

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 09, 2022

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 620,382.23
TOTAL TRANSFERS BETWEEN FUNDS	\$ 671,363.74
TOTAL NURSING HOME UPL EXPENSES	\$ 655,759.28
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED March 09, 2022	\$ 1,947,505.25

APPROVED

MAR 09 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 09, 2022

PAYABLES AND PAYROLL

3/4/2022 Weekly Payables	433,090.14
3/7/2022 Great American Financial Services-copier lease	10,200.29
3/7/2022 McKesson-340B Prescription Expense	8,853.14
3/7/2022 Amerisource Bergen-340B Prescription Expense	3,840.39

Prosperity Electronic Bank Payments

3/3/2022 Credit Card & Lease Fees	469.47
3/4/2022 TCDRS February Retirement	154,880.24
2/28-3/4/22 Pay Plus-Patient Claims Processing Fee	82.35
3/1/2022 Driscoll-reimbursement of overpayment	8,328.11
3/4/2022 ExpertPay- child support	614.20
3/2/2022 Authnet Gateway Billing-3rd Party Payor Fee	23.90

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ 620,382.23

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

3/4/2022 MMC Operating to Ashford-correction of NH QIPP payment deposited into MMC Operating	53,767.21
3/4/2022 MMC Operating to Solera-correction of NH insurance and QIPP payment deposited into MMC Operating in error	46,678.72
3/4/2022 MMC Operating to Fort bend-correction on NH insurance and QIPP payment deposited into MMC Operating	25,060.50
3/4/2022 MMC Operating to Broadmoor-correction of NH insurance and QIPP payment deposited into MMC Operating	25,319.12
3/4/2022 MMC Operating to Crescent-correction of NH insurance and QIPP payment deposited into MMC Operating in error	37,790.78
3/4/2022 MMC Operating to Golden Creek-correction of NH insurance and QIPP payment deposited into MMC Operating in error	96,606.67
3/4/2022 MMC Operating to Gulf Pointe Plaza -correction of NH insurance and QIPP payment deposited into MMC Operating	55,466.53
3/4/2022 MMC Operating to Tuscany Village-correction of NH insurance and QIPP payment deposited into MMC Operating	115,534.08
3/4/2022 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	142,420.02

MEDICARE ADVANCE PAYMENT RECOUP

3/7/2022 Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	9,418.06
3/7/2022 Broadmoor to Bethany-correction of Broadmoor medical recoup taken from Bethany	13,091.29
3/7/2022 Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	9,417.86
3/7/2022 Crescent to Tuscany Village-correction of Crecent medicare recoup taken from Tuscany Village	2,596.23
3/7/2022 Crescent to Bethany-correction of Crecent medicare recoup taken from Bethany	13,091.29
3/7/2022 Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	9,417.86
3/7/2022 Solera to Bethany-correction of Solera medicare recoup taken from Bethany	13,091.29
3/7/2022 Solera to Tuscany Village-correction of Solera medicare recoup taken from Tuscany Village	2,596.23

TOTAL TRANSFERS BETWEEN FUNDS \$ 671,363.74

NURSING HOME UPL EXPENSES

3/7/2022 Nursing Home UPL-Cantex Transfer	119,819.02
3/7/2022 Nursing Home UPL-Nexion Transfer	82,827.53
3/7/2022 Nursing Home UPL-HMG Transfer	37,871.03
3/7/2022 Nursing Home UPL-Tuscany Transfer	226,218.17
3/7/2022 Nursing Home UPL-HSL Transfer	189,023.53

TOTAL NURSING HOME UPL EXPENSES \$ 655,759.28

TOTAL INTER-GOVERNMENT TRANSFERS \$ -

GRAND TOTAL DISBURSEMENTS APPROVED March 09, 2022 \$ 1,947,505.25

RECEIVED BY THE
COUNTY AUDITOR ON

MAR 03 2022

16:01

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 03/24/2022

ap_open_invoice.template

Class Pay Code

11237 3WON, LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2796 ✓		02/28/20	02/06/20	03/06/20		597.00	0.00	0.00	597.00 ✓

CREDENTIALING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11237	3WON, LLC	597.00	0.00	0.00	597.00

Vendor# Vendor Name

Class Pay Code

11283 ACE HARDWARE 15521 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
162480 ✓		02/28/20	02/17/20	03/14/20		139.99	0.00	0.00	139.99 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	139.99	0.00	0.00	139.99

Vendor# Vendor Name

Class Pay Code

10950 ACUTE CARE INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV599 ✓		02/21/20	02/20/20	03/22/20		1,400.00	0.00	0.00	1,400.00 ✓

RFID FEE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC	1,400.00	0.00	0.00	1,400.00

Vendor# Vendor Name

Class Pay Code

A1680 AIRGAS USA, LLC - CENTRAL DIV ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
912259175 ✓		02/28/20	02/08/20	03/05/20		240.09	0.00	0.00	240.09 ✓

AIR

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	240.09	0.00	0.00	240.09

Vendor# Vendor Name

Class Pay Code

10958 ALLYSON SWOPE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
020422		02/28/20	02/04/20	02/04/20		2,866.50	0.00	0.00	2,866.50 ✓

CLINIC SERICES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE	2,866.50	0.00	0.00	2,866.50

Vendor# Vendor Name

Class Pay Code

14028 AMAZON CAPITAL SERVICES ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14YPC9XKD6P6 ✓		02/23/20	02/21/20	03/23/20		12.89	0.00	0.00	12.89 ✓

SUPPLIES

1TWQNKJ73WDD		02/28/20	02/22/20	03/24/20		65.05	0.00	0.00	65.05 ✓
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SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	77.94	0.00	0.00	77.94

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
344988358 ✓		02/28/20	02/25/20	03/03/20		55.00	0.00	0.00	55.00 ✓

INVENTORY												
Vendor#	Vendor Name	Class	Pay Code	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
344988638				02/28/20	02/25/20	03/03/20		55.00	0.00	0.00	55.00	
INVENTORY												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							A1360	AMERISOURCEBERGEN DRUG CORP	110.00	0.00	0.00	110.00
Vendor#	Vendor Name	Class	Pay Code									
A2218	AQUA BEVERAGE COMPANY	M										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
181823		02/28/20	01/31/20	02/25/20		44.40	0.00	0.00	44.40			
WATER												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							A2218	AQUA BEVERAGE COMPANY	44.40	0.00	0.00	44.40
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			
2489240		02/28/20	02/21/20	03/23/20		2,208.00	0.00	0.00	2,208.00			
	LAB STAFFING (2/7-2/10/22) Simonich											
2489139		02/28/20	02/21/20	03/23/20		2,479.00	0.00	0.00	2,479.00			
	LAB STAFFING (2/6-2/10/22) Stribley											
2489281		02/28/20	02/21/20	03/23/20		2,663.25	0.00	0.00	2,663.25			
	LAB STAFFING (2/7-2/10/22) Hawkins											
2491449		02/28/20	02/21/20	03/23/20		2,139.00	0.00	0.00	2,139.00			
	LAB STAFFING (2/7-2/10/22) Chestnut											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							A0400	AUREUS RADIOLOGY LLC	9,489.25	0.00	0.00	9,489.25
Vendor#	Vendor Name	Class	Pay Code									
12800	AUTHORITYRX											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
1299		02/28/20	02/01/20	02/02/20		8,375.00	0.00	0.00	8,375.00			
340 B SERVICE												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12800	AUTHORITYRX	8,375.00	0.00	0.00	8,375.00
Vendor#	Vendor Name	Class	Pay Code									
B1150	BAXTER HEALTHCARE	W										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
73657492		02/28/20	01/21/20	02/15/20		629.50	0.00	0.00	629.50			
LEASE												
73657605		02/28/20	01/21/20	02/15/20		2,367.50	0.00	0.00	2,367.50			
LEASE												
73718281		02/28/20	01/27/20	02/21/20		665.37	0.00	0.00	665.37			
SUPPLIES												
73799581		02/28/20	02/02/20	02/27/20		665.37	0.00	0.00	665.37			
SUPPLIES												
73966908		02/28/20	02/14/20	03/11/20		134.55	0.00	0.00	134.55			
SUPPLIES												
74054835		02/28/20	02/21/20	03/18/20		2,367.50	0.00	0.00	2,367.50			
LEASE												
74054766		02/28/20	02/21/20	03/18/20		629.50	0.00	0.00	629.50			
LEASE												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							B1150	BAXTER HEALTHCARE	7,459.29	0.00	0.00	7,459.29

Vendor#	Vendor Name				Class	Pay Code						
B1266	BECKMAN COULTER CAPITAL ✓				W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
109706254 ✓		02/28/20	02/17/20	03/17/20		1,124.88	0.00	0.00	1,124.88 ✓			
	SUPPLIES											
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
	B1266	BECKMAN COULTER CAPITAL				1,124.88	0.00	0.00	1,124.88			
Vendor#	Vendor Name				Class	Pay Code						
12324	BLUE CROSS BLUE SHIELD ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
030122A		02/28/20	03/01/20	03/01/20		1,516.83	0.00	0.00	1,516.83 ✓			
	COBRA BILL											
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
	12324	BLUE CROSS BLUE SHIELD				1,516.83	0.00	0.00	1,516.83			
Vendor#	Vendor Name				Class	Pay Code						
C1048	CALHOUN COUNTY ✓				W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
031622		02/28/20	02/28/20	03/16/20		125.74	0.00	0.00	125.74 ✓			
	FUEL											
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY				125.74	0.00	0.00	125.74			
Vendor#	Vendor Name				Class	Pay Code						
14064	CAPITAL ONE ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
1640414743 *		02/28/20	02/19/20	02/19/20		262.52	0.00	0.00	262.52 ✓			
	SUPPLIES											
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
	14064	CAPITAL ONE				262.52	0.00	0.00	262.52			
Vendor#	Vendor Name				Class	Pay Code						
C1325	CARDINAL HEALTH 414, INC. ✓				W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
8002757862 ✓		02/28/20	01/31/20	02/25/20		471.85	0.00	0.00	471.85 ✓			
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.				471.85	0.00	0.00	471.85			
Vendor#	Vendor Name				Class	Pay Code						
C1992	CDW GOVERNMENT, INC. ✓				M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
R949124 ✓		02/28/20	02/08/20	03/10/20		8.97	0.00	0.00	8.97 ✓			
	SUPPLIES											
R945452 ✓		02/28/20	02/08/20	03/10/20		5.94	0.00	0.00	5.94 ✓			
	SUPPLIES											
R974484 ✓		02/28/20	02/09/20	03/11/20		37.90	0.00	0.00	37.90 ✓			
	SUPPLIES											
R990648 ✓		02/28/20	02/09/20	03/11/20		286.94	0.00	0.00	286.94 ✓			
	SUPPLIES											
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.				339.75	0.00	0.00	339.75			
Vendor#	Vendor Name				Class	Pay Code						
12768	CHEMAQUA ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			

7678413		02/28/20	02/10/20	02/20/20			518.75	0.00	0.00	518.75	✓	
	WATER TREATMENT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	12768	CHEMAQUA					518.75	0.00	0.00	518.75		
Vendor#	Vendor Name						Class	Pay Code				
C1730	CITY OF PORT LAVACA ✓						W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
021422C		02/28/20	02/14/20	03/01/20			86.50	0.00	0.00	86.50	✓	
	WATER											
021422B		02/28/20	02/14/20	03/01/20			27.04	0.00	0.00	27.04	✓	
	WATER											
021422A		02/28/20	02/14/20	03/01/20			2,294.25	0.00	0.00	2,294.25	✓	
	WATER											
021422		02/28/20	02/14/20	03/01/20			62.29	0.00	0.00	62.29	✓	
	WATER											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA					2,470.08	0.00	0.00	2,470.08		
Vendor#	Vendor Name						Class	Pay Code				
13000	CLEARFLY ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
INV403836 ✓		02/28/20	02/28/20	03/01/20			1,281.12	0.00	0.00	1,281.12	✓	
	PHONE											
INV410075A		02/28/20	03/01/20	03/22/20			1,198.41	0.00	0.00	1,198.41	✓	
	PHONE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	13000	CLEARFLY					2,479.53	0.00	0.00	2,479.53		
Vendor#	Vendor Name						Class	Pay Code				
C1166	COASTAL OFFICE SOLUTONS ✓						W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
OEQT195891 ✓		02/28/20	02/04/20	02/14/20			873.33	0.00	0.00	873.33	✓	
	SUPPLIES											
OE343111 ✓		02/28/20	02/25/20	03/07/20			227.41	0.00	0.00	227.41	✓	
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS					1,100.74	0.00	0.00	1,100.74		
Vendor#	Vendor Name						Class	Pay Code				
C1970	CONMED CORPORATION ✓						M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
801203 ✓		02/28/20	02/11/20	03/18/20			215.06	0.00	0.00	215.06	✓	
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION					215.06	0.00	0.00	215.06		
Vendor#	Vendor Name						Class	Pay Code				
10368	DEWITT POTTH & SON ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
6716000 ✓		02/28/20	02/08/20	03/18/20			86.82	0.00	0.00	86.82	✓	
	SUPPLIES											
6716940 ✓		02/28/20	02/09/20	03/19/20			258.98	0.00	0.00	258.98	✓	
	SUPPLIES											
6716900 ✓		02/28/20	02/09/20	03/19/20			3.49	0.00	0.00	3.49	✓	
	SUPPLIES											

6720720 ✓		02/28/20	02/11/20	03/18/20		88.52	0.00	0.00	88.52 ✓		
	SUPPLIES										
6720740 ✓		02/28/20	02/11/20	03/18/20		11.29	0.00	0.00	11.29 ✓		
	SUPPLIES										
6730960 ✓		02/28/20	02/22/20	03/19/20		41.72	0.00	0.00	41.72 ✓		
	OFFICE SUPPLIES										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON			490.82	0.00	0.00	490.82		
Vendor#	Vendor Name	Class		Pay Code							
14332	ELLEN HEIMAN ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
030322		03/03/20	03/03/20	03/03/20		125.00	0.00	0.00	125.00 ✓		
	FSA DEDUCTIONS REIMBURS										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
		14332	ELLEN HEIMAN			125.00	0.00	0.00	125.00		
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		
40994 ✓		02/28/20	02/28/20	03/10/20		40,062.50	0.00	0.00	40,062.50 ✓		
	ER DOCS (11-EOM)										
41012 ✓		02/28/20	02/28/20	03/12/20		2,640.00	0.00	0.00	2,640.00 ✓		
	ER PHYSICIAN STAFFING - coverage for Dr. Bunnell										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
		11284	EMERGENCY STAFFING SOLUTIONS			42,702.50	0.00	0.00	42,702.50		
Vendor#	Vendor Name	Class		Pay Code							
C2510	EVIDENT ✓		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
A2202021378 ✓		02/28/20	02/02/20	02/27/20		17,519.00	0.00	0.00	17,519.00 ✓		
T2202081378 ✓		02/28/20	02/08/20	03/05/20		20,320.50	0.00	0.00	20,320.50 ✓		
	PFS SERVICES										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
		C2510	EVIDENT			37,839.50	0.00	0.00	37,839.50		
Vendor#	Vendor Name	Class		Pay Code							
F1100	FEDERAL EXPRESS CORP. ✓		W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
767117059 ✓		02/28/20	02/24/20	03/21/20		14.67	0.00	0.00	14.67 ✓		
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.			14.67	0.00	0.00	14.67		
Vendor#	Vendor Name	Class		Pay Code							
F1400	FISHER HEALTHCARE ✓		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9004052 ✓		02/28/20	02/01/20	02/26/20		5,523.99	0.00	0.00	5,523.99 ✓		
	SUPPLIES										
9338644 ✓		02/28/20	02/09/20	03/18/20		212.44	0.00	0.00	212.44 ✓		
	SUPPLIES										
9338645 ✓		02/28/20	02/09/20	03/18/20		11.63	0.00	0.00	11.63 ✓		
	SUPPLIES										
9394877 ✓		02/28/20	02/10/20	03/18/20		51.75	0.00	0.00	51.75 ✓		
	SUPPLIES										

