

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 20, 2022

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 472,535.20
TOTAL TRANSFERS BETWEEN FUNDS	\$ 1,512,620.13
TOTAL NURSING HOME UPL EXPENSES	\$ 693,345.76
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED April 20, 2022	\$ 2,678,501.09

APPROVED

APR 20 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---April 20, 2022

PAYABLES AND PAYROLL

4/18/2022 Weekly Payables	452,803.65
4/18/2022 McKesson-340B Prescription Expense	8,901.37
4/18/2022 Amerisource Bergen-340B Prescription Expense	2,179.99

Prosperity Electronic Bank Payments

4/11-4/15/22 Credit Card & Lease Fees	6,853.42
4/12/2022 Cleargage-Patient Financing Service	107.89
4/11-4/15/22 Pay Plus-Patient Claims Processing Fee	460.48
4/15/2022 ExpertPay- child support	1,228.40

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 472,535.20**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

4/18/2022 MMC Operating to Ashford-correction of NH insurance, QIPP and Phase 4 ARP Rural payment deposited into MMC Operating	216,625.32
4/18/2022 MMC Operating to Solera-correction of NH QIPP and Phase 4 ARP Rural payment deposited into MMC Operating	61,778.22
4/18/2022 MMC Operating to Fort bend-correction of NH QIPP and Phase 4 ARP Rural payment deposited into MMC Operating	65,502.46
4/18/2022 MMC Operating to Broadmoor-correction of NH QIPP and Phase 4 ARP Rural payment deposited into MMC Operating	76,179.39
4/18/2022 MMC Operating to Crescent-correction of NH insurance, QIPP and Phase 4 ARP Rural payment deposited into MMC Operating in error	63,654.97
4/18/2022 MMC Operating to Golden Creek-correction of NH insurance, QIPP and Phase 4 ARP Rural payment deposited into MMC Operating in error	437,399.41
4/18/2022 MMC Operating to Gulf Pointe Plaza -correction of NH insurance, QIPP and Phase 4 ARP Rural payment deposited into MMC Operating	124,476.98
4/18/2022 MMC Operating to Tuscany Village-correction of NH insurance, QIPP and Phase 4 ARP Rural payment deposited into MMC Operating	141,183.87
4/18/2022 MMC Operating to Bethany-correction of NH insurance and Phase 4 ARP Rural payment deposited into MMC Operating in error	244,784.08

MEDICARE ADVANCE PAYMENT RECOUP

4/18/2022 Broadmoor to Golden Creek-correction of Broadmoor medical recoup taken from Golden Creek	26,022.27
4/18/2022 Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	1,448.97
4/18/2022 Crescent to Golden Creek-correction of Crescent medicare recoup taken from Golden Creek	26,022.27
4/18/2022 Solera to Golden Creek-correction of Solera medicare recoup taken from Golden Creek	26,022.27

TRANSFER OF FUNDS BETWEEN NURSING HOMES

4/18/2022 Fort Bend-correction of MMC Clinic insurance payment deposited into Fort Bend in error	35.65
4/18/2022 Gulf Pointe Plaza-PP-correction of Bethany insurance payment deposited into Gulf Pointe Plaza-PP in error	1,484.00

TOTAL TRANSFERS BETWEEN FUNDS **\$ 1,512,620.13**

NURSING HOME UPL EXPENSES

4/18/2022 Nursing Home UPL-Cantex Transfer	250,353.21
4/18/2022 Nursing Home UPL-Nexion Transfer	17,751.82
4/18/2022 Nursing Home UPL-HMG Transfer	79,870.97
4/18/2022 Nursing Home UPL-Tuscany Transfer	50,449.85
4/18/2022 Nursing Home UPL-HSL Transfer	199,361.96

NURSING HOME BANK FEES

4/15/2022 Ashford-Enhanced analysis fee	102.94
-----------------------------------------	--------

QIPP CHECKS TO MMC

4/18/2022 Ashford	30,485.84
4/18/2022 Broadmoor	12,638.85

4/18/2022 Crescent	10,117.45
4/18/2022 Fort Bend	12,341.56
4/18/2022 Solera	11,977.14
4/18/2022 Tuscany	17,894.17

TOTAL NURSING HOME UPL EXPENSES	\$ 693,345.76
----------------------------------------	----------------------

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

GRAND TOTAL DISBURSEMENTS APPROVED April 20, 2022	\$ 2,678,501.09
----------------------------------------------------------	------------------------

RECEIVED BY THE COUNTY AUDITOR ON

APR 14 2022

04/14/2022
CALHOUN COUNTY, TEXAS
10:42

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 05/05/2022

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
13180	ADVANCED STERILIZATION PRODUCT			8020385222		03/29/20	03/24/20	05/01/20		3,000.00	0.00	0.00	3,000.00
CONTRACT													
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				13180	ADVANCED STERILIZATION PRODUCT					3,000.00	0.00	0.00	3,000.00

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10958	ALLYSON SWOPE			033122		04/13/20	04/13/20	04/13/20		3,048.75	0.00	0.00	3,048.75
TRANSCRIPTION SERVICES													
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				10958	ALLYSON SWOPE					3,048.75	0.00	0.00	3,048.75

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A0400	AUREUS RADIOLOGY LLC			2546358		04/13/20	04/04/20	05/04/20		2,760.00	0.00	0.00	2,760.00
LAB STAFFING (3/18 - 3/24/22) Simonich													
				2546283		04/13/20	04/04/20	05/04/20		2,680.00	0.00	0.00	2,680.00
LAB STAFFING (3/18 - 3/24/22) Stribley													
				2548301		04/13/20	04/04/20	05/04/20		2,725.50	0.00	0.00	2,725.50
LAB STAFFING (3/18 - 3/24/22) Chestnut													
				2546410		04/13/20	04/04/20	05/04/20		2,855.88	0.00	0.00	2,855.88
LAB STAFFING (3/21 - 3/24/22) Hawkins													
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				A0400	AUREUS RADIOLOGY LLC					11,021.38	0.00	0.00	11,021.38

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14088	AZALEA HEALTH			71385		04/12/20	02/01/20	02/01/20		550.00	0.00	0.00	550.00
MONTHLY PROCESSING FEE\$ - Feb													
				73318		04/12/20	04/01/20	04/01/20		550.00	0.00	0.00	550.00
MONTHLY PROCESSING FEE\$ - April													
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				14088	AZALEA HEALTH					1,100.00	0.00	0.00	1,100.00

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
B1150	BAXTER HEALTHCARE	W		74446288		04/12/20	03/23/20	04/17/20		338.31	0.00	0.00	338.31
SUPPLIES													
				74481367		04/12/20	03/28/20	04/22/20		41.91	0.00	0.00	41.91
SUPPLIES													
				74531274		04/12/20	03/31/20	04/25/20		110.91	0.00	0.00	110.91
SUPPLIES													
				74534136		04/12/20	03/31/20	04/25/20		42.29	0.00	0.00	42.29
SUPPLIES													
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net

	B1150	BAXTER HEALTHCARE					533.42	0.00	0.00	533.42
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
109803397 ✓		04/06/20	04/04/20	04/29/20			1,228.67	0.00	0.00	1,228.67 ✓
	SUPPLIES									
109802323 ✓		04/06/20	04/04/20	04/29/20			2,279.54	0.00	0.00	2,279.54 ✓
	SUPPLIES									
109802793 ✓		04/06/20	04/04/20	04/29/20			2,439.06	0.00	0.00	2,439.06 ✓
	SUPPLIES									
109802947 ✓		04/06/20	04/04/20	04/29/20			9,946.53	0.00	0.00	9,946.53 ✓
	SUPPLIES									
109806344 ✓		04/13/20	04/01/20	04/26/20			32.49	0.00	0.00	32.49 ✓
	SUPPLIES									
5455865 ✓		04/13/20	04/05/20	04/30/20			6,249.42	0.00	0.00	6,249.42 ✓
	LEASE/MAINT									
109807136 ✓		04/13/20	04/05/20	04/30/20			303.68	0.00	0.00	303.68 ✓
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
B1220 BECKMAN COULTER INC							22,479.39	0.00	0.00	22,479.39
Vendor#	Vendor Name			Class	Pay Code					
14753	BIOMERIEUX, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1212762147 ✓		04/12/20	04/12/20	04/12/20			9,507.95	0.00	0.00	9,507.95 ✓
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
14753 BIOMERIEUX, INC							9,507.95	0.00	0.00	9,507.95
Vendor#	Vendor Name			Class	Pay Code					
B1650	BOSART LOCK & KEY INC ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
123813 ✓		04/14/20	03/15/20	04/14/20			129.95	0.00	0.00	129.95 ✓
	SUPPLIES									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
B1650 BOSART LOCK & KEY INC							129.95	0.00	0.00	129.95
Vendor#	Vendor Name			Class	Pay Code					
12740	BUILDING KID STEPS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
OUTPATIENTB		04/13/20	04/01/20	04/16/20			1,113.00	0.00	0.00	1,113.00 ✓
	SPEECH THERAPY									
OUTPATIENTE		04/13/20	04/01/20	04/16/20			163.00	0.00	0.00	163.00 ✓
	SPEECH THERAPY									
OUTPATIENTA		04/13/20	04/01/20	04/16/20			1,113.00	0.00	0.00	1,113.00 ✓
	SPEECH THERAPY									
OUTPATIENTD		04/13/20	04/01/20	04/16/20			1,039.00	0.00	0.00	1,039.00 ✓
	SPEECH THERAPY									
OUTPATIENTC		04/13/20	04/01/20	04/16/20			1,052.00	0.00	0.00	1,052.00 ✓
	SPEECH THERAPY									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
12740 BUILDING KID STEPS							4,480.00	0.00	0.00	4,480.00
Vendor#	Vendor Name			Class	Pay Code					
14120	CALHOUN COUNTY EMS ✓									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
22030003 ✓		04/12/20	04/06/20	05/05/20		3,960.00	0.00	0.00	3,960.00 ✓		
TRANSFERS-MAR 22 (315-31122)											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14120	CALHOUN COUNTY EMS	3,960.00	0.00	0.00	3,960.00
Vendor#	Vendor Name				Class	Pay Code					
11295	CALHOUN COUNTY INDIGENT ACCOUN ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
040622		04/12/20	04/06/20	04/07/20		80.00	0.00	0.00	80.00 ✓		
INDIGENT CO PAYS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11295	CALHOUN COUNTY INDIGENT ACCOUN	80.00	0.00	0.00	80.00
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		
T861625 ✓		03/30/20	03/23/20	05/01/20		4,359.46	0.00	0.00	4,359.46 ✓		
SUPPLIES IT remote support tool											
V348375 ✓	(3) Dell Precision PC's - for IT	04/13/20	04/01/20	05/01/20		5,176.00	0.00	0.00	5,176.00 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1992	CDW GOVERNMENT, INC.	9,535.46	0.00	0.00	9,535.46
Vendor#	Vendor Name				Class	Pay Code					
11202	CFI MECHANICAL INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
SD15898 ✓		03/31/20	03/30/20	04/29/20		3,995.00	0.00	0.00	3,995.00 ✓		
ANNUAL INSPECTION-CHILLE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11202	CFI MECHANICAL INC	3,995.00	0.00	0.00	3,995.00
Vendor#	Vendor Name				Class	Pay Code					
10105	CHRIS KOVAREK ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
61 ✓		04/13/20	04/01/20	04/30/20		200.00	0.00	0.00	200.00 ✓		
PURCHASED SERVICES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10105	CHRIS KOVAREK	200.00	0.00	0.00	200.00
Vendor#	Vendor Name				Class	Pay Code					
13000	CLEARFLY ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV416601 ✓		04/14/20	04/01/20	04/15/20		1,194.79	0.00	0.00	1,194.79 ✓		
TELEPHONE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13000	CLEARFLY	1,194.79	0.00	0.00	1,194.79
Vendor#	Vendor Name				Class	Pay Code					
10786	CLINICAL PATHOLOGY ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
176562022030 ✓		04/12/20	03/31/20	04/25/20		25,546.54	0.00	0.00	25,546.54 ✓		
PATHOLOGY SERVICES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10786	CLINICAL PATHOLOGY	25,546.54	0.00	0.00	25,546.54
Vendor#	Vendor Name				Class	Pay Code					
C1166	COASTAL OFFICE SOLUTONS ✓					W					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
OEQT198641	SUPPLIES <i>Task chair</i>	04/13/20	04/04/20	04/14/20		272.00	0.00	0.00	272.00		
OEQT199471	SUPPLIES <i>Pre-printed envelopes</i>	04/13/20	04/04/20	04/14/20		108.57	0.00	0.00	108.57		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1166	COASTAL OFFICE SOLUTONS	380.57	0.00	0.00	380.57
Vendor#	Vendor Name				Class	Pay Code					
11029	COASTAL REFRIGERATION										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
032222	LABOR - OB ICE MACHINE	04/13/20	03/22/20	04/22/20		5,428.00	0.00	0.00	5,428.00		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11029	COASTAL REFRIGERATION	5,428.00	0.00	0.00	5,428.00
Vendor#	Vendor Name				Class	Pay Code					
13572	COMMUNITY INFUSION SOLUTIONS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
IC20220416	INFUSION SERVICES	04/13/20	04/05/20	04/15/20		8,949.53	0.00	0.00	8,949.53		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13572	COMMUNITY INFUSION SOLUTIONS	8,949.53	0.00	0.00	8,949.53
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		
848251	SUPPLIES	04/12/20	04/06/20	04/12/20		215.06	0.00	0.00	215.06		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1970	CONMED CORPORATION	215.06	0.00	0.00	215.06
Vendor#	Vendor Name				Class	Pay Code					
14080	CORROHEALTH, INC.										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
754239	HIM SERVICES	04/13/20	04/05/20	05/05/20		1,761.15	0.00	0.00	1,761.15		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14080	CORROHEALTH, INC.	1,761.15	0.00	0.00	1,761.15
Vendor#	Vendor Name				Class	Pay Code					
11368	CYRACOM LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2022009403	INTERPRETATION SERVICES	04/12/20	03/31/20	04/30/20		603.45	0.00	0.00	603.45		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11368	CYRACOM LLC	603.45	0.00	0.00	603.45
Vendor#	Vendor Name				Class	Pay Code					
11116	DESIGNS FOR VISION, INC.										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1653363	SUPPLIES <i>replacement batteries</i>	04/13/20	04/04/20	05/01/20		695.00	0.00	0.00	695.00		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11116	DESIGNS FOR VISION, INC.	695.00	0.00	0.00	695.00
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		
6769870	SUPPLIES ✓	03/30/20	03/28/20	04/29/20		151.84	0.00	0.00	151.84 ✓		
	Toner										
6770051	SUPPLIES ✓	03/30/20	03/29/20	04/29/20		13.12	0.00	0.00	13.12 ✓		
	Misc										
6773780	SUPPLIES ✓	04/12/20	04/01/20	04/26/20		573.85	0.00	0.00	573.85 ✓		
	Spot paper, pens, staples, etc.										
6778730	SUPPLIES ✓	04/12/20	04/05/20	04/30/20		36.39	0.00	0.00	36.39 ✓		
	Toner										
6779310	SUPPLIES ✓	04/12/20	04/06/20	05/01/20		107.02	0.00	0.00	107.02 ✓		
	Tab file jackets / hanging folders										
6781700	SUPPLIES ✓	04/12/20	04/07/20	05/02/20		102.86	0.00	0.00	102.86 ✓		
	Post its, legal pads, envelopes										
6772832	SUPPLIES ✓	04/12/20	04/07/20	05/02/20		97.92	0.00	0.00	97.92 ✓		
	bulk in boxes										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						10368	DEWITT POTH & SON	1,083.00	0.00	0.00	1,083.00
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		
MMC033122		04/13/20	03/31/20	04/01/20		126,569.71	0.00	0.00	126,569.71 ✓		
PHYSICIAN SERVICES (14-31)											
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						10789	DISCOVERY MEDICAL NETWORK INC	126,569.71	0.00	0.00	126,569.71
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		
8611		04/12/20	03/30/20	04/24/20		65.00	0.00	0.00	65.00 ✓		
PEST CONTROL											
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						11291	DOWELL PEST CONTROL	65.00	0.00	0.00	65.00
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		
41099		04/12/20	03/31/20	04/10/20		3,600.00	0.00	0.00	3,600.00 ✓		
ER PHYSICIAN STAFFING											
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						11284	EMERGENCY STAFFING SOLUTIONS	3,600.00	0.00	0.00	3,600.00
Vendor#	Vendor Name				Class	Pay Code					
C2510	EVIDENT ✓					M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
A2204051378		04/13/20	04/05/20	04/30/20		17,519.00	0.00	0.00	17,519.00 ✓		
HARDWARE/TECH SUPPORT											
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						C2510	EVIDENT	17,519.00	0.00	0.00	17,519.00
Vendor#	Vendor Name				Class	Pay Code					
10689	FASTHEALTH CORPORATION ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
04A22MMC		04/13/20	04/01/20	04/16/20		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					
14336	FIRETRON, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
194365 ✓		03/29/20	03/28/20	04/29/20		1,400.00	0.00	0.00	1,400.00 ✓
	FIRE PANEL MONITOR								
194517 ✓		04/13/20	03/29/20	04/28/20		670.00	0.00	0.00	670.00 ✓
	ANNUAL FIRE ALARM INSP								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	14336	FIRETRON, INC				2,070.00	0.00	0.00	2,070.00
Vendor#	Vendor Name		Class	Pay Code					
F1400	FISHER HEALTHCARE ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1301660 ✓		04/12/20	03/30/20	04/24/20		189.36	0.00	0.00	189.36 ✓
	SUPPLIES								
1353839 ✓		04/12/20	03/31/20	04/25/20		293.01	0.00	0.00	293.01 ✓
	SUPPLIES								
1450093 ✓		04/12/20	04/04/20	04/29/20		318.00	0.00	0.00	318.00 ✓
	SUPPLIES								
1450091 ✓		04/12/20	04/04/20	04/29/20		159.00	0.00	0.00	159.00 ✓
	SUPPLIES								
1450092 ✓		04/12/20	04/04/20	04/29/20		318.00	0.00	0.00	318.00 ✓
	SUPPLIES								
1246926 ✓		04/13/20	03/29/20	04/23/20		567.06	0.00	0.00	567.06 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE				1,844.43	0.00	0.00	1,844.43
Vendor#	Vendor Name		Class	Pay Code					
11183	FRONTIER ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040222		04/13/20	04/02/20	04/26/20		1,110.64	0.00	0.00	1,110.64 ✓
	INTERNET								
031922		04/14/20	03/19/20	04/19/20		65.40	0.00	0.00	65.40 ✓
	TELEPHONE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11183	FRONTIER				1,176.04	0.00	0.00	1,176.04
Vendor#	Vendor Name		Class	Pay Code					
12948	GREAT AMERICA FINANCIAL SVCS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
31389860 ✓		04/14/20	04/05/20	04/30/20		10,124.07	0.00	0.00	10,124.07 ✓
	COPIER LEASE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS				10,124.07	0.00	0.00	10,124.07
Vendor#	Vendor Name		Class	Pay Code					
G0401	GULF COAST DELIVERY ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MAR2022		03/31/20	03/30/20	04/29/20		100.00	0.00	0.00	100.00 ✓
	DELIVERY SERVICES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY				100.00	0.00	0.00	100.00
Vendor#	Vendor Name		Class	Pay Code					

G1210	GULF COAST PAPER COMPANY ✓			M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2186475 ✓		03/31/20	04/04/20	05/04/20		28.49	0.00	0.00	28.49 ✓		
	SUPPLIES										
2210560 ✓		04/13/20	03/31/20	04/30/20		413.37	0.00	0.00	413.37 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						G1210	GULF COAST PAPER COMPANY	441.86	0.00	0.00	441.86
Vendor#	Vendor Name			Class	Pay Code						
H1100	HAYES ELECTRIC SERVICE ✓			W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
A222031101 ✓		04/12/20	03/11/20	03/21/20		125.00	0.00	0.00	125.00 ✓		
	LABOR - ELECTRICAL /COMPF										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						H1100	HAYES ELECTRIC SERVICE	125.00	0.00	0.00	125.00
Vendor#	Vendor Name			Class	Pay Code						
11552	HEALTHCARE FINANCIAL SERVICES ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
100596274 ✓		03/31/20	03/27/20	05/01/20		4,610.52	0.00	0.00	4,610.52 ✓		
	GEM/STERILIZER/PHONE										
100598160 ✓	Late Fee	04/12/20	04/01/20			372.39	0.00	0.00	372.39 ✓		
100598159 ✓	Late Fee	04/12/20	04/01/20			357.71	0.00	0.00	357.71 ✓		
100598161 ✓	LATE FEE	04/12/20	04/01/20	04/15/20		89.87	0.00	0.00	89.87 ✓		
100598158 ✓	LATE FEE	04/12/20	04/01/20	04/15/20		245.97	0.00	0.00	245.97 ✓		
100601834 ✓	LEASE	04/13/20	04/06/20	04/30/20		7,447.86	0.00	0.00	7,447.86 ✓		
100601833 ✓	LEASE	04/13/20	04/06/20	04/30/20		7,154.17	0.00	0.00	7,154.17 ✓		
100601835 ✓	LEASE	04/13/20	04/06/20	04/30/20		1,797.44	0.00	0.00	1,797.44 ✓		
100601832 ✓	LEASE	04/13/20	04/06/20	05/01/20		4,919.41	0.00	0.00	4,919.41 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11552	HEALTHCARE FINANCIAL SERVICES	26,995.34	0.00	0.00	26,995.34
Vendor#	Vendor Name			Class	Pay Code						
10922	HUNTER PHARMACY SERVICES ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
4855 ✓		04/13/20	03/31/20	04/20/20		15,113.11	0.00	0.00	15,113.11 ✓		
	PROF FEES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10922	HUNTER PHARMACY SERVICES	15,113.11	0.00	0.00	15,113.11
Vendor#	Vendor Name			Class	Pay Code						
11200	IRON MOUNTAIN ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
GLSX267 ✓		03/31/20	03/31/20	04/30/20		641.30	0.00	0.00	641.30 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net

	11200	IRON MOUNTAIN					641.30	0.00	0.00	641.30
Vendor#	Vendor Name					Class	Pay Code			
11108	ITERSOURCE CORPORATION ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	711469		04/13/20	04/01/20	04/30/20		250.00	0.00	0.00	250.00 ✓
	SUPPORT SERVICES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11108	ITERSOURCE CORPORATION				250.00	0.00	0.00	250.00
Vendor#	Vendor Name					Class	Pay Code			
11600	LEGAL SHIELD ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	041522		04/13/20	04/15/20	04/15/20		401.80	0.00	0.00	401.80 ✓
	PAYROLL DEDUCT									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11600	LEGAL SHIELD				401.80	0.00	0.00	401.80
Vendor#	Vendor Name					Class	Pay Code			
10972	M G TRUST ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	041122		04/13/20	04/11/20	04/30/20		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
	19240564		04/13/20	04/01/20	04/16/20		32.52	0.00	0.00	32.52 ✓
	SUPPLIES									
	19254853		04/13/20	04/06/20	04/21/20		22.56	0.00	0.00	22.56 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				55.08	0.00	0.00	55.08
Vendor#	Vendor Name					Class	Pay Code			
10613	MEDIMPACT HEALTHCARE SYS, INC. ✓					A/P				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	30309118		04/12/20	03/04/20	03/24/20		13.44	0.00	0.00	13.44 ✓
	INDIGENT CARE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10613	MEDIMPACT HEALTHCARE SYS, INC.				13.44	0.00	0.00	13.44
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
	91296193		04/13/20	04/04/20	04/30/20		400.00	0.00	0.00	400.00 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2827	MEDIVATORS				400.00	0.00	0.00	400.00
Vendor#	Vendor Name					Class	Pay Code			
M2470	MEDLINE INDUSTRIES INC ✓					M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2204126605		03/31/20	04/04/20	04/29/20		339.30	0.00	0.00	339.30 ✓
	SUPPLIES									
	2203421195		04/12/20	03/23/20	04/17/20		3,296.03	0.00	0.00	3,296.03 ✓

2204427746	SUPPLIES	04/12/20 03/30/20 04/24/20	-6.68	0.00	0.00	-6.68	✓
	CM 2201384412						
2204544109	SUPPLIES	04/12/20 03/31/20 04/25/20	79.87	0.00	0.00	79.87	✓
2204544108	SUPPLIES	04/12/20 03/31/20 04/25/20	204.96	0.00	0.00	204.96	✓
2204544110	SUPPLIES	04/12/20 03/31/20 04/25/20	964.99	0.00	0.00	964.99	✓
2204544111	SUPPLIES	04/12/20 03/31/20 04/25/20	420.35	0.00	0.00	420.35	✓
2204956112	SUPPLIES	04/12/20 04/02/20 04/27/20	43.05	0.00	0.00	43.05	✓
2204956111	SUPPLIES	04/12/20 04/02/20 04/27/20	27.51	0.00	0.00	27.51	✓
2204956107	SUPPLIES	04/12/20 04/02/20 04/27/20	101.64	0.00	0.00	101.64	✓
2204956110	SUPPLIES	04/12/20 04/02/20 04/27/20	36.42	0.00	0.00	36.42	✓
2205124369	SUPPLIES	04/12/20 04/04/20 04/29/20	104.53	0.00	0.00	104.53	✓
2205124373	SUPPLIES	04/12/20 04/04/20 04/29/20	197.16	0.00	0.00	197.16	✓
2205506613	SUPPLIES	04/12/20 04/06/20 05/01/20	189.22	0.00	0.00	189.22	✓
2205506625	SUPPLIES	04/12/20 04/06/20 05/01/20	117.87	0.00	0.00	117.87	✓
2205506612	SUPPLIES	04/12/20 04/06/20 05/01/20	32.36	0.00	0.00	32.36	✓
2205506616	SUPPLIES	04/12/20 04/06/20 05/01/20	26.73	0.00	0.00	26.73	✓
2205506615	SUPPLIES	04/12/20 04/06/20 05/01/20	49.98	0.00	0.00	49.98	✓
2205506610	SUPPLIES	04/12/20 04/06/20 05/01/20	495.58	0.00	0.00	495.58	✓
2205506611	SUPPLIES	04/12/20 04/06/20 05/01/20	62.16	0.00	0.00	62.16	✓
2205506621	SUPPLIES	04/12/20 04/06/20 05/01/20	35.49	0.00	0.00	35.49	✓
2205506614	SUPPLIES	04/12/20 04/06/20 05/01/20	50.58	0.00	0.00	50.58	✓
2205506624	SUPPLIES	04/12/20 04/06/20 05/01/20	4.75	0.00	0.00	4.75	✓
2205506622	SUPPLIES	04/12/20 04/06/20 05/01/20	34.85	0.00	0.00	34.85	✓
2205506623	SUPPLIES	04/12/20 04/06/20 05/01/20	25.05	0.00	0.00	25.05	✓
2205506617	SUPPLIES	04/12/20 04/06/20 05/01/20	53.46	0.00	0.00	53.46	✓
2205506619	SUPPLIES	04/12/20 04/06/20 05/01/20	7,020.64	0.00	0.00	7,020.64	✓

2204126606		04/14/20	03/29/20	04/23/20		113.10	0.00	0.00	113.10
	SUPPLIES								
Vendor Total# Number Name					Gross	Discount	No-Pay	Net	
	M2470	MEDLINE INDUSTRIES INC			14,120.95	0.00	0.00	14,120.95	
Vendor#	Vendor Name			Class	Pay Code				
10963	MEMORIAL MEDICAL CLINIC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
041122		04/13/20	04/11/20	04/30/20		180.00	0.00	0.00	180.00
	PAYROLL DEDUCTS								
Vendor Total# Number Name					Gross	Discount	No-Pay	Net	
	10963	MEMORIAL MEDICAL CLINIC			180.00	0.00	0.00	180.00	
Vendor#	Vendor Name			Class	Pay Code				
11604	MICHAEL PFIEL								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040422		04/12/20	04/04/20	04/04/20		195.00	0.00	0.00	195.00
	NP RECERT FEE REIMBURSEI								
Vendor Total# Number Name					Gross	Discount	No-Pay	Net	
	11604	MICHAEL PFIEL			195.00	0.00	0.00	195.00	
Vendor#	Vendor Name			Class	Pay Code				
10791	MINDRAY DS USA, INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0600925944		04/13/20	04/05/20	04/25/20		417.00	0.00	0.00	417.00
	SUPPLIES								
Vendor Total# Number Name					Gross	Discount	No-Pay	Net	
	10791	MINDRAY DS USA, INC.			417.00	0.00	0.00	417.00	
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
040622		04/12/20	04/06/20	04/06/20		229.54	0.00	0.00	229.54
	PAYROLL DEDUCTS								
Vendor Total# Number Name					Gross	Discount	No-Pay	Net	
	M2621	MMC AUXILIARY GIFT SHOP			229.54	0.00	0.00	229.54	
Vendor#	Vendor Name			Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8050280		04/12/20	04/01/20	04/11/20		433.90	0.00	0.00	433.90
	INVENTORY								
8055486		04/12/20	04/03/20	04/13/20		57.04	0.00	0.00	57.04
	INVENTORY								
8053321		04/12/20	04/03/20	04/13/20		38.06	0.00	0.00	38.06
	INVENTORY								
8055487		04/12/20	04/03/20	04/13/20		1,929.60	0.00	0.00	1,929.60
	INVENTORY								
8053317		04/12/20	04/03/20	04/13/20		8.40	0.00	0.00	8.40
	INVENTORY								
8053318		04/12/20	04/03/20	04/13/20		178.55	0.00	0.00	178.55
	INVENTORY								
8053319		04/12/20	04/03/20	04/13/20		592.49	0.00	0.00	592.49
	INVENTORY								
8058820		04/12/20	04/04/20	04/14/20		74.69	0.00	0.00	74.69
	INVENTORY								

8056899	✓	04/12/20 04/04/20 04/14/20	879.35	0.00	0.00	879.35	✓
		INVENTORY					
8059936	✓	04/12/20 04/04/20 04/14/20	128.26	0.00	0.00	128.26	✓
		INVENTORY					
8056897	✓	04/12/20 04/04/20 04/14/20	5.01	0.00	0.00	5.01	✓
		INVENTORY					
8059937	✓	04/12/20 04/04/20 04/14/20	42.79	0.00	0.00	42.79	✓
		INVENTORY					
8056898	✓	04/12/20 04/04/20 04/14/20	102.01	0.00	0.00	102.01	✓
		INVENTORY					
8070314	✓	04/12/20 04/06/20 04/16/20	692.18	0.00	0.00	692.18	✓
		INVENTORY					
8067584	✓	04/12/20 04/06/20 04/16/20	3.62	0.00	0.00	3.62	✓
		INVENTORY					
8067585	✓	04/12/20 04/06/20 04/16/20	193.61	0.00	0.00	193.61	✓
		INVENTORY					
8067582	✓	04/12/20 04/06/20 04/16/20	185.28	0.00	0.00	185.28	✓
		INVENTORY					
8067583	✓	04/12/20 04/06/20 04/16/20	85.40	0.00	0.00	85.40	✓
		INVENTORY					
8070313	✓	04/12/20 04/06/20 04/16/20	14.69	0.00	0.00	14.69	✓
		INVENTORY					
4648	✓	04/12/20 04/06/20 04/16/20	-82.42	0.00	0.00	-82.42	✓
		CREDIT					
8067581	✓	04/12/20 04/06/20 04/16/20	752.89	0.00	0.00	752.89	✓
		INVENTORY					
8067580	✓	04/12/20 04/06/20 04/16/20	23.42	0.00	0.00	23.42	✓
		INVENTORY					
8072615	✓	04/12/20 04/07/20 04/17/20	249.99	0.00	0.00	249.99	✓
		INVENTORY					
8075782	✓	04/12/20 04/07/20 04/17/20	231.02	0.00	0.00	231.02	✓
		INVENTORY					
8075781	✓	04/12/20 04/07/20 04/17/20	3,094.23	0.00	0.00	3,094.23	✓
		INVENTORY					
8072617	✓	04/12/20 04/07/20 04/17/20	92.46	0.00	0.00	92.46	✓
		INVENTORY					
8072618	✓	04/12/20 04/07/20 04/17/20	0.74	0.00	0.00	0.74	✓
		INVENTORY					
CM30706	✓	04/12/20 04/08/20 04/18/20	-230.27	0.00	0.00	-230.27	✓
		CREDIT 8016382/7879938					
CM30705	✓	04/12/20 04/08/20 04/18/20	-210.61	0.00	0.00	-210.61	✓
		CREDIT INV 8016382					
80802036	✓	04/12/20 04/10/20 04/20/20	235.92	0.00	0.00	235.92	✓
		INVENTORY					
8082035	✓	04/12/20 04/10/20 04/20/20	11.25	0.00	0.00	11.25	✓
		INVENTORY					
8082034	✓	04/12/20 04/10/20 04/20/20	28.20	0.00	0.00	28.20	✓
		INVENTORY					
CM31120	✓	04/12/20 04/11/20 04/21/20	-33.68	0.00	0.00	-33.68	✓
		CREDIT INV 8028925					
8083424	✓	04/12/20 04/11/20 04/21/20	87.44	0.00	0.00	87.44	✓

		INVENTORY								
8085553	✓		04/12/20	04/11/20	04/21/20		810.50	0.00	0.00	810.50 ✓
		INVENTORY								
8083426	✓		04/12/20	04/11/20	04/21/20		557.28	0.00	0.00	557.28 ✓
		INVENTORY								
8086267	✓		04/12/20	04/11/20	04/21/20		261.00	0.00	0.00	261.00 ✓
		INVENTORY								
8086266	✓		04/12/20	04/11/20	04/21/20		32.52	0.00	0.00	32.52 ✓
		INVENTORY								
8083425	✓		04/12/20	04/11/20	04/21/20		3.02	0.00	0.00	3.02 ✓
		INVENTORY								
5574	✓		04/12/20	04/11/20	04/21/20		-143.37	0.00	0.00	-143.37 ✓
		CREDIT								
8091877	✓		04/13/20	04/12/20	04/22/20		728.02	0.00	0.00	728.02 ✓
		INVENTORY								
8091876	✓		04/13/20	04/12/20	04/22/20		823.85	0.00	0.00	823.85 ✓
		INVENTORY								
8090493	✓		04/13/20	04/12/20	04/22/20		1,447.10	0.00	0.00	1,447.10 ✓
		INVENTORY								
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		10536 MORRIS & DICKSON CO, LLC					14,415.43	0.00	0.00	14,415.43
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	
7673	✓	04/12/20	04/07/20	04/17/20		379.26	0.00	0.00	379.26	✓
	SERVICES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	13548 NACOGDOCHES TRANSCRIPTION					379.26	0.00	0.00	379.26	
Vendor#	Vendor Name		Class	Pay Code						
14252	OLOOP TECHNOLOGY SOLUTIONS		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
INVAJONES0018	✓	03/31/20	03/30/20	04/29/20		6,103.44	0.00	0.00	6,103.44	✓
	TRAVEL NURSE STAFFING (3118-3124122) Jones									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	14252 OLOOP TECHNOLOGY SOLUTIONS					6,103.44	0.00	0.00	6,103.44	
Vendor#	Vendor Name		Class	Pay Code						
11155	PARA		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
10774		04/13/20	04/01/20	05/01/20		3,084.00	0.00	0.00	3,084.00	✓
	REVENUE INTEGRITY PROGR									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	11155 PARA					3,084.00	0.00	0.00	3,084.00	
Vendor#	Vendor Name		Class	Pay Code						
P1800	PITNEY BOWES INC		✓	W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1020387746	✓	04/13/20	03/27/20	04/26/20		207.00	0.00	0.00	207.00	✓
	POSTAGE									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	P1800 PITNEY BOWES INC					207.00	0.00	0.00	207.00	
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		
031822 A82642	SUPPLIES	03/21/20	03/18/20	04/30/20		21.29	0.00	0.00	21.29 ✓		
031822A A82648	SUPPLIES	03/21/20	03/18/20	04/30/20		11.91	0.00	0.00	11.91 ✓		
A83411 ✓	SUPPLIES	04/12/20	04/09/20	04/19/20		9.25	0.00	0.00	9.25 ✓		
A83417 ✓	SUPPLIES	04/12/20	04/11/20	04/21/20		1.50	0.00	0.00	1.50 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						P2200	POWER HARDWARE	43.95	0.00	0.00	43.95
Vendor#	Vendor Name	Class		Pay Code							
P1725	PREMIER SLEEP DISORDERS CENTER ✓	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
031622	SLEEP STUDY (3/3 - 3/16/22)	04/13/20	04/01/20	04/16/20		2,225.00	0.00	0.00	2,225.00 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						P1725	PREMIER SLEEP DISORDERS CENTER	2,225.00	0.00	0.00	2,225.00
Vendor#	Vendor Name	Class		Pay Code							
11932	PRESS GANEY ASSOCIATES, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
IN000524768 ✓	CONTRACT FEES	03/31/20	03/31/20	04/30/20		2,523.70	0.00	0.00	2,523.70 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11932	PRESS GANEY ASSOCIATES, INC.	2,523.70	0.00	0.00	2,523.70
Vendor#	Vendor Name	Class		Pay Code							
10896	QIAGEN INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
998261363 ✓		04/12/20	04/01/20	05/01/20		359.28	0.00	0.00	359.28 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10896	QIAGEN INC	359.28	0.00	0.00	359.28
Vendor#	Vendor Name	Class		Pay Code							
11764	ROBERT RODRIQUEZ ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
040422	REIMBURSEMENT	04/12/20	04/04/20	04/04/20		12.98	0.00	0.00	12.98 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11764	ROBERT RODRIQUEZ	12.98	0.00	0.00	12.98
Vendor#	Vendor Name	Class		Pay Code							
11252	RX WASTE SYSTEMS LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
3623 ✓	WASTE	04/12/20	04/01/20	04/26/20		60.00	0.00	0.00	60.00 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11252	RX WASTE SYSTEMS LLC	60.00	0.00	0.00	60.00
Vendor#	Vendor Name	Class		Pay Code							
10936	SIEMENS FINANCIAL SERVICES ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
56382200029698 ✓	LEASE	04/12/20	03/30/20	04/19/20		1,333.33	0.00	0.00	1,333.33 ✓		

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10936	SIEMENS FINANCIAL SERVICES	1,333.33	0.00	0.00	1,333.33		
Vendor#	Vendor Name			Class	Pay Code				
S2353	SMITHS MEDICAL ASD INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
16625009 ✓	SUPPLIES	04/12/20	03/25/20	04/24/20		66.82	0.00	0.00	66.82 ✓
16633943 ✓	SUPPLIES	04/12/20	04/01/20	04/12/20		265.12	0.00	0.00	265.12 ✓
Vendor Totals		S2353	SMITHS MEDICAL ASD INC	331.94	0.00	0.00	331.94		
Vendor#	Vendor Name			Class	Pay Code				
12472	SOMETHING MORE MEDIA, INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1731 ✓	MARKETING	04/13/20	04/01/20	04/16/20		2,985.00	0.00	0.00	2,985.00 ✓
Vendor Totals		12472	SOMETHING MORE MEDIA, INC.	2,985.00	0.00	0.00	2,985.00		
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
CM6660 ✓	CREDIT	04/12/20	03/31/20	04/25/20		-1,422.00	0.00	0.00	-1,422.00 ✓
I07021570 ✓	BLOOD	04/12/20	03/31/20	04/25/20		10,828.00	0.00	0.00	10,828.00 ✓
Vendor Totals		11296	SOUTH TEXAS BLOOD & TISSUE CEN	9,406.00	0.00	0.00	9,406.00		
Vendor#	Vendor Name			Class	Pay Code				
14148	SPECTRUM HEALTH PARTNERS, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
APR23MMC22 ✓	CFO STAFFING (March 27 - April 23, 2022)	04/01/20	03/30/20	04/29/20		25,848.00	0.00	0.00	25,848.00 ✓
Vendor Totals		14148	SPECTRUM HEALTH PARTNERS, LLC	25,848.00	0.00	0.00	25,848.00		
Vendor#	Vendor Name			Class	Pay Code				
S2694	STANFORD VACUUM SERVICE ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
287322 ✓	GREASE TRAP PUMP	04/13/20	03/27/20	04/30/20		485.00	0.00	0.00	485.00 ✓
Vendor Totals		S2694	STANFORD VACUUM SERVICE	485.00	0.00	0.00	485.00		
Vendor#	Vendor Name			Class	Pay Code				
S3960	STERICYCLE, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
4010826404 ✓	MEDICAL WASTE DISPOSAL	04/13/20	04/01/20	05/01/20		2,662.55	0.00	0.00	2,662.55 ✓
Vendor Totals		S3960	STERICYCLE, INC	2,662.55	0.00	0.00	2,662.55		
Vendor#	Vendor Name			Class	Pay Code				
S3940	STERIS CORPORATION ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

10011556		04/13/20	04/08/20	05/03/20		83.65	0.00	0.00	83.65
	SUPPLIES								
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
S3940 STERIS CORPORATION					83.65	0.00	0.00	83.65	
Vendor#	Vendor Name				Class	Pay Code			
10735	STRYKER SUSTAINABILITY								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4324794		04/14/20	12/07/20	01/06/20		-507.15	0.00	0.00	-507.15
	CREDIT 40814								
4348776		04/14/20	01/14/20	02/13/20		3,049.07	0.00	0.00	3,049.07
	SUPPLIES								
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
10735 STRYKER SUSTAINABILITY					2,541.92	0.00	0.00	2,541.92	
Vendor#	Vendor Name				Class	Pay Code			
T2539	T-SYSTEM, INC				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
711874		03/31/20	03/31/20	04/30/20		6,130.42	0.00	0.00	6,130.42
	ER PHYSICIAN/NURSE/TRACK								
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
T2539 T-SYSTEM, INC					6,130.42	0.00	0.00	6,130.42	
Vendor#	Vendor Name				Class	Pay Code			
T2204	TEXAS MUTUAL INSURANCE CO				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1003575107		04/12/20	04/01/20	04/21/20		4,067.00	0.00	0.00	4,067.00
	WRK COMP INS								
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
T2204 TEXAS MUTUAL INSURANCE CO					4,067.00	0.00	0.00	4,067.00	
Vendor#	Vendor Name				Class	Pay Code			
11039	THE BRATTON FIRM								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040722		04/12/20	04/07/20	04/07/20		85.96	0.00	0.00	85.96
	SERVICE								
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
11039 THE BRATTON FIRM					85.96	0.00	0.00	85.96	
Vendor#	Vendor Name				Class	Pay Code			
11908	TMS SOUTH								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV42907		03/30/20	03/23/20	04/29/20		359.20	0.00	0.00	359.20
	SUPPLIES								
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
11908 TMS SOUTH					359.20	0.00	0.00	359.20	
Vendor#	Vendor Name				Class	Pay Code			
11067	TRIZETTO PROVIDER SOLUTIONS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
35FK042200		04/12/20	04/01/20	04/26/20		1,682.62	0.00	0.00	1,682.62
	PATIENT STATEMENTS								
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
11067 TRIZETTO PROVIDER SOLUTIONS					1,682.62	0.00	0.00	1,682.62	
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

8400391151	✓	03/29/20 03/28/20 04/29/20	2,262.99	0.00	0.00	2,262.99	✓
	LAUNDRY						
8400391128	✓	03/29/20 03/28/20 04/29/20	89.82	0.00	0.00	89.82	✓
	LAUNDRY						
8400391127	✓	03/29/20 03/28/20 04/29/20	45.15	0.00	0.00	45.15	✓
	LAUNDRY						
8400391457	✓	04/12/20 03/31/20 04/25/20	195.02	0.00	0.00	195.02	✓
	LAUNDRY						
8400391454	✓	04/12/20 03/31/20 04/25/20	42.82	0.00	0.00	42.82	✓
	LAUNDRY						
8400391455	✓	04/12/20 03/31/20 04/25/20	137.15	0.00	0.00	137.15	✓
	LAUNDRY						
8400391477	✓	04/12/20 03/31/20 04/25/20	1,937.96	0.00	0.00	1,937.96	✓
	LAUNDRY						
8400391644	✓	04/12/20 04/04/20 04/29/20	45.15	0.00	0.00	45.15	✓
	LAUNDRY						
8400391668	✓	04/12/20 04/04/20 04/29/20	2,447.37	0.00	0.00	2,447.37	✓
	LAUNDRY						
8400391645	✓	04/12/20 04/04/20 04/29/20	56.82	0.00	0.00	56.82	✓
	LAUNDRY						
8400392009	✓	04/12/20 04/07/20 05/02/20	93.14	0.00	0.00	93.14	✓
	LAUNDRY						
8400391977	✓	04/12/20 04/07/20 05/02/20	170.80	0.00	0.00	170.80	✓
	LAUNDRY						
8400391996	✓	04/13/20 04/07/20 05/02/20	1,853.08	0.00	0.00	1,853.08	✓
	LAUNDRY						
8400391975	✓	04/13/20 04/07/20 05/02/20	42.82	0.00	0.00	42.82	✓
	LAUNDRY						
8400391991	✓	04/13/20 04/07/20 05/02/20	64.70	0.00	0.00	64.70	✓
	LAUNDRY						
8400391979	✓	04/13/20 04/07/20 05/02/20	199.32	0.00	0.00	199.32	✓
	LAUNDRY						
8400391976	✓	04/13/20 04/07/20 05/02/20	198.59	0.00	0.00	198.59	✓
	LAUNDRY						
8400391978	✓	04/13/20 04/07/20 05/02/20	150.46	0.00	0.00	150.46	✓
	LAUNDRY						

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	10,033.16	0.00	0.00	10,033.16

Vendor#	Vendor Name	Class	Pay Code								
U1056	UNIFORM ADVANTAGE ✓		W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
SIV12190268	✓	04/12/20	04/06/20	04/21/20			189.86	0.00	0.00	189.86	✓
	UNIFORMS										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	189.86	0.00	0.00	189.86

Vendor#	Vendor Name	Class	Pay Code								
12208	WAGEWORKS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
0322DR46779	✓	04/12/20	03/31/20	04/01/20			155.52	0.00	0.00	155.52	✓
	COBRA										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

12208	WAGEWORKS						155.52	0.00	0.00	155.52
Vendor#	Vendor Name					Class	Pay Code			
10793	WAGEWORKS, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
041122		04/13/20	04/11/20	04/30/20			3,487.43	0.00	0.00	3,487.43
PAYROLL DEDUCTS										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10793	WAGEWORKS, INC.					3,487.43	0.00	0.00	3,487.43
Vendor#	Vendor Name					Class	Pay Code			
I1110	WERFEN USA LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9111139246A		04/14/20	04/04/20	04/29/20			8,555.12	0.00	0.00	8,555.12
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC					8,555.12	0.00	0.00	8,555.12
Vendor#	Vendor Name					Class	Pay Code			
11580	WILLIAM CROWLEY III, DO									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
040422		04/13/20	04/04/20	04/04/20			254.01	0.00	0.00	254.01
REFUND										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11580	WILLIAM CROWLEY III, DO					254.01	0.00	0.00	254.01

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	452,803.65	0.00	0.00	452,803.65

APPROVED ON

APR 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 194610-194696

MCKESSON

STATEMENT

As of: 04/15/2022

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536

Date: 04/16/2022

As of: 04/15/2022 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 04/16/2022 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 9,083.24 USD

Future Due: 0.00

Past Due: 9.49-

Last Payment 2,451.97
08/07/2017

If Paid By 04/19/2022,
Pay This Amount:

8,901.37 USD

If Paid After 04/19/2022,
Pay this Amount:

9,083.24 USD

Due If Paid On Time:

USD 8,901.37

Disc lost if paid late:

181.87

Due If Paid Late:

USD 9,083.24

6,178.87 +
258.48 +
1,887.66 +
576.36 +
8,901.37 *



APPROVED ON

APR 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 04/15/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 04/15/2022
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 256342

Date: 04/16/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 04/16/2022

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 256342 WALMART 1098/MEM MED PHS										
04/11/2022	04/19/2022	7335461735	29773942	115Invoice	11.54	576.83		565.29 ✓		7335461735
04/11/2022	04/19/2022	7335461736	29824555	115Invoice	5.80	289.91		284.11 ✓		7335461736
04/11/2022	04/19/2022	7335666421	0408220738	195Invoice	10.16	508.01		497.85 ✓		7335666421
04/12/2022	04/19/2022	7335826267	30063782	115Invoice	14.11	705.45		691.34 ✓		7335826267
04/12/2022	04/19/2022	7335826268	30063782	115Invoice	23.67	1,183.50		1,159.83 ✓		7335826268
04/12/2022	04/19/2022	7335826269	30073320	115Invoice	0.02	0.95		0.93 ✓		7335826269
04/12/2022	04/19/2022	7335967049	0411221012	115Invoice	0.03	1.58		1.55 ✓		7335967049
04/13/2022	04/19/2022	7336064757	30137234	115Invoice	16.98	848.82		831.84 ✓		7336064757
04/13/2022	04/19/2022	7336202774	0412220847	195Invoice	3.36	168.13		164.77 ✓		7336202774
04/13/2022	04/19/2022	7336202775	0412220850	115Invoice	0.84	42.11		41.27 ✓		7336202775
04/15/2022	04/19/2022	7336568285	30370531	115Invoice	13.11	655.63		642.52 ✓		7336568285
04/15/2022	04/19/2022	7336568288	30431364	115Invoice	11.57	578.41		566.84 ✓		7336568288
04/15/2022	04/19/2022	7336714776	0414220826	115Invoice	7.02	350.83		343.81 ✓		7336714776
04/15/2022	04/19/2022	7336714777	0414220851	195Invoice	7.90	394.82		386.92 ✓		7336714777

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 6,304.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 04/11/2022 7,206.08

If Paid By 04/19/2022,
Pay This Amount:

6,178.87 USD

If Paid After 04/19/2022,
Pay this Amount:

6,304.98 USD

Due If Paid On Time:

USD 6,178.87

Disc lost if paid late:

126.11

Due If Paid Late:

USD 6,304.98

AM
APPROVED ON

APR 18 2022

For AR Inquiries please contact 800-867-0333

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

MCKESSON

STATEMENT

As of: 04/15/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 04/15/2022
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 262252
Date: 04/16/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 04/16/2022

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

Billing Date	Due Date	Receivable Number	National Account	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS												
04/13/2022	04/19/2022	7336067204		632536 1650006	115Invoice	5.28	263.76		258.48 ✓		7336067204	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 263.76 USD

Future Due: 0.00

If Paid By 04/19/2022,
Pay This Amount:

258.48 USD

Due If Paid On Time:

USD 258.48

Past Due: 0.00

Disc lost if paid late:

5.28

Last Payment 7,206.08
04/11/2022

If Paid After 04/19/2022,
Pay this Amount:

263.76 USD

Due If Paid Late:

USD 263.76



APPROVED ON

APR 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 04/15/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 04/15/2022
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 464450

Date: 04/16/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450
Date: 04/16/2022

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
04/12/2022	04/19/2022	7335777434	55x439199	115Invoice	36.88	1,844.16		1,807.28	✓	7335777434	
04/12/2022	04/19/2022	7335777435	55x439317	115Invoice	1.47	73.74		72.27	✓	7335777435	
04/13/2022	04/19/2022	7336016883	55x441598	115Invoice	0.06	3.02		2.96	✓	7336016883	
04/14/2022	04/19/2022	7336287336	55x444205	115Invoice	0.11	5.26		5.15	✓	7336287336	

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: 1,926.18 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 04/11/2022 7,206.08

If Paid By 04/19/2022,
Pay This Amount:

1,887.66 USD

If Paid After 04/19/2022,
Pay this Amount:

1,926.18 USD

Due If Paid On Time:
USD

1,887.66

Disc lost if paid late:

38.52

Due If Paid Late:
USD

1,926.18

APPROVED ON

APR 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 04/15/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 04/15/2022
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: 04/16/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 04/16/2022

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
04/13/2022	04/19/2022	7336234703	1650182	115Invoice	11.77	588.41		576.64	✓	7336234703	
04/13/2022	04/13/2022	7336285546	MFC PR CORR CR	Pricing Cor		9.49	P	9.49	P ✓	7336285546	
04/13/2022	04/19/2022	7336285547	MFC PR CORR IN	Pricing Cor	0.19	9.40		9.21	✓	7336285547	

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:

588.32 USD

Future Due: 0.00

Past Due: 9.49-

Last Payment 7,206.08
04/11/2022

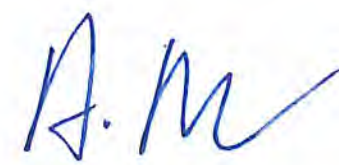
If Paid By 04/19/2022,
Pay This Amount:

576.36 USD

If Paid After 04/19/2022,
Pay this Amount:

588.32 USD

Due If Paid On Time: 576.36
USD
Disc lost if paid late: 11.96
Due If Paid Late: 588.32
USD



APPROVED ON
APR 18 2022

For AR Inquiries please contact 800-867-0333

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

 DEA: RA0289276
 866-451-9655

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

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

Customer Number	
100135284 / 037028186	
Terms	
Sat - Fri Due in 7 days	
Summary	
Not Yet Due:	0.00
Current:	2,179.99
Past Due:	0.00
Total Due:	2,179.99
Account Balance:	2,179.99

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-11-2022	04-22-2022	3089236436	165464	Invoice	1,951.71		0.00	1,951.71 ✓
04-11-2022	04-22-2022	3089272124	165510	Invoice	22.85		0.00	22.85 ✓
04-11-2022	04-22-2022	3089272125	165511	Invoice	0.31		0.00	0.31 ✓
04-12-2022	04-22-2022	3089393873	165519	Invoice	85.79		0.00	85.79 ✓
04-13-2022	04-22-2022	3089536364	165524	Invoice	1.34		0.00	1.34 ✓
04-14-2022	04-22-2022	3089676841	165531	Invoice	34.50		0.00	34.50 ✓
04-14-2022	04-22-2022	3089676842	165532	Invoice	0.09		0.00	0.09 ✓
04-15-2022	04-22-2022	3089822753	165543	Invoice	83.40		0.00	83.40 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,179.99	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
04-15-2022	(1,014.72)

Reminders	
Due Date	Amount
04-22-2022	2,179.99
Total Due:	2,179.99


APPROVED ON
APR 18 2022
**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- April 11, 2022 - April 17, 2022**

Date	Bank Description	MMC Notes
4/11/2022	PAY PLUS ACHTRANS 452579291 101000692103582	- 3rd Party Payor Fee
4/11/2022	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee
4/11/2022	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee
4/11/2022	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110	- Credit Card Processing Fee
4/11/2022	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee
4/11/2022	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee
4/11/2022	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee
4/11/2022	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee
4/11/2022	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110	- Credit Card Processing Fee
4/12/2022	PAY PLUS ACHTRANS 452579291 101000692965459	- 3rd Party Payor Fee
4/12/2022	MCKESSON DRUG AUTO ACH ACH04985023 910000134	- 340B Drug Program Expense
4/12/2022	CLEARGAGE LLC CLEARGAGE, 31IDOXZKXO1LJV1 242	- Patient Financing Service
4/13/2022	PAY PLUS ACHTRANS 452579291 101000693841659	- 3rd Party Payor Fee
4/14/2022	PAY PLUS ACHTRANS 452579291 101000694819263	- 3rd Party Payor Fee
4/15/2022	PAY PLUS ACHTRANS 452579291 101000695764756	- 3rd Party Payor Fee
4/15/2022	IRS USATAXPYMT 220250551063717 6103601000645	- Payroll Taxes
4/15/2022	EXPERTPAY EXPERTPAY 746003411 91000018400843	- Child Support Payment
4/15/2022	EXPERTPAY EXPERTPAY 746003411 91000018387952	- Child Support Payment
4/15/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
4/15/2022	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll
4/15/2022	FDMS FDMS PYMT 052-1737276-000 4100012517167	- Credit Card Processing Fee
4/15/2022	FDMS FDMS PYMT 052-1743548-000 4100012517265	- Credit Card Processing Fee
4/15/2022	FDMS FDMS PYMT 052-1743547-000 4100012517264	- Credit Card Processing Fee

Amount	CP!
9.62	9.62 +
942.95	29.60 +
129.00	56.84 +
776.70	201.32 +
95.48	163.10 +
856.92	460.48 *
3,166.13	CL fees
528.22	942.95 +
117.86	129.00 +
29.60	776.70 +
7,206.08 *	95.48 +
107.89	856.92 +
56.84	3,166.13 +
201.32	528.22 +
163.10	117.86 +
111,675.05	29.60 +
614.20	460.48 *
614.20	942.95 +
1,014.72 *	129.00 +
335,604.72 *	776.70 +
120.08	95.48 +
80.06	856.92 +
40.02	3,166.13 +
464,150.76	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166.13 +
	528.22 +
	117.86 +
	29.60 +
	460.48 *
	942.95 +
	129.00 +
	776.70 +
	95.48 +
	856.92 +
	3,166

04/14/2022

MEMORIAL MEDICAL CENTER

08:46

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11816 ASHFORD GARDENS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
040622		04/13/20	04/06/20	05/06/20			16,240.00	0.00	0.00	16,240.00 ✓
040722A	TRANSFER <i>NH insurance pymt deposited into mme opentry</i>	04/13/20	04/07/20	05/06/20			194,346.00	0.00	0.00	194,346.00 ✓
040722	PHASE 4 ARP RURAL PAYMENT	04/13/20	04/07/20	05/06/20			6,039.32	0.00	0.00	6,039.32 ✓
	TRANSFER <i>NH portion of QIPP</i>									
Vendor Totals							Gross	Discount	No-Pay	Net
11816	ASHFORD GARDENS						216,625.32	0.00	0.00	216,625.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	216,625.32	0.00	0.00	216,625.32

APPROVED ON

APR 18 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

MEMORIAL MEDICAL CENTER
 ARP RURAL PAYMENTS

PROVIDER NO.	CITY	ZIP CODE	COUNTY	RURAL / URBAN	BEDS	MEDICAID DAYS	TOTAL DAYS	WEIGHTED FOR URBAN (0.25) OR RURAL (1.0)	ARP DISTRIBUTION - % - MEDICAID DAYS	ALLOCATED ARP RURAL PAYMENTS
ASHFORD	HOUSTON	77076	HARRIS	URBAN	202	30,785	34,565	7,696	14.78%	194,346
BROADMOOR	THE WOODLANDS	77389	HARRIS	URBAN	112	11,667	25,737	2,917	5.60%	73,654
CRESCENT	SUGAR LAND	77478	FORT BEND	URBAN	112	9,009	20,668	2,252	4.33%	56,874
FORT BEND	ROSENBERG	77471	FORT BEND	URBAN	56	9,984	14,544	2,496	4.79%	63,029
SOLERA	HOUSTON	77084	HARRIS	URBAN	112	9,405	23,983	2,351	4.52%	59,374

04/14/2022

MEMORIAL MEDICAL CENTER

0

08:51

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11828 SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
040722		04/13/20	04/07/20	05/06/20		59,374.00	0.00	0.00	59,374.00		
	PHASE 4 ARP RURAL PMT										
040722A		04/13/20	04/07/20	05/06/20		2,404.22	0.00	0.00	2,404.22		
	FEB UHC QIPP										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						11828	SOLERA WEST HOUSTON	61,778.22	0.00	0.00	61,778.22

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	61,778.22	0.00	0.00	61,778.22

APPROVED ON

APR 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#194703

MEMORIAL MEDICAL CENTER
 ARP RURAL PAYMENTS

PROVIDER NO.	CITY	ZIP CODE	COUNTY	RURAL / URBAN	BEDS	MEDICAID DAYS	TOTAL DAYS	WEIGHTED FOR URBAN (0.25) OR RURAL (1.0)	ARP DISTRIBUTION - % - MEDICAID DAYS	ALLOCATED ARP RURAL PAYMENTS
ASHFORD	HOUSTON	77076	HARRIS	URBAN	202	30,785	34,565	7,696	14.78%	194,346
BROADMOOR	THE WOODLANDS	77389	HARRIS	URBAN	112	11,667	25,737	2,917	5.60%	73,654
CRESCENT	SUGAR LAND	77478	FORT BEND	URBAN	112	9,009	20,668	2,252	4.33%	56,874
FORT BEND	ROSENBERG	77471	FORT BEND	URBAN	56	9,984	14,544	2,496	4.79%	63,029
SOLERA	HOUSTON	77084	HARRIS	URBAN	112	9,405	23,983	2,351	4.52%	59,374

04/14/2022

MEMORIAL MEDICAL CENTER

08:47

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
040722		04/13/20	04/07/20	05/06/20		63,029.00	0.00	0.00	63,029.00 ✓		
	TRANSFER	<i>Phase 4 ARP Rural Payment</i>									
040722A		04/13/20	04/07/20	05/06/20		2,473.46	0.00	0.00	2,473.46 ✓		
	TRANSFER	<i>QIPP - NH portion</i>									
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						11820	FORTBEND HEALTHCARE CENTER	65,502.46	0.00	0.00	65,502.46

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	65,502.46	0.00	0.00	65,502.46

APPROVED ON

APR 18 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
ck#194700**

MEMORIAL MEDICAL CENTER
 ARP RURAL PAYMENTS

PROVIDER NO.	CITY	ZIP CODE	COUNTY	RURAL / URBAN	BEDS	MEDICAID DAYS	TOTAL DAYS	WEIGHTED FOR URBAN (0.25) OR RURAL (1.0)	ARP DISTRIBUTION - % - MEDICAID DAYS	ALLOCATED ARP RURAL PAYMENTS
ASHFORD	HOUSTON	77076	HARRIS	URBAN	202	30,785	34,565	7,696	14.78%	194,346
BROADMOOR	THE WOODLANDS	77389	HARRIS	URBAN	112	11,667	25,737	2,917	5.60%	73,654
CRESCENT	SUGAR LAND	77478	FORT BEND	URBAN	112	9,009	20,668	2,252	4.33%	56,874
FORT BEND	ROSENBERG	77471	FORT BEND	URBAN	56	9,984	14,544	2,496	4.79%	63,029
SOLERA	HOUSTON	77084	HARRIS	URBAN	112	9,405	23,983	2,351	4.52%	59,374

04/14/2022 MEMORIAL MEDICAL CENTER 0
 08:46 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	
040722A		04/07/20	04/07/20	05/06/20		2,525.39	0.00	0.00	2,525.39	✓
	FEB UHC QIPP PMT									
040722		04/13/20	04/07/20	05/06/20		73,654.00	0.00	0.00	73,654.00	✓
	TRANSFER									
	<i>PHASE 4 APPROVAL Payment</i>									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11832	BROADMOOR AT CREEKSIDE PARK				76,179.39	0.00	0.00	76,179.39	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	76,179.39	0.00	0.00	76,179.39

APPROVED ON

APR 18 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS
 CK# 194699

MEMORIAL MEDICAL CENTER
 ARP RURAL PAYMENTS

PROVIDER NO.	CITY	ZIP CODE	COUNTY	RURAL / URBAN	BEDS	MEDICAID DAYS	TOTAL DAYS	WEIGHTED FOR URBAN (0.25) OR RURAL (1.0)	ARP DISTRIBUTION - % - MEDICAID DAYS	ALLOCATED ARP RURAL PAYMENTS
ASHFORD	HOUSTON	77076	HARRIS	URBAN	202	30,785	34,565	7,696	14.78%	194,346
BROADMOOR	THE WOODLANDS	77389	HARRIS	URBAN	112	11,667	25,737	2,917	5.60%	73,654
CRESCENT	SUGAR LAND	77478	FORT BEND	URBAN	112	9,009	20,668	2,252	4.33%	56,874
FORT BEND	ROSENBERG	77471	FORT BEND	URBAN	56	9,984	14,544	2,496	4.79%	63,029
SOLERA	HOUSTON	77084	HARRIS	URBAN	112	9,405	23,983	2,351	4.52%	59,374

04/14/2022

MEMORIAL MEDICAL CENTER

08:51

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11824		04/07/20	04/07/20	05/06/20		56,874.00	0.00	0.00	56,874.00 ✓
	PHASE 4 ARP RURAL PMT								
040522		04/13/20	04/05/20	05/06/20		4,410.32	0.00	0.00	4,410.32 ✓
	TRANSFER								
040722A		04/13/20	04/07/20	05/06/20		1,990.65	0.00	0.00	1,990.65 ✓
	TRANSFER								
040722		04/13/20	04/07/20	05/06/20		380.00	0.00	0.00	380.00 ✓
	TRANSFER								

Vendor Totals Number Name

11824 THE CRESCENT

Gross

Discount

No-Pay

Net

63,654.97

0.00

0.00

63,654.97

Report Summary

Grand Totals:

Gross
63,654.97

Discount
0.00

No-Pay
0.00

Net
63,654.97

APPROVED ON

APR 18 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CK#194704

MEMORIAL MEDICAL CENTER
 ARP RURAL PAYMENTS

PROVIDER NO.	CITY	ZIP CODE	COUNTY	RURAL / URBAN	BEDS	MEDICAID DAYS	TOTAL DAYS	WEIGHTED FOR URBAN (0.25) OR RURAL (1.0)	ARP DISTRIBUTION - % - MEDICAID DAYS	ALLOCATED ARP RURAL PAYMENTS
ASHFORD	HOUSTON	77076	HARRIS	URBAN	202	30,785	34,565	7,696	14.78%	194,346
BROADMOOR	THE WOODLANDS	77389	HARRIS	URBAN	112	11,667	25,737	2,917	5.60%	73,654
CRESCENT	SUGAR LAND	77478	FORT BEND	URBAN	112	9,009	20,668	2,252	4.33%	56,874
FORT BEND	ROSENBERG	77471	FORT BEND	URBAN	56	9,984	14,544	2,496	4.79%	63,029
SOLERA	HOUSTON	77084	HARRIS	URBAN	112	9,405	23,983	2,351	4.52%	59,374

RECEIVED BY THE COUNTY AUDITOR ON

APR 14 2022

04/14/2022

08:50

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040422		04/13/20	04/04/20	05/06/20		486.56	0.00	0.00	486.56 ✓
	TRANSFER	<i>NH insurance pymt deposited into mmmc operating</i>							
040722A		04/13/20	04/07/20	05/06/20		3,788.85	0.00	0.00	3,788.85 ✓
	TRANSFER	<i>NH portion of QHP</i>							
040722		04/13/20	04/07/20	05/06/20		433,124.00	0.00	0.00	433,124.00 ✓
	PHASE 4 ARP RURAL PAYMENT								

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	437,399.41	0.00	0.00	437,399.41

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	437,399.41	0.00	0.00	437,399.41

APPROVED ON

APR 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 194701

MEMORIAL MEDICAL CENTER
ARP RURAL PAYMENTS



PROVIDER NO.	CITY	ZIP CODE	COUNTY	RURAL / URBAN	BEDS	MEDICAID DAYS	TOTAL DAYS	WEIGHTED FOR URBAN (0.25) OR RURAL (1.0)	ARP DISTRIBUTION - % - MEDICAID DAYS	ALLOCATED ARP RURAL PAYMENTS	
[REDACTED]											
GOLDEN CREEK		NAVASOTA	77868	GRIMES	RURAL	125	17,152	25,456	17,152	32.94%	433,124
[REDACTED]											

04/14/2022
08:50

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040422		04/07/20	04/04/20	05/06/20		13,542.69	0.00	0.00	13,542.69 ✓
	TRANSFER	<i>NH insurance point deposited into mme open</i>							
040722		04/07/20	04/07/20	05/06/20		83,313.00	0.00	0.00	83,313.00 ✓
	PHASE 4 ARP RURAL PMT								
040522		04/13/20	04/05/20	05/06/20		17,582.09	0.00	0.00	17,582.09 ✓
	TRANSFER	<i>"</i>							
040622		04/13/20	04/06/20	05/06/20		6,252.10	0.00	0.00	6,252.10 ✓
	TRANSFER	<i>"</i>							
040722A		04/13/20	04/07/20	05/06/20		1,662.88	0.00	0.00	1,662.88 ✓
	FEB UHC QIPP PMT								
040822		04/13/20	04/08/20	05/06/20		2,124.22	0.00	0.00	2,124.22 ✓
	TRANSFER	<i>"</i>							
Vendor Totals						Gross	Discount	No-Pay	Net
12696 GULF POINTE PLAZA						124,476.98	0.00	0.00	124,476.98

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	124,476.98	0.00	0.00	124,476.98

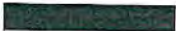
APPROVED ON

APR 18 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CL# 194702

MEMORIAL MEDICAL CENTER
ARP RURAL PAYMENTS



PROVIDER NO.	CITY	ZIP CODE	COUNTY	RURAL / URBAN	BEDS	MEDICAID DAYS	TOTAL DAYS	WEIGHTED FOR URBAN (0.25) OR RURAL (1.0)	ARP DISTRIBUTION - % - MEDICAID DAYS	ALLOCATED ARP RURAL PAYMENTS
[REDACTED]										
GULF POINTE	ROCKPORT	78382	ARANSAS	URBAN	120	13,197	24,224	3,299	6.34%	83,313
[REDACTED]										

04/14/2022

MEMORIAL MEDICAL CENTER

0

08:52

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
040522		04/13/20	04/05/20	05/06/20		10,868.47	0.00	0.00	10,868.47 ✓
	TRANSFER	<i>Mt insurance pmt deposited into mme operating</i>							
040622		04/13/20	04/06/20	05/06/20		9,272.01	0.00	0.00	9,272.01 ✓
	TRANSFER	"							
040722A		04/13/20	04/07/20	05/06/20		3,563.99	0.00	0.00	3,563.99 ✓
	FEB UHC QUIPP PMT								
040722B		04/13/20	04/07/20	05/06/20		13,298.00	0.00	0.00	13,298.00 ✓
	TRANSFER	"							
040722		04/13/20	04/07/20	05/06/20		100,484.00	0.00	0.00	100,484.00 ✓
	PHASE 4 ARP RURAL PMT								
040822		04/13/20	04/08/20	05/06/20		1,756.00	0.00	0.00	1,756.00 ✓
	TRANSFER	"							
040822A		04/13/20	04/08/20	05/06/20		1,941.40	0.00	0.00	1,941.40 ✓
	TRANSFER	"							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	141,183.87	0.00	0.00	141,183.87

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	141,183.87	0.00	0.00	141,183.87

APPROVED ON

APR 18 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CK# 194705

MEMORIAL MEDICAL CENTER
 ARP RURAL PAYMENTS



PROVIDER NO.	CITY	ZIP CODE	COUNTY	RURAL / URBAN	BEDS	MEDICAID DAYS	TOTAL DAYS	WEIGHTED FOR URBAN (0.25) OR RURAL (1.0)	ARP DISTRIBUTION - % - MEDICAID DAYS	ALLOCATED ARP RURAL PAYMENTS
[REDACTED]										
TUSCANY	PEARLAND	77584	PEARLAND	URBAN	132	15,917	29,434	3,979	7.64%	100,484
[REDACTED]										

04/14/2022
08:46

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

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
040622		04/13/20	04/06/20	05/06/20		1,127.08	0.00	0.00	1,127.08 ✓
	TRANSFER	<i>MT insurance pymt deposited into MME Openly</i>							
040722		04/13/20	04/07/20	05/06/20		243,657.00	0.00	0.00	243,657.00 ✓
	PHASE 4 ARP RURAL PMT								

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
12792		BETHANY SENIOR LIVING	244,784.08	0.00	0.00	244,784.08

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	244,784.08	0.00	0.00	244,784.08

APPROVED ON

APR 18 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#194698**

MEMORIAL MEDICAL CENTER
 ARP RURAL PAYMENTS



PROVIDER NO.	CITY	ZIP CODE	COUNTY	RURAL / URBAN	BEDS	MEDICAID DAYS	TOTAL DAYS	WEIGHTED FOR URBAN (0.25) OR RURAL (1.0)	ARP DISTRIBUTION - % - MEDICAID DAYS	ALLOCATED ARP RURAL PAYMENTS
[REDACTED]										
BETHANY	PORT LAVACA	77979	CALHOUN	RURAL	130	9,649	19,793	9,649	18.53%	243,657
[REDACTED]										

Erica Perez

From: mmartinez@mmcportlavaca.com (Mayra Martinez) <mmartinez@mmcportlavaca.com>
Sent: Monday, April 18, 2022 10:30 AM
To: Erica Perez
Subject: RE: Rural Payments

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

Good morning Erica,

Last year MMC along with the nursing homes applied for a provider relief funds grant and were approved for the funds. The check request that were sent out is to give the nursing home their portion of the grant.

Thank you,

Mayra Martinez

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

From: Erica Perez [mailto:Erica.Perez@calhouncotx.org]
Sent: Monday, April 18, 2022 10:17 AM
To: Mayra Martinez <mmartinez@mmcportlavaca.com>
Subject: Rural Payments

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

Hi Mayra,

☐

RUN DATE:04/19/22
 TIME:13:26

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 04/20/22 THRU 04/20/22

PAGE 1
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	194610	04/20/22	3,000.00	ADVANCED STERILIZATION PRODUCT
A/P	194611	04/20/22	3,048.75	ALLYSON SWOPE
A/P	194612	04/20/22	11,021.38	AUREUS RADIOLOGY LLC
A/P	194613	04/20/22	1,100.00	AZALEA HEALTH
A/P	194614	04/20/22	533.42	BAXTER HEALTHCARE
A/P	194615	04/20/22	22,479.39	BECKMAN COULTER INC
A/P	194616	04/20/22	9,507.95	BIOMERIEUX, INC
A/P	194617	04/20/22	129.95	BOSART LOCK & KEY INC
A/P	194618	04/20/22	4,480.00	BUILDING KID STEPS
A/P	194619	04/20/22	3,960.00	CALHOUN COUNTY EMS
A/P	194620	04/20/22	80.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	194621	04/20/22	9,535.46	CDW GOVERNMENT, INC.
A/P	194622	04/20/22	3,995.00	CFI MECHANICAL INC
A/P	194623	04/20/22	200.00	CHRIS KOVAREK
A/P	194624	04/20/22	1,194.79	CLEARFLY
A/P	194625	04/20/22	25,546.54	CLINICAL PATHOLOGY
A/P	194626	04/20/22	380.57	COASTAL OFFICE SOLUTONS
A/P	194627	04/20/22	5,428.00	COASTAL REFRIGERATION
A/P	194628	04/20/22	8,949.53	COMMUNITY INFUSION SOLUTIONS
A/P	194629	04/20/22	215.06	CONMED CORPORATION
A/P	194630	04/20/22	1,761.15	CORROHEALTH, INC.
A/P	194631	04/20/22	603.45	CYRACOM LLC
A/P	194632	04/20/22	695.00	DESIGNS FOR VISION, INC.
A/P	194633	04/20/22	1,083.00	DEWITT POTTH & SON
A/P	194634	04/20/22	126,569.71	DISCOVERY MEDICAL NETWORK INC
A/P	194635	04/20/22	65.00	DOWELL PEST CONTROL
A/P	194636	04/20/22	3,600.00	EMERGENCY STAFFING SOLUTIONS
A/P	194637	04/20/22	17,519.00	EVIDENT
A/P	194638	04/20/22	495.00	FASTHEALTH CORPORATION
A/P	194639	04/20/22	2,070.00	FIRETRON, INC
A/P	194640	04/20/22	1,844.43	FISHER HEALTHCARE
A/P	194641	04/20/22	1,176.04	FRONTIER
A/P	194642	04/20/22	10,124.07	GREAT AMERICA FINANCIAL SVCS
A/P	194643	04/20/22	100.00	GULF COAST DELIVERY
A/P	194644	04/20/22	441.86	GULF COAST PAPER COMPANY
A/P	194645	04/20/22	125.00	HAYES ELECTRIC SERVICE
A/P	194646	04/20/22	26,995.34	HEALTHCARE FINANCIAL SERVICES
A/P	194647	04/20/22	15,113.11	HUNTER PHARMACY SERVICES
A/P	194648	04/20/22	641.30	IRON MOUNTAIN
A/P	194649	04/20/22	250.00	ITERSOURCE CORPORATION
A/P	194650	04/20/22	401.80	LEGAL SHIELD
A/P	194651	04/20/22	640.86	M G TRUST
A/P	194652	04/20/22	55.08	MCKESSON MEDICAL SURGICAL INC
A/P	194653	04/20/22	13.44	MEDIMPACT HEALTHCARE SYS, INC.
A/P	194654	04/20/22	400.00	MEDIVATORS
A/P	194655	04/20/22	.00	VOIDED
A/P	194656	04/20/22	.00	VOIDED
A/P	194657	04/20/22	.00	VOIDED
A/P	194658	04/20/22	14,120.95	MEDLINE INDUSTRIES INC
A/P	194659	04/20/22	180.00	MEMORIAL MEDICAL CLINIC

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	194660	04/20/22	195.00	MICHAEL PPIEL
A/P	194661	04/20/22	417.00	MINDRAY DS USA, INC.
A/P	194662	04/20/22	229.54	MMC AUXILIARY GIFT SHOP
A/P	194663	04/20/22	.00	VOIDED
A/P	194664	04/20/22	.00	VOIDED
A/P	194665	04/20/22	14,415.43	MORRIS & DICKSON CO, LLC
A/P	194666	04/20/22	379.26	NACOGDOCHES TRANSCRIPTION
A/P	194667	04/20/22	6,103.44	OLOOP TECHNOLOGY SOLUTIONS
A/P	194668	04/20/22	3,084.00	PARA
A/P	194669	04/20/22	207.00	PITNEY BOWES INC
A/P	194670	04/20/22	43.95	POWER HARDWARE
A/P	194671	04/20/22	2,225.00	PREMIER SLEEP DISORDERS CENTER
A/P	194672	04/20/22	2,523.70	PRESS GANEY ASSOCIATES, INC.
A/P	194673	04/20/22	359.28	QIAGEN INC
A/P	194674	04/20/22	12.98	ROBERT RODRIQUEZ
A/P	194675	04/20/22	60.00	RX WASTE SYSTEMS LLC
A/P	194676	04/20/22	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	194677	04/20/22	331.94	SMITHS MEDICAL ASD INC
A/P	194678	04/20/22	2,985.00	SOMETHING MORE MEDIA, INC.
A/P	194679	04/20/22	9,406.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	194680	04/20/22	25,848.00	SPECTRUM HEALTH PARTNERS, LLC
A/P	194681	04/20/22	485.00	STANFORD VACUUM SERVICE
A/P	194682	04/20/22	2,662.55	STERICYCLE, INC
A/P	194683	04/20/22	83.65	STERIS CORPORATION
A/P	194684	04/20/22	2,541.92	STRYKER SUSTAINABILITY
A/P	194685	04/20/22	6,130.42	T-SYSTEM, INC
A/P	194686	04/20/22	4,067.00	TEXAS MUTUAL INSURANCE CO
A/P	194687	04/20/22	85.96	THE BRATTON FIRM
A/P	194688	04/20/22	359.20	TMS SOUTH
A/P	194689	04/20/22	1,682.62	TRIZETTO PROVIDER SOLUTIONS
A/P	194690	04/20/22	.00	VOIDED
A/P	194691	04/20/22	10,033.16	UNIFIRST HOLDINGS INC
A/P	194692	04/20/22	189.86	UNIFORM ADVANTAGE
A/P	194693	04/20/22	155.52	WAGWORKS
A/P	194694	04/20/22	3,487.43	WAGWORKS, INC.
A/P	194695	04/20/22	8,555.12	WERFEN USA LLC
A/P	194696	04/20/22	254.01	WILLIAM CROWLEY III, DO
A/P	194697	04/20/22	216,625.32	ASHFORD GARDENS
A/P	194698	04/20/22	244,784.08	BETHANY SENIOR LIVING
A/P	194699	04/20/22	76,179.39	BROADMOOR AT CREEKSIDE PARK
A/P	194700	04/20/22	65,502.46	FORTBEND HEALTHCARE CENTER
A/P	194701	04/20/22	437,399.41	GOLDENCREEK HEALTHCARE
A/P	194702	04/20/22	124,476.98	GULF POINTE PLAZA
A/P	194703	04/20/22	61,778.22	SOLERA WEST HOUSTON
A/P	194704	04/20/22	63,654.97	THE CRESCENT
A/P	194705	04/20/22	141,183.87	TUSCANY VILLAGE
TOTALS:			1,884,388.35	

O.C

Payables 452,803.65 +
 216,625.32 +
 61,778.22 +
NH 65,502.46 +
 76,179.39 +
Transfers 63,654.97 +
 437,399.41 +
 124,476.98 +
 141,183.87 +
 244,784.08 +
 1,884,388.35 x

APPROVED ON

APR 20 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: _____

Payer: _____

Requested by: _____

Requestor's email: _____

Requestor's phone number: _____

District or County: _____

Facility: _____

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevengeer@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	3/22/2022	EFT	\$1,713.10	EFT6286124	CVDAR000019557	570.58	THE CRESENT
N/A	N/A	3/23/2022	EFT	\$256.30	EFT6287595	CVDAR000019557	128.16	THE CRESENT
N/A	N/A	3/23/2022	EFT	\$335.76	EFT6287628	CVDAR000019557	167.88	THE CRESENT
N/A	N/A	3/24/2022	EFT	\$288.00	EFT6289027	CVDAR000019557	144.01	THE CRESENT
N/A	N/A	3/24/2022	EFT	\$876.68	EFT6289056	CVDAR000019557	438.34	THE CRESENT
				TOTAL			1,448.97	

To be filled out by Memorial Medical Center:

Date Received: 4/13/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 4/20/2022

From Facility: CRESCENT

To Facility: CLINIC

Amount: 1,448.97

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED ON

APR 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CIC #000735

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000204

Date 4/20/22

88-2265/1131

PAY

TO THE
ORDER OF

Golden creek

\$ 26,022.27

Twenty Six thousand twenty two & 27/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000204⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000235

Date 4/20/22

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Clinic

\$ 1,448.97

One thousand four hundred forty eight & 97/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000235⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000236

Date 4/20/22

88-2265/1131

PAY

TO THE
ORDER OF

Golden creek

\$ 26,022.27

Twenty Six thousand twenty two & 27/100

DOLLARS



FOR Medicare repayment

Security features are included. Details on back.

⑈000236⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001235

Date

4/20/22

88-2265/1131

PAY

TO THE
ORDER OF

Golden Creek

\$ 26,022.27

Twenty six thousand twenty two & 27/100

DOLLARS



PROSPERITY
BANK

FOR medicare repayment



Security features are
included. Details on back.

⑈001235⑈ ⑆113122655⑆

FORT BEND
TRANSFER REQUEST

PAYEE Memorial Medical Center Clinic

Date Requested: 04/18/2022

APPROVED ON

APR 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 000179

AMOUNT \$35.65

G/L NUMBER: _____

EXPLANATION: TO TRANSFER PAYMENT THAT BELONGS TO MM CLINIC

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

815 N Virginia. St
Port Lavaca, TX 77979
Ph: 361.552.0272

Belongs to the clinic

From: Simms, Tracy M. <TSimms@cantexcc.com>
Sent: Tuesday, April 12, 2022 10:43 AM
To: Caitlin Clevenger <cclevenger@mmcpportlavaca.com>; Miller, Sara <smiller@cantexcc.com>
Subject: Re: deposit 4.8.22

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

Caitlin,

The \$35.65 payment does not belong to Fort Bend or any of our facilities. Can you debit the account for the \$35.65?

to clinic

Tracy Simms, Cash Manager

Cantex Continuing Care Network, *Where we are Committed to Excellence*

2537 Golden Bear Drive

Carrollton, TX 75006

Tel: 214-954-4114, x115

Fax: 214-871-3057

tsimms@cantexcc.com

From: Caitlin Clevenger <cclevenger@mmcpportlavaca.com>
Sent: Tuesday, April 12, 2022 10:01 AM
To: Miller, Sara <smiller@cantexcc.com>; Simms, Tracy M. <TSimms@cantexcc.com>
Subject: [EXTERNAL MSG] deposit 4.8.22

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. If this is believed to be SPAM or Phishing, forward email as an attachment to junk@office365.com.

This message originated from outside your organization

Good morning,

Please see attached support for deposit made on 4.8.22. Please let me know if you have any questions. Thanks!

GULF POINTE - PP
TRANSFER REQUEST

PAYEE Bethany

Date Requested: 04/18/2022

APPROVED ON

APR 18 2022

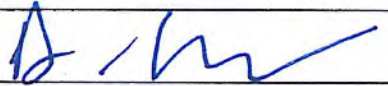
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK # 1081

AMOUNT \$1,484.00

G/L NUMBER: _____

EXPLANATION To transfer ECHO payment that belongs to Bethany

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Mayra Martinez

From: Caitlin Clevenger
Sent: Tuesday, April 12, 2022 2:33 PM
To: Mayra Martinez
Subject: FW: MARCH CASH \$828,593.01
Attachments: ROUNTREE SEPT 2021 PMT.pdf; You have a new encrypted message from mpassmore@mmcportlavaca.com

Will you make a note to withhold 1484.00 from Gulf Pointe Private pay and write check to Bethany. It is for an Echo payment that was missed. Thanks!

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message and any attachments.

Caitlin Clevenger

Accountant
Memorial Medical Center
815 N Virginia. St
Port Lavaca, TX 77979
Ph: 361.552.0272

From: Tatum Gordon <tgordon@bethany-living.com>
Sent: Tuesday, April 12, 2022 10:57 AM
To: Misty Passmore <mpassmore@mmcportlavaca.com>; Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Cc: Apton Taylor <ataylor@hslfamily.net>; Gabe Pallanez <gpallanez@bethany-living.com>
Subject: RE: MARCH CASH \$828,593.01

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

Misty was able to forward me the remit can this be processed for a wire transfer please?

I need clarification because in the past any payments that MMC received for BSL the funds are transferred and a remit is provided. Did something change that I need to be pulling remits? If so I need access to ALL portals so I can do this.

From: Misty Passmore <mpassmore@mmcportlavaca.com>
Sent: Tuesday, April 12, 2022 10:50 AM
To: Tatum Gordon <tgordon@bethany-living.com>
Subject: RE: MARCH CASH \$828,593.01

Good Morning,

MEMORIAL MEDICAL CENTER

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

000179

Date 4/20/22

88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Clinic

\$ 35.65

Thirty five & 65/100

DOLLARS



PROSPERITY
BANK

FOR Payment Belongs to Clinic

Security features are included. Details on back.

⑈000179⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

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

1081

88-2265/1131-87

DATE 4/20/22

CHECK 48268

PAY
TO THE
ORDER OF

Bethany

\$ 1,484.00

One thousand Four hundred Eighty four

DOLLARS



PROSPERITY BANK

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

Photo Safe Deposit

FOR Echo Payment

⑈00108⑈ ⑆113122655⑆

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 4/18/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		47,766.59 ✓	31,064.24 ✓	94,738.87 ✓		111,441.22 ✓	64,150.09
						Bank Balance	111,441.22 ✓
						Variance	-
						Leave in Balance	100.00
						MOLINA FEB QIPP 015	16,705.29 ✓
						AMERIGROUP FEB QIPP	30,485.84 ✓
						JAN INTEREST	
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	64,150.09 ✓
Broadmoor		34,976.42 ✓	27,950.68 ✓	83,764.29 ✓		90,790.03 ✓	45,103.17
						Bank Balance	90,790.03 ✓
						Variance	-
						Leave in Balance	100.00
						AMERIGROUP FEB QIPP	12,638.85 ✓
						MOLINA FEB QIPP 015	6,925.74 ✓
						MEDICARE PAYMENT OWED TO GOLDEN CREEK	26,022.27 ✓
						JAN INTEREST	
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	45,103.17 ✓
Crescent		18,802.07 ✓	13,158.04 ✓	81,949.07 ✓		87,593.10 ✓	44,360.38
						Bank Balance	87,593.10 ✓
						Variance	-
						Leave in Balance	100.00
						AMERIGROUP FEB QIPP	10,117.45 ✓
						MOLINA QIPP 015	5,544.03 ✓
						MEDICARE REPAYMENT TO GOLDEN CREEK	26,022.27 ✓
						MEDICARE REPAYMENT TO MM CLINIC	1,448.97 ✓
						JAN INTEREST	
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	44,360.38 ✓
Fort Bend		13,878.13 ✓	7,015.30 ✓	20,688.62 ✓		27,551.45 ✓	8,311.41
						Bank Balance	27,551.45 ✓
						Variance	-
						Leave in Balance	100.00
						AMERIGROUP FEB QIPP	12,341.56 ✓
						MOLINA FEB QIPP 015	6,762.83 ✓
						PAYMENT BELONGS TO MM CLINIC	35.65 ✓
						JAN INTEREST	
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	8,311.41 ✓
Solera at W Houston		27,766.03 ✓	21,002.33 ✓	226,427.57 ✓		133,191.27 ✓	88,428.16
						Bank Balance	133,191.27 ✓
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPAYMENT TO GOLDEN CREEK	26,022.27 ✓
						MOLINA FEB QIPP 015	6,563.14 ✓
						AMERIGROUP FEB QIPP	11,977.14 ✓
						CORRECTION CHECK TO MMC s/b removed	-100.56 ✓
						JAN INTEREST	
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	88,428.16 ✓
TOTAL TRANSFERS							250,353.21

64,150.09 +
 45,103.17 +
 44,360.38 +
 8,311.41 +
 88,428.16 +
 250,353.21 *

APPROVED ON
APR 18 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Approved: *[Signature]*
 ANTHONY RICHARDSON, INTERIM CFO
 4/18/2022

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						
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION	
Ashford Gardens								
4/11/2022 AMERIGROUP CORPO E-PAYMENT EES2340562 111000	33,831.97	27,139.70	6,692.27			30,485.84	3,346.14	
4/12/2022 Molina HC of TX HCCLAIMPMT PN1326436189 4200	16,912.28						16,912.28	
4/12/2022 Molina HC of TX HCCLAIMPMT PN1326436189 4200	1,236.57						1,236.57	
4/12/2022 Amerigroup TXSC HCCLAIMPMT 3177038804 111000	37,772.68						37,772.68	
4/12/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	110.55						110.55	
4/13/2022 Amerigroup TXSC HCCLAIMPMT 3177203078 111000	2,823.36						2,823.36	
4/13/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	1,840.87						1,840.87	
4/13/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0.16						0.16	
4/13/2022 HUMANA CHA DISB HCCLAIMPMT 390860 4200001992	69.04						69.04	
4/14/2022 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	30,961.30							
4/14/2022 Molina HC of TX HCCLAIMPMT PN1326436189 4200	141.39						141.39	
4/15/2022 Enhanced Analysis Ch	102.94							
31,064.24	94,738.87	27,139.70	6,692.27			30,485.84	64,253.04	

		MMC PORTION						
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION	
Breadmoor								
4/11/2022 Molina HC of TX HCCLAIMPMT PN1669860433 4200	1,857.18						1,857.18	
4/11/2022 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	1,963.77						1,963.77	
4/11/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	1,793.22						1,793.22	
4/11/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	1,821.15						1,821.15	
4/11/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	139.36						139.36	
4/11/2022 AMERIGROUP CORPO E-PAYMENT EES2340565 111000	14,038.21	11,239.48	2,798.73			12,638.85	1,399.37	
4/12/2022 Molina HC of TX HCCLAIMPMT PN1669860433 4200	7,204.96						7,204.96	
4/12/2022 Molina HC of TX HCCLAIMPMT PN1669860433 4200	3,674.49						3,674.49	
4/12/2022 HUMANA CHA DISB HCCLAIMPMT 390861 4200001964	15,410.00						15,410.00	
4/12/2022 HIC KY HCCLAIMPMT 390861 42000019572900 DISB	1,860.00						1,860.00	
4/13/2022 MANAGEANDNET1718 MNS PMNT 000000000004293 41	10,116.00						10,116.00	
4/13/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	200.15						200.15	
4/13/2022 HUMANA CHA DISB HCCLAIMPMT 390861 4200001992	7,370.00						7,370.00	
4/14/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	27,950.68							
4/14/2022 Deposit	8,875.80						8,875.80	
4/15/2022 HUMANA INS CO HCCLAIMPMT 390861 830000557711	7,440.00						7,440.00	
27,950.68	83,764.29	11,239.48	2,798.73			12,638.85	71,125.85	

		MMC PORTION						
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION	
Crescent								
4/11/2022 Molina HC of TX HCCLAIMPMT PN1669860425 4200	2,125.16						2,125.16	
4/11/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	2,040.50						2,040.50	
4/11/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000180	1,401.00						1,401.00	
4/11/2022 AMERIGROUP CORPO E-PAYMENT EES2340564 111000	11,220.30	9,014.60	2,205.70			10,117.45	1,102.85	
4/11/2022 AARP Supplementa HCCLAIMPMT 746003411 124384	2,139.50						2,139.50	
4/12/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	2,964.75						2,964.75	
4/12/2022 HUMANA INS CO HCCLAIMPMT 390864 830000543538	1,395.00						1,395.00	
4/12/2022 HUMANA CHA DISB HCCLAIMPMT 390864 4200001965	1,172.00						1,172.00	
4/13/2022 MANAGEANDNET1718 MNS PMNT 000000000003268 41	33,735.60						33,735.60	
4/13/2022 HNB - ECHO HCCLAIMPMT 746003411 440000259850	468.13						468.13	
4/13/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	6,366.06						6,366.06	
4/14/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	13,158.04							
4/14/2022 Deposit	9,956.00						9,956.00	
4/14/2022 MANAGEANDNET1718 MNS PMNT 000000000003268 41	3,260.25						3,260.25	
4/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	2,343.32						2,343.32	
4/15/2022 AARP Supplementa HCCLAIMPMT 746003411 124384	1,361.50						1,361.50	
13,158.04	81,949.07	9,014.60	2,205.70			10,117.45	71,831.62	

		MMC PORTION						
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION	
Fort Bend								
4/11/2022 Molina HC of TX HCCLAIMPMT PN1730577503 4200	4,306.52						4,306.52	
4/11/2022 AMERIGROUP CORPO E-PAYMENT EES2340561 111000	13,712.15	10,970.96	2,741.19			12,341.56	1,370.60	
4/13/2022 MANAGEANDNET1718 MNS PMNT 000000000004294 41	67.50						67.50	
4/14/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	7,015.30							
4/14/2022 Deposit	2,602.45						2,602.45	
7,015.30	20,688.62	10,970.96	2,741.19			12,341.56	8,347.07	

		MMC PORTION						
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION	
Solara at West Houston								
4/11/2022 Molina HC of TX HCCLAIMPMT PN1497143259 4200	6,927.96						6,927.96	
4/11/2022 Molina HC of TX HCCLAIMPMT PN1497143259 4200	5,492.04						5,492.04	
4/11/2022 Amerigroup TXSC HCCLAIMPMT 3176894256 111000	14,573.37						14,573.37	
4/11/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000180	1,115.81						1,115.81	
4/12/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	3,547.96						3,547.96	
4/13/2022 AMERIGROUP CORPO E-PAYMENT EES2340563 111000	13,309.37	10,644.90	2,664.47			11,977.14	1,332.24	
4/11/2022 AARP Supplementa HCCLAIMPMT 746003411 124384	2,723.00						2,723.00	
4/12/2022 Molina HC of TX HCCLAIMPMT PN1497143259 4200	11,929.15						11,929.15	
4/12/2022 HUMANA INS CO HCCLAIMPMT 390862 830000543538	9,530.00						9,530.00	
4/12/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001964	8,835.00						8,835.00	
4/12/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001965	2,790.00						2,790.00	
4/13/2022 MANAGEANDNET1718 MNS PMNT 000000000002482 41	22,851.00						22,851.00	
4/13/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	2,638.61						2,638.61	
4/14/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	21,002.33							
4/14/2022 Deposit								
4/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	5,251.50						5,251.50	
4/15/2022 HUMANA INS CO HCCLAIMPMT 390862 830000557712	3,337.80						3,337.80	
4/15/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001095	7,625.00						7,625.00	
	3,950.00						3,950.00	
21,002.33	126,427.57	10,644.90	2,664.47			11,977.14	114,450.44	

TOTALS	100,190.59	407,568.42	69,009.64	17,102.36		77,560.82	330,007.60
---------------	-------------------	-------------------	------------------	------------------	--	------------------	-------------------

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Apr 18, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,912,263.25	\$7,866,542.96	\$7,912,263.25	\$8,411,859.0
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$52,612.57	\$52,612.57	\$52,612.57	\$52,612.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$52,721.56	\$54,216.56	\$52,721.56	\$52,357.1
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.26	\$536.26	\$536.26	\$536.2
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,870,731.36	\$5,812,670.47	\$5,870,731.36	\$6,394,913.1
<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	\$111,441.22 ✓	\$111,547.18	\$111,441.22	\$111,544.1
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$90,790.03 ✓	\$91,736.63	\$90,790.03	\$83,350.0
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$87,593.10 ✓	\$96,473.14	\$87,593.10	\$86,231.6
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$27,551.45 ✓	\$27,686.45	\$27,551.45	\$27,551.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$133,191.27 ✓	\$133,969.27	\$133,191.27	\$121,616.2
<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	\$199,461.96	\$199,461.96	\$199,461.96	\$198,104.0
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$45,025.13	\$45,025.13	\$45,025.13	\$45,025.1
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$51,910.94	\$51,910.94	\$51,910.94	\$49,320.9
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$78,249.50	\$78,249.50	\$78,249.50	\$78,249.5

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 4/18/2022

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		103,752.80 ✓	68,783.06 ✓	17,751.82 ✓		52,721.56 ✓	17,751.82
						Bank Balance	
						Variance	
						Leave in Balance	100.00
						SUPERIOR FEB QJPP	0% 34,869.74
						JAN INTEREST	
						FEB INTEREST	
						MAR INTEREST	
						Adjust Balance/Transfer Amt	17,751.82 ✓

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 4/18/2022

APPROVED ON

APR 18 2022

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

Golden Creek

4/11/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 4/11/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 4/12/2022 HNB - ECHO HCCLAIMPMT 746003411 440000224362
 4/13/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 4/13/2022 ACH SETTLEMENT SERVICE 4105523439 9601693191
 4/13/2022 NOVITAS SOLUTION HCCLAIMPMT 676097 420000102
 4/14/2022 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 4/14/2022 Deposit
 4/14/2022 HNB - ECHO HCCLAIMPMT 746003411 440000294673
 4/15/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	1,575.08	-	-	-	-	-	1,575.08
-	158.92	-	-	-	-	-	158.92
-	2,909.26	-	-	-	-	-	2,909.26
-	1,955.30	-	-	-	-	-	1,955.30
-	2,374.82	-	-	-	-	-	2,374.82
-	3,128.68	-	-	-	-	-	3,128.68
68,783.06	-	-	-	-	-	-	-
-	4,397.13	-	-	-	-	-	4,397.13
-	888.18	-	-	-	-	-	888.18
-	364.45	-	-	-	-	-	364.45
68,783.06	17,751.82	-	-	-	-	-	17,751.82

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Apr 18, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,912,263.25	\$7,866,542.96	\$7,912,263.25	\$8,411,859.0
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$52,612.57	\$52,612.57	\$52,612.57	\$52,612.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$52,721.56 ✓	\$54,216.56	\$52,721.56	\$52,357.1
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.26	\$536.26	\$536.26	\$536.2
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,870,731.36	\$5,812,670.47	\$5,870,731.36	\$6,394,913.1
<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	\$111,441.22	\$111,547.18	\$111,441.22	\$111,544.1
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$90,790.03	\$91,736.63	\$90,790.03	\$83,350.0
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$87,593.10	\$96,473.14	\$87,593.10	\$86,231.6
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$27,551.45	\$27,686.45	\$27,551.45	\$27,551.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$133,191.27	\$133,969.27	\$133,191.27	\$121,616.2
<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	\$199,461.96	\$199,461.96	\$199,461.96	\$198,104.0
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$45,025.13	\$45,025.13	\$45,025.13	\$45,025.1
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$51,910.94	\$51,910.94	\$51,910.94	\$49,320.9
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$78,249.50	\$78,249.50	\$78,249.50	\$78,249.5

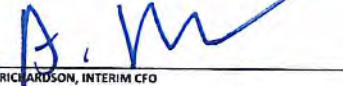
Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 4/18/2022

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		22,948.62	7,467.52	36,429.84				
						Bank Balance	51,910.94	34,945.84
						Variance	51,910.94	
						Leave in Balance	100.00	
						ECHO PYMT THAT BELONGS TO BETHANY	1,484.00	
						SUPERIOR FEB QIPP	15,381.10	
						JAN INTEREST		
						FEB INTEREST		
						MAR INTEREST		
						Adjust Balance/Transfer Amt	34,945.84	

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		28,869.92	28,769.92	44,925.13				
						Bank Balance	45,025.13	44,925.13
						Variance	45,025.13	
						Leave in Balance	100.00	
						JAN INTEREST		
						FEB INTEREST		
						MAR INTEREST		
						Adjust Balance/Transfer Amt	44,925.13	
						TOTAL TRANSFERS	79,870.97	

Routing Information for Gulf Pointe Plaza:

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

Approved: 
 ANTHONY RICHARDSON, INTERIM CFO 4/18/2022

APPROVED ON

APR 18 2022

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

Gulf Pointe Plaza-Private Pay

4/11/2022 NDC SWEEP FAC H261 21000022624146 SWEEP FR
 4/13/2022 HUMANA INS CO HCCLAIMPMT 624982 830000581263
 4/13/2022 HUMANA CHA DISB HCCLAIMPMT 624982 4200001992
 4/14/2022 WIRE OUT HMG SERVICES, LLC
 4/14/2022 HUMANA CHA DISB HCCLAIMPMT 624982 4200001908
 4/15/2022 HUMANA CHA DISB HCCLAIMPMT 624982 4200001095

