

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 29, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 794,263.69
TOTAL TRANSFERS BETWEEN FUNDS	\$ 249,794.62
TOTAL NURSING HOME UPL EXPENSES	\$ 1,823,791.99
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED December 29, 2021	\$ 2,867,850.30

APPROVED

DEC 29 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 29, 2021

PAYABLES AND PAYROLL

12/22/2021	Weekly Payables	685,848.15
12/22/2021	Patient Refunds	2,758.19
12/28/2021	McKesson-340B Prescription Expense	2,583.41
12/28/2021	Amerisource Bergen-340B Prescription Expense	674.17
12/28/2021	Payroll Liabilities for supplemental payroll-Payroll Taxes	18,802.28
12/23/2021	Supplemental Payroll	82,802.06

Prosperity Electronic Bank Payments

12/20-12/24/21	Pay Plus-Patient Claims Processing Fee	181.23
12/22/2021	ExpertPay- child support	614.20

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ **794,263.69**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

12/22/2021	MMC Operating to Ashford-correction of QIPP payment deposited into MMC Operating	3,772.55
12/22/2021	MMC Operating to Solera-correction of NH QIPP payment deposited into MMC Operating in error	2,244.91
12/22/2021	MMC Operating to Fort bend-correction on NH QIPP payment deposited into MMC Operating	1,526.47
12/22/2021	MMC Operating to Broadmoor-correction of NH QIPP payment deposited into MMC Operating	1,559.18
12/22/2021	MMC Operating to Crescent-correction of NH insurance and QIPP payment deposited into MMC Operating in error	9,577.27
12/22/2021	MMC Operating to Golden Creek-correction of NH insurance and QIPP payment deposited into MMC Operating in error	46,481.20
12/22/2021	MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment and QIPP deposited into MMC Operating	23,735.02
12/22/2021	MMC Operating to Tuscany Village-correction of NH insurance and QIPP payment deposited into MMC Operating	31,948.25
12/22/2021	MMC Operating to Bethany-correction of NH insurance and medicare payment deposited into MMC Operating in error	71,446.98

MEDICARE ADVANCE PAYMENT RECOUP

12/28/2021	Broadmoor to Bethany-correction of Broadmoor medical recoup taken from Bethany	11,662.25
12/28/2021	Broadmoor to Tuscany Village-correction of Broadmoor medical recoup taken from Tuscany Village	5,461.85
12/28/2021	Crescent to Tuscany Village-correction of Crecent medicare recoup taken from Tuscany Village	5,461.85
12/28/2021	Crescent to Bethany-correction of Crecent medicare recoup taken from Bethany	11,662.25
12/28/2021	Solera to Bethany-correction of Solera medicare recoup taken from Bethany	11,662.25
12/28/2021	Solera to Tuscany Village-correction of Solera medicare recoup taken from Tuscany Village	5,461.85

TRANSFER OF FUNDS BETWEEN NURSING HOMES

12/28/2021	Gulf Pointe Plaza-PP-correction of MMC insurance payment deposited into Gulf Pointe Plaza-PP in error	110.49
12/28/2021	Gulf Pointe Plaza-PP-correction of Broadmoor insurance payment deposited into Gulf Pointe Plaza-PP in error	6,020.00

TOTAL TRANSFERS BETWEEN FUNDS \$ **249,794.62**

NURSING HOME UPL EXPENSES

12/28/2021	Nursing Home UPL-Cantex Transfer	1,080,735.94
12/28/2021	Nursing Home UPL-Nexion Transfer	117,105.28
12/28/2021	Nursing Home UPL-HMG Transfer	98,891.71
12/28/2021	Nursing Home UPL-Tuscany Transfer	137,387.27
12/28/2021	Nursing Home UPL-HSL Transfer	235,729.98

QIPP CHECKS TO MMC

12/28/2021	Ashford	48,884.90
12/28/2021	Broadmoor	20,230.25
12/28/2021	Crescent	16,733.34

12/28/2021 Fort Bend	19,756.67
12/28/2021 Solera	19,370.25
12/28/2021 Tuscany	28,966.40

TOTAL NURSING HOME UPL EXPENSES	\$ 1,823,791.99
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED December 29, 2021	\$ 2,867,850.30
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RECEIVED BY THE COUNTY AUDITOR ON

DEC 22 2021
12/22/2021

09:55
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 01/12/2022

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code								
R1200	ADT COMMERCIAL ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
143072506 ✓		12/20/20	12/05/20	12/30/20		49.18	0.00	0.00	49.18 ✓		
	FIRE MONITORING										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	R1200	ADT COMMERCIAL				49.18	0.00	0.00	49.18		
Vendor#	Vendor Name	Class	Pay Code								
10958	ALLYSON SWOPE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
122221		12/22/20	12/22/20	12/30/20		3,084.75	0.00	0.00	3,084.75 ✓		
	CONTRACT EMPLOYEE										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10958	ALLYSON SWOPE				3,084.75	0.00	0.00	3,084.75		
Vendor#	Vendor Name	Class	Pay Code								
A2218	AQUA BEVERAGE COMPANY ✓	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
171633 ✓		12/20/20	12/13/20	01/07/20		43.50	0.00	0.00	43.50 ✓		
	WATER										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	A2218	AQUA BEVERAGE COMPANY				43.50	0.00	0.00	43.50		
Vendor#	Vendor Name	Class	Pay Code								
A0400	AUREUS RADIOLOGY LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2406904 ✓		12/20/20	12/13/20	01/12/20		2,680.00	0.00	0.00	2,680.00 ✓		
	TRAVEL LAB STAFFING (11/24-12/2/21) Stribley										
2407046 ✓		12/20/20	12/13/20	01/12/20		2,760.00	0.00	0.00	2,760.00 ✓		
	TRAVEL LAB STAFFING (11/24-12/2/21) Simonich										
2407115 ✓		12/20/20	12/13/20	01/12/20		2,629.75	0.00	0.00	2,629.75 ✓		
	TRAVEL LAB STAFFING (11/24-12/2/21) Hawkins										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	A0400	AUREUS RADIOLOGY LLC				8,069.75	0.00	0.00	8,069.75		
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		
73122165 ✓		12/21/20	12/06/20	12/31/20		40.69	0.00	0.00	40.69 ✓		
	SUPPLIES										
73150330 ✓		12/21/20	12/08/20	01/02/20		656.92	0.00	0.00	656.92 ✓		
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	B1150	BAXTER HEALTHCARE				697.61	0.00	0.00	697.61		
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		
5450646 ✓		12/15/20	12/13/20	01/07/20		5,016.58	0.00	0.00	5,016.58 ✓		
	MAINTENANCE CONTRACT										
109516907 ✓		12/15/20	12/13/20	01/12/20		139.94	0.00	0.00	139.94 ✓		
	SUPPLIES										

109521938	✓	12/15/20	12/14/20	01/08/20	14.90	0.00	0.00	14.90	✓	
		SUPPLIES								
109521937		12/15/20	12/14/20	01/08/20	14.90	0.00	0.00	14.90	✓	
		SUPPLIES								
109525193	✓	12/20/20	12/15/20	01/09/20	1,288.45	0.00	0.00	1,288.45	✓	
109531525	✓	12/20/20	12/16/20	01/10/20	1,120.51	0.00	0.00	1,120.51	✓	
		SUPPLIES								
109531166	✓	12/20/20	12/16/20	01/10/20	71.35	0.00	0.00	71.35	✓	
		FREIGHT								
109532225	✓	12/21/20	12/16/20	01/10/20	139.34	0.00	0.00	139.34	✓	
		SUPPLIES								
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					B1220	BECKMAN COULTER INC	7,805.97	0.00	0.00	7,805.97
Vendor#	Vendor Name				Class	Pay Code				
B1320	BEEKLEY CORPORATION ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV1491448	✓	12/20/20	12/15/20	12/20/20			411.95	0.00	0.00	411.95
		SUPPLIES								
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					B1320	BEEKLEY CORPORATION	411.95	0.00	0.00	411.95
Vendor#	Vendor Name				Class	Pay Code				
12324	BLUE CROSS BLUE SHIELD ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
121721		12/22/20	12/17/20	01/01/20			224,137.57	0.00	0.00	224,137.57
		JANUARY 2022								
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					12324	BLUE CROSS BLUE SHIELD	224,137.57	0.00	0.00	224,137.57
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
46529552	✓	12/20/20	12/10/20	01/09/20			150.00	0.00	0.00	150.00
		SUPPLIES								
83504233	✓	12/20/20	12/13/20	01/12/20			786.90	0.00	0.00	786.90
		SUPPLIES								
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					B0437	C R BARD INC	936.90	0.00	0.00	936.90
Vendor#	Vendor Name				Class	Pay Code				
11224	CABLES AND SENSORS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
12272	✓	12/20/20	12/07/20	01/06/20			115.00	0.00	0.00	115.00
		SUPPLIES								
123089	✓	12/20/20	12/13/20	01/12/20			150.00	0.00	0.00	150.00
		SUPPLIES								
122722	✓	12/21/20	12/07/20	01/06/20			115.00	0.00	0.00	115.00
		SUPPLIES								
123089	✓	12/21/20	12/13/20	01/12/20			150.00	0.00	0.00	150.00
		SUPPLIES								
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					11224	CABLES AND SENSORS	530.00	0.00	0.00	530.00
Vendor#	Vendor Name				Class	Pay Code				

10650	CAREFUSION 2200, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9109919550 ✓		12/21/20	12/08/20	01/07/20		394.91	0.00	0.00	394.91	✓
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10650 CAREFUSION 2200, INC					394.91	0.00	0.00	394.91	
Vendor#	Vendor Name				Class	Pay Code				
14260	CAREFUSION SOLUTIONS, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1001803836-5 ✓		12/21/20	12/07/20	01/01/20		1,935.51	0.00	0.00	1,935.51	1788.00
	PYXIS EQUIPMENT									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	14260 CAREFUSION SOLUTIONS, LLC					1,935.51	0.00	0.00	1,935.51	1788.00
Vendor#	Vendor Name				Class	Pay Code				
13264	CERVEY, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
13726 ✓		12/21/20	12/10/20	01/04/20		1,699.00	0.00	0.00	1,699.00	✓
	SPLIT BILLING MONTHLY FEE									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	13264 CERVEY, LLC					1,699.00	0.00	0.00	1,699.00	
Vendor#	Vendor Name				Class	Pay Code				
12768	CHEMAQUA ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
7611901 ✓		12/21/20	12/10/20	12/20/20		518.75	0.00	0.00	518.75	✓
	WATER TREATMENT SERVICE									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	12768 CHEMAQUA					518.75	0.00	0.00	518.75	
Vendor#	Vendor Name				Class	Pay Code				
C1730	CITY OF PORT LAVACA ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
121421B		12/21/20	12/14/20	01/05/20		65.49	0.00	0.00	65.49	✓
	WATER - REHAB NOV21									
121421C		12/21/20	12/14/20	01/05/20		62.29	0.00	0.00	62.29	✓
	WATER - CLINIC NOV21									
121421A		12/21/20	12/14/20	01/05/20		27.04	0.00	0.00	27.04	✓
	HOSPITAL WATER NOV 21									
121421		12/21/20	12/14/20	01/05/20		1,896.30	0.00	0.00	1,896.30	✓
	WATER SERVICE									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	C1730 CITY OF PORT LAVACA					2,051.12	0.00	0.00	2,051.12	
Vendor#	Vendor Name				Class	Pay Code				
C1166	COASTAL OFFICE SOLUTONS ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
OEQT192151 ✓		12/20/20	12/10/20	12/20/20		1,939.78	0.00	0.00	1,939.78	✓
	SUPPLIES									
OEQT192152 ✓		12/20/20	12/13/20	12/24/20		708.84	0.00	0.00	708.84	✓
	SUPPLIES									
OEQT192201 ✓		12/21/20	12/16/20	12/26/20		507.77	0.00	0.00	507.77	✓
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	C1166 COASTAL OFFICE SOLUTONS					3,156.39	0.00	0.00	3,156.39	

Vendor#	Vendor Name	Class	Pay Code							
11616	CONTROL SOLUTIONS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
CS222917 ✓		12/21/20	12/03/20	01/02/20		64.00	0.00	0.00	64.00	✓
	SUPPLIES									
Vendor Total#	Number Name					Gross	Discount	No-Pay	Net	
	11616 CONTROL SOLUTIONS					64.00	0.00	0.00	64.00	
Vendor#	Vendor Name	Class	Pay Code							
14080	CORROHEALTH, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
50874 ✓		12/20/20	12/03/20	01/02/20		1,743.45	0.00	0.00	1,743.45	✓
	CODING SERVICES									
Vendor Total#	Number Name					Gross	Discount	No-Pay	Net	
	14080 CORROHEALTH, INC.					1,743.45	0.00	0.00	1,743.45	
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	
289231 ✓		12/21/20	12/15/20	01/12/20		654.80	0.00	0.00	654.80	✓
	SUPPLIES									
Vendor Total#	Number Name					Gross	Discount	No-Pay	Net	
	10006 CUSTOM MEDICAL SPECIALTIES					654.80	0.00	0.00	654.80	
Vendor#	Vendor Name	Class	Pay Code							
10368	DEWITT POTH & SON ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
6657940 ✓		12/15/20	12/13/20	01/07/20		105.72	0.00	0.00	105.72	✓
	SUPPLIES									
6658060 ✓		12/15/20	12/13/20	01/07/20		22.18	0.00	0.00	22.18	✓
	SUPPLIES									
6651280 ✓		12/17/20	12/06/20	01/07/20		204.64	0.00	0.00	204.64	✓
	SUPPLIES									
Vendor Total#	Number Name					Gross	Discount	No-Pay	Net	
	10368 DEWITT POTH & SON					332.54	0.00	0.00	332.54	
Vendor#	Vendor Name	Class	Pay Code							
10789	DISCOVERY MEDICAL NETWORK INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
MMC121521 ✓		12/21/20	12/15/20	12/21/20		157,386.93	0.00	0.00	157,386.93	✓
	PHYSICIAN SERVICES DEC1-15									
Vendor Total#	Number Name					Gross	Discount	No-Pay	Net	
	10789 DISCOVERY MEDICAL NETWORK INC					157,386.93	0.00	0.00	157,386.93	
Vendor#	Vendor Name	Class	Pay Code							
12044	DRIESSEN WATER INC. (CULLIGAN) ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1430270311302021 ✓		12/21/20	11/30/20	12/22/20		4.00	0.00	0.00	4.00	✓
Vendor Total#	Number Name					Gross	Discount	No-Pay	Net	
	12044 DRIESSEN WATER INC. (CULLIGAN)					4.00	0.00	0.00	4.00	
Vendor#	Vendor Name	Class	Pay Code							
11046	E-MDS, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
478812 ✓		12/20/20	12/13/20	12/13/20		9,919.00	0.00	0.00	9,919.00	✓
	HOSTING SUBSCRIPTION QTF									

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11046	E-MDS, INC		9,919.00	0.00	0.00	9,919.00	
Vendor#	Vendor Name		Class	Pay Code					
14264	ECONO AIR CONDITIONING ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7048	✓ REPAIRS to Kitchen freezer	12/22/20	12/19/20	12/19/20		695.00	0.00	0.00	695.00 ✓
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		14264	ECONO AIR CONDITIONING		695.00	0.00	0.00	695.00	
Vendor#	Vendor Name		Class	Pay Code					
11284	EMERGENCY STAFFING SOLUTIONS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
40844	✓ ED PHYSICIAN FEES (14-EDM)	12/21/20	12/31/20	01/10/20		40,062.50	0.00	0.00	40,062.50 ✓
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11284	EMERGENCY STAFFING SOLUTIONS		40,062.50	0.00	0.00	40,062.50	
Vendor#	Vendor Name		Class	Pay Code					
F1100	FEDERAL EXPRESS CORP. ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
760002220	✓ FREIGHT	12/20/20	12/16/20	01/10/20		42.75	0.00	0.00	42.75 ✓
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		F1100	FEDERAL EXPRESS CORP.		42.75	0.00	0.00	42.75	
Vendor#	Vendor Name		Class	Pay Code					
10003	FILTER TECHNOLOGY CO, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112324	✓ SUPPLIES	12/15/20	12/07/20	01/07/20		410.26	0.00	0.00	410.26 ✓
111822	✓ SUPPLIES	12/15/20	12/07/20	01/07/20		46.03	0.00	0.00	46.03 ✓
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10003	FILTER TECHNOLOGY CO, INC		456.29	0.00	0.00	456.29	
Vendor#	Vendor Name		Class	Pay Code					
10788	FIRETROL PROTECTION SYSTEMS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100757131	✓ QTRLY INSPECTION FIRE ALA	12/21/20	12/09/20	12/19/20		760.00	0.00	0.00	760.00 ✓
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10788	FIRETROL PROTECTION SYSTEMS		760.00	0.00	0.00	760.00	
Vendor#	Vendor Name		Class	Pay Code					
F1400	FISHER HEALTHCARE ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6358549	✓ SUPPLIES	12/16/20	12/02/20	01/07/20		85.00	0.00	0.00	85.00 ✓
6744236	✓ SUPPLIES	12/20/20	12/09/20	01/03/20		687.75	0.00	0.00	687.75 ✓
6500094	✓ SUPPLIES	12/21/20	12/06/20	12/31/20		28.30	0.00	0.00	28.30 ✓
6659252	✓ SUPPLIES	12/21/20	12/08/20	01/02/20		329.79	0.00	0.00	329.79 ✓
6500093	✓ SUPPLIES	12/21/20	12/09/20	01/03/20		28.30	0.00	0.00	28.30 ✓

