

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 01, 2022

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 529,452.98
TOTAL TRANSFERS BETWEEN FUNDS	\$ 87,375.10
TOTAL NURSING HOME UPL EXPENSES	\$ 1,094,688.80
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 84,097.00
GRAND TOTAL DISBURSEMENTS APPROVED June 01, 2022	\$ 1,795,613.88

APPROVED

JUN 01 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---June 01, 2022

PAYABLES AND PAYROLL

5/26/2022 Weekly Payables	519,718.15
5/31/2022 McKesson-340B Prescription Expense	7,944.24
5/31/2022 Amerisource Bergen-340B Prescription Expense	697.52

Prosperity Electronic Bank Payments

5/23-5/27/22 Pay Plus-Patient Claims Processing Fee	485.80
5/27/2022 ExpertPay- child support	607.27

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 529,452.98**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

5/26/2022 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	1,766.23
5/26/2022 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	20,510.64
5/26/2022 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	22,224.41
5/26/2022 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	42,873.82

TOTAL TRANSFERS BETWEEN FUNDS **\$ 87,375.10**

NURSING HOME UPL EXPENSES

5/31/2022 Nursing Home UPL-Cantex Transfer	515,341.75
5/31/2022 Nursing Home UPL-Nexion Transfer	44,843.00
5/31/2022 Nursing Home UPL-HMG Transfer	109,827.61
5/31/2022 Nursing Home UPL-Tuscany Transfer	139,794.81
5/31/2022 Nursing Home UPL-HSL Transfer	284,881.63

TOTAL NURSING HOME UPL EXPENSES **\$ 1,094,688.80**

INTER-GOVERNMENT TRANSFERS

5/31/2022 IGT CHRIP Year 2 to be paid on June 16, 2022	84,097.00
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TOTAL INTER-GOVERNMENT TRANSFERS **\$ 84,097.00**

GRAND TOTAL DISBURSEMENTS APPROVED June 01, 2022 **\$ 1,795,613.88**

RECEIVED BY THE COUNTY AUDITOR ON

MAY 26 2022

12:30

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 06/16/2022

ap_open_invoice.template

Class Pay Code

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10250	4IMPRINT, INC. ✓			9897561		05/25/20	04/26/20	05/26/20		2,040.73	0.00	0.00	2,040.73 ✓
	HEALTHFAIR			9930030		05/25/20	05/30/20	06/10/20		111.19	0.00	0.00	111.19 ✓
	SUPPLIES			Vendor Totals									
	Number	Name								Gross	Discount	No-Pay	Net
	10250	4IMPRINT, INC.								2,151.92	0.00	0.00	2,151.92

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
R1200	ADT COMMERCIAL ✓			145401604		05/26/20	05/03/20	05/28/20		49.18	0.00	0.00	49.18 ✓
	FIRE MONITORING			Vendor Totals									
	Number	Name								Gross	Discount	No-Pay	Net
	R1200	ADT COMMERCIAL								49.18	0.00	0.00	49.18

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	M		9125776738		05/26/20	05/11/20	06/05/20		549.00	0.00	0.00	549.00 ✓
	OXYGEN			Vendor Totals									
	Number	Name								Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV								549.00	0.00	0.00	549.00

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10958	ALLYSON SWOPE ✓			052522		05/26/20	05/25/20	06/01/20		2,967.75	0.00	0.00	2,967.75 ✓
	TRANSCRIPTION SERVICES			Vendor Totals									
	Number	Name								Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE								2,967.75	0.00	0.00	2,967.75

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A2150	ANNOUNCEMENTS PLUS TOO AGAIN ✓	W		707		05/25/20	05/01/20	05/11/20		72.00	0.00	0.00	72.00 ✓
	FLAGS			A32		05/25/20	05/01/20	05/11/20		40.00	0.00	0.00	40.00 ✓
	SIGN (Parking)			Vendor Totals									
	Number	Name								Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN								112.00	0.00	0.00	112.00

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
B1150	BAXTER HEALTHCARE ✓	W		75002203		05/25/20	05/05/20	05/30/20		41.91	0.00	0.00	41.91 ✓
	SUPPLIES			75048306		05/25/20	05/10/20	06/04/20		507.47	0.00	0.00	507.47 ✓
	SUPPLIES			75077213		05/25/20	05/12/20	06/06/20		42.29	0.00	0.00	42.29 ✓
	SUPPLIES			Vendor Totals									
	Number	Name								Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE								591.67	0.00	0.00	591.67

Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1150	BAXTER HEALTHCARE	591.67	0.00	0.00	591.67
Vendor#	Vendor Name		Class	Pay Code							
B1220	BECKMAN COULTER INC ✓		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
109869019 ✓		05/25/20	05/04/20	05/29/20		185.39	0.00	0.00	185.39 ✓		
	SUPPLIES										
109871169 ✓		05/25/20	05/05/20	05/30/20		1,379.50	0.00	0.00	1,379.50 ✓		
	SUPPLIES										
5457215 ✓		05/25/20	05/05/20	05/30/20		6,249.42	0.00	0.00	6,249.42 ✓		
	SUPPLIES										
5457538 ✓		05/25/20	05/13/20	06/07/20		5,016.58	0.00	0.00	5,016.58 ✓		
	LEASE/CONTRACT										
109888885 ✓		05/25/20	05/16/20	06/10/20		1,288.45	0.00	0.00	1,288.45 ✓		
	CONTACT										
109889255 ✓		05/25/20	05/16/20	06/10/20		77.25	0.00	0.00	77.25 ✓		
	SUPPLIES										
109896242 ✓		05/25/20	05/18/20	06/12/20		1,236.00	0.00	0.00	1,236.00 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1220	BECKMAN COULTER INC	15,432.59	0.00	0.00	15,432.59
Vendor#	Vendor Name		Class	Pay Code							
B1320	BEEKLEY CORPORATION ✓		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
INV1500130 ✓		05/23/20	01/24/20	02/01/20		118.45	0.00	0.00	118.45 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1320	BEEKLEY CORPORATION	118.45	0.00	0.00	118.45
Vendor#	Vendor Name		Class	Pay Code							
12324	BLUE CROSS BLUE SHIELD ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
051822A		05/25/20	05/18/20	06/01/20		1,516.83	0.00	0.00	1,516.83 ✓		
	COBRA JUNE22										
051822		05/25/20	05/18/20	06/01/20		217,102.99	0.00	0.00	217,102.99 ✓		
	PAYROLL DEDCUT										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12324	BLUE CROSS BLUE SHIELD	218,619.82	0.00	0.00	218,619.82
Vendor#	Vendor Name		Class	Pay Code							
11224	CABLES AND SENSORS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
131331 ✓		05/25/20	05/16/20	06/01/20		303.00	0.00	0.00	303.00 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11224	CABLES AND SENSORS	303.00	0.00	0.00	303.00
Vendor#	Vendor Name		Class	Pay Code							
C1992	CDW GOVERNMENT, INC. ✓		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
V560590 ✓		05/25/20	04/06/20	05/06/20		55.57	0.00	0.00	55.57 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1992	CDW GOVERNMENT, INC.	55.57	0.00	0.00	55.57

Vendor#	Vendor Name		Class	Pay Code							
12768	CHEMAQUA ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	7785470 ✓		05/25/20	05/10/20	05/20/20		518.75	0.00	0.00	518.75 ✓	
	WATER TREATMENT										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		12768	CHEMAQUA				518.75	0.00	0.00	518.75	
C1730	CITY OF PORT LAVACA ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	051722B		05/26/20	05/17/20	06/06/20		27.04	0.00	0.00	27.04 ✓	
	WATER										
	051722C		05/26/20	05/17/20	06/06/20		75.84	0.00	0.00	75.84 ✓	
	WATER										
	051722		05/26/20	05/17/20	06/06/20		62.29	0.00	0.00	62.29 ✓	
	WATER										
	051722A		05/26/20	05/17/20	06/06/20		5,229.75	0.00	0.00	5,229.75 ✓	
	WATER										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		C1730	CITY OF PORT LAVACA				5,394.92	0.00	0.00	5,394.92	
C1166	COASTAL OFFICE SOLUTONS ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	OE346141 ✓		05/25/20	05/13/20	05/23/20		62.50	0.00	0.00	62.50 ✓	
	SUPPLIES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		C1166	COASTAL OFFICE SOLUTONS				62.50	0.00	0.00	62.50	
13336	COCA COLA SOUTHWEST BEVERAGES ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	24165200799 ✓		05/26/20	05/15/20	06/14/20		449.30	0.00	0.00	449.30 ✓	
	DRINKS										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		13336	COCA COLA SOUTHWEST BEVERAGES				449.30	0.00	0.00	449.30	
L1430	CONMED LINVATEC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	3867980 ✓		05/10/20	04/21/20	04/21/20		49.44	0.00	0.00	49.44 ✓	
	SUPPLIES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		L1430	CONMED LINVATEC				49.44	0.00	0.00	49.44	
11368	CYRACOM LLC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	2022001511 ✓		05/26/20	02/28/20	03/30/20		493.29	0.00	0.00	493.29 ✓	
	INTERPRETATION SERVICES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		11368	CYRACOM LLC				493.29	0.00	0.00	493.29	
10368	DEWITT POTH & SON ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	

