7309682045	55x756696	115Invoice	9.19	459.73		450.54	✓	7309682045	
2/03/2021	12/07/2021	7309934337	55x761279	115Invoice	1.32	65.95		64.63	✓	7309934337	

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

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

Subtotals: 1,688.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1/29/2021 2,211.93

If Paid By 12/07/2021,
Pay This Amount: 1,654.56 USD

If Paid After 12/07/2021,
Pay this Amount: 1,688.32 USD

Due If Paid On Time: USD 1,654.56 ✓

Disc lost if paid late: 33.76

Due If Paid Late: USD 1,688.32

APPROVED
CS
DEC 06 2021
COUNTRY ASSISTANT
CAMPBELL COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 12/03/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/03/2021
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: 12/04/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 12/04/2021

**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									
2/02/2021	12/07/2021	7309867632	1469368	115Invoice	3.93	196.33		192.40 ✓		7309867632

*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: 196.33 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1/29/2021 2,211.93

If Paid By 12/07/2021,
Pay This Amount: 192.40 USD

If Paid After 12/07/2021,
Pay this Amount: 196.33 USD

Due If Paid On Time:
USD 192.40 ✓

Disc lost if paid late: 3.93

Due If Paid Late:
USD 196.33

APPROVED
CST

DEC 08 2021

COUNTRY AMBERGE
GALVESTON COUNTY, TEXAS



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

Served By:
AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

Customer:
SENDERRA RX PHY 340B
MEMORIAL MEDICAL CENTER
1301 E ARAPAHO RD STE 101
RICHARDSON TX 75081

Remit To:
AMERISOURCEBERGEN
P.O. Box 978740
DALLAS TX 75397-8740

Customer Number

100288078 / 037983771

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	55.00
Past Due:	0.00
Total Due:	55.00
Account Balance:	55.00

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-27-2021	12-10-2021	343353519		Invoice	55.00		0.00	55.00

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
55.00	0.00	0.00	0.00	0.00	0.00	0.00

Reminders	
Due Date	Amount
12-10-2021	55.00
Total Due:	55.00

RECEIVED
ON

DEC 06 2021

AMERISOURCE BERGEN
DALLAS, TEXAS



Served By:
AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

Customer:
US BIOSERVICES CARROLLTON 340B
5025 PLANO PARKWAY SUITE 100
CARROLLTON TX 75010

Remit To:
AMERISOURCEBERGEN
P.O. Box 978740
DALLAS TX 75397-8740


Customer Number	
100270691 / 018628707	
Terms	
Sat - Fri Due in 7 days	
Summary	
Not Yet Due:	0.00
Current:	55.00
Past Due:	0.00
Total Due:	55.00
Account Balance:	55.00

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-27-2021	12-10-2021	343353515		Invoice	55.00		0.00	55.00

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
55.00	0.00	0.00	0.00	0.00	0.00	0.00

Reminders	
Due Date	Amount
12-10-2021	55.00
Total Due:	55.00



APPROVED
ON
DEC 06 2021
COUNTRY ANTIHOPOR
COUNTRY, TEXAS

100007100

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	1,366.52
Past Due:	0.00
Total Due:	1,366.52
Account Balance:	1,366.52

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-29-2021	12-10-2021	3075092844	163736	Invoice	854.28		0.00	854.28
11-29-2021	12-10-2021	3075092845	163738	Invoice	3.51		0.00	3.51
11-29-2021	12-10-2021	3075092846	163739	Invoice	10.80		0.00	10.80
11-29-2021	12-10-2021	3075131852	163786	Invoice	101.13		0.00	101.13
11-30-2021	12-10-2021	3075257974	163794	Invoice	69.54		0.00	69.54
12-02-2021	12-10-2021	3075546830	163809	Invoice	297.54		0.00	297.54
12-02-2021	12-10-2021	3075546831	163810	Invoice	29.72		0.00	29.72

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,366.52	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
12-03-2021	(658.92)

Reminders

Due Date	Amount
12-10-2021	1,366.52
Total Due:	1,366.52

APPROVED
DEC 06 2021
SENIOR SUPERVISOR
CARRINGTON OILFIELD, TEXAS

CK 500252

A. M.

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"	★		\$ 91,907.49 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		\$ 47,067.34 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			\$ 11,563.14 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			\$ 33,277.01 #
		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: 12/06/21
Time: 16:27

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 11/19/21 - 12/02/21 Run# 1

Page 110
P2REG

Final Summary

*-- Pay Code Summary						*-- Deductions Summary				
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount
1	REGULAR PAY-S1	8141.50	N	N	N			165030.10	A/R	554.22 A/R2 25.00 A/R3
1	REGULAR PAY-S1	1695.00	N	N	N	N		69366.96	ADVANC	AWARDS BOOTS
1	REGULAR PAY-S1	167.75	N	N	Y			4736.91	CAPE H	CAPE-1 CAFE-2
1	REGULAR PAY-S1	150.75	Y	N	N			3885.81	CAPE-3	CAPE-4 CAFE-5
2	REGULAR PAY-S2	1971.25	N	N	N			46302.75	CAPE-C	CAPE-D 1763.27 CAFE-F
2	REGULAR PAY-S2	94.00	N	N	Y			3129.63	CAPE-H	19739.56 CAFE-I CAFE-L
2	REGULAR PAY-S2	71.00	Y	N	N			1940.74	CAPE-P	CANCER CHILD 720.47
3	REGULAR PAY-S3	1139.75	N	N	N			31671.66	CLINIC	145.00 COMBIN 400.80 CREDUN
3	REGULAR PAY-S3	70.75	N	N	Y			2830.76	DD ADV	DENTIAL DEP-LF
3	REGULAR PAY-S3	32.00	Y	N	N			986.29	DIS-LF	EAT EATCSH
C	CALL PAY	2510.00	N	1	N	N		5020.00	FEDTAX	33277.01 FICA-M 5781.57 FICA-O 23533.67
D	DOUBLE TIME	7.75	N	1	N	N		534.75	FIRSTC	FLEX S 3282.29 FLX FE
D	DOUBLE TIME	20.25	N	2	N	N		1475.39	PORT D	FUTA GIFT S 349.80
D	DOUBLE TIME	33.25	N	3	N	N		2344.44	GRANT	GRP-IN GIL
D	DOUBLE TIME	3.75	Y	2	N	N		424.69	HOSP-I	ID TFT LEAF
D	DOUBLE TIME	14.75	Y	3	N	N		1714.69	LEGAL	280.28 MASA 869.50 MEALS 201.40
E	EXTRA WAGES		N	N	N	N		32.50	METVIS	893.11 MISC MISC/
E	EXTRA WAGES		N	1	N	N	N	643.25	MMCSHR	NATFML 1753.01 OTHER
F	FUNERAL LEAVE	8.00	N	1	N	N		444.24	PHI	PHI*** PR PIN
I	INSERVICE	22.00	N	1	N	N		745.60	RELAY	REPAY SAMS
K	EXTENDED-ILLNESS-BANK	332.00	N	1	N	N		8482.20	SCRUBS	SIGNON ST-TX
P	PAID-TIME-OFF	315.10	N	N	N	N		5010.86	STONDF	640.86 STONE STONE2
P	PAID-TIME-OFF	2482.07	N	1	N	N		62023.52	STUDEN	SUNACC 802.47 SUNILL 744.04
X	CALL PAY 2	80.00	N	1	N	N		160.00	SUNIND	695.63 SUNLIP 735.07 SUNSTD 1228.98
Z	CALL PAY 3	48.00	N	1	N	N		144.00	SUNVIS	3.57 SURCHG 450.00 TSA-1
p	PAID TIME OFF - PROBATION	48.00	N	1	N	N		853.44	TSA-2	TSA-C TSA-P
t	PHONE & DATA		N	N	N	N		1355.00	TSA-R	29528.79 TUTION UNIFOR 567.88
v	COVID-PFCRA	64.00	N	1	N	N		875.76	UW/HOS	
*----- Grand Totals: 19522.67 -----		(Gross: 422165.94	Deductions: 128967.25		Net: 293198.69					
Checks Count:- FT 195 PT 10 Other 35 Female 218 Male 21 Credit		OverAmt 6 ZeroNet		Term 1 Total: 239						

AM
Pay date: 12.10.21

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	11/19/2021	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	12/2/2021					
PAY DATE:	12/10/2021					
GROSS PAY:	\$ 421,165.94			\$ -		\$ 421,165.94
DEDUCTIONS:						
A/R	\$ 579.22					\$ 579.22
ADVANC						\$ -
BOOTS						\$ -
SUNLIFE CRITICAL ILLNESS	\$ 744.04					\$ 744.04
SUNLIFE ACCIDENT	\$ 802.47					\$ 802.47
SUNLIFE VISION						\$ -
SUNLIFE SHORT TERM DIS	\$ 1,228.98					\$ 1,228.98
METLIFE VISION	\$ 893.11					\$ 893.11
CAFE-D	\$ 1,763.27					\$ 1,763.27
CAFE-H	\$ 19,739.56					\$ 19,739.56
	\$ -					\$ -
	\$ -					\$ -
CAFE-P						\$ -
CANCER						\$ -
CHILD	\$ 720.47					\$ 720.47
CLINIC	\$ 145.00					\$ 145.00
COMBIN	\$ 400.80					\$ 400.80
CREDUN						\$ -
DENTAL						\$ -
DEP-LF						\$ -
SUNLIFE TERM LIFE	\$ 735.07					\$ 735.07
SUNLIFE HOSP INDEM	\$ 695.63					\$ 695.63
FED TAX	\$ 33,277.01					\$ 33,277.01
FICA-M	\$ 5,781.57					\$ 5,781.57
FICA-O	\$ 23,533.67					\$ 23,533.67
FIRST C						\$ -
FLEX S	\$ 3,282.29					\$ 3,282.29
FLX-FE						\$ -
GIFT S	\$ 349.80					\$ 349.80
GRP-IN						\$ -
GTL						\$ -
HOSP-I						\$ -
LEGAL	\$ 1,149.78					\$ 1,149.78
OTHER	\$ 769.28					\$ 769.28
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	\$ 29,528.79					\$ 29,528.79
UW/HOS						\$ -
TOTAL DEDUCTIONS:	\$ 128,963.68	\$ -	\$ -	\$ -	\$ -	\$ 128,963.68
NET PAY:	\$ 292,202.26	\$ -	\$ -	\$ -	\$ -	\$ 292,202.26

TOTAL CAFE 125 PLAN:	\$ 29,094.58	Less Exempt:				
TAXABLE PAY:	\$ 392,071.36	\$ 378,577.79				Exempt Amt:

	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 5,685.03		
FICA - MED (EE)	1.45% \$ 5,685.03	\$ 5,781.57	\$ (96.54)
FICA - SOC SEC (ER)	6.20% \$ 23,471.82		
FICA - SOC SEC (EE)	6.20% \$ 23,471.82	\$ 23,533.67	\$ (61.85)
FED WITHHOLDING	\$ 33,277.01	\$ 33,277.01	

Employees over FICA-SS Cap:

Jason Anglin	\$ 9,118.06
Shanna Odonnell	\$ 4,375.51
Roshanda Thomas	\$ -

Paycode S - Employee Reimb.:

TOTAL: \$ 13,493.57

TAX DEPOSIT:	\$ 91,590.71	\$ 91,907.49
FICA - MEDICARE	2.90% \$ 11,370.06	\$ 11,563.14
FICA - SOCIAL SECURITY	12.40% \$ 46,943.64	\$ 47,067.34
FED WITHHOLDING	\$ 33,277.01	\$ 33,277.01
TOTAL TAX:	\$ 91,590.71	\$ 91,907.49