SUPPLIES
6744237 ✓ 12/21/20 12/09/20 01/03/20 744.42 0.00 0.00 744.42 ✓

SUPPLIES
6500087 ✓ 12/21/20 12/09/20 01/03/20 169.32 0.00 0.00 169.32 ✓

SUPPLIES
Vendor Totals: Number Name Gross Discount No-Pay Net
F1400 FISHER HEALTHCARE 2,072.88 0.00 0.00 2,072.88

Vendor# Vendor Name Class Pay Code

12944 FRASIER HEALTHCARE CONSULTING, ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
19143 ✓ 12/20/20 12/06/20 01/12/20 16,046.12 0.00 0.00 16,046.12 ✓

COLLECTIONS
Vendor Totals: Number Name Gross Discount No-Pay Net
12944 FRASIER HEALTHCARE CONSULTING, 16,046.12 0.00 0.00 16,046.12

Vendor# Vendor Name Class Pay Code

13960 G & S MANAGEMENT GROUP LLC ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
340383876 ✓ 12/20/20 12/13/20 01/12/20 1,379.53 0.00 0.00 1,379.53 ✓

TRASH SERVICES
340383878 ✓ 12/20/20 12/13/20 01/12/20 338.09 0.00 0.00 338.09 ✓

TRASH SERVICE
340383877 ✓ 12/20/20 12/13/20 01/12/20 254.42 0.00 0.00 254.42 ✓

TRASH SERVICES
Vendor Totals: Number Name Gross Discount No-Pay Net
13960 G & S MANAGEMENT GROUP LLC 1,972.04 0.00 0.00 1,972.04

Vendor# Vendor Name Class Pay Code

14248 GE MEDICAL SYSTEMS INFO TECH ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
3610380 ✓ 12/15/20 12/09/20 01/08/20 622.68 0.00 0.00 622.68 ✓

SUPPLIES
Vendor Totals: Number Name Gross Discount No-Pay Net
14248 GE MEDICAL SYSTEMS INFO TECH 622.68 0.00 0.00 622.68

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
2151954 ✓ 12/13/20 12/07/20 01/06/20 32.53 0.00 0.00 32.53 ✓

SUPPLIES
2151953 ✓ 12/13/20 12/07/20 01/06/20 32.53 0.00 0.00 32.53 ✓

SUPPLIES
2152207 ✓ 12/13/20 12/07/20 01/06/20 867.17 0.00 0.00 867.17 ✓

SUPPLIES
Vendor Totals: Number Name Gross Discount No-Pay Net
G1210 GULF COAST PAPER COMPANY 932.23 0.00 0.00 932.23

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
100552378 ✓ 12/20/20 12/08/20 01/01/20 7,447.86 0.00 0.00 7,447.86 ✓

LEASE
100552376 ✓ 12/20/20 12/08/20 01/01/20 4,919.41 0.00 0.00 4,919.41 ✓

LEASE
100552377 ✓ 12/20/20 12/08/20 01/01/20 7,154.17 0.00 0.00 7,154.17 ✓

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net		
100552379	LEASE			1,797.44	0.00	0.00	1,797.44		
	Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net		
	11552	HEALTHCARE FINANCIAL SERVICES		21,318.88	0.00	0.00	21,318.88		
11227	HEALTHSURE INSURANCE SERVICES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2536	RENEWAL 2022	12/20/20	12/08/20	01/01/20		23,529.44	0.00	0.00	23,529.44
	Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net		
	H1227	HEALTHSURE INSURANCE SERVICES		23,529.44	0.00	0.00	23,529.44		
14256	INFICARE HEALTH, INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC082621	TRAVEL NURSE STAFFING	12/21/20	08/26/20	09/26/20		2,232.00	0.00	0.00	2,232.00
MMC090221	TRAVEL NURSE STAFFING	12/21/20	09/02/20	10/02/20		2,232.00	0.00	0.00	2,232.00
MMC090921	TRAVEL NURSE STAFFING	12/21/20	09/09/20	10/09/20		2,325.00	0.00	0.00	2,325.00
MMC091621	TRAVEL NURSE STAFFING	12/21/20	09/16/20	10/16/20		3,456.50	0.00	0.00	3,456.50
MMC092322	TRAVEL NURSE STAFFING	12/21/20	09/23/20	10/23/20		3,410.00	0.00	0.00	3,410.00
MMC093022	TRAVEL NURSE STAFFING	12/21/20	09/30/20	10/30/20		2,294.00	0.00	0.00	2,294.00
MMC100722	TRAVEL NURSE STAFFING	12/21/20	10/07/20	11/07/20		2,309.50	0.00	0.00	2,309.50
MMC101422	TRAVEL NURSE STAFFING	12/21/20	10/14/20	11/14/20		2,340.50	0.00	0.00	2,340.50
MMC102122	TRAVEL NURSE STAFFING	12/21/20	10/21/20	11/21/20		2,356.00	0.00	0.00	2,356.00
MMC102822	TRAVEL NURSE STAFFING	12/21/20	10/28/20	11/28/20		2,263.00	0.00	0.00	2,263.00
MMC110421	TRAVEL NURSE STAFFING	12/21/20	11/04/20	12/04/20		1,488.00	0.00	0.00	1,488.00
MMC111121	TRAVEL NURSE STAFFING	12/21/20	11/11/20	12/11/20		2,294.00	0.00	0.00	2,294.00
MMC111821	TRAVEL NURSE STAFFING	12/21/20	11/18/20	12/18/20		2,294.00	0.00	0.00	2,294.00
MMC112521	TRAVEL NURSE STAFFING	12/21/20	11/25/20	12/25/20		2,278.50	0.00	0.00	2,278.50
MMC110221	TRAVEL NURSE STAFFING	12/21/20	12/02/20	01/02/20		2,325.00	0.00	0.00	2,325.00
MMC120921	TRAVEL NURSE STAFFING	12/21/20	12/09/20	01/09/20		2,263.00	0.00	0.00	2,263.00
	Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net		
	14256	INFICARE HEALTH, INC.		38,161.00	0.00	0.00	38,161.00		
J0150	J & J HEALTH CARE SYSTEMS, INC								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
927399951	✓	12/16/20	12/07/20	01/07/20		885.52	0.00	0.00	885.52 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						J0150	J & J HEALTH CARE SYSTEMS, INC	885.52	0.00	0.00	885.52
Vendor#	Vendor Name			Class	Pay Code						
K1000	KEEP U NEAT DRY CLEANERS			W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
120221		11/30/20	11/30/20	01/07/20		50.10	0.00	0.00	50.10 ✓		
LAUNDRY											
082621		12/21/20	08/26/20	12/21/20		20.10	0.00	0.00	20.10 ✓		
091621		12/21/20	09/16/20	12/21/20		393.80	0.00	0.00	393.80 ✓		
092821		12/21/20	09/28/20	12/21/20		74.20	0.00	0.00	74.20 ✓		
LAUNDRY											
102021		12/21/20	10/20/20	12/21/20		32.00	0.00	0.00	32.00 ✓		
LAUNDRY											
102021A		12/21/20	10/20/20	12/21/20		176.10	0.00	0.00	176.10 ✓		
LAUNDRY											
102721		12/21/20	10/27/20	12/21/20		24.10	0.00	0.00	24.10 ✓		
LAUNDRY											
110221		12/21/20	11/02/20	12/21/20		12.20	0.00	0.00	12.20 ✓		
LAUNDRY											
111621		12/21/20	11/16/20	12/21/20		44.00	0.00	0.00	44.00 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						K1000	KEEP U NEAT DRY CLEANERS	826.60	0.00	0.00	826.60 ✓
Vendor#	Vendor Name			Class	Pay Code						
L1640	LOWE'S HOME CENTERS INC ✓			W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
120221		12/21/20	12/02/20	12/28/20		54.73	0.00	0.00	54.73 ✓		
INTEREST / mtche											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						L1640	LOWE'S HOME CENTERS INC	54.73	0.00	0.00	54.73
Vendor#	Vendor Name			Class	Pay Code						
10972	M G TRUST ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
121621		12/20/20	12/20/20	12/20/20		640.86	0.00	0.00	640.86 ✓		
PAYROLL DEDUCTIONS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10972	M G TRUST	640.86	0.00	0.00	640.86
Vendor#	Vendor Name			Class	Pay Code						
11612	MASA GLOBAL BUILDING ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1149784MKMMC		12/20/20	01/01/20	01/12/20		1,744.00	0.00	0.00	1,744.00 ✓		
PAYROLL DEDUCT JANUARY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11612	MASA GLOBAL BUILDING	1,744.00	0.00	0.00	1,744.00
Vendor#	Vendor Name			Class	Pay Code						
M2827	MEDIVATORS ✓			M							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
91151699	SUPPLIES	12/16/20	12/07/20	01/07/20		202.80	0.00	0.00	202.80		
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						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		
1975742894	SUPPLIES	12/13/20	11/24/20	01/07/20		403.00	0.00	0.00	403.00		
1963622223	SUPPLIES	12/16/20	08/24/20	01/07/20		3,855.46	0.00	0.00	3,855.46		
1973304472	SUPPLIES	12/16/20	11/05/20	01/07/20		9.21	0.00	0.00	9.21		
1977262128	SUPPLIES	12/16/20	12/07/20	01/07/20		952.69	0.00	0.00	952.69		
1977262133	SUPPLIES	12/16/20	12/07/20	01/07/20		62.32	0.00	0.00	62.32		
1977262135	SUPPLIES	12/16/20	12/07/20	01/07/20		125.09	0.00	0.00	125.09		
1977262137	SUPPLIES	12/16/20	12/07/20	01/07/20		72.10	0.00	0.00	72.10		
1975742896	SUPPLIES	12/17/20	11/24/20	01/07/20		4,138.32	0.00	0.00	4,138.32		
1975899327	SUPPLIES	12/17/20	11/25/20	01/07/20		20.74	0.00	0.00	20.74		
1978036936	SUPPLIES	12/20/20	12/13/20	01/07/20		10.45	0.00	0.00	10.45		
1978036937	SUPPLIES	12/20/20	12/13/20	01/07/20		10.45	0.00	0.00	10.45		
1978288280	SUPPLIES	12/20/20	12/15/20	01/09/20		96.76	0.00	0.00	96.76		
1978345107	SUPPLIES	12/20/20	12/15/20	01/09/20		213.45	0.00	0.00	213.45		
1978345110	SUPPLIES	12/20/20	12/15/20	01/09/20		62.96	0.00	0.00	62.96		
1978288277	SUPPLIES	12/20/20	12/15/20	01/09/20		11.70	0.00	0.00	11.70		
1978345109	SUPPLIES	12/20/20	12/15/20	01/09/20		183.83	0.00	0.00	183.83		
1978288291	SUPPLIES	12/20/20	12/15/20	01/09/20		3,119.54	0.00	0.00	3,119.54		
1978288281	SUPPLIES	12/20/20	12/15/20	01/09/20		88.34	0.00	0.00	88.34		
1978288284	SUPPLIES	12/20/20	12/15/20	01/09/20		2,101.90	0.00	0.00	2,101.90		
1978288295	SUPPLIES	12/20/20	12/15/20	01/09/20		9.74	0.00	0.00	9.74		
1978288276	SUPPLIES	12/20/20	12/15/20	01/09/20		4.60	0.00	0.00	4.60		
1978345105	SUPPLIES	12/20/20	12/15/20	01/09/20		200.42	0.00	0.00	200.42		

	SUPPLIES							
1978345106	✓	12/20/20 12/15/20 01/09/20	552.96	0.00	0.00	552.96	✓	
	SUPPLIES							
1702296542A	✓	12/21/20 03/28/20 12/21/20	372.04	0.00	0.00	372.04	✓	
	INTEREST							
1702315059A	✓	12/21/20 04/25/20 12/21/20	327.81	0.00	0.00	327.81	✓	
	INTEREST							
1702334384A	✓	12/21/20 05/23/20 12/21/20	292.52	0.00	0.00	292.52	✓	
	INTEREST							
1702353435A	✓	12/21/20 06/27/20 12/21/20	404.47	0.00	0.00	404.47	✓	
	INTEREST							
1702370277A	✓	12/21/20 07/25/20 12/21/20	295.63	0.00	0.00	295.63	✓	
	INTEREST							
1702390459A	✓	12/21/20 08/22/20 12/21/20	329.97	0.00	0.00	329.97	✓	
	INTEREST							
1702422788	✓	12/21/20 10/24/20 12/21/20	428.02	0.00	0.00	428.02	✓	
	INTEREST							
1702439247	✓	12/21/20 11/21/20 12/21/20	88.85	0.00	0.00	88.85	✓	
	INTEREST							
1702456836	✓	12/21/20 12/31/20 12/21/20	66.56	0.00	0.00	66.56	✓	
	INTEREST							
1702555083	✓	12/21/20 01/23/20 12/21/20	436.86	0.00	0.00	436.86	✓	
	INTEREST							
1702470506	✓	12/21/20 01/23/20 12/21/20	87.26	0.00	0.00	87.26	✓	
	INTEREST							
1702581156	✓	12/21/20 07/24/20 08/18/20	9.07	0.00	0.00	9.07	✓	
	INTEREST							
1702638222	✓	12/21/20 11/20/20 12/15/20	681.96	0.00	0.00	681.96	✓	
	INTEREST							
1702652771A	✓	12/21/20 11/20/20 12/15/20	215.51	0.00	0.00	215.51	✓	
	INTEREST							
1975774428	✓	12/21/20 11/24/20 12/19/20	85.71	0.00	0.00	85.71	✓	
	SUPPLIES							
1975882870	✓	12/21/20 11/24/20 12/19/20	112.59	0.00	0.00	112.59	✓	
	SUPPLIES							
1975774429	✓	12/21/20 11/24/20 12/19/20	57.14	0.00	0.00	57.14	✓	
	SUPPLIES							
1975774430	✓	12/21/20 11/24/20 12/19/20	85.24	0.00	0.00	85.24	✓	
	SUPPLIES							
1976409975	✓	12/21/20 12/01/20 12/26/20	285.52	0.00	0.00	285.52	✓	
	SUPPLIES							
1976409973	✓	12/21/20 12/01/20 12/26/20	901.09	0.00	0.00	901.09	✓	
	SUPPLIES							
197726130	✓	12/21/20 12/07/20 01/01/20	120.38	0.00	0.00	120.38	✓	
	SUPPLIES							
1977504830	✓	12/21/20 12/08/20 01/02/20	158.13	0.00	0.00	158.13	✓	
	SUPPLIES							
1977545229	✓	12/21/20 12/09/20 01/03/20	814.12	0.00	0.00	814.12	✓	
	SUPPLIES							
1977548200	✓	12/21/20 12/09/20 01/03/20	41.83	0.00	0.00	41.83	✓	
	SUPPLIES							

