

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---February 09, 2022**

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 656,120.02
TOTAL TRANSFERS BETWEEN FUNDS	\$ 383,561.07
TOTAL NURSING HOME UPL EXPENSES	\$ 720,013.30
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
<b>GRAND TOTAL DISBURSEMENTS APPROVED February 09, 2022</b>	<b>\$ 1,759,694.39</b>

**APPROVED**

**FEB 09 2022**

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---February 09, 2022**

**PAYABLES AND PAYROLL**

2/3/2022 Weekly Payables	477,930.27
2/7/2022 SAM Support-support renewal fee	799.99
2/7/2022 Patient Refunds	270.00
2/7/2022 McKesson-340B Prescription Expense	11,468.44
2/7/2022 Amerisource Bergen-340B Prescription Expense	1,033.25

**Prosperity Electronic Bank Payments**

2/3/2022 Credit Card & Lease Fees	559.90
2/15/2022 TCDRS January Retirement	163,191.16
1/31-2/3/22 Pay Plus-Patient Claims Processing Fee	227.71
2/4/2022 ExpertPay- child support	614.20
2/2/2022 Authnet Gateway Billing-3rd Party Payor Fee	25.10

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** \$ **656,120.02**

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

2/3/2022 MMC Operating to Ashford-correction of NH QIPP payment deposited into MMC Operating	6,255.68
2/3/2022 MMC Operating to Solera-correction of NH insurance and QIPP payment deposited into MMC Operating in error	10,085.44
2/3/2022 MMC Operating to Fort bend-correction on NH QIPP payment deposited into MMC Operating	2,531.20
2/3/2022 MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating	3,397.82
2/3/2022 MMC Operating to Crescent-correction of NH QIPP payment deposited into MMC Operating in error	2,079.20
2/3/2022 MMC Operating to Golden Creek-correction of NH insurance and QIPP payment deposited into MMC Operating in error	36,607.33
2/3/2022 MMC Operating to Gulf Pointe Plaza -correction of NH insurance and QIPP payment deposited into MMC Operating	56,528.30
2/3/2022 MMC Operating to Tuscany Village-correction of NH insurance and QIPP payment deposited into MMC Operating	86,481.16
2/3/2022 MMC Operating to Bethany-correction of NH insurance and medicare recoup payment deposited into MMC Operating in error	147,353.40

**MEDICARE ADVANCE PAYMENT RECOUP**

2/7/2022 Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	10,747.18
2/7/2022 Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	10,747.18
2/7/2022 Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	10,747.18

**TOTAL TRANSFERS BETWEEN FUNDS** \$ **383,561.07**

**NURSING HOME UPL EXPENSES**

2/7/2022 Nursing Home UPL-Cantex Transfer	95,215.52
2/7/2022 Nursing Home UPL-Nexion Transfer	58,287.14
2/7/2022 Nursing Home UPL-HMG Transfer	83,106.35
2/7/2022 Nursing Home UPL-Tuscany Transfer	33,933.40
2/7/2022 Nursing Home UPL-HSL Transfer	279,580.33

**QIPP CHECKS TO MMC**

2/7/2022 Ashford	55,215.44
2/7/2022 Broadmoor	22,864.47
2/7/2022 Crescent	18,211.48
2/7/2022 Fort Bend	22,395.05
2/7/2022 Solera	21,641.97
2/7/2022 Tuscany	29,562.15

**TOTAL NURSING HOME UPL EXPENSES** \$ **720,013.30**

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

**GRAND TOTAL DISBURSEMENTS APPROVED February 09, 2022** \$ **1,759,694.39**

RECEIVED BY THE COUNTY AUDITOR ON

02/03/2022  
FEB 03 2022  
08:54

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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ap\_open\_invoice.template

Due Dates Through: 02/23/2022

CALHOUN COUNTY TEXAS

Vendor# Vendor Name

Class Pay Code

Vendor#	Vendor Name	Class	Pay Code	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11283	ACE HARDWARE 15521 ✓										
	Invoice#	Comment		Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	160967 ✓			01/31/20	01/03/20	01/28/20		26.99	0.00	0.00	26.99 ✓
		SUPPLIES									
	161001 ✓			01/31/20	01/04/20	01/29/20		7.79	0.00	0.00	7.79 ✓
		SUPPLIES									
	161204 ✓			01/31/20	01/11/20	02/05/20		28.79	0.00	0.00	28.79 ✓
		SUPPLIES									
	161254 ✓			01/31/20	01/12/20	02/06/20		12.99	0.00	0.00	12.99 ✓
		SUPPLIES									
	161351 ✓			01/31/20	01/14/20	02/08/20		8.59	0.00	0.00	8.59 ✓
		SUPPLIES									
	161390 ✓			01/31/20	01/17/20	02/11/20		13.99	0.00	0.00	13.99 ✓
		SUPPLIES									
	161597 ✓			01/31/20	01/24/20	02/18/20		31.99	0.00	0.00	31.99 ✓
		SUPPLIES									
	161592 ✓			01/31/20	01/24/20	02/18/20		119.99	0.00	0.00	119.99 ✓
		SUPPLIES									
	161593 ✓			01/31/20	01/24/20	02/18/20		-20.00	0.00	0.00	-20.00 ✓
		CREDIT									
	161617 ✓			01/31/20	01/25/20	02/19/20		99.98	0.00	0.00	99.98 ✓
		SUPPLIES									
	161704 ✓			01/31/20	01/27/20	02/21/20		8.98	0.00	0.00	8.98 ✓
		SUPPLIES									
Vendor Totals:				Number	Name			Gross	Discount	No-Pay	Net
				11283	ACE HARDWARE 15521			340.08	0.00	0.00	340.08

Vendor#	Vendor Name	Class	Pay Code	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
13180	ADVANCED STERILIZATION PRODUCT										
	Invoice#	Comment		Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	020122			02/02/20	02/02/20	02/02/20		1,000.00	0.00	0.00	1,000.00
		CONTRACT									
Vendor Totals:				Number	Name			Gross	Discount	No-Pay	Net
				13180	ADVANCED STERILIZATION PRODUCT			1,000.00	0.00	0.00	1,000.00

Vendor#	Vendor Name	Class	Pay Code	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓		M								
	Invoice#	Comment		Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9121645116 ✓			01/31/20	01/17/20	02/11/20		3,403.12	0.00	0.00	3,403.12 ✓
		OXYGEN									
	9121847274 ✓			01/31/20	01/20/20	02/14/20		239.61	0.00	0.00	239.61 ✓
		OXYGEN									
Vendor Totals:				Number	Name			Gross	Discount	No-Pay	Net
				A1680	AIRGAS USA, LLC - CENTRAL DIV			3,642.73	0.00	0.00	3,642.73

Vendor#	Vendor Name	Class	Pay Code	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A1705	ALIMED INC. ✓		M								
	Invoice#	Comment		Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	03737306 ✓			01/31/20	01/18/20	02/02/20		135.02	0.00	0.00	135.02 ✓
		SUPPLIES									

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		A1705	ALIMED INC.		135.02	0.00	0.00	135.02	
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
013122		01/31/20	01/31/20	01/31/20		2,097.00	0.00	0.00	2,097.00 ✓
TRANSCRIPTION SERVICES									
Vendor Totals		10958	ALLYSON SWOPE			2,097.00	0.00	0.00	2,097.00
Vendor#	Vendor Name		Class	Pay Code					
14028	AMAZON CAPITAL SERVICES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
012522		01/31/20	01/25/20	01/25/20		29.07	0.00	0.00	29.07 ✓
SUPPLIES									
Vendor Totals		14028	AMAZON CAPITAL SERVICES			29.07	0.00	0.00	29.07
Vendor#	Vendor Name		Class	Pay Code					
10419	AMBU INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
222048946 ✓		01/31/20	01/27/20	02/01/20		174.00	0.00	0.00	174.00 ✓
SUPPLIES									
Vendor Totals		10419	AMBU INC			174.00	0.00	0.00	174.00
Vendor#	Vendor Name		Class	Pay Code					
A1360	AMERISOURCEBERGEN DRUG CORP ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
803319394 ✓		01/31/20	01/15/20	01/21/20		302.30	0.00	0.00	302.30 ✓
INVENTORY									
3081312657 ✓		01/31/20	01/25/20	01/31/20		26,000.00	0.00	0.00	26,000.00 ✓
INVENOTRY									
3081443231 ✓		01/31/20	01/27/20	02/02/20		93.35	0.00	0.00	93.35 ✓
INVENTORY									
Vendor Totals		A1360	AMERISOURCEBERGEN DRUG CORP			26,395.65	0.00	0.00	26,395.65
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
2452799 ✓		01/31/20	01/24/20	02/23/20		2,931.25	0.00	0.00	2,931.25 ✓
TRAVEL LAB STAFFING (117-1113)22) Stibley									
2452951 ✓		01/31/20	01/24/20	02/23/20		2,730.25	0.00	0.00	2,730.25 ✓
TRAVEL LAB STAFFING (110-1113)22) Hawkins									
2452904 ✓		01/31/20	01/24/20	02/23/20		2,760.00	0.00	0.00	2,760.00 ✓
TRAVEL LAB STAFFING (117-1113)22) Simonich									
Vendor Totals		A0400	AUREUS RADIOLOGY LLC			8,421.50	0.00	0.00	8,421.50
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
73642725 ✓		01/31/20	01/20/20	02/14/20		676.63	0.00	0.00	676.63 ✓
SUPPLIES									
Vendor Totals									

	B1150	BAXTER HEALTHCARE				676.63	0.00	0.00	676.63
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
109635596 ✓		01/25/20	01/24/20	02/18/20		151.20	0.00	0.00	151.20 ✓
	SUPPLIES								
109635731 ✓		01/25/20	01/24/20	02/18/20		1,363.99	0.00	0.00	1,363.99 ✓
	SUPPLIES								
109590684 ✓		01/31/20	01/07/20	02/01/20		139.34	0.00	0.00	139.34 ✓
	SUPPLIES								
10965609		01/31/20	01/27/20	02/21/20		80.47	0.00	0.00	80.47 ✓
	SUPPLIES								
109650379 ✓		01/31/20	01/27/20	02/21/20		321.88	0.00	0.00	321.88 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC				2,056.88	0.00	0.00	2,056.88
Vendor#	Vendor Name				Class	Pay Code			
10599	BKD, LLP ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
BK01516145 ✓		01/31/20	01/28/20	02/22/20		6,864.00	0.00	0.00	6,864.00 ✓
	LEGAL FEES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10599	BKD, LLP				6,864.00	0.00	0.00	6,864.00
Vendor#	Vendor Name				Class	Pay Code			
C1048	CALHOUN COUNTY ✓				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
012422	FUEL	01/31/20	01/24/20	01/24/20		101.78	0.00	0.00	101.78 ✓
	FUEL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY				101.78	0.00	0.00	101.78
Vendor#	Vendor Name				Class	Pay Code			
C1325	CARDINAL HEALTH 414, INC. ✓				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8002744690 ✓		01/31/20	01/15/20	02/09/20		167.46	0.00	0.00	167.46 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.				167.46	0.00	0.00	167.46
Vendor#	Vendor Name				Class	Pay Code			
13028	CAVALLO ENERGY TEXAS LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
16673166		01/31/20	01/19/20	02/22/20		1,254.00	0.00	0.00	1,254.00 ✓
	ELECTRICITY								
16673167		01/31/20	01/19/20	02/22/20		637.13	0.00	0.00	637.13 ✓
	ELECTRICITY								
16673168		01/31/20	01/19/20	02/22/20		16.34	0.00	0.00	16.34 ✓
	ELECTRICITY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	13028	CAVALLO ENERGY TEXAS LLC				1,907.47	0.00	0.00	1,907.47
Vendor#	Vendor Name				Class	Pay Code			
C1992	CDW GOVERNMENT, INC. ✓				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

