

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 13, 2022

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 806,844.96
TOTAL TRANSFERS BETWEEN FUNDS	\$ 505,328.90
TOTAL NURSING HOME UPL EXPENSES	\$ 959,774.01
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED July 13, 2022	\$ 2,271,947.87

APPROVED

JUL 13 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---July 13, 2022

PAYABLES AND PAYROLL

7/10/2022 Weekly Payables	588,754.76
7/11/2022 Clearly-phone	2,413.25
7/11/2022 McKesson-340B Prescription Expense	9,255.14
7/11/2022 McKesson-340B Prescription Expense	7,607.75
7/11/2022 Amerisource Bergen-340B Prescription Expense	583.47
7/11/2022 Amerisource Bergen-340B Prescription Expense	255.12
7/8/2022 Payroll Liabilities for supplemental payroll-Payroll Taxes	515.62
7/8/2022 Supplemental Payroll	1,987.23

Prosperity Electronic Bank Payments

7/8-7/7/22 Credit Card & Lease Fees	669.58
7/20/2022 Sales Tax for June 2022	1,392.70
7/15/2022 TCDRS June Retirement	188,643.31
7/1-7/7/22 Pay Plus-Patient Claims Processing Fee	163.11
7/7-7/8/22 ExpertPay- child support	4,580.02
7/5/2022 Authnet Gateway Billing-3rd Party Payor Fee	23.90

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 806,844.96**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

7/10/2022 MMC Operating to Ashford-correction of NH QIPP payment deposited into MMC Operating	5,123.65
7/10/2022 MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating	54,265.04
7/10/2022 MMC Operating to Fort bend-correction of NH QIPP payment deposited into MMC Operating	55,140.18
7/10/2022 MMC Operating to Broadmoor-correction of NH insurance and QIPP payment deposited into MMC Operating	66,736.06
7/10/2022 MMC Operating to Crescent-correction of NH insurance and QIPP payment deposited into MMC Operating in error	70,722.99
7/10/2022 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	61,748.37
7/10/2022 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	46,063.83
7/10/2022 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	68,925.32
7/10/2022 MMC Operating to Bethany-correction of NH insurance and QIPP payment deposited into MMC Operating in error	76,603.46

TOTAL TRANSFERS BETWEEN FUNDS **\$ 505,328.90**

NURSING HOME UPL EXPENSES

7/11/2022 Nursing Home UPL-Cantex Transfer	152,697.09
7/11/2022 Nursing Home UPL-Nexion Transfer	133,420.91
7/11/2022 Nursing Home UPL-HMG Transfer	91,300.97
7/11/2022 Nursing Home UPL-Tuscany Transfer	71,301.00
7/11/2022 Nursing Home UPL-HSL Transfer	414,164.38

QIPP CHECKS TO MMC

7/11/2022 Ashford	15,692.20
7/11/2022 Broadmoor	6,084.80
7/11/2022 Crescent	5,270.76
7/11/2022 Fort Bend	6,421.79
7/11/2022 Solera	6,233.75
7/11/2022 Golden Creek	33,223.22
7/11/2022 Gulf Pointe	14,672.20
7/11/2022 Tuscany	9,290.94

TOTAL NURSING HOME UPL EXPENSES **\$ 959,774.01**

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

GRAND TOTAL DISBURSEMENTS APPROVED July 13, 2022 **\$ 2,271,947.87**

07/07/2022 MEMORIAL MEDICAL CENTER 0
 16:34 AP Open Invoice List ap_open_invoice.template
 Due Dates Through: 07/28/2022

Vendor#	Vendor Name	Class	Pay Code							
10958	ALLYSON SWOPE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
070522		06/30/20	07/05/20	07/10/20		3,188.25	0.00	0.00	3,188.25 ✓	
TRANSCRIP SERV										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	10958	ALLYSON SWOPE			3,188.25	0.00	0.00	3,188.25		

Vendor#	Vendor Name	Class	Pay Code							
A1746	ALPHA TEC SYSTEMS INC ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
INV00105802 ✓		06/30/20	06/23/20	06/30/20		46.45	0.00	0.00	46.45 ✓	
SUPPLIES										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	A1746	ALPHA TEC SYSTEMS INC			46.45	0.00	0.00	46.45		

Vendor#	Vendor Name	Class	Pay Code							
A0400	AUREUS RADIOLOGY LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2641301		06/30/20	06/13/20	07/13/20		3,740.00	0.00	0.00	3,740.00 ✓	
LAB STAFFING (5/27-6/21/22) Stibky										
2657507		06/30/20	06/27/20	07/27/20		3,038.75	0.00	0.00	3,038.75 ✓	
LAB STAFFING (6/10-6/16/22) Stibky										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	A0400	AUREUS RADIOLOGY LLC			6,778.75	0.00	0.00	6,778.75		

Vendor#	Vendor Name	Class	Pay Code							
B1150	BAXTER HEALTHCARE ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
75497852 ✓		06/30/20	06/16/20	07/11/20		288.57	0.00	0.00	288.57 ✓	
SUPPLIES										
75523772 ✓		06/30/20	06/20/20	07/15/20		134.55	0.00	0.00	134.55 ✓	
SUPPLIES										
75525897 ✓		06/30/20	06/20/20	07/15/20		538.55	0.00	0.00	538.55 ✓	
SUPPLIES										
75525188 ✓		06/30/20	06/20/20	07/15/20		507.47	0.00	0.00	507.47 ✓	
SUPPLIES										
75544976 ✓		06/30/20	06/21/20	07/16/20		629.50	0.00	0.00	629.50 ✓	
LEASE										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	B1150	BAXTER HEALTHCARE			2,098.64	0.00	0.00	2,098.64		

Vendor#	Vendor Name	Class	Pay Code							
12324	BLUE CROSS BLUE SHIELD ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
061722A		06/30/20	06/17/20	07/01/20		1,516.83	0.00	0.00	1,516.83 ✓	
COBRA										
061722		06/30/20	06/17/20	07/01/20		224,684.01	0.00	0.00	224,684.01 ✓	
PAYROLL DEDUCT										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	12324	BLUE CROSS BLUE SHIELD			226,200.84	0.00	0.00	226,200.84		

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		
8002873222 ✓		06/30/20	06/04/20	06/29/20		57.55	0.00	0.00	57.55 ✓		
	SUPPLIES										
8002877826 ✓		06/30/20	06/11/20	07/06/20		822.37	0.00	0.00	822.37 ✓		
	SUPPLIES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	C1325 CARDINAL HEALTH 414, INC.					879.92	0.00	0.00	879.92		
Vendor#	Vendor Name				Class	Pay Code					
13028	CAVALLO ENERGY TEXAS LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
22173001 ✓		06/30/20	06/21/20	07/25/20		10.17	0.00	0.00	10.17 ✓		
	ELECTRICITY										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	13028 CAVALLO ENERGY TEXAS LLC					10.17	0.00	0.00	10.17		
Vendor#	Vendor Name				Class	Pay Code					
C1600	CITIZENS MEDICAL CENTER ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
061522		06/30/20	06/15/20	07/15/20		30.00	0.00	0.00	30.00 ✓		
	BLS CARDS (6)										
061622		06/30/20	06/16/20	07/15/20		50.00	0.00	0.00	50.00 ✓		
	BLS CARDS (10)										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	C1600 CITIZENS MEDICAL CENTER					80.00	0.00	0.00	80.00		
Vendor#	Vendor Name				Class	Pay Code					
11030	COMBINED INSURANCE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
060122		06/30/20	06/01/20	07/01/20		612.18	0.00	0.00	612.18 ✓		
	INSURANCE										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	11030 COMBINED INSURANCE					612.18	0.00	0.00	612.18		
Vendor#	Vendor Name				Class	Pay Code					
C1970	CONMED CORPORATION ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
912052 ✓		06/30/20	06/20/20	07/06/20		197.90	0.00	0.00	197.90 ✓		
	SUPPLIES										
915575 ✓		06/30/20	06/23/20	07/05/20		107.53	0.00	0.00	107.53 ✓		
	SUPPLIES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	C1970 CONMED CORPORATION					305.43	0.00	0.00	305.43		
Vendor#	Vendor Name				Class	Pay Code					
10006	CUSTOM MEDICAL SPECIALTIES ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
296243 ✓		06/27/20	06/29/20	06/29/20		350.44	0.00	0.00	350.44 ✓		
	SUPPLIES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	10006 CUSTOM MEDICAL SPECIALTIES					350.44	0.00	0.00	350.44		
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		
6857690 ✓		06/30/20	06/22/20	07/17/20		430.39	0.00	0.00	430.39 ✓		

6848762	SUPPLIES	06/30/20	06/23/20	07/18/20		16.55	0.00	0.00	16.55
Vendor Totals									
Number	Name					Gross	Discount	No-Pay	Net
10368	DEWITT POTH & SON					446.94	0.00	0.00	446.94
Vendor#	Vendor Name			Class	Pay Code				
10789	DISCOVERY MEDICAL NETWORK INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC063022		07/07/20	06/30/20	07/01/20		124,975.71	0.00	0.00	124,975.71
PHYSICIAN SERVICES (6116-30)									
Vendor Totals									
Number	Name					Gross	Discount	No-Pay	Net
10789	DISCOVERY MEDICAL NETWORK INC					124,975.71	0.00	0.00	124,975.71
Vendor#	Vendor Name			Class	Pay Code				
11291	DOWELL PEST CONTROL								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10303		06/30/20	06/22/20	07/17/20		105.00	0.00	0.00	105.00
PEST CONTROL									
Vendor Totals									
Number	Name					Gross	Discount	No-Pay	Net
11291	DOWELL PEST CONTROL					105.00	0.00	0.00	105.00
Vendor#	Vendor Name			Class	Pay Code				
12488	DURFOLD CORPORATION								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN9167		06/30/20	06/29/20	07/15/20		28,343.00	0.00	0.00	28,343.00
SLEEPER RECLINER (10) - Sleeper chairs (22) Overhead Tables (15) DRG-OPP-3XBL21									
Vendor Totals									
Number	Name					Gross	Discount	No-Pay	Net
12488	DURFOLD CORPORATION					28,343.00	0.00	0.00	28,343.00
Vendor#	Vendor Name			Class	Pay Code				
11284	EMERGENCY STAFFING SOLUTIONS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
41316		06/30/20	06/30/20	07/10/20		40,062.50	0.00	0.00	40,062.50
ER STAFFING (14-Edm)									
Vendor Totals									
Number	Name					Gross	Discount	No-Pay	Net
11284	EMERGENCY STAFFING SOLUTIONS					40,062.50	0.00	0.00	40,062.50
Vendor#	Vendor Name			Class	Pay Code				
10042	ERBE USA INC SURGICAL SYSTEMS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
759998		06/30/20	06/20/20	07/05/20		139.50	0.00	0.00	139.50
SUPPLIES									
Vendor Totals									
Number	Name					Gross	Discount	No-Pay	Net
10042	ERBE USA INC SURGICAL SYSTEMS					139.50	0.00	0.00	139.50
Vendor#	Vendor Name			Class	Pay Code				
R1185	FARAH JANAK								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
063022		06/30/20	06/30/20	07/10/20		35.57	0.00	0.00	35.57
TRAVEL/HEALTH FAIR PALACIOs 6/30/22									
Vendor Totals									
Number	Name					Gross	Discount	No-Pay	Net
R1185	FARAH JANAK					35.57	0.00	0.00	35.57
Vendor#	Vendor Name			Class	Pay Code				
F1300	FIRESTONE OF PORT LAVACA			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0078131		06/30/20	06/07/20	07/01/20		462.58	0.00	0.00	462.58

STARTER REPLACEMENT

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
Vendor Totals				F1300	FIRESTONE OF PORT LAVACA					462.58	0.00	0.00	462.58
F1400	FISHER HEALTHCARE ✓	M		3898371 ✓		06/30/20	06/20/20	07/15/20		348.01	0.00	0.00	348.01 ✓
				3938624 ✓	SUPPLIES	06/30/20	06/21/20	07/16/20		3,601.34	0.00	0.00	3,601.34 ✓
				3981154 ✓	SUPPLIES	06/30/20	06/22/20	07/17/20		431.50	0.00	0.00	431.50 ✓
				4152784 ✓	SUPPLIES	06/30/20	06/28/20	07/23/20		693.35	0.00	0.00	693.35 ✓
Vendor Totals				F1400	FISHER HEALTHCARE					5,074.20	0.00	0.00	5,074.20
11183	FRONTIER ✓			061922		06/30/20	06/19/20	07/13/20		75.45	0.00	0.00	75.45 ✓
Vendor Totals				11183	FRONTIER					75.45	0.00	0.00	75.45
14156	FUJI FILM ✓			PJIN0194123 ✓		06/30/20	06/15/20	07/15/20		7,908.33	0.00	0.00	7,908.33 ✓
Vendor Totals				14156	FUJI FILM					7,908.33	0.00	0.00	7,908.33
12636	FUSION CLOUD SERVICES, LLC ✓			28577557 ✓		06/30/20	06/16/20	07/16/20		1,063.83	0.00	0.00	1,063.83 ✓
Vendor Totals				12636	FUSION CLOUD SERVICES, LLC					1,063.83	0.00	0.00	1,063.83
11149	GBS ADMINISTRATORS, INC ✓			3050061 F0B0C- 64 9 00 8 088714 INSURANCE JULY 22		06/30/20	06/30/20	07/01/20		3,148.64	0.00	0.00	3,148.64 ✓
Vendor Totals				11149	GBS ADMINISTRATORS, INC					3,148.64	0.00	0.00	3,148.64
W1300	GRAINGER ✓	M		9354936545 ✓		06/30/20	06/23/20	07/18/20		404.55	0.00	0.00	404.55 ✓
Vendor Totals				W1300	GRAINGER					404.55	0.00	0.00	404.55

