

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 21, 2022

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 353,269.38	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 145,091.41	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 898,254.03	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 483,628.58	✓
GRAND TOTAL DISBURSEMENTS APPROVED September 21, 2022	\$ 1,880,243.40	✓

APPROVED

SEP 21 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 21, 2022

PAYABLES AND PAYROLL

9/15/2022 Weekly Payables	281,690.27
9/19/2022 Citibank Credit Card-see attached	525.90
9/19/2022 American Construction-unit removal/install	14,550.00
9/19/2022 Amazon-supplies	127.72
9/19/2022 ITA Resources Inc.-respiratory service	26,360.50
9/19/2022 Medline-supplies	12,554.29
9/19/2022 McKesson-340B Prescription Expense	5,978.59
9/19/2022 Amerisource Bergen-340B Prescription Expense	1,319.09

Prosperity Electronic Bank Payments

9/12-9/15/22 Credit Card & Lease Fees	6,190.08
9/19/2022 Sales Tax for August 2022	1,561.88
9/12-9/16/22 Pay Plus-Patient Claims Processing Fee	121.05
9/16/2022 ExpertPay- child support	2,290.01

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ **353,269.38**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

9/15/2022 MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating	4,605.51
9/15/2022 MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating	5,750.50
9/15/2022 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error	4,095.00
9/15/2022 MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment deposited into MMC Operating	20,235.86
9/15/2022 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	42,363.40
9/15/2022 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	61,003.14

TRANSFER OF FUNDS BETWEEN NURSING HOMES/MMC

9/19/2022 Crescent to Tuscany-correction of Tuscany insurance payment deposited into Crescent in error	7,038.00
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TOTAL TRANSFERS BETWEEN FUNDS \$ **145,091.41**

NURSING HOME UPL EXPENSES

9/19/2022 Nursing Home UPL-Cantex Transfer	535,677.82
9/19/2022 Nursing Home UPL-Nexion Transfer	85,820.17
9/19/2022 Nursing Home UPL-HMG Transfer	75,795.45
9/19/2022 Nursing Home UPL-Tuscany Transfer	48,714.85
9/19/2022 Nursing Home UPL-HSL Transfer	152,245.74

TOTAL NURSING HOME UPL EXPENSES \$ **898,254.03**

INTER-GOVERNMENT TRANSFERS

9/19/2022 IGT UC Year 11 to be paid September 30, 2022	483,628.58
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TOTAL INTER-GOVERNMENT TRANSFERS \$ **483,628.58**

GRAND TOTAL DISBURSEMENTS APPROVED September 21, 2022 \$ **1,880,243.40**

RECEIVED BY THE COUNTY AUDITOR ON

SEP 15 2022

13:49

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 10/06/2022

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11283 ACE HARDWARE 15521 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
083122		09/15/20	08/31/20	09/30/20		943.20	0.00	0.00	943.20 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11283	ACE HARDWARE 15521	943.20	0.00	0.00	943.20	

Vendor# Vendor Name

Class Pay Code

10950 ACUTE CARE INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV913 ✓		09/15/20	09/01/20	09/30/20		1,400.00	0.00	0.00	1,400.00 ✓

RFID FEE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
10950	ACUTE CARE INC	1,400.00	0.00	0.00	1,400.00	

Vendor# Vendor Name

Class Pay Code

14028 AMAZON CAPITAL SERVICES ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1HPDF4QN7KK9 ✓		08/24/20	08/17/20	10/01/20		37.99	0.00	0.00	37.99 ✓

SUPPLIES

1YLM9Y936PYN ✓		08/31/20	08/16/20	10/01/20		-39.72	0.00	0.00	-39.72 ✓
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CREDIT

1393LMHKHGDP ✓		09/01/20	08/25/20	09/24/20		29.39	0.00	0.00	29.39 ✓
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SUPPLIES

13QXQT1TV4LN ✓		09/14/20	08/25/20	09/24/20		36.99	0.00	0.00	36.99 ✓
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SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
14028	AMAZON CAPITAL SERVICES	64.65	0.00	0.00	64.65	

Vendor# Vendor Name

Class Pay Code

12800 AUTHORITYRX ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1433 ✓		09/15/20	07/01/20	07/02/20		11,748.00	0.00	0.00	11,748.00 ✓

340B

1499 ✓		09/15/20	09/02/20	09/03/20		13,809.00	0.00	0.00	13,809.00 ✓
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340B

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
12800	AUTHORITYRX	25,557.00	0.00	0.00	25,557.00	

Vendor# Vendor Name

Class Pay Code

B1150 BAXTER HEALTHCARE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
76259985 ✓		09/14/20	08/25/20	09/19/20		803.12	0.00	0.00	803.12 ✓

SUPPLIES

76286673 ✓		09/14/20	08/29/20	09/23/20		338.31	0.00	0.00	338.31 ✓
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SUPPLIES

76331360 ✓		09/14/20	09/01/20	09/26/20		752.93	0.00	0.00	752.93 ✓
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SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
B1150	BAXTER HEALTHCARE	1,894.36	0.00	0.00	1,894.36	

Vendor# Vendor Name

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
B1220 BECKMAN COULTER INC ✓ M										
110108806 ✓	SUPPLIES	09/14/20	08/29/20	09/23/20		566.14	0.00	0.00	566.14 ✓	
110119639 ✓	SUPPLIES	09/14/20	09/02/20	09/27/20		604.90	0.00	0.00	604.90 ✓	
110119479 ✓	SUPPLIES	09/14/20	09/02/20	09/27/20		856.82	0.00	0.00	856.82 ✓	
110129231 ✓	SUPPLIES	09/14/20	09/08/20	10/03/20		118.86	0.00	0.00	118.86 ✓	
110121194 ✓	SUPPLIES	09/15/20	09/06/20	10/01/20		549.00	0.00	0.00	549.00 ✓	
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
B1220 BECKMAN COULTER INC						2,695.72	0.00	0.00	2,695.72	
Vendor# Vendor Name Class Pay Code										
10024 BECTON, DICKINSON & CO (BD) ✓										
9110215544 ✓	SUPPLIES	09/01/20	08/30/20	09/29/20		256.00	0.00	0.00	256.00 ✓	
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
10024 BECTON, DICKINSON & CO (BD)						256.00	0.00	0.00	256.00	
Vendor# Vendor Name Class Pay Code										
B1655 BOSTON SCIENTIFIC CORPORATION ✓ M										
986848094 ✓	SUPPLIES	09/14/20	08/23/20	09/14/20		394.00	0.00	0.00	394.00 ✓	
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
B1655 BOSTON SCIENTIFIC CORPORATION						394.00	0.00	0.00	394.00	
Vendor# Vendor Name Class Pay Code										
14120 CALHOUN COUNTY EMS ✓										
22080008 ✓	TRANSFER	09/15/20	09/01/20	10/01/20		6,600.00	0.00	0.00	6,600.00 ✓	
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
14120 CALHOUN COUNTY EMS						6,600.00	0.00	0.00	6,600.00	
Vendor# Vendor Name Class Pay Code										
11295 CALHOUN COUNTY INDIGENT ACCOUN ✓										
090822	INDIGENT	09/15/20	09/08/20	09/09/20		70.00	0.00	0.00	70.00 ✓	
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
11295 CALHOUN COUNTY INDIGENT ACCOUN						70.00	0.00	0.00	70.00	
Vendor# Vendor Name Class Pay Code										
14236 CARRIER CORPORATION ✓										
90219286 ✓	CHILLER RENTAL (7/18-8/1/22)	09/14/20	08/30/20	09/30/20		12,830.00	0.00	0.00	12,830.00 ✓	
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										
13028 CAVALLO ENERGY TEXAS LLC ✓										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
18054673	✓	09/14/20	08/19/20	09/22/20		10.17	0.00	0.00	10.17 ✓
ELECTRICITY									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net
		13028	CAVALLO ENERGY TEXAS LLC			10.17	0.00	0.00	10.17
Vendor#	Vendor Name			Class	Pay Code				
C1992	CDW GOVERNMENT, INC. ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
CH10739	✓	09/14/20	08/22/20	09/21/20		467.83	0.00	0.00	467.83 ✓
SUPPLIES									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.			467.83	0.00	0.00	467.83
Vendor#	Vendor Name			Class	Pay Code				
11202	CFI MECHANICAL INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SD17489	✓	09/14/20	09/06/20	10/06/20		1,007.50	0.00	0.00	1,007.50 ✓
LABOR/MATERIAL MRI A11K									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net
		11202	CFI MECHANICAL INC			1,007.50	0.00	0.00	1,007.50
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
66	✓	09/15/20	09/06/20	09/16/20		80.00	0.00	0.00	80.00 ✓
SOCIAL SERV									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net
		10105	CHRIS KOVAREK			80.00	0.00	0.00	80.00
Vendor#	Vendor Name			Class	Pay Code				
10212	CLINICAL PATHOLOGY LABS ✓			ICP					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
202208		09/15/20	08/31/20	09/30/20		14,481.53	0.00	0.00	14,481.53 ✓
LAB SERV									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net
		10212	CLINICAL PATHOLOGY LABS			14,481.53	0.00	0.00	14,481.53
Vendor#	Vendor Name			Class	Pay Code				
C1166	COASTAL OFFICE SOLUTONS ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
OE354701	✓	09/14/20	08/31/20	09/10/20		62.50	0.00	0.00	62.50 ✓
SUPPLIES									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net
		C1166	COASTAL OFFICE SOLUTONS			62.50	0.00	0.00	62.50
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
5114511	✓	09/15/20	08/10/20	09/10/20		412.45	0.00	0.00	412.45 ✓
LABOR									
5114717	✓	09/15/20	08/10/20	09/10/20		394.95	0.00	0.00	394.95 ✓
LABOR									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net
		11029	COASTAL REFRIGERATION			807.40	0.00	0.00	807.40
Vendor#	Vendor Name			Class	Pay Code				
C1850	CODONICS INC ✓			M					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
270152	SUPPILES	09/15/20	09/09/20	09/24/20		604.13	0.00	0.00	604.13	
Vendor Totals						Number Name	Gross	Discount	No-Pay	Net
						C1850 CODONICS INC	604.13	0.00	0.00	604.13
Vendor#	Vendor Name			Class	Pay Code					
C1970	CONMED CORPORATION			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
972120	SUPPLIES	09/14/20	08/25/20	09/15/20		215.06	0.00	0.00	215.06	
Vendor Totals						Number Name	Gross	Discount	No-Pay	Net
						C1970 CONMED CORPORATION	215.06	0.00	0.00	215.06
Vendor#	Vendor Name			Class	Pay Code					
C2157	COOPER SURGICAL INC			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
6358030	SUPPLIES	09/14/20	08/25/20	09/14/20		256.35	0.00	0.00	256.35	
6361785	SUPPLIES	09/14/20	08/30/20	09/14/20		369.98	0.00	0.00	369.98	
6368557	SUPPLIES	09/14/20	09/02/20	09/14/20		379.05	0.00	0.00	379.05	
Vendor Totals						Number Name	Gross	Discount	No-Pay	Net
						C2157 COOPER SURGICAL INC	1,005.38	0.00	0.00	1,005.38
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	
298498	SUPPLIES	09/14/20	09/07/20	09/14/20		532.73	0.00	0.00	532.73	
Vendor Totals						Number Name	Gross	Discount	No-Pay	Net
						10006 CUSTOM MEDICAL SPECIALTIES	532.73	0.00	0.00	532.73
Vendor#	Vendor Name			Class	Pay Code					
10060	DETAR HOSPITAL			ICP						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
DTR2208023	LAB SERVICES	09/15/20	09/01/20	10/01/20		396.69	0.00	0.00	396.69	
Vendor Totals						Number Name	Gross	Discount	No-Pay	Net
						10060 DETAR HOSPITAL	396.69	0.00	0.00	396.69
Vendor#	Vendor Name			Class	Pay Code					
10368	DEWITT POTHS & SON									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
6919910	SUPPLIES	09/14/20	08/25/20	09/19/20		482.51	0.00	0.00	482.51	
6924620	SUPPLIES	09/15/20	09/01/20	09/26/20		69.68	0.00	0.00	69.68	
6930560	SUPPLIES	09/15/20	09/07/20	10/02/20		113.27	0.00	0.00	113.27	
6932350	SUPPLIES	09/15/20	09/08/20	10/03/20		99.76	0.00	0.00	99.76	
6932351	SUPPLIES	09/15/20	09/09/20	10/04/20		26.53	0.00	0.00	26.53	
Vendor Totals						Number Name	Gross	Discount	No-Pay	Net

	10368	DEWITT POTH & SON					791.75	0.00	0.00	791.75
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	
IN20055446 ✓		09/15/20	09/01/20	09/26/20		31,144.58	0.00	0.00	31,144.58 ✓	
	BEHAV HEALTH									
IN20055447 ✓		09/15/20	09/01/20	09/26/20		19,166.67	0.00	0.00	19,166.67 ✓	
	AUG 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						
11291	DOWELL PEST CONTROL ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
11681A ✓		09/15/20	08/26/20	09/20/20		260.00	0.00	0.00	260.00 ✓	
	PEST CONTROL									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11291	DOWELL PEST CONTROL				260.00	0.00	0.00	260.00	
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	
1430270308312022 ✓		09/15/20	08/31/20	09/22/20		475.65	0.00	0.00	475.65 ✓	
	WATER									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	12044	DRIESSEN WATER INC. (CULLIGAN)				475.65	0.00	0.00	475.65	
Vendor#	Vendor Name		Class	Pay Code						
10689	FASTHEALTH CORPORATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
09A22MMC ✓		09/15/20	09/01/20	09/16/20		495.00	0.00	0.00	495.00 ✓	
	WEBSITE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10689	FASTHEALTH CORPORATION				495.00	0.00	0.00	495.00	
Vendor#	Vendor Name		Class	Pay Code						
F1100	FEDERAL EXPRESS CORP. ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
785510510 ✓		09/15/20	08/18/20	09/12/20		71.29	0.00	0.00	71.29 ✓	
	FREIGHT									
786211632 ✓		09/15/20	08/25/20	09/19/20		27.85	0.00	0.00	27.85 ✓	
	FREIGHT									
786988818 ✓		09/15/20	09/01/20	09/26/20		91.44	0.00	0.00	91.44 ✓	
	FREIGHT									
787713263 ✓		09/15/20	09/08/20	10/03/20		66.05	0.00	0.00	66.05 ✓	
	FREIGHT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	F1100	FEDERAL EXPRESS CORP.				256.63	0.00	0.00	256.63	
Vendor#	Vendor Name		Class	Pay Code						
14336	FIRETRON, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
204261 ✓		08/11/20	07/31/20	10/01/20		356.40	0.00	0.00	356.40 ✓	
	REPAIR									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	14336	FIRETRON, INC				356.40	0.00	0.00	356.40	

