

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 19, 2022

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 385,666.73	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 125,241.05	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 683,342.96	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED October 19, 2022	\$ 1,194,250.74	✓

APPROVED

OCT 19 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 19, 2022

PAYABLES AND PAYROLL

10/13/2022 Weekly Payables	366,478.35
10/17/2022 Citibank Credit Card-see attached	338.14
10/17/2022 Lowes-supplies	1,320.63
10/17/2022 McKesson-340B Prescription Expense	5,720.94
10/17/2022 Amerisource Bergen-340B Prescription Expense	2,422.49

Prosperity Electronic Bank Payments

10/11/2022 Credit Card & Lease Fees	5,147.43
10/19/2022 Department of Treasury Internal Revenue Service-IRS penalty	1,756.70
10/12/2022 Cleargage-Patient Financing Service	68.20
10/11-10/14/22 Pay Plus-Patient Claims Processing Fee	123.84
10/14/2022 ExpertPay- child support	2,290.01

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 385,666.73**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

10/13/2022 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error	760.00
10/13/2022 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	13,772.86
10/13/2022 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	21,383.02
10/13/2022 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	22,401.85
10/13/2022 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	55,863.32

TRANSFER OF FUNDS BETWEEN NURSING HOMES/MMC

10/17/2022 Crescent to Tuscany-correction of Tuscany insurance payment deposited into Crescent in error	11,060.00
---	-----------

TOTAL TRANSFERS BETWEEN FUNDS **\$ 125,241.05**

NURSING HOME UPL EXPENSES

10/17/2022 Nursing Home UPL-Cantex Transfer	461,455.59
10/17/2022 Nursing Home UPL-Nexion Transfer	13,358.91
10/17/2022 Nursing Home UPL-HMG Transfer	36,289.85
10/17/2022 Nursing Home UPL-Tuscany Transfer	89,479.18
10/17/2022 Nursing Home UPL-HSL Transfer	82,225.80

NURSING HOME BANK FEES

10/17/2022 Ashford-Enhanced analysis fee	97.17
--	-------

Nursing Home Electronic Bank Payments

10/17/2022 Bethany-returned check	280.00
-----------------------------------	--------

QIPP CHECKS TO MMC

10/17/2022 Ashford	64.74
10/17/2022 Broadmoor	23.33
10/17/2022 Crescent	19.07
10/17/2022 Fort Bend	26.44
10/17/2022 Solera	22.88

TOTAL NURSING HOME UPL EXPENSES **\$ 683,342.96**

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

GRAND TOTAL DISBURSEMENTS APPROVED October 19, 2022 **\$ 1,194,250.74**

RECEIVED BY THE COUNTY AUDITOR ON
 OCT 13 2022 12:25
 CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
 AP Open Invoice List
 Due Dates Through: 11/03/2022

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
10995	ABILITY NETWORK (SHIFTHOUND) ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	22M0150052 ✓		10/13/20	10/06/20	11/01/20		647.28	0.00	0.00	647.28 ✓			
	SCHEDULING SERV												
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		10995	ABILITY NETWORK (SHIFTHOUND)				647.28	0.00	0.00	647.28			
10950	ACUTE CARE INC ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	INV959 ✓		10/13/20	10/20/20	10/22/20		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			
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓		M										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	9991823509 ✓		10/13/20	09/30/20	10/25/20		290.41	0.00	0.00	290.41 ✓			
	RENTAL												
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		A1680	AIRGAS USA, LLC - CENTRAL DIV				290.41	0.00	0.00	290.41			
A1746	ALPHA TEC SYSTEMS INC ✓		M										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	INV00108680 ✓		10/12/20	09/30/20	10/12/20		243.87	0.00	0.00	243.87 ✓			
	SUPPLIES												
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		A1746	ALPHA TEC SYSTEMS INC				243.87	0.00	0.00	243.87			
14028	AMAZON CAPITAL SERVICES ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	14XWHP164WP6 ✓		10/12/20	10/06/20	11/01/20		129.88	0.00	0.00	129.88 ✓			
	SUPPLIES												
	14YTPCMNXVLW ✓		10/13/20	09/30/20	10/30/20		358.00	0.00	0.00	358.00 ✓			
	SUPPLIES												
	14YNG1MQ71HYP ✓		10/13/20	10/06/20	11/01/20		254.30	0.00	0.00	254.30 ✓			
	SUPPLIES												
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		14028	AMAZON CAPITAL SERVICES				742.18	0.00	0.00	742.18			
A1360	AMERISOURCEBERGEN DRUG CORP ✓		W										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	3108419493 ✓		10/13/20	10/06/19	10/12/19		1,345.00	0.00	0.00	1,345.00 ✓			
	INVENTORY												
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		A1360	AMERISOURCEBERGEN DRUG CORP				1,345.00	0.00	0.00	1,345.00			
12800	AUTHORITYRX ✓												

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1532 ✓		10/13/20	10/03/20	10/04/20		17,667.00	0.00	0.00	17,667.00 ✓		
	340B										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12800	AUTHORITYRX	17,667.00	0.00	0.00	17,667.00
Vendor#	Vendor Name				Class	Pay Code					
B1150	BAXTER HEALTHCARE ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
76650022 ✓		10/12/20	09/30/20	10/25/20		507.47	0.00	0.00	507.47 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1150	BAXTER HEALTHCARE	507.47	0.00	0.00	507.47
Vendor#	Vendor Name				Class	Pay Code					
12740	BUILDING KID STEPS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
SEPT2022		10/13/20	10/01/20	10/16/20		963.00	0.00	0.00	963.00 ✓		
	SPEECH THERAPY										
SEPT2022A		10/13/20	10/01/20	10/16/20		1,013.00	0.00	0.00	1,013.00 ✓		
	SPEECH THERAPY										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12740	BUILDING KID STEPS	1,976.00	0.00	0.00	1,976.00
Vendor#	Vendor Name				Class	Pay Code					
14120	CALHOUN COUNTY EMS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
22090009 ✓		10/13/20	10/03/20	11/01/20		7,920.00	0.00	0.00	7,920.00 ✓		
	EMS										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14120	CALHOUN COUNTY EMS	7,920.00	0.00	0.00	7,920.00
Vendor#	Vendor Name				Class	Pay Code					
11295	CALHOUN COUNTY INDIGENT ACCOUN ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
100622		10/13/20	10/06/19	10/07/19		50.00	0.00	0.00	50.00 ✓		
	INDIGENT										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11295	CALHOUN COUNTY INDIGENT ACCOUN	50.00	0.00	0.00	50.00
Vendor#	Vendor Name				Class	Pay Code					
13992	CARIANT HEALTH PARTNERS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
127850 ✓		10/12/20	09/08/20	10/08/20		3,948.75	0.00	0.00	3,948.75 ✓		
	SHANNON FORBUS (8/31/21 - 9/14/21)										
129142 ✓		10/12/20	10/27/20	11/27/20		780.00	0.00	0.00	780.00 ✓		
	SHANNON FORBUS 10/11/21										
130008 ✓		10/12/20	11/24/20	12/24/20		780.00	0.00	0.00	780.00 ✓		
	SHANNON FORBUS 11/14/21										
130623 ✓		10/12/20	12/15/20	01/15/20		4,287.50	0.00	0.00	4,287.50 ✓		
	SHANNON FORBUS (12/7 - 12/11/21)										
128363 ✓		10/12/20	09/30/20	10/30/20		1,592.50	0.00	0.00	1,592.50 ✓		
	SHANNON FORBUS (9/19 - 9/20/21)										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13992	CARIANT HEALTH PARTNERS	11,388.75	0.00	0.00	11,388.75
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	
CZ99248 ✓		10/12/20	09/26/20	10/26/20		96.06	0.00	0.00	96.06 ✓	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C1992	CDW GOVERNMENT, INC.				96.06	0.00	0.00	96.06	
Vendor#	Vendor Name			Class	Pay Code					
C1600	CITIZENS MEDICAL CENTER ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
20222 ✓		10/13/20	09/15/20	10/15/20		62,279.80	0.00	0.00	62,279.80 ✓	
	ANESTHESIA PROF FEES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C1600	CITIZENS MEDICAL CENTER				62,279.80	0.00	0.00	62,279.80	
Vendor#	Vendor Name			Class	Pay Code					
13336	COCA COLA SOUTHWEST BEVERAGES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
24165201268 ✓		09/30/20	09/28/20	10/28/20		375.64	0.00	0.00	375.64 ✓	
	BEVERAGES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	13336	COCA COLA SOUTHWEST BEVERAGES				375.64	0.00	0.00	375.64	
Vendor#	Vendor Name			Class	Pay Code					
13572	COMMUNITY INFUSION SOLUTIONS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
20221020 ✓		10/13/20	10/04/20	10/14/20		18,062.39	0.00	0.00	18,062.39 ✓	
	INFUSION SERV									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	13572	COMMUNITY INFUSION SOLUTIONS				18,062.39	0.00	0.00	18,062.39	
Vendor#	Vendor Name			Class	Pay Code					
10368	DEWITT POTTH & SON ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
6961400 ✓		10/11/20	10/05/20	10/30/20		32.66	0.00	0.00	32.66 ✓	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10368	DEWITT POTTH & SON				32.66	0.00	0.00	32.66	
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	
IN20055486 ✓		10/13/20	10/01/20	10/26/20		19,166.67	0.00	0.00	19,166.67 ✓	
	CPR SEPT 22									
IN20055485 ✓		10/13/20	10/01/20	10/26/20		31,144.58	0.00	0.00	31,144.58 ✓	
	BEHAV HEALTH SEPT 22									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11011	DIAMOND HEALTHCARE CORP				50,311.25	0.00	0.00	50,311.25	
Vendor#	Vendor Name			Class	Pay Code					
11284	EMERGENCY STAFFING SOLUTIONS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
41605 ✓		10/13/20	10/15/20	10/25/20		40,062.50	0.00	0.00	40,062.50 ✓	
	PHYSICIAN SERVICES (1-15th)									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11284	EMERGENCY STAFFING SOLUTIONS				40,062.50	0.00	0.00	40,062.50	
Vendor#	Vendor Name			Class	Pay Code					