Q979706		01/25/20	01/18/20	02/17/20		4,535.68	0.00	0.00	4,535.68 ✓
	SUPPLIES (15) Chromebooks for board members								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.				4,535.68	0.00	0.00	4,535.68
Vendor#	Vendor Name		Class	Pay Code					
12768	CHEMAQUA ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7641397 ✓		01/31/20	01/10/20	01/20/20		518.75	0.00	0.00	518.75 ✓
	WATER TREATMENT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12768	CHEMAQUA				518.75	0.00	0.00	518.75
Vendor#	Vendor Name		Class	Pay Code					
10105	CHRIS KOVAREK								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
59		01/31/20	01/31/20	02/02/20		280.00	0.00	0.00	280.00 ✓
	PURCHASE SERVICES (1/14-1/31/22)								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK				280.00	0.00	0.00	280.00
Vendor#	Vendor Name		Class	Pay Code					
C1166	COASTAL OFFICE SOLUTIONS ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
OEQT193641 ✓		01/31/20	01/07/20	01/17/20		3,669.20	0.00	0.00	3,669.20 ✓
	SUPPLIES								
CPOEQT1939111 ✓		01/31/20	01/19/20	01/29/20		-8.02	0.00	0.00	-8.02 ✓
	CREDIT								
OEQT194351 ✓		01/31/20	01/28/20	02/07/20		96.50	0.00	0.00	96.50 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTIONS				3,757.68	0.00	0.00	3,757.68
Vendor#	Vendor Name		Class	Pay Code					
11029	COASTAL REFRIGERATION ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5114802 ✓		01/31/20	01/25/20	02/01/20		539.85	0.00	0.00	539.85 ✓
	REPAIR SERVICES								
5114482 ✓		01/31/20	01/25/20	02/01/20		923.32	0.00	0.00	923.32 ✓
	REPAIR SERVICES								
5114424 ✓		01/31/20	01/25/20	02/01/20		617.75	0.00	0.00	617.75 ✓
	REPAIR SERVICES								
5114483 ✓		01/31/20	01/25/20	02/01/20		323.45	0.00	0.00	323.45 ✓
	REPAIR SERVICES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11029	COASTAL REFRIGERATION				2,404.37	0.00	0.00	2,404.37
Vendor#	Vendor Name		Class	Pay Code					
14304	COFFEE BARREL, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
FEB2022		01/31/20	01/31/20	01/31/20		66,875.00	0.00	0.00	66,875.00
	INTERIM PRACTICE ADMINIST (2/1 - 4/3/22) + Travel = 10,000.00								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	14304	COFFEE BARREL, LLC				66,875.00	0.00	0.00	66,875.00
Vendor#	Vendor Name		Class	Pay Code					
11030	COMBINED INSURANCE ✓								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
JAN2022		01/31/20	01/31/20	02/01/20		657.70	0.00	0.00	657.70 ✓		
PAYROLL DEDUCT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11030	COMBINED INSURANCE	657.70	0.00	0.00	657.70
Vendor#	Vendor Name				Class	Pay Code					
C1970	CONMED CORPORATION ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
780599 ✓		01/31/20	01/31/20	01/31/20		87.50	0.00	0.00	87.50 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1970	CONMED CORPORATION	87.50	0.00	0.00	87.50
Vendor#	Vendor Name				Class	Pay Code					
10006	CUSTOM MEDICAL SPECIALTIES ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
290314 ✓		01/31/20	01/24/20	02/01/20		349.01	0.00	0.00	349.01 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10006	CUSTOM MEDICAL SPECIALTIES	349.01	0.00	0.00	349.01
Vendor#	Vendor Name				Class	Pay Code					
10368	DEWITT POTTH & SON ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
6693290 ✓		01/28/20	01/18/20	02/18/20		301.44	0.00	0.00	301.44 ✓		
SUPPLIES											
6692142 ✓		01/31/20	01/24/20	02/18/20		34.64	0.00	0.00	34.64 ✓		
SUPPLIES											
670260 ✓		01/31/20	01/25/20	02/19/20		69.30	0.00	0.00	69.30 ✓		
SUPPLIES											
6612191 ✓		01/31/20	01/26/20	02/20/20		41.20	0.00	0.00	41.20 ✓		
SUPPLIES											
6703890 ✓		01/31/20	01/26/20	02/20/20		474.63	0.00	0.00	474.63 ✓		
SUPPLIES											
6704760 ✓		01/31/20	01/27/20	02/21/20		185.60	0.00	0.00	185.60 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10368	DEWITT POTTH & SON	1,106.81	0.00	0.00	1,106.81
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		
MMC013122	(14-31)	01/31/20	01/31/20	01/31/20		124,365.33	0.00	0.00	124,365.33 ✓		
PHYSICIAN SERVICES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10789	DISCOVERY MEDICAL NETWORK INC	124,365.33	0.00	0.00	124,365.33
Vendor#	Vendor Name				Class	Pay Code					
W1167	ELITECH GROUP INC (WESCOR) ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
771453 ✓		01/28/20	01/12/20	01/10/20		108.66	0.00	0.00	108.66 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						W1167	ELITECH GROUP INC (WESCOR)	108.66	0.00	0.00	108.66
Vendor#	Vendor Name				Class	Pay Code					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
C2510	EVIDENT ✓			M							
T2201071378 ✓		01/31/20	01/07/20	02/01/20		19,760.52	0.00	0.00	19,760.52 ✓		
994397 ✓		01/31/20	01/18/20	02/12/20		90.00	0.00	0.00	90.00 ✓		
FORMS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C2510	EVIDENT	19,850.52	0.00	0.00	19,850.52
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		
905226704 ✓		01/31/20	01/26/20	02/20/20		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					
10003	FILTER TECHNOLOGY CO, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
111823 ✓		01/31/20	08/18/20	09/17/20		212.80	0.00	0.00	212.80 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10003	FILTER TECHNOLOGY CO, INC	212.80	0.00	0.00	212.80
Vendor#	Vendor Name				Class	Pay Code					
14092	FIRST CONNECT CENTER LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
3767 ✓		01/21/20	01/20/20	02/19/20		4,500.00	0.00	0.00	4,500.00 ✓		
3768 ✓	TRAVEL NURSE STAFFING (1/11-1/13/22) Burnham	01/21/20	01/20/20	02/19/20		4,437.50	0.00	0.00	4,437.50 ✓		
3019 ✓	TRAVEL NURSE STAFFING (1/14-1/16/22) Burnham	01/31/20	10/15/20	11/14/20		4,687.00	0.00	0.00	4,687.00 ✓		
3749 ✓	TRAVEL NURSE STAFFING (10/19-10/11/20) Burnham	01/31/20	01/20/20	02/19/20		3,513.85	0.00	0.00	3,513.85 ✓		
	TRAVEL NURSE STAFFING (1/14-1/15/22) Vela										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14092	FIRST CONNECT CENTER LLC	17,138.35	0.00	0.00	17,138.35
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		
8652287 ✓		01/25/20	01/24/20	02/18/20		516.74	0.00	0.00	516.74 ✓		
SUPPLIES											
6422994 ✓		01/28/20	12/03/20	02/18/20		365.81	0.00	0.00	365.81 ✓		
SUPPLIES											
8127383 ✓		01/28/20	01/12/20	02/18/20		1,316.52	0.00	0.00	1,316.52 ✓		
SUPPLIES											
8322852 ✓		01/31/20	01/17/20	02/11/20		52.78	0.00	0.00	52.78 ✓		
SUPPLIES											
8322851 ✓		01/31/20	01/17/20	02/11/20		43.67	0.00	0.00	43.67 ✓		
SUPPLIES											
8322856 ✓		01/31/20	01/17/20	02/11/20		192.04	0.00	0.00	192.04 ✓		
SUPPLIES											
8322853 ✓		01/31/20	01/17/20	02/11/20		154.44	0.00	0.00	154.44 ✓		



			SUPPLIES							
8764251	✓		01/31/20	01/26/20	02/20/20		41.44	0.00	0.00	41.44 ✓
			SUPPLIES							
8821608	✓		01/31/20	01/27/20	02/21/20		238.49	0.00	0.00	238.49 ✓
			SUPPLIES							
8877723	✓		01/31/20	01/28/20	02/22/20		645.21	0.00	0.00	645.21 ✓
			SUPPLIES							
Vendor Total#		Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				3,567.14	0.00	0.00	3,567.14
Vendor#	Vendor Name		Class		Pay Code					
11183	FRONTIER ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
011922		01/31/20	01/19/20	02/14/20		65.40	0.00	0.00	65.40 ✓	
	TELEPHONE									
JAN2022		01/31/20	01/23/20	02/16/20		14.00	0.00	0.00	14.00 ✓	
	TELEPHONE									
Vendor Total#		Number	Name				Gross	Discount	No-Pay	Net
		11183	FRONTIER				79.40	0.00	0.00	79.40
Vendor#	Vendor Name		Class		Pay Code					
12636	FUSION CLOUD SERVICES, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
28432130	✓	01/31/20	01/31/20	02/15/20		1,090.10	0.00	0.00	1,090.10 ✓	
	TELEPHONE SERVICES									
Vendor Total#		Number	Name				Gross	Discount	No-Pay	Net
		12636	FUSION CLOUD SERVICES, LLC				1,090.10	0.00	0.00	1,090.10
Vendor#	Vendor Name		Class		Pay Code					
G0401	GULF COAST DELIVERY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
JAN2022		01/31/20	01/31/20	01/31/20		150.00	0.00	0.00	150.00 ✓	
	DELIVERY SERVICES									
Vendor Total#		Number	Name				Gross	Discount	No-Pay	Net
		G0401	GULF COAST DELIVERY				150.00	0.00	0.00	150.00
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	
2171804	✓	01/25/20	01/18/20	02/17/20		753.49	0.00	0.00	753.49 ✓	
	SUPPLIES									
2171730	✓	01/25/20	01/18/20	02/17/20		20.67	0.00	0.00	20.67 ✓	
	SUPPLIES									
Vendor Total#		Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				774.16	0.00	0.00	774.16
Vendor#	Vendor Name		Class		Pay Code					
H0032	H + H SYSTEM, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
036676	✓	01/31/20	01/19/20	01/31/20		43.94	0.00	0.00	43.94 ✓	
	SUPPLIES									
Vendor Total#		Number	Name				Gross	Discount	No-Pay	Net
		H0032	H + H SYSTEM, INC.				43.94	0.00	0.00	43.94
Vendor#	Vendor Name		Class		Pay Code					
10334	HEALTH CARE LOGISTICS INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	

308275172 ✓		01/31/20	12/13/20	01/07/20			3,100.00	0.00	0.00	3,100.00 ✓		
	SUPPLIES											
308305400 ✓		01/31/20	01/06/20	01/31/20			31.80	0.00	0.00	31.80 ✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10334	HEALTH CARE LOGISTICS INC	3,131.80	0.00	0.00	3,131.80
Vendor#	Vendor Name			Class	Pay Code							
12380	HEALTH SOLUTIONS DIETETICS ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
013122		01/31/20	01/31/20	01/31/20			3,000.00	0.00	0.00	3,000.00 ✓		
	DIETICIAN SERVICES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12380	HEALTH SOLUTIONS DIETETICS	3,000.00	0.00	0.00	3,000.00
Vendor#	Vendor Name			Class	Pay Code							
12932	INTRADO ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
230771 ✓		01/31/20	11/30/20	12/30/20			655.91	0.00	0.00	655.91 ✓		
	HOUSE CALLS											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12932	INTRADO	655.91	0.00	0.00	655.91
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		
711448 ✓		02/01/20	02/01/20	02/01/20			250.00	0.00	0.00	250.00 ✓		
	SUPPORT SERVICES FEB 22											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11108	ITERSOURCE CORPORATION	250.00	0.00	0.00	250.00
Vendor#	Vendor Name			Class	Pay Code							
14296	J & K SERVICES ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
003960		01/31/20	12/02/20	01/02/20			895.00	0.00	0.00	895.00 ✓		
	SERVICES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							14296	J & K SERVICES	895.00	0.00	0.00	895.00
Vendor#	Vendor Name			Class	Pay Code							
11796	LUBY'S FUDDRUCKERS RESTAURANTS ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
INV00005219 ✓		01/17/20	12/31/20	01/30/20			27,973.01	0.00	0.00	27,973.01 ✓		
	DECEMBER 2021											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11796	LUBY'S FUDDRUCKERS RESTAURANTS	27,973.01	0.00	0.00	27,973.01
Vendor#	Vendor Name			Class	Pay Code							
10972	M G TRUST ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
012722		01/31/20	01/27/20	01/27/20			640.86	0.00	0.00	640.86 ✓		
	PAYROLL DEDUCT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10972	M G TRUST	640.86	0.00	0.00	640.86
Vendor#	Vendor Name			Class	Pay Code							
M2178	MCKESSON MEDICAL SURGICAL INC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		

18968871 ✓		01/31/20 01/17/20 02/01/20					416.14	0.00	0.00	416.14 ✓		
	SUPPLIES											
19010917 ✓		01/31/20 01/28/20 02/12/20					69.01	0.00	0.00	69.01 ✓		
	SUPPLIES											
12056482 ✓		01/31/20 01/31/20 02/15/20					2.30	0.00	0.00	2.30 ✓		
	FINANCE CHARGES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2178	MCKESSON MEDICAL SURGICAL INC	487.45	0.00	0.00	487.45
Vendor#	Vendor Name			Class	Pay Code							
M2310	MEDELA INC ✓			M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
7000756177 ✓		01/31/20	01/12/20	01/31/20		103.59	0.00	0.00	103.59 ✓			
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2310	MEDELA INC	103.59	0.00	0.00	103.59
Vendor#	Vendor Name			Class	Pay Code							
M2827	MEDIVATORS ✓			M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
90919478 ✓		01/31/20	05/25/20	01/31/20		195.00	0.00	0.00	195.00 ✓			
	SUPPLIES											
90985982 ✓		01/31/20	06/20/20	01/31/20		17.00	0.00	0.00	17.00 ✓			
	SUPPLIES											
91003770 ✓		01/31/20	08/04/20	09/03/20		195.00	0.00	0.00	195.00 ✓			
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2827	MEDIVATORS	407.00	0.00	0.00	407.00
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			
1982333836 ✓		01/28/20	01/12/20	02/18/20		342.31	0.00	0.00	342.31 ✓			
	SUPPLIES											
1982184470 ✓		01/28/20	01/12/20	02/18/20		604.35	0.00	0.00	604.35 ✓			
	SUPPLIES											
1982184481 ✓		01/28/20	01/12/20	02/18/20		1,942.89	0.00	0.00	1,942.89 ✓			
	SUPPLIES											
1982780640 ✓		01/31/20	01/14/20	02/08/20		251.78	0.00	0.00	251.78 ✓			
	SUPPLIES											
1982889433 ✓		01/31/20	01/15/20	02/09/20		115.12	0.00	0.00	115.12 ✓			
	SUPPLIES											
1982889432 ✓		01/31/20	01/15/20	02/09/20		63.72	0.00	0.00	63.72 ✓			
	SUPPLIES											
1982805914 ✓		01/31/20	01/15/20	02/09/20		185.24	0.00	0.00	185.24 ✓			
	SUPPLIES											
1982889434 ✓		01/31/20	01/15/20	02/09/20		75.38	0.00	0.00	75.38 ✓			
	SUPPLIES											
1983134715 ✓		01/31/20	01/18/20	02/12/20		83.28	0.00	0.00	83.28 ✓			
	SUPPLIES											
1983134717 ✓		01/31/20	01/18/20	02/12/20		987.08	0.00	0.00	987.08 ✓			
	SUPPLIES											
1983134716 ✓		01/31/20	01/18/20	02/12/20		214.97	0.00	0.00	214.97 ✓			
	SUPPLIES											

1983122750 ✓		01/31/20 01/18/20 02/12/20	366.35	0.00	0.00	366.35 ✓
	SUPPLIES					
1983393187 ✓		01/31/20 01/19/20 02/13/20	24.99	0.00	0.00	24.99 ✓
	SUPPLIES					
1983393185 ✓		01/31/20 01/19/20 02/13/20	55.44	0.00	0.00	55.44 ✓
	SUPPLIES					
1983552955 ✓		01/31/20 01/19/20 02/13/20	1,554.55	0.00	0.00	1,554.55 ✓
	SUPPLIES					
1983393808 ✓		01/31/20 01/19/20 02/13/20	375.70	0.00	0.00	375.70 ✓
	SUPPLIES					
1983347480 ✓		01/31/20 01/19/20 02/13/20	501.05	0.00	0.00	501.05 ✓
	SUPPLIES					
1983393188 ✓		01/31/20 01/19/20 02/13/20	44.44	0.00	0.00	44.44 ✓
	SUPPLIES					
1983393183 ✓		01/31/20 01/19/20 02/13/20	154.15	0.00	0.00	154.15 ✓
	SUPPLIES					
1983393184 ✓		01/31/20 01/19/20 02/13/20	92.96	0.00	0.00	92.96 ✓
	SUPPLIES					
1983347483 ✓		01/31/20 01/19/20 02/13/20	30.54	0.00	0.00	30.54 ✓
	SUPPLIES					
1983393199 ✓		01/31/20 01/19/20 02/13/20	3,484.95	0.00	0.00	3,484.95 ✓
	SUPPLIES					
1983393189 ✓		01/31/20 01/19/20 02/13/20	680.07	0.00	0.00	680.07 ✓
	SUPPLIES					
1983393182 ✓		01/31/20 01/19/20 02/13/20	548.17	0.00	0.00	548.17 ✓
	SUPPLIES					

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	12,779.48	0.00	0.00	12,779.48

Vendor# Vendor Name Class Pay Code

10963	MEMORIAL MEDICAL CLINIC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
012722		01/31/20	01/27/20	01/27/20		170.00	0.00	0.00	170.00 ✓
	PAYROLL DEDUCT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	170.00	0.00	0.00	170.00

Vendor# Vendor Name Class Pay Code

10536	MORRIS & DICKSON CO, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8C9325		01/31/20	01/25/20	02/04/20		21.46	0.00	0.00	21.46 ✓
	SERVICE CHARGE								
7803974 ✓		01/31/20	01/26/20	02/05/20		95.73	0.00	0.00	95.73 ✓
	INVENTORY								
7802660 ✓		01/31/20	01/26/20	02/05/20		97.18	0.00	0.00	97.18 ✓
	INVENTORY								
7805669 ✓		01/31/20	01/26/20	02/05/20		28.79	0.00	0.00	28.79 ✓
	INVENTORY								
7805039 ✓		01/31/20	01/26/20	02/05/20		3,251.16	0.00	0.00	3,251.16 ✓
	INVENTORY								
7805417 ✓		01/31/20	01/26/20	02/05/20		254.62	0.00	0.00	254.62 ✓
	INVENTORY								
7802658 ✓		01/31/20	01/26/20	02/05/20		15.83	0.00	0.00	15.83 ✓

