

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---January 05, 2022**

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 839,110.57
TOTAL TRANSFERS BETWEEN FUNDS	\$ 118,460.53
TOTAL NURSING HOME UPL EXPENSES	\$ 773,945.21
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
<b>GRAND TOTAL DISBURSEMENTS APPROVED January 05, 2022</b>	<b>\$ 1,731,516.31</b>

**APPROVED**

**JAN 05 2022**

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**  
**COMMISSIONERS COURT APPROVAL LIST FOR ---January 05, 2022**

**PAYABLES AND PAYROLL**

12/30/2021 Weekly Payables	381,100.18
12/30/2021 Spectrum Health Partners, LLC-Interm CFO compensation and expenses	26,315.00
12/30/2021 Patient Refunds	103.00
1/4/2022 McKesson-340B Prescription Expense	7,553.88
1/4/2022 Amerisource Bergen-340B Prescription Expense	2,084.31
1/4/2022 Payroll Liabilities -Payroll Taxes	108,373.01
1/4/2022 Payroll	312,181.54
1/4/2022 Payroll Liabilities for supplemental payroll-Payroll Taxes	147.59
1/4/2022 Supplemental Payroll	782.65

**Prosperity Electronic Bank Payments**

12/30/2021 Cleargage-Patient Financing Service	65.25
12/27/-12/31/21 Pay Plus-Patient Claims Processing Fee	404.16

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** **\$ 839,110.57**

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

12/30/2021 MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating in error	9,511.76
12/30/2021 MMC Operating to Golden Creek-correction of NH insurance and QIPP payment deposited into MMC Operating in error	17,753.03
12/30/2021 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	11,660.32
12/30/2021 MMC Operating to Tuscany Village-correction of NH insurance and medicare payment deposited into MMC Operating	34,351.21
12/30/2021 MMC Operating to Bethany-correction of NH insurance and medicare payment deposited into MMC Operating in error	39,280.69

**MEDICARE ADVANCE PAYMENT RECOUP**

1/4/2022 Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	1,859.91
1/4/2022 Broadmoor to Bethany-correction of Broadmoor medical recoup taken from Bethany	107.93
1/4/2022 Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	1,859.91
1/4/2022 Crescent to Tuscany Village-correction of Crecent medicare recoup taken from Tuscany Village	107.93
1/4/2022 Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	1,859.91
1/4/2022 Solera to Bethany-correction of Solera medicare recoup taken from Bethany	107.93

**TOTAL TRANSFERS BETWEEN FUNDS** **\$ 118,460.53**

**NURSING HOME UPL EXPENSES**

1/4/2022 Nursing Home UPL-Cantex Transfer	265,867.65
1/4/2022 Nursing Home UPL-Nexion Transfer	67,277.66
1/4/2022 Nursing Home UPL-HMG Transfer	24,118.76
1/4/2022 Nursing Home UPL-Tuscany Transfer	105,531.82
1/4/2022 Nursing Home UPL-HSL Transfer	207,139.97

**QIPP CHECKS TO MMC**

1/4/2022 Golden Creek	71,863.91
1/4/2022 Gulf Pointe	31,729.81

**TRANSFER BETWEEN FUNDS TO MMC OPERATING**

1/4/2022 Ashford-Interest Earned	54.90
1/4/2022 Broadmoor-Interest Earned	40.95
1/4/2022 Crescent-Interest Earned	37.77
1/4/2022 Fort Bend-Interest Earned	15.92
1/4/2022 Solera-Interest Earned	52.41
1/4/2022 Golden Creek-Interest Earned	36.78
1/4/2022 Gulf Pointe MM-Interest Earned	20.55
1/4/2022 Gulf Pointe PP-Interest Earned	83.51
1/4/2022 Bethany-Interest Earned	72.84

**TOTAL NURSING HOME UPL EXPENSES** **\$ 773,945.21**

TOTAL INTER-GOVERNMENT TRANSFERS	\$	-
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GRAND TOTAL DISBURSEMENTS APPROVED January 05, 2022	\$	1,731,516.31
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RECEIVED BY THE  
COUNTY AUDITOR ON

DEC 30 2021

12/30/2021

CALPORN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Due Dates Through: 01/19/2022

ap\_open\_invoice.template

Vendor#	Vendor Name	Class	Pay Code							
A0401	ABBOTT NUTRITION ✓ (sales-tax)									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
614798904 ✓		12/17/20	12/20/20	12/29/20	5.79	6.27		0.00	0.00	6.27 5.79
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		A0401	ABBOTT NUTRITION			5.79	6.27	0.00	0.00	6.27 5.79
Vendor#	Vendor Name	Class	Pay Code							
11283	ACE HARDWARE 15521 ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
160059 ✓		12/29/20	12/01/20	12/26/20			33.99	0.00	0.00	33.99 ✓
SUPPLIES										
160025 ✓		12/29/20	12/01/20	12/26/20			14.97	0.00	0.00	14.97 ✓
SUPPLIES										
160527 ✓		12/29/20	12/10/20	01/04/20			15.99	0.00	0.00	15.99 ✓
SUPPLIES										
160386 ✓		12/29/20	12/10/20	01/04/20			14.99	0.00	0.00	14.99 ✓
SUPPLIES										
160416 ✓		12/29/20	12/13/20	01/07/20			34.36	0.00	0.00	34.36 ✓
SUPPLIES										
160845 ✓		12/29/20	12/28/20	01/01/20			0.95	0.00	0.00	0.95 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		11283	ACE HARDWARE 15521			115.25	0.00	0.00	115.25	
Vendor#	Vendor Name	Class	Pay Code							
13180	ADVANCED STERILIZATION PRODUCT ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8020364646 ✓		12/17/20	12/20/20	01/19/20			864.00	0.00	0.00	864.00 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		13180	ADVANCED STERILIZATION PRODUCT			864.00	0.00	0.00	864.00	
Vendor#	Vendor Name	Class	Pay Code							
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9120157773 ✓		12/28/20	11/30/20	12/25/20			2,316.23	0.00	0.00	2,316.23 ✓
RENTAL										
9984607496 ✓		12/28/20	11/30/20	12/25/20			508.89	0.00	0.00	508.89 ✓
RENTAL										
9984607497 ✓		12/28/20	11/30/20	12/25/20			776.08	0.00	0.00	776.08 ✓
OXYGEN										
9984609538 ✓		12/28/20	11/30/20	12/25/20			174.64	0.00	0.00	174.64 ✓
RENTAL										
9120204865 ✓		12/28/20	12/03/20	12/28/20			3,232.80	0.00	0.00	3,232.80 ✓
OXYGEN										
9120546960 ✓		12/29/20	12/07/20	01/01/20			309.44	0.00	0.00	309.44 ✓
OXYGEN										
9120546961 ✓		12/29/20	12/07/20	01/01/20			71.61	0.00	0.00	71.61 ✓
OXYGEN										

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		A1680	AIRGAS USA, LLC - CENTRAL DIV	7,389.69	0.00	0.00	7,389.69		
Vendor#	Vendor Name	Class	Pay Code						
A1690	ALCON LABORATORIES, INC. ✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
9662406448 ✓		12/17/20	12/07/20	01/06/20		89.90	0.00	0.00	89.90 ✓
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		A1690	ALCON LABORATORIES, INC.	89.90	0.00	0.00	89.90		
Vendor#	Vendor Name	Class	Pay Code						
A1360	AMERISOURCEBERGEN DRUG CORP ✓	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
3062428889 ✓		12/29/20	07/23/20	07/29/20		4,685.44	0.00	0.00	4,685.44 ✓
INVENTORY									
803067718 ✓		12/29/20	07/31/20	08/06/20		194.34	0.00	0.00	194.34 ✓
INVENTORY									
3063620987 ✓		12/29/20	08/04/20	08/10/20		4,685.44	0.00	0.00	4,685.44 ✓
INVENTORY									
3066122117 ✓		12/29/20	08/30/20	09/05/20		26,000.00	0.00	0.00	26,000.00 ✓
INVENTORY									
80396472 ✓		12/29/20	08/31/20	09/06/20		173.17	0.00	0.00	173.17 ✓
INVENTORY									
3067312425 ✓		12/29/20	09/13/20	09/19/20		26,000.00	0.00	0.00	26,000.00 ✓
INVENTORY									
3067312503 ✓		12/29/20	09/13/20	09/19/20		892.40	0.00	0.00	892.40 ✓
INVENTORY									
803128307 ✓		12/29/20	09/15/20	09/21/20		164.45	0.00	0.00	164.45 ✓
INVENTORY									
3068163743 ✓		12/29/20	09/20/20	09/26/20		11,713.60	0.00	0.00	11,713.60 ✓
INVENTORY									
803155424 ✓		12/29/20	09/30/20	10/06/20		241.99	0.00	0.00	241.99 ✓
INVENTORY									
803203604 ✓		12/29/20	10/31/20	11/06/20		514.66	0.00	0.00	514.66 ✓
INVENTORY									
803226502 ✓		12/29/20	11/15/20	11/21/20		482.50	0.00	0.00	482.50 ✓
INVENTORY									
803246380 ✓		12/29/20	11/30/20	12/06/20		482.50	0.00	0.00	482.50 ✓
INVENTORY									
803282302 ✓		12/29/20	12/15/20	12/21/20		482.50	0.00	0.00	482.50 ✓
INVENTORY									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		A1360	AMERISOURCEBERGEN DRUG CORP	76,712.99	0.00	0.00	76,712.99		
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
2414954 ✓		12/28/20	12/20/20	01/19/20		2,328.25	0.00	0.00	2,328.25 ✓
TRAVEL LAB STAFFING (12/3-12/5/21) Hawkins									
2414889 ✓		12/28/20	12/20/20	01/19/20		2,837.63	0.00	0.00	2,837.63 ✓
TRAVEL LAB STAFFING (12/3-12/9/21) Simovich									
2414764 ✓		12/28/20	12/20/20	01/19/20		2,412.00	0.00	0.00	2,412.00 ✓
TRAVEL NURSE STAFFING (12/5-12/12/21) Stibky									

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		A0400	AUREUS RADIOLOGY LLC		7,577.88	0.00	0.00	7,577.88	
Vendor#	Vendor Name	Class	Pay Code						
B0436	BARD ACCESS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
46532559 ✓		12/17/20	12/15/20	12/29/20		150.00	0.00	0.00	150.00 ✓
SUPPLIES									
46534103 ✓		12/17/20	12/16/20	12/29/20		632.40	0.00	0.00	632.40 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		B0436	BARD ACCESS		782.40	0.00	0.00	782.40	
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
73246891 ✓		12/17/20	12/16/20	01/10/20		656.92	0.00	0.00	656.92 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		B1150	BAXTER HEALTHCARE		656.92	0.00	0.00	656.92	
Vendor#	Vendor Name	Class	Pay Code						
M2485	BAYER HEALTHCARE ✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6009633034 ✓		12/17/20	12/14/20	12/29/20		2,080.12	0.00	0.00	2,080.12 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		M2485	BAYER HEALTHCARE		2,080.12	0.00	0.00	2,080.12	
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
109544727 ✓		12/28/20	12/21/20	01/15/20		44.70	0.00	0.00	44.70 ✓
SUPPLIES									
4439194 ✓		12/29/20	12/25/20	01/19/20		880.00	0.00	0.00	880.00 ✓
SUPPLIES									
4439196 ✓		12/29/20	12/25/20	01/19/20		1,842.50	0.00	0.00	1,842.50 ✓
SERVICE CONTRACT									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		B1220	BECKMAN COULTER INC		2,767.20	0.00	0.00	2,767.20	
Vendor#	Vendor Name	Class	Pay Code						
14272	BESTICA ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
MMM-001 ✓		12/28/20	12/15/20	01/15/20		25,852.05	0.00	0.00	25,852.05 ✓
TRAVEL NURSE STAFFING (9/11-9/27/21) Black									
MMM-002 ✓		12/28/20	12/23/20	01/19/20		19,522.84	0.00	0.00	19,522.84 ✓
TRAVEL NURSE STAFFING (10/11-10/25/21) Black									
MMM-003 ✓		12/28/20	12/23/20	01/19/20		17,818.25	0.00	0.00	17,818.25 ✓
TRAVEL NURSE STAFFING (11/11-11/29/21) Black									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		14272	BESTICA		63,193.14	0.00	0.00	63,193.14	
Vendor#	Vendor Name	Class	Pay Code						
13972	BEYER MECHANICAL ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
211950000023621 ✓		12/28/20	12/22/20	12/22/20		41,868.74	0.00	0.00	41,868.74 ✓

TRAILER MOUNTED AC

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		13972	BEYER MECHANICAL		41,868.74	0.00	0.00	41,868.74	
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
121721A		12/28/20	12/17/20	01/01/20		1,516.83	0.00	0.00	1,516.83 ✓
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		12324	BLUE CROSS BLUE SHIELD		1,516.83	0.00	0.00	1,516.83	
Vendor#	Vendor Name		Class	Pay Code					
13892	BLUE CROSS BLUE SHIELD REFUND ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
160526		12/28/20	12/22/20	12/22/20		72.75	0.00	0.00	72.75 ✓
172881		12/28/20	12/22/20	12/22/20		72.75	0.00	0.00	72.75 ✓
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		13892	BLUE CROSS BLUE SHIELD REFUND		145.50	0.00	0.00	145.50	
Vendor#	Vendor Name		Class	Pay Code					
B1650	BOSART LOCK & KEY INC ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
<del>122221</del> 123372	SERVICES	12/29/20	12/22/20	01/19/20		18.75	0.00	0.00	18.75 ✓
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		B1650	BOSART LOCK & KEY INC		18.75	0.00	0.00	18.75	
Vendor#	Vendor Name		Class	Pay Code					
C1048	CALHOUN COUNTY ✓ (taxes)		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
00689792	FUEL	12/30/20	11/29/20	11/29/20		67.51	0.00	0.00	67.51 63.14
00690252	FUEL	12/30/20	11/30/20	11/30/20		38.51	0.00	0.00	38.51 34.02
558149	FUEL	12/30/20	12/07/20	12/07/20		62.50	0.00	0.00	62.50 58.41
00700605	FUEL	12/30/20	12/15/20	12/15/20		29.55	0.00	0.00	29.55 27.59
00705264	FUEL	12/30/20	12/22/20	12/22/20		18.00	0.00	0.00	18.00 16.81
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		C1048	CALHOUN COUNTY		201.97	216.07	0.00	0.00	216.07 201.97
Vendor#	Vendor Name		Class	Pay Code					
13992	CARIANT HEALTH PARTNERS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
130848 ✓	TRAVEL NURSE STAFFING (12-11-21) Furbus	12/28/20	12/22/20	01/19/20		840.00	0.00	0.00	840.00 ✓
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		13992	CARIANT HEALTH PARTNERS		840.00	0.00	0.00	840.00	
Vendor#	Vendor Name		Class	Pay Code					
13028	CAVALLO ENERGY TEXAS LLC ✓ (previous bal. included)								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

213510016479607 ✓	12/29/20 12/16/20 01/17/20	448.04	978.00	0.00	0.00	978.00	448.04		
ENERGY									
213510016479606	12/29/20 12/16/20 01/17/20	1142.27	2,507.11	0.00	0.00	2,507.11	1142.27		
ENERGY									
213510016479608	12/29/20 12/16/20 01/17/20	16.35	32.86	0.00	0.00	32.86	16.35		
ENERGY									
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net			
13028	CAVALLO ENERGY TEXAS LLC	1606.68	3,517.97	0.00	0.00	3,517.97	1606.68		
Vendor#	Vendor Name	Class	Pay Code						
C1992	CDW GOVERNMENT, INC. ✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
P729469 ✓		12/29/20	12/14/20	01/13/20		143.16	0.00	0.00	143.16 ✓
	SUPPLIES								
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net			
C1992	CDW GOVERNMENT, INC.		143.16	0.00	0.00	143.16			
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
OEQT190921 ✓		12/28/20	12/22/20	01/01/20		553.13	0.00	0.00	553.13 ✓
	SUPPLIES								
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net			
C1166	COASTAL OFFICE SOLUTONS		553.13	0.00	0.00	553.13			
Vendor#	Vendor Name	Class	Pay Code						
11030	COMBINED INSURANCE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
120121		12/29/20	12/01/20	12/01/20		801.60	0.00	0.00	801.60 ✓
	INSURANCE								
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net			
11030	COMBINED INSURANCE		801.60	0.00	0.00	801.60			
Vendor#	Vendor Name	Class	Pay Code						
14104	COMPASS FLOORING INNOVATIONS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1021		12/30/20	12/02/20	12/02/20		2,971.47	0.00	0.00	2,971.47 ✓
	SERVICES								
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net			
14104	COMPASS FLOORING INNOVATIONS		2,971.47	0.00	0.00	2,971.47			
Vendor#	Vendor Name	Class	Pay Code						
C2157	COOPER SURGICAL INC ✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6032574 ✓		12/23/20	11/10/20	01/14/20		347.33	0.00	0.00	347.33 ✓
	SUPPLIES								
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net			
C2157	COOPER SURGICAL INC		347.33	0.00	0.00	347.33			
Vendor#	Vendor Name	Class	Pay Code						
11368	CYRACOM LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1426316 ✓		11/30/20	11/30/20	01/14/20		546.75	0.00	0.00	546.75 ✓
	INTERPRETATION SERVICES								
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net			
11368	CYRACOM LLC		546.75	0.00	0.00	546.75			
Vendor#	Vendor Name	Class	Pay Code						



