

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 20, 2022

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 760,586.74
TOTAL TRANSFERS BETWEEN FUNDS	\$ 28,250.34
TOTAL NURSING HOME UPL EXPENSES	\$ 725,983.50
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED July 20, 2022	\$ 1,514,820.58

APPROVED

JUL 20 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---July 20, 2022

PAYABLES AND PAYROLL

7/14/2022 Weekly Payables	226,107.92
7/18/2022 Grace Flooring-installation of vinyl plank at MMC and MMC Clinic	27,334.25
7/18/2022 HEB-groceries	1,023.27
7/15/2022 Citibank Credit Card-see attached	357.50
7/18/2022 McKesson-340B Prescription Expense	3,841.41
7/18/2022 Amerisource Bergen-340B Prescription Expense	724.74
7/18/2022 Payroll Liabilities -Payroll Taxes	123,728.19
7/18/2022 Payroll	369,760.74

Prosperity Electronic Bank Payments

7/11-7/15/22 Credit Card & Lease Fees	7,380.38
7/12/2022 Cleargage-Patient Financing Service	78.02
7/11-7/15/22 Pay Plus-Patient Claims Processing Fee	250.32

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 760,586.74**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

7/14/2022 MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment deposited into MMC Operating	5,995.38
7/14/2022 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	1,078.47
7/14/2022 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	8,268.49

TRANSFER OF FUNDS BETWEEN NURSING HOMES/MMC

7/18/2022 Crescent to Tuscany-correction of Tuscany insurance payment deposited into Crescent in error	12,908.00
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TOTAL TRANSFERS BETWEEN FUNDS **\$ 28,250.34**

NURSING HOME UPL EXPENSES

7/18/2022 Nursing Home UPL-Cantex Transfer	560,018.36
7/18/2022 Nursing Home UPL-Nexion Transfer	23,346.84
7/18/2022 Nursing Home UPL-HMG Transfer	18,137.53
7/18/2022 Nursing Home UPL-Tuscany Transfer	69,429.83
7/18/2022 Nursing Home UPL-HSL Transfer	55,050.94

TOTAL NURSING HOME UPL EXPENSES **\$ 725,983.50**

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

GRAND TOTAL DISBURSEMENTS APPROVED July 20, 2022 **\$ 1,514,820.58**

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 14 2022

07/14/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 08/04/2022

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ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11283 ACE HARDWARE 15521 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
165666 ✓	SUPPLIES	07/14/20	06/02/20	06/27/20		9.99	0.00	0.00	9.99 ✓
165662 ✓	SUPPLIES	07/14/20	06/02/20	06/27/20		38.98	0.00	0.00	38.98 ✓
165753 ✓	SUPPLIES	07/14/20	06/06/20	07/01/20		33.98	0.00	0.00	33.98 ✓
165843 ✓	SUPPLIES	07/14/20	06/09/20	07/04/20		14.39	0.00	0.00	14.39 ✓
165898 ✓	SUPPLIES	07/14/20	06/10/20	07/05/20		43.97	0.00	0.00	43.97 ✓
165981 ✓	SUPPLIES	07/14/20	06/14/20	07/09/20		6.59	0.00	0.00	6.59 ✓
165992 ✓	SUPPLIES	07/14/20	06/14/20	07/09/20		7.59	0.00	0.00	7.59 ✓
166203 ✓	SUPPLIES	07/14/20	06/21/20	07/16/20		18.32	0.00	0.00	18.32 ✓
166232 ✓	SUPPLIES	07/14/20	06/22/20	07/17/20		28.99	0.00	0.00	28.99 ✓
166254 ✓	SUPPLIES	07/14/20	06/22/20	07/17/20		13.99	0.00	0.00	13.99 ✓
166274 ✓	SUPPLIES	07/14/20	06/23/20	07/18/20		7.99	0.00	0.00	7.99 ✓
166267 ✓	SUPPLIES	07/14/20	06/23/20	07/18/20		13.18	0.00	0.00	13.18 ✓
166371 ✓	SUPPLIES	07/14/20	06/27/20	07/22/20		25.98	0.00	0.00	25.98 ✓
166410 ✓	SUPPLIES	07/14/20	06/28/20	07/23/20		17.97	0.00	0.00	17.97 ✓
166489 ✓	SUPPLIES	07/14/20	06/30/20	07/25/20		11.58	0.00	0.00	11.58 ✓
166498 ✓	SUPPLIES	07/14/20	06/30/20	07/25/20		33.98	0.00	0.00	33.98 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11283	ACE HARDWARE 15521	327.47	0.00	0.00	327.47	

Vendor# Vendor Name Class Pay Code

10950 ACUTE CARE INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV772 ✓	RFID FEE	07/13/20	06/20/20	06/30/20		1,400.00	0.00	0.00	1,400.00 ✓
INV819 ✓	RFID FEE	07/13/20	07/20/20	07/30/20		1,400.00	0.00	0.00	1,400.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
10950	ACUTE CARE INC	2,800.00	0.00	0.00	2,800.00	

Vendor# Vendor Name Class Pay Code

A1705 ALIMED INC. ✓

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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
RPSV03842422 ✓		07/13/20	06/28/20	07/13/20		29.83	0.00	0.00	29.83 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						A1705	ALIMED INC.	29.83	0.00	0.00	29.83
Vendor#	Vendor Name				Class	Pay Code					
A2600	AUTO PARTS & MACHINE CO. ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
060322 955894		07/14/20	06/03/20	06/18/20		38.97	0.00	0.00	38.97 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						A2600	AUTO PARTS & MACHINE CO.	38.97	0.00	0.00	38.97
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		
75584186 ✓		07/13/20	06/24/20	07/19/20		338.31	0.00	0.00	338.31 ✓		
SUPPLIES											
12499544 ✓		07/13/20	06/25/20	07/20/20		22.32	0.00	0.00	22.32 ✓		
LATE FEE											
75634270 ✓		07/13/20	06/29/20	07/24/20		110.91	0.00	0.00	110.91 ✓		
SUPPLIES											
75605687 ✓		07/13/20	07/01/20	07/26/20		2,367.50	0.00	0.00	2,367.50 ✓		
LEASE-INFUSION PUMPS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1150	BAXTER HEALTHCARE	2,839.04	0.00	0.00	2,839.04
Vendor#	Vendor Name				Class	Pay Code					
M2485	BAYER HEALTHCARE ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
609967686 ✓		07/13/20	06/30/20	06/30/20		581.88	0.00	0.00	581.88 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						M2485	BAYER HEALTHCARE	581.88	0.00	0.00	581.88
Vendor#	Vendor Name				Class	Pay Code					
B1220	BECKMAN COULTER INC ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
063022 109989779		07/13/20	06/30/20	07/25/20		3,874.83	0.00	0.00	3,874.83 ✓		
LEASE											
109990380 ✓		07/13/20	06/30/20	07/25/20		87.09	0.00	0.00	87.09 ✓		
SUPPLIES											
109990382 ✓		07/13/20	06/30/20	07/25/20		95.89	0.00	0.00	95.89 ✓		
SUPPLIES											
109991584 ✓		07/13/20	07/01/20	07/26/20		58.24	0.00	0.00	58.24 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1220	BECKMAN COULTER INC	4,116.05	0.00	0.00	4,116.05
Vendor#	Vendor Name				Class	Pay Code					
11211	BHB MACHINE & PUMP REPAIR, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
709133 ✓		07/13/20	06/22/20	06/22/20		995.12	0.00	0.00	995.12 ✓		
SUPPLIES repair hot water pump											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net

	11211	BHB MACHINE & PUMP REPAIR, LLC				995.12	0.00	0.00	995.12		
Vendor#	Vendor Name		Class		Pay Code						
B1650	BOSART LOCK & KEY INC ✓		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
124424 ✓		07/13/20	06/23/20	07/23/20		16.05	0.00	0.00	16.05	✓	
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1650	BOSART LOCK & KEY INC	16.05	0.00	0.00	16.05
Vendor#	Vendor Name		Class		Pay Code						
12740	BUILDING KID STEPS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
OUTPATIENT1		07/13/20	06/30/20	07/15/20		1,039.00	0.00	0.00	1,039.00	✓	
SPEECH THERAPY											
OUTPATIENT3		07/13/20	06/30/20	07/15/20		1,087.00	0.00	0.00	1,087.00	✓	
SPEECH THERAPY											
OUTPATIENT2		07/13/20	06/30/20	07/15/20		1,062.00	0.00	0.00	1,062.00	✓	
SPEECH THERAPY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12740	BUILDING KID STEPS	3,188.00	0.00	0.00	3,188.00
Vendor#	Vendor Name		Class		Pay Code						
B0437	C R BARD INC ✓		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
46712969 ✓		07/13/20	06/28/20	07/28/20		433.50	0.00	0.00	433.50	✓	
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B0437	C R BARD INC	433.50	0.00	0.00	433.50
Vendor#	Vendor Name		Class		Pay Code						
14120	CALHOUN COUNTY EMS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
22060006 ✓		07/13/20	07/05/20	07/30/20		4,840.00	0.00	0.00	4,840.00	✓	
PATIENT TRANSPORTS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14120	CALHOUN COUNTY EMS	4,840.00	0.00	0.00	4,840.00
Vendor#	Vendor Name		Class		Pay Code						
11295	CALHOUN COUNTY INDIGENT ACCOUN ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
070822		07/13/20	07/08/20	07/20/20		80.00	0.00	0.00	80.00	✓	
INDIGENT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11295	CALHOUN COUNTY INDIGENT ACCOUN	80.00	0.00	0.00	80.00
Vendor#	Vendor Name		Class		Pay Code						
10105	CHRIS KOVAREK ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
64		07/13/20	07/05/20	07/05/20		200.00	0.00	0.00	200.00	✓	
SOCIAL SERV											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10105	CHRIS KOVAREK	200.00	0.00	0.00	200.00
Vendor#	Vendor Name		Class		Pay Code						
10792	CHS ATHLETIC BOOSTER CLUB INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
070822		07/13/20	07/08/20	07/20/20		450.00	0.00	0.00	450.00	✓	

FULLPAGE AD MMC & CLINIC

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10792	CHS ATHLETIC BOOSTER CLUB INC	450.00	0.00	0.00	450.00		
Vendor#	Vendor Name		Class	Pay Code					
C1166	COASTAL OFFICE SOLUTONS ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
OEQT206361 ✓	SUPPLIES	07/13/20	07/01/20	07/11/20		1,744.32	0.00	0.00	1,744.32 ✓
OEQT201911 ✓	ROLLERSHADES	07/14/20	06/09/20	06/19/20		3,924.55	0.00	0.00	3,924.55 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		C1166	COASTAL OFFICE SOLUTONS	5,668.87	0.00	0.00	5,668.87		
Vendor#	Vendor Name		Class	Pay Code					
13572	COMMUNITY INFUSION SOLUTIONS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
IC20220716 ✓	INFUSION SERV	07/13/20	07/08/20	07/16/20		13,414.09	0.00	0.00	13,414.09 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		13572	COMMUNITY INFUSION SOLUTIONS	13,414.09	0.00	0.00	13,414.09		
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
921179 ✓	SUPPLIES	07/13/20	06/29/20	07/13/20		245.00	0.00	0.00	245.00 ✓
923400 ✓	SUPPLIES	07/13/20	06/30/20	07/13/20		555.52	0.00	0.00	555.52 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		C1970	CONMED CORPORATION	800.52	0.00	0.00	800.52		
Vendor#	Vendor Name		Class	Pay Code					
14292	DEARBORN LIFE INSURANCE COMPAN ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
073122	INSURANCE	07/11/20	07/01/20	07/31/20		3,749.97	0.00	0.00	3,749.97 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		14292	DEARBORN LIFE INSURANCE COMPAN	3,749.97	0.00	0.00	3,749.97		
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
6858940 ✓	SUPPLIES	07/13/20	06/24/20	07/19/20		263.10	0.00	0.00	263.10 ✓
6862370 ✓	SUPPLIES	07/13/20	06/29/20	07/24/20		75.83	0.00	0.00	75.83 ✓
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10368	DEWITT POTHS & SON	338.93	0.00	0.00	338.93		
Vendor#	Vendor Name		Class	Pay Code					
11011	DIAMOND HEALTHCARE CORP ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
IN20055369 ✓	JUNE 22 CPR	07/13/20	07/01/20	07/26/20		19,166.67	0.00	0.00	19,166.67 ✓
IN20055368 ✓	BEHAV HEALTH SERV JUNE 2	07/14/20	07/01/20	07/26/20		31,144.58	0.00	0.00	31,144.58 ✓