7805672	✓	INVENTORY	01/31/20 01/26/20 02/05/20	393.73	0.00	0.00	393.73	✓
7805670	✓	INVENTORY	01/31/20 01/26/20 02/05/20	31.30	0.00	0.00	31.30	✓
7806063	✓	INVENTORY	01/31/20 01/26/20 02/05/20	1,322.98	0.00	0.00	1,322.98	✓
7802661	✓	INVENTORY	01/31/20 01/26/20 02/05/20	180.47	0.00	0.00	180.47	✓
7805671	✓	INVENTORY	01/31/20 01/26/20 02/05/20	1,984.79	0.00	0.00	1,984.79	✓
7802659	✓	INVENTORY	01/31/20 01/26/20 02/05/20	56.13	0.00	0.00	56.13	✓
7805418	✓	INVENTORY	01/31/20 01/26/20 02/05/20	732.92	0.00	0.00	732.92	✓
7810855	✓	INVENTORY	01/31/20 01/27/20 02/06/20	925.07	0.00	0.00	925.07	✓
7807759	✓	INVENTORY	01/31/20 01/27/20 02/06/20	239.53	0.00	0.00	239.53	✓
8334	✓	INVENTORY	01/31/20 01/27/20 02/06/20	-2,679.56	0.00	0.00	-2,679.56	✓
7807760	✓	CREDIT	01/31/20 01/27/20 02/06/20	95.73	0.00	0.00	95.73	✓
7807761	✓	INVENTORY	01/31/20 01/27/20 02/06/20	54.04	0.00	0.00	54.04	✓
78910854	✓	INVENTORY	01/31/20 01/27/20 02/06/20	8.55	0.00	0.00	8.55	✓
7807763	✓	INVENTORY	01/31/20 01/27/20 02/06/20	1,087.88	0.00	0.00	1,087.88	✓
7815136	✓	INVENTORY	01/31/20 01/30/20 02/09/20	59.06	0.00	0.00	59.06	✓
7817282	✓	INVENTORY	01/31/20 01/30/20 02/09/20	8.83	0.00	0.00	8.83	✓
7816384	✓	INVENTORY	01/31/20 01/30/20 02/09/20	1,489.08	0.00	0.00	1,489.08	✓
7816385	✓	INVENTORY	01/31/20 01/30/20 02/09/20	822.02	0.00	0.00	822.02	✓
7815137	✓	INVENTORY	01/31/20 01/30/20 02/09/20	274.21	0.00	0.00	274.21	✓
7817281	✓	INVENTORY	01/31/20 01/30/20 02/09/20	1.85	0.00	0.00	1.85	✓
7817283	✓	INVENTORY	01/31/20 01/30/20 02/09/20	71.16	0.00	0.00	71.16	✓
7816382	✓	INVENTORY	01/31/20 01/30/20 02/09/20	479.05	0.00	0.00	479.05	✓
7821667	✓	INVENTORY	01/31/20 01/31/20 02/10/20	135.81	0.00	0.00	135.81	✓
9141	✓	INVENTORY	01/31/20 01/31/20 02/10/20	-236.96	0.00	0.00	-236.96	✓
7818717	✓	CREDIT	01/31/20 01/31/20 02/10/20	53.99	0.00	0.00	53.99	✓
		INVENTORY						

7818713	✓		01/31/20	01/31/20	02/10/20		92.64	0.00	0.00	92.64	✓
		INVENTORY									
7818718	✓		01/31/20	01/31/20	02/10/20		54.04	0.00	0.00	54.04	✓
		INVENTORY									
7821668	✓		01/31/20	01/31/20	02/10/20		291.27	0.00	0.00	291.27	✓
		INVENTORY									
7818714	✓		01/31/20	01/31/20	02/10/20		59.06	0.00	0.00	59.06	✓
		INVENTORY									
7818716	✓		01/31/20	01/31/20	02/10/20		348.85	0.00	0.00	348.85	✓
		INVENTORY									
7818169	✓		01/31/20	01/31/20	02/10/20		11,681.00	0.00	0.00	11,681.00	✓
		INVENTORY									
7818715	✓		01/31/20	01/31/20	02/10/20		428.06	0.00	0.00	428.06	✓
		INVENTORY									
7818719	✓		01/31/20	01/31/20	02/10/20		3.29	0.00	0.00	3.29	✓
		INVENTORY									
CM15484	✓		01/31/20	01/31/20	02/10/20		-15.14	0.00	0.00	-15.14	✓
		CREDIT									
7827635	✓		02/02/20	02/01/20	02/11/20		147.96	0.00	0.00	147.96	✓
		INVENTORY									
7824073	✓		02/02/20	02/01/20	02/11/20		642.08	0.00	0.00	642.08	✓
		INVENTORY									
7827634	✓		02/02/20	02/01/20	02/11/20		396.87	0.00	0.00	396.87	✓
		INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	25,486.41	0.00	0.00	25,486.41

Vendor#	Vendor Name	Class	Pay Code
14124	MSH HEALTH SERVICES LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC0014		01/31/20	10/11/20	02/21/20		4,500.00	0.00	0.00	4,500.00 ✓
	TRAVEL NURSE STAFFING (10/8-10/14/21) Boardman								
MMC0019		01/31/20	11/01/20	11/01/20		4,500.00	0.00	0.00	4,500.00 ✓
	TRAVEL NURSE STAFFING (10/22-10/28/21) Boardman								
MMC0042		01/31/20	01/26/20	01/26/20		6,421.25	0.00	0.00	6,421.25 ✓
	TRAVEL NURSE STAFFING (1/14-1/20/22) Boardman								
MMC0041		01/31/20	01/26/20	01/26/20		2,628.72	0.00	0.00	2,628.72 ✓
	TRAVEL NURSE STAFFING (1/14-1/20/22) Dunn								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	14124	MSH HEALTH SERVICES LLC	18,049.97	0.00	0.00	18,049.97

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
8800856686		01/31/20	01/21/20	02/20/20		154.33	0.00	0.00	154.33 ✓
	SUPPLIES								
8800857017		01/31/20	01/24/20	02/23/20		766.24	0.00	0.00	766.24 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC	920.57	0.00	0.00	920.57

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
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7609		01/31/20	01/31/20	01/31/20			310.52	0.00	0.00	310.52
TRASCRIPTION SERVICES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
13548 NACOGDOCHES TRANSCRIPTION							310.52	0.00	0.00	310.52
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	
32083933		01/31/20	01/18/20	02/12/20		194.03	0.00	0.00	194.03	
SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
O1500 OLYMPUS AMERICA INC							194.03	0.00	0.00	194.03
Vendor#	Vendor Name				Class	Pay Code				
OM425	OWENS & MINOR									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2071819925		01/31/20	01/18/20	02/17/20		551.98	0.00	0.00	551.98	
SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
OM425 OWENS & MINOR							551.98	0.00	0.00	551.98
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	
013122		01/31/20	01/31/20	01/31/20		2,340.00	0.00	0.00	2,340.00	
TRANSCRIPTION SERVICES (1118-1725/22)										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
11069 PABLO GARZA							2,340.00	0.00	0.00	2,340.00
Vendor#	Vendor Name				Class	Pay Code				
10152	PARTSSOURCE, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
04187531		01/31/20	01/17/20	02/16/20		52.53	0.00	0.00	52.53	
SUPPLIES										
04190646		01/31/20	01/19/20	02/18/20		46.99	0.00	0.00	46.99	
SUPPLIES										
04192295		01/31/20	01/20/20	02/19/20		72.58	0.00	0.00	72.58	
SUPPLIES										
4198592		01/31/20	01/24/20	02/23/20		222.81	0.00	0.00	222.81	
SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
10152 PARTSSOURCE, LLC							394.91	0.00	0.00	394.91
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	
A80330		01/31/20	01/03/20	02/23/20		3.95	0.00	0.00	3.95	
SUPPLIES										
A80322		01/31/20	01/03/20	02/23/20		30.35	0.00	0.00	30.35	
SUPPLIES										
A80955		01/31/20	01/24/20	02/23/20		29.38	0.00	0.00	29.38	
SUPPLIES										
B65382		01/31/20	01/24/20	02/23/20		1.19	0.00	0.00	1.19	
SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
P2200 POWER HARDWARE							64.87	0.00	0.00	64.87

Vendor#	Vendor Name		Class	Pay Code						
P1725	PREMIER SLEEP DISORDERS CENTER		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
113		01/31/20	01/31/20	02/15/20		575.00	0.00	0.00	575.00	
	SLEEP STUDY									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	P1725 PREMIER SLEEP DISORDERS CENTER					575.00	0.00	0.00	575.00	
Vendor#	Vendor Name		Class	Pay Code						
11080	RADSOURCE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
SC62719		01/31/20	09/12/20	10/07/20		1,667.00	0.00	0.00	1,667.00	
	PURCHASE SERVICES									
SC62739		01/31/20	09/16/20	10/11/20		1,625.00	0.00	0.00	1,625.00	
	PURCHASE SERVICES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	11080 RADSOURCE					3,292.00	0.00	0.00	3,292.00	
Vendor#	Vendor Name		Class	Pay Code						
S0900	SAM'S CLUB DIRECT		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
004385		01/31/20	12/24/20	02/08/20		103.86	0.00	0.00	103.86	
	SUPPLIES									
005208		01/31/20	12/24/20	02/08/20		17.14	0.00	0.00	17.14	
	SUPPLIES									
002953		01/31/20	12/28/20	02/08/20		207.15	0.00	0.00	207.15	
	SUPPLIES									
006168		01/31/20	01/02/20	02/08/20		118.84	0.00	0.00	118.84	
	SUPPLIES									
005419		01/31/20	01/03/20	02/08/20		58.08	0.00	0.00	58.08	
	SUPPLIES									
005517		01/31/20	01/08/20	02/08/20		215.32	0.00	0.00	215.32	
	SUPPLIES									
007859		01/31/20	01/12/20	02/08/20		97.16	0.00	0.00	97.16	
	SUPPLIES									
004633		01/31/20	01/12/20	02/08/20		70.84	0.00	0.00	70.84	
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	S0900 SAM'S CLUB DIRECT					888.39	0.00	0.00	888.39	
Vendor#	Vendor Name		Class	Pay Code						
S1800	SHERWIN WILLIAMS		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
72660		01/31/20	01/03/20	01/18/20		57.58	0.00	0.00	57.58	
	SUPPLIES									
74146		01/31/20	01/06/20	01/21/20		271.59	0.00	0.00	271.59	
	SUPPLIES									
74757		01/31/20	01/07/20	01/22/20		25.45	0.00	0.00	25.45	
	SUPPLIES									
78444		01/31/20	01/17/20	02/01/20		648.67	0.00	0.00	648.67	
	SUPPLIES									
78451		01/31/20	01/17/20	02/01/20		10.02	0.00	0.00	10.02	
	SUPPLIES									
78436		01/31/20	01/17/20	02/01/20		339.01	0.00	0.00	339.01	



SUPPLIES

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net		
Vendor Totals									
	S1800 SHERWIN WILLIAMS			1,352.32	0.00	0.00	1,352.32		
S2001	SIEMENS MEDICAL SOLUTIONS INC ✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
116162114 ✓		01/31/20	01/17/20	02/11/20		2,193.83	0.00	0.00	2,193.83 ✓
MAINTENANCE CONTRACT									
Vendor Totals									
	S2001 SIEMENS MEDICAL SOLUTIONS INC			2,193.83	0.00	0.00	2,193.83		
S2353	SMITHS MEDICAL ASD INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
16544649 ✓		01/31/20	01/21/20	01/31/20		66.82	0.00	0.00	66.82 ✓
SUPPLIES									
Vendor Totals									
	S2353 SMITHS MEDICAL ASD INC			66.82	0.00	0.00	66.82		
10094	ST DAVIDS HEALTHCARE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
MMCPL2021-11 ✓		01/31/20	01/19/20	01/19/20		420.00	0.00	0.00	420.00 ✓
CONNECTIVITY FEE NOV 21									
MMCPL202112 ✓		01/31/20	01/26/20	01/26/20		420.00	0.00	0.00	420.00 ✓
CONNECTIVITY FEE DEC 2021									
Vendor Totals									
	10094 ST DAVIDS HEALTHCARE			840.00	0.00	0.00	840.00		
S3960	STERICYCLE, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
4010691523 ✓		01/31/20	01/20/20	02/19/20		2,570.76	0.00	0.00	2,570.76 ✓
SERVICES									
Vendor Totals									
	S3960 STERICYCLE, INC			2,570.76	0.00	0.00	2,570.76		
14300	STRYKER COMMUNICATIONS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
012822		01/31/20	01/28/20	01/28/20		16,183.33	0.00	0.00	16,183.33 ✓
DEPOSIT									
Vendor Totals									
	14300 STRYKER COMMUNICATIONS			16,183.33	0.00	0.00	16,183.33		
10735	STRYKER SUSTAINABILITY ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
4354479 ✓		01/31/20	01/21/20	02/20/20		170.71	0.00	0.00	170.71 ✓
SUPPLIES									
Vendor Totals									
	10735 STRYKER SUSTAINABILITY			170.71	0.00	0.00	170.71		
12476	SUN LIFE FINANCIAL ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
012622		01/31/20	01/26/20	02/10/20		8,785.24	0.00	0.00	8,785.24 ✓

PAYROLL DEDUCT

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net			
Vendor Totals				12476	SUN LIFE FINANCIAL		8,785.24	0.00	0.00	8,785.24
14212	SURGICAL DIRECT SOUTH ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8702 ✓		01/31/20	01/25/20	02/23/20		2,010.00	0.00	0.00	2,010.00	✓
SUPPLIES										
Vendor Totals				14212	SURGICAL DIRECT SOUTH		2,010.00	0.00	0.00	2,010.00
T0420	TELEFLEX MEDICAL ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9504983248 ✓		01/31/20	01/20/20	02/19/20		239.00	0.00	0.00	239.00	✓
SUPPLIES										
Vendor Totals				T0420	TELEFLEX MEDICAL		239.00	0.00	0.00	239.00
10765	TEXAS HOSPITAL ASSOCIATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
010122		01/31/20	01/27/20	01/27/20		7,915.00	0.00	0.00	7,915.00	✓
COMPASS										
Vendor Totals				10765	TEXAS HOSPITAL ASSOCIATION		7,915.00	0.00	0.00	7,915.00
13880	TEXAS SELECT STAFFING ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
001910251079IN		01/31/20	01/27/20	01/27/20		4,078.80	0.00	0.00	4,078.80	✓
TRAVEL LAB STAFFING (1118-1/21/22) Jeschke										
Vendor Totals				13880	TEXAS SELECT STAFFING		4,078.80	0.00	0.00	4,078.80
14224	THE TACT CORPORATION OF NYC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9266702160 ✓		12/28/20	12/24/20	02/22/20		5,760.00	0.00	0.00	5,760.00	✓
TRAVEL NURSE STAFFING (12/16-12/18/21) Coyte										
Vendor Totals				14224	THE TACT CORPORATION OF NYC		5,760.00	0.00	0.00	5,760.00
14208	TRUSTED HEALTH, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
INV7858 ✓		01/31/20	01/22/20	01/22/20		8,478.13	0.00	0.00	8,478.13	✓
TRAVEL NURSE STAFFING (1/15-1/21/22) Williams										
Vendor Totals				14208	TRUSTED HEALTH, INC		8,478.13	0.00	0.00	8,478.13
U1064	UNIFIRST HOLDINGS INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8400386549 ✓		01/25/20	01/24/20	02/18/20		2,219.03	0.00	0.00	2,219.03	✓
LAUNDRY										
8400386524 ✓		01/25/20	01/24/20	02/18/20		40.10	0.00	0.00	40.10	✓