PREPARED BY: Caitlin Clevenger
 PREPARED DATE: 12/6/2021

Run Date: 12/06/21
Time: 16:32

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 11/19/21--12/02/21 Run: 1
Type-NET 10000001 OPERATING - PROSPERITY

Page 1
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
02165	CAYDENCE N CAUDILL	214.82	00062914	12/10/21
20548	JAMES D AKIN	826.71	00062915	12/10/21
65243	LUCILA LOPEZ DE GUZMAN	1037.10	00062916	12/10/21
65583	RACQUEL MORALES	302.90	00062917	12/10/21
78897	DAYLE J MCLAUGHLIN	297.16	00062918	12/10/21
00041	CARL LEE KING	935.34	DD	12/10/21
00083	SYLVIA A VARGAS	833.90	DD	12/10/21
00094	SYLVIA A MENDOZA	766.50	DD	12/10/21
00113	JACLYN CARREON	985.62	DD	12/10/21
00132	SANDRA A BRAUN	909.71	DD	12/10/21
00192	BRENDA D PENA	2015.61	DD	12/10/21
00270	ANGELA M BURGIN	1311.90	DD	12/10/21
00344	SANDY LEE RUDDICK	2641.16	DD	12/10/21
00387	BILLIE F DUCKWORTH	2357.91	DD	12/10/21
00392	MONICA T CARR	1267.89	DD	12/10/21
00399	LINDA J TIJERINA	1819.61	DD	12/10/21
00401	VELMA J PINA	1506.49	DD	12/10/21
00417	SHERRY L KING	2388.14	DD	12/10/21
00423	DONN V STRINGO	2083.48	DD	12/10/21
00482	PAM PIKAC	1165.41	DD	12/10/21
00504	HELEN DAVIS	569.63	DD	12/10/21
00533	LAURA V DAVILA	1179.24	DD	12/10/21
00577	DIANA GARCIA	2245.04	DD	12/10/21
00581	CYNTHIA L RUSHING	1367.64	DD	12/10/21
00676	SHEILA KAY HEATHCOCK	1048.75	DD	12/10/21
00681	R RENEE WOOD	1691.44	DD	12/10/21
00697	MARIA C FARIAS	1032.23	DD	12/10/21
00707	KIMBERLY R BLINKA	1460.64	DD	12/10/21
00895	EMILIE DIANE WILKEY	40.96	DD	12/10/21
00918	GILMA MORENO	1668.73	DD	12/10/21
01015	SUSAN B SMALLEY	1652.99	DD	12/10/21
01191	SHARON M SPARKS	343.32	DD	12/10/21
01234	JENISE N SVETLIK	1876.83	DD	12/10/21
01367	MARILYN A SANDERS	1747.83	DD	12/10/21
01791	RAUSHANAH J MONDAY	1543.55	DD	12/10/21
02011	ERIN R CLEVINGER	3305.40	DD	12/10/21
02014	AGAPITA C CANTU	20.48	DD	12/10/21
02021	ERIKA OSORNIA-SANCHEZ	368.26	DD	12/10/21
02022	AMANDA J GRIGGS	2420.76	DD	12/10/21
02064	ANNA LAURA GARCIA	430.84	DD	12/10/21
02097	KYLIE M GAINES	1384.77	DD	12/10/21
02099	TRACI M SHEPCIK	2661.94	DD	12/10/21
02112	LESLIE THOMAS	2228.32	DD	12/10/21
02193	TIKI VENGLAR	1448.34	DD	12/10/21
02271	DAWN J BUBENIK	1954.45	DD	12/10/21
02301	NICOLAS TIJERINA	940.51	DD	12/10/21
02302	CATHERINE MARIE DECILOS	375.99	DD	12/10/21
02303	CONNIE M LUNA	2073.09	DD	12/10/21
02315	NINA M GREEN	4338.94	DD	12/10/21
02331	JESSICA B BIFFLE	674.31	DD	12/10/21
02346	JEANETTE L FALCON	243.10	DD	12/10/21
02369	BECKY N BRISENO	1033.89	DD	12/10/21
02416	JANELLE SCOTT	1596.41	DD	12/10/21

Run Date: 12/06/21
Time: 16:32

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 11/19/21--12/02/21 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 2
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
02525	AUDREY D GARCIA	287.42	DD	12/10/21
02552	VERONICA RAGUSIN	1934.13	DD	12/10/21
02584	BEATRICE MAGU	2143.21	DD	12/10/21
02717	PATRICIA A BRISENO	561.15	DD	12/10/21
02719	DAWN M MCCLELLAND	1698.09	DD	12/10/21
02735	ZANDRA A CUELLAR	352.09	DD	12/10/21
02745	TRACY L WIGGS	1437.49	DD	12/10/21
02763	JESSICA COPPIN	1540.48	DD	12/10/21
02794	HEATHER L MUTCHLER	1547.55	DD	12/10/21
02797	SHELLY A MCAFEE	1771.24	DD	12/10/21
02812	BRITTANY N RUDDICK	1576.95	DD	12/10/21
02907	MARIA F LONGORIA	952.72	DD	12/10/21
02927	MICHAEL L GAINES	2423.34	DD	12/10/21
02963	DOROTHY J RENDON	300.72	DD	12/10/21
02970	DIANNE G ATKINSON	1879.97	DD	12/10/21
03864	JACQUELINE R HERRERA	1227.68	DD	12/10/21
05003	COURINE D THURLKILL	2623.74	DD	12/10/21
05007	JAMIE K NEYLAND	1552.42	DD	12/10/21
05641	AMANDA R KEY	1696.23	DD	12/10/21
05757	SHARON T HOLDER	1743.83	DD	12/10/21
07007	URSULA S BRYAN	340.88	DD	12/10/21
07066	DELPHINE PADRON	2466.43	DD	12/10/21
07878	DIANA C SAUCEDA	895.19	DD	12/10/21
11412	COURTNEY L MORKOVSKY	986.38	DD	12/10/21
12011	KIMBERLY J REYNA	756.63	DD	12/10/21
12115	LISA J HINOJOSA	831.31	DD	12/10/21
12212	MARIA E ARREDONDO	712.91	DD	12/10/21
15097	KYLE L DANIEL	2908.09	DD	12/10/21
15131	SAVANNAH HARLEY	1527.91	DD	12/10/21
15230	MEAGAN GARCIA	1979.10	DD	12/10/21
15286	DAWN M MAREK	2025.75	DD	12/10/21
15400	ANDREA RODRIGUEZ	1904.71	DD	12/10/21
15555	STEPHANIE MARTIN	1044.04	DD	12/10/21
15909	JULIE NGUYEN	683.59	DD	12/10/21
15915	BRIANNE J KEY	1944.63	DD	12/10/21
20112	YULMA PATRICA RODRIGUEZ	337.77	DD	12/10/21
20144	SOPHIE M PECENA	187.25	DD	12/10/21
20156	ERIN ASHLEY WISDOM	1833.01	DD	12/10/21
20206	KELLI B GOFF	1249.20	DD	12/10/21
20207	SHAWNA G HARTL	2081.68	DD	12/10/21
20294	JESSICA D WALTHER	838.45	DD	12/10/21
20304	KAYLIN EASLEY	161.73	DD	12/10/21
20407	MISTY M RECTOR	627.65	DD	12/10/21
20419	KAREN N MCEUEN	160.78	DD	12/10/21
20484	BRIANNA S PASSMORE	248.98	DD	12/10/21
20759	JAMIE SADLER	532.91	DD	12/10/21
20796	ANNA JIMENEZ	916.95	DD	12/10/21
20797	BETHANN M DIGGS	635.32	DD	12/10/21
20816	JOIE L PENA	827.50	DD	12/10/21
20837	DAISY MADRIGAL	1065.16	DD	12/10/21
20896	DANIELA CAMACHO	228.16	DD	12/10/21
20977	CHERYL L TESCH	1476.04	DD	12/10/21
21450	DIANA E LEAL	1363.00	DD	12/10/21
21629	JACOBY R CRAWFORD	1347.01	DD	12/10/21

Run Date: 12/06/21
Time: 16:32

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 11/19/21--12/02/21 Run: 1
Type-NET 10000001 OPERATING - PROSPERITY

Page 3
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
28034	KRISTINA A BUENGER	20.48	DD	12/10/21
28120	JESSICA V SELVERA	846.87	DD	12/10/21
31035	STACIE L EPLEY	2033.69	DD	12/10/21
31054	LORA L LAMBDEN	755.99	DD	12/10/21
31099	ARACELY Z GARCIA	2161.52	DD	12/10/21
31219	LAUREN PHILLIPS	564.59	DD	12/10/21
31313	KATHERINE LYNN JIMENEZ	1840.87	DD	12/10/21
31319	STACY L FARMER	1628.68	DD	12/10/21
31463	EDWARD E MATULA	2312.01	DD	12/10/21
31508	RACHEL A HEFFNER	2027.25	DD	12/10/21
31821	KAYLA M ALVAREZ	1279.86	DD	12/10/21
31832	SHANE D KRESTA	1425.62	DD	12/10/21
31849	CODY L JUREK	1463.52	DD	12/10/21
38118	KRYSTELLA F KISIAH	948.51	DD	12/10/21
38413	DEVAN ORTA	563.15	DD	12/10/21
38702	ANNA VANESSA PENNELL	914.10	DD	12/10/21
41112	ANASTASIA L PEREZ	768.58	DD	12/10/21
41171	TOMMIE M TREVINO	470.06	DD	12/10/21
41205	JEANETTE ALVARADO	727.46	DD	12/10/21
41225	LESLIE A CRAIGEN	842.36	DD	12/10/21
41236	PAMELA K VANNOY	1181.59	DD	12/10/21
41274	KAREN GANN	918.70	DD	12/10/21
41308	ISABEL LEDEZMA	795.23	DD	12/10/21
41347	ADRIANNA D STRAKOS	551.60	DD	12/10/21
41369	LORETTA A LERL	805.48	DD	12/10/21
41418	ANGEL M CASSEL	844.90	DD	12/10/21
41507	OLGA I BETANCOURT	734.92	DD	12/10/21
41612	SONJA A GUAJARDO	643.22	DD	12/10/21
41617	JACQUELINE M MARTINEZ	725.80	DD	12/10/21
41618	HEATHER DELBOSQUE	685.14	DD	12/10/21
41705	KELSEY R TAYLOR	747.73	DD	12/10/21
41896	RENAE EMERY	688.07	DD	12/10/21
41897	ROXANNA MARTINEZ	754.18	DD	12/10/21
41901	JUANITA R MILLER	1127.86	DD	12/10/21
41924	BRITTNEY V STRICKLIN	593.46	DD	12/10/21
42106	CHRISTY SILVAS	856.52	DD	12/10/21
42112	SOCORRO C GONZALES	530.13	DD	12/10/21
42122	LEI ANA CHAVANA	1464.23	DD	12/10/21
42125	LUCY CALZADA	815.60	DD	12/10/21
42304	MIMI T NGUYEN	2366.84	DD	12/10/21
42320	MICHAEL A PFEIL	2753.66	DD	12/10/21
42820	MARIA D CHAVEZ	541.14	DD	12/10/21
42842	SHANNA S O DONNELL	3467.66	DD	12/10/21
50018	MICHELLE M MORALES	1471.15	DD	12/10/21
50148	PENNY GOULDEN	3465.29	DD	12/10/21
50248	MCKENNA VILLEGAS	514.38	DD	12/10/21
50282	JACOB W HAMILTON	2597.87	DD	12/10/21
50310	JASMINE GRIGSBY	757.97	DD	12/10/21
50573	DEANA R DAVIS	1582.75	DD	12/10/21
50596	BETTY S DAVIS	1937.94	DD	12/10/21
50645	CERENITY LIBERTY	23.38	DD	12/10/21
50719	DEBRA K MUSTERED	2265.61	DD	12/10/21
50928	ADINA RODRIGUEZ	505.27	DD	12/10/21
53541	JACLYN B HARTL	1574.91	DD	12/10/21

