

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---December 22, 2021**

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 854,205.34
TOTAL TRANSFERS BETWEEN FUNDS	\$ 346,253.68
TOTAL NURSING HOME UPL EXPENSES	\$ 1,518,654.85
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 57,995.83
<b>GRAND TOTAL DISBURSEMENTS APPROVED December 22, 2021</b>	<b>\$ 2,777,109.70</b>

**APPROVED**

**DEC 22 2021**

**CALHOUN COUNTY  
COMMISSIONERS COURT**

## MEMORIAL MEDICAL CENTER

### COMMISSIONERS COURT APPROVAL LIST FOR ---December 22, 2021

#### **PAYABLES AND PAYROLL**

12/16/2021	Weekly Payables	406,374.57
12/16/2021	Emergency Staffing Solutions- emergency physician services	46,542.50
12/20/2021	McKesson-340B Prescription Expense	11,814.44
12/20/2021	Amerisource Bergen-340B Prescription Expense	289.00
12/20/2021	Payroll Liabilities -Payroll Taxes	93,090.66
12/20/2021	Payroll	295,704.03
<b>Prosperity Electronic Bank Payments</b>		
12/13/2021	Cleargagge-Patient Financing Service	109.40
12/13-12/16/21	Pay Plus-Patient Claims Processing Fee	280.74
<b>TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS</b>		<b>\$ 854,205.34</b>

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

12/16/2021	MMC Operating to Ashford-correction of medicare payment deposited into MMC Operating	22,542.62
12/16/2021	MMC Operating to Solera-correction of NH insurance payment and medicare deposited into MMC Operating in error	63,227.62
12/16/2021	MMC Operating to Fort bend-correction on NH medicare payment deposited into MMC Operating	11,396.92
12/16/2021	MMC Operating to Broadmoor-correction of NH medicare payment deposited into MMC Operating	50,869.06
12/16/2021	MMC Operating to Crescent-correction of NH insurance and medicare payment deposited into MMC Operating in error	45,681.52
12/16/2021	MMC Operating to Golden Creek-correction of NH insurance and medicare payment deposited into MMC Operating in error	10,797.05
12/16/2021	MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	3,547.04
12/16/2021	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	17,452.15
12/16/2021	MMC Operating to Bethany-correction of NH insurance and medicare payment deposited into MMC Operating in error	12,859.21

#### **MEDICARE ADVANCE PAYMENT RECOUP**

12/20/2021	Broadmoor to Bethany-correction of Broadmoor medical recoup taken from Bethany	674.89
12/20/2021	Broadmoor to Tuscany Village-correction of Broadmoor medical recoup taken from Tuscany Village	2,594.91
12/20/2021	Crescent to Tuscany Village-correction of Crecent medicare recoup taken from Tuscany Village	2,594.91
12/20/2021	Crescent to Bethany-correction of Crecent medicare recoup taken from Bethany	674.89
12/20/2021	Solera to Bethany-correction of Solera medicare recoup taken from Bethany	674.89
12/20/2021	Solera to Tuscany Village-correction of Solera medicare recoup taken from Tuscany Village	2,594.91

#### **TRANSFER OF FUNDS BETWEEN NURSING HOMES**

12/20/2021	Gulf Pointe Plaza-PP-correction of MMC insurance payment deposited into Gulf Pointe Plaza-PP in error	14,714.39
12/20/2021	Gulf Pointe Plaza-PP-correction of MMC Clinic insurance payment deposited into Gulf Pointe Plaza-PP in error	1,188.54
12/20/2021	Gulf Pointe Plaza-PP-correction of Ashford insurance payment deposited into Gulf Pointe Plaza-PP in error	73,629.16
12/20/2021	Gulf Pointe Plaza-PP-correction of Tuscany insurance payment deposited into Gulf Pointe Plaza-PP in error	4,829.00
12/20/2021	Gulf Pointe Plaza-PP-correction of Bethany insurance payment deposited into Gulf Pointe Plaza-PP in error	3,710.00

**TOTAL TRANSFERS BETWEEN FUNDS** **\$ 346,253.68**

#### **NURSING HOME UPL EXPENSES**

12/20/2021	Nursing Home UPL-Cantex Transfer	852,407.76
12/20/2021	Nursing Home UPL-Nexion Transfer	189,123.52
12/20/2021	Nursing Home UPL-HMG Transfer	41,220.59
12/20/2021	Nursing Home UPL-Tuscany Transfer	74,014.03

12/20/2021 Nursing Home UPL-HSL Transfer	310,965.51
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**NURSING HOME BANK FEES**

12/15/2021 Ashford-Enhanced analysis fee	86.26
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**QIPP CHECKS TO MMC**

12/20/2021 Ashford	15,879.84
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12/20/2021 Broadmoor	6,572.17
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12/20/2021 Crescent	5,853.95
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12/20/2021 Fort Bend	6,417.30
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12/20/2021 Solera	6,464.00
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12/20/2021 Tuscany	9,649.92
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<b>TOTAL NURSING HOME UPL EXPENSES</b>	<b>\$ 1,518,654.85</b>
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**INTER-GOVERNMENT TRANSFERS**

12/20/2021 IGT DSRIP DY10 R2 be paid on January 05, 2022	57,995.83
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<b>TOTAL INTER-GOVERNMENT TRANSFERS</b>	<b>\$ 57,995.83</b>
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<b>GRAND TOTAL DISBURSEMENTS APPROVED December 22, 2021</b>	<b>\$ 2,777,109.70</b>
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DEC 16 2021

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Due Dates Through: 01/05/2022

Vendor#	Vendor Name	Class	Pay Code								
10995	ABILITY NETWORK (SHIFTHOUND) ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
21M0184071 ✓		12/06/20	12/03/20	01/02/20		616.28	0.00	0.00	616.28	✓	
SCHEDULING SERVICES											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10995	ABILITY NETWORK (SHIFTHOUND)				616.28	0.00	0.00	616.28		
10950	ACUTE CARE INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV508 ✓		12/08/20	12/20/20	12/30/20		1,400.00	0.00	0.00	1,400.00	✓	
RFID FEE											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10950	ACUTE CARE INC				1,400.00	0.00	0.00	1,400.00		
13180	ADVANCED STERILIZATION PRODUCT ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
8020358883 ✓		12/06/20	11/29/20	12/29/20		20.00	0.00	0.00	20.00	✓	
SUPPLIES											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	13180	ADVANCED STERILIZATION PRODUCT				20.00	0.00	0.00	20.00		
A1746	ALPHA TEC SYSTEMS INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV00099759A ✓		12/15/20	11/03/20	12/03/20		15.00	0.00	0.00	15.00	✓	
FREIGHT											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	A1746	ALPHA TEC SYSTEMS INC				15.00	0.00	0.00	15.00		
A2218	AQUA BEVERAGE COMPANY ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
171632 ✓		12/15/20	11/30/20	12/25/20		44.40	0.00	0.00	44.40	✓	
WATER FOR LAB											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	A2218	AQUA BEVERAGE COMPANY				44.40	0.00	0.00	44.40		
A0400	AUREUS RADIOLOGY LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2399398 ✓		12/08/20	12/06/20	01/05/20		787.25	0.00	0.00	787.25	✓	
TRAVEL LAB STAFFING (11/19/21) Hawkins											
2399196 ✓		12/08/20	12/06/20	01/05/20		2,680.00	0.00	0.00	2,680.00	✓	
TRAVEL LAB STAFFING (11/19 - 11/24/21) Strubly											
2399325 ✓		12/08/20	12/06/20	01/05/20		2,432.25	0.00	0.00	2,432.25	✓	
TRAVEL LAB STAFFING (11/22 - 11/25/21) Simonich											
2391700 ✓		12/15/20	11/29/20	12/29/20		2,680.00	0.00	0.00	2,680.00	✓	
TRAVEL LAB STAFFING (11/15 - 11/18/21) Hawkins											
2391618 ✓		12/15/20	11/29/20	12/29/20		1,104.00	0.00	0.00	1,104.00	✓	
TRAVEL LAB STAFFING (11/12 - 11/15/21) Simonich											

231483	✓	12/15/20	11/29/20	12/29/20		971.50	0.00	0.00	971.50	✓
TRAVEL LAB STAFFING (11/13-11/15/21) Stibby										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		A0400	AUREUS RADIOLOGY LLC			10,655.00	0.00	0.00	10,655.00	
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	
72981335	✓	12/15/20	11/25/20	12/20/20		136.22	0.00	0.00	136.22	✓
SUPPLIES										
730000632	✓	12/15/20	11/29/20	12/24/20		321.01	0.00	0.00	321.01	✓
SUPPLIES										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		B1150	BAXTER HEALTHCARE			457.23	0.00	0.00	457.23	
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	
109472454	✓	11/30/20	11/29/20	12/24/20		80.47	0.00	0.00	80.47	✓
SUPPLIES										
109480170	✓	11/30/20	12/01/20	12/26/20		161.75	0.00	0.00	161.75	✓
SUPPLIES										
109479658	✓	11/30/20	12/01/20	12/26/20		181.13	0.00	0.00	181.13	✓
SUPPLIES										
109471691	✓	12/08/20	11/29/20	12/24/20		44.59	0.00	0.00	44.59	✓
SUPPLIES										
109483587	✓	12/08/20	12/02/20	12/27/20		85.90	0.00	0.00	85.90	✓
SUPPLIES										
109484379	✓	12/08/20	12/02/20	12/27/20		51.18	0.00	0.00	51.18	✓
SUPPLIES										
109485372	✓	12/08/20	12/02/20	12/27/20		1,772.90	0.00	0.00	1,772.90	✓
SUPPLIES										
7306994	✓	12/08/20	12/02/20	12/27/20		6,267.26	0.00	0.00	6,267.26	✓
SUPPLIES										
109486632	✓	12/08/20	12/03/20	12/28/20		1,847.55	0.00	0.00	1,847.55	✓
SUPPLIES										
109486551	✓	12/08/20	12/03/20	12/28/20		246.70	0.00	0.00	246.70	✓
SUPPLIES										
109486778	✓	12/08/20	12/03/20	12/28/20		697.27	0.00	0.00	697.27	✓
SUPPLIES										
109486421	✓	12/08/20	12/03/20	12/28/20		51.18	0.00	0.00	51.18	✓
SUPPLIES										
109488693	✓	12/08/20	12/05/20	12/30/20		14,108.29	0.00	0.00	14,108.29	✓
SUPPLIES										
109488424	✓	12/08/20	12/05/20	12/30/20		85.30	0.00	0.00	85.30	✓
SUPPLIES										
109491251	✓	12/08/20	12/06/20	12/31/20		45.97	0.00	0.00	45.97	✓
SUPPLIES										
109493295	✓	12/08/20	12/06/20	12/31/20		68.43	0.00	0.00	68.43	✓
SUPPLIES										
109491650	✓	12/08/20	12/06/20	12/31/20		68.43	0.00	0.00	68.43	✓
SUPPLIES										
109493236	✓	12/08/20	12/06/20	12/31/20		46.00	0.00	0.00	46.00	✓

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	SUPPLIES			109493799 ✓		12/08/20	12/06/20	12/31/20		1,160.63	0.00	0.00	1,160.63 ✓
	SUPPLIES			109490837 ✓		12/08/20	12/06/20	12/31/20		142.20	0.00	0.00	142.20 ✓
	SUPPLIES			109493983 ✓		12/08/20	12/06/20	12/31/20		82.48	0.00	0.00	82.48 ✓
	SUPPLIES			109493874 ✓		12/08/20	12/06/20	12/31/20		68.43	0.00	0.00	68.43 ✓
	SUPPLIES			109497955 ✓		12/08/20	12/07/20	01/01/20		393.88	0.00	0.00	393.88 ✓
	SUPPLIES			109499651 ✓		12/08/20	12/07/20	01/01/20		499.68	0.00	0.00	499.68 ✓
	SUPPLIES			109497039 ✓		12/08/20	12/07/20	01/01/20		1,305.37	0.00	0.00	1,305.37 ✓
	SUPPLIES			5450363 ✓		12/13/20	12/05/20	12/30/20		6,249.42	0.00	0.00	6,249.42 ✓
	SUPPLIES			109505329 ✓		12/15/20	12/08/20	01/02/20		2,559.33	0.00	0.00	2,559.33 ✓
	SUPPLIES			109511321 ✓		12/15/20	12/10/20	01/04/20		131.64	0.00	0.00	131.64 ✓
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				B1220	BECKMAN COULTER INC					38,503.36	0.00	0.00	38,503.36
Vendor#	Vendor Name	Class	Pay Code										
12600	BIOFIRE DIAGNOSTICS LLC ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
1280148815 ✓		12/13/20	12/01/20	01/01/20		13,950.00	0.00	0.00	13,950.00 ✓				
				SUPPLIES									
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				12600	BIOFIRE DIAGNOSTICS LLC					13,950.00	0.00	0.00	13,950.00
Vendor#	Vendor Name	Class	Pay Code										
B0437	C R BARD INC ✓	M											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
83413710 ✓		12/13/20	11/22/20	12/22/20		786.90	0.00	0.00	786.90 ✓				
				SUPPLIES									
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				B0437	C R BARD INC					786.90	0.00	0.00	786.90
Vendor#	Vendor Name	Class	Pay Code										
14120	CALHOUN COUNTY EMS ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
21110005 ✓		11/30/20	12/01/20	12/31/20		5,720.00	0.00	0.00	5,720.00 ✓				
				EMS SERVICES (10/31-11/30/21)									
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				14120	CALHOUN COUNTY EMS					5,720.00	0.00	0.00	5,720.00
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				
130194 ✓		12/06/20	12/01/20	12/24/20		4,663.75	0.00	0.00	4,663.75 ✓				
				TRAVEL NURSE STAFFING (11/23 - 11/27/21) Forbes									
130176 ✓		12/08/20	12/01/20	12/30/20		5,280.00	0.00	0.00	5,280.00 ✓				
				TRAVEL NURSE STAFFING (11/23 - 11/27/21) Cuhtrac									

130409		12/13/20	12/08/20	01/05/20		840.00	0.00	0.00	840.00
	TRAVEL NURSE STAFFING (11/25/21) Furbus								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
	13992	CARIANT HEALTH PARTNERS				10,783.75	0.00	0.00	10,783.75
Vendor#	Vendor Name		Class	Pay Code					
14236	CARRIER CORPORATION								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90164371A		12/08/20	11/29/20	12/29/20		21,830.00	0.00	0.00	21,830.00
	CHILLER RENTAL								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
	14236	CARRIER CORPORATION				21,830.00	0.00	0.00	21,830.00
Vendor#	Vendor Name		Class	Pay Code					
C1992	CDW GOVERNMENT, INC.		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
P315681		12/15/20	12/02/20	01/01/20		5,388.62	0.00	0.00	5,388.62
	SUPPLIES (5) Leno Tiny PC (5) M50 Office (5) Ram								
P370318		12/15/20	12/03/20	01/02/20		617.14	0.00	0.00	617.14
	SUPPLIES								
P322755		12/15/20	12/03/20	01/02/20		2,333.60	0.00	0.00	2,333.60
	SUPPLIES								
P434527		12/15/20	12/06/20	01/05/20		235.01	0.00	0.00	235.01
	SUPPLIES								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.				8,574.37	0.00	0.00	8,574.37
Vendor#	Vendor Name		Class	Pay Code					
10786	CLINICAL PATHOLOGY								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
176562021110		12/15/20	11/30/20	12/25/20		14,397.01	0.00	0.00	14,397.01
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
	10786	CLINICAL PATHOLOGY				14,397.01	0.00	0.00	14,397.01
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
24165200403		12/15/20	12/15/20	01/07/20		453.41	0.00	0.00	453.41
	DRINKS								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTHWEST BEVERAGES				453.41	0.00	0.00	453.41
Vendor#	Vendor Name		Class	Pay Code					
10006	CUSTOM MEDICAL SPECIALTIES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
288577		12/06/20	12/01/20	12/31/20		327.65	0.00	0.00	327.65
	SUPPLIES								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES				327.65	0.00	0.00	327.65
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
6644620		12/06/20	12/01/20	12/26/20		185.60	0.00	0.00	185.60
	SUPPLIES								
96645200		12/06/20	12/02/20	12/27/20		121.58	0.00	0.00	121.58

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6640231	SUPPLIES	12/07/20	12/06/20	12/31/20		85.22	0.00	0.00	85.22
6644480	SUPPLIES	12/08/20	12/01/20	12/26/20		75.05	0.00	0.00	75.05
6651000	SUPPLIES	12/08/20	12/06/20	12/31/20		722.50	0.00	0.00	722.50
6650930	SUPPLIES	12/08/20	12/06/20	12/31/20		30.38	0.00	0.00	30.38
6652710	SUPPLIES	12/13/20	12/08/20	01/02/20		161.46	0.00	0.00	161.46
6640182	SUPPLIES	12/13/20	12/08/20	01/02/20		32.84	0.00	0.00	32.84
6651970	SUPPLIES	12/13/20	12/07/20	01/01/20		137.31	0.00	0.00	137.31
6651940	SUPPLIES	12/13/20	12/07/20	01/01/20		132.16	0.00	0.00	132.16
5 650660	SUPPLIES	12/15/20	12/10/20	01/04/20		1,480.00	0.00	0.00	1,480.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
10368	DEWITT POTHS & SON	3,164.10	0.00	0.00	3,164.10	

Vendor# Vendor Name Class Pay Code

Vendor#	Vendor Name	Class	Pay Code						
11011	DIAMOND HEALTHCARE CORP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN20055062	BEHAVIORIAL HEALTH NOV 20	12/13/20	12/01/20	12/26/20		31,144.58	0.00	0.00	31,144.58
IN20055074	INPATIENT ASSMT. NOV 2021	12/13/20	12/01/20	12/26/20		2,500.00	0.00	0.00	2,500.00
IN20055063	CPR NOV 2021	12/13/20	12/01/20	12/26/20		19,166.67	0.00	0.00	19,166.67

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

Vendor# Vendor Name Class Pay Code

Vendor#	Vendor Name	Class	Pay Code						
11291	DOWELL PEST CONTROL								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
FW-6571	PEST CONTROL	11/30/20	11/30/20	12/25/20		105.00	0.00	0.00	105.00
FW-6244	PEST CONTROL	11/30/20	11/30/20	12/30/20		505.00	0.00	0.00	505.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11291	DOWELL PEST CONTROL	610.00	0.00	0.00	610.00	

Vendor# Vendor Name Class Pay Code

Vendor#	Vendor Name	Class	Pay Code						
12484	EL CAMPO REFRIGERATION								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
80706	SERVICES	12/15/20	12/01/20	01/01/20		683.75	0.00	0.00	683.75

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
12484	EL CAMPO REFRIGERATION	683.75	0.00	0.00	683.75	

Vendor# Vendor Name Class Pay Code

Vendor#	Vendor Name	Class	Pay Code						
10042	ERBE USA INC SURGICAL SYSTEMS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net



718146	✓		12/06/20	12/01/20	12/31/20			139.50	0.00	0.00	139.50	✓
		SUPPLIES										
Vendor Totals		Number Name				Gross	Discount	No-Pay	Net			
		10042 ERBE USA INC SURGICAL SYSTEMS				139.50	0.00	0.00	139.50			
Vendor#	Vendor Name		Class	Pay Code								
C2510	EVIDENT	✓	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
A2112031378	✓	12/13/20	12/03/20	12/28/20		17,515.00	0.00	0.00	17,515.00	✓		
	SUPPORT											
991569	✓	12/15/20	10/22/20	11/16/20		481.99	0.00	0.00	481.99	✓		
	SHIPPING											
Vendor Totals		Number Name				Gross	Discount	No-Pay	Net			
		C2510 EVIDENT				17,996.99	0.00	0.00	17,996.99			
Vendor#	Vendor Name		Class	Pay Code								
10689	FASTHEALTH CORPORATION	✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
12B21mmc	✓	12/15/20	12/01/20	12/16/20		95.00	0.00	0.00	95.00	✓		
	sTANDARD SSL - 2022											
Vendor Totals		Number Name				Gross	Discount	No-Pay	Net			
		10689 FASTHEALTH CORPORATION				95.00	0.00	0.00	95.00			
Vendor#	Vendor Name		Class	Pay Code								
F1100	FEDERAL EXPRESS CORP.	✓	W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
758429302	✓	12/06/20	12/02/20	12/27/20		50.84	0.00	0.00	50.84	✓		
	FREIGHT											
759157857	✓	12/15/20	12/09/20	01/03/20		43.78	0.00	0.00	43.78	✓		
	FREIGHT											
Vendor Totals		Number Name				Gross	Discount	No-Pay	Net			
		F1100 FEDERAL EXPRESS CORP.				94.62	0.00	0.00	94.62			
Vendor#	Vendor Name		Class	Pay Code								
14092	FIRST CONNECT CENTER LLC	✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
3327	✓	11/29/20	11/23/20	12/23/20		125.00	0.00	0.00	125.00	✓		
	TRAVEL NURSE STAFFING (11/20-11/22/21) Burnham											
3326	✓	11/29/20	11/23/20	12/23/20		4,625.00	0.00	0.00	4,625.00	✓		
	TRAVEL NURSE STAFFING (11/16-11/18/21)											
3324	✓	11/29/20	11/23/20	12/23/20		4,593.75	0.00	0.00	4,593.75	✓		
	TRAVEL NURSE STAFFING (11/12-11/14/21) Burnham											
3372	✓	12/06/20	12/01/20	12/31/20		4,218.75	0.00	0.00	4,218.75	✓		
	TRAVEL NURSE STAFFING (11/16-11/18/21) Burnham											
Vendor Totals		Number Name				Gross	Discount	No-Pay	Net			
		14092 FIRST CONNECT CENTER LLC				13,562.50	0.00	0.00	13,562.50			
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			
1706921	✓	12/13/20	10/21/20	11/15/20		1,631.96	0.00	0.00	1,631.96	✓		
	SUPPLIES											
6358550	✓	12/13/20	12/02/20	12/27/20		11.40	0.00	0.00	11.40	✓		
	SUPPLIES											
6094721	✓	12/15/20	11/24/20	12/19/20		50.38	0.00	0.00	50.38	✓		
	SUPPLIES											