10509	DA&E ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
16589 ✓		12/29/20	12/21/20	12/21/20		2,290.00	0.00	0.00	2,290.00 ✓	
CAH MEDICAREREIMBURSEM										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net	
	10509	DA&E				2,290.00	0.00	0.00	2,290.00	

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	
6309710 ✓		12/28/20	01/13/20	02/07/20		165.79	0.00	0.00	165.79 ✓	
SUPPLIES										
6668950 ✓		12/28/20	12/21/20	01/15/20		70.52	0.00	0.00	70.52 ✓	
SUPPLIES										
6668940 ✓		12/28/20	12/21/20	01/15/20		84.40	0.00	0.00	84.40 ✓	
SUPPLIES										
6669900 ✓		12/29/20	12/22/20	01/16/20		517.39	0.00	0.00	517.39 ✓	
SUPPLIES										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net	
	10368	DEWITT POTH & SON				838.10	0.00	0.00	838.10	

Vendor#	Vendor Name				Class	Pay Code				
10042	ERBE USA INC SURGICAL SYSTEMS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
722356 ✓		12/17/20	12/20/20	01/19/20		139.50	0.00	0.00	139.50 ✓	
SUPPLIES										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net	
	10042	ERBE USA INC SURGICAL SYSTEMS				139.50	0.00	0.00	139.50	

Vendor#	Vendor Name				Class	Pay Code				
C2510	EVIDENT ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
T2112081378 ✓		12/29/20	12/08/20	01/02/20		10,296.03	0.00	0.00	10,296.03 ✓	
BUSINESS SERVICES										
T2112151378 ✓		12/29/20	12/15/20	01/09/20		11,679.10	0.00	0.00	11,679.10 ✓	
BUSINESS SERVICES										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net	
	C2510	EVIDENT				21,975.13	0.00	0.00	21,975.13	

Vendor#	Vendor Name				Class	Pay Code				
14092	FIRST CONNECT CENTER LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
3487 ✓		12/20/20	12/16/20	01/15/20		1,512.50	0.00	0.00	1,512.50 ✓	
TRAVEL NURSE STAFFING (12/16/21) Burnham										
3325		12/28/20	11/23/20	12/23/20		3,062.50	0.00	0.00	3,062.50 ✓	
TRAVEL NURSE STAFFING (11/16-11/18/21) Burnham										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net	
	14092	FIRST CONNECT CENTER LLC				4,575.00	0.00	0.00	4,575.00	

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	
7071735 ✓		12/17/20	12/15/20	01/09/20		318.00	0.00	0.00	318.00 ✓	
SUPPLIES										
7149231 ✓		12/17/20	12/16/20	01/10/20		505.79	0.00	0.00	505.79 ✓	
SUPPLIES										

7149227	✓		12/17/20	12/16/20	01/10/20			40.70	0.00	0.00	40.70	✓	
		SUPPLIES											
7216809	✓		12/17/20	12/17/20	01/11/20			172.07	0.00	0.00	172.07	✓	
		SUPPLIES											
7284286	✓		12/17/20	12/20/20	01/14/20			415.81	0.00	0.00	415.81	✓	
		SUPPLIES											
7284285	✓		12/17/20	12/20/20	01/14/20			172.07	0.00	0.00	172.07	✓	
		SUPPLIES											
6744238	✓		12/28/20	12/09/20	01/03/20			169.40	0.00	0.00	169.40	✓	
		SUPPLIES											
7149232	✓		12/29/20	12/16/20	01/10/20			67.86	0.00	0.00	67.86	✓	
		SUPPLIES											
7284287	✓		12/29/20	12/20/20	01/14/20			1,641.24	0.00	0.00	1,641.24	✓	
		SUPPLIES											
7284288	✓		12/29/20	12/20/20	01/14/20			382.72	0.00	0.00	382.72	✓	
		SUPPLIES											
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								F1400	FISHER HEALTHCARE	3,885.66	0.00	0.00	3,885.66
Vendor#	Vendor Name		Class		Pay Code								
11183	FRONTIER		M										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
121921		12/29/20	12/19/20	01/12/20	65.40	84.91	0.00	0.00	84.91 / 65.40				
	TELEPHONE SERVICE												
122321		12/29/20	12/23/20	01/18/20		14.23	0.00	0.00	14.23				
	TELEPHONE SERVICES												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								11183	FRONTIER	99.14	0.00	0.00	99.14
Vendor#	Vendor Name		Class		Pay Code								
W1300	GRAINGER		M										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
9154070834	✓	12/29/20	12/16/20	01/10/20		271.89	0.00	0.00	271.89				
	SUPPLIES												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								W1300	GRAINGER	271.89	0.00	0.00	271.89
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				
2156110	✓	12/21/20	12/14/20	01/13/20		47.73	0.00	0.00	47.73				
	SUPPLIES												
2155890	✓	12/21/20	12/14/20	01/13/20		763.22	0.00	0.00	763.22				
	SUPPLIES												
2132924	✓	12/29/20	11/02/20	12/02/20		918.79	0.00	0.00	918.79				
	SUPPLIES												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								G1210	GULF COAST PAPER COMPANY	1,729.74	0.00	0.00	1,729.74
Vendor#	Vendor Name		Class		Pay Code								
12380	HEALTH SOLUTIONS DIETETICS												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
122821		12/29/20	12/28/20	12/28/20		3,750.00	0.00	0.00	3,750.00				
	DIETICIAN SERVICES												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net

12380	HEALTH SOLUTIONS DIETETICS						3,750.00	0.00	0.00	3,750.00
Vendor#	Vendor Name						Class	Pay Code		
H0416	HOLOGIC INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9965583 ✓		12/29/20	12/16/20	12/29/20			236.25	0.00	0.00	236.25 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC					236.25	0.00	0.00	236.25
Vendor#	Vendor Name						Class	Pay Code		
14268	INDENTO GO ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
122221		12/28/20	12/22/20	12/22/20			39.05	0.00	0.00	39.05 ✓
	FINGER PRINTS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	14268	INDENTO GO					39.05	0.00	0.00	39.05
Vendor#	Vendor Name						Class	Pay Code		
14256	INFCARE HEALTH, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC121821 ✓		12/28/20	12/28/20	01/19/20			2,325.00	0.00	0.00	2,325.00 ✓
	TRAVEL NURSE STAFFING (12/12 - 12/18/20) NCS/lowy ✓									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	14256	INFCARE HEALTH, INC.					2,325.00	0.00	0.00	2,325.00
Vendor#	Vendor Name						Class	Pay Code		
14008	JASON RUBIO ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
122921		12/29/20	12/29/20	12/29/20			31.19	0.00	0.00	31.19 ✓
	MILEAGE Discounts for keys									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	14008	JASON RUBIO					31.19	0.00	0.00	31.19
Vendor#	Vendor Name						Class	Pay Code		
13956	KOETTER FIRE PROTECTION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
35031 ✓		12/28/20	12/21/20	12/21/20			1,330.00	0.00	0.00	1,330.00 ✓
	FIRE ALARM REPAIR									
35018 ✓		12/29/20	12/21/20	12/21/20			725.00	0.00	0.00	725.00 ✓
	KITCHEN HOOD INSPECTION									
35026 ✓		12/29/20	12/21/20	12/21/20			605.00	0.00	0.00	605.00 ✓
	FIRE EXTINGUISHER INSPEC									
35076 ✓		12/29/20	12/23/20	12/23/20			4,391.50	0.00	0.00	4,391.50 ✓
	FIRE EXTINGUISHER INSTALLA									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	13956	KOETTER FIRE PROTECTION					7,051.50	0.00	0.00	7,051.50
Vendor#	Vendor Name						Class	Pay Code		
M2178	MCKESSON MEDICAL SURGICAL INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
18869558 ✓		12/17/20	12/07/20	12/22/20			1,420.37	0.00	0.00	1,420.37 ✓
	SUPPLIES									
18838946 ✓		12/23/20	12/08/20	01/15/20			294.01	0.00	0.00	294.01 ✓
	SUPPLIES									
18805166 ✓		12/28/20	11/29/20	12/14/20			26.46	0.00	0.00	26.46 ✓
	SUPPLIES									

18781423	✓		12/29/20	11/19/20	12/04/20		195.16	0.00	0.00	195.16	✓	
		INVENTORY										
18781419	✓		12/29/20	11/19/20	12/04/20		23.07	0.00	0.00	23.07	✓	
		SUPPLIES										
18868318	✓		12/29/20	12/15/20	01/15/20		361.98	0.00	0.00	361.98	✓	
		SUPPLIES										
18865280	✓		12/29/20	12/15/20	01/15/20		50.77	0.00	0.00	50.77	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2178	MCKESSON MEDICAL SURGICAL INC	2,371.82	0.00	0.00	2,371.82
Vendor#	Vendor Name		Class		Pay Code							
11141	MEDICAL DATA SYSTEMS, INC.											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
165169	✓		12/28/20	10/31/20	11/25/20	2,103.73	0.00	0.00	2,103.73			
		COLLECTION FEES										
164396	✓		12/29/20	09/30/20	10/25/20	2,471.40	0.00	0.00	2,471.40			
		COLLECTION FEES										
164395	✓		12/29/20	09/30/20	10/25/20	1,389.39	0.00	0.00	1,389.39			
		COLLECTION FEES										
165167	✓		12/29/20	10/31/20	11/25/20	388.63	0.00	0.00	388.63			
		COLLECTION FEES										
165168	✓		12/29/20	10/31/20	11/25/20	7,480.59	0.00	0.00	7,480.59			
		COLLECTION FEES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11141	MEDICAL DATA SYSTEMS, INC.	13,833.74	0.00	0.00	13,833.74
Vendor#	Vendor Name		Class		Pay Code							
10613	MEDIMPACT HEALTHCARE SYS, INC.		A/P									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
122821			12/29/20	12/28/20	12/28/20	19.08	0.00	0.00	19.08			
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10613	MEDIMPACT HEALTHCARE SYS, INC.	19.08	0.00	0.00	19.08
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			
1931245874			07/23/20	11/17/20	01/15/20	14.79	0.00	0.00	14.79			
	19501 20417	SUPPLIES										
1975610682	✓		12/17/20	11/23/20	12/18/20	51.11	0.00	0.00	51.11			
		SUPPLIES										
1978993413	✓		12/17/20	12/20/20	01/14/20	64.83	0.00	0.00	64.83			
		SUPPLIES										
1979123934	✓		12/17/20	12/21/20	01/15/20	285.52	0.00	0.00	285.52			
		SUPPLIES										
1979143774	✓		12/17/20	12/21/20	01/15/20	85.90	0.00	0.00	85.90			
		SUPPLIES										
1979123935	✓		12/17/20	12/21/20	01/15/20	335.88	0.00	0.00	335.88			
		SUPPLIES										
1979123932	✓		12/17/20	12/21/20	01/15/20	273.58	0.00	0.00	273.58			
		SUPPLIES										
1976299721	✓		12/23/20	11/30/20	01/14/20	32.28	0.00	0.00	32.28			
		SUPPLIES										

1976566347 ✓	12/23/20 12/02/20 01/14/20	45.82	0.00	0.00	45.82 ✓
SUPPLIES					
1977262130 ✓	12/23/20 12/07/20 01/14/20	120.38	0.00	0.00	120.38 ✓
SUPPLIES					
1977262132 ✓	12/23/20 12/07/20 01/19/20	554.65	0.00	0.00	554.65 ✓
SUPPLIES					
1949534257A ✓	12/28/20 04/23/20 05/18/20	309.07	0.00	0.00	309.07 ✓
SUPPLIES					
1967005859 ✓	12/29/20 09/21/20 10/16/20	1,564.62	0.00	0.00	1,564.62 ✓
SUPPLIES					
1976876319 ✓	12/29/20 12/03/20 12/28/20	-82.66	0.00	0.00	-82.66 ✓
CREDIT					
1976876320 ✓	12/29/20 12/03/20 12/28/20	82.66	0.00	0.00	82.66 ✓
SUPPLIES					
1977262136 ✓	12/29/20 12/07/20 01/01/20	227.70	0.00	0.00	227.70 ✓
SUPPLIES					
1977371806 ✓	12/29/20 12/08/20 01/02/20	1,235.02	0.00	0.00	1,235.02 ✓
SUPPLIES					
1978288279 ✓	12/29/20 12/15/20 01/09/20	300.63	0.00	0.00	300.63 ✓
SUPPLIES					
1978540166 ✓	12/29/20 12/16/20 01/10/20	-136.08	0.00	0.00	-136.08 ✓
CREDIT					

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	5,365.70	0.00	0.00	5,365.70

Vendor#	Vendor Name	Class	Pay Code							
M2685	MICROTEK MEDICAL INC ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5126608 ✓		11/16/20	11/09/20	01/14/20			326.00	0.00	0.00	326.00 ✓
SUPPLIES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2685	MICROTEK MEDICAL INC	326.00	0.00	0.00	326.00

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
7655540 ✓		12/21/20	12/15/20	01/13/20			167.48	0.00	0.00	167.48 ✓
INVENTORY										
7654480 ✓		12/21/20	12/15/20	01/13/20			99.70	0.00	0.00	99.70 ✓
INVENTORY										
CM94587 ✓		12/21/20	12/15/20	01/13/20			-570.61	0.00	0.00	-570.61 ✓
CREDIT										
7655002 ✓		12/21/20	12/15/20	01/13/20			248.27	0.00	0.00	248.27 ✓
INVENTORY										
7655539 ✓		12/21/20	12/15/20	01/13/20			17.44	0.00	0.00	17.44 ✓
INVENTORY										
7654479 ✓		12/21/20	12/15/20	01/13/20			12.59	0.00	0.00	12.59 ✓
INVENTORY										
7654859 ✓		12/21/20	12/15/20	01/13/20			88.30	0.00	0.00	88.30 ✓
INVENTORY										
CM94588 ✓		12/21/20	12/15/20	01/13/20			-968.06	0.00	0.00	-968.06 ✓
CREDIT										
SM94589 ✓		12/21/20	12/15/20	01/13/20			-92.08	0.00	0.00	-92.08 ✓

		CREDIT								
CM95143	✓		12/28/20	12/16/20	12/26/20		-404.57	0.00	0.00	-404.57 ✓
		CREDIT								
CM95140	✓		12/28/20	12/16/20	12/26/20		-493.02	0.00	0.00	-493.02 ✓
		CREDIT								
CM95142	✓		12/28/20	12/16/20	12/26/20		-3,364.59	0.00	0.00	-3,364.59 ✓
		INVENTORY								
7667632	✓		12/28/20	12/19/20	12/29/20		25.84	0.00	0.00	25.84 ✓
		INVENTORY								
7667412	✓		12/28/20	12/19/20	12/29/20		59.06	0.00	0.00	59.06 ✓
		INVENTORY								
7665810	✓		12/28/20	12/19/20	12/29/20		82.32	0.00	0.00	82.32 ✓
		INVENTORY								
7667633	✓		12/28/20	12/19/20	12/29/20		678.31	0.00	0.00	678.31 ✓
		INVENTORY								
7667413	✓		12/28/20	12/19/20	12/29/20		54.04	0.00	0.00	54.04 ✓
		INVENTORY								
7672641	✓		12/28/20	12/20/20	12/30/20		500.00	0.00	0.00	500.00 ✓
		INVENTORY								
7672640	✓		12/28/20	12/20/20	12/30/20		40.62	0.00	0.00	40.62 ✓
		INVENTORY								
7669083	✓		12/28/20	12/20/20	12/30/20		53.42	0.00	0.00	53.42 ✓
		INVENTORY								
7669085	✓		12/28/20	12/20/20	12/30/20		59.06	0.00	0.00	59.06 ✓
		INVENTORY								
7669084	✓		12/28/20	12/20/20	12/30/20		54.04	0.00	0.00	54.04 ✓
		INVENTORY								
7674507	✓		12/28/20	12/21/20	12/31/20		53.42	0.00	0.00	53.42 ✓
		INVENTORY								
7674508	✓		12/28/20	12/21/20	12/31/20		131.24	0.00	0.00	131.24 ✓
		INVENTORY								
7678187	✓		12/28/20	12/21/20	12/31/20		125.82	0.00	0.00	125.82 ✓
		INVENTORY								
7682126	✓		12/28/20	12/22/20	01/01/20		110.96	0.00	0.00	110.96 ✓
		INVENTORY								
7682813	✓		12/28/20	12/22/20	01/01/20		20.52	0.00	0.00	20.52 ✓
		INVENTORY								
7680015	✓		12/28/20	12/22/20	01/01/20		3,942.95	0.00	0.00	3,942.95 ✓
		INVENTORY								
7682814	✓		12/28/20	12/22/20	01/01/20		169.48	0.00	0.00	169.48 ✓
		INVENTORY								
7680014	✓		12/28/20	12/22/20	01/01/20		53.42	0.00	0.00	53.42 ✓
		INVENTORY								
7680016	✓		12/28/20	12/22/20	01/01/20		235.22	0.00	0.00	235.22 ✓
		INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	1,190.59	0.00	0.00	1,190.59

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
MMC0031	✓	12/28/20	12/19/20	12/22/20		2,710.80	0.00	0.00	2,710.80 ✓