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11011	DIAMOND HEALTHCARE CORP	50,311.25	0.00	0.00	50,311.25		
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
41333		07/13/20	06/30/20	07/10/20		9,180.00	0.00	0.00	9,180.00
ER PHYSICIAN STAFFING									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11284	EMERGENCY STAFFING SOLUTIONS	9,180.00	0.00	0.00	9,180.00		
Vendor#	Vendor Name			Class	Pay Code				
F1400	FISHER HEALTHCARE			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
4065313		07/13/20	06/24/20	07/19/20		198.29	0.00	0.00	198.29
SUPPLIES									
4107377		07/13/20	06/27/20	07/22/20		594.54	0.00	0.00	594.54
SUPPLIES									
4152783		07/13/20	06/28/20	07/23/20		9.72	0.00	0.00	9.72
SUPPLIES									
4242682		07/13/20	06/30/20	07/25/20		655.05	0.00	0.00	655.05
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		F1400	FISHER HEALTHCARE	1,457.60	0.00	0.00	1,457.60		
Vendor#	Vendor Name			Class	Pay Code				
13960	G & S MANAGEMENT GROUP LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
340385504		07/13/20	07/12/20	07/22/20		382.91	0.00	0.00	382.91
DISPOSAL									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		13960	G & S MANAGEMENT GROUP LLC	382.91	0.00	0.00	382.91		
Vendor#	Vendor Name			Class	Pay Code				
12404	GE PRECISION HEALTHCARE, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6002159691		06/30/20	06/29/20	07/29/20		246.68	0.00	0.00	246.68
IMAGING CONTRACT									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		12404	GE PRECISION HEALTHCARE, LLC	246.68	0.00	0.00	246.68		
Vendor#	Vendor Name			Class	Pay Code				
12948	GREAT AMERICA FINANCIAL SVCS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
31983907		07/13/20	07/06/20	07/31/20		10,167.16	0.00	0.00	10,167.16
COPIER LEASE									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		12948	GREAT AMERICA FINANCIAL SVCS	10,167.16	0.00	0.00	10,167.16		
Vendor#	Vendor Name			Class	Pay Code				
G1210	GULF COAST PAPER COMPANY			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
2252661		07/13/20	06/24/20	07/24/20		59.78	0.00	0.00	59.78
SUPPLIES									
2253487		07/13/20	06/28/20	07/28/20		679.55	0.00	0.00	679.55
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		

Vendor#	Vendor Name	Class	Pay Code							
	G1210 GULF COAST PAPER COMPANY			739.33	0.00	0.00	739.33			
11552	HEALTHCARE FINANCIAL SERVICES ✓									
	Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net									
	100633595 ✓ LATE FEE			07/13/20 07/01/20 07/01/20			372.39	0.00	0.00	372.39 ✓
	100633593 ✓ LATE FEE			07/13/20 07/01/20 07/01/20			245.97	0.00	0.00	245.97 ✓
	100633594 ✓ LATE FEE			07/13/20 07/01/20 07/01/20			357.71	0.00	0.00	357.71 ✓
	100633596 ✓ LATE FEE			07/13/20 07/01/20 07/01/20			89.87	0.00	0.00	89.87 ✓
	100637198 ✓ LEASE			07/13/20 07/07/20 08/01/20			7,447.86	0.00	0.00	7,447.86 ✓
	100637199 ✓ LEASE			07/13/20 07/07/20 08/01/20			1,797.44	0.00	0.00	1,797.44 ✓
	100637197 ✓ LEASE			07/13/20 07/07/20 08/01/20			7,154.17	0.00	0.00	7,154.17 ✓
	100637196 ✓ LEASE			07/13/20 07/07/20 08/01/20			4,919.41	0.00	0.00	4,919.41 ✓
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net			
11552 HEALTHCARE FINANCIAL SERVICES				22,384.82	0.00	0.00	22,384.82			
11264	ITA RESOURCES, INC ✓									
	Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net									
	MMC072022 ✓ RESPIRATORY SVCS			07/13/20 07/11/20 07/11/20			26,844.65	0.00	0.00	26,844.65 ✓
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net			
11264 ITA RESOURCES, INC				26,844.65	0.00	0.00	26,844.65			
11108	ITERSOURCE CORPORATION ✓									
	Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net									
	711511 ✓ MONTHLY PHONE SUPPORT			07/13/20 07/01/20 07/01/20			250.00	0.00	0.00	250.00 ✓
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net			
11108 ITERSOURCE CORPORATION				250.00	0.00	0.00	250.00			
J0150	J & J HEALTH CARE SYSTEMS, INC ✓									
	Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net									
	93003930 ✓ SUPPLIES			06/30/20 06/30/20 07/30/20			442.76	0.00	0.00	442.76 ✓
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net			
J0150 J & J HEALTH CARE SYSTEMS, INC				442.76	0.00	0.00	442.76			
13268	LONE STAR COMMUNICATIONS, INC ✓									
	Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net									
	106230 ✓ SUPPLIES <i>Service call - repair shower</i>			07/11/20 03/24/20 07/29/20			785.40	0.00	0.00	785.40 ✓
	102658 ✓ ICU VED STATION			07/13/20 01/20/20 02/19/20			811.02	0.00	0.00	811.02 ✓
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net			

	13268	LONE STAR COMMUNICATIONS, INC					1,596.42	0.00	0.00	1,596.42
Vendor#	Vendor Name		Class		Pay Code					
L1640	LOWE'S BUSINESS ACCT/SYNCB		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
062722		07/14/20	07/27/20	07/28/20		451.57	0.00	0.00	451.57	
	SUPPLIES									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	L1640	LOWE'S BUSINESS ACCT/SYNCB			451.57	0.00	0.00	451.57		
Vendor#	Vendor Name		Class		Pay Code					
14480	MARTIN ENRIQUEZ									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1		07/13/20	06/24/20	06/24/20		3,816.50	0.00	0.00	3,816.50	
	STRIP & WAX									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	14480	MARTIN ENRIQUEZ			3,816.50	0.00	0.00	3,816.50		
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	
19539425		07/01/20	06/29/20	07/14/20		86.39	0.00	0.00	86.39	
	SUPPLIES									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	M2178	MCKESSON MEDICAL SURGICAL INC			86.39	0.00	0.00	86.39		
Vendor#	Vendor Name		Class		Pay Code					
M2310	MEDELA INC		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
7000950645		07/13/20	06/24/20	07/13/20		284.80	0.00	0.00	284.80	
	SUPPLIES									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	M2310	MEDELA INC			284.80	0.00	0.00	284.80		
Vendor#	Vendor Name		Class		Pay Code					
M2827	MEDIVATORS		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
90839913		07/31/20	03/19/20	08/01/20		-423.25	0.00	0.00	-423.25	
	CREDIT									
91218347		07/11/20	02/01/20	07/29/20		34.00	0.00	0.00	34.00	
	SUPPLIES									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	M2827	MEDIVATORS			-389.25	0.00	0.00	-389.25		
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	
2204114506		07/01/20	03/28/20	04/22/20		59.71	0.00	0.00	59.71	
	SUPPLIES									
2208168383		07/01/20	04/21/20	05/16/20		640.35	0.00	0.00	640.35	
	SUPPLIES									
2211643095		07/01/20	05/17/20	06/11/20		108.63	0.00	0.00	108.63	
	SUPPLIES									
2217295409		07/13/20	06/29/20	07/24/20		111.04	0.00	0.00	111.04	
	SUPPLIES									
2217259226		07/13/20	06/29/20	07/24/20		424.10	0.00	0.00	424.10	
	SUPPLIES									

2217295411	✓	07/13/20 06/29/20 07/24/20	151.74	0.00	0.00	151.74	✓		
		SUPPLIES							
2217259225	✓	07/13/20 06/29/20 07/24/20	125.15	0.00	0.00	125.15	✓		
		SUPPLIES							
2217295414	✓	07/13/20 06/29/20 07/24/20	276.48	0.00	0.00	276.48	✓		
		SUPPLIES							
2217295417	✓	07/13/20 06/29/20 07/24/20	133.50	0.00	0.00	133.50	✓		
		SUPPLIES							
2217295418	✓	07/13/20 06/29/20 07/24/20	786.98	0.00	0.00	786.98	✓		
		SUPPLIES							
2217295413	✓	07/13/20 06/29/20 07/24/20	186.60	0.00	0.00	186.60	✓		
		SUPPLIES							
2217295412	✓	07/13/20 06/29/20 07/24/20	93.30	0.00	0.00	93.30	✓		
		SUPPLIES							
2217295416	✓	07/13/20 06/29/20 07/24/20	157.54	0.00	0.00	157.54	✓		
		SUPPLIES							
2217295410	✓	07/13/20 06/29/20 07/24/20	132.92	0.00	0.00	132.92	✓		
		SUPPLIES							
2217295408	✓	07/13/20 06/29/20 07/24/20	275.40	0.00	0.00	275.40	✓		
		SUPPLIES							
2217430032	✓	07/13/20 06/29/20 07/24/20	-596.93	0.00	0.00	-596.93	✓		
		CREDIT -NPBMAXN							
2217295422	✓	07/13/20 06/29/20 07/24/20	3,447.61	0.00	0.00	3,447.61	✓		
		SUPPLIES							
2217295427	✓	07/13/20 06/29/20 07/24/20	17.86	0.00	0.00	17.86	✓		
		SUPPLIES							
2217554833	✓	07/13/20 06/30/20 07/25/20	165.82	0.00	0.00	165.82	✓		
		SUPPLIES							
Vendor Totals									
Number	Name		Gross	Discount	No-Pay	Net			
M2470	MEDLINE INDUSTRIES INC		6,697.80	0.00	0.00	6,697.80			
Vendor#	Vendor Name	Class	Pay Code						
13624	NEXION HEALTH AT NAVASOTA INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
20220702	✓	07/13/20	06/30/20	07/30/20		1,000.00	0.00	0.00	1,000.00
	TELEMED REIMBURSEMENT								
Vendor Totals									
Number	Name		Gross	Discount	No-Pay	Net			
13624	NEXION HEALTH AT NAVASOTA INC		1,000.00	0.00	0.00	1,000.00			
Vendor#	Vendor Name	Class	Pay Code						
O1416	ORTHO CLINICAL DIAGNOSTICS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1852474097	✓	07/13/20	06/30/20	07/30/20		318.67	0.00	0.00	318.67
	SUPPLIES								
Vendor Totals									
Number	Name		Gross	Discount	No-Pay	Net			
O1416	ORTHO CLINICAL DIAGNOSTICS		318.67	0.00	0.00	318.67			
Vendor#	Vendor Name	Class	Pay Code						
11155	PARA ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
11447	✓	06/30/20	07/01/20	07/31/20		3,084.00	0.00	0.00	3,084.00
	REV INTEGRITY PROGRAM								
Vendor Totals									
Number	Name		Gross	Discount	No-Pay	Net			
11155	PARA		3,084.00	0.00	0.00	3,084.00			

Vendor#	Vendor Name		Class	Pay Code						
10032	PHILIPS HEALTHCARE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	949577622	SUPPLIES	07/11/20	05/18/20	07/29/20		115.35	0.00	0.00	115.35
	949577623	SUPLIES	07/11/20	05/18/20	07/29/20		115.35	0.00	0.00	115.35
	949597204	SUPPLIES	07/11/20	05/20/20	07/29/20		24.37	0.00	0.00	24.37
	949852764	SUPPLIES	07/11/20	06/23/20	07/29/20		151.40	0.00	0.00	151.40
	949865449	SUPPLIES	07/11/20	06/24/20	07/29/20		288.40	0.00	0.00	288.40
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
		10032 PHILIPS HEALTHCARE					694.87	0.00	0.00	694.87
P1800	PITNEY BOWES INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1021004275	POSTAGE	07/13/20	06/26/20	07/26/20		207.00	0.00	0.00	207.00
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
		P1800 PITNEY BOWES INC					207.00	0.00	0.00	207.00
12708	POC ELECTRIC, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	3563	LD3500 BREAKER	07/13/20	06/17/20	06/17/20		5,275.58	0.00	0.00	5,275.58
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
		12708 POC ELECTRIC, LLC					5,275.58	0.00	0.00	5,275.58
P2200	POWER HARDWARE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	A85255	SUPPLIES	07/14/20	06/07/20	06/17/20		22.92	0.00	0.00	22.92
	A85787	SUPPLIES	07/14/20	06/22/20	07/02/20		9.18	0.00	0.00	9.18
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
		P2200 POWER HARDWARE					32.10	0.00	0.00	32.10
11932	PRESS GANEY ASSOCIATES, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	IN000538988	CONTRACT	06/30/20	06/30/20	07/30/20		2,624.74	0.00	0.00	2,624.74
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
		11932 PRESS GANEY ASSOCIATES, INC.					2,624.74	0.00	0.00	2,624.74
12480	PRO ENERGY PARTNERS LP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	22060600	GAS	07/13/20	06/30/20	07/15/20		2,746.44	0.00	0.00	2,746.44
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net

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	
070622		07/13/20	07/06/20	07/20/20		26.73	0.00	0.00	26.73	✓
	TRAVEL REIMB	<i>travel to GLENDALES</i>								
071222		07/13/20	07/12/20	07/20/20		26.79	0.00	0.00	26.79	✓
	TRAVEL REIMBURS	<i>travel to GLENDALES</i>								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	11764 ROBERT RODRIQUEZ					53.52	0.00	0.00	53.52	

Vendor#	Vendor Name	Class	Pay Code							
S1405	SERVICE SUPPLY OF VICTORIA INC ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
701143962	✓	07/13/20	07/05/20	08/04/20		96.80	0.00	0.00	96.80	✓
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	S1405 SERVICE SUPPLY OF VICTORIA INC					96.80	0.00	0.00	96.80	

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	
33001	✓	07/14/20	06/06/20	06/21/20		1,034.89	0.00	0.00	1,034.89	✓
	SUPPLIES									
3512	✓	07/14/20	06/10/20	06/25/20		5.84	0.00	0.00	5.84	✓
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	S1800 SHERWIN WILLIAMS					1,040.73	0.00	0.00	1,040.73	

Vendor#	Vendor Name	Class	Pay Code							
10699	SIGN AD, LTD. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
275833	✓	07/11/20	06/30/20	07/29/20		672.00	0.00	0.00	672.00	✓
	ADVERTISING									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10699 SIGN AD, LTD.					672.00	0.00	0.00	672.00	