Vendor#	Vendor Name		Class	Pay Code						
10599	FORVIS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	BK01645121 ✓		09/15/20	08/29/20	09/23/20		4,725.00	0.00	0.00	4,725.00 ✓
	MEDICARE COST REPORT									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10599	FORVIS				4,725.00	0.00	0.00	4,725.00
11183	FRONTIER ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	090222		09/14/20	09/02/20	09/26/20		1,205.91	0.00	0.00	1,205.91
	552-0338 PHONE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11183	FRONTIER				1,205.91	0.00	0.00	1,205.91
12948	GREAT AMERICA FINANCIAL SVCS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	32367095 ✓		09/15/20	09/05/20	09/30/20		10,108.24	0.00	0.00	10,108.24 ✓
	COPIER									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12948	GREAT AMERICA FINANCIAL SVCS				10,108.24	0.00	0.00	10,108.24
11984	GUERBET, LLC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	18634940 ✓		09/14/20	08/22/20	09/14/20		700.00	0.00	0.00	700.00 ✓
	SUPPLIES									
	18638252 ✓		09/14/20	09/01/20	09/14/20		350.00	0.00	0.00	350.00 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11984	GUERBET, LLC				1,050.00	0.00	0.00	1,050.00
G1210	GULF COAST PAPER COMPANY ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2277925 ✓		09/14/20	08/26/20	09/25/20		462.84	0.00	0.00	462.84 ✓
	SUPPLIES									
	2279526 ✓		09/15/20	08/30/20	09/29/20		88.26	0.00	0.00	88.26 ✓
	SUPPLIES									
	2279527 ✓		09/15/20	08/30/20	09/29/20		805.61	0.00	0.00	805.61 ✓
	SUPPLIES									
	2282549 ✓		09/15/20	09/06/20	10/06/20		72.98	0.00	0.00	72.98 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				1,429.69	0.00	0.00	1,429.69
11552	HEALTHCARE FINANCIAL SERVICES ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	100655805 ✓		09/15/20	08/27/20	10/01/20		4,610.52	0.00	0.00	4,610.52 ✓
	LEASE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11552	HEALTHCARE FINANCIAL SERVICES				4,610.52	0.00	0.00	4,610.52

H0031	HEB CREDIT RECEIVABLES DEPT308 ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
093122		09/15/20	08/31/20	09/25/20		1,022.42	0.00	0.00	1,022.42	✓
	SUPPLIES									
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net	
	H0031	HEB CREDIT RECEIVABLES DEPT308				1,022.42	0.00	0.00	1,022.42	
Vendor#	Vendor Name				Class	Pay Code				
14140	HELMER, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
0000426685 ✓		09/14/20	08/31/20	09/14/20		233.87	0.00	0.00	233.87	✓
	SUPPLIES									
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net	
	14140	HELMER, INC				233.87	0.00	0.00	233.87	
Vendor#	Vendor Name				Class	Pay Code				
H1399	HILL-ROM COMPANY, INC ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2898957 ✓		09/14/20	08/31/20	09/14/20		69.84	0.00	0.00	69.84	✓
	SUPPLIES									
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net	
	H1399	HILL-ROM COMPANY, INC				69.84	0.00	0.00	69.84	
Vendor#	Vendor Name				Class	Pay Code				
H0416	HOLOGIC INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
10244756 ✓		09/14/20	08/29/20	09/14/20		50.00	0.00	0.00	50.00	✓
	SUPPLIES									
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net	
	H0416	HOLOGIC INC				50.00	0.00	0.00	50.00	
Vendor#	Vendor Name				Class	Pay Code				
10922	HUNTER PHARMACY SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
5066 ✓		09/15/20	08/31/20	09/20/20		14,864.78	0.00	0.00	14,864.78	✓
	SALARY									
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net	
	10922	HUNTER PHARMACY SERVICES				14,864.78	0.00	0.00	14,864.78	
Vendor#	Vendor Name				Class	Pay Code				
I1260	INTOXIMETERS INC ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
715313 ✓		09/14/20	09/01/20	09/26/20		56.00	0.00	0.00	56.00	✓
	SUPPLIES									
715572 ✓		09/14/20	09/07/20	10/02/20		489.00	0.00	0.00	489.00	✓
	SUPPLIES									
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net	
	I1260	INTOXIMETERS INC				545.00	0.00	0.00	545.00	
Vendor#	Vendor Name				Class	Pay Code				
J0150	J & J HEALTH CARE SYSTEMS, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
930812835 ✓		09/14/20	08/31/20	09/30/20		330.00	0.00	0.00	330.00	✓
	SUPPLIES									
930856868 ✓		09/14/20	09/06/20	10/06/20		3,713.48	0.00	0.00	3,713.48	✓
	SUPPLIES									
930876457 ✓		09/14/20	09/06/20	10/06/20		1,128.00	0.00	0.00	1,128.00	✓

SUPPLIES

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
	J0150		J & J HEALTH CARE SYSTEMS, INC		5,171.48	0.00	0.00	5,171.48	
Vendor#	Vendor Name		Class	Pay Code					
11812	JACOB HAMILTON, PT, DPT								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
090722		09/14/20	09/07/20	09/15/20		1,432.30	0.00	0.00	1,432.30 ✓
	REIMBURSE Dry Needling (8/14-8/18/22)								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
	11812		JACOB HAMILTON, PT, DPT		1,432.30	0.00	0.00	1,432.30	
Vendor#	Vendor Name		Class	Pay Code					
14540	JINDAL X LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
202223007 ✓		09/15/20	09/08/20	09/15/20		9,000.00	0.00	0.00	9,000.00 ✓
	REVENUE CYCLE								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
	14540		JINDAL X LLC		9,000.00	0.00	0.00	9,000.00	
Vendor#	Vendor Name		Class	Pay Code					
L0700	LABCORP OF AMERICA HOLDINGS ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
73992418 ✓		09/15/20	08/27/20	09/21/20		1.29	0.00	0.00	1.29 ✓
	LAB SERV								
74074851 ✓		09/15/20	08/27/20	09/21/20		16.00	0.00	0.00	16.00 ✓
	LAB SERV								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
	L0700		LABCORP OF AMERICA HOLDINGS		17.29	0.00	0.00	17.29	
Vendor#	Vendor Name		Class	Pay Code					
L1001	LANDAUER INC ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
101038282 ✓		09/15/20	08/22/20	09/21/20		766.15	0.00	0.00	766.15 ✓
	DOSIMETER								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
	L1001		LANDAUER INC		766.15	0.00	0.00	766.15	
Vendor#	Vendor Name		Class	Pay Code					
L1288	LANGUAGE LINE SERVICES ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
10634720 ✓		09/15/20	08/31/20	09/25/20		452.36	0.00	0.00	452.36 ✓
	INTERPRETATION								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
	L1288		LANGUAGE LINE SERVICES		452.36	0.00	0.00	452.36	
Vendor#	Vendor Name		Class	Pay Code					
11600	LEGAL SHIELD ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
090122		09/14/20	09/01/20	09/15/20		479.55	0.00	0.00	479.55 ✓
	PAYROLL DEDUCT								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
	11600		LEGAL SHIELD		479.55	0.00	0.00	479.55	
Vendor#	Vendor Name		Class	Pay Code					
L1640	LOWE'S BUSINESS ACCT/SYNCB ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
083122		09/15/20	08/31/20	09/28/20		24.69	0.00	0.00	24.69 ✓

SUPPLIES

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		L1640	LOWE'S BUSINESS ACCT/SYNCB		24.69	0.00	0.00	24.69	
Vendor#	Vendor Name			Class	Pay Code				
10972	M G TRUST ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
090822		09/15/20	09/08/20	09/15/20		640.86	0.00	0.00	640.86 ✓
PAYROLL DEDUCT									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10972	M G TRUST		640.86	0.00	0.00	640.86	
Vendor#	Vendor Name			Class	Pay Code				
10613	MEDIMPACT HEALTHCARE SYS, INC. ✓			A/P					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
30565705 ✓		09/15/20	09/02/20	09/22/20		37.28	0.00	0.00	37.28 ✓
INDIGENT									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10613	MEDIMPACT HEALTHCARE SYS, INC.		37.28	0.00	0.00	37.28	
Vendor#	Vendor Name			Class	Pay Code				
M2827	MEDIVATORS ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
91218347 ✓		07/11/20	02/01/20	10/01/20		34.00	0.00	0.00	34.00 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		M2827	MEDIVATORS		34.00	0.00	0.00	34.00	
Vendor#	Vendor Name			Class	Pay Code				
M2470	MEDLINE INDUSTRIES INC ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
2227089061 ✓		09/13/20	09/02/20	09/27/20		200.15	0.00	0.00	200.15 ✓
SUPPLIES									
1960604039 ✓		09/14/20	07/29/20	08/23/20		33.15	0.00	0.00	33.15 ✓
SUPPLIES									
1961136086 ✓		09/14/20	08/04/20	08/29/20		446.40	0.00	0.00	446.40 ✓
SUPPLIES									
1961866841 ✓		09/14/20	08/10/20	09/04/20		334.94	0.00	0.00	334.94 ✓
SUPPLIES									
1962748739 ✓		09/14/20	08/17/20	09/11/20		207.61	0.00	0.00	207.61 ✓
SUPPLIES									
1968119891 ✓		09/14/20	08/29/20	09/23/20		27.89	0.00	0.00	27.89 ✓
SUPPLIES									
1964498972 ✓		09/14/20	08/31/20	09/25/20		6.45	0.00	0.00	6.45 ✓
SUPPLIES									
1964498967 ✓		09/14/20	08/31/20	09/25/20		427.87	0.00	0.00	427.87 ✓
SUPPLIES									
1964498970 ✓		09/14/20	08/31/20	09/25/20		288.60	0.00	0.00	288.60 ✓
SUPPLIES									
1964498969 ✓		09/14/20	08/31/20	09/25/20		288.60	0.00	0.00	288.60 ✓
SUPPLIES									
1964498971 ✓		09/14/20	08/31/20	09/25/20		144.30	0.00	0.00	144.30 ✓
SUPPLIES									
1964498968 ✓		09/14/20	08/31/20	09/25/20		288.60	0.00	0.00	288.60 ✓
SUPPLIES									

1964785481 ✓	09/14/20 09/01/20 09/26/20	1,212.00	0.00	0.00	1,212.00 ✓
SUPPLIES					
1966073720 ✓	09/14/20 09/14/20 10/09/20	86.60	0.00	0.00	86.60 ✓
SUPPLIES					
1967472724 ✓	09/14/20 09/23/20 10/18/20	1,250.76	0.00	0.00	1,250.76 ✓
SUPPLIES					
1967412887 ✓	09/14/20 09/23/20 10/18/20	119.31	0.00	0.00	119.31 ✓
SUPPLIES					
1967647787 ✓	09/14/20 09/24/20 10/19/20	32.65	0.00	0.00	32.65 ✓
SUPPLIES					
1968000462 ✓	09/14/20 09/28/20 10/23/20	2,044.40	0.00	0.00	2,044.40 ✓
SUPPLIES					
1968000463 ✓	09/14/20 09/28/20 10/23/20	234.65	0.00	0.00	234.65 ✓
SUPPLIES					
1968119888 ✓	09/14/20 09/29/20 10/24/20	800.01	0.00	0.00	800.01 ✓
SUPPLIES					
1968119886 ✓	09/14/20 09/29/20 10/24/20	61.20	0.00	0.00	61.20 ✓
SUPPLIES					
1968119897 ✓	09/14/20 09/29/20 10/24/20	852.18	0.00	0.00	852.18 ✓
SUPPLIES					
1968119894 ✓	09/14/20 09/29/20 10/24/20	57.14	0.00	0.00	57.14 ✓
SUPPLIES					
1968119893 ✓	09/14/20 09/29/20 10/24/20	149.89	0.00	0.00	149.89 ✓
SUPPLIES					
1968119899 ✓	09/14/20 09/29/20 10/24/20	207.61	0.00	0.00	207.61 ✓
SUPPLIES					
1968119884 ✓	09/14/20 09/29/20 10/24/20	385.10	0.00	0.00	385.10 ✓
SUPPLIES					
1968268861 ✓	09/14/20 09/30/20 10/25/20	93.56	0.00	0.00	93.56 ✓
SUPPLIES					
1968560985 ✓	09/14/20 10/01/20 10/26/20	75.38	0.00	0.00	75.38 ✓
SUPPLIES					
1968846049 ✓	09/14/20 10/05/20 10/30/20	94.17	0.00	0.00	94.17 ✓
SUPPLIES					
1980672692 ✓	09/14/20 12/31/20 01/25/20	153.21	0.00	0.00	153.21 ✓
SUPPLIES					
1988310756 ✓	09/14/20 02/18/20 03/15/20	785.95	0.00	0.00	785.95 ✓
SUPPLIES					
1988310757 ✓	09/14/20 02/18/20 03/15/20	1,255.21	0.00	0.00	1,255.21 ✓
SUPPLIES					
1989180727A ✓	09/14/20 02/25/20 03/22/20	125.85	0.00	0.00	125.85 ✓
SUPPLIES					
2211077187 ✓	09/14/20 05/12/20 06/06/20	183.54	0.00	0.00	183.54 ✓
SUPPLIES					
2214616833 ✓	09/14/20 06/09/20 07/04/20	3,862.27	0.00	0.00	3,862.27 ✓
SUPPLIES					
2225829055 ✓	09/14/20 08/24/20 09/18/20	23.72	0.00	0.00	23.72 ✓
SUPPLIES					
2227282391 ✓	09/14/20 09/03/20 09/28/20	209.88	0.00	0.00	209.88 ✓
SUPPLIES					
2227474492 ✓	09/14/20 09/05/20 09/30/20	35.43	0.00	0.00	35.43 ✓

