

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---April 06, 2022**

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 860,902.96
TOTAL TRANSFERS BETWEEN FUNDS	\$ 329,557.25
TOTAL NURSING HOME UPL EXPENSES	\$ 384,681.42
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
<b>GRAND TOTAL DISBURSEMENTS APPROVED April 06, 2022</b>	<b>\$ 1,575,141.63</b>

**APPROVED**

**APR 06 2022**

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**  
**COMMISSIONERS COURT APPROVAL LIST FOR ---April 06, 2022**

**PAYABLES AND PAYROLL**

3/31/2022 Weekly Payables	696,472.42
4/4/2022 McKesson-340B Prescription Expense	4,689.35
4/4/2022 Amerisource Bergen-340B Prescription Expense	568.83

**Prosperity Electronic Bank Payments**

4/4/2022 TCDRS March Retirement	158,038.58
3/28-4/1/22 Pay Plus-Patient Claims Processing Fee	519.58
4/1/2022 ExpertPay- child support	614.20

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** **\$ 860,902.96**

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

3/31/2022 MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating in error	6,240.44
3/31/2022 MMC Operating to Fort bend-correction on NH insurance payment deposited into MMC Operating	35.65
3/31/2022 MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating	3,153.50
3/31/2022 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error	1,361.50
3/31/2022 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	47,131.71
3/31/2022 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	23,633.50
3/31/2022 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	97,990.95
3/31/2022 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	71,382.54

**MEDICARE ADVANCE PAYMENT RECOUP**

4/4/2022 Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	10,207.70
4/4/2022 Broadmoor to Bethany-correction of Broadmoor medical recoup taken from Bethany	17,156.11
4/4/2022 Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	10,958.54
4/4/2022 Crescent to Bethany-correction of Crescent medicare recoup taken from Bethany	29,578.98
4/4/2022 Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	10,207.70
4/4/2022 Solera to Bethany- correction of Solera medicare recoup taken from Bethany	518.43

**TOTAL TRANSFERS BETWEEN FUNDS** **\$ 329,557.25**

**NURSING HOME UPL EXPENSES**

4/4/2022 Nursing Home UPL-Cantex Transfer	110,348.72
4/4/2022 Nursing Home UPL-Nexion Transfer	43,943.99
4/4/2022 Nursing Home UPL-HMG Transfer	30,633.40
4/4/2022 Nursing Home UPL-Tuscany Transfer	98,593.17
4/4/2022 Nursing Home UPL-HSL Transfer	100,786.44

**TRANSFER BETWEEN FUNDS TO MMC OPERATING**

4/4/2022 Ashford-Interest Earned	48.50
4/4/2022 Broadmoor-Interest Earned	36.83
4/4/2022 Crescent-Interest Earned	43.93
4/4/2022 Fort Bend-Interest Earned	19.70
4/4/2022 Solera-Interest Earned	58.58
4/4/2022 Golden Creek-Interest earned	46.69
4/4/2022 Gulf Pointe MM-Interest Earned	28.89
4/4/2022 Gulf Pointe PP-Interest Earned	14.59
4/4/2022 Bethany-Interest Earned	77.99

**TOTAL NURSING HOME UPL EXPENSES** **\$ 384,681.42**

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

**GRAND TOTAL DISBURSEMENTS APPROVED April 06, 2022** **\$ 1,575,141.63**



RECEIVED BY THE  
COUNTY AUDITOR ON  
**MAR 31 2022**  
03/31/2022  
12:05  
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER  
AP Open Invoice List  
Due Dates Through: 04/21/2022

0  
ap\_open\_invoice.template

Vendor#	Vendor Name	Class	Pay Code							
14360	A-TEAM SERVICES & UTILITIES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1208 ✓		03/29/20	03/03/20	03/03/20		2,198.25	0.00	0.00	2,198.25 ✓	
SERVICES										
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
				14360	A-TEAM SERVICES & UTILITIES	2,198.25	0.00	0.00	2,198.25	
A1705	ALIMED INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
RPSV03775988 ✓		03/30/20	03/21/20	04/05/20		881.49	0.00	0.00	881.49 ✓	
SUPPLIES										
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
				A1705	ALIMED INC.	881.49	0.00	0.00	881.49	
10958	ALLYSON SWOPE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
033022		03/30/20	03/30/20	04/10/20		2,931.75	0.00	0.00	2,931.75 ✓	
TRANSCRIPTION SERVICES										
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
				10958	ALLYSON SWOPE	2,931.75	0.00	0.00	2,931.75	
14028	AMAZON CAPITAL SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1Q4YT43FDRNH ✓		03/30/20	02/21/20	03/23/20		206.97	0.00	0.00	206.97 ✓	
SUPPLIES										
1Q4YT43FDRMK ✓		03/30/20	02/21/20	03/23/20		68.99	0.00	0.00	68.99 ✓	
SUPPLIES										
1F37K1GMQLTH ✓		03/30/20	03/02/20	04/01/20		119.94	0.00	0.00	119.94 ✓	
SUPPLIES										
1HNG4XM3NY3C ✓		03/30/20	03/03/20	04/02/20		344.95	0.00	0.00	344.95 ✓	
SUPPLIES										
1MJWV3FY3LYP ✓		03/30/20	03/11/20	04/10/20		40.02	0.00	0.00	40.02 ✓	
SUPPLIES										
17CF3JKXVQPQ ✓		03/30/20	03/13/20	04/12/20		128.79	0.00	0.00	128.79 ✓	
SUPPLIES										
11G3XH1PT3VW ✓		03/30/20	03/13/20	04/12/20		25.99	0.00	0.00	25.99 ✓	
SUPPLIES										
13TWYDXLXHJM ✓		03/30/20	03/13/20	04/12/20		62.49	0.00	0.00	62.49 ✓	
SUPPLIES										
1GMKVD4JPTVH ✓		03/30/20	03/13/20	04/12/20		23.18	0.00	0.00	23.18 ✓	
SUPPLIES										
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
				14028	AMAZON CAPITAL SERVICES	1,021.32	0.00	0.00	1,021.32	
A2150	ANNOUNCEMENTS PLUS TOO AGAIN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
650 ✓		03/29/20	10/13/20	10/23/20		45.00	0.00	0.00	45.00 ✓	

Vendor#	Vendor Name	Class	Pay Code	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
701	GIVING TREE LEAVES PLAQU			03/30/20	03/21/20	03/31/20		12.00	0.00	0.00	12.00
	PRINTING										
Vendor Totals				Number	Name			Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN						57.00	0.00	0.00	57.00
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	
	2527013		03/29/20	03/21/20	04/20/20		2,663.25	0.00	0.00	2,663.25	
		TRAVEL LAB STAFFING (317-3110122) Hawkins									
	2526907		03/29/20	03/21/20	04/20/20		2,680.00	0.00	0.00	2,680.00	
		TRAVEL LAB STAFFING (314-3110122) Stribley									
	2528942		03/29/20	03/21/20	04/20/20		2,725.50	0.00	0.00	2,725.50	
		TRAVEL LAB STAFFING (314-3110122) Chestnut									
Vendor Totals				Number	Name			Gross	Discount	No-Pay	Net
	A0400	AUREUS RADIOLOGY LLC						8,068.75	0.00	0.00	8,068.75
Vendor#	Vendor Name	Class	Pay Code								
A2600	AUTO PARTS & MACHINE CO.		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	032322	980700	03/30/20	03/23/20	04/07/20		56.24	0.00	0.00	56.24	
		SUPPLIES									
	032422	980841	03/30/20	03/24/20	04/08/20		112.48	0.00	0.00	112.48	
		SUPPLIES									
Vendor Totals				Number	Name			Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.						168.72	0.00	0.00	168.72
Vendor#	Vendor Name	Class	Pay Code								
11247	AVENO NETWORKS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	12912		03/29/20	03/23/20	04/02/20		42,322.50	0.00	0.00	42,322.50	
		Anti virus 30 mo subscription Qty 275									
Vendor Totals				Number	Name			Gross	Discount	No-Pay	Net
	11247	AVENO NETWORKS						42,322.50	0.00	0.00	42,322.50
Vendor#	Vendor Name	Class	Pay Code								
B1150	BAXTER HEALTHCARE		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	74017385		03/15/20	02/17/20	03/14/20		859.07	0.00	0.00	859.07	
		SUPPLIES									
	74100751		03/15/20	02/24/20	03/21/20		528.43	0.00	0.00	528.43	
		SUPPLIES									
	74091741		03/15/20	02/24/20	03/21/20		140.31	0.00	0.00	140.31	
		SUPPLIES									
	74217489		03/17/20	03/03/20	03/28/20		930.37	0.00	0.00	930.37	
		SUPPLIES									
	74209077		03/17/20	03/03/20	03/28/20		140.31	0.00	0.00	140.31	
		SUPPLIES									
	74215193		03/17/20	03/03/20	03/28/20		134.55	0.00	0.00	134.55	
		SUPPLIES									
	73716626		03/28/20	01/27/20	02/21/20		796.08	0.00	0.00	796.08	
		SUPPLIES									
	73831021		03/28/20	02/03/20	02/28/20		144.28	0.00	0.00	144.28	
		SUPPLIES									



73893994		03/28/20	02/09/20	03/06/20			140.31	0.00	0.00	140.31		
	SUPPLIES											
73924431		03/28/20	02/25/20	03/22/20			144.28	0.00	0.00	144.28		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE				3,957.99	0.00	0.00	3,957.99		
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		
109769606		03/29/20	03/18/20	04/12/20			378.00	0.00	0.00	378.00		
	SUPPLIES											
109773110		03/29/20	03/21/20	04/15/20			1,362.22	0.00	0.00	1,362.22		
	SUPPLIES											
109781143		03/30/20	03/24/20	04/18/20			231.34	0.00	0.00	231.34		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC				1,971.56	0.00	0.00	1,971.56		
Vendor#	Vendor Name			Class	Pay Code							
12324	BLUE CROSS BLUE SHIELD											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
031822		03/29/20	03/18/20	04/01/20			227,706.35	0.00	0.00	227,706.35		
	HEALTH AND DENTAL INS											
031822A		03/29/20	03/18/20	04/01/20			1,516.83	0.00	0.00	1,516.83		
	COBRA APR											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		12324	BLUE CROSS BLUE SHIELD				229,223.18	0.00	0.00	229,223.18		
Vendor#	Vendor Name			Class	Pay Code							
C1048	CALHOUN COUNTY			W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
032122		03/29/20	03/21/20	04/01/20			149.28	0.00	0.00	149.28		
	FUEL											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		C1048	CALHOUN COUNTY				149.28	0.00	0.00	149.28		
Vendor#	Vendor Name			Class	Pay Code							
14064	CAPITAL ONE											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
1640952315		03/29/20	03/19/20	04/13/20			356.15	0.00	0.00	356.15		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		14064	CAPITAL ONE				356.15	0.00	0.00	356.15		
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		
1600018901		03/29/20	03/04/20	03/29/20			38.32	0.00	0.00	38.32		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.				38.32	0.00	0.00	38.32		
Vendor#	Vendor Name			Class	Pay Code							
14260	CAREFUSION SOLUTIONS, LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
10018347302		03/30/20	02/08/20	04/01/20			1,788.00	0.00	0.00	1,788.00		

	PYXIS EQUIPMENT									
10018347310	✓	03/30/20	02/08/20	04/01/20	2.00	0.00	0.00	2.00	✓	
	SUPPLIES									
10018481431	✓	03/30/20	03/11/20	04/01/20	1,788.00	0.00	0.00	1,788.00	✓	
	PYXIS EQUIPMENT									
10018481449	✓	03/30/20	03/11/20	04/01/20	2.00	0.00	0.00	2.00	✓	
	SUPPLIES									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					14260	CAREFUSION SOLUTIONS, LLC	3,580.00	0.00	0.00	3,580.00
Vendor#	Vendor Name				Class	Pay Code				
13992	CARIANT HEALTH PARTNERS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
130391	✓	03/29/20	12/08/20	01/08/20		960.00	0.00	0.00	960.00	✓
	TRAVEL NURSE STAFFING (11/26-12/21) Cambree									
133703	✓	03/29/20	03/16/20	04/15/20		840.00	0.00	0.00	840.00	✓
	TRAVEL NURSE STAFFING (3/9-3/16) 22) Furbus									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					13992	CARIANT HEALTH PARTNERS	1,800.00	0.00	0.00	1,800.00
Vendor#	Vendor Name				Class	Pay Code				
C1992	CDW GOVERNMENT, INC. ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
T574456	✓	03/23/20	03/16/20	04/15/20		1,861.62	0.00	0.00	1,861.62	✓
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					C1992	CDW GOVERNMENT, INC.	1,861.62	0.00	0.00	1,861.62
Vendor#	Vendor Name				Class	Pay Code				
14380	CENTURION SERVICE GROUP ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
337431	✓	03/31/20	03/25/20	03/25/20		31,250.00	0.00	0.00	31,250.00	✓
	ANESTHESIA MACHINE									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					14380	CENTURION SERVICE GROUP	31,250.00	0.00	0.00	31,250.00
Vendor#	Vendor Name				Class	Pay Code				
C1166	COASTAL OFFICE SOLUTIONS ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
OEQT197461	✓	03/17/20	03/16/20	03/26/20		450.00	0.00	0.00	450.00	✓
	SUPPLIES									
OEQT195892	✓	03/30/20	03/17/20	03/27/20		464.88	0.00	0.00	464.88	✓
	SUPPLIES									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					C1166	COASTAL OFFICE SOLUTIONS	914.88	0.00	0.00	914.88
Vendor#	Vendor Name				Class	Pay Code				
11030	COMBINED INSURANCE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
MAR22		03/29/20	03/29/20	04/01/20		612.18	0.00	0.00	612.18	✓
	INSURANCE									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					11030	COMBINED INSURANCE	612.18	0.00	0.00	612.18
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	



832617		03/28/20	03/18/20	03/28/20		572.89	0.00	0.00	572.89		
	SUPPLIES										
832557		03/28/20	03/18/20	03/28/20		572.89	0.00	0.00	572.89		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1970	CONMED CORPORATION	1,145.78	0.00	0.00	1,145.78
Vendor#	Vendor Name	Class		Pay Code							
10646	COVIDIEN										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
5865389619		03/28/20	02/10/20	03/20/20		1,261.62	0.00	0.00	1,261.62		
	ENDO INSTRUMENT										
5865624921		03/28/20	03/16/20	03/26/20		749.51	0.00	0.00	749.51		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10646	COVIDIEN	2,011.13	0.00	0.00	2,011.13
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		
292415		03/29/20	03/21/20	03/29/20		698.72	0.00	0.00	698.72		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10006	CUSTOM MEDICAL SPECIALTIES	698.72	0.00	0.00	698.72
Vendor#	Vendor Name	Class		Pay Code							
10368	DEWITT POTH & SON										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
6716010		03/28/20	02/08/20	03/05/20		31.24	0.00	0.00	31.24		
	SUPPLIES										
6752870		03/28/20	03/11/20	04/05/20		63.75	0.00	0.00	63.75		
	SUPPLIES										
6755230		03/28/20	03/14/20	04/08/20		83.87	0.00	0.00	83.87		
	SUPPLIES										
6743630		03/30/20	03/23/20	04/17/20		8.03	0.00	0.00	8.03		
	SUPPLIES										
6766340		03/30/20	03/23/20	04/17/20		87.99	0.00	0.00	87.99		
	SUPPLIES										
6767500		03/30/20	03/24/20	04/18/20		13.14	0.00	0.00	13.14		
	SUPPLIES										
6766361		03/30/20	03/24/20	04/18/20		22.56	0.00	0.00	22.56		
	SUPPLIES										
6767470		03/30/20	03/25/20	04/19/20		32.12	0.00	0.00	32.12		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10368	DEWITT POTH & SON	342.70	0.00	0.00	342.70
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		
MMC031522		03/30/20	03/15/20	03/16/20		128,277.05	0.00	0.00	128,277.05		
	PHYSICIAN SERVICES (3/1-3/15/22)										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10789	DISCOVERY MEDICAL NETWORK INC	128,277.05	0.00	0.00	128,277.05
Vendor#	Vendor Name	Class		Pay Code							

11291	DOWELL PEST CONTROL ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
8032 ✓		03/29/20	03/01/20	03/26/20		505.00	0.00	0.00	505.00 ✓		
	PEST CONTROL MAR 22										
8386 ✓		03/29/20	03/19/20	04/13/20		260.00	0.00	0.00	260.00 ✓		
	PEST CONTROL MAR 22										
8383 ✓		03/29/20	03/19/20	04/13/20		160.00	0.00	0.00	160.00 ✓		
	PEST CONTROL MAR 22										
8444 ✓		03/29/20	03/22/20	04/16/20		65.00	0.00	0.00	65.00 ✓		
	PEST CONTROL										
8442 ✓		03/29/20	03/22/20	04/16/20		105.00	0.00	0.00	105.00 ✓		
	PEST CONTROL										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11291	DOWELL PEST CONTROL	1,095.00	0.00	0.00	1,095.00
Vendor#	Vendor Name				Class	Pay Code					
11284	EMERGENCY STAFFING SOLUTIONS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
41040 ✓		03/29/20	03/15/20	03/25/20		40,062.50	0.00	0.00	40,062.50 ✓		
	ER PHYSICIANS (1-15th)										
41075 ✓		03/29/20	03/31/20	04/10/20		40,062.50	0.00	0.00	40,062.50 ✓		
	ER PHYSICIANS (16-Eom)										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11284	EMERGENCY STAFFING SOLUTIONS	80,125.00	0.00	0.00	80,125.00
Vendor#	Vendor Name				Class	Pay Code					
10042	ERBE USA INC SURGICAL SYSTEMS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
740446 ✓		03/28/20	03/22/20	03/28/20		139.50	0.00	0.00	139.50 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10042	ERBE USA INC SURGICAL SYSTEMS	139.50	0.00	0.00	139.50
Vendor#	Vendor Name				Class	Pay Code					
10689	FASTHEALTH CORPORATION ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
03A22MMC ✓		03/29/20	03/01/20	03/31/20		495.00	0.00	0.00	495.00 ✓		
	WEBSITE MONTHLY INVOICE										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10689	FASTHEALTH CORPORATION	495.00	0.00	0.00	495.00
Vendor#	Vendor Name				Class	Pay Code					
14092	FIRST CONNECT CENTER LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
3762 ✓		03/29/20	01/20/20	02/19/20		5,643.55	0.00	0.00	5,643.55 ✓		
	NURSE STAFFING MS (1/6-1/8/22) Vela										
4227 ✓		03/29/20	02/27/20	03/29/20		4,437.50	0.00	0.00	4,437.50 ✓		
	NURSE STAFFING MS (2/25-2/27/22) Burnham										
4228 ✓		03/29/20	03/07/20	04/06/20		2,843.75	0.00	0.00	2,843.75 ✓		
	NURSE STAFFING MS (3/6-3/7/22) Burnham										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14092	FIRST CONNECT CENTER LLC	12,924.80	0.00	0.00	12,924.80
Vendor#	Vendor Name				Class	Pay Code					
F1400	FISHER HEALTHCARE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		



0556062		03/29/20	03/10/20	04/04/20		56.40	0.00	0.00	56.40
	SUPPLIES								
0608079		03/29/20	03/11/20	04/05/20		318.00	0.00	0.00	318.00
	SUPPLIES								
0722010		03/29/20	03/15/20	04/09/20		329.65	0.00	0.00	329.65
	SUPPLIES								
Vendor Total# Number Name						Gross	Discount	No-Pay	Net
F1400 FISHER HEALTHCARE						704.05	0.00	0.00	704.05
Vendor#	Vendor Name			Class	Pay Code				
14156	FUJI FILM								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
PJIN0189148		03/29/20	03/15/20	04/15/20		7,908.33	0.00	0.00	7,908.33
	SMA FEE								
Vendor Total# Number Name						Gross	Discount	No-Pay	Net
14156 FUJI FILM						7,908.33	0.00	0.00	7,908.33
Vendor#	Vendor Name			Class	Pay Code				
G1001	GETINGE USA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6991853732		03/30/20	03/22/20	04/20/20		442.94	0.00	0.00	442.94
	SUPPLIES								
Vendor Total# Number Name						Gross	Discount	No-Pay	Net
G1001 GETINGE USA						442.94	0.00	0.00	442.94
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
2201766		03/21/20	03/15/20	04/14/20		41.15	0.00	0.00	41.15
2190387		03/28/20	02/22/20	03/24/20		96.21	0.00	0.00	96.21
	SUPPLIES								
2190592		03/28/20	02/22/20	03/24/20		146.23	0.00	0.00	146.23
	SUPPLIES								
2205555		03/30/20	03/22/20	04/21/20		636.14	0.00	0.00	636.14
	SUPPLIES								
Vendor Total# Number Name						Gross	Discount	No-Pay	Net
G1210 GULF COAST PAPER COMPANY						919.73	0.00	0.00	919.73
Vendor#	Vendor Name			Class	Pay Code				
12380	HEALTH SOLUTIONS DIETETICS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032522	<i>Dietician Consultant</i>	03/29/20	03/25/20	04/01/20		3,000.00	0.00	0.00	3,000.00
Vendor Total# Number Name						Gross	Discount	No-Pay	Net
12380 HEALTH SOLUTIONS DIETETICS						3,000.00	0.00	0.00	3,000.00
Vendor#	Vendor Name			Class	Pay Code				
14364	JACQUELINE HERRERA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032322	<i>TRAVEL 3/22/22 - to doctor for medication needed not on hand</i>	03/30/20	03/23/20	03/31/20		44.93	0.00	0.00	44.93
Vendor Total# Number Name						Gross	Discount	No-Pay	Net
14364 JACQUELINE HERRERA						44.93	0.00	0.00	44.93
Vendor#	Vendor Name			Class	Pay Code				
14316	JUNXION MED STAFFING								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
MMCWE031222		03/29/20	03/18/20	04/02/20		1,782.50	0.00	0.00	1,782.50 ✓		
ICU NURSE STAFFING (3/6-3/12/22) Reshkel											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14316	JUNXION MED STAFFING	1,782.50	0.00	0.00	1,782.50
Vendor#	Vendor Name						Class	Pay Code			
14368	LEE SIMERLY ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
031422		03/30/20	03/14/20	04/01/20		30.80	0.00	0.00	30.80 ✓		
TRAVEL											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14368	LEE SIMERLY	30.80	0.00	0.00	30.80
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		
105774 ✓		03/29/20	03/14/20	04/14/20		405.00	0.00	0.00	405.00 ✓		
SERVICE CALL											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14244	LONESTAR COMMUNICATIONS, IN	405.00	0.00	0.00	405.00
Vendor#	Vendor Name						Class	Pay Code			
10972	M G TRUST ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
032422		03/29/20	03/24/20	04/01/20		640.86	0.00	0.00	640.86 ✓		
PAYROLL DEDUCTS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10972	M G TRUST	640.86	0.00	0.00	640.86
Vendor#	Vendor Name						Class	Pay Code			
M2178	MCKESSON MEDICAL SURGICAL INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
19204590 ✓		03/28/20	03/23/20	04/07/20		32.04	0.00	0.00	32.04 ✓		
SUPPLIES											
19205769 ✓		03/30/20	03/24/20	04/08/20		26.70	0.00	0.00	26.70 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						M2178	MCKESSON MEDICAL SURGICAL INC	58.74	0.00	0.00	58.74
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		
91279552 ✓		03/23/20	03/23/20	03/23/20		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		
1988706495 ✓		03/08/20	02/22/20	03/25/20		86.21	0.00	0.00	86.21 ✓		
SUPPLIES											
2200281459 ✓		03/15/20	03/02/20	03/27/20		433.22	0.00	0.00	433.22 ✓		
SUPPLIES											
2200489371 ✓		03/15/20	03/03/20	03/28/20		527.85	0.00	0.00	527.85 ✓		
SUPPLIES											



2200489376	✓ SUPPLIES	03/15/20 03/03/20 03/28/20	17.80	0.00	0.00	17.80	✓
2200489375	✓ SUPPLIES	03/15/20 03/03/20 03/28/20	189.22	0.00	0.00	189.22	✓
2201581343	✓ SUPPLIES	03/21/20 03/10/20 04/04/20	191.17	0.00	0.00	191.17	✓
2201581344	✓ SUPPLIES	03/21/20 03/10/20 04/04/20	530.57	0.00	0.00	530.57	✓
2202427230	✓ SUPPLIES	03/22/20 03/16/20 04/10/20	25.05	0.00	0.00	25.05	✓
2203381552	✓ SUPPLIES	03/28/20 03/23/20 04/17/20	25.05	0.00	0.00	25.05	✓
2203381560	✓ SUPPLIES	03/28/20 03/23/20 04/17/20	346.69	0.00	0.00	346.69	✓
2203381559	✓ SUPPLIES	03/28/20 03/23/20 04/17/20	400.30	0.00	0.00	400.30	✓
2203381553	✓ SUPPLIES	03/28/20 03/23/20 04/17/20	170.41	0.00	0.00	170.41	✓
2203381555	✓ SUPPLIES	03/28/20 03/23/20 04/17/20	9.48	0.00	0.00	9.48	✓
2203381550	✓ SUPPLIES	03/28/20 03/23/20 04/17/20	26.73	0.00	0.00	26.73	✓
2203381556	✓ SUPPLIES	03/28/20 03/23/20 04/17/20	47.58	0.00	0.00	47.58	✓
2203381551	✓ SUPPLIES	03/28/20 03/23/20 04/17/20	94.78	0.00	0.00	94.78	✓
2203381549	✓ SUPPLIES	03/28/20 03/23/20 04/17/20	53.46	0.00	0.00	53.46	✓
2203381554	✓ SUPPLIES	03/28/20 03/23/20 04/17/20	25.05	0.00	0.00	25.05	✓
2202526448	✓ SUPPLIES	03/29/20 03/17/20 04/11/20	50.58	0.00	0.00	50.58	✓
2202526446	✓ SUPPLIES	03/29/20 03/17/20 04/11/20	21.68	0.00	0.00	21.68	✓
2202526452	✓ CREDIT 2200489378	03/29/20 03/17/20 04/11/20	-6.68	0.00	0.00	-6.68	✓
2202526444	✓ SUPPLIES	03/29/20 03/17/20 04/11/20	95.07	0.00	0.00	95.07	✓
2202526442	✓ SUPPLIES	03/29/20 03/17/20 04/11/20	340.41	0.00	0.00	340.41	✓
2202526450	✓ SUPPLIES	03/29/20 03/17/20 04/11/20	6.68	0.00	0.00	6.68	✓
2202526447	✓ SUPPLIES	03/29/20 03/17/20 04/11/20	4.27	0.00	0.00	4.27	✓
2202526445	✓ SUPPLIES	03/29/20 03/17/20 04/11/20	98.50	0.00	0.00	98.50	✓
2202526454	✓ CREDIT 2202427230	03/29/20 03/17/20 04/11/20	-25.05	0.00	0.00	-25.05	✓
2202634607	✓ CREDIT 2202444914	03/29/20 03/17/20 04/11/20	-149.89	0.00	0.00	-149.89	✓
2202784439	✓	03/29/20 03/18/20 04/12/20	70.51	0.00	0.00	70.51	✓

		SUPPLIES										
	2202728320		03/29/20	03/18/20	04/12/20		26.25	0.00	0.00	26.25		
		SUPPLIES										
	2202728319		03/29/20	03/18/20	04/12/20		109.58	0.00	0.00	109.58		
		SUPPLIES										
	2203381558		03/29/20	03/23/20	04/17/20		2,513.17	0.00	0.00	2,513.17		
		SUPPLIES										
	2203381557		03/29/20	03/23/20	04/17/20		640.90	0.00	0.00	640.90		
		SUPPLIES										
	Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
							M2470	MEDLINE INDUSTRIES INC	6,996.60	0.00	0.00	6,996.60
Vendor#	Vendor Name		Class			Pay Code						
M2499	MEDTRONIC USA, INC.		W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
	2560960117		03/21/20	03/04/20	03/04/20			302.00	0.00	0.00	302.00	
		SUPPLIES										
	2560960120		03/21/20	03/04/20	04/03/20			360.00	0.00	0.00	360.00	
		SUPPLIES										
	Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
							M2499	MEDTRONIC USA, INC.	662.00	0.00	0.00	662.00
Vendor#	Vendor Name		Class			Pay Code						
10963	MEMORIAL MEDICAL CLINIC		W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
	032422		03/29/20	03/24/20	04/01/20			155.00	0.00	0.00	155.00	
		PAYROLL DEDUCTS										
	Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
							10963	MEMORIAL MEDICAL CLINIC	155.00	0.00	0.00	155.00
Vendor#	Vendor Name		Class			Pay Code						
M2621	MMC AUXILIARY GIFT SHOP		W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
	032222		03/29/20	03/22/20	04/01/20			183.36	0.00	0.00	183.36	
		PAYROLL DEDUCTS										
	Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
							M2621	MMC AUXILIARY GIFT SHOP	183.36	0.00	0.00	183.36
Vendor#	Vendor Name		Class			Pay Code						
10536	MORRIS & DICKSON CO, LLC		W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
	8014773		03/29/20	03/23/20	04/02/20			29.72	0.00	0.00	29.72	
		SUPPLIES										
	8016382		03/29/20	03/23/20	04/02/20			4,537.33	0.00	0.00	4,537.33	
		SUPPLIES										
	8016849		03/29/20	03/23/20	04/02/20			3,813.87	0.00	0.00	3,813.87	
		SUPPLIES										
	8015918		03/29/20	03/23/20	04/02/20			597.16	0.00	0.00	597.16	
		SUPPLIES										
	8018998		03/29/20	03/23/20	04/02/20			305.53	0.00	0.00	305.53	
		SUPPLIES										
	8016381		03/29/20	03/23/20	04/02/20			81.60	0.00	0.00	81.60	
		SUPPLIES										
	8014770		03/29/20	03/23/20	04/02/20			59.83	0.00	0.00	59.83	
		SUPPLIES										



8014771			03/29/20	03/23/20	04/02/20		89.93	0.00	0.00	89.93		
	SUPPLIES											
8022082			03/29/20	03/24/20	04/03/20		14.17	0.00	0.00	14.17		
	SUPPLIES											
8022083			03/29/20	03/24/20	04/03/20		4.67	0.00	0.00	4.67		
	SUPPLIES											
8019746			03/29/20	03/24/20	04/03/20		109.09	0.00	0.00	109.09		
	SUPPLIES											
8022084			03/29/20	03/24/20	04/03/20		251.19	0.00	0.00	251.19		
	SUPPLIES											
8026828			03/29/20	03/27/20	04/06/20		3,571.71	0.00	0.00	3,571.71		
	SUPPLIES											
8028924			03/29/20	03/27/20	04/06/20		74.75	0.00	0.00	74.75		
	SUPPLIES											
8028925			03/29/20	03/27/20	04/06/20		1,246.62	0.00	0.00	1,246.62		
	SUPPLIES											
8026829			03/29/20	03/27/20	04/06/20		108.44	0.00	0.00	108.44		
	SUPPLIES											
8028926			03/29/20	03/27/20	04/06/20		1,501.45	0.00	0.00	1,501.45		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10536	MORRIS & DICKSON CO, LLC	16,397.06	0.00	0.00	16,397.06
Vendor#	Vendor Name						Class	Pay Code				
M2659	MXR IMAGING, INC						M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
8800867809		03/28/20	02/15/20	03/17/20			998.85	0.00	0.00	998.85		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2659	MXR IMAGING, INC	998.85	0.00	0.00	998.85
Vendor#	Vendor Name						Class	Pay Code				
13548	NACOGDOCHES TRANSCRIPTION											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
7661		03/29/20	03/24/20	04/03/20			408.24	0.00	0.00	408.24		
	SERVICES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							13548	NACOGDOCHES TRANSCRIPTION	408.24	0.00	0.00	408.24
Vendor#	Vendor Name						Class	Pay Code				
O1500	OLYMPUS AMERICA INC						M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
32394879		03/30/20	03/23/20	04/17/20			194.03	0.00	0.00	194.03		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							O1500	OLYMPUS AMERICA INC	194.03	0.00	0.00	194.03
Vendor#	Vendor Name						Class	Pay Code				
OM425	OWENS & MINOR											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
2073730894		03/28/20	03/17/20	04/16/20			275.99	0.00	0.00	275.99		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							OM425	OWENS & MINOR	275.99	0.00	0.00	275.99
Vendor#	Vendor Name						Class	Pay Code				

P2200	POWER HARDWARE				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
A82934		03/29/20	03/28/20	04/07/20		4.26	0.00	0.00	4.26	
	SUPPLIES									
A82935		03/29/20	03/28/20	04/07/20		4.99	0.00	0.00	4.99	
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	P2200 POWER HARDWARE					9.25	0.00	0.00	9.25	
Vendor#	Vendor Name				Class	Pay Code				
11080	RADSOURCE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
SC16206		03/29/20	03/18/20	04/12/20		1,791.67	0.00	0.00	1,791.67	
	SERVICE AGREEMENT									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	11080 RADSOURCE					1,791.67	0.00	0.00	1,791.67	
Vendor#	Vendor Name				Class	Pay Code				
13460	RELIANT, DEPT 0954									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1170093191344		03/29/20	03/21/20	04/15/20		22,776.83	0.00	0.00	22,776.83	
	ELECTRICITY									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	13460 RELIANT, DEPT 0954					22,776.83	0.00	0.00	22,776.83	
Vendor#	Vendor Name				Class	Pay Code				
S0900	SAM'S CLUB DIRECT				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
032022		03/29/20	03/20/20	04/08/20		501.80	0.00	0.00	501.80	
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	S0900 SAM'S CLUB DIRECT					501.80	0.00	0.00	501.80	
Vendor#	Vendor Name				Class	Pay Code				
S1800	SHERWIN WILLIAMS				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
01453		03/30/20	03/16/20	03/31/20		82.41	0.00	0.00	82.41	
	SUPPLIES									
02796		03/30/20	03/17/20	04/01/20		62.62	0.00	0.00	62.62	
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	S1800 SHERWIN WILLIAMS					145.03	0.00	0.00	145.03	
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	
116188025		03/29/20	03/17/20	04/11/20		2,193.83	0.00	0.00	2,193.83	
	MAINTENANCE CONTRACT									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	S2001 SIEMENS MEDICAL SOLUTIONS INC					2,193.83	0.00	0.00	2,193.83	
Vendor#	Vendor Name				Class	Pay Code				
10699	SIGN AD, LTD.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
272478		03/29/20	03/16/20	03/26/20		400.00	0.00	0.00	400.00	
	BILLBOARD AD									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	



	10699	SIGN AD, LTD.					400.00	0.00	0.00	400.00
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	
190448		03/17/20	03/15/20	03/03/20		368.00	0.00	0.00	368.00	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10681	SIMMLER, INC.				368.00	0.00	0.00	368.00	
Vendor#	Vendor Name				Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
CM6460		03/29/20	02/28/20	03/25/20		-2,133.00	0.00	0.00	-2,133.00	
	CREDIT I07020879									
I07020879		03/29/20	02/28/20	03/30/20		3,801.00	0.00	0.00	3,801.00	
	BLOOD BANK									
CM6569		03/29/20	03/15/20	04/09/20		-3,792.00	0.00	0.00	-3,792.00	
	CREDIT									
I07021236		03/29/20	03/15/20	04/09/20		7,910.00	0.00	0.00	7,910.00	
	BLOOD BANK									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11296	SOUTH TEXAS BLOOD & TISSUE CEN				5,786.00	0.00	0.00	5,786.00	
Vendor#	Vendor Name				Class	Pay Code				
C1010	SPARKLIGHT				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
032022		03/29/20	03/20/20	04/01/20		112.62	0.00	0.00	112.62	
	CABLE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C1010	SPARKLIGHT				112.62	0.00	0.00	112.62	
Vendor#	Vendor Name				Class	Pay Code				
12288	SPBS CLINICAL EQUIPMENT SRVC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1051609		03/29/20	03/23/20	03/23/20		135.31	0.00	0.00	135.31	
	LABOR									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	12288	SPBS CLINICAL EQUIPMENT SRVC				135.31	0.00	0.00	135.31	
Vendor#	Vendor Name				Class	Pay Code				
14212	SURGICAL DIRECT SOUTH									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8718		03/31/20	03/22/20	04/21/20		2,620.00	0.00	0.00	2,620.00	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	14212	SURGICAL DIRECT SOUTH				2,620.00	0.00	0.00	2,620.00	
Vendor#	Vendor Name				Class	Pay Code				
T0420	TELEFLEX MEDICAL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9505190590		03/29/20	03/09/20	03/29/20		239.00	0.00	0.00	239.00	
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	T0420	TELEFLEX MEDICAL				239.00	0.00	0.00	239.00	
Vendor#	Vendor Name				Class	Pay Code				
10758	TEXAS SELECT STAFFING, LLC									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
001957151079IN	✓	03/29/20	03/24/20	03/25/20		4,042.50	0.00	0.00	4,042.50 ✓		
STAFFING MED SURG (3/15 - 3/17/22) Jesika											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10758	TEXAS SELECT STAFFING, LLC	4,042.50	0.00	0.00	4,042.50
Vendor#	Vendor Name				Class	Pay Code					
14128	THE STAYWELL COMPANY LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
90148803	✓	03/30/20	03/22/20	04/15/20		129.78	0.00	0.00	129.78 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14128	THE STAYWELL COMPANY LLC	129.78	0.00	0.00	129.78
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		
9266704039	✓	03/22/20	03/18/20	04/17/20		6,228.00	0.00	0.00	6,228.00 ✓		
TRAVEL NURSE STAFFING (3/8 - 3/10/22) Coyle											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14224	THE TACT CORPORATION OF NYC	6,228.00	0.00	0.00	6,228.00
Vendor#	Vendor Name				Class	Pay Code					
14372	TRIAGE, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV1796441551	✓	03/30/20	02/25/20	03/27/20		4,212.00	0.00	0.00	4,212.00 ✓		
STAFFING (2/15 - 2/17/22) Shaw											
INV1796445851	✓	03/30/20	03/04/20	04/03/20		4,526.50	0.00	0.00	4,526.50 ✓		
STAFFING (2/18 - 2/21/22) Shaw											
INV1796451074	✓	03/30/20	03/11/20	04/10/20		5,205.00	0.00	0.00	5,205.00 ✓		
STAFFING (2/28 - 3/3/22) Shaw											
INV1796458732	✓	03/30/20	03/18/20	04/17/20		4,320.00	0.00	0.00	4,320.00 ✓		
STAFFING (3/4 - 3/7/22) Shaw											
INV1796436236	✓	03/30/20	03/20/20	04/15/20		3,888.00	0.00	0.00	3,888.00 ✓		
STAFFING (2/8 - 2/10/22) Shaw											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14372	TRIAGE, LLC	22,151.50	0.00	0.00	22,151.50
Vendor#	Vendor Name				Class	Pay Code					
14208	TRUSTED HEALTH, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV8976	✓	03/29/20	03/19/20	04/18/20		9,986.25	0.00	0.00	9,986.25 ✓		
AGENCY STAFFING											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14208	TRUSTED HEALTH, INC	9,986.25	0.00	0.00	9,986.25
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		
8400390605	✓	03/29/20	03/21/20	04/15/20		48.46	0.00	0.00	48.46 ✓		
LAUNDRY											
8400390630	✓	03/29/20	03/21/20	04/15/20		2,282.27	0.00	0.00	2,282.27 ✓		
LAUNDRY											
8400390604	✓	03/29/20	03/21/20	04/15/20		45.15	0.00	0.00	45.15 ✓		
LAUNDRY											
8400390944	✓	03/29/20	03/24/20	04/18/20		137.15	0.00	0.00	137.15 ✓		



Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8400390965	LAUNDRY	03/29/20	03/24/20	04/18/20		1,791.57	0.00	0.00	1,791.57
8400390978	LAUNDRY	03/29/20	03/24/20	04/18/20		101.49	0.00	0.00	101.49
8400390947	LAUNDRY	03/29/20	03/24/20	04/18/20		199.32	0.00	0.00	199.32
8400390960	LAUNDRY	03/29/20	03/24/20	04/18/20		80.90	0.00	0.00	80.90
8400390945	LAUNDRY	03/29/20	03/24/20	04/18/20		148.10	0.00	0.00	148.10
8400390946	LAUNDRY	03/29/20	03/24/20	04/18/20		150.46	0.00	0.00	150.46
8400390943	LAUNDRY	03/29/20	03/24/20	04/18/20		42.82	0.00	0.00	42.82

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
	U1064 UNIFIRST HOLDINGS INC			5,027.69	0.00	0.00	5,027.69

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
U2000	US POSTAL SERVICE			032522	POSTAGE	03/31/20	03/25/20	04/01/20		2,200.00	0.00	0.00	2,200.00

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
	U2000 US POSTAL SERVICE			2,200.00	0.00	0.00	2,200.00

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
13808	VITA PERSONA LLC			VP20222894	SUPPLIES	03/28/20	03/28/20	03/28/20		2,078.70	0.00	0.00	2,078.70

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
	13808 VITA PERSONA LLC			2,078.70	0.00	0.00	2,078.70

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12208	WAGeworks			032422	FLEXIBLE SPENDING	03/29/20	03/24/20	04/01/20		3,404.01	0.00	0.00	3,404.01

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
	12208 WAGeworks			3,404.01	0.00	0.00	3,404.01

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
I1110	WERFEN USA LLC			9111131083	SUPPLIES	03/17/20	03/16/20	04/10/20		903.38	0.00	0.00	903.38

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9111119173				SUPPLIES	03/28/20	02/22/20	03/19/20		209.84	0.00	0.00	209.84

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
	I1110 WERFEN USA LLC			1,113.22	0.00	0.00	1,113.22

APPROVED ON

Grand Totals:	Gross	Discount	No-Pay	Net
MAR 31 2022	696,472.42	0.00	0.00	696,472.42

Report Summary

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CR# 194442-114572

# MCKESSON

# STATEMENT

As of: 04/01/2022

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

Company: 8000

DC: 8115

As of: 04/01/2022 Page: 002  
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory:

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Customer: 632536  
Date: 04/02/2022

Cust: 632536 PLEASE CHECK ANY  
Date: 04/02/2022 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	
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PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 4,785.08 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97  
08/07/2017

If Paid By 04/05/2022,  
Pay This Amount: 4,689.35 USD

If Paid After 04/05/2022,  
Pay this Amount: 4,785.08 USD

Due If Paid On Time:  
USD 4,689.35

Disc lost if paid late:  
95.73

Due If Paid Late:  
USD 4,785.08

58.07 +  
3,086.74 +  
1,008.54 +  
536.00 +  
4,689.35 \*

APPROVED ON

APR 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



# MCKESSON

# STATEMENT

As of: 04/01/2022

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

Company: 8000

DC: 8115

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 999

Customer: 190813  
Date: 04/02/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 190813  
Date: 04/02/2022

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	
03/30/2022	04/05/2022	7333273838	HEB PHCY 0434/MEM MED PHS	2017048102	115Invoice	1.19	59.26		58.07	✓	7333273838	

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

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

Subtotals: 59.26 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,185.57  
03/14/2022

If Paid By 04/05/2022,  
Pay This Amount:

58.07 USD

If Paid After 04/05/2022,  
Pay this Amount:

59.26 USD

Due If Paid On Time:

USD 58.07 ✓

Disc lost if paid late:

1.19

Due If Paid Late:

USD 59.26

APPROVED ON

APR 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

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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: 04/02/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 04/02/2022 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										
03/28/2022	04/05/2022	7332715788	28367980	115Invoice	5.68	284.03		278.35 ✓		7332715788
03/28/2022	04/05/2022	7332905197	0325220727	195Invoice	4.95	247.49		242.54 ✓		7332905197
03/28/2022	04/05/2022	7332905198	0325220904	115Invoice	2.52	125.78		123.26 ✓		7332905198
03/29/2022	04/05/2022	7333027201	28539586	115Invoice	0.01	0.63		0.62 ✓		7333027201
03/29/2022	04/05/2022	7333027202	28596572	115Invoice	1.32	65.95		64.63 ✓		7333027202
03/29/2022	04/05/2022	7333027204	28604063	115Invoice	0.31	15.42		15.11 ✓		7333027204
03/29/2022	04/05/2022	7333199293	0328220936	115Invoice	0.03	1.27		1.24 ✓		7333199293
03/30/2022	04/05/2022	7333307103	28669093	115Invoice	5.68	284.03		278.35 ✓		7333307103
03/30/2022	04/05/2022	7333474577	0329220740	195Invoice	0.71	35.46		34.75 ✓		7333474577
03/31/2022	04/05/2022	7333568150	28841231	115Invoice	11.36	568.06		556.70 ✓		7333568150
03/31/2022	04/05/2022	7333568152	28841231	115Invoice	4.44	221.82		217.38 ✓		7333568152
03/31/2022	04/05/2022	7333720559	0330220833	115Invoice	7.15	357.37		350.22 ✓		7333720559
04/01/2022	04/05/2022	7333811947	28896064	115Invoice	11.36	568.18		556.82 ✓		7333811947
04/01/2022	04/05/2022	7333811950	28896064	115Invoice	0.03	1.27		1.24 ✓		7333811950
04/01/2022	04/05/2022	7333811951	28955279	115Invoice	5.68	284.09		278.41 ✓		7333811951
04/01/2022	04/05/2022	7333983339	0331220716	195Invoice	1.78	88.90		87.12 ✓		7333983339

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: 3,149.75 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/28/2022 8,256.21

If Paid By 04/05/2022,  
Pay This Amount:

3,086.74 USD

If Paid After 04/05/2022,  
Pay this Amount:

3,149.75 USD

Due If Paid On Time:

USD 3,086.74 ✓

Disc lost if paid late:

63.01

Due If Paid Late:

USD 3,149.75

APPROVED ON

APR 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



# MCKESSON

# STATEMENT

As of: 04/01/2022

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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: 04/02/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 464450 PLEASE CHECK ANY  
Date: 04/02/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
03/28/2022	04/05/2022	7332709433	55x411488	115Invoice	5.12	255.90		250.78	✓	7332709433	
03/28/2022	04/05/2022	7332709434	55x411697	115Invoice	1.08	54.17		53.09	✓	7332709434	
03/28/2022	04/05/2022	7332709435	55x411669	115Invoice	0.18	8.96		8.78	✓	7332709435	
03/30/2022	04/05/2022	7333267273	55x416759	115Invoice	0.10	4.88		4.78	✓	7333267273	
03/31/2022	04/05/2022	7333518024	55x418762	115Invoice	0.17	8.27		8.10	✓	7333518024	
03/31/2022	04/05/2022	7333518025	55x418850	115Invoice	0.01	0.63		0.62	✓	7333518025	
04/01/2022	04/05/2022	7333784956	55x421414	115Invoice	13.93	696.32		682.39	✓	7333784956	

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

TOTAL: Customer Number 464450 HEB PHY FC 490/MEM MC PHS

Subtotals: 1,029.13 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/28/2022 8,256.21

If Paid By 04/05/2022,  
Pay This Amount:

1,008.54 USD

If Paid After 04/05/2022,  
Pay this Amount:

1,029.13 USD

Due If Paid On Time:

USD 1,008.54 ✓

Disc lost if paid late:

20.59

Due If Paid Late:

USD 1,029.13

APPROVED ON

APR 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 04/01/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 04/01/2022  
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: 04/02/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835438  
Date: 04/02/2022  
**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
03/30/2022	04/05/2022	7333486909	CVS PHCY 7475/MEM MC PHS	632536 1630761	115Invoice	10.94	546.94		536.00	✓	7333486909

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: 546.94 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/28/2022 8,256.21

If Paid By 04/05/2022,  
Pay This Amount:

536.00 USD

If Paid After 04/05/2022,  
Pay this Amount:

546.94 USD

Due If Paid On Time:

USD 536.00 ✓

Disc lost if paid late:

10.94

Due If Paid Late:

USD 546.94

APPROVED ON

APR 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333





**STATEMENT**

Statement Number: 62794198  
Date: 04-01-2022

**Served By:**  
AMERISOURCEBERGEN DRUG CORP  
12727 W. AIRPORT BLVD.  
SUGAR LAND TX 77478-6101  
  
DEA: RA0289276  
866-451-9655

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

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

<b>Customer Number</b>	
100135284 / 037028186	
<b>Terms</b>	
Sat - Fri Due in 7 days	
<b>Summary</b>	
Not Yet Due:	0.00
Current:	568.83
Past Due:	0.00
Total Due:	568.83
Account Balance:	568.83

**Account Activity**

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-28-2022	04-08-2022	3087772038	165276	Invoice	48.75		0.00	48.75
03-28-2022	04-08-2022	3087772039	165277	Invoice	273.07		0.00	273.07
03-28-2022	04-08-2022	3087816913	165324	Invoice	53.34		0.00	53.34
03-28-2022	04-08-2022	3087816914	165325	Invoice	0.31		0.00	0.31
03-30-2022	04-08-2022	3088073599	165337	Invoice	70.78		0.00	70.78
03-31-2022	04-08-2022	3088203267	165347	Invoice	61.63		0.00	61.63
04-01-2022	04-08-2022	3088345853	165354	Invoice	60.95		0.00	60.95

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
568.83	0.00	0.00	0.00	0.00	0.00	0.00

**Thank You for Your Payment**

Date	Amount
04-01-2022	(344.83)

**Reminders**

Due Date	Amount
04-08-2022	568.83
<b>Total Due:</b>	
	568.83

**APPROVED ON**  
  
**APR 04 2022**  
  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**

**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- March 28, 2022 - April 03, 2022**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
3/28/2022	PAY PLUS ACHTRANS 452579291 101000691694184	- 3rd Party Payor Fee
3/29/2022	PAY PLUS ACHTRANS 452579291 101000692686220	- 3rd Party Payor Fee
3/29/2022	MCKESSON DRUG AUTO ACH ACH04966758 910000133	- 340B Drug Program Expense
3/30/2022	PAY PLUS ACHTRANS 452579291 101000693536551	- 3rd Party Payor Fee
3/31/2022	PAY PLUS ACHTRANS 452579291 101000694635663	- 3rd Party Payor Fee
4/1/2022	PAY PLUS ACHTRANS 452579291 101000695494819	- 3rd Party Payor Fee
4/1/2022	EXPERTPAY EXPERTPAY 746003411 91000016020514	-Child Support Payment
4/1/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
4/1/2022	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll

<u>Amount</u>	<u>CPS</u>	<u>Pay PLUS</u>	
238.62		238.62	+
187.47		187.47	+
8,256.21 *		84.69	+
84.69		0.55	+
0.55		8.25	+
8.25		519.58 *	
614.20		614.20	+
344.83 *		Expert Pay	
318,827.82 *		614.20	+
<u>328,562.64</u>		614.20 *	

April 4, 2022

Anthony Richardson  
Memorial Medical Center

\* Approved 03-30-22

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>
4/15/2022	TCDRS- Retirement	- Retirement Funding

<u>Amount</u>	
328,562.64	+
158,038.58	-
8,256.21	-
344.83	-
318,827.82	-
<u>158,038.58</u>	+
1,133.78	*

April 4, 2022

Anthony Richardson  
Memorial Medical Center

1,133.78 +  
1,133.78 -  
0.00 \*

**APPROVED ON**

**APR 04 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**



Retirement 4/15/22

Date/Time 04-01-2022 / 10:29 AM  
Submitted By

Pay Date 03-31-2022

Employee Deposits	\$62,465.97
Employer Contributions	\$95,572.61
Group Term Life Premiums	\$0.00
<b>Total</b>	<b>\$158,038.58</b>

Comments

Payroll File March 2022 Retirement Upload.xlsx

CLOSE

PRINT

RECEIVED BY THE  
COUNTY AUDITOR ON

MAR 31 2022

03/31/2022

09:33

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11828 SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032522		03/30/20	03/25/20	04/29/20		6,240.44	0.00	0.00	6,240.44

TRANSFER *NH insurance pymt deposited into MMC opmt*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON	6,240.44	0.00	0.00	6,240.44	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,240.44	0.00	0.00	6,240.44

APPROVED ON

MAR 31 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*CK# 194928*



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COUNTY AUDITOR ON

MAR 31 2022

03/31/2022

09:35

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

Class Pay Code

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032422		03/30/20	03/24/20			35.65	0.00	0.00	35.65 ✓

*MT insurance pymt deposited into memc open*

Vendor Total: Number	Name	Gross	Discount	No-Pay	Net
11820	FORTBEND HEALTHCARE CENTER	35.65	0.00	0.00	35.65

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	35.65	0.00	0.00	35.65

APPROVED ON

MAR 31 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*CKH194925*

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COUNTY AUDITOR ON

MAR 31 2022

03/31/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032422		03/30/20	03/24/20	04/29/20		3,153.50	0.00	0.00	3,153.50

TRANSFER NH Insurance pymnt departed mt time open

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT CREEKSIDE PARK	3,153.50	0.00	0.00	3,153.50	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,153.50	0.00	0.00	3,153.50

APPROVED ON

MAR 31 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

ck#194524



RECEIVED BY THE  
COUNTY AUDITOR ON

MAR 31 2022

03/31/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Dates Through:

Vendor# Vendor Name

Class Pay Code

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032522		03/30/20	03/25/20	04/29/20		1,361.50	0.00	0.00	1,361.50 ✓

TRANSFER *NH insurance pgmt deposited into mmc operating*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	1,361.50	0.00	0.00	1,361.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,361.50	0.00	0.00	1,361.50

APPROVED ON

MAR 31 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*ck #194529*

RECEIVED BY THE  
COUNTY AUDITOR ON  
**MAR 31 2022**  
03/31/2022  
09:34  
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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ap\_open\_invoice.template

AP Open Invoice List  
Dates Through:

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032322		03/30/20	03/23/20	04/29/20		1,235.26	0.00	0.00	1,235.26 ✓
032422A	TRANSFER	03/30/20	03/24/20	04/29/20		904.93	0.00	0.00	904.93 ✓
	TRANSFER	"	"	"				"	" ✓
032422		03/30/20	03/24/20	04/29/20		39,545.52	0.00	0.00	39,545.52 ✓
	TRANSFER	"	"	"				"	" ✓
032522		03/30/20	03/25/20	04/29/20		5,446.00	0.00	0.00	5,446.00 ✓
	TRANSFER	"	"	"				"	" ✓

*W/ insurance pymt deposited into mmc account*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	47,131.71	0.00	0.00	47,131.71

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	47,131.71	0.00	0.00	47,131.71

APPROVED ON

MAR 31 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL#194924



RECEIVED BY THE  
COUNTY AUDITOR ON

MAR 31 2022

03/31/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032222		03/30/20	03/22/20	04/29/20		20,716.00	0.00	0.00	20,716.00
	TRANSFER	<i>NH insurance pymt deposited into mmc opening</i>							
032522		03/30/20	03/25/20	04/29/20		2,917.50	0.00	0.00	2,917.50
	TRANSFER	"							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	23,633.50	0.00	0.00	23,633.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	23,633.50	0.00	0.00	23,633.50

APPROVED ON

MAR 31 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*CL#194527*

RECEIVED BY THE  
COUNTY AUDITOR ON

MAR 31 2022

03/31/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

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
032222		03/30/20	03/22/20	04/29/20		11,981.76	0.00	0.00	11,981.76 ✓
	TRANSFER	<i>NI insurance payment deposited into mme openly</i>							
032322		03/30/20	03/23/20	04/29/20		19,534.00	0.00	0.00	19,534.00 ✓
	TRANSFER	<i>"</i>							
032422		03/30/20	03/24/20	04/29/20		25,901.00	0.00	0.00	25,901.00 ✓
	TRANSFER	<i>"</i>							
032922		03/30/20	03/29/20	04/29/20		40,574.19	0.00	0.00	40,574.19 ✓
	TRANSFER	<i>Medicare repayment</i>							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE		97,990.95	0.00	0.00	97,990.95

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	97,990.95	0.00	0.00	97,990.95

APPROVED ON

MAR 31 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

ck# 194530



RECEIVED BY THE  
COUNTY AUDITOR ON

MAR 31 2022

03/31/2022

09:44

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

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
032222		03/30/20	03/22/20	04/29/20		1,004.22	0.00	0.00	1,004.22 ✓
032322	TRANSFER	03/30/20	03/23/20	04/29/20		2,745.54	0.00	0.00	2,745.54 ✓
	TRANSFER	"					"		
032422		03/30/20	03/24/20	04/29/20		22,881.22	0.00	0.00	22,881.22 ✓
	TRANSFER	"					"		
032522		03/30/20	03/25/20	04/29/20		42,511.28	0.00	0.00	42,511.28 ✓
	TRANSFER	"					"		
032422A		03/31/20	03/24/20	04/29/20		2,240.28	0.00	0.00	2,240.28 ✓
	TRANSFER	"					"		

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	71,382.54	0.00	0.00	71,382.54

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	71,382.54	0.00	0.00	71,382.54

APPROVED ON

MAR 31 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

ck#194923

☒

RUN DATE:04/05/22  
 TIME:11:37

MEMORIAL MEDICAL CENTER  
 CHECK REGISTER  
 04/06/22 THRU 04/06/22

PAGE 1  
 GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	194442	04/06/22	2,198.25	A-TEAM SERVICES & UTILITIES
A/P	194443	04/06/22	881.49	ALIMED INC.
A/P	194444	04/06/22	2,931.75	ALLYSON SWOPE
A/P	194445	04/06/22	.00	VOIDED
A/P	194446	04/06/22	1,021.32	AMAZON CAPITAL SERVICES
A/P	194447	04/06/22	57.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	194448	04/06/22	8,068.75	AUREUS RADIOLOGY LLC
A/P	194449	04/06/22	168.72	AUTO PARTS & MACHINE CO.
A/P	194450	04/06/22	42,322.50	AVENO NETWORKS
A/P	194451	04/06/22	.00	VOIDED
A/P	194452	04/06/22	3,957.99	BAXTER HEALTHCARE
A/P	194453	04/06/22	1,971.56	BECKMAN COULTER INC
A/P	194454	04/06/22	229,223.18	BLUE CROSS BLUE SHIELD
A/P	194455	04/06/22	149.28	CALHOUN COUNTY
A/P	194456	04/06/22	356.15	CAPITAL ONE
A/P	194457	04/06/22	38.32	CARDINAL HEALTH 414, INC.
A/P	194458	04/06/22	3,580.00	CAREFUSION SOLUTIONS, LLC
A/P	194459	04/06/22	1,800.00	CARIANT HEALTH PARTNERS
A/P	194460	04/06/22	1,861.62	CDW GOVERNMENT, INC.
A/P	194461	04/06/22	31,250.00	CENTURION SERVICE GROUP
A/P	194462	04/06/22	914.88	COASTAL OFFICE SOLUTIONS
A/P	194463	04/06/22	612.18	COMBINED INSURANCE
A/P	194464	04/06/22	1,145.78	CONMED CORPORATION
A/P	194465	04/06/22	2,011.13	COVIDIEN
A/P	194466	04/06/22	698.72	CUSTOM MEDICAL SPECIALTIES
A/P	194467	04/06/22	342.70	DEWITT POTH & SON
A/P	194468	04/06/22	128,277.05	DISCOVERY MEDICAL NETWORK INC
A/P	194469	04/06/22	1,095.00	DOWELL PEST CONTROL
A/P	194470	04/06/22	80,125.00	EMERGENCY STAFFING SOLUTIONS
A/P	194471	04/06/22	139.50	ERBE USA INC SURGICAL SYSTEMS
A/P	194472	04/06/22	495.00	FASTHEALTH CORPORATION
A/P	194473	04/06/22	12,924.80	FIRST CONNECT CENTER LLC
A/P	194474	04/06/22	704.05	FISHER HEALTHCARE
A/P	194475	04/06/22	7,908.33	FUJI FILM
A/P	194476	04/06/22	442.94	GETINGE USA
A/P	194477	04/06/22	919.73	GULF COAST PAPER COMPANY
A/P	194478	04/06/22	3,000.00	HEALTH SOLUTIONS DIETETICS
A/P	194479	04/06/22	44.93	JACQUELINE HERRERA
A/P	194480	04/06/22	1,782.50	JUNXION MED STAFFING
A/P	194481	04/06/22	30.80	LEE SIMERLY
A/P	194482	04/06/22	405.00	LONESTAR COMMUNICATIONS, IN
A/P	194483	04/06/22	640.86	M G TRUST
A/P	194484	04/06/22	58.74	MCKESSON MEDICAL SURGICAL INC
A/P	194485	04/06/22	202.80	MEDIVATORS
A/P	194486	04/06/22	.00	VOIDED
A/P	194487	04/06/22	.00	VOIDED
A/P	194488	04/06/22	.00	VOIDED
A/P	194489	04/06/22	.00	VOIDED
A/P	194490	04/06/22	6,996.60	MEDLINE INDUSTRIES INC
A/P	194491	04/06/22	662.00	MEDTRONIC USA, INC.



RUN DATE:04/05/22  
TIME:11:37

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/06/22 THRU 04/06/22

PAGE 2  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	194492	04/06/22	155.00	MEMORIAL MEDICAL CLINIC
A/P	194493	04/06/22	183.36	MMC AUXILIARY GIFT SHOP
A/P	194494	04/06/22	.00	VOIDED
A/P	194495	04/06/22	16,397.06	MORRIS & DICKSON CO, LLC
A/P	194496	04/06/22	998.85	MXR IMAGING, INC
A/P	194497	04/06/22	408.24	NACOGDOCHES TRANSCRIPTION
A/P	194498	04/06/22	194.03	OLYMPUS AMERICA INC
A/P	194499	04/06/22	275.99	OWENS & MINOR
A/P	194500	04/06/22	9.25	POWER HARDWARE
A/P	194501	04/06/22	1,791.67	RADSOURCE
A/P	194502	04/06/22	22,776.83	RELIANT, DEPT 0954
A/P	194503	04/06/22	501.80	SAM'S CLUB DIRECT
A/P	194504	04/06/22	145.03	SHERWIN WILLIAMS
A/P	194505	04/06/22	2,193.83	SIEMENS MEDICAL SOLUTIONS INC
A/P	194506	04/06/22	400.00	SIGN AD, LTD.
A/P	194507	04/06/22	368.00	SIMMLER, INC.
A/P	194508	04/06/22	5,786.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	194509	04/06/22	112.62	SPARKLIGHT
A/P	194510	04/06/22	135.31	SPBS CLINICAL EQUIPMENT SRVC
A/P	194511	04/06/22	2,620.00	SURGICAL DIRECT SOUTH
A/P	194512	04/06/22	239.00	TELEFLEX MEDICAL
A/P	194513	04/06/22	4,042.50	TEXAS SELECT STAFFING, LLC
A/P	194514	04/06/22	129.78	THE STAYWELL COMPANY LLC
A/P	194515	04/06/22	6,228.00	THE TACT CORPORATION OF NYC
A/P	194516	04/06/22	22,151.50	TRIAGE, LLC
A/P	194517	04/06/22	9,986.25	TRUSTED HEALTH, INC
A/P	194518	04/06/22	5,027.69	UNIFIRST HOLDINGS INC
A/P	194519	04/06/22	2,200.00	US POSTAL SERVICE
A/P	194520	04/06/22	2,078.70	VITA PERSONA LLC
A/P	194521	04/06/22	3,404.01	WAGEWORKS
A/P	194522	04/06/22	1,113.22	WERFEN USA LLC
A/P	194523	04/06/22	71,382.54	BETHANY SENIOR LIVING
A/P	194524	04/06/22	3,153.50	BROADMOOR AT CREEKSIDE PARK
A/P	194525	04/06/22	35.65	FORTBEND HEALTHCARE CENTER
A/P	194526	04/06/22	47,131.71	GOLDENCREEK HEALTHCARE
A/P	194527	04/06/22	23,633.50	GULF POINTE PLAZA
A/P	194528	04/06/22	6,240.44	SOLERA WEST HOUSTON
A/P	194529	04/06/22	1,361.50	THE CRESCENT
A/P	194530	04/06/22	97,990.95	TUSCANY VILLAGE
TOTALS:			947,402.21	

Payables 696,472.42 +  
NH 6,240.44 +  
35.65 +  
Transfers 3,153.50 +  
1,361.50 +  
47,131.71 +  
23,633.50 +  
97,990.95 +  
71,382.54 +  
947,402.21 \*

APPROVED ON

APR 06 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

## Request for Transfer of Funds

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

Date Requested: 3/29/2022

Payer: Medicare

Requested by: Misty Passmore

Requestor's email: mpassmore@mmcportlavaca.com

Requestor's phone number: 361-552-0343

District or County: Calhoun

Facility: Memorial Medical Center

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form and

Remittance Advice to: cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		3/4/2022	EFT	\$ (188.50)	EFT6267180	CVDAR000026869	\$ 188.50	BROADMOOR
		3/7/2022	EFT	\$ (120.36)	EFT6268335	CVDAR000026869	\$ 120.36	BROADMOOR
		3/8/2022	EFT	\$ (21.44)	EFT6269412	CVDAR000026869	\$ 21.44	BROADMOOR
		3/9/2022	EFT	\$ (1,147.78)	EFT6270980	CVDAR000026869	\$ 1,147.78	BROADMOOR
		3/10/2022	EFT	\$ (329.01)	EFT6272258	CVDAR000026869	\$ 329.01	BROADMOOR
		3/11/2022	EFT	\$ (431.96)	EFT6273558	CVDAR000026869	\$ 431.96	BROADMOOR
		3/14/2022	EFT	\$ (5.37)	EFT6274953	CVDAR000026869	\$ 5.37	BROADMOOR
		3/15/2022	EFT	\$ (134.66)	EFT6276353	CVDAR000026869	\$ 134.66	BROADMOOR
		3/16/2022	EFT	\$ (572.77)	EFT6277804	CVDAR000026869	\$ 572.77	BROADMOOR
		3/17/2022	EFT	\$ (4,763.66)	EFT6279472	CVDAR000026869	\$ 4,763.66	BROADMOOR
		3/18/2022	EFT	\$ (793.51)	EFT6281119	CVDAR000026869	\$ 793.51	BROADMOOR
		3/21/2022	EFT	\$ (1,698.68)	EFT6283145	CVDAR000026869	\$ 1,698.68	BROADMOOR
			<b>TOTAL</b>	\$ (10,207.70)			\$ 10,207.70	

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

Date Received: 3/29/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 4/6/2022

From Facility: BROADMOOR

To Facility: MMC

Amount: \$ 10,207.70

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

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

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

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

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

APPROVED ON

APR 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
C.R.#00201





## Request for Transfer of Funds

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

Date Requested: 3/29/2022

Payer: Medicare

Requested by: Misty Passmore

Requestor's email: mpassmore@mmcportlavaca.com

Requestor's phone number: 361-552-0343

District or County: Calhoun

Facility: Memorial Medical Center

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form and

Remittance Advice to : [cclevenger@mmcportlavaca.com](mailto:cclevenger@mmcportlavaca.com)  
[mmartinez@mmcportlavaca.com](mailto:mmartinez@mmcportlavaca.com)

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		3/4/2022	EFT	\$ (188.50)	EFT6267180	CVDAR000018170	\$ 188.50	CRESCENT
		3/7/2022	EFT	\$ (120.36)	EFT6268335	CVDAR000018170	\$ 120.36	CRESCENT
		3/8/2022	EFT	\$ (21.44)	EFT6269412	CVDAR000018170	\$ 21.44	CRESCENT
		3/9/2022	EFT	\$ (1,147.78)	EFT6270980	CVDAR000018170	\$ 1,147.78	CRESCENT
		3/10/2022	EFT	\$ (329.01)	EFT6272258	CVDAR000018170	\$ 329.01	CRESCENT
		3/11/2022	EFT	\$ (431.96)	EFT6273558	CVDAR000018170	\$ 431.96	CRESCENT
		3/14/2022	EFT	\$ (5.37)	EFT6274953	CVDAR000018170	\$ 5.37	CRESCENT
		3/15/2022	EFT	\$ (134.66)	EFT6276353	CVDAR000018170	\$ 134.66	CRESCENT
		3/16/2022	EFT	\$ (572.77)	EFT6277804	CVDAR000018170	\$ 572.77	CRESCENT
		3/17/2022	EFT	\$ (4,763.66)	EFT6279472	CVDAR000018170	\$ 4,763.66	CRESCENT
		3/18/2022	EFT	\$ (793.51)	EFT6281119	CVDAR000018170	\$ 793.51	CRESCENT
		3/21/2022	EFT	\$ (1,698.68)	EFT6283145	CVDAR000018170	\$ 1,698.68	CRESCENT
		3/22/2022	EFT	\$ (428.53)	EFT6285321	CVDAR000018170	\$ 428.53	CRESCENT
		3/23/2022	EFT	\$ (58.33)	EFT6286914	CVDAR000018170	\$ 58.33	CRESCENT
		3/24/2022	EFT	\$ (263.98)	EFT6288299	CVDAR000018170	\$ 263.98	CRESCENT
<b>TOTAL</b>				\$ (10,958.54)			\$ 10,958.54	

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

Date Received: 3/29/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 4/6/2022

From Facility: CRESCENT

To Facility: MMC

Amount: \$ 10,958.54

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

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

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

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

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

APPROVED ON

APR 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CL# 000232





## Request for Transfer of Funds

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

Date Requested: 3/29/2022

Payer: Medicare

Requested by: Misty Passmore

Requestor's email: mpassmore@mmcportlavaca.com

Requestor's phone number: 361-552-0343

District or County: Calhoun

Facility: Memorial Medical Center

**Please Attach:**

Remittance Advice and EOB

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

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

Please email request form and

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

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		3/4/2022	EFT	\$ (188.50)	EFT6267180	CV DAR000018170	188.50	SOLERA
		3/7/2022	EFT	\$ (120.36)	EFT6268335	CV DAR000018170	120.36	SOLERA
		3/8/2022	EFT	\$ (21.44)	EFT6269412	CV DAR000018170	21.44	SOLERA
		3/9/2022	EFT	\$ (1,147.78)	EFT6270980	CV DAR000018170	1,147.78	SOLERA
		3/10/2022	EFT	\$ (329.01)	EFT6272258	CV DAR000018170	329.01	SOLERA
		3/11/2022	EFT	\$ (431.96)	EFT6273558	CV DAR000018170	431.96	SOLERA
		3/14/2022	EFT	\$ (5.37)	EFT6274953	CV DAR000018170	5.37	SOLERA
		3/15/2022	EFT	\$ (134.66)	EFT6276353	CV DAR000018170	134.66	SOLERA
		3/16/2022	EFT	\$ (572.77)	EFT6277804	CV DAR000018170	572.77	SOLERA
		3/17/2022	EFT	\$ (4,763.66)	EFT6279472	CV DAR000018170	4,763.66	SOLERA
		3/18/2022	EFT	\$ (793.51)	EFT6281119	CV DAR000018170	793.51	SOLERA
		3/21/2022	EFT	\$ (1,698.68)	EFT6283145	CV DAR000018170	1,698.68	SOLERA
<b>TOTAL</b>				<b>(10,207.70)</b>			<b>10,207.70</b>	

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

Date Received: 3/29/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 4/6/2022

From Facility: SOLERA

To Facility: MMC

Amount: \$ 10,207.70

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

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

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

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

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

APPROVED ON

APR 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CC #001230







MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000201

88-2265/1131

Date 4/6/22

PAY

TO THE ORDER OF Memorial Medical center

\$ 10,207.70

Ten thousand Two hundred seven & 70/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000201⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000200

88-2265/1131

Date 4/6/22

PAY

TO THE ORDER OF Bethany

\$ 17,156.11

Seventeen thousand One hundred fifty six & 11/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000200⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000232

88-2265/1131

Date 4/6/22

PAY

TO THE ORDER OF Memorial Medical center

\$ 10,958.54

Ten thousand Nine hundred fifty eight & 54/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000232⑈ ⑆113122655⑆



MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000231

Date 4/6/22

88-2265/1131

PAY

TO THE  
ORDER OF

Bethany

\$ 29,578.98

Twenty nine thousand Five hundred Seventy eight & 98/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000231⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001230

Date 4/6/22

88-2265/1131

PAY

TO THE  
ORDER OF

Memorial Medical Center

\$ 10,207.70

Ten thousand Two hundred Seven & 70/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001230⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001229

Date 4/6/22

88-2265/1131

PAY

TO THE  
ORDER OF

Bethany

\$ 518.43

Five hundred eighteen & 43/100 DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈001229⑈ ⑆113122655⑆

**Interest To MMC From NH**

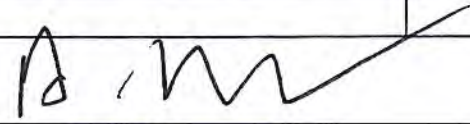
NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	21400012	January- March 2022 Interest Earned	48.50	1/5/2022
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	21400009	January- March 2022 Interest Earned	36.83	1/5/2022
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	21400010	January- March 2022 Interest Earned	43.93	1/5/2022
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	21400008	January- March 2022 Interest Earned	19.70	1/5/2022
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	21400011	January- March 2022 Interest Earned	58.58	1/5/2022
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	21400013	January- March 2022 Interest Earned	46.69	1/5/2022
Gulf Pointe-PP	10000025 - Prosperity		MMC -Prosperity Operating #10000001	21400014	January- March 2022 Interest Earned	14.59	1/5/2022
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001	21400014	January- March 2022 Interest Earned	28.89	1/5/2022
Bethany	10000026 - Prosperity		MMC -Prosperity Operating #10000001	21400015	January- March 2022 Interest Earned	77.99	1/5/2022
						375.70	

Note:

Approved:

Anthony Richardson, Interim CFO

4/4/2022






Memorial Medical Center  
 Nursing Home UPL  
 Weekly Cantex Transfer  
 Prosperity Accounts  
 4/4/2022

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
<b>Ashford Gardens</b>		171,490.57 ✓	171,362.59 ✓	29,844.38 ✓		29,972.36 ✓	29,823.86
						Bank Balance	29,972.36 ✓
						Variance	-
						Leave in Balance	100.00
						JAN INTEREST	14.62 ✓
						FEB INTEREST	13.36 ✓
						MAR INTEREST	20.52 ✓
						Adjust Balance/Transfer Amt	29,823.86 ✓
<b>Broadmoor</b>		52,104.14 ✓	51,978.42 ✓	46,986.85 ✓		-	19,611.93
						Bank Balance	47,112.57 ✓
						Variance	-
						Leave in Balance	100.00
						MEDICARE PAYMENT OWED TO BETHANY	17,156.11 ✓
						MEDICARE PAYMENT OWED TO MMC	10,207.70 ✓
						JAN INTEREST	12.36 ✓
						FEB INTEREST	13.36 ✓
						MAR INTEREST	11.11 ✓
						Adjust Balance/Transfer Amt	19,611.93 ✓
<b>Crescent</b>		231,258.26 ✓	231,134.66 ✓	38,625.49 ✓		38,749.09 ✓	-
						Bank Balance	38,749.09 ✓
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPAYMENT TO BETHANY	29,578.98 ✓
						MEDICARE REPAYMENT TO MMC	10,958.54 ✓
						JAN INTEREST	13.33 ✓
						FEB INTEREST	10.27 ✓
						MAR INTEREST	20.33 ✓
						Adjust Balance/Transfer Amt	(1,932.36) ✓
<b>Fort Bend</b>		28,782.20 ✓	28,668.77 ✓	14,114.64 ✓		14,228.07 ✓	14,108.37
						Bank Balance	14,228.07 ✓
						Variance	-
						Leave in Balance	100.00
						JAN INTEREST	7.23 ✓
						FEB INTEREST	6.20 ✓
						MAR INTEREST	6.27 ✓
						Adjust Balance/Transfer Amt	14,108.37 ✓
<b>Solera at W Houston</b>		188,342.49 ✓	188,104.17 ✓	57,551.51 ✓		57,789.83 ✓	46,804.56
						Bank Balance	57,789.83 ✓
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPAYMENT TO BETHANY	518.43 ✓
						MEDICARE REPAYMENT TO MMC	10,207.70 ✓
						CORRECTION CHECK TO MMC	100.56 ✓
						JAN INTEREST	17.46 ✓
						FEB INTEREST	20.30 ✓
						MAR INTEREST	20.82 ✓
						Adjust Balance/Transfer Amt	46,804.56 ✓

29,823.86 +  
 19,611.93 +  
 14,108.37 + */ Fort Bend / Broadmoor*  
 46,804.56 +  
 110,348.72 \*

APPROVED ON  
 APR 04 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 110,348.72  
 Approved:   
 ANTHONY RICHARDSON, INTERIM CFO 4/4/2022

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

		MMC PORTION					NH PORTION
	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI
<b>Ashford Gardens</b>							
3/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,437.40	-	-	-	-	3,437.40
3/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	830.08	-	-	-	-	830.08
3/28/2022 CIGNA HCCLAIMPMT 1326436189 91000011227004	-	1,741.81	-	-	-	-	1,741.81
3/30/2022 MANAGEANDNET1718 MNS PMNT 00000000000093 41	-	2,875.50	-	-	-	-	2,875.50
<b>3/31/2022 Added to Account</b>	-	<b>20.52</b>	-	-	-	-	<b>20.52</b>
3/31/2022 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	171,362.59	-	-	-	-	-	-
3/31/2022 Deposit	-	13,815.60	-	-	-	-	13,815.60
3/31/2022 MANAGEANDNET1718 MNS PMNT 00000000000093 41	-	1,504.00	-	-	-	-	1,504.00
3/31/2022 Amerigroup TXSC HCCLAIMPMT 3176218534 111000	-	5,427.54	-	-	-	-	5,427.54
4/1/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	191.93	-	-	-	-	191.93
	<b>171,362.59</b>	<b>29,844.38</b>	-	-	-	-	<b>29,844.38</b>

		MMC PORTION					NH PORTION
	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI
<b>Brookline</b>							
3/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	14,536.26	-	-	-	-	14,536.26
3/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,445.35	-	-	-	-	1,445.35
3/29/2022 Molina HC of TX HCCLAIMPMT PN1669860433 4200	-	1,053.03	-	-	-	-	1,053.03
3/29/2022 Molina HC of TX HCCLAIMPMT PN1669860433 4200	-	1,639.50	-	-	-	-	1,639.50
3/29/2022 NOVITAS SOLUTION HCCLAIMPMT 676357 420000123	-	355.66	-	-	-	-	355.66
3/29/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	7,344.60	-	-	-	-	7,344.60
3/30/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,809.35	-	-	-	-	2,809.35
3/30/2022 NOVITAS SOLUTION HCCLAIMPMT 676357 420000171	-	3,991.97	-	-	-	-	3,991.97
<b>3/31/2022 Added to Account</b>	-	<b>11.11</b>	-	-	-	-	<b>11.11</b>
3/31/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	49,555.10	-	-	-	-	-	-
3/31/2022 Deposit	-	12,129.05	-	-	-	-	12,129.05
4/1/2022 CK198	2,423.32	-	-	-	-	-	-
4/1/2022 HUMANA CHA DISB HCCLAIMPMT 390861 4200001700	-	1,281.97	-	-	-	-	1,281.97
4/1/2022 AARP Supplementa HCCLAIMPMT 746003411 124384	-	389.00	-	-	-	-	389.00
	<b>51,978.42</b>	<b>46,986.85</b>	-	-	-	-	<b>46,986.85</b>

		MMC PORTION					NH PORTION
	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI
<b>Crescent</b>							
3/28/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000108	-	1,401.00	-	-	-	-	1,401.00
3/28/2022 CIGNA HCCLAIMPMT 1669860425 91000011227005	-	9,200.00	-	-	-	-	9,200.00
3/28/2022 CIGNA HCCLAIMPMT 1669860425 91000011249591	-	4,800.00	-	-	-	-	4,800.00
3/30/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,030.00	-	-	-	-	7,030.00
3/30/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000171	-	875.25	-	-	-	-	875.25
<b>3/31/2022 Added to Account</b>	-	<b>20.33</b>	-	-	-	-	<b>20.33</b>
3/31/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	200,805.56	-	-	-	-	-	-
3/31/2022 Deposit	-	3,881.43	-	-	-	-	3,881.43
3/31/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	1,330.00	-	-	-	-	1,330.00
3/31/2022 MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	3,121.56	-	-	-	-	3,121.56
4/1/2022 CK227	2,423.32	-	-	-	-	-	-
4/1/2022 CK229	27,905.78	-	-	-	-	-	-
4/1/2022 K5 PLAN ADMINIST HCCLAIMPMT 14995 1110000266	-	5,200.00	-	-	-	-	5,200.00
4/1/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,584.19	-	-	-	-	1,584.19
4/1/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	181.73	-	-	-	-	181.73
	<b>231,134.66</b>	<b>38,625.49</b>	-	-	-	-	<b>38,625.49</b>

		MMC PORTION					NH PORTION
	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI
<b>Fort Bend</b>							
3/29/2022 NOVITAS SOLUTION HCCLAIMPMT 675663 420000123	-	939.96	-	-	-	-	939.96
<b>3/31/2022 Added to Account</b>	-	<b>6.27</b>	-	-	-	-	<b>6.27</b>
3/31/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	28,668.77	-	-	-	-	-	-
3/31/2022 Molina HC of TX HCCLAIMPMT PN1730577503 4200	-	6,867.79	-	-	-	-	6,867.79
4/1/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	780.00	-	-	-	-	780.00
4/1/2022 NOVITAS SOLUTION HCCLAIMPMT 675663 420000173	-	5,520.62	-	-	-	-	5,520.62
	<b>28,668.77</b>	<b>14,114.64</b>	-	-	-	-	<b>14,114.64</b>

		MMC PORTION					NH PORTION
	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI
<b>Solera at West Houston</b>							
3/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,976.75	-	-	-	-	2,976.75
3/28/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000108	-	1,348.50	-	-	-	-	1,348.50
3/28/2022 HHP TEXAS HCCLAIMPMT 390862 42000010488921 D	-	6,957.62	-	-	-	-	6,957.62
3/28/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	7,897.66	-	-	-	-	7,897.66
3/28/2022 AARP Supplementa HCCLAIMPMT 746003411 124384	-	6,029.50	-	-	-	-	6,029.50
3/29/2022 MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	5,751.00	-	-	-	-	5,751.00
3/29/2022 HNB - ECHO HCCLAIMPMT 746003411 440000235189	-	803.68	-	-	-	-	803.68
3/29/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001177	-	7,110.00	-	-	-	-	7,110.00
3/30/2022 MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	6,564.50	-	-	-	-	6,564.50
3/30/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	1,640.00	-	-	-	-	1,640.00
<b>3/31/2022 Added to Account</b>	-	<b>20.82</b>	-	-	-	-	<b>20.82</b>
3/31/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	185,680.85	-	-	-	-	-	-
3/31/2022 Deposit	-	215.77	-	-	-	-	215.77
3/31/2022 Molina HC of TX HCCLAIMPMT PN1497143259 4200	-	1,596.95	-	-	-	-	1,596.95
3/31/2022 HNB - ECHO HCCLAIMPMT 746003411 440000211491	-	83.31	-	-	-	-	83.31
3/31/2022 Amerigroup TXSC HCCLAIMPMT 3176218535 111000	-	997.37	-	-	-	-	997.37
4/1/2022 CK1228	2,423.32	-	-	-	-	-	-
4/1/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	55.00	-	-	-	-	55.00
4/1/2022 Amerigroup TXSC HCCLAIMPMT 3176281243 111000	-	4,862.50	-	-	-	-	4,862.50
4/1/2022 UnitedHealthcare HCCLAIMPMT 746003411 910000	-	779.00	-	-	-	-	779.00
4/1/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,861.58	-	-	-	-	1,861.58
	<b>188,104.17</b>	<b>57,551.51</b>	-	-	-	-	<b>57,551.51</b>

TOTALS

<b>671,248.61</b>	<b>187,122.87</b>	-	-	-	-	-	<b>187,122.87</b>
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# Quick View

Select Quick View Accounts  
Account Number / Name

Account Type

Select Group  
Groups

DDA Data reported as of Apr 4, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$7,811,468.01</b>	<b>\$7,831,875.48</b>	<b>\$7,811,468.01</b>	<b>\$7,994,055.1</b>
*4551 CAL CO INDIGENT HEALTHCARE	\$5,392.26	\$5,392.26	\$5,392.26	\$5,454.0
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$44,090.68	\$45,395.58	\$44,090.68	\$45,005.0
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.26	\$536.26	\$536.26	\$536.2
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$6,227,624.84	\$6,212,186.42	\$6,227,624.84	\$6,434,489.4
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.71	\$431.71	\$431.71	\$431.7
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$29,972.36 ✓	\$33,423.16	\$29,972.36	\$29,780.4
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$47,112.57 ✓	\$51,742.63	\$47,112.57	\$47,864.9
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$38,749.09 ✓	\$46,731.34	\$38,749.09	\$62,112.2
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$14,228.07 ✓	\$19,706.83	\$14,228.07	\$7,927.4
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$57,789.83 ✓	\$60,028.12	\$57,789.83	\$52,655.0
*2998 MMC -MONEY MARKET FUND	\$1,110,015.19	\$1,110,015.19	\$1,110,015.19	\$1,110,015.1
*5506 MMC -NH BETHANY SENIOR LIVING	\$100,964.43	\$108,067.72	\$100,964.43	\$92,992.5
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$30,762.29	\$30,762.29	\$30,762.29	\$29,334.7
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$5,105.26	\$5,750.95	\$5,105.26	\$5,461.7
*3407 MMC -NH TUSCANY VILLAGE	\$98,693.17	\$101,705.02	\$98,693.17	\$69,994.3


Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 4/4/2022

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		105,542.96	105,418.21	43,965.93		44,090.68	43,943.99
						44,090.68	
						-	
						44,090.68	
						-	
						100.00	

MMC PAYMENT TRANSFERRED IN ERROR

JAN INTEREST	11.04
FEB INTEREST	13.71
MAR INTEREST	21.94
	<del>46.69</del>
Adjust Balance/Transfer Amt	43,943.99

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, INTERIM CFO 4/4/2022

APPROVED ON

APR 04 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS





# Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type



DDA

Data reported as of Apr 4, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$7,811,468.01</b>	<b>\$7,831,875.48</b>	<b>\$7,811,468.01</b>	<b>\$7,994,055.1</b>
*4551 CAL CO INDIGENT HEALTHCARE	\$5,392.26	\$5,392.26	\$5,392.26	\$5,454.0
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$44,090.68	\$45,395.58	\$44,090.68	\$45,005.0
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.26	\$536.26	\$536.26	\$536.2
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$6,227,624.84	\$6,212,186.42	\$6,227,624.84	\$6,434,489.4
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.71	\$431.71	\$431.71	\$431.7
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$29,972.36	\$33,423.16	\$29,972.36	\$29,780.4
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$47,112.57	\$51,742.63	\$47,112.57	\$47,864.9
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$38,749.09	\$46,731.34	\$38,749.09	\$62,112.2
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$14,228.07	\$19,706.83	\$14,228.07	\$7,927.4
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$57,789.83	\$60,028.12	\$57,789.83	\$52,655.0
*2998 MMC -MONEY MARKET FUND	\$1,110,015.19	\$1,110,015.19	\$1,110,015.19	\$1,110,015.1
*5506 MMC -NH BETHANY SENIOR LIVING	\$100,964.43	\$108,067.72	\$100,964.43	\$92,992.5
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$30,762.29	\$30,762.29	\$30,762.29	\$29,334.7
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$5,105.26	\$5,750.95	\$5,105.26	\$5,461.7
*3407 MMC -NH TUSCANY VILLAGE	\$98,693.17	\$101,705.02	\$98,693.17	\$69,994.3



Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 4/4/2022

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		4,685.15	356.51	776.62			5,105.26	no transfer
						Bank Balance	5,105.26	
						Variance	-	
						Leave in Balance	100.00	

ECHO PYMT THAT DOES NOT BELONG TO HMG  
 PAYMENT THAT DOES NOT BELONG TO HMG

JAN INTEREST	4.00	
FEB INTEREST	4.55	
MAR INTEREST	6.04	
Adjust Balance/Transfer Amt	<u>4,990.67</u>	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		168,573.65	168,457.58	30,646.22			30,762.29	30,633.40
						Bank Balance	30,762.29	
						Variance	-	
						Leave in Balance	100.00	


JAN INTEREST	6.42	
FEB INTEREST	9.65	
MAR INTEREST	12.82	
Adjust Balance/Transfer Amt	<u>30,633.40</u>	

*Routine Information for Gulf Pointe Plaza:*



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

**TOTAL TRANSFERS** 35,624.07

Approved:   
 ANTHONY RICHARDSON, INTERIM CFO 4/4/2022

**APPROVED ON**

**APR 04 2022**

**BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS**





# Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type




DDA

Data reported as of Apr 4, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$7,811,468.01</b>	<b>\$7,831,875.48</b>	<b>\$7,811,468.01</b>	<b>\$7,994,055.1</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,392.26	\$5,392.26	\$5,392.26	\$5,454.0
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$44,090.68	\$45,395.58	\$44,090.68	\$45,005.0
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.26	\$536.26	\$536.26	\$536.2
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,227,624.84	\$6,212,186.42	\$6,227,624.84	\$6,434,489.4
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.71	\$431.71	\$431.71	\$431.7
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$29,972.36	\$33,423.16	\$29,972.36	\$29,780.4
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$47,112.57	\$51,742.63	\$47,112.57	\$47,864.5
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$38,749.09	\$46,731.34	\$38,749.09	\$62,112.2
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$14,228.07	\$19,706.83	\$14,228.07	\$7,927.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$57,789.83	\$60,028.12	\$57,789.83	\$52,655.0
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,110,015.19	\$1,110,015.19	\$1,110,015.19	\$1,110,015.1
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$100,964.43	\$108,067.72	\$100,964.43	\$92,992.5
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$30,762.29 ✓	\$30,762.29	\$30,762.29	\$29,334.7
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$5,105.26 ✓	\$5,750.95	\$5,105.26	\$5,461.7
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$98,693.17	\$101,705.02	\$98,693.17	\$69,994.3