9452039 ✓		02/28/20	02/11/20	03/18/20			-26.76	0.00	0.00	-26.76 ✓
	CREDIT									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					5,773.05	0.00	0.00	5,773.05
Vendor#	Vendor Name				Class	Pay Code				
11183	FRONTIER									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
022322		02/28/20	02/23/20	03/23/20		-51.40 ✓	0.00	0.00	-51.40 ✓	
	CREDIT									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	11183	FRONTIER					-51.40 ✓	0.00	0.00	-51.40 ✓
Vendor#	Vendor Name				Class	Pay Code				
14156	FUJI FILM ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
PJIN0182527 ✓		02/28/20	11/15/20	12/25/20		7,908.33	0.00	0.00	7,908.33 ✓	
	SMA FEE									
PJIN0187453 ✓		02/28/20	02/15/20	03/15/20		7,908.33	0.00	0.00	7,908.33 ✓	
	MAINT CONT									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	14156	FUJI FILM					15,816.66	0.00	0.00	15,816.66
Vendor#	Vendor Name				Class	Pay Code				
12636	FUSION CLOUD SERVICES, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
28462014 ✓		02/28/20	02/16/20	03/24/20		1,090.01	0.00	0.00	1,090.01 ✓	
	TELEPHONE SERVICES									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	12636	FUSION CLOUD SERVICES, LLC					1,090.01	0.00	0.00	1,090.01
Vendor#	Vendor Name				Class	Pay Code				
13980	GBS ADMINISTRATORS, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
48100600 ✓		02/28/20	01/01/20	02/01/20		3,281.51	0.00	0.00	3,281.51 ✓	
	LONG TERM DISABILITY									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	13980	GBS ADMINISTRATORS, INC					3,281.51	0.00	0.00	3,281.51
Vendor#	Vendor Name				Class	Pay Code				
G1210	GULF COAST PAPER COMPANY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
2187528 ✓		02/28/20	02/16/20	03/18/20		52.12	0.00	0.00	52.12 ✓	
	SUPPLIES									
2190393 ✓		02/28/20	02/22/20	03/24/20		444.17	0.00	0.00	444.17 ✓	
	SUPPLIES									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					496.29	0.00	0.00	496.29
Vendor#	Vendor Name				Class	Pay Code				
12380	HEALTH SOLUTIONS DIETETICS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
022522		02/28/20	02/25/20	02/25/20		3,000.00	0.00	0.00	3,000.00 ✓	
	DIETICIAN SERVICES									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS					3,000.00	0.00	0.00	3,000.00
Vendor#	Vendor Name				Class	Pay Code				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11552	HEALTHCARE FINANCIAL SERVICES ✓								
100577194	LEASE ✓	02/28/20	02/04/20	03/01/20		7,154.17	0.00	0.00	7,154.17 ✓
100577193	LEASE ✓	02/28/20	02/04/20	03/01/20		4,919.41	0.00	0.00	4,919.41 ✓
10577196	LEASE ✓	02/28/20	02/04/20	03/18/20		1,797.44	0.00	0.00	1,797.44 ✓
100577195	LEASE ✓	02/28/20	02/04/20	03/18/20		7,447.86	0.00	0.00	7,447.86 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINANCIAL SERVICES	21,318.88	0.00	0.00	21,318.88

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12228	INNOVATIVE STERILIZATION ✓								
24309	SUPPLIES ✓	02/28/20	02/01/20	03/18/20		821.63	0.00	0.00	821.63 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12228	INNOVATIVE STERILIZATION	821.63	0.00	0.00	821.63

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12932	INTRADO ✓								
246145	HOUSE CALLS ✓	02/28/20	01/31/20	03/02/20		781.15	0.00	0.00	781.15 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12932	INTRADO	781.15	0.00	0.00	781.15

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10972	M G TRUST ✓								
022422	INSURANCE ✓	03/01/20	02/24/20	02/24/20		640.86	0.00	0.00	640.86 ✓

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
M2310	MEDELA INC ✓								
7000791428	SUPPLIES ✓	02/28/20	02/07/20	03/18/20		73.20	0.00	0.00	73.20 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2310	MEDELA INC	73.20	0.00	0.00	73.20

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
M2827	MEDIVATORS ✓								
91242228	SUPPLIES ✓	02/28/20	02/28/20	03/18/20		400.00	0.00	0.00	400.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	400.00	0.00	0.00	400.00

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
M2470	MEDLINE INDUSTRIES INC ✓								
1987159266	✓	02/15/20	02/10/20	03/18/20		579.95	0.00	0.00	579.95 ✓

		SUPPLIES									
1987676635	✓		02/23/20	02/23/20	03/20/20			-533.27	0.00	0.00	-533.27 ✓
		SUPPLIES									
1985789493	✓		02/28/20	02/02/20	02/27/20			406.00	0.00	0.00	406.00 ✓
		SUPPLIES									
1986895548	✓		02/28/20	02/09/20	03/06/20			11,248.28	0.00	0.00	11,248.28 ✓
		SUPPLIES									
1987009786	✓		02/28/20	02/10/20	03/18/20			135.02	0.00	0.00	135.02 ✓
		SUPPLIES									
1987755553	✓		02/28/20	02/15/20	03/18/20			33.65	0.00	0.00	33.65 ✓
		SUPPLIES									
1987884044	✓		02/28/20	02/16/20	03/18/20			264.50	0.00	0.00	264.50 ✓
		SUPPLIES									
1988015002	✓		02/28/20	02/17/20	03/18/20			44.70	0.00	0.00	44.70 ✓
		SUPPLIES									
1988013998	✓		02/28/20	02/17/20	03/18/20			93.30	0.00	0.00	93.30 ✓
		SUPPLIES									
1988015000	✓		02/28/20	02/17/20	03/18/20			112.00	0.00	0.00	112.00 ✓
		SUPPLIES									
1988015001	✓		02/28/20	02/17/20	03/18/20			109.03	0.00	0.00	109.03 ✓
		SUPPLIES									
1988015003	✓		02/28/20	02/17/20	03/18/20			87.27	0.00	0.00	87.27 ✓
		SUPPLIES									
1988015004	✓		02/28/20	02/17/20	03/18/20			28.04	0.00	0.00	28.04 ✓
		SUPPLIES									
Vendor Totals:			Number	Name				Gross	Discount	No-Pay	Net
			M2470	MEDLINE INDUSTRIES INC				12,608.47	0.00	0.00	12,608.47
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		
022522		02/28/20	02/24/20	02/24/20		125.00	0.00	0.00	125.00	✓	
PAYROLL DEDUCTIONS											
Vendor Totals:			Number	Name				Gross	Discount	No-Pay	Net
			10963	MEMORIAL MEDICAL CLINIC				125.00	0.00	0.00	125.00
Vendor#	Vendor Name		Class		Pay Code						
11604	MICHAEL PFIEL ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
022422		02/28/20	02/24/20	02/24/20		129.00	0.00	0.00	129.00	✓	
REIMBURSEMENT <i>BON Ncense</i>											
Vendor Totals:			Number	Name				Gross	Discount	No-Pay	Net
			11604	MICHAEL PFIEL				129.00	0.00	0.00	129.00
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		
021622		02/28/20	02/16/20	02/16/20		265.35	0.00	0.00	265.35	✓	
GIFT SHOP PR DEDUCTIONS											
Vendor Totals:			Number	Name				Gross	Discount	No-Pay	Net
			M2621	MMC AUXILIARY GIFT SHOP				265.35	0.00	0.00	265.35
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		

7909326	✓		02/28/20	02/23/20	03/18/20			77.44	0.00	0.00	77.44	✓	
		SUPPLIES											
7909325	✓		02/28/20	02/23/20	03/23/20			30.88	0.00	0.00	30.88	✓	
		SUPPLIES											
4652	✓		02/28/20	02/23/20	03/23/20			-248.36	0.00	0.00	-248.36	✓	
		CREDIT											
7909323	✓		02/28/20	02/23/20	03/23/20			248.27	0.00	0.00	248.27	✓	
		SUPPLIES											
7909328	✓		02/28/20	02/23/20	03/23/20			47.64	0.00	0.00	47.64	✓	
		SUPPLIES											
7911824	✓		02/28/20	02/23/20	03/23/20			417.07	0.00	0.00	417.07	✓	
		SUPPLIES											
7909324	✓		02/28/20	02/23/20	03/23/20			55.97	0.00	0.00	55.97	✓	
		SUPPLIES											
7911823	✓		02/28/20	02/23/20	03/23/20			123.02	0.00	0.00	123.02	✓	
		SUPPLIES											
7909327	✓		02/28/20	02/23/20	03/23/20			981.57	0.00	0.00	981.57	✓	
		SUPPLIES											
7912219	✓		02/28/20	02/23/20	03/23/20			1,512.02	0.00	0.00	1,512.02	✓	
		SUPPLIES											
SC9533	✓		02/28/20	02/24/20	03/24/20			11.92	0.00	0.00	11.92	✓	
		SUPPLIES											
7917264	✓		02/28/20	02/24/20	03/24/20			122.95	0.00	0.00	122.95	✓	
		SUPPLIES											
5158	✓		02/28/20	02/24/20	03/24/20			-28.77	0.00	0.00	-28.77	✓	
		CREDIT											
7917263	✓		02/28/20	02/24/20	03/24/20			9.64	0.00	0.00	9.64	✓	
		SUPPLIES											
7917265	✓		02/28/20	02/24/20	03/24/20			50.66	0.00	0.00	50.66	✓	
		SUPPLIES											
7914196	✓		02/28/20	02/24/20	03/24/20			2.95	0.00	0.00	2.95	✓	
		SUPPLIES											
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								10536	MORRIS & DICKSON CO, LLC	3,414.87	0.00	0.00	3,414.87
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			
MMC0045	✓		02/28/20	02/08/20	02/23/20		2,610.00	0.00	0.00	2,610.00	✓		
TRAVEL NURSE STAFFING (1/20-2/3/22) Dunn													
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								14124	MSH HEALTH SERVICES LLC	2,610.00	0.00	0.00	2,610.00
Vendor#	Vendor Name		Class		Pay Code								
12388	NATIONAL FARM LIFE INSURANCE ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
3627158	✓		02/28/20	03/01/20	03/01/20		4,026.42	0.00	0.00	4,026.42	✓		
LIFE INS													
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								12388	NATIONAL FARM LIFE INSURANCE	4,026.42	0.00	0.00	4,026.42
Vendor#	Vendor Name		Class		Pay Code								
O1416	ORTHO CLINICAL DIAGNOSTICS ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			

1852264755 ✓		02/15/20	02/13/20	03/18/20		187.57	0.00	0.00	187.57 ✓
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
01416 ORTHO CLINICAL DIAGNOSTICS					187.57	0.00	0.00	187.57	
Vendor#	Vendor Name	Class		Pay Code					
11069	PABLO GARZA ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
022822		02/28/20	02/28/20	02/28/20		2,210.00	0.00	0.00	2,210.00 ✓
CLINIC IT SERVICES (2115-2125/22)									
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
11069 PABLO GARZA					2,210.00	0.00	0.00	2,210.00	
Vendor#	Vendor Name	Class		Pay Code					
10152	PARTSSOURCE, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
04202119 ✓		02/28/20	01/26/20	02/25/20		200.18	0.00	0.00	200.18 ✓
SUPPLIES									
04227147 ✓		02/28/20	02/11/20	03/13/20		253.57	0.00	0.00	253.57 ✓
SUPPLIES									
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
10152 PARTSSOURCE, LLC					453.75	0.00	0.00	453.75	
Vendor#	Vendor Name	Class		Pay Code					
12544	PATRICK OCHOA ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
030122		02/28/20	03/01/20	03/02/20		380.00	0.00	0.00	380.00 ✓
LAWN SERVICE CLINIC FEB 21									
030122B		02/28/20	03/01/20	03/02/20		200.00	0.00	0.00	200.00 ✓
REHAB LAWN									
030122A		02/28/20	03/01/20	03/02/20		520.00	0.00	0.00	520.00 ✓
LAWN SERVICE HOSP FEB 20									
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
12544 PATRICK OCHOA					1,100.00	0.00	0.00	1,100.00	
Vendor#	Vendor Name	Class		Pay Code					
12708	POC ELECTRIC, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
3479 ✓		02/28/20	02/16/20	02/16/20		525.00	0.00	0.00	525.00 ✓
INTALL AMP									
3481 ✓		02/28/20	02/22/20	02/22/20		7,500.00	0.00	0.00	7,500.00 ✓
LABOR CHARGE <i>NEW conduit for y-pay</i>									
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
12708 POC ELECTRIC, LLC					8,025.00	0.00	0.00	8,025.00	
Vendor#	Vendor Name	Class		Pay Code					
13460	RELIANT, DEPT 0954 ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
3060010275221 ✓		02/28/20	02/21/20	03/22/20		21,201.92	0.00	0.00	21,201.92 ✓
ELECTRICITY									
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
13460 RELIANT, DEPT 0954					21,201.92	0.00	0.00	21,201.92	
Vendor#	Vendor Name	Class		Pay Code					
S0900	SAM'S CLUB DIRECT ✓	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
022022		02/28/20	02/20/20	02/20/20		566.02	0.00	0.00	566.02 ✓

