

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---August 10, 2022**

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

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 473,177.24
TOTAL TRANSFERS BETWEEN FUNDS	\$ 242,782.74
TOTAL NURSING HOME UPL EXPENSES	\$ 626,540.02
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
<b>GRAND TOTAL DISBURSEMENTS APPROVED August 10, 2022</b>	<b>\$ 1,342,500.00</b>

**APPROVED**

**AUG 10 2022**

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**  
**COMMISSIONERS COURT APPROVAL LIST FOR ---August 10, 2022**

**PAYABLES AND PAYROLL**

8/5/2022 Weekly Payables	274,848.41
8/5/2022 Patient Refunds	1,172.58
8/8/2022 McKesson-340B Prescription Expense	3,406.27
8/8/2022 Amerisource Bergen-340B Prescription Expense	1,235.19

**Prosperity Electronic Bank Payments**

8/2-8/3/22 Credit Card & Lease Fees	651.92
8/15/2022 TCDRS July Retirement	189,245.84
8/1-8/5/22 Pay Plus-Patient Claims Processing Fee	303.32
8/5/2022 ExpertPay- child support	2,290.01
8/2/2022 Authnet Gateway Billing-3rd Party Payor Fee	23.70

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** **\$ 473,177.24**

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

8/5/2022 MMC Operating to Fort bend-correction of NH insurance payment deposited into MMC Operating	2,464.00
8/5/2022 MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating	17.91
8/5/2022 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error	20,769.00
8/5/2022 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	57,617.99
8/5/2022 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	63,994.91
8/5/2022 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	23,779.66
8/5/2022 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	71,781.97

**MEDICARE ADVANCE PAYMENT RECOUP**

8/8/2022 Golden Creek to Tuscany Village-correction of Golden Creek medicare recoup taken from Tuscany Village	2,357.30
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**TOTAL TRANSFERS BETWEEN FUNDS** **\$ 242,782.74**

**NURSING HOME UPL EXPENSES**

8/8/2022 Nursing Home UPL-Cantex Transfer	294,219.67
8/8/2022 Nursing Home UPL-Nexion Transfer	22,035.15
8/8/2022 Nursing Home UPL-HMG Transfer	23,133.41
8/8/2022 Nursing Home UPL-Tuscany Transfer	53,374.90
8/8/2022 Nursing Home UPL-HSL Transfer	124,615.17

**QIPP CHECKS TO MMC**

8/8/2022 Ashford	32,964.61
8/8/2022 Broadmoor	14,800.26
8/8/2022 Crescent	11,548.19
8/8/2022 Fort Bend	14,217.68
8/8/2022 Solera	13,830.78
8/8/2022 Tuscany	21,800.20

**TOTAL NURSING HOME UPL EXPENSES** **\$ 626,540.02**

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

**GRAND TOTAL DISBURSEMENTS APPROVED August 10, 2022** **\$ 1,342,500.00**



RECEIVED BY THE COUNTY AUDITOR ON

AUG 05 2022

08/04/2022 14:46

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 08/25/2022

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Vendor# Vendor Name

Class Pay Code

11237 3WON, LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2975 ✓		07/29/20	07/05/20	08/05/20		398.00	0.00	0.00	398.00 ✓

CREDENTIALING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11237	3WON, LLC	398.00	0.00	0.00	398.00

Vendor# Vendor Name

Class Pay Code

R1200 ADT COMMERCIAL ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
146269632 ✓		07/29/20	07/06/20	07/31/20		53.61	0.00	0.00	53.61 ✓

FIRE MONITORING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1200	ADT COMMERCIAL	53.61	0.00	0.00	53.61

Vendor# Vendor Name

Class Pay Code

A1680 AIRGAS USA, LLC - CENTRAL DIV ✓

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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9127888550 ✓		07/29/20	07/13/20	08/07/20		110.20	0.00	0.00	110.20 ✓

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Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	110.20	0.00	0.00	110.20

Vendor# Vendor Name

Class Pay Code

A0400 AUREUS RADIOLOGY LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2673534 ✓		07/29/20	07/11/20	08/10/20		3,400.00	0.00	0.00	3,400.00 ✓

LAB STAFFING (6/25 - 6/30/22) Stribley

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A0400	AUREUS RADIOLOGY LLC	3,400.00	0.00	0.00	3,400.00

Vendor# Vendor Name

Class Pay Code

14088 AZALEA HEALTH ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
76766 ✓		07/29/20	07/01/20	07/01/20		550.00	0.00	0.00	550.00 ✓

JUL 22 MONTHLY PROCESSIN

77106 ✓		07/29/20	08/01/20	08/01/20		550.00	0.00	0.00	550.00 ✓
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AUG 22 MONTHLY PROCESSII

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	14088	AZALEA HEALTH	1,100.00	0.00	0.00	1,100.00

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
75777902 ✓		07/29/20	07/11/20	08/05/20		134.55	0.00	0.00	134.55 ✓

SUPPLIES

75824383 ✓		07/29/20	07/14/20	08/08/20		110.91	0.00	0.00	110.91 ✓
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SUPPLIES

75848246 ✓		07/29/20	07/18/20	08/12/20		690.07	0.00	0.00	690.07 ✓
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SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	935.53	0.00	0.00	935.53

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
	110019525 ✓		07/29/20	07/15/20	08/09/20		1,288.45	0.00	0.00	1,288.45 ✓
		SUPPLIES								
	110019282 ✓		07/29/20	07/15/20	08/09/20		219.72	0.00	0.00	219.72 ✓
		SUPPLIES								
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
		B1220 BECKMAN COULTER INC					1,508.17	0.00	0.00	1,508.17
Vendor#	Vendor Name		Class	Pay Code						
11224	CABLES AND SENSORS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	6191 ✓		01/12/20	01/07/20	08/01/20		-115.00	0.00	0.00	-115.00 ✓
		CREDIT								
	134426 ✓		07/29/20	07/19/20	08/01/20		150.00	0.00	0.00	150.00 ✓
		SUPPLIES								
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
		11224 CABLES AND SENSORS					35.00	0.00	0.00	35.00
Vendor#	Vendor Name		Class	Pay Code						
14064	CAPITAL ONE ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1643130252		07/29/20	07/19/20	08/01/20		462.36	0.00	0.00	462.36 ✓
		SUPPLIES								
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
		14064 CAPITAL ONE					462.36	0.00	0.00	462.36
Vendor#	Vendor Name		Class	Pay Code						
A1825	CARDINAL HEALTH 414,LLC ✓		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8002901514 ✓		07/29/20	07/09/20	08/08/20		855.04	0.00	0.00	855.04 ✓
		SUPPLIES								
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
		A1825 CARDINAL HEALTH 414,LLC					855.04	0.00	0.00	855.04
Vendor#	Vendor Name		Class	Pay Code						
13028	CAVALLO ENERGY TEXAS LLC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	17826683 ✓		07/29/20	07/19/20	08/22/20		793.51	0.00	0.00	793.51 ✓
		ELECTRICITY								
	17826682 ✓		07/29/20	07/19/20	08/22/20		2,052.66	0.00	0.00	2,052.66 ✓
		ELECTRICITY								
	17826684 ✓		07/29/20	07/19/20	08/22/20		16.93	0.00	0.00	16.93 ✓
		ELECTRICTY								
	17844598 ✓		07/29/20	07/21/20	08/22/20		10.17	0.00	0.00	10.17 ✓
		ELECTRICTY								
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
		13028 CAVALLO ENERGY TEXAS LLC					2,873.27	0.00	0.00	2,873.27
Vendor#	Vendor Name		Class	Pay Code						
C1992	CDW GOVERNMENT, INC. ✓		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	BL49188 ✓		07/29/20	07/15/20	08/14/20		515.64	0.00	0.00	515.64 ✓
		SUPPLIES								
	BN22341 ✓		07/29/20	07/19/20	08/18/20		172.15	0.00	0.00	172.15 ✓



Vendor#	Vendor Name	Class	Pay Code									
BN22774	SUPPLIES			07/29/20	07/19/20	08/18/20	57.39	0.00	0.00	57.39		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.					745.18	0.00	0.00	745.18		
12768	CHEMAQUA											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
	7856813		07/29/20	07/10/20	07/20/20		518.75	0.00	0.00	518.75		
		WATER TREATMENT										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	12768	CHEMAQUA					518.75	0.00	0.00	518.75		
C1730	CITY OF PORT LAVACA											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
	071522A		07/29/20	07/15/20	08/05/20		5,138.79	0.00	0.00	5,138.79		
		WATER										
	071522		07/29/20	07/15/20	08/05/20		27.04	0.00	0.00	27.04		
		WATER										
	071522C		07/29/20	07/15/20	08/05/20		55.14	0.00	0.00	55.14		
		WATER										
	071522B		07/29/20	07/15/20	08/05/20		93.34	0.00	0.00	93.34		
		WATER										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA					5,314.31	0.00	0.00	5,314.31		
C1166	COASTAL OFFICE SOLUTIONS											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
	OEQT202001		07/29/20	04/27/20	05/07/20		165.88	0.00	0.00	165.88		
		SUPPLIES										
	OEQT203171		07/29/20	07/15/20	07/25/20		699.84	0.00	0.00	699.84		
		SUPPLIES										
	OEQT208751		07/29/20	07/28/20	08/07/20		24.12	0.00	0.00	24.12		
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTIONS					889.84	0.00	0.00	889.84		
11029	COASTAL REFRIGERATION											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
	5114565		07/29/20	07/20/20	08/01/20		1,104.50	0.00	0.00	1,104.50		
		LABOR/MATERIALS <i>Roof top a/c leakage</i>										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	11029	COASTAL REFRIGERATION					1,104.50	0.00	0.00	1,104.50		
10646	COVIDIEN											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
	5866568868		07/29/20	07/15/20	07/25/20		298.44	0.00	0.00	298.44		
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	10646	COVIDIEN					298.44	0.00	0.00	298.44		

10789	DISCOVERY MEDICAL NETWORK INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
MMC073122 ✓		07/29/20	07/31/20	08/01/20		133,561.23	0.00	0.00	133,561.23 ✓		
	PHYSICIAN SERVICES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10789	DISCOVERY MEDICAL NETWORK INC				133,561.23	0.00	0.00	133,561.23		
Vendor#	Vendor Name					Class	Pay Code				
11291	DOWELL PEST CONTROL ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
10655 ✓		07/29/20	07/11/20	08/05/20		160.00	0.00	0.00	160.00 ✓		
	PEST CONTROL										
11034 ✓		07/29/20	07/26/20	08/15/20		105.00	0.00	0.00	105.00 ✓		
	PEST CONTROL										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11291	DOWELL PEST CONTROL				265.00	0.00	0.00	265.00		
Vendor#	Vendor Name					Class	Pay Code				
10042	ERBE USA INC SURGICAL SYSTEMS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
766541 ✓		07/29/20	07/20/20	08/03/20		139.50	0.00	0.00	139.50 ✓		
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10042	ERBE USA INC SURGICAL SYSTEMS				139.50	0.00	0.00	139.50		
Vendor#	Vendor Name					Class	Pay Code				
C2510	EVIDENT ✓						M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
T2207201378 ✓		07/29/20	07/20/20	07/20/20		8,846.44	0.00	0.00	8,846.44 ✓		
	CONSULTING SERV										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	C2510	EVIDENT				8,846.44	0.00	0.00	8,846.44		
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		
4696979 ✓		07/29/20	07/18/20	08/12/20		199.87	0.00	0.00	199.87 ✓		
	SUPPLIES										
4739451 ✓		07/29/20	07/19/20	08/13/20		199.41	0.00	0.00	199.41 ✓		
	SUPPLIES										
4739450 ✓		07/29/20	07/19/20	08/13/20		143.87	0.00	0.00	143.87 ✓		
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	F1400	FISHER HEALTHCARE				543.15	0.00	0.00	543.15		
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		
340385661 ✓		07/29/20	06/30/20	07/10/20		260.55	0.00	0.00	260.55 ✓		
	JUNE 22 SERVICE										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	13960	G & S MANAGEMENT GROUP LLC				260.55	0.00	0.00	260.55		
Vendor#	Vendor Name					Class	Pay Code				
13148	GRACE FLOORING AND GLASS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
001375		07/29/20	07/27/20	08/10/20		2,874.75	0.00	0.00	2,874.75 ✓		