14136	EPI-EDWARD PLUMBING ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
65463 ✓		10/13/20	09/30/20	10/30/20		594.00	0.00	0.00	594.00 ✓		
	BACFLO TEST										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	14136	EPI-EDWARD PLUMBING				594.00	0.00	0.00	594.00		
Vendor#	Vendor Name					Class	Pay Code				
10042	ERBE USA INC SURGICAL SYSTEMS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
783275 ✓		10/12/20	10/03/20	10/12/20		139.50	0.00	0.00	139.50 ✓		
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10042	ERBE USA INC SURGICAL SYSTEMS				139.50	0.00	0.00	139.50		
Vendor#	Vendor Name					Class	Pay Code				
R1185	FARAH JANAK ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
100722		10/13/20	10/07/20	10/15/20		89.00	0.00	0.00	89.00 ✓		
	REIMBURSE <i>Advisory Meeting 10/6/22</i>										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	R1185	FARAH JANAK				89.00	0.00	0.00	89.00		
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		
10A22MMC ✓		10/13/20	10/01/20	10/16/20		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				
14336	FIRETRON, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
209117 ✓		09/30/20	09/30/20	10/30/20		500.00	0.00	0.00	500.00 ✓		
	FIRE ALARM INSP										
209116 ✓		09/30/20	09/30/20	10/30/20		1,750.00	0.00	0.00	1,750.00 ✓		
	QTRL INSPECTIONS										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	14336	FIRETRON, INC				2,250.00	0.00	0.00	2,250.00		
Vendor#	Vendor Name					Class	Pay Code				
F1400	FISHER HEALTHCARE ✓					M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
6868346 ✓		10/12/20	09/29/20	10/24/20		42.85	0.00	0.00	42.85 ✓		
	SUPPLIES										
6868347 ✓		10/12/20	09/29/20	10/24/20		684.02	0.00	0.00	684.02 ✓		
	SUPPLIES										
6908894 ✓		10/12/20	09/30/20	10/25/20		385.19	0.00	0.00	385.19 ✓		
	SUPPLIES										
6908892 ✓		10/12/20	09/30/20	10/25/20		23.30	0.00	0.00	23.30 ✓		
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	F1400	FISHER HEALTHCARE				1,135.36	0.00	0.00	1,135.36		
Vendor#	Vendor Name					Class	Pay Code				
11183	FRONTIER ✓										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
100222		10/13/20	10/02/20	10/26/20		1,194.32	0.00	0.00	1,194.32 ✓		
TELEPHONE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11183	FRONTIER	1,194.32	0.00	0.00	1,194.32
Vendor#	Vendor Name				Class	Pay Code					
12404	GE PRECISION HEALTHCARE, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
6002234402 ✓	CONTRACT	10/13/20	10/01/20	10/31/20		680.00	0.00	0.00	680.00 ✓		
6002234453 ✓	CONTRACT	10/13/20	10/01/20	10/31/20		2,422.50	0.00	0.00	2,422.50 ✓		
6002234472 ✓	CONTRACT	10/13/20	10/01/20	10/31/20		5,665.83	0.00	0.00	5,665.83 ✓		
6002234617 ✓	CONTRACT	10/13/20	10/01/20	10/31/20		868.16	0.00	0.00	868.16 ✓		
6002234452 ✓	CONTRACT	10/13/20	10/01/20	10/31/20		86.67	0.00	0.00	86.67 ✓		
6002234454 ✓	CONTRACT	10/13/20	10/01/20	10/31/20		61.67	0.00	0.00	61.67 ✓		
6002234451 ✓	CONTRACT	10/13/20	10/01/20	10/31/20		3,588.58	0.00	0.00	3,588.58 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12404	GE PRECISION HEALTHCARE, LLC	13,373.41	0.00	0.00	13,373.41
Vendor#	Vendor Name				Class	Pay Code					
10642	GLAXOSMITHKLINE PHARMACUETICAL ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
8268879200 ✓	CREDIT	10/13/20	06/23/20	10/01/20		-6,344.75	0.00	0.00	-6,344.75 ✓		
8253823696 ✓	INVENTORY	10/13/20	09/12/20	10/12/20		10,431.00	0.00	0.00	10,431.00 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10642	GLAXOSMITHKLINE PHARMACUETICAL	4,086.25	0.00	0.00	4,086.25
Vendor#	Vendor Name				Class	Pay Code					
W1300	GRAINGER ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
802308007 ✓	SUPPLIES	10/12/20	09/28/20	10/23/20		105.78	0.00	0.00	105.78 ✓		
9460698039 ✓	SUPPLIES	10/12/20	09/28/20	10/23/20		17.63	0.00	0.00	17.63 ✓		
9461300015 ✓	SUPPLIES	10/12/20	09/29/20	10/24/20		70.52	0.00	0.00	70.52 ✓		
9461300007 ✓	SUPPLIES	10/12/20	09/29/20	10/24/20		158.67	0.00	0.00	158.67 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						W1300	GRAINGER	352.60	0.00	0.00	352.60
Vendor#	Vendor Name				Class	Pay Code					
11984	GUERBET, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
18645106 ✓	SUPPLIES	10/12/20	10/03/20	10/12/20		350.00	0.00	0.00	350.00 ✓		

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11984	GUERBET, LLC		350.00	0.00	0.00	350.00	
Vendor#	Vendor Name			Class	Pay Code				
G1210	GULF COAST PAPER COMPANY ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
2297015 ✓		10/12/20	10/04/20	11/03/20		670.92	0.00	0.00	670.92 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		G1210	GULF COAST PAPER COMPANY		670.92	0.00	0.00	670.92	
Vendor#	Vendor Name			Class	Pay Code				
11552	HEALTHCARE FINANCIAL SERVICES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
100668410 ✓		10/13/20	09/27/20	11/01/20		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	
Vendor#	Vendor Name			Class	Pay Code				
10829	HEALTHSTREAM, INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
0301710 ✓		10/13/20	09/18/20	10/18/20		9.15	0.00	0.00	9.15 ✓
H STREAM									
0305585 ✓		10/13/20	10/12/20	11/01/20		9.15	0.00	0.00	9.15 ✓
H STREAM									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10829	HEALTHSTREAM, INC.		18.30	0.00	0.00	18.30	
Vendor#	Vendor Name			Class	Pay Code				
12868	HOLT CAT ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
WIEZ0035196 ✓		10/13/20	09/22/20	10/07/20		559.50	0.00	0.00	559.50 ✓
250 HOUR MAINT									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		12868	HOLT CAT		559.50	0.00	0.00	559.50	
Vendor#	Vendor Name			Class	Pay Code				
10442	INTERSTATE ALL BATTERY CENTER ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1901103021886 ✓		10/12/20	05/24/20	06/23/20		359.70	0.00	0.00	359.70 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10442	INTERSTATE ALL BATTERY CENTER		359.70	0.00	0.00	359.70	
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
202223009 ✓		10/13/20	10/07/20	10/21/20		9,000.00	0.00	0.00	9,000.00 ✓
REVENUE CYCLE MGT									
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				
11600	LEGAL SHIELD ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
101522		10/13/20	10/15/20	10/25/20		421.70	0.00	0.00	421.70 ✓
PAYROLL DEDUCT									

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		11600	LEGAL SHIELD				421.70	0.00	0.00	421.70
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
100622		10/13/20	10/06/20	10/15/20			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					
M1950	MARTIN PRINTING CO ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7885878894 ✓		10/13/20	09/27/20	10/27/20			150.00	0.00	0.00	150.00 ✓
	BUSINES CARDS									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		M1950	MARTIN PRINTING CO				150.00	0.00	0.00	150.00
Vendor#	Vendor Name			Class	Pay Code					
11141	MEDICAL DATA SYSTEMS, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
173656 ✓		10/12/20	08/31/20	09/25/20			88.28	0.00	0.00	88.28 ✓
	EBO PHYSICIANS									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		11141	MEDICAL DATA SYSTEMS, INC.				88.28	0.00	0.00	88.28
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
30598151 ✓		09/30/20	09/30/20	10/30/20			4.55	0.00	0.00	4.55 ✓
	INDIGENT									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10613	MEDIMPACT HEALTHCARE SYS, INC.				4.55	0.00	0.00	4.55
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
2230766990 ✓		10/12/20	09/28/20	10/23/20			200.42	0.00	0.00	200.42 ✓
	SUPPLIES									
2230766991 ✓		10/12/20	09/28/20	10/23/20			433.22	0.00	0.00	433.22 ✓
	SUPPLIES									
2230713141 ✓		10/12/20	09/28/20	10/23/20			112.72	0.00	0.00	112.72 ✓
	SUPPLIES									
2230713143 ✓		10/12/20	09/28/20	10/23/20			70.43	0.00	0.00	70.43 ✓
	SUPPLIES									
2230713142 ✓		10/12/20	09/28/20	10/23/20			65.54	0.00	0.00	65.54 ✓
	SUPPLIES									
2230766993 ✓		10/12/20	09/28/20	10/23/20			327.29	0.00	0.00	327.29 ✓
	SUPPLIES									
2230713137 ✓		10/12/20	09/28/20	10/23/20			51.22	0.00	0.00	51.22 ✓
	SUPPLIES									
2230766992 ✓		10/12/20	09/28/20	10/23/20			1,705.36	0.00	0.00	1,705.36 ✓
	SUPPLIES									
2230713136 ✓		10/12/20	09/28/20	10/23/20			272.14	0.00	0.00	272.14 ✓
	SUPPLIES									

2230713138	✓	10/12/20 09/28/20 10/23/20	25.61	0.00	0.00	25.61	✓		
		SUPPLIES							
2230713144	✓	10/12/20 09/28/20 10/23/20	178.94	0.00	0.00	178.94	✓		
		SUPPLIES							
2230713135	✓	10/12/20 09/28/20 10/23/20	6.68	0.00	0.00	6.68	✓		
		SUPPLIES							
2230766996	✓	10/12/20 09/28/20 10/23/20	7,877.60	0.00	0.00	7,877.60	✓		
		SUPPLIES							
2230930749	✓	10/12/20 09/29/20 10/24/20	56.31	0.00	0.00	56.31	✓		
		SUPPLIES							
2230899753	✓	10/12/20 09/29/20 10/24/20	13.90	0.00	0.00	13.90	✓		
		SUPPLIES							
2230930752	✓	10/12/20 09/29/20 10/24/20	5.60	0.00	0.00	5.60	✓		
		SUPPLIES							
2230930750	✓	10/12/20 09/29/20 10/24/20	7,636.86	0.00	0.00	7,636.86	✓		
		SUPPLIES							
2230930753	✓	10/12/20 09/29/20 10/24/20	11.27	0.00	0.00	11.27	✓		
		SUPPLIES							
2230930751	✓	10/12/20 09/29/20 10/24/20	22.27	0.00	0.00	22.27	✓		
		SUPPLIES							
2231222409	✓	10/12/20 09/30/20 10/25/20	292.91	0.00	0.00	292.91	✓		
		SUPPLIES							
2231336901	✓	10/12/20 10/01/20 10/26/20	728.99	0.00	0.00	728.99	✓		
		SUPPLIES							
2231895841	✓	10/12/20 10/05/20 10/30/20	2,756.94	0.00	0.00	2,756.94	✓		
		SUPPLIES							
2231895840	✓	10/12/20 10/05/20 10/30/20	420.57	0.00	0.00	420.57	✓		
		SUPPLIES							
2231895844	✓	10/12/20 10/05/20 10/30/20	116.47	0.00	0.00	116.47	✓		
		SUPPLIES							
2231895838	✓	10/12/20 10/05/20 10/30/20	56.16	0.00	0.00	56.16	✓		
		SUPPLIES							
2231895845	✓	10/12/20 10/05/20 10/30/20	280.21	0.00	0.00	280.21	✓		
		SUPPLIES							
2231895843	✓	10/12/20 10/05/20 10/30/20	67.41	0.00	0.00	67.41	✓		
		SUPPLIES							
2231895839	✓	10/12/20 10/05/20 10/30/20	276.48	0.00	0.00	276.48	✓		
		SUPPLIES							
Vendor Totals									
		Number Name	Gross	Discount	No-Pay	Net			
		M2470 MEDLINE INDUSTRIES INC	24,069.52	0.00	0.00	24,069.52			
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
100622		10/13/20	10/06/20	10/15/20		345.00	0.00	0.00	345.00 ✓
	PAYROLL DEDUCT								
Vendor Totals									
		Number Name	Gross	Discount	No-Pay	Net			
		10963 MEMORIAL MEDICAL CLINIC	345.00	0.00	0.00	345.00			
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
8698545	✓	10/13/20	09/27/20	10/07/20		609.91	0.00	0.00	609.91 ✓