TRAVEL NURSE STAFFING (12/10 - 12/12/21) Dunn											
MMC0030			12/28/20	12/19/20	12/22/20		4,596.25	0.00	0.00	4,596.25	✓
TRAVEL NURSE STAFFING (12/10 - 12/14/21) Beardman											
Vendor Total#	Number	Name					Gross	Discount	No-Pay	Net	
	14124	MSH HEALTH SERVICES LLC					7,307.05	0.00	0.00	7,307.05	
Vendor#	Vendor Name				Class	Pay Code					
13548	NACOGDOCHES TRANSCRIPTION				✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
7570		12/28/20	12/21/20	12/31/20			322.00	0.00	0.00	322.00	✓
CODING											
Vendor Total#	Number	Name					Gross	Discount	No-Pay	Net	
	13548	NACOGDOCHES TRANSCRIPTION					322.00	0.00	0.00	322.00	
Vendor#	Vendor Name				Class	Pay Code					
14252	OLOOP TECHNOLOGY SOLUTIONS				✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
INVAJONES0001	✓	12/15/20	12/14/20	01/13/20			7,073.60	0.00	0.00	7,073.60	✓
TRAVEL NURSE STAFFING (10/02 - 10/28/21) Jones											
Vendor Total#	Number	Name					Gross	Discount	No-Pay	Net	
	14252	OLOOP TECHNOLOGY SOLUTIONS					7,073.60	0.00	0.00	7,073.60	
Vendor#	Vendor Name				Class	Pay Code					
O1416	ORTHO CLINICAL DIAGNOSTICS				✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
1852173310	✓	12/28/20	12/09/20	01/08/20			761.62	0.00	0.00	761.62	✓
SUPPLIES											
Vendor Total#	Number	Name					Gross	Discount	No-Pay	Net	
	O1416	ORTHO CLINICAL DIAGNOSTICS					761.62	0.00	0.00	761.62	
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	
04138656	✓	12/28/20	12/09/20	01/08/20			82.48	0.00	0.00	82.48	✓
SUPPLIES											
04134513	✓	12/28/20	12/07/20	01/06/20			45.54	0.00	0.00	45.54	✓
SUPPLIES											
04150934	✓	12/29/20	12/17/20	01/16/20			6.29	0.00	0.00	6.29	✓
SUPPLIES											
04151031	✓	12/29/20	12/17/20	01/16/20			148.31	0.00	0.00	148.31	✓
SUPPLIES											
04152024	✓	12/29/20	12/17/20	01/16/20			360.70	0.00	0.00	360.70	✓
SUPPLIES											
Vendor Total#	Number	Name					Gross	Discount	No-Pay	Net	
	10152	PARTSSOURCE, LLC					643.32	0.00	0.00	643.32	
Vendor#	Vendor Name				Class	Pay Code					
10896	QIAGEN INC				✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
998126803	✓	12/17/20	12/15/20	01/14/20			1,327.69	0.00	0.00	1,327.69	✓
SUPPLIES											
Vendor Total#	Number	Name					Gross	Discount	No-Pay	Net	
	10896	QIAGEN INC					1,327.69	0.00	0.00	1,327.69	
Vendor#	Vendor Name				Class	Pay Code					
R1431	RELIANT ENERGY SOLUTIONS				✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	

3050010360669		12/29/20	12/19/20	01/19/20		24,025.99	0.00	0.00	24,025.99		
ELECTRICITY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						R1431	RELIANT ENERGY SOLUTIONS	24,025.99	0.00	0.00	24,025.99
Vendor#	Vendor Name				Class	Pay Code					
S1001	SANOFI PASTEUR INC				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
917609047		11/01/20	10/19/20	01/17/20		11,351.06	0.00	0.00	11,351.06		
INVENTORY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S1001	SANOFI PASTEUR INC	11,351.06	0.00	0.00	11,351.06
Vendor#	Vendor Name				Class	Pay Code					
S1800	SHERWIN WILLIAMS				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
63065		12/29/20	12/08/20	12/23/20		17.60	0.00	0.00	17.60		
SUPPLIES											
32365		12/29/20	12/15/20	12/30/20		387.30	0.00	0.00	387.30		
SUPPLIES											
67413		12/29/20	12/15/20	12/30/20		290.85	0.00	0.00	290.85		
SUPPLIES											
67405		12/29/20	12/17/20	01/01/20		8.79	0.00	0.00	8.79		
SUPPLIES											
22240		12/29/20	12/20/20	01/04/20		28.89	0.00	0.00	28.89		
SUPPLIES											
69054		12/29/20	12/22/20	01/06/20		329.85	0.00	0.00	329.85		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S1800	SHERWIN WILLIAMS	1,063.28	0.00	0.00	1,063.28
Vendor#	Vendor Name				Class	Pay Code					
11672	STANLEY ACCESS TECH LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
0906404377		12/29/20	12/16/20	01/15/20		840.94	0.00	0.00	840.94		
SERVICES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11672	STANLEY ACCESS TECH LLC	840.94	0.00	0.00	840.94
Vendor#	Vendor Name				Class	Pay Code					
S3940	STERIS CORPORATION				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9804250		12/29/20	12/17/20	01/11/20		313.30	0.00	0.00	313.30		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S3940	STERIS CORPORATION	313.30	0.00	0.00	313.30
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		
9201988303		12/17/20	12/18/20	01/17/20		183.86	0.00	0.00	183.86		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S2830	STRYKER SALES CORP	183.86	0.00	0.00	183.86
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		
4333171	SUPPLIES	12/17/20	12/18/20	01/17/20		2,353.21	0.00	0.00	2,353.21		
4322238	CREDIT	12/23/20	12/03/20	01/14/20		-507.15	0.00	0.00	-507.15		
4322250	CREDIT	12/23/20	12/07/20	01/14/20		-390.00	0.00	0.00	-390.00		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10735	STRYKER SUSTAINABILITY	1,456.06	0.00	0.00	1,456.06
Vendor#	Vendor Name			Class	Pay Code						
11075	SUMMIT MEDICAL										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
562542	SUPPLIES	12/29/20	10/18/20	11/18/20		729.54	0.00	0.00	729.54		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11075	SUMMIT MEDICAL	729.54	0.00	0.00	729.54
Vendor#	Vendor Name			Class	Pay Code						
12476	SUN LIFE FINANCIAL										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
122321	PAYROLL DEDUCT BENEFITS	12/28/20	12/23/20	01/10/20		8,106.54	0.00	0.00	8,106.54		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12476	SUN LIFE FINANCIAL	8,106.54	0.00	0.00	8,106.54
Vendor#	Vendor Name			Class	Pay Code						
T1450	TEXAS ASSOCIATION OF COUNTIES			W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
122721	4TH QTR UNEMPLOYMENT CC	12/28/20	12/27/20	12/27/20		5,079.35	0.00	0.00	5,079.35		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						T1450	TEXAS ASSOCIATION OF COUNTIES	5,079.35	0.00	0.00	5,079.35
Vendor#	Vendor Name			Class	Pay Code						
14280	TEXAS DEPART OF LICENSING&REGU										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
10136147	INSPECTIONS	12/29/20	12/17/20	01/16/20		235.00	0.00	0.00	235.00		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14280	TEXAS DEPART OF LICENSING&REGU	235.00	0.00	0.00	235.00
Vendor#	Vendor Name			Class	Pay Code						
13880	TEXAS SELECT STAFFING										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
001883951079IN	TRAVEL NURSE STAFFING (12/14-12/16/21) Bruckman	12/28/20	12/22/20	12/22/20		10,067.20	0.00	0.00	10,067.20		
001856451079INA	TRAVEL NURSE STAFFING (11/9-11/11/21) Jeschke	12/29/20	11/18/20	11/18/20		3,115.25	0.00	0.00	3,115.25		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13880	TEXAS SELECT STAFFING	13,182.45	0.00	0.00	13,182.45
Vendor#	Vendor Name			Class	Pay Code						
14224	THE TACT CORPORATION OF NYC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9266701467	TRAVEL NURSE STAFFING (11/12/21-11/13/21)	11/30/20	11/19/20	01/18/20		5,200.00	0.00	0.00	5,200.00		

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		14224	THE TACT CORPORATION OF NYC				5,200.00	0.00	0.00	5,200.00
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
8400383991	LAUNDRY	12/21/20	12/20/20	01/14/20			2,104.59	0.00	0.00	2,104.59
8400383964	LAUNDRY	12/21/20	12/20/20	01/14/20			45.15	0.00	0.00	45.15
8400383965	LAUNDRY	12/21/20	12/20/20	01/14/20			47.80	0.00	0.00	47.80
8400383784	LAUNDRY	12/28/20	12/16/20	01/10/20			159.75	0.00	0.00	159.75
8400384309	LAUNDRY	12/28/20	12/23/20	01/17/20			202.07	0.00	0.00	202.07
8400384344	LAUNDRY	12/28/20	12/23/20	01/17/20			67.66	0.00	0.00	67.66
8400384308	LAUNDRY	12/29/20	12/23/20	01/17/20			137.13	0.00	0.00	137.13
8400384324	LAUNDRY	12/29/20	12/23/20	01/17/20			63.23	0.00	0.00	63.23
8400384307	LAUNDRY	12/29/20	12/23/20	01/17/20			42.72	0.00	0.00	42.72
8400384311	LAUNDRY	12/29/20	12/23/20	01/17/20			199.32	0.00	0.00	199.32
8400384310	LAUNDRY	12/29/20	12/23/20	01/17/20			170.59	0.00	0.00	170.59
8400384330	LAUNDRY	12/29/20	12/23/20	01/17/20			1,482.20	0.00	0.00	1,482.20
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC				4,722.21	0.00	0.00	4,722.21
Vendor#	Vendor Name			Class	Pay Code					
14276	UNITED HEALTHCARE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
138261	REFUND-M	12/28/20	12/22/20	12/22/20			80.00	0.00	0.00	80.00
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		14276	UNITED HEALTHCARE				80.00	0.00	0.00	80.00
Vendor#	Vendor Name			Class	Pay Code					
V0552	VERATHON INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
80403812	SUPPLIES	12/17/20	12/17/20	01/11/20			42.48	0.00	0.00	42.48
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		V0552	VERATHON INC				42.48	0.00	0.00	42.48
Vendor#	Vendor Name			Class	Pay Code					
12208	WAGEWORKS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV3249117	ADMIN COMPLIANCE FEE NO	12/15/20	12/15/20	01/14/20			585.00	0.00	0.00	585.00
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net

12208	WAGEWORKS					585.00	0.00	0.00	585.00
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
9111084355		12/28/20	12/15/20	01/09/20		346.08	0.00	0.00	346.08
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC				346.08	0.00	0.00	346.08

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	383,045.56	0.00	0.00	383,045.56

383,045.56 +  
 6.27 -  
 5.79 +  
 216.07 -  
 201.97 +  
 3,517.97 -  
 1,606.68 +  
 84.91 -  
 65.40 +  
 381,110.18

pg 1 correction { < 4.27 >  
 { + 5.79  
 pg 4 correction { < 216.07 >  
 { + 201.97  
 pg 5 correction { < 3,517.97 >  
 { + 1606.68  
 pg 7 correction { < 84.91 >  
 { + 65.40  
 \$ 381,100.18

APPROVED ON  
DEC 30 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 193244-193339

RECEIVED BY THE  
COUNTY AUDITOR ON

DEC 30 2021

14:37

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through: 01/19/2022

0

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

14148 SPECTRUM HEALTH PARTNERS, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
DEC04MMC21		12/30/20	11/10/20	11/10/20		26,315.00	0.00	0.00	26,315.00

AGENCY STAFFING *Interim CFO compensation and expenses for NOV 01 - Dec 04 ; 2021 ( part fee)*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
14148	SPECTRUM HEALTH PARTNERS, LLC	26,315.00	0.00	0.00	26,315.00	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	26,315.00	0.00	0.00	26,315.00

APPROVED ON

DEC 30 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL# 193324

RUN DATE: 12/30/21  
TIME: 09:40

RECEIVED BY THE  
COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER  
EDIT LIST FOR PATIENT REFUNDS ARID-0001

PAGE 1  
APCDEDIT

DEC 30 2021

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
-----							
	CALHOUN COUNTY, TEXAS	081121	103.00	N	3	REFUND FOR	
-----							
	ARID=0001 TOTAL		103.00				
-----							
TOTAL			103.00				

APPROVED ON

DEC 30 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK #193345

# MCKESSON

# STATEMENT

As of: 12/31/2021

Page: 002

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

Company: 8000

DC: 8115

As of: 12/31/2021  
Mail to:

Page: 002  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory:

Customer: 632536  
Date: 01/01/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536  
Date: 01/01/2022  
**PLEASE CHECK ANY ITEMS NOT PAID (✓)**

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 7,706.96 USD

Future Due: 0.00  
 Past Due: 53.55  
 Last Payment 18/07/2017: 2,451.97

If Paid By 01/04/2022,  
 Pay This Amount: 7,553.88 USD  
 If Paid After 01/04/2022,  
 Pay this Amount: 7,706.96 USD

Due If Paid On Time: USD 7,553.88 ✓  
 Disc lost if paid late: 153.08  
 Due If Paid Late: USD 7,706.96

0.00

7,066.76 +  
 6.66 +  
 255.38 +  
 225.08 +  
 7,553.88 +

*[Signature]*  
1/3/2022

APPROVED ON

JAN 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

# MCKESSON

# STATEMENT

As of: 12/31/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/31/2021  
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: 01/01/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 01/01/2022 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											
2/24/2021	12/28/2021	7314572400	1223210833	115Invoice		53.55	P	53.55	✓P	7314572400	
2/27/2021	01/04/2022	7314330342	21813144	115Invoice	0.02	0.95		0.93	✓	7314330342	
2/27/2021	01/04/2022	7314330343	21877688	115Invoice	0.63	31.36		30.73	✓	7314330343	
2/27/2021	01/04/2022	7314330344	21899546	115Invoice	2.18	109.16		106.98	✓	7314330344	
2/27/2021	01/04/2022	7314330345	21899546	115Invoice	0.01	0.32		0.31	✓	7314330345	
2/27/2021	01/04/2022	7314531612	1223210725	195Invoice		0.06		0.06	✓	7314531612	
2/28/2021	01/04/2022	7314704235	22020369	115Invoice	3.64	182.04		178.40	✓	7314704235	
2/28/2021	01/04/2022	7314704236	22020369	115Invoice	13.49	674.54		661.05	✓	7314704236	
2/28/2021	01/04/2022	7314704237	22069149	115Invoice	10.02	501.08		491.06	✓	7314704237	
2/28/2021	01/04/2022	7314704238	22065779	115Invoice	3.47	173.59		170.12	✓	7314704238	
2/28/2021	01/04/2022	7314876845	1227210855	115Invoice	1.26	63.03		61.77	✓	7314876845	
2/29/2021	01/04/2022	7314963285	22113510	115Invoice	8.49	424.39		415.90	✓	7314963285	
2/29/2021	01/04/2022	7315096953	1228210801	195Invoice	1.62	80.87		79.25	✓	7315096953	
2/29/2021	01/04/2022	7315096954	1228210646	115Invoice	4.89	244.39		239.50	✓	7315096954	
2/30/2021	01/04/2022	7315225777	22188231	115Invoice	1.94	96.96		95.02	✓	7315225777	
2/30/2021	01/04/2022	7315225778	22188231	115Invoice	0.01	0.63		0.62	✓	7315225778	
2/30/2021	01/04/2022	7315225779	22234230	115Invoice	5.38	268.84		263.46	✓	7315225779	
2/30/2021	01/04/2022	7315225780	22241144	115Invoice	21.51	1,075.35		1,053.84	✓	7315225780	
2/30/2021	01/04/2022	7315361102	1229210721	195Invoice	5.80	289.78		283.98	✓	7315361102	
2/31/2021	01/04/2022	7315488315	22263516	115Invoice	9.75	487.37		477.62	✓	7315488315	
2/31/2021	01/04/2022	7315488316	22263516	115Invoice	40.33	2,016.66		1,976.33	✓	7315488316	
2/31/2021	01/04/2022	7315616560	1230210729	195Invoice	4.63	231.50		226.87	✓	7315616560	
2/31/2021	01/04/2022	7315616561	1230210616	115Invoice	4.07	203.48		199.41	✓	7315616561	

CK 500262

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

# MCKESSON

# STATEMENT

Company: 8000

As of: 12/31/2021

Page: 002

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

DC: 8115

As of: 12/31/2021  
Mail to:

Page: 002  
Comp: 8000

Territory: 400

Customer: 256342  
Date: 01/01/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

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

Cust: 256342  
Date: 01/01/2022  
**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
			632536							

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 7,209.90 USD

Future Due: 0.00

Past Due: 53.55

Last Payment 2/27/2021 2,583.41

If Paid By 01/04/2022,  
Pay This Amount: 7,066.76 USD

If Paid After 01/04/2022,  
Pay this Amount: 7,209.90 USD

Due If Paid On Time:  
USD 7,066.76 ✓

Disc lost if paid late:  
143.14

Due If Paid Late:  
USD 7,209.90

APPROVED ON

JAN 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*[Signature]*  
1/3/2022

For AR Inquiries please contact 800-867-0333



# MCKESSON

# STATEMENT

As of: 12/31/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/31/2021  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 464450  
Date: 01/01/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 464450  
Date: 01/01/2022

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
2/29/2021	01/04/2022	7314941438	55x253833	115Invoice	0.14	6.80		6.66	✓	7314941438	

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

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

Subtotals: 6.80 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2/27/2021 2,583.41

If Paid By 01/04/2022,  
Pay This Amount:

6.66 USD

If Paid After 01/04/2022,  
Pay this Amount:

6.80 USD

Due If Paid On Time:

USD 6.66

Disc lost if paid late:

0.14


Due If Paid Late:

USD 6.80

APPROVED ON

JAN 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

  
1/3/2022

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 12/31/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 12/31/2021  
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: 01/01/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835438 PLEASE CHECK ANY  
Date: 01/01/2022 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											
2/30/2021	01/04/2022	7315402724	1509690	115Invoice	5.21	260.59		255.38	✓	7315402724	

