

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---August 24, 2022**

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 493,236.66
TOTAL TRANSFERS BETWEEN FUNDS	\$ 234,553.21
TOTAL NURSING HOME UPL EXPENSES	\$ 1,363,642.39
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
<b>GRAND TOTAL DISBURSEMENTS APPROVED August 24, 2022</b>	<b>\$ 2,091,432.26</b>

**APPROVED**

**AUG 24 2022**

**CLATSOP COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**  
**COMMISSIONERS COURT APPROVAL LIST FOR ---August 24, 2022**

**PAYABLES AND PAYROLL**

8/18/2022 Weekly Payables	471,585.97
8/22/2022 Citibank Credit Card-see attached	3,591.46
8/22/2022 McKesson-340B Prescription Expense	14,134.32
8/22/2022 Amerisource Bergen-340B Prescription Expense	1,305.71

**Prosperity Electronic Bank Payments**

8/15/2022 Credit Card & Lease Fees	240.18
8/15-8/19/22 Pay Plus-Patient Claims Processing Fee	89.01
8/19/2022 ExpertPay- child support	2,290.01

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** **\$ 493,236.66**

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

8/18/2022 MMC Operating to Fort bend-correction of NH insurance payment deposited into MMC Operating	1,148.00
8/18/2022 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error	16,565.03
8/18/2022 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	65,961.64
8/18/2002 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	38,686.97
8/18/2022 MMC Operating to Tuscany Village-correction of NH insurance and payment deposited into MMC Operating	25,465.39
8/18/2022 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	86,726.18

**TOTAL TRANSFERS BETWEEN FUNDS** **\$ 234,553.21**

**NURSING HOME UPL EXPENSES**

8/22/2022 Nursing Home UPL-Cantex Transfer	869,143.52
8/22/2022 Nursing Home UPL-Nexion Transfer	189,880.74
8/22/2022 Nursing Home UPL-HMG Transfer	10,810.32
8/22/2022 Nursing Home UPL-Tuscany Transfer	174,114.59
8/22/2022 Nursing Home UPL-HSL Transfer	119,693.22

**TOTAL NURSING HOME UPL EXPENSES** **\$ 1,363,642.39**

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

**GRAND TOTAL DISBURSEMENTS APPROVED August 24, 2022** **\$ 2,091,432.26**

RECEIVED BY THE COUNTY AUDITOR ON

08/18/2022  
AUG 18 2022  
11:18

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 09/08/2022

ap\_open\_invoice.template

Vendor# Vendor Name

Vendor#	Vendor Name	Class	Pay Code
10995	ABILITY NETWORK (SHIFTHOUND) ✓		
Invoice#	Comment	Tran Dt	Inv Dt
22M0115880 ✓		08/16/20	08/04/20
		Due Dt	Check D
		09/03/20	Pay
		Gross	Discount
		647.28	0.00
		No-Pay	Net
		0.00	647.28 ✓
SCHEDULING SERVICES			
Vendor Totals	Number Name	Gross	Discount
	10995 ABILITY NETWORK (SHIFTHOUND)	647.28	0.00
		No-Pay	Net
		0.00	647.28

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521 ✓		
Invoice#	Comment	Tran Dt	Inv Dt
073122		08/16/20	07/31/20
		Due Dt	Check D
		08/25/20	Pay
		Gross	Discount
		714.97	0.00
		No-Pay	Net
		0.00	714.97 ✓
SUPPLIES			
Vendor Totals	Number Name	Gross	Discount
	11283 ACE HARDWARE 15521	714.97	0.00
		No-Pay	Net
		0.00	714.97

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC ✓		
Invoice#	Comment	Tran Dt	Inv Dt
INV869 ✓		08/16/20	08/01/20
		Due Dt	Check D
		08/31/20	Pay
		Gross	Discount
		1,400.00	0.00
		No-Pay	Net
		0.00	1,400.00 ✓
RFID FEE			
Vendor Totals	Number Name	Gross	Discount
	10950 ACUTE CARE INC	1,400.00	0.00
		No-Pay	Net
		0.00	1,400.00

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	M	
Invoice#	Comment	Tran Dt	Inv Dt
9128454356 ✓		08/18/20	07/29/20
		Due Dt	Check D
		08/23/20	Pay
		Gross	Discount
		2,385.72	0.00
		No-Pay	Net
		0.00	2,385.72 ✓
OXYGEN			
9990383075 ✓		08/18/20	07/31/20
		Due Dt	Check D
		08/25/20	Pay
		Gross	Discount
		299.35	0.00
		No-Pay	Net
		0.00	299.35 ✓
OXYGEN			
9990383073 ✓		08/18/20	07/31/20
		Due Dt	Check D
		08/25/20	Pay
		Gross	Discount
		555.72	0.00
		No-Pay	Net
		0.00	555.72 ✓
OXYGEN			
9128417495 ✓		08/18/20	07/31/20
		Due Dt	Check D
		08/25/20	Pay
		Gross	Discount
		220.19	0.00
		No-Pay	Net
		0.00	220.19 ✓
OXYGEN			
9990383074 ✓		08/18/20	07/31/20
		Due Dt	Check D
		08/25/20	Pay
		Gross	Discount
		943.76	0.00
		No-Pay	Net
		0.00	943.76 ✓
OXYGEN			
9128479580 ✓		08/18/20	08/01/20
		Due Dt	Check D
		08/26/20	Pay
		Gross	Discount
		109.00	0.00
		No-Pay	Net
		0.00	109.00 ✓
CARBON DIOXIDE			
Vendor Totals	Number Name	Gross	Discount
	A1680 AIRGAS USA, LLC - CENTRAL DIV	4,513.74	0.00
		No-Pay	Net
		0.00	4,513.74

Vendor#	Vendor Name	Class	Pay Code
14028	AMAZON CAPITAL SERVICES ✓		
Invoice#	Comment	Tran Dt	Inv Dt
1G7FPNRR6N4N ✓		08/17/20	07/19/20
		Due Dt	Check D
		08/18/20	Pay
		Gross	Discount
		103.30	0.00
		No-Pay	Net
		0.00	103.30 ✓
SUPPLIES			
14QTFXMRVXFV ✓		08/17/20	07/21/20
		Due Dt	Check D
		08/20/20	Pay
		Gross	Discount
		50.93	0.00
		No-Pay	Net
		0.00	50.93 ✓
SUPPLIES			
1XL7YJFMDDL6 ✓		08/17/20	07/26/20
		Due Dt	Check D
		08/25/20	Pay
		Gross	Discount
		33.48	0.00
		No-Pay	Net
		0.00	33.48 ✓
SUPPLIES			
Vendor Totals	Number Name	Gross	Discount
		No-Pay	Net

	14028	AMAZON CAPITAL SERVICES					187.71	0.00	0.00	187.71
Vendor#	Vendor Name		Class		Pay Code					
A2218	AQUA BEVERAGE COMPANY		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
212809		08/18/20	07/31/20	08/25/20		35.97	0.00	0.00	35.97	
	WATER									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	A2218	AQUA BEVERAGE COMPANY				35.97	0.00	0.00	35.97	
Vendor#	Vendor Name		Class		Pay Code					
A0400	AUREUS RADIOLOGY LLC ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2697293 ✓		08/18/20	08/01/20	08/31/20		3,400.00	0.00	0.00	3,400.00 ✓	
	LAB STAFFING (7/15-7/21/22) Stability									
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					
A2600	AUTO PARTS & MACHINE CO. ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
988755 ✓		08/16/20	07/18/20	08/02/20		16.48	0.00	0.00	16.48 ✓	
	SUPPLIES									
989303 ✓		08/16/20	07/18/20	08/02/20		32.96	0.00	0.00	32.96 ✓	
	SUPPLIES									
988762 ✓		08/16/20	07/18/20	08/02/20		102.86	0.00	0.00	102.86 ✓	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	A2600	AUTO PARTS & MACHINE CO.				152.30	0.00	0.00	152.30	
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	
75969652 ✓		08/11/20	07/29/20	08/23/20		140.31	0.00	0.00	140.31 ✓	
	SUPPLIES									
75983217 ✓		08/11/20	08/01/20	08/26/20		760.45	0.00	0.00	760.45 ✓	
	SUPPLIES									
75893019 ✓		08/16/20	07/21/20	08/15/20		2,367.50	0.00	0.00	2,367.50 ✓	
	LEASE -PUMP									
75893035 ✓		08/16/20	07/21/20	08/15/20		629.50	0.00	0.00	629.50 ✓	
	LEASE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	B1150	BAXTER HEALTHCARE				3,897.76	0.00	0.00	3,897.76	
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	
110061169 ✓		08/17/20	08/04/20	08/29/20		367.00	0.00	0.00	367.00 ✓	
	SUPPLIES									
110061844 ✓		08/17/20	08/04/20	08/29/20		3,169.43	0.00	0.00	3,169.43 ✓	
	SUPPLIES									
110066007 ✓		08/17/20	08/08/20	09/02/20		68.24	0.00	0.00	68.24 ✓	
	SUPPLIES									
110065507 ✓		08/17/20	08/08/20	09/02/20		42.95	0.00	0.00	42.95 ✓	
	SUPPLIES									
110050752 ✓		08/18/20	08/01/20	08/26/20		3,874.83	0.00	0.00	3,874.83 ✓	

		CONTRACT											
7322150	✓		08/18/20	08/01/20	08/26/20			7,175.83	0.00	0.00	7,175.83 ✓		
		SUPPLIES											
110053751	✓		08/18/20	08/02/20	08/27/20			14,953.51	0.00	0.00	14,953.51 ✓		
		SUPPLIES											
110054169	✓		08/18/20	08/02/20	08/27/20			3,466.31	0.00	0.00	3,466.31 ✓		
		SUPPLIES											
110054729	✓		08/18/20	08/02/20	08/27/20			2,294.65	0.00	0.00	2,294.65 ✓		
		SUPPLIES											
110057886	✓		08/18/20	08/03/20	08/28/20			1,379.50	0.00	0.00	1,379.50 ✓		
		SUPPLIES											
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								B1220	BECKMAN COULTER INC	36,792.25	0.00	0.00	36,792.25
Vendor#	Vendor Name					Class	Pay Code						
C1325	CARDINAL HEALTH 414, INC. ✓						W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
8002919558	✓		08/18/20	07/31/20	08/25/20		716.83	0.00	0.00	716.83 ✓			
		SUPPLIES											
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								C1325	CARDINAL HEALTH 414, INC.	716.83	0.00	0.00	716.83
Vendor#	Vendor Name					Class	Pay Code						
14236	CARRIER CORPORATION ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
90213385	✓		08/18/20	07/28/20	08/27/20		12,830.00	0.00	0.00	12,830.00 ✓			
		CHILLER RENTAL (4/10-7/17/22)											
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								14236	CARRIER CORPORATION	12,830.00	0.00	0.00	12,830.00
Vendor#	Vendor Name					Class	Pay Code						
10105	CHRIS KOVAREK ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
65	✓		08/16/20	08/08/20	08/24/20		120.00	0.00	0.00	120.00 ✓			
		SOCIAL SERV											
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								10105	CHRIS KOVAREK	120.00	0.00	0.00	120.00
Vendor#	Vendor Name					Class	Pay Code						
11029	COASTAL REFRIGERATION ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
5114272	✓		08/16/20	08/01/20	08/31/20		1,267.09	0.00	0.00	1,267.09 ✓			
		LABOR ROOFTOP A/C											
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								11029	COASTAL REFRIGERATION	1,267.09	0.00	0.00	1,267.09
Vendor#	Vendor Name					Class	Pay Code						
13052	COURTNE THURLKILL												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
081722			08/18/20	08/17/20	08/24/20		1,476.55	0.00	0.00	1,476.55			
		BOOK REIMB - purchase for mmc clinic											
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								13052	COURTNE THURLKILL	1,476.55	0.00	0.00	1,476.55
Vendor#	Vendor Name					Class	Pay Code						
10006	CUSTOM MEDICAL SPECIALTIES ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			

