

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---May 18, 2022**

**TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES**

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 509,042.80
TOTAL TRANSFERS BETWEEN FUNDS	\$ 509,658.05
TOTAL NURSING HOME UPL EXPENSES	\$ 997,961.00
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
<b>GRAND TOTAL DISBURSEMENTS APPROVED May 18, 2022</b>	<b>\$ 2,016,661.85</b>

**APPROVED**

**MAY 18 2022**

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**  
**COMMISSIONERS COURT APPROVAL LIST FOR ---May 18, 2022**

**PAYABLES AND PAYROLL**

5/12/2022 Weekly Payables	459,715.19
5/13/2022 Evident-TSHA Chirp Eden	4,500.00
5/12/2022 Patient Refunds	17,767.33
5/12/2022 Citibank Credit Card-see attached	3,476.59
5/16/2022 McKesson-340B Prescription Expense	11,642.79
5/16/2022 Amerisource Bergen-340B Prescription Expense	3,824.34

**Prosperity Electronic Bank Payments**

5/10/2022 Credit Card & Lease Fees	6,663.97
5/20/2022 Sales Tax for April 2022	1,246.41
5/11/2022 Cleargage-Patient Financing Service	78.02
5/11/2022 Pay Plus-Patient Claims Processing Fee	128.16

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** **\$ 509,042.80**

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

5/12/2022 MMC Operating to Ashford-correction of NH medicare payment deposited into MMC Operating	24,578.26
5/12/2022 MMC Operating to Fort bend-correction on NH insurance payment deposited into MMC Operating	2,152.47
5/12/2022 MMC Operating to Golden Creek-correction of NH insurance and medicare payment deposited into MMC Operating in error	80,013.83
5/12/2022 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	37,960.85
5/12/2022 MMC Operating to Tuscany Village-correction of NH insurance and medicare payment deposited into MMC Operating	150,328.35
5/12/2022 MMC Operating to Bethany-correction of NH insurance and medicare payment deposited into MMC Operating in error	214,624.29

**TOTAL TRANSFERS BETWEEN FUNDS** **\$ 509,658.05**

**NURSING HOME UPL EXPENSES**

5/16/2022 Nursing Home UPL-Cantex Transfer	640,398.96
5/16/2022 Nursing Home UPL-Nexion Transfer	18,742.29
5/16/2022 Nursing Home UPL-HMG Transfer	52,961.04
5/16/2022 Nursing Home UPL-Tuscany Transfer	48,776.61
5/16/2022 Nursing Home UPL-HSL Transfer	108,724.18

**QIPP CHECKS TO MMC**

5/16/2022 Ashford	51,052.63
5/16/2022 Broadmoor	15,441.01
5/16/2022 Crescent	6,084.88
5/16/2022 Fort Bend	23,357.01
5/16/2022 Solera	14,643.01
5/16/2022 Tuscany	17,779.38

**TOTAL NURSING HOME UPL EXPENSES** **\$ 997,961.00**

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

**GRAND TOTAL DISBURSEMENTS APPROVED May 18, 2022** **\$ 2,016,661.85**



RECEIVED BY THE  
COUNTY AUDITOR ON  
05/12/2022  
MAY 12 2022  
12:45

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER  
AP Open Invoice List  
Due Dates Through: 06/02/2022

0  
ap\_open\_invoice.template

Vendor# Vendor Name  
11237 3WON, LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2913 ✓		05/11/20	05/02/20	05/25/20		199.00	0.00	0.00	199.00 ✓		
CREDENTIALING											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11237	3WON, LLC	199.00	0.00	0.00	199.00

Vendor# Vendor Name  
A1680 AIRGAS USA, LLC - CENTRAL DIV ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9125356693 ✓		05/11/20	04/30/20	05/25/20		2,385.72	0.00	0.00	2,385.72 ✓		
OXYGEN											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						A1680	AIRGAS USA, LLC - CENTRAL DIV	2,385.72	0.00	0.00	2,385.72

Vendor# Vendor Name  
10958 ALLYSON SWOPE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
051222		05/12/20	05/12/20	05/15/20		2,198.25	0.00	0.00	2,198.25 ✓		
TRANSCRIPTION SERV											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10958	ALLYSON SWOPE	2,198.25	0.00	0.00	2,198.25

Vendor# Vendor Name  
11247 AVENO NETWORKS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
12665A ✓		05/11/20	11/01/20	11/11/20		20,272.57	0.00	0.00	20,272.57 ✓		
FINAL PAYMENT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11247	AVENO NETWORKS	20,272.57	0.00	0.00	20,272.57

Vendor# Vendor Name  
14088 AZALEA HEALTH ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
74351 ✓		05/11/20	05/02/20	05/02/20		550.00	0.00	0.00	550.00 ✓		
MONTHLY PROCESSING											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14088	AZALEA HEALTH	550.00	0.00	0.00	550.00

Vendor# Vendor Name  
12652 BEAREGARDS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
4903 ✓		05/11/20	05/03/20	05/25/20		299.00	0.00	0.00	299.00 ✓		
HEART BEAR											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12652	BEAREGARDS	299.00	0.00	0.00	299.00

Vendor# Vendor Name  
B1220 BECKMAN COULTER INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
109861160 ✓		05/11/20	05/02/20	05/27/20		3,874.83	0.00	0.00	3,874.83 ✓
CONTRACT									
109860127 ✓		05/11/20	05/02/20	05/27/20		140.96	0.00	0.00	140.96 ✓

		SUPPLIES										
109864039	✓		05/11/20	05/02/20	05/27/20		605.28	0.00	0.00	605.28	✓	
		SUPPLIES										
7316293	✓		05/12/20	05/02/20	05/27/20		7,514.92	0.00	0.00	7,514.92	✓	
		SUPPLIES										
109866975	✓		05/12/20	05/02/20	05/27/20		258.48	0.00	0.00	258.48	✓	
		SUPPLIES										
109864649	✓		05/12/20	05/02/20	05/27/20		1,110.29	0.00	0.00	1,110.29	✓	
		SUPPLIES										
109865165	✓		05/12/20	05/03/20	05/28/20		2,539.84	0.00	0.00	2,539.84	✓	
		SUPPLIES										
109864981	✓		05/12/20	05/03/20	05/28/20		9,301.22	0.00	0.00	9,301.22	✓	
		SUPPLIES										
109864373	✓		05/12/20	05/03/20	05/28/20		563.61	0.00	0.00	563.61	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							B1220	BECKMAN COULTER INC	25,909.43	0.00	0.00	25,909.43
Vendor#	Vendor Name		Class		Pay Code							
10599	BKD, LLP											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
BK01570249	✓		05/11/20	04/28/20	05/23/20		5,696.00	0.00	0.00	5,696.00	✓	
2019 DSH /DY 8 AUDIT SURVE												
BK01574387	✓		05/11/20	04/29/20	05/24/20		41,600.00	0.00	0.00	41,600.00	✓	
STATEMENT AUDIT												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10599	BKD, LLP	47,296.00	0.00	0.00	47,296.00
Vendor#	Vendor Name		Class		Pay Code							
B1655	BOSTON SCIENTIFIC CORPORATION		M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
984236980	✓		05/10/20	04/01/20	04/08/20		687.00	0.00	0.00	687.00	✓	
SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							B1655	BOSTON SCIENTIFIC CORPORATION	687.00	0.00	0.00	687.00
Vendor#	Vendor Name		Class		Pay Code							
12740	BUILDING KID STEPS											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
040122			05/12/20	05/01/20	05/16/20		1,026.00	0.00	0.00	1,026.00	✓	
SPEECH THERAPY												
040122B			05/12/20	05/01/20	05/16/20		1,052.00	0.00	0.00	1,052.00	✓	
SPEECH THERAPY												
040122A			05/12/20	05/01/20	05/16/20		1,026.00	0.00	0.00	1,026.00	✓	
SPEECH THERAPY												
040122C			05/12/20	05/01/20	05/16/20		276.00	0.00	0.00	276.00	✓	
SPEECH THERAPY												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12740	BUILDING KID STEPS	3,380.00	0.00	0.00	3,380.00
Vendor#	Vendor Name		Class		Pay Code							
14120	CALHOUN COUNTY EMS											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
22040004			05/11/20	05/02/20	05/25/20		6,600.00	0.00	0.00	6,600.00		
TRANSFERS APR 22												



Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		14120	CALHOUN COUNTY EMS		6,600.00	0.00	0.00	6,600.00 ✓	
Vendor#	Vendor Name			Class	Pay Code				
11295	CALHOUN COUNTY INDIGENT ACCOUN								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
050522		05/11/20	05/05/20	05/06/20		50.00	0.00	0.00	50.00 ✓
	INDIGENT								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11295	CALHOUN COUNTY INDIGENT ACCOUN		50.00	0.00	0.00	50.00	
Vendor#	Vendor Name			Class	Pay Code				
13572	COMMUNITY INFUSION SOLUTIONS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
IC20220514 ✓		05/11/20	05/04/20	05/14/20		18,538.55	0.00	0.00	18,538.55 ✓
	INFUSION SERVICES								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		13572	COMMUNITY INFUSION SOLUTIONS		18,538.55	0.00	0.00	18,538.55	
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
6209167 ✓		05/09/20	04/21/20	05/09/20		343.83	0.00	0.00	343.83 ✓
	SUPPLIES								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		C2157	COOPER SURGICAL INC		343.83	0.00	0.00	343.83	
Vendor#	Vendor Name			Class	Pay Code				
10368	DEWITT POTTH & SON ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6805730 ✓		05/11/20	05/02/20	05/27/20		12.73	0.00	0.00	12.73 ✓
	SUPPLIES								
6805610 ✓		05/11/20	05/02/20	05/27/20		13.49	0.00	0.00	13.49 ✓
	SUPPLIES								
6805640 ✓		05/11/20	05/02/20	05/27/20		3.36	0.00	0.00	3.36 ✓
	SUPPLIES								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10368	DEWITT POTTH & SON		29.58	0.00	0.00	29.58	
Vendor#	Vendor Name			Class	Pay Code				
10789	DISCOVERY MEDICAL NETWORK INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
MMC043022		05/12/20	04/30/20	05/01/20		173,241.80	0.00	0.00	173,241.80 ✓
	PROF FEES (14-30)								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10789	DISCOVERY MEDICAL NETWORK INC		173,241.80	0.00	0.00	173,241.80	
Vendor#	Vendor Name			Class	Pay Code				
11291	DOWELL PEST CONTROL ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
9311		05/11/20	05/04/20	05/29/20		160.00	0.00	0.00	160.00 ✓
	PEST CONTROL								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11291	DOWELL PEST CONTROL		160.00	0.00	0.00	160.00	
Vendor#	Vendor Name			Class	Pay Code				
10042	ERBE USA INC SURGICAL SYSTEMS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

749161		05/09/20	04/29/20	05/09/20			139.50	0.00	0.00	139.50		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS						139.50	0.00	0.00	139.50	
Vendor#	Vendor Name				Class	Pay Code						
F1400	FISHER HEALTHCARE				M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
1926138		05/10/20	04/18/20	05/13/20			609.32	0.00	0.00	609.32		
	SUPPLIES											
2161196		05/12/20	04/25/20	05/20/20			579.01	0.00	0.00	579.01		
	SUPPLIES											
2295628		05/12/20	04/28/20	05/23/20			2,770.95	0.00	0.00	2,770.95		
	SUPPLIES											
2295629		05/12/20	04/28/20	05/23/20			1,251.14	0.00	0.00	1,251.14		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE						5,210.42	0.00	0.00	5,210.42	
Vendor#	Vendor Name				Class	Pay Code						
12636	FUSION CLOUD SERVICES, LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
043022		05/12/20	05/01/20	05/16/20			2,585.99	0.00	0.00	2,585.99		
	TELEPHONE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	12636	FUSION CLOUD SERVICES, LLC						2,585.99	0.00	0.00	2,585.99	
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		
6002114803		05/11/20	05/01/20	05/31/20			5,665.83	0.00	0.00	5,665.83		
	IMAGING CONTRACT											
6002114782		05/11/20	05/01/20	05/31/20			3,588.58	0.00	0.00	3,588.58		
	IMAGING CONTRACT											
6002114783		05/11/20	05/01/20	05/31/20			86.67	0.00	0.00	86.67		
	IMAGING CONTRACT											
6002114739		05/11/20	05/01/20	05/31/20			680.00	0.00	0.00	680.00		
	IMAGING CONTRACT											
6002114964		05/11/20	05/01/20	05/31/20			868.16	0.00	0.00	868.16		
	CONTRACT											
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						
11245	GENERAL HOSPITAL SUPPLY											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
INV000583		05/10/20	04/08/20	04/20/20			146.00	0.00	0.00	146.00		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	11245	GENERAL HOSPITAL SUPPLY						146.00	0.00	0.00	146.00	
Vendor#	Vendor Name				Class	Pay Code						
12948	GREAT AMERICA FINANCIAL SVCS											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
31590818		05/12/20	05/06/20	05/31/20			10,167.75	0.00	0.00	10,167.75		
	LEASE											



Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		12948	GREAT AMERICA FINANCIAL SVCS	10,167.75	0.00	0.00	10,167.75		
Vendor#	Vendor Name	Class		Pay Code					
11784	HALF LEAGUE STORAGE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
050122		05/11/20	05/01/20	05/25/20		360.00	0.00	0.00	360.00 ✓
RENT MAY 22-JULY 22									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11784	HALF LEAGUE STORAGE	360.00	0.00	0.00	360.00		
Vendor#	Vendor Name	Class		Pay Code					
11552	HEALTHCARE FINANCIAL SERVICES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
100608265 ✓		04/29/20	04/27/20	06/01/20		4,610.52	0.00	0.00	4,610.52 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11552	HEALTHCARE FINANCIAL SERVICES	4,610.52	0.00	0.00	4,610.52		
Vendor#	Vendor Name	Class		Pay Code					
10829	HEALTHSTREAM, INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
0286837 ✓		05/11/20	04/15/20	05/15/20		9.15	0.00	0.00	9.15 ✓
HSTREAM									
0284891 ✓		05/11/20	04/27/20	05/27/20		9.15	0.00	0.00	9.15 ✓
HSTREAM									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10829	HEALTHSTREAM, INC.	18.30	0.00	0.00	18.30		
Vendor#	Vendor Name	Class		Pay Code					
H0416	HOLOGIC INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
10013747 ✓		05/10/20	02/03/20	03/03/20		1,281.95	0.00	0.00	1,281.95 ✓
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		H0416	HOLOGIC INC	1,281.95	0.00	0.00	1,281.95		
Vendor#	Vendor Name	Class		Pay Code					
14368	LEE SIMERLY ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
051022		05/11/20	05/10/20	05/10/20	35.10	30.60	0.00	0.00	30.60 35.10
REIMBURSEMENT									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		14368	LEE SIMERLY	35.10	0.00	0.00	30.60 35.10		
Vendor#	Vendor Name	Class		Pay Code					
10972	M G TRUST ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
050922		05/11/20	05/09/20	05/25/20		615.86	0.00	0.00	615.86 ✓
PAYROLL DEDUCT									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10972	M G TRUST	615.86	0.00	0.00	615.86		
Vendor#	Vendor Name	Class		Pay Code					
M2178	MCKESSON MEDICAL SURGICAL INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
19346781		05/09/20	05/03/20	05/18/20		83.84	0.00	0.00	83.84 ✓
SUPPLIES									

19346939 ✓		05/09/20	05/03/20	05/18/20			1,004.23	0.00	0.00	1,004.23 ✓		
	SUPPLIES											
19346645 ✓		05/09/20	05/03/20	05/18/20			113.81	0.00	0.00	113.81 ✓		
	SUPPLIES											
19353716 ✓		05/12/20	05/05/20	05/20/20			472.50	0.00	0.00	472.50 ✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2178	MCKESSON MEDICAL SURGICAL INC	1,674.38	0.00	0.00	1,674.38
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		
2208854613 ✓	SUPPLIES ✓	05/09/20	04/27/20	05/22/20			123.00	0.00	0.00	123.00 ✓		
2208854614 ✓	SUPPLIES ✓	05/09/20	04/27/20	05/22/20			4.75	0.00	0.00	4.75 ✓		
2208854615 ✓	SUPPLIES ✓	05/09/20	04/27/20	05/22/20			400.30	0.00	0.00	400.30 ✓		
2207705466 ✓	SUPPLIES ✓	05/10/20	04/20/20	05/15/20			1,408.43	0.00	0.00	1,408.43 ✓		
2207705471 ✓	SUPPLIES ✓	05/10/20	04/20/20	05/15/20			1,278.22	0.00	0.00	1,278.22 ✓		
2207809246 ✓	SUPPLIES ✓	05/10/20	04/20/20	05/15/20			32,805.91	0.00	0.00	32,805.91 ✓		
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2470	MEDLINE INDUSTRIES INC	36,020.61	0.00	0.00	36,020.61
Vendor#	Vendor Name				Class	Pay Code						
10963	MEMORIAL MEDICAL CLINIC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
050922	PAYROLL DEDUCT	05/11/20	05/09/20	05/25/20			405.00	0.00	0.00	405.00 ✓		
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10963	MEMORIAL MEDICAL CLINIC	405.00	0.00	0.00	405.00
Vendor#	Vendor Name				Class	Pay Code						
M2621	MMC AUXILIARY GIFT SHOP ✓				W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
050522	PAYROLL DEDUCT	05/11/20	05/05/20	05/15/20			344.80	0.00	0.00	344.80 ✓		
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2621	MMC AUXILIARY GIFT SHOP	344.80	0.00	0.00	344.80
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		
8157859 ✓	INVENTORY ✓	05/11/20	05/01/20	05/11/20			7.76	0.00	0.00	7.76 ✓		
8155848 ✓	INVENTORY ✓	05/11/20	05/01/20	05/11/20			66.26	0.00	0.00	66.26 ✓		
8157857 ✓	INVENTORY ✓	05/11/20	05/01/20	05/11/20			462.29	0.00	0.00	462.29 ✓		
8157858 ✓	INVENTORY ✓	05/11/20	05/01/20	05/11/20			314.68	0.00	0.00	314.68 ✓		
8159334 ✓	INVENTORY ✓	05/11/20	05/02/20	05/12/20			4,907.87	0.00	0.00	4,907.87 ✓		



8159336	✓	INVENTORY	05/11/20	05/02/20	05/12/20	12.16	0.00	0.00	12.16	✓
8159335	✓	INVENTORY	05/11/20	05/02/20	05/12/20	385.99	0.00	0.00	385.99	✓
8162676	✓	INVENTORY	05/11/20	05/02/20	05/12/20	118.27	0.00	0.00	118.27	✓
8159333	✓	INVENTORY	05/11/20	05/02/20	05/12/20	1,080.78	0.00	0.00	1,080.78	✓
8164442	✓	INVENTORY	05/11/20	05/03/20	05/13/20	327.14	0.00	0.00	327.14	✓
8164441	✓	INVENTORY	05/11/20	05/03/20	05/13/20	3,207.65	0.00	0.00	3,207.65	✓
8167932	✓	INVENTORY	05/11/20	05/03/20	05/13/20	404.36	0.00	0.00	404.36	✓
0581	✓	INVENTORY	05/11/20	05/03/20	05/13/20	-0.04	0.00	0.00	-0.04	✓
8167931	✓	CREDIT	05/11/20	05/03/20	05/13/20	61.94	0.00	0.00	61.94	✓
8169699	✓	INVENTORY	05/11/20	05/04/20	05/14/20	116.50	0.00	0.00	116.50	✓
CM36980	✓	INVENTORY	05/11/20	05/04/20	05/14/20	-1,664.05	0.00	0.00	-1,664.05	✓
8169698	✓	CREDIT	05/11/20	05/04/20	05/14/20	2.22	0.00	0.00	2.22	✓
8171915	✓	INVENTORY	05/11/20	05/04/20	05/14/20	242.64	0.00	0.00	242.64	✓
8171916	✓	INVENTORY	05/11/20	05/04/20	05/14/20	311.52	0.00	0.00	311.52	✓
8177363	✓	INVENTORY	05/11/20	05/05/20	05/15/20	38.69	0.00	0.00	38.69	✓
8174701	✓	INVENTORY	05/11/20	05/05/20	05/15/20	396.62	0.00	0.00	396.62	✓
8174702	✓	INVENTORY	05/11/20	05/05/20	05/15/20	66.58	0.00	0.00	66.58	✓
8177364	✓	INVENTORY	05/11/20	05/05/20	05/15/20	196.88	0.00	0.00	196.88	✓
CM37363	✓	INVENTORY	05/11/20	05/05/20	05/15/20	-12.20	0.00	0.00	-12.20	✓
8184110	✓	CREDIT	05/11/20	05/08/20	05/18/20	3,872.56	0.00	0.00	3,872.56	✓
8184111	✓	INVENTORY	05/11/20	05/08/20	05/18/20	367.47	0.00	0.00	367.47	✓
8188452	✓	INVENTORY	05/11/20	05/09/20	05/19/20	294.52	0.00	0.00	294.52	✓
8185574	✓	INVENTORY	05/11/20	05/09/20	05/19/20	3,207.65	0.00	0.00	3,207.65	✓
8185575	✓	INVENTORY	05/11/20	05/09/20	05/19/20	4,472.78	0.00	0.00	4,472.78	✓
8188451	✓	INVENTORY	05/11/20	05/09/20	05/19/20	100.46	0.00	0.00	100.46	✓
		INVENTORY								✓

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10536	MORRIS & DICKSON CO, LLC	23,367.95	0.00	0.00	23,367.95		
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
MMC0070 ✓		05/12/20	05/02/20	05/17/20		2,960.00	0.00	0.00	2,960.00 ✓
TRAVEL NURSE STAFFING (4/22-4/28/22) Dunn									
MMC0069 ✓		05/12/20	05/02/20	05/17/20		5,386.25	0.00	0.00	5,386.25 ✓
TRAVEL NURSE STAFFING (4/22-4/28/22) Boardman									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		14124	MSH HEALTH SERVICES LLC	8,346.25	0.00	0.00	8,346.25		
Vendor#	Vendor Name	Class		Pay Code					
13548	NACOGDOCHES TRANSCRIPTION								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7702		05/11/20	05/05/20	05/15/20		485.66	0.00	0.00	485.66 ✓
TRANSCRIPTION SERV (4/16-4/29/22)									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		13548	NACOGDOCHES TRANSCRIPTION	485.66	0.00	0.00	485.66		
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
INVAJONES0024 ✓		05/11/20	05/03/20	05/03/20		6,331.80	0.00	0.00	6,331.80 ✓
TRAVEL NURSE STAFFING (4/29-5/05/22) James									
INVAJONES0023		05/11/20	05/03/20	05/05/20		6,184.75	0.00	0.00	6,184.75 ✓
TRAVEL NURSE STAFFING (4/22-4/28/22) James									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		14252	OLOOP TECHNOLOGY SOLUTIONS	12,516.55	0.00	0.00	12,516.55		
Vendor#	Vendor Name	Class		Pay Code					
01416	ORTHO CLINICAL DIAGNOSTICS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1852382637 ✓		05/09/20	04/28/20	05/28/20		318.67	0.00	0.00	318.67 ✓
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		01416	ORTHO CLINICAL DIAGNOSTICS	318.67	0.00	0.00	318.67		
Vendor#	Vendor Name	Class		Pay Code					
11155	PARA ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11110 ✓		05/11/20	05/01/20	05/31/20		3,084.00	0.00	0.00	3,084.00 ✓
REVENUE INTEGRITY PROGR									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11155	PARA	3,084.00	0.00	0.00	3,084.00		
Vendor#	Vendor Name	Class		Pay Code					
12544	PATRICK OCHOA ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040122		05/11/20	04/01/20	05/01/20		380.00	0.00	0.00	380.00 ✓
LAWN MAINT									
040122A		05/11/20	04/01/20	05/01/20		200.00	0.00	0.00	200.00 ✓
LAWN MAINT									
040122B		05/11/20	04/01/20	05/01/20		520.00	0.00	0.00	520.00 ✓
LAWN MAINT									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		



	12544	PATRICK OCHOA					1,100.00	0.00	0.00	1,100.00
Vendor#	Vendor Name		Class	Pay Code						
11932	PRESS GANEY ASSOCIATES, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
IN000529541		05/11/20	04/30/20	05/25/20		2,624.74	0.00	0.00	2,624.74	
	CONTRACT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11932	PRESS GANEY ASSOCIATES, INC.				2,624.74	0.00	0.00	2,624.74	
Vendor#	Vendor Name		Class	Pay Code						
11251	RAPID PRINTING LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
13663		05/11/20	05/14/20	05/25/20		120.00	0.00	0.00	120.00	
	PRINTS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11251	RAPID PRINTING LLC				120.00	0.00	0.00	120.00	
Vendor#	Vendor Name		Class	Pay Code						
11764	ROBERT RODRIQUEZ									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
051222		05/12/20	05/12/20	05/15/20		65.22	0.00	0.00	65.22	
	REIMBURSEMENT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11764	ROBERT RODRIQUEZ				65.22	0.00	0.00	65.22	
Vendor#	Vendor Name		Class	Pay Code						
11252	RX WASTE SYSTEMS LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
3667		05/11/20	05/01/20	05/26/20		60.00	0.00	0.00	60.00	
	WASTE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11252	RX WASTE SYSTEMS LLC				60.00	0.00	0.00	60.00	
Vendor#	Vendor Name		Class	Pay Code						
S2362	SMITH & NEPHEW									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
943411059		05/10/20	04/28/20	04/28/20		887.60	0.00	0.00	887.60	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	S2362	SMITH & NEPHEW				887.60	0.00	0.00	887.60	
Vendor#	Vendor Name		Class	Pay Code						
S3960	STERICYCLE, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
4010896470		05/11/20	05/01/20	05/31/20		2,662.55	0.00	0.00	2,662.55	
	DISPOSAL									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	S3960	STERICYCLE, INC				2,662.55	0.00	0.00	2,662.55	
Vendor#	Vendor Name		Class	Pay Code						
S3940	STERIS CORPORATION		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
10049729		05/09/20	04/29/20	05/24/20		464.73	0.00	0.00	464.73	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	S3940	STERIS CORPORATION				464.73	0.00	0.00	464.73	
Vendor#	Vendor Name		Class	Pay Code						

T2250	TK ELEVATOR CORPORATION ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
3006591149 ✓		05/11/20	05/01/20	05/25/20		1,398.81	0.00	0.00	1,398.81 ✓		
	CONTRACT										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	T2250	TK ELEVATOR CORPORATION				1,398.81	0.00	0.00	1,398.81		
Vendor#	Vendor Name				Class	Pay Code					
11908	TMS SOUTH ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV46520 ✓		04/29/20	04/28/20	05/28/20		76.50	0.00	0.00	76.50 ✓		
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11908	TMS SOUTH				76.50	0.00	0.00	76.50		
Vendor#	Vendor Name				Class	Pay Code					
14208	TRUSTED HEALTH, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV9659 ✓		05/12/20	04/23/20	05/23/20		5,657.50	0.00	0.00	5,657.50 ✓		
	TRAVEL NURSE STAFFING (4/11-4/23) Vasquez										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	14208	TRUSTED HEALTH, INC				5,657.50	0.00	0.00	5,657.50		
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		
8400393734 ✓		05/11/20	05/02/20	05/27/20		45.15	0.00	0.00	45.15 ✓		
	LAUNDRY										
8400393759 ✓		05/11/20	05/02/20	05/27/20		2,292.92	0.00	0.00	2,292.92 ✓		
	LAUNDRY										
8400393735 ✓		05/11/20	05/02/20	05/27/20		56.82	0.00	0.00	56.82 ✓		
	LAUNDRY										
8400394089 ✓		05/11/20	05/05/20	05/30/20		89.77	0.00	0.00	89.77 ✓		
	LAUNDRY										
8400394054 ✓		05/11/20	05/05/20	05/30/20		295.38	0.00	0.00	295.38 ✓		
	LAUNDRY										
8400394289 ✓		05/11/20	05/05/20	05/30/20		2,184.14	0.00	0.00	2,184.14 ✓		
	LAUNDRY										
8400394053 ✓		05/11/20	05/05/20	05/30/20		193.66	0.00	0.00	193.66 ✓		
	LAUNDRY										
8400394068 ✓		05/11/20	05/05/20	05/30/20		83.90	0.00	0.00	83.90 ✓		
	LAUNDRY										
8400394051 ✓		05/11/20	05/05/20	05/30/20		201.59	0.00	0.00	201.59 ✓		
	LAUNDRY										
8400394050 ✓		05/11/20	05/05/20	05/30/20		42.82	0.00	0.00	42.82 ✓		
	LAUNDRY										
8400394075 ✓		05/11/20	05/05/20	05/30/20		1,764.26	0.00	0.00	1,764.26 ✓		
	LAUNDRY										
8400394265 ✓		05/11/20	05/09/20	06/01/20		59.82	0.00	0.00	59.82 ✓		
	LAUNDRY										
8400394264 ✓		05/11/20	05/09/20	06/01/20		48.15	0.00	0.00	48.15 ✓		
	INVENTORY										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	U1064	UNIFIRST HOLDINGS INC				7,358.38	0.00	0.00	7,358.38		



Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
U2000	US POSTAL SERVICE			050422		05/11/20	05/04/20	05/15/20		2,200.00	0.00	0.00	2,200.00		
	POSTAGE														
Vendor Totals										Number	Name	Gross	Discount	No-Pay	Net
										U2000	US POSTAL SERVICE	2,200.00	0.00	0.00	2,200.00
10793	WAGeworks, INC.			050922		05/11/20	05/09/20	05/25/20		3,291.42	0.00	0.00	3,291.42		
	PAYROLL DEDUCT														
Vendor Totals										Number	Name	Gross	Discount	No-Pay	Net
										10793	WAGeworks, INC.	3,291.42	0.00	0.00	3,291.42
11110	WERFEN USA LLC			9111144412		05/10/20	04/13/20	05/08/20		273.54	0.00	0.00	273.54		
	SUPPLIES			9111153675		05/12/20	05/03/20	05/28/20		506.00	0.00	0.00	506.00		
	SUPPLIES														
Vendor Totals										Number	Name	Gross	Discount	No-Pay	Net
										11110	WERFEN USA LLC	779.54	0.00	0.00	779.54
10556	WOUND CARE SPECIALISTS			WSC00005212		05/11/20	05/01/20	05/30/20		7,700.00	0.00	0.00	7,700.00		
	WOUND CARE SERVICES														
Vendor Totals										Number	Name	Gross	Discount	No-Pay	Net
										10556	WOUND CARE SPECIALISTS	7,700.00	0.00	0.00	7,700.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	461,207.72	0.00	0.00	461,207.72

pg 4 correction

{ < 2,585.99 >  
+ 1,088.96

pg 5 correction

{ < 30.60 >  
+ 35.10

\$459,715.19

APPROVED ON

MAY 12 2022

CK# 194954-195010

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

461,207.72 +  
2,585.99 -  
1,088.96 +  
30.60 -  
35.10 +  
459,715.19 \*

RECEIVED BY THE  
COUNTY AUDITOR ON

MAY 13 2022

05/13/2022  
10:30  
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER  
AP Open Invoice List 0  
ap\_open\_invoice.template  
Dates Through:

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
FD90TSHA1378	TSHA CHIRP EDEN IF	05/13/20	05/13/20	06/01/20		4,500.00	0.00	0.00	4,500.00
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net			
	C2510	EVIDENT	4,500.00	0.00	0.00	4,500.00			

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,500.00	0.00	0.00	4,500.00

APPROVED ON

MAY 13 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

ck# 194972



RECEIVED BY THE  
COUNTY AUDITOR ON

RUN DATE: 05/12/22  
TIME: 11:13

MAY 12 2022

MEMORIAL MEDICAL CENTER  
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1  
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		051122	738.80	✓	2	REFUND FOR	
		051122	738.80	✓	2	REFUND FOR	
		051122	801.40	✓	2	REFUND FOR	
		051122	13307.96	✓	1	REFUND FOR	
		051122	1054.32	✓	3	REFUND FOR	
		051122	827.95	✓	2	REFUND FOR	
		051122	180.80	✓	3	REFUND FOR	
		051122	27.30	✓	2	REFUND FOR	
		051122	90.00	✓	3	REFUND FOR	
ARID=0001 TOTAL			17767.33				
TOTAL			17767.33				

APPROVED ON

MAY 12 2022

CK#

195011-

195019

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

**CITIBANK CORPORATE CARD**

**Account Statement**

Commerical Card Account  
ROSHANDA S THOMAS



**Account Inquiries:**

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

Account Number: XXXX-XXXX-XXXX

**Summary of Account Activity**

Total Activity \$3,476.59

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

*pd 5-19-22*  
*ATK*

**Not an invoice. For your records only.**

Credit Limit	\$10,000
Cash Advance Limit	\$0
Statement Closing Date	05/03/2022
Days in Billing Period	30

**Transactions**

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
04/04	04/02	8299	55432862092200818948945	1 AWL*PEARSON EDUCATION PRSONCS.COM NJ USA	250.00 ✓
04/04	04/02	3516	55432862093200261056377	2 LA QUINTA INN & SUITES ABILENE TX 79602 USA	298.09 ✓
				004912	
				CHECK IN: 03/31/2022	
04/07	04/06	7032	55432862096200244347015	3 WPY*STRAC 855-469-3729 TX 78227 USA	25.00 ✓
04/11	04/08	7392	55429502098852858705899	4 PAYPAL *PETRO CLASS 4029357733 IA 51101 USA	162.95 ✓
				85870589	
04/11	04/08	5300	55483822100370116192827	5 SAMSLUB.COM 888-746-7726 AR 72712 USA	1,295.75 ✓
04/12	04/11	9399	05134372102600037741597	6 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	2.50 ✓
				N82974252	
04/12	04/11	9399	05134372102600037741670	7 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	2.50 ✓
				N82974393	
04/12	04/11	9399	05134372102600037741753	8 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	2.50 ✓
				N82974616	
04/12	04/11	9399	05134372102600037741837	9 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	2.50 ✓
				N82974754	
04/12	04/12	8999	55432862102200857780165	10 AMA*CREDENTIALING 800-621-8335 IL 60611 USA	176.00 ✓
04/15	04/13	5300	05436842104400204715424	11 SAMS CLUB #6471 VICTORIA TX 77904 USA	106.90 CR ✓
04/20	04/19	9399	55488722110091271002115	12 TXDPS CRIME RECS 5124242936 TX 78752 USA	153.63 ✓
04/26	04/25	9399	05134372116600044249786	13 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	2.50 ✓
				N83291798	
05/03	05/02	5211	55310202123286950900058	14 VULCAN SOUTHWEST BIRMINGHAM AL 35242 USA	129.57 ✓
				796242159	

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

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

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

Account: XXXX-XXXX-XXXX

Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
05/03	05/03	0780	55432862123200523099474 15	KING RANCH TURFGRASS CORPUS CHRISTTX 78415 USA	1,090.00
*****					TOTAL AMOUNT OF MEMO ITEM(S): \$3,476.59

APPROVED ON

MAY 12 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



Account: XXXX-XXXX-XXXX-

---

# 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: 5/5/2022

Vendor Address: \_\_\_\_\_

P.O. # \_\_\_\_\_

Vendor Phone #: \_\_\_\_\_

Account # \_\_\_\_\_

Vendor Fax #: \_\_\_\_\_

Initiated By: \_\_\_\_\_

Date Required		Expense #	Department	Deliver To			Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost	
1	-		AWL "Pearson Education"			250.00	
2			Scoring form for kids - OT Dept				
3	-		La Quinta Inn + Suites - Abilene		Clinical Anatomy	298.09	
4			Hotel for Jacob Hamilton, PT		for practicing physician 5/1/22		
5	-		WPV STRAC - Registration			25.00	
6			for Jason Rubio - Hurricane Conf				
7	-		Pay Pal "Petro Class" - training for			152.95	
8			Maintenance - operator course		underground storage tanks		
9	-		Sams Club - chairs for (3)			1,295.75	
10			Doctors' Lounge - taxes credited				

Est. Freight \_\_\_\_\_

Est. Total Cost \_\_\_\_\_

TOTAL COST 2021.79

**NOTES:**

Charges made to Roshanda's Business MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda S. Lewis 5/6/22</u>



# MEMORIAL MEDICAL CENTER PURCHASE ORDER

②

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

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

Vendor Name: Citicbank

Date: 5/5/2022

Vendor Address: \_\_\_\_\_

P.O. # \_\_\_\_\_

Vendor Phone #: \_\_\_\_\_

Account # \_\_\_\_\_

Vendor Fax #: \_\_\_\_\_

Initiated By: \_\_\_\_\_

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB x1 Provider			2.50
2	—		NPRB x1 Provider			2.50
3	—		" "			2.50
4	—		" "			2.50
5	—		AMA Credentialing x4			176.00
6			Physicians - Init + Cont Mon			
7	—		<del>SA</del> Sams Club - credit			(106.90)
8	—		TX DPS Criminal Hx & Searches			153.63
9			50 credits (HR + cred)			
10	—		NPDB x1 Provider			2.50

Est. Freight \_\_\_\_\_

Est. Total Cost \_\_\_\_\_

TOTAL COST 342.13

**NOTES:**

Changes made to Roshanda's Business MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Thomas</u> 5/6/22



# MEMORIAL MEDICAL CENTER PURCHASE ORDER

③

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  
Vendor Address: \_\_\_\_\_  
Vendor Phone #: \_\_\_\_\_  
Vendor Fax #: \_\_\_\_\_

Date: 5/5/2022  
P.O. # \_\_\_\_\_  
Account # \_\_\_\_\_  
Initiated By: \_\_\_\_\_

Date	0.0	Expense #	Department	Deliver To	Form # 9401
Line No.	250.00 +				
1	298.09 +				
	25.00 +				129.59
2	152.95 +				
	1,295.75 +				
3	2.50 +				
	2.50 +				1090.00
4	2.50 +				
	2.50 +				
5	176.00 +				
	106.90 -				
6	153.63 +				
	2.50 +				
7	129.57 +				
8	1,090.00 +				
	3,476.59 *				
9					
10					

Est. Freight \_\_\_\_\_ Est. Total Cost \_\_\_\_\_ TOTAL COST 1219.57

**NOTES:**

changes made to Roshanda's MC (Business) \$3,476.59

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Salinas 5/6/22</u>



## Wire Transfer

Your transfer request reference number is  
Request has been accepted and released as of May 19, 2022 3:28 PM CDT.

Current Progress — **1** Select — **2** Request — **3** Review — **4** Complete

## Account Information

**Transaction Number**

**Recurring Frequency** One-Time Payment

**Template Name** CITI CARD PRGM - MMC

**Amount** USD 3,476.59

**Debit Account** 0000 (MEMORIAL MEDICAL CENTER - OPERATING)

**Notify Initiator Options** Pending Actions: Notify via EMAIL  
Pending Release: Notify via EMAIL  
System Events: Notify via EMAIL  
Complete - Unsuccessful: Notify via EMAIL  
Complete - Successful: Notify via EMAIL  
Early Action Taken: Notify via EMAIL  
Early Action Removed: Notify via EMAIL  
Expired: Notify via EMAIL

**Payment Date** 05/19/2022

## Originator Information

**Originator Name** COUNTY OF CALHOUN TEXAS

**Originator Address 1** 202 S ANN STREET

**Originator Address 2** SUITE A

**Originator Address 3** PORT LAVACA, TX 77979

## Beneficiary / Payee Information

**Name** CBNA INCOMING SETTLEMENT  
ACCOUNT

**Beneficiary ID Type** Account Number

**Beneficiary ID**

**Address 1**

**Address 2**

**Address 3**

**Beneficiary Country** US - United States

**Contact Name**

**Phone Number**

## Beneficiary Bank Information

**Name**

**Beneficiary Bank ID Type** Fed ABA

**Beneficiary Bank ID**

**Address 1**

**Address 2**

**Address 3**

**Intl Routing Number**

**Beneficiary Bank Country** US - United States

## Additional Reference Information

**Purpose Of Payment** CREDIT CARD PMT

**Additional Information For Beneficiary**

Return

Print

\* indicate:  
Page generated on 05/19/2022 2

# McKESSON

# STATEMENT

As of: 05/13/2022

Page: 002

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

Company: 8000

DC: 8115

As of: 05/13/2022  
Mail to:

Page: 002  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory:

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Customer: 632536  
Date: 05/14/2022

Cust: 632536  
Date: 05/14/2022

**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	
--------------	----------	-------------------	----------------------------------	-------------	---------------	----------------	-----	--------------	-----	-------------------	--

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 11,880.40 USD

Future Due: 0.00

If Paid By 05/17/2022,

Due If Paid On Time:

Past Due: 0.00

Pay This Amount:

11,642.79 USD

USD

11,642.79

Disc lost if paid late:

Last Payment 2,451.97  
08/07/2017

If Paid After 05/17/2022,  
Pay this Amount:

11,880.40 USD

Due If Paid Late:

USD

237.61

11,880.40

17,83 +  
7,414.81 +  
73.56 +  
1,200.40 +  
2,763.66 +  
172.53 +  
11,642.79 \*

APPROVED ON

MAY 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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



# MCKESSON

# STATEMENT

As of: 05/13/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 05/13/2022  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 7790

Customer: 190813  
Date: 05/14/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 190813  
Date: 05/14/2022

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	
05/13/2022	05/17/2022	7342032184	2017051525	115Invoice	0.36	18.19		17.83	✓	7342032184	

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

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

Subtotals: 18.19 USD

Future Due: 0.00

If Paid By 05/17/2022,  
Pay This Amount:

17.83 USD

Due If Paid On Time:

USD

17.83 ✓

Past Due: 0.00

Disc lost if paid late:

0.36

Last Payment 05/02/2022 12.635.52

If Paid After 05/17/2022,  
Pay this Amount:

18.19 USD

Due If Paid Late:

USD

18.19

APPROVED ON

MAY 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

# McKESSON

# STATEMENT

As of: 05/13/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 05/13/2022  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 256342  
Date: 05/14/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 05/14/2022 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												
05/09/2022	05/17/2022	7340979570		32761657	115Invoice	7.89	394.50		386.61	✓	7340979570	
05/09/2022	05/17/2022	7340979571		32761657	115Invoice		0.16		0.16	✓	7340979571	
05/09/2022	05/17/2022	7340979572		32814427	115Invoice	11.54	576.83		565.29	✓	7340979572	
05/09/2022	05/17/2022	7340979573		32844507	115Invoice	34.73	1,736.47		1,701.74	✓	7340979573	
05/09/2022	05/17/2022	7340979574		32906450	115Invoice	1.03	51.47		50.44	✓	7340979574	
05/09/2022	05/17/2022	7340979575		32946200	115Invoice	7.89	394.50		386.61	✓	7340979575	
05/09/2022	05/17/2022	7341182420		0506220731	195Invoice	1.59	79.36		77.77	✓	7341182420	
05/10/2022	05/17/2022	7341288637		33048195	115Invoice	5.32	266.10		260.78	✓	7341288637	
05/10/2022	05/17/2022	7341288638		33048195	115Invoice	11.55	577.53		565.98	✓	7341288638	
05/10/2022	05/17/2022	7341288639		33059361	115Invoice		0.14		0.14	✓	7341288639	
05/10/2022	05/17/2022	7341441358		0509221031	115Invoice	0.01	0.32		0.31	✓	7341441358	
05/11/2022	05/17/2022	7341540904		33124088	115Invoice	20.03	1,001.41		981.38	✓	7341540904	
05/11/2022	05/17/2022	7341540905		33183254	115Invoice	5.62	281.06		275.44	✓	7341540905	
05/11/2022	05/17/2022	7341540906		33183254	115Invoice	7.89	394.50		386.61	✓	7341540906	
05/11/2022	05/17/2022	7341675420		0510220736	195Invoice	1.43	71.71		70.28	✓	7341675420	
05/11/2022	05/17/2022	7341675421		0510220914	115Invoice	1.03	51.30		50.27	✓	7341675421	
05/12/2022	05/17/2022	7341792077		33242920	115Invoice	5.80	289.91		284.11	✓	7341792077	
05/13/2022	05/17/2022	7342058426		33364571	115Invoice	11.60	579.98		568.38	✓	7342058426	
05/13/2022	05/17/2022	7342058427		33426129	115Invoice	8.49	424.39		415.90	✓	7342058427	
05/13/2022	05/17/2022	7342223932		0512220917	195Invoice	7.89	394.50		386.61	✓	7342223932	

For AR Inquiries please contact 800-867-0333



# MCKESSON

# STATEMENT

As of: 05/13/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 05/13/2022

Page: 001

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

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Customer: 256342

Date: 05/14/2022

Cust: 256342  
Date: 05/14/2022

PLEASE CHECK ANY  
ITEMS NOT PAID (✓)



PF column legend: P = Past Due Item, F = Future Due Item, National Account 632536 blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 7,566.14 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,006.10  
05/09/2022

If Paid By 05/17/2022,  
Pay This Amount:

7,414.81 USD

If Paid After 05/17/2022,  
Pay this Amount:

7,566.14 USD

Due If Paid On Time:

USD 7,414.81 ✓

Disc lost if paid late:

151.33

Due If Paid Late:

USD 7,566.14

APPROVED ON

MAY 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

# MCKESSON

# STATEMENT

As of: 05/13/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 05/13/2022  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 262252  
Date: 05/14/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 262252  
Date: 05/14/2022

PLEASE CHECK ANY  
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
05/11/2022	05/17/2022	7341520822	632536 1688377	115Invoice	1.50	75.06		73.56	✓	7341520822	

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: 75.06 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 04/25/2022 6.396.20

If Paid By 05/17/2022,  
Pay This Amount:

73.56 USD

If Paid After 05/17/2022,  
Pay this Amount:

75.06 USD

Due If Paid On Time:

USD 73.56 ✓

Disc lost if paid late:

1.50

Due If Paid Late:

USD 75.06

APPROVED ON

MAY 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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



# McKESSON

# STATEMENT

As of: 05/13/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 05/13/2022 Page: 001  
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 464450  
Date: 05/14/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 464450 PLEASE CHECK ANY  
Date: 05/14/2022 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	
<b>Customer Number 464450 HEB PHY FC 490/MEM MC PHS</b>											
05/11/2022	05/17/2022	7341504629	55x491391	115Invoice	0.04	2.12		2.08	✓	7341504629	
05/11/2022	05/17/2022	7341504631	55x491429	115Invoice	0.23	11.66		11.43	✓	7341504631	
05/11/2022	05/17/2022	7341504632	55x491425	115Invoice	0.58	29.04		28.46	✓	7341504632	
05/12/2022	05/17/2022	7341783569	55x493656	115Invoice	21.08	1,053.81		1,032.73	✓	7341783569	
05/12/2022	05/17/2022	7341783571	55x494080	115Invoice	2.57	128.27		125.70	✓	7341783571	

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

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

Subtotals: 1,224.90 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,006.10  
05/09/2022

If Paid By 05/17/2022,  
Pay This Amount:

1,200.40 USD

If Paid After 05/17/2022,  
Pay this Amount:

1,224.90 USD

Due If Paid On Time:

USD 1,200.40 ✓

Disc lost if paid late:

24.50

Due If Paid Late:

USD 1,224.90

APPROVED ON

MAY 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

**McKESSON**

**STATEMENT**

As of: 05/13/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 05/13/2022  
Mail to:

Page: 001  
Comp: 8000

CVS PHCY 8923/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: 835434  
Date: 05/14/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835434  
Date: 05/14/2022  
**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 835434 CVS PHCY 8923/MEM MC PHS											
05/11/2022	05/17/2022	7341540031	1688347	115Invoice	56.40	2,820.06		2,763.66 ✓		7341540031	

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

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 2,820.06 USD

Future Due: 0.00

If Paid By 05/17/2022,

Due If Paid On Time:

Past Due: 0.00

Pay This Amount:

2,763.66 USD

USD

2,763.66 ✓

Disc lost if paid late:

Last Payment 10,228.50  
05/03/2021

If Paid After 05/17/2022,  
Pay this Amount:

2,820.06 USD

Due If Paid Late:  
USD

56.40

2,820.06

APPROVED ON

MAY 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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



# MCKESSON

# STATEMENT

As of: 05/13/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 05/13/2022  
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: 05/14/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835438  
Date: 05/14/2022

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
05/11/2022	05/17/2022	7341712993	632536	115Invoice	3.52	176.05		172.53	✓	7341712993

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: 176.05 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 05/09/2022 4,006.10

If Paid By 05/17/2022,  
Pay This Amount: 172.53 USD

If Paid After 05/17/2022,  
Pay this Amount: 176.05 USD

Due If Paid On Time:  
USD 172.53 ✓

Disc lost if paid late: 3.52

Due If Paid Late:  
USD 176.05

APPROVED ON

MAY 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

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

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

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

**Customer Number**  
100135284 / 037028186

**Terms**  
Sat - Fri Due in 7 days

**Summary**

Not Yet Due:	0.00
Current:	3,824.34
Past Due:	0.00
<b>Total Due:</b>	<b>3,824.34</b>
Account Balance:	3,824.34

**Account Activity**

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
05-09-2022	05-20-2022	3092218477	165822	Invoice	4.76		0.00	4.76 ✓
05-09-2022	05-20-2022	3092218478	165825	Invoice	4.27		0.00	4.27 ✓
05-09-2022	05-20-2022	3092252502	165872	Invoice	60.73		0.00	60.73 ✓
05-11-2022	05-20-2022	3092522973	165891	Invoice	59.90		0.00	59.90 ✓
05-12-2022	05-20-2022	3092662863	165898	Invoice	3,694.68		0.00	3,694.68 ✓

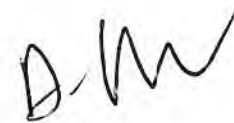
Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
3,824.34	0.00	0.00	0.00	0.00	0.00	0.00

**Thank You for Your Payment**

Date	Amount
05-13-2022	(2,045.09)

**Reminders**

Due Date	Amount
05-20-2022	3,824.34
<b>Total Due:</b>	<b>3,824.34</b>



APPROVED ON

MAY 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- May 02, 2022 - May 08, 2022**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
5/9/2022	PAY PLUS ACHTRANS 452579291 101000691600314	- 3rd Party Payor Fee
5/10/2022	PAY PLUS ACHTRANS 452579291 101000692652957	- 3rd Party Payor Fee
5/10/2022	MCKESSON DRUG AUTO ACH ACH05017518 910000139	- 340B Drug Program Expense
5/10/2022	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee
5/10/2022	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee
5/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110	- Credit Card Processing Fee
5/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee
5/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee
5/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110	- Credit Card Processing Fee
5/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee
5/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee
5/11/2022	PAY PLUS ACHTRANS 452579291 101000693398280	- 3rd Party Payor Fee
5/11/2022	CLEARGAGE LLC CLEARGAGE, 40XVF5MHFL14C5N 242	- Patient Financing Service
5/12/2022	PAY PLUS ACHTRANS 452579291 101000694333622	- 3rd Party Payor Fee
5/13/2022	PAY PLUS ACHTRANS 452579291 101000695352622	- 3rd Party Payor Fee
5/13/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
5/13/2022	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll
5/13/2022	IRS USATAXPYMT 220253321730018 6103601000866	- Payroll Taxes

<u>Amount</u>	
11.13	
0.84	
4,006.10	* CC 742.31 +
742.31	Fees 129.00 +
129.00	
897.82	897.82 +
267.23	267.23 +
716.98	
109.96	716.98 +
3,325.89	109.96 +
474.78	
110.47	3,325.89 +
78.02	474.78 +
1.97	
3.75	6,663.97 *
2,045.09	* Cleargage
348,710.97	78.02 +
116,354.45	78.02 *
<b>477,986.76</b>	

Pay 11.13 +  
 Plus 0.84 +  
 110.47 +  
 1.97 +  
 3.75 +  
 128.16 \*

  
 Anthony Richardson  
 Memorial Medical Center  
 May 16, 2022  
 \*Approved 05-11-22 cc

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>
5/20/2022	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax

<u>Amount</u>	
1,246.41	477,986.76 +
	4,006.10 -
	2,045.09 -
	348,710.97 -
<b>1,246.41</b>	116,354.45 -
	6,870.15 *

  
 Anthony Richardson  
 Memorial Medical Center  
 May 16, 2022

6,870.15 +  
 6,870.15 -  
 0.00 \*

☑ Confirmation: You Have Filed Successfully

### Sales and Use Tax Period Ending 04/30/2022 (2204)

<b>Taxpayer ID:</b>	<b>Taxpayer Name:</b>	<b>Entered By</b>
<b>User ID</b>	MEMORIAL MEDICAL CENTER	<b>Email Address:</b>
<b>Reference Number:</b>	<b>Taxpayer Address:</b>	
<b>Date and Time of Filing:</b>	815 N VIRGINIA ST PORT LAVACA , TX	<b>Telephone Number:</b> (361) 552-0342
05/09/2022, 10:56:26 AM	77979-3025	
	<b>IP Address:</b> 24.116.195.218	

#### PAYMENT SUMMARY

<b>Electronic Check</b>	<b>Payment Reference Number:</b>	<b>ype of Bank Account:</b> Checking
<b>State Amount:</b> \$944.25	<b>Trace Number:</b>	<b>Accountholder Name:</b>
<b>Local Amount:</b> \$302.16		<b>Bank Routing Number:</b>
<b>Amount to Pay:</b> \$1,246.41		<b>Bank Account Number:</b>
<b>Electronic Check:</b> \$1,246.41		<b>Payment Effective Date:</b>

#### CREDIT SUMMARY

##### Credits Taken

Are you taking credit to reduce taxes due on this return? No

##### Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licenced Customs Broker Export Certifications? No

#### LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	15184	15184	0	15184	949	15184	0.02	303.68
<b>SubTotal</b>	<b>15184</b>	<b>15184</b>	<b>0</b>	<b>15184</b>	<b>949</b>	<b>15184</b>		<b>303.68</b>

**Total Tax for Locations**

**\$1,252.68**

Total Tax Due: \$1,252.68  
Timely Filing Discount: - \$6.27  
Balance Due: \$1,246.41  
Pending Payments: - \$0.00

**Total Amount Due and Payable: \$1,246.41**  
( State amount due is \$944.25 ) ( Local amount due is \$302.16 )



RECEIVED BY THE  
COUNTY AUDITOR ON

05/12/2022  
MAY 12 2022  
12:28

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

11816 ASHFORD GARDENS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
051122		05/12/20	05/11/20	06/03/20		24,578.26	0.00	0.00	24,578.26

MEDICARE PAYMENT

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
11816		ASHFORD GARDENS	24,578.26	0.00	0.00	24,578.26

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	24,578.26	0.00	0.00	24,578.26

APPROVED ON

MAY 12 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL#195020

RECEIVED BY THE  
COUNTY AUDITOR ON

05/12/2022

MAY 12 2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
050322		05/11/20	05/03/20	06/03/20		2,152.47	0.00	0.00	2,152.47

TRANSFER NH insurance pymt deposited into mme operating

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
11820		FORTBEND HEALTHCARE CENTER	2,152.47	0.00	0.00	2,152.47

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,152.47	0.00	0.00	2,152.47

APPROVED ON

MAY 12 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 195022



RECEIVED BY THE  
COUNTY AUDITOR ON

MAY 12 2022  
12:30

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
050322A		05/11/20	05/03/20	06/03/20		4,886.08	0.00	0.00	4,886.08 ✓
	TRANSFER								
0503022A		05/11/20	05/03/20	06/03/20		4,376.05	0.00	0.00	4,376.05 ✓
	TRANSFER								
050322		05/11/20	05/03/20	06/03/20		2,862.39	0.00	0.00	2,862.39 ✓
	TRANSFER								
050322B		05/11/20	05/03/20	06/03/20		11,269.39	0.00	0.00	11,269.39 ✓
	TRANSFER								
050422		05/11/20	05/04/20	06/03/20		5,033.55	0.00	0.00	5,033.55 ✓
	TRANSFER								
050622		05/11/20	05/06/20	06/03/20		51,586.37	0.00	0.00	51,586.37 ✓
	MEDICARE REPAY								

Vendor Total:	Number	Name	Gross	Discount	No-Pay	Net
11836		GOLDENCREEK HEALTHCARE	80,013.83	0.00	0.00	80,013.83

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	80,013.83	0.00	0.00	80,013.83

APPROVED ON

MAY 12 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Clk#195023

RECEIVED BY THE  
COUNTY AUDITOR ON

MAY 12 2022

05/12/2022

12:30  
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
050222		05/11/20	05/02/20	06/03/20		9,565.44	0.00	0.00	9,565.44 ✓
	TRANSFER	<i>NH insurance pmt deposited into mme ccounty</i>							
12696		05/11/20	05/02/20	06/03/20		1,224.00	0.00	0.00	1,224.00 ✓
		"					"		
050322		05/11/20	05/03/20	06/03/20		21,628.52	0.00	0.00	21,628.52 ✓
	TRANSFER	"					"		
050422		05/11/20	05/04/20	06/03/20		1,994.95	0.00	0.00	1,994.95 ✓
	TRANSFER	"					"		
050422A		05/11/20	05/04/20	06/03/20		3,547.94	0.00	0.00	3,547.94 ✓
	TRANSFER	"					"		
Vendor Totals						Gross	Discount	No-Pay	Net
12696 GULF POINTE PLAZA						37,960.85	0.00	0.00	37,960.85

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	37,960.85	0.00	0.00	37,960.85

APPROVED ON

MAY 12 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL# 195024



05/12/2022  
12:29

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE ✓								
050222		05/11/20	05/02/20	06/03/20		2,124.57	0.00	0.00	2,124.57 ✓
	TRANSFER	<i>NH insurance pymt deposited into MMC operating</i>							
050322		05/11/20	05/03/20	06/03/20		9,791.83	0.00	0.00	9,791.83 ✓
	TRANSFER	"							
050422A		05/11/20	05/04/20	06/03/20		2,723.00	0.00	0.00	2,723.00 ✓
	TRANSFER	"							
050422		05/11/20	05/04/20	06/03/20		3,200.53	0.00	0.00	3,200.53 ✓
	TRANSFER	"							
050622		05/11/20	05/06/20	06/03/20		119,379.13	0.00	0.00	119,379.13 ✓
	MEDICARE REPAYMENT								
051122		05/12/20	05/11/20	06/03/20		13,109.29	0.00	0.00	13,109.29 ✓
	MEDICARE PAYMENT								
Vendor Totals						Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE					150,328.35	0.00	0.00	150,328.35

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	150,328.35	0.00	0.00	150,328.35

APPROVED ON  
MAY 12 2022  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CL# 195025

RECEIVED BY THE  
 COUNTY AUDITOR ON  
 05/12/2022  
 MAY 12 2022

MEMORIAL MEDICAL CENTER  
 AP Open Invoice List  
 Dates Through:  
 Class Pay Code

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name  
 12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
050222		05/11/20	05/02/20	06/03/20		13,707.53	0.00	0.00	13,707.53 ✓		
050622	TRANSFER	05/11/20	05/06/20	06/03/20		200,916.76	0.00	0.00	200,916.76 ✓		
<i>Handwritten notes:</i> NHI insurance amt deposited into mmmc operating Medicare repayment deposited into mmmc operating											
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						12792	BETHANY SENIOR LIVING	214,624.29	0.00	0.00	214,624.29

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	214,624.29	0.00	0.00	214,624.29

APPROVED ON

MAY 12 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

CK# 19504



☒

RUN DATE:05/13/22  
 TIME:14:15

MEMORIAL MEDICAL CENTER  
 CHECK REGISTER  
 05/18/22 THRU 05/18/22

PAGE 1  
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	194954	05/18/22	199.00	3WON, LLC
A/P	194955	05/18/22	2,385.72	AIRGAS USA, LLC - CENTRAL DIV
A/P	194956	05/18/22	2,198.25	ALLYSON SWOPE
A/P	194957	05/18/22	20,272.57	AVENO NETWORKS
A/P	194958	05/18/22	550.00	AZALEA HEALTH
A/P	194959	05/18/22	299.00	BEAREGARDS
A/P	194960	05/18/22	25,909.43	BECKMAN COULTER INC
A/P	194961	05/18/22	47,296.00	BKD, LLP
A/P	194962	05/18/22	687.00	BOSTON SCIENTIFIC CORPORATION
A/P	194963	05/18/22	3,380.00	BUILDING KID STEPS
A/P	194964	05/18/22	6,600.00	CALHOUN COUNTY EMS
A/P	194965	05/18/22	50.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	194966	05/18/22	18,538.55	COMMUNITY INFUSION SOLUTIONS
A/P	194967	05/18/22	343.83	COOPER SURGICAL INC
A/P	194968	05/18/22	29.58	DEWITT POTH & SON
A/P	194969	05/18/22	173,241.80	DISCOVERY MEDICAL NETWORK INC
A/P	194970	05/18/22	160.00	DOWELL PEST CONTROL
A/P	194971	05/18/22	139.50	ERBE USA INC SURGICAL SYSTEMS
A/P	194972	05/18/22	4,500.00	EVIDENT
A/P	194973	05/18/22	5,210.42	FISHER HEALTHCARE
A/P	194974	05/18/22	1,088.96	FUSION CLOUD SERVICES, LLC
A/P	194975	05/18/22	10,889.24	GE PRECISION HEALTHCARE, LLC
A/P	194976	05/18/22	146.00	GENERAL HOSPITAL SUPPLY
A/P	194977	05/18/22	10,167.75	GREAT AMERICA FINANCIAL SVCS
A/P	194978	05/18/22	360.00	HALF LEAGUE STORAGE
A/P	194979	05/18/22	4,610.52	HEALTHCARE FINANCIAL SERVICES
A/P	194980	05/18/22	18.30	HEALTHSTREAM, INC.
A/P	194981	05/18/22	1,281.95	HOLOGIC INC
A/P	194982	05/18/22	35.10	LEE SIMERLY
A/P	194983	05/18/22	615.86	M G TRUST
A/P	194984	05/18/22	1,674.38	MCKESSON MEDICAL SURGICAL INC
A/P	194985	05/18/22	36,020.61	MEDLINE INDUSTRIES INC
A/P	194986	05/18/22	405.00	MEMORIAL MEDICAL CLINIC
A/P	194987	05/18/22	344.80	MMC AUXILIARY GIFT SHOP
A/P	194988	05/18/22	.00	VOIDED
A/P	194989	05/18/22	23,367.95	MORRIS & DICKSON CO, LLC
A/P	194990	05/18/22	8,346.25	MSH HEALTH SERVICES LLC
A/P	194991	05/18/22	485.66	NACOGDOCHES TRANSCRIPTION
A/P	194992	05/18/22	12,516.55	OLOOP TECHNOLOGY SOLUTIONS
A/P	194993	05/18/22	318.67	ORTHO CLINICAL DIAGNOSTICS
A/P	194994	05/18/22	3,084.00	PARA
A/P	194995	05/18/22	1,100.00	PATRICK OCHOA
A/P	194996	05/18/22	2,624.74	PRESS GANEY ASSOCIATES, INC.
A/P	194997	05/18/22	120.00	RAPID PRINTING LLC
A/P	194998	05/18/22	65.22	ROBERT RODRIQUEZ
A/P	194999	05/18/22	60.00	RX WASTE SYSTEMS LLC
A/P	195000	05/18/22	887.60	SMITH & NEPHEW
A/P	195001	05/18/22	2,662.55	STERICYCLE, INC
A/P	195002	05/18/22	464.73	STERIS CORPORATION
A/P	195003	05/18/22	1,398.81	TK ELEVATOR CORPORATION

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	195004	05/18/22	76.50	TMS SOUTH
A/P	195005	05/18/22	5,657.50	TRUSTED HEALTH, INC
A/P	195006	05/18/22	7,358.38	UNIFIRST HOLDINGS INC
A/P	195007	05/18/22	2,200.00	US POSTAL SERVICE
A/P	195008	05/18/22	3,291.42	WAGWORKS, INC.
A/P	195009	05/18/22	779.54	WERFEN USA LLC
A/P	195010	05/18/22	7,700.00	WOUND CARE SPECIALISTS
A/P	195011	05/18/22	738.80	
A/P	195012	05/18/22	738.80	
A/P	195013	05/18/22	801.40	
A/P	195014	05/18/22	180.80	
A/P	195015	05/18/22	827.95	
A/P	195016	05/18/22	27.30	
A/P	195017	05/18/22	90.00	
A/P	195018	05/18/22	1,054.32	
A/P	195019	05/18/22	13,307.96	
A/P	195020	05/18/22	24,578.26	ASHFORD GARDENS
A/P	195021	05/18/22	214,624.29	BETHANY SENIOR LIVING
A/P	195022	05/18/22	2,152.47	FORTBEND HEALTHCARE CENTER
A/P	195023	05/18/22	80,013.83	GOLDENCREEK HEALTHCARE
A/P	195024	05/18/22	37,960.85	GULF POINTE PLAZA
A/P	195025	05/18/22	150,328.35	TUSCANY VILLAGE
TOTALS:			991,640.57	

*Payables* 459,715.19 +  
*critical* 4,500.00 +  
*Patient refunds* 7,767.33 +  
 24,578.26 +  
*NI* 2,152.47 +  
*Trusts* 80,013.83 +  
 37,960.85 +  
 150,328.35 +  
 214,624.29 +  
 991,640.57 \*

APPROVED ON

MAY 18 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS



Memorial Medical Center  
 Nursing Home UPL  
 Weekly Cantex Transfer  
 Prosperity Accounts  
 5/16/2022

Nursing Home	Account Number	Previous				ACH	Pending	Today's	Amount to Be Transferred to Nursing Home
		Beginning Balance	Transfer-Out	Transfer-In	Deposits				
<b>Ashford Gardens</b>		103,854.96 ✓	103,823.22 ✓	256,410.10 ✓			256,441.84 ✓	205,274.19	
							Bank Balance	256,441.84 ✓	
							Variance		
							Leave in Balance	100.00 ✓	
							Molina QIPP	17,987.34 ✓	
							Amerigroup QIPP	33,065.29 ✓	
							April Interest	15.02 ✓	
							May Interest		
							June Interest		
							Adjust Balance/Transfer Amt	205,274.19 ✓	
<b>Broadmoor</b>		162,587.93 ✓	162,476.27 ✓	122,970.76 ✓				123,082.42 ✓	
							Bank Balance	123,082.42 ✓	
							Variance		
							Leave in Balance	100.00 ✓	
							Molina QIPP	5,434.96 ✓	
							Amerigroup QIPP	10,006.05 ✓	
							April Interest	11.66 ✓	
							May Interest		
							June Interest		
							Adjust Balance/Transfer Amt	107,529.75 ✓	
<b>Crescent</b>		173,102.48 ✓	172,990.41 ✓	146,906.70 ✓				147,018.77 ✓	
							Bank Balance	147,018.77 ✓	
							Variance		
							Leave in Balance	100.00 ✓	
							Molina QIPP	2,137.02 ✓	
							Amerigroup QIPP	3,947.86 ✓	
							April Interest	12.07 ✓	
							May Interest		
							June Interest		
							Adjust Balance/Transfer Amt	140,821.82 ✓	
<b>Fort Bend</b>		82,505.01 ✓	82,399.88 ✓	79,503.87 ✓				79,609.00 ✓	
							Bank Balance	79,609.00 ✓	
							Variance		
							Leave in Balance	100.00 ✓	
							Molina QIPP	8,229.41 ✓	
							Amerigroup QIPP	15,127.60 ✓	
							April Interest	5.19 ✓	
							May Interest		
							June Interest		
							Adjust Balance/Transfer Amt	56,146.80 ✓	
<b>Solera at W Houston</b>		172,156.79 ✓	172,042.83 ✓	145,269.41 ✓				145,383.31 ✓	
							Bank Balance	145,383.31 ✓	
							Variance		
							Leave in Balance	100.00 ✓	
							Molina QIPP	5,154.07 ✓	
							Amerigroup QIPP	9,488.94 ✓	
							April Interest	13.90 ✓	
							May Interest		
							June Interest		
							Adjust Balance/Transfer Amt	130,626.40 ✓	

205,274.19 +  
 107,529.75 +  
 140,821.82 + *Houston / Fort Bend / Broadmoor*  
 56,146.80 +  
 130,626.40 +  
 640,398.96 \*

APPROVED ON  
 MAY 16 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 640,398.96

Approved: *[Signature]*  
 ANTHONY RICHARDSON, INTERIM CFO

5/16/2022

**Ashford Gardens**

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
5/13/2022	83.28	0						
5/13/2022 ck 1175	30343.46	0						
5/13/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0	4766.96						4,766.96
5/13/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0	2706.63						2,706.63
5/12/2022 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	73396.48	0						
5/12/2022 Molina HC of TX HCCLAIMPMT PN1326436189 4200	0	4707.08						4,707.08
5/12/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0	3215						3,215.00
5/12/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0	4019.08						4,019.08
5/11/2022 MOLINA HEALTHCAR MOLINAACH 01094065 42000013	0	35974.68			8,332.55	27,642.13	17,987.34	17,987.34
5/11/2022 Amerigroup TXSC HCCLAIMPMT 3179400377 111000	0	124.54						124.54
5/11/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0	32532.12						32,532.12
5/11/2022 AMERIGROUP CORPO E-PAYMENT EES2357911 111000	0	66130.58			15,318.29	50,812.29	33,065.29	33,065.29
5/10/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0	47614.96						47,614.96
5/10/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0	4258.67						4,258.67
5/10/2022 HUMANA CHA DISB HCCLAIMPMT 390860 4200001942	0	576.88						576.88
5/9/2022 Molina HC of TX HCCLAIMPMT PN1326436189 4200	0	16669.19						16,669.19
5/9/2022 Molina HC of TX HCCLAIMPMT PN1326436189 4200	0	986.05						986.05
5/9/2022 Amerigroup TXSC HCCLAIMPMT 3179109552 111000	0	36667.18						36,667.18
5/9/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0	760.50						760.50
	103,823.22	256,410.10			23,650.84	78,454.42	51,052.63	205,357.47

**Broadmoor**

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
5/13/2022 ck 207	12470.58	0						
5/13/2022 HUMANA CHA DISB HCCLAIMPMT 390861 4200001966	0	7905						7,905.00
5/13/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	0	1891.48						1,891.48
5/12/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	150005.89	0						
5/12/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0	4196.29						4,196.29
5/12/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0	3863.31						3,863.31
5/12/2022 AARP Supplementa HCCLAIMPMT 746003411 124384	0	8163.5						8,163.50
5/11/2022 MOLINA HEALTHCAR MOLINAACH 01094513 42000013	0	10669.92			6,811.20	4,058.72	5,434.96	5,434.96
5/11/2022 Molina HC of TX HCCLAIMPMT PN1669860433 4200	0	4636.26						4,636.26
5/11/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	0	1140						1,140.00
5/11/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0	16288.94						16,288.94
5/11/2022 AMERIGROUP CORPO E-PAYMENT EES2357914 111000	0	20012.1			12,513.00	7,499.10	10,006.05	10,006.05
5/10/2022 Molina HC of TX HCCLAIMPMT PN1669860433 4200	0	9846.16						9,846.16
5/10/2022 Molina HC of TX HCCLAIMPMT PN1669860433 4200	0	3483.96						3,483.96
5/10/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0	9676.01						9,676.01
5/10/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0	3282.05						3,282.05
5/10/2022 HUMANA CHA DISB HCCLAIMPMT 390861 4200001941	0	10289.07						10,289.07
5/9/2022 Molina HC of TX HCCLAIMPMT PN1669860433 4200	0	1442.39						1,442.39
5/9/2022 HNB - ECHO HCCLAIMPMT 746003411 440000250141	0	953.15						953.15
5/9/2022 HUMANA CHA DISB HCCLAIMPMT 390861 4200001736	0	3555						3,555.00
5/9/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	0	1276.17						1,276.17
	162,476.27	122,970.76			19,324.20	11,557.82	15,441.01	107,529.75

**Crescent**

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
5/13/2022 ck 239	10,051.29	0						
5/13/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	0	5,485.62						5,485.62
5/13/2022 DEVOTED HEALTH P HCCLAIMPMT 121140392743103	0	7,200.00						7,200.00
5/12/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	162,939.12	0						
5/12/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	0	8,136.90						8,136.90
5/12/2022 DEVOTED HEALTH P HCCLAIMPMT 12114039076390	0	6,800.00						6,800.00
5/12/2022 AARP Supplementa HCCLAIMPMT 746003411 124384	0	4,279.00						4,279.00
5/11/2022 MOLINA HEALTHCAR MOLINAACH 01094477 42000013	0	4274.03			1,463.15	2,810.88	2,137.02	2,137.02
5/11/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	0	9,150.00						9,150.00
5/11/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	0	27,166.17						27,166.17
5/11/2022 DEVOTED HEALTH P HCCLAIMPMT 12114039283695	0	4,000.00						4,000.00
5/11/2022 AMERIGROUP CORPO E-PAYMENT EES2357913 111000	0	7695.71			2,696.64	5,199.07	3,947.86	3,947.86
5/10/2022 HNB - ECHO HCCLAIMPMT 746003411 440000294529	0	5,869.05						5,869.05
5/10/2022 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	0	4,440.00						4,440.00
5/10/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0	19,425.54						19,425.54
5/10/2022 DEVOTED HEALTH P HCCLAIMPMT 121140397325284	0	4,400.00						4,400.00
5/9/2022 Molina HC of TX HCCLAIMPMT PN1669860425 4200	0	1,638.87						1,638.87
5/9/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0	12,458.81						12,458.81
5/9/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000181	0	1,387.00						1,387.00
5/9/2022 DEVOTED HEALTH P HCCLAIMPMT 121140395491567	0	3,200.00						3,200.00
5/9/2022 DEVOTED HEALTH P HCCLAIMPMT 121140395491565	0	5,200.00						5,200.00
5/9/2022 DEVOTED HEALTH P HCCLAIMPMT 121140395491563	0	4,500.00						4,500.00
	172,990.41	146,906.70			4,159.79	8,009.95	6,084.87	140,821.83

**Fort Band**

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
5/13/2022 ck 181	12,249.69	0						
5/13/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0	1,945.06						1,945.06
5/12/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	70,150.19	0						
5/12/2022 AARP Supplementa HCCLAIMPMT 746003411 124384	0	389.00						389.00
5/11/2022 MOLINA HEALTHCAR MOLINAACH 01094188 42000013	0	16458.82			5,057.33	11,401.49	8,229.41	8,229.41
5/11/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0	16,969.56						16,969.56
5/11/2022 AMERIGROUP CORPO E-PAYMENT EES2357910 111000	0	30255.19			9,297.23	20,957.96	15,127.60	15,127.60
5/10/2022 Molina HC of TX HCCLAIMPMT PN1730577503 4200	0	1,749.70						1,749.70
5/10/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0	11,736.54						11,736.54
	82,399.88	79,503.87			14,354.56	32,359.45	23,357.01	56,146.87



Solera at West Houston		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
5/13/2022	ck 1238	11,884.89	-	-	-	-	-	-	-
5/13/2022	Amerigroup TXSC HCCLAIMPMT 3179583644 111000	-	655.65	-	-	-	-	-	655.65
5/13/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,824.58	-	-	-	-	-	1,824.58
5/13/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,607.66	-	-	-	-	-	1,607.66
5/13/2022	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	1,998.63	-	-	-	-	-	1,998.63
5/12/2022	WIRE OUT CANTEX HEALTH CARE CENTERS III	160,157.94	-	-	-	-	-	-	-
5/12/2022	HNB - ECHO HCCLAIMPMT 746003411 440000261761	-	3,616.57	-	-	-	-	-	3,616.57
5/12/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	423.34	-	-	-	-	-	423.34
5/12/2022	AARP Supplementa HCCLAIMPMT 746003411 124384	-	336.28	-	-	-	-	-	336.28
5/11/2022	MOLINA HEALTHCAR MOUNAACH 01094446 42000013	0	10908.14	-	-	6,462.72	3,845.42	5,154.07	5,154.07
5/11/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,632.23	-	-	-	-	-	3,632.23
5/11/2022	AMERIGROUP CORPO E-PAYMENT EES2357912 111000	0	18977.88	-	-	11,872.00	7,105.08	9,488.94	9,488.94
5/10/2022	Molina HC of TX HCCLAIMPMT PN1497143259 4200	-	7,751.03	-	-	-	-	-	7,751.03
5/10/2022	Molina HC of TX HCCLAIMPMT PN1497143259 4200	-	6,907.60	-	-	-	-	-	6,907.60
5/10/2022	Amerigroup TXSC HCCLAIMPMT 3179244833 111000	-	1,664.10	-	-	-	-	-	1,664.10
5/10/2022	UHC COMMUNITY PL HCCLAIMPMT 746004411 910000	-	28,021.80	-	-	-	-	-	28,021.80
5/10/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	14,734.42	-	-	-	-	-	14,734.42
5/10/2022	HUMANA INS CO HCCLAIMPMT 390862 830000550292	-	7,917.87	-	-	-	-	-	7,917.87
5/10/2022	HUMANA CHA DISB HCCLAIMPMT 390862 4200001941	-	12,676.00	-	-	-	-	-	12,676.00
5/9/2022	Amerigroup TXSC HCCLAIMPMT 3179109553 111000	-	9,695.53	-	-	-	-	-	9,695.53
5/9/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	11,185.10	-	-	-	-	-	11,185.10
5/9/2022	NOVITAS SOLUTION HCCLAIMPMT 676310 420000181	-	1,335.00	-	-	-	-	-	1,335.00
		172,042.83	145,269.41	-	-	18,335.52	10,950.50	14,643.01	130,626.40
<b>TOTALS</b>		693,732.61	751,060.84	-	-	79,824.91	141,332.14	#####	640,482.32

## Quick View

Select Quick View Accounts  
Account Number / Name

Account Type

Select Group  
Groups




DDA

Data reported as of May 16, 2022 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 14</b>	<b>\$7,140,605.76</b>	<b>\$7,071,642.94</b>	<b>\$7,140,605.76</b>	<b>\$7,537,489.89</b>
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$18,859.85	\$20,802.78	\$18,859.85	\$86,882.74
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.33	\$536.33	\$536.33	\$536.33
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,030,319.40	\$4,917,980.45	\$5,030,319.40	\$5,335,314.01
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.76	\$431.76	\$431.76	\$431.76
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$256,441.84 ✓	\$261,685.67	\$256,441.84	\$279,894.99
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$123,082.42 ✓	\$134,327.42	\$123,082.42	\$125,756.52
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$147,018.77 ✓	\$153,346.17	\$147,018.77	\$144,384.44
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$79,609.00 ✓	\$79,609.00	\$79,609.00	\$89,913.63
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$145,383.31 ✓	\$146,583.83	\$145,383.31	\$151,181.68
*2998 MMC -MONEY MARKET FUND	\$1,110,243.27	\$1,110,243.27	\$1,110,243.27	\$1,110,243.27
*5506 MMC -NH BETHANY SENIOR LIVING	\$108,851.77	\$114,776.87	\$108,851.77	\$68,178.89
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$8,573.77	\$14,935.26	\$8,573.77	\$6,172.97
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$44,598.28	\$49,728.14	\$44,598.28	\$76,557.01
*3407 MMC -NH TUSCANY VILLAGE	\$66,655.99	\$66,655.99	\$66,655.99	\$62,041.65



Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 5/16/2022

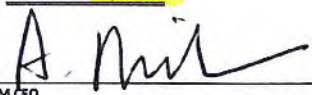
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		285,136.61 ✓	285,019.05 ✓	18,742.29 ✓		18,859.85	18,742.29
						Bank Balance 18,859.85 ✓	
						Variance -	
						Leave in Balance 100.00	

SUPERIOR Q2 & MAR Q/PP

Routing Information for Golden Creek:  
 Nexion Health at Golden Creek  
 Wells Fargo Bank, N.A.  
 ABA 121000248  
 Account # 4439840323

April Interest	17.56 ✓
May Interest	
June Interest	
	<del>-17.56</del>
Adjust Balance/Transfer Amt	18,742.29

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 5/16/2022

**APPROVED ON**  
**MAY 16 2022**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**

**Golden Creek**

5/13/2022 ck 162  
 5/13/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9  
 5/13/2022 HNB - ECHO HCCLAIMPMT 746003411 440000296900  
 5/13/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2  
 5/12/2022 WIRE OUT NEXION HEALTH AT GOLDEN CREEK  
 5/12/2022 ACH SETTLEMENT SERVICE 4105523439 9601693522  
 5/10/2022 GOLDENCREEKHEALT MERC DEP 1220356 9100001435  
 5/9/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9  
 5/9/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9  
 5/9/2022 ACH SETTLEMENT SERVICE 4105523439 9601693470

Transfer Out	Transfer In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
76,658.15	-	-	-	-	-	-	-
-	2,690.20	-	-	-	-	-	2,690.20
-	5,479.13	-	-	-	-	-	5,479.13
-	465.93	-	-	-	-	-	465.93
208,360.90	-	-	-	-	-	-	-
-	4,960.00	-	-	-	-	-	4,960.00
-	1,198.00	-	-	-	-	-	1,198.00
-	1,289.10	-	-	-	-	-	1,289.10
-	164.00	-	-	-	-	-	164.00
-	2,495.93	-	-	-	-	-	2,495.93
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
285,019.05	18,742.29	-	-	-	-	-	18,742.29



# Quick View

Select Quick View Accounts  
Account Number / Name

Account Type

Select Group  
Groups




DDA Data reported as of May 16, 2022 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 14</b>	<b>\$7,140,605.76</b>	<b>\$7,071,642.94</b>	<b>\$7,140,605.76</b>	<b>\$7,537,489.89</b>
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$18,859.85	\$20,802.78	\$18,859.85	\$86,882.74
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.33	\$536.33	\$536.33	\$536.33
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,030,319.40	\$4,917,980.45	\$5,030,319.40	\$5,335,314.01
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.76	\$431.76	\$431.76	\$431.76
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$256,441.84	\$261,685.67	\$256,441.84	\$279,894.99
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$123,082.42	\$134,327.42	\$123,082.42	\$125,756.52
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$147,018.77	\$153,346.17	\$147,018.77	\$144,384.44
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$79,609.00	\$79,609.00	\$79,609.00	\$89,913.63
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$145,383.31	\$146,583.83	\$145,383.31	\$151,181.68
*2998 MMC -MONEY MARKET FUND	\$1,110,243.27	\$1,110,243.27	\$1,110,243.27	\$1,110,243.27
*5506 MMC -NH BETHANY SENIOR LIVING	\$108,851.77	\$114,776.87	\$108,851.77	\$68,178.89
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$8,573.77	\$14,935.26	\$8,573.77	\$6,172.97
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$44,598.28	\$49,726.14	\$44,598.28	\$76,557.01
*3407 MMC -NH TUSCANY VILLAGE	\$66,655.99	\$66,655.99	\$66,655.99	\$62,041.65

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 5/16/2022

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		61,017.47	60,915.11	44,495.92			44,598.28	44,495.92
						Bank Balance Variance	44,598.28	
						Leave in Balance	100.00	

April Interest 2.36  
 May Interest  
 June Interest  
 Adjust Balance/Transfer Amt 44,495.92

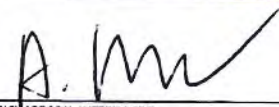
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		61,626.35	61,517.70	8,465.12			8,573.77	8,465.12
						Bank Balance Variance	8,573.77	
						Leave in Balance	100.00	

April Interest 8.65  
 May Interest  
 June Interest  
 Adjust Balance/Transfer Amt 8,465.12

Routine Information for Gulf Pointe Plaza

**TOTAL TRANSFERS 52,961.04**

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 5/16/2022

APPROVED ON

MAY 16 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS



**Gulf Pointe Plaza-Private Pay**

5/13/2022 ck 1082  
 5/13/2022 HNB - ECHO HCCLAIMPMT 746003411 440000296904  
 5/13/2022 HUMANA CHA DISB HCCLAIMPMT 624982 4200001966  
 5/12/2022 WIRE OUT HMG SERVICES, LLC  
 5/12/2022 HNB - ECHO HCCLAIMPMT 746003411 440000261761  
 5/11/2022 HUMANA CHA DISB HCCLAIMPMT 624982 4200001959  
 5/10/2022 NDC SWEEP FAC H261 21000022388644 SWEEP FR  
 5/10/2022 HUMANA CHA DISB HCCLAIMPMT 624982 4200001942  
 5/10/2022 AETNA AS01 HCCLAIMPMT 1922092790 51000010315  
 5/9/2022 HNB - ECHO HCCLAIMPMT 746003411 440000250047  
 5/9/2022 HNB - ECHO HCCLAIMPMT 746003411 440000250135

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
35,905.65	-	-	-	-	-	-	-
-	2,096.92	-	-	-	-	-	2,096.92
-	1,850.00	-	-	-	-	-	1,850.00
25,009.46	-	-	-	-	-	-	-
-	395.79	-	-	-	-	-	395.79
-	4,810.00	-	-	-	-	-	4,810.00
-	12,293.95	-	-	-	-	-	12,293.95
-	18,500.00	-	-	-	-	-	18,500.00
-	3,960.00	-	-	-	-	-	3,960.00
-	1.37	-	-	-	-	-	1.37
-	587.89	-	-	-	-	-	587.89
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
<b>60,915.11</b>	<b>44,495.92</b>	-	-	-	-	-	<b>44,495.92</b>

**Gulf Pointe Plaza-Medicare/Medicaid**

5/13/2022 HNB - ECHO HCCLAIMPMT 746003411 440000296903  
 5/13/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2  
 5/12/2022 WIRE OUT HMG SERVICES, LLC  
 5/11/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2  
 5/9/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001  
 5/9/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	1,583.56	-	-	-	-	-	1,583.56
-	817.24	-	-	-	-	-	817.24
61,517.70	-	-	-	-	-	-	-
-	594.72	-	-	-	-	-	594.72
-	960.00	-	-	-	-	-	960.00
-	4,509.60	-	-	-	-	-	4,509.60
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
<b>61,517.70</b>	<b>8,465.12</b>	-	-	-	-	-	<b>8,465.12</b>
-	-	-	-	-	-	-	-
<b>122,432.81</b>	<b>52,961.04</b>	-	-	-	-	-	<b>52,961.04</b>

## Quick View

Select Quick View Accounts  
Account Number / Name

Account Type

Select Group  
Groups




DDA

Data reported as of May 16, 2022 9

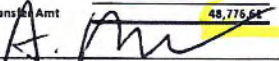
Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 14</b>	<b>\$7,140,605.76</b>	<b>\$7,071,642.94</b>	<b>\$7,140,605.76</b>	<b>\$7,537,489.89</b>
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$18,859.85	\$20,802.78	\$18,859.85	\$86,882.74
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.33	\$536.33	\$536.33	\$536.33
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,030,319.40	\$4,917,980.45	\$5,030,319.40	\$5,335,314.01
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.76	\$431.76	\$431.76	\$431.76
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$256,441.84	\$261,685.67	\$256,441.84	\$279,894.99
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$123,082.42	\$134,327.42	\$123,082.42	\$125,756.52
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$147,018.77	\$153,346.17	\$147,018.77	\$144,384.44
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$79,609.00	\$79,609.00	\$79,609.00	\$89,913.63
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$145,383.31	\$146,583.83	\$145,383.31	\$151,181.68
*2998 MMC -MONEY MARKET FUND	\$1,110,243.27	\$1,110,243.27	\$1,110,243.27	\$1,110,243.27
*5506 MMC -NH BETHANY SENIOR LIVING	\$108,851.77	\$114,776.87	\$108,851.77	\$68,178.89
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$8,573.77 ✓	\$14,935.26	\$8,573.77	\$6,172.97
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$44,598.28 ✓	\$49,728.14	\$44,598.28	\$76,557.01
*3407 MMC -NH TUSCANY VILLAGE	\$66,655.99	\$66,655.99	\$66,655.99	\$62,041.65



Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscany Transfer  
 Prosperity Accounts  
 5/16/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chg Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		70,366.81	70,266.81	66,555.99			66,655.99	48,776.61
						Bank Balance Variance	66,655.99	
						Leave in Balance	100.00	
						Molina QIPP	6,258.93	
						Amerigroup QIPP	11,510.45	

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 48,776.61  
 Approved:   
 ANTHONY RICHARDSON, INTERIM CFO 5/16/2022

APPROVED ON

MAY 16 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	
5/13/2022 ck 1100	17,759.38	-						-
5/13/2022 HNB - ECHO HCCLAIMPMT 746003411 440000296903	-	22,373.72						22,373.72
5/12/2022 WIRE OUT LINBAR ENTERPRISES, LLC	52,507.43	-						-
5/12/2022 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	2,536.01						2,536.01
5/12/2022 HNB - ECHO HCCLAIMPMT 746003411 440000261761	-	3,011.85						3,011.85
5/11/2022 MOLINA HEALTHCAR MOLINAACH 01094508 42000013	0	12517.85			7,082.86	5,434.99	6,258.93	6,258.93
5/11/2022 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	25.60						25.60
5/11/2022 AMERIGROUP CORPO E-PAYMENT EE52357915 111000	0	23040.89			12,996.81	10,044.08	11,520.45	11,520.45
5/9/2022 HNB - ECHO HCCLAIMPMT 746003411 440000250047	-	3,050.07						3,050.07
	<b>70,266.81</b>	<b>66,555.99</b>	-	-	<b>20,079.67</b>	<b>15,479.07</b>	<b>17,779.37</b>	<b>48,776.62</b>



## Quick View

Select Quick View Accounts  
Account Number / Name

Account Type

Select Group  
Groups




DDA

Data reported as of May 16, 2022 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 14</b>	<b>\$7,140,605.76</b>	<b>\$7,071,642.94</b>	<b>\$7,140,605.76</b>	<b>\$7,537,489.89</b>
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$18,859.85	\$20,802.78	\$18,859.85	\$86,882.74
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.33	\$536.33	\$536.33	\$536.33
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,030,319.40	\$4,917,980.45	\$5,030,319.40	\$5,335,314.01
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.76	\$431.76	\$431.76	\$431.76
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$256,441.84	\$261,685.67	\$256,441.84	\$279,894.99
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$123,082.42	\$134,327.42	\$123,082.42	\$125,756.52
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$147,018.77	\$153,346.17	\$147,018.77	\$144,384.44
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$79,609.00	\$79,609.00	\$79,609.00	\$89,913.63
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$145,383.31	\$146,583.83	\$145,383.31	\$151,181.68
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,110,243.27	\$1,110,243.27	\$1,110,243.27	\$1,110,243.27
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$108,851.77	\$114,776.87	\$108,851.77	\$68,178.89
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$8,573.77	\$14,935.26	\$8,573.77	\$6,172.97
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$44,598.28	\$49,728.14	\$44,598.28	\$76,557.01
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$66,655.99 ✓	\$66,655.99	\$66,655.99	\$62,041.65



Prosperity Bank  
 1107 N US Highway 35 Bypass  
 Port Lavaca, TX 77979-5102

Member FDIC



PS 3003

Date Account

05/06/2022

MEMORIAL MEDICAL CENTER  
 NH BETHANY SENIOR LIVING  
 202 S ANN ST STE A  
 PORT LAVACA TX 77979

Deposit Item  
 Chargeback Notice

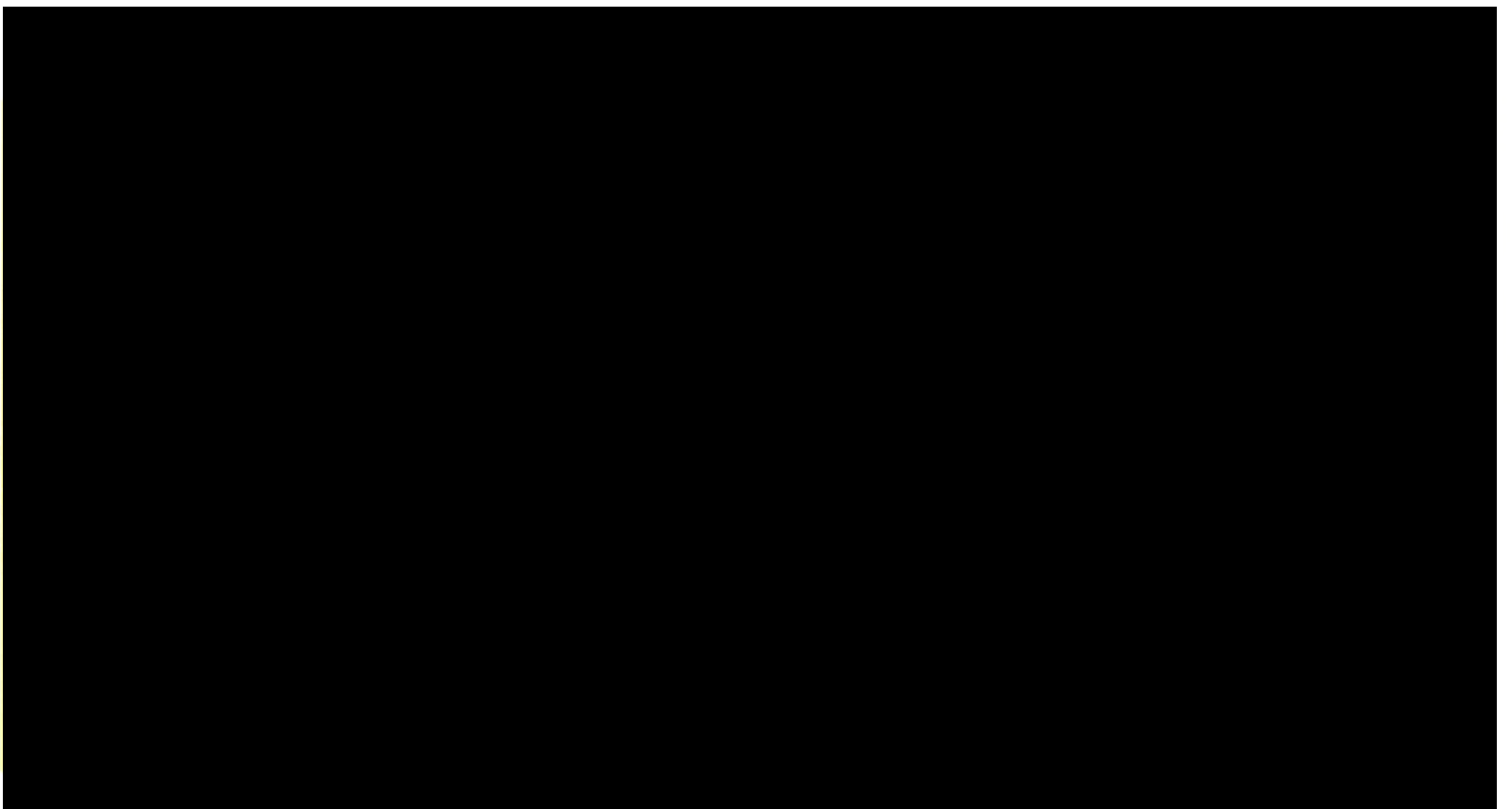
The deposited check listed  
 has been debited from your  
 account.

Chargeback Reason:

Insffcnt Fund 1,936.90

Dep. Item Ret. Charge 0.00

Total Debit 1,936.90



Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSLTransfer  
 Prosperity Accounts  
 5/16/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	CAs Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		105,518.85 ✓	105,391.26 ✓	108,724.18 ✓			108,851.77 ✓	108,724.18 ✓
						Bank Balance	108,851.77 ✓	
						Variance	108,851.77 ✓	
						Leave in Balance	100.00 ✓	
						April Interest	27.59 ✓	
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	108,724.18 ✓	
						Approved: <i>Anthony Richardson</i>		
						ANTHONY RICHARDSON, INTERIM CFO		5/16/2022

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**  
**MAY 16 2022**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**



**Bethany Senior Living**

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapre	QIPP TI	
5/13/2022 Deposit	-	39,603.74	-	-	-	-	-	39,603.74
5/13/2022 Deposit	-	556.14	-	-	-	-	-	556.14
5/13/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	513.00	-	-	-	-	-	513.00
5/12/2022 WIRE OUT BETHANY SENIOR LIVING, LTD	105,391.26	-	-	-	-	-	-	-
5/11/2022 Deposit	-	29,397.36	-	-	-	-	-	29,397.36
5/9/2022 Deposit	-	33,970.46	-	-	-	-	-	33,970.46
5/9/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	4,683.48	-	-	-	-	-	4,683.48
	<b>105,391.26</b>	<b>108,724.18</b>	-	-	-	-	-	<b>108,724.18</b>

## Quick View

Select Quick View Accounts  
Account Number / Name

Account Type

Select Group  
Groups




DDA

Data reported as of May 16, 2022 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 14</b>	<b>\$7,140,605.76</b>	<b>\$7,071,642.94</b>	<b>\$7,140,605.76</b>	<b>\$7,537,489.89</b>
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$18,859.85	\$20,802.78	\$18,859.85	\$86,882.74
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.33	\$536.33	\$536.33	\$536.33
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,030,319.40	\$4,917,980.45	\$5,030,319.40	\$5,335,314.01
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.76	\$431.76	\$431.76	\$431.76
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$256,441.84	\$261,685.67	\$256,441.84	\$279,894.99
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$123,082.42	\$134,327.42	\$123,082.42	\$125,756.52
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$147,018.77	\$153,346.17	\$147,018.77	\$144,384.44
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$79,609.00	\$79,609.00	\$79,609.00	\$89,913.63
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$145,383.31	\$146,583.83	\$145,383.31	\$151,181.68
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,110,243.27	\$1,110,243.27	\$1,110,243.27	\$1,110,243.27
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$108,851.77	\$114,776.87	\$108,851.77	\$68,178.89
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$8,573.77	\$14,935.26	\$8,573.77	\$6,172.97
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$44,598.28	\$49,728.14	\$44,598.28	\$76,557.01
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$66,655.99	\$66,655.99	\$66,655.99	\$62,041.65

Ashford

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: \_\_\_\_\_

APPROVED ON

MAY 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
C K# 00 1174

G/L NUMBER: 10255040

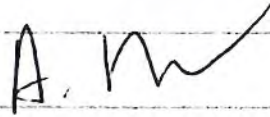
FOR ACCT. USE ONLY

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

AMOUNT 51,052.63

EXPLANATION: Molina and Amerigroup Quarterly QIPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 



RUN DATE:05/18/22  
TIME:10:48

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
05/18/22 THRU 05/18/22

PAGE 3  
GLCKREG

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

NHA 001176 05/18/22 51,052.63 MEMORIAL MEDICAL CENTER  
TOTALS: 51,052.63

Ashford

APPROVED ON

MAY 18 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Broadmoor

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: \_\_\_\_\_

APPROVED ON

MAY 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CL# 000208

FOR ACCT. USE ONLY

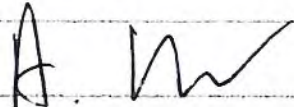
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT 15,441.01

G/L NUMBER: 10255040

EXPLANATION: Molina and Amerigroup Quarterly QIPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:05/18/22  
TIME:10:48

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
05/18/22 THRU 05/18/22

PAGE 4  
GLCKREG

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

NHB 000208 05/18/22 15,441.01 MEMORIAL MEDICAL CENTER *Bradmoor*  
TOTALS: 15,441.01

**APPROVED ON**

**MAY 18 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**



Crescent

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: \_\_\_\_\_

APPROVED ON

MAY 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 000240

G/L NUMBER: 10255040

FOR ACCT. USE ONLY

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

AMOUNT 6,084.88

EXPLANATION: Molina and Amerigroup Quarterly QIPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: A. M.

RUN DATE:05/18/22  
TIME:10:48

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
05/18/22 THRU 05/18/22

PAGE 5  
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000240 05/18/22 6,084.88 MEMORIAL MEDICAL CENTER *Crescent*  
TOTALS: 6,084.88

APPROVED ON

MAY 18 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Fort Bend

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: \_\_\_\_\_

FOR ACCT. USE ONLY

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

APPROVED ON

MAY 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CIC# 000182

NUMBER: 10255040

AMOUNT 23,357.01

EXPLANATION: Molina and Amerigroup Quarterly QIPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:





RUN DATE:05/18/22  
TIME:10:48

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
05/18/22 THRU 05/18/22

PAGE 6  
GLCKREG

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

NHF 000182 05/18/22 23,357.01 MEMORIAL MEDICAL CENTER Fort Bend  
TOTALS: 23,357.01

APPROVED ON

MAY 18 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Solera

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: \_\_\_\_\_

APPROVED ON

MAY 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK # 001139

FOR ACCT. USE ONLY

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

AMOUNT 14,643.01

G/L NUMBER: 10255040

EXPLANATION: Molina and Amerigroup Quarterly QIPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:05/18/22  
TIME:10:48

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
05/18/22 THRU 05/18/22

PAGE 7  
GLCKREG

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

NHS 001239 05/18/22 14,643.01 MEMORIAL MEDICAL CENTER *Solera*  
TOTALS: 14,643.01

**APPROVED ON**

**MAY 18 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**



Tuscany

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

F MMC  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: \_\_\_\_\_

FOR ACCT. USE ONLY

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

APPROVED ON

MAY 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CHK# 001101

AMOUNT 17,779.38

C/L NUMBER: 10255040

EXPLANATION: Molina and Amerigroup Quarterly QIPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:05/18/22  
TIME:10:48

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
05/18/22 THRU 05/18/22

PAGE 8  
GLCKREG

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

TUS 001101 05/18/22 17,779.38 MEMORIAL MEDICAL CENTER *Tuscany*  
TOTALS: 17,779.38

**APPROVED ON**

**MAY 18 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

MEMORIAL MEDICAL CENTER

NH ASHFORD  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001176

Date 5/18/22

88-2265/1131

PAY  
TO THE  
ORDER OF

Memorial Medical Center

\$ 51,052.63

Fifty one thousand fifty two & 63/100

DOLLARS



FOR Molina- 17987.34 Amerigroup- 33005.29



⑈001176⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000208

Date 5/18/22

88-2265/1131

PAY  
TO THE  
ORDER OF

Memorial Medical Center

\$ 15,441.01

Fifteen thousand Four hundred forty one & 01/100

DOLLARS



FOR Molina- 5434.96 Amerigroup- 10006.05



⑈000208⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000240

Date 5/18/22

88-2265/1131

PAY  
TO THE  
ORDER OF

Memorial Medical Center

\$ 6,084.88

Six thousand Eighty four & 88/100

DOLLARS



FOR Molina- 2137.02 Amerigroup- 3947.86



⑈000240⑈ ⑆113122655⑆



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MEMORIAL MEDICAL CENTER

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

000182

Date 5/18/22

88-2265/1131

PAY  
TO THE  
ORDER OF

Memorial Medical center

\$ 23,357.01

Twenty three thousand Three hundred fifty seven & 01/100 DOLLARS



FOR Molina - 8229.41 Amerigroup - 15127.60

Security features are included. Details on back.

⑈000182⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001239

Date 5/18/22

88-2265/1131

PAY  
TO THE  
ORDER OF

Memorial Medical center

\$ 14,643.01

Fourteen thousand Six hundred forty three & 01/100 DOLLARS



FOR Molina - 5154.07 Amerigroup 9488.94

Security features are included. Details on back.

⑈001239⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020  
NH TUSCANY VILLAGE

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

1101

88-2265/1131-87

DATE 5/18/22

CHECK AGAIN

PAY  
TO THE  
ORDER OF

Memorial Medical center

\$ 17,779.38

Seventeen thousand Seven hundred seventy nine & 38/100 DOLLARS



PORT LAVACA BANKING CENTER  
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102  
361-553-7411 www.prosperitybankusa.com

Photo Safe Deposit Details on back

FOR Molina - 6258.93 Amerigroup - 11520.45

⑈001101⑈ ⑆113122655⑆

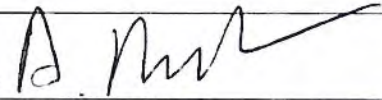
QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

5/18/2022

NH Name	From Bank Acct #	Ck #	Payee	GL #	Molina QIPP	Amerigroup QIPP	TOTAL	Date
Ashford	10000018 - Prosperity		MMC - Prosperity Operating #10000001	10255040	17,987.34	33,065.29	51,052.63	5/18/2022
Broadmoor	10000019 - Prosperity		MMC - Prosperity Operating #10000001	10255040	5,434.96	10,006.05	15,441.01	5/18/2022
Crescent	10000020 - Prosperity		MMC - Prosperity Operating #10000001	10255040	2,137.02	3,947.86	6,084.88	5/18/2022
Fort Bend	10000021 - Prosperity		MMC - Prosperity Operating #10000001	10255040	8,229.41	15,127.60	23,357.01	5/18/2022
Sutera	10000022 - Prosperity		MMC - Prosperity Operating #10000001	10255040	5,154.07	9,488.94	14,643.01	5/18/2022
Golden Creek	10000023 - Prosperity		MMC - Prosperity Operating #10000001	10255040			-	5/18/2022
Gulf Pointe-PP	10000114 - Prosperity		MMC - Prosperity Operating #10000001	10255040			-	5/18/2022
Gulf Pointe-MM	10000025 - Prosperity		MMC - Prosperity Operating #10000001				-	5/18/2022
Bethany			MMC - Prosperity Operating #10000001				-	5/18/2022
Tuscany			MMC - Prosperity Operating #10000001	10255040	6,258.93	11,520.45	17,779.38	5/18/2022
			<b>Total:</b>		<b>45,201.73</b>	<b>83,156.19</b>	<b>128,357.92</b>	

Note:

Approved:   
 ANTHONY RICHARDSON, INTERIM CFO 5/16/2022