6802530	✓	05/20/20	04/27/20	05/22/20			412.51	0.00	0.00	412.51	✓	
		SUPPLIES										
9821080	✓	05/25/20	05/16/20	06/10/20			79.16	0.00	0.00	79.16	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON					491.67	0.00	0.00	491.67	
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		
MMC051522		05/26/20	05/15/20	05/16/20			162,120.86	0.00	0.00	162,120.86	✓	
	PHYSICIAN SERVICES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10789	DISCOVERY MEDICAL NETWORK INC					162,120.86	0.00	0.00	162,120.86	
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		
9647	✓	05/25/20	05/19/20	06/01/20			826.60	0.00	0.00	826.60	✓	
	PEST CONTROL											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11291	DOWELL PEST CONTROL					826.60	0.00	0.00	826.60	
Vendor#	Vendor Name			Class	Pay Code							
10689	FASTHEALTH CORPORATION			✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
05A22MMC	✓	05/25/20	05/01/20	05/16/20			495.00	0.00	0.00	495.00	✓	
	WEBSITE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10689	FASTHEALTH CORPORATION					495.00	0.00	0.00	495.00	
Vendor#	Vendor Name			Class	Pay Code							
14336	FIRETRON, INC			✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
197056	✓	05/26/20	04/29/20	05/29/20			852.00	0.00	0.00	852.00	✓	
	4" WATERFLOW SWITCHES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		14336	FIRETRON, INC					852.00	0.00	0.00	852.00	
Vendor#	Vendor Name			Class	Pay Code							
F1400	FISHER HEALTHCARE			✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
1740717	✓	05/10/20	04/12/20	05/07/20			89.51	0.00	0.00	89.51	✓	
	SUPPLIES											
2379306	✓	05/25/20	05/02/20	05/27/20			469.30	0.00	0.00	469.30	✓	
	SUPPLIES											
2379305	✓	05/25/20	05/02/20	05/27/20			1,304.51	0.00	0.00	1,304.51	✓	
	SUPPLIES											
2424981	✓	05/25/20	05/03/20	05/28/20			6.12	0.00	0.00	6.12	✓	
	SUPPLIES											
2526754	✓	05/25/20	05/05/20	05/30/20			228.16	0.00	0.00	228.16	✓	
	SUPPLIES											
2574177	✓	05/25/20	05/06/20	05/31/20			314.30	0.00	0.00	314.30	✓	
	SUPPLIES											
2618789	✓	05/25/20	05/09/20	06/03/20			22.83	0.00	0.00	22.83	✓	
	SUPPLIES											

2664041	✓		05/25/20	05/10/20	06/04/20			183.37	0.00	0.00	183.37	✓	
		SUPPLIES											
2710925	✓		05/25/20	05/11/20	06/05/20			41.44	0.00	0.00	41.44	✓	
		SUPPLIES											
2757524	✓		05/25/20	05/12/20	06/06/20			125.95	0.00	0.00	125.95	✓	
		SUPPLIES											
2757526	✓		05/25/20	05/12/20	06/06/20			41.46	0.00	0.00	41.46	✓	
		SUPPLIES											
2757525	✓		05/25/20	05/12/20	06/06/20			114.40	0.00	0.00	114.40	✓	
		SUPPLIES											
2424982	✓		05/25/20	05/13/20	06/07/20			320.96	0.00	0.00	320.96	✓	
		SUPPLIES											
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								F1400	FISHER HEALTHCARE	3,262.31	0.00	0.00	3,262.31
Vendor#	Vendor Name					Class	Pay Code						
13960	G & S MANAGEMENT GROUP LLC ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
340385174	✓		05/25/20	05/12/20	05/22/20		260.55	0.00	0.00	260.55	✓		
	APRIL WASTE												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								13960	G & S MANAGEMENT GROUP LLC	260.55	0.00	0.00	260.55
Vendor#	Vendor Name					Class	Pay Code						
W1300	GRAINGER ✓						M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
9304499008	✓		05/25/20	05/06/20	05/31/20		61.50	0.00	0.00	61.50	✓		
	SUPPLIES												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								W1300	GRAINGER	61.50	0.00	0.00	61.50
Vendor#	Vendor Name					Class	Pay Code						
G1210	GULF COAST PAPER COMPANY ✓						M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
2224325	✓		05/20/20	04/26/20	05/26/20		1,073.92	0.00	0.00	1,073.92	✓		
	SUPPLIES												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								G1210	GULF COAST PAPER COMPANY	1,073.92	0.00	0.00	1,073.92
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			
0289398	✓		05/26/20	05/10/20	06/09/20		9.15	0.00	0.00	9.15	✓		
	HSTREAM												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								10829	HEALTHSTREAM, INC.	9.15	0.00	0.00	9.15
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			
10109915	✓		05/09/20	04/28/20	05/09/20		1,260.00	0.00	0.00	1,260.00	✓		
	SUPPLIES												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								H0416	HOLOGIC INC	1,260.00	0.00	0.00	1,260.00
Vendor#	Vendor Name					Class	Pay Code						
14440	INSIGMA ✓												

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
6746SHIRRE		05/26/20	10/31/20	11/30/20		11,040.00	0.00	0.00	11,040.00		
TRAVEL NURSE STAFFING											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14440	INSIGMA	11,040.00	0.00	0.00	11,040.00
Vendor#	Vendor Name				Class	Pay Code					
10442	INTERSTATE ALL BATTERY CENTER										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1901102018091		05/25/20	05/12/20	06/01/20		539.40	0.00	0.00	539.40		
RADIO BATTERY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10442	INTERSTATE ALL BATTERY CENTER	539.40	0.00	0.00	539.40
Vendor#	Vendor Name				Class	Pay Code					
11200	IRON MOUNTAIN										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
GMLJ798		05/25/20	04/30/20	05/30/20		1,251.81	0.00	0.00	1,251.81		
SHRED SERV											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11200	IRON MOUNTAIN	1,251.81	0.00	0.00	1,251.81
Vendor#	Vendor Name				Class	Pay Code					
14436	JUAN CARDENAS TRUCKING										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
510315		05/25/20	04/28/20	05/28/20		228.00	0.00	0.00	228.00		
TOP SOIL											
510318		05/25/20	05/04/20	06/01/20		190.00	0.00	0.00	190.00		
TOP SOIL											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14436	JUAN CARDENAS TRUCKING	418.00	0.00	0.00	418.00
Vendor#	Vendor Name				Class	Pay Code					
14432	LGC CLINICAL DIAGNOSTICS, INC.										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
90183897		05/25/20	05/03/20	06/01/20		741.00	0.00	0.00	741.00		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14432	LGC CLINICAL DIAGNOSTICS, INC.	741.00	0.00	0.00	741.00
Vendor#	Vendor Name				Class	Pay Code					
10972	M G TRUST										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
052022		05/25/20	05/20/20	06/01/20		640.86	0.00	0.00	640.86		
PAYROLL DEDCUT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10972	M G TRUST	640.86	0.00	0.00	640.86
Vendor#	Vendor Name				Class	Pay Code					
M2178	MCKESSON MEDICAL SURGICAL INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
19172886		05/20/20	03/15/20	03/30/20		472.50	0.00	0.00	472.50		
SUPPLIES											
19393058		05/25/20	05/17/20	06/01/20		338.50	0.00	0.00	338.50		
SUPPLIES											
19397967		05/25/20	05/18/20	06/02/20		121.11	0.00	0.00	121.11		
SUPPLIES											