Vendor#	Vendor Name	Class	Pay Code							
S2270	SMILE MAKERS ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9178443	✓	07/13/20	06/23/20	07/18/20		267.90	0.00	0.00	267.90	✓
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	S2270 SMILE MAKERS					267.90	0.00	0.00	267.90	

Vendor#	Vendor Name	Class	Pay Code							
S2362	SMITH & NEPHEW ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
943706184	✓	07/13/20	06/29/20	07/13/20		559.00	0.00	0.00	559.00	✓
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	S2362 SMITH & NEPHEW					559.00	0.00	0.00	559.00	

Vendor#	Vendor Name	Class	Pay Code							
11296	SOUTH TEXAS BLOOD & TISSUE CEN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
107023673	✓	07/13/20	06/30/20	07/25/20		5,051.00	0.00	0.00	5,051.00	✓

CM7251	BLOOD	07/13/20	06/30/20	07/25/20			-4,266.00	0.00	0.00	-4,266.00		
	CREDIT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN					785.00	0.00	0.00	0.00	785.00	
Vendor#	Vendor Name				Class	Pay Code						
10735	STRYKER SUSTAINABILITY											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
4468788		06/30/20	06/29/20	07/29/20		554.91	0.00	0.00	554.91			
	SUPPLIES											
4469125		07/13/20	06/30/20	07/30/20		2,340.00	0.00	0.00	2,340.00			
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY					2,894.91	0.00	0.00	0.00	2,894.91	
Vendor#	Vendor Name				Class	Pay Code						
T2539	T-SYSTEM, INC				W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
756483		06/30/20	06/30/20	07/30/20		6,130.42	0.00	0.00	6,130.42			
	PHYSICIAN TRACKING											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC					6,130.42	0.00	0.00	0.00	6,130.42	
Vendor#	Vendor Name				Class	Pay Code						
T1450	TEXAS ASSOCIATION OF COUNTIES				W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
D202230292		07/11/20	06/30/20	07/30/20		4,259.83	0.00	0.00	4,259.83			
	2ND QTR UNEMPLOYMENT C											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	T1450	TEXAS ASSOCIATION OF COUNTIES					4,259.83	0.00	0.00	0.00	4,259.83	
Vendor#	Vendor Name				Class	Pay Code						
11001	ULINE											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
150765404		07/13/20	06/28/20	07/28/20		268.50	0.00	0.00	268.50			
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	11001	ULINE					268.50	0.00	0.00	0.00	268.50	
Vendor#	Vendor Name				Class	Pay Code						
12400	UPDOX LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
INV00347592		07/13/20	06/30/20	06/30/20		1,528.01	0.00	0.00	1,528.01			
	FAX											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	12400	UPDOX LLC					1,528.01	0.00	0.00	0.00	1,528.01	
Vendor#	Vendor Name				Class	Pay Code						
12548	WAGeworks, INC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
0122DR46779		07/13/20	01/31/20	02/28/20		155.52	0.00	0.00	155.52			
	JAN 22 COBRA											
0622DR46779		07/13/20	06/30/20	07/30/20		155.52	0.00	0.00	155.52			
	JUNE 22 COBRA											
0921DR46779		07/13/20	09/30/20	10/30/20		165.52	0.00	0.00	165.52			
	COBRA SEPT 21											

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		12548	WAGeworks, INC	476.56	0.00	0.00	476.56		
Vendor#	Vendor Name	Class	Pay Code						
10556	WOUND CARE SPECIALISTS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
WCS00005347 ✓		07/13/20	07/01/20	07/30/20		7,425.00	0.00	0.00	7,425.00 ✓
WOUND CARE									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10556	WOUND CARE SPECIALISTS	7,425.00	0.00	0.00	7,425.00		

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	222,301.26	0.00	0.00	222,301.26

222,301.26 +
 389.25 +
 250.16 +
 2,874.75 +
 292.50 +
 226,107.92 *

pg 7 correction \$ +389.25
 + Voyager +250.16
 + Grace flooring +2,874.75
 + Jackson : Carter +292.50

 \$ 226,107.92

APPROVED ON
 JUL 14 2022
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS
 CLK# 195677-
 195741

JUL 18 2022

CALHOUN COUNTY, TEXAS

07/18/2022
11:11

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

1
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code								
13148	GRACE FLOORING AND GLASS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	071422	3RD FLOOR VINYL PLANK	07/15/2022	07/14/2022	07/20/2022	07/20/2022	P	2,874.75	0.00	0.00	2,874.75 ✓
	000793	2ND HALF OF 3RD FLOOR FLOORING	07/18/2022	07/18/2022	07/20/2022			24,459.50	0.00	0.00	24,459.50 ✓
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	13148	GRACE FLOORING AND GLASS						27,334.25	0.00	0.00	27,334.25

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	27,334.25	0.00	0.00	27,334.25

APPROVED ON

JUL 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #195763; 195745

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 18 2022

GALHOUN COUNTY, TEXAS

CIC

07/18/2022
11:08

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

1

ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
H0031	HEB CREDIT RECEIVABLES DEPT308 ✓			545449 ✓	SUPPLIES	07/15/2022	05/31/2022	07/25/2022			48.65	0.00	0.00	48.65 ✓
				894102 ✓	SUPPLIES	07/15/2022	06/01/2022	07/25/2022			95.03	0.00	0.00	95.03 ✓
				838095 ✓	SUPPLIES	07/15/2022	06/05/2022	07/25/2022			65.69	0.00	0.00	65.69 ✓
				094558 ✓	SUPPLIES	07/15/2022	06/06/2022	07/25/2022			25.12	0.00	0.00	25.12 ✓
				721087 ✓	SUPPLIES	07/15/2022	06/06/2022	07/25/2022			42.98	0.00	0.00	42.98 ✓
				285857 ✓	SUPPLIES	07/15/2022	06/07/2022	07/25/2022			59.47	0.00	0.00	59.47 ✓
				001426 ✓	SUPPLIES	07/15/2022	06/09/2022	07/25/2022			69.41	0.00	0.00	69.41 ✓
				583404 ✓	SUPPLIES	07/15/2022	06/12/2022	07/25/2022			105.75	0.00	0.00	105.75 ✓
				312682 ✓	SUPPLIES	07/15/2022	06/12/2022	07/25/2022			41.88	0.00	0.00	41.88 ✓
				306119 ✓	SUPPLIES	07/15/2022	06/14/2022	07/25/2022			67.46	0.00	0.00	67.46 ✓
				285678 ✓	SUPPLIES	07/15/2022	06/17/2022	07/25/2022			112.85	0.00	0.00	112.85 ✓
				202714 ✓	SUPPLIES	07/15/2022	06/18/2022	07/25/2022			40.73	0.00	0.00	40.73 ✓
				580543 ✓	SUPPLIES	07/15/2022	06/24/2022	07/25/2022			21.33	0.00	0.00	21.33 ✓
				017806 ✓	SUPPLIES	07/15/2022	06/25/2022	07/25/2022			84.23	0.00	0.00	84.23 ✓
				851771 ✓	SUPPLIES	07/15/2022	06/27/2022	07/25/2022			38.21	0.00	0.00	38.21 ✓
				519558 ✓	SUPPLIES	07/15/2022	06/28/2022	07/25/2022			58.50	0.00	0.00	58.50 ✓

07/18/2022
11:08

MEMORIAL MEDICAL CENTER
AP Open Invoice List

2

ap_open_invoice.template

Dates Through:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OC52352 ✓	FINANCE CHARGE	07/18/2022	06/29/2022	07/25/2022			21.40	0.00	0.00	21.40 ✓
OC52187 ✓	FINANCE CHARGE	07/18/2022	06/29/2022	07/25/2022			1.33	0.00	0.00	1.33 ✓
OC52186 ✓	FINANCE CHARGE	07/18/2022	06/29/2022	07/25/2022			1.83	0.00	0.00	1.83 ✓
OC52351 ✓	FINANCE CHARGE	07/18/2022	06/29/2022	07/25/2022			21.42	0.00	0.00	21.42 ✓
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308					1,023.27	0.00	0.00	1,023.27

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,023.27	0.00	0.00	1,023.27

APPROVED ON

JUL 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CU# 195747

RECEIVED BY THE COUNTY AUDITOR ON

JUL 15 2022

CITIBANK CORPORATE CARD CALHOUN COUNTY, TEXAS

Account Statement

Commercial Card Account ROSHANDA S THOMAS



Account Inquiries:

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

Account Number: XXXX-XXXX-XXXX-

Summary of Account Activity

Total Activity \$357.50

Not an invoice. For your records only.

Table with 2 columns: Description and Amount. Includes Credit Limit (\$10,000), Cash Advance Limit (\$0), Statement Closing Date (07/03/2022), and Days in Billing Period (30).

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

Transactions

Table with columns: Post Date, Trans Date, MCC, Reference Number, Description/Location, Amount. Includes a notice for memo items and a list of 15 transactions with amounts ranging from \$2.50 to \$99.00.

TOTAL AMOUNT OF MEMO ITEM(S): \$357.50

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

APPROVED ON

JUL 15 2022

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

Account Number Statement Closing Date

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS XXXX-XXXX-XXXX July 03, 2022

Not an invoice. For your records only.

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

00007905040

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

Dispute Resolution

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

MEMORIAL MEDICAL CENTER PURCHASE ORDER

①

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

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

Vendor Name: Citibank
Vendor Address: _____
Vendor Phone #: _____
Vendor Fax #: _____

Date: 7/12/2022
P.O. # _____
Account # _____
Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 1 Provider for cred.	2.50		2.50
2	—		" "			2.50
3	—		" "			2.50
4	—		" "			2.50
5	—		" "			2.50
6	—		" "			2.50
7	—		CE Occupational Therapy			99.00
8			Houston - membership renewal			
9			for Amanda Grigg, OT			
10	—		NPDB - 1 Provider for Cred			2.50

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

charges made to Roshanda's MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <i>Roshanda Thomas 7/14/22</i>

MEMORIAL MEDICAL CENTER PURCHASE ORDER

②

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

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

Vendor Name: Cetibank
Vendor Address: _____
Vendor Phone #: _____
Vendor Fax #: _____

Date: 7/12/2022
P.O. # _____
Account # _____
Initiated By: _____

Date Required		Expense #	Department	Deliver To		Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		AMA Credentialing - 1 physician			41.00
2			Initial profile			
3	—		FSP EMR - 2 PALS Cards			25.00
4			2 nurses			
5	—		FSP EMR - 2 ACLS cards			25.00
6			2 nurses			
7	—		FSP EMR - 4 ACLS cards			50.00
8			4 nurses			
9	—		FSP EMR - 3 PALS cards			37.50
10			3 nurses			

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

charges made to Roshanda's MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda S. Brown</u> 7/14/22

(3)

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 7/12/2022

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required	Expense #	Department	Deliver To	Form # 9401		
Line No.	Quantity	Unit	Description	Unit Cost	Unit Meas.	Extended Cost
1	2.50	+	FSP-EMR - 3 ACLS cards			37.50
2	2.50	+	2 nurses + 1 Doctor			
3	2.50	+	FSP-EMR - 2 PALS cards			25.00
4	99.00	+				
	2.50	+	2 nurses			
5	41.00	+				
	25.00	+				
6	25.00	+				
	50.00	+				
7	37.50	+				
	37.50	+				
8	25.00	+				
	357.50	+				
9						
10						

Est. Freight _____

Est. Total Cost _____

TOTAL COST \$357.50

NOTES:

Changes made to Roshande's MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Richard S. Thomas 7/14/22</u>

Wire Transfer

- COUNTY OF CALHOUN TEXAS (COUNT1923)



Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 357.50 ✓
Debit Account - DDA (MEMORIAL MEDICAL CENTER - OPERATING) -

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

Payment Date 07/25/2022

Originator Information

Originator Name COUNTY OF CALHOUN TEXAS
Originator Address 1 202 S ANN STREET
Originator Address 2 SUITE A
Originator Address 3 PORT LAVACA, TX 77979

Beneficiary / Payee Information

Beneficiary Bank Information

ACCOUNT Name CBNA INCOMING SETTLEMENT
Beneficiary ID Type Account Number
Beneficiary ID
Address 1
Address 2
Address 3
Beneficiary Country
Contact Name
Phone Number

Name
Beneficiary Bank ID Type
Beneficiary Bank ID
Address 1
Address 2
Address 3
Intl Routing Number
Beneficiary Bank Country US

Additional Reference Information

Purpose Of Payment credit card pmt

Additional Information For Beneficiary 5567090005272799 ✓

Status History

Timestamp	Status	Initiator	Description
Jul 25, 2022 8:16:19 AM CDT	Created)	Wire Created.