## 3RD FLOOR INSTALL

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net		
Vendor Totals				2,874.75	0.00	0.00	2,874.75		
13148	GRACE FLOORING AND GLASS								
G0401	GULF COAST DELIVERY ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
959627 ✓		07/29/20	07/08/20	08/07/20		25.00	0.00	0.00	25.00 ✓
SLIDES									
Vendor Totals				25.00	0.00	0.00	25.00		
G0401	GULF COAST DELIVERY								
Vendor#	Vendor Name	Class	Pay Code						
12380	HEALTH SOLUTIONS DIETETICS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
072922		07/29/20	07/29/20	08/01/20		3,750.00	0.00	0.00	3,750.00 ✓
DIETICIAN SERVICES									
Vendor Totals				3,750.00	0.00	0.00	3,750.00		
12380	HEALTH SOLUTIONS DIETETICS								
Vendor#	Vendor Name	Class	Pay Code						
H0416	HOLOGIC INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
10207194 ✓		07/29/20	07/21/20	08/03/20		3,285.00	0.00	0.00	3,285.00 ✓
SUPPLIES									
Vendor Totals				3,285.00	0.00	0.00	3,285.00		
H0416	HOLOGIC INC								
Vendor#	Vendor Name	Class	Pay Code						
I1260	INTOXIMETERS INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
712739 ✓		07/29/20	07/27/20	08/21/20		80.00	0.00	0.00	80.00 ✓
SUPPLIES									
Vendor Totals				80.00	0.00	0.00	80.00		
I1260	INTOXIMETERS INC								
Vendor#	Vendor Name	Class	Pay Code						
J0150	J & J HEALTH CARE SYSTEMS, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
930284865 ✓		07/29/20	07/21/20	08/20/20		1,222.76	0.00	0.00	1,222.76 ✓
SUPPLIES									
Vendor Totals				1,222.76	0.00	0.00	1,222.76		
J0150	J & J HEALTH CARE SYSTEMS, INC								
Vendor#	Vendor Name	Class	Pay Code						
10972	M G TRUST ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
072822		07/29/20	07/28/20	08/01/20		640.86	0.00	0.00	640.86 ✓
PAYROLL DEDUCT									
Vendor Totals				640.86	0.00	0.00	640.86		
10972	M G TRUST								
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
19628210 ✓		07/29/20	07/26/20	08/10/20		229.79	0.00	0.00	229.79 ✓
SUPPLIES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
19629296 ✓		07/29/20	07/27/20	08/11/20		543.03	0.00	0.00	543.03 ✓

Vendor#	Vendor Name	Class	Pay Code							
19637277	SUPPLIES			07/29/20	07/28/20	08/12/20	173.27	0.00	0.00	173.27
	SUPPLIES									
	Vendor Total:	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				946.09	0.00	0.00	946.09
10613	MEDIMPACT HEALTHCARE SYS, INC.	A/P								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	30513491		07/29/20	07/25/20	08/15/20		43.35	0.00	0.00	43.35
	INDIGENT									
	Vendor Total:	Number	Name				Gross	Discount	No-Pay	Net
		10613	MEDIMPACT HEALTHCARE SYS, INC.				43.35	0.00	0.00	43.35
M2470	MEDLINE INDUSTRIES INC	M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2218255464		07/29/20	07/06/20	07/31/20		247.08	0.00	0.00	247.08
	SUPPLIES									
	2218814596		07/29/20	07/08/20	08/02/20		216.01	0.00	0.00	216.01
	SUPPLIES									
	2218863830		07/29/20	07/09/20	08/03/20		277.00	0.00	0.00	277.00
	SUPPLIES									
	2218863828		07/29/20	07/09/20	08/03/20		77.72	0.00	0.00	77.72
	SUPPLIES									
	2218863829		07/29/20	07/09/20	08/03/20		186.60	0.00	0.00	186.60
	SUPPLIES									
	2219020735		07/29/20	07/11/20	08/05/20		31.54	0.00	0.00	31.54
	SUPPLIES									
	2219244329		07/29/20	07/12/20	08/06/20		569.01	0.00	0.00	569.01
	SUPPLIES									
	2219244326		07/29/20	07/12/20	08/06/20		1,040.85	0.00	0.00	1,040.85
	SUPPLIES									
	2219244322		07/29/20	07/12/20	08/06/20		331.64	0.00	0.00	331.64
	SUPPLIES									
	2219244328		07/29/20	07/12/20	08/06/20		4,464.32	0.00	0.00	4,464.32
	SUPPLIES									
	2219189709		07/29/20	07/12/20	08/06/20		232.00	0.00	0.00	232.00
	SUPPLIES									
	2219244327		07/29/20	07/12/20	08/06/20		527.51	0.00	0.00	527.51
	SUPPLIES									
	2219189710		07/29/20	07/12/20	08/06/20		2,268.10	0.00	0.00	2,268.10
	SUPPLIES									
	2219244321		07/29/20	07/12/20	08/06/20		22.29	0.00	0.00	22.29
	SUPPLIES									
	2219189708		07/29/20	07/12/20	08/06/20		25.70	0.00	0.00	25.70
	SUPPLIES									
	2219244323		07/29/20	07/12/20	08/06/20		192.03	0.00	0.00	192.03
	SUPPLIES									
	2219244324		07/29/20	07/12/20	08/06/20		576.09	0.00	0.00	576.09
	SUPPLIES									
	2219468448		07/29/20	07/13/20	08/07/20		8.51	0.00	0.00	8.51
	SUPPLIES									



2219550238	✓	07/29/20	07/13/20	08/07/20	359.41	0.00	0.00	359.41	✓	
		SUPPLIES								
2219468449	✓	07/29/20	07/13/20	08/07/20	29.10	0.00	0.00	29.10	✓	
		SUPPLIES								
2219552611	✓	07/29/20	07/13/20	08/07/20	2,485.01	0.00	0.00	2,485.01	✓	
		SUPPLIES								
2219468450	✓	07/29/20	07/13/20	08/07/20	89.71	0.00	0.00	89.71	✓	
		SUPPLIES								
2219344067	✓	07/29/20	07/13/20	08/07/20	4,201.79	0.00	0.00	4,201.79	✓	
		SUPPLIES								
2219766213	✓	07/29/20	07/14/20	08/08/20	359.41	0.00	0.00	359.41	✓	
		SUPPLIES								
2219594941	✓	07/29/20	07/14/20	08/08/20	18.89	0.00	0.00	18.89	✓	
		SUPPLIES								
2219981535	✓	07/29/20	07/16/20	08/10/20	55.38	0.00	0.00	55.38	✓	
		SUPPLIES								
2219981533	✓	07/29/20	07/16/20	08/10/20	44.38	0.00	0.00	44.38	✓	
		SUPPLIES								
2220290867	✓	07/29/20	07/18/20	08/12/20	259.89	0.00	0.00	259.89	✓	
		SUPPLIES								
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					M2470	MEDLINE INDUSTRIES INC	19,196.97	0.00	0.00	19,196.97
Vendor#	Vendor Name	Class			Pay Code					
11788	MEMORIAL MEDICAL CENTER	ICP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
070522		07/29/20	07/05/20	08/05/20		82.79	0.00	0.00	82.79	
	INDIGENT									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					11788	MEMORIAL MEDICAL CENTER	82.79	0.00	0.00	82.79
Vendor#	Vendor Name	Class			Pay Code					
12308	MEMORIAL MEDICAL CENTER	ICP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
070522		07/29/20	07/05/20	08/05/20		5,258.70	0.00	0.00	5,258.70	
	INDIGENT									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					12308	MEMORIAL MEDICAL CENTER	5,258.70	0.00	0.00	5,258.70
Vendor#	Vendor Name	Class			Pay Code					
10090	MEMORIAL MEDICAL CENTER	ICP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
371		07/29/20	07/05/20	08/05/20		4,166.67	0.00	0.00	4,166.67	
	INDIGENT JUNE 22									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					10090	MEMORIAL MEDICAL CENTER	4,166.67	0.00	0.00	4,166.67
Vendor#	Vendor Name	Class			Pay Code					
10825	MEMORIAL MEDICAL CLINIC	ICP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
070522		07/29/20	07/05/20	08/05/20		615.81	0.00	0.00	615.81	
	INDIGENT									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					10825	MEMORIAL MEDICAL CLINIC	615.81	0.00	0.00	615.81
Vendor#	Vendor Name	Class			Pay Code					

10963	MEMORIAL MEDICAL CLINIC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
072822		07/29/20	07/28/20	08/01/20		111.00	0.00	0.00	111.00	✓
	PAYROLL DEDUCT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10963	MEMORIAL MEDICAL CLINIC				111.00	0.00	0.00	111.00	
Vendor#	Vendor Name				Class	Pay Code				
M2621	MMC AUXILIARY GIFT SHOP ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
072822		07/29/20	07/28/20	08/10/20		119.26	0.00	0.00	119.26	✓
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	M2621	MMC AUXILIARY GIFT SHOP				119.26	0.00	0.00	119.26	
Vendor#	Vendor Name				Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8453883 ✓		07/29/20	07/21/20	07/31/20		57.32	0.00	0.00	57.32	✓
	INVENTORY									
8464995 ✓		07/29/20	07/21/20	07/31/20		609.91	0.00	0.00	609.91	✓
	INVENTORY									
8453886 ✓		07/29/20	07/21/20	07/31/20		428.06	0.00	0.00	428.06	✓
	INVENTORY									
8456203 ✓		07/29/20	07/21/20	07/31/20		136.43	0.00	0.00	136.43	✓
	INVENTORY									
8456202 ✓		07/29/20	07/21/20	07/31/20		147.26	0.00	0.00	147.26	✓
	INVENTORY									
8453884 ✓		07/29/20	07/21/20	07/31/20		660.09	0.00	0.00	660.09	✓
	INVENTORY									
8617 ✓		07/29/20	07/21/20	07/31/20		-11.73	0.00	0.00	-11.73	✓
	CREDIT									
8453885 ✓		07/29/20	07/21/20	07/31/20		2,387.55	0.00	0.00	2,387.55	✓
	INVENTORY									
8467570 ✓		07/29/20	07/21/20	07/31/20		146.78	0.00	0.00	146.78	✓
	INVENTORY									
8458014 ✓		07/29/20	07/21/20	07/31/20		229.52	0.00	0.00	229.52	✓
	INVENTORY									
8424 ✓		07/29/20	07/21/20	07/31/20		-470.89	0.00	0.00	-470.89	✓
	CREDIT									
8456666 ✓		07/29/20	07/21/20	07/31/20		273.29	0.00	0.00	273.29	✓
	INVENTORY									
8463496 ✓		07/29/20	07/24/20	08/03/20		17.83	0.00	0.00	17.83	✓
	INVENTORY									
8463494 ✓		07/29/20	07/24/20	08/03/20		11.65	0.00	0.00	11.65	✓
	INVENTORY									
8463495 ✓		07/29/20	07/24/20	08/03/20		351.12	0.00	0.00	351.12	✓
	INVENTORY									
8461439 ✓		07/29/20	07/24/20	08/03/20		245.11	0.00	0.00	245.11	✓
	INVENTORY									
8461440 ✓		07/29/20	07/24/20	08/03/20		399.77	0.00	0.00	399.77	✓
	INVENTORY									
8461441 ✓		07/29/20	07/24/20	08/03/20		1,135.86	0.00	0.00	1,135.86	✓



