

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 27, 2022

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,086,355.45
TOTAL TRANSFERS BETWEEN FUNDS	\$ 90,276.10
TOTAL NURSING HOME UPL EXPENSES	\$ 833,072.69
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 64,439.64
GRAND TOTAL DISBURSEMENTS APPROVED April 27, 2022	\$ 2,074,143.88

APPROVED

APR 27 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---April 27, 2022

PAYABLES AND PAYROLL

4/21/2022 Weekly Payables	553,996.42
4/21/2022 Citibank Credit Card-see attached	2,992.82
4/25/2022 McKesson-340B Prescription Expense	6,396.20
4/25/2022 Amerisource Bergen-340B Prescription Expense	629.49
4/25/2022 Payroll Liabilities -Payroll Taxes	129,263.56
4/25/2022 Payroll	392,689.06

Prosperity Electronic Bank Payments

4/18-4/22/22 Pay Plus-Patient Claims Processing Fee	387.90
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TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 1,086,355.45**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

4/21/2022 MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating	7,481.39
4/21/2022 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	10,688.78
4/21/2022 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	3,153.20
4/21/2022 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	3,009.25
4/21/2022 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	65,943.48

TOTAL TRANSFERS BETWEEN FUNDS **\$ 90,276.10**

NURSING HOME UPL EXPENSES

4/25/2022 Nursing Home UPL-Cantex Transfer	428,253.42
4/25/2022 Nursing Home UPL-Nexion Transfer	110,812.66
4/25/2022 Nursing Home UPL-Tuscany Transfer	84,999.01
4/25/2022 Nursing Home UPL-HSL Transfer	209,007.60

TOTAL NURSING HOME UPL EXPENSES **\$ 833,072.69**

INTER-GOVERNMENT TRANSFERS

5/6/2022 IGT CHRIP PGY1 to be paid on May 06, 2022	64,439.64
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TOTAL INTER-GOVERNMENT TRANSFERS **\$ 64,439.64**

GRAND TOTAL DISBURSEMENTS APPROVED April 27, 2022 **\$ 2,074,143.88**

RECEIVED BY THE COUNTY AUDITOR ON

APR 21 2022

11:27

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Due Dates Through: 05/12/2022

Vendor# Vendor Name

Class Pay Code

10995 ABILITY NETWORK (SHIFTHOUND) ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22M0049740	✓	04/12/20	04/06/20	05/06/20		647.28	0.00	0.00	647.28 ✓

SCHEDULING SERVICES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10995	ABILITY NETWORK (SHIFTHOUND)	647.28	0.00	0.00	647.28

Vendor# Vendor Name

Class Pay Code

10950 ACUTE CARE INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV687	✓	04/20/20	04/20/20	05/20/20		1,400.00	0.00	0.00	1,400.00 ✓

RFID FEE

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

Vendor# Vendor Name

Class Pay Code

12900 AMANDA GRIGGS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
041322	✓	04/20/20	04/13/20	04/25/20		75.00	0.00	0.00	75.00 ✓

TREIM - Occupational Therapy Education - virtual CEU

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12900	AMANDA GRIGGS	75.00	0.00	0.00	75.00

Vendor# Vendor Name

Class Pay Code

A2150 ANNOUNCEMENTS PLUS TOO AGAIN ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
705	✓	04/12/20	04/29/20	05/09/20		10.00	0.00	0.00	10.00 ✓

PRINTING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN	10.00	0.00	0.00	10.00

Vendor# Vendor Name

Class Pay Code

A2218 AQUA BEVERAGE COMPANY ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
192256	✓	04/20/20	04/02/20	04/27/20		64.10	0.00	0.00	64.10 ✓

WATER

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	64.10	0.00	0.00	64.10

Vendor# Vendor Name

Class Pay Code

A0400 AUREUS RADIOLOGY LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2556145	✓	04/20/20	04/11/20	05/11/20		2,412.00	0.00	0.00	2,412.00 ✓

TRAVEL LAB STAFFING (3/25-3/27/22) Hawkins

2556054	✓	04/20/20	04/11/20	05/11/20		2,680.00	0.00	0.00	2,680.00 ✓
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TRAVEL LAB STAFFING (3/25-3/21/22) Stibley

2557941	✓	04/20/20	04/11/20	05/11/20		2,760.00	0.00	0.00	2,760.00 ✓
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TRAVEL LAB STAFFING (3/25-3/31/22) Chestnut

2556112	✓	04/20/20	04/11/20	05/11/20		2,760.00	0.00	0.00	2,760.00 ✓
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TRAVEL LAB STAFFING (3/25-3/31/22) Simovich

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A0400	AUREUS RADIOLOGY LLC	10,612.00	0.00	0.00	10,612.00

Vendor#	Vendor Name	Class	Pay Code								
B1150	BAXTER HEALTHCARE ✓	W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	74449431 ✓		04/12/20	03/24/20	04/18/20		330.64	0.00	0.00	330.64 ✓	
		SUPPLIES									
	74520493 ✓		04/12/20	03/30/20	04/24/20		461.35	0.00	0.00	461.35 ✓	
		SUPPLIES									
	74543365 ✓		04/20/20	04/01/20	04/26/20		140.31	0.00	0.00	140.31 ✓	
		SUPPLIES									
	74550864 ✓		04/20/20	04/01/20	04/26/20		110.91	0.00	0.00	110.91 ✓	
		SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		B1150	BAXTER HEALTHCARE				1,043.21	0.00	0.00	1,043.21	
B1220	BECKMAN COULTER INC ✓	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	109810971 ✓		04/20/20	04/06/20	05/01/20		455.52	0.00	0.00	455.52 ✓	
		SUPPLIES									
	109817544 ✓		04/20/20	04/11/20	05/06/20		748.65	0.00	0.00	748.65 ✓	
		SUPPLIES									
	5456162 ✓		04/20/20	04/13/20	05/08/20		5,016.58	0.00	0.00	5,016.58 ✓	
		MAINT/LEASE									
	109825807 ✓		04/20/20	04/13/20	05/08/20		1,438.84	0.00	0.00	1,438.84 ✓	
		SUPPLIES									
	109828031 ✓		04/20/20	04/15/20	05/10/20		308.58	0.00	0.00	308.58 ✓	
		SUPPLIES									
	109827940 ✓		04/20/20	04/15/20	05/10/20		1,288.45	0.00	0.00	1,288.45 ✓	
		SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		B1220	BECKMAN COULTER INC				9,256.62	0.00	0.00	9,256.62	
12324	BLUE CROSS BLUE SHIELD ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	041522A		04/20/20	04/15/20	05/01/20		1,516.83	0.00	0.00	1,516.83 ✓	
		COBRA MAY 22									
	041522		04/20/20	04/15/20	05/01/20		214,483.59	0.00	0.00	214,483.59 ✓	
		PAYROLL DEDUCT									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		12324	BLUE CROSS BLUE SHIELD				216,000.42	0.00	0.00	216,000.42	
B1680	BOUND TREE MEDICAL, LLC ✓	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	84483150 ✓		04/20/20	04/12/20	04/12/20		296.82	0.00	0.00	296.82 ✓	
		SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		B1680	BOUND TREE MEDICAL, LLC				296.82	0.00	0.00	296.82	
13992	CARIANT HEALTH PARTNERS ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	1112		04/20/20	04/06/20	04/06/20		2,520.00	0.00	0.00	2,520.00 ✓	
		TRAVEL NURSE STAFFING (3/29-3/31/22) Furbug									

1364		04/20/20	04/13/20	04/13/20			2,520.00	0.00	0.00	2,520.00	✓	
		TRAVEL NURSE STAFFING (4-4/13/22) Pmbus										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		13992	CARIANT HEALTH PARTNERS				5,040.00	0.00	0.00	5,040.00		
Vendor#	Vendor Name		Class		Pay Code							
13336	COCA COLA SOUTHWEST BEVERAGES											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
24165200735	✓	04/21/20	04/06/20	05/06/20			-250.00	0.00	0.00	-250.00	✓	
	CREDIT											
24165200734	✓	04/21/20	04/06/20	05/06/20			576.00	0.00	0.00	576.00	✓	
	DRINKS											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		13336	COCA COLA SOUTHWEST BEVERAGES				326.00	0.00	0.00	326.00		
Vendor#	Vendor Name		Class		Pay Code							
14404	CON-METAL CONCRETE, LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
042022		04/21/20	04/20/20	04/20/20			281.22	0.00	0.00	281.22	✓	
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		14404	CON-METAL CONCRETE, LLC				281.22	0.00	0.00	281.22		
Vendor#	Vendor Name		Class		Pay Code							
C2157	COOPER SURGICAL INC		M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
6193137	✓	04/20/20	04/06/20	04/20/20			715.22	0.00	0.00	715.22	✓	
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		C2157	COOPER SURGICAL INC				715.22	0.00	0.00	715.22		
Vendor#	Vendor Name		Class		Pay Code							
14400	CULINARY CONCESSIONS LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
INV00005559	✓	04/20/20	03/31/20				31,636.07	0.00	0.00	31,636.07	✓	
	FOOD, SUPPLIES, CONTRACT											
INV00005559		04/21/20	03/31/20	04/30/20			31,636.07	0.00	0.00	31,636.07		
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		14400	CULINARY CONCESSIONS LLC				63,272.14	0.00	0.00	63,272.14		
Vendor#	Vendor Name		Class		Pay Code							
10509	DA&E											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
17675	✓	04/21/20	04/08/20	04/08/20			1,540.00	0.00	0.00	1,540.00	✓	
	CAH MEDICAREREIMBURSEM											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10509	DA&E				1,540.00	0.00	0.00	1,540.00		
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		
41124		04/20/20	04/15/20	04/25/20			40,062.50	0.00	0.00	40,062.50	✓	
	TRAVEL NURSE STAFFING (1-15th)											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11284	EMERGENCY STAFFING SOLUTIONS				40,062.50	0.00	0.00	40,062.50		
Vendor#	Vendor Name		Class		Pay Code							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
T0383	ERIN CLEVINGER ✓				W						
041422		04/20/20	04/14/20	04/25/20		30.42	0.00	0.00	30.42 ✓		
	TRAVEL <i>Midwest Hurricane Conference 4/7/22</i>										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						T0383	ERIN CLEVINGER	30.42	0.00	0.00	30.42
Vendor#	Vendor Name				Class	Pay Code					
13872	ETHOS MEDICAL STAFFING ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
27509 ✓		04/20/20	08/06/20	08/06/20		2,767.92	0.00	0.00	2,767.92 ✓		
	ICU NURSE STAFFING <i>(7/23-7/29/22) Escalante</i>										
27991 ✓		04/20/20	09/03/20	10/03/20		2,865.20	0.00	0.00	2,865.20 ✓		
	ICU STAFFING <i>(8/22-8/28/21) Escalante</i>										
28098		04/20/20	09/10/20	10/10/20		2,715.48	0.00	0.00	2,715.48 ✓		
	ICU STAFFING <i>(8/29-9/4/21) Escalante</i>										
28219		04/20/20	09/17/20	10/17/20		2,780.30	0.00	0.00	2,780.30 ✓		
	ICU STAFFING <i>(9/5-9/11/21) Escalante</i>										
28336		04/20/20	09/24/20	10/24/20		2,752.72	0.00	0.00	2,752.72 ✓		
	ICU STAFFING <i>(9/12-9/18/21) Escalante</i>										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13872	ETHOS MEDICAL STAFFING	13,881.62	0.00	0.00	13,881.62
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		
T2204081378 ✓		04/20/20	04/08/20	05/03/20		33,757.89	0.00	0.00	33,757.89 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C2510	EVIDENT	33,757.89	0.00	0.00	33,757.89
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		
1353840 ✓		04/12/20	03/31/20	04/25/20		147.90	0.00	0.00	147.90 ✓		
	SUPPLIES										
1450095 ✓		04/20/20	03/22/20	04/16/20		317.96	0.00	0.00	317.96 ✓		
	SUPPLIES										
1406255 ✓		04/20/20	04/01/20	04/26/20		906.06	0.00	0.00	906.06 ✓		
	SUPPLIES										
1450094 ✓		04/20/20	04/04/20	04/29/20		637.37	0.00	0.00	637.37 ✓		
	SUPPLIES										
1497016 ✓		04/20/20	04/05/20	04/30/20		23.26	0.00	0.00	23.26 ✓		
	SUPPLIES										
1596949 ✓		04/20/20	04/07/20	05/02/20		604.48	0.00	0.00	604.48 ✓		
	SUPPLIES										
1596947 ✓		04/20/20	04/07/20	05/02/20		1,587.56	0.00	0.00	1,587.56 ✓		
	SUPPLIES										
1690941 ✓		04/20/20	04/11/20	05/06/20		22.83	0.00	0.00	22.83 ✓		
	SUPPLIES										
1740715 ✓		04/20/20	04/12/20	05/07/20		89.51	0.00	0.00	89.51 ✓		
	SUPPLIES										
1740716 ✓		04/20/20	04/12/20	05/07/20		161.50	0.00	0.00	161.50 ✓		
	SUPPLIES										

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		F1400	FISHER HEALTHCARE	4,498.43	0.00	0.00	4,498.43		
Vendor#	Vendor Name	Class	Pay Code						
13960	G & S MANAGEMENT GROUP LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
340384915 ✓		04/20/20	04/12/20	04/22/20		371.15	0.00	0.00	371.15 ✓
TRASH SERVICE									
340384914 ✓		04/20/20	04/12/20	04/22/20		1,392.76	0.00	0.00	1,392.76 ✓
TRASH SERVICE									
340384948 ✓		04/20/20	04/13/20	04/23/20		260.55	0.00	0.00	260.55 ✓
TRASH SERVICE									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		13960	G & S MANAGEMENT GROUP LLC	2,024.46	0.00	0.00	2,024.46		
Vendor#	Vendor Name	Class	Pay Code						
12404	GE PRECISION HEALTHCARE, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6002095435 ✓		04/20/20	04/01/20	05/01/20		86.67	0.00	0.00	86.67 ✓
IMAGING CONTR									
6002095632 ✓		04/20/20	04/01/20	05/01/20		868.16	0.00	0.00	868.16 ✓
IMAGING CONTR									
6002095385 ✓		04/20/20	04/01/20	05/01/20		680.00	0.00	0.00	680.00 ✓
IMAGING CONTR									
6002095434 ✓		04/20/20	04/01/20	05/01/20		3,588.58	0.00	0.00	3,588.58 ✓
IMAGING CONTR									
6002095457 ✓		04/20/20	04/01/20	05/01/20		5,665.83	0.00	0.00	5,665.83 ✓
MAINT CONTRACT APR 2022									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		12404	GE PRECISION HEALTHCARE, LLC	10,889.24	0.00	0.00	10,889.24		
Vendor#	Vendor Name	Class	Pay Code						
G1001	GETINGE USA ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6991859593 ✓		04/20/20	03/29/20	04/29/20		39.94	0.00	0.00	39.94 ✓
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		G1001	GETINGE USA	39.94	0.00	0.00	39.94		
Vendor#	Vendor Name	Class	Pay Code						
W1300	GRAINGER ✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9269580594 ✓		04/20/20	04/05/20	04/30/20		247.90	0.00	0.00	247.90 ✓
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		W1300	GRAINGER	247.90	0.00	0.00	247.90		
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
2213413 ✓		04/12/20	04/05/20	05/05/20		856.28	0.00	0.00	856.28 ✓
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		G1210	GULF COAST PAPER COMPANY	856.28	0.00	0.00	856.28		
Vendor#	Vendor Name	Class	Pay Code						
H1399	HILL-ROM COMPANY, INC ✓	M							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2531730	✓	04/20/20	05/31/20	06/30/20		252.00	0.00	0.00	252.00 ✓		
	SUPPLIES										
2547675	✓	04/20/20	06/30/20	07/30/20		126.00	0.00	0.00	126.00 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						H1399	HILL-ROM COMPANY, INC	378.00	0.00	0.00	378.00
Vendor#	Vendor Name			Class	Pay Code						
14316	JUNXION MED STAFFING	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
MMCWE040222	✓	04/20/20	04/08/20	04/23/20		9,145.00	0.00	0.00	9,145.00 ✓		
	TRAVEL NURSE STAFFING (3/28-4/2/22) Dec 4/21										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14316	JUNXION MED STAFFING	9,145.00	0.00	0.00	9,145.00
Vendor#	Vendor Name			Class	Pay Code						
14396	KING RANCH TURFGRASS, L.P.	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
01510		04/20/20	04/20/20	04/20/20		620.00	0.00	0.00	620.00 ✓		
	AMERISHADE GRASS										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14396	KING RANCH TURFGRASS, L.P.	620.00	0.00	0.00	620.00
Vendor#	Vendor Name			Class	Pay Code						
L0700	LABCORP OF AMERICA HOLDINGS	✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
72645801	✓	04/20/20	04/02/20	04/27/20		15.00	0.00	0.00	15.00 ✓		
	LAB SERVICES										
72469593	✓	04/20/20	04/02/20	04/27/20		36.29	0.00	0.00	36.29 ✓		
	LAB SERVICES										
72607987A	✓	04/21/20	04/02/20	04/27/20		79.25	0.00	0.00	79.25 ✓		
	LAB SERVICES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						L0700	LABCORP OF AMERICA HOLDINGS	130.54	0.00	0.00	130.54
Vendor#	Vendor Name			Class	Pay Code						
11796	LUBY'S FUDDRUCKERS RESTAURANTS	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV00005456	✓	04/20/20	02/28/20	03/15/20		26,193.96	0.00	0.00	26,193.96 ✓		
	FOOD, SUPPLIES, CONTRACT										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11796	LUBY'S FUDDRUCKERS RESTAURANTS	26,193.96	0.00	0.00	26,193.96
Vendor#	Vendor Name			Class	Pay Code						
J1350	M.C. JOHNSON COMPANY INC	✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
00390347	✓	04/20/20	04/08/20	04/20/20		95.33	0.00	0.00	95.33 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						J1350	M.C. JOHNSON COMPANY INC	95.33	0.00	0.00	95.33
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		
19275008	✓	04/13/20	04/12/20	04/27/20		83.84	0.00	0.00	83.84 ✓		
	SUPPLIES										

19275021		04/13/20	04/12/20	04/27/20		418.69	0.00	0.00	418.69
	SUPPLIES								
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC				502.53	0.00	0.00	502.53
Vendor#	Vendor Name				Class	Pay Code			
M2280	MEAD JOHNSON NUTRITION								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
993369801		04/12/20	04/04/20	04/12/20		216.00	0.00	0.00	216.00
	SUPPLIES								
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	M2280	MEAD JOHNSON NUTRITION				216.00	0.00	0.00	216.00
Vendor#	Vendor Name				Class	Pay Code			
11612	MEDICAL AIR SERVICES ASSOC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1233766		04/20/20	04/15/20	04/30/20		1,588.00	0.00	0.00	1,588.00
	MAY 22 INSURANCE								
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	11612	MEDICAL AIR SERVICES ASSOC.				1,588.00	0.00	0.00	1,588.00
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
2204956109		04/12/20	04/02/20	04/27/20		2,546.99	0.00	0.00	2,546.99
	SUPPLIES								
2204956105		04/12/20	04/02/20	04/27/20		340.80	0.00	0.00	340.80
	SUPPLIES								
2205124371		04/12/20	04/04/20	04/29/20		26.16	0.00	0.00	26.16
	SUPPLIES								
2205124372		04/12/20	04/04/20	04/29/20		1,291.14	0.00	0.00	1,291.14
	SUPPLIES								
2205124368		04/12/20	04/04/20	04/29/20		12.22	0.00	0.00	12.22
	SUPPLIES								
2205124370		04/12/20	04/04/20	04/29/20		707.19	0.00	0.00	707.19
	SUPPLIES								
2205124367		04/12/20	04/04/20	04/29/20		114.02	0.00	0.00	114.02
	SUPPLIES								
2204956108		04/12/20	04/12/20	05/07/20		29.40	0.00	0.00	29.40
	SUPPLIES								
2204756525		04/20/20	04/01/20	04/26/20		31.27	0.00	0.00	31.27
	SUPPLIES								
2205327982		04/20/20	04/05/20	04/30/20		45.80	0.00	0.00	45.80
	SUPPLIES								
2205327981		04/20/20	04/05/20	04/30/20		75.00	0.00	0.00	75.00
	SUPPLIES								
2205327979		04/20/20	04/05/20	04/30/20		4.27	0.00	0.00	4.27
	SUPPLIES								
2205327980		04/20/20	04/05/20	04/30/20		0.66	0.00	0.00	0.66
	SUPPLIES								
2205548494		04/20/20	04/06/20	05/01/20		746.82	0.00	0.00	746.82
	SUPPLIES								
2205548493		04/20/20	04/06/20	05/01/20		185.96	0.00	0.00	185.96
	SUPPLIES								

2205548495 ✓		04/20/20	04/06/20	05/01/20		334.04	0.00	0.00	334.04 ✓
	SUPPLIES								
2205645385 ✓		04/20/20	04/06/20	05/01/20		-20.65	0.00	0.00	-20.65 ✓
	CREDIT								
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
M2470 MEDLINE INDUSTRIES INC						6,471.09	0.00	0.00	6,471.09

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
8095334 ✓	INVENTORY	04/20/20	04/13/20	04/23/20		18.87	0.00	0.00	18.87 ✓
8097723 ✓	INVENTORY	04/20/20	04/13/20	04/23/20		38.68	0.00	0.00	38.68 ✓
8095335 ✓	INVENTORY	04/20/20	04/13/20	04/23/20		267.13	0.00	0.00	267.13 ✓
8100777 ✓	INVENTORY	04/20/20	04/14/20	04/24/20		210.30	0.00	0.00	210.30 ✓
6822 ✓	CREDIT	04/20/20	04/14/20	04/24/20		-32.35	0.00	0.00	-32.35 ✓
8098104 ✓	INVENTORY	04/20/20	04/14/20	04/24/20		5,533.69	0.00	0.00	5,533.69 ✓
8097921 ✓	INVENTORY	04/20/20	04/14/20	04/24/20		3,997.18	0.00	0.00	3,997.18 ✓
8098580 ✓	INVENTORY	04/20/20	04/14/20	04/24/20		2,561.60	0.00	0.00	2,561.60 ✓
6669 ✓	CREDIT	04/20/20	04/14/20	04/24/20		-123.51	0.00	0.00	-123.51 ✓
8100776 ✓	INVENTORY	04/20/20	04/14/20	04/24/20		31.05	0.00	0.00	31.05 ✓
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
10536 MORRIS & DICKSON CO, LLC						12,502.64	0.00	0.00	12,502.64

Vendor#	Vendor Name	Class	Pay Code						
14124	MSH HEALTH SERVICES LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC0061 ✓	TRAVEL NURSE STAFFING (3/25-3/31/22) Boardman	04/20/20	04/04/20	04/19/20		5,463.75	0.00	0.00	5,463.75 ✓
MMC0063 ✓	TRAVEL NURSE STAFFING (4/1-4/7/22) Boardman	04/20/20	04/11/20	04/26/20		5,425.00	0.00	0.00	5,425.00 ✓
MMC0064 ✓	TRAVEL NURSE STAFFING (4/1-4/7/22) Duna	04/20/20	04/11/20	04/26/20		2,960.00	0.00	0.00	2,960.00 ✓
MMC0065 ✓	TRAVEL NURSE STAFFING (4/8-4/14/22) Duna	04/20/20	04/18/20	05/03/20		2,940.00	0.00	0.00	2,940.00 ✓
MMC0066 ✓	TRAVEL NURSE STAFFING (4/8-4/14/22) Boardman	04/20/20	04/18/20	05/03/20		5,463.75	0.00	0.00	5,463.75 ✓
MMC0062 ✓	TRAVEL NURSE STAFFING (3/25-3/31/22) Duna	04/21/20	04/06/20	04/21/20		2,940.00	0.00	0.00	2,940.00 ✓
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
14124 MSH HEALTH SERVICES LLC						25,192.50	0.00	0.00	25,192.50

Vendor#	Vendor Name	Class	Pay Code						
M2659	MXR IMAGING, INC ✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

8800661862	✓	04/20/20	09/03/20	10/03/20		916.51	0.00	0.00	916.51	✓	
		SUPPLIES									
8800888896	✓	04/20/20	04/11/20	05/11/20		1,008.34	0.00	0.00	1,008.34	✓	
		SUPPLIES									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						M2659	MXR IMAGING, INC	1,924.85	0.00	0.00	1,924.85
Vendor#	Vendor Name				Class	Pay Code					
12388	NATIONAL FARM LIFE INSURANCE				✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
3666605	✓	04/20/20	04/11/20	05/01/20			4,001.31	0.00	0.00	4,001.31	
		PAYROLL DEDUCT									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12388	NATIONAL FARM LIFE INSURANCE	4,001.31	0.00	0.00	4,001.31
Vendor#	Vendor Name				Class	Pay Code					
12316	NCS PEARSON, INC.				✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
17865846	✓	04/20/20	04/01/20	04/01/20			250.00	0.00	0.00	250.00	
		SUPPLIES									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12316	NCS PEARSON, INC.	250.00	0.00	0.00	250.00
Vendor#	Vendor Name				Class	Pay Code					
11472	OCCUPRO LLC				✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
25607	✓	04/12/20	04/07/20	05/07/20			487.47	0.00	0.00	487.47	
		MTHLY PROVIDER LICENSE									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11472	OCCUPRO LLC	487.47	0.00	0.00	487.47
Vendor#	Vendor Name				Class	Pay Code					
14252	OLOOP TECHNOLOGY SOLUTIONS				✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
INVAJONES0020	✓	04/20/20	04/05/20	04/05/20			6,184.75	0.00	0.00	6,184.75	
		TRAVEL NURSE STAFFING (4/1-4/1/22) JUNE									
INVAJONES0019	✓	04/20/20	04/05/20	05/05/20			6,184.75	0.00	0.00	6,184.75	
		TRAVEL NURSE STAFFING (3/25-3/31/22) JUNE									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14252	OLOOP TECHNOLOGY SOLUTIONS	12,369.50	0.00	0.00	12,369.50
Vendor#	Vendor Name				Class	Pay Code					
O1500	OLYMPUS AMERICA INC				✓	M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
32481747	✓	04/21/20	04/07/20	05/02/20			1,137.51	0.00	0.00	1,137.51	
		LEASE									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						O1500	OLYMPUS AMERICA INC	1,137.51	0.00	0.00	1,137.51
Vendor#	Vendor Name				Class	Pay Code					
O1416	ORTHO CLINICAL DIAGNOSTICS				✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
1852339168	✓	04/20/20	03/28/20	04/27/20			752.16	0.00	0.00	752.16	
		SUPPLIES									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						O1416	ORTHO CLINICAL DIAGNOSTICS	752.16	0.00	0.00	752.16
Vendor#	Vendor Name				Class	Pay Code					

10152	PARTSSOURCE, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
4300806 ✓		04/20/20	04/04/20	05/04/20		89.38	0.00	0.00	89.38 ✓		
04300265 ✓		04/20/20	04/04/20	05/04/20		48.65	0.00	0.00	48.65 ✓		
	SUPPLIES										
Vendor Total#	Number Name					Gross	Discount	No-Pay	Net		
	10152 PARTSSOURCE, LLC					138.03	0.00	0.00	138.03		
Vendor#	Vendor Name					Class			Pay Code		
11080	RADSOURCE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
SC32090522 ✓		04/20/20	04/12/20	05/07/20		1,791.67	0.00	0.00	1,791.67 ✓		
	SERVICE AGREEMENT										
SC13756 ✓		04/21/20	03/22/20	04/16/20		1,791.67	0.00	0.00	1,791.67 ✓		
	CONTRACT										
Vendor Total#	Number Name					Gross	Discount	No-Pay	Net		
	11080 RADSOURCE					3,583.34	0.00	0.00	3,583.34		
Vendor#	Vendor Name					Class			Pay Code		
12436	SHANNA O'DONNELL, FNP										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2161637		04/20/20	04/19/20	04/25/20		1,299.00	0.00	0.00	1,299.00 ✓		
	<i>UpToDate Online Renewal (Current medical references, policies and topics)</i>										
Vendor Total#	Number Name					Gross	Discount	No-Pay	Net		
	12436 SHANNA O'DONNELL, FNP					1,299.00	0.00	0.00	1,299.00		
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		
56382200030297 ✓		04/20/20	04/02/20	04/22/20		4,038.24	0.00	0.00	4,038.24 ✓		
	LEASE										
Vendor Total#	Number Name					Gross	Discount	No-Pay	Net		
	10936 SIEMENS FINANCIAL SERVICES					4,038.24	0.00	0.00	4,038.24		
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		
I07021879 ✓		04/20/20	04/15/20	05/10/20		4,094.00	0.00	0.00	4,094.00 ✓		
	BLOOD										
CM6782 ✓		04/20/20	04/15/20	05/10/20		-1,896.00	0.00	0.00	-1,896.00 ✓		
	CREDIT										
Vendor Total#	Number Name					Gross	Discount	No-Pay	Net		
	11296 SOUTH TEXAS BLOOD & TISSUE CEN					2,198.00	0.00	0.00	2,198.00		
Vendor#	Vendor Name					Class			Pay Code		
13528	STRYKER FLEX FINANCIAL ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
246940 ✓		04/21/20	04/12/20	05/12/20		1,294.26	0.00	0.00	1,294.26 ✓		
	LEASE										
Vendor Total#	Number Name					Gross	Discount	No-Pay	Net		
	13528 STRYKER FLEX FINANCIAL					1,294.26	0.00	0.00	1,294.26		
Vendor#	Vendor Name					Class			Pay Code		
12476	SUN LIFE FINANCIAL ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
010121		04/20/20	01/01/20	02/01/20		2,484.03	0.00	0.00	2,484.03 ✓		

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Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		12476	SUN LIFE FINANCIAL	2,484.03	0.00	0.00	2,484.03		
Vendor#	Vendor Name	Class		Pay Code					
10758	TEXAS SELECT STAFFING, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
001962951079IN ✓		04/20/20	03/30/20	03/31/20		4,042.50	0.00	0.00	4,042.50 ✓
		(3/19-3/21/22) Jeschke							
001969551079IN ✓		04/20/20	04/07/20	04/08/20		4,042.50	0.00	0.00	4,042.50 ✓
		(3/24-3/31/22) Jeschke							
18995CM ✓		04/21/20	03/09/20	03/10/20		-4,115.10	0.00	0.00	-4,115.10 ✓
CREDIT									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10758	TEXAS SELECT STAFFING, LLC	3,969.90	0.00	0.00	3,969.90		
Vendor#	Vendor Name	Class		Pay Code					
14224	THE TACT CORPORATION OF NYC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
9266704313 ✓		04/20/20	04/01/20	05/01/20		6,228.00	0.00	0.00	6,228.00 ✓
		TRAVEL NURSE STAFFING (3/20-3/26/22) Coyle							
9266704456 ✓		04/20/20	04/08/20	05/08/20		6,228.00	0.00	0.00	6,228.00 ✓
		TRAVEL NURSE STAFFING (3/27-4/2/22) Coyle							
9266704588 ✓		04/20/20	04/15/20	05/01/20		6,228.00	0.00	0.00	6,228.00 ✓
		TRAVEL NURSE STAFFING (4/3-4/9/22) Coyle							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		14224	THE TACT CORPORATION OF NYC	18,684.00	0.00	0.00	18,684.00		
Vendor#	Vendor Name	Class		Pay Code					
14372	TRIAGE, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
INV1796463400 ✓		04/20/20	03/29/20	04/15/20		4,212.00	0.00	0.00	4,212.00 ✓
		STAFFING (3/15-3/17/22) Shaw							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		14372	TRIAGE, LLC	4,212.00	0.00	0.00	4,212.00		
Vendor#	Vendor Name	Class		Pay Code					
T3334	TRINITY PHYSICS CONSULTING LLC ✓	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
035367 ✓		04/12/20	04/06/20	05/06/20		660.00	0.00	0.00	660.00 ✓
		PORTABLE EVALUATION							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		T3334	TRINITY PHYSICS CONSULTING LLC	660.00	0.00	0.00	660.00		
Vendor#	Vendor Name	Class		Pay Code					
14208	TRUSTED HEALTH, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
INV9308 ✓		04/20/20	04/02/20	05/02/20		9,970.00	0.00	0.00	9,970.00 ✓
		TRAVEL NURSE STAFFING							
INV9309 ✓		04/20/20	04/09/20	05/09/20		5,657.50	0.00	0.00	5,657.50 ✓
		TRAVEL NURSE STAFFING							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		14208	TRUSTED HEALTH, INC	15,627.50	0.00	0.00	15,627.50		
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

8400392193	✓	04/12/20 04/11/20 05/06/20	2,346.77	0.00	0.00	2,346.77	✓
		LAUNDRY					
8400392168	✓	04/12/20 04/11/20 05/06/20	45.15	0.00	0.00	45.15	✓
		LAUNDRY					
8400392169	✓	04/12/20 04/11/20 05/06/20	56.82	0.00	0.00	56.82	✓
		LAUNDRY					
8400392487	✓	04/20/20 04/14/20 05/09/20	198.59	0.00	0.00	198.59	✓
		LAUNDRY					
8400392511	✓	04/20/20 04/14/20 05/09/20	1,614.52	0.00	0.00	1,614.52	✓
		LAUNDRY					
8400392488	✓	04/20/20 04/14/20 05/09/20	163.74	0.00	0.00	163.74	✓
		LAUNDRY					
8400392489	✓	04/20/20 04/14/20 05/09/20	193.01	0.00	0.00	193.01	✓
		LAUNDRY					
8400392486	✓	04/20/20 04/14/20 05/09/20	42.82	0.00	0.00	42.82	✓
		LAUNDRY					
8400392490	✓	04/20/20 04/14/20 05/09/20	199.32	0.00	0.00	199.32	✓
		LAUNDRY					
8400392526	✓	04/20/20 04/14/20 05/09/20	103.78	0.00	0.00	103.78	✓
		LAUNDRY					
8400392503	✓	04/20/20 04/14/20 05/09/20	80.90	0.00	0.00	80.90	✓
		LAUNDRY					

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	5,045.42	0.00	0.00	5,045.42

Vendor# Vendor Name Class Pay Code

11110	WERFEN USA LLC	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9111145138	✓	04/20/20	04/15/20	05/10/20		1,571.67	0.00	0.00	1,571.67	✓
	CONTRACT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11110	WERFEN USA LLC	1,571.67	0.00	0.00	1,571.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	585,632.49	0.00	0.00	585,632.49
				< 31,636.07 >
				<u>553,996.42</u>

APPROVED ON

APR 21 2022 Ck# 194704-194771

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

0 • 0

585,632.49 +
 31,636.07 -
 553,996.42 *

W

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

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/27/22 THRU 04/27/22

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	194706	04/27/22	647.28	ABILITY NETWORK (SHIFTHOUND)
A/P	194707	04/27/22	1,400.00	ACUTE CARE INC
A/P	194708	04/27/22	75.00	AMANDA GRIGGS
A/P	194709	04/27/22	10.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	194710	04/27/22	64.10	AQUA BEVERAGE COMPANY
A/P	194711	04/27/22	10,612.00	AUREUS RADIOLOGY LLC
A/P	194712	04/27/22	1,043.21	BAXTER HEALTHCARE
A/P	194713	04/27/22	9,256.62	BECKMAN COULTER INC
A/P	194714	04/27/22	216,000.42	BLUE CROSS BLUE SHIELD
A/P	194715	04/27/22	296.82	BOUND TREE MEDICAL, LLC
A/P	194716	04/27/22	5,040.00	CARIANT HEALTH PARTNERS
A/P	194717	04/27/22	326.00	COCA COLA SOUTHWEST BEVERAGES
A/P	194718	04/27/22	281.22	CON-METAL CONCRETE, LLC
A/P	194719	04/27/22	715.22	COOPER SURGICAL INC
A/P	194720	04/27/22	31,636.07	CULINARY CONCESSIONS LLC
A/P	194721	04/27/22	1,540.00	DA&E
A/P	194722	04/27/22	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	194723	04/27/22	30.42	ERIN CLEVINGER
A/P	194724	04/27/22	13,881.62	ETHOS MEDICAL STAFFING
A/P	194725	04/27/22	33,757.89	EVIDENT
A/P	194726	04/27/22	4,498.43	FISHER HEALTHCARE
A/P	194727	04/27/22	2,024.46	G & S MANAGEMENT GROUP LLC
A/P	194728	04/27/22	10,889.24	GE PRECISION HEALTHCARE, LLC
A/P	194729	04/27/22	39.94	GETINGE USA
A/P	194730	04/27/22	247.90	GRAINGER
A/P	194731	04/27/22	856.28	GULF COAST PAPER COMPANY
A/P	194732	04/27/22	378.00	HILL-ROM COMPANY, INC
A/P	194733	04/27/22	9,145.00	JUNXION MED STAFFING
A/P	194734	04/27/22	620.00	KING RANCH TURFGRASS, L.P.
A/P	194735	04/27/22	130.54	LABCORP OF AMERICA HOLDINGS
A/P	194736	04/27/22	26,193.96	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	194737	04/27/22	95.33	M.C. JOHNSON COMPANY INC
A/P	194738	04/27/22	502.53	MCKESSON MEDICAL SURGICAL INC
A/P	194739	04/27/22	216.00	MEAD JOHNSON NUTRITION
A/P	194740	04/27/22	1,588.00	MEDICAL AIR SERVICES ASSOC.
A/P	194741	04/27/22	.00	VOIDED
A/P	194742	04/27/22	.00	VOIDED
A/P	194743	04/27/22	6,471.09	MEDLINE INDUSTRIES INC
A/P	194744	04/27/22	12,502.64	MORRIS & DICKSON CO, LLC
A/P	194745	04/27/22	25,192.50	MSH HEALTH SERVICES LLC
A/P	194746	04/27/22	1,924.85	MXR IMAGING, INC
A/P	194747	04/27/22	4,001.31	NATIONAL FARM LIFE INSURANCE
A/P	194748	04/27/22	250.00	NCS PEARSON, INC.
A/P	194749	04/27/22	487.47	OCCUPRO LLC
A/P	194750	04/27/22	12,369.50	OLOOP TECHNOLOGY SOLUTIONS
A/P	194751	04/27/22	1,137.51	OLYMPUS AMERICA INC
A/P	194752	04/27/22	752.16	ORTHO CLINICAL DIAGNOSTICS
A/P	194753	04/27/22	138.03	PARTSSOURCE, LLC
A/P	194754	04/27/22	3,583.34	RADSOURCE
A/P	194755	04/27/22	1,299.00	SHANNA O'DONNELL, FNP

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

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/27/22 THRU 04/27/22

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GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	194756	04/27/22	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	194757	04/27/22	2,198.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	194758	04/27/22	1,294.26	STRYKER FLEX FINANCIAL
A/P	194759	04/27/22	2,484.03	SUN LIFE FINANCIAL
A/P	194760	04/27/22	3,969.90	TEXAS SELECT STAFFING, LLC
A/P	194761	04/27/22	18,684.00	THE TACT CORPORATION OF NYC
A/P	194762	04/27/22	4,212.00	TRIAGE, LLC
A/P	194763	04/27/22	660.00	TRINITY PHYSICS CONSULTING LLC
A/P	194764	04/27/22	15,627.50	TRUSTED HEALTH, INC
A/P	194765	04/27/22	5,045.42	UNIFIRST HOLDINGS INC
A/P	194766	04/27/22	1,571.67	WERFEN USA LLC
TOTALS:			553,996.42	

APPROVED ON

APR 27 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

Commerical Card Account
 ROSHANDA S THOMAS

APR 21 2022



Account Inquiries:

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

Account Number: XXXX-XXXX-XXX

Summary of Account Activity

Total Activity **\$2,992.82**

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

Not an invoice. For your records only.

Credit Limit	\$10,000
Cash Advance Limit	\$0
Statement Closing Date	04/03/2022
Days in Billing Period	31

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
03/08	03/07	5943	82711162067000001092234	1 SPECIALISTID.COM MIAMI FL 33155 USA	✓ 247.23 ✓
03/10	03/09	9399	05134372069600033111192	2 CMS MEDICARE APPLIC FE 410-786-1663 MD 21244 USA	✓ 631.00 ✓
				15370723363455171	
03/11	03/10	9399	05134372070600033867071	3 CMS MEDICARE APPLIC FE 410-786-1663 MD 21244 USA	✓ 631.00 ✓
				11624508687929939	
03/18	03/16	3640	52704872076722481376234	4 HYATT REGENCY SAN ANTO 8885874589 TX 78205 USA	✓ 883.59 ✓
				41706840	
				CHECK IN: 03/13/2022	
03/29	03/28	8299	55436872088130882727696	5 EIM EVIDENCE IN MOTION 502-4427697 KY 40223 USA	✓ 600.00 ✓
				437942	
***** TOTAL AMOUNT OF MEMO ITEM(S):					\$2,992.82

Pd. 4-27-22

APPROVED ON

APR 21 2022

BY COUNTY AUDITOR
 GALHOUN COUNTY, TEXAS

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

Confirmation # OUR-0416758

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

Account Number XXXX-XXXX-XXX
 Statement Closing Date April 03, 2022

Not an invoice.
 For your records only.

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

00007905040

Information About Your Citi® Corporate Card Account

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day, 24 hours a day. Call the Customer Service telephone number specified on the front of the statement to report a lost or stolen Citi Corporate Card.
- **Cardholder Credit Line:** Each Cardholder has an individual Credit Line (a portion of which may be used for Cash Advances), which is the maximum amount that the Cardholder can charge at any time. The size of each Cardholder's Credit Line (and Cash Limit, if any), is determined by the Company and is a portion of the total Company Credit Line.
- **To Increase or Reallocate a Company or Cardholder Credit Line:** The Company may request changes to credit lines by contacting Citi Corporate Card Customer Services. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement.
- **Additional Cardholders:** The Company may request applications for additional Cardholders by contacting Citi Corporate Card Service. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement. Limit one Citi Corporate Card per Cardholder.
- **CitiManager® Online Tool:** You can easily manage your Citi Corporate Card online using the CitiManager online tool. CitiManager enables you to manage business expenses from anywhere around the globe from your computer or mobile device; you can view statements online as well as confirm account balances. To register for CitiManager, please log on to www.citimanager.com/login and click on the 'Self registration for Cardholders' link. From there, follow the prompts to establish your account.
- **Payments:** You may make a payment to your individually billed card account online using CitiManager. Please note that some organizations do not have the CitiManager online payment feature enabled for cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for all Cardholder balances. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day. Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of this statement for details.
- **Company Ratification:** By its payment of any amounts charged to the Account, the Company: (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardholders to whom Cards are issued.
- **Special Information on Cash Advances:** Cardholders may get a Cash Advance at over 160,000 locations worldwide.
 - The Cardholder's Cash Advance Limit is a part of the Cardholder's Total Credit Line. It is not an additional line of credit.
 - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.
- **Delinquency Fee:** My Account will be delinquent unless the Bank receives the amount shown on the billing statement as the balance due, less any disputed charges, by the payment due date. The Bank will show any unpaid portion of the balance due as a past due balance on subsequent billing statements. If any portion of the past due balance appears on two consecutive billing statements (approximately 55-60 days after the billing cycle date), I agree to pay a delinquency fee monthly based on a percentage of the entire past due balance until my payment is received by the Bank. A late fee may also be imposed monthly until payment for the past due balance is received by the Bank.

Account Inquiries

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

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 4/5/22

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To	Form # 9401	
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1		0.00	Specialist ID.com -			247.23
2	247.23	+	Badges for HR			
3	631.00	+	CMS Medicare Application			631.00
4	883.59	+	fee - MMC (Hospital)			
5	600.00	+	CMS Medicare Application			631.00
6			fee - (RHC) Clinics			
7	-		Hyatt Regency - Hotel			883.59
8			Stay for Mimi Nguyen (Clinic)			
9	-		EIM Evidence in Motion			600.00
10			Registration for April Kubala, DPT			

Est. Freight _____ Est. Total Cost _____ TOTAL COST \$2992.82

NOTES:

charges made to Roshandia's MC xxx 9457

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshandia Thomas</u> 4/5/22

MCKESSON

STATEMENT

As of: 04/22/2022

Page: 002

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

Company: 8000

DC: 8115

As of: 04/22/2022 Page: 002
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory:

Customer: 632536
Date: 04/23/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 04/23/2022 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 6,526.76 USD

Future Due: 0.00

If Paid By 04/26/2022,
Pay This Amount:

6,396.20 USD

Due If Paid On Time:
USD 6,396.20

Past Due: 0.00

Disc lost if paid late:
130.56

Last Payment 2,451.97
08/07/2017

If Paid After 04/26/2022,
Pay this Amount:

6,526.76 USD

Due If Paid Late:
USD 6,526.76

44 * 66 +
5 * 195 * 83 +
280 * 60 +
875 * 11 +
6 * 396 * 20 *

APPROVED ON

APR 25 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 04/22/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 04/22/2022

Page: 001

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

Mall to:

Comp: 8000

Customer: 262252

Date: 04/23/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252

PLEASE CHECK ANY

Date: 04/23/2022

ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
04/20/2022	04/26/2022	7337364172	1659127	115Invoice	0.91	45.57		44.66	✓	7337364172	

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: 45.57 USD

Future Due: 0.00

If Paid By 04/26/2022,
Pay This Amount:

44.66 USD

Due If Paid On Time:

USD 44.66 ✓

Past Due: 0.00

Disc lost if paid late:

0.91

Last Payment 8,901.37
04/18/2022

If Paid After 04/26/2022,
Pay this Amount:

45.57 USD

Due If Paid Late:

USD 45.57

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 04/22/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 04/22/2022 Page: 001
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 256342
Date: 04/23/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 04/23/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
04/18/2022	04/26/2022	7336836713	30484732	115Invoice	2.31	115.38		113.07	✓	7336836713	
04/18/2022	04/26/2022	7336836714	30518196	115Invoice	2.81	140.53		137.72	✓	7336836714	
04/18/2022	04/26/2022	7336836715	30568328	115Invoice	5.80	289.91		284.11	✓	7336836715	
04/18/2022	04/26/2022	7337047083	0415220813	195Invoice	0.05	2.53		2.48	✓	7337047083	
04/19/2022	04/26/2022	7337132361	30802600	115Invoice	16.98	848.78		831.80	✓	7337132361	
04/19/2022	04/26/2022	7337132362	30802600	115Invoice	7.89	394.50		386.61	✓	7337132362	
04/19/2022	04/26/2022	7337282043	0418221016	115Invoice	2.52	125.78		123.26	✓	7337282043	
04/20/2022	04/26/2022	7337384250	30874528	115Invoice	8.46	422.89		414.43	✓	7337384250	
04/20/2022	04/26/2022	7337384251	30932699	115Invoice		0.16		0.16	✓	7337384251	
04/21/2022	04/26/2022	7337622972	30989763	115Invoice	0.01	0.33		0.32	✓	7337622972	
04/21/2022	04/26/2022	7337622973	31051596	115Invoice		0.16		0.16	✓	7337622973	
04/21/2022	04/26/2022	7337774333	0420220835	115Invoice	25.98	1,298.97		1,272.99	✓	7337774333	
04/22/2022	04/26/2022	7337919239	31108147	115Invoice	8.50	424.88		416.38	✓	7337919239	
04/22/2022	04/26/2022	7337919240	31169224	115Invoice	22.77	1,138.69		1,115.92	✓	7337919240	
04/22/2022	04/26/2022	7337919241	31169224	115Invoice	0.01	0.32		0.31	✓	7337919241	
04/22/2022	04/26/2022	7337919242	31185206	115Invoice	1.11	55.32		54.21	✓	7337919242	
04/22/2022	04/26/2022	7338067523	0421220848	195Invoice	0.86	42.76		41.90	✓	7338067523	

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: 5,301.89 USD

Future Due: 0.00

If Paid By 04/26/2022,
Pay This Amount:

5,195.83 USD

Due If Paid On Time:

USD 5,195.83

Past Due: 0.00

Disc lost if paid late: 106.06

Last Payment 04/18/2022 8,901.37

If Paid After 04/26/2022,
Pay this Amount:

5,301.89 USD

Due If Paid Late:

USD 5,301.89

APPROVED ON

APR 25 2022

For AR Inquiries please contact 800-867-0333

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

As of: 04/22/2022

Page: 001

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

Company: 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

DC: 8115

Territory: 400

Customer: 464450
Date: 04/23/2022

As of: 04/22/2022 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 04/23/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
04/19/2022	04/26/2022	7337110721	55x451609	115Invoice	5.09	254.26		249.17	✓	7337110721	
04/19/2022	04/26/2022	7337110722	55x451612	115Invoice	0.30	14.85		14.55	✓	7337110722	
04/19/2022	04/26/2022	7337110723	55x451770	115Invoice	0.34	17.22		16.88	✓	7337110723	

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: 286.33 USD

Future Due: 0.00

If Paid By 04/26/2022,
Pay This Amount:

280.60 USD

Due If Paid On Time:

USD 280.60

Past Due: 0.00

Disc lost if paid late:

5.73

Last Payment 8,901.37
04/18/2022

If Paid After 04/26/2022,
Pay this Amount:

286.33 USD

Due If Paid Late:

USD 286.33

APPROVED ON

APR 25 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 04/22/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 04/22/2022
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: 04/23/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 04/23/2022

**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											
04/20/2022	04/26/2022	7337555845	1659575	115Invoice	17.86	892.97		875.11 ✓		7337555845	

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: 892.97 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 04/18/2022 8,901.37

If Paid By 04/26/2022,
Pay This Amount:

875.11 USD

If Paid After 04/26/2022,
Pay this Amount:

892.97 USD

Due If Paid On Time:

USD 875.11 ✓

Disc lost if paid late:

17.86

Due If Paid Late:

USD 892.97

APPROVED ON

APR 25 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



STATEMENT

Statement Number: 62896331
Date: 04-22-2022

Serviced By:	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Customer:	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number	100135284 / 037028186
	DEA: RA0289276 866-451-9655			Terms	Sat - Fri Due in 7 days
Remit To:	AMERISOURCEBERGEN P.O. Box 905223 CHARLOTTE NC 28290-5223			Summary	
				Not Yet Due:	0.00
				Current:	629.49
				Past Due:	0.00
				Total Due:	629.49
				Account Balance:	629.49

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-18-2022	04-29-2022	3089958679	165550	Invoice	2.45		0.00	2.45
04-18-2022	04-29-2022	3089959010	165551	Invoice	0.29		0.00	0.29
04-18-2022	04-29-2022	3090000988	165599	Invoice	40.85		0.00	40.85
04-18-2022	04-29-2022	3090000989	165600	Invoice	10.48		0.00	10.48
04-19-2022	04-29-2022	3090121986	165607	Invoice	208.09		0.00	208.09
04-21-2022	04-29-2022	3090413441	165622	Invoice	64.82		0.00	64.82
04-22-2022	04-29-2022	3090557639	165632	Invoice	302.42		0.00	302.42
04-22-2022	04-29-2022	3090557980	165633	Invoice	0.09		0.00	0.09

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
629.49	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
04-22-2022	(2,069.99)

Reminders	
Due Date	Amount
04-29-2022	629.49
Total Due:	629.49

AM

APPROVED ON
APR 25 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FEE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	<input type="text"/>
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		<input type="text"/>
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		<input type="text" value="941"/> #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		<input type="text" value="22"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		<input type="text" value="03"/>
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		<input type="text" value="\$ 129,263.56"/> #
	"1 TO CONFIRM"			<input type="text" value="1"/>
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		<input type="text" value="\$ 64,311.42"/> #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			<input type="text" value="\$ 15,040.48"/> #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			<input type="text" value="\$ 49,911.66"/> #
				<input type="text" value="\$ -"/>
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	CHECK	★	<input type="text"/>
	"1 TO CONFIRM"			<input type="text" value="1"/>
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			<input type="text"/>

CALLED IN BY:
CALLED IN DATE:
CALLED IN TIME:

Run Date: 04/25/22
Time: 14:54

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 04/08/22 - 04/21/22 Run# 1

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P2REG

Final Summary

Pay Code Summary						Deductions Summary						
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount		
1	REGULAR PAY-S1	9256.25	N	N	N			196739.50	A/R	562.55		
1	REGULAR PAY-S1	1768.00	N	N	N	N		74522.39	ADVANC	AWARDS		
1	REGULAR PAY-S1	217.75	N	N	Y			7414.64	BOOTS	CAFE H		
1	REGULAR PAY-S1	436.00	Y	N	N			13739.62	CAFE-2	CAFE-3		
2	REGULAR PAY-S2	2312.75	N	N	N			56212.29	CAFE-5	CAFE-C		
2	REGULAR PAY-S2	4.25	N	N	N	N		154.06	CAFE-F	CAFE-H		
2	REGULAR PAY-S2	139.25	N	N	Y			5507.28	CAFE-L	CAFE-P		
2	REGULAR PAY-S2	165.25	Y	N	N			7041.22	CHILD	609.70		
2	REGULAR PAY-S2	2.50	Y	N	N	N		88.85	CREDUN	DD ADV		
3	REGULAR PAY-S3	1256.50	N	N	N			37025.15	DEP-LF	DIS-LF		
3	REGULAR PAY-S3	7.50	N	N	N	N		279.36	EATCSH	FEDTAX		
3	REGULAR PAY-S3	85.75	N	N	Y			3841.00	FICA-O	32155.71		
3	REGULAR PAY-S3	158.50	Y	N	N			6859.00	FLX FE	FORT D		
C	CALL PAY	2300.00	N	1	N	N		4600.00	GIFT S	GRANT		
D	DOUBLE TIME	26.75	N	1	N	N		695.51	GTL	HOSP-I		
D	DOUBLE TIME	4.50	N	2	N	Y		590.23	LEAF	LEGAL		
D	DOUBLE TIME	7.25	N	3	N	N		201.61	MEALS	METVIS		
D	DOUBLE TIME	8.00	N	3	N	Y		1055.52	MISC/	MMSHR		
D	DOUBLE TIME	3.75	Y	1	N	N		130.26	OTHER	PHI		
D	DOUBLE TIME	3.00	Y	2	N	N		113.22	PR FIN	RELAY		
E	EXTRA WAGES		N	N	N	N		14140.87	SAMS	SCRUBS		
E	EXTRA WAGES		N	1	N	N	N	40232.00	ST-TX	STONDF		
E	EXTRA WAGES		Y	N	N	N		93.49	STONE2	STUDEN		
I	INSERVICE	9.50	N	1	N	N		115.50	SUNILL	SUNIND		
J	JURY LEAVE	24.00	N	1	N	N		792.96	SUNSTD	SUNVIS		
K	EXTENDED-ILLNESS-BANK	141.00	N	1	N	N		3778.91	TSA-1	TSA-2		
P	PAID-TIME-OFF	249.87	N	N	N	N		3034.16	TSA-P	TSA-R		
P	PAID-TIME-OFF	1555.00	N	1	N	N		38057.83	UNIFOR	UN/HOS		
X	CALL PAY 2	144.00	N	1	N	N		288.00				
Z	CALL PAY 3	120.00	N	1	N	N		360.00				
p	PAID TIME OFF - PROBATION	48.00	N	1	N	N		917.12				
Grand Totals:		20448.87	-----				Gross:	518640.59	Deductions:	125951.53	Net:	392689.06
Checks Count:-		PT 192	PT 10	Other 49	Female 227	Male 22	Credit	OverAmt 21	ZeroNet	Term	Total: 249	

A. M.

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	4/8/2022	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	4/21/2022					
PAY DATE:	4/29/2022					
GROSS PAY:	\$ 518,640.59			\$ -		\$ 518,640.59
DEDUCTIONS:						
A/R	\$ 562.55					\$ 562.55
ADVANC						\$ -
BOOTS						\$ -
SUNLIFE CRITICAL ILLNESS	\$ -					\$ -
SUNLIFE ACCIDENT	\$ -					\$ -
SUNLIFE VISION	\$ -					\$ -
SUNLIFE SHORT TERM DIS	\$ -					\$ -
BCBS VISION	\$ (48.68)					\$ (48.68)
CAFÉ-D	\$ (54.14)					\$ (54.14)
CAFÉ-H	\$ (1,010.44)					\$ (1,010.44)
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ 609.70					\$ 609.70
CLINIC	\$ -					\$ -
COMBIN	\$ -					\$ -
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF	\$ -					\$ -
SUNLIFE TERM LIFE	\$ -					\$ -
SUNLIFE HOSP INDEM	\$ -					\$ -
FED TAX	\$ 49,911.66					\$ 49,911.66
FICA-M	\$ 7,520.24					\$ 7,520.24
FICA-O	\$ 32,155.71					\$ 32,155.71
FIRST C	\$ -					\$ -
FLEX S	\$ -					\$ -
FLX-FE	\$ -					\$ -
GIFT S	\$ -					\$ -
GRP-IN	\$ -					\$ -
GTL	\$ -					\$ -
HOSP-I	\$ -					\$ -
LEGAL	\$ -					\$ -
OTHER	\$ -					\$ -
NATIONAL FARM LIFE	\$ -					\$ -
MED SURCHARGE	\$ -					\$ -
PR FIN	\$ -					\$ -
RELAY	\$ -					\$ -
REPAY	\$ -					\$ -
STONEDF	\$ -					\$ -
STONE	\$ -					\$ -
STONE 2	\$ -					\$ -
STUDEN	\$ -					\$ -
TSA-R	\$ 36,304.93					\$ 36,304.93
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 125,951.53	\$ -	\$ -	\$ -	\$ -	\$ 125,951.53
NET PAY:	\$ 392,689.06	\$ -	\$ -	\$ -	\$ -	\$ 392,689.06

TOTAL CAFÉ 125 PLAN: \$ (1,113.26) Less Exempt:

TAXABLE PAY: \$ 519,753.85 \$ 519,753.85

	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 7,536.43		
FICA - MED (EE)	1.45% \$ 7,536.43	\$ 7,520.24	\$ 16.19
FICA - SOC SEC (ER)	6.20% \$ 32,224.74		
FICA - SOC SEC (EE)	6.20% \$ 32,224.74	\$ 32,155.71	\$ 69.03
FED WITHHOLDING	\$ 49,911.66	\$ 49,911.66	

Employees over FICA-SS Cap: \$ -
 Paycode S - Employee Reimb.: \$ -
TOTAL: \$ -

TAX DEPOSIT:	\$ 129,434.00	\$ 129,263.56
FICA - MEDICARE	2.60% \$ 15,072.86	\$ 15,040.48
FICA - SOCIAL SECURITY	12.40% \$ 64,449.48	\$ 64,311.42
FED WITHHOLDING	\$ 49,911.66	\$ 49,911.66
TOTAL TAX:	\$ 129,434.00	\$ 129,263.56

PREPARED BY: Caitlin Clevenger
 PREPARED DATE: 4/25/2022

Run Date: 04/25/22
Time: 14:51

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 04/08/21--04/21/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P02125F

Num.	Name	Amount	CHECK NUM	DATE
01543	JACKIE E WILLIAMS	882.05	00063142	04/29/22
02122	DARIN LUNA	463.87	00063143	04/29/22
41332	STEPHANIE K YANEZ	675.54	00063144	04/29/22
20184	MELISSA ZAMORANO	295.74	00063145	04/29/22
76138	KAREN D GARCIA	1231.30	00063146	04/29/22
31508	SACHEL A HEFFNER	2019.29	00063147	04/29/22
50134	LORNA VALDEZ	457.48	00063148	04/29/22
00041	CARL LEE KING	1366.00	DD	04/29/22
00083	SYLVIA A VARGAS	1110.17	DD	04/29/22
00094	SYLVIA A MENDOZA	921.05	DD	04/29/22
00113	JACLYN CARBON	1478.19	DD	04/29/22
00132	SANDRA A BRACUN	1204.93	DD	04/29/22
00192	BRENDA D PENA	2354.06	DD	04/29/22
00270	ANGELA M BURGIN	628.60	DD	04/29/22
00344	SANDRA LEE RUDDICK	2732.11	DD	04/29/22
00387	BILLIE F DUCKWORTH	4029.47	DD	04/29/22
00392	MONICA T CARR	2282.68	DD	04/29/22
00399	LINDA J TIJERINA	3678.23	DD	04/29/22
00401	VELMA J PINA	1176.03	DD	04/29/22
00417	SHERRY L KING	3834.45	DD	04/29/22
00423	DONN V STRINGO	2280.14	DD	04/29/22
00482	PAM FIKAC	1650.95	DD	04/29/22
00577	DIANA GARCIA	2300.36	DD	04/29/22
00581	CYNTHIA L RUSHING	1706.54	DD	04/29/22
00676	SHELLA KAY HEATHCOCK	1372.14	DD	04/29/22
00681	R RENEE WOOD	2248.95	DD	04/29/22
00692	DEBORAH E WITTEBERT	310.89	DD	04/29/22
00697	MARIA C FARIAS	1438.44	DD	04/29/22
00707	KIMBERLY R BLINKA	1736.23	DD	04/29/22
00895	EMILIE DIANE WILKEY	1644.30	DD	04/29/22
01015	SUSAN B SMALLY	1827.40	DD	04/29/22
01234	JENISE N SVETLIK	2221.02	DD	04/29/22
01367	MARILYN A SANDERS	4408.13	DD	04/29/22
01791	RAUSHANAH J MONDAY	2502.82	DD	04/29/22
02011	ERIN R CLEVENGER	3398.21	DD	04/29/22
02014	AGAPITA C CANTU	875.71	DD	04/29/22
02021	ERIKA OSORNIA-SANCHEZ	2392.43	DD	04/29/22
02022	AMANDA J GRIGGS	2721.13	DD	04/29/22
02064	ANNA LAURA GARCIA	907.59	DD	04/29/22
02097	KYLIE M GAINES	1286.10	DD	04/29/22
02099	TRACI M SHEFCYK	10346.08	DD	04/29/22
02112	LESLIE THOMAS	4365.76	DD	04/29/22
02165	CAYDENCE N CAUDILL	388.98	DD	04/29/22
02193	TIKI VENGLAR	2770.44	DD	04/29/22
02271	DAWN J SUBENIX	2094.57	DD	04/29/22
02301	NICOLAS TIJERINA	865.08	DD	04/29/22
02302	CATHERINE MARIE DECILOS	1235.86	DD	04/29/22
02303	CONNIE M LUNA	2677.73	DD	04/29/22
02315	NINA M GREEN	3789.88	DD	04/29/22
02331	JESSICA B BIFFLE	2090.76	DD	04/29/22
02346	JEANETTE L FALCON	329.31	DD	04/29/22
02416	JANELLE SCOTT	1958.18	DD	04/29/22
02535	STEFANIE M SOLIZ	840.34	DD	04/29/22

Run Date: 04/25/22
Time: 14:51

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 04/09/22--04/21/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 2
F02DISTP

Num.	Name	Amount	CHECK NUM	DATE
02552	VERONICA RAGUSIN	1965.39	DD	04/29/22
02584	BEATRICE MAGU	2918.49	DD	04/29/22
02678	MELISSA NESLONEY	2489.22	DD	04/29/22
02701	RONDA DAMNELLE GOHLKE	2337.85	DD	04/29/22
02719	DAWN M MCCLELLAND	2406.59	DD	04/29/22
02735	ZANDRA A GARCIA	2200.51	DD	04/29/22
02763	JESSICA COPPIN	1725.51	DD	04/29/22
02794	HEATHER L MUTCHLER	1984.24	DD	04/29/22
02812	BRITTANY N RUDDICK	3564.01	DD	04/29/22
02907	MARIA F LONGORIA	1239.79	DD	04/29/22
02927	MICHAEL L GAINES	3300.75	DD	04/29/22
02963	DOROTHY J RENDON	976.44	DD	04/29/22
02970	DIANNE G ATKINSON	2889.79	DD	04/29/22
03864	JACQUELINE R HERRERA	1327.73	DD	04/29/22
05003	COURTNE D THURKILL	3049.06	DD	04/29/22
05006	REGINA A MARTINEZ	2855.48	DD	04/29/22
05007	JAMIE K NEYLAND	2265.71	DD	04/29/22
05122	MARISSA RANGEL	1061.11	DD	04/29/22
05345	ERICA NGUYEN	1426.62	DD	04/29/22
05641	AMANDA R KEY	3591.60	DD	04/29/22
05757	SHARON T HOLDER	2844.70	DD	04/29/22
07007	URSULA S BRYAN	1214.98	DD	04/29/22
07066	DELPHINE PADRON	1730.43	DD	04/29/22
07123	CYNTHIA GUERRA	1530.61	DD	04/29/22
07878	DIANA C SAUCEDA	1330.95	DD	04/29/22
10519	MARISSA LYNN HUNT	732.23	DD	04/29/22
11197	CATHERINE A SAENZ	4569.75	DD	04/29/22
11412	COURTNEY L MORKOVSKY	690.72	DD	04/29/22
12011	KIMBERLY J REYNA	2268.75	DD	04/29/22
12115	LISA J HINOJOSA	1011.41	DD	04/29/22
12212	MARIA E ARREDONDO	1608.99	DD	04/29/22
15097	KYLE L DANIEL	3694.80	DD	04/29/22
15131	SAVANNAH HARLEY	3560.69	DD	04/29/22
15171	JESSICA BARRON	1399.49	DD	04/29/22
15286	DAWN M MAREK	1961.98	DD	04/29/22
15555	STEPHANIE MARTIN	1696.87	DD	04/29/22
15915	BRIANNE J KEY	3433.20	DD	04/29/22
20112	YULMA PATRICA RODRIGUEZ	1562.60	DD	04/29/22
20145	NATALIE SOTO	842.78	DD	04/29/22
20156	ERIN ASHLEY WISDOM	3227.12	DD	04/29/22
20206	KELLI B GOFF	1740.84	DD	04/29/22
20207	SHAWNA G HARTL	2902.14	DD	04/29/22
20243	MELANIE CORTEZ	1569.91	DD	04/29/22
20294	JESSICA D WALTHER	942.26	DD	04/29/22
20456	SAYDI A ST CLAIR	827.20	DD	04/29/22
20484	BRIANNA S PASSMORE	115.39	DD	04/29/22
20548	JAMES D AMIN	1343.62	DD	04/29/22
20740	CYNTHIA LOPEZ	300.22	DD	04/29/22
20759	JAMIE SADDLER	1099.08	DD	04/29/22
20788	JAYLIN RAMIREZ	742.04	DD	04/29/22
20797	BETHANN M DIGGS	999.64	DD	04/29/22
20816	JOIE L PENA	884.68	DD	04/29/22
20837	DAISY MADRICAL	1432.51	DD	04/29/22
20854	JALYNN GREEN	746.61	DD	04/29/22

Run Date: 04/25/22
Time: 14:51

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 04/08/22--04/21/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 3
P02ISTP

Num.	Name	Amount	CHECK NUM	DATE
20896	DANIELA CAMACHO	228.00	DD	04/29/22
20977	CHERYL L TESCH	1300.96	DD	04/29/22
21450	DIANA E LEAL	1542.98	DD	04/29/22
21629	JACOBY R CRAWFORD	2346.00	DD	04/29/22
21736	ALLISON GOULDEN	564.12	DD	04/29/22
22618	HEATHER L SMITH	674.38	DD	04/29/22
26789	LORRAINE V GARZA	155.17	DD	04/29/22
28120	JESSICA V SELVEIRA	1037.01	DD	04/29/22
29199	KELLY A SCHOTT	321.51	DD	04/29/22
31035	STACIE L EPLEY	2297.47	DD	04/29/22
31054	LORA L LAMBDEN	912.71	DD	04/29/22
31099	ARACELY Z GARCIA	2342.09	DD	04/29/22
31185	JERRY A FINDLEY	298.93	DD	04/29/22
31219	LAUREN PHILLIPS	527.03	DD	04/29/22
31313	KATHERINE LYNN JIMENEZ	2047.06	DD	04/29/22
31315	STACY L FARMER	1848.71	DD	04/29/22
31463	EDWARD E MATULA	2576.38	DD	04/29/22
31821	KAYLA M ALVAREZ	1763.48	DD	04/29/22
31832	SHANE D KRESTA	1660.86	DD	04/29/22
31849	CODY L JUREK	431.38	DD	04/29/22
38118	KRYSTELLA F KISIAH	1152.52	DD	04/29/22
38413	DEVAN ORTA	1822.18	DD	04/29/22
38702	ANNA VANESSA PENNELL	1343.92	DD	04/29/22
41112	ANASTASIA L PEREZ	919.62	DD	04/29/22
41171	TOMMIE M TREVINO	781.55	DD	04/29/22
41205	JEANNETTE ALVARADO	965.88	DD	04/29/22
41225	LESLIE A CPAIGEN	1501.57	DD	04/29/22
41236	PAMELA K VANNOY	1355.47	DD	04/29/22
41242	EDUARDO TORRES	525.78	DD	04/29/22
41274	KAREN GANN	1076.10	DD	04/29/22
41279	PAMELA R HARMON	717.14	DD	04/29/22
41347	ADRIANNA D STRAKOS	841.81	DD	04/29/22
41369	LORETTA A LEAL	844.14	DD	04/29/22
41418	ANGEL M CASSEL	1113.88	DD	04/29/22
41507	OLGA I BETANCOURT	850.29	DD	04/29/22
41512	SONJA A GUAJARDO	895.39	DD	04/29/22
41517	JACQUELINE M MARTINEZ	877.93	DD	04/29/22
41518	HEATHER DELBOSQUE	1010.57	DD	04/29/22
41705	KELSEY R TAYLOR	1026.79	DD	04/29/22
41896	RENAE MICHELLE EMERY	595.47	DD	04/29/22
41897	ROXANNA MARTINEZ	1065.64	DD	04/29/22
41901	JUANITA R MILLER	1217.21	DD	04/29/22
41924	BRITTNEY V STRICKLIN	1007.19	DD	04/29/22
42106	CHRISTY SILVAS	1109.14	DD	04/29/22
42112	SOCORRO C GONZALES	986.38	DD	04/29/22
42122	LET ANA CHAVANA	1586.42	DD	04/29/22
42125	LUCY CALZADA	853.54	DD	04/29/22
42304	MIMI T NGUYEN	2055.07	DD	04/29/22
42320	MICHAEL A PFELL	3300.75	DD	04/29/22
42320	MARIA D CHAVEZ	965.72	DD	04/29/22
42342	SHANNA S O DONNELL	3329.31	DD	04/29/22
48680	JESSICA BUSH	152.36	DD	04/29/22
50018	MICHELLE M MORALES	1745.36	DD	04/29/22
50148	PENNY GOULDEN	3353.52	DD	04/29/22

Run Date: 04/25/22
Time: 14:51

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 04/08/22--04/21/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 4
P021SF

Num.	Name	Amount	CHECK NUM	DATE
50161	BRITTNEY MICHELLE ZAMORA	1563.31	DD	04/29/22
50248	MCKENNA VILLEGAS	595.57	DD	04/29/22
50282	JACOB W HAMILTON	2886.65	DD	04/29/22
50310	JASMINE GRIGSBY	836.84	DD	04/29/22
50546	MELANIE K SAMAYOA	2205.70	DD	04/29/22
50573	DEANA R DAVIS	1720.55	DD	04/29/22
50596	BETTY S DAVIS	2157.99	DD	04/29/22
50719	DEBRA K MUSTERED	2244.66	DD	04/29/22
50928	ADINA RODRIGUEZ	870.48	DD	04/29/22
53541	JACLYN B HARTL	1741.22	DD	04/29/22
55025	LEA C RESENDEZ	858.32	DD	04/29/22
55026	IRENE B PEREZ	495.73	DD	04/29/22
55106	CRYSTAL M CHAVEZ	871.45	DD	04/29/22
55127	APRIL N KUBALA	2756.74	DD	04/29/22
55371	BLANCA HERNANDEZ	1745.69	DD	04/29/22
55382	SHANNON JACILDO	1632.53	DD	04/29/22
55658	LAJUAN WILKE	824.41	DD	04/29/22
58510	RITA L POLENSKY	901.67	DD	04/29/22
60103	TODD SAVOY	1858.02	DD	04/29/22
60112	ROBERT A RODRIGUEZ	2252.36	DD	04/29/22
60131	NORA OVALLE	718.35	DD	04/29/22
60163	MIGDALIA CLARO	821.56	DD	04/29/22
60165	TERESA A BENITEZ	2005.84	DD	04/29/22
60271	REBEKAH GERYK	926.16	DD	04/29/22
60412	CHRISTOPHER GALINDO	1099.87	DD	04/29/22
60616	DOROTHY A LONGORIA	941.93	DD	04/29/22
60718	ANNA C GONZALEZ	823.36	DD	04/29/22
60934	CONSUELO ZAMORA	789.20	DD	04/29/22
63124	SANTUAN M GARCIA	1406.15	DD	04/29/22
63289	JASON RUBIO	1121.02	DD	04/29/22
65100	FELICITA BONUZ	626.18	DD	04/29/22
65121	VIVIANA P MEDINA	671.13	DD	04/29/22
65147	BLANCAROSA VILLARREAL	366.20	DD	04/29/22
65151	ELIA OLACHIA	652.15	DD	04/29/22
65213	LEE SIMERLY	1162.01	DD	04/29/22
65243	LUCILA LOPEZ DE GUZMAN	1166.10	DD	04/29/22
65366	CYNTHIA GARCIA	709.86	DD	04/29/22
65393	RAMONA A PEREZ	1135.20	DD	04/29/22
65413	CHRISTINA SOLIS	682.80	DD	04/29/22
65453	AMALIA L FLORES	795.57	DD	04/29/22
65463	MARIA I VELOZ	752.51	DD	04/29/22
65486	ROSA RODRIGUEZ	860.32	DD	04/29/22
65513	MARIA MORALES	898.01	DD	04/29/22
65583	RACQUEL MORALES	609.11	DD	04/29/22
65705	DOMITILA HERRERA	899.12	DD	04/29/22
65865	MARIA F LEDEZMA	884.51	DD	04/29/22
68163	CRYSTAL MARTINEZ	1312.29	DD	04/29/22
68792	NAZARIO DIAZ HERNANDEZ	2038.73	DD	04/29/22
70119	SARA N BLEDSOE	2495.83	DD	04/29/22
73749	GLORIA N REID	2607.21	DD	04/29/22
76190	RIKA MILLER	1927.98	DD	04/29/22
76003	IRMA DELEON	812.61	DD	04/29/22
76110	TARAH SUBLETT	773.45	DD	04/29/22
76115	JENNIFER R CARLOCK	770.18	DD	04/29/22

Run Date: 04/25/22
Time: 14:51

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 04/09/22--04/21/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 5
B2DISTP

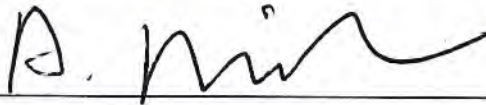
Num.	Name	Amount	CHECK NUM	DATE
76120	RACHEL CANALES	1402.45	DD	04/29/22
76210	ZOE VILLARREAL	303.75	DD	04/29/22
76300	AIDA JIMENEZ	1148.84	DD	04/29/22
76313	PAMELA L BARTON	845.73	DD	04/29/22
76403	KATRINA A POKLUDA	1330.07	DD	04/29/22
76647	CHERYL A SEE	1160.97	DD	04/29/22
76706	GREGORY E MORALES	723.93	DD	04/29/22
76761	LAURA F PESINA	875.80	DD	04/29/22
76854	MARY PATTERSON	805.12	DD	04/29/22
76985	VANESSA TRISTAN	239.62	DD	04/29/22
77646	FAREN A GONZALES	1229.17	DD	04/29/22
78020	MISTY R PASSMORE	1601.31	DD	04/29/22
78058	KYANN J POWER	388.96	DD	04/29/22
78072	DONNA M RAWLINGS	1247.10	DD	04/29/22
78186	ANDREA F COOK	234.71	DD	04/29/22
78191	JAMIE J GRASSE	555.91	DD	04/29/22
78287	MARISSA D ALMANZAR	2087.32	DD	04/29/22
78336	JESSICA L GLOVER	1733.19	DD	04/29/22
78566	MELISSA K GEE	836.63	DD	04/29/22
78764	ASHLEY D HADLEY	2117.23	DD	04/29/22
78778	SARA M RUBIO	2038.99	DD	04/29/22
78781	KRISTEN R MACHICEK	1832.99	DD	04/29/22
78787	FARAH I JANAK	2703.63	DD	04/29/22
78879	YESENIA QUEZADA	544.40	DD	04/29/22
78897	DAYLE J MCLAUGHLIN	697.49	DD	04/29/22
80008	ADAM D BESIO	2508.21	DD	04/29/22
80141	JEANNIE ORTA	1763.62	DD	04/29/22
82227	CAITLIN A CLEVINGER	1436.35	DD	04/29/22
86432	KRISTI L BOYD	2968.97	DD	04/29/22
86482	MEGAN M HARPER	838.32	DD	04/29/22
88125	LISA M TREVINO	870.25	DD	04/29/22
88808	MARLEY B O'DONNELL	2305.70	DD	04/29/22
88904	MAYRA K MARTINEZ	1442.51	DD	04/29/22
90320	ROSHANDA S THOMAS	4112.05	DD	04/29/22
93231	ANDRIE M FLORES	1136.01	DD	04/29/22
98756	ADRIANNA M GALVAN	1583.38	DD	04/29/22

392689.06

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- April 18, 2022 - April 24, 2022**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
4/18/2022	PAY PLUS ACHTRANS 452579291 101000696758762	- 3rd Party Payor Fee
4/18/2022	TEXAS COUNTY DRS RECEIVABLE 0419 21000021569	- Retirement Funding
4/19/2022	PAY PLUS ACHTRANS 452579291 101000697745464	- 3rd Party Payor Fee
4/19/2022	MCKESSON DRUG AUTO ACH ACH04990704 910000140	- 340B Drug Program Expense
4/20/2022	WEBFILE TAX PYMT DD 902/05631183 21000029424	- Sales Tax
4/20/2022	PAY PLUS ACHTRANS 452579291 101000698844880	- 3rd Party Payor Fee
4/21/2022	PAY PLUS ACHTRANS 452579291 101000699603502	- 3rd Party Payor Fee
4/22/2022	PAY PLUS ACHTRANS 452579291 101000690513625	- 3rd Party Payor Fee
4/22/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense

<u>Amount</u>	<u>CPS</u>
60.28	PAY PLUS 60.28 +
158,038.58 ***	58.29 +
58.29	8,901.37 * 252.52 +
8,901.37 *	1,347.14 ** 0.81 +
1,347.14 **	252.52 +
252.52	0.81 +
0.81	16.00 +
16.00	387.90 *
2,069.99 *	
170,744.98	170,744.98 +



Anthony Richardson
Memorial Medical Center

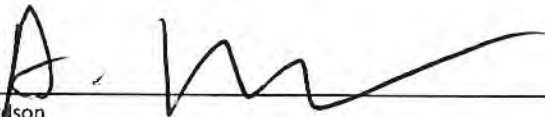
April 25, 2022

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

* Approved 04-20-22 CC
** Approved 04-13-22 CC
*** Approved 04-06-22 CC

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>
5/6/2022	IGT	-CHIRP IGT

<u>Amount</u>	
64,439.64	387.90 +
	387.90 -
	0.00 *
64,439.64	



Anthony Richardson
Memorial Medical Center

April 25, 2022

APPROVED ON

APR 25 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**



Transaction Summary

Transaction Complete
Trace #:(

**Texas Health and Human Services Commission
Memorial Medical Center Operating County**

Payment Total	\$64,439.64
Bank Routing and Account Number	
Settlement Date	5/6/2022
CHIRP Amount	\$64,439.64
Entered By	Marley Moehrig

Marley ODonnell

From: Luba Kubinski <luba@ahcv.com>
Sent: Wednesday, April 20, 2022 5:18 PM
To: jaclynn.harrison@christushealth.org; kristina.alldredge@christushealth.org; joel.vigil@christushealth.org; chris.nicosia@hcahealthcare.com; Steve King; Eric.Hamon@dchstx.org; Mike_Healey@chs.net; eric_graves@chs.net; michael_tea@chs.net; czafero@cmcvtx.org; pstrauss@cmcvtx.org; Duane.Woods@cmcvtx.org; Roshanda S. Thomas; Anthony Richardson; Marley ODonnell; David Lee; sparker@rcmhospital.org; jmoehler@rcmhospital.org; Jonny F. Hipp (NCHD); Belinda Chism (NCHD); Jared A. Konczal (konczal@gl-law.com); Lance Ramsey
Cc: Colt Sullivan; David Elliot; Robin Daniel; Justin Flores
Subject: PGY1 Final CHIRP IGT - Nueces SDA
Attachments: CHIRP PGY1 Final Recommended Allocation.pdf

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 afternoon,

It's that time again! Based on HHSC's notification email below, the **PGY1 Final CHIRP IGT** submission deadline is **Thursday, May 5th**, and the Nueces SDA will need to identify **\$37,763,348.44** in available funding. To ensure 100% funding of the SDA *prior to the May 5th* deadline, we are requesting confirmation of the amounts and funding sources within the attached 'CHIRP PGY1 Final Recommended Allocation' by the deadlines listed below.

PRIVATE HOSPITALS – Please confirm the non-federal share allocation attributable to your facility and the intended funding source by Tuesday, April 26th. If you believe any of the information provided in the attached summary is incorrect, please let us know immediately.

PUBLIC HOSPITALS – Please provide a copy of the TexNet sent to HHSC by Friday, April 29th to those copied on this email. If you expect the amount will be different than the amount noted within the attached Allocation Summary, please let us know as soon as possible.

Thank you for your part in ensuring that your facility, and the other hospitals in the SDA continue to receive the maximum payments from CHIRP. If you have any questions or concerns, please don't hesitate to reach out!

Best regards,

Luba Kubinski
Financial Analyst
AHCV - Adelanto HealthCare Ventures L.L.C.
401 W. 15th Street, Suite 840
Austin, TX 78701

Direct: 512-508-9545

From: Texas Health and Human Services Commission <txhhs@public.govdelivery.com>

Sent: Monday, April 4, 2022 2:54 PM

Subject: Comprehensive Hospital Increase Reimbursement Program (CHIRP) IGT Notification – Settlement Deadline Extended

*** This email is from an external address. If it looks like it is from an AHCV employee, please forward as attachment to ITSupport@AHCV.com as it is likely a harmful email. ***



TEXAS
Health and Human Services

Comprehensive Hospital Increase Reimbursement Program (CHIRP) IGT Notification – Settlement Deadline Extended

The original settlement date for CHIRP was set to be April 16th, 2022 (21 days following receipt of federal approval from CMS). The settlement date has been extended from Monday, April 18, 2022, to Friday, May 6, 2022.

HHSC received federal approval from the Centers for Medicare and Medicaid Services (CMS) to move forward with the Comprehensive Hospital Increase Reimbursement Program (CHIRP) on March 25, 2022.

The purpose of the Comprehensive Hospital Increase Reimbursement Program (CHIRP) is to provide increased Medicaid payments to hospitals for inpatient and outpatient services provided to persons with Medicaid enrolled in STAR and STAR+PLUS. Texas Medicaid managed care organizations receive additional funding through their monthly capitation rate from HHSC and are directed to increase payment rates for participating hospitals.

This is a follow-up notification to the Intergovernmental Transfer (IGT) suggestions for the 2nd Half of Year 1 (SFY 2022) sent via email to participating providers on November 4, 2021, which noted that IGTs

would be due 21 days following receipt of federal approval from the Centers for Medicare and Medicaid Services.

The original settlement date for this program was set to be April 16th, 2022 (21 days following receipt of federal approval from CMS). **The settlement date for this program has been extended from Monday, April 18, 2022, to Friday, May 6, 2022.**

The calculations for IGT amounts by provider can be found on the [Provider Finance CHIRP website](#) under "Suggested IGT Transfer Amounts per provider". Suggested IGT amounts are listed in cells AT5:AT422 on tab CHIRP Payment Calc of the posted file.

Please transfer funds through TexNet [following these instructions](#), and email a screen shot or PDF of the confirmation/trace sheet to HHSCPFDCHIRPPayments@hhs.texas.gov.


Please email any questions regarding this change or the calculation in general to PFD_Hospitals@hhs.state.tx.us.



You have subscribed to get updates about Texas Health and Human Services (HHS). For more information about HHS, [please visit our website](#).

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CHIRP SFY2022 Payment Calculation

State Share

37.05%

Totals:								\$1,888,397,501	\$884,364,172
2021 Master TPI	TPI	Master NPI	NPI	PROVIDER NAME	CHIRP Class	SDA	Combined Rates Class & SDA	Total IGT Required for CHIRP	Suggested IGT for 2nd 6 months
137909111	137909111	1689630865	1689630865	MEMORIAL MEDICAL CENTER	Rural	Nueces	Rural Nueces	\$128,879	\$63,625

**CHIRP PGY1 Final
Recommended IGT Allocation
Nueces SDA**

**WORKING DRAFT
SUBJECT TO CHANGE**

Funding Entity	TPI	NPI	Facility	Final Non-Federal Share Amount (Mar '22 - Aug '22)
Nueces County LPPF	121775403	1689641680	Christus Spohn Hospital Corpus Christi	4,752,904.59
Nueces County LPPF	020973601	1508810573	Corpus Christi Medical Center	6,768,092.14
Nueces County LPPF	132812205	1548286172	Driscoll Childrens Hospital	21,759,338.07
Nueces County LPPF	094222903	1003885641	Christus Spohn Hospital Alice	365,612.05
Nueces County LPPF	020811801	1447228747	Christus Spohn Hospital Beeville	327,906.35
Nueces County LPPF	136436606	1093783391	Christus Spohn Hospital Kleberg	320,754.77
Nueces LPPF Total				\$ 34,294,607.97
Gregg County LPPF	094118902	1851343909	Detar Hospital Navarro	2,594,620.93
Gregg LPPF Total				\$ 2,594,620.93
Self-Funded	137907508	1124052162	Citizens Medical Center	742,138.88
Self-Funded	137909111	1689630865	Memorial Medical Center	64,439.64
Self-Funded	136412710	1699772541	Karnes County Hospital District	27,017.92
Self-Funded	020991801	1942240189	Refugio County Memorial Hospital District	40,523.10
Self-Funded Total				\$ 874,119.54
Nueces SDA Total				\$ 37,763,348.44

RECEIVED BY THE
COUNTY AUDITOR ON

APR 21 2022

04/21/2022

11:45

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11828 SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
041522		04/20/20	04/15/20	05/13/20		7,481.39	0.00	0.00	7,481.39

TRANSFER *NH insurance pymt deposited into mme operating*

Vendor Total:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	7,481.39	0.00	0.00	7,481.39

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,481.39	0.00	0.00	7,481.39

APPROVED ON

APR 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 194770

RECEIVED BY THE
COUNTY AUDITOR ON

04/21/2022
APR 21 2022
11:44

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

CALHOUN COUNTY TEXAS

Vendor: 11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
041122		04/20/20	04/11/20	05/13/20		3,552.31	0.00	0.00	3,552.31 ✓
	TRANSFER								
041122A		04/20/20	04/11/20	05/13/20		5,302.28	0.00	0.00	5,302.28 ✓
	TRANSFER								
041122B		04/20/20	04/11/20	05/13/20		157.93	0.00	0.00	157.93 ✓
	TRANSFER								
041322		04/20/20	04/13/20	05/13/20		133.67	0.00	0.00	133.67 ✓
	TRANSFER								
041522		04/20/20	04/15/20	05/13/20		302.69	0.00	0.00	302.69 ✓
	TRANSFER								
041522A		04/20/20	04/15/20	05/13/20		1,239.90	0.00	0.00	1,239.90 ✓
	TRANSFER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	10,688.78	0.00	0.00	10,688.78

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,688.78	0.00	0.00	10,688.78

APPROVED ON

APR 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#194768

RECEIVED BY THE
COUNTY AUDITOR ON

04/21/2022
APR 21 2022
11:43

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Class Pay Code

Vendor# Vendor Name

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
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041322		04/20/20	04/13/20	05/13/20		3,153.20	0.00	0.00	3,153.20 ✓
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TRANSFER

NH insurance pymt deposited into mmc open by

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
---------------	--------	------	-------	----------	--------	-----

12696	GULF POINTE PLAZA	3,153.20	0.00	0.00	3,153.20
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Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,153.20	0.00	0.00	3,153.20

APPROVED ON

APR 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck #194769

RECEIVED BY THE
COUNTY AUDITOR ON

APR 21 2022

04/21/2022

11:41
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
041122		04/20/20	04/11/20	05/13/20		2,124.57	0.00	0.00	2,124.57 ✓
	TRANSFER								
041222		04/20/20	04/12/20	05/13/20		569.68	0.00	0.00	569.68 ✓
	TRANSFER								
041322		04/20/20	04/13/20	05/13/20		315.00	0.00	0.00	315.00
	TRANSFER								

NI insurance pymt deposited into mme upmt

"

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	3,009.25	0.00	0.00	3,009.25

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,009.25	0.00	0.00	3,009.25

APPROVED ON

APR 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#194771

RECEIVED BY THE
COUNTY AUDITOR ON

APR 21 2022
04/21/2022

11:42
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
041122		04/20/20	04/11/20	05/13/20		21,084.22	0.00	0.00	21,084.22 ✓
	TRANSFER	<i>N/A insurance pymt deposited into MMC operating</i>							
041222		04/20/20	04/12/20	05/13/20		42,396.88	0.00	0.00	42,396.88 ✓
	TRANSFER	<i>" "</i>							
041322		04/20/20	04/13/20	05/13/20		2,462.38	0.00	0.00	2,462.38 ✓
	TRANSFER	<i>" "</i>							

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
12792		BETHANY SENIOR LIVING	65,943.48	0.00	0.00	65,943.48

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	65,943.48	0.00	0.00	65,943.48

APPROVED ON

APR 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#144767

0

RUN DATE:04/22/22
TIME:14:05

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

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	194767	04/22/22	65,943.48	BETHANY SENIOR LIVING
A/P	194768	04/22/22	10,688.78	GOLDENCREEK HEALTHCARE
A/P	194769	04/22/22	3,153.20	GULF POINTE PLAZA
A/P	194770	04/22/22	7,481.39	SOLERA WEST HOUSTON
A/P	194771	04/22/22	3,009.25	TUSCANY VILLAGE
TOTALS:			90,276.10	

APPROVED ON

APR 27 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 4/25/2022

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		111,441.22 ✓	111,341.22 ✓	22,362.01 ✓	✓	22,462.01 ✓	22,362.01
						Bank Balance Variance	
						100.00	
						JAN INTEREST FEB INTEREST MAR INTEREST	
						Adjust Balance/Transfer Amt	22,362.01 ✓
Broadmoor		90,790.03 ✓	90,690.03 ✓	121,005.66 ✓	✓	121,105.66 ✓	121,005.66
						Bank Balance Variance	
						100.00	
						JAN INTEREST FEB INTEREST MAR INTEREST	
						Adjust Balance/Transfer Amt	121,005.66 ✓
Crescent		87,593.10 ✓	87,493.10 ✓	146,459.37 ✓	✓	146,559.37 ✓	146,459.37
						Bank Balance Variance	
						100.00	
						JAN INTEREST FEB INTEREST MAR INTEREST	
						Adjust Balance/Transfer Amt	146,459.37 ✓
Fort Bend		27,551.45 ✓	27,451.45 ✓	39,847.49 ✓	✓	39,947.49 ✓	39,847.49
						Bank Balance Variance	
						100.00	
						JAN INTEREST FEB INTEREST MAR INTEREST	
						Adjust Balance/Transfer Amt	39,847.49 ✓
Solera at W Houston		133,191.27 ✓	132,990.71 ✓	98,478.33 ✓	✓	98,678.89 ✓	98,578.89
						Bank Balance Variance	
						100.00	
						JAN INTEREST FEB INTEREST MAR INTEREST	
						Adjust Balance/Transfer Amt	98,478.33 ✓

