



**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---February 16, 2022**

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 758,801.14
TOTAL TRANSFERS BETWEEN FUNDS	\$ 39,552.39
TOTAL NURSING HOME UPL EXPENSES	\$ 912,627.97
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 74,244.00
<b>GRAND TOTAL DISBURSEMENTS APPROVED February 16, 2022</b>	<b>\$ 1,785,225.50</b>

**APPROVED**

FEB 16 2022

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---February 16, 2022**

**PAYABLES AND PAYROLL**

2/10/2022 Weekly Payables	347,315.18
2/14/2022 Citibank Credit Card-see attached	863.08
2/14/2022 McKesson-340B Prescription Expense	8,053.76
2/14/2022 Amerisource Bergen-340B Prescription Expense	917.09
2/14/2022 Payroll Liabilities -Payroll Taxes	95,295.68
2/14/2022 Payroll	298,435.38
2/14/2022 Payroll Liabilities for supplemental payroll-Payroll Taxes	140.99
2/14/2022 Supplemental Payroll	571.97

**Prosperity Electronic Bank Payments**

2/7-2/10/22 Credit Card & Lease Fees	5,829.74
2/20/2022 Sales Tax for January 2022	1,052.20
2/10/2022 Cleargage-Patient Financing Service	111.32
2/7-2/11/22 Pay Plus-Patient Claims Processing Fee	214.75

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** \$ 758,801.14

**TRANSFER OF FUNDS BETWEEN NURSING HOMES**

2/14/2022 Gulf Pointe Plaza-PP-correction of Ashford insurance payment deposited into Gulf Pointe Plaza-PP in error	17,813.07
2/14/2022 Golden Creek-correction of Solera insurance payment deposited into Golden Creek in error	15,990.00
2/14/2022 Golden Creek-correction of Gulf Pointe insurance payment deposited into Golden Creek in error	5,749.32

**TOTAL TRANSFERS BETWEEN FUNDS** \$ 39,552.39

**NURSING HOME UPL EXPENSES**

2/14/2022 Nursing Home UPL-Cantex Transfer	371,842.82
2/14/2022 Nursing Home UPL-Nexion Transfer	28,101.47
2/14/2022 Nursing Home UPL-HMG Transfer	66,717.28
2/14/2022 Nursing Home UPL-Tuscany Transfer	129,080.68
2/14/2022 Nursing Home UPL-HSL Transfer	237,015.05

**QIPP CHECKS TO MMC**

2/14/2022 Ashford	9,106.26
2/14/2022 Broadmoor	3,802.31
2/14/2022 Crescent	2,737.33
2/14/2022 Fort Bend	3,852.69
2/14/2022 Solera	3,558.46
2/14/2022 Golden Creek	36,273.20
2/14/2022 Gulf Pointe	16,014.48
2/14/2022 Tuscany	4,525.94

**TOTAL NURSING HOME UPL EXPENSES** \$ 912,627.97

**INTER-GOVERNMENT TRANSFERS**

2/14/2022 IGT 2022 DSH Advance 3 Payment to be paid March 8, 2022	74,244.00
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**TOTAL INTER-GOVERNMENT TRANSFERS** \$ 74,244.00

**GRAND TOTAL DISBURSEMENTS APPROVED February 16, 2022** \$ 1,785,225.50







Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	B1220		BECKMAN COULTE	17,540.72	0.00	0.00	17,540.72			
Vendor#			Vendor Name	Class		Pay Code				
12740			BUILDING KID STEPS ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
JAN2022A	02/10/2022	01/31/2022	02/15/2022				1,039.00	0.00	0.00	1,039.00 ✓
			SPEECH THER							
JAN2022C	02/10/2022	01/31/2022	02/15/2022				1,039.00	0.00	0.00	1,039.00 ✓
			SPEECH THER							
JAN2022B	02/10/2022	01/31/2022	02/15/2022				1,091.00	0.00	0.00	1,091.00 ✓
			SPEECH THER							
JAN2022D	02/10/2022	01/31/2022	02/15/2022				150.00	0.00	0.00	150.00 ✓
			SPEECH THER							
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
14120	12740		BUILDING KID STEF	3,319.00	0.00	0.00	3,319.00			
Vendor#			Vendor Name	Class		Pay Code				
14120			CALHOUN COUNTY EMS ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
22010001	✓02/10/2022	02/01/2022	02/28/2022				5,280.00	0.00	0.00	5,280.00
			<i>long distance transfer 12/26-1/31/22</i>							
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
11295	14120		CALHOUN COUNTY	5,280.00	0.00	0.00	5,280.00			
Vendor#			Vendor Name	Class		Pay Code				
11295			CALHOUN COUNTY INDIGENT AC ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020422	02/10/2022	02/04/2022	02/05/2022				90.00	0.00	0.00	90.00 ✓
			INDIGENT CO PAYS							
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
14064	11295		CALHOUN COUNTY	90.00	0.00	0.00	90.00			
Vendor#			Vendor Name	Class		Pay Code				
14064			CAPITAL ONE ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122221	02/10/2022	12/22/2021	02/13/2022				3.88	0.00	0.00	3.88 ✓
			SUPPLIES							
122921B	02/10/2022	12/29/2021	02/13/2022				11.88	0.00	0.00	11.88 ✓
			SUPPLIES							
122921A	02/10/2022	12/29/2021	02/13/2022				-29.16	0.00	0.00	-29.16 ✓
			CREDIT PT							
122921	02/10/2022	12/29/2021	02/13/2022				59.84	0.00	0.00	59.84 ✓
			SUPPLIES							
011122A	02/10/2022	01/11/2022	02/13/2022				11.88	0.00	0.00	11.88 ✓
			SUPPLIES							
011122D	02/10/2022	01/11/2022	02/13/2022				49.12	0.00	0.00	49.12 ✓
			SUPPLIES							
011122B	02/10/2022	01/11/2022	02/13/2022				53.04	0.00	0.00	53.04 ✓
			SUPPLIES							
011122E	02/10/2022	01/11/2022	02/13/2022				49.12	0.00	0.00	49.12 ✓
			SUPPLIES							
011322	02/10/2022	01/11/2022	02/13/2022				-1.30	0.00	0.00	-1.30 ✓
			CREDIT							
011122C	02/10/2022	01/11/2022	02/13/2022				52.98	0.00	0.00	52.98 ✓
			SUPPLIES							
011122	02/10/2022	01/11/2022	02/13/2022				12.94	0.00	0.00	12.94 ✓
			SUPPLIES							
011322B	02/10/2022	01/13/2022	02/13/2022				53.58	0.00	0.00	53.58 ✓
			SUPPLIES							
011322F	02/10/2022	01/13/2022	02/13/2022				139.84	0.00	0.00	139.84 ✓
			SUPPLIES							
011322G	02/10/2022	01/13/2022	02/13/2022				1.30	0.00	0.00	1.30 ✓
			SUPPLIES							
011322A	02/10/2022	01/13/2022	02/13/2022				-31.62	0.00	0.00	-31.62 ✓



CREDIT FOR BROKEN SUPP

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011722	02/10/2022	01/17/2022	02/13/2022				66.84	0.00	0.00	66.84 ✓
SUPPLIES										
Vendor#	Vendor Name	Number	Name				Gross	Discount	No-Pay	Net
13992	CARIANT HEALTH PARTNERS ✓	14064	CAPITAL ONE				504.16	0.00	0.00	504.16
Vendor#	Vendor Name	Number	Name				Gross	Discount	No-Pay	Net
14236	CARRIER CORPORATION ✓	13992	CARIANT HEALTH F				857.50	0.00	0.00	857.50
Vendor#	Vendor Name	Number	Name				Gross	Discount	No-Pay	Net
13028	CAVALLO ENERGY TEXAS LLC ✓	14236	CARRIER CORPOR.				12,830.00	0.00	0.00	12,830.00
Vendor#	Vendor Name	Number	Name				Gross	Discount	No-Pay	Net
13028	ELECTRICITY	13028	CAVALLO ENERGY				10.17	0.00	0.00	10.17 ✓
Vendor#	Vendor Name	Number	Name				Gross	Discount	No-Pay	Net
C1600	CITIZENS MEDICAL CENTER ✓	C1600	CITIZENS MEDICAL				70.00	0.00	0.00	70.00
Vendor#	Vendor Name	Number	Name				Gross	Discount	No-Pay	Net
10786	CLINICAL PATHOLOGY	10786	CLINICAL PATHOLC				9,671.37	0.00	0.00	9,671.37 ✓
Vendor#	Vendor Name	Number	Name				Gross	Discount	No-Pay	Net
13572	COMMUNITY INFUSION SOLUTION ✓	13572	COMMUNITY INFUS				10,414.90	0.00	0.00	10,414.90 ✓
Vendor#	Vendor Name	Number	Name				Gross	Discount	No-Pay	Net
10368	DEWITT POTHS & SON ✓	6709330	SUPPLIES				68.69	0.00	0.00	68.69 ✓
Vendor#	Vendor Name	Number	Name				Gross	Discount	No-Pay	Net
10368	SUPPLIES	6712560	SUPPLIES				136.73	0.00	0.00	136.73 ✓
Vendor#	Vendor Name	Number	Name				Gross	Discount	No-Pay	Net
10368	SUPPLIES	6695842	SUPPLIES				5.68	0.00	0.00	5.68 ✓
Vendor#	Vendor Name	Number	Name				Gross	Discount	No-Pay	Net
10368	SUPPLIES	6712990	SUPPLIES				90.14	0.00	0.00	90.14 ✓
Vendor#	Vendor Name	Number	Name				Gross	Discount	No-Pay	Net
10368	SUPPLIES	6712990	SUPPLIES				90.14	0.00	0.00	90.14 ✓











Vendor#	14256	INFICARE HEALTH,				2,216.50	0.00	0.00	2,216.50	
I1260		Vendor Name				Class	Pay Code			
		INTOXIMETERS INC ✓				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
698776 ✓	01/31/2022	01/26/2022	02/25/2022				480.00	0.00	0.00	480.00 ✓
		SUPPLIES								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
I1260		INTOXIMETERS INC			480.00	0.00	0.00	480.00		
Vendor#		Vendor Name				Class	Pay Code			
I1200		IRON MOUNTAIN ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
GHMV565 ✓	01/31/2022	01/31/2022	03/02/2022				596.82	0.00	0.00	596.82 ✓
		SERVICES								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
I1200		IRON MOUNTAIN			596.82	0.00	0.00	596.82		
Vendor#		Vendor Name				Class	Pay Code			
I1264		ITA RESOURCES, INC ✓				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC022022	02/09/2022	02/07/2022	02/07/2022				27,689.46	0.00	0.00	27,689.46 ✓
		RESPIRATORY SVCS								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
I1264		ITA RESOURCES, II			27,689.46	0.00	0.00	27,689.46		
Vendor#		Vendor Name				Class	Pay Code			
I14316		JUNXION MED STAFFING ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MEM010122	02/10/2022	01/31/2022	02/15/2022				6,258.13	0.00	0.00	6,258.13 ✓
		NURSE STAFFING ICU (12/27-1/01/22) Deshotel								
MEM010822	02/10/2022	01/31/2022	02/15/2022				3,952.50	0.00	0.00	3,952.50 ✓
		ICU STAFFING								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
I14316		JUNXION MED STAI			10,210.63	0.00	0.00	10,210.63		
Vendor#		Vendor Name				Class	Pay Code			
L0100		LAW PUBLICATIONS ✓				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
283419	02/09/2022	01/04/2022	01/04/2022				649.00	0.00	0.00	649.00 ✓
		AD ON DRUG FREE BOOKS								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
L0100		LAW PUBLICATION:			649.00	0.00	0.00	649.00		
Vendor#		Vendor Name				Class	Pay Code			
I11600		LEGAL SHIELD ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011522	01/31/2022	01/31/2022	02/25/2022				429.70	0.00	0.00	429.70 ✓
		PAYROLL DEDUCT								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
I11600		LEGAL SHIELD			429.70	0.00	0.00	429.70		
Vendor#		Vendor Name				Class	Pay Code			
M2181		MATTHEW BENDER & CO.,INC. ✓				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
013122	02/10/2022	01/31/2022	03/02/2022				75.08	0.00	0.00	75.08 ✓
		CONT ED PHARM								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
M2181		MATTHEW BENDEF			75.08	0.00	0.00	75.08		
Vendor#		Vendor Name				Class	Pay Code			
I11141		MEDICAL DATA SYSTEMS, INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
167302 ✓	01/31/2022	01/31/2022	02/25/2022				32.85	0.00	0.00	32.85 ✓
		COLLECTION FEES								
167300 ✓	01/31/2022	01/31/2022	02/25/2022				1,695.71	0.00	0.00	1,695.71 ✓
		COLLECTION FEES								
167301 ✓	01/31/2022	01/31/2022	02/25/2022				5,324.76	0.00	0.00	5,324.76 ✓
		COLLECTIONS								



Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
	11141		MEDICAL DATA SYC		7,053.32	0.00	0.00	7,053.32		
Vendor#			Vendor Name		Class		Pay Code			
M2470			MEDLINE INDUSTRIES INC		M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1984612024	02/09/2022	01/26/2022	02/20/2022				55.38	0.00	0.00	55.38
			SUPPLIES							
1984612019	02/09/2022	01/26/2022	02/20/2022				18,736.53	0.00	0.00	18,736.53
			SUPPLIES							
1984612020	02/09/2022	01/26/2022	02/20/2022				14,989.23	0.00	0.00	14,989.23
			SUPPLIES							
1984824018	02/09/2022	01/27/2022	02/21/2022				479.40	0.00	0.00	479.40
			SUPPLIES							
1985789492	02/09/2022	02/02/2022	02/27/2022				60.28	0.00	0.00	60.28
			SUPPLIES							
1985789497	02/09/2022	02/02/2022	02/27/2022				23,431.21	0.00	0.00	23,431.21
			SUPPLIES							
1985789495	02/09/2022	02/02/2022	02/27/2022				11,246.98	0.00	0.00	11,246.98
			SUPPLIES							
1985789494	02/09/2022	02/02/2022	02/27/2022				232.00	0.00	0.00	232.00
			SUPPLIES							
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
13492	M2470		MEDLINE INDUSTR		69,231.01	0.00	0.00	69,231.01		
			Vendor Name		Class		Pay Code			
			MEDVANTAGE							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
40033	02/09/2022	01/04/2022	02/04/2022				1,072.49	0.00	0.00	1,072.49
			ADHESIVE LABELS- DIETARY							
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
10536	13492		MEDVANTAGE		1,072.49	0.00	0.00	1,072.49		
			Vendor Name		Class		Pay Code			
			MORRIS & DICKSON CO, LLC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7829520	02/10/2022	02/02/2022	02/12/2022				355.60	0.00	0.00	355.60
			INVENTORY PHARM							
7829518	02/10/2022	02/02/2022	02/12/2022				609.91	0.00	0.00	609.91
			INVENTORY PHARM							
7833179	02/10/2022	02/02/2022	02/12/2022				69.80	0.00	0.00	69.80
			INVENTORY PHARM							
7831175	02/10/2022	02/02/2022	02/12/2022				283.96	0.00	0.00	283.96
			INVENTORY PHARM							
7829517	02/10/2022	02/02/2022	02/12/2022				46.32	0.00	0.00	46.32
			INVENTORY PHARM							
7829519	02/10/2022	02/02/2022	02/12/2022				7.91	0.00	0.00	7.91
			INVENTORY PHARM							
7829522	02/10/2022	02/02/2022	02/12/2022				376.00	0.00	0.00	376.00
			INVENTORY PHARM							
7829523	02/10/2022	02/02/2022	02/12/2022				13.85	0.00	0.00	13.85
			INVENTORY PHARM							
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
14124	10536		MORRIS & DICKSOI		1,763.35	0.00	0.00	1,763.35		
			Vendor Name		Class		Pay Code			
			MSH HEALTH SERVICES LLC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC0013	02/09/2022	10/11/2021	10/26/2021				2,340.50	0.00	0.00	2,340.50
			NURSE STAFFING (10/15-10/17/21) Done							
MMC0015	02/09/2022	10/11/2021	11/11/2021				2,340.50	0.00	0.00	2,340.50
			NURSE STAFFING (10/18-10/19/21) Done							
MMC0017	02/09/2022	10/26/2021	11/10/2021				4,531.25	0.00	0.00	4,531.25
			NURSE STAFFING (10/18-10/20/21) Done							
MMC0016	02/09/2022	10/26/2021	11/10/2021				2,325.00	0.00	0.00	2,325.00
			(10/15-10/17/21) Done							



Vendor#	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
		NURSE STAFFING (10/22-10/28/21) Dunn							2,356.00	0.00	0.00	2,356.00 ✓
		NURSE STAFFING (1/21-1/23/21) Bealmen							4,375.00	0.00	0.00	4,375.00 ✓
		ICU STAFFING (1/21)-1/24/21) Dunn							3,852.00	0.00	0.00	3,852.00 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
14124	MSH HEALTH SERV	22,120.25	0.00	0.00	22,120.25	