	LAUNDRY											
8400386523	✓	01/25/20	01/24/20	02/18/20			45.15	0.00	0.00	45.15 ✓		
	LAUNDRY											
8400386353	✓	01/31/20	01/20/20	02/14/20			127.23	0.00	0.00	127.23 ✓		
	LAUNDRY.											
8400386867	✓	01/31/20	01/27/20	02/21/20			177.79	0.00	0.00	177.79 ✓		
	LAUNDRY											
8400386866	✓	01/31/20	01/27/20	02/21/20			211.42	0.00	0.00	211.42 ✓		
	LAUNDRY											
8400386864	✓	01/31/20	01/27/20	02/21/20			34.90	0.00	0.00	34.90 ✓		
	LAUNDRY											
8400386901	✓	01/31/20	01/27/20	02/21/20			83.76	0.00	0.00	83.76 ✓		
	LAUNDRY											
8400386865	✓	01/31/20	01/27/20	02/21/20			137.13	0.00	0.00	137.13 ✓		
	LAUNDRY											
8400386868	✓	01/31/20	01/27/20	02/21/20			199.32	0.00	0.00	199.32 ✓		
	LAUNDRY											
8400386887	✓	01/31/20	01/27/20	02/21/20			1,854.09	0.00	0.00	1,854.09 ✓		
	LAUNDRY											
8400386882	✓	01/31/20	01/27/20	02/21/20			79.43	0.00	0.00	79.43 ✓		
	LAUNDRY											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							U1064	UNIFIRST HOLDINGS INC	5,209.35	0.00	0.00	5,209.35
Vendor#	Vendor Name	Class		Pay Code								
12400	UPDOX LLC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
INV00312966	✓	01/31/20	01/31/20	01/31/20			880.01	0.00	0.00	880.01 ✓		
	EFAQ											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12400	UPDOX LLC	880.01	0.00	0.00	880.01
Vendor#	Vendor Name	Class		Pay Code								
U2000	US POSTAL SERVICE ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
013122		01/31/20	01/31/20	01/31/20			2,200.00	0.00	0.00	2,200.00 ✓		
	POSTAGE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							U2000	US POSTAL SERVICE	2,200.00	0.00	0.00	2,200.00
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		
0237962		01/31/20	01/31/20	01/31/20			48.50	0.00	0.00	48.50 ✓		
	NEWSPAPER SERVICES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11280	VICTORIA ADVOCATE	48.50	0.00	0.00	48.50
Vendor#	Vendor Name	Class		Pay Code								
12208	WAGeworks ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
INV3369661		01/25/20	01/24/20	02/23/20			50.00	0.00	0.00	50.00 ✓		
012722		01/31/20	01/27/20	01/27/20			3,620.62	0.00	0.00	3,620.62		
	PAYROLL DEDUCT											

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12208	WAGEWORKS	3,670.62	0.00	0.00	3,670.62
Report Summary						
Grand Totals:			Gross	Discount	No-Pay	Net
			478,930.27	0.00	0.00	478,930.27
						<1,000.00>
						<u>\$477,930.27</u>

*pg 1 correction*

**APPROVED ON**

**FEB 03 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CL# 193768-193852**

478,930.27	+
1,000.00	-
477,930.27	*

02/07/2022  
09:51

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

Vendor#  
14308

Vendor Name  
SAM SUPPORT

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020722	02/07/2022	02/07/2022	02/07/2022				799.99	0.00	0.00	799.99

RENEWAL FEE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
14308		SAM SUPPORT	799.99	0.00	0.00	799.99

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	799.99	0.00	0.00	799.99

APPROVED ON

FEB 07 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
C.K.# 193833

RUN DATE: 02/07/22  
TIME: 10:29

MEMORIAL MEDICAL CENTER  
EDIT LIST FOR PATIENT REFUNDS ARID-0001

PAGE 1  
APCREDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY PAT CODE TYPE DESCRIPTION	GL NUM
		072821	270.00	3 REFUND FOR	
	TX	77979			
ARID-0001 TOTAL			270.00		
TOTAL			270.00		

APPROVED ON

FEB 07 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 193864

# MCKESSON

# STATEMENT

As of: 02/04/2022

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115

Territory:

Customer: 632536  
Date: 02/05/2022

As of: 02/04/2022 Page: 002  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536 PLEASE CHECK ANY  
Date: 02/05/2022 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
--------------	----------	-------------------	----------------------------------	-------------	---------------	----------------	-----	--------------	-----	-------------------

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 11,702.46 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97  
18/07/2017

If Paid By 02/08/2022,  
Pay This Amount: 11,468.44 USD

If Paid After 02/08/2022,  
Pay this Amount: 11,702.46 USD

Due If Paid On Time:  
USD 11,468.44

Disc lost if paid late:  
234.02

Due If Paid Late:  
USD ~~11,702.46~~

2,998 +  
6,993.75 +  
4,371.25 +  
100.46 +  
**11,468.44 \***

chk# 500273

APPROVED ON

FEB 07 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

As of: 02/04/2022

Page: 001

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

DC: 8115

As of: 02/04/2022  
 Mail to:

Page: 001  
 Comp: 8000

Territory: 400

Customer: 190813  
 Date: 02/05/2022

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 190813  
 Date: 02/05/2022

**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											
02/02/2022	02/08/2022	7322097201	2017043674	115Invoice	0.06	3.04		2.98 ✓		7322097201	

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

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

Subtotals: 3.04 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/31/2022 16,953.36

If Paid By 02/08/2022,  
 Pay This Amount: 2.98 USD

If Paid After 02/08/2022,  
 Pay this Amount: 3.04 USD

Due If Paid On Time:  
 USD 2.98 ✓

Disc lost if paid late:  
 0.06

Due If Paid Late:  
 USD 3.04

APPROVED ON

FEB 07 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

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# MCKESSON

# STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

As of: 02/04/2022

Page: 001

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

DC: 8115

As of: 02/04/2022  
 Mail to:

Page: 001  
 Comp: 8000

Territory: 400

Customer: 256342

Date: 02/05/2022

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 256342 PLEASE CHECK ANY  
 Date: 02/05/2022 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											
11/31/2022	02/08/2022	7321533266	24295311	115Invoice		0.16		0.16 ✓		7321533266	
11/31/2022	02/08/2022	7321533267	24318013	115Invoice	11.36	568.18		556.82 ✓		7321533267	
11/31/2022	02/08/2022	7321533268	24425213	115Invoice	11.36	568.01		556.65 ✓		7321533268	
11/31/2022	02/08/2022	7321760192	0128220900	115Invoice	54.18	2,709.11		2,654.93 ✓		7321760192	
12/01/2022	02/08/2022	7321859594	24486382	115Invoice	11.36	568.06		556.70 ✓		7321859594	
12/01/2022	02/08/2022	7322026222	0131221007	115Invoice	8.32	416.18		407.86 ✓		7322026222	
12/02/2022	02/08/2022	7322114016	24576801	115Invoice		0.16		0.16 ✓		7322114016	
12/02/2022	02/08/2022	7322302644	0201220929	115Invoice	0.03	1.30		1.27 ✓		7322302644	
12/03/2022	02/08/2022	7322410778	24602483	115Invoice	5.68	284.03		278.35 ✓		7322410778	
12/03/2022	02/08/2022	7322410780	24602483	115Invoice	5.09	254.35		249.26 ✓		7322410780	
12/04/2022	02/08/2022	7322637121	24672477	115Invoice		0.09		0.09 ✓		7322637121	
12/04/2022	02/08/2022	7322637122	24714490	115Invoice	0.39	19.65		19.26 ✓		7322637122	
12/04/2022	02/08/2022	7322788338	0203220920	195Invoice	34.94	1,747.18		1,712.24 ✓		7322788338	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 7,136.46 USD

Future Due: 0.00

If Paid By 02/08/2022,

Past Due: 0.00

Pay This Amount: 6,993.75 USD

Last Payment 11/31/2022 16,953.36

If Paid After 02/08/2022,  
 Pay this Amount: 7,136.46 USD

Due If Paid On Time: 6,993.75 ✓  
 USD  
 Disc lost if paid late: 142.71  
 Due If Paid Late: 7,136.46  
 USD

APPROVED ON

FEB 07 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

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# MCKESSON

# STATEMENT

As of: 02/04/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 02/04/2022  
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: 02/05/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 464450 PLEASE CHECK ANY  
Date: 02/05/2022 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	
<b>Customer Number 464450 HEB PHY FC 490/MEM MC PHS</b>											
12/01/2022	02/08/2022	7321859527	55x314641	115Invoice	34.95	1,747.63		1,712.68	✓	7321859527	
12/01/2022	02/08/2022	7321859528	55x314663	115Invoice	40.36	2,017.84		1,977.48	✓	7321859528	
12/03/2022	02/08/2022	7322382188	55x319676	115Invoice	9.23	461.57		452.34	✓	7322382188	
12/03/2022	02/08/2022	7322382190	55x319713	115Invoice	0.47	23.51		23.04	✓	7322382190	
12/03/2022	02/08/2022	7322382191	55x319714	115Invoice	0.52	26.11		25.59	✓	7322382191	
12/03/2022	02/08/2022	7322382193	55x319721	115Invoice	0.25	12.59		12.34	✓	7322382193	
12/04/2022	02/08/2022	7322615518	55x321938	115Invoice	3.42	171.20		167.78	✓	7322615518	

\*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: 4,460.45 USD

Future Due: 0.00

If Paid By 02/08/2022,  
Pay This Amount:

4,371.25 USD

Due If Paid On Time:  
USD

4,371.25 ✓

Past Due: 0.00

Disc lost if paid late:

89.20

Last Payment 11/31/2022 16,953.36

If Paid After 02/08/2022,  
Pay this Amount:

4,460.45 USD

Due If Paid Late:  
USD

4,460.45

APPROVED ON

FEB 07 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 02/04/2022

Page: 001

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

Company: 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

DC: 8115

Territory: 400

Customer: 835438

Date: 02/05/2022

As of: 02/04/2022  
 Mail to:

Page: 001  
 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 835438 PLEASE CHECK ANY  
 Date: 02/05/2022 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										
12/03/2022	02/08/2022	7322558589	1558707	115Invoice	2.05	102.51		100.46	✓	7322558589	

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

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

102.51 USD

Future Due: 0.00  
 Past Due: 0.00  
 Last Payment 11/31/2022 16,953.36

If Paid By 02/08/2022,  
 Pay This Amount:  
 If Paid After 02/08/2022,  
 Pay this Amount:

100.46 USD  
 102.51 USD

Due If Paid On Time:  
 USD 100.46 ✓  
 Disc lost if paid late: 2.05  
 Due If Paid Late:  
 USD 102.51

APPROVED ON

FEB 07 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS


For AR Inquiries please contact 800-867-0333

<b>Served By:</b>	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	<b>Customer:</b>	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	<b>Customer Number</b>	100135284 / 037028186
	DEA: RA0289276 866-451-9655			<b>Terms</b>	Sat - Fri Due in 7 days
<b>Remit To:</b>	AMERISOURCEBERGEN P.O. Box 905223 CHARLOTTE NC 28290-5223			<b>Summary</b>	
				Not Yet Due:	0.00
				Current:	1,033.25
				Past Due:	0.00
				Total Due:	1,033.25
				Account Balance:	1,033.25

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-31-2022	02-11-2022	3081826954	164531	Invoice	224.51		0.00	224.51 ✓
01-31-2022	02-11-2022	3081826955	164532	Invoice	9.32		0.00	9.32 ✓
01-31-2022	02-11-2022	3081826956	164533	Invoice	188.58		0.00	188.58 ✓
01-31-2022	02-11-2022	3081826957	164534	Invoice	0.09		0.00	0.09 ✓
02-01-2022	02-11-2022	3082002383	164587	Invoice	496.70		0.00	496.70 ✓
02-01-2022	02-11-2022	3082002384	164588	Invoice	1.84		0.00	1.84 ✓
02-03-2022	02-11-2022	3082276945	164600	Invoice	1.17		0.00	1.17 ✓
02-04-2022	02-11-2022	3082416073	164608	Invoice	63.60		0.00	63.60 ✓
02-04-2022	02-11-2022	3082416074	164609	Invoice	47.44		0.00	47.44 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,033.25	0.00	0.00	0.00	0.00	0.00	0.00

ck# 500272



Due Date	Amount
02-11-2022	1,033.25
<b>Total Due:</b>	<b>1,033.25</b>

APPROVED ON  
FEB 07 2022

**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- January 31, 2022 - February 06, 2022**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CF</u>
1/31/2022	PAY PLUS ACHTRANS 452579291 101000694477134	- 3rd Party Payor Fee	\$ 10.81	Pay Plus 10.81 +
2/1/2022	PAY PLUS ACHTRANS 452579291 101000695657786	- 3rd Party Payor Fee	\$ 54.38	54.38 +
2/1/2022	MCKESSON DRUG AUTO ACH ACH04896119 910000171	- 340B Drug Program Expense	\$ 16,953.36*	146.62 +
2/2/2022	PAY PLUS ACHTRANS 452579291 101000696529869	- 3rd Party Payor Fee	\$ 146.62	15.90 +
2/2/2022	AUTHNET GATEWAY BILLING 121025242 1040000198	- 3rd Party Payor Fee	\$ 25.10	Authnet 25.10 +
2/3/2022	TSYS/TRANSFIRST CHARGEBACK 41399801368397 61	- Credit Card Processing Fee	\$ 90.04	CC Fees 90.04 +
2/3/2022	PAY PLUS ACHTRANS 452579291 101000697956355	- 3rd Party Payor Fee	\$ 15.90	151.15 +
2/3/2022	MERCHANT BANKCD FEE 971160913887 91000015480	- Credit Card Processing Fee	\$ 151.15	9.95 +
2/3/2022	MERCHANT BANKCD FEE 971160910883 91000015480	- Credit Card Processing Fee	\$ 9.95	124.65 +
2/3/2022	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	\$ 124.65	164.16 +
2/3/2022	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	\$ 164.16	19.95 +
2/3/2022	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	\$ 19.95	614.20 +
2/4/2022	EXPERTPAY EXPERTPAY 746003411 91000012747672	- Child Support Payment	\$ 614.20	19.95 +
2/4/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	2116.62*	559.90 +
2/4/2022	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	\$ 292,607.52	Expert Pay 292,607.52 +
2/4/2022	IRS USATAXPYMT 220243561253112 6103601000221	- Payroll Taxes	\$ 94,327.63*	614.20 +
			<b>407,432.04</b>	<b>614.20 *</b>

February 7, 2022

Anthony Richardson  
Memorial Medical Center

\*Approved 02-07-22 CC

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CF</u>
1/15/2022	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	163,191.16	227.71 +



February 7, 2022

Anthony Richardson  
Memorial Medical Center

APPROVED ON

FEB 07 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

227.71 +  
25.10 +  
559.90 +  
614.20 +  
1,426.91 \*  
407,432.04 +  
16,953.36 -  
163,191.16  
2,116.62 -  
292,607.52 -  
94,327.63 -  
1,426.91 \*  
1,426.91 +  
1,426.91 -  
0.00 \*

# Retirement

2/15/22

Date/Time 02-01-2022 / 01:16 PM  
Submitted By

Pay Date 01-31-2022

Employee Deposits	\$64,502.52
Employer Contributions	\$98,688.64
Group Term Life Premiums	\$0.00
Total	\$163,191.16

