

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 23, 2022

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 725,823.10
TOTAL TRANSFERS BETWEEN FUNDS	\$ 108,465.79
TOTAL NURSING HOME UPL EXPENSES	\$ 718,390.00
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED March 23, 2022	\$ 1,552,678.89

APPROVED

MAR 23 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---March 23, 2022

PAYABLES AND PAYROLL

3/18/2022 Weekly Payables	717,301.00
3/18/2022 Citibank Credit Card-see attached	1,090.02
3/21/2022 McKesson-340B Prescription Expense	5,500.05
3/21/2022 Amerisource Bergen-340B Prescription Expense	880.72

Prosperity Electronic Bank Payments

3/15/2022 Credit Card & Lease Fees	218.83
3/14/2022 Cleargage-Patient Financing Service	111.32
3/14-3/18/22 Pay Plus-Patient Claims Processing Fee	106.96
3/18/2022 ExpertPay- child support	614.20

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 725,823.10**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

3/18/2022 MMC Operating to Golden Creek-correction of NH insurance QIPP payment deposited into MMC Operating in error	36,148.73
3/18/2022 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	12,071.32
3/18/2022 MMC Operating to Tuscany Village-correction of NH insurance and medicare payment deposited into MMC Operating	24,235.03
3/18/2022 MMC Operating to Bethany-correction of NH insurance and medicare payment deposited into MMC Operating in error	36,010.71

TOTAL TRANSFERS BETWEEN FUNDS **\$ 108,465.79**

NURSING HOME UPL EXPENSES

3/21/2022 Nursing Home UPL-Cantex Transfer	338,522.21
3/21/2022 Nursing Home UPL-Nexion Transfer	98,403.36
3/21/2022 Nursing Home UPL-HMG Transfer	56,205.01
3/21/2021 Nursing Home UPL-Tuscany Transfer	89,023.97
3/21/2022 Nursing Home UPL-HSL Transfer	77,570.56

QIPP CHECKS TO MMC

3/21/2022 Golden Creek	40,840.54
3/21/2022 Gulf Pointe	17,824.35

TOTAL NURSING HOME UPL EXPENSES **\$ 718,390.00**

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

GRAND TOTAL DISBURSEMENTS APPROVED March 23, 2022 **\$ 1,552,678.89**

RECEIVED BY THE
COUNTY AUDITOR ON

MAR 18 2022

03/18/2022

0914
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 04/07/2022

ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code							
10995	ABILITY NETWORK (SHIFTHOUND) ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
22M0033200 ✓		02/28/20	03/03/20	04/02/20		647.28	0.00	0.00	647.28 ✓	
SCHEDULING SERVICES										
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
				10995	ABILITY NETWORK (SHIFTHOUND)	647.28	0.00	0.00	647.28	
10950	ACUTE CARE INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
INV639 ✓		03/11/20	03/02/20	04/02/20		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	
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9123075393 ✓		03/11/20	02/24/20	04/02/20		620.67	0.00	0.00	620.67 ✓	
OXYGEN										
91231246215 ✓		03/11/20	02/28/20	04/02/20		2,316.23	0.00	0.00	2,316.23 ✓	
RENTALS										
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
				A1680	AIRGAS USA, LLC - CENTRAL DIV	2,936.90	0.00	0.00	2,936.90	
11960	ALAMO SCIENTIFIC, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
920846 ✓		03/17/20	03/10/20	03/17/20		310.00	0.00	0.00	310.00 ✓	
SUPPLIES										
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
				11960	ALAMO SCIENTIFIC, INC	310.00	0.00	0.00	310.00	
10958	ALLYSON SWOPE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
022522		03/16/20	03/16/20	03/16/20		2,196.00	0.00	0.00	2,196.00 ✓	
TRANSCRIPTION SERVICES										
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
				10958	ALLYSON SWOPE	2,196.00	0.00	0.00	2,196.00	
14028	AMAZON CAPITAL SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
17KF4RWF3WN7 ✓		03/03/20	02/21/20	03/23/20		65.05	0.00	0.00	65.05 ✓	
SUPPLIES										
16VLTRJRLJGC ✓		03/03/20	03/02/20	04/01/20		552.54	0.00	0.00	552.54 ✓	
SUPPLIES										
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
				14028	AMAZON CAPITAL SERVICES	617.59	0.00	0.00	617.59	
A2218	AQUA BEVERAGE COMPANY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
M										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
022822		03/16/20	02/28/20	03/25/20		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		
2510003 ✓		03/09/20	03/07/20	04/06/20		552.00	0.00	0.00	552.00 ✓		
LAB STAFFING (2/18/22) Chestnut											
2507851 ✓		03/09/20	03/07/20	04/06/20		2,760.00	0.00	0.00	2,760.00 ✓		
LAB STAFFING (2/18-2/24/22) Simonich											
2507898 ✓		03/09/20	03/07/20	04/06/20		2,755.38	0.00	0.00	2,755.38 ✓		
LAB STAFFING (2/21-2/24/22) Hawkins											
2507744 ✓		03/09/20	03/07/20	04/06/20		2,144.00	0.00	0.00	2,144.00 ✓		
LAB STAFFING (2/18-2/24/22) Stobley											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						A0400	AUREUS RADIOLOGY LLC	8,211.38	0.00	0.00	8,211.38
Vendor#	Vendor Name					Class	Pay Code				
12800	AUTHORITYRX ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1336 ✓		03/16/20	03/02/20	03/03/20		1,000.00	0.00	0.00	1,000.00 ✓		
340B SVCS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12800	AUTHORITYRX	1,000.00	0.00	0.00	1,000.00
Vendor#	Vendor Name					Class	Pay Code				
B0436	BARD ACCESS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
46608956 ✓		03/15/20	03/03/20	03/15/20		216.75	0.00	0.00	216.75 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B0436	BARD ACCESS	216.75	0.00	0.00	216.75
Vendor#	Vendor Name					Class	Pay Code				
M2485	BAYER HEALTHCARE ✓					M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
6009736381 ✓		03/17/20	03/09/20	03/17/20		894.90	0.00	0.00	894.90 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						M2485	BAYER HEALTHCARE	894.90	0.00	0.00	894.90
Vendor#	Vendor Name					Class	Pay Code				
B1220	BECKMAN COULTER INC ✓					M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
5454503 ✓		03/16/20	03/05/20	03/30/20		6,249.42	0.00	0.00	6,249.42 ✓		
LEASE/MAINT											
109750102 ✓		03/16/20	03/09/20	04/03/20		73.24	0.00	0.00	73.24 ✓		
SUPPLIES											
109746976 ✓		03/16/20	03/09/20	04/03/20		1,236.00	0.00	0.00	1,236.00 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1220	BECKMAN COULTER INC	7,558.66	0.00	0.00	7,558.66
Vendor#	Vendor Name					Class	Pay Code				

14753	BIOMERIEUX, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1212749150 ✓		03/15/20	03/01/20	03/15/20		12,372.10	0.00	0.00	12,372.10 ✓		
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	14753	BIOMERIEUX, INC				12,372.10	0.00	0.00	12,372.10		
Vendor#	Vendor Name				Class	Pay Code					
11295	CALHOUN COUNTY INDIGENT ACCOUN ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
030722		03/11/20	03/07/20	03/08/20		20.00	0.00	0.00	20.00 ✓		
	COPAY INDIG										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11295	CALHOUN COUNTY INDIGENT ACCOUN				20.00	0.00	0.00	20.00		
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		
8002777833 ✓		03/16/20	02/19/20	03/16/20		677.53	0.00	0.00	677.53 ✓		
8002784906 ✓		03/16/20	02/28/20	03/30/20		85.74	0.00	0.00	85.74 ✓		
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	C1325	CARDINAL HEALTH 414, INC.				763.27	0.00	0.00	763.27		
Vendor#	Vendor Name				Class	Pay Code					
13992	CARIANT HEALTH PARTNERS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
128362B ✓		03/16/20	09/30/20	10/30/20		3,000.00	0.00	0.00	3,000.00 ✓		
	TRAVEL NURSE STAFFING (9/17-9/11/21) Cmbtra										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	13992	CARIANT HEALTH PARTNERS				3,000.00	0.00	0.00	3,000.00		
Vendor#	Vendor Name				Class	Pay Code					
14236	CARRIER CORPORATION ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
90176251 ✓		02/28/20	01/27/20	04/02/20		12,830.00	0.00	0.00	12,830.00 ✓		
90181248 ✓	LEASE Chiller rental (12/6-11/2/22)	03/11/20	02/24/20	04/02/20		12,830.00	0.00	0.00	12,830.00 ✓		
	LEASE Chiller Rental (1/3-11/30/22)										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	14236	CARRIER CORPORATION				25,660.00	0.00	0.00	25,660.00		
Vendor#	Vendor Name				Class	Pay Code					
13264	CERVEY, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
15123 ✓		03/11/20	03/09/20	04/02/20		1,699.00	0.00	0.00	1,699.00 ✓		
	MONTHLY LICENSING FEE										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	13264	CERVEY, LLC				1,699.00	0.00	0.00	1,699.00		
Vendor#	Vendor Name				Class	Pay Code					
L1629	CHRISTINA ZAPATA-ARROYO ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
031522		03/16/20	03/15/20	03/15/20		82.50	0.00	0.00	82.50 ✓		
	SLP SERVICES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		

	L1629	CHRISTINA ZAPATA-ARROYO				82.50	0.00	0.00	82.50
Vendor#	Vendor Name		Class	Pay Code					
13760	CIGNA ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
127568		03/16/20	02/06/20	02/18/20		203.87	0.00	0.00	203.87 ✓
	PATIENT								
158873		03/16/20	01/25/20	03/08/20		134.82	0.00	0.00	134.82 ✓
	PATIENT								
182738		03/16/20	09/28/20	02/18/20		217.00	0.00	0.00	217.00 ✓
	PATIENT								
185570		03/16/20	10/19/20	03/08/20		64.10	0.00	0.00	64.10 ✓
	PATIENT I								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	13760	CIGNA				619.79	0.00	0.00	619.79
Vendor#	Vendor Name		Class	Pay Code					
C1600	CITIZENS MEDICAL CENTER ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
123122		03/16/20	12/31/20	12/31/20		514.17	0.00	0.00	514.17 ✓
	MENINGITIS PANEL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER				514.17	0.00	0.00	514.17
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
OE343551 ✓		03/11/20	03/04/20	04/02/20		227.41	0.00	0.00	227.41 ✓
	AUX CHAIR								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS				227.41	0.00	0.00	227.41
Vendor#	Vendor Name		Class	Pay Code					
13336	COCA COLA SOUTHWEST BEVERAGES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
24173200506 ✓		03/16/20	03/09/20	04/01/20		318.16	0.00	0.00	318.16 ✓
	DRINKS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTHWEST BEVERAGES				318.16	0.00	0.00	318.16
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
812246 ✓		03/15/20	02/24/20	03/15/20		591.61	0.00	0.00	591.61 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION				591.61	0.00	0.00	591.61
Vendor#	Vendor Name		Class	Pay Code					
10006	CUSTOM MEDICAL SPECIALTIES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
291934 ✓		03/15/20	03/15/20	03/15/20		349.23	0.00	0.00	349.23 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES				349.23	0.00	0.00	349.23
Vendor#	Vendor Name		Class	Pay Code					
10368	DEWITT POTHS & SON ✓								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
6738390 ✓	SUPPLIES	03/11/20	02/28/20	04/02/20		74.70	0.00	0.00	74.70 ✓		
6738610 ✓	SUPPLIES	03/11/20	02/28/20	04/02/20		104.29	0.00	0.00	104.29 ✓		
6738450 ✓	SUPPLIES	03/11/20	02/28/20	04/02/20		106.42	0.00	0.00	106.42 ✓		
6738380 ✓	SUPPLIES	03/11/20	02/28/20	04/02/20		10.12	0.00	0.00	10.12 ✓		
6738490 ✓	SUPPLIES	03/11/20	02/28/20	04/02/20		21.50	0.00	0.00	21.50 ✓		
6738330 ✓	SUPPLIES	03/11/20	02/28/20	04/02/20		61.76	0.00	0.00	61.76 ✓		
6741460 ✓	SUPPLIES	03/11/20	03/03/20	04/02/20		70.77	0.00	0.00	70.77 ✓		
6742450 ✓	SUPPLIES	03/11/20	03/04/20	04/02/20		17.50	0.00	0.00	17.50 ✓		
6743600 ✓	SUPPLIES	03/11/20	03/07/20	04/02/20		22.94	0.00	0.00	22.94 ✓		
6746310 ✓	SUPPLIES	03/11/20	03/08/20	04/02/20		137.94	0.00	0.00	137.94 ✓		
6748670 ✓	SUPPLIES	03/11/20	03/08/20	04/02/20		55.10	0.00	0.00	55.10 ✓		
6742180 ✓	SUPPLIES	03/15/20	03/04/20	03/29/20		38.48	0.00	0.00	38.48 ✓		
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						10368	DEWITT POTH & SON	721.52	0.00	0.00	721.52
Vendor#	Vendor Name			Class	Pay Code						
10789	DISCOVERY MEDICAL NETWORK INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
MMC022822 ✓	PRO FEES CLINIC (2/16-29/22)	03/16/20	02/28/20	03/01/20		129,191.94	0.00	0.00	129,191.94 ✓		
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						10789	DISCOVERY MEDICAL NETWORK INC	129,191.94	0.00	0.00	129,191.94
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		
A2203031378 ✓	HARDWARE/TECH SUPPORT	03/16/20	03/03/20	03/28/20		17,519.00	0.00	0.00	17,519.00 ✓		
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						C2510	EVIDENT	17,519.00	0.00	0.00	17,519.00
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		
767926627 ✓		03/11/20	03/03/20	04/02/20		118.20	0.00	0.00	118.20 ✓		
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						F1100	FEDERAL EXPRESS CORP.	118.20	0.00	0.00	118.20
Vendor#	Vendor Name			Class	Pay Code						
F1300	FIRESTONE OF PORT LAVACA ✓			W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		