8718036	✓ INVENTORY	10/13/20 10/02/20 10/12/20	1,457.78	0.00	0.00	1,457.78	✓
8715952	✓ INVENTORY	10/13/20 10/02/20 10/12/20	332.97	0.00	0.00	332.97	✓
6563	✓ INVENTORY	10/13/20 10/02/20 10/12/20	-687.01	0.00	0.00	-687.01	✓
8715953	✓ CREDIT	10/13/20 10/02/20 10/12/20	749.92	0.00	0.00	749.92	✓
8718035	✓ INVENTORY	10/13/20 10/02/20 10/12/20	272.99	0.00	0.00	272.99	✓
8715951	✓ INVENTORY	10/13/20 10/02/20 10/12/20	11.63	0.00	0.00	11.63	✓
8719510	✓ INVENTORY	10/13/20 10/03/20 10/13/20	74.69	0.00	0.00	74.69	✓
8722663	✓ INVENTORY	10/13/20 10/03/20 10/13/20	563.52	0.00	0.00	563.52	✓
8722664	✓ INVENTORY	10/13/20 10/03/20 10/13/20	0.19	0.00	0.00	0.19	✓
8722662	✓ INVENTORY	10/13/20 10/03/20 10/13/20	271.37	0.00	0.00	271.37	✓
8726698	✓ INVENTORY	10/13/20 10/04/20 10/14/20	622.17	0.00	0.00	622.17	✓
8726699	✓ INVENTORY	10/13/20 10/04/20 10/14/20	1,830.60	0.00	0.00	1,830.60	✓
CM71017	✓ INVENTORY	10/13/20 10/04/20 10/14/20	-41.41	0.00	0.00	-41.41	✓
8724500	✓ CREDIT	10/13/20 10/04/20 10/14/20	29.18	0.00	0.00	29.18	✓
8724501	✓ INVENTORY	10/13/20 10/04/20 10/14/20	506.63	0.00	0.00	506.63	✓
8731325	✓ INVENTORY	10/13/20 10/05/20 10/15/20	27.21	0.00	0.00	27.21	✓
8729129	✓ INVENTORY	10/13/20 10/05/20 10/15/20	391.03	0.00	0.00	391.03	✓
8729759	✓ INVENTORY	10/13/20 10/05/20 10/15/20	1,141.81	0.00	0.00	1,141.81	✓
8731326	✓ INVENTORY	10/13/20 10/05/20 10/15/20	575.15	0.00	0.00	575.15	✓
7394	✓ INVENTORY	10/13/20 10/05/20 10/15/20	-1,175.94	0.00	0.00	-1,175.94	✓
8732304	✓ CREDIT	10/13/20 10/05/20 10/15/20	79.79	0.00	0.00	79.79	✓
8736581	✓ INVENTORY	10/13/20 10/06/20 10/16/20	101.90	0.00	0.00	101.90	✓
8736580	✓ INVENTORY	10/13/20 10/06/20 10/16/20	833.93	0.00	0.00	833.93	✓
8734696	✓ INVENTORY	10/13/20 10/06/20 10/16/20	215.20	0.00	0.00	215.20	✓
8739065	✓ INVENTORY	10/13/20 10/07/20 10/17/20	943.34	0.00	0.00	943.34	✓
	INVENTORY						

8744153	✓		10/13/20	10/09/20	10/19/20		229.69	0.00	0.00	229.69	✓	
		INVENTORY										
8742015	✓		10/13/20	10/09/20	10/19/20		673.77	0.00	0.00	673.77	✓	
		INVENTORY										
8742013	✓		10/13/20	10/09/20	10/19/20		161.58	0.00	0.00	161.58	✓	
		INVENTORY										
8742016	✓		10/13/20	10/09/20	10/19/20		131.67	0.00	0.00	131.67	✓	
		INVENTORY										
8742012	✓		10/13/20	10/09/20	10/19/20		1,059.56	0.00	0.00	1,059.56	✓	
		INVENTORY										
8744152	✓		10/13/20	10/09/20	10/19/20		22.92	0.00	0.00	22.92	✓	
		INVENTORY										
8742014	✓		10/13/20	10/09/20	10/19/20		24.61	0.00	0.00	24.61	✓	
		INVENTORY										
8747882	✓		10/13/20	10/10/20	10/20/20		5,928.96	0.00	0.00	5,928.96	✓	
		INVENTORY										
8745637	✓		10/13/20	10/10/20	10/20/20		56.13	0.00	0.00	56.13	✓	
		INVENTORY										
8747833	✓		10/13/20	10/10/20	10/20/20		1,226.60	0.00	0.00	1,226.60	✓	
		INVENTORY										
CM72345	✓		10/13/20	10/10/20	10/20/20		-98.57	0.00	0.00	-98.57	✓	
		CREDIT										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10536	MORRIS & DICKSON CO, LLC	19,155.47	0.00	0.00	19,155.47
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		
7843	✓		10/13/20	10/06/20	10/16/20		346.36	0.00	0.00	346.36	✓	
TRANSCRIPTION SERV (9/17-9/30/22)												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							13548	NACOGDOCHES TRANSCRIPTION	346.36	0.00	0.00	346.36
Vendor#	Vendor Name		Class		Pay Code							
O1500	OLYMPUS AMERICA INC ✓				M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
33321703	✓		10/12/20	10/03/20	10/28/20		303.47	0.00	0.00	303.47	✓	
SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							O1500	OLYMPUS AMERICA INC	303.47	0.00	0.00	303.47
Vendor#	Vendor Name		Class		Pay Code							
11155	PARA ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
12110	✓		10/13/20	10/01/20	10/31/20		3,084.00	0.00	0.00	3,084.00	✓	
REVENUE INTEGRITY												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11155	PARA	3,084.00	0.00	0.00	3,084.00
Vendor#	Vendor Name		Class		Pay Code							
12544	PATRICK OCHOA ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
100122A	✓		10/13/20	10/01/20	10/31/20		520.00	0.00	0.00	520.00	✓	
LAWN MAINT												
100122B	✓		10/13/20	10/01/20	10/31/20		200.00	0.00	0.00	200.00	✓	

LAWN MAINT												
100122			10/13/20	10/01/20	10/31/20		380.00	0.00	0.00	380.00 ✓		
LAWN MAINT												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12544	PATRICK OCHOA	1,100.00	0.00	0.00	1,100.00
Vendor#	Vendor Name						Class	Pay Code				
11932	PRESS GANEY ASSOCIATES, INC. ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
IN000552650 ✓		09/30/20	09/30/20	10/30/20		2,624.74	0.00	0.00	2,624.74 ✓			
PROF 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				
13160	RAIN SEAL MASTER ROOFING ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
01615		10/11/20	09/06/20	10/30/20		21,430.00	0.00	0.00	21,430.00 ✓			
CONTRACT/LABOR - roof repair												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							13160	RAIN SEAL MASTER ROOFING	21,430.00	0.00	0.00	21,430.00
Vendor#	Vendor Name						Class	Pay Code				
11764	ROBERT RODRIQUEZ ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
101022		10/13/20	10/10/20	10/15/20		24.25	0.00	0.00	24.25 ✓			
REIMBURSE Sam's and HES Plus - dining												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11764	ROBERT RODRIQUEZ	24.25	0.00	0.00	24.25
Vendor#	Vendor Name						Class	Pay Code				
S1001	SANOFI PASTEUR INC ✓						W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
918973826 ✓		10/13/20	08/16/20	10/31/20		12,013.06	0.00	0.00	12,013.06 ✓			
INVENTORY												
919271376 ✓		10/13/20	09/14/20	10/31/20		606.72	0.00	0.00	606.72 ✓			
INVENTORY												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							S1001	SANOFI PASTEUR INC	12,619.78	0.00	0.00	12,619.78
Vendor#	Vendor Name						Class	Pay Code				
10845	STAPLES ADVANTAGE ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
3519215301 ✓		09/30/20	09/30/20	10/28/20		97.98	0.00	0.00	97.98 ✓			
SUPPLIES												
3519215302 ✓		09/30/20	09/30/20	10/28/20		52.23	0.00	0.00	52.23 ✓			
SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10845	STAPLES ADVANTAGE	150.21	0.00	0.00	150.21
Vendor#	Vendor Name						Class	Pay Code				
S3960	STERICYCLE, INC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
4011237131 ✓		10/13/20	10/01/20	10/31/20		2,662.55	0.00	0.00	2,662.55 ✓			
WASTE												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							S3960	STERICYCLE, INC	2,662.55	0.00	0.00	2,662.55

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		
758984 ✓	ET TRACKING	10/12/20	09/30/20	10/30/20		6,130.42	0.00	0.00	6,130.42 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						T2539	T-SYSTEM, INC	6,130.42	0.00	0.00	6,130.42
T1450	TEXAS ASSOCIATION OF COUNTIES ✓	W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
101122	3RD QTR UNEMPLOYMENT	10/12/20	10/11/20	10/31/20		4,559.43	0.00	0.00	4,559.43 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						T1450	TEXAS ASSOCIATION OF COUNTIES	4,559.43	0.00	0.00	4,559.43
13616	TRIOSE, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
TRI130404 ✓	FREIGHT	10/13/20	08/11/20	08/26/20		676.27	0.00	0.00	676.27 ✓		
TRI132963 ✓	FREIGHT	10/13/20	09/22/20	10/07/20		409.60	0.00	0.00	409.60 ✓		
TRI33597 ✓	FREIGHT	10/13/20	09/29/20	10/14/20		36.00	0.00	0.00	36.00 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13616	TRIOSE, INC	1,121.87	0.00	0.00	1,121.87
11067	TRIZETTO PROVIDER SOLUTIONS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
35FK102200 ✓	STATEMENTS	10/12/20	10/01/20	10/26/20		1,175.80	0.00	0.00	1,175.80 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11067	TRIZETTO PROVIDER SOLUTIONS	1,175.80	0.00	0.00	1,175.80
U1064	UNIFIRST HOLDINGS INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
8400405367 ✓	LAUNDRY	10/13/20	10/03/20	10/28/20		48.15	0.00	0.00	48.15 ✓		
8400405368 ✓	LAUNDRY	10/13/20	10/03/20	10/28/20		40.62	0.00	0.00	40.62 ✓		
8400405388 ✓	LAUNDRY	10/13/20	10/03/20	10/28/20		2,073.86	0.00	0.00	2,073.86 ✓		
8400405715 ✓	LAUNDRY	10/13/20	10/06/20	10/31/20		75.08	0.00	0.00	75.08 ✓		
8400405694 ✓	LAUNDRY	10/13/20	10/06/20	10/31/20		201.59	0.00	0.00	201.59 ✓		
8400405697 ✓	LAUNDRY	10/13/20	10/06/20	10/31/20		208.13	0.00	0.00	208.13 ✓		
8400405696 ✓	LAUNDRY	10/13/20	10/06/20	10/31/20		197.81	0.00	0.00	197.81 ✓		
8400405735 ✓	LAUNDRY	10/13/20	10/06/20	10/31/20		105.82	0.00	0.00	105.82 ✓		