Comments

Payroll File January 2022 Retirement Upload.xlsx

CLOSE

PRINT

RECEIVED BY THE  
COUNTY AUDITOR ON

FEB 03 2022

02/03/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Due Dates Through: 02/24/2022

Vendor# Vendor Name

Class Pay Code

11816 ASHFORD GARDENS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
013122		01/31/20	01/31/20	02/24/20		6,255.68	0.00	0.00	6,255.68

DECEMBER UHC QIPP PAYME

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	6,255.68	0.00	0.00	6,255.68

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,255.68	0.00	0.00	6,255.68

APPROVED ON

FEB 03 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL# 193854

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COUNTY AUDITOR ON

02/03/2022  
FEB 03 2022  
09:12

MEMORIAL MEDICAL CENTER  
AP Open Invoice List  
Due Dates Through: 02/24/2022  
Class Pay Code

CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON	012422		01/31/20	01/24/20	02/24/20		5,296.00	0.00	0.00	5,296.00 ✓
		012522	TRANSFER	01/31/20	01/25/20	02/24/20		2,330.56	0.00	0.00	2,330.56 ✓
		013121	TRANSFER	01/31/20	01/31/20	02/24/20		2,458.88	0.00	0.00	2,458.88 ✓
			DECEMBER UHC QIPP PAYME								
Vendor Totals:		Number	Name					Gross	Discount	No-Pay	Net
		11828	SOLERA WEST HOUSTON					10,085.44	0.00	0.00	10,085.44

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,085.44	0.00	0.00	10,085.44

APPROVED ON

FEB 03 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 193860



RECEIVED BY THE  
COUNTY AUDITOR ON

FEB 03 2022

02/03/2022

09:08

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 02/24/2022

0

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
013122		01/31/20	01/31/20	02/24/20		2,531.20	0.00	0.00	2,531.20 ✓
DECEMBER UHC QIPP PAYME									

Vendor Total:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	2,531.20	0.00	0.00	2,531.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,531.20	0.00	0.00	2,531.20

APPROVED ON

FEB 03 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 193857

RECEIVED BY THE  
COUNTY AUDITOR ON

02/03/2022  
FEB 03 2022  
09:07

MEMORIAL MEDICAL CENTER  
AP Open Invoice List 0  
Due Dates Through: 02/24/2022 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
11832	BROADMOOR AT CREEKSIDE PARK			012622		01/31/20	01/26/20	02/24/20		255.88	0.00	0.00	255.88 ✓
				013122A	TRANSFER	01/31/20	01/31/20	02/24/20		185.50	0.00	0.00	185.50 ✓
				013122B	TRANSFER "	01/31/20	01/31/20	02/24/20		2,585.44	0.00	0.00	2,585.44 ✓
				013122	DECEMBER UHC QIPP PAYME	01/31/20	01/31/20	02/24/20		371.00	0.00	0.00	371.00 ✓
					TRANSFER "							"	
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				11832	BROADMOOR AT CREEKSIDE PARK					3,397.82	0.00	0.00	3,397.82

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,397.82	0.00	0.00	3,397.82

APPROVED ON

FEB 03 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL# 19385e

RECEIVED BY THE  
COUNTY AUDITOR ON

FEB 03 2022

02/03/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 02/24/2022

ap\_open\_invoice.template

Vendor# Vendor Name

11824 THE CRESCENT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
013122		01/31/20	01/31/20	02/24/20		2,079.20	0.00	0.00	2,079.20 ✓

DECEMBER UHC QIPP PAYME

Vendor Total:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	2,079.20	0.00	0.00	2,079.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,079.20	0.00	0.00	2,079.20

APPROVED ON

FEB 03 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL#193861

RECEIVED BY THE COUNTY AUDITOR ON

FEB 03 2022

02/03/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 02/24/2022

0

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
011322		01/31/20	01/13/20	02/24/20		537.77	0.00	0.00	537.77 ✓
011422	TRANSFER	01/31/20	01/14/20	02/24/20		458.86	0.00	0.00	458.86 ✓
011822A	TRANSFER	01/31/20	01/18/20	02/24/20		497.48	0.00	0.00	497.48 ✓
011822	TRANSFER	01/31/20	01/18/20	02/24/20		1,651.01	0.00	0.00	1,651.01 ✓
011922	TRANSFER	01/31/20	01/19/20	02/24/20		23,210.52	0.00	0.00	23,210.52 ✓
012722	TRANSFER	01/31/20	01/27/20	02/24/20		2,715.37	0.00	0.00	2,715.37 ✓
012822A	TRANSFER	01/31/20	01/28/20	02/24/20		266.41	0.00	0.00	266.41 ✓
012822	TRANSFER	01/31/20	01/28/20	02/24/20		3,043.17	0.00	0.00	3,043.17 ✓
013122	DECEMBER UHC QIPP PAYME	01/31/20	01/31/20	02/24/20		4,226.74	0.00	0.00	4,226.74 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11836		GOLDENCREEK HEALTHCARE	36,607.33	0.00	0.00	36,607.33

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	36,607.33	0.00	0.00	36,607.33

APPROVED ON

FEB 03 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK#193858

RECEIVED BY THE  
COUNTY AUDITOR ON

02/03/2022  
09:10  
FEB 03 2022

MEMORIAL MEDICAL CENTER  
AP Open Invoice List 0  
Due Dates Through: 02/24/2022 ap\_open\_invoice.template  
Class Pay Code

CALHOUN COUNTY, TEXAS  
Vendor# Vendor Name

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA								
011422		01/31/20	01/14/20	02/24/20		693.22	0.00	0.00	693.22 ✓
	TRANSFER								
012022		01/31/20	01/20/20	02/24/20		13,872.00	0.00	0.00	13,872.00 ✓
	TRANSFER								
012422		01/31/20	01/24/20	02/24/20		6,642.29	0.00	0.00	6,642.29 ✓
	TRANSFER								
012522		01/31/20	01/25/20	02/24/20		4,425.00	0.00	0.00	4,425.00 ✓
	TRANSFER								
012522A		01/31/20	01/25/20	02/24/20		20,940.22	0.00	0.00	20,940.22 ✓
	TRANSFER								
012622		01/31/20	01/26/20	02/24/20		2,889.82	0.00	0.00	2,889.82 ✓
	TRANSFER								
012722A		01/31/20	01/27/20	02/24/20		3,485.00	0.00	0.00	3,485.00 ✓
	TRANSFER								
012722		01/31/20	01/27/20	02/24/20		1,113.00	0.00	0.00	1,113.00 ✓
	TRANSFER								
012822		01/31/20	01/28/20	02/24/20		601.81	0.00	0.00	601.81 ✓
	TRANSFER								
013122		01/31/20	01/31/20	02/24/20		1,865.94	0.00	0.00	1,865.94 ✓
	DECEMBER UHC QIPP PAYME								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	12696 GULF POINTE PLAZA					56,528.30	0.00	0.00	56,528.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	56,528.30	0.00	0.00	56,528.30

APPROVED ON

FEB 03 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL# 193851

RECEIVED BY THE COUNTY AUDITOR ON

FEB 03 2022

09:21

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 02/24/2022

0

ap\_open\_invoice.template

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
011422		01/31/20	01/14/20	02/24/20		872.17	0.00	0.00	872.17 ✓
	TRANSFER								
011422A		01/31/20	01/14/20	02/24/20		2,195.00	0.00	0.00	2,195.00 ✓
	TRANSFER								
011822		01/31/20	01/18/20	02/24/20		8,007.74	0.00	0.00	8,007.74 ✓
	TRANSFER								
011822B		01/31/20	01/18/20	02/24/20		6,678.00	0.00	0.00	6,678.00 ✓
	TRANSFER								
011922		01/31/20	01/19/20	02/24/20		10,620.54	0.00	0.00	10,620.54 ✓
	TRANSFER								
012022		01/31/20	01/20/20	02/24/20		3,606.44	0.00	0.00	3,606.44 ✓
	TRANSFER								
012022A		01/31/20	01/20/20	02/24/20		2,195.00	0.00	0.00	2,195.00 ✓
	TRANSFER								
012122		01/31/20	01/21/20	02/24/20		742.00	0.00	0.00	742.00 ✓
	TRANSFER								
012122A		01/31/20	01/21/20	02/24/20		76.80	0.00	0.00	76.80 ✓
	TRANSFER								
012422B		01/31/20	01/24/20	02/24/20		18,521.71	0.00	0.00	18,521.71 ✓
	TRANSFER								
012422A		01/31/20	01/24/20	02/24/20		904.62	0.00	0.00	904.62 ✓
	TRANSFER								
012422C		01/31/20	01/25/20	02/24/20		2,597.00	0.00	0.00	2,597.00 ✓
	TRANSFER								
012522A		01/31/20	01/25/20	02/24/20		5,565.00	0.00	0.00	5,565.00 ✓
	TRANSFER								
012522		01/31/20	01/25/20	02/24/20		9,429.07	0.00	0.00	9,429.07 ✓
	TRANSFER								
012622		01/31/20	01/26/20	02/24/20		282.33	0.00	0.00	282.33 ✓
	TRANSFER								
012722A		01/31/20	01/27/20	02/24/20		9,219.00	0.00	0.00	9,219.00 ✓
	TRANSFER								
012722		01/31/20	01/27/20	02/24/20		556.50	0.00	0.00	556.50 ✓
	TRANSFER								
013122		01/31/20	01/31/20	02/24/20		742.00	0.00	0.00	742.00 ✓
	TRANSFER								
013121A		01/31/20	01/31/20	02/24/20		3,670.24	0.00	0.00	3,670.24 ✓
	DECEMBER UHC QIPP PAYME								

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE		86,481.16	0.00	0.00	86,481.16

APPROVED ON

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	86,481.16	0.00	0.00	86,481.16

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 193863

RECEIVED BY THE COUNTY AUDITOR ON

FEB 03 2022

09:04

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 02/24/2022

Class Pay Code

0

ap\_open\_invoice.template

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
011322		01/31/20	01/13/20	02/24/20		9,905.52	0.00	0.00	9,905.52 ✓
011422	TRANSFER	01/31/20	01/14/20	02/24/20		1,032.22	0.00	0.00	1,032.22 ✓
011822	TRANSFER	01/31/20	01/18/20	02/24/20		5,565.00	0.00	0.00	5,565.00 ✓
011822A	TRANSFER	01/31/20	01/18/20	02/24/20		2,227.36	0.00	0.00	2,227.36 ✓
012422	TRANSFER	01/31/20	01/24/20	02/24/20		2,040.50	0.00	0.00	2,040.50 ✓
012522	TRANSFER	01/31/20	01/25/20	02/24/20		26,452.50	0.00	0.00	26,452.50 ✓
012622A	TRANSFER	01/31/20	01/26/20	02/24/20		891.20	0.00	0.00	891.20 ✓
012622	TRANSFER	01/31/20	01/26/20	02/24/20		57,903.42	0.00	0.00	57,903.42 ✓
012822B	TRANSFER	01/31/20	01/28/20	02/24/20		5,750.50	0.00	0.00	5,750.50 ✓
012822	TRANSFER	01/31/20	01/28/20	02/24/20		4,436.41	0.00	0.00	4,436.41 ✓
012822A	TRANSFER	01/31/20	01/28/20	02/24/20		742.00	0.00	0.00	742.00 ✓
013122A	TRANSFER	01/31/20	01/31/20	02/24/20		5,000.39	0.00	0.00	5,000.39 ✓
013122	MEDICARE REPAYMENT	01/31/20	01/31/20	02/24/20		25,406.38	0.00	0.00	25,406.38 ✓
Vendor Totals									
12792	BETHANY SENIOR LIVING					147,353.40	0.00	0.00	147,353.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	147,353.40	0.00	0.00	147,353.40

APPROVED ON

FEB 03 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 143855

Facility ID	Facility Name	Total UHC Deposits	MMC PORTION				NH PORTION		
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse			QIPP TI
4811	Ashford	63,822.40	51,311.04	12,511.36			57,566.72	6,255.68	63,822.40
105818	Broadmoor	26,396.80	21,225.92	5,170.88			23,811.36	2,585.44	26,396.80
105314	Crescent	21,225.92	17,067.52	4,158.40			19,146.72	2,079.20	21,225.92
4628	Fort Bend	25,782.08	20,719.68	5,062.40			23,250.88	2,531.20	25,782.08
105006	Solera	25,022.72	20,104.96	4,917.76			22,563.84	2,458.88	25,022.72
102540	Golden Creek	43,066.44	34,612.96	8,453.48			38,839.70	4,226.74	43,066.44
100806	Gulf Pointe	19,013.52	15,281.64	3,731.88			17,147.58	1,865.94	19,013.52
103462	Tuscany	37,425.60	30,085.12	7,340.48			33,755.36	3,670.24	37,425.60
	Bethany						-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
<b>Total UHC Desosit</b>		<b>261,755.48</b>	<b>210,408.84</b>	<b>51,346.64</b>	-	-	<b>236,082.16</b>	<b>25,673.32</b>	<b>261,755.48</b>

FUNDS DEPOSITED INTO MMC OPERATING. NEED TO ISSUE PAYMENTS TO NURSING HOME.  
MAKE CHECK REQUESTS FOR EACH NURSING HOME FOR HIGHLIGHTED YELLOW AMOUNTS

DECEMBER UHC PAYMENT



0

RUN DATE:02/09/22  
TIME:11:36

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
02/09/22 THRU 02/09/22

PAGE 1  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	193768	02/09/22	.00	VOIDED
A/P	193769	02/09/22	340.08	ACE HARDWARE 15521
A/P	193770	02/09/22	3,642.73	AIRGAS USA, LLC - CENTRAL DIV
A/P	193771	02/09/22	135.02	ALIMED INC.
A/P	193772	02/09/22	2,097.00	ALLYSON SWOPE
A/P	193773	02/09/22	29.07	AMAZON CAPITAL SERVICES
A/P	193774	02/09/22	174.00	AMBU INC
A/P	193775	02/09/22	26,395.65	AMERISOURCEBERGEN DRUG CORP
A/P	193776	02/09/22	8,421.50	AUREUS RADIOLOGY LLC
A/P	193777	02/09/22	676.63	BAXTER HEALTHCARE
A/P	193778	02/09/22	2,056.88	BECKMAN COULTER INC
A/P	193779	02/09/22	6,864.00	BKD, LLP
A/P	193780	02/09/22	101.78	CALHOUN COUNTY
A/P	193781	02/09/22	167.46	CARDINAL HEALTH 414, INC.
A/P	193782	02/09/22	1,907.47	CAVALLO ENERGY TEXAS LLC
A/P	193783	02/09/22	4,535.68	CDW GOVERNMENT, INC.
A/P	193784	02/09/22	518.75	CHEMAQUA
A/P	193785	02/09/22	280.00	CHRIS KOVAREK
A/P	193786	02/09/22	3,757.68	COASTAL OFFICE SOLUTIONS
A/P	193787	02/09/22	2,404.37	COASTAL REFRIGERATION
A/P	193788	02/09/22	66,875.00	COFFEE BARREL, LLC
A/P	193789	02/09/22	657.70	COMBINED INSURANCE
A/P	193790	02/09/22	87.50	CONMED CORPORATION
A/P	193791	02/09/22	349.01	CUSTOM MEDICAL SPECIALTIES
A/P	193792	02/09/22	1,106.81	DEWITT POTTH & SON
A/P	193793	02/09/22	124,365.33	DISCOVERY MEDICAL NETWORK INC
A/P	193794	02/09/22	108.66	ELITECH GROUP INC (WESCOR)
A/P	193795	02/09/22	19,850.52	EVIDENT
A/P	193796	02/09/22	752.93	EVOQUA WATER TECHNOLOGIES LLC
A/P	193797	02/09/22	212.80	FILTER TECHNOLOGY CO, INC
A/P	193798	02/09/22	17,138.35	FIRST CONNECT CENTER LLC
A/P	193799	02/09/22	.00	VOIDED
A/P	193800	02/09/22	3,567.14	FISHER HEALTHCARE
A/P	193801	02/09/22	79.40	FRONTIER
A/P	193802	02/09/22	1,090.10	FUSION CLOUD SERVICES, LLC
A/P	193803	02/09/22	150.00	GULF COAST DELIVERY
A/P	193804	02/09/22	774.16	GULF COAST PAPER COMPANY
A/P	193805	02/09/22	43.94	H + H SYSTEM, INC.
A/P	193806	02/09/22	3,131.80	HEALTH CARE LOGISTICS INC
A/P	193807	02/09/22	3,000.00	HEALTH SOLUTIONS DIETETICS
A/P	193808	02/09/22	655.91	INTRADO
A/P	193809	02/09/22	250.00	ITERSOURCE CORPORATION
A/P	193810	02/09/22	895.00	J & K SERVICES
A/P	193811	02/09/22	27,973.01	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	193812	02/09/22	640.86	M G TRUST
A/P	193813	02/09/22	487.45	MCKESSON MEDICAL SURGICAL INC
A/P	193814	02/09/22	103.59	MEDELA INC
A/P	193815	02/09/22	407.00	MEDIVATORS
A/P	193816	02/09/22	.00	VOIDED
A/P	193817	02/09/22	.00	VOIDED