1978288278	SUPPLIES	12/21/20	12/15/20	01/09/20	11.90	0.00	0.00	11.90		
1978345111A	SUPPLIES	12/22/20	12/15/20	01/09/20	193.15	0.00	0.00	193.15		
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					M2470	MEDLINE INDUSTRIES INC	23,209.36	0.00	0.00	23,209.36
Vendor#	Vendor Name	Class		Pay Code						
12248	MEMORIAL MEDICAL CENTER									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
122121	PETTY CASH	12/21/20	12/21/20	12/21/20		14.50	0.00	0.00	14.50	
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					12248	MEMORIAL MEDICAL CENTER	14.50	0.00	0.00	14.50
Vendor#	Vendor Name	Class		Pay Code						
10963	MEMORIAL MEDICAL CLINIC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
121621	PAYROLL DEDUCTION	12/20/20	12/20/20	12/20/20		226.10	0.00	0.00	226.10	
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					10963	MEMORIAL MEDICAL CLINIC	226.10	0.00	0.00	226.10
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	
121621	PAYROLL DEDUCT	12/20/20	12/16/20	12/16/20		324.15	0.00	0.00	324.15	
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					M2621	MMC AUXILIARY GIFT SHOP	324.15	0.00	0.00	324.15
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	
7655539	INVENTORY	12/21/20	12/15/20	12/25/20		17.44	0.00	0.00	17.44	
7654859	INVENTORY	12/21/20	12/15/20	12/25/20		88.30	0.00	0.00	88.30	
7654479	INVENTORY	12/21/20	12/15/20	12/25/20		12.59	0.00	0.00	12.59	
CM94587	CREDIT	12/21/20	12/15/20	12/25/20		-570.61	0.00	0.00	-570.61	
7655002	INVENTORY	12/21/20	12/15/20	12/25/20		248.27	0.00	0.00	248.27	
7655540	INVENTORY	12/21/20	12/15/20	12/25/20		167.48	0.00	0.00	167.48	
7654480	INVENTORY	12/21/20	12/15/20	12/25/20		99.70	0.00	0.00	99.70	
CM94588	CREDIT	12/21/20	12/15/20	12/25/20		-968.06	0.00	0.00	-968.06	
SM94589	CREDIT	12/21/20	12/15/20	12/25/20		-92.08	0.00	0.00	-92.08	
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					10536	MORRIS & DICKSON CO, LLC	-996.97	0.00	0.00	-996.97
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	
MMC0027		12/22/20	12/06/20	12/06/20		4,630.00	0.00	0.00	4,630.00	✓
	TRAVEL NURSE STAFFING (11/24-12/21) Brandme									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	14124	MSH HEALTH SERVICES LLC				4,630.00	0.00	0.00	4,630.00	
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	
8800841593		12/20/20	12/08/20	01/07/20		183.15	0.00	0.00	183.15	✓
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	M2659	MXR IMAGING, INC				183.15	0.00	0.00	183.15	
Vendor#	Vendor Name			Class	Pay Code					
12388	NATIONAL FARM LIFE INSURANCE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
3581390		12/21/20	12/21/20	01/01/20		3,468.73	0.00	0.00	3,468.73	✓
	PAYROLL DEDUCT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	12388	NATIONAL FARM LIFE INSURANCE				3,468.73	0.00	0.00	3,468.73	
Vendor#	Vendor Name			Class	Pay Code					
10188	NATUS MEDICAL INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1041239248		12/21/20	12/10/20	01/04/20		1,531.32	0.00	0.00	1,531.32	✓
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10188	NATUS MEDICAL INC				1,531.32	0.00	0.00	1,531.32	
Vendor#	Vendor Name			Class	Pay Code					
11472	OCCUPRO LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
24107		12/07/20	12/07/20	01/06/20		487.47	0.00	0.00	487.47	✓
	PROVIDER/MNTHLY SUPPORT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11472	OCCUPRO LLC				487.47	0.00	0.00	487.47	
Vendor#	Vendor Name			Class	Pay Code					
O1500	OLYMPUS AMERICA INC			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
31908486		12/20/20	12/07/20	01/01/20		1,137.51	0.00	0.00	1,137.51	✓
	SERVICE CONTRACT									
31924517		12/21/20	12/10/20	01/04/20		191.25	0.00	0.00	191.25	✓
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	O1500	OLYMPUS AMERICA INC				1,328.76	0.00	0.00	1,328.76	
Vendor#	Vendor Name			Class	Pay Code					
11069	PABLO GARZA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
122121		12/22/20	12/21/20	12/30/20		2,608.13	0.00	0.00	2,608.13	✓
	CONTRACT EMPLOYEE (12/17-12/21/21)									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11069	PABLO GARZA				2,608.13	0.00	0.00	2,608.13	
Vendor#	Vendor Name			Class	Pay Code					

10152	PARTSSOURCE, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
04126989 ✓		12/20/20	12/16/20	01/01/20		141.41	0.00	0.00	141.41 ✓		
	SUPPLIES										
Vendor Total#	Number Name					Gross	Discount	No-Pay	Net		
	10152 PARTSSOURCE, LLC					141.41	0.00	0.00	141.41		
Vendor#	Vendor Name				Class	Pay Code					
P1800	PITNEY BOWES INC ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1019625102		12/21/20	12/10/20	01/09/20		527.64	0.00	0.00	527.64 ✓		
	POSTAGE										
Vendor Total#	Number Name					Gross	Discount	No-Pay	Net		
	P1800 PITNEY BOWES INC					527.64	0.00	0.00	527.64		
Vendor#	Vendor Name				Class	Pay Code					
11932	PRESS GANEY ASSOCIATES, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
IN000506101 ✓		12/20/20	11/30/20	12/30/20		2,523.79	0.00	0.00	2,523.79 ✓		
	SURVEY										
Vendor Total#	Number Name					Gross	Discount	No-Pay	Net		
	11932 PRESS GANEY ASSOCIATES, INC.					2,523.79	0.00	0.00	2,523.79		
Vendor#	Vendor Name				Class	Pay Code					
12480	PRO ENERGY PARTNERS LP ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
21110600 ✓		12/20/20	11/30/20	12/15/20		2,717.24	0.00	0.00	2,717.24 ✓		
	NATURAL GAS										
Vendor Total#	Number Name					Gross	Discount	No-Pay	Net		
	12480 PRO ENERGY PARTNERS LP					2,717.24	0.00	0.00	2,717.24		
Vendor#	Vendor Name				Class	Pay Code					
10699	SIGN AD, LTD. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
269278 ✓		12/21/20	12/16/20	12/26/20		400.00	0.00	0.00	400.00 ✓		
	MARKETING										
Vendor Total#	Number Name					Gross	Discount	No-Pay	Net		
	10699 SIGN AD, LTD.					400.00	0.00	0.00	400.00		
Vendor#	Vendor Name				Class	Pay Code					
11296	SOUTH TEXAS BLOOD & TISSUE CEN ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
I07019318 ✓		12/21/20	12/15/20	01/09/20		3,922.00	0.00	0.00	3,922.00 ✓		
	BLOOD BANK										
CM5984 ✓		12/21/20	12/15/20	01/09/20		-3,081.00	0.00	0.00	-3,081.00 ✓		
	CREDIT										
Vendor Total#	Number Name					Gross	Discount	No-Pay	Net		
	11296 SOUTH TEXAS BLOOD & TISSUE CEN					841.00	0.00	0.00	841.00		
Vendor#	Vendor Name				Class	Pay Code					
C1010	SPARKLIGHT ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
121621B		12/21/20	12/21/20	12/21/20		1,687.26	0.00	0.00	1,687.26 ✓		
	CABLE										
121621A		12/21/20	12/21/20	12/21/20		205.53	0.00	0.00	205.53 ✓		
	CABLE										
121621		12/21/20	12/21/20	12/21/20		2,459.19	0.00	0.00	2,459.19 ✓		

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		C1010	SPARKLIGHT		4,351.98	0.00	0.00	4,351.98	
Vendor#	Vendor Name		Class	Pay Code					
12288	SPBS CLINICAL EQUIPMENT SRVC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
INV010732		12/21/20	12/03/20	12/03/20		13,384.80	0.00	0.00	13,384.80
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		12288	SPBS CLINICAL EQUIPMENT SRVC		13,384.80	0.00	0.00	13,384.80	
Vendor#	Vendor Name		Class	Pay Code					
14100	STAFFING FIRST								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
211093		12/20/20	11/01/20	11/17/20		3,062.50	0.00	0.00	3,062.50
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		14100	STAFFING FIRST		3,062.50	0.00	0.00	3,062.50	
Vendor#	Vendor Name		Class	Pay Code					
S2694	STANFORD VACUUM SERVICE		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
688559		12/20/20	12/17/20	12/17/20		390.00	0.00	0.00	390.00
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		S2694	STANFORD VACUUM SERVICE		390.00	0.00	0.00	390.00	
Vendor#	Vendor Name		Class	Pay Code					
S2830	STRYKER SALES CORP		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
9201953122		12/21/20	12/08/20	12/21/20		4,382.16	0.00	0.00	4,382.16
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		S2830	STRYKER SALES CORP		4,382.16	0.00	0.00	4,382.16	
Vendor#	Vendor Name		Class	Pay Code					
10735	STRYKER SUSTAINABILITY								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
4325885		12/21/20	12/08/20	01/07/20		3,066.83	0.00	0.00	3,066.83
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10735	STRYKER SUSTAINABILITY		3,066.83	0.00	0.00	3,066.83	
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
001878551079IN		12/20/20	12/16/20	12/16/20		9,979.30	0.00	0.00	9,979.30
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		13880	TEXAS SELECT STAFFING		9,979.30	0.00	0.00	9,979.30	
Vendor#	Vendor Name		Class	Pay Code					
13616	TRIOSE, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
TRI097233		12/20/20	12/10/20	12/25/20		493.76	0.00	0.00	493.76
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	

	13616	TRIOSE, INC					493.76	0.00	0.00	493.76
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	
INV7115	TRAVEL NURSE STAFFING	12/20/20	12/11/20	01/10/20		6,642.50	0.00	0.00	6,642.50	
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	14208	TRUSTED HEALTH, INC				6,642.50	0.00	0.00	6,642.50	
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	
8400383463	LAUNDRY	12/15/20	12/13/20	01/07/20		2,270.25	0.00	0.00	2,270.25	
8400383437	LAUNDRY	12/15/20	12/13/20	01/07/20		45.15	0.00	0.00	45.15	
8400383438	LAUNDRY	12/15/20	12/13/20	01/07/20		47.80	0.00	0.00	47.80	
8400383818	LAUNDRY	12/20/20	12/16/20	01/10/20		89.20	0.00	0.00	89.20	
8400383799	LAUNDRY	12/21/20	12/16/20	01/10/20		79.43	0.00	0.00	79.43	
8400383785	LAUNDRY	12/21/20	12/16/20	01/10/20		170.59	0.00	0.00	170.59	
8400383786	LAUNDRY	12/21/20	12/16/20	01/10/20		199.32	0.00	0.00	199.32	
8400383783	LAUNDRY	12/21/20	12/16/20	01/10/20		137.13	0.00	0.00	137.13	
8400383804	LAUNDRY	12/21/20	12/16/20	01/10/20		1,479.55	0.00	0.00	1,479.55	
8400383782	LAUNDRY	12/21/20	12/16/20	01/10/20		42.72	0.00	0.00	42.72	
8400382420	LAUNDRY	12/22/20	11/29/20	12/24/20		1,991.83	0.00	0.00	1,991.83	
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	U1064	UNIFIRST HOLDINGS INC				6,552.97	0.00	0.00	6,552.97	
Vendor#	Vendor Name				Class	Pay Code				
V0554	VCS SECURITY SYSTEMS				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
236510	SERVICES	12/22/20	10/05/20	11/04/20		1,244.00	0.00	0.00	1,244.00	
236509	SUPPLIES	12/22/20	10/05/20	11/04/20		5,151.00	0.00	0.00	5,151.00	
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	V0554	VCS SECURITY SYSTEMS				6,395.00	0.00	0.00	6,395.00	
Vendor#	Vendor Name				Class	Pay Code				
V1058	VICTORIA ANESTHESIOLOGY				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
100121	SHORTFALL FOR ADMIN FEES	12/20/20	12/17/20	12/17/20		1,169.91	0.00	0.00	1,169.91	
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	V1058	VICTORIA ANESTHESIOLOGY				1,169.91	0.00	0.00	1,169.91	

Vendor#	Vendor Name	Class	Pay Code							
12208	WAGEWORKS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
121621		12/20/20	12/16/20	12/16/20		3,337.29	0.00	0.00	3,337.29	
PAYROLL DEDUCTIONS										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	12208	WAGEWORKS				3,337.29	0.00	0.00	3,337.29	
Vendor#	Vendor Name	Class	Pay Code							
W1040	WATERMARK GRAPHICS INC	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
134373		12/21/20	10/29/20	11/28/20		193.27	0.00	0.00	193.27	
SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	W1040	WATERMARK GRAPHICS INC				193.27	0.00	0.00	193.27	
Vendor#	Vendor Name	Class	Pay Code							
I1110	WERFEN USA LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9310039714		11/30/20	11/22/20	01/07/20		1,202.01	0.00	0.00	1,202.01	
SUPPLIES										
9111067782		12/17/20	11/11/20	01/07/20		662.35	0.00	0.00	662.35	
SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	I1110	WERFEN USA LLC				1,864.36	0.00	0.00	1,864.36	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	686,086.31	0.00	0.00	686,086.31

0.00
 686,086.31
 1,935.51
 1,788.00
 23,529.44
 22,441.82
 684,851.18
 0.00

pg 3 correction < 1935.51 >
 + 1788.00
 pg 7 correction < 23,529.44 >
 + 22,441.82
 pg 11 correction 684,851.18
 + 996.97
 685,848.15

APPROVED ON

DEC 22 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CIK# 193155

193235

RUN DATE RECEIVED BY THE
TIME 08:10 COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

DEC 22 2021

CALHOUN COUNTY, TEXAS

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		122021	40.00	✓	2	REFUND FOR	
		122021	68.12	✓	2	REFUND FOR	
		122021	58.10	✓	2	REFUND FOR	
		122021	125.00	✓	2	REFUND FOR	
		122021	25.00	✓	5	REFUND FOR	
		122021	125.00	✓	2	REFUND FOR	
		122021	1258.38	✓	3	REFUND FOR	
		122021	112.80	✓	2	REFUND FOR	
		122021	17.80	✓	2	REFUND FOR	
		122021	927.99	✓	2	REFUND FOR	
ARID=0001 TOTAL			2758.19				

TOTAL 2758.19

APPROVED ON
DEC 22 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 193234 -
193245

MCKESSON

STATEMENT

As of: 12/24/2021

Page: 002

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

Company: 8000

DC: 8115

As of: 12/24/2021 Page: 002
Mail to: 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: 12/25/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 12/25/2021 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
--------------	----------	-------------------	----------------------------------	-------------	---------------	----------------	-----	--------------	-----	-------------------

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,646.74 USD

Future Due: 0.00

Past Due: 519.84

Last Payment 12/07/2017 2,451.97

If Paid By 12/28/2021,
Pay This Amount: 2,583.41 USD

If Paid After 12/28/2021,
Pay this Amount: 2,646.74 USD

Due If Paid On Time: USD 2,583.41 ✓
Disc lost if paid late: 63.33
Due If Paid Late: USD 2,646.74

1,658.55 +
1.81 +
1,040.74 +
177.23 -
59.74 +
2,583.41 *

APPROVED ON

DEC 28 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 12/24/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/24/2021
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: 12/25/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/25/2021 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											
2/18/2021	12/28/2021	7313212682	1217210936	115Invoice	0.01	0.63		0.62	✓	7313212682	
2/20/2021	12/28/2021	7313116709	21459019	115Invoice	4.83	241.55		236.72	✓	7313116709	
2/20/2021	12/28/2021	7313116710	21482052	115Invoice	0.82	40.83		40.01	✓	7313116710	
2/20/2021	12/28/2021	7313307821	1217210841	195Invoice	0.02	0.95		0.93	✓	7313307821	
2/21/2021	12/28/2021	7313443826	21572291	115Invoice	0.01	0.63		0.62	✓	7313443826	
2/21/2021	12/28/2021	7313443827	21618675	115Invoice		0.16		0.16	✓	7313443827	
2/21/2021	12/28/2021	7313443828	21626749	115Invoice	0.03	1.27		1.24	✓	7313443828	
2/21/2021	12/28/2021	7313607791	1220211011	115Invoice	7.09	354.62		347.53	✓	7313607791	
2/22/2021	12/28/2021	7313729742	21711008	115Invoice	5.38	268.98		263.60	✓	7313729742	
2/22/2021	12/28/2021	7313858583	1221210805	195Invoice	2.75	137.42		134.67	✓	7313858583	
2/22/2021	12/28/2021	7313858584	1221210911	115Invoice	1.89	94.39		92.50	✓	7313858584	
2/23/2021	12/28/2021	7314004756	21785558	115Invoice	3.50	175.11		171.61	✓	7314004756	
2/23/2021	12/28/2021	7314004757	21785558	115Invoice	3.43	171.48		168.05	✓	7314004757	
2/23/2021	12/28/2021	7314145671	1222210906	115Invoice	0.17	8.47		8.30	✓	7314145671	
2/23/2021	12/28/2021	7314145672	1222210725	195Invoice	3.91	195.70		191.79	✓	7314145672	