8400405721	✓	10/13/20	10/06/20	10/31/20		1,357.70	0.00	0.00	1,357.70	✓	
		LAUNDRY									
8400405693	✓	10/13/20	10/06/20	10/31/20		50.77	0.00	0.00	50.77	✓	
		LAUNDRY									
8400405695	✓	10/13/20	10/06/20	10/31/20		180.99	0.00	0.00	180.99	✓	
		LAUNDRY									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						U1064	UNIFIRST HOLDINGS INC	4,540.52	0.00	0.00	4,540.52
Vendor#	Vendor Name				Class	Pay Code					
U1200	UNITED AD LABEL CO INC ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
513476046	✓	10/12/20	09/28/20	10/23/20		334.17	0.00	0.00	334.17	✓	
		SUPPLIES									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						U1200	UNITED AD LABEL CO INC	334.17	0.00	0.00	334.17
Vendor#	Vendor Name				Class	Pay Code					
12400	UPDOX LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV00367891	✓	10/13/20	09/30/20	09/30/20		1,315.61	0.00	0.00	1,315.61	✓	
		FAX									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12400	UPDOX LLC	1,315.61	0.00	0.00	1,315.61
Vendor#	Vendor Name				Class	Pay Code					
V1471	VICTORIA RADIOWORKS, LTD ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
22090220	✓	10/13/20	09/30/20	10/15/20		160.00	0.00	0.00	160.00	✓	
		ADVERTISING									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						V1471	VICTORIA RADIOWORKS, LTD	160.00	0.00	0.00	160.00
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		
100622		10/13/20	10/06/20	10/15/20		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
Report Summary											
Grand Totals:		Gross		Discount		No-Pay		Net			
		366,478.35		0.00		0.00		366,478.35			

APPROVED ON

OCT 13 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 1916807-1916875

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 06 2022

CALHOUN CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ROSHANDA S THOMAS



Account Inquiries:

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

Account Number: XXXX-XXXX-XXX

Summary of Account Activity

Total Activity \$338.14

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

Not an invoice. For your records only.

Credit Limit	\$15,000
Cash Advance Limit	\$0
Statement Closing Date	10/03/2022
Days in Billing Period	30

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
09/05	09/02	5734	8271116224600007102189	1 SP SWEEPSCRUB.COM NORTH LITTLE AR 72117 USA	✓ 54.40 CR ✓
09/05	09/04	5300	05416012247141006866955	2 SAMSLUB #6471 VICTORIA TX 77904 USA	✓ 100.00 CR ✓
09/07	09/06	5734	82711162249000014321183	3 SP SWEEPSCRUB.COM NORTH LITTLE AR 72117 USA	✓ 50.25 ✓
09/08	09/07	8299	55432862250202418637926	4 WPY*South Texas Chapte 855-999-3729 TX 78750 USA	✓ 200.00 ✓
09/12	09/09	9399	05134372253600033206493	5 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 22.50 ✓
				N86953888	
09/12	09/09	9399	05134372253600033206568	6 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 2.50 ✓
				N86954053	
09/12	09/09	9399	05134372253600033206642	7 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 2.50 ✓
				N86954221	
09/12	09/09	9399	05134372253600033206725	8 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 2.50 ✓
				N86953004	
09/12	09/09	9399	05134372253600033206808	9 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 5.00 ✓
				N86966245	
09/12	09/09	9399	05134372253600033206980	10 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 2.50 ✓
				N86966861	
09/16	09/16	5311	15270212258003520848727	11 eBay O*11-09104-94113 San Jose CA 95131 USA	✓ 48.66 ✓
				11-09104-94113	
09/27	09/26	9399	55488722270091271002244	12 TXDPS CRIME RECS 5124242936 TX 78752 USA	✓ 153.63 ✓
10/03	09/30	9399	05134372274600037020101	13 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 2.50 ✓
				N87529108	
***** TOTAL AMOUNT OF MEMO ITEM(S): \$338.14					

APPROVED ON

OCT 17 2022

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Account Number XXXX-XXXX-XXX
Statement Closing Date October 03, 2022

Not an invoice.
For your records only.

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

00007905040

Information About Your Citi® Corporate Card Account

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day, 24 hours a day. Call the Customer Service telephone number specified on the front of the statement to report a lost or stolen Citi Corporate Card.
- **Cardholder Credit Line:** Each Cardholder has an individual Credit Line (a portion of which may be used for Cash Advances), which is the maximum amount that the Cardholder can charge at any time. The size of each Cardholder's Credit Line (and Cash Limit, if any), is determined by the Company and is a portion of the total Company Credit Line.
- **To Increase or Reallocate a Company or Cardholder Credit Line:** The Company may request changes to credit lines by contacting Citi Corporate Card Customer Services. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement.
- **Additional Cardholders:** The Company may request applications for additional Cardholders by contacting Citi Corporate Card Service. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement. Limit one Citi Corporate Card per Cardholder.
- **CitiManager® Online Tool:** You can easily manage your Citi Corporate Card online using the CitiManager online tool. CitiManager enables you to manage business expenses from anywhere around the globe from your computer or mobile device; you can view statements online as well as confirm account balances. To register for CitiManager, please log on to www.citimanager.com/login 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/tool.
- You may also dispute a transaction by writing to Citi. You may write to us on a separate sheet at the address specified on the front of this statement as soon as possible. Please notify us no later than 60 days after the date of the bill on which the error or problem first appeared. In the letter please give us the following information:
 - Your name and account number. For centrally billed Company Accounts, the Company name and individual account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain the reason for the error; if more information is needed about an item, please describe it to us.
 - **Merchant Disputes.** If the Company or Cardholder was unsuccessful in attempting to resolve a problem with a merchant concerning the quality of goods or services purchased with the Citi Corporate Card, we may be able to help if we are notified in writing within 60 days of the date of the charge. You will be responsible if we are not able to resolve the dispute or if the Bank finds you responsible for the disputed charge.
- In the letter to us, please explain in detail the dispute and the results of the attempt to resolve it with the merchant. The letter must include the amount involved, and must be signed by the individual Cardholder. We will notify you of the results of our efforts.
- If you returned merchandise and received a credit slip which has not yet been posted, please allow 30 days from the date it was issued. If it has not been posted to the Account by then, forward a copy of the credit slip to us at the billing dispute address specified on the front of the statement. Along with the copy of the credit slip please include a letter (signed by the individual Cardholder) stating that credit was not received. If a credit slip was not issued, please request one from the merchant. If the merchant refuses, please write to us and explain the details.
- On non-disputed matters or any matter shown by the Bank not to be in error, the Bank may charge the Company or Cardholder the fee specified in the Corporate Card Agreement for each copy of any document the Company or Cardholder requests, such as duplicate periodic statements, transaction slips, and the like.
- Please save your charge receipts.

MEMORIAL MEDICAL CENTER PURCHASE ORDER



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

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

Vendor Name: Citibank

Date: 10/5/2022

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To		Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		SP Sweepscrubs - credit			(54.40)
2	—		Sams Club - credit			(100.00)
3	—		SP Sweet scrub - parts for			50.25
4			flooring equipment			
5	—		WPy South Texas Chapter			200.00
6			Conference Registration for			
7			Farah Janak (11/3-11/4/2022)			
8	—		NPDB - Credentialing - 9			22.50
9			Renewals			
10	—		NPDB - Credentialing - 1 enroll			2.50

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

NOTES: Charges made to Roshanda's Inc

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Thomas 10/5/22</u>

MEMORIAL MEDICAL CENTER PURCHASE ORDER

②

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

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

Vendor Name: Citicbank

Date: 10/5/2022

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To	Form # 9401	
Lin No	Number		Description	Unit Cost	Unit Meas.	Extended Cost
1	54.40 -		NPDB Credentialing - 1 enroll			2.50
2	100.00 -		"			2.50
3	50.25 +		NPDB Credentialing - 2 enroll			5.00
4	200.00 +		NPDB Credentialing - 1 enroll			2.50
5	22.50 +		eBay - part for mixer			48.66
6	2.50 +		Dietary Svs - <small>Roshanda paid 3.71 sales tax</small>			
7	48.66 +		Tx DPS Crime Recs - ordered			153.63
8	153.63 +		credits for Criminal Hx -			
9	2.50 +		HR + Credentialing (x 50)			
10	54.40 +		NPDB Credentialing - 1 enroll			2.50

Est. Freight Swamp scrub Est. Total Cost _____ TOTAL COST 54.40
~~Sam's club credit on unauthorized Sam's membership~~ 100.00

NOTES: Charges made to Roshanda's MC \$ 338.14

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Thomas 10/5/22</u>

Wire Transfer

- COUNTY OF CALHOUN TEXAS



Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 338.14
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 10/20/2022

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

Name CBNA INCOMING SETTLEMENT
ACCOUNT Beneficiary ID Type Account Number
Beneficiary ID
Address 1 P O BOX 78025
Address 2
Address 3 PHOENIX, AZ 85062-8025
Beneficiary Country US
Contact Name
Phone Number

Beneficiary Bank Information

Name CITIBANK NA
Beneficiary Bank ID Type Fed ABA
Beneficiary Bank ID
Address 1 P O BOX 78025
Address 2
Address 3 PHOENIX, AZ 85062-8025
Intl Routing Number
Beneficiary Bank Country US

Additional Reference Information

Purpose Of Payment CARD PMT

Additional Information For Beneficiary

Status History

Timestamp	Status	Initiator	Description
Oct 20, 2022 11:43:27 AM CDT	Created		Wire Created.