0077009 ✓		03/11/20	03/04/20	04/02/20			73.15	0.00	0.00	73.15 ✓		
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							F1300	FIRESTONE OF PORT LAVACA	73.15	0.00	0.00	73.15
Vendor#	Vendor Name						Class	Pay Code				
14336	FIRETRON, INC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
192647 ✓		03/16/20	03/08/20	04/01/20		1,385.00	0.00	0.00	1,385.00 ✓			
FIRE SPRINKLERS												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							14336	FIRETRON, INC	1,385.00	0.00	0.00	1,385.00
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			
0083673 ✓		03/16/20	02/28/20	03/25/20		485.42	0.00	0.00	485.42 ✓			
SUPPLIES												
0262772 ✓		03/17/20	03/03/20	03/28/20		122.24	0.00	0.00	122.24 ✓			
SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							F1400	FISHER HEALTHCARE	607.66	0.00	0.00	607.66
Vendor#	Vendor Name						Class	Pay Code				
11183	FRONTIER ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
030222		03/16/20	03/02/20	03/28/20		1,169.55	0.00	0.00	1,169.55 ✓			
TELEPHONE SERVICES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11183	FRONTIER	1,169.55	0.00	0.00	1,169.55
Vendor#	Vendor Name						Class	Pay Code				
11984	GUERBET, LLC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
18553561 ✓		03/15/20	09/01/20	03/08/20		350.00	0.00	0.00	350.00 ✓			
SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11984	GUERBET, LLC	350.00	0.00	0.00	350.00
Vendor#	Vendor Name						Class	Pay Code				
G1210	GULF COAST PAPER COMPANY ✓							M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
2194340 ✓		03/15/20	03/01/20	03/31/20		202.20	0.00	0.00	202.20 ✓			
SUPPLIES												
2194334 ✓		03/15/20	03/01/20	03/31/20		803.26	0.00	0.00	803.26 ✓			
SUPPLIES												
2198228 ✓		03/15/20	03/08/20	04/07/20		747.51	0.00	0.00	747.51 ✓			
SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							G1210	GULF COAST PAPER COMPANY	1,752.97	0.00	0.00	1,752.97
Vendor#	Vendor Name						Class	Pay Code				
11552	HEALTHCARE FINANCIAL SERVICES ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
100584314 ✓		02/28/20	02/25/20	04/01/20		4,610.52	0.00	0.00	4,610.52 ✓			
GEM/STERILIZER/PHONE												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net

	11552	HEALTHCARE FINANCIAL SERVICES					4,610.52	0.00	0.00	4,610.52
Vendor#	Vendor Name		Class		Pay Code					
H0031	HEB CREDIT RECEIVABLES DEPT308 ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
022822		03/16/20	02/28/20	03/25/20		1,128.49	0.00	0.00	1,128.49	1,125.93
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	H0031	HEB CREDIT RECEIVABLES DEPT308				1,128.49	0.00	0.00	1,128.49	1,125.93
Vendor#	Vendor Name		Class		Pay Code					
10922	HUNTER PHARMACY SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
4812 ✓		03/16/20	02/28/20	03/20/20		14,170.41	0.00	0.00	14,170.41	✓
	PROF FEES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10922	HUNTER PHARMACY SERVICES				14,170.41	0.00	0.00	14,170.41	
Vendor#	Vendor Name		Class		Pay Code					
I1264	ITA RESOURCES, INC ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
MMC032022 ✓		03/15/20	03/07/20	03/07/20		26,775.11	0.00	0.00	26,775.11	✓
	RESPIRATORY SVCS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	I1264	ITA RESOURCES, INC				26,775.11	0.00	0.00	26,775.11	
Vendor#	Vendor Name		Class		Pay Code					
14296	J & K SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
004059		03/11/20	03/07/20	04/02/20		915.00	0.00	0.00	915.00	✓
	SERVICES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	14296	J & K SERVICES				915.00	0.00	0.00	915.00	
Vendor#	Vendor Name		Class		Pay Code					
11122	K & M SPORTS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
115467		03/16/20	03/14/20	03/14/20		285.00	0.00	0.00	285.00	✓
	4 POSTERS- FALL - <i>Calhoun</i>									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11122	K & M SPORTS				285.00	0.00	0.00	285.00	
Vendor#	Vendor Name		Class		Pay Code					
11600	LEGAL SHIELD ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
031522		03/16/20	03/15/20	03/15/20		401.80	0.00	0.00	401.80	✓
	PAYROLL DEDUCT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11600	LEGAL SHIELD				401.80	0.00	0.00	401.80	
Vendor#	Vendor Name		Class		Pay Code					
12628	LEGATO ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
C2267		03/16/20	02/28/20	03/30/20		891.66	0.00	0.00	891.66	✓
	STAFF APPRECIATION BILLBC									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	12628	LEGATO				891.66	0.00	0.00	891.66	
Vendor#	Vendor Name		Class		Pay Code					

14244	LONESTAR COMMUNICATIONS, IN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
101035 ✓		03/11/20	12/17/20	04/02/20		877.50	0.00	0.00	877.50 ✓	
	SERVICE CALL									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	14244	LONESTAR COMMUNICATIONS, IN				877.50	0.00	0.00	877.50	
Vendor#	Vendor Name		Class	Pay Code						
M2178	MCKESSON MEDICAL SURGICAL INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
19134842 ✓		03/08/20	03/04/20	03/19/20		190.22	0.00	0.00	190.22 ✓	
	SUPPLIES									
19145017 ✓		03/15/20	03/07/20	03/22/20		516.60	0.00	0.00	516.60 ✓	
	SUPPLIES									
19145496 ✓		03/15/20	03/08/20	03/23/20		80.92	0.00	0.00	80.92 ✓	
	SUPPLIES									
19159803 ✓		03/15/20	03/10/20	03/25/20		203.60	0.00	0.00	203.60 ✓	
	SUPPLIES									
19172885 ✓		03/17/20	03/15/20	03/30/20		1,005.58	0.00	0.00	1,005.58 ✓	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	M2178	MCKESSON MEDICAL SURGICAL INC				1,996.92	0.00	0.00	1,996.92	
Vendor#	Vendor Name		Class	Pay Code						
11612	MEDICAL AIR SERVICES ASSOC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1209666A ✓		03/18/20	03/16/20	03/16/20		1,602.00	0.00	0.00	1,602.00 ✓	
	PAYROLL DEDUCT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11612	MEDICAL AIR SERVICES ASSOC.				1,602.00	0.00	0.00	1,602.00	
Vendor#	Vendor Name		Class	Pay Code						
M2827	MEDIVATORS ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
91243799 ✓		03/15/20	02/22/20	03/18/20		202.80	0.00	0.00	202.80 ✓	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	M2827	MEDIVATORS				202.80	0.00	0.00	202.80	
Vendor#	Vendor Name		Class	Pay Code						
M2470	MEDLINE INDUSTRIES INC ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1988090471 ✓		03/15/20	02/17/20	03/14/20		-11.40	0.00	0.00	-11.40 ✓	
	CREDIT									
2200188058 ✓		03/15/20	03/01/20	03/26/20		201.16	0.00	0.00	201.16 ✓	
	SUPPLIES									
2200188057 ✓		03/15/20	03/01/20	03/26/20		174.56	0.00	0.00	174.56 ✓	
	SUPPLIES									
2200281458 ✓		03/15/20	03/02/20	03/27/20		2,286.21	0.00	0.00	2,286.21 ✓	
	SUPPLIES									
2200489374 ✓		03/15/20	03/03/20	03/28/20		24.38	0.00	0.00	24.38 ✓	
	SUPPLIES									
2200489370 ✓		03/15/20	03/03/20	03/28/20		381.32	0.00	0.00	381.32 ✓	
	SUPPLIES									
2200489377 ✓		03/15/20	03/03/20	03/28/20		113.10	0.00	0.00	113.10 ✓	

2200489378	SUPPLIES ✓	03/15/20 03/03/20 03/28/20	98.87	0.00	0.00	98.87	✓
2200489372	SUPPLIES ✓	03/15/20 03/03/20 03/28/20	89.71	0.00	0.00	89.71	✓
2200489373	SUPPLIES ✓	03/15/20 03/03/20 03/28/20	25.99	0.00	0.00	25.99	✓
2200489368	SUPPLIES ✓	03/15/20 03/03/20 03/28/20	19.85	0.00	0.00	19.85	✓
2200489369	SUPPLIES ✓	03/15/20 03/03/20 03/28/20	13.18	0.00	0.00	13.18	✓
2200648716	SUPPLIES ✓	03/17/20 03/03/20 03/28/20	219.89	0.00	0.00	219.89	✓
2200842467	SUPPLIES ✓	03/17/20 03/04/20 03/29/20	187.25	0.00	0.00	187.25	✓
2200668628	SUPPLIES ✓	03/17/20 03/04/20 03/29/20	76.76	0.00	0.00	76.76	✓
2200864723	SUPPLIES ✓	03/17/20 03/05/20 03/30/20	125.85	0.00	0.00	125.85	✓
2200870553	SUPPLIES ✓	03/17/20 03/05/20 03/30/20	57.00	0.00	0.00	57.00	✓
2200870552	SUPPLIES ✓	03/17/20 03/05/20 03/30/20	52.93	0.00	0.00	52.93	✓
2201029552	SUPPLIES ✓	03/17/20 03/07/20 04/01/20	32.72	0.00	0.00	32.72	✓
2201029554	SUPPLIES ✓	03/17/20 03/07/20 04/01/20	20.92	0.00	0.00	20.92	✓
2201029551	SUPPLIES ✓	03/17/20 03/07/20 04/01/20	685.64	0.00	0.00	685.64	✓
2201029553	SUPPLIES ✓	03/17/20 03/07/20 04/01/20	49.68	0.00	0.00	49.68	✓
2201125602	SUPPLIES ✓	03/17/20 03/08/20 04/02/20	51.21	0.00	0.00	51.21	✓
2201128895	SUPPLIES ✓	03/17/20 03/08/20 04/02/20	2,351.06	0.00	0.00	2,351.06	✓
2201128894	SUPPLIES ✓	03/17/20 03/08/20 04/02/20	11.60	0.00	0.00	11.60	✓
2201125601	SUPPLIES ✓	03/17/20 03/08/20 04/02/20	75.00	0.00	0.00	75.00	✓
2201128896	SUPPLIES ✓	03/17/20 03/08/20 04/02/20	149.76	0.00	0.00	149.76	✓
2201384412	SUPPLIES ✓	03/17/20 03/09/20 04/03/20	4,417.74	0.00	0.00	4,417.74	✓
2201384414	SUPPLIES ✓	03/17/20 03/09/20 04/03/20	78.87	0.00	0.00	78.87	✓
2201384415	SUPPLIES ✓	03/17/20 03/09/20 04/03/20	51.63	0.00	0.00	51.63	✓
2201384413	SUPPLIES ✓	03/17/20 03/09/20 04/03/20	2,061.98	0.00	0.00	2,061.98	✓
2201384416	SUPPLIES ✓	03/17/20 03/09/20 04/03/20	280.96	0.00	0.00	280.96	✓

