

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 15, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 478,612.80
TOTAL TRANSFERS BETWEEN FUNDS	\$ 380,231.63
TOTAL NURSING HOME UPL EXPENSES	\$ 399,880.88
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED December 15, 2021	\$ 1,258,725.31

APPROVED

DEC 15 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---December 15, 2021

PAYABLES AND PAYROLL

12/9/2021 Weekly Payables	445,472.66
12/9/2021 American Hospital Association-membership for 2022	10,919.00
12/9/2021 Texas Mutal Insurance Co-workers comp	4,439.00
12/9/2021 Patient Refunds	3,285.35
12/13/2021 McKesson-340B Prescription Expense	6,677.44
12/13/2021 Amerisource Bergen-340B Prescription Expense	2,325.57

Prosperity Electronic Bank Payments

12/6-12/10/21 Credit Card & Lease Fees	3,890.39
12/20/2021 Sales Tax for November 2021	1,182.89
12/6-12/9/21 Pay Plus-Patient Claims Processing Fee	262.32
12/8/2021 Harland Clarke-check order	158.18

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 478,612.80**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

12/9/2021 MMC Operating to Fort bend-correction on NH insurance payment deposited into MMC Operating	5,565.00
12/9/2021 MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating	391.31
12/9/2021 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error	12,000.00
12/9/2021 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	64,417.22
12/9/2021 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	27,522.07
12/9/2021 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	27,438.79
12/9/2021 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	103,957.95

MEDICARE ADVANCE PAYMENT RECOUP

12/13/2021 Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	1,118.52
12/13/2021 Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	1,118.52
12/13/2021 Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	1,118.52
12/13/2021 Golden Creek to MMC Operating-correction of Golden Creek recoup taken from MMC Operating	290.96
12/13/2021 Golden Creek to Crescent-correction of Golden Creek medicare recoup taken from Crescent	12,969.38
12/13/2021 Golden Creek to Broadmoor-correction of Golden Creek medicare recoup taken from Broadmoor	16,714.08
12/13/2021 Golden Creek to Fort Bend-correction of Golden Creek medicare recoup taken from Fort Bend	2,890.51
12/13/2021 Golden Creek to Ashford-correction of Golden Creek medicare recoup taken from Ashford	8,343.78
12/13/2021 Golden Creek to Solera-correction of Golden Creek medicare recoup taken from Solera	24,533.77
12/13/2021 Tuscany to Crescent-correction of Tuscany medicare recoup taken from Crescent	13,721.05
12/13/2021 Tuscany to Ashford-correction of Tuscany medicare recoup taken from Ashford	10,493.99
12/13/2021 Tuscany to Broadmoor-correction of Tuscany medicare recoup taken from Broadmoor	16,822.73
12/13/2021 Tuscany to Fort Bend-correction of Tuscany medicare recoup taken from Fort Bend	2,893.71
12/13/2021 Tuscany to Solera-correction of Tuscany medicare recoup taken from Solera	25,909.77

TOTAL TRANSFERS BETWEEN FUNDS **\$ 380,231.63**

NURSING HOME UPL EXPENSES

12/13/2021 Nursing Home UPL-Cantex Transfer	217,271.72
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12/13/2021 Nursing Home UPL-HMG Transfer
12/13/2021 Nursing Home UPL-HSL Transfer

82,744.63
99,864.53

TOTAL NURSING HOME UPL EXPENSES \$ **399,880.88**

TOTAL INTER-GOVERNMENT TRANSFERS \$ -

GRAND TOTAL DISBURSEMENTS APPROVED December 15, 2021 \$ **1,258,725.31**

RECEIVED

12/09/2021

DEC 09 2021

Calhoun County Auditor

MEMORIAL MEDICAL CENTER
 AP Open Invoice List
 Due Dates Through: 12/22/2021

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 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
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	M											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	9800815259 ✓	OXYGEN	11/30/20	11/19/20	12/19/20		573.51	0.00	0.00	573.51 ✓			
	9800815260 ✓	OXYGEN	11/30/20	11/19/20	12/19/20		362.98	0.00	0.00	362.98 ✓			
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		A1680	AIRGAS USA, LLC - CENTRAL DIV				936.49	0.00	0.00	936.49			
10958	ALLYSON SWOPE ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	120821		12/08/20	12/08/20	12/08/20		2,857.50	0.00	0.00	2,857.50 ✓			
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		10958	ALLYSON SWOPE				2,857.50	0.00	0.00	2,857.50			
10592	AMERICAN PROFICIENCY INSTITUTE ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	611629 ✓	DUES	11/30/20	11/23/20	12/18/20		15,628.00	0.00	0.00	15,628.00 ✓			
	611618 ✓	DUES	11/30/20	11/23/20	12/18/20		1,663.00	0.00	0.00	1,663.00 ✓			
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		10592	AMERICAN PROFICIENCY INSTITUTE				17,291.00	0.00	0.00	17,291.00			
A0400	AUREUS RADIOLOGY LLC ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	2384343 ✓	TRAVEL LAB STAFFING (11/5-11/7/21) Hawkins	11/29/20	11/22/20	12/22/20		2,395.25	0.00	0.00	2,395.25 ✓			
	2384116 ✓	TRAVEL LAB STAFFING (11/5-11/12/21) Stribley	11/29/20	11/22/20	12/22/20		2,680.00	0.00	0.00	2,680.00 ✓			
	2384264 ✓	TRAVEL LAB STAFFING (11/5-11/14/21) Simonich	11/29/20	11/22/20	12/22/20		2,622.00	0.00	0.00	2,622.00 ✓			
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		A0400	AUREUS RADIOLOGY LLC				7,697.25	0.00	0.00	7,697.25			
12800	AUTHORITYRX ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	1252 ✓	ADVANCED CLAIMS CAPTURE	12/09/20	12/01/20	12/01/20		7,928.00	0.00	0.00	7,928.00 ✓			
	1256 ✓	340B CLAIMS SUBMISSION	12/09/20	12/01/20	12/01/20		1,000.00	0.00	0.00	1,000.00 ✓			
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		12800	AUTHORITYRX				8,928.00	0.00	0.00	8,928.00			
A2600	AUTO PARTS & MACHINE CO. ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			

973188 ✓		12/08/20	12/03/20	12/18/20			102.80	0.00	0.00	102.80 ✓
	SUPPLIES									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
A2600 AUTO PARTS & MACHINE CO.							102.80	0.00	0.00	102.80
Vendor#	Vendor Name				Class	Pay Code				
B1150	BAXTER HEALTHCARE ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
72942448 ✓		11/29/20	11/22/20	12/17/20		53.84	0.00	0.00	53.84 ✓	
	SUPPLIES									
72942383 ✓		11/29/20	11/22/20	12/17/20		164.23	0.00	0.00	164.23 ✓	
	SUPPLIES									
72945719 ✓		11/30/20	11/22/20	12/17/20		2,367.50	0.00	0.00	2,367.50 ✓	
	LEASE INFUSION PUMPS									
72945924 ✓		11/30/20	11/22/20	12/17/20		629.50	0.00	0.00	629.50 ✓	
	SUPPLIES									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
B1150 BAXTER HEALTHCARE							3,215.07	0.00	0.00	3,215.07
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	
109466517 ✓		11/30/20	11/24/20	12/19/20		106.65	0.00	0.00	106.65 ✓	
	SUPPLIES									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
B1220 BECKMAN COULTER INC							106.65	0.00	0.00	106.65
Vendor#	Vendor Name				Class	Pay Code				
11224	CABLES AND SENSORS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
113055 ✓		12/08/20	06/07/20	07/07/20		142.00	0.00	0.00	142.00 ✓	
	SUPPLIES									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
11224 CABLES AND SENSORS							142.00	0.00	0.00	142.00
Vendor#	Vendor Name				Class	Pay Code				
11295	CALHOUN COUNTY INDIGENT ACCOUN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
120621		12/07/20	12/06/20	12/06/20		50.00	0.00	0.00	50.00 ✓	
	COPAYS									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
11295 CALHOUN COUNTY INDIGENT ACCOUN							50.00	0.00	0.00	50.00
Vendor#	Vendor Name				Class	Pay Code				
13992	CARIANT HEALTH PARTNERS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
129784 ✓		11/22/20	11/17/20	12/17/20		4,880.00	0.00	0.00	4,880.00 ✓	
	TRAVEL NURSE STAFFING (11/19-11/13/21) Cmbtrc									
130007 ✓		11/30/20	11/24/20	12/21/20		960.00	0.00	0.00	960.00 ✓	
	TRAVEL NURSE STAFFING 11/14/21 Cmbtrc									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
13992 CARIANT HEALTH PARTNERS							5,840.00	0.00	0.00	5,840.00
Vendor#	Vendor Name				Class	Pay Code				
C1390	CENTRAL DRUG ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
112221 ✓		12/01/20	11/22/20	12/22/20		14.55	0.00	0.00	14.55 ✓	

SUPPLIES

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		C1390	CENTRAL DRUG				14.55	0.00	0.00	14.55
Vendor#	Vendor Name			Class	Pay Code					
14232	CIGNA ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
112021		12/07/20	12/07/20	12/07/20		104.82	0.00	0.00	104.82	✓
	REFUND -									
112021A		12/09/20	12/08/20	12/22/20		100.89	0.00	0.00	100.89	✓
	REFUND-									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		14232	CIGNA				205.71	0.00	0.00	205.71
Vendor#	Vendor Name			Class	Pay Code					
13000	CLEARFLY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
INV390951	✓	12/06/20	12/01/20	12/15/20		1,231.81	0.00	0.00	1,231.81	✓
	PHONE SERVICES									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		13000	CLEARFLY				1,231.81	0.00	0.00	1,231.81
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	
OEQT186051	✓	12/08/20	10/08/20	10/18/20		216.60	0.00	0.00	216.60	✓
	SUPPLIES									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		C1166	COASTAL OFFICE Solutons				216.60	0.00	0.00	216.60
Vendor#	Vendor Name			Class	Pay Code					
13336	COCA COLA SOUTHWEST BEVERAGES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
24165200139	✓	11/30/20	10/06/20	12/17/20		346.68	0.00	0.00	346.68	✓
	DRINKS									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		13336	COCA COLA SOUTHWEST BEVERAGES				346.68	0.00	0.00	346.68
Vendor#	Vendor Name			Class	Pay Code					
C1970	CONMED CORPORATION ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
720474	✓	12/06/20	11/20/20	12/20/20		215.06	0.00	0.00	215.06	✓
	SUPPLIES									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		C1970	CONMED CORPORATION				215.06	0.00	0.00	215.06
Vendor#	Vendor Name			Class	Pay Code					
10368	DEWITT POTTH & SON ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
6640180	✓	11/29/20	11/22/20	12/17/20		15.61	0.00	0.00	15.61	✓
	SUPPLIES									
6640700	✓	11/29/20	11/23/20	12/18/20		34.91	0.00	0.00	34.91	✓
	SUPPLIES									
6640181	✓	11/29/20	11/23/20	12/18/20		24.70	0.00	0.00	24.70	✓
	SUPPLIES									
6640230	✓	11/30/20	11/22/20	12/17/20		507.72	0.00	0.00	507.72	✓
	SUPPLIES									

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10368	DEWITT POTH & SON	582.94	0.00	0.00	582.94		
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
MMC113021		11/30/20	11/30/20	12/17/20		119,445.96	0.00	0.00	119,445.96 ✓
	PHSYCIAN SERVICES (14-30th)								
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10789	DISCOVERY MEDICAL NETWORK INC	119,445.96	0.00	0.00	119,445.96		
Vendor#	Vendor Name	Class	Pay Code						
12044	DRIESSEN WATER INC. (CULLIGAN) ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2309910 ✓		11/16/20	11/09/20	12/22/20		390.00	0.00	0.00	390.00 ✓
	SUPPLIES								
14302703 ✓		11/30/20	11/30/20	12/22/20		4.50	0.00	0.00	4.50 ✓
	SUPPLIES								
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		12044	DRIESSEN WATER INC. (CULLIGAN)	394.50	0.00	0.00	394.50		
Vendor#	Vendor Name	Class	Pay Code						
W1167	ELITECH GROUP INC (WESCOR) ✓	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
766563 ✓		11/30/20	11/29/20	12/17/20		196.93	0.00	0.00	196.93 ✓
	SUPPLIES								
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		W1167	ELITECH GROUP INC (WESCOR)	196.93	0.00	0.00	196.93		
Vendor#	Vendor Name	Class	Pay Code						
11284	EMERGENCY STAFFING SOLUTIONS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
40767 ✓		11/30/20	11/30/20	12/17/20		40,062.50	0.00	0.00	40,062.50 ✓
	PHYSICIAN STAFFING (14th-EDM)								
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11284	EMERGENCY STAFFING SOLUTIONS	40,062.50	0.00	0.00	40,062.50		
Vendor#	Vendor Name	Class	Pay Code						
13872	ETHOS MEDICAL STAFFING ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
28900 ✓		12/08/20	10/22/20	11/21/20		3,600.00	0.00	0.00	3,600.00 ✓
	TRAVEL NURSE STAFFING (10110-10116/21) Escalante								
29132 ✓		12/08/20	10/29/20	11/28/20		1,188.00	0.00	0.00	1,188.00 ✓
	TRAVEL NURSE STAFFING (10117-10123/21) Escalante								
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		13872	ETHOS MEDICAL STAFFING	4,788.00	0.00	0.00	4,788.00		
Vendor#	Vendor Name	Class	Pay Code						
C2510	EVIDENT ✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
992646 ✓		11/30/20	11/23/20	12/18/20		8,100.00	0.00	0.00	8,100.00 ✓
	IF PYXIS								
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		C2510	EVIDENT	8,100.00	0.00	0.00	8,100.00		
Vendor#	Vendor Name	Class	Pay Code						
F1400	FISHER HEALTHCARE ✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

6043500 ✓		11/29/20	11/23/20	12/18/20			239.32	0.00	0.00	239.32 ✓		
	SUPPLIES											
5988468 ✓		11/30/20	11/22/20	12/17/20			1,092.53	0.00	0.00	1,092.53 ✓		
	SUPPLIES											
6043501 ✓		11/30/20	11/23/20	12/18/20			365.87	0.00	0.00	365.87 ✓		
	SUPPLIES											
6043504 ✓		11/30/20	11/23/20	12/18/20			30.18	0.00	0.00	30.18 ✓		
	SUPPLIES											
6043503 ✓		11/30/20	11/23/20	12/18/20			12.60	0.00	0.00	12.60 ✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							F1400	FISHER HEALTHCARE	1,740.50	0.00	0.00	1,740.50
Vendor#	Vendor Name			Class	Pay Code							
G1876	GOLDEN CRESCENT RAC ✓			IMP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
120121		12/06/20	12/01/20	12/16/20		500.00	0.00	0.00	500.00 ✓			
2022 RAC ANNUAL DUES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							G1876	GOLDEN CRESCENT RAC	500.00	0.00	0.00	500.00
Vendor#	Vendor Name			Class	Pay Code							
12948	GREAT AMERICAN FINANCIAL SVCS ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
+20621 30609123	COPIER LEASE	12/07/20	12/06/20	12/22/20		10,446.60	0.00	0.00	10,446.60 ✓			
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12948	GREAT AMERICAN FINANCIAL SVCS	10,446.60	0.00	0.00	10,446.60
Vendor#	Vendor Name			Class	Pay Code							
G1210	GULF COAST PAPER COMPANY ✓			M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
2141691 ✓	SUPPLIES	11/22/20	11/16/20	12/16/20		857.85	0.00	0.00	857.85 ✓			
2143309 ✓	SUPPLIES	11/29/20	11/17/20	12/17/20		1,152.60	0.00	0.00	1,152.60 ✓			
2144892 ✓	SUPPLIES	11/29/20	11/22/20	12/22/20		789.63	0.00	0.00	789.63 ✓			
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							G1210	GULF COAST PAPER COMPANY	2,800.08	0.00	0.00	2,800.08
Vendor#	Vendor Name			Class	Pay Code							
A1997	HD SUPPLY FACILITIES MAINTENAN ✓			M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
9197796107 ✓	SUPPLIES	12/07/20	11/24/20	12/07/20		42.83	0.00	0.00	42.83 ✓			
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							A1997	HD SUPPLY FACILITIES MAINTENAN	42.83	0.00	0.00	42.83
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			
SIEI05204010 ✓	FUEL TANK	11/30/20	11/17/20	12/22/20		60,658.29	0.00	0.00	60,658.29 ✓			
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12868	HOLT CAT	60,658.29	0.00	0.00	60,658.29