296589	✓		08/18/20	07/12/20	08/18/20		188.82	0.00	0.00	188.82	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10006	CUSTOM MEDICAL SPECIALTIES					188.82	0.00	0.00	188.82	
Vendor#	Vendor Name		Class		Pay Code							
11368	CYRACOM LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
2022034578	✓	08/16/20	07/31/20	08/30/20			626.59	0.00	0.00	626.59	✓	
		INTERPRETATION SERV										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11368	CYRACOM LLC					626.59	0.00	0.00	626.59	
Vendor#	Vendor Name		Class		Pay Code							
10368	DEWITT POTTH & SON											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
6876680	✓	08/17/20	08/01/20	08/26/20			7.09	0.00	0.00	7.09	✓	
		SUPPLIES										
6890800	✓	08/17/20	08/01/20	08/26/20			85.63	0.00	0.00	85.63	✓	
		SUPPLIES										
6890830	✓	08/17/20	08/01/20	08/26/20			61.14	0.00	0.00	61.14	✓	
		SUPPLIES										
6884211	✓	08/17/20	08/01/20	08/26/20			7.09	0.00	0.00	7.09	✓	
		SUPPLIES										
6894000	✓	08/17/20	08/02/20	08/27/20			727.50	0.00	0.00	727.50	✓	
		SUPPLIES										
6884212	✓	08/17/20	08/03/20	08/28/20			7.09	0.00	0.00	7.09	✓	
		SUPPLIES										
6897070	✓	08/17/20	08/04/20	08/29/20			331.73	0.00	0.00	331.73	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10368	DEWITT POTTH & SON					1,227.27	0.00	0.00	1,227.27	
Vendor#	Vendor Name		Class		Pay Code							
11011	DIAMOND HEALTHCARE CORP											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
IN20055426	✓	08/16/20	08/01/20	08/26/20			31,144.58	0.00	0.00	31,144.58	✓	
		BEHAV HEALTH SERV JULY 2;										
IN20055427	✓	08/16/20	08/01/20	08/26/20			19,166.67	0.00	0.00	19,166.67	✓	
		JULY 22 CPR										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11011	DIAMOND HEALTHCARE CORP					50,311.25	0.00	0.00	50,311.25	
Vendor#	Vendor Name		Class		Pay Code							
10789	DISCOVERY MEDICAL NETWORK INC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
MMC081522	✓	08/18/20	08/15/20	08/16/20			84,991.54	0.00	0.00	84,991.54	✓	
		PHYSICIAN SERVICES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10789	DISCOVERY MEDICAL NETWORK INC					84,991.54	0.00	0.00	84,991.54	
Vendor#	Vendor Name		Class		Pay Code							
11196	DON BROWN ELEVATOR INSPECTIONS											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
5525	✓	08/17/20	07/22/20	08/17/20			900.00	0.00	0.00	900.00	✓	
		ANNUAL SAFETY INSPECTION										

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11196	DON BROWN ELEVATOR INSPECTIONS	900.00	0.00	0.00	900.00		
Vendor#	Vendor Name	Class	Pay Code						
12044	DRIESSEN WATER INC. (CULLIGAN) ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
<del>07312022</del>		08/18/20	07/31/20	08/31/20		31.50	0.00	0.00	31.50 ✓
WATER									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		12044	DRIESSEN WATER INC. (CULLIGAN)	31.50	0.00	0.00	31.50		
Vendor#	Vendor Name	Class	Pay Code						
W1167	ELITECH GROUP INC (WESCOR) ✓	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
792292 ✓		08/11/20	07/25/20	08/11/20		615.70	0.00	0.00	615.70 ✓
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		W1167	ELITECH GROUP INC (WESCOR)	615.70	0.00	0.00	615.70		
Vendor#	Vendor Name	Class	Pay Code						
11284	EMERGENCY STAFFING SOLUTIONS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
41449 ✓		08/16/20	07/31/20	08/10/20		3,000.00	0.00	0.00	3,000.00 ✓
ER STAFFING									
41417 ✓		08/18/20	06/30/20	07/10/20		127.53	0.00	0.00	127.53 ✓
MILEAGE-ISLAM									
41443 ✓		08/18/20	08/15/20	08/25/20		40,062.50	0.00	0.00	40,062.50 ✓
ER STAFFING									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11284	EMERGENCY STAFFING SOLUTIONS	43,190.03	0.00	0.00	43,190.03		
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
A2208041378 ✓		08/18/20	08/04/20	08/04/20		17,478.00	0.00	0.00	17,478.00 ✓
HARDWARE/TECH SUPPORT									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		C2510	EVIDENT	17,478.00	0.00	0.00	17,478.00		
Vendor#	Vendor Name	Class	Pay Code						
F1050	FASTENAL COMPANY ✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
TXPOT251729 ✓		08/18/20	07/27/20	08/26/20		11.61	0.00	0.00	11.61 ✓
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		F1050	FASTENAL COMPANY	11.61	0.00	0.00	11.61		
Vendor#	Vendor Name	Class	Pay Code						
F1300	FIRESTONE OF PORT LAVACA ✓	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0078637 ✓		08/18/20	07/19/20	08/19/20		86.72	0.00	0.00	86.72 ✓
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		F1300	FIRESTONE OF PORT LAVACA	86.72	0.00	0.00	86.72		
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

5110849	✓		08/11/20	08/01/20	08/26/20		523.25	0.00	0.00	523.25	✓	
		SUPPLIES										
4826963	✓		08/18/20	07/21/20	08/15/20		337.44	0.00	0.00	337.44	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				860.69	0.00	0.00	860.69		
Vendor#	Vendor Name		Class		Pay Code							
11183	FRONTIER											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
071922		08/18/20	07/19/20	08/12/20	75.27		75.96	0.00	0.00	75.96	75.27	
	TELEPHONE											
080222		08/18/20	08/02/20	08/26/20	1,195.85		1,220.46	0.00	0.00	1,220.46	1,195.85	
	TELEPHONE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11183	FRONTIER				1,296.42	0.00	0.00	1,296.42	1,271.12	
Vendor#	Vendor Name		Class		Pay Code							
14156	FUJI FILM											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
91220512		08/18/20	07/31/20	08/31/20			7,908.33	0.00	0.00	7,908.33	✓	
	SYS/MR/VERTEX II											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		14156	FUJI FILM				7,908.33	0.00	0.00	7,908.33		
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		
340385720		08/18/20	08/05/20	08/15/20			384.38	0.00	0.00	384.38	✓	
	DISPOSAL											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		13960	G & S MANAGEMENT GROUP LLC				384.38	0.00	0.00	384.38		
Vendor#	Vendor Name		Class		Pay Code							
W1300	GRAINGER		M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
9396129083		08/11/20	08/31/20	08/31/20			170.40	0.00	0.00	170.40	✓	
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		W1300	GRAINGER				170.40	0.00	0.00	170.40		
Vendor#	Vendor Name		Class		Pay Code							
12948	GREAT AMERICA FINANCIAL SVCS											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
32185019		08/18/20	08/08/20	08/31/20			11,366.01	0.00	0.00	11,366.01	✓	
	COPIER											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		12948	GREAT AMERICA FINANCIAL SVCS				11,366.01	0.00	0.00	11,366.01		
Vendor#	Vendor Name		Class		Pay Code							
10804	HEALTHCARE CODING & CONSULTING											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
12787		08/17/20	07/31/20	08/30/20			1,490.00	0.00	0.00	1,490.00	✓	
	CODING											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10804	HEALTHCARE CODING & CONSULTING				1,490.00	0.00	0.00	1,490.00		
Vendor#	Vendor Name		Class		Pay Code							



Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
100649790	LEASE	08/18/20	08/07/20	09/01/20		1,797.44	0.00	0.00	1,797.44
100649787	LEASE	08/18/20	08/07/20	09/01/20		4,919.52	0.00	0.00	4,919.52
100649788	LEASE	08/18/20	08/07/20	09/01/20		7,154.17	0.00	0.00	7,154.17
100649789	LEASE	08/18/20	08/07/20	09/01/20		7,447.86	0.00	0.00	7,447.86
Vendor Totals						21,318.99	0.00	0.00	21,318.99

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
0296251	HSTREAM	08/16/20	07/15/20	08/14/20		9.15	0.00	0.00	9.15
Vendor Totals						9.15	0.00	0.00	9.15

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
2883273	SUPPLIES	08/01/20	07/31/20	08/11/20		349.20	0.00	0.00	349.20
Vendor Totals						349.20	0.00	0.00	349.20

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
MMC080222	RESPIRATORY	08/18/20	08/15/20	08/24/20		26,033.18	0.00	0.00	26,033.18
Vendor Totals						26,033.18	0.00	0.00	26,033.18

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
930458303	SUPPLIES	08/17/20	08/03/20	09/02/20		53.75	0.00	0.00	53.75
Vendor Totals						53.75	0.00	0.00	53.75

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
392	SILVER SOLDER <i>-welding</i>	08/16/20	08/09/20	08/24/20		332.00	0.00	0.00	332.00
Vendor Totals						332.00	0.00	0.00	332.00

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
072822		08/18/20	07/28/20	08/28/20		910.28	0.00	0.00	910.28

SUPPLIES

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
	Vendor Totals	Number	Name				
	L1640	LOWE'S BUSINESS ACCT/SYNCB		910.28	0.00	0.00	910.28

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net			
10972	M G TRUST ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	081522		08/16/20	08/15/20	08/24/20		640.86	0.00	0.00	640.86 ✓

PAYROLL DEDUCT

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
	Vendor Totals	Number	Name				
	10972	M G TRUST		640.86	0.00	0.00	640.86

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net			
M2470	MEDLINE INDUSTRIES INC ✓	M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2221735542 ✓	SUPPLIES	08/17/20	07/27/20	08/21/20		27.69	0.00	0.00	27.69 ✓
	2221735545 ✓	SUPPLIES	08/17/20	07/27/20	08/21/20		100.15	0.00	0.00	100.15 ✓
	2221735548 ✓	SUPPLIES	08/17/20	07/27/20	08/21/20		4,394.71	0.00	0.00	4,394.71 ✓
	2221735550 ✓	SUPPLIES	08/17/20	07/27/20	08/21/20		45.12	0.00	0.00	45.12 ✓
	2221735543 ✓	SUPPLIES	08/17/20	07/27/20	08/21/20		27.69	0.00	0.00	27.69 ✓
	2221614943 ✓	SUPPLIES	08/17/20	07/27/20	08/21/20		664.63	0.00	0.00	664.63 ✓
	2221614947 ✓	SUPPLIES	08/17/20	07/27/20	08/21/20		1,329.26	0.00	0.00	1,329.26 ✓
	2221735547 ✓	SUPPLIES	08/17/20	07/27/20	08/21/20		1,607.32	0.00	0.00	1,607.32 ✓
	2221614945 ✓	SUPPLIES	08/17/20	07/27/20	08/21/20		664.63	0.00	0.00	664.63 ✓
	2221735546 ✓	SUPPLIES - Flu test	08/17/20	07/27/20	08/21/20		816.06	0.00	0.00	816.06 ✓
	221614950 ✓	SUPPLIES	08/17/20	07/27/20	08/21/20		14,040.00	0.00	0.00	14,040.00 ✓
	2221614949 ✓	SUPPLIES	08/17/20	07/27/20	08/21/20		433.22	0.00	0.00	433.22 ✓
	2221614944 ✓	SUPPLIES	08/17/20	07/27/20	08/21/20		664.63	0.00	0.00	664.63 ✓
	2221614946 ✓	SUPPLIES	08/17/20	07/27/20	08/21/20		1,329.26	0.00	0.00	1,329.26 ✓
	2221614948 ✓	SUPPLIES	08/17/20	07/27/20	08/21/20		9,936.24	0.00	0.00	9,936.24 ✓
	2221735544 ✓	SUPPLIES	08/17/20	07/27/20	08/21/20		525.86	0.00	0.00	525.86 ✓
	2221735549 ✓	SUPPLIES	08/17/20	07/27/20	08/21/20		57.00	0.00	0.00	57.00 ✓
	2221868883 ✓	SUPPLIES	08/17/20	07/28/20	08/22/20		18.89	0.00	0.00	18.89 ✓
	2221941664 ✓	CREDIT	08/17/20	07/28/20	08/22/20		-4.70	0.00	0.00	-4.70 ✓