SUPPLIES

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		S0900	SAM'S CLUB DIRECT		566.02	0.00	0.00	566.02	
Vendor#	Vendor Name			Class	Pay Code				
S1001	SANOPI PASTEUR INC ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
918170795 ✓		02/28/20	02/06/20	03/15/20		986.14	0.00	0.00	986.14 ✓
Vendor Totals		S1001	SANOPI PASTEUR INC			986.14	0.00	0.00	986.14
Vendor#	Vendor Name			Class	Pay Code				
S1405	SERVICE SUPPLY OF VICTORIA INC ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
701126094 ✓		02/28/20	02/04/20	03/06/20		1,400.00	0.00	0.00	1,400.00 ✓
Vendor Totals		S1405	SERVICE SUPPLY OF VICTORIA INC			1,400.00	0.00	0.00	1,400.00
Vendor#	Vendor Name			Class	Pay Code				
S1800	SHERWIN WILLIAMS ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
87940 ✓		02/28/20	02/11/20	02/26/20		29.17	0.00	0.00	29.17 ✓
	PAINT								
90753 ✓		02/28/20	02/18/20	03/05/20		330.37	0.00	0.00	330.37 ✓
Vendor Totals		S1800	SHERWIN WILLIAMS			359.54	0.00	0.00	359.54
Vendor#	Vendor Name			Class	Pay Code				
10936	SIEMENS FINANCIAL SERVICES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
56382200019619 ✓		02/28/20	01/31/20	02/28/20		1,333.33	0.00	0.00	1,333.33 ✓
	LEASE								
56382200020050 ✓		02/28/20	02/02/20	02/20/20		4,038.24	0.00	0.00	4,038.24 ✓
	LEASE								
Vendor Totals		10936	SIEMENS FINANCIAL SERVICES			5,371.57	0.00	0.00	5,371.57
Vendor#	Vendor Name			Class	Pay Code				
S2362	SMITH & NEPHEW ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
943222384		02/28/20	02/14/20	03/18/20		1,780.20	0.00	0.00	1,780.20 ✓
Vendor Totals		S2362	SMITH & NEPHEW			1,780.20	0.00	0.00	1,780.20
Vendor#	Vendor Name			Class	Pay Code				
14148	SPECTRUM HEALTH PARTNERS, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
JAN29MMC22A ✓		02/28/20	01/03/20	02/02/20		25,229.00	0.00	0.00	25,229.00 ✓
	CFO AGENCY STAFFING (1/2-1/21/22)								
FEB26MMC22 ✓		02/28/20	02/03/20	03/05/20		24,607.00	0.00	0.00	24,607.00 ✓
	CFO STAFFING (1/30-2/24/22)								
MAR26MMC22 ✓		02/28/20	02/28/20	03/23/20		25,630.00	0.00	0.00	25,630.00 ✓
	CFO AGENCY STAFFING (2/28-3/24)								

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		14148	SPECTRUM HEALTH PARTNERS, LLC	75,466.00	0.00	0.00	75,466.00		
Vendor#	Vendor Name		Class	Pay Code					
S3940	STERIS CORPORATION ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
9880732 ✓		02/28/20	02/01/20	02/26/20		213.43	0.00	0.00	213.43 ✓
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		S3940	STERIS CORPORATION	213.43	0.00	0.00	213.43		
Vendor#	Vendor Name		Class	Pay Code					
13528	STRYKER FLEX FINANCIAL ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
239705 ✓		02/28/20	02/08/20	03/10/20		1,294.26	0.00	0.00	1,294.26 ✓
LEASE CAPITAL									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		13528	STRYKER FLEX FINANCIAL	1,294.26	0.00	0.00	1,294.26		
Vendor#	Vendor Name		Class	Pay Code					
12476	SUN LIFE FINANCIAL ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
022822		02/28/20	02/28/20	03/10/20		8,806.95	0.00	0.00	8,806.95 ✓
INSURANCE									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		12476	SUN LIFE FINANCIAL	8,806.95	0.00	0.00	8,806.95		
Vendor#	Vendor Name		Class	Pay Code					
T2539	T-SYSTEM, INC ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
710880 ✓		02/28/20	02/01/20	03/03/20		11,165.42	0.00	0.00	11,165.42 ✓
EV PHYSICIAN/NURSE/TRACK									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		T2539	T-SYSTEM, INC	11,165.42	0.00	0.00	11,165.42		
Vendor#	Vendor Name		Class	Pay Code					
T1915	TEXAS GLASS & TINTING ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
118576 ✓		02/21/20	02/15/20	03/17/20		130.79	0.00	0.00	130.79 ✓
TABLE TOP GLASS									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		T1915	TEXAS GLASS & TINTING	130.79	0.00	0.00	130.79		
Vendor#	Vendor Name		Class	Pay Code					
T2204	TEXAS MUTUAL INSURANCE CO ✓		W	<i>per bal.</i>					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1003461920		02/28/20	02/18/20	03/10/20	<i>2,391.05</i>	<i>6,316.05</i>	0.00	0.00	<i>6,316.05 2,391.05</i>
WRK COMP INS									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		T2204	TEXAS MUTUAL INSURANCE CO	<i>2,391.05</i>	<i>6,316.05</i>	0.00	0.00	<i>6,316.05 2,391.05</i>	
Vendor#	Vendor Name		Class	Pay Code					
13880	TEXAS SELECT STAFFING								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
0018943		02/28/20	02/24/20	02/24/20		<i>-4,022.70</i>	0.00	0.00	<i>-4,022.70</i>
CREDIT									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		13880	TEXAS SELECT STAFFING	<i>-4,022.70</i>	0.00	0.00	<i>-4,022.70</i>		

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14224	THE TACT CORPORATION OF NYC ✓			9266702756 ✓		01/31/20	01/21/20	03/22/20		5,760.00	0.00	0.00	5,760.00 ✓
					TRAVEL NURSE STAFFING (1/7-1/9/22) Coyle								
				9266703367		02/21/20	02/18/20	03/20/20		2,076.00	0.00	0.00	2,076.00 ✓
					ER NURSE STAFFING (2/9/22) Coyle OT								
				9266703488		02/21/20	02/18/20	03/20/20		9,600.00	0.00	0.00	9,600.00 ✓
					ER NURSE STAFFING (2/6-2/12/22) Coyle								
Vendor Totals:				Number	Name					Gross	Discount	No-Pay	Net
	14224	THE TACT CORPORATION OF NYC								17,436.00	0.00	0.00	17,436.00

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
T2250	TK ELEVATOR CORPORATION ✓	M		5001745229 ✓		02/28/20	02/07/20	02/07/20		782.55	0.00	0.00	782.55 ✓
					ELEVATOR SERVICE								
Vendor Totals:				Number	Name					Gross	Discount	No-Pay	Net
	T2250	TK ELEVATOR CORPORATION								782.55	0.00	0.00	782.55

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11908	TMS SOUTH ✓			INV37520 ✓		02/28/20	01/25/20	02/24/20		363.60	0.00	0.00	363.60 ✓
					SUPPLIES								
				INV39029 ✓		02/28/20	02/10/20	03/12/20		426.80	0.00	0.00	426.80 ✓
					SUPPLIES								
Vendor Totals:				Number	Name					Gross	Discount	No-Pay	Net
	11908	TMS SOUTH								790.40	0.00	0.00	790.40

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
13616	TRIOSE, INC ✓			TRI100507 ✓		02/28/20	02/11/20	03/18/20		533.75	0.00	0.00	533.75 ✓
					FREIGHT								
Vendor Totals:				Number	Name					Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC								533.75	0.00	0.00	533.75

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11067	TRIZETTO PROVIDER SOLUTIONS ✓			35FK022200 ✓		02/28/20	02/01/20	02/26/20		1,683.82	0.00	0.00	1,683.82 ✓
					PATIENT STATEMENTS								
Vendor Totals:				Number	Name					Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS								1,683.82	0.00	0.00	1,683.82

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11001	ULINE ✓			144687832		02/28/20	02/04/20	03/06/20		81.25	0.00	0.00	81.25 ✓
					SUPPLIES								
Vendor Totals:				Number	Name					Gross	Discount	No-Pay	Net
	11001	ULINE								81.25	0.00	0.00	81.25

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
U1064	UNIFIRST HOLDINGS INC ✓												

840388576	✓	02/28/20	02/21/20	03/18/20	2,605.56	0.00	0.00	2,605.56	✓
	LAUNDRY								
8400388551	✓	03/01/20	02/21/20	03/18/20	40.10	0.00	0.00	40.10	✓
	LAUNDRY								
8400388550	✓	03/01/20	02/21/20	03/18/20	45.15	0.00	0.00	45.15	✓
	LAUNDRY								
8400388907	✓	03/01/20	02/24/20	03/21/20	80.90	0.00	0.00	80.90	✓
	LAUNDRY								
8400388893	✓	03/01/20	02/24/20	03/21/20	188.10	0.00	0.00	188.10	✓
	LAUNDRY								
8400388890	✓	03/01/20	02/24/20	03/21/20	38.85	0.00	0.00	38.85	✓
	LAUNDRY								
8400388894	✓	03/01/20	02/24/20	03/21/20	199.32	0.00	0.00	199.32	✓
	LAUNDRY								
8400388891	✓	03/01/20	02/24/20	03/21/20	137.15	0.00	0.00	137.15	✓
	LAUNDRY								
8400388912	✓	03/01/20	02/24/20	03/21/20	1,782.05	0.00	0.00	1,782.05	✓
	LAUNDRY								
Vendor Totals									
	U1064 UNIFIRST HOLDINGS INC				5,117.18	0.00	0.00	5,117.18	
Vendor#	Vendor Name		Class	Pay Code					
U1056	UNIFORM ADVANTAGE ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
SIV10235949	✓	02/28/20	01/21/20	02/05/20		62.97	0.00	0.00	62.97
	UNIFORM								
SIV10283123	✓	02/28/20	01/29/20	02/13/20		29.99	0.00	0.00	29.99
	UNIFORMS								
SIV10284159	✓	02/28/20	01/30/20	02/14/20		77.93	0.00	0.00	77.93
	UNIF PAYROLL DED								
SIV10687809	✓	02/28/20	04/13/20	04/28/20		342.74	0.00	0.00	342.74
	UNIFORMS								
Vendor Totals									
	U1056 UNIFORM ADVANTAGE					513.63	0.00	0.00	513.63
Vendor#	Vendor Name		Class	Pay Code					
U1200	UNITED AD LABEL CO INC ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
969749037	✓	02/28/20	02/08/20	03/05/20		97.39	0.00	0.00	97.39
	SUPPLIES								
Vendor Totals									
	U1200 UNITED AD LABEL CO INC					97.39	0.00	0.00	97.39
Vendor#	Vendor Name		Class	Pay Code					
12400	UPDOX LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
INV00319415	✓	02/28/20	02/28/20	02/28/20		880.01	0.00	0.00	880.01
	FAX								
Vendor Totals									
	12400 UPDOX LLC					880.01	0.00	0.00	880.01
Vendor#	Vendor Name		Class	Pay Code					
V0552	VERATHON INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
80439395	✓	02/28/20	02/21/20	03/18/20		43.81	0.00	0.00	43.81

SUPPLIES

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
V0552	VERATHON INC			43.81	0.00	0.00	43.81
V1058	VICTORIA ANESTHESIOLOGY ✓	W					
020122	PROF FEES			55,040.16	0.00	0.00	55,040.16 ✓
V1058	VICTORIA ANESTHESIOLOGY			55,040.16	0.00	0.00	55,040.16
12000	VYAIR MEDICAL, INC ✓						
9101203006	SUPPLIES			349.09	0.00	0.00	349.09 ✓
9101204986	SUPPLIES			105.06	0.00	0.00	105.06 ✓
9101206144	SUPPLIES			349.09	0.00	0.00	349.09 ✓
12000	VYAIR MEDICAL, INC			803.24	0.00	0.00	803.24
12208	WAGWORKS ✓						
022522	FLEX SPEND			3,442.96	0.00	0.00	3,442.96 ✓
12208	WAGWORKS			3,442.96	0.00	0.00	3,442.96
11018	WEBPT, INC ✓						
INV201142	SUBSCRIPTIONS			867.08	0.00	0.00	867.08 ✓
11018	WEBPT, INC			867.08	0.00	0.00	867.08
I1110	WERFEN USA LLC ✓						
9111114735	SUPPLIES			1,571.67	0.00	0.00	1,571.67 ✓
9111118238	SUPPLIES			1,025.60	0.00	0.00	1,025.60 ✓
I1110	WERFEN USA LLC			2,597.27	0.00	0.00	2,597.27

Report Summary

	Gross	Discount	No-Pay	Net
432,941.04 +	432,941.04	0.00	0.00	432,941.04
51.40 +				51.40
6,316.05 -				(6,316.05)
2,391.05 +				2,391.05
4,022.70 +				4,022.70
433,090.14 *				433,090.14

APPROVED ON

MAR 04 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
alt # 194052 - 194135

py 6 correction
py 12 correction
"

Σ + 51.40
Σ < 6,316.05
Σ + 2,391.05
Σ + 4,022.70

\$433,090.14

MAR 07 2022

CALHOUN COUNTY, TEXAS

03/07/2022

12:16

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12948 GREAT AMERICAN FINANCIAL SVCS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
30992433	✓	02/28/20	02/03/20	03/24/20		10,200.29	0.00	0.00	10,200.29 ✓

COPIER LEASE

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
12948	GREAT AMERICAN FINANCIAL SVCS	10,200.29	0.00	0.00	10,200.29

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,200.29	0.00	0.00	10,200.29

APPROVED ON

MAR 07 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 194083



MCKESSON

STATEMENT

As of: 03/04/2022

Page: 002

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

Company: 8000

DC: 8115

As of: 03/04/2022 Page: 002
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory:

Customer: 632536
Date: 03/05/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 03/05/2022 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 9,033.82 USD

Future Due: 0.00

If Paid By 03/08/2022,
Pay This Amount:

8,853.14 USD

Due If Paid On Time:
USD 8,853.14 ✓

Past Due: 0.00

Disc lost if paid late:
180.68

Last Payment 2,451.97
08/07/2017

If Paid After 03/08/2022,
Pay this Amount:

9,033.82 USD

Due If Paid Late:
USD 9,033.82

811.84 +
6,882.90 +
16.51 +
864.39 +
277.50 +
8,853.14 *

APPROVED ON

MAR 07 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 03/04/2022

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 190813

Date: 03/05/2022

As of: 03/04/2022
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 03/05/2022

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
03/02/2022	03/08/2022	7327788161	2017045801	115Invoice	15.63	781.54		765.91 ✓		7327788161	
03/04/2022	03/08/2022	7328297437	2017046042	115Invoice	0.94	46.87		45.93 ✓		7328297437	

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: 828.41 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 02/28/2022 6,228.28

If Paid By 03/08/2022,
Pay This Amount:

811.84 USD

If Paid After 03/08/2022,
Pay this Amount:

828.41 USD

Due If Paid On Time:

USD 811.84 ✓

Disc lost if paid late:

16.57

Due If Paid Late:

USD 828.41

APPROVED ON

MAR 07 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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MCKESSON

STATEMENT

As of: 03/04/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 03/04/2022
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: 03/05/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 03/05/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
02/28/2022	03/08/2022	7327231923	26142402	115Invoice	2.21	110.28		108.07	✓	7327231923	
02/28/2022	03/08/2022	7327231924	26164276	115Invoice	0.31	15.42		15.11	✓	7327231924	
02/28/2022	03/08/2022	7327231925	26169894	115Invoice	0.02	1.06		1.04	✓	7327231925	
02/28/2022	03/08/2022	7327231926	26196388	115Invoice	6.49	324.38		317.89	✓	7327231926	
02/28/2022	03/08/2022	7327231927	26220657	115Invoice		0.09		0.09	✓	7327231927	
02/28/2022	03/08/2022	7327231929	26292117	115Invoice	11.36	568.06		556.70	✓	7327231929	
02/28/2022	03/08/2022	7327438309	0225220739	115Invoice	50.09	2,504.47		2,454.38	✓	7327438309	
03/01/2022	03/08/2022	7327522538	26365510	115Invoice	0.78	39.17		38.39	✓	7327522538	
03/01/2022	03/08/2022	7327718401	0228221020	115Invoice	1.45	72.58		71.13	✓	7327718401	
03/02/2022	03/08/2022	7327833424	26414338	115Invoice	19.26	963.05		943.79	✓	7327833424	
03/02/2022	03/08/2022	7327833426	26414338	115Invoice	0.01	0.63		0.62	✓	7327833426	
03/02/2022	03/08/2022	7327971833	0301220832	195Invoice	0.03	1.36		1.33	✓	7327971833	
03/03/2022	03/08/2022	7328070839	26493244	115Invoice		0.16		0.16	✓	7328070839	
03/03/2022	03/08/2022	7328070840	26493244	115Invoice	0.04	1.90		1.86	✓	7328070840	
03/03/2022	03/08/2022	7328070841	26542553	115Invoice	34.12	1,706.02		1,671.90	✓	7328070841	
03/03/2022	03/08/2022	7328224638	0302220851	115Invoice	0.08	3.80		3.72	✓	7328224638	
03/04/2022	03/08/2022	7328312417	26572847	115Invoice	14.17	708.48		694.31	✓	7328312417	
03/04/2022	03/08/2022	7328312418	26572847	115Invoice	0.02	0.89		0.87	✓	7328312418	
03/04/2022	03/08/2022	7328312419	26622229	115Invoice	0.01	0.49		0.48	✓	7328312419	
03/04/2022	03/08/2022	7328487191	0303220755	195Invoice	0.02	1.08		1.06	✓	7328487191	

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

MCKESSON

STATEMENT

As of: 03/04/2022

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 256342

Date: 03/05/2022

As of: 03/04/2022
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 03/05/2022 ITEMS NOT PAID (✓)

PF column legend: P = Past Due Item, F = Future Due Item, National Account 832536 blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 7,023.37 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,228.28
02/28/2022

If Paid By 03/08/2022,
Pay This Amount: 6,882.90 USD

If Paid After 03/08/2022,
Pay this Amount: 7,023.37 USD

Due If Paid On Time:
USD 6,882.90 ✓

Disc lost if paid late:
140.47

Due If Paid Late:
USD 7,023.37

APPROVED ON

MAR 07 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 03/04/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 03/04/2022
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: 03/05/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 03/05/2022

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
03/02/2022	03/08/2022	7327785082	CVS PHCY 7006/MEMORIA PHS	632536 1591772	115Invoice	0.34	16.85		16.51	✓	7327785082	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS
Subtotals: 16.85 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 02/28/2022 6,228.28

If Paid By 03/08/2022,
Pay This Amount: 16.51 USD

If Paid After 03/08/2022,
Pay this Amount: 16.85 USD

Due If Paid On Time: USD 16.51 ✓
Disc lost if paid late: 0.34
Due If Paid Late: USD 16.85

APPROVED ON

MAR 07 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 03/04/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 03/04/2022
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 464450
Date: 03/05/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 03/05/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
03/01/2022	03/08/2022	7327504625	55x364632	149Invoice	0.21	10.60		10.39 ✓		7327504625	
03/01/2022	03/08/2022	7327534538	55x364632	115Invoice	6.95	347.72		340.77 ✓		7327534538	
03/01/2022	03/08/2022	7327534541	55x364742	115Invoice	0.27	13.58		13.31 ✓		7327534541	
03/02/2022	03/08/2022	7327773403	55x366743	115Invoice	4.59	229.27		224.68 ✓		7327773403	
03/03/2022	03/08/2022	7328020167	55x369621	115Invoice	5.62	280.86		275.24 ✓		7328020167	

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:

882.03 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 02/28/2022 6,228.28

If Paid By 03/08/2022,
Pay This Amount:

864.39 USD

If Paid After 03/08/2022,
Pay this Amount:

882.03 USD

Due If Paid On Time:

USD 864.39 ✓

Disc lost if paid late:

17.64

Due If Paid Late:

USD 882.03

APPROVED ON

MAR 07 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 03/04/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 03/04/2022
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 835438
Date: 03/05/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 03/05/2022
PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS												
03/02/2022	03/08/2022	7327982995		1592134	115Invoice	5.66	283.16		277.50	✓	7327982995	

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: 283.16 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 02/28/2022 6,228.28

If Paid By 03/08/2022,
Pay This Amount: 277.50 USD

If Paid After 03/08/2022,
Pay this Amount: 283.16 USD

Due If Paid On Time:
USD 277.50 ✓

Disc lost if paid late: 5.66

Due If Paid Late:
USD 283.16

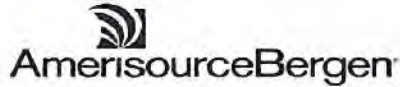
APPROVED ON

MAR 07 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



For AR Inquiries please contact 800-867-0333



STATEMENT

Statement Number: 62632564
Date: 03-04-2022

Served By: AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101 DEA: RA0289276 866-451-9655	Customer: WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number	100135284 / 037028186
		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:	3,840.39	
	Past Due:	0.00	
	Total Due:	3,840.39	
	Account Balance:	3,840.39	

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
02-28-2022	03-11-2022	3084806603	164893	Invoice	13.76		0.00	13.76
02-28-2022	03-11-2022	3084806604	164894	Invoice	0.93		0.00	0.93
02-28-2022	03-11-2022	3084806605	164896	Invoice	87.21		0.00	87.21
02-28-2022	03-11-2022	3084806606	164897	Invoice	0.09		0.00	0.09
03-01-2022	03-11-2022	3084973613	164948	Invoice	2,024.05		0.00	2,024.05
03-01-2022	03-11-2022	3084973614	164949	Invoice	0.18		0.00	0.18
03-01-2022	03-11-2022	3084973615	164950	Invoice	9.32		0.00	9.32
03-01-2022	03-11-2022	345131724	163460	Invoice	(18.14)		0.00	(18.14)
03-01-2022	03-11-2022	345131926	163460	Invoice	14.07		0.00	14.07
03-01-2022	03-11-2022	345131931	163534	Invoice	(36.28)		0.00	(36.28)
03-01-2022	03-11-2022	345131932	163534	Invoice	28.14		0.00	28.14
03-02-2022	03-11-2022	3085120397	164958	Invoice	7.56		0.00	7.56
03-03-2022	03-11-2022	3085262290	164966	Invoice	23.41		0.00	23.41
03-04-2022	03-11-2022	3085415600	164975	Invoice	1,685.78		0.00	1,685.78
03-04-2022	03-11-2022	3085415601	164976	Invoice	0.31		0.00	0.31

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
3,840.39	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
03-04-2022	(414.26)

Reminders	
Due Date	Amount
03-11-2022	3,840.39
Total Due:	
	3,840.39

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- February 28, 2022 - March 6, 2022**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>
2/28/2022	PAY PLUS ACHTRANS 452579291 101000692948555	- 3rd Party Payor Fee	26.67
3/1/2022	DRISCOLL CHILDRE REVERSAL 2000009772 1149032	-driscoll paid twice, they reversed one pymt	802.07
3/1/2022	DRISCOLL CHILDRE REVERSAL 2000005968 1149032	-driscoll paid twice, they reversed one pymt	7,526.04
3/1/2022	MCKESSON DRUG AUTO ACH ACH04931782 910000107	- 340B Drug Program Expense	6,228.28*
3/2/2022	PAY PLUS ACHTRANS 452579291 101000695226342	- 3rd Party Payor Fee	40.19
3/2/2022	AUTHNET GATEWAY BILLING 121390317 1040000157	- 3rd Party Payor Fee	23.90
3/3/2022	PAY PLUS ACHTRANS 452579291 101000696729232	- 3rd Party Payor Fee	5.98
3/3/2022	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	19.95
3/3/2022	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	170.59
3/3/2022	MERCHANT BANKCD FEE 971160913887 91000016835	- Credit Card Processing Fee	159.80
3/3/2022	MERCHANT BANKCD FEE 971160910883 91000016835	- Credit Card Processing Fee	9.95
3/3/2022	MERCHANT BANKCD INTERCHNG 971160913887 910000	- Credit Card Processing Fee	109.18
3/4/2022	PAY PLUS ACHTRANS 452579291 101000697645714	- 3rd Party Payor Fee	9.51
3/4/2022	EXPERTPAY EXPERTPAY 746003411 91000014618815	-Child Support Payment -Payroll Ending 2/24/22	614.20
3/4/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	414.26*
3/4/2022	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	301,927.09*
3/4/2022	IRS USATAXPYMT 220246334646891 6103601000300	- Payroll Taxes	97,995.41*
			416,083.07

CP: **82.35 ***
Pay Plus
 26.67 +
 40.19 +
 5.98 +
 9.51 +
82.35 *
Driscoll
 802.07 -
 7,526.04 +
 8,328.11 *
Authnet
 23.90 +
 23.90 =
Expert Pay
 614.20 +
 614.20 *
CC Fees
 19.95 +
 170.59 +
 159.80 +
 9.95 +
 109.18 +
469.47 *

March 7, 2022

Anthony Richardson
Memorial Medical Center

* Approved 03-07-22

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
3/20/2022	TEXAS COUNTY DRS RECEIVABLE 0419 21000024019	- Retirement Funding	154,880.24
			154,880.24

82.35 +
 8,328.11 +
 23.90 +
 614.20 +
 469.47 +
 9,518.03 *

March 7, 2022

Anthony Richardson
Memorial Medical Center



APPROVED ON

MAR 07 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

9,518.03 +
 9,518.03 -
 0.00 *

Retirement 3/15/22

Date/Time 03-03-2022 / 03:10 PM
Submitted By

Pay Date 02-28-2022

Employee Deposits	\$61,217.63
Employer Contributions	\$93,662.61
Group Term Life Premiums	\$0.00
Total	\$154,880.24

Comments

Payroll File February 2022 Retirement Upload.xlsx

CLOSE

PRINT

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COUNTY AUDITOR ON

MAR 04 2022
03/03/2022

15:04
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 03/24/2022

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11816 ASHFORD GARDENS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021822		02/25/20	02/18/20	03/18/20		53,767.21	0.00	0.00	53,767.21

UHC YR 5 Q1 QIPP

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11816	ASHFORD GARDENS	53,767.21	0.00	0.00	53,767.21	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	53,767.21	0.00	0.00	53,767.21

APPROVED ON

MAR 04 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CIC# 194134

03/03/2022
15:53

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AP Open Invoice List

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Dates Through:

MAR 04 2022

Vendor# 11828 Vendor Name SOLERA WEST HOUSTON Class Pay Code

CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021822		02/25/2022	02/18/2022	03/25/2022			684.87	0.00	0.00	684.87 ✓
	TRANSFER									
021822A		02/25/2022	02/18/2022	03/25/2022			23,960.66	0.00	0.00	23,960.66 ✓
	UHC Q1 QIPP									
022822A		02/28/2022	02/28/2022	03/25/2022			6,644.67	0.00	0.00	6,644.67 ✓
	TRANSFER									
022822		02/28/2022	02/28/2022	03/25/2022			15,388.52	0.00	0.00	15,388.52 ✓
	TRANSFER "									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOI		46,678.72	0.00	0.00	46,678.72

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	46,678.72	0.00	0.00	46,678.72

APPROVED ON

MAR 04 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #194143

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03/03/2022

15:53 MAR 04 2022

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11820 CALHOUN COUNTY, TEXAS

FORTBEND HEALTHCARE CENTE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021822	02/25/2022	02/18/2022	03/25/2022				24,686.53	0.00	0.00	24,686.53 ✓
										UHC Q1 QUIPP
022822	02/28/2022	02/28/2022	03/25/2022				373.97	0.00	0.00	373.97 ✓

TRANSFER NH insurance pymt deposited into mme operacty

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11820	FORTBEND HEALTHI	25,060.50	0.00	0.00	25,060.50	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	25,060.50	0.00	0.00	25,060.50

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BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

ck# 194140

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COUNTY AUDITOR ON
03/03/2022
15:34
MAR 04 2022

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11832 CALHOUN COUNTY, TEXAS

BROADMOOR AT CREEKSIDE PAF ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021822		02/25/2022	02/18/2022	03/25/2022			25,274.73	0.00	0.00	25,274.73 ✓

UHC Q1 QIPP

022822		02/28/2022	02/28/2022	03/25/2022			44.39	0.00	0.00	44.39 ✓
--------	--	------------	------------	------------	--	--	-------	------	------	---------

TRANSFER NH insurance pymt deposited into MMC operat

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT C	25,319.12	0.00	0.00	25,319.12	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	25,319.12	0.00	0.00	25,319.12

APPROVED ON

MAR 04 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 194139

03/03/2022

MEMORIAL MEDICAL CENTER

0

15:50

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AP Open Invoice List

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Dates Through:

Vendor# 11824

Vendor Name THE CRESCENT

Class

Pay Code

MAR 04 2022

CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021822		02/25/2022	02/16/2022	03/25/2022			5,110.48	0.00	0.00	5,110.48 ✓
	TRANSFER									
	<i>NH insurance pymt deposited into mmc operatg</i>									
021822		02/25/2022	02/18/2022	03/25/2022			17,910.35	0.00	0.00	17,910.35 ✓
	UCH Q1 QIPP									
022822A		02/28/2022	02/27/2022	03/25/2022			1,945.00	0.00	0.00	1,945.00 ✓
	TRANSFER									
	<i>NH insurance pymt deposited into mmc operating</i>									
022822C		02/28/2022	02/28/2022	03/25/2022			583.50	0.00	0.00	583.50 ✓
	TRANSFER									
	<i>"</i>									
022822		02/28/2022	02/28/2022	03/25/2022			12,241.45	0.00	0.00	12,241.45 ✓
	TRANSFER									
	<i>"</i>									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11824		THE CRESCENT	37,790.78	0.00	0.00	37,790.78