Vendor#  
14252

Vendor Name	Class	Pay Code
OLOOP TECHNOLOGY SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INVAJONES	01/31/2022	01/26/2022	02/25/2022				5,720.00	0.00	0.00	5,720.00 ✓
	TRAVEL NURSE STAFFING (1/21-1/27/21) Jones									
INVAJONES	01/31/2022	01/26/2022	02/25/2022				6,011.20	0.00	0.00	6,011.20 ✓
	TRAVEL NURSE STAFFING (1/14-1/20/22) Jones									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
14252	OLOOP TECHNOLC	11,731.20	0.00	0.00	11,731.20	

Vendor#  
12544

Vendor Name	Class	Pay Code
PATRICK OCHOA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020122B	02/10/2022	02/01/2022	02/02/2022				200.00	0.00	0.00	200.00 ✓
	LAWN SVC									
020122	02/10/2022	02/01/2022	02/02/2022				380.00	0.00	0.00	380.00 ✓
	LAWN SERVICE									
020122A	02/10/2022	02/01/2022	02/02/2022				520.00	0.00	0.00	520.00 ✓
	LAWN SVC									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12544	PATRICK OCHOA	1,100.00	0.00	0.00	1,100.00	

Vendor#  
12708

Vendor Name	Class	Pay Code
POC ELECTRIC, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3474	02/09/2022	02/08/2022	02/08/2022				7,500.00	0.00	0.00	7,500.00 ✓
	1/2 LABOR CHARGE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12708	POC ELECTRIC, LLC	7,500.00	0.00	0.00	7,500.00	

Vendor#  
11932

Vendor Name	Class	Pay Code
PRESS GANEY ASSOCIATES, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN000515703	01/31/2022	01/31/2022	03/02/2022				2,523.79	0.00	0.00	2,523.79 ✓
	CONTRACT FEES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11932	PRESS GANEY ASE	2,523.79	0.00	0.00	2,523.79	

Vendor#  
13460

Vendor Name	Class	Pay Code
RELIANT, DEPT 0954		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3040011844	01/31/2022	01/31/2022	02/25/2022				25,200.00	0.00	0.00	25,200.00 ✓
	ELECTRICITY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13460	RELIANT, DEPT 095	25,200.00	0.00	0.00	25,200.00	

Vendor#  
11252

Vendor Name	Class	Pay Code
RX WASTE SYSTEMS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3548	02/02/2022	02/01/2022	02/26/2022				60.00	0.00	0.00	60.00 ✓
	PHARMACEUTICAL WASTE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11252	RX WASTE SYSTEM	60.00	0.00	0.00	60.00	

Vendor#  
S1405

Vendor Name	Class	Pay Code
SERVICE SUPPLY OF VICTORIA IN W		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
701124829	01/31/2022	01/25/2022	02/24/2022				224.10	0.00	0.00	224.10



SUPPLIES

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
11296	✓ S1405		SERVICE SUPPLY C	224.10	0.00	0.00	224.10 ✓				
			Vendor Name	Class		Pay Code					
			SOUTH TEXAS BLOOD & TISSUE C ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	CM6241	✓ 02/09/2022	01/31/2022	02/25/2022				-3,318.00	0.00	0.00	-3,318.00 ✓
	107020238	✓ 02/09/2022	01/31/2022	02/25/2022				7,541.00	0.00	0.00	7,541.00
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
14224	11296		SOUTH TEXAS BLO	4,223.00	0.00	0.00	4,223.00				
			Vendor Name	Class		Pay Code					
			THE TACT CORPORATION OF NYC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9266702317	✓ 12/31/2021	12/31/2021	03/01/2022				5,760.00	0.00	0.00	5,760.00 ✓
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
U1064	14224		THE TACT CORPOF	5,760.00	0.00	0.00	5,760.00				
			Vendor Name	Class		Pay Code					
			UNIFIRST HOLDINGS INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8400387037	✓ 01/31/2022	01/31/2022	02/25/2022				40.10	0.00	0.00	40.10 ✓
	8400387036	✓ 01/31/2022	01/31/2022	02/25/2022				45.15	0.00	0.00	45.15 ✓
	8400387062	✓ 01/31/2022	01/31/2022	02/25/2022				2,200.71	0.00	0.00	2,200.71 ✓
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
14312	U1064		UNIFIRST HOLDING	2,285.96	0.00	0.00	2,285.96				
			Vendor Name	Class		Pay Code					
			US STARS ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	11733	✓ 02/09/2022	01/19/2022	02/18/2022				27,033.00	0.00	0.00	27,033.00 ✓
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
14312	14312		US STARS	27,033.00	0.00	0.00	27,033.00				

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	347,315.18	0.00	0.00	347,315.18

APPROVED ON

FEB 10 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 193845-193920



8

RUN DATE:02/14/22  
 TIME:12:10

MEMORIAL MEDICAL CENTER  
 CHECK REGISTER  
 02/16/22 THRU 02/16/22

PAGE 1  
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	193865	02/16/22	13,893.25	MSH HEALTH SERVICES LLC
A/P	193866	02/16/22	1,400.00	ACUTE CARE INC
A/P	193867	02/16/22	500.00	AMERICAN COLLEGE OF RADIOLOGY
A/P	193868	02/16/22	6,855.00	AMERICAN CONSTRUCTION
A/P	193869	02/16/22	5,640.00	AUREUS RADIOLOGY LLC
A/P	193870	02/16/22	1,000.00	AUTHORITYRX
A/P	193871	02/16/22	49.12	AUTO PARTS & MACHINE CO.
A/P	193872	02/16/22	17,540.72	BECKMAN COULTER INC
A/P	193873	02/16/22	3,319.00	BUILDING KID STEPS
A/P	193874	02/16/22	5,280.00	CALHOUN COUNTY EMS
A/P	193875	02/16/22	90.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	193876	02/16/22	.00	VOIDED
A/P	193877	02/16/22	504.16	CAPITAL ONE
A/P	193878	02/16/22	857.50	CARIANT HEALTH PARTNERS
A/P	193879	02/16/22	12,830.00	CARRIER CORPORATION
A/P	193880	02/16/22	10.17	CAVALLO ENERGY TEXAS LLC
A/P	193881	02/16/22	70.00	CITIZENS MEDICAL CENTER
A/P	193882	02/16/22	9,671.37	CLINICAL PATHOLOGY
A/P	193883	02/16/22	10,414.90	COMMUNITY INFUSION SOLUTIONS
A/P	193884	02/16/22	301.24	DEWITT POTR & SON
A/P	193885	02/16/22	483.75	EL CAMPO REFRIGERATION
A/P	193886	02/16/22	2,691.00	ELSEVIER INC.
A/P	193887	02/16/22	5,640.00	EMERGENCY STAFFING SOLUTIONS
A/P	193888	02/16/22	7,908.33	FUJI FILM
A/P	193889	02/16/22	541.60	GE PRECISION HEALTHCARE, LLC
A/P	193890	02/16/22	677.61	GULF COAST PAPER COMPANY
A/P	193891	02/16/22	4,610.52	HEALTHCARE FINANCIAL SERVICES
A/P	193892	02/16/22	.00	VOIDED
A/P	193893	02/16/22	954.88	HEB CREDIT RECEIVABLES DEPT308
A/P	193894	02/16/22	236.25	HOLOGIC INC
A/P	193895	02/16/22	1,119.00	HOLT CAT
A/P	193896	02/16/22	14,890.40	HUNTER PHARMACY SERVICES
A/P	193897	02/16/22	2,216.50	INFICARE HEALTH, INC.
A/P	193898	02/16/22	480.00	INTOXIMETERS INC
A/P	193899	02/16/22	596.82	IRON MOUNTAIN
A/P	193900	02/16/22	27,689.46	ITA RESOURCES, INC
A/P	193901	02/16/22	10,210.63	JUNKION MED STAFFING
A/P	193902	02/16/22	649.00	LAW PUBLICATIONS
A/P	193903	02/16/22	429.70	LEGAL SHIELD
A/P	193904	02/16/22	75.08	MATTHEW BENDER & CO., INC.
A/P	193905	02/16/22	7,053.32	MEDICAL DATA SYSTEMS, INC.
A/P	193906	02/16/22	69,231.01	MEDLINE INDUSTRIES INC
A/P	193907	02/16/22	1,072.49	MEDVANTAGE
A/P	193908	02/16/22	1,763.35	MORRIS & DICKSON CO, LLC
A/P	193909	02/16/22	8,227.00	MSH HEALTH SERVICES LLC
A/P	193910	02/16/22	11,731.20	OLOOP TECHNOLOGY SOLUTIONS
A/P	193911	02/16/22	1,100.00	PATRICK OCHOA
A/P	193912	02/16/22	7,500.00	POC ELECTRIC, LLC
A/P	193913	02/16/22	2,523.79	PRESS GANEY ASSOCIATES, INC.
A/P	193914	02/16/22	25,200.00	RELIANT, DEPT 0954



RUN DATE:02/14/22  
TIME:12:10

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
02/16/22 THRU 02/16/22

PAGE 2  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	193915	02/16/22	60.00	RX WASTE SYSTEMS LLC
A/P	193916	02/16/22	224.10	SERVICE SUPPLY OF VICTORIA INC
A/P	193917	02/16/22	4,223.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	193918	02/16/22	5,760.00	THE TACT CORPORATION OF NYC
A/P	193919	02/16/22	2,285.96	UNIFIRST HOLDINGS INC
A/P	193920	02/16/22	27,033.00	US STARS
TOTALS:			347,315.18	

APPROVED ON

FEB 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



**CITIBANK CORPORATE CARD**

**Account Statement**

Commerical Card Account  
ROSHANDA S THOMAS



**Account Inquiries:**

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

Account Number: XXXX-XXXX-XXXX-1

**Summary of Account Activity**

Total Activity \$863.08

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

**Not an invoice. For your records only.**

Credit Limit	\$10,000
Cash Advance Limit	\$0
Statement Closing Date	02/03/2022
Days in Billing Period	31

**Transactions**

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
01/04	01/03	9399	05134372004600038518175	1 NPDB NPDB.HRSA.GOV 800-767-6732 VA N80688460	22033 USA 2.50
01/04	01/03	9399	05134372004600038518258	2 NPDB NPDB.HRSA.GOV 800-767-6732 VA N80699477	22033 USA 2.50
01/10	01/07	8299	75418232007138119339719	3 CCI 888-2572667 CO	80231 USA 325.00
01/11	01/10	9399	55488722011091272004573	4 TXDPS CRIME RECS 5124242936 TX	78752 USA 153.63
01/18	01/17	8299	05436842017300223670871	5 FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243 USA 24.00
01/18	01/17	8299	05436842017300223670954	6 FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243 USA 24.00
01/20	01/19	5968	55432862019200165971573	7 LOGMEIN*GoToMeeting logmein.com MA 8DF5B76E B89C 462	USA 696.00
01/24	01/19	8062	55457372021029873900202	8 TEXAS HOSPITAL ASSOC 5124651000 TX	78701 USA 735.25
01/24	01/19	8062	55457372021029873900186	9 TEXAS HOSPITAL ASSOC 5124651000 TX	78701 USA 916.30
01/27	01/26	8299	55429502027852134536239	10 MGMA 3037991111 CO 13453623	80112 USA 349.00
01/28	01/27	8641	55429502027852164883162	11 NARHC 8663061961 MI 16488316	49412 USA 475.00
01/31	01/28	5734	82711162028000008181459	12 SURVEYMONK* T 42102591 SAN MATEO CA	94403 USA 384.00
01/31	01/28	9399	05134372029600035746580	13 NPDB NPDB.HRSA.GOV 800-767-6732 VA N81237646	22033 USA 32.50
01/31	01/28	9399	05134372029600035746663	14 NPDB NPDB.HRSA.GOV 800-767-6732 VA N81238161	22033 USA 2.50
01/31	01/29	8999	55432862029200864745409	15 AMA*CREDENTIALING 800-621-8335 IL	60611 USA 44.00
***** TOTAL AMOUNT OF MEMO ITEM(S):					<b>\$863.08</b>

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

*2/7/2022*

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

BY COUNTY AUDITOR  
CALHOUN COUNTY, TENNESSEE

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

*2-18-22 Confirmation # DWR-01302137*

Not an invoice.  
For your records only.

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

00007905040



## Information About Your Citi<sup>®</sup> Corporate Card Account

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

## Account Inquiries

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



# MEMORIAL MEDICAL CENTER PURCHASE ORDER

①



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

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

Vendor Name: Citibank

Date: 2/7/2022

Vendor Address: \_\_\_\_\_

P.O. # \_\_\_\_\_

Vendor Phone #: \_\_\_\_\_

Account # \_\_\_\_\_

Vendor Fax #: \_\_\_\_\_

Initiated By: \_\_\_\_\_

Date Required		Expense #	Department	Deliver To			Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost	
1	—		NPDB - 1 Provider			2.50	
2	—		NPDB - 1 Provider			2.50	
3	—		TXDPS Crime Recs -			153.63	
4			Background cks - HR + Credentialing				
5	—		FSP-EMR - PALS Cards			24.00	
6	—		FSP-EMR - ACLS Cards			24.00	
7	—		Logmein - Gotomeeting			696.00	
8			Renewal 1/15/22 - 1/14/23				
9	—		THA - registration credit - Erin			735.25	Conference postponed
10	—		THA - registration credit - Roshanda			916.30	

Est. Freight CCR - CNUR Recertification Est. Total Cost \_\_\_\_\_ TOTAL COST Conference postponed 325.00

**NOTES:**

Charges made on Roshanda's MC xxx 9457

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda S. Thomas</u> 2/7/2022



# MEMORIAL MEDICAL CENTER PURCHASE ORDER

②

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

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

Vendor Name: Citibank

Date: 2/7/2022

Vendor Address: \_\_\_\_\_

P.O. # \_\_\_\_\_

Vendor Phone #: \_\_\_\_\_

Account # \_\_\_\_\_

Vendor Fax #: \_\_\_\_\_

Initiated By: \_\_\_\_\_

Date Required		Expense #	Department	Deliver To			Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost	
1	-	2.50 +	MGMA - membership for			349.00	
		2.50 +					
2		153.63 +	Mimi Nguyen - MM clinic				
		24.00 +					
3	-	24.00 +	NARHC - Registration for			475.00	
		696.00 +					
4		735.25 -	Mimi Nguyen - MM clinic				
		916.30 -					
5	-	325.00 +	Survey Monk - Annual			384.00	
		349.00 +					
6		475.00 +	Upgrade to account				
		384.00 +					
7	-	32.50 +	NPDB - 13 Renewals (providers)			32.50	
		2.50 +					
8	-	44.00 +	NPDB - 1 New provider			2.50	
		863.08 *					
9	-		AMA Profile - 1 provider			44.00	
10			Init + continuous monitoring				

Est. Freight \_\_\_\_\_ Est. Total Cost \_\_\_\_\_ TOTAL COST \$863.08

**NOTES:**

changes made to Roshanda's MC xxx09457

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda D. Thomas</u> <u>2/7/2022</u>

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account  
JASON W ANGLIN



Account Inquiries:

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

Account Number: XXXX-XXXX-XXXX-

Summary of Account Activity

Total Activity -\$19.04

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

Not an invoice. For your records only.

Credit Limit	CLOSED
Cash Advance Limit	0
Statement Closing Date	02/03/2022
Days in Billing Period	31

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
01/06	01/05	5968	55432862005200071724542	1 Amazon Prime Amzn.com/billWA D01-8543653-09570	98109 USA 19.04 CR
***** TOTAL AMOUNT OF MEMO ITEM(S):					-\$19.04

*[Handwritten Signature]*  
2/8/22

APPROVED ON

FEB 14 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

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

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

Not an invoice.  
For your records only.