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		M2178	MCKESSON MEDICAL SURGICAL INC	932.11	0.00	0.00	932.11		
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
2208854608 ✓	SUPPLIES	05/09/20	04/27/20	05/22/20		669.73	0.00	0.00	669.73 ✓
2208717393 ✓	SUPPLIES	05/09/20	04/27/20	05/22/20		39.66	0.00	0.00	39.66 ✓
2208717395 ✓	SUPPLIES	05/09/20	04/27/20	05/22/20		433.22	0.00	0.00	433.22 ✓
2209750915 ✓	SUPPLIES	05/09/20	05/04/20	05/29/20		4,204.90	0.00	0.00	4,204.90 ✓
2209750911 ✓	SUPPLIES	05/09/20	05/04/20	05/29/20		33.34	0.00	0.00	33.34 ✓
2209819605 ✓	SUPPLIES	05/09/20	05/04/20	05/29/20		617.91	0.00	0.00	617.91 ✓
2208303164 ✓	SUPPLIES	05/18/20	04/23/20	05/18/20		195.00	0.00	0.00	195.00 ✓
2205548496 ✓	SUPPLIES	05/20/20	04/06/20	05/01/20		265.88	0.00	0.00	265.88 ✓
2206438186 ✓	SUPPLIES	05/20/20	04/12/20	05/07/20		518.28	0.00	0.00	518.28 ✓
2207898489 ✓	SUPPLIES	05/20/20	04/20/20	05/15/20		1,257.67	0.00	0.00	1,257.67 ✓
2210109938 ✓	SUPPLIES	05/25/20	05/05/20	05/30/20		220.49	0.00	0.00	220.49 ✓
2210295001 ✓	SUPPLIES	05/25/20	05/06/20	05/31/20		449.25	0.00	0.00	449.25 ✓
2210421987 ✓	HEALTH FAIR SUPPLIES	05/25/20	05/07/20	06/01/20		380.88	0.00	0.00	380.88 ✓
2206658243 ✓	SUPPLIES	05/26/20	04/13/20	05/08/20		2,036.74	0.00	0.00	2,036.74 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		M2470	MEDLINE INDUSTRIES INC	11,322.95	0.00	0.00	11,322.95		
Vendor#	Vendor Name	Class	Pay Code						
10963	MEMORIAL MEDICAL CLINIC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
052022	PAYROLL DEDUCT	05/25/20	05/20/20	06/01/20		328.78	0.00	0.00	328.78 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10963	MEMORIAL MEDICAL CLINIC	328.78	0.00	0.00	328.78		
Vendor#	Vendor Name	Class	Pay Code						
G0333	MICHAEL GAINES ✓	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
052522	FNP RECERT	05/26/20	05/25/20	06/01/20		120.00	0.00	0.00	120.00 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		G0333	MICHAEL GAINES	120.00	0.00	0.00	120.00		
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		
052522		05/25/20	05/25/20	06/01/20		271.44	0.00	0.00	271.44		
PAYROLL DEDUCT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						M2621	MMC AUXILIARY GIFT SHOP	271.44	0.00	0.00	271.44
Vendor#	Vendor Name				Class	Pay Code					
M2659	MXR IMAGING, INC				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
18800662881		05/25/20	09/08/20	10/08/20		2,273.84	0.00	0.00	2,273.84		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						M2659	MXR IMAGING, INC	2,273.84	0.00	0.00	2,273.84
Vendor#	Vendor Name				Class	Pay Code					
10868	NOVA BIOMEDICAL										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
90999388		05/26/20	05/16/20	06/13/20		2,988.00	0.00	0.00	2,988.00		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10868	NOVA BIOMEDICAL	2,988.00	0.00	0.00	2,988.00
Vendor#	Vendor Name				Class	Pay Code					
O0920	OFFICE DEPOT										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
241266338001		05/25/20	05/03/20	05/25/20		270.99	0.00	0.00	270.99		
SUPPLIES											
241266338002		05/25/20	05/04/20	05/25/20		403.33	0.00	0.00	403.33		
SUPPLIES											
241266339001		05/25/20	05/04/20	05/25/20		289.99	0.00	0.00	289.99		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						O0920	OFFICE DEPOT	964.31	0.00	0.00	964.31
Vendor#	Vendor Name				Class	Pay Code					
O1500	OLYMPUS AMERICA INC				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
32624219		05/25/20	05/07/20	06/01/20		1,137.51	0.00	0.00	1,137.51		
CONTRACT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						O1500	OLYMPUS AMERICA INC	1,137.51	0.00	0.00	1,137.51
Vendor#	Vendor Name				Class	Pay Code					
O1416	ORTHO CLINICAL DIAGNOSTICS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1852375976		05/26/20	04/26/20	05/26/20		752.16	0.00	0.00	752.16		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						O1416	ORTHO CLINICAL DIAGNOSTICS	752.16	0.00	0.00	752.16
Vendor#	Vendor Name				Class	Pay Code					
OM425	OWENS & MINOR										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2075265254		05/25/20	05/05/20	06/04/20		585.28	0.00	0.00	585.28		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						OM425	OWENS & MINOR	585.28	0.00	0.00	585.28

Vendor#	Vendor Name	Class	Pay Code								
11764	ROBERT RODRIQUEZ										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
051922		05/25/20	05/19/20	06/01/20		20.48	0.00	0.00	20.48		
	MILEAGE REIMB										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11764	ROBERT RODRIQUEZ				20.48	0.00	0.00	20.48		
10927	ROSHANDA THOMAS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
052322		05/25/20	05/23/20	06/01/20		46.99	0.00	0.00	46.99		
	BUS/TRANSP REIMB										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10927	ROSHANDA THOMAS				46.99	0.00	0.00	46.99		
10699	SIGN AD, LTD.										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
274020		05/25/20	05/01/20	05/11/20		400.00	0.00	0.00	400.00		
	LEASE ADVERTISING										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10699	SIGN AD, LTD.				400.00	0.00	0.00	400.00		
10195	SINGLETON ASSOCIATES PA										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
51-11		05/26/20	03/31/20	04/30/20		109.10	0.00	0.00	109.10		
	CONTRACT BILLING										
51-12		05/26/20	04/29/20	05/29/20		215.66	0.00	0.00	215.66		
	CONTRACT BILLING										
51-13		05/26/20	05/26/20	06/26/20		109.10	0.00	0.00	109.10		
	CONTRACT BILLING										
51-14A		05/26/20	06/29/20	07/29/20		54.55	0.00	0.00	54.55		
	CONTRACT BILLING										
51-15		05/26/20	07/27/20	08/27/20		226.93	0.00	0.00	226.93		
	CONTRACT BILLING										
51-16		05/26/20	08/30/20	09/30/20		302.96	0.00	0.00	302.96		
	CONTRACT BILLING										
51-17		05/26/20	09/30/20	10/30/20		226.57	0.00	0.00	226.57		
	CONTRACT BILLING										
51-18		05/26/20	11/30/20	12/30/20		163.65	0.00	0.00	163.65		
	CONTRACT BILLING										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10195	SINGLETON ASSOCIATES PA				1,408.52	0.00	0.00	1,408.52		
11296	SOUTH TEXAS BLOOD & TISSUE CEN										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
10702271		05/25/20	05/15/20	06/09/20		6,280.00	0.00	0.00	6,280.00		
	BLOOD										
CM6967		05/25/20	05/15/20	06/09/20		-2,844.00	0.00	0.00	-2,844.00		
	CREDIT										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11296	SOUTH TEXAS BLOOD & TISSUE CEN				3,436.00	0.00	0.00	3,436.00		

Vendor#	Vendor Name	Class	Pay Code							
C1010	SPARKLIGHT ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
051622		05/25/20	05/16/20	06/01/20		115.78	0.00	0.00	115.78 ✓	
	CABLE									
051622A		05/25/20	05/16/20	06/01/20		2,258.00	0.00	0.00	2,258.00 ✓	
	CABLE									
051622B		05/25/20	05/16/20	06/01/20		1,683.58	0.00	0.00	1,683.58 ✓	
	CABLE									
051622C		05/25/20	05/16/20	06/01/20		60.25	0.00	0.00	60.25 ✓	
	CABLE									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	C1010 SPARKLIGHT					4,117.61	0.00	0.00	4,117.61	
Vendor#	Vendor Name	Class	Pay Code							
14148	SPECTRUM HEALTH PARTNERS, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
JUM18MMC22 ✓		05/25/20	05/23/20	06/01/20		24,905.00	0.00	0.00	24,905.00	
	CFO STAFFING - Anthony Richardson (5/22-6/18/22) + expenses									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	14148 SPECTRUM HEALTH PARTNERS, LLC					24,905.00	0.00	0.00	24,905.00	
Vendor#	Vendor Name	Class	Pay Code							
10094	ST DAVIDS HEALTHCARE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
MMCPL20224 ✓		05/26/20	05/25/20	06/01/20		420.00	0.00	0.00	420.00 ✓	
	CONNECTIVITY FEE APR 22									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10094 ST DAVIDS HEALTHCARE					420.00	0.00	0.00	420.00	
Vendor#	Vendor Name	Class	Pay Code							
S3960	STERICYCLE, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
4010963862 ✓		05/26/20	06/01/20	06/15/20		2,662.55	0.00	0.00	2,662.55 ✓	
	MEDICAL WASTE 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							
13528	STRYKER FLEX FINANCIAL ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
249489 ✓		05/25/20	05/10/20	06/09/20		1,294.26	0.00	0.00	1,294.26 ✓	
	LEASE									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	13528 STRYKER FLEX FINANCIAL					1,294.26	0.00	0.00	1,294.26	
Vendor#	Vendor Name	Class	Pay Code							
14212	SURGICAL DIRECT SOUTH ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8719 ✓		05/26/20	05/24/20	06/15/20		2,315.00	0.00	0.00	2,315.00 ✓	
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	14212 SURGICAL DIRECT SOUTH					2,315.00	0.00	0.00	2,315.00	
Vendor#	Vendor Name	Class	Pay Code							
11067	TRIZETTO PROVIDER SOLUTIONS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	