Run Date: 12/06/21
Time: 16:32

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 11/19/21--12/02/21 Run: 1
Type-NET 10000001 OPERATING - PROSPERITY

Page 4
P2DISTP

Nun.	Name	Amount	CHECK NUM	DATE
55025	LEA C RESENDEZ	419.56	DD	12/10/21
55106	CRYSTAL M CHAVEZ	695.47	DD	12/10/21
55127	APRIL N KUBALA	2503.21	DD	12/10/21
55371	BLANCA HERNANDEZ	690.42	DD	12/10/21
55382	SHANNON JACILDO	1577.66	DD	12/10/21
55658	LAJUAN WILKE	684.44	DD	12/10/21
58510	RITA L POLENSKY	719.12	DD	12/10/21
59999	RENEE ROULAND	359.93	DD	12/10/21
60103	TODD SAVOY	797.33	DD	12/10/21
60112	ROBERT A RODRIQUEZ	2028.16	DD	12/10/21
60131	NORA OVALLE	636.69	DD	12/10/21
60163	MIGDALIA CLARO	712.00	DD	12/10/21
60191	LOLA A RODRIGUEZ	791.69	DD	12/10/21
60271	REBEKAH GERYK	529.31	DD	12/10/21
60616	DOROTHY A LONGORIA	718.01	DD	12/10/21
60718	ANNA C GONZALEZ	776.40	DD	12/10/21
60934	CONSUELO ZAMORA	690.06	DD	12/10/21
63178	EMMANUEL ESCALONA	890.24	DD	12/10/21
63289	JASON RUBIO	764.78	DD	12/10/21
65100	FELICITA BONUZ	1060.01	DD	12/10/21
65121	VIVIANA P MEDINA	417.72	DD	12/10/21
65151	ELIA OLACHIA	627.36	DD	12/10/21
65213	LEE SIMERLY	1471.62	DD	12/10/21
65222	LAURIE J KRYCESKI	262.08	DD	12/10/21
65366	CYNTHIA GARCIA	655.63	DD	12/10/21
65393	RAMONA A PEREZ	589.04	DD	12/10/21
65413	CHRISTINA SOLIS	636.48	DD	12/10/21
65463	MARIA I VELOZ	632.52	DD	12/10/21
65486	ROSA RODRIGUEZ	875.69	DD	12/10/21
65513	MARIA MORALES	879.71	DD	12/10/21
65705	DOMITILA HERRERA	672.67	DD	12/10/21
65815	MELISSA R VEGAS	588.20	DD	12/10/21
65865	MARIA F LEDEZMA	676.41	DD	12/10/21
68792	NAZARIO HERNANDEZ DIAZ	1710.86	DD	12/10/21
70119	SARA N BLEDSOE	2242.23	DD	12/10/21
71620	ROBIN STEELE	2405.27	DD	12/10/21
73749	GLORIA N REID	2281.12	DD	12/10/21
75190	RIKA WILLIAMS	1890.01	DD	12/10/21
76003	IRMA DELEON	614.99	DD	12/10/21
76067	PAIGE G CHATHAM	488.18	DD	12/10/21
76110	TARAH SUBLETT	552.44	DD	12/10/21
76115	JENNIFER R CARLOCK	556.85	DD	12/10/21
76120	RACHEL CANALES	1249.38	DD	12/10/21
76138	KAREN D GARCIA	599.97	DD	12/10/21
76210	ZOE VILLARREAL	560.66	DD	12/10/21
76225	JASON YARBOROUGH	75.22	DD	12/10/21
76300	AIDA JIMENEZ	824.69	DD	12/10/21
76313	PAMELA L BARTON	596.56	DD	12/10/21
76403	KATRINA A POKLUDA	1057.34	DD	12/10/21
76647	CHERYL A SEE	983.88	DD	12/10/21
76706	GREGORY E MORALES	603.34	DD	12/10/21
76761	LAURA F PESINA	750.77	DD	12/10/21
76854	MARY PATTERSON	945.71	DD	12/10/21
76985	VANESSA TRISTAN	238.98	DD	12/10/21

Run Date: 12/06/21
Time: 16:32

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 11/19/21--12/02/21 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 5
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
77646	FAREN A GONZALES	832.27	DD	12/10/21
78020	MISTY R PASSMORE	1174.15	DD	12/10/21
78058	KYANN J POWER	192.06	DD	12/10/21
78072	DONNA M RAWLINGS	937.23	DD	12/10/21
78186	ANDREA F COOK	308.07	DD	12/10/21
78191	JAMIE J GRASSE	773.06	DD	12/10/21
78287	MARISSA D ALMANZAR	1563.90	DD	12/10/21
78336	JESSICA L GLOVER	1322.52	DD	12/10/21
78566	MELISSA K GEE	645.95	DD	12/10/21
78764	ASHLEY D HADLEY	2053.90	DD	12/10/21
78778	SARA M RUBIO	2216.66	DD	12/10/21
78781	KRISTEN R MCHICEK	1690.12	DD	12/10/21
78787	FARAH I JANAK	2466.75	DD	12/10/21
78879	YESENIA QUEZADA	548.38	DD	12/10/21
80008	ADAM D BESIO	2697.42	DD	12/10/21
80141	JEANNIE ORTA	1843.59	DD	12/10/21
82227	CAITLIN A CLEVINGER	961.34	DD	12/10/21
86432	KRISTI L BOYD	1413.19	DD	12/10/21
86482	MEGAN M HARPER	747.72	DD	12/10/21
88808	MARLEY B MOEHRIG	2079.99	DD	12/10/21
88904	MAYRA K MARTINEZ	1437.17	DD	12/10/21
90320	ROSHANDA S THOMAS	4017.85	DD	12/10/21
90779	JASON W ANGLIN	6921.34	DD	12/10/21
98547	ELLEN W HEIMAN	850.00	DD	12/10/21
98756	ADRIANNA M GALVAN	1348.11	DD	12/10/21
		293198.69		

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- November 29, 2021 - December 5, 2021

Date	Bank Description	MMC Notes	Amount
12/3/2021	PAY PLUS ACHTRANS 452579291 101000697926066	- 3rd Party Payor Fee	\$ 41.65
12/3/2021	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	\$ 108.49
12/3/2021	MERCHANT BANKCD FEE 971160910883 91000012934	- Credit Card Processing Fee	\$ 9.95
12/3/2021	MERCHANT BANKCD FEE 971160913887 91000012934	- Credit Card Processing Fee	\$ 154.88
12/3/2021	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	\$ 195.85
12/3/2021	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	\$ 19.95
12/3/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	\$ 658.92*
12/2/2021	TSYS/TRANSFIRST CHARGEBACK 39300982541616 61	- Credit Card Processing Fee	\$ 170.39
12/2/2021	AUTHNET GATEWAY BILLING 120417061 1040000142	- 3rd Party Payor Fee	\$ 24.20
12/1/2021	PAY PLUS ACHTRANS 452579291 101000695440111	- 3rd Party Payor Fee	\$ 91.55
12/1/2021	CLEARGAGE SV9T 8002363206 242071750871749 2	- Patient Financing Service	\$ 65.25
11/30/2021	MCKESSON DRUG AUTO ACH ACH04821363 910000113	- 340B Drug Program Expense	\$ 2,211.93*
11/29/2021	PAY PLUS ACHTRANS 452579291 101000693355264	- 3rd Party Payor Fee	\$ 57.86
11/24/2021	CM Wire Domestic	- Credit Card Processing Fee	\$ 1,440.71**
			5,251.58

0.0
Pay Plus
41.65 +
91.55 +
57.80 +
191.00 *
CC Fees
108.49 +
9.95 +
154.88 +
19.95 +
195.85 +
154.88 +
195.85 +
19.95 +
170.39 +
24.20 +
91.55 +
170.39 +
65.25 *
Authnet
24.20 +
24.20 *
Cleargax
65.25 +
65.25 *

Anthony Richardson, CFO
Memorial Medical Center

December 6, 2021

* Approved 12-01-21 CC
** Approved 11-12-21 CC

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
11/30/2021	Retirement		\$ 142,891.14
			142,891.14

Anthony Richardson, CFO
Memorial Medical Center

December 6, 2021

191.00 +
659.51 +
24.20 +
65.25 +
940.02 *
5,251.58 +
658.92 -
2,211.93 -
1,440.71 -
940.02 *
940.02 +
940.02 -
0.00 *

Date/Time 12-01-2021 / 09:42 AM
Submitted By

Pay Date 11-30-2021

Employee Deposits	\$62,475.92
Employer Contributions	\$80,415.22
Group Term Life Premiums	\$0.00
Total	\$142,891.14

Comments

Payroll File November 2021 Retirement Upload.xlsx

CLOSE

PRINT

Retirement

12/15/2021

RECEIVED

DEC 02 2021

Calhoun County Auditor

12/02/2021

08:25

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/16/2021

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11816 ASHFORD GARDENS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
120121		12/02/20	12/01/20	12/16/20		447.14	0.00	0.00	447.14 ✓
	TRANSFER								
120121A		12/02/20	12/01/20	12/16/20		63,887.67	0.00	0.00	63,887.67 ✓
	TRANSFER "								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	64,334.81	0.00	0.00	64,334.81

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	64,334.81	0.00	0.00	64,334.81

APPROVED BY

DEC 02 2021

CALHOUN COUNTY AUDITOR
GARDNER GARDNER, TEXAS

CHK#

192955

12/02/2021
08:28

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/16/2021

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11828 SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
120121A		12/02/20	12/01/20	12/16/20		133.80	0.00	0.00	133.80 ✓		
	TRANSFER	N/A portion of QIPP deposited into MHC operating									
120121		12/02/20	12/01/20	12/16/20		25,016.52	0.00	0.00	25,016.52 ✓		
	TRANSFER	"						"			
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11828	SOLERA WEST HOUSTON	25,150.32	0.00	0.00	25,150.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	25,150.32	0.00	0.00	25,150.32

APPROVED
BY

DEC 02 2021

CHK#
192961

CONNIE A. HENKEL
CARRINGTON GUARANTY, TEXAS

12/02/2021
08:27

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 12/16/2021

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
120121		12/02/20	12/01/20	12/16/20		155.60	0.00	0.00	155.60 ✓		
	TRANSFER										
120121A		12/02/20	12/01/20	12/16/20		30,204.18	0.00	0.00	30,204.18 ✓		
	TRANSFER "										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11820	FORTBEND HEALTHCARE CENTER	30,359.78	0.00	0.00	30,359.78

N portion of Q1PP pymt deposited into MME openy

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	30,359.78	0.00	0.00	30,359.78

~~APPROVED~~
031

DEC 02 2021

CL#
192958

CORRENT ACCOUNTS
GARRETT COUNTY, TEXAS

12/02/2021
 08:26
 MEMORIAL MEDICAL CENTER
 AP Open Invoice List
 Due Dates Through: 12/16/2021
 0
 ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code							
11832	BROADMOOR AT CREEKSIDE PARK									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
120121		12/02/20	12/01/20	12/16/20		197.85	0.00	0.00	197.85	✓
	TRANSFER	<i>NH portion of QIPP deposited into MMC opening</i>								
120121A		12/02/20	12/01/20	12/16/20		26,791.95	0.00	0.00	26,791.95	✓
	TRANSFER	<i>"</i>								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11832	BROADMOOR AT CREEKSIDE PARK				26,989.80	0.00	0.00	26,989.80	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	26,989.80	0.00	0.00	26,989.80