RUN DATE:02/09/22  
TIME:11:36

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
02/09/22 THRU 02/09/22

PAGE 2  
GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	193818	02/09/22	12,779.48	MEDLINE INDUSTRIES INC
A/P	193819	02/09/22	170.00	MEMORIAL MEDICAL CLINIC
A/P	193820	02/09/22	.00	VOIDED
A/P	193821	02/09/22	.00	VOIDED
A/P	193822	02/09/22	25,486.41	MORRIS & DICKSON CO, LLC
A/P	193823	02/09/22	18,049.97	MSH HEALTH SERVICES LLC
A/P	193824	02/09/22	920.57	MXR IMAGING, INC
A/P	193825	02/09/22	310.52	NACOGDOCHES TRANSCRIPTION
A/P	193826	02/09/22	194.03	OLYMPUS AMERICA INC
A/P	193827	02/09/22	551.98	OWENS & MINOR
A/P	193828	02/09/22	2,340.00	PABLO GARZA
A/P	193829	02/09/22	394.91	PARTSSOURCE, LLC
A/P	193830	02/09/22	64.87	POWER HARDWARE
A/P	193831	02/09/22	575.00	PREMIER SLEEP DISORDERS CENTER
A/P	193832	02/09/22	3,292.00	RADSOURCE
A/P	193833	02/09/22	799.99	SAM SUPPORT
A/P	193834	02/09/22	888.39	SAM'S CLUB DIRECT
A/P	193835	02/09/22	1,352.32	SHERWIN WILLIAMS
A/P	193836	02/09/22	2,193.83	SIEMENS MEDICAL SOLUTIONS INC
A/P	193837	02/09/22	66.82	SMITHS MEDICAL ASD INC
A/P	193838	02/09/22	840.00	ST DAVIDS HEALTHCARE
A/P	193839	02/09/22	2,570.76	STERICYCLE, INC
A/P	193840	02/09/22	16,183.33	STRYKER COMMUNICATIONS
A/P	193841	02/09/22	170.71	STRYKER SUSTAINABILITY
A/P	193842	02/09/22	8,785.24	SUN LIFE FINANCIAL
A/P	193843	02/09/22	2,010.00	SURGICAL DIRECT SOUTH
A/P	193844	02/09/22	239.00	TELEFLEX MEDICAL
A/P	193845	02/09/22	7,915.00	TEXAS HOSPITAL ASSOCIATION
A/P	193846	02/09/22	4,078.80	TEXAS SELECT STAFFING
A/P	193847	02/09/22	5,760.00	THE TACT CORPORATION OF NYC
A/P	193848	02/09/22	8,478.13	TRUSTED HEALTH, INC
A/P	193849	02/09/22	5,209.35	UNIFIRST HOLDINGS INC
A/P	193850	02/09/22	880.01	UPDOX LLC
A/P	193851	02/09/22	2,200.00	US POSTAL SERVICE
A/P	193852	02/09/22	48.50	VICTORIA ADVOCATE
A/P	193853	02/09/22	3,670.62	WAGeworks
A/P	193854	02/09/22	6,255.68	ASHFORD GARDENS
A/P	193855	02/09/22	147,353.40	BETHANY SENIOR LIVING
A/P	193856	02/09/22	3,397.82	BROADMOOR AT CREEKSIDE PARK
A/P	193857	02/09/22	2,531.20	FORTBEND HEALTHCARE CENTER
A/P	193858	02/09/22	36,607.33	GOLDENCREEK HEALTHCARE
A/P	193859	02/09/22	56,528.30	GULF POINTE PLAZA
A/P	193860	02/09/22	10,085.44	SOLERA WEST HOUSTON
A/P	193861	02/09/22	2,079.20	THE CRESCENT
A/P	193862	02/09/22	.00	VOIDED
A/P	193863	02/09/22	86,481.16	TUSCANY VILLAGE
A/P	193864	02/09/22	270.00	
TOTALS:			830,319.79	

Payables 477,930.27 +  
Critical 799.99 +  
Patient returns 270.00 +  
6,255.68 +  
10,085.44 =  
NH 2,531.20 +  
Transfers 3,397.82 +  
2,079.20 +  
36,607.33 +  
56,528.30 +  
86,481.16 +  
147,353.40 +  
830,319.79 \*

APPROVED ON

FEB 09 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

## Request for Transfer of Funds

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

Date Requested: 1/31/2022

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
		1/17/2022	EFT	(1,843.26)	EFT6209311	CVDAR000026869	1,843.26	BROADMOOR
		1/13/2022	EFT	(428.87)	EFT6210757	CVDAR000026869	428.87	BROADMOOR
		1/13/2022	EFT	(407.31)	EFT6210586	CVDAR000026869	407.31	BROADMOOR
		1/19/2022	EFT	(78.10)	EFT6215145	CVDAR000026869	78.10	BROADMOOR
		1/20/2022	EFT	\$ (389.41)	EFT6217141	CVDAR000026869	389.41	BROADMOOR
		1/21/2022	EFT	\$ (4,988.21)	EFT6219725	CVDAR000026869	4,988.21	BROADMOOR
		1/24/2022	EFT	\$ (1,292.82)	EFT6220748	CVDAR000026869	1,292.82	BROADMOOR
		1/25/2022	EFT	\$ (1,030.54)	EFT6222602	CVDAR000026869	1,030.54	BROADMOOR
		1/26/2022	EFT	\$ (129.21)	EFT6224335	CVDAR000026869	129.21	BROADMOOR
		1/27/2022	EFT	\$ (119.56)	EFT6225967	CVDAR000026869	119.56	BROADMOOR
		1/28/2022	EFT	\$ (39.89)	EFT6227416	CVDAR000026869	39.89	BROADMOOR
<b>TOTAL</b>				(10,747.18)			10,747.18	

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

Date Received: 2/3/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 2/9/2022

From Facility: BROADMOOR

To Facility: MMC

Amount: 10,747.18

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

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

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

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

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



APPROVED ON

FEB 07 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CR# 600185

## Request for Transfer of Funds

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

Date Requested: 1/31/2022

Payer: Medicare

Requested by: Faren Campos

Requestor's email: fagonzales@mncportlavaca.com

Requestor's phone number: 361-552-0226

District or County: Calhoun

Facility: Memorial Medical Center

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form and

Remittance Advice to: cclevenger@mncportlavaca.com

mmartinez@mncportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		1/12/2022	EFT	(1,843.26)	EFT6209311	CV DAR000019557	1,843.26	CRESCENT
		1/13/2022	EFT	(428.87)	EFT6210757	CV DAR000019557	428.87	CRESCENT
		1/13/2022	EFT	(407.31)	EFT6210586	CV DAR000019557	407.31	CRESCENT
		1/19/2022	EFT	(78.10)	EFT6215145	CV DAR000019557	78.10	CRESCENT
		1/20/2022	EFT	\$ (389.41)	EFT6217141	CV DAR000019557	389.41	CRESCENT
		1/21/2022	EFT	\$ (4,988.21)	EFT6219725	CV DAR000019557	4,988.21	CRESCENT
		1/24/2022	EFT	\$ (1,292.82)	EFT6220748	CV DAR000019557	1,292.82	CRESCENT
		1/25/2022	EFT	\$ (1,030.54)	EFT6222602	CV DAR000019557	1,030.54	CRESCENT
		1/26/2022	EFT	\$ (129.21)	EFT6224335	CV DAR000019557	129.21	CRESCENT
		1/27/2022	EFT	\$ (119.56)	EFT6225967	CV DAR000019557	119.56	CRESCENT
		1/28/2022	EFT	\$ (39.89)	EFT6227416	CV DAR000019557	39.89	CRESCENT
<b>TOTAL</b>				<b>(10,747.18)</b>			<b>10,747.18</b>	

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

Date Received: 2/3/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 2/9/2022

From Facility: CRESCENT

To Facility: MMC

Amount: 10,747.18

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

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

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

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

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



APPROVED ON

FEB 07 2022

BY COUNTY AUDITOR,  
CALHOUN COUNTY, TEXAS  
CR# 000214

## Request for Transfer of Funds

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

Date Requested: 1/31/2022

Payer: Medicare

Requested by: Faren Campos

Requestor's email: fagonzales@mmcportlavaca.com

Requestor's phone number: 361-552-0226

District or County: Calhoun

Facility: Memorial Medical Center

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form and

Remittance Advice to: cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		1/12/2022	EFT	(1,843.26)	EFT6209311	CV DAR0000018170	1,843.26	SOLERA
		1/13/2022	EFT	(428.87)	EFT6210757	CV DAR0000018170	428.87	SOLERA
		1/13/2022	EFT	(407.31)	EFT6210586	CV DAR0000018170	407.31	SOLERA
		1/19/2022	EFT	(78.10)	EFT6215145	CV DAR0000018170	78.10	SOLERA
		1/20/2022	EFT	\$ (389.41)	EFT6217141	CV DAR0000018170	389.41	SOLERA
		1/21/2022	EFT	\$ (4,988.21)	EFT6219725	CV DAR0000018170	4,988.21	SOLERA
		1/24/2022	EFT	\$ (1,292.82)	EFT6220748	CV DAR0000018170	1,292.82	SOLERA
		1/25/2022	EFT	\$ (1,030.34)	EFT6222602	CV DAR0000018170	1,030.34	SOLERA
		1/26/2022	EFT	\$ (129.21)	EFT6224335	CV DAR0000018170	129.21	SOLERA
		1/27/2022	EFT	\$ (119.56)	EFT6225967	CV DAR0000018170	119.56	SOLERA
		1/28/2022	EFT	\$ (39.89)	EFT6227416	CV DAR0000018170	39.89	SOLERA
<b>TOTAL</b>				<b>(10,746.98)</b>			<b>10,747.18</b>	

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

Date Received: 2/3/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 2/9/2022

From Facility: SOLERA

To Facility: MMC

Amount: 10,747.18

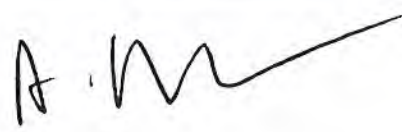
Requested Transfer Date #2: \_\_\_\_\_

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

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

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

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



APPROVED ON

FEB 07 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL# 0012-14

MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000185

Date 2/9/22

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 10,747.18

Ten thousand seven hundred forty seven & 18/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000185⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000214

Date 2/9/22

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 10,747.18

Ten thousand seven hundred forty seven & 18/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000214⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001214

Date 2/9/22

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 10747.18

Ten thousand seven hundred forty seven & 18/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001214⑈ ⑆113122655⑆

**Medicare Repayment**

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	Amt	CK DATE
BROADMOOR			MMC	20351000	10,747.18	2/9/2022
CRESCENT			MMC	20351000	10,747.18	2/9/2022
SOLERA			MMC	20351000	10,747.18	2/9/2022
Total					32,241.54	

Note:

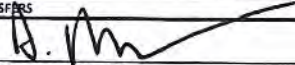
Approved:   
 Anthony Richardson 2/7/2022

Memorial Medical Center  
Nursing Home UPL  
Weekly Cantex Transfer  
Prosperity Accounts  
2/7/2022

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<b>Ashford Gardens</b>		167,655.15 ✓	167,555.15 ✓	69,665.88 ✓		69,765.88 ✓	14,435.82
	Bank Balance					69,765.88 ✓	
	Variance						
	Leave in Balance					100.00	
	MOLINA DEC QIPP					17,862.24 ✓	
	MOLINA YR 4 ADJ					4,805.90 ✓	
	AMERIGROUP DEC QIPP					32,547.30 ✓	
	JAN INTEREST					14.62	
	FEB INTEREST						
	MAR INTEREST						
	Adjust Balance/Transfer Amt					14,435.82 ✓	
<b>Broadmoor</b>		93,501.96 ✓	93,401.96 ✓	73,188.53 ✓		73,288.53 ✓	39,564.52
	Bank Balance					73,288.53 ✓	
	Variance						
	Leave in Balance					100.00	
	MOLINA DEC QIPP					7,388.37 ✓	
	MOLINA YR 4 ADJ1					2,006.84 ✓	
	AMERIGROUP DEC QIPP					13,469.26 ✓	
	MEDICARE REPAYMENT TO MMC					10,747.18 ✓	
	JAN INTEREST					12.36	
	FEB INTEREST						
	MAR INTEREST						
	Adjust Balance/Transfer Amt					39,564.52 ✓	
<b>Crescent</b>		73,429.66 ✓	73,329.66 ✓	38,069.90 ✓		38,169.90 ✓	9,097.91
	Bank Balance					38,169.90 ✓	
	Variance						
	Leave in Balance					100.00	
	MOLINA DEC QIPP					5,940.99 ✓	
	MOLINA YR 4 ADJ1					1,452.09 ✓	
	AMERIGROUP DEC QIPP					10,818.40 ✓	
	MEDICARE REPAYMENT TO MMC					10,747.18 ✓	
	JAN INTEREST					13.33	
	FEB INTEREST						
	MAR INTEREST						
	Adjust Balance/Transfer Amt					9,097.91 ✓	
<b>Fort Bend</b>		85,118.26 ✓	85,018.26 ✓	28,266.36 ✓		28,366.36 ✓	5,864.08
	Bank Balance					28,366.36 ✓	
	Variance						
	Leave in Balance					100.00	
	MOLINA DEC QIPP					7,214.46 ✓	
	MOLINA YR 4 ADJ1					2,028.61 ✓	
	AMERIGROUP DEC QIPP					13,151.98 ✓	
	JAN INTEREST					7.23	
	FEB INTEREST						
	MAR INTEREST						
	Adjust Balance/Transfer Amt					5,864.08 ✓	
<b>Solera at W Houston</b>		137,066.88 ✓	136,966.88 ✓	58,659.80 ✓		58,759.80 ✓	26,253.19
	Bank Balance					58,759.80 ✓	
	Variance						
	Leave in Balance					100.00	
	MOLINA DEC QIPP					7,001.28 ✓	
	MOLINA YR 4 ADJ1					1,877.64 ✓	
	AMERIGROUP DEC QIPP					12,763.05 ✓	
	MEDICARE REPAYMENT TO MMC					10,747.18 ✓	
	JAN INTEREST					17.46	
	FEB INTEREST						
	MAR INTEREST						
	Adjust Balance/Transfer Amt					26,253.19 ✓	

14,435.82 +  
 39,564.52 +  
 9,097.91 +  
 5,864.08 +  
 26,253.19 +  
 95,215.52 \*

APPROVED ON  
 FEB 07 2022  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 95,215.52  
 Approved:   
 ANTHONY RICHARDSON, CFO  
 2/7/2022

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.