6149630	✓		12/15/20	11/29/20	12/24/20		180.36	0.00	0.00	180.36	✓	
		SUPPLIES										
6200780	✓		12/15/20	11/30/20	12/25/20		8.10	0.00	0.00	8.10	✓	
		SUPPLIES										
6422996	✓		12/15/20	12/03/20	12/28/20		157.15	0.00	0.00	157.15	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				2,039.35	0.00	0.00	2,039.35		
Vendor#	Vendor Name					Class	Pay Code					
11183	FRONTIER					✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
120221		12/15/20	12/02/20	12/27/20		1,122.84	0.00	0.00	1,122.84	✓		
	TELEPHONE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11183	FRONTIER				1,122.84	0.00	0.00	1,122.84		
Vendor#	Vendor Name					Class	Pay Code					
10283	GE HEALTHCARE					✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
6002004902	✓	12/13/20	12/01/20	12/26/20		86.67	0.00	0.00	86.67	✓		
	MAINT CONTRACT DEC 2021											
6002004829	✓	12/13/20	12/01/20	12/26/20		680.00	0.00	0.00	680.00	✓		
	MAINT CONTRACT DEC 2021											
6002004931	✓	12/13/20	12/01/20	12/26/20		5,665.83	0.00	0.00	5,665.83	✓		
	MAINT CONTRACT DEC 2021											
6002005087	✓	12/13/20	12/01/20	12/26/20		868.16	0.00	0.00	868.16	✓		
	MAINT CONTRACT DEC 2021											
6002004830	✓	12/13/20	12/01/20	12/26/20		572.33	0.00	0.00	572.33	✓		
	MAINT CONTRACT DEC 2021											
6002004901	✓	12/13/20	12/01/20	12/26/20		3,588.58	0.00	0.00	3,588.58	✓		
	MAINT CONTRACT DEC 2021											
6002004903	✓	12/16/20	12/01/20	12/26/20		61.67	0.00	0.00	61.67	✓		
	MAINT CONTRACT DEC 2021											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10283	GE HEALTHCARE				11,523.24	0.00	0.00	11,523.24		
Vendor#	Vendor Name					Class	Pay Code					
10901	GENESIS DIAGNOSTICS					✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
52659	✓	12/13/20	11/29/20	12/29/20		121.46	0.00	0.00	121.46	✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10901	GENESIS DIAGNOSTICS				121.46	0.00	0.00	121.46		
Vendor#	Vendor Name					Class	Pay Code					
W1300	GRAINGER					✓						
						M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
9141975723	✓	12/15/20	12/06/20	12/31/20		22.40	0.00	0.00	22.40	✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		W1300	GRAINGER				22.40	0.00	0.00	22.40		
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			

2146237 ✓		11/30/20	11/24/20	12/24/20			40.02	0.00	0.00	40.02 ✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							G1210	GULF COAST PAPER COMPANY	40.02	0.00	0.00	40.02
Vendor#	Vendor Name				Class	Pay Code						
10804	HEALTHCARE CODING & CONSULTING ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
117723 ✓		12/15/20	11/30/20	12/30/20		1,371.50	0.00	0.00	1,371.50 ✓			
CODING SERVICES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10804	HEALTHCARE CODING & CONSULTING	1,371.50	0.00	0.00	1,371.50
Vendor#	Vendor Name				Class	Pay Code						
11552	HEALTHCARE FINANCIAL SERVICES ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
100546785 ✓		11/29/20	11/27/20	01/01/20		4,610.52	0.00	0.00	4,610.52 ✓			
LEASE												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11552	HEALTHCARE FINANCIAL SERVICES	4,610.52	0.00	0.00	4,610.52
Vendor#	Vendor Name				Class	Pay Code						
H0031	HEB CREDIT RECEIVABLES DEPT308 ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
653876 ✓		12/07/20	10/30/20	12/25/20		91.63	0.00	0.00	91.63 ✓			
SUPPLIES												
272612 ✓		12/07/20	10/31/20	12/25/20		10.41	0.00	0.00	10.41 ✓			
SUPPLIES												
532231 ✓		12/07/20	11/01/20	12/25/20		44.65	0.00	0.00	44.65 ✓			
SUPPLIES												
451845 ✓		12/07/20	11/02/20	12/25/20		28.51	0.00	0.00	28.51 ✓			
SUPPLIES												
254584 ✓		12/07/20	11/02/20	12/25/20		46.20	0.00	0.00	46.20 ✓			
SUPPLIES												
537420 ✓		12/07/20	11/02/20	12/25/20		2.64	0.00	0.00	2.64 ✓			
SUPPLIES												
268808 ✓		12/07/20	11/04/20	12/25/20		19.80	0.00	0.00	19.80 ✓			
SUPPLIES												
087317 ✓		12/07/20	11/06/20	12/25/20		142.53	0.00	0.00	142.53 ✓			
SUPPLIES												
696818 ✓		12/07/20	11/07/20	12/25/20		15.70	0.00	0.00	15.70 ✓			
SUPPLIES												
093242 ✓		12/07/20	11/08/20	12/25/20		17.73	0.00	0.00	17.73 ✓			
SUPPLIES												
468264 ✓		12/07/20	11/10/20	12/25/20		53.13	0.00	0.00	53.13 ✓			
SUPPLIES												
710183		12/07/20	11/12/20	12/25/20		38.49	39.39	0.00	0.00	38.49 39.39 ✓		
SUPPLIES												
416264 ✓		12/07/20	11/13/20	12/25/20		127.87	0.00	0.00	127.87 ✓			
SUPPLIES												
523406 ✓		12/07/20	11/14/20	12/25/20		18.83	0.00	0.00	18.83 ✓			
SUPPLIES												
732839 ✓		12/07/20	11/15/20	12/25/20		50.25	0.00	0.00	50.25 ✓			
SUPPLIES												

165812	✓		12/07/20	11/20/20	12/25/20			72.73	0.00	0.00	72.73	✓
		SUPPLIES										
618585	✓		12/07/20	11/21/20	12/25/20			29.44	0.00	0.00	29.44	✓
		SUPPLIES										
821949	✓		12/07/20	11/22/20	12/25/20			23.94	0.00	0.00	23.94	✓
		SUPPLIES										
135568	✓		12/07/20	11/22/20	12/25/20			64.09	0.00	0.00	64.09	✓
		SUPPLIES										
765473	✓		12/07/20	11/23/20	12/25/20			29.00	0.00	0.00	29.00	✓
		SUPPLIES										
972304	✓		12/07/20	11/23/20	12/25/20			14.88	0.00	0.00	14.88	✓
		SUPPLIES										
064619	✓		12/07/20	11/26/20	12/25/20		19.96	21.61	0.00	0.00	21.61	✓ 19.96
		SUPPLIES										
439232	✓		12/07/20	11/27/20	12/25/20			62.13	0.00	0.00	62.13	✓
		SUPPLIES										
OC-51002			12/07/20	11/29/20	12/25/20			0.18	0.00	0.00	0.18	✓
OC-51001			12/07/20	11/29/20	12/25/20			2.49	0.00	0.00	2.49	✓
		SUPPLIES										
Vendor Totals		Number Name					Gross	Discount	No-Pay	Net		
		H0031	HEB CREDIT RECEIVABLES DEPT308				1,029.76	0.00	0.00	1,029.76		
Vendor#	Vendor Name	Class	Pay Code									
11588	HHSC				1027.21							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
	110321		12/15/20	11/03/20	12/14/20	975.00	945.00	0.00	0.00	945.00 975.00		
	HOSPITAL LICENSE RENEWAL											
Vendor Totals		Number Name					Gross	Discount	No-Pay	Net		
		11588	HHSC				975.00	945.00	0.00	0.00	945.00 975.00	
Vendor#	Vendor Name	Class	Pay Code									
H0416	HOLOGIC INC											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
	9923618		11/22/20	11/11/20	12/26/20		472.50	0.00	0.00	472.50		
	SUPPLIES											
Vendor Totals		Number Name					Gross	Discount	No-Pay	Net		
		H0416	HOLOGIC INC				472.50	0.00	0.00	472.50		
Vendor#	Vendor Name	Class	Pay Code									
12932	INTRADO											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
	INV002393765		12/13/20	10/31/20	11/30/20		690.41	0.00	0.00	690.41		
	HOUSE CALLS											
Vendor Totals		Number Name					Gross	Discount	No-Pay	Net		
		12932	INTRADO				690.41	0.00	0.00	690.41		
Vendor#	Vendor Name	Class	Pay Code									
11200	IRON MOUNTAIN											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
	GCMM804		11/30/20	11/30/20	12/30/20		546.31	0.00	0.00	546.31		
	RECYCLE SERVICES											
Vendor Totals		Number Name					Gross	Discount	No-Pay	Net		
		11200	IRON MOUNTAIN				546.31	0.00	0.00	546.31		
Vendor#	Vendor Name	Class	Pay Code									

11264	ITA RESOURCES, INC				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
121521		12/15/20	12/15/20	12/15/20		26,075.83	0.00	0.00	26,075.83		
	RESPIRATORY DEC 2021										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net		
	11264	ITA RESOURCES, INC				26,075.83	0.00	0.00	26,075.83		
Vendor#	Vendor Name				Class	Pay Code					
J0150	J & J HEALTH CARE SYSTEMS, INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
927274155		11/30/20	11/26/20	12/26/20		1,070.22	0.00	0.00	1,070.22		
	INVENTORY										
927275694		12/06/20	11/26/20	12/26/20		596.01	0.00	0.00	596.01		
	SUPPLIES										
927340795		12/15/20	12/02/20	01/01/20		36.50	0.00	0.00	36.50		
	SUPPLIES										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net		
	J0150	J & J HEALTH CARE SYSTEMS, INC				1,702.73	0.00	0.00	1,702.73		
Vendor#	Vendor Name				Class	Pay Code					
11600	LEGAL SHIELD										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
121521		12/15/20	12/14/20	12/14/20		560.30	0.00	0.00	560.30		
	PAYROLL DEDUCT										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net		
	11600	LEGAL SHIELD				560.30	0.00	0.00	560.30		
Vendor#	Vendor Name				Class	Pay Code					
12628	LEGATO										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
C2159		12/15/20	11/30/20	12/30/20		851.25	0.00	0.00	851.25		
	MARKETING										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net		
	12628	LEGATO				851.25	0.00	0.00	851.25		
Vendor#	Vendor Name				Class	Pay Code					
14244	LONESTAR COMMUNICATIONS, IN										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
100595		12/13/20	12/08/20	01/05/20		1,871.22	0.00	0.00	1,871.22		
	SERVICES										
100594		12/13/20	12/08/20	01/05/20		625.00	0.00	0.00	625.00		
	PURCHASE SERVICES										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net		
	14244	LONESTAR COMMUNICATIONS, IN				2,496.22	0.00	0.00	2,496.22		
Vendor#	Vendor Name				Class	Pay Code					
11796	LUBY'S FUDDRUCKERS RESTAURANTS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV00005113		12/15/20	11/30/20	12/30/20		23,341.08	0.00	0.00	23,341.08		
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net		
	11796	LUBY'S FUDDRUCKERS RESTAURANTS				23,341.08	0.00	0.00	23,341.08		
Vendor#	Vendor Name				Class	Pay Code					
M2178	MCKESSON MEDICAL SURGICAL INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
18793765		12/13/20	11/23/20	12/15/20		258.71	0.00	0.00	258.71		

SUPPLIES

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		M2178	MCKESSON MEDICAL SURGICAL INC		258.71	0.00	0.00	258.71	
Vendor#	Vendor Name		Class	Pay Code					
10613	MEDIMPACT HEALTHCARE SYS, INC.		A/P						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
30238061		12/15/20	12/14/20	12/14/20		34.20	0.00	0.00	34.20
Vendor Totals		10613	MEDIMPACT HEALTHCARE SYS, INC.		34.20	0.00	0.00	34.20	
Vendor#	Vendor Name		Class	Pay Code					
M2827	MEDIVATORS		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
91143874		12/06/20	12/01/20	12/31/20		202.80	0.00	0.00	202.80
Vendor Totals		M2827	MEDIVATORS		202.80	0.00	0.00	202.80	
Vendor#	Vendor Name		Class	Pay Code					
M2470	MEDLINE INDUSTRIES INC		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1976299720		12/06/20	11/30/20	12/25/20		96.76	0.00	0.00	96.76
Vendor Totals		M2470	MEDLINE INDUSTRIES INC		96.76	0.00	0.00	96.76	
1976299726	SUPPLIES	12/06/20	11/30/20	12/25/20		75.00	0.00	0.00	75.00
1976299727	SUPPLIES	12/06/20	11/30/20	12/25/20		2,331.92	0.00	0.00	2,331.92
1976299724	SUPPLIES	12/06/20	11/30/20	12/25/20		140.09	0.00	0.00	140.09
1976299718	SUPPLIES	12/06/20	11/30/20	12/25/20		9.50	0.00	0.00	9.50
1976299725	SUPPLIES	12/06/20	11/30/20	12/25/20		681.35	0.00	0.00	681.35
1976299723	SUPPLIES	12/06/20	11/30/20	12/25/20		2,074.56	0.00	0.00	2,074.56
1976299729	SUPPLIES	12/06/20	11/30/20	12/25/20		1,274.03	0.00	0.00	1,274.03
1973858170	SUPPLIES	12/13/20	11/10/20	12/05/20		102.46	0.00	0.00	102.46
1974808285	SUPPLIES	12/13/20	11/17/20	12/12/20		127.64	0.00	0.00	127.64
1975742891	SUPPLIES	12/13/20	11/24/20	12/19/20		54.90	0.00	0.00	54.90
1975742895	SUPPLIES	12/13/20	11/24/20	12/19/20		402.97	0.00	0.00	402.97
1975742897	SUPPLIES	12/13/20	11/24/20	12/19/20		836.64	0.00	0.00	836.64
1975899328	SUPPLIES	12/13/20	11/25/20	12/20/20		5.38	0.00	0.00	5.38
1975899329	SUPPLIES	12/13/20	11/25/20	12/20/20		83.34	0.00	0.00	83.34
1976299716	SUPPLIES	12/13/20	11/30/20	12/25/20		78.06	0.00	0.00	78.06

	SUPPLIES						
19769299721 ✓		12/13/20 11/30/20 12/25/20	32.28	0.00	0.00	32.28 ✓	
	SUPPLIES						
1976425475 ✓		12/13/20 12/01/20 12/26/20	123.00	0.00	0.00	123.00 ✓	
	SUPPLIES						
1976425476 ✓		12/13/20 12/01/20 12/26/20	32.46	0.00	0.00	32.46 ✓	
	SUPPLIES						
1976425473 ✓		12/13/20 12/01/20 12/26/20	82.62	0.00	0.00	82.62 ✓	
	SUPPLIES						
1976425474 ✓		12/13/20 12/01/20 12/26/20	33.67	0.00	0.00	33.67 ✓	
	SUPPLIES						
1976736649 ✓		12/13/20 12/02/20 12/27/20	491.49	0.00	0.00	491.49 ✓	
	SUPPLIES						
1976566346 ✓		12/13/20 12/02/20 12/27/20	226.68	0.00	0.00	226.68 ✓	
	SUPPLIES						
1976566349 ✓		12/13/20 12/02/20 12/27/20	72.10	0.00	0.00	72.10 ✓	
	SUPPLIES						
1976566350 ✓		12/13/20 12/02/20 12/27/20	72.10	0.00	0.00	72.10 ✓	
	SUPPLIES						
1977158774 ✓		12/13/20 12/07/20 01/01/20	1,877.62	0.00	0.00	1,877.62 ✓	
	SUPPLIES						
1977262146 ✓		12/15/20 12/07/20 01/01/20	42.77	0.00	0.00	42.77 ✓	
	SUPPLIES						
1977262145 ✓		12/15/20 12/07/20 01/01/20	18.87	0.00	0.00	18.87 ✓	
	SUPPLIES						
1977262147 ✓		12/15/20 12/07/20 01/01/20	173.88	0.00	0.00	173.88 ✓	
	SUPPLIES						
1977262131 ✓		12/15/20 12/07/20 01/01/20	44.38	0.00	0.00	44.38 ✓	
	SUPPLIES						
1977262144 ✓		12/15/20 12/07/20 01/01/20	27.72	0.00	0.00	27.72 ✓	
	SUPPLIES						
1977262140 ✓		12/15/20 12/07/20 01/01/20	489.74	0.00	0.00	489.74 ✓	
	SUPPLIES						
1977262141 ✓		12/15/20 12/07/20 01/01/20	930.43	0.00	0.00	930.43 ✓	
	SUPPLIES						
1977262139 ✓		12/15/20 12/07/20 01/01/20	86.60	0.00	0.00	86.60 ✓	
	SUPPLIES						
1977262142 ✓		12/15/20 12/07/20 01/01/20	18.89	0.00	0.00	18.89 ✓	
	SUPPLIES						
1977262138 ✓		12/15/20 12/07/20 01/01/20	132.18	0.00	0.00	132.18 ✓	
	SUPPLIES						
1977262134 ✓		12/15/20 12/07/20 01/01/20	5.06	0.00	0.00	5.06 ✓	
	SUPPLIES						
1977262143 ✓		12/15/20 12/07/20 01/01/20	27.72	0.00	0.00	27.72 ✓	
	SUPPLIES						
1977359788 ✓		12/15/20 12/08/20 01/02/20	2,292.54	0.00	0.00	2,292.54 ✓	
	SUPPLIES						
1977359790 ✓		12/15/20 12/08/20 01/02/20	123.00	0.00	0.00	123.00 ✓	
	SUPPLIES						
1977359783 ✓		12/15/20 12/08/20 01/02/20	20.74	0.00	0.00	20.74 ✓	
	SUPPLIES						