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	37,790.78	0.00	0.00	37,790.78

APPROVED ON

MAR 04 2022

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

ck# 194144

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03/03/2022
15:54
MAR 04 2022

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

CALHOUN COUNTY, TEXAS

Vendor#
11836

Vendor Name
GOLDENCREEK HEALTHCARE

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021722	02/25/2022	02/17/2022	03/25/2022				558.56	0.00	0.00	558.56 ✓
	TRANSFER									
021822	02/25/2022	02/18/2022	03/25/2022				46,606.08	0.00	0.00	46,606.08 ✓
	UHC Q1 QIPP									
022322A	02/25/2022	02/23/2022	03/25/2022				109.72	0.00	0.00	109.72 ✓
	TRANSFER "									
022322	02/25/2022	02/23/2022	03/25/2022				2,589.77	0.00	0.00	2,589.77 ✓
	TRANSFER "									
022822A	02/28/2022	02/28/2022	03/25/2022				4,850.70	0.00	0.00	4,850.70 ✓
	TRANSFER "									
022822	02/28/2022	02/28/2022	03/25/2022				4,361.52	0.00	0.00	4,361.52 ✓
	TRANSFER									
022822C	02/28/2022	02/28/2022	03/25/2022				37,530.32	0.00	0.00	37,530.32 ✓
	TRANSFER									

NH insurance pymt deposited into mhc operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11836		GOLDENCREEK HE	96,606.67	0.00	0.00	96,606.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	96,606.67	0.00	0.00	96,606.67

APPROVED ON

MAR 04 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 194141

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 COUNTY AUDITOR ON
 03/03/2022
 16:01
MAR 04 2022

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

12696
 CALHOUN COUNTY, TEXAS

GULF POINTE PLAZA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021822		02/25/2022	02/18/2022	03/25/2022			20,568.24	0.00	0.00	20,568.24 ✓
022222A		02/25/2022	02/22/2022	03/25/2022			1,545.76	0.00	0.00	1,545.76 ✓
022222		02/25/2022	02/22/2022	03/25/2022			241.30	0.00	0.00	241.30 ✓
022322		02/25/2022	02/23/2022	03/25/2022			19.91	0.00	0.00	19.91 ✓
022322A		02/25/2022	02/23/2022	03/25/2022			1,351.20	0.00	0.00	1,351.20 ✓
022422		02/25/2022	02/24/2022	03/25/2022			375.78	0.00	0.00	375.78 ✓
022822		02/28/2022	02/28/2022	03/25/2022			2,528.78	0.00	0.00	2,528.78 ✓
022822A		02/28/2022	02/28/2022	03/25/2022			99.55	0.00	0.00	99.55 ✓
022822D		02/28/2022	02/28/2022	03/25/2022			3,792.90	0.00	0.00	3,792.90 ✓
022822C		02/28/2022	02/28/2022	03/25/2022			2,940.66	0.00	0.00	2,940.66 ✓
022722		03/02/2022	02/27/2022	03/25/2022			12,166.45	0.00	0.00	12,166.45 ✓
022822E		03/03/2022	02/28/2022	03/25/2022			9,836.00	0.00	0.00	9,836.00 ✓

UHC Q1 QUIPP
TRANSFER NH insurance pymt deposited into mme operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZ		55,466.53	0.00	0.00	55,466.53

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	55,466.53	0.00	0.00	55,466.53

APPROVED ON

MAR 04 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

ck# 194142

RECEIVED BY THE COUNTY AUDITOR ON 03/03/2022

16:09 MAR 04 2022

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# 13002 CALHOUN COUNTY, TEXAS

Vendor Name TUSCANY VILLAGE ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021722		02/25/2022	02/17/2022	03/25/2022			920.50	0.00	0.00	920.50 ✓
	TRANSFER NH insurance pymt deposited into mme operating									
021822		02/25/2022	02/18/2022	03/25/2022			27,359.17	0.00	0.00	27,359.17 ✓
	UHC Q1 QIPP ✓									
022122		02/25/2022	02/21/2022	03/25/2022			786.36	0.00	0.00	786.36 ✓
	TRANSFER NH insurance pymt deposited into mme operating									
022122A		02/25/2022	02/21/2022	03/25/2022			6,183.14	0.00	0.00	6,183.14 ✓
	TRANSFER "									
022222		02/25/2022	02/22/2022	03/25/2022			-295.03	0.00	0.00	-295.03 ✓
	TRANSFER belongs to golden creek									
022222A		02/25/2022	02/22/2022	03/25/2022			8,520.09	0.00	0.00	8,520.09 ✓
	TRANSFER NH insurance pymt deposited into mme operating									
022322A		02/25/2022	02/23/2022	03/25/2022			9,522.00	0.00	0.00	9,522.00 ✓
	TRANSFER "									
022322		02/25/2022	02/23/2022	03/25/2022			0.20	0.00	0.00	0.20 ✓
	TRANSFER "									
022322B		02/25/2022	02/23/2022	03/25/2022			1,073.92	0.00	0.00	1,073.92 ✓
	TRANSFER "									
022422A		02/25/2022	02/24/2022	03/25/2022			360.00	0.00	0.00	360.00 ✓
	TRANSFER "									
022422		02/25/2022	02/24/2022	03/25/2022			917.22	0.00	0.00	917.22 ✓
	TRANSFER "									
022722		02/28/2022	02/27/2022	03/25/2022			10,378.27	0.00	0.00	10,378.27 ✓
	TRANSFER "									
022822A		02/28/2022	02/28/2022	03/25/2022			1,073.92	0.00	0.00	1,073.92 ✓
	TRANSFER									
022822B		02/28/2022	02/28/2022	03/25/2022			21,560.20	0.00	0.00	21,560.20 ✓
	MEDICARE REPAYMENT									
022822F		02/28/2022	02/28/2022	03/25/2022			9,758.14	0.00	0.00	9,758.14 ✓
	TRANSFER "									
022822		02/28/2022	02/28/2022	03/25/2022			17,121.00	0.00	0.00	17,121.00 ✓
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13004		TUSCANY VILLAGE	115,829.16	0.00	0.00	115,829.16

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	115,829.16	0.00	0.00	115,829.16
				115,534.08
				113

APPROVED ON

MAR 04 2022

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CHK# 144145

RECEIVED BY THE COUNTY AUDITOR ON

03/03/2022

16:21

MAR 04 2022

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

ap_open_invoice.template

Vendor#

12792 CALHOUN COUNTY, TEXAS

Vendor Name

BETHANY SENIOR LIVING

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021622	02/25/2022	02/16/2022	03/25/2022				19,740.80	0.00	0.00	19,740.80 ✓
	TRANSFER									
021622A	02/25/2022	02/16/2022	03/25/2022				371.00	0.00	0.00	371.00 ✓
	TRANSFER									
021722	02/25/2022	02/17/2022	03/25/2022				2,858.77	0.00	0.00	2,858.77 ✓
	TRANSFER									
022122	02/25/2022	02/21/2022	03/25/2022				458.50	0.00	0.00	458.50 ✓
	TRANSFER									
022222	02/25/2022	02/22/2022	03/25/2022				416.83	0.00	0.00	416.83 ✓
	TRANSFER									
022422	02/25/2022	02/24/2022	03/25/2022				4,823.00	0.00	0.00	4,823.00 ✓
	TRANSFER									
022822F	02/28/2022	02/28/2022	02/28/2022				151.37	0.00	0.00	151.37 ✓
	TRANSFER									
022822D	02/28/2022	02/28/2022	03/25/2022				4,461.73	0.00	0.00	4,461.73 ✓
	TRANSFER									
022822H	02/28/2022	02/28/2022	03/25/2022				27,630.37	0.00	0.00	27,630.37 ✓
	TRANSFER									
022822	02/28/2022	02/28/2022	03/25/2022				3,695.50	0.00	0.00	3,695.50 ✓
	TRANSFER									
022822G	02/28/2022	02/28/2022	03/25/2022				37,746.42	0.00	0.00	37,746.42 ✓
	TRANSFER									
022822E	02/28/2022	02/28/2022	03/25/2022				30,444.33	0.00	0.00	30,444.33 ✓
	TRANSFER									
022822B	02/28/2022	02/28/2022	03/25/2022				1,556.00	0.00	0.00	1,556.00 ✓
	TRANSFER									
022722	02/28/2022	02/28/2022	03/25/2022				6,344.15	0.00	0.00	6,344.15 ✓
	TRANSFER									
022822C	02/28/2022	02/28/2022	03/25/2022				1,137.75	0.00	0.00	1,137.75 ✓
	TRANSFER									
022822J	03/03/2022	02/28/2022	03/25/2022				583.50	0.00	0.00	583.50 ✓
	TRANSFER									

With insurance just deposited into mmc operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR I		142,420.02	0.00	0.00	142,420.02

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	142,420.02	0.00	0.00	142,420.02

APPROVED ON

MAR 04 2022

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

ck# 194138

			MMC PORTION						
Facility ID	Facility Name	Total UHC Deposits	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION	
4811	Ashford	107,534.42			25,981.14	81,553.28	53,767.21	53,767.21	107,534.42
105818	Broadmoor	50,549.47			16,144.35	34,405.12	25,274.74	25,274.73	50,549.47
105314	Crescent	35,820.70			8,660.38	27,160.32	17,910.35	17,910.35	35,820.70
4628	Fort Bend	49,373.06			15,768.90	33,604.16	24,686.53	24,686.53	49,373.06
105006	Solera	47,921.32			15,318.36	32,602.96	23,960.66	23,960.66	47,921.32
102540	Golden Creek	93,212.16			35,514.24	57,697.92	46,606.08	46,606.08	93,212.16
100806	Gulf Pointe	41,136.48			15,671.04	25,465.44	20,568.24	20,568.24	41,136.48
103462	Tuscany	54,718.35			7,634.15	47,084.20	27,359.18	27,359.17	54,718.34
	Bethany						-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
Total UHC Desosit		480,265.96	-	-	140,692.56	339,573.40	240,132.98	240,132.97	480,265.95

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

0.02

YR 5 Q1

8

RUN DATE:03/08/22
 TIME:11:09

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 03/09/22 THRU 03/09/22

PAGE 1
 GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	194052	03/09/22	597.00	3WON, LLC
A/P	194053	03/09/22	139.99	ACE HARDWARE 15521
A/P	194054	03/09/22	1,400.00	ACUTE CARE INC
A/P	194055	03/09/22	240.09	AIRGAS USA, LLC - CENTRAL DIV
A/P	194056	03/09/22	2,866.50	ALLYSON SWOPE
A/P	194057	03/09/22	77.94	AMAZON CAPITAL SERVICES
A/P	194058	03/09/22	110.00	AMERISOURCEBERGEN DRUG CORP
A/P	194059	03/09/22	44.40	AQUA BEVERAGE COMPANY
A/P	194060	03/09/22	9,489.25	AUREUS RADIOLOGY LLC
A/P	194061	03/09/22	8,375.00	AUTHORITYRX
A/P	194062	03/09/22	7,459.29	BAXTER HEALTHCARE
A/P	194063	03/09/22	1,124.88	BECKMAN COULTER CAPITAL
A/P	194064	03/09/22	1,516.83	BLUE CROSS BLUE SHIELD
A/P	194065	03/09/22	125.74	CALHOUN COUNTY
A/P	194066	03/09/22	262.52	CAPITAL ONE
A/P	194067	03/09/22	471.85	CARDINAL HEALTH 414, INC.
A/P	194068	03/09/22	339.75	CDW GOVERNMENT, INC.
A/P	194069	03/09/22	518.75	CHEMAQUA
A/P	194070	03/09/22	2,470.08	CITY OF PORT LAVACA
A/P	194071	03/09/22	2,479.53	CLEARFLY
A/P	194072	03/09/22	1,100.74	COASTAL OFFICE SOLUTIONS
A/P	194073	03/09/22	215.06	CONMED CORPORATION
A/P	194074	03/09/22	490.82	DEWITT POTH & SON
A/P	194075	03/09/22	125.00	ELLEN HEIMAN
A/P	194076	03/09/22	42,702.50	EMERGENCY STAFFING SOLUTIONS
A/P	194077	03/09/22	37,839.50	EVIDENT
A/P	194078	03/09/22	14.67	FEDERAL EXPRESS CORP.
A/P	194079	03/09/22	5,773.05	FISHER HEALTHCARE
A/P	194080	03/09/22	15,816.66	FUJI FILM
A/P	194081	03/09/22	1,090.01	FUSION CLOUD SERVICES, LLC
A/P	194082	03/09/22	3,281.51	GBS ADMINISTRATORS, INC
A/P	194083	03/09/22	10,200.29	GREAT AMERICAN FINANCIAL SVCS
A/P	194084	03/09/22	496.29	GULF COAST PAPER COMPANY
A/P	194085	03/09/22	3,000.00	HEALTH SOLUTIONS DIETETICS
A/P	194086	03/09/22	21,318.88	HEALTHCARE FINANCIAL SERVICES
A/P	194087	03/09/22	821.63	INNOVATIVE STERILIZATION
A/P	194088	03/09/22	781.15	INTRADO
A/P	194089	03/09/22	640.86	M G TRUST
A/P	194090	03/09/22	73.20	MEDELA INC
A/P	194091	03/09/22	400.00	MEDIVATORS
A/P	194092	03/09/22	.00	VOIDED
A/P	194093	03/09/22	12,608.47	MEDLINE INDUSTRIES INC
A/P	194094	03/09/22	125.00	MEMORIAL MEDICAL CLINIC
A/P	194095	03/09/22	129.00	MICHAEL PPIEL
A/P	194096	03/09/22	265.35	MMC AUXILIARY GIFT SHOP
A/P	194097	03/09/22	.00	VOIDED
A/P	194098	03/09/22	3,414.87	MORRIS & DICKSON CO, LLC
A/P	194099	03/09/22	2,610.00	MSH HEALTH SERVICES LLC
A/P	194100	03/09/22	4,026.42	NATIONAL FARM LIFE INSURANCE
A/P	194101	03/09/22	187.57	ORTHO CLINICAL DIAGNOSTICS

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	194102	03/09/22	2,210.00	PABLO GARZA
A/P	194103	03/09/22	453.75	PARTSSOURCE, LLC
A/P	194104	03/09/22	1,100.00	PATRICK OCHOA
A/P	194105	03/09/22	8,025.00	POC ELECTRIC, LLC
A/P	194106	03/09/22	21,201.92	RELIANT, DEPT 0954
A/P	194107	03/09/22	566.02	SAM'S CLUB DIRECT
A/P	194108	03/09/22	986.14	SANOFI PASTEUR INC
A/P	194109	03/09/22	1,400.00	SERVICE SUPPLY OF VICTORIA INC
A/P	194110	03/09/22	359.54	SHERWIN WILLIAMS
A/P	194111	03/09/22	5,371.57	SIEMENS FINANCIAL SERVICES
A/P	194112	03/09/22	1,780.20	SMITH & NEPHEW
A/P	194113	03/09/22	75,466.00	SPECTRUM HEALTH PARTNERS, LLC
A/P	194114	03/09/22	213.43	STERIS CORPORATION
A/P	194115	03/09/22	1,294.26	STRYKER FLEX FINANCIAL
A/P	194116	03/09/22	8,806.95	SUN LIFE FINANCIAL
A/P	194117	03/09/22	11,165.42	T-SYSTEM, INC
A/P	194118	03/09/22	130.79	TEXAS GLASS & TINTING
A/P	194119	03/09/22	2,391.05	TEXAS MUTUAL INSURANCE CO
A/P	194120	03/09/22	17,436.00	THE TACT CORPORATION OF NYC
A/P	194121	03/09/22	782.55	TK ELEVATOR CORPORATION
A/P	194122	03/09/22	790.40	TMS SOUTH
A/P	194123	03/09/22	533.75	TRIOSE, INC
A/P	194124	03/09/22	1,683.82	TRIZETTO PROVIDER SOLUTIONS
A/P	194125	03/09/22	81.25	ULINE
A/P	194126	03/09/22	5,117.18	UNIFIRST HOLDINGS INC
A/P	194127	03/09/22	513.63	UNIFORM ADVANTAGE
A/P	194128	03/09/22	97.39	UNITED AD LABEL CO INC
A/P	194129	03/09/22	880.01	UPDOX LLC
A/P	194130	03/09/22	43.81	VERATHON INC
A/P	194131	03/09/22	55,040.16	VICTORIA ANESTHESIOLOGY
A/P	194132	03/09/22	803.24	VYAIR MEDICAL, INC
A/P	194133	03/09/22	3,442.96	WAGWORKS
A/P	194134	03/09/22	867.08	WEBPT, INC
A/P	194135	03/09/22	2,597.27	WERPEN USA LLC
A/P	194136	03/09/22	53,767.21	ASHFORD GARDENS
A/P	194137	03/09/22	.00	VOIDED
A/P	194138	03/09/22	142,420.02	BETHANY SENIOR LIVING
A/P	194139	03/09/22	25,319.12	BROADMOOR AT CREEKSIDE PARK
A/P	194140	03/09/22	25,060.50	FORTBEND HEALTHCARE CENTER
A/P	194141	03/09/22	96,606.67	GOLDENCREEK HEALTHCARE
A/P	194142	03/09/22	55,466.53	GULF POINTE PLAZA
A/P	194143	03/09/22	46,678.72	SOLERA WEST HOUSTON
A/P	194144	03/09/22	37,790.78	THE CRESCENT
A/P	194145	03/09/22	115,534.13	TUSCANY VILLAGE
TOTALS:			1,041,934.11	

Debitables 433,090.14 +
Central 10,200.29 +
 53,767.21 +
 46,678.72 +
Net 25,060.50 +
 25,319.12 +
Transfers 37,790.78 +
 96,606.67 +
 55,466.53 +
 115,534.13 +
 142,420.02 +
 1,041,934.11 *

APPROVED ON

MAR 09 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: 2/28/2022

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
		2/14/2022	EFT	\$ (777.97)	EFT6243337	CV DAR000026869	\$ 777.97	BROADMOOR
		2/15/2022	EFT	\$ (366.91)	EFT6244767	CV DAR000026869	\$ 366.91	BROADMOOR
		2/16/2022	EFT	\$ (1,726.72)	EFT6246320	CV DAR000026869	\$ 1,726.72	BROADMOOR
		2/17/2022	EFT	\$ (2,939.73)	EFT6248151	CV DAR000026869	\$ 2,939.73	BROADMOOR
		2/18/2022	EFT	\$ (984.62)	EFT6250011	CV DAR000026869	\$ 984.62	BROADMOOR
		2/22/2022	EFT	\$ (1,262.99)	EFT6252239	CV DAR000026869	\$ 1,262.99	BROADMOOR
			EFT			CV DAR000026869		BROADMOOR
			EFT			CV DAR000026869		BROADMOOR
TOTAL				\$ (8,058.94)			\$ 8,058.94	

To be filled out by Memorial Medical Center:

Date Received: 2/28/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 3/9/2022

From Facility: BROADMOOR

To Facility: MMC

Amount: \$ 8,058.94

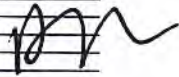
Requested Transfer Date #: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED ON

MAR 07 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

ck#000193

Request for Transfer of Funds

Transfer #: _____

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@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	2/22/2022	EFT	10,452.14	EFT6253681	CVDAR000026869	696.81	BROADMOOR AT CREEKSIDE
N/A	N/A	2/22/2022	EFT	212.10	EFT6253719	CVDAR000026869	14.14	BROADMOOR AT CREEKSIDE
N/A	N/A	2/23/2022	EFT	2,511.92	EFT6255804	CVDAR000026869	167.46	BROADMOOR AT CREEKSIDE
N/A	N/A	2/24/2022	EFT	960.50	EFT6258149	CVDAR000026869	64.04	BROADMOOR AT CREEKSIDE
N/A	N/A	2/24/2022	EFT	\$ 610.91	EFT6258178	CVDAR000026869	40.73	BROADMOOR AT CREEKSIDE
N/A	N/A	2/25/2022	EFT	\$ 2,128.00	EFT6260179	CVDAR000026869	141.87	BROADMOOR AT CREEKSIDE
N/A	N/A	3/1/2022	EFT	\$ 1,391.58	EFT6263471	CVDAR000026869	92.77	BROADMOOR AT CREEKSIDE
N/A	N/A	3/1/2022	EFT	\$ 2,119.42	EFT6263503	CVDAR000026869	141.30	BROADMOOR AT CREEKSIDE
			TOTAL	20,386.57			1,359.12	

To be filled out by Memorial Medical Center:

Date Received: 3/3/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 3/9/2022

From Facility: BROADMOOR

To Facility: MM CLINIC

Amount: 1,359.12

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED ON

MAR 07

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 000192

Request for Transfer of Funds

Transfer #: _____

Date Requested: 2/28/2022

Payer: MEDICARE

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

Requestor's email: tgordon@bethany-living.com

Requestor's phone number: 361-551-0500

District or County: Calhoun

Facility: Bethany Senior Living

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

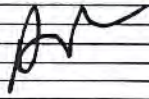
and Remittance Advice to : cclevenger@mmcpportlavaca.com

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	2/17/2022	EFT		EFT 6249242	CVDAR000026869	407.03	THE BROADMORE CREEKSIDE - AUXILLARY ADVANCE PMT
N/A	N/A	2/18/2022	EFT		EFT 6251073	CVDAR000026869	10,639.39	THE BROADMORE CREEKSIDE - AUXILLARY ADVANCE PMT
N/A	N/A	2/22/2022	EFT		EFT 6253943	CVDAR000026869	348.54	THE BROADMORE CREEKSIDE - AUXILLARY ADVANCE PMT
N/A	N/A	2/23/2022	EFT		EFT 6255978	CVDAR000026869	1,646.63	THE BROADMORE CREEKSIDE - AUXILLARY ADVANCE PMT
N/A	N/A	2/24/2022	EFT		EFT 6258341	CVDAR000026869	49.70	THE BROADMORE CREEKSIDE - AUXILLARY ADVANCE PMT
			TOTAL				13,091.29	

To be filled out by Memorial Medical Center:

Date Received: 2/28/2022

Approved by: MAYRA MARTINEZ 

Date of transfer: 3/9/2022

From Facility: BROADMOOR

To Facility: BETHANY

Amount: 13,091.29

APPROVED ON

MAR 07 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

ck#00191

Request for Transfer of Funds

Transfer #: _____

Date Requested: 2/28/2022

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 : cclevenge@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		2/14/2022	EFT	\$ (777.97)	EFT6243337	CVDAR000018170	\$ 777.97	CRESCENT
		2/15/2022	EFT	\$ (366.91)	EFT6244767	CVDAR000018170	\$ 366.91	CRESCENT
		2/16/2022	EFT	\$ (1,726.72)	EFT6246320	CVDAR000018170	\$ 1,726.72	CRESCENT
		2/17/2022	EFT	\$ (2,939.53)	EFT6248151	CVDAR000018170	\$ 2,939.53	CRESCENT
		2/18/2022	EFT	\$ (984.62)	EFT6250011	CVDAR000018170	\$ 984.62	CRESCENT
		2/22/2022	EFT	\$ (1,262.99)	EFT6252239	CVDAR000018170	\$ 1,262.99	CRESCENT
			EFT			CVDAR000018170		CRESCENT
						CVDAR000018170		CRESCENT
TOTAL				\$ (8,058.74)			\$ 8,058.74	

To be filled out by Memorial Medical Center:

Date Received: 2/28/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 3/9/2022

From Facility: CRESCENT

To Facility: MMC

Amount: \$ 8,058.74

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED ON

MAR 07 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

ck# 00722

Request for Transfer of Funds

Transfer #: _____

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@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	2/22/2022	EFT	10,452.14	EFT6253681	CV DAR000019557	696.81	THE CRESENT
N/A	N/A	2/22/2022	EFT	212.10	EFT6253719	CV DAR000019557	14.14	THE CRESENT
N/A	N/A	2/23/2022	EFT	2,511.92	EFT6255804	CV DAR000019557	167.46	THE CRESENT
N/A	N/A	2/24/2022	EFT	960.50	EFT6258149	CV DAR000019557	64.04	THE CRESENT
N/A	N/A	2/24/2022	EFT	\$ 610.91	EFT6258178	CV DAR000019557	40.73	THE CRESENT
N/A	N/A	2/25/2022	EFT	\$ 2,128.00	EFT6260179	CV DAR000019557	141.87	THE CRESENT
N/A	N/A	3/1/2022	EFT	\$ 1,391.58	EFT6263471	CV DAR000019557	92.77	THE CRESENT
N/A	N/A	3/1/2022	EFT	\$ 2,119.42	EFT6263503	CV DAR000019557	141.30	THE CRESENT
TOTAL				20,386.57			1,359.12	

To be filled out by Memorial Medical Center:

Date Received: 3/3/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 3/9/2022

From Facility: CRESCENT

To Facility: MM CLINIC

Amount: 1,359.12

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____



APPROVED ON

MAR 07 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 00024

Request for Transfer of Funds

Transfer #: _____

Date Requested: 3.1.22

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
		2.28.22	EFT	\$ 32.17	EFT6261354	WO/CVDAR000026869	\$ 32.17	Due Tuscany from Broadmoor
		3.1.22	EFT	\$ 2,564.06	EFT6263534	WO/CVDAR000026869	\$ 2,564.06	Due Tuscany from Broadmoor
TOTAL				2,596.23			2,596.23	

To be filled out by Memorial Medical Center:

Date Received: 3/1/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 3/9/2022

From Facility: CRESCENT

To Facility: TUSCANY

Amount: 2,596.23

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED ON
APPROVED ON
MAR 07 2022
7 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CALHOUN COUNTY, TEXAS
CL# 000223

Request for Transfer of Funds

Transfer #: _____

Date Requested: 2/16/2022

Payer: Medicare

Requested by: Misty Passmore

Requestor's email: m.passmore@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
		2/14/2022	EFT	\$ (777.97)	EFT6243337	CVDAR000018170	777.97	SOLERA
		2/15/2022	EFT	\$ (366.91)	EFT6244767	CVDAR000018170	366.91	SOLERA
		2/16/2022	EFT	\$ (1,726.72)	EFT6246320	CVDAR000018170	1,726.72	SOLERA
		2/17/2022	EFT	\$ (2,939.53)	EFT6248151	CVDAR000018170	2,939.53	SOLERA
		2/18/2022	EFT	\$ (984.62)	EFT6250011	CVDAR000018170	984.62	SOLERA
		2/22/2022	EFT	\$ (1,262.99)	EFT6252299	CVDAR000018170	1,262.99	SOLERA
			EFT			CVDAR000018170		SOLERA
			EFT			CVDAR000018170		SOLERA
			TOTAL	(8,058.74)			8,058.74	

To be filled out by Memorial Medical Center:

Date Received: 2/28/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 3/9/2022

From Facility: SOLERA

To Facility: MMC

Amount: \$ 8,058.74

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED ON

MAR 07 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 001223

Request for Transfer of Funds

Transfer #: _____

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@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	2/22/2022	EFT	10,452.14	EFT6253681	CV DAR000018170	696.81	SOLERA WEST HOUSTON
N/A	N/A	2/22/2022	EFT	212.10	EFT6253719	CV DAR000018170	14.14	SOLERA WEST HOUSTON
N/A	N/A	2/23/2022	EFT	2,511.92	EFT6255804	CV DAR000018170	167.46	SOLERA WEST HOUSTON
N/A	N/A	2/24/2022	EFT	960.50	EFT6258149	CV DAR000018170	64.04	SOLERA WEST HOUSTON
N/A	N/A	2/24/2022	EFT	\$ 610.91	EFT6258178	CV DAR000018170	40.73	SOLERA WEST HOUSTON
N/A	N/A	2/25/2022	EFT	\$ 2,128.00	EFT6260179	CV DAR000018170	141.87	SOLERA WEST HOUSTON
N/A	N/A	3/1/2022	EFT	\$ 1,391.58	EFT6263471	CV DAR000018170	92.77	SOLERA WEST HOUSTON
N/A	N/A	3/1/2022	EFT	\$ 2,119.42	EFT6263503	CV DAR000018170	141.30	SOLERA WEST HOUSTON
TOTAL				20,386.57			1,359.12	

To be filled out by Memorial Medical Center:

Date Received: 3/3/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 3/9/2022

From Facility: SOLERA

To Facility: MM CLINIC

Amount: 1,359.12

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED ON

MAR 07 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck # 001222

Request for Transfer of Funds

Transfer #: _____

Date Requested: 2/28/2022

Payer: MEDICARE

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

Requestor's email: tgordon@bethany-living.com

Requestor's phone number: 361-551-0500

District or County: Calhoun

Facility: Bethany Senior Living

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

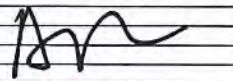
and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	2/17/2022	EFT		EFT 6249242	CV DAR000018170	407.03	Solera West Houston - AUXILLARY ADVANCE PMT
N/A	N/A	2/18/2022	EFT		EFT 6251073	CV DAR000018170	10,639.39	Solera West Houston - AUXILLARY ADVANCE PMT
N/A	N/A	2/22/2022	EFT		EFT 6253943	CV DAR000018170	348.54	Solera West Houston - AUXILLARY ADVANCE PMT
N/A	N/A	2/23/2022	EFT		EFT 6255978	CV DAR000018170	1,646.63	Solera West Houston - AUXILLARY ADVANCE PMT
N/A	N/A	2/24/2022	EFT		EFT 6258341	CV DAR000018170	49.70	Solera West Houston - AUXILLARY ADVANCE PMT
				TOTAL			13,091.29	

To be filled out by Memorial Medical Center:

Date Received: 2/28/2022

Approved by: MAYRA MARTINEZ 

Date of transfer: 3/9/2022

From Facility: SOLERA

To Facility: BETHANY

Amount: 13,091.29

APPROVED ON

MAR 07 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
ck#001221**

Request for Transfer of Funds

Transfer #: _____

Date Requested: 3.1.22

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@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
		2.28.22	EFT	\$ 32.17	EFT6261354	WO/CVDAR000018170	\$ 32.17	Due Tuscany from Solera
		3.1.22	EFT	\$ 2,564.06	EFT6263534	WO/CVDAR000018170	\$ 2,564.06	Due Tuscany from Solera
			TOTAL	2,596.23			2,596.23	

To be filled out by Memorial Medical Center:

Date Received: 3/1/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 3/9/2022

From Facility: SOLERA

To Facility: TUSCANY

Amount: 2,596.23

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED ON

MAR 07 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#001224

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000193

Date 3/9/22

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 8,058.94

Eight thousand fifty eight & 94/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000193⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000192

Date 3/9/22

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Clinic

\$ 1,359.12

One thousand three hundred fifty nine & 12/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000192⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000191

Date 3/9/22

88-2265/1131

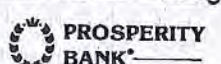
PAY

TO THE ORDER OF Bethany

\$ 13,091.29

Thirteen thousand ninety one & 29/100

DOLLARS



FOR medicare repayment

Security features are included. Details on back.