Vendor#	Vendor Name				Class	Pay Code					
14216	HUMANA CLAIMS OFFICE ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	120221		12/02/20	12/01/20	12/22/20		284.11	0.00	0.00	284.11 ✓	
	REFUND -										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		14216	HUMANA CLAIMS OFFICE				284.11	0.00	0.00	284.11	
10922	HUNTER PHARMACY SERVICES ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	4682 ✓		12/09/20	11/30/20	12/20/20		14,723.09	0.00	0.00	14,723.09 ✓	
	PHARMACIST SERVICES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		10922	HUNTER PHARMACY SERVICES				14,723.09	0.00	0.00	14,723.09	
12596	INDEED, INC. ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	53035667 ✓		12/06/20	11/30/20	11/30/20		923.03	0.00	0.00	923.03 ✓	
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		12596	INDEED, INC.				923.03	0.00	0.00	923.03	
J0150	J & J HEALTH CARE SYSTEMS, INC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	927177360 ✓		11/29/20	11/17/20	12/17/20		84.00	0.00	0.00	84.00 ✓	
	SUPPLIES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		J0150	J & J HEALTH CARE SYSTEMS, INC				84.00	0.00	0.00	84.00	
13956	KOETTER FIRE PROTECTION ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	34769 ✓		12/08/20	12/01/20	12/01/20		2,537.61	0.00	0.00	2,537.61 ✓	
	SPRINKLER MAINTENANCE										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		13956	KOETTER FIRE PROTECTION				2,537.61	0.00	0.00	2,537.61	
12872	L.A.B. MICROSCOPE SERVICES LLC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	3179 ✓		11/22/20	11/16/20	12/16/20		810.00	0.00	0.00	810.00 ✓	
	ANNUAL MAINTENANCE										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		12872	L.A.B. MICROSCOPE SERVICES LLC				810.00	0.00	0.00	810.00	
L0700	LABCORP OF AMERICA HOLDINGS ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	85908253 ✓		11/30/20	11/27/20	12/22/20		20.00	0.00	0.00	20.00 ✓	
	LAB SERVICES										
	86813863 ✓		11/30/20	11/27/20	12/22/20		15.00	0.00	0.00	15.00 ✓	
	LAB SERVICES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		L0700	LABCORP OF AMERICA HOLDINGS				35.00	0.00	0.00	35.00	

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14220	LENOVO ✓			110321		11/30/20	11/03/20	12/17/20		136.00	0.00	0.00	136.00 ✓
	SERVICE												
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		14220	LENOVO							136.00	0.00	0.00	136.00
10972	M G TRUST ✓			120221		12/06/20	12/01/20	12/02/20		640.86	0.00	0.00	640.86 ✓
	PAYROLL DEDUCTS												
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		10972	M G TRUST							640.86	0.00	0.00	640.86
11141	MEDICAL DATA SYSTEMS, INC. ✓			165647 ✓		11/30/20	11/30/20	12/17/20		1,520.90	0.00	0.00	1,520.90 ✓
	COLLECTION FEES												
	165648 ✓					11/30/20	11/30/20	12/17/20		4,247.20	0.00	0.00	4,247.20 ✓
	COLLECTION FEES												
	165649 ✓					11/30/20	11/30/20	12/17/20		8.75	0.00	0.00	8.75 ✓
	COLLECTION FEES												
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		11141	MEDICAL DATA SYSTEMS, INC.							5,776.85	0.00	0.00	5,776.85
12588	MEDICAL TECHNOLOGY ASSOCIATES ✓			INV193050 ✓		12/08/20	11/17/20	12/12/20		1,687.05	0.00	0.00	1,687.05 ✓
	ANNUAL PM												
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		12588	MEDICAL TECHNOLOGY ASSOCIATES							1,687.05	0.00	0.00	1,687.05
M2827	MEDIVATORS ✓		M	91138021 ✓		12/06/20	11/24/20	12/06/20		400.00	0.00	0.00	400.00 ✓
	SUPPLIES												
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		M2827	MEDIVATORS							400.00	0.00	0.00	400.00
M2470	MEDLINE INDUSTRIES INC ✓		M	1974808284 ✓		11/30/20	11/17/20	12/17/20		127.64	0.00	0.00	127.64 ✓
	SUPPLIES												
	1974808291 ✓					11/30/20	11/17/20	12/17/20		941.13	0.00	0.00	941.13 ✓
	SUPPLIES												
	1974808282 ✓					11/30/20	11/17/20	12/17/20		272.14	0.00	0.00	272.14 ✓
	SUPPLIES												
	1974808288 ✓					11/30/20	11/17/20	12/17/20		3.89	0.00	0.00	3.89 ✓
	SUPPLIES												
	1974808287 ✓					11/30/20	11/17/20	12/17/20		899.64	0.00	0.00	899.64 ✓

		SUPPLIES										
1974808292	✓		11/30/20	11/17/20	12/17/20		167.50	0.00	0.00	167.50 ✓		
		SUPPLIES										
1974808289	✓		11/30/20	11/17/20	12/17/20		5.38	0.00	0.00	5.38 ✓		
		SUPPLIES										
1974808293	✓		11/30/20	11/30/20	12/17/20		9.21	0.00	0.00	9.21 ✓		
		SUPPLIES										
1975742892	✓		12/06/20	11/24/20	12/19/20		54.90	0.00	0.00	54.90 ✓		
		SUPPLIES										
1975742888	✓		12/06/20	11/24/20	12/19/20		24.75	0.00	0.00	24.75 ✓		
		SUPPLIES										
1975742898	✓		12/06/20	11/24/20	12/19/20		20.56	0.00	0.00	20.56 ✓		
		SUPPLIES										
1975742889	✓		12/06/20	11/24/20	12/19/20		57.52	0.00	0.00	57.52 ✓		
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2470	MEDLINE INDUSTRIES INC	2,584.26	0.00	0.00	2,584.26
Vendor#	Vendor Name		Class		Pay Code							
10963	MEMORIAL MEDICAL CLINIC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
120221		12/06/20	12/02/20	12/02/20			145.00	0.00	0.00	145.00 ✓		
PAYROLL DEDUCT												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10963	MEMORIAL MEDICAL CLINIC	145.00	0.00	0.00	145.00
Vendor#	Vendor Name		Class		Pay Code							
M2621	MMC AUXILIARY GIFT SHOP ✓		W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
113021		11/30/20	11/30/20	12/17/20			544.97	0.00	0.00	544.97 ✓		
PAYROLL DEDUCTS												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2621	MMC AUXILIARY GIFT SHOP	544.97	0.00	0.00	544.97
Vendor#	Vendor Name		Class		Pay Code							
10536	MORRIS & DICKSON CO, LLC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
7581084	✓	12/09/20	11/24/20	12/04/20			49.44	0.00	0.00	49.44 ✓		
		INVENTORY										
7583035	✓	12/09/20	11/24/20	12/04/20			19.82	0.00	0.00	19.82 ✓		
		INVENTORY										
7583032	✓	12/09/20	11/24/20	12/04/20			3,943.43	0.00	0.00	3,943.43 ✓		
		INVENTORY										
7581087	✓	12/09/20	11/24/20	12/04/20			71.41	0.00	0.00	71.41 ✓		
		INVENTORY										
7581086	✓	12/09/20	11/24/20	12/04/20			285.64	0.00	0.00	285.64 ✓		
		INVENTORY										
7581085	✓	12/09/20	11/24/20	12/04/20			148.03	0.00	0.00	148.03 ✓		
		INVENTORY										
7583033	✓	12/09/20	11/24/20	12/04/20			136.16	0.00	0.00	136.16 ✓		
		INVENTORY										
7583034	✓	12/09/20	11/24/20	12/04/20			72.88	0.00	0.00	72.88 ✓		
		INVENTORY										
3898	✓	12/09/20	12/01/20	12/11/20			-10.29	0.00	0.00	-10.29 ✓		

7603841	CREDIT	12/09/20	12/01/20	12/11/20	384.10	0.00	0.00	384.10	✓	
7603842	INVENTORY	12/09/20	12/01/20	12/11/20	739.43	0.00	0.00	739.43	✓	
7600492	INVENTORY	12/09/20	12/01/20	12/11/20	4,472.78	0.00	0.00	4,472.78	✓	
7600491	INVENTORY	12/09/20	12/01/20	12/11/20	20.72	0.00	0.00	20.72	✓	
4024	INVENTORY	12/09/20	12/01/20	12/11/20	-0.17	0.00	0.00	-0.17	✓	
7605489	CREDIT	12/09/20	12/02/20	12/12/20	188.91	0.00	0.00	188.91	✓	
7607444	INVENTORY	12/09/20	12/02/20	12/12/20	178.92	0.00	0.00	178.92	✓	
CM91425	INVENTORY	12/09/20	12/03/20	12/13/20	-44.42	0.00	0.00	-44.42	✓	
7612858	INVENTORY	12/09/20	12/05/20	12/15/20	288.41	0.00	0.00	288.41	✓	
7612859	INVENTORY	12/09/20	12/05/20	12/15/20	188.18	0.00	0.00	188.18	✓	
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					10536	MORRIS & DICKSON CO, LLC	11,133.38	0.00	0.00	11,133.38
Vendor#	Vendor Name	Class		Pay Code						
14124	MSH HEALTH SERVICES LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC0026	✓	12/08/20	11/29/20	12/07/20			6,869.38	0.00	0.00	6,869.38
TRAVEL NURSE STAFFING (11119-1125121) Rewardman										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					14124	MSH HEALTH SERVICES LLC	6,869.38	0.00	0.00	6,869.38
Vendor#	Vendor Name	Class		Pay Code						
13624	NEXION HEALTH AT NAVASOTA INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
TM20211202	✓	12/08/20	12/04/20	12/04/20			1,000.00	0.00	0.00	1,000.00
TELEMED REIMBURSEMENT										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					13624	NEXION HEALTH AT NAVASOTA INC	1,000.00	0.00	0.00	1,000.00
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
31854533	✓	12/06/20	11/24/20	12/19/20			116.96	0.00	0.00	116.96
SUPPLIES										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					O1500	OLYMPUS AMERICA INC	116.96	0.00	0.00	116.96
Vendor#	Vendor Name	Class		Pay Code						
11069	PABLO GARZA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
120721	✓	12/07/20	12/07/20	12/07/20			2,356.25	0.00	0.00	2,356.25
Contract worker (1123-12/6/21)										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					11069	PABLO GARZA	2,356.25	0.00	0.00	2,356.25

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	
007992		12/06/20	12/01/20	12/22/20		4,112.50	0.00	0.00	4,112.50	✓
	TRAVEL NURSE STAFFING (11/23-11/25/21) Sch + knz ✓									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	13988 PAYCHEX, ADVANCE FBO					4,112.50	0.00	0.00	4,112.50	
13936	PROTOUCH STAFFING ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
032776		11/30/20	11/20/20	12/20/20		1,228.13	0.00	0.00	1,228.13	✓
	TRAVEL NURSE STAFFING (5/15/21) ✓									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	13936 PROTOUCH STAFFING					1,228.13	0.00	0.00	1,228.13	
10936	SIEMENS FINANCIAL SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
56382200006698 ✓		11/16/20	11/10/20	12/20/20		3,647.25	0.00	0.00	3,647.25	✓
	LEASE ✓									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10936 SIEMENS FINANCIAL SERVICES					3,647.25	0.00	0.00	3,647.25	
10699	SIGN AD, LTD. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
268187 ✓		12/06/20	11/16/20	11/26/20		400.00	0.00	0.00	400.00	✓
	ADVERTISING ✓									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10699 SIGN AD, LTD.					400.00	0.00	0.00	400.00	
14240	SMILE MAKERS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9075028		12/08/20	12/03/20	12/22/20		75.90	0.00	0.00	75.90	✓
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	14240 SMILE MAKERS					75.90	0.00	0.00	75.90	
12472	SOMETHING MORE MEDIA, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1661 ✓		12/08/20	12/01/20	12/16/20		2,125.00	0.00	0.00	2,125.00	✓
	MARKETING ✓									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	12472 SOMETHING MORE MEDIA, INC.					2,125.00	0.00	0.00	2,125.00	
11296	SOUTH TEXAS BLOOD & TISSUE CEN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
I07018958 ✓		11/30/20	11/30/20	12/22/20		2,263.00	0.00	0.00	2,263.00	✓
CM5880 ✓		11/30/20	11/30/20	12/22/20		-2,133.00	0.00	0.00	-2,133.00	✓
	CREDIT									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	11296 SOUTH TEXAS BLOOD & TISSUE CEN					130.00	0.00	0.00	130.00	

Vendor#	Vendor Name	Class	Pay Code							
14148	SPECTRUM HEALTH PARTNERS, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
DEC31MMC21		12/09/20	12/08/20	12/22/20		26,247.00	0.00	0.00	26,247.00	
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
				14148	SPECTRUM HEALTH PARTNERS, LLC	26,247.00	0.00	0.00	26,247.00	
14212	SURGICAL DIRECT SOUTH									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8052		11/30/20	11/23/20	12/22/20		1,320.00	0.00	0.00	1,320.00	
				SUPPLIES						
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
				14212	SURGICAL DIRECT SOUTH	1,320.00	0.00	0.00	1,320.00	
10239	T&R MECHANICAL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
C2100403		11/30/20	11/18/20	12/18/20		1,581.25	0.00	0.00	1,581.25	
				CHILLER INSPECTION						
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
				10239	T&R MECHANICAL	1,581.25	0.00	0.00	1,581.25	
T2204	TEXAS MUTUAL INSURANCE CO									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1003248713		12/08/20	11/30/20	12/22/20		10.00	0.00	0.00	10.00	
				LATE FEE						
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
				T2204	TEXAS MUTUAL INSURANCE CO	10.00	0.00	0.00	10.00	
10758	TEXAS SELECT STAFFING, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
001868051079IN		12/06/20	12/02/20	12/02/20		4,649.15	0.00	0.00	4,649.15	
				<i>Contract hire 11/27/21</i>						
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
				10758	TEXAS SELECT STAFFING, LLC	4,649.15	0.00	0.00	4,649.15	
U1064	UNIFIRST HOLDINGS INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8400382222		11/29/20	11/25/20	12/20/20		172.06	0.00	0.00	172.06	
				LAUNDRY						
8400382257		11/29/20	11/25/20	12/20/20		112.84	0.00	0.00	112.84	
				LAUNDRY						
8400381917		11/30/20	11/22/20	12/17/20		2,124.37	0.00	0.00	2,124.37	
				LAUNDRY						
8400381890		11/30/20	11/22/20	12/17/20		45.15	0.00	0.00	45.15	
				LAUNDRY						
8400382224		11/30/20	11/25/20	12/20/20		199.32	0.00	0.00	199.32	
				LAUNDRY						
8400382221		11/30/20	11/25/20	12/20/20		137.13	0.00	0.00	137.13	
				LAUNDRY						
8400382243		11/30/20	11/25/20	12/20/20		1,451.99	0.00	0.00	1,451.99	