		SUPPLIES										
2227474491	✓		09/14/20	09/05/20	09/30/20		62.64	0.00	0.00	62.64 ✓		
		SUPPLIES										
2227538484	✓		09/14/20	09/06/20	10/01/20		391.58	0.00	0.00	391.58 ✓		
		SUPPLIES										
1965390291	✓		09/14/20	09/08/20	10/03/20		669.88	0.00	0.00	669.88 ✓		
		SUPPLIES										
1960604038	✓		09/15/20	07/29/20	08/23/20		531.48	0.00	0.00	531.48 ✓		
		SUPPLIES										
1965349903	✓		09/15/20	09/07/20	10/02/20		30.00	0.00	0.00	30.00 ✓		
		REFRIG FEE										
1965349901	✓		09/15/20	09/07/20	10/02/20		30.00	0.00	0.00	30.00 ✓		
		REFRIDG FEE										
1965349902	✓		09/15/20	09/07/20	10/02/20		30.00	0.00	0.00	30.00 ✓		
		REFIDGE FEE										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2470	MEDLINE INDUSTRIES INC	18,831.81	0.00	0.00	18,831.81
Vendor#	Vendor Name		Class		Pay Code							
10963	MEMORIAL MEDICAL CLINIC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
090822		09/15/20	09/08/20	09/15/20		280.00	0.00	0.00	280.00	✓		
	PAYROLL DEDUCT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10963	MEMORIAL MEDICAL CLINIC	280.00	0.00	0.00	280.00
Vendor#	Vendor Name		Class		Pay Code							
10536	MORRIS & DICKSON CO, LLC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
8607744		09/14/20	09/01/20	09/11/20		704.53	0.00	0.00	704.53	✓		
	INVENTORY											
8612704	✓		09/14/20	09/02/20	09/12/20	1,177.77	0.00	0.00	1,177.77	✓		
	INVENTORY											
8618461	✓		09/14/20	09/05/20	09/15/20	1,310.67	0.00	0.00	1,310.67	✓		
	INVENTORY											
8615875	✓		09/14/20	09/05/20	09/15/20	330.03	0.00	0.00	330.03	✓		
	INVENTORY											
8618460	✓		09/14/20	09/05/20	09/15/20	134.64	0.00	0.00	134.64	✓		
	INVENTORY											
8615877	✓		09/14/20	09/05/20	09/15/20	252.20	0.00	0.00	252.20	✓		
	INVENTORY											
8622731	✓		09/14/20	09/06/20	09/16/20	1,389.14	0.00	0.00	1,389.14	✓		
	INVENTORY											
8622569	✓		09/14/20	09/06/20	09/16/20	432.32	0.00	0.00	432.32	✓		
	INVENTORY											
8622568	✓		09/14/20	09/06/20	09/16/20	2,176.77	0.00	0.00	2,176.77	✓		
	INVENTORY											
8619977	✓		09/14/20	09/06/20	09/16/20	74.69	0.00	0.00	74.69	✓		
	INVENTORY											
8622567	✓		09/14/20	09/06/20	09/16/20	220.22	0.00	0.00	220.22	✓		
	INVENTORY											
8628447	✓		09/15/20	09/07/20	09/17/20	86.44	0.00	0.00	86.44	✓		
	INVENTORY											

8628446	✓		09/15/20	09/07/20	09/17/20		433.98	0.00	0.00	433.98	✓
		INVENTORY									
8625171	✓		09/15/20	09/07/20	09/17/20		27.21	0.00	0.00	27.21	✓
		INVENTORY									
0115	✓		09/15/20	09/07/20	09/17/20		-886.86	0.00	0.00	-886.86	✓
		CREDIT									
8625166	✓		09/15/20	09/07/20	09/17/20		449.07	0.00	0.00	449.07	✓
		INVENTORY									
8625163	✓		09/15/20	09/07/20	09/17/20		48.53	0.00	0.00	48.53	✓
		INVENTORY									
8625170	✓		09/15/20	09/07/20	09/17/20		446.55	0.00	0.00	446.55	✓
		INVENTORY									
8625164	✓		09/15/20	09/07/20	09/17/20		74.69	0.00	0.00	74.69	✓
		INVENTORY									
8633194	✓		09/15/20	09/08/20	09/18/20		6,599.44	0.00	0.00	6,599.44	✓
		INVENTORY									
8633193	✓		09/15/20	09/08/20	09/18/20		27.08	0.00	0.00	27.08	✓
		INVENTORY									
8630203	✓		09/15/20	09/08/20	09/18/20		74.69	0.00	0.00	74.69	✓
		INVENTORY									
8630204	✓		09/15/20	09/08/20	09/18/20		45.33	0.00	0.00	45.33	✓
		INVENTORY									
0612	✓		09/15/20	09/08/20	09/18/20		-1,315.11	0.00	0.00	-1,315.11	✓
		CREDIT									
0676	✓		09/15/20	09/08/20	09/18/20		-50.65	0.00	0.00	-50.65	✓
		CREDIT									
8633192	✓		09/15/20	09/08/20	09/18/20		22.51	0.00	0.00	22.51	✓
		INVENTORY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	14,285.88	0.00	0.00	14,285.88

Vendor#	Vendor Name	Class	Pay Code							
M2659	MXR IMAGING, INC ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8800936388	✓	09/14/20	08/23/20	09/22/20		367.40	0.00	0.00	367.40	✓
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC	367.40	0.00	0.00	367.40

Vendor#	Vendor Name	Class	Pay Code							
13548	NACOGDOCHES TRANSCRIPTION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
7816		09/15/20	09/12/20	09/22/20		295.96	0.00	0.00	295.96	✓
	TRANSCRIPTION (8/20 - 9/21/22)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	295.96	0.00	0.00	295.96

Vendor#	Vendor Name	Class	Pay Code							
O0920	OFFICE DEPOT ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
249554890001	✓	09/13/20	06/20/20	07/24/20		240.34	0.00	0.00	240.34	✓
	SUPPLIES									
249554892002	✓	09/13/20	06/20/20	07/24/20		579.98	0.00	0.00	579.98	✓
	SUPPLIES									

249529502001	SUPPLIES	09/13/20	06/24/20	07/24/20	162.99	0.00	0.00	162.99		
249529502002	SUPPLIES	09/13/20	07/27/20	07/31/20	162.99	0.00	0.00	162.99		
261280626001	SUPPLIES	09/13/20	08/16/20	09/18/20	25.98	0.00	0.00	25.98		
262275722001	SUPPLIES	09/13/20	08/17/20	09/18/20	20.33	0.00	0.00	20.33		
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					00920	OFFICE DEPOT	1,192.61	0.00	0.00	1,192.61
Vendor#	Vendor Name	Class			Pay Code					
14288	PADRON WELDING SERVICE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
090222		09/15/20	09/02/20	09/15/20		85.00	0.00	0.00	85.00	
HAND RAIL REPAIR										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					14288	PADRON WELDING SERVICE	85.00	0.00	0.00	85.00
Vendor#	Vendor Name	Class			Pay Code					
11155	PARA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
11997		09/15/20	09/01/20	10/01/20		950.00	0.00	0.00	950.00	
QTRLY PROCESSING										
11914		09/15/20	09/01/20	10/01/20		3,084.00	0.00	0.00	3,084.00	
REVENUE INTEGRITY PROGR										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					11155	PARA	4,034.00	0.00	0.00	4,034.00
Vendor#	Vendor Name	Class			Pay Code					
12544	PATRICK OCHOA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
90122B		09/15/20	09/01/20	09/02/20		380.00	0.00	0.00	380.00	
LAWN MAINT										
090122A		09/15/20	09/01/20	09/02/20		520.00	0.00	0.00	520.00	
LAWN MAINT										
090122		09/15/20	09/01/20	10/01/20		200.00	0.00	0.00	200.00	
LAWN MAINT										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					12544	PATRICK OCHOA	1,100.00	0.00	0.00	1,100.00
Vendor#	Vendor Name	Class			Pay Code					
11932	PRESS GANEY ASSOCIATES, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
IN000548203		08/31/20	08/31/20	09/30/20		2,624.74	0.00	0.00	2,624.74	
CONTRACT FEES										
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					
14544	PRINT RITE INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
22593		09/14/20	09/02/20	09/22/20		148.14	0.00	0.00	148.14	
SUPPLIES										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					14544	PRINT RITE INC.	148.14	0.00	0.00	148.14

Vendor#	Vendor Name	Class	Pay Code							
10896	QIAGEN INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
998459177 ✓		09/14/20	08/29/20	09/28/20		359.28	0.00	0.00	359.28 ✓	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10896	QIAGEN INC				359.28	0.00	0.00	359.28	
Vendor#	Vendor Name	Class	Pay Code							
11240	REMI CORPORATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1032370		09/15/20	06/30/20	07/12/20		13,524.25	0.00	0.00	13,524.25 ✓	
	ANNUAL SERV AGREEMENT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11240	REMI CORPORATION				13,524.25	0.00	0.00	13,524.25	
Vendor#	Vendor Name	Class	Pay Code							
11252	RX WASTE SYSTEMS LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
3817 ✓		09/15/20	09/07/20	10/02/20		696.00	0.00	0.00	696.00 ✓	
	RX DESTROYER									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11252	RX WASTE SYSTEMS LLC				696.00	0.00	0.00	696.00	
Vendor#	Vendor Name	Class	Pay Code							
10886	SHANNON JACILDO ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
091222		09/15/20	09/12/20	09/19/20		34.99	0.00	0.00	34.99 ✓	
	REIMBURSEMENT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10886	SHANNON JACILDO				34.99	0.00	0.00	34.99	
Vendor#	Vendor Name	Class	Pay Code							
10936	SIEMENS FINANCIAL SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
56382200055638 ✓		09/15/20	09/03/20	09/23/20		4,038.24	0.00	0.00	4,038.24 ✓	
	LEASE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10936	SIEMENS FINANCIAL SERVICES				4,038.24	0.00	0.00	4,038.24	
Vendor#	Vendor Name	Class	Pay Code							
12472	SOMETHING MORE MEDIA, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1842 ✓		09/15/20	08/31/20	09/15/20		2,225.00	0.00	0.00	2,225.00 ✓	
	ADVERTISING									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	12472	SOMETHING MORE MEDIA, INC.				2,225.00	0.00	0.00	2,225.00	
Vendor#	Vendor Name	Class	Pay Code							
T2539	T-SYSTEM, INC ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
758135 ✓		08/31/20	08/31/20	09/30/20		6,130.42	0.00	0.00	6,130.42 ✓	
	ER TRACKING									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	T2539	T-SYSTEM, INC				6,130.42	0.00	0.00	6,130.42	
Vendor#	Vendor Name	Class	Pay Code							
T2204	TEXAS MUTUAL INSURANCE CO ✓		W							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1003985989	✓	09/14/20	09/07/20	09/27/20		4,575.00	0.00	0.00	4,575.00 ✓		
PAYROLL REPORT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						T2204	TEXAS MUTUAL INSURANCE CO	4,575.00	0.00	0.00	4,575.00
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		
8400402516	✓	09/14/20	08/25/20	09/19/20		221.42	0.00	0.00	221.42 ✓		
LAUNDRY											
8400403040	✓	09/14/20	09/01/20	09/26/20		26.76	0.00	0.00	26.76 ✓		
LAUNDRY											
8400403044	✓	09/14/20	09/01/20	09/26/20		208.13	0.00	0.00	208.13 ✓		
LAUNDRY											
8400403068	✓	09/14/20	09/01/20	09/26/20		1,701.47	0.00	0.00	1,701.47 ✓		
LAUNDRY											
8400403059	✓	09/14/20	09/01/20	09/26/20		159.89	0.00	0.00	159.89 ✓		
LAUNDRY											
8400403041	✓	09/14/20	09/01/20	09/26/20		201.59	0.00	0.00	201.59 ✓		
LAUNDRY											
8400403042	✓	09/14/20	09/01/20	09/26/20		176.55	0.00	0.00	176.55 ✓		
LAUNDRY											
8400403043	✓	09/14/20	09/01/20	09/26/20		190.01	0.00	0.00	190.01 ✓		
LAUNDRY											
8400403251	✓	09/14/20	09/05/20	09/30/20		48.15	0.00	0.00	48.15 ✓		
LAUNDRY											
8400403271	✓	09/14/20	09/05/20	09/30/20		2,362.95	0.00	0.00	2,362.95 ✓		
LAUNDRY											
8400403252	✓	09/14/20	09/05/20	09/30/20		57.12	0.00	0.00	57.12 ✓		
LAUNDRY											
8400403598	✓	09/14/20	09/08/20	10/03/20		1,690.06	0.00	0.00	1,690.06 ✓		
LAUNDRY											
8400403591	✓	09/14/20	09/08/20	10/03/20		64.50	0.00	0.00	64.50 ✓		
LAUNDRY											
8400403574	✓	09/14/20	09/08/20	10/03/20		190.01	0.00	0.00	190.01 ✓		
LAUNDRY											
8400403613	✓	09/14/20	09/08/20	10/03/20		124.22	0.00	0.00	124.22 ✓		
LAUNDRY											
8400403575	✓	09/14/20	09/08/20	10/03/20		211.12	0.00	0.00	211.12 ✓		
LAUNDRY											
8400403573	✓	09/14/20	09/08/20	10/03/20		243.27	0.00	0.00	243.27 ✓		
LAUNDRY											
8400403083	✓	09/14/20	09/08/20	10/03/20		118.41	0.00	0.00	118.41 ✓		
LAUNDRY											
8400403572	✓	09/14/20	09/08/20	10/03/20		191.69	0.00	0.00	191.69 ✓		
LAUNDRY											
8400403571	✓	09/14/20	09/08/20	10/03/20		37.32	0.00	0.00	37.32 ✓		
LAUNDRY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						U1064	UNIFIRST HOLDINGS INC	8,224.64	0.00	0.00	8,224.64
Vendor#	Vendor Name			Class	Pay Code						

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
U2000	US POSTAL SERVICE ✓									
090922		09/14/20	09/09/20	09/15/20			2,200.00	0.00	0.00	2,200.00 ✓
	POSTAGE									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	U2000 US POSTAL SERVICE						2,200.00	0.00	0.00	2,200.00
Vendor#	Vendor Name				Class	Pay Code				
10793	WAGeworks, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
090822		09/15/20	09/08/20	09/15/20			3,243.15	0.00	0.00	3,243.15 ✓
	PAYROLL DEDUCT									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	10793 WAGeworks, INC.						3,243.15	0.00	0.00	3,243.15
Vendor#	Vendor Name				Class	Pay Code				
11110	WERFEN USA LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9111210789		09/14/20	09/07/20	10/02/20			9,900.00	0.00	0.00	9,900.00 ✓
	SUPPLIES									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	11110 WERFEN USA LLC						9,900.00	0.00	0.00	9,900.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	281,690.27	0.00	0.00	281,690.27

APPROVED ON

SEP 15 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#196413-196448

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 19 2022

CITIBANK CORPORATE CARD

CALHOUN COUNTY, TEXAS



Account Statement

Commercial Card Account
ROSHANDA S THOMAS

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

Account Number: XXXX-XXXX-XXXX

Summary of Account Activity

Total Activity \$525.90

Not an invoice. For your records only.