Vendor#	Vendor Name	Class	Pay Code							
G0401	GULF COAST DELIVERY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
066022		06/30/20	06/30/20	07/15/20			50.00	0.00	0.00	50.00 ✓
REPORT/SLIDES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY					50.00	0.00	0.00	50.00
G1210	GULF COAST PAPER COMPANY ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2250811 ✓		06/30/20	06/21/20	07/21/20			8.00	0.00	0.00	8.00 ✓
SUPPLIES										
2251148 ✓		06/30/20	06/21/20	07/21/20			372.40	0.00	0.00	372.40 ✓
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					380.40	0.00	0.00	380.40
11552	HEALTHCARE FINANCIAL SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
100631903 ✓		06/30/20	06/27/20	07/27/20			4,610.52	0.00	0.00	4,610.52 ✓
LEASE										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINANCIAL SERVICES					4,610.52	0.00	0.00	4,610.52
10829	HEALTHSTREAM, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0293152 ✓		06/30/20	06/13/20	07/13/20			9.15	0.00	0.00	9.15 ✓
HSTREAM										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10829	HEALTHSTREAM, INC.					9.15	0.00	0.00	9.15
I1260	INTOXIMETERS INC ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
710974 ✓		06/30/20	06/30/20	07/25/20			25.50	0.00	0.00	25.50 ✓
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I1260	INTOXIMETERS INC					25.50	0.00	0.00	25.50
14316	JUNXION MED STAFFING ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC052822 ✓		06/30/20	06/15/20	06/30/20			5,463.75	0.00	0.00	5,463.75 ✓
TRAVEL NURSE STAFFING (5/22-5/20/22) Peshokel										
MMC052122 ✓		06/30/20	06/15/20	06/30/20			5,425.00	0.00	0.00	5,425.00 ✓
TRAVEL NURSE STAFFING (5/15-5/21/22) Peshokel										
MMCWE062522 ✓		06/30/20	06/28/20	07/13/20			6,045.00	0.00	0.00	6,045.00 ✓
TRAVEL NURSE STAFFING (6/19-6/25/22) Peshokel										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	14316	JUNXION MED STAFFING					16,933.75	0.00	0.00	16,933.75
11600	LEGAL SHIELD ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net

061522		06/30/20	06/15/20	07/01/20			401.80	0.00	0.00	401.80	✓	
	PAYROLL DEDUCT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD						401.80	0.00	0.00	401.80	
Vendor#	Vendor Name						Class	Pay Code				
10972	M G TRUST ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
063022		06/30/20	06/30/20	07/15/20			640.86	0.00	0.00	640.86	✓	
	PAYROLL DEDUCT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST						640.86	0.00	0.00	640.86	
Vendor#	Vendor Name						Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
19519300	✓	06/27/20	06/23/20	07/08/20			46.58	0.00	0.00	46.58	✓	
	SUPPLIES											
19540001	✓	06/30/20	06/29/20	07/14/20			416.14	0.00	0.00	416.14	✓	
	SUPPLIES											
19539959	✓	06/30/20	06/29/20	07/14/20			472.50	0.00	0.00	472.50	✓	
	SUPPLIES											
19548710	✓	06/30/20	07/01/20	07/16/20			190.43	0.00	0.00	190.43	✓	
	SUPPLIES											
19549727	✓	06/30/20	07/03/20	07/18/20			101.80	0.00	0.00	101.80	✓	
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC						1,227.45	0.00	0.00	1,227.45	
Vendor#	Vendor Name						Class	Pay Code				
11612	MEDICAL AIR SERVICES ASSOC. ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
1279993	✓	06/30/20	07/01/20	07/15/20			1,527.00	0.00	0.00	1,527.00	✓	
	JULY 22 INSURANCE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	11612	MEDICAL AIR SERVICES ASSOC.						1,527.00	0.00	0.00	1,527.00	
Vendor#	Vendor Name						Class	Pay Code				
10613	MEDIMPACT HEALTHCARE SYS, INC. ✓						A/P					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
30468671	✓	06/30/20	06/28/20	07/15/20			38.60	0.00	0.00	38.60	✓	
	INDIGENT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.						38.60	0.00	0.00	38.60	
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		
2216422496	✓	06/28/20	06/22/20	07/15/20			236.74	0.00	0.00	236.74	✓	
	SUPPLIES											
2215559557	✓	06/28/20	06/28/20	07/23/20			346.43	0.00	0.00	346.43	✓	
	SUPPLIES											
2215220875	✓	06/30/20	06/14/20	07/09/20			65.98	0.00	0.00	65.98	✓	
	SUPPLIES											
2215220874	✓	06/30/20	06/14/20	07/09/20			0.49	0.00	0.00	0.49	✓	
	SUPPLIES											

2215401341 ✓	06/30/20 06/15/20 07/10/20	31.54	0.00	0.00	31.54 ✓
SUPPLIES					
2215401366 ✓	06/30/20 06/15/20 07/10/20	200.15	0.00	0.00	200.15 ✓
SUPPLIES					
2215401338 ✓	06/30/20 06/15/20 07/10/20	82.29	0.00	0.00	82.29 ✓
SUPPLIES					
2215401343 ✓	06/30/20 06/15/20 07/10/20	82.57	0.00	0.00	82.57 ✓
SUPPLIES					
2215401362 ✓	06/30/20 06/15/20 07/10/20	41.41	0.00	0.00	41.41 ✓
SUPPLIES					
2215401365 ✓	06/30/20 06/15/20 07/10/20	33.67	0.00	0.00	33.67 ✓
SUPPLIES					
2215401363 ✓	06/30/20 06/15/20 07/10/20	91.70	0.00	0.00	91.70 ✓
SUPPLIES					
2215401345 ✓	06/30/20 06/15/20 07/10/20	51.21	0.00	0.00	51.21 ✓
SUPPLIES					
2215559556 ✓	06/30/20 06/15/20 07/10/20	52.30	0.00	0.00	52.30 ✓
SUPPLIES					
2215401347 ✓	06/30/20 06/15/20 07/10/20	2,171.85	0.00	0.00	2,171.85 ✓
SUPPLIES					
2215401339 ✓	06/30/20 06/15/20 07/10/20	748.69	0.00	0.00	748.69 ✓
SUPPLIES					
2215401342 ✓	06/30/20 06/15/20 07/10/20	42.21	0.00	0.00	42.21 ✓
SUPPLIES					
2215401353 ✓	06/30/20 06/15/20 07/10/20	3,725.20	0.00	0.00	3,725.20 ✓
SUPPLIES					
2215401340 ✓	06/30/20 06/15/20 07/10/20	249.80	0.00	0.00	249.80 ✓
SUPPLIES					
2215429361 ✓	06/30/20 06/15/20 07/10/20	936.69	0.00	0.00	936.69 ✓
SUPPLIES					
2215401344 ✓	06/30/20 06/15/20 07/10/20	93.49	0.00	0.00	93.49 ✓
SUPPLIES					
2215686960 ✓	06/30/20 06/16/20 07/11/20	27.03	0.00	0.00	27.03 ✓
SUPPLIES					
2215686961 ✓	06/30/20 06/16/20 07/11/20	19.44	0.00	0.00	19.44 ✓
SUPPLIES					
2215686963 ✓	06/30/20 06/16/20 07/11/20	213.31	0.00	0.00	213.31 ✓
SUPPLIES					
2215741981 ✓	06/30/20 06/16/20 07/11/20	105.11	0.00	0.00	105.11 ✓
SUPPLIES					
22515858486 ✓	06/30/20 06/17/20 07/12/20	45.12	0.00	0.00	45.12 ✓
SUPPLIES					
2216144706 ✓	06/30/20 06/20/20 07/15/20	134.08	0.00	0.00	134.08 ✓
SUPPLIES					
2216066552 ✓	06/30/20 06/20/20 07/15/20	189.42	0.00	0.00	189.42 ✓
SUPPLIES					
2216066551 ✓	06/30/20 06/20/20 07/15/20	122.23	0.00	0.00	122.23 ✓
SUPPLIES					
2216422491 ✓	06/30/20 06/22/20 07/17/20	660.08	0.00	0.00	660.08 ✓
SUPPLIES					
2216422492 ✓	06/30/20 06/22/20 07/17/20	390.09	0.00	0.00	390.09 ✓

		SUPPLIES									
2216364531	✓		06/30/20	06/22/20	07/17/20			3,286.88	0.00	0.00	3,286.88 ✓
		SUPPLIES									
2216422493	✓		06/30/20	06/22/20	07/17/20			934.23	0.00	0.00	934.23 ✓
		SUPPLIES									
2216424500	✓		06/30/20	06/22/20	07/17/20			260.60	0.00	0.00	260.60 ✓
		SUPPLIES									
2216364532	✓		06/30/20	06/22/20	07/17/20			433.99	0.00	0.00	433.99 ✓
		SUPPLIES									
2216476004	✓		06/30/20	06/22/20	07/17/20			6,395.65	0.00	0.00	6,395.65 ✓
		SUPPLIES									
2216422497	✓		06/30/20	06/22/20	07/17/20			7,386.06	0.00	0.00	7,386.06 ✓
		SUPPLIES									
2216500818	✓		06/30/20	06/23/20	07/18/20			221.94	0.00	0.00	221.94 ✓
		SUPPLIES									
2216658612	✓		06/30/20	06/23/20	07/18/20			348.80	0.00	0.00	348.80 ✓
		SUPPLIES									
2217125831	✓		06/30/20	06/28/20	07/23/20			78.50	0.00	0.00	78.50 ✓
		SUPPLIES									
2217125832	✓		06/30/20	06/28/20	07/23/20			7.37	0.00	0.00	7.37 ✓
		SUPPLIES									
2217125830	✓		06/30/20	06/28/20	07/23/20			64.40	0.00	0.00	64.40 ✓
		SUPPLIES									
2217134849	✓		06/30/20	06/28/20	07/23/20			204.44	0.00	0.00	204.44 ✓
		SUPPLIES									
Vendor Totals	Number	Name						Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC						30,813.18	0.00	0.00	30,813.18
Vendor#	Vendor Name		Class	Pay Code							
10963	MEMORIAL MEDICAL CLINIC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
063022		07/07/20	06/30/20	07/07/20			65.00	0.00	0.00	65.00 ✓	
	PAYROLL DEDUCT										
Vendor Totals	Number	Name						Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC						65.00	0.00	0.00	65.00
Vendor#	Vendor Name		Class	Pay Code							
M2621	MMC AUXILIARY GIFT SHOP ✓		W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
062822		06/30/20	06/28/20	07/15/20			232.68	0.00	0.00	232.68 ✓	
	PAYROLL DEDUCT										
Vendor Totals	Number	Name						Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP						232.68	0.00	0.00	232.68
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	
8364147	✓	06/30/20	06/27/20	07/07/20			107.69	0.00	0.00	107.69 ✓	
	INVENTORY										
8364148	✓	06/30/20	06/27/20	07/07/20			131.67	0.00	0.00	131.67 ✓	
	INVENTORY										
8369318	✓	06/30/20	06/28/20	07/08/20			12,383.29	0.00	0.00	12,383.29 ✓	
	INVENTORY										
8369317	✓	06/30/20	06/28/20	07/08/20			148.11	0.00	0.00	148.11 ✓	