*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: 1,692.19 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11,814.44
2/20/2021

If Paid By 12/28/2021,
Pay This Amount:

1,658.35 USD

If Paid After 12/28/2021,
Pay this Amount:

1,692.19 USD

Due If Paid On Time:

USD 1,658.35 ✓

Disc lost if paid late:

33.84

Due If Paid Late:

USD 1,692.19

APPROVED ON

DEC 28 2021

CK # 500260

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 12/24/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/24/2021
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: 12/25/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 12/25/2021 **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 262252 CVS PHCY 7006/MEMORIA PHS											
2/23/2021	12/28/2021	7314006341	1499368	115Invoice	0.04	1.85		1.81 ✓		7314006341	

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: 1.85 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2/20/2021 11,814.44

If Paid By 12/28/2021,
Pay This Amount: 1.81 USD

If Paid After 12/28/2021,
Pay this Amount: 1.85 USD

Due If Paid On Time: USD 1.81 ✓
Disc lost if paid late: 0.04
Due If Paid Late: USD 1.85

APPROVED ON

DEC 28 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 12/24/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/24/2021 Page: 001
Mail to: 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: 12/25/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 12/25/2021 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										
2/20/2021	12/28/2021	7313100429	55x789034	115Invoice	6.44	322.17		315.73 ✓		7313100429
2/22/2021	12/28/2021	7313718062	55x794320	115Invoice	7.71	385.45		377.74 ✓		7313718062
2/22/2021	12/28/2021	7313718064	55x794393	115Invoice	1.07	53.41		52.34 ✓		7313718064
2/23/2021	12/28/2021	7313987949	55x796803	115Invoice	6.02	300.95		294.93 ✓		7313987949

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

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

Subtotals: 1,061.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11,814.44
2/20/2021

If Paid By 12/28/2021,
Pay This Amount:

1,040.74 USD

If Paid After 12/28/2021,
Pay this Amount:

1,061.98 USD

Due If Paid On Time:
USD

1,040.74 ✓

Disc lost if paid late:

21.24

Due If Paid Late:
USD

1,061.98

APPROVED ON

DEC 28 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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MCKESSON

STATEMENT

As of: 12/24/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/24/2021
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: 12/25/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 12/25/2021 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											
2/21/2021	12/21/2021	7313678104	1292811	115Credit		315.66-	P	315.66-	P ✓	7313678104	
2/21/2021	12/21/2021	7313678105	1292811	115Credit		204.18-	P	204.18-	P ✓	7313678105	
2/23/2021	12/28/2021	7314197373	1500461	115Invoice	6.99	349.60		342.61	✓	7314197373	

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

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

Subtotals: 170.24- USD

Future Due: 0.00

Past Due: 519.84-

Last Payment 11,814.44
2/20/2021

If Paid By 12/28/2021,
Pay This Amount:

177.23- USD

If Paid After 12/28/2021,
Pay this Amount:

170.24- USD

Due If Paid On Time:
USD

177.23- ✓

Disc lost if paid late:

6.99

Due If Paid Late:
USD

170.24-

APPROVED ON

DEC 28 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 12/24/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/24/2021
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 190813
Date: 12/25/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 12/25/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
2/22/2021	12/28/2021	7313713812	2017041251	115Invoice	1.22	60.96		59.74 ✓		7313713812	

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

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

Subtotals: 60.96 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,677.44
2/13/2021

If Paid By 12/28/2021,
Pay This Amount: 59.74 USD

If Paid After 12/28/2021,
Pay this Amount: 60.96 USD

Due If Paid On Time: 59.74 ✓
USD
Disc lost if paid late: 1.22
Due If Paid Late: 60.96
USD

APPROVED ON

DEC 28 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Serviced By:

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

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:	674.17
Past Due:	0.00
Total Due:	674.17
Account Balance:	674.17

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-20-2021	12-31-2021	3077447486	164005	Invoice	410.46		0.00	410.46 ✓
12-20-2021	12-31-2021	3077447487	164006	Invoice	0.09		0.00	0.09 ✓
12-20-2021	12-31-2021	3077447488	164008	Invoice	36.02		0.00	36.02 ✓
12-20-2021	12-31-2021	3077490303	164056	Invoice	5.67		0.00	5.67 ✓
12-20-2021	12-31-2021	3077490304	164057	Invoice	29.72		0.00	29.72 ✓
12-21-2021	12-31-2021	3077629720	164067	Invoice	19.54		0.00	19.54 ✓
12-22-2021	12-31-2021	3077803005	164076	Invoice	5.49		0.00	5.49 ✓
12-23-2021	12-31-2021	3077954607	164085	Invoice	158.00		0.00	158.00 ✓
12-23-2021	12-31-2021	3077954608	164086	Invoice	9.18		0.00	9.18 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
674.17	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
12-24-2021	(289.00)

Reminders	
Due Date	Amount
12-31-2021	674.17
Total Due:	
	674.17

APPROVED ON

DEC 28 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			1
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		941 #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			1
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		21
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		12
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		\$ 18,802.28 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		\$ 12,431.00 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			\$ 2,924.82 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			\$ 3,446.46 #
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	CHECK	★	
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

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

Run Date: 12/22/21
 Time: 16:28

MEMORIAL MEDICAL CENTER
 Payroll Register (Bi-Weekly)
 Pay Period 12/03/21 - 12/16/21 Run# 2

Page 90
 P2REG

Final Summary

*-- Pay Code Summary						*-- Deductions Summary				
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount
E	EXTRA WAGES		N	N	N	N		96922.78	A/R	A/R2 A/R3
P	PAID-TIME-OFF	117.61	N	N	N	N		1880.58	ADVANC	AWARDS BCBSVI
									BOOTS	CAFE H CAFE-1
									CAFE-2	CAFE-3 CAFE-4
									CAFE-5	CAFE-C CAFE-D -16.26
									CAFE-F	CAFE-H -162.51 CAFE-I
									CAFE-L	CAFE-P CANCER
									CHILD	CLINIC COMBIN
									CREDUN	DD ADV DENTAL
									DEP-LF	DIS-LF EAT
									EATCSH	FEDTAX 3446.46 FICA-M 1462.41
									FICA-O 5215.50	FIRSTC FLEX S
									FLX FE	FORT D FUTA
									GIFT S	GRANT GRP-IN
									GTL	HOSP-I ID TPT
									LEAF	LEGAL MASA
									MEALS	METVIS MISC
									MISC/	MMCSHR NATFML
									OTHER	PHI***
									PR FIN	RELAY REPAY
									SAMS	SCRUBS SIGNON
									ST-TX	STONDF STONE
									STONE2	STUDEN SUNACC
									SUNILL	SUNIND SUNLIF
									SUNSTD	SUNVIS SURCHG
									TSA-1	TSA-2 TSA-C
									TSA-P	TSA-R 7055.70 TUTION
									UNIFOR	UN/HOS

----- Grand Totals: 117.61 ----- (Gross: 100803.36 Deductions: 18001.30 Net: 82802.06)
 | Checks Count:- FT 175 PT 9 Other Female 169 Male 15 Credit OverAmt ZeroNet Term Total: 184 |

12/29/21 pay date

APPROVED ON

DEC 23 2021

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

PAY PERIOD: BEGIN
 PAY PERIOD: END
 PAY DATE:

12/3/2021
 12/16/2021
 12/29/2021

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS	
GROSS PAY:	\$ 100,803.36			\$ -		\$ 100,803.36	
DEDUCTIONS:							
A/R	\$ -					\$ -	
ADVANC	\$ -					\$ -	
BOOTS	\$ -					\$ -	
SUNLIFE CRITICAL ILLNESS	\$ -					\$ -	
SUNLIFE ACCIDENT	\$ -					\$ -	
SUNLIFE VISION	\$ -					\$ -	
SUNLIFE SHORT TERM DIS	\$ -					\$ -	
METLIFE VISION	\$ -					\$ -	
CAFE-D	\$ (16.26)					\$ (16.26)	
CAFE-H	\$ (162.51)					\$ (162.51)	
CAFE-P	\$ -					\$ -	
CANCER	\$ -					\$ -	
CHILD	\$ -					\$ -	
CLINIC	\$ -					\$ -	
COMBIN	\$ -					\$ -	
CREDUN	\$ -					\$ -	
DENTAL	\$ -					\$ -	
DEP-LF	\$ -					\$ -	
SUNLIFE TERM LIFE	\$ -					\$ -	
SUNLIFE HOSP INDEM	\$ -					\$ -	
FED TAX	\$ 3,446.46					\$ 3,446.46	
FICA-M	\$ 1,462.41					\$ 1,462.41	
FICA-O	\$ 6,215.50					\$ 6,215.50	
FIRST C	\$ -					\$ -	
FLEX S	\$ -					\$ -	
FLX-FE	\$ -					\$ -	
GIFT S	\$ -					\$ -	
GRP-IN	\$ -					\$ -	
GTL	\$ -					\$ -	
HOSP-I	\$ -					\$ -	
LEGAL	\$ -					\$ -	
OTHER	\$ -					\$ -	
NATIONAL FARM LIFE	\$ -					\$ -	
MED SURCHARGE	\$ -					\$ -	
PR FIN	\$ -					\$ -	
RELAY	\$ -					\$ -	
REPAY	\$ -					\$ -	
STONEDF	\$ -					\$ -	
STONE	\$ -					\$ -	
STONE 2	\$ -					\$ -	
STUDEN	\$ -					\$ -	
TSA-R	\$ 7,055.70					\$ 7,055.70	
UW/HOS	\$ -					\$ -	
TOTAL DEDUCTIONS:	\$ 18,001.30	\$ -	\$ -	\$ -	\$ -	\$ 18,001.30	
NET PAY:	\$ 82,802.06	\$ -	\$ -	\$ -	\$ -	\$ 82,802.06	
TOTAL CAFÉ 125 PLAN:	\$ (178.77)	Less Exempt:					
TAXABLE PAY:	\$ 100,982.13	\$ 100,427.94					

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 1,464.24		
FICA - MED (EE)	1.45%	\$ 1,464.24	\$ 1,462.41	\$ 1.83
FICA - SOC SEC (ER)	6.20%	\$ 6,226.53		
FICA - SOC SEC (EE)	6.20%	\$ 6,226.53	\$ 6,215.50	\$ 11.03
FED WITHHOLDING		\$ 3,446.46	\$ 3,446.46	

Employees over FICA-SS Cap:

Jason Anglin	\$ -
Shanna Odonnell	\$ 554.19
Roshanda Thomas	\$ -
Paycode S - Employee Reimb.:	
TOTAL:	\$ 554.19

TAX DEPOSIT:	\$ 18,828.00	\$ 18,802.28
FICA - MEDICARE	2.90% \$ 2,928.48	\$ 2,924.82
FICA - SOCIAL SECURITY	12.40% \$ 12,453.06	\$ 12,431.00
FED WITHHOLDING	\$ 3,446.46	\$ 3,446.46
TOTAL TAX:	\$ 18,828.00	\$ 18,802.28

PREPARED BY: Caitlin Clevenger
 PREPARED DATE: 12/23/2021

Run Date: 12/22/21
Time: 16:26

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 12/03/21--12/16/21 Run: 2
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P001876

Num.	Name	Amount	CHECK NUM	DATE
00392	MONICA T CARR	436.65	00062925	12/29/21
02315	NINA M GREEN	468.38	00062926	12/29/21
10519	MARISSA LYNN HUNT	436.65	00062927	12/29/21
01791	KAUSHANAH J MONDAY	469.73	00062928	12/29/21
50719	DEBRA K MUSTERED	473.00	00062929	12/29/21
05007	JAMIE K NEYLAND	473.00	00062930	12/29/21
00401	VELMA J PINA	225.90	00062931	12/29/21
01015	SUSAN B SMALLLEY	453.19	00062932	12/29/21
21629	JACOBY R CRAWFORD	436.65	00062933	12/29/21
02802	CATHERINE MARIE DECILLOS	436.65	00062934	12/29/21
00387	BILLIE F DUCKWORTH	436.65	00062935	12/29/21
02064	ANNA LAURA GARCIA	225.90	00062936	12/29/21
65222	LAURIE J KEYCESKI	473.00	00062937	12/29/21
21450	DIANA E LEAL	436.65	00062938	12/29/21
02907	MARIA F LONGORIA	468.38	00062939	12/29/21
02303	CONNIE M LUNA	473.00	00062940	12/29/21
00192	BRENDA D PENA	236.48	00062941	12/29/21
02692	VERONICA FAGUSIN	436.65	00062942	12/29/21
02963	DOROTHY J RENDON	468.38	00062943	12/29/21
02812	BRITTANY N RUDDICK	453.19	00062944	12/29/21
02416	JANELLE SCOTT	473.00	00062945	12/29/21
28120	JESSICA V SILVEIRA	473.00	00062946	12/29/21
02112	LESLIE THOMAS	423.00	00062947	12/29/21
00399	LINDA J TIJERINA	436.65	00062948	12/29/21
02193	TIKI VENGLAR	469.73	00062949	12/29/21
05797	SHARON T HOLDER	436.65	00062950	12/29/21
05641	AMANDA R KEY	473.00	00062951	12/29/21
78791	KRISTEN R MACHICEK	436.65	00062952	12/29/21
70119	SARA N BLEDSOE	403.19	00062953	12/29/21
79764	ASHLEY D HADLEY	468.38	00062954	12/29/21
12115	LISA J HINOJOSA	436.65	00062955	12/29/21
65865	MARIA F LEDEZMA	473.00	00062956	12/29/21
07046	DELPHINE PADRON	459.73	00062957	12/29/21
73749	GLORIA N REID	436.65	00062958	12/29/21
00581	CYNTHIA L RUSHING	426.65	00062959	12/29/21
71620	ROBIN STEELE	473.00	00062960	12/29/21
75190	RIKA WILLIAMS	469.73	00062961	12/29/21
10212	MARIA E ARREDONDO	436.65	00062962	12/29/21
00094	SYLVIA A MENDOZA	436.65	00062963	12/29/21
00270	ANGELA M BURGIN	236.48	00062964	12/29/21
15230	MEAGAN GARCIA	469.73	00062965	12/29/21
78336	JESSICA L GLOVER	473.00	00062966	12/29/21
02701	RONDA DAWNELLE GOHLKE	436.65	00062967	12/29/21
15131	SAVANNAH HARLEY	469.73	00062968	12/29/21
15915	BRIANNE J KEY	468.38	00062969	12/29/21
00417	SHERRY L KING	468.38	00062970	12/29/21
15286	DAWN M MAREK	468.38	00062971	12/29/21
15400	ANDREA RODRIGUEZ	469.73	00062972	12/29/21
20156	ERIN ASHLEY WISDOM	436.65	00062973	12/29/21
00707	KIMBERLY P BLINKA	468.38	00062974	12/29/21
20206	KELLI B GOFF	436.65	00062975	12/29/21
86482	MEGAN M HARPER	436.65	00062976	12/29/21
00676	SHEILA KAY HEATHCOCK	444.73	00062977	12/29/21

Run Date: 12/22/21
Time: 16:26

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 12/03/21--12/16/21 Run: 2
Type=NET 10000001 OPERATING - PROSPERITY