1977359785	✓		12/15/20	12/08/20	01/02/20		52.64	0.00	0.00	52.64	✓	
		SUPPLIES										
1977359784	✓		12/15/20	12/08/20	01/02/20		25.96	0.00	0.00	25.96	✓	
		SUPPLIES										
1977359787	✓		12/15/20	12/08/20	01/02/20		825.18	0.00	0.00	825.18	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2470	MEDLINE INDUSTRIES INC	16,756.92	0.00	0.00	16,756.92
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		
120921		12/13/20	12/09/20	12/23/20			294.18	0.00	0.00	294.18	✓	
PAYROLL DEDUCTS												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2621	MMC AUXILIARY GIFT SHOP	294.18	0.00	0.00	294.18
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		
7629687	✓	INVENTORY	12/15/20	12/08/20	12/18/20		1,765.54	0.00	0.00	1,765.54	✓	
7623629	✓	INVENTORY	12/15/20	12/07/20	12/17/20		37.14	0.00	0.00	37.14	✓	
5334	✓	INVENTORY	12/15/20	12/07/20	12/17/20		-0.09	0.00	0.00	-0.09	✓	
CM92947	✓	CREDIT	12/15/20	12/08/20	12/18/20		-27.78	0.00	0.00	-27.78	✓	
7628842	✓	INVENTORY	12/15/20	12/08/20	12/18/20		0.97	0.00	0.00	0.97	✓	
7627042	✓	INVENTORY	12/15/20	12/08/20	12/18/20		772.00	0.00	0.00	772.00	✓	
7629685	✓	INVENTORY	12/15/20	12/08/20	12/18/20		629.26	0.00	0.00	629.26	✓	
7628843	✓	INVENTORY	12/15/20	12/08/20	12/18/20		279.45	0.00	0.00	279.45	✓	
CM92946	✓	CREDIT	12/15/20	12/08/20	12/18/20		-588.00	0.00	0.00	-588.00	✓	
7629688	✓	INVENTORY	12/15/20	12/08/20	12/18/20		109.40	0.00	0.00	109.40	✓	
7629686	✓	INVENTORY	12/15/20	12/08/20	12/18/20		599.80	0.00	0.00	599.80	✓	
CM93242	✓	CREDIT	12/15/20	12/09/20	12/19/20		-122.95	0.00	0.00	-122.95	✓	
6265	✓	CREDIT	12/15/20	12/09/20	12/19/20		-2,760.94	0.00	0.00	-2,760.94	✓	
7634146	✓	INVENTORY	12/15/20	12/09/20	12/19/20		3.31	0.00	0.00	3.31	✓	
5999	✓	CREDIT	12/15/20	12/09/20	12/19/20		-0.01	0.00	0.00	-0.01	✓	
7639414	✓	INVENTORY	12/15/20	12/12/20	12/22/20		82.32	0.00	0.00	82.32	✓	
7641347	✓	INVENTORY	12/15/20	12/12/20	12/22/20		465.54	0.00	0.00	465.54	✓	



7639415	INVENTORY	12/15/20	12/12/20	12/22/20	478.35	0.00	0.00	478.35	✓
7642881	INVENTORY	12/15/20	12/13/20	12/23/20	19.48	0.00	0.00	19.48	✓
7646360	INVENTORY	12/15/20	12/13/20	12/23/20	710.03	0.00	0.00	710.03	✓
7646361	INVENTORY	12/15/20	12/13/20	12/23/20	15.42	0.00	0.00	15.42	✓
7642882	INVENTORY	12/15/20	12/13/20	12/23/20	68.76	0.00	0.00	68.76	✓
CM94297	INVENTORY	12/15/20	12/14/20	12/24/20	-20.90	0.00	0.00	-20.90	✓
CM94298	CREDIT	12/15/20	12/14/20	12/24/20	-275.51	0.00	0.00	-275.51	✓
7651340	INVENTORY	12/15/20	12/14/20	12/24/20	5,485.00	0.00	0.00	5,485.00	✓
7650991	INVENTORY	12/15/20	12/14/20	12/24/20	59.30	0.00	0.00	59.30	✓
7650990	INVENTORY	12/15/20	12/14/20	12/24/20	9.59	0.00	0.00	9.59	✓
7648055	INVENTORY	12/15/20	12/14/20	12/24/20	3,445.15	0.00	0.00	3,445.15	✓
7650992	INVENTORY	12/15/20	12/14/20	12/24/20	20.54	0.00	0.00	20.54	✓
7648056	INVENTORY	12/15/20	12/14/20	12/24/20	6,791.17	0.00	0.00	6,791.17	✓
7651339	INVENTORY	12/15/20	12/14/20	12/24/20	1,926.00	0.00	0.00	1,926.00	✓
CM94296	INVENTORY	12/15/20	12/14/20	12/24/20	-585.18	0.00	0.00	-585.18	✓
7639416A	CREDIT	12/16/20	12/12/20	12/22/20	3,575.17	0.00	0.00	3,575.17	✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	22,967.33	0.00	0.00	22,967.33

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	
MMC0029	✓	12/15/20	12/14/20	12/14/20		2,806.56	0.00	0.00	2,806.56	✓
	TRAVEL NURSE STAFFING (12/7-12/9/21) Dunn									
MMC0028	✓	12/15/20	12/14/20	12/14/20		4,728.75	0.00	0.00	4,728.75	✓
	TRAVEL NURSE STAFFING (12/7-12/9/21) Brandman									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	14124	MSH HEALTH SERVICES LLC	7,535.31	0.00	0.00	7,535.31

Vendor#	Vendor Name	Class	Pay Code							
M2659	MXR IMAGING, INC ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8800824048	✓	11/09/20	10/22/20	11/21/20		920.08	0.00	0.00	920.08	✓
8800835100	✓	12/13/20	11/22/20	12/22/20		144.84	0.00	0.00	144.84	✓
	SUPPLIES									

8800836909	✓	12/13/20	11/29/20	12/29/20			947.20	0.00	0.00	947.20	✓	
SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2659	MXR IMAGING, INC	2,012.12	0.00	0.00	2,012.12
Vendor#	Vendor Name						Class	Pay Code				
13548	NACOGDOCHES TRANSCRIPTION						✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
7557	✓	12/08/20	12/02/20	12/30/20			315.98	0.00	0.00	315.98	✓	
TRANSCRIPTION SERVICES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							13548	NACOGDOCHES TRANSCRIPTION	315.98	0.00	0.00	315.98
Vendor#	Vendor Name						Class	Pay Code				
01500	OLYMPUS AMERICA INC						✓	M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
31848425	✓	12/08/20	11/23/20	12/23/20			116.96	0.00	0.00	116.96	✓	
SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							01500	OLYMPUS AMERICA INC	116.96	0.00	0.00	116.96
Vendor#	Vendor Name						Class	Pay Code				
01416	ORTHO CLINICAL DIAGNOSTICS						✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
1852159868	✓	12/15/20	12/02/20	01/01/20			278.61	0.00	0.00	278.61	✓	
SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							01416	ORTHO CLINICAL DIAGNOSTICS	278.61	0.00	0.00	278.61
Vendor#	Vendor Name						Class	Pay Code				
11155	PARA						✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
9951	✓	12/01/20	12/01/20	12/31/20			3,084.00	0.00	0.00	3,084.00	✓	
REVENUE INTEGRITY PROGR												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11155	PARA	3,084.00	0.00	0.00	3,084.00
Vendor#	Vendor Name						Class	Pay Code				
13988	PAYCHEX, ADVANCE FBO						✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
008157		12/13/20	12/08/20	12/08/20			3,675.00	0.00	0.00	3,675.00	✓	
TRAVEL NURSE STAFFING (11/24-11/28/21) Schelung												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							13988	PAYCHEX, ADVANCE FBO	3,675.00	0.00	0.00	3,675.00
Vendor#	Vendor Name						Class	Pay Code				
P2100	PORT LAVACA WAVE						✓	W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
102921		12/13/20	10/31/20	11/25/20			250.00	0.00	0.00	250.00	✓	
ADVERTISING												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							P2100	PORT LAVACA WAVE	250.00	0.00	0.00	250.00
Vendor#	Vendor Name						Class	Pay Code				
P2200	POWER HARDWARE						✓	W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
A78599	✓	11/30/20	11/05/20	12/31/20			29.25	0.00	0.00	29.25	✓	
SUPPLIES												



4316833		11/30/20	11/24/20	12/24/20			2,340.00	0.00	0.00	2,340.00		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10735	STRYKER SUSTAINABILITY	2,340.00	0.00	0.00	2,340.00
Vendor#	Vendor Name						Class	Pay Code				
T2539	T-SYSTEM, INC							W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
50385		11/30/20	11/27/20	12/27/20			431.42	0.00	0.00	431.42		
	LICENSE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							T2539	T-SYSTEM, INC	431.42	0.00	0.00	431.42
Vendor#	Vendor Name						Class	Pay Code				
10765	TEXAS HOSPITAL ASSOCIATION											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
1900102682		12/15/20	12/03/20	12/14/20			10,919.00	0.00	0.00	10,919.00		
	MEMBERSHIP 2022											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10765	TEXAS HOSPITAL ASSOCIATION	10,919.00	0.00	0.00	10,919.00
Vendor#	Vendor Name						Class	Pay Code				
13880	TEXAS SELECT STAFFING											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
001873551079IN		12/13/20	12/09/20	12/09/20			10,127.20	0.00	0.00	10,127.20		
	TRAVEL NURSE STAFFING (12/4/21) Brndmann: Je schke											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							13880	TEXAS SELECT STAFFING	10,127.20	0.00	0.00	10,127.20
Vendor#	Vendor Name						Class	Pay Code				
14012	TK ELEVATOR CORPORATION											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
5001697955		12/15/20	12/06/20	12/06/20			846.00	0.00	0.00	846.00		
	ELEVATOR REPAIR											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							14012	TK ELEVATOR CORPORATION	846.00	0.00	0.00	846.00
Vendor#	Vendor Name						Class	Pay Code				
11067	TRIZETTO PROVIDER SOLUTIONS											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
35FK122100		12/15/20	12/01/20	12/26/20			1,747.77	0.00	0.00	1,747.77		
	PT STATEMENTS											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11067	TRIZETTO PROVIDER SOLUTIONS	1,747.77	0.00	0.00	1,747.77
Vendor#	Vendor Name						Class	Pay Code				
14208	TRUSTED HEALTH, INC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
INV6982		12/13/20	12/04/20	01/03/20			7,506.88	0.00	0.00	7,506.88		
	TRAVEL NURSE STAFFING (11/26-11/29/21) Williams											
INV6743		12/15/20	11/30/20	11/30/20			3,062.50	0.00	0.00	3,062.50		
	TRAVEL NURSE STAFFING (10/20-21) Williams											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							14208	TRUSTED HEALTH, INC	10,569.38	0.00	0.00	10,569.38
Vendor#	Vendor Name						Class	Pay Code				
U1064	UNIFIRST HOLDINGS INC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		

8400382395 ✓	11/30/20 11/29/20 12/24/20	47.80	0.00	0.00	47.80 ✓
1890 8400382394 ✓	LAUNDRY 11/30/20 11/29/20 12/24/20	45.15	0.00	0.00	45.15 ✓
8400382738 ✓	12/06/20 12/02/20 12/27/20	170.02	0.00	0.00	170.02 ✓
8400382772 ✓	LAUNDRY 12/06/20 12/02/20 12/27/20	112.36	0.00	0.00	112.36 ✓
8400383299 ✓	12/13/20 12/09/20 01/03/20	109.63	0.00	0.00	109.63 ✓
8400383263 ✓	LAUNDRY 12/13/20 12/09/20 01/03/20	194.43	0.00	0.00	194.43 ✓
8400383261 ✓	LAUNDRY 12/15/20 12/09/20 01/03/20	42.72	0.00	0.00	42.72 ✓
8400383264 ✓	LAUNDRY 12/15/20 12/09/20 01/03/20	181.39	0.00	0.00	181.39 ✓
8400383285 ✓	LAUNDRY 12/15/20 12/09/20 01/03/20	1,610.02	0.00	0.00	1,610.02 ✓
8400383262 ✓	LAUNDRY 12/15/20 12/09/20 01/03/20	137.13	0.00	0.00	137.13 ✓
8400383265 ✓	LAUNDRY 12/15/20 12/09/20 01/03/20	199.32	0.00	0.00	199.32 ✓
8400383279 ✓	LAUNDRY 12/15/20 12/09/20 01/03/20	79.43	0.00	0.00	79.43 ✓
8400382753 ✓	LAUNDRY 12/16/20 12/02/20 12/27/20	79.43	0.00	0.00	79.43 ✓
8400382737 ✓	LAUNDRY 12/16/20 12/02/20 12/27/20	137.13	0.00	0.00	137.13 ✓
8400382739 ✓	LAUNDRY 12/16/20 12/02/20 12/27/20	176.21	0.00	0.00	176.21 ✓
8400382736 ✓	LAUNDRY 12/16/20 12/02/20 12/27/20	42.72	0.00	0.00	42.72 ✓
8400382740 ✓	LAUNDRY 12/16/20 12/02/20 12/27/20	199.32	0.00	0.00	199.32 ✓
8400382758 ✓	LAUNDRY 12/16/20 12/02/20 12/27/20	1,432.55	0.00	0.00	1,432.55 ✓
8400382914 ✓	LAUNDRY 12/16/20 12/06/20 12/31/20	45.15	0.00	0.00	45.15 ✓
8400382915 ✓	LAUNDRY 12/16/20 12/06/20 12/31/20	47.80	0.00	0.00	47.80 ✓
8400382941 ✓	LAUNDRY 12/16/20 12/06/20 12/31/20	2,208.02	0.00	0.00	2,208.02 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	7,297.73	0.00	0.00	7,297.73

Vendor#	Vendor Name	Class	Pay Code
U1200	UNITED AD LABEL CO INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
925543188 ✓	SUPPLIES	12/15/20	12/01/20	12/26/20	152.54	165.14	0.00	0.00	165.14 152.54

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1200	UNITED AD LABEL CO INC	152.54	0.00	0.00	165.14 152.54

Vendor#	Vendor Name	Class	Pay Code								
11018	WEBPT, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
INV151175 ✓		12/13/20	10/12/20	10/12/20			97.20	0.00	0.00	97.20 ✓	
PROVIDER SUBSCRIPTIONS											
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	11018	WEBPT, INC					97.20	0.00	0.00	97.20	

Vendor#	Vendor Name	Class	Pay Code								
Z1000	ZIMMER BIOMET ✓	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
120911NL8844 ✓		12/13/20	11/23/20	12/23/20			11.76	0.00	0.00	11.76 ✓	
SUPPLIES											
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	Z1000	ZIMMER BIOMET					11.76	0.00	0.00	11.76	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	407,141.85	0.00	0.00	407,141.85

407,141.85  
 1,029.76  
 1,027.21  
 945.00  
 975.00  
 782.13  
 165.14  
 152.54  
 406,374.57

pg 9 correction { <1029.76>  
 +1027.21  
 " " { <945.00>  
 +975.00  
 pg 16 correction { <782.13>  
 pg 18 correction { <165.14>  
 +152.54  
 \$406,374.57

APPROVED ON

DEC 16 2021

CR#193057-  
 193145

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

RECEIVED BY THE  
COUNTY AUDITOR ON

DEC 16 2021

12/16/2021  
CALHOUN COUNTY, TEXAS  
11:08

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through: 01/05/2022

ap\_open\_invoice.template

Vendor# Vendor Name

11284 EMERGENCY STAFFING SOLUTIONS ✓

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
40783	✓	12/16/20	11/30/20	12/10/20		6,480.00	0.00	0.00	6,480.00 ✓

40809	✓	12/16/20	12/15/20	12/25/20		40,062.50	0.00	0.00	40,062.50 ✓
-------	---	----------	----------	----------	--	-----------	------	------	-------------

PHYSICIAN STAFFING DEC 1-15

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	46,542.50	0.00	0.00	46,542.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	46,542.50	0.00	0.00	46,542.50

APPROVED ON

DEC 16 2021

CK#  
193081

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

**MCKESSON**

**STATEMENT**

As of: 12/17/2021

Page: 002

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

Company: 8000

DC: 8115

As of: 12/17/2021  
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: 12/18/2021

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536 PLEASE CHECK ANY  
Date: 12/18/2021 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	
--------------	----------	-------------------	----------------------------------	-------------	---------------	----------------	-----	--------------	-----	-------------------	--

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 12,055.52 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 18/07/2017 2,451.97

If Paid By 12/21/2021,  
Pay This Amount:

11,814.44 USD

If Paid After 12/21/2021,  
Pay this Amount:

12,055.52 USD

Due If Paid On Time:  
USD

11,814.44

Disc lost if paid late:

241.08

Due If Paid Late:  
USD

12,055.52

AR

662.38 \*  
3,518.36 \*  
10.39 \*  
7,623.31 \*  
11,814.44 \*

APPROVED ON

DEC 20 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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



# MCKESSON

# STATEMENT

As of: 12/17/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/17/2021  
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: 12/18/2021

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 12/18/2021 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											
2/13/2021	12/21/2021	7311708420	20950248	115Invoice	25.46	1,273.16		1,247.70	✓	7311708420	
2/13/2021	12/21/2021	7311708421	20977390	115Invoice	3.88	193.92		190.04	✓	7311708421	
2/13/2021	12/21/2021	7311708422	20977390	115Invoice	0.02	0.95		0.93	✓	7311708422	
2/13/2021	12/21/2021	7311708423	21001015	115Invoice	9.75	487.31		477.56	✓	7311708423	
2/13/2021	12/21/2021	7311708424	21070546	115Invoice	5.38	268.98		263.60	✓	7311708424	
2/14/2021	12/21/2021	7312009814	21149609	115Invoice		0.16		0.16	✓	7312009814	
2/14/2021	12/21/2021	7312144982	1213210918	115Invoice	7.43	371.74		364.31	✓	7312144982	
2/15/2021	12/21/2021	7312259118	21186961	115Invoice	7.97	398.59		390.62	✓	7312259118	
2/15/2021	12/21/2021	7312404657	1214210839	115Invoice	33.92	1,696.17		1,662.25	✓	7312404657	
2/15/2021	12/21/2021	7312404658	1214210912	195Invoice	6.87	343.64		336.77	✓	7312404658	
2/16/2021	12/21/2021	7312573744	21260387	115Invoice		0.16		0.16	✓	7312573744	
2/16/2021	12/21/2021	7312717344	1215210855	115Invoice	15.73	786.39		770.66	✓	7312717344	
2/17/2021	12/21/2021	7312831711	21334987	115Invoice	5.38	269.14		263.76	✓	7312831711	
2/17/2021	12/21/2021	7312831712	21334987	115Invoice	0.24	12.13		11.89	✓	7312831712	
2/17/2021	12/21/2021	7312831713	21381242	115Invoice	12.94	647.12		634.18	✓	7312831713	
2/17/2021	12/21/2021	7312956748	1216211003	115Invoice	7.86	393.19		385.33	✓	7312956748	
2/17/2021	12/21/2021	7312956749	1216210740	195Invoice	12.72	636.11		623.39	✓	7312956749	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 7,778.86 USD

Future Due: 0.00

If Paid By 12/21/2021,

Due If Paid On Time:

USD 7,623.31 ✓

Past Due: 0.00

Pay This Amount:

7,623.31 USD

Disc lost if paid late:

155.55

Last Payment 6,677.44  
2/13/2021

If Paid After 12/21/2021,  
Pay this Amount:

7,778.86 USD

Due If Paid Late:  
USD

7,778.86

APPROVED ON

DEC 20 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

# MCKESSON

# STATEMENT

As of: 12/17/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/17/2021  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 262252  
Date: 12/18/2021

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 262252  
Date: 12/18/2021

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 262252 CVS PHCY 7006/MEMORIA PHS											
2/16/2021	12/21/2021	7312566564	1488316	115Invoice	0.21	10.60		10.39 ✓		7312566564	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 10.60 USD

Future Due: 0.00

If Paid By 12/21/2021,  
Pay This Amount:

10.39 USD

Due If Paid On Time:  
USD 10.39  
Disc lost if paid late:  
0.21

Past Due: 0.00

If Paid After 12/21/2021,  
Pay this Amount:

10.60 USD

Due If Paid Late:  
USD 10.60

Past Payment 1/22/2021 8,901.55

APPROVED ON

DEC 20 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

# McKESSON

# STATEMENT

As of: 12/17/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/17/2021  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 464450  
Date: 12/18/2021

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 464450 PLEASE CHECK ANY  
Date: 12/18/2021 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											
2/14/2021	12/21/2021	7312000523	55x778349	115Invoice	45.98	2,299.17		2,253.19 ✓		7312000523	
2/15/2021	12/21/2021	7312249473	55x780706	115Invoice	15.47	773.41		757.94 ✓		7312249473	
2/16/2021	12/21/2021	7312553020	55x784023	115Invoice	10.35	517.38		507.03 ✓		7312553020	
2/17/2021	12/21/2021	7312806835	55x786273	115Invoice		0.20		0.20 ✓		7312806835	

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

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

Subtotals: 3,590.16 USD

Future Due: 0.00

If Paid By 12/21/2021,

Due If Paid On Time:  
USD

3,518.36 ✓

Past Due: 0.00

Pay This Amount:

3,518.36 USD

Disc lost if paid late:

71.80

Last Payment 6,677.44  
2/13/2021

If Paid After 12/21/2021,  
Pay this Amount:

3,590.16 USD

Due If Paid Late:  
USD

3,590.16

APPROVED ON

DEC 20 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# McKESSON

# STATEMENT

As of: 12/17/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/17/2021  
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: 12/18/2021

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835438 PLEASE CHECK ANY  
Date: 12/18/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
2/16/2021	12/21/2021	7312754689	1489314	115 Invoice	13.52	675.90		662.38 ✓		7312754689	

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

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

Subtotals: 675.90 USD

Future Due: 0.00

If Paid By 12/21/2021,  
Pay This Amount:

662.38 USD

Due If Paid On Time:  
USD

662.38 ✓

Past Due: 0.00

Disc lost if paid late:

13.52

Last Payment 2/13/2021 6,677.44

If Paid After 12/21/2021,  
Pay this Amount:

675.90 USD

Due If Paid Late:  
USD

675.90

APPROVED ON

DEC 20 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



STATEMENT

Statement Number: 62172733
Date: 12-17-2021

Serviced By: AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101
DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary
Not Yet Due: 0.00
Current: 289.00
Past Due: 0.00
Total Due: 289.00
Account Balance: 289.00

Account Activity

Table with 9 columns: Document Date, Due Date, Reference Number, Purchase Order Number, Document Type, Original Amount, Last Receipt, Amount Received, Balance. Contains 10 rows of invoice data.

