

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 02, 2022

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,736,709.11
TOTAL TRANSFERS BETWEEN FUNDS	\$ 330,391.15
TOTAL NURSING HOME UPL EXPENSES	\$ 2,224,100.15
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED March 02, 2022	\$ 4,291,200.41

APPROVED

MAR 02 2022

**CALIFORNIA COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 02, 2022

PAYABLES AND PAYROLL

2/24/2022 Weekly Payables	1,066,448.61
2/24/2022 Itersource Corporation-ACD License	4,237.50
2/24/2022 Jeannie Orta-banking error	200.00
2/22/2022 Allyson Swope-contract worker	3,984.75
2/22/2022 Pablo Garza-contract worker	2,461.88
2/22/2022 Dearborn Life Insurance Company-insurance	3,880.01
2/22/2022 Blue Cross Blue Shield-Insurance	232,754.32
2/28/2022 McKesson-340B Prescription Expense	6,228.28
2/28/2022 McKesson-340B Prescription Expense	8,165.10
2/28/2022 Amerisource Bergen-340B Prescription Expense	414.26
2/28/2022 Amerisource Bergen-340B Prescription Expense	918.60
2/28/2022 Payroll Liabilities -Payroll Taxes	97,995.41
2/28/2022 Payroll	306,976.44

Prosperity Electronic Bank Payments

2/15/2022 Credit Card & Lease Fees	192.13
2/14-2/25/22 Pay Plus-Patient Claims Processing Fee	1,237.62
2/18/2022 ExpertPay- child support	614.20

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ 1,736,709.11

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

2/25/2022 MMC Operating to Ashford-correction of NH insurance and QIPP payment deposited into MMC Operating	4,780.82
2/25/2022 MMC Operating to Solera-correction of NH QIPP payment deposited into MMC Operating in error	1,853.46
2/25/2022 MMC Operating to Fort bend-correction on NH insurance and QIPP payment deposited into MMC Operating	6,452.33
2/25/2022 MMC Operating to Broadmoor-correction of NH QIPP payment deposited into MMC Operating	2,034.14
2/25/2022 MMC Operating to Crescent-correction of NH insurance and QIPP payment deposited into MMC Operating in error	10,764.63
2/25/2022 MMC Operating to Golden Creek-correction of NH insurance and QIPP payment deposited into MMC Operating in error	51,130.97
2/25/2022 MMC Operating to Gulf Pointe Plaza -correction of NH insurance and QIPP payment deposited into MMC Operating	33,595.60
2/25/2022 MMC Operating to Tuscany Village-correction of NH insurance and QIPP payment deposited into MMC Operating	55,537.87
2/25/2022 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	91,762.67
2/25/2022 Tuscany to Bethany-correction of NH insurance payment deposited into Tuscany in error	1,855.00
2/25/2022 Solera to MMC Operating-correction of NH insurance payment that was corrected over the amount that was deposited	100.56

MEDICARE ADVANCE PAYMENT RECOUP

2/28/2022 Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	6,160.80
2/28/2022 Broadmoor to Tuscany Village-correction of Broadmoor medical recoup taken from Tuscany Village	10,780.10
2/28/2022 Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	6,160.80
2/28/2022 Crescent to Tuscany Village-correction of Crecent medicare recoup taken from Tuscany Village	10,780.10
2/28/2022 Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	6,160.80
2/28/2022 Solera to Tuscany Village-correction of Solera medicare recoup taken from Tuscany Village	10,780.10
2/28/2022 Tuscany to Golden Creek-correction of Tuscany medicare recoup taken from Golden Creek	5,988.11

TRANSFER OF FUNDS BETWEEN NURSING HOMES

2/28/2022 Gulf Pointe Plaza-PP-correction of Ashford insurance payment deposited into Gulf Pointe Plaza-PP in error	13,712.29
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TOTAL TRANSFERS BETWEEN FUNDS \$ 330,391.15

NURSING HOME UPL EXPENSES

2/28/2022 Nursing Home UPL-Cantex Transfer	1,109,130.40
2/28/2022 Nursing Home UPL-Nexion Transfer	224,501.72
2/28/2022 Nursing Home UPL-HMG Transfer	265,249.84
2/28/2022 Nursing Home UPL-Tuscany Transfer	162,482.13
2/28/2022 Nursing Home UPL-HSL Transfer	297,481.66

QIPP CHECKS TO MMC

2/28/2022 Ashford	46,618.71
2/28/2022 Broadmoor	21,914.54
2/28/2022 Crescent	15,529.01
2/28/2022 Fort Bend	21,404.53
2/28/2022 Solera	20,775.15
2/28/2022 Golden Creek	9,688.65
2/28/2022 Gulf Pointe	5,602.10
2/28/2022 Tuscany	23,721.71

TOTAL NURSING HOME UPL EXPENSES \$ **2,224,100.15**

TOTAL INTER-GOVERNMENT TRANSFERS \$ -

GRAND TOTAL DISBURSEMENTS APPROVED March 02, 2022 \$ **4,291,200.41**

RECEIVED BY THE COUNTY AUDITOR ON

FEB 24 2022

16:28

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 03/16/2022

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10995	ABILITY NETWORK (SHIFTHOUND) ✓			22M0016590 ✓		02/10/20	02/03/20	03/05/20		647.28	0.00	0.00	647.28 ✓
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				10995	ABILITY NETWORK (SHIFTHOUND)					647.28	0.00	0.00	647.28

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
R1200	ADT COMMERCIAL ✓			143993957 ✓		02/24/20	02/02/20	02/27/20		49.18	0.00	0.00	49.18 ✓
				FIRE MONITORING									
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				R1200	ADT COMMERCIAL					49.18	0.00	0.00	49.18

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11464	ADVANCES BY TED LLC ✓			tncc022522 ✓		02/21/20	02/25/20	02/25/20		1,200.00	0.00	0.00	1,200.00 ✓
				TNCC BOOK									
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				11464	ADVANCES BY TED LLC					1,200.00	0.00	0.00	1,200.00

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	M		9122094526 ✓		02/21/20	01/27/20	02/21/20		239.85	0.00	0.00	239.85 ✓
				OXYGEN									
				9986063887 ✓		02/21/20	01/31/20	02/25/20		760.46	0.00	0.00	760.46 ✓
				AIR									
				9986067018 ✓		02/21/20	01/31/20	02/25/20		518.79	0.00	0.00	518.79 ✓
				CYLINDER									
				9986067020 ✓		02/24/20	01/31/20	02/25/20		226.76	0.00	0.00	226.76 ✓
				RENTAL									
				9122146555 ✓		02/24/20	01/31/20	02/25/20		2,316.23	0.00	0.00	2,316.23 ✓
				RENTAL									
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				A1680	AIRGAS USA, LLC - CENTRAL DIV					4,062.09	0.00	0.00	4,062.09

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14028	AMAZON CAPITAL SERVICES ✓			1RF66JCRCTGJ ✓		02/09/20	02/07/20	03/07/20		55.80	0.00	0.00	55.80 ✓
				SUPPLIES- ER									
				13H49RP46X44 ✓		02/23/20	01/24/20	02/23/20		159.80	0.00	0.00	159.80 ✓
				SUPPLIES									
				1DDLWPGHR9VK ✓		02/24/20	02/04/20	03/06/20		240.92	0.00	0.00	240.92 ✓
				SUPPLIES									
				1A1WDFAVK4F6X4B ✓		02/24/20	02/08/20	03/10/20		370.00	0.00	0.00	370.00 ✓
				SUPPLIES									
				144MVVWHFM33 ✓		02/24/20	02/10/20	03/12/20		137.98	0.00	0.00	137.98 ✓

18MTURF61R7N

SPACE HEATER												
144M	VVWHJ9WJ ✓	02/24/20	02/10/20	03/12/20			68.99	0.00	0.00	68.99 ✓		
HEATER												
1L3M	MWKG9C73T ✓	02/24/20	02/10/20	03/12/20			137.98	0.00	0.00	137.98 ✓		
SPACE HEATERS												
1H4N1	QXF9YLG ✓	02/24/20	02/10/20	03/12/20			137.98	0.00	0.00	137.98 ✓		
HEATERS												
1MQ7D	QW9CX4X ✓	02/24/20	02/10/20	03/12/20			137.98	0.00	0.00	137.98 ✓		
SPACE HEATER												
1JYQLR	J6L39G ✓	02/24/20	02/10/20	03/12/20			68.99	0.00	0.00	68.99 ✓		
HEATER												
133YM	MGXJTKNM ✓	02/24/20	02/12/20	03/14/20			37.58	0.00	0.00	37.58 ✓		
OFFICE SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							14028	AMAZON CAPITAL SERVICES	1,554.00	0.00	0.00	1,554.00
Vendor#	Vendor Name				Class	Pay Code						
11632	AMERICAN CONSTRUCTION ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
1684 ✓		02/16/20	02/07/20	02/08/20			750.00	0.00	0.00	750.00 ✓		
REPLACE DOORS												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11632	AMERICAN CONSTRUCTION	750.00	0.00	0.00	750.00
Vendor#	Vendor Name				Class	Pay Code						
12828	AMERICAN PRECISION MEDICAL GAS											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
242563 ✓		02/21/20	01/12/20	02/12/20			2,458.75	0.00	0.00	2,458.75 ✓		
GAS ALARM WORK												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12828	AMERICAN PRECISION MEDICAL GAS	2,458.75	0.00	0.00	2,458.75
Vendor#	Vendor Name				Class	Pay Code						
A1360	AMERISOURCEBERGEN DRUG CORP ✓				W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
803181383 ✓		02/21/20	10/15/20	10/21/20			413.18	0.00	0.00	413.18 ✓		
INVENTORY												
803296800 ✓		02/21/20	12/31/20	01/06/20			514.66	0.00	0.00	514.66 ✓		
INVENTORY												
3083690795 ✓		02/23/20	02/17/20	02/23/20			206.67	0.00	0.00	206.67 ✓		
SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							A1360	AMERISOURCEBERGEN DRUG CORP	1,134.51	0.00	0.00	1,134.51
Vendor#	Vendor Name				Class	Pay Code						
A0400	AUREUS RADIOLOGY LLC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
2470820 ✓		02/10/20	02/07/20	03/09/20			2,680.00	0.00	0.00	2,680.00 ✓		
2471005 ✓	LAB STAFFING (1/21-1/27/2022) Stibley	02/10/20	02/07/20	03/09/20			2,730.25	0.00	0.00	2,730.25 ✓		
2470925 ✓	LAB STAFFING (1/24-1/27/2022) Hawkins	02/10/20	02/07/20	03/09/20			2,725.50	0.00	0.00	2,725.50 ✓		
2480167 ✓	LAB STAFFING (1/21-1/27/2022) Simonich	02/21/20	02/14/20	03/16/20			2,378.50	0.00	0.00	2,378.50 ✓		
LAB STAFFING (1/20-1/30/2022) Hawkins												

2480114	✓		02/21/20	02/14/20	03/16/20		983.25	0.00	0.00	983.25	✓	
		LAB STAFFING	(1/20-2/3/2022) Simonich									
2480011	✓		02/21/20	02/14/20	03/16/20		2,495.75	0.00	0.00	2,495.75	✓	
		LAB STAFFING	(1/28-2/2/2022) Stibky									
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							A0400	AUREUS RADIOLOGY LLC	13,993.25	0.00	0.00	13,993.25
Vendor#	Vendor Name		Class		Pay Code							
13516	AVANTE HEALTH SOULTIONS											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
AR0144269	✓		02/16/20	02/07/20	02/07/20		237.00	0.00	0.00	237.00	✓	
							SUPPLIES					
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							13516	AVANTE HEALTH SOULTIONS	237.00	0.00	0.00	237.00
Vendor#	Vendor Name		Class		Pay Code							
B0436	BARD ACCESS											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
21547905	✓		01/18/20	10/04/20	03/05/20		-31.50	0.00	0.00	-31.50	✓	
							CREDIT					
46573595	✓		02/15/20	01/28/20	02/15/20		150.00	0.00	0.00	150.00	✓	
							SUPPLIES					
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							B0436	BARD ACCESS	118.50	0.00	0.00	118.50
Vendor#	Vendor Name		Class		Pay Code							
B1150	BAXTER HEALTHCARE		W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
73671862	✓		02/15/20	01/24/20	02/18/20		118.32	0.00	0.00	118.32	✓	
							SUPPLIES					
73697390	✓		02/15/20	01/26/20	02/20/20		140.31	0.00	0.00	140.31	✓	
							SUPPLIES					
7380815	✓		02/15/20	02/03/20	02/28/20		20.96	0.00	0.00	20.96	✓	
							SUPPLIES					
73835713	✓		02/15/20	02/03/20	02/28/20		604.83	0.00	0.00	604.83	✓	
							SUPPLIES					
73803913	✓		02/15/20	02/03/20	02/28/20		269.10	0.00	0.00	269.10	✓	
							SUPPLIES					
73840734	✓		02/15/20	02/04/20	03/01/20		140.31	0.00	0.00	140.31	✓	
							SUPPLIES					
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							B1150	BAXTER HEALTHCARE	1,293.83	0.00	0.00	1,293.83
Vendor#	Vendor Name		Class		Pay Code							
B1220	BECKMAN COULTER INC		M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
109676714	✓		02/10/20	02/08/20	03/05/20		1,847.55	0.00	0.00	1,847.55	✓	
							SUPPLIES					
109677875	✓		02/10/20	02/08/20	03/05/20		437.20	0.00	0.00	437.20	✓	
							SUPPLIES					
109677847	✓		02/10/20	02/08/20	03/05/20		690.51	0.00	0.00	690.51	✓	
							SUPPLIES					
109677018	✓		02/10/20	02/08/20	03/05/20		239.60	0.00	0.00	239.60	✓	
							SUPPLIES					
109693627	✓		02/16/20	01/31/20	02/25/20		5,165.37	0.00	0.00	5,165.37	✓	

		SUPPLIES										
109675895	✓		02/16/20	02/07/20	03/04/20		6,877.77	0.00	0.00	6,877.77 ✓		
		SUPPLIES										
109674953	✓		02/16/20	02/07/20	03/04/20		233.85	0.00	0.00	233.85 ✓		
		SUPPLIES										
109675735	✓		02/16/20	02/07/20	03/04/20		786.48	0.00	0.00	786.48 ✓		
		SUPPLIES										
109671223	✓		02/16/20	02/07/20	03/04/20		82.48	0.00	0.00	82.48 ✓		
		SUPPLIES										
109690097	✓		02/16/20	02/10/20	03/07/20		428.48	0.00	0.00	428.48 ✓		
		SUPPLIES										
109688199	✓		02/16/20	02/10/20	03/07/20		202.84	0.00	0.00	202.84 ✓		
		SUPPLIES										
109692002	✓		02/16/20	02/11/20	03/08/20		856.96	0.00	0.00	856.96 ✓		
		SUPPLIES										
5453445	✓		02/16/20	02/13/20	03/10/20		5,016.58	0.00	0.00	5,016.58 ✓		
		SUPPLIES										
109696093	✓		02/21/20	02/14/20	03/11/20		2,998.91	0.00	0.00	2,998.91 ✓		
		SUPPLIES										
109700238	✓		02/21/20	02/15/20	03/12/20		1,288.45	0.00	0.00	1,288.45 ✓		
		LEASE AND RENTAL										
109700152	✓		02/21/20	02/15/20	03/12/20		75.60	0.00	0.00	75.60 ✓		
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							B1220	BECKMAN COULTER INC	27,228.63	0.00	0.00	27,228.63
Vendor#	Vendor Name					Class	Pay Code					
B1320	BEEKLEY CORPORATION ✓					M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
INV1503034	✓	02/15/20	02/03/20	02/18/20			327.45	0.00	0.00	327.45 ✓		
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							B1320	BEEKLEY CORPORATION	327.45	0.00	0.00	327.45
Vendor#	Vendor Name					Class	Pay Code					
14272	BESTICA ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
MMM005	✓	02/09/20	02/05/20	03/05/20			21,307.38	0.00	0.00	21,307.38 ✓		
		NURSE STAFFING (1/11 - 1/31/2022) black										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							14272	BESTICA	21,307.38	0.00	0.00	21,307.38
Vendor#	Vendor Name					Class	Pay Code					
14753	BIOMERIEUX, INC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
1212730356	✓	02/16/20	02/01/20	02/16/20			4,210.89	0.00	0.00	4,210.89 ✓		
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							14753	BIOMERIEUX, INC	4,210.89	0.00	0.00	4,210.89
Vendor#	Vendor Name					Class	Pay Code					
B1650	BOSART LOCK & KEY INC ✓					M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
123620	✓	02/09/20	02/03/20	03/05/20			22.80	0.00	0.00	22.80 ✓		
		KEYS										

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		B1650	BOSART LOCK & KEY INC		22.80	0.00	0.00	22.80	
Vendor#	Vendor Name		Class	Pay Code					
B1655	BOSTON SCIENTIFIC CORPORATION ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
983261202 ✓		02/18/20	02/09/20	03/09/20		1,103.00	0.00	0.00	1,103.00 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		B1655	BOSTON SCIENTIFIC CORPORATION		1,103.00	0.00	0.00	1,103.00	
Vendor#	Vendor Name		Class	Pay Code					
13216	BRIANNA PASSMORE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
072721 ✓		02/16/20	02/05/20	02/05/20		9.66	0.00	0.00	9.66 ✓
	TRAVEL	Blood draw (7/27/21-9/8/21)							
010522 ✓		02/16/20	02/05/20	02/05/20		10.47	0.00	0.00	10.47 ✓
	TRAVEL	Blood draw (1/5-1/27/21)							
120121 ✓		02/16/20	02/05/20	02/05/20		11.04	0.00	0.00	11.04 ✓
	TRAVEL	Blood draw (12/1-12/21/21)							
090821 ✓		02/24/20	09/08/20	02/24/20		11.04	0.00	0.00	11.04 ✓
	TRAVEL BLOOD DRAWS	(9/22-11/17/21)							
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		13216	BRIANNA PASSMORE		42.21	0.00	0.00	42.21	
Vendor#	Vendor Name		Class	Pay Code					
11224	CABLES AND SENSORS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6192 ✓		01/12/20	01/07/20	03/05/20		-150.00	0.00	0.00	-150.00 ✓
	CREDIT								
6191		01/12/20	01/07/20	03/05/20		-115.00	0.00	0.00	-115.00 ✓
	CREDIT								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11224	CABLES AND SENSORS		-265.00	0.00	0.00	-265.00	
Vendor#	Vendor Name		Class	Pay Code					
13992	CARIANT HEALTH PARTNERS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
132654 ✓		02/24/20	02/16/20			787.50	0.00	0.00	787.50 ✓
	TRAVEL NURSE STAFFING	2/16/22 Fox bus							
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		13992	CARIANT HEALTH PARTNERS		787.50	0.00	0.00	787.50	
Vendor#	Vendor Name		Class	Pay Code					
C1390	CENTRAL DRUG ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
012422		02/21/20	01/31/20	03/02/20		19.40	0.00	0.00	19.40 ✓
	INVENTORY								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		C1390	CENTRAL DRUG		19.40	0.00	0.00	19.40	
Vendor#	Vendor Name		Class	Pay Code					
13264	CERVEY, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
14668 ✓		02/21/20	02/15/20	03/12/20		1,699.00	0.00	0.00	1,699.00 ✓
	MNTLY LICENSING FEE								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	

	13264	CERVEY, LLC				1,699.00	0.00	0.00	1,699.00
Vendor#	Vendor Name		Class	Pay Code					
11720	CLINICAL COMPUTER SYSTEMS INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
OBMN00000384 ✓		02/21/20	12/24/20	12/24/20		5,775.00	0.00	0.00	5,775.00 ✓
	OBIX QTRLY (7/1 - 9/30/21)								
OBMN00000385 ✓		02/21/20	12/24/20	12/24/20		5,775.00	0.00	0.00	5,775.00 ✓
	OBIX QTRLY (10/1 - 12/31/21)								
OBMN00000386 ✓		02/21/20	12/24/20	01/01/20		5,775.00	0.00	0.00	5,775.00 ✓
	OBIX QTRLY (1/1 - 3/31/22)								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11720	CLINICAL COMPUTER SYSTEMS INC				17,325.00	0.00	0.00	17,325.00
Vendor#	Vendor Name		Class	Pay Code					
11029	COASTAL REFRIGERATION ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021422 ✓		02/21/20	02/14/20	02/14/20		3,250.00	0.00	0.00	3,250.00 ✓
	REPLACE COMPRESSOR								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11029	COASTAL REFRIGERATION				3,250.00	0.00	0.00	3,250.00
Vendor#	Vendor Name		Class	Pay Code					
14080	CORROHEALTH, INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
710610 ✓		02/21/20	02/03/20	03/05/20		2,681.55	0.00	0.00	2,681.55 ✓
	HIM SERVICES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	14080	CORROHEALTH, INC.				2,681.55	0.00	0.00	2,681.55
Vendor#	Vendor Name		Class	Pay Code					
10006	CUSTOM MEDICAL SPECIALTIES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
291222 ✓		02/18/20	02/14/20	03/14/20		349.13	0.00	0.00	349.13 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES				349.13	0.00	0.00	349.13
Vendor#	Vendor Name		Class	Pay Code					
11368	CYRACOM LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1458333 ✓		02/15/20	01/31/20	03/02/20		405.57	0.00	0.00	405.57 ✓
	INTERPRETATION SERVICES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC				405.57	0.00	0.00	405.57
Vendor#	Vendor Name		Class	Pay Code					
10368	DEWITT POTHS & SON ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6714500 ✓		02/09/20	02/07/20	03/04/20		17.60	0.00	0.00	17.60 ✓
	SUPPLIES								
6714530 ✓		02/09/20	02/07/20	03/04/20		12.93	0.00	0.00	12.93 ✓
	SUPPLIES SURGERY								
6714670 ✓		02/09/20	02/07/20	03/04/20		166.96	0.00	0.00	166.96 ✓
	SUPPLIES								
6725960 ✓		02/23/20	02/17/20	03/14/20		8.21	0.00	0.00	8.21 ✓
	SUPPLIES								

6725820	✓		02/23/20	02/17/20	03/14/20		18.63	0.00	0.00	18.63	✓	
		SUPPLIES										
6726530	✓		02/23/20	02/17/20	03/14/20		478.86	0.00	0.00	478.86	✓	
		OFFICE SUPPLIES										
6725930	✓		02/23/20	02/17/20	03/14/20		139.22	0.00	0.00	139.22	✓	
		OFFICE SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				842.41	0.00	0.00	842.41		
Vendor#	Vendor Name		Class		Pay Code							
11011	DIAMOND HEALTHCARE CORP											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
IN20055159	✓	02/21/20	02/01/20	02/26/20			31,144.58	0.00	0.00	31,144.58	✓	
		BEH HEALTH SVS										
IN20055160	✓	02/21/20	02/01/20	02/26/20			19,166.67	0.00	0.00	19,166.67	✓	
		CARDIAC REHAB SVS										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11011	DIAMOND HEALTHCARE CORP				50,311.25	0.00	0.00	50,311.25		
Vendor#	Vendor Name		Class		Pay Code							
10789	DISCOVERY MEDICAL NETWORK INC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
MMC021522	✓	02/23/20	02/15/20	02/16/20			179,796.40	0.00	0.00	179,796.40	✓	
		PRO FEES CLINIC (211-215122)										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10789	DISCOVERY MEDICAL NETWORK INC				179,796.40	0.00	0.00	179,796.40		
Vendor#	Vendor Name		Class		Pay Code							
11291	DOWELL PEST CONTROL											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
7190	✓	02/23/20	01/08/20	02/02/20		505.00	1,175.00	0.00	0.00	1,175.00	505.00	
		PEST CONTROL										
7470	✓	02/23/20	01/25/20	02/19/20		60.00	1,175.00	0.00	0.00	1,175.00	60.00	
		PEST CONTROL										
7499	✓	02/23/20	01/26/20	02/20/20		105.00	1,175.00	0.00	0.00	1,175.00	105.00	
		PEST CONTROL										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11291	DOWELL PEST CONTROL			670.00	3,525.00	0.00	0.00	3,525.00	670.00	
Vendor#	Vendor Name		Class		Pay Code							
11284	EMERGENCY STAFFING SOLUTIONS											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
40956	✓	02/15/20	02/15/20	02/25/20			40,062.50	0.00	0.00	40,062.50	✓	
		ER PHYSICIANS (1-15th)										
40967	✓	02/21/20	12/31/20	01/10/20			24,750.00	0.00	0.00	24,750.00	✓	
		QUATERLY SHORTFALL										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11284	EMERGENCY STAFFING SOLUTIONS				64,812.50	0.00	0.00	64,812.50		
Vendor#	Vendor Name		Class		Pay Code							
10042	ERBE USA INC SURGICAL SYSTEMS											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
732202	✓	02/16/20	02/10/20	02/16/20			139.50	0.00	0.00	139.50	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10042	ERBE USA INC SURGICAL SYSTEMS				139.50	0.00	0.00	139.50		

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
C2510	EVIDENT ✓	M											
	994968 ✓				AP CHECKS	02/15/20	01/31/20	02/25/20		1,047.48	0.00	0.00	1,047.48 ✓
	994967 ✓				PAYROLL CHECKS	02/15/20	01/31/20	02/25/20		446.27	0.00	0.00	446.27 ✓
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		C2510	EVIDENT							1,493.75	0.00	0.00	1,493.75
F1100	FEDERAL EXPRESS CORP. ✓	W											
	765635009 ✓					02/24/20	02/10/20	03/07/20		14.86	0.00	0.00	14.86 ✓
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.							14.86	0.00	0.00	14.86
10788	FIRETROL PROTECTION SYSTEMS ✓												
	1000363228 ✓				CREDIT	02/21/20	01/01/20	01/11/20		-388.08	0.00	0.00	-388.08 ✓
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		10788	FIRETROL PROTECTION SYSTEMS							-388.08	0.00	0.00	-388.08 ✓
14092	FIRST CONNECT CENTER LLC												
	3862 ✓					02/16/20	02/04/20	03/06/20		4,468.75	0.00	0.00	4,468.75 ✓
	3861 ✓				<i>Nurse Staffing 1/25-1/30/22 Burnham</i>	02/16/20	02/05/20	03/07/20		4,593.75	0.00	0.00	4,593.75 ✓
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		14092	FIRST CONNECT CENTER LLC ✓							9,062.50	0.00	0.00	9,062.50
F1400	FISHER HEALTHCARE ✓	M											
	8764248 ✓				SUPPLIES	02/15/20	01/26/20	02/20/20		139.32	0.00	0.00	139.32 ✓
	8764247 ✓				SUPPLIES	02/15/20	01/26/20	02/20/20		78.63	0.00	0.00	78.63 ✓
	8821606 ✓				SUPPLIES	02/15/20	01/27/20	02/21/20		2,089.30	0.00	0.00	2,089.30 ✓
	8821605 ✓				SUPPLIES	02/15/20	01/27/20	02/21/20		68.00	0.00	0.00	68.00 ✓
	8877722 ✓				SUPPLIES	02/15/20	01/28/20	02/22/20		474.70	0.00	0.00	474.70 ✓
	8877721 ✓				SUPPLIES	02/15/20	01/28/20	02/22/20		354.78	0.00	0.00	354.78 ✓
	9064866 ✓				SUPPLIES	02/15/20	02/02/20	02/27/20		328.09	0.00	0.00	328.09 ✓
	9121232 ✓				SUPPLIES	02/15/20	02/03/20	02/28/20		192.04	0.00	0.00	192.04 ✓

9174485 ✓		02/15/20	02/04/20	03/01/20			72.12	0.00	0.00	72.12 ✓		
	SUPPLIES											
9279370 ✓		02/15/20	02/08/20	03/05/20			1,146.82	0.00	0.00	1,146.82 ✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE						4,943.80	0.00	0.00	4,943.80	
Vendor#	Vendor Name			Class	Pay Code							
11183	FRONTIER ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
022622		02/24/20	02/26/20	02/26/20			1,113.86	0.00	0.00	1,113.86 ✓		
	INTERNET											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER						1,113.86	0.00	0.00	1,113.86	
Vendor#	Vendor Name			Class	Pay Code							
13960	G & S MANAGEMENT GROUP LLC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
340384325 ✓		02/15/20	02/08/20	02/18/20			345.39	0.00	0.00	345.39 ✓		
	DISPOSAL SERVICE											
340384323 ✓		02/15/20	02/08/20	02/18/20			2,324.31	0.00	0.00	2,324.31 ✓		
	DISPOSAL SERVICE											
340384324 ✓		02/15/20	02/08/20	02/18/20			254.42	0.00	0.00	254.42 ✓		
	DISPOSAL SERVICE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	13960	G & S MANAGEMENT GROUP LLC						2,924.12	0.00	0.00	2,924.12	
Vendor#	Vendor Name			Class	Pay Code							
12404	GE PRECISION HEALTHCARE, LLC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
6002048708 ✓		02/09/20	02/01/20	03/03/20			572.33	0.00	0.00	572.33 ✓		
	IMAGING CONTRACT											
6002048781 ✓		02/10/20	02/01/20	03/03/20			86.67	0.00	0.00	86.67 ✓		
	IMAGING CONTR											
6002048979 ✓		02/10/20	02/01/20	03/03/20			868.16	0.00	0.00	868.16 ✓		
	IMAGING CONTRACT											
6002048782 ✓		02/10/20	02/01/20	03/03/20			61.67	0.00	0.00	61.67 ✓		
	IMAGING CONTR											
6002048707 ✓		02/10/20	02/01/20	03/03/20			680.00	0.00	0.00	680.00 ✓		
	IMAGING CONTR											
6002048780 ✓		02/10/20	02/01/20	03/03/20			3,588.58	0.00	0.00	3,588.58 ✓		
	IMAGING CONTRACT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC						5,857.41	0.00	0.00	5,857.41	
Vendor#	Vendor Name			Class	Pay Code							
10901	GENESIS DIAGNOSTICS ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
52823 ✓		02/15/20	02/07/20	03/09/20			225.39	0.00	0.00	225.39 ✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS						225.39	0.00	0.00	225.39	
Vendor#	Vendor Name			Class	Pay Code							
G1210	GULF COAST PAPER COMPANY ✓			M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		

