

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 26, 2022

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 752,710.42
TOTAL TRANSFERS BETWEEN FUNDS	\$ 55,040.50
TOTAL NURSING HOME UPL EXPENSES	\$ 645,779.77
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED January 26, 2022	\$ 1,453,530.69

APPROVED

JAN 26 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---January 26, 2022

PAYABLES AND PAYROLL

1/20/2022 Weekly Payables	732,027.29
1/13/2022 Citibank Credit Card-see attached	4,675.90
1/24/2022 McKesson-340B Prescription Expense	14,606.52
1/24/2022 Amerisource Bergen-340B Prescription Expense	675.51

Prosperity Electronic Bank Payments

1/18-1/21/22 Pay Plus-Patient Claims Processing Fee	111.00
1/21/2022 ExpertPay- child support	614.20

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 752,710.42**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

1/20/2022 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	2,287.49
1/20/2022 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	26,597.47
1/20/2022 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	14,552.50

MEDICARE ADVANCE PAYMENT RECOUP

1/24/2022 Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	2,661.52
1/24/2022 Broadmoor to Tuscany Village-correction of Broadmoor medical recoup taken from Tuscany Village	1,206.16
1/24/2022 Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	2,661.52
1/24/2022 Crescent to Tuscany Village-correction of Crecent medicare recoup taken from Tuscany Village	1,206.16
1/24/2022 Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	2,661.52
1/24/2022 Solera to Tuscany Village-correction of Solera medicare recoup taken from Tuscany Village	1,206.16

TOTAL TRANSFERS BETWEEN FUNDS **\$ 55,040.50**

NURSING HOME UPL EXPENSES

1/24/2022 Nursing Home UPL-Cantex Transfer	455,470.59
1/24/2022 Nursing Home UPL-Nexion Transfer	6,663.76
1/24/2022 Nursing Home UPL-HMG Transfer	38,063.80
1/24/2022 Nursing Home UPL-Tuscany Transfer	59,803.11
1/24/2022 Nursing Home UPL-HSL Transfer	85,778.51

TOTAL INTER-GOVERNMENT TRANSFERS **\$ -**

GRAND TOTAL DISBURSEMENTS APPROVED January 26, 2022 **\$ 1,453,530.69**

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 20 2022

01/20/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Due Dates Through: 02/09/2022

ap_open_invoice.template

Vendor#	Vendor Name		Class	Pay Code							
11237	3WON, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2770 ✓		01/01/20	01/03/20	02/03/20		1,393.00	0.00	0.00	1,393.00 ✓		
PRACTITIONER CREDITIALINC											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11237	3WON, LLC				1,393.00	0.00	0.00	1,393.00		
Vendor#	Vendor Name		Class	Pay Code							
10995	ABILITY NETWORK (SHIFTHOUND) ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
22M0000048 ✓		01/11/20	01/07/20	02/06/20		616.28	0.00	0.00	616.28 ✓		
SHIFTHOUND											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10995	ABILITY NETWORK (SHIFTHOUND)				616.28	0.00	0.00	616.28		
Vendor#	Vendor Name		Class	Pay Code							
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9121178296 ✓		01/12/20	12/31/20	01/30/20		2,316.23	0.00	0.00	2,316.23 ✓		
RENTALS											
9985341772 ✓		01/18/20	12/31/20	01/25/20		770.24	0.00	0.00	770.24 ✓		
OXYGEN											
9985341773 ✓		01/18/20	12/31/20	01/25/20		207.22	0.00	0.00	207.22 ✓		
OXYGEN											
9985341771 ✓		01/18/20	12/31/20	01/25/20		518.79	0.00	0.00	518.79 ✓		
OXYGEN											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	A1680	AIRGAS USA, LLC - CENTRAL DIV				3,812.48	0.00	0.00	3,812.48		
Vendor#	Vendor Name		Class	Pay Code							
10958	ALLYSON SWOPE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
011922		01/19/20	01/01/20	01/14/20		2,396.25	0.00	0.00	2,396.25 ✓		
CODING											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10958	ALLYSON SWOPE				2,396.25	0.00	0.00	2,396.25		
Vendor#	Vendor Name		Class	Pay Code							
A1760	AMERICAN ACADEMY OF PEDIATRICS ✓		W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
15696305 ✓		01/17/20	01/05/20	02/05/20		372.18	0.00	0.00	372.18 ✓		
NRP MATERIALS											
15660057 ✓		01/19/20	11/08/20	01/13/20		113.90	0.00	0.00	113.90 ✓		
SUPPLIES											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	A1760	AMERICAN ACADEMY OF PEDIATRICS				486.08	0.00	0.00	486.08		
Vendor#	Vendor Name		Class	Pay Code							
A2218	AQUA BEVERAGE COMPANY ✓		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
176735 ✓		01/19/20	12/31/20	01/25/20		53.00	0.00	0.00	53.00 ✓		
WATER											

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		A2218	AQUA BEVERAGE COMPANY	53.00	0.00	0.00	53.00		
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
2437003 ✓		01/18/20	01/10/20	02/09/20		2,646.50	0.00	0.00	2,646.50 ✓
	TRAVEL LAB STAFFING (12/27/21-12/30/21) Hawkins								
2436852 ✓		01/18/20	01/10/20	02/09/20		2,830.75	0.00	0.00	2,830.75 ✓
	TRAVEL LAB STAFFING (12/24/21-12/30/21) Stribley								
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		A0400	AUREUS RADIOLOGY LLC	5,477.25	0.00	0.00	5,477.25		
Vendor#	Vendor Name	Class	Pay Code						
A2600	AUTO PARTS & MACHINE CO. ✓	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
976022 ✓		01/18/20	01/13/20	01/28/20		42.47	0.00	0.00	42.47 ✓
	SUPPLIES								
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		A2600	AUTO PARTS & MACHINE CO.	42.47	0.00	0.00	42.47		
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
73504499 ✓		01/18/20	01/06/20	01/31/20		821.15	0.00	0.00	821.15 ✓
	SUPPLIES								
73509717 ✓		01/18/20	01/07/20	02/01/20		136.22	0.00	0.00	136.22 ✓
	SUPPLIES								
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		B1150	BAXTER HEALTHCARE	957.37	0.00	0.00	957.37		
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
6009655044 ✓		01/18/20	01/04/20	01/18/20		1,490.30	0.00	0.00	1,490.30 ✓
	SUPPLIES								
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		M2485	BAYER HEALTHCARE	1,490.30	0.00	0.00	1,490.30		
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
109615142 ✓		01/18/20	01/17/20	02/11/20		1,288.45	0.00	0.00	1,288.45 ✓
	LEASE								
109611179 ✓		01/18/20	01/13/20	02/07/20		149.32	0.00	0.00	149.32 ✓
	FREIGHT								
5452069 ✓		01/18/20	01/13/20	02/07/20		5,016.58	0.00	0.00	5,016.58 ✓
	LEASE								
109612395 ✓		01/18/20	01/13/20	02/07/20		39.12	0.00	0.00	39.12 ✓
	SUPPLIES								
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		B1220	BECKMAN COULTER INC	6,493.47	0.00	0.00	6,493.47		
Vendor#	Vendor Name	Class	Pay Code						
14272	BESTICA ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMM0004 ✓		01/11/20	01/05/20	02/05/20		19,884.63	0.00	0.00	19,884.63

TRAVEL NURSE STAFFING (12/1-12/31) 21) Black

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				14272	BESTICA					19,884.63	0.00	0.00	19,884.63 ✓
12324	BLUE CROSS BLUE SHIELD ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
	011822A		01/19/20	01/18/20	02/01/20			1,516.83	0.00	0.00	1,516.83 ✓		
	COBRA FEB 22												
	011822		01/19/20	01/18/20	02/01/20			235,847.81	0.00	0.00	235,847.81 ✓		
	PAYROLL DEDUCT FEB 22												
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				12324	BLUE CROSS BLUE SHIELD					237,364.64	0.00	0.00	237,364.64
B0437	C R BARD INC ✓		M										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
	83539894 ✓		01/14/20	12/20/20	02/05/20			668.70	0.00	0.00	668.70 ✓		
	SUPPLIES												
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				B0437	C R BARD INC					668.70	0.00	0.00	668.70
14260	CAREFUSION SOLUTIONS, LLC ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
	10018110668 ✓		01/17/20	01/08/20	01/08/20			516.00	0.00	0.00	516.00 ✓		
	SUPPLIES												
	10018195595 ✓		01/19/20	01/10/20	02/01/20			2.00	0.00	0.00	2.00 ✓		
	SUPPLIES												
	10018195587 ✓		01/19/20	01/10/20	02/01/20			1,788.00	0.00	0.00	1,788.00 ✓		
	PYXIS EQUIPMENT												
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				14260	CAREFUSION SOLUTIONS, LLC					2,306.00	0.00	0.00	2,306.00
13992	CARIANT HEALTH PARTNERS ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
	131277		01/10/20	01/05/20	02/05/20			2,410.62	0.00	0.00	2,410.62 ✓		
	TRAVEL NURSE STAFFING (12/24-12/31) Forbus												
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				13992	CARIANT HEALTH PARTNERS					2,410.62	0.00	0.00	2,410.62
C1390	CENTRAL DRUG ✓		W										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
	011522		01/17/20	12/31/20	02/05/20			24.25	0.00	0.00	24.25 ✓		
	ADJUSTMENTS												
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				C1390	CENTRAL DRUG					24.25	0.00	0.00	24.25
13264	CERVEY, LLC ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
	14203 ✓		01/17/20	01/10/20	02/04/20			1,699.00	0.00	0.00	1,699.00 ✓		
	MONTHLY LICENSING FEE												
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				13264	CERVEY, LLC					1,699.00	0.00	0.00	1,699.00

Vendor#	Vendor Name	Class	Pay Code								
10786	CLINICAL PATHOLOGY ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	2021120	-0	01/18/20	12/31/20	01/25/20		16,155.13	0.00	0.00	16,155.13	✓
	17654-202112 PATHOLOGY SERVICES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		10786	CLINICAL PATHOLOGY				16,155.13	0.00	0.00	16,155.13	
C1166	COASTAL OFFICE SOLUTONS ✓	W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	OEQT192181 ✓		01/17/20	12/10/20	12/20/20		218.03	0.00	0.00	218.03	✓
	SUPPLIES										
	OEQT192891 ✓		01/17/20	12/30/20	02/05/20		708.00	0.00	0.00	708.00	✓
	SUPPLIES										
	OEQT193911 ✓		01/17/20	01/12/20	01/22/20		8.02	0.00	0.00	8.02	✓
	SUPPLIES										
	OEQT192021 ✓		01/17/20	01/14/20	01/24/20		312.50	0.00	0.00	312.50	✓
	SUPPLIES										
	OE338731 ✓		01/18/20	01/14/20	01/24/20		167.06	0.00	0.00	167.06	✓
	SUPPLIES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		C1166	COASTAL OFFICE SOLUTONS				1,413.61	0.00	0.00	1,413.61	
C2157	COOPER SURGICAL INC ✓	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	6076851 ✓		01/17/20	12/21/20	01/17/20		964.63	0.00	0.00	964.63	✓
	SUPPLIES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		C2157	COOPER SURGICAL INC				964.63	0.00	0.00	964.63	
14080	CORROHEALTH, INC. ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	51673 ✓		01/18/20	01/05/20	02/04/20		2,368.85	0.00	0.00	2,368.85	✓
	CODING SERVICES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		14080	CORROHEALTH, INC.				2,368.85	0.00	0.00	2,368.85	
C1443	CYGNUS MEDICAL LLC ✓	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	365535 ✓		01/14/20	01/05/20	02/05/20		419.00	0.00	0.00	419.00	✓
	SUPPLIES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		C1443	CYGNUS MEDICAL LLC				419.00	0.00	0.00	419.00	
11011	DIAMOND HEALTHCARE CORP ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	IN20055116 ✓		01/18/20	01/03/20	01/28/20		31,144.58	0.00	0.00	31,144.58	✓
	BEHAVIORAL HEALTH DEC 21										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		11011	DIAMOND HEALTHCARE CORP				31,144.58	0.00	0.00	31,144.58	
Vendor#	Vendor Name	Class	Pay Code								

10789	DISCOVERY MEDICAL NETWORK INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
MMC011522 ✓		01/18/20	01/15/20	01/15/20		216,801.63	0.00	0.00	216,801.63 ✓		
	<i>Physician Services Jan 1-15, 2022</i>										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10789	DISCOVERY MEDICAL NETWORK INC				216,801.63	0.00	0.00	216,801.63		
Vendor#	Vendor Name					Class	Pay Code				
14706	EMDTEC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
10066 ✓		01/19/20	01/13/20	01/28/20		995.00	0.00	0.00	995.00 ✓		
	CUSTOM CRYSTAL REPORT										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	14706	EMDTEC				995.00	0.00	0.00	995.00		
Vendor#	Vendor Name					Class	Pay Code				
10042	ERBE USA INC SURGICAL SYSTEMS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
725792 ✓		01/18/20	01/10/20	01/18/20		139.50	0.00	0.00	139.50 ✓		
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10042	ERBE USA INC SURGICAL SYSTEMS				139.50	0.00	0.00	139.50		
Vendor#	Vendor Name					Class	Pay Code				
S0501	EVOQUA WATER TECHNOLOGIES LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
905193765 ✓		01/14/20	12/29/20	01/23/20		752.93	0.00	0.00	752.93 ✓		
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	S0501	EVOQUA WATER TECHNOLOGIES LLC				752.93	0.00	0.00	752.93		
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		
762808395 ✓		01/18/20	01/13/20	02/07/20		114.40	0.00	0.00	114.40 ✓		
	FREIGHT										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	F1100	FEDERAL EXPRESS CORP.				114.40	0.00	0.00	114.40		
Vendor#	Vendor Name					Class	Pay Code				
F1400	FISHER HEALTHCARE ✓					M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
7970862 ✓		01/12/20	01/10/20	02/04/20		1,079.58	0.00	0.00	1,079.58 ✓		
	SUPPLIES										
7970859 ✓		01/12/20	01/10/20	02/04/20		448.21	0.00	0.00	448.21 ✓		
	SUPPLIES										
7585970 ✓		01/17/20	12/29/20	01/23/20		512.05	0.00	0.00	512.05 ✓		
	SUPPLIES										
2559536 ✓		01/18/20	09/17/20	10/12/20		954.96	0.00	0.00	954.96 ✓		
	SUPPLIES										
7662681 ✓		01/18/20	12/31/20	01/25/20		10.16	0.00	0.00	10.16 ✓		
	SUPPLIES										
7908467 ✓		01/18/20	01/07/20	02/01/20		494.89	0.00	0.00	494.89 ✓		
	SUPPLIES										
8127386 ✓		01/18/20	01/12/20	02/06/20		434.28	0.00	0.00	434.28 ✓		
	SUPPLIES										