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

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

Subtotals: 260.59 USD

Future Due: 0.00

If Paid By 01/04/2022,  
Pay This Amount:

255.38 USD

Due If Paid On Time:  
USD

255.38 ✓

Past Due: 0.00

Disc lost if paid late:

5.21

Last Payment 11,814.44  
2/20/2021

If Paid After 01/04/2022,  
Pay this Amount:

260.59 USD

Due If Paid Late:  
USD

260.59

APPROVED ON

JAN 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*[Signature]*  
1/3/22

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

Company: 8000

As of: 12/31/2021

Page: 001

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

DC: 8115

As of: 12/31/2021  
Mail to:

Page: 001  
Comp: 8000

Territory: 400

Customer: 190813  
Date: 01/01/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

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

Cust: 190813  
Date: 01/01/2022  
**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										
2/29/2021	01/04/2022	7314942069	2017041555	115Invoice	4.59	229.67		225.08	✓	7314942069	

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

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

Subtotals: 229.67 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2/27/2021 2,583.41

If Paid By 01/04/2022, Pay This Amount: 225.08 USD

If Paid After 01/04/2022, Pay this Amount: 229.67 USD

Due If Paid On Time: USD 225.08 ✓

Disc lost if paid late: 4.59

Due If Paid Late: USD 229.67

APPROVED ON

JAN 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*[Handwritten Signature]*  
1/3/22

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

<b>Serviced By:</b>	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	<b>Customer:</b>	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	<b>Customer Number</b>	100135284 / 037028186
	DEA: RA0289276 866-451-9655			<b>Terms</b>	Sat - Fri Due in 7 days
<b>Remit To:</b>	AMERISOURCEBERGEN P.O. Box 905223 CHARLOTTE NC 28290-5223			<b>Summary</b>	
				Not Yet Due:	0.00
				Current:	2,084.31
				Past Due:	0.00
				Total Due:	2,084.31
				Account Balance:	2,084.31

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-27-2021	01-07-2022	3078120788	164093	Invoice	122.15		0.00	122.15 ✓
12-27-2021	01-07-2022	3078120789	164095	Invoice	1,752.48		0.00	1,752.48 ✓
12-27-2021	01-07-2022	3078121250	164096	Invoice	29.72		0.00	29.72 ✓
12-27-2021	01-07-2022	3078121251	164098	Invoice	0.09		0.00	0.09 ✓
12-27-2021	01-07-2022	3078121252	164097	Invoice	29.04		0.00	29.04 ✓
12-27-2021	01-07-2022	3078166507	164144	Invoice	13.24		0.00	13.24 ✓
12-29-2021	01-07-2022	3078434380	164158	Invoice	77.56		0.00	77.56 ✓
12-30-2021	01-07-2022	3078585083	164167	Invoice	60.03		0.00	60.03 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,084.31	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
12-31-2021	(674.17)

Reminders	
Due Date	Amount
01-07-2022	2,084.31
<b>Total Due:</b>	<b>2,084.31</b>

APPROVED ON

JAN 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*[Signature]*  
1/3/2022

**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"	★		22
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		03
	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"	★		\$ 108,373.01 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		\$ 52,910.16 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			\$ 12,374.08 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			\$ 43,088.77 #
		CHECK	\$	-
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

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

Run Date: 01/01/22  
Time: 17:16


MEMORIAL MEDICAL CENTER  
Payroll Register ( Bi-Weekly )  
Pay Period 12/17/21 - 12/30/21 Run# 1

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P2REG

Final Summary

*-- Pay Code Summary					*-- Deductions Summary					
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount
1	REGULAR PAY-S1	8056.00	N	N	N			163007.83	A/R	535.16
1	REGULAR PAY-S1	1771.50	N	N	N	N		77200.49	ADVANC	AWARDS
1	REGULAR PAY-S1	11.25	N	N	Y			256.85	BOOTS	CAFE H
1	REGULAR PAY-S1	160.00	N	N	Y	N		4894.54	CAFE-2	CAFE-3
1	REGULAR PAY-S1	33.75	N	1	N	Y		740.40	CAFE-5	CAFE-C
1	REGULAR PAY-S1	233.75	Y	N	N			7462.19	CAFE-F	CAFE-E
2	REGULAR PAY-S2	1894.75	N	N	N			44586.93	CAFE-L	CAFE-P
2	REGULAR PAY-S2	27.50	N	N	Y			1464.58	CHILD	720.47
2	REGULAR PAY-S2	129.00	N	N	Y	N		4443.98	CREDUN	DD ADV
2	REGULAR PAY-S2	115.50	Y	N	N			3947.92	DEP-LF	DIS-LF
3	REGULAR PAY-S3	1035.25	N	N	N			27837.45	EATCSH	EEDTAX
3	REGULAR PAY-S3	45.50	N	N	Y			2092.37	FICA-O	26455.08
3	REGULAR PAY-S3	117.25	N	N	Y	N		4557.27	FLX FE	FORT D
3	REGULAR PAY-S3	103.25	Y	N	N			4617.81	GIPT S	367.54
C	CALL PAY	2401.00	N	1	N	N		4802.00	GTL	HOSP-I
D	DOUBLE TIME	60.25	N	1	N	N		3833.03	LEAF	LEGAL
D	DOUBLE TIME	38.75	N	2	N	N		2617.19	MEALS	148.36
D	DOUBLE TIME	15.50	N	3	N	N		1170.50	MISC/	MMCSHR
D	DOUBLE TIME	2.50	Y	1	N	N		245.10	OTHER	PHI
D	DOUBLE TIME	7.75	Y	2	N	N		695.72	PR FIN	RELAY
D	DOUBLE TIME	17.25	Y	3	N	N		1451.59	SAMS	SCRUBS
E	EXTRA WAGES		N	1	N	N	N	1145.25	ST-TX	STONDF
I	INSERVICE	4.00	N	1	N	N		140.00	STONE2	STUDEN
K	EXTENDED-ILLNESS-BANK	352.13	N	1	N	N		6055.44	SUNILL	876.49
P	PAID-TIME-OFF	421.31	N	N	N	N		34290.62	SUNSTD	1153.26
P	PAID-TIME-OFF	2053.72	N	1	N	N		52260.13	TSA-1	TSA-2
X	CALL PAY 2	144.00	N	1	N	N		288.00	TSA-P	TSA-R
Z	CALL PAY 3	48.00	N	1	N	N		144.00	UNIPOR	45.50
p	PAID TIME OFF - PROBATION	56.00	N	1	N	N		721.76		
t	PHONE & DATA		N	N	N	N		945.00		
v	COVID-FPCRA	111.00	N	1	N	N		2307.15		

----- Grand Totals: 19467.41 ----- ( Gross: 460223.09 Deductions: 148041.55 Net: 312181.54 )  
 Checks Count:- FT 192 PT 9 Other 36 Female 215 Male 21 Credit OverAmt 10 ZeroNet Term 1 Total: 236

  
12/1  
01/3/2022

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

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

	12/17/1930 12/30/2021 17/2022	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	12/17/1930					
PAY PERIOD: END	12/30/2021					
PAY DATE:	17/2022					
GROSS PAY:	\$ 460,223.09			\$ -		\$ 460,223.09
DEDUCTIONS:						
A/R	\$ 560.16					\$ 560.16
ADVANC						\$ -
BOOTS						\$ -
SUNLIFE CRITICAL ILLNESS	\$ 876.49					\$ 876.49
SUNLIFE ACCIDENT	\$ 793.63					\$ 793.63
SUNLIFE VISION	\$ (7.78)					\$ (7.78)
SUNLIFE SHORT TERM DIS	\$ 1,153.26					\$ 1,153.26
BCBS VISION	\$ 1,144.94					\$ 1,144.94
CAFE-D	\$ 1,599.63					\$ 1,599.63
CAFE-H	\$ 23,865.98					\$ 23,865.98
CAFE-P						\$ -
CANCER						\$ -
CHILD	\$ 720.47					\$ 720.47
CLINIC	\$ 410.00					\$ 410.00
COMBIN	\$ 268.03					\$ 268.03
CREDUN						\$ -
DENTAL						\$ -
DEP-LF						\$ -
SUNLIFE TERM LIFE	\$ 770.02					\$ 770.02
SUNLIFE HOSP INDEM	\$ 376.50					\$ 376.50
FED TAX	\$ 43,088.77					\$ 43,088.77
FICA-M	\$ 6,187.04					\$ 6,187.04
FICA-O	\$ 26,455.08					\$ 26,455.08
FIRST C						\$ -
FLEX S	\$ 3,470.63					\$ 3,470.63
FLX-FE						\$ -
GIFT S	\$ 367.54					\$ 367.54
GRP-IN						\$ -
GTL						\$ -
HOSP-I						\$ -
LEGAL	\$ 881.25					\$ 881.25
OTHER	\$ 193.86					\$ 193.86
NATIONAL FARM LIFE	\$ 1,704.02					\$ 1,704.02
MED SURCHARGE	\$ 310.00					\$ 310.00
PR FIN						\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 640.86					\$ 640.86
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 32,211.17					\$ 32,211.17
UW/HOS						\$ -
TOTAL DEDUCTIONS:	\$ 148,041.55	\$ -	\$ -	\$ -	\$ -	\$ 148,041.55
NET PAY:	\$ 312,181.54	\$ -	\$ -	\$ -	\$ -	\$ 312,181.54

TOTAL CAFE 125 PLAN:	\$ 33,537.64	Less Exempt:				Exempt Amt:
TAXABLE PAY:	\$ 426,685.45	\$ 426,685.45				

	**CALCULATED**	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 6,186.94		
FICA - MED (EE)	1.45% \$ 6,186.94	\$ 6,187.04	\$ (0.10)
FICA - SOC SEC (ER)	6.20% \$ 26,454.50		
FICA - SOC SEC (EE)	6.20% \$ 26,454.50	\$ 26,455.08	\$ (0.58)
FED WITHHOLDING	\$ 43,088.77	\$ 43,088.77	

Employees over FICA-SS Cap:  
 Jason Anglin \$ -  
 Shanna Odonnell \$ -  
 Roshanda Thomas \$ -  
 Paycode S - Employee Reimb.:

TAX DEPOSIT:	\$ 108,371.65	\$ 108,373.01			TOTAL: \$ -
FICA - MEDICARE	2.90% \$ 12,373.88	\$12,374.08			
FICA - SOCIAL SECURITY	12.40% \$ 52,909.00	\$52,910.16			
FED WITHHOLDING	\$ 43,088.77	\$43,088.77			
TOTAL TAX:	\$ 108,371.65	\$108,373.01	\$ (1.36)		

PREPARED BY: Caitlin Clevenger  
 PREPARED DATE: 1/1/2022

Run Date: 01/01/22  
Time: 17:58

MEMORIAL MEDICAL CENTER BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
Pay Period 12/17/21--12/30/21 Run: 1  
Type=NET 10000001 OPERATING - PROSPERITY

Page 1  
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
01015	SUSAN B SMALLEY	2191.50	00063080	01/07/22
02165	CAYDENCE N CAUDILL	654.45	00063081	01/07/22
20548	JAMES D AKIN	1113.42	00063082	01/07/22
20207	SHAWNA G HARTL	1894.92	00063083	01/07/22
20456	SAYDI A ST CLAIR	667.34	00063084	01/07/22
60616	DOROTHY A LONGORIA	777.89	00063085	01/07/22
65583	RACQUEL MORALES	673.89	00063086	01/07/22
65815	MELISSA R VEGAS	512.67	00063087	01/07/22
68163	CRYSTAL MARTINEZ	682.54	00063088	01/07/22
78897	DAYLE J MCLAUGHLIN	541.25	00063089	01/07/22
78072	DONNA M RAWLINGS	912.36	00063090	01/07/22
78778	SARA M RUBIO	2041.64	00063091	01/07/22
00041	CARL LEE KING	967.82	DD	01/07/22
00083	SYLVIA A VARGAS	896.42	DD	01/07/22
00094	SYLVIA A MENDOZA	823.61	DD	01/07/22
00113	JACLYN CARREON	863.47	DD	01/07/22
00132	SANDRA A BRAUN	747.28	DD	01/07/22
00192	BRENDA D PENA	965.02	DD	01/07/22
00270	ANGELA M BURGIN	1053.39	DD	01/07/22
00344	SANDY LEE RUDDICK	2697.39	DD	01/07/22
00387	BILLIE F DUCKWORTH	2742.87	DD	01/07/22
00392	MONICA T CARR	2526.16	DD	01/07/22
00399	LINDA J TIJERINA	3016.08	DD	01/07/22
00401	VELMA J PINA	984.49	DD	01/07/22
00417	SHERRY L KING	2205.38	DD	01/07/22
00423	DONN V STRINGO	2169.40	DD	01/07/22
00482	PAM PIKAC	1177.46	DD	01/07/22
00533	LAURA V DAVILA	197.14	DD	01/07/22
00577	DIANA GARCIA	2210.96	DD	01/07/22
00581	CYNTHIA L RUSHING	1661.98	DD	01/07/22
00676	SHEILA KAY HEATHCOCK	1130.76	DD	01/07/22
00681	R RENEE WOOD	1779.99	DD	01/07/22
00692	DEBORAH E WITTNEBERT	185.21	DD	01/07/22
00697	MARIA C FARIAS	955.66	DD	01/07/22
00707	KIMBERLY R BLINKA	1515.13	DD	01/07/22
00918	GILMA MORENO	2.74	DD	01/07/22
01234	JENISS N SVETLIK	1849.42	DD	01/07/22
01367	MARILYN A SANDERS	1000.24	DD	01/07/22
01791	RAUSHANAH J MONDAY	3774.41	DD	01/07/22
02011	ERIN R CLEVENGER	5983.39	DD	01/07/22
02021	ERIKA OSORNIA-SANCHEZ	510.93	DD	01/07/22
02022	AMANDA J GRIGGS	2421.54	DD	01/07/22
02064	ANNA LAURA GARCIA	423.86	DD	01/07/22
02097	KYLIE M GAINES	1088.00	DD	01/07/22
02099	TRACI M SHEFCIK	2618.66	DD	01/07/22
02112	LESLIE THOMAS	2399.92	DD	01/07/22
02193	TIKI VENGLAR	1499.34	DD	01/07/22
02271	DAWN J SUBENIK	1948.52	DD	01/07/22
02301	NICOLAS TIJERINA	1833.55	DD	01/07/22
02302	CATHERINE MARIE DECILLOS	596.06	DD	01/07/22
02303	CONNIE M LUNA	2380.46	DD	01/07/22
02315	NINA M GREEN	1913.20	DD	01/07/22
02331	JESSICA B BIFFLE	312.19	DD	01/07/22



Run Date: 01/01/22  
Time: 17:56

MEMORIAL MEDICAL CENTER BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
Pay Period 12/17/21--12/30/21 Run: 1  
Type=NET 10000001 OPERATING - PROSPERITY

Page 2  
PDIISTP

Num.	Name	Amount	CHECK NUM	DATE
02346	JEANETTE L FALCON	617.79	DD	01/07/22
02416	JANELLE SCOTT	1863.94	DD	01/07/22
02525	AUDREY D GARCIA	204.41	DD	01/07/22
02535	STEPHANIE M SOLIZ	337.77	DD	01/07/22
02552	VERONICA RAGUSIN	1679.65	DD	01/07/22
02564	BEATRICE MAGU	3130.80	DD	01/07/22
02717	PATRICIA A BRISENO	1054.76	DD	01/07/22
02719	DAWN M MCCLELLAND	1711.87	DD	01/07/22
02735	ZANDRA A CUELLAR	346.74	DD	01/07/22
02745	TRACY L WIGGS	2164.01	DD	01/07/22
02763	JESSICA COPPIN	814.53	DD	01/07/22
02794	HEATHER L MUTCHLER	1576.02	DD	01/07/22
02812	BRITTANY N RUDDICK	1613.33	DD	01/07/22
02907	MARIA F LONGORIA	986.25	DD	01/07/22
02927	MICHAEL L GAINES	4193.41	DD	01/07/22
02963	DOROTHY J RENDON	533.00	DD	01/07/22
02970	DIANNE G ATKINSON	1720.24	DD	01/07/22
03864	JACQUELINE R HERRERA	1100.01	DD	01/07/22
05003	COURTNE D THURLKILL	2603.24	DD	01/07/22
05006	REGINA A MARTINEZ	386.20	DD	01/07/22
05007	JAMIE K NEVLAND	1570.20	DD	01/07/22
05641	AMANDA R KEY	1785.81	DD	01/07/22
05757	SHARON T HOLDER	1827.92	DD	01/07/22
07007	URSULA S BRYAN	926.42	DD	01/07/22
07066	DELPHINE PADRON	1353.38	DD	01/07/22
07878	DIANA C SAUCEDA	933.65	DD	01/07/22
10519	MARISSA LYNN HUNT	1494.51	DD	01/07/22
11197	CATHERINE A SAENZ	995.06	DD	01/07/22
11412	COURTNEY L MORKOVSKY	871.43	DD	01/07/22
12115	LISA J HINOJOSA	851.13	DD	01/07/22
12212	MARIA E ARREDONDO	772.69	DD	01/07/22
15097	KYLE L DANIEL	3101.53	DD	01/07/22
15131	SAVANNAH HARLEY	1440.14	DD	01/07/22
15230	MEAGAN GARCIA	2019.65	DD	01/07/22
15286	DAWN M MAREK	1664.11	DD	01/07/22
15400	ANDREA RODRIGUEZ	1782.34	DD	01/07/22
15555	STEPHANIE MARTIN	1066.34	DD	01/07/22
15909	JULIE NGUYEN	863.38	DD	01/07/22
15915	BRIANNE J KEY	1986.66	DD	01/07/22
20112	YULMA PATRICA RODRIGUEZ	1431.65	DD	01/07/22
20144	SOPHIE M PECENA	673.43	DD	01/07/22
20156	ERIN ASHLEY WISDOM	2650.51	DD	01/07/22
20206	KELLI B GOFF	1297.14	DD	01/07/22
20294	JESSICA D WALTHER	711.64	DD	01/07/22
20407	MISTY M RECTOR	603.39	DD	01/07/22
20419	KAREN N MCEUEN	394.32	DD	01/07/22
20484	BRIANNA S PASSMORE	237.87	DD	01/07/22
20759	JAMIE SADLER	1505.59	DD	01/07/22
20796	ANNA JIMENEZ	699.94	DD	01/07/22
20797	BETHANN M DIGGS	505.36	DD	01/07/22
20816	JOIE L PENA	828.29	DD	01/07/22
20837	DAISY MADRIGAL	553.84	DD	01/07/22
20896	DANIELA CAMACHO	632.85	DD	01/07/22
20977	CHERYL L TESCH	1336.41	DD	01/07/22

Run Date: 01/01/22  
Time: 17:56

MEMORIAL MEDICAL CENTER BI-WEEKLY  
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Num.	Name	Amount	CHECK NUM.	DATE
21450	DIANA E LEAL	1116.22	DD	01/07/22
21629	JACOBY R CRAWFORD	1690.95	DD	01/07/22
28034	KRISTINA A BUENGER	366.05	DD	01/07/22
28120	JESSICA V SELVERA	843.15	DD	01/07/22
29199	KELLY A SCHOTT	342.66	DD	01/07/22
30491	ARLEEN JUDD	417.04	DD	01/07/22
31035	STACIE L RPLEY	2185.36	DD	01/07/22
31054	LORA L LAMBDEN	754.33	DD	01/07/22
31099	ARACELY Z GARCIA	2416.93	DD	01/07/22
31185	JERRY A FINDLEY	645.00	DD	01/07/22
31219	LAUREN PHILLIPS	1078.95	DD	01/07/22
31313	KATHERINE LYNN JIMENEZ	1805.81	DD	01/07/22
31319	STACY L FARMER	1636.68	DD	01/07/22
31463	EDWARD E MATULA	2853.00	DD	01/07/22
31508	RACHEL A HEFFNER	1677.37	DD	01/07/22
31821	KAYLA M ALVAREZ	1672.68	DD	01/07/22
31832	SHANE D KRESTA	184.36	DD	01/07/22
31849	COODY L JUREK	1456.29	DD	01/07/22
38118	KRYSTELLA F KISIAH	800.91	DD	01/07/22
38413	DEVAN ORTA	1021.31	DD	01/07/22
38702	ANNA VANESSA PENNELL	972.66	DD	01/07/22
41112	ANASTASIA L PEREZ	584.52	DD	01/07/22
41171	TOMMIE M TREVINO	413.20	DD	01/07/22
41205	JEANETTE ALVARADO	882.50	DD	01/07/22
41225	LESLIE A CRAIGEN	723.05	DD	01/07/22
41236	PAMELA K VANNOY	1156.65	DD	01/07/22
41274	KAREN GANN	552.98	DD	01/07/22
41347	ADRIANNA D STRAKOS	534.68	DD	01/07/22
41369	LORETTA A LEAL	646.18	DD	01/07/22
41418	ANGEL M CASSEL	895.93	DD	01/07/22
41507	OLGA I BETANCOURT	784.54	DD	01/07/22
41612	SONJA A GUAJARDO	672.10	DD	01/07/22
41617	JACQUELINE M MARTINEZ	817.09	DD	01/07/22
41618	HEATHER DELBOSQUE	601.16	DD	01/07/22
41705	KELSEY R TAYLOR	727.74	DD	01/07/22
41896	RENAE MICHELLE EMERY	634.17	DD	01/07/22
41897	ROXANNA MARTINEZ	721.10	DD	01/07/22
41901	JUANITA R MILLER	1037.99	DD	01/07/22
41924	BRITTNEY V STRICKLIN	484.86	DD	01/07/22
42106	CHRISTY SILVAS	811.90	DD	01/07/22
42112	SOCORRO C GONZALES	590.80	DD	01/07/22
42122	LEI ANA CHAVANA	1449.54	DD	01/07/22
42125	LUCY CALZADA	748.48	DD	01/07/22
42304	MIMI T NGUYEN	2369.37	DD	01/07/22
42320	MICHAEL A PFEIL	2658.17	DD	01/07/22
42820	MARIA D CHAVEZ	500.44	DD	01/07/22
42842	SHANNA S O DONNELL	3216.75	DD	01/07/22
50018	MICHELLE M MORALES	1397.55	DD	01/07/22
50148	PENNY GOULDEN	3311.83	DD	01/07/22
50249	MCKENNA VILLEGAS	561.78	DD	01/07/22
50282	JACOB W HAMILTON	2441.37	DD	01/07/22
50310	JASMINE GRIGSBY	706.82	DD	01/07/22
50573	DEANA R DAVIS	1603.58	DD	01/07/22
50596	BETTY S DAVIS	1999.44	DD	01/07/22

Run Date: 01/01/22  
Time: 17:56

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Num.	Name	Amount	CHECK NUM	DATE
50719	DEBRA K MUSTERED	2128.44	DD	01/07/22
50928	ADINA RODRIGUEZ	526.87	DD	01/07/22
53541	JACLYN B HARTL	1486.02	DD	01/07/22
55025	LEA C RESENDEZ	445.60	DD	01/07/22
55106	CRYSTAL M CHAVEZ	715.40	DD	01/07/22
55127	APRIL N KUBALA	2708.06	DD	01/07/22
55371	BLANCA HERNANDEZ	183.08	DD	01/07/22
55382	SHANNON JACILDO	1636.94	DD	01/07/22
55658	LAJUAN WILKE	618.37	DD	01/07/22
56510	RITA L POLENSKY	714.15	DD	01/07/22
60103	TODD SAVOY	901.69	DD	01/07/22
60112	ROBERT A RODRIQUEZ	1977.22	DD	01/07/22
60131	NORA OVALLE	570.68	DD	01/07/22
60163	MIGDALIA CLARO	595.28	DD	01/07/22
60191	LOLA A RODRIGUEZ	732.58	DD	01/07/22
60271	REBEKAH GERFK	634.23	DD	01/07/22
60718	ANNA C GONZALEZ	720.91	DD	01/07/22
60934	CONSUELO ZAMORA	534.67	DD	01/07/22
63178	EMMANUEL ESCALONA	1451.72	DD	01/07/22
63289	JASON RUBIO	831.31	DD	01/07/22
65100	FELICITA BONUZ	571.41	DD	01/07/22
65121	VIVIANA P MEDINA	286.36	DD	01/07/22
65151	ELIA OLACHIA	442.10	DD	01/07/22
65213	LEE SIMERLY	1266.41	DD	01/07/22
65222	LAURIE J KEYCESKI	750.42	DD	01/07/22
65243	LUCILA LOPEZ DE GUZMAN	995.85	DD	01/07/22
65366	CYNTHIA GARCIA	693.65	DD	01/07/22
65393	RAMONA A PEREZ	579.82	DD	01/07/22
65413	CHRISTINA SOLIS	566.32	DD	01/07/22
65463	MARIA I VELOZ	365.45	DD	01/07/22
65486	ROSA RODRIGUEZ	778.45	DD	01/07/22
65513	MARIA MORALES	978.53	DD	01/07/22
65705	DOMITILA HERRERA	728.92	DD	01/07/22
65865	MARIA F LEDEZMA	591.99	DD	01/07/22
68792	NAZARIO DIAZ HERNANDEZ	1823.22	DD	01/07/22
70119	SARA N BLEDSOE	2195.81	DD	01/07/22
71620	ROBIN STEELE	2266.99	DD	01/07/22
73749	GLORIA N REID	2342.86	DD	01/07/22
75190	RIKA MILLER	1732.80	DD	01/07/22
76003	IRMA DELEON	634.05	DD	01/07/22
76110	TARAH SUBLETT	442.53	DD	01/07/22
76115	JENNIFER R CARLOCK	623.44	DD	01/07/22
76120	RACHEL CANALES	1267.24	DD	01/07/22
76138	KAREN D GARCIA	581.48	DD	01/07/22
76210	ZOE VILLARREAL	657.19	DD	01/07/22
76300	AIDA JIMENEZ	986.75	DD	01/07/22
76313	PAMELA L BARTON	566.38	DD	01/07/22
76403	KATRINA A FOKLUDA	1082.62	DD	01/07/22
76447	CHERYL A SEE	914.73	DD	01/07/22
76706	GREGORY E MORALES	649.54	DD	01/07/22
76761	LAURA F PESINA	714.37	DD	01/07/22
76854	MARY PATTERSON	861.30	DD	01/07/22
76985	WYNESSE TRISTAN	139.97	DD	01/07/22
77646	FAREN A GONZALES	901.80	DD	01/07/22

Run Date: 01/01/22  
Time: 17:56

MEMORIAL MEDICAL CENTER BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
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Num.	Name	Amount	CHECK NUM	DATE
78020	MISTY R PASSMORE	1171.80	DD	01/07/22
78058	KYANN J POWER	746.23	DD	01/07/22
78186	ANDREA F COOK	114.57	DD	01/07/22
78191	JAMIE J GRASSE	731.15	DD	01/07/22
78287	MARISSA D ALMANZAR	1489.55	DD	01/07/22
78336	JESSICA L GLOVER	1261.08	DD	01/07/22
78566	MELISSA K GEE	458.61	DD	01/07/22
78764	ASHLEY D HADLEY	1467.84	DD	01/07/22
78781	KRISTEN R MACHICEK	1711.12	DD	01/07/22
78787	FARAH I JANAK	2432.74	DD	01/07/22
78879	YESENIA QUEZADA	397.44	DD	01/07/22
80008	ADAM D BESIO	2494.65	DD	01/07/22
80141	JEANNIE ORTA	220.43	DD	01/07/22
82227	CAITLIN A CLEVINGER	1092.93	DD	01/07/22
86432	KRISTI L BOYD	605.24	DD	01/07/22
86482	MEGAN M HARPER	733.27	DD	01/07/22
88808	MARLEY B O'DONNELL	2035.23	DD	01/07/22
88904	MAYRA K MARTINEZ	1435.13	DD	01/07/22
90320	ROSHANDA S THOMAS	3532.60	DD	01/07/22
90779	JASON W ANGLIN	22624.71	DD	01/07/22
98547	ELLEN W WEIMAN	864.02	DD	01/07/22
98756	ADRIANNA M GALVAN	1379.10	DD	01/07/22
		312181.54		

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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	<b>ENTER:</b>	
		###		<input type="text"/>
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"			<input type="text"/>
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		<input type="text" value="941"/> #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		<input type="text" value="22"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		<input type="text" value="03"/>
	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"	★		<input type="text" value="\$ 147.59"/> #
	"1 TO CONFIRM"			<input type="text" value="1"/>
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		<input type="text" value="\$ 114.60"/> #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			<input type="text" value="\$ 26.80"/> #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			<input type="text" value="\$ 6.19"/> #
		CHECK		<input type="text" value="\$ -"/>
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		<input type="text"/>
	"1 TO CONFIRM"			<input type="text" value="1"/>
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			<input type="text"/>
				<input type="text"/>
	<b>CALLED IN BY:</b>			<input type="text"/>
	<b>CALLED IN DATE:</b>			<input type="text"/>
	<b>CALLED IN TIME:</b>			<input type="text"/>

Run Date: 01/03/22  
 Time: 12:04

MEMORIAL MEDICAL CENTER  
 Payroll Register ( Bi-Weekly )  
 Pay Period 12/17/21 - 12/30/21 Run# 2

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Final Summary

*-- Pay Code Summary						*-- Deductions Summary				
PayCd	Description	Hrs	OT	SH	WE	HC	CB	Gross	Code	Amount
P		48.00	N	N	N	N		924.24	A/R	
									A/R2	
									A/R3	
									ADVANC	
									AWARDS	
									BCBSVI	
									BOOTS	
									CAFE H	
									CAFE-1	
									CAFE-2	
									CAFE-3	
									CAFE-4	
									CAFE-5	
									CAFE-C	
									CAFE-D	
									CAFE-F	
									CAFE-H	
									CAFE-I	
									CAFE-L	
									CAFE-P	
									CANCER	
									CHILD	
									CLINIC	
									COMBIN	
									CREDUN	
									DD ADV	
									DENTAL	
									DEP-LF	
									DIS-LF	
									EAT	
									EATCSH	
									FEDTAX	
									FICA-M	6.19
									FICA-O	13.40
									FIRSTC	
									FLEX S	
									FLX FE	
									FORT D	
									FUTA	
									GIFT S	
									GRANT	
									GRP-IN	
									GTL	
									HOSP-I	
									ID TFT	
									LEAF	
									LEGAL	
									MASA	
									MEALS	
									METVIS	
									MISC	
									MMCSHR	
									NATFML	
									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	64.70
									TUTION	
									UNIFOR	
									UW/HOS	

Grand Totals: 48.00 ( Gross: 924.24 Deductions: 141.59 Net: 782.65 )  
 Checks Count:- PT 3 PT Other Female 3 Male Credit OverAmt ZeroNet Term Total: 3

*Eric C. [Signature]*

**941 REC/TAX DEPOSIT FOR MMC PAYROLL**

REVISED 3/18/2014

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

PAY PERIOD: BEGIN

12/17/1930

PAY PERIOD: END

12/30/2021

PAY DATE:

1/7/2022

VOIDED CK (1) VOIDED CK (2) ADDITIONAL CK (1) ADDITIONAL CK (1)

TOTALS

GROSS PAY:	\$	924.24		\$	-	\$	924.24	
<b>DEDUCTIONS:</b>								
A/R	\$	-		\$	-	\$	-	
ADVANC								
BOOTS								
SUNLIFE CRITICAL ILLNESS	\$	-		\$	-	\$	-	
SUNLIFE ACCIDENT	\$	-		\$	-	\$	-	
SUNLIFE VISION	\$	-		\$	-	\$	-	
SUNLIFE SHORT TERM DIS	\$	-		\$	-	\$	-	
BCBS VISION	\$	-		\$	-	\$	-	
CAFÉ-D	\$	-		\$	-	\$	-	
CAFÉ-H	\$	-		\$	-	\$	-	
CAFÉ-P								
CANCER								
CHILD	\$	-		\$	-	\$	-	
CLINIC	\$	-		\$	-	\$	-	
COMBIN	\$	-		\$	-	\$	-	
CREDUN								
DENTAL	\$	-		\$	-	\$	-	
DEP-LF								
SUNLIFE TERM LIFE	\$	-		\$	-	\$	-	
SUNLIFE HOSP INDEM	\$	-		\$	-	\$	-	
FED TAX	\$	6.19		\$	6.19	\$	6.19	
FICA-M	\$	13.40		\$	13.40	\$	13.40	
FICA-O	\$	57.30		\$	57.30	\$	57.30	
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	\$	64.70		\$	64.70	\$	64.70	
UW/HOS	\$	-		\$	-	\$	-	
TOTAL DEDUCTIONS:	\$	141.59	\$	-	\$	-	\$	141.59
		<b>**SHOULD MATCH REPORT**</b>				<b>**SHOULD MATCH REPORT**</b>		
NET PAY:	\$	782.65	\$	-	\$	-	\$	782.65
		<b>**SHOULD MATCH REPORT**</b>				<b>**SHOULD MATCH REPORT**</b>		

TOTAL CAFÉ 125 PLAN:

\$ - Less Exempt:

TAXABLE PAY:

\$ 924.24 \$ 924.24

Exempt Amt:

		**CALCULATED**	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 13.40		
FICA - MED (EE)	1.45%	\$ 13.40	\$ 13.40	\$ -
FICA - SOC SEC (ER)	6.20%	\$ 57.30		
FICA - SOC SEC (EE)	6.20%	\$ 57.30	\$ 57.30	\$ -
FED WITHHOLDING		\$ 6.19	\$ 6.19	

Employees over FICA-SS Cap:

Jason Anglin \$ -  
 Shanna Odonnell \$ -  
 Roshanda Thomas \$ -

Paycode S - Employee Reimb.:

TOTAL: \$ -

TAX DEPOSIT: \$ 147.59 \$ 147.59

FICA - MEDICARE 2.90% \$ 26.80 \$26.80

FICA - SOCIAL SECURITY 12.40% \$ 114.60 \$114.60

FED WITHHOLDING \$ 6.19 \$6.19

TOTAL TAX: \$ 147.59 \$147.59 \$ -

PREPARED BY:

Caitlin Clevenger

PREPARED DATE:

1/3/2022

Run Date: 01/03/22  
Time: 12:33

MEMORIAL MEDICAL CENTER      BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
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Type=NET      10000001 OPERATING - PROSPERITY

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Num.	Name	Amount	CHECK NUM	DATE
20977	CHERYL L TESCH	203.05	00063092	01/07/22
65243	LUCILA LOPEZ DE GUZMAN	71.90	00063093	01/07/22
20837	DAISY MADRIGAL	507.70	00063094	01/07/22
		782.65		

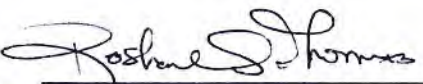


**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- December 27, 2021 - January 2, 2022**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>
12/31/2021	PAY PLUS ACHTRANS 452579291 101000695464266	- 3rd Party Payor Fee	\$ 60.04
12/31/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	\$ 674.17*
12/30/2021	PAY PLUS ACHTRANS 452579291 101000694770246	- 3rd Party Payor Fee	\$ 34.24
12/30/2021	CLEARGAGE SV9T 8002363206 242071751533723 2	- Patient Financing Service	\$ 65.25
12/29/2021	PAY PLUS ACHTRANS 452579291 101000693827077	- 3rd Party Payor Fee	\$ 208.44
12/29/2021	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	\$ 14,371.97*
12/29/2021	IRS USATAXPYMT 220176315162796 6103601000791	- Payroll Taxes	\$ 18,802.28*
12/28/2021	MCKESSON DRUG AUTO ACH ACH04856154 910000123	- 340B Drug Program Expense	\$ 2,583.41*
12/27/2021	PAY PLUS ACHTRANS 452579291 101000692114221	- 3rd Party Payor Fee	\$ 101.44

*Pay Plus*  
 60.04 +  
 34.24 +  
 208.44 +  
 101.44 +  
 404.16 \*  
*Cleargase*  
 65.25 +  
 65.25 \*  
 404.16 +  
 65.25 +  
 469.41 \*

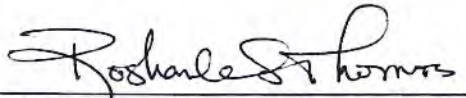
36,901.24  
 36,901.24 +  
 674.17 -  
 14,371.97 -  
 18,802.28 -  
 2,583.41 -  
 469.41 \*

  
 \_\_\_\_\_ January 3, 2022  
 Roshanda Thomas, CEO  
 Memorial Medical Center

*\* Approved 12-29-21*

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
			469.41 -
			469.41 -
			0.00 *
			<u>          </u>

  
 \_\_\_\_\_ January 3, 2022  
 Roshanda Thomas, CEO  
 Memorial Medical Center

RECEIVED BY THE  
COUNTY AUDITOR ON

12/30/2021  
DEC 30 2021  
09:45

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through: 01/20/2022

ap\_open\_invoice.template

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

Class Pay Code

11828 SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
121421A		12/28/20	12/14/20	01/20/20		9,511.76	0.00	0.00	9,511.76

TRANSFER *MH insurance pymt deposited into mme open*

Vendor Total:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	9,511.76	0.00	0.00	9,511.76

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,511.76	0.00	0.00	9,511.76

APPROVED ON

DEC 30 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 19 3343

RECEIVED BY THE  
COUNTY AUDITOR ON

12/30/2021

DEC 30 2021

09:43

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Dates Through: 01/20/2022

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
121321A		12/28/20	12/13/20	01/20/20		1,383.30	0.00	0.00	1,383.30	✓	
	TRANSFER										
121321		12/28/20	12/13/20	01/20/20		231.91	0.00	0.00	231.91	✓	
	TRANSFER										
121421		12/28/20	12/14/20	01/20/20		854.31	0.00	0.00	854.31	✓	
	TRANSFER										
121521A		12/28/20	12/15/20	01/20/20		15,283.51	0.00	0.00	15,283.51	✓	
	TRANSFER										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11836	GOLDENCREEK HEALTHCARE	17,753.03	0.00	0.00	17,753.03

*NH insurance pymt deposited into MMLL operating*

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	17,753.03	0.00	0.00	17,753.03

APPROVED ON

DEC 30 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 193341

RECEIVED BY THE  
COUNTY AUDITOR ON

12/30/2021 **DEC 30 2021**

09:44

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Dates Through: 01/20/2022

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
121421		12/28/20	12/14/20	01/20/20		830.20	0.00	0.00	830.20 ✓		
	TRANSFER	<i>NH insurance agent deposited into mme operato</i>									
121521A		12/28/20	12/15/20	01/20/20		7,117.25	0.00	0.00	7,117.25 ✓		
	TRANSFER	<i>"</i>									
121321		12/28/20	12/31/20	01/20/20		3,712.87	0.00	0.00	3,712.87 ✓		
	TRANSFER	<i>"</i>									
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						12696	GULF POINTE PLAZA	11,660.32	0.00	0.00	11,660.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,660.32	0.00	0.00	11,660.32

APPROVED ON

DEC 30 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*Clk #193342*

RECEIVED BY THE COUNTY AUDITOR ON

12/30/2021  
DEC 30 2021  
09:46

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through: 01/20/2022

0

ap\_open\_invoice.template

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
121321A		12/28/20	12/13/20	01/20/20		7,463.00	0.00	0.00	7,463.00 ✓
	TRANSFER	<i>NH insurance pymnt deposited into munc operating</i>							
121321		12/28/20	12/13/20	01/20/20		1,546.79	0.00	0.00	1,546.79 ✓
	TRANSFER	<i>"</i>							
121521A		12/28/20	12/15/20	01/20/20		229.04	0.00	0.00	229.04 ✓
	TRANSFER	<i>"</i>							
121521B		12/28/20	12/15/20	01/20/20		11,646.81	0.00	0.00	11,646.81 ✓
	TRANSFER	<i>"</i>							
121521C		12/28/20	12/15/20	01/20/20		77.66	0.00	0.00	77.66 ✓
	TRANSFER	<i>"</i>							
122221		12/28/20	12/22/20	01/20/20		2,464.21	0.00	0.00	2,464.21 ✓
	TRANSFER	<i>"</i>							
122721		12/28/20	12/27/20	01/20/20		11,662.25	0.00	0.00	11,662.25 ✓
	TRANSFER	<i>Medicare Repayment</i>							
						<i>10,923.70</i>			<i>10,923.70</i>
Vendor Totals						Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE					<i>34,351.21</i>	0.00	0.00	<i>35,089.76 34,351.21</i>

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	35,089.76	0.00	0.00	35,089.76

APPROVED ON

DEC 30 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

ck # 173344

RECEIVED BY THE  
COUNTY AUDITOR ON

12/30/2021  
DEC 30 2021  
09:42

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through: 01/20/2022

ap\_open\_invoice.template

CALHOUN COUNTY, TEXAS

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
121621		12/28/20	12/16/20	01/20/20		7,762.76	0.00	0.00	7,762.76
122221	TRANSFER	12/28/20	12/22/20	01/20/20		8,193.43	0.00	0.00	8,193.43
122721	TRANSFER	12/28/20	12/27/20	01/20/20		23,324.50	0.00	0.00	23,324.50
	MEDICARE REPAYMENT								

*MT insurance pymt deposited into MMCC open*

✓  
✓  
✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	39,280.69	0.00	0.00	39,280.69

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	39,280.69	0.00	0.00	39,280.69

APPROVED ON

DEC 30 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK#113340

☒

RUN DATE:01/04/22  
 TIME:10:11

MEMORIAL MEDICAL CENTER  
 CHECK REGISTER  
 01/05/22 THRU 01/05/22

PAGE 1  
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	193264	01/05/22	5.79	ABBOTT NUTRITION
A/P	193265	01/05/22	115.25	ACE HARDWARE 15521
A/P	193266	01/05/22	864.00	ADVANCED STERILIZATION PRODUCT
A/P	193267	01/05/22	7,389.69	AIRGAS USA, LLC - CENTRAL DIV
A/P	193268	01/05/22	89.90	ALCON LABORATORIES, INC.
A/P	193269	01/05/22	76,712.99	AMERISOURCEBERGEN DRUG CORP
A/P	193270	01/05/22	7,577.88	AUREUS RADIOLOGY LLC
A/P	193271	01/05/22	782.40	BARD ACCESS
A/P	193272	01/05/22	656.92	BAXTER HEALTHCARE
A/P	193273	01/05/22	2,080.12	BAYER HEALTHCARE
A/P	193274	01/05/22	2,767.20	BECKMAN COULTER INC
A/P	193275	01/05/22	63,193.14	BESTICA
A/P	193276	01/05/22	41,868.74	BEYER MECHANICAL
A/P	193277	01/05/22	1,516.83	BLUE CROSS BLUE SHIELD
A/P	193278	01/05/22	145.50	BLUE CROSS BLUE SHIELD REFUND
A/P	193279	01/05/22	18.75	BOSART LOCK & KEY INC
A/P	193280	01/05/22	201.97	CALHOUN COUNTY
A/P	193281	01/05/22	840.00	CARIANT HEALTH PARTNERS
A/P	193282	01/05/22	1,606.68	CAVALLO ENERGY TEXAS LLC
A/P	193283	01/05/22	143.16	CDW GOVERNMENT, INC.
A/P	193284	01/05/22	553.13	COASTAL OFFICE SOLUTONS
A/P	193285	01/05/22	801.60	COMBINED INSURANCE
A/P	193286	01/05/22	2,971.47	COMPASS FLOORING INNOVATIONS
A/P	193287	01/05/22	347.33	COOPER SURGICAL INC
A/P	193288	01/05/22	546.75	CYRACOM LLC
A/P	193289	01/05/22	2,290.00	DA&E
A/P	193290	01/05/22	838.10	DEWITT POTH & SON
A/P	193291	01/05/22	139.50	ERBE USA INC SURGICAL SYSTEMS
A/P	193292	01/05/22	21,975.13	EVIDENT
A/P	193293	01/05/22	4,575.00	FIRST CONNECT CENTER LLC
A/P	193294	01/05/22	.00	VOIDED
A/P	193295	01/05/22	3,885.66	FISHER HEALTHCARE
A/P	193296	01/05/22	79.63	FRONTIER
A/P	193297	01/05/22	271.89	GRAINGER
A/P	193298	01/05/22	1,729.74	GULF COAST PAPER COMPANY
A/P	193299	01/05/22	3,750.00	HEALTH SOLUTIONS DIETETICS
A/P	193300	01/05/22	236.25	HOLOGIC INC
A/P	193301	01/05/22	39.05	INDENTO GO
A/P	193302	01/05/22	2,325.00	INFICARE HEALTH, INC.
A/P	193303	01/05/22	31.19	JASON RUBIO
A/P	193304	01/05/22	7,051.50	KOETTER FIRE PROTECTION
A/P	193305	01/05/22	2,371.82	MCKESSON MEDICAL SURGICAL INC
A/P	193306	01/05/22	13,833.74	MEDICAL DATA SYSTEMS, INC.
A/P	193307	01/05/22	19.08	MEDIMPACT HEALTHCARE SYS, INC.
A/P	193308	01/05/22	.00	VOIDED
A/P	193309	01/05/22	.00	VOIDED
A/P	193310	01/05/22	5,365.70	MEDLINE INDUSTRIES INC
A/P	193311	01/05/22	326.00	MICROTEK MEDICAL INC
A/P	193312	01/05/22	.00	VOIDED
A/P	193313	01/05/22	.00	VOIDED

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	193314	01/05/22	1,190.59	MORRIS & DICKSON CO, LLC
A/P	193315	01/05/22	7,307.05	MSH HEALTH SERVICES LLC
A/P	193316	01/05/22	322.00	NACOGDOCHES TRANSCRIPTION
A/P	193317	01/05/22	7,073.60	OLOOP TECHNOLOGY SOLUTIONS
A/P	193318	01/05/22	761.62	ORTHO CLINICAL DIAGNOSTICS
A/P	193319	01/05/22	643.32	PARTSSOURCE, LLC
A/P	193320	01/05/22	1,327.69	QIAGEN INC
A/P	193321	01/05/22	24,025.99	RELIANT ENERGY SOLUTIONS
A/P	193322	01/05/22	11,351.06	SANOPI PASTEUR INC
A/P	193323	01/05/22	1,063.28	SHERWIN WILLIAMS
A/P	193324	01/05/22	26,315.00	SPECTRUM HEALTH PARTNERS, LLC
A/P	193325	01/05/22	840.94	STANLEY ACCESS TECH LLC
A/P	193326	01/05/22	313.30	STERIS CORPORATION
A/P	193327	01/05/22	183.86	STRYKER SALES CORP
A/P	193328	01/05/22	1,456.06	STRYKER SUSTAINABILITY
A/P	193329	01/05/22	729.54	SUMMIT MEDICAL
A/P	193330	01/05/22	8,106.54	SUN LIFE FINANCIAL
A/P	193331	01/05/22	5,079.35	TEXAS ASSOCIATION OF COUNTIES
A/P	193332	01/05/22	235.00	TEXAS DEPART OF LICENSING&REGU
A/P	193333	01/05/22	13,182.45	TEXAS SELECT STAFFING
A/P	193334	01/05/22	5,200.00	THE TACT CORPORATION OF NYC
A/P	193335	01/05/22	4,722.21	UNIFIRST HOLDINGS INC
A/P	193336	01/05/22	80.00	UNITED HEALTHCARE
A/P	193337	01/05/22	42.48	VERATHON INC
A/P	193338	01/05/22	585.00	WAGWORKS
A/P	193339	01/05/22	346.08	WERFEN USA LLC
A/P	193340	01/05/22	39,280.69	BETHANY SENIOR LIVING
A/P	193341	01/05/22	17,753.03	GOLDENCREEK HEALTHCARE
A/P	193342	01/05/22	11,660.32	GULF POINTE PLAZA
A/P	193343	01/05/22	9,511.76	SOLERA WEST HOUSTON
A/P	193344	01/05/22	34,351.21	TUSCANY VILLAGE
A/P	193345	01/05/22	103.00	
TOTALS:			520,075.19	

*Payables* 381,100.18 +  
*Critical* 26,315.00 +  
*Patient refund* 103.00 +  
 9,511.76 +  
*NH* 17,753.03 +  
*Transfers* 11,660.32 +  
 34,351.21 +  
 39,280.69 +  
**520,075.19 \***

APPROVED ON

JAN 05 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS



## Request for Transfer of Funds

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

Date Requested: \_\_\_\_\_

Payer: \_\_\_\_\_

Requested by: \_\_\_\_\_

Requestor's email: \_\_\_\_\_

Requestor's phone number: \_\_\_\_\_

District or County: \_\_\_\_\_

Facility: \_\_\_\_\_

**Please Attach:**

Remittance Advice and EOB

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

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

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

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

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	12/13/2021	EFT	127.71	EFT6179797	CVDAR000026869	8.52	BROADMOOR AT CREEKSIDE
N/A	N/A	12/14/2021	EFT	3,379.06	EFT6181067	CVDAR000026869	225.27	BROADMOOR AT CREEKSIDE
N/A	N/A	12/17/2021	EFT	1,254.71	EFT6185943	CVDAR000026869	83.65	BROADMOOR AT CREEKSIDE
N/A	N/A	12/20/2021	EFT	5,491.44	EFT6188260	CVDAR000026869	366.10	BROADMOOR AT CREEKSIDE
N/A	N/A	12/21/2021	EFT	\$ 2,746.88	EFT6189933	CVDAR000026869	183.12	BROADMOOR AT CREEKSIDE
N/A	N/A	12/21/2021	EFT	\$ 5,363.51	EFT6189906	CVDAR000026869	357.57	BROADMOOR AT CREEKSIDE
N/A	N/A	12/22/2021	EFT	\$ 2,801.29	EFT6191694	CVDAR000026869	186.75	BROADMOOR AT CREEKSIDE
N/A	N/A	12/22/2021	EFT	\$ 1,472.96	EFT6191718	CVDAR000026869	98.20	BROADMOOR AT CREEKSIDE
N/A	N/A	12/23/2021	EFT	\$ 1,063.52	EFT6193379	CVDAR000026869	70.90	BROADMOOR AT CREEKSIDE
N/A	N/A	12/27/2021	EFT	\$ 143.89	EFT6195701	CVDAR000026869	9.59	BROADMOOR AT CREEKSIDE
N/A	N/A	12/27/2021	EFT	\$ 424.93	EFT6195667	CVDAR000026869	28.33	BROADMOOR AT CREEKSIDE
N/A	N/A	12/28/2021	EFT	\$ 2,549.63	EFT6197429	CVDAR000026869	169.97	BROADMOOR AT CREEKSIDE
N/A	N/A	12/28/2021	EFT	\$ 1,079.10	EFT6197455	CVDAR000026869	71.94	BROADMOOR AT CREEKSIDE
			<b>TOTAL</b>	<b>27,898.63</b>			<b>1,859.91</b>	

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

Date Received: 12.30.21

Approved by: MAYRA MARTINEZ

Date of transfer: 1/5/2021

From Facility: BROADMOOR

To Facility: MM CLINIC

Amount: 1,859.91


Requested Transfer Date #2: \_\_\_\_\_

Date of transfer: \_\_\_\_\_

From Facility: \_\_\_\_\_

To Facility: \_\_\_\_\_

Amount: \_\_\_\_\_

  
1/3/22

**APPROVED ON**

JAN 04 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS  
 r.k. #000177

## Request for Transfer of Funds

Transfer #: \_\_\_\_\_  
 Date Requested: 12/30/2021  
 Payer: MEDICARE  
 Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER  
 Requestor's email: tgordon@bethany-living.com  
 Requestor's phone number: 361-551-0500  
 District or County: Calhoun  
 Facility: Bethany Senior Living

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

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

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

<u>Patient Name (REQUIRED)</u>	<u>Date of Service (REQUIRED)</u>	<u>Date of Payment</u>	<u>Type of Payment (Check/EFT)</u>	<u>Amount of Payment shown on</u>	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter funds (-) or Funds (+) to YOUR account</u>	<u>Notes</u>
N/A	N/A	12/23/2021	EFT		EFT 6193555	CVDAR000026869	79.95	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	12/28/2021	EFT		EFT 6197534	CVDAR000026869	27.98	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
<b>TOTAL</b>							107.93	