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscany Transfer  
 Prosperity Accounts  
 4/4/2022

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		164,158.80	164,058.80	98,593.17			98,693.17	98,593.17
						Bank Balance Variance	98,693.17	
						Leave in Balance	100.00	

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

Adjust Balance Transfer Am 98,593.17  
 Approved:   
 ANTHONY RICHARDSON, INTERIM CFO 4/4/2022

APPROVED ON

APR 04 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS





## Quick View

Select Quick View Accounts  
Account Number / NameSelect Group  
Groups

Account Type



DDA

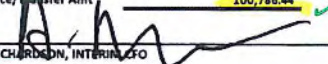
Data reported as of Apr 4, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$7,811,468.01</b>	<b>\$7,831,875.48</b>	<b>\$7,811,468.01</b>	<b>\$7,994,055.1</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,392.26	\$5,392.26	\$5,392.26	\$5,454.0
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$44,090.68	\$45,395.58	\$44,090.68	\$45,005.0
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.26	\$536.26	\$536.26	\$536.2
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,227,624.84	\$6,212,186.42	\$6,227,624.84	\$6,434,489.4
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.71	\$431.71	\$431.71	\$431.7
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$29,972.36	\$33,423.16	\$29,972.36	\$29,780.4
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$47,112.57	\$51,742.63	\$47,112.57	\$47,864.5
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$38,749.09	\$46,731.34	\$38,749.09	\$62,112.2
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$14,228.07	\$19,706.83	\$14,228.07	\$7,927.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$57,789.83	\$60,028.12	\$57,789.83	\$52,655.0
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,110,015.19	\$1,110,015.19	\$1,110,015.19	\$1,110,015.1
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$100,964.43	\$108,067.72	\$100,964.43	\$92,992.5
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$30,762.29	\$30,762.29	\$30,762.29	\$29,334.7
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$5,105.26	\$5,750.95	\$5,105.26	\$5,461.7
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$98,693.17	\$101,705.02	\$98,693.17	\$69,994.3



Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSLTransfer  
 Prosperity Accounts  
 4/4/2022

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		244,385.72	244,235.65	100,814.36			100,964.43	100,786.44
						Bank Balance	100,964.43	
						Variance	-	
						Leave in Balance	100.00	

JAN INTEREST 25.69  
 FEB INTEREST 24.38  
 MAR INTEREST 27.92  
 Adjust Balance/Transfer Amt 100,786.44  
 Approved:   
 ANTHONY RICHARDSON, INTERIM CFO 4/4/2022

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  
 APR 04 2022  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS





## Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type





DDA

Data reported as of Apr 4, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$7,811,468.01</b>	<b>\$7,831,875.48</b>	<b>\$7,811,468.01</b>	<b>\$7,994,055.1</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,392.26	\$5,392.26	\$5,392.26	\$5,454.0
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$44,090.68	\$45,395.58	\$44,090.68	\$45,005.0
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.26	\$536.26	\$536.26	\$536.2
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,227,624.84	\$6,212,186.42	\$6,227,624.84	\$6,434,489.4
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.71	\$431.71	\$431.71	\$431.7
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$29,972.36	\$33,423.16	\$29,972.36	\$29,780.4
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$47,112.57	\$51,742.63	\$47,112.57	\$47,864.9
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$38,749.09	\$46,731.34	\$38,749.09	\$62,112.2
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$14,228.07	\$19,706.83	\$14,228.07	\$7,927.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$57,789.83	\$60,028.12	\$57,789.83	\$52,655.0
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,110,015.19	\$1,110,015.19	\$1,110,015.19	\$1,110,015.1
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$100,964.43 ✓	\$108,067.72	\$100,964.43	\$92,992.5
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$30,762.29	\$30,762.29	\$30,762.29	\$29,334.7
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$5,105.26	\$5,750.95	\$5,105.26	\$5,461.7
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$98,693.17	\$101,705.02	\$98,693.17	\$69,994.3

Hohford

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P Memorial Medical Center Operating  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 09/8/2020

APPROVED ON  
APR 04 2022  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK#00171

FOR ACCT. USE ONLY

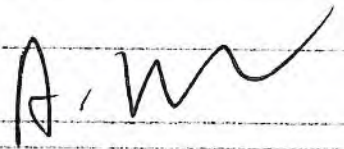
Imprest Cash  
 A/P Check  
 Mail Check to Vendor  
 Return Check to Dept

AMOUNT \$48.50

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

EXPLANATION: JANUARY- MARCH INTEREST

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 



Broadmoor

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P Memorial Medical Center Operating  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 09/8/2020

APPROVED ON

APR 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK#000199

FOR ACCT. USE ONLY

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

AMOUNT \$36.83

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

EXPLANATION: JANUARY- MARCH INTEREST

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Crescent

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 09/8/2020

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APPROVED ON

APR 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK#000230

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

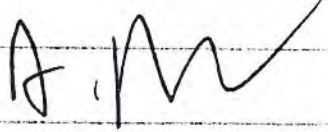
Return Check to Dept

AMOUNT \$43.93

G/L NUMBER:

EXPLANATION: JANUARY- MARCH INTEREST

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 



Fort Bend

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 09/8/2020

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APPROVED ON

APR 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK #000174

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

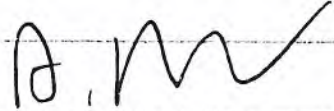
Return Check to Dept

AMOUNT \$19.70

G/L NUMBER:

EXPLANATION: JANUARY- MARCH INTEREST

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Solera

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 09/8/2020

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APPROVED ON

APR 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CL#001231

FOR ACCT. USE ONLY

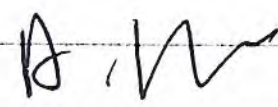
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT \$58.58

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

EXPLANATION: JANUARY- MARCH INTEREST

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 



Golden Creek

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 09/8/2020

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APPROVED ON

APR 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

ck#000100

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT \$46.69

G/L NUMBER:

EXPLANATION: JANUARY- MARCH INTEREST

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

GP - mm

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 09/8/2020

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APPROVED ON

APR 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK #1007

FOR ACCT. USE ONLY

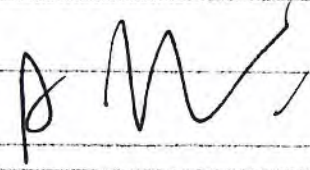
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT \$28.89

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

EXPLANATION: JANUARY- MARCH INTEREST

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 



GP-PP

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 09/8/2020

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APPROVED ON

APR 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK#1079

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

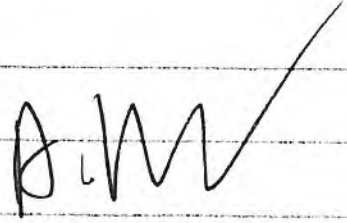
Return Check to Dept

AMOUNT \$14.59

G/L NUMBER:

EXPLANATION: JANUARY- MARCH INTEREST

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Bethany

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 09/8/2020

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APPROVED ON

APR 04 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL#1001

FOR ACCT. USE ONLY

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

AMOUNT \$77.99

G/L NUMBER:

EXPLANATION: JANUARY- MARCH INTEREST

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



MEMORIAL MEDICAL CENTER

NH ASHFORD  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001171

Date 4/6/22 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 48.50

Forty eight & 50/100

DOLLARS



FOR Jan-Mar Interest

Security features are included. Details on back.

⑈001171⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000199

Date 4/6/22 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 36.83

Thirty six & 83/100

DOLLARS



FOR Jan-Mar Interest

Security features are included. Details on back.

⑈000199⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000230

Date 4/6/22 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 43.93

Forty three & 93/100

DOLLARS



FOR Jan-Mar Interest

Security features are included. Details on back.

⑈000230⑈ ⑆113122655⑆



MEMORIAL MEDICAL CENTER

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

000176

Date 4/6/22

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 19.70

Nineteen & 70/100

DOLLARS



FOR Jan-Mar interest

Security features are included. Details on back.

⑈000176⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001231

Date 4/6/22

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 58.58

Fifty eight & 58/100

DOLLARS



FOR Jan-Mar interest

Security features are included. Details on back.

⑈001231⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000160

Date 4/6/22

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical center

\$ 46.69

Fourty six & 69/100

DOLLARS



FOR Jan-Mar interest

Security features are included. Details on back.

⑈000160⑈ ⑆113122655⑆



MEMORIAL MEDICAL CENTER  
NH GULF POINTE PLAZA  
MEDICARE/MEDICAID 361-553-4618  
1815 N VIRGINIA ST  
PORT LAVACA, TX 77979

1007

88-2265/1131-87

DATE 4/16/22

CHECK ARMOR

PAY TO THE ORDER OF Memorial Medical Center

\$ 28.89

Twenty eight & 89/100

DOLLARS



PROSPERITY BANK®

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

FOR Jan - Mar Interest

⑆001007⑆ ⑆113122655⑆

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

1079

88-2265/1131-87

DATE 4/16/22

CHECK ARMOR

PAY TO THE ORDER OF Memorial Medical Center

\$ 14.59

Fourteen & 59/100

DOLLARS



PROSPERITY BANK®

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

FOR Jan - Mar Interest

⑆001079⑆ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 102019  
NH BETHANY SENIOR LIVING  
PH 361-553-4618  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

1009

88-2265/1131-87

DATE 4/16/22

CHECK ARMOR

PAY TO THE ORDER OF Memorial Medical Center

\$ 77.99

Seventy Seven & 99/100

DOLLARS



PROSPERITY BANK®

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

FOR Jan - Mar Interest

⑆001009⑆ ⑆113122655⑆





RUN DATE:04/06/22  
TIME:14:52

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/06/22 THRU 04/06/22

PAGE 6  
GLCKREG

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

NHA 001171 04/06/22 48.50 MEMORIAL MEDICAL CENTER *Ashford*  
TOTALS: 48.50

**APPROVED ON**

**APR 06 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

RUN DATE:04/06/22  
TIME:14:52

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/06/22 THRU 04/06/22

PAGE 7  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000199	04/06/22	36.83	MEMORIAL MEDICAL CENTER <i>Bradmoor</i>
NHB	000200	04/06/22	17,156.11	BETHANY
NHB	000201	04/06/22	10,207.70	MEMORIAL MEDICAL CENTER
TOTALS:			27,400.64	

**APPROVED ON**

**APR 06 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**



RUN DATE:04/06/22  
TIME:14:52

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/06/22 THRU 04/06/22

PAGE 8  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000230	04/06/22	43.93	MEMORIAL MEDICAL CENTER <i>Crescent</i>
NHC	000231	04/06/22	29,578.98	BETHANY
NHC	000232	04/06/22	10,958.54	MEMORIAL MEDICAL CENTER
TOTALS:			40,581.45	

**APPROVED ON**

**APR 06 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

RUN DATE:04/06/22  
TIME:14:52

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/06/22 THRU 04/06/22

PAGE 9  
GLCKREG

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

NHF 000176 04/06/22 19.70 MEMORIAL MEDICAL CENTER *Fort Bend*  
TOTALS: 19.70



RUN DATE:04/06/22  
TIME:14:52

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/06/22 THRU 04/06/22

PAGE 10  
GLCKREG

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

NHG 000160 04/06/22 46.69 MEMORIAL MEDICAL CENTER *golden creek*  
TOTALS: 46.69

**APPROVED ON**

**APR 06 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

RUN DATE:04/06/22  
TIME:14:52

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/06/22 THRU 04/06/22

PAGE 4  
GLCKREG

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

GPM 001007 04/06/22 28.89 MEMORIAL MEDICAL CENTER *Gulf Point MM*  
TOTALS: 28.89

**APPROVED ON**

**APR 06 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

RUN DATE:04/06/22  
TIME:14:52

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/06/22 THRU 04/06/22

PAGE 5  
GLCKREG

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

GPP 001076 04/06/22 14.59 MEMORIAL MEDICAL CENTER *Gulf Pointe PP*  
TOTALS: 14.59

**APPROVED ON**

**APR 06 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**



RUN DATE:04/06/22  
TIME:14:52

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/06/22 THRU 04/06/22

PAGE 3  
GLCKREG

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

BSL 001009 04/06/22 77.99 MEMORIAL MEDICAL CENTER *Bethany*  
TOTALS: 77.99

**APPROVED ON**

**APR 06 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**