		INVENTORY								
8461442	✓		07/29/20	07/24/20	08/03/20		1,719.36	0.00	0.00	1,719.36 ✓
		INVENTORY								
8467572	✓		07/29/20	07/25/20	08/04/20		21.62	0.00	0.00	21.62 ✓
		INVENTORY								
8464997	✓		07/29/20	07/25/20	08/04/20		2.32	0.00	0.00	2.32 ✓
		INVENTORY								
8467571	✓		07/29/20	07/25/20	08/04/20		424.03	0.00	0.00	424.03 ✓
		INVENTORY								
8466499	✓		07/29/20	07/25/20	08/04/20		10.86	0.00	0.00	10.86 ✓
		INVENTORY								
8467569	✓		07/29/20	07/25/20	08/04/20		28.64	0.00	0.00	28.64 ✓
		INVENTORY								
8470032	✓		07/29/20	07/26/20	08/05/20		6.95	0.00	0.00	6.95 ✓
		INVENTORY								
8470035	✓		07/29/20	07/26/20	08/05/20		1,077.41	0.00	0.00	1,077.41 ✓
		INVENTORY								
8470033	✓		07/29/20	07/26/20	08/05/20		5,025.68	0.00	0.00	5,025.68 ✓
		INVENTORY								
8470034	✓		07/29/20	07/26/20	08/05/20		133.56	0.00	0.00	133.56 ✓
		INVENTORY								
8471317	✓		07/29/20	07/26/20	08/05/20		5.46	0.00	0.00	5.46 ✓
		INVENTORY								
8473029	✓		07/29/20	07/26/20	08/05/20		84.82	0.00	0.00	84.82 ✓
		INVENTORY								
8470031	✓		07/29/20	07/26/20	08/05/20		16.31	0.00	0.00	16.31 ✓
		INVENTORY								
8470036	✓		07/29/20	07/26/20	08/05/20		1,191.37	0.00	0.00	1,191.37 ✓
		INVENTORY								
8471318	✓		07/29/20	07/26/20	08/05/20		8.69	0.00	0.00	8.69 ✓
		INVENTORY								
8473030	✓		07/29/20	07/26/20	08/05/20		279.94	0.00	0.00	279.94 ✓
		INVENTORY								
		Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
			10536	MORRIS & DICKSON CO, LLC			16,791.95	0.00	0.00	16,791.95
Vendor#	Vendor Name		Class	Pay Code						
00920	OFFICE DEPOT ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	253723303002	✓	07/29/20	06/30/20	07/30/20		325.98	0.00	0.00	325.98 ✓
		SUPPLIES								
	253723303001	✓	07/29/20	06/30/20	07/30/20		40.07	0.00	0.00	40.07 ✓
		SUPPLIES								
	253711462001	✓	07/29/20	06/30/20	08/03/20		146.28	0.00	0.00	146.28 ✓
		SUPPLIES								
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
			00920	OFFICE DEPOT			512.33	0.00	0.00	512.33
Vendor#	Vendor Name		Class	Pay Code						
10152	PARTSSOURCE, LLC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	CM00015417	✓	01/31/20	01/12/20	02/12/20		-438.05	0.00	0.00	-438.05 ✓
		CREDIT								

04425723	✓		07/29/20	07/07/20	08/06/20		83.45	0.00	0.00	83.45	✓	
		SUPPLIES										
04429299	✓		07/29/20	07/11/20	08/10/20		148.90	0.00	0.00	148.90	✓	
		SUPPLIES										
04438263	✓		07/29/20	07/18/20	08/17/20		238.61	0.00	0.00	238.61	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			10152	PARTSSOURCE, LLC			32.91	0.00	0.00	32.91		
Vendor#	Vendor Name		Class		Pay Code							
12544	PATRICK OCHOA											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
JULY2022		07/29/20	07/31/20	08/01/20			520.00	0.00	0.00	520.00	✓	
	LAWN MAINT											
JULY22B		07/29/20	07/31/20	08/01/20			200.00	0.00	0.00	200.00	✓	
	LAWN MAINT											
JULY2022A		07/29/20	07/31/20	08/01/20			380.00	0.00	0.00	380.00	✓	
	LAWN MAINT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			12544	PATRICK OCHOA			1,100.00	0.00	0.00	1,100.00		
Vendor#	Vendor Name		Class		Pay Code							
10896	QIAGEN INC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
998393592	✓	07/29/20	07/12/20	08/11/20			359.28	0.00	0.00	359.28	✓	
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			10896	QIAGEN INC			359.28	0.00	0.00	359.28		
Vendor#	Vendor Name		Class		Pay Code							
11080	RADSOURCE											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
SC32090822	✓	07/29/20	07/12/20	08/06/20			1,791.67	0.00	0.00	1,791.67	✓	
	SERV AGREEMENT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			11080	RADSOURCE			1,791.67	0.00	0.00	1,791.67		
Vendor#	Vendor Name		Class		Pay Code							
13460	RELIANT, DEPT 0954											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
3040013413204	✓	07/29/20	07/21/20	08/22/20			35,543.99	0.00	0.00	35,543.99	✓	
	ELECRICITY											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			13460	RELIANT, DEPT 0954			35,543.99	0.00	0.00	35,543.99		
Vendor#	Vendor Name		Class		Pay Code							
14048	REYNALDO D. TUAZON											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
073022		07/29/20	07/30/20	08/01/20			560.74	0.00	0.00	560.74	✓	
	TRAVEL THT CONFERENCE (7/28-7/30/22)											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			14048	REYNALDO D. TUAZON			560.74	0.00	0.00	560.74		
Vendor#	Vendor Name		Class		Pay Code							
11252	RX WASTE SYSTEMS LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
3744	✓	07/29/20	07/01/20	07/26/20			85.00	0.00	0.00	85.00	✓	



## MAIL BACK BOXES

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11252	RX WASTE SYSTEMS LLC			85.00	0.00	0.00	85.00
Vendor#	Vendor Name			Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
116239980 ✓		07/29/20	07/16/20	08/10/20		2,193.83	0.00	0.00	2,193.83 ✓
	CONTRACT								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC			2,193.83	0.00	0.00	2,193.83
Vendor#	Vendor Name			Class	Pay Code				
12472	SOMETHING MORE MEDIA, INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1813 ✓		07/29/20	07/31/20	08/15/20		2,225.00	0.00	0.00	2,225.00 ✓
	ADVERTISE								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		12472	SOMETHING MORE MEDIA, INC.			2,225.00	0.00	0.00	2,225.00
Vendor#	Vendor Name			Class	Pay Code				
10094	ST DAVIDS HEALTHCARE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
MMCP20226 ✓		07/29/20	07/22/20	08/15/20		570.00	0.00	0.00	570.00 ✓
	CONNECTIVITY FEE MAY 22								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10094	ST DAVIDS HEALTHCARE			570.00	0.00	0.00	570.00
Vendor#	Vendor Name			Class	Pay Code				
T1880	TEXAS DEPARTMENT OF LICENSING ✓			A/P					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
072822		07/29/20	07/28/20	08/01/20		60.00	0.00	0.00	60.00 ✓
	ELEVATOR INSPEC								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		T1880	TEXAS DEPARTMENT OF LICENSING			60.00	0.00	0.00	60.00
Vendor#	Vendor Name			Class	Pay Code				
10985	THE COMPLIANCE TEAM, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
00033430 ✓		07/29/20	07/15/20	07/15/20		2,850.00	0.00	0.00	2,850.00 ✓
	ACCREDIT CONTRACT 1ST IN								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10985	THE COMPLIANCE TEAM, INC			2,850.00	0.00	0.00	2,850.00
Vendor#	Vendor Name			Class	Pay Code				
11067	TRIZETTO PROVIDER SOLUTIONS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
35FK072200 ✓		07/29/20	07/07/20	08/01/20		1,175.80	0.00	0.00	1,175.80 ✓
	STATEMENTS								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11067	TRIZETTO PROVIDER SOLUTIONS			1,175.80	0.00	0.00	1,175.80
Vendor#	Vendor Name			Class	Pay Code				
11001	ULINE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
151491947		07/29/20	07/18/20	08/17/20		220.24	0.00	0.00	220.24 ✓
	SUPPLIES								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net

Vendor#	Vendor Name	Class	Pay Code							
	11001 ULINE					220.24	0.00	0.00	220.24	
U1064	UNIFIRST HOLDINGS INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	8400399859 ✓	LAUNDRY	07/29/20	07/21/20	08/15/20		206.64	0.00	0.00	206.64 ✓
	8400399858 ✓	LAUNDRY	07/29/20	07/21/20	08/15/20		194.80	0.00	0.00	194.80 ✓
	8400399857 ✓	LAUNDRY	07/29/20	07/21/20	08/15/20		201.59	0.00	0.00	201.59 ✓
	8400399875 ✓	LAUNDRY	07/29/20	07/21/20	08/15/20		98.81	0.00	0.00	98.81 ✓
	8400399897 ✓	LAUNDRY	07/29/20	07/21/20	08/15/20		105.04	0.00	0.00	105.04 ✓
	8400399856 ✓	LAUNDRY	07/29/20	07/21/20	08/15/20		26.76	0.00	0.00	26.76 ✓
	8400399860 ✓	LAUNDRY	07/29/20	07/21/20	08/15/20		208.13	0.00	0.00	208.13 ✓
	8400399883 ✓	LAUNDRY	07/29/20	07/21/20	08/15/20		1,588.09	0.00	0.00	1,588.09 ✓
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC				2,629.86	0.00	0.00	2,629.86

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
	INV00354866 ✓	FAX	07/29/20	07/31/20	08/01/20		1,292.09	0.00	0.00	1,292.09 ✓
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12400	UPDOX LLC				1,292.09	0.00	0.00	1,292.09

Vendor#	Vendor Name	Class	Pay Code							
U2000	US POSTAL SERVICE ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	080222	POSTAGE	07/29/20	08/02/20	08/02/20		2,200.00	0.00	0.00	2,200.00 ✓
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U2000	US POSTAL SERVICE				2,200.00	0.00	0.00	2,200.00

Vendor#	Vendor Name	Class	Pay Code							
10082	VICTORIA EYE CENTER ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	070522	INDIGENT	07/29/20	07/05/20	08/05/20		99.17	0.00	0.00	99.17 ✓
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10082	VICTORIA EYE CENTER				99.17	0.00	0.00	99.17 ✓

Vendor#	Vendor Name	Class	Pay Code							
10768	VICTORIA MEDICAL FOUNDATION ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	129	PRORATED MEMBERSHIP	07/29/20	05/10/20	06/10/20		422.94	0.00	0.00	422.94 ✓
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10768	VICTORIA MEDICAL FOUNDATION				422.94	0.00	0.00	422.94

Vendor#	Vendor Name	Class	Pay Code
---------	-------------	-------	----------



Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
12208	WAGEWORKS										
INV3987554	JUNE 2222 ADMIN/COMPLIANC	07/29/20	07/15/20	08/15/20		496.25	0.00	0.00	496.25		
INV4033823	MONTHLY COMPLIANCE JULY 2	07/29/20	07/25/20	08/01/20		396.50	0.00	0.00	396.50		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12208	WAGEWORKS	892.75	0.00	0.00	892.75
Vendor#	Vendor Name			Class	Pay Code						
10793	WAGEWORKS, INC.										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
072822	PAYROLL DEDUCT	07/29/20	07/28/20	08/01/20		3,253.25	0.00	0.00	3,253.25		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10793	WAGEWORKS, INC.	3,253.25	0.00	0.00	3,253.25
Vendor#	Vendor Name			Class	Pay Code						
11110	WERFEN USA LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9111186775	CONTRACT	07/29/20	07/15/20	08/09/20		1,571.67	0.00	0.00	1,571.67		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11110	WERFEN USA LLC	1,571.67	0.00	0.00	1,571.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	285,071.55	0.00	0.00	285,071.55