	LAUNDRY										
8400381891	✓	11/30/20	11/25/20	12/20/20		47.80	0.00	0.00	47.80	✓	
	LAUNDRY										
8400382237	✓	11/30/20	11/25/20	12/20/20		79.43	0.00	0.00	79.43	✓	
	LAUNDRY										
8400382223	✓	11/30/20	11/25/20	12/20/20		177.79	0.00	0.00	177.79	✓	
	LAUNDRY										
8400382220	✓	11/30/20	11/25/20	12/20/20		42.72	0.00	0.00	42.72	✓	
	LAUNDRY										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	U1064 UNIFIRST HOLDINGS INC					4,590.60	0.00	0.00	4,590.60		
Vendor#	Vendor Name					Class	Pay Code				
12400	UPDOX LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV00298423	✓	11/30/20	11/30/20	12/17/20		880.01	0.00	0.00	880.01	✓	
	FAX										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	12400 UPDOX LLC					880.01	0.00	0.00	880.01		
Vendor#	Vendor Name					Class	Pay Code				
U2000	US POSTAL SERVICE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
120621		12/06/20	12/06/20	12/06/20		2,200.00	0.00	0.00	2,200.00	✓	
	POSTAGE										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	U2000 US POSTAL SERVICE					2,200.00	0.00	0.00	2,200.00		
Vendor#	Vendor Name					Class	Pay Code				
V1058	VICTORIA ANESTHESIOLOGY ✓					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
113021		12/08/20	11/30/20	11/30/20		33,102.72	0.00	0.00	33,102.72	✓	
	ANESTHESIOLOGY SERVICES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	V1058 VICTORIA ANESTHESIOLOGY					33,102.72	0.00	0.00	33,102.72		
Vendor#	Vendor Name					Class	Pay Code				
V1471	VICTORIA RADIOWORKS, LTD ✓					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
21110230	✓	12/06/20	11/30/20	12/06/20		280.00	0.00	0.00	280.00	✓	
	ADVERTISING										
21110231	✓	12/06/20	11/30/20	12/17/20		280.00	0.00	0.00	280.00	✓	
	ADVERTISING										
21110233	✓	12/06/20	11/30/20	12/17/20		120.00	0.00	0.00	120.00	✓	
	ADVERTISING										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	V1471 VICTORIA RADIOWORKS, LTD					680.00	0.00	0.00	680.00		
Vendor#	Vendor Name					Class	Pay Code				
13808	VITA PERSONA LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
VP20212652	✓	12/06/20	12/02/20	12/17/20		1,407.76	0.00	0.00	1,407.76	✓	
	SUPPLIES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	13808 VITA PERSONA LLC					1,407.76	0.00	0.00	1,407.76		
Vendor#	Vendor Name					Class	Pay Code				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
12208	WAGWORKS ✓									
120221		12/06/20	12/02/20	12/02/20		3,282.29	0.00	0.00	3,282.29 ✓	
PAYROLL DEDUCTS										
Vendor#	Vendor Name				Class	Pay Code	Gross	Discount	No-Pay	Net
12208	WAGWORKS						3,282.29	0.00	0.00	3,282.29
Vendor#	Vendor Name				Class	Pay Code	Gross	Discount	No-Pay	Net
12548	WAGWORKS, INC ✓									
1121DR46779	✓	12/08/20	11/30/20	12/22/20		155.52	0.00	0.00	155.52 ✓	
COBRA										
Vendor#	Vendor Name				Class	Pay Code	Gross	Discount	No-Pay	Net
12548	WAGWORKS, INC						155.52	0.00	0.00	155.52
Vendor#	Vendor Name				Class	Pay Code	Gross	Discount	No-Pay	Net
11018	WEBPT, INC ✓									
INV-72208	✓	12/07/20	03/03/20	12/17/20		394.40	0.00	0.00	394.40 ✓	
SUBSCRIPTION										
Vendor#	Vendor Name				Class	Pay Code	Gross	Discount	No-Pay	Net
11018	WEBPT, INC						394.40	0.00	0.00	394.40
Vendor#	Vendor Name				Class	Pay Code	Gross	Discount	No-Pay	Net
11110	WERFEN USA LLC ✓									
9111072540	✓	11/30/20	11/22/20	12/17/20		1,309.08	0.00	0.00	1,309.08 ✓	
SUPPLIES										
Vendor#	Vendor Name				Class	Pay Code	Gross	Discount	No-Pay	Net
11110	WERFEN USA LLC						1,309.08	0.00	0.00	1,309.08

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	445,472.66	0.00	0.00	445,472.66

APPROVED
BY
DEC 09 2021
COUNTY ADMINISTRATOR
GARRETT COUNTY, TEXAS
CHK# 192969 - 193039

RECEIVED

DEC 09 2021

Calhoun County Auditor

12/09/2021
15:30

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 12/22/2021
0
ap_open_invoice.template

Vendor# Vendor Name

A1571 AMERICAN HOSPITAL ASSOCIATION

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1900102682	MEMBERSHIP 2022	12/09/20	12/03/20	12/22/20		10,919.00	0.00	0.00	10,919.00

Vendor Total:	Number	Name	Gross	Discount	No-Pay	Net
A1571	AMERICAN HOSPITAL ASSOCIATION	10,919.00	0.00	0.00	10,919.00	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,919.00	0.00	0.00	10,919.00

RECEIVED

DEC 09 2021

GOVERNMENT ACCOUNTS
CARRISSEN & COMPANY, INC.
CK# 192967

RECEIVED

DEC 09 2021

Calhoun County Auditor

12/09/2021

14:29

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through: 12/22/2021

0

ap_open_invoice.template

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
1003248713		12/08/20	11/30/20	12/22/20			10.00	0.00	0.00	10.00 ✓
	LATE FEE									
1003260213	✓	12/09/20	12/03/20	12/22/20			4,439.00	0.00	0.00	4,439.00 ✓
	WORKERS COMP									
Vendor Total:										
T2204 TEXAS MUTUAL INSURANCE CO							4,449.00	0.00	0.00	4,449.00

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
4,449.00 ✓	0.00	0.00	4,439.00 ✓

APPROVED ON

DEC 09 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CIC# 193028

RUN DATE: 12/08/21
TIME: 15:17

RECEIVED

DEC 09 2021

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
	<i>Calhoun County Auditor</i>	120621	17.00	✓	2		
		120621	30.40	✓	2		
		120621	24.04	✓	2		
		120621	199.01	✓	2		
		120621	70.00	✓	5		
		120621	387.71	✓	2		
		120621	125.00	✓	2		
		120621	375.00	✓	2		
		120621	1891.14	✓	2		
		120621	166.05	✓	2		
ARID=0001 TOTAL			3285.35				

TOTAL 3285.35

APPROVED ON

DEC 09 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

*Ck#193047-
193054*

MCKESSON

STATEMENT

As of: 12/10/2021

Page: 002

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

Company: 8000

DC: 8115

As of: 12/10/2021
Mail to:

Page: 002
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory:

Customer: 632536
Date: 12/11/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 12/11/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 6,813.70 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
12/07/2017

If Paid By 12/14/2021,
Pay This Amount: 6,677.44 USD

If Paid After 12/14/2021,
Pay this Amount: 6,813.70 USD

Due If Paid On Time:
USD 6,677.44

Disc lost if paid late:
136.26

Due If Paid Late:
USD 6,813.70

816.62 +
3,714.18 +
1,143.06 +
1,003.27 +
0.31 +
6,677.44 *

APPROVED ON

DEC 13 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 12/10/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/10/2021
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: 12/11/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 12/11/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
2/08/2021	12/14/2021	7310855803	2017040265	115Invoice	15.86	793.18		777.32 ✓		7310855803	
2/10/2021	12/14/2021	7311384313	2017040499	115Invoice	0.80	40.10		39.30 ✓		7311384313	

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

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

Subtotals:

833.28 USD

AM

Future Due: 0.00

Past Due: 0.00

Last Payment 8,526.35
2/06/2021

If Paid By 12/14/2021,
Pay This Amount:

816.62 USD

If Paid After 12/14/2021,
Pay this Amount:

833.28 USD

Due If Paid On Time:
USD

816.62 ✓

Disc lost if paid late:

16.66

Due If Paid Late:
USD

833.28

APPROVED ON

DEC 13 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 12/10/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/10/2021
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: 12/11/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/11/2021 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											
2/04/2021	12/14/2021	7310294587	1203210852	115Invoice	0.83	41.44		40.61	✓	7310294587	
2/06/2021	12/14/2021	7310264472	20495513	115Invoice		0.20		0.20	✓	7310264472	
2/06/2021	12/14/2021	7310264473	20495513	115Invoice	1.11	55.56		54.45	✓	7310264473	
2/06/2021	12/14/2021	7310264475	20542255	115Invoice	3.39	169.38		165.99	✓	7310264475	
2/06/2021	12/14/2021	7310264476	20586544	115Invoice	10.90	545.06		534.16	✓	7310264476	
2/07/2021	12/14/2021	7310721413	1206210432	195Invoice	0.58	29.21		28.63	✓	7310721413	
2/07/2021	12/14/2021	7310721414	1206211058	115Invoice	13.39	669.70		656.31	✓	7310721414	
2/08/2021	12/14/2021	7310861974	20665872	115Invoice	1.11	55.56		54.45	✓	7310861974	
2/08/2021	12/14/2021	7310861975	20699132	115Invoice	0.01	0.33		0.32	✓	7310861975	
2/08/2021	12/14/2021	7310861976	20702514	115Invoice		0.16		0.16	✓	7310861976	
2/08/2021	12/14/2021	7310861978	20702514	115Invoice	10.95	547.41		536.46	✓	7310861978	
2/08/2021	12/14/2021	7310861979	20745974	115Invoice	9.47	473.39		463.92	✓	7310861979	
2/08/2021	12/14/2021	7311037210	1207210819	195Invoice	0.02	0.96		0.94	✓	7311037210	
2/09/2021	12/14/2021	7311137294	20821339	115Invoice	2.18	109.16		106.98	✓	7311137294	
2/09/2021	12/14/2021	7311306130	1208210901	115Invoice	0.82	40.84		40.02	✓	7311306130	
2/10/2021	12/14/2021	7311394373	20851104	115Invoice	4.37	218.39		214.02	✓	7311394373	
2/10/2021	12/14/2021	7311394374	20894646	115Invoice		0.16		0.16	✓	7311394374	
2/10/2021	12/14/2021	7311394375	20896883	115Invoice	15.12	756.00		740.88	✓	7311394375	
2/10/2021	12/14/2021	7311548898	1209210732	195Invoice	1.54	77.06		75.52	✓	7311548898	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 3,789.97 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2/06/2021 8,526.35

If Paid By 12/14/2021,
Pay This Amount: 3,714.18 USD

If Paid After 12/14/2021,
Pay this Amount: 3,789.97 USD

Due If Paid On Time:
USD 3,714.18

Disc lost if paid late: 75.79

Due If Paid Late:
USD 3,789.97

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

MCKESSON

STATEMENT

As of: 12/10/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/10/2021

Page: 001

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Mail to:

Comp: 8000

Customer: 464450

Date: 12/11/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450

PLEASE CHECK ANY

Date: 12/11/2021

ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
2/07/2021	12/14/2021	7310551551	55x763174	115Invoice	2.96	147.86		144.90	✓	7310551551	
2/08/2021	12/14/2021	7310846139	55x768439	115Invoice	4.91	245.71		240.80	✓	7310846139	
2/09/2021	12/14/2021	7311125244	55x770958	115Invoice	1.40	69.77		68.37	✓	7311125244	
2/09/2021	12/14/2021	7311125246	55x770967	115Invoice	0.25	12.38		12.13	✓	7311125246	
2/09/2021	12/14/2021	7311125247	55x770971	115Invoice	0.32	15.97		15.65	✓	7311125247	
2/10/2021	12/14/2021	7311373663	55x773047	115Invoice	13.49	674.54		661.05	✓	7311373663	
2/10/2021	12/14/2021	7311373664	55x773347	115Invoice		0.16		0.16	✓	7311373664	

PF 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: 1,166.39 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2/06/2021 8,526.35

If Paid By 12/14/2021,
Pay This Amount:

1,143.06 USD

If Paid After 12/14/2021,
Pay this Amount:

1,166.39 USD

Due If Paid On Time:

USD 1,143.06 ✓

Disc lost if paid late:

23.33

Due If Paid Late:

USD 1,166.39

APPROVED ON

DEC 13 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 12/10/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/10/2021
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: 12/11/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 12/11/2021

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											
2/09/2021	12/14/2021	7311313492	1480024	115Invoice	20.47	1,023.74		1,003.27	✓	7311313492	

PF 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: 1,023.74 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,526.35
2/06/2021

If Paid By 12/14/2021,
Pay This Amount:

1,003.27 USD

If Paid After 12/14/2021,
Pay this Amount:

1,023.74 USD

Due If Paid On Time:
USD

1,003.27 ✓

Disc lost if paid late:

20.47

Due If Paid Late:
USD

1,023.74

APPROVED ON

DEC 13 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 12/10/2021

Page: 001

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

Company: 8000

DC: 8195

As of: 12/10/2021
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 99

Customer: 945479

Date: 12/11/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 945479 PLEASE CHECK ANY
Date: 12/11/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 945479 WALMART 5315/MEMRL MC PHS											
2/07/2021	12/14/2021	7310683975	MH12062021	195Invoice	0.01	0.32		0.31	✓	7310683975	

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

TOTAL: Customer Number 945479 WALMART 5315/MEMRL MC PHS

Subtotals: 0.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,901.55
1/22/2021

If Paid By 12/14/2021,
Pay This Amount:

0.31 USD

If Paid After 12/14/2021,
Pay this Amount:

0.32 USD

AM

Due If Paid On Time:
USD

0.31 ✓

Disc lost if paid late:

0.01

Due If Paid Late:
USD

0.32

APPROVED ON

DEC 13 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary
Not Yet Due: 0.00
Current: 2,325.57
Past Due: 0.00
Total Due: 2,325.57
Account Balance: 2,325.57

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-06-2021	12-17-2021	3075767599	163818	Invoice	3.04		0.00	3.04 ✓
12-06-2021	12-17-2021	3075767810	163824	Invoice	1,602.74		0.00	1,602.74 ✓
12-06-2021	12-17-2021	3075767811	163825	Invoice	6.64		0.00	6.64 ✓
12-06-2021	12-17-2021	3075767812	163819	Invoice	2.19		0.00	2.19 ✓
12-07-2021	12-17-2021	3076024969	163878	Invoice	547.51		0.00	547.51 ✓
12-07-2021	12-17-2021	3076025500	163879	Invoice	4.38		0.00	4.38 ✓
12-09-2021	12-17-2021	3076332046	163897	Invoice	109.54		0.00	109.54 ✓
12-09-2021	12-17-2021	3076332047	163898	Invoice	1.90		0.00	1.90 ✓
12-10-2021	12-17-2021	3076493180	163910	Invoice	47.63		0.00	47.63 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,325.57	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
12-10-2021	(1,476.52)

AM

Reminders

Due Date	Amount
12-17-2021	2,325.57
Total Due:	2,325.57

APPROVED ON

DEC 13 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — December 6, 2021 - December 12, 2021**