2179330		02/15/20	02/01/20	03/03/20		734.09	0.00	0.00	734.09		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						G1210	GULF COAST PAPER COMPANY	734.09	0.00	0.00	734.09
Vendor#	Vendor Name				Class	Pay Code					
11784	HALF LEAGUE STORAGE										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
020122		02/21/20	02/01/20	02/01/20		360.00	0.00	0.00	360.00		
						RENT FEB-APR					
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11784	HALF LEAGUE STORAGE	360.00	0.00	0.00	360.00
Vendor#	Vendor Name				Class	Pay Code					
10804	HEALTHCARE CODING & CONSULTING										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
11979		02/16/20	01/31/20	03/02/20		816.25	0.00	0.00	816.25		
						CODING SERVICES					
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10804	HEALTHCARE CODING & CONSULTING	816.25	0.00	0.00	816.25
Vendor#	Vendor Name				Class	Pay Code					
14256	INFICARE HEALTH, INC.										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
MMC0124		02/16/20	01/20/20	02/04/20		3,224.00	0.00	0.00	3,224.00		
						<i>Version 1/16-1/20/22</i>					
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14256	INFICARE HEALTH, INC.	3,224.00	0.00	0.00	3,224.00
Vendor#	Vendor Name				Class	Pay Code					
11108	ITERSOURCE CORPORATION										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
711454		02/16/20	02/08/20	02/08/20		131.87	0.00	0.00	131.87		
						HARDWARE FOR IT					
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11108	ITERSOURCE CORPORATION	131.87	0.00	0.00	131.87
Vendor#	Vendor Name				Class	Pay Code					
J0150	J & J HEALTH CARE SYSTEMS, INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
928027701		02/15/20	01/31/20	03/02/20		727.09	0.00	0.00	727.09		
						SUPPLIES					
928042097		02/15/20	02/01/20	03/03/20		84.00	0.00	0.00	84.00		
						SUPPLIES					
928147237		02/16/20	02/09/20	03/11/20		1,645.92	0.00	0.00	1,645.92		
						SUPPLIES					
928167556		02/18/20	02/10/20	03/12/20		165.44	0.00	0.00	165.44		
						SUPPLIES					
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						J0150	J & J HEALTH CARE SYSTEMS, INC	2,622.45	0.00	0.00	2,622.45
Vendor#	Vendor Name				Class	Pay Code					
14316	JUNXION MED STAFFING										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
MEM012922		02/16/20	01/20/20	02/04/20		1,821.25	0.00	0.00	1,821.25		
						ICU NURSE STAFFING <i>41123-1/3/22</i>					
MMC WE020522		02/24/20	02/12/20	02/27/20		9,261.25	0.00	0.00	9,261.25		

ICU NURSE STAFFING (1/31 - 2/15/22) District

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		14316	JUNXION MED STAFFING	11,082.50	0.00	0.00	11,082.50		
Vendor#	Vendor Name	Class	Pay Code						
L0700	LABCORP OF AMERICA HOLDINGS	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
72049863		02/21/20	01/29/20	02/23/20		990.00	0.00	0.00	990.00
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		L0700	LABCORP OF AMERICA HOLDINGS	990.00	0.00	0.00	990.00		
Vendor#	Vendor Name	Class	Pay Code						
11600	LEGAL SHIELD								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
021522		02/17/20	02/15/20	02/15/20		398.80	0.00	0.00	398.80
INSURANCE									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11600	LEGAL SHIELD	398.80	0.00	0.00	398.80		
Vendor#	Vendor Name	Class	Pay Code						
12628	LEGATO								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
C2251		02/16/20	01/31/20	03/02/20		1,966.66	0.00	0.00	1,966.66
ACCOUNT MANAGERMENTS									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		12628	LEGATO	1,966.66	0.00	0.00	1,966.66		
Vendor#	Vendor Name	Class	Pay Code						
L1640	LOWE'S BUSINESS ACCT/SYNCR	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
010222		01/11/20	01/02/20	03/05/20		56.82	0.00	0.00	56.82
SERVICE CHARGES									
012622		02/24/20	01/31/20	02/28/20		237.39	0.00	0.00	237.39
SUPPLIES									
011022		02/24/20	01/31/20	02/28/20		132.80	0.00	0.00	132.80
SUPPLIES									
011222		02/24/20	01/31/20	02/28/20		16.62	0.00	0.00	16.62
SUPPLIES									
013122		02/24/20	01/31/20	02/28/20		42.27	0.00	0.00	42.27
INTEREST AND FEES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		L1640	LOWE'S BUSINESS ACCT/SYNCR	485.90	0.00	0.00	485.90		
Vendor#	Vendor Name	Class	Pay Code						
11796	LUBY'S FUDDRUCKERS RESTAURANTS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
INV00005320		02/16/20	01/31/20	02/15/20		28,516.57	0.00	0.00	28,516.57
FOOD, SUPPLIES, CONTRACT									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11796	LUBY'S FUDDRUCKERS RESTAURANTS	28,516.57	0.00	0.00	28,516.57		
Vendor#	Vendor Name	Class	Pay Code						
10972	M G TRUST								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
021022		02/16/20	02/16/20	02/16/20		640.86	0.00	0.00	640.86
PAYROLL DEDUCTIONS									

Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10972	M G TRUST	640.86	0.00	0.00	640.86
Vendor#	Vendor Name		Class		Pay Code						
J1350	M.C. JOHNSON COMPANY INC ✓		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
00389789 ✓		02/15/20	02/04/20	03/04/20		190.66	0.00	0.00	190.66 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						J1350	M.C. JOHNSON COMPANY INC	190.66	0.00	0.00	190.66
Vendor#	Vendor Name		Class		Pay Code						
M2178	MCKESSON MEDICAL SURGICAL INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
18914679 ✓		02/15/20	01/02/20	01/17/20		165.86	0.00	0.00	165.86 ✓		
SUPPLIES											
12056481 ✓		02/15/20	01/31/20	02/15/20		5.41	0.00	0.00	5.41 ✓		
FINANCE CHARGES											
19049175 ✓		02/15/20	02/08/20	02/23/20		26.07	0.00	0.00	26.07 ✓		
SUPPLIES											
19047175		02/18/20	02/08/20	02/23/20		26.07	0.00	0.00	26.07		
SUPPLIES											
19068555 ✓		02/18/20	02/14/20	03/01/20		127.05	0.00	0.00	127.05 ✓		
SUPPLIES											
19068729 ✓		02/18/20	02/14/20	03/01/20		588.09	0.00	0.00	588.09 ✓		
SUPPLIES											
19068593 ✓		02/18/20	02/14/20	03/01/20		80.92	0.00	0.00	80.92 ✓		
SUPPLIES											
19068559 ✓		02/18/20	02/14/20	03/01/20		417.49	0.00	0.00	417.49 ✓		
SUPPLIES											
19073484 ✓		02/18/20	02/15/20	03/02/20		89.45	0.00	0.00	89.45 ✓		
SUPPLIES											
19055751 ✓		02/22/20	02/10/20	02/25/20		105.79	0.00	0.00	105.79 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						M2178	MCKESSON MEDICAL SURGICAL INC	1,632.20	0.00	0.00	1,632.20 <i>1606.13</i>
Vendor#	Vendor Name		Class		Pay Code						
11612	MEDICAL AIR SERVICES ASSOC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1188439 ✓		02/17/20	02/15/20	02/15/20		1,629.00	0.00	0.00	1,629.00 ✓		
INSURANCE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11612	MEDICAL AIR SERVICES ASSOC.	1,629.00	0.00	0.00	1,629.00
Vendor#	Vendor Name		Class		Pay Code						
10613	MEDIMPACT HEALTHCARE SYS, INC. ✓		A/P								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
30266052		02/15/20	02/08/20	02/08/20		18.64	0.00	0.00	18.64 ✓		
INDIGENT CARE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10613	MEDIMPACT HEALTHCARE SYS, INC.	18.64	0.00	0.00	18.64
Vendor#	Vendor Name		Class		Pay Code						
M2827	MEDIVATORS ✓		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net		
91230731	SUPPLIES			202.80	0.00	0.00	202.80		
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net		
M2827 MEDIVATORS				202.80	0.00	0.00	202.80		
M2470	MEDLINE INDUSTRIES INC	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1983347478	SUPPLIES	01/31/20	01/19/20	03/05/20		22,503.55	0.00	0.00	22,503.55
	COVID Test								
1984026428	SUPPLIES	02/15/20	01/21/20	02/15/20		152.53	0.00	0.00	152.53
1984046614	SUPPLIES	02/15/20	01/22/20	02/16/20		44.44	0.00	0.00	44.44
1984046615	SUPPLIES	02/15/20	01/22/20	02/16/20		67.17	0.00	0.00	67.17
1984046616	SUPPLIES	02/15/20	01/22/20	02/16/20		25.99	0.00	0.00	25.99
1984385212	SUPPLIES	02/15/20	01/24/20	02/18/20		187.53	0.00	0.00	187.53
1984434834	SUPPLIES	02/15/20	01/25/20	02/19/20		431.04	0.00	0.00	431.04
1984431151	SUPPLIES	02/15/20	01/25/20	02/19/20		285.52	0.00	0.00	285.52
1984662467	SUPPLIES	02/15/20	01/26/20	02/20/20		33.68	0.00	0.00	33.68
1984662458	SUPPLIES	02/15/20	01/26/20	02/20/20		2,746.78	0.00	0.00	2,746.78
1984612022	SUPPLIES	02/15/20	01/26/20	02/20/20		9,360.00	0.00	0.00	9,360.00
1984822388	SUPPLIES	02/15/20	01/26/20	02/20/20		134.08	0.00	0.00	134.08
1984662457	SUPPLIES	02/15/20	01/26/20	02/20/20		635.45	0.00	0.00	635.45
1984662466	SUPPLIES	02/15/20	01/26/20	02/20/20		165.32	0.00	0.00	165.32
1984822389	SUPPLIES	02/15/20	01/26/20	02/20/20		92.93	0.00	0.00	92.93
1984662469	SUPPLIES	02/15/20	01/26/20	02/20/20		5,606.45	0.00	0.00	5,606.45
1984662454	SUPPLIES	02/15/20	01/26/20	02/20/20		73.31	0.00	0.00	73.31
1984662463	SUPPLIES	02/15/20	01/26/20	02/20/20		46.48	0.00	0.00	46.48
1984662460	SUPPLIES	02/15/20	01/26/20	02/20/20		166.56	0.00	0.00	166.56
1984612023	SUPPLIES	02/15/20	01/26/20	02/20/20		9,360.00	0.00	0.00	9,360.00
1984662465	SUPPLIES	02/15/20	01/26/20	02/20/20		83.28	0.00	0.00	83.28
1984612026	SUPPLIES	02/15/20	01/26/20	02/20/20		6,240.00	0.00	0.00	6,240.00

1984662464 ✓	02/15/20 01/26/20 02/20/20	30.93	0.00	0.00	30.93 ✓
SUPPLIES					
1984612027 ✓	02/15/20 01/26/20 02/20/20	326.00	0.00	0.00	326.00 ✓
SUPPLIES					
1984662474 ✓	02/15/20 01/26/20 02/20/20	11.14	0.00	0.00	11.14 ✓
SUPPLIES					
1984612025 ✓	02/15/20 01/26/20 02/20/20	12,480.00	0.00	0.00	12,480.00 ✓
SUPPLIES <i>strip test</i>					
1984612021 ✓	02/15/20 01/26/20 02/20/20	30.54	0.00	0.00	30.54 ✓
SUPPLIES					
1984662473 ✓	02/15/20 01/26/20 02/20/20	93.30	0.00	0.00	93.30 ✓
1984662455 ✓	02/15/20 01/26/20 02/20/20	25.80	0.00	0.00	25.80 ✓
SUPPLIES					
1984662472 ✓	02/15/20 01/26/20 02/20/20	2,114.65	0.00	0.00	2,114.65 ✓
SUPPLIES					
1984662461 ✓	02/15/20 01/26/20 02/20/20	88.88	0.00	0.00	88.88 ✓
SUPPLIES					
1985129412 ✓	02/15/20 01/28/20 02/22/20	226.20	0.00	0.00	226.20 ✓
SUPPLIES					
1985129413 ✓	02/15/20 01/28/20 02/22/20	83.16	0.00	0.00	83.16 ✓
SUPPLIES					
1985645926 ✓	02/15/20 02/01/20 02/26/20	57.00	0.00	0.00	57.00 ✓
SUPPLIES					
1985645930 ✓	02/15/20 02/01/20 02/26/20	46.48	0.00	0.00	46.48 ✓
SUPPLIES					
1985688750 ✓	02/15/20 02/01/20 02/26/20	-42.77	0.00	0.00	-42.77 ✓
CREDIT FOR FREIGHT					
1985688752 ✓	02/15/20 02/01/20 02/26/20	-22.31	0.00	0.00	-22.31 ✓
CREDIT FOR FREIGHT					
1985645928 ✓	02/15/20 02/01/20 02/26/20	32.68	0.00	0.00	32.68 ✓
SUPPLIES					
1985645929 ✓	02/15/20 02/01/20 02/26/20	185.92	0.00	0.00	185.92 ✓
SUPPLIES					
1985595743 ✓	02/15/20 02/01/20 02/26/20	3,245.89	0.00	0.00	3,245.89 ✓
SUPPLIES					
1985805820 ✓	02/15/20 02/02/20 02/27/20	366.13	0.00	0.00	366.13 ✓
SUPPLIES					
1985805822 ✓	02/15/20 02/02/20 02/27/20	115.54	0.00	0.00	115.54 ✓
SUPPLIES					
1985805831 ✓	02/15/20 02/02/20 02/27/20	44.44	0.00	0.00	44.44 ✓
SUPPLIES					
1985789499 ✓	02/15/20 02/02/20 02/27/20	887.96	0.00	0.00	887.96 ✓
SUPPLIES					
1985805832 ✓	02/15/20 02/02/20 02/27/20	1,911.25	0.00	0.00	1,911.25 ✓
SUPPLIES					
1985805825 ✓	02/15/20 02/02/20 02/27/20	158.49	0.00	0.00	158.49 ✓
SUPPLIES					
1985805828 ✓	02/15/20 02/02/20 02/27/20	37.10	0.00	0.00	37.10 ✓
SUPPLIES					
1985805817 ✓	02/15/20 02/02/20 02/27/20	83.28	0.00	0.00	83.28 ✓

1985805835	SUPPLIES	02/15/20 02/02/20 02/27/20	226.20	0.00	0.00	226.20	✓
1985805826	SUPPLIES	02/15/20 02/02/20 02/27/20	27.72	0.00	0.00	27.72	✓
1985805833	SUPPLIES	02/15/20 02/02/20 02/27/20	123.00	0.00	0.00	123.00	✓
1985805819	SUPPLIES	02/15/20 02/02/20 02/27/20	868.77	0.00	0.00	868.77	✓
1985805827	SUPPLIES	02/15/20 02/02/20 02/27/20	232.00	0.00	0.00	232.00	✓
1985805823	SUPPLIES	02/15/20 02/02/20 02/27/20	135.48	0.00	0.00	135.48	✓
1985805818	SUPPLIES	02/15/20 02/02/20 02/27/20	29.40	0.00	0.00	29.40	✓
1985805836	SUPPLIES	02/15/20 02/02/20 02/27/20	42.77	0.00	0.00	42.77	✓
1985805821	SUPPLIES	02/15/20 02/02/20 02/27/20	277.61	0.00	0.00	277.61	✓
1985790601	SUPPLIES	02/15/20 02/02/20 02/27/20	208.09	0.00	0.00	208.09	✓
1985805829	SUPPLIES	02/15/20 02/02/20 02/27/20	165.32	0.00	0.00	165.32	✓
1985805834	SUPPLIES	02/15/20 02/02/20 02/27/20	23.15	0.00	0.00	23.15	✓
1985805830	SUPPLIES	02/15/20 02/02/20 02/27/20	4,184.47	0.00	0.00	4,184.47	✓
1986332617	SUPPLIES	02/15/20 02/04/20 03/01/20	168.23	0.00	0.00	168.23	✓
1986332616	SUPPLIES	02/15/20 02/04/20 03/01/20	33.65	0.00	0.00	33.65	✓
1986342575	SUPPLIES	02/15/20 02/05/20 03/02/20	51.55	0.00	0.00	51.55	✓
1986342574	SUPPLIES	02/15/20 02/05/20 03/02/20	30.93	0.00	0.00	30.93	✓
1986605968	SUPPLIES	02/15/20 02/08/20 03/05/20	49.27	0.00	0.00	49.27	✓
1986605967	SUPPLIES	02/15/20 02/08/20 03/05/20	86.60	0.00	0.00	86.60	✓
1986814517	SUPPLIES	02/15/20 02/09/20 03/06/20	4,557.41	0.00	0.00	4,557.41	✓
1986814519	SUPPLIES	02/15/20 02/09/20 03/06/20	287.27	0.00	0.00	287.27	✓
1986895552	SUPPLIES	02/15/20 02/09/20 03/06/20	424.66	0.00	0.00	424.66	✓
1986814513	SUPPLIES	02/15/20 02/09/20 03/06/20	501.06	0.00	0.00	501.06	✓
1986814520	SUPPLIES	02/15/20 02/09/20 03/06/20	113.10	0.00	0.00	113.10	✓
1986814515	SUPPLIES	02/15/20 02/09/20 03/06/20	58.12	0.00	0.00	58.12	✓

1986895550	✓	02/15/20 02/09/20 03/06/20	57.14	0.00	0.00	57.14	✓
		SUPPLIES					
1986895549	✓	02/15/20 02/09/20 03/06/20	400.84	0.00	0.00	400.84	✓
		SUPPLIES					
1986814514	✓	02/15/20 02/09/20 03/06/20	165.32	0.00	0.00	165.32	✓
		SUPPLIES					
1986814516	✓	02/15/20 02/09/20 03/06/20	1,570.47	0.00	0.00	1,570.47	✓
		SUPPLIES					
1986814518	✓	02/15/20 02/09/20 03/06/20	120.32	0.00	0.00	120.32	✓
		SUPPLIES					
1986895551	✓	02/15/20 02/09/20 03/06/20	31.77	0.00	0.00	31.77	✓
		SUPPLIES					
1986105309	✓	02/15/20 02/15/20 03/12/20	-83.28	0.00	0.00	-83.28	✓
		SUPPLIES					
1985805824	✓	02/15/20 02/15/20 03/12/20	156.94	0.00	0.00	156.94	✓
		SUPPLIES					
1980644870	✓	02/15/20 12/31/20 01/25/20	62.22	0.00	0.00	62.22	✓
		SUPPLIES					
1986613234	✓	02/16/20 02/08/20 03/05/20	237.54	0.00	0.00	237.54	✓
		SUPPLIES					
1986613233	✓	02/16/20 02/08/20 03/05/20	8.80	0.00	0.00	8.80	✓
		SUPPLIES					
1702689451	✓	02/23/20 01/22/20 02/16/20	134.49	0.00	0.00	134.49	✓
		INTEREST					
1987465182	✓	02/23/20 02/12/20 03/09/20	93.30	0.00	0.00	93.30	✓
		SUPPLIES					
1987638949	✓	02/23/20 02/15/20 03/12/20	284.01	0.00	0.00	284.01	✓
		SUPPLIES					
1987676634	✓	02/23/20 02/15/20 03/12/20	150.00	0.00	0.00	150.00	✓
		SUPPLIES					
1987676633	✓	02/23/20 02/15/20 03/12/20	224.00	0.00	0.00	224.00	✓
		SUPPLIES					
1987889739	✓	02/23/20 02/16/20 03/13/20	82.66	0.00	0.00	82.66	✓
		SUPPLIES					
1987889742	✓	02/23/20 02/16/20 03/13/20	27.72	0.00	0.00	27.72	✓
		SUPPLIES					
1987889737	✓	02/23/20 02/16/20 03/13/20	295.80	0.00	0.00	295.80	✓
		SUPPLIES					
1987889743	✓	02/23/20 02/16/20 03/13/20	235.95	0.00	0.00	235.95	✓
		SUPPLIES					
1987889740	✓	02/23/20 02/16/20 03/13/20	1,164.80	0.00	0.00	1,164.80	✓
		SUPPLIES					
1987884042	✓	02/23/20 02/16/20 03/13/20	80.14	0.00	0.00	80.14	✓
		SUPPLIES					
1987889735	✓	02/23/20 02/16/20 03/13/20	58.12	0.00	0.00	58.12	✓
		SUPPLIES					
1987889741	✓	02/23/20 02/16/20 03/13/20	5,488.37	0.00	0.00	5,488.37	✓
		SUPPLIES					
1987889744	✓	02/23/20 02/16/20 03/13/20	123.00	0.00	0.00	123.00	✓
		SUPPLIES					
1987889745	✓	02/23/20 02/16/20 03/13/20	123.00	0.00	0.00	123.00	✓

	SUPPLIES									
1987889738		02/23/20	02/16/20	03/13/20	295.80	0.00	0.00	295.80		
	SUPPLIES									
1987889736		02/23/20	02/16/20	03/13/20	295.80	0.00	0.00	295.80		
	SUPPLIES									
1987884043		02/23/20	02/16/20	03/13/20	1,863.72	0.00	0.00	1,863.72		
	SUPPLIES									
1702708820		02/23/20	02/19/20	03/16/20	167.85	0.00	0.00	167.85		
	INTEREST									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					M2470	MEDLINE INDUSTRIES INC	107,882.21	0.00	0.00	107,882.21
Vendor#	Vendor Name				Class	Pay Code				
10963	MEMORIAL MEDICAL CLINIC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
021022		02/16/20	02/16/20	02/16/20		320.00	0.00	0.00	320.00	
	PAYROLL DEDUCTIONS									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					10963	MEMORIAL MEDICAL CLINIC	320.00	0.00	0.00	320.00
Vendor#	Vendor Name				Class	Pay Code				
10182	MERCEDES SCIENTIFIC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2553305		02/15/20	01/31/20	03/02/20		61.62	0.00	0.00	61.62	
	SUPPLIES									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					10182	MERCEDES SCIENTIFIC	61.62	0.00	0.00	61.62
Vendor#	Vendor Name				Class	Pay Code				
10904	MERCK SHARP & DOHME CORP									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
7015872091		01/01/20	01/04/20	03/15/20		808.11	0.00	0.00	808.11	
	INVENTORY									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					10904	MERCK SHARP & DOHME CORP	808.11	0.00	0.00	808.11
Vendor#	Vendor Name				Class	Pay Code				
M2621	MMC AUXILIARY GIFT SHOP					W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
021022		02/15/20	02/10/20	02/10/20		309.33	0.00	0.00	309.33	
	GIFT SHOP PR DEDUCTIONS									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					M2621	MMC AUXILIARY GIFT SHOP	309.33	0.00	0.00	309.33
Vendor#	Vendor Name				Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9928		02/16/20	02/02/20	02/12/20		-25.53	0.00	0.00	-25.53	
	CREDIT									
0258		02/16/20	02/03/20	02/13/20		-5.00	0.00	0.00	-5.00	
	CREDIT									
7837161		02/16/20	02/03/20	02/13/20		624.28	0.00	0.00	624.28	
	INVENTORY PHARM									
7834403		02/16/20	02/03/20	02/13/20		4.73	0.00	0.00	4.73	
	INVENTORY PHARM									
CM16266A		02/16/20	02/03/20	02/13/20		-1,087.88	0.00	0.00	-1,087.88	

	CREDIT							
7834402	✓	02/16/20 02/03/20 02/13/20	609.91	0.00	0.00	609.91	✓	
	INVENTORY PHARM							
7837160	✓	02/16/20 02/03/20 02/13/20	8.92	0.00	0.00	8.92	✓	
	INVENTORY PHARM							
7835588	✓	02/16/20 02/03/20 02/13/20	34.74	0.00	0.00	34.74	✓	
	INVENTORY PHARM							
7841142	✓	02/16/20 02/06/20 02/16/20	1,077.17	0.00	0.00	1,077.17	✓	
	INVENTORY PHARM							
7841144	✓	02/16/20 02/06/20 02/16/20	140.17	0.00	0.00	140.17	✓	
	INVENTORY PHARM							
7841143	✓	02/16/20 02/06/20 02/16/20	8.58	0.00	0.00	8.58	✓	
	INVENTORY PHARM							
7843279	✓	02/16/20 02/06/20 02/16/20	852.67	0.00	0.00	852.67	✓	
	INVENTORY PHARM							
7843278	✓	02/16/20 02/06/20 02/16/20	5.39	0.00	0.00	5.39	✓	
	INVENTORY PHARM							
7841145	✓	02/16/20 02/06/20 02/16/20	9,815.74	0.00	0.00	9,815.74	✓	
	INVENTORY PHARM							
7841146	✓	02/16/20 02/06/20 02/16/20	1,807.64	0.00	0.00	1,807.64	✓	
	INVENTORY PHARM							
7847644	✓	02/16/20 02/07/20 02/17/20	89.52	0.00	0.00	89.52	✓	
	INVENTORY PHARM							
7847645	✓	02/16/20 02/07/20 02/17/20	282.64	0.00	0.00	282.64	✓	
	INVENTORY PHARM							
7852394	✓	02/16/20 02/08/20 02/18/20	4.08	0.00	0.00	4.08	✓	
	INVENTORY PHARM							
7852395	✓	02/16/20 02/08/20 02/18/20	589.54	0.00	0.00	589.54	✓	
	INVENTORY PHARM							
7849917	✓	02/16/20 02/08/20 02/18/20	45.33	0.00	0.00	45.33	✓	
	INVENTORY PHARM							
7857157	✓	02/16/20 02/09/20 02/19/20	431.16	0.00	0.00	431.16	✓	
	INVENTORY PHARM							
7855379	✓	02/16/20 02/09/20 02/19/20	2,233.80	0.00	0.00	2,233.80	✓	
	INVENTORY PHARM							
7855376	✓	02/16/20 02/09/20 02/19/20	3.20	0.00	0.00	3.20	✓	
	INVENTORY PHARM							
7855375	✓	02/16/20 02/09/20 02/19/20	47.94	0.00	0.00	47.94	✓	
	INVENTORY PHARM							
7858835	✓	02/16/20 02/09/20 02/19/20	10.95	0.00	0.00	10.95	✓	
	INVENTORY PHARM							
7856993	✓	02/16/20 02/09/20 02/19/20	95.73	0.00	0.00	95.73	✓	
	INVENTORY PHARM							
7855378	✓	02/16/20 02/09/20 02/19/20	411.45	0.00	0.00	411.45	✓	
	INVENTORY PHARM							
7858836	✓	02/16/20 02/09/20 02/19/20	64.57	0.00	0.00	64.57	✓	
	INVENTORY PHARM							
7860596	✓	02/16/20 02/10/20 02/20/20	241.39	0.00	0.00	241.39	✓	
	INVENTORY PHARM							
7860597	✓	02/16/20 02/10/20 02/20/20	31.64	0.00	0.00	31.64	✓	
	INVENTORY PHARM							