MCKESSON

STATEMENT

As of: 07/15/2022

Page: 002

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

Company: 8000

DC: 8115

As of: 07/15/2022
Mail to:

Page: 002
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory:

Customer: 632536
Date: 07/16/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 07/16/2022

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 3,919.82 USD

Future Due: 0.00

Past Due: 0.00

Fast Payment 18/07/2017 2,451.97

If Paid By 07/19/2022,
Pay This Amount: 3,841.41 USD

If Paid After 07/19/2022,
Pay this Amount: 3,919.82 USD

Due If Paid On Time: 3,841.41
USD
Disc lost if paid late: 78.41
Due If Paid Late: 3,919.82
USD

23.29 +
3,125.99 +
93.33 +
598.80 +
3,841.41 *

APPROVED ON

JUL 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 07/15/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 07/15/2022
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 7790

Customer: 190813
Date: 07/16/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 07/16/2022

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 190813 HEB PHCY 0434/MEM MED PHS											
07/13/2022	07/19/2022	7353607667	2017056229	115Invoice	0.48	23.77		23.29 ✓		7353607667	

*F 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: 23.77 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,255.14
07/11/2022

If Paid By 07/19/2022,
Pay This Amount: 23.29 USD

If Paid After 07/19/2022,
Pay this Amount: 23.77 USD

Due If Paid On Time: 23.29 ✓
USD
Disc lost if paid late: 0.48
Due If Paid Late: 23.77
USD

APPROVED ON

JUL 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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: 07/16/2022

As of: 07/15/2022
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 07/16/2022

**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											
17/11/2022	07/19/2022	7353042112	39271259	115Invoice	23.12	1,155.92		1,132.80 ✓		7353042112	
17/11/2022	07/19/2022	7353042113	39308113	115Invoice		0.09		0.09 ✓		7353042113	
17/11/2022	07/19/2022	7353042114	39371285	115Invoice		0.09		0.09 ✓		7353042114	
17/11/2022	07/19/2022	7353225724	0708221012	115Invoice	0.96	48.08		47.12 ✓		7353225724	
17/12/2022	07/19/2022	7353393976	39517102	115Invoice	7.95	397.30		389.35 ✓		7353393976	
17/12/2022	07/19/2022	7353393977	39526995	115Invoice	0.02	0.96		0.94 ✓		7353393977	
17/12/2022	07/19/2022	7353485145	0711221155	115Invoice	2.50	124.89		122.39 ✓		7353485145	
17/13/2022	07/19/2022	7353715349	0712220915	195Invoice	2.00	100.08		98.08 ✓		7353715349	
17/13/2022	07/19/2022	7353715350	0712220931	115Invoice	4.93	246.70		241.77 ✓		7353715350	
17/14/2022	07/19/2022	7353843098	39654587	115Invoice	4.02	200.82		196.80 ✓		7353843098	
17/14/2022	07/19/2022	7353843099	39715102	115Invoice	11.56	577.96		566.40 ✓		7353843099	
17/14/2022	07/19/2022	7353847300	39778243	115Invoice		0.16		0.16 ✓		7353847300	
17/14/2022	07/19/2022	7354006070	0713220756	115Invoice	0.86	42.86		42.00 ✓		7354006070	
17/15/2022	07/19/2022	7354124573	39855384	115Invoice		0.02		0.02 ✓		7354124573	
17/15/2022	07/19/2022	7354124574	39884436	115Invoice	5.87	293.27		287.40 ✓		7354124574	
17/15/2022	07/19/2022	7354124575	39884436	115Invoice	0.01	0.28		0.27 ✓		7354124575	
17/15/2022	07/19/2022	7354276323	0714220917	115Invoice	0.01	0.32		0.31 ✓		7354276323	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 3,189.80 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,255.14
07/11/2022

If Paid By 07/19/2022,
Pay This Amount: 3,125.99 USD

If Paid After 07/19/2022,
Pay this Amount: 3,189.80 USD

Due If Paid On Time: 3,125.99 ✓
USD
Disc lost if paid late: 63.81
Due If Paid Late: 3,189.80
USD

McKESSON

STATEMENT

As of: 07/15/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 07/15/2022

Page: 001

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Mail to:

Comp: 8000

Customer: 464450

Date: 07/16/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450

PLEASE CHECK ANY

Date: 07/16/2022

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											
07/14/2022	07/19/2022	7353817587	55x608582	115Invoice	1.65	82.71		81.06	✓	7353817587	
07/14/2022	07/19/2022	7353817588	55x608586	115Invoice	0.02	0.80		0.78	✓	7353817588	
07/14/2022	07/19/2022	7353817589	55x608658	115Invoice	0.23	11.72		11.49	✓	7353817589	

*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: 95.23 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,255.14
07/11/2022

If Paid By 07/19/2022,
Pay This Amount: 93.33 USD

If Paid After 07/19/2022,
Pay this Amount: 95.23 USD

Due If Paid On Time:
USD 93.33

Disc lost if paid late: 1.90

Due If Paid Late:
USD 95.23

APPROVED ON

JUL 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 07/15/2022

Page: 001

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

Company: 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

DC: 8115

Territory: 400

Customer: 835438

Date: 07/16/2022

As of: 07/15/2022
 Mail to:

Page: 001
 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 835438
 Date: 07/16/2022

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											
07/13/2022	07/19/2022	7353762383		1777728	115Invoice	12.22	611.02		598.80 ✓		7353762383	

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: 611.02 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,255.14
 07/11/2022

If Paid By 07/19/2022,
 Pay This Amount: 598.80 USD

If Paid After 07/19/2022,
 Pay this Amount: 611.02 USD

Due If Paid On Time:
 USD 598.80 ✓

Disc lost if paid late: 12.22

Due If Paid Late:
 USD 611.02

APPROVED ON

JUL 18 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

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:	724.74
Past Due:	0.00
Total Due:	724.74
Account Balance:	724.74

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
07-11-2022	07-22-2022	3098888023	166649	Invoice	265.82		0.00	265.82 ✓
07-11-2022	07-22-2022	3098888024	166650	Invoice	77.02		0.00	77.02 ✓
07-12-2022	07-22-2022	3099054323	166701	Invoice	58.72		0.00	58.72 ✓
07-12-2022	07-22-2022	3099054324	166702	Invoice	12.92		0.00	12.92 ✓
07-13-2022	07-22-2022	3099199008	166709	Invoice	7.41		0.00	7.41 ✓
07-14-2022	07-22-2022	3099351948	166718	Invoice	302.76		0.00	302.76 ✓
07-14-2022	07-22-2022	3099351949	166719	Invoice	0.09		0.00	0.09 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
724.74	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
07-15-2022	(255.12)

Reminders

Due Date	Amount
07-22-2022	724.74
Total Due:	724.74

APPROVED ON

JUL 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

<input type="checkbox"/> "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ### <input type="text"/>
<input type="checkbox"/> "ENTER YOUR 4-DIGIT PIN"	<input type="text"/>
<input type="checkbox"/> "MAKE A PAYMENT, PRESS 1"	<input type="text" value="1"/>
<input type="checkbox"/> "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ <input type="text" value="941"/> #
<input type="checkbox"/> "IF FEDERAL TAX DEPOSIT ENTER 1"	<input type="text" value="1"/>
<input type="checkbox"/> "ENTER 2-DIGIT TAX FILING YEAR"	★ <input type="text" value="22"/>
<input type="checkbox"/> "ENTER 2-DIGIT TAX FILING ENDING MONTH" 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="text" value="03"/>
<input type="checkbox"/> "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM" "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" "ENTER W/CENTS AMOUNT OF MEDICARE" "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	★ <input type="text" value="\$ 123,728.19"/> # <input type="text" value="1"/> 0 <input type="text" value="\$ 62,100.94"/> # <input type="text" value="\$ 14,523.64"/> # <input type="text" value="\$ 47,103.61"/> # \$ -
<input type="checkbox"/> "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	CHECK ★ <input type="text"/> <input type="text" value="1"/>
<input type="checkbox"/> ACKNOWLEDGEMENT NUMBER	<input type="text"/>

CALLER INFORMATION:

CALLER NAME:

CALLER PHONE:

CALLER TIME:

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	7/1/2022	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	7/14/2022					
PAY DATE:	7/22/2022					
GROSS PAY:	\$ 532,800.85			\$ -		\$ 532,800.85
DEDUCTIONS:						
A/R	\$ 475.00					\$ 475.00
ADVANC						\$ -
BOOTS						\$ -
SUNLIFE CRITICAL ILLNESS	\$ 846.33					\$ 846.33
SUNLIFE ACCIDENT	\$ 765.66					\$ 765.66
SUNLIFE VISION						\$ -
SUNLIFE SHORT TERM DIS	\$ 1,244.46					\$ 1,244.46
BCBS VISION	\$ 1,002.25					\$ 1,002.25
CAFÉ-D	\$ 1,608.50					\$ 1,608.50
CAFÉ-H	\$ 22,613.92					\$ 22,613.92
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ 2,281.01					\$ 2,281.01
CLINIC	\$ 195.00					\$ 195.00
COMBIN	\$ 280.87					\$ 280.87
CREDUN						\$ -
DENTAL						\$ -
DEP-LF						\$ -
SUNLIFE TERM LIFE	\$ 844.07					\$ 844.07
SUNLIFE HOSP INDEM	\$ 537.74					\$ 537.74
FED TAX	\$ 47,103.61					\$ 47,103.61
FICA-M	\$ 7,261.82					\$ 7,261.82
FICA-O	\$ 31,050.47					\$ 31,050.47
FIRST C						\$ -
FLEX S	\$ 3,264.15					\$ 3,264.15
FLX-FE						\$ -
GIFT S	\$ 245.70					\$ 245.70
GRP-IN						\$ -
GTL						\$ -
HOSP-I						\$ -
LEGAL	\$ 961.98					\$ 961.98
OTHER	\$ 324.64					\$ 324.64
NATIONAL FARM LIFE	\$ 1,816.80					\$ 1,816.80
MED SURCHARGE	\$ 385.00					\$ 385.00
PR FIN						\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 640.86					\$ 640.86
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 37,290.27					\$ 37,290.27
UW/HOS						\$ -
TOTAL DEDUCTIONS:	\$ 163,040.11	\$ -	\$ -	\$ -	\$ -	\$ 163,040.11
NET PAY:	\$ 369,760.74	\$ -	\$ -	\$ -	\$ -	\$ 369,760.74
TOTAL CAFÉ 125 PLAN:	\$ 31,986.13	Less Exempt:				
TAXABLE PAY:	\$ 500,814.72	\$ 500,814.72				

	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 7,261.81		
FICA - MED (EE)	1.45% \$ 7,261.81	\$ 7,261.82	\$ (0.01)
FICA - SOC SEC (ER)	6.20% \$ 31,050.51		
FICA - SOC SEC (EE)	6.20% \$ 31,050.51	\$ 31,050.47	\$ 0.04
FED WITHHOLDING	\$ 47,103.61	\$ 47,103.61	

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

TOTAL: \$ -

TAX DEPOSIT:	\$ 123,728.25	\$ 123,728.19
FICA - MEDICARE	2.90% \$ 14,523.62	\$ 14,523.64
FICA - SOCIAL SECURITY	12.40% \$ 62,101.02	\$ 62,100.94
FED WITHHOLDING	\$ 47,103.61	\$ 47,103.61
TOTAL TAX:	\$ 123,728.25	\$ 123,728.19

PREPARED BY:
 PREPARED DATE:

Mayra Martinez
 7/15/2022

Final Summary

-- Pay Code Summary -----						*-- Deductions Summary -----*								
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount				
1	REGULAR PAY-S1	8605.25	N	N	N			182069.16	A/R	475.00	A/R2	A/R3		
1	REGULAR PAY-S1	1725.00	N	N	N	N		76502.11	ADVANC		AWARDS	BCBEVI	1002.25	
1	REGULAR PAY-S1	222.75	N	N	Y			7793.38	BOOTS		CAFE H	CAFE-1		
1	REGULAR PAY-S1	409.00	Y	N	N			14625.50	CAFE-2		CAFE-3	CAFE-4		
2	REGULAR PAY-S2	2333.25	N	N	N			58576.20	CAFE-5		CAFE-C	CAFE-D	1608.50	
2	REGULAR PAY-S2	153.25	N	N	Y			6445.78	CAFE-F		CAFE-H	22613.92	CAFE-I	
2	REGULAR PAY-S2	197.50	Y	N	N			7928.77	CAFE-L		CAFE-P		CANCER	
3	REGULAR PAY-S3	1404.50	N	N	N			42909.06	CHILD	2281.01	CLINIC	195.00	COMBIN	280.87
3	REGULAR PAY-S3	107.50	N	N	Y			5240.74	CREDUN		DD ADV		DENTAL	
3	REGULAR PAY-S3	111.25	Y	N	N			5168.11	DEP-LF		DIS-LF		EAT	
C	CALL PAY	2627.50	N	1	N	N		5255.00	EATCSH		FEDTAX	47103.61	FICA-M	7261.82
D	DOUBLE TIME	36.50	N	1	N	N		1036.60	FICA-O	31050.47	FIRSTC		FLEX S	3264.15
D	DOUBLE TIME	8.75	N	2	N	N		266.00	FLX FE		FORT D		FUTA	
D	DOUBLE TIME	17.50	Y	1	N	N		745.50	GIFT S	245.70	GRANT		GRP-IN	
D	DOUBLE TIME	10.25	Y	2	N	N		467.40	GTL		HOSP-I		ID TFT	
E	EXTRA WAGES			N	N	N	N	7305.29	LEAF		LEGAL	209.98	MASA	752.00
E	EXTRA WAGES			N	1	N	N	54367.25	MEALS	324.64	METVIS		MISC	
I	INSERVICE	31.50	N	1	N	N		1044.47	MISC/		MMCSHR		NATFML	1816.80
J	JURY LEAVE	1.00	N	1	N	N		25.45	OTHER		PHI		PHI***	
K	EXTENDED-ILLNESS-BANK	276.00	N	1	N	N		5611.65	PR FIN		RELAY		REPAY	
P	PAID-TIME-OFF	97.09	N	N	N	N		5701.14	SAMS		SCRUBS		SIGNON	
P	PAID-TIME-OFF	1725.00	N	1	N	N		40785.54	ST-TX		STONDF	640.86	STONE	
P	PAID-TIME-OFF			N	1	N	N	2.00	STONE2		STUDEN		SUNACC	765.66
X	CALL PAY 2	144.00	N	1	N	N		288.00	SUNILL	846.33	SUNIND	537.74	SUNLIF	844.07
Y	YMCA/CURVES			N	N	N	N	45.00	SUNSTD	1244.46	SUNVIS		SURCHG	385.00
Z	CALL PAY 3	120.00	N	1	N	N		360.00	TSA-1		TSA-2		TSA-C	
p	PAID TIME OFF - PROBATION	8.00	N	N	N	N		769.23	TSA-P		TSA-R	37290.27	TUTION	
p	PAID TIME OFF - PROBATION	58.00	N	1	N	N		1196.52	UNIFCR		UW/HOS			
v	COVID-FPCRA	24.00	N	1	N	N		270.00						