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

00006934502



## Information About Your Citi<sup>®</sup> Corporate Card Account

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

## Account Inquiries

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



# Wire Transfer

COUNTY OF CALHOUN TEXAS (



## Wire Details

Transaction Number  
Recurring Frequency One-Time Payment  
Template Name CITI CARD PRGM - MMC  
Amount USD 863.08  
Debit Account - DDA (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank  
Notify Initiator Options Pending Actions: Notify via EMAIL  
Pending Release: Notify via EMAIL  
System Events: Notify via EMAIL  
Complete - Unsuccessful: Notify via EMAIL  
Complete - Successful: Notify via EMAIL  
Early Action Taken: Notify via EMAIL  
Early Action Removed: Notify via EMAIL  
Expired: Notify via EMAIL  
Payment Date 02/18/2022

## Originator Information

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

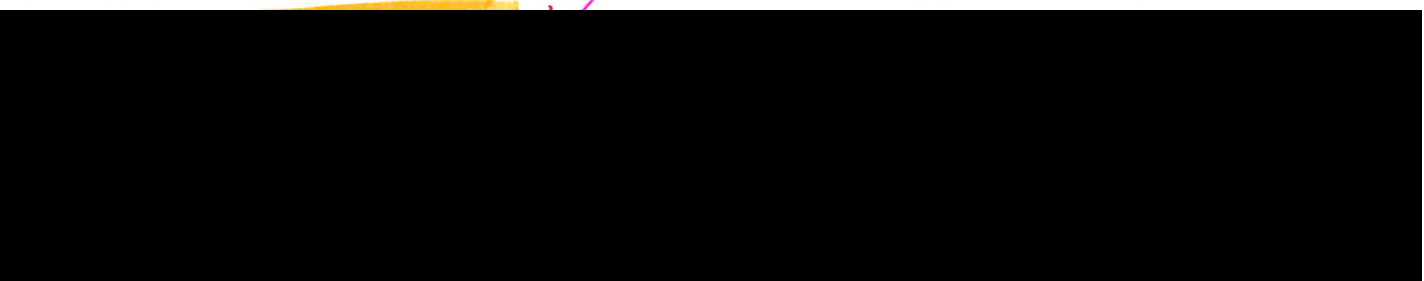
## Beneficiary / Payee Information

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

## Beneficiary Bank Information

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

## Additional Reference Information





# MCKESSON

# STATEMENT

As of: 02/11/2022

Page: 002

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

Company: 8000

DC: 8115

As of: 02/11/2022 Page: 002  
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory:

Customer: 632536  
Date: 02/12/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536 PLEASE CHECK ANY  
Date: 02/12/2022 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 8,218.11 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97  
08/07/2017

If Paid By 02/15/2022,  
Pay This Amount: 8,053.76 USD

If Paid After 02/15/2022,  
Pay this Amount: 8,218.11 USD

Due If Paid On Time:  
USD 8,053.76 ✓

Disc lost if paid late:  
164.35

Due If Paid Late:  
USD 8,218.11

774.65 +  
5,545.03 +  
16.61 +  
1,484.80 +  
232.67 +  
8,053.76 \*

APPROVED ON

FEB 14 2022

CK # 500275

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



# MCKESSON

# STATEMENT

As of: 02/11/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 02/11/2022  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 190813  
Date: 02/12/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 190813  
Date: 02/12/2022  
**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											
12/09/2022	02/15/2022	7323527876	2017044195	115Invoice	15.61	780.39		764.78	✓	7323527876	
12/11/2022	02/15/2022	7324053234	2017044447	115Invoice	0.20	10.07		9.87	✓	7324053234	

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: 790.46 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11,468.44  
12/07/2022

If Paid By 02/15/2022,  
Pay This Amount: 774.65 USD

If Paid After 02/15/2022,  
Pay this Amount: 790.46 USD

Due If Paid On Time: 774.65 USD ✓  
Disc lost if paid late: 15.81  
Due If Paid Late: 790.46 USD

APPROVED ON

FEB 14 2022

BY COUNTY AUDITOR  
GALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



# McKESSON

# STATEMENT

As of: 02/11/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 02/11/2022  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 256342

Date: 02/12/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342  
Date: 02/12/2022

**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
<b>Customer Number 256342 WALMART 1098/MEM MED PHS</b>										
12/06/2022	02/15/2022	7322922329	24743045	115Invoice		0.16		0.16 ✓		7322922329
12/06/2022	02/15/2022	7322922331	24770784	115Invoice	0.04	1.91		1.87 ✓		7322922331
12/06/2022	02/15/2022	7322922333	24791104	115Invoice		0.09		0.09 ✓		7322922333
12/06/2022	02/15/2022	7322922335	24812689	115Invoice	8.49	424.39		415.90 ✓		7322922335
12/07/2022	02/15/2022	7323128158	0204220840	195Invoice	1.15	57.26		56.11 ✓		7323128158
12/08/2022	02/15/2022	7323248868	24938767	115Invoice	5.68	284.03		278.35 ✓		7323248868
12/08/2022	02/15/2022	7323248869	24938767	115Invoice	0.01	0.63		0.62 ✓		7323248869
12/09/2022	02/15/2022	7323524142	WMMH0208	115Invoice	0.59	29.48		28.89 ✓		7323524142
12/09/2022	02/15/2022	7323524145	24985133	115Invoice		0.16		0.16 ✓		7323524145
12/09/2022	02/15/2022	7323524147	25029664	115Invoice	13.75	687.26		673.51 ✓		7323524147
12/09/2022	02/15/2022	7323524149	25029664	115Invoice	17.35	867.62		850.27 ✓		7323524149
12/09/2022	02/15/2022	7323688788	0208220632	195Invoice	4.78	239.14		234.36 ✓		7323688788
12/09/2022	02/15/2022	7323688789	0208220719	115Invoice	7.51	375.60		368.09 ✓		7323688789
12/10/2022	02/15/2022	7323792978	25060201	115Invoice	8.32	416.16		407.84 ✓		7323792978
12/10/2022	02/15/2022	7323792979	25105180	115Invoice	5.68	284.03		278.35 ✓		7323792979
12/10/2022	02/15/2022	7323971166	0209220935	115Invoice	10.03	501.59		491.56 ✓		7323971166
12/11/2022	02/15/2022	7324051640	25134839	115Invoice	14.90	745.02		730.12 ✓		7324051640
12/11/2022	02/15/2022	7324224000	0210220849	195Invoice	7.14	356.97		349.83 ✓		7324224000
12/11/2022	02/15/2022	7324224001	0210220743	115Invoice	7.73	386.68		378.95 ✓		7324224001

\*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: 5,658.18 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11,468.44

12/07/2022

If Paid By 02/15/2022,  
Pay This Amount: 5,545.03 USD

If Paid After 02/15/2022,  
Pay this Amount: 5,658.18 USD

Due If Paid On Time:  
USD 5,545.03 ✓

Disc lost if paid late: 113.15

Due If Paid Late:  
USD 5,658.18

APPROVED ON

FEB 14 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



# MCKESSON

# STATEMENT

As of: 02/11/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 02/11/2022  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 262252

Date: 02/12/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 262252  
Date: 02/12/2022  
**PLEASE CHECK ANY ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
12/09/2022	02/15/2022	7323509191	1562972	115Invoice	0.34	16.95		16.61	✓	7323509191	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 16.95 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/24/2022 14,606.52

If Paid By 02/15/2022,  
Pay This Amount:

16.61 USD

Due If Paid On Time:

USD

16.61 ✓

Disc lost if paid late:

0.34

If Paid After 02/15/2022,  
Pay this Amount:

16.95 USD

Due If Paid Late:

USD

16.95

APPROVED ON

FEB 14 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 02/11/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 02/11/2022  
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: 02/12/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 464450 PLEASE CHECK ANY  
Date: 02/12/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
12/07/2022	02/15/2022	7322920306	55x324412	115Invoice	5.76	288.03		282.27 ✓		7322920306	
12/08/2022	02/15/2022	7323243766	55x327422	115Invoice	23.62	1,181.23		1,157.61 ✓		7323243766	
12/08/2022	02/15/2022	7323243768	55x327441	115Invoice	0.92	45.84		44.92 ✓		7323243768	

\*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: 1,515.10 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11,468.44  
12/07/2022

If Paid By 02/15/2022,  
Pay This Amount:

1,484.80 USD

Due If Paid On Time:  
USD

1,484.80 ✓

Disc lost if paid late:

30.30

If Paid After 02/15/2022,  
Pay this Amount:

1,515.10 USD

Due If Paid Late:  
USD

1,515.10

APPROVED ON

FEB 14 2022

BY COUNTY AUDITOR  
COMAL COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



# MCKESSON

# STATEMENT

As of: 02/11/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 02/11/2022  
Mail to:

Page: 001  
Comp: 8000

CVS PHCY 7475/MEM MC PHS  
MEMORIAL MEDICAL CENTER  
VICKY KALISEK  
815 N VIRGINIA ST  
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 835438  
Date: 02/12/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835438  
Date: 02/12/2022

PLEASE CHECK ANY  
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS												
12/09/2022	02/15/2022	7323720786		1563354	115Invoice	4.75	237.42		232.67	✓	7323720786	

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: 237.42 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11,468.44  
12/07/2022

If Paid By 02/15/2022,  
Pay This Amount: 232.67 USD

If Paid After 02/15/2022,  
Pay this Amount: 237.42 USD

Due If Paid On Time:  
USD 232.67 ✓

Disc lost if paid late: 4.75

Due If Paid Late:  
USD 237.42

APPROVED ON

FEB 14 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



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

Serviced By:

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

DEA: RA0289276  
866-451-9655

Customer:

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

Remit To:

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

**Customer Number**

100135284 / 037028186

**Terms**

Sat - Fri Due in 7 days

**Summary**

Not Yet Due:	0.00
Current:	917.09
Past Due:	0.00
Total Due:	917.09
Account Balance:	917.09

**Account Activity**

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
02-07-2022	02-18-2022	3082563159	164618	Invoice	235.33		0.00	✓ 235.33
02-07-2022	02-18-2022	3082566480	164620	Invoice	253.78		0.00	✓ 253.78
02-07-2022	02-18-2022	3082566481	164621	Invoice	0.09		0.00	✓ 0.09
02-07-2022	02-18-2022	3082566482	164623	Invoice	0.29		0.00	✓ 0.29
02-07-2022	02-18-2022	3082566483	164622	Invoice	2.19		0.00	✓ 2.19
02-07-2022	02-18-2022	3082607709	164670	Invoice	23.63		0.00	✓ 23.63
02-08-2022	02-18-2022	3082738376	164676	Invoice	50.08		0.00	✓ 50.08
02-08-2022	02-18-2022	3082738377	164677	Invoice	0.93		0.00	✓ 0.93
02-08-2022	02-18-2022	344748636	164246	Invoice	(3.53)		0.00	✓ (3.53)
02-08-2022	02-18-2022	344748637	164246	Invoice	3.37		0.00	✓ 3.37
02-09-2022	02-18-2022	3082877649	164682	Invoice	233.21		0.00	✓ 233.21
02-10-2022	02-18-2022	3083017741	164691	Invoice	5.55		0.00	✓ 5.55
02-11-2022	02-18-2022	3083180708	164698	Invoice	107.14		0.00	✓ 107.14
02-11-2022	02-18-2022	3083180709	164699	Invoice	5.03		0.00	✓ 5.03

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
917.09	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
02-11-2022	(1,033.25)

APPROVED ON

FEB 14 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK # 500274

Reminders	
Due Date	Amount
02-18-2022	917.09
Total Due: 917.09	



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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			1
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		941 #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			1
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		22
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		03
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		\$ 95,295.68 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		\$ 49,701.96 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			\$ 11,623.76 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			\$ 33,969.96 #
				\$ -
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	CHECK	★	
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

<b>CALLED IN BY:</b>	<input type="text"/>
<b>CALLED IN DATE:</b>	<input type="text"/>
<b>CALLED IN TIME:</b>	<input type="text"/>

Run Date: 02/11/22  
Time: 15:25


MEMORIAL MEDICAL CENTER  
Payroll Register ( Bi-Weekly )  
Pay Period 01/28/22 - 02/10/22 Run# 1

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P2REG

Final Summary

*-- Pay Code Summary				*-- Deductions Summary			
PayCd	Description	Hrs	OT SH WE HO CB	Gross	Code	Amount	
1	REGULAR PAY-S1	9445.50	N N N	191105.35	A/R	585.00	A/R2 25.00 A/R3
1	REGULAR PAY-S1	2054.50	N N N N	86065.94	ADVANC	AWARDS	BCBSVI 1167.41
1	REGULAR PAY-S1	449.75	Y N N	12525.63	BOOTS	CAFE H	CAFE-1
2	REGULAR PAY-S2	2407.75	N N N	54796.17	CAFE-2	CAFE-3	CAFE-4
2	REGULAR PAY-S2	789.25	N N N N	785.25	CAFE-5	CAFE-C	CAFE-D 1732.33
2	REGULAR PAY-S2	157.25	Y N N	5419.32	CAFE-F	CAFE-H 25559.03	CAFE-I
3	REGULAR PAY-S3	1131.50	N N N	31913.15	CAFE-L	CAFE-P	CANCER
3	REGULAR PAY-S3	85.00	Y N N	3177.34	CHILD	609.70 CLINIC	320.00 COMBIN 329.85
C	CALL PAY	2143.25	N 1 N N	4262.50	CREDUN	DD ADV	DENTAL
D	DOUBLE TIME	15.25	N 1 N N	712.18	DBP-LF	DIS-LF	EAT
D	DOUBLE TIME	39.00	N 2 N N	2600.49	EATCSH	FEDTAX	33969.96 FICA-M 5811.88
D	DOUBLE TIME	49.50	N 3 N N	3798.27	FICA-O	24850.98 FIRSTC	FLEX S 3532.62
D	DOUBLE TIME	14.25	Y 3 N N	1363.55	FLX FE	FORT D	FUTA
E	EXTRA WAGES		N N N N	6438.90	GIFT S	176.76 GRANT	GRP-IN
E	EXTRA WAGES		N 1 N N N	912.25	GTL	HOSP-I	ID TPT
I	INSERVICE	16.50	N 1 N N	516.06	LEAF	LEGAL	217.25 MASA 824.75
J	JURY LEAVE	8.00	N 1 N N	91.12	MEALS	200.60 METVIS	MISC
K	EXTENDED-ILLNESS-BANK	222.24	N 1 N N	6170.04	MISC/	MMCSHR	NATFML 1918.75
P	PAID-TIME-OFF	59.88	N N N N	1185.28	OTHER	PHI	PHI***
P	PAID-TIME-OFF	800.87	N 1 N N	18224.62	PR FIN	RELAY	REPAY
X	CALL PAY 2	144.00	N 1 N N	288.00	SAMS	SCRUBS	SIGNON
Y	YMCA/CURVES		N N N N	90.00	ST-TX	STONDF	640.86 STONE
Z	CALL PAY 3	48.00	N 1 N N	144.00	STONE2	STUDEN	SUNACC 889.18
v	COVID-FFCRA	208.00	N 1 N N	4147.04	SUNILL	932.16 SUNIND	689.43 SUNLIF 856.84
					SUNSTD	1460.14 SUNVIS	SURCHG 430.00
					TSA-1	TSA-2	TSA-C
					TSA-P	TSA-R	30571.59 TUTION
					UNIFOR	UN/HOS	

\*----- Grand Totals: 20289.24 ----- | Gross: 436736.45 Deductions: 138301.07 Net: 298435.38 |  
 | Checks Count:- FT 196 FT 10 Other 35 Female 219 Male 21 Credit OverAnt 7 ZeroNet Term Total: 240 |

Pay date: 02-18-22 



941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

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

PAY PERIOD: BEGIN	1/28/2022	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	2/10/2022					
PAY DATE:	2/18/2022					
GROSS PAY:	\$ 436,736.45			\$ -		\$ 436,736.45
DEDUCTIONS:						
A/R	\$ 610.00					\$ 610.00
ADVANC						\$ -
BOOTS						\$ -
SUNLIFE CRITICAL ILLNESS	\$ 932.16					\$ 932.16
SUNLIFE ACCIDENT	\$ 889.18					\$ 889.18
SUNLIFE VISION	\$ -					\$ -
SUNLIFE SHORT TERM DIS	\$ 1,460.14					\$ 1,460.14
BCBS VISION	\$ 1,167.41					\$ 1,167.41
CAFE-D	\$ 1,732.33					\$ 1,732.33
CAFE-H	\$ 25,559.03					\$ 25,559.03
CAFE-P	\$ -					\$ -
CANCER	\$ -					\$ -
CHILD	\$ 609.70					\$ 609.70
CLINIC	\$ 320.00					\$ 320.00
COMBIN	\$ 328.85					\$ 328.85
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF	\$ -					\$ -
SUNLIFE TERM LIFE	\$ 856.84					\$ 856.84
SUNLIFE HOSP INDEM	\$ 689.43					\$ 689.43
FED TAX	\$ 33,969.96					\$ 33,969.96
FICA-M	\$ 5,811.88					\$ 5,811.88
FICA-O	\$ 24,850.98					\$ 24,850.98
FIRST C	\$ -					\$ -
FLEX S	\$ 3,532.62					\$ 3,532.62
FLX-FE	\$ -					\$ -
GIFT S	\$ 176.76					\$ 176.76
GRP-IN	\$ -					\$ -
GTL	\$ -					\$ -
HOSP-I	\$ -					\$ -
LEGAL	\$ 1,042.00					\$ 1,042.00
OTHER	\$ 200.60					\$ 200.60
NATIONAL FARM LIFE	\$ 1,918.75					\$ 1,918.75
MED SURCHARGE	\$ 430.00					\$ 430.00
PR FIN	\$ -					\$ -
RELAY	\$ -					\$ -
REPAY	\$ -					\$ -
STONEDF	\$ 640.86					\$ 640.86
STONE	\$ -					\$ -
STONE 2	\$ -					\$ -
STUDEN	\$ -					\$ -
TSA-R	\$ 30,571.59					\$ 30,571.59
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 138,301.07	\$ -	\$ -	\$ -	\$ -	\$ 138,301.07
NET PAY:	\$ 298,435.38	\$ -	\$ -	\$ -	\$ -	\$ 298,435.38
TOTAL CAFE 125 PLAN:	\$ 35,913.73	Less Exempt:				
TAXABLE PAY:	\$ 400,822.72	\$ 400,822.72				