7868423	✓	02/16/20 02/13/20 02/23/20	27.87	0.00	0.00	27.87	✓
		INVENTORY PHARM					
7870508	✓	02/16/20 02/13/20 02/23/20	1,196.48	0.00	0.00	1,196.48	✓
		INVENTORY PHARM					
7870509	✓	02/16/20 02/13/20 02/23/20	4.50	0.00	0.00	4.50	✓
		INVENTORY PHARM					
7868424	✓	02/16/20 02/13/20 02/23/20	74.32	0.00	0.00	74.32	✓
		INVENTORY PHARM					
7870507	✓	02/16/20 02/13/20 02/23/20	103.10	0.00	0.00	103.10	✓
		INVENTORY PHARM					
7868422	✓	02/16/20 02/13/20 02/23/20	417.19	0.00	0.00	417.19	✓
		INVENTORY PHARM					
7872000	✓	02/21/20 02/14/20 02/24/20	241.22	0.00	0.00	241.22	✓
		INVENTORY					
7875099	✓	02/21/20 02/14/20 02/24/20	2,721.74	0.00	0.00	2,721.74	✓
		INVENTORY					
7875098	✓	02/21/20 02/14/20 02/24/20	17.72	0.00	0.00	17.72	✓
		INVENTORY					
7879184	✓	02/21/20 02/15/20 02/25/20	469.01	0.00	0.00	469.01	✓
		INVENTORY					
7879183	✓	02/21/20 02/15/20 02/25/20	86.79	0.00	0.00	86.79	✓
		INVENTORY					
7877228	✓	02/21/20 02/15/20 02/25/20	138.68	0.00	0.00	138.68	✓
		INVENTORY					
7879938	✓	02/21/20 02/15/20 02/25/20	7.69	0.00	0.00	7.69	✓
		INVENTORY					
7884514	✓	02/23/20 02/16/20 02/26/20	45.36	0.00	0.00	45.36	✓
		SUPPLIES					
7882455	✓	02/23/20 02/16/20 02/26/20	1,394.72	0.00	0.00	1,394.72	✓
		SUPPLIES					
7884513	✓	02/23/20 02/16/20 02/26/20	40.98	0.00	0.00	40.98	✓
7882454	✓	02/23/20 02/16/20 02/26/20	666.82	0.00	0.00	666.82	✓
		SUPPLIES					
7884515	✓	02/23/20 02/16/20 02/26/20	373.03	0.00	0.00	373.03	✓
3528	✓	02/23/20 02/17/20 02/27/20	-786.38	0.00	0.00	-786.38	✓
		CREDIT FOR MDK-3356012					
7890206	✓	02/23/20 02/17/20 02/27/20	111.89	0.00	0.00	111.89	✓
		SUPPLIES					
7890207	✓	02/23/20 02/17/20 02/27/20	93.42	0.00	0.00	93.42	✓
		SUPPLIES					
7891735	✓	02/23/20 02/18/20 02/28/20	7,790.36	0.00	0.00	7,790.36	✓
		SUPPLIES					
7897299	✓	02/23/20 02/20/20 03/02/20	8,906.29	0.00	0.00	8,906.29	✓
		SUPPLIES					
7895203	✓	02/23/20 02/20/20 03/02/20	218.57	0.00	0.00	218.57	✓
		SUPPLIES					
7897298	✓	02/23/20 02/20/20 03/02/20	887.82	0.00	0.00	887.82	✓
		SUPPLIES					
7901384	✓	02/23/20 02/21/20 03/03/20	9,521.91	0.00	0.00	9,521.91	✓

		SUPPLIES									
7898765	✓		02/23/20	02/21/20	03/03/20		416.88	0.00	0.00	416.88	✓
		SUPPLIES									
7901383	✓		02/23/20	02/21/20	03/03/20		217.64	0.00	0.00	217.64	✓
		SUPPLIES									
7900953	✓		02/23/20	02/21/20	03/03/20		34.74	0.00	0.00	34.74	✓
		SUPPLIES									
7898764	✓		02/23/20	02/21/20	03/03/20		28.28	0.00	0.00	28.28	✓
		SUPPLIES									
7900659	✓		02/23/20	02/21/20	03/03/20		342.36	0.00	0.00	342.36	✓
		SUPPLIES									
7898766	✓		02/23/20	02/21/20	03/03/20		239.07	0.00	0.00	239.07	✓
		SUPPLIES									
7903922	✓		02/23/20	02/22/20	03/04/20		47.62	0.00	0.00	47.62	✓
		SUPPLIES									
7907102	✓		02/23/20	02/22/20	03/04/20		4,401.48	0.00	0.00	4,401.48	✓
		SUPPLIES									
7903926	✓		02/23/20	02/22/20	03/04/20		63.65	0.00	0.00	63.65	✓
		SUPPLIES									
7903925	✓		02/23/20	02/22/20	03/04/20		12.80	0.00	0.00	12.80	✓
		SUPPLIES									
7903924	✓		02/23/20	02/22/20	03/04/20		110.43	0.00	0.00	110.43	✓
		SUPPLIES									
7903923	✓		02/23/20	02/22/20	03/04/20		59.06	0.00	0.00	59.06	✓
		SUPPLIES									
CM19718	✓		02/23/20	02/22/20	03/04/20		-19.30	0.00	0.00	-19.30	✓
		CREDIT FOR ITEM 224279									
7907101	✓		02/23/20	02/22/20	03/04/20		3,723.36	0.00	0.00	3,723.36	✓
		SUPPLIES									
7906042	✓		02/23/20	02/22/20	03/04/20		5.99	0.00	0.00	5.99	✓
		SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	10536	MORRIS & DICKSON CO, LLC					62,909.63	0.00	0.00	62,909.63	
Vendor#	Vendor Name		Class	Pay Code							
14124	MSH HEALTH SERVICES LLC	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
MMC0037		01/17/20	01/10/20	03/05/20			2,736.00	0.00	0.00	2,736.00	✓
	TRAVEL NURSE STAFFING										
MMC0046		02/21/20	02/08/20	02/23/20			4,406.25	0.00	0.00	4,406.25	✓
	MED SURG STAFFING										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	14124	MSH HEALTH SERVICES LLC					7,142.25	0.00	0.00	7,142.25	
Vendor#	Vendor Name		Class	Pay Code							
13548	NACOGDOCHES TRANSCRIPTION	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
7621		02/21/20	02/16/20	02/26/20			405.86	0.00	0.00	405.86	✓
	TRANSCRIPTION										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	13548	NACOGDOCHES TRANSCRIPTION					405.86	0.00	0.00	405.86	
Vendor#	Vendor Name		Class	Pay Code							
11472	OCCUPRO LLC	✓									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
24838 ✓		02/09/20	02/07/20	03/09/20		487.47	0.00	0.00	487.47 ✓		
Mnthly PROV LICENSE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11472	OCCUPRO LLC	487.47	0.00	0.00	487.47
Vendor#	Vendor Name				Class	Pay Code					
O1500	OLYMPUS AMERICA INC ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
32115169 ✓		02/15/20	01/25/20	02/19/20		187.50	0.00	0.00	187.50 ✓		
SUPPLIES											
32161964 ✓		02/15/20	02/03/20	02/28/20		187.50	0.00	0.00	187.50 ✓		
SUPPLIES											
32176816 ✓		02/21/20	02/07/20	03/04/20		1,137.51	0.00	0.00	1,137.51 ✓		
MAINT CONTR											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						O1500	OLYMPUS AMERICA INC	1,512.51	0.00	0.00	1,512.51
Vendor#	Vendor Name				Class	Pay Code					
11155	PARA ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
10457 ✓		02/02/20	02/01/20	03/03/20		3,084.00	0.00	0.00	3,084.00 ✓		
REVENUE INTEGRITY PROGR											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11155	PARA	3,084.00	0.00	0.00	3,084.00
Vendor#	Vendor Name				Class	Pay Code					
14328	I ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
NGUCPH001		02/16/20	02/11/20	02/11/20		84.00	0.00	0.00	84.00 ✓		
PT REFUND CLINIC											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14328		84.00	0.00	0.00	84.00
Vendor#	Vendor Name				Class	Pay Code					
10032	PHILIPS HEALTHCARE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
947968321 ✓		02/21/20	10/29/20	11/23/20		76,639.41	0.00	0.00	76,639.41 ✓		
CARDIAC MONITOR SYSTEM											
948267603 ✓		02/21/20	12/06/20	12/31/20		154,193.78	0.00	0.00	154,193.78 ✓		
CARDIAC MONITOR SYSTEM											
948402492 ✓		02/21/20	12/23/20	01/17/20	4534.40	4,534.00	0.00	0.00	4,534.00 4534.40		
CARDIAC MONITOR SYSTEM I											
948499254 ✓		02/21/20	01/07/20	02/01/20		7,300.00	0.00	0.00	7,300.00 ✓		
CARDIAC MON SYSTEM PART											
94823353 ✓		02/21/20	01/11/20	02/05/20		361.92	0.00	0.00	361.92 ✓		
SUPPLIES											
948665577 ✓		02/21/20	02/17/20	03/14/20		116.08	0.00	0.00	116.08 ✓		
SUPPLIES											
948782936 ✓		02/21/20	02/17/20	03/14/20		392.22	0.00	0.00	392.22 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10032	PHILIPS HEALTHCARE	243,537.41	0.00	0.00	243,537.41
Vendor#	Vendor Name				Class	Pay Code					
12480	PRO ENERGY PARTNERS LP ✓										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
22010600 ✓	gas	02/21/20	01/31/20	02/15/20		7,178.37	0.00	0.00	7,178.37 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12480	PRO ENERGY PARTNERS LP	7,178.37	0.00	0.00	7,178.37
Vendor#	Vendor Name				Class	Pay Code					
14060	RADCOM ASSOCIATES, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV000539 ✓	PHYSISIST EVAL-QTRLY	02/15/20	01/31/20	03/02/20		900.00	0.00	0.00	900.00 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14060	RADCOM ASSOCIATES, LLC	900.00	0.00	0.00	900.00
Vendor#	Vendor Name				Class	Pay Code					
S2353	SMITHS MEDICAL ASD INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
16554391 ✓	SUPPLIES	02/15/20	01/27/20	02/26/20		265.12	0.00	0.00	265.12 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S2353	SMITHS MEDICAL ASD INC	265.12	0.00	0.00	265.12
Vendor#	Vendor Name				Class	Pay Code					
11296	SOUTH TEXAS BLOOD & TISSUE CEN ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
CM6373 ✓	BLOOD CREDIT	02/21/20	02/15/20	03/12/20		-1,896.00	0.00	0.00	-1,896.00 ✓		
107020584 ✓	BLOOD	02/21/20	02/15/20	03/12/20		6,012.00	0.00	0.00	6,012.00 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11296	SOUTH TEXAS BLOOD & TISSUE CEN	4,116.00	0.00	0.00	4,116.00
Vendor#	Vendor Name				Class	Pay Code					
S2345	SOUTHEAST TEXAS HEALTH SYS ✓					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
26625 ✓	CREDENTIALING- C THURLKIL	02/15/20	02/04/20	03/06/20		125.00	0.00	0.00	125.00 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S2345	SOUTHEAST TEXAS HEALTH SYS	125.00	0.00	0.00	125.00
Vendor#	Vendor Name				Class	Pay Code					
C1010	SPARKLIGHT ✓					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
030222A	CABLE	02/24/20	03/02/20	03/02/20		2,250.00	0.00	0.00	2,250.00 ✓		
030222C	CABLE	02/24/20	03/02/20	03/02/20		93.29	0.00	0.00	93.29 ✓		
030222B	CABLE	02/24/20	03/02/20	03/02/20		1,675.15	0.00	0.00	1,675.15 ✓		
030622D	CABLE	02/24/20	03/06/20	03/02/20		93.33	0.00	0.00	93.33 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1010	SPARKLIGHT	4,111.77	0.00	0.00	4,111.77
Vendor#	Vendor Name				Class	Pay Code					
12288	SPBS CLINICAL EQUIPMENT SRVC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		

INV010807A		02/21/20	02/21/20	02/21/20		62.50	0.00	0.00	62.50	✓
REPAYING CREDIT MEMO										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		12288	SPBS CLINICAL EQUIPMENT SRVC			62.50	0.00	0.00	62.50	
Vendor#	Vendor Name			Class	Pay Code					
10094	ST DAVIDS HEALTHCARE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
MMCPL2021-07 ✓		02/23/20	08/26/20	08/26/20		745.00	0.00	0.00	745.00	✓
CONNECTIVITY FEE JULY 21										
MMCPL2021-09 ✓		02/23/20	11/03/20	11/03/20		795.00	0.00	0.00	795.00	✓
CONNECTIVITY FEE SEPT 21										
MMCPL2021-10 ✓		02/23/20	12/05/20	12/05/20		420.00	0.00	0.00	420.00	✓
CONNECTIVITY FEE OCT 21										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		10094	ST DAVIDS HEALTHCARE			1,960.00	0.00	0.00	1,960.00	
Vendor#	Vendor Name			Class	Pay Code					
10735	STRYKER SUSTAINABILITY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
4361488 ✓		02/15/20	02/01/20	03/03/20		335.72	0.00	0.00	335.72	✓
SUPPLIES										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		10735	STRYKER SUSTAINABILITY			335.72	0.00	0.00	335.72	
Vendor#	Vendor Name			Class	Pay Code					
14324										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
HERTEO0001		02/15/20	02/08/20	02/08/20		70.00	0.00	0.00	70.00	✓
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		14324				70.00	0.00	0.00	70.00	
Vendor#	Vendor Name			Class	Pay Code					
10627	TEXAS DEPARTMENT OF STATE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
022822		02/15/20	02/28/20	02/28/20		2,035.00	0.00	0.00	2,035.00	✓
RAD CONTROL LICENSE										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		10627	TEXAS DEPARTMENT OF STATE			2,035.00	0.00	0.00	2,035.00	
Vendor#	Vendor Name			Class	Pay Code					
T2204	TEXAS MUTUAL INSURANCE CO ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
1003421725 ✓		02/15/20	02/03/20	03/03/20		3,925.00	0.00	0.00	3,925.00	✓
WRK COMP INS										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		T2204	TEXAS MUTUAL INSURANCE CO			3,925.00	0.00	0.00	3,925.00	
Vendor#	Vendor Name			Class	Pay Code					
12984	TEXAS ORGANIZATION OF RURAL ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
2225840 ✓		02/16/20	12/16/20	01/01/20		3,850.00	0.00	0.00	3,850.00	✓
MEMBERSHIP DUES										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		12984	TEXAS ORGANIZATION OF RURAL			3,850.00	0.00	0.00	3,850.00	
Vendor#	Vendor Name			Class	Pay Code					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
001915651079IN	MED SURG STAFFING (1/4-1/6/22) Jeschke	02/16/20	02/03/20	02/04/20		4,042.50	0.00	0.00	4,042.50
001899551079IN	STAFFING MED SURG (1/22-1/24/22) Jeschke	02/24/20	01/13/20	01/14/20		4,042.50	0.00	0.00	4,042.50
001921451079IN	STAFFING MED SURG (2/1-2/3/22) Jeschke	02/24/20	02/10/20	02/11/20		4,015.00	0.00	0.00	4,015.00
001927051079IN	TRAVEL NURSE STAFFING (2/6-2/7/22) Jeschke	02/24/20	02/17/20	02/18/20		3,987.50	0.00	0.00	3,987.50
Vendor Totals						16,087.50	0.00	0.00	16,087.50

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
T2235	TEXAS SOCIAL SECURITY PROGRAM	W		42.00	0.00	0.00	42.00
Vendor Totals				42.00	0.00	0.00	42.00

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9266702546	TRAVEL NURSE STAFFING (12/24-12/31/20) Coyle	01/12/20	01/07/20	03/08/20		3,840.00	0.00	0.00	3,840.00
9266702503	TRAVEL NURSE STAFFING (1/1/22) Coyle	01/12/20	01/07/20	03/08/20		1,920.00	0.00	0.00	1,920.00
9266702707	TRAVEL NURSE STAFFING (1/9-1/6/20) Coyle	01/18/20	01/14/20	03/15/20		5,760.00	0.00	0.00	5,760.00
9266703063	ER NURSE STAFFING (1/18-1/20) Coyle	02/16/20	02/04/20	03/06/20		5,760.00	0.00	0.00	5,760.00
9266703208	ER NURSE STAFFING (2/01-2/3/22) Coyle	02/16/20	02/11/20	03/13/20		5,760.00	0.00	0.00	5,760.00
Vendor Totals						23,040.00	0.00	0.00	23,040.00

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
T2250	TK ELEVATOR CORPORATION	M		1,398.81	0.00	0.00	1,398.81
Vendor Totals				1,398.81	0.00	0.00	1,398.81

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV7994		02/16/20	01/29/20	02/28/20		4,000.00	0.00	0.00	4,000.00
INV8110	AGENCY AATAFFING	02/24/20	02/05/20	03/07/20		4,718.75	0.00	0.00	4,718.75
INV8267	TRAVEL NURSE STAFFING	02/24/20	02/12/20	03/14/20		6,218.75	0.00	0.00	6,218.75
Vendor Totals									

Vendor#	Vendor Name	Class	Pay Code							
	14208 TRUSTED HEALTH, INC					14,937.50	0.00	0.00		14,937.50
U1064	UNIFIRST HOLDINGS INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8400387406 ✓		02/15/20	02/03/20	02/28/20		136.58	0.00	0.00	136.58 ✓
		LAUNDRY CLINIC								
	8400387391 ✓		02/15/20	02/03/20	02/28/20		1,773.46	0.00	0.00	1,773.46 ✓
		LAUNDRY								
	8400387385 ✓		02/15/20	02/03/20	02/28/20		86.15	0.00	0.00	86.15 ✓
		LAUNDRY								
	8400387371 ✓		02/15/20	02/03/20	02/28/20		199.32	0.00	0.00	199.32 ✓
		LAUNDRY SURGERY								
	8400387370 ✓		02/15/20	02/03/20	02/28/20		187.75	0.00	0.00	187.75 ✓
		LAUNDRY								
	8400387367 ✓		02/15/20	02/03/20	02/28/20		40.15	0.00	0.00	40.15 ✓
		LAUNDRY								
	8400387363 ✓		02/15/20	02/03/20	02/28/20		137.15	0.00	0.00	137.15 ✓
		LAUNDRY								
	8400387538 ✓		02/15/20	02/03/20	02/28/20		45.15	0.00	0.00	45.15 ✓
		LAUNDRY								
	8400387369 ✓		02/15/20	02/03/20	02/28/20		168.98	0.00	0.00	168.98 ✓
		LAUNDRY PT								
	8400387539 ✓		02/15/20	02/07/20	03/04/20		40.10	0.00	0.00	40.10 ✓
		LAUNDRY								
	8400387564 ✓		02/15/20	02/07/20	03/04/20		2,074.09	0.00	0.00	2,074.09 ✓
		LAUNDRY								
	8400387883 ✓		02/15/20	02/10/20	03/07/20		194.31	0.00	0.00	194.31 ✓
		LAUNDRY								
	8400387882 ✓		02/15/20	02/10/20	03/07/20		199.06	0.00	0.00	199.06 ✓
		LAUNDRY PT								
	8400387881 ✓		02/15/20	02/10/20	03/07/20		137.15	0.00	0.00	137.15 ✓
		LAUNDRY								
	8400387902 ✓		02/15/20	02/10/20	03/07/20		1,988.57	0.00	0.00	1,988.57 ✓
		LAUNDRY								
	8400387880 ✓		02/15/20	02/10/20	03/07/20		34.90	0.00	0.00	34.90 ✓
		LAUNDRY								
	8400387916 ✓		02/15/20	02/10/20	03/07/20		80.02	0.00	0.00	80.02 ✓
		LAUNDRY CLINIC								
	8400387884 ✓		02/15/20	02/10/20	03/07/20		199.32	0.00	0.00	199.32 ✓
		LAUNDRY SURGERT								
	8400388079 ✓		02/15/20	02/14/20	03/11/20		2,583.28	0.00	0.00	2,583.28 ✓
		LAUNDRY								
	8400388052 ✓		02/15/20	02/14/20	03/11/20		45.15	0.00	0.00	45.15 ✓
		LAUNDRY OB								
	8400388053 ✓		02/15/20	02/14/20	03/11/20		40.10	0.00	0.00	40.10 ✓
		LAUNDRY								
	8400388377 ✓		02/23/20	02/17/20	03/14/20		72.95	0.00	0.00	72.95 ✓
		SUPPLIES								
	8400388381 ✓		02/23/20	02/17/20	03/14/20		199.32	0.00	0.00	199.32 ✓
		SUPPLIES								
	8400388413 ✓		02/23/20	02/17/20	03/14/20		117.57	0.00	0.00	117.57 ✓

583915PJ7952 ✓ 02/15/20 02/01/20 03/01/20

SUPPLIES

Vendor Totals Number Name
Z1000 ZIMMER BIOMET

11.76	0.00	0.00	11.76 ✓
Gross	Discount	No-Pay	Net
11.76	0.00	0.00	11.76

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,068,718.20	0.00	0.00	1,068,718.20

1,068,718.20 +
 265.00 +
 3,525.00 -
 670.00 +
 388.08 +
 26.07 -
 4,534.00 -
 4,534.40 +
 42.00 -
 1,066,448.61 *

pg 5 correction { +265.00
 pg 7 correction { <3,525.00>
 { + 670.00
 pg 8 correction { +388.08
 pg 12 correction { <26.07>
 pg 21 correction { <4,534.00>
 { +4,534.40
 pg 24 correction { <42.00>

 \$1,066,448.61

APPROVED ON

FEB 24 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

CK# 193925-194042

02/25/2022
 15:37
 Vendor# Vendor Name
 11108 ITERSOURCE CORPORATION

MEMORIAL MEDICAL CENTER
 AP Open Invoice List
 Due Dates Through:
 Class Pay Code
 0
 ap_open_invoice.template

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
711454		02/16/20	02/08/20	02/08/20		131.87	0.00	0.00	131.87
711452	HARDWARE FOR IT	02/25/20	02/07/20	02/25/20		4,237.50	0.00	0.00	4,237.50
	ACD LICENSE								
Vendor Totals:						Gross	Discount	No-Pay	Net
11108 ITERSOURCE CORPORATION						4,237.50	0.00	0.00	4,369.37
Report Summary									
Grand Totals:		Gross		Discount		No-Pay		Net	
		4,369.37		0.00		0.00		4,369.37	

APPROVED ON

FEB 24 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

CK# 193972

02/28/2022
11:29

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12516 JEANNIE ORTA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
022522		02/25/20	02/24/20	03/15/20			200.00	0.00	0.00	200.00

RETURNED DEPOSIT

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
	12516	JEANNIE ORTA	200.00	0.00	0.00	200.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	200.00	0.00	0.00	200.00

APPROVED ON

FEB 24 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CL# 19374

02/17/2022

MEMORIAL MEDICAL CENTER

0

12:05

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#
10958

Vendor Name
ALLYSON SWOPE ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021622	02/16/2022	02/16/2022	02/16/2022				3,984.75	0.00	0.00	3,984.75 ✓

CLINIC SVCS

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10958		ALLYSON SWOPE	3,984.75	0.00	0.00	3,984.75

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,984.75	0.00	0.00	3,984.75

APPROVED ON

FEB 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CLK#193921

02/17/2022

MEMORIAL MEDICAL CENTER

0

12:06

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#
11069

Vendor Name
PABLO GARZA

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021522	02/16/2022	02/15/2022	02/15/2022				2,461.88	0.00	0.00	2,461.88 ✓

IT SVCS CLINIC (2/1-2/14/22)

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11069	PABLO GARZA		2,461.88	0.00	0.00	2,461.88

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,461.88	0.00	0.00	2,461.88

APPROVED ON

FEB 22 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck#193924

02/17/2022

MEMORIAL MEDICAL CENTER

0

12:01

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#
14292

Vendor Name
DEARBORN LIFE INSURANCE COM ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012422	02/17/2022	01/24/2022	02/01/2022				3,880.01	0.00	0.00	3,880.01 ✓

VISION AND VOLUNT LIFE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
14292	DEARBORN LIFE IN	3,880.01	0.00	0.00	3,880.01	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,880.01	0.00	0.00	3,880.01

APPROVED ON

FEB 22 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#193923

02/17/2022

MEMORIAL MEDICAL CENTER

0

12:01

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#
12324

Vendor Name
BLUE CROSS BLUE SHIELD ✓
Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030122	02/17/2022	02/15/2022	03/01/2022				232,754.32	0.00	0.00	232,754.32 ✓

HEALTH AND DENTAL INS (3/1-4/1/22)

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12324		BLUE CROSS BLUE	232,754.32	0.00	0.00	232,754.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	232,754.32	0.00	0.00	232,754.32

APPROVED ON

FEB 22 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#193922

0

RUN DATE:02/23/22
TIME:09:03

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/23/22 THRU 02/23/22

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	193921	02/23/22	3,984.75	ALLYSON SWOPE
A/P	193922	02/23/22	232,754.32	BLUE CROSS BLUE SHIELD
A/P	193923	02/23/22	3,880.01	DEARBORN LIFE INSURANCE COMPAN
A/P	193924	02/23/22	2,461.88	PABLO GARZA
TOTALS:			243,080.96	

APPROVED ON

MAR 02 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

MCKESSON

STATEMENT

As of: 02/25/2022

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536
Date: 02/26/2022

As of: 02/25/2022 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 02/26/2022 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: 6,355.40 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 03/01/2022,
Pay This Amount: 6,228.28 USD

If Paid After 03/01/2022,
Pay this Amount: 6,355.40 USD

AM
Due If Paid On Time: 6,228.28 ✓
USD
Disc lost if paid late: 127.12
Due If Paid Late: 6,355.40
USD

177.78 +
4,299.70 +
10.09 +
969.40 +
771.31 +
6,228.28 *

APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 02/25/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 02/25/2022

Page: 001

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

Mail to:

Comp: 8000

Customer: 190813

Date: 02/26/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 02/26/2022 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 190813 HEB PHCY 0434/MEM MED PHS											
02/23/2022	03/01/2022	7326359530	2017045251	115Invoice	3.63	181.41		177.78 ✓		7326359530	

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: 181.41 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,053.76
02/14/2022

If Paid By 03/01/2022,
Pay This Amount:

177.78 USD

If Paid After 03/01/2022,
Pay this Amount:

181.41 USD

Due If Paid On Time:

USD 177.78 ✓

Disc lost if paid late:

3.63

Due If Paid Late:

USD 181.41

APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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McKESSON

STATEMENT

As of: 02/25/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 02/25/2022
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: 02/26/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 02/26/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 256342 WALMART 1098/MEM MED PHS										
02/21/2022	03/01/2022	7325802020	25697634	115Invoice	51.14	2,556.83		2,505.69 ✓		7325802020
02/21/2022	03/01/2022	7325802021	25723313	115Invoice	8.49	424.39		415.90 ✓		7325802021
02/21/2022	03/01/2022	7325802022	25732769	115Invoice	11.36	568.12		556.76 ✓		7325802022
02/21/2022	03/01/2022	7325977374	0218220739	195Invoice	0.97	48.60		47.63 ✓		7325977374
02/21/2022	03/01/2022	7325977375	0218220821	115Invoice	2.52	125.78		123.26 ✓		7325977375
02/22/2022	03/01/2022	7326115149	25872013	115Invoice		0.10		0.10 ✓		7326115149
02/22/2022	03/01/2022	7326286837	0221220946	115Invoice	1.59	79.61		78.02 ✓		7326286837
02/23/2022	03/01/2022	7326380943	25961612	115Invoice	2.21	110.28		108.07 ✓		7326380943
02/23/2022	03/01/2022	7326569625	0222220734	195Invoice	4.59	229.27		224.68 ✓		7326569625
02/24/2022	03/01/2022	7326656440	26038246	115Invoice	0.02	1.08		1.06 ✓		7326656440
02/24/2022	03/01/2022	7326799402	0223220857	115Invoice	0.98	48.88		47.90 ✓		7326799402
02/25/2022	03/01/2022	7327061179	0224220837	115Invoice	2.92	146.00		143.08 ✓		7327061179
02/25/2022	03/01/2022	7327061180	0224220857	195Invoice	0.97	48.52		47.55 ✓		7327061180

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 4,387.46 USD

Future Due: 0.00

If Paid By 03/01/2022,
Pay This Amount:

4,299.70 USD

Past Due: 0.00

If Paid After 03/01/2022,
Pay this Amount:

4,387.46 USD

Last Payment 02/21/2022 8,165.10

Due If Paid On Time:
USD

4,299.70 ✓

Disc lost if paid late:

87.76

Due If Paid Late:
USD

4,387.46

B.M.

APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

McKESSON

STATEMENT

As of: 02/25/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 02/25/2022
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: 02/26/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 02/26/2022

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												
02/23/2022	03/01/2022	7326363715		1582425	115 Invoice	0.21	10.30		10.09	✓	7326363715	

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: 10.30 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 02/21/2022 8,165.10

If Paid By 03/01/2022,
Pay This Amount: 10.09 USD

If Paid After 03/01/2022,
Pay this Amount: 10.30 USD

Due If Paid On Time: 10.09 USD ✓

Disc lost if paid late: 0.21

Due If Paid Late: 10.30 USD

AM

APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 02/25/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 02/25/2022
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: 02/26/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450
Date: 02/26/2022

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
02/21/2022	03/01/2022	7325718454	55x349395	115Invoice	11.25	562.46		551.21 ✓		7325718454	
02/21/2022	03/01/2022	7325718455	55x349409	115Invoice	0.18	8.96		8.78 ✓		7325718455	
02/22/2022	03/01/2022	7326093396	55x352503	115Invoice	0.10	5.13		5.03 ✓		7326093396	
02/23/2022	03/01/2022	7326336796	55x355005	115Invoice	8.23	411.57		403.34 ✓		7326336796	
02/25/2022	03/01/2022	7326878414	55x359459	115Invoice	0.02	1.06		1.04 ✓		7326878414	

PF 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: 989.18 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 02/21/2022 8,165.10

If Paid By 03/01/2022,
Pay This Amount:

969.40 USD

If Paid After 03/01/2022,
Pay this Amount:

989.18 USD

Due If Paid On Time:

USD 969.40 ✓

Disc lost if paid late:

19.78

Due If Paid Late:

USD 989.18

AM

APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 02/25/2022

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

DC: 8115

Territory: 400

Customer: 835438

Date: 02/26/2022

As of: 02/25/2022

Page: 001

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 835438 PLEASE CHECK ANY
 Date: 02/26/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
02/23/2022	03/01/2022	7326574374	1582754	115Invoice	15.74	787.05		771.31 ✓		7326574374	

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: 787.05 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 02/21/2022 8,165.10

If Paid By 03/01/2022,
 Pay This Amount: 771.31 USD

If Paid After 03/01/2022,
 Pay this Amount: 787.05 USD

Due If Paid On Time: 771.31 USD ✓
 Disc lost if paid late: 15.74
 Due If Paid Late: 787.05 USD

A.M.