Arbford Gardens	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
1/31/2022 Added to Account	-	14.82	-	-	-	-	-	14.82
1/31/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	290.75	-	-	-	-	-	290.75
2/1/2022 NOVITAS SOLUTION HCCLAIMPMT 675423 420000180	-	757.43	-	-	-	-	-	757.43
2/2/2022 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	167,555.15	-	-	-	-	-	-	-
2/2/2022 MOLINA HEALTHCAR MOLINAACH 01027867 42000014	-	19,803.30	15,921.18	3,882.12	-	-	17,862.24	1,941.06
2/3/2022 MANAGEANDNET1718 MNS PMNT 000000000000993 41	-	405.00	-	-	-	-	-	405.00
2/4/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	2,870.00	-	-	-	-	-	2,870.00
2/4/2022 MOLINA HEALTHCAR MOLINAACH 01030102 42000017	-	6,493.23	3,118.56	578.02	938.97	1,862.68	4,605.80	1,587.34
2/4/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,902.00	-	-	-	-	-	2,902.00
2/4/2022 AMERIGROUP CORPO E-PAYMENT EE52305579 111000	-	36,129.55	28,965.05	7,164.50	-	-	32,547.30	3,582.25
TOTALS	167,555.15	69,665.88	48,004.79	11,619.64	938.97	1,862.68	55,235.44	14,450.45

Broadmoor	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
1/31/2022 Added to Account	-	12.36	-	-	-	-	-	12.36
1/31/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	8,989.91	-	-	-	-	-	8,989.91
1/31/2022 NOVITAS SOLUTION HCCLAIMPMT 676357 420000164	-	480.00	-	-	-	-	-	480.00
2/1/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,083.54	-	-	-	-	-	4,083.54
2/1/2022 CIGNA HCCLAIMPMT 1669860433 9100001423727	-	6,096.76	-	-	-	-	-	6,096.76
2/2/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	80,638.77	-	-	-	-	-	-	-
2/2/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	385.00	-	-	-	-	-	385.00
2/2/2022 MOLINA HEALTHCAR MOLINAACH 01028262 42000014	-	8,190.60	6,586.14	1,604.46	-	-	7,388.37	802.23
2/2/2022 MANAGEANDNET1718 MNS PMNT 0000000000004293 41	-	67.50	-	-	-	-	-	67.50
2/2/2022 HNB - ECHO HCCLAIMPMT 746003411 440000270175	-	5,900.20	-	-	-	-	-	5,900.20
2/2/2022 HEALTH HUMAN SVC HCCLAIMPMT 174600341133004 2	-	6,723.37	-	-	-	-	-	6,723.37
2/3/2022 ck183	12,703.19	-	-	-	-	-	-	-
2/3/2022 Deposit	-	4,436.81	-	-	-	-	-	4,436.81
2/4/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	9,840.00	-	-	-	-	-	9,840.00
2/4/2022 MOLINA HEALTHCAR MOLINAACH 01030436 42000017	-	2,723.18	1,290.48	237.58	554.30	640.81	2,008.84	716.35
2/4/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	316.20	-	-	-	-	-	316.20
2/4/2022 AMERIGROUP CORPO E-PAYMENT EE52305582 111000	-	14,943.10	11,895.42	2,947.68	-	-	13,465.26	1,477.84
TOTALS	93,401.96	73,188.53	15,877.05	4,789.72	554.30	840.81	22,864.47	50,324.07

Crescent	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
1/31/2022 Added to Account	-	13.93	-	-	-	-	-	13.93
1/31/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000164	-	2,596.40	-	-	-	-	-	2,596.40
1/31/2022 CIGNA HCCLAIMPMT 1669860425 9100001592410	-	3,455.00	-	-	-	-	-	3,455.00
2/1/2022 MANAGEANDNET1718 MNS PMNT 00000000003268 41	-	2,556.00	-	-	-	-	-	2,556.00
2/1/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000180	-	166.09	-	-	-	-	-	166.09
2/1/2022 AARP Supplements HCCLAIMPMT 746003411 124384	-	4,823.00	-	-	-	-	-	4,823.00
2/2/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	60,626.47	-	-	-	-	-	-	-
2/2/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	2,225.00	-	-	-	-	-	2,225.00
2/2/2022 MOLINA HEALTHCAR MOLINAACH 01028225 42000014	-	6,586.14	5,295.84	1,290.30	-	-	5,940.89	645.15
2/2/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,764.56	-	-	-	-	-	1,764.56
2/3/2022 ck212	12,703.19	-	-	-	-	-	-	-
2/4/2022 MOLINA HEALTHCAR MOLINAACH 01030402 42000017	-	1,868.49	1,035.68	190.98	47.59	594.24	1,452.09	416.41
2/4/2022 AMERIGROUP CORPO E-PAYMENT EE52305581 111000	-	12,015.89	9,620.50	2,394.99	-	-	10,818.40	1,197.50
TOTALS	73,329.66	38,068.90	15,852.42	3,876.27	47.59	594.24	18,211.47	19,858.43

Fort Bend	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
1/31/2022 Added to Account	-	7.23	-	-	-	-	-	7.23
2/2/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	85,018.26	-	-	-	-	-	-	-
2/2/2022 MOLINA HEALTHCAR MOLINAACH 01027977 42000014	-	7,999.86	6,429.04	1,570.80	-	-	7,214.46	785.40
2/4/2022 MOLINA HEALTHCAR MOLINAACH 01030189 42000017	-	2,797.14	1,260.08	232.84	540.40	763.82	2,028.61	768.53
2/4/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,867.02	-	-	-	-	-	2,867.02
2/4/2022 AMERIGROUP CORPO E-PAYMENT EE52305578 111000	-	14,595.11	11,708.84	2,886.27	-	-	13,151.98	1,443.14
TOTALS	85,018.26	28,266.36	19,397.98	4,689.91	540.40	763.82	22,395.05	5,871.32

Selers at West Houston	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
1/31/2022 Added to Account	-	17.46	-	-	-	-	-	17.46
1/31/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,126.40	-	-	-	-	-	2,126.40
1/31/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000164	-	2,049.71	-	-	-	-	-	2,049.71
1/31/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	4,357.95	-	-	-	-	-	4,357.95
2/1/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	10,660.00	-	-	-	-	-	10,660.00
2/1/2022 Amerigroup TXSC HCCLAIMPMT 3171513295 111000	-	0.65	-	-	-	-	-	0.65
2/1/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	127.95	-	-	-	-	-	127.95
2/1/2022 HUMANA INS CO HCCLAIMPMT 390862 830000538741	-	131.05	-	-	-	-	-	131.05
2/2/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	124,263.69	-	-	-	-	-	-	-
2/2/2022 MOLINA HEALTHCAR MOLINAACH 01028196 42000014	-	7,764.24	6,238.32	1,525.92	-	-	7,001.28	762.96
2/2/2022 Amerigroup TXSC HCCLAIMPMT 3171623968 111000	-	2,019.13	-	-	-	-	-	2,019.13
2/2/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,173.38	-	-	-	-	-	3,173.38
2/3/2022 ck1212	12,703.19	-	-	-	-	-	-	-
2/4/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	9,430.00	-	-	-	-	-	9,430.00
2/4/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	104.00	-	-	-	-	-	104.00
2/4/2022 MOLINA HEALTHCAR MOLINAACH 01030375 42000017	-	2,532.64	1,222.64	225.85	368.08	716.06	1,877.64	655.00
2/4/2022 AMERIGROUP CORPO E-PAYMENT EE52305580 111000	-	14,165.24	11,360.85	2,804.39	-	-	12,763.05	1,402.20
TOTALS	136,968.88	58,659.80	18,821.81	4,556.16	368.09	716.06	21,641.97	37,017.84

TOTALS

136,968.88	58,659.80	18,821.81	4,556.16	368.09	716.06	21,641.97	37,017.84
556,271.91	287,850.47	122,049.05	29,531.70	2,449.35	4,577.61	140,328.38	127,522.09

# Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type

DDA

Data reported as of Feb 7, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$7,562,747.70</b>	<b>\$7,705,125.46</b>	<b>\$7,562,747.70</b>	<b>\$7,629,348.4</b>
*4551 CAL CO INDIGENT HEALTHCARE	\$5,976.53	\$5,976.53	\$5,976.53	\$41,525.3
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$58,398.18	\$62,629.70	\$58,398.18	\$52,730.9
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.13	\$536.13	\$536.13	\$536.1
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,691,412.10	\$5,780,498.23	\$5,691,412.10	\$5,973,600.1
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.61	\$431.61	\$431.61	\$431.6
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$69,765.88 ✓	\$78,944.34	\$69,765.88	\$21,371.1
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$73,288.53 ✓	\$78,615.08	\$73,288.53	\$45,466.0
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$38,169.90 ✓	\$42,048.20	\$38,169.90	\$24,285.5
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$28,366.36 ✓	\$28,366.36	\$28,366.36	\$8,107.0
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$58,759.80 ✓	\$75,322.83	\$58,759.80	\$32,527.9
*2998 MMC -MONEY MARKET FUND	\$1,109,566.76	\$1,109,566.76	\$1,109,566.76	\$1,109,566.7
*5506 MMC -NH BETHANY SENIOR LIVING	\$279,706.02	\$284,881.78	\$279,706.02	\$203,556.7
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$83,212.77	\$87,905.66	\$83,212.77	\$74,030.1
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,561.58	\$1,837.29	\$1,561.58	\$1,403.8
*3407 MMC -NH TUSCANY VILLAGE	\$63,595.55	\$67,564.96	\$63,595.55	\$40,209.1

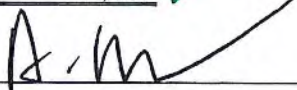
Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 2/7/2022

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		64,571.53	64,471.53	58,298.18		58,398.18	58,287.14
						Bank Balance	58,398.18
						Variance	-
						Leave in Balance	100.00

rek:

JAN INTEREST	11.04
FEB INTEREST	
MAR INTEREST	
Adjust Balance/Transfer Amt	58,287.14

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 2/7/2022

APPROVED ON

FEB 07 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4&L apse	
1/31/2022 Added to Account	-	11.04					11.04
2/2/2022 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	64,471.53	-					-
2/2/2022 CIGNA HCCLAIMPMT 1588075964 91000011713116	-	497.22					497.22
2/3/2022 Deposit	-	52,122.68					52,122.68
2/4/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	438.24					438.24
2/4/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	799.75					799.75
2/4/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	4,429.25					4,429.25
	64,471.53	58,298.18	-	-	-	-	58,298.18

# Quick View

Select Quick View Accounts  
Account Number / Name

Account Type

Select Group  
Groups




DDA Data reported as of Feb 7, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$7,562,747.70</b>	<b>\$7,705,125.46</b>	<b>\$7,562,747.70</b>	<b>\$7,629,348.4</b>
*4551 CAL CO INDIGENT HEALTHCARE	\$5,976.53	\$5,976.53	\$5,976.53	\$41,525.3
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$58,398.18 ✓	\$62,629.70	\$58,398.18	\$52,730.9
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.13	\$536.13	\$536.13	\$536.1
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,691,412.10	\$5,780,498.23	\$5,691,412.10	\$5,973,600.1
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.61	\$431.61	\$431.61	\$431.6
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$69,765.88	\$78,944.34	\$69,765.88	\$21,371.1
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$73,288.53	\$78,615.08	\$73,288.53	\$45,466.0
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$38,169.90	\$42,048.20	\$38,169.90	\$24,285.5
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$28,366.36	\$28,366.36	\$28,366.36	\$8,107.0
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$58,759.80	\$75,322.83	\$58,759.80	\$32,527.9
*2998 MMC -MONEY MARKET FUND	\$1,109,566.76	\$1,109,566.76	\$1,109,566.76	\$1,109,566.7
*5506 MMC -NH BETHANY SENIOR LIVING	\$279,706.02	\$284,881.78	\$279,706.02	\$203,556.7
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$83,212.77	\$87,905.66	\$83,212.77	\$74,030.1
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,561.58	\$1,837.29	\$1,561.58	\$1,403.8
*3407 MMC -NH TUSCANY VILLAGE	\$63,595.55	\$67,564.96	\$63,595.55	\$40,209.1

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 2/7/2022

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		10,697.24	10,479.63	1,343.97			1,561.58	no transfer
						Bank Balance	1,561.58	
						Variance	-	
						Leave in Balance	100.00	
						UNIDENTIFIED ECHO PAYMENTS (NO CHECK WILL BE WRITTEN FOR THIS AMOUNT YET)	117.61	

JAN INTEREST 4.00  
 FEB INTEREST  
 MAR INTEREST  
 Adjust Balance/Transfer Amt 1,339.97

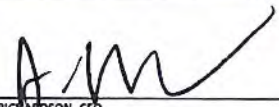
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		75,079.21	74,979.21	83,112.77			83,212.77	83,106.35
						Bank Balance	83,212.77	
						Variance	-	
						Leave in Balance	100.00	

JAN INTEREST 6.42  
 FEB INTEREST  
 MAR INTEREST  
 Adjust Balance/Transfer Amt 83,106.35

Routine Information for Gulf Pointe Plaza:

TOTAL TRANSFERS 84,446.32

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 2/7/2022

APPROVED ON

FEB 07 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	
<b>Gulf Points Plaza-Private Pay</b>							
1/31/2022 Added to Account	-	4.00					4.00
1/31/2022 HNB - ECHO HCCLAIMPMT 746003411 440000280344	-	31.36					31.36
1/31/2022 HNB - ECHO HCCLAIMPMT 746003411 440000280344	-	225.42					225.42
1/31/2022 HNB - ECHO HCCLAIMPMT 746003411 440000280344	-	15.68					15.68
2/1/2022 HUMANA CHA DISB HCCLAIMPMT 624982 4200001681	-	909.78					909.78
2/2/2022 WIRE OUT HMG SERVICES, LLC	10,479.63	-					-
2/4/2022 HNB - ECHO HCCLAIMPMT 746003411 440000246911	-	157.73					157.73
	<b>10,479.63</b>	<b>1,343.97</b>					<b>1,343.97</b>