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		M2470	MEDLINE INDUSTRIES INC	14,455.38	0.00	0.00	14,455.38		
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
031422		03/16/20	03/14/20	03/14/20		175.00	0.00	0.00	175.00
PAYROLL DEDUCTS									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10963	MEMORIAL MEDICAL CLINIC	175.00	0.00	0.00	175.00		
Vendor#	Vendor Name	Class		Pay Code					
10536	MORRIS & DICKSON CO, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
CM22714 ✓	CREDIT ✓	03/11/20	03/08/20	04/02/20		-3.49	0.00	0.00	-3.49 ✓
7965175 ✓	INVENTORY ✓	03/11/20	03/09/20	04/02/20		52.11	0.00	0.00	52.11 ✓
7962295 ✓	INVENTORY ✓	03/11/20	03/09/20	04/02/20		3,680.90	0.00	0.00	3,680.90 ✓
7962296 ✓	INVENTORY ✓	03/11/20	03/09/20	04/02/20		214.03	0.00	0.00	214.03 ✓
7965176 ✓	INVENTORY ✓	03/11/20	03/09/20	04/02/20		78.54	0.00	0.00	78.54 ✓
7967347 ✓	INVENTORY ✓	03/11/20	03/10/20	04/02/20		749.92	0.00	0.00	749.92 ✓
7969924 ✓	INVENTORY ✓	03/11/20	03/10/20	04/02/20		1,461.95	0.00	0.00	1,461.95 ✓
7966724 ✓	INVENTORY ✓	03/11/20	03/10/20	04/02/20		4,272.25	0.00	0.00	4,272.25 ✓
8713 ✓	INVENTORY ✓	03/11/20	03/10/20	04/02/20		-50.79	0.00	0.00	-50.79 ✓
CM21745 ✓	CREDIT ✓	03/15/20	03/02/20	03/12/20		-97.18	0.00	0.00	-97.18 ✓
CM21454 ✓	CREDIT ✓	03/15/20	03/02/20	03/12/20		-73.62	0.00	0.00	-73.62 ✓
7974964 ✓	CREDIT ✓	03/15/20	03/13/20	03/23/20		609.91	0.00	0.00	609.91 ✓
7977092 ✓	SUPPLIES ✓	03/15/20	03/13/20	03/23/20		323.59	0.00	0.00	323.59 ✓
7974962 ✓	SUPPLIES ✓	03/15/20	03/13/20	03/23/20		24.34	0.00	0.00	24.34 ✓
7977091 ✓	SUPPLIES ✓	03/15/20	03/13/20	03/23/20		1,617.07	0.00	0.00	1,617.07 ✓
7974963 ✓	SUPPLIES ✓	03/15/20	03/13/20	03/23/20		95.73	0.00	0.00	95.73 ✓
CM23955 ✓	SUPPLIES ✓	03/15/20	03/14/20	03/24/20		-14.06	0.00	0.00	-14.06 ✓
7981270 ✓	CREDIT ✓	03/15/20	03/14/20	03/24/20		123.61	0.00	0.00	123.61 ✓
7981269 ✓	SUPPLIES ✓	03/15/20	03/14/20	03/24/20		18.19	0.00	0.00	18.19 ✓
7978453 ✓	SUPPLIES ✓	03/15/20	03/14/20	03/24/20		439.67	0.00	0.00	439.67 ✓

SUPPLIES

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10536	MORRIS & DICKSON CO, LLC		13,522.67	0.00	0.00	13,522.67	
Vendor#	Vendor Name			Class	Pay Code				
N1100	NATIONAL RECALL ALERT CENTER ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
490304 ✓		03/11/20	01/03/20	04/02/20		595.00	0.00	0.00	595.00 ✓
MEMBERSHIP RENEWAL									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		N1100	NATIONAL RECALL ALERT CENTER		595.00	0.00	0.00	595.00	
Vendor#	Vendor Name			Class	Pay Code				
11472	OCCUPRO LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
25220 ✓		03/11/20	03/07/20	04/02/20		487.47	0.00	0.00	487.47 ✓
MONTHLY PROV LICENSE									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11472	OCCUPRO LLC		487.47	0.00	0.00	487.47	
Vendor#	Vendor Name			Class	Pay Code				
10372	PRECISION DYNAMICS CORP (PDC) ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
9349440139 ✓		03/17/20	03/07/20	04/06/20		52.33	0.00	0.00	52.33 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10372	PRECISION DYNAMICS CORP (PDC)		52.33	0.00	0.00	52.33	
Vendor#	Vendor Name			Class	Pay Code				
12480	PRO ENERGY PARTNERS LP ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
22020600 ✓		03/11/20	02/28/20	04/02/20		9,010.47	0.00	0.00	9,010.47 ✓
NATURAL GAS									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		12480	PRO ENERGY PARTNERS LP		9,010.47	0.00	0.00	9,010.47	
Vendor#	Vendor Name			Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
75061717 ✓		03/15/20	02/14/20	03/11/20		362,866.00	0.00	0.00	362,866.00 ✓
LUMINOS AGILE MAX -board approved 8/31/21									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		S2001	SIEMENS MEDICAL SOLUTIONS INC		362,866.00	0.00	0.00	362,866.00	
Vendor#	Vendor Name			Class	Pay Code				
10681	SIMMLER, INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
189657 ✓		03/16/20	09/15/20	09/15/20		175.00	0.00	0.00	175.00 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10681	SIMMLER, INC.		175.00	0.00	0.00	175.00	
Vendor#	Vendor Name			Class	Pay Code				
12472	SOMETHING MORE MEDIA, INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1693 ✓		03/16/20	01/31/20	02/15/20		2,125.00	0.00	0.00	2,125.00 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	

	12472	SOMETHING MORE MEDIA, INC.					2,125.00	0.00	0.00	2,125.00
Vendor#	Vendor Name		Class		Pay Code					
10094	ST DAVIDS HEALTHCARE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
MMCPL202201 ✓		03/16/20	03/03/20	03/03/20		420.00	0.00	0.00	420.00	✓
	CONNECTIVITY FEE JAN 22									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10094	ST DAVIDS HEALTHCARE				420.00	0.00	0.00	420.00	
Vendor#	Vendor Name		Class		Pay Code					
11672	STANLEY ACCESS TECH LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
0906469840 ✓		03/11/20	03/01/20	04/02/20		222.00	0.00	0.00	222.00	✓
	SERVICES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11672	STANLEY ACCESS TECH LLC				222.00	0.00	0.00	222.00	
Vendor#	Vendor Name		Class		Pay Code					
S2830	STRYKER SALES CORP ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9202251183 ✓		03/17/20	03/09/20	03/17/20		2,191.08	0.00	0.00	2,191.08	✓
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	S2830	STRYKER SALES CORP				2,191.08	0.00	0.00	2,191.08	
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	
49963 ✓		03/11/20	11/01/20	04/02/20		1,000.00	0.00	0.00	1,000.00	✓
	ER PHYSICIAN/NURSE/TRACK									
711330 ✓		03/11/20	02/28/20	04/02/20		6,130.42	0.00	0.00	6,130.42	✓
	ER PHYSICIAN/NURSE/TRACK									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	T2539	T-SYSTEM, INC				7,130.42	0.00	0.00	7,130.42	
Vendor#	Vendor Name		Class		Pay Code					
14168	TEXAS HHSC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
031522		03/16/20	03/15/20	03/15/20		4,000.00	0.00	0.00	4,000.00	✓
	ROOF HVAC PROJECT - <i>Fast track application fee</i>									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	14168	TEXAS HHSC				4,000.00	0.00	0.00	4,000.00	
Vendor#	Vendor Name		Class		Pay Code					
T2204	TEXAS MUTUAL INSURANCE CO		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1003499285 ✓		03/11/20	03/04/20	04/02/20		3,874.00	0.00	0.00	3,874.00	✓
	WRK COMP INS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	T2204	TEXAS MUTUAL INSURANCE CO				3,874.00	0.00	0.00	3,874.00	
Vendor#	Vendor Name		Class		Pay Code					
14224	THE TACT CORPORATION OF NYC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9266703769 ✓		03/11/20	03/04/20	04/02/20		6,228.00	0.00	0.00	6,228.00	✓
	EV PHYSICIAN/NURSE/TRACK <i>(2107-35122) Copy</i>									
9266703902 ✓		03/11/20	03/11/20	04/02/20		6,228.00	0.00	0.00	6,228.00	✓

ER TRAVEL NURSE STAFFING (2/20-2/20/22) Coyle

Vendor#	Vendor Name	Class	Pay Code							
Vendor Totals										
	14224	THE TACT CORPORATION OF NYC					Gross	Discount	No-Pay	Net
							12,456.00	0.00	0.00	12,456.00
Vendor#	Vendor Name	Class	Pay Code							
12444	THE UPS STORE VICTORIA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
19877		03/16/20	03/11/20	03/11/20			37.50	0.00	0.00	37.50
FOAM BOARD PATIENT PORT										
Vendor Totals										
	12444	THE UPS STORE VICTORIA					Gross	Discount	No-Pay	Net
							37.50	0.00	0.00	37.50
Vendor#	Vendor Name	Class	Pay Code							
11908	TMS SOUTH									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV37513		03/16/20	01/25/20	02/24/20			17.86	0.00	0.00	17.86
SUPPLIES										
Vendor Totals										
	11908	TMS SOUTH					Gross	Discount	No-Pay	Net
							17.86	0.00	0.00	17.86
Vendor#	Vendor Name	Class	Pay Code							
13616	TRIOSE, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
TRI102001		03/11/20	03/10/20	04/02/20			614.94	0.00	0.00	614.94
FREIGHT										
Vendor Totals										
	13616	TRIOSE, INC					Gross	Discount	No-Pay	Net
							614.94	0.00	0.00	614.94
Vendor#	Vendor Name	Class	Pay Code							
A2396	TSICP		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
030922		03/11/20	03/09/20	04/02/20			300.00	0.00	0.00	300.00
TSICP 45 ANNUAL CONF										
Vendor Totals										
	A2396	TSICP					Gross	Discount	No-Pay	Net
							300.00	0.00	0.00	300.00
Vendor#	Vendor Name	Class	Pay Code							
U1064	UNIFIRST HOLDINGS INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400385352		01/10/20	01/06/20	04/05/20			1,098.30	0.00	0.00	1,098.30
8400389571	LAUNDRY	03/09/20	03/07/20	04/01/20			45.15	0.00	0.00	45.15
8400389597	LAUNDRY	03/09/20	03/07/20	04/01/20			2,264.53	0.00	0.00	2,264.53
8400389572	LAUNDRY	03/09/20	03/07/20	04/01/20			64.96	0.00	0.00	64.96
Vendor Totals										
	U1064	UNIFIRST HOLDINGS INC					Gross	Discount	No-Pay	Net
							3,472.94	0.00	0.00	3,472.94
Vendor#	Vendor Name	Class	Pay Code							
W1270	WISCONSIN STATE LABORATORY		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
30004800		03/16/20	03/01/20	04/01/20			150.00	0.00	0.00	150.00
2022 SERVICES										
Vendor Totals										
	W1270	WISCONSIN STATE LABORATORY					Gross	Discount	No-Pay	Net
							150.00	0.00	0.00	150.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	717,348.36	0.00	0.00	717,348.36
			pg 2 corrections	Σ < 44.40 >
			pg 7 corrections	Σ < 1,128.49 >
				Σ + 1,125.53
				<hr/>
				\$717,301.00

717,348.36 +
 44.40 -
 1,128.49 -
 1,125.53 +
 717,301.00 *

APPROVED ON

MAR 18 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

ck #194227-194299

CITIBANK CORPORATE CARD

REC'D
COUNTY AUDITOR ON
MAR 18 2022
CALHOUN COUNTY, TEXAS

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

Account Number: XXXX-XXXX-XXXX-

Summary of Account Activity

Total Activity \$1,090.02

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

Not an invoice. For your records only.