35FK052200		05/25/20	05/01/20	05/26/20		1,631.07	0.00	0.00	1,631.07	
PATIENT STATEMENTS										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		11067	TRIZETTO PROVIDER SOLUTIONS			1,631.07	0.00	0.00	1,631.07	
Vendor#	Vendor Name			Class	Pay Code					
11001	ULINE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
148721121A		05/26/20	05/09/20	06/08/20		17.91	0.00	0.00	17.91	
FREIGHT										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		11001	ULINE			17.91	0.00	0.00	17.91	
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	
8400395103		05/26/20	05/19/20	06/13/20		175.75	0.00	0.00	175.75	
LAUNDRY										
8400395102		05/26/20	05/19/20	06/13/20		201.59	0.00	0.00	201.59	
LAUNDRY										
8400395104		05/26/20	05/19/20	06/13/20		226.93	0.00	0.00	226.93	
LAUNDRY										
8400395120		05/26/20	05/19/20	06/13/20		83.90	0.00	0.00	83.90	
LAUNDRY										
8400395127		05/26/20	05/19/20	06/13/20		1,624.54	0.00	0.00	1,624.54	
LAUNDRY										
8400395105		05/26/20	05/19/20	06/13/20		223.13	0.00	0.00	223.13	
LAUNDRY										
8400395141		05/26/20	05/19/20	06/13/20		62.69	0.00	0.00	62.69	
LAUNDRY										
8400395101		05/26/20	05/19/20	06/13/20		83.12	0.00	0.00	83.12	
LAUNDRY										
8400395318		05/26/20	05/23/20	06/13/20		48.15	0.00	0.00	48.15	
LAUNDRY										
8400395344		05/26/20	05/23/20	06/13/20		2,221.15	0.00	0.00	2,221.15	
LAUNDRY										
8400395319		05/26/20	05/23/20	06/13/20		59.82	0.00	0.00	59.82	
LAUNDRY										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		U1064	UNIFIRST HOLDINGS INC			5,010.77	0.00	0.00	5,010.77	
Vendor#	Vendor Name			Class	Pay Code					
10968	UNITED RENTALS (NORTH AMERICA)									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
205782083001		05/25/20	05/02/20	06/01/20		118.97	0.00	0.00	118.97	
RENTAL										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		10968	UNITED RENTALS (NORTH AMERICA)			118.97	0.00	0.00	118.97	
Vendor#	Vendor Name			Class	Pay Code					
V0552	VERATHON INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
80469222		05/25/20	04/21/20	05/16/20		2,550.00	0.00	0.00	2,550.00	
PREM EX WARRANTY										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	

	V0552	VERATHON INC					2,550.00	0.00	0.00	2,550.00
Vendor#	Vendor Name					Class	Pay Code			
10768	VICTORIA MEDICAL FOUNDATION ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	22 ✓		05/25/20	05/10/20	05/10/20		500.00	0.00	0.00	500.00 ✓
		ANNUAL MEMBER DUES O'DC								
	93A ✓		05/25/20	05/10/20	05/10/20		725.00	0.00	0.00	725.00 ✓
		ANNUAL MEMBER DUES SCHI								
	47 ✓		05/25/20	05/10/20	05/10/20		725.00	0.00	0.00	725.00 ✓
		ANNUAL MEMBER DUES BUNI								
	134 ✓		05/25/20	05/10/20	05/10/20		725.00	0.00	0.00	725.00 ✓
		ANNUAL MEMBER DUES SCHI								
	89 ✓		05/25/20	05/10/20	05/10/20		725.00	0.00	0.00	725.00 ✓
		ANNUAL MEMEBER DUES HIN								
	36 ✓		05/25/20	05/10/20	05/10/20		725.00	0.00	0.00	725.00 ✓
		ANNUAL DUES 22- ROJAS								
	25 ✓		05/25/20	05/10/20	05/10/20		500.00	0.00	0.00	500.00 ✓
		ANNUAL MEMEBER DUES SHI								
	23 ✓		05/25/20	05/10/20	05/10/20		500.00	0.00	0.00	500.00 ✓
		ANNUAL MEMBER DUES PFEI								
	29B ✓		05/25/20	05/10/20	05/10/20		500.00	0.00	0.00	500.00 ✓
		ANNUAL MEMBER DUES THUI								
	145B ✓		05/25/20	05/10/20	05/10/20		725.00	0.00	0.00	725.00 ✓
		ANNUAL MEMBER DUES UON								
	57 ✓		05/25/20	05/10/20	05/10/20		725.00	0.00	0.00	725.00 ✓
		ANNUAL MEMB DUES CROWL								
	143B ✓		05/25/20	05/10/20	05/10/20		725.00	0.00	0.00	725.00 ✓
		ANNUAL MEMEBER DUES TRI								
	14 ✓		05/25/20	05/10/20	05/10/20		500.00	0.00	0.00	500.00 ✓
		ANNUAL MEMBERSHIP DUES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10768	VICTORIA MEDICAL FOUNDATION				8,300.00	0.00	0.00	8,300.00
Vendor#	Vendor Name					Class	Pay Code			
10793	WAGeworks, INC. ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	052022		05/25/20	05/20/20	06/01/20		3,410.17	0.00	0.00	3,410.17 ✓
		PAYROLL DEDUCT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10793	WAGeworks, INC.				3,410.17	0.00	0.00	3,410.17
Vendor#	Vendor Name					Class	Pay Code			
11110	WERFEN USA LLC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9111154932 ✓		05/18/20	05/05/20	05/30/20		234.96	0.00	0.00	234.96 ✓
		SUPPLIES								
	9111158085 ✓		05/25/20	05/13/20	06/07/20		1,571.67	0.00	0.00	1,571.67 ✓
		SUPPLIES								
	9111160307 ✓		05/25/20	05/17/20	06/11/20		1,028.66	0.00	0.00	1,028.66 ✓
		SUPPLIES								
	9111160889 ✓		05/25/20	05/18/20	06/12/20		704.00	0.00	0.00	704.00 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

11110 WERFEN USA LLC 3,539.29 0.00 0.00 3,539.29

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	520,544.75	0.00	0.00	520,544.75
				<u>826.40</u>
				519,718.15

0.00

520,544.75 +
 826.60 -
 519,718.15 *

APPROVED ON

MAY 26 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS
 CK# 195160-195224

MCKESSON

STATEMENT

As of: 05/27/2022

Page: 002

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

Company 8000

DC: 8115

As of: 05/27/2022
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:

Customer: 632536
Date: 05/28/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 05/28/2022

**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: 8,106.35 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 05/31/2022,
Pay This Amount: 7,944.24 USD

If Paid After 05/31/2022,
Pay this Amount: 8,106.35 USD

Due If Paid On Time:
USD 7,944.24

Disc lost if paid late: 162.11

Due If Paid Late:
USD 8,106.35

7,065.97 +
482.77 +
264.01 +
131.49 +
7,944.24

APPROVED ON

MAY 31 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 05/27/2022

Page: 001

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

Company 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

DC: 8115

Territory: 400

Customer: 256342

Date: 05/28/2022

As of: 05/27/2022
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 05/28/2022

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 256342 WALMART 1098/MEM MED PHS										
05/23/2022	05/31/2022	7343689939	34278537	115Invoice	5.93	296.69		290.76 ✓		7343689939
05/23/2022	05/31/2022	7343858537	0520220853	115Invoice	34.92	1,745.79		1,710.87 ✓		7343858537
05/23/2022	05/31/2022	7343858538	0520220904	195Invoice		0.24		0.24 ✓		7343858538
05/24/2022	05/31/2022	7343996519	34570156	115Invoice		0.16		0.16 ✓		7343996519
05/24/2022	05/31/2022	7344147817	0523220956	115Invoice	1.04	52.24		51.20 ✓		7344147817
05/25/2022	05/31/2022	7344244937	34649084	115Invoice	26.00	1,300.16		1,274.16 ✓		7344244937
05/25/2022	05/31/2022	7344244938	34707987	115Invoice		0.09		0.09 ✓		7344244938
05/25/2022	05/31/2022	7344244939	34721672	115Invoice		0.09		0.09 ✓		7344244939
05/25/2022	05/31/2022	7344244940	34721672	115Invoice	0.01	0.63		0.62 ✓		7344244940
05/25/2022	05/31/2022	7344384824	0524220717	195Invoice	6.27	313.49		307.22 ✓		7344384824
05/25/2022	05/31/2022	7344384825	0524220943	115Invoice	4.56	227.86		223.30 ✓		7344384825
05/26/2022	05/31/2022	7344513686	34768335	115Invoice	6.99	349.58		342.59 ✓		7344513686
05/26/2022	05/31/2022	7344513687	34836106	115Invoice	2.81	140.53		137.72 ✓		7344513687
05/26/2022	05/31/2022	7344666686	0525221034	115Invoice	0.01	0.32		0.31 ✓		7344666686
05/27/2022	05/31/2022	7344779358	34889353	115Invoice	5.80	289.91		284.11 ✓		7344779358
05/27/2022	05/31/2022	7344779359	34949345	115Invoice	16.98	848.78		831.80 ✓		7344779359
05/27/2022	05/31/2022	7344944168	0526220802	195Invoice	32.87	1,643.60		1,610.73 ✓		7344944168

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 7,210.16 USD

Future Due: 0.00

If Paid By 05/31/2022,

Pay This Amount: 7,065.97 USD

Past Due: 0.00

Due If Paid On Time:

USD 7,065.97

Disc lost if paid late:

144.19

Last Payment 05/23/2022 11,177.20

If Paid After 05/31/2022,

Pay this Amount: 7,210.16 USD

Due If Paid Late:

USD 7,210.16

MAY 31 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 05/27/2022

Page: 001

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

Company 8000

DC: 8115

As of: 05/27/2022
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: 05/28/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 05/28/2022

**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											
05/25/2022	05/31/2022	7344227523	1707955	115Invoice	9.85	492.62		482.77 ✓		7344227523	

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: 492.62 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 05/23/2022 11,177.20

If Paid By 05/31/2022,
Pay This Amount:

482.77 USD

If Paid After 05/31/2022,
Pay this Amount:

492.62 USD

Due If Paid On Time:

USD 482.77

Disc lost if paid late:

9.85

Due If Paid Late:

USD 492.62

APPROVED ON

MAY 31 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 05/27/2022

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

DC: 8115

Territory: 400

Customer: 464450

Date: 05/28/2022

As of: 05/27/2022
 Mail to:

Page: 001
 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 464450
 Date: 05/28/2022

PLEASE CHECK ANY ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
05/23/2022	05/31/2022	7343658370	55x511520	115Invoice	4.96	247.87		242.91 ✓		7343658370	
05/24/2022	05/31/2022	7343972561	55x513797	115Invoice	0.14	6.95		6.81 ✓		7343972561	
05/25/2022	05/31/2022	7344217145	55x517358	115Invoice	0.03	1.48		1.45 ✓		7344217145	
05/27/2022	05/31/2022	7344756499	55x522378	115Invoice	0.26	13.10		12.84 ✓		7344756499	

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: 269.40 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 05/23/2022 11,177.20

If Paid By 05/31/2022,
 Pay This Amount:

264.01 USD

If Paid After 05/31/2022,
 Pay this Amount:

269.40 USD

Due If Paid On Time:
 USD

264.01 ✓

Disc lost if paid late:

5.39

Due If Paid Late:
 USD

269.40

APPROVED ON

MAY 31 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 05/27/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 05/27/2022
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: 05/28/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 05/28/2022

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

Billing Date	Due Date	Receivable Number	National Account	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS												
05/25/2022	05/31/2022	7344420299		1708387	115Invoice	2.68	134.17		131.49	✓	7344420299	

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: 134.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 05/23/2022 11,177.20

If Paid By 05/31/2022,
Pay This Amount:

131.49 USD

If Paid After 05/31/2022,
Pay this Amount:

134.17 USD

Due If Paid On Time:

USD 131.49 ✓

Disc lost if paid late:

2.68

Due If Paid Late:

USD 134.17

APPROVED ON

MAY 31 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



STATEMENT

Statement Number: 63081419
Date: 05-27-2022

Served By:	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Customer:	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number	100135284 / 037028186
	DEA: RA0289276 866-451-9655			Terms	Sat - Fri Due in 7 days

Remit To:	AMERISOURCEBERGEN P.O. Box 905223 CHARLOTTE NC 28290-5223	Summary
		Not Yet Due: 0.00 Current: 697.52 Past Due: 0.00 Total Due: 697.52 Account Balance: 697.52

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
05-23-2022	06-03-2022	3093710926	165997	Invoice	36.60		0.00	36.60
05-23-2022	06-03-2022	3093710927	165999	Invoice	0.91		0.00	0.91
05-23-2022	06-03-2022	3093710928	165998	Invoice	18.94		0.00	18.94
05-23-2022	06-03-2022	3093710929	166000	Invoice	28.24		0.00	28.24
05-23-2022	06-03-2022	3093751190	166046	Invoice	387.46		0.00	387.46
05-24-2022	06-03-2022	3093886243	166054	Invoice	9.25		0.00	9.25
05-25-2022	06-03-2022	3094036434	166065	Invoice	59.81		0.00	59.81
05-26-2022	06-03-2022	3094189528	166074	Invoice	156.31		0.00	156.31

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
697.52	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
05-27-2022	(506.34)

Reminders	
Due Date	Amount
06-03-2022	697.52
Total Due:	697.52

APPROVED ON
MAY 31 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- May 23, 2022 - May 29, 2022**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	
5/23/2022	PAY PLUS ACHTRANS 452579291 101000690496325	- 3rd Party Payor Fee	2.68	2,680 +
5/24/2022	PAY PLUS ACHTRANS 452579291 101000691413397	- 3rd Party Payor Fee	35.62	35,620 +
5/24/2022	MCKESSON DRUG AUTO ACH ACH05031206 910000126	- 340B Drug Program Expense	11,177.20 *	139,650 +
5/25/2022	PAY PLUS ACHTRANS 452579291 101000692265225	- 3rd Party Payor Fee	139.65	183,100 +
5/26/2022	PAY PLUS ACHTRANS 452579291 101000693099953	- 3rd Party Payor Fee	183.10	124,750 +
5/27/2022	PAY PLUS ACHTRANS 452579291 101000693983422	- 3rd Party Payor Fee	124.75	485,800 *
5/27/2022	EXPERTPAY EXPERTPAY 746003411 91000012213637	-Child Support Payment -Payroll Ending 5.19.22	607.27	Expert Pay 607,270 +
5/27/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	506.34 *	607,270 +
5/27/2022	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	351,456.52 *	607,270 +
			364,233.13	607,270 *

Anthony Richardson, Interim CFO
Memorial Medical Center

May 31, 2022

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>	
6/16/2022	CHIRP IGT	-IGT	84,097.00	364,233 + 13 -
				11,177 - 20 -
				506 - 34 -
				351,456 - 52 -
				1,093 - 07 *
			84,097.00	

Anthony Richardson, Interim CFO
Memorial Medical Center

May 31, 2022

APPROVED ON

MAY 31 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**



Transaction Summary

Transaction Complete
Trace

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

Payment Total	\$84,097.00
Bank Routing and Account Number	
Settlement Date	6/16/2022
CHIRP Amount	\$84,097.00
Entered By	Marley Moehrig

Marley ODonnell

From: Texas Health and Human Services Commission <txhhs@public.govdelivery.com>
Sent: Friday, May 27, 2022 2:18 PM
To: Marley ODonnell
Subject: Comprehensive Hospital Increase Reimbursement Program IGT Notification First Half of Year 2 (SFY23)

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



Comprehensive Hospital Increase Reimbursement Program IGT Notification First Half of Year 2 (SFY23)

HHSC is providing notification of the first half Intergovernmental Transfers (IGT) call for the Comprehensive Hospital Increase Reimbursement Program (CHIRP) Year 2.

The IGT amounts can be found in column AR on the "CHIRP Payment Calc" tab of the *Suggested IGT* file. This file has been updated today, May 27, 2022, and can be found under **Suggested IGT** on [the Provider Finance CHIRP website](#).

- The IGT must be entered into TexNet no later than close of business June 15, 2022 with a **settlement date of June 16, 2022**.
- This settlement date is non-negotiable.
- The funds need to be placed in the "CHIRP" Bucket.

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


Please email any questions regarding the calculation in general to PFD_Hospitals@hhsc.state.tx.us.



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CHIRP SFY2023 Payment Calculation

Master TPI list	Enrollment	Enrollment	Enrollment
Totals:			
2021 Master TPI	TPI	Master NPI	NPI
137909111	137909111	1689630865	1689630865

Model

Enrollment	Standard Dollar Amount File	Standard Dollar Amount File
PROVIDER NAME	CHIRP Class	SDA
Memorial Medical Center	Rural	Nueces

	Actuarial Analysis	Actuarial Analysis		IP Medicare UPL Test and IMD Medicare UPL Test	OP Medicare UPL Test, or 0 for IMDs
	\$3,404,974,340	\$2,095,813,360	\$5,500,787,699	\$2,199,918,194	\$590,777,521
Combined Rates Class & SDA	SFY23 IP Encounters STAR and STAR Plus	SFY23 AA OP Encounters STAR and STAR Plus	Total SFY23 AA Encounters	2022 IP UPL Gap	2022 OP UPL Gap
Rural Nueces	\$1,051,542	\$961,127	\$2,012,669	\$121,196	-\$79,110

Calculated in the ACR model tab using enrollment and UPL info; for IMDs, need Medicaid charges as well.

Calculated in the ACR model tab using enrollment and UPL info.

% of ACR before Cutback

\$2,790,695,715	\$4,278,262,373	\$1,507,983,123	\$5,786,245,496	70%
Total UPL Gap	IP ACR Gap	OP ACR Gap	Full ACR Gap	Does the Hospital Have Positive IP ACR Room?
\$42,086	\$93,304	\$221,987	\$315,291	Yes

			\$2,264,063,568	\$627,674,532
Does the Hospital Have Positive OP ACR Room?	IP UHRIP Rate	OP UHRIP Rate	IP UHRIP Payment	OP UHRIP Payment
Yes	17%	13%	\$ 178,762	\$ 124,946

\$2,891,738,100					
Total UHRIP Payment	Requested to participate in ACIA Component?	IP ACIA payment is > \$0	OP ACIA payment is > \$0	Total ACIA payment is > \$0	IP ACIA Rate
\$303,709	Yes	No	Yes	Yes	0%

Reduction

	\$1,627,668,878	\$641,374,896	\$2,269,043,774		
OP ACIA Rate	IP ACIA Payment before reduction to stay at 90% of ACR	OP ACIA Payment (before reduction to stay at 90% of ACR)	Total ACIA Payment	Revised IP ACIA Rate	Revised OP ACIA Rate
7%	\$0	\$67,279	\$67,279	0%	7%

\$171,128,159

\$47,097,632

\$1,456,540,719	\$594,277,264			\$4,942,556,082	\$304,411,923
Revised IP ACIA Payment to stay at 90% of ACR	Revised OP ACIA Payment to stay at 90% of ACR	Inpatient CHIRP Rate	Outpatient CHIRP Rate	Hospital Receives	MCO Fees
\$0	\$67,279	17%	20%	370,988	22,880

State Share

39.54%

\$5,246,968,005	\$2,240,623,241	\$1,120,311,621	\$1,120,311,621
Total Hospital Receives Plus MCO Fees	Suggested Total IGT for Declaration of Intent after 8% (12 months)	Suggested IGT for 1st 6 months	Suggested IGT for 2nd 6 months
393,867	\$168,194	\$84,097	\$84,097