2221868885	✓		08/17/20	07/28/20	08/22/20		151.45	0.00	0.00	151.45	✓	
		SUPPLIES										
2221868884	✓		08/17/20	07/28/20	08/22/20		45.12	0.00	0.00	45.12	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC				36,874.23	0.00	0.00	36,874.23		
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		
081522		08/16/20	08/15/20	08/24/20			342.00	0.00	0.00	342.00	✓	
	PAYROLL DEDUCT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC				342.00	0.00	0.00	342.00		
Vendor#	Vendor Name		Class		Pay Code							
10904	MERCK SHARP & DOHME CORP		✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
7016310740	✓	08/18/20	07/25/20	08/25/20			2,376.65	0.00	0.00	2,376.65	✓	
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10904	MERCK SHARP & DOHME CORP				2,376.65	0.00	0.00	2,376.65		
Vendor#	Vendor Name		Class		Pay Code							
11976	MID-COAST ELECTRIC SUPPLY, INC		✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
205863200	✓	08/18/20	06/02/20	07/02/20			1,100.00	0.00	0.00	1,100.00	✓	
	SUPPLIES											
206745100	✓	08/18/20	07/12/20	08/11/20			293.34	0.00	0.00	293.34	✓	
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11976	MID-COAST ELECTRIC SUPPLY, INC				1,393.34	0.00	0.00	1,393.34		
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		
7198	✓	08/16/20	06/02/20	06/12/20			-19.56	0.00	0.00	-19.56	✓	
	CREDIT											
CM63156	✓	08/16/20	07/12/20	07/22/20			-682.12	0.00	0.00	-682.12	✓	
	CREDIT											
CM63155	✓	08/16/20	07/12/20	07/22/20			-5.85	0.00	0.00	-5.85	✓	
	CREDIT											
CM64012	✓	08/16/20	07/16/20	07/26/20			-335.82	0.00	0.00	-335.82	✓	
	CREDIT											
1575	✓	08/16/20	07/27/20	08/06/20			-5.00	0.00	0.00	-5.00	✓	
	CREDIT											
6043	✓	08/16/20	08/10/20	08/20/20			-3.25	0.00	0.00	-3.25	✓	
	CREDIT											
0666	✓	08/16/20	11/17/20	11/27/20			-36.52	0.00	0.00	-36.52	✓	
	CREDIT											
4163	✓	08/16/20	12/01/20	12/11/20			-5.00	0.00	0.00	-5.00	✓	
	CREDIT											
CM24506	✓	08/16/20	03/16/20	03/26/20			-212.76	0.00	0.00	-212.76	✓	
	CREDIT											
CM41555	✓	08/16/20	05/24/20	06/03/20			-2,026.50	0.00	0.00	-2,026.50	✓	

8490587	✓	INVENTORY	08/16/20 08/01/20 08/11/20	518.45	0.00	0.00	518.45	✓
8490584	✓	INVENTORY	08/16/20 08/01/20 08/11/20	1,080.78	0.00	0.00	1,080.78	✓
8490585	✓	INVENTORY	08/16/20 08/01/20 08/11/20	16.74	0.00	0.00	16.74	✓
8492601	✓	INVENTORY	08/16/20 08/01/20 08/11/20	142.89	0.00	0.00	142.89	✓
8490076	✓	INVENTORY	08/16/20 08/01/20 08/11/20	1,418.11	0.00	0.00	1,418.11	✓
8492602	✓	INVENTORY	08/16/20 08/01/20 08/11/20	1,250.82	0.00	0.00	1,250.82	✓
CM56551	✓	INVENTORY	08/16/20 08/02/20 08/12/20	-13.94	0.00	0.00	-13.94	✓
8498514	✓	CREDIT	08/16/20 08/02/20 08/12/20	712.38	0.00	0.00	712.38	✓
8500095	✓	INVENTORY	08/16/20 08/03/20 08/13/20	4,122.42	0.00	0.00	4,122.42	✓
8503852	✓	INVENTORY	08/16/20 08/03/20 08/13/20	566.19	0.00	0.00	566.19	✓
8503851	✓	INVENTORY	08/16/20 08/03/20 08/13/20	439.14	0.00	0.00	439.14	✓
8500730	✓	INVENTORY	08/16/20 08/03/20 08/13/20	2,932.76	0.00	0.00	2,932.76	✓
1689	✓	INVENTORY	08/16/20 08/03/20 08/13/20	-331.25	0.00	0.00	-331.25	✓
8505523	✓	CREDIT	08/16/20 08/04/20 08/14/20	642.31	0.00	0.00	642.31	✓
8507454	✓	INVENTORY	08/16/20 08/04/20 08/14/20	3,332.15	0.00	0.00	3,332.15	✓
8507453	✓	INVENTORY	08/16/20 08/04/20 08/14/20	1,873.84	0.00	0.00	1,873.84	✓
8514668	✓	INVENTORY	08/16/20 08/07/20 08/17/20	35.76	0.00	0.00	35.76	✓
8514669	✓	INVENTORY	08/16/20 08/07/20 08/17/20	326.21	0.00	0.00	326.21	✓
CM57941	✓	INVENTORY	08/16/20 08/08/20 08/18/20	-83.88	0.00	0.00	-83.88	✓
8519425	✓	CREDIT	08/16/20 08/08/20 08/18/20	152.15	0.00	0.00	152.15	✓
8519424	✓	INVENTORY	08/16/20 08/08/20 08/18/20	448.73	0.00	0.00	448.73	✓
8516185	✓	INVENTORY	08/16/20 08/08/20 08/18/20	906.87	0.00	0.00	906.87	✓
8516186	✓	INVENTORY	08/16/20 08/08/20 08/18/20	3,942.95	0.00	0.00	3,942.95	✓
8516188	✓	INVENTORY	08/16/20 08/08/20 08/18/20	256.33	0.00	0.00	256.33	✓
8519423	✓	INVENTORY	08/16/20 08/08/20 08/18/20	19.76	0.00	0.00	19.76	✓
		INVENTORY						

3170	✓		08/16/20	08/09/20	08/19/20			-142.29	0.00	0.00	-142.29	✓
		CREDIT										
8521220	✓		08/16/20	08/09/20	08/19/20			2,447.40	0.00	0.00	2,447.40	✓
		INVENTORY										
8521219	✓		08/16/20	08/09/20	08/19/20			607.76	0.00	0.00	607.76	✓
		INVENTORY										
8528575	✓		08/16/20	08/10/20	08/20/20			22.98	0.00	0.00	22.98	✓
		INVENTORY										
8526281	✓		08/16/20	08/10/20	08/20/20			3.49	0.00	0.00	3.49	✓
		INVENTORY										
8526282	✓		08/16/20	08/10/20	08/20/20			39.70	0.00	0.00	39.70	✓
		INVENTORY										
8528576	✓		08/16/20	08/10/20	08/20/20			601.92	0.00	0.00	601.92	✓
		INVENTORY										
8527712	✓		08/16/20	08/10/20	08/20/20			2,047.84	0.00	0.00	2,047.84	✓
		INVENTORY										
8526284	✓		08/16/20	08/10/20	08/20/20			120.49	0.00	0.00	120.49	✓
		INVENTORY										
8526283	✓		08/16/20	08/10/20	08/20/20			302.22	0.00	0.00	302.22	✓
		INVENTORY										
CM59082	✓		08/16/20	08/11/20	08/21/20			-27.74	0.00	0.00	-27.74	✓
		CREDIT										
8531132	✓		08/16/20	08/11/20	08/21/20			1,164.09	0.00	0.00	1,164.09	✓
		INVENTORY										
8534071	✓		08/16/20	08/11/20	08/21/20			374.96	0.00	0.00	374.96	✓
		INVENTORY										
8534072	✓		08/16/20	08/11/20	08/21/20			439.50	0.00	0.00	439.50	✓
		INVENTORY										
8531131	✓		08/16/20	08/11/20	08/21/20			376.41	0.00	0.00	376.41	✓
		INVENTORY										
3895	✓		08/16/20	08/11/20	08/21/20			-338.30	0.00	0.00	-338.30	✓
		INVENTORY										
Vendor Totals			Number	Name				Gross	Discount	No-Pay	Net	
			10536	MORRIS & DICKSON CO, LLC				29,416.72	0.00	0.00	29,416.72	
Vendor#	Vendor Name				Class	Pay Code						
13624	NEXION HEALTH AT NAVASOTA INC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
20220802	✓	08/18/20	08/02/20	08/31/20			1,000.00	0.00	0.00	1,000.00	✓	
			TELEMED REIMBURSEMENT									
Vendor Totals			Number	Name			Gross	Discount	No-Pay	Net		
			13624	NEXION HEALTH AT NAVASOTA INC			1,000.00	0.00	0.00	1,000.00		
Vendor#	Vendor Name				Class	Pay Code						
10868	NOVA BIOMEDICAL											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
91032877	✓	08/11/20	08/09/20	08/17/20			120.00	0.00	0.00	120.00	✓	
			SUPPLIES									
Vendor Totals			Number	Name			Gross	Discount	No-Pay	Net		
			10868	NOVA BIOMEDICAL			120.00	0.00	0.00	120.00		
Vendor#	Vendor Name				Class	Pay Code						
11472	OCCUPRO LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		

27171		08/11/20	08/07/20	09/06/20			502.11	0.00	0.00	502.11
	LICENSE									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	11472 OCCUPRO LLC						502.11	0.00	0.00	502.11
Vendor#	Vendor Name						Class	Pay Code		
01416	ORTHO CLINICAL DIAGNOSTICS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1852505742		08/18/20	07/21/20	08/20/20			752.16	0.00	0.00	752.16
	SUPPLIES									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	01416 ORTHO CLINICAL DIAGNOSTICS						752.16	0.00	0.00	752.16
Vendor#	Vendor Name						Class	Pay Code		
11932	PRESS GANEY ASSOCIATES, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
IN000543622		08/16/20	07/31/20	08/30/20			2,624.74	0.00	0.00	2,624.74
	CONTRACT									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	11932 PRESS GANEY ASSOCIATES, INC.						2,624.74	0.00	0.00	2,624.74
Vendor#	Vendor Name						Class	Pay Code		
11087	PROMETHEUS LABORATORIES, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
18735073122		08/18/20	07/31/20	08/31/20			350.00	0.00	0.00	350.00
	LAB SERVICES									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	11087 PROMETHEUS LABORATORIES, INC						350.00	0.00	0.00	350.00
Vendor#	Vendor Name						Class	Pay Code		
11764	ROBERT RODRIQUEZ									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
081022		08/18/20	08/10/20	08/24/20			20.53	0.00	0.00	20.53
	TRAVEL REIMB									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	11764 ROBERT RODRIQUEZ						20.53	0.00	0.00	20.53
Vendor#	Vendor Name						Class	Pay Code		
10927	ROSHANDA THOMAS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
080222		08/16/20	08/02/20	08/15/20			560.74	0.00	0.00	560.74
	TRAVEL REIMBURSEMENT (7/27-7/30/22) THH conference									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	10927 ROSHANDA THOMAS						560.74	0.00	0.00	560.74
Vendor#	Vendor Name						Class	Pay Code		
10195	SINGLETON ASSOCIATES PA						ICP			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1057A		08/16/20	02/01/20	03/01/20			375.39	0.00	0.00	375.39
	X-RAY MODALITY									
10522A		08/16/20	04/01/20	05/01/20			714.17	0.00	0.00	714.17
	MODALITY -XRAY									
1059A		08/16/20	05/01/20	06/01/20			668.38	0.00	0.00	668.38
	MODALITY -XRAY									
10514A		08/16/20	06/01/20	07/01/20			708.25	0.00	0.00	708.25
	MODALITY -XRAY									
10513A		08/16/20	07/01/20	08/01/20			1,114.12	0.00	0.00	1,114.12



Vendor#	Vendor Name	Class	Pay Code							
S1801	TRACI SHEFCIK ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
081522		08/18/20	08/15/20	08/15/20		1,202.34	0.00	0.00	1,202.34	✓
	BOOKS <i>for MMC Clinic</i>									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	S1801 TRACI SHEFCIK					1,202.34	0.00	0.00	1,202.34	
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	
35FK082200 ✓		08/17/20	08/01/20	08/26/20		1,177.20	0.00	0.00	1,177.20	✓
	STATEMENTS									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	11067 TRIZETTO PROVIDER SOLUTIONS					1,177.20	0.00	0.00	1,177.20	
Vendor#	Vendor Name	Class	Pay Code							
10885	TTUHSC - HEALTH.EDU ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2209425 ✓		08/16/20	08/01/20	08/31/20		6,501.45	0.00	0.00	6,501.45	✓
	CONT EDU SEPT-AUG 22 <i>for hours hospital work</i>									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10885 TTUHSC - HEALTH.EDU					6,501.45	0.00	0.00	6,501.45	
Vendor#	Vendor Name	Class	Pay Code							
U1064	UNIFIRST HOLDINGS INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8400400603 ✓		08/17/20	08/01/20	08/26/20		51.67	0.00	0.00	51.67	✓
	LAUNDRY									
8400400602 ✓		08/17/20	08/01/20	08/26/20		48.15	0.00	0.00	48.15	✓
	LAUNDRY									
8400400625 ✓		08/17/20	08/01/20	08/26/20		2,112.35	0.00	0.00	2,112.35	✓
	LAUNDRY									
8400400941 ✓		08/17/20	08/04/20	08/29/20		1,517.97	0.00	0.00	1,517.97	✓
	LAUNDRY									
8400400920 ✓		08/17/20	08/04/20	08/29/20		208.13	0.00	0.00	208.13	✓
	LAUNDRY									
8400400933 ✓		08/17/20	08/04/20	08/29/20		92.07	0.00	0.00	92.07	✓
	LAUNDRY									
8400400918 ✓		08/17/20	08/04/20	08/29/20		243.26	0.00	0.00	243.26	✓
	LAUNDRY									
8400400919 ✓		08/17/20	08/04/20	08/29/20		190.01	0.00	0.00	190.01	✓
	LAUNDRY									
8400400916 ✓		08/17/20	08/04/20	08/29/20		26.76	0.00	0.00	26.76	✓
	LAUNDRY									
8400400955 ✓		08/17/20	08/04/20	08/29/20		117.46	0.00	0.00	117.46	✓
	LAUNDRY									
8400400917 ✓		08/17/20	08/04/20	08/29/20		201.59	0.00	0.00	201.59	✓
	LAUNDRY									
8400401143 ✓		08/17/20	08/08/20	09/02/20		2,259.58	0.00	0.00	2,259.58	✓
	LAUNDRY									
8400401121 ✓		08/17/20	08/08/20	09/02/20		48.15	0.00	0.00	48.15	✓
	LAUNDRY									
8400401122 ✓		08/17/20	08/08/20	09/02/20		72.35	0.00	0.00	72.35	✓



Vendor#	Vendor Name	Class	Pay Code										
8400401449	LAUNDRY			08/17/20	08/11/20	09/05/20	208.13	0.00	0.00	208.13			
8400401471	LAUNDRY			08/17/20	08/11/20	09/05/20	1,595.32	0.00	0.00	1,595.32			
8400401445	LAUNDRY			08/17/20	08/11/20	09/05/20	33.81	0.00	0.00	33.81			
8400401448	LAUNDRY			08/17/20	08/11/20	09/05/20	192.52	0.00	0.00	192.52			
8400401446	LAUNDRY			08/17/20	08/11/20	09/05/20	201.59	0.00	0.00	201.59			
8400401464	LAUNDRY			08/17/20	08/11/20	09/05/20	86.84	0.00	0.00	86.84			
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net			
				U1064	UNIFIRST HOLDINGS INC		9,507.71	0.00	0.00	9,507.71			
10793	WAGeworks, INC.												
Invoice#				Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
081522					08/16/20	08/15/20	08/24/20			3,253.25	0.00	0.00	3,253.25
				PAYROLL DEDUCT									
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net			
				10793	WAGeworks, INC.		3,253.25	0.00	0.00	3,253.25			
11110	WERFEN USA LLC												
Invoice#				Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9111195540					08/18/20	08/03/20	08/28/20			506.00	0.00	0.00	506.00
				SUPPLIES									
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net			
				11110	WERFEN USA LLC		506.00	0.00	0.00	506.00			
10556	WOUND CARE SPECIALISTS												
Invoice#				Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
WCS00005424					08/18/20	08/01/20	08/30/20			8,750.00	0.00	0.00	8,750.00
				WOUND CARE									
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net			
				10556	WOUND CARE SPECIALISTS		8,750.00	0.00	0.00	8,750.00			

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	471,609.67	0.00	0.00	471,609.67

471,609.67 +  
 1,296.42 -  
 1,271.12 +  
 20.53 -  
 22.13 +  
 471,585.97 \*

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

pg 6 correction

pg 12 correction

{ <1296.42  
 { + 1271.12

{ <20.53  
 { + 22.13

\$ 471,585.97

CK#196042-196134

RECEIVED BY THE COUNTY AUDITOR ON

AUG 22 2022

CALHOUN COUNTY, TEXAS

# CITIBANK CORPORATE CARD

## Account Statement

Commercial Card Account  
ROSHANDA S THOMAS



Account Inquiries:

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

Account Number: XXXX-XXXX-XXXX-9457

### Summary of Account Activity

Total Activity **\$3,591.46**

*Not an invoice. For your records only.*

Credit Limit	\$15,000
Cash Advance Limit	\$0
Statement Closing Date	08/03/2022
Days in Billing Period	31

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

*PK* *3491.46*

### Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
07/11	07/09	8999	55432862190200518734091	1 AMA*CREDENTIALING 800-621-8335 IL	60611 USA ✓176.00 ✓
07/12	07/11	8299	05436842192300242107803	2 FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243 USA ✓50.00 ✓
07/12	07/11	8299	05436842192300242107985	3 FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243 USA ✓25.00 ✓
07/12	07/11	9399	05134372193600039477067	4 NPDB NPDB.HRSA.GOV 800-767-6732 VA	22033 USA ✓2.50 ✓
07/12	07/11	9399	05134372193600039477141	5 NPDB NPDB.HRSA.GOV 800-767-6732 VA	22033 USA ✓2.50 ✓
07/12	07/11	9399	05134372193600039477224	6 NPDB NPDB.HRSA.GOV 800-767-6732 VA	22033 USA ✓2.50 ✓
07/12	07/11	9399	05134372193600039477307	7 NPDB NPDB.HRSA.GOV 800-767-6732 VA	22033 USA ✓2.50 ✓
07/12	07/11	9399	05134372193600039477489	8 NPDB NPDB.HRSA.GOV 800-767-6732 VA	22033 USA ✓2.50 ✓
07/12	07/11	9399	05134372193600039477554	9 NPDB NPDB.HRSA.GOV 800-767-6732 VA	22033 USA ✓42.50 ✓
07/29	07/27	3592	55436872209172094901747	10 OMNI FORT WORTH HOTEL FORT WORTH TX	76102 USA ✓240.47 ✓
08/01	07/29	9399	55488722211091272004167	11 TXDPS CRIME RECS 5124242936 TX	78752 USA ✓122.98 ✓
08/01	07/29	9399	05134372211600036471574	12 NPDB NPDB.HRSA.GOV 800-767-6732 VA	22033 USA ✓2.50 ✓
08/01	07/29	9399	05134372211600036471657	13 NPDB NPDB.HRSA.GOV 800-767-6732 VA	22033 USA ✓2.50 ✓

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4



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

*PK 8-26-2022*  
*Confirmation DWR-01622054*

Account Number  
Statement Closing Date

XXXX-XXXX-XXXX-9457  
August 03, 2022

Not an invoice.  
For your records only.

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

00007905040

## Information About Your Citi® Corporate Card Account

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

## Account Inquiries

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

Account: XXXX-XXXX-XXXX-9457

Transactions (cont)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
08/01	07/29	9399	05134372211600036471731	14 NPDB NPDB.HRSA.GOV 800-767-6732 VA N85776475	22033 USA ✓57.50 ✓
08/01	07/29	9399	05134372211600036471814	15 NPDB NPDB.HRSA.GOV 800-767-6732 VA N85776867	22033 USA ✓2.50 ✓
08/01	07/29	9399	05134372211600036471996	16 NPDB NPDB.HRSA.GOV 800-767-6732 VA N85777295	22033 USA ✓2.50 ✓
08/01	07/29	9399	05134372211600036472077	17 NPDB NPDB.HRSA.GOV 800-767-6732 VA N85777685	22033 USA ✓2.50 ✓
08/01	07/29	9399	05134372211600036472150	18 NPDB NPDB.HRSA.GOV 800-767-6732 VA N85777755	22033 USA ✓2.50 ✓
08/01	07/30	3592	55436872212172122435705	19 OMNI FORT WORTH HOTEL FORT WORTH TX 8221826 CHECK IN: 07/27/2022 8221826	76102 USA ✓823.18 ✓
08/01	07/30	8999	55432862211200348265162	20 AMA*CREDENTIALING 800-621-8335 IL	60611 USA ✓169.00 ✓
08/01	07/30	8999	55432862211200348265188	21 AMA*CREDENTIALING 800-621-8335 IL	60611 USA ✓88.00 ✓
08/01	07/30	3592	55436872212172122433981	22 OMNI FORT WORTH HOTEL FORT WORTH TX 8221821 CHECK IN: 07/27/2022 8221821	76102 USA ✓823.18 ✓
08/01	07/30	3592	55436872212172122434336	23 OMNI FORT WORTH HOTEL FORT WORTH TX 8221862 CHECK IN: 07/27/2022 8221862	76102 USA ✓836.17 ✓
08/02	08/01	9399	05134372214600036950996	24 NPDB NPDB.HRSA.GOV 800-767-6732 VA N85854541	22033 USA ✓2.50 ✓
08/02	08/01	9399	05134372214600036951077	25 NPDB NPDB.HRSA.GOV 800-767-6732 VA N85854866	22033 USA ✓2.50 ✓
08/02	08/01	9399	05134372214600036951150	26 NPDB NPDB.HRSA.GOV 800-767-6732 VA N85855011	22033 USA ✓2.50 ✓
08/02	08/01	9399	05134372214600036951234	27 NPDB NPDB.HRSA.GOV 800-767-6732 VA N85855093	22033 USA ✓2.50 ✓
08/03	08/01	5300	5548382221437000008421	28 SAMS MEMBERSHIP 888-433-7267 AR	72713 USA 100.00 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S): \$3,591.46					

3491.46

0.00  
 3,591.46  
 100.00  
 3,491.46

\$100 unauthorized charge. NO invoice /

APPROVED ON credit  
 AUG 22 2022 received by

BY COUNTY AUDITOR M.M.C.  
 CALHOUN COUNTY, TEXAS

Any late fee/finance charges will have to be paid by card holder, per credit card policy, along with charge if not settled with Sam's.

Account: XXXX-XXXX-XXXX-9457

---

# MEMORIAL MEDICAL CENTER PURCHASE ORDER

①

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

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

Vendor Name: Citibank  
Vendor Address: \_\_\_\_\_  
Vendor Phone #: \_\_\_\_\_  
Vendor Fax #: \_\_\_\_\_

Date: 8/11/2022  
P.O. # \_\_\_\_\_  
Account # \_\_\_\_\_  
Initiated By: \_\_\_\_\_

Date Required		Expense #	Department	Deliver To	Form # 9401	
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		AMA Credentialing x 4			176.00
2			new providers - Init + Cont.			
3	—		FSP-EMR Safety - ACLS			50.00
4			cards x 4			
5	—		FSP-EMR Safety - PALS			25.00
6			cards x 2			
7	—		NPDB x 5 Provider Enroll	2.50		12.50
8	—		NPDB x 17 Provider Renewals	2.50		42.50
9	—		Omni Fort Worth Hotel - 1 <sup>st</sup> night			240.47
10			payment due to ck too late - Aline Marie Odegen - Attorney (reimbursement receipt)			

Est. Freight \_\_\_\_\_ Est. Total Cost \_\_\_\_\_ TOTAL COST \_\_\_\_\_

**NOTES:**

Charges made to Roshanda's Business MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda S. Thomas 8/12/22</u>

# MEMORIAL MEDICAL CENTER PURCHASE ORDER

②

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

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

Vendor Name: Citicbank

Date: 8/11/2022

Vendor Address: \_\_\_\_\_

P.O. # \_\_\_\_\_

Vendor Phone #: \_\_\_\_\_

Account # \_\_\_\_\_

Vendor Fax #: \_\_\_\_\_

Initiated By: \_\_\_\_\_

Date Required		Expense #	Department	Deliver To			Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost	
1	—		TXDPS Crime Recs - for HR			122.96	
2			+ Credentialing (40 credits)				
3	—		NPDB x1 Provider			2.50	
4	—		NPDB x1 Provider			2.50	
5	—		NPDB x 23 Provider Renewals			57.50	
6	—		NPDB x 4 Providers	2.50		10.00	
7	—		Omni Fort Worth Hotel -			823.18	
8			Roshanda Thomas - THT Conf		7/27 - 7/29/22		
9	—		AMA Credentialing - 16 Report			169.00	
10			Profiles + 3 cont Mon Profiles				

Est. Freight \_\_\_\_\_ Est. Total Cost \_\_\_\_\_ TOTAL COST \_\_\_\_\_

NOTES: changes made to Roshanda's Business MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda S. Thomas 8/12/22</u>

3

# MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 8/11/2022

Vendor Address: \_\_\_\_\_

P.O. # \_\_\_\_\_

Vendor Phone #: \_\_\_\_\_

Account # \_\_\_\_\_

Vendor Fax #: \_\_\_\_\_

Initiated By: \_\_\_\_\_

Date F	Expense #	Department	Deliver To	Form # 9401
Line No.	Number	Description	Unit Cost	Unit Meas. Extended Cost
1	176-00	AMA Credentialing X 2		88.00
2	50-00	Quit + Cont Mon. 7/27-7/29/22		
3	25-00	Omni Fort Worth - Reynaldo		823.18
4	12-50	Tuazon - THT Conf		
5	42-50	Omni Fort Worth - William		836.17
6	240-47	Little - THT Conf 7/27-7/29/22		
7	122-96	NPOB x4 Provident Enroll 2.50		10.00
8	2-50	SAMS membership		100.00
9	57-50	-unauthorized (to get credit)		
10	10-00			
	100-00			
	3-591-66			

Weight \_\_\_\_\_ Est. Total Cost \_\_\_\_\_ TOTAL COST \$3591.46

NOTES: Charges made to Roskanda's Business MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roskanda S. Thomas</u> 8/12/22



# Wire Transfer

JUNTY OF CALHOUN TEXAS



## Wire Details

Transaction Number  
Recurring Frequency One-Time Payment  
Template Name CITI CARD PRGM - MMC  
Amount USD 3,491.46  
Debit Account A (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank

Notify Initiator Options Pending Actions: Notify via EMAIL  
Pending Release: Notify via EMAIL  
System Events: Notify via EMAIL  
Complete - Unsuccessful: Notify via EMAIL  
Complete - Successful: Notify via EMAIL  
Early Action Taken: Notify via EMAIL  
Early Action Removed: Notify via EMAIL  
Expired: Notify via EMAIL  
Payment Date 08/26/2022

## Originator Information

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

## Beneficiary / Payee Information

## Beneficiary Bank Information

Name  
ACCOUNT Beneficiary ID Type Account Number  
Beneficiary ID  
Address 1  
Address 2  
Address 3  
Beneficiary Country US  
Contact Name  
Phone Number

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

## Additional Reference Information

Purpose Of Payment CREDIT CARD PMT

Additional Information For Beneficiary

## Status History

Timestamp	Status	Initiator	Description
Aug 26, 2022 2:45:36 PM CDT	Created	MEMORIAL MEDICAL CENTER (MONDA S. KOKENA)	Wire Created.

# MCKESSON

# STATEMENT

As of: 08/19/2022

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: 08/20/2022

As of: 08/19/2022 Page: 002  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536 PLEASE CHECK ANY  
Date: 08/20/2022 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 14,422.79 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97  
08/07/2017

If Paid By 08/23/2022,  
Pay This Amount: 14,134.32 USD

If Paid After 08/23/2022,  
Pay this Amount: 14,422.79 USD

Due If Paid On Time:  
USD 14,134.32

Disc lost if paid late:  
288.47

Due If Paid Late:  
USD 14,422.79

APPROVED ON

AUG 22 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

84 \* 84 \*  
8 \* 580 \* 93 +  
1 \* 056 \* 72 +  
3 \* 249 \* 07 +  
1 \* 162 \* 76 +  
14 \* 134 \* 32 \*

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

# MCKESSON

# STATEMENT

As of: 08/19/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 08/19/2022  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 7001

Customer: 190813  
Date: 08/20/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 190813  
Date: 08/20/2022

PLEASE CHECK ANY  
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
08/19/2022	08/23/2022	7361080460	2017059592	115Invoice	1.73	86.57		84.84	✓	7361080460	

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

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 86.57 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/01/2022 6,069.67

If Paid By 08/23/2022,  
Pay This Amount: 84.84 USD

If Paid After 08/23/2022,  
Pay this Amount: 86.57 USD

Due If Paid On Time:  
USD 84.84 ✓

Disc lost if paid late:  
1.73

Due If Paid Late:  
USD 86.57

APPROVED ON

AUG 22 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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# MCKESSON

# STATEMENT

As of: 08/19/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 08/19/2022  
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: 08/20/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342  
Date: 08/20/2022

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
08/16/2022	08/23/2022	7360287227	43307588	115Invoice	12.78	639.00		626.22 ✓		7360287227	
08/16/2022	08/23/2022	7360452573	43233464	115Invoice	0.03	1.27		1.24 ✓		7360452573	
08/17/2022	08/23/2022	7360552911	43382155	115Invoice	56.99	2,849.33		2,792.34 ✓		7360552911	
08/17/2022	08/23/2022	7360552913	43446408	115Invoice	15.89	794.71		778.82 ✓		7360552913	
08/18/2022	08/23/2022	7360815693	43510566	115Invoice	0.03	1.38		1.35 ✓		7360815693	
08/18/2022	08/23/2022	7360815695	43576217	115Invoice		0.16		0.16 ✓		7360815695	
08/18/2022	08/23/2022	7360826016	43585980	115Invoice	19.94	997.08		977.14 ✓		7360826016	
08/18/2022	08/23/2022	7360997071	43511749	115Invoice	34.94	1,747.05		1,712.11 ✓		7360997071	
08/19/2022	08/23/2022	7361078786	43623329	115Invoice	34.50	1,725.12		1,690.62 ✓		7361078786	
08/19/2022	08/23/2022	7361258333	43690038	115Invoice	0.02	0.95		0.93 ✓		7361258333	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 8,756.05 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/15/2022 3,622.87

If Paid By 08/23/2022,  
Pay This Amount: 8,580.93 USD

If Paid After 08/23/2022,  
Pay this Amount: 8,756.05 USD

Due If Paid On Time:  
USD 8,580.93 ✓

Disc lost if paid late:  
175.12

Due If Paid Late:  
USD 8,756.05

APPROVED ON

AUG 22 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 08/19/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 08/19/2022 Page: 001  
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 464450  
Date: 08/20/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 464450 PLEASE CHECK ANY  
Date: 08/20/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
08/15/2022	08/23/2022	7359902776	55x665329	115Invoice	0.26	13.03		12.77	✓	7359902776	
08/16/2022	08/23/2022	7360277741	55x667901	115Invoice	0.03	1.42		1.39	✓	7360277741	
08/18/2022	08/23/2022	7360818530	55x673532	115Invoice	1.29	64.27		62.98	✓	7360818530	
08/18/2022	08/23/2022	7360818531	55x673836	115Invoice	0.30	14.76		14.46	✓	7360818531	
08/19/2022	08/23/2022	7361080291	55x676784	115Invoice	19.50	974.91		955.41	✓	7361080291	
08/19/2022	08/23/2022	7361080971	55x676515	115Invoice	0.20	9.91		9.71	✓	7361080971	

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

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

Subtotals: 1,078.30 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/15/2022 3,622.87

If Paid By 08/23/2022,  
Pay This Amount:

1,056.72 USD

If Paid After 08/23/2022,  
Pay this Amount:

1,078.30 USD

Due If Paid On Time:

USD 1,056.72 ✓

Disc lost if paid late:

21.58

Due If Paid Late:

USD 1,078.30

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CALHOUN COUNTY, TEXAS

<>  
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# MCKESSON

# STATEMENT

As of: 08/19/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 08/19/2022 Page: 001  
Mail to: 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: 08/20/2022

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835434 PLEASE CHECK ANY  
Date: 08/20/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
08/17/2022	08/23/2022	7360581551	1830580	115Invoice	9.91	495.32		485.41 ✓		7360581551	
08/17/2022	08/23/2022	7360581552	1830580	115Invoice	56.40	2,820.06		2,763.66 ✓		7360581552	

PF 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: 3,315.38 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/15/2022 3,622.87

If Paid By 08/23/2022,  
Pay This Amount: 3,249.07 USD

If Paid After 08/23/2022,  
Pay this Amount: 3,315.38 USD

Due If Paid On Time:  
USD 3,249.07 ✓

Disc lost if paid late:  
66.31

Due If Paid Late:  
USD 3,315.38

APPROVED ON

AUG 22 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 08/19/2022

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

DC: 8115

Territory: 400

Customer: 835438

Date: 08/20/2022

As of: 08/19/2022 Page: 001  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 835438 PLEASE CHECK ANY  
 Date: 08/20/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
08/17/2022	08/23/2022	7360742332	1830434	115Invoice	23.73	1,186.49		1,162.76	✓	7360742332	

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

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

Subtotals: 1,186.49 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/08/2022 3,406.27

If Paid By 08/23/2022,  
 Pay This Amount: 1,162.76 USD

If Paid After 08/23/2022,  
 Pay this Amount: 1,186.49 USD

Due If Paid On Time: 1,162.76 ✓  
 USD  
 Disc lost if paid late: 23.73  
 Due If Paid Late: 1,186.49  
 USD

APPROVED ON

AUG 22 2022

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

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

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

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

Customer Number	
100135284 / 037028186	
Terms	
Sat - Fri Due in 7 days	
Summary	
Not Yet Due:	0.00
Current:	1,305.71
Past Due:	0.00
Total Due:	1,305.71
Account Balance:	1,305.71

**Account Activity**

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-15-2022	08-26-2022	3102713516	167108	Invoice	42.85		0.00	42.85
08-15-2022	08-26-2022	3102713517	167109	Invoice	67.74		0.00	67.74
08-15-2022	08-26-2022	3102713518	167110	Invoice	0.09		0.00	0.09
08-15-2022	08-26-2022	3102749385	167158	Invoice	15.91		0.00	15.91
08-16-2022	08-26-2022	3102889682	167166	Invoice	409.39		0.00	409.39
08-17-2022	08-26-2022	3103032579	167175	Invoice	372.28		0.00	372.28
08-17-2022	08-26-2022	348185598	166974	Invoice	(15.98)		0.00	(15.98)
08-17-2022	08-26-2022	348185599	166974	Invoice	8.32		0.00	8.32
08-19-2022	08-26-2022	3103337410	167196	Invoice	381.62		0.00	381.62
08-19-2022	08-26-2022	3103337411	167197	Invoice	23.49		0.00	23.49

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,305.71	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
08-19-2022	(378.88)

Reminders	
Due Date	Amount
08-26-2022	1,305.71
<b>Total Due:</b>	<b>1,305.71</b>

APPROVED ON

AUG 22 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- August 15, 2022 - August 21, 2022**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
8/15/2022	PAY PLUS ACHTRANS 452579291 101000696503873	- 3rd Party Payor Fee
8/15/2022	TEXAS COUNTY DRS RECEIVABLE 0419 21000029803	- Retirement Funding
8/15/2022	FDMS FDMS PYMT 052-1743548-000 4100012372037	- Credit Card Processing Fee
8/15/2022	FDMS FDMS PYMT 052-1737276-000 4100012370095	- Credit Card Processing Fee
8/15/2022	FDMS FDMS PYMT 052-1743547-000 4100012370632	- Credit Card Processing Fee
8/16/2022	PAY PLUS ACHTRANS 452579291 101000697599776	- 3rd Party Payor Fee
8/16/2022	MCKESSON DRUG AUTO ACH ACH05139813 910000142	- 340B Drug Program Expense
8/17/2022	PAY PLUS ACHTRANS 452579291 101000698533337	- 3rd Party Payor Fee
8/18/2022	PAY PLUS ACHTRANS 452579291 101000699314347	- 3rd Party Payor Fee
8/19/2022	PAY PLUS ACHTRANS 452579291 101000690249635	- 3rd Party Payor Fee
8/19/2022	EXPERTPAY EXPERTPAY 746003411 91000012429483	- Child Support Payment
8/19/2022	AMERISOURCE BERG PAYMENTS 0100007768 21000002	- 340B Drug Program Expense
8/19/2022	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll

<u>Amount</u>	<u>CP</u>	
15.51		Pay Plus 15.51 +
189,245.84	**	3.63 189,245.84 -
80.06		29.77 80.06 -
120.09		21.34 120.09 -
40.03		18.76 40.03 -
3.63		89.01 3.63 -
3,622.87	*	CC Fees 3,622.87 -
29.77		80.06 29.77 -
21.34		120.09 21.34 -
18.76		40.03 18.76 -
2,290.01	*	Expert Pay 2,290.01 +
378.88	*	240.18 378.88 -
371,405.08	*	240.18 371,405.08 -
<b>567,271.87</b>		<b>2,290.01</b> +

\_\_\_\_\_  
WILLIAM LITTLE, CFO  
Memorial Medical Center  
August 22, 2022

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>
-------------	--------------------	------------------

\_\_\_\_\_  
WILLIAM LITTLE, CFO  
Memorial Medical Center  
August 22, 2022

2,290.01	*	2,290.01 +
89.01		89.01 +
240.18		240.18 +
2,290.01		2,290.01 +
2,619.20	*	2,619.20 *
<b>567,271.87</b>		<b>567,271.87</b> +
189,245.84		189,245.84 -
3,622.87		3,622.87 -
378.88		378.88 -
371,405.08		371,405.08 -
2,619.20		2,619.20 +
2,619.20		2,619.20 -
0.00		0.00 ✓

**APPROVED ON  
AUG 22 2022  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

08/18/2022

MEMORIAL MEDICAL CENTER

0

11:13

AP Open Invoice List

ap\_open\_invoice.template

RECEIVED BY THE COUNTY AUDITOR ON

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11820

AUG 18 2022

FORTBEND HEALTHCARE CENTER

CALHOUN COUNTY, TEXAS

Invoice# Comment

Tran Dt Inv Dt Due Dt Check Dt Pay

Gross Discount No-Pay Net

072122B 08/17/2022

07/21/2022 09/12/2022

1,148.00 0.00 0.00 1,148.00

TRANSFER NH insurance pymt deposited into mmc operating

Vendor Totals:

Number Name Gross

Discount No-Pay Net

11820

FORTBEND HEALTHC 1,148.00

0.00 0.00 1,148.00

Report Summary

Grand Totals:

Gross Discount No-Pay Net  
1,148.00 0.00 0.00 1,148.00

APPROVED ON

AUG 18 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK#196134

08/18/2022

MEMORIAL MEDICAL CENTER

0

11:07

AP Open Invoice List

ap\_open\_invoice.template

RECEIVED BY THE COUNTY AUDITOR ON

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11824

AUG 18 2022

THE CRESCENT

CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080922A	08/17/2022	08/08/2022	09/12/2022				2,240.00	0.00	0.00	2,240.00
		TRANSFER								
080922	08/17/2022	08/09/2022	09/12/2022				85.03	0.00	0.00	85.03
		TRANSFER "								
081022A	08/17/2022	08/10/2022	09/12/2022				3,200.00	0.00	0.00	3,200.00
		TRANSFER "								
081122	08/17/2022	08/11/2022	09/12/2022				11,040.00	0.00	0.00	11,040.00
		TRANSFER "								

Net insurance pymt deposited into MMC operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11824		THE CRESCENT	16,565.03	0.00	0.00	16,565.03

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	16,565.03	0.00	0.00	16,565.03

APPROVED ON

AUG 18 2022

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Ch # 196139

08/18/2022  
11:15

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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RECEIVED BY THE  
COUNTY AUDITOR ON

Dates Through:

Vendor#  
11836

AUG 18 2022

Vendor Name  
GOLDENCREEK HEALTHCARE

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080822B	08/17/2022	08/08/2022	09/12/2022				787.83	0.00	0.00	787.83
		TRANSFER								
080822A	08/17/2022	08/08/2022	09/12/2022				583.50	0.00	0.00	583.50
		TRANSFER								
080922	08/17/2022	08/09/2022	09/12/2022				21,917.91	0.00	0.00	21,917.91
		TRANSFER								
081022A	08/17/2022	08/10/2022	09/12/2022				40,967.39	0.00	0.00	40,967.39
		TRANSFER								
081122	08/17/2022	08/11/2022	09/12/2022				1,705.01	0.00	0.00	1,705.01
		TRANSFER								

*NH insurance pymt deposited into mmc operating*

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11836		GOLDENCREEK HEAL	65,961.64	0.00	0.00	65,961.64

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	65,961.64	0.00	0.00	65,961.64

APPROVED ON

AUG 18 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL #196137

08/18/2022

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Dates Through:

Vendor# 12696 Vendor Name GULF POINTE PLAZA ✓ Class Pay Code

AUG 18 2022

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080822A	08/17/2022	08/08/2022	09/12/2022				8,501.36	0.00	0.00	8,501.36
		TRANSFER								
080922A	08/17/2022	08/09/2022	09/12/2022				24,123.26	0.00	0.00	24,123.26
		TRANSFER "						"		
080922	08/17/2022	08/09/2022	09/12/2022				4,084.50	0.00	0.00	4,084.50
		TRANSFER "						"		
081022A	08/17/2022	08/10/2022	09/12/2022				1,627.85	0.00	0.00	1,627.85
		TRANSFER "						"		
081122	08/17/2022	08/11/2022	09/12/2022				350.00	0.00	0.00	350.00
		TRANSFER "						"		

NH insurance pymt deposited into mme operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12696		GULF POINTE PLAZA	38,686.97	0.00	0.00	38,686.97

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	38,686.97	0.00	0.00	38,686.97

APPROVED ON

AUG 18 2022

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CLK#196138

08/18/2022  
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AP Open Invoice List

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Vendor# 13004  
AUG 18 2022

Vendor Name  
TUSCANY VILLAGE

Dates Through:

Class

Pay Code

CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081022A	08/17/2022	08/10/2022	09/12/2022				2,644.46	0.00	0.00	2,644.46
		TRANSFER								
081022B	08/17/2022	08/10/2022	09/12/2022				1,086.47	0.00	0.00	1,086.47
		TRANSFER								
081122A	08/17/2022	08/11/2022	09/12/2022				3,512.00	0.00	0.00	3,512.00
		TRANSFER								
081122	08/17/2022	08/11/2022	09/12/2022				9,673.74	0.00	0.00	9,673.74
		TRANSFER								
081122B	08/17/2022	08/11/2022	09/12/2022				6,031.00	0.00	0.00	6,031.00
		TRANSFER								
081222	08/17/2022	08/12/2022	09/12/2022				1,945.00	0.00	0.00	1,945.00
		TRANSFER								
081222A	08/17/2022	08/12/2022	09/12/2022				572.72	0.00	0.00	572.72
		TRANSFER								

*NH insurance pymt depositd into mme acct*

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE		25,465.39	0.00	0.00	25,465.39

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	25,465.39	0.00	0.00	25,465.39

APPROVED ON

AUG 18 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CIL#196170

08/18/2022

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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RECEIVED BY THE COUNTY AUDITOR ON

Dates Through:

Vendor# 12792 Vendor Name BETHANY SENIOR LIVING Class Pay Code

AUG 18 2022

BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080822	08/17/2022	08/08/2022	09/12/2022				15,241.74	0.00	0.00	15,241.74
		TRANSFER								
080922	08/17/2022	08/09/2022	09/12/2022				67,167.34	0.00	0.00	67,167.34
		TRANSFER								
081022	08/17/2022	08/10/2022	09/12/2022				4,317.10	0.00	0.00	4,317.10
		TRANSFER								

*NH insurance pymt deposited into mme open*

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LI		86,726.18	0.00	0.00	86,726.18

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	86,726.18	0.00	0.00	86,726.18

APPROVED ON

AUG 18 2022

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Clk #196135



RUN DATE:08/22/22  
 TIME:14:59

MEMORIAL MEDICAL CENTER  
 CHECK REGISTER  
 08/24/22 THRU 08/24/22

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	196062	08/24/22	647.28	ABILITY NETWORK (SHIFTHOUND)
A/P	196063	08/24/22	714.97	ACE HARDWARE 15521
A/P	196064	08/24/22	1,400.00	ACUTE CARE INC
A/P	196065	08/24/22	4,513.74	AIRGAS USA, LLC - CENTRAL DIV
A/P	196066	08/24/22	187.71	AMAZON CAPITAL SERVICES
A/P	196067	08/24/22	35.97	AQUA BEVERAGE COMPANY
A/P	196068	08/24/22	3,400.00	AUREUS RADIOLOGY LLC
A/P	196069	08/24/22	152.30	AUTO PARTS & MACHINE CO.
A/P	196070	08/24/22	3,897.76	BAXTER HEALTHCARE
A/P	196071	08/24/22	36,792.25	BECKMAN COULTER INC
A/P	196072	08/24/22	716.83	CARDINAL HEALTH 414, INC.
A/P	196073	08/24/22	12,830.00	CARRIER CORPORATION
A/P	196074	08/24/22	120.00	CHRIS KOVAREK
A/P	196075	08/24/22	1,267.09	COASTAL REFRIGERATION
A/P	196076	08/24/22	1,476.55	COURTNE THURLKILL
A/P	196077	08/24/22	188.82	CUSTOM MEDICAL SPECIALTIES
A/P	196078	08/24/22	626.59	CYRACOM LLC
A/P	196079	08/24/22	1,227.27	DEWITT POTH & SON
A/P	196080	08/24/22	50,311.25	DIAMOND HEALTHCARE CORP
A/P	196081	08/24/22	84,991.54	DISCOVERY MEDICAL NETWORK INC
A/P	196082	08/24/22	900.00	DON BROWN ELEVATOR INSPECTIONS
A/P	196083	08/24/22	31.50	DRIESSEN WATER INC. (CULLIGAN)
A/P	196084	08/24/22	615.70	ELITECH GROUP INC (WESCOR)
A/P	196085	08/24/22	43,190.03	EMERGENCY STAFFING SOLUTIONS
A/P	196086	08/24/22	17,478.00	EVIDENT
A/P	196087	08/24/22	11.61	FASTENAL COMPANY
A/P	196088	08/24/22	86.72	FIRESTONE OF PORT LAVACA
A/P	196089	08/24/22	860.69	FISHER HEALTHCARE
A/P	196090	08/24/22	1,271.12	FRONTIER
A/P	196091	08/24/22	7,908.33	FUJI FILM
A/P	196092	08/24/22	384.38	G & S MANAGEMENT GROUP LLC
A/P	196093	08/24/22	170.40	GRAINGER
A/P	196094	08/24/22	11,366.01	GREAT AMERICA FINANCIAL SVCS
A/P	196095	08/24/22	1,490.00	HEALTHCARE CODING & CONSULTING
A/P	196096	08/24/22	21,318.99	HEALTHCARE FINANCIAL SERVICES
A/P	196097	08/24/22	9.15	HEALTHSTREAM, INC.
A/P	196098	08/24/22	349.20	HILL-ROM COMPANY, INC
A/P	196099	08/24/22	26,033.18	ITA RESOURCES INC
A/P	196100	08/24/22	53.75	J & J HEALTH CARE SYSTEMS, INC
A/P	196101	08/24/22	332.00	JOHNNY WINDER
A/P	196102	08/24/22	910.28	LOWE'S BUSINESS ACCT/SYNCR
A/P	196103	08/24/22	640.86	M G TRUST
A/P	196104	08/24/22	.00	VOIDED
A/P	196105	08/24/22	.00	VOIDED
A/P	196106	08/24/22	36,874.23	MEDLINE INDUSTRIES INC
A/P	196107	08/24/22	342.00	MEMORIAL MEDICAL CLINIC
A/P	196108	08/24/22	2,376.65	MERCK SHARP & DOHME CORP
A/P	196109	08/24/22	1,393.34	MID-COAST ELECTRIC SUPPLY, INC
A/P	196110	08/24/22	.00	VOIDED
A/P	196111	08/24/22	.00	VOIDED



RUN DATE:08/22/22  
TIME:14:59

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
08/24/22 THRU 08/24/22

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CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	196112	08/24/22	.00	VOIDED
A/P	196113	08/24/22	29,416.72	MORRIS & DICKSON CO, LLC
A/P	196114	08/24/22	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	196115	08/24/22	120.00	NOVA BIOMEDICAL
A/P	196116	08/24/22	502.11	OCCUPRO LLC
A/P	196117	08/24/22	752.16	ORTHO CLINICAL DIAGNOSTICS
A/P	196118	08/24/22	2,624.74	PRESS GANEY ASSOCIATES, INC.
A/P	196119	08/24/22	350.00	PROMETHEUS LABORATORIES, INC
A/P	196120	08/24/22	22.13	ROBERT RODRIQUEZ
A/P	196121	08/24/22	560.74	ROSHANDA THOMAS
A/P	196122	08/24/22	11,238.58	SINGLETON ASSOCIATES PA
A/P	196123	08/24/22	331.94	SMITHS MEDICAL ASD INC
A/P	196124	08/24/22	5,479.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	196125	08/24/22	6,130.42	T-SYSTEM, INC
A/P	196126	08/24/22	263.44	TMS SOUTH
A/P	196127	08/24/22	1,202.34	TRACI SHEFCIK
A/P	196128	08/24/22	1,177.20	TRIZETTO PROVIDER SOLUTIONS
A/P	196129	08/24/22	6,501.45	TTUHSC - HEALTH.EDU
A/P	196130	08/24/22	.00	VOIDED
A/P	196131	08/24/22	9,507.71	UNIFIRST HOLDINGS INC
A/P	196132	08/24/22	3,253.25	WAGeworks, INC.
A/P	196133	08/24/22	506.00	WERFEN USA LLC
A/P	196134	08/24/22	8,750.00	WOUND CARE SPECIALISTS
A/P	196135	08/24/22	86,726.18	BETHANY SENIOR LIVING
A/P	196136	08/24/22	1,148.00	FORTBEND HEALTHCARE CENTER
A/P	196137	08/24/22	65,961.64	GOLDENCREEK HEALTHCARE
A/P	196138	08/24/22	38,686.97	GULF POINTE PLAZA
A/P	196139	08/24/22	16,565.03	THE CRESCENT
A/P	196140	08/24/22	25,465.39	TUSCANY VILLAGE
TOTALS:			706,139.18	

Payables 477,585.97 +  
NH Transfers 234,553.21 +  
706,139.18 \*

APPROVED ON

AUG 24 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
<b>Ashford Gardens</b>							
8/15/2022 Enhanced Analysis Ch	87.34	-	-	-	-	-	-
8/15/2022 MANAGEANDNET1718 MNS PMNT 0000000000093 41	-	5,751.00	-	-	-	-	5,751.00
8/15/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,563.44	-	-	-	-	7,563.44
8/15/2022 HUMANA CHA DISB HCCLAIMPMT 390861 4200001012	-	451.25	-	-	-	-	451.25
8/16/2022 Amerigroup TX5C HCCLAIMPMT 3187016634 111000	-	57.99	-	-	-	-	57.99
8/17/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	10,855.43	-	-	-	-	10,855.43
8/18/2022 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	203,944.79	-	-	-	-	-	-
8/18/2022 NOVITAS SOLUTION HCCLAIMPMT 675423 420000138	-	18,559.21	-	-	-	-	18,559.21
8/19/2022 CK1182	62,619.88	-	-	-	-	-	-
8/19/2022 KS PLAN ADMINIST HCCLAIMPMT 3278 11100002456	-	8,075.88	-	-	-	-	8,075.88
8/19/2022 NOVITAS SOLUTION HCCLAIMPMT 675423 420000139	-	27,906.74	-	-	-	-	27,906.74
	266,652.01	79,220.94	-	-	-	-	79,220.94

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
<b>Broadmoor</b>							
8/15/2022 MANAGEANDNET1718 MNS PMNT 00000000004291 41	-	5,968.50	-	-	-	-	5,968.50
8/15/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,112.06	-	-	-	-	4,112.06
8/15/2022 HUMANA INS CO HCCLAIMPMT 390861 830000544457	-	12,640.00	-	-	-	-	12,640.00
8/15/2022 HUMANA CHA DISB HCCLAIMPMT 390861 4200001012	-	13,690.00	-	-	-	-	13,690.00
8/16/2022 HUMANA CHA DISB HCCLAIMPMT 390861 4200001250	-	6,510.00	-	-	-	-	6,510.00
8/17/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	122.75	-	-	-	-	122.75
8/17/2022 CIGNA HCCLAIMPMT 1669860433 91000010873100	-	389.00	-	-	-	-	389.00
8/17/2022 AARP Supplementa HCCLAIMPMT 746003411 124384	-	159.29	-	-	-	-	159.29
8/18/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	156,710.66	-	-	-	-	-	-
8/18/2022 MANAGEANDNET1718 MNS PMNT 00000000004293 41	-	5,670.00	-	-	-	-	5,670.00
8/18/2022 NOVITAS SOLUTION HCCLAIMPMT 676357 420000137	-	116,052.06	-	-	-	-	116,052.06
8/18/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	2,644.77	-	-	-	-	2,644.77
8/19/2022 CK215	27,999.65	-	-	-	-	-	-
8/19/2022 Deposit	-	17.91	-	-	-	-	17.91
8/19/2022 NOVITAS SOLUTION HCCLAIMPMT 676357 420000139	-	374.39	-	-	-	-	374.39
8/19/2022 HUMANA CHA DISB HCCLAIMPMT 390861 4200001363	-	1,709.37	-	-	-	-	1,709.37
	184,710.31	170,060.10	-	-	-	-	170,060.10

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
<b>Crescent</b>							
8/15/2022 HNB - ECHO HCCLAIMPMT 746003411 440000238858	-	725.27	-	-	-	-	725.27
8/15/2022 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	7,030.00	-	-	-	-	7,030.00
8/15/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,276.05	-	-	-	-	1,276.05
8/15/2022 DEVOTED HEALTH P HCCLAIMPMT 121140393104058	-	2,400.00	-	-	-	-	2,400.00
8/16/2022 HNB - ECHO HCCLAIMPMT 746003411 440000283594	-	1,087.91	-	-	-	-	1,087.91
8/16/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	6,290.00	-	-	-	-	6,290.00
8/16/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000134	-	12,342.93	-	-	-	-	12,342.93
8/16/2022 DEVOTED HEALTH P HCCLAIMPMT 121140395203045	-	2,400.00	-	-	-	-	2,400.00
8/16/2022 DEVOTED HEALTH P HCCLAIMPMT 121140395203043	-	2,400.00	-	-	-	-	2,400.00
8/17/2022 Molina HC of TX HCCLAIMPMT PN1669860425 4200	-	284.90	-	-	-	-	284.90
8/17/2022 MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	2,875.50	-	-	-	-	2,875.50
8/18/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	182,612.35	-	-	-	-	-	-
8/18/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	8,510.00	-	-	-	-	8,510.00
8/18/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000137	-	91,528.30	-	-	-	-	91,528.30
8/19/2022 CK249	21,783.26	-	-	-	-	-	-
8/19/2022 CK250	14,428.00	-	-	-	-	-	-
8/19/2022 Deposit	-	24,949.00	-	-	-	-	24,949.00
8/19/2022 Molina HC of TX HCCLAIMPMT PN1669860425 4200	-	8,994.47	-	-	-	-	8,994.47
8/19/2022 HNB - ECHO HCCLAIMPMT 746003411 440000293021	-	2,175.82	-	-	-	-	2,175.82
8/19/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000139	-	132.34	-	-	-	-	132.34
8/19/2022 DEVOTED HEALTH P HCCLAIMPMT 121140390474804	-	2,800.00	-	-	-	-	2,800.00
	218,823.61	178,202.49	-	-	-	-	178,202.49

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
<b>Fort Bend</b>							
8/15/2022 MANAGEANDNET1718 MNS PMNT 00000000004294 41	-	283.50	-	-	-	-	283.50
8/15/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,109.38	-	-	-	-	2,109.38
8/16/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	8,774.14	-	-	-	-	8,774.14
8/17/2022 MANAGEANDNET1718 MNS PMNT 00000000004294 41	-	280.66	-	-	-	-	280.66
8/18/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	117,869.11	-	-	-	-	-	-
8/18/2022 MANAGEANDNET1718 MNS PMNT 00000000004294 41	-	1,984.50	-	-	-	-	1,984.50
8/18/2022 NOVITAS SOLUTION HCCLAIMPMT 675663 420000137	-	40,740.81	-	-	-	-	40,740.81
8/18/2022 AARP Supplementa HCCLAIMPMT 746003411 124384	-	5,691.14	-	-	-	-	5,691.14
8/19/2022 CK189	27,007.02	-	-	-	-	-	-
8/19/2022 Deposit	-	2,464.00	-	-	-	-	2,464.00
8/19/2022 NOVITAS SOLUTION HCCLAIMPMT 675663 420000139	-	38,099.94	-	-	-	-	38,099.94
	144,876.13	100,428.07	-	-	-	-	100,428.07

		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>							
8/15/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	556.27	-	-	-	-	556.27
8/15/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000107	-	21,674.16	-	-	-	-	21,674.16
8/16/2022 HUMANA INS CO HCCLAIMPMT 390862 830000586915	-	10,880.00	-	-	-	-	10,880.00
8/16/2022 HUMANA INS CO HCCLAIMPMT 390862 830000587418	-	11,331.01	-	-	-	-	11,331.01
8/17/2022 Molina HC of TX HCCLAIMPMT PN1497143259 4200	-	10,829.00	-	-	-	-	10,829.00
8/17/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	388.00	-	-	-	-	388.00
8/17/2022 AARP Supplementa HCCLAIMPMT 746003411 124384	-	272.57	-	-	-	-	272.57
8/18/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	174,023.80	-	-	-	-	-	-
8/18/2022 MANAGEANDNET1718 MNS PMNT 00000000002482 41	-	4,441.50	-	-	-	-	4,441.50
8/18/2022 Amerigroup TX5C HCCLAIMPMT 3187289647 111000	-	835.44	-	-	-	-	835.44
8/18/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000137	-	252,714.90	-	-	-	-	252,714.90
8/18/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	1,287.11	-	-	-	-	1,287.11
8/19/2022 CK1245	26,172.01	-	-	-	-	-	-
8/19/2022 Deposit	-	13,829.09	-	-	-	-	13,829.09
8/19/2022 Molina HC of TX HCCLAIMPMT PN1497143259 4200	-	1,214.28	-	-	-	-	1,214.28
8/19/2022 MANAGEANDNET1718 MNS PMNT 00000000002482 41	-	9,247.59	-	-	-	-	9,247.59
8/19/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000139	-	1,818.34	-	-	-	-	1,818.34
	200,195.81	341,319.26	-	-	-	-	341,319.26
<b>TOTALS</b>	<b>1,015,257.87</b>	<b>869,230.86</b>	-	-	-	-	<b>869,230.86</b>

# Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type

DDA

Data reported as of Aug 22, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$5,234,484.10</b>	<b>\$5,353,897.36</b>	<b>\$5,234,484.10</b>	<b>\$5,217,831.4</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$19,941.45	\$19,941.45	\$19,941.45	\$19,941.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$189,993.77	\$195,231.97	\$189,993.77	\$78,733.6
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.54	\$536.54	\$536.54	\$536.5
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,846,634.50	\$3,801,729.86	\$3,846,634.50	\$4,114,895.6
<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	\$79,252.29 ✓	\$80,642.42	\$79,252.29	\$105,889.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$170,174.45 ✓	\$188,125.25	\$170,174.45	\$196,072.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$178,317.76 ✓	\$189,204.96	\$178,317.76	\$175,477.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$100,533.82 ✓	\$100,533.82	\$100,533.82	\$86,976.5
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$341,436.80 ✓	\$376,256.58	\$341,436.80	\$341,499.5
<u>*2998</u> MMC -MONEY MARKET FUND	\$703.78	\$703.78	\$703.78	\$703.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$119,823.65	\$121,276.43	\$119,823.65	\$9,215.0
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$10,920.17	\$94,645.08	\$10,920.17	\$7,299.8
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,568.60	\$3,437.12	\$1,568.60	\$36,035.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$174,214.59	\$181,200.17	\$174,214.59	\$44,122.2

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 8/22/2022

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		286,214.41 ✓	286,101.38 ✓	189,880.74 ✓		189,993.77	189,880.74
						Bank Balance 189,993.77 ✓	
						Variance -	
						Leave in Balance 100.00	

July Interest	13.03 ✓
August Interest	
September Interest	
	<u>13.03</u>
Adjust Balance/Transfer Amt	<u>189,880.74</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:   
 WILLIAM LITTLE, CFO 8/22/2022

**APPROVED ON**  
**AUG 22 2022**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**

**Golden Creek**

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/18/2022 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	212,687.65	-						-
8/18/2022 HNB - ECHO HCCLAIMPMT 746003411 440000260601	-	5,206.88						5,206.88
8/19/2022 CK166	68,699.13	-						-
8/19/2022 CK167	4,714.60	-						-
8/19/2022 Deposit	-	67,505.09						67,505.09
8/19/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	1,495.00						1,495.00
8/19/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	4,509.57						4,509.57
8/19/2022 NOVITAS SOLUTION HCCLAIMPMT 676097 420000139	-	111,164.20						111,164.20
	<b>286,101.38</b>	<b>189,880.74</b>						<b>189,880.74</b>

# Quick View

Select Quick View Accounts  
Account Number / Name

Account Type

Select Group  
Groups




DDA

Data reported as of Aug 22, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$5,234,484.10</b>	<b>\$5,353,897.36</b>	<b>\$5,234,484.10</b>	<b>\$5,217,831.4</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$19,941.45	\$19,941.45	\$19,941.45	\$19,941.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$189,993.77 ✓	\$195,231.97	\$189,993.77	\$78,733.6
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.54	\$536.54	\$536.54	\$536.5
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,846,634.50	\$3,801,729.86	\$3,846,634.50	\$4,114,895.6
<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	\$79,252.29	\$80,642.42	\$79,252.29	\$105,889.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$170,174.45	\$188,125.25	\$170,174.45	\$196,072.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$178,317.76	\$189,204.96	\$178,317.76	\$175,477.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$100,533.82	\$100,533.82	\$100,533.82	\$86,976.9
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$341,436.80	\$376,256.58	\$341,436.80	\$341,499.5
<u>*2998</u> MMC -MONEY MARKET FUND	\$703.78	\$703.78	\$703.78	\$703.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$119,823.65	\$121,276.43	\$119,823.65	\$9,215.0
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$10,920.17	\$94,645.08	\$10,920.17	\$7,299.8
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,568.60	\$3,437.12	\$1,568.60	\$36,035.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$174,214.59	\$181,200.17	\$174,214.59	\$44,122.2

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 8/22/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		95,604.08	95,501.76	1,466.28			1,568.60	1,568.60
						Bank Balance	1,568.60	po transfer
						Variance	0.00	
						Leave in Balance	100.00	

July Interest 2.32 ✓  
 August Interest  
 September Interest  
 Adjust Balance/Transfer Amt 1,466.28 ✓

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid	1	185,023.56	184,913.71	10,810.32			10,920.17	10,810.32
						Bank Balance	10,920.17	
						Variance		
						Leave in Balance	100.00	

July Interest 9.85 ✓  
 August Interest  
 September Interest  
 Adjust Balance/Transfer Amt 10,810.32 ✓

*Routine Information for Gulf Pointe Plaza:*



**TOTAL TRANSFERS 12,276.60**

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 8/22/2022

**APPROVED ON**

**AUG 22 2022**

**BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS**



**Gulf Pointe Plaza-Private Pay**

8/15/2022 HNB - ECHO HCCLAIMPMT 746003411 440000238858  
 8/16/2022 HNB - ECHO HCCLAIMPMT 746003411 440000283594  
 8/16/2022 HNB - ECHO HCCLAIMPMT 746003411 440000283631  
 8/18/2022 WIRE OUT HMG SERVICES, LLC  
 8/18/2022 HNB - ECHO HCCLAIMPMT 746003411 440000260602  
 8/19/2022 CK1087

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp		QIPP/Comp4		QIPP TI	
		QIPP/Comp1	2	QIPP/Comp3	&Lapse		
-	17.88	-	-	-	-	17.88	
-	1,259.41	-	-	-	-	1,259.41	
-	120.96	-	-	-	-	120.96	
61,034.77	-	-	-	-	-	-	
-	68.03	-	-	-	-	68.03	
34,466.99	-	-	-	-	-	-	
<b>95,501.76</b>	<b>1,466.28</b>	-	-	-	-	<b>1,466.28</b>	

**Gulf Pointe Plaza-Medicare/Medicaid**

8/15/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001  
 8/18/2022 WIRE OUT HMG SERVICES, LLC  
 8/18/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001  
 8/19/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001  
 8/19/2022 HNB - ECHO HCCLAIMPMT 746003411 440000293021

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp		QIPP/Comp4		QIPP TI	
		QIPP/Comp1	2	QIPP/Comp3	&Lapse		
-	2,240.00	-	-	-	-	2,240.00	
184,913.71	-	-	-	-	-	-	
-	4,950.00	-	-	-	-	4,950.00	
-	2,475.00	-	-	-	-	2,475.00	
-	1,145.32	-	-	-	-	1,145.32	
<b>184,913.71</b>	<b>10,810.32</b>	-	-	-	-	<b>10,810.32</b>	
<b>280,415.47</b>	<b>12,276.60</b>	-	-	-	-	<b>12,276.60</b>	

# Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type





DDA

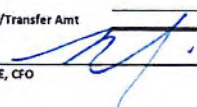
Data reported as of Aug 22, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$5,234,484.10</b>	<b>\$5,353,897.36</b>	<b>\$5,234,484.10</b>	<b>\$5,217,831.4</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$19,941.45	\$19,941.45	\$19,941.45	\$19,941.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$189,993.77	\$195,231.97	\$189,993.77	\$78,733.6
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.54	\$536.54	\$536.54	\$536.5
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,846,634.50	\$3,801,729.86	\$3,846,634.50	\$4,114,895.6
<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	\$79,252.29	\$80,642.42	\$79,252.29	\$105,889.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$170,174.45	\$188,125.25	\$170,174.45	\$196,072.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$178,317.76	\$189,204.96	\$178,317.76	\$175,477.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$100,533.82	\$100,533.82	\$100,533.82	\$86,976.5
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$341,436.80	\$376,256.58	\$341,436.80	\$341,499.5
<u>*2998</u> MMC -MONEY MARKET FUND	\$703.78	\$703.78	\$703.78	\$703.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$119,823.65	\$121,276.43	\$119,823.65	\$9,215.0
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$10,920.17 ✓	\$94,645.08	\$10,920.17	\$7,299.8
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,568.60 ✓	\$3,437.12	\$1,568.60	\$36,035.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$174,214.59	\$181,200.17	\$174,214.59	\$44,122.2

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscany Transfer  
 Prosperity Accounts  
 8/22/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		180,858.30 ✓	180,758.30 ✓	174,114.59 ✓			174,214.59	174,114.59
						Bank Balance Variance	174,214.59 ✓	
						Leave in Balance	100.00 ✓	

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

Adjust Balance/Transfer Amt 174,114.59 ✓  
 Approved:   
 WILLIAM LITTLE, CFO 8/22/2022

**APPROVED ON**  
**AUG 22 2022**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**

**Tuscany Village**

**MMC PORTION**

	<u>Transfer-Out</u>	<u>Transfer-In</u>	QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
8/17/2022 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	2,860.81	-	-	-	-	-	2,860.81
8/18/2022 WIRE OUT LINBAR ENTERPRISES, LLC	139,596.82	-	-	-	-	-	-	-
8/19/2022 CK1107	41,161.48	-	-	-	-	-	-	-
8/19/2022 Deposit	-	19,142.60	-	-	-	-	-	19,142.60
8/19/2022 Deposit	-	99,873.40	-	-	-	-	-	99,873.40
8/19/2022 KS PLAN ADMINIST HCCLAIMPMT 179 111000024563	-	440.00	-	-	-	-	-	440.00
8/19/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000139	-	51,797.78	-	-	-	-	-	51,797.78
	<b>180,758.30</b>	<b>174,114.59</b>	-	-	-	-	-	<b>174,114.59</b>

# Quick View

Select Quick View Accounts  
Account Number / Name

Account Type



Select Group  
Groups




DDA

Data reported as of Aug 22, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$5,234,484.10</b>	<b>\$5,353,897.36</b>	<b>\$5,234,484.10</b>	<b>\$5,217,831.4</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$19,941.45	\$19,941.45	\$19,941.45	\$19,941.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$189,993.77	\$195,231.97	\$189,993.77	\$78,733.6
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.54	\$536.54	\$536.54	\$536.5
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,846,634.50	\$3,801,729.86	\$3,846,634.50	\$4,114,895.6
<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	\$79,252.29	\$80,642.42	\$79,252.29	\$105,889.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$170,174.45	\$188,125.25	\$170,174.45	\$196,072.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$178,317.76	\$189,204.96	\$178,317.76	\$175,477.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$100,533.82	\$100,533.82	\$100,533.82	\$86,976.9
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$341,436.80	\$376,256.58	\$341,436.80	\$341,499.5
<u>*2998</u> MMC -MONEY MARKET FUND	\$703.78	\$703.78	\$703.78	\$703.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$119,823.65	\$121,276.43	\$119,823.65	\$9,215.0
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$10,920.17	\$94,645.08	\$10,920.17	\$7,299.8
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,568.60	\$3,437.12	\$1,568.60	\$36,035.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$174,214.59	\$181,200.17	\$174,214.59	\$44,122.2

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSLTransfer  
 Prosperity Accounts  
 8/22/2022

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		276,708.66	276,578.23	119,693.22			119,823.65	119,693.22
						Bank Balance	119,823.65	
						Variance		
						Leave in Balance	100.00	
						July Interest	30.43	
						August Interest		
						September Interest		
						Adjust Balance/Transfer Amt	119,693.22	
Approved:								
WILLIAM LITTLE, CFO								8/22/2022

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 22 2022**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**



# Quick View

Select Quick View Accounts  
Account Number / Name

Select Group  
Groups

Account Type





DDA

Data reported as of Aug 22, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 15</b>	<b>\$5,234,484.10</b>	<b>\$5,353,897.36</b>	<b>\$5,234,484.10</b>	<b>\$5,217,831.4</b>
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$19,941.45	\$19,941.45	\$19,941.45	\$19,941.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$189,993.77	\$195,231.97	\$189,993.77	\$78,733.6
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.54	\$536.54	\$536.54	\$536.5
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,846,634.50	\$3,801,729.86	\$3,846,634.50	\$4,114,895.6
<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	\$79,252.29	\$80,642.42	\$79,252.29	\$105,889.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$170,174.45	\$188,125.25	\$170,174.45	\$196,072.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$178,317.76	\$189,204.96	\$178,317.76	\$175,477.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$100,533.82	\$100,533.82	\$100,533.82	\$86,976.5
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$341,436.80	\$376,256.58	\$341,436.80	\$341,499.5
<u>*2998</u> MMC -MONEY MARKET FUND	\$703.78	\$703.78	\$703.78	\$703.7
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$119,823.65 ✓	\$121,276.43	\$119,823.65	\$9,215.0
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$10,920.17	\$94,645.08	\$10,920.17	\$7,299.8
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,568.60	\$3,437.12	\$1,568.60	\$36,035.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$174,214.59	\$181,200.17	\$174,214.59	\$44,122.2