Credit Limit	\$10,000
Cash Advance Limit	\$0
Statement Closing Date	03/03/2022
Days in Billing Period	28

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
02/07	02/04	5968	55432862035200782076913	1 B2B Prime*CA9KL2HT3 Amzn.com/billWA D01-8263094-67778	98109 USA ✓ 85.52 ✓
02/08	02/07	9399	05134372039600035555096	2 NPDB NPDB.HRSA.GOV 800-767-6732 VA N81479798	22033 USA ✓ 2.50 ✓
02/08	02/07	9399	05134372039600035555179	3 NPDB NPDB.HRSA.GOV 800-767-6732 VA N81480115	22033 USA ✓ 2.50 ✓
02/08	02/07	9399	05134372039600035555252	4 NPDB NPDB.HRSA.GOV 800-767-6732 VA N81480370	22033 USA ✓ 2.50 ✓
02/08	02/07	9399	05134372039600035555336	5 NPDB NPDB.HRSA.GOV 800-767-6732 VA N81480571	22033 USA ✓ 2.50 ✓
02/23	02/21	8062	55457372053200873900036	6 TEXAS HOSPITAL ASSOC 5124651000 TX	78701 USA ✓ 840.00 ✓
03/02	03/02	8999	55432862061200370624915	7 AMA*CREDENTIALING 800-621-8335 IL	60611 USA ✓ 132.00 ✓
03/03	03/02	9399	05134372062600032921606	8 NPDB NPDB.HRSA.GOV 800-767-6732 VA N82011534	22033 USA ✓ 15.00 ✓
03/03	03/02	9399	05134372062600032921788	9 NPDB NPDB.HRSA.GOV 800-767-6732 VA N82012425	22033 USA ✓ 2.50 ✓
03/03	03/02	9399	05134372062600032921861	10 NPDB NPDB.HRSA.GOV 800-767-6732 VA N82013260	22033 USA ✓ 2.50 ✓
03/03	03/02	9399	05134372062600032921945	11 NPDB NPDB.HRSA.GOV 800-767-6732 VA N82013794	22033 USA ✓ 2.50 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S):					\$1,090.02

Confirmation DWR-01358532

RK

APPROVED ON

MAR 18 2022

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

Not an invoice.
For your records only.

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

00007905040

Information About Your Citi® Corporate Card Account

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day, 24 hours a day. Call the Customer Service telephone number specified on the front of the statement to report a lost or stolen Citi Corporate Card.
- **Cardholder Credit Line:** Each Cardholder has an individual Credit Line (a portion of which may be used for Cash Advances), which is the maximum amount that the Cardholder can charge at any time. The size of each Cardholder's Credit Line (and Cash Limit, if any), is determined by the Company and is a portion of the total Company Credit Line.
- **To Increase or Reallocate a Company or Cardholder Credit Line:** The Company may request changes to credit lines by contacting Citi Corporate Card Customer Services. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement.
- **Additional Cardholders:** The Company may request applications for additional Cardholders by contacting Citi Corporate Card Service. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement. Limit one Citi Corporate Card per Cardholder.
- **CitiManager® Online Tool:** You can easily manage your Citi Corporate Card online using the CitiManager online tool. CitiManager enables you to manage business expenses from anywhere around the globe from your computer or mobile device; you can view statements online as well as confirm account balances. To register for CitiManager, please log on to www.citimanager.com/login and click on the 'Self registration for Cardholders' link. From there, follow the prompts to establish your account.
- **Payments:** You may make a payment to your individually billed card account online using CitiManager. Please note that some organizations do not have the CitiManager online payment feature enabled for cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for all Cardholder balances. If we receive your mailed payment in proper form at our processing facility by 6:00 p.m. Eastern Time, it will be credited as of that day. Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of this statement for details.
- **Company Ratification:** By its payment of any amounts charged to the Account, the Company: (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardholders to whom Cards are issued.
- **Special Information on Cash Advances:** Cardholders may get a Cash Advance at over 160,000 locations worldwide.
 - The Cardholder's Cash Advance Limit is a part of the Cardholder's Total Credit Line. It is not an additional line of credit.
 - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.
- **Delinquency Fee:** My Account will be delinquent unless the Bank receives the amount shown on the billing statement as the balance due, less any disputed charges, by the payment due date. The Bank will show any unpaid portion of the balance due as a past due balance on subsequent billing statements. If any portion of the past due balance appears on two consecutive billing statements (approximately 55-60 days after the billing cycle date), I agree to pay a delinquency fee monthly based on a percentage of the entire past due balance until my payment is received by the Bank. A late fee may also be imposed monthly until payment for the past due balance is received by the Bank.

Account Inquiries

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

MEMORIAL MEDICAL CENTER PURCHASE ORDER

①

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

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

Vendor Name: Citibank

Date: 3/8/2022

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To			Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost	
1	—		B2B Prime - Membership			85.52	
2			fee for MMC -				
3	—		NPDB - 1 physician			2.50	
4	—		NPDB - 1 physician			2.50	
5	—		NPDB - 1 physician			2.50	
6	—		NPDB - 1 physician			2.50	
7	—		Texas Hosp Association - registration			840.00	
8			for Roshanda T + Erin C for the				
9			Virtual THA 2022 Annual Conference				
10	—		AMA Credentialing - 3 Initial + continuous monitoring			132.00	

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

NOTES:

Charges made to Roshanda Thomas' credit card

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Thomas 3/8/2022</u>

MEMORIAL MEDICAL CENTER PURCHASE ORDER

②

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

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

Vendor Name: Citibank

Date: 3/8/2022

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To			Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost	
1	-		NPDB - 6 physician renewals			15.00	✓
2	-		NPDB - 1 physician			2.50	✓
			NPDB - 1 physician			2.50	✓
	85.52 +		NPDB - 1 physician			2.50	✓
	2.50 +						
	2.50 +						
	2.50 +						
	2.50 +						
	840.00 +						
	132.00 +						
	15.00 +						
	2.50 +						
	2.50 +						
	2.50 +						
	1,090.02 *						

Est. Freight _____ Est. Total Cost _____ TOTAL COST \$1,090.02

NOTES:

Charges made to Roshanda Thomas' credit card

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Thomas 3/8/2022</u>

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
C0001 CALHOUN COUNTY MMC



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

Account Number: XXXX-XXXX-XXXX
Invoice # 3653004044

Summary of Account Activity	
Previous Balance	-\$19.04
Payments	\$863.08
Credits	\$0.00
Purchases & Other Charges	\$1,090.02
Cash Transactions	\$0.00
Cash Transaction Fees	\$0.00
Interest Charges	\$0.00

Payment Information	
New Balance	\$207.90
Past Due Amount	\$0.00
Disputed Amount	\$0.00
Amount Over Credit Limit	\$0.00
Minimum Payment Due	\$207.90
Payment Due Date	03/28/2022
Statement Closing Date	03/03/2022
Days in Billing Period	28

Credit Limit	\$30,000
Available Credit Limit	\$29,792
Cash Advance Limit	\$0
Available Cash Advance Limit	\$0

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

Company Transactions

Account: XXXX-XXXX-XXXX C0001 CALHOUN COUNTY MMC Total Activity: -\$863.08

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
02/18	02/18	0000	75563972049049000008566	1 PAYMENT THANK YOU	863.08 PY

Cardholder Transactions

Account: XXXX-XXXX-XXXX ROSHANDA S THOMAS Total Activity: \$1,090.02

Credit Limit: \$10,000 Cash Limit: \$0

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
02/07	02/04	5968	55432862035200782076913	1 B2B Prime*CA9KL2HT3 Amzn.com/billWA D01-8263094-67778	85.52
02/08	02/07	9399	05134372039600035555096	2 NPDB NPDB.HRSA.GOV 800-767-6732 VA N81479798	2.50
02/08	02/07	9399	05134372039600035555179	3 NPDB NPDB.HRSA.GOV 800-767-6732 VA N81480115	2.50

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION Page 1 of 4
Please detach and return lower portion with your payment to ensure proper credit. Retain upper portion for your records.

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

CITIBANK, N.A.
PO BOX 78025
PHOENIX AZ 85062-8025

Account Number XXXX-XXXX-XXXX
Payment Due Date March 28, 2022
New Balance \$207.90
Past Due Amount* \$0.00
Minimum Payment Due \$207.90
Amount Enclosed
\$

Mail
← Checks
To

*Past Due Amount is included in the Minimum Payment Due.

C0001 CALHOUN COUNTY MMC
RHONDA KOKENA
STE A
202 S ANN ST
PORT LAVACA TX 77979-4204

Information About Your Citi[®] Corporate Card Account

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day, 24 hours a day. Call the Customer Service telephone number specified on the front of the statement to report a lost or stolen Citi Corporate Card.
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- **Additional Cardholders:** The Company may request applications for additional Cardholders by contacting Citi Corporate Card Service. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement. Limit one Citi Corporate Card per Cardholder.
- **CitiManager[®] Online Tool:** You can easily manage your Citi Corporate Card online using the CitiManager online tool. CitiManager enables you to manage business expenses from anywhere around the globe from your computer or mobile device; you can view statements online as well as confirm account balances. To register for CitiManager, please log on to www.citimanager.com/login and click on the 'Self registration for Cardholders' link. From there, follow the prompts to establish your account.
- **Payments:** You may make a payment to your individually billed card account online using CitiManager. Please note that some organizations do not have the CitiManager online payment feature enabled for cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for all Cardholder balances. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day. Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of this statement for details.
- **Company Ratification:** By its payment of any amounts charged to the Account, the Company: (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardholders to whom Cards are issued.
- **Special Information on Cash Advances:** Cardholders may get a Cash Advance at over 160,000 locations worldwide.
 - The Cardholder's Cash Advance Limit is a part of the Cardholder's Total Credit Line. It is not an additional line of credit.
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- You may also dispute a transaction by writing to Citi. You may write to us on a separate sheet at the address specified on the front of this statement as soon as possible. Please notify us no later than 60 days after the date of the bill on which the error or problem first appeared. In the letter please give us the following information:
 - Your name and account number. For centrally billed Company Accounts, the Company name and Individual account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain the reason for the error; if more information is needed about an item, please describe it to us.
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- In the letter to us, please explain in detail the dispute and the results of the attempt to resolve it with the merchant. The letter must include the amount involved, and must be signed by the individual Cardholder. We will notify you of the results of our efforts.
- If you returned merchandise and received a credit slip which has not yet been posted, please allow 30 days from the date it was issued. If it has not been posted to the Account by then, forward a copy of the credit slip to us at the billing dispute address specified on the front of the statement. Along with the copy of the credit slip please include a letter (signed by the individual Cardholder) stating that credit was not received. If a credit slip was not issued, please request one from the merchant. If the merchant refuses, please write to us and explain the details.
- On non-disputed matters or any matter shown by the Bank not to be in error, the Bank may charge the Company or Cardholder the fee specified in the Corporate Card Agreement for each copy of any document the Company or Cardholder requests, such as duplicate periodic statements, transaction slips, and the like.
- Please save your charge receipts.

Account: XXXX-XXXX-XXX

Cardholder Transactions (con't)

Post Date	Trans Date	MCC	Reference Number		Description/Location				Amount
02/08	02/07	9399	05134372039600035555252	4	NPDB NPDB.HRSA.GOV N81480370	800-767-6732 VA	22033	USA	2.50
02/08	02/07	9399	05134372039600035555336	5	NPDB NPDB.HRSA.GOV N81480571	800-767-6732 VA	22033	USA	2.50
02/23	02/21	8062	55457372053200873900036	6	TEXAS HOSPITAL ASSOC	5124651000 TX	78701	USA	840.00
03/02	03/02	8999	55432862061200370624915	7	AMA*CREENTIALING	800-621-8335 IL	60611	USA	132.00
03/03	03/02	9399	05134372062600032921606	8	NPDB NPDB.HRSA.GOV N82011534	800-767-6732 VA	22033	USA	15.00
03/03	03/02	9399	05134372062600032921788	9	NPDB NPDB.HRSA.GOV N82012425	800-767-6732 VA	22033	USA	2.50
03/03	03/02	9399	05134372062600032921861	10	NPDB NPDB.HRSA.GOV N82013260	800-767-6732 VA	22033	USA	2.50
03/03	03/02	9399	05134372062600032921945	11	NPDB NPDB.HRSA.GOV N82013794	800-767-6732 VA	22033	USA	2.50

FINANCE CHARGE SUMMARY		Your Annual Percentage Rate (APR) is the annual interest rate on your account.		
Type of Balance	Annual Percentage Rates	Periodic Rate*	Balance Subject to Finance Charges	
PURCHASE AND FEES	0.00%	0.0000% (M)	\$0.00	
CASH	0.00%	0.0000% (M)	\$0.00	

* (D) Daily Rate

(M) Monthly Rate

Wire Transfer

COUNTY OF CALHOUN TEXAS



Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 1,090.02 ✓
Debit Account DDA (MEMORIAL MEDICAL CENTER - OPERATING)
Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL *RK*
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL
Payment Date 03/24/2022

Originator Information

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

Beneficiary / Payee Information

Beneficiary Bank Information

Name	ENT	Name	
ACCOUNT Beneficiary ID Type	Account Number	Beneficiary Bank ID Type	
Beneficiary ID		Beneficiary Bank IL	
Address 1		Address 1	
Address 2		Address 2	
Address 3		Address 3	5
Beneficiary Country		Intl Routing Number	
Contact Name		Beneficiary Bank Country	US
Phone Number			

Additional Reference Information

Purpose Of Payment CREDIT CRD PMT

Additional Information For Beneficiary 5567-0900-0527-2799

Status History

Timestamp	Status	Initiator	Description
Mar 24, 2022 2:30:24 PM CDT	Created		Wire Created.