*----- Grand Totals: 20454.34 ----- (Gross: 532800.85 Deductions: 163040.11 Net: 369760.74)
 | Checks Count:- FT 192 PT 8 Other 56 Female 230 Male 24 Credit OverAmt 21 ZeroNet 1 Term Total: 254 |

Run Date: 07/13/22
Time: 09:03

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 07/01/22--07/14/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
21736	ALLISON GOULDEN	427.49	00063193	07/22/22
15145	DARA M BURGIN	1025.10	00063194	07/22/22
15256	COURTNEY A SALAZAR	49.29	00063195	07/22/22
20159	DEBRA K VORCE	246.90	00063196	07/22/22
42112	SOCORRO C GONZALES	836.36	00063197	07/22/22
41506	JOSEFAT LUGO TORRES	909.85	00063198	07/22/22
41617	JACQUELINE M MARTINEZ	828.58	00063199	07/22/22
58115	BECKY MARIE SALINAS	1005.17	00063200	07/22/22
65469	BETTY J SUMP	175.37	00063201	07/22/22
68258	DENNIS W MADRAK	787.16	00063202	07/22/22
76067	PAIGE GEORGIA CHATHAM	396.24	00063203	07/22/22
00041	CARL LEE KING	787.17	DD	07/22/22
00083	SYLVIA A VARGAS	820.42	DD	07/22/22
00094	SYLVIA A MENDOZA	837.34	DD	07/22/22
00113	JACLYN CARREON	1107.93	DD	07/22/22
00132	SANDRA A BRAUN	816.63	DD	07/22/22
00192	BRENDA D PENA	1435.86	DD	07/22/22
00270	ANGELA M BURGIN	1604.60	DD	07/22/22
00344	SANDRA LEE RUDDICK	2677.81	DD	07/22/22
00387	BILLIE F DUCKWORTH	2558.20	DD	07/22/22
00392	MONICA T CARR	2234.96	DD	07/22/22
00399	LINDA J TIJERINA	4204.36	DD	07/22/22
00401	VELMA J PINA	2360.52	DD	07/22/22
00417	SHERRY L KING	4032.01	DD	07/22/22
00423	DONN V STRINGO	2197.94	DD	07/22/22
00482	PAM FIKAC	1323.92	DD	07/22/22
00581	CYNTHIA L RUSHING	1741.12	DD	07/22/22
00676	SHEILA KAY HEATHCOCK	1231.85	DD	07/22/22
00681	R RENEE WOOD	1672.20	DD	07/22/22
00692	DEBORAH E WITTNEBERT	525.69	DD	07/22/22
00697	MARIA C FARIAS	982.30	DD	07/22/22
00707	KIMBERLY R BLINKA	1647.73	DD	07/22/22
00895	EMILIE DIANE WILKEY	856.91	DD	07/22/22
01015	SUSAN B SMALLEY, RN	2046.07	DD	07/22/22
01191	SHARON M SPARKS	825.52	DD	07/22/22
01234	JENISE N SVETLIK	1966.82	DD	07/22/22
01543	JACKIE E WILLIAMS	3703.27	DD	07/22/22
01791	RAUSHANAH J MONDAY	2426.05	DD	07/22/22
02011	ERIN R CLEVINGER	3080.71	DD	07/22/22
02014	AGAPITA C CANTU	887.40	DD	07/22/22
02021	ERIKA OSORNIA-SANCHEZ	1565.36	DD	07/22/22
02022	AMANDA J GRIGGS	2498.15	DD	07/22/22
02064	ANNA LAURA GARCIA	990.43	DD	07/22/22
02097	KYLIE M GAINES	1262.85	DD	07/22/22
02099	TRACI M SHEFCIK	5645.26	DD	07/22/22
02112	LESLIE THOMAS	5024.16	DD	07/22/22
02122	DARIN LUNA	3411.12	DD	07/22/22
02193	TIKI VENGLAR	1857.28	DD	07/22/22
02271	DAWN J HUBENIK	1932.71	DD	07/22/22
02301	NICOLAS TIJERINA	1694.08	DD	07/22/22
02302	CATHERINE MARIE DECILOS	253.59	DD	07/22/22
02303	CONNIE M LUNA	3376.82	DD	07/22/22
02315	NINA W GREEN	2263.51	DD	07/22/22

Run Date: 07/18/22
Time: 09:08

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 07/01/22--07/14/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 2
P2DISTP

Num.	Name	Amount	CHECK NUM.	DATE
02331	JESSICA B BIFFLE	1205.74	DD	07/22/22
02346	JENNETTE L FALCON	138.85	DD	07/22/22
02356	CHALEY HAMILTON	1133.35	DD	07/22/22
02416	JANELLE SCOTT	1526.64	DD	07/22/22
02511	MAGDALENA SEPULVEDA	4917.79	DD	07/22/22
02525	AUDREY D GARCIA	968.19	DD	07/22/22
02535	STEFANIE M SOLIZ	858.22	DD	07/22/22
02552	VERONICA RAGUSIN	1918.71	DD	07/22/22
02584	BEATRICE MAGU	2185.71	DD	07/22/22
02678	MELISSA WESLONEY	2482.16	DD	07/22/22
02701	RONDA DANNELLE GOHLKE	3082.04	DD	07/22/22
02719	DAWN M MCCLELLAND	1917.31	DD	07/22/22
02735	ZANDRA A GARCIA	2192.08	DD	07/22/22
02763	JESSICA COPPIN	1575.36	DD	07/22/22
02789	AMY E STRIEGLER	659.63	DD	07/22/22
02794	HEATHER L MUTCHLER	1790.07	DD	07/22/22
02812	BRITTANY N RUDDICK	3005.96	DD	07/22/22
02907	MARIA F LONGORIA	1164.41	DD	07/22/22
02927	MICHAEL L GAINES	4867.71	DD	07/22/22
02963	DOROTHY J RENDON	611.31	DD	07/22/22
02970	DIANNE G ATKINSON	1996.41	DD	07/22/22
03864	JACQUELINE R HERRERA	1294.76	DD	07/22/22
05003	COURTNE D THURLKILL	2892.57	DD	07/22/22
05006	REGINA A MARTINEZ	3339.47	DD	07/22/22
05122	MARISSA RANGEL	1917.10	DD	07/22/22
05345	ERICA NGUYEN	2768.24	DD	07/22/22
05641	AMANDA R KEY	1901.33	DD	07/22/22
05757	SHARON T HOLDER	1850.68	DD	07/22/22
07007	URSULA S BRYAN	1653.73	DD	07/22/22
07123	CYNTHIA GUERRA	1463.92	DD	07/22/22
07147	CHAD A VORCE	2081.56	DD	07/22/22
07878	DIANA C SAUCEDA	1542.46	DD	07/22/22
10519	MARISSA LYNN HUNT	1076.60	DD	07/22/22
11197	CATHERINE A SAENZ	3911.25	DD	07/22/22
11412	COURTNEY L MORKOVSKY	1581.86	DD	07/22/22
12011	KIMBERLY J REYNA	874.52	DD	07/22/22
12115	LISA J HINOJOSA	937.75	DD	07/22/22
12153	JULIA MONTES	2127.79	DD	07/22/22
15097	KYLE L DANIEL	4551.37	DD	07/22/22
15131	SAVANNAH HARLEY	1391.27	DD	07/22/22
15171	JESSICA BARRON	1764.94	DD	07/22/22
15286	DAWN M MAREK	2226.32	DD	07/22/22
15555	STEPHANIE MARTIN	2469.37	DD	07/22/22
15909	JULIE NGUYEN	956.07	DD	07/22/22
15915	BRIANNE J KEY	3743.58	DD	07/22/22
20102	MAYA HAWKINS	1292.28	DD	07/22/22
20112	YULMA PATRICA RODRIGUEZ	20.48	DD	07/22/22
20144	SOPHIE M PECENA	796.22	DD	07/22/22
20145	NATALIE SOTO	767.33	DD	07/22/22
20156	ERIN ASHLEY WISDOM	2933.44	DD	07/22/22
20184	MELISSA ZAMORANO	758.84	DD	07/22/22
20206	KELLI B GOFF	1849.08	DD	07/22/22
20207	SHAWNA G HARTL	2743.07	DD	07/22/22
20243	MELANIE CORTEZ	1638.72	DD	07/22/22

Run Date: 07/18/22
Time: 09:08

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 07/01/22--07/14/22 Run: 1
Type=NET 10003001 OPERATING - PROSPERITY

Page 3
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
20294	JESSICA D WALTHER	718.78	DD	07/22/22
20456	SAYDI A ST CLAIR	797.23	DD	07/22/22
20484	BRIANNA S PASSMORE	70.60	DD	07/22/22
20567	JESSICA L RUDDICK	345.23	DD	07/22/22
20759	JAMIE SADLER	571.31	DD	07/22/22
20797	BETHANN M DIGGS	1345.56	DD	07/22/22
20816	JOIE L PENA	808.26	DD	07/22/22
20837	DAISY MADRIGAL	1081.12	DD	07/22/22
20854	JALYNN GREEN	101.56	DD	07/22/22
20896	DANIELA CAMACHO	372.40	DD	07/22/22
20977	CHERYL L TESCH	1624.79	DD	07/22/22
21450	DIANA E LEAL	1300.17	DD	07/22/22
21629	JACOBY R CRAWFORD	1901.95	DD	07/22/22
21960	DEBORAH LYNN BLACK	2895.76	DD	07/22/22
28120	JESSICA V SELVERA	2402.71	DD	07/22/22
29199	KELLY A SCHOTT	777.96	DD	07/22/22
31035	STACIE L EPLEY	2452.91	DD	07/22/22
31054	LORA L LAMBDEN	825.10	DD	07/22/22
31099	ARACELY Z GARCIA	2284.96	DD	07/22/22
31219	LAUREN PHILLIPS	339.91	DD	07/22/22
31313	KATHERINE LYNN JIMENEZ	2173.61	DD	07/22/22
31319	STACY L FARMER	1840.49	DD	07/22/22
31463	EDWARD E MATULA	2951.21	DD	07/22/22
31508	RACHEL A HEFFNER	2752.57	DD	07/22/22
31821	KAYLA M ALVAREZ	1352.37	DD	07/22/22
31832	SHANE D KRESTA	957.03	DD	07/22/22
31849	CODY L JUREK	269.03	DD	07/22/22
38118	KRYSTELLA F KISIAH	985.12	DD	07/22/22
38168	MEGAN M CANO	602.14	DD	07/22/22
38413	DEVAN ORTA	1198.21	DD	07/22/22
38702	ANNA VANESSA PENNELL	1328.66	DD	07/22/22
41112	ANASTASIA L PEREZ	656.48	DD	07/22/22
41171	TOMMIE M TREVINO	456.89	DD	07/22/22
41205	JEANETTE ALVARADO	795.87	DD	07/22/22
41225	LESLIE A CRAIGEN	1133.19	DD	07/22/22
41236	PAMELA K VANNOY	1501.17	DD	07/22/22
41274	KAREN GANN	793.38	DD	07/22/22
41279	PAMELA R HARMON	631.77	DD	07/22/22
41347	ADRIANNA D STRAKOS	643.82	DD	07/22/22
41369	LORETTA A LEAL	531.76	DD	07/22/22
41418	ANGEL M CASSEL	1091.96	DD	07/22/22
41507	OLGA I BETANCOURT	766.79	DD	07/22/22
41612	SONJA A GUAJARDO	798.13	DD	07/22/22
41705	KELSEY R TAYLOR	64.82	DD	07/22/22
41896	RENAE MICHELLE EMERY	661.60	DD	07/22/22
41897	ROXANNA MARTINEZ	804.82	DD	07/22/22
41901	JUANITA R MILLER	1141.44	DD	07/22/22
41924	BRITTNEY V STRICKLIN	736.19	DD	07/22/22
42106	CHRISTY SILVAS	798.58	DD	07/22/22
42122	LEI ANA CHAVANA	1551.57	DD	07/22/22
42125	LUCY CALZADA	743.67	DD	07/22/22
42304	MIMI T NGUYEN	1852.75	DD	07/22/22
42320	NICHAEAL A PFEIL	3004.34	DD	07/22/22
42820	MARIA D CHAVEZ	779.72	DD	07/22/22

Run Date: 07/18/22
Time: 09:08

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 07/01/22--07/14/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