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 17 2022

10/17/2022
CALHOUN COUNTY, TEXAS
13:18

MEMORIAL MEDICAL CENTER

0
ap_open_invoice.template

AP Open Invoice List

Dates Through:

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
100222		10/17/20	10/02/20	10/28/20		1,320.63	0.00	0.00	1,320.63

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
L1640		LOWE'S BUSINESS ACCT/SYNCB	1,320.63	0.00	0.00	1,320.63

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,320.63	0.00	0.00	1,320.63

APPROVED ON

OCT 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 196 844

MCKESSON

STATEMENT

As of: 10/14/2022

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: 10/15/2022

As of: 10/14/2022 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 10/15/2022 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: 5,837.71 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 10/18/2022,
Pay This Amount:

5,720.94 USD

If Paid After 10/18/2022,
Pay this Amount:

5,837.71 USD

Due If Paid On Time: USD 5,720.94 ✓

Disc lost if paid late: 116.77

Due If Paid Late: USD 5,837.71

4,895.73 +
245.20 +
580.01 +
5,720.94 *

CK # ~~0003712~~
500344

APPROVED ON

OCT 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 10/14/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 10/14/2022 Page: 001
Mail to: 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: 10/15/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/15/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 256342 WALMART 1098/MEM MED PHS										
10/10/2022	10/18/2022	7371038945	49134672	115Invoice	4.40	219.96		215.56	✓	7371038945
10/10/2022	10/18/2022	7371038946	49134672	115Invoice	0.01	0.63		0.62	✓	7371038946
10/10/2022	10/18/2022	7371038947	49209123	115Invoice	2.20	110.16		107.96	✓	7371038947
10/10/2022	10/18/2022	7371038948	49306650	115Invoice	12.05	602.61		590.56	✓	7371038948
10/10/2022	10/18/2022	7371217555	49104848	195Invoice	0.02	1.20		1.18	✓	7371217555
10/10/2022	10/18/2022	7371217556	49180662	195Invoice	23.69	1,184.72		1,161.03	✓	7371217556
10/10/2022	10/18/2022	7371217557	49108437	115Invoice	7.90	394.91		387.01	✓	7371217557
10/11/2022	10/18/2022	7371348759	49408673	115Invoice	32.47	1,623.62		1,591.15	✓	7371348759
10/11/2022	10/18/2022	7371513963	49351903	115Invoice	0.03	1.27		1.24	✓	7371513963
10/12/2022	10/18/2022	7371604700	49577445	115Invoice		0.12		0.12	✓	7371604700
10/12/2022	10/18/2022	7371764271	49502159	195Invoice	0.01	0.32		0.31	✓	7371764271
10/13/2022	10/18/2022	7371869287	49630392	115Invoice	5.33	266.27		260.94	✓	7371869287
10/13/2022	10/18/2022	7372031688	49637017	195Invoice	0.04	1.90		1.86	✓	7372031688
10/13/2022	10/18/2022	7372031689	49641849	115Invoice	0.01	0.32		0.31	✓	7372031689
10/14/2022	10/18/2022	7372132475	49749225	115Invoice		0.16		0.16	✓	7372132475
10/14/2022	10/18/2022	7372132476	49749225	115Invoice	8.08	403.81		395.73	✓	7372132476
10/14/2022	10/18/2022	7372132477	49818345	115Invoice	3.67	183.35		179.68	✓	7372132477
10/14/2022	10/18/2022	7372308094	49755874	195Invoice	0.01	0.32		0.31	✓	7372308094

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: 4,995.65 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10/10/2022 4,471.99

If Paid By 10/18/2022,
Pay This Amount:

4,895.73 USD

If Paid After 10/18/2022,
Pay this Amount:

4,995.65 USD

Due If Paid On Time:

USD 4,895.73 ✓

Disc lost if paid late:

99.92

Due If Paid Late:

USD 4,995.65

APPROVED ON

OCT 17 2022

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

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

STATEMENT

As of: 10/14/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 10/14/2022
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 464450
Date: 10/15/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450
Date: 10/15/2022

**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											
10/10/2022	10/18/2022	7371015487	B2210-055-103509	115Invoice	1.34	66.78		65.44 ✓		7371015487	
10/11/2022	10/18/2022	7371351970	B2210-055-103632	115Invoice	1.28	64.10		62.82 ✓		7371351970	
10/12/2022	10/18/2022	7371577690	B2210-055-103747	115Invoice	1.10	55.06		53.96 ✓		7371577690	
10/12/2022	10/18/2022	7371581903	B2210-055-103749	115Invoice	1.29	64.27		62.98 ✓		7371581903	

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: 250.21 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10/10/2022 4,471.99

If Paid By 10/18/2022,
Pay This Amount:

245.20 USD

If Paid After 10/18/2022,
Pay this Amount:

250.21 USD

Due If Paid On Time:

USD 245.20 ✓

Disc lost if paid late:

5.01

Due If Paid Late:

USD 250.21

APPROVED ON

OCT 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 10/14/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 10/14/2022

Page: 001

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

Mail to:

Comp: 8000

Customer: 835438

Date: 10/15/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 10/15/2022 **ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438	CVS PHCY 7475/MEM MC PHS											
10/12/2022	10/18/2022	7371779664		1923091	115Invoice	11.84	591.85		580.01 ✓		7371779664	

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: 591.85 USD

Future Due: 0.00

If Paid By 10/18/2022,
Pay This Amount:

580.01 USD

Due If Paid On Time:

USD 580.01 ✓

Past Due: 0.00

Disc lost if paid late: 11.84

Last Payment 10/10/2022 4,471.99

If Paid After 10/18/2022,
Pay this Amount:

591.85 USD

Due If Paid Late:

USD 591.85

APPROVED ON

OCT 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Served By:
 AMERISOURCEBERGEN DRUG CORP
 12727 W. AIRPORT BLVD.
 SUGAR LAND TX 77478-6101

 DEA: RA0289276
 866-451-9655

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

Remit To:
 AMERISOURCEBERGEN
 PO Box 905223
 CHARLOTTE NC 28290-5223

Customer Number	
100135284 / 037028186	
Terms	
Sat - Fri Due in 7 days	
Summary	
Not Yet Due:	0.00
Current:	2,422.49
Past Due:	0.00
Total Due:	2,422.49
Account Balance:	2,422.49

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-10-2022	10-21-2022	3108684964	167887	Invoice	17.15		0.00	17.15
10-10-2022	10-21-2022	3108718943	167933	Invoice	1,446.32		0.00	1,446.32
10-11-2022	10-21-2022	3108854144	167942	Invoice	770.57		0.00	770.57
10-11-2022	10-21-2022	3108854145	167943	Invoice	98.58		0.00	98.58
10-14-2022	10-21-2022	3109282285	167970	Invoice	89.87		0.00	89.87

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,422.49	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
10-14-2022	(308.36)

Reminders	
Due Date	Amount
10-21-2022	2,422.49
Total Due:	2,422.49

APPROVED ON
OCT 17 2022

CK # 7003227
500345

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- October 10, 2022 - October 16, 2022**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>
10/11/2022	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	129.00
10/11/2022	PAY PLUS ACHTRANS 452579291 101000694079205	- 3rd Party Payor Fee	60.54
10/11/2022	MCKESSON DRUG AUTO ACH ACH05211941 910000106	- 340B Drug Program Expense	4,471.99*
10/11/2022	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee	378.34
10/11/2022	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110	- Credit Card Processing Fee	62.30
10/11/2022	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	2,572.82
10/11/2022	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110	- Credit Card Processing Fee	467.19
10/11/2022	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	434.90
10/11/2022	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	186.92
10/11/2022	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	915.96
10/12/2022	CLEARGAGE LLC CLEARGAGE, 87NAHK67EJ963WQ 242	- Patient Financing Service	68.20
10/13/2022	PAY PLUS ACHTRANS 452579291 101000696431590	- 3rd Party Payor Fee	38.36
10/14/2022	PAY PLUS ACHTRANS 452579291 101000697522106	- 3rd Party Payor Fee	24.94
10/14/2022	EXPERTPAY EXPERTPAY 746003411 91000016948062	-Child Support Payment	2,290.01
10/14/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	308.36*
10/14/2022	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	363,369.54*
			375,779.37

Pay Plus

60.54
38.36
24.94
129.00

CC Fees

129.00
378.34
62.30
2,572.82
467.19
434.90
186.92
915.96
5,147.43

Cleargase

68.20

Expert Pay

2,290.01

WILLIAM LITTLE, CFO
Memorial Medical Center



October 17, 2022

* Approved 10-17-22 CL

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
10/19/2022	IRS PENALTY		1,756.70
			1,756.70

129.00
5,147.43
68.20
2,290.01
7,629.46

WILLIAM LITTLE, CFO
Memorial Medical Center



October 17, 2022

APPROVED ON

OCT 17 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

375,779.37
4,471.99
308.36
363,369.54
7,629.46
7,629.46
7,629.46

TAXPAYER NAME: MEMORIAL MEDICAL CENTER

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:

Payment Information	Entered Data
Taxpayer EIN	
Tax Form	941 Employers Federal Tax
Tax Type	Payment Due On An Amended Or Adjusted Return
Tax Period	Q4/2021
Payment Amount	\$1,756.70
Settlement Date	10/19/2022
Account Number	
Account Type	CHECKING
Routing Number	
Bank Name	


11057



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0039

Notice	CP220
Tax period	December 31, 2021
Notice date	October 10, 2022
Employer ID number	
To contact us	Phone 800-829-0115

Page 1 of 4

111053.264171.513969.19534 1 AB 0.491 697

 MEMORIAL MEDICAL CENTER
 % COUNTY TREASURER
 202 S ANN ST SUITE A
 PORT LAVACA TX 77979-4204



111053

Changes to your December 31, 2021 Form 941

Amount due: \$1,756.70

709000910

We made changes to your December 31, 2021 Form 941.

As a result, your amount due is \$1,756.70.

Billing Summary

Amount due on account before adjustment	\$0.00
Penalty increase - Failure to make a proper federal tax deposit	1,756.70
Amount due by October 31, 2022	\$1,756.70

cc

Continued on back...



MEMORIAL MEDICAL CENTER
% COUNTY TREASURER
202 S ANN ST SUITE A
PORT LAVACA TX 77979-4204

Notice	CP220
Notice date	October 10, 2022
Employer ID number	

Payment

- Make your check or money order payable to the United States Treasury.
- Write your Employer ID number (74-6003411), the tax period (December 31, 2021), and the form number (941) on your payment and any correspondence.

INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0039

**Amount due by
October 31, 2022**

\$1,756.70



746003411 WI MEMO 01 2 202112 670 00000175670

Notice	CP220
Tax period	December 31, 2021
Notice date	October 10, 2022
Employer ID number	

Page 2 of 4

What you need to do immediately

Review this notice, and compare our changes to the information on your tax return.

If you agree with the changes we made

- Pay the amount due of \$1,756.70 by October 31, 2022 to avoid additional penalty and interest charges.
- If you're enrolled in the Electronic Federal Tax Payment System (EFTPS), you may use that method of payment instead of paying by check or money order.
- If you can't pay the amount due, pay as much as you can now and call us at 800-829-0115 to discuss your options for paying the remaining balance.

If you don't agree with the changes

- Call 800-829-0115 to review your account.
- If we don't hear from you, we'll assume you agree with the information in this notice.

If we don't hear from you

If you don't pay \$1,756.70 by October 31, 2022, interest will increase, and additional penalties may apply.