McKESSON

STATEMENT

As of: 03/18/2022

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536
Date: 03/19/2022

As of: 03/18/2022 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 03/19/2022 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 5,612.30 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 03/22/2022,
Pay This Amount:

5,500.05 USD

If Paid After 03/22/2022,
Pay this Amount:

5,612.30 USD

Due If Paid On Time:

USD 5,500.05

Disc lost if paid late:

112.25

Due If Paid Late:

USD 5,612.30

4,065.51 +
8.19 +
886.97 +
539.38 +
5,500.05 *

CK # 500284

APPROVED ON

MAR 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 03/18/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 03/18/2022 Page: 001
Mail to: 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: 03/19/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 03/19/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
03/14/2022	03/22/2022	7330003300	27258913	115Invoice	1.32	66.11		64.79	✓	7330003300	
03/14/2022	03/22/2022	7330003301	27286044	115Invoice	5.68	284.03		278.35	✓	7330003301	
03/14/2022	03/22/2022	7330003302	27362455	115Invoice	5.68	284.09		278.41	✓	7330003302	
03/14/2022	03/22/2022	7330200442	0311220819	195Invoice	0.01	0.57		0.56	✓	7330200442	
03/15/2022	03/22/2022	7330277888	27438546	115Invoice	0.03	1.27		1.24	✓	7330277888	
03/15/2022	03/22/2022	7330468042	0314220945	115Invoice	7.83	391.49		383.66	✓	7330468042	
03/15/2022	03/22/2022	7330600113	0315220921	115Invoice	2.55	127.67		125.12	✓	7330600113	
03/16/2022	03/22/2022	7330549085	27494340	115Invoice	1.32	65.95		64.63	✓	7330549085	
03/16/2022	03/22/2022	7330733883	0315220739	195Invoice	19.63	981.37		961.74	✓	7330733883	
03/17/2022	03/22/2022	7330799760	27580981	115Invoice		0.09		0.09	✓	7330799760	
03/17/2022	03/22/2022	7330977591	0316220907	115Invoice	4.23	211.29		207.06	✓	7330977591	
03/18/2022	03/22/2022	7331080501	27668516	115Invoice	8.49	424.71		416.22	✓	7331080501	
03/18/2022	03/22/2022	7331080502	27668516	115Invoice	3.43	171.37		167.94	✓	7331080502	
03/18/2022	03/22/2022	7331080503	27698601	115Invoice		0.16		0.16	✓	7331080503	
03/18/2022	03/22/2022	7331080504	27722918	115Invoice		0.16		0.16	✓	7331080504	
03/18/2022	03/22/2022	7331202929	0317220725	195Invoice	22.76	1,137.78		1,115.02	✓	7331202929	
03/18/2022	03/22/2022	7331202930	0317220831	115Invoice	0.01	0.37		0.36	✓	7331202930	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 4,148.48 USD

Future Due: 0.00

If Paid By 03/22/2022,
Pay This Amount:

4,065.51 USD

Due If Paid On Time:

USD 4,065.51

Past Due: 0.00

Disc lost if paid late:

82.97

Last Payment 10,185.57
03/14/2022

If Paid After 03/22/2022,
Pay this Amount:

4,148.48 USD

Due If Paid Late:

USD 4,148.48

APPROVED ON

MAR 21 2022



For AR Inquiries please contact 800-867-0333

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

STATEMENT

As of: 03/18/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 03/18/2022
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 262252
Date: 03/19/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 03/19/2022

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
03/16/2022	03/22/2022	7330543094	1610985	115Invoice	0.17	8.36		8.19	✓	7330543094	

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: 8.36 USD

Future Due: 0.00

If Paid By 03/22/2022,

Due If Paid On Time:

USD 8.19 ✓

Past Due: 0.00

Pay This Amount:

8.19 USD

Disc lost if paid late:

0.17

Last Payment 10,185.57
03/14/2022

If Paid After 03/22/2022,

Due If Paid Late:

USD 8.36

Pay this Amount:

8.36 USD

APPROVED ON

MAR 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 03/18/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 03/18/2022
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 464450
Date: 03/19/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450
Date: 03/19/2022

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
03/14/2022	03/22/2022	7329968504	55x387415	115Invoice	0.63	31.34		30.71 ✓		7329968504	
03/14/2022	03/22/2022	7329968505	55x387419	115Invoice	0.47	23.51		23.04 ✓		7329968505	
03/15/2022	03/22/2022	7330280464	55x389607	115Invoice	15.19	759.57		744.38 ✓		7330280464	
03/15/2022	03/22/2022	7330280466	55x389626	115Invoice	0.33	16.65		16.32 ✓		7330280466	
03/15/2022	03/22/2022	7330280467	55x389443	115Invoice	0.16	8.05		7.89 ✓		7330280467	
03/18/2022	03/22/2022	7331036798	55x397051	115Invoice	1.32	65.95		64.63 ✓		7331036798	

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: 905.07 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/14/2022 10,185.57

If Paid By 03/22/2022,
Pay This Amount:

886.97 USD

If Paid After 03/22/2022,
Pay this Amount:

905.07 USD

Due If Paid On Time:

USD 886.97 ✓

Disc lost if paid late:

18.10

Due If Paid Late:

USD 905.07

APPROVED ON

MAR 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 03/18/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 03/18/2022
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: 03/19/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 03/19/2022

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
03/16/2022	03/22/2022	7330737203	1611353	115Invoice	11.01	550.39		539.38	✓	7330737203	

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: 550.39 USD

Future Due: 0.00

If Paid By 03/22/2022,

Due If Paid On Time:

USD 539.38 ✓

Past Due: 0.00

Pay This Amount:

539.38 USD

Disc lost if paid late:

11.01

Last Payment 10,185.57
03/14/2022

If Paid After 03/22/2022,
Pay this Amount:

550.39 USD

Due If Paid Late:

USD 550.39

APPROVED ON

MAR 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

Remit To:
AMERISOURCEBERGEN
P.O. Box 905223
CHARLOTTE NC 28290-5223

Customer Number	
100135284 / 037028186	
Terms	
Sat - Fri Due in 7 days	
Summary	
Not Yet Due:	0.00
Current:	880.72
Past Due:	0.00
Total Due:	880.72
Account Balance:	880.72

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-14-2022	03-25-2022	3086311617	165078	Invoice	216.61		0.00	216.61
03-14-2022	03-25-2022	3086311618	165080	Invoice	9.79		0.00	9.79
03-14-2022	03-25-2022	3086311619	165081	Invoice	0.31		0.00	0.31
03-14-2022	03-25-2022	3086311750	165082	Invoice	4.26		0.00	4.26
03-14-2022	03-25-2022	3086348456	165129	Invoice	452.88		0.00	452.88
03-14-2022	03-25-2022	3086348457	165130	Invoice	0.31		0.00	0.31
03-15-2022	03-25-2022	3086473296	165139	Invoice	50.16		0.00	50.16
03-16-2022	03-25-2022	3086626942	165151	Invoice	22.16		0.00	22.16
03-17-2022	03-25-2022	3086762267	165162	Invoice	110.17		0.00	110.17
03-18-2022	03-25-2022	3086901527	165175	Invoice	14.07		0.00	14.07

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
880.72	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
03-18-2022	(509.87)

Reminders	
Due Date	Amount
03-25-2022	880.72
Total Due:	
	880.72



APPROVED ON
MAR 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- March 14, 2022 - March 20, 2022**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
3/14/2022	PAY PLUS ACHTRANS 452579291 101000693279385	- 3rd Party Payor Fee
3/14/2022	CLEARGAGE LLC CLEARGAGE, 2FKRS0AR82CH2K2 242	- Patient Financing Service
3/15/2022	PAY PLUS ACHTRANS 452579291 101000694145001	- 3rd Party Payor Fee
3/15/2022	MCKESSON DRUG AUTO ACH ACH04950035 910000184	- 340B Drug Program Expense
3/15/2022	TEXAS COUNTY DRS RECEIVABLE 0419 21000021546	- Retirement Funding
3/15/2022	FDMS FDMS PYMT 052-1737276-000 4100012552496	- Credit Card Machine Lease Expense
3/15/2022	FDMS FDMS PYMT 052-1743548-000 4100012552597	- Credit Card Machine Lease Expense
3/16/2022	PAY PLUS ACHTRANS 452579291 101000695159314	- 3rd Party Payor Fee
3/17/2022	PAY PLUS ACHTRANS 452579291 101000696074129	- 3rd Party Payor Fee
3/18/2022	PAY PLUS ACHTRANS 452579291 101000696941583	- 3rd Party Payor Fee
3/18/2022	EXPERTPAY EXPERTPAY 746003411 91000013583801	- Child Support Payment
3/18/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
3/18/2022	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll

<u>Amount</u>	
	Pay Plus
	3.37 +
	58.43 +
	5.89 +
	5.80 +
	33.47 +
	106.96 *
	Change
	111.32 +
	111.32 *
	CC fees
	120.08 +
	98.75 +
	218.83 *
	Expert Pay
	614.20 +
	614.20 *



Anthony Richardson
Memorial Medical Center


March 21, 2022

* Approved 03-14-22 CC
** Approved 03-09-22 CC

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

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

	106.96 +
	111.32 +
	218.83 +
	614.20 +
	1,051.31 *



Anthony Richardson
Memorial Medical Center

March 21, 2022

APPROVED ON

MAR 21 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

	470,498.60 +
	10,185.57 -
	154,880.24 -
	509.87 -
	APPI 303,871.61 -
	1,051.31 *
	MAF
	1,051.31 +
	BY COUN CALHOUN 1,051.31 -
	0.00 *

03/18/2022 MEMORIAL MEDICAL CENTER 0
 09:07 AP Open Invoice List ap_open_invoice.template
 Dates Through:

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
11836	GOLDENCREEK HEALTHCARE ✓			030922		03/17/20	03/09/20	04/08/20		35,808.50	0.00	0.00	35,808.50 ✓		
	TRANSFER			031022	N/H insurance pymt deposited into MME open acy	03/17/20	03/10/20	04/08/20		14.85	0.00	0.00	14.85 ✓		
	TRANSFER			031122	"	03/17/20	03/11/20	04/08/20		325.38	0.00	0.00	325.38 ✓		
	TRANSFER				"										
Vendor Totals:										Number	Name	Gross	Discount	No-Pay	Net
										11836	GOLDENCREEK HEALTHCARE	36,148.73	0.00	0.00	36,148.73

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	36,148.73	0.00	0.00	36,148.73

APPROVED ON

MAR 18 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

CK# 194305

03/18/2022 MEMORIAL MEDICAL CENTER 0
 09:05 AP Open Invoice List ap_open_invoice.template
 Dates Through:

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
12696	GULF POINTE PLAZA										
030922		03/17/20	03/09/20	04/08/20		6,790.88	0.00	0.00	6,790.88 ✓		
031022	TRANSFER	03/17/20	03/10/20	04/08/20		3,866.64	0.00	0.00	3,866.64 ✓		
	TRANSFER	"	"	"				"			
031122		03/17/20	03/11/20	04/08/20		1,247.11	0.00	0.00	1,247.11 ✓		
	TRANSFER	"	"	"				"			
031422		03/17/20	03/14/20	04/08/20		166.69	0.00	0.00	166.69 ✓		
	TRANSFER	"	"	"				"			
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						12696	GULF POINTE PLAZA	12,071.32	0.00	0.00	12,071.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	12,071.32	0.00	0.00	12,071.32