Page 3
P201STP

Num.	Name	Amount	CHECK NUM	DATE
20816	JOIE L PENA	469.73	00062978	12/29/21
20407	MISTY M RECTOR	436.65	00062979	12/29/21
20977	CHERYL L TBSCH	466.38	00062980	12/29/21
00681	R RENEE WOOD	436.65	00062981	12/29/21
66432	KRISTI L BOYD	236.48	00062982	12/29/21
31821	KAYLA M ALVAREZ	466.38	00062983	12/29/21
31035	STACIE L EPLEY	466.38	00062984	12/29/21
31319	STACY L FARMER	436.65	00062985	12/29/21
31099	ARACELY Z GARCIA	469.73	00062986	12/29/21
31508	RACHEL A HEFFNER	466.38	00062987	12/29/21
31313	KATHERINE LYNN JIMENEZ	436.65	00062988	12/29/21
31849	CODY L JUREK	436.65	00062989	12/29/21
31054	LORA L LAMBDEN	436.65	00062990	12/29/21
31463	EDWARD E MATULA	466.38	00062991	12/29/21
38118	KRYSTELLA F KISIAH	469.73	00062992	12/29/21
38413	DEVAN ORTA	469.73	00062993	12/29/21
38702	ANNA VANESSA PENNELL	469.73	00062994	12/29/21
41205	JEANNETTE ALVARADO	453.19	00062995	12/29/21
42122	LEI ANA CHAVANA	423.00	00062996	12/29/21
41619	HEATHER DELBOSQUE	473.00	00062997	12/29/21
41696	RENAE MICHELLE EMERY	469.73	00062998	12/29/21
42112	SOCORRO C GONZALES	423.00	00062999	12/29/21
41897	ROXANNA MARTINEZ	469.73	00063000	12/29/21
41901	JUANITA R MILLER	453.19	00063001	12/29/21
02794	HEATHER L MUTCHLER	473.00	00063002	12/29/21
42842	SHANNA S O DONNELL	502.74	00063003	12/29/21
42320	MICHAEL A PFEL	466.38	00063004	12/29/21
58510	RITA L POLENSKY	386.65	00063005	12/29/21
78879	YESENIA QUEZADA	236.48	00063006	12/29/21
41924	BRITTNEY V STRICKLIN	466.38	00063007	12/29/21
41705	KELSEY R TAYLOR	436.65	00063008	12/29/21
20294	JESSICA D WALTHER	473.00	00063009	12/29/21
41507	OLGA I BETANCOURT	436.65	00063010	12/29/21
42125	LUCY CALZADA	473.00	00063011	12/29/21
41416	ANGEL M CASSEL	436.65	00063012	12/29/21
41274	KAREN GANN	466.38	00063013	12/29/21
60718	ANNA C GONZALEZ	436.65	00063014	12/29/21
41369	LORETTA A LEAL	436.65	00063015	12/29/21
41110	ANASTASIA L PEREZ	466.38	00063016	12/29/21
76761	LAURA F PESINA	466.38	00063017	12/29/21
42106	CHRISTY SILVAS	466.38	00063018	12/29/21
41347	ADRIANNA D STRAKOS	436.65	00063019	12/29/21
00083	SYLVIA A VARGAS	466.38	00063020	12/29/21
00113	JACLYN CARREON	466.38	00063021	12/29/21
42620	MARTA D CHAVEZ	473.00	00063022	12/29/21
02927	MICHAEL L GAINES	236.48	00063023	12/29/21
00577	DIANA GARCIA	393.00	00063024	12/29/21
41612	SONJA A GUAJARDO	436.65	00063025	12/29/21
50926	ADINA RODRIGUEZ	436.65	00063026	12/29/21
02099	TRACI M SHEFCIK	469.73	00063027	12/29/21
05003	COURTNE D THURLKILL	436.65	00063028	12/29/21
41236	PAMELA K VANNOY	436.65	00063029	12/29/21
02022	AMANDA J GRIGGS	466.38	00063030	12/29/21
50596	BETTY S DAVIS	436.65	00063031	12/29/21

Run Date: 12/22/21
Time: 16:26

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 12/03/21--12/15/21 Run: 2
Type=NET 10000001 OPERATING - PROSPERITY

Page 3
FIDISTF

Num.	Name	Amount	CHECK NUM	DATE
50573	DEANA R DAVIS	471.65	00063032	12/29/21
50310	JASMINE GRIGSBY	469.73	00063033	12/29/21
50282	JACOB W HAMILTON	473.00	00063034	12/29/21
55127	APRIL N KUBALA	468.38	00063035	12/29/21
50016	MICHELLE M MORALES	436.65	00063036	12/29/21
50246	MCKENNA VILLEGAS	236.46	00063037	12/29/21
53541	JACLYN B HARTL	468.38	00063038	12/29/21
60271	REBEKAH GERYK	469.73	00063039	12/29/21
65705	DOMITILA HERRERA	436.65	00063040	12/29/21
60616	DOROTHY A LONGORIA	436.65	00063041	12/29/21
60131	NOEA OVALLE	416.65	00063042	12/29/21
60191	LOLA A RODRIGUEZ	438.38	00063043	12/29/21
60934	CONSUELO ZAMORA	473.00	00063044	12/29/21
20797	BETHANN M DIGGS	468.38	00063045	12/29/21
63289	JASON RUBIO	469.73	00063046	12/29/21
65213	LEE SIMERLY	449.73	00063047	12/29/21
65100	FELICITA BONUZ	436.65	00063048	12/29/21
65366	CYNTHIA GARCIA	436.65	00063049	12/29/21
65243	LUCILA LOPEZ DE GUZMAN	469.73	00063050	12/29/21
65121	VIVIANA P MEDINA	473.00	00063051	12/29/21
65513	MARIA MORALES	473.00	00063052	12/29/21
65151	ELIA OLACHIA	236.46	00063053	12/29/21
65393	RAMONA A PEREZ	468.38	00063054	12/29/21
65413	CHRISTINA SOLIS	473.00	00063055	12/29/21
65615	MELISSA R VEGAS	436.65	00063056	12/29/21
00041	CARL LEE KING	468.38	00063057	12/29/21
60103	TODD SAVOY	436.65	00063058	12/29/21
02271	DAWN J BUBENIK	468.38	00063059	12/29/21
78566	MELISSA K GEE	468.38	00063060	12/29/21
78191	JAMIE J GRASSE	473.00	00063061	12/29/21
76313	PAMELA L BARTON	468.38	00063062	12/29/21
76120	RACHEL CANALES	473.00	00063063	12/29/21
76115	JENNIFER R CARLOCK	408.38	00063064	12/29/21
76003	IRMA DELEON	453.19	00063065	12/29/21
77646	FAREN A GONZALES	436.65	00063066	12/29/21
76706	GREGORY E MORALES	469.73	00063067	12/29/21
76403	KATRINA A FOKLUDA	436.65	00063068	12/29/21
07878	DIANA C SAUCEDA	469.73	00063069	12/29/21
76647	CHERYL A SEE	436.65	00063070	12/29/21
76110	TARAH SUBLETT	433.00	00063071	12/29/21
41171	TOMMIE M TREVINO	473.00	00063072	12/29/21
76300	AIDA JIMENEZ	469.73	00063073	12/29/21
76854	MARY PATTERSON	469.73	00063074	12/29/21
78072	DONNA M RAWLINGS	436.65	00063075	12/29/21
78778	SARA M RUBIO	468.38	00063076	12/29/21
01234	JENISE N SVETLIK	468.38	00063077	12/29/21
00697	MARIA C FARIAS	436.65	00063078	12/29/21
20837	DAISY MADRIGAL	469.73	00063079	12/29/21
00130	SANDRA A BRAIN	436.65	DD	12/29/21
00344	SANDY LEE RUDDICK	468.38	DD	12/29/21
00423	DONN V STRINGO	386.65	DD	12/29/21
00482	PAM FIKAC	436.65	DD	12/29/21
00504	HELEN DAVIS	1594.70	DD	12/29/21
02011	BRIN R CLEVINGER	469.73	DD	12/29/21

Run Date: 12/22/21
Time: 16:26

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 12/03/21--12/15/21 Run: 2
Type=NET 10000001 OPERATING - PROSPERITY

Page 4
P2DISP

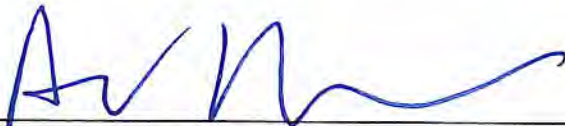
Num.	Name	Amount	CHECK NUM	DATE
02719	DAWN M MCCLELLAND	473.00	DD	12/29/21
02970	DIANNE G ATKINSON	466.38	DD	12/29/21
03864	JACQUELINE R HERRERA	453.19	DD	12/29/21
15097	KYLE L DANIEL	436.65	DD	12/29/21
20207	SHAWNA G HARTL	466.38	DD	12/29/21
42304	MIMI T NGUYEN	473.00	DD	12/29/21
50148	PENNY GOULDEN	418.25	DD	12/29/21
55025	LEA C RESENDEZ	436.65	DD	12/29/21
55106	CRYSTAL M CHAVEZ	473.00	DD	12/29/21
55382	SHANNON JACILDO	473.00	DD	12/29/21
55658	LAJUAN WILKE	473.00	DD	12/29/21
60112	ROBERT A RODRIQUEZ	473.00	DD	12/29/21
68792	NAZARIO DIAZ HERNANDEZ	466.38	DD	12/29/21
76138	KAREN D GARCIA	436.65	DD	12/29/21
78020	MISTY R PASSMORE	436.65	DD	12/29/21
78287	MARISSA D ALMANZAR	469.73	DD	12/29/21
78787	FARAH I JANAK	473.00	DD	12/29/21
80008	ADAM D BESIO	473.00	DD	12/29/21
82227	CAITLIN A CLEVINGER	473.00	DD	12/29/21
88608	MARLEY B O'DONNELL	469.73	DD	12/29/21
88904	MAYRA K MARTINEZ	469.73	DD	12/29/21
98547	ELLEN W HEIMAN	436.65	DD	12/29/21
98756	ADRIANNA M GALVAN	453.19	DD	12/29/21

82802.06

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- December 20, 2021 - December 26, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CP#</u>	<u>Pay Plus</u>
12/24/2021	PAY PLUS ACHTRANS 452579291 101000691630357	- 3rd Party Payor Fee	\$ 6.35		6.35 +
12/24/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	\$ 289.00*		18.20 +
12/23/2021	PAY PLUS ACHTRANS 452579291 101000690948581	- 3rd Party Payor Fee	\$ 18.20		26.35 +
12/23/2021	IRS USATAXPYMT 220175783866136 6103601000209	- Payroll Taxes	\$ 93,090.66*		39.43 +
12/22/2021	PAY PLUS ACHTRANS 452579291 101000699983400	- 3rd Party Payor Fee	\$ 26.35		90.90 +
12/22/2021	EXPERTPAY EXPERTPAY 746003411 91000017744798	-Child Support Payment -Payroll Ending *****	\$ 614.20		
12/22/2021	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	\$ 292,241.33*		181.23 *
12/21/2021	PAY PLUS ACHTRANS 452579291 101000699154517	- 3rd Party Payor Fee	\$ 39.43		Expert Pay
12/21/2021	MCKESSON DRUG AUTO ACH ACH04844532 910000138	- 340B Drug Program Expense	\$ 11,814.44*		614.20 +
12/20/2021	WEBFILE TAX PYMT DD 902/04464089 21000027230	- Sales Tax	\$ 1,182.89**		
12/20/2021	PAY PLUS ACHTRANS 452579291 101000698179608	- 3rd Party Payor Fee	\$ 90.90		614.20 +

181.23 +
 614.20 +
-398,139.96
399,413.75

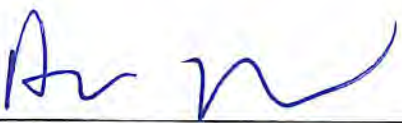


 Anthony Richardson, CFO
 Memorial Medical Center

12/28/2021
 * Approved 12.22.21 CL
 ** Approved 12.15.21 CL

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>
		6.35 +
		289.00 +
		18.20 +
		93,090.66 +
		26.35 +
		614.20 +
		292,241.33 +
		39.43 +
		11,814.44 +
		1,182.89 +
		90.90 +
		399,413.75 *



 Anthony Richardson, CFO
 Memorial Medical Center

APPROVED ON

DEC 28 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RECEIVED BY THE
COUNTY AUDITOR ON

12/22/2021
07:49

DEC 22 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through: 01/13/2022

CALHOUN COUNTY, TEXAS

11816 ASHFORD GARDENS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
121521		12/20/20	12/15/20	01/13/20			3,772.55	0.00	0.00	3,772.55 ✓

OCTOBER QIPP1&2 SEPT QIP

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11816	ASHFORD GARDENS	3,772.55	0.00	0.00	3,772.55	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,772.55	0.00	0.00	3,772.55

APPROVED ON

DEC 22 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 193255

RECEIVED BY THE
COUNTY AUDITOR ON

12/22/2021
DEC 22 2021
07:51

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through: 01/13/2022

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

11828 SOLERA WEST HOUSTON ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
121521		12/20/20	12/15/20	01/13/20		2,244.91	0.00	0.00	2,244.91 ✓

OCT QIPP 1&2 AND SEPT QIPI

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON	2,244.91	0.00	0.00	2,244.91	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,244.91	0.00	0.00	2,244.91

APPROVED ON

DEC 22 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck #193261

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 22 2021

12/22/2021

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through: 01/13/2022

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
121521		12/20/20	12/15/20	01/13/20		1,526.47	0.00	0.00	1,526.47 ✓

OCT QIPP1&2 AND SEPT QIPF

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11820	FORTBEND HEALTHCARE CENTER	1,526.47	0.00	0.00	1,526.47

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,526.47	0.00	0.00	1,526.47

APPROVED ON

DEC 22 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Clk # 193238

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COUNTY AUDITOR ON

DEC 22 2021

12/22/2021
CALHOUN COUNTY, TEXAS
07:50

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through: 01/13/2022

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
121521		12/20/20	12/15/20	01/13/20			1,559.18	0.00	0.00	1,559.18 ✓

OCT QIPP 1&2 AND SEPT QIPI

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	1,559.18	0.00	0.00	1,559.18

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,559.18	0.00	0.00	1,559.18

APPROVED ON

DEC 22 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 193257

RECEIVED BY THE
COUNTY AUDITOR ON
12/22/2021
DEC 22 2021

MEMORIAL MEDICAL CENTER
AP Open Invoice List 0
Dates Through: 01/13/2022 ap_open_invoice.template
Class Pay Code

CALHOUN COUNTY, TEXAS
Vendor# Vendor Name

11824 THE CRESCENT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
120821		12/20/20	12/08/20	01/13/20		6,460.00	0.00	0.00	6,460.00 ✓		
	TRANSFER	<i>NH insurance pmt deposited into NMC operating</i>									
121521		12/20/20	12/15/20	01/13/20		3,117.27	0.00	0.00	3,117.27 ✓		
	TRANSFER	<i>NH portion of QPPP</i>									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11824	THE CRESCENT	9,577.27	0.00	0.00	9,577.27

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,577.27	0.00	0.00	9,577.27

APPROVED ON

DEC 22 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 193262

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COUNTY AUDITOR ON

DEC 22 2021
07:51

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 01/13/2022
Class Pay Code

Vendor#	Vendor Name	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
11836	GOLDENCREEK HEALTHCARE										
	Invoice#	Comment									
	120821A		12/20/20	12/08/20	01/13/20	3,684.05	0.00	0.00	3,684.05		
	121021B	TRANSFER	12/20/20	12/10/20	01/13/20	25,521.30	0.00	0.00	25,521.30		
	121021	TRANSFER	12/20/20	12/10/20	01/13/20	8,386.46	0.00	0.00	8,386.46		
	121021A	TRANSFER	12/20/20	12/10/20	01/13/20	1,143.47	0.00	0.00	1,143.47		
	121521	TRANSFER	12/20/20	12/15/20	01/13/20	7,745.92	0.00	0.00	7,745.92		
	OCT QIPP 1&2 AND SEPT QIPI										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11836	GOLDENCREEK HEALTHCARE	46,481.20	0.00	0.00	46,481.20

With insurance pymt deposited into mke open

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	46,481.20	0.00	0.00	46,481.20

APPROVED ON

DEC 22 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 193259

RECEIVED BY THE
COUNTY AUDITOR ON
12/22/2021
DEC 22 2021
07:51

MEMORIAL MEDICAL CENTER
AP Open Invoice List 0
Dates Through: 01/13/2022 ap_open_invoice.template
Class Pay Code