Date	Bank Description	MMC Notes
12/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110	- Credit Card Processing Fee
12/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee
12/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee
12/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee
12/10/2021	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee
12/10/2021	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll
12/10/2021	IRS USATAXPYMT 220174403022382 6103601000303	- Payroll Taxes
12/10/2021	IRS USATAXPYMT 220174431573353 6103601000164	- Payroll Taxes
12/9/2021	PAY PLUS ACHTRANS 452579291 101000691852049	- 3rd Party Payor Fee
12/8/2021	STATE COMPTRLR TEXNET 04241417/11207 2100002	ACCRUED NH QIPP IGT
12/8/2021	PAY PLUS ACHTRANS 452579291 101000691071618	- 3rd Party Payor Fee
12/8/2021	HARLAND CLARKE CHK ORDERS 1WN9694002212RS 91	- Checks for NH Accounts
12/7/2021	PAY PLUS ACHTRANS 452579291 101000690068485	- 3rd Party Payor Fee
12/7/2021	MCKESSON DRUG AUTO ACH ACH04826450 910000149	- 340B Drug Program Expense
12/6/2021	PAY PLUS ACHTRANS 452579291 101000698689428	- 3rd Party Payor Fee
12/6/2021	FDMS FDMS PYMT 052-1479468-000 4100012939984	- 3rd Party Payor Fee
12/6/2021	FDMS FDMS PYMT 052-1479214-000 4100012939974	- 3rd Party Payor Fee
12/6/2021	FDMS FDMS PYMT 052-1479213-000 4100012939974	- 3rd Party Payor Fee
12/6/2021	FDMS FDMS PYMT 052-1601830-000 4100012945228	- 3rd Party Payor Fee

Amount	CP:
\$ 88.99	88.99
\$ 29.05	29.05
\$ 450.74	450.74
\$ 3,007.64	3,007.64
\$ 129.00	129.00
\$ 290,520.00 *	290,520.00
\$ 190.30	190.30
\$ 91,717.19 *	91,717.19
\$ 27.64	27.64
\$ 2,344,974.43 **	2,344,974.43
\$ 63.03	63.03
\$ 158.18	158.18
\$ 100.86	100.86
\$ 8,526.35 *	8,526.35
\$ 70.79	70.79
\$ 69.24	69.24
\$ 40.02	40.02
\$ 43.26	43.26
\$ 32.45	32.45
2,740,239.16	2,740,239.16

cc fees
 88.99
 29.05
 450.74
 3,007.64
 129.00
 69.24
 40.02
 43.26
 32.45
 290,520.00
 190.30
 91,717.19
 27.64
 2,344,974.43
 63.03
 158.18
 100.86
 8,526.35
 70.79
 69.24
 40.02
 43.26
 32.45
 3,890.39
 262.32
 158.18
 4,310.89
 2,740,239.16
 290,520.00
 190.30
 91,717.19
 2,344,974.43
 8,526.35
 4,310.89
 4,310.89
 4,310.89
 0.00

 Anthony Richardson, CFO
 Memorial Medical Center

December 13, 2021
** Approved 12/18/21 cc*
*** Approved 12/24/21 cc*

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

Date	Description	MMC Notes
12/20/2021	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax



 Anthony Richardson, CFO
 Memorial Medical Center

December 13, 2021

Amount
\$ 1,182.89
1,182.89

12/20/21

☑ Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 11/30/2021 (2111)

Taxpayer ID:	Taxpayer Name: MEMORIAL MEDICAL CENTER	Entered By:
User ID:	Taxpayer Address:	Email Address:
Reference Number:	815 N VIRGINIA ST PORT LAVACA, TX 77979-3025	Telephone Number:
Date and Time of Filing: 4	IP Address:	

PAYMENT SUMMARY

Electronic Check	Payment Reference Number:	Type of Bank Account: C
State Amount: \$896.13	Trace Number:	Accountholder Name:
Local Amount: \$286.76		Bank Routing Number:
Amount to Pay: \$1,182.89		Bank Account Number:
Electronic Check: \$1,182.89		Payment Effective Date:

CREDIT SUMMARY

Credits Taken

Are you taking credit to reduce taxes due on this return? No

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licenced Customs Broker Export Certifications? No

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	14410	14410	0	14410	900.63	14410	0.02	288.2
SubTotal	14410	14410	0	14410	900.63	14410		288.2
Total Tax for Locations								\$1,188.83

Total Tax Due:	\$1,188.83
Timely Filing Discount:	-\$5.94
Balance Due:	\$1,182.89
Pending Payments:	-\$0.00
Total Amount Due and Payable:	\$1,182.89
(State amount due is \$896.13) (Local amount due is \$286.76)	

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DEC 09 2021

Calhoun County Auditor

12/08/2021
14:54

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 12/23/2021

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112421		11/30/20	11/24/20	12/23/20		5,565.00	0.00	0.00	5,565.00

TRANSFER *With insurance pymt deposited into mme operating*

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
11820		FORTBEND HEALTHCARE CENTER	5,565.00	0.00	0.00	5,565.00

Report Summary

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

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**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CL# 193042

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MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through: 12/23/2021

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
112421		11/30/20	11/24/20	12/23/20		371.00	0.00	0.00	371.00 ✓
112621	TRANSFER	11/30/20	11/26/20	12/23/20		20.31	0.00	0.00	20.31 ✓
	TRANSFER "								

Handwritten notes: NH insurance pymt deposited into mme operatn

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	391.31	0.00	0.00	391.31

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	391.31	0.00	0.00	391.31

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**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

ck# 193041

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12/08/2021

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through: 12/23/2021

0

ap_open_invoice.template

Vendor# Vendor Name

11824 THE CRESCENT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111921		11/30/20	11/19/20	12/23/20		12,000.00	0.00	0.00	12,000.00 ✓

TRANSFER *NH insurance pymt deposited into MME operating*

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	12,000.00	0.00	0.00	12,000.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	12,000.00	0.00	0.00	12,000.00

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**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

Clk# 193045

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DEC 09 2021
12/08/2021

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List
Dates Through: 12/23/2021

0
ap_open_invoice.template

Vendor# Vendor Name

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112921A		11/30/20	11/29/20	12/23/20		434.02	0.00	0.00	434.02 ✓
112921	TRANSFER <i>NI insurance pymt deposited into mme operating</i>	11/30/20	11/29/20	12/23/20		256.55	0.00	0.00	256.55 ✓
113021B	TRANSFER "	11/30/20	11/30/20	12/23/20		45,019.48	0.00	0.00	45,019.48 ✓
113021	TRANSFER "	11/30/20	11/30/20	12/23/20		7,914.98	0.00	0.00	7,914.98 ✓
113021A	TRANSFER "	11/30/20	11/30/20	12/23/20		3,768.51	0.00	0.00	3,768.51 ✓
112921B	TRANSFER "	11/30/20	11/30/20	12/23/20		7,023.68	0.00	0.00	7,023.68 ✓

Vendor Total:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	64,417.22	0.00	0.00	64,417.22

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	64,417.22	0.00	0.00	64,417.22

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DEC 09 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CK #193043

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12/08/2021 **DEC 09 2021**

14:58

Calhoun County Auditor

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through: 12/23/2021

0

ap_open_invoice.template

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112621		11/30/20	11/26/20	12/23/20		138.27	0.00	0.00	138.27 ✓
112921	<i>NH insurance pymt deposited into mmc operating</i>	11/30/20	11/29/20	12/23/20		3,025.00	0.00	0.00	3,025.00 ✓
113021A	TRANSFER "	11/30/20	11/30/20	12/23/20		125.00	0.00	0.00	125.00 ✓
113021B	TRANSFER "	11/30/20	11/30/20	12/23/20		400.48	0.00	0.00	400.48 ✓
113021C	TRANSFER "	11/30/20	11/30/20	12/23/20		3,021.06	0.00	0.00	3,021.06 ✓
113021	TRANSFER "	11/30/20	11/30/20	12/23/20		20,812.26	0.00	0.00	20,812.26 ✓
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
12696 GULF POINTE PLAZA						27,522.07	0.00	0.00	27,522.07

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	27,522.07	0.00	0.00	27,522.07

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**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CX#193044

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DEC 09 2021

12/08/2021

15:01

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through: 12/23/2021

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112621		11/30/20	11/26/20	12/23/20		2,062.76	0.00	0.00	2,062.76 ✓
112921	TRANSFER	11/30/20	11/29/20	12/23/20		628.90	0.00	0.00	628.90 ✓
	TRANSFER	"	"	"				"	
113021B		11/30/20	11/30/20	12/23/20		12,952.59	0.00	0.00	12,952.59 ✓
	TRANSFER	"	"	"				"	
113021		11/30/20	11/30/20	12/23/20		2,535.01	0.00	0.00	2,535.01 ✓
	TRANSFER	"	"	"				"	
113021A		11/30/20	11/30/20	12/23/20		9,259.53	0.00	0.00	9,259.53 ✓
	TRANSFER	"	"	"				"	

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	27,438.79	0.00	0.00	27,438.79

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	27,438.79	0.00	0.00	27,438.79

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#193046

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DEC 09 2021

12/08/2021
Calhoun County Auditor
14:49

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 12/23/2021
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
112421		11/30/20	11/24/20	12/23/20		35,375.99	0.00	0.00	35,375.99 ✓
	TRANSFER								
112621		11/30/20	11/26/20	12/23/20		3,339.00	0.00	0.00	3,339.00 ✓
	TRANSFER								
112621A		11/30/20	11/26/20	12/23/20		4,266.50	0.00	0.00	4,266.50 ✓
	TRANSFER								
112921A		11/30/20	11/29/20	12/23/20		2,151.90	0.00	0.00	2,151.90 ✓
	TRANSFER								
112921B		11/30/20	11/29/20	12/23/20		17,684.70	0.00	0.00	17,684.70 ✓
	TRANSFER								
113021A		11/30/20	11/30/20	12/23/20		929.83	0.00	0.00	929.83 ✓
	TRANSFER								
113021		11/30/20	11/30/20	12/23/20		28,281.34	0.00	0.00	28,281.34 ✓
	TRANSFER								
113021B		11/30/20	11/30/20	12/23/20		8,898.24	0.00	0.00	8,898.24 ✓
	TRANSFER								
112921		11/30/20	11/30/20	12/23/20		3,030.45	0.00	0.00	3,030.45 ✓
	TRANSFER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	103,957.95	0.00	0.00	103,957.95

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	103,957.95	0.00	0.00	103,957.95

APPROVED ON

DEC 09 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#193040

0

RUN DATE:12/10/21
 TIME:12:35

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 12/15/21 THRU 12/15/21

PAGE 1
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	192965	12/15/21	936.49	AIRGAS USA, LLC - CENTRAL DIV
A/P	192966	12/15/21	2,857.50	ALLYSON SWOPE
A/P	192967	12/15/21	10,919.00	AMERICAN HOSPITAL ASSOCIATION
A/P	192968	12/15/21	17,291.00	AMERICAN PROFICIENCY INSTITUTE
A/P	192969	12/15/21	7,697.25	AUREUS RADIOLOGY LLC
A/P	192970	12/15/21	8,928.00	AUTHORITYRX
A/P	192971	12/15/21	102.80	AUTO PARTS & MACHINE CO.
A/P	192972	12/15/21	3,215.07	BAXTER HEALTHCARE
A/P	192973	12/15/21	106.65	BECKMAN COULTER INC
A/P	192974	12/15/21	142.00	CABLES AND SENSORS
A/P	192975	12/15/21	50.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	192976	12/15/21	5,840.00	CARIANT HEALTH PARTNERS
A/P	192977	12/15/21	14.55	CENTRAL DRUG
A/P	192978	12/15/21	205.71	CIGNA
A/P	192979	12/15/21	1,231.81	CLEARPLY
A/P	192980	12/15/21	216.60	COASTAL OFFICE SOLUTONS
A/P	192981	12/15/21	346.68	COCA COLA SOUTHWEST BEVERAGES
A/P	192982	12/15/21	215.06	CONMED CORPORATION
A/P	192983	12/15/21	582.94	DEWITT POTH & SON
A/P	192984	12/15/21	119,445.96	DISCOVERY MEDICAL NETWORK INC
A/P	192985	12/15/21	394.50	DRIESSEN WATER INC. (CULLIGAN)
A/P	192986	12/15/21	196.93	ELITECH GROUP INC (WESCOR)
A/P	192987	12/15/21	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	192988	12/15/21	4,788.00	ETHOS MEDICAL STAFFING
A/P	192989	12/15/21	8,100.00	EVIDENT
A/P	192990	12/15/21	1,740.50	FISHER HEALTHCARE
A/P	192991	12/15/21	500.00	GOLDEN CRESCENT RAC
A/P	192992	12/15/21	10,446.60	GREAT AMERICAN FINANCIAL SVCS
A/P	192993	12/15/21	2,800.08	GULF COAST PAPER COMPANY
A/P	192994	12/15/21	42.83	HD SUPPLY FACILITIES MAINTENAN
A/P	192995	12/15/21	60,658.29	HOLT CAT
A/P	192996	12/15/21	284.11	HUMANA CLAIMS OFFICE
A/P	192997	12/15/21	14,723.09	HUNTER PHARMACY SERVICES
A/P	192998	12/15/21	923.03	INDEED, INC.
A/P	192999	12/15/21	84.00	J & J HEALTH CARE SYSTEMS, INC
A/P	193000	12/15/21	2,537.61	KOETTER FIRE PROTECTION
A/P	193001	12/15/21	810.00	L.A.B. MICROSCOPE SERVICES LLC
A/P	193002	12/15/21	35.00	LABCORP OF AMERICA HOLDINGS
A/P	193003	12/15/21	136.00	LENOVO
A/P	193004	12/15/21	640.86	M G TRUST
A/P	193005	12/15/21	5,776.85	MEDICAL DATA SYSTEMS, INC.
A/P	193006	12/15/21	1,687.05	MEDICAL TECHNOLOGY ASSOCIATES
A/P	193007	12/15/21	400.00	MEDIVATORS
A/P	193008	12/15/21	.00	VOIDED
A/P	193009	12/15/21	2,584.26	MEDLINE INDUSTRIES INC
A/P	193010	12/15/21	145.00	MEMORIAL MEDICAL CLINIC
A/P	193011	12/15/21	544.97	MMC AUXILIARY GIFT SHOP
A/P	193012	12/15/21	.00	VOIDED
A/P	193013	12/15/21	11,133.38	MORRIS & DICKSON CO, LLC
A/P	193014	12/15/21	6,869.38	MSH HEALTH SERVICES LLC

RUN DATE:12/10/21
TIME:12:35

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/15/21 THRU 12/15/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	193015	12/15/21	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	193016	12/15/21	116.96	OLYMPUS AMERICA INC
A/P	193017	12/15/21	2,356.25	PABLO GARZA
A/P	193018	12/15/21	4,112.50	PAYCHEX, ADVANCE FBO
A/P	193019	12/15/21	1,228.13	PROTOUCH STAFFING
A/P	193020	12/15/21	3,647.25	SIEMENS FINANCIAL SERVICES
A/P	193021	12/15/21	400.00	SIGN AD, LTD.
A/P	193022	12/15/21	75.90	SMILE MAKERS
A/P	193023	12/15/21	2,125.00	SOMETHING MORE MEDIA, INC.
A/P	193024	12/15/21	130.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	193025	12/15/21	26,247.00	SPECTRUM HEALTH PARTNERS, LLC
A/P	193026	12/15/21	1,320.00	SURGICAL DIRECT SOUTH
A/P	193027	12/15/21	1,581.25	T&R MECHANICAL
A/P	193028	12/15/21	4,449.00	TEXAS MUTUAL INSURANCE CO
A/P	193029	12/15/21	4,649.15	TEXAS SELECT STAFFING, LLC
A/P	193030	12/15/21	4,590.60	UNIFIRST HOLDINGS INC
A/P	193031	12/15/21	880.01	UPDOX LLC
A/P	193032	12/15/21	2,200.00	US POSTAL SERVICE
A/P	193033	12/15/21	33,102.72	VICTORIA ANESTHESIOLOGY
A/P	193034	12/15/21	680.00	VICTORIA RADIOWORKS, LTD
A/P	193035	12/15/21	1,407.76	VITA PERSONA LLC
A/P	193036	12/15/21	3,282.29	WAGWORKS
A/P	193037	12/15/21	155.52	WAGWORKS, INC
A/P	193038	12/15/21	394.40	WEBPT, INC
A/P	193039	12/15/21	1,309.08	WERFEN USA LLC
A/P	193040	12/15/21	103,957.95	BETHAMY SENIOR LIVING
A/P	193041	12/15/21	391.31	BROADMOOR AT CREEKSIDE PARK
A/P	193042	12/15/21	5,565.00	FORTBEND HEALTHCARE CENTER
A/P	193043	12/15/21	64,417.22	GOLDENCREEK HEALTHCARE
A/P	193044	12/15/21	27,522.07	GULF POINTE PLAZA
A/P	193045	12/15/21	12,000.00	THE CRESCENT
A/P	193046	12/15/21	27,438.79	TUSCANY VILLAGE
A/P	193047	12/15/21	387.71	
A/P	193048	12/15/21	125.00	
A/P	193049	12/15/21	17.00	
A/P	193050	12/15/21	166.05	
A/P	193051	12/15/21	70.00	
A/P	193052	12/15/21	1,891.14	
A/P	193053	12/15/21	199.01	
A/P	193054	12/15/21	24.04	
A/P	193055	12/15/21	30.40	
A/P	193056	12/15/21	375.00	
TOTALS:			705,408.35	