Summary table with 7 columns: Current, 1-15 Days, 16-30 Days, 31-60 Days, 61-90 Days, 91-120 Days, Over 120 Days. Values: 289.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00.

Thank You for Your Payment table with 2 columns: Date, Amount. Row: 12-17-2021, (2,325.57)

Reminders table with 2 columns: Due Date, Amount. Row: 12-24-2021, 289.00. Total Due: 289.00

APPROVED ON

DEC 20 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Handwritten signature

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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			1
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		941 #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			1
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		21
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		12
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	\$	93,090.66 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"		0 \$	47,593.96 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"		\$	11,669.90 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		\$	33,826.80 #
		CHECK	\$	-
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

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

Run Date: 12/17/21  
Time: 14:44

MEMORIAL MEDICAL CENTER  
Payroll Register ( Bi-Weekly )  
Pay Period 12/03/21 - 12/16/21 Run# 1

Page 109  
P2REG

Final Summary

*-- Pay Code Summary						*-- Deductions Summary								
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount				
1	REGULAR PAY-S1	9315.50	N	N	N			193475.83	A/R	550.00	A/R2	25.00	A/R3	
1	REGULAR PAY-S1	1811.50	N	N	N	N		79927.07	ADVANC		AWARDS		BOOTS	
1	REGULAR PAY-S1	343.50	Y	N	N			8376.96	CAPE H		CAPE-1		CAPE-2	
2	REGULAR PAY-S2	2190.25	N	N	N			51825.33	CAPE-J		CAPE-4		CAPE-5	
2	REGULAR PAY-S2	116.00	Y	N	N			3226.00	CAPE-C		CAPE-D	1611.57	CAPE-F	
3	REGULAR PAY-S3	1188.75	N	N	N			32941.24	CAPE-H	19632.74	CAPE-I		CAPE-L	
3	REGULAR PAY-S3	66.75	Y	N	N			2843.96	CAPE-P		CANCER		CHILD	720.47
C	CALL PAY	2529.75	N	1	N	N		5059.50	CLINIC	226.10	COMBIN	359.26	CREDUN	
D	DOUBLE TIME	3.75	N	1	N	N		175.13	DD ADV		DENTAL		DEP-LF	
D	DOUBLE TIME	30.50	N	2	N	N		2351.27	DIS-LF		EAT		EATCSH	
D	DOUBLE TIME	50.00	N	3	N	N		4044.04	FEDTAX	33826.80	FICA-M	5834.95	FICA-O	23796.98
D	DOUBLE TIME	4.00	Y	1	N	N		280.20	FIRSTC		FLEX S	3337.29	FLX FE	
D	DOUBLE TIME	11.50	Y	2	N	N		1244.78	FORT D		FUTA		GIFT S	767.58
D	DOUBLE TIME	24.00	Y	3	N	N		3032.26	GRANT		GRP-IN		GTL	
E	EXTRA WAGES			N	N	N	N	20.00	HOSP-I		ID TPT		LEAF	
E	EXTRA WAGES			N	1	N	N	584.75	LEGAL	280.28	MAGA	853.50	MEALS	113.26
F	FUNERAL LEAVE	32.00	N	1	N	N		513.68	METVIS	861.70	MISC		MISC/	
I	INSERVICE	3.00	N	1	N	N		114.01	MMCSHR		NATFML	1734.43	OTHER	
K	EXTENDED-ILLNESS-BANK	364.00	N	1	N	N		7831.20	PHI		PHI***		PR PIN	
P	PAID-TIME-OFF	64.08	N		N	N	N	1559.13	RELAY		REPAY		SAMS	
P	PAID-TIME-OFF	1034.40	N	1	N	N		25602.71	SCRUBS		SIGNON		ST-TX	
X	CALL PAY 2	96.00	N	1	N	N		192.00	STONDF	640.86	STONE		STONE2	
Y	YMCA/CURVES			N	N	N	N	45.00	STUDEN		SUNACC	776.23	SUNILL	747.73
Z	CALL PAY 3	96.00	N	1	N	N		288.00	SUNIND	708.64	SUNLIF	735.07	SUNSTD	1165.07
v	COVID-FPCRA	16.00	N	1	N	N		185.44	SUNVIS		SURCHG	450.00	TSA-1	
									TSA-2		TSA-C		TSA-P	
									TSA-R	29801.71	TUTION		UNIPOR	478.24
									UW/HOS					

----- Grand Totals: 19391.23 ----- ( Gross: 425739.49 Deductions: 130035.46 Net: 295704.03 )  
 Checks Count:- FT 193 PT 10 Other 33 Female 215 Male 20 Credit OverAmt 7 ZeroNet Term Total: 235

Pay date:  
12-22-21

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

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

PAY PERIOD: BEGIN	12/3/2021	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	12/16/2021					
PAY DATE:	12/22/2021					
GROSS PAY:	\$ 425,739.49			\$ -		\$ 425,739.49
<b>DEDUCTIONS:</b>						
A/R	\$ 575.00					\$ 575.00
ADVANC						\$ -
BOOTS						\$ -
SUNLIFE CRITICAL ILLNESS	\$ 747.73					\$ 747.73
SUNLIFE ACCIDENT	\$ 776.23					\$ 776.23
SUNLIFE VISION	\$ -					\$ -
SUNLIFE SHORT TERM DIS	\$ 1,165.07					\$ 1,165.07
METLIFE VISION	\$ 861.70					\$ 861.70
CAFÉ-D	\$ 1,611.57					\$ 1,611.57
CAFÉ-H	\$ 19,632.74					\$ 19,632.74
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ 720.47					\$ 720.47
CLINIC	\$ 226.10					\$ 226.10
COMBIN	\$ 359.26					\$ 359.26
CREDUN						\$ -
DENTAL	\$ -					\$ -
DEP-LF						\$ -
SUNLIFE TERM LIFE	\$ 735.07					\$ 735.07
SUNLIFE HOSP INDEM	\$ 708.64					\$ 708.64
FED TAX	\$ 33,826.80					\$ 33,826.80
FICA-M	\$ 5,834.95					\$ 5,834.95
FICA-O	\$ 23,796.98					\$ 23,796.98
FIRST C	\$ -					\$ -
FLEX S	\$ 3,337.29					\$ 3,337.29
FLX-FE						\$ -
GIFT S	\$ 767.58					\$ 767.58
GRP-IN						\$ -
GTL						\$ -
HOSP-I						\$ -
LEGAL	\$ 1,133.78					\$ 1,133.78
OTHER	\$ 591.50					\$ 591.50
NATIONAL FARM LIFE	\$ 1,734.43					\$ 1,734.43
MED SURCHARGE	\$ 450.00					\$ 450.00
PR FIN	\$ -					\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 640.86					\$ 640.86
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 29,801.71					\$ 29,801.71
UWIHOS	\$ -					\$ -
<b>TOTAL DEDUCTIONS:</b>	\$ 130,035.46	\$ -	\$ -	\$ -	\$ -	\$ 130,035.46
	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
<b>NET PAY:</b>	\$ 295,704.03	\$ -	\$ -	\$ -	\$ -	\$ 295,704.03
	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	

TOTAL CAFÉ 125 PLAN: \$ 28,773.19 **Less Exempt:**

**TAXABLE PAY:** \$ 396,966.30 **\$ 383,822.73** **Exempt Amt:**

		**CALCULATED**	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 5,756.01		
FICA - MED (EE)	1.45%	\$ 5,756.01	\$ 5,834.95	\$ (78.94)
FICA - SOC SEC (ER)	6.20%	\$ 23,797.01		
FICA - SOC SEC (EE)	6.20%	\$ 23,797.01	\$ 23,796.98	\$ 0.03
<b>FED WITHHOLDING</b>		\$ 33,826.80	\$ 33,826.80	

**Employees over FICA-SS Cap:**  
 Jason Anglin \$ 8,768.06  
 Shanna Odonnell \$ 4,375.51  
 Roshanda Thomas \$ -  
**Paycode S - Employee Reimb.:**

**TOTAL: \$ 13,143.57**

TAX DEPOSIT:	\$ 92,932.84	\$ 93,090.66	
FICA - MEDICARE	2.90%	\$ 11,512.02	\$11,669.90
FICA - SOCIAL SECURITY	12.40%	\$ 47,594.02	\$47,593.96
FED WITHHOLDING		\$ 33,826.80	\$33,826.80
<b>TOTAL TAX:</b>	\$ 92,932.84	\$93,090.66	\$ (157.82)

**PREPARED BY:** Mayra Martinez  
**PREPARED DATE:** 12/17/2021



Run Date: 12/17/21  
Time: 15:21

MEMORIAL MEDICAL CENTER BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
Pay Period 12/03/21--12/16/21 Run: 1  
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P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
20548	JAMES D AKIN	1228.36	00062919	12/22/21
65471	ROSARIO G DELGADO	63.36	00062920	12/22/21
65243	LUCILA LOPEZ DE GUZMAN	781.31	00062921	12/22/21
65593	RACQUEL MORALES	680.88	00062922	12/22/21
68163	CRYSTAL MARTINEZ	176.65	00062923	12/22/21
78897	DAYLE J MCLAUGHLIN	531.94	00062924	12/22/21
00041	CARL LEE KING	994.07	DD	12/22/21
00083	SYLVIA A VARGAS	823.03	DD	12/22/21
00094	SYLVIA A MENDOZA	933.98	DD	12/22/21
00113	JACLYN CARREON	1023.59	DD	12/22/21
00132	SANDRA A BRAUN	894.88	DD	12/22/21
00192	BRENDA D PENA	2234.35	DD	12/22/21
00270	ANGELA M BURGIN	1586.39	DD	12/22/21
00344	SANDY LEE RUDDICK	2640.41	DD	12/22/21
00387	BILLIE F DUCKWORTH	1451.49	DD	12/22/21
00392	MONICA T CARR	1456.15	DD	12/22/21
00399	LINDA J TIJERINA	1772.06	DD	12/22/21
00401	VELMA J PINA	1361.47	DD	12/22/21
00417	SHERRY L KING	2226.06	DD	12/22/21
00423	DOMN V STRINGO	2067.26	DD	12/22/21
00482	PAM FIKAC	1161.69	DD	12/22/21
00533	LAURA V DAVILA	1711.10	DD	12/22/21
00577	DIANA GARCIA	2336.46	DD	12/22/21
00581	CYNTHIA L RUSHING	1596.88	DD	12/22/21
00676	SHEILA KAY HEATHCOCK	1081.91	DD	12/22/21
00681	R RENEE WOOD	1559.48	DD	12/22/21
00697	MARIA C FARIAS	1052.92	DD	12/22/21
00707	KIMBERLY R BLINKA	1433.19	DD	12/22/21
00895	EMILIE DIANE WILKEY	352.29	DD	12/22/21
00918	GILMA MORENO	2031.35	DD	12/22/21
01015	SUSAN B SMALLEY	2108.03	DD	12/22/21
01234	JENISE N SVETLIK	1508.25	DD	12/22/21
01367	MARILYN A SANDERS	1276.13	DD	12/22/21
01791	RAUSHANAH J MONDAY	1581.89	DD	12/22/21
02011	ERIN R CLEVINGER	3208.95	DD	12/22/21
02014	AGAPITA C CANTU	562.36	DD	12/22/21
02022	AMANDA J GRIGGS	2420.76	DD	12/22/21
02064	ANNA LAURA GARCIA	426.58	DD	12/22/21
02097	KYLIE M GAINES	1303.17	DD	12/22/21
02099	TRACI M SHEFCIK	2661.94	DD	12/22/21
02112	LESLIE THOMAS	2173.86	DD	12/22/21
02193	TIKI VENGLAR	1477.62	DD	12/22/21
02271	DAWN J BUBENIK	1942.06	DD	12/22/21
02279	MELANIE R FRANZ	359.75	DD	12/22/21
02302	CATHERINE MARIE DECILOS	159.35	DD	12/22/21
02303	CONNIE M LUNA	2847.44	DD	12/22/21
02315	NINA M GREEN	4074.66	DD	12/22/21
02331	JESSICA B BIFFLE	1188.07	DD	12/22/21
02346	JEANETTE L FALCON	565.85	DD	12/22/21
02416	JANELLE SCOTT	1569.69	DD	12/22/21
02511	MAGDALENA SEPULVEDA	622.20	DD	12/22/21
02535	STEFANIE M SOLIZ	591.69	DD	12/22/21
02552	VERONICA RAGUSIN	1542.92	DD	12/22/21

Run Date: 12/17/21  
Time: 15:21

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Num.	Name	Amount	CHECK NUM	DATE
02584	BEATRICE MAGU	2106.17	DD	12/22/21
02602	VANESSA GUARDIOLA	258.87	DD	12/22/21
02717	PATRICIA A BRISENO	494.99	DD	12/22/21
02719	DAWN M MCCLELLAND	1870.67	DD	12/22/21
02735	ZANDRA A CUELLAR	663.04	DD	12/22/21
02745	TRACY L WIGGS	1850.28	DD	12/22/21
02763	JESSICA COPPIN	1628.68	DD	12/22/21
02794	HEATHER L MUTCHLER	1542.18	DD	12/22/21
02797	SHELLY A MCAFEE	1898.12	DD	12/22/21
02812	BRITTANY N RUDDICK	1858.67	DD	12/22/21
02907	MARIA F LONGORIA	988.94	DD	12/22/21
02927	MICHAEL L GAINES	2708.83	DD	12/22/21
02963	DOROTHY J RENDON	537.80	DD	12/22/21
02970	DIANNE G ATKINSON	1844.42	DD	12/22/21
03864	JACQUELINE R HERRERA	1183.02	DD	12/22/21
05003	COURTNE D THURLKILL	2623.74	DD	12/22/21
05007	JAMIE K NEYLAND	1389.66	DD	12/22/21
05641	AMANDA R KEY	1652.74	DD	12/22/21
05757	SHARON T HOLDER	4733.14	DD	12/22/21
07066	DELPHINE PADRON	1265.94	DD	12/22/21
07878	DIANA C SAUCEDA	1018.16	DD	12/22/21
11197	CATHERINE A SAENZ	1424.24	DD	12/22/21
11412	COURTNEY L MORKOVSKY	328.80	DD	12/22/21
12011	KIMBERLY J REYNA	1409.50	DD	12/22/21
12115	LISA J HINOJOSA	906.92	DD	12/22/21
12212	MARIA E ARREDONDO	831.96	DD	12/22/21
15097	KYLE L DANIEL	2705.14	DD	12/22/21
15131	SAVANNAH HARLEY	1594.68	DD	12/22/21
15230	MEAGAN GARCIA	1599.42	DD	12/22/21
15286	DAWN M MAREK	2272.45	DD	12/22/21
15400	ANDREA RODRIGUEZ	1583.81	DD	12/22/21
15909	JULIE NGUYEN	320.82	DD	12/22/21
15915	BRIANNE J KEY	2220.96	DD	12/22/21
20156	ERIN ASHLEY WISDOM	1852.12	DD	12/22/21
20206	KELLI B GOFF	1565.85	DD	12/22/21
20207	SHAWNA G HARTL	2186.03	DD	12/22/21
20294	JESSICA D WALTHER	803.66	DD	12/22/21
20407	MISTY M RECTOR	617.13	DD	12/22/21
20484	BRIANNA S PASSMORE	228.28	DD	12/22/21
20567	JESSICA L RUDDICK	712.47	DD	12/22/21
20759	JAMIE SADLER	893.64	DD	12/22/21
20796	ANNA JIMENEZ	633.30	DD	12/22/21
20797	BETHANN M DIGGS	801.63	DD	12/22/21
20816	JOIE L PENA	819.72	DD	12/22/21
20837	DAISY MADRIGAL	1065.81	DD	12/22/21
20896	DANIELA CAMACHO	253.40	DD	12/22/21
20977	CHERYL L TESCH	1740.47	DD	12/22/21
21450	DIANA E LEAL	1401.25	DD	12/22/21
21629	JACOBY R CRAWFORD	1397.04	DD	12/22/21
22618	HEATHER L SMITH	20.48	DD	12/22/21
28120	JESSICA V SELVERA	1090.97	DD	12/22/21
29199	KELLY A SCHOTT	288.86	DD	12/22/21
31035	STACIE L EPLEY	2099.66	DD	12/22/21
31054	LORA L LAMBDEN	755.99	DD	12/22/21

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MEMORIAL MEDICAL CENTER BI-WEEKLY  
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P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
31099	ARACELY Z GARCIA	2130.21	DD	12/22/21
31219	LAUREN PHILLIPS	889.93	DD	12/22/21
31313	KATHERINE LYNN JIMENEZ	1876.54	DD	12/22/21
31319	STACY L FARMER	1703.82	DD	12/22/21
31463	EDWARD E MATULA	2312.01	DD	12/22/21
31508	RACHEL A HEFFNER	2005.34	DD	12/22/21
31821	KAYLA M ALVAREZ	1197.58	DD	12/22/21
31832	SHANE D KRESTA	1709.15	DD	12/22/21
31849	CODY L JUREK	1536.60	DD	12/22/21
38118	KRYSTELLA F KISIAH	897.22	DD	12/22/21
38413	DEVAN ORTA	715.96	DD	12/22/21
38702	ANNA VANESSA PENNELL	1025.86	DD	12/22/21
41112	ANASTASIA L PEREZ	702.99	DD	12/22/21
41171	TOMMIE M TREVINO	470.05	DD	12/22/21
41205	JEANEITE ALVARADO	825.88	DD	12/22/21
41225	LESLIE A CRAIGEN	770.34	DD	12/22/21
41236	PAMELA K VANNOY	1251.50	DD	12/22/21
41274	KAREN GANN	918.70	DD	12/22/21
41308	ISABEL LEDEZMA	199.90	DD	12/22/21
41347	ADRIANNA D STRAKOS	566.98	DD	12/22/21
41369	LORETTA A LEAL	889.93	DD	12/22/21
41418	ANGEL M CASSEL	969.94	DD	12/22/21
41507	OLGA I BETANCOURT	735.30	DD	12/22/21
41612	SONJA A GUAJARDO	635.64	DD	12/22/21
41617	JACQUELINE M MARTINEZ	701.79	DD	12/22/21
41618	HEATHER DELBOSQUE	670.43	DD	12/22/21
41705	KELSEY R TAYLOR	733.58	DD	12/22/21
41896	RENAE MICHELLE EMERY	601.40	DD	12/22/21
41897	ROXANNA MARTINEZ	827.99	DD	12/22/21
41901	JUANITA R MILLER	1111.43	DD	12/22/21
41924	BRITTNEY V STRICKLIN	547.70	DD	12/22/21
42106	CHRISTY SILVAS	902.07	DD	12/22/21
42112	SOCORRO C GONZALES	531.32	DD	12/22/21
42122	LEI ANA CHAVANA	1444.23	DD	12/22/21
42125	LUCY CALZADA	780.70	DD	12/22/21
42304	MIMI T NGUYEN	2366.84	DD	12/22/21
42320	MICHAEL A PFEIL	2753.66	DD	12/22/21
42820	MARIA D CHAVEZ	514.76	DD	12/22/21
42842	SHANNA S O DONNELL	3467.69	DD	12/22/21
50018	MICHELLE M MORALES	1301.52	DD	12/22/21
50148	PENNY GOULDEN	3314.88	DD	12/22/21
50248	MCKENNA VILLEGAS	623.60	DD	12/22/21
50282	JACOB W HAMILTON	2643.40	DD	12/22/21
50310	JASMINE GRIGSBY	785.70	DD	12/22/21
50573	DEANA R DAVIS	1598.33	DD	12/22/21
50596	BETTY S DAVIS	1931.98	DD	12/22/21
50645	CERENITY LIBERTY	200.90	DD	12/22/21
50719	DEBRA K MUSTERED	2201.36	DD	12/22/21
50928	ADINA RODRIGUEZ	605.97	DD	12/22/21
53541	JACLYN B HARTL	1574.91	DD	12/22/21
55025	LEA C RESENDEZ	378.92	DD	12/22/21
55106	CRYSTAL M CHAVEZ	743.17	DD	12/22/21
55127	APRIL N KUBALA	2600.05	DD	12/22/21
55371	BLANCA HERNANDEZ	362.42	DD	12/22/21