APPROVED
 C/T
 DEC 02 2021
 COURTNEY ANTHONY
 CLERK
 192-957
 CALHOUN COUNTY, TEXAS

12/02/2021
08:28

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Due Dates Through: 12/16/2021

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Vendor# Vendor Name

Class Pay Code

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111521		11/29/20	11/15/20	12/16/20		9,120.00	0.00	0.00	9,120.00 ✓
	TRANSFER	<i>MT insurance pymt deposited into mmc open</i>							
120121A		12/02/20	12/01/20	12/16/20		14,149.36	0.00	0.00	14,149.36 ✓
	TRANSFER	<i>MT portion of a pp deposited into mmc open</i>							
120121		12/02/20	12/01/20	12/16/20		111.55	0.00	0.00	111.55 ✓
	TRANSFER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	23,380.91	0.00	0.00	23,380.91

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	23,380.91	0.00	0.00	23,380.91

APPROVED
CST

DEC 02 2021

GOVERNMENT ACCOUNTS
CANTON GOVERNMENT, MISSISSAUGA

CHK#
192962

12/02/2021
08:27

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/16/2021

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Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111021		11/29/20	11/10/20	12/16/20		1,858.32	0.00	0.00	1,858.32 ✓
	TRANSFER								
111021B	NH insurance pymt deposited into MME open	11/29/20	11/10/20	12/16/20		42,181.83	0.00	0.00	42,181.83 ✓
	TRANSFER								
111521B		11/29/20	11/15/20	12/16/20		0.06	0.00	0.00	0.06 ✓
	TRANSFER								
111521A		11/29/20	11/15/20	12/16/20		1,420.92	0.00	0.00	1,420.92 ✓
	TRANSFER								
111621A		11/29/20	11/16/20	12/16/20		23,543.62	0.00	0.00	23,543.62 ✓
	TRANSFER								
111621		11/29/20	11/16/20	12/16/20		2,157.54	0.00	0.00	2,157.54 ✓
	TRANSFER								
120121A		12/02/20	12/01/20	12/16/20		52,375.74	0.00	0.00	52,375.74 ✓
	TRANSFER								
120121	NH portion of QIPP deposited into MME open	12/02/20	12/01/20	12/16/20		122.52	0.00	0.00	122.52 ✓
	TRANSFER								
Vendor Totals									
Number	Name					Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE					123,660.55	0.00	0.00	123,660.55

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	123,660.55	0.00	0.00	123,660.55

APPROVED
ON
DEC 02 2021
Clet
192959
GOVERNMENT ADMINISTRATOR
CANTON GOVERNMENT, VERMONT

12/02/2021
10:14

MEMORIAL MEDICAL CENTER

AP Open Invoice List
Dates Through: 12/16/2021

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ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
111021B		11/29/20	11/10/20	12/16/20		185.50	0.00	0.00	185.50 ✓		
	TRANSFER	<i>NH insurance pymt deposited into MMC operati</i>									
111021		11/29/20	11/10/20	12/16/20		2,968.00	0.00	0.00	2,968.00 ✓		
	TRANSFER	"									
111021A		11/29/20	11/10/20	12/16/20		7,392.00	0.00	0.00	7,392.00 ✓		
	TRANSFER	"									
111621A		11/29/20	11/16/20	12/16/20		11,939.04	0.00	0.00	11,939.04 ✓		
	TRANSFER	"									
111621		11/29/20	11/16/20	12/16/20		11,860.57	0.00	0.00	11,860.57 ✓		
	TRANSFER	"									
111621B		11/29/20	11/16/20	12/16/20		1,316.40	0.00	0.00	1,316.40 ✓		
	TRANSFER	"									
111921		11/29/20	11/19/20	12/16/20		1,424.93	0.00	0.00	1,424.93 ✓		
	TRANSFER	"									
111521		11/30/20	11/15/20	12/16/20		7,752.00	0.00	0.00	7,752.00 ✓		
	TRANSFER	"									
120121A		12/02/20	12/01/20	12/16/20		30,948.04	0.00	0.00	30,948.04 ✓		
	TRANSFER	<i>NH Q1pp portion deposited into MMC operati</i>									
120121		12/02/20	12/01/20	12/16/20		328.56	0.00	0.00	328.56 ✓		
	TRANSFER	"									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12696	GULF POINTE PLAZA	76,115.04	0.00	0.00	76,115.04

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	76,115.04	0.00	0.00	76,115.04

APPROVED
DEC 02 2021
Clt# 192960
COURTNEY A. BROWN
GALVESTON COUNTY, TEXAS

12/02/2021
08:28

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/16/2021

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE ✓								
111021A		11/29/20	11/10/20	12/16/20		6,158.11	0.00	0.00	6,158.11 ✓
111021	TRANSFER <i>Net insurance pmt deposited into MMC operating</i>	11/29/20	11/10/20	12/16/20		3,764.52	0.00	0.00	3,764.52 ✓
111221	TRANSFER	11/29/20	11/12/20	12/16/20		439.00	0.00	0.00	439.00 ✓
111621B	TRANSFER	11/29/20	11/16/20	12/16/20		995.92	0.00	0.00	995.92 ✓
111621A	TRANSFER	11/29/20	11/16/20	12/16/20		4,342.80	0.00	0.00	4,342.80 ✓
111621D	TRANSFER	11/29/20	11/16/20	12/16/20		2,040.50	0.00	0.00	2,040.50 ✓
111621	TRANSFER	11/29/20	11/16/20	12/16/20		1,136.26	0.00	0.00	1,136.26 ✓
111621C	TRANSFER	11/29/20	11/16/20	12/16/20		5,370.15	0.00	0.00	5,370.15 ✓
111721	TRANSFER	11/29/20	11/17/20	12/16/20		9,973.53	0.00	0.00	9,973.53 ✓
111921A	TRANSFER	11/29/20	11/19/20	12/16/20		800.94	0.00	0.00	800.94 ✓
111921	TRANSFER	11/29/20	11/19/20	12/16/20		1,118.00 <i>1118.09</i>	0.00	0.00	1,118.00 ✓ <i>1118.09</i>
112221	TRANSFER	11/29/20	11/22/20	12/16/20		1,546.79	0.00	0.00	1,546.79 ✓
112321	TRANSFER	11/29/20	11/23/20	12/16/20		9,227.68	0.00	0.00	9,227.68 ✓
120121	MEDICARE REIMBURSEMENT	11/29/20	12/01/20	12/16/20		25,456.40	0.00	0.00	25,456.40 ✓
120121A	TRANSFER	12/02/20	12/01/20	12/16/20		19,135.23	0.00	0.00	19,135.23 ✓
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
13004 TUSCANY VILLAGE						91,505.83	0.00	0.00	91,505.83

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	91,505.83	0.00	0.00	91,505.83

APR 20 2021

DEC 02 2021

CHK# 192963

*MEMORIAL MEDICAL CENTER
CALIFORNIA COUNTY, TEXAS*

<1118.00>

+1118.09

91,505.92

12/02/2021
08:26

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/16/2021

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111021A		11/29/20	11/10/20	12/16/20		18,920.28	0.00	0.00	18,920.28 ✓
	TRANSFER	<i>NH insurance pymt deposited into MMC operating</i>							
111021		11/29/20	11/10/20	12/16/20		34,301.70	0.00	0.00	34,301.70 ✓
	TRANSFER	"							
111621		11/29/20	11/16/20	12/16/20		1,801.22	0.00	0.00	1,801.22 ✓
	TRANSFER	"							
111721		11/29/20	11/17/20	12/16/20		1,429.92	0.00	0.00	1,429.92 ✓
	TRANSFER	"							
112221		11/29/20	11/22/20	12/16/20		7,679.66	0.00	0.00	7,679.66 ✓
	TRANSFER	"							
112321		11/29/20	11/23/20	12/16/20		9,685.66	0.00	0.00	9,685.66 ✓
	TRANSFER	"							
120121		11/29/20	12/01/20	12/16/20		3,556.95	0.00	0.00	3,556.95 ✓
	MEDICARE REIMBURSEMENT								
112321A		11/30/20	11/23/20	12/16/20		23,767.82	0.00	0.00	23,767.82 ✓
	MEDICARE REPAYMENT								
Vendor Totals						Gross	Discount	No-Pay	Net
12792 BETHANY SENIOR LIVING						101,143.21	0.00	0.00	101,143.21

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	101,143.21	0.00	0.00	101,143.21

APPROVED
ON
DEC 02 2021
GOVERNMENT ACCOUNTING
CLARENCE G. GIBSON, JR., TOLLS

CHK#
192954

8.

RUN DATE:12/06/21
 TIME:10:41

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 12/08/21 THRU 12/08/21

PAGE 1
 GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	192883	12/08/21	.00	VOIDED
A/P	192884	12/08/21	445.68	ACE HARDWARE 15521
A/P	192885	12/08/21	7,593.13	AUREUS RADIOLOGY LLC
A/P	192886	12/08/21	550.00	AZALEA HEALTH
A/P	192887	12/08/21	2,896.07	BECKMAN COULTER INC
A/P	192888	12/08/21	236.00	BRIGGS HEALTHCARE
A/P	192889	12/08/21	350.78	C R BARD, INC
A/P	192890	12/08/21	22.29	CALHOUN COUNTY
A/P	192891	12/08/21	.00	VOIDED
A/P	192892	12/08/21	441.98	CAPITAL ONE
A/P	192893	12/08/21	1,150.60	CARDINAL HEALTH 414, INC.
A/P	192894	12/08/21	1,699.00	CERVEY, LLC
A/P	192895	12/08/21	17,539.09	CLINICAL PATHOLOGY
A/P	192896	12/08/21	297.36	COASTAL OFFICE SOLUTIONS
A/P	192897	12/08/21	399.96	COLLEGE OF AMERICAN PATHOLOGIS
A/P	192898	12/08/21	265.97	CYRACOM LLC
A/P	192899	12/08/21	717.18	DEWITT POT & SON
A/P	192900	12/08/21	151,427.05	DISCOVERY MEDICAL NETWORK INC
A/P	192901	12/08/21	405.23	DYNASTHETICS
A/P	192902	12/08/21	12,048.98	EVIDENT
A/P	192903	12/08/21	212.92	FEDERAL EXPRESS CORP.
A/P	192904	12/08/21	1,441.92	FIRETROL PROTECTION SYSTEMS
A/P	192905	12/08/21	4,625.00	FIRST CONNECT CENTER LLC
A/P	192906	12/08/21	399.76	FIRST DATA MERCHANT SERVICES
A/P	192907	12/08/21	2,962.29	FISHER HEALTHCARE
A/P	192908	12/08/21	79.47	FRONTIER
A/P	192909	12/08/21	1,044.31	FUSION CLOUD SERVICES, LLC
A/P	192910	12/08/21	1,379.53	G & S MANAGEMENT GROUP LLC
A/P	192911	12/08/21	27,074.06	GBS ADMINISTRATORS, INC
A/P	192912	12/08/21	13,610.21	GBS ADMINISTRATORS, INC
A/P	192913	12/08/21	10,374.85	GLAXOSMITHKLINE PHARMACEUTICAL
A/P	192914	12/08/21	125.00	GULF COAST DELIVERY
A/P	192915	12/08/21	797.58	GULF COAST PAPER COMPANY
A/P	192916	12/08/21	3,000.00	HEALTH SOLUTIONS DIETETICS
A/P	192917	12/08/21	23,998.00	HEALTHSURE INSURANCE SERVICES
A/P	192918	12/08/21	3,497.24	HOLT CAT
A/P	192919	12/08/21	450.00	K2 SCIENTIFIC
A/P	192920	12/08/21	16.46	KAYLIN EASLEY
A/P	192921	12/08/21	211.92	MCKESSON MEDICAL SURGICAL INC
A/P	192922	12/08/21	346.75	MEDI-DOSE, INC
A/P	192923	12/08/21	31.01	MEDIMPACT HEALTHCARE SYS, INC.
A/P	192924	12/08/21	.00	VOIDED
A/P	192925	12/08/21	7,490.77	MEDLINE INDUSTRIES INC
A/P	192926	12/08/21	14.50	MEMORIAL MEDICAL CENTER
A/P	192927	12/08/21	.00	VOIDED
A/P	192928	12/08/21	19,847.70	MORRIS & DICKSON CO, LLC
A/P	192929	12/08/21	532.87	MXR IMAGING, INC
A/P	192930	12/08/21	708.82	NACOGDOCHES TRANSCRIPTION
A/P	192931	12/08/21	450.00	NATIONAL ASSOCIATION OF RURAL
A/P	192932	12/08/21	197.92	OLYMPUS AMERICA INC