⑈000191⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000222

Date 3/9/22

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 8,058.74

Eight thousand fifty eight & 74/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000222⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000221

Date 3/9/22

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Clinic

\$ 1,359.12

One thousand three hundred fifty nine & 12/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000221⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000223

Date 3/9/22

88-2265/1131

PAY

TO THE
ORDER OF

Tuscany

\$ 2,594.23

Two thousand five hundred ninety six & 23/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000223⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000220

88-2265/1131

Date 3/9/22

PAY

TO THE
ORDER OF

Bethany

\$ 13091.29

Thirteen thousand ninety one & 29/100

DOLLARS



PROSPERITY
BANK

FOR Medicare repayment



Security features are included. Details on back.

⑈000220⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001222

Date 3/9/22 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Clinic

\$ 1,359.12

One thousand three hundred fifty nine & 12/100 DOLLARS



FOR medicare repayment



⑈001222⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001223

Date 3/9/22 88-2265/1131

PAY

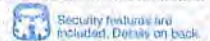
TO THE ORDER OF Memorial Medical Center

\$ 8,058.74

Eight thousand fifty eight & 74/100 DOLLARS



FOR Medicare repayment



⑈001223⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001221

Date 3/9/22 88-2265/1131

PAY

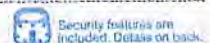
TO THE ORDER OF Bethany

\$ 13,091.29

Thirteen thousand ninety one & 29/100 DOLLARS



FOR Medicare repayment



⑈001221⑈ ⑆113122655⑆

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MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001224

Date 3/9/22 88-2265/1131

PAY

TO THE
ORDER OF

Tuscany

\$ 2,596.23

Two thousand five hundred ninety six & 23/100

DOLLARS



**PROSPERITY
BANK**

FOR Medicare repayment



Security features are included. Details on back.

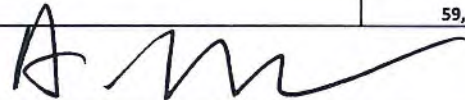
⑈001224⑈ ⑆113122655⑆

Medicare Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	Amt	CK DATE
BROADMOOR			BETHANY	20351000	13,091.29	3/9/2022
BROADMOOR			MM CLINIC	20351000	1,359.12	3/9/2022
BROADMOOR			MMC	20351000	8,058.94	3/9/2022
CRESCENT			BETHANY	20351000	13,091.29	3/9/2022
CRESCENT			MM CLINIC	20351000	1,359.12	3/9/2022
CRESCENT			MMC	20351000	8,058.74	3/9/2022
CRESCENT			TUSCANY	20351000	2,596.23	3/9/2022
SOLERA			BETHANY	20351000	13,091.29	3/9/2022
SOLERA			MM CLINIC	20351000	1,359.12	3/9/2022
SOLERA			MMC	20351000	8,058.74	3/9/2022
SOLERA			TUSCANY	20351000	2,596.23	3/9/2022
				Total	59,628.82	

Note:

Approved:



Anthony Richardson

3/7/2022

RUN DATE:03/09/22
TIME:14:35

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/09/22 THRU 03/09/22

PAGE 3
GLCKREG

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

NHB 000191 03/09/22 13,091.29 BETHANY
NHB 000192 03/09/22 1,359.12 MEMORIAL MEDICAL CLINIC
NHB 000193 03/09/22 8,058.94 MEMORIAL MEDICAL CENTER
TOTALS: 22,509.35

Broadmoor

APPROVED ON

MAR 09 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:03/09/22
TIME:14:35

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/09/22 THRU 03/09/22

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000220 03/09/22 13,091.29 BETHANY
NHC 000221 03/09/22 1,359.12 MEMORIAL MEDICAL CLINIC
NHC 000222 03/09/22 8,058.74 MEMORIAL MEDICAL CLINIC
NHC 000223 03/09/22 2,596.23 TUSCANY
TOTALS: 25,105.38

Crescent

APPROVED ON

MAR 09 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:03/09/22
TIME:14:35

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/09/22 THRU 03/09/22

PAGE 5
GLCKREG

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

NHS	001221	03/09/22	13,091.29	BETHANY
NHS	001222	03/09/22	1,359.12	MEMORIAL MEDICAL CLINIC
NHS	001223	03/09/22	8,058.74	MEMORIAL MEDICAL CENTER
NHS	001224	03/09/22	2,596.23	TUSCANY
TOTALS:			25,105.38	

gubm

APPROVED ON

MAR 09 2022


**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

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

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		349,679.01	302,945.68	74,472.73		121,206.06	74,459.37
						Bank Balance	121,206.06
						Variance	-
						Leave in Balance	100.00
						MOLINA Q1 QIPP	16,551.02
						AMERIGROUP Q1 QIPP	30,067.69
						JAN INTEREST	14.62
						FEB INTEREST	13.36
						MAR INTEREST	
						Adjust Balance/Transfer Amt	74,459.37
Broadmoor		251,300.79	223,113.09	24,477.21		52,664.91	
						Bank Balance	52,664.91
						Variance	-
						Leave in Balance	100.00
						MOLINA Q1 QIPP	7,780.30
						AMERIGROUP Q1 QIPP	14,134.24
						MEDICARE REPAYMENT TO MM CLINIC	3,966.26
						MEDICARE REPAYMENT TO MMC	2,194.54
						MEDICARE REPAYMENT TO MM CLINIC	1,359.12
						MEDICARE REPAYMENT TO MMC	8,058.94
						MEDICARE REPAYMENT TO BEHTANY	13,091.29
						JAN INTEREST	12.36
						FEB INTEREST	13.36
						MAR INTEREST	
						Adjust Balance/Transfer Amt	1,954.50
Crescent		90,421.53	168,618.39	63,898.72		85,701.86	38,783.07
						Bank Balance	85,701.86
						Variance	-
						Leave in Balance	100.00
						MOLINA Q1 QIPP	5,513.27
						AMERIGROUP Q1 QIPP	10,015.74
						MEDICARE REPAYMENT TO MM CLINIC	3,966.26
						MEDICARE REPAYMENT TO MMC	2,194.54
						MEDICARE REPAYMENT TO MM CLINIC	1,359.12
						MEDICARE REPAYMENT TO MMC	8,058.74
						MEDICARE REPAYMENT TO BETHANY	13,091.29
						MEDICARE REPAYMENT TO TUSCANY	2,595.23
						JAN INTEREST	13.33
						FEB INTEREST	10.27
						MAR INTEREST	
						Adjust Balance/Transfer Amt	38,783.07
Fort Bend		114,134.05	96,622.29	10,594.43		28,106.19	
						Bank Balance	28,106.19
						Variance	-
						Leave in Balance	100.00
						MOLINA Q1 QIPP	7,599.23
						AMERIGROUP Q1 QIPP	13,805.30
						TRANSFER ERROR WITHHOLD	4,000.00
						JAN INTEREST	7.23
						FEB INTEREST	6.20
						MAR INTEREST	
						Adjust Balance/Transfer Amt	2,588.23
Solera at W Houston		381,325.22	354,171.25	31,702.26		58,856.23	6,576.58
						Bank Balance	58,856.23
						Variance	-
						Leave in Balance	100.00
						MOLINA Q1 QIPP	7,375.78
						AMERIGROUP Q1 QIPP	13,399.37
						MEDICARE REPAYMENT TO MM CLINIC	3,966.26
						MEDICARE REPAYMENT TO MMC	2,194.54
						MEDICARE REPAYMENT TO MM CLINIC	1,359.12
						MEDICARE REPAYMENT TO MMC	8,058.74
						MEDICARE REPAYMENT TO BETHANY	13,091.29
						MEDICARE REPAYMENT TO TUSCANY	2,595.23
						JAN INTEREST	17.46
						FEB INTEREST	20.30
						MAR INTEREST	
						Adjust Balance/Transfer Amt	6,576.58

74,459.37 +
38,783.07 + *Fort Bend / Broadmoor*
6,576.58 +
119,819.02 *

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

TOTAL TRANSFERS 119,819.02
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

		MMC PORTION					NH PORTION
	Transfer-Out	Transfer-In	QIPP/Com p1	QIPP/Comp 2	QIPP/Com p3	QIPP/Com p4&Lapse	QIPP TI
Ashford Gardens							
2/28/2022 Added to Account	-	17.36	-	-	-	-	17.36
2/28/2022 Deposit	-	19,763.54	-	-	-	-	19,763.54
2/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	13,272.33	-	-	-	-	13,272.33
2/28/2022 NOVITAS SOLUTION HCCLAIMPMT 675423 420000156	-	3,825.84	-	-	-	-	3,825.84
3/1/2022 Amerigroup TX5C HCCLAIMPMT 3173808488 111000	-	25.84	-	-	-	-	25.84
3/1/2022 NOVITAS SOLUTION HCCLAIMPMT 675423 420000197	-	7,619.41	-	-	-	-	7,619.41
3/3/2022 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	302,945.68	-	-	-	-	-	-
3/3/2022 MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	135.00	-	-	-	-	135.00
3/4/2022 Deposit	-	13,712.29	-	-	-	-	13,712.29
3/4/2022 Deposit	-	4,780.82	-	-	-	-	4,780.82
3/4/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	3,960.00	-	-	-	-	3,960.00
3/4/2022 Amerigroup TX5C HCCLAIMPMT 3174124682 111000	-	7,360.30	-	-	-	-	7,360.30
	302,945.68	74,472.73					74,472.73

		MMC PORTION					NH PORTION
	Transfer-Out	Transfer-In	QIPP/Com	QIPP/Comp 2	QIPP/Com	QIPP/Com	QIPP TI
Broadmoor							
2/28/2022 Added to Account	-	13.36	-	-	-	-	13.36
2/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,234.14	-	-	-	-	5,234.14
3/1/2022 HNB - ECHO HCCLAIMPMT 746003411 440000282824	-	5,900.20	-	-	-	-	5,900.20
3/1/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	556.50	-	-	-	-	556.50
3/1/2022 NOVITAS SOLUTION HCCLAIMPMT 676357 420000196	-	571.59	-	-	-	-	571.59
3/1/2022 HUMANA INS CO HCCLAIMPMT 390861 830000541263	-	992.93	-	-	-	-	992.93
3/1/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	859.25	-	-	-	-	859.25
3/2/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	0.02	-	-	-	-	0.02
3/3/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	212,332.99	-	-	-	-	-	-
3/3/2022 NOVITAS SOLUTION HCCLAIMPMT 676357 420000197	-	3,762.47	-	-	-	-	3,762.47
3/4/2022 ck190	10,780.10	-	-	-	-	-	-
3/4/2022 Deposit	-	2,034.14	-	-	-	-	2,034.14
3/4/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	315.72	-	-	-	-	315.72
3/4/2022 Molina HC of TX HCCLAIMPMT PN169860433 4200	-	4,236.89	-	-	-	-	4,236.89
	223,113.09	24,477.21					24,477.21

		MMC PORTION					NH PORTION
	Transfer-Out	Transfer-In	QIPP/Com	QIPP/Comp 2	QIPP/Com	QIPP/Com	QIPP TI
Crescent							
2/28/2022 Added to Account	-	10.27	-	-	-	-	10.27
2/28/2022 MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	617.04	-	-	-	-	617.04
2/28/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000155	-	15,828.06	-	-	-	-	15,828.06
2/28/2022 HUMANA CHA DISB HCCLAIMPMT 390864 4200001492	-	8,702.29	-	-	-	-	8,702.29
3/1/2022 MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	356.40	-	-	-	-	356.40
3/1/2022 HNB - ECHO HCCLAIMPMT 746003411 440000282824	-	7,793.76	-	-	-	-	7,793.76
3/1/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000196	-	3,431.96	-	-	-	-	3,431.96
3/2/2022 MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	1,278.00	-	-	-	-	1,278.00
3/2/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,331.26	-	-	-	-	3,331.26
3/2/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000151	-	1,098.55	-	-	-	-	1,098.55
3/3/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	157,838.29	-	-	-	-	-	-
3/3/2022 HNB - ECHO HCCLAIMPMT 746003411 440000272250	-	4,714.28	-	-	-	-	4,714.28
3/3/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,572.22	-	-	-	-	5,572.22
3/4/2022 ck219	10,780.10	-	-	-	-	-	-
3/4/2022 Deposit	-	10,764.63	-	-	-	-	10,764.63
3/4/2022 KS PLAN ADMINIST HCCLAIMPMT 14995 1110000242	-	400.00	-	-	-	-	400.00
	168,618.39	63,898.72					63,898.72