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	
<b>Gulf Points Plaza-Medicare/Medicaid</b>							
1/31/2022 Added to Account	-	6.42					6.42
2/1/2022 HNB - ECHO HCCLAIMPMT 746003411 440000232328	-	12,769.73					12,769.73
2/2/2022 WIRE OUT HMG SERVICES, LLC	74,979.21	-					-
2/2/2022 HNB - ECHO HCCLAIMPMT 746003411 440000270175	-	3,638.48					3,638.48
2/2/2022 NORIDIAN J3A HCCLAIMPMT 675892 4200001002689	-	2,843.12					2,843.12
2/2/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2	-	12,853.72					12,853.72
2/3/2022 Deposit	-	32,653.96					32,653.96
2/3/2022 HNB - ECHO HCCLAIMPMT 746003411 440000211374	-	9,164.72					9,164.72
2/4/2022 HNB - ECHO HCCLAIMPMT 746003411 440000246911	-	4,708.00					4,708.00
2/4/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2	-	4,474.62					4,474.62
	<b>74,979.21</b>	<b>83,112.77</b>					<b>83,112.77</b>
	<b>85,458.84</b>	<b>84,456.74</b>					<b>84,456.74</b>

# Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type





DDA

Data reported as of Feb 7, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$7,562,747.70</b>	<b>\$7,705,125.46</b>	<b>\$7,562,747.70</b>	<b>\$7,629,348.4</b>
*4551 CAL CO INDIGENT HEALTHCARE	\$5,976.53	\$5,976.53	\$5,976.53	\$41,525.3
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$58,398.18	\$62,629.70	\$58,398.18	\$52,730.9
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.13	\$536.13	\$536.13	\$536.1
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,691,412.10	\$5,780,498.23	\$5,691,412.10	\$5,973,600.1
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.61	\$431.61	\$431.61	\$431.6
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$69,765.88	\$78,944.34	\$69,765.88	\$21,371.1
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$73,288.53	\$78,615.08	\$73,288.53	\$45,466.0
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$38,169.90	\$42,048.20	\$38,169.90	\$24,285.5
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$28,366.36	\$28,366.36	\$28,366.36	\$8,107.0
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$58,759.80	\$75,322.83	\$58,759.80	\$32,527.9
*2998 MMC -MONEY MARKET FUND	\$1,109,566.76	\$1,109,566.76	\$1,109,566.76	\$1,109,566.7
*5506 MMC -NH BETHANY SENIOR LIVING	\$279,706.02	\$284,881.78	\$279,706.02	\$203,556.7
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$83,212.77 ✓	\$87,905.66	\$83,212.77	\$74,030.1
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,561.58 ✓	\$1,837.29	\$1,561.58	\$1,403.8
*3407 MMC -NH TUSCANY VILLAGE	\$63,595.55	\$67,564.96	\$63,595.55	\$40,209.1



Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscan Transfer  
 Prosperity Accounts  
 2/7/2022

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<b>Nursing Home</b>							
<b>Tuscany Village</b>	183,070.46	182,970.46	63,495.55	-	-	63,595.55	33,933.40
					Bank Balance	63,595.55	
					Variance	-	
					Leave in Balance	100.00	
					MOLINA DEC QIPP	10,473.87	
					AMERIGROUP DEC QIPP	19,088.28	
					Adjust Balance/Transfer Amt	33,933.40	

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

Approved: Anthony Richardson  
 ANTHONY RICHARDSON, CFO 2/7/2022

APPROVED ON

FEB 07 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

Tuscany Village	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	
1/31/2022 Added to Account	-	15.29					15.29
1/31/2022 HNB - ECHO HCCLAIMPMT 746003411 440000280344	-	7,314.49					7,314.49
1/31/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000164	-	14,840.08					14,840.08
2/2/2022 WIRE OUT LINBAR ENTERPRISES, LLC	182,970.46	-					-
2/2/2022 MOLINA HEALTHCAR MOLINAACH 01028259 42000014	-	11,612.70	9,335.04	2,277.66		10,473.87	1,138.83
2/3/2022 Deposit	-	6,326.54					6,326.54
2/4/2022 KS PLAN ADMINIST HCCLAIMPMT 179 111000028753	-	2,200.00					2,200.00
2/4/2022 AMERIGROUP CORPO E-PAYMENT EES2305583 111000	-	21,186.45	16,990.10	4,196.35		19,088.28	2,098.18
	182,970.46	63,495.55	26,325.14	6,474.01	-	29,562.15	33,933.41

# Quick View

Select Quick View Accounts  
Account Number / Name

Account Type



Select Group  
Groups





DDA

Data reported as of Feb 7, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$7,562,747.70</b>	<b>\$7,705,125.46</b>	<b>\$7,562,747.70</b>	<b>\$7,629,348.4</b>
*4551 CAL CO INDIGENT HEALTHCARE	\$5,976.53	\$5,976.53	\$5,976.53	\$41,525.3
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$58,398.18	\$62,629.70	\$58,398.18	\$52,730.9
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.13	\$536.13	\$536.13	\$536.1
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,691,412.10	\$5,780,498.23	\$5,691,412.10	\$5,973,600.1
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.61	\$431.61	\$431.61	\$431.6
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$69,765.88	\$78,944.34	\$69,765.88	\$21,371.1
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$73,288.53	\$78,615.08	\$73,288.53	\$45,466.0
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$38,169.90	\$42,048.20	\$38,169.90	\$24,285.5
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$28,366.36	\$28,366.36	\$28,366.36	\$8,107.0
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$58,759.80	\$75,322.83	\$58,759.80	\$32,527.5
*2998 MMC -MONEY MARKET FUND	\$1,109,566.76	\$1,109,566.76	\$1,109,566.76	\$1,109,566.7
*5506 MMC -NH BETHANY SENIOR LIVING	\$279,706.02	\$284,881.78	\$279,706.02	\$203,556.7
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$83,212.77	\$87,905.66	\$83,212.77	\$74,030.1
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,561.58	\$1,837.29	\$1,561.58	\$1,403.6
*3407 MMC -NH TUSCANY VILLAGE	\$63,595.55 ✓	\$67,564.96	\$63,595.55	\$40,209.1

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSLTransfer  
 Prosperity Accounts  
 2/7/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chs Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		228,727.88	228,627.88	279,606.02			279,706.02	279,580.33
						Bank Balance	279,706.02	
						Variance	-	
						Leave in Balance	100.00	

JAN INTEREST 25.69  
 FEB INTEREST  
 MAR INTEREST  
 Adjust Balance / Transfer Amt 279,580.33  
 Approved:   
 ANTHONY R. RICHARDSON, CFO 2/7/2022

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  
 FEB 07 2022  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS



# Quick View

Select Quick View Accounts  
Account Number / Name

Account Type

Select Group  
Groups




DDA Data reported as of Feb 7, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$7,562,747.70</b>	<b>\$7,705,125.46</b>	<b>\$7,562,747.70</b>	<b>\$7,629,348.4</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,976.53	\$5,976.53	\$5,976.53	\$41,525.3
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$58,398.18	\$62,629.70	\$58,398.18	\$52,730.9
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.13	\$536.13	\$536.13	\$536.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,691,412.10	\$5,780,498.23	\$5,691,412.10	\$5,973,600.1
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.61	\$431.61	\$431.61	\$431.6
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$69,765.88	\$78,944.34	\$69,765.88	\$21,371.1
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$73,288.53	\$78,615.08	\$73,288.53	\$45,466.0
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$38,169.90	\$42,048.20	\$38,169.90	\$24,285.5
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$28,366.36	\$28,366.36	\$28,366.36	\$8,107.0
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$58,759.80	\$75,322.83	\$58,759.80	\$32,527.9
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,566.76	\$1,109,566.76	\$1,109,566.76	\$1,109,566.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$279,706.02 ✓	\$284,881.78	\$279,706.02	\$203,556.7
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$83,212.77	\$87,905.66	\$83,212.77	\$74,030.1
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,561.58	\$1,837.29	\$1,561.58	\$1,403.8
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$63,595.55	\$67,564.96	\$63,595.55	\$40,209.1

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

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MEMORIAL MEDICAL CENTER - *Ashford*

Date Requested: 2/7/22

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APPROVED ON  
FEB 07 2022  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 04167

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

AMOUNT \$55,215.44

G/L NUMBER: 10255040

EXPLANATION: MOLINA DEC QIPP, MOLINA YR 4 ADJ 1, AMERIGROUP DEC QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *A. M.*

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MEMORIAL MEDICAL CENTER - *Broadmoor* Date Requested: 2/7/22

A \_\_\_\_\_

V \_\_\_\_\_

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APPROVED ON

FEB 07 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 000184

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

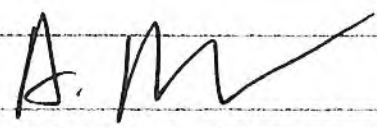
Return Check to Dept

AMOUNT \$22,864.47

G/L NUMBER: 10255040

EXPLANATION: MOLINA DEC QIPP, MOLINA YR 4 ADJ 1, AMERIGROUP DEC QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 



MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P  
A  
Y  
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E  
MEMORIAL MEDICAL CENTER - *Crescent*

Date Requested: 2/7/22

APPROVED ON

FEB 07 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*ck#000213*

FOR ACCT. USE ONLY

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

AMOUNT \$18,211.48

G/L NUMBER: 10255040

EXPLANATION: MOLINA DEC QIPP, MOLINA YR 4 ADJ 1, AMERIGROUP DEC QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *A. M.*

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MEMORIAL MEDICAL CENTER - Fort Bend Date Requested: 2/7/22

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

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APPROVED ON

FEB 07 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL#00172

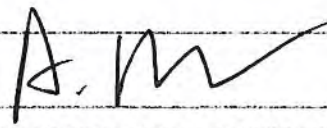
FOR ACCT. USE ONLY	
<input type="checkbox"/>	Imprest Cash
<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Mail Check to Vendor
<input type="checkbox"/>	Return Check to Dept

AMOUNT \$22,395.05

G/L NUMBER: 10255040

EXPLANATION: MOLINA DEC QIPP, MOLINA YR 4 ADJ 1, AMERIGROUP DEC QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P  
A  
Y  
E  
E

MEMORIAL MEDICAL CENTER - *Solem*

Date Requested: 2/7/22

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON

FEB 07 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# *0002-B*

G/L NUMBER: 10255040

AMOUNT \$21,641.97

EXPLANATION: MOLINA DEC QIPP, MOLINA YR 4 ADJ 1, AMERIGROUP DEC QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *A. M.*

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MEMORIAL MEDICAL CENTER *-Tuscany* Date Requested: 2/7/22

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

APPROVED ON

FEB 07 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL# 1091

FOR ACCT. USE ONLY


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

AMOUNT \$29,562.15

G/L NUMBER: 10255040

EXPLANATION: MOLINA DEC QIPP, AMERIGROUP DEC QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER 022020  
NH TUSCANY VILLAGE

1091

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

88-2265/1131-87

DATE 2/9/22

CHECK AMOUNT

PAY TO THE ORDER OF Memorial Medical Center

\$ 29,562.15

Twenty nine thousand Five hundred sixty two & 15/100

DOLLARS

Photo Safe Deposit Details on back



PROSPERITY BANK

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

FOR Molina-10473-87 Amerigroup-19088-28

⑈00109⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

001167

NH ASHFORD  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

Date 2/9/22

88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center

\$ 55,215.44

Fifty five thousand Two hundred fifteen & 44/100

DOLLARS



PROSPERITY BANK

FOR Molina ADJ - 4805.90  
Molina Dec - 17862.24 Amer - 32547.30

Security features and inclusions. Details on back

⑈001167⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

000184

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

Date 2/9/22

88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center

\$ 22,864.47

Twenty two thousand eight hundred sixty four & 47/100

DOLLARS



PROSPERITY BANK

FOR Amerigroup - 13469.26  
Molina - 1388.31 Molina ADJ - 2006.84

Security features are included. Details on back

⑈000184⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000213

Date 2/9/22

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 18,211.48

Eighteen thousand two hundred eleven & 48/100 DOLLARS



Molina ADJ - 1452.09

FOR Molina Del - 5940.99 Amerigroup - 10818.40



⑈000213⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000172

Date 2/9/22

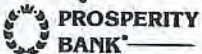
88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 22,395.05

Twenty two thousand three hundred ninety five & 05/100 DOLLARS



Amerigroup - 13151.98

FOR Molina 7214.46 Molina ADJ - 2028.61



⑈000172⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001213

Date 2/9/22

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 21,641.97

Twenty one thousand six hundred forty one & 97/100 DOLLARS



Amerigroup - 12763.05

FOR Molina Del - 7001.28 Molina ADJ - 1877.64



⑈001213⑈ ⑆113122655⑆

RUN DATE:02/09/22  
TIME:08:56

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
02/09/22 THRU 02/09/22

PAGE 8  
GLCKREG

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

TUS 001091 02/09/22 29,562.15 MEMORIAL MEDICAL CENTER  
TOTALS: 29,562.15

*Tuscany*

APPROVED ON

FEB 09 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RUN DATE:02/09/22  
TIME:08:56

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
02/09/22 THRU 02/09/22

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GLCKREG

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

NHA 001167 02/09/22 55,215.44 MEMORIAL MEDICAL CENTER *Ashtford*  
TOTALS: 55,215.44

APPROVED ON

FEB 09 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



RUN DATE:02/09/22  
TIME:08:56

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
02/09/22 THRU 02/09/22

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GLCKREG

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

NHB 000184 02/09/22 22,864.47 MEMORIAL MEDICAL CENTER  
NHB 000185 02/09/22 10,747.18 MEMORIAL MEDICAL CENTER  
TOTALS: 33,611.65

*Bwadmer*

APPROVED ON

FEB 09 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RUN DATE:02/09/22  
TIME:08:56

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
02/09/22 THRU 02/09/22

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GLCKREG

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

NHC 000213 02/09/22 18,211.48 MEMORIAL MEDICAL CENTER  
NHC 000214 02/09/22 10,747.18 MEMORIAL MEDICAL CENTER  
TOTALS: 28,958.66

*Crescent*

APPROVED ON

FEB 09 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RUN DATE:02/09/22  
TIME:08:56

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
02/09/22 THRU 02/09/22

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GLCKREG

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

NHF 000172 02/09/22 22,395.05 MEMORIAL MEDICAL CENTER *Fert Bend*  
TOTALS: 22,395.05

APPROVED ON

FEB 09 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RUN DATE:02/09/22  
TIME:08:56

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
02/09/22 THRU 02/09/22

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GLCKREG

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

NHS 001213 02/09/22 21,641.97 MEMORIAL MEDICAL CENTER  
NHS 001214 02/09/22 10,747.18 MEMORIAL MEDICAL CENTER *Solem*  
TOTALS: 32,389.15

APPROVED ON

FEB 09 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

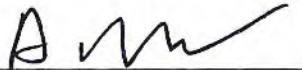
QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

2/9/2022

NH Name	From Bank Acct #	Ck #	Payee	GL #	MOLINA DEC QIPP	MOLINA YR 4 ADJ1	AMERIGROUP DEC QIPP	TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	17,862.24	4,805.90	32,547.30	55,215.44	2/9/2022
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	7,388.37	2,006.84	13,469.26	22,864.47	2/9/2022
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	5,940.99	1,452.09	10,818.40	18,211.48	2/9/2022
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	7,214.46	2,028.61	13,151.98	22,395.05	2/9/2022
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	7,001.28	1,877.64	12,763.05	21,641.97	2/9/2022
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040				-	2/9/2022
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040				-	2/9/2022
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001					-	2/9/2022
Bethany			MMC -Prosperity Operating #10000001					-	2/9/2022
Tuscany			MMC -Prosperity Operating #10000001	10255040	10,473.87		19,088.28	29,562.15	2/9/2022
			<b>Total:</b>		<b>55,881.21</b>	<b>12,171.08</b>	<b>101,838.27</b>	- <b>169,890.56</b>	

Note:

Approved:   
 Anthony Richardson

2/7/2022