Notice	CP220
Tax period	December 31, 2021
Notice date	October 10, 2022
Employer ID number	

Page 3 of 4

Penalties

We are required by law to charge any applicable penalties.
The amount of penalty and interest shown is based on this adjustment.



Failure to make a proper federal tax deposit

111053

Description	Amount
Total failure to make a proper federal tax deposit	\$1,756.70

We charged a penalty because you did not make a proper tax deposit based on your record of federal tax liability. Common reasons why we charge this penalty are:

- You did not deposit your tax on time
- You did not deposit enough tax
- You paid your tax directly to the IRS
- You did not deposit your tax electronically, as required by law

For information about depositing taxes, see the Employer's Tax Guide (Publication 15) or the Agricultural Employer's Tax Guide (Publication 51). (Internal Revenue Code section 6656)

For a detailed calculation of your penalty charges, call 800-829-0115.

Designation of deposit

The law allows you to tell the IRS where to apply your deposits within the tax return period with a deposit penalty. You have 90 days from the date of the correspondence you received showing the deposit penalty to contact the IRS if you want to specify where to apply your deposits.

The law also allows the IRS to remove the deposit penalty if: (1) the penalty applies to the first required deposit after a required change to your frequency of deposits, and (2) you file your employment tax returns by the due date.

Removal or reduction of penalties

We understand that circumstances—such as a serious illness or injury, a family member's death, or loss of financial records due to natural disaster—may make it difficult for you to meet your taxpayer responsibility in a timely manner.

We can generally process your request for penalty removal or reduction quicker if you contact us at the number listed above with the following information:

- Identify which penalty charges you would like us to reconsider (e.g., 2016 late filing penalty).
- For each penalty charge, explain why you believe it should be reconsidered.

If you write us, include a signed statement and supporting documentation for penalty abatement request.

We'll review your request and let you know whether we accept your explanation as reasonable cause to reduce or remove the penalty charge(s).

Notice	CP220
Tax period	December 31, 2021
Notice date	October 10, 2022
Employer ID number	

Page 4 of 4

Penalties—continued

Removal of penalties due to erroneous written advice from the IRS

If you were penalized based on written advice from the IRS, we will remove the penalty if you meet the following criteria:

- You wrote us asking for written advice on a specific issue
- You gave us adequate and accurate information
- You received written advice from us
- You reasonably relied on our written advice and were penalized based on that advice

To request removal of penalties based on erroneous written advice from us, submit a completed Claim for Refund and Request for Abatement (Form 843) to the address shown above. For a copy of the form, go to www.irs.gov or call 800-TAX-FORM (800-829-3676).

Additional information

- Visit www.irs.gov/cp220.
- Find tax forms or publications by visiting www.irs.gov/forms or calling 800-TAX-FORM (800-829-3676).
- You can contact us by mail at the address at the top of the first page of this notice. Be sure to include your employer ID number and the tax period and form number you are writing about.
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 13 2022

10/13/2022

12:24

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
100622		10/11/20	10/06/20	11/06/20		760.00	0.00	0.00	760.00 ✓

TRANSFER *NH insurance pymt deposited into mme open*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	760.00	0.00	0.00	760.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	760.00	0.00	0.00	760.00

APPROVED ON

OCT 13 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#196879

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 13 2022

10/13/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100322		10/11/20	10/03/20	11/05/20		583.50	0.00	0.00	583.50 ✓
100622	TRANSFER	10/11/20	10/06/20	11/06/20		2,567.53	0.00	0.00	2,567.53 ✓
	TRANSFER	"	"	"				"	
100622A		10/11/20	10/06/20	11/06/20		10,621.83	0.00	0.00	10,621.83 ✓
	TRANSFER	"	"	"				"	

NH insurance pymt deposited into MHC open

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	13,772.86	0.00	0.00	13,772.86

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	13,772.86	0.00	0.00	13,772.86

APPROVED ON

OCT 13 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#196877

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 13 2022

12:23

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
100322		10/11/20	10/03/20	11/04/20		2,886.45	0.00	0.00	2,886.45 ✓
100422	TRANSFER	10/11/20	10/04/20	11/04/20		10,174.15	0.00	0.00	10,174.15 ✓
	TRANSFER	"	"	"				"	
100522A		10/11/20	10/05/20	11/05/20		316.26	0.00	0.00	316.26 ✓
	TRANSFER	"	"	"				"	
100522		10/11/20	10/05/20	11/05/20		2,794.26	0.00	0.00	2,794.26 ✓
	TRANSFER	"	"	"				"	
100622		10/11/20	10/06/20	11/06/20		754.60	0.00	0.00	754.60 ✓
	TRANSFER	"	"	"				"	
100722A		10/11/20	10/07/20	11/07/20		377.30	0.00	0.00	377.30 ✓
	TRANSFER	"	"	"				"	
100722		10/11/20	10/07/20	11/07/20		4,080.00	0.00	0.00	4,080.00 ✓
	TRANSFER	"	"	"				"	

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	21,383.02	0.00	0.00	21,383.02

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	21,383.02	0.00	0.00	21,383.02

APPROVED ON

OCT 13 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#196578

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 13 2022
12:24

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100322A		10/11/20	10/03/20	11/05/20		3,695.50	0.00	0.00	3,695.50 ✓
100322	TRANSFER	10/11/20	10/03/20	11/05/20		2,959.67	0.00	0.00	2,959.67 ✓
	TRANSFER								
100422		10/11/20	10/04/20	11/05/20		10,495.18	0.00	0.00	10,495.18 ✓
	TRANSFER								
100622		10/11/20	10/06/20	11/06/20		5,251.50	0.00	0.00	5,251.50
	TRANSFER								

NH insurance pymt deposited into mme open

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE		22,401.85	0.00	0.00	22,401.85

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	22,401.85	0.00	0.00	22,401.85

APPROVED ON

OCT 13 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 196880

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 13 2022

10/13/2022
CALHOUN COUNTY, TEXAS
12:28

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100322		10/11/20	10/03/20	11/05/20		6,380.08	0.00	0.00	6,380.08 ✓
100422	TRANSFER	10/11/20	10/04/20	11/04/20		14,987.91	0.00	0.00	14,987.91 ✓
	TRANSFER "						"		
100522		10/11/20	10/05/20	11/05/20		3,570.08	0.00	0.00	3,570.08 ✓
	TRANSFER "						"		
100522A		10/11/20	10/05/20	11/05/20		1,171.94	0.00	0.00	1,171.94 ✓
	TRANSFER "						"		
100622		10/11/20	10/06/20	11/06/20		15,319.57	0.00	0.00	15,319.57 ✓
	TRANSFER "						"		
100622A		10/11/20	10/06/20	11/06/20		5,323.00	0.00	0.00	5,323.00 ✓
	TRANSFER "						"		
100722		10/11/20	10/07/20	11/07/20		1,247.75	0.00	0.00	1,247.75 ✓
	TRANSFER "						"		
100722A		10/11/20	10/07/20	11/07/20		7,862.99	0.00	0.00	7,862.99 ✓
	TRANSFER "						"		
Vendor Totals									
Number	Name					Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING					55,863.32	0.00	0.00	55,863.32

NH insurance paid deposited into MME operating

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	55,863.32	0.00	0.00	55,863.32

APPROVED ON

OCT 13 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #16876

8

RUN DATE:10/17/22
 TIME:15:12

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 10/17/22 THRU 10/19/22

PAGE 1
 GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	196807	10/19/22	647.28	ABILITY NETWORK (SHIPHOUND)
A/P	196808	10/19/22	1,400.00	ACUTE CARE INC
A/P	196809	10/19/22	290.41	AIRGAS USA, LLC - CENTRAL DIV
A/P	196810	10/19/22	243.87	ALPHA TEC SYSTEMS INC
A/P	196811	10/19/22	742.18	AMAZON CAPITAL SERVICES
A/P	196812	10/19/22	1,345.00	AMERISOURCEBERGEN DRUG CORP
A/P	196813	10/19/22	17,667.00	AUTHORITYRX
A/P	196814	10/19/22	507.47	BAXTER HEALTHCARE
A/P	196815	10/19/22	1,976.00	BUILDING KID STEPS
A/P	196816	10/19/22	7,920.00	CALHOUM COUNTY EMS
A/P	196817	10/19/22	50.00	CALHOUM COUNTY INDIGENT ACCOUN
A/P	196818	10/19/22	11,388.75	CARIANT HEALTH PARTNERS
A/P	196819	10/19/22	96.06	CDW GOVERNMENT, INC.
A/P	196820	10/19/22	62,279.80	CITIZENS MEDICAL CENTER
A/P	196821	10/19/22	375.64	COCA COLA SOUTHWEST BEVERAGES
A/P	196822	10/19/22	18,062.39	COMMUNITY INFUSION SOLUTIONS
A/P	196823	10/19/22	32.66	DEWITT POTH & SON
A/P	196824	10/19/22	50,311.25	DIAMOND HEALTHCARE CORP
A/P	196825	10/19/22	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	196826	10/19/22	594.00	EPI-EDWARD PLUMBING
A/P	196827	10/19/22	139.50	ERBE USA INC SURGICAL SYSTEMS
A/P	196828	10/19/22	89.00	FARAH JANAK
A/P	196829	10/19/22	495.00	FASTHEALTH CORPORATION
A/P	196830	10/19/22	2,250.00	FIRETRON, INC
A/P	196831	10/19/22	1,135.36	FISHER HEALTHCARE
A/P	196832	10/19/22	1,194.32	FRONTIER
A/P	196833	10/19/22	13,373.41	GE PRECISION HEALTHCARE, LLC
A/P	196834	10/19/22	4,086.25	GLAXOSMITHKLINE PHARMACUETICAL
A/P	196835	10/19/22	352.60	GRAINGER
A/P	196836	10/19/22	350.00	GUERBET, LLC
A/P	196837	10/19/22	670.92	GULF COAST PAPER COMPANY
A/P	196838	10/19/22	4,610.52	HEALTHCARE FINANCIAL SERVICES
A/P	196839	10/19/22	18.30	HEALTHSTREAM, INC.
A/P	196840	10/19/22	559.50	HOLT CAT
A/P	196841	10/19/22	359.70	INTERSTATE ALL BATTERY CENTER
A/P	196842	10/19/22	9,000.00	JINDAL X LLC
A/P	196843	10/19/22	421.70	LEGAL SHIELD
A/P	196844	10/19/22	1,320.63	LOWE'S BUSINESS ACCT/SYNCE
A/P	196845	10/19/22	640.86	M G TRUST
A/P	196846	10/19/22	150.00	MARTIN PRINTING CO
A/P	196847	10/19/22	88.28	MEDICAL DATA SYSTEMS, INC.
A/P	196848	10/19/22	4.55	MEDIMPACT HEALTHCARE SYS, INC.
A/P	196849	10/19/22	.00	VOIDED
A/P	196850	10/19/22	.00	VOIDED
A/P	196851	10/19/22	.00	VOIDED
A/P	196852	10/19/22	24,069.52	MEDLINE INDUSTRIES INC
A/P	196853	10/19/22	345.00	MEMORIAL MEDICAL CLINIC
A/P	196854	10/19/22	.00	VOIDED
A/P	196855	10/19/22	.00	VOIDED
A/P	196856	10/19/22	19,155.47	MORRIS & DICKSON CO, LLC