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 CALHOUN COUNTY, TEXAS

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MCKESSON

STATEMENT

As of: 02/18/2022

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536

Date: 02/19/2022

As of: 02/18/2022 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 02/19/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	632536	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: 8,331.74 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 02/22/2022,
Pay This Amount: 8,165.10 USD

If Paid After 02/22/2022,
Pay this Amount: 8,331.74 USD

Due If Paid On Time: *AM*
USD 8,165.10
Disc lost if paid late: 166.64
Due If Paid Late:
USD 8,331.74

6,221.02 +
36.54 +
1,575.14 +
332.40 +
8,165.10 *

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FEB 28 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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MCKESSON

STATEMENT

As of: 02/18/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 02/18/2022
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: 02/19/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 02/19/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 256342 WALMART 1098/MEM MED PHS										
02/14/2022	02/22/2022	7324358328	25209087	115Invoice	8.37	418.42		410.05	✓	7324358328
02/14/2022	02/22/2022	7324358329	25259491	115Invoice	2.29	114.28		111.99	✓	7324358329
02/14/2022	02/22/2022	7324589708	0211220856	115Invoice	4.43	221.33		216.90	✓	7324589708
02/15/2022	02/22/2022	7324693816	25366675	115Invoice	0.97	48.43		47.46	✓	7324693816
02/15/2022	02/22/2022	7324693819	25410114	115Invoice	22.72	1,136.02		1,113.30	✓	7324693819
02/15/2022	02/22/2022	7324693822	25410114	115Invoice		0.14		0.14	✓	7324693822
02/15/2022	02/22/2022	7324868956	0214220918	115Invoice	15.26	763.23		747.97	✓	7324868956
02/16/2022	02/22/2022	7324951732	25499440	115Invoice	11.36	568.01		556.65	✓	7324951732
02/16/2022	02/22/2022	7324951734	25505234	115Invoice	22.72	1,136.02		1,113.30	✓	7324951734
02/16/2022	02/22/2022	7325114463	0215220729	195Invoice	7.76	387.92		380.16	✓	7325114463
02/16/2022	02/22/2022	7325114464	0215220908	115Invoice	0.01	0.32		0.31	✓	7325114464
02/17/2022	02/22/2022	7325237629	25528558	115Invoice	13.93	696.32		682.39	✓	7325237629
02/17/2022	02/22/2022	7325237631	25572896	115Invoice	5.68	284.09		278.41	✓	7325237631
02/18/2022	02/22/2022	7325488590	25601587	115Invoice	5.68	284.19		278.51	✓	7325488590
02/18/2022	02/22/2022	7325488591	25645932	115Invoice	1.22	60.84		59.62	✓	7325488591
02/18/2022	02/22/2022	7325644250	0217220818	195Invoice	0.68	34.14		33.46	✓	7325644250
02/18/2022	02/22/2022	7325644251	0217220746	115Invoice	3.89	194.29		190.40	✓	7325644251

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 6,347.99 USD

Future Due: 0.00

If Paid By 02/22/2022,
Pay This Amount:

6,221.02 USD

Past Due: 0.00

If Paid After 02/22/2022,
Pay this Amount:

6,347.99 USD

Last Payment 8,053.76
02/14/2022

Due If Paid On Time:

USD 6,221.02 ✓

Disc lost if paid late:

126.97

Due If Paid Late:

USD 6,347.99

APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 02/18/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 02/18/2022
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: 02/19/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 02/19/2022

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
02/16/2022	02/22/2022	7324950430	632536	115 Invoice	0.75	37.29		36.54	✓	7324950430

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: 37.29 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 02/14/2022 8,053.76

If Paid By 02/22/2022,
Pay This Amount: 36.54 USD

If Paid After 02/22/2022,
Pay this Amount: 37.29 USD

Due If Paid On Time: 36.54 USD ✓

Disc lost if paid late: 0.75

Due If Paid Late: 37.29 USD

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MCKESSON

STATEMENT

As of: 02/18/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 02/18/2022
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: 02/19/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 02/19/2022 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											
02/14/2022	02/22/2022	7324354407	55x336991	115Invoice	0.01	0.63		0.62 ✓		7324354407	
02/14/2022	02/22/2022	7324354408	55x337216	115Invoice	9.85	492.50		482.65 ✓		7324354408	
02/14/2022	02/22/2022	7324354409	55x337260	115Invoice	0.94	47.02		46.08 ✓		7324354409	
02/15/2022	02/22/2022	7324702647	55x339780	115Invoice	6.66	333.10		326.44 ✓		7324702647	
02/15/2022	02/22/2022	7324702649	55x339857	115Invoice	1.41	70.53		69.12 ✓		7324702649	
02/16/2022	02/22/2022	7324931792	55x342673	115Invoice	13.20	659.77		646.57 ✓		7324931792	
02/18/2022	02/22/2022	7325467968	55x347029	115Invoice	0.07	3.73		3.66 ✓		7325467968	

PF 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: 1,607.28 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 02/14/2022 8,053.76

If Paid By 02/22/2022, Pay This Amount: 1,575.14 USD

If Paid After 02/22/2022, Pay this Amount: 1,607.28 USD

Due If Paid On Time: USD 1,575.14 ✓
Disc lost if paid late: 32.14
Due If Paid Late: USD 1,607.28

APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 02/18/2022

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

DC: 8115

Territory: 400

Customer: 835438

Date: 02/19/2022

As of: 02/18/2022

Page: 001

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 835438

PLEASE CHECK ANY

Date: 02/19/2022

ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
02/16/2022	02/22/2022	7325147408	1572939	115 Invoice	6.78	339.18		332.40	✓	7325147408	

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:

339.18 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 02/14/2022 8,053.76

If Paid By 02/22/2022,
 Pay This Amount:

332.40 USD

If Paid After 02/22/2022,
 Pay this Amount:

339.18 USD

Due If Paid On Time:
 USD

332.40 ✓

Disc lost if paid late:

6.78

Due If Paid Late:
 USD

339.18

APPROVED ON

FEB 28 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	Customer Number
		100135284 / 037028186
		Terms
		Sat - Fri Due in 7 days
		Summary
		Not Yet Due: 0.00 Current: 304.26 Past Due: 0.00 Total Due: 304.26 Account Balance: 304.26

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
02-21-2022	03-04-2022	3084070926	164802	Invoice	95.19		0.00	95.19
02-21-2022	03-04-2022	3084070927	164803	Invoice	0.09		0.00	0.09
02-21-2022	03-04-2022	3084070928	164805	Invoice	8.63		0.00	8.63
02-21-2022	03-04-2022	3084106266	164851	Invoice	36.14		0.00	36.14
02-22-2022	03-04-2022	3084233503	164859	Invoice	37.37		0.00	37.37
02-22-2022	03-04-2022	3084233504	164860	Invoice	0.09		0.00	0.09
02-23-2022	03-04-2022	3084376980	164868	Invoice	86.05		0.00	86.05
02-24-2022	03-04-2022	3084524515	164877	Invoice	25.34		0.00	25.34
02-25-2022	03-04-2022	3084656255	164885	Invoice	15.36		0.00	15.36

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
304.26	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
02-25-2022	(918.60)

Reminders	
Due Date	Amount
03-04-2022	304.26
Total Due:	304.26



APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Serviced By:
AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

Customer:
US BIOSERVICES CARROLLTON 340B
5025 PLANO PARKWAY SUITE 100
CARROLLTON TX 75010

Remit To:
AMERISOURCEBERGEN
P.O. Box 978740
DALLAS TX 75397-8740

Customer Number	
100270691 / 018628707	
Terms	
Sat - Fri Due in 7 days	
Summary	
Not Yet Due:	0.00
Current:	55.00
Past Due:	0.00
Total Due:	55.00
Account Balance:	55.00

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
02-25-2022	03-04-2022	344988638		Invoice	55.00		0.00	55.00

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
55.00	0.00	0.00	0.00	0.00	0.00	0.00

Reminders	
Due Date	Amount
03-04-2022	55.00
Total Due:	55.00

APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



Serviced By:
AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

Customer:
SENDERRA RX PHY 340B
MEMORIAL MEDICAL CENTER
1301 E ARAPAHO RD STE 101
RICHARDSON TX 75081

Remit To:
AMERISOURCEBERGEN
P.O. Box 978740
DALLAS TX 75397-8740

Customer Number	
100288078 / 037983771	
Terms	
Sat - Fri Due in 7 days	
Summary	
Not Yet Due:	0.00
Current:	55.00
Past Due:	0.00
Total Due:	55.00
Account Balance:	55.00

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
02-25-2022	03-04-2022	344988358		Invoice	55.00		0.00	55.00

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
55.00	0.00	0.00	0.00	0.00	0.00	0.00

Reminders	
Due Date	Amount
03-04-2022	55.00
Total Due: 55.00	

APPROVED ON

FEB 28 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**



Serviced By:	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Customer:	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number	100135284 / 037028186
	DEA: RA0289276 866-451-9655			Terms	Sat - Fri Due in 7 days
Remit To:	AMERISOURCEBERGEN P.O. Box 905223 CHARLOTTE NC 28290-5223			Summary	
				Not Yet Due:	0.00
				Current:	918.60
				Past Due:	0.00
				Total Due:	918.60
				Account Balance:	918.60

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
02-14-2022	02-25-2022	3083326679	164707	Invoice	32.04		0.00	32.04
02-14-2022	02-25-2022	3083327010	164708	Invoice	36.84		0.00	36.84
02-14-2022	02-25-2022	3083327011	164709	Invoice	209.61		0.00	209.61
02-14-2022	02-25-2022	3083362809	164755	Invoice	103.07		0.00	103.07
02-15-2022	02-25-2022	3083492906	164764	Invoice	255.81		0.00	255.81
02-16-2022	02-25-2022	3083634425	164773	Invoice	15.01		0.00	15.01
02-17-2022	02-25-2022	3083774771	164783	Invoice	190.64		0.00	190.64
02-18-2022	02-25-2022	3083923866	164792	Invoice	38.74		0.00	38.74
02-18-2022	02-25-2022	3083923867	164793	Invoice	36.84		0.00	36.84

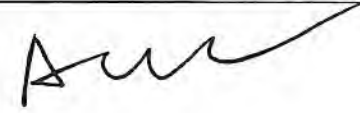
Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
918.60	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
02-18-2022	(1,247.59)

Reminders	
Due Date	Amount
02-25-2022	918.60
Total Due:	
	918.60

APPROVED ON
FEB 28 2022

CHK # 500277



BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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="text"/>
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		<input type="text"/>
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		<input type="text" value="941 #"/>
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		<input type="text" value="22"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH" 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="text" value="03"/>
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM"	★		<input type="text" value="\$ 97,995.41 #"/>
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"			<input type="text" value="1"/>
	"ENTER W/CENTS AMOUNT OF MEDICARE"	0		<input type="text" value="\$ 51,023.48 #"/>
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			<input type="text" value="\$ 11,932.90 #"/>
				<input type="text" value="\$ 35,039.03 #"/>
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	CHECK	★	<input type="text" value="\$ -"/>
				<input type="text" value="1"/>
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			<input type="text"/>

CALLER INFORMATION:

CALLER NAME:

CALLER PHONE:

CALLER TIME:

Run Date: 02/28/22
 Time: 09:41

MEMORIAL MEDICAL CENTER
 Payroll Register (Bi-Weekly)
 Pay Period 02/11/22 - 02/24/22 Run# 1

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Final Summary

*-- Pay Code Summary							*-- Deductions Summary						
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount			
1	REGULAR PAY-S1	9654.25	N	N	N			199228.69	A/R	512.00	A/R2	25.00	A/R3
1	REGULAR PAY-S1	1962.25	N	N	N	N		81105.93	ADVANC	AWARDS	BCBSVI	1012.86	
1	REGULAR PAY-S1	448.75	Y	N	N			13257.39	BOOTS	CAFE H	CAFE-I		
2	REGULAR PAY-S2	2343.25	N	N	N			55079.19	CAFE-2	CAFE-3	CAFE-4		
2	REGULAR PAY-S2	146.25	Y	N	N			4880.50	CAFE-5	CAFE-C	CAFE-D	1633.29	
3	REGULAR PAY-S3	1211.50	N	N	N			34338.21	CAFE-F	CAFE-H	22588.14	CAFE-I	
3	REGULAR PAY-S3	53.25	Y	N	N			1677.74	CAFE-L	CAFE-P	CANCER		
C	CALL PAY	2252.75	N	1	N	N		4505.50	CHILD	609.70	CLINIC	125.00	COMBIN
D	DOUBLE TIME	10.00	N	1	N	N		672.38	CREDUN	DD ADV	DENTAL		
D	DOUBLE TIME	19.75	N	2	N	N		1988.51	DEP-LF	DIS-LF	EAT		
D	DOUBLE TIME	24.75	N	3	N	N		1841.86	EATCSH	FEDTAX	35039.03	FICA-M	
D	DOUBLE TIME	3.25	Y	2	N	N		368.06	FICA-O	25511.74	FIRSTC	FLEX S	
D	DOUBLE TIME	7.50	Y	3	N	N		732.83	FLX FE	FORI D	FUTA		
E	EXTRA WAGES		N	N	N	N		417.25	GIFT S	419.15	GRANT	GRP-IN	
E	EXTRA WAGES		N	1	N	N		732.25	GTL	HOSP-I	ID TPT		
F	FUNERAL LEAVE	32.00	N	1	N	N		424.00	LEAF	LEGAL	209.74	MASA	
I	INSERVICE	11.50	N	1	N	N		402.54	MEALS	128.42	METVIS	MISC	
K	EXTENDED-ILLNESS-BANK	256.00	N	1	N	N		4462.66	MISC/	MMCSHR	NATFML	1886.11	
P	PAID-TIME-OFF	436.13	N	N	N	N		11294.68	OTRER	PHI	PHI***		
P	PAID-TIME-OFF	962.25	N	1	N	N		24404.55	PR FIN	RELAY	REPAY		
T	EARNED INCOME CREDIT		N	N	N	N		20.00	SAMS	SCRUBS	SIGNON		
X	CALL PAY 2	160.00	N	1	N	N		320.00	ST-TX	STONDF	640.86	STONE	
Z	CALL PAY 3	96.00	N	1	N	N		288.00	STONE2	STUDEN	SUNACC	815.19	
t	PHONE & DATA		N	N	N	N		880.00	SUNILL	851.68	SUNIND	582.35	
v	COVID-FFCRA	16.00	N	N	N	N		160.80	SUNSTD	1259.69	SUNVIS	SURCHG	
w	COVID-FFCRA	40.00	N	1	N	N		861.04	TSA-1	TSA-2	TSA-C	470.00	
									TSA-P	TSA-R	30944.60	TUTION	
									UNIFOR	220.21	UW/HOS		

pm

----- Grand Totals: 20147.38 ----- (Gross: 443743.56 Deductions: 136767.12 Net: 306976.44)
 Checks Count:- FT 197 PT 10 Other 42 Female 225 Male 23 Credit OverAnt 8 ZeroNet Term Total: 248

Pay date:
 03-04-22

Run Date: 02/28/22
Time: 10:21

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 02/11/22--02/24/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

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Num.	Name	Amount	CHECK NUM	DATE
02156	AUBREY S HOLT	804.94	00063116	03/04/22
02678	MELISSA NESLOWEY	1377.15	00063117	03/04/22
20243	MELANIE CORTEZ	748.94	00063118	03/04/22
60271	REBEKAH GERYK	714.12	00063119	03/04/22
65583	RACQUEL MORALES	622.38	00063120	03/04/22
60412	CHRISTOPHER GALINDO	421.50	00063121	03/04/22
88125	LISA M TREVINO	360.32	00063122	03/04/22
00041	CARL LEE KING	751.05	DD	03/04/22
00083	SYLVIA A VARGAS	1006.78	DD	03/04/22
00094	SYLVIA A MENDOZA	782.49	DD	03/04/22
00113	JACLYN CARREON	1127.59	DD	03/04/22
00132	SANDRA A BRAUN	736.76	DD	03/04/22
00192	BRENDA D PENA	949.21	DD	03/04/22
00270	ANGELA M BURGIN	658.86	DD	03/04/22
00344	SANDRA LEE RUDDICK	2680.05	DD	03/04/22
00387	BILLIE F DUCKWORTH	2917.63	DD	03/04/22
00392	MONICA T CARR	943.57	DD	03/04/22
00399	LINDA J TIJERINA	2513.82	DD	03/04/22
00401	VELMA J PINA	688.95	DD	03/04/22
00417	SHERRY L KING	2199.91	DD	03/04/22
00423	DOWN V STRINGO	2312.14	DD	03/04/22
00482	PAM FIKAC	1302.62	DD	03/04/22
00577	DIANA GARCIA	1623.66	DD	03/04/22
00581	CYNTHIA L RUSHING	1628.33	DD	03/04/22
00676	SHEILA KAY HEATHCOCK	1162.15	DD	03/04/22
00681	R RENEE WOOD	1552.02	DD	03/04/22
00692	DEBORAH E WITTEBERT	651.17	DD	03/04/22
00697	MARIA C FARIAS	1175.89	DD	03/04/22
00707	KIMBERLY R BLINKA	1554.86	DD	03/04/22
01015	SUSAN B SMALLEY	1622.66	DD	03/04/22
01191	SHARON M SPARKS	337.77	DD	03/04/22
01234	JENISE N SVETLIK	1790.65	DD	03/04/22
01367	MARILYN A SANDERS	1650.85	DD	03/04/22
01791	RAUSHANAH J MONDAY	1456.42	DD	03/04/22
02011	ERIN R CLEVINGER	3419.17	DD	03/04/22
02014	AGAPITA C CANTU	191.29	DD	03/04/22
02021	ERIKA OSORNIA-SANCHEZ	702.37	DD	03/04/22
02022	AMANDA J GRIGGS	2410.92	DD	03/04/22
02064	ANNA LAURA GARCIA	379.54	DD	03/04/22
02097	KYLIE M GAINES	2129.57	DD	03/04/22
02099	TRACI M SHEFCIK	2913.71	DD	03/04/22
02112	LESLIE THOMAS	2080.46	DD	03/04/22
02165	CAVDENCE N CAUDILL	413.74	DD	03/04/22
02193	TIKI VENGLAR	2194.62	DD	03/04/22
02271	DAWN J BUBENIK	1953.96	DD	03/04/22
02301	NICOLAS TIJERINA	1138.46	DD	03/04/22
02302	CATHERINE MARIE DECILOS	46.36	DD	03/04/22
02303	CONNIE M LUNA	2568.47	DD	03/04/22
02315	NINA M GREEN	2463.77	DD	03/04/22
02331	JESSICA B BIFFLE	1219.85	DD	03/04/22
02346	JEANETTE L FALCON	296.74	DD	03/04/22
02416	JANELLE SCOTT	1870.41	DD	03/04/22
02511	MAGDALENA SEPULVEDA	584.23	DD	03/04/22

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MEMORIAL MEDICAL CENTER BI-WEEKLY
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Num.	Name	Amount	CHECK NUM	DATE
02525	AUDREY D GARCIA	391.32	DD	03/04/22
02552	VERONICA FAGUSIN	1682.90	DD	03/04/22
02584	BEATRICE MAGU	2728.28	DD	03/04/22
02701	RONDA DAWNELLE GOHLKE	2012.62	DD	03/04/22
02719	DAWN M MCCLELLAND	1624.22	DD	03/04/22
02735	ZANDRA A GARCIA	353.63	DD	03/04/22
02745	TRACY L WIGGS	1811.76	DD	03/04/22
02763	JESSICA COPPIN	1593.64	DD	03/04/22
02794	HEATHER L MUTCHLER	1816.74	DD	03/04/22
02812	BRITTANY N RUDDICK	1517.44	DD	03/04/22
02907	MARIA F LONGORIA	1088.77	DD	03/04/22
02927	MICHAEL L GAINES	3041.39	DD	03/04/22
02963	DOROTHY J RENDON	579.77	DD	03/04/22
02970	DIANNE G ATKINSON	1996.41	DD	03/04/22
03864	JACQUELINE R HERRERA	1215.13	DD	03/04/22
05003	COURTNE D THURLKILL	2892.57	DD	03/04/22
05006	REGINA A MARTINEZ	2537.57	DD	03/04/22
05007	JAMIE K NEYLAND	1633.46	DD	03/04/22
05641	AMANDA R KEY	1612.27	DD	03/04/22
05757	SHARON T HOLDER	1831.17	DD	03/04/22
07007	URSULA S BRYAN	627.80	DD	03/04/22
07066	DELPHINE PADRON	1556.04	DD	03/04/22
07123	CYNTHIA GUERRA	1642.27	DD	03/04/22
07878	DIANA C SAUCEDA	1155.20	DD	03/04/22
10519	MARISSA LYNN HUNT	1277.76	DD	03/04/22
11197	CATHERINE A SAENZ	1447.99	DD	03/04/22
12011	KIMBERLY J REYNA	740.74	DD	03/04/22
12115	LISA J HINOJOSA	978.41	DD	03/04/22
12212	MARIA E ARREDONDO	756.84	DD	03/04/22
15097	KYLE L DANIEL	2678.91	DD	03/04/22
15131	SAVANNAH HARLEY	1513.54	DD	03/04/22
15286	DAWN M MAREK	2045.74	DD	03/04/22
15400	ANDREA RODRIGUEZ	4034.34	DD	03/04/22
15915	BRIANNE J KEY	1882.10	DD	03/04/22
20112	YULMA PATRICA RODRIGUEZ	337.77	DD	03/04/22
20134	GISELLA CHAVEZ	68.70	DD	03/04/22
20144	SOPHIE M PECENA	636.70	DD	03/04/22
20156	ERIN ASHLEY WISDOM	1426.39	DD	03/04/22
20206	KELLI B GOFF	1211.60	DD	03/04/22
20207	SHAWNA G HARIL	2170.98	DD	03/04/22
20294	JESSICA D WALTHER	664.21	DD	03/04/22
20407	MISTY M RECTOR	547.45	DD	03/04/22
20419	KAREN N MCEUEN	161.96	DD	03/04/22
20456	SAYDI A ST CLAIR	638.81	DD	03/04/22
20484	BRIANNA S PASSMORE	6.96	DD	03/04/22
20548	JAMES D AKIN	1023.64	DD	03/04/22
20567	JESSICA L RUDDICK	20.48	DD	03/04/22
20759	JAMIE SADLER	619.96	DD	03/04/22
20796	ANNA JIMENEZ	507.83	DD	03/04/22
20797	BETHANN M DIGGS	581.51	DD	03/04/22
20816	JOIE L PENA	991.69	DD	03/04/22
20837	DAISY MADRIGAL	1039.64	DD	03/04/22
20896	DANIELA CAMACHO	342.36	DD	03/04/22
20977	CHERYL L TESCH	1724.13	DD	03/04/22

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Num.	Name	Amount	CHECK NUM	DATE
21450	DIANA E LEAL	1355.11	DD	03/04/22
21629	JACOBY R CRAWFORD	1730.22	DD	03/04/22
21736	ALLISON GOULDEN	883.13	DD	03/04/22
28120	JESSICA V SELVERA	913.15	DD	03/04/22
30491	ARLEEN JUDD	223.59	DD	03/04/22
31035	STACIE L EPLEY	1528.34	DD	03/04/22
31054	LORA L LAMBEN	755.59	DD	03/04/22
31099	ARACELY Z GARCIA	2525.68	DD	03/04/22
31151	BRITTANY H PEREZ	126.74	DD	03/04/22
31185	JERRY A FINDLEY	1004.81	DD	03/04/22
31219	LAUREN PHILLIPS	1055.96	DD	03/04/22
31313	KATHERINE LYNN JIMENEZ	1969.09	DD	03/04/22
31319	STACY L FARMER	1790.72	DD	03/04/22
31463	EDWARD E MATULA	2245.67	DD	03/04/22
31508	RACHEL A HEFFNER	1527.59	DD	03/04/22
31821	KAYLA M ALVAREZ	2006.55	DD	03/04/22
31832	SHANE D KRESTA	319.63	DD	03/04/22
31849	CODY L JUREK	5083.08	DD	03/04/22
38118	KRYSTELLA F KISIAH	895.44	DD	03/04/22
38413	DEVAN ORTA	967.58	DD	03/04/22
38702	ANNA VANESSA PENNELL	919.69	DD	03/04/22
41112	ANASTASIA L PEREZ	699.82	DD	03/04/22
41171	TOMMIE M TREVINO	449.56	DD	03/04/22
41205	JEANETTE ALVARADO	761.11	DD	03/04/22
41225	LESLIE A CRAIGEN	813.75	DD	03/04/22
41236	PAMELA K VANNOY	1226.54	DD	03/04/22
41242	EDUARDO TORRES	523.50	DD	03/04/22
41274	KAREN GANN	810.08	DD	03/04/22
41279	PAMELA R HARMON	399.43	DD	03/04/22
41347	ADRIANNA D STRAKOS	593.77	DD	03/04/22
41369	LORETTA A LEAL	635.42	DD	03/04/22
41418	ANGEL M CASSEL	974.56	DD	03/04/22
41507	OLGA I BETANCOURT	899.91	DD	03/04/22
41612	SONJA A GUJARDO	543.91	DD	03/04/22
41617	JACQUELINE M MARTINEZ	722.67	DD	03/04/22
41618	HEATHER DELBOSQUE	636.57	DD	03/04/22
41705	KELSEY R TAYLOR	274.17	DD	03/04/22
41896	RENAE MICHELLE EMERY	609.76	DD	03/04/22
41897	ROXANNA MARTINEZ	736.77	DD	03/04/22
41901	JUANITA R MILLER	1202.23	DD	03/04/22
41924	BRITTNEY V STRICKLIN	472.85	DD	03/04/22
42106	CHRISTY SILVAS	909.58	DD	03/04/22
42112	SOCORRO C GONZALES	597.70	DD	03/04/22
42122	LEI ANA CHAVANA	1433.99	DD	03/04/22
42125	LUCY CALZADA	775.60	DD	03/04/22
42304	MIMI T NGUYEN	2068.27	DD	03/04/22
42320	MICHAEL A PFEIL	3004.34	DD	03/04/22
42820	MARIA D CHAVEZ	495.87	DD	03/04/22
42842	SHANNA S O DONNELL	3214.08	DD	03/04/22
48680	JESSICA BUSH	437.61	DD	03/04/22
50018	MICHELLE M MORALES	1347.25	DD	03/04/22
50148	PENNY GOULDEN	3053.31	DD	03/04/22
50161	BRITTNEY MICHELLE ZAMORA	1037.64	DD	03/04/22
50248	MCKENNA VILLEGAS	531.87	DD	03/04/22

Run Date: 02/28/22
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MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
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Num.	Name	Amount	CHECK NUM	DATE
50282	JACOB W HAMILTON	2501.20	DD	03/04/22
50310	JASMINE GRIGSBY	768.69	DD	03/04/22
50573	DEANA R DAVIS	1602.53	DD	03/04/22
50596	BETTY S DAVIS	1940.66	DD	03/04/22
50719	DEBRA K MUSTERED	2195.40	DD	03/04/22
50928	ADINA RODRIGUEZ	573.95	DD	03/04/22
53541	JACLYN B HARTL	1518.54	DD	03/04/22
55025	LEA C RESENDEZ	410.02	DD	03/04/22
55026	IRENE B PEREZ	430.37	DD	03/04/22
55106	CRYSTAL M CHAVEZ	749.38	DD	03/04/22
55127	APRIL N KUBALA	2635.98	DD	03/04/22
55371	BLANCA HERNANDEZ	362.64	DD	03/04/22
55382	SHANNON JACILDO	1639.60	DD	03/04/22
55658	LAJUAN WILKE	624.50	DD	03/04/22
56510	RITA L POLENSKY	732.88	DD	03/04/22
60103	TODD SAVOY	766.42	DD	03/04/22
60112	ROBERT A RODRIQUEZ	2002.26	DD	03/04/22
60131	NORA OVALLE	509.81	DD	03/04/22
60163	MIGDALIA CLARO	662.98	DD	03/04/22
60165	TERESA A BENITEZ	1686.93	DD	03/04/22
60191	LOLA A RODRIGUEZ	578.06	DD	03/04/22
60616	DOROTHY A LONGORIA	835.00	DD	03/04/22
60718	ANNA C GONZALEZ	716.11	DD	03/04/22
60934	CONSUELO ZAMORA	688.99	DD	03/04/22
63124	SANJUAN M GARCIA	868.39	DD	03/04/22
63289	JASON RUBIO	1049.31	DD	03/04/22
65100	FELICITA BONUZ	506.72	DD	03/04/22
65121	VIVIANA P MEDINA	283.53	DD	03/04/22
65151	ELIA OLACHIA	579.76	DD	03/04/22
65213	LEE SIMERLY	1260.56	DD	03/04/22
65243	LUCILA LOPEZ DE GUZMAN	948.13	DD	03/04/22
65366	CYNTHIA GARCIA	613.43	DD	03/04/22
65393	RAMONA A PEREZ	779.51	DD	03/04/22
65413	CHRISTINA SOLIS	10.24	DD	03/04/22
65453	AMALIA L FLORES	706.92	DD	03/04/22
65463	MARIA I VELOZ	672.75	DD	03/04/22
65486	ROSA RODRIGUEZ	883.42	DD	03/04/22
65513	MARIA MORALES	893.02	DD	03/04/22
65705	DOMITILA HERRERA	745.65	DD	03/04/22
65815	MELISSA R VEGAS	462.75	DD	03/04/22
65865	MARIA F LEDEZMA	631.07	DD	03/04/22
68163	CRYSTAL MARTINEZ	1007.04	DD	03/04/22
68792	NAZARIO DIAZ HERNANDEZ	1679.05	DD	03/04/22
70119	SARA N BLEDSOE	2209.86	DD	03/04/22
71620	ROBIN STEELE	2299.29	DD	03/04/22
73749	GLORIA N REID	2306.64	DD	03/04/22
75190	RIKA MILLER	1871.62	DD	03/04/22
76003	IRMA DELEON	659.45	DD	03/04/22
76110	TARAH SUBLETT	425.20	DD	03/04/22
76115	JENNIFER R CARLOCK	644.79	DD	03/04/22
76120	RACHEL CANALES	1226.52	DD	03/04/22
76138	KAREN D GARCIA	556.15	DD	03/04/22
76210	ZOE VILLARREAL	457.62	DD	03/04/22
76300	AIDA JIMENEZ	635.46	DD	03/04/22