Payables 445,472.66
critical < 10,919.00
4,439.00
Patient refunds 3,285.35
5,565.00
391.31
Nlt 12,000.00
Transfers 64,417.22
27,522.07
27,438.79
103,957.95
705,408.35

APPROVED ON

DEC 15 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: _____

Payer: _____

Requested by: _____

Requestor's email: _____

Requestor's phone number: _____

District or County: _____

Facility: _____

Please Attach:

Remittance Advice and EOB

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

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

and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	11/30/2021	EFT	8,490.97	EFT6169102	CV DAR000026869	566.07	BROADMOOR AT CREEKSIDE
N/A	N/A	11/30/2021	EFT	381.82	EFT6169131	CV DAR000026869	25.46	BROADMOOR AT CREEKSIDE
N/A	N/A	12/1/2021	EFT	127.71	EFT6170494	CV DAR000026869	8.52	BROADMOOR AT CREEKSIDE
N/A	N/A	12/2/2021	EFT	287.78	EFT6171888	CV DAR000026869	19.18	BROADMOOR AT CREEKSIDE
N/A	N/A	12/2/2021	EFT	\$ 4,246.26	EFT6171861	CV DAR000026869	283.08	BROADMOOR AT CREEKSIDE
N/A	N/A	12/3/2021	EFT	\$ 1,426.76	EFT6173367	CV DAR000026869	95.12	BROADMOOR AT CREEKSIDE
N/A	N/A	12/6/2021	EFT	\$ 1,384.61	EFT6174826	CV DAR000026869	92.31	BROADMOOR AT CREEKSIDE
N/A	N/A	12/6/2021	EFT	\$ 431.62	EFT6174858	CV DAR000026869	28.78	BROADMOOR AT CREEKSIDE
TOTAL				16,777.53			1,118.52	

To be filled out by Memorial Medical Center:

Date Received: 12/13/2021

Approved by: C Clevenger

Date of transfer: 12/15/2021

From Facility: Broadmoor

To Facility: MMClinic

Amount: 1,118.52

APPROVED ON

DEC 13 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

cl# 000168

Request for Transfer of Funds

Transfer #: _____

Date Requested: _____

Payer: _____

Requested by: _____

Requestor's email: _____

Requestor's phone number: _____

District or County: _____

Facility: _____

Please Attach:

Remittance Advice and EOB

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

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

and Remittance Advice to : cclevenge@mhcportlavaca.com

mmartinez@mhcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	11/30/2021	EFT	8,490.97	EFT6169102	CVDAR000018170	566.07	SOLERA WEST HOUSTON
N/A	N/A	11/30/2021	EFT	381.82	EFT6169131	CVDAR000018170	25.46	SOLERA WEST HOUSTON
N/A	N/A	12/1/2021	EFT	127.71	EFT6170494	CVDAR000018170	8.52	SOLERA WEST HOUSTON
N/A	N/A	12/2/2021	EFT	287.78	EFT6171888	CVDAR000018170	19.18	SOLERA WEST HOUSTON
N/A	N/A	12/2/2021	EFT	\$ 4,246.26	EFT6171861	CVDAR000018170	283.08	SOLERA WEST HOUSTON
N/A	N/A	12/3/2021	EFT	\$ 1,426.76	EFT6173367	CVDAR000018170	95.12	SOLERA WEST HOUSTON
N/A	N/A	12/6/2021	EFT	\$ 1,384.61	EFT6174826	CVDAR000018170	92.31	SOLERA WEST HOUSTON
N/A	N/A	12/6/2021	EFT	\$ 431.62	EFT6174858	CVDAR000018170	28.78	SOLERA WEST HOUSTON
TOTAL				16,777.53			1,118.52	

To be filled out by Memorial Medical Center:

Date Received: 12/13/2021

Approved by: C Clevenge

Date of transfer: 12/15/2021

From Facility: Solera

To Facility: MMClinic

Amount: 1,118.52

APPROVED ON

DEC 13 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

ck# 01197

Request for Transfer of Funds

Transfer #: _____

Date Requested _____

Payer _____

Requested by: _____

Requestor's email _____

Requestor's phone number _____

District or County _____

Facility _____

Please Attach:
 Remittance Advice and EOB

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

* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.
 Please email request form
 and Remittance Advice to : cclevenger@mmcpportlavaca.com
mmartinez@mmcpportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	10/12/2021	EFT	925.12	EFT6116796	CV DAR000019540	44.03	GOLDEN CREEK
N/A	N/A	10/13/2021	EFT	2,475.90	EFT6118429	CV DAR000019540	117.84	GOLDEN CREEK
N/A	N/A	10/14/2021	EFT	2,568.39	EFT6120184	CV DAR000019540	122.24	GOLDEN CREEK
N/A	N/A	10/15/2021	EFT	143.89	EFT6121851	CV DAR000019540	6.85	GOLDEN CREEK
TOTAL				6,113.30			290.96	

To be filled out by Memorial Medical Center:

Date Received: 12/13/2021

Approved by: C Clevenger

Date of transfer: 12/15/2021

From Facility: Golden Creek

To Facility: MMClinic

Amount: 290.96

APPROVED ON
DEC 13 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
 CK#000149

Request for Transfer of Funds

Date Requested 12/10/2021

Payer Novitas

Requested by: Tracy Simms

Requestor's email tsimms@cantexcc.com

Requestor's phone number 214-954-4114 ext 115

District or County Memorial Medical Center

Facility The Crescent

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.

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
		10/25/2021	EFT	\$1,835.03	EFT6132375	CVDAR000019540	\$83.37	Due Crescent from Golden Creek
		10/21/2021	EFT	\$3,968.62	EFT6129603	CVDAR000019540	\$180.30	Due Crescent from Golden Creek
		10/22/2021	EFT	\$2,123.21	EFT6131356	CVDAR000019540	\$96.46	Due Crescent from Golden Creek
		10/15/2021	EFT	\$303.16	EFT6121872	CVDAR000019540	\$13.77	Due Crescent from Golden Creek
		10/20/2021	EFT	\$107,625.41	EFT6127872	CVDAR000019540	\$4,889.57	Due Crescent from Golden Creek
		10/13/2021	EFT	\$2,991.85	EFT6118485	CVDAR000019540	\$135.92	Due Crescent from Golden Creek
		9/30/2021	EFT	\$3,431.19	EFT6107493	CVDAR000019540	\$155.88	Due Crescent from Golden Creek
		10/8/2021	EFT	\$1,238.19	EFT6115349	CVDAR000019540	\$56.25	Due Crescent from Golden Creek
		8/27/2021	EFT	\$2,121.75	EFT6072829	CVDAR000019540	\$84.69	Due Crescent from Golden Creek
		8/30/2021	EFT	\$9,327.43	EFT6074608	CVDAR000019540	\$372.33	Due Crescent from Golden Creek
		8/13/2021	EFT	\$2,121.75	EFT6054488	CVDAR000019540	\$84.69	Due Crescent from Golden Creek
		8/20/2021	EFT	\$37,086.17	EFT6064034	CVDAR000019540	\$1,480.41	Due Crescent from Golden Creek
		9/10/2021	EFT	\$2,123.21	EFT6085226	CVDAR000019540	\$96.46	Due Crescent from Golden Creek
		9/22/2021	EFT	\$94,522.11	EFT6097586	CVDAR000019540	\$4,294.27	Due Crescent from Golden Creek
		9/27/2021	EFT	\$20,800.93	EFT6102696	CVDAR000019540	\$945.01	Due Crescent from Golden Creek
			TOTAL	-			\$12,969.38	

To be filled out by Company who received funds:

Date Received: 12/13/2021

Approved by: C Clevenger

Date of transfer: 12/15/2021

From Facility: Golden Creek

To Facility: Crescent

Amount: \$12,969.38

APPROVED ON

DEC 13 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CL#000146

Request for Transfer of Funds

Date Requested 12/9/2021

Payer Novitas

Requested by: Tracy Simms

Requestor's email tsimms@cantexcc.com

Requestor's phone number 214-954-4114 ext 115

District or County Memorial Medical Center

Facility The Broadmoor at Creekside Park

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.

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
		9/3/2021	EFT	\$10,614.46	EFT6078490	CV DAR000019540	\$423.71	Due Broadmoor from Golden Creek
		9/23/2021	EFT	682.52	EFT6099153	CV DAR000019540	\$31.01	Due Broadmoor from Golden Creek
		9/27/2021	EFT	1,952.00	EFT6102709	CV DAR000019540	\$88.68	Due Broadmoor from Golden Creek
		9/28/2021	EFT	7,251.91	EFT6104567	CV DAR000019540	\$329.47	Due Broadmoor from Golden Creek
		9/22/2021	EFT	105,567.16	EFT6097594	CV DAR000019540	\$4,796.07	Due Broadmoor from Golden Creek
		9/8/2021	EFT	8,696.31	EFT6082746	CV DAR000019540	\$347.14	Due Broadmoor from Golden Creek
		9/2/2021	EFT	10,614.46	EFT6078490	CV DAR000019540	\$423.71	Due Broadmoor from Golden Creek
		8/20/2021	EFT	1,758.25	EFT6064044	CV DAR000019540	\$70.18	Due Broadmoor from Golden Creek
		8/18/2021	EFT	531.39	EFT6059673	CV DAR000019540	\$21.21	Due Broadmoor from Golden Creek
		8/19/2021	EFT	113,845.42	EFT6061845	CV DAR000019540	\$4,544.50	Due Broadmoor from Golden Creek
		8/24/2021	EFT	833.71	EFT6067393	CV DAR000019540	\$33.28	Due Broadmoor from Golden Creek
		8/27/2021	EFT	6,791.44	EFT6072838	CV DAR000019540	\$271.10	Due Broadmoor from Golden Creek
		10/4/2021	EFT	7,845.78	EFT6110124	CV DAR000019540	\$356.44	Due Broadmoor from Golden Creek
		10/1/2021	EFT	7,632.83	EFT6108779	CV DAR000019540	\$346.77	Due Broadmoor from Golden Creek
		10/19/2021	EFT	237.67	EFT6125525	CV DAR000019540	\$10.80	Due Broadmoor from Golden Creek
		10/20/2021	EFT	70,958.10	EFT6127882	CV DAR000019540	\$3,223.73	Due Broadmoor from Golden Creek
		10/22/2021	EFT	17,045.65	EFT6131371	CV DAR000019540	\$774.41	Due Broadmoor from Golden Creek
		10/21/2021	EFT	13,688.20	EFT6129622	CV DAR000019540	\$621.87	Due Broadmoor from Golden Creek
			TOTAL	\$386,547.26			\$16,714.08	

To be filled out by Company who received funds:

Date Received: 12/13/2021

Approved by: C Clevenger

Date of transfer: 12/15/2021

From Facility: Golden Creek

To Facility: Broadmoor

Amount: \$16,714.08

APPROVED ON

DEC 13 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CK #000145

Request for Transfer of Funds

Date Requested 12/10/2021
Payer Novitas
Requested by: Tracy Simms
Requestor's email tsimms@cantexcc.com
Requestor's phone number 214-954-4114 ext 115
District or County Memorial Medical Center
Facility Fort Bend

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.

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
		10/21/2021	EFT	\$23,643.83	EFT6128997	CVDAR000019540	\$1,125.29	Due Fort Bend from Golden Creek
		10/22/2021	EFT	\$1,347.60	EFT6130795	CVDAR000019540	\$64.14	Due Fort Bend from Golden Creek
		10/1/2021	EFT	\$88.19	EFT6108354	CVDAR000019540	\$4.20	Due Fort Bend from Golden Creek
		8/26/2021	EFT	\$2,639.81	EFT6070538	CVDAR000019540	\$105.37	Due Fort Bend from Golden Creek
		8/23/2021	EFT	\$8,786.23	EFT6065245	CVDAR000019540	\$350.73	Due Fort Bend from Golden Creek
		8/20/2021	EFT	\$9,741.09	EFT6063289	CVDAR000019540	\$388.84	Due Fort Bend from Golden Creek
		8/25/2021	EFT	\$5,842.39	EFT6068760	CVDAR000019540	\$233.22	Due Fort Bend from Golden Creek
		9/8/2021	EFT	\$325.20	EFT6082390	CVDAR000019540	\$12.98	Due Fort Bend from Golden Creek
		9/23/2021	EFT	\$12,727.19	EFT6098590	CVDAR000019540	\$605.74	Due Fort Bend from Golden Creek
			TOTAL	65,141.53			\$2,890.51	

To be filled out by Company who received funds:

Date Received: 12/13/2021
Approved by: C Clevenger
Date of transfer: 12/15/2021
From Facility: Golden Creek
To Facility: Fort Bend
Amount: \$ 2,890.51

APPROVED ON

DEC 13 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CK# 000147

Request for Transfer of Funds

Date Requested 12/9/2021

Payer Novitas

Requested by: Tracy Simms

Requestor's email tsimms@cantexcc.com

Requestor's phone number 214-954-4114 ext 115

District or County Memorial Medical Center

Facility Ashford

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.

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
		9/23/2021	EFT	\$77,198.97	EFT7087304	CVDAR000019540	\$3,674.18	Due Ashford from Golden Creek
		9/28/2021	EFT	\$462.36	EFT7088959	CVDAR000019540	\$22.01	Due Ashford from Golden Creek
		9/22/2021	EFT	\$1,540.22	EFT7086865	CVDAR000019540	\$73.30	Due Ashford from Golden Creek
		8/23/2021	EFT	\$59,921.04	EFT7078544	CVDAR000019540	\$2,491.39	Due Ashford from Golden Creek
		8/18/2021	EFT	\$1,414.90	EFT7077112	CVDAR000019540	\$58.83	Due Ashford from Golden Creek
		8/27/2021	EFT	\$7,642.38	EFT7080501	CVDAR000019540	\$317.76	Due Ashford from Golden Creek
		10/20/2021	EFT	\$2,766.93	EFT7094527	CVDAR000019540	\$131.69	Due Ashford from Golden Creek
		10/22/2021	EFT	\$1,584.39	EFT7095655	CVDAR000019540	\$75.41	Due Ashford from Golden Creek
		10/21/2021	EFT	\$31,255.97	EFT7094993	CVDAR000019540	\$1,487.59	Due Ashford from Golden Creek
		10/25/2021	EFT	\$244.22	EFT7096041	CVDAR000019540	\$11.62	Due Ashford from Golden Creek
			TOTAL	184,031.38			8,343.78	

To be filled out by Company who received funds:

Date Received: 12/13/2021

Approved by: C Clevenger

Date of transfer: 12/15/2021

From Facility: Golden Creek

To Facility: Ashford

Amount: \$ 8,343.78

APPROVED ON
DEC 13 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
C/K#000144**

Request for Transfer of Funds

Date Requested 12/9/2021

Payer Novitas

Requested by: Tracy Simms

Requestor's email tsimms@cantexcc.com

Requestor's phone number 214-954-4114 ext 115

District or County Memorial Medical Center

Facility Solera at West Houston

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.

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
		10/21/2021	EFT	\$2,134.52	EFT6129599	CVDAR000019540	\$96.98	Due Solera from Golden Creek
		10/22/2021	EFT	\$5,117.29	EFT6131352	CVDAR000019540	\$232.49	Due Solera from Golden Creek
		10/20/2021	EFT	\$125,904.77	EFT6127868	CVDAR000019540	\$5,720.03	Due Solera from Golden Creek
		9/30/2021	EFT	\$13,890.46	EFT6107489	CVDAR000019540	\$631.06	Due Solera from Golden Creek
		10/1/2021	EFT	\$4,970.77	EFT6108768	CVDAR000019540	\$225.83	Due Solera from Golden Creek
		9/21/2021	EFT	\$287.76	EFT6096047	CVDAR000019540	\$13.07	Due Solera from Golden Creek
		8/25/2021	EFT	\$9,514.60	EFT6069257	CVDAR000019540	\$379.81	Due Solera from Golden Creek
		8/27/2021	EFT	\$2,042.21	EFT6072826	CVDAR000019540	\$81.52	Due Solera from Golden Creek
		8/11/2021	EFT	\$4,824.25	EFT6051841	CVDAR000019540	\$192.58	Due Solera from Golden Creek
		8/13/2021	EFT	\$2,042.21	EFT6054487	CVDAR000019540	\$81.52	Due Solera from Golden Creek
		8/20/2021	EFT	\$1,574.43	EFT6064028	CVDAR000019540	\$62.85	Due Solera from Golden Creek
		8/23/2021	EFT	\$95,144.86	EFT6065784	CVDAR000019540	\$3,798.01	Due Solera from Golden Creek
		8/31/2021	EFT	\$115.42	EFT6075932	CVDAR000019540	\$4.61	Due Solera from Golden Creek
		9/7/2021	EFT	\$305.50	EFT6081536	CVDAR000019540	\$12.20	Due Solera from Golden Creek
		9/10/2021	EFT	\$2,043.62	EFT6085225	CVDAR000019540	\$92.85	Due Solera from Golden Creek
		9/27/2021	EFT	\$24,732.69	EFT6102691	CVDAR000019540	\$1,123.64	Due Solera from Golden Creek
		9/23/2021	EFT	\$254,741.08	EFT6099143	CVDAR000019540	\$11,573.25	Due Solera from Golden Creek
		9/29/2021	EFT	\$2,611.06	EFT6106059	CVDAR000019540	\$118.62	Due Solera from Golden Creek
		10/8/2021	EFT	\$2,043.62	EFT6115347	CVDAR000019540	\$92.85	Due Solera from Golden Creek
			TOTAL	\$554,041.12			\$24,533.77	

To be filled out by Company who received funds:

Date Received: 12/13/2021

Approved by: C Clevenger

Date of transfer: 12/15/2021

From Facility: Golden Creek

To Facility: Solera

APPROVED ON

DEC 13 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

Amount:

\$24,533.77

Request for Transfer of Funds

Date Requested 12/10/2021
Payer Novitas
Requested by: Tracy Simms
Requestor's email tsimms@cantexcc.com
Requestor's phone number 214-954-4114 ext 115
District or County Memorial Medical Center
Facility The Crescent

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.

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
		10/25/2021	EFT	\$1,835.03	EFT6132375	CVDAR000007985	\$83.37	Due Crescent from Tuscany
		10/21/2021	EFT	\$3,968.62	EFT6129603	CVDAR000007985	\$180.30	Due Crescent from Tuscany
		10/22/2021	EFT	\$2,123.21	EFT6131356	CVDAR000007985	\$96.46	Due Crescent from Tuscany
		10/15/2021	EFT	\$303.16	EFT6121872	CVDAR000007985	\$13.77	Due Crescent from Tuscany
		10/20/2021	EFT	\$107,625.41	EFT6127872	CVDAR000007985	\$4,889.57	Due Crescent from Tuscany
		10/13/2021	EFT	\$2,991.85	EFT6118485	CVDAR000007985	\$135.92	Due Crescent from Tuscany
		9/30/2021	EFT	\$3,431.19	EFT6107493	CVDAR000007985	\$155.88	Due Crescent from Tuscany
		10/8/2021	EFT	\$1,238.19	EFT6115349	CVDAR000007985	\$56.25	Due Crescent from Tuscany
		8/27/2021	EFT	\$2,121.75	EFT6072829	CVDAR000007985	\$84.69	Due Crescent from Tuscany
		8/30/2021	EFT	\$9,327.43	EFT6074608	CVDAR000007985	\$372.33	Due Crescent from Tuscany
		8/13/2021	EFT	\$2,121.75	EFT6054489	CVDAR000007985	\$84.69	Due Crescent from Tuscany
		8/20/2021	EFT	\$37,086.17	EFT6064034	CVDAR000007985	\$1,480.41	Due Crescent from Tuscany
		9/10/2021	EFT	\$2,123.21	EFT6085226	CVDAR000007985	\$96.46	Due Crescent from Tuscany
		9/22/2021	EFT	\$94,522.11	EFT6097586	CVDAR000007985	\$4,294.27	Due Crescent from Tuscany
		9/27/2021	EFT	\$20,800.93	EFT6102696	CVDAR000007985	\$945.01	Due Crescent from Tuscany
		10/27/2021	EFT	\$12,781.58	EFT6135963	CVDAR000007985	\$671.36	Due Crescent from Tuscany
		10/26/2021	EFT	\$547.70	EFT6134494	CVDAR000007985	\$23.80	Due Crescent from Tuscany
		11/4/2021	EFT	\$711.93	EFT6144003	CVDAR000007985	\$37.40	Due Crescent from Tuscany
		11/5/2021	EFT	\$363.89	EFT6145507	CVDAR000007985	\$19.11	Due Crescent from Tuscany
			TOTAL	-			\$13,721.05	

To be filled out by Company who received funds:

Date Received: 12/13/2021
Approved by: C Clevenger
Date of transfer: 12/15/2021
From Facility: Tuscany

To Facility:
Amount:

Crescent

\$13,721.05

APPROVED ON

DEC 13 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 1085

Request for Transfer of Funds

Date Requested 12/9/2021
Payer Novitas
Requested by: Tracy Simms
Requestor's email tsimms@cantexcc.com
Requestor's phone number 214-954-4114 ext 115
District or County Memorial Medical Center
Facility Ashford

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.

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
		9/23/2021	EFT	\$77,198.97	EFT7087304	CVDAR000007985	\$3,674.18	Due Ashford from Tuscany
		9/28/2021	EFT	\$462.36	EFT7088959	CVDAR000007985	\$22.01	Due Ashford from Tuscany
		9/22/2021	EFT	\$1,540.22	EFT7086865	CVDAR000007985	\$73.30	Due Ashford from Tuscany
		8/23/2021	EFT	\$59,921.04	EFT7078544	CVDAR000007985	\$2,491.39	Due Ashford from Tuscany
		8/18/2021	EFT	\$1,414.90	EFT7077112	CVDAR000007985	\$58.83	Due Ashford from Tuscany
		8/27/2021	EFT	\$7,642.38	EFT7080501	CVDAR000007985	\$317.76	Due Ashford from Tuscany
		10/20/2021	EFT	\$2,766.93	EFT7094527	CVDAR000007985	\$131.69	Due Ashford from Tuscany
		10/22/2021	EFT	\$1,584.39	EFT7095655	CVDAR000007985	\$75.41	Due Ashford from Tuscany
		10/21/2021	EFT	\$31,255.97	EFT7094993	CVDAR000007985	\$1,487.59	Due Ashford from Tuscany
		10/25/2021	EFT	\$244.22	EFT7096041	CVDAR000007985	\$11.62	Due Ashford from Tuscany
		10/26/2021	EFT	\$1,810.10	EFT7096572	CVDAR000007985	\$82.24	Due Ashford from Tuscany
		10/27/2021	EFT	\$669.15	EFT7097075	CVDAR000007985	\$37.09	Due Ashford from Tuscany
		11/18/2021	EFT	\$30,463.20	EFT7102700	CVDAR000007985	\$2,030.88	Due Ashford from Tuscany
			TOTAL	216,973.83			10,493.99	

To be filled out by Company who received funds:

Date Received: 12/13/2021
Approved by: C Clevenger
Date of transfer: 12/15/2021
From Facility: Tuscany
To Facility: Ashford
Amount: \$ 10,493.99

APPROVED ON

DEC 13 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
ck #1083**

Request for Transfer of Funds

Date Requested 12/9/2021
Payer Novitas
Requested by: Tracy Simms
Requestor's email tsimms@cantexcc.com
Requestor's phone number 214-954-4114 ext 115
District or County Memorial Medical Center
Facility The Broadmoor at Creekside Park

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.

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
		9/3/2021	EFT	\$10,614.46	EFT6078490	CVDAR000007985	\$423.71	Due Broadmoor from Tuscany
		9/23/2021	EFT	682.52	EFT6099153	CVDAR000007985	\$31.01	Due Broadmoor from Tuscany
		9/27/2021	EFT	1,952.00	EFT6102709	CVDAR000007985	\$88.68	Due Broadmoor from Tuscany
		9/28/2021	EFT	7,251.91	EFT6104567	CVDAR000007985	\$329.47	Due Broadmoor from Tuscany
		9/22/2021	EFT	105,567.16	EFT6097594	CVDAR000007985	\$4,796.07	Due Broadmoor from Tuscany
		9/8/2021	EFT	8,696.31	EFT6082746	CVDAR000007985	\$347.14	Due Broadmoor from Tuscany
		9/2/2021	EFT	10,614.46	EFT6078490	CVDAR000007985	\$423.71	Due Broadmoor from Tuscany
		8/20/2021	EFT	1,758.25	EFT6064044	CVDAR000007985	\$70.18	Due Broadmoor from Tuscany
		8/18/2021	EFT	531.39	EFT6059673	CVDAR000007985	\$21.21	Due Broadmoor from Tuscany
		8/19/2021	EFT	113,845.42	EFT6061845	CVDAR000007985	\$4,544.50	Due Broadmoor from Tuscany
		8/24/2021	EFT	833.71	EFT6067393	CVDAR000007985	\$33.28	Due Broadmoor from Tuscany
		8/27/2021	EFT	6,791.44	EFT6072838	CVDAR000007985	\$271.10	Due Broadmoor from Tuscany
		10/4/2021	EFT	7,845.78	EFT6110124	CVDAR000007985	\$356.44	Due Broadmoor from Tuscany
		10/1/2021	EFT	7,632.83	EFT6108779	CVDAR000007985	\$346.77	Due Broadmoor from Tuscany
		10/19/2021	EFT	237.67	EFT6125525	CVDAR000007985	\$10.80	Due Broadmoor from Tuscany
		10/20/2021	EFT	70,958.10	EFT6127882	CVDAR000007985	\$3,223.73	Due Broadmoor from Tuscany
		10/22/2021	EFT	17,045.65	EFT6131371	CVDAR000007985	\$774.41	Due Broadmoor from Tuscany
		10/21/2021	EFT	13,688.20	EFT6129622	CVDAR000007985	\$621.87	Due Broadmoor from Tuscany
		10/27/2021	EFT	2,068.49	EFT6135972	CVDAR000007985	\$108.65	Due Broadmoor from Tuscany
			TOTAL	\$388,615.75			\$16,822.73	

To be filled out by Company who received funds:

Date Received: 12/13/2021
Approved by: C Clevenger
Date of transfer: 12/15/2021
From Facility: Tuscany
To Facility: Broadmoor
Amount: \$16,822.73

APPROVED ON

DEC 13 2021

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS
 CK # 1084**

Request for Transfer of Funds

Date Requested 12/10/2021
Payer Novitas
Requested by: Tracy Simms
Requestor's email tsimms@cantexcc.com
Requestor's phone number 214-954-4114 ext 115
District or County Memorial Medical Center
Facility Fort Bend

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.

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
		10/21/2021	EFT	\$23,643.83	EFT6128997	CVDAR000007985	\$1,125.29	Due Fort Bed from Tuscany
		10/22/2021	EFT	\$1,347.60	EFT6130795	CVDAR000007985	\$64.14	Due Fort Bed from Tuscany
		10/1/2021	EFT	\$88.19	EFT6108354	CVDAR000007985	\$4.20	Due Fort Bed from Tuscany
		8/26/2021	EFT	\$2,639.81	EFT6070538	CVDAR000007985	\$105.37	Due Fort Bed from Tuscany
		8/23/2021	EFT	\$8,786.23	EFT6065245	CVDAR000007985	\$350.73	Due Fort Bed from Tuscany
		8/20/2021	EFT	\$9,741.09	EFT6063289	CVDAR000007985	\$388.84	Due Fort Bed from Tuscany
		8/25/2021	EFT	\$5,842.39	EFT6068760	CVDAR000007985	\$233.22	Due Fort Bed from Tuscany
		9/8/2021	EFT	\$325.20	EFT6082390	CVDAR000007985	\$12.98	Due Fort Bed from Tuscany
		9/23/2021	EFT	\$12,727.19	EFT6098590	CVDAR000007985	\$605.74	Due Fort Bed from Tuscany
		10/29/2021	EFT	\$57.66	EFT6138314	CVDAR000007985	\$3.20	Due Fort Bed from Tuscany
			TOTAL	65,199.19			2,893.71	

To be filled out by Company who received funds:

Date Received: 12/13/2021
Approved by: C Clevenger
Date of transfer: 12/15/2021
From Facility: Tuscany
To Facility: Fort Bend
Amount: \$ 2,893.71

APPROVED ON

DEC 13 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

ck #1084

Request for Transfer of Funds

Date Requested 12/9/2021
Payer Novitas
Requested by: Tracy Simms
Requestor's email tsimms@cantexcc.com
Requestor's phone number 214-954-4114 ext 115
District or County Memorial Medical Center
Facility Solera at West Houston

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.