285,071.55  
 82.79 -  
 5,258.70 -  
 4,166.67 -  
 615.81 -  
 99.17 -  
 274,848.41 \*

pg 7 correction { <82.79>  
 <5,258.70>  
 <4,166.67>  
 <615.81>  
 pg 12 correction <99.17>  
 \$ 274,848.41

APPROVED ON

AUG 05 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

CK#195905-195967

RECEIVED BY THE  
COUNTY AUDITOR ON  
AUG 05 2022  
TIME: 14:47

MEMORIAL MEDICAL CENTER  
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1  
APCDEDIT

PATIENT NUMBER	PATIENT NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		080322	319.53	✓	2	REFUN	
		080322	150.00	✓	3	REFUND	
		080322	422.48	✓	2	REFUN	
		080322	280.57	✓	2	REFUND F.	
ARID=0001 TOTAL			1172.58				
TOTAL			1172.58				

APPROVED ON

AUG 05 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 195975-195978



# MCKESSON

# STATEMENT

As of: 08/05/2022

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115

Territory:

Customer: 632536

Date: 08/06/2022

As of: 08/05/2022  
Mail to:

Page: 002  
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536 PLEASE CHECK ANY  
Date: 08/06/2022 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 3,475.78 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 08/09/2022,  
Pay This Amount: 3,406.27 USD

If Paid After 08/09/2022,  
Pay this Amount: 3,475.78 USD

Due If Paid On Time: USD 3,406.27  
Disc lost if paid late: 69.51  
Due If Paid Late: USD 3,475.78

2,545.81 +  
804.74 +  
54.02 +  
1.90 +  
3,406.27 \*

APPROVED ON

AUG 08 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

# MCKESSON

# STATEMENT

As of: 08/05/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 08/05/2022  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 256342

Date: 08/06/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342  
Date: 08/06/2022

**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	
<b>Customer Number 256342 WALMART 1098/MEM MED PHS</b>											
18/01/2022	08/09/2022	7357137890	41531168	115Invoice		0.16		0.16	✓	7357137890	
18/01/2022	08/09/2022	7357137892	41600028	115Invoice		0.09		0.09	✓	7357137892	
18/01/2022	08/09/2022	7357313475	0729221044	115Invoice	0.01	0.32		0.31	✓	7357313475	
18/01/2022	08/09/2022	7357313476	0729220747	195Invoice	0.01	0.32		0.31	✓	7357313476	
18/02/2022	08/09/2022	7357448637	41761051	115Invoice	16.86	842.88		826.02	✓	7357448637	
18/02/2022	08/09/2022	7357448638	41769031	115Invoice	7.02	350.99		343.97	✓	7357448638	
18/02/2022	08/09/2022	7357613989	0801220821	115Invoice	3.47	173.50		170.03	✓	7357613989	
18/03/2022	08/09/2022	7357720266	41913954	115Invoice	8.21	410.60		402.39	✓	7357720266	
18/03/2022	08/09/2022	7357720267	41913954	115Invoice	2.32	116.08		113.76	✓	7357720267	
18/04/2022	08/09/2022	7357974480	41978746	115Invoice	0.01	0.63		0.62	✓	7357974480	
18/04/2022	08/09/2022	7357974481	42044687	115Invoice		0.09		0.09	✓	7357974481	
18/05/2022	08/09/2022	7358233185	42092960	115Invoice	5.32	266.10		260.78	✓	7358233185	
18/05/2022	08/09/2022	7358233186	42159636	115Invoice	5.70	285.18		279.48	✓	7358233186	
18/05/2022	08/09/2022	7358233187	42159636	115Invoice	1.27	63.70		62.43	✓	7358233187	
18/05/2022	08/09/2022	7358383411	0804220730	195Invoice	1.72	85.96		84.24	✓	7358383411	
18/05/2022	08/09/2022	7358383412	0804221031	115Invoice	0.02	0.95		0.93	✓	7358383412	

\*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: 2,597.55 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/01/2022 6,069.67

If Paid By 08/09/2022,  
Pay This Amount: 2,545.61 USD

If Paid After 08/09/2022,  
Pay this Amount: 2,597.55 USD

Due If Paid On Time:  
USD 2,545.61

Disc lost if paid late:  
51.94

Due If Paid Late:  
USD 2,597.55

CK # 200362

APPROVED ON

AUG 08 2022

For AR Inquiries please contact 800-867-0333

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



# MCKESSON

# STATEMENT

As of: 08/05/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 08/05/2022  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 464450  
Date: 08/06/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 464450  
Date: 08/06/2022

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	
<b>Customer Number 464450 HEB PHY FC 490/MEM MC PHS</b>											
08/01/2022	08/09/2022	7357126200	55x638931	115Invoice	1.52	76.09		74.57	✓	7357126200	
08/03/2022	08/09/2022	7357692848	55x645106	115Invoice	0.21	10.60		10.39	✓	7357692848	
08/03/2022	08/09/2022	7357692849	55x645263	115Invoice	1.29	64.27		62.98	✓	7357692849	
08/04/2022	08/09/2022	7357968370	55x647157	115Invoice		0.16		0.16	✓	7357968370	
08/04/2022	08/09/2022	7357968371	55x647658	115Invoice	0.08	3.95		3.87	✓	7357968371	
08/05/2022	08/09/2022	7358229713	55x649469	115Invoice	0.53	26.30		25.77	✓	7358229713	
08/05/2022	08/09/2022	7358229714	55x649430	115Invoice	12.78	639.00		626.22	✓	7358229714	
08/05/2022	08/09/2022	7358229715	55x649943	115Invoice	0.02	0.80		0.78	✓	7358229715	

\*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: 821.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/01/2022 6,069.67

If Paid By 08/09/2022,  
Pay This Amount: 804.74 USD

If Paid After 08/09/2022,  
Pay this Amount: 821.17 USD

Due If Paid On Time:  
USD 804.74 ✓

Disc lost if paid late: 16.43

Due If Paid Late:  
USD 821.17

APPROVED ON

AUG 08 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 08/05/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 08/05/2022  
Mail to:

Page: 001  
Comp: 8000

CVS PHCY 8923/MEM MC PHS  
MEMORIAL MEDICAL CENTER  
VICKY KALISEK  
815 N VIRGINIA ST  
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 835434  
Date: 08/06/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835434  
Date: 08/06/2022

PLEASE CHECK ANY  
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
08/03/2022	08/09/2022	7357702192	1809469	115Invoice	1.10	55.12		54.02	✓	7357702192	

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

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

Subtotals: 55.12 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,017.08  
07/25/2022

If Paid By 08/09/2022,  
Pay This Amount: 54.02 USD

If Paid After 08/09/2022,  
Pay this Amount: 55.12 USD

Due If Paid On Time: 54.02 ✓  
USD  
Disc lost if paid late: 1.10  
Due If Paid Late: 55.12  
USD

APPROVED ON

AUG 08 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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



# MCKESSON

# STATEMENT

As of: 08/05/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 08/05/2022  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 835438  
Date: 08/06/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835438  
Date: 08/06/2022

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												
18/03/2022	08/09/2022	7357875316		1809180	115Invoice	0.04	1.94		1.90	✓	7357875316	

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

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS

Subtotals: 1.94 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,069.67  
18/01/2022

If Paid By 08/09/2022,  
Pay This Amount:

1.90 USD

If Paid After 08/09/2022,  
Pay this Amount:

1.94 USD

Due If Paid On Time:  
USD

1.90 ✓

Disc lost if paid late:

0.04

Due If Paid Late:  
USD

1.94

APPROVED ON

AUG 08 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

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

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

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

<b>Customer Number</b>	
100135284 / 037028186	
<b>Terms</b>	
Sat - Fri Due in 7 days	
<b>Summary</b>	
Not Yet Due:	0.00
Current:	1,235.19
Past Due:	0.00
Total Due:	1,235.19
Account Balance:	1,235.19

**Account Activity**

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-01-2022	08-12-2022	3101147978	166917	Invoice	102.28		0.00	102.28
08-01-2022	08-12-2022	3101147979	166918	Invoice	0.29		0.00	0.29
08-01-2022	08-12-2022	3101148580	166919	Invoice	173.14		0.00	173.14
08-01-2022	08-12-2022	3101148581	166920	Invoice	11.81		0.00	11.81
08-01-2022	08-12-2022	3101188515	166967	Invoice	13.45		0.00	13.45
08-02-2022	08-12-2022	3101325088	166974	Invoice	15.98		0.00	15.98
08-03-2022	08-12-2022	3101479451	166983	Invoice	77.26		0.00	77.26
08-05-2022	08-12-2022	3101788229	167004	Invoice	839.97		0.00	839.97
08-05-2022	08-12-2022	3101788730	167005	Invoice	1.01		0.00	1.01

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,235.19	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
08-05-2022	(624.71)

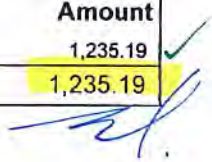
Reminders	
Due Date	Amount
08-12-2022	1,235.19
Total Due: 1,235.19	

APPROVED ON

AUG 08 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK # 200363





**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- August 1, 2022 - August 7, 2022**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
8/1/2022	PAY PLUS ACHTRANS 452579291 101000696583468	- 3rd Party Payor Fee
8/2/2022	PAY PLUS ACHTRANS 452579291 101000697757781	- 3rd Party Payor Fee
8/2/2022	MCKESSON DRUG AUTO ACH ACH05120812 910000182	- 340B Drug Program Expense
8/2/2022	TSYS/TRANSFIRST BKCD STLMT 39300982541616 61	- Credit Card Processing Fee
8/2/2022	AUTHNET GATEWAY BILLING 123644042 1040000173	- 3rd Party Payor Fee
8/3/2022	PAY PLUS ACHTRANS 452579291 101000699288909	- 3rd Party Payor Fee
8/3/2022	MERCHANT BANKCD FEE 971160913887 91000015110	- Credit Card Processing Fee
8/3/2022	MERCHANT BANKCD FEE 971160910883 91000015110	- Credit Card Processing Fee
8/3/2022	MERCHANT BANKCD INTERCHNG 971160913887 910000	- Credit Card Processing Fee
8/3/2022	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee
8/3/2022	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee
8/4/2022	PAY PLUS ACHTRANS 452579291 101000690225507	- 3rd Party Payor Fee
8/5/2022	STATE COMPTLR TEXNET 06793604/20804 2100002	-DSH IGT
8/5/2022	PAY PLUS ACHTRANS 452579291 101000691248744	- 3rd Party Payor Fee
8/5/2022	EXPERTPAY EXPERTPAY 746003411 91000014551054	-Child Support Payment
8/5/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
8/5/2022	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll

<u>Amount</u>	<u>CPSI</u>
73.28	CC Fees
0.14	0 + 01 +
6,069.67*	195 + 60 +
0.01	9 + 95 +
23.70	152 + 86 +
180.00	273 + 55 +
195.60	19 + 95 +
9.95	651 + 92 *
152.86	Authnet
273.55	23 + 70 +
19.95	22 + 71 *
47.23	Expert Pmt
2,527.39**	2 + 290 + 01 +
2,290.01	303 + 32 +
624.71*	651 + 92 +
373,533.45*	23 + 70 +
<b>386,024.17</b>	<b>2 + 290 + 01 +</b>

William Little, CFO  
Memorial Medical Center

August 8, 2022  
\* Approved 08-03-22 CC  
\*\* Approved 07-27-22 CC

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>
8/15/2022	TCDRS	-RETIREMENT

<u>Amount</u>
189,245.84
<b>189,245.84</b>

William Little, CFO  
Memorial Medical Center

August 8, 2022

303 + 32 +  
651 + 92 +  
23 + 70 +  
2 + 290 + 01 +  
3 + 268 + 95 \*  
386 + 024 + 17 +  
6 + 069 + 67 -  
2 + 527 + 39 -  
624 + 71 -  
373 + 533 + 45 -  
3 + 268 + 95 \*  
3 + 268 + 95 \*  
3 + 268 + 95 -  
0 + 00 \*