8372330	INVENTORY	06/30/20	06/28/20	07/08/20	310.27	0.00	0.00	310.27	✓	
8372329	INVENTORY	06/30/20	06/28/20	07/08/20	25.77	0.00	0.00	25.77	✓	
8376319	INVENTORY	06/30/20	06/29/20	07/09/20	586.12	0.00	0.00	586.12	✓	
8377283	INVENTORY	06/30/20	06/29/20	07/09/20	438.40	0.00	0.00	438.40	✓	
8374511	INVENTORY	06/30/20	06/29/20	07/09/20	16.82	0.00	0.00	16.82	✓	
8377282	INVENTORY	06/30/20	06/29/20	07/09/20	21.07	0.00	0.00	21.07	✓	
8376320	INVENTORY	06/30/20	06/29/20	07/09/20	41.30	0.00	0.00	41.30	✓	
8376318	INVENTORY	06/30/20	06/29/20	07/09/20	46.57	0.00	0.00	46.57	✓	
CM49633	INVENTORY	06/30/20	06/29/20	07/09/20	-2.46	0.00	0.00	-2.46	✓	
8377086	CREDIT	06/30/20	06/29/20	07/09/20	536.55	0.00	0.00	536.55	✓	
8376186	INVENTORY	06/30/20	06/29/20	07/09/20	188.18	0.00	0.00	188.18	✓	
8383081	INVENTORY	06/30/20	06/30/20	07/10/20	11.63	0.00	0.00	11.63	✓	
8379559	INVENTORY	06/30/20	06/30/20	07/10/20	172.55	0.00	0.00	172.55	✓	
8383082	INVENTORY	06/30/20	06/30/20	07/10/20	2,570.97	0.00	0.00	2,570.97	✓	
8379560	INVENTORY	06/30/20	06/30/20	07/10/20	240.83	0.00	0.00	240.83	✓	
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					10536	MORRIS & DICKSON CO, LLC	17,975.33	0.00	0.00	17,975.33
Vendor#	Vendor Name				Class	Pay Code				
M2659	MXR IMAGING, INC				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8800914475	✓	06/30/20	06/20/20	07/20/20			772.32	0.00	0.00	772.32
SUPPLIES										
8800915464	✓	06/30/20	06/22/20	07/22/20			132.71	0.00	0.00	132.71
SUPPLIES										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					M2659	MXR IMAGING, INC	905.03	0.00	0.00	905.03
Vendor#	Vendor Name				Class	Pay Code				
10188	NATUS MEDICAL INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1041331440	✓	06/30/20	06/29/20	07/24/20			657.00	0.00	0.00	657.00
SUPPLIES										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					10188	NATUS MEDICAL INC	657.00	0.00	0.00	657.00
Vendor#	Vendor Name				Class	Pay Code				
N1800	NURSES CHOICE CORPORATION				W					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
0160411IN	✓	06/30/20	06/30/20	07/03/20		109.90	0.00	0.00	109.90 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						N1800	NURSES CHOICE CORPORATION	109.90	0.00	0.00	109.90
Vendor#	Vendor Name				Class	Pay Code					
11472	OCCUPRO LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
26412	✓	06/30/20	06/07/20	07/07/20		487.47	0.00	0.00	487.47 ✓		
LICENSE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11472	OCCUPRO LLC	487.47	0.00	0.00	487.47
Vendor#	Vendor Name				Class	Pay Code					
O1500	OLYMPUS AMERICA INC ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
32848331	✓	06/30/20	06/23/20	07/18/20		187.50	0.00	0.00	187.50 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						O1500	OLYMPUS AMERICA INC	187.50	0.00	0.00	187.50
Vendor#	Vendor Name				Class	Pay Code					
O1416	ORTHO CLINICAL DIAGNOSTICS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1852457371	✓	06/30/20	06/21/20	07/21/20		752.16	0.00	0.00	752.16 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						O1416	ORTHO CLINICAL DIAGNOSTICS	752.16	0.00	0.00	752.16
Vendor#	Vendor Name				Class	Pay Code					
10152	PARTSSOURCE, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
04412307	✓	06/30/20	06/23/20	07/23/20		152.38	0.00	0.00	152.38 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10152	PARTSSOURCE, LLC	152.38	0.00	0.00	152.38
Vendor#	Vendor Name				Class	Pay Code					
P1725	PREMIER SLEEP DISORDERS CENTER ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
062222		06/30/20	06/22/20	07/07/20		3,950.00	0.00	0.00	3,950.00 ✓		
SLEEP STUDY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						P1725	PREMIER SLEEP DISORDERS CENTER	3,950.00	0.00	0.00	3,950.00
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		
14212	✓	06/30/20	06/24/20	07/04/20		800.00	0.00	0.00	800.00 ✓		
BANNER/DELUXE POP UP											
14234	✓	06/30/20	06/28/20	07/08/20		150.00	0.00	0.00	150.00 ✓		
VINYL BANNER											
14246	✓	06/30/20	06/29/20	07/09/20		28.00	0.00	0.00	28.00 ✓		
100 FLYERS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11251	RAPID PRINTING LLC	978.00	0.00	0.00	978.00

Vendor#	Vendor Name	Class	Pay Code							
11764	ROBERT RODRIQUEZ ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
063022		06/30/20	06/30/20	07/10/20		26.56	0.00	0.00	26.56	✓
	TRAVEL REIM	<i>travel to Sam's Club 6/22/20</i>								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	11764 ROBERT RODRIQUEZ					26.56	0.00	0.00	26.56	
Vendor#	Vendor Name	Class	Pay Code							
S1800	SHERWIN WILLIAMS ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
36723 ✓		06/30/20	06/14/20	06/29/20		52.24	0.00	0.00	52.24	✓
	SUPPLIES									
36954 ✓		06/30/20	06/15/20	06/30/20		27.69	0.00	0.00	27.69	✓
	SUPPLIES									
10054 ✓		06/30/20	06/20/20	07/05/20		17.92	0.00	0.00	17.92	✓
	SUPPLIES									
10039 ✓		06/30/20	06/20/20	07/05/20		25.73	0.00	0.00	25.73	✓
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	S1800 SHERWIN WILLIAMS					123.58	0.00	0.00	123.58	
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	
56382200044997 ✓		06/30/20	06/29/20	07/19/20		1,333.33	0.00	0.00	1,333.33	✓
	LEASE									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10936 SIEMENS FINANCIAL SERVICES					1,333.33	0.00	0.00	1,333.33	
Vendor#	Vendor Name	Class	Pay Code							
10845	STAPLES ADVANTAGE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8066732159 ✓		06/30/20	06/30/20	07/06/20		144.99	0.00	0.00	144.99	✓
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10845 STAPLES ADVANTAGE					144.99	0.00	0.00	144.99	
Vendor#	Vendor Name	Class	Pay Code							
S3940	STERIS CORPORATION ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
10190460 ✓		06/30/20	06/20/20	07/15/20		400.00	0.00	0.00	400.00	✓
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	S3940 STERIS CORPORATION					400.00	0.00	0.00	400.00	
Vendor#	Vendor Name	Class	Pay Code							
12476	SUN LIFE FINANCIAL ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
053122		06/30/20	05/31/20	06/10/20		8,302.53	0.00	0.00	8,302.53	✓
	PAYROLL DEDUCT MAY 22									
063022		06/30/20	06/30/20	07/10/20		8,571.55	0.00	0.00	8,571.55	✓
	PAYROLL DEDUCT JUNE 22									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	12476 SUN LIFE FINANCIAL					16,874.08	0.00	0.00	16,874.08	
Vendor#	Vendor Name	Class	Pay Code							

T0420	TELEFLEX MEDICAL ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9505665815 ✓		06/30/20	06/24/20	07/06/20		10.29	0.00	0.00	10.29	✓	
	SUPPLIES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	T0420 TELEFLEX MEDICAL					10.29	0.00	0.00	10.29		
Vendor#	Vendor Name					Class			Pay Code		
14496	TREND AQUA LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
238 ✓		07/07/20	06/22/20	07/07/20		16,666.11	0.00	0.00	16,666.11	✓	
	WATER SOFTNER REPLACEM										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	14496 TREND AQUA LLC					16,666.11	0.00	0.00	16,666.11		
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		
INV10623 ✓		06/30/20	06/18/20	07/18/20		5,618.75	0.00	0.00	5,618.75	✓	
	MEGHAN VASQUEZ (6/10-6/16/22)										
INV10763 ✓		06/30/20	06/25/20	07/25/20		5,657.50	0.00	0.00	5,657.50	✓	
	MEGHAN VASQUEZ (6/17-6/23/22)										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	14208 TRUSTED HEALTH, INC					11,276.25	0.00	0.00	11,276.25		
Vendor#	Vendor Name					Class			Pay Code		
11001	ULINE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
150287088 ✓		06/30/20	06/16/20	07/16/20		289.46	0.00	0.00	289.46	✓	
	SUPPLIES										
150371111 ✓		06/30/20	06/17/20	07/17/20		-119.00	0.00	0.00	-119.00	✓	
	CREDIT ITEM H-5460C										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	11001 ULINE					170.46	0.00	0.00	170.46		
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		
8400397793 ✓		06/30/20	06/23/20	07/18/20		85.94	0.00	0.00	85.94	✓	
	LAUNDRY										
8400398295 ✓		06/30/20	06/30/20	07/25/20		85.37	0.00	0.00	85.37	✓	
	LAUNDRY										
8400398302 ✓		06/30/20	06/30/20	07/25/20		1,709.18	0.00	0.00	1,709.18	✓	
	LAUNDRY										
8400398280 ✓		06/30/20	06/30/20	07/25/20		153.46	0.00	0.00	153.46	✓	
	LAUNDRY										
8400398316 ✓		06/30/20	06/30/20	07/25/20		83.05	0.00	0.00	83.05	✓	
	LAUNDRY										
8400398277 ✓		06/30/20	06/30/20	07/25/20		30.71	0.00	0.00	30.71	✓	
	LAUNDRY										
8400398278 ✓		06/30/20	06/30/20	07/25/20		201.59	0.00	0.00	201.59	✓	
	LAUNDRY										
8400398281 ✓		06/30/20	06/30/20	07/25/20		208.13	0.00	0.00	208.13	✓	
	LAUNDRY										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		

U1064	UNIFIRST HOLDINGS INC					2,557.43	0.00	0.00	2,557.43
Vendor#	Vendor Name			Class	Pay Code				
10793	WAGeworks, INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
063022		06/30/20	06/30/20	07/15/20		3,264.15	0.00	0.00	3,264.15
PAYROLL DEDUCT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10793	WAGeworks, INC.				3,264.15	0.00	0.00	3,264.15

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	588,754.76	0.00	0.00	588,754.76

APPROVED ON

JUL 1 0 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#195599-196669

07/11/2022
16:28

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

Vendor# Vendor Name

13000 CLEARFLY ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV429941	PHONE ✓	07/11/20	06/01/20	06/15/20		1,194.79	0.00	0.00	1,194.79 ✓
INV436774	PHONE ✓	07/11/20	07/01/20	07/15/20		1,218.46	0.00	0.00	1,218.46 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13000	CLEARFLY	2,413.25	0.00	0.00	2,413.25

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,413.25	0.00	0.00	2,413.25

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CX#195675

MCKESSON

STATEMENT

As of: 07/08/2022

Page: 002

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

Company: 8000

DC: 8115

As of: 07/08/2022 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:

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 632536

Date: 07/09/2022

Cust: 632536 PLEASE CHECK ANY
Date: 07/09/2022 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
--------------	----------	-------------------	----------------------------------	-------------	---------------	----------------	-----	--------------	-----	-------------------

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 9,444.00 USD

Future Due: 0.00

If Paid By 07/12/2022,
Pay This Amount:

9,255.14 USD

Due If Paid On Time: USD 9,255.14

Past Due: 0.00

Disc lost if paid late: 188.86

Last Payment 08/07/2017 2,451.97

If Paid After 07/12/2022,
Pay this Amount:

9,444.00 USD

Due If Paid Late: USD 9,444.00

68 * 23 +
6,703 * 42 +
1,235 * 62 +
133 * 87 +
1,114 * 00 +
9,255 * 14 *

CK # 500316

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 07/08/2022

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Company: 8000

DC: 8115

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Mail to: 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: 07/09/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 07/09/2022 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											
07/06/2022	07/12/2022	7352227821	2017055706	115Invoice	1.39	69.62		68.23 ✓		7352227821	

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: 69.62 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,607.75
07/04/2022

If Paid By 07/12/2022,
Pay This Amount: 68.23 USD

If Paid After 07/12/2022,
Pay this Amount: 69.62 USD

Due If Paid On Time: 68.23 ✓
USD
Disc lost if paid late: 1.39
Due If Paid Late: 69.62
USD

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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MCKESSON

STATEMENT

As of: 07/08/2022

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Company: 8000

DC: 8115

As of: 07/08/2022
Mail to:

Page: 001
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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: 07/09/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 07/09/2022