APPROVED ON

MAR 18 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

CL#19436e

03/18/2022

MEMORIAL MEDICAL CENTER

0

09:03

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
030922		03/17/20	03/09/20	04/08/20		11,368.48	0.00	0.00	11,368.48 ✓
	TRANSFER	<i>NH insurance pymt deposited nt mme open</i>							
030922A		03/17/20	03/09/20	04/08/20		1,855.00	0.00	0.00	1,855.00 ✓
	TRANSFER	<i>"</i>							
031022		03/17/20	03/10/20	04/08/20		238.47	0.00	0.00	238.47 ✓
	TRANSFER	<i>"</i>							
031122		03/17/20	03/11/20	04/08/20		491.96	0.00	0.00	491.96 ✓
	TRANSFER	<i>"</i>							
031422		03/17/20	03/14/20	04/08/20		3,668.12	0.00	0.00	3,668.12 ✓
	TRANSFER	<i>Medicare recap</i>							
031422A		03/17/20	03/14/20	04/08/20		6,613.00	0.00	0.00	6,613.00 ✓
	TRANSFER								
Vendor Totals						Gross	Discount	No-Pay	Net
13004 TUSCANY VILLAGE						24,235.03	0.00	0.00	24,235.03

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	24,235.03	0.00	0.00	24,235.03

APPROVED ON

MAR 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 194307

03/18/2022

MEMORIAL MEDICAL CENTER

09:02

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
030922		03/17/20	03/09/20	04/08/20		5,682.30	0.00	0.00	5,682.30 ✓
	TRANSFER	<i>NI insurance pymt deposited into mme operating</i>							
030922A		03/17/20	03/09/20	04/08/20		26,864.85	0.00	0.00	26,864.85 ✓
	TRANSFER	"							
031022		03/17/20	03/10/20	04/08/20		3,463.56	0.00	0.00	3,463.56 ✓
	TRANSFER	"							

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
12792		BETHANY SENIOR LIVING	36,010.71	0.00	0.00	36,010.71

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	36,010.71	0.00	0.00	36,010.71

APPROVED ON

MAR 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#194304

☒

RUN DATE:03/21/22
 TIME:11:28

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 03/23/22 THRU 03/23/22

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	194227	03/23/22	647.28	ABILITY NETWORK (SHIFTHOUND)
A/P	194228	03/23/22	1,400.00	ACUTE CARE INC
A/P	194229	03/23/22	2,936.90	AIRGAS USA, LLC - CENTRAL DIV
A/P	194230	03/23/22	310.00	ALAMO SCIENTIFIC, INC
A/P	194231	03/23/22	2,196.00	ALLYSON SWOPE
A/P	194232	03/23/22	617.59	AMAZON CAPITAL SERVICES
A/P	194233	03/23/22	8,211.38	AUREUS RADIOLOGY LLC
A/P	194234	03/23/22	1,000.00	AUTHORITYRX
A/P	194235	03/23/22	216.75	BARD ACCESS
A/P	194236	03/23/22	894.90	BAYER HEALTHCARE
A/P	194237	03/23/22	7,558.66	BECKMAN COULTER INC
A/P	194238	03/23/22	12,372.10	BIOMERIEUX, INC
A/P	194239	03/23/22	20.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	194240	03/23/22	763.27	CARDINAL HEALTH 414, INC.
A/P	194241	03/23/22	3,000.00	CARIANT HEALTH PARTNERS
A/P	194242	03/23/22	25,660.00	CARRIER CORPORATION
A/P	194243	03/23/22	1,699.00	CERVEY, LLC
A/P	194244	03/23/22	82.50	CHRISTINA ZAPATA-ARROYO
A/P	194245	03/23/22	619.79	CIGNA
A/P	194246	03/23/22	514.17	CITIZENS MEDICAL CENTER
A/P	194247	03/23/22	227.41	COASTAL OFFICE SOLUTONS
A/P	194248	03/23/22	318.16	COCA COLA SOUTHWEST BEVERAGES
A/P	194249	03/23/22	591.61	COMMED CORPORATION
A/P	194250	03/23/22	349.23	CUSTOM MEDICAL SPECIALTIES
A/P	194251	03/23/22	721.52	DEWITT POTH & SON
A/P	194252	03/23/22	129,191.94	DISCOVERY MEDICAL NETWORK INC
A/P	194253	03/23/22	17,519.00	EVIDENT
A/P	194254	03/23/22	118.20	FEDERAL EXPRESS CORP.
A/P	194255	03/23/22	73.15	FIRESTONE OF PORT LAVACA
A/P	194256	03/23/22	1,385.00	FIRETRON, INC
A/P	194257	03/23/22	607.66	FISHER HEALTHCARE
A/P	194258	03/23/22	1,169.55	FRONTIER
A/P	194259	03/23/22	350.00	GUERBET, LLC
A/P	194260	03/23/22	1,752.97	GULF COAST PAPER COMPANY
A/P	194261	03/23/22	4,610.52	HEALTHCARE FINANCIAL SERVICES
A/P	194262	03/23/22	1,125.53	HEB CREDIT RECEIVABLES DEPT308
A/P	194263	03/23/22	14,170.41	HUNTER PHARMACY SERVICES
A/P	194264	03/23/22	26,775.11	ITA RESOURCES, INC
A/P	194265	03/23/22	915.00	J & K SERVICES
A/P	194266	03/23/22	285.00	K & M SPORTS
A/P	194267	03/23/22	401.80	LEGAL SHIELD
A/P	194268	03/23/22	891.66	LEGATO
A/P	194269	03/23/22	877.50	LONESTAR COMMUNICATIONS, IN
A/P	194270	03/23/22	1,996.92	MCKESSON MEDICAL SURGICAL INC
A/P	194271	03/23/22	1,602.00	MEDICAL AIR SERVICES ASSOC.
A/P	194272	03/23/22	202.80	MEDIVATORS
A/P	194273	03/23/22	.00	VOIDED
A/P	194274	03/23/22	.00	VOIDED
A/P	194275	03/23/22	.00	VOIDED
A/P	194276	03/23/22	14,455.38	MEDLINE INDUSTRIES INC

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MEMORIAL MEDICAL CENTER
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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	194277	03/23/22	175.00	MEMORIAL MEDICAL CLINIC
A/P	194278	03/23/22	.00	VOIDED
A/P	194279	03/23/22	13,522.67	MORRIS & DICKSON CO, LLC
A/P	194280	03/23/22	595.00	NATIONAL RECALL ALERT CENTER
A/P	194281	03/23/22	487.47	OCCUPRO LLC
A/P	194282	03/23/22	52.33	PRECISION DYNAMICS CORP (PDC)
A/P	194283	03/23/22	9,010.47	PRO ENERGY PARTNERS LP
A/P	194284	03/23/22	362,866.00	SIEMENS MEDICAL SOLUTIONS INC
A/P	194285	03/23/22	175.00	SIMMLER, INC.
A/P	194286	03/23/22	2,125.00	SOMETHING MORE MEDIA, INC.
A/P	194287	03/23/22	420.00	ST DAVIDS HEALTHCARE
A/P	194288	03/23/22	222.00	STANLEY ACCESS TECH LLC
A/P	194289	03/23/22	2,191.08	STRYKER SALES CORP
A/P	194290	03/23/22	7,130.42	T-SYSTEM, INC
A/P	194291	03/23/22	4,000.00	TEXAS HHSC
A/P	194292	03/23/22	3,874.00	TEXAS MUTUAL INSURANCE CO
A/P	194293	03/23/22	12,456.00	THE TACT CORPORATION OF NYC
A/P	194294	03/23/22	37.50	THE UPS STORE VICTORIA
A/P	194295	03/23/22	17.86	TMS SOUTH
A/P	194296	03/23/22	614.94	TRIOSE, INC
A/P	194297	03/23/22	300.00	TSICP
A/P	194298	03/23/22	3,472.94	UNIFIRST HOLDINGS INC
A/P *	194299	03/23/22	150.00	WISCONSIN STATE LABORATORY
A/P	194304	03/23/22	36,010.71	BETHANY SENIOR LIVING
A/P	194305	03/23/22	36,148.73	GOLDENCREEK HEALTHCARE
A/P	194306	03/23/22	12,071.32	GULF POINTE PLAZA
A/P	194307	03/23/22	24,235.03	TUSCANY VILLAGE
TOTALS:			825,766.79	

Payables 717,301.00 +
36,148.73 +
Net 12,071.32 +
Transfers 24,235.03 +
36,010.71 +
825,766.79 *

APPROVED
BY


MAR 23 2022

CHERYL JENNIFER
GLCKREG

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
3/21/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		195,483.75	✓ 148,177.20	✓ 78,501.16		125,807.71	78,420.85
						Bank Balance	125,807.71
						Variance	-
						Leave in Balance	100.00
						MOLINA JANUARY QIPP	16,483.44
						AMERIGROUP JANUARY QIPP	30,775.44
						JAN INTEREST	14.62
						FEB INTEREST	13.36
						MAR INTEREST	
						Adjust Balance/Transfer Amt	78,420.85
Broadmoor		108,283.00	✓ 83,979.99	✓ 60,257.84		84,560.85	60,257.84
						Bank Balance	84,560.85
						Variance	-
						Leave in Balance	100.00
						MOLINA JANUARY QIPP	6,824.85
						AMERIGROUP JANUARY QIPP	12,742.35
						MEDICARE PAYMENT OWED TO MMCLINIC	179.78
						MEDICARE PAYMENT OWED TO TUSCANY	1,834.08
						MEDICARE PAYMENT OWED TO TUSCANY	2,596.23
						JAN INTEREST	12.36
						FEB INTEREST	13.36
						MAR INTEREST	
						Adjust Balance/Transfer Amt	60,257.84
Crescent		163,414.15	✓ 145,578.31	✓ 97,315.68		115,151.52	97,315.68
						Bank Balance	115,151.52
						Variance	-
						Leave in Balance	100.00
						MOLINA JANUARY QIPP	5,475.45
						AMERIGROUP JANUARY QIPP	10,222.95
						MEDICARE REPAYMENT TO MM CLINIC	179.78
						MEDICARE REPAYMENT TO TUSCANY	1,834.06
						JAN INTEREST	13.33
						FEB INTEREST	10.27
						MAR INTEREST	
						Adjust Balance/Transfer Amt	97,315.68
Fort Bend		77,150.36	✓ 57,931.01	✓ 42,324.00		61,543.35	42,324.00
						Bank Balance	61,543.35
						Variance	-
						Leave in Balance	100.00
						MOLINA JANUARY QIPP	6,663.96
						AMERIGROUP JANUARY QIPP	12,441.96
						JAN INTEREST	7.23
						FEB INTEREST	6.20
						MAR INTEREST	
						Adjust Balance/Transfer Amt	42,324.00
Solera at W Houston		254,361.23	✓ 233,568.59	✓ 60,203.84		80,996.48	60,203.84
						Bank Balance	80,996.48
						Variance	-
						Leave in Balance	100.00
						MOLINA JANUARY QIPP	6,466.74
						AMERIGROUP JANUARY QIPP	12,073.74
						MEDICARE REPAYMENT TO MM CLINIC	179.78
						MEDICARE REPAYMENT TO TUSCANY	1,834.06
						CORRECTION CHECK TO MMC	100.56
						JAN INTEREST	17.46
						FEB INTEREST	20.30
						MAR INTEREST	
						Adjust Balance/Transfer Amt	60,203.84
						TOTAL TRANSFERS	338,522.21

APPROVED ON
MAR 21 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Approved: 
ANTHONY RICHARDSON, CFO
3/21/2022

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.