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 26 2022
05/26/2022

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
051622A		05/25/20	05/16/20	06/17/20		106.25	0.00	0.00	106.25 ✓
	TRANSFER	<i>NH insurance pymt deposited into mme open h</i>							
051622		05/25/20	05/16/20	06/17/20		52.09	0.00	0.00	52.09 ✓
	TRANSFER	"							
051722		05/25/20	05/17/20	06/17/20		261.23	0.00	0.00	261.23 ✓
	TRANSFER	"							
052022		05/25/20	05/20/20	06/17/20		1,346.66	0.00	0.00	1,346.66 ✓
	TRANSFER	"							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	1,766.23	0.00	0.00	1,766.23

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,766.23	0.00	0.00	1,766.23

APPROVED ON

MAY 26 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Clk#195725

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 26 2022

12:44

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
051622		05/25/20	05/16/20	06/17/20		7,132.84	0.00	0.00	7,132.84 ✓
	TRANSFER	<i>NH insurance pymt deposited into MMC operating</i>							
051722		05/25/20	05/17/20	06/17/20		13,377.80	0.00	0.00	13,377.80 ✓
	TRANSFER "								
Vendor Totals						Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA					20,510.64	0.00	0.00	20,510.64

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	20,510.64	0.00	0.00	20,510.64

APPROVED ON

MAY 26 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 195229

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 26 2022
05/26/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
051622		05/25/20	05/16/20	06/17/20		8,918.60	0.00	0.00	8,918.60 ✓
051622A	TRANSFER	05/25/20	05/16/20	06/17/20		397.76	0.00	0.00	397.76 ✓
	TRANSFER	"	"	"		"	"	"	"
051722A		05/25/20	05/17/20	06/17/20		1,226.21	0.00	0.00	1,226.21 ✓
	TRANSFER	"	"	"		"	"	"	"
051722		05/25/20	05/17/20	06/17/20		172.32	0.00	0.00	172.32 ✓
	TRANSFER	"	"	"		"	"	"	"
052022		05/25/20	05/20/20	06/17/20		11,509.52	0.00	0.00	11,509.52 ✓
	TRANSFER	"	"	"		"	"	"	"
Vendor Totals						Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE					22,224.41	0.00	0.00	22,224.41

NH insurance pymt deposited into MMC operating

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	22,224.41	0.00	0.00	22,224.41

APPROVED ON

MAY 26 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 195230

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 26 2022

05/26/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
051622		05/25/20	05/16/20	06/17/20		4,592.85	0.00	0.00	4,592.85 ✓
	TRANSFER	<i>NH insurance pymt deposited into mmcc operating</i>							
051722		05/25/20	05/17/20	06/17/20		19,239.99	0.00	0.00	19,239.99 ✓
	TRANSFER	"							
052022		05/25/20	05/20/20	06/17/20		2,879.49	0.00	0.00	2,879.49 ✓
	SUPPLIES	"							
052022A		05/25/20	05/20/20	06/17/20		16,161.49	0.00	0.00	16,161.49 ✓
	TRANSFER	"							

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
12792		BETHANY SENIOR LIVING	42,873.82	0.00	0.00	42,873.82

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	42,873.82	0.00	0.00	42,873.82

APPROVED ON

MAY 26 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#195227

0

RUN DATE:05/27/22
 TIME:14:09

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 05/27/22 THRU 06/01/22

PAGE 1
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	195160	06/01/22	2,151.92	4IMPRINT, INC.
A/P	195161	06/01/22	49.18	ADT COMMERCIAL
A/P	195162	06/01/22	549.00	AIRGAS USA, LLC - CENTRAL DIV
A/P	195163	06/01/22	2,967.75	ALLYSON SWOPE
A/P	195164	06/01/22	112.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	195165	06/01/22	591.67	BAXTER HEALTHCARE
A/P	195166	06/01/22	15,432.59	BECKMAN COULTER INC
A/P	195167	06/01/22	118.45	BEEKLEY CORPORATION
A/P	195168	06/01/22	218,619.82	BLUE CROSS BLUE SHIELD
A/P	195169	06/01/22	303.00	CABLES AND SENSORS
A/P	195170	06/01/22	55.57	CDW GOVERNMENT, INC.
A/P	195171	06/01/22	518.75	CHEMAQUA
A/P	195172	06/01/22	5,394.92	CITY OF PORT LAVACA
A/P	195173	06/01/22	62.50	COASTAL OFFICE SOLUTONS
A/P	195174	06/01/22	449.30	COCA COLA SOUTHWEST BEVERAGES
A/P	195175	06/01/22	49.44	CONMED LINVATEC
A/P	195176	06/01/22	493.29	CYRACOM LLC
A/P	195177	06/01/22	491.67	DEWITT POTH & SON
A/P	195178	06/01/22	162,120.86	DISCOVERY MEDICAL NETWORK INC
A/P	195179	06/01/22	495.00	FASTHEALTH CORPORATION
A/P	195180	06/01/22	852.00	FIRETRON, INC
A/P	195181	06/01/22	.00	VOIDED
A/P	195182	06/01/22	3,262.31	FISHER HEALTHCARE
A/P	195183	06/01/22	260.55	G & S MANAGEMENT GROUP LLC
A/P	195184	06/01/22	61.50	GRAINGER
A/P	195185	06/01/22	1,073.92	GULF COAST PAPER COMPANY
A/P	195186	06/01/22	9.15	HEALTHSTREAM, INC.
A/P	195187	06/01/22	1,260.00	HOLOGIC INC
A/P	195188	06/01/22	11,040.00	INSIGMA
A/P	195189	06/01/22	539.40	INTERSTATE ALL BATTERY CENTER
A/P	195190	06/01/22	1,251.81	IRON MOUNTAIN
A/P	195191	06/01/22	418.00	JUAN CARDENAS TRUCKING
A/P	195192	06/01/22	741.00	LGC CLINICAL DIAGNOSTICS, INC.
A/P	195193	06/01/22	640.86	M G TRUST
A/P	195194	06/01/22	932.11	MCKESSON MEDICAL SURGICAL INC
A/P	195195	06/01/22	.00	VOIDED
A/P	195196	06/01/22	11,322.95	MEDLINE INDUSTRIES INC
A/P	195197	06/01/22	328.78	MEMORIAL MEDICAL CLINIC
A/P	195198	06/01/22	120.00	MICHAEL GAINES
A/P	195199	06/01/22	271.44	MMC AUXILIARY GIFT SHOP
A/P	195200	06/01/22	2,273.84	MXR IMAGING, INC
A/P	195201	06/01/22	2,988.00	NOVA BIOMEDICAL
A/P	195202	06/01/22	964.31	OFFICE DEPOT
A/P	195203	06/01/22	1,137.51	OLYMPUS AMERICA INC
A/P	195204	06/01/22	752.16	ORTHO CLINICAL DIAGNOSTICS
A/P	195205	06/01/22	585.28	OWENS & MINOR
A/P	195206	06/01/22	20.48	ROBERT RODRIQUEZ
A/P	195207	06/01/22	46.99	ROSHANDA THOMAS
A/P	195208	06/01/22	400.00	SIGN AD, LTD.
A/P	195209	06/01/22	1,408.52	SINGLETON ASSOCIATES PA

RUN DATE:05/27/22
TIME:14:09

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/27/22 THRU 06/01/22

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	195210	06/01/22	3,436.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	195211	06/01/22	4,117.61	SPARKLIGHT
A/P	195212	06/01/22	24,905.00	SPECTRUM HEALTH PARTNERS, LLC
A/P	195213	06/01/22	420.00	ST DAVIDS HEALTHCARE
A/P	195214	06/01/22	2,662.55	STERICYCLE, INC
A/P	195215	06/01/22	1,294.26	STRYKER FLEX FINANCIAL
A/P	195216	06/01/22	2,315.00	SURGICAL DIRECT SOUTH
A/P	195217	06/01/22	1,631.07	TRIZETTO PROVIDER SOLUTIONS
A/P	195218	06/01/22	17.91	ULINE
A/P	195219	06/01/22	5,010.77	UNIFIRST HOLDINGS INC
A/P	195220	06/01/22	118.97	UNITED RENTALS (NORTH AMERICA)
A/P	195221	06/01/22	2,550.00	VERATHON INC
A/P	195222	06/01/22	8,300.00	VICTORIA MEDICAL FOUNDATION
A/P	195223	06/01/22	.00	WAGWORKS, INC.
A/P	195224	06/01/22	.00	WERFEN USA LLC
A/P	195225	06/01/22	3,410.17	WAGWORKS, INC.
A/P	195226	06/01/22	3,539.29	WERFEN USA LLC
A/P	195227	06/01/22	42,873.82	BETHANY SENIOR LIVING
A/P	195228	06/01/22	1,766.23	GOLDENCREEK HEALTHCARE
A/P	195229	06/01/22	20,510.64	GULF POINTE PLAZA
A/P	195230	06/01/22	22,224.41	TUSCANY VILLAGE
TOTALS:			607,093.25	