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											
17/05/2022	07/12/2022	7351902477	38578471	115Invoice		0.14		0.14 ✓		7351902477	
17/05/2022	07/12/2022	7351902478	38645308	115Invoice	7.95	397.30		389.35 ✓		7351902478	
17/05/2022	07/12/2022	7351902479	38645308	115Invoice	3.67	183.54		179.87 ✓		7351902479	
17/05/2022	07/12/2022	7351902480	38675977	115Invoice	5.72	286.21		280.49 ✓		7351902480	
17/05/2022	07/12/2022	7351902481	38705732	115Invoice	23.11	1,155.33		1,132.22 ✓		7351902481	
17/05/2022	07/12/2022	7351902482	38784655	115Invoice	0.42	20.97		20.55 ✓		7351902482	
17/05/2022	07/12/2022	7351902483	38800248	115Invoice	0.01	0.63		0.62 ✓		7351902483	
17/05/2022	07/12/2022	7351902484	38832753	115Invoice	15.89	794.59		778.70 ✓		7351902484	
17/05/2022	07/12/2022	7352101055	0701220741	195Invoice	17.80	889.92		872.12 ✓		7352101055	
17/06/2022	07/12/2022	7352235171	38947605	115Invoice		0.16		0.16 ✓		7352235171	
17/06/2022	07/12/2022	7352398714	0705220824	115Invoice	7.02	351.05		344.03 ✓		7352398714	
17/07/2022	07/12/2022	7352533780	38891147	115Invoice	13.65	682.57		668.92 ✓		7352533780	
17/07/2022	07/12/2022	7352533783	39008069	115Invoice	1.32	65.95		64.63 ✓		7352533783	
17/07/2022	07/12/2022	7352533785	39068859	115Invoice	16.86	842.88		826.02 ✓		7352533785	
17/07/2022	07/12/2022	7352651206	0706221000	115Invoice	0.02	0.95		0.93 ✓		7352651206	
17/08/2022	07/12/2022	7352748571	39114188	115Invoice	7.95	397.48		389.53 ✓		7352748571	
17/08/2022	07/12/2022	7352748572	39114188	115Invoice	8.35	417.60		409.25 ✓		7352748572	
17/08/2022	07/12/2022	7352914919	0707220844	195Invoice	7.06	352.95		345.89 ✓		7352914919	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 6,840.22 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7/04/2022 APPROVED ON 7,607.75

If Paid By 07/12/2022,
Pay This Amount:

6,703.42 USD

If Paid After 07/12/2022,
Pay this Amount:

6,840.22 USD

Due If Paid On Time:

USD 6,703.42 ✓

Disc lost if paid late:

136.80

Due If Paid Late:

USD 6,840.22

JUL 11 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

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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 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

Customer: 464450

Date: 07/09/2022

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 464450

PLEASE CHECK ANY

Date: 07/09/2022

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											
17/05/2022	07/12/2022	7351778808	55x589266	115Invoice	0.30	15.21		14.91 ✓		7351778808	
17/05/2022	07/12/2022	7351781103	55x589246	115Invoice	0.53	26.65		26.12 ✓		7351781103	
17/05/2022	07/12/2022	7351781104	55x589265	115Invoice	0.04	2.09		2.05 ✓		7351781104	
17/06/2022	07/12/2022	7352221934	55x591861	115Invoice	3.39	169.60		166.21 ✓		7352221934	
17/07/2022	07/12/2022	7352474870	55x594675	115Invoice	8.15	407.48		399.33 ✓		7352474870	
17/07/2022	07/12/2022	7352474871	55x594815	115Invoice	0.02	0.80		0.78 ✓		7352474871	
17/08/2022	07/12/2022	7352718468	55x597824	115Invoice	12.78	639.00		626.22 ✓		7352718468	

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

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

Subtotals: 1,260.83 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 17/04/2022 7,607.75

If Paid By 07/12/2022,
Pay This Amount:

1,235.62 USD

If Paid After 07/12/2022,
Pay this Amount:

1,260.83 USD

Due If Paid On Time:
USD

1,235.62 ✓

Disc lost if paid late:

25.21

Due If Paid Late:
USD

1,260.83

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

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MCKESSON

STATEMENT

As of: 07/08/2022

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Company: 8000

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As of: 07/08/2022
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CVS PHCY 8923/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 835434
Date: 07/09/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434
Date: 07/09/2022

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
07/07/2022	07/12/2022	7352534410	1767891	115Invoice	2.73	136.60		133.87 ✓		7352534410	

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

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS
Subtotals: 136.60 USD

Future Due:	0.00							Due If Paid On Time:	
Past Due:	0.00		If Paid By 07/12/2022,					USD	133.87 ✓
			Pay This Amount:		133.87	USD		Disc lost if paid late:	2.73
Last Payment	8,386.94		If Paid After 07/12/2022,					Due If Paid Late:	
06/06/2022			Pay this Amount:		136.60	USD		USD	136.60

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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MCKESSON

STATEMENT

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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: 07/09/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 07/09/2022 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									
07/06/2022	07/12/2022	7352420477	1767794	115Invoice	22.73	1,136.73		1,114.00 ✓		7352420477

*F 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: 1,136.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,607.75
07/04/2022

If Paid By 07/12/2022,
Pay This Amount:

1,114.00 USD

If Paid After 07/12/2022,
Pay this Amount:

1,136.73 USD

Due If Paid On Time:

USD 1,114.00 ✓

Disc lost if paid late:

22.73

Due If Paid Late:

USD 1,136.73

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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McKESSON

STATEMENT

As of: 07/01/2022

Page: 002

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

Company: 8000

DC: 8115

As of: 07/01/2022 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:

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 632536
Date: 07/02/2022

Cust: 632536 PLEASE CHECK ANY
Date: 07/02/2022 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: 7,763.03 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 07/05/2022,
Pay This Amount: 7,607.75 USD

If Paid After 07/05/2022,
Pay this Amount: 7,763.03 USD

Due If Paid On Time: 7,607.75
USD
Disc lost if paid late: 155.28
Due If Paid Late: 7,763.03
USD

52.90 +
6,447.20 +
1,104.74 +
2.88 +
7,607.75 *

CK # 500315

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 07/01/2022

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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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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: 07/02/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 07/02/2022 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											
06/29/2022	07/05/2022	7351022137	2017055135	115Invoice	0.90	44.83		43.93 ✓		7351022137	
07/01/2022	07/05/2022	7351545403	2017055399	115Invoice	0.18	9.15		8.97 ✓		7351545403	

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: 53.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 06/27/2022 5,607.97

If Paid By 07/05/2022,
Pay This Amount: 52.90 USD

If Paid After 07/05/2022,
Pay this Amount: 53.98 USD

Due If Paid On Time: USD 52.90 ✓
Disc lost if paid late: 1.08
Due If Paid Late: USD 53.98

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 07/01/2022

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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: 07/02/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 07/02/2022

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											
06/27/2022	07/05/2022	7350491192	37926863	115Invoice	2.81	140.55		137.74	✓	7350491192	
06/27/2022	07/05/2022	7350491193	37963024	115Invoice	16.23	811.54		795.31	✓	7350491193	
06/27/2022	07/05/2022	7350491194	37994931	115Invoice	17.40	869.76		852.36	✓	7350491194	
06/27/2022	07/05/2022	7350491195	38026727	115Invoice		0.10		0.10	✓	7350491195	
06/27/2022	07/05/2022	7350491196	38082054	115Invoice		0.06		0.06	✓	7350491196	
06/27/2022	07/05/2022	7350662699	0624220943	115Invoice	4.50	225.12		220.62	✓	7350662699	
06/28/2022	07/05/2022	7350781121	38112650	115Invoice	0.01	0.33		0.32	✓	7350781121	
06/28/2022	07/05/2022	7350781122	38170036	115Invoice	0.01	0.65		0.64	✓	7350781122	
06/28/2022	07/05/2022	7350781123	38187253	115Invoice	0.33	16.66		16.33	✓	7350781123	
06/28/2022	07/05/2022	7350939840	0627220855	115Invoice	0.01	0.32		0.31	✓	7350939840	
06/29/2022	07/05/2022	7351043599	38249717	115Invoice	16.98	848.78		831.80	✓	7351043599	
06/29/2022	07/05/2022	7351047500	38313246	115Invoice	1.46	72.86		71.40	✓	7351047500	
06/29/2022	07/05/2022	7351047501	38310654	115Invoice	23.67	1,183.50		1,159.83	✓	7351047501	
06/30/2022	07/05/2022	7351318188	38371538	115Invoice	2.79	139.27		136.48	✓	7351318188	
06/30/2022	07/05/2022	7351318189	38433168	115Invoice	0.02	0.95		0.93	✓	7351318189	
06/30/2022	07/05/2022	7351318190	38433168	115Invoice		0.03		0.03	✓	7351318190	
07/01/2022	07/05/2022	7351573744	38477568	115Invoice	28.52	1,426.11		1,397.59	✓	7351573744	
07/01/2022	07/05/2022	7351573745	38477568	115Invoice	0.02	0.95		0.93	✓	7351573745	
07/01/2022	07/05/2022	7351573746	38537307	115Invoice	14.29	714.30		700.01	✓	7351573746	
07/01/2022	07/05/2022	7351724806	0630220730	195Invoice	2.54	126.98		124.44	✓	7351724806	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 07/01/2022

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 256342

Date: 07/02/2022

As of: 07/01/2022

Page: 001

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342

PLEASE CHECK ANY

Date: 07/02/2022

ITEMS NOT PAID (✓)



PF column legend: P = Past Due Item, F = Future Due Item, National Account 832536 blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 6,578.82 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,607.97
06/27/2022

If Paid By 07/05/2022,
Pay This Amount:

6,447.23 USD

If Paid After 07/05/2022,
Pay this Amount:

6,578.82 USD

Due If Paid On Time:

USD 6,447.23 ✓

Disc lost if paid late:

131.59

Due If Paid Late:

USD 6,578.82

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 07/01/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 07/01/2022
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 464450
Date: 07/02/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 07/02/2022 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												
06/27/2022	07/05/2022	7350413685		55x575145	115Invoice	21.08	1,054.01		1,032.93 ✓		7350413685	
06/28/2022	07/05/2022	7350760895		55x577982	115Invoice	0.57	28.27		27.70 ✓		7350760895	
06/29/2022	07/05/2022	7351018413		55x580933	115Invoice	0.26	13.23		12.97 ✓		7351018413	
06/30/2022	07/05/2022	7351287957		55x583332	115Invoice	0.19	9.32		9.13 ✓		7351287957	
06/30/2022	07/05/2022	7351287958		55x583422	115Invoice	0.36	18.09		17.73 ✓		7351287958	
07/01/2022	07/05/2022	7351543343		55x586132	115Invoice	0.05	2.37		2.32 ✓		7351543343	
07/01/2022	07/05/2022	7351543344		55x586240	115Invoice	0.04	2.00		1.96 ✓		7351543344	

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

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

Subtotals: 1,127.29 USD

Future Due: 0.00

If Paid By 07/05/2022,
Pay This Amount:

1,104.74 USD

Due If Paid On Time:

USD

1,104.74 ✓

Past Due: 0.00

Disc lost if paid late:

22.55

Last Payment
06/27/2022 5,607.97

If Paid After 07/05/2022,
Pay this Amount:

1,127.29 USD

Due If Paid Late:

USD

1,127.29

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 07/01/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 07/01/2022
Mail to:

Page: 001
Comp: 8000

CVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 835438
Date: 07/02/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 07/02/2022

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											
06/29/2022	07/05/2022	7351226638	1758108	115Invoice	0.06	2.94		2.88	✓	7351226638	

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: 2.94 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,607.97
06/27/2022

If Paid By 07/05/2022,
Pay This Amount: 2.88 USD

If Paid After 07/05/2022,
Pay this Amount: 2.94 USD

Due If Paid On Time:
USD 2.88 ✓

Disc lost if paid late: 0.06

Due If Paid Late:
USD 2.94

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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



STATEMENT

Statement Number: 63308271
Date: 07-01-2022

Serviced By:	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Customer:	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number	100135284 / 037028186
	DEA: RA0289276 866-451-9655			Terms	Sat - Fri Due in 7 days
		Remit To:	AMERISOURCEBERGEN P.O. Box 905223 CHARLOTTE NC 28290-5223	Summary	
				Not Yet Due: 0.00 Current: 473.47 Past Due: 0.00 Total Due: 473.47 Account Balance: 473.47	

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-27-2022	07-08-2022	3097454904	166460	Invoice	89.13		0.00	89.13 ✓
06-27-2022	07-08-2022	3097454905	166464	Invoice	88.95		0.00	88.95 ✓
06-27-2022	07-08-2022	3097454906	166461	Invoice	28.24		0.00	28.24 ✓
06-27-2022	07-08-2022	3097497206	166511	Invoice	12.46		0.00	12.46 ✓
06-27-2022	07-08-2022	3097497207	166512	Invoice	0.29		0.00	0.29 ✓
06-28-2022	07-08-2022	3097635009	166519	Invoice	76.06		0.00	76.06 ✓
06-29-2022	07-08-2022	3097787525	166529	Invoice	41.55		0.00	41.55 ✓
07-01-2022	07-08-2022	3098083063	166550	Invoice	134.76		0.00	134.76 ✓
07-01-2022	07-08-2022	3098083064	166551	Invoice	2.03		0.00	2.03 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
473.47	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
07-01-2022	(766.19)