8127381	✓		01/18/20.01/12/20 02/06/20				172.93	0.00	0.00	172.93	✓	
			SUPPLIES									
7841098	✓		01/19/20 01/06/20 01/31/20				11,382.87	0.00	0.00	11,382.87	✓	
			TSX REF BLOOD									
8048382	✓		01/19/20.01/11/20 02/05/20				683.13	0.00	0.00	683.13	✓	
			SUPPLIES									
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			F1400	FISHER HEALTHCARE			16,173.06	0.00	0.00	16,173.06		
Vendor#	Vendor Name		Class	Pay Code								
12944	FRASIER HEALTHCARE CONSULTING,		✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
19157	✓		01/19/20	01/17/20	01/17/20		10,627.06	0.00	0.00	10,627.06	✓	
			COLLECTIONS DEC 2021									
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			12944	FRASIER HEALTHCARE CONSULTING,			10,627.06	0.00	0.00	10,627.06		
Vendor#	Vendor Name		Class	Pay Code								
11183	FRONTIER		✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
010222	✓		01/18/20	01/02/20	01/26/20		1,113.86	0.00	0.00	1,113.86	✓	
			TELEPHONE SERVICES									
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			11183	FRONTIER			1,113.86	0.00	0.00	1,113.86		
Vendor#	Vendor Name		Class	Pay Code								
13960	G & S MANAGEMENT GROUP LLC		✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
340384043	✓		01/05/20	01/04/20	02/04/20		254.42	0.00	0.00	254.42	✓	
			TRASH SERVICE									
340384042	✓		01/05/20	01/04/20	02/04/20		2,117.82	0.00	0.00	2,117.85	2,117.82	
			TRASH SERVICE (Sales tax)									
340384044	✓		01/05/20	01/04/20	02/04/20		337.92	0.00	0.00	337.92	✓	
			TRASH SERVICE									
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			13960	G & S MANAGEMENT GROUP LLC			2,710.16	0.00	0.00	2,768.19	2,710.16	
Vendor#	Vendor Name		Class	Pay Code								
G0100	GE HEALTHCARE		✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
202813064	✓		01/14/20	01/05/20	02/05/20		46.35	0.00	0.00	46.35	✓	
			SUPPLIES									
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			G0100	GE HEALTHCARE			46.35	0.00	0.00	46.35		
Vendor#	Vendor Name		Class	Pay Code								
13148	GRACE FLOORING AND GLASS		✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
000838	✓		01/18/20	01/11/20	01/11/20		50.00	0.00	0.00	50.00	✓	
			BID measuring of floor carpentry									
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			13148	GRACE FLOORING AND GLASS			50.00	0.00	0.00	50.00		
Vendor#	Vendor Name		Class	Pay Code								
11984	GUERBET, LLC		✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
18583221	✓		01/14/20	01/05/20	02/05/20		350.00	0.00	0.00	350.00	✓	

SUPPLIES

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11984	GUERBET, LLC	350.00	0.00	0.00	350.00		
Vendor#	Vendor Name			Class	Pay Code				
G1210	GULF COAST PAPER COMPANY ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21634993 ✓	SUPPLIES	01/10/20	01/04/20	02/03/20		571.58	0.00	0.00	571.58 ✓
2163529 ✓	SUPPLIES	01/11/20	01/04/20	02/03/20		57.91	0.00	0.00	57.91 ✓
2163713 ✓	SUPPLIES	01/12/20	01/04/20	02/03/20		37.08	0.00	0.00	37.08 ✓
2147533A ✓	SUPPLIES	01/14/20	11/30/20	02/09/20		39.04	0.00	0.00	39.04 ✓
2167872 ✓	SUPPLIES	01/14/20	01/11/20	02/09/20		88.26	0.00	0.00	88.26 ✓
2167547 ✓	SUPPLIES	01/14/20	01/11/20	02/09/20		213.30	0.00	0.00	213.30 ✓
2167614 ✓	SUPPLIES	01/14/20	01/11/20	02/09/20		902.40	0.00	0.00	902.40 ✓
2167874 ✓	SUPPLIES	01/14/20	01/11/20	02/09/20		176.52	0.00	0.00	176.52 ✓
2167611 ✓	SUPPLIES	01/14/20	01/11/20	02/09/20		95.46	0.00	0.00	95.46 ✓
2167609 ✓	SUPPLIES	01/14/20	01/11/20	02/09/20		41.73	0.00	0.00	41.73 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		G1210	GULF COAST PAPER COMPANY	2,223.28	0.00	0.00	2,223.28		
Vendor#	Vendor Name			Class	Pay Code				
H1227	HEALTHSURE INSURANCE SERVICES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2536B ✓	RENEWAL	01/18/20	01/07/20	01/07/20		1,087.62	0.00	0.00	1,087.62 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		H1227	HEALTHSURE INSURANCE SERVICES	1,087.62	0.00	0.00	1,087.62		
Vendor#	Vendor Name			Class	Pay Code				
H0416	HOLOGIC INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9981858 ✓	SUPPLIES	01/18/20	01/05/20	01/18/20		236.25	0.00	0.00	236.25 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		H0416	HOLOGIC INC	236.25	0.00	0.00	236.25		
Vendor#	Vendor Name			Class	Pay Code				
I1260	INTOXIMETERS INC ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
697281 ✓	SUPPLIES	01/18/20	01/10/20	02/04/20		166.50	0.00	0.00	166.50 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		I1260	INTOXIMETERS INC	166.50	0.00	0.00	166.50		
Vendor#	Vendor Name			Class	Pay Code				
12932	INTRADO ✓								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
237774	✓	01/19/20	12/31/20	01/30/20		571.41	0.00	0.00	571.41 ✓
HOUSE CALLS									
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
	12932	INTRADO				571.41	0.00	0.00	571.41
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
711427	✓	01/17/20	12/01/20	12/01/20		250.00	0.00	0.00	250.00 ✓
MONTHLY PHONE SUPPORT I									
Vendor Total#	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
927786836	✓	01/17/20	01/10/20	02/09/20		770.69	0.00	0.00	770.69 ✓
SUPPLIES									
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC				770.69	0.00	0.00	770.69
Vendor#	Vendor Name		Class	Pay Code					
12628	LEGATO ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
C2183	✓	01/19/20	12/31/20	01/30/20		667.50	0.00	0.00	667.50 ✓
STAFF APPRECIATION BILLBOARD									
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
	12628	LEGATO				667.50	0.00	0.00	667.50
Vendor#	Vendor Name		Class	Pay Code					
11612	MASA GLOBAL BUILDING ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
020122		01/19/20	02/01/20	02/01/20		1,652.00	0.00	0.00	1,652.00 ✓
PAYROLL DEDUCT									
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
	11612	MASA GLOBAL BUILDING				1,652.00	0.00	0.00	1,652.00
Vendor#	Vendor Name		Class	Pay Code					
12588	MEDICAL TECHNOLOGY ASSOCIATES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV189912	✓	01/18/20	09/08/20	10/03/20		237.09	0.00	0.00	237.09 ✓
SUPPLIES									
INV192206	✓	01/18/20	10/29/20	11/23/20		1,042.84	0.00	0.00	1,042.84 ✓
PURCHASE SERVICES									
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
	12588	MEDICAL TECHNOLOGY ASSOCIATES				1,279.93	0.00	0.00	1,279.93
Vendor#	Vendor Name		Class	Pay Code					
M2470	MEDLINE INDUSTRIES INC ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1980994636		01/14/20	01/05/20	02/04/20		34.56	0.00	0.00	34.56
SUPPLIES									
1967005859A	✓	01/17/20	09/21/20	10/16/20		50.52	0.00	0.00	50.52 ✓
SUPPLIES									
1967464380	✓	01/17/20	09/23/20	02/05/20		-2.73	0.00	0.00	-2.73 ✓
CREDIT									

1967464382	✓	01/17/20.09/23/20 02/05/20	-36.83	0.00	0.00	-36.83	✓
		CREDIT					
1967464379	✓	01/17/20.09/23/20 02/05/20	-43.85	0.00	0.00	-43.85	✓
		CREDIT					
1967464413	✓	01/18/20.09/23/20 10/18/20	-103.16	0.00	0.00	-103.16	✓
		CREDIT					
1967464418	✓	01/18/20.09/23/20 10/18/20	-2.48	0.00	0.00	-2.48	✓
		CREDIT					
19674664420	✓	01/18/20.09/23/20 10/18/20	-55.27	0.00	0.00	-55.27	✓
		CREDIT					
1967464411	✓	01/18/20.09/23/20 10/18/20	-0.53	0.00	0.00	-0.53	✓
		CREDIT					
1967464383	✓	01/18/20.09/23/20 10/18/20	-27.63	0.00	0.00	-27.63	✓
		CREDIT					
1967464407	✓	01/18/20.09/23/20 10/18/20	-23.81	0.00	0.00	-23.81	✓
		CREDIT					
1967464406	✓	01/18/20.09/23/20 10/18/20	-35.30	0.00	0.00	-35.30	✓
		CREDIT					
1967464408	✓	01/18/20.09/23/20 10/18/20	-23.81	0.00	0.00	-23.81	✓
		CREDIT					
1967464415	✓	01/18/20.09/23/20 10/18/20	-11.90	0.00	0.00	-11.90	✓
		CREDIT					
1967464417	✓	01/18/20.09/23/20 10/18/20	-2.48	0.00	0.00	-2.48	✓
		CREDIT					
1967464419	✓	01/18/20.09/23/20 10/18/20	-2.48	0.00	0.00	-2.48	✓
		CREDIT					
1967464392	✓	01/18/20.09/23/20 10/18/20	-17.13	0.00	0.00	-17.13	✓
		CREDIT					
1967464421	✓	01/18/20.09/23/20 10/18/20	-7.14	0.00	0.00	-7.14	✓
		CREDIT					
1981080375	✓	01/18/20.01/05/20 01/30/20	41.49	0.00	0.00	41.49	✓
		SUPPLIES					
1981080387	✓	01/18/20.01/05/20 01/30/20	1,547.08	0.00	0.00	1,547.08	✓
		SUPPLIES					
1981168245	✓	01/18/20.01/05/20 01/30/20	1,448.13	0.00	0.00	1,448.13	✓
		SUPPLIES					
1981080372	✓	01/18/20.01/05/20 01/30/20	6.68	0.00	0.00	6.68	✓
		SUPPLIES					
1980994634	✓	01/18/20.01/05/20 01/30/20	21,570.77	0.00	0.00	21,570.77	✓
		SUPPLIES					
1981080368	✓	01/18/20.01/05/20 01/30/20	193.10	0.00	0.00	193.10	✓
		SUPPLIES					
1980994631	✓	01/18/20.01/05/20 01/30/20	11,254.31	0.00	0.00	11,254.31	✓
		SUPPLIES					
1981080378	✓	01/18/20.01/05/20 01/30/20	589.23	0.00	0.00	589.23	✓
		SUPPLIES					
1981080382	✓	01/18/20.01/05/20 01/30/20	146.13	0.00	0.00	146.13	✓
		SUPPLIES					
1981080364	✓	01/18/20.01/05/20 01/30/20	239.24	0.00	0.00	239.24	✓
		SUPPLIES					
1981080369	✓	01/18/20.01/05/20 01/30/20	77.67	0.00	0.00	77.67	✓
		SUPPLIES					

		SUPPLIES									
1981080371	✓		01/18/20	01/05/20	01/30/20			77.67	0.00	0.00	77.67 ✓
		SUPPLIES									
1981080380	✓		01/18/20	01/05/20	01/30/20			11.49	0.00	0.00	11.49 ✓
		SUPPLIES									
1981363823	✓		01/18/20	01/06/20	01/31/20			62.22	0.00	0.00	62.22 ✓
		SUPPLIES									
1981374080	✓		01/18/20	01/07/20	02/01/20			33.19	0.00	0.00	33.19 ✓
		SUPPLIES									
1981374078	✓		01/18/20	01/07/20	02/01/20			115.08	0.00	0.00	115.08 ✓
		SUPPLIES									
1981080362	✓		01/19/20	01/05/20	01/30/20			64.61	0.00	0.00	64.61 ✓
		SUPPLIES									
1981930480	✓		01/19/20	01/11/20	02/05/20			37.72	0.00	0.00	37.72 ✓
		SUPPLIES									
1981930482	✓		01/19/20	01/11/20	02/05/20			187.27	0.00	0.00	187.27 ✓
		SUPPLIES									
Vendor Totals		Number Name						Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC					37,391.63	0.00	0.00	37,391.63
Vendor#	Vendor Name		Class	Pay Code							
M2621	MMC AUXILIARY GIFT SHOP ✓		W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
011322		01/17/20	01/13/20	02/05/20			134.18	0.00	0.00	134.18 ✓	
	PAYROLL DEDUCTS										
Vendor Totals		Number Name						Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP					134.18	0.00	0.00	134.18
Vendor#	Vendor Name		Class	Pay Code							
10536	MORRIS & DICKSON CO, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
7744975 ✓		01/17/20	01/11/20	02/05/20			44.52	0.00	0.00	44.52 ✓	
	INVENTORY										
7747825 ✓		01/17/20	01/11/20	02/05/20			4,226.29	0.00	0.00	4,226.29 ✓	
	INVENTORY										
7746277 ✓		01/17/20	01/11/20	02/05/20			19.18	0.00	0.00	19.18 ✓	
	INVENTORY										
7746278 ✓		01/17/20	01/11/20	02/05/20			2.98	0.00	0.00	2.98 ✓	
	INVENTORY										
7747824 ✓		01/17/20	01/11/20	02/05/20			52.21	0.00	0.00	52.21 ✓	
	INVENTORY										
7744974 ✓		01/17/20	01/11/20	02/05/20			22.66	0.00	0.00	22.66 ✓	
	INVENTORY										
3730 ✓		01/17/20	01/11/20	02/05/20			-1,480.08	0.00	0.00	-1,480.08 ✓	
	CREDIT										
3358 ✓		01/17/20	01/11/20	02/05/20			-170.72	0.00	0.00	-170.72 ✓	
	CREDIT										
4232 ✓		01/17/20	01/12/20	01/22/20			-480.01	0.00	0.00	-480.01 ✓	
	CREDIT										
7753639 ✓		01/17/20	01/12/20	02/05/20			66.57	0.00	0.00	66.57 ✓	
	INVENTORY										
7753641 ✓		01/17/20	01/12/20	02/05/20			1,801.21	0.00	0.00	1,801.21 ✓	
	INVENTORY										