Credit Limit \$15,000
Cash Advance Limit \$0
Statement Closing Date 09/03/2022
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

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
08/10	08/09	9399	05134372222600037916749	1 NPDB NPDB.HRSA.GOV 800-767-6732 VA N86105085	22033 USA 2.50 ✓
08/10	08/10	8999	55432862222200909639349	2 AMA*CREDENTIALING 800-621-8335 IL	60611 USA 44.00 ✓
09/02	08/31	8699	75306372244164501783779	3 TPTA AUSTIN TX	78701 USA 425.00 ✓
09/02	09/01	5734	82711162244000021059011	4 SP SWEEPSCRUB.COM NORTH LITTLE AR	72117 USA 54.40 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S):					\$525.90 ✓

Pat. 9-26-22
Confirmation # DWK-01669344

APPROVED ON

SEP 19 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

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

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

Not an invoice.
For your records only.

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

00007905040

Important Information About Your Citi® Corporate Card Statement

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

Dispute Resolution

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

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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: 9/13/2022
P.O. # _____
Account # _____
Initiated By: _____

Date Required		Expense #	Department	Deliver To		Form # 9401
ber	Description	Unit Cost	Unit Meas.	Extended Cost		
	NPDB - credential 1 Provider				2.50	
2	enrolled					
3	AMA Credentialing - 1 Unit				44.00	
4	Profile + Cont. monitoring					
5	TPTA - Conference registration				425.00	
6	for Penny Goulden					
7	SP Sweeps Scrubs - parts				54.40	
8	for flooring equipment.					
9	* Order was cancelled +					
10	Refunded credited 9/13/22					

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

NOTES:

Charges made to Roshanda Thomas' MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Thomas 9.13.22</u>

Wire Transfer

COUNTY OF CALHOUN TEXAS



Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 525.90
Debit Account * - DDA (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank

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

Payment Date 09/26/2022

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	Name
ACCOUNT Beneficiary ID Type Account Number	Beneficiary Bank ID Type Fed ABA
Beneficiary II	Beneficiary Bank II
Address 1	Address 1
Address 2	Address 2
Address 3 5	Address 3 F
Beneficiary Country US	Intl Routing Number
Contact Name	Beneficiary Bank Country US
Phone Number	

Additional Reference Information

Purpose Of Payment CARD PAYMENT

Additional Information For
Beneficiary

Status History

Timestamp	Status	Initiator	Description
Sep 26, 2022 7:34:01 AM CDT	Created	NA)	Wire Created.

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 19 2022

09/19/2022
CALHOUN COUNTY, TEXAS
08:40

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11632 AMERICAN CONSTRUCTION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1753 ✓		09/16/20	08/18/20	08/19/20		12,250.00	0.00	0.00	12,250.00 ✓
1759 ✓	UNIT REMOVAL /INSTALL	09/16/20	08/24/20	08/25/20		2,300.00	0.00	0.00	2,300.00 ✓
	LABOR WARRANTY/INSTALL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11632	AMERICAN CONSTRUCTION	14,550.00	0.00	0.00	14,550.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	14,550.00	0.00	0.00	14,550.00

APPROVED ON

SEP 19 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 196416

SEP 19 2022

09/19/2022
CALHOUN COUNTY, TEXAS
08:57

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/06/2022

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code								
14028	AMAZON CAPITAL SERVICES ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	1HPDF4QN7KK9		08/24/20	08/17/20	10/01/20		37.99	0.00	0.00	-37.99	
		SUPPLIES									<i>on original list</i>
	1YLM9Y936PYN		08/31/20	08/16/20	10/01/20		-39.72	0.00	0.00	-39.72	
		CREDIT	"		"						
	1GWDPRG47W73 ✓		09/01/20	08/16/20	09/15/20		39.72	0.00	0.00	39.72 ✓	
		SUPPLIES									
	1393LMHKHGDP		09/01/20	08/25/20	09/24/20		29.39	0.00	0.00	29.39	
		SUPPLIES	"		"						
	13QXQT1TV4LN		09/14/20	08/25/20	09/24/20		36.99	0.00	0.00	-36.99	
		SUPPLIES	"		"						
	1XRXP6M9P7G ✓		09/16/20	07/13/20	08/13/20		88.00	0.00	0.00	88.00 ✓	
		SUPPLIES									
	Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net	
		14028	AMAZON CAPITAL SERVICES				192.37	0.00	0.00	192.37	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	192.37	0.00	0.00	192.37
	<i>127.72</i>			<i>127.72</i>

APPROVED ON

SEP 19 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 194415

*added
\$ 127.72*

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 19 2022

09/19/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11285 ITA RESOURCES INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
MMC092022	✓	09/19/20	09/12/20	09/21/20		26,360.50	0.00	0.00	26,360.50 ✓

RESPIRATORY SERV

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	26,360.50	0.00	0.00	26,360.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	26,360.50	0.00	0.00	26,360.50

APPROVED ON

SEP 19 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 196456

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 19 2022

09/19/2022
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 10/06/2022

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
M2470	MEDLINE INDUSTRIES INC	M											
				2220201072	SUPPLIES	09/01/20	07/18/20	08/12/20		54.39	0.00	0.00	54.39
				2222807943	SUPPLIES	09/01/20	08/03/20	08/28/20		2,888.67	0.00	0.00	2,888.67
				2222758922	SUPPLIES	09/01/20	08/03/20	08/28/20		26.62	0.00	0.00	26.62
				2222758905	SUPPLIES	09/01/20	08/03/20	08/28/20		1,730.17	0.00	0.00	1,730.17
				2222758906	SUPPLIES	09/01/20	08/03/20	08/28/20		319.14	0.00	0.00	319.14
				2222758904	SUPPLIES	09/01/20	08/03/20	08/28/20		348.32	0.00	0.00	348.32
				2223886618	SUPPLIES	09/01/20	08/10/20	09/04/20		12.29	0.00	0.00	12.29
				2225829060	SUPPLIES	09/01/20	08/24/20	09/18/20		313.40	0.00	0.00	313.40
				2225829056	SUPPLIES	09/01/20	08/24/20	09/18/20		3,223.28	0.00	0.00	3,223.28
				2225829062	SUPPLIES	09/01/20	08/24/20	09/18/20		3,638.01	0.00	0.00	3,638.01
				2227089061	SUPPLIES	09/13/20	09/02/20	09/27/20		200.15	0.00	0.00	200.15
				1960604039	SUPPLIES	09/14/20	07/29/20	08/23/20		33.15	0.00	0.00	33.15
				1961136086	SUPPLIES	09/14/20	08/04/20	08/29/20		446.40	0.00	0.00	446.40
				1961866841	SUPPLIES	09/14/20	08/10/20	09/04/20		334.94	0.00	0.00	334.94
				1962748739	SUPPLIES	09/14/20	08/17/20	09/11/20		207.61	0.00	0.00	207.61
				1968119891	SUPPLIES	09/14/20	08/29/20	09/23/20		27.89	0.00	0.00	27.89
				1964498969	SUPPLIES	09/14/20	08/31/20	09/25/20		288.60	0.00	0.00	288.60
				1964498971	SUPPLIES	09/14/20	08/31/20	09/25/20		144.30	0.00	0.00	144.30
				1964498970	SUPPLIES	09/14/20	08/31/20	09/25/20		288.60	0.00	0.00	288.60
				1964498968	SUPPLIES	09/14/20	08/31/20	09/25/20		288.60	0.00	0.00	288.60
				1964498967	SUPPLIES	09/14/20	08/31/20	09/25/20		427.87	0.00	0.00	427.87
				1964498972	SUPPLIES	09/14/20	08/31/20	09/25/20		6.45	0.00	0.00	6.45
				1964785481	SUPPLIES	09/14/20	09/01/20	09/26/20		1,212.00	0.00	0.00	1,212.00

1966073720	SUPPLIES	09/14/20 09/14/20 10/09/20	86.60	0.00	0.00	86.60
1967472724	SUPPLIES	09/14/20 09/23/20 10/18/20	1,250.76	0.00	0.00	1,250.76
1967412887	SUPPLIES	09/14/20 09/23/20 10/18/20	119.31	0.00	0.00	119.31
1967647787	SUPPLIES	09/14/20 09/24/20 10/19/20	32.65	0.00	0.00	32.65
1968000462	SUPPLIES	09/14/20 09/28/20 10/23/20	2,044.40	0.00	0.00	2,044.40
1968000463	SUPPLIES	09/14/20 09/28/20 10/23/20	234.65	0.00	0.00	234.65
1968119888	SUPPLIES	09/14/20 09/29/20 10/24/20	800.01	0.00	0.00	800.01
1968119894	SUPPLIES	09/14/20 09/29/20 10/24/20	57.14	0.00	0.00	57.14
1968119897	SUPPLIES	09/14/20 09/29/20 10/24/20	852.18	0.00	0.00	852.18
1968119893	SUPPLIES	09/14/20 09/29/20 10/24/20	149.89	0.00	0.00	149.89
1968119884	SUPPLIES	09/14/20 09/29/20 10/24/20	385.10	0.00	0.00	385.10
1968119899	SUPPLIES	09/14/20 09/29/20 10/24/20	207.61	0.00	0.00	207.61
1968119886	SUPPLIES	09/14/20 09/29/20 10/24/20	61.20	0.00	0.00	61.20
1968268861	SUPPLIES	09/14/20 09/30/20 10/25/20	93.56	0.00	0.00	93.56
1968560985	SUPPLIES	09/14/20 10/01/20 10/26/20	75.38	0.00	0.00	75.38
1968846049	SUPPLIES	09/14/20 10/05/20 10/30/20	94.17	0.00	0.00	94.17
1980672692	SUPPLIES	09/14/20 12/31/20 01/25/20	153.21	0.00	0.00	153.21
1988310756	SUPPLIES	09/14/20 02/18/20 03/15/20	785.95	0.00	0.00	785.95
1988310757	SUPPLIES	09/14/20 02/18/20 03/15/20	1,255.21	0.00	0.00	1,255.21
1989180727A	SUPPLIES	09/14/20 02/25/20 03/22/20	125.85	0.00	0.00	125.85
2211077187	SUPPLIES	09/14/20 05/12/20 06/06/20	183.54	0.00	0.00	183.54
2214616833	SUPPLIES	09/14/20 06/09/20 07/04/20	3,862.27	0.00	0.00	3,862.27
2225829055	SUPPLIES	09/14/20 08/24/20 09/18/20	23.72	0.00	0.00	23.72
2227282391	SUPPLIES	09/14/20 09/03/20 09/28/20	209.88	0.00	0.00	209.88
2227474491	SUPPLIES	09/14/20 09/05/20 09/30/20	62.64	0.00	0.00	62.64

2227474492	09/14/20 09/05/20 09/30/20	35.43	0.00	0.00	35.43
	SUPPLIES				
2227538484	09/14/20 09/06/20 10/01/20	391.58	0.00	0.00	391.58
	SUPPLIES				
1965390291	09/14/20 09/08/20 10/03/20	669.88	0.00	0.00	669.88
	SUPPLIES				
1960604038	09/15/20 07/29/20 08/23/20	531.48	0.00	0.00	531.48
	SUPPLIES				
1965349901	09/15/20 09/07/20 10/02/20	30.00	0.00	0.00	30.00
	REFRIDG FEE				
1965349903	09/15/20 09/07/20 10/02/20	30.00	0.00	0.00	30.00
	REFRIG FEE				
1965349902	09/15/20 09/07/20 10/02/20	30.00	0.00	0.00	30.00
	REFIDGE FEE				
Vendor Totals: Number Name		Gross	Discount	No-Pay	Net
M2470 MEDLINE INDUSTRIES INC		31,386.10	0.00	0.00	31,386.10

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	31,386.10	0.00	0.00	31,386.10

12,554.29

added - \$12,554.29

APPROVED ON

SEP 19 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 196474

MCKESSON

STATEMENT

As of: 09/16/2022

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: 09/17/2022

As of: 09/16/2022 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 09/17/2022 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: 6,100.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 09/20/2022,
Pay This Amount:

5,978.59 USD

If Paid After 09/20/2022,
Pay this Amount:

6,100.60 USD

Due If Paid On Time: USD 5,978.59
Disc lost if paid late: 122.01
Due If Paid Late: USD 6,100.60

66.80 +
5,488.56 +
260.85 +
151.63 +
10.75 +
5,978.59 *

CK # 500337

APPROVED ON

SEP 19 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 09/16/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 09/16/2022
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: 09/17/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 09/17/2022

**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											
09/14/2022	09/20/2022	7366024599	2017061353	115Invoice	1.36	68.16		66.80	✓	7366024599	

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: 68.16 USD

Future Due: 0.00

If Paid By 09/20/2022,
Pay This Amount:

66.80 USD

Due If Paid On Time:
USD

66.80 ✓

Past Due: 0.00

Disc lost if paid late:

1.36

Last Payment 8,992.97
09/05/2022

If Paid After 09/20/2022,
Pay this Amount:

68.16 USD

Due If Paid Late:
USD

68.16

APPROVED ON

SEP 19 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 09/16/2022

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

Company: 8000

DC: 8115

As of: 09/16/2022
Mail to:

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 256342
Date: 09/17/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 09/17/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	632536 Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS												
09/10/2022	09/20/2022	7365539371		46019108	115Invoice	1.02	50.93		49.91	✓	7365539371	
09/12/2022	09/20/2022	7365626352		46092068	195Invoice	7.05	352.53		345.48	✓	7365626352	
09/13/2022	09/20/2022	7365909789		46244517	195Invoice	0.02	0.95		0.93	✓	7365909789	
09/13/2022	09/20/2022	7365909790		46262732	195Invoice	2.62	131.00		128.38	✓	7365909790	
09/14/2022	09/20/2022	7366025341		46399343	115Invoice	11.56	577.96		566.40	✓	7366025341	
09/14/2022	09/20/2022	7366025344		46464573	115Invoice	5.32	266.19		260.87	✓	7366025344	
09/14/2022	09/20/2022	7366025346		46464573	115Invoice	0.04	1.90		1.86	✓	7366025346	
09/14/2022	09/20/2022	7366210312		46410076	115Invoice	2.50	124.89		122.39	✓	7366210312	
09/15/2022	09/20/2022	7366313215		46529822	115Invoice	1.28	63.88		62.60	✓	7366313215	
09/15/2022	09/20/2022	7366313217		46610835	115Invoice	7.95	397.32		389.37	✓	7366313217	
09/15/2022	09/20/2022	7366474329		46548731	195Invoice	0.02	0.77		0.75	✓	7366474329	
09/16/2022	09/20/2022	7365448300		46009097	115Invoice	5.32	266.12		260.80	✓	7365448300	
09/16/2022	09/20/2022	7365448301		46046074	115Invoice		0.06		0.06	✓	7365448301	
09/16/2022	09/20/2022	7365448302		46046074	115Invoice	0.01	0.63		0.62	✓	7365448302	
09/16/2022	09/20/2022	7365448303		46059127	115Invoice	0.01	0.63		0.62	✓	7365448303	
09/16/2022	09/20/2022	7365448304		46120557	115Invoice	31.78	1,589.18		1,557.40	✓	7365448304	
09/16/2022	09/20/2022	7365448305		46215599	115Invoice	13.27	663.40		650.13	✓	7365448305	
09/16/2022	09/20/2022	7366565510		46645774	115Invoice	13.65	682.48		668.83	✓	7366565510	
09/16/2022	09/20/2022	7366565513		46716660	115Invoice	7.95	397.30		389.35	✓	7366565513	
09/16/2022	09/20/2022	7366565515		46713542	115Invoice		0.09		0.09	✓	7366565515	
09/16/2022	09/20/2022	7366706358		46652135	195Invoice	0.64	32.05		31.41	✓	7366706358	
09/16/2022	09/20/2022	7366706359		46656825	115Invoice	0.01	0.32		0.31	✓	7366706359	