Reminders	
Due Date	Amount
07-08-2022	473.47 ✓
Total Due:	473.47

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



Program Charge
INVOICE

Invoice Number: **347539236**
Invoice Date: 06/27/2022

Serviced By	AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336		Ship To	US BIOSERVICES CARROLLTON 340B 5025 PLANO PARKWAY SUITE 100 CARROLLTON TX 75010		CUSTOMER NUMBER 100270691 / 018628707	
	STATE LIC: 22878 DEA: BU8597354			STATE LIC: 22878 DEA: BU8597354		DOCUMENT TOTAL 55.00	DUE DATE 07/08/2022
Shipped From	AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336		Sold To	MEMORIAL MEDICAL CENTER 815 N VIRGINIA ST PORT LAVACA TX 77979		PAYMENT TERMS Sat - Fri Due in 7 days	
	STATE LIC: 0077623 DEA: RA0316958			STATE LIC: 0077623 DEA: RA0316958		Remit To AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223	
Qty	UOM	Description	Item Number	Unit Price	Extended Amount		
1	EA	PHARM DATA SERVICES PRICE MAINTENANCE	80000014 063786	55.00	55.00		
						Total Amount: 55.00	
<p>If you have any questions, our Customer Service team is here to help. Please call 844-222-2273 or email service@amerisourcebergen.com</p>							
<p><small>This wholesale distributor, or a member of the affiliate of such wholesale distributor, purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer IDOC: 0000004690519692 Invoice Type: ZFV Order Type: ZPGM 20220627001408 Terms of sale and claims on reverse side</small></p>							



Program Charge
INVOICE

Invoice Number: **347538592**
Invoice Date: 06/27/2022

Served By	AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336	Ship To	SENDERRA RX PHY 340B MEMORIAL MEDICAL CENTER 1301 E ARAPAHO RD STE 101 RICHARDSON TX 75081	CUSTOMER NUMBER	
			STATE LIC: 26699 DEA: FS1799610	100288078 / 037983771	
Shipped From	AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336	Sold To	MEMORIAL MEDICAL CENTER 815 N VIRGINIA ST PORT LAVACA TX 77979	DOCUMENT TOTAL	DUE DATE
	STATE LIC: 0077623 DEA: RA0316958			55.00	07/08/2022
				PAYMENT TERMS	
				Sat - Fri Due in 7 days	
				Remit To	
				AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223	

Qty	UOM	Description	Item Number	Unit Price	Extended Amount
1	EA	PHARM DATA SERVICES PRICE MAINTENANCE	80000014 063786	55.00	55.00

If you have any questions, our Customer Service team is here to help.
Please call 844-222-2273 or email service@amerisourcebergen.com

Total Amount: 55.00

This wholesale distributor, or a member of the affiliate of such wholesale distributor, purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer
IDOC: 000004590519567 Invoice Type: ZFV Order Type: ZPGM 20220627001357 Terms of sale and claims on reverse side

Serviced 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:	255.12
Past Due:	0.00
Total Due:	255.12
Account Balance:	255.12

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
07-05-2022	07-15-2022	3098163040	166558	Invoice	86.55		0.00	86.55 ✓
07-05-2022	07-15-2022	3098163041	166559	Invoice	40.92		0.00	40.92 ✓
07-05-2022	07-15-2022	3098301625	166606	Invoice	2.04		0.00	2.04 ✓
07-05-2022	07-15-2022	3098301626	166611	Invoice	7.00		0.00	7.00 ✓
07-06-2022	07-15-2022	3098449011	166620	Invoice	67.71		0.00	67.71 ✓
07-06-2022	07-15-2022	3098449012	166621	Invoice	0.09		0.00	0.09 ✓
07-07-2022	07-15-2022	3098589668	166630	Invoice	50.81		0.00	50.81 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
255.12	0.00	0.00	0.00	0.00	0.00	0.00

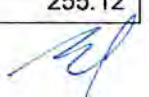
Thank You for Your Payment	
Date	Amount
07-08-2022	(583.47)

Reminders	
Due Date	Amount
07-15-2022	255.12
Total Due:	255.12

APPROVED ON

JUL 11 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"	★		\$ 515.62 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		\$ 308.36 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			\$ 72.12 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			\$ 135.14 #
		CHECK		\$ -
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:	<input type="text"/>
CALLED IN DATE:	<input type="text"/>
CALLED IN TIME:	<input type="text"/>

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	6/17/2022	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	6/30/2022					
PAY DATE:	7/13/2022					
GROSS PAY:	\$ 2,486.68			\$ -		\$ 2,486.68
DEDUCTIONS:						
A/R	\$ -					\$ -
ADVANC	\$ -					\$ -
BOOTS	\$ -					\$ -
SUNLIFE CRITICAL ILLNESS	\$ -					\$ -
SUNLIFE ACCIDENT	\$ -					\$ -
SUNLIFE VISION	\$ -					\$ -
SUNLIFE SHORT TERM DIS	\$ -					\$ -
BCBS VISION	\$ -					\$ -
CAFE-D	\$ -					\$ -
CAFE-H	\$ -					\$ -
CAFE-P	\$ -					\$ -
CANCER	\$ -					\$ -
CHILD	\$ -					\$ -
CLINIC	\$ -					\$ -
COMBIN	\$ -					\$ -
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF	\$ -					\$ -
SUNLIFE TERM LIFE	\$ -					\$ -
SUNLIFE HOSP INDEM	\$ -					\$ -
FED TAX	\$ 135.14					\$ 135.14
FICA-M	\$ 36.06					\$ 36.06
FICA-O	\$ 154.18					\$ 154.18
FIRST C	\$ -					\$ -
FLEX S	\$ -					\$ -
FLX-FE	\$ -					\$ -
GIFT S	\$ -					\$ -
GRP-IN	\$ -					\$ -
GTL	\$ -					\$ -
HOSP-I	\$ -					\$ -
LEGAL	\$ -					\$ -
OTHER	\$ -					\$ -
NATIONAL FARM LIFE	\$ -					\$ -
MED SURCHARGE	\$ -					\$ -
PR FIN	\$ -					\$ -
RELAY	\$ -					\$ -
REPAY	\$ -					\$ -
STONEDF	\$ -					\$ -
STONE	\$ -					\$ -
STONE 2	\$ -					\$ -
STUDEN	\$ -					\$ -
TSA-R	\$ 174.07					\$ 174.07
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 499.45	\$ -	\$ -	\$ -	\$ -	\$ 499.45
NET PAY:	\$ 1,987.23	\$ -	\$ -	\$ -	\$ -	\$ 1,987.23

TOTAL CAFE 125 PLAN:

TAXABLE PAY: \$ 2,486.68 Less Exempt: \$ 2,486.68

Exempt Amt:

	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 36.06		
FICA - MED (EE)	1.45% \$ 36.06	\$ 36.06	\$ -
FICA - SOC SEC (ER)	6.20% \$ 154.17		
FICA - SOC SEC (EE)	6.20% \$ 154.17	\$ 154.18	\$ (0.01)
FED WITHHOLDING	\$ 135.14	\$ 135.14	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL: \$ -

TAX DEPOSIT: \$ 515.60 \$ 515.62

FICA - MEDICARE	2.90%	\$ 72.12	\$ 72.12
FICA - SOCIAL SECURITY	12.40%	\$ 308.34	\$ 308.34
FED WITHHOLDING		\$ 135.14	\$ 135.14
TOTAL TAX:		\$ 515.60	\$ 515.62 \$ (0.02)

PREPARED BY:
PREPARED DATE:

Caitlin Clevenger
7/8/2022

Run Date: 07/08/22
 Time: 12:24

MEMORIAL MEDICAL CENTER
 Payroll Register (Bi-Weekly)
 Pay Period 06/17/22 - 06/30/22 Run# 2

Page 4
 P2REG

Final Summary

*-- Pay Code Summary						*-- Deductions Summary						
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount		
1		167.25	N		N	N	N	2486.68	A/R			
									A/R2	A/R3		
									ADVANC	AWARDS	BCBSVI	
									BOOTS	CAPE H	CAPE-1	
									CAPE-2	CAPE-3	CAPE-4	
									CAPE-6	CAPE-C	CAPE-D	
									CAPE-F	CAPE-H	CAPE-I	
									CAPE-L	CAPE-P	CANCER	
									CHILD	CLINIC	COMBIN	
									CREDION	DD ADV	DENTAL	
									DEP-LF	DIS-LF	EAT	
									EATCSH	FEDTAX	135.14 FICA-M 36.06	
									FICA-O	154.18 FIRSTC	FLEX S	
									FLX FE	FORT D	FUTA	
									GIFT S	GRANT	GRP-IN	
									GTL	HOSP-I	ID TFI	
									LEAF	LEGAL	MASA	
									MEALS	METVIS	MISC	
									MISC/	MMCSHR	NATEML	
									OTHER	PHI	PHI***	
									PR PIN	RELAY	REPAY	
									SAMS	SCRUBS	SIGNON	
									ST-TX	STONDF	STONE	
									STONE2	STUDEN	SUNACC	
									SUNILL	SUNIND	SUNLIF	
									SUNSTD	SUNVIS	SURCHG	
									TSA-1	TSA-2	TSA-C	
									TSA-P	TSA-R	174.07 TUITION	
									UNIFOR	UW/HOS		
----- Grand Totals: 167.25 -----		(Gross: 2486.68	Deductions: 499.45	Net: 1987.23								
Checks Count:-	FT 4	PT	Other	Female	1	Male	3	Credit	OverAmt	ZeroNet	Term	Total: 4

Run Date: 07/08/22
Time: 12:24

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 06/17/22--06/30/22 Run: 2
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
63124	SANJUAN M GARCIA	112.67	00063188	07/13/22
63289	JASON RUBIO	1275.27	00063189	07/13/22
07878	DIANA C SAUCEDA	152.74	00063190	07/13/22
65213	LEE SIMERLY	446.55	00063191	07/13/22
		1987.23		

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- JULY 1, 2022 - JULY 10, 2022**

Date	Bank Description	MMC Notes	Amount	CPSI
7/1/2022	STATE COMPTLR TEXNET 06400443/20630 2100002	- ACCRUED IGT DSH	98,092.00	163.11 *
7/1/2022	PAY PLUS ACHTRANS 452579291 101000697328042	- 3rd Party Payor Fee	1.69	
7/1/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	766.19	CC fees
7/5/2022	PAY PLUS ACHTRANS 452579291 101000698283285	- 3rd Party Payor Fee	22.09	154.49 +
7/5/2022	MERCHANT BANKCD INTERCHNG 971160913887 9100017780	- Credit Card Processing Fee	154.49	192.68 +
7/5/2022	MERCHANT BANKCD FEE 971160913887 91000017780	- Credit Card Processing Fee	192.68	9.95 +
7/5/2022	MERCHANT BANKCD DISCOUNT 971160913887 9100000	- Credit Card Processing Fee	9.95	260.06 +
7/5/2022	MERCHANT BANKCD DISCOUNT 971160910883 91000017780	- Credit Card Processing Fee	260.06	19.95 +
7/5/2022	MERCHANT BANKCD DISCOUNT 971160910883 9100000	- Credit Card Processing Fee	19.95	19.95 +
7/5/2022	MCKESSON DRUG AUTO ACH ACH05084632 910000112	- 340B Drug Program Expense	7,607.75	32.45 +
7/5/2022	AUTHNET GATEWAY BILLING 123307830 1040000101	- 3rd Party Payor Fee	23.90	669.58 *
7/6/2022	STATE COMPTLR TEXNET 06457622/20705 2100002	- ACCRUED DSRIP WAIVER IC	434,968.69	
7/6/2022	PAY PLUS ACHTRANS 452579291 101000690439133	- 3rd Party Payor Fee	36.11	
7/6/2022	FDMS FDMS PYMT 052-1601830-000 4100012297940	- Credit Card Processing Fee	32.45	
7/7/2022	PAY PLUS ACHTRANS 452579291 101000691687716	- 3rd Party Payor Fee	103.22	
7/7/2022	EXPERTPAY EXPERTPAY 746003411 91000010671669	- Child Support Payment	2,290.01	23.90 +
7/8/2022	EXPERTPAY EXPERTPAY 746003411 91000013138177	- Child Support Payment	2,290.01	23.90 *
7/8/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	583.47	
7/8/2022	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	369,707.49	
7/8/2022	IRS USATAXPYMT 220258975403303 6103601000233	- Payroll Taxes	123,441.89	
			1,040,604.09	

Pay Plus
1.69 +
22.09 +
36.11 +
103.22 +
163.11 *
CC fees
154.49 +
192.68 +
9.95 +
260.06 +
19.95 +
32.45 +
669.58 *
Authnet
23.90 +
23.90 *
Expert Pay.
2,290.01 +
2,290.01 +
4,580.02 *



William Little, CFO
Memorial Medical Center

July 11, 2022

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

Date	Description	MMC Notes	Amount
7/15/2022	Retirement	- Retirement	188,643.31
7/20/2022	SALES TAX	- Sales Tax	1,392.70
			190,036.01



William Little, CFO
Memorial Medical Center

July 11, 2022

**APPROVED ON
JUL 11 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

☑ Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 06/30/2022 (2206)

Taxpayer ID:	Taxpayer Name:	Entered By:
User ID:	MEMORIAL MEDICAL CENTER	Email Address:
Reference Number:	Taxpayer Address:	she
Date and Time of Filing:	815 N VIRGINIA ST PORT LAVACA , TX	Telephone Number: (361) 552-0342
07/08/2022, 01:22:36 PM	77979-3025	
	IP Address:	

PAYMENT SUMMARY

Electronic Check	Payment Reference Number.	Type of Bank Account: Checking
State Amount: \$1,055.08	Trace Number: (Accountholder Name:
Local Amount: \$337.62		Bank Routing Number
Amount to Pay: \$1,392.70		Bank Account Number
Electronic Check: \$1,392.70		Payment Effective Date: 07/20/2022

CREDIT SUMMARY

Credits Taken

Are you taking credit to reduce taxes due on this return?