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Num.	Name	Amount	CHECK NUM	DATE
76313	PAMELA L BARTON	575.11	DD	03/04/22
76403	KATRINA A POKLUDA	1107.56	DD	03/04/22
76647	CHERYL A SEE	1102.93	DD	03/04/22
76706	GREGORY E MORALES	642.41	DD	03/04/22
76761	LAURA F PESINA	743.60	DD	03/04/22
76854	MARY PATTERSON	638.58	DD	03/04/22
76985	VANESSA TRISTAN	149.57	DD	03/04/22
77646	FAREN A GONZALES	1058.50	DD	03/04/22
78020	MISTY R PASSMORE	2523.68	DD	03/04/22
78058	KYANN J POWER	239.18	DD	03/04/22
78072	DONNA M RAWLINGS	1254.25	DD	03/04/22
78186	ANDREA F COOK	293.46	DD	03/04/22
78191	JAMIE J GRASSE	727.64	DD	03/04/22
78287	MARISSA D ALMANZAR	1680.75	DD	03/04/22
78336	JESSICA L GLOVER	2268.81	DD	03/04/22
78566	MELISSA K GEE	923.23	DD	03/04/22
78764	ASHLEY D HADLEY	2120.06	DD	03/04/22
78778	SARA M RUBIO	2069.14	DD	03/04/22
78781	KRISTEN R MACHICEK	1587.94	DD	03/04/22
78787	FARAH I JANAK	2483.54	DD	03/04/22
78879	YESENIA QUEZADA	545.13	DD	03/04/22
78897	DAYLE J MCLAUGHLIN	870.74	DD	03/04/22
80008	ADAM D BESIO	2194.61	DD	03/04/22
80141	JEANNIE ORTA	2492.73	DD	03/04/22
80167	JOHN P MENCHACA	1218.29	DD	03/04/22
82227	CAITLIN A CLEVINGER	1158.43	DD	03/04/22
86432	KRISTI L BOYD	2801.51	DD	03/04/22
86482	MEGAN M HARPER	898.76	DD	03/04/22
88808	MARLEY B O'DONNELL	2219.99	DD	03/04/22
88904	MAYRA K MARTINEZ	1483.79	DD	03/04/22
90320	ROSHANDA S THOMAS	3557.68	DD	03/04/22
93231	ANDRIE M CASTILLO	1139.23	DD	03/04/22
98547	ELLEN W HEIMAN	102.59	DD	03/04/22
98756	ADRIANNA M GALVAN	1446.87	DD	03/04/22
		306976.44		

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

PAY PERIOD: BEGIN
 PAY PERIOD: END
 PAY DATE:

2/11/2022
 2/24/2022
 3/4/2022

ENTER VOID CKS AS NEGATIVE NUMBERS

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

TOTALS

GROSS PAY:	\$ 443,743.56			\$ -	\$ 443,743.56
DEDUCTIONS:					
A/R	\$ 537.00				\$ 537.00
ADVANC					\$ -
BOOTS					\$ -
SUNLIFE CRITICAL ILLNESS	\$ 851.68				\$ 851.68
SUNLIFE ACCIDENT	\$ 815.19				\$ 815.19
SUNLIFE VISION					\$ -
SUNLIFE SHORT TERM DIS	\$ 1,259.69				\$ 1,259.69
BCBS VISION	\$ 1,012.86				\$ 1,012.86
CAFÉ-D	\$ 1,633.29				\$ 1,633.29
CAFÉ-H	\$ 22,588.14				\$ 22,588.14
	\$ -				\$ -
	\$ -				\$ -
CAFÉ-P					\$ -
CANCER					\$ -
CHILD	\$ 609.70				\$ 609.70
CLINIC	\$ 125.00				\$ 125.00
COMBIN	\$ 306.09				\$ 306.09
CREDUN					\$ -
DENTAL					\$ -
DEP-LF					\$ -
SUNLIFE TERM LIFE	\$ 765.60				\$ 765.60
SUNLIFE HOSP INDEM	\$ 582.35				\$ 582.35
FED TAX	\$ 35,039.03				\$ 35,039.03
FICA-M	\$ 5,966.45				\$ 5,966.45
FICA-O	\$ 25,511.74				\$ 25,511.74
FIRST C					\$ -
FLEX S	\$ 3,442.96				\$ 3,442.96
FLX-FE					\$ -
GIFT S	\$ 419.16				\$ 419.16
GRP-IN					\$ -
GTL					\$ -
HOSP-I					\$ -
LEGAL	\$ 1,010.99				\$ 1,010.99
OTHER	\$ 348.63				\$ 348.63
NATIONAL FARM LIFE	\$ 1,886.11				\$ 1,886.11
MED SURCHARGE	\$ 470.00				\$ 470.00
PR FIN					\$ -
RELAY					\$ -
REPAY					\$ -
STONEDF	\$ 640.86				\$ 640.86
STONE					\$ -
STONE 2					\$ -
STUDEN					\$ -
TSA-R	\$ 30,944.60				\$ 30,944.60
UWIHOS					\$ -
TOTAL DEDUCTIONS:	\$ 136,767.12	\$ -	\$ -	\$ -	\$ 136,767.12
NET PAY:	\$ 306,976.44	\$ -	\$ -	\$ -	\$ 306,976.44
TOTAL CAFÉ 125 PLAN:	\$ 32,244.67	Less Exempt:			
TAXABLE PAY:	\$ 411,498.89	\$ 411,498.89			

	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 5,966.73		
FICA - MED (EE)	1.45% \$ 5,966.73	\$ 5,966.45	\$ 0.28
FICA - SOC SEC (ER)	6.20% \$ 25,512.93		
FICA - SOC SEC (EE)	6.20% \$ 25,512.93	\$ 25,511.74	\$ 1.19
FED WITHHOLDING	\$ 35,039.03	\$ 35,039.03	

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

TAX DEPOSIT:	\$ 97,998.35	\$ 97,995.41
FICA - MEDICARE	2.90% \$ 11,933.46	\$ 11,932.90
FICA - SOCIAL SECURITY	12.40% \$ 51,025.86	\$ 51,023.48
FED WITHHOLDING	\$ 35,039.03	\$ 35,039.03
TOTAL TAX:	\$ 97,998.35	\$ 97,995.41

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

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- February 14, 2022 - February 27, 2022**

PAY PLUS
206.42 +
36.47 +
102.22 +
24.57 +
2.85 +
51.28 +

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
2/14/2022	PAY PLUS ACHTRANS 452579291 101000694222516	- 3rd Party Payor Fee
2/15/2022	PAY PLUS ACHTRANS 452579291 101000695176795	- 3rd Party Payor Fee
2/15/2022	MCKESSON DRUG AUTO ACH ACH04914524 910000181	- 340B Drug Program Expense
2/15/2022	TEXAS COUNTY DRS RECEIVABLE 0419 21000024019	- Retirement Funding
2/15/2022	FDMS FDMS PYMT 052-1737276-000 4100012525207	- Credit Card Processing Fee
2/16/2022	PAY PLUS ACHTRANS 452579291 101000696253051	- 3rd Party Payor Fee
2/17/2022	PAY PLUS ACHTRANS 452579291 101000697130540	- 3rd Party Payor Fee
2/17/2022	PAY PLUS ACHTRANS 452579291 101000697972604	- 3rd Party Payor Fee
2/18/2022	IRS USATAXPYMT 220244990778149 6103601000148	- Payroll Taxes
2/18/2022	IRS USATAXPYMT 220244973424277 6103601000147	- Payroll Taxes
2/18/2022	EXPERTPAY EXPERTPAY 746003411 91000012093604	- Child Support Payment
2/18/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
2/18/2022	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll
2/18/2022	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	- CitiBank Corporate Card Payment
2/22/2022	WEBFILE TAX PYMT DD 902/05065555 21000023399	- Sales Tax
2/22/2022	PAY PLUS ACHTRANS 452579291 101000698775702	- 3rd Party Payor Fee
2/22/2022	MCKESSON DRUG AUTO ACH ACH04919465 910000173	- 340B Drug Program Expense
2/23/2022	PAY PLUS ACHTRANS 452579291 101000699340549	- 3rd Party Payor Fee
2/24/2022	PAY PLUS ACHTRANS 452579291 101000691087665	- 3rd Party Payor Fee
2/25/2022	PAY PLUS ACHTRANS 452579291 101000691934704	- 3rd Party Payor Fee
2/25/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense

<u>Amount</u>	<u>CP</u>
\$ 206.42	0.52 +
\$ 36.47	145.13 +
\$ 8,053.76*	668.16 +
\$ 163,191.16**	1,237.62 *
\$ 192.13	
\$ 102.22	
\$ 24.57	
\$ 2.85	192.13 +
\$ 140.99*	192.13 *
\$ 95,295.68*	
\$ 614.20	614.20 +
\$ 1,247.59*	
\$ 293,936.31*	614.20 *
\$ 863.08*	
\$ 1,052.20*	
\$ 51.28	
\$ 8,165.10***	1,237.62 +
\$ 0.52	192.13 +
\$ 145.13	614.20 +
\$ 668.16	2,043.95 *
\$ 918.6***	
<u>574,908.42</u>	

A. M.

Anthony Richardson
Memorial Medical Center

February 28, 2022

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

* Approved 02-16-22 CC
** Approved 02-09-22 CC
*** Will be approved this court (no court last week)

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
-------------	--------------------	------------------	---------------

A. M.

Anthony Richardson
Memorial Medical Center

February 28, 2022

574,908.42	574,908.42 +
	8,053.76 -
	163,191.16 -
	140.99 -
	95,295.68 -
	1,247.59 -
	293,936.31 -
	863.08 -
	1,052.20 -
	8,165.10 -
	918.60 -
	2,043.95 *
	2,043.95 +
	2,043.95 -
	0.00 *

RECEIVED BY THE
COUNTY AUDITOR ON

FEB 25 2022

02/25/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11816 ASHFORD GARDENS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021122		02/15/20	02/11/20	03/17/20		4,780.82	0.00	0.00	4,780.82 ✓

YR 4 ADJ 1 UHC QIPP

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	4,780.82	0.00	0.00	4,780.82

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,780.82	0.00	0.00	4,780.82

APPROVED ON

FEB 25 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Clk#194043

RECEIVED BY THE
COUNTY AUDITOR ON

02/25/2022
FEB 25 2022
09:16

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

CALHOUN COUNTY, TEXAS
Vendor# Vendor Name

11828 SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021122		02/15/20	02/11/20	03/17/20		1,853.46	0.00	0.00	1,853.46

YR 4 ADJ UHC QIPP

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	1,853.46	0.00	0.00	1,853.46

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,853.46	0.00	0.00	1,853.46

APPROVED ON

FEB 25 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 194049

RECEIVED BY THE
COUNTY AUDITOR ON

FEB 25 2022

02/25/2022
CALHOUN COUNTY, TEXAS
09:08

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
020722		02/15/20	02/07/20	03/17/20		4,266.50	0.00	0.00	4,266.50 ✓
021122A	TRANSFER	02/15/20	02/11/20	03/17/20		2,185.83	0.00	0.00	2,185.83 ✓
	<i>NH insurance pymt deposited into MMC account</i>								
	YR 4 ADJ 1 UHC QIPP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	6,452.33	0.00	0.00	6,452.33

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,452.33	0.00	0.00	6,452.33

APPROVED ON

FEB 25 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#194046

RECEIVED BY THE
COUNTY AUDITOR ON

FEB 25 2022

02/25/2022

09:06

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021122		02/15/20	02/11/20	03/17/20		2,034.14	0.00	0.00	2,034.14 ✓

YR 4 ADJ 1 UHC QIPP

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	2,034.14	0.00	0.00	2,034.14

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,034.14	0.00	0.00	2,034.14

APPROVED ON

FEB 25 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#194045

RECEIVED BY THE
COUNTY AUDITOR ON

FEB 25 2022

02/25/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11824 THE CRESCENT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
020722		02/15/20	02/07/20	03/17/20		9,600.00	0.00	0.00	9,600.00 ✓
021122	TRANSFER	02/15/20	02/11/20	03/17/20		1,164.63	0.00	0.00	1,164.63 ✓
	YR 4 ADJ 1 UHC QIPP								

NH insurance pmt deposited into MMC operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	10,764.63	0.00	0.00	10,764.63

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,764.63	0.00	0.00	10,764.63

APPROVED ON

FEB 25 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 194050

RECEIVED BY THE
COUNTY AUDITOR ON

FEB 25 2022
02/25/2022

09:09
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
013122A		01/31/20	01/31/20	03/17/20		26,044.92	0.00	0.00	26,044.92 ✓
020822	TRANSFER	02/15/20	02/08/20	03/17/20		516.66	0.00	0.00	516.66 ✓
021122A	TRANSFER	02/15/20	02/11/20	03/17/20		228.00	0.00	0.00	228.00 ✓
021122	TRANSFER	02/15/20	02/11/20	03/17/20		3,913.33	0.00	0.00	3,913.33 ✓
021122C	YR 4 ADJ 1 UHC QIPP	02/16/20	02/11/20	03/17/20		19,932.02	0.00	0.00	19,932.02 ✓
021122B	TRANSFER	02/16/20	02/11/20	03/17/20		496.04	0.00	0.00	496.04 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	51,130.97	0.00	0.00	51,130.97

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	51,130.97	0.00	0.00	51,130.97

APPROVED ON

FEB 24 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#194047

RECEIVED BY THE
COUNTY AUDITOR ON
FEB 25 2022
02/25/2022
09:12
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
12696	GULF POINTE PLAZA										
013122B		01/31/20	01/31/20	03/17/20		500.00	0.00	0.00	500.00 ✓		
	TRANSFER										
013122C		01/31/20	01/31/20	03/17/20		195.00	0.00	0.00	195.00 ✓		
	TRANSFER										
013122D		01/31/20	01/31/20	03/17/20		1,243.57	0.00	0.00	1,243.57 ✓		
	TRANSFER										
020722B		02/15/20	02/07/20	03/17/20		5,565.00	0.00	0.00	5,565.00 ✓		
	TRANSFER										
020722A		02/15/20	02/07/20	03/17/20		4,488.00	0.00	0.00	4,488.00 ✓		
	TRANSFER										
020722		02/15/20	02/07/20	03/17/20		385.64	0.00	0.00	385.64 ✓		
	TRANSFER										
020822		02/15/20	02/08/20	03/17/20		500.00	0.00	0.00	500.00 ✓		
	TRANSFER										
021022A		02/15/20	02/10/20	03/17/20		1,122.32	0.00	0.00	1,122.32 ✓		
	TRANSFER										
021022		02/15/20	02/10/20	03/17/20		5,473.73	0.00	0.00	5,473.73 ✓		
	TRANSFER										
021122		02/15/20	02/11/20	03/17/20		2,307.32	0.00	0.00	2,307.32 ✓		
	YR 4 ADJ 1 UHC QIPP										
021122A		02/15/20	02/11/20	03/17/20		9,458.66	0.00	0.00	9,458.66 ✓		
	TRANSFER										
021122B		02/16/20	02/11/20	03/17/20		2,356.36	0.00	0.00	2,356.36 ✓		
	TRANSFER										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12696	GULF POINTE PLAZA	33,595.60	0.00	0.00	33,595.60

NH insurance pmt deposited into MMC operatg

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	33,595.60	0.00	0.00	33,595.60

APPROVED ON

FEB 25 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL#194048

RECEIVED BY THE
COUNTY AUDITOR ON

FEB 25 2022

02/25/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE								
013122A		01/31/20	01/31/20	03/17/20		969.25	0.00	0.00	969.25 ✓
	TRANSFER	<i>NH insurance payment deposited into MHC account</i>							
013122B		01/31/20	01/31/20	03/17/20		18,312.32	0.00	0.00	18,312.32 ✓
	TRANSFER	"							
020122		02/15/20	02/01/20	03/17/20		742.00	0.00	0.00	742.00 ✓
	TRANSFER	"							
020422		02/15/20	02/04/20	03/17/20		3,845.66	0.00	0.00	3,845.66 ✓
	TRANSFER	"							
020722		02/15/20	02/07/20	03/17/20		3,825.87	0.00	0.00	3,825.87 ✓
	TRANSFER	"							
020822		02/15/20	02/08/20	03/17/20		3,512.00	0.00	0.00	3,512.00 ✓
	TRANSFER	"							
021022		02/15/20	02/10/20	03/17/20		1,048.48	0.00	0.00	1,048.48 ✓
	TRANSFER	"							
021122A		02/15/20	02/11/20	03/17/20		12,355.30	0.00	0.00	12,355.30 ✓
	TRANSFER	"							
021122		02/15/20	03/17/20	03/17/20		1,604.07	0.00	0.00	1,604.07 ✓
	YR 4 ADJ 1 UHC QIPP								
021122C		02/16/20	02/11/20	03/17/20		9,322.92	0.00	0.00	9,322.92 ✓
	TRANSFER								
Vendor Totals						Gross	Discount	No-Pay	Net
13004 TUSCANY VILLAGE						55,537.87	0.00	0.00	55,537.87

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	55,537.87	0.00	0.00	55,537.87

APPROVED ON

FEB 25 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #194051

RECEIVED BY THE
COUNTY AUDITOR ON

FEB 25 2022

08:58

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING ✓								
013122B		01/31/20	01/31/20	03/17/20		6,935.72	0.00	0.00	6,935.72 ✓
020722	TRANSFER NH insurance pymt deposited into MMC operating	02/15/20	02/07/20	03/17/20		7,549.67	0.00	0.00	7,549.67 ✓
020822	TRANSFER "	02/15/20	02/08/20	03/17/20		2,909.85	0.00	0.00	2,909.85 ✓
020822A	TRANSFER "	02/15/20	02/08/20	03/17/20		5,286.92	0.00	0.00	5,286.92 ✓
021022	TRANSFER "	02/15/20	02/10/20	03/17/20		2,012.28	0.00	0.00	2,012.28 ✓
021022A	TRANSFER "	02/15/20	02/10/20	03/17/20		3,940.20	0.00	0.00	3,940.20 ✓
021122	TRANSFER "	02/15/20	02/11/20	03/17/20		23,222.88	0.00	0.00	23,222.88 ✓
021122B	TRANSFER "	02/16/20	02/11/20	03/17/20		39,905.15	0.00	0.00	39,905.15 ✓
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
12792 BETHANY SENIOR LIVING						91,762.67	0.00	0.00	91,762.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	91,762.67	0.00	0.00	91,762.67

APPROVED ON

FEB 24 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#194044

Facility ID	Facility Name	Total UHC Deposits	MMC PORTION					NH PORTION	
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI		
4811	Ashford	18,413.32	8,851.68	1,628.20	2,626.05	5,307.39	13,632.50	4,780.82	18,413.32
105818	Broadmoor	7,731.14	3,662.86	675.08	1,575.08	1,818.12	5,697.00	2,034.14	7,731.14
105314	Crescent	5,268.87	2,939.61	542.68	93.27	1,693.31	4,104.24	1,164.63	5,268.87
4628	Fort Bend	7,948.22	3,576.57	661.68	1,535.52	2,174.45	5,762.40	2,185.83	7,948.22
105006	Solera	7,177.25	3,470.33	641.82	1,029.43	2,035.67	5,323.79	1,853.46	7,177.25
102540	Golden Creek	14,268.38	6,441.72	1,182.44	2,757.82	3,886.40	10,355.05	3,913.33	14,268.38
100806	Gulf Pointe	8,424.02	3,809.39	699.94	1,631.50	2,283.19	6,116.71	2,307.32	8,424.02
103462	Tuscany Bethany	8,397.28	5,189.14	749.60	853.09	1,605.45	6,793.21	1,604.07	8,397.28
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
Total UHC Desosit		77,628.48	37,941.30	6,781.44	12,101.76	20,803.98	57,784.89	19,843.59	77,628.48

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



RUN DATE:03/01/22
 TIME:11:52

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 03/02/22 THRU 03/02/22

PAGE 1
 GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	193925	03/02/22	647.28	ABILITY NETWORK (SHIFTHOUND)
A/P	193926	03/02/22	49.18	ADT COMMERCIAL
A/P	193927	03/02/22	1,200.00	ADVANCES BY TED LLC
A/P	193928	03/02/22	4,062.09	AIRGAS USA, LLC - CENTRAL DIV
A/P	193929	03/02/22	1,554.00	AMAZON CAPITAL SERVICES
A/P	193930	03/02/22	750.00	AMERICAN CONSTRUCTION
A/P	193931	03/02/22	2,458.75	AMERICAN PRECISION MEDICAL GAS
A/P	193932	03/02/22	1,134.51	AMERISOURCEBERGEN DRUG CORP
A/P	193933	03/02/22	13,993.25	AUREUS RADIOLOGY LLC
A/P	193934	03/02/22	237.00	AVANTE HEALTH SOULTIONS
A/P	193935	03/02/22	118.50	BARD ACCESS
A/P	193936	03/02/22	1,293.83	BAXTER HEALTHCARE
A/P	193937	03/02/22	.00	VOIDED
A/P	193938	03/02/22	27,228.63	BECKMAN COULTER INC
A/P	193939	03/02/22	327.45	BEEKLEY CORPORATION
A/P	193940	03/02/22	21,307.38	BESTICA
A/P	193941	03/02/22	4,210.89	BIOMERIEUX, INC
A/P	193942	03/02/22	22.80	BOSART LOCK & KEY INC
A/P	193943	03/02/22	1,103.00	BOSTON SCIENTIFIC CORPORATION
A/P	193944	03/02/22	42.21	BRIANNA PASSMORE
A/P	193945	03/02/22	787.50	CARIANT HEALTH PARTNERS
A/P	193946	03/02/22	19.40	CENTRAL DRUG
A/P	193947	03/02/22	1,699.00	CERVEY, LLC
A/P	193948	03/02/22	17,325.00	CLINICAL COMPUTER SYSTEMS INC
A/P	193949	03/02/22	3,250.00	COASTAL REFRIGERATION
A/P	193950	03/02/22	2,681.55	CORROHEALTH, INC.
A/P	193951	03/02/22	349.13	CUSTOM MEDICAL SPECIALTIES
A/P	193952	03/02/22	405.57	CYRACOM LLC
A/P	193953	03/02/22	842.41	DEWITT POTH & SON
A/P	193954	03/02/22	50,311.25	DIAMOND HEALTHCARE CORP
A/P	193955	03/02/22	179,796.40	DISCOVERY MEDICAL NETWORK INC
A/P	193956	03/02/22	670.00	DOWELL PEST CONTROL
A/P	193957	03/02/22	64,812.50	EMERGENCY STAFFING SOLUTIONS
A/P	193958	03/02/22	139.50	ERBE USA INC SURGICAL SYSTEMS
A/P	193959	03/02/22	1,493.75	EVIDENT
A/P	193960	03/02/22	14.86	FEDERAL EXPRESS CORP.
A/P	193961	03/02/22	9,062.50	FIRST CONNECT CENTER LLC
A/P	193962	03/02/22	.00	VOIDED
A/P	193963	03/02/22	4,943.80	FISHER HEALTHCARE
A/P	193964	03/02/22	1,113.86	FRONTIER
A/P	193965	03/02/22	2,924.12	G & S MANAGEMENT GROUP LLC
A/P	193966	03/02/22	5,857.41	GE PRECISION HEALTHCARE, LLC
A/P	193967	03/02/22	225.39	GENESIS DIAGNOSTICS
A/P	193968	03/02/22	734.09	GULF COAST PAPER COMPANY
A/P	193969	03/02/22	360.00	HALF LEAGUE STORAGE
A/P	193970	03/02/22	816.25	HEALTHCARE CODING & CONSULTING
A/P	193971	03/02/22	3,224.00	INFICARE HEALTH, INC.
A/P	193972	03/02/22	4,369.37	ITERSOURCE CORPORATION
A/P	193973	03/02/22	2,622.45	J & J HEALTH CARE SYSTEMS, INC
A/P	193974	03/02/22	200.00	JEANNIE ORTA

RUN DATE:03/01/22
TIME:11:52

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/02/22 THRU 03/02/22

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	193975	03/02/22	11,082.50	JUNXION MED STAFFING
A/P	193976	03/02/22	990.00	LABCORP OF AMERICA HOLDINGS
A/P	193977	03/02/22	398.80	LEGAL SHIELD
A/P	193978	03/02/22	1,966.66	LEGATO
A/P	193979	03/02/22	485.90	LOWE'S BUSINESS ACCT/SYNCR
A/P	193980	03/02/22	28,516.57	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	193981	03/02/22	640.86	M G TRUST
A/P	193982	03/02/22	190.66	M.C. JOHNSON COMPANY INC
A/P	193983	03/02/22	.00	VOIDED
A/P	193984	03/02/22	1,606.13	MCKESSON MEDICAL SURGICAL INC
A/P	193985	03/02/22	1,629.00	MEDICAL AIR SERVICES ASSOC.
A/P	193986	03/02/22	18.64	MEDIMPACT HEALTHCARE SYS, INC.
A/P	193987	03/02/22	202.80	MEDIVATORS
A/P	193988	03/02/22	.00	VOIDED
A/P	193989	03/02/22	.00	VOIDED
A/P	193990	03/02/22	.00	VOIDED
A/P	193991	03/02/22	.00	VOIDED
A/P	193992	03/02/22	.00	VOIDED
A/P	193993	03/02/22	.00	VOIDED
A/P	193994	03/02/22	.00	VOIDED
A/P	193995	03/02/22	.00	VOIDED
A/P	193996	03/02/22	.00	VOIDED
A/P	193997	03/02/22	.00	VOIDED
A/P	193998	03/02/22	.00	VOIDED
A/P	193999	03/02/22	.00	VOIDED
A/P	194000	03/02/22	107,882.21	MEDLINE INDUSTRIES INC
A/P	194001	03/02/22	320.00	MEMORIAL MEDICAL CLINIC
A/P	194002	03/02/22	61.62	MERCEDES SCIENTIFIC
A/P	194003	03/02/22	808.11	MERCK SHARP & DOHME CORP
A/P	194004	03/02/22	309.33	MMC AUXILIARY GIFT SHOP
A/P	194005	03/02/22	.00	VOIDED
A/P	194006	03/02/22	.00	VOIDED
A/P	194007	03/02/22	.00	VOIDED
A/P	194008	03/02/22	.00	VOIDED
A/P	194009	03/02/22	62,909.63	MORRIS & DICKSON CO, LLC
A/P	194010	03/02/22	7,142.25	MSH HEALTH SERVICES LLC
A/P	194011	03/02/22	405.86	NACOGDOCHES TRANSCRIPTION
A/P	194012	03/02/22	487.47	OCCUPRO LLC
A/P	194013	03/02/22	1,512.51	OLYMPUS AMERICA INC
A/P	194014	03/02/22	3,084.00	PARA
A/P	194015	03/02/22	84.00	PHI V NGUYEN
A/P	194016	03/02/22	239,003.41	PHILIPS HEALTHCARE
A/P	194017	03/02/22	4,534.40	PHILLIPS HEALTHCARE
A/P	194018	03/02/22	7,178.37	PRO ENERGY PARTNERS LP
A/P	194019	03/02/22	900.00	RADCOM ASSOCIATES, LLC
A/P	194020	03/02/22	265.12	SMITHS MEDICAL ASD INC
A/P	194021	03/02/22	4,116.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	194022	03/02/22	125.00	SOUTHEAST TEXAS HEALTH SYS
A/P	194023	03/02/22	4,111.77	SPARKLIGHT
A/P	194024	03/02/22	62.50	SPBS CLINICAL EQUIPMENT SRVC
A/P	194025	03/02/22	1,960.00	ST DAVIDS HEALTHCARE

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	194026	03/02/22	335.72	STRYKER SUSTAINABILITY
A/P	194027	03/02/22	70.00	TEODULO HERRERA SANCHEZ
A/P	194028	03/02/22	2,035.00	TEXAS DEPARTMENT OF STATE
A/P	194029	03/02/22	3,925.00	TEXAS MUTUAL INSURANCE CO
A/P	194030	03/02/22	3,850.00	TEXAS ORGANIZATION OF RURAL
A/P	194031	03/02/22	16,087.50	TEXAS SELECT STAFFING, LLC
A/P	194032	03/02/22	23,040.00	THE TACT CORPORATION OF NYC
A/P	194033	03/02/22	1,398.81	TK ELEVATOR CORPORATION
A/P	194034	03/02/22	14,937.50	TRUSTED HEALTH, INC
A/P	194035	03/02/22	.00	VOIDED
A/P	194036	03/02/22	12,162.07	UNIFIRST HOLDINGS INC
A/P	194037	03/02/22	265.00	US POSTAL SERVICE
A/P	194038	03/02/22	43.69	VERATHON INC
A/P	194039	03/02/22	47,648.28	VICTORIA ANESTHESIOLOGY
A/P	194040	03/02/22	3,532.62	WAGeworks, INC.
A/P	194041	03/02/22	3,759.27	WERFEN USA LLC
A/P	194042	03/02/22	11.76	ZIMMER BIOMET
A/P	194043	03/02/22	4,780.82	ASHFORD GARDENS
A/P	194044	03/02/22	91,762.67	BETHANY SENIOR LIVING
A/P	194045	03/02/22	2,034.14	BROADMOOR AT CREEKSIDE PARK
A/P	194046	03/02/22	6,452.33	FORTBEND HEALTHCARE CENTER
A/P	194047	03/02/22	51,130.97	GOLDENCREEK HEALTHCARE
A/P	194048	03/02/22	33,595.60	GULF POINTE PLAZA
A/P	194049	03/02/22	1,853.46	SOLERA WEST HOUSTON
A/P	194050	03/02/22	10,764.63	THE CRESCENT
A/P	194051	03/02/22	55,537.87	TUSCANY VILLAGE
TOTALS:			1,328,798.60	

Payables 1,066,448.61 +
Criticals < 4,237.50 +
 200.00 +
 4,780.82 +
Net 1,853.46 +
Transfers 6,452.33 +
 2,034.14 +
 10,764.63 +
 51,130.97 +
 33,595.60 +
 55,537.87 +
 91,762.67 +
 1,328,798.60 *

APPROVED ON

MAR 02 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

TUSCANY
TRANSFER REQUEST

PAYEE BETHANY

2/28/2022

APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#1095

AMOUNT \$1,855

EXPLANATION: TRANSFER PAYEMENT THAT BELONGS TO BETHANY BUT WAS PAID TO TUSCANY

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Mayra Martinez

From: Misty Passmore
Sent: Tuesday, February 22, 2022 12:54 PM
To: Mayra Martinez
Subject: RE: PAYMENT FOR \$1,855.00 NO TV RESIDENT

Its Bethany Senior Living

-----Original Message-----

From: Mayra Martinez
Sent: Tuesday, February 22, 2022 12:52 PM
To: Misty Passmore <mpassmore@mmcportlavaca.com>
Subject: FW: PAYMENT FOR \$1,855.00 NO TV RESIDENT

Good afternoon Misty,

Could you identify which nursing home this money belongs to? Tuscany said this is not one of their residents.