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For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 09/16/2022

Page: 002

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

Company: 8000

DC: 8115

As of: 09/16/2022
Mail to:

Page: 002
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: 09/17/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 09/17/2022

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

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: 5,600.58 USD

Future Due: 0.00

If Paid By 09/20/2022,

Due If Paid On Time:

USD 5,488.56 ✓

Past Due: 0.00

Pay This Amount:

5,488.56 USD

Disc lost if paid late:

112.02

Last Payment 5,287.62
09/12/2022

If Paid After 09/20/2022,
Pay this Amount:

5,600.58 USD

Due If Paid Late:

USD 5,600.58

APPROVED ON

SEP 19 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 09/16/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 09/16/2022
Mail to:

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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: 09/17/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450
Date: 09/17/2022

**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 464450 HEB PHY FC 490/MEM MC PHS											
09/12/2022	09/20/2022	7365433065	B2209-055-100210	115Invoice	1.01	50.44		49.43	✓	7365433065	
09/14/2022	09/20/2022	7366003607	B2209-055-100511	115Invoice	2.74	137.23		134.49	✓	7366003607	
09/15/2022	09/20/2022	7366273908	B2209-055-100583	115Invoice	1.57	78.50		76.93	✓	7366273908	

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: 266.17 USD

Future Due: 0.00

If Paid By 09/20/2022,
Pay This Amount:

260.85 USD

Due If Paid On Time:
USD

260.85 ✓

Past Due: 0.00

Disc lost if paid late:

5.32

Last Payment 8,992.97
09/05/2022

If Paid After 09/20/2022,
Pay this Amount:

266.17 USD

Due If Paid Late:
USD

266.17

APPROVED ON

SEP 19 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 09/16/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 09/16/2022
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CVS PHCY 8923/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 835434
Date: 09/17/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434
Date: 09/17/2022

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
09/14/2022	09/20/2022	7366038147	1875969	115Invoice	3.09	154.72		151.63	✓	7366038147	

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: 154.72 USD

Future Due: 0.00

If Paid By 09/20/2022,

Due If Paid On Time:

USD 151.63 ✓

Past Due: 0.00

Pay This Amount:

151.63 USD

Disc lost if paid late:

3.09

Last Payment 8,992.97
09/05/2022

If Paid After 09/20/2022,
Pay this Amount:

154.72 USD

Due If Paid Late:

USD 154.72

APPROVED ON

SEP 19 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 09/16/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 09/16/2022
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 835438
Date: 09/17/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 09/17/2022 **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	
09/14/2022	09/20/2022	7366226560	632536 1876518	115Invoice	0.22	10.97		10.75	✓	7366226560	

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: 10.97 USD

Future Due: 0.00

If Paid By 09/20/2022,
Pay This Amount:

10.75 USD

Due If Paid On Time:
USD

10.75 ✓

Past Due: 0.00

Disc lost if paid late:

0.22

Last Payment 09/12/2022 5,287.62

If Paid After 09/20/2022,
Pay this Amount:

10.97 USD

Due If Paid Late:
USD

10.97

APPROVED ON

SEP 19 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Serviced By:	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Customer:	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number	100135284 / 037028186
	DEA: RA0289276 866-451-9655			Terms	Sat - Fri Due in 7 days

Remit To:	AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223	Summary									
		<table border="0"> <tr> <td>Not Yet Due:</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Current:</td> <td style="text-align: right;">1,319.09</td> </tr> <tr> <td>Past Due:</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Total Due:</td> <td style="text-align: right;">1,319.09</td> </tr> <tr> <td>Account Balance:</td> <td style="text-align: right;">1,319.09</td> </tr> </table>	Not Yet Due:	0.00	Current:	1,319.09	Past Due:	0.00	Total Due:	1,319.09	Account Balance:
Not Yet Due:	0.00										
Current:	1,319.09										
Past Due:	0.00										
Total Due:	1,319.09										
Account Balance:	1,319.09										

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-12-2022	09-23-2022	3105679871	167492	Invoice	77.18		0.00	77.18 ✓
09-12-2022	09-23-2022	3105679872	167493	Invoice	23.60		0.00	23.60 ✓
09-12-2022	09-23-2022	3105679873	167494	Invoice	2.35		0.00	2.35 ✓
09-12-2022	09-23-2022	3105715557	167541	Invoice	167.54		0.00	167.54 ✓
09-13-2022	09-23-2022	3105856247	167550	Invoice	4.42		0.00	4.42 ✓
09-14-2022	09-23-2022	3106006971	167560	Invoice	5.73		0.00	5.73 ✓
09-16-2022	09-23-2022	3106292614	167579	Invoice	1,026.37		0.00	1,026.37 ✓
09-16-2022	09-23-2022	3106292615	167580	Invoice	0.09		0.00	0.09 ✓
09-16-2022	09-23-2022	3106292616	167581	Invoice	11.81		0.00	11.81 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,319.09	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
09-16-2022	(225.80)

Reminders	
Due Date	Amount
09-23-2022	1,319.09
Total Due:	1,319.09

APPROVED ON
SEP 19 2022

CHK # 500338

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
 PROSPERITY BANK
 ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- September 12, 2022 - September 18, 2022

0.0

CC Fees

912.00 +
 591.24 +
 277.20 +
 1,006.15 +
 72.56 +


Date	Bank Description	MMC Notes
9/12/2022	TRANSFIRST LLC VMC SETTLE 41399801332385 611	- Credit Card Processing Fee
9/12/2022	PAY PLUS ACHTRANS 452579291 101000694893266	- 3rd Party Payor Fee
9/12/2022	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee
9/12/2022	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee
9/12/2022	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee
9/12/2022	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110	- Credit Card Processing Fee
9/12/2022	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee
9/12/2022	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee
9/12/2022	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110	- Credit Card Processing Fee
9/12/2022	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee
9/13/2022	PAY PLUS ACHTRANS 452579291 101000695700373	- 3rd Party Payor Fee
9/13/2022	MCKESSON DRUG AUTO ACH ACH05175423 910000129	- 340B Drug Program Expense
9/14/2022	PAY PLUS ACHTRANS 452579291 101000696635552	- 3rd Party Payor Fee
9/15/2022	PAY PLUS ACHTRANS 452579291 101000697654508	- 3rd Party Payor Fee
9/15/2022	TEXAS COUNTY DRS RECEIVABLE 0419 21000023199	- Retirement Funding
9/15/2022	FDMS FDMS PYMT 052-1737276-000 4100012348252	- Credit Card Processing Fee
9/15/2022	FDMS FDMS PYMT 052-1743548-000 4100012351596	- Credit Card Processing Fee
9/15/2022	FDMS FDMS PYMT 052-1743547-000 4100012349165	- Credit Card Processing Fee
9/16/2022	PAY PLUS ACHTRANS 452579291 101000698509273	- 3rd Party Payor Fee
9/16/2022	EXPERTPAY EXPERTPAY 746003411 91000014259122	-Child Support Payment
9/16/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
9/16/2022	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll

CP	Amount
	912.00
2,008.90	47.65
495.01	591.24
129.00	277.20
120.09	1,006.15
80.06	72.56
40.03	457.84
6,190.08	2,008.90
	495.01
	129.00
	49.07
	5,287.62*
	19.04
	2.55
	192,638.08*
	120.09
	80.06
	40.03
	2.74
	2,290.01
	225.80*
	375,755.17*
	<u>582,507.81</u>

457.84 +
 2,008.90 +
 495.01 +
 129.00 +
 120.09 +
 80.06 +
 40.03 +
 6,190.08 *
 40.03 +
 47.65 +
 49.07 +
 47.65 +
 49.07 +
 19.04 +
 40.03 +
 2.55 +
 2.74 +
 2.74 +
 121.05 *
 2,290.01 +
 2,290.01 *

PAY PLUS

Expert Pay


 WILLIAM LITTLE, CFO
 Memorial Medical Center

September 19, 2022
 * Approved 09.14.22 cc

PROSPERITY BANK
 ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
9/20/2022	SALES TAX	- Sales Tax	1,561.88
9/30/2022	UC IGT	IGT	483,628.58
			<u>485,190.46</u>

WILLIAM LITTLE, CFO
 Memorial Medical Center

September 19, 2022

APPROVED ON
 SEP 19 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

6,190.08 +
 121.05 +
 2,290.01 +
 8,601.14 *
 582,507.81 +
 5,287.62 -
 192,638.08 -
 225.80 -
 375,755.17 -
 8,601.14 *

☑ Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 08/31/2022 (2208)

Taxpayer ID	Taxpayer Name:	Entered By:
User ID	MEMORIAL MEDICAL CENTER	Email Address:
Reference Number:	Taxpayer Address:	Telephone Number: (361) 552-0342
Date and Time of Filing:	815 N VIRGINIA ST PORT LAVACA , TX	
09/12/2022, 02:25:32 PM	77979-3025	
	IP Address:	

PAYMENT SUMMARY

Electronic Check	Payment Reference Number	Type of Bank Account: Checking
State Amount: \$1,183.24	Trace Number: 70008511	Accountholder Name:
Local Amount: \$378.64		Bank Routing Number:
Amount to Pay: \$1,561.88		Bank Account Number:
Electronic Check: \$1,561.88		Payment Effective Date: 09/20/2022

CREDIT SUMMARY

Credits Taken

Are you taking credit to reduce taxes due on this return? No

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licenced Customs Broker Export Certifications? No

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	19027	19027	0	19027	1189.19	19027	0.02	380.54
SubTotal	19027	19027	0	19027	1189.19	19027		380.54

Total Tax for Locations **\$1,569.73**

Total Tax Due:	\$1,569.73
Timely Filing Discount:	-\$7.85
Balance Due:	\$1,561.88
Pending Payments:	-\$0.00

Total Amount Due and Payable: **\$1,561.88**
(State amount due is \$1,183.24) (Local amount due is \$378.64)



Transaction Summary

Transaction Complete
Trace #

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

Payment Total	\$483,628.58
Bank Routing and Account Number	
Settlement Date	9/30/2022
UC Hospital Amount	\$483,628.58
Entered By	Marley Moehrig

Marley ODonnell

From: Texas Health and Human Services Commission <txhhs@public.govdelivery.com>
Sent: Tuesday, September 13, 2022 10:26 AM
To: Marley ODonnell
Subject: Uncompensated Care Program IGT Notification Demonstration Year 11 – Final Payment

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



TEXAS
Health and Human Services

Uncompensated Care Program IGT Notification Demonstration Year 11 – Final Payment

HHSC is providing notification of the Intergovernmental Transfers (IGT) call for the Uncompensated Care (UC) Demonstration Year (DY) 11 Final Payment.

This file has been updated today, September 13th, 2022, and can be found under the UC IGT Final Calculation Files heading on the Provider Finance website located here: [Uncompensated Care Payments | Provider Finance Department \(texas.gov\)](#).

- State Hospitals will need to submit a journal entry for the **All Funds** amount located in **Column Z** on the tab labeled "2. State Hospitals". This journal entry should be submitted no later than Oct. 3, 2022.
- All other IGT amounts can be found in column BM on the "3. UC Calculations by Hospital" tab of the **Suggested IGT**.
- The total IGT amount needed to fully fund each SDA is summarized in column C of the "Payment and IGT Summary by SDA" tab.

The IGT must be entered into TexNet no later than close of business September 29, 2022 with a settlement date of September 30, 2022.

- This settlement date is non-negotiable.
- The funds need to be placed in the "UC" Bucket.

Please transfer funds through TexNet. TexNet instructions are [available here](#). After transferring funds, please send an email with a screen shot or PDF of the confirmation/trace sheet to [the Provider Finance Payments Team](#).

An IGT allocation form designating what Service Delivery Area (SDA) the IGT is being submitted for must also be submitted with the Trace Sheet. This form can be found under the Additional Information heading on the same webpage: [Uncompensated Care Payments | Provider Finance Department \(texas.gov\)](#). Please submit the trace sheet and IGT allocation as two separate documents.

Please email any general questions regarding the calculation to [the Hospital Services Team](#).