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P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
42842	SHANNA S O DONNELL	3251.30	DD	07/22/22
48680	JESSICA BUSH	411.82	DD	07/22/22
50018	MICHELLE M MORALES	1438.36	DD	07/22/22
50134	LORNA VALDEZ	184.36	DD	07/22/22
50148	PENNY GOULDEN	3093.30	DD	07/22/22
50161	BRITTNEY MICHELLE ZAMORA	465.06	DD	07/22/22
50248	MCKENNA VILLEGAS	354.91	DD	07/22/22
50282	JACOB W HAMILTON	2613.37	DD	07/22/22
50310	JASMINE GRIGSBY	739.21	DE	07/22/22
50546	MELANIE K SAMAYOA	1537.01	DD	07/22/22
50573	DERNA R DAVIS	1744.25	DD	07/22/22
50596	BETTY S DAVIS	1973.20	DD	07/22/22
50719	DEBRA K MUSTERED	2460.28	DD	07/22/22
50928	ADINA RODRIGUEZ	603.48	DD	07/22/22
53541	JACLYN B HARTL	1518.54	DD	07/22/22
55025	LEA C RESENDEZ	535.77	DD	07/22/22
55026	IRENE B PEREZ	439.75	DD	07/22/22
55106	CRYSTAL M CHAVEZ	749.74	DD	07/22/22
55127	APRIL N KUBALA	2705.55	DD	07/22/22
55371	BLANCA HERNANDEZ	1588.20	DD	07/22/22
55382	SHANNON JACILDC	1609.93	DD	07/22/22
55658	LAJUAN WILKE	695.48	DD	07/22/22
58510	RITA L POLENSKY	810.41	DD	07/22/22
60112	ROBERT A RODRIQUEZ	1983.71	DD	07/22/22
60131	NORA OVALLE	515.97	DD	07/22/22
60156	DANIELLE M TAGLE	925.69	DD	07/22/22
60163	MIGDALIA CLARO	658.57	DD	07/22/22
60165	TERESA A BENITEZ	1691.24	DD	07/22/22
60412	CHRISTOPHER GALINDO	816.34	DD	07/22/22
60616	DOROTHY A LONGORIA	929.34	DD	07/22/22
60652	JESSICA M CALZADO	492.42	DD	07/22/22
60718	ANNA C GONZALEZ	648.87	DD	07/22/22
60934	CONSUELO ZAMORA	756.30	DD	07/22/22
63124	SANJUAN M GARCIA	1400.74	DD	07/22/22
63289	JASON RUBIO	785.21	DD	07/22/22
65100	FELICITA BONUZ	574.97	DD	07/22/22
65121	VIVIANA P MEDINA	396.36	DD	07/22/22
65147	BLANCAROSA VILLARREAL	457.62	DD	07/22/22
65151	ELIA OLACHIA	654.20	DD	07/22/22
65213	LEE SIMERLY	1034.06	DD	07/22/22
65243	LUCILA LOPEZ DE GUZMAN	1155.12	DD	07/22/22
65366	CYNTHIA GARCIA	815.48	DD	07/22/22
65393	RAMONA A PEREZ	1302.09	DD	07/22/22
65453	AMALIA L FLORES	1025.77	DD	07/22/22
65463	MARIA I VELOZ	960.84	DD	07/22/22
65486	ROSA RODRIGUEZ	796.36	DD	07/22/22
65513	MARIA MORALES	794.83	DD	07/22/22
65583	RACQUEL MORALES	550.44	DD	07/22/22
65705	DOMITILA HERRERA	771.73	DD	07/22/22
65856	ALEJANDRO R VELASQUEZ	450.86	DD	07/22/22
65865	MARIA F LEDEZMA	624.34	DD	07/22/22
68368	DOMITILA GARCIA	222.12	DD	07/22/22
68568	CHRISTOPHER RUTHERFORD	1161.58	DD	07/22/22
68792	NAZARIO DIAZ HERNANDEZ	1707.17	DD	07/22/22

Run Date: 07/18/22
Time: 09:08

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 07/01/22--07/14/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 5
F2DISTP

Num.	Name	Amount	CHECK NUM.	DATE
70119	SARA N BLEDSOE	2110.75	DD	07/22/22
73749	GLORIA N REID	2820.51	DD	07/22/22
75190	RIKA MILLER	1727.62	DD	07/22/22
76003	IRMA DELEON	686.79	DD	07/22/22
76110	TARAH SUBLETT	431.37	DD	07/22/22
76115	JENNIFER R CARLOCK	767.37	DD	07/22/22
76120	RACHEL CANALES	1341.57	DD	07/22/22
76138	KAREN D GARCIA	676.32	DD	07/22/22
76210	ZOE VILLARREAL	615.23	DD	07/22/22
76300	AIDA JIMENEZ	724.21	DD	07/22/22
76313	PAMELA L BARTON	712.64	DD	07/22/22
76403	KATRINA A POKLUDA	1186.10	DD	07/22/22
76647	CHERYL A SEE	992.00	DD	07/22/22
76706	GREGORY E MORALES	651.59	DD	07/22/22
76854	MARY PATTERSON	608.92	DD	07/22/22
76985	VANESSA TRISTAN	329.02	DD	07/22/22
77646	FAREN A GONZALES	1062.39	DD	07/22/22
78020	MISTY R PASSMORE	1245.59	DD	07/22/22
78058	KYANN J POWER	146.16	DD	07/22/22
78072	DONNA M RAWLINGS	1336.34	DD	07/22/22
78186	ANDREA F COOK	280.34	DD	07/22/22
78191	JAMIE J GRASSE	855.08	DD	07/22/22
78287	MARISSA D ALMANZAR	1588.30	DD	07/22/22
78336	JESSICA L GLOVER	2871.10	DD	07/22/22
78566	MELISSA K GEE	812.36	DD	07/22/22
78764	ASHLEY D HADLEY	1964.08	DD	07/22/22
78778	SARA M RUBIO	2104.22	DD	07/22/22
78781	KRISTEN R MACHICEK	2013.66	DD	07/22/22
78787	FARAH I JANAK	2588.25	DD	07/22/22
78897	DAYLE J MCLAUGHLIN	556.22	DD	07/22/22
80008	ADAM D BESIO	2197.62	DD	07/22/22
80141	JEANNIE ORTA	1823.79	DD	07/22/22
82227	CAITLIN A CLEVINGER	1003.02	DD	07/22/22
86482	MEGAN M HARPER	754.70	DD	07/22/22
88125	LISA M TREVINO	977.92	DD	07/22/22
88808	MARLEY B O'DONNELL	1900.75	DD	07/22/22
88904	MAYRA K MARTINEZ	1449.01	DD	07/22/22
90159	WILLIAM T LITTLE	3792.08	DD	07/22/22
90320	ROSHANDA S THOMAS	3366.30	DD	07/22/22
93231	ANDRIE M FLORES	979.07	DD	07/22/22
98756	ADRIANNA M GALVAN	1470.98	DD	07/22/22

369760.74

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- JULY 11, 2022 - JULY 17, 2022**

Date	Bank Description	MMC Notes	Amount	CP:
7/11/2022	STATE COMPTLR TEXNET 06594803/20708 2100002	- IGT PAYMENT	107,374.05 *	0.00
7/11/2022	PAY PLUS ACHTRANS 452579291 101000693510310	- 3rd Party Payor Fee	1.06	Pay Plus 1.06 +
7/11/2022	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	525.64	97.39 +
7/11/2022	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	385.02	24.01 +
7/11/2022	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	1,106.39	97.86 +
7/11/2022	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110	- Credit Card Processing Fee	68.87	30.00 +
7/11/2022	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	3,779.99	250.32 *
7/11/2022	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110	- Credit Card Processing Fee	529.53	CC Fees 525.64 +
7/11/2022	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee	615.76	385.02 +
7/11/2022	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	129.00	1,106.39 +
7/12/2022	PAY PLUS ACHTRANS 452579291 101000694294716	- 3rd Party Payor Fee	97.39	68.87 +
7/12/2022	MCKESSON DRUG AUTO ACH ACH05097846 910000129	- 340B Drug Program Expense	9,255.14 **	3,779.99 +
7/12/2022	CLEARGAGE LLC CLEARGAGE, 22F6YHSARPXXHV9 242	- Patient Financing Service	78.02	529.53 +
7/13/2022	PAY PLUS ACHTRANS 452579291 101000695267499	- 3rd Party Payor Fee	24.01	615.76 +
7/13/2022	IRS USATAXPYMT 220259470509606 6103601000876	- Payroll Taxes	515.62 *	129.00 +
7/14/2022	PAY PLUS ACHTRANS 452579291 101000696183508	- 3rd Party Payor Fee	97.86	80.06 +
7/15/2022	PAY PLUS ACHTRANS 452579291 101000696959764	- 3rd Party Payor Fee	30.00	80.06 +
7/15/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	255.12 *	40.03 +
7/15/2022	TEXAS COUNTY DRS RECEIVABLE 0419 21000022463	- Retirement Funding	188,643.31 *	120.09 +
7/15/2022	FDMS FDMS PYMT 052-1743548-000 4100012092294	- Credit Card Machine Lease Expense	80.06	7,380.38 *
7/15/2022	FDMS FDMS PYMT 052-1743547-000 4100012089822	- Credit Card Machine Lease Expense	40.03	Clearage 78.02 +
7/15/2022	FDMS FDMS PYMT 052-1737276-000 4100012088854	- Credit Card Machine Lease Expense	120.09	78.02 +
			313,751.96	78.02 *

William Little, CFO
Memorial Medical Center
July 18, 2022

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

Date	Description	MMC No	Amount
			313,751.96 +
			107,374.05 -
			9,255.14 -
			515.62 -
			255.12 -
			188,643.31 -
			7,708.72 *

William Little, CFO
Memorial Medical Center
July 18, 2022

7,708.72 +
7,708.72 -
0.00 *

**APPROVED ON
JUL 18 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RECEIVED BY THE
COUNTY AUDITOR ON
07/14/2022
JUL 14 2022

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name
12696 GULF POINTE PLAZA

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
070122A		07/13/20	07/01/20	08/06/20		1,327.38	0.00	0.00	1,327.38 ✓
	TRANSFER								
070122		07/13/20	07/01/20	08/06/20		4,668.00	0.00	0.00	4,668.00 ✓
	TRANSFER "								
Vendor Totals									
Number	Name					Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA					5,995.38	0.00	0.00	5,995.38

NH insurance pymt deposited into mmc opening

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,995.38	0.00	0.00	5,995.38

APPROVED ON

JUL 14 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 195743

RECEIVED BY THE
COUNTY AUDITOR ON

07/14/2022
JUL 14 2022
12:59

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

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
070122		07/13/20	07/01/20	08/06/20		1,078.47	0.00	0.00	1,078.47

TRANSFER *NH insurance pymt deposited into mem center*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	1,078.47	0.00	0.00	1,078.47

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,078.47	0.00	0.00	1,078.47

APPROVED ON

JUL 14 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Clk # 195744

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 14 2022

07/14/2022

CALHOUN COUNTY, TEXAS

13:00

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
070122		07/13/20	07/01/20	08/06/20		8,268.49	0.00	0.00	8,268.49 ✓

TRANSFER *NT insurance pymt deposited into mme opentg*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING		8,268.49	0.00	0.00	8,268.49

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,268.49	0.00	0.00	8,268.49

APPROVED ON

JUL 14 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 195742

0

RUN DATE:07/18/22
TIME:13:38

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/20/22 THRU 07/20/22

PAGE 1
GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	195676	07/20/22	.00	VOIDED
A/P	195677	07/20/22	327.47	ACE HARDWARE 15521
A/P	195678	07/20/22	2,800.00	ACUTE CARE INC
A/P	195679	07/20/22	29.83	ALIMED INC.
A/P	195680	07/20/22	38.97	AUTO PARTS & MACHINE CO.
A/P	195681	07/20/22	2,839.04	BAXTER HEALTHCARE
A/P	195682	07/20/22	581.88	BAYER HEALTHCARE
A/P	195683	07/20/22	4,116.05	BECKMAN COULTER INC
A/P	195684	07/20/22	995.12	BHB MACHINE & PUMP REPAIR, LLC
A/P	195685	07/20/22	16.05	BOSART LOCK & KEY INC
A/P	195686	07/20/22	3,188.00	BUILDING KID STEPS
A/P	195687	07/20/22	433.50	C R BARD INC
A/P	195688	07/20/22	250.16	CALHOUN COUNTY
A/P	195689	07/20/22	4,840.00	CALHOUN COUNTY EMS
A/P	195690	07/20/22	80.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	195691	07/20/22	200.00	CHRIS KOVAREK
A/P	195692	07/20/22	450.00	CHS ATHLETIC BOOSTER CLUB INC
A/P	195693	07/20/22	5,668.87	COASTAL OFFICE SOLUTONS
A/P	195694	07/20/22	13,414.09	COMMUNITY INFUSION SOLUTIONS
A/P	195695	07/20/22	800.52	CONMED CORPORATION
A/P	195696	07/20/22	3,749.97	DEARBORN LIFE INSURANCE COMPAN
A/P	195697	07/20/22	338.93	DEWITT POTHS & SON
A/P	195698	07/20/22	50,311.25	DIAMOND HEALTHCARE CORP
A/P	195699	07/20/22	9,180.00	EMERGENCY STAFFING SOLUTIONS
A/P	195700	07/20/22	1,457.60	FISHER HEALTHCARE
A/P	195701	07/20/22	382.91	G & S MANAGEMENT GROUP LLC
A/P	195702	07/20/22	246.68	GE PRECISION HEALTHCARE, LLC
A/P	195703	07/20/22	2,874.75	GRACE FLOORING AND GLASS
A/P	195704	07/20/22	10,167.16	GREAT AMERICA FINANCIAL SVCS
A/P	195705	07/20/22	739.33	GULF COAST PAPER COMPANY
A/P	195706	07/20/22	22,384.82	HEALTHCARE FINANCIAL SERVICES
A/P	195707	07/20/22	26,844.65	ITA RESOURCES, INC
A/P	195708	07/20/22	250.00	ITERSOURCE CORPORATION
A/P	195709	07/20/22	442.76	J & J HEALTH CARE SYSTEMS, INC
A/P	195710	07/20/22	292.50	JACKSON & CARTER, PLLC
A/P	195711	07/20/22	1,596.42	LONE STAR COMMUNICATIONS, INC
A/P	195712	07/20/22	451.57	LOWE'S BUSINESS ACCT/SYNCB
A/P	195713	07/20/22	3,816.50	MARTIN ENRIQUEZ
A/P	195714	07/20/22	86.39	MCKESSON MEDICAL SURGICAL INC
A/P	195715	07/20/22	284.80	MEDELA INC
A/P	195716	07/20/22	.00	VOIDED
A/P	195717	07/20/22	.00	VOIDED
A/P	195718	07/20/22	6,697.80	MEDLINE INDUSTRIES INC
A/P	195719	07/20/22	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	195720	07/20/22	318.67	ORTHO CLINICAL DIAGNOSTICS
A/P	195721	07/20/22	3,084.00	PARA
A/P	195722	07/20/22	694.87	PHILIPS HEALTHCARE
A/P	195723	07/20/22	207.00	PITNEY BOWES INC
A/P	195724	07/20/22	5,275.58	POC BLECTRIC, LLC
A/P	195725	07/20/22	32.10	POWER HARDWARE