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	192933	12/08/21	1,100.00	PATRICK OCHOA
A/P	192934	12/08/21	3,725.00	PAYCHEX, ADVANCE FBO
A/P	192935	12/08/21	7,900.00	PREMIER SLEEP DISORDERS CENTER
A/P	192936	12/08/21	1,625.00	RADSOURCE
A/P	192937	12/08/21	24,959.14	RELIANT, DEPT 0954
A/P	192938	12/08/21	478.70	SAMS CLUB
A/P	192939	12/08/21	378.49	SHERWIN WILLIAMS
A/P	192940	12/08/21	2,193.83	SIEMENS MEDICAL SOLUTIONS INC
A/P	192941	12/08/21	2,551.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	192942	12/08/21	16,044.62	SUN LIFE FINANCIAL
A/P	192943	12/08/21	1,581.25	T&R MECHANICAL
A/P	192944	12/08/21	52,177.00	TEXAS MUTUAL INSURANCE CO
A/P	192945	12/08/21	3,996.30	TEXAS SELECT STAFFING
A/P	192946	12/08/21	205.26	TMS SOUTH
A/P	192947	12/08/21	287.46	TRI-ANIM HEALTH SERVICES INC
A/P	192948	12/08/21	330.00	TRINITY PHYSICS CONSULTING LLC
A/P	192949	12/08/21	482.15	TRIOSE, INC
A/P	192950	12/08/21	25,845.63	TRUSTED HEALTH, INC
A/P	192951	12/08/21	4,997.21	UNIFIRST HOLDINGS INC
A/P	192952	12/08/21	580.25	WAGeworks
A/P	192953	12/08/21	1,098.15	WATERMARK GRAPHICS INC
A/P	192954	12/08/21	359.38	WILLIAM CROWLEY III, DO
A/P	192955	12/08/21	64,334.81	ASHFORD GARDENS
A/P	192956	12/08/21	101,143.21	BETHANY SENIOR LIVING
A/P	192957	12/08/21	26,989.80	BROADMOOR AT CREEKSIDE PARK
A/P	192958	12/08/21	30,359.78	FORTBEND HEALTHCARE CENTER
A/P	192959	12/08/21	123,660.55	GOLDENCREEK HEALTHCARE
A/P	192960	12/08/21	76,115.04	GULF POINTE PLAZA
A/P	192961	12/08/21	25,150.32	SOLERA WEST HOUSTON
A/P	192962	12/08/21	23,380.91	THE CRESCENT
A/P	192963	12/08/21	91,505.92	TUSCANY VILLAGE
A/P	192964	12/08/21	176.73	
TOTALS:			1,039,120.10	

Payables 400,113.55 +
 14.50 +
Criticals { 52,177.00 +
 176.73 +
 23,998.00 +
 64,334.81 +
 25,150.32 +
NH { 30,359.78 +
Transfers { 26,989.80 +
 23,380.91 +
 123,660.55 +
 76,115.04 +
 91,505.92 +
 101,143.21 +
 1,039,120.10 +

APPROVED ON

DEC 08 2021

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: 11/30/2021

Payer: Medicare

Requested by: Faren Campos

Requestor's email: fagonzales@mhcportlavaca.com

Requestor's phone number: 361-552-0226

District or County: Calhoun

Facility: Memorial Medical Center

Please Attach:

Remittance Advice and EOB

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

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

Please email request form and

Remittance Advice to: clevenger@mhcportlavaca.com

mmartinez@mhcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		10/28/2021	EFT	(57.72)	EFT6136607	CVDAR000026869	57.72	BROADMOOR
		10/29/2021	EFT	(511.79)	EFT6138009	CVDAR000026869	511.79	BROADMOOR
		11/1/2021	EFT	(1,165.64)	EFT6139494	CVDAR000026869	1,165.64	BROADMOOR
		11/2/2021	EFT	(371.47)	EFT6140866	CVDAR000026869	371.47	BROADMOOR
		11/3/2021	EFT	\$ (408.30)	EFT6142101	CVDAR000026869	408.30	BROADMOOR
		11/4/2021	EFT	\$ (1,277.52)	EFT6143353	CVDAR000026869	1,277.52	BROADMOOR
		11/5/2021	EFT	\$ (517.26)	EFT6144773	CVDAR000026869	517.26	BROADMOOR
		11/8/2021	EFT	\$ (1,032.86)	EFT6146151	CVDAR000026869	1,032.86	BROADMOOR
		11/9/2021	EFT	\$ (855.90)	EFT6147488	CVDAR000026869	855.90	BROADMOOR
		11/10/2021	EFT	\$ (1,129.31)	EFT6148918	CVDAR000026869	1,129.31	BROADMOOR
		11/12/2021	EFT	\$ (1,691.09)	EFT6150332	CVDAR000026869	1,691.09	BROADMOOR
		11/15/2021	EFT	\$ (18,160.54)	EFT6152356	CVDAR000026869	18,160.54	BROADMOOR
		11/16/2021	EFT	\$ (466.82)	EFT6153304	CVDAR000026869	466.82	BROADMOOR
		11/17/2021	EFT	\$ (36.23)	EFT6154896	CVDAR000026869	36.23	BROADMOOR
		11/18/2021	EFT	\$ (704.84)	EFT6156442	CVDAR000026869	704.84	BROADMOOR
		11/19/2021	EFT	\$ (259.37)	EFT6158328	CVDAR000026869	259.37	BROADMOOR
		11/22/2021	EFT	\$ (117.23)	EFT6160402	CVDAR000026869	117.23	BROADMOOR
		11/23/2021	EFT	\$ (613.92)	EFT6161833	CVDAR000026869	613.92	BROADMOOR
		11/24/2021	EFT	\$ (903.63)	EFT6163206	CVDAR000026869	903.63	BROADMOOR
		11/26/2021	EFT	\$ (2,314.76)	EFT6164866	CVDAR000026869	2,314.76	BROADMOOR
		10/26/2021	EFT	\$ (1,562.84)	EFT6134361	CVDAR000026869	1,562.84	BROADMOOR
			TOTAL	(34,159.04)			34,159.04	

To be filled out by Memorial Medical Center:

Date Received: 12/1/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 12/8/2021

From Facility: BROADMOOR

To Facility: MMC

Amount: 34,159.04

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED
MM

DEC 8 6 2021

COOPER ADVISOR
GAMMA COMPANY, INC.
Cliff Doolittle

Request for Transfer of Funds

Transfer #: _____

Date Requested: 11/30/2021

Payer: Medicare

Requested by: Faren Campos

Requestor's email: fagonzales@mmcportlavaca.com

Requestor's phone number: 361-552-0226

District or County: Calhoun

Facility: Memorial Medical Center

Please Attach:

Remittance Advice and EOB

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

Remittance Advice to : clevenger@mmcportlavaca.com
mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		10/28/2021	EFT	(57.72)	EFT6136607	CVDAR000019557	57.72	CRESCENT
		10/29/2021	EFT	(511.79)	EFT6138009	CVDAR000019557	511.79	CRESCENT
		11/1/2021	EFT	(1,165.64)	EFT6139494	CVDAR000019557	1,165.64	CRESCENT
		11/2/2021	EFT	(371.47)	EFT6140866	CVDAR000019557	371.47	CRESCENT
		11/3/2021	EFT	\$(408.30)	EFT6142101	CVDAR000019557	408.30	CRESCENT
		11/4/2021	EFT	\$(1,277.52)	EFT6143353	CVDAR000019557	1,277.52	CRESCENT
		11/5/2021	EFT	\$(517.26)	EFT6144773	CVDAR000019557	517.26	CRESCENT
		11/8/2021	EFT	\$(1,032.86)	EFT6146151	CVDAR000019557	1,032.86	CRESCENT
		11/9/2021	EFT	\$(855.90)	EFT6147488	CVDAR000019557	855.90	CRESCENT
		11/10/2021	EFT	\$(1,129.31)	EFT6148918	CVDAR000019557	1,129.31	CRESCENT
		11/12/2021	EFT	\$(1,691.09)	EFT6150332	CVDAR000019557	1,691.09	CRESCENT
		11/15/2021	EFT	\$(18,160.54)	EFT6152356	CVDAR000019557	18,160.54	CRESCENT
		11/16/2021	EFT	\$(466.82)	EFT6153304	CVDAR000019557	466.82	CRESCENT
		11/17/2021	EFT	\$(36.23)	EFT6154896	CVDAR000019557	36.23	CRESCENT
		11/18/2021	EFT	\$(704.84)	EFT6156442	CVDAR000019557	704.84	CRESCENT
		11/19/2021	EFT	\$(259.37)	EFT6158328	CVDAR000019557	259.37	CRESCENT
		11/22/2021	EFT	\$(117.23)	EFT6160402	CVDAR000019557	117.23	CRESCENT
		11/23/2021	EFT	\$(613.92)	EFT6161833	CVDAR000019557	613.92	CRESCENT
		11/24/2021	EFT	\$(903.62)	EFT6163206	CVDAR000019557	903.63	CRESCENT
		11/26/2021	EFT	\$(2,314.76)	EFT6164866	CVDAR000019557	2,314.76	CRESCENT
		10/26/2021	EFT	\$(1,562.84)	EFT6134361	CVDAR000019557	1,562.84	CRESCENT
TOTAL				(34,159.03)			34,159.04	

To be filled out by Memorial Medical Center:

Date Received: 12/1/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 12/8/2021

From Facility: CRESCENT

To Facility: MMC

Amount: 34,159.04

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

A. M.

ACCEPTED
MM

DEC 8 6 2021

MEMORIAL MEDICAL CENTER
CALHOUN COUNTY, TEXAS

CK# 00195

Request for Transfer of Funds

Transfer #: _____

Date Requested: 11/30/2021

Payer: Medicare

Requested by: Faren Campos

Requestor's email: fagonzales@mmcportlavaca.com

Requestor's phone number: 361-552-0226

District or County: Calhoun

Facility: Memorial Medical Center

Please Attach:

Remittance Advice and EOB

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

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

Remittance Advice to : clevenger@mmcportlavaca.com
mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		10/28/2021	EFT	(57.72)	EFT6136607	CV DAR000007985	57.72	TUSCANY VILLAGE
		10/29/2021	EFT	(511.79)	EFT6138009	CV DAR000007985	511.79	TUSCANY VILLAGE
		11/1/2021	EFT	(1,165.64)	EFT6139494	CV DAR000007985	1,165.64	TUSCANY VILLAGE
		11/2/2021	EFT	(371.47)	EFT6140866	CV DAR000007985	371.47	TUSCANY VILLAGE
		11/3/2021	EFT	(408.30)	EFT6142101	CV DAR000007985	408.30	TUSCANY VILLAGE
		11/4/2021	EFT	(1,277.52)	EFT6143353	CV DAR000007985	1,277.52	TUSCANY VILLAGE
		11/5/2021	EFT	(517.26)	EFT6144773	CV DAR000007985	517.26	TUSCANY VILLAGE
		11/8/2021	EFT	(1,032.86)	EFT6146151	CV DAR000007985	1,032.86	TUSCANY VILLAGE
		11/9/2021	EFT	(855.90)	EFT6147488	CV DAR000007985	855.90	TUSCANY VILLAGE
		11/10/2021	EFT	(1,129.31)	EFT6148918	CV DAR000007985	1,129.31	TUSCANY VILLAGE
		11/12/2021	EFT	(1,691.09)	EFT6150332	CV DAR000007985	1,691.09	TUSCANY VILLAGE
		11/15/2021	EFT	(18,160.54)	EFT6152356	CV DAR000007985	18,160.54	TUSCANY VILLAGE
		11/16/2021	EFT	(369.76)	EFT6153304	CV DAR000007985	369.76	TUSCANY VILLAGE
		10/26/2021	EFT	(1,562.84)	EFT6134361	CV DAR000007985	1,562.84	TUSCANY VILLAGE
TOTAL				(29,112.00)			29,112.00	

To be filled out by Memorial Medical Center:

Date Received: 12/1/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 12/8/2021

From Facility: TUSCANY

To Facility: MMC

Amount: 29,112.00

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED
 481

DEC 06 2021

GOVERNMENT AFFAIRS
 CARRISSEN @ MEMORIAL MEDICAL CENTER

CHK#1082

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000164

88-2265/1131

Date 12-8-21

PAY
TO THE
ORDER OF

Bethany Senior Living

\$ 120 ¹³/₁₀₀

One hundred twenty-dollars ¹³/₁₀₀

DOLLARS



County auditor

FOR medicare repayment

County Treasurer
Included Details on back

⑈000164⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000165

88-2265/1131

Date 12-8-21

PAY
TO THE
ORDER OF

Memorial Medical Clinic

\$ 1027. ⁴⁴/₁₀₀

One thousand, twenty-seven dollars ⁴⁴/₁₀₀

DOLLARS



County auditor

FOR medicare repayment

County Treasurer
Included Details on back

⑈000165⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000166

88-2265/1131

Date 12-8-21

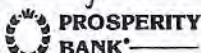
PAY
TO THE
ORDER OF

Memorial Medical Center

\$ 34,159. ⁰⁴/₁₀₀

Thirty four thousand, one hundred fifty-nine thousand dollars ⁰⁴/₁₀₀

DOLLARS



County auditor

FOR medicare repayment

County Treasurer
Included Details on back

⑈000166⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000167

88-2265/1131

Date 12-8-21

PAY
TO THE
ORDER OF

Golden Creek

\$ 4,844.³⁹/₁₀₀

Four thousand, eight hundred forty four dollars & ³⁹/₁₀₀ DOLLARS



County Auditor

FOR medicare repayment

County Treasurer

⑈000167⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000193

88-2265/1131

Date 12-8-21

PAY
TO THE
ORDER OF

Bethany Senior Living

\$ 120.¹³/₁₀₀

One hundred twenty dollars & ¹³/₁₀₀ DOLLARS



County Auditor

FOR medicare repayment

County Treasurer

⑈000193⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000194

88-2265/1131

Date 12-8-21

PAY
TO THE
ORDER OF

Memorial Medical Clinic

\$ 1,027.⁴⁴/₁₀₀

One thousand, twenty-seven dollars & ⁴⁴/₁₀₀ DOLLARS



County Auditor

FOR

County Treasurer

⑈000194⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000195

Date 12-8-21

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 34,159.04/100

Thirty-four thousand, one hundred fifty-nine dollars & 04/100 DOLLARS



FOR medicare repayment

County auditor

County Treasurer

⑈000195⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000196

Date 12-8-21

88-2265/1131

PAY

TO THE ORDER OF Golden Creek

\$ 4,844.39/100

Four thousand, eight hundred forty-four dollars & 39/100 DOLLARS



FOR medicare ~~repayment~~

County auditor

County Treasurer

⑈000196⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001192

Date 12-8-21

88-2265/1131

PAY

TO THE ORDER OF Bethany Senior Living

\$ 120.13/100

One hundred twenty dollars & 13/100 DOLLARS



FOR medicare repayment

County auditor

County Treasurer

⑈001192⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001193

Date 12-8-21 88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Clinic

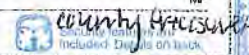
\$ 1027 $\frac{44}{100}$

One thousand, twenty seven dollars & $\frac{44}{100}$ DOLLARS



FOR mdcr repayment

County auditor



⑈001193⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001194

Date 12-8-21 88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Center

\$ 34,159 $\frac{04}{100}$

Thirty-four thousand, one hundred fifty-nine dollars & $\frac{04}{100}$ DOLLARS



FOR medicare repayment

County auditor



⑈001194⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001196

Date 12-8-21 88-2265/1131

PAY
TO THE
ORDER OF

Golden Creek

\$ 4,844 $\frac{37}{100}$

Four thousand, eight hundred forty-four dollars & $\frac{37}{100}$ DOLLARS



FOR

County auditor



⑈001196⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

PH 361-653-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1082

88-2265/1131-87

DATE 12-8-21



PAY
TO THE
ORDER OF

Memorial Medical Center

\$ 29,112.⁰⁰/₁₀₀

Twenty-nine thousand, one hundred twelve dollars & ⁰⁰/₁₀₀

DOLLARS



PROSPERITY BANK
PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
351-552-7411 www.prosperitybankusa.com

FOR mdcr repayment

County Auditor

County Treasurer

⑈001082⑈ ⑆113122655⑆

Medicare Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	Amt	CK DATE
BROADMOOR			BETHANY	20351000	120.13	12/8/2021
BROADMOOR			MM CLINIC	20351000	1,027.44	12/8/2021
BROADMOOR			MMC	20351000	34,159.04	12/8/2021
BROADMOOR			GOLDEN CREEK	20351000	4,844.39	12/8/2021
CRESCENT			BETHANY	20351000	120.13	12/8/2021
CRESCENT			MM CLINIC	20351000	1,027.44	12/8/2021
CRESCENT			MMC	20351000	34,159.04	12/8/2021
CRESCENT			GOLDEN CREEK	20351000	4,844.39	12/8/2021
SOLERA			BETHANY	20351000	120.13	12/8/2021
SOLERA			MM CLINIC	20351000	1,027.44	12/8/2021
SOLERA			MMC	20351000	34,159.04	12/8/2021
SOLERA			GOLDEN CREEK	20351000	4,844.39	12/8/2021
TUSCANY			MMC	20351000	29,112.00	12/8/2021
				Total	149,565.00	

Note:

Approved:



Anthony Richardson, CFO

12/6/2021

GULF POINTE PLAZA

CHECK REQUEST

PAYEE MEMORIAL MEDICAL CENTER

12/06/21

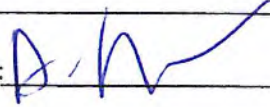
APPROVED
ON
DEC 06 2021
COMPTROLLER
ADMINISTRATIVE SERVICES
CK #1054

AMOUNT \$10,017.16

G/L NUMBER: _____

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GULF POINTE PLAZA

CHECK REQUEST

PAYEE MM CLINIC

12/06/21

APPROVED
BY

DEC 06 2021

GORDON J. AMMONSON
CLAYTON, MISSISSIPPI, MISSISSIPPI


ck# 1074

AMOUNT \$530.99

G/L NUMBER: _____

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GULF POINTE PLAZA

CHECK REQUEST

PAYEE ASHFORD

12/06/21

APPROVED
ON

DEC 06 2021

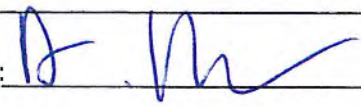
GOVERNMENT AUTHORITY
GADSDEN COUNTY, ALABAMA

AMOUNT \$2,870.00

G/L NUMBER: ck #1057

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GULF POINTE PLAZA

CHECK REQUEST

PAYEE BROADMOOR

12/06/21

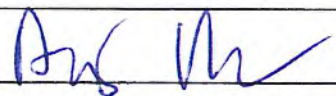
APPROVED
ON
DEC 06 2021
GOVERNMENT ACCOUNTS
CALHOUN COUNTY, TEXAS
CHK# 1058

AMOUNT \$11,694.50

G/L NUMBER: _____

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GULF POINTE PLAZA

CHECK REQUEST

PAYEE CRESCENT

DATE: 12/06/21

APPROVED
BY

DEC 06 2021

GOVERNMENT ACCOUNTS
CANTONMENT QUINCY, TEXAS

CHK #1061

AMOUNT \$18,870.00

G/L NUMBER: _____

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GULF POINTE PLAZA
CHECK REQUEST

PAYEE FORT BEND

DATE: 12/06/21

APPROVED
BY

DEC 06 2021

SCOTT MATHIAS
CARRISBURG, MISSOURI, MISSOURI

Ck#1060

AMOUNT \$2,646.00

G/L NUMBER: _____

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GULF POINTE PLAZA
CHECK REQUEST

PAYEE SOLERA

12/06/21

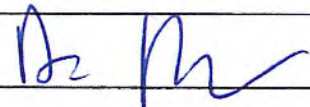
APPROVED
BY
DEC 06 2021
CASHIER ACCOUNT
CAMERON COMPANY, DALLAS
CK#1091

AMOUNT \$27,880.00

G/L NUMBER: _____

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GULF POINTE PLAZA

CHECK REQUEST

PAYEE GOLDEN CREEK

12/06/21

APPROVED
BY

DEC 06 2021

SECURITY MONITOR
CASHIER/CLERK, MENTAL

CHK#1062

AMOUNT \$3,685.25

G/L NUMBER: _____

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GULF POINTE PLAZA

CHECK REQUEST

PAYEE TUSCANY

12/06/21

APPROVED
CUT

DEC 06 2021

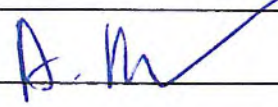
COMMUNITY BANK OF
GALVESTON COUNTY, TEXAS
CK#1095

AMOUNT \$3,073.00

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

1054

88-2265/1131-87

DATE 12-9-21



PAY TO THE ORDER OF Memorial Medical Center

\$ 10,017. ¹⁶/₁₀₀

Ten thousand, seventeen dollars & ¹⁶/₁₀₀

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

⑈001054⑈ ⑆113122655⑆

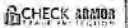
MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

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

1056

88-2265/1131-87

DATE 12-8-21



PAY TO THE ORDER OF Memorial Medical Clinic

\$ 530. ⁷⁹/₁₀₀

Five hundred thirty dollars & ⁷⁹/₁₀₀

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

⑈001056⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

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

1057

88-2265/1131-87

DATE 12-8-21



PAY TO THE ORDER OF Ashford

\$ 2870.00

Two thousand, eight hundred seventy dollars & ⁰⁰/₁₀₀

DOLLARS



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

FOR echo repayment

County auditor

County Treasurer

⑈001057⑈ ⑆113122655⑆

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

1058

88-2265/1131-87

DATE 12-8-21



PAY TO THE ORDER OF Broadmoor \$ 11,694.⁵⁰

Eleven thousand, six hundred ninety-four dollars $\frac{50}{100}$ 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

⑈001058⑈ ⑆113122655⑆

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

1061

88-2265/1131-87

DATE 12-8-21



PAY TO THE ORDER OF The Crescent \$ 18,870.⁰⁰

Eighteen thousand, eight hundred seventy dollars $\frac{00}{100}$ DOLLARS



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

FOR echo repayment

County Auditor

County Treasurer

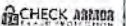
⑈001061⑈ ⑆113122655⑆

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

1060

88-2265/1131-87

DATE 12-8-21



PAY TO THE ORDER OF Fort Bend \$ 2,646.⁰⁰

Two thousand, six hundred forty-six dollars $\frac{00}{100}$ DOLLARS



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

FOR echo repayment

County Auditor

County Treasurer

⑈001060⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

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

1059

88-2265/1131-87

DATE 12-8-21

CHECK ARMOR

PAY TO THE ORDER OF Solera

\$ 27,880.⁰⁰

Twenty-seven thousand, eight hundred eighty dollars $\frac{00}{100}$ DOLLARS



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

FOR Echo repayment

County auditor

County Treasurer

⑈001059⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

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

1062

88-2265/1131-87

DATE 12-8-21

CHECK ARMOR

PAY TO THE ORDER OF Golden Creek

\$ 3,685.²⁵/₁₀₀

Three thousand, six hundred eighty-five dollars $\frac{25}{100}$ 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

⑈001062⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

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

1055

88-2265/1131-87

DATE 12-8-21

CHECK ARMOR

PAY TO THE ORDER OF Tuscany Village

\$ 3073.⁰⁰/₁₀₀

Three thousand, seventy three dollars $\frac{00}{100}$ DOLLARS



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

FOR Echo repayment

County auditor

County Treasurer

⑈001055⑈ ⑆113122655⑆

Echo Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	Amt	CK DATE
GPP			MMC		10,017.16	12/8/2021
GPP			TUSCANY		3,073.00	12/8/2021
GPP			MMCLINIC		530.99	12/8/2021
GPP			ASHFORD		2,870.00	12/8/2021
GPP			BROADMOOR		11,694.50	12/8/2021
GPP			SOLERA		27,880.00	12/8/2021
GPP			FORTBEND		2,646.00	12/8/2021
GPP			CRESCENT		18,870.00	12/8/2021
GPP			GOLDEN CREEK		3,685.25	12/8/2021
GPP					-	
Total					81,266.90	

Note:

Approved:



Anthony Richardson, CFO

12/6/2021

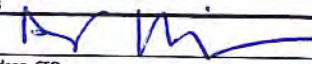
Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/6/2021

Nursing Home	Account	Previous Beginning Balance		ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
		Balance	Transfer-Out				
Ashford Gardens		85,354.30	85,238.07	101,274.66		101,390.89	101,258.67
	Bank Balance					101,390.89	
	Variance					-	
	Leave in Balance					100.00	
	OCT INTEREST					16.23	
	NOV INTEREST					15.99	
	DEC INTEREST						
	Adjust Balance/Transfer Amt					101,258.67	
Broadmoor		34,237.72	34,126.39	106,804.72		106,916.05	66,644.93
	Bank Balance					106,916.05	
	Variance					-	
	Leave in Balance					100.00	
	MEDICARE REPAYMENT TO BETHANY					120.13	
	MEDICARE REPAYMENT TO MMC					34,159.04	
	MEDICARE REPAYMENT TO MM CLINIC					1,027.44	
	MEDICARE REPAYMENT TO GOLDEN CREEK					4,844.39	
	OCT INTEREST					11.33	
	NOV INTEREST					8.79	
	DEC INTEREST						
	Adjust Balance/Transfer Amt					66,644.93	
Crescent		57,812.29	57,702.15	46,625.78		46,735.92	6,463.77
	Bank Balance					46,735.92	
	Variance					-	
	Leave in Balance					100.00	
	MEDICARE REPAYMENT TO BETHANY					120.13	
	MEDICARE REPAYMENT TO MM CLINIC					1,027.44	
	MEDICARE REPAYMENT TO MMC					34,159.04	
	MEDICARE REPAYMENT TO GOLDEN CREEK					4,844.39	
	OCT INTEREST					10.14	
	NOV INTEREST					11.01	
	DEC INTEREST						
	Adjust Balance/Transfer Amt					6,463.77	
Fort Bend		44,349.11	44,246.37	11,248.53		11,351.27	11,242.81
	Bank Balance					11,351.27	
	Variance					-	
	Leave in Balance					100.00	
	OCT INTEREST					2.74	
	NOV INTEREST					5.72	
	DEC INTEREST						
	Adjust Balance/Transfer Amt					11,242.81	
Solara at W Houston		60,376.77	60,258.36	39,121.88		39,240.29	
	Bank Balance					39,240.29	
	Variance					-	
	Leave in Balance					100.00	
	MEDICARE REPAYMENT TO BETHANY					120.13	
	MEDICARE REPAYMENT TO MM CLINIC					1,027.44	
	MEDICARE REPAYMENT TO MMC					34,159.04	
	MEDICARE REPAYMENT TO GOLDEN CREEK					4,844.39	
	OCT INTEREST					18.41	
	NOV INTEREST					15.28	
	DEC INTEREST						
	Adjust Balance/Transfer Amt					(1,044.40)	
TOTAL TRANSFERS							185,610.18

101,258.67 +
66,644.93 +
6,463.77 + *rt Bend / Broadmoor*
11,242.81 +
185,610.18 *

ASSENTED
BY
DEC 06 2021
CANTON COUNTY, MISSISSIPPI

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 12/6/2021

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
Ashford Gardens								
11/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,651.95	-	-	-	-	-	1,651.95
11/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	45,274.60	-	-	-	-	-	45,274.60
11/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	9,831.90	-	-	-	-	-	9,831.90
11/29/2021 HUMANA CHA DISB HCCLAIMPMT 390860 4200001706	-	5,865.00	-	-	-	-	-	5,865.00
11/30/2021 Added to Account	-	15.99	-	-	-	-	-	15.99
11/30/2021 Amerigroup TXSC HCCLAIMPMT 3166263930 111000	-	28.39	-	-	-	-	-	28.39
11/30/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	315.98	-	-	-	-	-	315.98
12/1/2021 Deposit	-	10,610.06	-	-	-	-	-	10,610.06
12/1/2021 Amerigroup TXSC HCCLAIMPMT 3166502825 111000	-	6,461.22	-	-	-	-	-	6,461.22
12/1/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000103	-	317.06	-	-	-	-	-	317.06
12/1/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	13,194.74	-	-	-	-	-	13,194.74
12/2/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	85,238.07	-	-	-	-	-	-	-
12/2/2021 MANAGEANDNET1718 MNS PMNT 00000000000093 41	-	5,985.00	-	-	-	-	-	5,985.00
12/2/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	1,722.77	-	-	-	-	-	1,722.77
	85,238.07	101,274.66	-	-	-	-	-	101,274.66

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
Broadmap								
11/29/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	14,149.49	-	-	-	-	-	14,149.49
11/29/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000196	-	18,148.47	-	-	-	-	-	18,148.47
11/29/2021 HUMANA INS CO HCCLAIMPMT 390861 830000544682	-	1,185.00	-	-	-	-	-	1,185.00
11/29/2021 CARITEN HP HCCLAIMPMT 390861 42000017044377	-	3,806.58	-	-	-	-	-	3,806.58
11/30/2021 Added to Account	-	8.79	-	-	-	-	-	8.79
11/30/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	3,010.00	-	-	-	-	-	3,010.00
11/30/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	21,677.30	-	-	-	-	-	21,677.30
12/1/2021 CK163	12,728.20	-	-	-	-	-	-	-
12/1/2021 CK162	1,778.46	-	-	-	-	-	-	-
12/2/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	19,619.73	-	-	-	-	-	-	-
12/2/2021 HUMANA CHA DISB HCCLAIMPMT 390861 4200001372	-	790.00	-	-	-	-	-	790.00
12/3/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,060.45	-	-	-	-	-	2,060.45
12/3/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	41,968.64	-	-	-	-	-	41,968.64
	34,126.39	106,804.72	-	-	-	-	-	106,804.72

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
Crescent								
11/29/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	58.00	-	-	-	-	-	58.00
11/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	8,296.08	-	-	-	-	-	8,296.08
11/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	15,762.82	-	-	-	-	-	15,762.82
11/29/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000196	-	2,881.88	-	-	-	-	-	2,881.88
11/30/2021 Added to Account	-	11.01	-	-	-	-	-	11.01
11/30/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	5,920.00	-	-	-	-	-	5,920.00
11/30/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,633.80	-	-	-	-	-	1,633.80
12/1/2021 CK192	12,728.20	-	-	-	-	-	-	-
12/1/2021 CK191	1,778.46	-	-	-	-	-	-	-
12/1/2021 CIGNA HCCLAIMPMT 1669860425 91000012141375	-	4,823.00	-	-	-	-	-	4,823.00
12/2/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	43,195.49	-	-	-	-	-	-	-
12/2/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	1,920.00	-	-	-	-	-	1,920.00
12/2/2021 MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	2,795.00	-	-	-	-	-	2,795.00
12/2/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000163	-	1,039.77	-	-	-	-	-	1,039.77
12/2/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	1,484.00	-	-	-	-	-	1,484.00
12/3/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	0.42	-	-	-	-	-	0.42
	57,702.15	46,625.78	-	-	-	-	-	46,625.78

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
Fort Bend								
11/29/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000196	-	5,543.74	-	-	-	-	-	5,543.74
11/30/2021 Added to Account	-	5.72	-	-	-	-	-	5.72
12/2/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	44,246.37	-	-	-	-	-	-	-
12/2/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	260.00	-	-	-	-	-	260.00
12/2/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,285.57	-	-	-	-	-	2,285.57
12/2/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	-	3,153.50	-	-	-	-	-	3,153.50
	44,246.37	11,248.53	-	-	-	-	-	11,248.53

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
Solera at West Houston								
11/29/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	12,110.00	-	-	-	-	-	12,110.00
11/30/2021 Added to Account	-	15.28	-	-	-	-	-	15.28
11/30/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	2,665.00	-	-	-	-	-	2,665.00
11/30/2021 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	6,488.30	-	-	-	-	-	6,488.30
11/30/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	-	3,153.50	-	-	-	-	-	3,153.50
12/1/2021 CK1191	12,728.20	-	-	-	-	-	-	-
12/1/2021 CK1190	1,778.46	-	-	-	-	-	-	-
12/1/2021 Deposit	-	11,089.80	-	-	-	-	-	11,089.80
12/2/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	45,751.70	-	-	-	-	-	-	-
12/3/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	1,230.00	-	-	-	-	-	1,230.00
12/3/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001703	-	2,370.00	-	-	-	-	-	2,370.00
	60,258.36	39,121.88	-	-	-	-	-	39,121.88
	281,571.34	305,075.57	-	-	-	-	-	305,075.57

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Dec 6, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$9,760,723.76	\$9,972,030.92	\$9,760,723.76	\$9,642,940.5
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$6,040.82	\$6,040.82	\$6,040.82	\$6,040.8
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$19,598.47	\$28,794.67	\$19,598.47	\$19,598.4
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.99	\$535.99	\$535.99	\$535.9
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$8,002,933.52	\$8,082,709.49	\$8,002,933.52	\$7,969,196.2
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.51	\$431.51	\$431.51	\$431.5
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$101,390.89 ✓	\$116,543.10	\$101,390.89	\$101,390.8
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$106,916.05 ✓	\$180,712.67	\$106,916.05	\$62,886.9
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$46,735.92 ✓	\$57,265.42	\$46,735.92	\$46,735.9
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$11,351.27 ✓	\$11,351.27	\$11,351.27	\$11,351.2
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$39,240.29 ✓	\$42,588.50	\$39,240.29	\$35,640.2
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,095.73	\$1,109,095.73	\$1,109,095.73	\$1,109,095.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$152,466.13	\$152,466.13	\$152,466.13	\$121,718.2
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$111.72	\$111.72	\$111.72	\$111.7
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$79,398.55	\$98,907.00	\$79,398.55	\$73,730.0
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$84,476.90	\$84,476.90	\$84,476.90	\$84,476.9


Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 12/6/2021

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		80,591.98 ✓	80,480.47 ✓	19,486.96 ✓		-	
						19,598.47	19,474.65
						Bank Balance 19,598.47 ✓	
						Variance -	
						Leave in Balance 100.00	

OCT INTEREST 11.51 ✓
 NOV INTEREST 12.31 ✓
 DEC INTEREST

Adjust Balance/Transfer Amt 19,474.65

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 12/6/2021

APPROVED
 ON
 DEC 06 2021
 ANTHONY RICHARDSON
 CASHIER/COUNTY, TEXAS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Dec 6, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$9,760,723.76	\$9,972,030.92	\$9,760,723.76	\$9,642,940.5
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$6,040.82	\$6,040.82	\$6,040.82	\$6,040.8
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$19,598.47 ✓	\$28,794.67	\$19,598.47	\$19,598.4
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.99	\$535.99	\$535.99	\$535.9
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$8,002,933.52	\$8,082,709.49	\$8,002,933.52	\$7,969,196.2
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.51	\$431.51	\$431.51	\$431.5
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$101,390.89	\$116,543.10	\$101,390.89	\$101,390.8
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$106,916.05	\$180,712.67	\$106,916.05	\$62,886.9
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$46,735.92	\$57,265.42	\$46,735.92	\$46,735.5
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$11,351.27	\$11,351.27	\$11,351.27	\$11,351.2
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$39,240.29	\$42,588.50	\$39,240.29	\$35,640.2
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,095.73	\$1,109,095.73	\$1,109,095.73	\$1,109,095.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$152,466.13	\$152,466.13	\$152,466.13	\$121,718.2
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$111.72	\$111.72	\$111.72	\$111.7
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$79,398.55	\$98,907.00	\$79,398.55	\$73,730.0
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$84,476.90	\$84,476.90	\$84,476.90	\$84,476.9

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 12/6/2021

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	1	58,423.28	47,823.27	68,798.54			79,398.55	
						Bank Balance	79,398.55	
						Variance		
						Leave in Balance	100.00	
						UNIDENTIFIED ECHO PAYMENTS (NO CHECK WILL BE WRITTEN FOR THIS AMOUNT YET)	10,439.14	
						ECHO PAYMENT TO MMC	10,017.16	
						ECHO PAYMENT TO TUSCANY	3,073.00	
						ECHO PAYMENT TO MM CLINIC	530.99	
						ECHO PAYMENT TO ASHFORD	2,870.00	
						ECHO PAYMENT TO BROADMOOR	11,694.50	
						ECHO PAYMENT TO SOLERA	27,880.00	
						ECHO PAYMENT TO FORTBEND	2,646.00	
						ECHO PAYMENT TO CRESCENT	18,870.00	
						ECHO PAYMENT TO GOLDEN CREEK	3,685.25	

OCT INTEREST	60.86
NOV INTEREST	13.51
DEC INTEREST	
Adjust Balance/Transfer Amt	(12,481.86)

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		91,785.41	91,679.18	5.49			111.72	


Bank Balance	111.72
Variance	0.00
Leave in Balance	100.00

OCT INTEREST	6.23
NOV INTEREST	5.49
DEC INTEREST	
Adjust Balance/Transfer Amt	(0.00)

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.

TOTAL TRANSFERS (12,481.86)

Approved: 
 Anthony Richardson, CFO

12/6/2021

APPROVED
 ON
 DEC 01 2021
 COURTNEY ANTONIO
 @ANTONIO@SUNBELT, TEXAS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Dec 6, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
Number of Accounts: 15	\$9,760,723.76	\$9,972,030.92	\$9,760,723.76	\$9,642,940.6
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$6,040.82	\$6,040.82	\$6,040.82	\$6,040.8
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$19,598.47	\$28,794.67	\$19,598.47	\$19,598.4
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.99	\$535.99	\$535.99	\$535.9
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$8,002,933.52	\$8,082,709.49	\$8,002,933.52	\$7,969,196.2
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.51	\$431.51	\$431.51	\$431.5
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$101,390.89	\$116,543.10	\$101,390.89	\$101,390.8
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$106,916.05	\$180,712.67	\$106,916.05	\$62,886.9
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$46,735.92	\$57,265.42	\$46,735.92	\$46,735.9
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$11,351.27	\$11,351.27	\$11,351.27	\$11,351.2
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$39,240.29	\$42,588.50	\$39,240.29	\$35,640.2
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,095.73	\$1,109,095.73	\$1,109,095.73	\$1,109,095.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$152,466.13	\$152,466.13	\$152,466.13	\$121,718.2
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$111.72	\$111.72	\$111.72	\$111.7
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$79,398.55	\$98,907.00	\$79,398.55	\$73,730.0
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$84,476.90	\$84,476.90	\$84,476.90	\$84,476.9

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 12/6/2021

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		289,555.18	289,455.18	84,376.90			84,476.90	55,264.90
						Bank Balance	84,476.90	
						Variance		
						Leave in Balance	100.00	
						MEDICARE REPAYMENT TO MMC	29,112.00	
						Adjust Balance/Transfer Amt	55,264.90	
						Approved:		12/6/2021
						Anthony Richardson, CFO		

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

APPROVED
 CFO
 DEC 06 2021
 GABRIEL GONZALEZ
 GABRIEL GONZALEZ, CFO

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

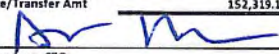


Select Group
Groups

DDA Data reported as of Dec 6, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$9,760,723.76	\$9,972,030.92	\$9,760,723.76	\$9,642,940.5
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$6,040.82	\$6,040.82	\$6,040.82	\$6,040.8
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$19,598.47	\$28,794.67	\$19,598.47	\$19,598.4
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.99	\$535.99	\$535.99	\$535.9
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$8,002,933.52	\$8,082,709.49	\$8,002,933.52	\$7,969,196.2
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.51	\$431.51	\$431.51	\$431.5
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$101,390.89	\$116,543.10	\$101,390.89	\$101,390.8
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$106,916.05	\$180,712.67	\$106,916.05	\$62,886.5
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$46,735.92	\$57,265.42	\$46,735.92	\$46,735.5
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$11,351.27	\$11,351.27	\$11,351.27	\$11,351.2
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$39,240.29	\$42,588.50	\$39,240.29	\$35,640.2
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,095.73	\$1,109,095.73	\$1,109,095.73	\$1,109,095.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$152,466.13	\$152,466.13	\$152,466.13	\$121,718.2
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$111.72	\$111.72	\$111.72	\$111.7
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$79,398.55	\$98,907.00	\$79,398.55	\$73,730.0
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$84,476.90	\$84,476.90	\$84,476.90	\$84,476.5

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 12/6/2021

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		95,798.97	95,673.58	152,340.74			152,466.13	152,319.19
						Bank Balance	152,466.13	
						Variance	152,466.13	
						Leave in Balance	100.00	
						OCT INTEREST	25.39	
						NOV INTEREST	21.55	
						DEC INTEREST		
						Adjust Balance/Transfer Amt	152,319.19	
Approved: 								
Anthony Richardson, CFO								12/6/2021

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

APPROVED
 ON
 DEC 06 2021
 COURTNEY HARRISON
 CARRISBET GUNDOX, NEBRAS

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
11/29/2021 Deposit	-	50,149.65					-	50,149.65
11/29/2021 Deposit	-	33,278.60					-	33,278.60
11/29/2021 Deposit	-	7,919.03					-	7,919.03
11/29/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000196	-	1,471.55					-	1,471.55
11/30/2021 Added to Account	-	21.55					-	21.55
11/30/2021 Deposit	-	1,514.30					-	1,514.30
12/1/2021 Deposit	-	5,335.38					-	5,335.38
12/1/2021 Deposit	-	12,594.87					-	12,594.87
12/1/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000103	-	330.38					-	330.38
12/2/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	95,673.58	-					-	-
12/2/2021 Deposit	-	8,977.50					-	8,977.50
12/3/2021 Deposit	-	30,747.93					-	30,747.93
	95,673.58	152,340.74						152,340.74

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Dec 6, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$9,760,723.76	\$9,972,030.92	\$9,760,723.76	\$9,642,940.5
*4551 CAL CO INDIGENT HEALTHCARE	\$6,040.82	\$6,040.82	\$6,040.82	\$6,040.8
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$19,598.47	\$28,794.67	\$19,598.47	\$19,598.4
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.99	\$535.99	\$535.99	\$535.9
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$8,002,933.52	\$8,082,709.49	\$8,002,933.52	\$7,969,196.2
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.51	\$431.51	\$431.51	\$431.5
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$101,390.89	\$116,543.10	\$101,390.89	\$101,390.8
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$106,916.05	\$180,712.67	\$106,916.05	\$62,886.5
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$46,735.92	\$57,265.42	\$46,735.92	\$46,735.5
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$11,351.27	\$11,351.27	\$11,351.27	\$11,351.2
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$39,240.29	\$42,588.50	\$39,240.29	\$35,640.2
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*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$111.72	\$111.72	\$111.72	\$111.7
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$79,398.55	\$98,907.00	\$79,398.55	\$73,730.0
*3407 MMC -NH TUSCANY VILLAGE	\$84,476.90	\$84,476.90	\$84,476.90	\$84,476.5

RUN DATE:12/10/21
TIME:09:42

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/08/21 THRU 12/08/21

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000164 12/08/21 120.13 BETHANY
NHB 000165 12/08/21 1,027.44 MMCLINIC
NHB 000166 12/08/21 34,159.04 MMC
NHB 000167 12/08/21 4,844.39 GOLDEN CREEK
TOTALS: 40,151.00

Brad moor

APPROVED ON

DEC 08 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:12/10/21
TIME:09:42

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/08/21 THRU 12/08/21

PAGE 5
GLCKREG

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

NHC	000193	12/08/21	120.13	BETHANY	<i>Crescent</i>
NHC	000194	12/08/21	1,027.44	MMCLINIC	
NHC	000195	12/08/21	34,159.04	MMC	
NHC	000196	12/08/21	4,844.39	GOLDEN CREEKK	
TOTALS:			40,151.00		

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DEC 08 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

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MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/08/21 THRU 12/08/21

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001192 12/08/21 120.13 BETHANY
NHS 001193 12/08/21 1,027.44 MMCLINIC
NHS * 001194 12/08/21 34,159.04 MMC
NHS 001196 12/08/21 4,844.39 GOLDEN CREEK
TOTALS: 40,151.00

Solem

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DEC 08 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:12/10/21
TIME:09:42

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/08/21 THRU 12/08/21

PAGE 7
GLCKREG

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

TUS 001082 12/08/21 29,112.00 MMC *Tuscany*
TOTALS: 29,112.00

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**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:12/10/21
TIME:09:42

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/08/21 THRU 12/08/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPP 001054 12/08/21 10,017.16 MMC
GPP 001055 12/08/21 3,073.00 TUSCANY
GPP 001056 12/08/21 530.99 MMCLINIC
GPP 001057 12/08/21 2,870.00 ASHFORD
GPP 001058 12/08/21 11,694.50 BROADMOOR
GPP 001059 12/08/21 27,880.00 SOLERA
GPP 001060 12/08/21 2,646.00 FORTBEND
GPP 001061 12/08/21 18,870.00 CRESCENT
GPP 001062 12/08/21 3,685.25 GOLDEN CREEK
TOTALS: 81,266.90

Gulf Pointe

APPROVED ON

DEC 08 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**