	**CALCULATED**	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 5,811.93		
FICA - MED (EE)	1.45% \$ 5,811.93	\$ 5,811.88	\$ 0.05
FICA - SOC SEC (ER)	6.20% \$ 24,851.01		
FICA - SOC SEC (EE)	6.20% \$ 24,851.01	\$ 24,850.98	\$ 0.03
FED WITHHOLDING	\$ 33,969.96	\$ 33,969.96	

Employees over FICA-SS Cap:

Shanna Odonnell	\$ -
Roshanda Thomas	\$ -
Paycode S - Employee Reimb.:	
<b>TOTAL:</b>	<b>\$ -</b>

TAX DEPOSIT:	\$ 95,295.84	\$ 95,295.68
FICA - MEDICARE	2.90% \$ 11,623.86	\$11,623.76
FICA - SOCIAL SECURITY	12.40% \$ 49,702.02	\$49,701.96
FED WITHHOLDING	\$ 33,969.96	\$33,969.96
<b>TOTAL TAX:</b>	<b>\$ 95,295.84</b>	<b>\$95,295.68</b>

PREPARED BY: Caitlin Clevenger  
 PREPARED DATE: 2/11/2022

Run Date: 02/11/22  
Time: 16:20

MEMORIAL MEDICAL CENTER BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
Pay Period 01/28/22--02/10/22 Run: 1  
Type=NET 10000001 OPERATING - PROSPERITY

Page 1  
PDDISCP

Num.	Name	Amount	CHECK NUM	DATE
50161	BRITNEY MICHELLE ZAMORA	833.77	00063109	02/18/22
20134	ISELLA CHAVEZ	143.38	00063109	02/18/22
42279	PAMELA F HARMON	899.86	00063110	02/18/22
55026	IRENE B PEREZ	532.23	00063111	02/18/22
63124	SANTUAN M GARCIA	544.29	00063112	02/18/22
65583	RADQUEL MORALES	655.23	00063113	02/18/22
80167	JOHN P MENCHACA	1090.31	00063114	02/18/22
00041	CARL LEE KING	916.66	DD	02/18/22
00063	SYLVIA A VARGAS	707.66	DD	02/18/22
00094	SYLVIA A MENDOZA	831.83	DD	02/18/22
00113	JACLYN CARBON	1089.37	DD	02/18/22
00132	SANDRA A BRACIN	805.02	DD	02/18/22
00192	BRENDA D PENA	1783.90	DD	02/18/22
00270	ANGELA M BURGIN	982.67	DD	02/18/22
00344	SANDY LEE RUDDICK	2706.30	DD	02/18/22
00387	BILLIE F DUCKWORTH	3083.55	DD	02/18/22
00392	MONICA T CARR	1714.22	DD	02/18/22
00399	LINDA J TIJERINA	3033.79	DD	02/18/22
00401	VELMA J PINA	1257.20	DD	02/18/22
00417	SHERRY L KING	2175.84	DD	02/18/22
00423	DOMN V STRINGO	2115.74	DD	02/18/22
00482	PAM PIKAC	1361.81	DD	02/18/22
00577	DIANA GARCIA	1843.30	DD	02/18/22
00581	CYNTHIA L RUSHING	1775.50	DD	02/18/22
00678	SHEILA KAY HEATHCOCK	1162.01	DD	02/18/22
00681	R RENEE WOOD	1808.49	DD	02/18/22
00692	DEBORAH E WITTEBERT	533.30	DD	02/18/22
00697	MARIA C FARIAS	1029.35	DD	02/18/22
00707	KIMBERLY E BLINKA	1443.85	DD	02/18/22
00895	EMILIE DIANE WILKEY	344.81	DD	02/18/22
01015	SUSAN B SMALLEY	1749.49	DD	02/18/22
01234	JENNISE N SVETLIK	1899.99	DD	02/18/22
01367	MARILYN A SANDERS	1364.70	DD	02/18/22
01791	RAUSHANNAH J MONDAY	1485.76	DD	02/18/22
02011	ERIN R CLEVINGER	3293.62	DD	02/18/22
02014	AGAPITA C CANTU	191.60	DD	02/18/22
02021	ERIKA OSORNIA-SANCHEZ	681.97	DD	02/18/22
02022	AMANDA J GRISSE	2366.28	DD	02/18/22
02064	ANNA LAURA GARCIA	802.07	DD	02/18/22
02097	KYLIE M GAINES	1381.55	DD	02/18/22
02099	TRACI M SHEFOIK	2693.61	DD	02/18/22
02112	LESLIE THOMAS	2294.10	DD	02/18/22
02165	CAYDENCE N CAUDILL	633.94	DD	02/18/22
02193	TIKI VENGLAR	1874.03	DD	02/18/22
02271	DAWN J BUBENIK	1923.81	DD	02/18/22
02301	NICOLAS TIJERINA	2080.79	DD	02/18/22
02303	CONNIE M LINA	2694.92	DD	02/18/22
02315	NINA M GREEN	2210.73	DD	02/18/22
02331	JESSICA B RIFFLE	628.18	DD	02/18/22
02348	JEANETTE L PALCOY	611.96	DD	02/18/22
02416	JANELLE SCOTT	1847.58	DD	02/18/22
02511	MAGDALENA SEPULVEDA	329.63	DD	02/18/22
02515	STEFANIE W SOLIZ	675.54	DD	02/18/22



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MEMORIAL MEDICAL CENTER  
\*\*\*\* Check Register \*\*\*\*  
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P2DISTP

Num.	Name	Amount	CHECK	STM	DATE
02550	VERONICA BAGUSIN	1633.09	DD		02/18/22
02554	BEATRICE MAGU	2273.71	DD		02/18/22
02602	VANESSA GUARDIOLA	311.41	DD		02/18/22
02701	RONDA DAWNELLE GOHLKE	2700.21	DD		02/18/22
02719	DAWN M MCCLELLAND	1635.17	DD		02/18/22
02745	TRACY L WIGGS	1429.23	DD		02/18/22
02763	JESSICA COPPIN	1557.29	DD		02/18/22
02794	HEATHER L MITCHLER	1706.98	DD		02/18/22
02812	BRITTANY M RUDDICK	1580.03	DD		02/18/22
02907	MARIA F LONGORIA	1071.10	DD		02/18/22
02927	MICHAEL L GAINES	3007.09	DD		02/18/22
02963	DOROTHY J REMDON	712.04	DD		02/18/22
02970	DIANNE G ATKINSON	1945.72	DD		02/18/22
03864	JACQUELINE R HERRERA	1167.93	DD		02/18/22
05003	COURTNE D THURLKILL	2852.97	DD		02/18/22
05006	REGINA A MARTINEZ	1898.00	DD		02/18/22
05007	JAMIE K NEYLAND	1641.82	DD		02/18/22
05641	AMANDA R KEY	1670.36	DD		02/18/22
05757	SHARON T HOLDER	1796.62	DD		02/18/22
07007	URSULA S BRYAN	317.70	DD		02/18/22
07066	DELPHINE PADRON	1661.03	DD		02/18/22
07123	CYNTHIA GUERRA	1491.32	DD		02/18/22
07878	DIANA C SAUCEDA	953.31	DD		02/18/22
10519	MARISSA LYNN HUNT	1281.33	DD		02/18/22
11197	CATHERINE A SRENZ	362.42	DD		02/18/22
11412	COURTNEY L MORHOUSKY	362.21	DD		02/18/22
13011	KIMBERLY J REVINA	370.37	DD		02/18/22
13118	LISA J HINOJOSA	912.02	DD		02/18/22
12212	MARIA E ARREDONDO	739.01	DD		02/18/22
15097	WYLE L DANIEL	2639.81	DD		02/18/22
15131	SAVANNAH HARLEY	2171.95	DD		02/18/22
15230	MEAGAN GARCIA	920.86	DD		02/18/22
15286	DAWN M MAREK	1727.12	DD		02/18/22
15400	ANDREA RODRIGUEZ	1517.22	DD		02/18/22
15555	STEPHANIE MARTIN	226.55	DD		02/18/22
15915	BRIANNE J KEY	2050.92	DD		02/18/22
20112	YULMA PATRICA RODRIGUEZ	687.48	DD		02/18/22
20144	SOPHIE M PECENA	183.10	DD		02/18/22
20156	ERIN ASHLEY WISDOM	2445.37	DD		02/18/22
20206	KELLI B GOFF	1552.86	DD		02/18/22
20207	SHAWNA G HARTL	2145.66	DD		02/18/22
20294	JESSICA D WALTHER	699.35	DD		02/18/22
20407	MISTY M HECTOR	677.07	DD		02/18/22
20456	SAYDI A ST CLAIR	859.29	DD		02/18/22
20464	BRIANNA S FASSMOPE	73.55	DD		02/18/22
20548	JAMES D AKIN	1131.04	DD		02/18/22
20567	JESSICA L RUDDICK	344.81	DD		02/18/22
20759	JAMIE SADLER	259.57	DD		02/18/22
20796	AMNA JIMENEZ	197.15	DD		02/18/22
20797	BETHANN M DIGGS	577.13	DD		02/18/22
20816	JODE L PENN	946.07	DD		02/18/22
20837	DAISY MADRIGAL	1033.96	DD		02/18/22
20896	DANIELA CAMACHO	163.35	DD		02/18/22
20977	CHERYL L TESCH	1510.44	DD		02/18/22

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MEMORIAL MEDICAL CENTER  
\*\*\*\*\* Check Register \*\*\*\*\*  
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P2DISTP

Num.	Name	Amount	CHECK	TRM	DATE
21450	DIANA E LEAL	1356.76	DD		02/18/22
21429	JACOBY R CRAWFORD	1349.18	DD		02/18/22
21736	ALLISON GOULDEN	624.83	DD		02/18/22
28120	JESSICA V SELVERA	1120.96	DD		02/18/22
31035	STACIE L EPLEY	2169.08	DD		02/18/22
31054	LORA L LAWSDEN	751.65	DD		02/18/22
31099	APACHELY Z GARCIA	2298.30	DD		02/18/22
31219	LAUREN PHILLIPS	931.96	DD		02/18/22
31313	KATHERINE LYNN JIMENEZ	1731.75	DD		02/18/22
31319	STACY L FARMER	1631.31	DD		02/18/22
31463	EDWARD E MATULA	2159.99	DD		02/18/22
31508	RACHEL A HEFFNER	2010.35	DD		02/18/22
31521	KAYLA M ALVAREZ	1190.62	DD		02/18/22
31832	SHANE D KRESTA	316.22	DD		02/18/22
31849	CODY L JUREK	1567.95	DD		02/18/22
38118	KRYSTELLA F KISIAH	785.87	DD		02/18/22
38413	DEVAN ORTA	1294.94	DD		02/18/22
38702	ANNA VANESSA PENNELL	652.43	DD		02/18/22
41112	ANASTASIA L PEREZ	597.19	DD		02/18/22
41171	TOMMIE M TREVINO	405.37	DD		02/18/22
41205	JEANETTE ALVARADO	769.24	DD		02/18/22
41225	LESLIE A CRAIGEN	845.32	DD		02/18/22
41236	PAMELA K WANNON	1216.76	DD		02/18/22
41242	EDUARDO TORRES	472.96	DD		02/18/22
41274	KAREN GANN	840.29	DD		02/18/22
41347	ADRIANNA D STRAKOS	509.01	DD		02/18/22
41369	LORETTA A LEAL	734.96	DD		02/18/22
41416	ANGEL M CASSEL	1118.23	DD		02/18/22
41507	OLGA I BETANCOURT	812.23	DD		02/18/22
41612	SONJA A GONZALEZ	693.17	DD		02/18/22
41617	JACQUELINE M MARTINEZ	840.01	DD		02/18/22
41618	HEATHER DELBOSQUE	610.59	DD		02/18/22
41705	KELSEY R TAYLOR	536.60	DD		02/18/22
41896	SENNE MICHELLE EMERY	547.22	DD		02/18/22
41897	ROXANNA MARTINEZ	719.54	DD		02/18/22
41901	JUANITA R MILLER	1162.61	DD		02/18/22
41924	BRITTNEY W STRICKLIN	536.06	DD		02/18/22
42106	CHRISTY SILVAS	946.78	DD		02/18/22
42112	SOCORRO C GONZALES	610.31	DD		02/18/22
42122	LEI ANA CHAVANA	1427.30	DD		02/18/22
42125	LUCY CALZADA	767.91	DD		02/18/22
42304	MIMI T NGUYEN	1999.90	DD		02/18/22
42320	MICHAEL A PFEIL	2364.43	DD		02/18/22
42820	MARIA D CHAVEZ	593.77	DD		02/18/22
42842	SHANNA S O DONNELL	7954.64	DD		02/18/22
46660	JESSICA BUSH	22.62	DD		02/18/22
50018	MICHELLE M MORALES	1366.18	DD		02/18/22
50149	PENNY GOULDEN	3083.32	DD		02/18/22
50248	MCKENNA VILLEGAS	667.52	DD		02/18/22
50262	JACOB W HAMILTON	2437.27	DD		02/18/22
50310	JASMINE GRIGSBY	739.58	DD		02/18/22
50573	DEANA R DAVIS	1577.61	DD		02/18/22
50596	BETTY S DAVIS	1923.85	DD		02/18/22
50719	DEBRA K MUSTERED	2423.57	DD		02/18/22



Run Date: 02/11/22  
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MEMORIAL MEDICAL CENTER BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
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P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
50928	ADINA RODRIGUEZ	589.65	DD	02/18/22
53541	JACLYN B HARTL	1498.02	DD	02/18/22
55025	LEA C RESENDEZ	361.02	DD	01/18/22
55106	CRYSTAL M CHAVEZ	772.59	DD	02/18/22
55127	APRIL N WUEMLA	2670.97	DD	02/18/22
55382	SHANNON JACILDO	1609.27	DD	02/18/22
55658	LAJUAN WILKE	603.34	DD	02/18/22
56510	RITA L FOLENSKY	711.43	DD	01/18/22
60103	TODD SAVOY	769.75	DD	02/18/22
60112	ROBERT A RODRIGUEZ	1958.67	DD	02/18/22
60131	NORA OVALLE	494.85	DD	02/18/22
60163	MIGDALIA CLARO	394.74	DD	01/18/22
60165	TERESA A BENITEZ	1620.15	DD	02/18/22
60191	LOLA A RODRIGUEZ	708.69	DD	02/18/22
60271	REBEKAH GERVK	619.32	DD	02/18/22
60616	DOROTHY A LONGORIA	929.20	DD	02/18/22
60718	ANNA C GONZALEZ	698.65	DD	02/18/22
60934	CONSUELO ZAMORA	729.22	DD	02/18/22
61289	JASON RUBIO	1552.25	DD	02/18/22
65100	FELICITA BONUZ	531.55	DD	02/18/22
65121	VIVIANA P MEDINA	203.08	DD	02/18/22
65151	ELIA OLACHIA	585.98	DD	02/18/22
65213	LEE SIMERLY	960.88	DD	02/18/22
65243	LUCILA LOPEZ DE GUZMAN	1018.73	DD	02/18/22
65366	CYNTHIA GARCIA	616.62	DD	02/18/22
65393	RAMONA A PEREZ	650.00	DD	02/18/22
65413	CHRISTINA SOLIS	350.33	DD	02/18/22
65453	AMALIA L FLORES	701.67	DD	02/18/22
65463	MARIA I VELOC	1025.89	DD	02/18/22
65486	ROSA RODRIGUEZ	853.99	DD	02/18/22
65513	MARIA MORALES	949.07	DD	02/18/22
65705	DOMITILA HERRERA	794.65	DD	02/18/22
65815	MELISSA R VEGAS	477.90	DD	02/18/22
65865	MARIA F LEDEZMA	621.30	DD	02/18/22
66163	CRYSTAL MARTINEZ	766.18	DD	02/18/22
66792	NAZARIO DIAZ HERNANDEZ	1751.55	DD	02/18/22
70119	SARA N BLEDSOE	2057.16	DD	02/18/22
71420	ROBIN STEELE	2384.00	DD	02/18/22
73749	GLORIA N REID	2315.67	DD	02/18/22
75190	RIKA MILLER	1715.10	DD	02/18/22
76003	IRMA DELEON	106.26	DD	02/18/22
76110	TARAH SUBLETT	518.69	DD	02/18/22
76115	JENNIFER R CARLOCK	631.55	DD	02/18/22
76120	RACHEL CANALES	1335.39	DD	02/18/22
76138	NAREN D GARCIA	507.46	DD	02/18/22
76210	ZOE WILLARREAL	494.18	DD	02/18/22
76300	AIDA JIMENEZ	523.16	DD	02/18/22
76313	PAMELA L BARTON	613.39	DD	02/18/22
76403	KATRINA A POHLUDA	1112.52	DD	02/18/22
76647	CHERYL A SEE	1080.50	DD	02/18/22
76706	GREGORY E MORALES	604.91	DD	02/18/22
76761	LAURA F PESONA	693.63	DD	02/18/22
76854	MARY PATTERSON	749.78	DD	02/18/22
76985	WANEESA CRISTAN	44.39	DD	02/18/22