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Num.	Name	Amount	CHECK NUM	DATE
55382	SHANNON JACILDO	1547.99	DD	12/22/21
55658	LAJUAN WILKE	689.70	DD	12/22/21
58510	RITA L POLENSKY	773.68	DD	12/22/21
60103	TODD SAVOY	661.91	DD	12/22/21
60112	ROBERT A RODRIQUEZ	2009.61	DD	12/22/21
60131	NORA OVALLE	658.12	DD	12/22/21
60163	MIGDALIA CLARO	753.12	DD	12/22/21
60191	LOLA A RODRIGUEZ	616.00	DD	12/22/21
60271	REBEKAH GERYK	565.28	DD	12/22/21
60616	DOROTHY A LONGORIA	635.61	DD	12/22/21
60718	ANNA C GONZALEZ	671.83	DD	12/22/21
60934	CONSUELO ZAMORA	762.61	DD	12/22/21
63178	EMMANUEL ESCALONA	805.00	DD	12/22/21
63289	JASON RUBIO	880.69	DD	12/22/21
65100	FELICITA BONUZ	505.08	DD	12/22/21
65121	VIVIANA P MEDINA	384.05	DD	12/22/21
65151	ELIA OLACHIA	647.97	DD	12/22/21
65213	LEE SIMERLY	1363.30	DD	12/22/21
65222	LAURIE J KRYCESKI	299.65	DD	12/22/21
65366	CYNTHIA GARCIA	605.25	DD	12/22/21
65393	RAMONA A PEREZ	539.20	DD	12/22/21
65413	CHRISTINA SOLIS	614.49	DD	12/22/21
65463	MARIA I VELOZ	719.94	DD	12/22/21
65486	ROSA RODRIGUEZ	765.59	DD	12/22/21
65513	MARIA MORALES	1004.72	DD	12/22/21
65705	DOMITILA HERRERA	684.14	DD	12/22/21
65815	MELISSA R VEGAS	676.42	DD	12/22/21
65865	MARIA P LEDEZMA	710.42	DD	12/22/21
68792	NAZARIO DIAZ HERNANDEZ	1692.31	DD	12/22/21
70119	SARA N BLEDSOE	2188.47	DD	12/22/21
71620	ROBIN STEELE	2448.78	DD	12/22/21
73749	GLORIA N REID	2429.69	DD	12/22/21
75190	RIKA WILLIAMS	1629.92	DD	12/22/21
76003	IRMA DELEON	621.26	DD	12/22/21
76067	PAIGE G CHATHAM	155.78	DD	12/22/21
76110	TARAH SUBLETT	532.71	DD	12/22/21
76115	JENNIFER R CARLOCK	590.11	DD	12/22/21
76120	RACHEL CANALES	1265.03	DD	12/22/21
76138	KAREN D GARCIA	571.55	DD	12/22/21
76210	ZOE VILLARREAL	658.00	DD	12/22/21
76225	JASON YARBOROUGH	44.39	DD	12/22/21
76300	AIDA JIMENEZ	748.16	DD	12/22/21
76313	PAMELA L BARTON	553.22	DD	12/22/21
76403	KATRINA A POKLUDA	1142.57	DD	12/22/21
76647	CHERYL A SEE	1065.49	DD	12/22/21
76706	GREGORY E MORALES	669.00	DD	12/22/21
76761	LAURA F PESINA	761.15	DD	12/22/21
76854	MARY PATTERSON	783.60	DD	12/22/21
76985	VANESSA TRISTAN	215.73	DD	12/22/21
77646	FAREN A GONZALES	918.16	DD	12/22/21
78020	MISTY R PASSMORE	961.23	DD	12/22/21
78058	KYANN J POWER	378.96	DD	12/22/21
78072	DONNA M RAWLINGS	1201.21	DD	12/22/21
78186	ANDREA F COOK	171.65	DD	12/22/21

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MEMORIAL MEDICAL CENTER BI-WEEKLY  
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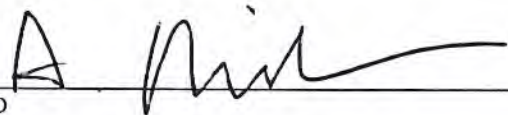
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P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
78191	JAMIE J GRASSE	770.19	DD	12/22/21
78287	MARISSA D ALMANZAR	1534.22	DD	12/22/21
78336	JESSICA L GLOVER	1322.52	DD	12/22/21
78566	MELISSA K GEE	659.67	DD	12/22/21
78764	ASHLEY D HADLEY	1960.61	DD	12/22/21
78778	SARA M RUBIO	2168.61	DD	12/22/21
78781	KRISTEN R MACHICEK	1585.21	DD	12/22/21
78787	FARAH I JANAK	2419.62	DD	12/22/21
78879	YESENIA QUEZADA	559.27	DD	12/22/21
80008	ADAM D BESIO	2490.24	DD	12/22/21
80141	JEANNIE ORTA	769.23	DD	12/22/21
82227	CAITLIN A CLEVINGER	1076.27	DD	12/22/21
86225	REGINA ALLEN	316.22	DD	12/22/21
86432	KRISTI L BOYD	1796.64	DD	12/22/21
86482	MEGAN M HARPER	736.86	DD	12/22/21
88808	MARLEY B O'DONNELL	2079.99	DD	12/22/21
88904	MAYRA K MARTINEZ	1437.17	DD	12/22/21
90320	ROSHANDA S THOMAS	3390.83	DD	12/22/21
90779	JASON W ANGLIN	6682.17	DD	12/22/21
98547	ELLEN W HEIMAN	865.21	DD	12/22/21
98756	ADRIANNA M GALVAN	1311.76	DD	12/22/21

295704.03

**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- December 13, 2021 - December 19, 2021**

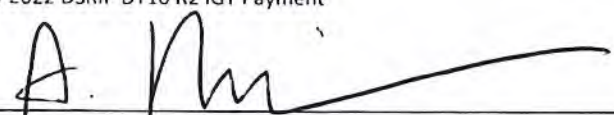
<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten" Check" #</u>
12/17/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	\$ 2,325.57 *	500255
12/16/2021	PAY PLUS ACHTRANS 452579291 101000696414289	- 3rd Party Payor Fee	\$ 1.84	301077
12/15/2021	PAY PLUS ACHTRANS 452579291 101000695547164	- 3rd Party Payor Fee	\$ 57.07	301078
12/15/2021	TEXAS COUNTY DRS RECEIVABLE 0419 21000022600	- Retirement Funding	\$ 142,891.14 **	200309
12/14/2021	PAY PLUS ACHTRANS 452579291 101000694339578	- 3rd Party Payor Fee	\$ 174.28	301079
12/14/2021	MCKESSON DRUG AUTO ACH ACH04839337 910000139	- 340B Drug Program Expense	\$ 6,677.44 *	500256
12/13/2021	PAY PLUS ACHTRANS 452579291 101000693329259	- 3rd Party Payor Fee	\$ 47.55	301080
12/13/2021	CLEARGAGE LLC CLEARGAGE, B00EB686N59N48K 242	- Patient Financing Service	\$ 109.40	
			<b>152,284.29</b>	

  
 December 20, 2021  
 Anthony Richardson, CFO  
 Memorial Medical Center

\* Approved 12.15.21 CC  
 \*\* Approved 12.28.21 CC

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten" Check" #</u>
1/5/2022	January 2022 DSRIP DY10 R2 IGT Payment		57,995.83	
			<b>57,995.83</b>	

  
 December 20, 2021  
 Anthony Richardson, CFO  
 Memorial Medical Center

*PAY PLUS*  
 1.84 +  
 57.07 +  
 174.28 +  
 47.55 +  
 280.74 \*  
*Cleargase*  
 109.40 +  
 109.40 \*  
 280.74 +  
 109.40 +  
 390.14 \*  
 152,284.29 +  
 2,325.57 -  
 142,891.14 -  
 6,677.44 -  
 390.14 \*  
 390.14 +  
 390.14 -  
 0.00 \*



**Transaction Summary**

Transaction Complete  
Trace #

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

Payment Total	\$57,995.83
Bank Routing and Account Number	
Settlement Date	1/5/2022
DSRIP Amount	\$57,995.83
Entered By	Marley Moehrig

## Marley Moehrig

---

**From:** Jason Anglin  
**Sent:** Tuesday, December 14, 2021 3:17 PM  
**To:** Marley Moehrig; Roshanda S. Thomas  
**Cc:** Anthony Richardson  
**Subject:** FW: January 2022 DSRIP DY10 R2 IGT Notification - RHP 03  
**Attachments:** DY10 Round 2 January 2022 Affiliation Summary for Publication.xlsx; DY10 Round 2 January 2022 IGT Summary for Publication.xlsx

Did you receive?

You will find MMC's under RHP3.

Thank you,

Jason Anglin, CEO  
Memorial Medical Center  
815 N Virginia St  
Port Lavaca, TX 77979  
Office 361-552-0240  
Fax 361-552-0220

**From:** HHSC PFD DSRIP Payments <PFD\_DSRIP\_Payments@hhs.texas.gov>  
**Sent:** Tuesday, December 14, 2021 3:13 PM  
**To:** aafrancis@houstonmethodist.org; abacan@bcm.edu; Alejandra Padierna <Alejandra.padierna@myburke.org>; alex.lim@mhmraharris.org; Alice.Hsieh@uth.tmc.edu; Amanda <\_Simmons@premierin.com>; amanda.callaway@harrishealth.org; amanda.darr@texanacenter.com; Amanda\_Simmons@Premierinc.com; amathis@columbusch.com; amber.haig@houstontx.gov; anaelle.moal@uth.tmc.edu; Andrew.Casas@uth.tmc.edu; anewton@chambershealth.org; angelina.esparza@houstontx.gov; anna.arage@gulfbend.org; anthony.scarlatella@mhmraharris.org; April.Sanders@mhmraharris.org; bchance@stlukeshealth.org; Bethany Miller <bemiller@texaschildrens.org>; Beth.Cloyd@harrishealth.org; beth.duncan@texanacenter.com; bfkalmus@mdanderson.org; bhajovsky@columbusch.com; bprochnow@matagordaregional.org; Brian Gurbach <Brian.Gurbach@texanacenter.com>; bsansom@hcphes.org; catherine.McAfee@bcm.edu; caushattaranch@yahoo.com; cbelk@houstonmethodist.org; cdemoya@stlukeshealth.org; Ridge,Celina <celina.ridge@houstontx.gov>; charrison@mehop.org; COChua-Faustino@houstonmethodist.org; connie.almeida@fortbendcountytexas.gov; corrigan@bcm.edu; cottey@gl-law.com; Danny.Corprew@houstontx.gov; darlyn1868@gulfbend.org; Deborah.Banerjee@houstontx.gov; Debra.J.Ryan@uth.tmc.edu; denise.leblanc@stctr.org; desiree.vrazel@ecmh.org; devin.bradberry@houstontx.gov; dherolt@cmcvtx.org; dina.hermes@goldenplains.org; dlevans3@texaschildrens.org; dmak@ecmh.org; dmbenson@mdanderson.org; dmoore@mmcportlavaca.com; Don.Powell@harrishealth.org; Donna.W.Valenzuela@uth.tmc.edu; dthompson5@stlukeshealth.org; Ed.Buchanan@THECB.state.tx.us; ed.sturdivant@fortbendcountytexas.gov; ekta.patel@columbia.edu; elizabeth.cloyd@harrishealth.org; ellen.catoe@texanacenter.com; elwell@gl-law.com; epatel2@houstonmethodist.org; erica.brown@theharriscenter.org; etyrrell@houstonmethodist.org; fawan@obmc.org; ferguson@gl-law.com; georgia.thomas@memorialhermann.org; gwendolyn.curlee@phs.hctx.net; gz0357@gulfbend.org; Glenn Zengerle <gzengerle@gulfbend.org>; harold.dutton@phs.hctx.net; hbeal@jpshealth.org; Hchung@houstonmethodist.org; hdutton@hcphes.org; hferguso@mdanderson.org; hoxfordiv@benoxford.com; hstein@houstonmethodist.org; ljett@brazoscountytexas.gov; irocha@ecmh.org; jacquea@dhchd.org; jacquelyn.minter@fortbendcountytexas.gov; James.L.Vitt@uth.tmc.edu; janaew@dhchd.org; Jason Anglin <JAnglin@mmcportlavaca.com>; jdenhaken@hcphes.org; jeanne.wallace@mhmraharris.org; Jeff.Jackson@bmd.hctx.net; Jeff.Sliwinski@HCAHealthcare.com;



jeff1896@gulfbend.org; jessica.granger@harrishealth.org; jessica.hall@harrishealth.org; jfreudenberger@obmc.org; jhammel@obmc.org; jhughson@gonzaleshealthcare.com; jill.tenhaken@phs.hctx.net; Jimmie.Ng@houston.tx.gov; jjanek@ricemedicalcenter.net; jjett@brazoscountytexas.gov; jmhatt@mdanderson.org; JMShephard@mdanderson.org; joanmatthews784@gmail.com; John.Cramer@memorialhermann.org; johneaton@stlukeshealth.org; Joseph.Dygert@harrishealth.org; JPElliott@houstonmethodist.org; jpickett@mmcportlavaca.com; jray@obmc.org; jtodd@obmc.org; Judy.Harris@houston.tx.gov; Julie.Rabat-Torki@harrishealth.org; julie.t.page@uth.tmc.edu; jvanek@columbusch.com; Karen.LaFontaine@harrishealth.org; Kate.Johnson@TexanaCenter.com; Kaye.Reynolds@fortbendcountytexas.gov; kbarrett@bcm.edu; kcox@obmc.org; keena.pace@TheHarrisCenter.org; Kevin.Dillon@uth.tmc.edu; kevin.lin@harrishealth.org; kirkland@gl-law.com; kmrose@texaschildrens.org; konczal@gl-law.com; kord.quintero@memorialhermann.org; kristen.edge@memorialhermann.org; kxbartle@texaschildrens.org; kzieren@stlukeshealth.org; larry.martin@hcahealthcare.com; laura.yates@memorialhermann.org; laura5325@gulfbend.org; lauriem@gulfcoastcenter.org; lazanga@matagordaregional.org; lbecker@hcphes.org; ldcrusor@texaschildrens.org; Lee.Hughes@newlighthhealthcare.com; Leslie.DeLaO@phs.hctx.net; lfoxhall@mdanderson.org; lharvey@ecmh.org; lharvey@mmcportlavaca.com; lhodge@obmc.org; linda1830@gulfbend.org; ling-lun.chien@theharriscenter.org; Lizette.Escamilla@memorialhermann.org; llebouef@trhfoundation.org; lluedeker@gmail.com; Lori.Dochoda@harrishealth.org; lrmcstay@texaschildrens.org; MaCristina.Sitarz@memorialhermann.org; magruda@obmc.org; mapatel2@texaschildrens.org; maria.sprague@steward.org; Mary.Pastore@uth.tmc.edu; mbenton@StLukesHealth.Org; md.kendrick@fortbendcountytexas.gov; mdbrown@tamu.edu; Melanie Taylor <melanie.taylor@myburke.org>; michael.norby@harrishealth.org; mjavaid@mdanderson.org; mjgetz@houstonmethodist.org; mjspanihel@ricemedicalcenter.net; mkinyo@trhfoundation.org; mklock@matagordaregional.org; mlongoria@ecmh.org; moorerea@nacmem.org; morgan@gl-law.com; nathalie.cardona@phs.hctx.net; ncastillo@ricemedicalcenter.net; NChi@houstonmethodist.org; neelyk@gulfcoastcenter.org; Nicole.lievsay@harrishealth.org; Nnabuchi.T.Akpeh@uth.tmc.edu; ntudor@ecmh.org; Oscar.Ballarta@uth.tmc.edu; peggys@bcm.edu; phamilton@chambershealth.org; PHarrison2@houstonmethodist.org; pstewart@gonzaleshealthcare.com; reprater@mdanderson.org; rford@iasishealthcare.com; rgeorge@ricemedicalcenter.net; Roshanda S. Thomas <rthomas@mmcportlavaca.com>; Richard.Ervin@hcahealthcare.com; Richard.Ford@steward.org; Richi.Chaudhry@MemorialHermann.org; rlenfant@obmc.org; robert.hillier@harrishealth.org; Robina.A.Philipose@uth.tmc.edu; romel.walker@theharriscenter.org; rpelley2@houstonmethodist.org; RSBello@mdanderson.org; Roshanda S. Thomas <rthomas@mmcportlavaca.com>; russell.meyers@midland-memorial.com; rwick@columbusch.com; sahar.m.qashqai@uth.tmc.edu; sam.Karim@harrishealth.org; Sandra.K.Tyson@uth.tmc.edu; Sarah\_Kalinowski@Premierinc.com; sarah\_schauman@premierinc.com; sbulle@stlukeshealth.org; scampos@houstonmethodist.org; scarruth@obmc.org; scgilmor@mdanderson.org; Sean Kim <Sean.Kim@TheHarrisCenter.org>; setexasrhp@harrishealth.org; sgularte@chambershealth.org; shannon.evans2@hcahealthcare.com; sharif.z.mansur@uth.tmc.edu; Sharon.lkeler@hcahealthcare.com; Shawton.Hankins@hcahealthcare.com; shena.timberlake@texanacenter.com; shernandez@ricemedicalcenter.net; sherrie@wshd-tx.com; simmonschiros@yahoo.com; spuria@gl-law.com; sschauman@nexerainc.com; ssmith@matagordaregional.org; stephen.orrell@harrishealth.org; steve.hand@memorialhermann.org; Schnee,Steven B <steve.schnee@mhmraharris.org>; Sukhvir.Sandhu@harrishealth.org; Sukhvir.Sandhu@memorialhermann.org; swathi.gurjala@harrishealth.org; swu2@houstonmethodist.org; tabak@bcm.edu; tatyana.johnson@fortbendcountytexas.gov; tcheaney@chambershealth.org; thomas.aardahl@stctr.org; tina.hanks@stctr.org; tlilie@columbusch.com; tnguyen5@obmc.org; tsinclair@bcm.edu; tzalman@ecmh.org; ushah@hcphes.org; Van.Demetriades@memorialhermann.org; vausborn@stlukeshealth.org; Victoria.Nikitin@harrishealth.org; vlpowers@hotmail.com; vonderau@sbcglobal.net; Wayne Young <Wayne.young@TheHarrisCenter.org>; wei.guo@theharriscenter.org; whudson@hcphes.org; william.bryant@houston.tx.gov; yxshi2@texaschildrens.org

Cc: Brown,Adam (HHSC) <Adam.Brown04@hhs.texas.gov>; Chang,Sylvia (HHSC) <sylvia.chang@hhs.texas.gov>; Corzine,Ketha (HHSC) <Ketha.Corzine@hhs.texas.gov>; Okoniewski,Amanda (HHSC) <Amanda.Okoniewski01@hhs.texas.gov>; HHSC Texas Healthcare Transformation and Quality Improvement Program <TXHealthcareTransformation@hhs.state.tx.us>; Wade,Tonika (HHSC) <Tonika.Wade@hhs.texas.gov>

**Subject:** January 2022 DSRIP DY10 R2 IGT Notification - RHP 03

# [WARNING-Remote attachments, VERIFY SENDER]

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

Anchors/Government Entities/Providers:

**Please carefully review this message in its entirety making note of the information provided which pertains to the DY10 Delivery System Reform Incentive Payments (DSRIP).**

Attached are the following files: DSRIP Notification- DY10 Round 2 January 2022 Affiliation Summary and DY10 Round 2 January 2022 IGT Summary workbooks. These workbooks include DY10 DSRIP payments and DY9 Carryforward Reporting.

The DY10 Round 2 January 2022 Affiliation Summary workbook has separate tabs for each Regional Healthcare Partnership (RHP) and contains the Intergovernmental Transfer (IGT) needed, by affiliation, for DY10 Round 2 DSRIP payments and DY9 Carry Forward.