CALHOUN COUNTY, TEXAS
Vendor# Vendor Name

12696 GULF POINTE PLAZA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
120821		12/20/20	12/08/20	01/13/20		927.50	0.00	0.00	927.50 ✓
	TRANSFER	<i>NH insurance pymt deposited into mmc operating</i>							
121021		12/20/20	12/10/20	01/13/20		9,410.70	0.00	0.00	9,410.70 ✓
	TRANSFER	<i>"</i>							
121021A		12/20/20	12/10/20	01/13/20		11,141.80	0.00	0.00	11,141.80 ✓
	TRANSFER	<i>"</i>							
121521		12/20/20	12/15/20	01/13/20		2,255.02	0.00	0.00	2,255.02 ✓
	TRANSFER	<i>NH QIPP portion</i>							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	23,735.02	0.00	0.00	23,735.02

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	23,735.02	0.00	0.00	23,735.02

APPROVED ON

DEC 22 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CLK#1932e0

12/22/2021
 RECEIVED BY THE
 COUNTY AUDITOR ON
 07:52

DEC 22 2021

13004 TUSCANY VILLAGE
 CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through: 01/13/2022

Class Pay Code

0

ap_open_invoice.template

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
120821	TRANSFER	12/20/20	12/08/20	01/13/20		11,530.36	0.00	0.00	11,530.36 ✓		
	<i>NH insurance pymt deposited into MHC open</i>										
120921	TRANSFER	12/20/20	12/09/20	01/13/20		184.00	0.00	0.00	184.00 ✓		
	<i>" " " "</i>										
121021A	TRANSFER	12/20/20	12/10/20	01/13/20		2,331.08	0.00	0.00	2,331.08 ✓		
	<i>" " " "</i>										
121021C	TRANSFER	12/20/20	12/10/20	01/13/20		5,468.00	0.00	0.00	5,468.00 ✓		
	<i>" " " "</i>										
121021	TRANSFER	12/20/20	12/10/20	01/13/20		695.25	0.00	0.00	695.25 ✓		
	<i>" " " "</i>										
121021B	TRANSFER	12/20/20	12/10/20	01/13/20		3,260.46	0.00	0.00	3,260.46 ✓		
	<i>" " " "</i>										
121521	OCT QIPP 1&2 AND SEPT QIPI	12/20/20	12/15/20	01/13/20		3,289.28	0.00	0.00	3,289.28 ✓		
	<i>" " " "</i>										
122121	MEDICARE REPAYMENT	12/21/20	12/21/20	01/13/20		5,189.82	0.00	0.00	5,189.82 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13004	TUSCANY VILLAGE	31,948.25	0.00	0.00	31,948.25

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	31,948.25	0.00	0.00	31,948.25

APPROVED ON

DEC 22 2021

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

CL# 193243

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 22 2021

12/22/2021

07:49
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through: 01/13/2022

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
120821B		12/20/20	12/08/20	01/13/20		1,484.00	0.00	0.00	1,484.00 ✓
	TRANSFER								
120821A		12/20/20	12/08/20	01/13/20		27,304.56	0.00	0.00	27,304.56 ✓
	TRANSFER								
121021		12/20/20	12/10/20	01/13/20		38,070.97	0.00	0.00	38,070.97 ✓
	TRANSFER								
121021A		12/20/20	12/10/20	01/13/20		3,237.67	0.00	0.00	3,237.67 ✓
	TRANSFER								
122121		12/21/20	12/21/20	01/13/20		1,349.78	0.00	0.00	1,349.78 ✓
	MEDICARE REPAYMENT								
Vendor Totals									
Number	Name					Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING					71,446.98	0.00	0.00	71,446.98

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	71,446.98	0.00	0.00	71,446.98

APPROVED ON

DEC 22 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#193255

8

RUN DATE:12/28/21
TIME:10:12

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/29/21 THRU 12/29/21

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	193155	12/29/21	49.18	ADT COMMERCIAL
A/P	193156	12/29/21	3,084.75	ALLYSON SWOPE
A/P	193157	12/29/21	43.50	AQUA BEVERAGE COMPANY
A/P	193158	12/29/21	8,069.75	AUREUS RADIOLOGY LLC
A/P	193159	12/29/21	697.61	BAXTER HEALTHCARE
A/P	193160	12/29/21	7,805.97	BECKMAN COULTER INC
A/P	193161	12/29/21	411.95	BEEKLEY CORPORATION
A/P	193162	12/29/21	224,137.57	BLUE CROSS BLUE SHIELD
A/P	193163	12/29/21	936.90	C R BARD INC
A/P	193164	12/29/21	530.00	CABLES AND SENSORS
A/P	193165	12/29/21	394.91	CAREFUSION 2200, INC
A/P	193166	12/29/21	1,788.00	CAREFUSION SOLUTIONS, LLC
A/P	193167	12/29/21	1,699.00	CERVEY, LLC
A/P	193168	12/29/21	518.75	CHEMAQUA
A/P	193169	12/29/21	2,051.12	CITY OF PORT LAVACA
A/P	193170	12/29/21	3,156.39	COASTAL OFFICE SOLUTONS
A/P	193171	12/29/21	64.00	CONTROL SOLUTIONS
A/P	193172	12/29/21	1,743.45	CORROHEALTH, INC.
A/P	193173	12/29/21	654.80	CUSTOM MEDICAL SPECIALTIES
A/P	193174	12/29/21	332.54	DEWITT POTH & SON
A/P	193175	12/29/21	157,386.93	DISCOVERY MEDICAL NETWORK INC
A/P	193176	12/29/21	4.00	DRIESSEN WATER INC. (CULLIGAN)
A/P	193177	12/29/21	9,919.00	E-MDS, INC
A/P	193178	12/29/21	695.00	ECONO AIR CONDITIONING
A/P	193179	12/29/21	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	193180	12/29/21	42.75	FEDERAL EXPRESS CORP.
A/P	193181	12/29/21	456.29	FILTER TECHNOLOGY CO, INC
A/P	193182	12/29/21	760.00	FIRETROL PROTECTION SYSTEMS
A/P	193183	12/29/21	2,072.88	FISHER HEALTHCARE
A/P	193184	12/29/21	16,046.12	FRASIER HEALTHCARE CONSULTING,
A/P	193185	12/29/21	1,972.04	G & S MANAGEMENT GROUP LLC
A/P	193186	12/29/21	622.68	GE MEDICAL SYSTEMS INFO TECH
A/P	193187	12/29/21	932.23	GULF COAST PAPER COMPANY
A/P	193188	12/29/21	21,318.88	HEALTHCARE FINANCIAL SERVICES
A/P	193189	12/29/21	22,441.82	HEALTHSURE INSURANCE SERVICES
A/P	193190	12/29/21	.00	VOIDED
A/P	193191	12/29/21	38,161.00	INFICARE HEALTH, INC.
A/P	193192	12/29/21	885.52	J & J HEALTH CARE SYSTEMS, INC
A/P	193193	12/29/21	.00	VOIDED
A/P	193194	12/29/21	826.60	KEEP U NEAT DRY CLEANERS
A/P	193195	12/29/21	54.73	LOWE'S HOME CENTERS INC
A/P	193196	12/29/21	640.86	M G TRUST
A/P	193197	12/29/21	1,744.00	MASA GLOBAL BUILDING
A/P	193198	12/29/21	202.80	MEDIVATORS
A/P	193199	12/29/21	.00	VOIDED
A/P	193200	12/29/21	.00	VOIDED
A/P	193201	12/29/21	.00	VOIDED
A/P	193202	12/29/21	.00	VOIDED
A/P	193203	12/29/21	.00	VOIDED
A/P	193204	12/29/21	23,209.36	MEDLINE INDUSTRIES INC

RUN DATE:12/28/21
TIME:10:12

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/29/21 THRU 12/29/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	193205	12/29/21	14.50	MEMORIAL MEDICAL CENTER
A/P	193206	12/29/21	226.10	MEMORIAL MEDICAL CLINIC
A/P	193207	12/29/21	324.15	MMC AUXILIARY GIFT SHOP
A/P	193208	12/29/21	4,630.00	MSH HEALTH SERVICES LLC
A/P	193209	12/29/21	183.15	MXR IMAGING, INC
A/P	193210	12/29/21	3,468.73	NATIONAL FARM LIFE INSURANCE
A/P	193211	12/29/21	1,531.32	NATUS MEDICAL INC
A/P	193212	12/29/21	487.47	OCCUPRO LLC
A/P	193213	12/29/21	1,328.76	OLYMPUS AMERICA INC
A/P	193214	12/29/21	2,608.13	PABLO GARZA
A/P	193215	12/29/21	141.41	PARTSSOURCE, LLC
A/P	193216	12/29/21	527.64	PITNEY BOWES INC
A/P	193217	12/29/21	2,523.79	PRESS GANEY ASSOCIATES, INC.
A/P	193218	12/29/21	2,717.24	PRO ENERGY PARTNERS LP
A/P	193219	12/29/21	400.00	SIGN AD, LTD.
A/P	193220	12/29/21	841.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	193221	12/29/21	4,351.98	SPARKLIGHT
A/P	193222	12/29/21	13,384.80	SPBS CLINICAL EQUIPMENT SRVC
A/P	193223	12/29/21	3,062.50	STAFFING FIRST
A/P	193224	12/29/21	390.00	STANFORD VACUUM SERVICE
A/P	193225	12/29/21	4,382.16	STRYKER SALES CORP
A/P	193226	12/29/21	3,066.83	STRYKER SUSTAINABILITY
A/P	193227	12/29/21	9,979.30	TEXAS SELECT STAFFING
A/P	193228	12/29/21	493.76	TRIOSE, INC
A/P	193229	12/29/21	6,642.50	TRUSTED HEALTH, INC
A/P	193230	12/29/21	6,552.97	UNIFIRST HOLDINGS INC
A/P	193231	12/29/21	6,395.00	VCS SECURITY SYSTEMS
A/P	193232	12/29/21	1,169.91	VICTORIA ANESTHESIOLOGY
A/P	193233	12/29/21	3,337.29	WAGWORKS
A/P	193234	12/29/21	193.27	WATERMARK GRAPHICS INC
A/P	193235	12/29/21	1,864.36	WERFEN USA LLC
A/P	193236	12/29/21	17.80	
A/P	193237	12/29/21	125.00	
A/P	193238	12/29/21	58.10	
A/P	193239	12/29/21	68.12	
A/P	193240	12/29/21	927.99	
A/P	193241	12/29/21	25.00	
A/P	193242	12/29/21	40.00	
A/P	193243	12/29/21	1,258.38	
A/P	193244	12/29/21	112.80	
A/P *	193245	12/29/21	125.00	
A/P	193255	12/29/21	3,772.55	ASHFORD GARDENS
A/P	193256	12/29/21	71,446.98	BETHANY SENIOR LIVING
A/P	193257	12/29/21	1,559.18	BROADMOOR AT CREEKSIDE PARK
A/P	193258	12/29/21	1,526.47	FORTBEND HEALTHCARE CENTER
A/P	193259	12/29/21	46,481.20	GOLDENCREEK HEALTHCARE
A/P	193260	12/29/21	23,735.02	GULF POINTE PLAZA
A/P	193261	12/29/21	2,244.91	SOLERA WEST HOUSTON
A/P	193262	12/29/21	9,577.27	THE CRESCENT
A/P	193263	12/29/21	31,948.25	TUSCANY VILLAGE
TOTALS:			880,898.17	

Payables 685,848.17
Patient refunds 2,758.18
N/A
Transfers 171,446.98
880,898.17

APPROVED ON

DEC 29 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: 12.23.21

Payer: MEDICARE

Requested by: RACHEL ARENAZAS

Requestor's email: rrarenazas@tuscanyvillagecare.net

Requestor's phone number: 713-770-5300

District or County: BRAZORIA

Facility: TUSCANY VILLAGE

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
			EFT	\$ 5,461.85	EFT6193457	WO/CVDAR000026869	\$ 5,461.85	Due Tuscany from Broadmoor
			TOTAL	5,461.85			5,461.85	

To be filled out by Memorial Medical Center:

Date Received: 12/23/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 12/29/2021

From Facility: BROADMOOR

To Facility: TUSCANY

Amount: 5,461.85

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED ON

DEC 28 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

ck# 00174

Request for Transfer of Funds

Transfer #: _____

Date Requested: 12.23.21

Payer: MEDICARE

Requested by: RACHEL ARENAZAS

Requestor's email: rrarenazas@tuscanyvillagecare.net

Requestor's phone number: 713-770-5300

District or County: BRAZORIA

Facility: TUSCANY VILLAGE

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
			EFT	\$ 5,461.85	EFT6193457	WO/CVDAR000019557	\$ 5,461.85	Due Tuscany from Crescent
			TOTAL	5,461.85			5,461.85	

To be filled out by Memorial Medical Center:

Date Received: 12/23/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 12/29/2021

From Facility: CRESCENT

To Facility: TUSCANY

Amount: 5,461.85

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED ON

DEC 28 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 000203

Request for Transfer of Funds

Transfer #: _____

Date Requested 12.23.21

Payer MEDICARE

Requested by: RACHEL ARENAZAS

Requestor's email rrarenazas@tuscanyvillagecare.net

Requestor's phone number 713-770-5300

District or County BRAZORIA

Facility TUSCANY VILLAGE

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
			EFT	\$ 5,461.85	EFT6193457	WO/CVDAR000018170	\$ 5,461.85	Due Tuscany from Solera
			TOTAL	5,461.85			5,461.85	

To be filled out by Memorial Medical Center:

Date Received: 12/23/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 12/29/2021

From Facility: SOLERA

To Facility: TUSCANY

Amount: 5,461.85

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED ON

DEC 28 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CK# 001203

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MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000173

Date 12/29/21

88-2265/1131

PAY

TO THE ORDER OF

Bethany

\$ 11,462.25

Eleven thousand six hundred sixty two & 25/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000173⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000174

Date 12/29/21

88-2265/1131

PAY

TO THE ORDER OF

Tuscany

\$ 5,461.85

Five thousand Four hundred Sixty one & 85/100

DOLLARS



FOR Medicare repayments

Security features are included. Details on back.

⑈000174⑈ ⑆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

000203

Date 12/29/21

88-2265/1131

PAY

TO THE ORDER OF

Tuscany

\$ 5,461.85

Five thousand Four hundred Sixty one & 85/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000203⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001202

Date 12/29/21 88-2265/1131

PAY

TO THE
ORDER OF

Bethany

\$ 11,462.25

Eleven thousand six hundred sixty two & 25/100

DOLLARS



PROSPERITY
BANK

FOR Medicare repayment

Security features are included. Details on back.

⑈001202⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000202

Date 12/29/21 88-2265/1131

PAY

TO THE
ORDER OF

Bethany

\$ 11,462.25

Eleven thousand six hundred sixty two & 25/100

DOLLARS



PROSPERITY
BANK

FOR Medicare repayment

Security features are included. Details on back.

⑈000202⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001203

Date 12/29/21 88-2265/1131

PAY

TO THE
ORDER OF

Tuscany

\$ 5,461.85

Five thousand four hundred sixty one & 85/100

DOLLARS



PROSPERITY
BANK

FOR Medicare repayment

Security features are included. Details on back.