Run Date: 02/11/22  
Time: 16:20

MEMORIAL MEDICAL CENTER BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
Pay Period 01/28/22--02/10/22 Run: 1  
Type-NET 10000001 OPERATING - PROSPERITY

Page 5  
P0DIS1P

Num.	Name	Amount	CHECK NUM	DATE
77646	FAREN A GONZALES	955.42	DD	02/18/22
78020	MISTY R PASSMORE	1237.21	DD	02/18/22
78058	KYANN J BOWER	180.57	DD	02/18/22
78072	DONNA M RAWLINGS	907.19	DD	02/18/22
78186	ANDREA F COOK	197.06	DD	02/18/22
78191	JAMIE J GRASSE	696.44	DD	02/18/22
78287	MARISSA D ALMANZAR	1649.13	DD	02/18/22
78336	JESSICA L GLOVER	787.77	DD	02/18/22
78566	MELISSA K GEE	476.99	DD	02/18/22
78764	ASHLEY D HADLEY	1757.72	DD	02/18/22
78778	SARA M RUBIO	2033.46	DD	02/18/22
78781	KRISTEN R MACHICEK	1613.95	DD	02/18/22
78787	FARAH I JANAK	2451.51	DD	02/18/22
78879	YESENIA QUEZADA	725.07	DD	02/18/22
78897	DAYLE J MCLAUGHLIN	495.77	DD	02/18/22
80008	ADAM D BESIO	2337.80	DD	02/18/22
80141	JEANNIE ORTA	2234.81	DD	02/18/22
82227	CAITLIN A CLEVENGER	1318.58	DD	02/18/22
86432	KRISTI L BOYD	2634.26	DD	02/18/22
86482	MEGAN M HARPER	740.51	DD	02/18/22
88808	MARLEY B O'DONNELL	2204.51	DD	02/18/22
88904	MAYRA K MARTINEZ	1387.72	DD	02/18/22
90320	ROSHANDA S THOMAS	3326.22	DD	02/18/22
91231	ANDRIE M CASTILLO	1141.02	DD	02/18/22
98547	ELLEN W HEIMAN	966.01	DD	02/18/22
98756	ADRIANNA M GALVAN	1531.55	DD	02/18/22
		296435.36		



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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			1
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		941 #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			1
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		22
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		03
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		\$ 140.99 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		\$ 87.84 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			\$ 20.54 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			\$ 32.61 #
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	CHECK	★	\$
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			
	<b>CALLED IN BY:</b>			
	<b>CALLED IN DATE:</b>			
	<b>CALLED IN TIME:</b>			

Run Date: 02/14/22  
 Time: 08:50  
 Department 042

MEMORIAL MEDICAL CENTER  
 Payroll Register Bi-Weekly  
 Pay Period 01/29/22 - 02/10/22 Run# 2  
 Dept. Sequence

Page 1  
 POREG

Employee		Time		Deductions																			
Num/Type/Name/Pay/Exempt	PayCd Dept	Hrs	OT	SH	WE	HO	CB	Rate	Gross	Code	Amount												
76001 FT Hrly:	1 076	49.25	N		N	N	N	12.4000	495.00	FEDTAX	32.61	FICA-M	10.27	FICA-O	49.92								
IRMA DELEON	1 076	1.25	Y		N	N	N	19.6000	23.25	TSA-R	49.58												
Red-Ex: S-01	St-Ex: +00	1 076			N	N	N	12.4000	149.10														
Total:		56.50							Gross: 708.35	Deductions: 136.39		Net: 571.97											

Department Summary

Pay Code Summary		Deductions Summary																				
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount												
1	REGULAR PAY-S1	55.25	N		N	N	N	495.10	A/R	A/R2	A/R3											
1	REGULAR PAY-S1	1.25	Y		N	N	N	23.25	ADVANC	AWARDS	BOBSVI											
									BOOTS	CAFE-B	CAFE-1											
									CAFE-2	CAFE-3	CAFE-4											
									CAFE-5	CAFE-C	CAFE-D											
									CAFE-F	CAFE-H	CAFE-I											
									CAFE-L	CAFE-P	CANCEE											
									CHILD	CLINIC	COMBIN											
									CREDUM	DD ADV	DENTAL											
									DEP-LF	DIS-LF	EAT											
									EATOSH	FEDTAX	32.61	FICA-M	10.27									
									FICA-O	49.92	FIRSTC	FLEX S										
									FLX FE	FORT D	FUTA											
									GIFT S	GRANT	GRP-IN											
									STL	HOSP-I	ID TFF											
									LEAF	LEGAL	WASA											
									MEALS	METVIS	MISC											
									MISC	MOGSHR	NATFML											
									OTHER	PHI	PHI***											
									RR FIN	RELAY	REPAY											
									SAMS	SCRUBS	SIGNON											
									ST-TX	STONDF	STONE											
									STONEL	STUDEN	SUMACC											
									SUNILL	SUNIND	SUNLIF											
									SUNSTD	SUNVIS	SURCHG											
									TSA-1	TSA-2	TSA-C											
									TSA-F	TSA-R	49.58	TUTION										
									UNIFOR	UNHOS												

Department Totals:		56.50						Gross: 708.35	Deductions: 136.39		Net: 571.97												
Checks Count:	FT	1	PT	Other	Female	1	Male	Credit	OverAmt	ZeroNet	Term	Total:	1										

Pay chak:  
 02-18-22



941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

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

PAY PERIOD: BEGIN	1/28/2022	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	2/10/2022					
PAY DATE:	2/18/2022					
GROSS PAY:	\$ 708.35			\$ -		\$ 708.35
<b>DEDUCTIONS:</b>						
A/R	\$ -					\$ -
ADVANC	\$ -					\$ -
BOOTS	\$ -					\$ -
SUNLIFE CRITICAL ILLNESS	\$ -					\$ -
SUNLIFE ACCIDENT	\$ -					\$ -
SUNLIFE VISION	\$ -					\$ -
SUNLIFE SHORT TERM DIS	\$ -					\$ -
BCBS VISION	\$ -					\$ -
CAFE-D	\$ -					\$ -
CAFE-H	\$ -					\$ -
CAFE-P	\$ -					\$ -
CANCER	\$ -					\$ -
CHILD	\$ -					\$ -
CLINIC	\$ -					\$ -
COMBIN	\$ -					\$ -
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF	\$ -					\$ -
SUNLIFE TERM LIFE	\$ -					\$ -
SUNLIFE HOSP INDEM	\$ -					\$ -
FED TAX	\$ 32.61					\$ 32.61
FICA-M	\$ 10.27					\$ 10.27
FICA-O	\$ 43.92					\$ 43.92
FIRST C	\$ -					\$ -
FLEX S	\$ -					\$ -
FLX-FE	\$ -					\$ -
GIFT S	\$ -					\$ -
GRP-IN	\$ -					\$ -
GTL	\$ -					\$ -
HOSP-I	\$ -					\$ -
LEGAL	\$ -					\$ -
OTHER	\$ -					\$ -
NATIONAL FARM LIFE	\$ -					\$ -
MED SURCHARGE	\$ -					\$ -
PR FIN	\$ -					\$ -
RELAY	\$ -					\$ -
REPAY	\$ -					\$ -
STONEDF	\$ -					\$ -
STONE	\$ -					\$ -
STONE 2	\$ -					\$ -
STUDEN	\$ -					\$ -
TSA-R	\$ 49.58					\$ 49.58
UW/HOS	\$ -					\$ -
<b>TOTAL DEDUCTIONS:</b>	\$ 136.38	\$ -	\$ -	\$ -	\$ -	\$ 136.38
	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**
<b>NET PAY:</b>	\$ 571.97	\$ -	\$ -	\$ -	\$ -	\$ 571.97
	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**

TOTAL CAFE 125 PLAN: \$ - Less Exempt: \$ 708.35

TAXABLE PAY:	\$ 708.35	\$ 708.35	
	**CALCULATED**	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 10.27	\$ 10.27	\$ -
FICA - MED (EE)	1.45% \$ 10.27	\$ 10.27	\$ -
FICA - SOC SEC (ER)	6.20% \$ 43.92	\$ 43.92	\$ -
FICA - SOC SEC (EE)	6.20% \$ 43.92	\$ 43.92	\$ -
FED WITHHOLDING	\$ 32.61	\$ 32.61	\$ -

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

TAX DEPOSIT:	\$ 140.99	\$ 140.99
FICA - MEDICARE	2.90% \$ 20.54	\$ 20.54
FICA - SOCIAL SECURITY	12.45% \$ 87.84	\$ 87.84
FED WITHHOLDING	\$ 32.61	\$ 32.61
<b>TOTAL TAX:</b>	\$ 140.99	\$ 140.99

PREPARED BY: Caitlin Clevenger  
 PREPARED DATE: 2/14/2022

Run Date: 02/14/22  
Time: 09:19

MEMORIAL MEDICAL CENTER      BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
Pay Period 01/25/22--02/10/22    Run: 2  
Type=NET      10000001 OPERATING - PROSPERITY

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P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
76003	IRMA DELEON	571.97	00063115	02/15/22
		571.97		



MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- February 07, 2022 - February 13, 2022

Date	Bank Description	MMC Notes	Amount	CF
2/7/2022	PAY PLUS ACHTRANS 452579291 101000699979074	- 3rd Party Payor Fee	\$ 82.36	82.36 +
2/7/2022	FDMS FDMS PYMT 052-1601830-000 4100012214331	- Credit Card Machine Lease Expense	\$ 32.45	62.87 +
2/8/2022	PAY PLUS ACHTRANS 452579291 101000691093739	- 3rd Party Payor Fee	\$ 62.87	39.95 +
2/8/2022	MCKESSON DRUG AUTO ACH ACH04900973 910000135	- 340B Drug Program Expense	\$ 11,468.44*	29.57 +
2/10/2022	STATE COMPTLR TEXNET 04990788/20209 2100002	-UC IGT	\$ 299,988.35**	214.75 *
2/10/2022	PAY PLUS ACHTRANS 452579291 101000692673180	- 3rd Party Payor Fee	\$ 39.95	129.00 +
2/10/2022	CLEARGAGE LLC CLEARGAGE, 2PSTZ9CL102MUNO 242	- Patient Financing Service	\$ 111.32	2,560.25 +
2/10/2022	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	\$ 129.00	727.29 +
2/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	\$ 2,560.25	601.57 +
2/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110	- Credit Card Processing Fee	\$ 727.29	61.20 +
2/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	\$ 601.57	994.36 +
2/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	\$ 61.20	108.52 +
2/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	\$ 994.36	615.10 +
2/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110	- Credit Card Processing Fee	\$ 108.52	5,829.74 *
2/10/2022	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee	\$ 615.10	111.32 +
2/11/2022	PAY PLUS ACHTRANS 452579291 101000693450005	- 3rd Party Payor Fee	\$ 29.57	111.32 *
2/11/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	\$ 1033.25*	
			<b>318,645.85</b>	

Anthony Richardson  
Memorial Medical Center

February 7, 2022

\* Approved 02-09-22 cc  
\*\* Approved 01-19-22 cc

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount	CF
2/20/2022	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	\$ 1,052.20	214.75 +
3/8/2022	DSH 2022 ADVANCE 3 PAYMENT	- IGT DSH	\$ 74,244.00	5,829.74 +
			<b>75,296.20</b>	111.32 +

Anthony Richardson  
Memorial Medical Center

February 7, 2022

6,155.81 +  
6,155.81 -  
0.00 \*

Sales tax 2/20/22

☑ Confirmation: You Have Filed Successfully

**Sales and Use Tax** Period Ending 01/31/2022 (2201)

<b>Taxpayer ID:</b>	<b>Taxpayer Name:</b>	<b>Entered By:</b>
<b>User ID:</b>	MEMORIAL MEDICAL CENTER	<b>Email Address:</b>
<b>Reference Number:</b>	<b>Taxpayer Address:</b>	<b>Telephone Number:</b> (361) 552-0342
<b>Date and Time of Filing:</b>	815 N VIRGINIA ST PORT LAVACA , TX	
02/07/2022, 04:09:16 PM	77979-3025	
	<b>IP Address</b>	

**PAYMENT SUMMARY**

<b>Electronic Check</b>	<b>Payment Reference Number:</b>	<b>Type of Bank Account:</b> Checking
<b>State Amount:</b> \$797.12	<b>Trace Number:</b>	<b>Accountholder Name:</b>
<b>Local Amount:</b> \$255.08		<b>Bank Routing Number:</b>
<b>Amount to Pay:</b> \$1,052.20		<b>Bank Account Number:</b>
<b>Electronic Check:</b> \$1,052.20		<b>Payment Effective Date:</b> 02/20/2022

**CREDIT SUMMARY**

**Credits Taken**

Are you taking credit to reduce taxes due on this return?

No

**Licensed Customs Broker Exported Sales**

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licenced Customs Broker Export Certifications?

No

**LOCATION SUMMARY**

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	12818	12818	0	12818	801.13	12818	0.02	256.36
<b>SubTotal</b>	<b>12818</b>	<b>12818</b>	<b>0</b>	<b>12818</b>	<b>801.13</b>	<b>12818</b>		<b>256.36</b>

**Total Tax for Locations**

**\$1,057.49**

Total Tax Due: \$1,057.49

Timely Filing Discount: -\$5.29

Balance Due: \$1,052.20

Pending Payments: -\$0.00

**Total Amount Due and Payable: \$1,052.20**

( State amount due is \$797.12 ) ( Local amount due is \$255.08 )





**Transaction Summary**

Transaction Complete  
Trace #:

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

Payment Total	\$74,244.00
Bank Routing and Account Number	
Settlement Date	3/8/2022
DSH Amount	\$74,244.00
Entered By	Marley Moehrig

A handwritten signature in black ink, appearing to be the initials "AM" followed by a long horizontal stroke.

**To:** jgulihur@rchd.care; jsmith@medicalartshospital.org; diana.strupp@tenethealth.com; scarruth@obmc.org; brichards@oceanshealthcare.com; megan@pm-hs.com  
**Cc:** HHSC PFD DSH Payments; Brown,Adam (HHSC); Okoniewski,Amanda (HHSC); Hodges,Jandi (HHSC); Quintanilla,Sarah (HHSC); Guzman,Kenneth (HHSC); Regmi,Asha (HHSC)  
**Subject:** DSH 2022 Advance 3 Payment IGT Notification 3 of 4  
**Attachments:** 2022 DSH Advanced Payment 3 CalculationJRD.xlsx; TexNet User Guide.pdf

## [WARNING-Remote attachments, VERIFY SENDER]

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

DSH Providers:

Attached is the third FFY 2022 DSH advance payment calculation that details how HHSC calculated the advance payment/IGT amounts, and related IGT Notification spreadsheets. Payment amounts/transfer amounts for state hospitals can be found in column V of the "State" tab. Payment amounts for non-state hospitals can be found in column AW of the "Non-State" tab and the corresponding IGT amounts in column AX of the same tab. To ensure that all government entities receive this notification, HHSC strongly encourages providers to send this to any government entity who is IGT'ing on their behalf.

Please note that HHSC has adopted two changes to the interim hospital-specific limit (HSL) rule (1 TAC §355.8066). First, the interim HSL has been renamed "state payment cap." Second, HHSC will calculate the state payment cap with all costs and payments for individuals with both Medicaid and other insurance or Medicare.

The following information pertains to 2022 Third DSH advance payment. All payment dates are calendar year 2022.

### I. Key Dates

February 10, 2022	HHSC notifies of payment & intergovernmental transfer (IGT) amounts
March 7, 2022	Last date to transfer funds into TexNet
March 8, 2022	TexNet settlement date
March 18, 2022	Pay the transferring hospitals (Urban public hospital- Class one)
March 14, 2022	State Owned Hospitals submit Journal Entry
March 18, 2022	State Owned Hospitals paid
March 30, 2022	Pay remaining DSH hospitals

### II. March 2022 Advance DSH payment

#### Which hospitals will receive an advance DSH payment in March?

Hospitals that received a 2021 DSH payment are eligible to receive a 2022 Advance DSH payment (subject to the availability of the non-federal share of the payment amount). Since this payment will be made before HHSC has determined qualification for 2022 DSH, a hospital may opt out of the March payment by sending a written request to [DSHPayments@hhs.texas.gov](mailto:DSHPayments@hhs.texas.gov) by February 28, 2022.

Hospitals should opt out of the March payment if:



1. The hospital is concerned it will not qualify for 2022 DSH; or
2. The hospital is concerned that it will be overpaid for 2022 DSH based on YTD advance payments and the costs calculated in the providers' 2022 DSH/UC Application.

Does a hospital need to do anything to receive the March payment?

All public hospitals will be required to transfer funds to HHSC in order to receive a program year 2022 DSH payment. Urban public hospitals are required to transfer 100 percent of the non-federal share of their Pass One and Pass Two 2022 DSH payments and non-urban public hospitals are required to transfer 100 percent of the non-federal share of their Pass One and Pass Two 2022 DSH payments.