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This email was sent to mcdonnell@mimcoportlavaca.com using govDelivery Communications Cloud on behalf of Texas Health and Human Services Commission 707 17th St, Suite 4000 - Denver, CO 80202



Application Data	Application Data	Application Data		Application Data	Application Data
TPI	2022 Master TPI	UC Hospital Class	TXPUC State or Non-State	IMD	Children's Hospital
137909111	137909111	Small Public			

If Hospital is in the 2. State Hospitals tab, the value is Yes, otherwise it is blank

Included in State Hospital Tab?	Application Data Provider Name	Application Data SDA	Application Data County	Application Data Medicaid Shortfall with OI and Medicare Payments (inflated)
	Memorial Medical Center	Nueces	Calhoun	\$755,045.01

Application Data	Application Data	Calculated: Unins SF - UC Unins Dupl in DSH	Application Data
Total DSH Uninsured Shortfall (Inflated)	UC Uninsured Charity Duplicated in DSH Uninsured Shortfall (Inflated)	DSH-Only Uninsured Shortfall (Inflated)	UC Schedule 3 Total Charity Costs + Non- Covered Services (Inflated)
\$2,735,082.77	\$ 2,193,731.45	\$ 541,351.32	\$ 2,595,906.03

Calculated: If DSH
 PMT > DSH only
 costs (Medicaid SF
 + DSH-Only
 Uninsured SF) then
 DSH PMT -
 Medicaid SF - DSH-
 only SF, else 0

Calculated: If UC
 Schedule 3 - DSH PMT
 attributable to Charity
 >0, UC Schedule 3 -
 DSH PMT attributable
 to Charity, else 0

DSH calculation Data

Application Data

Application Data

2022 DSH Payment (Assumes Full Funding for Pass 3)	DSH Payment Attributable to Charity Care	Remaining UC Schedule 3 Charity Costs after DSH Payment Attributable to Charity Care is Offset	Total Schedule 1: Uninsured Charity Physician & Mid- Level Costs	Total Schedule 2: Uninsured Charity Pharmacy Costs
\$ 1,111,941.30	\$ -	\$ 2,595,906.03	\$ 78,600.09	\$ -

Calculated: Sum of
Sched 1, Sched 2,
Sched 1 Adj, Sched 2
Adj, and Sched 3 Adj

Application Data Application Data Application Data

Schedule 1 Adjustments	Schedule 2 Adjustments	Schedule 3 Adjustments	Estimated Total Non- S-10 UC Costs (Schedule 1 and 2 and Schedules 1 to 3 Adjustments)
\$ -	\$ -	\$ -	\$ 78,600.09

DSH calculation data

Calculated: If on State Tab,
Other UC Cost (Non-S-10) -
Sched 3 Adj; otherwise, UC
Charity Cost Remaining
after DSH offset + Other
UC Cost (Non-S-10) +
DSH IGT for Large Public

Calculated: Rural hospitals
get UC cost, Other Hospitals
get an amount equal to % of
total cost times remaining
pool (Total UC Pool - Non-
Hospital - State & Rural Set
Aside); physician groups get
% to total times physician pool

<p>§355.6212(2)(a)(iv) adjustment for Urban Public Class One Hospitals (Large Public IGT in DSH)</p>	<p>Total Eligible UC Costs (excludes State Schedule 3 Cost & Sched 3 Adj)</p>	<p>Hospital and Physician Payment Allocation (First Pass)</p>
<p>\$ -</p>	<p>\$2,674,506</p>	<p>\$2,496,479</p>

Calculated: If Large Public, ensures payment does not exceed UC cost excluding the IGT amount; If First Pass > Eligible UC Cost - DSH IGT, then First Pass - (UC Cost - DSH IGT), else 0

Calculated: If there was a reduction, there are no remaining UC Costs, otherwise UC cost - Large Public IGT - First Pass

Calculated: Allocation reductions are distributed based on remaining UC costs as a % to total; (Remaining UC Costs after First Pass)/(Sum of All Remaining UC Costs after First Pass)*(Sum Allocation Reduction for Large Public)

Calculated: UC costs remaining after first pass minus second pass allocation

Initial Allocation Reduction for Large Public (if Payment Exceeds UC Cost w/o DSH IGT)	Total UC Costs Remaining After First Pass Allocation	Initial Allocation Overage Redistribution (Second Pass)	Total UC Costs Remaining After Second Pass Allocation and Redistribution
\$0	\$178,027	\$0	\$178,027

Calculated: First pass
payment minus initial
reduction plus second
pass payment

Calculated:
Payment after
Second Pass times
State Match

From UC Advance

Calculated: YTD
UC
Payments*State
FMAP %

Hospital and Physician Payment Allocation (after Second Pass)	Total IGT Required if IGT is Fully Funded in all SDAs	YTD UC Payments	YTD UC IGT
\$2,496,479	\$ 823,838.08	\$ 909,055.62	\$ 299,988.35

Placeholder for future years; for now 0

Calculated: YTD Payment*State Match

Calculated: Total Eligible UC Cost - DSH IGT for Large Public

Calculated: State Match * Max Total Payment

State Hospitals: YTD UC Payments Remaining after Sched 3	State Hospitals: YTD UC IGT Remaining after Sched 3	Maximum Total Payment (State Hospitals - Non-S-10 Only)	Maximum Total IGT Commitment Amount (State Hospitals - Non-S-10 Only)
	\$ -	\$2,674,506	\$882,587.02

\$258,808,217.61	\$615,906,977.65	\$108,201,704.78	\$1,010,743,524.37	\$100,907,486.99
\$ 302,655,824	\$ 677,140,323	\$ 123,520,470	\$ 1,001,428,248	\$ 95,021,625
Bexar Pool Reallocation or (Reduction) Based on IGT Survey as Described in 1 TAC 355.8212 (f)(3)	Dallas Pool Reallocation or (Reduction) Based on IGT Survey as Described in 1 TAC 355.8212 (f)(3)	El Paso Pool Reallocation or (Reduction) Based on IGT Survey as Described in 1 TAC 355.8212 (f)(3)	Harris Pool Reallocation or (Reduction) Based on IGT Survey as Described in 1 TAC 355.8212 (f)(3)	Hidalgo Pool Reallocation or (Reduction) Based on IGT Survey as Described in 1 TAC 355.8212 (f)(3)
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

\$56,224,720.01	\$142,003,230.46	\$103,571,026.32	\$152,533,805.54	\$51,495,475.51
\$ 59,496,495	\$ 139,686,132	\$ 129,084,754	\$ 221,042,655	\$ 180,882,098
Jefferson Pool Reallocation or (Reduction) Based on IGT Survey as Described in 1 TAC 355.8212 (f)(3)	Lubbock Pool Reallocation or (Reduction) Based on IGT Survey as Described in 1 TAC 355.8212 (f)(3)	MRSA Central Pool Reallocation or (Reduction) Based on IGT Survey as Described in 1 TAC 355.8212 (f)(3)	MRSA Northeast Pool Reallocation or (Reduction) Based on IGT Survey as Described in 1 TAC 355.8212 (f)(3)	MRSA West Pool Reallocation or (Reduction) Based on IGT Survey as Described in 1 TAC 355.8212 (f)(3)
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

\$86,062,794.03	\$336,986,237.27	\$224,541,360.85		
			Calculation: Sum of Pink Columns (Reallocation/Reduction by SDA)	Calculation: UC Payment After Second Pass plus Reallocation/Reduction
\$ 102,708,445	\$ 391,153,988	\$ 220,639,895		
Nueces Pool Reallocation or (Reduction) Based on IGT Survey as Described in 1 TAC 355.8212 (f)(3)	Tarrant Pool Reallocation or (Reduction) Based on IGT Survey as Described in 1 TAC 355.8212 (f)(3)	Travis Pool Reallocation or (Reduction) Based on IGT Survey as Described in 1 TAC 355.8212 (f)(3)	Total Additional Payment or (Payment Reduction)	Total DY 11 Payment (State Hospitals - Non-S-10 Only)
\$0.00	\$0.00	\$0.00	\$0.00	\$2,496,479.02

Calculation: if in State
 Tab, Total DY9 Payment
 minus YTD IGT after
 Schedule 3; otherwise,
 Total DY9 Payment minus
 YTD IGT

Calculation: State Match *
 Final Payment or
 Recoupment

Total DY 11 IGT	Final Payment or Recoupment	Final IGT Required	Final Payment After Accounting for Recoupments
\$823,838.07	\$1,587,423.40	\$523,849.72	\$1,465,541.17

Final IGT Required After Accounting for Recoupments	Notes	IGT Needed from Advance Payment
\$483,628.58		\$0.01

RECEIVED BY THE
COUNTY AUDITOR ON

09/15/2022
SEP 15 2022
11:44

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Class Pay Code

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

11828 SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
090222		09/14/20	09/02/20	10/07/20		4,605.51	0.00	0.00	4,605.51 ✓

TRANSFER *NH insurance pymt deposited into Mmc operating.*

Vendor Total:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	4,605.51	0.00	0.00	4,605.51

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,605.51	0.00	0.00	4,605.51

APPROVED ON

SEP 15 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL # 196502

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 15 2022

09/15/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11832 BROADMOOR AT CREEKSIDE PARK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
090922		09/14/20	09/09/20	10/09/20		5,750.50	0.00	0.00	5,750.50 ✓

TRANSFER *NI insurance pymt deposited into MMC operating*

Vendor Total	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	5,750.50	0.00	0.00	5,750.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,750.50	0.00	0.00	5,750.50

APPROVED ON

SEP 15 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CAC#194500

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 15 2022

09/15/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
090922		09/14/20	09/09/20	10/09/20		4,095.00	0.00	0.00	4,095.00 ✓

TRANSFER *NH insurance pymt deposited into mme operatin*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	4,095.00	0.00	0.00	4,095.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,095.00	0.00	0.00	4,095.00

APPROVED ON

SEP 15 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck#196503

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 15 2022

09/15/2022
11:44

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
090622A		09/14/20	09/06/20	10/07/20		5,290.58	0.00	0.00	5,290.58 ✓
090622	TRANSFER	09/14/20	09/06/20	10/07/20		3,501.00	0.00	0.00	3,501.00 ✓
	TRANSFER	"	"	"				"	
090722		09/14/20	09/07/20	10/07/20		10,630.13	0.00	0.00	10,630.13 ✓
	TRANSFER	"	"	"				"	
090822		09/14/20	09/08/20	10/08/20		814.15	0.00	0.00	814.15 ✓
	TRANSFER	"	"	"				"	

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
12696		GULF POINTE PLAZA	20,235.86	0.00	0.00	20,235.86

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	20,235.86	0.00	0.00	20,235.86

APPROVED ON

SEP 15 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CLC# 196501

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 15 2022

09/15/2022

11:45
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
090122		09/14/20	09/01/20	10/07/20		1,625.00	0.00	0.00	1,625.00 ✓
	TRANSFER	<i>MH insurance pymt deposited into MME open</i>							
090122A		09/14/20	09/01/20	10/07/20		2,644.46	0.00	0.00	2,644.46 ✓
	TRANSFER	"							
090222		09/14/20	09/02/20	10/07/20		11,444.36	0.00	0.00	11,444.36 ✓
	TRANSFER	"							
090622A		09/14/20	09/06/20	10/07/20		2,644.10	0.00	0.00	2,644.10 ✓
	TRANSFER	"							
090622		09/14/20	09/06/20	10/07/20		2,600.00	0.00	0.00	2,600.00 ✓
	TRANSFER	"							
090722		09/14/20	09/07/20	10/07/20		12,196.80	0.00	0.00	12,196.80 ✓
	TRANSFER	"							
090822		09/14/20	09/08/20	10/08/20		6,474.00	0.00	0.00	6,474.00 ✓
	TRANSFER	"							
090922		09/14/20	09/09/20	10/09/20		920.60	0.00	0.00	920.60 ✓
	TRANSFER	"							
090922C		09/14/20	09/09/20	10/09/20		307.25	0.00	0.00	307.25 ✓
	TRANSFER	"							
090922A		09/14/20	09/09/20	10/09/20		716.92	0.00	0.00	716.92 ✓
	TRANSFER	"							
090922B		09/14/20	09/09/20	10/09/20		789.91	0.00	0.00	789.91 ✓
	TRANSFER	"							

Vendor Total:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	42,363.40	0.00	0.00	42,363.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	42,363.40	0.00	0.00	42,363.40

APPROVED ON

SEP 15 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
C.K. # 196 JDY

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 15 2022

09/15/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Dates Through:

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
090122		09/14/20	09/01/20	10/07/20		10,563.67	0.00	0.00	10,563.67 ✓
	TRANSFER	NH insurance pymt deposited into mme acct							
090222		09/14/20	09/02/20	10/07/20		9,257.71	0.00	0.00	9,257.71 ✓
	TRANSFER	"							
090622		09/14/20	09/06/20	10/07/20		31,925.12	0.00	0.00	31,925.12 ✓
	TRANSFER	"							
090822		09/14/20	09/08/20	10/08/20		305.42	0.00	0.00	305.42 ✓
	TRANSFER	"							
090922		09/14/20	09/09/20	10/09/20		8,951.22	0.00	0.00	8,951.22 ✓
	TRANSFER	"							

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
12792		BETHANY SENIOR LIVING	61,003.14	0.00	0.00	61,003.14

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	61,003.14	0.00	0.00	61,003.14

APPROVED ON

SEP 15 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 194 499

☐
RUN DATE:09/19/22
TIME:14:05

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/21/22 THRU 09/21/22

PAGE 1
GLCKREG

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

A/P	196413	09/21/22	943.20	ACE HARDWARE 15521
A/P	196414	09/21/22	1,400.00	ACUTE CARE INC
A/P	196415	09/21/22	192.37	AMAZON CAPITAL SERVICES
A/P	196416	09/21/22	14,550.00	AMERICAN CONSTRUCTION
A/P	196417	09/21/22	25,557.00	AUTHORITYRX
A/P	196418	09/21/22	1,894.36	BAXTER HEALTHCARE
A/P	196419	09/21/22	2,695.72	BECKMAN COULTER INC
A/P	196420	09/21/22	256.00	BECTON, DICKINSON & CO (BD)
A/P	196421	09/21/22	394.00	BOSTON SCIENTIFIC CORPORATION
A/P	196422	09/21/22	6,600.00	CALHOUN COUNTY EMS
A/P	196423	09/21/22	70.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	196424	09/21/22	12,830.00	CARRIER CORPORATION
A/P	196425	09/21/22	10.17	CAVALLO ENERGY TEXAS LLC
A/P	196426	09/21/22	467.83	CDW GOVERNMENT, INC.
A/P	196427	09/21/22	1,007.50	CFI MECHANICAL INC
A/P	196428	09/21/22	80.00	CHRIS KOVAREK
A/P	196429	09/21/22	14,481.53	CLINICAL PATHOLOGY LABS
A/P	196430	09/21/22	62.50	COASTAL OFFICE SOLUTONS
A/P	196431	09/21/22	807.40	COASTAL REFRIGERATION
A/P	196432	09/21/22	604.13	CODONICS INC
A/P	196433	09/21/22	215.06	CONMED CORPORATION
A/P	196434	09/21/22	1,005.38	COOPER SURGICAL INC
A/P	196435	09/21/22	532.73	CUSTOM MEDICAL SPECIALTIES
A/P	196436	09/21/22	396.69	DETAR HOSPITAL
A/P	196437	09/21/22	791.75	DEWITT POTH & SON
A/P	196438	09/21/22	50,311.25	DIAMOND HEALTHCARE CORP
A/P	196439	09/21/22	260.00	DOWELL PEST CONTROL
A/P	196440	09/21/22	475.65	DRIESSEN WATER INC. (CULLIGAN)
A/P	196441	09/21/22	495.00	FASTHEALTH CORPORATION
A/P	196442	09/21/22	256.63	FEDERAL EXPRESS CORP.
A/P	196443	09/21/22	356.40	FIRETRON, INC
A/P	196444	09/21/22	4,725.00	FORVIS
A/P	196445	09/21/22	1,205.91	FRONTIER
A/P	196446	09/21/22	10,108.24	GREAT AMERICA FINANCIAL SVCS
A/P	196447	09/21/22	1,050.00	GUERBET, LLC
A/P	196448	09/21/22	1,429.69	GULF COAST PAPER COMPANY
A/P	196449	09/21/22	4,610.52	HEALTHCARE FINANCIAL SERVICES
A/P	196450	09/21/22	1,022.42	HEB CREDIT RECEIVABLES DEPT308
A/P	196451	09/21/22	233.87	HELMER, INC
A/P	196452	09/21/22	69.84	HILL-ROM COMPANY, INC
A/P	196453	09/21/22	50.00	HOLOGIC INC
A/P	196454	09/21/22	14,864.78	HUNTER PHARMACY SERVICES
A/P	196455	09/21/22	545.00	INTOXIMETERS INC
A/P	196456	09/21/22	26,360.50	ITA RESOURCES INC
A/P	196457	09/21/22	5,171.48	J & J HEALTH CARE SYSTEMS, INC
A/P	196458	09/21/22	1,432.30	JACOB HAMILTON, PT, DPT
A/P	196459	09/21/22	9,000.00	JINDAL X LLC
A/P	196460	09/21/22	17.29	LABCORP OF AMERICA HOLDINGS
A/P	196461	09/21/22	766.15	LANDAUER INC
A/P	196462	09/21/22	452.36	LANGUAGE LINE SERVICES