No

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licenced Customs Broker Export Certifications?

No

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	16966	16966	0	16966	1060.38	16966	0.02	339.32
SubTotal	16966	16966	0	16966	1060.38	16966		339.32

Total Tax for Locations

\$1,399.70

Total Tax Due: \$1,399.70

Timely Filing Discount: -\$7.00

Balance Due: \$1,392.70

Pending Payments: -\$0.00

Total Amount Due and Payable: \$1,392.70

(State amount due is \$1,055.08) (Local amount due is \$337.62)

Date/Time 07-05-2022 / 03:01 PM
Submitted By

Pay Date 06-30-2022

Employee Deposits	\$74,562.66
Employer Contributions	\$114,080.65
Group Term Life Premiums	\$0.00
Total	\$188,643.31

Comments

Payroll File June 2022 Retirement Upload.xlsx

CLOSE

PRINT

07/07/2022

MEMORIAL MEDICAL CENTER

13:27

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11816 ASHFORD GARDENS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
063022		06/30/20	06/30/20	07/29/20		5,123.65	0.00	0.00	5,123.65 ✓

MDCR REPAYMT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	5,123.65	0.00	0.00	5,123.65

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,123.65	0.00	0.00	5,123.65

APPROVED ON

JUL 10 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 195664

07/07/2022

MEMORIAL MEDICAL CENTER

0

13:27

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11828 SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
062722A		06/30/20	06/27/20	07/29/20		4,554.36	0.00	0.00	4,554.36 ✓		
	TRANSFER	<i>NH insurance amt deposited into mme open</i>									
062722		06/30/20	06/27/20	07/29/20		778.00	0.00	0.00	778.00 ✓		
	TRANSFER	"									
063022		06/30/20	06/30/20	07/29/20		48,932.68	0.00	0.00	48,932.68 ✓		
	TRANSFER	"									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11828	SOLERA WEST HOUSTON	54,265.04	0.00	0.00	54,265.04

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	54,265.04	0.00	0.00	54,265.04

APPROVED ON

JUL 10 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL #195272

07/07/2022
 13:20
 MEMORIAL MEDICAL CENTER
 AP Open Invoice List
 Dates Through:
 0
 ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code							
11820	FORTBEND HEALTHCARE CENTER ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
063022		06/30/20	06/30/20	07/29/20			55,140.18	0.00	0.00	55,140.18 ✓
MDCR REPYMT										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER					55,140.18	0.00	0.00	55,140.18

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	55,140.18	0.00	0.00	55,140.18

APPROVED ON

JUL 10 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

CL#195669

07/07/2022
 13:26
 MEMORIAL MEDICAL CENTER
 AP Open Invoice List
 Dates Through:
 0
 ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code						
11832	BROADMOOR AT CREEKSIDE PARK								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
063022		06/30/20	06/30/20	07/29/20		66,617.41	0.00	0.00	66,617.41
	MDCR REPMT								
062822		06/30/20	06/30/20	07/29/20		118.65	0.00	0.00	118.65
	TRANSFER								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	11832 BROADMOOR AT CREEKSIDE PARK					66,736.06	0.00	0.00	66,736.06

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	66,736.06	0.00	0.00	66,736.06

APPROVED ON

JUL 10 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

CK#195668

07/07/2022
13:20

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
062322		06/30/20	06/30/20	07/29/20		300.00	0.00	0.00	300.00 ✓
	TRANSFER	<i>NH insurance pymt deposited into mme operat</i>							
063022		06/30/20	06/30/20	07/29/20		70,422.99	0.00	0.00	70,422.99
MDCR REPYMT									
Vendor Totals						Gross	Discount	No-Pay	Net
11824	THE CRESCENT					70,722.99	0.00	0.00	70,722.99

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	70,722.99	0.00	0.00	70,722.99

APPROVED ON

JUL 10 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#195673

07/07/2022

MEMORIAL MEDICAL CENTER

0

13:21

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
062922		06/30/20	06/30/20	07/29/20		1,361.50	0.00	0.00	1,361.50 ✓
062722	TRANSFER	06/30/20	06/30/20	07/29/20		493.55	0.00	0.00	493.55 ✓
	TRANSFER	"	"	"				"	
062722A		06/30/20	06/30/20	07/29/20		43,978.47	0.00	0.00	43,978.47 ✓
	TRANSFER	"	"	"				"	
062422		06/30/20	06/30/20	07/29/20		15,914.85	0.00	0.00	15,914.85 ✓
	TRANSFER								

NH insurance pymt deposited into MMC operating

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	61,748.37	0.00	0.00	61,748.37

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	61,748.37	0.00	0.00	61,748.37

APPROVED ON

JUL 10 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 199670

07/07/2022

13:18

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
062822		06/30/20	06/28/20	07/29/20		23,623.90	0.00	0.00	23,623.90 ✓
	TRANSFER	<i>NH insurance pymt deposited into mme openy</i>							
062722		06/30/20	06/28/20	07/29/20		9,271.28	0.00	0.00	9,271.28 ✓
	TRANSFER	<i>"</i>							
062922		06/30/20	06/28/20	07/29/20		2,795.00	0.00	0.00	2,795.00 ✓
	TRANSFER	<i>"</i>							
062922A		06/30/20	06/28/20	07/29/20		4,373.59	0.00	0.00	4,373.59 ✓
	TRANSFER	<i>"</i>							
063022		06/30/20	06/30/20	07/29/20		1,167.00	0.00	0.00	1,167.00 ✓
	TRANSFER	<i>"</i>							
063022A		06/30/20	06/30/20	07/29/20		4,833.06	0.00	0.00	4,833.06 ✓
	TRANSFER	<i>"</i>							
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
12696 GULF POINTE PLAZA						46,063.83	0.00	0.00	46,063.83

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	46,063.83	0.00	0.00	46,063.83

APPROVED ON

JUL 10 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#195471

07/07/2022
13:22

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
062322B		06/30/20	06/30/20	07/29/20		2,897.40	0.00	0.00	2,897.40 ✓
	TRANSFER								
062822	NH insurance pymt deposited into mme openy	06/30/20	06/30/20	07/29/20		8,965.19	0.00	0.00	8,965.19 ✓
	TRANSFER						"		
062822A		06/30/20	06/30/20	07/29/20		5,373.00	0.00	0.00	5,373.00 ✓
	TRANSFER						"		
062922		06/30/20	06/30/20	07/29/20		5,527.00	0.00	0.00	5,527.00 ✓
	TRANSFER						"		
062322C		06/30/20	06/30/20	07/29/20		12,292.00	0.00	0.00	12,292.00 ✓
	TRANSFER						"		
062822B		06/30/20	06/30/20	07/29/20		1,167.00	0.00	0.00	1,167.00 ✓
	TRANSFER						"		
062322A		06/30/20	06/30/20	07/29/20		5,896.44	0.00	0.00	5,896.44 ✓
	TRANSFER						"		
063022		06/30/20	06/30/20	07/29/20		6,703.36	0.00	0.00	6,703.36 ✓
	TRANSFER						"		
062722		06/30/20	06/30/20	07/29/20		5,007.77	0.00	0.00	5,007.77 ✓
	TRANSFER						"		
062322		06/30/20	06/30/20	07/29/20		15,096.16	0.00	0.00	15,096.16 ✓
	TRANSFER						"		
Vendor Totals:						Gross	Discount	No-Pay	Net
13004 TUSCANY VILLAGE						68,925.32	0.00	0.00	68,925.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	68,925.32	0.00	0.00	68,925.32

APPROVED ON

JUL 10 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#195674

07/07/2022
13:25

MEMORIAL MEDICAL CENTER

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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
062322		06/30/20	06/23/20	07/29/20		17,182.15	0.00	0.00	17,182.15 ✓
062722	TRANSFER	06/30/20	06/27/20	07/29/20		26,705.85	0.00	0.00	26,705.85 ✓
	TRANSFER	"	"	"			"	"	
062822		06/30/20	06/28/20	07/29/20		3,168.70	0.00	0.00	3,168.70 ✓
	TRANSFER	"	"	"			"	"	
062922		06/30/20	06/29/20	07/29/20		1,092.67	0.00	0.00	1,092.67 ✓
	TRANSFER	"	"	"			"	"	
063022		06/30/20	06/30/20	07/29/20		517.05	0.00	0.00	517.05 ✓
	TRANSFER	"	"	"			"	"	
063022A		06/30/20	06/30/20	07/29/20		18,343.48	0.00	0.00	18,343.48 ✓
	MDCR REPAYMENT								
062422		06/30/20	06/30/20	07/29/20		9,593.56	0.00	0.00	9,593.56 ✓
	TRANSFER	"	"	"			"	"	

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING	76,603.46	0.00	0.00	76,603.46	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	76,603.46	0.00	0.00	76,603.46

APPROVED ON

JUL 10 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#195667

0

RUN DATE:07/13/22
 TIME:10:59

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 07/13/22 THRU 07/13/22

PAGE 1
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	195599	07/13/22	3,188.25	ALLYSON SWOPE
A/P	195600	07/13/22	46.45	ALPHA TEC SYSTEMS INC
A/P	195601	07/13/22	6,778.75	AUREUS RADIOLOGY LLC
A/P	195602	07/13/22	2,098.64	BAXTER HEALTHCARE
A/P	195603	07/13/22	226,200.84	BLUE CROSS BLUE SHIELD
A/P	195604	07/13/22	879.92	CARDINAL HEALTH 414, INC.
A/P	195605	07/13/22	10.17	CAVALLO ENERGY TEXAS LLC
A/P	195606	07/13/22	80.00	CITIZENS MEDICAL CENTER
A/P	195607	07/13/22	612.18	COMBINED INSURANCE
A/P	195608	07/13/22	305.43	CONMED CORPORATION
A/P	195609	07/13/22	350.44	CUSTOM MEDICAL SPECIALTIES
A/P	195610	07/13/22	446.94	DEWITT POTH & SON
A/P	195611	07/13/22	124,975.71	DISCOVERY MEDICAL NETWORK INC
A/P	195612	07/13/22	105.00	DOWELL PEST CONTROL
A/P	195613	07/13/22	28,343.00	DURFOLD CORPORATION
A/P	195614	07/13/22	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	195615	07/13/22	139.50	ERBE USA INC SURGICAL SYSTEMS
A/P	195616	07/13/22	35.57	FARAH JANAK
A/P	195617	07/13/22	462.58	FIRESTONE OF PORT LAVACA
A/P	195618	07/13/22	5,074.20	FISHER HEALTHCARE
A/P	195619	07/13/22	75.45	FRONTIER
A/P	195620	07/13/22	7,908.33	FUJI FILM
A/P	195621	07/13/22	1,063.83	FUSION CLOUD SERVICES, LLC
A/P	195622	07/13/22	3,148.64	GBS ADMINISTRATORS, INC
A/P	195623	07/13/22	404.55	GRAINGER
A/P	195624	07/13/22	50.00	GULF COAST DELIVERY
A/P	195625	07/13/22	380.40	GULF COAST PAPER COMPANY
A/P	195626	07/13/22	4,610.52	HEALTHCARE FINANCIAL SERVICES
A/P	195627	07/13/22	9.15	HEALTHSTREAM, INC.
A/P	195628	07/13/22	25.50	INTOXIMETERS INC
A/P	195629	07/13/22	16,933.75	JUNXION MED STAFFING
A/P	195630	07/13/22	401.80	LEGAL SHIELD
A/P	195631	07/13/22	640.86	M G TRUST
A/P	195632	07/13/22	1,227.45	MCKESSON MEDICAL SURGICAL INC
A/P	195633	07/13/22	1,527.00	MEDICAL AIR SERVICES ASSOC.
A/P	195634	07/13/22	38.60	MEDIMPACT HEALTHCARE SYS, INC.
A/P	195635	07/13/22	.00	VOIDED
A/P	195636	07/13/22	.00	VOIDED
A/P	195637	07/13/22	.00	VOIDED
A/P	195638	07/13/22	.00	VOIDED
A/P	195639	07/13/22	.00	VOIDED
A/P	195640	07/13/22	30,813.18	MEDLINE INDUSTRIES INC
A/P	195641	07/13/22	65.00	MEMORIAL MEDICAL CLINIC
A/P	195642	07/13/22	232.68	MMC AUXILIARY GIFT SHOP
A/P	195643	07/13/22	.00	VOIDED
A/P	195644	07/13/22	17,975.33	MORRIS & DICKSON CO, LLC
A/P	195645	07/13/22	905.03	MXR IMAGING, INC
A/P	195646	07/13/22	657.00	NATUS MEDICAL INC
A/P	195647	07/13/22	109.90	NURSES CHOICE CORPORATION
A/P	195648	07/13/22	487.47	OCCUPRO LLC