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
		10/21/2021	EFT	\$2,134.52	EFT6129599	CVDAR000007985	\$96.98	Due Solera from Tuscany
		10/22/2021	EFT	\$5,117.29	EFT6131352	CVDAR000007985	\$232.49	Due Solera from Tuscany
		10/20/2021	EFT	\$125,904.77	EFT6127868	CVDAR000007985	\$5,720.03	Due Solera from Tuscany
		9/30/2021	EFT	\$13,890.46	EFT6107489	CVDAR000007985	\$631.06	Due Solera from Tuscany
		10/1/2021	EFT	\$4,970.77	EFT6108768	CVDAR000007985	\$225.83	Due Solera from Tuscany
		9/21/2021	EFT	\$287.76	EFT6096047	CVDAR000007985	\$13.07	Due Solera from Tuscany
		8/25/2021	EFT	\$9,514.60	EFT6069257	CVDAR000007985	\$379.81	Due Solera from Tuscany
		8/27/2021	EFT	\$2,042.21	EFT6072826	CVDAR000007985	\$81.52	Due Solera from Tuscany
		8/11/2021	EFT	\$4,824.25	EFT6051841	CVDAR000007985	\$192.58	Due Solera from Tuscany
		8/13/2021	EFT	\$2,042.21	EFT6054487	CVDAR000007985	\$81.52	Due Solera from Tuscany
		8/20/2021	EFT	\$1,574.43	EFT6064028	CVDAR000007985	\$62.85	Due Solera from Tuscany
		8/23/2021	EFT	\$95,144.86	EFT6065784	CVDAR000007985	\$3,798.01	Due Solera from Tuscany
		8/31/2021	EFT	\$115.42	EFT6075932	CVDAR000007985	\$4.61	Due Solera from Tuscany
		9/7/2021	EFT	\$305.50	EFT6081536	CVDAR000007985	\$12.20	Due Solera from Tuscany
		9/10/2021	EFT	\$2,043.62	EFT6085225	CVDAR000007985	\$92.85	Due Solera from Tuscany
		9/27/2021	EFT	\$24,732.69	EFT6102691	CVDAR000007985	\$1,123.64	Due Solera from Tuscany
		9/23/2021	EFT	\$254,741.08	EFT6099143	CVDAR000007985	\$11,573.25	Due Solera from Tuscany
		9/29/2021	EFT	\$2,611.06	EFT6106059	CVDAR000007985	\$118.62	Due Solera from Tuscany
		10/8/2021	EFT	\$2,043.62	EFT6115347	CVDAR000007985	\$92.85	Due Solera from Tuscany
		11/9/2021	EFT	\$6,653.47	EFT6148259	CVDAR000007985	\$349.48	Due Solera from Tuscany
		11/15/2021	EFT	\$523.89	EFT6152624	CVDAR000007985	\$27.52	Due Solera from Tuscany
		11/5/2021	EFT	\$2,047.15	EFT6145505	CVDAR000007985	\$107.53	Due Solera from Tuscany
		10/27/2021	EFT	\$6,675.32	EFT6135961	CVDAR000007985	\$350.62	Due Solera from Tuscany
		10/28/2021	EFT	\$10,296.93	EFT6137328	CVDAR000007985	\$540.85	Due Solera from Tuscany
			TOTAL	\$580,237.88			\$25,909.77	

To be filled out by Company who received funds:

Date Received: 12/13/2021
Approved by: C Clevenger
Date of transfer: 12/15/2021
From Facility: Tuscany
To Facility: Solera
Amount: \$25,909.77

APPROVED ON

DEC 13 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#1087

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MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000168

Date 12-15-21

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Clinic

\$ 1,118.⁵²/₁₀₀

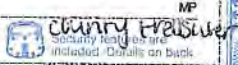
One thousand, one hundred eighteen dollars & ⁵²/₁₀₀

DOLLARS



County Auditor

FOR Medicare repayment



⑈000168⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000197

Date 12-15-21

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Clinic

\$ 1,118.⁵²/₁₀₀

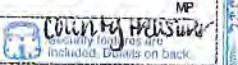
One thousand, one hundred eighteen dollars & ⁵²/₁₀₀

DOLLARS



County Auditor

FOR Medicare repayment



⑈000197⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001197

Date 12-15-21

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Clinic

\$ 1,118.⁵²/₁₀₀

One thousand, one hundred eighteen dollars & ⁵²/₁₀₀

DOLLARS



County Auditor

FOR Medicare repayment



⑈001197⑈ ⑆113122655⑆

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

000147

88-2265/1131

Date 12-15-21

PAY TO THE ORDER OF

Fort Bend

\$ 2,890.⁵¹/₁₀₀

Two thousand, eight hundred ninety dollars & ⁵¹/₁₀₀ DOLLARS



County auditor

FOR Medicare repayment



⑈000147⑈ ⑆113122655⑆

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

000144

88-2265/1131

Date 12-15-21

PAY TO THE ORDER OF

Ashford

\$ 8,343.⁷⁸/₁₀₀

Eight thousand, three hundred forty-three dollars & ⁷⁸/₁₀₀ DOLLARS



County auditor

FOR Medicare repayment



⑈000144⑈ ⑆113122655⑆

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

000148

88-2265/1131

Date 12-15-21

PAY TO THE ORDER OF

Solera

\$ 24,533.⁷⁷/₁₀₀

Twenty four thousand, five hundred thirty-three dollars & ⁷⁷/₁₀₀ DOLLARS



County auditor

FOR Medicare repayment



⑈000148⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

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

000149

Date 12-15-21

88-2265/1131

PAY TO THE ORDER OF

Memorial Medical Clinic

\$ 290 $\frac{96}{100}$

Two hundred ninety dollars & $\frac{96}{100}$

DOLLARS



FOR under repayment

County auditor



⑈000149⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

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

000146

Date 12-15-21

88-2265/1131

PAY TO THE ORDER OF

The Crescent

\$ 12,969 $\frac{38}{100}$

Twelve thousand, nine hundred sixty-nine dollars & $\frac{38}{100}$

DOLLARS



FOR Medicare repayment

County auditor



⑈000146⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

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

000145

Date 12-15-21

88-2265/1131

PAY TO THE ORDER OF

Broadmoor

\$ 16,714 $\frac{00}{100}$

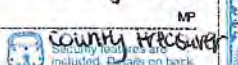
Sixteen thousand, Seven hundred fourteen dollars & $\frac{00}{100}$

DOLLARS



FOR Medicare repayment

County auditor



⑈000145⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1085

88-2265/1131-87

DATE 12-15-21



PAY TO THE ORDER OF The Crescent

\$ 13,721.⁰⁵/₁₀₀

Thirteen thousand, seven hundred twenty-one dollars $\frac{05}{100}$ DOLLARS



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

FOR medicare repayment

County Auditor

County Treasurer

⑈001085⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1083

88-2265/1131-87

DATE 12-15-21



PAY TO THE ORDER OF Ashford

\$ 10,493.⁹⁹/₁₀₀

Ten thousand, four hundred ninety-three dollars $\frac{99}{100}$ DOLLARS



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

FOR medicare repayment

County Auditor

County Treasurer

⑈001083⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1084

88-2265/1131-87

DATE 12-15-21



PAY TO THE ORDER OF Broadmoor

\$ 16,822.⁷³/₁₀₀

Sixteen thousand, eight hundred twenty-two dollars $\frac{73}{100}$ DOLLARS



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

FOR medicare repayment

County Auditor

County Treasurer

⑈001084⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1086

88-2265/1131-87

DATE 12-15-21

CHECK AMOUNT

PAY TO THE ORDER OF

Fort Bend

\$ 2,893.⁷¹/₁₀₀

Two thousand, eight hundred ninety-three dollars & ⁷¹/₁₀₀

DOLLARS

Photo Safe Deposit



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

FOR Medicare repayment

County Auditor

County Treasurer

⑈001086⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1087

88-2265/1131-87

DATE 12-15-21

CHECK AMOUNT

PAY TO THE ORDER OF

Solera

\$ 25,909.⁷⁷/₁₀₀

Twenty-five thousand, nine hundred nine dollars & ⁷⁷/₁₀₀

DOLLARS

Photo Safe Deposit



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

FOR Medicare repayment

County Auditor

County Treasurer

⑈001087⑈ ⑆113122655⑆

Medicare Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	Amt	CK DATE
BROADMOOR			MMClinic	20351000	1,118.52	12/15/2021
Crescent			MMClinic	20351000	1,118.52	12/15/2021
Solera			MMClinic	20351000	1,118.52	12/15/2021
Golden Creek			Ashford	20351000	8,343.78	12/15/2021
Golden Creek			Broadmoor	20351000	16,714.08	12/15/2021
Golden Creek			Crescent	20351000	12,969.38	12/15/2021
Golden Creek			Fort Bend	20351000	2,890.51	12/15/2021
Golden Creek			Solera	20351000	24,533.77	12/15/2021
Golden Creek			MM CLINIC	20351000	290.96	12/15/2021
Tuscany			Ashford	20351000	10,493.99	12/15/2021
Tuscany			Broadmoor	20351000	16,822.73	12/15/2021
Tuscany			Crescent	20351000	13,721.05	12/15/2021
Tuscany			Fort Bend	20351000	2,893.71	12/15/2021
Tuscany			Solera	20351000	25,909.77	12/15/2021
				Total	138,939.29	

Note:

Approved:



Anthony Richardson, CFO

12/13/2021

RUN DATE:12/15/21
TIME:14:46

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/15/21 THRU 12/15/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000168 12/15/21 1,118.52 MMCLINIC *Broadmoor*
TOTALS: 1,118.52

APPROVED ON

DEC 15 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:12/15/21
TIME:14:46

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/15/21 THRU 12/15/21

PAGE 4
GLCKREG

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

NHC 000197 12/15/21 1,118.52 MMCLINIC *Crescent*
TOTALS: 1,118.52

APPROVED ON

DEC 15 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:12/15/21
TIME:14:46

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/15/21 THRU 12/15/21

PAGE 5
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG	000144	12/15/21	8,343.78	ASHFORD
NHG	000145	12/15/21	16,714.08	BROADMOOR
NHG	000146	12/15/21	12,969.38	CRESCENT
NHG	000147	12/15/21	2,890.51	FORT BEND
NHG	000148	12/15/21	24,533.77	SOLETA
NHG	000149	12/15/21	290.96	MMCLINIC
TOTALS:			65,742.48	

QUIF Pointe

APPROVED ON

DEC 15 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:12/15/21
TIME:14:46

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/15/21 THRU 12/15/21

PAGE 6
GLCKREG

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

NHS 001197 12/15/21 1,118.52 MMCLINIC *Solem*
TOTALS: 1,118.52

APPROVED ON

DEC 15 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:12/15/21
TIME:14:46

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/15/21 THRU 12/15/21

PAGE 7
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
TUS	001083	12/15/21	10,493.99	ASHFORD
TUS	001084	12/15/21	16,822.73	BROADMOOR
TUS	001085	12/15/21	13,721.05	CRESCENT
TUS	001086	12/15/21	2,893.71	FORT BEND
TUS	001087	12/15/21	25,909.77	SOLETA
TOTALS:			69,841.25	

Tuscany

APPROVED ON

DEC 15 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 12/13/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		101,390.89	101,258.67	48,198.83		48,331.05	48,198.83
						Bank Balance	48,331.05
						Variance	
						Leave in Balance	100.00
						OCT INTEREST	16.23
						NOV INTEREST	15.99
						DEC INTEREST	
						Adjust Balance/Transfer Amt	48,198.83
Broadmoor		106,916.05	66,644.93	109,302.68		149,573.80	108,184.16
						Bank Balance	149,573.80
						Variance	
						Leave in Balance	100.00
						pending ck to bethany o/s	120.13
						pending ck to mmc o/s	34,159.04
						pending ck to clinic o/s	1,027.44
						pending ck to golden creek o/s	4,844.39
						medicare payment to mmclinic	1,118.52
						OCT INTEREST	11.33
						NOV INTEREST	8.79
						DEC INTEREST	
						Adjust Balance/Transfer Amt	108,184.16
Crescent		46,735.92	6,463.77	19,047.04		59,319.19	17,928.52
						Bank Balance	59,319.19
						Variance	
						Leave in Balance	100.00
						medicare payment to mmclinic	1,118.52
						pending ck o/s	120.13
						pending ck o/s	1,027.44
						pending ck o/s	34,159.04
						pending ck o/s	4,844.39
						OCT INTEREST	10.14
						NOV INTEREST	11.01
						DEC INTEREST	
						Adjust Balance/Transfer Amt	17,928.52
Fort Bend		11,351.27	11,242.81	327.14		435.60	
						Bank Balance	435.60
						Variance	0.00
						Leave in Balance	100.00
						OCT INTEREST	2.74
						NOV INTEREST	5.72
						DEC INTEREST	
						Adjust Balance/Transfer Amt	327.14
Solera at W Houston		39,240.29		45,123.13		84,363.42	42,960.21
						Bank Balance	84,363.42
						Variance	
						Leave in Balance	100.00
						medicare payment to mmclinic	1,118.52
						pending ck o/s	120.13
						pending ck o/s	1,027.44
						pending ck o/s	34,159.04
						pending ck o/s	4,844.39
						OCT INTEREST	18.41
						NOV INTEREST	15.28
						DEC INTEREST	
						Adjust Balance/Transfer Amt	42,960.21

48,198.83 +
 108,184.16 +
 17,928.52 +
 42,960.21 +
 217,271.72

APPROVED ON
DEC 13 2021
 Fort Bend / Broadmoor
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFER 217,271.72
 Approved: *[Signature]*
 Anthony Richardson, CFO 12/13/2021

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.

Ashford Gardens

12/6/2021	Amerigroup TXSC HCCLAIMPMT 3167007343 111000
12/6/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
12/6/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
12/7/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
12/8/2021	Amerigroup TXSC HCCLAIMPMT 3167409007 111000
12/8/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
12/9/2021	WIRE OUT ASHFORD HEALTH CARE CENTER LTD
12/10/2021	Amerigroup TXSC HCCLAIMPMT 3167619305 111000
12/10/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
12/10/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
12/10/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
12/10/2021	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	8,427.64	-	-	-	-	8,427.64	
-	3,322.95	-	-	-	-	3,322.95	
-	3,401.62	-	-	-	-	3,401.62	
-	1,732.41	-	-	-	-	1,732.41	
-	203.40	-	-	-	-	203.40	
-	5,167.50	-	-	-	-	5,167.50	
101,258.67	-	-	-	-	-	-	
-	183.17	-	-	-	-	183.17	
-	17,738.28	-	-	-	-	17,738.28	
-	1,798.47	-	-	-	-	1,798.47	
-	2,522.06	-	-	-	-	2,522.06	
-	3,701.33	-	-	-	-	3,701.33	
101,258.67	48,198.83	-	-	-	-	48,198.83	

Brosimoor

12/6/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
12/6/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
12/7/2021	UnitedHealthcare HCCLAIMPMT 746003411 124384
12/7/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
12/9/2021	WIRE OUT CANTEX HEALTH CARE CENTERS III
12/10/2021	MANAGEANDNET1718 MNS PMNT 00000000004293 41
12/10/2021	UnitedHealthcare HCCLAIMPMT 746003411 124384
12/10/2021	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2
12/10/2021	AARP Supplementa HCCLAIMPMT 746003411 124384

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	9,745.76	-	-	-	-	9,745.76	
-	64,050.86	-	-	-	-	64,050.86	
-	860.00	-	-	-	-	860.00	
-	2,064.01	-	-	-	-	2,064.01	
66,644.93	-	-	-	-	-	-	
-	5,985.00	-	-	-	-	5,985.00	
-	5,590.00	-	-	-	-	5,590.00	
-	20,368.74	-	-	-	-	20,368.74	
-	638.31	-	-	-	-	638.31	
66,644.93	109,302.68	-	-	-	-	109,302.68	

Crescent

12/6/2021	NOVITAS SOLUTION HCCLAIMPMT 676323 420000183
12/6/2021	CIGNA HCCLAIMPMT 1669860425 91000011674455
12/8/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
12/9/2021	WIRE OUT CANTEX HEALTH CARE CENTERS III
12/10/2021	MANAGEANDNET1718 MNS PMNT 00000000003268 41
12/10/2021	UnitedHealthcare HCCLAIMPMT 746003411 124384
12/10/2021	CIGNA HCCLAIMPMT 1669860425 91000012832707

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	2,129.50	-	-	-	-	2,129.50	
-	8,400.00	-	-	-	-	8,400.00	
-	2,180.54	-	-	-	-	2,180.54	
6,463.77	-	-	-	-	-	-	
-	32.00	-	-	-	-	32.00	
-	740.00	-	-	-	-	740.00	
-	5,565.00	-	-	-	-	5,565.00	
6,463.77	19,047.04	-	-	-	-	19,047.04	

Fort Bend

12/9/2021	WIRE OUT CANTEX HEALTH CARE CENTERS III
12/10/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
11,242.81	-	-	-	-	-	-	
-	327.14	-	-	-	-	327.14	
11,242.81	327.14	-	-	-	-	327.14	