RUN DATE:07/18/22
TIME:13:38

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/20/22 THRU 07/20/22

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	195726	07/20/22	2,624.74	PRESS GANEY ASSOCIATES, INC.
A/P	195727	07/20/22	2,746.44	PRO ENERGY PARTNERS LP
A/P	195728	07/20/22	53.52	ROBERT RODRIQUEZ
A/P	195729	07/20/22	96.80	SERVICE SUPPLY OF VICTORIA INC
A/P	195730	07/20/22	1,040.73	SHERWIN WILLIAMS
A/P	195731	07/20/22	672.00	SIGN AD, LTD.
A/P	195732	07/20/22	267.90	SMILE MAKERS
A/P	195733	07/20/22	559.00	SMITH & NEPHEW
A/P	195734	07/20/22	785.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	195735	07/20/22	2,894.91	STRYKER SUSTAINABILITY
A/P	195736	07/20/22	6,130.42	T-SYSTEM, INC
A/P	195737	07/20/22	4,259.83	TEXAS ASSOCIATION OF COUNTIES
A/P	195738	07/20/22	268.50	ULINE
A/P	195739	07/20/22	1,528.01	UPDOX LLC
A/P	195740	07/20/22	476.56	WAGeworks, INC
A/P	195741	07/20/22	7,425.00	WOUND CARE SPECIALISTS
A/P	195742	07/20/22	8,268.49	BETHANY SENIOR LIVING
A/P	195743	07/20/22	5,995.38	GULF POINTE PLAZA
A/P	195744	07/20/22	1,078.47	TUSCANY VILLAGE
A/P	195745	07/20/22	24,459.50	GRACE FLOORING AND GLASS
A/P	195746	07/20/22	.00	VOIDED
A/P	195747	07/20/22	1,023.27	HEB CREDIT RECEIVABLES DEPT308
TOTALS:			266,933.03	

Payables 226,107.92
Criticals < 24,459.50
 1,023.27
NH < 5,995.38
Transfers < 1,078.47
 8,268.49
266,933.03

APPROVED ON

JUL 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST *Crescent*

P Tuscany Village
A _____
Y _____
E _____
E _____

Date Requested: 7/18/22

APPROVED ON

JUL 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck # 000246
C/L NUMBER: _____

FOR ACCT. USE ONLY

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

AMOUNT \$12,908.00

EXPLANATION: Devoted payment made to Crescent, should be paid to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:07/21/22
TIME:12:52

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/20/22 THRU 07/21/22

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000246 07/20/22 12,908.00 TUSCANY
TOTALS: 12,908.00

APPROVED ON

JUL 20 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000246

Date 7/20/22

88-2265/1131

PAY
TO THE
ORDER OF

Tuscany

\$ 12,908.00

Twelve thousand Nine hundred eight $\frac{1}{4}$ 00/100 DOLLARS



PROSPERITY
BANK

County Auditor

FOR Devoted payments belong to Tuscany

County Treasurer
MP
included. Details on back

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/18/2022

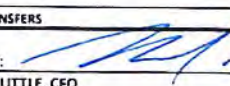
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		67,964.21	67,965.92	190,635.54		190,633.83	190,474.28
						Bank Balance	190,633.83
						Variance	
						Leave in Balance	100.00
						April Interest	25.02
						May Interest	25.03
						June Interest	19.50
						Adjust Balance/Transfer Amt	190,474.28
Broadmoor		23,068.72	18,360.99	119,044.45		123,752.18	123,610.86
						Bank Balance	123,752.18
						Variance	
						Leave in Balance	100.00
						April Interest	11.66
						May Interest	17.10
						June Interest	12.56
						Adjust Balance/Transfer Amt	123,610.86
Crescent		113,389.78	113,289.78	121,165.53		121,265.53	108,210.83
						Bank Balance	121,265.53
						Variance	
						Leave in Balance	100.00
						PYMT BELONGS TO TUSCANY	8,800.00
						PYMT BELONGS TO TUSCANY	4,108.00
						April Interest	12.07
						May Interest	18.60
						June Interest	16.03
						Adjust Balance/Transfer Amt	108,210.83
Fort Bend		31,100.20	31,127.65	37,272.08		37,244.62	37,118.30
						Bank Balance	37,244.62
						Variance	
						Leave in Balance	100.00
						April Interest	5.19
						May Interest	10.52
						June Interest	10.61
						Adjust Balance/Transfer Amt	37,118.30
Solera at W Houston		56,844.45	56,616.99	100,654.77		100,882.23	100,604.09
						Bank Balance	100,882.23
						Variance	
						Leave in Balance	100.00
						April Interest	13.90
						May Interest	19.08
						June Interest	17.70
						Adjust Balance/Transfer Amt	100,604.09
						Pending ck to MMC	127.46
						April Interest	13.90
						May Interest	19.08
						June Interest	17.70
						Adjust Balance/Transfer Amt	100,604.09

190,474.28 +
123,610.86 +
108,210.83 +
37,118.30 +
100,604.09 +
560,018.36 *

APPROVED ON
JUL 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 560,018.36

Approved: 
WILLIAM LITTLE, CFO

7/18/2022

Ashford Gardens

7/15/2022 Enhanced Analysis Ch
 7/15/2022 Check 1180
 7/15/2022 UHC COMMUNITY FL HCCLAIMPMT 746003411 910000
 7/15/2022 UHC COMMUNITY FL HCCLAIMPMT 746003411 910000
 7/15/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
 7/14/2022 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 7/14/2022 MANAGEANDNET1718 MNS PMNT 00000000000091 41
 7/14/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
 7/13/2022 UHC COMMUNITY FL HCCLAIMPMT 746003411 910000
 7/12/2022 Molina HC of TX HCCLAIMPMT PN1326416189 4200
 7/12/2022 Molina HC of TX HCCLAIMPMT PN1326416189 4200
 7/12/2022 Amerigroup TXSC HCCLAIMPMT 3184173194 111000
 7/12/2022 UHC COMMUNITY FL HCCLAIMPMT 746003411 910000
 7/12/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
 7/11/2022 Check 1179
 7/11/2022 Check 1178

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
101.71							
15,692.20	1,762.55						1,762.55
	9,622.36						9,622.36
	15,917.39						15,917.39
23,794.90	419.32						419.32
	25,391.28						25,391.28
	48,282.11						48,282.11
	26,002.60						26,002.60
	311.48						311.48
	33,840.27						33,840.27
	25,082.14						25,082.14
	3,984.04						3,984.04
59.55							
28,317.56							
67,965.92	190,635.54						190,635.54

Broadmead

7/15/2022 Check 213
 7/15/2022 UHC COMMUNITY FL HCCLAIMPMT 746003411 910000
 7/15/2022 UHC COMMUNITY FL HCCLAIMPMT 746003411 910000
 7/15/2022 UHC COMMUNITY FL HCCLAIMPMT 746003411 910000
 7/15/2022 HUMANA CHA DISB HCCLAIMPMT 390861 4200001011
 7/14/2022 MANAGEANDNET1718 MNS PMNT 00000000004193 41
 7/13/2022 UHC COMMUNITY FL HCCLAIMPMT 746003411 910000
 7/12/2022 Molina HC of TX HCCLAIMPMT PN1669860433 4200
 7/12/2022 Molina HC of TX HCCLAIMPMT PN1669860433 4200
 7/12/2022 UHC COMMUNITY FL HCCLAIMPMT 746003411 910000
 7/12/2022 HUMANA CHA DISB HCCLAIMPMT 390861 4200001016
 7/12/2022 HUMANA CHA DISB HCCLAIMPMT 390861 4200001017
 7/11/2022 Check 212
 7/11/2022 Check 211
 7/11/2022 Check 210
 7/11/2022 UHC COMMUNITY FL HCCLAIMPMT 746003411 910000
 7/11/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
6,084.80	3,413.80						3,413.80
	3,957.04						3,957.04
	6,031.36						6,031.36
	2,746.00						2,746.00
	3,195.00						3,195.00
	20,186.44						20,186.44
	9,605.08						9,605.08
	2,325.21						2,325.21
	15,840.82						15,840.82
	7,867.81						7,867.81
	20,475.00						20,475.00
1,264.33							
41.32							
10,970.54	1,830.42						1,830.42
	21,570.47						21,570.47
18,360.99	119,044.45						119,044.45

Crescent

7/15/2022 Check 245
 7/15/2022 MANAGEANDNET1718 MNS PMNT 00000000003268 41
 7/15/2022 HNB - ECHO HCCLAIMPMT 746003411 440000255853
 7/15/2022 UHC COMMUNITY FL HCCLAIMPMT 746003411 910000
 7/15/2022 DEVOTED HEALTH P HCCLAIMPMT 121140393407640
 7/15/2022 DEVOTED HEALTH P HCCLAIMPMT 121140393407638
 7/14/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III
 7/14/2022 HUMANA CHA DISB HCCLAIMPMT 390864 4200001861
 7/13/2022 UHC COMMUNITY FL HCCLAIMPMT 746003411 910000
 7/13/2022 DEVOTED HEALTH P HCCLAIMPMT 12114039399495
 7/13/2022 CIGNA HCCLAIMPMT 1669860425 91000010646846
 7/12/2022 Molina HC of TX HCCLAIMPMT PN1669860425 4200
 7/12/2022 UHC COMMUNITY FL HCCLAIMPMT 746003411 910000
 7/11/2022 Check 244
 7/11/2022 Check 243
 7/11/2022 Check 242
 7/11/2022 MANAGEANDNET1718 MNS PMNT 00000000001268 41
 7/11/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384
 7/11/2022 UHC COMMUNITY FL HCCLAIMPMT 746003411 910000
 7/11/2022 AARP Supplementa HCCLAIMPMT 746003411 124384

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
5,270.76	6,804.00						6,804.00
	6,164.83						6,164.83
	2,188.20						2,188.20
	10,800.00						10,800.00
	10,044.00						10,044.00
76,859.73	3,255.00						3,255.00
	19,238.35						19,238.35
	8,444.00						8,444.00
	10,496.57						10,496.57
	6,976.33						6,976.33
	16,232.48						16,232.48
21,600.00							
46.70							
9,512.59							
	4,536.00						4,536.00
	1,333.57						1,333.57
	10,567.70						10,567.70
	4,084.50						4,084.50
113,289.78	121,165.53						121,165.53

Fort Bend

7/15/2022 Check 187
 7/15/2022 HNB - ECHO HCCLAIMPMT 746003411 440000255853
 7/15/2022 UHC COMMUNITY FL HCCLAIMPMT 746003411 910000
 7/15/2022 UHC COMMUNITY FL HCCLAIMPMT 746003411 910000
 7/14/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III
 7/14/2022 HNB - ECHO HCCLAIMPMT 746003411 440000227980
 7/13/2022 UHC COMMUNITY FL HCCLAIMPMT 746003411 910000
 7/12/2022 Molina HC of TX HCCLAIMPMT PN173057503 4200
 7/12/2022 HNB - ECHO HCCLAIMPMT 746003411 440000251203
 7/12/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2
 7/11/2022 Check 186
 7/11/2022 Check 185
 7/11/2022 Check 184
 7/11/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
6,421.79	1,432.70						1,432.70
	1,645.79						1,645.79
	311.52						311.52
12,561.24	1,922.02						1,922.02
	9,768.17						9,768.17
	1,879.16						1,879.16
	288.10						288.10
	14,241.54						14,241.54
127.46							
26.32							
11,590.85	5,783.08						5,783.08
31,127.66	37,272.08						37,272.08

Solera at West Houston

7/15/2022 Check 1243
 7/15/2022 Amerigroup TXSC HCCLAIMPMT 3184492487 111000
 7/15/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384
 7/15/2022 UHC COMMUNITY FL HCCLAIMPMT 746003411 910000
 7/15/2022 UHC COMMUNITY FL HCCLAIMPMT 746003411 910000
 7/14/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III
 7/14/2022 Molina HC of TX HCCLAIMPMT PN1497143259 4200
 7/14/2022 Molina HC of TX HCCLAIMPMT PN1497143259 4200
 7/14/2022 MANAGEANDNET1718 MNS PMNT 00000000002482 41
 7/14/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
6,233.75	92.43						92.43
	8,920.00						8,920.00
	1,819.54						1,819.54
	2,856.80						2,856.80
39,081.22	4,749.06						4,749.06
	5,432.39						5,432.39
	14,387.10						14,387.10
	5,330.00						5,330.00