The DY10 Round 2 January 2022 IGT Summary workbook has separate tabs for each RHP and contains the total IGT needed by each IGT Entity for the DY10 Round 2 DSRIP payments and DY9 Carryforward Reporting.

Providers can determine their estimated payment amount by dividing Column M of the DY10 Round 2 January 2022 Affiliation Summary by the state share of the current FMAP. The current FMAP is 67.00%/33.00%.

The Transformation Waiver Team will email the Anchors information to share with providers regarding how much will be paid by Category and measure on Friday, December 17, 2021. Health and Human Services Commission (HHSC) Provider Finance Department is unable to answer questions regarding this information. Please send any questions regarding this information to [TXHealthcareTransformation@hhsc.state.tx.us](mailto:TXHealthcareTransformation@hhsc.state.tx.us)

HHSC requires that the appropriate TexNet bucket is used for DSRIP Reporting IGTs. The DSRIP Reporting IGT should be placed in DSRIP.

IGT Entities may choose to IGT less than the required amount for DSRIP Reporting payments; however, all affiliated providers and metrics will be paid proportionately. IGT may not be directed towards specific providers, Categories, or metrics.

A screen shot/.pdf of the confirmation/trace sheet or email of the confirmation number if the TexNet is submitted over the phone is required and must be emailed to [PFD\\_DSRIP\\_Payments@hhs.texas.gov](mailto:PFD_DSRIP_Payments@hhs.texas.gov). We are requesting that all government entities enter their IGT transactions into TexNet no later than January 4th with a Settlement Date of January 5th. **No IGT's submitted after January 5th will be accepted.**

HHSC Accounting will request the Comptroller to issue payments according to the following *estimated* schedule:

Tuesday, January 04, 2022	Last date for Public entities to enter TexNet and submit Trace Sheet
Wednesday, January 05, 2022	TexNet Sweeps (Settlement date of funds)
Wednesday, January 19, 2022	Payment issue date for Transferring Hospitals "Big 6"

Information regarding TexNet Connect can be found at  
<https://comptroller.texas.gov/programs/systems/docs/96-1193.pdf>

Thank you,

**HHSC Provider Finance Payments**

Texas Health and Human Services Commission  
North Austin Complex  
PO Box 149030, Mail Code H-400  
4601 Guadalupe St  
Austin, TX 78751



**TEXAS**  
Health and Human  
Services

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DSRIP Payment Summary Report by Affiliation\_Number for Demo Year 10

DSRIP Payment Summary Report by Affiliation_Number for Demo Year 10						Round 2						
IGT Affiliation Number	OSID	Provider TPI	Provider Name	IGT TPI	IGT Name	DY10 Round 2 Approved IGT	DY10 Previous Round NMI Approved IGT	DY10 Other Approved IGT (short IGT)	DY9 Carry Forward Round 2 Approved IGT	DY9 Previous Round NMI Approved IGT	DY9 Other Approved IGT (short IGT)	Total Approved IGT for Round 2 DSRIP
100-11-0000-00132	RHP 3	137909111	Memorial Medical Center	137909111	Calhoun County dba Memorial Medical Center	\$ 57,995.83	\$ -	\$ 0.00	\$ -	\$ -	\$ 0.00	\$ 57,995.83

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DEC 16 2021

12/16/2021

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

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Due Dates Through: 01/06/2022

Vendor# Vendor Name

Class Pay Code

11816 ASHFORD GARDENS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
121421		12/15/20	12/14/20	01/06/20		22,542.62	0.00	0.00	22,542.62 ✓

MEDICARE REPAYMENT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	22,542.62	0.00	0.00	22,542.62

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	22,542.62	0.00	0.00	22,542.62

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193146

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

12/17/2021 MEMORIAL MEDICAL CENTER 0  
 09:50 AP Open Invoice List ap\_open\_invoice.template  
 Due Dates Through: 01/06/2022

Vendor# Vendor Name

Class Pay Code

11828 SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
120321		12/13/20	12/03/20	01/06/20		646.99	0.00	0.00	646.99 ✓		
121421	TRANSFER	12/17/20	12/14/20	12/14/20		62,580.63	0.00	0.00	62,580.63 ✓		
	MEDICARE REPAYMENT										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11828	SOLERA WEST HOUSTON	63,227.62	0.00	0.00	63,227.62

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	63,227.62	0.00	0.00	63,227.62

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BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

CK#  
 193152

12/17/2021 09:49 MEMORIAL MEDICAL CENTER  
 AP Open Invoice List 0  
 Due Dates Through: 01/06/2022 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	
121421A		12/17/20	12/14/20	12/14/20		11,396.92	0.00	0.00	11,396.92	
MEDICARE REPAYMENT										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net	
	11820	FORTBEND HEALTHCARE CENTER				11,396.92	0.00	0.00	11,396.92	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,396.92	0.00	0.00	11,396.92

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193149

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

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12/16/2021  
CALHOUN COUNTY, TEXAS  
10:03

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

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Due Dates Through: 01/06/2022

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
121421		12/15/20	12/14/20	01/06/20		50,869.06	0.00	0.00	50,869.06 ✓

MEDICARE REPAYMENT

Vendor Totals Number Name

Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT CREEKSIDE PARK	50,869.06	0.00	0.00	50,869.06

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	50,869.06	0.00	0.00	50,869.06

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CHK#  
193148

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



12/17/2021  
09:50

MEMORIAL MEDICAL CENTER  
AP Open Invoice List 0  
Due Dates Through: 01/06/2022 ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
120121B		12/13/20	12/01/20	01/06/20		2,226.00	0.00	0.00	2,226.00 ✓
120321A	TRANSFER	12/13/20	12/03/20	01/06/20		480.00	0.00	0.00	480.00 ✓
	<i>NH insurance pymt deposited into mme acct</i>								
121421B	TRANSFER	12/15/20	12/14/20	01/06/20		42,975.52	0.00	0.00	42,975.52 ✓
	MEDICARE REPAYMENT								

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
11824		THE CRESCENT	45,681.52	0.00	0.00	45,681.52

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	45,681.52	0.00	0.00	45,681.52

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**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**

ck#  
193153

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CALHOUN COUNTY, TEXAS

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0

AP Open Invoice List

ap\_open\_invoice.template

Due Dates Through: 01/06/2022

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
----------	---------	---------	--------	--------	---------	-----------	----------	--------	-----

120221		12/13/20	12/02/20	01/06/20		1,108.27	0.00	0.00	1,108.27 ✓
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TRANSFER *NH insurance pymt deposited into MME open*

120821		12/13/20	12/08/20	01/06/20		9,688.78	0.00	0.00	9,688.78 ✓
--------	--	----------	----------	----------	--	----------	------	------	------------

MEDICARE REPAYMENT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	10,797.05	0.00	0.00	10,797.05

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,797.05	0.00	0.00	10,797.05

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DEC 16 2021

*ck#  
193150*

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

DEC 16 2021

12/16/2021  
CALHOUN COUNTY, TEXAS  
10:04

MEMORIAL MEDICAL CENTER  
AP Open Invoice List 0  
Due Dates Through: 01/06/2022 ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

12696 GULF POINTE PLAZA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
120321		12/13/20	12/03/20	01/06/20		3,547.04	0.00	0.00	3,547.04

TRANSFER *NH insurance pymt deposited into mme openy*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	3,547.04	0.00	0.00	3,547.04

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,547.04	0.00	0.00	3,547.04

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DEC 16 2021

CL#  
19351

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RECEIVED BY THE  
COUNTY AUDITOR ON

DEC 16 2021  
12/16/2021

10:06  
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 01/06/2022

0

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
120121B		12/13/20	12/01/20	01/06/20		12,731.00	0.00	0.00	12,731.00 ✓
120221	TRANSFER <i>NH insurance pymt deposited into MMHC open</i>	12/13/20	12/02/20	01/06/20		741.00	0.00	0.00	741.00 ✓
120321	TRANSFER "	12/13/20	12/03/20	01/06/20		2,433.36	0.00	0.00	2,433.36 ✓
120721	TRANSFER "	12/13/20	12/07/20	01/06/20		1,546.79	0.00	0.00	1,546.79 ✓

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	17,452.15	0.00	0.00	17,452.15

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	17,452.15	0.00	0.00	17,452.15

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DEC 16 2021

*ck#*  
*193194*

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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DEC 16 2021

12/16/2021  
CALHOUN COUNTY, TEXAS  
10:03

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 01/06/2022

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
120121A		12/13/20	12/01/20	01/06/20		12,618.95	0.00	0.00	12,618.95 ✓
	TRANSFER	<i>NH insurance pymt deposited into mme operating</i>							
120821		12/13/20	12/08/20	01/06/20		240.26	0.00	0.00	240.26 ✓
MEDICARE REPAYMENT									

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
12792		BETHANY SENIOR LIVING	12,859.21	0.00	0.00	12,859.21

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	12,859.21	0.00	0.00	12,859.21

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DEC 16 2021

CK#  
193147

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

8

RUN DATE:12/20/21  
TIME:11:25

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
12/22/21 THRU 12/22/21

PAGE 1  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	193057	12/22/21	616.28	ABILITY NETWORK (SHIFTHOUND)
A/P	193058	12/22/21	1,400.00	ACUTE CARE INC
A/P	193059	12/22/21	20.00	ADVANCED STERILIZATION PRODUCT
A/P	193060	12/22/21	15.00	ALPHA TEC SYSTEMS INC
A/P	193061	12/22/21	44.40	AQUA BEVERAGE COMPANY
A/P	193062	12/22/21	10,655.00	AUREUS RADIOLOGY LLC
A/P	193063	12/22/21	457.23	BAXTER HEALTHCARE
A/P	193064	12/22/21	.00	VOIDED
A/P	193065	12/22/21	.00	VOIDED
A/P	193066	12/22/21	38,503.36	BECKMAN COULTER INC
A/P	193067	12/22/21	13,950.00	BIOFIRE DIAGNOSTICS LLC
A/P	193068	12/22/21	786.90	C R BARD INC
A/P	193069	12/22/21	5,720.00	CALHOUN COUNTY EMS
A/P	193070	12/22/21	10,783.75	CARIANT HEALTH PARTNERS
A/P	193071	12/22/21	21,830.00	CARRIER CORPORATION
A/P	193072	12/22/21	8,574.37	CDW GOVERNMENT, INC.
A/P	193073	12/22/21	14,397.01	CLINICAL PATHOLOGY
A/P	193074	12/22/21	453.41	COCA COLA SOUTHWEST BEVERAGES
A/P	193075	12/22/21	327.65	CUSTOM MEDICAL SPECIALTIES
A/P	193076	12/22/21	.00	VOIDED
A/P	193077	12/22/21	3,164.10	DEWITT POTH & SON
A/P	193078	12/22/21	52,811.25	DIAMOND HEALTHCARE CORP
A/P	193079	12/22/21	610.00	DOWELL PEST CONTROL
A/P	193080	12/22/21	683.75	EL CAMPO REFRIGERATION
A/P	193081	12/22/21	46,542.50	EMERGENCY STAFFING SOLUTIONS
A/P	193082	12/22/21	139.50	ERBE USA INC SURGICAL SYSTEMS
A/P	193083	12/22/21	17,996.99	EVIDENT
A/P	193084	12/22/21	95.00	FASTHEALTH CORPORATION
A/P	193085	12/22/21	94.62	FEDERAL EXPRESS CORP.
A/P	193086	12/22/21	13,562.50	FIRST CONNECT CENTER LLC
A/P	193087	12/22/21	2,039.35	FISHER HEALTHCARE
A/P	193088	12/22/21	1,122.84	FRONTIER
A/P	193089	12/22/21	11,523.24	GE HEALTHCARE
A/P	193090	12/22/21	121.46	GENESIS DIAGNOSTICS
A/P	193091	12/22/21	22.40	GRAINGER
A/P	193092	12/22/21	40.02	GULF COAST PAPER COMPANY
A/P	193093	12/22/21	1,371.50	HEALTHCARE CODING & CONSULTING
A/P	193094	12/22/21	4,610.52	HEALTHCARE FINANCIAL SERVICES
A/P	193095	12/22/21	.00	VOIDED
A/P	193096	12/22/21	1,027.21	HEB CREDIT RECEIVABLES DEPT308
A/P	193097	12/22/21	975.00	HHSC
A/P	193098	12/22/21	472.50	HOLOGIC INC
A/P	193099	12/22/21	690.41	INTRADO
A/P	193100	12/22/21	546.31	IRON MOUNTAIN
A/P	193101	12/22/21	26,075.83	ITA RESOURCES, INC
A/P	193102	12/22/21	1,702.73	J & J HEALTH CARE SYSTEMS, INC
A/P	193103	12/22/21	560.30	LEGAL SHIELD
A/P	193104	12/22/21	851.25	LEGATO
A/P	193105	12/22/21	2,496.22	LONESTAR COMMUNICATIONS, IN
A/P	193106	12/22/21	23,341.08	LUBY'S FUDDRUCKERS RESTAURANTS

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	193107	12/22/21	258.71	MCKESSON MEDICAL SURGICAL INC
A/P	193108	12/22/21	34.20	MEDIMPACT HEALTHCARE SYS, INC.
A/P	193109	12/22/21	202.80	MEDIVATORS
A/P	193110	12/22/21	.00	VOIDED
A/P	193111	12/22/21	.00	VOIDED
A/P	193112	12/22/21	.00	VOIDED
A/P	193113	12/22/21	.00	VOIDED
A/P	193114	12/22/21	.00	VOIDED
A/P	193115	12/22/21	16,756.92	MEDLINE INDUSTRIES INC
A/P	193116	12/22/21	294.18	MMC AUXILIARY GIFT SHOP
A/P	193117	12/22/21	.00	VOIDED
A/P	193118	12/22/21	.00	VOIDED
A/P	193119	12/22/21	22,967.33	MORRIS & DICKSON CO, LLC
A/P	193120	12/22/21	7,535.31	MSH HEALTH SERVICES LLC
A/P	193121	12/22/21	2,012.12	MXR IMAGING, INC
A/P	193122	12/22/21	315.98	NACOGDOCHES TRANSCRIPTION
A/P	193123	12/22/21	116.96	OLYMPUS AMERICA INC
A/P	193124	12/22/21	278.61	ORTHO CLINICAL DIAGNOSTICS
A/P	193125	12/22/21	3,084.00	PARA
A/P	193126	12/22/21	3,675.00	PAYCHEX, ADVANCE FBO
A/P	193127	12/22/21	250.00	PORT LAVACA WAVE
A/P	193128	12/22/21	51.14	POWER HARDWARE
A/P	193129	12/22/21	60.00	RX WASTE SYSTEMS LLC
A/P	193130	12/22/21	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	193131	12/22/21	2,570.76	STERICYCLE, INC
A/P	193132	12/22/21	1,294.26	STRYKER FLEX FINANCIAL
A/P	193133	12/22/21	1,460.72	STRYKER SALES CORP
A/P	193134	12/22/21	2,340.00	STRYKER SUSTAINABILITY
A/P	193135	12/22/21	431.42	T-SYSTEM, INC
A/P	193136	12/22/21	10,919.00	TEXAS HOSPITAL ASSOCIATION
A/P	193137	12/22/21	10,127.20	TEXAS SELECT STAFFING
A/P	193138	12/22/21	846.00	TK ELEVATOR CORPORATION
A/P	193139	12/22/21	1,747.77	TRIZETTO PROVIDER SOLUTIONS
A/P	193140	12/22/21	10,569.38	TRUSTED HEALTH, INC
A/P	193141	12/22/21	.00	VOIDED
A/P	193142	12/22/21	7,297.73	UNIFIRST HOLDINGS INC
A/P	193143	12/22/21	152.54	UNITED AD LABEL CO INC
A/P	193144	12/22/21	97.20	WEBPT, INC
A/P	193145	12/22/21	11.76	ZIMMER BIOMET
A/P	193146	12/22/21	22,542.62	ASHFORD GARDENS
A/P	193147	12/22/21	12,859.21	BETHANY SENIOR LIVING
A/P	193148	12/22/21	50,869.06	BROADMOOR AT CREEKSIDE PARK
A/P	193149	12/22/21	11,396.92	FORTBEND HEALTHCARE CENTER
A/P	193150	12/22/21	10,797.05	GOLDENCREEK HEALTHCARE
A/P	193151	12/22/21	3,547.04	GULF POINTE PLAZA
A/P	193152	12/22/21	63,227.62	SOLERA WEST HOUSTON
A/P	193153	12/22/21	45,681.52	THE CRESCENT
A/P	193154	12/22/21	17,452.15	TUSCANY VILLAGE
TOTALS:			691,290.26	

*Payables* 406 + 37,422.38 = 37,828.38  
*Critical* 46 + 542 = 588  
  
*MT*  
*Transfers* 22 + 542 = 564  
 63 + 227 = 860  
 11 + 396 = 407  
 30 + 865 = 895  
 45 + 681 = 726  
 10 + 797 = 807  
 3 + 547 = 550  
 17 + 452 = 469  
 12 + 859 = 871  
 691 + 290 = 981

APPROVED ON

DEC 22 2021

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

## Request for Transfer of Funds

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

Date Requested: 12/17/2021

Payer: MEDICARE

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

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

Requestor's phone number: 361-551-0500

District or County: Calhoun

Facility: Bethany Senior Living

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : [clevenger@mmcpportlavaca.com](mailto:clevenger@mmcpportlavaca.com)

[mmartinez@mmcpportlavaca.com](mailto: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	12/16/2021	EFT		EFT 6184204	CVDAR000026869	674.89	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
TOTAL				-			674.89	

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

Date Received: 12/20/2021

Approved by: C CLEVENGER

Date of transfer: 12/22/2021

From Facility: BROADMOOR

To Facility: BETHANY

Amount: 674.89

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**APPROVED ON**

DEC 20 2021

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
ck#000170**



## Request for Transfer of Funds

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

Date Requested: 12.17.21

Payer: MEDICARE

Requested by: RACHEL ARENAZAS

Requestor's email: rarenazas@tuscanyvillagecare.net

Requestor's phone number: 713-770-5300

District or County: BRAZORIA

Facility: TUSCANY VILLAGE

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

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

[mimartinez@mmcporthlavaca.com](mailto:mimartinez@mmcporthlavaca.com)

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		11.26.21	EFT	\$ 2,004.77	eft6166073	WO/CVDAR000026869	\$ 2,004.77	Due Tuscany from Broadmoor
		12.14.21	EFT	\$ 4.60	eft6180737	WO/CVDAR000026869	\$ 4.60	Due Tuscany from Broadmoor
		12.15.21	EFT	\$ 585.54	eft6182510	WO/CVDAR000026869	\$ 585.54	Due Tuscany from Broadmoor
<b>TOTAL</b>				<b>2,594.91</b>			<b>2,594.91</b>	

To be filled out by Memorial Medical Center:

Date Received: 12/20/2021

Approved by: C CLEVENGER

Date of transfer: 12/22/2021

From Facility: BROADMOOR

To Facility: TUSCANY

Amount: 2,594.91

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPROVED ON**

**DEC 20 2021**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

CK # 000171

## Request for Transfer of Funds

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

Date Requested: 12.17.21

Payer: MEDICARE

Requested by: RACHEL ARENAZAS

Requestor's email: rarenazas@tuscanyvillagecare.net

Requestor's phone number: 713-770-5300

District or County: BRAZORIA

Facility: TUSCANY VILLAGE

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

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

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

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		11.26.21	EFT	\$ 2,004.77	eft6166073	WO/CVDAR000019557	\$ 2,004.77	Due Tuscany from Crescent
		12.14.21	EFT	\$ 4.60	eft6180737	WO/CVDAR000019557	\$ 4.60	Due Tuscany from Crescent
		12.15.21	EFT	\$ 585.54	eft6182510	WO/CVDAR000019557	\$ 585.54	Due Tuscany from Crescent
			<b>TOTAL</b>	<b>2,594.91</b>			<b>2,594.91</b>	

To be filled out by Memorial Medical Center:

Date Received: 12/20/2021

Approved by: C CLEVENGER

Date of transfer: 12/22/2021

From Facility: CRESCENT

To Facility: TUSCANY

Amount: 2,594.91

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\_\_\_\_\_

\_\_\_\_\_

**APPROVED ON**

**DEC 20 2021**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

*CH# 00200*



## Request for Transfer of Funds

Transfer #: \_\_\_\_\_  
 Date Requested: 12/17/2021  
 Payer: MEDICARE  
 Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER  
 Requestor's email: tgordon@bethany-living.com  
 Requestor's phone number: 361-551-0500  
 District or County: Calhoun  
 Facility: Bethany Senior Living

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

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

[mmartinez@mhcportlavaca.com](mailto: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	12/16/2021	EFT		EFT 6184204	CV DAR000018170	674.89	Solera West Houston - AUXILIARY ADVANCE PMT
			<b>TOTAL</b>	-			674.89	

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

Date Received: 12/20/2021  
 Approved by: C CLEVENGER  
 Date of transfer: 12/22/2021  
 From Facility: SOLERA  
 To Facility: BETHANY  
 Amount: 674.89

APPROVED ON

DEC 20 2021

## Request for Transfer of Funds

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

Date Requested: 12.17.21

Payer: MEDICARE

Requested by: RACHEL ARENAZAS

Requestor's email: raarenazas@tuscanyvillagecare.net

Requestor's phone number: 713-770-5300

District or County: BRAZORIA

Facility: TUSCANY VILLAGE

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

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

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

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		11.26.21	EFT	\$ 2,004.77	eft6166073	WO/CVDAR000018170	\$ 2,004.77	Due Tuscany from Solera
		12.14.21	EFT	\$ 4.60	eft6180737	WO/CVDAR000018170	\$ 4.60	Due Tuscany from Solera
		12.15.21	EFT	\$ 585.54	eft6182510	WO/CVDAR000018170	\$ 585.54	Due Tuscany from Solera
			<b>TOTAL</b>	<b>2,594.91</b>			<b>2,594.91</b>	

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

Date Received: 12/20/2021

Approved by: C CLEVENGER

Date of transfer: 12/22/2021

From Facility: SOLERA

To Facility: TUSCANY

Amount: 2,594.91

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**APPROVED ON**

**DEC 20 2021**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

*CLK#01240*

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000170

88-2265/1131

Date 12/22/21

PAY

TO THE  
ORDER OF

Bethany

\$ 674.89

Six hundred seventy four & 89/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000170⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000171

88-2265/1131

Date 12/22/21

PAY

TO THE  
ORDER OF

Tuscany

\$ 2,594.91

Two thousand five hundred ninety four & 91/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000171⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000200

88-2265/1131

Date 12/22/21

PAY

TO THE  
ORDER OF

Tuscany

\$ 2594.91

Two thousand five hundred ninety four & 91/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000200⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000199

Date 12/22/21 88-2265/1131

PAY

TO THE  
ORDER OF

Bethany

\$ 674.89

Six hundred seventy four & 89/100

DOLLARS



FOR medicare repayment

Security features are included. Details on back.