Thank you,

Mayra Martinez
Memorial Medical Center
Accountant
815 N Virginia. St
Port Lavaca, TX 77979
Phone: 361.552.0450
Fax: 361.551.4504

-----Original Message-----

From: rrarenazas@tuscanylvillagecare.net [mailto:rrarenazas@tuscanylvillagecare.net]
Sent: Tuesday, February 22, 2022 11:07 AM
To: Mayra Martinez <mmartinez@mmcportlavaca.com>
Subject: PAYMENT FOR \$1,855.00 NO TV RESIDENT

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.

Mayra,

Good morning.

The attached payment is not Tuscany's resident.

Best regards,
Rachel Arenazas,

SOLERA
TRANSFER REQUEST

PAYEE Memorial Medical Center

2/28/22

APPROVED ON

FEB 28 2022

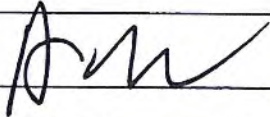
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
ck# 1210

AMOUNT \$100.56

G/L NUMBER: _____

EXPLANATION: CORRECT PAYMENT THAT WAS PAID OUT TO SOLERA FOR THE WRONG AMOUNT

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE

Solera West Houston
2107 Greenhouse Road
Houston, TX 77084-6108

Date Requested: 1/25/22



FOR ACCT. USE ONLY

- Imprest Cash
- A/P Check
- Voucher Check

AMOUNT \$ 2,330.56 G/L NUMBER: 201652000 APPROVED ON

EXPLANATION: Payment is addressed to Solera. FEB 03 2022
BY COUNTY AUDITOR
CALVIN...

REQUESTED BY: Gwen Campos AUTHORIZED BY: [Signature]

\$100.56 to MMC ~~2230~~

(paid 2,330.56, but should have been 2230)

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001220

Date 3/2/22 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical center

\$ 100.50

One hundred & 50/100

DOLLARS



FOR Overpayment on Humana

Security features are included. Details on back.

⑈001220⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1095

88-2265/1131-87

DATE 3/2/22 CHECK AMOUNT

PAY TO THE ORDER OF Bethany

\$ 1,855.00

One thousand Eight hundred fifty five

DOLLARS



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

FOR UHC payment Sent to wrong NH.

Photo Safe Deposit®
Includes on back

⑈001095⑈ ⑆113122655⑆

Request for Transfer of Funds

Date Requested _____
 Payer _____
 Requested by: _____
 Requestor's email _____
 Requestor's phone number _____
 District or County _____
 Facility _____

Please Attach:
 Remittance Advice and EOB
 If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim
 * Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.
 Please email request form and Remittance Advice to : clevenger@mmcportlavaca.com
mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	2/16/2022	EFT	97.69	EFT6247208	CVDAR000026869	6.51	BROADMOOR AT CREEKSIDE
N/A	N/A	2/17/2022	EFT	940.50	EFT6249168	CVDAR000026869	62.70	BROADMOOR AT CREEKSIDE
N/A	N/A	2/17/2022	EFT	5,258.42	EFT6249133	CVDAR000026869	350.56	BROADMOOR AT CREEKSIDE
N/A	N/A	2/18/2022	EFT	3,824.69	EFT6250916	CVDAR000026869	254.98	BROADMOOR AT CREEKSIDE
N/A	N/A	12/29/2021	EFT	387.61	EFT6198991	CVDAR000026869	60.14	BROADMOOR AT CREEKSIDE
N/A	N/A	12/30/2021	EFT	7,052.88	EFT6200333	CVDAR000026869	470.19	BROADMOOR AT CREEKSIDE
N/A	N/A	1/3/2022	EFT	5,036.67	EFT6202047	CVDAR000026869	335.78	BROADMOOR AT CREEKSIDE
N/A	N/A	1/3/2022	EFT	575.51	EFT6202080	CVDAR000026869	38.37	BROADMOOR AT CREEKSIDE
N/A	N/A	1/7/2022	EFT	\$ 269.39	EFT6206381	CVDAR000026869	17.96	BROADMOOR AT CREEKSIDE
N/A	N/A	1/11/2022	EFT	\$ 3,471.50	EFT6208456	CVDAR000026869	231.43	BROADMOOR AT CREEKSIDE
N/A	N/A	1/11/2022	EFT	\$ 1,434.65	EFT6208490	CVDAR000026869	95.65	BROADMOOR AT CREEKSIDE
N/A	N/A	1/12/2022	EFT	\$ 2,818.38	EFT6209997	CVDAR000026869	187.89	BROADMOOR AT CREEKSIDE
N/A	N/A	1/12/2022	EFT	\$ 157.85	EFT6210030	CVDAR000026869	10.53	BROADMOOR AT CREEKSIDE
N/A	N/A	1/13/2022	EFT	\$ 5,223.25	EFT6211356	CVDAR000026869	348.22	BROADMOOR AT CREEKSIDE
N/A	N/A	1/18/2022	EFT	\$ 620.08	EFT6214269	CVDAR000026869	75.51	BROADMOOR AT CREEKSIDE
N/A	N/A	1/19/2022	EFT	\$ 445.63	EFT6215986	CVDAR000026869	29.71	BROADMOOR AT CREEKSIDE
N/A	N/A	1/19/2022	EFT	\$ 795.86	EFT6215958	CVDAR000026869	53.06	BROADMOOR AT CREEKSIDE
N/A	N/A	1/20/2022	EFT	\$ 1,074.68	EFT6218394	CVDAR000026869	71.64	BROADMOOR AT CREEKSIDE
N/A	N/A	1/24/2022	EFT	\$ 157.85	EFT6221667	CVDAR000026869	10.53	BROADMOOR AT CREEKSIDE
N/A	N/A	1/24/2022	EFT	\$ 2,533.25	EFT6221634	CVDAR000026869	168.88	BROADMOOR AT CREEKSIDE
N/A	N/A	1/25/2022	EFT	\$ 397.24	EFT6223387	CVDAR000026869	26.48	BROADMOOR AT CREEKSIDE
N/A	N/A	1/26/2022	EFT	\$ 1,960.92	EFT6225145	CVDAR000026869	130.73	BROADMOOR AT CREEKSIDE
N/A	N/A	1/27/2022	EFT	\$ 121.69	EFT6226745	CVDAR000026869	8.11	BROADMOOR AT CREEKSIDE
N/A	N/A	1/27/2022	EFT	\$ 3,228.52	EFT6226716	CVDAR000026869	215.24	BROADMOOR AT CREEKSIDE
N/A	N/A	1/28/2022	EFT	\$ 1,357.05	EFT6228148	CVDAR000026869	90.47	BROADMOOR AT CREEKSIDE
N/A	N/A	1/28/2022	EFT	\$ 127.71	EFT6228129	CVDAR000026869	8.52	BROADMOOR AT CREEKSIDE
N/A	N/A	2/3/2022	EFT	\$ 687.53	EFT6233746	CVDAR000026869	45.84	BROADMOOR AT CREEKSIDE
N/A	N/A	2/4/2022	EFT	\$ 2,095.02	EFT6235140	CVDAR000026869	139.67	BROADMOOR AT CREEKSIDE
N/A	N/A	2/7/2022	EFT	\$ 714.09	EFT6236738	CVDAR000026869	47.61	BROADMOOR AT CREEKSIDE
N/A	N/A	2/8/2022	EFT	\$ 143.89	EFT6238163	CVDAR000026869	9.59	BROADMOOR AT CREEKSIDE
N/A	N/A	2/8/2022	EFT	\$ 1,060.90	EFT6238132	CVDAR000026869	70.73	BROADMOOR AT CREEKSIDE
N/A	N/A	2/9/2022	EFT	\$ 870.72	EFT62359549	CVDAR000026869	58.05	BROADMOOR AT CREEKSIDE
N/A	N/A	2/10/2022	EFT	\$ 910.91	EFT6241034	CVDAR000026869	60.73	BROADMOOR AT CREEKSIDE
N/A	N/A	2/11/2022	EFT	\$ 1,925.01	EFT6242559	CVDAR000026869	128.33	BROADMOOR AT CREEKSIDE
N/A	N/A	2/14/2022	EFT	\$ 144.62	EFT6244078	CVDAR000026869	9.64	BROADMOOR AT CREEKSIDE
N/A	N/A	2/15/2022	EFT	\$ 544.12	EFT6245494	CVDAR000026869	36.28	BROADMOOR AT CREEKSIDE
TOTAL				58,466.28			3,966.26	

To be filled out by Memorial Medical Center:
 Date Received: 2/24/2022
 Approved by: MAYRA MARTINEZ
 Date of transfer: 3/2/2022
 From Facility: BRADMOOR
 To Facility: MM CLINIC
 Amount: 3,966.26



APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

CL# 000188

Request for Transfer of Funds

Transfer #: _____

Date Requested: 2/16/2022

Payer: Medicare

Requested by: Misty Passmore

Requestor's email: mpassmore@mmcportlavaca.com

Requestor's phone number: 361-552-0343

District or County: Calhoun

Facility: Memorial Medical Center

Please Attach:

Remittance Advice and EOB

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

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

Please email request form and

Remittance Advice to: cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		2/3/2022	EFT	\$ (611.24)	EFT6233106	CVDAR000026869	\$ 611.24	BROADMOOR
		2/4/2022	EFT	\$ (101.11)	EFT6234444	CVDAR000026869	\$ 101.11	BROADMOOR
		2/7/2022	EFT	\$ (343.25)	EFT6235974	CVDAR000026869	\$ 343.25	BROADMOOR
		2/8/2022	EFT	\$ (552.07)	EFT6237422	CVDAR000026869	\$ 552.07	BROADMOOR
		2/9/2022	EFT	\$ (441.43)	EFT6238802	CVDAR000026869	\$ 441.43	BROADMOOR
		2/10/2022	EFT	\$ (6.50)	EFT6240329	CVDAR000026869	\$ 6.50	BROADMOOR
		2/11/2022	EFT	\$ (138.94)	EFT6241801	CVDAR000026869	\$ 138.94	BROADMOOR
			EFT			CVDAR000026869		BROADMOOR
TOTAL				\$ (2,194.54)			\$ 2,194.54	

To be filled out by Memorial Medical Center:

Date Received: 2/17/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 3/2/2022

From Facility: BRADMOOR

To Facility: MMC

Amount: \$ 2,194.54

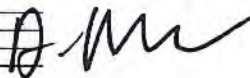
Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 000189

Request for Transfer of Funds

Transfer #: _____

Date Requested: 2.1.22

Payer: MEDICARE

Requested by: RACHEL ARENAZAS

Requestor's email: rrarenazas@tuscanyvillagecare.net

Requestor's phone number: 713-770-5300

District or County: BRAZORIA

Facility: TUSCANY VILLAGE

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevenper@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		1.25.22	EFT	\$ (50.27)	eft6222973	WO/CVDAR000026869	\$ 50.27	Due Tuscany from Broadmoor
		1.26.22	EFT	\$ (9,740.49)	eft6225195	WO/CVDAR000026869	\$ 9,740.49	Due Tuscany from Broadmoor
		1.28.22	EFT	\$ (989.34)	eft6228171	WO/CVDAR000026869	\$ 989.34	Due Tuscany from Broadmoor
			TOTAL	(10,780.10)			10,780.10	

To be filled out by Memorial Medical Center:

Date Received: 2/1/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 3/2/2022

From Facility: BRADMOOR

To Facility: TUSCANY

Amount: 10,780.10

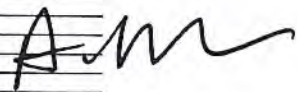
Requested Transfer Date #: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED ON

FEB 28 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CK # 000190

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000189

Date 3/2/22

88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Clinic Center

\$ 2194.54

Two thousand one hundred Ninety four & 54/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000189⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000188

Date 3/2/22

88-2265/1131

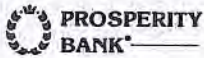
PAY
TO THE
ORDER OF

Memorial Medical Clinic

\$ 3966.26

Three thousand Nine hundred Sixty six & 26/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000188⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000190

Date 3/2/22

88-2265/1131

PAY
TO THE
ORDER OF

Tuscany

\$ 10,780.10

Ten thousand Seven hundred eighty & 10/100

DOLLARS



FOR _____

Security features are included. Details on back.

⑈000190⑈ ⑆113122655⑆

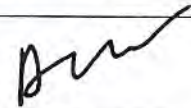
Request for Transfer of Funds

Date Requested _____
 Payer _____
 Requested by: _____
 Requestor's email _____
 Requestor's phone number _____
 District or County _____
 Facility _____

Please Attach:
 Remittance Advice and EOB
 If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim
 * Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.
 Please email request form and Remittance Advice to : ccleventer@mmcportlavaca.com
mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	2/16/2022	EFT	97.69	EFT6247208	CVDAR000019557	6.51	THE CRESENT
N/A	N/A	2/17/2022	EFT	940.50	EFT6249168	CVDAR000019557	62.70	THE CRESENT
N/A	N/A	2/17/2022	EFT	5,258.42	EFT6249133	CVDAR000019557	350.56	THE CRESENT
N/A	N/A	2/18/2022	EFT	3,824.69	EFT6250916	CVDAR000019557	254.98	THE CRESENT
N/A	N/A	12/29/2021	EFT	387.61	EFT6198991	CVDAR000019557	60.14	THE CRESENT
N/A	N/A	12/30/2021	EFT	7,052.88	EFT6200333	CVDAR000019557	470.19	THE CRESENT
N/A	N/A	1/3/2022	EFT	5,036.67	EFT6202047	CVDAR000019557	335.78	THE CRESENT
N/A	N/A	1/3/2022	EFT	575.51	EFT6202080	CVDAR000019557	38.37	THE CRESENT
N/A	N/A	1/7/2022	EFT	269.39	EFT6206381	CVDAR000019557	17.96	THE CRESENT
N/A	N/A	1/11/2022	EFT	3,471.50	EFT6208456	CVDAR000019557	231.43	THE CRESENT
N/A	N/A	1/11/2022	EFT	1,434.65	EFT6208490	CVDAR000019557	95.65	THE CRESENT
N/A	N/A	1/12/2022	EFT	2,818.38	EFT6209997	CVDAR000019557	187.89	THE CRESENT
N/A	N/A	1/12/2022	EFT	157.85	EFT6210030	CVDAR000019557	10.53	THE CRESENT
N/A	N/A	1/13/2022	EFT	5,223.25	EFT6211356	CVDAR000019557	348.22	THE CRESENT
N/A	N/A	1/18/2022	EFT	620.08	EFT6214269	CVDAR000019557	75.51	THE CRESENT
N/A	N/A	1/19/2022	EFT	445.63	EFT6215986	CVDAR000019557	29.71	THE CRESENT
N/A	N/A	1/19/2022	EFT	795.86	EFT6215958	CVDAR000019557	53.06	THE CRESENT
N/A	N/A	1/20/2022	EFT	1,074.68	EFT6218394	CVDAR000019557	71.64	THE CRESENT
N/A	N/A	1/24/2022	EFT	157.85	EFT6221667	CVDAR000019557	10.53	THE CRESENT
N/A	N/A	1/24/2022	EFT	2,533.25	EFT6221634	CVDAR000019557	168.88	THE CRESENT
N/A	N/A	1/25/2022	EFT	397.24	EFT6223387	CVDAR000019557	26.48	THE CRESENT
N/A	N/A	1/26/2022	EFT	1,960.92	EFT6225145	CVDAR000019557	130.73	THE CRESENT
N/A	N/A	1/27/2022	EFT	121.69	EFT6226745	CVDAR000019557	8.11	THE CRESENT
N/A	N/A	1/27/2022	EFT	3,228.52	EFT6226716	CVDAR000019557	215.24	THE CRESENT
N/A	N/A	1/28/2022	EFT	1,357.05	EFT6228148	CVDAR000019557	90.47	THE CRESENT
N/A	N/A	1/28/2022	EFT	127.71	EFT6228129	CVDAR000019557	8.52	THE CRESENT
N/A	N/A	2/3/2022	EFT	687.53	EFT6233746	CVDAR000019557	45.84	THE CRESENT
N/A	N/A	2/4/2022	EFT	2,095.02	EFT6235140	CVDAR000019557	139.67	THE CRESENT
N/A	N/A	2/7/2022	EFT	714.09	EFT6236738	CVDAR000019557	47.61	THE CRESENT
N/A	N/A	2/8/2022	EFT	143.89	EFT6238163	CVDAR000019557	9.59	THE CRESENT
N/A	N/A	2/8/2022	EFT	1,060.90	EFT6238132	CVDAR000019557	70.73	THE CRESENT
N/A	N/A	2/9/2022	EFT	870.72	EFT62359549	CVDAR000019557	58.05	THE CRESENT
N/A	N/A	2/10/2022	EFT	910.91	EFT6241034	CVDAR000019557	60.73	THE CRESENT
N/A	N/A	2/11/2022	EFT	1,925.01	EFT6242559	CVDAR000019557	128.33	THE CRESENT
N/A	N/A	2/14/2022	EFT	144.62	EFT6244078	CVDAR000019557	9.64	THE CRESENT
N/A	N/A	2/15/2022	EFT	544.12	EFT6245494	CVDAR000019557	36.28	THE CRESENT
TOTAL				58,466.28			3,966.26	

To be filled out by Memorial Medical Center:
 Date Received: 2/24/2022
 Approved by: MAYRA MARTINEZ
 Date of transfer: 3/2/2022
 From Facility: CRESENT
 To Facility: MM CLINIC
 Amount: 3,966.26



APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS
 CL# 100217

Request for Transfer of Funds

Transfer #: _____

Date Requested: 2/16/2022

Payer: Medicare

Requested by: Misty Passmore

Requestor's email: mpassmore@mmcportlavaca.com

Requestor's phone number: 361-552-0343

District or County: Calhoun

Facility: Memorial Medical Center

Please Attach:

Remittance Advice and EOB

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

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

Please email request form and

Remittance Advice to :

cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		2/3/2022	EFT	\$ (611.24)	EFT6233106	CVDAR000018170	\$ 611.24	CRESCENT
		2/4/2022	EFT	\$ (101.11)	EFT6234444	CVDAR000018170	\$ 101.11	CRESCENT
		2/7/2022	EFT	\$ (343.25)	EFT6235974	CVDAR000018170	\$ 343.25	CRESCENT
		2/8/2022	EFT	\$ (552.07)	EFT6237422	CVDAR000018170	\$ 552.07	CRESCENT
		2/9/2022	EFT	\$ (441.43)	EFT6238802	CVDAR000018170	\$ 441.43	CRESCENT
		2/10/2022	EFT	\$ (6.50)	EFT6240329	CVDAR000018170	\$ 6.50	CRESCENT
		2/11/2022	EFT	\$ (138.94)	EFT6241801	CVDAR000018170	\$ 138.94	CRESCENT
						CVDAR000018170		CRESCENT
TOTAL				\$ (2,194.54)			\$ 2,194.54	

To be filled out by Memorial Medical Center:

Date Received: 2/17/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 3/2/2022

From Facility: CRESCENT

To Facility: MMC

Amount: \$ 2,194.54

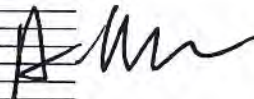
Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED ON

FEB 28 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

ck# 000218

Request for Transfer of Funds

Transfer #: _____

Date Requested: 2.1.22

Payer: MEDICARE

Requested by: RACHEL ARENAZAS

Requestor's email: rrarenazas@tuscanyvillagecare.net

Requestor's phone number: 713-770-5300

District or County: BRAZORIA

Facility: TUSCANY VILLAGE

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevenger@mmcpportlavaca.com

mmartinez@mmcpportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		1.25.22	EFT	\$ (50.27)	eft6222973	WO/CVDAR000019557	\$ 50.27	Due Tuscany from Crescent
		1.26.22	EFT	\$ (9,740.49)	eft6225195	WO/CVDAR000019557	\$ 9,740.49	Due Tuscany from Crescent
		1.28.22	EFT	\$ (989.34)	eft6228171	WO/CVDAR000019557	\$ 989.34	Due Tuscany from Crescent
		TOTAL		(10,780.10)			10,780.10	

To be filled out by Memorial Medical Center:

Date Received: 2/1/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 3/2/2022

From Facility: CRESCENT

To Facility: TUSCANY

Amount: 10,780.10

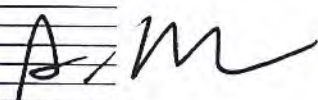
Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED ON

FEB 28 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CL#000219

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000218

Date 3/2/22

88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Center

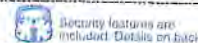
\$ 2,194.54

Two thousand one hundred ninety four & 54/100

DOLLARS



FOR



⑈000218⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000217

Date 3/2/22

88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Clinic

\$ 3,966.26

Three thousand Nine hundred Sixty six & 26/100

DOLLARS



FOR Medicare repayment



⑈000217⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000219

Date 3/2/22

88-2265/1131

PAY
TO THE
ORDER OF

Tuscany

\$ 10,780.10

Ten thousand Seven hundred eighty & 10/100

DOLLARS



FOR Medicare repayment



⑈000219⑈ ⑆113122655⑆

Request for Transfer of Funds

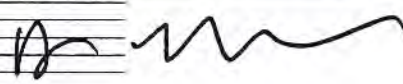
Date Requested _____
 Payer _____
 Requested by: _____
 Requestor's email _____
 Requestor's phone number _____
 District or County _____
 Facility _____

Please Attach:
 Remittance Advice and EOB
 If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim
 * Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.
 Please email request form and Remittance Advice to : cclevenger@mmcpportlavaca.com
mmartinez@mmcpportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	2/16/2022	EFT	97.69	EFT6247208	CVDAR000018170	6.51	SOLERA WEST HOUSTON
N/A	N/A	2/17/2022	EFT	940.50	EFT6249168	CVDAR000018170	62.70	SOLERA WEST HOUSTON
N/A	N/A	2/17/2022	EFT	5,258.42	EFT6249133	CVDAR000018170	350.56	SOLERA WEST HOUSTON
N/A	N/A	2/18/2022	EFT	3,824.69	EFT6250916	CVDAR000018170	254.98	SOLERA WEST HOUSTON
N/A	N/A	12/29/2021	EFT	387.61	EFT6198991	CVDAR000018170	60.14	SOLERA WEST HOUSTON
N/A	N/A	12/30/2021	EFT	7,052.88	EFT6200333	CVDAR000018170	470.19	SOLERA WEST HOUSTON
N/A	N/A	1/3/2022	EFT	5,036.67	EFT6202047	CVDAR000018170	335.78	SOLERA WEST HOUSTON
N/A	N/A	1/3/2022	EFT	575.51	EFT6202080	CVDAR000018170	38.37	SOLERA WEST HOUSTON
N/A	N/A	1/7/2022	EFT	\$ 269.39	EFT6206381	CVDAR000018170	17.96	SOLERA WEST HOUSTON
N/A	N/A	1/11/2022	EFT	\$ 3,471.50	EFT6208456	CVDAR000018170	231.43	SOLERA WEST HOUSTON
N/A	N/A	1/11/2022	EFT	\$ 1,434.65	EFT6208490	CVDAR000018170	95.65	SOLERA WEST HOUSTON
N/A	N/A	1/12/2022	EFT	\$ 2,818.38	EFT6209997	CVDAR000018170	187.89	SOLERA WEST HOUSTON
N/A	N/A	1/12/2022	EFT	\$ 157.85	EFT6210030	CVDAR000018170	10.53	SOLERA WEST HOUSTON
N/A	N/A	1/13/2022	EFT	\$ 5,223.25	EFT6211356	CVDAR000018170	348.22	SOLERA WEST HOUSTON
N/A	N/A	1/18/2022	EFT	\$ 620.08	EFT6214269	CVDAR000018170	75.51	SOLERA WEST HOUSTON
N/A	N/A	1/19/2022	EFT	\$ 445.63	EFT6215986	CVDAR000018170	29.71	SOLERA WEST HOUSTON
N/A	N/A	1/19/2022	EFT	\$ 795.86	EFT6215958	CVDAR000018170	53.06	SOLERA WEST HOUSTON
N/A	N/A	1/20/2022	EFT	\$ 1,074.68	EFT6218394	CVDAR000018170	71.64	SOLERA WEST HOUSTON
N/A	N/A	1/24/2022	EFT	\$ 157.85	EFT6221667	CVDAR000018170	10.53	SOLERA WEST HOUSTON
N/A	N/A	1/24/2022	EFT	\$ 2,533.25	EFT6221634	CVDAR000018170	168.88	SOLERA WEST HOUSTON
N/A	N/A	1/25/2022	EFT	\$ 397.24	EFT6223387	CVDAR000018170	26.48	SOLERA WEST HOUSTON
N/A	N/A	1/26/2022	EFT	\$ 1,960.92	EFT6225145	CVDAR000018170	130.73	SOLERA WEST HOUSTON
N/A	N/A	1/27/2022	EFT	\$ 121.69	EFT6226745	CVDAR000018170	8.11	SOLERA WEST HOUSTON
N/A	N/A	1/27/2022	EFT	\$ 3,228.52	EFT6226716	CVDAR000018170	215.24	SOLERA WEST HOUSTON
N/A	N/A	1/28/2022	EFT	\$ 1,357.05	EFT6228148	CVDAR000018170	90.47	SOLERA WEST HOUSTON
N/A	N/A	1/28/2022	EFT	\$ 127.71	EFT6228129	CVDAR000018170	8.52	SOLERA WEST HOUSTON
N/A	N/A	2/3/2022	EFT	\$ 687.53	EFT6233746	CVDAR000018170	45.84	SOLERA WEST HOUSTON
N/A	N/A	2/4/2022	EFT	\$ 2,095.02	EFT6235140	CVDAR000018170	139.67	SOLERA WEST HOUSTON
N/A	N/A	2/7/2022	EFT	\$ 714.09	EFT6236738	CVDAR000018170	47.61	SOLERA WEST HOUSTON
N/A	N/A	2/8/2022	EFT	\$ 143.89	EFT6238163	CVDAR000018170	9.59	SOLERA WEST HOUSTON
N/A	N/A	2/8/2022	EFT	\$ 1,060.90	EFT6238132	CVDAR000018170	70.73	SOLERA WEST HOUSTON
N/A	N/A	2/9/2022	EFT	\$ 870.72	EFT62359549	CVDAR000018170	58.05	SOLERA WEST HOUSTON
N/A	N/A	2/10/2022	EFT	\$ 910.91	EFT6241034	CVDAR000018170	60.73	SOLERA WEST HOUSTON
N/A	N/A	2/11/2022	EFT	\$ 1,925.01	EFT6242559	CVDAR000018170	128.33	SOLERA WEST HOUSTON
N/A	N/A	2/14/2022	EFT	\$ 144.62	EFT6244078	CVDAR000018170	9.64	SOLERA WEST HOUSTON
N/A	N/A	2/15/2022	EFT	\$ 544.12	EFT6245494	CVDAR000018170	36.28	SOLERA WEST HOUSTON
TOTAL				58,466.28			3,966.26	