To be filled out by Memorial Medical Center:

Date Received: 12/30/21  
 Approved by: MAYRA MARTINEZ  
 Date of transfer: 1/5/2021  
 From Facility: BROADMOOR  
 To Facility: BETHANY  
 Amount: 107.93  
 Requested Transfer Date #2: \_\_\_\_\_  
 Date of transfer: \_\_\_\_\_  
 From Facility: \_\_\_\_\_  
 To Facility: \_\_\_\_\_  
 Amount: \_\_\_\_\_

*[Signature]*  
1/3/22

APPROVED ON

JAN 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK#00076



## Request for Transfer of Funds

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

Date Requested: 12/30/2021

Payer: MEDICARE

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

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

Requestor's phone number: 361-551-0500

District or County: Calhoun

Facility: Bethany Senior Living

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form

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

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

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	12/23/2021	EFT		EFT 6193555	CV DAR000019557	79.95	THE CRESENT - AUXILIARY ADVANCE PMT
N/A	N/A	12/28/2021	EFT		EFT 6197534	CV DAR000019557	27.98	THE CRESENT - AUXILIARY ADVANCE PMT
<b>TOTAL</b>							107.93	

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

Date Received: 12.30.21

Approved by: MAYRA MARTINEZ

Date of transfer: 1/5/2021

From Facility: CRESCENT

To Facility: BETHANY

Amount: 107.93


Requested Transfer Date #2: \_\_\_\_\_

Date of transfer: \_\_\_\_\_

From Facility: \_\_\_\_\_

To Facility: \_\_\_\_\_

Amount: \_\_\_\_\_

  
1/3/22

**APPROVED ON**  
**JAN 04 2022**

**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**  
CR#000246

## Request for Transfer of Funds

Transfer #: \_\_\_\_\_  
 Date Requested: \_\_\_\_\_  
 Payer: \_\_\_\_\_  
 Requested by: \_\_\_\_\_  
 Requestor's email: \_\_\_\_\_  
 Requestor's phone number: \_\_\_\_\_  
 District or County: \_\_\_\_\_  
 Facility: \_\_\_\_\_

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form


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

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

<u>Patient Name</u> <small>(REQUIRED)</small>	<u>Date of Service</u> <small>(REQUIRED)</small>	<u>Date of Payment</u>	<u>Type of Payment</u> <small>(Check/EFT)</small>	<u>Amount of Payment</u> <small>shown on</small>	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter funds (-) or Funds (+) to YOUR account</u>	<u>Notes</u>
N/A	N/A	12/13/2021	EFT	127.71	EFT6179797	CVDAR000018170	8.52	SOLERA WEST HOUSTON
N/A	N/A	12/14/2021	EFT	3,379.06	EFT6181067	CVDAR000018170	225.27	SOLERA WEST HOUSTON
N/A	N/A	12/17/2021	EFT	1,254.71	EFT6185943	CVDAR000018170	83.65	SOLERA WEST HOUSTON
N/A	N/A	12/20/2021	EFT	5,491.44	EFT6188260	CVDAR000018170	366.10	SOLERA WEST HOUSTON
N/A	N/A	12/21/2021	EFT	\$ 2,746.88	EFT6189933	CVDAR000018170	183.12	SOLERA WEST HOUSTON
N/A	N/A	12/21/2021	EFT	\$ 5,363.51	EFT6189906	CVDAR000018170	357.57	SOLERA WEST HOUSTON
N/A	N/A	12/22/2021	EFT	\$ 2,801.29	EFT6191694	CVDAR000018170	186.75	SOLERA WEST HOUSTON
N/A	N/A	12/22/2021	EFT	\$ 1,472.96	EFT6191718	CVDAR000018170	98.20	SOLERA WEST HOUSTON
N/A	N/A	12/23/2021	EFT	\$ 1,063.52	EFT6193379	CVDAR000018170	70.90	SOLERA WEST HOUSTON
N/A	N/A	12/27/2021	EFT	\$ 143.89	EFT6195701	CVDAR000018170	9.59	SOLERA WEST HOUSTON
N/A	N/A	12/27/2021	EFT	\$ 424.93	EFT6195667	CVDAR000018170	28.33	SOLERA WEST HOUSTON
N/A	N/A	12/28/2021	EFT	\$ 2,549.63	EFT6197429	CVDAR000018170	169.97	SOLERA WEST HOUSTON
N/A	N/A	12/28/2021	EFT	\$ 1,079.10	EFT6197455	CVDAR000018170	71.94	SOLERA WEST HOUSTON
				<b>TOTAL</b>			<b>1,859.91</b>	

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

Date Received: 12.30.21  
 Approved by: MAYRA MARTINEZ  
 Date of transfer: 1/5/2021  
 From Facility: SOLERA  
 To Facility: MM CLINIC  
 Amount: 1,859.91  
 Requested Transfer Date #2: \_\_\_\_\_  
 Date of transfer: \_\_\_\_\_  
 From Facility: \_\_\_\_\_  
 To Facility: \_\_\_\_\_  
 Amount: \_\_\_\_\_

  
 1/3/22

**APPROVED ON**  
**JAN 04 2022**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**  
 R # 1-1-2022



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MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000177

88-2265/1131

Date 1/5/22

PAY

TO THE  
ORDER OF

Memorial Medical Clinic

\$ 1,859.91

One thousand Eight hundred fifty nine & 91/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000177⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000176

88-2265/1131

Date 1/5/22

PAY

TO THE  
ORDER OF

Bethany

\$ 107.93

One hundred seven & 93/100

DOLLARS



FOR Medicare repayments

Security features are included. Details on back.

⑈000176⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000205

88-2265/1131

Date 1/5/22

PAY

TO THE  
ORDER OF

Memorial Medical Clinic

\$ 1,859.91

One thousand eight hundred fifty nine & 91/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000205⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000206

Date 1/5/22

88-2265/1131

PAY  
TO THE  
ORDER OF

Bethany

\$ 107.93

One hundred seven & 93/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000206⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001206

Date 1/5/22

88-2265/1131

PAY  
TO THE  
ORDER OF

Memorial Medical Clinic

\$ 1,859.91

One Thousand Eight hundred fifty nine & 91/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001206⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001205

Date 1/5/22

88-2265/1131

PAY  
TO THE  
ORDER OF

Bethany

\$ 107.93

One hundred seven & 93/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001205⑈ ⑆113122655⑆



Memorial Medical Center  
 Nursing Home UPL  
 Weekly Cantex Transfer  
 Prosperity Accounts  
 1/3/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<b>Ashford Gardens</b>		353,179.61 ✓	353,047.39 ✓	18,153.36 ✓		18,285.58 ✓	18,130.68
						Bank Balance 18,285.58 ✓	
						Variance (0.00)	
						Leave in Balance 100.00	
						OCT INTEREST 16.23 ✓	
						NOV INTEREST 15.99 ✓	
						DEC INTEREST 22.68 ✓	
						Adjust Balance/Transfer Amt 18,130.68 ✓	
<b>Broadmoor</b>		222,712.79 ✓	222,592.67 ✓	85,735.13 ✓		85,855.25 ✓	83,746.46
						Bank Balance 85,855.25 ✓	
						Variance -	
						Leave in Balance 100.00	
						MEDICARE REPAYMENT TO BETHANY 107.93 ✓	
						MEDICARE REPAYMENT TO MM CLINIC 1,859.91 ✓	
						OCT INTEREST 11.33 ✓	
						NOV INTEREST 8.79 ✓	
						DEC INTEREST 20.83 ✓	
						Adjust Balance/Transfer Amt 83,746.46 ✓	
<b>Crescent</b>		273,940.73 ✓	273,819.58 ✓	73,925.31 ✓		74,046.46 ✓	71,940.85
						Bank Balance 74,046.46 ✓	
						Variance -	
						Leave in Balance 100.00	
						MEDICARE REPAYMENT TO BETHANY 107.93 ✓	
						MEDICARE REPAYMENT TO MM CLINIC 1,859.91 ✓	
						OCT INTEREST 10.14 ✓	
						NOV INTEREST 11.01 ✓	
						DEC INTEREST 16.62 ✓	
						Adjust Balance/Transfer Amt 71,940.85 ✓	
<b>Fort Bend</b>		130,849.13 ✓	130,740.67 ✓	10,056.03 ✓		10,164.49 ✓	10,048.57
						Bank Balance 10,164.49 ✓	
						Variance -	
						Leave in Balance 100.00	
						OCT INTEREST 2.74 ✓	
						NOV INTEREST 5.72 ✓	
						DEC INTEREST 7.46 ✓	
						Adjust Balance/Transfer Amt 10,048.57 ✓	
<b>Solera at W Houston</b>		277,017.03 ✓	276,883.34 ✓	83,987.65 ✓		84,121.34 ✓	82,001.09
						Bank Balance 84,121.34 ✓	
						Variance -	
						Leave in Balance 100.00	
						MEDICARE REPAYMENT TO BETHANY 107.93 ✓	
						MEDICARE REPAYMENT TO MM CLINIC 1,859.91 ✓	
						OCT INTEREST 18.41 ✓	
						NOV INTEREST 15.28 ✓	
						DEC INTEREST 18.72 ✓	
						Adjust Balance/Transfer Amt 82,001.09 ✓	

18,130.68 +  
 83,746.46 +  
 71,940.85 + Fort Bend / Broadmoor:  
 10,048.57 +  
 82,001.09 +  
 265,867.65

APPROVED ON  
 JAN 04 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 265,867.65  
 Approved: *Roshanda Thomas*  
 ROSHANDA THOMAS, CEO 1/3/2022

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.



## Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type




DDA


Data reported as of Jan 3, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$7,007,610.46</b>	<b>\$7,175,319.50</b>	<b>\$7,007,610.46</b>	<b>\$7,007,610.4</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,421.53	\$5,421.53	\$5,421.53	\$5,421.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$139,278.35	\$139,571.27	\$139,278.35	\$139,278.3
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.06	\$536.06	\$536.06	\$536.0
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,105,884.68	\$5,265,183.81	\$5,105,884.68	\$5,105,884.6
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.56	\$431.56	\$431.56	\$431.5
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$18,285.58 ✓	\$19,360.89	\$18,285.58	\$18,285.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$85,855.25 ✓	\$85,855.25	\$85,855.25	\$85,855.2
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$74,046.46 ✓	\$78,845.09	\$74,046.46	\$74,046.4
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$10,164.49 ✓	\$10,164.49	\$10,164.49	\$10,164.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$84,121.34 ✓	\$86,347.34	\$84,121.34	\$84,121.3
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,331.22	\$1,109,331.22	\$1,109,331.22	\$1,109,331.2
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$207,312.81	\$207,312.81	\$207,312.81	\$207,312.8
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$24,239.31	\$24,239.31	\$24,239.31	\$24,239.3
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$37,070.00	\$37,087.05	\$37,070.00	\$37,070.0
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$105,631.82	\$105,631.82	\$105,631.82	\$105,631.8

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 1/3/2022

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		141,435.23 ✓	117,105.28 ✓	114,948.40	✓	-	67,277.66
						139,278.35	
						139,278.35 ✓	
						-	
						100.00	
						71,863.91 ✓	
						11.51 ✓	
						12.31 ✓	
						12.96 ✓	
						67,277.66 ✓	

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:   
 ROSHANDA THOMAS, CEO 1/3/2022


APPROVED ON  
 JAN 04 2022  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

Golden Creek

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L apse	QJPP TI	
12/29/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	117,105.28	-						-
12/30/2021 Deposit	-	46,481.20						46,481.20
12/30/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	2,529.17						2,529.17
12/31/2021 Added to Account	-	12.96						12.96
12/31/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	7,202.26						7,202.26
12/31/2021 CIGNA HCCLAIMPMT 1588075964 91000013353763	-	139.75						139.75
12/31/2021 Centene Managem CC/CTX 008765433514 111000	-	58,583.06	36,732.49	21,850.57			47,657.78	10,925.29
	117,105.28	114,948.40	36,732.49	21,850.57	-	-	47,657.78	67,290.63

Golden Creek

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4&L apse	Q/PP TI	
-	24,206.13	24,206.13				24,206.13	-

  
1/31/2022

## Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type




DDA

Data reported as of Jan 3, 2022

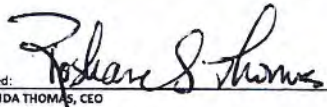
Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$7,007,610.46</b>	<b>\$7,175,319.50</b>	<b>\$7,007,610.46</b>	<b>\$7,007,610.4</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,421.53	\$5,421.53	\$5,421.53	\$5,421.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$139,278.35 ✓	\$139,571.27	\$139,278.35	\$139,278.3
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.06	\$536.06	\$536.06	\$536.0
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,105,884.68	\$5,265,183.81	\$5,105,884.68	\$5,105,884.6
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.56	\$431.56	\$431.56	\$431.5
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$18,285.58	\$19,360.89	\$18,285.58	\$18,285.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$85,855.25	\$85,855.25	\$85,855.25	\$85,855.2
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$74,046.46	\$78,845.09	\$74,046.46	\$74,046.4
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$10,164.49	\$10,164.49	\$10,164.49	\$10,164.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$84,121.34	\$86,347.34	\$84,121.34	\$84,121.3
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,331.22	\$1,109,331.22	\$1,109,331.22	\$1,109,331.2
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$207,312.81	\$207,312.81	\$207,312.81	\$207,312.8
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$24,239.31	\$24,239.31	\$24,239.31	\$24,239.3
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$37,070.00	\$37,087.05	\$37,070.00	\$37,070.0
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$105,631.82	\$105,631.82	\$105,631.82	\$105,631.8

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 1/3/2022

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		40,947.13 ✓	6,130.49 ✓	2,253.36 ✓			37,070.00	no transfer
						Bank Balance	37,070.00	✓
						Variance	-	
						Leave in Balance	100.00	
						UNIDENTIFIED ECHO PAYMENTS (NO CHECK WILL BE WRITTEN FOR THIS AMOUNT YET)	5,548.99	✓
						Superior QIPP Undistributed	31,729.81	✓
						Echo pymt owed to MMC		
						Echo pymt owed to broadmoor		
						Echo pymt owed to MMClinic		
						Echo pymt owed to Golden Creek		
						OCT INTEREST	60.86	✓
						NOV INTEREST	13.51	✓
						DEC INTEREST	9.14	✓
						Adjust Balance/Transfer Amt	(392.31)	✓
Gulf Pointe Plaza-Medicare/Medicaid		99,003.43 ✓	98,891.71 ✓	24,127.59 ✓			24,239.31	24,118.76
						Bank Balance	24,239.31	✓
						Variance	-	
						Leave in Balance	100.00	
						OCT INTEREST	6.23	✓
						NOV INTEREST	5.49	✓
						DEC INTEREST	8.87	✓
						Adjust Balance/Transfer Amt	24,118.76	
<b>TOTAL TRANSFERS</b>							<b>23,726.45</b>	

Routing Information for Gulf Pointe Plaza:

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

Approved:   
 ROSHANDA THOMAS, CEO 1/3/2022

**APPROVED ON**  
**JAN 04 2022**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**





Gulf Pointe Plaza-Private Pay

12/17/2021 Centene Managem CCD/CTX 008765433514 111000

Transfer-Out

Transfer-in

MMC PORTION				
QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI
26,906.72	7,452.24			30,632.84

NH PORTION

3,726.12

*[Signature]*  
1/3/2022

## Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type




DDA

Data reported as of Jan 3, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$7,007,610.46</b>	<b>\$7,175,319.50</b>	<b>\$7,007,610.46</b>	<b>\$7,007,610.4</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,421.53	\$5,421.53	\$5,421.53	\$5,421.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$139,278.35	\$139,571.27	\$139,278.35	\$139,278.3
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.06	\$536.06	\$536.06	\$536.0
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,105,884.68	\$5,265,183.81	\$5,105,884.68	\$5,105,884.6
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.56	\$431.56	\$431.56	\$431.5
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$18,285.58	\$19,360.89	\$18,285.58	\$18,285.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$85,855.25	\$85,855.25	\$85,855.25	\$85,855.2
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$74,046.46	\$78,845.09	\$74,046.46	\$74,046.4
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$10,164.49	\$10,164.49	\$10,164.49	\$10,164.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$84,121.34	\$86,347.34	\$84,121.34	\$84,121.3
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,331.22	\$1,109,331.22	\$1,109,331.22	\$1,109,331.2
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$207,312.81	\$207,312.81	\$207,312.81	\$207,312.8
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$24,239.31 ✓	\$24,239.31	\$24,239.31	\$24,239.3
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$37,070.00 ✓	\$37,087.05	\$37,070.00	\$37,070.0
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$105,631.82	\$105,631.82	\$105,631.82	\$105,631.8

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscan Transfer  
 Prosperity Accounts  
 1/3/2022

Nursing Home Tuscany Village	Account Number	Previous			Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
		Beginning Balance	Transfer Out	Transfer In			
		165,453.67 ✓	166,353.67 ✓	105,531.82 ✓		105,631.82	105,531.82 ✓
					Bank Balance	105,631.82	
					Variance	105,631.82	
					Leave in Balance	100.00	
					OCT AMERIGROUP QIPP		
					NOV MOLINA QIPP		
					MEDICARE REPAYMENT TO MMC		
						<b>105,531.82</b>	
					Adjust Balance/Transfer Amt	26,565.02	
					Approved: <i>Roshanda Thomas</i>		1/3/2022
					ROSHANDA THOMAS, CEO		