7/13/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 7/12/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 7/12/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 42000112
 7/12/2022 AARP Supplementa HCCLAIMPMT 746003411 124184
 7/11/2022 Check 1242
 7/11/2022 Check 1241
 7/11/2022 Amerigroup TXSC HCCLAIMPMT 3184045571 111000

-	21,591.49	-	21,591.49
-	16,710.42	-	16,710.42
-	775.23	-	775.23
-	3,317.91	-	3,317.91
50.68	-	-	-
11,251.34	-	-	-
-	14,672.40	-	14,672.40
56,616.99	100,654.77	-	100,654.77
287,361.34	568,772.37	-	568,772.37

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type



DDA

Data reported as of Jul 18, 2022 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$2,552,571.24	\$2,820,588.37	\$2,552,571.24	\$2,456,760.54
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$23,504.72	\$39,532.45	\$23,504.72	\$56,727.94
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.47	\$536.47	\$536.47	\$536.47
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,805,914.09	\$1,962,300.62	\$1,805,914.09	\$1,744,895.02
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.87	\$431.87	\$431.87	\$431.87
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$190,633.83 ✓	\$199,490.81	\$190,633.83	\$179,125.44
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$123,752.18 ✓	\$124,071.68	\$123,752.18	\$113,688.78
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$121,265.53 ✓	\$146,912.96	\$121,265.53	\$90,535.26
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$37,244.62 ✓	\$37,244.62	\$37,244.62	\$40,276.40
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$100,882.23	\$127,905.36	\$100,882.23	\$93,427.21
*2998 MMC -MONEY MARKET FUND	\$703.63	\$703.63	\$703.63	\$703.63
*5506 MMC -NH BETHANY SENIOR LIVING	\$55,237.91	\$55,237.91	\$55,237.91	\$55,237.91
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$4,688.09	\$22,452.52	\$4,688.09	\$4,688.09
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$18,246.24	\$30,972.17	\$18,246.24	\$24,747.87
*3407 MMC -NH TUSCANY VILLAGE	\$69,529.83	\$72,795.30	\$69,529.83	\$51,738.65

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 7/18/2022

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		166,802.01 ✓	166,702.01 ✓	23,404.72 ✓		23,504.72 ✓	23,346.84
						Bank Balance Variance	
						23,504.72	
						-	
						Leave in Balance	100.00
						April Interest	17.56
						May Interest	20.75
						June Interest	19.57
						57.88	
						Adjust Balance/Transfer Amt	23,346.84 ✓

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 7/18/2022

APPROVED ON
JUL 18 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

7/15/2022 Check 165
 7/14/2022 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 7/14/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 7/14/2022 HEALTH HUMAN SVC HCCCLAIMPMT 17460034113011 2
 7/13/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 7/13/2022 ACH SETTLEMENT SERVICE 4105523439 9601693192
 7/12/2022 GOLDENCREEKHEALT MERC DEP 1220356 9100001476
 7/11/2022 Check 164
 7/11/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 7/11/2022 GOLDENCREEKHEALT MERC DEP 1220356 9100001374
 7/11/2022 HEALTH HUMAN SVC HCCCLAIMPMT 17460034113011 2

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
33,223.22 ✓	-	-	-	-	-	-	-
133,420.91 ✓	-	-	-	-	-	-	-
-	2,522.06	-	-	-	-	-	2,522.06
-	1,925.53	-	-	-	-	-	1,925.53
-	1,289.10	-	-	-	-	-	1,289.10
-	2,778.00	-	-	-	-	-	2,778.00
-	1,198.00	-	-	-	-	-	1,198.00
57.88 ✓	-	-	-	-	-	-	-
-	285.98	-	-	-	-	-	285.98
-	2,477.31	-	-	-	-	-	2,477.31
-	10,928.74	-	-	-	-	-	10,928.74
166,702.01 ✓	23,404.72 ✓	-	-	-	-	-	23,404.72

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Jul 18, 2022 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$2,552,571.24	\$2,820,588.37	\$2,552,571.24	\$2,456,760.54
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$23,504.72 ✓	\$39,532.45	\$23,504.72	\$56,727.94
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.47	\$536.47	\$536.47	\$536.47
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$1,805,914.09	\$1,962,300.62	\$1,805,914.09	\$1,744,895.02
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.87	\$431.87	\$431.87	\$431.87
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$190,633.83	\$199,490.81	\$190,633.83	\$179,125.44
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$123,752.18	\$124,071.68	\$123,752.18	\$113,688.78
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$121,265.53	\$146,912.96	\$121,265.53	\$90,535.26
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$37,244.62	\$37,244.62	\$37,244.62	\$40,276.40
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$100,882.23	\$127,905.36	\$100,882.23	\$93,427.21
<u>*2998</u> MMC -MONEY MARKET FUND	\$703.63	\$703.63	\$703.63	\$703.63
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$55,237.91	\$55,237.91	\$55,237.91	\$55,237.91
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$4,688.09	\$22,452.52	\$4,688.09	\$4,688.09
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$18,246.24	\$30,972.17	\$18,246.24	\$24,747.87
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$69,529.83	\$72,795.30	\$69,529.83	\$51,738.65

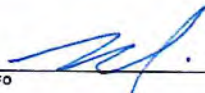
Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 7/18/2022

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza - Private Pay	20,513.68	20,413.68	18,146.24			18,246.24	18,137.53
					Bank Balance Variance	18,246.24	
					Leave in Balance	100.00	

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid	85,695.38	85,595.38	4,588.09			4,688.09	4,688.09
					Bank Balance Variance	4,688.09	4,688.09
					Leave in Balance	100.00	
					Adjust Balance/Transfer Amt	18,137.53	
					April Interest	2.36	
					May Interest	3.54	
					June Interest	2.81	
					Adjust Balance/Transfer Amt	4,560.91	
					TOTAL TRANSFERS	22,698.44	

Routing Information for Gulf Pointe Plaza:

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 7/18/2022

APPROVED ON

JUL 18 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Gulf Points Plaza-Private Pay

7/15/2022 Check 1086
 7/15/2022 HNB - ECHO HCCLAIMPMT 746003411 440000255853
 7/15/2022 HUMANA INS CO HCCLAIMPMT 624982 830000514209
 7/14/2022 WIRE OUT HMG SERVICES, LLC
 7/14/2022 HNB - ECHO HCCLAIMPMT 746003411 440000222981
 7/14/2022 HNB - ECHO HCCLAIMPMT 746003411 440000222981
 7/13/2022 HNB - ECHO HCCLAIMPMT 746003411 440000284428
 7/12/2022 NDC SWEEP FAC H261 21000029353786 SWEEP FR
 7/11/2022 Check 1085

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
14,672.20 ✓	-	-	-	-	-	-	-
-	400.57	-	-	-	-	-	400.57
-	7,770.00	-	-	-	-	-	7,770.00
5,732.77 ✓	-	-	-	-	-	-	-
-	23.62	-	-	-	-	-	23.62
-	294.03	-	-	-	-	-	294.03
-	233.03	-	-	-	-	-	233.03
-	9,424.99	-	-	-	-	-	9,424.99
8.71 ✓	-	-	-	-	-	-	-
20,413.68 ✓	18,146.24 ✓	-	-	-	-	-	18,146.24

Gulf Points Plaza-Medicare/Medicaid

7/14/2022 WIRE OUT HMG SERVICES, LLC
 7/14/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 7/14/2022 NORIDIAN J3A HCCLAIMPMT 675892 4200001096291
 7/11/2022 Check 1008
 7/11/2022 Deposit
 7/11/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 7/11/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
85,568.20	-	-	-	-	-	-	-
-	259.85	-	-	-	-	-	259.85
-	525.71	-	-	-	-	-	525.71
27.18	-	-	-	-	-	-	-
-	1,264.33	-	-	-	-	-	1,264.33
-	1,286.00	-	-	-	-	-	1,286.00
-	1,252.20	-	-	-	-	-	1,252.20
85,595.38 ✓	4,588.09 ✓	-	-	-	-	-	4,588.09
106,009.06	22,734.33	-	-	-	-	-	22,734.33

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Jul 18, 2022 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$2,552,571.24	\$2,820,588.37	\$2,552,571.24	\$2,456,760.54
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$23,504.72	\$39,532.45	\$23,504.72	\$56,727.94
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.47	\$536.47	\$536.47	\$536.47
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,805,914.09	\$1,962,300.62	\$1,805,914.09	\$1,744,895.02
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.87	\$431.87	\$431.87	\$431.87
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$190,633.83	\$199,490.81	\$190,633.83	\$179,125.44
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$123,752.18	\$124,071.68	\$123,752.18	\$113,688.78
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$121,265.53	\$146,912.96	\$121,265.53	\$90,535.26
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$37,244.62	\$37,244.62	\$37,244.62	\$40,276.40
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$100,882.23	\$127,905.36	\$100,882.23	\$93,427.21
*2998 MMC -MONEY MARKET FUND	\$703.63	\$703.63	\$703.63	\$703.63
*5506 MMC -NH BETHANY SENIOR LIVING	\$55,237.91	\$55,237.91	\$55,237.91	\$55,237.91
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$4,688.09 ✓	\$22,452.52	\$4,688.09	\$4,688.09
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$18,246.24 ✓	\$30,972.17	\$18,246.24	\$24,747.87
*3407 MMC -NH TUSCANY VILLAGE	\$69,529.83	\$72,795.30	\$69,529.83	\$51,738.65

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 7/18/2022

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		97,460.64	97,360.64	69,429.83			69,529.83	69,429.83
						Bank Balance	69,529.83	
						Variance		
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 69,429.83

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:  7/18/2022
 WILLIAM LITTLE, CFO

APPROVED ON
 JUL 18 2022
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village

	<u>Transfer-Out</u>	<u>Transfer-In</u>	MMC PORTION					NH PORTION
			QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	
7/15/2022 Check 1104	9,290.94	-	-	-	-	-	-	-
7/15/2022 HNB - ECHO HCCLAIMPMT 746003411 440000255849	-	27,082.12	-	-	-	-	-	27,082.12
7/14/2022 WIRE OUT LINBAR ENTERPRISES, LLC	71,301.00	-	-	-	-	-	-	-
7/13/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000109	-	10,938.53	-	-	-	-	-	10,938.53
7/11/2022 Check 1103	16,768.70	-	-	-	-	-	-	-
7/11/2022 Deposit	-	21,600.00	-	-	-	-	-	21,600.00
7/11/2022 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	3,483.96	-	-	-	-	-	3,483.96
7/11/2022 HNB - ECHO HCCLAIMPMT 746003411 440000207776	-	5,909.51	-	-	-	-	-	5,909.51
7/11/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000103	-	415.71	-	-	-	-	-	415.71
	97,360.64	69,429.83	-	-	-	-	-	69,429.83

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Jul 18, 2022 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$2,552,571.24	\$2,820,588.37	\$2,552,571.24	\$2,456,760.54
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$23,504.72	\$39,532.45	\$23,504.72	\$56,727.94
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.47	\$536.47	\$536.47	\$536.47
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$1,805,914.09	\$1,962,300.62	\$1,805,914.09	\$1,744,895.02
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.87	\$431.87	\$431.87	\$431.87
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$190,633.83	\$199,490.81	\$190,633.83	\$179,125.44
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$123,752.18	\$124,071.68	\$123,752.18	\$113,688.78
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$121,265.53	\$146,912.96	\$121,265.53	\$90,535.26
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$37,244.62	\$37,244.62	\$37,244.62	\$40,276.40
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$100,882.23	\$127,905.36	\$100,882.23	\$93,427.21
<u>*2998</u> MMC -MONEY MARKET FUND	\$703.63	\$703.63	\$703.63	\$703.63
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$55,237.91	\$55,237.91	\$55,237.91	\$55,237.91
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$4,688.09	\$22,452.52	\$4,688.09	\$4,688.09
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$18,246.24	\$30,972.17	\$18,246.24	\$24,747.87
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Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 7/18/2022

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		414,351.35	414,251.35	55,137.91			55,237.91	55,050.94
						Bank Balance	55,237.91	
						Variance		
						leave in Balance	100.00	
						April Interest	27.59	
						May Interest	26.85	
						June Interest	32.53	
						Adjust Balance/Transfer Amt	55,050.94	
						Approved:		
						WILLIAM LITTLE, CFO		7/18/2022

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Bethany Senior Living

7/14/2022 WIRE OUT PORT LAVACA NH, LLC
 7/14/2022 NOVITAS SOLUTION HCCLAIMPMT 676481 420000189
 7/13/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
 7/12/2022 Deposit
 7/12/2022 Deposit
 7/12/2022 Deposit
 7/11/2022 Check 1010

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
	414,164.38	-	-	-	-	-	-	-
	-	14,592.56	-	-	-	-	-	14,592.56
	-	1,236.04	-	-	-	-	-	1,236.04
	-	1,082.24	-	-	-	-	-	1,082.24
	-	1,742.47	-	-	-	-	-	1,742.47
	-	36,484.60	-	-	-	-	-	36,484.60
	86.97	-	-	-	-	-	-	-
	414,251.35	55,137.91	-	-	-	-	-	55,137.91

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