⑈001203⑈ ⑆113122655⑆

GULF POINTE PLAZA

CHECK REQUEST

PAYEE MEMORIAL MEDICA CENTER

DATE: 12/27/21

APPROVED ON

DEC 28 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

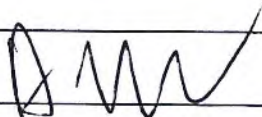
Clc #1067

G/L NUMBER: _____

AMOUNT \$110.49

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GULF POINTE PLAZA

CHECK REQUEST

PAYEE BROADMOOR

DATE: 12/27/21

APPROVED ON

DEC 28 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #1068

AMOUNT \$6,020.00

G/L NUMBER: _____

EXPLANATION: ECHO PAYMENTS OWED FROM GPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

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

1068

88-2265/1131-87

DATE 12/29/21

CHECK ARMOR

PAY TO THE ORDER OF Broadmoor

\$ 6,020.00

Six thousand twenty dollars

DOLLARS

Photo Safe Deposit Details on back



PROSPERITY BANK®

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

FOR Echo payments

⑈001068⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

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

1067

88-2265/1131-87

DATE 12/29/21

CHECK ARMOR

PAY TO THE ORDER OF Memorial Medical center

\$ 110.49

One hundred ten & 49/100

DOLLARS

Photo Safe Deposit Details on back



PROSPERITY BANK®

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

FOR Echo payments

⑈001067⑈ ⑆113122655⑆

Echo Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	Amt	CK DATE
GPP			MMC		110.49	12/29/2021
GPP			BROADMOOR		6,020.00	12/29/2021
Total					6,130.49	

Note:

Approved: 
 Anthony Richardson, CFO

11/27/2021

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/27/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		240,105.26	239,973.04	353,047.39		353,179.61	304,162.49
						Bank Balance	353,179.61
						Variance	-
						Leave in Balance	100.00
						OCT Amerigroup QIPP	29,635.26
						Nov Molina QIPP	19,249.64
						OCT INTEREST	16.23
						NOV INTEREST	15.99
						DEC INTEREST	
						Adjust Balance/Transfer Amt	304,162.49
Broadmoor		181,798.25	181,678.13	222,592.67		222,712.79	185,238.32
						Bank Balance	222,712.79
						Variance	-
						Leave in Balance	100.00
						OCT AMERIGROUP QIPP	12,265.13
						NOV MOLINA QIPP	7,965.12
						MEDICARE REPAYMENT TO BETHANY	11,662.25
						MEDICARE REPAYMENT TO TUSCANY	5,461.85
						OCT INTEREST	11.33
						NOV INTEREST	8.79
						DEC INTEREST	
						Adjust Balance/Transfer Amt	185,238.32
Crescent		158,222.22	158,101.07	273,819.58		273,940.73	239,962.14
						Bank Balance	273,940.73
						Variance	-
						Leave in Balance	100.00
						OCT AMERIGROUP QIPP	10,910.51
						NOV MOLINA QIPP	5,822.83
						MEDICARE REPAYMENT TO BETHANY	11,662.25
						MEDICARE REPAYMENT TO TUSCANY	5,461.85
						OCT INTEREST	10.14
						NOV INTEREST	11.01
						DEC INTEREST	
						Adjust Balance/Transfer Amt	239,962.14
Fort Bend		99,319.31	99,210.85	130,740.67		130,849.13	110,984.00
						Bank Balance	130,849.13
						Variance	-
						Leave in Balance	100.00
						OCT AMERIGROUP QIPP	11,976.07
						NOV MOLINA QIPP	7,780.60
						OCT INTEREST	2.74
						NOV INTEREST	5.72
						DEC INTEREST	
						Adjust Balance/Transfer Amt	110,984.00
Solera at W Houston		224,575.02	224,441.33	276,883.34		277,017.03	240,388.99
						Bank Balance	277,017.03
						Variance	-
						Leave in Balance	100.00
						OCT AMERIGROUP QIPP	12,053.97
						NOV MOLINA QIPP	7,316.28
						MEDICARE REPAYMENT TO BETHANY	11,662.25
						MEDICARE REPAYMENT TO TUSCANY	5,461.85
						OCT INTEREST	18.41
						NOV INTEREST	15.28
						DEC INTEREST	
						Adjust Balance/Transfer Amt	240,388.99

304,162.49 =
185,238.32 +
239,962.14 +
110,984.00 +
240,388.99 +
1,080,735.94 =

Fort Bend / Broadmoor:

APPROVED ON
DEC 28 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 1,080,735.94

Approved: 
Anthony Richardson, CFO 12/27/2021

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

Ashford Gardens	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
12/20/2021 Amerigroup TXSC HCCLAIMPMT 3168259806 111000		2,987.26						2,987.26
12/20/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		0.04						0.04
12/20/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000152		1,530.20						1,530.20
12/20/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		7,757.39						7,757.39
12/21/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,702.61						1,702.61
12/21/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,485.21						1,485.21
12/21/2021 AMERIGROUP CORPO E-PAYMENT EES2283348 111000		31,778.15	27,492.36	4,285.79			29,635.26	2,142.90
12/22/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	224,093.20							
12/22/2021 Deposit		22,542.62						22,542.62
12/22/2021 Deposit		73,629.16						73,629.16
12/22/2021 MOLINA HEALTHCAR MOLINAACH 01020810 42000011		23,415.48	15,083.80	8,331.68			19,249.64	4,165.84
12/22/2021 MANAGEANDNET1718 MHS PMHT 00000000000093 41		67.50						67.50
12/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000204137		7,850.13						7,850.13
12/22/2021 Amerigroup TXSC HCCLAIMPMT 3168490542 111000		41,349.94						41,349.94
12/22/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000196		14,487.84						14,487.84
12/23/2021 CK1163	15,879.84							
12/23/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		43,061.53						43,061.53
12/23/2021 KS PLAN ADMINIST HCCLAIMPMT 3278 11100002162		18,575.00						18,575.00
12/24/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384		104.00						104.00
12/24/2021 HNB - ECHO HCCLAIMPMT 746003411 440000265121		5,850.62						5,850.62
12/24/2021 Amerigroup TXSC HCCLAIMPMT 3168693925 111000		9.62						9.62
12/24/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		39,584.80						39,584.80
12/24/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		12,198.87						12,198.87
12/24/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		3,079.42						3,079.42
TOTAL	239,973.04	353,047.39	42,576.16	12,617.47			48,884.90	304,162.50

Broadway	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
12/20/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		0.30						0.30
12/20/2021 HUMANA INS CO HCCLAIMPMT 390861 830000542121		4,693.54						4,693.54
12/20/2021 HUMANA CHA DSB HCCLAIMPMT 390861 4200001504		9,480.00						9,480.00
12/21/2021 HNB - ECHO HCCLAIMPMT 746003411 440000265872		842.89						842.89
12/21/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000178		18,336.64						18,336.64
12/21/2021 HUMANA HIC HCCLAIMPMT 390861 31100201829047		1,975.00						1,975.00
12/21/2021 HUMANA CHA DSB HCCLAIMPMT 390861 4200001673		10,941.40						10,941.40
12/21/2021 AMERIGROUP CORPO E-PAYMENT EES2283351 111000		13,150.77	11,379.48	1,771.29			12,265.13	885.65
12/22/2021 CK171	2,594.91							
12/22/2021 CK170	674.89							
12/22/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	171,836.16							
12/22/2021 Deposit		50,869.06						50,869.06
12/22/2021 MOLINA HEALTHCAR MOLINAACH 01021215 42000011		9,685.84	6,243.40	3,443.44			7,965.12	1,721.72
12/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000204137		1,416.24						1,416.24
12/22/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000195		93,638.12						93,638.12
12/23/2021 CK169	6,572.17							
12/23/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000185		2,984.18						2,984.18
12/24/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384		208.00						208.00
12/24/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,020.48						4,020.48
12/24/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		349.21						349.21
TOTAL	181,678.13	222,592.67	17,622.88	5,214.73			20,230.25	202,362.43

Crestmont	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
12/20/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384		2,590.00						2,590.00
12/20/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000152		2,129.50						2,129.50
12/20/2021 HUMANA INS CO HCCLAIMPMT 390864 830000542121		17,846.00						17,846.00
12/20/2021 HUMANA CHA DSB HCCLAIMPMT 390864 4200001504		7,541.00						7,541.00
12/20/2021 CIGNA HCCLAIMPMT 1669860425 91000011765756		5,750.50						5,750.50
12/21/2021 HNB - ECHO HCCLAIMPMT 746003411 440000265872		8,455.66						8,455.66
12/21/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,180.76						2,180.76
12/21/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000178		430.52						430.52
12/21/2021 AMERIGROUP CORPO E-PAYMENT EES2283350 111000		12,682.66	9,138.36	3,544.30			10,910.51	1,772.15
12/22/2021 CK200	2,594.91							
12/22/2021 CK199	674.89							
12/22/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	148,977.32							
12/22/2021 Deposit		45,681.52						45,681.52
12/22/2021 MOLINA HEALTHCAR MOLINAACH 01021171 42000011		6,631.85	5,019.80	1,618.05			5,822.83	809.02
12/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000204137		1,668.13						1,668.13
12/22/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,543.67						5,543.67
12/22/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000195		103,059.70						103,059.70
12/23/2021 CK198	5,853.95							
12/23/2021 HNB - ECHO HCCLAIMPMT 746003411 440000273994		22,729.91						22,729.91
12/23/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,714.85						5,714.85
12/23/2021 KS PLAN ADMINIST HCCLAIMPMT 14995 1110000233		0.01						0.01
12/24/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		16,049.71						16,049.71
12/24/2021 HUMANA INS CO HCCLAIMPMT 390864 830000510741		865.63						865.63
12/24/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2		6,268.00						6,268.00
TOTAL	158,101.07	273,819.58	14,152.16	5,162.35			16,733.34	257,086.25

Fort Band	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
12/20/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		9,360.52						9,360.52
12/21/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		245.51						245.51
12/21/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000178		1,624.97						1,624.97
12/21/2021 AMERIGROUP CORPO E-PAYMENT EES2283347 111000		12,843.13	11,109.00	1,734.13			11,976.07	867.06
12/22/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	92,793.55							
12/22/2021 Deposit		11,396.92						11,396.92
12/22/2021 MOLINA HEALTHCAR MOLINAACH 01020915 42000011		9,466.20	6,095.00	3,371.20			7,760.60	1,685.60
12/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000204137		7,039.08						7,039.08
12/22/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000195		62,274.98						62,274.98
12/23/2021 CK168	6,417.30							
12/23/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3,278.55						3,278.55
12/24/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		12,041.66						12,041.66
12/24/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000187		1,169.15						1,169.15
TOTAL	99,210.85	130,740.67	17,204.00	5,105.33			19,756.67	110,984.01

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse QJPP TI	
Solera at West Houston							
12/20/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	67.71					67.71
12/20/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000152	-	2,049.71					2,049.71
12/20/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	16,605.59					16,605.59
12/21/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000178	-	89,079.04					89,079.04
12/21/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001673	-	6,510.00					6,510.00
12/21/2021 AMERIGROUP CORPO E-PAYMENT EES2283349 111000	-	13,327.38	10,780.56	2,546.82		12,053.97	1,273.41
12/22/2021 CK1200	2,594.91	-					-
12/22/2021 CK1199	674.89	-					-
12/22/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	214,707.53	-					-
12/22/2021 Deposit	-	63,227.62					63,227.62
12/22/2021 MOUNA HEALTHCAR MOUNAACH 01021139 42000011	-	8,717.76	5,914.80	2,802.96		7,316.28	1,401.48
12/22/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000195	-	815.19					815.19
12/22/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	1,225.77					1,225.77
12/23/2021 CK1198	6,464.00	-					-
12/23/2021 HNB - ECHO HCCLAIMPMT 746003411 440000237994	-	17,562.26					17,562.26
12/23/2021 Amerigroup TXSC HCCLAIMPMT 3168635760 111000	-	13,879.51					13,879.51
12/23/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	11,174.07					11,174.07
12/24/2021 Amerigroup TXSC HCCLAIMPMT 3168693926 111000	-	4,651.32					4,651.32
12/24/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	22,560.62					22,560.62
12/24/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,273.90					3,273.90
12/24/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000187	-	2,155.89					2,155.89
	224,441.33	276,883.34	16,695.36	5,349.78	-	19,370.25	257,513.09
TOTALS	903,404.42	1,257,083.65	108,250.56	33,449.66	-	124,975.39	1,132,108.26

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups


DDA Data reported as of Dec 27, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,917,146.82	\$8,111,799.59	\$7,917,146.82	\$7,580,909.5
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,622.09	\$5,420.81	\$5,622.09	\$5,622.0
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$141,435.23	\$141,435.23	\$141,435.23	\$122,713.7
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.99	\$535.99	\$535.99	\$535.9
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,860,045.83	\$4,898,858.45	\$4,860,045.83	\$4,763,632.4
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.51	\$431.51	\$431.51	\$431.5
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$353,179.61 ✓	\$359,479.77	\$353,179.61	\$292,352.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$222,712.79 ✓	\$266,994.47	\$222,712.79	\$218,135.1
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$273,940.73 ✓	\$283,490.83	\$273,940.73	\$250,757.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$130,849.13 ✓	\$133,501.18	\$130,849.13	\$117,638.3
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$277,017.03 ✓	\$277,017.03	\$277,017.03	\$244,375.3
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,095.73	\$1,109,095.73	\$1,109,095.73	\$1,109,095.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$235,876.92	\$329,134.36	\$235,876.92	\$231,143.1
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$99,003.43	\$99,003.43	\$99,003.43	\$99,003.4
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$40,947.13	\$40,947.13	\$40,947.13	\$40,947.1
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$166,453.67	\$166,453.67	\$166,453.67	\$84,525.8

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 12/27/2021

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		213,453.47 ✓	189,123.52 ✓	117,105.28 ✓		141,435.23	117,105.28
					Bank Balance	141,435.23 ✓	
					Variance	-	
					Leave in Balance	100.00	
					Superior QPPP Undistributed	24,206.13 ✓	
					OCT INTEREST	11.51 ✓	
					NOV INTEREST	12.31 ✓	
					DEC INTEREST	-	
					Adjust Balance/Transfer Amt	117,105.28 ✓	

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 12/27/2021

APPROVED ON

DEC 28 2021

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA Data reported as of Dec 27, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,917,146.82	\$8,111,799.59	\$7,917,146.82	\$7,580,909.5
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,622.09	\$5,420.81	\$5,622.09	\$5,622.0
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$141,435.23 ✓	\$141,435.23	\$141,435.23	\$122,713.7
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.99	\$535.99	\$535.99	\$535.9
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,860,045.83	\$4,898,858.45	\$4,860,045.83	\$4,763,632.4
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.51	\$431.51	\$431.51	\$431.5
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$353,179.61	\$359,479.77	\$353,179.61	\$292,352.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$222,712.79	\$266,994.47	\$222,712.79	\$218,135.1
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$273,940.73	\$283,490.83	\$273,940.73	\$250,757.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$130,849.13	\$133,501.18	\$130,849.13	\$117,638.3
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$277,017.03	\$277,017.03	\$277,017.03	\$244,375.3
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,095.73	\$1,109,095.73	\$1,109,095.73	\$1,109,095.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$235,876.92	\$329,134.36	\$235,876.92	\$231,143.1
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$99,003.43	\$99,003.43	\$99,003.43	\$99,003.4
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$40,947.13	\$40,947.13	\$40,947.13	\$40,947.1
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$166,453.67	\$166,453.67	\$166,453.67	\$84,525.6

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 12/27/2021

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		75,619.28	35,654.57	982.42			40,947.13	no transfer
						Bank Balance	40,947.13	
						Variance		
						Leave in Balance	100.00	
						UNIDENTIFIED ECHO PAYMENTS (NO CHECK WILL BE WRITTEN FOR THIS AMOUNT YET)	5,548.99	
						Superior QJPP Undistributed	34,358.96	
						Echo pymt owed to MMC	110.49	
						Echo pymt owed to broadmoor	6,020.00	
						Echo pymt owed to MMClinic		
						Echo pymt owed to Golden Creek		
						OCT INTEREST	60.86	
						NOV INTEREST	13.51	
						DEC INTEREST		
						Adjust Balance/Transfer Amt	(5,265.68)	

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		103,748.83	103,637.11	98,891.71			99,003.43	98,891.71
						Bank Balance	99,003.43	
						Variance		
						Leave in Balance	100.00	
						OCT INTEREST	6.23	
						NOV INTEREST	5.49	
						DEC INTEREST		
						Adjust Balance/Transfer Amt	98,891.71	

Routine Information for Gulf Pointe Plaza:

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

TOTAL TRANSFERS 93,626.03

Approved: 
 Anthony Richardson, CFO

12/27/2021

APPROVED ON

DEC 28 2021

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

12/21/2021 NDC SWEEP FAC H261 21000026743548 SWEEP FR
 12/22/2021 CK1064
 12/22/2021 CK1066
 12/22/2021 WIRE OUT HMG SERVICES, LLC
 12/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000204137
 12/23/2021 CK1065
 12/23/2021 CK1063