**Date/Time** 08-02-2022 / 10:15 AM  
**Submitted By**

**Pay Date** 07-31-2022

Employee Deposits	\$74,800.82
Employer Contributions	\$114,445.02
Group Term Life Premiums	\$0.00
<b>Total</b>	<b>\$189,245.84</b>

**Comments**

**Payroll File** July 2022 Retirement Upload.xlsx

CLOSE

PRINT



RECEIVED BY THE  
COUNTY AUDITOR ON

AUG 05 2022

CALHOUN COUNTY, TEXAS

08/05/2022

09:42

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
072122		07/29/20	07/21/20	08/29/20		1,316.00	0.00	0.00	1,316.00 ✓		
	TRANSFER	<i>NH insurance amt deposited into mmc operating</i>									
072122A		07/29/20	07/21/20	08/29/20		1,148.00	0.00	0.00	1,148.00 ✓		
	TRANSFER										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11820	FORTBEND HEALTHCARE CENTER	2,464.00	0.00	0.00	2,464.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,464.00	0.00	0.00	2,464.00

APPROVED ON

AUG 05 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

ck#195970

RECEIVED BY THE  
COUNTY AUDITOR ON

08/04/2022

AUG 05 2022

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap\_open\_invoice.template

Dates Through:

Class Pay Code

CALHOUN COUNTY, TEXAS  
Vendor# Vendor Name

11832 BROADMOOR AT CREEKSIDE PARK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
072822		07/29/20	07/28/20	08/29/20		17.91	0.00	0.00	17.91 ✓

TRANSFER *NH insurance pymt deposited into mmc operat*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	17.91	0.00	0.00	17.91

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	17.91	0.00	0.00	17.91

APPROVED ON

AUG 05 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 195969



RECEIVED BY THE  
COUNTY AUDITOR ON

AUG 05 2022

08/04/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11824 THE CRESCENT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
072622		07/29/20	07/26/20	08/29/20		5,835.00	0.00	0.00	5,835.00 ✓
072822	TRANSFER	07/29/20	07/28/20	08/29/20		12,600.00	0.00	0.00	12,600.00 ✓
	TRANSFER	"	"	"				"	
072922		07/29/20	07/29/20	08/29/20		2,334.00	0.00	0.00	2,334.00 ✓
	TRANSFER	"	"	"				"	

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11824		THE CRESCENT	20,769.00	0.00	0.00	20,769.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	20,769.00	0.00	0.00	20,769.00

APPROVED ON

AUG 05 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Clk#195773

RECEIVED BY THE COUNTY AUDITOR ON

AUG 05 2022

08/04/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071322A		07/29/20	07/13/20	08/29/20		199.23	0.00	0.00	199.23 ✓
071322	TRANSFER	07/29/20	07/13/20	08/29/20		673.63	0.00	0.00	673.63 ✓
	TRANSFER	"	"	"		"	"	"	"
072222		07/29/20	07/22/20	08/29/20		949.26	0.00	0.00	949.26 ✓
	TRANSFER	"	"	"		"	"	"	"
072222A		07/29/20	07/22/20	08/29/20		13,744.06	0.00	0.00	13,744.06 ✓
	TRANSFER	"	"	"		"	"	"	"
072522		07/29/20	07/25/20	08/29/20		41,556.19	0.00	0.00	41,556.19 ✓
	TRANSFER	"	"	"		"	"	"	"
072922		07/29/20	07/29/20	08/29/20		495.62	0.00	0.00	495.62 ✓
	TRANSFER	"	"	"		"	"	"	"
Vendor Totals									
Number	Name					Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE					57,617.99	0.00	0.00	57,617.99

*Net insurance pymt deposited into mme operating*

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	57,617.99	0.00	0.00	57,617.99

APPROVED ON

AUG 05 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CLC#19571



RECEIVED BY THE  
COUNTY AUDITOR ON

AUG 05 2022

16:18

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap\_open\_invoice.template

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071322		07/29/20	07/13/20	08/29/20		25,323.98	0.00	0.00	25,323.98 ✓
072222	TRANSFER	07/29/20	07/22/20	08/29/20		1,541.19	0.00	0.00	1,541.19 ✓
072222A	TRANSFER	07/29/20	07/22/20	08/29/20		165.42	0.00	0.00	165.42 ✓
072522	TRANSFER	07/29/20	07/25/20	08/29/20		5,360.55	0.00	0.00	5,360.55 ✓
072622	TRANSFER	07/29/20	07/26/20	08/29/20		22,748.39	0.00	0.00	22,748.39 ✓
072722A	TRANSFER	07/29/20	07/27/20	08/29/20		7,344.00	0.00	0.00	7,344.00 ✓
072722	TRANSFER	07/29/20	07/27/20	08/29/20		1,511.38	0.00	0.00	1,511.38 ✓

*Net insurance pymt deposited into MMC operating*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
12696		GULF POINTE PLAZA	63,994.91	0.00	0.00	63,994.91

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	63,994.91	0.00	0.00	63,994.91

APPROVED ON

AUG 05 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

ck# 195972

RECEIVED BY THE  
COUNTY AUDITOR ON

AUG 05 2022

08/04/2022  
16:17  
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE ✓								
071322		07/29/20	07/13/20	08/29/20		8,833.34	0.00	0.00	8,833.34 ✓
072622A	TRANSFER <i>Mt insurance pymt deposited into MMC Operating</i>	07/29/20	07/26/20	08/29/20		2,644.46	0.00	0.00	2,644.46 ✓
072622	TRANSFER "	07/29/20	07/26/20	08/29/20		1,086.47	0.00	0.00	1,086.47 ✓
072722	TRANSFER "	07/29/20	07/27/20	08/29/20		8,881.39	0.00	0.00	8,881.39 ✓
072922	TRANSFER "	07/29/20	07/29/20	08/29/20		2,334.00	0.00	0.00	2,334.00 ✓
Vendor Totals									
13004	TUSCANY VILLAGE					23,779.66	0.00	0.00	23,779.66

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	23,779.66	0.00	0.00	23,779.66

APPROVED ON

AUG 05 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL#195974



RECEIVED BY THE  
COUNTY AUDITOR ON

AUG 05 2022

08/04/2022  
16:19

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap\_open\_invoice.template

Class Pay Code

12792 BETHANY SENIOR LIVING ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071322		07/29/20	07/13/20	08/29/20		194.50	0.00	0.00	194.50 ✓
071322A	TRANSFER	NH insurance pymt deposited into MME open				365.67	0.00	0.00	365.67 ✓
072222	TRANSFER	07/29/20	07/22/20	08/29/20		384.90	0.00	0.00	384.90 ✓
072622A	TRANSFER	07/29/20	07/26/20	08/29/20		17,545.67	0.00	0.00	17,545.67 ✓
072622	TRANSFER	07/29/20	07/26/20	08/29/20		193.48	0.00	0.00	193.48 ✓
072722	TRANSFER	07/29/20	07/27/20	08/29/20		53,097.75	0.00	0.00	53,097.75 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING	71,781.97	0.00	0.00	71,781.97	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	71,781.97	0.00	0.00	71,781.97

APPROVED ON

AUG 05 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

ck # 195968



RUN DATE:08/09/22  
TIME:09:25

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
08/10/22 THRU 08/10/22

PAGE 1  
GLCKREG

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

A/P	195905	08/10/22	398.00	3WON, LLC
A/P	195906	08/10/22	53.61	ADT COMMERCIAL
A/P	195907	08/10/22	110.20	AIRGAS USA, LLC - CENTRAL DIV
A/P	195908	08/10/22	3,400.00	AUREUS RADIOLOGY LLC
A/P	195909	08/10/22	1,100.00	AZALEA HEALTH
A/P	195910	08/10/22	935.53	BAXTER HEALTHCARE
A/P	195911	08/10/22	1,508.17	BECKMAN COULTER INC
A/P	195912	08/10/22	35.00	CABLES AND SENSORS
A/P	195913	08/10/22	462.36	CAPITAL ONE
A/P	195914	08/10/22	855.04	CARDINAL HEALTH 414, LLC
A/P	195915	08/10/22	2,873.27	CAVALLO ENERGY TEXAS LLC
A/P	195916	08/10/22	745.18	CDW GOVERNMENT, INC.
A/P	195917	08/10/22	518.75	CHEMAQUA
A/P	195918	08/10/22	5,314.31	CITY OF PORT LAVACA
A/P	195919	08/10/22	889.84	COASTAL OFFICE SOLUTIONS
A/P	195920	08/10/22	1,104.50	COASTAL REPRIGERATION
A/P	195921	08/10/22	298.44	COVIDIEN
A/P	195922	08/10/22	133,561.23	DISCOVERY MEDICAL NETWORK INC
A/P	195923	08/10/22	265.00	DOWELL PEST CONTROL
A/P	195924	08/10/22	139.50	ERBE USA INC SURGICAL SYSTEMS
A/P	195925	08/10/22	8,846.44	EVIDENT
A/P	195926	08/10/22	543.15	FISHER HEALTHCARE
A/P	195927	08/10/22	260.55	G & S MANAGEMENT GROUP LLC
A/P	195928	08/10/22	2,874.75	GRACE FLOORING AND GLASS
A/P	195929	08/10/22	25.00	GULF COAST DELIVERY
A/P	195930	08/10/22	3,750.00	HEALTH SOLUTIONS DIETETICS
A/P	195931	08/10/22	3,285.00	HOLOGIC INC
A/P	195932	08/10/22	80.00	INTOXIMETERS INC
A/P	195933	08/10/22	1,222.76	J & J HEALTH CARE SYSTEMS, INC
A/P	195934	08/10/22	640.86	M G TRUST
A/P	195935	08/10/22	946.09	MCKESSON MEDICAL SURGICAL INC
A/P	195936	08/10/22	43.35	MEDIMPACT HEALTHCARE SYS, INC.
A/P	195937	08/10/22	.00	VOIDED
A/P	195938	08/10/22	.00	VOIDED
A/P	195939	08/10/22	.00	VOIDED
A/P	195940	08/10/22	19,196.97	MEDLINE INDUSTRIES INC
A/P	195941	08/10/22	111.00	MEMORIAL MEDICAL CLINIC
A/P	195942	08/10/22	119.26	MMC AUXILIARY GIFT SHOP
A/P	195943	08/10/22	.00	VOIDED
A/P	195944	08/10/22	.00	VOIDED
A/P	195945	08/10/22	16,791.95	MORRIS & DICKSON CO, LLC
A/P	195946	08/10/22	512.33	OFFICE DEPOT
A/P	195947	08/10/22	32.91	PARTSOURCE, LLC
A/P	195948	08/10/22	1,100.00	PATRICK OCHOA
A/P	195949	08/10/22	359.28	QIAGEN INC
A/P	195950	08/10/22	1,791.67	RADSOURCE
A/P	195951	08/10/22	35,543.99	RELIANT, DEPT 0954
A/P	195952	08/10/22	560.74	REYNALDO D. TUAZON
A/P	195953	08/10/22	85.00	RX WASTE SYSTEMS LLC
A/P	195954	08/10/22	2,193.83	SIEMENS MEDICAL SOLUTIONS INC



BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	195955	08/10/22	2,225.00	SOMETHING MORE MEDIA, INC.
A/P	195956	08/10/22	570.00	ST DAVIDS HEALTHCARE
A/P	195957	08/10/22	60.00	TEXAS DEPARTMENT OF LICENSING
A/P	195958	08/10/22	2,850.00	THE COMPLIANCE TEAM, INC
A/P	195959	08/10/22	1,175.80	TRIZETTO PROVIDER SOLUTIONS
A/P	195960	08/10/22	220.24	ULINE
A/P	195961	08/10/22	2,629.86	UNIPIRST HOLDINGS INC
A/P	195962	08/10/22	1,292.09	UPDOX LLC
A/P	195963	08/10/22	2,200.00	US POSTAL SERVICE
A/P	195964	08/10/22	422.94	VICTORIA MEDICAL FOUNDATION
A/P	195965	08/10/22	892.75	WAGWORKS
A/P	195966	08/10/22	3,253.25	WAGWORKS, INC.
A/P	195967	08/10/22	1,571.67	WERFEN USA LLC
A/P	195968	08/10/22	71,781.97	BETHANY SENIOR LIVING
A/P	195969	08/10/22	17.91	BROADMOOR AT CREEKSIDE PARK
A/P	195970	08/10/22	2,464.00	FORTBEND HEALTHCARE CENTER
A/P	195971	08/10/22	57,617.99	GOLDENCREEK HEALTHCARE
A/P	195972	08/10/22	63,994.91	GULF POINTE PLAZA
A/P	195973	08/10/22	20,769.00	THE CRESCENT
A/P	195974	08/10/22	23,779.66	TUSCANY VILLAGE
A/P	195975	08/10/22	422.48	
A/P	195976	08/10/22	150.00	
A/P	195977	08/10/22	319.53	
A/P	195978	08/10/22	280.57	
TOTALS:			516,446.43	

*Payables* 274,848.41 +  
*Patient refunds* 1,172.58 +  
 2,464.00 +  
 17.91 +  
*MIT* 20,769.00 +  
 57,617.99 +  
*Trusts* 63,994.91 +  
 23,779.66 +  
 71,781.97 +  
 516,446.43 +

APPROVED ON

AUG 10 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

## Request for Transfer of Funds

Transfer #: \_\_\_\_\_

Date Requested 8.4.22

Payer MEDICARE

Requested by: RACHEL ARENAZAS

Requestor's email rrarenazas@tuscanyvillagecare.net

Requestor's phone number 713-770-5300

District or County BRAZORIA

Facility TUSCANY VILLAGE

**Please Attach:**

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

\* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.

Please email request form and

Remittance Advice to : [cclevenger@mmcportlavaca.com](mailto:cclevenger@mmcportlavaca.com)  
[mmartinez@mmcportlavaca.com](mailto:mmartinez@mmcportlavaca.com)

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		5.26.22	EFT	\$ 2,357.30	eft6356642	22213300626204TXA	\$ 2,357.30	DUE TUSCANY FROM GOLDEN CREEK
			<b>TOTAL</b>	<b>2,357.30</b>			<b>2,357.30</b>	

**To be filled out by Memorial Medical Center:**

Date Received: 8/4/2022

Approved by: MAYRA MARTINEZ

Date of transfer: 8/10/2022

From Facility: GOLDEN CREEK

To Facility: TUSCANY

Amount: 2,357.30

Requested Transfer Date #2: \_\_\_\_\_

Date of transfer: \_\_\_\_\_

From Facility: \_\_\_\_\_

To Facility: \_\_\_\_\_

Amount: \_\_\_\_\_

APPROVED ON  
 AUG 08 2022  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS



**MEMORIAL MEDICAL CENTER 022020  
NH TUSCANY VILLAGE**

PH 361-553-4818  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

1106

88-2265/1131-87

DATE 8/10/22

CHECK AMOUNT

PAY  
TO THE  
ORDER OF

Golden Creek

\$ 2,357.30

Two thousand three hundred fifty seven & 30/100 DOLLARS

Photo  
Safe  
Deposit  
Details on back



**PROSPERITY BANK®**

PORT LAVACA BANKING CENTER  
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361-552-7411 www.prosperitybankusa.com

FOR Medicare repayment

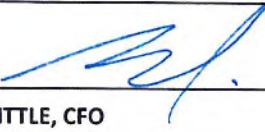
\_\_\_\_\_  
County auditor

\_\_\_\_\_  
County Treasurer

**Medicare Repayment**

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	CK DATE
TUSCANY			GOLDEN CREEK	20351000		2,357.30	8/10/2022
					Total	2,357.30	

Note:

Approved: 

WILLIAM LITTLE, CFO

8/8/2022



Memorial Medical Center  
Nursing Home UPL  
Weekly Cantex Transfer  
Prosperity Accounts  
8/8/2022

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
<b>Ashford Gardens</b>		198,915.18	198,796.48	83,787.86		83,906.55	50,823.25
						Bank Balance	83,906.55
						Variance	-
						Leave in Balance	100.00
						MOLINA QIPP	32,964.61
						July Interest	18.69
						August Interest	
						September Interest	
						Adjust Balance/Transfer Amt	50,823.25
<b>Broadmoor</b>		294,912.93	294,798.58	62,891.11		63,005.46	48,090.85
						Bank Balance	63,005.46
						Variance	-
						Leave in Balance	100.00
						MOLINA QIPP	14,800.26
						July Interest	14.35
						August Interest	
						September Interest	
						Adjust Balance/Transfer Amt	48,090.85
<b>Crescent</b>		144,867.96	142,540.69	102,300.04		104,627.31	90,751.85
						Bank Balance	104,627.31
						Variance	-
						Leave in Balance	100.00
						Devoted payment to Tuscany	2,212.00
						MOLINA QIPP	11,548.19
						July Interest	15.27
						August Interest	
						September Interest	
						Adjust Balance/Transfer Amt	90,751.85
<b>Fort Bend</b>		110,479.61	110,373.86	56,844.52		56,950.27	42,626.84
						Bank Balance	56,950.27
						Variance	-
						Leave in Balance	100.00
						MOLINA QIPP	14,217.68
						July Interest	5.75
						August Interest	
						September Interest	
						Adjust Balance/Transfer Amt	42,626.84
<b>Solera at W Houston</b>		351,193.22	351,075.68	75,757.66		75,875.20	61,926.88
						Bank Balance	75,875.20
						Variance	-
						Leave in Balance	100.00
						MOLINA QIPP	13,830.78
						July Interest	17.54
						August Interest	
						September Interest	
						Adjust Balance/Transfer Amt	61,926.88
<b>TOTAL TRANSFERS</b>							<b>294,219.67</b>

50,823.25  
48,090.85  
90,751.85  
42,626.84  
61,926.88  
294,219.67

+/ Fort Bend / Broadmoor

**APPROVED ON**  
**AUG 08 2022**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**

Approved:   
WILLIAM LITTLE, CFO  
8/8/2022

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

		MMC PORTION						NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI		
<b>Ashford Gardens</b>								
8/2/2022 HUMANA CHA DISB HCCLAIMPMT 390860 4200001377	-	3,320.00	-	-	-	-	3,320.00	
8/3/2022 Deposit	-	23,497.45	-	-	-	-	23,497.45	
8/3/2022 MOLINA HEALTHCARE MOLINAACH 01111163 42000012	-	33,169.15	-	7,987.41	25,181.74	16,584.58	16,584.58	
8/3/2022 MOLINA HEALTHCARE MOLINAACH 01111164 42000012	-	17,651.26	15,108.80	2,542.46	-	16,380.03	1,271.23	
8/3/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	6,150.00	-	-	-	-	6,150.00	
8/4/2022 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	198,796.49	-	-	-	-	-	-	
	198,796.49	83,787.86	15,108.80	2,542.46	7,987.41	25,181.74	50,823.26	

		MMC PORTION						NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI		
<b>Broadmoor</b>								
8/1/2022 HNB - ECHO HCCLAIMPMT 746003411 440000263444	-	2,950.10	-	-	-	-	2,950.10	
8/2/2022 MANAGEANDNET1718 MNS PMNT 00000000004293 41	-	4,428.00	-	-	-	-	4,428.00	
8/2/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,310.00	-	-	-	-	7,310.00	
8/2/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	707.73	-	-	-	-	707.73	
8/2/2022 HUMANA CHA DISB HCCLAIMPMT 390861 4200001377	-	3,255.00	-	-	-	-	3,255.00	
8/2/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	657.90	-	-	-	-	657.90	
8/3/2022 MOLINA HEALTHCARE MOLINAACH 01111860 42000012	-	17,006.68	-	6,613.40	10,393.28	8,504.34	8,504.34	
8/3/2022 MOLINA HEALTHCARE MOLINAACH 01111859 42000012	-	6,342.23	6,249.60	92.63	-	6,295.92	46.31	
8/3/2022 HUMANA INS CO HCCLAIMPMT 390861 830000537158	-	8,330.19	-	-	-	-	8,330.19	
8/4/2022 WIRE OUT CARTEX HEALTH CARE CENTERS III	294,798.58	-	-	-	-	-	-	
8/4/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	1,520.00	-	-	-	-	1,520.00	
8/4/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	5,785.59	-	-	-	-	5,785.59	
8/5/2022 HNB - ECHO HCCLAIMPMT 746003411 440000224028	-	381.26	-	-	-	-	381.26	
8/5/2022 HNB - ECHO HCCLAIMPMT 746003411 440000224028	-	4,214.43	-	-	-	-	4,214.43	
	294,798.58	62,891.11	6,249.60	92.63	6,613.40	10,393.28	48,090.86	

		MMC PORTION						NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI		
<b>Crescent</b>								
8/1/2022 MANAGEANDNET1718 MNS PMNT 00000000003268 41	-	8,568.00	-	-	-	-	8,568.00	
8/1/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000181	-	2,484.45	-	-	-	-	2,484.45	
8/1/2022 HUMANA INS CO HCCLAIMPMT 390864 830000543480	-	1,185.00	-	-	-	-	1,185.00	
8/1/2022 AARP Supplementa HCCLAIMPMT 746003411 124384	-	583.50	-	-	-	-	583.50	
8/2/2022 DEVOTED HEALTH P HCCLAIMPMT 121140396098506	-	7,200.00	-	-	-	-	7,200.00	
8/3/2022 MOLINA HEALTHCARE MOLINAACH 01111797 42000012	-	12,271.91	-	3,921.91	8,350.00	6,135.96	6,135.96	
8/3/2022 MOLINA HEALTHCARE MOLINAACH 01111796 42000012	-	5,806.86	5,017.60	789.26	-	5,412.23	394.63	
8/3/2022 Molina HC of TX HCCLAIMPMT PN1669860425 4200	-	554.27	-	-	-	-	554.27	
8/3/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	420.00	-	-	-	-	420.00	
8/4/2022 WIRE OUT CARTEX HEALTH CARE CENTERS III	142,540.69	-	-	-	-	-	-	
8/4/2022 MANAGEANDNET1718 MNS PMNT 00000000003268 41	-	4,792.50	-	-	-	-	4,792.50	
8/4/2022 HNB - ECHO HCCLAIMPMT 746003411 440000287891	-	3,190.23	-	-	-	-	3,190.23	
8/4/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	9,620.00	-	-	-	-	9,620.00	
8/4/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,030.59	-	-	-	-	3,030.59	
8/4/2022 DEVOTED HEALTH P HCCLAIMPMT 121140390363322	-	6,000.00	-	-	-	-	6,000.00	
8/4/2022 DEVOTED HEALTH P HCCLAIMPMT 121140390363320	-	4,000.00	-	-	-	-	4,000.00	
8/5/2022 MANAGEANDNET1718 MNS PMNT 00000000003268 41	-	4,890.00	-	-	-	-	4,890.00	
8/5/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,740.17	-	-	-	-	3,740.17	
8/5/2022 KS PLAN ADMINIST HCCLAIMPMT 14995 1110000223	-	1,200.00	-	-	-	-	1,200.00	
8/5/2022 DEVOTED HEALTH P HCCLAIMPMT 121140392020803	-	10,644.00	-	-	-	-	10,644.00	
8/5/2022 DEVOTED HEALTH P HCCLAIMPMT 121140392020799	-	8,000.00	-	-	-	-	8,000.00	
8/5/2022 DEVOTED HEALTH P HCCLAIMPMT 121140392020801	-	4,108.00	-	-	-	-	4,108.00	
8/5/2022 CIGNA HCCLAIMPMT 1669860425 91000012899236	-	10.56	-	-	-	-	10.56	
	142,540.69	102,300.04	5,017.60	789.26	3,921.91	8,350.00	90,751.86	