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

JAN 04 2022

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 &amp;Lapse</u>	<u>QIPP TI</u>	<u>NH PORTION</u>
12/28/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000168	-	8,144.14	-	-	-	-	-	8,144.14
12/29/2021 WIRE OUT LINBAR ENTERPRISES, LLC	137,387.27	-	-	-	-	-	-	-
12/29/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000145	-	2,051.94	-	-	-	-	-	2,051.94
12/30/2021 CK1089	28,966.40	-	-	-	-	-	-	-
12/30/2021 Deposit	-	31,948.25	-	-	-	-	-	31,948.25
12/30/2021 Deposit	-	16,385.55	-	-	-	-	-	16,385.55
12/30/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000149	-	31,648.54	-	-	-	-	-	31,648.54
12/31/2021 Added to Account	-	12.95	-	-	-	-	-	12.95
12/31/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000173	-	15,340.45	-	-	-	-	-	15,340.45
	<b>166,353.67</b>	<b>105,531.82</b>	-	-	-	-	-	<b>105,531.82</b>

# Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type




DDA

Data reported as of Jan 3, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$7,007,610.46</b>	<b>\$7,175,319.50</b>	<b>\$7,007,610.46</b>	<b>\$7,007,610.4</b>
*4551 CAL CO INDIGENT HEALTHCARE	\$5,421.53	\$5,421.53	\$5,421.53	\$5,421.5
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$139,278.35	\$139,571.27	\$139,278.35	\$139,278.3
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.06	\$536.06	\$536.06	\$536.0
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,105,884.68	\$5,265,183.81	\$5,105,884.68	\$5,105,884.6
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.56	\$431.56	\$431.56	\$431.5
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$18,285.58	\$19,360.89	\$18,285.58	\$18,285.5
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$85,855.25	\$85,855.25	\$85,855.25	\$85,855.2
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$74,046.46	\$78,845.09	\$74,046.46	\$74,046.4
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$10,164.49	\$10,164.49	\$10,164.49	\$10,164.4
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$84,121.34	\$86,347.34	\$84,121.34	\$84,121.3
*2998 MMC -MONEY MARKET FUND	\$1,109,331.22	\$1,109,331.22	\$1,109,331.22	\$1,109,331.2
*5506 MMC -NH BETHANY SENIOR LIVING	\$207,312.81	\$207,312.81	\$207,312.81	\$207,312.8
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$24,239.31	\$24,239.31	\$24,239.31	\$24,239.3
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$37,070.00	\$37,087.05	\$37,070.00	\$37,070.0
*3407 MMC -NH TUSCANY VILLAGE	\$105,631.82 ✓	\$105,631.82	\$105,631.82	\$105,631.8

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSLTransfer  
 Prosperity Accounts  
 1/3/2022

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		235,876.92	241,309.98	212,745.87			207,312.81	207,139.97
						Bank Balance	207,312.81	
						Variance	207,312.81	
						Leave in Balance	100.00	

OCT INTEREST 25.39 ✓  
 NOV INTEREST 21.55 ✓  
 DEC INTEREST 25.90 ✓  
 Adjust Balance/Transfer Amt 207,139.97 ✓

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: Roshanda S. Thomas  
 ROSHANDA THOMAS, CEO 1/3/2022

APPROVED ON

JAN 04 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**Bethany Senior Living**

**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 &amp;Lapse</u>	<u>QIPP TI</u>	<u>NH PORTION</u>
12/27/2021 Deposit	-	16,416.85					-	16,416.85
12/27/2021 Deposit	-	64,402.44					-	64,402.44
12/27/2021 Deposit	-	12,254.31					-	12,254.31
12/27/2021 Deposit	-	183.84					-	183.84
12/28/2021 ck5589 <i>Returned check</i>	5,580.00	-					-	-
12/28/2021 Deposit	-	4,266.50					-	4,266.50
12/29/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	235,729.98	-					-	-
12/29/2021 Deposit	-	1,755.25					-	1,755.25
12/29/2021 Deposit	-	5,565.00					-	5,565.00
12/29/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000145	-	419.75					-	419.75
12/30/2021 Deposit	-	71,446.98					-	71,446.98
12/30/2021 Deposit	-	34,986.75					-	34,986.75
12/31/2021 Added to Account	-	25.90					-	25.90
12/31/2021 Deposit	-	1,022.30					-	1,022.30
	<b>241,309.98</b>	<b>212,745.87</b>	-	-	-	-	-	<b>212,745.87</b>



# Quick View

Select Quick View Accounts  
Account Number / Name

Account Type

Select Group  
Groups

DDA

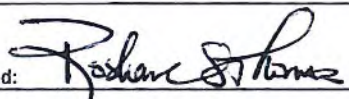
Data reported as of Jan 3, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$7,007,610.46</b>	<b>\$7,175,319.50</b>	<b>\$7,007,610.46</b>	<b>\$7,007,610.4</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,421.53	\$5,421.53	\$5,421.53	\$5,421.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$139,278.35	\$139,571.27	\$139,278.35	\$139,278.3
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.06	\$536.06	\$536.06	\$536.0
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,105,884.68	\$5,265,183.81	\$5,105,884.68	\$5,105,884.6
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.56	\$431.56	\$431.56	\$431.5
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$18,285.58	\$19,360.89	\$18,285.58	\$18,285.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$85,855.25	\$85,855.25	\$85,855.25	\$85,855.2
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$74,046.46	\$78,845.09	\$74,046.46	\$74,046.4
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$10,164.49	\$10,164.49	\$10,164.49	\$10,164.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$84,121.34	\$86,347.34	\$84,121.34	\$84,121.3
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,331.22	\$1,109,331.22	\$1,109,331.22	\$1,109,331.2
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$207,312.81	\$207,312.81	\$207,312.81	\$207,312.8
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$24,239.31	\$24,239.31	\$24,239.31	\$24,239.3
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$37,070.00	\$37,087.05	\$37,070.00	\$37,070.0
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$105,631.82	\$105,631.82	\$105,631.82	\$105,631.8

**Medicare Repayment**

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	Amt	CK DATE
BROADMOOR			BETHANY	20351000	107.93	1/5/2022
BROADMOOR			MM CLINIC	20351000	1,859.91	1/5/2022
CRESCENT			BETHANY	20351000	107.93	1/5/2022
CRESCENT			MM CLINIC	20351000	1,859.91	1/5/2022
SOLERA			BETHANY	20351000	107.93	1/5/2022
SOLERA			MM CLINIC	20351000	1,859.91	1/5/2022
<b>Total</b>					<b>5,903.52</b>	

Note:

Approved:   
 Roshanda Thomas, CEO 1/3/2022

Golden Creek

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

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MEMORIAL MEDICAL CENTER  
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Date Requested: 01/03/2022

APPROVED ON  
JAN 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
ck# 000151

FOR ACCT. USE ONLY

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

AMOUNT \$71,863.91

G/L NUMBER: 10255040

EXPLANATION: OCTOBER AND NOVEMBER SUPERIOR QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Rosalene S. Thomas* 1/3/2022

Gulf Pointe

# MEMORIAL MEDICAL CENTER CHECK REQUEST

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MEMORIAL MEDICAL CENTER

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Date Requested: 01/03/2022

APPROVED ON

JAN 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 1070

G/L NUMBER: 10255040

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 \$31,729.81

EXPLANATION: OCTOBER AND NOVEMBER SUPERIOR QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Robene S. Thomas* 1/3/2022

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

000151

Date 1/5/22

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 71,823.91

Seventy one thousand eight hundred sixty three & 91/100 DOLLARS



FOR Superior Oct-Nov Clipp

Security features are included. Details on back.

⑈000151⑈ ⑆113122655⑆

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

1070

88-2265/1131-87

DATE 1/5/22



PAY TO THE ORDER OF Memorial Medical Center

\$ 31,729.81

Thirty one thousand seven hundred twenty nine & 81/100 DOLLARS



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



FOR Superior Oct & Nov Clipp

⑈001070⑈ ⑆113122655⑆

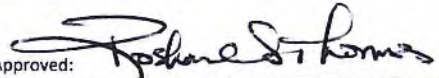
QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

1/5/2021

NH Name	From Bank Acct #	Ck #	Payee	GL #	SUPERIOR OCT & NOV QIPP			TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040				-	1/5/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040				-	1/5/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040				-	1/5/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040				-	1/5/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040				-	1/5/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040	71,863.91			71,863.91	1/5/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040	31,729.81			31,729.81	1/5/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001					-	1/5/2021
Bethany			MMC -Prosperity Operating #10000001					-	1/5/2021
Tuscany			MMC -Prosperity Operating #10000001	10255040				-	1/5/2021
				Total:	103,593.72	-	-	103,593.72	

Note:

Approved:   
 Roshanda Thomas 12/27/2021

Ashford

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

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Date Requested: 1/3/22

APPROVED ON  
JAN 04 2022  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 001165

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT \$54.90

G/L NUMBER: 21400012

EXPLANATION: October- December 2021 Interest Earned

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Rolando Thomas* 1/3/2022

Broadmoor

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

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Date Requested: 1/3/22

APPROVED ON  
JAN 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CIC# 000175

FOR ACCT. USE ONLY

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

AMOUNT \$40.95

G/L NUMBER: 21400009

EXPLANATION: October- December 2021 Interest Earned

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Robbie Johnson* 1/3/2022



Crescent

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 1/3/22

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APPROVED ON

JAN 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK#000204

FOR ACCT. USE ONLY	
<input type="checkbox"/>	Imprest Cash
<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Mail Check to Vendor
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AMOUNT \$37.77

G/L NUMBER: 21400010

EXPLANATION: October- December 2021 Interest Earned

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: Rolando S. Gomez 1/3/2022

Fort Bend

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

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Date Requested: 1/3/22

APPROVED ON

JAN 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 000170

FOR ACCT. USE ONLY

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

AMOUNT \$15.92

G/L NUMBER: 21400008

EXPLANATION: October- December 2021 Interest Earned

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: Rodney Johnson 1/3/2022

Solera

# MEMORIAL MEDICAL CENTER CHECK REQUEST

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MEMORIAL MEDICAL CENTER  
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Date Requested: 1/3/22

APPROVED ON

JAN 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 001204

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 \$54.41

G/L NUMBER: 21400011

EXPLANATION: October- December 2021 Interest Earned

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: Rodane Schumz 1/3/2022

Golden Creek

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

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Date Requested: 1/3/22

APPROVED ON  
JAN 04 2022  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 000150  
G/L NUMBER: 21400013

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT \$36.78

EXPLANATION: October- December 2021 Interest Earned

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Rolene S Thomas* 1/3/2022

Gulf Pointe - MM

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

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Date Requested: 1/3/22

FOR ACCT. USE ONLY

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

APPROVED ON

JAN 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 1004

AMOUNT \$20.55

G/L NUMBER: 21400014

EXPLANATION: October- December 2021 Interest Earned

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Rolene S. Thomas* 1/3/2022

Gulf Pointe - PP

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

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Date Requested: 1/3/22

APPROVED ON

JAN 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK#1069

FOR ACCT. USE ONLY

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

AMOUNT \$83.51

G/L NUMBER: 21400014

EXPLANATION: October- December 2021 Interest Earned

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Robert Thomas* 1/3/2022

Bethany

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 1/3/22

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FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON

JAN 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL#1008

G/L NUMBER: 21400015

AMOUNT \$72.84

EXPLANATION: October- December 2021 Interest Earned

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Robert Thomas* 1/3/2022

MEMORIAL MEDICAL CENTER  
NH ASHFORD  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001165

Date 1/5/22 88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center

\$ 54.90

Fifty four & 90/100

DOLLARS



FOR Oct-Dec Interest

Security features are included. Details on back.

⑈001165⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER  
NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000175

Date 1/5/22 88-2265/1131

PAY TO THE ORDER OF Memorial Medical center

\$ 40.95

Fourty & 95/100

DOLLARS



FOR Oct-Dec Interest

Security features are included. Details on back.

⑈000175⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER  
NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000204

Date 1/5/22 88-2265/1131

PAY TO THE ORDER OF Memorial Medical center

\$ 37.77

Thirty seven & 77/100

DOLLARS



FOR Oct-Dec Interest

Security features are included. Details on back.

⑈000204⑈ ⑆113122655⑆



MEMORIAL MEDICAL CENTER

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

000170

Date 1/5/22

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 15.92

Fifteen & 92/100

DOLLARS



FOR Oct-Dec interest

Security features are included. Details on back.

⑈000170⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001204

Date 1/5/22

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 52.41

Fifty two & 41/100

DOLLARS



FOR Oct-Dec interest

Security features are included. Details on back.

⑈001204⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000150

Date 1/5/22

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 36.78

Thirty six & 78/100

DOLLARS



FOR Oct-Dec interest

Security features are included. Details on back.

⑈000150⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER  
NH GULF POINTE PLAZA  
MEDICARE/MEDICAID 361-553-4618  
1815 N VIRGINIA ST  
PORT LAVACA, TX 77979

1006

88-2265/1131-87

DATE 1/5/22

CHECK AMOUNT

PAY TO THE ORDER OF Memorial Medical Center

\$ 20.55

Twenty dollars & 55/100

DOLLARS

Photo Safe Deposit



PROSPERITY BANK®

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

FOR Oct - Dec interest

⑈001006⑈ ⑆113122655⑆

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

1069

88-2265/1131-87

DATE 1/5/22

CHECK AMOUNT

PAY TO THE ORDER OF Memorial Medical center

\$ 83.51

Eighty three & 51/100

DOLLARS

Photo Safe Deposit



PROSPERITY BANK®

PORT LAVACA BANKING CENTER  
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FOR Oct - Dec interest

⑈001069⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 102019  
NH BETHANY SENIOR LIVING  
PH 361-553-4618  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

1008

88-2265/1131-87

DATE 1/5/22

CHECK AMOUNT

PAY TO THE ORDER OF Memorial Medical Center

\$ 72.84

Seventy two & 84/100

DOLLARS

Photo Safe Deposit



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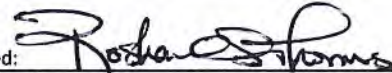
FOR Oct - Dec interest

⑈001008⑈ ⑆113122655⑆

**Interest To MMC From NH**

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	21400012	October- December 2021 Interest Earned	54.90	1/5/2022
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	21400009	October- December 2021 Interest Earned	40.95	1/5/2022
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	21400010	October- December 2021 Interest Earned	37.77	1/5/2022
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	21400008	October- December 2021 Interest Earned	15.92	1/5/2022
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	21400011	October- December 2021 Interest Earned	54.41	1/5/2022
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	21400013	October- December 2021 Interest Earned	36.78	1/5/2022
Gulf Pointe-PP	10000025 - Prosperity		MMC -Prosperity Operating #10000001	21400014	October- December 2021 Interest Earned	83.51	1/5/2022
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001	21400014	October- December 2021 Interest Earned	20.55	1/5/2022
Bethany	10000026 - Prosperity		MMC -Prosperity Operating #10000001	21400015	October- December 2021 Interest Earned	72.84	1/5/2022
						417.63	

Note:

Approved:   
 Roshanda Thomas, CEO

1/3/2022

RUN DATE:01/05/22  
TIME:13:30

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
01/05/22 THRU 01/05/22

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GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001165 01/05/22 54.90 MEMORIAL MEDICAL CENTER *Ashford*  
TOTALS: 54.90

**APPROVED ON**

**JAN 05 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

RUN DATE:01/05/22  
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MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000175	01/05/22	40.95	MEMORIAL MEDICAL CENTER
NHB	000176	01/05/22	107.93	BETHANY
NHB	000177	01/05/22	1,859.91	MEMORIAL MEDICAL CLINIC
TOTALS:			2,008.79	

*Bradmoor*

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**JAN 05 2022**

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MEMORIAL MEDICAL CENTER  
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BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000204 01/05/22 37.77 MEMORIAL MEDICAL CENTER  
NHC 000205 01/05/22 1,859.91 MEMORIAL MEDICAL CLINIC  
NHC 000206 01/05/22 107.93 BETHANY  
TOTALS: 2,005.61

*Crescent*

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MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
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GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000170 01/05/22 15.92 MEMORIAL MEDICAL CENTER *Furt Bund*  
TOTALS: 15.92

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MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
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CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	001204	01/05/22	52.41	MEMORIAL MEDICAL CENTER
NHS	001205	01/05/22	107.93	BETHANY
NHS	001206	01/05/22	1,859.91	MEMORIAL MEDICAL CENTER
TOTALS:			2,020.25	

*Solem*

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MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
01/05/22 THRU 01/05/22

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GLCKREG

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

GPP 001069 01/05/22 83.51 MEMORIAL MEDICAL CENTER  
GPP 001070 01/05/22 31,729.81 MEMORIAL MEDICAL CENTER  
TOTALS: 31,813.32

*guif Pointe PP*

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MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
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CODE NUMBER DATE AMOUNT PAYEE

GPM 001006 01/05/22 20.55 MEMORIAL MEDICAL CENTER *guif Pointe mm*  
TOTALS: 20.55

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MEMORIAL MEDICAL CENTER  
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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG	000150	01/05/22	36.78	MEMORIAL MEDICAL CENTER
NHG	000151	01/05/22	71,863.91	MEMORIAL MEDICAL CENTER
TOTALS:			71,900.69	

*golden creek*

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MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
01/05/22 THRU 01/05/22

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GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

BSL 001008 01/05/22 72.84 MEMORIAL MEDICAL CENTER  
TOTALS: 72.84

*Bethany*

**APPROVED ON**

**JAN 05 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**