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	196463	09/21/22	479.55	LEGAL SHIELD
A/P	196464	09/21/22	24.69	LOWE'S BUSINESS ACCT/SYNCH
A/P	196465	09/21/22	640.86	M G TRUST
A/P	196466	09/21/22	37.28	MEDIMPACT HEALTHCARE SYS, INC.
A/P	196467	09/21/22	34.00	MEDIVATORS
A/P	196468	09/21/22	.00	VOIDED
A/P	196469	09/21/22	.00	VOIDED
A/P	196470	09/21/22	.00	VOIDED
A/P	196471	09/21/22	.00	VOIDED
A/P	196472	09/21/22	.00	VOIDED
A/P	196473	09/21/22	.00	VOIDED
A/P	196474	09/21/22	31,386.10	MEDLINE INDUSTRIES INC
A/P	196475	09/21/22	280.00	MEMORIAL MEDICAL CLINIC
A/P	196476	09/21/22	.00	VOIDED
A/P	196477	09/21/22	14,285.88	MORRIS & DICKSON CO, LLC
A/P	196478	09/21/22	367.40	MXR IMAGING, INC
A/P	196479	09/21/22	295.96	NACOGDOCHES TRANSCRIPTION
A/P	196480	09/21/22	1,192.61	OFFICE DEPOT
A/P	196481	09/21/22	85.00	PADRON WELDING SERVICE
A/P	196482	09/21/22	4,034.00	PARA
A/P	196483	09/21/22	1,100.00	PATRICK OCHOA
A/P	196484	09/21/22	2,624.74	PRESS GANEY ASSOCIATES, INC.
A/P	196485	09/21/22	148.14	PRINT RITE INC.
A/P	196486	09/21/22	359.28	QIAGEN INC
A/P	196487	09/21/22	13,524.25	REMI CORPORATION
A/P	196488	09/21/22	696.00	RX WASTE SYSTEMS LLC
A/P	196489	09/21/22	34.99	SHANNON JACILDO
A/P	196490	09/21/22	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	196491	09/21/22	2,225.00	SOMETHING MORE MEDIA, INC.
A/P	196492	09/21/22	6,130.42	T-SYSTEM, INC
A/P	196493	09/21/22	4,575.00	TEXAS MUTUAL INSURANCE CO
A/P	196494	09/21/22	.00	VOIDED
A/P	196495	09/21/22	8,224.64	UNIFIRST HOLDINGS INC
A/P	196496	09/21/22	2,200.00	US POSTAL SERVICE
A/P	196497	09/21/22	3,243.15	WAGWORKS, INC.
A/P	196498	09/21/22	9,900.00	WERFEN USA LLC
A/P	196499	09/21/22	61,003.14	BETHANY SENIOR LIVING
A/P	196500	09/21/22	5,750.50	BROADMOOR AT CREEKSIDE PARK
A/P	196501	09/21/22	20,235.86	GULF POINTE PLAZA
A/P	196502	09/21/22	4,605.51	SOLERA WEST HOUSTON
A/P	196503	09/21/22	4,095.00	THE CRESCENT
A/P	196504	09/21/22	42,363.40	TUSCANY VILLAGE
TOTALS:			473,336.19	

Payables 281,680.27 +
Utilities { 14,550.00 +
 127.72 +
 26,360.50 +
 12,554.29 +
 4,605.51 +
 5,750.50 +
MH { 4,095.00 +
Transfers { 20,235.86 +
 42,363.40 +
 61,003.14 +
 473,336.19 *

APPROVED ON

SEP 21 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E

FROM CRESCENT TO TUSCANY

Date Requested: 9/19/22

FOR ACCT. USE ONLY

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

APPROVED ON

SEP 19 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 000253
G/L NUMBER: _____

AMOUNT \$7,038.00

EXPLANATION: DEVOTED PAYMENTS MADE TO CRESCENT, BUT BELONGS TO TUSCANY

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

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

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000253

Date 9/21/22

88-2265/1131

**PAY
TO THE
ORDER OF**

Tuscany

\$ 7038.00

Seven thousand thirty eight

DOLLARS



FOR Devoted payments

Security features are included. Details on back.

RUN DATE:09/21/22
TIME:10:47

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/21/22 THRU 09/21/22

PAGE 3
GLCKREG

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

NHC 000253 09/21/22 7,038.00 TUSCANY *Crescent*
TOTALS: 7,038.00

APPROVED ON

SEP 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 9/19/2022

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		48,831.67 ✓	48,781.41 ✓	147,238.32 ✓		147,288.58 ✓	147,149.80
	Bank Balance					147,288.58 ✓	
	Variance						
	Leave in Balance					100.00	
	July Interest					18.69 ✓	
	August Interest					20.09 ✓	
	September Interest						
	Adjust Balance/Transfer Amt					147,149.80 ✓	
Broadmoor		33,790.31 ✓	33,653.84 ✓	105,772.00 ✓		105,908.47 ✓	105,772.00
	Bank Balance					105,908.47 ✓	
	Variance						
	Leave in Balance					100.00	
	July Interest					14.35 ✓	
	August Interest					22.12 ✓	
	September Interest						
	Adjust Balance/Transfer Amt					105,772.00 ✓	
Crescent		55,511.39 ✓	55,374.11 ✓	119,851.07 ✓		119,988.35 ✓	112,813.07
	Bank Balance					119,988.35 ✓	
	Variance						
	Leave in Balance					100.00	
	DEVOTED PAYMENT TO TUSCANY					7,038.00 ✓	
	July Interest					15.27 ✓	
	August Interest					22.01 ✓	
	September Interest						
	Adjust Balance/Transfer Amt					112,813.07 ✓	
Fort Bend		21,256.64 ✓	21,137.18 ✓	29,106.94 ✓		29,226.40 ✓	29,106.94
	Bank Balance					29,226.40 ✓	
	Variance						
	Leave in Balance					100.00	
	July Interest					5.75 ✓	
	August Interest					13.71 ✓	
	September Interest						
	Adjust Balance/Transfer Amt					29,106.94 ✓	
Solera at W Houston		74,316.92 ✓	74,168.34 ✓	140,836.01 ✓		140,984.59 ✓	140,836.01
	Bank Balance					140,984.59 ✓	
	Variance						
	Leave in Balance					100.00	
	July Interest					17.54 ✓	
	August Interest					31.04 ✓	
	September Interest						
	Adjust Balance/Transfer Amt					140,836.01 ✓	
TOTAL TRANSFERS							535,677.82

147,149.80
 105,772.00
 112,813.07
 29,106.94
 140,836.01
 535,677.82

Fort Bend / Broadmoor
 nursing home
 deposited to open account

APPROVED ON
 SEP 19 2022
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Approved: 
 WILLIAM LITTLE, CFO
 9/19/2022

Ashford Gardens

9/12/2022	Molina HC of TX HCCLAIMPMT PN1326436189 4200
9/12/2022	MANAGEANDNET1718 MNS PMNT 00000000000093 41
9/12/2022	Amerigroup TXSC HCCLAIMPMT 3189202047 111000
9/12/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/13/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/13/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/14/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/15/2022	Enhanced Analysis Ch
9/15/2022	WIRE OUT ASHFORD HEALTH CARE CENTER LTD
9/15/2022	Amerigroup TXSC HCCLAIMPMT 3189601200 111000
9/15/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/16/2022	HNB - ECHO HCCLAIMPMT 746003411 440000228671
9/16/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/16/2022	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	21,264.69	-	-	-	-	-	21,264.69
-	6,366.50	-	-	-	-	-	6,366.50
-	21,767.48	-	-	-	-	-	21,767.48
-	27,354.26	-	-	-	-	-	27,354.26
-	10,998.93	-	-	-	-	-	10,998.93
-	42,647.47	-	-	-	-	-	42,647.47
-	4,498.30	-	-	-	-	-	4,498.30
88.52	-	-	-	-	-	-	-
48,692.89	-	-	-	-	-	-	-
-	1,820.58	-	-	-	-	-	1,820.58
-	811.27	-	-	-	-	-	811.27
-	8,269.89	-	-	-	-	-	8,269.89
-	1,407.22	-	-	-	-	-	1,407.22
-	31.73	-	-	-	-	-	31.73
48,781.41	147,238.32	-	-	-	-	-	147,238.32

Broadmoor

9/12/2022	HNB - ECHO HCCLAIMPMT 746003411 440000276076
9/12/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/12/2022	HUMANA INS CO HCCLAIMPMT 390861 830000527744
9/12/2022	HUMANA CHA DISB HCCLAIMPMT 390861 4200001435
9/13/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/13/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/13/2022	HUMANA CHA DISB HCCLAIMPMT 390861 4200001605
9/13/2022	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2
9/14/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/14/2022	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2
9/14/2022	CIGNA HCCLAIMPMT 1669860433 91000010797498
9/14/2022	AARP Supplementa HCCLAIMPMT 746003411 124384
9/15/2022	WIRE OUT CANTEX HEALTH CARE CENTERS III
9/15/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/16/2022	HUMANA INS CO HCCLAIMPMT 390861 830000585466
9/16/2022	HUMANA CHA DISB HCCLAIMPMT 390861 4200001765

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	5,478.76	-	-	-	-	-	5,478.76
-	12,911.64	-	-	-	-	-	12,911.64
-	8,835.00	-	-	-	-	-	8,835.00
-	3,720.00	-	-	-	-	-	3,720.00
-	6,232.86	-	-	-	-	-	6,232.86
-	21,958.38	-	-	-	-	-	21,958.38
-	10,390.00	-	-	-	-	-	10,390.00
-	1,118.53	-	-	-	-	-	1,118.53
-	5,696.62	-	-	-	-	-	5,696.62
-	5,878.39	-	-	-	-	-	5,878.39
-	1,167.00	-	-	-	-	-	1,167.00
-	8,169.00	-	-	-	-	-	8,169.00
33,653.84	-	-	-	-	-	-	-
-	265.82	-	-	-	-	-	265.82
-	6,510.00	-	-	-	-	-	6,510.00
-	7,440.00	-	-	-	-	-	7,440.00
33,653.84	105,772.00	-	-	-	-	-	105,772.00

Crescent

9/12/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/12/2022	HUMANA INS CO HCCLAIMPMT 390864 830000527744
9/12/2022	HUMANA CHA DISB HCCLAIMPMT 390864 4200001435
9/12/2022	DEVOTED HEALTH P HCCLAIMPMT 121140399275832
9/12/2022	DEVOTED HEALTH P HCCLAIMPMT 121140399275830
9/13/2022	Deposit
9/13/2022	HNB - ECHO HCCLAIMPMT 746003411 440000220742
9/13/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/13/2022	HUMANA CHA DISB HCCLAIMPMT 390864 4200001605
9/13/2022	DEVOTED HEALTH P HCCLAIMPMT 121140391058057
9/14/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/15/2022	WIRE OUT CANTEX HEALTH CARE CENTERS III
9/15/2022	DEVOTED HEALTH P HCCLAIMPMT 121140394788044
9/15/2022	DEVOTED HEALTH P HCCLAIMPMT 121140394788042
9/16/2022	KS PLAN ADMINIST HCCLAIMPMT 14995 1110000269
9/16/2022	HNB - ECHO HCCLAIMPMT 746003411 440000228674
9/16/2022	DEVOTED HEALTH P HCCLAIMPMT 121140396717663

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	18,440.47	-	-	-	-	-	18,440.47
-	7,440.00	-	-	-	-	-	7,440.00
-	6,045.00	-	-	-	-	-	6,045.00
-	8,000.00	-	-	-	-	-	8,000.00
-	4,510.00	-	-	-	-	-	4,510.00
-	16,565.03	-	-	-	-	-	16,565.03
-	5,076.92	-	-	-	-	-	5,076.92
-	13,592.15	-	-	-	-	-	13,592.15
-	6,975.00	-	-	-	-	-	6,975.00
-	14,844.00	-	-	-	-	-	14,844.00
-	1,293.58	-	-	-	-	-	1,293.58
55,374.11	-	-	-	-	-	-	-
-	692.00	-	-	-	-	-	692.00
-	1,600.00	-	-	-	-	-	1,600.00
-	4,100.00	-	-	-	-	-	4,100.00
-	5,076.92	-	-	-	-	-	5,076.92
-	5,600.00	-	-	-	-	-	5,600.00
55,374.11	119,851.07	-	-	-	-	-	119,851.07

Fort Bend

9/13/2022	Deposit
9/13/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/14/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/15/2022	WIRE OUT CANTEX HEALTH CARE CENTERS III

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	1,148.00	-	-	-	-	-	1,148.00
-	23,178.17	-	-	-	-	-	23,178.17
-	4,780.77	-	-	-	-	-	4,780.77
21,137.18	-	-	-	-	-	-	-
21,137.18	29,106.94	-	-	-	-	-	29,106.94