To be filled out by Memorial Medical Center:

Date Received: 2/24/2022
 Approved by: MAYRA MARTINEZ
 Date of transfer: 3/2/2022
 From Facility: SOLERA
 To Facility: MM CLINIC
 Amount: 3,966.26



APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: 2/16/2022

Payer: Medicare

Requested by: Misty Passmore

Requestor's email: mpassmore@mmcportlavaca.com

Requestor's phone number: 361-552-0343

District or County: Calhoun

Facility: Memorial Medical Center

Please Attach:

Remittance Advice and EOB

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

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

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

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (\$) to YOUR account	Notes
		2/3/2022	EFT	\$ (611.24)	EFT6233106	CVDAR000018170	611.24	SOLERA
		2/4/2022	EFT	\$ (101.11)	EFT6234444	CVDAR000018170	101.11	SOLERA
		2/7/2022	EFT	\$ (343.25)	EFT6235941	CVDAR000018170	343.25	SOLERA
		2/8/2022	EFT	\$ (552.07)	EFT6237422	CVDAR000018170	552.07	SOLERA
		2/9/2022	EFT	\$ (441.43)	EFT6238802	CVDAR000018170	441.43	SOLERA
		2/10/2022	EFT	\$ (6.50)	EFT6240329	CVDAR000018170	6.50	SOLERA
		2/11/2022	EFT	\$ (138.94)	EFT6241801	CVDAR000018170	138.94	SOLERA
			EFT			CVDAR000018170		SOLERA
TOTAL				(2,194.54)			2,194.54	

To be filled out by Memorial Medical Center:

Date Received: 2/17/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 3/2/2022

From Facility: SOLERA

To Facility: MMC

Amount: \$ 2,194.54

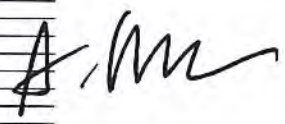
Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#01218

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001218

Date 3/2/22 88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Center

\$ 2194.54

Two thousand one hundred ninety four & 54/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001218⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001217

Date 3/2/22 88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Clinic

\$ 3,966.26

Three thousand Nine hundred Sixty six & 26/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001217⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001219

Date 3/2/22 88-2265/1131

PAY
TO THE
ORDER OF

Tuscany

\$ 10,780.10

Ten thousand Seven hundred eighty & 10/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001219⑈ ⑆113122655⑆

Request for Transfer of Funds

Transfer #:

Date Requested: 2/16/2022
 Payer: Novitas
 Requested by: Catrina Hopper
 Requestor's email number: Chopper@Nexion-Health.com
903-372-8412
 District or County: Memorial Medical Center
 Facility: Golden Creek

Please Attach:

Remittance Advice and EOB

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

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

Please email request form and

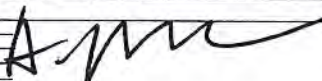
Remittance Advice to: cclevenjer@mmcpirtlavoca.com

mmartinez@mmcpirtlavoca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		8/10/2021	Remit00622	\$ (249.10)	Remit00622	E3 2212140002908TXAQ 016307444A	\$ 249.10	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (190.67)	Remit00622	E3 22121400083008TXAQ 126440128A	\$ 190.67	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (341.32)	Remit00622	E3 22121400084108TXAQ 126440128A	\$ 341.32	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (510.24)	Remit00622	E3 22121400126108TXAQ 214546384A	\$ 510.24	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (520.13)	Remit00622	E3 22121400116508TXAQ 405587180A	\$ 520.13	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (40.00)	Remit00622	E3 221214001116608TXAQ 405587180A	\$ 40.00	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (420.48)	Remit00622	E3 22121400087408TXAQ 449621879A	\$ 420.48	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (449.10)	Remit00622	E3 221214005811608TXAQ 451547727A	\$ 449.10	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (64.96)	Remit00622	E3 22121400581108TXAQ 451547727A	\$ 64.96	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (344.86)	Remit00622	E3 22121400016708TXAQ 452366601A	\$ 344.86	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (153.94)	Remit00622	E3 22121400799708TXAQ 459621282A	\$ 153.94	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (374.49)	Remit00622	E3 22121400831108TXAQ 456624993A	\$ 374.49	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (416.92)	Remit00622	E3 22121400831208TXAQ 456624993A	\$ 416.92	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (465.02)	Remit00622	E3 22121401052108TXAQ 440823357A	\$ 465.02	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (391.21)	Remit00622	E3 221214012431108TXAQ 464646468A	\$ 391.21	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (435.84)	Remit00622	E3 22121401124968TXAQ 464647136A	\$ 435.84	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (343.88)	Remit00622	E3 22121401293308TXAQ 465582705A	\$ 343.88	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (19.12)	Remit00622	E3 22121401293308TXAQ 465582705A	\$ 19.12	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (106.93)	Remit00622	E3 22121401361908TXAQ 466786680A	\$ 106.93	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (54.39)	Remit00622	E3 22121401362008TXAQ 466786680A	\$ 54.39	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
		8/10/2021	Remit00622	\$ (95.51)	Remit00622	E3 22121401378908TXAQ 46726599837	\$ 95.51	Due from Tuscany Village to Golden Creek due to Medicare B recoupments
TOTAL				(5,988.11)			5,988.11	

To be filled out by Memorial Medical Center:

Date Received: 2/16/2022
 Approved by: MAYRA MARTINEZ
 Date of transfer: 3/2/2022
 From Facility: TUSCANY
 To Facility: GOLDEN CREEK
 Amount: 5,988.11



APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

CL# 1094

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1094

88-2265/1131-87

DATE 3/2/22

CHECK ARMOR

PAY
TO THE
ORDER OF

Golden Creek

\$ 5,988.11

Five thousand Nine hundred eighty eight & 11/100 DOLLARS

Photo
Safe
Deposit
Outside of Bank



PROSPERITY BANK®

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

FOR Medicare repayment

⑈001094⑈ ⑆113122655⑆

GULF POINTE
TRANSFER REQUEST

PAYEE ASHFORD

2/28/2022

APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 1074

AMOUNT \$13,712.29

EXPLANATION: TRANSFER PAYEMENT THAT BELONGS TO BETHANY BUT WAS PAID TO TUSCANY ^{Gulf Pointe}

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GPP- Ashford.

Ashford

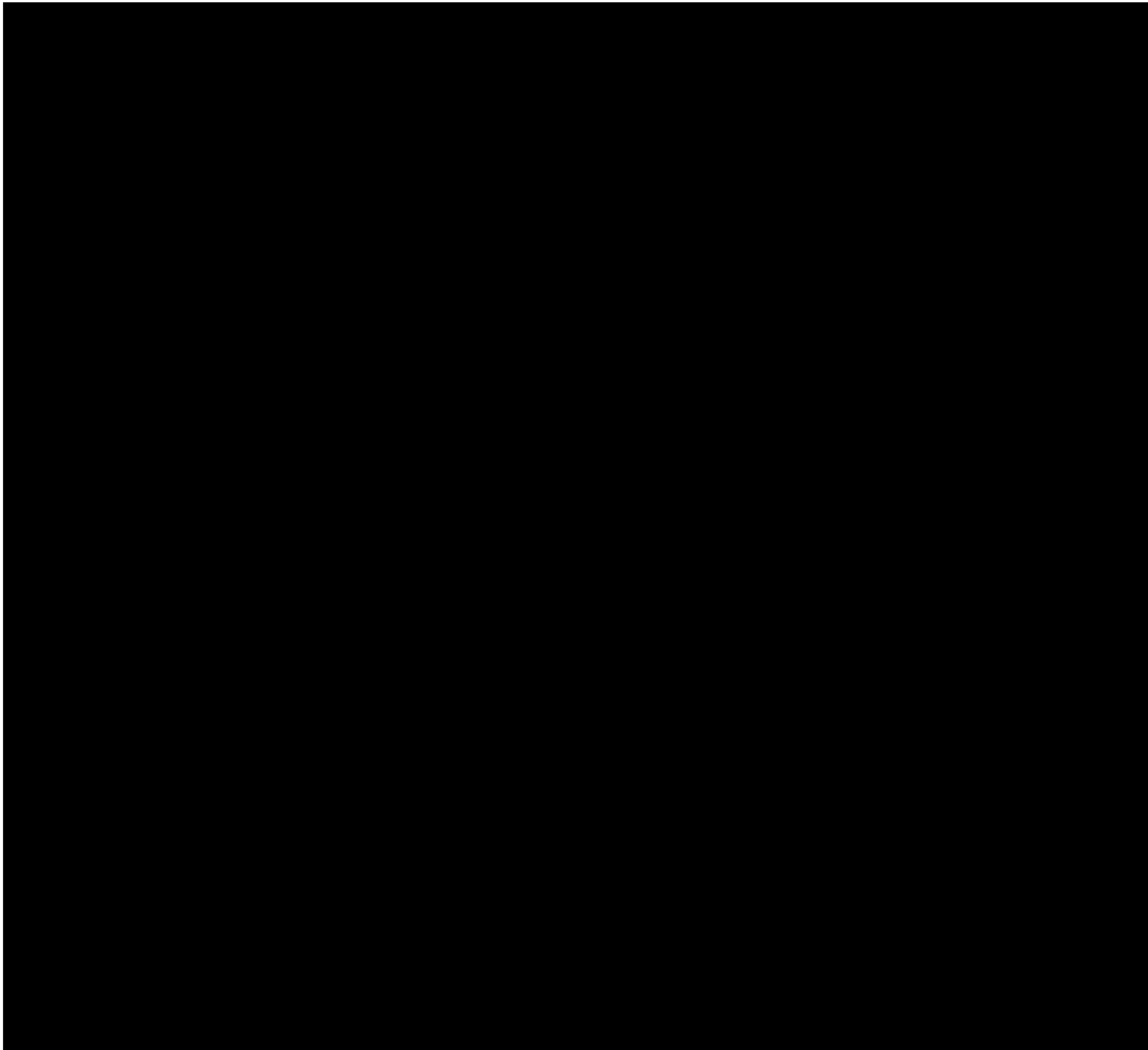
WellMed Medical Management, Inc. 295
P.O. Box 30508
Salt Lake City, UT 84130

13712.29



MEMORIAL MEDICAL CENTER
7210 Northline Dr

Houston TX 77076



ECHO Service Fee (Contract # 308047)

278.42

Total Payment Amount

13,712.29

Attention Non-contracted Medicare Providers

Appeals Process for Non-contracted Medicare Providers

Pursuant to federal regulations governing the Medicare Advantage program, non-contracted providers may request reconsideration (appeal) of a Medicare Advantage plan payment denial determination including issues related to bundling or downcoding of services. To appeal a claim denial, submit a written request within 60 calendar days of the remittance notification date and include at a minimum:

- _ A statement indicating factual or legal basis for appeal
- _ A signed Waiver of Liability form (you may obtain a copy by going to <https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Notices-and-Forms.html>, at the bottom of the page under the "Downloads" section select the zip file for 'Model Waiver of Liability_Feb2019v508').
- _ A copy of the original claim
- _ A copy of the remittance notice showing the claim denial
- _ Any additional information, clinical records or documentation

Mail the appeal request to: UnitedHealthcare P.O. Box 6106, Cypress, CA 90630 MS: CA124-0157.

Payment Dispute Process for Non-contracted Medicare Providers

Pursuant to federal regulations governing the Medicare Advantage program, non-contracted providers may file a payment dispute for a Medicare Advantage plan payment determination. A payment dispute may be filed when the provider disagrees with the amount paid. To dispute a claim payment, submit a written request within 120 calendar days of the remittance notification date and include at a minimum:

- _ A statement indicating factual or legal basis for the dispute
- _ A copy of the original claim
- _ A copy of the remittance notice showing the claim payment
- _ Any additional information, clinical records or documentation to support the dispute

Mail the payment dispute to:

WellMed Networks Inc. - Payment Disputes
P.O. Box 400066
San Antonio, TX 78229-1966

If you have additional questions relating to a dispute decision made, you may contact us at:

Phone: (800)550-7691

Fax: (855)821-8135

Mail: WellMed Networks Inc. - Payment Disputes P.O. Box 400066 San Antonio, TX 78229-1966

Email: claimshelpdesk@wellmed.net

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

1074

88-2265/1131-87

DATE 3/2/22

CHECK AMOUNT

PAY TO THE ORDER OF Ashford \$ 13,712.29

Thirteen thousand seven hundred twelve & 29/100 DOLLARS

Photo Safe Deposit®
Details on back



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

FOR Echo Payment

⑈001074⑈ ⑆113122655⑆

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
2/28/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		120,580.10	✓ 120,539.52	✓ 549,638.43	✓	349,679.01	302,945.68
						Bank Balance	349,679.01 ✓
						Variance	-
						Leave in Balance	100.00
						MOLINA Q1 QJPP	16,551.02 ✓
						AMERIGROUP Q1 QJPP	30,067.69 ✓
						JAN INTEREST	14.62 ✓
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	302,945.68 ✓
Broadmoor		59,315.81	✓ 59,203.45	✓ 251,188.43	✓	251,300.79	212,332.99
						Bank Balance	251,300.79 ✓
						Variance	-
						Leave in Balance	100.00
						MOLINA Q1 QJPP	7,780.30 ✓
						AMERIGROUP Q1 QJPP	14,134.24 ✓
						MEDICARE REPAYMENT TO MM CLINIC	3,966.26 ✓
						MEDICARE REPAYMENT TO MMC	2,194.54 ✓
						MEDICARE REPAYMENT TO TUSCANY	10,780.10 ✓
						JAN INTEREST	12.36 ✓
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	212,332.99 ✓
Crescent		56,446.90	✓ 56,333.57	✓ 190,308.20	✓	190,421.53	157,838.29
						Bank Balance	190,421.53 ✓
						Variance	-
						Leave in Balance	100.00
						MOLINA Q1 QJPP	5,513.27 ✓
						AMERIGROUP Q1 QJPP	10,015.74 ✓
						MEDICARE REPAYMENT TO MM CLINIC	3,966.26 ✓
						MEDICARE REPAYMENT TO MMC	2,194.54 ✓
						MEDICARE REPAYMENT TO TUSCANY	10,780.10 ✓
						JAN INTEREST	13.33 ✓
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	157,838.29 ✓
Fort Bend		35,028.44	✓ 34,921.21	✓ 114,026.82	✓	114,134.05	92,622.29
						Bank Balance	114,134.05 ✓
						Variance	-
						Leave in Balance	100.00
						MOLINA Q1 QJPP	7,599.23 ✓
						AMERIGROUP Q1 QJPP	13,805.30 ✓
						JAN INTEREST	7.23 ✓
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	92,622.29 ✓
Solera at W Houston		124,093.62	✓ 123,976.16	✓ 381,207.76	✓	381,325.22	343,391.15
						Bank Balance	381,325.22 ✓
						Variance	-
						Leave in Balance	100.00
						MOLINA Q1 QJPP	7,375.78 ✓
						AMERIGROUP Q1 QJPP	13,399.37 ✓
						MEDICARE REPAYMENT TO MM CLINIC	3,966.26 ✓
						MEDICARE REPAYMENT TO MMC	2,194.54 ✓
						MEDICARE REPAYMENT TO TUSCANY	10,780.10 ✓
						CORRECTION CHECK TO MMC	100.56 ✓
						JAN INTEREST	17.46 ✓
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	343,391.15 ✓

302,945.68 +
212,332.99 +
157,838.29 + *Bend / Broadmoor*
92,622.29 +
343,391.15 +
1,109,130.40 *

APPROVED ON
FEB 28 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFER 1,109,130.40
Approved: *[Signature]*
ANTHONY RICHARDSON, CFO 2/28/2022

Ashford Services

2/14/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/14/2022	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
2/15/2022	Enhanced Analysis Ch
2/15/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/15/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/15/2022	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
2/16/2022	MOLINA HEALTHCARE MOLINAACH 01032026 42000015
2/16/2022	MANAGEANDNET1718 MNS PMNT 00000000000093 41
2/16/2022	Amerigroup TXSC HCCLAIMPMT 3172773618 111000
2/16/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/16/2022	NOVITAS SOLUTION HCCLAIMPMT 675423 420000196
2/17/2022	WIRE OUT ASHFORD HEALTH CARE CENTER LTD
2/17/2022	Molina HC of TX HCCLAIMPMT PN1326436189 4200
2/17/2022	NOVITAS SOLUTION HCCLAIMPMT 675423 420000198
2/18/2022	NOVITAS SOLUTION HCCLAIMPMT 675423 420000120
2/18/2022	KS PLAN ADMINIST HCCLAIMPMT 3278 11100002119
2/22/2022	CK168
2/22/2022	NOVITAS SOLUTION HCCLAIMPMT 675423 420000123
2/22/2022	AMERIGROUP CORPO E-PAYMENT EES2314791 111000
2/23/2022	Deposit
2/23/2022	HNB - ECHO HCCLAIMPMT 746003411 440000207100
2/23/2022	Amerigroup TXSC HCCLAIMPMT 3173329106 111000
2/23/2022	NOVITAS SOLUTION HCCLAIMPMT 675423 420000163
2/24/2022	Molina HC of TX HCCLAIMPMT PN1326436189 4200
2/24/2022	Molina HC of TX HCCLAIMPMT PN1326436189 4200
2/24/2022	Amerigroup TXSC HCCLAIMPMT 3173449180 111000
2/24/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/24/2022	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
2/25/2022	UnitedHealthcare HCCLAIMPMT 746003411 124384
2/25/2022	MANAGEANDNET1718 MNS PMNT 00000000000093 41
2/25/2022	HNB - ECHO HCCLAIMPMT 746003411 440000294673
2/25/2022	Amerigroup TXSC HCCLAIMPMT 3173508824 111000
2/25/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/25/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/25/2022	NOVITAS SOLUTION HCCLAIMPMT 675423 420000151

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
-	3,415.77	-	-	-	-	-	3,415.77
-	2,398.55	-	-	-	-	-	2,398.55
74.04	-	-	-	-	-	-	-
-	6,418.01	-	-	-	-	-	6,418.01
-	2,780.29	-	-	-	-	-	2,780.29
-	7,525.36	-	-	-	-	-	7,525.36
-	33,102.03	-	-	7,997.79	25,104.24	16,551.02	16,551.02
-	945.00	-	-	-	-	-	945.00
-	1,712.07	-	-	-	-	-	1,712.07
-	265.12	-	-	-	-	-	265.12
-	192.38	-	-	-	-	-	192.38
111,359.22	-	-	-	-	-	-	-
-	1,218.30	-	-	-	-	-	1,218.30
-	450.57	-	-	-	-	-	450.57
-	35,621.29	-	-	-	-	-	35,621.29
-	18,200.00	-	-	-	-	-	18,200.00
9,106.26	-	-	-	-	-	-	-
-	11,937.20	-	-	-	-	-	11,937.20
-	60,135.37	-	-	14,529.41	45,605.96	30,067.69	30,067.69
-	17,813.07	-	-	-	-	-	17,813.07
-	2,554.80	-	-	-	-	-	2,554.80
-	2,521.45	-	-	-	-	-	2,521.45
-	692.62	-	-	-	-	-	692.62
-	1,090.07	-	-	-	-	-	1,090.07
-	16,153.04	-	-	-	-	-	16,153.04
-	40,001.76	-	-	-	-	-	40,001.76
-	10,737.88	-	-	-	-	-	10,737.88
-	4,849.98	-	-	-	-	-	4,849.98
-	5,739.06	-	-	-	-	-	5,739.06
-	4,675.50	-	-	-	-	-	4,675.50
-	674.86	-	-	-	-	-	674.86
-	190.39	-	-	-	-	-	190.39
-	6,190.81	-	-	-	-	-	6,190.81
-	37,929.57	-	-	-	-	-	37,929.57
-	11,506.26	-	-	-	-	-	11,506.26
120,539.52	349,638.43	-	-	22,527.20	70,710.20	46,618.70	303,019.78

Brookings

2/14/2022	MANAGEANDNET1718 MNS PMNT 000000000004293 41
2/14/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/15/2022	Molina HC of TX HCCLAIMPMT PN1669860433 4200
2/15/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/15/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/15/2022	HUMANA CHA DISB HCCLAIMPMT 390861 4200001813
2/16/2022	MOLINA HEALTHCARE MOLINAACH 01032397 42000015
2/16/2022	Molina HC of TX HCCLAIMPMT PN1669860433 4200
2/16/2022	MANAGEANDNET1718 MNS PMNT 000000000004293 41
2/16/2022	HNB - ECHO HCCLAIMPMT 746003411 440000241275
2/16/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/16/2022	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2
2/17/2022	WIRE OUT CANTEX HEALTH CARE CENTERS III
2/17/2022	Molina HC of TX HCCLAIMPMT PN1669860433 4200
2/17/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/18/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/18/2022	NOVITAS SOLUTION HCCLAIMPMT 676357 420000120
2/22/2022	CK186
2/22/2022	MANAGEANDNET1718 MNS PMNT 000000000004293 41
2/22/2022	HNB - ECHO HCCLAIMPMT 746003411 440000247508
2/22/2022	HNB - ECHO HCCLAIMPMT 746003411 440000247508
2/22/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/22/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/22/2022	AMERIGROUP CORPO E-PAYMENT EES2314794 111000
2/23/2022	Molina HC of TX HCCLAIMPMT PN1669860433 4200
2/23/2022	MANAGEANDNET1718 MNS PMNT 000000000004293 41
2/23/2022	NOVITAS SOLUTION HCCLAIMPMT 676357 420000161
2/23/2022	HUMANA CHA DISB HCCLAIMPMT 390861 4200001687
2/23/2022	HUMANA CHA DISB HCCLAIMPMT 390861 4200001685
2/24/2022	Molina HC of TX HCCLAIMPMT PN1669860433 4200
2/24/2022	Molina HC of TX HCCLAIMPMT PN1669860433 4200
2/24/2022	MANAGEANDNET1718 MNS PMNT 000000000004293 41
2/24/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/25/2022	UnitedHealthcare HCCLAIMPMT 746003411 124384
2/25/2022	MANAGEANDNET1718 MNS PMNT 000000000004293 41
2/25/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/25/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/25/2022	HUMANA INS CO HCCLAIMPMT 390861 830000550924

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
-	405.00	-	-	-	-	-	405.00
-	20,248.17	-	-	-	-	-	20,248.17
-	2,442.46	-	-	-	-	-	2,442.46
-	1,574.93	-	-	-	-	-	1,574.93
-	7,476.78	-	-	-	-	-	7,476.78
-	63.16	-	-	-	-	-	63.16
-	15,560.59	-	-	4,968.73	10,591.86	7,780.30	7,780.30
-	648.74	-	-	-	-	-	648.74
-	351.00	-	-	-	-	-	351.00
-	4,214.43	-	-	-	-	-	4,214.43
-	219.21	-	-	-	-	-	219.21
-	9,342.25	-	-	-	-	-	9,342.25
55,401.14	-	-	-	-	-	-	-
-	4,798.67	-	-	-	-	-	4,798.67
-	1,333.52	-	-	-	-	-	1,333.52
-	497.96	-	-	-	-	-	497.96
-	30,545.27	-	-	-	-	-	30,545.27
3,802.31	-	-	-	-	-	-	-
-	5,431.50	-	-	-	-	-	5,431.50
-	13,486.18	-	-	-	-	-	13,486.18
-	1,776.02	-	-	-	-	-	1,776.02
-	188.12	-	-	-	-	-	188.12
-	720.59	-	-	-	-	-	720.59
-	28,268.48	-	-	9,028.39	19,240.09	14,134.24	14,134.24
-	3,110.82	-	-	-	-	-	3,110.82
-	4,153.50	-	-	-	-	-	4,153.50
-	26,112.76	-	-	-	-	-	26,112.76
-	2,370.00	-	-	-	-	-	2,370.00
-	1,580.00	-	-	-	-	-	1,580.00
-	3,567.04	-	-	-	-	-	3,567.04
-	5,164.92	-	-	-	-	-	5,164.92
-	67.50	-	-	-	-	-	67.50
-	10,660.66	-	-	-	-	-	10,660.66
-	13,070.00	-	-	-	-	-	13,070.00
-	2,223.00	-	-	-	-	-	2,223.00
-	1,476.75	-	-	-	-	-	1,476.75
-	20,928.45	-	-	-	-	-	20,928.45
-	7,110.00	-	-	-	-	-	7,110.00
59,209.45	251,188.45	-	-	13,998.12	29,830.95	21,914.54	229,273.90

Crosscut

2/14/2022	MANAGEANDNET1718 MNS PMNT 000000000003268 41
2/14/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/14/2022	NOVITAS SOLUTION HCCLAIMPMT 676323 420000166
2/15/2022	HUMANA CHA DISB HCCLAIMPMT 390864 4200001814
2/16/2022	UnitedHealthcare HCCLAIMPMT 746003411 124384
2/16/2022	MOLINA HEALTHCARE MOLINAACH 01032363 42000015
2/16/2022	MANAGEANDNET1718 MNS PMNT 000000000003268 41
2/17/2022	WIRE OUT CANTEX HEALTH CARE CENTERS III
2/18/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/18/2022	NOVITAS SOLUTION HCCLAIMPMT 676323 420000120
2/18/2022	KS PLAN ADMINIST HCCLAIMPMT 14995 1110000211
2/22/2022	CK215
2/22/2022	NOVITAS SOLUTION HCCLAIMPMT 676323 420000122
2/22/2022	AMERIGROUP CORPO E-PAYMENT EES2314793 111000
2/23/2022	UnitedHealthcare HCCLAIMPMT 746003411 124384
2/23/2022	Molina HC of TX HCCLAIMPMT PN1669860425 4200
2/23/2022	NOVITAS SOLUTION HCCLAIMPMT 676323 420000161
2/23/2022	HUMANA CHA DISB HCCLAIMPMT 390864 4200001687
2/23/2022	HUMANA CHA DISB HCCLAIMPMT 390864 4200001687
2/24/2022	Molina HC of TX HCCLAIMPMT PN1669860425 4200
2/24/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
2/24/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
-	3,438.50	-	-	-	-	-	3,438.50
-	5,034.11	-	-	-	-	-	5,034.11
-	2,129.50	-	-	-	-	-	2,129.50
-	1,028.55	-	-	-	-	-	1,028.55
-	1,430.00	-	-	-	-	-	1,430.00
-	11,026.53	-	-	2,665.93	8,360.60	5,513.27	5,513.27
-	2,205.00	-	-	-	-	-	2,205.00
53,596.24	-	-	-	-	-	-	-
-	2,444.19	-	-	-	-	-	2,444.19
-	40,922.78	-	-	-	-	-	40,922.78
-	9,975.00	-	-	-	-	-	9,975.00
2,737.33	-	-	-	-	-	-	-
-	20,321.15	-	-	-	-	-	20,321.15
-	20,031.46	-	-	4,843.14	15,188.34	10,015.74	10,015.74
-	3,142.22	-	-	-	-	-	3,142.22
-	2,835.56	-	-	-	-	-	2,835.56
-	11,851.21	-	-	-	-	-	11,851.21
-	7,493.60	-	-	-	-	-	7,493.60
-	12,732.52	-	-	-	-	-	12,732.52
-	650.00	-	-	-	-	-	650.00
-	20,167.20	-	-	-	-	-	20,167.20
-	2,489.55	-	-	-	-	-	2,489.55

2/24/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000194
 2/25/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384
 2/25/2022 HNB - ECHO HCCLAIMPMT 746003411 440000294673
 2/25/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

		2,101.15			2,101.15
		740.00			740.00
		3,472.40			3,472.40
		2,646.00			2,646.00
		56,333.57	190,308.20	7,509.07	23,548.94
				15,529.01	174,779.20