7753640	✓		01/17/20	01/12/20	02/05/20		55.94	0.00	0.00	55.94	✓	
		INVENTORY										
7752191	✓		01/17/20	01/12/20	02/05/20		185.28	0.00	0.00	185.28	✓	
		INVENTORY										
7750382	✓		01/17/20	01/12/20	02/05/20		89.05	0.00	0.00	89.05	✓	
		INVENTORY										
7749677	✓		01/17/20	01/12/20	02/05/20		1,575.60	0.00	0.00	1,575.60	✓	
		INVENTORY										
7749661	✓		01/17/20	01/12/20	02/05/20		372.44	0.00	0.00	372.44	✓	
		INVENTORY										
7758852	✓		01/17/20	01/13/20	01/23/20		203.76	0.00	0.00	203.76	✓	
		INVENTORY										
7758853	✓		01/17/20	01/13/20	02/05/20		575.92	0.00	0.00	575.92	✓	
		INVENTORY										
7764814	✓		01/18/20	01/16/20	01/26/20		956.00	0.00	0.00	956.00	✓	
		INVENTORY										
7764813	✓		01/18/20	01/16/20	01/26/20		449.18	0.00	0.00	449.18	✓	
		INVENTORY										
7763075	✓		01/18/20	01/16/20	01/26/20		110.98	0.00	0.00	110.98	✓	
		INVENTORY										
7768427	✓		01/18/20	01/17/20	01/27/20		12.83	0.00	0.00	12.83	✓	
		INVENTORY										
7766267	✓		01/18/20	01/17/20	01/27/20		160.02	0.00	0.00	160.02	✓	
		INVENTORY										
7768428	✓		01/18/20	01/17/20	01/27/20		1,185.27	0.00	0.00	1,185.27	✓	
		INVENTORY										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10536	MORRIS & DICKSON CO, LLC	10,037.08	0.00	0.00	10,037.08
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			
3012312		01/14/20	01/04/20	02/04/20		1,162.08	0.00	0.00	1,162.08	✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2659	MXR IMAGING, INC	1,162.08	0.00	0.00	1,162.08
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			
7596		01/18/20	01/18/20	01/28/20		206.22	0.00	0.00	206.22	✓		
	TRANSCRIPTION (12/25/21-1/7/22)											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							13548	NACOGDOCHES TRANSCRIPTION	206.22	0.00	0.00	206.22
Vendor#	Vendor Name		Class	Pay Code								
11472	OCCUPRO LLC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
24456		01/10/20	01/07/20	02/06/20		487.47	0.00	0.00	487.47	✓		
	MTHLY PROVIDER LICENSE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11472	OCCUPRO LLC	487.47	0.00	0.00	487.47
Vendor#	Vendor Name		Class	Pay Code								
O1500	OLYMPUS AMERICA INC ✓		M									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
32010870	SUPPLIES	01/17/20	12/30/20	02/05/20		256.94	0.00	0.00	256.94		
32050342	SUPPLIES	01/18/20	01/10/20	02/04/20		456.19	0.00	0.00	456.19		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						01500	OLYMPUS AMERICA INC	713.13	0.00	0.00	713.13
Vendor#	Vendor Name			Class	Pay Code						
01416	ORTHO CLINICAL DIAGNOSTICS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1852207670	SUPPLIES	01/18/20	01/04/20	02/03/20		759.73	0.00	0.00	759.73		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						01416	ORTHO CLINICAL DIAGNOSTICS	759.73	0.00	0.00	759.73
Vendor#	Vendor Name			Class	Pay Code						
0M425	OWENS & MINOR										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2071466661	SUPPLIES	01/19/20	01/06/20	02/05/20		275.99	0.00	0.00	275.99		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						0M425	OWENS & MINOR	275.99	0.00	0.00	275.99
Vendor#	Vendor Name			Class	Pay Code						
11069	PABLO GARZA										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
011821	Contract Services (114-1117/22)	01/18/20	01/18/20	01/18/20		2,608.13	0.00	0.00	2,608.13		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11069	PABLO GARZA	2,608.13	0.00	0.00	2,608.13
Vendor#	Vendor Name			Class	Pay Code						
14288	PADRON WELDING SERVICE										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
010522	SERVICES	01/18/20	01/05/20	01/05/20		65.00	0.00	0.00	65.00		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14288	PADRON WELDING SERVICE	65.00	0.00	0.00	65.00
Vendor#	Vendor Name			Class	Pay Code						
P2200	POWER HARDWARE			W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
A79599	SUPPLIES	01/14/20	12/07/20	02/03/20		9.59	0.00	0.00	9.59		
A80184	SUPPLIES	01/14/20	12/27/20	02/03/20		31.18	0.00	0.00	31.18		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						P2200	POWER HARDWARE	40.77	0.00	0.00	40.77
Vendor#	Vendor Name			Class	Pay Code						
12480	PRO ENERGY PARTNERS LP										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
21120600	NATURAL GAS	01/18/20	12/31/20	01/15/20		5,656.42	0.00	0.00	5,656.42		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12480	PRO ENERGY PARTNERS LP	5,656.42	0.00	0.00	5,656.42

Vendor#	Vendor Name	Class	Pay Code								
10896	QIAGEN INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
998149257 ✓		01/17/20	01/10/20	02/09/20		371.48	0.00	0.00	371.48 ✓		
	SUPPLIES										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
	10896		QIAGEN INC			371.48	0.00	0.00	371.48		
S1001	SANOPI PASTEUR INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
914506257 ✓		01/19/20	06/08/20	06/08/20		-2,022.43	0.00	0.00	-2,022.43 ✓		
	CREDIT										
917383452 ✓		01/19/20	09/27/20	12/26/20		20,431.90	0.00	0.00	20,431.90 ✓		
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
	S1001		SANOPI PASTEUR INC			18,409.47	0.00	0.00	18,409.47		
10936	SIEMENS FINANCIAL SERVICES ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
56382200015235 ✓		01/17/20	01/03/20	01/20/20		4,038.24	0.00	0.00	4,038.24 ✓		
	LEASE										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
	10936		SIEMENS FINANCIAL SERVICES			4,038.24	0.00	0.00	4,038.24		
S2345	SOUTHEAST TEXAS HEALTH SYS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
26603		01/10/20	01/05/20	02/04/20		5,000.00	0.00	0.00	5,000.00 ✓		
	QTRLY DUES JAN,FEB,MAR 21										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
	S2345		SOUTHEAST TEXAS HEALTH SYS			5,000.00	0.00	0.00	5,000.00		
12288	SPBS CLINICAL EQUIPMENT SRVC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
CM3080		12/29/20	12/16/20	02/03/20		-62.50	0.00	0.00	-62.50 ✓		
	CREDIT										
INV010807 ✓		01/18/20	01/05/20	01/05/20		13,384.80	0.00	0.00	13,384.80 ✓		
	BIO MED SERVICES QTRLY JF										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
	12288		SPBS CLINICAL EQUIPMENT SRVC			13,322.30	0.00	0.00	13,322.30		
T1880	TEXAS DEPARTMENT OF LICENSING ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
10136881 ✓		01/18/20	01/10/20	02/09/20		140.00	0.00	0.00	140.00 ✓		
	LICENSING										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
	T1880		TEXAS DEPARTMENT OF LICENSING			140.00	0.00	0.00	140.00		
13880	TEXAS SELECT STAFFING ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1899551079IN ✓		01/17/20	01/13/20	02/05/20		4,013.90	0.00	0.00	4,013.90 ✓		
	TRAVEL NURSE STAFFING (1/4-1/6/21) Jeschke										

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
13880	TEXAS SELECT STAFFING			4,013.90	0.00	0.00	4,013.90

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
14224	THE TACT CORPORATION OF NYC			9266701954	TRAVEL NURSE STAFFING	12/13/20	12/10/20	02/08/20			5,760.00	0.00	0.00	5,760.00
				9266701953	TRAVEL NURSE STAFFING	12/13/20	12/10/20	02/08/20			5,760.00	0.00	0.00	5,760.00
				9266701895	TRAVEL NURSE STAFFING	12/13/20	12/10/20	02/08/20			1,920.00	0.00	0.00	1,920.00

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
14224	THE TACT CORPORATION OF NYC			13,440.00	0.00	0.00	13,440.00

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
14208	TRUSTED HEALTH, INC			INV7601	TRAVEL NURSE STAFFING (112-118122)	01/17/20	01/08/20	02/05/20			6,584.38	0.00	0.00	6,584.38

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
14208	TRUSTED HEALTH, INC			6,584.38	0.00	0.00	6,584.38

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
U1064	UNIFIRST HOLDINGS INC			8400385505	LAUNDRY	01/11/20	01/10/20	02/04/20			40.10	0.00	0.00	40.10
				8400385530	LAUNDRY	01/11/20	01/10/20	02/04/20			2,237.43	0.00	0.00	2,237.43
				8400385504	LAUNDRY	01/11/20	01/10/20	02/04/20			45.15	0.00	0.00	45.15
				8400385331	LAUNDRY	01/13/20	01/06/20	02/03/20			169.39	0.00	0.00	169.39
				8400385851	LAUNDRY	01/17/20	01/13/20	02/07/20			183.76	0.00	0.00	183.76
				8400385885	LAUNDRY	01/17/20	01/13/20	02/07/20			87.87	0.00	0.00	87.87
				8400385866	LAUNDRY	01/18/20	01/13/20	02/07/20			349.43	0.00	0.00	349.43
				8400385853	LAUNDRY	01/18/20	01/13/20	02/07/20			199.32	0.00	0.00	199.32
				8400385849	LAUNDRY	01/18/20	01/13/20	02/07/20			34.90	0.00	0.00	34.90
				8400385852	LAUNDRY	01/18/20	01/13/20	02/07/20			187.96	0.00	0.00	187.96
				8400385871	LAUNDRY	01/18/20	01/13/20	02/07/20			1,641.53	0.00	0.00	1,641.53
				8400385850	LAUNDRY	01/18/20	01/13/20	02/07/20			767.13	0.00	0.00	767.13

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
U1064	UNIFIRST HOLDINGS INC			5,943.97	0.00	0.00	5,943.97

Vendor#	Vendor Name	Class	Pay Code
11280	VICTORIA ADVOCATE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0178103	✓ NEWSPAPER	01/19/20	05/31/20	06/30/20		50.00	0.00	0.00	50.00 ✓
0186637	✓ NEWSPAPER	01/19/20	08/31/20	09/30/20		48.50	0.00	0.00	48.50 ✓
0189790	✓ NEWSPAPER	01/19/20	09/30/20	10/31/20		46.60	0.00	0.00	46.60 ✓
0193003	✓ NEWSPAPER	01/19/20	10/31/20	11/30/20		48.10	0.00	0.00	48.10 ✓
0196228	✓ NEWSPAPER	01/19/20	11/30/20	12/31/20		47.00	0.00	0.00	47.00 ✓
0199316	✓ NEWSPAPER	01/19/20	12/31/20	01/31/20		48.10	0.00	0.00	48.10 ✓
0202250	✓ NEWSPAPER	01/19/20	01/31/20	02/28/20		50.00	0.00	0.00	50.00 ✓
0205337	✓ NEWSPAPER	01/19/20	02/28/20	03/30/20		42.10	0.00	0.00	42.10 ✓
0208538	✓ NEWSPAPER	01/19/20	03/31/20	04/30/20		46.60	0.00	0.00	46.60 ✓
0212605	✓ NEWSPAPER	01/19/20	04/30/20	05/31/20		46.60	0.00	0.00	46.60 ✓
0214637	✓ NEWSPAPER	01/19/20	05/31/20	06/30/20		48.50	0.00	0.00	48.50 ✓
0218052	✓ NEWSPAPER	01/19/20	06/30/20	07/30/20		46.60	0.00	0.00	46.60 ✓
0221002	✓ NEWSPAPER	01/19/20	07/31/20	08/31/20		48.10	0.00	0.00	48.10 ✓
0224161	✓ NEWSPAPER	01/19/20	08/31/20	09/30/20		48.50	0.00	0.00	48.50 ✓
0226982	✓ NEWSPAPER	01/19/20	09/30/20	10/31/20		46.60	0.00	0.00	46.60 ✓
0229687	✓ NEWSPAPER	01/19/20	10/31/20	11/30/20		50.00	0.00	0.00	50.00 ✓
0232690	✓ NEWSPAPER	01/19/20	11/30/20	12/30/20		45.10	0.00	0.00	45.10 ✓
0236140	✓ NEWSPAPER	01/19/20	12/01/20	12/01/20		48.10	0.00	0.00	48.10 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11280	VICTORIA ADVOCATE	855.10	0.00	0.00	855.10

Vendor# Vendor Name Class Pay Code

12548	WAGeworks, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1221DR46779	✓ COBRA	01/19/20	01/01/20	01/30/20		155.52	0.00	0.00	155.52 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12548	WAGeworks, INC	155.52	0.00	0.00	155.52

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
9111096072	✓ SUPPLIES	01/14/20	01/11/20	02/05/20		1,024.72	0.00	0.00	1,024.72 ✓

9310039714A ✓	01/17/20 11/22/20 12/17/20	-1,202.01	0.00	0.00	-1,202.01 ✓
CREDIT					
9111098319 ✓	01/18/20 01/14/20 02/08/20	1,571.67	0.00	0.00	1,571.67 ✓
LEASE					

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
I1110	WERFEN USA LLC	1,394.38	0.00	0.00	1,394.38

Grand Totals:	Report Summary			
	Gross	Discount	No-Pay	Net
	732,085.32	0.00	0.00	732,085.32
			pg 6 correction	$\begin{cases} < 2,768.19 > \\ + 2,710.16 \\ \hline \$732,027.29 \end{cases}$

732,085.32 +
 2,768.19 -
 2,710.16 +
 732,027.29 *

APPROVED ON

JAN 20 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS
 CK# 193511-193540

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ROSHANDA S THOMAS



Account Inquiries:

Toll Free: 1-(800)-248-4553
International: 1-(904)-854-7314
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX

Summary of Account Activity

Total Activity \$2,269.62

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Not an invoice. For your records only.

Credit Limit	\$10,000
Cash Advance Limit	\$0
Statement Closing Date	01/03/2022
Days in Billing Period	31

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
12/13	12/09	8062	55457371344200873400111	1 TEXAS HOSPITAL ASSOC 5124651000 TX 78701 USA	✓ 916.30 ✓
12/13	12/09	8062	55457371344200873400129	2 TEXAS HOSPITAL ASSOC 5124651000 TX 78701 USA	✓ 735.25 ✓
12/16	12/14	3501	52704871349708766353801	3 HOLIDAY INN EXP & SUIT 3615525700 TX 77979 USA	✓ 180.79 ✓
17465734 CHECK IN: 12/13/2021					
12/21	12/20	9399	55457021354083353585793	4 IDENTOGO - TX FINGERPR BILLERICA MA UZTX3Y3S6QTX USA	✓ 39.05 ✓
12/21	12/20	9399	55457021354083721371751	5 IDENTOGO - TX FINGERPR BILLERICA MA UZTX3Y3RRGTX USA	✓ 39.05 ✓
12/27	12/26	5942	55432861360200207815595	6 AMZN Mktg US*A53X87HN3 Amzn.com/billWA 113-1830736-25042 98109 USA	✓ 69.18 ✓
12/31	12/30	9399	05134371365600042516947	7 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 20.00 ✓
N80616403					
12/31	12/30	9399	05134371365600042517028	8 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 45.00 ✓
N80616635					
12/31	12/30	9399	05134371365600042517101	9 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 2.50 ✓
N80622806					
12/31	12/30	9399	05134371365600042517283	10 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 2.50 ✓
N80623265					
12/31	12/31	8999	55432861365200524905389	11 AMA*CREDENTIALING 800-621-8335 IL 60611 USA	✓ 220.00 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S): \$2,269.62					

[Handwritten Signature]
1/11/2022

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

citi CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

Account Number XXXX-XXXX-XXXX
Statement Closing Date January 03, 2022

APPROVED ON

JAN 13 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Not an invoice.
For your records only.

ROSHANDA S THOMAS
202 S ANN ST
PORT LAVACA TX 77979-4204

Information About Your Citi® Corporate Card Account

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day, 24 hours a day. Call the Customer Service telephone number specified on the front of the statement to report a lost or stolen Citi Corporate Card.
- **Cardholder Credit Line:** Each Cardholder has an Individual Credit Line (a portion of which may be used for Cash Advances), which is the maximum amount that the Cardholder can charge at any time. The size of each Cardholder's Credit Line (and Cash Limit, if any), is determined by the Company and is a portion of the total Company Credit Line.
- **To Increase or Reallocate a Company or Cardholder Credit Line:** The Company may request changes to credit lines by contacting Citi Corporate Card Customer Services. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement.
- **Additional Cardholders:** The Company may request applications for additional Cardholders by contacting Citi Corporate Card Service. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement. Limit one Citi Corporate Card per Cardholder.
- **CitiManager® Online Tool:** You can easily manage your Citi Corporate Card online using the CitiManager online tool. CitiManager enables you to manage business expenses from anywhere around the globe from your computer or mobile device; you can view statements online as well as confirm account balances. To register for CitiManager, please log on to www.citimanager.com/login and click on the 'Self registration for Cardholders' link. From there, follow the prompts to establish your account.
- **Payments:** You may make a payment to your individually billed card account online using CitiManager. Please note that some organizations do not have the CitiManager online payment feature enabled for cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for all Cardholder balances. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day. Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of this statement for details.
- **Company Ratification:** By its payment of any amounts charged to the Account, the Company: (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardholders to whom Cards are issued.
- **Special Information on Cash Advances:** Cardholders may get a Cash Advance at over 160,000 locations worldwide.
 - The Cardholder's Cash Advance Limit is a part of the Cardholder's Total Credit Line. It is not an additional line of credit.
 - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.
- **Delinquency Fee:** My Account will be delinquent unless the Bank receives the amount shown on the billing statement as the balance due, less any disputed charges, by the payment due date. The Bank will show any unpaid portion of the balance due as a past due balance on subsequent billing statements. If any portion of the past due balance appears on two consecutive billing statements (approximately 55-60 days after the billing cycle date), I agree to pay a delinquency fee monthly based on a percentage of the entire past due balance until my payment is received by the Bank. A late fee may also be imposed monthly until payment for the past due balance is received by the Bank.

Account Inquiries

- **In Case of Errors or Questions About Your Bill:** You are responsible for initiating the dispute resolution process if your Account Statement lists charges that you believe are unauthorized, incorrect, for merchandise that has not been received, or for returned merchandise. You should also initiate the process if your Account Statement incorrectly lists a credit as a charge or if a credit, for which you have been issued a credit slip, is not shown. To begin the dispute resolution process, visit citimanager.com/login.
- You may also dispute a transaction by writing to Citi. You may write to us on a separate sheet at the address specified on the front of this statement as soon as possible. Please notify us no later than 60 days after the date of the bill on which the error or problem first appeared. In the letter please give us the following information:
 - Your name and account number. For centrally billed Company Accounts, the Company name and Individual account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain the reason for the error; if more information is needed about an item, please describe it to us.
 - Merchant Disputes. If the Company or Cardholder was unsuccessful in attempting to resolve a problem with a merchant concerning the quality of goods or services purchased with the Citi Corporate Card, we may be able to help if we are notified in writing within 60 days of the date of the charge. You will be responsible if we are not able to resolve the dispute or if the Bank finds you responsible for the disputed charge.
- In the letter to us, please explain in detail the dispute and the results of the attempt to resolve it with the merchant. The letter must include the amount involved, and must be signed by the Individual Cardholder. We will notify you of the results of our efforts.
- If you returned merchandise and received a credit slip which has not yet been posted, please allow 30 days from the date it was issued. If it has not been posted to the Account by then, forward a copy of the credit slip to us at the billing dispute address specified on the front of the statement. Along with the copy of the credit slip please include a letter (signed by the Individual Cardholder) stating that credit was not received. If a credit slip was not issued, please request one from the merchant. If the merchant refuses, please write to us and explain the details.
- On non-disputed matters or any matter shown by the Bank not to be in error, the Bank may charge the Company or Cardholder the fee specified in the Corporate Card Agreement for each copy of any document the Company or Cardholder requests, such as duplicate periodic statements, transaction slips, and the like.
- Please save your charge receipts.

MEMORIAL MEDICAL CENTER PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Date: 1/11/2022

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To			Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost	
1	—		Texas Hospital ASSOC			916.30	
2			Registration Roshanda Thomas				
3			2022 THA Annual Conf. (2/17-2/1/22)				
4	—		Texas Hospital ASSOC			735.25	
5			Registration Erin Clevenger				
6			2022 THA Annual Conf (2/17-2/1/22)				
7	—		Holiday Inn Express - Hotel			180.79	
8			expense for CFO candidate				
9	—		IdentoGo-TX Finger Print-			39.05	
10			Registration for Shannon Jacildo. HIM				

Est. Freight _____ Est. Total Cost _____ TOTAL COST 1871.39

NOTES:

charges made to Roshanda Thomas MC

Contact: _____	Date: _____
Quoted By: _____	
Buyer: _____	E.T.A. _____

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Thomas 1/11/22</u>

MEMORIAL MEDICAL CENTER PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Date: 1/11/2022

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required	Expense #	Department	Deliver To			
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1		916.30 +	IdentoGO - TX Finger Print			✓ 39.05
2		735.25 +	Registration for LaJuan Wilke, HIM			
		180.79 +				
3		39.05 +	NPDB - 8 Renewals (credentiaing)			✓ 20.00
		39.05 +				
4		20.00 +	NPDB - 18 Renewals (credentiaing)			✓ 45.00
		45.00 +				
5		2.50 +	NPDB - 1 enrollment (credentiaing)			✓ 2.50
		2.50 +				
6		220.00 +	NPDB - 1 enrollment (credentiaing)			✓ 2.50
		69.18 +				
7		2.269.62 *	AMA Credentialing - 5 physicians			220.00
8			Init Appt Profiles w/ Cont Monitoring			
9			Amazon - LCL Compati.ble Dnm Unit Replacement LCL Compati.ble Toner Cartridge			69.18
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 329.05
\$2,269.02

NOTES:

charges made to Roshanda Thomas MC

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Thomas</u> 1/11/2022

Wire Transfer

COUNTY OF CALHOUN TEXAS



Wire Details

Transaction Number : 1234567
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 2,269.62 ✓
Debit Account 0000 (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank

Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL

Payment Date 01/26/2022

Originator Information

Originator Name COUNTY OF CALHOUN TEXAS
Originator Address 1 202 S ANN STREET
Originator Address 2 SUITE A
Originator Address 3 PORT LAVACA, TX 77979

Beneficiary / Payee Information

Name CBNA INCOMING SETTLEMENT
ACCOUNT Beneficiary ID Type Account Number
Beneficiary ID
Address 1 P O BOX 78025
Address 2
Address 3 PHOENIX, AZ 85062-8025
Beneficiary Country US
Contact Name
Phone Number

Beneficiary Bank Information

Name CITIBANK NA
Beneficiary Bank ID Type Fed ABA
Beneficiary Bank ID
Address 1 P O BOX 78025
Address 2
Address 3 PHOENIX, AZ 85062-8025
Intl Routing Number
Beneficiary Bank Country US

Additional Reference Information

Purpose Of Payment CREDIT CARD PMT ✓

Additional Information For Beneficiary ROSHANDA S. THOMAS

Status History

Timestamp	Status	Initiator	Description
Jan 26, 2022 3:30:11 PM CST	Created	RHONDA S. KOKENA)	Wire Created.

CITIBANK CORPORATE CARD

Account Statement

Commerical Card Account
JASON W ANGLIN



Account Inquiries:
Toll Free: 1-(800)-248-4553
International: 1-(904)-954-7314
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX

Summary of Account Activity

Total Activity **\$1,736.28**

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Not an invoice. For your records only.

Credit Limit	\$20,000
Cash Advance Limit	\$0
Statement Closing Date	01/03/2022
Days in Billing Period	31

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
12/06	12/03	3000	55432861338200186677908	1 UNITED 01676384469163 800-932-2732 TX MATTHIESSEN/MATTHEW DEPARTURE: 12/16/21 FAT UA Q LAX UA Q IAH UA Q LAX AU H FAT	77002 USA ✓ 959.40
12/06	12/04	4722	55432861338200158068987	2 UNTDPKG*47974874345 866-263-7950 CT	USA ✓ 227.01
12/07	12/06	9399	05134371341600057020917	3 NPDB NPDB.HRSA.GOV 800-767-6732 VA N80156676	22033 USA ✓ 2.50
12/07	12/06	9399	05134371341600057021097	4 NPDB NPDB.HRSA.GOV 800-767-6732 VA N80156893	22033 USA ✓ 2.50
12/07	12/06	9399	05134371341600057021170	5 NPDB NPDB.HRSA.GOV 800-767-6732 VA N80157114	22033 USA ✓ 2.50
12/21	12/19	3501	52704871354708774200228	6 HOLIDAY INN EXP & SUIT 3615525700 TX 17465823 CHECK IN: 12/16/2021	77979 USA ✓ 542.37
***** TOTAL AMOUNT OF MEMO ITEM(S):					\$1,736.28

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 20 2022

CALHOUN COUNTY, TEXAS

APPROVED ON

JAN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

[Signature]
1/18/2022

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

citi CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

Account Number XXXX-XXXX-XXXX-
Statement Closing Date January 03, 2022

Not an invoice.
For your records only.

JASON W ANGLIN
CALHOUN COUNTY
STE A
202 S ANN ST
PORT LAVACA TX 77979-4204

00006934502

Information About Your Citi® Corporate Card Account

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day, 24 hours a day. Call the Customer Service telephone number specified on the front of the statement to report a lost or stolen Citi Corporate Card.
- **Cardholder Credit Line:** Each Cardholder has an individual Credit Line (a portion of which may be used for Cash Advances), which is the maximum amount that the Cardholder can charge at any time. The size of each Cardholder's Credit Line (and Cash Limit, if any), is determined by the Company and is a portion of the total Company Credit Line.
- **To Increase or Reallocate a Company or Cardholder Credit Line:** The Company may request changes to credit lines by contacting Citi Corporate Card Customer Services. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement.
- **Additional Cardholders:** The Company may request applications for additional Cardholders by contacting Citi Corporate Card Service. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement. Limit one Citi Corporate Card per Cardholder.
- **CitiManager® Online Tool:** You can easily manage your Citi Corporate Card online using the CitiManager online tool. CitiManager enables you to manage business expenses from anywhere around the globe from your computer or mobile device; you can view statements online as well as confirm account balances. To register for CitiManager, please log on to www.citimanager.com/login and click on the 'Self registration for Cardholders' link. From there, follow the prompts to establish your account.
- **Payments:** You may make a payment to your individually billed card account online using CitiManager. Please note that some organizations do not have the CitiManager online payment feature enabled for cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for all Cardholder balances. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day. Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of this statement for details.
- **Company Ratification:** By its payment of any amounts charged to the Account, the Company: (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardholders to whom Cards are issued.
- **Special Information on Cash Advances:** Cardholders may get a Cash Advance at over 160,000 locations worldwide.
 - The Cardholder's Cash Advance Limit is a part of the Cardholder's Total Credit Line. It is not an additional line of credit.
 - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.
- **Delinquency Fee:** My Account will be delinquent unless the Bank receives the amount shown on the billing statement as the balance due, less any disputed charges, by the payment due date. The Bank will show any unpaid portion of the balance due as a past due balance on subsequent billing statements. If any portion of the past due balance appears on two consecutive billing statements (approximately 55-60 days after the billing cycle date), I agree to pay a delinquency fee monthly based on a percentage of the entire past due balance until my payment is received by the Bank. A late fee may also be imposed monthly until payment for the past due balance is received by the Bank.

Accounting Inquiries

- **In Case of Errors or Questions About Your Bill:** You are responsible for initiating the dispute resolution process if your Account Statement lists charges that you believe are unauthorized, incorrect, for merchandise that has not been received, or for returned merchandise. You should also initiate the process if your Account Statement incorrectly lists a credit as a charge or if a credit, for which you have been issued a credit slip, is not shown. To begin the dispute resolution process, visit citimanager.com/login.
- You may also dispute a transaction by writing to Citi. You may write to us on a separate sheet at the address specified on the front of this statement as soon as possible. Please notify us no later than 60 days after the date of the bill on which the error or problem first appeared. In the letter please give us the following information:
 - Your name and account number. For centrally billed Company Accounts, the Company name and Individual account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain the reason for the error; if more information is needed about an item, please describe it to us.
 - Merchant Disputes. If the Company or Cardholder was unsuccessful in attempting to resolve a problem with a merchant concerning the quality of goods or services purchased with the Citi Corporate Card, we may be able to help if we are notified in writing within 60 days of the date of the charge. You will be responsible if we are not able to resolve the dispute or if the Bank finds you responsible for the disputed charge.
- In the letter to us, please explain in detail the dispute and the results of the attempt to resolve it with the merchant. The letter must include the amount involved, and must be signed by the Individual Cardholder. We will notify you of the results of our efforts.
- If you returned merchandise and received a credit slip which has not yet been posted, please allow 30 days from the date it was issued. If it has not been posted to the Account by then, forward a copy of the credit slip to us at the billing dispute address specified on the front of the statement. Along with the copy of the credit slip please include a letter (signed by the individual Cardholder) stating that credit was not received. If a credit slip was not issued, please request one from the merchant. If the merchant refuses, please write to us and explain the details.
- On non-disputed matters or any matter shown by the Bank not to be in error, the Bank may charge the Company or Cardholder the fee specified in the Corporate Card Agreement for each copy of any document the Company or Cardholder requests, such as duplicate periodic statements, transaction slips, and the like.
- Please save your charge receipts.

MEMORIAL MEDICAL CENTER PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Date: 1/18/2022

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1		959.40 +	United - Flights for <i>Matthew Matthiessen</i>			959.40
2		227.01 +	CFO candidate interview		<i>12/16/21</i>	227.01
		2.50 +			<i>2/19</i>	
3		2.50 +	NPDB - 1 enrollment			2.50
		2.50 +				
4		542.37 +	NPDB - 1 enrollment			2.50
		1.736.28 +				
5			NPDB - 1 enrollment			2.50
6	-		Holiday Inn Express			542.37
7			Hotel expense for CFO			
8			candidate interview			
9			<i>Matthew Matthiessen 12/16-12/19/21</i>			
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST **\$1736.28**

NOTES:

Charges made to Jason's credit card (MC)

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <i>Roshare Thomas 1/18/2022</i>

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
JASON W ANGLIN



Account Inquiries:

Toll Free: 1-(800)-248-4553
International: 1-(904)-954-7314
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX

Summary of Account Activity

Total Activity \$670.00

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Not an invoice. For your records only.

Credit Limit	\$20,000
Cash Advance Limit	\$0
Statement Closing Date	12/03/2021
Days in Billing Period	30

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
11/16	11/15	5942	55432861319200091041250	1 AMZN Mktp US*QY6E08CT3 Amzn.com/billWA 98109 USA	✓ 325.00 ✓
				113-6268805-31338	
11/26	11/24	8699	75418231328134962827136	2 ACHE - MEMBER SERVICES 312-4249335 IL 60606 USA	✓ 345.00 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S):					\$670.00 ✓

MEMORIAL MEDICAL CENTER
RECEIVED
DEC 09 2021
ACCOUNTS PAYABLE

CALHOUN COUNTY TREASURER
DEC - 6 2021
DATE RECEIVED

RECEIVED BY THE
COUNTY AUDITOR ON
JAN 20 2022
CALHOUN COUNTY, TEXAS

APPROVED ON
JAN 20 2022

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

Account Number
Statement Closing Date

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
XXXX-XXXX-XXXX
December 03, 2021

Not an invoice.
For your records only.

JASON W ANGLIN
CALHOUN COUNTY
STE A
202 S ANN ST
PORT LAVACA TX 77979-4204

00006934502

MEMORIAL MEDICAL CENTER PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank
Vendor Address: _____
Vendor Phone #: _____
Vendor Fax #: _____

Date: 12/8/2021
P.O. # _____
Account # _____
Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		ACTHE - Membership TONES			345.00
2			Roshanda Thomas			
3	—		Amazon - Lexmark 40 X7615 Printer			325.00
4			Maintenance Kit			
5						
6						
7		345.00 *				
8		325.00 *				
9		670.00 *				
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST \$670.00

NOTES:

Contact: _____	Date: _____
Quoted By: _____	
Buyer: _____	E.T.A. _____

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>[Signature]</u>

Wire Transfer

- COUNTY OF CALHOUN TEXAS (COUNT1923)



Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 2,406.28 ✓
Debit Account MEMORIAL MEDICAL CENTER - (OPERATING) - Prosperity Bank

Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL

Payment Date 01/26/2022

Originator Information

Originator Name COUNTY OF CALHOUN TEXAS
Originator Address 1 202 S ANN STREET
Originator Address 2 SUITE A
Originator Address 3 PORT LAVACA, TX 77979

Beneficiary / Payee Information

Name CBNA INCOMING SETTLEMENT
ACCOUNT Beneficiary ID Type Account Number
Beneficiary ID
Address 1 P O BOX 78025
Address 2
Address 3 PHOENIX, AZ 85062-8025
Beneficiary Country US
Contact Name
Phone Number

Beneficiary Bank Information

Name CITIBANK NA
Beneficiary Bank ID Type Fed ABA
Beneficiary Bank ID
Address 1 P O BOX 78025
Address 2
Address 3 PHOENIX, AZ 85062-8025
Intl Routing Number
Beneficiary Bank Country US

Additional Reference Information

Purpose Of Payment CREDIT CARD PMT ✓

Additional Information For JASON ANGLIN
Beneficiary

Status History

Timestamp	Status	Initiator	Description
✓ Jan 26, 2022 3:26:53 PM CST	Created	HONDA S. KOKENA)	Wire Created.

MCKESSON

STATEMENT

As of: 01/21/2022

Page: 002

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

Company: 8000

DC: 8115

As of: 01/21/2022 Page: 002
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory:

Customer: 632536
Date: 01/22/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 01/22/2022 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	
--------------	----------	-------------------	----------------------------------	-------------	---------------	----------------	-----	--------------	-----	-------------------	--

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 14,908.51 USD

Future Due: 0.00

Due If Paid On Time:
USD 14,606.52

Past Due: 189.72-

If Paid By 01/25/2022,
Pay This Amount: 14,606.52 USD

Disc lost if paid late: 301.99

Last Payment 2,451.97
08/07/2017

If Paid After 01/25/2022,
Pay this Amount: 14,908.51 USD

Due If Paid Late:
USD 14,908.51

8.32 +
13,564.70 +
18.41 +
740.75 +
272.48 +
1.86 +
14,606.52 *

APPROVED ON

JAN 24 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 01/21/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 01/21/2022
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 190813
Date: 01/22/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 01/22/2022

**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										
11/19/2022	01/25/2022	7319108907	2017042874	115Invoice	0.75	37.61		36.86✓		7319108907
11/20/2022	01/20/2022	7319642172	MFC PR CORR CR	Pricing Cor		32.70- P		32.70- P ✓		7319642172
11/20/2022	01/25/2022	7319642173	MFC PR CORR IN	Pricing Cor	0.08	4.24		4.16 ✓		7319642173

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

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

Subtotals: 9.15 USD

Future Due: 0.00

Past Due: 32.70-

Last Payment 11/17/2022 12,008.11

If Paid By 01/25/2022,
Pay This Amount: 8.32 USD

If Paid After 01/25/2022,
Pay this Amount: 9.15 USD

Due If Paid On Time: USD 8.32 ✓
Disc lost if paid late: 0.83
Due If Paid Late: USD 9.15

APPROVED ON

JAN 24 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

McKESSON

STATEMENT

As of: 01/21/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 01/21/2022
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 256342
Date: 01/22/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 01/22/2022 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											
11/17/2022	01/25/2022	7318548537	23331938	115Invoice	7.58	379.21		371.63	✓	7318548537	
11/17/2022	01/25/2022	7318548538	23340386	115Invoice	0.02	0.96		0.94	✓	7318548538	
11/17/2022	01/25/2022	7318548539	23383574	115Invoice	7.73	386.71		378.98	✓	7318548539	
11/17/2022	01/25/2022	7318716247	0114220903	195Invoice		0.03		0.03	✓	7318716247	
11/17/2022	01/25/2022	7318716248	0114220853	115Invoice	0.21	10.44		10.23	✓	7318716248	
11/18/2022	01/25/2022	7318860047	23476682	115Invoice	11.18	558.77		547.59	✓	7318860047	
11/18/2022	01/25/2022	7318860048	23522575	115Invoice	2.69	134.39		131.70	✓	7318860048	
11/18/2022	01/25/2022	7318860049	23522575	115Invoice	7.74	386.77		379.03	✓	7318860049	
11/18/2022	01/25/2022	7319019664	0117221019	115Invoice	14.67	733.32		718.65	✓	7319019664	
11/19/2022	01/25/2022	7319112153	23570161	115Invoice	2.69	134.39		131.70	✓	7319112153	
11/19/2022	01/25/2022	7319112155	23615181	115Invoice	0.01	0.33		0.32	✓	7319112155	
11/19/2022	01/25/2022	7319112157	23615181	115Invoice	7.73	386.68		378.95	✓	7319112157	
11/19/2022	01/25/2022	7319112158	23625792	115Invoice	17.35	867.62		850.27	✓	7319112158	
11/19/2022	01/25/2022	7319298022	0118220813	195Invoice	58.38	2,919.00		2,860.62	✓	7319298022	
11/20/2022	01/25/2022	7319407221	23646040	115Invoice	5.38	268.78		263.40	✓	7319407221	
11/20/2022	01/25/2022	7319407223	23693082	115Invoice	0.01	0.32		0.31	✓	7319407223	
11/20/2022	01/25/2022	7319407224	23693082	115Invoice	25.47	1,273.37		1,247.90	✓	7319407224	
11/20/2022	01/25/2022	7319558356	0119220813	115Invoice	28.69	1,434.57		1,405.88	✓	7319558356	
11/21/2022	01/25/2022	7319689033	23774327	115Invoice	4.41	220.55		216.14	✓	7319689033	
11/21/2022	01/25/2022	7319853652	0120220802	195Invoice	74.91	3,745.34		3,670.43	✓	7319853652	

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

MCKESSON

STATEMENT

As of: 01/21/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 01/21/2022
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 256342

Date: 01/22/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 01/22/2022

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



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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 13,841.55 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/17/2022 12,008.11

If Paid By 01/25/2022,
Pay This Amount:

13,564.70 USD

If Paid After 01/25/2022,
Pay this Amount:

13,841.55 USD

Due If Paid On Time:

USD 13,564.70 ✓

Disc lost if paid late:

276.85

Due If Paid Late:

USD 13,841.55

APPROVED ON

JAN 24 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 01/21/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 01/21/2022
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 262252

Date: 01/22/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 01/22/2022

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	
01/20/2022	01/25/2022	7319400225	632536 1537565	115Invoice	0.38	18.79		18.41	✓	7319400225	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 18.79 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/17/2022 12,008.11

If Paid By 01/25/2022,
Pay This Amount: 18.41 USD

If Paid After 01/25/2022,
Pay this Amount: 18.79 USD

Due If Paid On Time:
USD 18.41 ✓

Disc lost if paid late: 0.38

Due If Paid Late:
USD 18.79

APPROVED ON

JAN 24 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 01/21/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 01/21/2022
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 464450
Date: 01/22/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 01/22/2022 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 464450 HEB PHY FC 490/MEM MC PHS											
11/17/2022	01/25/2022	7318476347	55x285637	115Invoice		0.10		0.10 ✓		7318476347	
11/18/2022	01/25/2022	7318847979	55x287711	115Invoice	0.55	27.41		26.86 ✓		7318847979	
11/18/2022	01/25/2022	7318847981	55x287952	115Invoice	13.52	676.05		662.53 ✓		7318847981	
11/18/2022	01/25/2022	7318847983	55x288015	115Invoice	1.05	52.31		51.26 ✓		7318847983	

*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:

755.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/17/2022 12,008.11

If Paid By 01/25/2022,
Pay This Amount:

740.75 USD

If Paid After 01/25/2022,
Pay this Amount:

755.87 USD

Due If Paid On Time:
USD

740.75 ✓

Disc lost if paid late:

15.12

Due If Paid Late:
USD

755.87

APPROVED ON

JAN 24 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 01/21/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 01/21/2022
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: 01/22/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 01/22/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
11/20/2022	01/25/2022	7319596104	1538122	115Invoice	8.69	434.44		425.75	✓	7319596104	
11/20/2022	01/20/2022	7319638435	MFC PR CORR CR	Pricing Cor		157.02-	P	157.02-	P ✓	7319638435	
11/20/2022	01/25/2022	7319638436	MFC PR CORR IN	Pricing Cor	0.08	3.83		3.75	✓	7319638436	

*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: 281.25 USD

Future Due: 0.00

Past Due: 157.02-

Last Payment 11/17/2022 12,008.11

If Paid By 01/25/2022,
Pay This Amount: 272.48 USD

If Paid After 01/25/2022,
Pay this Amount: 281.25 USD

Due If Paid On Time: USD 272.48 ✓

Disc lost if paid late: 8.77

Due If Paid Late: USD 281.25

APPROVED ON

JAN 24 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 01/21/2022

Page: 001

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

Company: 8000

DC: 8195

As of: 01/21/2022
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 99

Customer: 945479
Date: 01/22/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 945479 PLEASE CHECK ANY
Date: 01/22/2022 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 945479 WALMART 5315/MEMRL MC PHS											
11/17/2022	01/25/2022	7318623207	MH01142022	195Invoice	0.01	0.32		0.31	✓	7318623207	
11/19/2022	01/25/2022	7319207801	MH01182022	195Invoice	0.01	0.63		0.62	✓	7319207801	
11/20/2022	01/25/2022	7319483446	MH01192022	195Invoice	0.01	0.32		0.31	✓	7319483446	
11/21/2022	01/25/2022	7319800385	MH01202022	195Invoice	0.01	0.63		0.62	✓	7319800385	

*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 11/17/2022 12,008.11

If Paid By 01/25/2022,
Pay This Amount:

1.86 USD

If Paid After 01/25/2022,
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 24 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Serviced By:

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

DEA: RA0289276
866-451-9655

Customer:

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

Remit To:

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

Customer Number

100135284 / 037028186


Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	675.51
Past Due:	0.00
Total Due:	675.51
Account Balance:	675.51

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-17-2022	01-28-2022	3080285847	164347	Invoice	36.36		0.00	36.36 ✓
01-17-2022	01-28-2022	3080285848	164348	Invoice	89.43		0.00	89.43 ✓
01-17-2022	01-28-2022	3080285849	164349	Invoice	9.32		0.00	9.32 ✓
01-17-2022	01-28-2022	3080288530	164350	Invoice	0.18		0.00	0.18 ✓
01-17-2022	01-28-2022	3080330924	164397	Invoice	46.59		0.00	46.59 ✓
01-18-2022	01-28-2022	3080463929	164402	Invoice	351.38		0.00	351.38 ✓
01-19-2022	01-28-2022	3080613476	164410	Invoice	31.47		0.00	31.47 ✓
01-19-2022	01-28-2022	3080613477	164411	Invoice	0.09		0.00	0.09 ✓
01-20-2022	01-28-2022	3080770717	164421	Invoice	37.36		0.00	37.36 ✓
01-20-2022	01-28-2022	3080770718	164422	Invoice	9.32		0.00	9.32 ✓
01-21-2022	01-28-2022	3080914661	164431	Invoice	17.50		0.00	17.50 ✓
01-21-2022	01-28-2022	3080914662	164432	Invoice	46.78		0.00	46.78 ✓
01-21-2022	01-28-2022	344486949	164329	Invoice	(31.17)		0.00	(31.17) ✓
01-21-2022	01-28-2022	344487000	164329	Invoice	30.90		0.00	30.90 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
675.51	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
01-21-2022	(787.83)

APPROVED ON

JAN 24 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders	
Due Date	Amount
01-28-2022	675.51 ✓
Total Due: 675.51	

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- January 17, 2022 - January 23, 2022**


<u>Date</u>	<u>Bank Description</u>
1/21/2022	PAY PLUS ACHTRANS 452579291 101000699531563
1/21/2022	EXPERTPAY EXPERTPAY 746003411 91000011378348
1/21/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002
1/21/2022	MEMORIAL MEDICAL PAYROLL 746003411 113122650
1/21/2022	IRS USATAXPYMT 220242191408940 6103601000270
1/20/2022	WEBFILE TAX PYMT DD 902/04696098 21000025338
1/20/2022	PAY PLUS ACHTRANS 452579291 101000698680616
1/19/2022	PAY PLUS ACHTRANS 452579291 101000696923868
1/19/2022	PAY PLUS ACHTRANS 452579291 101000697578373
1/18/2022	PAY PLUS ACHTRANS 452579291 101000696187555
1/18/2022	MCKESSON DRUG AUTO ACH ACH04878743 910000182
1/18/2022	TEXAS COUNTY DRS RECEIVABLE 0419 21000027520

<u>MMC Notes</u>
- 3rd Party Payor Fee
- Child Support Payment -Payroll Ending *****
- 340B Drug Program Expense
- Payroll
- Payroll Taxes
- Sales Tax
- 3rd Party Payor Fee
- 3rd Party Payor Fee
- 3rd Party Payor Fee
- 3rd Party Payor Fee
- 340B Drug Program Expense
- Retirement Funding

<u>Amount</u>	<u>CP</u>
\$ 3.65	
\$ 614.20	
\$ 787.83*	
\$ 308,440.13*	
\$ 104,701.14*	
\$ 1,210.47*	
\$ 97.57	
\$ 4.75	
\$ 0.87	
\$ 4.16	
\$ 12,008.11*	
\$ 151,886.05*	
	3.65 +
	97.57 +
	4.75 +
	0.87 +
	4.16 +
	111.00 *
	614.20 *
	111.00 +
	614.20 +
	725.20 *
	579,758.93 +
	787.83 -
	308,440.13 -
	104,701.14 -
	1,210.47 -
	12,008.11 -
	151,886.05 -
	725.20 *
	725.20 +
	725.20 -
	0.00 *

PAY PLUS


Expert Pay


 _____ January 24, 2022
 Anthony Richardson
 Memorial Medical Center

** Approved 01-19-22 CC*

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

<u>Date</u>	<u>Description</u>


 _____ January 24, 2022
 Anthony Richardson
 Memorial Medical Center

APPROVED ON

JAN 24 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 20 2022
08:37

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through: 02/10/2022

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
010722		01/19/20	01/07/20	02/10/20		14.59	0.00	0.00	14.59		
	TRANSFER	<i>NH Insurance pymt deposited into mmc operating</i>									
010622A		01/20/20	01/06/20	02/10/20		2,272.90	0.00	0.00	2,272.90		
	TRANSFER	<i>"</i>									
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						11836	GOLDENCREEK HEALTHCARE	2,287.49	0.00	0.00	2,287.49

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,287.49	0.00	0.00	2,287.49

APPROVED ON

JAN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 193592

RECEIVED BY THE
COUNTY AUDITOR ON

01/20/2022
JAN 20 2022
08:38

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through: 02/10/2022

0

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE ✓								
010322		01/19/20	01/03/20	02/10/20		10,172.74	0.00	0.00	10,172.74 ✓
010322A	TRANSFER NH insurance pymt deposited into MME operating	01/19/20	01/03/20	02/10/20		2,464.21	0.00	0.00	2,464.21 ✓
010422	TRANSFER "	01/19/20	01/04/20	02/10/20		1,113.00	0.00	0.00	1,113.00 ✓
010422A	TRANSFER "	01/19/20	01/04/20	02/10/20		9,117.52	0.00	0.00	9,117.52 ✓
010622A	TRANSFER "	01/19/20	01/06/20	02/10/20		1,875.00	0.00	0.00	1,875.00 ✓
010722	TRANSFER "	01/19/20	01/07/20	02/10/20		1,855.00	0.00	0.00	1,855.00 ✓
Vendor Totals						Gross	Discount	No-Pay	Net
13004 TUSCANY VILLAGE						26,597.47	0.00	0.00	26,597.47

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	26,597.47	0.00	0.00	26,597.47

APPROVED ON

JAN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 193593

RECEIVED BY THE
COUNTY AUDITOR ON

01/20/2022
JAN 20 2022
08:32

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through: 02/10/2022

0

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

12792 BETHANY SENIOR LIVING ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
010622		01/19/20	01/06/20	02/10/20		9,729.50	0.00	0.00	9,729.50 ✓
010722	TRANSFER	01/19/20	01/07/20	02/10/20		4,823.00	0.00	0.00	4,823.00 ✓
	TRANSFER								

NH insurance pymt deposited into MMC operating

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
12792		BETHANY SENIOR LIVING	14,552.50	0.00	0.00	14,552.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	14,552.50	0.00	0.00	14,552.50

APPROVED ON

JAN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 19331

☐

RUN DATE:01/21/22
 TIME:09:16

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 01/26/22 THRU 01/26/22

PAGE 1
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	193511	01/26/22	1,393.00	3WON, LLC
A/P	193512	01/26/22	616.28	ABILITY NETWORK (SHIFTHOUND)
A/P	193513	01/26/22	3,812.48	AIRGAS USA, LLC - CENTRAL DIV
A/P	193514	01/26/22	2,396.25	ALLYSON SWOPE
A/P	193515	01/26/22	486.08	AMERICAN ACADEMY OF PEDIATRICS
A/P	193516	01/26/22	53.00	AQUA BEVERAGE COMPANY
A/P	193517	01/26/22	5,477.25	AUREUS RADIOLOGY LLC
A/P	193518	01/26/22	42.47	AUTO PARTS & MACHINE CO.
A/P	193519	01/26/22	957.37	BAXTER HEALTHCARE
A/P	193520	01/26/22	1,490.30	BAYER HEALTHCARE
A/P	193521	01/26/22	6,493.47	BECKMAN COULTER INC
A/P	193522	01/26/22	19,884.63	BESTICA
A/P	193523	01/26/22	237,364.64	BLUE CROSS BLUE SHIELD
A/P	193524	01/26/22	668.70	C R BARD INC
A/P	193525	01/26/22	2,306.00	CAREFUSION SOLUTIONS, LLC
A/P	193526	01/26/22	2,410.62	CARIANT HEALTH PARTNERS
A/P	193527	01/26/22	24.25	CENTRAL DRUG
A/P	193528	01/26/22	1,699.00	CERVEY, LLC
A/P	193529	01/26/22	16,155.13	CLINICAL PATHOLOGY
A/P	193530	01/26/22	1,413.61	COASTAL OFFICE SOLUTIONS
A/P	193531	01/26/22	964.63	COOPER SURGICAL INC
A/P	193532	01/26/22	2,368.85	CORROHEALTH, INC.
A/P	193533	01/26/22	419.00	CYGNUS MEDICAL LLC
A/P	193534	01/26/22	31,144.58	DIAMOND HEALTHCARE CORP
A/P	193535	01/26/22	216,801.63	DISCOVERY MEDICAL NETWORK INC
A/P	193536	01/26/22	995.00	EMDTEC
A/P	193537	01/26/22	139.50	ERBE USA INC SURGICAL SYSTEMS
A/P	193538	01/26/22	752.93	EVOQUA WATER TECHNOLOGIES LLC
A/P	193539	01/26/22	114.40	FEDERAL EXPRESS CORP.
A/P	193540	01/26/22	.00	VOIDED
A/P	193541	01/26/22	16,173.06	FISHER HEALTHCARE
A/P	193542	01/26/22	10,627.06	FRASIER HEALTHCARE CONSULTING,
A/P	193543	01/26/22	1,113.86	FRONTIER
A/P	193544	01/26/22	2,710.16	G & S MANAGEMENT GROUP LLC
A/P	193545	01/26/22	46.35	GE HEALTHCARE
A/P	193546	01/26/22	50.00	GRACE FLOORING AND GLASS
A/P	193547	01/26/22	350.00	GUERBET, LLC
A/P	193548	01/26/22	.00	VOIDED
A/P	193549	01/26/22	2,223.28	GULF COAST PAPER COMPANY
A/P	193550	01/26/22	1,087.62	HEALTHSURE INSURANCE SERVICES
A/P	193551	01/26/22	236.25	HOLOGIC INC
A/P	193552	01/26/22	166.50	INTOXIMETERS INC
A/P	193553	01/26/22	571.41	INTRADO
A/P	193554	01/26/22	250.00	ITERSOURCE CORPORATION
A/P	193555	01/26/22	770.69	J & J HEALTH CARE SYSTEMS, INC
A/P	193556	01/26/22	667.50	LEGATO
A/P	193557	01/26/22	1,652.00	MASA GLOBAL BUILDING
A/P	193558	01/26/22	1,279.93	MEDICAL TECHNOLOGY ASSOCIATES
A/P	193559	01/26/22	.00	VOIDED
A/P	193560	01/26/22	.00	VOIDED

RUN DATE:01/21/22
TIME:09:16

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/26/22 THRU 01/26/22

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	193561	01/26/22	.00	VOIDED
A/P	193562	01/26/22	.00	VOIDED
A/P	193563	01/26/22	37,391.63	MEDLINE INDUSTRIES INC
A/P	193564	01/26/22	134.18	MMC AUXILIARY GIFT SHOP
A/P	193565	01/26/22	.00	VOIDED
A/P	193566	01/26/22	10,037.08	MORRIS & DICKSON CO, LLC
A/P	193567	01/26/22	1,162.08	MXR IMAGING, INC
A/P	193568	01/26/22	206.22	NACOGDOCHES TRANSCRIPTION
A/P	193569	01/26/22	487.47	OCCUPRO LLC
A/P	193570	01/26/22	713.13	OLYMPUS AMERICA INC
A/P	193571	01/26/22	759.73	ORTHO CLINICAL DIAGNOSTICS
A/P	193572	01/26/22	275.99	OWENS & MINOR
A/P	193573	01/26/22	2,608.13	PABLO GARZA
A/P	193574	01/26/22	65.00	PADRON WELDING SERVICE
A/P	193575	01/26/22	40.77	POWER HARDWARE
A/P	193576	01/26/22	5,656.42	PRO ENERGY PARTNERS LP
A/P	193577	01/26/22	371.48	QIAGEN INC
A/P	193578	01/26/22	18,409.47	SANOPI PASTEUR INC
A/P	193579	01/26/22	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	193580	01/26/22	5,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P	193581	01/26/22	13,322.30	SPBS CLINICAL EQUIPMENT SRVC
A/P	193582	01/26/22	140.00	TEXAS DEPARTMENT OF LICENSING
A/P	193583	01/26/22	4,013.90	TEXAS SELECT STAFFING
A/P	193584	01/26/22	13,440.00	THE TACT CORPORATION OF NYC
A/P	193585	01/26/22	6,584.38	TRUSTED HEALTH, INC
A/P	193586	01/26/22	5,943.97	UNIFIRST HOLDINGS INC
A/P	193587	01/26/22	.00	VOIDED
A/P	193588	01/26/22	855.10	VICTORIA ADVOCATE
A/P	193589	01/26/22	155.52	WAGWORKS, INC
A/P	193590	01/26/22	1,394.38	WERFEN USA LLC
A/P	193591	01/26/22	14,552.50	BETHANY SENIOR LIVING
A/P	193592	01/26/22	2,287.49	GOLDENCREEK HEALTHCARE
A/P	193593	01/26/22	26,597.47	TUSCANY VILLAGE
TOTALS:			775,464.75	

Payables 732,027.29 +
NH 2,287.49 +
Trustees 26,597.47 -
14,552.50 +
775,464.75 *

APPROVED ON

JAN 26 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____
Date Requested: 1/20/2022
Payer: Medicare
Requested by: Faren Campos
Requestor's email: fgonzales@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
		1/3/2022	EFT	(106.41)	EFT6201092	CVDAR000026869	106.41	BROADMOOR
		1/4/2022	EFT	(242.31)	EFT6202763	CVDAR000026869	242.31	BROADMOOR
		1/5/2022	EFT	(667.77)	EFT6203976	CVDAR000026869	667.77	BROADMOOR
		1/6/2022	EFT	(1,019.98)	EFT6205104	CVDAR000026869	1,019.98	BROADMOOR
		1/7/2022	EFT	\$ (284.17)	EFT6206137	CVDAR000026869	284.17	BROADMOOR
		1/10/2022	EFT	\$ (5.64)	EFT6206710	CVDAR000026869	5.64	BROADMOOR
		1/11/2022	EFT	\$ (253.78)	EFT6207609	CVDAR000026869	253.78	BROADMOOR
		1/11/2022	EFT	\$ (81.46)	EFT62070429	CVDAR000026869	81.46	BROADMOOR
TOTAL				(2,661.52)			2,661.52	

To be filled out by Memorial Medical Center:

Date Received: 1/20/2021
Approved by: Mayra Martinez
Date of transfer: 1/26/2022
From Facility: BROADMOOR
To Facility: MMC
Amount: 2,661.52
Requested Transfer Date #2: _____
Date of transfer: _____
From Facility: _____
To Facility: _____
Amount: _____

APPROVED ON

JAN 24 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 000181

Request for Transfer of Funds

Transfer #: _____

Date Requested: 1.21.22

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@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		1.5.22	EFT	\$ 63.46	EFT6204239	WO/CVDAR000026869	\$ 63.46	Due Tuscany from Broadmoor
		1.13.22	EFT	\$ 524.20	EFT6211386	WO/CVDAR000026869	\$ 524.20	Due Tuscany from Broadmoor
		1.21.22	EFT	\$ 618.50	EFT6219987	WO/CVDAR000026869	\$ 618.50	Due Tuscany from Broadmoor
			TOTAL	1,206.16			1,206.16	

To be filled out by Memorial Medical Center:

Date Received: 1/21/2022

Approved by: Mayra Martinez

Date of transfer: 1/26/2022

From Facility: BROADMOOR

To Facility: TUSCANY

Amount: 1,206.16

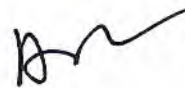
Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED ON

JAN 24 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CK# 000182

Request for Transfer of Funds

Transfer #: _____

Date Requested: 1/20/2022

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 : clevenger@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
		1/3/2022	EFT	(106.41)	EFT6201092	CVDAR000018170	106.41	CRESCENT
		1/4/2022	EFT	(242.31)	EFT6202763	CVDAR000018170	242.31	CRESCENT
		1/5/2022	EFT	(667.77)	EFT6203976	CVDAR000018170	667.77	CRESCENT
		1/6/2022	EFT	(1,019.98)	EFT6205104	CVDAR000018170	1,019.98	CRESCENT
		1/7/2022	EFT	\$ (284.17)	EFT6206137	CVDAR000018170	284.17	CRESCENT
		1/10/2022	EFT	\$ (5.64)	EFT6206710	CVDAR000018170	5.64	CRESCENT
		1/11/2022	EFT	\$ (253.78)	EFT6207609	CVDAR000018170	253.78	CRESCENT
		1/11/2022	EFT	\$ (81.46)	EFT6207429	CVDAR000018170	81.46	CRESCENT
				-				
TOTAL				(2,661.52)			2,661.52	

To be filled out by Memorial Medical Center:

Date Received: 1/20/2021

Approved by: Mayra Martinez

Date of transfer: 1/26/2022

From Facility: CRESCENT

To Facility: MMC

Amount: 2,661.52

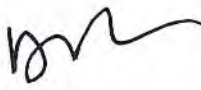
Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED ON

JAN 24 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL#000210

Request for Transfer of Funds

Transfer #: _____

Date Requested: 1.21.22

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
		1.5.22	EFT	\$ 63.46	EFT6204239	WO/CVDAR000019557	\$ 63.46	Due Tuscany from Crescent
		1.13.22	EFT	\$ 524.20	EFT6211386	WO/CVDAR000019557	\$ 524.20	Due Tuscany from Crescent
		1.21.22	EFT	\$ 618.50	EFT6219987	WO/CVDAR000019557	\$ 618.50	Due Tuscany from Crescent
			TOTAL	1,206.16			1,206.16	

To be filled out by Memorial Medical Center:

Date Received: 1/21/2022

Approved by: Mayra Martinez

Date of transfer: 1/26/2022

From Facility: CRESCENT

To Facility: TUSCANY

Amount: 1,206.16

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

AM

APPROVED ON

JAN 24 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 000211

Request for Transfer of Funds

Transfer #: _____

Date Requested: 1/20/2022

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

nmartinez@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
		1/3/2022	EFT	(106.41)	EFT6201092	CVDAR000018170	106.41	SOLERA
		1/4/2022	EFT	(242.31)	EFT6202763	CVDAR000018170	242.31	SOLERA
		1/5/2022	EFT	(667.77)	EFT6203976	CVDAR000018170	667.77	SOLERA
		1/6/2022	EFT	(1,019.98)	EFT6205104	CVDAR000018170	1,019.98	SOLERA
		1/7/2022	EFT	\$ (284.17)	EFT6206137	CVDAR000018170	284.17	SOLERA
		1/10/2022	EFT	\$ (5.64)	EFT6206710	CVDAR000018170	5.64	SOLERA
		1/11/2022	EFT	\$ (253.78)	EFT6207609	CVDAR000018170	253.78	SOLERA
		1/11/2022	EFT	\$ (81.46)	EFT6207429	CVDAR000018170	81.46	SOLERA
TOTAL				(2,661.52)			2,661.52	

To be filled out by Memorial Medical Center:

Date Received: 1/20/2021

Approved by: Mayra Martinez

Date of transfer: 1/26/2022

From Facility: SOLERA

To Facility: MMC

Amount: 2,661.52

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

RM

APPROVED ON

JAN 24 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL # 001210

Request for Transfer of Funds

Transfer #: _____

Date Requested: 1.21.22

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 : cclevenge@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		1.5.22	EFT	\$ 63.46	EFT6204239	WO/CVDAR000018170	\$ 63.46	Due Tuscany from Solera
		1.13.22	EFT	\$ 524.20	EFT6211386	WO/CVDAR000018170	\$ 524.20	Due Tuscany from Solera
		1.21.22	EFT	\$ 618.50	EFT6219987	WO/CVDAR000018170	\$ 618.50	Due Tuscany from Solera
			TOTAL	1,206.16			1,206.16	

To be filled out by Memorial Medical Center:

Date Received: 1/21/2022

Approved by: Mayra Martinez

Date of transfer: 1/26/2022

From Facility: SOLERA

To Facility: TUSCANY

Amount: 1,206.16

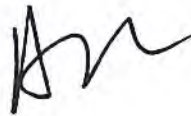
Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED ON

JAN 24 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#001211

RUN DATE:01/26/22
TIME:12:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/26/22 THRU 01/26/22

PAGE 3
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000181	01/26/22	2,661.52	MEMORIAL MEDICAL CENTER
NHB	000182	01/26/22	1,206.16	TUSCANY
TOTALS:			3,867.68	

Broadmoor

APPROVED ON

JAN 26 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:01/26/22
TIME:12:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/26/22 THRU 01/26/22

PAGE 4
GLCKREG

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

NHC	000210	01/26/22	2,661.52	MEMORIAL MEDICAL CENTER	
NHC	000211	01/26/22	1,206.16	TUSCANY	<i>Crescent</i>
TOTALS:			3,867.68		

APPROVED ON

JAN 26 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:01/26/22
TIME:12:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/26/22 THRU 01/26/22

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001210 01/26/22 2,661.52 MEMORIAL MEDICAL CENTER
NHS 001211 01/26/22 1,206.16 TUSCANY
TOTALS: 3,867.68

Solem

APPROVED ON

JAN 26 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000181

Date 1/26/2022

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical center

\$ 2661.52

Two thousand six hundred sixty six one & 52/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000181⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000182

Date 1/26/22

88-2265/1131

PAY

TO THE ORDER OF Tuscany

\$ 1,206.16

One thousand two hundred six & 16/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000182⑈ ⑆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

000210

Date 1/26/2022

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical center

\$ 2661.52

Two thousand six hundred sixty one & 52/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000210⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000211

Date 1/26/22

88-2265/1131

PAY
TO THE
ORDER OF

Tuscany

\$ 1,206.16

One thousand two hundred six $\frac{1}{4}$ 16/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000211⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001210

Date 1/26/22

88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Center

\$ 2,661.52

Two thousand six hundred sixty one $\frac{1}{4}$ 52/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001210⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001211

Date 1/26/22

88-2265/1131

PAY
TO THE
ORDER OF

Tuscany

\$ 1,206.16

One thousand two hundred six $\frac{1}{4}$ 16/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001211⑈ ⑆113122655⑆

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 1/24/2022

Nursing Home	Account Number	Beginning Balance	Transfer-Out	ACH Pending Transfer-In	Pending Deposits	Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		234,036.41 ✓	233,936.41 ✓	35,005.91 ✓		35,105.91 ✓	35,005.91
						Bank Balance Variance	
						Leave in Balance	100.00
						JAN INTEREST FEB INTEREST MAR INTEREST	
						Adjust Balance/Transfer Amt	35,005.91 ✓
Broadmoor		131,614.74 ✓	126,210.79 ✓	109,349.59 ✓		114,753.54 ✓	105,481.91
						Bank Balance Variance	
						Leave in Balance	100.00
						MEDICARE REPAYMENT TO MMC MEDICARE REPAYMETN TO TUSCANY MEDICARE REPAYMETN TO TUSCANY	2,661.52 ✓ 1,206.16 ✓ 0.15 5,303.95
						JAN INTEREST FEB INTEREST MAR INTEREST	
						Adjust Balance/Transfer Amt	105,481.91 ✓
Crescent		157,951.84 ✓	152,547.89 ✓	123,924.09 ✓		129,328.04 ✓	120,056.41
						Bank Balance Variance	
						Leave in Balance	100.00
						MEDICARE REPAYMENT TO TUSCANY MEDICARE REPAYMENT TO TUSCANY MEDICARE REPAYMENT TO MMC	0.15 5,303.95 ✓ 1,206.16 ✓ 2,661.52 ✓
						JAN INTEREST FEB INTEREST MAR INTEREST	
						Adjust Balance/Transfer Amt	120,056.41 ✓
Fort Bend		96,032.17 ✓	95,932.17 ✓	45,134.24 ✓		45,234.24 ✓	45,134.24
						Bank Balance Variance	
						Leave in Balance	100.00
						JAN INTEREST FEB INTEREST MAR INTEREST	
						Adjust Balance/Transfer Amt	45,134.24 ✓
Solera at W Houston		179,757.05 ✓	174,353.10 ✓	153,659.80 ✓		159,063.75 ✓	149,792.12
						Bank Balance Variance	
						Leave in Balance	100.00

35,005.91³⁶ +
 105,481.91³⁷ +
 120,056.41 +
 45,134.24 +
 149,792.12 +
 455,470.59 *

at West Houston / Fort Bend / Broadmoor:
 transferred to the nursing home.
 * \$100 that MMC deposited to open account.