RUN DATE:10/17/22
 TIME:15:12

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 10/17/22 THRU 10/19/22

PAGE 2
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	196857	10/19/22	346.36	NACOGDOCHES TRANSCRIPTION
A/P	196858	10/19/22	303.47	OLYMPUS AMERICA INC
A/P	196859	10/19/22	3,084.00	PARA
A/P	196860	10/19/22	1,100.00	PATRICK OCHOA
A/P	196861	10/19/22	2,624.74	PRESS GANEY ASSOCIATES, INC.
A/P	196862	10/19/22	21,430.00	RAIN SEAL MASTER ROOFING
A/P	196863	10/19/22	24.25	ROBERT RODRIQUEZ
A/P	196864	10/19/22	12,619.78	SANOFI PASTEUR INC
A/P	196865	10/19/22	150.21	STAPLES ADVANTAGE
A/P	196866	10/19/22	2,662.55	STERICYCLE, INC
A/P	196867	10/19/22	6,130.42	T-SYSTEM, INC
A/P	196868	10/19/22	4,559.43	TEXAS ASSOCIATION OF COUNTIES
A/P	196869	10/19/22	1,121.87	TRIOSE, INC
A/P	196870	10/19/22	1,175.80	TRIZETTO PROVIDER SOLUTIONS
A/P	196871	10/19/22	4,540.52	UNIFIRST HOLDINGS INC
A/P	196872	10/19/22	334.17	UNITED AD LABEL CO INC
A/P	196873	10/19/22	1,315.61	UPDOX LLC
A/P	196874	10/19/22	160.00	VICTORIA RADIOWORKS, LTD
A/P	196875	10/19/22	3,243.15	WAGWORKS, INC.
A/P	196876	10/19/22	55,863.32	BETHANY SENIOR LIVING
A/P	196877	10/19/22	13,772.86	GOLDENCREEK HEALTHCARE
A/P	196878	10/19/22	21,383.02	GULF POINTE PLAZA
A/P	196879	10/19/22	760.00	THE CRESCENT
A/P	196880	10/19/22	22,401.85	TUSCANY VILLAGE
TOTALS:			481,980.03	

0.0

Payables 366,478.35 +
 critical 1,320.62 +
 NH 760.00 +
 Transfers 13,772.86 +
 21,383.02 +
 22,401.85 +
 55,863.32 +
 481,980.03 +

APPROVED ON

OCT 19 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E
FROM CRESCENT TO TUSCANY

Date Requested: 10/17/22

FOR ACCT. USE ONLY

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

APPROVED ON
OCT 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
ck# 000256
G/L NUMBER: _____

AMOUNT \$11,060.00

EXPLANATION: DEVOTED PAYMENTS THAT WERE DEPOSITED IN CRESCENTS ACCOUNT, BUT BELONG TO TUSCANY

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000256

88-2265/1131

Date 10/17/22

PAY
TO THE
ORDER OF

Tuscany

\$ 11,060.00

Eleven thousand sixty

DOLLARS



PROSPERITY
BANK

FOR Devoted payments

Security features are
included. Details on back.

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 10/17/2022

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		103,902.87 ✓	103,900.04 ✓	129,680.10 ✓		129,682.93 ✓	129,518.19
	Bank Balance					129,682.93 ✓	
	Variance					-	
	Leave in Balance					100.00	
	MOLINA YR 3 ADJ 3 QIPP					64.74 ✓	
	July Interest						
	August Interest						
	September Interest						
	Adjust Balance/Transfer Amt					129,518.19 ✓	
Broadmoor		64,817.10 ✓	64,717.10 ✓	89,162.49 ✓		-	89,139.16
	Bank Balance					89,262.49 ✓	
	Variance					-	
	Leave in Balance					100.00	
	MOLINA YR 3 ADJ 3 QIPP					23.33 ✓	
	July Interest						
	August Interest						
	September Interest						
	Adjust Balance/Transfer Amt					89,139.16 ✓	
Crescent		148,075.14 ✓	147,975.14 ✓	107,430.03 ✓		107,530.03 ✓	96,350.96
	Bank Balance					107,530.03 ✓	
	Variance					-	
	Leave in Balance					100.00	
	MOLINA YR 3 ADJ 3 QIPP					19.07 ✓	
	DEVOTED PAYMENTS TO TUSCANY					11,060.00 ✓	
	July Interest						
	August Interest						
	September Interest						
	Adjust Balance/Transfer Amt					96,350.96 ✓	
Fort Bend		32,607.96 ✓	32,507.96 ✓	46,680.95 ✓		46,780.95 ✓	46,654.51
	Bank Balance					46,780.95 ✓	
	Variance					-	
	Leave in Balance					100.00	
	MOLINA YR 3 ADJ 3 QIPP					26.44 ✓	
	July Interest						
	August Interest						
	September Interest						
	Adjust Balance/Transfer Amt					46,654.51 ✓	
Solera at W Houston		103,597.49 ✓	103,497.49 ✓	99,815.65 ✓		99,915.65 ✓	99,792.77
	Bank Balance					99,915.65 ✓	
	Variance					-	
	Leave in Balance					100.00	
	MOLINA YR 3 ADJ 3 QIPP					22.88 ✓	
	July Interest						
	August Interest						
	September Interest						
	Adjust Balance/Transfer Amt					99,792.77 ✓	

129,518.19
 89,139.16
 96,350.96
 46,654.51
 99,792.77
 461,455.59

Fort Bend / Broadmoor

APPROVED ON
OCT 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 461,455.59

Approved: 
 WILLIAM LITTLE, CFO 10/17/2022

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

		MMC PORTION						NH PORTION	
		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
Solera at West Houston									
10/11/2022	MANAGEANDNET1718 MNS PMNT 00000000002482 41	-	3,098.00						3,098.00
10/11/2022	HNB - ECHO HCCLAIMPMT 746003411 440000249268	-	82.52						82.52
10/11/2022	HNB - ECHO HCCLAIMPMT 746003411 440000248458	-	8,861.77						8,861.77
10/11/2022	HUMANA CHA DISB HCCLAIMPMT 390862 4200001976	-	7,675.13						7,675.13
10/12/2022	Deposit	-	4,605.51						4,605.51
10/12/2022	MOLINA HEALTHCAR MOLINAACH 01141012 42000012	-	30.19	15.57	2.35	5.45	6.82	22.88	7.31
10/12/2022	Amerigroup TXSC HCCLAIMPMT 3191839664 111000	-	16,989.40						16,989.40
10/12/2022	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	1,898.65						1,898.65
10/13/2022	WIRE OUT CANTEX HEALTH CARE CENTERS III	87,373.97	-						-
10/13/2022	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	900.00						900.00
10/13/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	145.40						145.40
10/13/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	13,668.29						13,668.29
10/14/2022	CK1247	16,051.00	-						-
10/14/2022	CK1248	72.52	-						-
10/14/2022	HNB - ECHO HCCLAIMPMT 746003411 440000295471	-	8,475.20						8,475.20
10/14/2022	HNB - ECHO HCCLAIMPMT 746003411 440000295471	-	5,677.40						5,677.40
10/14/2022	HNB - ECHO HCCLAIMPMT 746003411 440000294376	-	24,411.59						24,411.59
10/14/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,296.60						3,296.60
TOTALS		103,497.49	99,815.65	15.57	2.35	5.45	6.82	22.88	99,792.77
TOTALS		452,597.73	472,769.22	106.48	16.00	37.25	46.71	156.46	472,612.76

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA Data reported as of Oct 17, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$4,517,998.74	\$4,489,118.49	\$4,517,998.74	\$4,598,142.1
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$6,336.69	\$6,406.69	\$6,336.69	\$6,384.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$13,458.91	\$72,464.41	\$13,458.91	\$40,187.4
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.68	\$536.68	\$536.68	\$536.6
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,519,822.63	\$3,229,981.82	\$3,519,822.63	\$3,602,100.7
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.05	\$432.05	\$432.05	\$432.0
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$129,682.93	\$133,164.32	\$129,682.93	\$144,728.0
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$89,262.49	\$97,135.77	\$89,262.49	\$80,047.7
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$107,530.03	\$116,850.49	\$107,530.03	\$88,409.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$46,780.95	\$55,295.21	\$46,780.95	\$51,131.6
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$99,915.65	\$164,607.30	\$99,915.65	\$74,178.3
<u>*2998</u> MMC -MONEY MARKET FUND	\$295,844.90	\$295,844.90	\$295,844.90	\$295,844.9
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$82,325.80	\$117,583.90	\$82,325.80	\$82,194.7
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$28,459.53	\$57,182.55	\$28,459.53	\$28,493.1
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$8,030.32	\$15,543.04	\$8,030.32	\$19,045.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$89,579.18	\$126,089.36	\$89,579.18	\$84,427.2

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 10/17/2022

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		70,190.53 ✓	70,490.53	13,758.91 ✓		13,458.91	13,358.91
						Bank Balance	13,458.91 ✓
						Variance	-
						Leave in Balance	100.00
						SUPERIOR AUG QPP	
						July Interest	
						August Interest	
						September Interest	
						Adjust Balance/Transfer Amt	13,358.91 ✓

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 10/17/2022

APPROVED ON
OCT 17 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

10/11/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 10/11/2022 HNB - ECHO HCCLAIMPMT 746003411 440000248510
 10/11/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 10/11/2022 CIGNA HCCLAIMPMT 1588075964 91000011588121
 10/12/2022 GOLDENCREEKHEALT ELEC DEBIT 1220356 91000015
 10/12/2022 HNB - ECHO HCCLAIMPMT 746003411 440000212093
 10/12/2022 GOLDENCREEKHEALT MERC DEP 1220356 9100001539
 10/13/2022 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 10/14/2022 CK169
 10/14/2022 CK170
 10/14/2022 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	1,188.04						1,188.04
-	4,575.46						4,575.46
-	1,455.50						1,455.50
-	959.75						959.75
400.00	-						-
-	339.65						339.65
-	3,675.31						3,675.31
41,796.81	-						-
28,250.90	-						-
42.82	-						-
-	1,565.20						1,565.20
-	-						-
-	-						-
70,490.53	13,758.91						13,758.91