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	10,825.60	-	-	-	-	-	10,825.60
-	1,549.03	-	-	-	-	-	1,549.03
-	21,329.53	-	-	-	-	-	21,329.53
7,467.52	-	-	-	-	-	-	-
-	135.68	-	-	-	-	-	135.68
-	2,590.00	-	-	-	-	-	2,590.00
7,467.52	36,429.84	-	-	-	-	-	36,429.84

Gulf Pointe Plaza-Medicare/Medicaid

4/11/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 4/12/2022 HNB - ECHO HCCLAIMPMT 746003411 440000224362
 4/13/2022 HNB - ECHO HCCLAIMPMT 746003411 440000259854
 4/14/2022 WIRE OUT HMG SERVICES, LLC
 4/14/2022 Deposit

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	5,446.00	-	-	-	-	-	5,446.00
-	3,598.80	-	-	-	-	-	3,598.80
-	22,381.02	-	-	-	-	-	22,381.02
28,769.92	-	-	-	-	-	-	-
-	13,499.31	-	-	-	-	-	13,499.31
28,769.92	44,925.13	-	-	-	-	-	44,925.13
36,237.44	81,354.97	-	-	-	-	-	81,354.97

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type

DDA

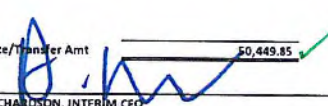
Data reported as of Apr 18, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
Number of Accounts: 15	\$7,912,263.25	\$7,866,542.96	\$7,912,263.25	\$8,411,859.0
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$52,612.57	\$52,612.57	\$52,612.57	\$52,612.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$52,721.56	\$54,216.56	\$52,721.56	\$52,357.1
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.26	\$536.26	\$536.26	\$536.2
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,870,731.36	\$5,812,670.47	\$5,870,731.36	\$6,394,913.1
<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	\$111,441.22	\$111,547.18	\$111,441.22	\$111,544.1
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$90,790.03	\$91,736.63	\$90,790.03	\$83,350.0
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$87,593.10	\$96,473.14	\$87,593.10	\$86,231.6
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$27,551.45	\$27,686.45	\$27,551.45	\$27,551.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$133,191.27	\$133,969.27	\$133,191.27	\$121,616.2
<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	\$199,461.96	\$199,461.96	\$199,461.96	\$198,104.0
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$45,025.13 ✓	\$45,025.13	\$45,025.13	\$45,025.1
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$51,910.94 ✓	\$51,910.94	\$51,910.94	\$49,320.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$78,249.50	\$78,249.50	\$78,249.50	\$78,249.5

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 4/18/2022

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		118,345.77	108,440.29	68,344.02			78,249.50	50,449.85
						Bank Balance Variance	78,249.50	
						Leave in Balance	100.00	
						MOLINA FEB QIPP	9,805.48	
						AMERIGROUP FEB QIPP	17,894.17	
						Adjust Balance/Transfer Amt	50,449.85	

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 4/18/2022

APPROVED ON

APR 18 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	
4/11/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000180	-	4,573.28	-	-	-	-	4,573.28
4/11/2022 AMERIGROUP CORPO E-PAYMENT EES2340566 111000	-	19,868.93	15,919.40	3,949.53	-	17,894.17	1,974.77
4/14/2022 WIRE OUT LINBAR ENTERPRISES, LLC	108,440.29	-	-	-	-	-	-
4/14/2022 Deposit	-	39,168.91	-	-	-	-	39,168.91
4/14/2022 HNB - ECHO HCCLAIMPMT 746003411 440000294673	-	4,732.90	-	-	-	-	4,732.90
	108,440.29	68,344.02	15,919.40	3,949.53	-	17,894.17	50,449.86

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type



DDA

Data reported as of Apr 18, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,912,263.25	\$7,866,542.96	\$7,912,263.25	\$8,411,859.00
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$52,612.57	\$52,612.57	\$52,612.57	\$52,612.57
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$52,721.56	\$54,216.56	\$52,721.56	\$52,357.11
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.26	\$536.26	\$536.26	\$536.26
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,870,731.36	\$5,812,670.47	\$5,870,731.36	\$6,394,913.11
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.71	\$431.71	\$431.71	\$431.71
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$111,441.22	\$111,547.18	\$111,441.22	\$111,544.11
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$90,790.03	\$91,736.63	\$90,790.03	\$83,350.00
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$87,593.10	\$96,473.14	\$87,593.10	\$86,231.66
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$27,551.45	\$27,686.45	\$27,551.45	\$27,551.45
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$133,191.27	\$133,969.27	\$133,191.27	\$121,616.22
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,110,015.19	\$1,110,015.19	\$1,110,015.19	\$1,110,015.19
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$199,461.96	\$199,461.96	\$199,461.96	\$198,104.00
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$45,025.13	\$45,025.13	\$45,025.13	\$45,025.13
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$51,910.94	\$51,910.94	\$51,910.94	\$49,320.94
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$78,249.50	\$78,249.50	\$78,249.50	\$78,249.50

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 4/18/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		215,311.23	215,211.23	199,361.96			199,461.96	199,361.96
						Bank Balance	199,461.96	
						Variance		
						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.

JAN INTEREST
 FEB INTEREST
 MAR INTEREST
 Adjust Balance/Transfer Amt 199,361.96
 Approved: ANTHONY RICHARDSON, INTERIM CFO 4/18/2022

APPROVED ON

APR 18 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
4/11/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	3,708.20						3,708.20
4/12/2022 Deposit	-	240.59						240.59
4/12/2022 Deposit	-	6,466.30						6,466.30
4/12/2022 Deposit	-	45,448.90						45,448.90
4/12/2022 HNB - ECHO HCCLAIMPMT 746003411 440000224362	-	12,007.60						12,007.60
4/14/2022 WIRE OUT BETHANY SENIOR LIVING, LTD	215,211.23	-						-
4/14/2022 Deposit	-	1,782.30						1,782.30
4/14/2022 Deposit	-	16,541.90						16,541.90
4/14/2022 Deposit	-	111,808.21						111,808.21
4/15/2022 HOSPICE OF SOUTH Payments NF 113122650041496	-	683.22						683.22
4/15/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	674.74						674.74
	215,211.23	199,361.96						199,361.96

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Apr 18, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
Number of Accounts: 15	\$7,912,263.25	\$7,866,542.96	\$7,912,263.25	\$8,411,859.0
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$52,612.57	\$52,612.57	\$52,612.57	\$52,612.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$52,721.56	\$54,216.56	\$52,721.56	\$52,357.1
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.26	\$536.26	\$536.26	\$536.2
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,870,731.36	\$5,812,670.47	\$5,870,731.36	\$6,394,913.1
<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	\$111,441.22	\$111,547.18	\$111,441.22	\$111,544.1
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$90,790.03	\$91,736.63	\$90,790.03	\$83,350.0
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$87,593.10	\$96,473.14	\$87,593.10	\$86,231.6
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$27,551.45	\$27,686.45	\$27,551.45	\$27,551.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$133,191.27	\$133,969.27	\$133,191.27	\$121,616.2
<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	\$199,461.96	\$199,461.96	\$199,461.96	\$198,104.0
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$45,025.13	\$45,025.13	\$45,025.13	\$45,025.1
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$51,910.94	\$51,910.94	\$51,910.94	\$49,320.9
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$78,249.50	\$78,249.50	\$78,249.50	\$78,249.5

MEMORIAL MEDICAL CENTER - *Ashford*
CHECK REQUEST

P
A
Y
E
E

MEMORIAL MEDICAL CENTER

Date Requested: 4/18/22

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON
APR 18 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 001173

AMOUNT \$30,485.84

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP FEB QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *A. W.*

MEMORIAL MEDICAL CENTER - Broadmoor
CHECK REQUEST

P
A
Y
E
E
MEMORIAL MEDICAL CENTER

Date Requested: 4/18/22

APPROVED ON

APR 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 000203

FOR ACCT. USE ONLY

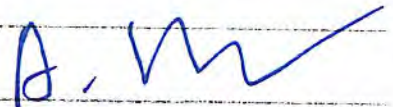
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT \$12,638.85

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP FEB QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER - *Crescent*
CHECK REQUEST

P
A
Y
E
E

MEMORIAL MEDICAL CENTER

Date Requested: 4/18/22

APPROVED ON

APR 18 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 000234**

FOR ACCT. USE ONLY

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

AMOUNT \$10,117.45

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP FEB QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER - *Furt Bud*
CHECK REQUEST

P
A
Y
E
E
MEMORIAL MEDICAL CENTER

Date Requested: 4/18/22

APPROVED ON
APR 18 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000178

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT \$12,341.56

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP FEB QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *A. W.*

MEMORIAL MEDICAL CENTER - *Gulem*
CHECK REQUEST

P
A
Y
E
E
MEMORIAL MEDICAL CENTER

Date Requested: 4/18/22

APPROVED ON

APR 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 001233

G/L NUMBER: 10255040

FOR ACCT. USE ONLY

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

AMOUNT \$11,977.14

EXPLANATION: AMERIGROUP FEB QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *A. W.*

MEMORIAL MEDICAL CENTER - Tuglany
CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 4/18/22

A _____

Y _____

E _____

E _____

APPROVED ON
APR 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
ck# 1098

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT \$17,894.17

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP FEB QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER

NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001173

Date 4/20/22 88-2265/1131

PAY

TO THE ORDER OF

Memorial Medical Center

\$ 30,485.84

Thirty thousand & Four hundred Eighty Five & 84/100 DOLLARS



FOR Amerigroup Feb Qipp

Security features are included. Details on back.

⑈001173⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000203

Date 4/20/22 88-2265/1131

PAY

TO THE ORDER OF

Memorial Medical Center

\$ 12,638.85

Twelve thousand Six hundred thirty eight & 85/100 DOLLARS



FOR Amerigroup Feb Qipp

Security features are included. Details on back.

⑈000203⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000234

Date 4/20/22 88-2265/1131

PAY

TO THE ORDER OF

Memorial Medical Center

\$ 10,117.45

Ten thousand One hundred Seventeen & 45/100 DOLLARS



FOR Amerigroup Feb Qipp

Security features are included. Details on back.

⑈000234⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

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

000178

Date 4/20/22

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 12,341.56

Twelve thousand three hundred forty one & 56/100 DOLLARS



FOR Amerigroup Feb Qipp

Security features are included. Details on back.

⑈000178⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001233

Date 4/20/22

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 11,977.14

Eleven thousand Nine hundred Seventy seven & 14/100 DOLLARS



FOR Amerigroup Feb Qipp

Security features are included. Details on back.

⑈001233⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1098

88-2265/1131-87

DATE 4/20/22

CHECK AGAIN

PAY TO THE ORDER OF Memorial Medical center

\$ 17,894.17

Seven thousand Eight hundred Ninety four & 17/100 DOLLARS



PROSPERITY BANK®
PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77978-6102
361-552-7411 www.prosperitybankusa.com



FOR Amerigroup Feb Qipp

⑈001098⑈ ⑆113122655⑆

RUN DATE:04/20/22
TIME:13:28

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/20/22 THRU 04/20/22

PAGE 4
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	001173	04/20/22	30,485.84	MEMORIAL MEDICAL CENTER <i>Ashford</i>
TOTALS:			30,485.84	

APPROVED ON

APR 20 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:04/20/22
TIME:13:28

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/20/22 THRU 04/20/22

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000203 04/20/22 12,638.85 MEMORIAL MEDICAL CENTER *Broadmoor*
NHB 000204 04/20/22 26,022.27 GOLDEN CREEK
TOTALS: 38,661.12

APPROVED ON

APR 20 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:04/20/22
TIME:13:28

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/20/22 THRU 04/20/22

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000234 04/20/22 10,117.45 MEMORIAL MEDICAL CENTER
NHC 000235 04/20/22 1,448.97 MEMORIAL MEDICAL CLINIC
NHC 000236 04/20/22 26,022.27 GOLDEN CREEK
TOTALS: 37,588.69

Crescent

APPROVED ON

APR 20 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:04/20/22
TIME:13:28

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/20/22 THRU 04/20/22

PAGE 7
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000178	04/20/22	12,341.56	MEMORIAL MEDICAL CENTER
NHF	000179	04/20/22	35.65	MEMORIAL MEDICAL CLINIC
TOTALS:			12,377.21	

Fur + Bend

APPROVED ON

APR 20 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:04/20/22
TIME:13:28

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/20/22 THRU 04/20/22

PAGE 8
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	001233	04/20/22	11,977.14	MEMORIAL MEDICAL CENTER
NHS	001234	04/20/22	100.56	MEMORIAL MEDICAL CENTER
NHS	001235	04/20/22	26,022.27	GOLDEN CREEK
TOTALS:			38,099.97	

Solem

APPROVED ON

APR 20 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:04/20/22
TIME:13:28

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/20/22 THRU 04/20/22

PAGE 9
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS 001098 04/20/22 17,894.17 MEMORIAL MEDICAL CENTER
TOTALS: 17,894.17

Tusany

APPROVED ON

APR 20 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**


QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

4/18/2022

NH Name	From Bank Acct #	Ck #	Payee	GL #	AMERIGROUP FEB QIPP			TOTAL	Date
Ashford	10000018 - Prosperity		MMC - Prosperity Operating #10000001	10255040	30,485.84			30,485.84	4/20/2022
Broadmoor	10000019 - Prosperity		MMC - Prosperity Operating #10000001	10255040	12,638.85			12,638.85	4/20/2022
Crescent	10000020 - Prosperity		MMC - Prosperity Operating #10000001	10255040	10,117.45			10,117.45	4/20/2022
Fort Bend	10000021 - Prosperity		MMC - Prosperity Operating #10000001	10255040	12,341.56			12,341.56	4/20/2022
Solera	10000022 - Prosperity		MMC - Prosperity Operating #10000001	10255040	11,977.14			11,977.14	4/20/2022
Golden Creek	10000023 - Prosperity		MMC - Prosperity Operating #10000001	10255040				-	4/20/2022
Gulf Pointe-PP	10000114 - Prosperity		MMC - Prosperity Operating #10000001	10255040				-	4/20/2022
Gulf Pointe-MM	10000025 - Prosperity		MMC - Prosperity Operating #10000001					-	4/20/2022
Bethany			MMC - Prosperity Operating #10000001					-	4/20/2022
Tuscany			MMC - Prosperity Operating #10000001	10255040	17,894.17			17,894.17	4/20/2022
			Total:		95,455.01			95,455.01	

Note:

Approved: 
 Anthony Richardson 4/11/2022