*Urban public hospitals class one and class two* (see below), (i.e., those owned by a governmental entity that has historically funded DSH payments) do not need to do anything prior to transferring funds into TexNet.

Urban public hospital - class one is a hospital that is operated by or under a lease contract with one of the following entities: the Dallas County Hospital District, the El Paso County Hospital District, the Harris County Hospital District, the Tarrant County Hospital District, or the University Health System of Bexar County.

Urban public hospital - class two is a hospital that is operated by or under a lease contract with one of the following entities: the Ector County Hospital District, the Lubbock County Hospital District, and the Nueces County Hospital District.

*Non-urban public hospitals* may need to take certain steps. A non-urban public hospital is:

1. Any hospital anywhere in the state that is owned and operated by a non-state governmental entity (other than one of the entities described above); or
2. A privately-operated hospital operating under a lease from a governmental entity in which the hospital and governmental entity are both located in the same county with 500,000 or fewer persons, based on the most recent decennial census, where the privately-operated hospital and governmental entity have both signed an attestation that they wish the hospital to be treated as a public hospital for all purposes for 2022 DSH and 2022 UC waiver payments. If you are a privately owned hospital who has submitted an attestation to be treated as a public hospital for prior DSH payments, HHSC will continue to treat your facility as a public hospital for the purpose of DSH and UC payments.

Privately-operated hospitals in this category are "rural public-financed hospitals" and are eligible, along with rural public hospitals, for Pass Three DSH payments.

All non-urban public hospitals should ensure that the governmental entity that owns the hospital is aware of its obligation and prepared to transfer funds for the November payment. Any governmental entity that has not previously transferred funds through the TexNet System for an HHSC Payment (i.e., Uncompensated Care, DSH, and DSRIP) must enroll with TexNet to submit funds for this payment. The TexNet Enrollment form can be accessed at <https://texnet.cpa.state.tx.us>.

*Private hospitals* (i.e., privately-operated hospitals that do not lease from a governmental entity and hospitals described in item (2) above that do not submit an attestation form) do not need to do anything to receive the March DSH payment.



How will payment and IGT amounts be calculated?

To calculate the March payment amounts and distribute 20% of the 2022 DSH funds, HHSC will use the methodology described in 1 Tex. Admin. Code § 355.8065 for interim DSH payments, but will use hospitals' 2022 interim hospital-specific limits, Medicaid days, and low-income days.

**III. Remaining 2022 DSH funds**

Which hospitals will receive subsequent DSH payments?

HHSC is distributing 2022 DSH funds over four payments. Only hospitals that received a 2021 DSH payment and submitted a 2022 DSH/UC Application will be eligible for advance DSH payments. **Due to the timing, HHSC has not verified that providers who are included in the first 2022 DSH advance payment calculation have requested a 2022 application. If a provider slated to receive a 2022 DSH advance payment knows they are not going to request a 2022 application, they should opt out of receiving this payment.**

All hospitals that meet the DSH qualification criteria based on data in the 2022 DSH/UC application will be eligible to receive DSH payments that occur after the applications are processed (subject to the availability of the non-federal share of the payment amount), including hospitals that did not participate in 2021 DSH.

How will payment and IGT amounts be calculated?

Using information from each qualifying hospital's 2022 DSH/UC application, HHSC will use the methodology described in the DSH rule to calculate a 2022 DSH payment amount. For each hospital that received one or more advance payments, HHSC will reduce the 2022 DSH payment amount by the sum of such payments. HHSC will then determine IGT obligations.

If a hospital received an advance payment and later submitted a rural public-financed hospital attestation form, HHSC will increase the IGT obligation for the governmental entity that owns the hospital by an amount equal to half of the non-federal share of any 2022 advance payments.

Will there be a Pass 3?

Once the final 2022 DSH payment amounts are calculated, HHSC will determine if any 2022 DSH allocation funds remain to be distributed through Pass 3. If such funds are available for distribution, HHSC will work with rural public hospitals and rural public-financed hospitals that have submitted the above-referenced attestation to determine Pass 3 payments and required transfers. Pass 3 payment amounts are not calculated for advance payments.

What if a hospital receives advance payments but does not qualify for 2022 DSH?

HHSC will recoup the entire amount of all advance payments made to any hospital that does not qualify for 2022 DSH.

What if a hospital's advance payments exceed its 2022 DSH payment amount?

HHSC will recoup the amount of any advance payments that exceed the 2022 DSH payment amount calculated using the information in the application. Any hospital concerned about potential recoupment should opt out of receiving advance payments, as described in Section II above.

For additional information, please contact [DSHPayments@hhs.texas.gov](mailto:DSHPayments@hhs.texas.gov)



**\*\* Note** that if you have not already enrolled in TexNet Connect for HHSC Rate Analysis you will need to do so immediately. Information pertaining to enrollment can be found at: <https://texnet.cpa.state.tx.us>

Please ensure you select the DSH bucket in TexNet when you enter your IGT. It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the confirmation number and IGT amount if the TexNet is submitted over the phone, to [DSHPayments@hhs.texas.gov](mailto:DSHPayments@hhs.texas.gov). Please include two contacts with their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received. HHSC will not confirm receipt of emails. Please set your email settings to request a delivery receipt, if a confirmation is needed.

Please let us know if you have any questions.

Thank you,

**HHSC Provider Finance Payments  
(Formerly Rate Analysis)**

Texas Health and Human Services Commission  
P.O. Box 149030, Mail Code 1344  
Winters Building  
701 W 51st Street  
Austin, TX 78751



2022 TPI	Hospital Name	County	Ownership Type	Rural Status	2022 Advanced Payment J	2022 Advanced Payment J IGT
137909111	Memorial Medical Center	Calhoun	Public	Yes	\$224,980.81	\$74,243.67

	Final	IGT	
<b>Totals</b>	<b>\$575,812,928.97</b>	<b>\$190,018,266.64</b>	
Assumptions	\$575,812,930.38	\$190,018,266.56	IGT CHECK
Check			
Difference	(\$1.41000)	\$0.07990	Difference
	Quick "Private" IGT Check	\$0.00	OK



**Proposed Method for State-Owned Hospitals**

- Urban Public
- 5 Hospital Class 1
- 3 Non-State Owned
- 157 Non-State Owned
- 165 Non-State Owned

2022 TPI	Hospital Name	County	Urban Public Hospital (UPH) Class 1=Class 1 (TH) 2=Class 2 3=All Others	Own 1=Public 2=Private 3=State	Rural 1=LE 500K 2=R38 3=No	Children 1=Yes 2=No	IMD 1=Yes 2=No
137909111	Center	Calhoun	3	1	2	2	2

351,410	983,267	834,825	1,186,235	1,186,235	-
71,405	400,143	132,831	204,236	204,236	-
1,584,342	7,738,690	2,018,623	3,602,965	3,671,912	-
2,007,157	9,122,100	2,986,279	4,993,436	5,062,383	100.00%

3rd Pass 0 = No 1 = Yes	Total Hospital Medicaid Days (Includes OOS Days, Excludes Dual Eligible Days)	Total IP Census Days	LIUR Percentage	Low-Income Days	Total Days	Adjusted Total Days for Non- Transferring Public Hospitals	PCT Total Adjusted Days	Total Days State GR Payment (All Funds) Pool 1 (Pass 1) Calculation
1	389	4,230	34.66%	1,466	1,855	2,467	0.05%	\$0



70,969,146	70,969,146	1,856,053,277	490,386,887	1,264,100,626	-	1,856,053,277
12,218,858	12,218,858	240,286,813	53,079,519	167,948,223	-	240,286,813
219,680,310	219,680,310	2,789,181,304	534,850,144	892,967,253	69,543,620	2,719,637,684
302,868,315	302,868,315	4,885,521,394	1,078,316,550	2,325,016,103	69,543,620	4,815,977,774

Total Days Non-GR Federal Payment Pool 2 (Pass 1) Calculation	Total Payment before State Payment Cap and IGT Return	State Payment Cap	YTD Advance UC Payments	Schedule 1 & 2 costs + Adjustments + UC-Only Charity Costs	Amount of UC Advance Payment Attributable to State Payment Cap	Analysis State Payment Cap less UC Advance Payments Charged to State Payment Cap
\$147,619	\$147,619	\$2,590,998	\$519,083	\$365,711	\$153,372	\$2,437,626

70,969,146	-	1,785,084,131	2,338,179	73,307,325	36,106,593
12,218,858	-	228,067,954	298,733	12,517,592	6,165,381
213,761,094	5,919,216	2,505,876,590	3,282,304	217,043,398	8,179,710
296,949,099	5,919,216	4,519,028,675	5,919,216	302,868,315	50,451,684

Capped Payment at State Payment Cap less 2021 UC Advance Payments Charged to State Payment Cap	Leftover Payment due to State Payment Cap	Remaining State Payment Cap	Leftover DSH Amount Paid	Pool 2 (Pass 2) Payment before IGT Return	IGT from Self (Trans and Publics Only)
\$147,619	\$0	\$2,290,007	\$3,000	\$150,618	\$74,185



IMD CHECK

**\$9,054,489**

98,722,263	208,136,181	208,136,181	-	1,647,917,096	131,982	208,268,163	-
-	18,682,973	18,682,973	-	221,603,840	17,748	18,700,721	-
-	225,223,108	224,873,570	349,538	2,494,764,114	199,807	225,073,377	(115,347)
98,722,263	452,042,261	451,692,724	349,538	4,364,285,051	349,538	452,042,261	(115,347)

TH IGT Other Than Self	Pool 3 Total Payment w/IGT Return before State Payment Cap Cap #2	Capped Payment at State Payment Cap	Leftover Payment due to State Payment Cap	Remaining State Payment Cap	Leftover DSH Amount Paid	Pool 3 (Pass 2) Total Payment (including IGT repayment)	IGT Reduction For Pool 3 Pass 2 Overage
\$0	\$224,804	\$224,804	\$0	\$2,212,822	\$177	\$224,981	\$0

43,554	60,455	134,932,864	1,647,785,114	73,335,299	-	-
5,857	-	6,171,238	221,586,092	12,529,483	-	-
5,482	-	8,069,844	2,494,564,307	217,003,533	-	-
54,893	60,455	149,173,946	4,363,935,513	302,868,315	-	-

Additional IGT For Pool 3 Pass 2 Redistribution (Urban Public Class 1, 2, and Non-Urban Public Hospitals)	Additional IGT For Pool 3 Pass 2 Redistribution from Private Hospitals (Urban Public Class 1 Hospitals)	Total IGT Paid	Remaining State Payment Cap	DSH Payment Net of IGT	2022 YTD DSH Payments	2022 Advance DSH Payments IGTS
\$58	\$0.00	\$74,244	\$2,212,645	\$150,737		



1.02	
------	--

-	-	208,268,163	134,932,864
-	-	18,700,721	6,171,238
-	-	225,073,377	8,069,844
-	-	452,042,261	149,173,946

2022 Advance DSH Payments from Pool 1	2022 Advance DSH Payments from Pools 2 and 3	2022 DSH Advance 3 Payment	2022 DSH Advance 3 IGT
		\$224,981	\$74,244

452,042,261

GULF POINTE  
TRANSFER REQUEST

PAYEE ASHFORD

DATE REQUESTED: 2/14/22

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED ON

FEB 14 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

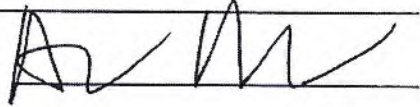
AMOUNT \$17,813.07

G/L NUMBER: \_\_\_\_\_

CK# 1072

EXPLANATION: ECHO PAYMENTS DEPOSITED INTO GULF POINTE THAT BELONG TO ASHFORD

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 



GOLDEN CREEK  
TRANSFER REQUEST

PAYEE SOLERA

DATE: 2/14/22

\_\_\_\_\_

APPROVED ON

\_\_\_\_\_

FEB 14 2022

\_\_\_\_\_

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

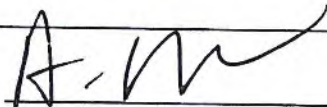
CK#000193

AMOUNT \$15,990

G/L NUMBER: \_\_\_\_\_

EXPLANATION: ECHO PAYEMNTS DEPOSITED INTO GOLDEN CREEK THAT BELONG TO SOLERA

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GOLDEN CREEK

TRANSFER REQUEST

PAYEE SOLERA Gulf Pointe

DATE REQUESTED: 2/14/22

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED ON

FEB 14 2022

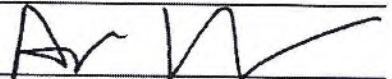
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

AMOUNT \$5,749.32

G/L NUMBER: CK# 00155

EXPLANATION: ECHO PAYMENTS DEPOSITED INTO GOLDEN CREEK THAT BELONG TO GULF POINTE

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 



MEMORIAL MEDICAL CENTER  
NH GULF POINTE - PRIVATE PAY

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

1072

88-2265/1131-87

DATE 2/16/22



PAY TO THE ORDER OF Ashford

\$ 17,813.07

Seventeen thousand Eight hundred thirteen & 07/100 DOLLARS



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

FOR Echo payment

County Auditor

County Treasurer

⑈001072⑈ ⑆113122655⑆

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

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

000153

Date 2/16/22

88-2265/1131

PAY TO THE ORDER OF Solera

\$ 15,990.00

Fifteen thousand nine hundred ninety DOLLARS



PROSPERITY BANK

FOR Echo payment

County Auditor

County Treasurer  
MP  
Security features included. Details on back.

⑈000153⑈ ⑆113122655⑆

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

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

000155

Date 2/16/22

88-2265/1131

PAY TO THE ORDER OF Gulf pointe

\$ 5749.32

Five thousand forty nine & 32/100 DOLLARS



PROSPERITY BANK

FOR Echo payment

County Auditor

County Treasurer  
MP  
Security features included. Details on back.

⑈000155⑈ ⑆113122655⑆





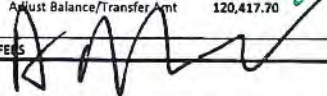
Memorial Medical Center  
 Nursing Home UPL  
 Weekly Cantex Transfer  
 Prosperity Accounts  
 2/14/2022

Nursing Home	Account	Previous		ACH	Pending	Today's	Amount to Be Transferred to Nursing Home
		Beginning Balance	Transfer-Out				
<b>Ashford Gardens</b>		69,765.88 ✓	69,651.26 ✓	120,465.48 ✓		120,580.10 ✓	111,359.22
						Bank Balance	120,580.10 ✓
						Variance	-
						Leave in Balance	100.00
						AMERIGROUP YR 4 ADJ 1	9,106.26 ✓
						JAN INTEREST	14.62 ✓
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	111,359.22 ✓
<b>Broadmoor</b>		73,288.53 ✓	73,176.17 ✓	59,203.45 ✓		59,315.81 ✓	55,401.14
						Bank Balance	59,315.81 ✓
						Variance	-
						Leave in Balance	100.00
						AMERIGROUP YR 4 ADJ 1	3,802.31 ✓
						MEDICARE REPAYMENT TO MMC	
						JAN INTEREST	12.36 ✓
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	55,401.14 ✓
<b>Crescent</b>	216844411	38,169.90 ✓	38,056.57 ✓	56,333.57 ✓		56,446.90 ✓	53,596.24
						Bank Balance	56,446.90 ✓
						Variance	-
						Leave in Balance	100.00
						AMERISOURCE YR 4 ADJ 1	2,737.33 ✓
						MEDICARE REPAYMENT TO MMC	
						JAN INTEREST	13.33 ✓
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	53,596.24 ✓
<b>Fort Bend</b>	216844446	28,366.36 ✓	28,259.13 ✓	34,921.21 ✓		35,028.44 ✓	31,068.52
						Bank Balance	35,028.44 ✓
						Variance	-
						Leave in Balance	100.00
						AMERIDOURCE YR 4 ADJ 1	3,852.69 ✓
						JAN INTEREST	7.23 ✓
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	31,068.52 ✓
<b>Solera at W Houston</b>	216844438	58,759.80 ✓	58,642.34 ✓	123,976.16 ✓		124,093.62 ✓	120,417.70
						Bank Balance	124,093.62 ✓
						Variance	-
						Leave in Balance	100.00
						AMERISOURCE YR 4 ADJ 1	3,558.46 ✓
						MEDICARE REPAYMENT TO MMC	
						JAN INTEREST	17.46 ✓
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	120,417.70 ✓
						TOTAL TRANSFERS	371,842.82

111,359.22 +  
 55,401.14 +  
 53,596.24 +  
 31,068.52 +  
 120,417.70 +  
 371,842.82 \*