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
-	864.81	-	-	-	-	-	864.81
4,829.00	-	-	-	-	-	-	-
3,710.00	-	-	-	-	-	-	-
11,212.64	-	-	-	-	-	-	-
-	117.61	-	-	-	-	-	117.61
1,188.54	-	-	-	-	-	-	-
14,714.39	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
35,654.57	982.42	-	-	-	-	-	982.42

Gulf Pointe Plaza-Medicare/Medicaid

12/21/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2
 12/22/2021 CK1005
 12/22/2021 WIRE OUT HMG SERVICES, LLC
 12/22/2021 Deposit
 12/22/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001886718
 12/23/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001829429
 12/23/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
-	1,238.65	-	-	-	-	-	1,238.65
73,629.16	-	-	-	-	-	-	-
30,007.95	-	-	-	-	-	-	-
-	3,547.04	-	-	-	-	-	3,547.04
-	74,414.28	-	-	-	-	-	74,414.28
-	14,712.45	-	-	-	-	-	14,712.45
-	4,979.29	-	-	-	-	-	4,979.29
-	-	-	-	-	-	-	-
103,637.11	98,891.71	-	-	-	-	-	98,891.71
-	-	-	-	-	-	-	-
139,291.68	99,874.13	-	-	-	-	-	99,874.13

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type

DDA

Data reported as of Dec 27, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,917,146.82	\$8,111,799.59	\$7,917,146.82	\$7,580,909.5
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,622.09	\$5,420.81	\$5,622.09	\$5,622.0
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$141,435.23	\$141,435.23	\$141,435.23	\$122,713.7
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.99	\$535.99	\$535.99	\$535.9
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,860,045.83	\$4,898,858.45	\$4,860,045.83	\$4,763,632.4
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.51	\$431.51	\$431.51	\$431.5
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$353,179.61	\$359,479.77	\$353,179.61	\$292,352.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$222,712.79	\$266,994.47	\$222,712.79	\$218,135.1
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$273,940.73	\$283,490.83	\$273,940.73	\$250,757.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$130,849.13	\$133,501.18	\$130,849.13	\$117,638.3
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$277,017.03	\$277,017.03	\$277,017.03	\$244,375.3
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,095.73	\$1,109,095.73	\$1,109,095.73	\$1,109,095.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$235,876.92	\$329,134.36	\$235,876.92	\$231,143.1
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$99,003.43	\$99,003.43	\$99,003.43	\$99,003.4
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$40,947.13	\$40,947.13	\$40,947.13	\$40,947.1
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$166,453.67	\$166,453.67	\$166,453.67	\$84,525.8

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 12/27/2021

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		83,763.95 ✓	83,663.95 ✓	166,353.67 ✓	✓		166,453.67	137,387.27 ✓
						Bank Balance Variance	166,453.67	
						Leave in Balance	100.00	✓
						OCT AMERIGROUP QJPP	18,003.18	✓
						NOV MOLINA QJPP	10,963.22	✓
						MEDICARE REPAYMENT TO MMC		
						Adjust Balance/Transfer Amt	137,387.27	

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:  12/27/2021
 Anthony Richardson, CFO

APPROVED ON

DEC 28 2021

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village

MMC PORTION

	<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>QIPP/Comp1</u>	<u>QIPP/Comp 2</u>	<u>QIPP/Comp3</u>	<u>QIPP/Comp4 &Lapse</u>	<u>QIPP TI</u>	<u>NH PORTION</u>
12/21/2021 AMERIGROUP CORPO E-PAYMENT EE52283352 111000	-	19,874.16	16,132.20	3,741.96	-	-	18,003.18	1,870.98
12/22/2021 WIRE OUT LINBAR ENTERPRISES, LLC	74,014.03	-	-	-	-	-	-	-
12/22/2021 Deposit	-	17,452.15	-	-	-	-	-	17,452.15
12/22/2021 Deposit	-	4,829.00	-	-	-	-	-	4,829.00
12/22/2021 Deposit	-	7,784.73	-	-	-	-	-	7,784.73
12/22/2021 MOLINA HEALTHCAR MOLINAACH 01021212 42000011	-	13,075.43	8,851.00	4,224.43	-	-	10,963.22	2,112.22
12/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000204137	-	6,884.22	-	-	-	-	-	6,884.22
12/23/2021 CK1088	9,649.92	-	-	-	-	-	-	-
12/23/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	446.17	-	-	-	-	-	446.17
12/23/2021 KS PLAN ADMINIST HCCLAIMPMT 179 111000021827	-	14,080.00	-	-	-	-	-	14,080.00
12/24/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000187	-	81,927.81	-	-	-	-	-	81,927.81
	83,663.95	166,353.67	24,983.20	7,966.39	-	-	28,966.40	137,387.28

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

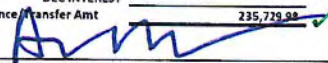
DDA

Data reported as of Dec 27, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,917,146.82	\$8,011,494.91	\$7,917,146.82	\$7,580,909.5
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,622.09	\$5,420.81	\$5,622.09	\$5,622.0
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$141,435.23	\$141,435.23	\$141,435.23	\$122,713.7
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.99	\$535.99	\$535.99	\$535.9
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,860,045.83	\$4,891,811.21	\$4,860,045.83	\$4,763,632.4
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.51	\$431.51	\$431.51	\$431.5
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$353,179.61	\$359,479.77	\$353,179.61	\$292,352.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$222,712.79	\$266,994.47	\$222,712.79	\$218,135.1
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$273,940.73	\$283,490.83	\$273,940.73	\$250,757.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$130,849.13	\$133,501.18	\$130,849.13	\$117,638.3
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$277,017.03	\$277,017.03	\$277,017.03	\$244,375.3
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,095.73	\$1,109,095.73	\$1,109,095.73	\$1,109,095.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$235,876.92	\$235,876.92	\$235,876.92	\$231,143.1
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$99,003.43	\$99,003.43	\$99,003.43	\$99,003.4
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$40,947.13	\$40,947.13	\$40,947.13	\$40,947.1
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$166,453.67 ✓	\$166,453.67	\$166,453.67	\$84,525.8

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 12/27/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		311,112.45	310,965.51	235,729.98			235,876.92	235,729.98
						Bank Balance	235,876.92	
						Variance	-	
						Leave in Balance	100.00	

OCT INTEREST 25.39 ✓
 NOV INTEREST 21.55 ✓
 DEC INTEREST
 Adjust Balance Transfer Amt 235,729.98 ✓
 Approved: 
 Anthony Richardson, CFO 12/27/2021

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

APPROVED ON

DEC 28 2021

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

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

Bethany Senior Living

12/24/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000187
 12/24/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
 12/23/2021 Deposit
 12/23/2021 Deposit
 12/22/2021 WIRE OUT BETHANY SENIOR LIVING, LTD
 12/22/2021 Deposit
 12/22/2021 Deposit
 12/22/2021 Deposit
 12/22/2021 Deposit
 12/22/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000195
 12/22/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
 12/20/2021 Deposit
 12/20/2021 Deposit
 12/20/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2

Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
-	1,199.28	-	-	-	-	-	1,199.28
-	3,534.49	-	-	-	-	-	3,534.49
-	7,229.35	-	-	-	-	-	7,229.35
-	5,580.00	-	-	-	-	-	5,580.00
310,965.51	-	-	-	-	-	-	-
-	12,859.21	-	-	-	-	-	12,859.21
-	3,710.00	-	-	-	-	-	3,710.00
-	2,024.67	-	-	-	-	-	2,024.67
-	2,968.00	-	-	-	-	-	2,968.00
-	174,933.65	-	-	-	-	-	174,933.65
-	1,614.26	-	-	-	-	-	1,614.26
-	4,824.00	-	-	-	-	-	4,824.00
-	13,400.15	-	-	-	-	-	13,400.15
-	1,852.92	-	-	-	-	-	1,852.92
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
310,965.51	235,729.98	-	-	-	-	-	235,729.98

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA Data reported as of Dec 27, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,917,146.82	\$8,111,799.59	\$7,917,146.82	\$7,580,909.5
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,622.09	\$5,420.81	\$5,622.09	\$5,622.0
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$141,435.23	\$141,435.23	\$141,435.23	\$122,713.7
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.99	\$535.99	\$535.99	\$535.9
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,860,045.83	\$4,898,858.45	\$4,860,045.83	\$4,763,632.4
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.51	\$431.51	\$431.51	\$431.5
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$353,179.61	\$359,479.77	\$353,179.61	\$292,352.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$222,712.79	\$266,994.47	\$222,712.79	\$218,135.1
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$273,940.73	\$283,490.83	\$273,940.73	\$250,757.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$130,849.13	\$133,501.18	\$130,849.13	\$117,638.3
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$277,017.03	\$277,017.03	\$277,017.03	\$244,375.3
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,095.73	\$1,109,095.73	\$1,109,095.73	\$1,109,095.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$235,876.92	\$329,134.36	\$235,876.92	\$231,143.1
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$99,003.43	\$99,003.43	\$99,003.43	\$99,003.4
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$40,947.13	\$40,947.13	\$40,947.13	\$40,947.1
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$166,453.67	\$166,453.67	\$166,453.67	\$84,525.6

MEMORIAL MEDICAL CENTER - *Ashtford*
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 12/29/21

APPROVED ON
DEC 28 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 001164

FOR ACCT. USE ONLY

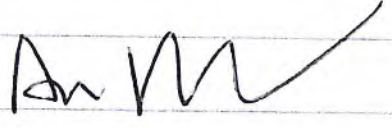
Imprest Cash
 A/P Check
 Mail Check to Vendor
 Return Check to Dept

AMOUNT \$48,884.90

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP- \$29,635.26 MOLINA \$19,249.64

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER - *Bradmoor*
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 12/29/21

APPROVED ON
DEC 28 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000172

FOR ACCT. USE ONLY

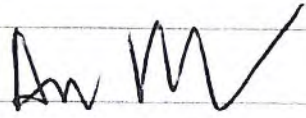
<input type="checkbox"/>	Imprest Cash
<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Mail Check to Vendor
<input type="checkbox"/>	Return Check to Dept

AMOUNT \$20,230.25

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP- \$12,265.13 MOLINA \$7,965.12

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER - Crescent
CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 12/29/21

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APPROVED ON

DEC 28 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
C.C.F. 000701

FOR ACCT. USE ONLY

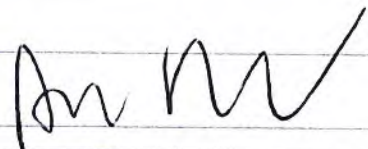
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT \$16,733.34

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP- \$10,910.51 MOLINA \$5,822.83

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER - *Furt + Ben*
CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 12/29/21

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APPROVED ON
DEC 28 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL # 00169

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT \$19,756.67

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP- \$11,976.07 MOLINA \$7,780.60

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *[Signature]*

MEMORIAL MEDICAL CENTER -Solem
CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 12/28/21

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APPROVED ON

DEC 28 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 001201

FOR ACCT. USE ONLY

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

AMOUNT \$19,370.25

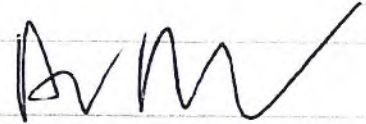
G/L NUMBER: _____

EXPLANATION: AMERIGROUP- \$12,053.97

MOLINA- \$7,316.28

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



MEMORIAL MEDICAL CENTER - *Tuscany*
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 12/29/21

APPROVED ON

DEC 28 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 1089

FOR ACCT. USE ONLY

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

AMOUNT \$28,966.40

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP- \$18,003.18 MOLINA \$10,963.22

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER

NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001164

Date 12/29/21 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical center

\$ 48,884.90

Forty eight thousand eight hundred eighty four & 90/100 DOLLARS



PROSPERITY BANK

Molina - 19,249.64

FOR Amerigroup - 29,635.26

Security features are included. Details on back.

⑈001164⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000172

Date 12/29/21 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical center

\$ 20,230.25

Twenty thousand Two hundred thirty & 25/100 DOLLARS



PROSPERITY BANK

Molina - 7965.12

FOR Amerigroup 12265.13

Security features are included. Details on back.

⑈000172⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000201

Date 12/29/21 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical center

\$ 16,733.34

Sixteen thousand seven hundred thirty three & 34/100 DOLLARS



PROSPERITY BANK

Molina - 5822.83

FOR Amerigroup - 10910.51

Security features are included. Details on back.

⑈000201⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000169

Date 12/29/21

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 19,756.67

Nineteen thousand Seven hundred fifty six & 67/100

DOLLARS



Molina 7780.60

FOR Amerigroup - 11976.07

Security features are included. Details on back.

⑈000169⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001201

Date 12/29/21

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 19,370.25

Nineteen thousand three hundred seventy & 25/100

DOLLARS



Molina - 7,316.28

FOR Amerigroup 12,053.97

Security features are included. Details on back.

⑈001201⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1089

88-2265/1131-87

DATE 12/29/21

CHECK ASSUR

PAY
TO THE
ORDER OF

Memorial Medical Center

\$ 28,964.40

Twenty eight thousand nine hundred sixty six & 40/100

DOLLARS



PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
361-562-7411 www.prosperitybankusa.com

Amerigroup - 14,003.18
Molina - 10,961.22

FOR

Photo Safe Deposit
Details on back

⑈001089⑈ ⑆113122655⑆

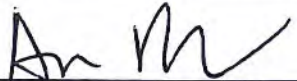
QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

12/29/2021

NH Name	From Bank Acct #	Ck #	Payee	GL #	AMERIGROUP QIPP	MOLINA QIPP			TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	29,635.26	19,249.64			48,884.90	12/29/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	12,265.13	7,965.12			20,230.25	12/29/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	10,910.51	5,822.83			16,733.34	12/29/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	11,976.07	7,780.60			19,756.67	12/29/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	12,053.97	7,316.28			19,370.25	12/29/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040	-				-	12/29/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040	-				-	12/29/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001						-	12/29/2021
Bethany			MMC -Prosperity Operating #10000001						-	12/29/2021
Tuscan			MMC -Prosperity Operating #10000001	10255040	18,003.18	10,963.22			28,966.40	12/29/2021
			Total:		94,844.12	59,097.69	-	-	153,941.81	

Note:

Approved: 
 Anthony Richardson

12/27/2021

RUN DATE:12/29/21
TIME:14:12

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/29/21 THRU 12/29/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPP 001067 12/29/21 110.49 MEMORIAL MEDICAL CENTER
GPP 001068 12/29/21 6,020.00 BROADMOOR
TOTALS: 6,130.49

guif Pointe

APPROVED ON

DEC 29 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:12/29/21
TIME:14:12

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/29/21 THRU 12/29/21

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001164 12/29/21 48,884.90 MEMORIAL MEDICAL CENTER
TOTALS: 48,884.90

Asst fund

APPROVED ON

DEC 29 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:12/29/21
TIME:14:12

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/29/21 THRU 12/29/21

PAGE 9
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS 001089 12/29/21 28,966.40 MEMORIAL MEDICAL CENTER
TOTALS: 28,966.40

Tuscany

APPROVED ON

DEC 29 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:12/29/21
TIME:14:12

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/29/21 THRU 12/29/21

PAGE 8
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	001201	12/29/21	19,370.25	MEMORIAL MEDICAL CENTER <i>Solem</i>
NHS	001202	12/29/21	11,662.25	BETHANY
NHS	001203	12/29/21	5,461.85	TUSCANY
TOTALS:			36,494.35	

APPROVED ON

DEC 29 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:12/29/21
TIME:14:12

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/29/21 THRU 12/29/21

PAGE 5
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000172	12/29/21	20,230.25	MEMORIAL MEDICAL CENTER
NHB	000173	12/29/21	11,662.25	BETHANY
NHB	000174	12/29/21	5,461.85	TUSCANY
TOTALS:			37,354.35	

Broadmar

APPROVED ON

DEC 29 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:12/29/21
TIME:14:12

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/29/21 THRU 12/29/21

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000169 12/29/21 19,756.67 MEMORIAL MEDICAL CENTER
TOTALS: 19,756.67

Furt Bend

APPROVED ON

DEC 29 2021

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:12/29/21
TIME:14:12

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/29/21 THRU 12/29/21

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000201 12/29/21 16,733.34 MEMORIAL MEDICAL CENTER
NHC 000202 12/29/21 11,662.25 BTHANY
NHC 000203 12/29/21 5,461.85 TUSCANY
TOTALS: 33,857.44

Crescent

APPROVED ON

DEC 29 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS