

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 22, 2022

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,069,175.66
TOTAL TRANSFERS BETWEEN FUNDS	\$ 270,208.31
TOTAL NURSING HOME UPL EXPENSES	\$ 1,060,354.39
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 533,060.69
GRAND TOTAL DISBURSEMENTS APPROVED June 22, 2022	\$ 2,932,799.05

APPROVED

JUN 22 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---June 22, 2022

PAYABLES AND PAYROLL

6/16/2022 Weekly Payables	535,378.18
6/16/2022 Citibank Credit Card-see attached	5,102.50
6/20/2022 McKesson-340B Prescription Expense	7,232.73
6/20/2022 McKesson-340B Prescription Expense	2,833.14
6/20/2022 Amerisource Bergen-340B Prescription Expense	865.43
6/20/2022 Amerisource Bergen-340B Prescription Expense	2,895.04
6/20/2022 Payroll Liabilities -Payroll Taxes	126,818.55
6/20/2022 Payroll	379,078.22

Prosperity Electronic Bank Payments

6/10-6/15/22 Credit Card & Lease Fees	6,745.52
6/10/2022 Cleargage-Patient Financing Service	78.02
6/10-6/17/22 Pay Plus-Patient Claims Processing Fee	321.36
6/10/2022 ExpertPay- child support	1,826.97

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 1,069,175.66**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

6/16/2022 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error	5,346.00
6/16/2022 MMC Operating to Golden Creek-correction of NH insurance and medicare payment deposited into MMC Operating in error	29,958.86
6/16/2022 MMC Operating to Gulf Pointe Plaza -correction of NH insurance and payment deposited into MMC Operating	8,479.89
6/16/2022 MMC Operating to Tuscany Village-correction of NH insurance and medicare payment deposited into MMC Operating	27,015.36
6/16/2022 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	199,408.20

TOTAL TRANSFERS BETWEEN FUNDS **\$ 270,208.31**

NURSING HOME UPL EXPENSES

6/20/2022 Nursing Home UPL-Cantex Transfer	467,081.07
6/20/2022 Nursing Home UPL-Nexion Transfer	129,652.40
6/20/2022 Nursing Home UPL-HMG Transfer	78,953.25
6/20/2022 Nursing Home UPL-Tuscany Transfer	183,436.34
6/20/2022 Nursing Home UPL-HSL Transfer	201,231.33

TOTAL NURSING HOME UPL EXPENSES **\$ 1,060,354.39**

INTER-GOVERNMENT TRANSFERS

6/20/2022 IGT DSH 2022 Pass 1 and Pass 2 to be paid July 1, 2022	98,092.00
6/20/2022 IGT DSRIP DY11 to be paid July 6, 2022	434,968.69

TOTAL INTER-GOVERNMENT TRANSFERS **\$ 533,060.69**

GRAND TOTAL DISBURSEMENTS APPROVED June 22, 2022 **\$ 2,932,799.05**

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 16 2022

06/16/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 07/07/2022

Vendor#	Vendor Name	Class	Pay Code							
T2900	3M COMPANY ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
SC00049449 ✓		06/14/20	06/01/20	06/26/20		16,175.71	0.00	0.00	16,175.71 ✓	
SOFTWARE										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	T2900	3M COMPANY					16,175.71	0.00	0.00	16,175.71
A1100	ABBOTT LABORATORIES ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
615403214 ✓		05/31/20	06/02/20	07/02/20		11.58	0.00	0.00	11.58 ✓	
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A1100	ABBOTT LABORATORIES					11.58	0.00	0.00	11.58
10995	ABILITY NETWORK (SHIFTHOUND) ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
22M0082842 ✓		06/07/20	06/06/20	07/06/20		647.28	0.00	0.00	647.28 ✓	
SCHEDULING SERVICES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10995	ABILITY NETWORK (SHIFTHOUND)					647.28	0.00	0.00	647.28
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9988952246 ✓		06/14/20	05/31/20	06/25/20		545.72	0.00	0.00	545.72 ✓	
RENTAL										
9126362164 ✓		06/14/20	05/31/20	06/25/20		2,385.72	0.00	0.00	2,385.72 ✓	
RENTAL										
9988952247 ✓		06/14/20	05/31/20	06/25/20		903.08	0.00	0.00	903.08 ✓	
RENTAL										
9988954908 ✓		06/14/20	05/31/20	06/25/20		192.09	0.00	0.00	192.09 ✓	
OXYGEN										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV					4,026.61	0.00	0.00	4,026.61
A2218	AQUA BEVERAGE COMPANY ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
202677 ✓		06/14/20	05/31/20	06/25/20		45.96	0.00	0.00	45.96 ✓	
WATER										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY					45.96	0.00	0.00	45.96
12800	AUTHORITYRX ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1402 ✓		06/16/20	06/02/20	06/03/20		10,264.00	0.00	0.00	10,264.00 ✓	
340B										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX					10,264.00	0.00	0.00	10,264.00

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A2600	AUTO PARTS & MACHINE CO. ✓	W		050922 984022	SUPPLIES	06/16/20	05/09/20	05/24/20		39.49	0.00	0.00	39.49 ✓
				054222 984311	SUPPLIES	06/16/20	05/09/20	05/24/20		16.99	0.00	0.00	16.99 ✓
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				A2600	AUTO PARTS & MACHINE CO.					56.48	0.00	0.00	56.48

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		75186808 ✓		06/14/20	05/23/20	06/17/20		2,367.50	0.00	0.00	2,367.50 ✓
				75186999 ✓		06/14/20	05/23/20	06/17/20		629.50	0.00	0.00	629.50 ✓
				75152288 ✓	LEASE	06/15/20	05/19/20	06/13/20		55.45	0.00	0.00	55.45 ✓
				75184957 ✓	SUPPLIES	06/15/20	05/23/20	06/17/20		63.24	0.00	0.00	63.24 ✓
				75364999 ✓	SUPPLIES	06/15/20	05/27/20	06/21/20		507.47	0.00	0.00	507.47 ✓
				75247745 ✓	SUPPLIES	06/15/20	05/27/20	06/21/20		42.67	0.00	0.00	42.67 ✓
				75267545 ✓	SUPPLIES	06/15/20	05/31/20	06/25/20		110.91	0.00	0.00	110.91 ✓
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				B1150	BAXTER HEALTHCARE					3,776.74	0.00	0.00	3,776.74

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
B1220	BECKMAN COULTER INC ✓	M		7318520 ✓	SUPPLIES	06/14/20	06/03/20	06/28/20		6,990.69	0.00	0.00	6,990.69 ✓
				109930335 ✓	SUPPLIES	06/14/20	06/03/20	06/28/20		2,661.79	0.00	0.00	2,661.79 ✓
				5458619 ✓	CONTRACT	06/14/20	06/05/20	06/30/20		6,249.42	0.00	0.00	6,249.42 ✓
				109931393 ✓	SUPPLIES	06/14/20	06/05/20	06/30/20		2,621.27	0.00	0.00	2,621.27 ✓
				109934418 ✓	SUPPLIES	06/14/20	06/06/20	07/01/20		82.48	0.00	0.00	82.48 ✓
				109935267 ✓	SUPPLIES	06/14/20	06/06/20	07/01/20		11,812.94	0.00	0.00	11,812.94 ✓
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				B1220	BECKMAN COULTER INC					30,418.59	0.00	0.00	30,418.59

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14753	BIOMERIEUX, INC ✓			1212777185 ✓	SUPPLIES	06/15/20	04/12/20	05/12/20		20,616.07	0.00	0.00	20,616.07 ✓
				1212782546 ✓	SUPPLIES	06/15/20	04/20/20	05/20/20		20,585.81	0.00	0.00	20,585.81 ✓

SUPPLIES											
Vendor#	Vendor Name	Class	Pay Code	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1212783375				06/15/20	04/21/20	05/21/20		11,863.12	0.00	0.00	11,863.12
SUPPLIES											
Vendor Totals				Number	Name			Gross	Discount	No-Pay	Net
	14753	BIOMERIEUX, INC						53,065.00	0.00	0.00	53,065.00
Vendor#	Vendor Name	Class	Pay Code								
B1650	BOSART LOCK & KEY INC	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
124315		06/14/20	06/01/20	07/01/20		31.75	0.00	0.00	31.75		
SUPPLIES											
Vendor Totals				Number	Name			Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC						31.75	0.00	0.00	31.75
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		
MAY2022A		06/16/20	05/31/20	06/15/20		974.00	0.00	0.00	974.00		
SPEECH THERAPY											
MAY2022		06/16/20	05/31/20	06/15/20		1,174.00	0.00	0.00	1,174.00		
SPEECH THERAPY											
MAY2022B		06/16/20	05/31/20	06/15/20		1,261.00	0.00	0.00	1,261.00		
SPEECH THERAPY											
Vendor Totals				Number	Name			Gross	Discount	No-Pay	Net
	12740	BUILDING KID STEPS						3,409.00	0.00	0.00	3,409.00
Vendor#	Vendor Name	Class	Pay Code								
C1325	CARDINAL HEALTH 414, INC.	W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
8002858449		06/16/20	05/21/20	06/25/20		253.20	0.00	0.00	253.20		
SUPPLIES											
Vendor Totals				Number	Name			Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.						253.20	0.00	0.00	253.20
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		
W035850		06/14/20	04/18/20	05/18/20		62.54	0.00	0.00	62.54		
PHONE CORD											
W077189		06/14/20	04/18/20	05/18/20		-30.60	0.00	0.00	-30.60		
CREDIT											
X116112		06/14/20	05/11/20	06/10/20		300.46	0.00	0.00	300.46		
RAM UPGRADE											
Vendor Totals				Number	Name			Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.						332.40	0.00	0.00	332.40
Vendor#	Vendor Name	Class	Pay Code								
L1629	CHRISTINA ZAPATA-ARROYO										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
061322		06/16/20	06/13/20	06/30/20		330.00	0.00	0.00	330.00		
SLP SERVICES											
Vendor Totals				Number	Name			Gross	Discount	No-Pay	Net
	L1629	CHRISTINA ZAPATA-ARROYO						330.00	0.00	0.00	330.00
Vendor#	Vendor Name	Class	Pay Code								
14400	CULINARY CONCESSIONS LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		

INV00005784		06/14/20	05/31/20	06/30/20			29,655.72	0.00	0.00	29,655.72	✓
	SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	14400	CULINARY CONCESSIONS LLC					29,655.72	0.00	0.00	29,655.72	
Vendor#	Vendor Name						Class	Pay Code			
11368	CYRACOM LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
2022020219 ✓		06/14/20	05/31/20	06/30/20			402.68	0.00	0.00	402.68	✓
	INTERPRETATION SERVICES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	11368	CYRACOM LLC					402.68	0.00	0.00	402.68	
Vendor#	Vendor Name						Class	Pay Code			
D1145	DEPT OF STATE HEALTH SERVICES ✓						W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
4500005385 ✓		06/16/20	05/26/20	06/25/20			664.66	0.00	0.00	664.66	✓
	MAMMO INSPECTION										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	D1145	DEPT OF STATE HEALTH SERVICES					664.66	0.00	0.00	664.66	
Vendor#	Vendor Name						Class	Pay Code			
10060	DETAR HOSPITAL ✓						ICP				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
DTR2205021 ✓		06/14/20	06/07/20	06/30/20			188.48	0.00	0.00	188.48	✓
	LAB SERVICES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	10060	DETAR HOSPITAL					188.48	0.00	0.00	188.48	
Vendor#	Vendor Name						Class	Pay Code			
10368	DEWITT POTHS & SON ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
6841170 ✓		06/15/20	06/06/20	07/01/20			76.00	0.00	0.00	76.00	✓
	SUPPLIES										
6840960 ✓		06/15/20	06/06/20	07/01/20			338.43	0.00	0.00	338.43	✓
	SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	10368	DEWITT POTHS & SON					414.43	0.00	0.00	414.43	
Vendor#	Vendor Name						Class	Pay Code			
11011	DIAMOND HEALTHCARE CORP ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
IN20055252 ✓		06/14/20	04/01/20	04/26/20			19,166.67	0.00	0.00	19,166.67	✓
	CPR SERV										
IN20055251 ✓		06/14/20	04/01/20	04/26/20			31,144.58	0.00	0.00	31,144.58	✓
	BEHAV HEALTH SERV										
IN20055291 ✓		06/14/20	05/01/20	05/26/20			19,166.67	0.00	0.00	19,166.67	✓
	CPR SERV										
IN20055290 ✓		06/14/20	05/01/20	05/26/20			31,144.58	0.00	0.00	31,144.58	✓
	BEHAV HEALTH SERV										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	11011	DIAMOND HEALTHCARE CORP					100,622.50	0.00	0.00	100,622.50	
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	
10035 ✓		06/14/20	06/11/20	07/06/20			260.00	0.00	0.00	260.00	✓

		PEST CONTROL								
10043		06/14/20	06/11/20	07/06/20		505.00	0.00	0.00	505.00	
		PEST CONTROL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11291	DOWELL PEST CONTROL				765.00	0.00	0.00	765.00	
Vendor#	Vendor Name		Class	Pay Code						
12788	DUDE SOLUTIONS, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
INV116098		06/07/20	06/01/20	07/01/20		5,057.52	0.00	0.00	5,057.52	
		WORXHUB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	12788	DUDE SOLUTIONS, INC				5,057.52	0.00	0.00	5,057.52	
Vendor#	Vendor Name		Class	Pay Code						
W1167	ELITECH GROUP INC (WESCOR)		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
787224		06/15/20	06/08/20	06/15/20		282.24	0.00	0.00	282.24	
		SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	W1167	ELITECH GROUP INC (WESCOR)				282.24	0.00	0.00	282.24	
Vendor#	Vendor Name		Class	Pay Code						
11284	EMERGENCY STAFFING SOLUTIONS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
41266		06/14/20	05/31/20	06/10/20		2,220.00	0.00	0.00	2,220.00	
		ER PHYSICIAN STAFFING								
41284		06/14/20	06/15/20	06/25/20		40,062.50	0.00	0.00	40,062.50	
		ER PHYSICIAN STAFFING (1-15+)								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11284	EMERGENCY STAFFING SOLUTIONS				42,282.50	0.00	0.00	42,282.50	
Vendor#	Vendor Name		Class	Pay Code						
12808	ESUTURES.COM									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
450690		06/14/20	05/31/20	06/30/20		10.50	0.00	0.00	10.50	
		SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	12808	ESUTURES.COM				10.50	0.00	0.00	10.50	
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	
2893255		06/01/20	05/17/20	06/11/20		166.23	0.00	0.00	166.23	
		SUPPLIES								
3027503		06/01/20	05/20/20	06/14/20		122.48	0.00	0.00	122.48	
		SUPPLIES								
3027504		06/01/20	05/20/20	06/14/20		81.28	0.00	0.00	81.28	
		SUPPLIES								
3157672		06/14/20	05/25/20	06/19/20		150.10	0.00	0.00	150.10	
		SUPPLIES								
3202417		06/14/20	05/26/20	06/20/20		1,371.11	0.00	0.00	1,371.11	
		SUPPLIES								
3284527		06/14/20	05/31/20	06/25/20		35.88	0.00	0.00	35.88	
		SUPPLIES								
3328583		06/15/20	06/01/20	06/26/20		758.16	0.00	0.00	758.16	

		SUPPLIES								
3373913	✓		06/15/20	06/02/20	06/27/20		341.10	0.00	0.00	341.10 ✓
		SUPPLIES								
3507460	✓		06/15/20	06/07/20	07/02/20		121.37	0.00	0.00	121.37 ✓
		SUPPLIES								
3507458	✓		06/15/20	06/07/20	07/02/20		116.08	0.00	0.00	116.08 ✓
		SUPPLIES								
3552464	✓		06/15/20	06/08/20	07/03/20		557.33	0.00	0.00	557.33 ✓
		SUPPLIES								
Vendor Totals		Number Name					Gross	Discount	No-Pay	Net
		F1400 FISHER HEALTHCARE					3,821.12	0.00	0.00	3,821.12
Vendor#	Vendor Name									
13960	G & S MANAGEMENT GROUP LLC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	340385299	✓	06/14/20	06/08/20	06/18/20		1,651.50	0.00	0.00	1,651.50 ✓
		DISPOSAL								
	340385301	✓	06/14/20	06/08/20	06/18/20		377.13	0.00	0.00	377.13 ✓
		WASTE DISPOSAL								
	340385300	✓	06/14/20	06/08/20	06/18/20		260.55	0.00	0.00	260.55 ✓
		WASTE MAY 22								
Vendor Totals		Number Name					Gross	Discount	No-Pay	Net
		13960 G & S MANAGEMENT GROUP LLC					2,289.18	0.00	0.00	2,289.18
Vendor#	Vendor Name									
12404	GE PRECISION HEALTHCARE, LLC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	6002138788	✓	06/16/20	06/01/20	07/01/20		3,588.58	0.00	0.00	3,588.58 ✓
		CONTRACT								
	6002138746	✓	06/16/20	06/01/20	07/01/20		680.00	0.00	0.00	680.00 ✓
		CONTRACT								
	6002138810	✓	06/16/20	06/01/20	07/01/20		5,665.83	0.00	0.00	5,665.83 ✓
		CONTRACT								
	6002138970	✓	06/16/20	06/01/20	07/01/20		868.16	0.00	0.00	868.16 ✓
		CONTRACT								
	6002138789	✓	06/16/20	06/01/20	07/01/20		86.67	0.00	0.00	86.67 ✓
		CONTRACT								
	6002152622	✓	06/16/20	06/08/20	07/07/20		2,422.50	0.00	0.00	2,422.50 ✓
		CONTRACT								
	6002152623	✓	06/16/20	06/08/20	07/07/20		1,816.88	0.00	0.00	1,816.88 ✓
		CONTRACT								
	6002152619	✓	06/16/20	06/08/20	07/07/20		2,422.50	0.00	0.00	2,422.50 ✓
		CONTRACT								
	6002152620	✓	06/16/20	06/08/20	07/07/20		2,422.50	0.00	0.00	2,422.50 ✓
		CONTRACT								
	6002152621	✓	06/16/20	06/08/20	07/07/20		2,422.50	0.00	0.00	2,422.50 ✓
		CONTRACT								
Vendor Totals		Number Name					Gross	Discount	No-Pay	Net
		12404 GE PRECISION HEALTHCARE, LLC					22,396.12	0.00	0.00	22,396.12
Vendor#	Vendor Name									
W1300	GRAINGER ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9335963139	✓	06/15/20	06/07/20	07/02/20		532.92	0.00	0.00	532.92 ✓

SUPPLIES

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		W1300	GRAINGER		532.92	0.00	0.00	532.92	
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
2242255 ✓		06/15/20	05/31/20	06/30/20		88.26	0.00	0.00	88.26 ✓
		2242078 ✓	SUPPLIES			717.32	0.00	0.00	717.32 ✓
		SUPPLIES							
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		G1210	GULF COAST PAPER COMPANY		805.58	0.00	0.00	805.58	
Vendor#	Vendor Name		Class	Pay Code					
11095	GULF COAST SCIENTIFIC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
74833 ✓		06/15/20	05/10/20	06/15/20		299.86	0.00	0.00	299.86 ✓
		SUPPLIES							
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11095	GULF COAST SCIENTIFIC		299.86	0.00	0.00	299.86	
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
100625294 ✓		06/16/20	06/07/20	07/01/20		4,919.41	0.00	0.00	4,919.41 ✓
		LEASE JULY 22							
100625296 ✓		06/16/20	06/07/20	07/01/20		7,447.86	0.00	0.00	7,447.86 ✓
		LEASE JULY 22							
100625297 ✓		06/16/20	06/07/20	07/01/20		1,797.44	0.00	0.00	1,797.44 ✓
		LEASE JULY 22							
100619828 ✓		06/16/20	06/07/20	07/01/20		4,610.52	0.00	0.00	4,610.52 ✓
		LEASE JULY 22							
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11552	HEALTHCARE FINANCIAL SERVICES		18,775.23	0.00	0.00	18,775.23	
Vendor#	Vendor Name		Class	Pay Code					
H1399	HILL-ROM COMPANY, INC ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1492194 ✓		06/15/20	06/07/20	06/15/20		73.97	0.00	0.00	73.97 ✓
		SUPPLIES							
1492193 ✓		06/15/20	06/07/20	06/15/20		76.57	0.00	0.00	76.57 ✓
		SUPPLIES							
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		H1399	HILL-ROM COMPANY, INC		150.54	0.00	0.00	150.54	
Vendor#	Vendor Name		Class	Pay Code					
10922	HUNTER PHARMACY SERVICES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
4941 ✓		06/16/20	05/31/20	06/20/20		14,890.40	0.00	0.00	14,890.40 ✓
		PHARM SRVS- ADOLPH							
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10922	HUNTER PHARMACY SERVICES		14,890.40	0.00	0.00	14,890.40	
Vendor#	Vendor Name		Class	Pay Code					
12228	INNOVATIVE STERILIZATION ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

25293		06/15/20	06/01/20	06/15/20		847.32	0.00	0.00	847.32		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	12228	INNOVATIVE STERILIZATION				847.32	0.00	0.00	847.32		
Vendor#	Vendor Name				Class	Pay Code					
I1264	ITA RESOURCES, INC				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
MMC062022		06/14/20	06/13/20	06/20/20		25,894.07	0.00	0.00	25,894.07		
	RESPIRATORY SVCS										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	I1264	ITA RESOURCES, INC				25,894.07	0.00	0.00	25,894.07		
Vendor#	Vendor Name				Class	Pay Code					
11108	ITERSOURCE CORPORATION										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
INV429941		06/14/20	06/01/20	06/15/20		1,194.79	0.00	0.00	1,194.79		
	SUPPORT SERVICES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORPORATION				1,194.79	0.00	0.00	1,194.79		
Vendor#	Vendor Name				Class	Pay Code					
L0700	LABCORP OF AMERICA HOLDINGS				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
73127534		06/14/20	05/28/20	06/22/20		26.29	0.00	0.00	26.29		
	LAB SERVICES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS				26.29	0.00	0.00	26.29		
Vendor#	Vendor Name				Class	Pay Code					
L1001	LANDAUER INC				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
101010875		06/16/20	05/20/20	06/20/20		954.18	0.00	0.00	954.18		
	DOSE BADGES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	L1001	LANDAUER INC				954.18	0.00	0.00	954.18		
Vendor#	Vendor Name				Class	Pay Code					
L1640	LOWE'S BUSINESS ACCT/SYNCB				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
060222		06/16/20	06/02/20	06/28/20		465.29	0.00	0.00	465.29		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	L1640	LOWE'S BUSINESS ACCT/SYNCB				465.29	0.00	0.00	465.29		
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		
19461686		06/07/20	06/06/20	06/21/20		170.23	0.00	0.00	170.23		
	SUPPLIES										
19451217		06/14/20	06/03/20	06/18/20		2,111.37	0.00	0.00	2,111.37		
	SUPPLIES										
19478690		06/15/20	06/10/20	06/25/20		49.13	0.00	0.00	49.13		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC				2,330.73	0.00	0.00	2,330.73		
Vendor#	Vendor Name				Class	Pay Code					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10613	MEDIMPACT HEALTHCARE SYS, INC. ✓ A/P								
30450799		06/16/20	06/01/20	06/30/20		36.54	0.00	0.00	36.54 ✓
	INDIGENT								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	10613 MEDIMPACT HEALTHCARE SYS, INC.					36.54	0.00	0.00	36.54
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
2208854612 ✓	SUPPLIES ✓	06/01/20	04/27/20	05/22/20		5,304.32	0.00	0.00	5,304.32 ✓
2210839879 ✓	SUPPLIES ✓	06/01/20	05/11/20	06/05/20		1,945.32	0.00	0.00	1,945.32 ✓
2211779101 ✓	SUPPLIES ✓	06/01/20	05/18/20	06/12/20		144.94	0.00	0.00	144.94 ✓
2211779104 ✓	SUPPLIES ✓	06/01/20	05/18/20	06/12/20		22.82	0.00	0.00	22.82 ✓
2211779103 ✓	SUPPLIES ✓	06/01/20	05/18/20	06/12/20		93.84	0.00	0.00	93.84 ✓
2212609163 ✓	SUPPLIES ✓	06/09/20	05/25/20	06/19/20		4.19	0.00	0.00	4.19 ✓
2212671144 ✓	SUPPLIES ✓	06/14/20	05/25/20	06/19/20		541.36	0.00	0.00	541.36 ✓
2213359100 ✓	SUPPLIES ✓	06/15/20	05/03/20	05/28/20		388.48	0.00	0.00	388.48 ✓
2211955567 ✓	SUPPLIES ✓	06/15/20	05/19/20	06/13/20		443.82	0.00	0.00	443.82 ✓
2212496607 ✓	SUPPLIES ✓	06/15/20	05/24/20	06/18/20		113.60	0.00	0.00	113.60 ✓
2212496609 ✓	SUPPLIES ✓	06/15/20	05/24/20	06/18/20		1,685.21	0.00	0.00	1,685.21 ✓
2212496606 ✓	SUPPLIES ✓	06/15/20	05/24/20	06/18/20		113.60	0.00	0.00	113.60 ✓
2212671145 ✓	SUPPLIES ✓	06/15/20	05/25/20	06/19/20		297.60	0.00	0.00	297.60 ✓
2212986186 ✓	SUPPLIES ✓	06/15/20	05/26/20	06/20/20		137.77	0.00	0.00	137.77 ✓
2213358499 ✓	SUPPLIES ✓	06/15/20	05/30/20	06/24/20		827.32	0.00	0.00	827.32 ✓
2213329757 ✓	SUPPLIES ✓	06/15/20	05/30/20	06/24/20		433.22	0.00	0.00	433.22 ✓
2213468649 ✓	SUPPLIES ✓	06/15/20	06/01/20	06/26/20		4.19	0.00	0.00	4.19 ✓
2213468647 ✓	SUPPLIES ✓	06/15/20	06/01/20	06/26/20		205.46	0.00	0.00	205.46 ✓
2213503833 ✓	SUPPLIES ✓	06/15/20	06/01/20	06/26/20		757.33	0.00	0.00	757.33 ✓
2213468648 ✓	SUPPLIES ✓	06/15/20	06/01/20	06/26/20		93.84	0.00	0.00	93.84 ✓
2213468646 ✓	SUPPLIES ✓	06/15/20	06/01/20	06/26/20		2,086.79	0.00	0.00	2,086.79 ✓

2213664940		06/15/20	06/02/20	06/27/20		89.71	0.00	0.00	89.71
	SUPPLIES								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	M2470 MEDLINE INDUSTRIES INC					15,734.73	0.00	0.00	15,734.73
Vendor#	Vendor Name				Class	Pay Code			
M2499	MEDTRONIC USA, INC.				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5866232551		06/14/20	05/31/20	06/30/20		5,424.00	0.00	0.00	5,424.00
	SUPPLIES								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	M2499 MEDTRONIC USA, INC.					5,424.00	0.00	0.00	5,424.00
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
8268858		06/14/20	06/01/20	06/11/20		1,080.78	0.00	0.00	1,080.78
	INVENTORY								
8271686		06/14/20	06/01/20	06/11/20		1,233.39	0.00	0.00	1,233.39
	INVENTORY								
8268863		06/14/20	06/01/20	06/11/20		40.75	0.00	0.00	40.75
	INVENTORY								
8268862		06/14/20	06/01/20	06/11/20		95.73	0.00	0.00	95.73
	INVENTORY								
8268864		06/14/20	06/01/20	06/11/20		27.21	0.00	0.00	27.21
	INVENTORY								
8271687		06/14/20	06/01/20	06/11/20		143.40	0.00	0.00	143.40
	INVENTORY								
8268860		06/14/20	06/01/20	06/11/20		4.67	0.00	0.00	4.67
	INVENTORY								
8268859		06/14/20	06/01/20	06/11/20		11.52	0.00	0.00	11.52
	INVENTORY								
8271397		06/14/20	06/01/20	06/11/20		16.89	0.00	0.00	16.89
	INVENTORY								
8271396		06/14/20	06/01/20	06/11/20		18.14	0.00	0.00	18.14
	INVENTORY								
8268398		06/14/20	06/01/20	06/11/20		1,418.11	0.00	0.00	1,418.11
	INVENTORY								
8268861		06/14/20	06/01/20	06/11/20		138.29	0.00	0.00	138.29
	INVENTORY								
8273995		06/14/20	06/02/20	06/12/20		138.29	0.00	0.00	138.29
	INVENTORY								
7388		06/14/20	06/02/20	06/12/20		-15.27	0.00	0.00	-15.27
	CREDIT								
CM43866		06/14/20	06/02/20	06/12/20		-0.79	0.00	0.00	-0.79
	CREDIT								
8273994		06/14/20	06/02/20	06/12/20		5,621.51	0.00	0.00	5,621.51
	INVENTORY								
8283994		06/14/20	06/05/20	06/15/20		198.44	0.00	0.00	198.44
	INVENTORY								
8281840		06/14/20	06/05/20	06/15/20		666.82	0.00	0.00	666.82
	INVENTORY								
8283995		06/14/20	06/05/20	06/15/20		1,187.74	0.00	0.00	1,187.74

8281842	✓	INVENTORY	06/14/20	06/05/20	06/15/20	164.26	0.00	0.00	164.26	✓
8285372	✓	INVENTORY	06/14/20	06/06/20	06/16/20	122.86	0.00	0.00	122.86	✓
8285371	✓	INVENTORY	06/14/20	06/06/20	06/16/20	102.01	0.00	0.00	102.01	✓
8287339	✓	INVENTORY	06/14/20	06/06/20	06/16/20	87.35	0.00	0.00	87.35	✓
8293979	✓	INVENTORY	06/14/20	06/07/20	06/17/20	460.86	0.00	0.00	460.86	✓
8290560	✓	INVENTORY	06/14/20	06/07/20	06/17/20	1,615.80	0.00	0.00	1,615.80	✓
8290561	✓	INVENTORY	06/14/20	06/07/20	06/17/20	4,472.78	0.00	0.00	4,472.78	✓
8290559	✓	INVENTORY	06/14/20	06/07/20	06/17/20	102.01	0.00	0.00	102.01	✓
8293141	✓	INVENTORY	06/14/20	06/07/20	06/17/20	3,589.59	0.00	0.00	3,589.59	✓
8293977	✓	INVENTORY	06/14/20	06/07/20	06/17/20	349.76	0.00	0.00	349.76	✓
CM44967	✓	INVENTORY	06/14/20	06/07/20	06/17/20	-9.13	0.00	0.00	-9.13	✓
8290027	✓	CREDIT	06/14/20	06/07/20	06/17/20	3,997.18	0.00	0.00	3,997.18	✓
8295843	✓	INVENTORY	06/14/20	06/08/20	06/18/20	1.30	0.00	0.00	1.30	✓
8298347	✓	INVENTORY	06/14/20	06/08/20	06/18/20	241.25	0.00	0.00	241.25	✓
8297052	✓	INVENTORY	06/14/20	06/08/20	06/18/20	24.90	0.00	0.00	24.90	✓
8298348	✓	INVENTORY	06/14/20	06/08/20	06/18/20	835.90	0.00	0.00	835.90	✓
8297051	✓	INVENTORY	06/14/20	06/08/20	06/18/20	49.79	0.00	0.00	49.79	✓
CM45261	✓	INVENTORY	06/14/20	06/08/20	06/18/20	-41.18	0.00	0.00	-41.18	✓
CM45622	✓	CREDIT	06/14/20	06/09/20	06/19/20	-276.58	0.00	0.00	-276.58	✓
CM45624	✓	CREDIT	06/14/20	06/09/20	06/19/20	-283.67	0.00	0.00	-283.67	✓
8300958	✓	CREDIT	06/14/20	06/09/20	06/19/20	49.70	0.00	0.00	49.70	✓
CM45623	✓	INVENTORY	06/14/20	06/09/20	06/19/20	-46.08	0.00	0.00	-46.08	✓
8308347	✓	CREDIT	06/14/20	06/12/20	06/22/20	3,106.27	0.00	0.00	3,106.27	✓
8308349	✓	INVENTORY	06/14/20	06/12/20	06/22/20	640.84	0.00	0.00	640.84	✓
8310459	✓	INVENTORY	06/14/20	06/12/20	06/22/20	1,796.24	0.00	0.00	1,796.24	✓
		INVENTORY								

8310458	✓	06/14/20	06/12/20	06/22/20			1,223.55	0.00	0.00	1,223.55	✓	
		INVENTORY										
8308348	✓	06/14/20	06/12/20	06/22/20			29.14	0.00	0.00	29.14	✓	
		INVENTORY										
8308350	✓	06/14/20	06/12/20	06/22/20			74.69	0.00	0.00	74.69	✓	
		INVENTORY										
8314731	✓	06/14/20	06/13/20	06/23/20			3,144.35	0.00	0.00	3,144.35	✓	
		INVENTORY										
8314732	✓	06/14/20	06/13/20	06/23/20			476.77	0.00	0.00	476.77	✓	
		INVENTORY										
8318828	✓	06/16/20	06/14/20	06/24/20			877.67	0.00	0.00	877.67	✓	
		INVENTORY										
8318827	✓	06/16/20	06/14/20	06/24/20			91.27	0.00	0.00	91.27	✓	
		INVENTORY										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10536	MORRIS & DICKSON CO, LLC	39,097.07	0.00	0.00	39,097.07
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		
7715	✓	06/14/20	05/19/20	05/29/20			322.00	0.00	0.00	322.00	✓	
	TRANSCRIPTION SERVICES											
7731	✓	06/14/20	06/13/20	06/23/20			316.40	0.00	0.00	316.40	✓	
	TRANSCRIP SERV											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							13548	NACOGDOCHES TRANSCRIPTION	638.40	0.00	0.00	638.40
Vendor#	Vendor Name				Class	Pay Code						
12388	NATIONAL FARM LIFE INSURANCE ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
3692910	✓	06/14/20	06/01/20	06/01/20			3,874.25	0.00	0.00	3,874.25	✓	
	PAYROLL DEDUCT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12388	NATIONAL FARM LIFE INSURANCE	3,874.25	0.00	0.00	3,874.25
Vendor#	Vendor Name				Class	Pay Code						
12096	NEOGENOMICS LABORATORIES ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
5413438	✓	06/14/20	05/31/20	06/30/20			540.00	0.00	0.00	540.00	✓	
	LAB SERVICES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12096	NEOGENOMICS LABORATORIES	540.00	0.00	0.00	540.00
Vendor#	Vendor Name				Class	Pay Code						
13624	NEXION HEALTH AT NAVASOTA INC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
TELEMED20220602		06/14/20	06/01/20	06/15/20			1,000.00	0.00	0.00	1,000.00	✓	
	TELEMED REIMBURSEMENT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							13624	NEXION HEALTH AT NAVASOTA INC	1,000.00	0.00	0.00	1,000.00
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		
32770808	✓	06/15/20	06/07/20	07/02/20			194.03	0.00	0.00	194.03	✓	
	SUPPLIES											

32770807		06/15/20	06/07/20	07/02/20			447.03	0.00	0.00	447.03			
	SUPPLIES												
32776838		06/16/20	06/07/20	07/02/20			1,137.51	0.00	0.00	1,137.51			
	SERVICE CONTRACT												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							01500	OLYMPUS AMERICA INC	1,778.57	0.00	0.00	1,778.57	
Vendor#	Vendor Name						Class	Pay Code					
11155	PARA												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
11254		06/07/20	06/01/20	07/01/20			3,084.00	0.00	0.00	3,084.00			
	REV INTEGRITY PROGRAM												
11332		06/07/20	06/01/20	07/01/20			950.00	0.00	0.00	950.00			
	TRANS QTR PROCESSING												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							11155	PARA	4,034.00	0.00	0.00	4,034.00	
Vendor#	Vendor Name						Class	Pay Code					
10570	PROFESSIONAL MEDIA RESOURCES												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
2206005		06/14/20	06/03/20	06/30/20			118.60	0.00	0.00	118.60			
	TX ADVANCE BOOK												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							10570	PROFESSIONAL MEDIA RESOURCES	118.60	0.00	0.00	118.60	
Vendor#	Vendor Name						Class	Pay Code					
11080	RADSOURCE												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
SC32090722		06/16/20	06/12/20	07/01/20			1,791.67	0.00	0.00	1,791.67			
	SAMSUNG GC80												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							11080	RADSOURCE	1,791.67	0.00	0.00	1,791.67	
Vendor#	Vendor Name						Class	Pay Code					
11251	RAPID PRINTING LLC												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
14015		06/14/20	06/07/20	06/17/20			1,489.25	0.00	0.00	1,489.25			
	T SHIRTS												
13719		06/16/20	05/09/20	05/19/20			22.00	0.00	0.00	22.00			
	FOAM BOARD												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							11251	RAPID PRINTING LLC	1,511.25	0.00	0.00	1,511.25	
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			
061522		06/16/20	06/15/20	06/25/20			20.00	0.00	0.00	20.00			
	FOOD HANDLER PERMIT REIM												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							11764	ROBERT RODRIQUEZ	20.00	0.00	0.00	20.00	
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			
3704		06/16/20	06/01/20	06/26/20			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				
10936	SIEMENS FINANCIAL SERVICES ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	56382200040573 ✓		06/16/20	06/02/20	06/22/20		4,038.24	0.00	0.00	4,038.24 ✓
	LEASE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10936	SIEMENS FINANCIAL SERVICES				4,038.24	0.00	0.00	4,038.24
Vendor#	Vendor Name				Class	Pay Code				
T2204	TEXAS MUTUAL INSURANCE CO ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1003734701 ✓		06/14/20	06/02/20	06/22/20		4,310.00	0.00	0.00	4,310.00 ✓
	PAYROLL DED									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2204	TEXAS MUTUAL INSURANCE CO				4,310.00	0.00	0.00	4,310.00
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
	INV49443 ✓		06/14/20	06/03/20	07/03/20		284.58	0.00	0.00	284.58 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11908	TMS SOUTH				284.58	0.00	0.00	284.58
Vendor#	Vendor Name				Class	Pay Code				
T3130	TRI-ANIM HEALTH SERVICES INC ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	65061567 ✓		06/01/20	05/25/20	06/19/20		304.70	0.00	0.00	304.70 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T3130	TRI-ANIM HEALTH SERVICES INC				304.70	0.00	0.00	304.70
Vendor#	Vendor Name				Class	Pay Code				
14372	TRIAGE, LLC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INV1796469799 ✓		06/16/20	04/01/20	05/01/20		4,674.00	0.00	0.00	4,674.00 ✓
	RADIOLOGY STAFFING									
	INV1796508594 ✓		06/16/20	05/20/20	06/19/20		4,239.00	0.00	0.00	4,239.00 ✓
	RADIOLOGY STAFFING									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		14372	TRIAGE, LLC				8,913.00	0.00	0.00	8,913.00
Vendor#	Vendor Name				Class	Pay Code				
13616	TRIOSE, INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	TRI105108 ✓		06/14/20	06/03/20	06/18/20		487.13	0.00	0.00	487.13 ✓
	FREIGHT									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		13616	TRIOSE, INC				487.13	0.00	0.00	487.13
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
	35FK062200 ✓		06/16/20	06/01/20	06/26/20		1,108.40	0.00	0.00	1,108.40 ✓
	PATIENT STATMENTS									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

11067	TRIZETTO PROVIDER SOLUTIONS						1,108.40	0.00	0.00	1,108.40
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	
INV10276 ✓		06/14/20	05/28/20	06/27/20		5,618.75	0.00	0.00	5,618.75 ✓	
	TRAVEL NURSE STAFFING (5/10-5/22/22) Vasquez									
INV10424 ✓		06/14/20	06/04/20	06/24/20		5,580.00	0.00	0.00	5,580.00 ✓	
	TRAVEL NURSE STAFFING (5/31-6/2/22) Vasquez									
Vendor Totals	Number Name			Gross	Discount	No-Pay	Net			
	14208 TRUSTED HEALTH, INC			11,198.75	0.00	0.00	11,198.75			

Vendor#	Vendor Name	Class	Pay Code							
11001	ULINE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
149640862 ✓		06/15/20	06/01/20	07/01/20		5,401.32	0.00	0.00	5,401.32 ✓	
	SUPPLIES									
Vendor Totals	Number Name			Gross	Discount	No-Pay	Net			
	11001 ULINE			5,401.32	0.00	0.00	5,401.32			

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	
8400396728 ✓		06/14/20	06/09/20	07/04/20		2,151.44	0.00	0.00	2,151.44 ✓	
	INVENTORY									
8400396703 ✓		06/14/20	06/09/20	07/04/20		34.78	0.00	0.00	34.78 ✓	
	LAUNDRY									
8400396706 ✓		06/14/20	06/09/20	07/04/20		188.56	0.00	0.00	188.56 ✓	
	LAUNDRY									
8400396707 ✓		06/14/20	06/09/20	07/04/20		211.12	0.00	0.00	211.12 ✓	
	LAUNDRY									
8400396720 ✓		06/14/20	06/09/20	07/04/20		85.11	0.00	0.00	85.11 ✓	
	LAUNDRY									
8400396704 ✓		06/14/20	06/09/20	07/04/20		201.59	0.00	0.00	201.59 ✓	
	LAUNDRY									
Vendor Totals	Number Name			Gross	Discount	No-Pay	Net			
	U1064 UNIFIRST HOLDINGS INC			2,872.60	0.00	0.00	2,872.60			

Vendor#	Vendor Name	Class	Pay Code							
I1110	WERFEN USA LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9111108526 ✓		06/09/20	02/02/20	07/01/20		506.00	0.00	0.00	506.00 ✓	
	SUPPLIES									
9111113231 ✓		06/09/20	02/12/20	07/01/20		434.50	0.00	0.00	434.50 ✓	
	SUPPLIES									
9111119848 ✓		06/09/20	02/23/20	07/01/20		1,309.08	0.00	0.00	1,309.08 ✓	
	SUPPLIES									
9111125027 ✓		06/09/20	03/07/20	07/01/20		83.87	0.00	0.00	83.87 ✓	
	SUPPLIES									
9111169191 ✓		06/15/20	06/07/20	07/02/20		1,027.78	0.00	0.00	1,027.78 ✓	
	SUPPLIES									
9111169921 ✓		06/15/20	06/08/20	07/03/20		9,900.00	0.00	0.00	9,900.00 ✓	
	SUPPLIES									
Vendor Totals	Number Name			Gross	Discount	No-Pay	Net			
	I1110 WERFEN USA LLC			13,261.23	0.00	0.00	13,261.23			

Vendor#	Vendor Name	Class	Pay Code							
10556	WOUND CARE SPECIALISTS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
WCS00005281		06/16/20	06/01/20	06/30/20			8,675.00	0.00	0.00	8,675.00
WOUND CARE SERV										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS					8,675.00	0.00	0.00	8,675.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	535,378.18	0.00	0.00	535,378.18

APPROVED ON

JUN 16 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

ck# 195383-195457

RECEIVED BY THE COUNTY AUDITOR ON

JUN 16 2022

CALHOUN CITIBANK CORPORATE CARD

Account Statement

Commercial 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-XXX

Summary of Account Activity

Total Activity \$5,102.50

Not an invoice. For your records only.

Table with 2 columns: Description and Amount. Rows include Credit Limit (\$10,000), Cash Advance Limit (\$0), Statement Closing Date (06/03/2022), and Days in Billing Period (31).

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

Handwritten notes: 'Information DWIR-0151247' and 'Pd 6-24-22' with a signature.

Transactions

Table with columns: Post Date, Trans Date, MCC, Reference Number, Description/Location, Amount. Contains 14 transaction rows and a total amount of \$5,102.50.

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

Handwritten signature and date: 6/14/22

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

Account Number XXXX-XXXX-XXXX
Statement Closing Date June 03, 2022

APPROVED ON

JUN 16 2022

Not an invoice. For your records only.

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

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

00007905040

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

 - The Cardholder's Cash Advance Limit is a part of the Cardholder's Total Credit Line. It is not an additional line of credit.
 - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.
- Delinquency Fee:** My Account will be delinquent unless the Bank receives the amount shown on the billing statement as the balance due, less any disputed charges, by the payment due date. The Bank will show any unpaid portion of the balance due as a past due balance on subsequent billing statements. If any portion of the past due balance appears on two consecutive billing statements (approximately 55-60 days after the billing cycle date), I agree to pay a delinquency fee monthly based on a percentage of the entire past due balance until my payment is received by the Bank. A late fee may also be imposed monthly until payment for the past due balance is received by the Bank.

- 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.
- You may also dispute a transaction by writing to Citi. You may write to us on a separate sheet at the address specified on the front of this statement as soon as possible. Please notify us no later than 60 days after the date of the bill on which the error or problem first appeared. In the letter please give us the following information:

 - Your name and account number. For centrally billed Company Accounts, the Company name and individual account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain the reason for the error; if more information is needed about an item, please describe it to us.
 - Merchant Disputes: If the Company or Cardholder was unsuccessful in attempting to resolve a problem with a merchant concerning the quality of goods or services purchased with the Citi Corporate Card, we may be able to help if we are notified in writing within 60 days of the date of the charge. You will be responsible if we are not able to resolve the dispute or if the Bank finds you responsible for the disputed charge.
- In the letter to us, please explain in detail the dispute and the results of the attempt to resolve it with the merchant. The letter must include the amount involved, and must be signed by the individual Cardholder. We will notify you of the results of our efforts.
- If you returned merchandise and received a credit slip which has not yet been posted, please allow 30 days from the date it was issued. If it has not been posted to the Account by then, forward a copy of the credit slip to us at the billing dispute address specified on the front of the statement. Along with the copy of the credit slip please include a letter (signed by the Individual Cardholder) stating that credit was not received. If a credit slip was not issued, please request one from the merchant. If the merchant refuses, please write to us and explain the details.
- On non-disputed matters or any matter shown by the Bank not to be in error, the Bank may charge the Company or Cardholder the fee specified in the Corporate Card Agreement for each copy of any document the Company or Cardholder requests, such as duplicate periodic statements, transaction slips, and the like.
- Please save your charge receipts.

MEMORIAL MEDICAL CENTER PURCHASE ORDER

①

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: 6/14/2022

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	—		Kings Events + Tents			49.50	
2			Popcorn machine for				
3			Health Fair				
4	—		Sparklight - Cable pmnt.			337.54	
5			for Sleep Study				
6	—		CPSI - Interface mgmt			500.00	
7			System - 10% deposit				
8	—		Texas Hospital Association			2,550.00	
9			Registration for Admin +				
10			Board members - AMO to				
			Reimburse pmnt - Thomas, Little, Wu, Thurn, Udeky				

Est. Freight _____

Est. Total Cost _____

TOTAL COST _____

NOTES:

Digicert - SSL cert for email server

624.00

Charges made to Roshanda Thomas MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Thomas 6/14/22</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: Citibank

Date: 6/14/2022

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To	Form # 9401	
Line No.	Qty	Unit Price	Description	Unit Cost	Unit Meas.	Extended Cost
1	49	50	NADB - 1 provider			2.50
	337	54				
	500	00				
2	2	550	NADB - 1 provider			2.50
	624	00				
3		2	FSP - EMR Safety - 2			25.00
		2				
4		25	ACLS cards			
		12				
5		408	FSP - EMR Safety - 1			12.50
		65				
6		3	PALS card			
		119				
7		374	NNA Services - Renewal			408.65
		100				
8	5	102	National Notary - Pam Firac			
		50				
9	-		NNA SERVICES Credit			(3.65)
10			Taxes			

Est. Freight Tractor Supply - Caster Swivel (4) @ 29.99 Est. Total Cost 119.94
 APIC - Diane Atkinson - membership TOTAL COST 374.00

NOTES: charges made to Roshanda Thomas MC
TSLCP - Diane Atkinson membership 100.00
Overall Total: \$5,102.50

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

Dept. Director _____
 Dir. Nursing _____
 Dir. Clinical Services _____
 CFO _____
 Administrator Roshanda Thomas 6/14/22

Wire Transfer

- COUNTY OF CALHOUN TEXAS



Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 5 102.50
Debit Account DDA (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank

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 06/24/2022

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

Beneficiary Bank Information

Name	:	Name
ACCOUNT Beneficiary ID Type	:	Beneficiary Bank ID Type Fed ARA
Account Number	:	Beneficiary Bank ID
Beneficiary ID	:	Address 1
Address 1	:	Address 2
Address 2	:	Address 3
Address 3	:	Intl Routing Number
Beneficiary Country US	:	Beneficiary Bank Country US
Contact Name	:	
Phone Number	:	

Additional Reference Information

Purpose Of Payment CREDIT CARD PMT

Additional Information For Beneficiary 5567-0900-0527-2799

Status History

Timestamp	Status	Initiator	Description
Jun 24, 2022 1:34:52 PM CDT	Created	RHONDA S. KOKENA)	Wire Created.

MCKESSON

STATEMENT

As of: 06/10/2022

Page: 002

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

Company: 8000

DC: 8115

As of: 06/10/2022 Page: 002
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory:

Customer: 632536
Date: 06/11/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 06/11/2022 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 7,380.35 USD

Future Due: 0.00

If Paid By 06/14/2022,
Pay This Amount:

7,232.73 USD

Due If Paid On Time:

USD

7,232.73

Past Due: 0.00

Disc lost if paid late:

147.62

Last Payment 2,451.97
08/07/2017

If Paid After 06/14/2022,
Pay this Amount:

7,380.35 USD

Due If Paid Late:

USD

7,380.35

24 * 85 +
6 * 826 * 28 +
347 * 60 +
34 * 00 +
7,232.73 *

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 06/10/2022

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 7790

Customer: 190813
Date: 06/11/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 06/11/2022 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 190813 HEB PHCY 0434/MEM MED PHS											
06/08/2022	06/14/2022	7346843431	2017053421	115Invoice	0.48	23.77		23.29 ✓		7346843431	
06/10/2022	06/14/2022	7347338501	2017053639	115Invoice	0.03	1.59		1.56 ✓		7347338501	

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: 25.36 USD

Future Due: 0.00

If Paid By 06/14/2022,
Pay This Amount:

24.85 USD

Due If Paid On Time:
USD 24.85 ✓
Disc lost if paid late:

0.51

Past Due: 0.00

If Paid After 06/14/2022,
Pay this Amount:

25.36 USD

Due If Paid Late:
USD 25.36

Last Payment 8,386.94
06/06/2022

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McKESSON

STATEMENT

As of: 06/10/2022

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

Company: 8000

DC: 8115

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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: 06/11/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 06/11/2022

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											
06/06/2022	06/14/2022	7346282978	35814815	115Invoice	5.80	289.91		284.11	✓	7346282978	
06/06/2022	06/14/2022	7346282980	35948042	115Invoice	6.92	346.13		339.21	✓	7346282980	
06/06/2022	06/14/2022	7346282982	35948042	115Invoice	0.01	0.32		0.31	✓	7346282982	
06/06/2022	06/14/2022	7346448835	0603221006	115Invoice		0.24		0.24	✓	7346448835	
06/07/2022	06/14/2022	7346606782	35992073	115Invoice	0.03	1.27		1.24	✓	7346606782	
06/07/2022	06/14/2022	7346606784	36051008	115Invoice	8.44	422.08		413.64	✓	7346606784	
06/07/2022	06/14/2022	7346732195	0606220902	115Invoice	32.89	1,644.31		1,611.42	✓	7346732195	
06/08/2022	06/14/2022	7346868947	36187045	115Invoice	31.26	1,563.09		1,531.83	✓	7346868947	
06/08/2022	06/14/2022	7347009982	0607220730	195Invoice	7.92	395.77		387.85	✓	7347009982	
06/09/2022	06/14/2022	7347117422	36251691	115Invoice	5.80	290.00		284.20	✓	7347117422	
06/09/2022	06/14/2022	7347117426	36312683	115Invoice	20.21	1,010.32		990.11	✓	7347117426	
06/09/2022	06/14/2022	7347247479	0608221044	115Invoice	0.02	0.95		0.93	✓	7347247479	
06/10/2022	06/14/2022	7347354610	36372434	115Invoice		0.16		0.16	✓	7347354610	
06/10/2022	06/14/2022	7347354612	36372434	115Invoice	8.46	422.89		414.43	✓	7347354612	
06/10/2022	06/14/2022	7347354613	36432938	115Invoice	11.54	577.21		565.67	✓	7347354613	
06/10/2022	06/14/2022	7347516232	0609220905	195Invoice	0.02	0.95		0.93	✓	7347516232	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 6,965.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 06/06/2022 8,386.94

If Paid By 06/14/2022,
Pay This Amount: 6,826.28 USD

If Paid After 06/14/2022,
Pay this Amount: 6,965.60 USD

Due If Paid On Time:
USD 6,826.28 ✓

Disc lost if paid late:
139.32

Due If Paid Late:
USD 6,965.60

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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MCKESSON

STATEMENT

As of: 06/10/2022

Page: 001

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Company: 8000

DC: 8115

As of: 06/10/2022 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: 06/11/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 06/11/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
06/07/2022	06/14/2022	7346559866	55x538548	115Invoice	6.68	333.88		327.20 ✓		7346559866	
06/09/2022	06/14/2022	7347078337	55x543967	115Invoice	0.13	6.47		6.34 ✓		7347078337	
06/10/2022	06/14/2022	7347334237	55x546377	115Invoice	0.29	14.35		14.06 ✓		7347334237	

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:

354.70 USD

Future Due: 0.00
Past Due: 0.00
Last Payment 06/06/2022 8,386.94

If Paid By 06/14/2022,
Pay This Amount:
If Paid After 06/14/2022,
Pay this Amount:

347.60 USD
354.70 USD

Due If Paid On Time: 347.60 ✓
USD
Disc lost if paid late: 7.10
Due If Paid Late: 354.70
USD

APPROVED ON

JUN 20 2022

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CALHOUN COUNTY, TEXAS

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MCKESSON

STATEMENT

As of: 06/10/2022

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

Company: 8000

DC: 8115

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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: 06/11/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 06/11/2022 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 835438 CVS PHCY 7475/MEM MC PHS												
06/08/2022	06/14/2022	7347020579		1728106	115Invoice	0.69	34.69		34.00	✓	7347020579	

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: 34.69 USD

Future Due:	0.00	If Paid By 06/14/2022, Pay This Amount:	34.00 USD	Due If Paid On Time: USD	34.00 ✓
Past Due:	0.00			Disc lost if paid late:	0.69
Last Payment 06/06/2022	8,386.94	If Paid After 06/14/2022, Pay this Amount:	34.69 USD	Due If Paid Late: USD	34.69

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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MCKESSON

STATEMENT

As of: 06/17/2022

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

Company 8000

DC: 8115

As of: 06/17/2022
Mail to:

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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: 06/18/2022

Cust: 632536
Date: 06/18/2022

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	632536	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: 2,901.06 USD

Future Due: 0.00
Past Due: 493.84-
Last Payment 08/07/2017 2,451.97

If Paid By 06/21/2022,
Pay This Amount: 2,833.14 USD
If Paid After 06/21/2022,
Pay this Amount: 2,901.06 USD

Due If Paid On Time: USD 2,833.14
Disc lost if paid late: 67.92
Due If Paid Late: USD 2,901.06

11.19 +
2,775.47 +
115.11 +
68.63 -
2,833.14 *

APPROVED ON

JUN 2 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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MCKESSON

STATEMENT

As of: 06/17/2022

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

Company: 8000

DC: 8115

As of: 06/17/2022
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: 06/18/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 06/18/2022

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	632536 Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
06/15/2022	06/21/2022	7348240659	HEB PHCY 0434/MEM MED PHS	2017053953	115Invoice	0.23	11.42		11.19 ✓		7348240659	

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: 11.42 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 06/13/2022 7,232.73

If Paid By 06/21/2022,
Pay This Amount: 11.19 USD

If Paid After 06/21/2022,
Pay this Amount: 11.42 USD

Due If Paid On Time:
USD 11.19 ✓

Disc lost if paid late:
0.23

Due If Paid Late:
USD 11.42

APPROVED ON

JUN 20 2022

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CALHOUN COUNTY, TEXAS

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MCKESSON

STATEMENT

As of: 06/17/2022

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Company: 8000

DC: 8115

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 256342
Date: 06/18/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 06/18/2022 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											
06/13/2022	06/21/2022	7347658411	36489552	115Invoice	7.89	394.50		386.61	✓	7347658411	
06/13/2022	06/21/2022	7347658412	36523350	115Invoice		0.16		0.16	✓	7347658412	
06/13/2022	06/21/2022	7347658413	36591704	115Invoice		0.02		0.02	✓	7347658413	
06/13/2022	06/21/2022	7347658414	36681201	115Invoice	4.62	230.76		226.14	✓	7347658414	
06/13/2022	06/21/2022	7347841052	0610220733	195Invoice	0.04	1.90		1.86	✓	7347841052	
06/14/2022	06/21/2022	7348016062	36772766	115Invoice	5.80	289.92		284.12	✓	7348016062	
06/14/2022	06/21/2022	7348156347	0613220948	115Invoice	2.53	126.72		124.19	✓	7348156347	
06/15/2022	06/21/2022	7348260967	36909043	115Invoice	5.80	289.92		284.12	✓	7348260967	
06/15/2022	06/21/2022	7348396483	0614220843	195Invoice	0.02	0.77		0.75	✓	7348396483	
06/15/2022	06/21/2022	7348396484	0614220953	115Invoice	0.02	0.95		0.93	✓	7348396484	
06/16/2022	06/21/2022	7348545914	36968750	115Invoice	0.03	1.27		1.24	✓	7348545914	
06/16/2022	06/21/2022	7348708187	0615221042	115Invoice	0.03	1.27		1.24	✓	7348708187	
06/17/2022	06/21/2022	7348842074	37072238	115Invoice	5.80	289.91		284.11	✓	7348842074	
06/17/2022	06/21/2022	7348842075	37072238	115Invoice	28.30	1,415.08		1,386.78	✓	7348842075	
06/17/2022	06/21/2022	7348842076	37134136	115Invoice		0.02		0.02	✓	7348842076	
06/17/2022	06/21/2022	7349010698	0616220805	115Invoice	0.02	0.95		0.93	✓	7349010698	
06/17/2022	06/17/2022	7349079547	MFC PR CORR CR	Pricing Cor		370.38- P		370.38- P	✓	7349079547	
06/17/2022	06/21/2022	7349079548	MFC PR CORR IN	Pricing Cor	3.32	165.95		162.63	✓	7349079548	

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: 2,839.69 USD

Future Due: 0.00

Past Due: 370.38-

Last Payment 06/13/2022 7,232.73

If Paid By 06/21/2022,
Pay This Amount: 2,775.47 USD

If Paid After 06/21/2022,
Pay this Amount: 2,839.69 USD

Due If Paid On Time: USD 2,775.47 ✓
Disc lost if paid late: 64.22
Due If Paid Late: USD 2,839.69

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 06/17/2022

Page: 001

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

Company 8000

DC: 8115

As of: 06/17/2022

Page: 001

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

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 464450

Date: 06/18/2022

Cust: 464450

PLEASE CHECK ANY

Date: 06/18/2022

ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
06/14/2022	06/21/2022	7347978960	55x551349	115Invoice	0.53	26.56		26.03 ✓		7347978960	
06/14/2022	06/21/2022	7347978961	55x551428	115Invoice	0.18	9.06		8.88 ✓		7347978961	
06/14/2022	06/21/2022	7347978962	55x551506	115Invoice	0.32	15.92		15.60 ✓		7347978962	
06/16/2022	06/21/2022	7348538028	55x557375	115Invoice	0.12	6.15		6.03 ✓		7348538028	
06/17/2022	06/21/2022	7348816190	55x559699	115Invoice	1.20	59.77		58.57 ✓		7348816190	

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: 117.46 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 06/13/2022 7,232.73

If Paid By 06/21/2022,
Pay This Amount:

115.11 USD

If Paid After 06/21/2022,
Pay this Amount:

117.46 USD

Due If Paid On Time:

USD 115.11 ✓

Disc lost if paid late:

2.35

Due If Paid Late:

USD 117.46

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 06/17/2022

Page: 001

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

Company 8000

DC: 8115

As of: 06/17/2022
Mail to:

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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: 06/18/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 06/18/2022

**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											
06/15/2022	06/21/2022	7348414222	1738110	115Invoice	0.01	0.63		0.62 ✓		7348414222	
06/17/2022	06/17/2022	7349077574	MFC PR CORR CR	Pricing Cor		123.46- P		123.46- P ✓		7349077574	
06/17/2022	06/21/2022	7349077575	MFC PR CORR IN	Pricing Cor	1.11	55.32		54.21 ✓		7349077575	

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: 67.51- USD

Future Due: 0.00

Past Due: 123.46-

Last Payment 06/13/2022 7,232.73

If Paid By 06/21/2022,
Pay This Amount:

68.63- USD

If Paid After 06/21/2022,
Pay this Amount:

67.51- USD

Due If Paid On Time:
USD

68.63- ✓

Disc lost if paid late:

1.12

Due If Paid Late:
USD

67.51-

APPROVED ON

JUN 20 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:	865.43
Past Due:	0.00
Total Due:	865.43
Account Balance:	865.43

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-06-2022	06-17-2022	3095130011	166174	Invoice	89.16		0.00	89.16 ✓
06-06-2022	06-17-2022	3095130012	166175	Invoice	2.34		0.00	2.34 ✓
06-07-2022	06-17-2022	3095297090	166232	Invoice	178.19		0.00	178.19 ✓
06-09-2022	06-17-2022	3095610309	166250	Invoice	321.05		0.00	321.05 ✓
06-10-2022	06-17-2022	3095744351	166259	Invoice	273.17		0.00	273.17 ✓
06-10-2022	06-17-2022	3095744352	166261	Invoice	0.09		0.00	0.09 ✓
06-10-2022	06-17-2022	3095744353	166260	Invoice	1.43		0.00	1.43 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
865.43	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
06-10-2022	(349.56)

Reminders	
Due Date	Amount
06-17-2022	865.43
Total Due:	865.43

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



Serviced By:	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Customer:	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number	100135284 / 037028186
	DEA: RA0289276 866-451-9655			Terms	Sat - Fri Due in 7 days
Remit To:		Summary		Not Yet Due:	0.00
				Current:	2,895.04
				Past Due:	0.00
				Total Due:	2,895.04
				Account Balance:	2,895.04

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-13-2022	06-24-2022	3095891406	166269	Invoice	43.86		0.00	43.86
06-13-2022	06-24-2022	3095891407	166270	Invoice	102.18		0.00	102.18
06-13-2022	06-24-2022	3095939789	166317	Invoice	1.63		0.00	1.63
06-14-2022	06-24-2022	3096082178	166325	Invoice	45.27		0.00	45.27
06-14-2022	06-24-2022	3096082179	166326	Invoice	0.29		0.00	0.29
06-15-2022	06-24-2022	3096231518	166334	Invoice	106.26		0.00	106.26
06-16-2022	06-24-2022	3096391045	166345	Invoice	15.39		0.00	15.39
06-17-2022	06-24-2022	3096534462	166355	Invoice	2,580.16		0.00	2,580.16

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,895.04	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
06-17-2022	(865.43)

Reminders	
Due Date	Amount
06-24-2022	2,895.04
Total Due:	2,895.04

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###	ENTER:	
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			1
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		941 #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			1
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		22
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		03
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		\$ 126,818.55 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		\$ 63,622.40 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			\$ 14,879.36 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			\$ 48,316.79 #
		CHECK		\$ -
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			
	CALLED IN BY:			
	CALLED IN DATE:			
	CALLED IN TIME:			

Run Date: 06/18/22
 Time: 16:01

MEMORIAL MEDICAL CENTER
 Payroll Register (Bi-Weekly)
 Pay Period 06/03/22 - 06/16/22 Run# 1

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Final Summary

*-- Pay Code Summary						*-- Deductions Summary					
PayCd	Description	Hrs	OT	SH	WE	HO	CE	Gross	Code	Amount	
1	REGULAR PAY-S1	9472.00	N	N	N			204976.74	A/R	435.94 A/R2	A/R3
1	REGULAR PAY-S1	1843.50	N	N	N	N		82392.62	ADVANC	AWARDS	BCBSVI 989.86
1	REGULAR PAY-S1	521.00	Y	N	N			16247.93	BOOTS	CAFE H	CAFE-1
2	REGULAR PAY-S2	2532.75	N	N	N			63209.40	CAFE-2	CAFE-3	CAFE-4
2	REGULAR PAY-S2	247.75	Y	N	N			9523.51	CAFE-5	CAFE-C	CAFE-D 1559.75
3	REGULAR PAY-S3	1380.00	N	N	N			41236.85	CAFE-F	CAFE-H 22205.15	CAFE-I
3	REGULAR PAY-S3	130.25	Y	N	N			6073.12	CAFE-L	CAFE-P	CANCER
C	CALL PAY	2463.00	N	1	N	N		4926.00	CHILD	2261.01 CLINIC	155.00 COMBIN 306.09
D	DOUBLE TIME	4.75	N	1	N	N		119.89	CREDON	DD ADV	DENTAL
D	DOUBLE TIME	4.75	N	2	N	N		129.39	DEP-LF	DIS-LF	EAT
D	DOUBLE TIME	7.00	N	3	N	N		194.18	EATCSH	FEDTAX	48316.79 FICA-M 7439.68
D	DOUBLE TIME	3.75	Y	1	N	N		141.98	FICA-O	FIRSTC	FLEX S 3382.90
E	EXTRA WAGES		N	N	N	N		7510.00	FLX FE	FORT D	FUTA
E	EXTRA WAGES		N	1	N	N		59528.25	GIFT S	219.23 GRANT	GRP-IN
F	FUNERAL LEAVE	8.00	N	1	N	N		336.00	GTL	HOSP-I	ID TFT
I	INSERVICE	10.75	N	1	N	N		346.61	LEAF	LEGAL	209.98 MASA 767.46
K	EXTENDED-ILLNESS-BANK	236.00	N	1	N	N		6183.00	MEALS	303.10 METVIS	MISC
P	PAID-TIME-OFF	139.63	N	N	N	N		2303.58	MISC/	MMCSHR	NATFML 1854.02
P	PAID-TIME-OFF	1447.00	N	1	N	N		37163.81	OTHER	PHI	PHI***
X	CALL PAY 2	232.00	N	1	N	N		464.00	PR FIN	RELAY	REPAY
Y	YMCA/CURVES		N	N	N	N		75.00	SAMS	SCRUBS	SIGNON
Z	CALL PAY 3	144.00	N	1	N	N		432.00	ST-TX	STONDF	640.86 STONE
v	COVID-FFCRA	44.00	N	1	N	N		1219.84	STONE2	STUDEN	SUNACC 760.28
									SUNILL	849.63 SUNIND	537.74 SUNLIF 851.71
									SUNSTD	1261.68 SUNVIS	SURCHG 385.00
									TSA-1	TSA-2	TSA-C
									TSA-P	TSA-R	38131.42 TUTION
									UNIFOR	UW/HOS	
*----- Grand Totals: 20871.88 -----		(Gross: 544733.70	Deductions: 165655.48	Net: 379078.22)							
Checks Count:- FT 194 PT 9 Other 51 Female 229 Male 23 Credit		OverAmt 24	ZeroNet	Term	Total: 252						

Run Date: 06/19/22
Time: 16:33

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 06/03/22--06/16/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

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Num.	Name	Amount	CHECK NUM	DATE
21960	DEBORAH LYNN BLACK	5464.59	00063168	06/24/22
38168	MEGAN M CANO	119.70	00063169	06/24/22
60652	JESSICA M CALZADO	115.22	00063170	06/24/22
60156	DANIELLE M TAGLE	118.71	00063171	06/24/22
65110	KARINA MARTINEZ	68.28	00063172	06/24/22
00041	CARL LEE KING	775.01	DD	06/24/22
00083	SYLVIA A VARGAS	853.23	DD	06/24/22
00094	SYLVIA A MENDOZA	831.68	DD	06/24/22
00113	JACLYN CARREON	1098.60	DD	06/24/22
00132	SANDRA A BRAUN	868.97	DD	06/24/22
00192	BRENDA D PENA	3864.63	DD	06/24/22
00270	ANGELA M BURGIN	1558.45	DD	06/24/22
00344	SANDRA LEE RUDDICK	2685.24	DD	06/24/22
00387	BILLIE F DUCKWORTH	4145.39	DD	06/24/22
00392	MONICA T CARR	981.15	DD	06/24/22
00399	LINDA J TIJERINA	1787.00	DD	06/24/22
00401	VELMA J PINA	2648.20	DD	06/24/22
00417	SHERRY L KING	3905.82	DD	06/24/22
00423	DONN V STRINGO	2208.32	DD	06/24/22
00482	PAM FIKAC	1323.92	DD	06/24/22
00577	DIANA GARCIA	2976.89	DD	06/24/22
00581	CYNTHIA L RUSHING	1869.31	DD	06/24/22
00676	SHEILA KAY HEATHCOCK	1201.91	DD	06/24/22
00681	R RENEE WOOD	1639.63	DD	06/24/22
00692	DEBORAH E WITTNEBERT	860.03	DD	06/24/22
00697	MARIA C FARIAS	1085.60	DD	06/24/22
00707	KIMBERLY R BLINKA	1333.78	DD	06/24/22
00895	EMILIE DIANE WILKEY	1672.86	DD	06/24/22
01015	SUSAN B SWALLEY	1855.57	DD	06/24/22
01191	SHARON M SPARKS	2311.51	DD	06/24/22
01234	JENISE N SVETLIK	2030.48	DD	06/24/22
01367	MARILYN A SANDERS	3651.68	DD	06/24/22
01543	JACKIE E WILLIAMS	3937.21	DD	06/24/22
01791	RAUSHANAH J MONDAY	1565.66	DD	06/24/22
02011	ERIN R CLEVINGER	3463.92	DD	06/24/22
02014	AGAPITA C CANTU	867.91	DD	06/24/22
02022	AMANDA J GRIGGS	2488.15	DD	06/24/22
02064	ANNA LAURA GARCIA	622.19	DD	06/24/22
02097	KYLIE M GAINES	1951.32	DD	06/24/22
02099	TRACI M SHEFCIK	2913.71	DD	06/24/22
02112	LESLIE THOMAS	4080.60	DD	06/24/22
02122	DARIN LUNA	1656.75	DD	06/24/22
02165	CAYDENCE N CAUDILL	20.48	DD	06/24/22
02193	TIKI VENGLAR	3662.17	DD	06/24/22
02271	DAWN J SUBENIK	2009.26	DD	06/24/22
02301	NICOLAS TIJERINA	1674.05	DD	06/24/22
02302	CATHERINE MARIE DECILOS	375.27	DD	06/24/22
02303	CONNIE M LUNA	2142.03	DD	06/24/22
02315	NINA M GREEN	2463.53	DD	06/24/22
02322	RICK OSORNI	337.77	DD	06/24/22
02331	JESSICA B BIFFLE	2203.67	DD	06/24/22
02346	JEANETTE L FALCON	707.71	DD	06/24/22
02356	CHALEY HAMILTON	862.46	DD	06/24/22

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MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
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Num.	Name	Amount	CHECK NUM	DATE
02416	JANELLE SCOTT	1439.07	DD	06/24/22
02511	MAGDALENA SEPULVEDA	1275.76	DD	06/24/22
02525	AUDREY D GARCIA	927.34	DD	06/24/22
02535	STEPHANIE M SOLIZ	800.41	DD	06/24/22
02552	VERONICA FAGUSIN	1700.61	DD	06/24/22
02584	BEATRICE MAGU	3073.76	DD	06/24/22
02678	MELISSA NESLONEY	2489.22	DD	06/24/22
02701	RONDA DAWNELLE GOHLKE	3023.14	DD	06/24/22
02719	DAWN M MCCLELLAND	1952.51	DD	06/24/22
02735	ZANDRA A GARCIA	2197.96	DD	06/24/22
02763	JESSICA COPPIN	2212.38	DD	06/24/22
02794	HEATHER L MUTCHLER	1763.39	DD	06/24/22
02812	BRITTANY N RUDDICK	1620.27	DD	06/24/22
02907	MARIA F LONGORIA	1114.04	DD	06/24/22
02927	MICHAEL L GAINES	3041.39	DD	06/24/22
02963	DOROTHY J RENDON	390.51	DD	06/24/22
02970	DIANNE G ATKINSON	1996.41	DD	06/24/22
03864	JACQUELINE R HERRERA	1283.44	DD	06/24/22
05003	COURTNE D THURLKILL	2892.67	DD	06/24/22
05006	REGINA A MARTINEZ	4092.93	DD	06/24/22
05007	JAMIE K NEYLAND	342.33	DD	06/24/22
05122	MARISSA RANGEL	1674.75	DD	06/24/22
05345	ERICA NGUYEN	4159.88	DD	06/24/22
05641	AMANDA R KEY	1729.62	DD	06/24/22
05757	SHARON T HOLDER	1754.92	DD	06/24/22
07007	URSULA S BRYAN	773.21	DD	06/24/22
07066	DELPHINE PADRON	1522.84	DD	06/24/22
07123	CYNTHIA GUERRA	1615.13	DD	06/24/22
07147	CHAD A VORCE	2458.05	DD	06/24/22
07878	DIANA C SAUCEDA	1311.02	DD	06/24/22
10519	MARISSA LYNN HUNT	1335.98	DD	06/24/22
11197	CATHERINE A SAENZ	4641.29	DD	06/24/22
11412	COURTNEY L MORKOVSKY	1586.22	DD	06/24/22
12115	LISA J HINOJOSA	926.53	DD	06/24/22
12153	JULIA MONTES	1921.44	DD	06/24/22
15097	KYLE L DANIEL	3140.21	DD	06/24/22
15131	SAVANNAH HARLEY	1529.46	DD	06/24/22
15171	JESSICA BARRON	892.55	DD	06/24/22
15286	DAWN M MAREK	2307.37	DD	06/24/22
15555	STEPHANIE MARTIN	2455.21	DD	06/24/22
15909	JULIE NGUYEN	3584.24	DD	06/24/22
15915	BRIANNE J KEY	3572.44	DD	06/24/22
20102	MAYA HAWKINS	1381.52	DD	06/24/22
20112	YULMA PATRICA RODRIGUEZ	830.71	DD	06/24/22
20144	SOPHIE M PECENA	794.72	DD	06/24/22
20145	NATALIE SOTO	734.26	DD	06/24/22
20156	ERIN ASHLEY WISDOM	2257.85	DD	06/24/22
20184	MELISSA ZAMORANO	506.05	DD	06/24/22
20206	KELLI B GOFF	2437.08	DD	06/24/22
20207	SHAWNA G HARTL	2777.21	DD	06/24/22
20243	MELANIE CORTEZ	1620.36	DD	06/24/22
20294	JESSICA D WALTHER	839.63	DD	06/24/22
20456	SAYDI A ST CLAIR	376.13	DD	06/24/22
20759	JAMIE SADLER	1508.16	DD	06/24/22

Run Date: 06/18/22
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MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 06/03/22--06/16/22 Run: 1
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Num.	Name	Amount	CHECK NUM	DATE
20788	JAYLIN RAMIREZ	685.59	DD	06/24/22
20797	BETHANN M DIGGS	1320.94	DD	06/24/22
20816	JOIE L PENA	812.16	DD	06/24/22
20837	DAISY MADRIGAL	1086.87	DD	06/24/22
20854	JALYNN GREEN	331.58	DD	06/24/22
20896	DANIELA CAMACHO	55.60	DD	06/24/22
20977	CHERYL L TESCH	1604.10	DD	06/24/22
21450	DIANA E LEAL	2204.92	DD	06/24/22
21629	JACOBY R CRAWFORD	2965.49	DD	06/24/22
21736	ALLISON GOULDEN	937.23	DD	06/24/22
22618	HEATHER L SMITH	2331.74	DD	06/24/22
26789	LORRAINE V GARZA	151.92	DD	06/24/22
29199	KELLY A SCHOTT	1510.19	DD	06/24/22
30491	ARLEEN JUDD	211.42	DD	06/24/22
31035	STACIE L EPLEY	1686.79	DD	06/24/22
31054	LORA L LAMBDEN	844.39	DD	06/24/22
31099	ARACELY Z GARCIA	2245.51	DD	06/24/22
31219	LAUREN PHILLIPS	564.59	DD	06/24/22
31313	KATHERINE LYNN JIMENEZ	1825.97	DD	06/24/22
31319	STACY L FARMER	1718.13	DD	06/24/22
31463	EDWARD E MATULA	2398.97	DD	06/24/22
31508	RACHEL A HEFFNER	3087.24	DD	06/24/22
31821	KAYLA M ALVAREZ	1921.84	DD	06/24/22
31832	SHANE D KRESTA	1249.88	DD	06/24/22
31849	CODY L JUREK	163.03	DD	06/24/22
38118	KRYSTELLA F KISIAH	974.09	DD	06/24/22
38413	DEVAN ORTA	1119.30	DD	06/24/22
38702	ANNA VANESSA PENNELL	1126.49	DD	06/24/22
41112	ANASTASIA L PEREZ	641.15	DD	06/24/22
41171	TOMMIE M TREVINO	537.50	DD	06/24/22
41205	JEANETTE ALVARADO	846.32	DD	06/24/22
41225	LESLIE A CRAIGEN	1343.79	DD	06/24/22
41236	PAMELA K VANNOY	1352.07	DD	06/24/22
41274	KAREN GANN	1006.95	DD	06/24/22
41279	PAMELA R HARMON	613.34	DD	06/24/22
41347	ADRIANNA D STRAKOS	760.30	DD	06/24/22
41369	LORETTA A LEAL	685.79	DD	06/24/22
41418	ANGEL M CASSEL	1148.62	DD	06/24/22
41507	OLGA I BETANCOURT	846.06	DD	06/24/22
41612	SONJA A GUJARDO	851.13	DD	06/24/22
41617	JACQUELINE M MARTINEZ	987.94	DD	06/24/22
41705	KELSEY R TAYLOR	846.51	DD	06/24/22
41896	RENAE MICHELLE EMERY	693.71	DD	06/24/22
41897	ROXANNA MARTINEZ	739.32	DD	06/24/22
41901	JUANITA R MILLER	1226.85	DD	06/24/22
41924	BRITTNEY V STRICKLIN	775.82	DD	06/24/22
42106	CHRISTY SILVAS	966.90	DD	06/24/22
42112	SOCORRO C GONZALES	880.53	DD	06/24/22
42122	LEI ANA CHAVANA	1527.97	DD	06/24/22
42125	LUCY CALZADA	746.77	DD	06/24/22
42304	MIMI T NGUYEN	2041.39	DD	06/24/22
42320	MICHAEL A PFEIL	3004.34	DD	06/24/22
42820	MARIA D CHAVEZ	701.46	DD	06/24/22
42842	SHANNA S O DONNELL	3214.08	DD	06/24/22

Run Date: 06/19/22
Time: 16:33

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 06/03/22--06/16/22 Run: 1
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Num.	Name	Amount	CHECK NUM	DATE
50019	MICHELLE M MORALES	1423.17	DD	06/24/22
50134	LORNA VALDEZ	894.46	DD	06/24/22
50148	PENNY GOULDEN	3058.50	DD	06/24/22
50161	BRITTNEY MICHELLE ZAMORA	1410.95	DD	06/24/22
50248	MCKENNA VILLEGAS	606.81	DD	06/24/22
50282	JACOB W HAMILTON	2542.15	DD	06/24/22
50310	JASMINE GRIGSBY	702.12	DD	06/24/22
50546	MELANIE K SAMAYOA	1791.76	DD	06/24/22
50573	DEBNA R DAVIS	1553.17	DD	06/24/22
50596	BETTY S DAVIS	1995.49	DD	06/24/22
50719	DEBRA K MUSTERED	2221.26	DD	06/24/22
50828	ADINA RODRIGUEZ	641.32	DD	06/24/22
53541	JACLYN B HARTL	1518.54	DD	06/24/22
55025	LEA C RESENDEZ	547.99	DD	06/24/22
55026	IRENE B PEREZ	371.09	DD	06/24/22
55106	CRYSTAL M CHAVEZ	894.92	DD	06/24/22
55127	APRIL N HUBALA	2374.88	DD	06/24/22
55371	BLANCA HERNANDEZ	844.59	DD	06/24/22
55382	SHANNON JACILDO	1609.93	DD	06/24/22
55658	LAJUAN WILKE	716.32	DD	06/24/22
58510	RITA L POLENSKY	804.57	DD	06/24/22
60112	ROBERT A RODRIQUEZ	1963.71	DD	06/24/22
60131	NORA OVALLE	519.90	DD	06/24/22
60163	MIGDALIA CLARO	605.52	DD	06/24/22
60165	TERESA A BENITEZ	1761.43	DD	06/24/22
60271	REBEKAH GEPYK	658.97	DD	06/24/22
60412	CHRISTOPHER GALINDO	938.59	DD	06/24/22
60616	DOROTHY A LONGORIA	680.70	DD	06/24/22
60718	ANNA C GONZALEZ	680.55	DD	06/24/22
60934	CONSUELO ZAMORA	884.35	DD	06/24/22
63124	SANJUAN M GARCIA	1055.48	DD	06/24/22
63289	JASON RUBIO	1404.40	DD	06/24/22
65100	FELICITA BONUZ	547.16	DD	06/24/22
65121	VIVIANA P MEDINA	375.02	DD	06/24/22
65147	BLANCAROSA VILLARREAL	559.74	DD	06/24/22
65151	ELIA OLACHIA	569.06	DD	06/24/22
65213	LEE SIMERLY	1032.58	DD	06/24/22
65243	LUCILA LOPEZ DE GUZMAN	1156.61	DD	06/24/22
65366	CYNTHIA GARCIA	602.92	DD	06/24/22
65393	RAMONA A PEREZ	1423.97	DD	06/24/22
65453	AMALIA L FLORES	846.36	DD	06/24/22
65463	MARIA I VELOZ	689.50	DD	06/24/22
65486	ROSA RODRIGUEZ	883.42	DD	06/24/22
65513	MARIA MORALES	985.60	DD	06/24/22
65583	RACQUEL MORALES	569.88	DD	06/24/22
65705	DOMITILA HERRERA	952.21	DD	06/24/22
65856	ALEJANDRO R VELASQUEZ	288.78	DD	06/24/22
65865	MARIA F LEDEZMA	676.18	DD	06/24/22
68163	CRYSTAL MARTINEZ	1648.18	DD	06/24/22
68368	DOMITILA GARCIA	267.79	DD	06/24/22
68568	CHRISTOPHER RUTHERFORD	914.64	DD	06/24/22
68792	NAZARIO DIAZ HERNANDEZ	1689.66	DD	06/24/22
70119	SARA N BLEDSOE	2118.63	DD	06/24/22
73749	GLORIA N REID	2957.71	DD	06/24/22

Run Date: 06/18/22
Time: 16:33

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 06/03/22--06/16/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 5
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
75190	RIKA MILLER	1902.46	DD	06/24/22
76003	IRMA DELEON	699.81	DD	06/24/22
76110	TARAH SUBLETT	727.90	DD	06/24/22
76115	JENNIFER R CARLOCK	712.26	DD	06/24/22
76120	RACHEL CANALES	1433.77	DD	06/24/22
76138	KAREN D GARCIA	651.91	DD	06/24/22
76210	ZOE VILLARREAL	832.01	DD	06/24/22
76300	AIDA JIMENEZ	825.75	DD	06/24/22
76313	PAMELA L BARTON	739.68	DD	06/24/22
76403	KATRINA A POKLUDA	1342.27	DD	06/24/22
76647	CHERYL A SEE	1077.90	DD	06/24/22
76706	GREGORY E MORALES	666.43	DD	06/24/22
76761	LAURA F PESINA	1212.64	DD	06/24/22
76854	MARY PATTERSON	745.05	DD	06/24/22
76985	VANESSA TRISTAN	217.44	DD	06/24/22
77646	FAREN A GONZALES	1042.39	DD	06/24/22
78020	MISTY R PASSMORE	1212.94	DD	06/24/22
78058	KYANN J POWER	433.48	DD	06/24/22
78072	DONNA M RAWLINGS	1062.19	DD	06/24/22
78191	JAMIE J GRASSE	809.46	DD	06/24/22
78287	MARISSA D ALMANZAR	1611.07	DD	06/24/22
78336	JESSICA L GLOVER	2233.24	DD	06/24/22
78566	MELISSA K GEE	821.12	DD	06/24/22
78764	ASHLEY D HADLEY	1956.16	DD	06/24/22
78778	SARA M RUBIO	2090.92	DD	06/24/22
78781	KRISTEN R MACHICEK	2917.61	DD	06/24/22
78787	FARAH I JANAK	2467.51	DD	06/24/22
78887	DAYLE J MCLAUGHLIN	593.29	DD	06/24/22
80008	ADAM D BESIO	2425.43	DD	06/24/22
80141	JEANNIE ORTA	1756.52	DD	06/24/22
82227	CAITLIN A CLEVINGER	1041.90	DD	06/24/22
86482	MEGAN M HARPER	749.74	DD	06/24/22
88125	LISA M TREVINO	1059.23	DD	06/24/22
88808	MARLEY B O'DONNELL	1900.75	DD	06/24/22
88904	MAYRA K MARTINEZ	1507.15	DD	06/24/22
90159	WILLIAM T LITTLE	3792.08	DD	06/24/22
90320	ROSHANDA S THOMAS	3366.30	DD	06/24/22
93231	ANDRIE M FLORES	1134.24	DD	06/24/22
98756	ADRIANNA M GALVAN	1489.79	DD	06/24/22

375078.22

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

PAY PERIOD: BEGIN
 PAY PERIOD: END
 PAY DATE:

6/3/2022
 6/16/2022
 6/24/2022

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
GROSS PAY:	\$ 544,733.70			\$ -		\$ 544,733.70
DEDUCTIONS:						
A/R	\$ 435.94					\$ 435.94
ADVANC						\$ -
BOOTS						\$ -
SUNLIFE CRITICAL ILLNESS	\$ 849.63					\$ 849.63
SUNLIFE ACCIDENT	\$ 760.28					\$ 760.28
SUNLIFE VISION						\$ -
SUNLIFE SHORT TERM DIS	\$ 1,261.68					\$ 1,261.68
BCBS VISION	\$ 989.86					\$ 989.86
CAFÉ-D	\$ 1,559.75					\$ 1,559.75
CAFÉ-H	\$ 22,205.15					\$ 22,205.15
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ 2,281.01					\$ 2,281.01
CLINIC	\$ 155.00					\$ 155.00
COMBIN	\$ 306.09					\$ 306.09
CREDUN						\$ -
DENTAL						\$ -
DEP-LF						\$ -
SUNLIFE TERM LIFE	\$ 851.71					\$ 851.71
SUNLIFE HOSP INDEM	\$ 537.74					\$ 537.74
FED TAX	\$ 48,316.79					\$ 48,316.79
FICA-M	\$ 7,439.68					\$ 7,439.68
FICA-O	\$ 31,811.20					\$ 31,811.20
FIRST C						\$ -
FLEX S	\$ 3,382.90					\$ 3,382.90
FLX-FE						\$ -
GIFT S	\$ 219.23					\$ 219.23
GRP-IN						\$ -
GTL						\$ -
HOSP-I						\$ -
LEGAL	\$ 977.44					\$ 977.44
OTHER	\$ 303.10					\$ 303.10
NATIONAL FARM LIFE	\$ 1,854.02					\$ 1,854.02
MED SURCHARGE	\$ 385.00					\$ 385.00
PR FIN						\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 640.86					\$ 640.86
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 38,131.42					\$ 38,131.42
UW/HOS						\$ -
TOTAL DEDUCTIONS:	\$ 166,655.48	\$ -	\$ -	\$ -	\$ -	\$ 166,655.48
NET PAY:	\$ 379,078.22	\$ -	\$ -	\$ -	\$ -	\$ 379,078.22
TOTAL CAFÉ 125 PLAN:	\$ 31,650.11	Less Exempt:				
TAXABLE PAY:	\$ 513,083.59	\$ 513,083.59				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 7,439.71		
FICA - MED (EE)	1.45%	\$ 7,439.71	\$ 7,439.68	\$ 0.03
FICA - SOC SEC (ER)	8.20%	\$ 31,811.18		
FICA - SOC SEC (EE)	8.20%	\$ 31,811.18	\$ 31,811.20	\$ (0.02)
FED WITHHOLDING		\$ 48,316.79	\$ 48,316.79	

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

TAX DEPOSIT:		\$ 126,818.57	\$ 126,818.55
FICA - MEDICARE	2.90%	\$ 14,879.42	\$ 14,879.36
FICA - SOCIAL SECURITY	12.40%	\$ 63,622.36	\$ 63,622.40
FED WITHHOLDING		\$ 48,316.79	\$ 48,316.79
TOTAL TAX:		\$ 126,818.57	\$ 126,818.55 \$ 0.02

PREPARED BY: Caitlin Clevenger
 PREPARED DATE: 6/18/2022

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- JUNE 10, 2022 - June 19, 2022**

Date	Bank Description
6/10/2022	PAY PLUS ACHTRANS 452579291 101000693538372
6/10/2022	EXPERTPAY EXPERTPAY 746003411 91000012731975
6/10/2022	CLEARGAGE LLC CLEARGAGE, 1QSRZPV53CD6250 242
6/10/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002
6/10/2022	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110
6/10/2022	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110
6/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110
6/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110
6/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110
6/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110
6/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110
6/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110
6/10/2022	MEMORIAL MEDICAL PAYROLL 746003411 113122650
6/13/2022	PAY PLUS ACHTRANS 452579291 101000694330642
6/13/2022	IRS USATAXPYMT 220256484887727 6103601000610
6/14/2022	PAY PLUS ACHTRANS 452579291 101000695347996
6/14/2022	MCKESSON DRUG AUTO ACH ACH05062059 910000128
6/14/2022	IRS USATAXPYMT 220256550593378 6103601000153
6/14/2022	FDMS ANNUAL FEE 052-1601830-000 410001217916
6/15/2022	PAY PLUS ACHTRANS 452579291 101000696268928
6/15/2022	TEXAS COUNTY DRS RECEIVABLE 0419 21000027414
6/15/2022	FDMS FDMS PYMT 052-1743548-000 4100012558446
6/15/2022	FDMS FDMS PYMT 052-1743547-000 4100012558446
6/15/2022	FDMS FDMS PYMT 052-1737276-000 4100012558355
6/16/2022	STATE COMPTLR TEXNET 06294227/20615 2100002
6/16/2022	PAY PLUS ACHTRANS 452579291 101000697247395
6/17/2022	PAY PLUS ACHTRANS 452579291 101000698267170
6/17/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002

MMC Notes
- 3rd Party Payor Fee
- Child Support Payment - Payroll Ending 6/2/22
- Patient Financing Service
- 340B Drug Program Expense
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Payroll
- 3rd Party Payor Fee
- Payroll Taxes
- 3rd Party Payor Fee
- 340B Drug Program Expense
- Payroll Taxes
- Credit Card Processing Fee
- 3rd Party Payor Fee
- Retirement Funding
- Credit Card Machine Lease Expense
- Credit Card Machine Lease Expense
- Credit Card Machine Lease Expense
- IGT Payment
- 3rd Party Payor Fee
- 3rd Party Payor Fee
- 340B Drug Program Expense

Amount
1.32
1826.97
78.02
349.56
129
1140.28
2848.13
205.2
739.11
509.59
824
79.85
358071.87
24.22
118454.47
3.7
7232.73
236.48
30.2
202.24
180918.66
80.06
40.02
120.08
84097
30.47
59.41
865.43
759,198.07


Pay Plus

1.32 +
24.22 +
3.70 +
202.24 +
30.47 +
59.41 +
321.36 *
<i>Expert Pay</i>
1,826.97 +
1,826.97 +
<i>Clearage</i>
78.02 +
78.02 *
<i>CC fees</i>
129.00 +
1,140.28 +
2,848.13 +
205.20 +
739.11 +
509.59 +
824.00 +
79.85 +
30.20 +
80.06 +
40.02 +
120.08 +
6,745.52 *
321.36 +
1,826.97 +
78.02 +
6,745.52 +
8,971.87 *


 William Little, CFO
 Memorial Medical Center

ELECTRONIC TRANSFERS FOR OPERATING

Date	Descr
7/6/2022	DSRIP IGT
6/20/2022	ACH Payment WEBFILE TAX PYMT DB
6/23/2022	RAPP5 IGT
7/1/2022	DSH Pass 1 and Pass 2 IGT


 William Little, CFO
 Memorial Medical Center

759,198.07 +
349.56 -
358,071.87 -
118,454.47 -
7,232.73 -
236.48 -
180,918.66 -
84,097.00 -
865.43 -
8,971.87 *
8,971.87 +
8,971.87 -
0.00 *

June 20, 2022

** Approved 06-13-22 cc*
*** To be approved separately this court*
**** Approved 06-08-22*
Approved 06-01-22

MMC Notes
- IGT PYMT
- Sales Tax (on last court)
- RAPP5 IGT
- IGT Pymt

APPROVED ON:

JUN 20 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

Amount
434,968.69
+421.02
-85,446.92
98,092.00
-184,958.94

573,060.69



Transaction Summary

Transaction Complete
Trace # _____

Revised

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

Payment Total	\$434,968.69
Bank Routing and Account Number	
Settlement Date	7/6/2022
DSRIP Amount	\$434,968.69
Entered By	Marley Moehrig



Transaction Summary

Revised

Trace Number: [000000006424718](#) has been deleted successfully.

**Texas Health and Human Services Commission
Memorial Medical Center Operating County
746003411**

Payment Total	\$428,172.31
Bank Routing and Account Number	113122655 *****4357
Settlement Date	7/6/2022
DSRIP Amount	\$428,172.31
Entered By	Marley Moehrig

Marley ODonnell

From: HHSC Texas Healthcare Transformation and Quality Improvement Program
<TXHealthcareTransformation@hhsc.state.tx.us>
Sent: Friday, June 17, 2022 1:05 PM
To: Jason Anglin; dmoore@mmcportlavaca.com; Roshanda S. Thomas; Marley ODonnell; czafero@cmcvtx.org; duane.woods@cmcvtx.org; pstrauss@cmcvtx.org; dherolt@cmcvtx.org; mike.olson@cmcvtx.org; skennedy@vctx.org; CFO - Beatriz Trejo - 102595; mariluna@ttbh.org; plopez@ttbh.org; jonny.hipp@chdcc.org
Cc: HHSC PFD DSRIP Payments; HHSC Texas Healthcare Transformation and Quality Improvement Program; Jason Anglin; cbrzozowski@cmcvtx.org; pstrauss@cmcvtx.org; dherolt@cmcvtx.org; Duane.Woods@cmcvtx.org; Cynthia.Martinez2@dchstx.org; eric.hamon@dchstx.org; Michelle Ramirez; steve.king@dchstx.org; mtaylor@ttbh.org; setexasrhp@harrishealth.org; Victoria.Nikitin@harrishealth.org; Michael.Norby@harrishealth.org; sarah_schauman@premierinc.com; jamie_marshall@premierinc.com; Kristoffer_Hammarstrom@premierinc.com; joseph.dygert@harrishealth.org; amanda.callaway@harrishealth.org; kevin.lin@harrishealth.org; Catie Hilbelink; donna.littlefield@nchdcc.org; Belinda Chism; Linda Wertz; Jonny Hipp; eddie.olivarez@hchd.org; DAIREN SARMIENTO; Lourdes Acevedo
Subject: UPDATE to DSRIP DY11 IGT Notification
Attachments: Affiliation Summary 06.17.22.xlsx; IGT Summary 06.17.22.xlsx

[WARNING-Remote attachments, VERIFY SENDER]

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

Good Afternoon IGT Entities Nueces County Hospital District LPPF, Calhoun County dba Memorial Medical Center, Citizens Medical Center, and Tropical Texas Behavioral Health,

We identified errors in the DSRIP Category C achievement that impacted DSRIP payments and IGT. The IGT for the following were updated and included in the attached updated files. Please let us know if you have any questions and we apologize for the error.

RHP	IGT Entity	Provider TPI	Provider Name	Updated IGT Due	Reasons for Changes
4	Nueces County Hospital District LPPF	132812205	Driscoll Children's Hospital	\$9,817,344.67	Provider notified HHSC that D3-333 was incorrectly reported. D3-333 AM-10.1 was changed to NMI. Previous IGT due was \$9,985,428.68

3	Calhoun County dba Memorial Medical Center	137909111	Memorial Medical Center	\$434,968.69	C1-147 AM-10.1 was incorrectly calculated so achievement changed from 75% to 100%. Previous IGT due was \$428,172.31
4	Citizens Medical Center	137907508	County of Victoria dba Citizens Medical Center	\$1,448,973.90	C1-147 AM-9.1 and AM-10.1 were incorrectly calculated so both changed from 75% to 100% achievement. Previous IGT due was \$1,408,203.04
5	Tropical Texas Behavioral Health	138708601	Tropical Texas Behavioral Health	\$8,287,126.21	M1-211 AM-10.3 was incorrectly calculated so achievement changed from 75% to 100%. Previous IGT due was \$8,261,389.79

Thank you,

Linda Huynh
 Healthcare Transformation Waiver
 HHS Medicaid and CHIP Services

From: HHSC PFD DSRIP Payments <PFD_DSRIP_Payments@hhs.texas.gov>
Sent: Thursday, June 16, 2022 8:15 AM
Subject: DSRIP DY11 IGT Notification
Importance: High

Anchors/Government Entities/Providers:

Please carefully review this message in its entirety making note of the information provided which pertains to the DY11 Delivery System Reform Incentive Payments (DSRIP).

Attached are the following files: DSRIP Notification- DY11 Round 1 July 2022 Affiliation Summary and DY11 Round 1 July 2022 IGT Summary workbooks. These workbooks include DY10 and DY9 DSRIP payments.

The DY11 Round 1 July 2022 Affiliation Summary workbook has separate tabs for each Regional Healthcare Partnership (RHP) and contains the Intergovernmental Transfer (IGT) needed, by affiliation, for DY10 and DY9 Round 1 DSRIP payments.

The DY11 Round 1 July 2022 IGT Summary workbook has separate tabs for each RHP and contains the total IGT needed by each IGT Entity for DY10 and DY9 Round 1 DSRIP payments.

Providers can determine their estimated payment amount by dividing Column M of the DY11 Round 1 July 2022 Affiliation Summary by the state share of the current FMAP. The current FMAP is 67.00%/33.00%.

The Transformation Waiver Team will email the Anchors information to share with providers regarding how much will be paid by Category and measure on Friday, June 17, 2022. Health and Human Services Commission (HHSC) Provider Finance Department is unable to answer questions regarding this information. Please send any questions regarding this information to TXHealthcareTransformation@hhsc.state.tx.us

HHSC requires that the appropriate TexNet bucket is used for DSRIP Reporting IGTs. The DSRIP Reporting IGT should be placed in DSRIP.

IGT Entities may choose to IGT less than the required amount for DSRIP Reporting payments; however, all affiliated providers and metrics will be paid proportionately. IGT may not be directed towards specific providers, Categories, or metrics.

A screen shot/.pdf of the confirmation/trace sheet or email of the confirmation number if the TexNet is submitted over the phone is required and must be emailed to PFD_DSRIP_Payments@hhs.texas.gov. We are requesting that all government entities enter their IGT transactions into TexNet no later than July 5th with a Settlement Date of July 6th. **No IGT's submitted after July 5th will be accepted.**

HHSC Accounting will request the Comptroller to issue payments according to the following *estimated* schedule:

Tuesday, July 05, 2022	Last date for Public entities to enter TexNet and submit Trace Sheet
Wednesday, July 06, 2022	TexNet Sweeps (Settlement date of funds)
Wednesday, July 20, 2022	Payment issue date for Transferring Hospitals "Big 6"
Friday, July 29, 2022	Payment issue date for Non-Transferring Hospitals

Information regarding TexNet Connect can be found at <https://comptroller.texas.gov/programs/systems/docs/96-1193.pdf>

Thank you,

HHSC Provider Finance Payments

Texas Health and Human Services Commission
North Austin Complex
P.O. Box 149030, Mail Code H-400
4601 Guadalupe St
Austin, TX 78751



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Transaction Summary

Transaction Complete

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

Payment Total	\$98,092.00
Bank Routing and Account Number	
Settlement Date	7/1/2022
DSH Amount	\$98,092.00
Entered By	Marley Moehrig

To: jgulihur@rchd.care; jsmith@medicalartshospital.org; diana.strupp@tenethealth.com; scarruth@obmc.org; brichards@oceanshealthcare.com; megan@pm-hs.com
Cc: Hodges,Jandi (HHSC); Quintanilla,Sarah (HHSC); Guzman,Kenneth (HHSC); HHSC PFD Uncompensated Care Tools; Wolfe,Megan (HHSC); Michalik,Ed W (HHSC); Grady,Victoria C (HHSC); Cantu,Rene (HHSC); Regmi,Asha (HHSC); Heinemann,David (HHSC); Dovalina,Jose (HHSC); Heinemann,David (HHSC); Jacques,Robert (HHSC); Brown,Adam (HHSC); Rios,Mariana (HHSC); HHSC PFD DSH Payments
Subject: DSH 2022 Final Payment IGT Notification 2 of 4
Attachments: 2022 Final DSH Payment Calculation.xlsx

[WARNING-Remote attachments, VERIFY SENDER]

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.

DSH Providers:

The Texas Health and Human Services Commission (HHSC) Provider Finance Department is adopting a new communication process. As of September 1, 2022, stakeholder announcements will be sent via GovDelivery, a free email subscription service used by HHSC. To receive future GovDelivery announcements and IGT Notifications, click the following link and subscribe to the Disproportionate Share Hospitals (DSH) topic. ([Click Here to Subscribe](#)).

Attached is the finalized 2022 Final Disproportionate Share Hospital (DSH) Payment Calculation Workbook.

The DSH payments and intergovernmental transfer (IGT) amounts are based on the calculations in the Model Scenario Analysis (see tabs labeled " Non-State" and "State" for non-state-owned and state-owned hospitals respectively).

Payment amounts/transfer amounts for state hospitals can be found in column V of the "State" tab. Payment amounts for non-state hospitals can be found in column AZ of the "Non-State" tab and the corresponding IGT amounts in column BE of the same tab.

To ensure that all government entities receive this notification, HHSC strongly encourages providers to send this information to any government entity who is IGT'ing on their behalf.

Below are the pertinent dates associated with the DSH Pass 1 and Pass 2 payment:

- June 30, 2022 Last date to schedule transfer in TexNet
- July 1, 2022 Pass 1 and Pass 2 IGT Settlement Date
- July 12, 2022 State Owned Hospitals submit Journal Entry
- July 29, 2022 Latest DSH Pass 1 and Pass 2 Payment Date

****Late IGTs will not be accepted. Pass 3 payment amounts cannot be calculated until HHSC is in receipt of the IGT for the Pass 1 and Pass 2 Payments.**

Please ensure you select the DSH bucket in TexNet when you enter your IGT. It is **imperative** that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the confirmation number, settlement date and IGT amount if the TexNet is submitted over the phone, to DSHPayments@hhs.texas.gov. Additional information regarding the TexNet process is [available here](#). State owned hospitals must send a copy of their Journal Entry to DSHPayments@hhs.texas.gov.

If you have questions regarding the DSH payment process, please send an email to DSHPayments@hhs.texas.gov

Thank you,
HHSC Provider Finance Payments
North Austin Complex
Mail Code H-400
4601 Guadalupe St
Austin, TX 78751
Texas Health and Human Services Commission



Proposed Method for State-Owned Hospitals

5 Non-State Owned Urban Public Hospital Class 1

3 Non-State Owned Urban Public Hospital Class 2

143 Non-State Owned All Other Hospitals

151 Non-State Owned Totals

2022 TPI	Hospital Name
137909111	Memorial Medical Center

DBA	County	Urban Public Hospital (UPH) Class 1=Class 1 (TH) 2=Class 2 3=All Others	Ownership 1=Public 2=Private 3=State
	Calhoun	3	1

322,149	949,083	738,597	1,060,746
68,467	372,408	130,776	199,243
1,455,348	7,259,446	1,846,349	3,301,697
1,845,964	8,580,937	2,715,722	4,561,686

Rural 1=Yes 2=No	Children 1=Yes 2=No	IMD 1=Yes 2=No	3rd Pass 1 = Yes 0 = No	Total Hospital Medicaid Days (Includes OOS Days, Excludes Dual Eligible Days)	Total IP Census Days	LIUR Percentage	Low-Income Days	Total Days
1	2	2	1	380	3,536	40.75%	1,441	1,821

1,060,746	-	225,579,101	225,579,101	2,042,991,475	979,509,786	1,230,969,552	
199,243	-	42,371,163	42,371,163	264,233,136	119,949,481	214,094,433	
3,374,858	-	717,700,147	717,700,147	2,263,831,292	998,607,773	1,209,645,130	
4,634,847	100.00%	-	985,650,412	985,650,412	4,571,055,903	2,098,067,040	2,654,709,115

Adjusted Total Days for Non-Transferring Public Hospitals	PCT Total Adjusted Days	Total Days State GR Payment (All Funds) Pool 1 (Pass 1) Calculation	Total Days Non-GR Federal Payment Pool 2 (Pass 1) Calculation	Total Payment before State Payment Cap and IGT Return	State Payment Cap	YTD Advance UC Payments	Schedule 1 & 2 costs + Adjustments + UC-Only Charity Costs
2,422	0.05%	\$0	\$515,044	\$515,044	\$3,490,128	\$909,056	\$480,775

76,934,514	1,966,056,961	225,579,101	-	1,740,477,859	23,877,632
2,685,041	261,548,095	42,371,163	-	219,176,932	3,006,890
106,430,940	2,157,400,351	670,415,668	47,284,480	1,486,984,683	20,399,957
186,050,496	4,385,005,407	938,365,932	47,284,480	3,446,639,475	47,284,480

Amount of UC Advance Payment Attributable to State Payment Cap	Analysis State Payment Cap less UC Advance Payments Charged to State Payment Cap	Capped Payment at State Payment Cap less 2022 UC Advance Payments Charged to State Payment Cap	Leftover Payment due to State Payment Cap	Remaining State Payment Cap	Leftover DSH Amount Paid
\$428,281	\$3,061,847	\$515,044	\$0	\$2,546,803	\$34,940

249,456,734	122,866,749	309,222,683	681,546,166	681,546,166	-	1,284,510,794
45,378,054	22,350,385	-	67,728,438	67,728,438	-	193,819,657
690,815,625	31,029,788	-	721,845,413	718,446,067	3,399,346	1,438,954,284
985,650,412	176,246,922	309,222,683	1,471,120,018	1,467,720,672	3,399,346	2,917,284,735

Pool 2 (Pass 2) Payment before IGT Return	IGT from Self (Trans and Publics Only)	TH IGT Other Than Self	Pool 3 Total Payment w/IGT Return before State Payment Cap #2	Capped Payment at State Payment Cap	Leftover Payment due to State Payment Cap	Remaining State Payment Cap
\$549,983	\$270,887	\$0	\$820,871	\$820,871	\$0	\$2,240,976

IMD CHECK
\$20,102,034

1,496,767	683,042,934	-	493,933	501,900	433,085,266	1,283,014,027	249,957,668
225,847	67,954,285	-	74,530	-	22,424,914	193,593,810	45,529,371
1,676,731	720,122,799	(1,121,784)	51,422	-	29,959,426	1,437,277,552	690,163,373
3,399,346	1,471,120,018	(1,121,784)	619,884	501,900	485,469,606	2,913,885,389	985,650,412

Leftover DSH Amount Paid	Pool 3 (Pass 2) Total Payment (Including IGT repayment)	IGT Reduction For Pool 3 Pass 2 Overage	Additional IGT For Pool 3 Pass 2 Redistribution (Urban Public Class 1, 2, and Non-Urban Public Hospitals)	Additional IGT For Pool 3 Pass 2 Redistribution from Private Hospitals (Urban Public Class 1 Hospitals)	Total IGT Paid	Remaining State Payment Cap	DSH Payment Net of IGT
\$2,611	\$823,482	\$0	\$862	\$0.00	\$271,749	\$2,238,365	\$551,733

(5,189,710)	
-------------	--

452,860,883	293,778,300	-	452,860,883	230,182,051
40,636,711	13,410,114	-	40,636,711	27,317,574
439,476,497	16,114,407	-	439,476,497	280,646,302
932,974,091	323,302,821	-	932,974,091	538,145,927

2022 YTD DSH Payments	2022 Advance DSH Payments IGTs	2022 Advance DSH Payments from Pool 1	2022 Advance DSH Payments from Pools 2 and 3	2022 DSH Final Payment	IGT check
\$489,316	\$161,475	\$0	\$489,316	\$334,166	\$110,275

549,851,244

Variance: Final Pmt

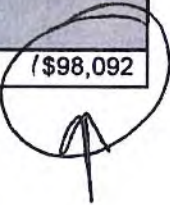
Variance: Final IGT 0.005096

\$15,421,371.04

Recoupments Not Collected	-	18,626,624	157,933,590		
60,744,356	-	-	9,014,800		
Available Funds	3,205,253	-	13,845,019		
489,106,887.69	3,205,252.7	18,626,624	180,793,409	161,405,273	161,405,273

Reduced DSH Payment Based on Recoupments Not Collected	Calculation of Private Hospital IGT to Redistribute to Urban Public Class 1 Hospitals	Redistribution of Excess Private IGT To Urban Public Class 1 Hospitals	2022 DSH Final IGT	IGT from Reduced DSH Payment based recoup not collected	Reduced DSH IGT Based on Recoupments Not Collected
\$297,249	\$0	\$0	\$110,274	\$98,092	(\$98,092)

\$18,626,623.75	\$180,793,408.79
	\$180,926,839.36



RECEIVED BY THE
COUNTY AUDITOR ON

JUN 16 2022

06/16/2022

12:04

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
060722		06/15/20	06/07/20	07/08/20		5,346.00	0.00	0.00	5,346.00

TRANSFER *NH insurance pymt deposited into MMC opening*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	5,346.00	0.00	0.00	5,346.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,346.00	0.00	0.00	5,346.00

APPROVED ON

JUN 16 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 195461

RECEIVED BY THE
COUNTY AUDITOR ON
JUN 16 2022
12:02
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List 0
Dates Through: ap_open_invoice.template
Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
11836	GOLDENCREEK HEALTHCARE										
060222A		06/15/20	06/02/20	07/08/20		2,772.96	0.00	0.00	2,772.96 ✓		
060322	TRANSFER	06/15/20	06/03/20	07/08/20		44.08	0.00	0.00	44.08 ✓		
	TRANSFER	" NH insurance pymt deposited into mme open by "									
060822		06/15/20	06/08/20	07/08/20		20,937.70	0.00	0.00	20,937.70 ✓		
	TRANSFER	" "									
061422		06/15/20	06/14/20	07/08/20		6,204.12	0.00	0.00	6,204.12 ✓		
	MEDICARE REPAYMENT										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						11836	GOLDENCREEK HEALTHCARE	29,958.86	0.00	0.00	29,958.86

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	29,958.86	0.00	0.00	29,958.86

APPROVED ON
JUN 16 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 195457

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 16 2022

06/16/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

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
060222C		06/15/20	06/02/20	07/08/20		696.47	0.00	0.00	696.47 ✓
060222A	TRANSFER NH insurance pymt deposited into MME openy	06/15/20	06/02/20	07/08/20		5,263.42	0.00	0.00	5,263.42 ✓
060222B	TRANSFER "	06/15/20	06/02/20	07/08/20		2,520.00	0.00	0.00	2,520.00 ✓
	TRANSFER "							"	"
Vendor Totals						Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA					8,479.89	0.00	0.00	8,479.89

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,479.89	0.00	0.00	8,479.89

APPROVED ON

JUN 16 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck # 195460

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 16 2022

06/16/2022

12:00

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
060222B		06/15/20	06/02/20	07/08/20		7,463.00	0.00	0.00	7,463.00 ✓
	TRANSFER	<i>NH insurance pymt deposited into mmc operating</i>							
060222D		06/15/20	06/02/20	07/08/20		306.29	0.00	0.00	306.29 ✓
	TRANSFER	"							
060222A		06/15/20	06/02/20	07/08/20		4,668.00	0.00	0.00	4,668.00 ✓
	TRANSFER	"							
060222C		06/15/20	06/02/20	07/08/20		3,951.00	0.00	0.00	3,951.00 ✓
	TRANSFER	"							
060322B		06/15/20	06/03/20	07/08/20		86.82	0.00	0.00	86.82 ✓
	TRANSFER	"							
060322		06/15/20	06/03/20	07/08/20		1,092.00	0.00	0.00	1,092.00 ✓
	TRANSFER	"							
060322A		06/15/20	06/03/20	07/08/20		1,839.91	0.00	0.00	1,839.91 ✓
	TRANSFER	"							
060822		06/15/20	06/08/20	07/08/20		389.00	0.00	0.00	389.00 ✓
	TRANSFER	"							
061422		06/15/20	06/14/20	07/08/20		7,219.34	0.00	0.00	7,219.34 ✓
	MEDICARE REPAYMENT								

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
13004		TUSCANY VILLAGE	27,015.36	0.00	0.00	27,015.36

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	27,015.36	0.00	0.00	27,015.36

APPROVED ON

JUN 16 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#195462

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 16 2022

06/16/2022

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
060622A		06/15/20	06/06/20	07/08/20		13,837.44	0.00	0.00	13,837.44 ✓
	TRANSFER	<i>NH insurance pymt deposited into MMed County</i>							
060722		06/15/20	06/07/20	07/08/20		30,962.26	0.00	0.00	30,962.26 ✓
	TRASFER	<i>"</i>							
060822		06/15/20	06/08/20	07/08/20		5,736.90	0.00	0.00	5,736.90 ✓
	TRANSFER	<i>"</i>							
061422		06/15/20	06/14/20	07/08/20		148,871.60	0.00	0.00	148,871.60 ✓
	MEDICARE REPAYMENT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
12792		BETHANY SENIOR LIVING	199,408.20	0.00	0.00	199,408.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	199,408.20	0.00	0.00	199,408.20

APPROVED ON

JUN 16 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 195458

8

RUN DATE:06/20/22
TIME:09:33

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/20/22 THRU 06/22/22

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	195383	06/22/22	16,175.71	3M COMPANY
A/P	195384	06/22/22	11.58	ABBOTT LABORATORIES
A/P	195385	06/22/22	647.28	ABILITY NETWORK (SHIFTHOUND)
A/P	195386	06/22/22	4,026.61	AIRGAS USA, LLC - CENTRAL DIV
A/P	195387	06/22/22	45.96	AQUA BEVERAGE COMPANY
A/P	195388	06/22/22	10,264.00	AUTHORITYRX
A/P	195389	06/22/22	56.48	AUTO PARTS & MACHINE CO.
A/P	195390	06/22/22	3,776.74	BAXTER HEALTHCARE
A/P	195391	06/22/22	30,418.59	BECKMAN COULTER INC
A/P	195392	06/22/22	53,065.00	BIOMERIEUX, INC
A/P	195393	06/22/22	31.75	BOSART LOCK & KEY INC
A/P	195394	06/22/22	3,409.00	BUILDING KID STEPS
A/P	195395	06/22/22	253.20	CARDINAL HEALTH 414, INC.
A/P	195396	06/22/22	332.40	CDW GOVERNMENT, INC.
A/P	195397	06/22/22	330.00	CHRISTINA ZAPATA-ARROYO
A/P	195398	06/22/22	29,655.72	CULINARY CONCESSIONS LLC
A/P	195399	06/22/22	402.68	CYRACOM LLC
A/P	195400	06/22/22	664.66	DEPT OF STATE HEALTH SERVICES
A/P	195401	06/22/22	188.48	DETAR HOSPITAL
A/P	195402	06/22/22	414.43	DEWITT POTH & SON
A/P	195403	06/22/22	100,622.50	DIAMOND HEALTHCARE CORP
A/P	195404	06/22/22	765.00	DOWELL PEST CONTROL
A/P	195405	06/22/22	5,057.52	DUDE SOLUTIONS, INC
A/P	195406	06/22/22	282.24	ELITECH GROUP INC (WESCOR)
A/P	195407	06/22/22	42,282.50	EMERGENCY STAFFING SOLUTIONS
A/P	195408	06/22/22	10.50	ESUTURES.COM
A/P	195409	06/22/22	.00	VOIDED
A/P	195410	06/22/22	3,821.12	FISHER HEALTHCARE
A/P	195411	06/22/22	2,289.18	G & S MANAGEMENT GROUP LLC
A/P	195412	06/22/22	22,396.12	GE PRECISION HEALTHCARE, LLC
A/P	195413	06/22/22	532.92	GRAINGER
A/P	195414	06/22/22	805.58	GULF COAST PAPER COMPANY
A/P	195415	06/22/22	299.86	GULF COAST SCIENTIFIC
A/P	195416	06/22/22	18,775.23	HEALTHCARE FINANCIAL SERVICES
A/P	195417	06/22/22	150.54	HILL-ROM COMPANY, INC
A/P	195418	06/22/22	14,890.40	HUNTER PHARMACY SERVICES
A/P	195419	06/22/22	847.32	INNOVATIVE STERILIZATION
A/P	195420	06/22/22	25,894.07	ITA RESOURCES, INC
A/P	195421	06/22/22	1,194.79	ITERSOURCE CORPORATION
A/P	195422	06/22/22	26.29	LABCORP OF AMERICA HOLDINGS
A/P	195423	06/22/22	954.18	LANDAUER INC
A/P	195424	06/22/22	465.29	LOWE'S BUSINESS ACCT/SYNCR
A/P	195425	06/22/22	2,330.73	MCKESSON MEDICAL SURGICAL INC
A/P	195426	06/22/22	36.54	MEDIMPACT HEALTHCARE SYS, INC.
A/P	195427	06/22/22	.00	VOIDED
A/P	195428	06/22/22	.00	VOIDED
A/P	195429	06/22/22	15,734.73	MEDLINE INDUSTRIES INC
A/P	195430	06/22/22	5,424.00	MEDTRONIC USA, INC.
A/P	195431	06/22/22	.00	VOIDED
A/P	195432	06/22/22	.00	VOIDED

APPROVED ON

JUN 22 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:06/20/22
TIME:09:33

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/20/22 THRU 06/22/22

PAGE 2
GLCKREG

BANK--CHECK-----				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	195433	06/22/22	.00	VOIDED
A/P	195434	06/22/22	39,097.07	MORRIS & DICKSON CO, LLC
A/P	195435	06/22/22	638.40	NACOGDOCHES TRANSCRIPTION
A/P	195436	06/22/22	3,874.25	NATIONAL FARM LIFE INSURANCE
A/P	195437	06/22/22	540.00	NEOGENOMICS LABORATORIES
A/P	195438	06/22/22	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	195439	06/22/22	1,778.57	OLYMPUS AMERICA INC
A/P	195440	06/22/22	4,034.00	PARA
A/P	195441	06/22/22	118.60	PROFESSIONAL MEDIA RESOURCES
A/P	195442	06/22/22	1,791.67	RADSOURCE
A/P	195443	06/22/22	1,511.25	RAPID PRINTING LLC
A/P	195444	06/22/22	20.00	ROBERT RODRIQUEZ
A/P	195445	06/22/22	60.00	RX WASTE SYSTEMS LLC
A/P	195446	06/22/22	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	195447	06/22/22	4,310.00	TEXAS MUTUAL INSURANCE CO
A/P	195448	06/22/22	284.58	TMS SOUTH
A/P	195449	06/22/22	304.70	TRI-ANIM HEALTH SERVICES INC
A/P	195450	06/22/22	8,913.00	TRIAGE, LLC
A/P	195451	06/22/22	487.13	TRIOSE, INC
A/P	195452	06/22/22	1,108.40	TRIZETTO PROVIDER SOLUTIONS
A/P	195453	06/22/22	11,198.75	TRUSTED HEALTH, INC
A/P	195454	06/22/22	5,401.32	ULINE
A/P	195455	06/22/22	2,872.60	UNIFIRST HOLDINGS INC
A/P	195456	06/22/22	13,261.23	WERFEN USA LLC
A/P	195457	06/22/22	8,675.00	WOUND CARE SPECIALISTS
A/P	195458	06/22/22	199,408.20	BETHANY SENIOR LIVING
A/P	195459	06/22/22	29,958.86	GOLDENCREEK HEALTHCARE
A/P	195460	06/22/22	8,479.89	GULF POINTE PLAZA
A/P	195461	06/22/22	5,346.00	THE CRESCENT
A/P	195462	06/22/22	27,015.36	TUSCANY VILLAGE
TOTALS:			805,586.49	

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 6/20/2022

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		83,970.33	✓ 35,972.03	✓ 159,466.69		207,464.99	159,371.78
						Bank Balance	207,464.99 ✓
						Variance	
						Leave in Balance	100.00
						MOLINA QIPP o/s	16,245.35
						AMERIGROUP QIPP o/s	31,707.81
						April Interest	15.02 ✓
						May Interest	25.03 ✓
						June Interest	
						Adjust Balance/Transfer Amt	159,371.78 ✓
Broadmoor		95,821.60	✓ 77,040.45	✓ 63,210.93		81,992.08	63,210.93
						Bank Balance	81,992.08 ✓
						Variance	
						Leave in Balance	100.00
						MOLINA QIPP o/s	6,309.77
						AMERIGROUP QIPP o/s	12,342.62
						April Interest	11.66 ✓
						May Interest	17.10 ✓
						June Interest	
						Adjust Balance/Transfer Amt	63,210.93 ✓
Crescent		61,333.80	✓ 45,230.84	✓ 110,838.23		126,941.19	110,838.23
						Bank Balance	126,941.19 ✓
						Variance	
						Leave in Balance	100.00
						MOLINA QIPP o/s	5,411.21
						AMERIGROUP QIPP o/s	10,561.08
						April Interest	12.07 ✓
						May Interest	18.60 ✓
						June Interest	
						Adjust Balance/Transfer Amt	110,838.23 ✓
Fort Bend		66,156.30	✓ 46,747.54	✓ 51,082.06		70,490.82	51,082.06
						Bank Balance	70,490.82 ✓
						Variance	
						Leave in Balance	100.00
						MOLINA QIPP o/s	6,534.75
						AMERIGROUP QIPP o/s	12,758.30
						April Interest	5.19 ✓
						May Interest	10.52 ✓
						June Interest	
						Adjust Balance/Transfer Amt	51,082.06 ✓
Solera at W Houston		95,191.20	✓ 76,292.54	✓ 82,578.07		101,476.79	82,578.07
						Bank Balance	101,476.79 ✓
						Variance	
						Leave in Balance	100.00
						Molina QIPP o/s	6,356.84
						Amerigroup QIPP o/s	12,408.90
						April Interest	13.90 ✓
						May Interest	19.08 ✓
						June Interest	
						Adjust Balance/Transfer Amt	82,578.07 ✓

159,371.78 +
 63,210.93 +
 110,838.23 + *on Fort Bend / Broadmoor*
 51,082.06 +
 82,578.07 +
 467,081.07

APPROVED ON
JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 467,081.07

Approved: 
 WILLIAM LITTLE, CFO

6/20/2022

Ashford Gardens

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
6/17/2022 MANAGEANDNET1718 MNS PMNT 0000000000091 41	2,245.32						
6/17/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	3,231.92						3,231.92
6/17/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	9,311.78						5,311.78
6/17/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	4,201.53						4,201.53
6/17/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	3,712.95						3,712.95
6/17/2022 NOVITAS SOLUTION HCCLAIMPMT 675473 420000168	6,310.66						6,310.66
6/16/2022 Deposit	6,391.95						6,391.95
6/15/2022 Enhanced Analysis Ch	94.91						
6/15/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	3,432.05						3,432.05
6/15/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	4,661.02						4,661.02
6/14/2022 Amerigroup TXSC HCCLAIMPMT 3181967828 111000	57.99						57.99
6/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	2,543.80						2,543.80
6/14/2022 HUMANA CHA DISB HCCLAIMPMT 390860 4200001384	41.09						41.09
6/13/2022 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	35,877.12						
6/13/2022 Amerigroup TXSC HCCLAIMPMT 3181838282 111000	2,475.48						2,475.48
6/13/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	43,848.56						43,848.56
6/13/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	9,846.19						9,846.19
6/10/2022 MANAGEANDNET1718 MNS PMNT 0000000000093 41	1,597.50						1,597.50
6/10/2022 Amerigroup TXSC HCCLAIMPMT 3181751894 111000	36,092.48						36,092.48
6/10/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	757.09						757.09
6/10/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	22,431.08						22,431.08
6/10/2022 CIGNA HCCLAIMPMT 1376436189 91000012908567	276.25						276.25
35,972.03	159,466.69						157,221.87