APPROVED ON  
 FEB 14 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

Approved:   
 ANTHONY RICHARDSON, CFO  
 2/14/2022

**Ashford Gardens**

		MMC PORTION						NH PORTION	
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI			
2/7/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,835.73				3,835.73		
2/7/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,342.73				5,342.73		
2/8/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,736.55				1,736.55		
2/9/2022	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	14,435.82	-				-		
2/9/2022	HNB - ECHO HCCLAIMPMT 746003411 440000260788	-	8,243.33				8,243.33		
2/10/2022	Deposit	-	6,255.68				6,255.68		
2/10/2022	Molina HC of TX HCCLAIMPMT PN1326436189 4200	-	11,321.42				11,321.42		
2/10/2022	Molina HC of TX HCCLAIMPMT PN1326436189 4200	-	886.88				886.88		
2/10/2022	Amerigroup TXSC HCCLAIMPMT 3172397827 111000	-	8,498.99				8,498.99		
2/11/2022	ck1167	55,215.04	-				-		
2/11/2022	Molina HC of TX HCCLAIMPMT PN1326436189 4200	-	488.02				488.02		
2/11/2022	HNB - ECHO HCCLAIMPMT 746003411 440000228245	-	7,292.63				7,292.63		
2/11/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	44,408.26				44,408.26		
2/11/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	391.30				391.30		
2/11/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	9,033.99				9,033.99		
2/11/2022	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	610.49				610.49		
2/11/2022	AMERIGROUP CORPO E-PAYMENT EE52309312 111000	-	12,319.48	5,893.03	1,087.88	1,747.05	3,592.02	9,108.26	3,213.23
<b>TOTALS</b>		<b>69,651.26</b>	<b>120,465.48</b>	<b>5,893.03</b>	<b>1,087.88</b>	<b>1,747.05</b>	<b>3,592.02</b>	<b>9,108.26</b>	<b>111,359.23</b>

**Breadmoor**

		MMC PORTION						NH PORTION	
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI			
2/7/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,326.55				5,326.55		
2/8/2022	NOVITAS SOLUTION HCCLAIMPMT 676357 42000160	-	10,967.10				10,967.10		
2/8/2022	HUMANA INS CO HCCLAIMPMT 390861 830000568886	-	6,021.00				6,021.00		
2/8/2022	AARP Supplementa HCCLAIMPMT 746003411 124384	-	62.20				62.20		
2/9/2022	WIRE OUT CANTEX HEALTH CARE CENTERS III	39,564.52	-				-		
2/9/2022	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	3,494.23				3,494.23		
2/10/2022	Deposit	-	3,397.82				3,397.82		
2/10/2022	Molina HC of TX HCCLAIMPMT PN1669860433 4200	-	6,501.05				6,501.05		
2/10/2022	Molina HC of TX HCCLAIMPMT PN1669860433 4200	-	4,361.62				4,361.62		
2/11/2022	ck185	10,747.18	-				-		
2/11/2022	ck184	22,864.47	-				-		
2/11/2022	HNB - ECHO HCCLAIMPMT 746003411 440000228245	-	4,569.72				4,569.72		
2/11/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,955.46				3,955.46		
2/11/2022	HUMANA INS CO HCCLAIMPMT 390861 830000574892	-	5,380.62				5,380.62		
2/11/2022	AMERIGROUP CORPO E-PAYMENT EE52309314 111000	-	5,166.08	2,438.53	450.87	1,052.05	1,224.63	8,802.31	1,363.78
<b>TOTALS</b>		<b>73,176.17</b>	<b>59,203.45</b>	<b>2,438.53</b>	<b>450.87</b>	<b>1,052.05</b>	<b>1,224.63</b>	<b>8,802.31</b>	<b>55,401.15</b>

**Crescent**

		MMC PORTION						NH PORTION	
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI			
2/7/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,321.80				3,321.80		
2/7/2022	CIGNA HCCLAIMPMT 1669860425 91000011822963	-	556.50				556.50		
2/8/2022	Molina HC of TX HCCLAIMPMT PN1669860425 4200	-	2,066.20				2,066.20		
2/8/2022	HNB - ECHO HCCLAIMPMT 746003411 440000228245	-	4,718.20				4,718.20		
2/8/2022	HUMANA INS CO HCCLAIMPMT 390861 830000568886	-	12,123.31				12,123.31		
2/9/2022	WIRE OUT CANTEX HEALTH CARE CENTERS III	9,097.91	-				-		
2/9/2022	Molina HC of TX HCCLAIMPMT PN1669860425 4200	-	1,163.25				1,163.25		
2/9/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	6,737.06				6,737.06		
2/9/2022	CIGNA HCCLAIMPMT 1669860425 91000010703921	-	7,200.00				7,200.00		
2/10/2022	Deposit	-	2,079.20				2,079.20		
2/10/2022	HNB - ECHO HCCLAIMPMT 746003411 440000296659	-	1,268.74				1,268.74		
2/11/2022	ck214	10,747.18	-				-		
2/11/2022	ck213	18,211.48	-				-		
2/11/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,540.71				4,540.71		
2/11/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,040.96				7,040.96		
2/11/2022	AMERIGROUP CORPO E-PAYMENT EE52309313 111000	-	3,517.64	1,957.01	362.47	55.45	1,142.71	2,737.33	780.32
<b>TOTALS</b>		<b>38,056.57</b>	<b>56,333.57</b>	<b>1,957.01</b>	<b>362.47</b>	<b>55.45</b>	<b>1,142.71</b>	<b>2,737.33</b>	<b>51,596.25</b>

**Fort Bend**

		MMC PORTION						NH PORTION	
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI			
2/8/2022	Molina HC of TX HCCLAIMPMT PN1370577503 4200	-	2,041.45				2,041.45		
2/8/2022	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	8,313.16				8,313.16		
2/8/2022	AARP Supplementa HCCLAIMPMT 746003411 124384	-	29.74				29.74		
2/9/2022	WIRE OUT CANTEX HEALTH CARE CENTERS III	5,864.08	-				-		
2/9/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,141.30				3,141.30		
2/10/2022	Deposit	-	2,531.20				2,531.20		
2/11/2022	ck172	22,395.05	-				-		
2/11/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	13,540.05				13,540.05		
2/11/2022	AMERIGROUP CORPO E-PAYMENT EE52309310 111000	-	5,324.31	2,381.06	442.06	1,025.50	1,475.69	3,852.69	1,471.63
<b>TOTALS</b>		<b>28,259.13</b>	<b>34,921.21</b>	<b>2,381.06</b>	<b>442.06</b>	<b>1,025.50</b>	<b>1,475.69</b>	<b>3,852.69</b>	<b>31,068.53</b>

**Solera at West Houston**

		MMC PORTION						NH PORTION	
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI			
2/7/2022	MANAGEANDNET1718 MNS PMNT 00000000002482 41	-	1,756.00				1,756.00		
2/7/2022	HNB - ECHO HCCLAIMPMT 746003411 440000279417	-	1,272.66				1,272.66		
2/7/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	11,033.40				11,033.40		
2/7/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,500.97				2,500.97		
2/8/2022	Molina HC of TX HCCLAIMPMT PN1497143259 4200	-	5,620.93				5,620.93		
2/8/2022	Amerigroup TXSC HCCLAIMPMT 3172132505 111000	-	14,440.16				14,440.16		
2/8/2022	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	52.00				52.00		
2/8/2022	UnitedHealthcare HCCLAIMPMT 746003411 910000	-	225.74				225.74		
2/8/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	11,425.81				11,425.81		
2/8/2022	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	1,114.58				1,114.58		
2/8/2022	AARP Supplementa HCCLAIMPMT 746003411 124384	-	927.50				927.50		
2/9/2022	WIRE OUT CANTEX HEALTH CARE CENTERS III	26,253.19	-				-		
2/9/2022	Molina HC of TX HCCLAIMPMT PN1497143259 4200	-	1,699.78				1,699.78		
2/9/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	6,209.25				6,209.25		
2/10/2022	Deposit	-	10,085.44				10,085.44		
2/11/2022	ck1214	10,747.18	-				-		
2/11/2022	ck1213	21,641.97	-				-		
2/11/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	25,203.85				25,203.85		
2/11/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,927.57				5,927.57		
2/11/2022	HUMANA INS CO HCCLAIMPMT 390861 830000574892	-	3,880.00				3,880.00		
2/11/2022	HUMANA CHA DISB HCCLAIMPMT 390862 4200001691	-	15,799.00				15,799.00		
2/11/2022	AMERIGROUP CORPO E-PAYMENT EE52309312 111000	-	4,806.52	7,310.40	428.80	684.81	1,382.51	3,558.46	1,248.06
<b>TOTALS</b>		<b>58,642.34</b>	<b>123,976.16</b>	<b>7,310.40</b>	<b>428.80</b>	<b>684.81</b>	<b>1,382.51</b>	<b>3,558.46</b>	<b>120,417.70</b>
<b>TOTALS</b>		<b>267,785.47</b>	<b>394,899.87</b>	<b>14,980.03</b>	<b>2,771.58</b>	<b>4,564.86</b>	<b>8,817.56</b>	<b>23,057.01</b>	<b>371,842.84</b>



# Quick View

Select Quick View Accounts  
Account Number / Name

Account Type

Select Group  
Groups




DDA

Data reported as of Feb 14, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$7,068,353.62</b>	<b>\$7,164,335.10</b>	<b>\$7,068,353.62</b>	<b>\$6,785,535.5</b>
*4551 CAL CO INDIGENT HEALTHCARE	\$5,746.47	\$5,746.47	\$5,746.47	\$5,823.9
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$100,878.34	\$100,878.34	\$100,878.34	\$99,356.7
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.13	\$536.13	\$536.13	\$536.1
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,976,119.53	\$5,017,827.23	\$4,976,119.53	\$4,694,417.8
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.61	\$431.61	\$431.61	\$431.6
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$120,580.10 ✓	\$126,394.42	\$120,580.10	\$101,451.3
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$59,315.81 ✓	\$79,563.98	\$59,315.81	\$73,855.5
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$56,446.90 ✓	\$63,610.51	\$56,446.90	\$70,306.2
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$35,028.44 ✓	\$35,233.43	\$35,028.44	\$38,559.1
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$124,093.62 ✓	\$143,043.99	\$124,093.62	\$100,870.8
*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	\$237,140.74	\$237,140.74	\$237,140.74	\$224,742.3
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$66,823.70	\$68,716.02	\$66,823.70	\$66,823.7
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$41,938.85	\$41,938.85	\$41,938.85	\$41,877.5
*3407 MMC -NH TUSCANY VILLAGE	\$133,706.62	\$133,706.62	\$133,706.62	\$156,915.8

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 2/14/2022

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		58,398.18	58,287.14	100,767.30		100,878.34	28,101.47
					Bank Balance	100,878.34	
					Variance		
					Leave in Balance	100.00	
					SUPERIOR DECEMBER QIPP	36,273.20	
					WITHHOLD QIPP PAYMENT	14,653.31	
					ECHO PAYMENT TO SOLERA	15,990.00	
					ECHO PAYMENT TO GULF POINTE	5,749.32	
					JAN INTEREST	11.04	
					FEB INTEREST		
					MAR INTEREST		
					Adjust Balance/Transfer Amt	28,101.47	

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 2/14/2022

APPROVED ON  
 FEB 14 2022  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS



Golden Creek	MMC PORTION						NH PORTION
	Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L apse	
2/7/2022 Deposit	-	2,287.49					2,287.49
2/7/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	1,976.00					1,976.00
2/7/2022 HNB - ECHO HCCLAIMPMT 746003411 440000280141	-	213.41					213.41
2/7/2022 HEALTH HUMAN SVC HCCLAIMPMT 174600341113011 2	-	2,042.11					2,042.11
2/8/2022 HEALTH HUMAN SVC HCCLAIMPMT 174600341113011 2	-	445.62					445.62
2/9/2022 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	58,287.14	-					-
2/9/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	799.75					799.75
2/9/2022 Centene Manageme CCD/CTX 008765433514 111000	-	40,220.64	32,325.76	7,894.88		36,273.20	3,947.44
2/9/2022 Centene Manageme CCD/CTX 008765433514 111000	-	14,653.31					14,653.31
2/10/2022 Deposit	-	36,607.33					36,607.33
2/11/2022 HNB - ECHO HCCLAIMPMT 746003411 440000228245	-	1,521.64					1,521.64
	58,287.14	100,767.30	32,325.76	7,894.88	-	36,273.20	64,494.10

## Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type

DDA

Data reported as of Feb 14, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$7,068,353.62</b>	<b>\$7,164,335.10</b>	<b>\$7,068,353.62</b>	<b>\$6,785,535.5</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,746.47	\$5,746.47	\$5,746.47	\$5,823.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$100,878.34 ✓	\$100,878.34	\$100,878.34	\$99,356.7
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.13	\$536.13	\$536.13	\$536.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,976,119.53	\$5,017,827.23	\$4,976,119.53	\$4,694,417.8
<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	\$120,580.10	\$126,394.42	\$120,580.10	\$101,451.3
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$59,315.81	\$79,563.98	\$59,315.81	\$73,855.5
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$56,446.90	\$63,610.51	\$56,446.90	\$70,306.2
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$35,028.44	\$35,233.43	\$35,028.44	\$38,559.1
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$124,093.62	\$143,043.99	\$124,093.62	\$100,870.8
<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	\$237,140.74	\$237,140.74	\$237,140.74	\$224,742.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$66,823.70	\$68,716.02	\$66,823.70	\$66,823.7
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$41,938.85	\$41,938.85	\$41,938.85	\$41,877.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$133,706.62	\$133,706.62	\$133,706.62	\$156,915.5



Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 2/14/2022

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		1,561.58	-	40,377.27			41,938.85	no transfer
						Bank Balance	41,938.85	
						Variance	-	
						Leave in Balance	100.00	
						UNIDENTIFIED ECHO PAYMENTS (NO CHECK WILL BE WRITTEN FOR THIS AMOUNT YET)	117.61	
						SUPERIOR DEC QIPP	16,014.48	
						WITHHOLD QIPP PYMT	8,410.62	
						ECHO PAYMENTS TO ASHFORD	17,813.07	
						JAN INTEREST	4.00	
						FEB INTEREST		
						MAR INTEREST		
						Adjust Balance/Transfer Amt	(520.93)	
Gulf Pointe Plaza-Medicare/Medicaid		83,212.77	83,106.35	66,717.28			66,823.70	66,717.28
						Bank Balance	66,823.70	
						Variance	66,823.70	
						Leave in Balance	100.00	
						JAN INTEREST	6.42	
						FEB INTEREST		
						MAR INTEREST		
						Adjust Balance/Transfer Amt	66,717.28	
<b>TOTAL TRANSFERS</b>							<b>66,196.35</b>	

Routing Information for Gulf Pointe Plaza:

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

Approved:   
 ANTHONY RICHARDSON, CFO 2/14/2022

APPROVED ON  
 FEB 14 2022  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**Gulf Pointe Plaza-Private Pay**

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
2/7/2022 HNB - ECHO HCCLAIMPMT 746003411 440000279417	-	275.71						275.71
2/8/2022 HNB - ECHO HCCLAIMPMT 746003411 440000226251	-	308.14						308.14
2/8/2022 HNB - ECHO HCCLAIMPMT 746003411 440000226251	-	419.89						419.89
2/9/2022 NDC SWEEP FAC H261 21000020288375 SWEEP FR	-	12,663.90						12,663.90
2/9/2022 Centene Managem CCD/CTX 008765433514 111000	-	17,757.12	14,271.84	3,485.28			16,014.48	1,742.64
2/9/2022 HUMANA CHA DISB HCCLAIMPMT 624982 4200001678	-	119.46						119.46
2/9/2022 Centene Managem CCD/CTX 008765433514 111000	-	8,410.62						8,410.62
2/10/2022 HNB - ECHO HCCLAIMPMT 746003411 440000296659	-	361.10						361.10
2/11/2022 HNB - ECHO HCCLAIMPMT 746003411 440000228245	-	61.33						61.33
	-	40,377.27	14,271.84	3,485.28	-	-	16,014.48	24,362.79

**Gulf Pointe Plaza-Medicare/Medicaid**

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
2/7/2022 HNB - ECHO HCCLAIMPMT 746003411 440000279417	-	4,545.21						4,545.21
2/7/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2	-	147.68						147.68
2/8/2022 HNB - ECHO HCCLAIMPMT 746003411 440000226251	-	2,890.96						2,890.96
2/9/2022 WIRE OUT HMG SERVICES, LLC	83,106.35	-						-
2/9/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	1.03						1.03
2/9/2022 HNB - ECHO HCCLAIMPMT 746003411 440000260788	-	2,604.10						2,604.10
2/10/2022 Deposit	-	56,528.30						56,528.30
	83,106.35	66,717.28	-	-	-	-	-	66,717.28
	83,106.35	107,094.55	14,271.84	3,485.28	-	-	16,014.48	91,080.07



## Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type





DDA

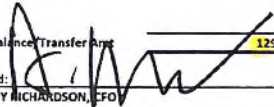
Data reported as of Feb 14, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$7,068,353.62</b>	<b>\$7,164,335.10</b>	<b>\$7,068,353.62</b>	<b>\$6,785,535.5</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,746.47	\$5,746.47	\$5,746.47	\$5,823.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$100,878.34	\$100,878.34	\$100,878.34	\$99,356.7
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.13	\$536.13	\$536.13	\$536.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,976,119.53	\$5,017,827.23	\$4,976,119.53	\$4,694,417.8
<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	\$120,580.10	\$126,394.42	\$120,580.10	\$101,451.3
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$59,315.81	\$79,563.98	\$59,315.81	\$73,855.5
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$56,446.90	\$63,610.51	\$56,446.90	\$70,306.2
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$35,028.44	\$35,233.43	\$35,028.44	\$38,559.1
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$124,093.62	\$143,043.99	\$124,093.62	\$100,870.8
<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	\$237,140.74	\$237,140.74	\$237,140.74	\$224,742.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$66,823.70 ✓	\$68,716.02	\$66,823.70	\$66,823.7
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$41,938.85 ✓	\$41,938.85	\$41,938.85	\$41,877.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$133,706.62	\$133,706.62	\$133,706.62	\$156,915.8

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscany Transfer  
 Prosperity Accounts  
 2/14/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		63,595.55 ✓	63,495.55 ✓	133,606.62 ✓			133,706.62 ✓	129,080.68
						Bank Balance Variance	133,706.62	
						Leave in Balance	100.00	
						AMERIGROUP YR 4 ADJ 1	4,525.94 ✓	

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.