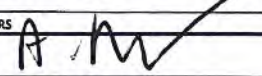
22,362.01 +
 121,005.66 +
 146,459.37 +
 39,847.49 +
 98,578.89 +
 428,253.42 * to the nursing home.
 MMC deposited to open account

APPROVED ON
 APR 25 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

JAN INTEREST
 FEB INTEREST
 MAR INTEREST
 Adjust Balance/Transfer Amt 98,578.89

TOTAL TRANSFERS 428,253.42

Approved: 
 ANTHONY RICHARDSON, INTERIM CFO 4/25/2022

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA Data reported as of Apr 25, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$8,210,347.92	\$8,602,461.95	\$8,210,347.92	\$7,903,162.3
*4551 CAL CO INDIGENT HEALTHCARE	\$52,612.57	\$52,612.57	\$52,612.57	\$52,612.5
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$110,912.66	\$113,350.40	\$110,912.66	\$2,832.3
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.26	\$536.26	\$536.26	\$536.2
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$6,210,091.14	\$6,345,719.46	\$6,210,091.14	\$6,059,891.2
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.71	\$431.71	\$431.71	\$431.7
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$22,462.01 ✓	\$88,269.43	\$22,462.01	\$38,977.7
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$121,105.66 ✓	\$142,666.60	\$121,105.66	\$75,164.2
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$146,559.37 ✓	\$175,722.27	\$146,559.37	\$150,132.9
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$39,947.49 ✓	\$43,258.16	\$39,947.49	\$13,960.6
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$98,678.89 ✓	\$139,345.47	\$98,678.89	\$134,647.5
*2998 MMC -MONEY MARKET FUND	\$1,110,015.19	\$1,110,015.19	\$1,110,015.19	\$1,110,015.1
*5506 MMC -NH BETHANY SENIOR LIVING	\$209,107.60	\$209,107.60	\$209,107.60	\$198,899.8
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$1,654.98	\$95,057.00	\$1,654.98	\$1,654.9
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,133.38	\$1,270.82	\$1,133.38	\$2,617.3
*3407 MMC -NH TUSCANY VILLAGE	\$85,099.01	\$85,099.01	\$85,099.01	\$60,787.8

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 4/25/2022

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		52,721.56 ✓	52,621.56 ✓	110,812.66 ✓		110,912.66	110,812.66
						Bank Balance 110,912.66 ✓	
						Variance -	
						Leave in Balance 100.00	

JAN INTEREST
 FEB INTEREST
 MAR INTEREST

Adjust Balance/Transfer Amt 110,812.66 ✓

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

4/25/2022

APPROVED ON

APR 25 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek

4/18/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 4/20/2022 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 4/21/2022 CK161
 4/21/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 4/21/2022 HNB - ECHO HCCLAIMPMT 746003411 440000287611
 4/21/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 4/22/2022 Deposit
 4/22/2022 NOVITAS SOLUTION HCCLAIMPMT 676097 420000181
 4/22/2022 CIGNA HCCLAIMPMT 1588075964 91000012676263

		MMC PORTION					
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
-	1,495.00	-	-	-	-	-	1,495.00
17,751.82	-	-	-	-	-	-	-
34,869.74	-	-	-	-	-	-	-
-	152.00	-	-	-	-	-	152.00
-	353.44	-	-	-	-	-	353.44
-	731.86	-	-	-	-	-	731.86
-	78,066.81	-	-	-	-	-	78,066.81
-	29,041.05	-	-	-	-	-	29,041.05
-	972.50	-	-	-	-	-	972.50
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
52,621.56	110,812.66	-	-	-	-	-	110,812.66

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Apr 25, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$8,210,347.92	\$8,602,461.95	\$8,210,347.92	\$7,903,162.3
*4551 CAL CO INDIGENT HEALTHCARE	\$52,612.57	\$52,612.57	\$52,612.57	\$52,612.5
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$110,912.66 ✓	\$113,350.40	\$110,912.66	\$2,832.3
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.26	\$536.26	\$536.26	\$536.2
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$6,210,091.14	\$6,345,719.46	\$6,210,091.14	\$6,059,891.2
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.71	\$431.71	\$431.71	\$431.7
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$22,462.01	\$88,269.43	\$22,462.01	\$38,977.7
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$121,105.66	\$142,666.60	\$121,105.66	\$75,164.2
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$146,559.37	\$175,722.27	\$146,559.37	\$150,132.9
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$39,947.49	\$43,258.16	\$39,947.49	\$13,960.6
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$98,678.89	\$139,345.47	\$98,678.89	\$134,647.5
*2998 MMC -MONEY MARKET FUND	\$1,110,015.19	\$1,110,015.19	\$1,110,015.19	\$1,110,015.1
*5506 MMC -NH BETHANY SENIOR LIVING	\$209,107.60	\$209,107.60	\$209,107.60	\$198,899.6
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$1,654.98	\$95,057.00	\$1,654.98	\$1,654.9
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,133.38	\$1,270.82	\$1,133.38	\$2,617.3
*3407 MMC -NH TUSCANY VILLAGE	\$85,099.01	\$85,099.01	\$85,099.01	\$60,787.8

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 4/25/2022

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		51,910.94	51,810.94	1,033.38			1,133.38	no transfer
						Bank Balance	1,133.38	
						Variance		
						Leave in Balance	100.00	

JAN INTEREST
 FEB INTEREST
 MAR INTEREST
 Adjust Balance/Transfer Amt 1,033.38


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	1	45,025.13	44,925.13	1,554.98			1,654.98	-
						Bank Balance	1,654.98	
						Variance		
						Leave in Balance	100.00	

JAN INTEREST
 FEB INTEREST
 MAR INTEREST
 Adjust Balance/Transfer Amt 1,554.98

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS 2,588.36

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

Approved: 
 ANTHONY RICHARDSON, INTERIM CFO 4/25/2022

APPROVED ON

APR 25 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

4/19/2022 HUMANA CHA DISB HCCLAIMPMT 624982 4200001459
 4/20/2022 WIRE OUT HMG SERVICES, LLC
 4/21/2022 CK1080
 4/21/2022 HNB - ECHO HCCLAIMPMT 746003411 440000287288
 4/22/2022 CK1081

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	740.00	-	-	-	-	-	740.00
34,945.84	-	-	-	-	-	-	-
15,381.10	-	-	-	-	-	-	-
-	293.38	-	-	-	-	-	293.38
1,484.00	-	-	-	-	-	-	-
51,810.94	1,033.38	-	-	-	-	-	1,033.38

Gulf Pointe Plaza-Medicare/Medicaid

4/19/2022 HNB - ECHO HCCLAIMPMT 746003411 440000216657
 4/20/2022 WIRE OUT HMG SERVICES, LLC
 4/20/2022 HNB - ECHO HCCLAIMPMT 746003411 440000253460

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	1,202.29	-	-	-	-	-	1,202.29
44,925.13	-	-	-	-	-	-	-
-	352.69	-	-	-	-	-	352.69
44,925.13	1,554.98	-	-	-	-	-	1,554.98
96,736.07	2,588.36	-	-	-	-	-	2,588.36

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Apr 25, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$8,210,347.92	\$8,602,461.95	\$8,210,347.92	\$7,903,162.3
<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	\$110,912.66	\$113,350.40	\$110,912.66	\$2,832.3
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.26	\$536.26	\$536.26	\$536.2
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,210,091.14	\$6,345,719.46	\$6,210,091.14	\$6,059,891.2
<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	\$22,462.01	\$88,269.43	\$22,462.01	\$38,977.7
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$121,105.66	\$142,666.60	\$121,105.66	\$75,164.2
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$146,559.37	\$175,722.27	\$146,559.37	\$150,132.9
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$39,947.49	\$43,258.16	\$39,947.49	\$13,960.6
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$98,678.89	\$139,345.47	\$98,678.89	\$134,647.5
<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	\$209,107.60	\$209,107.60	\$209,107.60	\$198,899.8
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$1,654.98 ✓	\$95,057.00	\$1,654.98	\$1,654.9
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,133.38 ✓	\$1,270.82	\$1,133.38	\$2,617.3
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$85,099.01	\$85,099.01	\$85,099.01	\$60,787.8

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 4/25/2022

Nursing Home Tuscany Village	Account Number	Previous		Transfer-in	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
		Beginning Balance	Transfer-Out					
		78,249.50	78,149.50	84,999.01			85,099.01	84,999.01
						Bank Balance Variance	85,099.01	
						Leave in Balance	100.00	

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

Adjust Balance/Transfer Amt 84,999.01 ✓
 Approved: Anthony Richardson
 ANTHONY RICHARDSON, INTERIM CIO 4/25/2022

APPROVED ON

APR 25 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	QIPP TI	
4/19/2022 HNB - ECHO HCCLAIMPMT 746003411 440000216641	-	34,545.58	-	-	-	-	-	34,545.58
4/20/2022 WIRE OUT LINBAR ENTERPRISES, LLC	50,449.85	-	-	-	-	-	-	-
4/20/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000166	-	0.41	-	-	-	-	-	0.41
4/21/2022 CK1097	9,805.48	-	-	-	-	-	-	-
4/21/2022 HNB - ECHO HCCLAIMPMT 746003411 440000287611	-	7,744.75	-	-	-	-	-	7,744.75
4/21/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000171	-	502.96	-	-	-	-	-	502.96
4/22/2022 CK1098	17,894.17	-	-	-	-	-	-	-
4/22/2022 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	3,449.52	-	-	-	-	-	3,449.52
4/22/2022 KS PLAN ADMINIST HCCLAIMPMT 179 111000020499	-	37,465.00	-	-	-	-	-	37,465.00
4/22/2022 HNB - ECHO HCCLAIMPMT 746003411 440000221157	-	1,290.79	-	-	-	-	-	1,290.79
	78,149.50	84,999.01	-	-	-	-	-	84,999.01

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

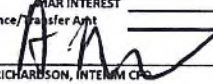
DDA

Data reported as of Apr 25, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$8,210,347.92	\$8,602,461.95	\$8,210,347.92	\$7,903,162.3
<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	\$110,912.66	\$113,350.40	\$110,912.66	\$2,832.3
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.26	\$536.26	\$536.26	\$536.2
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,210,091.14	\$6,345,719.46	\$6,210,091.14	\$6,059,891.2
<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	\$22,462.01	\$88,269.43	\$22,462.01	\$38,977.7
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$121,105.66	\$142,666.60	\$121,105.66	\$75,164.2
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$146,559.37	\$175,722.27	\$146,559.37	\$150,132.9
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$39,947.49	\$43,258.16	\$39,947.49	\$13,960.6
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$98,678.89	\$139,345.47	\$98,678.89	\$134,647.5
<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	\$209,107.60	\$209,107.60	\$209,107.60	\$198,899.8
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$1,654.98	\$95,057.00	\$1,654.98	\$1,654.9
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,133.38	\$1,270.82	\$1,133.38	\$2,617.3
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$85,099.01	\$85,099.01	\$85,099.01	\$60,787.8

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 4/25/2022

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		199,461.96	199,361.96	209,007.60			209,107.60	209,007.60
						Bank Balance	209,107.60	
						Variance	209,107.60	
						Leave in Balance	100.00	

JAN INTEREST
 FEB INTEREST
 MAR INTEREST
 Adjust Balance/Transfer Amt 209,007.60 ✓
 Approved: 
 ANTHONY RICHARDSON, INTERIM CFO 4/25/2022

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

APPROVED ON

APR 25 2022

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type



DDA

Data reported as of Apr 25, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$8,210,347.92	\$8,602,461.95	\$8,210,347.92	\$7,903,162.3
*4551 CAL CO INDIGENT HEALTHCARE	\$52,612.57	\$52,612.57	\$52,612.57	\$52,612.5
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$110,912.66	\$113,350.40	\$110,912.66	\$2,832.3
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.26	\$536.26	\$536.26	\$536.2
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$6,210,091.14	\$6,345,719.46	\$6,210,091.14	\$6,059,891.2
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.71	\$431.71	\$431.71	\$431.7
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$22,462.01	\$88,269.43	\$22,462.01	\$38,977.7
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$121,105.66	\$142,666.60	\$121,105.66	\$75,164.2
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$146,559.37	\$175,722.27	\$146,559.37	\$150,132.9
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$39,947.49	\$43,258.16	\$39,947.49	\$13,960.8
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$98,678.89	\$139,345.47	\$98,678.89	\$134,647.5
*2998 MMC -MONEY MARKET FUND	\$1,110,015.19	\$1,110,015.19	\$1,110,015.19	\$1,110,015.1
*5506 MMC -NH BETHANY SENIOR LIVING	\$209,107.60	\$209,107.60	\$209,107.60	\$198,899.8
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$1,654.98	\$95,057.00	\$1,654.98	\$1,654.9
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,133.38	\$1,270.82	\$1,133.38	\$2,617.3
*3407 MMC -NH TUSCANY VILLAGE	\$85,099.01	\$85,099.01	\$85,099.01	\$60,787.8