		MMC PORTION						NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI		
<b>Fort Bend</b>								
8/1/2022 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	3,870.00	-	-	-	-	3,870.00	
8/1/2022 NOVITAS SOLUTION HCCLAIMPMT 675663 420000181	-	5,327.48	-	-	-	-	5,327.48	
8/1/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	7,934.35	-	-	-	-	7,934.35	
8/1/2022 AARP Supplementa HCCLAIMPMT 746003411 124384	-	1,945.00	-	-	-	-	1,945.00	
8/2/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	9,430.63	-	-	-	-	9,430.63	
8/3/2022 MOLINA HEALTHCARE MOLINAACH 01111345 42000012	-	7,083.46	6,104.00	979.46	-	6,593.73	489.73	
8/3/2022 MOLINA HEALTHCARE MOLINAACH 01111344 42000012	-	15,247.89	-	4,847.85	10,400.04	7,623.95	7,623.95	
8/3/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,901.71	-	-	-	-	2,901.71	
8/3/2022 AARP Supplementa HCCLAIMPMT 746003411 124384	-	2,139.50	-	-	-	-	2,139.50	
8/4/2022 WIRE OUT CARTEX HEALTH CARE CENTERS III	110,373.86	-	-	-	-	-	-	
8/4/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	60.00	-	-	-	-	60.00	
8/5/2022 MANAGEANDNET1718 MNS PMNT 00000000004294 41	-	904.50	-	-	-	-	904.50	
	110,373.86	56,944.52	6,104.00	979.46	4,847.85	10,400.04	42,626.85	

		MMC PORTION						NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI		
<b>Solera at West Houston</b>								
8/1/2022 HNB - ECHO HCCLAIMPMT 746003411 440000263444	-	4,077.20	-	-	-	-	4,077.20	
8/1/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000181	-	10,503.68	-	-	-	-	10,503.68	
8/2/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000148	-	12,060.27	-	-	-	-	12,060.27	
8/3/2022 Deposit	-	6,180.39	-	-	-	-	6,180.39	
8/3/2022 MOLINA HEALTHCARE MOLINAACH 01111740 42000012	-	14,629.47	-	4,749.63	9,879.84	7,314.74	7,314.74	
8/3/2022 MOLINA HEALTHCARE MOLINAACH 01111739 42000012	-	7,107.27	5,924.80	1,182.47	-	6,516.04	591.24	
8/3/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	3,240.00	-	-	-	-	3,240.00	
8/3/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000183	-	13,286.88	-	-	-	-	13,286.88	
8/3/2022 HUMANA INS CO HCCLAIMPMT 390862 830000537158	-	2,436.00	-	-	-	-	2,436.00	
8/4/2022 WIRE OUT CARTEX HEALTH CARE CENTERS III	351,075.68	-	-	-	-	-	-	
8/4/2022 MANAGEANDNET1718 MNS PMNT 00000000002482 41	-	2,236.50	-	-	-	-	2,236.50	
	351,075.68	75,757.66	5,924.80	1,182.47	4,749.63	9,879.84	61,926.89	

TOTALS

1,097,585.30	361,581.19	38,404.80	5,586.28	28,120.20	64,206.90	87,361.49	294,219.70
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## Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type





DDA


Data reported as of Aug 8, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$4,720,767.25</b>	<b>\$4,902,676.32</b>	<b>\$4,720,767.25</b>	<b>\$4,796,028.5</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$9,954.68	\$9,954.68	\$9,954.68	\$9,954.6
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$24,505.48	\$42,896.90	\$24,505.48	\$8,162.7
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.54	\$536.54	\$536.54	\$536.5
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,075,157.69	\$4,102,461.07	\$4,075,157.69	\$4,210,895.2
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.93	\$431.93	\$431.93	\$431.9
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$83,906.55	\$98,698.47	\$83,906.55	\$83,906.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$63,005.46	\$81,962.35	\$63,005.46	\$58,409.7
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$104,627.31	\$142,253.46	\$104,627.31	\$72,034.5
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$56,950.27	\$65,388.79	\$56,950.27	\$56,045.7
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$75,875.20	\$91,691.56	\$75,875.20	\$75,875.2
<u>*2998</u> MMC -MONEY MARKET FUND	\$703.78	\$703.78	\$703.78	\$703.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$124,745.60	\$130,401.09	\$124,745.60	\$124,745.6
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$23,243.26	\$51,170.85	\$23,243.26	\$21,162.6
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,848.40	\$2,085.10	\$1,848.40	\$1,848.4
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$75,275.10	\$82,039.75	\$75,275.10	\$71,315.1

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 8/8/2022

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		86,646.94 ✓	86,533.91 ✓	24,392.45 ✓		24,505.48	22,035.15
						Bank Balance	24,505.48 ✓
						Variance	✓
						Leave in Balance	100.00
						MEDICARE REPAYMENT TO TUSCANY	2,357.30 ✓
						July Interest	13.03 ✓
						August Interest	
						September Interest	
						<del>13.03</del>	
						Adjust Balance/Transfer Amt	22,035.15 ✓

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 8/8/2022

**APPROVED ON**  
**AUG 08 2022**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**



Golden Creek

8/1/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9  
 8/1/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9  
 8/1/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9  
 8/1/2022 AETNA AS01 HCCLAIMPMT 1588075964 51000010040  
 8/2/2022 NOVITAS SOLUTION HCCLAIMPMT 676097 420000148  
 8/4/2022 WIRE OUT NEXION HEALTH AT GOLDEN CREEK  
 8/5/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9  
 8/5/2022 GOLDENCREEKHEALT MERC DEP 1220356 9100001010  
 8/5/2022 NOVITAS SOLUTION HCCLAIMPMT 676097 420000102

		MMC PORTION					
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
-	143.00	-	-	-	-	-	143.00
-	164.31	-	-	-	-	-	164.31
-	1,009.88	-	-	-	-	-	1,009.88
-	39.89	-	-	-	-	-	39.89
-	6,692.68	-	-	-	-	-	6,692.68
86,533.91	-	-	-	-	-	-	-
-	1,577.08	-	-	-	-	-	1,577.08
-	3,200.00	-	-	-	-	-	3,200.00
-	11,565.61	-	-	-	-	-	11,565.61
-	-	-	-	-	-	-	-
<b>86,533.91</b>	<b>24,392.45</b>	-	-	-	-	-	<b>24,392.45</b>

# Quick View

Select Quick View Accounts  
Account Number / Name

Account Type



Select Group  
Groups




DDA

Data reported as of Aug 8, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$4,720,767.25</b>	<b>\$4,902,676.32</b>	<b>\$4,720,767.25</b>	<b>\$4,796,028.5</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$9,954.68	\$9,954.68	\$9,954.68	\$9,954.6
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$24,505.48	\$42,896.90	\$24,505.48	\$8,162.7
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.54	\$536.54	\$536.54	\$536.5
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,075,157.69	\$4,102,461.07	\$4,075,157.69	\$4,210,895.2
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.93	\$431.93	\$431.93	\$431.9
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$83,906.55	\$98,698.47	\$83,906.55	\$83,906.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$63,005.46	\$81,962.35	\$63,005.46	\$58,409.7
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$104,627.31	\$142,253.46	\$104,627.31	\$72,034.5
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$56,950.27	\$65,388.79	\$56,950.27	\$56,045.7
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$75,875.20	\$91,691.56	\$75,875.20	\$75,875.2
<u>*2998</u> MMC -MONEY MARKET FUND	\$703.78	\$703.78	\$703.78	\$703.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$124,745.60	\$130,401.09	\$124,745.60	\$124,745.6
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$23,243.26	\$51,170.85	\$23,243.26	\$21,162.6
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,848.40	\$2,085.10	\$1,848.40	\$1,848.4
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$75,275.10	\$82,039.75	\$75,275.10	\$71,315.1



Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 8/8/2022

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<b>Nursing Home</b> Gulf Pointe Plaza- Private Pay	12,972.02	12,869.70	1,746.08			1,848.40	no transfer
					Bank Balance	1,848.40	
					Variance		
					Leave in Balance	100.00	

July Interest	2.32	
August Interest		
September Interest		
Adjust Balance/Transfer Amt	1,746.08	

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<b>Nursing Home</b> Gulf Pointe Plaza-Medicare/Medicaid	92,813.09	92,703.24	23,133.41			23,243.26	23,133.41
					Bank Balance	23,243.26	
					Variance		
					Leave in Balance	100.00	

July Interest	9.85	
August Interest		
September Interest		
Adjust Balance/Transfer Amt	23,133.41	

Routine 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.

**TOTAL TRANSFERS** 24,879.49

Approved:   
 WILLIAM LITTLE, CFO 8/8/2022

**APPROVED ON**  
**AUG 08 2022**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**

**Gulf Pointe Plaza-Private Pay**

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	592.24	-	-	-	-	-	592.24
-	13.96	-	-	-	-	-	13.96
-	23.52	-	-	-	-	-	23.52
-	310.22	-	-	-	-	-	310.22
12,869.70	-	-	-	-	-	-	-
-	806.14	-	-	-	-	-	806.14
<b>12,869.70</b>	<b>1,746.08</b>	-	-	-	-	-	<b>1,746.08</b>

**Gulf Pointe Plaza-Medicare/Medicaid**

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	4,502.92	-	-	-	-	-	4,502.92
-	376.31	-	-	-	-	-	376.31
-	12,971.54	-	-	-	-	-	12,971.54
92,703.24	-	-	-	-	-	-	-
-	3,202.00	-	-	-	-	-	3,202.00
-	478.90	-	-	-	-	-	478.90
-	1,601.74	-	-	-	-	-	1,601.74
<b>92,703.24</b>	<b>23,133.41</b>	-	-	-	-	-	<b>23,133.41</b>
<b>105,572.94</b>	<b>24,879.49</b>	-	-	-	-	-	<b>24,879.49</b>



# Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type




DDA

Data reported as of Aug 8, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$4,720,767.25</b>	<b>\$4,902,676.32</b>	<b>\$4,720,767.25</b>	<b>\$4,796,028.5</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$9,954.68	\$9,954.68	\$9,954.68	\$9,954.6
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$24,505.48	\$42,896.90	\$24,505.48	\$8,162.7
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.54	\$536.54	\$536.54	\$536.5
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,075,157.69	\$4,102,461.07	\$4,075,157.69	\$4,210,895.2
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.93	\$431.93	\$431.93	\$431.9
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$83,906.55	\$98,698.47	\$83,906.55	\$83,906.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$63,005.46	\$81,962.35	\$63,005.46	\$58,409.7
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$104,627.31	\$142,253.46	\$104,627.31	\$72,034.5
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$56,950.27	\$65,388.79	\$56,950.27	\$56,045.7
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$75,875.20	\$91,691.56	\$75,875.20	\$75,875.2
<u>*2998</u> MMC -MONEY MARKET FUND	\$703.78	\$703.78	\$703.78	\$703.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$124,745.60	\$130,401.09	\$124,745.60	\$124,745.6
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$23,243.26	\$51,170.85	\$23,243.26	\$21,162.6
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,848.40	\$2,085.10	\$1,848.40	\$1,848.4
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$75,275.10	\$82,039.75	\$75,275.10	\$71,315.1

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscany Transfer  
 Prosperity Accounts  
 8/8/2022

Nursing Home	Account Number	Previous			Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
		Beginning Balance	Transfer-Out	Transfer-In			
Tuscany Village		173,001.02	172,901.02	75,175.10	-	75,275.10	53,374.90
					Bank Balance Variance	75,275.10	
					Leave in Balance	100.00	
					MOLINA QPP	21,800.20	
					Adjust Balance/Transfer Amt	<u>53,374.90</u>	