RUN DATE:07/13/22
TIME:10:59

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/13/22 THRU 07/13/22

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	195649	07/13/22	187.50	OLYMPUS AMERICA INC
A/P	195650	07/13/22	752.16	ORTHO CLINICAL DIAGNOSTICS
A/P	195651	07/13/22	152.38	PARTSSOURCE, LLC
A/P	195652	07/13/22	3,950.00	PREMIER SLEEP DISORDERS CENTER
A/P	195653	07/13/22	978.00	RAPID PRINTING LLC
A/P	195654	07/13/22	26.56	ROBERT RODRIQUEZ
A/P	195655	07/13/22	123.58	SHERWIN WILLIAMS
A/P	195656	07/13/22	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	195657	07/13/22	144.99	STAPLES ADVANTAGE
A/P	195658	07/13/22	400.00	STERIS CORPORATION
A/P	195659	07/13/22	16,874.08	SUN LIFE FINANCIAL
A/P	195660	07/13/22	10.29	TELBIFLEX MEDICAL
A/P	195661	07/13/22	16,666.11	TREND AQUA LLC
A/P	195662	07/13/22	11,276.25	TRUSTED HEALTH, INC
A/P	195663	07/13/22	170.46	ULINE
A/P	195664	07/13/22	2,557.43	UNIFIRST HOLDINGS INC
A/P	195665	07/13/22	3,264.15	WAGeworks, INC.
A/P	195666	07/13/22	5,123.65	ASHFORD GARDENS
A/P	195667	07/13/22	76,603.46	BETHANY SENIOR LIVING
A/P	195668	07/13/22	66,736.06	BROADMOOR AT CRBEKSID PARK
A/P	195669	07/13/22	55,140.18	FORTBEND HEALTHCARE CENTER
A/P	195670	07/13/22	61,748.37	GOLDENCREEK HEALTHCARE
A/P	195671	07/13/22	46,063.83	GULF POINTE PLAZA
A/P	195672	07/13/22	54,265.04	SOLERA WEST HOUSTON
A/P	195673	07/13/22	70,722.99	THE CRESCENT
A/P	195674	07/13/22	68,925.32	TUSCANY VILLAGE
A/P	195675	07/13/22	2,413.25	CLEARFLY
TOTALS:			1,096,496.91	

Payables 588,754.76 +
Critical 2,413.25 +
Nursing Homes 505,328.90 +
1,096,496.91 *

APPROVED ON

JUL 13 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 7/11/2022

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	216844381	160,916.09	132,438.98	39,487.10		67,964.21	23,794.90
						Bank Balance	67,964.21
						Variance	
						Leave in Balance	100.00

Routing Information for Ashford Gardens:
 Ashford Health Care Center Ltd Co
 JP Morgan Chase Bank
 ABA 111000614
 Account # 448234257

MOLINA MAY QIPP	15,692.20
AMERIGROUP QIPP	01/2 28,317.56
April Interest	01/5 15.02
May Interest	01/5 25.03
June Interest	01/5 19.50
Adjust Balance/Transfer Amt	23,794.90

Broadmoor	216844403	78,970.52	66,594.33	10,692.53		23,068.72	
						Bank Balance	23,068.72
						Variance	
						Leave in Balance	100.00

MOLINA MAY QIPP	6,084.80
AMERIGROUP QIPP	01/5 10,970.54
PYMT BELONGS TO GULF POINTE	01/5 1,264.33
April Interest	01/5 11.66
May Interest	01/5 17.10
June Interest	01/5 12.56
Adjust Balance/Transfer Amt	4,607.73

Crescent	216844411	111,044.85	79,785.56	82,130.49		113,389.78	76,859.73
						Bank Balance	113,389.78
						Variance	
						Leave in Balance	100.00

MOLINA MAY QIPP	5,270.76
AMERIGROUP QIPP	01/5 9,512.59
PYMT BELONGS TO TUSCANY	01/5 18,400.00
PYMT BELONGS TO TUSCANY	01/5 3,200.00
April Interest	01/5 12.07
May Interest	01/5 18.60
June Interest	01/5 16.03
Adjust Balance/Transfer Amt	76,859.73

Fort Bend	216844446	14,836.33		16,263.87		31,100.20	12,961.24
						Bank Balance	31,100.20
						Variance	
						Leave in Balance	100.00

AMERIGROUP QIPP	01/5 11,590.85
MOLINA MAY QIPP	6,421.79
April Interest	01/5 5.19
May Interest	01/5 10.52
June Interest	01/5 10.61
Adjust Balance/Transfer Amt	12,961.24


Solera at W Houston	216844438	109,166.72	97,637.24	45,314.97		56,844.45	39,081.22
						Bank Balance	56,844.45
						Variance	
						Leave in Balance	100.00

Amerigroup QIPP	01/5 11,251.34
MOLINA MAY QIPP	6,233.75
PAYMENT BELONGS TO MMC	01/5 127.46
April Interest	01/5 13.90
May Interest	01/5 19.08
June Interest	01/5 17.70
Adjust Balance/Transfer Amt	39,081.22

23,794.90 +
 76,859.73 +
 12,961.24 + / Fort Bend / Broadmoor
 39,081.22 +
 152,697.09

APPROVED ON
 JUL 11 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 152,697.09
 Approved: 
 WILLIAM LITTLE, CFO 7/11/2022

Note 1 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

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type

DDA

Data reported as of Jul 11, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$2,223,469.89	\$2,317,157.98	\$2,223,469.89	\$2,742,612.3
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$9,953.49	\$9,953.49	\$9,953.49	\$9,953.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$166,802.01	\$180,494.04	\$166,802.01	\$128,227.6
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.47	\$536.47	\$536.47	\$536.4
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$1,134,654.01	\$1,137,924.55	\$1,134,654.01	\$1,758,290.2
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.87	\$431.87	\$431.87	\$431.6
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$67,964.21	\$67,964.21	\$67,964.21	\$66,182.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$23,068.72	\$46,469.61	\$23,068.72	\$23,068.7
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$113,389.78	\$133,911.55	\$113,389.78	\$76,702.5
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$31,100.20	\$36,883.28	\$31,100.20	\$29,936.5
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$56,844.45	\$71,516.85	\$56,844.45	\$56,844.4
<u>*2998</u> MMC -MONEY MARKET FUND	\$703.63	\$703.63	\$703.63	\$703.6
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$414,351.35	\$414,351.35	\$414,351.35	\$405,774.4
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$85,695.38	\$88,233.58	\$85,695.38	\$84,191.3
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$20,513.68	\$20,513.68	\$20,513.68	\$4,747.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$97,460.64	\$107,269.82	\$97,460.64	\$97,020.6

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 7/11/2022

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	216844454	10,041.40	9,883.52	166,644.13		166,802.01	133,420.91
						166,802.01	
						-	
						Bank Balance Variance	
						100.00	
						Leave in Balance	
						33,223.22	
						SUPERIOR MAY QJPP	
						17.56	
						20.75	
						19.57	
						57.88	
						Adjust Balance/Transfer Amt	
						133,420.91	

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

April Interest 17.56
 May Interest 20.75
 June Interest 19.57
 57.88
 Adjust Balance/Transfer Amt 133,420.91

Note: Only balances of over \$5,000 will be transferred to the nursing home.
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Approved: 
 WILLIAM LITTLE, CFO 7/11/2022

APPROVED ON
 JUL 11 2022
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type



DDA

Data reported as of Jul 11, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$2,223,469.89	\$2,317,157.98	\$2,223,469.89	\$2,742,612.3
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$9,953.49	\$9,953.49	\$9,953.49	\$9,953.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$166,802.01	\$180,494.04	\$166,802.01	\$128,227.8
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.47	\$536.47	\$536.47	\$536.4
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$1,134,654.01	\$1,137,924.55	\$1,134,654.01	\$1,758,290.2
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.87	\$431.87	\$431.87	\$431.8
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$67,964.21	\$67,964.21	\$67,964.21	\$66,182.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$23,068.72	\$46,469.61	\$23,068.72	\$23,068.7
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$113,389.78	\$133,911.55	\$113,389.78	\$76,702.5
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$31,100.20	\$36,883.28	\$31,100.20	\$29,936.5
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$56,844.45	\$71,516.85	\$56,844.45	\$56,844.4
<u>*2998</u> MMC -MONEY MARKET FUND	\$703.63	\$703.63	\$703.63	\$703.6
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$414,351.35	\$414,351.35	\$414,351.35	\$405,774.4
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$85,695.38	\$88,233.58	\$85,695.38	\$84,191.3
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$20,513.68	\$20,513.68	\$20,513.68	\$4,747.8
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$97,460.64	\$107,269.82	\$97,460.64	\$97,020.6

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 7/11/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay	217715433	4,608.13	-	15,905.55			20,513.68	5,732.77
						Bank Balance	20,513.68	
						Variance	-	
						Leave in Balance	100.00	
						SUPERIOR MAY QIPP	14,672.20	
						April Interest <i>015</i>	2.36	
						May Interest <i>015</i>	3.54	
						June Interest <i>015</i>	2.81	
						Adjust Balance/Transfer Amt	5,732.77	
Gulf Pointe Plaza-Medicare/Medicaid	217715441	61,072.46	60,945.28	85,568.20			85,695.38	85,568.20
						Bank Balance	85,695.38	
						Variance	-	
						Leave in Balance	100.00	
						April Interest <i>015</i>	8.65	
						May Interest <i>015</i>	11.28	
						June Interest <i>015</i>	7.25	
						Adjust Balance/Transfer Amt	85,568.20	
TOTAL TRANSFERS							91,300.97	

Routing Information for Gulf Pointe Plaza:

Note: Only balances of over \$5,000 will be transferred to the nursing home.
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Approved:
 WILLIAM LITTLE, CFO

7/11/2022

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	23.52	-	-	-	-	-	23.52
-	2.29	-	-	-	-	-	2.29
-	113.88	-	-	-	-	-	113.88
-	15,765.86	13,578.54	2,187.32	-	-	14,672.20	1,093.66
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	15,905.55	13,578.54	2,187.32	-	-	14,672.20	1,233.35

Gulf Pointe Plaza-Medicare/Medicaid

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	44,203.81	-	-	-	-	-	44,203.81
-	1,573.56	-	-	-	-	-	1,573.56
-	10,293.42	-	-	-	-	-	10,293.42
-	3,880.97	-	-	-	-	-	3,880.97
60,945.28	-	-	-	-	-	-	-
-	24,112.44	-	-	-	-	-	24,112.44
-	1,504.00	-	-	-	-	-	1,504.00
60,945.28	85,568.20	-	-	-	-	-	85,568.20
60,945.28	101,473.75	13,578.54	2,187.32	-	-	14,672.20	86,801.55

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type



DDA


Data reported as of Jul 11, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$2,223,469.89	\$2,317,157.98	\$2,223,469.89	\$2,742,612.3
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$9,953.49	\$9,953.49	\$9,953.49	\$9,953.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$166,802.01	\$180,494.04	\$166,802.01	\$128,227.8
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.47	\$536.47	\$536.47	\$536.4
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$1,134,654.01	\$1,137,924.55	\$1,134,654.01	\$1,758,290.2
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.87	\$431.87	\$431.87	\$431.8
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$67,964.21	\$67,964.21	\$67,964.21	\$66,182.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$23,068.72	\$46,469.61	\$23,068.72	\$23,068.7
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$113,389.78	\$133,911.55	\$113,389.78	\$76,702.5
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$31,100.20	\$36,883.28	\$31,100.20	\$29,936.5
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$56,844.45	\$71,516.85	\$56,844.45	\$56,844.4
<u>*2998</u> MMC -MONEY MARKET FUND	\$703.63	\$703.63	\$703.63	\$703.6
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$414,351.35	\$414,351.35	\$414,351.35	\$405,774.4
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$85,695.38	\$88,233.58	\$85,695.38	\$84,191.3
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$20,513.68	\$20,513.68	\$20,513.68	\$4,747.8
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$97,460.64	\$107,269.82	\$97,460.64	\$97,020.6

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 7/11/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village	217843407	138,810.40	✓ 121,941.70	80,591.94	✓		97,460.64	✓ 71,301.00
						Bank Balance	97,460.64	
						Variance		
						Leave in Balance	100.00	
						AMERIGROUP QJPP	16,768.70	✓
						MOLINA MAY QJPP	9,250.94	✓
						Adjust Balance/Transfer Amt	71,301.00	✓

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

Approved:  7/11/2022
 WILLIAM LITTLE, CFO

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

MMC PORTION

QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI
-------------	-------------	-------------	-------------------	---------