Ashford Gardens

3/14/2022 UnitedHealthcare HCCLAIMPMT 746003411 910000
 3/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/15/2022 Enhanced Analysis Ch
 3/15/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/15/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/15/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
 3/16/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/17/2022 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 3/17/2022 Molina HC of TX HCCLAIMPMT PN1326436189 4200
 3/17/2022 Molina HC of TX HCCLAIMPMT PN1326436189 4200
 3/17/2022 Molina HC of TX HCCLAIMPMT PN1326436189 4200
 3/18/2022 Amerigroup TX5C HCCLAIMPMT 3175229242 111000
 3/18/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/18/2022 NOVITAS SOLUTION HCCLAIMPMT 675423 420000118
 3/18/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	308.02	-	-	-	-	-	308.02
-	7,428.10	-	-	-	-	-	7,428.10
-	36,628.32	-	-	-	-	-	36,628.32
80.31	0.08	-	-	-	-	-	0.08
-	2,238.55	-	-	-	-	-	2,238.55
-	5,309.75	-	-	-	-	-	5,309.75
-	2,330.65	-	-	-	-	-	2,330.65
148,096.89	-	-	-	-	-	-	-
-	857.63	-	-	-	-	-	857.63
-	251.57	-	-	-	-	-	251.57
-	810.07	-	-	-	-	-	810.07
-	269.71	-	-	-	-	-	269.71
-	872.93	-	-	-	-	-	872.93
-	21,017.14	-	-	-	-	-	21,017.14
-	178.64	-	-	-	-	-	178.64
148,177.20	78,501.16	-	-	-	-	-	78,501.16

Broadmoor

3/14/2022 HNB - ECHO HCCLAIMPMT 746003411 44000230824
 3/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/14/2022 NOVITAS SOLUTION HCCLAIMPMT 676357 420000149
 3/16/2022 Molina HC of TX HCCLAIMPMT PN1669860433 4200
 3/17/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III
 3/17/2022 HNB - ECHO HCCLAIMPMT 746003411 440000250680
 3/17/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/17/2022 AARP Supplementa HCCLAIMPMT 746003411 124384
 3/18/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384
 3/18/2022 HNB - ECHO HCCLAIMPMT 746003411 440000289180
 3/18/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/18/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/18/2022 NOVITAS SOLUTION HCCLAIMPMT 676357 420000118

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	4,663.32	-	-	-	-	-	4,663.32
-	3,410.87	-	-	-	-	-	3,410.87
-	2,356.89	-	-	-	-	-	2,356.89
-	318.90	-	-	-	-	-	318.90
83,979.99	-	-	-	-	-	-	-
-	12,880.47	-	-	-	-	-	12,880.47
-	7,153.75	-	-	-	-	-	7,153.75
-	1,556.00	-	-	-	-	-	1,556.00
-	130.00	-	-	-	-	-	130.00
-	445.95	-	-	-	-	-	445.95
-	129.30	-	-	-	-	-	129.30
-	95.58	-	-	-	-	-	95.58
-	27,116.81	-	-	-	-	-	27,116.81
83,979.99	60,257.84	-	-	-	-	-	60,257.84

Crescent

3/14/2022 UnitedHealthcare HCCLAIMPMT 746003411 910000
 3/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/14/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000149
 3/14/2022 HUMANA CHA DISB HCCLAIMPMT 390864 4200001386
 3/15/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/16/2022 Molina HC of TX HCCLAIMPMT PN1669860425 4200
 3/16/2022 MANAGEANDNET1718 MNS PMNT 00000000003268 41
 3/16/2022 HNB - ECHO HCCLAIMPMT 746003411 440000214571
 3/16/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/17/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III
 3/17/2022 Molina HC of TX HCCLAIMPMT PN1669860425 4200
 3/17/2022 HNB - ECHO HCCLAIMPMT 746003411 440000250688
 3/17/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/18/2022 Deposit
 3/18/2022 HNB - ECHO HCCLAIMPMT 746003411 440000289180
 3/18/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/18/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000118
 3/18/2022 KS PLAN ADMINIST HCCLAIMPMT 14995 1110000232

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	169.00	-	-	-	-	-	169.00
-	6,233.53	-	-	-	-	-	6,233.53
-	2,129.50	-	-	-	-	-	2,129.50
-	11,780.66	-	-	-	-	-	11,780.66
-	178.72	-	-	-	-	-	178.72
-	1,535.49	-	-	-	-	-	1,535.49
-	1,597.50	-	-	-	-	-	1,597.50
-	2,538.46	-	-	-	-	-	2,538.46
-	5,116.60	-	-	-	-	-	5,116.60
145,578.31	-	-	-	-	-	-	-
-	4,323.85	-	-	-	-	-	4,323.85
-	28,285.69	-	-	-	-	-	28,285.69
-	2,304.01	-	-	-	-	-	2,304.01
-	24,561.92	-	-	-	-	-	24,561.92
-	2,901.10	-	-	-	-	-	2,901.10
-	206.96	-	-	-	-	-	206.96
-	252.69	-	-	-	-	-	252.69
-	3,200.00	-	-	-	-	-	3,200.00
145,578.31	97,315.68	-	-	-	-	-	97,315.68

Fort Bend

3/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/15/2022 Molina HC of TX HCCLAIMPMT PN173057503 4200
 3/15/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/16/2022 HNB - ECHO HCCLAIMPMT 746003411 440000214571
 3/17/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III
 3/17/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/18/2022 MANAGEANDNET1718 MNS PMNT 00000000004294 41
 3/18/2022 HNB - ECHO HCCLAIMPMT 746003411 440000289180
 3/18/2022 NOVITAS SOLUTION HCCLAIMPMT 675663 420000118

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	6,982.71	-	-	-	-	-	6,982.71
-	918.83	-	-	-	-	-	918.83
-	1,825.60	-	-	-	-	-	1,825.60
-	8,524.91	-	-	-	-	-	8,524.91
57,931.01	-	-	-	-	-	-	-
-	1,828.35	-	-	-	-	-	1,828.35
-	4,627.50	-	-	-	-	-	4,627.50
-	63.71	-	-	-	-	-	63.71
-	17,552.39	-	-	-	-	-	17,552.39
57,931.01	42,324.00	-	-	-	-	-	42,324.00

Solera at West Houston

3/14/2022 UnitedHealthcare HCCLAIMPMT 746003411 910000
 3/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/14/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000149
 3/15/2022 MANAGEANDNET1718 MNS PMNT 00000000002482 41
 3/15/2022 HUMANA INS CO HCCLAIMPMT 390862 830000582179
 3/15/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/16/2022 MANAGEANDNET1718 MNS PMNT 00000000002482 41
 3/17/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III
 3/17/2022 Molina HC of TX HCCLAIMPMT PN1497143259 4200
 3/17/2022 MANAGEANDNET1718 MNS PMNT 00000000002482 41
 3/17/2022 HNB - ECHO HCCLAIMPMT 746003411 440000250688
 3/18/2022 HNB - ECHO HCCLAIMPMT 746003411 440000289180
 3/18/2022 UnitedHealthcare HCCLAIMPMT 746003411 910000
 3/18/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000118

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	13.00	-	-	-	-	-	13.00
-	3,552.82	-	-	-	-	-	3,552.82
-	2,049.71	-	-	-	-	-	2,049.71
-	933.40	-	-	-	-	-	933.40
-	1,580.00	-	-	-	-	-	1,580.00
-	0.18	-	-	-	-	-	0.18
-	5,968.50	-	-	-	-	-	5,968.50
233,568.59	-	-	-	-	-	-	-
-	1,825.80	-	-	-	-	-	1,825.80
-	286.65	-	-	-	-	-	286.65
-	28,128.87	-	-	-	-	-	28,128.87
-	12,858.91	-	-	-	-	-	12,858.91
-	2,394.93	-	-	-	-	-	2,394.93
-	611.07	-	-	-	-	-	611.07
233,568.59	60,203.84	-	-	-	-	-	60,203.84

TOTALS

669,235.10	338,602.52	-	-	-	-	-	338,602.52
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Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Mar 21, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$8,521,556.35	\$8,610,650.66	\$8,521,556.35	\$8,544,137.4
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$15,535.16	\$15,535.16	\$15,535.16	\$15,535.1
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$175,386.35	\$240,959.26	\$175,386.35	\$135,846.5
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.19	\$536.19	\$536.19	\$536.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,466,993.16	\$6,451,138.73	\$6,466,993.16	\$6,782,560.5
<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	\$125,807.71 ✓	\$137,955.30	\$125,807.71	\$103,469.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$84,560.85 ✓	\$91,163.85	\$84,560.85	\$56,643.2
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$115,151.52 ✓	\$129,457.52	\$115,151.52	\$84,028.6
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$61,543.35 ✓	\$62,700.82	\$61,543.35	\$39,299.7
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$80,996.48 ✓	\$82,371.72	\$80,996.48	\$65,131.5
<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	\$77,720.63	\$77,720.63	\$77,720.63	\$20,122.1
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$25,881.37	\$28,996.02	\$25,881.37	\$116.0
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$64,386.96	\$64,696.20	\$64,386.96	\$64,386.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$116,845.41	\$117,208.05	\$116,845.41	\$66,250.0

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 3/21/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		154,322.19 ✓	36,498.66 ✓	57,562.82 ✓			
						-	
						Bank Balance	175,386.35 ✓
						Variance	-
						Leave in Balance	100.00 ✓
						SUPERIOR QJPP JANUARY	36,017.70 ✓
						SUPERIOR Q1 QJPP	40,840.54 ✓
						JAN INTEREST	11.04 ✓
						FEB INTEREST	13.71 ✓
						MAR INTEREST	-
						Adjust Balance/Transfer Amt	98,403.36 ✓

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



3/21/2022

APPROVED ON

MAR 21 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek

3/14/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 3/14/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 3/14/2022 GOLDENCREEKHEALT MERC DEP 1220356 9100001202
 3/17/2022 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 3/17/2022 HNB - ECHO HCCLAIMPMT 746003411 440000250707
 3/17/2022 NOVITAS SOLUTION HCCLAIMPMT 676097 420000189
 3/18/2022 Deposit
 3/18/2022 HNB - ECHO HCCLAIMPMT 746003411 440000289180
 3/18/2022 CIGNA HCCLAIMPMT 1588075964 91000012865902

Transfer-Out	Transfer-In	MMCPORION				NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	
-	894.92					894.92
-	1,495.00					1,495.00
-	2,396.00					2,396.00
36,498.66	-					-
-	12,926.80					12,926.80
-	310.26					310.26
-	29,401.87					29,401.87
-	9,739.84					9,739.84
-	398.13					398.13
36,498.66	57,562.82	-	-	-	-	57,562.82

Golden Creek
2/25/2022 Centene Managem ACH 008765433514 1110000236

		MMC PORTION					NH
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apsc	QIPP TI	PORTION
-	81,681.08			32,764.12	48,916.96	40,840.54	40,840.54
						-	-
						-	-
						-	-
-	81,681.08	-	-	32,764.12	48,916.96	40,840.54	40,840.54

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type

DDA

Data reported as of Mar 21, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$8,521,556.35	\$8,610,650.66	\$8,521,556.35	\$8,544,137.4
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$15,535.16	\$15,535.16	\$15,535.16	\$15,535.1
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$175,386.35 ✓	\$240,959.26	\$175,386.35	\$135,846.5
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.19	\$536.19	\$536.19	\$536.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,466,993.16	\$6,451,138.73	\$6,466,993.16	\$6,782,560.5
<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	\$125,807.71	\$137,955.30	\$125,807.71	\$103,469.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$84,560.85	\$91,163.85	\$84,560.85	\$56,643.2
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$115,151.52	\$129,457.52	\$115,151.52	\$84,028.5
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$61,543.35	\$62,700.82	\$61,543.35	\$39,299.7
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$80,996.48	\$82,371.72	\$80,996.48	\$65,131.5
<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	\$77,720.63	\$77,720.63	\$77,720.63	\$20,122.1
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$25,881.37	\$28,996.02	\$25,881.37	\$116.0
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$64,386.96	\$64,696.20	\$64,386.96	\$64,386.9
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$116,845.41	\$117,208.05	\$116,845.41	\$66,250.0

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 3/21/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		73,043.12	21,271.53	12,615.37			64,386.96	30,439.71
						Bank Balance	64,386.96	
						Variance		
						Leave in Balance	100.00	
						UNIDENTIFIED ECHO PAYMENTS (NO CHECK WILL BE WRITTEN FOR THIS AMOUNT YET)	117.61	
						SUPERIOR Q1PP JANUARY	15,896.74	
						SUPERIOR Q1 Q1PP	17,824.35	
						JAN INTEREST	4.00	
						FEB INTEREST	4.55	
						MAR INTEREST		
						Adjust Balance/Transfer Amt	30,439.71	
Gulf Pointe Plaza-Medicare/Medicaid		67,537.28	67,421.21	25,765.30			25,881.37	25,765.30
						Bank Balance	25,881.37	
						Variance		
						Leave in Balance	100.00	
						JAN INTEREST	6.42	
						FEB INTEREST	9.65	
						MAR INTEREST		
						Adjust Balance/Transfer Amt	25,765.30	
						TOTAL TRANSFERS	56,205.01	

Routing Information for Gulf Pointe Plaza:

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

Approved: 
 ANTHONY RICHARDSON, CFO

3/21/2022

APPROVED ON

MAR 21 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

3/14/2022 HNB - ECHO HCCLAIMPMT 746003411 440000230824
 3/15/2022 HUMANA INS CO HCCLAIMPMT 624982 830000582280
 3/15/2022 HUMANA CHA DISB HCCLAIMPMT 624982 4200001663
 3/15/2022 HUMANA CHA DISB HCCLAIMPMT 624982 4200001664
 3/16/2022 AETNA AS01 HCCLAIMPMT 1922092790 51000011213
 3/17/2022 WIRE OUT HMG SERVICES, LLC
 3/17/2022 HNB - ECHO HCCLAIMPMT 746003411 440000250680

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	444.12	-	-	-	-	-	444.12
-	205.30	-	-	-	-	-	205.30
-	3,476.55	-	-	-	-	-	3,476.55
-	4,823.36	-	-	-	-	-	4,823.36
-	3,500.00	-	-	-	-	-	3,500.00
21,271.53	-	-	-	-	-	-	-
-	166.04	-	-	-	-	-	166.04
21,271.53	12,615.37	-	-	-	-	-	12,615.37

Gulf Pointe Plaza-Medicare/Medicaid

3/17/2022 WIRE OUT HMG SERVICES, LLC
 3/18/2022 Deposit
 3/18/2022 HNB - ECHO HCCLAIMPMT 746003411 440000289180

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
67,421.21	-	-	-	-	-	-	-
-	22,512.19	-	-	-	-	-	22,512.19
-	3,253.11	-	-	-	-	-	3,253.11
67,421.21	25,765.30	-	-	-	-	-	25,765.30
88,692.74	38,380.67	-	-	-	-	-	38,380.67

Gulf Pointe Plaza-Private Pay
 2/25/2022 Centene Managemer ACH 008765433514 1110000236

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
-	35,648.69			14,457.52	21,191.17	17,824.35	17,824.35
-	35,648.69	-	-	14,457.52	21,191.17	17,824.35	17,824.35

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	
-	-	-	-	-	-	-	-
-	35,648.69	-	-	14,457.52	21,191.17	17,824.35	17,824.35

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type

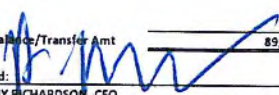


DDA

Data reported as of Mar 21, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$8,521,556.35	\$8,610,650.66	\$8,521,556.35	\$8,544,137.4
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$15,535.16	\$15,535.16	\$15,535.16	\$15,535.1
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$175,386.35	\$240,959.26	\$175,386.35	\$135,846.5
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.19	\$536.19	\$536.19	\$536.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,466,993.16	\$6,451,138.73	\$6,466,993.16	\$6,782,560.5
<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	\$125,807.71	\$137,955.30	\$125,807.71	\$103,469.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$84,560.85	\$91,163.85	\$84,560.85	\$56,643.2
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$115,151.52	\$129,457.52	\$115,151.52	\$84,028.8
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$61,543.35	\$62,700.82	\$61,543.35	\$39,299.7
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$80,996.48	\$82,371.72	\$80,996.48	\$65,131.5
<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	\$77,720.63	\$77,720.63	\$77,720.63	\$20,122.1
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$25,881.37 ✓	\$28,996.02	\$25,881.37	\$116.0
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$64,386.96 ✓	\$64,696.20	\$64,386.96	\$64,386.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$116,845.41	\$117,208.05	\$116,845.41	\$66,250.0

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 3/21/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		170,607.70 ✓	142,786.26 ✓	89,023.97 ✓			116,845.41	89,023.97 ✓
						Bank Balance Variance	116,845.41	
						Leave in Balance	100.00	
						MOLINA JANUARY QIPP	9,668.97 ✓	
						AMERIGROUP QIPP JANUARY	18,052.47 ✓	
						Adjust Balance/Transfer Amt	89,023.97 ✓	
						Approved: 		3/21/2022
						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 21 2022

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

Tuscany Village

	<u>Transfer-Out</u>	<u>Transfer-In</u>	MMC PORTION					NH PORTION
			QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	
3/14/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000149	-	872.14	-	-	-	-	-	872.14
3/15/2022 HNB - ECHO HCCLAIMPMT 746003411 440000278433	-	5,593.43	-	-	-	-	-	5,593.43
3/17/2022 WIRE OUT LINBAR ENTERPRISES, LLC	142,786.26	-	-	-	-	-	-	-
3/17/2022 HNB - ECHO HCCLAIMPMT 746003411 440000250688	-	31,963.02	-	-	-	-	-	31,963.02
3/18/2022 Deposit	-	29,152.21	-	-	-	-	-	29,152.21
3/18/2022 HNB - ECHO HCCLAIMPMT 746003411 440000289180	-	5,163.17	-	-	-	-	-	5,163.17
3/18/2022 KS PLAN ADMINIST HCCLAIMPMT 179 111000023238	-	16,280.00	-	-	-	-	-	16,280.00
	142,786.26	89,023.97	-	-	-	-	-	89,023.97

Quick View

Select Quick View Accounts

Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Mar 21, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$8,521,556.35	\$8,610,650.66	\$8,521,556.35	\$8,544,137.4
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$15,535.16	\$15,535.16	\$15,535.16	\$15,535.1
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$175,386.35	\$240,959.26	\$175,386.35	\$135,846.5
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.19	\$536.19	\$536.19	\$536.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,466,993.16	\$6,451,138.73	\$6,466,993.16	\$6,782,560.5
<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	\$125,807.71	\$137,955.30	\$125,807.71	\$103,469.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$84,560.85	\$91,163.85	\$84,560.85	\$56,643.2
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$115,151.52	\$129,457.52	\$115,151.52	\$84,028.8
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$61,543.35	\$62,700.82	\$61,543.35	\$39,299.7
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$80,996.48	\$82,371.72	\$80,996.48	\$65,131.5
<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	\$77,720.63	\$77,720.63	\$77,720.63	\$20,122.1
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$25,881.37	\$28,996.02	\$25,881.37	\$116.0
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$64,386.96	\$64,696.20	\$64,386.96	\$64,386.9
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$116,845.41	\$117,208.05	\$116,845.41	\$66,250.0

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 3/21/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		286,102.30	285,952.23	77,570.56			77,720.63	77,570.56
						Bank Balance	77,720.63	
						Variance	-	
						Leave in Balance	100.00	

JAN INTEREST 25.69 ✓
 FEB INTEREST 24.38 ✓
 MAR INTEREST
 Adjust Balance/Transfer Amt 77,570.56 ✓
 Approved: *[Signature]*
 ANTHONY RICHARDSON, CFO 3/21/2022

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

APPROVED ON
MAR 21 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living

		MMC PORTION						
	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
3/14/2022 Deposit	-	1,455.34	-	-	-	-	-	1,455.34
3/16/2022 Deposit	-	8,595.00	-	-	-	-	-	8,595.00
3/17/2022 WIRE OUT BETHANY SENIOR LIVING, LTD	285,952.23	-	-	-	-	-	-	-
3/17/2022 Deposit	-	7,447.38	-	-	-	-	-	7,447.38
3/17/2022 NOVITAS SOLUTION HCCLAIMPMT 676481 420000189	-	2,474.35	-	-	-	-	-	2,474.35
3/18/2022 Deposit	-	56,904.91	-	-	-	-	-	56,904.91
3/18/2022 HOSPICE OF SOUTH Payments NF 113122650016283	-	693.58	-	-	-	-	-	693.58
	285,952.23	77,570.56	-	-	-	-	-	77,570.56

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type

DDA

Data reported as of Mar 21, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$8,521,556.35	\$8,610,650.66	\$8,521,556.35	\$8,544,137.4
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$15,535.16	\$15,535.16	\$15,535.16	\$15,535.1
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$175,386.35	\$240,959.26	\$175,386.35	\$135,846.5
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.19	\$536.19	\$536.19	\$536.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,466,993.16	\$6,451,138.73	\$6,466,993.16	\$6,782,560.5
<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	\$125,807.71	\$137,955.30	\$125,807.71	\$103,469.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$84,560.85	\$91,163.85	\$84,560.85	\$56,643.2
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$115,151.52	\$129,457.52	\$115,151.52	\$84,028.8
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$61,543.35	\$62,700.82	\$61,543.35	\$39,299.7
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$80,996.48	\$82,371.72	\$80,996.48	\$65,131.5
<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	\$77,720.63	\$77,720.63	\$77,720.63	\$20,122.1
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$25,881.37	\$28,996.02	\$25,881.37	\$116.0
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$64,386.96	\$64,696.20	\$64,386.96	\$64,386.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$116,845.41	\$117,208.05	\$116,845.41	\$66,250.0

Golden creek

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E

MEMORIAL MEDICAL CENTER

Date Requested: 03/21/22

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON

MAR 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 000158
G/L NUMBER: 10255040

AMOUNT \$40,840.54

EXPLANATION: SUPERIOR Q1 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



Gulf Pointe

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER
A _____
Y _____
E _____
E _____

Date Requested: 03/21/22

APPROVED ON
MAR 21 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Ct # 1074

FOR ACCT. USE ONLY

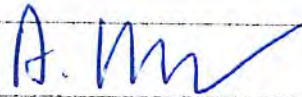
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<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Mail Check to Vendor
<input type="checkbox"/>	Return Check to Dept

AMOUNT \$17,824.35

G/L NUMBER: 10255040

EXPLANATION: SUPERIOR Q1 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

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

1076

88-2265/1131-97

DATE 3/23/22

CHECK AGAIN

PAY TO THE ORDER OF Memorial Medical center \$ 17 824.35

Seventeen thousand Eight hundred twenty four & 35/100 DOLLARS



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

FOR Superior Oil Oipp

County auditor

County Treasurer

⑈001076⑈ ⑆113122655⑆

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

000158

Date 3/23/22

88-2265/1131

PAY TO THE ORDER OF Memorial Medical center \$ 40 840.54

Fourty thousand Eight hundred fourty & 54/100 DOLLARS



PROSPERITY BANK

FOR Superior Oil Oipp

County auditor

County Treasurer

⑈000158⑈ ⑆113122655⑆

RUN DATE:03/23/22
TIME:09:20

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/23/22 THRU 03/23/22

PAGE 3
GLCKREG

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

GPP 001076 03/23/22 17,824.35 MEMORIAL MEDICAL CENTER
TOTALS: 17,824.35

gulf Print

**APPROVED
ON**

MAR 23 2022

**COUNTRY ASSURANCE
GARIBOLDI COUNTY, MISSISS**

RUN DATE:03/23/22
TIME:09:20

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/23/22 THRU 03/23/22

PAGE 4
GLCKREG

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

NHG 000158 03/23/22 40,840.54 MEMORIAL MEDICAL CENTER
TOTALS: 40,840.54

golden creek

**APPROVED
BY**

MAR 23 2022

**CONNOR ANDERSON
SHERMAN COUNTY, TEXAS**


QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

3/23/2022

NH Name	From Bank Acct #	Ck #	Payee	GL #	SUPERIOR Q1 QIPP			TOTAL	Date
Ashford	10000018 - Prosperity		MMC - Prosperity Operating #10000001	10255040				-	3/16/2022
Broadmoor	10000019 - Prosperity		MMC - Prosperity Operating #10000001	10255040				-	3/16/2022
Crescent	10000020 - Prosperity		MMC - Prosperity Operating #10000001	10255040				-	3/16/2022
Fort Bend	10000021 - Prosperity		MMC - Prosperity Operating #10000001	10255040				-	3/16/2022
Solera	10000022 - Prosperity		MMC - Prosperity Operating #10000001	10255040				-	3/16/2022
Golden Creek	10000023 - Prosperity		MMC - Prosperity Operating #10000001	10255040	40,840.54			40,840.54	3/16/2022
Gulf Pointe-PP	10000114 - Prosperity		MMC - Prosperity Operating #10000001	10255040	17,824.35			17,824.35	3/16/2022
Gulf Pointe-MM	10000025 - Prosperity		MMC - Prosperity Operating #10000001					-	3/16/2022
Bethany			MMC - Prosperity Operating #10000001					-	3/16/2022
Tuscany			MMC - Prosperity Operating #10000001	10255040				-	3/16/2022
			Total:		58,664.89			-	58,664.89

Note:

Approved: 
 Anthony Richardson 3/14/2022

Run Date: 03/21/22
Time: 13:01

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 02/25/22--03/10/22 Run: 4
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
15685	KIMBERLY STAVENA	1937.06	00063131	03/18/22
		1937.06		

*Re-issue
stop pymt on other pay check.*