Broadmoor

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
6/17/2022 HNB - ECHO HCCLAIMPMT 746003411 440000210595	63.71						63.71
6/17/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 7	3,411.48						3,411.48
6/16/2022 Deposit	1,817.19						1,817.19
6/16/2022 MANAGEANDNET1718 MNS PMNT 00000000004293 41	5,336.10						5,336.10
6/16/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	2,580.00						2,580.00
6/15/2022 HNB - ECHO HCCLAIMPMT 746003411 440000248782	3,792.99						3,792.99
6/14/2022 HUMANA CHA DISB HCCLAIMPMT 390861 4200001384	12,605.44						12,605.44
6/14/2022 AARP Supplementa HCCLAIMPMT 746003411 124384	263.34						263.34
6/13/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	77,040.45						
6/13/2022 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	972.50						972.50
6/13/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	2,544.22						2,544.22
6/10/2022 HNB - ECHO HCCLAIMPMT 746003411 440000234391	2,107.21						2,107.21
6/10/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	4,673.43						4,673.43
6/10/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	21,309.35						21,309.35
6/10/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	1,733.97						1,733.97
77,040.45	63,210.93						63,210.93

Crescent

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
6/17/2022 HUMANA INS CO HCCLAIMPMT 390864 830000540588	7,905.00						7,905.00
6/17/2022 HUMANA CHA DISB HCCLAIMPMT 390864 4200001603	3,255.00						3,255.00
6/17/2022 DEVOTED HEALTH P HCCLAIMPMT 12114039758264	13,200.00						13,200.00
6/16/2022 Deposit	2,152.47						2,152.47
6/16/2022 MANAGEANDNET1718 MNS PMNT 00000000003268 41	14,546.00						14,546.00
6/13/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	45,230.84						
6/13/2022 Deposit	16,867.19						16,867.19
6/13/2022 HNB - ECHO HCCLAIMPMT 746003411 440000265049	2,552.02						2,552.02
6/13/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	3,777.40						3,777.40
6/13/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000130	5,934.78						5,934.78
6/13/2022 DEVOTED HEALTH P HCCLAIMPMT 121140399996512	18,800.00						18,800.00
6/10/2022 Molina HC of TX HCCLAIMPMT PN1669860425 4200	2,593.92						2,593.92
6/10/2022 HNB - ECHO HCCLAIMPMT 746003411 440000234387	362.64						362.64
6/10/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	4,991.81						4,991.81
6/10/2022 DEVOTED HEALTH P HCCLAIMPMT 12114039792796	4,400.00						4,400.00
6/10/2022 DEVOTED HEALTH P HCCLAIMPMT 12114039792796-4	4,300.00						4,300.00
6/10/2022 DEVOTED HEALTH P HCCLAIMPMT 121140397927962	5,200.00						5,200.00
45,230.84	110,838.23						110,838.23

Fort Bend

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
6/17/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	248.75						248.75
6/17/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	848.76						848.76
6/16/2022 Deposit	2,484.90						2,484.90
6/16/2022 MANAGEANDNET1718 MNS PMNT 000000000004294 41	5,211.00						5,211.00
6/15/2022 Molina HC of TX HCCLAIMPMT PN1730577503 4200	2,262.04						2,262.04
6/15/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	2,109.90						2,109.90
6/15/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	424.28						424.28
6/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	2,944.48						2,944.48
6/14/2022 NOVITAS SOLUTION HCCLAIMPMT 675663 420000149	7,774.74						7,774.74
6/14/2022 AARP Supplementa HCCLAIMPMT 746003411 124384	3,306.50						3,306.50
6/13/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	46,747.54						
6/13/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	2,889.42						2,889.42
6/10/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	20,577.29						20,577.29
46,747.54	51,082.06						51,082.06

Solera at West Houston

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
6/17/2022 HNB - ECHO HCCLAIMPMT 746003411 440000210595	5,287.64						5,287.64
6/17/2022 Amerigroup TXSC HCCLAIMPMT 3182302113 111000	94.67						94.67
6/17/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	326.44						326.44
6/17/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001603	9,593.00						9,593.00
6/16/2022 HNB - ECHO HCCLAIMPMT 746003411 440000212195	11,021.93						11,021.93
6/16/2022 Deposit	8,465.00						8,465.00
6/16/2022 MANAGEANDNET1718 MNS PMNT 00000000002482 41	6,133.50						6,133.50
6/16/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	3,372.64						3,372.64

6/15/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	389.95	-	-	-	389.95
6/14/2022	UnitedHealthcare HCCLAIMPMT 746003411 910000	-	153.96	-	-	-	153.96
6/14/2022	HUMANA INS CO HCCLAIMPMT 390862 830000515686	-	5,925.00	-	-	-	5,925.00
6/14/2022	HUMANA CHA DISB HCCLAIMPMT 390862 4200001385	-	63.16	-	-	-	63.16
6/14/2022	AARP Supplementa HCCLAIMPMT 746003411 124384	-	441.97	-	-	-	441.97
6/13/2022	WIRE OUT CANTEX HEALTH CARE CENTERS III	76,292.54	-	-	-	-	-
6/13/2022	Deposit	-	1,137.81	-	-	-	1,137.81
6/13/2022	HNB - ECHO HCCLAIMPMT 746003411 440000265049	-	11,569.10	-	-	-	11,569.10
6/13/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,920.14	-	-	-	1,920.14
6/10/2022	Molina HC of TX HCCLAIMPMT PN1497143259 4200	-	6,183.53	-	-	-	6,183.53
6/10/2022	Molina HC of TX HCCLAIMPMT PN1497143259 4200	-	4,679.64	-	-	-	4,679.64
6/10/2022	MANAGEANDNET1718 MNS PMNT 00000000002482 41	-	639.00	-	-	-	639.00
6/10/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,179.99	-	-	-	5,179.99
		76,292.54	82,578.07	-	-	-	82,578.07
TOTALS		281,283.40	467,175.98	-	-	-	464,930.66

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

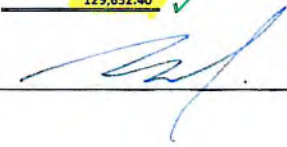
Data reported as of Jun 20, 2022 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$3,501,983.88	\$3,614,279.23	\$3,501,983.88	\$3,252,839.88
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$129,790.71	\$129,790.71	\$129,790.71	\$124,912.14
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.40	\$536.40	\$536.40	\$536.40
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$1,530,145.21	\$1,618,271.33	\$1,530,145.21	\$1,367,344.67
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.82	\$431.82	\$431.82	\$431.82
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$207,464.99	\$208,218.05	\$207,464.99	\$182,450.83
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$81,992.08	\$82,693.93	\$81,992.08	\$78,516.89
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$126,941.19	\$126,941.19	\$126,941.19	\$102,581.19
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$70,490.82	\$77,202.14	\$70,490.82	\$69,393.31
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$101,476.79	\$113,395.29	\$101,476.79	\$86,175.04
<u>*2998</u> MMC -MONEY MARKET FUND	\$760,479.01	\$760,479.01	\$760,479.01	\$760,479.01
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$201,385.77	\$205,470.27	\$201,385.77	\$191,225.62
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$43,360.52	\$43,360.52	\$43,360.52	\$43,360.52
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$35,818.56	\$35,818.56	\$35,818.56	\$33,762.43
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$211,670.01	\$211,670.01	\$211,670.01	\$211,670.01

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 6/20/2022

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		88,528.23 ✓	88,389.92 ✓	129,652.40 ✓		129,790.71 ✓	129,652.40
					Bank Balance	129,790.71 ✓	
					Variance	-	
					Leave in Balance Superior QIPP April	100.00	
					April Interest	17.56 ✓	
					May Interest	20.75 ✓	
					June Interest		
					Adjust Balance/Transfer Amt	38.31 129,652.40 ✓	

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: 
 WILLIAM LITTLE, CFO 6/20/2022

APPROVED ON
 JUN 20 2022
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA Data reported as of Jun 20, 2022 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$3,501,983.88	\$3,614,279.23	\$3,501,983.88	\$3,252,839.88
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$129,790.71 ✓	\$129,790.71	\$129,790.71	\$124,912.14
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.40	\$536.40	\$536.40	\$536.40
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,530,145.21	\$1,618,271.33	\$1,530,145.21	\$1,367,344.67
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.82	\$431.82	\$431.82	\$431.82
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$207,464.99	\$208,218.05	\$207,464.99	\$182,450.83
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$81,992.08	\$82,693.93	\$81,992.08	\$78,516.89
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$126,941.19	\$126,941.19	\$126,941.19	\$102,581.19
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$70,490.82	\$77,202.14	\$70,490.82	\$69,393.31
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$101,476.79	\$113,395.29	\$101,476.79	\$86,175.04
*2998 MMC -MONEY MARKET FUND	\$760,479.01	\$760,479.01	\$760,479.01	\$760,479.01
*5506 MMC -NH BETHANY SENIOR LIVING	\$201,385.77	\$205,470.27	\$201,385.77	\$191,225.62
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$43,360.52	\$43,360.52	\$43,360.52	\$43,360.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$35,818.56	\$35,818.56	\$35,818.56	\$33,762.43
*3407 MMC -NH TUSCANY VILLAGE	\$211,670.01	\$211,670.01	\$211,670.01	\$211,670.01

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 6/20/2022

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 Points Plaza- Private Pay	32,363.79	32,257.89	35,712.66			35,818.56	35,712.66
					Bank Balance Variance	35,818.56	
					Leave in Balance	100.00	

Superior QIPP April
 Owed to Solera

April Interest	2.36
May Interest	3.54
June Interest	
Adjust Balance/Transfer Amt	35,712.66

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 Points Plaza-Medicare/Medicaid	31,955.43	31,835.50	43,240.59			43,360.52	43,240.59
					Bank Balance Variance	43,360.52	
					Leave in Balance	100.00	

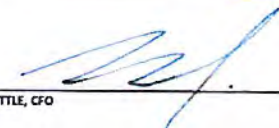
April Interest	8.65
May Interest	11.28
June Interest	
Adjust Balance/Transfer Amt	43,240.59

Routing Information for Gulf Pointe Plaza



TOTAL TRANSFERS **78,953.25**

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: 
 WILLIAM LITTLE, CFO 6/20/2022

APPROVED ON
JUN 20 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	
6/17/2022 HUMANA INS CO HCCLAIMPMT 624982 830000540693	-	909.72	-	-	-	-	909.72
6/17/2022 HUMANA CHA DISB HCCLAIMPMT 624982 4200001603	-	1,146.41	-	-	-	-	1,146.41
6/15/2022 HNB - ECHO HCCLAIMPMT 746003411 440000248782	-	156.82	-	-	-	-	156.82
6/14/2022 HNB - ECHO HCCLAIMPMT 746003411 440000211956	-	919.86	-	-	-	-	919.86
6/14/2022 HUMANA INS CO HCCLAIMPMT 624982 830000515750	-	670.35	-	-	-	-	670.35
6/14/2022 HUMANA INS CO HCCLAIMPMT 624982 830000516203	-	745.73	-	-	-	-	745.73
6/14/2022 HUMANA INS CO HCCLAIMPMT 624982 830000516686	-	2,220.00	-	-	-	-	2,220.00
6/14/2022 HUMANA CHA DISB HCCLAIMPMT 624982 4200001384	-	19,723.72	-	-	-	-	19,723.72
6/13/2022 CK 1084	1,137.81	-	-	-	-	-	-
6/13/2022 CK1083	15,133.93	-	-	-	-	-	-
6/13/2022 WIRE OUT HMG SERVICES, LLC	15,986.15	-	-	-	-	-	-
6/13/2022 Deposit	-	9,220.05	-	-	-	-	9,220.05
	32,257.89	35,712.66	-	-	-	-	35,712.66

Gulf Pointe Plaza-Medicare/Medicaid

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	
6/16/2022 Deposit	-	34,930.59	-	-	-	-	34,930.59
6/15/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	4,950.00	-	-	-	-	4,950.00
6/13/2022 WIRE OUT HMG SERVICES, LLC	31,835.50	-	-	-	-	-	-
6/13/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	3,360.00	-	-	-	-	3,360.00
	31,835.50	43,240.59	-	-	-	-	43,240.59
	64,093.39	78,953.25	-	-	-	-	78,953.25

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA Data reported as of Jun 20, 2022 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$3,501,983.88	\$3,614,279.23	\$3,501,983.88	\$3,252,839.88
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$129,790.71	\$129,790.71	\$129,790.71	\$124,912.14
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.40	\$536.40	\$536.40	\$536.40
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,530,145.21	\$1,618,271.33	\$1,530,145.21	\$1,367,344.67
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.82	\$431.82	\$431.82	\$431.82
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$207,464.99	\$208,218.05	\$207,464.99	\$182,450.83
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$81,992.08	\$82,693.93	\$81,992.08	\$78,516.89
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$126,941.19	\$126,941.19	\$126,941.19	\$102,581.19
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$70,490.82	\$77,202.14	\$70,490.82	\$69,393.31
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$101,476.79	\$113,395.29	\$101,476.79	\$86,175.04
*2998 MMC -MONEY MARKET FUND	\$760,479.01	\$760,479.01	\$760,479.01	\$760,479.01
*5506 MMC -NH BETHANY SENIOR LIVING	\$201,385.77	\$205,470.27	\$201,385.77	\$191,225.62
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$43,360.52	\$43,360.52	\$43,360.52	\$43,360.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$35,818.56	\$35,818.56	\$35,818.56	\$33,762.43
*3407 MMC -NH TUSCANY VILLAGE	\$211,670.01	\$211,670.01	\$211,670.01	\$211,670.01

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 6/20/2022

Nursing Home	Account Number	Previous			Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
		Beginning Balance	Transfer-Out	Transfer-In			
Tuscany Village		67,088.78	38,855.11	183,436.34		211,670.01	183,436.34
					Bank Balance	211,670.01	
					Variance		
					Leave in Balance	100.00	
					MOLINA QIPP	9,530.94	
					AMERIGROUP QIPP	18,602.73	
					Adjust Balance/Transfer Amt	183,436.34	

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:  6/20/2022
 WILLIAM LITTLE, CFO

APPROVED ON
 JUN 20 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	
6/16/2022 Deposit	-	29,078.66	-	-	-	-	-	29,078.66
6/13/2022 WIRE OUT LINBAR ENTERPRISES, LLC	38,855.11	-	-	-	-	-	-	-
6/13/2022 Deposit	-	143,856.84	-	-	-	-	-	143,856.84
6/13/2022 HNB - ECHO HCCLAIMPMT 746003411 440000265049	-	1,525.04	-	-	-	-	-	1,525.04
6/10/2022 KS PLAN ADMINIST HCCLAIMPMT 179 111000028241	-	5,155.00	-	-	-	-	-	5,155.00
6/10/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000142	-	3,820.80	-	-	-	-	-	3,820.80
			-	-	-	-	-	-
	38,855.11	183,436.34	-	-	-	-	-	183,436.34

Quick View

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Account Number / Name

Account Type

Select Group
Groups

DDA Data reported as of Jun 20, 2022 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$3,501,983.88	\$3,614,279.23	\$3,501,983.88	\$3,252,839.88
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$129,790.71	\$129,790.71	\$129,790.71	\$124,912.14
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.40	\$536.40	\$536.40	\$536.40
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,530,145.21	\$1,618,271.33	\$1,530,145.21	\$1,367,344.67
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.82	\$431.82	\$431.82	\$431.82
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$207,464.99	\$208,218.05	\$207,464.99	\$182,450.83
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$81,992.08	\$82,693.93	\$81,992.08	\$78,516.89
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$126,941.19	\$126,941.19	\$126,941.19	\$102,581.19
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$70,490.82	\$77,202.14	\$70,490.82	\$69,393.31
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$101,476.79	\$113,395.29	\$101,476.79	\$86,175.04
*2998 MMC -MONEY MARKET FUND	\$760,479.01	\$760,479.01	\$760,479.01	\$760,479.01
*5506 MMC -NH BETHANY SENIOR LIVING	\$201,385.77	\$205,470.27	\$201,385.77	\$191,225.62
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$43,360.52	\$43,360.52	\$43,360.52	\$43,360.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$35,818.56	\$35,818.56	\$35,818.56	\$33,762.43
*3407 MMC -NH TUSCANY VILLAGE	\$211,670.01	\$211,670.01	\$211,670.01	\$211,670.01

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 6/20/2022

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		81,891.66	81,737.22	201,231.33			201,385.77	201,231.33
						Bank Balance	201,385.77	
						Variance		
						Leave in Balance	100.00	

April Interest 27.59 ✓
 May Interest 26.85 ✓
 June Interest
 Adjust Balance/Transfer Amt 201,231.33 ✓

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: 
 WILLIAM LITTLE, CFO 6/20/2022

APPROVED ON
JUN 20 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living

6/17/2022 NOVITAS SOLUTION HCCLAIMPMT 676481 420000168
 6/16/2022 Deposit
 6/15/2022 Deposit
 6/15/2022 NOVITAS SOLUTION HCCLAIMPMT 676481 420000150
 6/13/2022 WIRE OUT BETHANY SENIOR LIVING, LTD
 6/13/2022 Deposit
 6/13/2022 Deposit
 6/13/2022 Deposit
 6/10/2022 Deposit
 6/10/2022 Deposit
 6/10/2022 NOVITAS SOLUTION HCCLAIMPMT 676481 420000142

	Transfer-Out	Transfer-in	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP T1	
	-	10,160.15						10,160.15
	-	29,286.77						29,286.77
	-	13,796.58						13,796.58
	-	352.39						352.39
	81,737.22	-						-
	-	12,873.85						12,873.85
	-	32,015.09						32,015.09
	-	72,959.73						72,959.73
	-	2,257.63						2,257.63
	-	27,321.30						27,321.30
	-	207.84						207.84
	-	-						-
	81,737.22	201,231.33						201,231.33

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

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