Adjust Balance Transfer Amt 129,080.68  
 Approved:   
 ANTHONY RICHARDSON, CFO 2/14/2022

APPROVED ON

FEB 14 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	QIPP TI	
2/7/2022 Deposit	-	26,597.47						26,597.47
2/7/2022 HNB - ECHO HCCLAIMPMT 746003411 440000279897	-	2,151.32						2,151.32
2/7/2022 HNB - ECHO HCCLAIMPMT 746003411 440000280141	-	1,818.09						1,818.09
2/8/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000160	-	10,205.64						10,205.64
2/9/2022 WIRE OUT LINBAR ENTERPRISES, LLC	33,933.40	-						-
2/10/2022 Deposit	-	86,481.16						86,481.16
2/11/2022 ck1091	29,562.15	-						-
2/11/2022 KS PLAN ADMINIST HCCLAIMPMT 179 111000029538	-	755.70						755.70
2/11/2022 AMERIGROUP CORPO E-PAYMENT EE52309315 111000	-	5,597.24	3,454.64	496.83	561.79	1,083.98	4,525.94	1,071.30
	63,495.55	133,606.62	3,454.64	496.83	561.79	1,083.98	4,525.94	129,080.68

# Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type





DDA

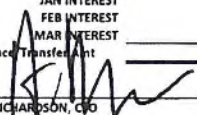
Data reported as of Feb 14, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
<b>Number of Accounts: 15</b>	<b>\$7,068,353.62</b>	<b>\$7,164,335.10</b>	<b>\$7,068,353.62</b>	<b>\$6,785,535.5</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,746.47	\$5,746.47	\$5,746.47	\$5,823.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$100,878.34	\$100,878.34	\$100,878.34	\$99,356.7
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.13	\$536.13	\$536.13	\$536.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,976,119.53	\$5,017,827.23	\$4,976,119.53	\$4,694,417.8
<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	\$120,580.10	\$126,394.42	\$120,580.10	\$101,451.3
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$59,315.81	\$79,563.98	\$59,315.81	\$73,855.5
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$56,446.90	\$63,610.51	\$56,446.90	\$70,306.2
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$35,028.44	\$35,233.43	\$35,028.44	\$38,559.1
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$124,093.62	\$143,043.99	\$124,093.62	\$100,870.8
<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	\$237,140.74	\$237,140.74	\$237,140.74	\$224,742.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$66,823.70	\$68,716.02	\$66,823.70	\$66,823.7
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$41,938.85	\$41,938.85	\$41,938.85	\$41,877.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$133,706.62	\$133,706.62	\$133,706.62	\$156,915.8



Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSLTransfer  
 Prosperity Accounts  
 2/14/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		279,706.02	279,580.33	237,015.05			237,140.74	237,015.05
						Bank Balance	237,140.74	
						Variance		
						Leave in Balance	100.00	

JAN INTEREST 25.69 ✓  
 FEB INTEREST  
 MAR INTEREST  
 Adjust Balance Transfer Amt 237,015.05 ✓  
 Approved:   
 ANTHONY RICHARDSON, CFO 2/14/2022

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 14 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**Bethany Senior Living**

**MMC PORTION**

	<u>Transfer-Out</u>	<u>Transfer-In</u>	QIPP/Comp4				NH PORTION	
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	&Lapse	QIPP TI	
2/7/2022 Deposit	-	14,552.50					-	14,552.50
2/7/2022 Deposit	-	33,908.29					-	33,908.29
2/7/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	5,175.76					-	5,175.76
2/8/2022 Deposit	-	492.00					-	492.00
2/9/2022 WIRE OUT BETHANY SENIOR LIVING, LTD	279,580.33	-					-	-
2/9/2022 Deposit	-	6,860.00					-	6,860.00
2/9/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	3,422.88					-	3,422.88
2/10/2022 Deposit	-	147,353.40					-	147,353.40
2/10/2022 Deposit	-	97.50					-	97.50
2/10/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	12,754.30					-	12,754.30
2/11/2022 Deposit	-	6,531.72					-	6,531.72
2/11/2022 Deposit	-	3,070.81					-	3,070.81
2/11/2022 HOSPICE OF SOUTH Payments NF 113122650015838	-	874.08					-	874.08
2/11/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	1,921.81					-	1,921.81
	<b>279,580.33</b>	<b>237,015.05</b>	-	-	-	-	-	<b>237,015.05</b>



# Quick View

Select Quick View Accounts  
Account Number / Name

Account Type

Select Group  
Groups

DDA Data reported as of Feb 14, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$7,068,353.62</b>	<b>\$7,164,335.10</b>	<b>\$7,068,353.62</b>	<b>\$6,785,535.5</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,746.47	\$5,746.47	\$5,746.47	\$5,823.9
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$100,878.34	\$100,878.34	\$100,878.34	\$99,356.7
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.13	\$536.13	\$536.13	\$536.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,976,119.53	\$5,017,827.23	\$4,976,119.53	\$4,694,417.8
<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	\$120,580.10	\$126,394.42	\$120,580.10	\$101,451.3
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$59,315.81	\$79,563.98	\$59,315.81	\$73,855.5
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$56,446.90	\$63,610.51	\$56,446.90	\$70,306.2
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$35,028.44	\$35,233.43	\$35,028.44	\$38,559.1
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$124,093.62	\$143,043.99	\$124,093.62	\$100,870.8
<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	\$237,140.74 ✓	\$237,140.74	\$237,140.74	\$224,742.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$66,823.70	\$68,716.02	\$66,823.70	\$66,823.7
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$41,938.85	\$41,938.85	\$41,938.85	\$41,877.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$133,706.62	\$133,706.62	\$133,706.62	\$156,915.8

MEMORIAL MEDICAL CENTER  
CHECK REQUEST - *Ashford*

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MEMORIAL MEDICAL CENTER

Date Requested: 2/14/22

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON  
FEB 14 2022

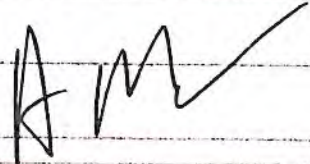
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
*ck# 001168*

AMOUNT \$9,106.26

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP YR 4 ADJ 1 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 



MEMORIAL MEDICAL CENTER

CHECK REQUEST - *Bna d MCV*

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MEMORIAL MEDICAL CENTER  
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Date Requested: 2/14/22

FOR ACCT. USE ONLY	
<input type="checkbox"/>	Imprest Cash
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APPROVED ON  
FEB 14 2022

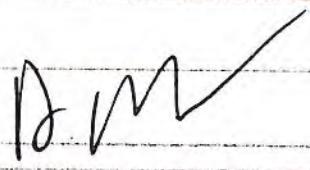
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
*ck # 000192*

AMOUNT \$3,802.31

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP YR 4 ADJ 1 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER  
CHECK REQUEST - *Crisant*

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MEMORIAL MEDICAL CENTER  
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Date Requested: 2/14/22

APPROVED ON

FEB 14 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
*CK #000 215*

FOR ACCT. USE ONLY

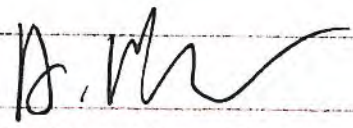
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT \$2,737.33

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP YR 4 ADJ 1 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 



MEMORIAL MEDICAL CENTER

CHECK REQUEST - *Full Bank*

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MEMORIAL MEDICAL CENTER

Date Requested: 2/14/22

APPROVED ON

FEB 14 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL#000173

FOR ACCT. USE ONLY

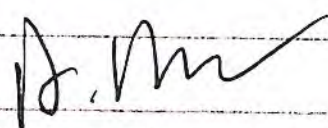
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT \$3,852.69

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP YR 4 ADJ 1 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER  
CHECK REQUEST - *S.M.W*

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Date Requested: 2/14/22

APPROVED ON  
FEB 14 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
*CK # 001215*

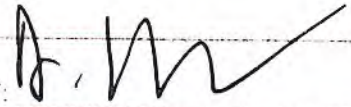
FOR ACCT. USE ONLY	
<input type="checkbox"/>	Imprest Cash
<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Mail Check to Vendor
<input type="checkbox"/>	Return Check to Dept

AMOUNT \$3,558.46

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP YR 4 ADJ 1 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 



MEMORIAL MEDICAL CENTER - *golden creek*  
CHECK REQUEST

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MEMORIAL MEDICAL CENTER  
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Date Requested: 2/14/22

APPROVED ON  
FEB 14 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
*ck # 000152*

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 \$36,273.20

G/L NUMBER: 10255040

EXPLANATION: SUPERIOR DEC QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER

CHECK REQUEST - Gulf Bank Plaza - PP

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MEMORIAL MEDICAL CENTER

Date Requested: 2/14/22

APPROVED ON

FEB 14 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 1071

G/L NUMBER: 10255040

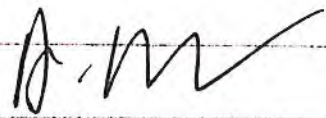
FOR ACCT. USE ONLY

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

AMOUNT \$16,014.48

EXPLANATION: SUPERIOR DEC QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 



MEMORIAL MEDICAL CENTER

CHECK REQUEST *Tuccany*

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MEMORIAL MEDICAL CENTER  
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Date Requested: 2/14/22

APPROVED ON  
FEB 14 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK # 1092

FOR ACCT. USE ONLY

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

AMOUNT \$4,525.94

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP YR 4 ADJ 1 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *A.M.*

RUN DATE:02/16/22  
TIME:10:25

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
02/16/22 THRU 02/16/22

PAGE 4  
GLCKREG

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

NHA 001168 02/16/22 9,106.26 MEMORIAL MEDICAL CENTER *Ashtford*  
TOTALS: 9,106.26

APPROVED ON

FEB 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



RUN DATE:02/16/22  
TIME:10:25

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
02/16/22 THRU 02/16/22

PAGE 5  
GLCKREG

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

NHB 000186 02/16/22 3,802.31 MEMORIAL MEDICAL CENTER *Broadman*  
TOTALS: 3,802.31

APPROVED ON

FEB 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RUN DATE:02/16/22  
TIME:10:25

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
02/16/22 THRU 02/16/22

PAGE 6  
GLCKREG

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

NHC 000215 02/16/22 2,737.33 MEMORIAL MEDICAL CENTER  
TOTALS: 2,737.33

*Crescent*

**APPROVED ON**

**FEB 16 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**



RUN DATE:02/16/22  
TIME:10:25

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
02/16/22 THRU 02/16/22

PAGE 7  
GLCKREG

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

NHF 000173 02/16/22 3,852.69 MEMORIAL MEDICAL CENTER *Fort Bend*  
TOTALS: 3,852.69

**APPROVED ON**

**FEB 16 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

RUN DATE:02/16/22  
TIME:10:25

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
02/16/22 THRU 02/16/22

PAGE 9  
GLCKREG

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

NHS 001215 02/16/22 3,558.46 MEMORIAL MEDICAL CENTER  
TOTALS: 3,558.46

*Gulen*

APPROVED ON

FEB 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RUN DATE:02/16/22  
TIME:11:44

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
02/16/22 THRU 02/16/22

PAGE 8  
GLCKREG

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

NHG 000152 02/16/22 36,273.20 MEMORIAL MEDICAL CENTER  
NHG \* 000153 02/16/22 15,990.00 SOLERA  
NHG 000155 02/16/22 5,749.32 GULF POINTE  
TOTALS: 58,012.52

*golden creek*

**APPROVED ON**

**FEB 16 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**



RUN DATE:02/16/22  
TIME:11:44

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
02/16/22 THRU 02/16/22

PAGE 3  
GLCKREG

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

GPP 001071 02/16/22 16,014.48 MEMORIAL MEDICAL CENTER  
GPP 001072 02/16/22 17,813.07 ASHFORD  
TOTALS: 33,827.55

*guif Ponte*

**APPROVED ON**

**FEB 16 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

RUN DATE:02/16/22  
TIME:10:25

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
02/16/22 THRU 02/16/22

PAGE 10  
GLCKREG

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

TUS 001092 02/16/22 4,525.94 MEMORIAL MEDICAL CENTER  
TOTALS: 4,525.94

*Tuscany*

APPROVED ON

FEB 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

NH ASHFORD  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001168

Date 2/16/2022 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 9,106.26

Nine thousand one hundred six & 26/100

DOLLARS



County Auditor

FOR Amerigroup YR 4 ADJ 1

County Treasurer  
Security features are included. Details on back.

⑈001168⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000186

Date 2/16/22 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 3,802.31

Three thousand Eight hundred two & 31/100

DOLLARS



County Auditor

FOR Amerigroup YR 4 ADJ 1

County Treasurer  
Security features are included. Details on back.

⑈000186⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000215

Date 2/16/22 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 2,737.33

Two thousand seven hundred thirty seven & 33/100

DOLLARS



County Auditor

FOR Amerigroup YR 4 ADJ 1

County Treasurer  
Security features are included. Details on back.

⑈000215⑈ ⑆113122655⑆



MEMORIAL MEDICAL CENTER

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

000173

Date 2/16/22

88-2265/1131

PAY  
TO THE  
ORDER OF

Memorial Medical center

\$ 3852.69

Three thousand Eight hundred fifty two & 69/100

DOLLARS



County Auditor

FOR Amerigroup YR 4 ADJ 1

County Treasurer  
Security features are included. Details on back.

⑈000173⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001215

Date 2/16/22

88-2265/1131

PAY  
TO THE  
ORDER OF

Memorial Medical center

\$ 3558.46

Three thousand Five hundred fifty eight & 46/100

DOLLARS



County Auditor

FOR Amerigroup YR 4 ADJ 1

County Treasurer  
Security features are included. Details on back.

⑈001215⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000152

Date 2/16/22

88-2265/1131

PAY  
TO THE  
ORDER OF

Memorial Medical center

\$ 36,273.20

Thirty six thousand two hundred seventy three & 20/100

DOLLARS



County Auditor

FOR Superior Dec Wipp

County Treasurer  
Security features are included. Details on back.

⑈000152⑈ ⑆113122655⑆



MEMORIAL MEDICAL CENTER  
NH GULF POINTE - PRIVATE PAY

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

1071

88-2265/1131-87

DATE 2/16/22



PAY TO THE ORDER OF Memorial Medical Center

\$ 16,014.48

Sixteen thousand fourteen & 48/100

DOLLARS



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

FOR Superior Dec Gipp

County Auditor

County Treasurer

⑈001071⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020  
NH TUSCANY VILLAGE

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

1092

88-2265/1131-87

DATE 2/16/22



PAY TO THE ORDER OF Memorial Medical Center

\$ 4,525.94

Four thousand five hundred twenty five & 94/100

DOLLARS



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

FOR Amenigrap yr 4 Adj 1

County Auditor

County Treasurer

⑈001092⑈ ⑆113122655⑆

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

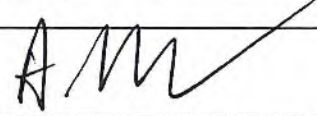
2/16/2022

NH Name	From Bank Acct #	Ck #	Payee	GL #	AMERIGROUP YR 4 ADJ 1	SUPERIOR DEC QIPP	TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	9,106.26		9,106.26	2/16/2022
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	3,802.31		3,802.31	2/16/2022
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	2,737.33		2,737.33	2/16/2022
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	3,852.69		3,852.69	2/16/2022
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	3,558.46		3,558.46	2/16/2022
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040		36,273.20	36,273.20	2/16/2022
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040		16,014.48	16,014.48	2/16/2022
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001				-	2/16/2022
Bethany			MMC -Prosperity Operating #10000001				-	2/16/2022
Tuscany			MMC -Prosperity Operating #10000001	10255040	4,525.94		4,525.94	2/16/2022
			<b>Total:</b>		<b>27,582.99</b>	<b>52,287.68</b>	<b>79,870.67</b>	

Note:

Approved:

Anthony Richardson



2/14/2022