Solera at West Houston

12/6/2021	NOVITAS SOLUTION HCCLAIMPMT 676310 420000183
12/6/2021	CIGNA HCCLAIMPMT 1497143259 91000011723384
12/7/2021	NOVITAS SOLUTION HCCLAIMPMT 676310 420000104
12/9/2021	MANAGEANDNET1718 MNS PMNT 00000000002482 41
12/10/2021	MANAGEANDNET1718 MNS PMNT 00000000002482 41
12/10/2021	UnitedHealthcare HCCLAIMPMT 746003411 124384
12/10/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
12/10/2021	NOVITAS SOLUTION HCCLAIMPMT 676310 420000121
12/10/2021	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	2,049.71	-	-	-	-	2,049.71	
-	1,298.50	-	-	-	-	1,298.50	
-	4,141.48	-	-	-	-	4,141.48	
-	3,780.00	-	-	-	-	3,780.00	
-	945.00	-	-	-	-	945.00	
-	184.07	-	-	-	-	184.07	
-	20,567.21	-	-	-	-	20,567.21	
-	9,391.68	-	-	-	-	9,391.68	
-	2,765.48	-	-	-	-	2,765.48	
-	45,123.13	-	-	-	-	45,123.13	
185,610.18	221,998.82	-	-	-	-	221,998.82	

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

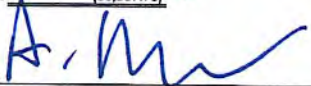
DDA Data reported as of Dec 13, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,378,122.77	\$7,660,821.39	\$7,378,122.77	\$7,629,997.77
*4551 CAL CO INDIGENT HEALTHCARE	\$5,572.09	\$5,572.09	\$5,572.09	\$5,572.09
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$29,487.54	\$36,086.61	\$29,487.54	\$22,866.60
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.99	\$535.99	\$535.99	\$535.99
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,550,884.10	\$5,706,364.41	\$5,550,884.10	\$5,927,955.21
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.51	\$431.51	\$431.51	\$431.51
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$48,331.05 ✓	\$119,854.86	\$48,331.05	\$22,387.74
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$149,573.80 ✓	\$152,855.45	\$149,573.80	\$116,991.75
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$59,319.19 ✓	\$67,453.84	\$59,319.19	\$52,982.19
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$435.60 ✓	\$10,322.69	\$435.60	\$108.46
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$84,363.42 ✓	\$106,413.58	\$84,363.42	\$50,509.98
*2998 MMC -MONEY MARKET FUND	\$1,109,095.73	\$1,109,095.73	\$1,109,095.73	\$1,109,095.73
*5506 MMC -NH BETHANY SENIOR LIVING	\$100,011.47	\$100,011.47	\$100,011.47	\$100,011.47
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$82,856.35	\$82,856.35	\$82,856.35	\$71,484.12
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$116,043.46	\$121,785.34	\$116,043.46	\$116,043.46
*3407 MMC -NH TUSCANY VILLAGE	\$41,181.47	\$41,181.47	\$41,181.47	\$33,021.47

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 12/13/2021

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		19,598.47	19,474.65	29,363.72		29,487.54	No transfer
					Bank Balance	29,478.54	
					Variance	9.00	
					Leave in Balance	100.00	
					medicare repayment to Ashford	8,343.78	
					medicare repayment to Broadmoor	16,714.08	
					medicare repayment to Crescent	12,969.38	
					medicare repayment to Fort Bend	2,890.51	
					medicare repayment to Solera	24,533.77	
					Mecare repayment to MMClinic	290.96	
					OCT INTEREST	11.51	
					NOV INTEREST	12.31	
					DEC INTEREST		
					Adjust Balance/Transfer Amt	(36,387.76)	

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

Approved: 
 Anthony Richardson, CFO

12/13/2021

APPROVED ON

DEC 13 2021

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek

12/6/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 12/6/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 12/6/2021 ACH SETTLEMENT SERVICE 4105523439 9601693126
 12/7/2021 ACH SETTLEMENT SERVICE 4105523439 9601693163
 12/8/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 12/8/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 12/8/2021 GOLDENCREEKHEALT MERC DEP 1220356 9100001412
 12/9/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 12/9/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 12/10/2021 HNB - ECHO HCCLAIMPMT 746003411 440000288455
 12/10/2021 ACH SETTLEMENT SERVICE 4105523439 9601693202
 12/10/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2

	Transfer-Out	Transfer-in	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apsc	QIPP TI	
	-	903.00						903.00
	-	7,967.00						7,967.00
	-	326.20						326.20
	-	1,463.00						1,463.00
	-	886.98						886.98
	-	4,712.00						4,712.00
	-	1,772.60						1,772.60
	19,474.65	-						-
	-	4,712.00						4,712.00
	-	921.48						921.48
	-	2,630.00						2,630.00
	-	3,069.46						3,069.46
	19,474.65	29,363.72	-	-	-	-	-	29,363.72

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Dec 13, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,378,122.77	\$7,660,821.39	\$7,378,122.77	\$7,629,997.77
*4551 CAL CO INDIGENT HEALTHCARE	\$5,572.09	\$5,572.09	\$5,572.09	\$5,572.09
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$29,487.54	\$36,086.61	\$29,487.54	\$22,866.60
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.99	\$535.99	\$535.99	\$535.99
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,550,884.10	\$5,706,364.41	\$5,550,884.10	\$5,927,955.21
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.51	\$431.51	\$431.51	\$431.51
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$48,331.05	\$119,854.86	\$48,331.05	\$22,387.74
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$149,573.80	\$152,855.45	\$149,573.80	\$116,991.75
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$59,319.19	\$67,453.84	\$59,319.19	\$52,982.19
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$435.60	\$10,322.69	\$435.60	\$108.46
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$84,363.42	\$106,413.58	\$84,363.42	\$50,509.98
*2998 MMC -MONEY MARKET FUND	\$1,109,095.73	\$1,109,095.73	\$1,109,095.73	\$1,109,095.73
*5506 MMC -NH BETHANY SENIOR LIVING	\$100,011.47	\$100,011.47	\$100,011.47	\$100,011.47
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$82,856.35	\$82,856.35	\$82,856.35	\$71,484.12
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$116,043.46	\$121,785.34	\$116,043.46	\$116,043.46
*3407 MMC -NH TUSCANY VILLAGE	\$41,181.47	\$41,181.47	\$41,181.47	\$33,021.47


Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 12/13/2021

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	79,398.55 ✓	-	36,644.91 ✓			116,043.46	no transfer
					Bank Balance	116,043.46 ✓	
					Variance		
					Leave in Balance	100.00	
					UNIDENTIFIED ECHO PAYMENTS (NO CHECK WILL BE WRITTEN FOR THIS AMOUNT YET)		
					pending ck	34,662.45	
					pending ck	10,017.16	
					pending ck	3,073.00	
					pending ck	530.99	
					pending ck	2,870.00	
					pending ck	11,694.50	
					pending ck	27,880.00	
					pending ck	2,646.00	
					pending ck	18,870.00	
					pending ck	3,685.25	
					OCT INTEREST	60.86 ✓	
					NOV INTEREST	13.51 ✓	
					DEC INTEREST		
					Adjust Balance/Transfer Amt	(60.26) ✓	

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	111.72 ✓	-	82,744.63 ✓			82,856.35	82,744.63
					Bank Balance	82,856.35 ✓	
					Variance		
					Leave in Balance	100.00	
					OCT INTEREST	6.23 ✓	
					NOV INTEREST	5.49 ✓	
					DEC INTEREST		
					Adjust Balance/Transfer Amt	82,744.63 ✓	
					TOTAL TRANSFERS	82,684.37	

Routing information for Gulf Pointe Plaza:

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

Approved: 
 Anthony Richardson, CFO 12/13/2021

APPROVED ON
DEC 13 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

12/6/2021 HNB - ECHO HCCLAIMPMT 746003411 440000235820
 12/6/2021 HNB - ECHO HCCLAIMPMT 746003411 440000235819
 12/6/2021 HNB - ECHO HCCLAIMPMT 746003411 440000235819
 12/6/2021 HNB - ECHO HCCLAIMPMT 746003411 440000235723
 12/6/2021 HNB - ECHO HCCLAIMPMT 746003411 440000235723
 12/6/2021 HNB - ECHO HCCLAIMPMT 746003411 440000235723
 12/6/2021 HNB - ECHO HCCLAIMPMT 746003411 440000235726
 12/6/2021 HNB - ECHO HCCLAIMPMT 746003411 440000235726
 12/6/2021 HNB - ECHO HCCLAIMPMT 746003411 440000235726
 12/7/2021 HNB - ECHO HCCLAIMPMT 746003411 440000285094
 12/7/2021 HNB - ECHO HCCLAIMPMT 746003411 440000285094
 12/7/2021 HNB - ECHO HCCLAIMPMT 746003411 440000285094
 12/8/2021 NDC SWEEP FAC H261 21000020074661 SWEEP FR

		MMC PORTION					NH
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	PORTION
-	5,004.19	-	-	-	-	-	5,004.19
-	16.47	-	-	-	-	-	16.47
-	423.35	-	-	-	-	-	423.35
-	2,460.64	-	-	-	-	-	2,460.64
-	45.38	-	-	-	-	-	45.38
-	4,732.90	-	-	-	-	-	4,732.90
-	1,111.04	-	-	-	-	-	1,111.04
-	78.41	-	-	-	-	-	78.41
-	5,636.07	-	-	-	-	-	5,636.07
-	4,558.05	-	-	-	-	-	4,558.05
-	39.20	-	-	-	-	-	39.20
-	117.61	-	-	-	-	-	117.61
-	12,421.60	-	-	-	-	-	12,421.60
-	36,644.91	-	-	-	-	-	36,644.91

Gulf Pointe Plaza-Medicare/Medicaid

12/7/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2
 12/8/2021 HNB - ECHO HCCLAIMPMT 746003411 44000023243
 12/8/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2
 12/9/2021 HNB - ECHO HCCLAIMPMT 746003411 440000255615
 12/10/2021 HNB - ECHO HCCLAIMPMT 746003411 440000288455
 12/10/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2

		MMC PORTION					NH
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	PORTION
-	21,465.56	-	-	-	-	-	21,465.56
-	14,785.37	-	-	-	-	-	14,785.37
-	13,967.61	-	-	-	-	-	13,967.61
-	21,153.86	-	-	-	-	-	21,153.86
-	9,630.77	-	-	-	-	-	9,630.77
-	1,741.46	-	-	-	-	-	1,741.46
-	82,744.63	-	-	-	-	-	82,744.63
-	119,389.54	-	-	-	-	-	119,389.54

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



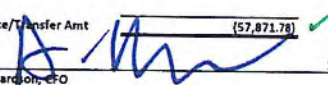
Select Group
Groups

DDA

Data reported as of Dec 13, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,378,122.77	\$7,660,821.39	\$7,378,122.77	\$7,629,997.77
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,572.09	\$5,572.09	\$5,572.09	\$5,572.09
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$29,487.54	\$36,086.61	\$29,487.54	\$22,866.60
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.99	\$535.99	\$535.99	\$535.99
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,550,884.10	\$5,706,364.41	\$5,550,884.10	\$5,927,955.21
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.51	\$431.51	\$431.51	\$431.51
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$48,331.05	\$119,854.86	\$48,331.05	\$22,387.74
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$149,573.80	\$152,855.45	\$149,573.80	\$116,991.75
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$59,319.19	\$67,453.84	\$59,319.19	\$52,982.19
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$435.60	\$10,322.69	\$435.60	\$108.46
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$84,363.42	\$106,413.58	\$84,363.42	\$50,509.98
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,095.73	\$1,109,095.73	\$1,109,095.73	\$1,109,095.73
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$100,011.47	\$100,011.47	\$100,011.47	\$100,011.47
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$82,856.35	\$82,856.35	\$82,856.35	\$71,484.12
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$116,043.46	\$121,785.34	\$116,043.46	\$116,043.46
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$41,181.47	\$41,181.47	\$41,181.47	\$33,021.47

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 12/13/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-in	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		84,476.90 ✓	55,264.90 ✓	11,969.47 ✓			41,181.47	No Transfer
						Bank Balance Variance	41,181.47 ✓	
						Leave in Balance	100.00	
						Medicare payment to Ashford	10,493.99 ✓	
						Medicare payment to Broadmoor	16,822.73 ✓	
						Medicare payment to Crescent	13,721.05 ✓	
						Medicare payment to Fort Bend	2,893.71 ✓	
						Medicare payment to Solera	25,909.77 ✓	
						MEDICARE REPAYMENT TO MMC	0 29,112.00	
						Adjust Balance/Transfer Amt	(57,871.78) ✓	
						Approved: 		12/13/2021
						Anthony Richardson, CFO		

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

APPROVED ON

DEC 13 2021

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

Tuscany Village

12/7/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200
12/9/2021 WIRE OUT LINBAR ENTERPRISES, LLC
12/10/2021 KS PLAN ADMINIST HCCLAIMPMT 179 111000029845

<u>Transfer-Out</u>	<u>Transfer-In</u>	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	3,809.47	-	-	-	-	-	3,809.47
55,264.90	-	-	-	-	-	-	-
-	8,160.00	-	-	-	-	-	8,160.00
-	-	-	-	-	-	-	-
<u>55,264.90</u>	<u>11,969.47</u>	-	-	-	-	-	<u>11,969.47</u>

Quick View

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Account Number / Name

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Select Group
Groups


DDA

Data reported as of Dec 13, 2021 10

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*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.99	\$535.99	\$535.99	\$535.99
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,550,884.10	\$5,706,364.41	\$5,550,884.10	\$5,927,955.21
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.51	\$431.51	\$431.51	\$431.51
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$48,331.05	\$119,854.86	\$48,331.05	\$22,387.74
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$149,573.80	\$152,855.45	\$149,573.80	\$116,991.75
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*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$84,363.42	\$106,413.58	\$84,363.42	\$50,509.98
*2998 MMC -MONEY MARKET FUND	\$1,109,095.73	\$1,109,095.73	\$1,109,095.73	\$1,109,095.73
*5506 MMC -NH BETHANY SENIOR LIVING	\$100,011.47	\$100,011.47	\$100,011.47	\$100,011.47
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$82,856.35	\$82,856.35	\$82,856.35	\$71,484.12
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$116,043.46	\$121,785.34	\$116,043.46	\$116,043.46
*3407 MMC -NH TUSCANY VILLAGE	\$41,181.47	\$41,181.47	\$41,181.47	\$33,021.47

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 12/13/2021

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		152,466.13	✓ 152,319.19	✓ 99,864.53	✓			
						Bank Balance	100,011.47	99,864.53
						Variance	100,011.47	✓
						Leave in Balance	100.00	

OCT INTEREST 25.39 ✓
 NOV INTEREST 21.55 ✓
 DEC INTEREST
 Adjust Balance/Transfer Amt 99,864.53
 Approved: 
 Anthony Richardson, CFO 12/13/2021

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 13 2021

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

MMC PORTION

Bethany Senior Living

	<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>QIPP/Comp1</u>	<u>QIPP/Comp 2</u>	<u>QIPP/Comp3</u>	<u>QIPP/Comp4 &Lapse</u>	<u>QIPP TI</u>	<u>NH PORTION</u>
12/6/2021 Deposit	-	17,735.57					-	17,735.57
12/7/2021 Deposit	-	59,285.50					-	59,285.50
12/7/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	7,031.39					-	7,031.39
12/8/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	5,894.96					-	5,894.96
12/9/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	152,319.19	-					-	-
12/9/2021 Deposit	-	9,917.11					-	9,917.11
	152,319.19	99,864.53	-	-	-	-	-	99,864.53

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