

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 19, 2022

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,042,440.86
TOTAL TRANSFERS BETWEEN FUNDS	\$ 64,830.08
TOTAL NURSING HOME UPL EXPENSES	\$ 1,379,935.37
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 358,109.03
GRAND TOTAL DISBURSEMENTS APPROVED January 19, 2022	\$ 2,845,315.34

APPROVED

JAN 19 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---January 19, 2022

PAYABLES AND PAYROLL

1/13/2022 Weekly Payables	449,998.84
1/13/2022 Patient Refunds	70.80
1/17/2022 McKesson-340B Prescription Expense	12,008.11
1/17/2022 Amerisource Bergen-340B Prescription Expense	787.83
1/17/2022 Amerisource Bergen-340B Prescription Expense	110.00
1/17/2022 Payroll Liabilities -Payroll Taxes	104,701.14
1/17/2022 Payroll	311,335.30

Prosperity Electronic Bank Payments

2/10/21-1/10/22 Credit Card & Lease Fees	8,251.32
1/20/2022 Sales Tax for December 2021	1,210.47
1/15/2022 TCDRS December Retirement	151,886.05
1/11/2022 Clearage-Patient Financing Service	196.90
12/10/21-1/14/22 Pay Plus-Patient Claims Processing Fee	631.90
12/10/21-1/7/22 ExpertPay- child support	1,228.40
1/4/2022 Authnet Gateway Billing-3rd Party Payor Fee	23.80

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 1,042,440.86**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

1/13/2022 MMC Operating to Tuscany Village-correction of NH medicare payment deposited into MMC Operating	10,607.90
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MEDICARE ADVANCE PAYMENT RECOUP

1/17/2022 Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	12,770.11
1/17/2022 Broadmoor to Tuscany Village-correction of Broadmoor medical recoup taken from Tuscany Village	5,303.95
1/17/2022 Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	12,770.11
1/17/2022 Crescent to Tuscany Village-correction of Crecent medicare recoup taken from Tuscany Village	5,303.95
1/17/2022 Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	12,770.11
1/17/2022 Solera to Tuscany Village-correction of Solera medicare recoup taken from Tuscany Village	5,303.95

TOTAL TRANSFERS BETWEEN FUNDS **\$ 64,830.08**

NURSING HOME UPL EXPENSES

1/17/2022 Nursing Home UPL-Cantex Transfer	658,848.64
1/17/2022 Nursing Home UPL-Nexion Transfer	116,571.50
1/17/2022 Nursing Home UPL-HMG Transfer	86,723.61
1/17/2022 Nursing Home UPL-Tuscany Transfer	142,546.21
1/17/2022 Nursing Home UPL-HSL Transfer	269,783.08

NURSING HOME BANK FEES

1/14/2022 Ashford-Enhanced analysis fee	105.88
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QIPP CHECKS TO MMC

1/17/2022 Ashford	34,338.47
1/17/2022 Broadmoor	14,208.51
1/17/2022 Crescent	10,353.87
1/17/2022 Fort Bend	13,879.49
1/17/2022 Solera	13,041.05
1/17/2022 Tuscany	19,535.06

TOTAL NURSING HOME UPL EXPENSES **\$ 1,379,935.37**

INTER-GOVERNMENT TRANSFERS

1/17/2022 IGT UC DY11 to be paid February 10, 2022	358,109.03
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TOTAL INTER-GOVERNMENT TRANSFERS **\$ 358,109.03**

GRAND TOTAL DISBURSEMENTS APPROVED January 19, 2022 **\$ 2,845,315.34**

RECEIVED

JAN 13 2022

01/13/2022

10:51

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 02/02/2022

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

A2222 ARGON MEDICAL DEVICES ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
✓21114287 ✓		01/12/20	12/30/20	01/12/20		335.56	0.00	0.00	335.56 ✓ ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A2222	ARGON MEDICAL DEVICES	335.56	0.00	0.00	335.56	

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
✓2429780 ✓		12/31/20	01/03/20	02/02/20		2,428.75	0.00	0.00	2,428.75 ✓ ✓

TRAVEL LAB STAFFING (12/17-12/19/21) Hawkins

✓2429643 ✓		12/31/20	01/03/20	02/02/20		2,211.00	0.00	0.00	2,211.00 ✓ ✓
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TRAVEL LAB STAFFING (12/17-12/23/21) Stribley

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A0400	AUREUS RADIOLOGY LLC	4,639.75	0.00	0.00	4,639.75	

Vendor# Vendor Name

Class Pay Code

14088 AZALEA HEALTH ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
✓70459 ✓		01/11/20	01/06/20	01/06/20		550.00	0.00	0.00	550.00 ✓ ✓

MONTHLY PROCESSING FEES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
14088	AZALEA HEALTH	550.00	0.00	0.00	550.00	

Vendor# Vendor Name

Class Pay Code

B1150 BAXTER HEALTHCARE ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
✓73456985 ✓		01/12/20	01/03/20	01/28/20		1,093.06	0.00	0.00	1,093.06 ✓ ✓

SUPPLIES

✓73456530 ✓		01/12/20	01/03/20	01/28/20		161.52	0.00	0.00	161.52 ✓ ✓
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SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
B1150	BAXTER HEALTHCARE	1,254.58	0.00	0.00	1,254.58	

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
✓6009650949 ✓		01/10/20	12/30/20	01/10/20		891.27	0.00	0.00	891.27 ✓ ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
M2485	BAYER HEALTHCARE	891.27	0.00	0.00	891.27	

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
✓109569835 ✓		01/03/20	01/03/20	01/28/20		14.90	0.00	0.00	14.90 ✓ ✓

SUPPLIES

✓7308935 ✓		01/03/20	01/03/20	01/28/20		6,401.64	0.00	0.00	6,401.64 ✓ ✓
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SUPPLIES meter billing

✓109572672 ✓		01/05/20	01/04/20	01/29/20		119.42	0.00	0.00	119.42 ✓ ✓
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SUPPLIES

✓109578590	✓		01/05/20	01/04/20	01/29/20		587.32	0.00	0.00	587.32	✓	✓
		SUPPLIES	<i>Property tax</i>									
✓109578587	✓		01/05/20	01/04/20	01/29/20		3,029.16	0.00	0.00	3,029.16	✓	✓
		SERVICES	<i>Property tax</i>									
✓109576214	✓		01/05/20	01/04/20	01/29/20		1,850.64	0.00	0.00	1,850.64	✓	✓
		SUPPLIES										
✓109579657	✓		01/05/20	01/04/20	01/29/20		226.80	0.00	0.00	226.80	✓	✓
		SUPPLIES										
✓109579295	✓		01/05/20	01/04/20	01/29/20		34.12	0.00	0.00	34.12	✓	✓
		SUPPLIES										
✓109572757	✓		01/05/20	01/04/20	01/29/20		1,400.00	0.00	0.00	1,400.00	✓	✓
		SUPPLIES										
✓109578591	✓		01/05/20	01/04/20	01/29/20		3,563.78	0.00	0.00	3,563.78	✓	✓
		SERVICES	<i>Property tax</i>									
✓109579639	✓		01/05/20	01/04/20	01/29/20		7,034.36	0.00	0.00	7,034.36	✓	✓
		SUPPLIES										
✓109572908	✓		01/05/20	01/04/20	01/29/20		1,015.30	0.00	0.00	1,015.30	✓	✓
		SUPPLIES										
✓109578513	✓		01/05/20	01/04/20	01/29/20		378.00	0.00	0.00	378.00	✓	✓
		SUPPLIES										
✓109581835	✓		01/10/20	01/05/20	01/30/20		68.24	0.00	0.00	68.24	✓	✓
		SUPPLIES										
✓109582255	✓		01/10/20	01/05/20	01/30/20		1,479.73	0.00	0.00	1,479.73	✓	✓
		SUPPLIES										
✓5451762	✓		01/10/20	01/05/20	01/30/20		6,249.42	0.00	0.00	6,249.42	✓	✓
		LEASE	<i>Lease Charge Service & Maint.</i>									
✓109581668	✓		01/10/20	01/05/20	01/30/20		486.13	0.00	0.00	486.13	✓	✓
		SUPPLIES										
✓109584421	✓		01/10/20	01/05/20	01/30/20		51.18	0.00	0.00	51.18	✓	✓
		SUPPLIES										
✓109588040	✓		01/12/20	01/06/20	01/31/20		116.70	0.00	0.00	116.70	✓	✓
		SUPPLIES										
✓109588033	✓		01/12/20	01/06/20	01/31/20		65.78	0.00	0.00	65.78	✓	✓
		FREIGHT										
✓109588285	✓		01/12/20	01/06/20	01/31/20		1,284.03	0.00	0.00	1,284.03	✓	✓
		SUPPLIES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	35,456.65	0.00	0.00	35,456.65

Vendor# Vendor Name Class Pay Code

11072	BIO-RAD LABORATORIES, INC	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
✓905248514	✓	12/31/20	12/28/20	01/28/20		653.97	0.00	0.00	653.97	✓	✓
	SUPPLIES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	653.97	0.00	0.00	653.97

Vendor# Vendor Name Class Pay Code

12600	BIOFIRE DIAGNOSTICS LLC	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
✓1280153536	✓	01/12/20	12/27/20	01/12/20		40,500.00	0.00	0.00	40,500.00	✓	
	SUPPLIES (10) biofire R2.1 panel, 30 test IVD										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

12600	BIOFIRE DIAGNOSTICS LLC					40,500.00	0.00	0.00	40,500.00	
Vendor#	Vendor Name	Class	Pay Code							
14753	BIOMERIEUX, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
✓212711768 ✓		01/13/20	01/06/20	02/02/20		41,207.74	0.00	0.00	41,207.74 ✓	
<i>SUPPLIES (10) biofire ep 2.1 panel, 30 fast IV D + shipping @ 4,150.</i>										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	14753	BIOMERIEUX, INC			41,207.74	0.00	0.00	41,207.74		
Vendor#	Vendor Name	Class	Pay Code							
10599	BKD, LLP ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
✓BK01505461# ✓		01/10/20	12/29/20	01/23/20		16,905.00	0.00	0.00	16,905.00 ✓ ✓	
<i>PREP 2022 DSH</i>										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	10599	BKD, LLP			16,905.00	0.00	0.00	16,905.00		
Vendor#	Vendor Name	Class	Pay Code							
14120	CALHOUN COUNTY EMS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
✓21120006		12/31/20	12/30/20	01/31/20		6,600.00	0.00	0.00	6,600.00 ✓	
<i>TRANSFERS</i>										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	14120	CALHOUN COUNTY EMS			6,600.00	0.00	0.00	6,600.00		
Vendor#	Vendor Name	Class	Pay Code							
11295	CALHOUN COUNTY INDIGENT ACCOUN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
✓010622		01/10/20	01/06/20	01/06/20		50.00	0.00	0.00	50.00 ✓ ✓	
<i>COPAYS</i>										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	11295	CALHOUN COUNTY INDIGENT ACCOUN			50.00	0.00	0.00	50.00		
Vendor#	Vendor Name	Class	Pay Code							
13992	CARIANT HEALTH PARTNERS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
✓127849		01/11/20	09/08/20	10/08/20		4,940.00	0.00	0.00	4,940.00	
<i>REMOVE PER ELLEN; TIME CARD AND INVOICES DON'T MATCH</i>										
	TRAVEL NURSE STAFFING			8/31-9/4	Crabtree					
✓128183		01/11/20	09/22/20	10/22/20		5,900.00	0.00	0.00	5,900.00	
	TRAVEL NURSE STAFFING			9/5(9/6)-9/18/21	Crabtree					
✓128362		01/11/20	09/30/20	10/30/20		980.00	0.00	0.00	980.00	
	TRAVEL NURSE STAFFING			9/19/21	Crabtree					
✓129141 ✓		01/11/20	10/27/20	11/27/20		1,000.00	0.00	0.00	1,000.00	
	TRAVEL NURSE STAFFING			10/17/21	Crabtree					
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	13992	CARIANT HEALTH PARTNERS			12,820.00	0.00	0.00	12,820.00		
Vendor#	Vendor Name	Class	Pay Code							
10105	CHRIS KOVAREK ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
✓58		01/11/20	01/07/20	01/07/20		40.00	0.00	0.00	40.00 ✓ ✓	
<i>PURCHASE SERVICES 12/3, 12/20, 12/20/21</i>										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	10105	CHRIS KOVAREK			40.00	0.00	0.00	40.00		
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		
✓OE337321	✓	01/10/20	12/29/20	01/08/20		225.00	0.00	0.00	225.00 ✓✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1166	COASTAL OFFICE SOLUTONS	225.00	0.00	0.00	225.00
Vendor#	Vendor Name					Class	Pay Code				
13572	COMMUNITY INFUSION SOLUTIONS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
✓IC20211116	✓	01/12/20	11/03/20	11/13/20		12,515.31	0.00	0.00	12,515.31 ✓✓		
OP INFUSION SERVICES											
✓IC20211212	✓	01/12/20	12/05/20	12/15/20		11,514.45	0.00	0.00	11,514.45 ✓✓		
OP INFUSION SERVICES											
✓IC20220119	✓	01/12/20	01/05/20	01/05/20		12,987.42	0.00	0.00	12,987.42 ✓✓		
INFUSION SERVICES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13572	COMMUNITY INFUSION SOLUTIONS	37,017.18	0.00	0.00	37,017.18
Vendor#	Vendor Name					Class	Pay Code				
10368	DEWITT POTTH & SON ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
✓6673060	✓	01/10/20	01/06/20	01/31/20		14.26	0.00	0.00	14.26 ✓✓		
SUPPLIES											
✓6673150	✓	01/11/20	01/03/20	01/28/20		97.08	0.00	0.00	97.08 ✓✓		
SUPPLIES											
✓6673830	✓	01/11/20	01/03/20	01/28/20		28.22	0.00	0.00	28.22 ✓✓		
SUPPLIES											
✓6677040	✓	01/11/20	01/06/20	01/31/20		60.94	0.00	0.00	60.94 ✓✓		
SUPPLIES											
✓6677240	✓	01/11/20	01/06/20	01/31/20		32.70	0.00	0.00	32.70 ✓✓		
SUPPLIES											
✓6677030	✓	01/11/20	01/06/20	01/31/20		41.42	0.00	0.00	41.42 ✓✓		
SUPPLIES											
✓6674090	✓	01/12/20	01/04/20	01/29/20		677.92	0.00	0.00	677.92 ✓✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10368	DEWITT POTTH & SON	952.54	0.00	0.00	952.54
Vendor#	Vendor Name					Class	Pay Code				
11011	DIAMOND HEALTHCARE CORP ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
✓IN20055117	✓	01/12/20	01/03/20	01/28/20		19,166.67	0.00	0.00	19,166.67 ✓✓		
CPR DEC 2021											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11011	DIAMOND HEALTHCARE CORP	19,166.67	0.00	0.00	19,166.67
Vendor#	Vendor Name					Class	Pay Code				
11291	DOWELL PEST CONTROL ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
✓FW-4321	✓	01/11/20	07/10/20	08/30/20		155.00	0.00	0.00	155.00 ✓✓		
PEST CONTROL CLINIC JULY											
✓FW-4320	✓	01/11/20	07/31/20	08/25/20		260.00	0.00	0.00	260.00 ✓✓		
PEST CONTROL JULY 21											
✓FW-4662	✓	01/11/20	08/31/20	09/25/20		260.00	0.00	0.00	260.00 ✓✓		
PEST CONTROL AUG 21											

✓	FW-5202	✓	01/11/20	09/30/20	10/25/20		105.00	0.00	0.00	105.00	✓	
			PEST CONTROL CLINIC AUG :									
✓	FW-5275	✓	01/11/20	09/30/20	10/25/20		260.00	0.00	0.00	260.00	✓	
			PEST CONTROL SEPT 21									
✓	FW-5284	✓	01/11/20	09/30/20	10/25/20		505.00	0.00	0.00	505.00	✓	
			PEST CONTROL SEPT 21									
✓	FW-6026	✓	01/11/20	10/31/20	11/25/20		260.00	0.00	0.00	260.00	✓	
			PEST CONTROL OCT 21									
✓	FW-6014	✓	01/11/20	10/31/20	11/25/20		105.00	0.00	0.00	105.00	✓	
			PEST CONTROL OCT 21 CLINI									
✓	FW-5755	✓	01/11/20	10/31/20	11/25/20		505.00	0.00	0.00	505.00	✓	
			PEST CONTROL HOSP OCT 21									
✓	FW-4158	✓	01/11/20	10/31/20	11/25/20		160.00	0.00	0.00	160.00	✓	
			PEST CONTROL OCT 21									
✓	FW-6675	✓	01/11/20	12/31/20	01/25/20		505.00	0.00	0.00	505.00	✓	
			MTHLY PEST CONTROL DEC :									
✓	FW-7049	✓	01/11/20	12/31/20	01/25/20		105.00	0.00	0.00	105.00	✓	
			PEST CONTROL DEC 2021									
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			11291	DOWELL PEST CONTROL			3,185.00	0.00	0.00	3,185.00		
Vendor#	Vendor Name		Class	Pay Code								
11284	EMERGENCY STAFFING SOLUTIONS		✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
✓	✓	40880	01/13/20	01/15/20	01/25/20	40,062.50	0.00	0.00	40,062.50	✓		
			ER PHYSICIAN STAFFING (1-15th) January									
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			11284	EMERGENCY STAFFING SOLUTIONS			40,062.50	0.00	0.00	40,062.50		
Vendor#	Vendor Name		Class	Pay Code								
S0501	EVOQUA WATER TECHNOLOGIES LLC		✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
✓	✓	905200130	01/11/20	01/01/20	01/26/20	2,490.35	0.00	0.00	2,490.35	✓		
			CONTRACT JAN/22 - JUNE/22									
✓	✓	905200131	01/11/20	01/01/20	01/26/20	2,511.19	0.00	0.00	2,511.19	✓		
			CONTRACT JAN/22-JUNE/22									
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			S0501	EVOQUA WATER TECHNOLOGIES LLC			5,001.54	0.00	0.00	5,001.54		
Vendor#	Vendor Name		Class	Pay Code								
10689	FASTHEALTH CORPORATION		✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
✓	✓	01A22mmc	01/11/20	01/01/20	01/16/20	495.00	0.00	0.00	495.00	✓		
			WEBSITE MONTHLY INVOICE									
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			10689	FASTHEALTH CORPORATION			495.00	0.00	0.00	495.00		
Vendor#	Vendor Name		Class	Pay Code								
F1100	FEDERAL EXPRESS CORP.		✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
✓	✓	762191758	01/12/20	01/06/20	01/31/20	11.55	0.00	0.00	11.55	✓		
			FREIGHT									
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			F1100	FEDERAL EXPRESS CORP.			11.55	0.00	0.00	11.55		
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	
✓3550	✓	01/11/20	12/21/20	01/20/20		3,093.75	0.00	0.00	3,093.75	✓✓
	TRAVEL NURSE STAFFING 12/14-12/16/21 Burnham									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	14092	FIRST CONNECT CENTER LLC				3,093.75	0.00	0.00	3,093.75	

Vendor#	Vendor Name									
F1400	FISHER HEALTHCARE				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
✓7500397	✓	01/10/20	12/27/20	01/21/20		27.50	0.00	0.00	27.50	✓✓
	SUPPLIES									
✓7542455	✓	01/10/20	12/28/20	01/22/20		481.26	0.00	0.00	481.26	✓✓
	SUPPLIES									
✓7542456	✓	01/10/20	12/28/20	01/22/20		10.50	0.00	0.00	10.50	✓✓
	SUPPLIES									
✓7585969	✓	01/10/20	12/29/20	01/23/20		186.25	0.00	0.00	186.25	✓✓
	SUPPLIES									
✓7585967	✓	01/10/20	12/29/20	01/23/20		318.00	0.00	0.00	318.00	✓✓
	SUPPLIES									
✓7628243	✓	01/10/20	12/30/20	01/24/20		50.32	0.00	0.00	50.32	✓✓
	SUPPLIES									
✓7628241	✓	01/10/20	12/30/20	01/24/20		154.08	0.00	0.00	154.08	✓✓
	SUPPLIES									
✓7698388	✓	01/11/20	01/04/20	01/29/20		208.68	0.00	0.00	208.68	✓✓
	SUPPLIES									
✓7763151	✓	01/11/20	01/05/20	01/30/20		68.00	0.00	0.00	68.00	✓✓
	SUPPLIES									
✓4185253	✓	01/12/20	07/09/20	08/03/20		666.27	0.00	0.00	666.27	✓✓
	SUPPLIES									
✓7585968	✓	01/12/20	12/29/20	01/23/20		20.30	0.00	0.00	20.30	✓✓
	SUPPLIES									
✓7628242	✓	01/12/20	12/30/20	01/24/20		12.24	0.00	0.00	12.24	✓✓
	SUPPLIES									
✓7841100	✓	01/12/20	01/06/20	01/31/20		6,546.83	0.00	0.00	6,546.83	✓✓
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	F1400	FISHER HEALTHCARE				8,750.23	0.00	0.00	8,750.23	

Vendor#	Vendor Name									
12636	FUSION CLOUD SERVICES, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
✓28402764	✓	01/12/20	12/16/20	01/15/20		1,044.31	0.00	0.00	1,044.31	✓✓
	TELEPHONE SERVICES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	12636	FUSION CLOUD SERVICES, LLC				1,044.31	0.00	0.00	1,044.31	

Vendor#	Vendor Name									
12948	GREAT AMERICAN FINANCIAL SVCS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
✓30813273	✓	01/11/20	01/06/20	01/31/20		10,161.02	0.00	0.00	10,161.02	✓✓
	COPIER LEASE 11/27-12/28/21									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	12948	GREAT AMERICAN FINANCIAL SVCS				10,161.02	0.00	0.00	10,161.02	

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
G1210	GULF COAST PAPER COMPANY ✓	M											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	✓2161205 ✓		01/10/20	12/28/20	01/27/20		41.73	0.00	0.00	41.73			✓ ✓
	SUPPLIES												
	Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net						
	G1210	GULF COAST PAPER COMPANY		41.73	0.00	0.00	41.73						
H1100	HAYES ELECTRIC SERVICE ✓	W											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	✓A2211208-01 ✓		01/10/20	12/08/20	12/18/20		589.97	0.00	0.00	589.97			✓ ✓
	SUPPLIES												
	Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net						
	H1100	HAYES ELECTRIC SERVICE		589.97	0.00	0.00	589.97						
10334	HEALTH CARE LOGISTICS INC ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	✓308298902 ✓		01/04/20	01/03/20	02/02/20		410.00	0.00	0.00	410.00			✓ ✓
	SUPPLIES												
	Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net						
	10334	HEALTH CARE LOGISTICS INC		410.00	0.00	0.00	410.00						
11552	HEALTHCARE FINANCIAL SERVICES ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	✓100559472 ✓		12/31/20	12/28/20	02/01/20		4,610.52	0.00	0.00	4,610.52			✓ ✓
	LEASE												
	✓100564827 ✓		01/12/20	01/07/20	02/01/20		7,447.86	0.00	0.00	7,447.86			✓ ✓
	LEASE CAT Scan												
	✓100564828 ✓		01/12/20	01/07/20	02/01/20		1,797.44	0.00	0.00	1,797.44			✓ ✓
	LEASE Ultrasound												
	Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net						
	11552	HEALTHCARE FINANCIAL SERVICES		13,855.82	0.00	0.00	13,855.82						
10922	HUNTER PHARMACY SERVICES ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	✓4724 ✓		01/11/20	12/31/20	01/20/20		15,203.97	0.00	0.00	15,203.97			✓
	PROFESSIONAL FEES 12/23/21 1/10/22 Novosad												
	Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net						
	10922	HUNTER PHARMACY SERVICES		15,203.97	0.00	0.00	15,203.97						
14256	INFCARE HEALTH, INC. ✓ (REMOVE per Ellen; time card invoice not matching)												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	✓MMC1223 ✓		12/31/20	12/23/20	01/28/20		3,270.50	0.00	0.00	3,270.50			
	TRAVEL NURSE STAFFING (12/14-12/18/21) NCS LOWRY												
	✓MMC1230 ✓		01/12/20	12/30/20	01/30/20		2,325.00	0.00	0.00	2,325.00			
	TRAVEL NURSE STAFFING												
	Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net						
	14256	INFCARE HEALTH, INC.		5,595.50	0.00	0.00	5,595.50						
11200	IRON MOUNTAIN												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			

✓	GGBL100	✓	12/29/20	12/31/20	01/30/20		738.78	0.00	0.00	738.78	✓		
SHRED BIN SERVICES													
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							11200	IRON MOUNTAIN	738.78	0.00	0.00	738.78	✓
Vendor#	Vendor Name						Class	Pay Code					
I1264	ITA RESOURCES, INC						W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
✓	MMC012022	✓	01/12/20	01/11/20	01/11/20		25,569.36	0.00	0.00	25,569.36	✓		
RESPIRATORY JAN 2022													
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							I1264	ITA RESOURCES, INC	25,569.36	0.00	0.00	25,569.36	
Vendor#	Vendor Name						Class	Pay Code					
11108	ITERSOURCE CORPORATION												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
✓	711435	✓	01/10/20	01/01/20	01/01/20		250.00	0.00	0.00	250.00	✓		
MONTHLY PHONE SUPPORT.													
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							11108	ITERSOURCE CORPORATION	250.00	0.00	0.00	250.00	
Vendor#	Vendor Name						Class	Pay Code					
J0150	J & J HEALTH CARE SYSTEMS, INC												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
✓	927662309	✓	12/31/20	12/29/20	01/28/20		1,541.38	0.00	0.00	1,541.38	✓		
SUPPLIES													
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							J0150	J & J HEALTH CARE SYSTEMS, INC	1,541.38	0.00	0.00	1,541.38	
Vendor#	Vendor Name						Class	Pay Code					
10834	JACKSON & CARTER, PLLC												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
✓	2953	✓	01/12/20	01/06/20	01/06/20		1,475.00	0.00	0.00	1,475.00	✓		
FEES													
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							10834	JACKSON & CARTER, PLLC	1,475.00	0.00	0.00	1,475.00	
Vendor#	Vendor Name						Class	Pay Code					
L0700	LABCORP OF AMERICA HOLDINGS						M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
✓	71784501	✓	01/12/20	01/01/20	01/26/20		30.00	0.00	0.00	30.00	✓		
LAB SEND OUT													
✓	71727989	✓	01/12/20	01/01/20	01/26/20		400.00	0.00	0.00	400.00	✓		
PURCHASE SERVICES													
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							L0700	LABCORP OF AMERICA HOLDINGS	430.00	0.00	0.00	430.00	
Vendor#	Vendor Name						Class	Pay Code					
L1640	LOWE'S HOME CENTERS INC						W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
✓	010222		01/11/20	01/02/20	01/28/20		56.82	0.00	0.00	56.82			
SERVICE CHARGES													
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							L1640	LOWE'S HOME CENTERS INC	56.82	0.00	0.00	56.82	
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			

✓	1980161179	✓	SUPPLIES	01/10/20	12/29/20	01/23/20	38.88	0.00	0.00	38.88	✓	✓
✓	1980161183	✓	SUPPLIES	01/10/20	12/29/20	01/23/20	436.67	0.00	0.00	436.67	✓	✓
✓	1980161181	✓	SUPPLIES	01/10/20	12/29/20	01/23/20	64.80	0.00	0.00	64.80	✓	✓
✓	1980327281	✓	SUPPLIES	01/10/20	12/29/20	01/23/20	1,564.23	0.00	0.00	1,564.23	✓	✓
✓	1980364858	✓	SUPPLIES	01/10/20	12/30/20	01/24/20	139.44	0.00	0.00	139.44	✓	✓
✓	1980364861	✓	SUPPLIES	01/10/20	12/30/20	01/24/20	29.85	0.00	0.00	29.85	✓	✓
✓	1980364860	✓	SUPPLIES	01/10/20	12/30/20	01/24/20	65.51	0.00	0.00	65.51	✓	✓
✓	1980364864	✓	SUPPLIES	01/10/20	12/30/20	01/24/20	327.53	0.00	0.00	327.53	✓	✓
✓	1980364863	✓	SUPPLIES	01/10/20	12/30/20	01/24/20	14.93	0.00	0.00	14.93	✓	✓
✓	1980364859	✓	SUPPLIES	01/10/20	12/30/20	01/24/20	112.45	0.00	0.00	112.45	✓	✓
✓	1980873514	✓	SUPPLIES	01/12/20	01/04/20	01/29/20	19.48	0.00	0.00	19.48	✓	✓
✓	1980873515	✓	SUPPLIES	01/12/20	01/04/20	01/29/20	224.00	0.00	0.00	224.00	✓	✓
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2470	MEDLINE INDUSTRIES INC	5,906.56	0.00	0.00	5,906.56
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		
✓7723938	✓	01/12/20	01/05/20	01/15/20			99.98	0.00	0.00	99.98	✓	✓
✓7726633	✓	01/12/20	01/05/20	01/15/20			268.12	0.00	0.00	268.12	✓	✓
✓7723941	✓	01/12/20	01/05/20	01/15/20			252.94	0.00	0.00	252.94	✓	✓
✓7723939	✓	01/12/20	01/05/20	01/15/20			180.99	0.00	0.00	180.99	✓	✓
✓7723942	✓	01/12/20	01/05/20	01/15/20			274.47	0.00	0.00	274.47	✓	✓
✓2156	✓	01/12/20	01/06/20	01/16/20			-1,766.52	0.00	0.00	-1,766.52	✓	✓
✓2270	✓	01/12/20	01/06/20	01/16/20			-104.49	0.00	0.00	-104.49	✓	✓
✓CM10200	✓	01/12/20	01/07/20	01/17/20			-563.98	0.00	0.00	-563.98	✓	✓
✓CM10201	✓	01/12/20	01/07/20	01/17/20			-55.97	0.00	0.00	-55.97	✓	✓
✓7738512	✓	01/12/20	01/09/20	01/19/20			396.15	0.00	0.00	396.15	✓	✓
✓7738513	✓	01/12/20	01/09/20	01/19/20			348.28	0.00	0.00	348.28	✓	✓

✓7739843	✓	INVENTORY	01/12/20	01/10/20	01/20/20		1,077.17	0.00	0.00	1,077.17	✓	✓
✓7739844	✓	INVENTORY	01/12/20	01/10/20	01/20/20		4,907.87	0.00	0.00	4,907.87	✓	✓
✓7742459	✓	INVENTORY	01/12/20	01/10/20	01/20/20		1,695.61	0.00	0.00	1,695.61	✓	✓
✓7742458	✓	INVENTORY	01/12/20	01/10/20	01/20/20		2,281.83	0.00	0.00	2,281.83	✓	✓
✓7739847	✓	INVENTORY	01/12/20	01/10/20	01/20/20		94.09	0.00	0.00	94.09	✓	✓
✓7739845	✓	INVENTORY	01/12/20	01/10/20	01/20/20		110.98	0.00	0.00	110.98	✓	✓
✓2952	✓	INVENTORY	01/12/20	01/10/20	01/20/20		-122.71	0.00	0.00	-122.71	✓	✓
✓7741715	✓	CREDIT	01/12/20	01/10/20	01/20/20		5.70	0.00	0.00	5.70	✓	✓
✓7741307	✓	INVENTORY	01/12/20	01/10/20	01/20/20		30.32	0.00	0.00	30.32	✓	✓
✓7741714	✓	INVENTORY	01/13/20	01/10/20	01/20/20		0.77	0.00	0.00	0.77	✓	✓
Vendor Totals			Number	Name		Gross	Discount	No-Pay	Net			
			10536	MORRIS & DICKSON CO, LLC		9,411.60	0.00	0.00	9,411.60			
Vendor#	Vendor Name		Class	Pay Code								
M2659	MXR IMAGING, INC ✓		M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
✓8800847864	✓	01/12/20	12/28/20	01/27/20		183.11	0.00	0.00	183.11	✓	✓	
Vendor Totals			Number	Name		Gross	Discount	No-Pay	Net			
			M2659	MXR IMAGING, INC		183.11	0.00	0.00	183.11			
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			
✓7583		01/11/20	01/06/20	01/06/20		433.30	0.00	0.00	433.30	✓	✓	
Vendor Totals			Number	Name		Gross	Discount	No-Pay	Net			
			13548	NACOGDOCHES TRANSCRIPTION		433.30	0.00	0.00	433.30			
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			
✓INVAJONES0009	✓	12/28/20	12/28/20	01/27/20		5,633.60	0.00	0.00	5,633.60	✓	✓	
Vendor Totals			Number	Name		Gross	Discount	No-Pay	Net			
			14252	OLOOP TECHNOLOGY SOLUTIONS		5,633.60	0.00	0.00	5,633.60			
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			
✓1852201266	✓	12/31/20	12/29/20	01/28/20		273.12	0.00	0.00	273.12	✓	✓	
Vendor Totals			Number	Name		Gross	Discount	No-Pay	Net			
			O1416	ORTHO CLINICAL DIAGNOSTICS		273.12	0.00	0.00	273.12			

Vendor#	Vendor Name	Class	Pay Code							
11155	PARA ✓									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
✓	10135 ✓		01/01/20	01/01/20	01/31/20		3,084.00	0.00	0.00	3,084.00 ✓
	REVENUE INTEGRITY PROGR									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11155	PARA				3,084.00	0.00	0.00	3,084.00
10152	PARTSSOURCE, LLC ✓									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
✓	04197837		01/12/20	01/03/20	02/02/20		83.45	0.00	0.00	83.45 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10152	PARTSSOURCE, LLC				83.45	0.00	0.00	83.45
11932	PRESS GANEY ASSOCIATES, INC. ✓									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
✓	IN000510214 ✓		01/11/20	12/31/20	01/30/20		2,523.79	0.00	0.00	2,523.79 ✓
	PATIENT SURVEYS									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11932	PRESS GANEY ASSOCIATES, INC.				2,523.79	0.00	0.00	2,523.79
10896	QIAGEN INC ✓									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
✓	998136918 ✓		12/31/20	12/28/20	01/27/20		1,305.00	0.00	0.00	1,305.00 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10896	QIAGEN INC				1,305.00	0.00	0.00	1,305.00
10886	SHANNON JACILDO ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	010622		01/10/20	01/06/20	01/06/20		595.00	0.00	0.00	595.00 ✓
	REGISTRATION FOR TRAINING									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10886	SHANNON JACILDO				595.00	0.00	0.00	595.00
10936	SIEMENS FINANCIAL SERVICES ✓									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
✓	56382200014718 ✓		01/12/20	12/30/20	01/24/20		1,333.33	0.00	0.00	1,333.33 ✓
	LEASE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10936	SIEMENS FINANCIAL SERVICES				1,333.33	0.00	0.00	1,333.33
S3960	STERICYCLE, INC ✓									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
✓	4010624475 ✓		01/11/20	01/01/20	01/31/20		2,570.76	0.00	0.00	2,570.76 ✓
	MEDICAL WASTE DISPOSAL									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S3960	STERICYCLE, INC				2,570.76	0.00	0.00	2,570.76
13528	STRYKER FLEX FINANCIAL ✓									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
✓ 233774	✓ LEASE	12/31/20	12/14/20	02/01/20		1,294.26	0.00	0.00	1,294.26 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13528	STRYKER FLEX FINANCIAL	1,294.26	0.00	0.00	1,294.26
Vendor#	Vendor Name			Class	Pay Code						
14212	SURGICAL DIRECT SOUTH ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
✓ 8693	✓ SUPPLIES	12/28/20	12/28/20	01/27/20		2,285.00	0.00	0.00	2,285.00 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14212	SURGICAL DIRECT SOUTH	2,285.00	0.00	0.00	2,285.00
Vendor#	Vendor Name			Class	Pay Code						
T2539	T-SYSTEM, INC ✓			W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
✓ 51197	✓ PHSYICIAN TRACKING ER	12/31/20	12/31/20	01/30/20		5,699.00	0.00	0.00	5,699.00 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						T2539	T-SYSTEM, INC	5,699.00	0.00	0.00	5,699.00
Vendor#	Vendor Name			Class	Pay Code						
12704	TEXAS BURNER & BOILER SERVICES ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
✓ 21-2864	✓ BOILER REPAIRS	01/11/20	12/27/20	01/27/20		1,512.48	0.00	0.00	1,512.48 ✓		
✓ 21-2856	✓ BOILER SERVICES	01/12/20	12/20/20	01/20/20		3,650.10	0.00	0.00	3,650.10 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12704	TEXAS BURNER & BOILER SERVICES	5,162.58	0.00	0.00	5,162.58
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		
✓ 001894351079IN	✓ TRAVEL NURSE STAFFING 12/25-12/27/21 Jeschka	01/10/20	01/06/20	01/06/20		4,022.70	0.00	0.00	4,022.70 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13880	TEXAS SELECT STAFFING	4,022.70	0.00	0.00	4,022.70
Vendor#	Vendor Name			Class	Pay Code						
10732	THERACOM, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
✓ 222218832301	✓ INVENTORY	01/12/20	11/01/20	01/30/20		1,955.10	0.00	0.00	1,955.10 ✓		
✓ 222232302301	✓ INVENTORY	01/12/20	11/03/20	02/01/20		2,346.12	0.00	0.00	2,346.12 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10732	THERACOM, LLC	4,301.22	0.00	0.00	4,301.22
Vendor#	Vendor Name			Class	Pay Code						
13224	TORCH ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
✓ 2225880	✓ CFO RECRUITMENT Final Payment	09/14/20	09/01/20	02/01/20		9,375.00	0.00	0.00	9,375.00 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13224	TORCH	9,375.00	0.00	0.00	9,375.00

Vendor#	Vendor Name	Class	Pay Code								
13616	TRIOSE, INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
✓	TRI098669	FREIGHT	01/11/20	01/06/20	01/21/20		1,114.71	0.00	0.00	1,114.71	✓
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		13616	TRIOSE, INC				1,114.71	0.00	0.00	1,114.71	

Vendor#	Vendor Name	Class	Pay Code								
11067	TRIZETTO PROVIDER SOLUTIONS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
✓	35FK012200	PATIENT STATEMENTS	01/12/20	01/01/20	01/26/20		1,685.20	0.00	0.00	1,685.20	✓
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		11067	TRIZETTO PROVIDER SOLUTIONS				1,685.20	0.00	0.00	1,685.20	

Vendor#	Vendor Name	Class	Pay Code								
14208	TRUSTED HEALTH, INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
✓	INV7502	TRAVEL NURSE STAFFING <i>Weekending 1/1,22 Williams</i>	01/11/20	01/01/20	01/31/20		7,495.63	0.00	0.00	7,495.63	✓
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		14208	TRUSTED HEALTH, INC				7,495.63	0.00	0.00	7,495.63	

Vendor#	Vendor Name	Class	Pay Code								
U1064	UNIFIRST HOLDINGS INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
✓	8400385023	LAUNDRY	01/05/20	01/03/20	01/28/20		2,349.96	0.00	0.00	2,349.96	✓
✓	8400384997	LAUNDRY	01/05/20	01/03/20	01/28/20		47.80	0.00	0.00	47.80	✓
✓	8400384996	LAUNDRY	01/05/20	01/03/20	01/28/20		45.15	0.00	0.00	45.15	✓
✓	8400385352	LAUNDRY	01/10/20	01/06/20	01/31/20		1,098.30	0.00	0.00	1,098.30	✓
✓	8400385346	LAUNDRY	01/10/20	01/06/20	01/31/20		79.43	0.00	0.00	79.43	✓
✓	8400385332	LAUNDRY	01/10/20	01/06/20	01/31/20		214.32	0.00	0.00	214.32	✓
✓	8400385367	LAUNDRY	01/10/20	01/06/20	01/31/20		91.54	0.00	0.00	91.54	✓
✓	8400385330	LAUNDRY	01/10/20	01/06/20	01/31/20		149.46	0.00	0.00	149.46	✓
✓	8400385329	LAUNDRY	01/10/20	01/06/20	01/31/20		137.13	0.00	0.00	137.13	✓
✓	8400385328	LAUNDRY	01/10/20	01/06/20	01/31/20		34.90	0.00	0.00	34.90	✓
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		U1064	UNIFIRST HOLDINGS INC				3149.69 4,247.99	0.00	0.00	4,247.99	3149.69

Vendor#	Vendor Name	Class	Pay Code								
13808	VITA PERSONA LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
✓	WP20212689	SUPPLIES	01/10/20	01/04/20	01/10/20		2,287.61	0.00	0.00	2,287.61	✓

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		13808	VITA PERSONA LLC	2,287.61	0.00	0.00	2,287.61		
Vendor#	Vendor Name	Class		Pay Code					
12000	VYAIRE MEDICAL, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
✓9101167957	✓	01/10/20	12/27/20	01/21/20		319.89	0.00	0.00	319.89 ✓
		SUPPLIES							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		12000	VYAIRE MEDICAL, INC	319.89	0.00	0.00	319.89		
Vendor#	Vendor Name	Class		Pay Code					
11110	WERFEN USA LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
✓CM9310039714	✓	12/28/20	11/22/20	02/01/20		-1,202.01	0.00	0.00	-1,202.01 ✓
		CREDIT							
✓9111090094	✓	01/10/20	12/28/20	01/22/20		1,023.19	0.00	0.00	1,023.19 ✓
		SUPPLIES							
✓9111090095	✓	01/10/20	12/28/20	01/22/20		185.06	0.00	0.00	185.06 ✓
		SUPPLIES							
✓9111091203	✓	01/10/20	12/30/20	01/24/20		889.74	0.00	0.00	889.74 ✓
		SUPPLIES							
✓9111080139	✓	01/11/20	12/08/20	01/02/20		380.24	0.00	0.00	380.24 ✓
		SUPPLIES							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11110	WERFEN USA LLC	1,276.22	0.00	0.00	1,276.22		
Vendor#	Vendor Name	Class		Pay Code					
11400	WEST COAST MEDICAL RESOURCES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
✓INV079464	✓	01/10/20	12/28/20	01/27/20		716.00	0.00	0.00	716.00 ✓
		SUPPLIES							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11400	WEST COAST MEDICAL RESOURCES	716.00	0.00	0.00	716.00		
Vendor#	Vendor Name	Class		Pay Code					
W1270	WISCONSIN STATE LABORATORY			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
3001890 ✓04DEC2021	✓	12/08/20	12/01/20	01/31/20		453.00	0.00	0.00	453.00 ✓
		DUES							
30001900 ✓04DEC2021A	✓	12/08/20	12/01/20	01/31/20		729.00	0.00	0.00	729.00 ✓
		SERVICES							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		W1270	WISCONSIN STATE LABORATORY	1,182.00	0.00	0.00	1,182.00		
Vendor#	Vendor Name	Class		Pay Code					
10556	WOUND CARE SPECIALISTS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
4959		01/12/20	01/01/20	01/30/20		11,125.00	0.00	0.00	11,125.00 ✓
		WOUND CARE SERVICES							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10556	WOUND CARE SPECIALISTS	11,125.00	0.00	0.00	11,125.00		
Vendor#	Vendor Name	Class		Pay Code					
Z1000	ZIMMER BIOMET			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
✓404064OP5112	✓	01/12/20	01/05/20	01/12/20		11.76	0.00	0.00	11.76 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	Z1000	ZIMMER BIOMET	11.76	0.00	0.00	11.76

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	469,569.46	0.00	0.00	469,569.46

469,569.46 +
 12,820.00 -
 5,595.50 -
 56.82 -
 1,098.30 -
 449,998.84 *

pg 3 correction { < 12,820.00 >
 pg 7 correction { < 5,595.50 >
 pg 8 correction { < 56.82 >
 pg 14 correction { < 1,098.30 >

 \$ 449,998.84

APPROVED ON

JAN 13 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 193433-193508

RUN DATE: 01/13/22
TIME: 11:58

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE DESCRIPTION	GL NUM
		011122	70.80	2	REFUND FOR	
	ARID=0001 TOTAL		70.80			
TOTAL			70.80			

APPROVED ON

JAN 13 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CK #193510

RECEIVED

JAN 13 2022

Calhoun County Auditor

MCKESSON

STATEMENT

As of: 01/14/2022

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536

Date: 01/15/2022

As of: 01/14/2022 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 01/15/2022 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
--------------	----------	-------------------	----------------------------------	-------------	---------------	----------------	-----	--------------	-----	-------------------

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 12,291.98 USD

Future Due: 0.00
Past Due: 1,902.00
Past Payment 18/07/2017: 2,451.97

If Paid By 01/18/2022,
Pay This Amount: 12,008.11 USD
If Paid After 01/18/2022,
Pay this Amount: 12,291.98 USD

Due If Paid On Time: 12,008.11
Disc lost if paid late: 283.87
Due If Paid Late: 12,291.98

25.66 +
10,299.32 +
467.37 +
845.09 +
368.81 +
1.86 +
12,008.11 *

APPROVED ON

JAN 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 01/14/2022

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 190813

Date: 01/15/2022

As of: 01/14/2022
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 01/15/2022

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											
01/12/2022	01/18/2022	7317688966	2017042402	115Invoice	0.24	11.82		11.58 ✓		7317688966	
01/14/2022	01/18/2022	7318228946	2017042584	115Invoice	0.29	14.37		14.08 ✓		7318228946	

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

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

Subtotals: 26.19 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,005.05
01/10/2022

If Paid By 01/18/2022,
Pay This Amount: 25.66 USD

If Paid After 01/18/2022,
Pay this Amount: 26.19 USD

Due If Paid On Time: 25.66 ✓
USD

Disc lost if paid late: 0.53

Due If Paid Late: 26.19
USD

APPROVED ON

JAN 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 01/14/2022

Page: 001

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

Company: 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

DC: 8115

Territory: 400

Customer: 256342

Date: 01/15/2022

As of: 01/14/2022
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 01/15/2022 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											
11/10/2022	01/18/2022	7317086288	22809550	115Invoice	2.69	134.39		131.70	✓	7317086288	
11/10/2022	01/18/2022	7317086289	22834103	115Invoice	0.01	0.32		0.31	✓	7317086289	
11/10/2022	01/18/2022	7317086290	22834103	115Invoice	25.46	1,273.16		1,247.70	✓	7317086290	
11/10/2022	01/18/2022	7317086291	22861155	115Invoice	1.32	65.95		64.63	✓	7317086291	
11/10/2022	01/18/2022	7317086292	22884740	115Invoice		0.16		0.16	✓	7317086292	
11/10/2022	01/18/2022	7317086293	22910610	115Invoice		0.03		0.03	✓	7317086293	
11/10/2022	01/18/2022	7317227318	0107220832	195Invoice	0.02	0.98		0.96	✓	7317227318	
11/10/2022	01/18/2022	7317227319	0107220825	115Invoice	2.52	126.09		123.57	✓	7317227319	
11/11/2022	01/18/2022	7317421069	22980656	115Invoice	0.01	0.33		0.32	✓	7317421069	
11/11/2022	01/18/2022	7317421070	22980656	115Invoice	26.05	1,302.73		1,276.68	✓	7317421070	
11/11/2022	01/18/2022	7317421071	23026911	115Invoice	33.95	1,697.55		1,663.60	✓	7317421071	
11/11/2022	01/18/2022	7317545773	0110221047	115Invoice	0.10	4.81		4.71	✓	7317545773	
11/12/2022	01/18/2022	7317711176	23076716	115Invoice		0.16		0.16	✓	7317711176	
11/12/2022	01/18/2022	7317711177	23122668	115Invoice	23.20	1,160.23		1,137.03	✓	7317711177	
11/12/2022	01/18/2022	7317841418	0111221024	115Invoice	0.06	2.88		2.82	✓	7317841418	
11/12/2022	01/18/2022	7317841419	0111220905	195Invoice	11.82	591.23		579.41	✓	7317841419	
11/12/2022	01/12/2022	7317926389	MFC PR CORR CR	Pricing Cor		1,276.68- P		1,276.68- R	✓	7317926389	
11/12/2022	01/18/2022	7317926390	MFC PR CORR IN	Pricing Cor	8.32	416.16		407.84	✓	7317926390	
11/13/2022	01/18/2022	7317974965	23153287	115Invoice	2.69	134.55		131.86	✓	7317974965	
11/13/2022	01/18/2022	7317974966	23200758	115Invoice	28.10	1,405.14		1,377.04	✓	7317974966	
11/13/2022	01/18/2022	7317974967	23200758	115Invoice	2.52	125.98		123.46	✓	7317974967	
11/13/2022	01/18/2022	7317974968	23208896	115Invoice	5.04	251.96		246.92	✓	7317974968	
11/13/2022	01/18/2022	7318127171	0112220927	115Invoice	6.76	338.01		331.25	✓	7318127171	
11/14/2022	01/18/2022	7318250826	23230962	115Invoice	11.36	568.06		556.70	✓	7318250826	
11/14/2022	01/18/2022	7318250827	23230962	115Invoice	0.31	15.42		15.11	✓	7318250827	
11/14/2022	01/18/2022	7318250828	23278133	115Invoice	5.68	284.13		278.45	✓	7318250828	
11/14/2022	01/18/2022	7318250829	23278133	115Invoice	15.47	773.49		758.02	✓	7318250829	
11/14/2022	01/18/2022	7318250832	23288828	115Invoice	17.35	867.62		850.27	✓	7318250832	
11/14/2022	01/18/2022	7318390196	0113220850	195Invoice		0.06		0.06	✓	7318390196	
11/14/2022	01/18/2022	7318390197	0113220808	115Invoice	5.41	270.64		265.23	✓	7318390197	

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

MCKESSON

STATEMENT

As of: 01/14/2022

Page: 002

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

Company: 8000

DC: 8115

As of: 01/14/2022
Mail to:

Page: 002
Comp: 8000

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 256342

Date: 01/15/2022

Cust: 256342 PLEASE CHECK ANY
Date: 01/15/2022 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
			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: 10,535.54 USD

Future Due: 0.00

Past Due: 1,276.68

Last Payment 11/10/2022 9,005.05

If Paid By 01/18/2022,
Pay This Amount: 10,299.32 USD

If Paid After 01/18/2022,
Pay this Amount: 10,535.54 USD

Due If Paid On Time: USD 10,299.32 ✓
Disc lost if paid late: 236.22
Due If Paid Late: USD 10,535.54

APPROVED ON

JAN 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 01/14/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 01/14/2022

Page: 001

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Mail to:

Comp: 8000

Customer: 262252

Date: 01/15/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252

Date: 01/15/2022

**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 262252 CVS PHCY 7006/MEMORIA PHS											
01/13/2022	01/18/2022	7317968220	1527622	115Invoice	9.54	476.91		467.37	✓	7317968220	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 476.91 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2/27/2021 2,583.41

If Paid By 01/18/2022,
Pay This Amount:

467.37 USD

If Paid After 01/18/2022,
Pay this Amount:

476.91 USD

Due If Paid On Time:

USD 467.37 ✓

Disc lost If paid late:

9.54

Due If Paid Late:

USD 476.91

APPROVED ON

JAN 17 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 01/14/2022

Page: 001

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

Company: 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

DC: 8115

Territory: 400

Customer: 464450

Date: 01/15/2022

As of: 01/14/2022

Mail to:

Page: 001

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450

Date: 01/15/2022

**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											
11/12/2022	01/18/2022	7317657356	55x277791	115Invoice	17.25	862.34		845.09 ✓		7317657356	

*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: 862.34 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,005.05

11/10/2022

If Paid By 01/18/2022,
Pay This Amount:

845.09 USD

If Paid After 01/18/2022,
Pay this Amount:

862.34 USD

Due If Paid On Time:
USD

845.09 ✓

Disc lost if paid late:

17.25

Due If Paid Late:
USD

862.34

APPROVED ON

JAN 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 01/14/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 01/14/2022
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: 01/15/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 01/15/2022
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 835438 CVS PHCY 7475/MEM MC PHS											
11/13/2022	01/18/2022	7318148085	1529141	115Invoice	20.27	1,013.47		993.20	✓	7318148085	
11/14/2022	01/14/2022	7318466874	MFC PR CORR CR	Pricing Cor		625.32- P		625.32- P	✓	7318466874	
11/14/2022	01/18/2022	7318466875	MFC PR CORR IN	Pricing Cor	0.02	0.95		0.93	✓	7318466875	

*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: 389.10 USD

Future Due: 0.00

Past Due: 625.32-

Last Payment 11/10/2022 9,005.05

If Paid By 01/18/2022,
Pay This Amount: 368.81 USD

If Paid After 01/18/2022,
Pay this Amount: 389.10 USD

Due If Paid On Time:
USD 368.81 ✓

Disc lost if paid late:
20.29

Due If Paid Late:
USD 389.10

APPROVED ON

JAN 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 01/14/2022

Page: 001

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

Company 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8195

Territory: 99

Customer: 945479

Date: 01/15/2022

As of: 01/14/2022
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 945479
Date: 01/15/2022

**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 945479 WALMART 5315/MEMRL MC PHS										
11/11/2022	01/18/2022	7317540449	MH01102022	195Invoice	0.01	0.63		0.62 ✓		7317540449
11/12/2022	01/18/2022	7317781242	MH01112022	195Invoice	0.01	0.63		0.62 ✓		7317781242
11/13/2022	01/18/2022	7318073328	MH01122022	195Invoice	0.01	0.32		0.31 ✓		7318073328
11/14/2022	01/18/2022	7318375570	MH01132022	195Invoice	0.01	0.32		0.31 ✓		7318375570

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

TOTAL: Customer Number 945479 WALMART 5315/MEMRL MC PHS

Subtotals: 1.90 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2/13/2021 6,677.44

If Paid By 01/18/2022,
Pay This Amount: 1.86 USD

If Paid After 01/18/2022,
Pay this Amount: 1.90 USD

Due If Paid On Time:
USD 1.86 ✓

Disc lost if paid late: 0.04

Due If Paid Late:
USD 1.90

APPROVED ON

JAN 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

Served By:

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

DEA: RA0289276
866-451-9655

Customer:

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

Remit To:

AMERISOURCEBERGEN
P.O. Box 905223
CHARLOTTE NC 28290-5223

Customer Number

100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	787.83
Past Due:	0.00
Total Due:	787.83
Account Balance:	787.83

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-10-2022	01-21-2022	3079443748	4517363536	Invoice	30.16		0.00	30.16 ✓
01-10-2022	01-21-2022	3079515872	164263	Invoice	437.91		0.00	437.91 ✓
01-10-2022	01-21-2022	3079515873	164264	Invoice	0.09		0.00	0.09 ✓
01-10-2022	01-21-2022	3079515874	164266	Invoice	135.91		0.00	135.91 ✓
01-10-2022	01-21-2022	3079564573	164313	Invoice	25.17		0.00	25.17 ✓
01-11-2022	01-21-2022	3079699129	164318	Invoice	9.39		0.00	9.39 ✓
01-12-2022	01-21-2022	3079848719	164323	Invoice	67.36		0.00	67.36 ✓
01-13-2022	01-21-2022	3079997482	164329	Invoice	81.84		0.00	81.84 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
787.83	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
01-14-2022	(2,009.54)

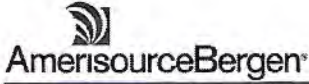
Reminders	
Due Date	Amount
01-21-2022	787.83
Total Due:	787.83 ✓

APPROVED ON

JAN 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AM



Program Charge
INVOICE

Invoice Number: **344026307**
Invoice Date: 12/28/2021

1 of 1

Serviced By	AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336	Ship To	SENDERRA RX PHY 340B MEMORIAL MEDICAL CENTER 1301 E ARAPAHO RD STE 101 RICHARDSON TX 75081	CUSTOMER NUMBER 100288078 / 037983771	
			STATE LIC: 26699 DEA: FS1799610	DOCUMENT TOTAL 55.00	DUE DATE 01/07/2022
Shipped From	AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336	Sold To	MEMORIAL MEDICAL CENTER 815 N VIRGINIA ST PORT LAVACA TX 77979	PAYMENT TERMS Sat - Fri Due in 7 days	
	STATE LIC: 0077623 DEA: RA0316958			Remit To AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223	
Qty	UOM	Description	Item Number	Unit Price	Extended Amount
1	EA	PHARM DATA SERVICES PRICE MAINTENANCE	80000014 063786	55.00	55.00
Total Amount:					55.00

If you have any questions, our Customer Service team is here to help.
Please call 844-222-2273 or email service@amerisourcebergen.com

This wholesale distributor, or a member of the affiliate of such wholesale distributor, purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer
IDCC: 0000004357164564 Invoice Type: ZFV Order Type: ZPGM 20211228001452 Terms of sale and claims on reverse side

**Ached 1/7/22, but was not approved in court yet. Will be added to 1/14/22 court.*

APPROVED ON

JAN 17 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**



Program Charge
INVOICE

Invoice Number: **344027906**
Invoice Date: 12/28/2021

Served By	AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336	Ship To	US BIOSERVICES CARROLLTON 340B 5025 PLANO PARKWAY SUITE 100 CARROLLTON TX 75010	CUSTOMER NUMBER	
				100270691 / 018628707	
Shipped From	AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336	Sold To	MEMORIAL MEDICAL CENTER 815 N VIRGINIA ST PORT LAVACA TX 77979	DOCUMENT TOTAL	DUE DATE
	STATE LIC: 0077623 DEA: RA0316958				55.00
				PAYMENT TERMS	
				Sat - Fri Due in 7 days	
				Remit To	
				AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223	
Qty	UOM	Description	Item Number	Unit Price	Extended Amount
1	EA	PHARM DATA SERVICES PRICE MAINTENANCE	80000014 063786	55.00	55.00
Total Amount:					55.00

If you have any questions, our Customer Service team is here to help.
Please call 844-222-2273 or email service@amerisourcebergen.com

This wholesale distributor, or a member of the affiliate of such wholesale distributor, purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer. Terms of sale and claims on reverse side.

IDCC: 0000004357172590 Invoice Type: ZFV Order Type: ZPGM 20211228001812

* Asked 1/7/22, but was not approved in court yet. Will be added to 1/19/22 court.

APPROVED ON

JAN 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Run Date: 01/14/22
Time: 15:50

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 12/31/21 - 01/13/22 Run# 1


Page 110
P0REG

Final Summary

*-- Pay Code Summary						*-- Deductions Summary					
PayCd	Description	Hrs	OT	SH	WE	HO	CH	Gross	Code	Amount	Summary
1	REGULAR PAY-S1	8557.00	N	N	N			174247.23	A/R	543.50	A/R2 25.00 A/R3
1	REGULAR PAY-S1	1932.00	N	N	N	N		80241.34	ADVANC		AWARDS BCBSWI 1131.47
1	REGULAR PAY-S1	4.00	N	N	N	Y		163.72	BOOTS		CAFE-H CAFE-1
1	REGULAR PAY-S1	222.00	N	N	Y			7445.93	CAFE-2		CAFE-3 CAFE-4
1	REGULAR PAY-S1	6.00	N	N	Y	N		89.86	CAFE-5		CAFE-C CAFE-D 1670.05
1	REGULAR PAY-S1	60.50	N	1	N	Y		1255.69	CAFE-F		CAFE-H 24711.73 CAFE-I
1	REGULAR PAY-S1	328.75	Y	N	N			9890.85	CAFE-L		CAFE-P CANCER
2	REGULAR PAY-S2	1869.25	N	N	N			44080.68	CHILD	609.70	CLINIC 493.00 COMBIN 328.85
2	REGULAR PAY-S2	225.00	N	N	Y			8755.77	CPEDUN		DD ADV DENTAL
2	REGULAR PAY-S2	179.25	Y	N	N			5943.45	DEP-LF		DIS-LF EAT
3	REGULAR PAY-S3	982.00	N	N	N			28003.37	EATCSH		FEDTAX 39972.54 FICA-M 6134.40
3	REGULAR PAY-S3	206.00	N	N	Y			6725.92	FICA-O	26229.90	FIRSTC FLEX S 3537.23
3	REGULAR PAY-S3	119.00	Y	N	N			4742.86	FLX FE		FORT D FUTA
C	CALL PAY	1915.00	N	1	N	N		3830.00	GIPT S	311.70	GRANT GRP-IN
D	DOUBLE TIME	91.50	N	1	N	N		4752.83	GTL		HOSP-I ID TPT
D	DOUBLE TIME	44.50	N	2	N	N		2582.61	LEAF		LEGAL 158.15 MASA 786.50
D	DOUBLE TIME	8.25	N	3	N	N		643.50	MEALS	74.58	METVIS -7.78 MISC
D	DOUBLE TIME	7.25	Y	1	N	N		811.70	MISC/		VMCSHR NATFML 2133.46
D	DOUBLE TIME	8.25	Y	2	N	N		974.45	OTHER		PHI***
E	EXTRA WAGES		N	N	N	N		23444.45	PR FIN		RELAY REPAY
E	EXTRA WAGES		N	1	N	N	N	835.00	SAMS		SCRUBS SIGNON
F	FUNERAL LEAVE	8.00	N	1	N	N		439.76	ST-TX		STONDF 640.86 STONE
K	EXTENDED-ILLNESS-BANK	220.00	N	1	N	N		3870.74	STONE2		STUDEN SUNACC 793.63
P	PAID-TIME-OFF	88.00	N	N	N	N		1212.46	SUNILL	876.49	SUNIND 397.92 SUNLIF 795.43
P	PAID-TIME-OFF	1096.75	N	1	N	N		27947.30	SUNSTD	1153.26	SUNVIS SURCHG 690.00
X	CALL PAY 2	160.00	N	1	N	N		320.00	TSA-1		TSA-2 TSA-C
Y	YMCA/CURVES		N	N	N	N		45.00	TSA-P		TSA-R 32030.02 TUITION
Z	CALL PAY 3	144.00	N	1	N	N		432.00	UNIFOR	13.74	UN/HOS
p	PAID TIME OFF - PROBATION	16.00	N	1	N	N		259.52			
v	COVID-FFCRA	24.00	N	N	N	N		733.68			
v	COVID-FFCRA	543.25	N	1	N	N		11849.44			

*----- Grand Totals: 19087.50 ----- (Gross: 457570.71 Deductions: 146235.41 Net: 311335.30)
 Checks Count: - FT 191 PT 9 Other 32 Female 212 Male 19 Credit OverAmt 9 ZeroNet Term Total: 231

pay date
01-21-22


1/14/2022

Run Date: 01/14/22
Time: 15:15

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 12/31/21--01/13/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P2DISTP

Num.	Name	Amount	CHECK NUM.	DATE
07123	CYNTHIA GUERRA	546.56	00063097	01/21/22
65583	RACQUEL MORALES	702.90	00063098	01/21/22
68163	CRYSTAL MARTINEZ	1645.71	00063099	01/21/22
00041	CARL LEE KING	910.18	DD	01/21/22
00083	SYLVIA A VARGAS	729.52	DD	01/21/22
00094	SYLVIA A MENDOZA	724.94	DD	01/21/22
00113	JACLYN CARREON	1038.53	DD	01/21/22
00132	SANDRA A BRAUN	724.22	DD	01/21/22
00192	BRENDA D PENA	1308.53	DD	01/21/22
00270	ANGELA M BURGIN	2098.65	DD	01/21/22
00344	SANDY LEE RUDDICK	2635.82	DD	01/21/22
00387	BILLIE F DUCKWORTH	2437.50	DD	01/21/22
00392	MONICA T CARR	1587.18	DD	01/21/22
00399	LINDA J TIJERINA	2700.69	DD	01/21/22
00401	VELMA J PINA	2467.80	DD	01/21/22
00417	SHERRY L KING	2535.68	DD	01/21/22
00423	DONN V STRINGO	2456.70	DD	01/21/22
00482	PAM PIKAC	1351.81	DD	01/21/22
00577	DIANA GARCIA	1954.89	DD	01/21/22
00581	CYNTHIA L RUSHING	1733.29	DD	01/21/22
00676	SHEILA KAY HEATHCOCK	1195.79	DD	01/21/22
00681	R RENEE WOOD	1437.78	DD	01/21/22
00692	DEBORAH E WITTNEBERT	475.60	DD	01/21/22
00697	MARIA C FARIAS	1018.61	DD	01/21/22
00707	KIMBERLY R BLINKA	1422.64	DD	01/21/22
01015	SUSAN B SMALLEY	1961.53	DD	01/21/22
01191	SHARON M SPARKS	360.18	DD	01/21/22
01234	JENISE N SVETLIK	1949.85	DD	01/21/22
01367	MARILYN A SANDERS	1836.01	DD	01/21/22
01791	RAUSHANAH J MONDAY	1472.86	DD	01/21/22
02011	BRIN R CLEVINGER	3293.62	DD	01/21/22
02014	AGAPITA C CANTU	387.28	DD	01/21/22
02021	ERIKA OSORNIJA-SANCHEZ	1237.66	DD	01/21/22
02022	AMANDA J GRIGGS	2421.54	DD	01/21/22
02064	ANNA LAURA GARCIA	1787.07	DD	01/21/22
02097	KYLIE M GAINES	1296.00	DD	01/21/22
02099	TRACI M SHEPCIK	9996.04	DD	01/21/22
02112	LESLIE THOMAS	2319.26	DD	01/21/22
02165	CAYDENCE N CAUDILL	513.50	DD	01/21/22
02193	TIKI VENGLAR	1632.04	DD	01/21/22
02271	DAWN J BUBENIK	1967.04	DD	01/21/22
02301	NICOLAS TIJERINA	2513.88	DD	01/21/22
02302	CATHERINE MARIE DECILLOS	411.22	DD	01/21/22
02303	CONNIE M LUNA	2979.71	DD	01/21/22
02315	NINA M GREEN	1933.64	DD	01/21/22
02331	JESSICA B BIFFLE	1833.69	DD	01/21/22
02346	JEANNETTE L FALCON	1010.25	DD	01/21/22
02416	JANELLE SCOTT	2072.48	DD	01/21/22
02525	AUDREY D GARCIA	20.48	DD	01/21/22
02535	STEFANIE M SOLIZ	938.84	DD	01/21/22
02552	VERONICA RAGUSIN	1816.72	DD	01/21/22
02584	BEATRICE MAGU	3174.79	DD	01/21/22
02719	DAWN M MCCLELLAND	1654.28	DD	01/21/22

Run Date: 01/14/22
Time: 15:15

MEMORIAL MEDICAL CENTER
**** Check Register ****
Pay Period 12/31/21--01/13/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 2
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
02735	ZANDRA A CUELLAR	658.42	DD	01/21/22
02745	TRACY L WIGGS	1786.32	DD	01/21/22
02763	JESSICA COPPIN	1598.56	DD	01/21/22
02794	HEATHER L MUTCHLER	1800.06	DD	01/21/22
02812	BRITTANY N RUDDICK	1815.81	DD	01/21/22
02907	MARIA F LONGORIA	976.98	DD	01/21/22
02927	MICHAEL L GAINES	3007.09	DD	01/21/22
02963	DOROTHY J RENDON	501.15	DD	01/21/22
02970	DIANNE G ATKINSON	1945.72	DD	01/21/22
03864	JACQUELINE R HERRERA	1168.74	DD	01/21/22
05003	COURTNE D THURLKILL	3733.88	DD	01/21/22
05006	REGINA A MARTINEZ	6998.96	DD	01/21/22
05007	JAMIE K NEYLAND	853.61	DD	01/21/22
05641	AMANDA R KEY	1704.24	DD	01/21/22
05757	SHARON T HOLDER	2805.16	DD	01/21/22
07066	DELPHINE PADRON	1685.84	DD	01/21/22
07878	DIANA C SAUCEDA	1092.98	DD	01/21/22
10519	MARISSA LYNN HUNT	827.93	DD	01/21/22
11197	CATHERINE A SAENZ	1081.67	DD	01/21/22
11412	COURTNEY L MORKOVSKY	842.16	DD	01/21/22
12115	LISA J HINOJOSA	875.48	DD	01/21/22
12212	MARIA E ARREDONDO	781.89	DD	01/21/22
15097	KYLE L DANIEL	2883.14	DD	01/21/22
15131	SAVANNAH HARLEY	2403.34	DD	01/21/22
15230	MERGAN GARCIA	2066.24	DD	01/21/22
15286	DAWN M MAREK	1942.30	DD	01/21/22
15400	ANDREA RODRIGUEZ	1529.23	DD	01/21/22
15555	STEPHANIE MARTIN	350.73	DD	01/21/22
15915	BRIANNE J KEY	2310.17	DD	01/21/22
20156	ERIN ASHLEY WISDOM	2046.46	DD	01/21/22
20206	KELLI B GOFF	1192.81	DD	01/21/22
20207	SHAWNA G HARTL	1860.81	DD	01/21/22
20294	JESSICA D WALTHER	720.08	DD	01/21/22
20407	MISTY M RECTOR	592.15	DD	01/21/22
20456	SAYDI A ST CLAIR	835.63	DD	01/21/22
20484	BRIANNA S PASSMORE	246.83	DD	01/21/22
20544	JAMES D AKIN	1237.78	DD	01/21/22
20759	JAMIE SADLER	985.55	DD	01/21/22
20796	ANNA JIMENEZ	466.65	DD	01/21/22
20797	BETHANN M DIGGS	672.41	DD	01/21/22
20816	JOIE L PENA	831.63	DD	01/21/22
20837	DAISY MADRIGAL	1042.21	DD	01/21/22
20896	DANIELA CAMACHO	563.44	DD	01/21/22
20977	CHERYL L TESCH	1587.73	DD	01/21/22
21450	DIANA B LEAL	1222.91	DD	01/21/22
21629	JACOBY R CRANFORD	1436.02	DD	01/21/22
21736	ALLISON GOULDEN	379.05	DD	01/21/22
26174	LORI RENDON	97.43	DD	01/21/22
28120	JESSICA V SELVERA	1114.29	DD	01/21/22
29199	KELLY A SCHOTT	328.87	DD	01/21/22
31035	STACIE L EPLEY	1687.79	DD	01/21/22
31054	LORA L LAMBDEN	756.82	DD	01/21/22
31099	ARACELY Z GARCIA	2351.47	DD	01/21/22
31185	JERRY A FINDLEY	418.42	DD	01/21/22

Run Date: 01/14/22
Time: 15:15

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 12/31/21--01/13/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 3
P0DISTP

Num.	Name	Amount	CHECK NUM	DATE
31219	LAUREN PHILLIPS	1019.44	DD	01/21/22
31313	KATHERINE LYNN JIMENEZ	2309.73	DD	01/21/22
31319	STACY L FARMER	1664.36	DD	01/21/22
31463	EDWARD E MATULA	2216.44	DD	01/21/22
31508	RACHEL A HEFFNER	2089.22	DD	01/21/22
31821	KAYLA M ALVAREZ	1271.13	DD	01/21/22
31832	SHANE D KRESTA	815.74	DD	01/21/22
31849	CODY L JUREK	1661.70	DD	01/21/22
38118	KRYSTELLA F KISIAH	851.54	DD	01/21/22
38413	DEVAN ORTA	1288.96	DD	01/21/22
38702	ANNA VANESSA PENNELL	878.93	DD	01/21/22
41112	ANASTASIA L PEREZ	766.62	DD	01/21/22
41171	TOMMIE M TREVINO	442.85	DD	01/21/22
41205	JEANETTE ALVARADO	813.80	DD	01/21/22
41225	LESLIE A CRAIGEN	860.85	DD	01/21/22
41236	PAMELA R VANNOY	1210.98	DD	01/21/22
41274	KAREN GANN	907.08	DD	01/21/22
41347	ADRIANNA D STRAKOS	525.68	DD	01/21/22
41369	LORETTA A LEAL	459.91	DD	01/21/22
41418	ANGEL M CASSEL	1063.39	DD	01/21/22
41507	OLGA I BETANCOURT	822.05	DD	01/21/22
41612	SONJA A GUJARDO	654.33	DD	01/21/22
41617	JACQUELINE M MARTINEZ	854.44	DD	01/21/22
41618	HEATHER DELBOSQUE	598.70	DD	01/21/22
41705	KELSEY R TAYLOR	734.24	DD	01/21/22
41896	RENAE MICHELLE EMERY	763.37	DD	01/21/22
41897	ROXANNA MARTINEZ	781.31	DD	01/21/22
41901	JUANITA R MILLER	954.22	DD	01/21/22
41924	BRITTNEY V STRICKLIN	499.72	DD	01/21/22
42106	CHRISTY SILVAS	947.96	DD	01/21/22
42112	SOCORRO C GONZALES	662.99	DD	01/21/22
42122	LEI ANA CHAVANA	1454.05	DD	01/21/22
42125	LUCY CALZADA	914.19	DD	01/21/22
42304	MIMI T NGUYEN	2369.37	DD	01/21/22
42320	MICHAEL A PFEIL	2964.43	DD	01/21/22
42820	MARIA D CHAVEZ	484.11	DD	01/21/22
42842	SHANNA S O DONNELL	4756.16	DD	01/21/22
48630	JESSICA BUSH	36.28	DD	01/21/22
50018	MICHELLE M MORALES	1470.86	DD	01/21/22
50148	PENNY GOULDEN	3039.89	DD	01/21/22
50248	MCKENNA VILLEGAS	452.09	DD	01/21/22
50282	JACOB W HAMILTON	2508.13	DD	01/21/22
50310	JASMINE GRIGSBY	729.16	DD	01/21/22
50573	DEANA R DAVIS	1603.58	DD	01/21/22
50596	BETTY S DAVIS	1927.91	DD	01/21/22
50645	CERENITY LIBERTY	221.40	DD	01/21/22
50719	DEBRA K MUSTERED	2114.23	DD	01/21/22
50928	ADINA RODRIGUEZ	620.49	DD	01/21/22
53541	JACLYN B HARTL	1488.02	DD	01/21/22
55025	LEA C RESENDEZ	423.04	DD	01/21/22
55106	CRYSTAL M CHAVEZ	647.84	DD	01/21/22
55127	APRIL N KUBALA	2635.36	DD	01/21/22
55371	BLANCA HERNANDEZ	716.91	DD	01/21/22
55382	SHANNON JACILDO	1609.27	DD	01/21/22

Run Date: 01/14/22
Time: 16:15

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 12/31/21--01/13/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 4
P2D1STP

Num.	Name	Amount	CHECK NUM	DATE
55638	LAJUAN WILKE	620.67	DD	01/21/22
58510	RITA L POLENSKY	471.32	DD	01/21/22
60103	TODD SAVOY	790.81	DD	01/21/22
60112	ROBERT A RODRIGUEZ	1958.67	DD	01/21/22
60131	NORA OVALLE	588.35	DD	01/21/22
60163	MIGDALIA CLARO	614.43	DD	01/21/22
60191	LOLA A RODRIGUEZ	617.51	DD	01/21/22
60271	REBEKAH GERYK	599.23	DD	01/21/22
60616	DOROTHY A LONGORIA	770.62	DD	01/21/22
60718	ANNA C GONZALEZ	701.99	DD	01/21/22
60934	CONSUELO ZAMORA	584.95	DD	01/21/22
63249	JASON RUBIO	666.41	DD	01/21/22
65100	FELICITA BONUZ	592.34	DD	01/21/22
65121	VIVIANA P MEDINA	247.62	DD	01/21/22
65151	ELIA OLACHIA	677.44	DD	01/21/22
65213	LEE SIMERLY	1319.83	DD	01/21/22
65222	LAURIE J KRYCESKI	472.49	DD	01/21/22
65243	LUCILA LOPEZ DE GUZMAN	950.43	DD	01/21/22
65366	CYNTHIA GARCIA	684.51	DD	01/21/22
65393	RAMONA A PEREZ	570.09	DD	01/21/22
65413	CHRISTINA SOLIS	471.97	DD	01/21/22
65463	MARIA I VELOZ	688.71	DD	01/21/22
65486	ROSA RODRIGUEZ	971.77	DD	01/21/22
65513	MARIA MORALES	931.60	DD	01/21/22
65705	DOMITILA HERRERA	1388.27	DD	01/21/22
65815	MELISSA R VEGAS	290.67	DD	01/21/22
65865	MARIA F LEDEZMA	627.63	DD	01/21/22
68792	NAZARIO DIAZ HERNANDEZ	1759.45	DD	01/21/22
70119	SARA N BLEDSOE	2054.58	DD	01/21/22
71620	ROBIN STEELS	2361.93	DD	01/21/22
73749	GLORIA N REID	2326.08	DD	01/21/22
75190	RIKA MILLER	1766.56	DD	01/21/22
76003	IRMA DELEON	737.99	DD	01/21/22
76110	TARAH SUBLETT	521.49	DD	01/21/22
76115	JENNIFER R CARLOCK	579.47	DD	01/21/22
76120	RACHEL CANALES	1251.63	DD	01/21/22
76138	KAREN D GARCIA	574.22	DD	01/21/22
76210	ZOE VILLARREAL	484.82	DD	01/21/22
76300	AIDA JIMENEZ	757.71	DD	01/21/22
76313	PAMELA L BARTON	641.62	DD	01/21/22
76403	KATRINA A POKLUDA	1088.77	DD	01/21/22
76647	CHERYL A SEE	941.87	DD	01/21/22
76706	GREGORY E MORALES	673.14	DD	01/21/22
76761	LAURA F PESINA	835.27	DD	01/21/22
76854	MARY PATTERSON	543.14	DD	01/21/22
76985	VANESSA TRISTAN	165.58	DD	01/21/22
77646	FAREN A GONZALES	987.04	DD	01/21/22
78020	MISTY R PASSMORE	956.76	DD	01/21/22
78058	KYANN J POWER	248.73	DD	01/21/22
78072	DONNA M RAWLINGS	1003.70	DD	01/21/22
78186	ANDREA F COOK	369.49	DD	01/21/22
78191	JAMIE J GRASSE	748.25	DD	01/21/22
78287	MARISSA D ALMANZAR	2125.76	DD	01/21/22
78336	JESSICA L GLOVER	1261.08	DD	01/21/22

Run Date: 01/14/22
Time: 16:15

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 12/31/21--01/13/22 Run: 1
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Page 5
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
78566	MELISSA K GEE	796.39	DD	01/21/22
78764	ASHLEY D HADLEY	1819.23	DD	01/21/22
78778	SARA M RUBIO	2086.70	DD	01/21/22
78781	KRISTEN R MACHICEK	1658.10	DD	01/21/22
78787	FARAH I JANAK	2385.44	DD	01/21/22
78879	YESENIA QUEZADA	496.88	DD	01/21/22
78897	DAYLE J MCLAUGHLIN	623.93	DD	01/21/22
80008	ADAM D BESIO	2160.30	DD	01/21/22
80141	JEANNIE ORTA	1876.91	DD	01/21/22
82227	CAITLIN A CLEVINGER	1198.99	DD	01/21/22
85432	KRISTI L BOYD	2968.97	DD	01/21/22
85482	MEGAN M HARPER	729.65	DD	01/21/22
88808	MARLEY B O'DONNELL	2387.27	DD	01/21/22
88904	MAYRA K MARTINEZ	1448.00	DD	01/21/22
90320	ROSHANDA S THOMAS	3312.00	DD	01/21/22
98547	ELLEN W HEIMAN	788.98	DD	01/21/22
98756	ADRIANNA M GALVAN	1616.61	DD	01/21/22


311335.30

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- January 10, 2022 - January 16, 2022

Date	Bank Description	MMC Notes
1/14/2022	PAY PLUS ACHTRANS 452579291 101000695355172	- 3rd Party Payor Fee
1/14/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
1/13/2022	PAY PLUS ACHTRANS 452579291 101000694401082	- 3rd Party Payor Fee
1/13/2022	IRS USATAXPYMT 220241364711577 6103601000161	- Payroll Taxes
1/12/2022	PAY PLUS ACHTRANS 452579291 101000693601086	- 3rd Party Payor Fee
1/11/2022	PAY PLUS ACHTRANS 452579291 101000692617011	- 3rd Party Payor Fee
1/11/2022	MCKESSON DRUG AUTO ACH ACH04873348 910000128	- 340B Drug Program Expense
1/11/2022	CLEARGAGE LLC CLEARGAGE, DPSOUTNDEJZGOVY 242	- Patient Financing Service
1/10/2022	PAY PLUS ACHTRANS 452579291 101000691758571	- 3rd Party Payor Fee
1/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee
1/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee
1/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee
1/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110	- Credit Card Processing Fee
1/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee
1/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110	- Credit Card Processing Fee
1/10/2022	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee
1/10/2022	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee

Amount	CPSI	CF
\$ 1.32	3	
\$ 2,009.54	5	
\$ 5.49	3	
\$ 543.60	2	
\$ 62.44	31	
\$ 3.00	31	
\$ 9,005.05	51	
\$ 196.90	71	
\$ 75.39	31	
\$ 529.69	31	
\$ 46.50	31	
\$ 456.82	31	
\$ 104.50	31	
\$ 2,981.07	31	
\$ 932.80	31	
\$ 681.73	31	
\$ 129.00	31	
17,764.84		

O.C.
Pay plus
1.32 +
5.49 +
62.44 +
3.00 +
75.39 +
147.64 *
Clearage
196.90 +
196.90 *
CC fees
529.69 +
46.50 +
456.82 +
104.50 +
2,981.07 +
932.80 +
681.73 +
129.00 +
5,862.11 *



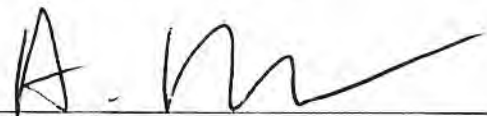
Anthony Richardson
Memorial Medical Center
January 17, 2022

* Approved 01.12.22 CC

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes
2/10/2022	UC IGT DY11 Advance Payment	

Amount
17,764.84 +
2,009.54 -
\$ 358,294.74
\$ 358,109.03
358,294.74



Anthony Richardson
Memorial Medical Center
January 17, 2022

6,206.65 +
6,206.65 -
0.00 *



Revised

Transaction Summary

Transaction Complete
Trace #

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

Payment Total	\$358,109.03
Bank Routing and Account Number	
Settlement Date	2/10/2022
UC Hospital Amount	\$358,109.03
Entered By	Marley Moehrig



Transaction Summary

Trace Number: _____ has been deleted successfully.

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

Payment Total	\$358,294.74
Bank Routing and Account Number	
Settlement Date	2/10/2022
UC Hospital Amount	\$358,294.74
Entered By	Marley Moehrig

Marley Moehrig

From: HHSC PFD RAD UC Payments <PFD_UC_Payments@hhs.texas.gov>
Sent: Thursday, January 13, 2022 3:36 PM
To: mitchellmulvehill@texashealth.org; miwilliams@lmchospital.com; mjgetz@houstonmethodist.org; mjones@hillcountrymemorial.org; mjones1@cmcvtx.org; mjspanihel@ricemedicalcenter.net; mkent@trhta.net; mklock@matagordaregional.org; mkrтчian@gl-law.com; mlongoria@ecmh.org; mlozano@conchoch.com; MLPCMC@TISD.net; mmason@permianregional.com; mmathews@jpshealth.org; mmatlock@medicalartshospital.org; mmetts@primehealthcare.com; mmickle@iasishealthcare.com; mmiller@mchd-tx.org; mmitchell@ppgh.com; Marley Moehrig; mmoore@sabinecountyhospital.com; mnunez@umcelpaso.org; mo@starcoimpex.com; mona.mickle@steward.org; monica.ochoa@georgetownbehavioral.com; monica.vargas@tenethealth.com; monicak@parkviewhosp.org; monicaprice@texashealth.org; monika.kapur@uhs-sa.com; montarce.martin@vrmc.org; morgana@gl-law.com; morta@lubbockheart.com; mortiz@mmcportlavaca.com; mortiz2@cmctx.org; mortiz2@cmcvtx.org; mory@sph.tamhsc.edu; Mpattberg@huntregional.org; mpipes@gracehealthsystem.com; mpipes@providence.org; mreiter@sleh.com; mrichburg@lchdhealthcare.org; mripps@medinahospital.net; mroberts@lasishealthcare.com; mrobertson@seton.org; mrunnels@wisehealthsystem.com; msarrao@alectohealthcare.com; mschaefer@sonora-hospital.org; mshort@grmf.org; mstevens@hnhhealth.org; mtanneberger@medinahospital.net; mtaylor@pecanvalley.org; mteresi@stlukeshhealth.org; mthornton@libertydaytonrmc.com; muesse@tamhsc.edu; munozth@yahoo.com; mwalker@hamiltonhospital.org; mwallace@sunhouston.com; mweed@texomacc.org; mweisfeld@bkd.com; mwillimon@muensterhospital.com; Myra.Weisfeld@memorialhermann.org; n.bonilla@mchdep.org; Nadine_Dunn@quorumhealth.com; Nancy.Cooke@MedicalCityHealth.com; nancy.dancer@uhsinc.com; Nancy_Cooke@chs.net; nanette.pinckney@graysonclinic.com; Natalie.Erchingер@BSWHealth.org; natalie.harms@uthct.edu; natalie.pack@hcahealthcare.com; Natalie.Pack@stdavids.com; nathan.flood@cchdonline.com; nathan.thomason@ahss.org; NChi@houstonmethodist.org; ncooke@martinch.org; ncorder@sweenyhospital.org; neelyk@gulfcoastcenter.org; nerchingер@sw.org; nestor.lopez@altacorp.com; ngeer@primehealthcare.com; nhagen@freestonemc.com; nichol.attar@uhsinc.com; nick.galt@cityhospital.us; nicoleplain@texashealth.org; Niki.Shah@BSWHealth.org; Nikita.Shah@BaylorHealth.edu; Nina.Kavarthapu@harrishealth.org; nini.lawani@harrishealth.org; Nkelley@seton.org; nkllloyd@utmb.edu; nnlm@texaschildrens.org; noe_gutierrez@chs.net; NoeBalli@texashealth.org; norale@bmhd.org; Noralene.Corder@dschd.org; noralene@dschd.org; noralenec@smhtx.com; norma.kretzschmar@tenethealth.com; npatek@grmedcenter.com; NPatel09@jpshealth.org; NORA PRADO; nsahmad@texaschildrens.org; nstaggs@ansongh.com; nstaggs@oghtx.com; ntudor@ecmh.org; nwheeler@ych.us; nyoung@wghospital.com; nzenarosa@ies.healthcare; o.ostorga@dhr-rgv.com; Olinda Harbaugh; Olga.Young@BSWHealth.org; Omar.Garza@sacmc.com; Oscar.Ballarta@uth.tmc.edu; Oscar Perez; p.daniel@dhr-rgv.com; pacaron@etmc.org; Pam.may@cookchildrens.org; pam.mote@christushealth.org; pam.robertson@christushealth.org; pamela.harrison@myfrh.com; pamela.porter3@parallon.com; pamg@dentonmhmr.org; parker.pridgen@adventhealth.com; parker.pridgen@ahss.org; parkviewmanoral@gmail.com; parsonsba@elPASOTexas.gov; paslin@wisehealthsystem.com; paslin@wiseRegional.com;

To:

patricia.mccaa@utsouthwestern.edu; patrick.carrier@christushealth.org;
patrick.clune@valleybaptist.net; patrick.krishock@austinisd.org;
patrick.mcgreevy@lhphg.com; patrick.mcgreevy@lhphospitalgroup.com;
patsy.smith@dschd.org; PatsyYoungs@TexasHealth.org; Patty.mccarroll@ttuhsc.edu;
paul.acreman@umchealthsystem.com; paul.fowler@ttuhsc.edu; paul.harvey@hcmh.com;
McGaha, Paul; paul.veillon@uhsinc.com; Gonzalez, Paula (HHSC/DSHS); Gonzalez, Paula
(HHSC/DSHS); Gonzalez, Paula (HHSC/DSHS); paulg@brownfield-rmc.org;
pballard@lrhealthcare.com; pborgfeld@lrhealthcare.com; pburke@scmc.us;
pcowling@unitedregional.org; peggy.gatliff@steward.org;
peggyliebo@shannonhealth.org; pemcgreevy@gmail.com;
Penny.Cermak@BSWHealth.org; perales@gl-law.com; pete.orem@uhsinc.com;
pgallagher@freestonemc.com; pgonzales@ansongh.com; pguderian@hillcountry.org;
phamilton@chambershealth.org; PHarrison2@houstonmethodist.org;
pharvell@grahammrhc.com; phil.cendoma@uhsinc.com; phil.sosa@uhsinc.com;
philip.koovakada@tenethealth.com; phillip.dorsey@srgllc.org; phillip.dorsey@srgllc.org;
pkwallace@grmedcenter.com; plopez@ttbh.org; pmckinney@martinch.org;
pmonkres@noconageneral.com; pmurfee@hchdst.org; pnavarrette@wilco.org; pocc2
@aol.com; ppandian@sleh.com; preed@devereux.org; PritiJain@TexasHealth.org;
profflet@gl-law.com; pstewart@gonzaleshealthcare.com; pstrauss@cmcvtx.org;
Pstreet@unitedregional.org; ptouchstone@cranememorial.org;
pvanmatre@primehealthcare.com; qmeece@ies.healthcare; R.Haddad@dhr-rgv.com;
r.hinojosa@dhr-rgv.com; r.montelongo@smmctx.org; R.Perez@dhr-rgv.com;
Rabernethy@echd.org; rachalbracker@texashealth.org; Rachel.Comchoc@ascension.org;
rachel.farley@austintexas.gov; rachel.gordon@cogdellhospital.com; Samsel, Rachel
(HHSC/DSHS); Samsel, Rachel (HHSC/DSHS); Samsel, Rachel (HHSC/DSHS);
rachel.ruiz@sanantonio.gov; Radha.Savitala@crmc.health;
Rakhee.Bhakta@ascension.org; Rakhee.Bhakta@vvrhc.org; ramberg@gl-law.com;
ramonda.busby@childrens.com; Randa.Bishop@smhtx.com;
Randy.Bacus@ntmconline.net; randy.safady@christushealth.org;
randy.slack@tenethealth.com; ray.eufracio@auditor.co.hidalgo.tx.us; Helmcamp, Ray;
Raymond.Ramos@uhsinc.com; rayne@gl-law.com; rbarnard@swisherhospital.com;
rbishop@nixhealth.com; rbordes@libertydaytonrhc.com; rburkhart@co.hill.tx.us;
rcampbell@libertydaytonrhc.com; rcarter@huntregional.org; rcollins2
@primehealthcare.com; rdefoore@stamfordhosp.com; DeHoyos, Ruben;
rdehoyos@starcarelubbock.org; rdewberry@mitchellcountyhospital.com;
rdixon@stlukeshhealth.org; reagan.twum-barimah@midland-memorial.com;
rebecca.anderson@uthct.edu; Rebecca McCain; rebecca.myers@steward.org;
rebecca.myers@wadleyhealth.com; reed.hurley@uhs-sa.com; rehetf@bmhd.org;
reimbursement@etmc.org; rejohnson@mchd-tx.org;
Renae.Thomas@ReaganHealth.com; reprater@mdanderson.org;
RErvin@tomballhospital.org; resimon@texaschildrens.org;
Revaz.Dzneladze@BSWHealth.org; Reynier.Perez@uhsinc.com;
RFord@iasishealthcare.com; rfreeman@ecmh.org; rfricke@myfrh.com;
rgilbert@burr.com; rgjerset@gl-law.com; RGray@Culbersonhospital.org; Roshanda S.
Thomas; rgriffith@matagordaregional.org; rhamilton@noconageneral.com;
rhernandez@medicine.tamhsc.edu; rhettf@bmhd.org; rhonda.rogers@tenethealth.com;
rhonda@rpmh.net; RHP_Region_10@jpshealth.org; rhunt@freestonemc.com;
rhurtado@ehnelaso.org; richard.ervin@hcahealthcare.com; richard.ford@steward.org;
richard.gonzalez@steward.org; richard.humphrey@phhs.org; richard.jordan@ttuhsc.edu;
Richard.Perkins@BSWHealth.org; Richard.prati@uhsinc.com;
richard.shallcross@HCAHealthcare.com; richard.walker@uhsrgv.com;
Richard_Ervin@chs.net; richardhumphrey@texashealth.org;
rick.lopez@georgetownbehavioral.com; Rick.roberts@communityhealthcore.com;

To: rickmcwhorter@texashealth.org; rita.kelley@co.bell.tx.us; rjnorman@utmb.edu; Rkorkmas@ppgh.com; rmathis@nrhd.org; rmccrady@gracehealthsystem.com; rmdowles@utmb.edu; Rob.koch@tenethealth.com; rob.marsh@acadiahealthcare.com; rob.tyler@aurorabehavioral.com; rob.tyler@signaturehc.com; robert.brock@ahss.org; robert.fries@childrens.com; robert.hillier@harrishealth.org; robert.kingham@austintexas.gov; robert.lerma@uhsinc.com; Robert.Saucedo@HCAHealthcare.com; robert.shaum@childrens.com; Robert.Walker@cccmmr.org; robertc.brown@utsouthwestern.edu; robertk@baylorhealth.edu; roberto.villarreal@uhs-sa.com; RobertPotter@TexasHealth.org; Robina.A.Philipose@uth.tmc.edu; rodger.bowen@ntmconline.net; rodger_bowen@chs.net; rodney@preferredmanagementcorp.com; Rogelio.Reyes@MHSHealth.com; Rogelio_Reyes@chs.net; roger.hutchins@phfmtexas.com; roger.leach@wnj.org; rojasc@connallymmc.org; rol78582@yahoo.com

Cc: Brown,Adam (HHSC); Chang,Sylvia (HHSC); Okoniewski,Amanda (HHSC); Wade,Tonika (HHSC); Corzine,Ketha (HHSC); Cantu,Rene (HHSC); Heinemann,David (HHSC); Quintanilla,Sarah (HHSC)

Subject: REVISD: UC IGT Notification for DY11 Advance Payment - Providers 06 of 08

Attachments: REVISD 2022 DY11 Advance Payment Calculation External.xlsx; DY11 UC.SDA Allocation Form.xlsx

[WARNING-Remote attachments, VERIFY SENDER]

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

****UPDATE****

Providers, Government Entities, and Anchors:

HHSC was made aware of two TPI changes which left Hamilton General Hospital and Scott & White Llano off the document that was distributed yesterday 1/12/22.

****Please see the attached "REVISD 2022 DY11 Advance Payment Calculation External" file for the updated amounts, and disregard the file sent on 1/12.****

The below information previously provided still applies. Apologies for the inconvenience or any confusion this may cause.

HHSC is providing notice to IGT for the DY11 Advance UC Payment.

Important Note: Per TAC 355.8200, checks submitted to HHSC for the UC Application Fee that are postmarked later than 1/12/22 will be returned and payment will be taken

directly from the DY11 Advance Payment. For those that will have the application fee taken from the DY11 Advance Payment, please note that the payment amount showing in Column N of the "UC Advance Calculation" tab will be reduced accordingly.

Dates pertinent to this payment:

2/09/2022 Last day to submit your IGT into TexNet

2/10/2022 IGT Settlement date

2/14/2022 State Owned Submit Journal Entry

2/18/2022 State Owned paid

3/4/2022 UC Providers paid

Attached to this email are the following documents:

- 2022 DY11 Advance Payment Calculation External spreadsheet
- DY11 UC SDA Allocation Form

Beginning with the DY9 UC Advance Payment, IGT received will be allocated at the Service Delivery Area (SDA) level. While providers are required to have an affiliation to be eligible to participate in the UC Program, IGT received is no longer allocated at the affiliation level. In the event of an IGT shortage in a SDA, a pro-rata reduction will be imposed for all participants in that SDA for the advance payment, with no additional funding opportunities. Should this occur in a final payment, the underfunded SDA will be allotted an additional opportunity to submit the additional IGT. If additional IGT is not submitted for the underfunded SDA, HHSC will proportionally reduce the payments to all providers in the SDA based on the IGT received. HHSC will then reallocate the funds from the underfunded SDA to all SDAs who have additional IGT based on IGT commitments. The timeline for the September payment is published on the Provider Finance Website.

The amount that needs to be submitted into TexNet for all entities is in Column O of the 2022 DY11 Advance Payment Calculation External file under UC Advance Calculation tab, while the corresponding payment amount is in column N of the attached 2022 DY11 UC Advance Payment Calculation. The total IGT amount needed to fully fund each SDA is summarized in column C of the "DY 11 Advance Summary by SDA" tab. Please ensure you select the applicable UC bucket in TexNet when you enter your IGT. **It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the trace number, location number, IGT amount and settlement date, if the TexNet is submitted over the phone, to PFD_UC_Payments@hhs.texas.gov.** An IGT allocation form designating what SDA the IGT is being submitted for must also be submitted with the Trace Sheet. **Please submit the trace sheet and IGT allocation as two separate documents. Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.**

Government Entities funding in multiple SDA's should submit a separate TexNet and UC/SDA Allocation form, for each SDA for which they are providing funding.

In the instance of an IGT overage within an SDA, HHSC will issue a pro-rata refund to the governmental entity/entities identified by HHSC. HHSC will determine the pro-rata refund, not the government entity/entities or their representative(s).

If you have questions regarding the UC payment process, please send an email to PFD_UC_Payments@hhs.texas.gov.

If you have questions regarding the payment calculation file, please send an email to uctools@hhsc.state.tx.us

HHSC Provider Finance Payments

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



TEXAS
Health and Human
Services

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\$3,759,850,877.73 \$5,642,036,952.17 \$2,904,904,642.86 \$956,618,530.34

TPI	2022 Master TPI	OCM	Ownership Type	Rural Hospital Designation	Hospital Name	Hospital County	SDA by County	Active Affiliation Number Check	Request DY 11 UC	DY 11 Application Received	DY 10 Total Payment	Total DY 10 Costs (After DRH and Adjustments)	Final DY 11 UC Advance Payment Amount	DY 11 UC Advance RY Amount
137808111	137808111	451368	Small Public	Rural Hospital	Monterey Medical Center	Cathlamet	Nezum	100-13-0000-00132	Yes	Yes	\$2,044,342.21	\$2,481,291.28	\$1,085,116.90	\$56,109.03

\$2,804,804,644.75	87.00%	33.00%
DY 11 UC Advance Payment Allocation (\$30-Fund%)	Federal Match Rate	State Match Rate

DY11 UC/SDA Allocation Form

TRACE Number: 000000004775965

The Trace Number is in the receipt you receive from the Comptroller once you have submitted your IGT into TexNet.

The Trace Sheet and Allocation Form must be submitted together in the same email. All Trace Sheet submissions must be accompanied by an Allocation Form. If a governmental entity is submitting in multiple SDA's, a separate allocation form must be submitted for each SDA

SDA	Government Entity	IGT Total
Nueces	Memorial Medical Center	\$ 358,109.03
		\$ 358,109.03

RECEIVED BY THE COUNTY AUDITOR ON

JAN 10 2022

GALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- January 3, 2022 - January 9, 2022

Pay Plus 86.67 + 6.92 + 267.64 + 2.11 + 117.12 + 3.80 + 484.26 * 614.20 + 614.20 + 1.228.40 * 23.80 + 23.80 * 32.45 + 170.02 + 9.95 + 209.73 + 19.95 + 122.12 + 772.35 + 439.94 + 612.70 + 2,389.21 * 484.26 + 1,228.40 + 23.80 + 2,389.21 + 4,125.67 *

Table with columns: Date, Bank Description, Amount. Includes entries for PAY PLUS ACHTRANS, EXPERTPAY, AMERISOURCE BERG PAYMENTS, and various taxes and fees.

Table with columns: MMC Notes, Amount. Includes entries for 3rd Party Payor Fee, Child Support Payment, 340B Drug Program Expense, Payroll, Payroll Taxes, ACCRUED DSRIP WAIVER IGT, Credit Card Processing Fee, and various other fees.

CPS Amount 481,184.48

Signature of Anthony Richardson, January 10, 2022, Memorial Medical Center

PROSPERITY BANK ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

* Approved 01-05-22 cc * Approved 02-22-21 cc * Approved 12-08-21 cc

Table with columns: Date, Description, Amount. Includes entries for Retirement (1/15/2022) and Sales Tax (1/20/2022).

APPROVED ON JAN 13 2022

Amount 153,096.52

BY COUNTY AUDITOR GALHOUN COUNTY, TEXAS

Retirement

01/15/22

Date/Time 01-04-2022 / 01:42 PM
Submitted By

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 10 2022

Pay Date 12-31-2021

CALHOUN COUNTY, TEXAS

Employee Deposits	\$66,409.16
Employer Contributions	\$85,476.89
Group Term Life Premiums	\$0.00
Total	\$151,886.05

Comments

Payroll File December 2021 Retirement Upload.xlsx

CLOSE

PRINT



01/20/2022

Confirmation: You Have Filed Successfully

RECEIVED BY THE COUNTY AUDITOR ON

JAN 10 2022

CALHOUN COUNTY, TEXAS

Sales and Use Tax Period Ending 12/31/2021 (2112)

Taxpayer ID:	Taxpayer Name:	Entered By:
User ID	MEMORIAL MEDICAL CENTER	Email Address:
Reference Number:	Taxpayer Address:	Telephone Number:
Date and Time of Filing:	815 N VIRGINIA ST PORT LAVACA , TX	
01/06/2022, 04:03:31 PM	77979-3025	
	IP Address:	

PAYMENT SUMMARY

Electronic Check	Payment Reference Number:	Type of Bank Account:
State Amount: \$917.02	Trace Number:	Accountholder Name:
Local Amount: \$293.45		Bank Routing Number:
Amount to Pay: \$1,210.47		Bank Account Number:
Electronic Check: \$1,210.47		Payment Effective Date:

CREDIT SUMMARY

Credits Taken

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

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	14746	14746	0	14746	921.63	14746	0.02	294.92
SubTotal	14746	14746	0	14746	921.63	14746		294.92

Total Tax for Locations

\$1,216.55

Total Tax Due:	\$1,216.55
Timely Filing Discount:	-\$6.08
Balance Due:	\$1,210.47
Pending Payments:	-\$0.00

Total Amount Due and Payable: \$1,210.47 (State amount due is \$917.02) (Local amount due is \$293.45)

01/13/2022
 12:07
 MEMORIAL MEDICAL CENTER
 AP Open Invoice List
 Dates Through: 02/03/2022
 0
 ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code							
13004	TUSCANY VILLAGE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
011021		01/11/20	01/10/20	02/03/20		10,607.90	0.00	0.00	10,607.90	
MEDICARE REPAYMENT										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE					10,607.90	0.00	0.00	10,607.90

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,607.90	0.00	0.00	10,607.90

APPROVED ON

JAN 13 2022

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

CHK# 193509

RECEIVED

JAN 13 2022

Calhoun County Auditor

8

RUN DATE:01/17/22
 TIME:12:41

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 01/19/22 THRU 01/19/22

PAGE 1
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	193433	01/19/22	335.56	ARGON MEDICAL DEVICES
A/P	193434	01/19/22	4,639.75	AUREUS RADIOLOGY LLC
A/P	193435	01/19/22	550.00	AZALEA HEALTH
A/P	193436	01/19/22	1,254.58	BAXTER HEALTHCARE
A/P	193437	01/19/22	891.27	BAYER HEALTHCARE
A/P	193438	01/19/22	.00	VOIDED
A/P	193439	01/19/22	35,456.65	BECKMAN COULTER INC
A/P	193440	01/19/22	653.97	BIO-RAD LABORATORIES, INC
A/P	193441	01/19/22	40,500.00	BIOFIRE DIAGNOSTICS LLC
A/P	193442	01/19/22	41,207.74	BIOMERIEUX, INC
A/P	193443	01/19/22	16,905.00	BKD, LLP
A/P	193444	01/19/22	6,600.00	CALHOUN COUNTY EMS
A/P	193445	01/19/22	50.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	193446	01/19/22	40.00	CHRIS KOVAREK
A/P	193447	01/19/22	225.00	COASTAL OFFICE SOLUTONS
A/P	193448	01/19/22	37,017.18	COMMUNITY INFUSION SOLUTIONS
A/P	193449	01/19/22	952.54	DEWITT POTH & SON
A/P	193450	01/19/22	19,166.67	DIAMOND HEALTHCARE CORP
A/P	193451	01/19/22	3,185.00	DOWELL PEST CONTROL
A/P	193452	01/19/22	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	193453	01/19/22	5,001.54	EVOQUA WATER TECHNOLOGIES LLC
A/P	193454	01/19/22	495.00	FASTHEALTH CORPORATION
A/P	193455	01/19/22	11.55	FEDERAL EXPRESS CORP.
A/P	193456	01/19/22	3,093.75	FIRST CONNECT CENTER LLC
A/P	193457	01/19/22	.00	VOIDED
A/P	193458	01/19/22	8,750.23	FISHER HEALTHCARE
A/P	193459	01/19/22	1,044.31	FUSION CLOUD SERVICES, LLC
A/P	193460	01/19/22	10,161.02	GREAT AMERICAN FINANCIAL SVCS
A/P	193461	01/19/22	41.73	GULF COAST PAPER COMPANY
A/P	193462	01/19/22	589.97	HAYES ELECTRIC SERVICE
A/P	193463	01/19/22	410.00	HEALTH CARE LOGISTICS INC
A/P	193464	01/19/22	13,855.82	HEALTHCARE FINANCIAL SERVICES
A/P	193465	01/19/22	15,203.97	HUNTER PHARMACY SERVICES
A/P	193466	01/19/22	738.78	IRON MOUNTAIN
A/P	193467	01/19/22	25,569.36	ITA RESOURCES, INC
A/P	193468	01/19/22	250.00	ITERSOURCE CORPORATION
A/P	193469	01/19/22	1,541.38	J & J HEALTH CARE SYSTEMS, INC
A/P	193470	01/19/22	1,475.00	JACKSON & CARTER, PLLC
A/P	193471	01/19/22	430.00	LABCORP OF AMERICA HOLDINGS
A/P	193472	01/19/22	7,117.73	MCKESSON MEDICAL SURGICAL INC
A/P	193473	01/19/22	3,234.00	MD REPORTS
A/P	193474	01/19/22	5,398.42	MEDICAL DATA SYSTEMS, INC.
A/P	193475	01/19/22	51.78	MEDIMPACT HEALTHCARE SYS, INC.
A/P	193476	01/19/22	.00	VOIDED
A/P	193477	01/19/22	5,906.56	MEDLINE INDUSTRIES INC
A/P	193478	01/19/22	.00	VOIDED
A/P	193479	01/19/22	9,411.60	MORRIS & DICKSON CO, LLC
A/P	193480	01/19/22	183.11	MXR IMAGING, INC
A/P	193481	01/19/22	433.30	NACOGDOCHES TRANSCRIPTION
A/P	193482	01/19/22	5,633.60	OLOOP TECHNOLOGY SOLUTIONS

RUN DATE:01/17/22
TIME:12:41

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/19/22 THRU 01/19/22

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	193483	01/19/22	273.12	ORTHO CLINICAL DIAGNOSTICS
A/P	193484	01/19/22	3,084.00	PARA
A/P	193485	01/19/22	83.45	PARTSSOURCE, LLC
A/P	193486	01/19/22	2,523.79	PRESS GANEY ASSOCIATES, INC.
A/P	193487	01/19/22	1,305.00	QIAGEN INC
A/P	193488	01/19/22	595.00	SHANNON JACILDO
A/P	193489	01/19/22	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	193490	01/19/22	2,570.76	STERICYCLE, INC
A/P	193491	01/19/22	1,294.26	STRYKER FLEX FINANCIAL
A/P	193492	01/19/22	2,285.00	SURGICAL DIRECT SOUTH
A/P	193493	01/19/22	5,699.00	T-SYSTEM, INC
A/P	193494	01/19/22	5,162.58	TEXAS BURNER & BOILER SERVICES
A/P	193495	01/19/22	4,022.70	TEXAS SELECT STAFFING
A/P	193496	01/19/22	4,301.22	THERACOM, LLC
A/P	193497	01/19/22	9,375.00	TORCH
A/P	193498	01/19/22	1,114.71	TRIOSE, INC
A/P	193499	01/19/22	1,685.20	TRIZETTO PROVIDER SOLUTIONS
A/P	193500	01/19/22	7,495.63	TRUSTED HEALTH, INC
A/P	193501	01/19/22	3,149.69	UNIFIRST HOLDINGS INC
A/P	193502	01/19/22	2,287.61	VITA PERSONA LLC
A/P	193503	01/19/22	319.89	VYAIR MEDICAL, INC
A/P	193504	01/19/22	1,276.22	WERFEN USA LLC
A/P	193505	01/19/22	716.00	WEST COAST MEDICAL RESOURCES
A/P	193506	01/19/22	1,182.00	WISCONSIN STATE LABORATORY
A/P	193507	01/19/22	11,125.00	WOUND CARE SPECIALISTS
A/P	193508	01/19/22	11.76	ZIMMER BIOMET
A/P	193509	01/19/22	10,607.90	TUSCANY VILLAGE
A/P	193510	01/19/22	70.80	
TOTALS:			460,677.54	

Payables 449,908.84 +
Patient returned 70.80 +
Net Transfers 10,607.90 +
460,677.54 *

APPROVED ON

JAN 19 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: 1/5/2022

Payer: Medicare

Requested by: Faren Campos

Requestor's email: fagonzales@mmcportlavaca.com

Requestor's phone number: 361-552-0226

District or County: Calhoun

Facility: Memorial Medical Center

Please Attach:

Remittance Advice and EOB

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

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

Please email request form and

Remittance Advice to: cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		11/30/2021	EFT	(222.99)	EFT6168393	CVDAR000026869	222.99	BROADMOOR
		11/30/2021	EFT	(774.93)	EFT6166955	CVDAR000026869	774.93	BROADMOOR
		12/1/2021	EFT	(815.58)	EFT6166795	CVDAR000026869	815.58	BROADMOOR
		12/1/2021	EFT	(120.72)	EFT6169794	CVDAR000026869	120.72	BROADMOOR
		12/2/2021	EFT	\$(558.26)	EFT6171183	CVDAR000026869	558.26	BROADMOOR
		12/3/2021	EFT	\$(302.07)	EFT6172650	CVDAR000026869	302.07	BROADMOOR
		12/6/2021	EFT	\$(2,621.86)	EFT6174110	CVDAR000026869	2,621.86	BROADMOOR
		12/8/2021	EFT	\$(352.41)	EFT6176753	CVDAR000026869	352.41	BROADMOOR
		12/8/2021	EFT	\$(407.79)	EFT6176589	CVDAR000026869	407.79	BROADMOOR
		12/9/2021	EFT	\$(52.65)	EFT6177746	CVDAR000026869	52.65	BROADMOOR
		12/10/2021	EFT	\$(0.84)	EFT6178270	CVDAR000026869	0.84	BROADMOOR
		12/13/2021	EFT	\$(130.43)	EFT6179077	CVDAR000026869	130.43	BROADMOOR
		12/14/2021	EFT	\$(653.70)	EFT6180448	CVDAR000026869	653.70	BROADMOOR
		12/15/2021	EFT	\$(18.00)	EFT6181767	CVDAR000026869	18.00	BROADMOOR
		12/16/2021	EFT	\$(86.77)	EFT6183223	CVDAR000026869	86.77	BROADMOOR
		12/20/2021	EFT	\$(725.93)	EFT6187098	CVDAR000026869	725.93	BROADMOOR
		12/21/2021	EFT	\$(530.00)	EFT6189168	CVDAR000026869	530.00	BROADMOOR
		12/22/2021	EFT	\$(1,522.52)	EFT6190903	CVDAR000026869	1,522.52	BROADMOOR
		12/23/2021	EFT	\$(62.91)	EFT6192519	CVDAR000026869	62.91	BROADMOOR
		12/27/2021	EFT	\$(2,044.84)	EFT6194548	CVDAR000026869	2,044.84	BROADMOOR
		12/28/2021	EFT	\$(68.60)	EFT6196630	CVDAR000026869	68.60	BROADMOOR
		12/30/2021	EFT	\$(696.31)	EFT6199660	CVDAR000026869	696.31	BROADMOOR
TOTAL				(12,770.11)			12,770.11	

To be filled out by Memorial Medical Center:

Date Received: 1/5/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 1/12/2021

From Facility: BROADMOOR

To Facility: MMC

Amount: 12,770.11

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED ON

JAN 17 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CL# 000179

**RECEIVED BY THE
COUNTY AUDITOR ON**

JAN 10 2022

CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: 1.4.22

Payer: MEDICARE

Requested by: RACHEL ARENAZAS

Requestor's email: rrarenazas@tuscanyvillagecare.net

Requestor's phone number: 713-770-5300

District or County: BRAZORIA

Facility: TUSCANY VILLAGE

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to: cclevenger@mmcpportlavaca.com

mmartinez@mmcpportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		11.7.21	EFT	\$ 253.11	EFT6141152	WO/CVDAR000026869	\$ 253.11	Due Tuscany from Broadmoor
		12.28.21	EFT	\$ 136.80	EFT6197034	WO/CVDAR000026869	\$ 136.80	Due Tuscany from Broadmoor
		12.29.21	EFT	\$ 2,109.90	EFT6199020	WO/CVDAR000026869	\$ 2,109.90	Due Tuscany from Broadmoor
		12.30.21	EFT	\$ 1,022.70	EFT6200376	WO/CVDAR000026869	\$ 1,022.70	Due Tuscany from Broadmoor
		1.3.22	EFT	\$ 604.05	EFT6202116	WO/CVDAR000026869	\$ 604.05	Due Tuscany from Broadmoor
		1.4.22	EFT	\$ 1,177.39	EFT6203412	WO/CVDAR000026869	\$ 1,177.39	Due Tuscany from Broadmoor
			TOTAL	5,303.95			5,303.95	

To be filled out by Memorial Medical Center:

Date Received: 1/4/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 1/12/2021

From Facility: BROADMOOR

To Facility: TUSCANY

Amount: 5,303.95

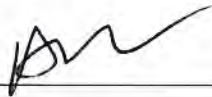
Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED ON

JAN 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#000180

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 10 2022

CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: 1/5/2022

Payer: Medicare

Requested by: Faren Campos

Requestor's email: fagonzales@mmcportlavaca.com

Requestor's phone number: 361-552-0226

District or County: Calhoun

Facility: Memorial Medical Center

Please Attach:

Remittance Advice and EOB

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

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

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

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		11/30/2021	EFT	(222.99)	EFT6168393	CVDAR000019557	222.99	CRESCENT
		11/30/2021	EFT	(774.93)	EFT6166955	CVDAR000019557	774.93	CRESCENT
		12/1/2021	EFT	(815.58)	EFT6166795	CVDAR000019557	815.58	CRESCENT
		12/1/2021	EFT	(120.72)	EFT6169794	CVDAR000019557	120.72	CRESCENT
		12/2/2021	EFT	\$(558.26)	EFT6171183	CVDAR000019557	558.26	CRESCENT
		12/3/2021	EFT	\$(302.07)	EFT6172650	CVDAR000019557	302.07	CRESCENT
		12/6/2021	EFT	\$(2,621.86)	EFT6174110	CVDAR000019557	2,621.86	CRESCENT
		12/8/2021	EFT	\$(352.41)	EFT6176753	CVDAR000019557	352.41	CRESCENT
		12/8/2021	EFT	\$(407.79)	EFT6176589	CVDAR000019557	407.79	CRESCENT
		12/9/2021	EFT	\$(52.65)	EFT6177746	CVDAR000019557	52.65	CRESCENT
		12/10/2021	EFT	\$(0.84)	EFT6178270	CVDAR000019557	0.84	CRESCENT
		12/13/2021	EFT	\$(130.43)	EFT6179077	CVDAR000019557	130.43	CRESCENT
		12/14/2021	EFT	\$(653.70)	EFT6180448	CVDAR000019557	653.70	CRESCENT
		12/15/2021	EFT	\$(18.00)	EFT6181767	CVDAR000019557	18.00	CRESCENT
		12/16/2021	EFT	\$(86.77)	EFT6183223	CVDAR000019557	86.77	CRESCENT
		12/20/2021	EFT	\$(725.93)	EFT6187098	CVDAR000019557	725.93	CRESCENT
		12/21/2021	EFT	\$(530.00)	EFT6189168	CVDAR000019557	530.00	CRESCENT
		12/22/2021	EFT	\$(1,522.52)	EFT6190903	CVDAR000019557	1,522.52	CRESCENT
		12/23/2021	EFT	\$(62.91)	EFT6192519	CVDAR000019557	62.91	CRESCENT
		12/27/2021	EFT	\$(2,044.84)	EFT6194548	CVDAR000019557	2,044.84	CRESCENT
		12/28/2021	EFT	\$(68.60)	EFT6196630	CVDAR000019557	68.60	CRESCENT
		12/30/2021	EFT	\$(696.31)	EFT6199660	CVDAR000019557	696.31	CRESCENT
			TOTAL	(12,770.11)			12,770.11	

To be filled out by Memorial Medical Center:

Date Received: 1/5/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 1/12/2021

From Facility: CRESCENT

To Facility: MMC

Amount: 12,770.11

Requested Transfer Date #: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

AM

APPROVED ON

JAN 17 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CL# 000208

**RECEIVED BY THE
COUNTY AUDITOR ON**

JAN 10 2022

CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: 1.4.22

Payer: MEDICARE

Requested by: RACHEL ARENAZAS

Requestor's email: rrarenazas@tuscanyvillagecare.net

Requestor's phone number: 713-770-5300

District or County: BRAZORIA

Facility: TUSCANY VILLAGE

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to: cclevenger@mmcpportlavaca.com

mmartinez@mmcpportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		11.2.21	EFT	\$ 253.11	EFT6141152	WO/CVDAR000019557	\$ 253.11	Due Tuscany from Crescent
		12.28.21	EFT	\$ 136.80	EFT6197034	WO/CVDAR000019557	\$ 136.80	Due Tuscany from Crescent
		12.29.21	EFT	\$ 2,109.90	EFT6199020	WO/CVDAR000019557	\$ 2,109.90	Due Tuscany from Crescent
		12.30.21	EFT	\$ 1,022.70	EFT6200376	WO/CVDAR000019557	\$ 1,022.70	Due Tuscany from Crescent
		1.3.22	EFT	\$ 604.05	EFT6202116	WO/CVDAR000019557	\$ 604.05	Due Tuscany from Crescent
		1.4.22	EFT	\$ 1,177.39	EFT6203412	WO/CVDAR000019557	\$ 1,177.39	Due Tuscany from Crescent
			TOTAL	5,303.95			5,303.95	

To be filled out by Memorial Medical Center:

Date Received: 1/4/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 1/12/2021

From Facility: CRESCENT

To Facility: TUSCANY

Amount: 5,303.95

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED ON

JAN 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck#00209

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 10 2022

CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: 1/5/2022

Payer: Medicare

Requested by: Faren Campos

Requestor's email: fagonzales@mncportlavaca.com

Requestor's phone number: 361-552-0226

District or County: Calhoun

Facility: Memorial Medical Center

Please Attach:

Remittance Advice and EOB

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

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

Please email request form and

Remittance Advice to: cclevenger@mncportlavaca.com

mmartinez@mncportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		11/30/2021	EFT	(222.99)	EFT6168393	CVDAR0000018170	222.99	SOLERA
		11/30/2021	EFT	(774.93)	EFT6166955	CVDAR0000018170	774.93	SOLERA
		12/1/2021	EFT	(815.58)	EFT6166795	CVDAR0000018170	815.58	SOLERA
		12/1/2021	EFT	(120.72)	EFT6169794	CVDAR0000018170	120.72	SOLERA
		12/2/2021	EFT	\$(558.26)	EFT6171183	CVDAR0000018170	558.26	SOLERA
		12/3/2021	EFT	\$(302.07)	EFT6172650	CVDAR0000018170	302.07	SOLERA
		12/6/2021	EFT	\$(2,621.86)	EFT6174110	CVDAR0000018170	2,621.86	SOLERA
		12/8/2021	EFT	\$(352.41)	EFT6176753	CVDAR0000018170	352.41	SOLERA
		12/8/2021	EFT	\$(407.79)	EFT6176589	CVDAR0000018170	407.79	SOLERA
		12/9/2021	EFT	\$(52.65)	EFT6177746	CVDAR0000018170	52.65	SOLERA
		12/10/2021	EFT	\$(0.84)	EFT6178270	CVDAR0000018170	0.84	SOLERA
		12/13/2021	EFT	\$(130.43)	EFT6179077	CVDAR0000018170	130.43	SOLERA
		12/14/2021	EFT	\$(653.70)	EFT6180448	CVDAR0000018170	653.70	SOLERA
		12/15/2021	EFT	\$(18.00)	EFT6181767	CVDAR0000018170	18.00	SOLERA
		12/16/2021	EFT	\$(86.77)	EFT618223	CVDAR0000018170	86.77	SOLERA
		12/20/2021	EFT	\$(725.93)	EFT6187098	CVDAR0000018170	725.93	SOLERA
		12/21/2021	EFT	\$(530.00)	EFT6189168	CVDAR0000018170	530.00	SOLERA
		12/22/2021	EFT	\$(1,522.52)	EFT6190903	CVDAR0000018170	1,522.52	SOLERA
		12/23/2023	EFT	\$(62.91)	EFT6192519	CVDAR0000018170	62.91	SOLERA
		12/27/2021	EFT	\$(2,044.84)	EFT6194548	CVDAR0000018170	2,044.84	SOLERA
		12/28/2021	EFT	\$(68.60)	EFT6196630	CVDAR0000018170	68.60	SOLERA
		12/30/2021	EFT	\$(696.31)	EFT6199660	CVDAR0000018170	696.31	SOLERA
TOTAL				(12,770.11)			12,770.11	

To be filled out by Memorial Medical Center:

Date Received: 1/5/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 1/12/2021

From Facility: SOLERA

To Facility: MMC

Amount: 12,770.11

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

AM

APPROVED ON

JAN 17 2022

RECEIVED BY THE COUNTY AUDITOR ON

JAN 10 2022

CALHOUN COUNTY, TEXAS

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 001220

Request for Transfer of Funds

Transfer #: _____

Date Requested: 1.4.22

Payer: MEDICARE

Requested by: RACHEL ARENAZAS

Requestor's email: rrarenazas@tuscanyvillagecare.net

Requestor's phone number: 713-770-5300

District or County: BRAZORIA

Facility: TUSCANY VILLAGE

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : clevenger@mmcpportlavaca.com

mmartinez@mmcpportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		11.2.21	EFT	\$ 253.11	EFT6141152	WO/CVDAR000018170	\$ 253.11	Due Tuscany from Solera
		12.28.21	EFT	\$ 136.80	EFT6197034	WO/CVDAR000018170	\$ 136.80	Due Tuscany from Solera
		12.29.21	EFT	\$ 2,109.90	EFT6199020	WO/CVDAR000018170	\$ 2,109.90	Due Tuscany from Solera
		12.30.21	EFT	\$ 1,022.70	EFT6200376	WO/CVDAR000018170	\$ 1,022.70	Due Tuscany from Solera
		1.3.22	EFT	\$ 604.05	EFT6202116	WO/CVDAR000018170	\$ 604.05	Due Tuscany from Solera
		1.4.22	EFT	\$ 1,177.39	EFT6203412	WO/CVDAR000018170	\$ 1,177.39	Due Tuscany from Solera
			TOTAL	5,303.95			5,303.95	

To be filled out by Memorial Medical Center:

Date Received: 1/4/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 1/12/2021

From Facility: SOLERA

To Facility: TUSCANY

Amount: 5,303.95

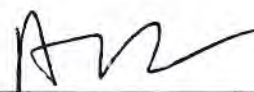
Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED ON

JAN 17 2022

**RECEIVED BY THE
COUNTY AUDITOR ON**

JAN 10 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CK# 001209

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000179

88-2265/1131

Date 1/19/22

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 12,770.11

Twelve thousand seven hundred seventy & 11/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000179⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000180

88-2265/1131

Date 1/19/22

PAY

TO THE
ORDER OF

Tuscany

\$ 5,303.95

Five thousand three hundred three & 95/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000180⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000208

88-2265/1131

Date 1/19/22

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 12,770.11

Twelve thousand seven hundred seventy & 11/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000208⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000209

88-2265/1131

PAY
TO THE
ORDER OF

Tuscany

Date 1/19/22

\$ 5,303.95

Five thousand three hundred three & 95/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000209⑈ ⑆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

001208

88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Center

Date 1/19/22

\$ 12,770.11

Twelve thousand seven hundred seventy & 11/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001208⑈ ⑆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

001209

88-2265/1131

PAY
TO THE
ORDER OF

Tuscany

Date 1/19/22

\$ 5,303.95

Five thousand three hundred three & 95/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001209⑈ ⑆113122655⑆

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
1/17/2022

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
Ashford Gardens		18,285.58	18,291.46	234,042.29		234,036.41	199,597.94
						Bank Balance	234,036.41
						Variance	
						Leave in Balance	100.00
						AMERIGROUP NOV QIPP	34,338.47
						JAN INTEREST	
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	199,597.94
Broadmoor		85,855.25	85,755.25	131,514.74		131,614.74	99,232.17
						Bank Balance	131,614.74
						Variance	
						Leave in Balance	100.00
						AMERIGROUP NOV QIPP	14,208.51
						MEDICARE REPAYMENT TO MMC	12,770.11
						MEDICARE REPAYMENT TO TUSCANY	5,303.95
						JAN INTEREST	
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	99,232.17
Crescent		74,046.46	73,946.46	157,851.84		157,951.84	129,423.91
						Bank Balance	157,951.84
						Variance	
						Leave in Balance	100.00
						MEDICARE REPAYMENT TO MMC	12,770.11
						AMERIGROUP NOV QIPP	10,353.87
						MEDICARE REPAYMENT TO TUSCANY	5,303.95
						JAN INTEREST	
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	129,423.91
Fort Bend		10,164.49	10,064.49	95,932.17		96,032.17	82,052.68
						Bank Balance	96,032.17
						Variance	
						Leave in Balance	100.00
						AMERIGROUP NOV QIPP	13,879.49
						JAN INTEREST	
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	82,052.68
Solera at W Hwy		84,121.34	84,021.34	179,657.05		179,757.05	148,541.94
						Bank Balance	179,757.05
						Variance	
						Leave in Balance	100.00
						AMERIGROUP NOV QIPP	13,041.05
						MEDICARE REPAYMENT TO MMC	12,770.11
						MEDICARE REPAYMENT TO TUSCANY	5,303.95
						JAN INTEREST	
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	148,541.94

199,597.94 +
 99,232.17 +
 129,423.91 + *1/ Fort Bend / Broadmoor*
 82,052.68 +
 148,541.94 +
 658,848.64 *

APPROVED ON
 JAN 17 2022
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 658,848.64
 Approved: Anthony Richardson
 ANTHONY RICHARDSON, CFO
 1/17/2022

Ashford Gardens

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
1/14/2022 enhanced analysis charge	105.88						
1/14/2022 HNB - ECHO HCCLAIMPMT 746003411 440000295316	1,793.30					1,793.30	
1/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	7,271.45					7,271.45	
1/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	1,840.80					1,840.80	
1/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	45,709.98					45,709.98	
1/12/2022 Deposit	15,468.21					15,468.21	
1/12/2022 Amerigroup TXSC HCCLAIMPMT 3170012871 111000	41,845.47					41,845.47	
1/12/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	23,150.22					23,150.22	
1/12/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	16,328.78					16,328.78	
1/11/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	776.12					776.12	
1/11/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	403.74					403.74	
1/10/2022 CK 1165	54.90						
1/10/2022 HNB - ECHO HCCLAIMPMT 746003411 440000250874	7,720.23					7,720.23	
1/10/2022 Amerigroup TXSC HCCLAIMPMT 3169768399 111000	1,056.30					1,056.30	
1/10/2022 NOVITAS SOLUTION HCCLAIMPMT 675423 420000135	289.19					289.19	
1/7/2022 HNB - ECHO HCCLAIMPMT 746003411 440000219332	9,038.55					9,038.55	
1/7/2022 NOVITAS SOLUTION HCCLAIMPMT 675423 420000127	133.04					133.04	
1/7/2022 HUMANA CHA DISB HCCLAIMPMT 390860 4200001200	385.00					385.00	
1/7/2022 AMERIGROUP CORPO E-PAYMENT EE52291412 111000	41,881.84	26,795.09	15,086.75			34,338.47	
1/6/2022 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	18,130.68						
1/6/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	550.70					550.70	
1/6/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	1,447.61					1,447.61	
1/5/2022 HNB - ECHO HCCLAIMPMT 746003411 440000253370	871.90					871.90	
1/5/2022 Amerigroup TXSC HCCLAIMPMT 3169535636 111000	3,531.22					3,531.22	
1/5/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	26.00					26.00	
1/5/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	2,861.63					2,861.63	
1/4/2022 Amerigroup TXSC HCCLAIMPMT 3169307273 111000	1,783.45					1,783.45	
1/4/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	4,802.25					4,802.25	
1/3/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	1,075.31					1,075.31	
	18,291.46	26,795.09	15,086.75			34,338.47	

Not approved previously

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
1/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	756.63					756.63	
1/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	36,431.53					36,431.53	
1/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	8,622.92					8,622.92	
1/12/2022 Deposit	8,711.01					8,711.01	
1/12/2022 HNB - ECHO HCCLAIMPMT 746003411 440000227982	2,950.10					2,950.10	
1/12/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	2,633.01					2,633.01	
1/11/2022 NOVITAS SOLUTION HCCLAIMPMT 676357 420000132	1,153.94					1,153.94	
1/11/2022 HUMANA CHA DISB HCCLAIMPMT 390861 4200001304	6,045.00					6,045.00	
1/10/2022 CK 175	40.95						
1/10/2022 CK 177	1,859.91						
1/10/2022 HNB - ECHO HCCLAIMPMT 746003411 440000251888	3,817.98					3,817.98	
1/10/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	10,513.07					10,513.07	
1/7/2022 CK 176	107.93						
1/7/2022 AARP Supplementa HCCLAIMPMT 746003411 124384	927.50					927.50	
1/7/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0.38					0.38	
1/7/2022 NOVITAS SOLUTION HCCLAIMPMT 676357 420000127	856.93					856.93	
1/7/2022 AMERIGROUP CORPO E-PAYMENT EE52291415 111000	17,326.15	11,090.87	6,235.28			14,208.51	
1/6/2022 WIRE OUT CARTEX HEALTH CARE CENTERS III	83,746.46						
1/6/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	12,470.00					12,470.00	
1/6/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0.29					0.29	
1/5/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	1,720.00					1,720.00	
1/5/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	7,598.30					7,598.30	
1/4/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	5,820.00					5,820.00	
1/4/2022 HUMANA CHA DISB HCCLAIMPMT 390861 4200001865	3,160.00					3,160.00	
	85,755.25	11,090.87	6,235.28			14,208.51	

Comcast

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
1/12/2022 Deposit	21,476.59					21,476.59	
1/12/2022 MANAGEANDNET1718 MNS PMNT 00000000003268 41	6,525.50					6,525.50	
1/12/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	15,359.73					15,359.73	
1/12/2022 HUMANA IHS CO HCCLAIMPMT 390864 830000553863	1,389.82					1,389.82	
1/12/2022 HUMANA CHA DISB HCCLAIMPMT 390864 4200001284	20,348.24					20,348.24	
1/12/2022 AARP Supplementa HCCLAIMPMT 746003411 124384	4,452.00					4,452.00	
1/11/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	14,249.40					14,249.40	
1/11/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	10,408.12					10,408.12	
1/11/2022 HUMANA IHS CO HCCLAIMPMT 390864 83000051542	10,117.46					10,117.46	
1/10/2022 CK 204	37.77						
1/10/2022 CK 205	1,859.91						
1/10/2022 MANAGEANDNET1718 MNS PMNT 00000000003268 41	319.50					319.50	
1/10/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000134	809.33					809.33	
1/7/2022 CK 206	107.93						
1/7/2022 HNB - ECHO HCCLAIMPMT 746003411 440000219332	6,164.83					6,164.83	
1/7/2022 AMERIGROUP CORPO E-PAYMENT EE52291414 111000	11,801.14	8,906.59	2,894.55			10,353.87	
1/6/2022 WIRE OUT CARTEX HEALTH CARE CENTERS III	71,940.85						
1/6/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	4,070.00					4,070.00	
1/5/2022 MANAGEANDNET1718 MNS PMNT 00000000003268 41	3,780.00					3,780.00	
1/4/2022 HNB - ECHO HCCLAIMPMT 746003411 440000207045	9,791.20					9,791.20	
1/4/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000175	11,990.35					11,990.35	
1/3/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	4,798.63					4,798.63	
	73,946.46	8,906.59	2,894.55			10,353.87	

Fert Bend

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
1/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	6,416.46					6,416.46	
1/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	2,584.25					2,584.25	
1/14/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	35,267.35					35,267.35	
1/12/2022 Deposit	6,321.93					6,321.93	
1/12/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	12,330.16					12,330.16	
1/11/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	3,496.93					3,496.93	
1/10/2022 CK 170	15.92						
1/10/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	2,386.02					2,386.02	
1/7/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	4,924.82					4,924.82	

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DDA

Data reported as of Jan 17, 2022 12

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,189,546.21	\$7,109,887.97	\$7,189,546.21	\$6,905,098.47
*4551 CAL CO INDIGENT HEALTHCARE	\$5,370.72	\$5,370.72	\$5,370.72	\$5,370.72
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$116,671.50	\$116,671.50	\$116,671.50	\$105,097.30
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.06	\$536.06	\$536.06	\$536.06
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,606,977.56	\$4,517,146.43	\$4,606,977.56	\$4,517,777.25
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.56	\$431.56	\$431.56	\$431.56
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$234,036.41 ✓	\$234,887.51	\$234,036.41	\$177,526.76
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$131,614.74 ✓	\$131,614.74	\$131,614.74	\$85,803.66
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$157,951.84 ✓	\$162,636.13	\$157,951.84	\$157,951.84
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$96,032.17 ✓	\$96,032.17	\$96,032.17	\$51,764.11
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$179,757.05 ✓	\$184,394.55	\$179,757.05	\$164,936.96
*2998 MMC -MONEY MARKET FUND	\$1,109,331.22	\$1,109,331.22	\$1,109,331.22	\$1,109,331.22
*5506 MMC -NH BETHANY SENIOR LIVING	\$269,883.08	\$269,883.08	\$269,883.08	\$269,215.08
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$81,328.29	\$81,328.29	\$81,328.29	\$69,426.29
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$37,442.74	\$37,442.74	\$37,442.74	\$35,611.36
*3407 MMC -NH TUSCANY VILLAGE	\$162,181.27	\$162,181.27	\$162,181.27	\$154,318.30

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 1/17/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Dut	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		139,278.35	✓ 134,178.35	✓ 111,571.50	✓	116,671.50	116,571.50
						Bank Balance	116,671.50
						Variance	-
						Leave in Balance	100.00

JAN INTEREST
 FEB INTEREST
 MAR INTEREST

Adjust Balance/Transfer Amt 116,571.50 ✓

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

Approved: 
 ANTHONY RICHARDSON, CFO

1/17/2022

APPROVED ON

JAN 17 2022

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

Golden Creek

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L opse	QIPP TI	
1/14/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	2,167.86	-	-	-	-	-	2,167.86
1/14/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	6,207.00	-	-	-	-	-	6,207.00
1/14/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	3,199.34	-	-	-	-	-	3,199.34
1/12/2022 Deposit	-	42,354.90	-	-	-	-	-	42,354.90
1/12/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	4,712.00	-	-	-	-	-	4,712.00
1/12/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	1,235.00	-	-	-	-	-	1,235.00
1/11/2022 GOLDENCREEKHEALT MERC DEP 1220356 9100001477	-	1,198.15	-	-	-	-	-	1,198.15
1/11/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	5,565.00	-	-	-	-	-	5,565.00
1/10/2022 CK 150	36.78	-	-	-	-	-	-	-
1/10/2022 CK 151	71,863.91	-	-	-	-	-	-	-
1/10/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	9,507.20	-	-	-	-	-	9,507.20
1/10/2022 ACH SETTLEMENT SERVICE 4105523439 9601693512	-	2,548.40	-	-	-	-	-	2,548.40
1/7/2022 Deposit	-	17,753.03	-	-	-	-	-	17,753.03
1/7/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	9,832.72	-	-	-	-	-	9,832.72
1/6/2022 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	62,277.66	-	-	-	-	-	-	-
1/6/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	285.98	-	-	-	-	-	285.98
1/5/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	4,712.00	-	-	-	-	-	4,712.00
1/3/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	292.92	-	-	-	-	-	292.92
			-	-	-	-	-	-
	134,178.35	111,571.50	-	-	-	-	-	111,571.50

Quick View

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Account Number / Name

Account Type



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DDA

Data reported as of Jan 17, 2022 12

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,189,546.21	\$7,109,887.97	\$7,189,546.21	\$6,905,098.47
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,370.72	\$5,370.72	\$5,370.72	\$5,370.72
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$116,671.50 ✓	\$116,671.50	\$116,671.50	\$105,097.30
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.06	\$536.06	\$536.06	\$536.06
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,606,977.56	\$4,517,146.43	\$4,606,977.56	\$4,517,777.25
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.56	\$431.56	\$431.56	\$431.56
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$234,036.41	\$234,887.51	\$234,036.41	\$177,526.76
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$131,614.74	\$131,614.74	\$131,614.74	\$85,803.66
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$157,951.84	\$162,636.13	\$157,951.84	\$157,951.84
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$96,032.17	\$96,032.17	\$96,032.17	\$51,764.11
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$179,757.05	\$184,394.55	\$179,757.05	\$164,936.96
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,331.22	\$1,109,331.22	\$1,109,331.22	\$1,109,331.22
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$269,883.08	\$269,883.08	\$269,883.08	\$269,215.08
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$81,328.29	\$81,328.29	\$81,328.29	\$69,426.29
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$37,442.74	\$37,442.74	\$37,442.74	\$35,611.36
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$162,181.27	\$162,181.27	\$162,181.27	\$154,318.30

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 1/17/2022

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
Tuscany Village		105,631.82 ✓	105,531.82 ✓	162,081.27 ✓			162,181.27	142,546.21 ✓
						Bank Balance Variance	162,181.27	
						Leave in Balance	100.00	
						AMERIGROUP NOV QJPP	19,535.06 ✓	
						JAN INTEREST		
						FEB INTEREST		
						MAR INTEREST		
						Adjust Balance Transfer Amt	142,546.21 ✓	
						Approved: <i>A. Richardson</i>		1/17/2022
						ANTHONY RICHARDSON, CFO		

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

APPROVED ON
JAN 17 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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DDA

Data reported as of Jan 17, 2022 12

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,189,546.21	\$7,109,887.97	\$7,189,546.21	\$6,905,098.47
*4551 CAL CO INDIGENT HEALTHCARE	\$5,370.72	\$5,370.72	\$5,370.72	\$5,370.72
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$116,671.50	\$116,671.50	\$116,671.50	\$105,097.30
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.06	\$536.06	\$536.06	\$536.06
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,606,977.56	\$4,517,146.43	\$4,606,977.56	\$4,517,777.25
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.56	\$431.56	\$431.56	\$431.56
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$234,036.41	\$234,887.51	\$234,036.41	\$177,526.76
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$131,614.74	\$131,614.74	\$131,614.74	\$85,803.66
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$157,951.84	\$162,636.13	\$157,951.84	\$157,951.84
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$96,032.17	\$96,032.17	\$96,032.17	\$51,764.11
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$179,757.05	\$184,394.55	\$179,757.05	\$164,936.96
*2998 MMC -MONEY MARKET FUND	\$1,109,331.22	\$1,109,331.22	\$1,109,331.22	\$1,109,331.22
*5506 MMC -NH BETHANY SENIOR LIVING	\$269,883.08	\$269,883.08	\$269,883.08	\$269,215.08
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$81,328.29	\$81,328.29	\$81,328.29	\$69,426.29
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$37,442.74	\$37,442.74	\$37,442.74	\$35,611.36
*3407 MMC -NH TUSCANY VILLAGE	\$162,181.27	\$162,181.27	\$162,181.27	\$154,318.30

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 1/17/2022

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		37,070.00 ✓	31,813.32 ✓	32,186.06 ✓			37,442.74	5,495.32 ✓
						Bank Balance Variance	37,442.74	✓
						Leave in Balance	100.00	✓
						UNIDENTIFIED ECHO PAYMENTS (NO CHECK WILL BE WRITTEN FOR THIS AMOUNT YET)	117.61	✓
						Superior QIPP Undistributed	31,729.81	✓
						JAN INTEREST		
						FEB INTEREST		
						MAR INTEREST		
						Adjust Balance/Transfer Amt	5,495.32	✓
Gulf Pointe Plaza-Medicare/Medicaid		24,239.31 ✓	24,139.31 ✓	81,228.29 ✓			81,328.29	81,228.29 ✓
						Bank Balance Variance	81,328.29	✓
						Leave in Balance	100.00	✓
						JAN INTEREST		
						FEB INTEREST		
						MAR INTEREST		
						Adjust Balance/Transfer Amt	81,228.29	✓
						TOTAL TRANSFERS	86,723.61	✓

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: A. Richardson
 ANTHONY RICHARDSON, CFO 1/17/2022

APPROVED ON
JAN 17 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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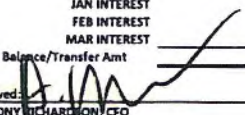
DDA

Data reported as of Jan 17, 2022 12

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,189,546.21	\$7,109,887.97	\$7,189,546.21	\$6,905,098.47
*4551 CAL CO INDIGENT HEALTHCARE	\$5,370.72	\$5,370.72	\$5,370.72	\$5,370.72
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$116,671.50	\$116,671.50	\$116,671.50	\$105,097.30
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.06	\$536.06	\$536.06	\$536.06
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,606,977.56	\$4,517,146.43	\$4,606,977.56	\$4,517,777.25
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.56	\$431.56	\$431.56	\$431.56
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$234,036.41	\$234,887.51	\$234,036.41	\$177,526.76
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$131,614.74	\$131,614.74	\$131,614.74	\$85,803.66
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$157,951.84	\$162,636.13	\$157,951.84	\$157,951.84
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$96,032.17	\$96,032.17	\$96,032.17	\$51,764.11
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$179,757.05	\$184,394.55	\$179,757.05	\$164,936.96
*2998 MMC -MONEY MARKET FUND	\$1,109,331.22	\$1,109,331.22	\$1,109,331.22	\$1,109,331.22
*5506 MMC -NH BETHANY SENIOR LIVING	\$269,883.08	\$269,883.08	\$269,883.08	\$269,215.08
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$81,328.29	\$81,328.29	\$81,328.29	\$69,426.29
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$37,442.74	\$37,442.74	\$37,442.74	\$35,611.36
*3407 MMC -NH TUSCANY VILLAGE	\$162,181.27	\$162,181.27	\$162,181.27	\$154,318.30

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 1/17/2022

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		207,312.81	207,704.81	270,275.08			269,883.08	269,783.08
						Bank Balance	269,883.08	
						Variance		
						Leave in Balance	100.00	

JAN INTEREST
 FEB INTEREST
 MAR INTEREST
 Adjust Balance/Transfer Amt 269,783.08 ✓
 Approved: 
 ANTHONY RICHARDSON, CFO 1/17/2022

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.

APPROVED ON

JAN 17 2022

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	
1/14/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	668.00	-	-	-	-	668.00
1/13/2022 Deposit	-	12,548.74	-	-	-	-	12,548.74
1/13/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	5,799.88	-	-	-	-	5,799.88
1/12/2022 Deposit	-	106,048.23	-	-	-	-	106,048.23
1/11/2022 Deposit	-	7,002.26	-	-	-	-	7,002.26
1/10/2022 CK 1008	72.84	-	-	-	-	-	-
1/10/2022 Deposit	-	7,272.00	-	-	-	-	7,272.00
1/7/2022 Deposit	-	39,280.69	-	-	-	-	39,280.69
1/7/2022 Deposit	-	323.79	-	-	-	-	323.79
1/7/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	6,196.41	-	-	-	-	6,196.41
1/6/2022 WIRE OUT BETHANY SENIOR LIVING, LTD	207,139.97	-	-	-	-	-	-
1/6/2022 Deposit	-	8,027.78	-	-	-	-	8,027.78
1/5/2022 Deposit	-	6,291.00	-	-	-	-	6,291.00
1/5/2022 Deposit	-	5,565.00	-	-	-	-	5,565.00
1/5/2022 NOVITAS SOLUTION HCCLAIMPMT 676481 420000103	-	584.74	-	-	-	-	584.74
1/4/2022 ck1698 dep 01/03 <i>Returned check</i>	492.00	-	-	-	-	-	-
1/4/2022 Deposit	-	12,905.44	-	-	-	-	12,905.44
1/4/2022 Deposit	-	40,697.44	-	-	-	-	40,697.44
1/3/2022 Deposit	-	11,063.68	-	-	-	-	11,063.68
			-	-	-	-	-
	207,704.81	270,275.08	-	-	-	-	270,275.08



Prosperity Bank
 1107 N US Highway 35 Bypass
 Port Lavaca, TX 77979-5102

Member FDIC



PS 3003

Date

01/04/2022

MEMORIAL MEDICAL CENTER
 NH BETHANY SENIOR LIVING
 202 S ANN ST STE A
 PORT LAVACA TX 77979

Deposit Item
 Chargeback Notice

The deposited check listed
 has been debited from your
 account.

Chargeback Reason:

Refer to Make	492.00
Bethany Senior	
Dep. Item Ret. Charge	0.00
Total Debit	492.00

Quick View

Select Quick View Accounts

Account Number / Name

Account Type



Select Group

Groups

DDA

Data reported as of Jan 17, 2022 12

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,189,546.21	\$7,109,887.97	\$7,189,546.21	\$6,905,098.47
*4551 CAL CO INDIGENT HEALTHCARE	\$5,370.72	\$5,370.72	\$5,370.72	\$5,370.72
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$116,671.50	\$116,671.50	\$116,671.50	\$105,097.30
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.06	\$536.06	\$536.06	\$536.06
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,606,977.56	\$4,517,146.43	\$4,606,977.56	\$4,517,777.25
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.56	\$431.56	\$431.56	\$431.56
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$234,036.41	\$234,887.51	\$234,036.41	\$177,526.76
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$131,614.74	\$131,614.74	\$131,614.74	\$85,803.66
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$157,951.84	\$162,636.13	\$157,951.84	\$157,951.84
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$96,032.17	\$96,032.17	\$96,032.17	\$51,764.11
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$179,757.05	\$184,394.55	\$179,757.05	\$164,936.96
*2998 MMC -MONEY MARKET FUND	\$1,109,331.22	\$1,109,331.22	\$1,109,331.22	\$1,109,331.22
*5506 MMC -NH BETHANY SENIOR LIVING	\$269,883.08 ✓	\$269,883.08	\$269,883.08	\$269,215.08
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$81,328.29	\$81,328.29	\$81,328.29	\$69,426.29
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$37,442.74	\$37,442.74	\$37,442.74	\$35,611.36
*3407 MMC -NH TUSCANY VILLAGE	\$162,181.27	\$162,181.27	\$162,181.27	\$154,318.30

Ashford

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 10 2022

MEMORIAL MEDICAL CENTER CHECK REQUEST

CALHOUN COUNTY, TEXAS

P
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MEMORIAL MEDICAL CENTER

Date Requested: 1/10/21

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

APPROVED ON

JAN 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck#001164

AMOUNT \$34,338.47

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP NOVEMBER QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Broadmoor

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 10 2022

MEMORIAL MEDICAL CENTER
CHECK REQUEST

CALHOUN COUNTY, TEXAS

P MEMORIAL MEDICAL CENTER

Date Requested: 1/10/21

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APPROVED ON

JAN 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#000178

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

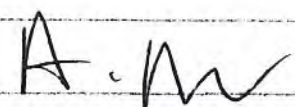
Return Check to Dept

AMOUNT \$14,208.51

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP NOVEMBER QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Crescent

RECEIVED BY THE
COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER
CHECK REQUEST

JAN 10 2022

CALHOUN COUNTY, TEXAS

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MEMORIAL MEDICAL CENTER

Date Requested: 1/10/21

APPROVED ON
JAN 17 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL#FO0207

FOR ACCT. USE ONLY

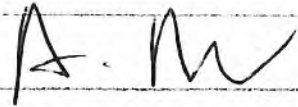
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT \$10,353.87

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP NOVEMBER QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Fort Bend

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 10 2022

MEMORIAL MEDICAL CENTER
CHECK REQUEST

CALHOUN COUNTY, TEXAS

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MEMORIAL MEDICAL CENTER

Date Requested: 1/10/21

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APPROVED ON

JAN 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK # 000171

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

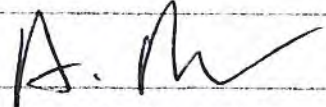
Return Check to Dept

AMOUNT \$13,879.49

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP NOVEMBER QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Solera

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 10 2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
MEMORIAL MEDICAL CENTER

Date Requested: 1/10/21

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APPROVED ON

JAN 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#001207

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

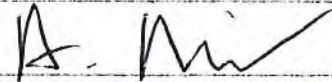
AMOUNT \$13,041.05

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP NOVEMBER QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



Tuscany

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 10 2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 1/10/21

FOR ACCT. USE ONLY

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

APPROVED ON

JAN 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#1090

AMOUNT \$19,535.06

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP NOVEMBER QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
Ashford Gardens								
1/3/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,075.31						1,075.31
1/4/2022 Amerigroup TXSC HCCLAIMPMT 3169307273 111000		3,783.45						3,783.45
1/4/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,802.25						4,802.25
1/5/2022 HNB - ECHO HCCLAIMPMT 746003411 440000253370		871.90						871.90
1/5/2022 Amerigroup TXSC HCCLAIMPMT 3169535636 111000		3,531.22						3,531.22
1/5/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384		26.00						26.00
1/5/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,861.63						2,861.63
1/6/2022 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	18,130.68							
1/6/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		550.70						550.70
1/6/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,447.61						1,447.61
1/7/2022 HNB - ECHO HCCLAIMPMT 746003411 440000219332		9,038.55						9,038.55
1/7/2022 NOVITAS SOLUTION HCCLAIMPMT 675423 420000127		133.04						133.04
1/7/2022 HUMANA CHA DISB HCCLAIMPMT 390860 4200001200		385.00						385.00
1/7/2022 AMERIGROUP CORPO E-PAYMENT EES2291412 111000		41,881.84	26,795.09	15,086.75			34,338.47	7,543.38
	18,130.68	70,388.50	26,795.09	15,086.75			34,338.47	36,050.04

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
Broadmoor								
1/4/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,820.00						5,820.00
1/4/2022 HUMANA CHA DISB HCCLAIMPMT 390861 4200001865		3,160.00						3,160.00
1/5/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384		1,720.00						1,720.00
1/5/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,598.30						7,598.30
1/6/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	83,746.45							
1/6/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384		12,470.00						12,470.00
1/6/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		0.29						0.29
1/7/2022 CK176	107.93							
1/7/2022 AARP Supplements HCCLAIMPMT 746003411 124384		927.50						927.50
1/7/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		0.38						0.38
1/1/2022 NOVITAS SOLUTION HCCLAIMPMT 676357 420000127		856.93						856.93
1/7/2022 AMERIGROUP CORPO E-PAYMENT EES2291415 111000		17,326.15	11,090.87	6,235.28			14,208.51	3,117.64
	83,854.39	49,879.55	11,090.87	6,235.28			14,208.51	35,671.04

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
Crescent								
1/3/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,798.63						4,798.63
1/4/2022 HNB - ECHO HCCLAIMPMT 746003411 440000207045		9,791.20						9,791.20
1/4/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000175		11,990.35						11,990.35
1/5/2022 MANAGEANDNET1718 MNS PMNT 000000000003268 41		3,780.00						3,780.00
1/6/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	71,940.85							
1/6/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384		4,070.00						4,070.00
1/7/2022 CK206	107.93							
1/7/2022 HNB - ECHO HCCLAIMPMT 746003411 440000219332		6,164.83						6,164.83
1/7/2022 AMERIGROUP CORPO E-PAYMENT EES2291414 111000		11,801.14	8,906.59	2,894.55			10,353.87	1,447.28
	72,048.78	52,396.15	8,906.59	2,894.55			10,353.87	42,042.29

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
East Road								
1/5/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,272.53						5,272.53
1/6/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	10,048.57							
1/7/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,924.82						4,924.82
1/1/2022 AMERIGROUP CORPO E-PAYMENT EES2291411 111000		16,931.72	10,827.25	6,104.47			13,879.49	3,052.24
	10,048.57	27,129.07	10,827.25	6,104.47			13,879.49	13,249.59

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
Belera at West Houston								
1/3/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,226.00						2,226.00
1/4/2022 Amerigroup TXSC HCCLAIMPMT 3169307281 111000		301.85						301.85
1/4/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000175		2,049.71						2,049.71
1/4/2022 HUMANA INS CD HCCLAIMPMT 390862 830000589426		3,593.53						3,593.53
1/4/2022 HUMANA INS CD HCCLAIMPMT 390862 830000589962		14,986.43						14,986.43
1/4/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001865		7,905.00						7,905.00
1/4/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001864		13,950.00						13,950.00
1/6/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	82,001.09							
1/6/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3,869.04						3,869.04
1/7/2022 CK1205	107.93							
1/7/2022 Deposit		9,511.76						9,511.76
1/7/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384		500.00						500.00
1/7/2022 Amerigroup TXSC HCCLAIMPMT 3169714212 111000		268.82						268.82
1/7/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		216.35						216.35
1/7/2022 AMERIGROUP CORPO E-PAYMENT EES2291413 111000		15,574.96	10,507.14	5,067.82			13,041.05	2,533.91
	82,109.02	74,953.45	10,507.14	5,067.82			13,041.05	61,912.40
TOTALS	266,191.44	274,746.72	68,126.94	35,388.87			85,821.38	188,925.35

RECEIVED BY THE COUNTY AUDITOR ON

JAN 10 2022

CALHOUN COUNTY, TEXAS

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

001166

Date 1/19/22 88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center \$ 34,338.47

Thirty Four thousand three hundred thirty eight & 47/100 DOLLARS



FOR Amerigroup Nov Qipp.

Security features are included. Details on back.

⑈001166⑈ ⑆113122655⑆

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

000178

Date 1/19/22 88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center \$ 14,208.51

Fourteen thousand two hundred eight & 51/100 DOLLARS



FOR Amerigroup Nov Qipp.

Security features are included. Details on back.

⑈000178⑈ ⑆113122655⑆

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

000207

Date 1/19/22 88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center \$ 10,353.87

Ten thousand three hundred fifty three & 87/100 DOLLARS



FOR _____

Security features are included. Details on back.

⑈000207⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000171

Date 1/19/22

88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center

\$ 13,879.49

Thirteen thousand eight hundred Seventy ^{Nine} ~~four~~ $\frac{9}{100}$ DOLLARS



FOR _____

Security features are included. Details on back.

⑈000171⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001207

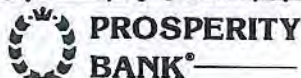
Date 1/19/22

88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center

\$ 13,041.05

Thirteen thousand forty one $\frac{5}{100}$ DOLLARS



FOR Amenigroup Nov Qipp

Security features are included. Details on back.

⑈001207⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1090

88-2265/1131-87

DATE 1/19/22

CHECK AGAINST PHOTO

PAY TO THE ORDER OF Memorial Medical Center

\$ 19,535.06

Nineteen thousand five hundred thirty five $\frac{6}{100}$ DOLLARS



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

Photo Safe Deposit Details on back

FOR Amenigroup Nov Qipp

⑈001090⑈ ⑆113122655⑆

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

1/10/2021

NH Name	From Bank Acct #	Ck #	Payee	GL #	AMERIGROUP NOV QIPP			TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	34,338.47			34,338.47	1/10/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	14,208.51			14,208.51	1/10/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	10,353.87			10,353.87	1/10/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	13,879.49			13,879.49	1/10/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	13,041.05			13,041.05	1/10/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040				-	1/10/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040				-	1/10/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001					-	1/10/2021
Bethany			MMC -Prosperity Operating #10000001					-	1/10/2021
Tuscany			MMC -Prosperity Operating #10000001	10255040	19,535.06			19,535.06	1/10/2021
			Total:		105,356.45			105,356.45	

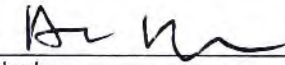
Note:

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 10 2022

CALHOUN COUNTY, TEXAS

Approved:



Anthony Richardson

1/10/2021

RUN DATE:01/19/22
TIME:13:59

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/19/22 THRU 01/19/22

PAGE 4
GLCKREG

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

NHB 000178 01/19/22 14,208.51 MEMORIAL MEDICAL CENTER
NHB 000179 01/19/22 12,770.11 MEMORIAL MEDICAL CENTER
NHB 000180 01/19/22 5,303.95 TUSCANY
TOTALS: 32,282.57

Broadmoor

APPROVED ON

JAN 19 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:01/19/22
TIME:13:59

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/19/22 THRU 01/19/22

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000207 01/19/22 10,353.87 MEMORIAL MEDICAL CENTER
NHC 000208 01/19/22 12,770.11 MEMORIAL MEDICAL CENTER
NHC 000209 01/19/22 5,303.95 TUSCANY
TOTALS: 28,427.93

Crescent

APPROVED ON

JAN 19 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:01/19/22
TIME:13:59

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/19/22 THRU 01/19/22

PAGE 7
GLCKREG

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

NHS 001207 01/19/22 13,041.05 MEMORIAL MEDICAL CENTER
NHS 001208 01/19/22 12,770.11 MEMORIAL MEDICAL CENTER
NHS 001209 01/19/22 5,303.95 TUSCANY
TOTALS: 31,115.11

Solera

APPROVED ON

JAN 19 2022

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CALHOUN COUNTY, TEXAS**

RUN DATE:01/19/22
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MEMORIAL MEDICAL CENTER
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PAGE 3
GLCKREG

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CODE NUMBER DATE AMOUNT PAYEE

NHA 001166 01/19/22 34,338.47 MEMORIAL MEDICAL CENTER
TOTALS: 34,338.47

Ashford

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JAN 19 2022

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MEMORIAL MEDICAL CENTER
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PAGE 6
GLCKREG

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CODE NUMBER DATE AMOUNT PAYEE

NHF 000171 01/19/22 13,879.49 MEMORIAL MEDICAL CENTER *Fort Bend*
TOTALS: 13,879.49

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TIME:13:59

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PAGE 8
GLCKREG

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CODE NUMBER DATE AMOUNT PAYEE

TUS 001090 01/19/22 19,535.06 MEMORIAL MEDICAL CENTER
TOTALS: 19,535.06

Tuscany

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JAN 19 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**