		MMC PORTION					NH PORTION
	Transfer-Out	Transfer-In	QIPP/Com p1	QIPP/Comp 2	QIPP/Com p3	QIPP/Com p4&Lapse	QIPP TI
Fort Bend							
2/28/2022 Added to Account	-	6.20	-	-	-	-	6.20
2/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,767.04	-	-	-	-	1,767.04
2/28/2022 NOVITAS SOLUTION HCCLAIMPMT 675663 420000155	-	500.15	-	-	-	-	500.15
3/2/2022 HNB - ECHO HCCLAIMPMT 746003411 440000226926	-	29.40	-	-	-	-	29.40
3/3/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	96,622.29	-	-	-	-	-	-
3/3/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	0.69	-	-	-	-	0.69
3/4/2022 Deposit	-	6,452.33	-	-	-	-	6,452.33
3/4/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,838.62	-	-	-	-	1,838.62
	96,622.29	10,594.43					10,594.43

92,622.29 approved in court

		MMC PORTION					NH PORTION
	Transfer-Out	Transfer-In	QIPP/Com	QIPP/Comp 2	QIPP/Com	QIPP/Com	QIPP TI
Solera at West Houston							
2/28/2022 Added to Account	-	20.30	-	-	-	-	20.30
2/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,906.25	-	-	-	-	2,906.25
2/28/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000155	-	2,049.71	-	-	-	-	2,049.71
3/2/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	13,530.00	-	-	-	-	13,530.00
3/2/2022 Molina HC of TX HCCLAIMPMT PN1497143259 4200	-	1,377.33	-	-	-	-	1,377.33
3/2/2022 MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	4,819.50	-	-	-	-	4,819.50
3/3/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	343,391.15	-	-	-	-	-	-
3/3/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	188.57	-	-	-	-	188.57
3/3/2022 HUMANA INS CO HCCLAIMPMT 390862 830000538789	-	1,037.14	-	-	-	-	1,037.14
3/3/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001667	-	3,920.00	-	-	-	-	3,920.00
3/4/2022 ck1219	10,780.10	-	-	-	-	-	-
3/4/2022 Deposit	-	1,853.46	-	-	-	-	1,853.46
	354,171.25	31,702.26					31,702.26

TOTALS

1,145,470.70	205,145.35						205,145.35
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Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type



DDA


Data reported as of Mar 7, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$9,602,012.55	\$9,709,334.86	\$9,602,012.55	\$9,897,129.8
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$15,535.16	\$15,535.16	\$15,535.16	\$5,461.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$174,322.01	\$177,519.26	\$174,322.01	\$341,042.1
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.19	\$536.19	\$536.19	\$536.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$7,435,373.57	\$7,496,864.72	\$7,435,373.57	\$7,086,807.0
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.66	\$431.66	\$431.66	\$431.6
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$121,206.06	\$124,520.02	\$121,206.06	\$91,392.6
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$52,664.91	\$54,879.38	\$52,664.91	\$56,858.2
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$85,701.86	\$86,498.58	\$85,701.86	\$85,317.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$28,106.19	\$33,566.79	\$28,106.19	\$19,815.2
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$58,856.23	\$63,216.52	\$58,856.23	\$67,782.8
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,779.55	\$1,109,779.55	\$1,109,779.55	\$1,109,779.5
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$189,173.60	\$199,036.59	\$189,173.60	\$383,135.4
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$37,987.10	\$49,436.00	\$37,987.10	\$254,589.8
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$42,298.58	\$42,298.58	\$42,298.58	\$69,007.8
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$250,039.88	\$255,215.86	\$250,039.88	\$325,172.4

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

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		315,982.49 ✓	224,501.72 ✓	82,841.24 ✓		174,322.01 ✓	82,827.53
						Bank Balance	174,322.01 ✓
						Variance	-
						Leave in Balance	100.00
						SUPERIOR YR 4 ADJ 1 QPPP	9,688.65 *
						WITHHOLD QPPP PAYMENT	81,681.08
						JAN INTEREST	11.04 ✓
						FEB INTEREST	13.71 ✓
						MAR INTEREST	
						Adjust Balance/Transfer Amt	82,827.53 ✓

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

MAR 07 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L aple	QIPP TI	
2/28/2022 Added to Account	-	13.71						13.71
2/28/2022 HNB - ECHO HCCLAIMPMT 746003411 440000226371	-	2,741.82						2,741.82
2/28/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	531.17						531.17
3/1/2022 GOLDENCREEKHEALT MERC DEP 1220356 9100001125	-	1,198.00						1,198.00
3/1/2022 NOVITAS SOLUTION HCCLAIMPMT 676097 420000196	-	5,504.96						5,504.96
3/2/2022 AETNA AS01 HCCLAIMPMT 1588075964 51000017757	-	2,925.00						2,925.00
3/3/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	975.29						975.29
3/3/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	740.25						740.25
3/3/2022 GOLDENCREEKHEALT MERC DEP 1220356 9100001766	-	438.25						438.25
3/3/2022 NOVITAS SOLUTION HCCLAIMPMT 676097 420000197	-	9,991.18						9,991.18
3/4/2022 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	224,501.72	-						-
3/4/2022 Deposit	-	5,988.11						5,988.11
3/4/2022 Deposit	-	51,130.97						51,130.97
3/4/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	662.53						662.53
	224,501.72	82,841.24	-	-	-	-	-	82,841.24

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type



DDA

Data reported as of Mar 7, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$9,602,012.55	\$9,709,334.86	\$9,602,012.55	\$9,897,129.8
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$15,535.16	\$15,535.16	\$15,535.16	\$5,461.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$174,322.01 ✓	\$177,519.26	\$174,322.01	\$341,042.1
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.19	\$536.19	\$536.19	\$536.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$7,435,373.57	\$7,496,864.72	\$7,435,373.57	\$7,086,807.0
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.66	\$431.66	\$431.66	\$431.6
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$121,206.06	\$124,520.02	\$121,206.06	\$91,392.6
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$52,664.91	\$54,879.38	\$52,664.91	\$56,858.2
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$85,701.86	\$86,498.58	\$85,701.86	\$85,317.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$28,106.19	\$33,566.79	\$28,106.19	\$19,815.2
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$58,856.23	\$63,216.52	\$58,856.23	\$67,782.8
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,779.55	\$1,109,779.55	\$1,109,779.55	\$1,109,779.5
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$189,173.60	\$199,036.59	\$189,173.60	\$383,135.4
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$37,987.10	\$49,436.00	\$37,987.10	\$254,589.6
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$42,298.58	\$42,298.58	\$42,298.58	\$69,007.8
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$250,039.88	\$255,215.86	\$250,039.88	\$325,172.4

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

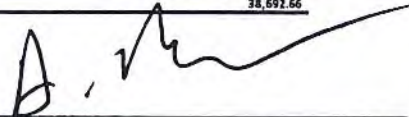
Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home							
Gulf Pointe Plaza-Private Pay	68,181.67	26,709.27	826.18			42,298.58	no transfer
					Bank Balance	42,298.58	
					Variance		
					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	
					JAN INTEREST	4.00	
					FEB INTEREST	4.55	
					MAR INTEREST		
					Adjust Balance/Transfer Amt	821.63	

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home							
Gulf Pointe Plaza-Medicare/Medicaid	252,359.28	252,252.86	37,880.68			37,987.10	37,871.03
					Bank Balance	37,987.10	
					Variance		
					Leave in Balance	100.00	
					JAN INTEREST	6.42	
					FEB INTEREST	9.65	
					MAR INTEREST		
					Adjust Balance/Transfer Amt	37,871.03	

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.

TOTAL TRANSFERS 38,692.66

Approved: 
 ANTHONY RICHARDSON, CFO 2/28/2022

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

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
2/28/2022 Added to Account	-	4.55						4.55
2/28/2022 HNB - ECHO HCCLAIMPMT 746003411 440000226427	-	151.92						151.92
3/1/2022 HNB - ECHO HCCLAIMPMT 746003411 440000282824	-	395.05						395.05
3/3/2022 HNB - ECHO HCCLAIMPMT 746003411 440000272250	-	274.66						274.66
3/4/2022 ck1074	13,712.29	-						-
3/4/2022 WIRE OUT HMG SERVICES, LLC	12,996.98	-						-
	26,709.27	826.18						826.18

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
2/28/2022 Added to Account	-	9.65						9.65
2/28/2022 PNC-ECHO HCCLAIMPMT 746003411 41000120238202	-	253.62						253.62
3/1/2022 NORIDIAN J3A HCCLAIMPMT 675892 4200001736699	-	922.49						922.49
3/1/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2	-	692.43						692.43
3/2/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2	-	230.81						230.81
3/3/2022 NORIDIAN J3A HCCLAIMPMT 675892 4200001644102	-	121.40						121.40
3/4/2022 WIRE OUT HMG SERVICES, LLC	252,252.86	-						-
3/4/2022 Deposit	-	33,595.60						33,595.60
3/4/2022 NORIDIAN J3A HCCLAIMPMT 675892 4200001774141	-	39.82						39.82
3/4/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2	-	2,014.86						2,014.86
	252,252.86	37,880.68						37,880.68
	278,962.13	38,706.86						38,706.86

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

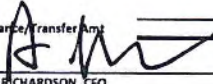
Data reported as of Mar 7, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
Number of Accounts: 15	\$9,602,012.55	\$9,709,334.86	\$9,602,012.55	\$9,897,129.8
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$15,535.16	\$15,535.16	\$15,535.16	\$5,461.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$174,322.01	\$177,519.26	\$174,322.01	\$341,042.1
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.19	\$536.19	\$536.19	\$536.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$7,435,373.57	\$7,496,864.72	\$7,435,373.57	\$7,086,807.0
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.66	\$431.66	\$431.66	\$431.6
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$121,206.06	\$124,520.02	\$121,206.06	\$91,392.6
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$52,664.91	\$54,879.38	\$52,664.91	\$56,858.2
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$85,701.86	\$86,498.58	\$85,701.86	\$85,317.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$28,106.19	\$33,566.79	\$28,106.19	\$19,815.2
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$58,856.23	\$63,216.52	\$58,856.23	\$67,782.6
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,779.55	\$1,109,779.55	\$1,109,779.55	\$1,109,779.5
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$189,173.60	\$199,036.59	\$189,173.60	\$383,135.4
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$37,987.10 ✓	\$49,436.00	\$37,987.10	\$254,589.6
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$42,298.58 ✓	\$42,298.58	\$42,298.58	\$69,007.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$250,039.88	\$255,215.86	\$250,039.88	\$325,172.4

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

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	CKs Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home Tuscany Village	194,146.95	170,325.24	226,218.17			250,039.88	226,218.17
					Bank Balance Variance	250,039.88	
					Leave in Balance	100.00	
					AMERIGROUP Q1	15,299.80	
					MOLINA Q1	8,421.91	

Adjust Balance/Transfer Amt 226,218.17

Approved:  2/28/2022
 ANTHONY RICHARDSON, CFO

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

APPROVED ON

MAR 07 2022

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

Tuscany Village

MMC PORTION

	<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>QIPP/Comp1</u>	<u>QIPP/Comp 2</u>	<u>QIPP/Comp3</u>	<u>QIPP/Comp4 &Lapse</u>	<u>QIPP TI</u>	<u>NH PORTION</u>
2/28/2022 Added to Account	-	13.72					-	13.72
2/28/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000155	-	60,349.17					-	60,349.17
3/1/2022 HNB - ECHO HCCLAIMPMT 746003411 440000282824	-	6,453.96					-	6,453.96
3/1/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000196	-	482.58					-	482.58
3/2/2022 HNB - ECHO HCCLAIMPMT 746003411 440000226926	-	1,290.79					-	1,290.79
3/2/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000151	-	38,460.96					-	38,460.96
3/3/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000197	-	23,974.33					-	23,974.33
3/4/2022 ck1094	5,988.11	-					-	-
3/4/2022 ck1095	1,855.00	-					-	-
3/4/2022 WIRE OUT LINBAR ENTERPRISES, LLC	162,482.13	-					-	-
3/4/2022 Deposit	-	32,340.30					-	32,340.30
3/4/2022 Deposit	-	55,537.87					-	55,537.87
3/4/2022 HNB - ECHO HCCLAIMPMT 746003411 440000210229	-	7,314.49					-	7,314.49
	170,325.24	226,218.17	-	-	-	-	-	226,218.17

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Mar 7, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$9,602,012.55	\$9,709,334.86	\$9,602,012.55	\$9,897,129.8
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$15,535.16	\$15,535.16	\$15,535.16	\$5,461.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$174,322.01	\$177,519.26	\$174,322.01	\$341,042.1
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.19	\$536.19	\$536.19	\$536.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$7,435,373.57	\$7,496,864.72	\$7,435,373.57	\$7,086,807.0
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.66	\$431.66	\$431.66	\$431.6
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$121,206.06	\$124,520.02	\$121,206.06	\$91,392.6
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<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$85,701.86	\$86,498.58	\$85,701.86	\$85,317.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$28,106.19	\$33,566.79	\$28,106.19	\$19,815.2
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$58,856.23	\$63,216.52	\$58,856.23	\$67,782.8
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,109,779.55	\$1,109,779.55	\$1,109,779.55	\$1,109,779.5
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<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$37,987.10	\$49,436.00	\$37,987.10	\$254,589.6
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$42,298.58	\$42,298.58	\$42,298.58	\$69,007.8
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$250,039.88	\$255,215.86	\$250,039.88	\$325,172.4

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

Account	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	297,607.36	297,481.66	189,047.91			189,173.60	189,023.53
					Bank Balance	189,173.60	
					Variance		
					Leave in Balance	100.00	
					JAN INTEREST	25.69	
					FEB INTEREST	24.38	
					MAR INTEREST		
					Adjust Balance/Transfer Amt	189,023.53	
Approved: ANTHONY RICHARDSON, CFO							2/28/2022

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

MAR 07 2022

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

Bethany Senior Living	MMC PORTION					NH PORTION
	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3 QIPP/Comp4 &Lapse	
2/28/2022 Added to Account	-	24.38				24.38
2/28/2022 Deposit	-	43,958.49				43,958.49
2/28/2022 Deposit	-	1,185.50				1,185.50
2/28/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	5,468.05				5,468.05
3/1/2022 Deposit	-	7,885.72				7,885.72
3/3/2022 Deposit	-	27,005.98				27,005.98
3/4/2022 WIRE OUT BETHANY SENIOR LIVING, LTD	297,481.66	-				-
3/4/2022 Deposit	-	1,855.00				1,855.00
3/4/2022 Deposit	-	91,762.67				91,762.67
3/4/2022 Deposit	-	9,290.33				9,290.33
3/4/2022 HOSPICE OF SOUTH Payments NF 113122650022880	-	463.29				463.29
3/4/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	148.50				148.50
	297,481.66	189,047.91	-	-	-	189,047.91

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DDA

Data reported as of Mar 7, 2022

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