Solera at West Houston

MMC PORTION				
QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
9/12/2022 Molina HC of TX HCCLAIMPMT PN1497143259 4200	-	6,478.47	-	-	-	-	-	6,478.47
9/12/2022 Molina HC of TX HCCLAIMPMT PN1497143259 4200	-	5,723.35	-	-	-	-	-	5,723.35
9/12/2022 MANAGEANDNET1718 MNS PMNT 00000000002482 41	-	7,029.00	-	-	-	-	-	7,029.00
9/12/2022 Amerigroup TXSC HCCLAIMPMT 3189202048 111000	-	5,293.93	-	-	-	-	-	5,293.93
9/12/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	30,489.83	-	-	-	-	-	30,489.83
9/12/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001435	-	6,975.00	-	-	-	-	-	6,975.00
9/12/2022 AARP Supplementa HCCLAIMPMT 746003411 124384	-	2,334.00	-	-	-	-	-	2,334.00
9/13/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	10.95	-	-	-	-	-	10.95
9/13/2022 NOVITAS SOLUTION HCCLAIMPMT 676310 420000178	-	1,366.12	-	-	-	-	-	1,366.12
9/13/2022 HUMANA INS CO HCCLAIMPMT 390862 830000567298	-	860.00	-	-	-	-	-	860.00
9/13/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001605	-	5,925.00	-	-	-	-	-	5,925.00
9/13/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001604	-	2,911.00	-	-	-	-	-	2,911.00
9/14/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	2,460.00	-	-	-	-	-	2,460.00
9/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	9.25	-	-	-	-	-	9.25
9/15/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	74,168.34	-	-	-	-	-	-	-
9/15/2022 Deposit	-	25,366.65	-	-	-	-	-	25,366.65
9/15/2022 MANAGEANDNET1718 MNS PMNT 00000000002482 41	-	6,390.00	-	-	-	-	-	6,390.00
9/15/2022 HUMANA INS CO HCCLAIMPMT 390862 830000543062	-	10,665.00	-	-	-	-	-	10,665.00
9/15/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001575	-	4,460.00	-	-	-	-	-	4,460.00
9/16/2022 HN8 - ECHO HCCLAIMPMT 746003411 440000228674	-	15,158.46	-	-	-	-	-	15,158.46
9/16/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001765	-	930.00	-	-	-	-	-	930.00

74,168.34	140,836.01	-	-	-	-	-	140,836.01
233,114.88	542,804.34	-	-	-	-	-	542,804.34

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type

DDA

Data reported as of Sep 19, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$5,187,088.61	\$5,344,929.60	\$5,187,088.61	\$5,474,601.7
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$12,352.40	\$12,352.40	\$12,352.40	\$12,352.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$85,950.61	\$85,950.61	\$85,950.61	\$116,565.2
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.61	\$536.61	\$536.61	\$536.6
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,971,477.70	\$4,070,170.03	\$3,971,477.70	\$4,291,915.3
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.99	\$431.99	\$431.99	\$431.9
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$147,288.58	\$149,003.76	\$147,288.58	\$137,579.7
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$105,908.47	\$117,898.23	\$105,908.47	\$91,958.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$119,988.35	\$135,578.35	\$119,988.35	\$105,211.4
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$29,226.40	\$44,591.90	\$29,226.40	\$29,226.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$140,984.59	\$146,514.59	\$140,984.59	\$124,896.1
<u>*2998</u> MMC -MONEY MARKET FUND	\$295,703.93	\$295,703.93	\$295,703.93	\$295,703.9
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$152,399.33	\$158,308.84	\$152,399.33	\$152,399.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$40,845.92	\$42,453.40	\$40,845.92	\$40,845.9
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$35,178.88	\$35,178.88	\$35,178.88	\$46,935.2
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$48,814.85	\$50,256.08	\$48,814.85	\$28,043.9

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 9/19/2022

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		76,531.26 ✓	76,400.82 ✓	85,820.17 ✓		85,950.61 ✓	85,820.17
					Bank Balance Variance	85,950.61 ✓	
					Leave in Balance	100.00	

*k:

July Interest	13.03 ✓
August Interest	17.41 ✓
September Interest	
	<u>30.44</u>
Adjust Balance/Transfer Amt	<u>85,820.17</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 9/19/2022

APPROVED ON

SEP 19 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek

9/12/2022 GOLDENCREEKHEALT MERC DEP 1220356 9100001270
 9/12/2022 ACH SETTLEMENT SERVICE 4105523439 9601693436
 9/12/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 9/12/2022 CIGNA HCCLAIMPMT 1588075964 91000011398825
 9/13/2022 Deposit
 9/14/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 9/15/2022 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 9/15/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 9/15/2022 NOVITAS SOLUTION HCCLAIMPMT 676097 420000167
 9/16/2022
 9/16/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9

		MMC PORTION					
<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>QIPP/Comp1</u>	<u>QIPP/Comp 2</u>	<u>QIPP/Comp3</u>	<u>QIPP/Comp4</u> <u>&Lapse</u>	<u>QIPP TI</u>	<u>NH PORTION</u>
-	3,675.31	-	-	-	-	-	3,675.31
-	2,329.00	-	-	-	-	-	2,329.00
-	2,349.62	-	-	-	-	-	2,349.62
-	809.22	-	-	-	-	-	809.22
-	65,961.64	-	-	-	-	-	65,961.64
-	1,000.00	-	-	-	-	-	1,000.00
45,672.16	-	-	-	-	-	-	-
-	2,550.18	-	-	-	-	-	2,550.18
-	7,031.22	-	-	-	-	-	7,031.22
30,728.66	-	-	-	-	-	-	-
-	113.98	-	-	-	-	-	113.98
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
76,400.82	85,820.17	-	-	-	-	-	85,820.17

Quick View

Select Quick View Accounts

Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Sep 19, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$5,187,088.61	\$5,344,929.60	\$5,187,088.61	\$5,474,601.7
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$12,352.40	\$12,352.40	\$12,352.40	\$12,352.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$85,950.61 ✓	\$85,950.61	\$85,950.61	\$116,565.2
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.61	\$536.61	\$536.61	\$536.6
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,971,477.70	\$4,070,170.03	\$3,971,477.70	\$4,291,915.3
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.99	\$431.99	\$431.99	\$431.9
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$147,288.58	\$149,003.76	\$147,288.58	\$137,579.7
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$105,908.47	\$117,898.23	\$105,908.47	\$91,958.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$119,988.35	\$135,578.35	\$119,988.35	\$105,211.4
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$29,226.40	\$44,591.90	\$29,226.40	\$29,226.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$140,984.59	\$146,514.59	\$140,984.59	\$124,896.1
<u>*2998</u> MMC -MONEY MARKET FUND	\$295,703.93	\$295,703.93	\$295,703.93	\$295,703.9
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$152,399.33	\$158,308.84	\$152,399.33	\$152,399.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$40,845.92	\$42,453.40	\$40,845.92	\$40,845.9
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$35,178.88	\$35,178.88	\$35,178.88	\$46,935.2
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$48,814.85	\$50,256.08	\$48,814.85	\$28,043.5

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 9/19/2022

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay	15,945.43	13,646.24	37,879.69			35,178.88	35,072.77
					Bank Balance Variance	35,178.88	
					Leave in Balance	100.00	

July Interest	2.32
August Interest	3.79
September Interest	
Adjust Balance/Transfer Amt	35,072.77

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	41,146.24	41,023.00	40,722.68			40,845.92	40,722.68
					Bank Balance Variance	40,845.92	
					Leave in Balance	100.00	

July Interest	9.85
August Interest	13.39
September Interest	
Adjust Balance/Transfer Amt	40,722.68

TOTAL TRANSFERS **75,795.45**

Routing Information for Gulf Pointe Plaza:

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

Approved: 
 WILLIAM LITTLE, CFO 9/19/2022

APPROVED ON

SEP 19 2022

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

Gulf Points Plaza-Private Pay

9/12/2022 NDC SWEEP FAC H261 21000027342184 SWEEP FR
 9/13/2022 HUMANA CHA DISB HCCLAIMPMT 624982 4200001606
 9/13/2022 AETNA AS01 HCCLAIMPMT 1922092790 51000015620
 9/15/2022 HNB - ECHO HCCLAIMPMT 746003411 440000294136
 9/16/2022 CK1088
 9/16/2022 HNB - ECHO HCCLAIMPMT 746003411 440000229106
 9/16/2022 HNB - ECHO HCCLAIMPMT 746003411 440000228700

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	13,573.26	-	-	-	-	-	13,573.26
-	13,478.71	-	-	-	-	-	13,478.71
-	3,850.00	-	-	-	-	-	3,850.00
-	87.81	-	-	-	-	-	87.81
13,646.24	-	-	-	-	-	-	-
-	972.11	-	-	-	-	-	972.11
-	917.80	-	-	-	-	-	917.80
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
13,646.24	32,879.69	-	-	-	-	-	32,879.69

Gulf Points Plaza-Medicare/Medicaid

9/12/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 9/13/2022 Deposit
 9/15/2022 WIRE OUT HMG SERVICES, LLC

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	2,035.71	-	-	-	-	-	2,035.71
-	38,686.97	-	-	-	-	-	38,686.97
41,023.00	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
41,023.00	40,722.68	-	-	-	-	-	40,722.68
-	-	-	-	-	-	-	-
54,669.24	73,602.37	-	-	-	-	-	73,602.37

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

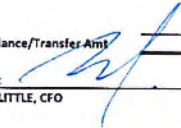
Data reported as of Sep 19, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$5,187,088.61	\$5,344,929.60	\$5,187,088.61	\$5,474,601.7
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$12,352.40	\$12,352.40	\$12,352.40	\$12,352.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$85,950.61	\$85,950.61	\$85,950.61	\$116,565.2
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.61	\$536.61	\$536.61	\$536.6
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,971,477.70	\$4,070,170.03	\$3,971,477.70	\$4,291,915.3
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.99	\$431.99	\$431.99	\$431.9
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$147,288.58	\$149,003.76	\$147,288.58	\$137,579.7
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$105,908.47	\$117,898.23	\$105,908.47	\$91,958.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$119,988.35	\$135,578.35	\$119,988.35	\$105,211.4
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$29,226.40	\$44,591.90	\$29,226.40	\$29,226.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$140,984.59	\$146,514.59	\$140,984.59	\$124,896.1
<u>*2998</u> MMC -MONEY MARKET FUND	\$295,703.93	\$295,703.93	\$295,703.93	\$295,703.9
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$152,399.33	\$158,308.84	\$152,399.33	\$152,399.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$40,845.92	\$42,453.40	\$40,845.92	\$40,845.9
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$35,178.88	\$35,178.88	\$35,178.88	\$46,935.2
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$48,814.85	\$50,256.08	\$48,814.85	\$28,043.5

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 9/19/2022

Nursing Home Tuscany Village	Account	Previous				Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
		Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared			
		9,037.26 ✓	8,937.26 ✓	48,714.85 ✓			48,814.85	48,714.85 ✓
						Bank Balance Variance	48,814.85	
						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 48,714.85 ✓
 Approved:  9/19/2022
 WILLIAM LITTLE, CFO

APPROVED ON
 SEP 19 2022
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	
9/13/2022 Deposit	-	25,465.39	-	-	-	-	-	25,465.39
9/13/2022 HNB - ECHO HCCLAIMPMT 746003411 440000220742	-	2,478.18	-	-	-	-	-	2,478.18
9/15/2022 WIRE OUT LINBAR ENTERPRISES, LLC	8,937.26	-	-	-	-	-	-	-
9/16/2022 HNB - ECHO HCCLAIMPMT 746003411 440000228671	-	20,222.40	-	-	-	-	-	20,222.40
9/16/2022 HNB - ECHO HCCLAIMPMT 746003411 440000228849	-	548.88	-	-	-	-	-	548.88
			-	-	-	-	-	-
	8,937.26	48,714.85	-	-	-	-	-	48,714.85

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type



DDA

Data reported as of Sep 19, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.99	\$431.99	\$431.99	\$431.9
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$147,288.58	\$149,003.76	\$147,288.58	\$137,579.7
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$105,908.47	\$117,898.23	\$105,908.47	\$91,958.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$119,988.35	\$135,578.35	\$119,988.35	\$105,211.4
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$29,226.40	\$44,591.90	\$29,226.40	\$29,226.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$140,984.59	\$146,514.59	\$140,984.59	\$124,896.1
<u>*2998</u> MMC -MONEY MARKET FUND	\$295,703.93	\$295,703.93	\$295,703.93	\$295,703.9
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<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$40,845.92	\$42,453.40	\$40,845.92	\$40,845.9
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$35,178.88	\$35,178.88	\$35,178.88	\$46,935.2
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$48,814.85	\$50,256.08	\$48,814.85	\$28,043.9

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 9/19/2022

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		74,967.12	74,813.53	152,245.74			152,399.33	152,245.74
						Bank Balance	152,399.33	
						Variance		
						Leave in Balance	100.00	
						July Interest	30.43	
						August Interest	23.16	
						September Interest		
						Adjust Balance/Transfer Amt	152,245.74	
						Approved:		
						WILLIAM LITTLE, CFO		9/19/2022

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

SEP 19 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

MMC PORTION

	Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&Lapse	QJPP TI	NH PORTION
9/12/2022 Deposit	-	13,504.07					-	13,504.07
9/13/2022 Deposit	-	86,726.18					-	86,726.18
9/13/2022 Deposit	-	3,439.46					-	3,439.46
9/13/2022 Deposit	-	26,482.84					-	26,482.84
9/13/2022 Deposit	-	10,184.81					-	10,184.81
9/14/2022 NOVITAS SOLUTION HCCLAIMPMT 676481 420000163	-	381.44					-	381.44
9/14/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	1,331.12					-	1,331.12
9/15/2022 WIRE OUT PORT LAVACA NH, LLC	74,813.53	-					-	-
9/15/2022 NOVITAS SOLUTION HCCLAIMPMT 676481 420000167	-	10,195.82					-	10,195.82
	74,813.53	152,245.74						152,245.74

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Sep 19, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$5,187,088.61	\$5,344,929.60	\$5,187,088.61	\$5,474,601.7
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$12,352.40	\$12,352.40	\$12,352.40	\$12,352.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$85,950.61	\$85,950.61	\$85,950.61	\$116,565.2
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.61	\$536.61	\$536.61	\$536.6
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,971,477.70	\$4,070,170.03	\$3,971,477.70	\$4,291,915.3
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.99	\$431.99	\$431.99	\$431.9
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$147,288.58	\$149,003.76	\$147,288.58	\$137,579.7
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$105,908.47	\$117,898.23	\$105,908.47	\$91,958.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$119,988.35	\$135,578.35	\$119,988.35	\$105,211.4
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$29,226.40	\$44,591.90	\$29,226.40	\$29,226.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$140,984.59	\$146,514.59	\$140,984.59	\$124,896.1
<u>*2998</u> MMC -MONEY MARKET FUND	\$295,703.93	\$295,703.93	\$295,703.93	\$295,703.9
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$152,399.33	\$158,308.84	\$152,399.33	\$152,399.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$40,845.92	\$42,453.40	\$40,845.92	\$40,845.9
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$35,178.88	\$35,178.88	\$35,178.88	\$46,935.2
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$48,814.85	\$50,256.08	\$48,814.85	\$28,043.5