⑈000199⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001199

Date 12/22/21 88-2265/1131

PAY

TO THE  
ORDER OF

Bethany

\$ 674.89

Six hundred seventy four & 89/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001199⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001200

Date 12/22/21 88-2265/1131

PAY

TO THE  
ORDER OF

Tuscany

\$ 2,594.91

Two thousand five hundred ninety four & 91/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001200⑈ ⑆113122655⑆





MEMORIAL MEDICAL CENTER — *QUIF Pointe*  
CHECK REQUEST

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

Date Requested: 12/20/21

**APPROVED ON**  
**DEC 20 2021**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**  
*CK # 1063*

FOR ACCT. USE ONLY

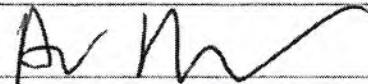
Imprest Cash  
 A/P Check  
 Mail Check to Vendor  
 Return Check to Dept

AMOUNT 14714.39

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

EXPLANATION: Echo repayment

REQUESTED BY: C Clevenger

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

*Gulf Point*

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

Date Requested: 12/20/21

APPROVED ON

DEC 20 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK#1065

FOR ACCT. USE ONLY

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

AMOUNT 1188.54

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

EXPLANATION: Echo repayment

REQUESTED BY: C Clevenger

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER *Gulf Pointe*  
CHECK REQUEST

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

Date Requested: 12/20/21

FOR ACCT. USE ONLY

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

APPROVED ON

DEC 20 2021

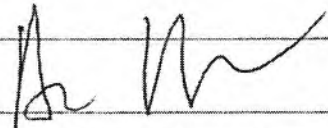
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK # 1005

AMOUNT 73629.16

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

EXPLANATION: Echo repayment

REQUESTED BY: C Clevenger

AUTHORIZED BY: 

~~MEMORIAL MEDICAL CENTER~~  
CHECK REQUEST

*gulf Point*

P Tuscany

Date Requested: 12/20/21

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

**APPROVED ON**

**DEC 20 2021**

**BY COUNTY AUDITOR  
GALHOUN COUNTY, TEXAS**

*ck #1064*

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

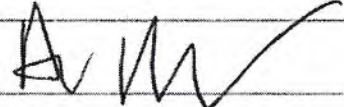
Return Check to Dept

AMOUNT 4829.00

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

EXPLANATION: Echo repayment

REQUESTED BY: C Clevenger

AUTHORIZED BY: 

~~MEMORIAL MEDICAL CENTER~~  
CHECK REQUEST

*Gulf Pointe*

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

Date Requested: 12/20/21

**APPROVED ON**  
**DEC 20 2021**

**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**  
*CK#1044*

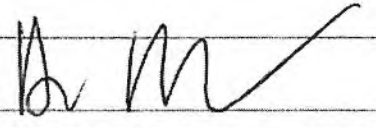
FOR ACCT. USE ONLY	
<input type="checkbox"/>	Imprest Cash
<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Mail Check to Vendor
<input type="checkbox"/>	Return Check to Dept

AMOUNT 3710.00

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

EXPLANATION: Echo repayment

REQUESTED BY: C Clevenger

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER  
NH GULF POINTE - PRIVATE PAY

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

1063

88-2265/1131-87

DATE 12/22/21



PAY TO THE ORDER OF Memorial Medical Center \$ 14,714.39

Fourteen thousand Seven hundred fourteen & 39/100 DOLLARS



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



FOR Echo payments

⑈001063⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER  
NH GULF POINTE - PRIVATE PAY

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

1065

88-2265/1131-87

DATE 12/22/21



PAY TO THE ORDER OF Memorial Medical Clinic \$ 1,188.54

One thousand one hundred eighty eight & 54/100 DOLLARS



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



FOR Echo payments

⑈001065⑈ ⑆113122655⑆

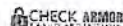
MEMORIAL MEDICAL CENTER  
NH GULF POINTE PLAZA

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

1005

88-2265/1131-87

DATE 12/22/21



PAY TO THE ORDER OF Ashford \$ 73,629.16

Seventy three thousand six hundred twenty nine & 16/100 DOLLARS



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



FOR Echo payments

⑈001005⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER  
NH GULF POINTE - PRIVATE PAY

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

1064

88-2265/1131-87

DATE 12/22/21



PAY TO THE ORDER OF Tuscany \$ 4,829.00

Four thousand eight hundred twenty nine DOLLARS



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

FOR Echo payments

⑈001064⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER  
NH GULF POINTE - PRIVATE PAY

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

1066

88-2265/1131-87

DATE 12/22/21



PAY TO THE ORDER OF Bethany \$ 3,710.00

Three thousand seven hundred ten DOLLARS



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361-552-7411 www.prosperitybankusa.com

FOR Echo payments


⑈001066⑈ ⑆113122655⑆

**Echo Repayment**

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	Amt	CK DATE
GPP			MMC		14,714.39	12/22/2021
GPP			TUSCANY		4,829.00	12/22/2021
GPP			MMCLINIC		1,188.54	12/22/2021
GPP			BETHANY		3,710.00	12/22/2021
GPP			ASHFORD		73,629.16	12/22/2021
GPP					-	
<b>Total</b>					<b>98,071.09</b>	

Note:

Approved:



Anthony Richardson, CFO

12/20/2021





Memorial Medical Center  
 Nursing Home UPL  
 Weekly Cantex Transfer  
 Prosperity Accounts  
 12/22/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<b>Ashford Gardens</b>		48,331.05	48,285.09	240,059.30		240,105.26	224,093.20
						Bank Balance	240,105.26
						Variance	
						Leave in Balance	100.00
						Molina QIPP	15,879.84
						OCT INTEREST	16.23
						NOV INTEREST	15.99
						DEC INTEREST	
						Adjust Balance/Transfer Amt	224,093.20
<b>Broadmoor</b>		49,573.80	149,453.68	181,678.13		181,798.25	171,836.16
						Bank Balance	181,798.25
						Variance	
						Leave in Balance	100.00
						Molina QIPP	6,572.17
						Medicare pymt owed to Bethany	674.89
						Medicare pymt owed to Tuscany	2,594.91
						OCT INTEREST	11.33
						NOV INTEREST	8.79
						DEC INTEREST	
						Adjust Balance/Transfer Amt	171,836.16
<b>Crescent</b>		59,319.19	59,198.04	158,101.07		158,222.22	148,977.32
						Bank Balance	158,222.22
						Variance	
						Leave in Balance	100.00
						Molina QIPP	5,853.95
						Medicare pymt owed to Bethany	674.89
						Medicare pymt owed to Tuscany	2,594.91
						OCT INTEREST	10.14
						NOV INTEREST	11.01
						DEC INTEREST	
						Adjust Balance/Transfer Amt	148,977.32
<b>Fort Bend</b>		435.60		98,883.71		99,319.31	92,793.55
						Bank Balance	99,319.31
						Variance	
						Leave in Balance	100.00
						Molina QIPP	6,417.30
						OCT INTEREST	2.74
						NOV INTEREST	5.72
						DEC INTEREST	
						Adjust Balance/Transfer Amt	92,793.55
<b>Solera at W Houston</b>		84,363.42	84,229.73	224,441.33		224,575.02	214,707.53
						Bank Balance	224,575.02
						Variance	
						Leave in Balance	100.00
						Molina QIPP	6,464.00
						Medicare pymt owed to Bethany	674.89
						Medicare pymt owed to Tuscany	2,594.91
						OCT INTEREST	18.41
						NOV INTEREST	15.28
						DEC INTEREST	
						Adjust Balance/Transfer Amt	214,707.53
<b>TOTAL TRANSFERS</b>							<b>852,407.76</b>

224,093.20 +  
 171,836.16 +  
 148,977.32 +  
 92,793.55 +  
 214,707.53 +  
 852,407.76 +

Houston / Fort Bend / Broadmoor

APPROVED ON  
 DEC 20 2021

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

to the nursing home.  
 MMC deposited to open account.

Approved: *[Signature]*  
 Anthony Richardson, CFO  
 12/22/2021

**Ashford Glasgow**

Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/17/2021 MANAGEANDNET1718 MNS PMNT 00000000000093 41	135.00						135.00
12/17/2021 HNB - ECHO HCCLAIMPMT 746003411 440000283142	4,731.92						4,731.92
12/17/2021 Amerigroup TXSC HCCLAIMPMT 3168161517 111000	6,563.70						6,563.70
12/17/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	14,271.42						14,271.42
12/17/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	872.73						872.73
12/16/2021 Deposit	18,837.77						18,837.77
12/16/2021 Amerigroup TXSC HCCLAIMPMT 3168099674 111000	596.35						596.35
12/16/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	5,286.22						5,286.22
12/16/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	178.31						178.31
12/15/2021 Enhanced Analysis Ch	86.26						
12/15/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	48,198.83						
12/15/2021 MOLINA HEALTHCAR MOLINAACH 01019225 42000017	17,045.66	14,713.82	2,332.04			15,879.84	1,166.02
12/15/2021 MANAGEANDNET1718 MNS PMNT 00000000000093 41	742.50						742.50
12/15/2021 HNB - ECHO HCCLAIMPMT 746003411 440000210567	657.75						657.75
12/15/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	14,856.27						14,856.27
12/14/2021 Deposit	64,334.81						64,334.81
12/14/2021 Deposit	2,870.00						2,870.00
12/14/2021 Amerigroup TXSC HCCLAIMPMT 3167846914 111000	16,554.88						16,554.88
12/13/2021 HNB - ECHO HCCLAIMPMT 746003411 440000219757	1,032.75						1,032.75
12/13/2021 Amerigroup TXSC HCCLAIMPMT 3167723430 111000	27,903.58						27,903.58
12/13/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0.14						0.14
12/13/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	42,587.34						42,587.34
<b>48,285.09</b>	<b>240,059.30</b>	<b>14,713.82</b>	<b>2,332.04</b>			<b>15,879.84</b>	<b>224,179.46</b>

**Breadmoor**

Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/17/2021 CK 168	1,118.52						
12/17/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	11,180.00						11,180.00
12/17/2021 MANAGEANDNET1718 MNS PMNT 000000000004293 41	3,553.50						3,553.50
12/16/2021 Deposit	391.31						391.31
12/16/2021 Deposit	33,536.81						33,536.81
12/16/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	52.00						52.00
12/16/2021 MANAGEANDNET1718 MNS PMNT 000000000004293 41	1,278.00						1,278.00
12/16/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	34,840.06						34,840.06
12/16/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	9,480.42						9,480.42
12/15/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	108,184.16						
12/15/2021 MOLINA HEALTHCAR MOLINAACH 01019572 42000017	7,054.08	6,090.26	963.82			6,572.17	481.91
12/15/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	38,345.67						38,345.67
12/15/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0.33						0.33
12/14/2021 CK 166	34,159.04						
12/14/2021 CK 165	1,027.44						
12/14/2021 CK 167	4,844.39						
12/14/2021 CK 164	120.13						
12/14/2021 Deposit	26,989.80						26,989.80
12/14/2021 Deposit	11,694.50						11,694.50
12/13/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	2,150.00						2,150.00
12/13/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	760.65						760.65
12/13/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	371.00						371.00
<b>149,453.68</b>	<b>181,678.13</b>	<b>6,090.26</b>	<b>963.82</b>			<b>6,572.17</b>	<b>175,105.96</b>

**Crescent**

Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/17/2021 CK 197	1,118.52						
12/17/2021 MANAGEANDNET1718 MNS PMNT 000000000003268 41	3,150.00						3,150.00
12/17/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	98.86						98.86
12/16/2021 Deposit	12,000.00						12,000.00
12/16/2021 Deposit	26,690.43						26,690.43
12/16/2021 MANAGEANDNET1718 MNS PMNT 000000000003268 41	8,820.00						8,820.00
12/15/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	17,928.52						
12/15/2021 MOLINA HEALTHCAR MOLINAACH 01019537 42000017	6,817.07	4,890.82	1,926.25			5,853.95	963.13
12/15/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	11,547.20						11,547.20
12/15/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	35,067.45						35,067.45
12/15/2021 CIGNA HCCLAIMPMT 1669860425 9100001152195	1,855.00						1,855.00
12/15/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	1,669.50						1,669.50
12/14/2021 CK 194	1,027.44						
12/14/2021 CK 195	34,159.04						
12/14/2021 CK 196	4,844.39						
12/14/2021 CK 193	120.13						
12/14/2021 Deposit	23,380.91						23,380.91
12/14/2021 Deposit	18,870.00						18,870.00
12/13/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	8,134.65						8,134.65
<b>59,198.04</b>	<b>158,101.07</b>	<b>4,890.82</b>	<b>1,926.25</b>			<b>5,853.95</b>	<b>152,247.13</b>

**Fort Bend**

Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/17/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	3,220.69						3,220.69
12/16/2021 Deposit	5,565.00						5,565.00
12/16/2021 Deposit	5,784.22						5,784.22
12/16/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	17,851.60						17,851.60
12/16/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	485.29						485.29
12/15/2021 MOLINA HEALTHCAR MOLINAACH 01019322 42000017	6,889.10	5,945.50	943.60			6,417.30	471.80
12/15/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	11,003.84						11,003.84
12/14/2021 Deposit	5,191.10						5,191.10
12/14/2021 Deposit	30,359.78						30,359.78
12/13/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	2,646.00						2,646.00
12/13/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	9,887.09						9,887.09
<b>58,883.71</b>	<b>59,443.54</b>	<b>5,945.50</b>	<b>943.60</b>			<b>6,417.30</b>	<b>92,464.81</b>

**Selma at West Houston**

Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/17/2021 CK 1197	1,118.52						
12/17/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	14,853.25						14,853.25
12/17/2021 HUMANA INS CO HCCLAIMPMT 390862 830000596331	9,085.00						9,085.00
12/17/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001531	10,270.00						10,270.00
12/16/2021 Deposit	50,443.54						50,443.54
12/16/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	10,354.83						10,354.83
12/15/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	42,960.21						

12/15/2021	MOLINA HEALTHCAR MOLINAACH 01019511 42000017	-	7,158.28	5,769.72	1,388.56	6,464.00	694.28
12/15/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,233.91	-	-	-	3,233.91
12/15/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	22,555.32	-	-	-	22,555.32
12/14/2021	CK 1193	1,027.44	-	-	-	-	-
12/14/2021	CK 1194	34,159.04	-	-	-	-	-
12/14/2021	CK 1196	4,844.39	-	-	-	-	-
12/14/2021	CK 1192	120.13	-	-	-	-	-
12/14/2021	Deposit	-	25,150.32	-	-	-	25,150.32
12/14/2021	Deposit	-	27,880.00	-	-	-	27,880.00
12/14/2021	HUMANA INS CO HCCLAIMPMT 390862 830000555391	-	2,454.14	-	-	-	2,454.14
12/14/2021	HUMANA INS CO HCCLAIMPMT 390862 830000556179	-	6,393.35	-	-	-	6,393.35
12/14/2021		0	4.10	-	-	-	4.10
12/14/2021	HUMANA CHA DISB HCCLAIMPMT 390862 4200001156	-	8,288.63	-	-	-	8,288.63
12/14/2021	AARP Supplementa HCCLAIMPMT 746003411 124384	-	4,266.50	-	-	-	4,266.50
12/13/2021	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	18,015.90	-	-	-	18,015.90
12/13/2021	HUMANA INS CO HCCLAIMPMT 390862 830000510046	-	3,106.56	-	-	-	3,106.56
12/13/2021	HUMANA CHA DISB HCCLAIMPMT 390862 4200001018	-	927.70	-	-	-	927.70
		84,229.73	224,441.33	5,769.72	1,388.56	6,464.00	217,977.33
TOTALS		341,166.54	903,163.54	37,410.12	7,554.27	41,187.26	861,976.29

### Quick View

Select Quick View Accounts  
Account Number / Name

Account Type

Select Group  
Groups

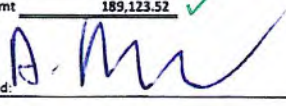
DDA Data reported as of Dec 20, 2021 3

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$8,182,637.37</b>	<b>\$8,281,418.96</b>	<b>\$8,182,637.37</b>	<b>\$7,950,968.57</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,622.09	\$5,622.09	\$5,622.09	\$5,622.09
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$213,453.47	\$218,165.47	\$213,453.47	\$181,818.80
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.99	\$535.99	\$535.99	\$535.99
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,375,234.01	\$5,358,837.27	\$5,375,234.01	\$5,314,649.72
<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	\$240,105.26 ✓	\$252,380.15	\$240,105.26	\$213,530.49
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$181,798.25 ✓	\$195,972.09	\$181,798.25	\$168,183.27
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$158,222.22 ✓	\$194,079.22	\$158,222.22	\$156,091.88
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$99,319.31 ✓	\$108,679.83	\$99,319.31	\$96,098.62
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$224,575.02 ✓	\$243,298.03	\$224,575.02	\$191,485.29
<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	\$311,112.45	\$331,189.52	\$311,112.45	\$284,652.08
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$103,748.83	\$103,748.83	\$103,748.83	\$103,748.83
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$75,619.28	\$75,619.28	\$75,619.28	\$41,260.32
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$83,763.95	\$83,763.95	\$83,763.95	\$83,763.95

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 12/22/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		29,487.54 ✓	65,742.48 ✓	249,708.41 ✓		213,453.47 ✓	189,123.52
						Bank Balance	213,453.47
						Variance	-
						Leave in Balance	100.00
						Superior QIPP Undistributed	24,206.13
						OCT INTEREST	11.51
						NOV INTEREST	12.31
						DEC INTEREST	-
						Adjust Balance/Transfer Amt	189,123.52 ✓

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 12/22/2021

APPROVED ON  
 DEC 20 2021  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**Golden Cross**