Fort Bend

2/14/2022 AARP Supplementa HCCLAIMPMT 746003411 124384
 2/15/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/16/2022 MOLINA HEALTHCARE MOLINAACH 01032129 42000015
 2/16/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/17/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III
 2/17/2022 MANAGEANDNET1718 MNS PMNT 00000000004294 41
 2/17/2022 HNB - ECHO HCCLAIMPMT 746003411 440000277792
 2/17/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/17/2022 NOVITAS SOLUTION HCCLAIMPMT 675663 420000197
 2/17/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2
 2/18/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/18/2022 NOVITAS SOLUTION HCCLAIMPMT 675663 420000120
 2/22/2022 CK173
 2/22/2022 Molina HC of TX HCCLAIMPMT PN1730577503 4200
 2/22/2022 AMERIGROUP CORPO E-PAYMENT EES2314790 111000
 2/23/2022 Molina HC of TX HCCLAIMPMT PN1730577503 4200
 2/23/2022 MANAGEANDNET1718 MNS PMNT 00000000004294 41
 2/23/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/23/2022 NOVITAS SOLUTION HCCLAIMPMT 675663 420000161
 2/24/2022 Molina HC of TX HCCLAIMPMT PN1730577503 4200
 2/24/2022 MANAGEANDNET1718 MNS PMNT 00000000004294 41
 2/24/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/24/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/25/2022 MANAGEANDNET1718 MNS PMNT 00000000004294 41
 2/25/2022 HNB - ECHO HCCLAIMPMT 746003411 440000295111
 2/25/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/25/2022 AARP Supplementa HCCLAIMPMT 746003411 124384

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
	204.99						204.99
	742.00						742.00
	15,198.45			4,854.15	10,344.30	7,599.23	7,599.23
31,068.52	88.17						88.17
	1,278.00						1,278.00
	7,780.03						7,780.03
	634.19						634.19
	10,174.84						10,174.84
	4,589.31						4,589.31
	26.89						26.89
	1,624.10						1,624.10
3,852.69							
	358.94						358.94
	27,610.00			8,818.43	18,792.17	13,805.30	13,805.30
	1,968.91						1,968.91
	2,556.00						2,556.00
	0.20						0.20
	8,129.69						8,129.69
	519.89						519.89
	1,917.00						1,917.00
	22,868.90						22,868.90
	3,225.85						3,225.85
	67.50						67.50
	674.24						674.24
	304.13						304.13
	1,484.00						1,484.00
	34,921.21	114,026.82		13,672.58	29,136.47	21,404.53	92,622.30

Solera at West Houston

2/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/14/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000166
 2/14/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001577
 2/15/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/15/2022 HUMANA INS CO HCCLAIMPMT 390862 830000549236
 2/16/2022 MOLINA HEALTHCARE MOLINAACH 01032137 42000015
 2/16/2022 Amerigroup TXSC HCCLAIMPMT 317273621 111000
 2/16/2022 CIGNA HCCLAIMPMT 1497143259 91000010864189
 2/17/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III
 2/17/2022 HNB - ECHO HCCLAIMPMT 746003411 440000277792
 2/17/2022 Amerigroup TXSC HCCLAIMPMT 3172908111 111000
 2/17/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384
 2/17/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384
 2/17/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/17/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000197
 2/18/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384
 2/18/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/18/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000120
 2/18/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001143
 2/22/2022 CK1215
 2/22/2022 HNB - ECHO HCCLAIMPMT 746003411 440000247508
 2/22/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/22/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/22/2022 HUMANA INS CO HCCLAIMPMT 390862 830000505209
 2/22/2022 AMERIGROUP CORPO E-PAYMENT EES2314792 111000
 2/23/2022 Deposit
 2/23/2022 Molina HC of TX HCCLAIMPMT PN1497143259 4200
 2/23/2022 Molina HC of TX HCCLAIMPMT PN1497143259 4200
 2/23/2022 MANAGEANDNET1718 MNS PMNT 00000000002482 41
 2/23/2022 Amerigroup TXSC HCCLAIMPMT 317329109 111000
 2/23/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000161
 2/24/2022 AARP Supplementa HCCLAIMPMT 746003411 124384
 2/24/2022 UnitedHealthcare HCCLAIMPMT 746003411 910000
 2/24/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/24/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/24/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000194
 2/25/2022 Deposit
 2/25/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384
 2/25/2022 HNB - ECHO HCCLAIMPMT 746003411 440000294673
 2/25/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/25/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/25/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000150

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
	2,169.99						2,169.99
	1,432.59						1,432.59
	5,167.79						5,167.79
	10,180.00						10,180.00
	2,440.59						2,440.59
	12,160.00						12,160.00
	14,751.56			4,715.46	10,036.10	7,375.78	7,375.78
	23,315.48						23,315.48
120,417.70	1,855.00						1,855.00
	8,689.57						8,689.57
	4,305.24						4,305.24
	2,870.00						2,870.00
	2,870.00						2,870.00
	440.85						440.85
	19,702.66						19,702.66
	949.62						949.62
	290.46						290.46
	95,862.92						95,862.92
	3,950.00						3,950.00
3,558.46							
	7,233.14						7,233.14
	5.60						5.60
	121.70						121.70
	1,975.00						1,975.00
	26,798.74			8,566.47	18,232.17	13,399.37	13,399.37
	15,990.00						15,990.00
	329.39						329.39
	4,334.23						4,334.23
	3,514.50						3,514.50
	11,324.46						11,324.46
	1,570.97						1,570.97
	4,452.00						4,452.00
	389.50						389.50
	22,896.88						22,896.88
	11,922.29						11,922.29
	1,317.61						1,317.61
	32,099.16						32,099.16
	3,961.39						3,961.39
	2,812.89						2,812.89
	1,686.70						1,686.70
	140.16						140.16
	12,927.13						12,927.13
	123,976.16	381,207.76		13,281.93	28,268.37	20,775.15	360,432.61
	394,373.91	1,286,369.64		70,988.90	181,494.93	126,241.92	1,160,127.73

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type

DDA

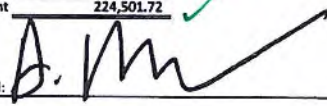
Data reported as of Feb 28, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$10,004,202.36	\$10,218,041.54	\$10,004,202.36	\$9,470,348.3
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,460.66	\$5,460.66	\$5,460.66	\$5,836.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$315,982.49	\$319,255.48	\$315,982.49	\$178,770.4
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.13	\$536.13	\$536.13	\$536.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,473,068.86	\$6,562,709.44	\$6,473,068.86	\$6,331,122.0
<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	\$349,679.01 ✓	\$366,777.18	\$349,679.01	\$282,772.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$251,300.79 ✓	\$256,534.93	\$251,300.79	\$206,492.5
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$190,421.53 ✓	\$215,568.92	\$190,421.53	\$183,563.1
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$114,134.05 ✓	\$116,401.24	\$114,134.05	\$111,604.1
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$381,325.22 ✓	\$386,281.18	\$381,325.22	\$327,697.7
<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	\$297,607.35	\$303,075.40	\$297,607.35	\$293,638.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$252,359.28	\$252,612.90	\$252,359.28	\$212,550.6
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$68,181.67	\$68,333.59	\$68,181.67	\$32,498.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$194,146.95	\$254,496.12	\$194,146.95	\$193,266.5

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 2/28/2022

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		100,878.34	86,113.99	301,218.14			
						-	
						Bank Balance 315,982.49	224,501.72
						Variance -	
						Leave in Balance 100.00	
						SUPERIOR YR 4 ADJ 1 QIPP 9,688.65	
						WITHHOLD QIPP PAYMENT 81,681.08	
						JAN INTEREST 11.04	
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt 224,501.72	

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 2/28/2022

APPROVED ON
FEB 28 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

MMC PORTION

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L apse	QJPP TI	
2/14/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	1,418.32	-	-	-	-	-	1,418.32
2/14/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	3,974.40	-	-	-	-	-	3,974.40
2/16/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	578.76	-	-	-	-	-	578.76
2/16/2022 AETNA AS01 HCCLAIMPMT 1588075964 51000011089	-	1,950.00	-	-	-	-	-	1,950.00
2/17/2022 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	28,101.47	-	-	-	-	-	-	-
2/17/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	4,256.00	-	-	-	-	-	4,256.00
2/17/2022 ACH SETTLEMENT SERVICE 4105523439 9601693953	-	2,195.18	-	-	-	-	-	2,195.18
2/17/2022 NOVITAS SOLUTION HCCLAIMPMT 676097 420000197	-	898.27	-	-	-	-	-	898.27
2/18/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	2,888.00	-	-	-	-	-	2,888.00
2/22/2022 CK152	36,273.20	-	-	-	-	-	-	-
2/22/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	1,111.64	-	-	-	-	-	1,111.64
2/23/2022 CK155	5,749.32	-	-	-	-	-	-	-
2/23/2022 CK153	15,990.00	-	-	-	-	-	-	-
2/23/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	4,104.00	-	-	-	-	-	4,104.00
2/23/2022 NOVITAS SOLUTION HCCLAIMPMT 676097 420000161	-	131,811.24	-	-	-	-	-	131,811.24
2/23/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	1,915.42	-	-	-	-	-	1,915.42
2/24/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	912.00	-	-	-	-	-	912.00
2/24/2022 NOVITAS SOLUTION HCCLAIMPMT 676097 420000194	-	5,992.86	-	-	-	-	-	5,992.86
2/25/2022 NOVITAS SOLUTION HCCLAIMPMT 676097 420000150	-	55,530.97	-	-	-	-	-	55,530.97
2/25/2022 Centene Managem ACH 008765433514 1110000236	-	81,681.08	-	-	-	-	-	81,681.08
	86,113.99	301,218.14	-	-	-	-	-	301,218.14

Golden Creek

2/9/2022 Centene Managemer CCD/CTX 008765433514 111000

		MMC PORTION					NH PORTION	
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L aps4	QJPP TI		
-	14,653.31	4,723.98	866.04	2,019.87	7,043.42	9,688.65	4,964.67	
-	14,653.31	4,723.98	866.04	2,019.87	7,043.42	9,688.65	4,964.67	

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type

DDA

Data reported as of Feb 28, 2022

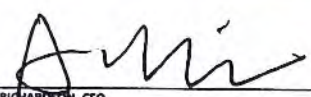
Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
Number of Accounts: 15	\$10,004,202.36	\$10,218,041.54	\$10,004,202.36	\$9,470,348.3
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,460.66	\$5,460.66	\$5,460.66	\$5,836.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$315,982.49 ✓	\$319,255.48	\$315,982.49	\$178,770.4
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.13	\$536.13	\$536.13	\$536.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,473,068.86	\$6,562,709.44	\$6,473,068.86	\$6,331,122.0
<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	\$349,679.01	\$366,777.18	\$349,679.01	\$282,772.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$251,300.79	\$256,534.93	\$251,300.79	\$206,492.5
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$190,421.53	\$215,568.92	\$190,421.53	\$183,563.1
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$114,134.05	\$116,401.24	\$114,134.05	\$111,604.1
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$381,325.22	\$386,281.18	\$381,325.22	\$327,697.7
<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	\$297,607.35	\$303,075.40	\$297,607.35	\$293,638.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$252,359.28	\$252,612.90	\$252,359.28	\$212,550.6
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$68,181.67	\$68,333.59	\$68,181.67	\$32,498.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$194,146.95	\$254,496.12	\$194,146.95	\$193,266.9

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 2/28/2022

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		41,938.85	33,827.55	60,070.37			68,181.67	12,996.98
						Bank Balance	68,181.67	
						Variance		
						Leave in Balance	100.00	
						UNIDENTIFIED ECHO PAYMENTS (NO CHECK WILL BE WRITTEN FOR THIS AMOUNT YET)	117.61	
						SUPERIOR YR 4 ADJ 1	5,602.10	
						WITHHOLD QIPP PYMT	35,648.69	
						ECHO PAYMENTS TO ASHFORD	13,712.29	
						JAN INTEREST	4.00	
						FEB INTEREST		
						MAR INTEREST		
						Adjust Balance/Transfer Amt	12,996.98	
Gulf Pointe Plaza-Medicare/Medicaid		66,823.70	66,717.28	252,252.86			252,359.28	252,252.86
						Bank Balance	252,359.28	
						Variance		
						Leave in Balance	100.00	
						JAN INTEREST	6.42	
						FEB INTEREST		
						MAR INTEREST		
						Adjust Balance/Transfer Amt	252,252.86	
						TOTAL TRANSFERS	265,249.84	

Routine 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 2/28/2022

APPROVED ON
FEB 28 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pwy
 2/9/2022 Centene Managemer CCD/CTX 008765433514 111000

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4& Lapse	Q/PP TI	
-	8,410.62	2,793.58	512.64	1,194.93	3,909.47	5,602.10	2,808.52
-	-	-	-	-	-	-	-
-	8,410.62	2,793.58	512.64	1,194.93	3,909.47	5,602.10	2,808.52

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type

DDA

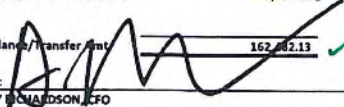
Data reported as of Feb 28, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
Number of Accounts: 15	\$10,004,202.36	\$10,218,041.54	\$10,004,202.36	\$9,470,348.3
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,460.66	\$5,460.66	\$5,460.66	\$5,836.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$315,982.49	\$319,255.48	\$315,982.49	\$178,770.4
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.13	\$536.13	\$536.13	\$536.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,473,068.86	\$6,562,709.44	\$6,473,068.86	\$6,331,122.0
<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	\$349,679.01	\$366,777.18	\$349,679.01	\$282,772.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$251,300.79	\$256,534.93	\$251,300.79	\$206,492.5
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$190,421.53	\$215,568.92	\$190,421.53	\$183,563.1
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$114,134.05	\$116,401.24	\$114,134.05	\$111,604.1
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$381,325.22	\$386,281.18	\$381,325.22	\$327,697.7
<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	\$297,607.35	\$303,075.40	\$297,607.35	\$293,638.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$252,359.28 ✓	\$252,612.90	\$252,359.28	\$212,550.6
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$68,181.67 ✓	\$68,333.59	\$68,181.67	\$32,498.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$194,146.95	\$254,496.12	\$194,146.95	\$193,266.5

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscan Transfer
 Prosperity Accounts
 2/28/2022

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		133,706.62 ✓	133,606.62 ✓	194,046.96 ✓			194,146.95	162,482.13
						Bank Balance Variance	194,146.95	
						Leave in Balance	100.00	
						AMERIGROUP Q1	15,299.80 ✓	
						MOLINA Q1	8,421.91 ✓	
						MEDICARE REPAYMENT TO GOLDEN CREEK	5,988.11 ✓	
						PAYMENT CORRECTION TO BETHANY	1,855.00 ✓	
						Adjust Balance/Transfer Amt	162,482.13 ✓	

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:  2/28/2022
 ANTHONY A. DAVIDSON, CFO

APPROVED ON

FEB 28 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	
2/15/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000193	-	3,071.81	-	-	-	-	-	3,071.81
2/16/2022 MOLINA HEALTHCAR MOLINAACH 01032394 42000015	-	16,843.81	-	-	2,350.03	14,493.78	8,421.91	8,421.91
2/17/2022 WIRE OUT LINBAR ENTERPRISES, LLC	129,080.68	-	-	-	-	-	-	-
2/17/2022 HNB - ECHO HCCLAIMPMT 746003411 440000277792	-	1,721.06	-	-	-	-	-	1,721.06
2/18/2022 HNB - ECHO HCCLAIMPMT 746003411 440000217611	-	13,768.44	-	-	-	-	-	13,768.44
2/18/2022 KS PLAN ADMINIST HCCLAIMPMT 179 111000021195	-	28,530.00	-	-	-	-	-	28,530.00
2/22/2022 CK1092	4,525.94	-	-	-	-	-	-	-
2/22/2022 AMERIGROUP CORPO E-PAYMENT EES2314795 111000	-	30,599.59	-	-	4,269.24	26,330.35	15,299.80	15,299.80
2/23/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000161	-	96,209.32	-	-	-	-	-	96,209.32
2/24/2022 HNB - ECHO HCCLAIMPMT 746003411 440000253781	-	2,422.92	-	-	-	-	-	2,422.92
2/25/2022 KS PLAN ADMINIST HCCLAIMPMT 179 111000020686	-	880.00	-	-	-	-	-	880.00
	133,606.62	194,046.95	-	-	6,619.27	40,824.13	23,721.70	170,325.25

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type

DDA

Data reported as of Feb 28, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$10,004,202.36	\$10,218,041.54	\$10,004,202.36	\$9,470,348.3
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,460.66	\$5,460.66	\$5,460.66	\$5,836.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$315,982.49	\$319,255.48	\$315,982.49	\$178,770.4
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.13	\$536.13	\$536.13	\$536.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,473,068.86	\$6,562,709.44	\$6,473,068.86	\$6,331,122.0
<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	\$349,679.01	\$366,777.18	\$349,679.01	\$282,772.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$251,300.79	\$256,534.93	\$251,300.79	\$206,492.5
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$190,421.53	\$215,568.92	\$190,421.53	\$183,563.1
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$114,134.05	\$116,401.24	\$114,134.05	\$111,604.1
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$381,325.22	\$386,281.18	\$381,325.22	\$327,697.7
<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	\$297,607.35	\$303,075.40	\$297,607.35	\$293,638.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$252,359.28	\$252,612.90	\$252,359.28	\$212,550.6
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$68,181.67	\$68,333.59	\$68,181.67	\$32,498.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$194,146.95 ✓	\$254,496.12	\$194,146.95	\$193,266.9

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 2/28/2022

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		237,140.74	237,015.05	297,481.66			297,607.35	297,481.66
						Bank Balance	297,607.35	
						Variance	-	
						Leave in Balance	100.00	

JAN INTEREST 25.69
 FEB INTEREST
 MAR INTEREST
 Adjust Balance/Transfer Amt 297,481.66
 Approved: ANTHONY RICHARDSON, CFO 2/28/2022

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 28 2022

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

Bethany Senior Living

MMC PORTION

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
2/14/2022 Deposit	-	1,252.00					-	1,252.00
2/14/2022 Deposit	-	59,510.14					-	59,510.14
2/15/2022 Deposit	-	11,133.43					-	11,133.43
2/16/2022 Deposit	-	1,757.05					-	1,757.05
2/17/2022 WIRE OUT BETHANY SENIOR LIVING, LTD	237,015.05	-					-	-
2/17/2022 HOSPICE OF SOUTH Payments NF 113122650014741	-	648.61					-	648.61
2/18/2022 Deposit	-	8,757.38					-	8,757.38
2/18/2022 NOVITAS SOLUTION HCCLAIMPMT 676481 420000120	-	6,105.49					-	6,105.49
2/22/2022 Deposit	-	13,841.08					-	13,841.08
2/22/2022 NOVITAS SOLUTION HCCLAIMPMT 676481 420000122	-	159,590.89					-	159,590.89
2/23/2022 NOVITAS SOLUTION HCCLAIMPMT 676481 420000161	-	5,228.14					-	5,228.14
2/24/2022 Deposit	-	989.07					-	989.07
2/24/2022 NOVITAS SOLUTION HCCLAIMPMT 676481 420000194	-	24,699.40					-	24,699.40
2/25/2022 TMHP HCCLAIMPMT 415592101 21000023509300	-	233.00					-	233.00
2/25/2022 NOVITAS SOLUTION HCCLAIMPMT 676481 420000150	-	745.48					-	745.48
2/25/2022 HOSPICE OF SOUTH Payments NF 113122650037816	-	648.61					-	648.61
2/25/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	2,341.89					-	2,341.89
	237,015.05	297,481.66	-	-	-	-	-	297,481.66

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type

DDA

Data reported as of Feb 28, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$315,982.49	\$319,255.48	\$315,982.49	\$178,770.4
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.13	\$536.13	\$536.13	\$536.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,473,068.86	\$6,562,709.44	\$6,473,068.86	\$6,331,122.0
<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	\$349,679.01	\$366,777.18	\$349,679.01	\$282,772.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$251,300.79	\$256,534.93	\$251,300.79	\$206,492.5
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$190,421.53	\$215,568.92	\$190,421.53	\$183,563.1
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$114,134.05	\$116,401.24	\$114,134.05	\$111,604.1
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$381,325.22	\$386,281.18	\$381,325.22	\$327,697.7
<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	\$297,607.35 ✓	\$303,075.40	\$297,607.35	\$293,638.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$252,359.28	\$252,612.90	\$252,359.28	\$212,550.6
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$68,181.67	\$68,333.59	\$68,181.67	\$32,498.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$194,146.95	\$254,496.12	\$194,146.95	\$193,266.9

Ashford

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 2/28/22

FOR ACCT. USE ONLY

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

APPROVED ON

FEB 28 2022

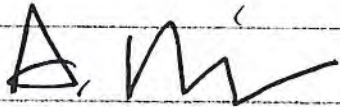
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
ck #1169

AMOUNT \$46,618.71

G/L NUMBER: 10255040

EXPLANATION: AMERISOURCE YR 5 Q1 AND MOLINA YR 5 Q1 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Broadmoor

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 2/28/22

FOR ACCT. USE ONLY

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

APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK # 000167

AMOUNT \$21,914.54

G/L NUMBER: 10255040

EXPLANATION: AMERISOURCE YR 5 Q1 AND MOLINA YR 5 Q1 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Crescent

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 2/28/22

APPROVED ON
FEB 28 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CIL# 000214
G/L NUMBER: 10255040

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT \$15,529.01

EXPLANATION: AMERISOURCE YR 5 Q1 AND MOLINA YR 5 Q1 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: AM

~~Solera~~ Fort Bend

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 2/28/22

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON
FEB 28 2022

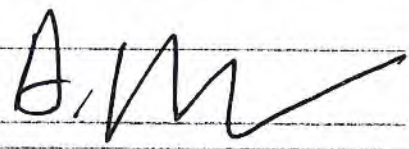
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 00174

AMOUNT \$21,404.53

G/L NUMBER: 10255040

EXPLANATION: AMERISOURCE YR 5 Q1 AND MOLINA YR 5 Q1 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Solera

MEMORIAL MEDICAL CENTER CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 2/28/22

FOR ACCT. USE ONLY	
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APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 001214

G/L NUMBER: 10255040

AMOUNT \$20,775.15

EXPLANATION: AMERISOURCE YR 5 Q1 AND MOLINA YR 5 Q1 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Golden Creek

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 2/28/22

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON
FEB 28 2022

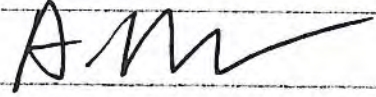
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK # 000154

AMOUNT \$9,688.65

G/L NUMBER: 10255040

EXPLANATION: AMERISOURCE YR 5 Q1 AND MOLINA YR 5 Q1 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Gulf Pointe

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 2/28/22

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APPROVED ON

FEB 28 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#1073

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT \$5,602.10

G/L NUMBER: 10255040

EXPLANATION: AMERISOURCE YR 5 Q1 AND MOLINA YR 5 Q1 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Tuscany

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 2/28/22

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON
FEB 28 2022

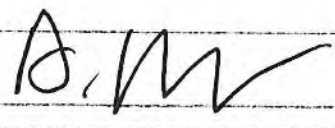
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 1043

AMOUNT \$23,721.71

C/L NUMBER: 10255040

EXPLANATION: AMERISOURCE YR 5 Q1 AND MOLINA YR 5 Q1 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER

NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001169

Date 3/2/22 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 46,618.71

Forty six thousand Six hundred eighteen & 71/100 DOLLARS



FOR Amerigroup - 30067.69 Molina - 16551.02



⑈001169⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000187

Date 3/2/22 88-2265/1131

PAY

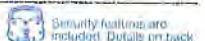
TO THE ORDER OF Memorial Medical Center

\$ 21,914.54

Twenty one thousand Nine hundred fourteen & 54/100 DOLLARS



FOR Amerigroup - 14134.24 Molina - 77030



⑈000187⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000216

Date 3/2/22 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 15,529.01

Fifteen thousand Five hundred twenty nine & 01/100 DOLLARS



FOR Amerigroup - 10015.74 Molina - 5513.27



⑈000216⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

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

000174

Date 3/2/22

88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Center

\$ 21,404.53

Twenty one thousand four hundred four & 53/100

DOLLARS



FOR Amerigroup - 13805.30 Molina - 7599.23

Security features are included. Details on back.

⑈000174⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001216

Date 3/2/22

88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Center

\$ 20,775.15

Twenty thousand seven hundred seventy five & 15/100

DOLLARS



FOR Amerigroup - 13399.37 Molina - 7375.78

Security features are included. Details on back.

⑈001216⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

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

000156

Date 3/2/22

88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Center

\$ 9,488.65

Nine thousand six hundred eighty eight & 65/100

DOLLARS



FOR Superior XR 4 ADJ 1

Security features are included. Details on back.

⑈000156⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

361-553-4818
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1073

68-2265/1131-97

DATE 3/2/22



PAY TO THE ORDER OF Memorial Medical center \$ 5602.10

Five thousand six hundred two & 10/100

DOLLARS



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

FOR Superior YR4 ADJ 7

⑈001073⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

PH 361-553-4818
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1093

68-2265/1131-97

DATE 3/2/22



PAY TO THE ORDER OF Memorial Medical center \$ 23,721.71

Twenty three thousand Seven hundred twenty one & 71/100

DOLLARS



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

FOR Amerigroup 15249.80 Molina - 8421.91

⑈001093⑈ ⑆113122655⑆

RUN DATE:03/03/22
TIME:13:45

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/02/22 THRU 03/02/22

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GLCKREG

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

TUS 001093 03/02/22 23,721.71 MEMORIAL MEDICAL CENTER
TUS 001094 03/02/22 5,988.11 GOLDEN CREEK
TUS 001095 03/02/22 1,855.00 BETHANY
TOTALS: 31,564.82

Tuscany

APPROVED ON

MAR 02 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

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MEMORIAL MEDICAL CENTER
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GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000187 03/02/22 21,914.54 MEMORIAL MEDICAL CENTER
NHB 000188 03/02/22 3,966.26 MEMORIAL MEDICAL CLINIC
NHB 000189 03/02/22 2,194.54 MEMORIAL MEDICAL CENTER
NHB 000190 03/02/22 10,780.10 TUSCANY
TOTALS: 38,855.44

Broadmoor

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CALHOUN COUNTY, TEXAS**

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MEMORIAL MEDICAL CENTER
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CODE NUMBER DATE AMOUNT PAYEE

NHC 000216 03/02/22 15,529.01 MEMORIAL MEDICAL CENTER
NHC 000217 03/02/22 3,966.26 MEMORIAL MEDICAL CLINIC
NHC 000218 03/02/22 2,194.54 MEMORIAL MEDICAL CENTER
NHC 000219 03/02/22 10,780.10 TUSCANY
TOTALS: 32,469.91

Crescent

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MEMORIAL MEDICAL CENTER
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GLCKREG

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CODE NUMBER DATE AMOUNT PAYEE

NHS	001216	03/02/22	20,775.15	MEMORIAL MEDICAL CENTER
NHS	001217	03/02/22	3,966.26	MEMORIAL MEDICAL CLINIC
NHS	001218	03/02/22	2,194.54	MEMORIAL MEDICAL CENTER
NHS	001219	03/02/22	10,780.10	TUSCANY
NHS	001220	03/02/22	100.56	MEMORIAL MEDICAL CENTER
TOTALS:			37,816.61	

Salem

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MEMORIAL MEDICAL CENTER
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GLCKREG

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

GPP 001073 03/02/22 5,602.10 MEMORIAL MEDICAL CENTER
GPP 001074 03/02/22 13,712.29 ASHFORD
TOTALS: 19,314.39

gulf Pointe

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MEMORIAL MEDICAL CENTER
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GLCKREG

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

NHA 001169 03/02/22 46,618.71 MEMORIAL MEDICAL CENTER
TOTALS: 46,618.71

Ashford

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MEMORIAL MEDICAL CENTER
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GLCKREG

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CODE NUMBER DATE AMOUNT PAYEE

NHF 000174 03/02/22 21,404.53 MEMORIAL MEDICAL CENTER
TOTALS: 21,404.53

Furt Fund

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MEMORIAL MEDICAL CENTER
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GLCKREG

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CODE NUMBER DATE AMOUNT PAYEE

NHG 000156 03/02/22 9,688.65 MEMORIAL MEDICAL CENTER
TOTALS: 9,688.65

golden creek

APPROVED ON

MAR 02 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

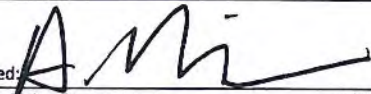
QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

3/2/2022

NH Name	From Bank Acct #	Ck #	Payee	GL #	AMERIGROUP YR 5 Q1 QIPP	MOLINA YR 5 Q1 QIPP	SUPERIOR YR 4 ADJ 1	TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	30,067.69	16,551.02		46,618.71	3/2/2022
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	14,134.24	7,780.30		21,914.54	3/2/2022
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	10,015.74	5,513.27		15,529.01	3/2/2022
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	13,805.30	7,599.23		21,404.53	3/2/2022
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	13,399.37	7,375.78		20,775.15	3/2/2022
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040			9,688.65	9,688.65	3/2/2022
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040			5,602.10	5,602.10	3/2/2022
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001					-	3/2/2022
Bethany			MMC -Prosperity Operating #10000001					-	3/2/2022
Tuscany			MMC -Prosperity Operating #10000001	10255040	15,299.80	8,421.91		23,721.71	3/2/2022
			Total:		96,722.14	53,241.51	15,290.75	-	165,254.40

Note:

Approved: 
 Anthony Richardson 2/28/2022