Payables 519,718.15 +
NH Trans Cos 87,375.10 +
607,093.25 *

APPROVED ON

JUN 01 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
5/31/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		46,659.75 ✓	46,544.73 ✓	161,831.07 ✓		161,946.09 ✓	161,831.07
						Bank Balance	161,946.09 ✓
						Variance	-
						Leave in Balance	100.00
						April Interest	15.02 ✓
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	161,831.07 ✓
Broadmoor		107,403.32 ✓	107,291.66 ✓	103,536.64 ✓		-	103,536.64
						Bank Balance	103,648.30 ✓
						Variance	-
						Leave in Balance	100.00
						April Interest	11.66 ✓
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	103,536.64 ✓
Crescent		105,863.01 ✓	105,750.94 ✓	93,621.29 ✓		93,733.36 ✓	93,621.29
						Bank Balance	93,733.36 ✓
						Variance	-
						Leave in Balance	100.00
						April Interest	12.07 ✓
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	93,621.29 ✓
Fort Bend		62,714.63 ✓	62,609.44 ✓	54,774.33 ✓		54,879.52 ✓	54,774.33
						Bank Balance	54,879.52 ✓
						Variance	-
						Leave in Balance	100.00
						April Interest	5.19 ✓
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	54,774.33 ✓
Solera at W Houston		91,088.56 ✓	90,974.66 ✓	101,578.42 ✓		101,692.32 ✓	101,578.42
						Bank Balance	101,692.32 ✓
						Variance	-
						Leave in Balance	100.00
						Molina QIPP	
						Amerigroup QIPP	
						April Interest	13.90 ✓
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	101,578.42 ✓

161,831.07 +
103,536.64 +
93,621.29 + *at West Houston / Fort Bend / Broadmoor.*
54,774.33 +
101,578.42 +
515,341.75 *

APPROVED ON
MAY 31 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 515,341.75
Approved: *[Signature]*
ANTHONY RICHARDSON, INTERIM CFO 5/31/2022

Ashford Gardens

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	185.5	-	-	-	-	185.50	
-	1784.4	-	-	-	-	1,784.40	
-	675.67	-	-	-	-	675.67	
-	2759.13	-	-	-	-	2,759.13	
-	2227.47	-	-	-	-	2,227.47	
-	25088	-	-	-	-	25,088.00	
-	43120.14	-	-	-	-	43,120.14	
46,544.73	0	-	-	-	-	-	
-	6901.95	-	-	-	-	6,901.95	
-	18476	-	-	-	-	18,476.00	
-	6,772.46	-	-	-	-	6,772.46	
-	51,558.61	-	-	-	-	51,558.61	
-	2,281.74	-	-	-	-	2,281.74	
46,544.73	161,831.07	-	-	-	-	161,831.07	

Broadmoor

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	1357.77	-	-	-	-	1,357.77	
-	350.48	-	-	-	-	350.48	
-	13485	-	-	-	-	13,485.00	
-	4248.28	-	-	-	-	4,248.28	
-	11220.12	-	-	-	-	11,220.12	
-	4608.62	-	-	-	-	4,608.62	
-	11,352.43	-	-	-	-	11,352.43	
107,291.66	-	-	-	-	-	-	
-	18,060.00	-	-	-	-	18,060.00	
-	3,210.13	-	-	-	-	3,210.13	
-	29,351.47	-	-	-	-	29,351.47	
-	6,292.34	-	-	-	-	6,292.34	
107,291.66	103,536.64	-	-	-	-	103,536.64	

Crescent

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	1,649.80	-	-	-	-	1,649.80	
-	2,642.64	-	-	-	-	2,642.64	
-	4,068.39	-	-	-	-	4,068.39	
-	1,200.00	-	-	-	-	1,200.00	
-	8,234.93	-	-	-	-	8,234.93	
-	4,833.35	-	-	-	-	4,833.35	
-	2,790.00	-	-	-	-	2,790.00	
-	3,298.34	-	-	-	-	3,298.34	
-	5,180.00	-	-	-	-	5,180.00	
-	2,164.10	-	-	-	-	2,164.10	
-	15,823.98	-	-	-	-	15,823.98	
-	5,200.00	-	-	-	-	5,200.00	
-	3,600.00	-	-	-	-	3,600.00	
105,750.94	-	-	-	-	-	-	
-	7,030.00	-	-	-	-	7,030.00	
-	16,736.16	-	-	-	-	16,736.16	
-	400.00	-	-	-	-	400.00	
-	800.00	-	-	-	-	800.00	
-	5,068.50	-	-	-	-	5,068.50	
-	2,901.10	-	-	-	-	2,901.10	
105,750.94	93,621.29	-	-	-	-	93,621.29	

Fort Bend

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	488.17	-	-	-	-	488.17	
-	11,745.67	-	-	-	-	11,745.67	
-	2,547.33	-	-	-	-	2,547.33	
-	4,024.91	-	-	-	-	4,024.91	
-	2,543.91	-	-	-	-	2,543.91	
-	9,650.20	-	-	-	-	9,650.20	
62,609.44	-	-	-	-	-	-	
-	22,637.47	-	-	-	-	22,637.47	
-	1,126.67	-	-	-	-	1,126.67	
-	10.00	-	-	-	-	10.00	
62,609.44	54,774.33	-	-	-	-	54,774.33	

Solera at West Houston

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	927.50	-	-	-	-	927.50	
-	4,272.07	-	-	-	-	4,272.07	
-	5,000.00	-	-	-	-	5,000.00	
-	103.66	-	-	-	-	103.66	
-	643.21	-	-	-	-	643.21	
-	8,759.00	-	-	-	-	8,759.00	
-	14,060.28	-	-	-	-	14,060.28	
-	14,281.48	-	-	-	-	14,281.48	
-	2,024.26	-	-	-	-	2,024.26	
90,974.66	-	-	-	-	-	-	
-	4,270.00	-	-	-	-	4,270.00	
-	8,837.89	-	-	-	-	8,837.89	
-	7,280.17	-	-	-	-	7,280.17	
-	654.53	-	-	-	-	654.53	
-	2,475.03	-	-	-	-	2,475.03	
-	20,348.57	-	-	-	-	20,348.57	
-	2,875.50	-	-	-	-	2,875.50	
-	4,765.27	-	-	-	-	4,765.27	
90,974.66	101,578.42	-	-	-	-	101,578.42	

TOTALS

413,171.43	515,341.75	-	-	-	-	515,341.75
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Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of May 31, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,364,483.25	\$7,661,034.54	\$7,364,483.25	\$7,457,115.2
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,720.23	\$5,720.23	\$5,720.23	\$5,720.2
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$44,960.56	\$52,905.97	\$44,960.56	\$41,847.5
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.33	\$536.33	\$536.33	\$536.3
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,150,850.71	\$5,393,488.25	\$5,150,850.71	\$5,373,294.0
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.76	\$431.76	\$431.76	\$431.7
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$161,946.09 ✓	\$173,379.26	\$161,946.09	\$101,333.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$103,648.30 ✓	\$103,648.30	\$103,648.30	\$97,355.9
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$93,733.36 ✓	\$104,147.64	\$93,733.36	\$85,763.7
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$54,879.52 ✓	\$54,979.78	\$54,879.52	\$54,869.5
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$101,692.32 ✓	\$106,347.48	\$101,692.32	\$94,051.5
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,110,243.27	\$1,110,243.27	\$1,110,243.27	\$1,110,243.2
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$285,009.22	\$288,042.41	\$285,009.22	\$272,740.8
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$109,936.26	\$109,936.26	\$109,936.26	\$106,181.1
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,000.51	\$3,162.25	\$1,000.51	\$1,000.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$139,894.81	\$154,065.35	\$139,894.81	\$111,745.4

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 5/31/2022

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		101,916.44	101,798.88	44,843.00		44,960.56	44,843.00
						44,960.56	
						100.00	
						17.56	
						-17.56	
						<u>44,843.00</u>	

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 5/31/2022

APPROVED ON
MAY 31 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

5/23/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 5/23/2022 NOVITAS SOLUTION HCCLAIMPMT 676097 420000120
 5/25/2022 Centene Manageme ACH 008765433514 1110000209
 5/26/2022 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 5/27/2022 HNB - ECHO HCCLAIMPMT 746003411 440000257910

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	136.92	-	-	-	-	-	136.92
-	41,588.10	-	-	-	-	-	41,588.10
-	5.00	-	-	-	-	-	5.00
101,798.88	-	-	-	-	-	-	-
-	3,112.98	-	-	-	-	-	3,112.98
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
101,798.88	44,843.00	-	-	-	-	-	44,843.00

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type



DDA

Data reported as of May 31, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,364,483.25	\$7,661,034.54	\$7,364,483.25	\$7,457,115.2
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,720.23	\$5,720.23	\$5,720.23	\$5,720.2
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$44,960.56 ✓	\$52,905.97	\$44,960.56	\$41,847.5
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.33	\$536.33	\$536.33	\$536.3
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,150,850.71	\$5,393,488.25	\$5,150,850.71	\$5,373,294.0
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.76	\$431.76	\$431.76	\$431.7
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$161,946.09	\$173,379.26	\$161,946.09	\$101,333.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$103,648.30	\$103,648.30	\$103,648.30	\$97,355.5
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$93,733.36	\$104,147.64	\$93,733.36	\$85,763.7
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$54,879.52	\$54,979.78	\$54,879.52	\$54,869.5
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$101,692.32	\$106,347.48	\$101,692.32	\$94,051.5
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,110,243.27	\$1,110,243.27	\$1,110,243.27	\$1,110,243.2
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$285,009.22	\$288,042.41	\$285,009.22	\$272,740.5
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$109,936.26	\$109,936.26	\$109,936.26	\$106,181.1
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,000.51	\$3,162.25	\$1,000.51	\$1,000.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$139,894.81	\$154,065.35	\$139,894.81	\$111,745.4

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 5/31/2022

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	5,794.61	5,692.25	898.15			1,000.51	no transfer
					Bank Balance Variance	1,000.51	
					Leave in Balance	100.00	

April Interest 2.36 ✓
 May Interest
 June Interest
 Adjust Balance/Transfer Amt 898.15 ✓

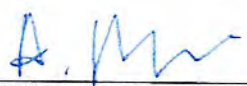
Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid	31,587.56	31,478.91	109,827.61			109,936.26	109,827.61
					Bank Balance Variance	109,936.26	
					Leave in Balance	100.00	

April Interest 8.65 ✓
 May Interest
 June Interest
 Adjust Balance/Transfer Amt 109,827.61 ✓

TOTAL TRANSFERS 110,725.76

Routing Information for Gulf Pointe Plaza:
 [Redacted]

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 5/31/2022

APPROVED ON
MAY 31 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

5/23/2022 HNB - ECHO HCCLAIMPMT 746003411 440000212397
 5/23/2022 HNB - ECHO HCCLAIMPMT 746003411 440000212447
 5/24/2022 HUMANA CHA DISB HCCLAIMPMT 624982 4200001274
 5/24/2022 AETNA AS01 HCCLAIMPMT 1922092790 51000013120
 5/26/2022 WIRE OUT HMG SERVICES, LLC
 5/26/2022 HNB - ECHO HCCLAIMPMT 746003411 440000222618

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	120.77	-	-	-	-	-	120.77
-	12.74	-	-	-	-	-	12.74
-	370.21	-	-	-	-	-	370.21
-	350.00	-	-	-	-	-	350.00
5,692.25	-	-	-	-	-	-	-
-	44.43	-	-	-	-	-	44.43
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
5,692.25	898.15	-	-	-	-	-	898.15

Gulf Pointe Plaza-Medicare/Medicaid

5/23/2022 HNB - ECHO HCCLAIMPMT 746003411 440000212401
 5/23/2022 NORIDIAN J3A HCCLAIMPMT 675892 4200001299551
 5/24/2022 NORIDIAN J3A HCCLAIMPMT 675892 4200001215818
 5/25/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 5/25/2022 WPS-TMEP CONTRAC HCCLAIMPMT 2300313135 21000
 5/25/2022 NORIDIAN J3A HCCLAIMPMT 675892 4200001409118
 5/26/2022 WIRE OUT HMG SERVICES, LLC
 5/27/2022 PNC-ECHO HCCLAIMPMT 746003411 41000125663028
 5/27/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	11,812.38	-	-	-	-	-	11,812.38
-	75,684.18	-	-	-	-	-	75,684.18
-	13,571.86	-	-	-	-	-	13,571.86
-	2,750.00	-	-	-	-	-	2,750.00
-	211.10	-	-	-	-	-	211.10
-	2,043.01	-	-	-	-	-	2,043.01
31,478.91	-	-	-	-	-	-	-
-	46.52	-	-	-	-	-	46.52
-	3,708.56	-	-	-	-	-	3,708.56
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
31,478.91	109,827.61	-	-	-	-	-	109,827.61
-	-	-	-	-	-	-	-
37,171.16	110,725.76	-	-	-	-	-	110,725.76

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of May 31, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,364,483.25	\$7,661,034.54	\$7,364,483.25	\$7,457,115.2
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,720.23	\$5,720.23	\$5,720.23	\$5,720.2
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$44,960.56	\$52,905.97	\$44,960.56	\$41,847.5
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.33	\$536.33	\$536.33	\$536.3
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,150,850.71	\$5,393,488.25	\$5,150,850.71	\$5,373,294.0
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.76	\$431.76	\$431.76	\$431.7
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$161,946.09	\$173,379.26	\$161,946.09	\$101,333.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$103,648.30	\$103,648.30	\$103,648.30	\$97,355.5
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$93,733.36	\$104,147.64	\$93,733.36	\$85,763.7
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$54,879.52	\$54,979.78	\$54,879.52	\$54,869.5
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$101,692.32	\$106,347.48	\$101,692.32	\$94,051.5
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,110,243.27	\$1,110,243.27	\$1,110,243.27	\$1,110,243.2
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$285,009.22	\$288,042.41	\$285,009.22	\$272,740.8
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$109,936.26 ✓	\$109,936.26	\$109,936.26	\$106,181.1
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,000.51 ✓	\$3,162.25	\$1,000.51	\$1,000.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$139,894.81	\$154,065.35	\$139,894.81	\$111,745.4

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 5/31/2022

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home							
Tuscany Village	42,495.68	42,395.68	139,794.81			139,894.81	139,794.81
					Bank Balance Variance	139,894.81	
					Leave in Balance	100.00	

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

Adjust Balance/Transfer Amt. 139,794.81
 Approved: *[Signature]*
 ANTHONY RICHARDSON, INTERIM CFO 5/31/2022

APPROVED ON
MAY 31 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	
5/24/2022 HNB - ECHO HCCLAIMPMT 746003411 440000255958	-	1,721.06	-	-	-	-	-	1,721.06
5/24/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000140	-	43,838.62	-	-	-	-	-	43,838.62
5/26/2022 WIRE OUT LINBAR ENTERPRISES, LLC	42,395.68	-	-	-	-	-	-	-
5/26/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000124	-	66,085.76	-	-	-	-	-	66,085.76
5/27/2022 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	3,511.89	-	-	-	-	-	3,511.89
5/27/2022 HNB - ECHO HCCLAIMPMT 746003411 440000257935	-	6,453.96	-	-	-	-	-	6,453.96
5/27/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000139	-	6,023.52	-	-	-	-	-	6,023.52
5/27/2022 KS PLAN ADMINIST HCCLAIMPMT 179 111000022808	-	12,160.00	-	-	-	-	-	12,160.00
	42,395.68	139,794.81	-	-	-	-	-	139,794.81

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

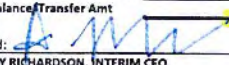
Account Type

DDA

Data reported as of May 31, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,364,483.25	\$7,661,034.54	\$7,364,483.25	\$7,457,115.2
*4551 CAL CO INDIGENT HEALTHCARE	\$5,720.23	\$5,720.23	\$5,720.23	\$5,720.2
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$44,960.56 ✓	\$52,905.97	\$44,960.56	\$41,847.5
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.33	\$536.33	\$536.33	\$536.3
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,150,850.71	\$5,393,488.25	\$5,150,850.71	\$5,373,294.0
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.76	\$431.76	\$431.76	\$431.7
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$161,946.09	\$173,379.26	\$161,946.09	\$101,333.2
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$103,648.30	\$103,648.30	\$103,648.30	\$97,355.5
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$93,733.36	\$104,147.64	\$93,733.36	\$85,763.7
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$54,879.52	\$54,979.78	\$54,879.52	\$54,869.5
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$101,692.32	\$106,347.48	\$101,692.32	\$94,051.5
*2998 MMC -MONEY MARKET FUND	\$1,110,243.27	\$1,110,243.27	\$1,110,243.27	\$1,110,243.2
*5506 MMC -NH BETHANY SENIOR LIVING	\$285,009.22	\$288,042.41	\$285,009.22	\$272,740.8
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$109,936.26	\$109,936.26	\$109,936.26	\$106,181.1
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,000.51	\$3,162.25	\$1,000.51	\$1,000.5
*3407 MMC -NH TUSCANY VILLAGE	\$139,894.81 ✓	\$154,065.35	\$139,894.81	\$111,745.4

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 5/31/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		138,178.77	138,051.18	284,881.63			285,009.22	284,881.63
						Bank Balance	285,009.22	
						Variance	-	
						Leave in Balance	100.00	
						April Interest	27.59	
						May Interest		
						June Interest		
						Adjust Balance Transfer Amt		284,881.63
Approved: 								
ANTHONY RICHARDSON, INTERIM CFO								5/31/2022

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 31 2022

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

Bethany Senior Living

5/23/2022 NOVITAS SOLUTION HCLAIMPMT 676481 420000120
 5/24/2022 Deposit
 5/24/2022 Deposit
 5/26/2022 WIRE OUT BETHANY SENIOR LIVING, LTD
 5/26/2022 Deposit
 5/26/2022 Deposit
 5/26/2022 NOVITAS SOLUTION HCLAIMPMT 676481 420000124
 5/27/2022 NOVITAS SOLUTION HCLAIMPMT 676481 420000139

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP T1	
-	104,108.59	-	-	-	-	-	104,108.59
-	56,034.89	-	-	-	-	-	56,034.89
-	9,601.56	-	-	-	-	-	9,601.56
138,051.18	-	-	-	-	-	-	-
-	75,000.00	-	-	-	-	-	75,000.00
-	797.63	-	-	-	-	-	797.63
-	27,070.55	-	-	-	-	-	27,070.55
-	12,268.41	-	-	-	-	-	12,268.41
<u>138,051.18</u>	<u>284,881.63</u>	-	-	-	-	-	<u>284,881.63</u>

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of May 31, 2022

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