**MMC PORTION**

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	NH PORTION
12/17/2021 CK 149	290.96	-	-	-	-	-	-	-
12/17/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	7,719.50	-	-	-	-	-	7,719.50
12/17/2021 Centene Managem CCDC/CTX 008765433514 111000	-	24,206.13	-	-	-	-	-	24,206.13
12/16/2021 CK 144	8,343.78	-	-	-	-	-	-	-
12/16/2021 CK 145	16,714.08	-	-	-	-	-	-	-
12/16/2021 CK 146	12,969.38	-	-	-	-	-	-	-
12/16/2021 CK 147	2,890.51	-	-	-	-	-	-	-
12/16/2021 CK 148	24,533.77	-	-	-	-	-	-	-
12/16/2021 Deposit	-	64,417.22	-	-	-	-	-	64,417.22
12/15/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	175.52	-	-	-	-	-	175.52
12/14/2021 Deposit	-	123,660.55	-	-	-	-	-	123,660.55
12/14/2021 Deposit	-	3,685.25	-	-	-	-	-	3,685.25
12/14/2021 Deposit	-	14,533.17	-	-	-	-	-	14,533.17
12/14/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	4,712.00	-	-	-	-	-	4,712.00
12/13/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	1,421.00	-	-	-	-	-	1,421.00
12/13/2021 HNB - ECHO HCCLAIMPMT 746003411 440000219757	-	1,848.13	-	-	-	-	-	1,848.13
12/13/2021 GOLDENCREEKHEALT MERC DEP 1220356 9100001359	-	206.20	-	-	-	-	-	206.20
12/13/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	3,123.74	-	-	-	-	-	3,123.74
	65,742.48	249,708.41	-	-	-	-	-	249,708.41

## Quick View

Select Quick View Accounts  
Account Number / Name

Account Type



Select Group  
Groups





DDA

Data reported as of Dec 20, 2021 3

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$8,182,637.37</b>	<b>\$8,281,418.96</b>	<b>\$8,182,637.37</b>	<b>\$7,950,968.57</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,622.09	\$5,622.09	\$5,622.09	\$5,622.09
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$213,453.47	\$218,165.47	\$213,453.47	\$181,818.80
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.99	\$535.99	\$535.99	\$535.99
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,375,234.01	\$5,358,837.27	\$5,375,234.01	\$5,314,649.72
<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	\$240,105.26	\$252,380.15	\$240,105.26	\$213,530.49
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$181,798.25	\$195,972.09	\$181,798.25	\$168,183.27
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$158,222.22	\$194,079.22	\$158,222.22	\$156,091.88
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$99,319.31	\$108,679.83	\$99,319.31	\$96,098.62
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$224,575.02	\$243,298.03	\$224,575.02	\$191,485.29
<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	\$311,112.45	\$331,189.52	\$311,112.45	\$284,652.08
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$103,748.83	\$103,748.83	\$103,748.83	\$103,748.83
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$75,619.28	\$75,619.28	\$75,619.28	\$41,260.32
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$83,763.95	\$83,763.95	\$83,763.95	\$83,763.95



Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 12/22/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		116,043.46	81,266.90	40,842.72			75,619.28	11,212.64
						Bank Balance	75,619.28	
						Variance		
						Leave in Balance	100.00	
						UNIDENTIFIED ECHO PAYMENTS (NO CHECK WILL BE WRITTEN FOR THIS AMOUNT YET)	5,431.38	
						Superior QIPP Undistributed	34,358.96	
						Echo pymt owed to MMC	14,714.39	
						Echo pymt owed to Tuscany	4,829.00	
						Echo pymt owed to MMClinic	1,188.54	
						Echo pymt owed to Golden Creek	3,710.00	
						<i>Bethany</i>		
						OCT INTEREST	60.86	
						NOV INTEREST	13.51	
						DEC INTEREST		
						Adjust Balance/Transfer Amt	11,212.64	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		82,856.35	82,744.63	103,637.11			103,748.83	30,007.95
						Bank Balance	103,748.83	
						Variance		
						Leave in Balance	100.00	
						Echo Payments owed to Broadmoor	73,629.16	
						<i>Ashtin</i>		
						OCT INTEREST	6.23	
						NOV INTEREST	5.49	
						DEC INTEREST		
						Adjust Balance/Transfer Amt	30,007.95	

Routing Information for Gulf Pointe Plaza:



TOTAL TRANSFERS 41,220.59

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*  
 Anthony Richardson, CFD 12/22/2021

APPROVED ON

DEC 20 2021

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**Gulf Points Plaza-Private Pay**

12/17/2021 Centene Managem CCD/CTX 008765433514 111000  
 12/16/2021 HNB - ECHO HCCLAIMPMT 746003411 440000250753  
 12/15/2021 HNB - ECHO HCCLAIMPMT 746003411 440000210567  
 12/14/2021 1054  
 12/14/2021 1056  
 12/14/2021 1055  
 12/14/2021 1062  
 12/14/2021 1059  
 12/14/2021 1060  
 12/14/2021 1061  
 12/14/2021 1058  
 12/14/2021 1057  
 12/14/2021 HNB - ECHO HCCLAIMPMT 746003411 440000265580  
 12/13/2021 HNB - ECHO HCCLAIMPMT 746003411 440000219757  
 12/13/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001018

		MMC PORTION					NH
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	PORTION
-	34,358.96	-	-	-	-	-	34,358.96
-	78.41	-	-	-	-	-	78.41
-	47.04	-	-	-	-	-	47.04
10,017.16	-	-	-	-	-	-	-
530.99	-	-	-	-	-	-	-
3,073.00	-	-	-	-	-	-	-
3,685.25	-	-	-	-	-	-	-
27,880.00	-	-	-	-	-	-	-
2,646.00	-	-	-	-	-	-	-
18,870.00	-	-	-	-	-	-	-
11,694.50	-	-	-	-	-	-	-
2,870.00	-	-	-	-	-	-	-
-	616.43	-	-	-	-	-	616.43
-	23.52	-	-	-	-	-	23.52
-	5,718.36	-	-	-	-	-	5,718.36
<b>81,266.90</b>	<b>40,842.72</b>	-	-	-	-	-	<b>40,842.72</b>

**Gulf Points Plaza-Medicare/Medicaid**

12/16/2021 Deposit  
 12/15/2021 WIRE OUT HMG SERVICES, LLC  
 12/14/2021 Deposit

		MMC PORTION					NH
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	PORTION
-	27,522.07	-	-	-	-	-	27,522.07
82,744.63	-	-	-	-	-	-	-
-	76,115.04	-	-	-	-	-	76,115.04
<b>82,744.63</b>	<b>103,637.11</b>	-	-	-	-	-	<b>103,637.11</b>
<b>164,011.53</b>	<b>144,479.83</b>	-	-	-	-	-	<b>144,479.83</b>

### Quick View

Select Quick View Accounts  
Account Number / Name

Account Type



Select Group  
Groups

Add Group

My Groups

Search

All

DDA

Data reported as of Dec 20, 2021 3

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$8,182,637.37</b>	<b>\$8,281,418.96</b>	<b>\$8,182,637.37</b>	<b>\$7,950,968.57</b>
*4551 CAL CO INDIGENT HEALTHCARE	\$5,622.09	\$5,622.09	\$5,622.09	\$5,622.09
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$213,453.47	\$218,165.47	\$213,453.47	\$181,818.80
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.99	\$535.99	\$535.99	\$535.99
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,375,234.01	\$5,358,837.27	\$5,375,234.01	\$5,314,649.72
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.51	\$431.51	\$431.51	\$431.51
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$240,105.26	\$252,380.15	\$240,105.26	\$213,530.49
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$181,798.25	\$195,972.09	\$181,798.25	\$168,183.27
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$158,222.22	\$194,079.22	\$158,222.22	\$156,091.88
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$99,319.31	\$108,679.83	\$99,319.31	\$96,098.62
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$224,575.02	\$243,298.03	\$224,575.02	\$191,485.29
*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	\$311,112.45	\$331,189.52	\$311,112.45	\$284,652.08
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$103,748.83 ✓	\$103,748.83	\$103,748.83	\$103,748.83
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$75,619.28 ✓	\$75,619.28	\$75,619.28	\$41,260.32
*3407 MMC -NH TUSCANY VILLAGE	\$83,763.95	\$83,763.95	\$83,763.95	\$83,763.95

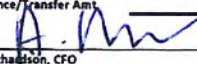
Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscany Transfer  
 Prosperity Accounts  
 12/22/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		41,181.47	✓ 98,953.25	✓ 141,535.73	✓		83,763.95	<del>83,663.95</del> 74,014.03
						Bank Balance	83,763.95	
						Variance		✓
						Leave in Balance	100.00	✓
						Molina QJPP	9,649.92	✓

MEDICARE REPAYMENT TO MMC

Adjust Balance/Transfer Amt                     -83,663.95                     74,014.03

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:  12/22/2021  
 Anthony Richardson, CFO

APPROVED ON

DEC 20 2021

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**Tuscany Village**

**MMC PORTION**

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
12/16/2021 1084	16,822.73 ✓	-					-	-
12/16/2021 1083	10,493.99 ✓	-					-	-
12/16/2021 1085	13,721.05 ✓	-					-	-
12/16/2021 1086	2,893.71 ✓	-					-	-
12/16/2021 1087	25,909.77 ✓	-					-	-
12/16/2021 Deposit	-	27,438.79					-	27,438.79
12/16/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000135	-	8,783.18					-	8,783.18
12/15/2021 MOLINA HEALTHCAR MOLINAACH 01019569 42000017	-	10,665.93	8,633.90	2,032.03			9,649.92	1,016.02
12/15/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000163	-	68.91					-	68.91
12/14/2021 1082	29,112.00 ✓	-					-	-
12/14/2021 Deposit	-	91,505.92					-	91,505.92
12/14/2021 Deposit	-	3,073.00 ✓					-	3,073.00
	<b>98,953.25 ✓</b>	<b>141,535.73 ✓</b>	<b>8,633.90</b>	<b>2,032.03</b>	-	-	<b>9,649.92 ✓</b>	<b>131,885.82</b>

## Quick View

Select Quick View Accounts  
Account Number / Name

Account Type

Select Group  
Groups

DDA

Data reported as of Dec 20, 2021 3

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$8,182,637.37</b>	<b>\$8,281,418.96</b>	<b>\$8,182,637.37</b>	<b>\$7,950,968.57</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,622.09	\$5,622.09	\$5,622.09	\$5,622.09
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$213,453.47	\$218,165.47	\$213,453.47	\$181,818.80
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.99	\$535.99	\$535.99	\$535.99
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,375,234.01	\$5,358,837.27	\$5,375,234.01	\$5,314,649.72
<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	\$240,105.26	\$252,380.15	\$240,105.26	\$213,530.49
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$181,798.25	\$195,972.09	\$181,798.25	\$168,183.27
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$158,222.22	\$194,079.22	\$158,222.22	\$156,091.88
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$99,319.31	\$108,679.83	\$99,319.31	\$96,098.62
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$224,575.02	\$243,298.03	\$224,575.02	\$191,485.29
<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	\$311,112.45	\$331,189.52	\$311,112.45	\$284,652.08
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$103,748.83	\$103,748.83	\$103,748.83	\$103,748.83
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$75,619.28	\$75,619.28	\$75,619.28	\$41,260.32
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$83,763.95	\$83,763.95	\$83,763.95	\$83,763.95

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSL Transfer  
 Prosperity Accounts  
 12/22/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Clk Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living	100,011.47	99,864.53	310,965.51				311,112.45	310,965.51
						Bank Balance	311,112.45	
						Variance		
						Leave in Balance	100.00	

OCT INTEREST 25.39 ✓  
 NOV INTEREST 21.55 ✓  
 DEC INTEREST \_\_\_\_\_ ✓  
 Adjust Balance/Transfer Amt 310,965.51

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 12/22/2021

APPROVED ON

DEC 20 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 &amp;Lapse</u>	<u>QIPP TI</u>	<u>NH PORTION</u>
12/17/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000159	-	10,123.43					-	10,123.43
12/17/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	16,336.94					-	16,336.94
12/16/2021 Deposit	-	2,392.01					-	2,392.01
12/16/2021 Deposit	-	103,957.95					-	103,957.95
12/15/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	99,864.53	-					-	-
12/15/2021 Deposit	-	7,440.00					-	7,440.00
12/14/2021 Deposit	-	101,143.21					-	101,143.21
12/14/2021 Deposit	-	360.39					-	360.39
12/13/2021 Deposit	-	59,608.02					-	59,608.02
12/13/2021 Deposit	-	9,603.56					-	9,603.56
	<b>99,864.53</b>	<b>310,965.51</b>	-	-	-	-	-	<b>310,965.51</b>



### Quick View

Select Quick View Accounts  
Account Number / Name

Account Type



Select Group  
Groups

DDA

Data reported as of Dec 20, 2021 3

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*4551 CAL CO INDIGENT HEALTHCARE	\$5,622.09	\$5,622.09	\$5,622.09	\$5,622.09
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$213,453.47	\$218,165.47	\$213,453.47	\$181,818.80
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.99	\$535.99	\$535.99	\$535.99
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,375,234.01	\$5,358,837.27	\$5,375,234.01	\$5,314,649.72
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.51	\$431.51	\$431.51	\$431.51
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$240,105.26	\$252,380.15	\$240,105.26	\$213,530.49
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$181,798.25	\$195,972.09	\$181,798.25	\$168,183.27
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$158,222.22	\$194,079.22	\$158,222.22	\$156,091.88
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$99,319.31	\$108,679.83	\$99,319.31	\$96,098.62
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$224,575.02	\$243,298.03	\$224,575.02	\$191,485.29
*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	\$311,112.45	\$331,189.52	\$311,112.45	\$284,652.08
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$103,748.83	\$103,748.83	\$103,748.83	\$103,748.83
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$75,619.28	\$75,619.28	\$75,619.28	\$41,260.32
*3407 MMC -NH TUSCANY VILLAGE	\$83,763.95	\$83,763.95	\$83,763.95	\$83,763.95

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC Ashford

Date Requested: 12/20/21

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

APPROVED ON

DEC 20 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK # 001163

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT 15879.84

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

EXPLANATION: Molina QIPP October

REQUESTED BY: C Clevenger

AUTHORIZED BY: A. M.

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC Broadmoor  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 12/20/21

FOR ACCT. USE ONLY

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

APPROVED ON

DEC 20 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK # 000167

AMOUNT 6572.17

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

EXPLANATION: Molina QIPP October

REQUESTED BY: C Clevenger

AUTHORIZED BY: A. M.

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC Crescent  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 12/20/21

FOR ACCT. USE ONLY

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

APPROVED ON

DEC 20 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CHK# 000198

AMOUNT 5853.95

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

EXPLANATION: Molina QIPP October

REQUESTED BY: C Clevenger

AUTHORIZED BY: A M

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC Fort Bend  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 12/20/21

APPROVED ON

DEC 20 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 000168

FOR ACCT. USE ONLY

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

AMOUNT 6417.30

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

EXPLANATION: Molina QIPP October

REQUESTED BY: C Clevenger

AUTHORIZED BY: A. M.

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC *Solem*  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 12/20/21

**APPROVED ON**

**DEC 20 2021**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

*ck # 001198*

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

FOR ACCT. USE ONLY

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

AMOUNT 6464.00

EXPLANATION: Molina QIPP October

REQUESTED BY: C Clevenger

AUTHORIZED BY: *A. M.*

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC Tuscany

Date Requested: 12/20/21

A \_\_\_\_\_

Y \_\_\_\_\_

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APPROVED ON

DEC 20 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

ck # 1088

FOR ACCT. USE ONLY

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

AMOUNT 9649.92

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

EXPLANATION: Molina QIPP October

REQUESTED BY: C Clevenger

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER

NH ASHFORD  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001163

Date 12/22/21 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 15,879.84

Fifteen thousand eight hundred seventy nine & 84/100 DOLLARS



FOR Molina Qipp Oct.

Security features are included. Details on back.

⑈001163⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000169

Date 12/22/21 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 6,572.17

Six thousand five hundred seventy two & 17/100 DOLLARS



FOR Molina Qipp Oct.

Security features are included. Details on back.

⑈000169⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000198

Date 12/22/21 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 5,853.95

Five thousand eight hundred fifty three & 95/100 DOLLARS



FOR Molina Oct. Qipp

Security features are included. Details on back.

⑈000198⑈ ⑆113122655⑆



MEMORIAL MEDICAL CENTER

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

000168

Date 12/22/21

88-2265/1131

PAY

TO THE  
ORDER OF

Memorial Medical Center

\$ 6,417.30

Six thousand four hundred Seventeen & 30/100

DOLLARS



FOR Molina Oct Qipp

Security features are included. Details on back.

⑈000168⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001198

Date 12/22/21

88-2265/1131

PAY

TO THE  
ORDER OF

Memorial Medical Center

\$ 6464.00

Six thousand four hundred sixty four

DOLLARS



FOR Molina Oct Qipp

Security features are included. Details on back.

⑈001198⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020  
NH TUSCANY VILLAGE

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

1088

88-2265/1131-87

DATE 12/22/21



PAY  
TO THE  
ORDER OF

Memorial Medical Center

\$ 9649.92

Nine thousand six hundred forty nine & 92/100

DOLLARS



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



FOR Molina Qipp Oct

⑈001088⑈ ⑆113122655⑆

RUN DATE:12/22/21  
TIME:09:21

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
12/22/21 THRU 12/22/21

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GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001163 12/22/21 15,879.84 MEMORIAL MEDICAL CENTER  
TOTALS: 15,879.84

*Ashford*

**APPROVED ON**

**DEC 22 2021**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

RUN DATE:12/22/21  
TIME:09:21

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
12/22/21 THRU 12/22/21

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GLCKREG

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CODE NUMBER DATE AMOUNT PAYEE

NHB 000169 12/22/21 6,572.17 MEMORIAL MEDICAL CENTER  
NHB 000170 12/22/21 674.89 BETHANY  
NHB 000171 12/22/21 2,594.91 TUSCANY  
TOTALS: 9,841.97

*Broadman*

**APPROVED ON**

**DEC 22 2021**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

RUN DATE:12/22/21  
TIME:09:21

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
12/22/21 THRU 12/22/21

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GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000198 12/22/21 5,853.95 MEMORIAL MEDICAL CENTER  
NHC 000199 12/22/21 674.89 BETHANY  
NHC 000200 12/22/21 2,594.91 TUSCANY  
TOTALS: 9,123.75

*Crescent*

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**DEC 22 2021**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

RUN DATE:12/22/21  
TIME:09:21

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
12/22/21 THRU 12/22/21

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GLCKREG

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CODE NUMBER DATE AMOUNT PAYEE

NHF 000168 12/22/21 6,417.30 MEMORIAL MEDICAL CENTER *Furt Bend*  
TOTALS: 6,417.30

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CALHOUN COUNTY, TEXAS

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TIME:09:21

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
12/22/21 THRU 12/22/21

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CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	001198	12/22/21	6,464.00	MEMORIAL MEDICAL CENTER
NHS	001199	12/22/21	674.89	BETHANY
NHS	001200	12/22/21	2,594.91	TUSCANY
TOTALS:			9,733.80	

*Solem*

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**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

RUN DATE:12/22/21  
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MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
12/22/21 THRU 12/22/21

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GLCKREG

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CODE NUMBER DATE AMOUNT PAYEE

GPM 001005 12/22/21 73,629.16 ASHFORD  
TOTALS: 73,629.16

*QUIF Fund*

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DEC 22 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RUN DATE:12/22/21  
TIME:09:21

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
12/22/21 THRU 12/22/21

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GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS 001088 12/22/21 9,649.92 MEMORIAL MEDICAL CENTER  
TOTALS: 9,649.92

*Tuscany*

**APPROVED ON**

**DEC 22 2021**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**



RUN DATE:12/22/21  
TIME:09:21

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
12/22/21 THRU 12/22/21

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CODE	NUMBER	DATE	AMOUNT	PAYEE
GPP	001063	12/22/21	14,714.39	MEMORIAL MEDICAL CENTER
GPP	001064	12/22/21	4,829.00	TUSCANY
GPP	001065	12/22/21	1,188.54	MEMORIAL MEDICAL CLINIC
GPP	001066	12/22/21	3,710.00	BETHANY
TOTALS:			24,441.93	

*gulf bank*

**APPROVED ON**

**DEC 22 2021**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**


QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

12/20/2021

NH Name	From Bank Acct #	Ck #	Payee	GL #	Molina QIPP OCT				TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	15,879.84				15,879.84	12/20/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	6,572.17				6,572.17	12/20/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	5,853.95				5,853.95	12/20/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	6,417.30				6,417.30	12/20/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	6,464.00				6,464.00	12/20/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040	-				-	12/20/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040	-				-	12/20/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001						-	12/20/2021
Bethany			MMC -Prosperity Operating #10000001						-	12/20/2021
Tuscany			MMC -Prosperity Operating #10000001	10255040	9,649.92				9,649.92	12/20/2021
			<b>Total:</b>		<b>50,837.18</b>	-	-	-	<b>50,837.18</b>	

Note:

Approved:   
Anthony Richardson

11/22/2021