MEDICARE REPAYMENT TO TUSCANY 0.15 5,303.95 ✓
 MEDICARE REPAYMENT TO MMC 2,661.52 ✓
 MEDICARE REPAYMENT TO TUSCANY 1,206.16 ✓
 JAN INTEREST
 FEB INTEREST
 MAR INTEREST
 Adjust Balance/Transfer Amt 149,792.12 ✓

APPROVED ON
 JAN 24 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 455,470.59
 Approved: *A. Richardson*
 ANTHONY RICHARDSON, CFO 1/24/2022

Ashford Gardens

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Com p1	QIPP/Comp 2	QIPP/Com p3	QIPP/Com p4&Lapse	QIPP TI	
-	2,389.10	-	-	-	-	-	2,389.10
-	851.10	-	-	-	-	-	851.10
-	249.08	-	-	-	-	-	249.08
-	11,041.93	-	-	-	-	-	11,041.93
199,597.94	-	-	-	-	-	-	-
34,338.47	-	-	-	-	-	-	-
-	194.17	-	-	-	-	-	194.17
-	5,387.85	-	-	-	-	-	5,387.85
-	700.00	-	-	-	-	-	700.00
-	104.78	-	-	-	-	-	104.78
-	14,087.90	-	-	-	-	-	14,087.90
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
233,936.41	35,005.91	-	-	-	-	-	35,005.91

Broadmoor

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Com	QIPP/Comp 2	QIPP/Com	QIPP/Com	QIPP TI	
-	1,531.72	-	-	-	-	-	1,531.72
-	307.53	-	-	-	-	-	307.53
-	10,270.00	-	-	-	-	-	10,270.00
-	688.37	-	-	-	-	-	688.37
99,232.17	-	-	-	-	-	-	-
-	10,521.02	-	-	-	-	-	10,521.02
12,770.11	-	-	-	-	-	-	-
14,208.51	-	-	-	-	-	-	-
-	16,857.72	-	-	-	-	-	16,857.72
-	2,952.48	-	-	-	-	-	2,952.48
-	63,000.27	-	-	-	-	-	63,000.27
-	3,220.48	-	-	-	-	-	3,220.48
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
126,210.79	109,349.59	-	-	-	-	-	109,349.59

Crescent

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Com	QIPP/Comp 2	QIPP/Com	QIPP/Com	QIPP TI	
-	4,684.29	-	-	-	-	-	4,684.29
-	900.00	-	-	-	-	-	900.00
-	2,658.00	-	-	-	-	-	2,658.00
-	6,154.65	-	-	-	-	-	6,154.65
-	307.91	-	-	-	-	-	307.91
-	1,113.00	-	-	-	-	-	1,113.00
129,423.91	-	-	-	-	-	-	-
12,770.11	-	-	-	-	-	-	-
10,353.87	-	-	-	-	-	-	-
-	184.00	-	-	-	-	-	184.00
-	76,915.63	-	-	-	-	-	76,915.63
-	24,800.00	-	-	-	-	-	24,800.00
-	6,206.61	-	-	-	-	-	6,206.61
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
152,547.89	123,924.09	-	-	-	-	-	123,924.09

Fort Bend

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Com p1	QIPP/Comp 2	QIPP/Com p3	QIPP/Com p4&Lapse	QIPP TI	
-	16.31	-	-	-	-	-	16.31
82,052.58	-	-	-	-	-	-	-
-	10,743.86	-	-	-	-	-	10,743.86
13,879.49	-	-	-	-	-	-	-
-	41.34	-	-	-	-	-	41.34
-	9,695.25	-	-	-	-	-	9,695.25
-	15,770.11	-	-	-	-	-	15,770.11
-	8,867.37	-	-	-	-	-	8,867.37
-	-	-	-	-	-	-	-
95,932.17	45,134.24	-	-	-	-	-	45,134.24

Solera at West Houston

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Com	QIPP/Comp 2	QIPP/Com	QIPP/Com	QIPP TI	
-	7,203.63	-	-	-	-	-	7,203.63
-	5,159.00	-	-	-	-	-	5,159.00
-	4,637.50	-	-	-	-	-	4,637.50
-	2,066.78	-	-	-	-	-	2,066.78
-	9,300.00	-	-	-	-	-	9,300.00
-	980.00	-	-	-	-	-	980.00
148,541.94	-	-	-	-	-	-	-
-	0.01	-	-	-	-	-	0.01
-	22,868.79	-	-	-	-	-	22,868.79
12,770.11	-	-	-	-	-	-	-
13,041.05	-	-	-	-	-	-	-
-	13,099.50	-	-	-	-	-	13,099.50
-	1,067.52	-	-	-	-	-	1,067.52
-	2,939.65	-	-	-	-	-	2,939.65
-	82,716.22	-	-	-	-	-	82,716.22
-	1,621.20	-	-	-	-	-	1,621.20
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
174,353.10	153,659.80	-	-	-	-	-	153,659.80

TOTALS

782,980.36	467,073.63	-	-	-	-	-	467,073.63
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Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA Data reported as of Jan 24, 2022

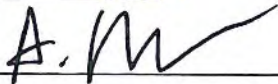
Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,002,146.40	\$7,624,157.60	\$7,002,146.40	\$6,998,238.0
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,420.72	\$5,420.72	\$5,420.72	\$5,420.7
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$6,763.76	\$70,033.18	\$6,763.76	\$4,274.7
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.06	\$536.06	\$536.06	\$536.0
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,212,014.57	\$5,384,335.27	\$5,212,014.57	\$5,487,374.5
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.56	\$431.56	\$431.56	\$431.5
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$35,105.91 ✓	\$59,367.83	\$35,105.91	\$48,969.6
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$114,753.54 ✓	\$150,416.49	\$114,753.54	\$55,701.2
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$129,328.04 ✓	\$138,217.91	\$129,328.04	\$44,345.7
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$45,234.24 ✓	\$97,691.26	\$45,234.24	\$24,739.6
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$159,063.75 ✓	\$183,294.46	\$159,063.75	\$83,430.8
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,331.22	\$1,109,331.22	\$1,109,331.22	\$1,109,331.2
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$85,878.51	\$267,263.01	\$85,878.51	\$68,729.1
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$6,039.51	\$47,309.87	\$6,039.51	\$2,367.7
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$32,341.90	\$34,026.92	\$32,341.90	\$32,341.9
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$59,903.11	\$76,481.84	\$59,903.11	\$30,242.9

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 1/24/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		116,671.50	116,571.50	6,663.76		6,763.76	6,663.76
						6,763.76	
						-	
						6,763.76	
						-	
						100.00	

JAN INTEREST
 FEB INTEREST
 MAR INTEREST
 Adjust Balance/Transfer Amt 6,663.76

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

Approved: 
 ANTHONY RICHARDSON, CFO 1/24/2022

APPROVED ON
JAN 24 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

MMC PORTION

Transfer-Out	Transfer-In	QIPP/Comp	QIPP/Comp	QIPP/Comp	QIPP/Comp	NH PORTION
		1	2	3	4&Lapse	
-	1,455.67	-	-	-	-	1,455.67
-	6.21	-	-	-	-	6.21
116,571.50	-	-	-	-	-	-
-	1,625.89	-	-	-	-	1,625.89
-	1,087.00	-	-	-	-	1,087.00
-	2,353.10	-	-	-	-	2,353.10
-	135.89	-	-	-	-	135.89
116,571.50	6,663.76	-	-	-	-	6,663.76

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type



DDA

Data reported as of Jan 24, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,002,146.40	\$7,624,157.60	\$7,002,146.40	\$6,998,238.0
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,420.72	\$5,420.72	\$5,420.72	\$5,420.7
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$6,763.76	\$70,033.18	\$6,763.76	\$4,274.7
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.06	\$536.06	\$536.06	\$536.0
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,212,014.57	\$5,384,335.27	\$5,212,014.57	\$5,487,374.9
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.56	\$431.56	\$431.56	\$431.5
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$35,105.91	\$59,367.83	\$35,105.91	\$48,969.6
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$114,753.54	\$150,416.49	\$114,753.54	\$55,701.2
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$129,328.04	\$138,217.91	\$129,328.04	\$44,345.7
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$45,234.24	\$97,691.26	\$45,234.24	\$24,739.6
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$159,063.75	\$183,294.46	\$159,063.75	\$83,430.6
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,331.22	\$1,109,331.22	\$1,109,331.22	\$1,109,331.2
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$85,878.51	\$267,263.01	\$85,878.51	\$68,729.1
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$6,039.51	\$47,309.87	\$6,039.51	\$2,367.7
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$32,341.90	\$34,026.92	\$32,341.90	\$32,341.9
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$59,903.11	\$76,481.84	\$59,903.11	\$30,242.9

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 1/24/2022

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		37,442.74	5,495.32	394.48			32,341.90	32,124.29
						Bank Balance	32,341.90	
						Variance		
						Leave in Balance	100.00	
						UNIDENTIFIED ECHO PAYMENTS (NO CHECK WILL BE WRITTEN FOR THIS AMOUNT YET)	117.61	

JAN INTEREST
 FEB INTEREST
 MAR INTEREST
 Adjust Balance/Transfer Amt 32,124.29


Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		81,328.29	81,228.29	5,939.51			6,039.51	5,939.51
						Bank Balance	6,039.51	
						Variance		
						Leave in Balance	100.00	

JAN INTEREST
 FEB INTEREST
 MAR INTEREST
 Adjust Balance/Transfer Amt 5,939.51

Routing Information for Gulf Pointe Plaza:
 [Redacted]

TOTAL TRANSFERS 38,063.80

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 1/24/2022

32,124.29 +
 5,939.51 +
38,063.80 *

APPROVED ON
JAN 24 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type

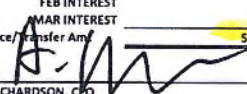
DDA

Data reported as of Jan 24, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$6,763.76	\$70,033.18	\$6,763.76	\$4,274.7
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.06	\$536.06	\$536.06	\$536.0
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,212,014.57	\$5,384,335.27	\$5,212,014.57	\$5,487,374.9
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.56	\$431.56	\$431.56	\$431.5
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$35,105.91	\$59,367.83	\$35,105.91	\$48,969.6
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$114,753.54	\$150,416.49	\$114,753.54	\$55,701.2
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$129,328.04	\$138,217.91	\$129,328.04	\$44,345.7
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$45,234.24	\$97,691.26	\$45,234.24	\$24,739.6
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$159,063.75	\$183,294.46	\$159,063.75	\$83,430.8
*2998 MMC -MONEY MARKET FUND	\$1,109,331.22	\$1,109,331.22	\$1,109,331.22	\$1,109,331.2
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*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$6,039.51 ✓	\$47,309.87	\$6,039.51	\$2,367.7
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$32,341.90 ✓	\$34,026.92	\$32,341.90	\$32,341.9
*3407 MMC -NH TUSCANY VILLAGE	\$59,903.11	\$76,481.84	\$59,903.11	\$30,242.9

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscan Transfer
 Prosperity Accounts
 1/24/2022

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		162,181.27	162,081.27	59,803.11			59,903.11	59,803.11
						Bank Balance	59,903.11	
						Variance	59,903.11	
						Leave in Balance	100.00	
						AMERIGROUP NOV QPPP		

JAN INTEREST
 FEB INTEREST
 MAR INTEREST
 Adjust Balance/Transfer Amt: 59,803.11
 Approved: 
 ANTHONY RICHARDSON, CFO 1/24/2022

Note: Only balances of over \$5,000 will be transferred to the nursing home.
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APPROVED ON

JAN 24 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Com p1	QIPP/Comp 2	QIPP/Com p3	QIPP/Com p4&Lapse	QIPP TI	
1/19/2022 Deposit	-	10,607.90	-	-	-	-	-	10,607.90
1/20/2022 WIRE OUT LINBAR ENTERPRISES, LLC	142,546.21	-	-	-	-	-	-	-
1/21/2022 CK1090	19,535.06	-	-	-	-	-	-	-
1/21/2022 Molina HC of TX HCCLAIMPMT PN1275717894 42	-	861.21	-	-	-	-	-	861.21
1/21/2022 HNB - ECHO HCCLAIMPMT 746003411 440000265	-	30,979.00	-	-	-	-	-	30,979.00
1/21/2022 KS PLAN ADMINIST HCCLAIMPMT 179 111000026	-	17,355.00	-	-	-	-	-	17,355.00
	162,081.27	59,803.11	-	-	-	-	-	59,803.11

Quick View

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Account Number / Name

Select Group
Groups

Account Type



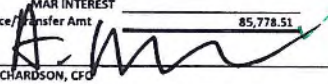
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*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.56	\$431.56	\$431.56	\$431.5
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$35,105.91	\$59,367.83	\$35,105.91	\$48,969.6
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*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$45,234.24	\$97,691.26	\$45,234.24	\$24,739.6
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$159,063.75	\$183,294.46	\$159,063.75	\$83,430.6
*2998 MMC -MONEY MARKET FUND	\$1,109,331.22	\$1,109,331.22	\$1,109,331.22	\$1,109,331.2
*5506 MMC -NH BETHANY SENIOR LIVING	\$85,878.51	\$267,263.01	\$85,878.51	\$68,729.1
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$6,039.51	\$47,309.87	\$6,039.51	\$2,367.7
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$32,341.90	\$34,026.92	\$32,341.90	\$32,341.9
*3407 MMC -NH TUSCANY VILLAGE	\$59,903.11	\$76,481.84	\$59,903.11	\$30,242.9

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 1/24/2022

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		269,883.08	269,783.08	85,778.51			85,878.51	85,778.51
						Bank Balance	85,878.51	
						Variance	-	
						Leave in Balance	100.00	

JAN INTEREST
 FEB INTEREST
 MAR INTEREST
 Adjust Balance/Transfer Amt 85,778.51
 Approved: 
 ANTHONY RICHARDSON, CFO 1/24/2022

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 24 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type



DDA

Data reported as of Jan 24, 2022

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<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$6,763.76	\$70,033.18	\$6,763.76	\$4,274.72
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.06	\$536.06	\$536.06	\$536.06
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,212,014.57	\$5,384,335.27	\$5,212,014.57	\$5,487,374.92
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<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	\$85,878.51	\$267,263.01	\$85,878.51	\$68,729.12
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$6,039.51	\$47,309.87	\$6,039.51	\$2,367.72
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$32,341.90	\$34,026.92	\$32,341.90	\$32,341.92
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$59,903.11	\$76,481.84	\$59,903.11	\$30,242.92

☒

RUN DATE:01/21/22
TIME:12:38

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/21/22 THRU 01/21/22

PAGE 1
GLCKREG

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

A/P * 192928 01/21/22 19,847.70CR MORRIS & DICKSON CO, LLC
A/P 193594 01/21/22 .00 VOIDED
A/P 193595 01/21/22 19,847.70 MORRIS & DICKSON CO, LLC
TOTALS: .00

*CK# 192928 - stop pymt issued. Vendor
never received. Reissued
w/ ck# 193595*