<u>Tuscany Village</u>		<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>QIPP/Comp 1</u>	<u>QIPP/Comp 2</u>	<u>QIPP/Comp 3</u>	<u>QIPP/Comp 4&Lapse</u>	<u>QIPP TI</u>	<u>NH PORTION</u>
7/1/2022	Deposit	-	67,204.66	-	-	-	-	-	67,204.66
7/5/2022	Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	2,962.52	-	-	-	-	-	2,962.52
7/6/2022	MOLINA HEALTHCAR MOLINAACH 01105634 42000010	-	9,984.76	8,597.12	1,387.64	-	-	9,290.94	693.82
7/7/2022	WIRE OUT LINBAR ENTERPRISES, LLC	121,941.70	-	-	-	-	-	-	-
7/8/2022	KS PLAN ADMINIST HCCLAIMPMT 179 111000021433	-	440.00	-	-	-	-	-	440.00
		121,941.70	80,591.94 ✓	8,597.12	1,387.64	-	-	9,290.94 ✓	71,301.00

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Jul 11, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$2,223,469.89	\$2,317,157.98	\$2,223,469.89	\$2,742,612.3
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$9,953.49	\$9,953.49	\$9,953.49	\$9,953.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$166,802.01	\$180,494.04	\$166,802.01	\$128,227.8
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.47	\$536.47	\$536.47	\$536.4
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$1,134,654.01	\$1,137,924.55	\$1,134,654.01	\$1,758,290.2
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.87	\$431.87	\$431.87	\$431.8
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$67,964.21	\$67,964.21	\$67,964.21	\$66,182.2
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$23,068.72	\$46,469.61	\$23,068.72	\$23,068.7
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$113,389.78	\$133,911.55	\$113,389.78	\$76,702.5
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$31,100.20	\$36,883.28	\$31,100.20	\$29,936.5
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$56,844.45	\$71,516.85	\$56,844.45	\$56,844.4
<u>*2998</u> MMC -MONEY MARKET FUND	\$703.63	\$703.63	\$703.63	\$703.6
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$414,351.35	\$414,351.35	\$414,351.35	\$405,774.4
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$85,695.38	\$88,233.58	\$85,695.38	\$84,191.3
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$20,513.68	\$20,513.68	\$20,513.68	\$4,747.8
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$97,460.64	\$107,269.82	\$97,460.64	\$97,020.6

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 7/11/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living	217715506	24,987.66 ✓	24,800.69 ✓	414,164.38 ✓			414,351.35	414,164.38 ✓
						Bank Balance	414,351.35	
						Variance	.	
						Leave in Balance	100.00	

April Interest	0.5	27.59
May Interest	0.5	26.85
June Interest	0.5	32.53
Adjust Balance/Transfer Amt		414,164.38 ✓

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 7/11/2022

APPROVED ON
JUL 11 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
7/1/2022 Deposit	-	222,849.21	-	-	-	-	-	222,849.21
7/1/2022 Deposit	-	8,622.13	-	-	-	-	-	8,622.13
7/1/2022 Deposit	-	34,101.54	-	-	-	-	-	34,101.54
7/1/2022 Deposit	-	1,717.26	-	-	-	-	-	1,717.26
7/5/2022 Deposit	-	27,840.18	-	-	-	-	-	27,840.18
7/5/2022 HNB - ECHO HCCLAIMPMT 746003411 440000225968	-	6,540.14	-	-	-	-	-	6,540.14
7/5/2022 HNB - ECHO HCCLAIMPMT 746003411 440000226107	-	2,287.55	-	-	-	-	-	2,287.55
7/6/2022 Deposit	-	12,306.21	-	-	-	-	-	12,306.21
7/6/2022 Deposit	-	32,315.74	-	-	-	-	-	32,315.74
7/6/2022 Deposit	-	696.15	-	-	-	-	-	696.15
7/6/2022 NOVITAS SOLUTION HCCLAIMPMT 676481 420000124	-	8,801.70	-	-	-	-	-	8,801.70
7/7/2022 WIRE OUT PORT LAVACA NH, LLC	24,800.69	-	-	-	-	-	-	-
7/7/2022 Deposit	-	11,470.00	-	-	-	-	-	11,470.00
7/7/2022 Deposit	-	35,783.20	-	-	-	-	-	35,783.20
7/7/2022 NOVITAS SOLUTION HCCLAIMPMT 676481 420000175	-	256.50	-	-	-	-	-	256.50
7/8/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	8,576.87	-	-	-	-	-	8,576.87
	24,800.69	414,164.38	-	-	-	-	-	414,164.38

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DDA

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<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.87	\$431.87	\$431.87	\$431.8
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$67,964.21	\$67,964.21	\$67,964.21	\$66,182.2
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<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$414,351.35	\$414,351.35	\$414,351.35	\$405,774.4
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$85,695.38	\$88,233.58	\$85,695.38	\$84,191.3
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$20,513.68	\$20,513.68	\$20,513.68	\$4,747.8
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$97,460.64	\$107,269.82	\$97,460.64	\$97,020.6

MEMORIAL MEDICAL CENTER
CHECK REQUEST - *Ashford*

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E

MEMORIAL MEDICAL CENTER

Date Requested: 7/11/22

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 001180

FOR ACCT. USE ONLY

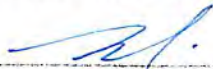
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT \$15,692.20

G/L NUMBER: 10255040

EXPLANATION: MOLINA MAY QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:07/13/22
TIME:12:53

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/13/22 THRU 07/13/22

PAGE 4
GLCKREG

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

NHA 001180 07/13/22 15,692.20 MEMORIAL MEDICAL CENTER *Ashtun*
TOTALS: 15,692.20

APPROVED ON

JUL 13 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST *Broadmoor*

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MEMORIAL MEDICAL CENTER

Date Requested: 7/11/22

APPROVED ON
JUL 11 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CX# 000213

FOR ACCT. USE ONLY	
<input type="checkbox"/>	Imprest Cash
<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Mail Check to Vendor
<input type="checkbox"/>	Return Check to Dept

AMOUNT \$6,084.80

G/L NUMBER: 10255040

EXPLANATION: MOLINA MAY QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:07/13/22
TIME:12:53

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/13/22 THRU 07/13/22

PAGE 5
GLCKREG

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

NHB 000213 07/13/22 6,084.80 MEMORIAL MEDICAL CENTER *Bwadmoor*
TOTALS: 6,084.80

APPROVED ON

JUL 13 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST - *Crescent*

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MEMORIAL MEDICAL CENTER

Date Requested: 7/11/22

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 000245

FOR ACCT. USE ONLY

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

AMOUNT \$5,270.76

G/L NUMBER: 10255040

EXPLANATION: MOLINA MAY QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:07/13/22
TIME:12:53

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/13/22 THRU 07/13/22

PAGE 6
GLCKREG

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

NHC 000245 07/13/22 5,270.76 MEMORIAL MEDICAL CENTER *Crescent*
TOTALS: 5,270.76

APPROVED ON

JUL 13 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

MEMORIAL MEDICAL CENTER

CHECK REQUEST - Fort Bend

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MEMORIAL MEDICAL CENTER

Date Requested: 7/11/22

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 000187

G/L NUMBER: 10255040

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT \$6,421.79

EXPLANATION: MOLINA MAY QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:07/13/22
TIME:12:53

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/13/22 THRU 07/13/22

PAGE 7
GLCKREG

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

NHF 000187 07/13/22 6,421.79 MEMORIAL MEDICAL CENTER *Fort Bend*
TOTALS: 6,421.79

APPROVED ON

JUL 13 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST - *Salem*

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MEMORIAL MEDICAL CENTER

Date Requested: 7/11/22

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 001243

FOR ACCT. USE ONLY

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

AMOUNT \$6,233.75

G/L NUMBER: 10255040

EXPLANATION: MOLINA MAY QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:07/13/22
TIME:12:53

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/13/22 THRU 07/13/22

PAGE 9
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001243 07/13/22 6,233.75 MEMORIAL MEDICAL CENTER *Solem*
TOTALS: 6,233.75

APPROVED ON

JUL 13 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

CHECK REQUEST - *golden creek*

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MEMORIAL MEDICAL CENTER

Date Requested: 7/11/22

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 000165

G/L NUMBER: 10255040

FOR ACCT. USE ONLY

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

AMOUNT \$33,223.22

EXPLANATION: SUPERIOR MAY QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: _____



RUN DATE:07/13/22
TIME:12:53

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/13/22 THRU 07/13/22

PAGE 8
GLCKREG

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

NHG 000165 07/13/22 33,223.22 MEMORIAL MEDICAL CENTER *golden creek*
TOTALS: 33,223.22

APPROVED ON

JUL 13 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

CHECK REQUEST - *gu IF Point*

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MEMORIAL MEDICAL CENTER

Date Requested: 7/11/22

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON

JUL 11 2022


BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK # 1084

AMOUNT \$14,672.20

G/L NUMBER: 10255040

EXPLANATION: SUPERIOR MAY QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:07/13/22
TIME:12:53

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/13/22 THRU 07/13/22

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPP 001086 07/13/22 14,672.20 MEMORIAL MEDICAL CENTER *guif Point*
TOTALS: 14,672.20

APPROVED ON

JUL 13 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST - *Tuscany*

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MEMORIAL MEDICAL CENTER

Date Requested: 7/11/22

APPROVED ON

JUL 11 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK # 1104

FOR ACCT. USE ONLY

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

AMOUNT \$9,290.94

G/L NUMBER: 10255040

EXPLANATION: MOLINA MAY QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:07/13/22
TIME:12:53

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/13/22 THRU 07/13/22

PAGE 10
GLCKREG

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

TUS 001104 07/13/22 9,290.94 MEMORIAL MEDICAL CENTER *Tuscani*
TOTALS: 9,290.94

APPROVED ON

JUL 13 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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MEMORIAL MEDICAL CENTER
NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001180

Date 7/13/22 88-2265/1131

PAY TO THE ORDER OF Memorial Medical center \$ 15,692.20

Fifteen thousand six hundred ninety two & 20/100 DOLLARS



FOR Molina May Gipp

Security features are included. Details on back.

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

MEMORIAL MEDICAL CENTER
NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000213

Date 7/13/22 88-2265/1131

PAY TO THE ORDER OF Memorial Medical center \$ 6,084.80

Six thousand eighty four & 80/100 DOLLARS



FOR Molina May Gipp

Security features are included. Details on back.

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

MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000245

Date 7/13/22 88-2265/1131

PAY TO THE ORDER OF Memorial Medical center \$ 5,270.76

Five thousand Two hundred seventy & 76/100 DOLLARS



FOR Molina May Gipp

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

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

000187

Date 7/13/22

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 6,421.79

Six thousand four hundred twenty one & 79/100

DOLLARS



FOR Molina May Gipp

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001243

Date 7/13/22

88-2265/1131

PAY

TO THE
ORDER OF

Memorial medical center

\$ 6,233.75

Six thousand two hundred thirty three & 75/100

DOLLARS



FOR Molina May Gipp

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000165

Date 7/13/22

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 33,223.22

Thirty three thousand Two hundred twenty three & 22/100

DOLLARS



FOR Superior may Gipp

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

361-553-4618
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1086

88-2265/1131-87

DATE 7/13/22

CHECK ARMOR
Photo Safe Deposit®
Outlets not bank

PAY TO THE ORDER OF Memorial Medical Center \$ 14,672.20

Fourteen thousand six hundred Seventy two & 20/100 DOLLARS



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

FOR Superior may Aapp

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1104

88-2265/1131-87

DATE 7/13/22

CHECK ARMOR
Photo Safe Deposit®
Outlets not bank

PAY TO THE ORDER OF Memorial Medical Center \$ 9,290.94

Nine thousand two hundred Ninety & 94/100 DOLLARS



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

FOR Molina May Aapp.

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

7/13/2022

NH Name	From Bank Acct #	Ck #	Payee	GL #	MOLINA MAY QIPP	SUPERIOR MAY QIPP	TOTAL	Date
Ashford	1000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	15,692.20		15,692.20	7/13/2022
Broadmoor	1000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	6,084.80		6,084.80	7/13/2022
Crescent	1000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	5,270.76		5,270.76	7/13/2022
Fort Bend	1000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	6,421.79		6,421.79	7/13/2022
Solera	1000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	6,233.75		6,233.75	7/13/2022
Golden Creek	1000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040		33,223.22	33,223.22	7/13/2022
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040		14,672.20	14,672.20	7/13/2022
Gulf Pointe-MM	1000025 - Prosperity		MMC -Prosperity Operating #10000001				-	7/13/2022
Bethany			MMC -Prosperity Operating #10000001				-	7/13/2022
Tuscany			MMC -Prosperity Operating #10000001	10255040	9,290.94		9,290.94	7/13/2022
			Total:		48,994.24	47,895.42	96,889.66	

Note:

Approved:
WILLIAM LITTLE, CFO

7/11/2022