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

Approved:  8/8/2022  
 WILLIAM LITTLE, CFO

APPROVED ON

AUG 08 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS





## Quick View

Select Quick View Accounts

Account Number / Name

Account Type

Select Group  
Groups

DDA

Data reported as of Aug 8, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$4,720,767.25</b>	<b>\$4,902,676.32</b>	<b>\$4,720,767.25</b>	<b>\$4,796,028.5</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$9,954.68	\$9,954.68	\$9,954.68	\$9,954.6
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$24,505.48	\$42,896.90	\$24,505.48	\$8,162.7
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.54	\$536.54	\$536.54	\$536.5
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,075,157.69	\$4,102,461.07	\$4,075,157.69	\$4,210,895.2
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.93	\$431.93	\$431.93	\$431.9
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$83,906.55	\$98,698.47	\$83,906.55	\$83,906.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$63,005.46	\$81,962.35	\$63,005.46	\$58,409.7
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$104,627.31	\$142,253.46	\$104,627.31	\$72,034.5
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$56,950.27	\$65,388.79	\$56,950.27	\$56,045.7
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$75,875.20	\$91,691.56	\$75,875.20	\$75,875.2
<u>*2998</u> MMC -MONEY MARKET FUND	\$703.78	\$703.78	\$703.78	\$703.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$124,745.60	\$130,401.09	\$124,745.60	\$124,745.6
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$23,243.26	\$51,170.85	\$23,243.26	\$21,162.6
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,848.40	\$2,085.10	\$1,848.40	\$1,848.4
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$75,275.10	\$82,039.75	\$75,275.10	\$71,315.1

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSLTransfer  
 Prosperity Accounts  
 8/8/2022

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		69,281.08	69,150.65	124,615.17			124,745.60	124,615.17
						Bank Balance	124,745.60	
						Variance		
						Leave in Balance	100.00	
						July Interest	30.43	
						August Interest		
						September Interest		
						Adjust Balance/Transfer Amt	124,615.17	
						Approved:		
						WILLIAM LITTLE, CFO		8/8/2022

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

**APPROVED ON**  
**AUG 08 2022**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**



**Bethany Senior Living**

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
8/1/2022 Deposit	-	29,941.55	-	-	-	-	-	29,941.55
8/1/2022 HNB - ECHO HCCLAIMPMT 746003411 440000263445	-	1,525.04	-	-	-	-	-	1,525.04
8/1/2022 HOSPICE OF SOUTH Payments NF 113122650004295	-	1,818.86	-	-	-	-	-	1,818.86
8/1/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	3,501.00	-	-	-	-	-	3,501.00
8/2/2022 Deposit	-	64,531.97	-	-	-	-	-	64,531.97
8/3/2022 Deposit	-	20,751.22	-	-	-	-	-	20,751.22
8/4/2022 WIRE OUT PORT LAVACA NH, LLC	69,150.65	-	-	-	-	-	-	-
8/4/2022 Deposit	-	424.00	-	-	-	-	-	424.00
8/4/2022 Deposit	-	1,942.43	-	-	-	-	-	1,942.43
8/4/2022 Deposit	-	179.10	-	-	-	-	-	179.10
	<u>69,150.65</u>	<u>124,615.17</u>	-	-	-	-	-	<u>124,615.17</u>

## Quick View

Select Quick View Accounts  
Account Number / Name

Account Type



Select Group  
Groups




DDA

Data reported as of Aug 8, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$4,720,767.25</b>	<b>\$4,902,676.32</b>	<b>\$4,720,767.25</b>	<b>\$4,796,028.5</b>
*4551 CAL CO INDIGENT HEALTHCARE	\$9,954.68	\$9,954.68	\$9,954.68	\$9,954.6
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$24,505.48	\$42,896.90	\$24,505.48	\$8,162.7
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.54	\$536.54	\$536.54	\$536.5
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,075,157.69	\$4,102,461.07	\$4,075,157.69	\$4,210,895.2
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.93	\$431.93	\$431.93	\$431.9
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$83,906.55	\$98,698.47	\$83,906.55	\$83,906.5
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$63,005.46	\$81,962.35	\$63,005.46	\$58,409.7
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$104,627.31	\$142,253.46	\$104,627.31	\$72,034.5
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$56,950.27	\$65,388.79	\$56,950.27	\$56,045.7
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*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,848.40	\$2,085.10	\$1,848.40	\$1,848.4
*3407 MMC -NH TUSCANY VILLAGE	\$75,275.10	\$82,039.75	\$75,275.10	\$71,315.1

MEMORIAL MEDICAL CENTER  
CHECK REQUEST - *Ashtut*

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MEMORIAL MEDICAL CENTER  
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Date Requested: 8/8/22

**APPROVED ON**

**AUG 08 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
ck# 001181**

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

AMOUNT \$32,964.61

G/L NUMBER: 10255040

EXPLANATION: MOLINA JUNE & Q3 QIPP PAYMENTS

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: \_\_\_\_\_



MEMORIAL MEDICAL CENTER  
CHECK REQUEST - *Broadmaw*

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Date Requested: 8/8/22

**APPROVED ON**  
**AUG 08 2022**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**  
*CL # 000214*

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

AMOUNT \$14,800.26

G/L NUMBER: 10255040

EXPLANATION: MOLINA JUNE & Q3 QIPP PAYMENTS

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: \_\_\_\_\_

MEMORIAL MEDICAL CENTER  
CHECK REQUEST - *Crescent*

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Date Requested: 8/8/22

**APPROVED ON**

**AUG 08 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

*CK# 000248*

FOR ACCT. USE ONLY

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

AMOUNT \$11,548.19

G/L NUMBER: 10255040

EXPLANATION: MOLINA JUNE & Q3 QIPP PAYMENTS

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: \_\_\_\_\_

MEMORIAL MEDICAL CENTER

CHECK REQUEST - *Fort Bend*

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MEMORIAL MEDICAL CENTER

Date Requested: 8/8/22

**APPROVED ON**

**AUG 08 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

*CK#00188*

FOR ACCT. USE ONLY

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

AMOUNT \$14,217.68

G/L NUMBER: 10255040

EXPLANATION: MOLINA JUNE & Q3 QIPP PAYMENTS

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: \_\_\_\_\_



MEMORIAL MEDICAL CENTER  
CHECK REQUEST - *Solem*

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MEMORIAL MEDICAL CENTER  
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Date Requested: 8/8/22

APPROVED ON

AUG 08 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*ck # 001244*

FOR ACCT. USE ONLY

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

AMOUNT \$13,830.78

G/L NUMBER: 10255040

EXPLANATION: MOLINA JUNE & Q3 QIPP PAYMENTS

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: \_\_\_\_\_

MEMORIAL MEDICAL CENTER  
CHECK REQUEST - *Tuscany*

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MEMORIAL MEDICAL CENTER

Date Requested: 8/8/22

APPROVED ON

AUG 08 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK #1105

FOR ACCT. USE ONLY

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

AMOUNT \$21,800.20

G/L NUMBER: 10255040

EXPLANATION: MOLINA JUNE & Q3 QIPP PAYMENTS

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: \_\_\_\_\_



MEMORIAL MEDICAL CENTER 022020  
NH TUSCANY VILLAGE

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

1105

88-2265/1131-87

DATE 8/10/22



PAY TO THE ORDER OF Memmonas medical center \$ 21,800.20

Twenty one thousand Eight thousand & 20/100 DOLLARS



PROSPERITY BANK  
PORT LAVACA BANKING CENTER  
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-6102  
361-552-7411 www.prosperitybankusa.com

County auditor

FOR Molina June & Q3 payment

County Treasurer

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

MEMORIAL MEDICAL CENTER

NH ASHFORD  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001181

Date 8/10/22

88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center \$ 32,964.61

Thirty two thousand Nine hundred sixty four & 61/100 DOLLARS



PROSPERITY BANK

County auditor

FOR June-112380.03 Q3-112584.58

County Treasurer

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000214

Date 8/10/22

88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center \$ 14,800.26

Fourteen thousand Eight hundred & 26/100 DOLLARS



PROSPERITY BANK

County auditor

FOR June-1295.92 Q3-8504.34

County Treasurer




QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

8/8/2022

NH Name	From Bank Acct #	Ck #	Payee	GL #	MOLINA JUNE QIPP	MOLINA Q3 QIPP	TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	16,380.03	16,584.58	32,964.61	8/8/2022
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	6,295.92	8,504.34	14,800.26	8/8/2022
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	5,412.23	6,135.96	11,548.19	8/8/2022
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	6,593.73	7,623.95	14,217.68	8/8/2022
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	6,516.04	7,314.74	13,830.78	8/8/2022
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040			-	8/8/2022
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040			-	8/8/2022
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001				-	8/8/2022
Bethany			MMC -Prosperity Operating #10000001				-	8/8/2022
Tuscany			MMC -Prosperity Operating #10000001	10255040	21,800.20		21,800.20	8/8/2022
			Total:		62,998.15	46,163.57	- 109,161.72	

Note:

Approved:   
 WILLIAM LITTLE, CFO 8/8/2022

RUN DATE:08/10/22  
TIME:10:50

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
08/10/22 THRU 08/10/22

PAGE 8  
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS 001105 08/10/22 21,800.20 MEMORIAL MEDICAL CENTER  
TUS 001106 08/10/22 2,357.30 GOLDEN CREEK  
TOTALS: 24,157.50

*Tuscany*

**APPROVED ON**

**AUG 10 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

RUN DATE:08/10/22  
TIME:10:50

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
08/10/22 THRU 08/10/22

PAGE 3  
GLCKREG

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

NHA 001181 08/10/22 32,964.61 MEMORIAL MEDICAL CENTER Ashfund  
TOTALS: 32,964.61

APPROVED ON

AUG 10 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



RUN DATE:08/10/22  
TIME:10:50

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
08/10/22 THRU 08/10/22

PAGE 4  
GLCKREG

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

NHB 000214 08/10/22 14,800.26 MEMORIAL MEDICAL CENTER *Bradmeur*  
TOTALS: 14,800.26

**APPROVED ON**

**AUG 10 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

RUN DATE:08/10/22  
TIME:10:50

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
08/10/22 THRU 08/10/22

PAGE 5  
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000248 08/10/22 11,548.19 MEMORIAL MEDICAL CENTER *Crescent*  
TOTALS: 11,548.19

**APPROVED ON**

**AUG 10 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

RUN DATE:08/10/22  
TIME:10:50

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
08/10/22 THRU 08/10/22

PAGE 6  
GLCKREG

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

NHF 000188 08/10/22 14,217.68 MEMORIAL MEDICAL CENTER *Furt Bend*  
TOTALS: 14,217.68

**APPROVED ON**

**AUG 10 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**



RUN DATE:08/10/22  
TIME:10:50

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
08/10/22 THRU 08/10/22

PAGE 7  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	001244	08/10/22	13,830.78	MEMORIAL MEDICAL CENTER <i>Salem</i>
TOTALS:			13,830.78	

**APPROVED ON**

**AUG 10 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001244

Date 8/10/22 88-2265/1131

PAY

TO THE  
ORDER OF

Memorial Medical Center

\$ 13,830.78

Thirteen thousand Eight hundred thirty 78/100 DOLLARS



PROSPERITY  
BANK

County auditor

County treasurer  
MP  
Includes Details on back

FOR Molina June - 1511204 Q3-7314.74

MEMORIAL MEDICAL CENTER

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

000188

Date 8/10/22 88-2265/1131

PAY

TO THE  
ORDER OF

Memorial Medical Center

\$ 14,217.68

Fourteen thousand Two hundred seventeen 68/100 DOLLARS



PROSPERITY  
BANK

County auditor

County treasurer  
MP  
Includes Details on back

FOR Molina June - 1593.73 Q3-7423.95

MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000248

Date 8/10/22 88-2265/1131

PAY

TO THE  
ORDER OF

Memorial Medical Center

\$ 11,548.19

Eleven thousand Five hundred forty eight 19/100 DOLLARS



PROSPERITY  
BANK

County auditor

County treasurer  
MP  
Includes Details on back

FOR Molina June - 5412.23 Q3-12135.96