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA Data reported as of Oct 17, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$4,517,998.74	\$4,489,118.49	\$4,517,998.74	\$4,598,142.1
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$6,336.69	\$6,406.69	\$6,336.69	\$6,384.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$13,458.91	\$72,464.41	\$13,458.91	\$40,187.4
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.68	\$536.68	\$536.68	\$536.6
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,519,822.63	\$3,229,981.82	\$3,519,822.63	\$3,602,100.7
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.05	\$432.05	\$432.05	\$432.0
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$129,682.93	\$133,164.32	\$129,682.93	\$144,728.0
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$89,262.49	\$97,135.77	\$89,262.49	\$80,047.7
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$107,530.03	\$116,850.49	\$107,530.03	\$88,409.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$46,780.95	\$55,295.21	\$46,780.95	\$51,131.6
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$99,915.65	\$164,607.30	\$99,915.65	\$74,178.3
<u>*2998</u> MMC -MONEY MARKET FUND	\$295,844.90	\$295,844.90	\$295,844.90	\$295,844.9
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$82,325.80	\$117,583.90	\$82,325.80	\$82,194.7
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$28,459.53	\$57,182.55	\$28,459.53	\$28,493.1
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$8,030.32	\$15,543.04	\$8,030.32	\$19,045.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$89,579.18	\$126,089.36	\$89,579.18	\$84,427.2

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 10/17/2022

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home Gulf Pointe Plaza- Private Pay	34,436.08	34,336.08	7,930.32			8,030.32	7,930.32
					Bank Balance	8,030.32	
					Variance	-	
					Leave in Balance	100.00	

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home Gulf Pointe Plaza-Medicare/Medicaid	77,976.92	77,876.92	28,359.53			28,459.53	28,359.53
					Bank Balance	28,459.53	
					Variance	28,459.53	
					Leave in Balance	100.00	

July Interest
 August Interest
 September Interest
 Adjust Balance/Transfer Amt 7,930.32


July Interest
 August Interest
 September Interest
 Adjust Balance/Transfer Amt 28,359.53

Routing Information for Gulf Pointe Plaza:



TOTAL TRANSFERS 36,289.85

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 10/17/2022

APPROVED ON
OCT 17 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

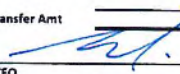
DDA Data reported as of Oct 17, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$4,517,998.74	\$4,489,118.49	\$4,517,998.74	\$4,598,142.1
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$6,336.69	\$6,406.69	\$6,336.69	\$6,384.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$13,458.91	\$72,464.41	\$13,458.91	\$40,187.4
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.68	\$536.68	\$536.68	\$536.6
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,519,822.63	\$3,229,981.82	\$3,519,822.63	\$3,602,100.7
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.05	\$432.05	\$432.05	\$432.0
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$129,682.93	\$133,164.32	\$129,682.93	\$144,728.0
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$89,262.49	\$97,135.77	\$89,262.49	\$80,047.7
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$107,530.03	\$116,850.49	\$107,530.03	\$88,409.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$46,780.95	\$55,295.21	\$46,780.95	\$51,131.6
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$99,915.65	\$164,607.30	\$99,915.65	\$74,178.3
<u>*2998</u> MMC -MONEY MARKET FUND	\$295,844.90	\$295,844.90	\$295,844.90	\$295,844.9
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$82,325.80	\$117,583.90	\$82,325.80	\$82,194.7
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$28,459.53 ✓	\$57,182.55	\$28,459.53	\$28,493.1
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$8,030.32 ✓	\$15,543.04	\$8,030.32	\$19,045.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$89,579.18	\$126,089.36	\$89,579.18	\$84,427.2

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 10/17/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		48,204.37 ✓	48,104.37 ✓	89,479.18 ✓			89,579.18	89,479.18 ✓
						Bank Balance Variance	89,579.18	
						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 89,479.18 ✓
 Approved: 
 WILLIAM LITTLE, CFO 10/17/2022

APPROVED ON

OCT 17 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	
10/11/2022 HNB - ECHO HCCLAIMPMT 746003411 440000248510	-	10,511.57	-	-	-	-	-	10,511.57
10/12/2022 Deposit	-	42,363.40	-	-	-	-	-	42,363.40
10/12/2022 HNB - ECHO HCCLAIMPMT 746003411 440000212098	-	7,314.49	-	-	-	-	-	7,314.49
10/13/2022 WIRE OUT LINBAR ENTERPRISES, LLC	23,966.56	-	-	-	-	-	-	-
10/14/2022 ck1109	24,137.81	-	-	-	-	-	-	-
10/14/2022 KS PLAN ADMINIST HCCLAIMPMT 179 111000022127	-	14,115.00	-	-	-	-	-	14,115.00
10/14/2022 HNB - ECHO HCCLAIMPMT 746003411 440000295471	-	2,750.13	-	-	-	-	-	2,750.13
10/14/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000152	-	12,424.59	-	-	-	-	-	12,424.59
	48,104.37	89,479.18	-	-	-	-	-	89,479.18

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

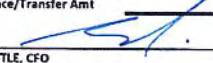
DDA Data reported as of Oct 17, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$4,517,998.74	\$4,489,118.49	\$4,517,998.74	\$4,598,142.1
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$6,336.69	\$6,406.69	\$6,336.69	\$6,384.5
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$13,458.91	\$72,464.41	\$13,458.91	\$40,187.4
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.68	\$536.68	\$536.68	\$536.6
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,519,822.63	\$3,229,981.82	\$3,519,822.63	\$3,602,100.7
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.05	\$432.05	\$432.05	\$432.0
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$129,682.93	\$133,164.32	\$129,682.93	\$144,728.0
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$89,262.49	\$97,135.77	\$89,262.49	\$80,047.7
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$107,530.03	\$116,850.49	\$107,530.03	\$88,409.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$46,780.95	\$55,295.21	\$46,780.95	\$51,131.6
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$99,915.65	\$164,607.30	\$99,915.65	\$74,178.3
<u>*2998</u> MMC -MONEY MARKET FUND	\$295,844.90	\$295,844.90	\$295,844.90	\$295,844.5
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$82,325.80	\$117,583.90	\$82,325.80	\$82,194.7
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$28,459.53	\$57,182.55	\$28,459.53	\$28,493.1
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$8,030.32	\$15,543.04	\$8,030.32	\$19,045.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$89,579.18	\$126,089.36	\$89,579.18	\$84,427.2

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 10/17/2022

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		125,356.79	125,536.79	82,505.80			82,325.80	82,225.80
						Bank Balance	82,325.80	
						Variance	82,325.80	
						Leave in Balance	100.00	

July Interest
 August Interest
 September Interest
 Adjust Balance/Transfer Amt 82,225.80

Approved: 
 WILLIAM LITTLE, CFO 10/17/2022

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

OCT 17 2022

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

Rethany Senior Living

10/11/2022 Deposit
 10/11/2022 HNB - ECHO HCCLAIMPMT 746003411 440000248510
 10/11/2022 HNB - ECHO HCCLAIMPMT 746003411 440000248460
 10/12/2022 Deposit item ret ck 1910
 10/12/2022 Deposit
 10/13/2022 WIRE OUT PORT LAVACA NH, LLC
 10/13/2022 Deposit
 10/14/2022 CK1011
 10/14/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	280.00	-	-	-	-	-	280.00
-	4,575.11	-	-	-	-	-	4,575.11
-	5,909.51	-	-	-	-	-	5,909.51
280.00	-	-	-	-	-	-	-
-	61,003.14	-	-	-	-	-	61,003.14
125,177.88	-	-	-	-	-	-	-
-	10,528.03	-	-	-	-	-	10,528.03
78.91	-	-	-	-	-	-	-
-	210.01	-	-	-	-	-	210.01
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
125,536.79	82,505.80	-	-	-	-	-	82,505.80

Quick View

Select Quick View Accounts
Account Number / Name

Account Type



Select Group
Groups

DDA

Data reported as of Oct 17, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$4,517,998.74	\$4,489,118.49	\$4,517,998.74	\$4,598,142.1
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$6,336.69	\$6,406.69	\$6,336.69	\$6,384.6
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$13,458.91	\$72,464.41	\$13,458.91	\$40,187.4
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.68	\$536.68	\$536.68	\$536.6
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,519,822.63	\$3,229,981.82	\$3,519,822.63	\$3,602,100.7
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.05	\$432.05	\$432.05	\$432.0
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$129,682.93	\$133,164.32	\$129,682.93	\$144,728.0
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$89,262.49	\$97,135.77	\$89,262.49	\$80,047.7
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$107,530.03	\$116,850.49	\$107,530.03	\$88,409.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$46,780.95	\$55,295.21	\$46,780.95	\$51,131.6
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$99,915.65	\$164,607.30	\$99,915.65	\$74,178.3
<u>*2998</u> MMC -MONEY MARKET FUND	\$295,844.90	\$295,844.90	\$295,844.90	\$295,844.9
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$82,325.80	\$117,583.90	\$82,325.80	\$82,194.7
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$28,459.53	\$57,182.55	\$28,459.53	\$28,493.1
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$8,030.32	\$15,543.04	\$8,030.32	\$19,045.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$89,579.18	\$126,089.36	\$89,579.18	\$84,427.2

Ashford

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E
MEMORIAL MEDICAL CENTER

Date Requested: 10/17/22

APPROVED ON
OCT 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL#001186

FOR ACCT. USE ONLY

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

AMOUNT \$64.74

G/L NUMBER: 10255040

EXPLANATION: MOLINA YEAR 3 ADJUSTMENT 3 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Paroadmor

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E

MEMORIAL MEDICAL CENTER

Date Requested: 10/17/22

FOR ACCT. USE ONLY

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

APPROVED ON

OCT 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS


CL# 000219

G/L NUMBER: 10255040

AMOUNT \$23.33

EXPLANATION: MOLINA YEAR 3 ADJUSTMENT 3 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Crescent

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E

MEMORIAL MEDICAL CENTER

Date Requested: 10/17/22

APPROVED ON
OCT 17 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000257

FOR ACCT. USE ONLY

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

AMOUNT \$19.07

G/L NUMBER: 10255040

EXPLANATION: MOLINA YEAR 3 ADJUSTMENT 3 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Fort Bend

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E

MEMORIAL MEDICAL CENTER

Date Requested: 10/17/22

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON

OCT 17 2022


BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
ck#600193

AMOUNT \$26.44

C/E NUMBER: 10255040

EXPLANATION: MOLINA YEAR 3 ADJUSTMENT 3 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Solera

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E
MEMORIAL MEDICAL CENTER

Date Requested: 10/17/22

FOR ACCT. USE ONLY

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

APPROVED ON

OCT 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 001241

10255040

AMOUNT \$22.88

EXPLANATION: MOLINA YEAR 3 ADJUSTMENT 3 QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



MEMORIAL MEDICAL CENTER

NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001186

Date 10/19/22 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 64.74

Sixty four & 74/100

DOLLARS



FOR Molina yr3 ADJ 3

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000219

Date 10/19/22 88-2265/1131

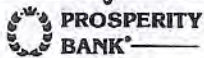
PAY

TO THE ORDER OF Memorial Medical Center

\$ 23.33

Twenty three & 33/100

DOLLARS



FOR Molina yr3 ADJ 3

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000257

Date 10/19/22 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 19.07

Nineteen & 07/100

DOLLARS



FOR Molina yr3 ADJ 3

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

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

000193

Date 10/19/22

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 26.44

Twenty Six & 44/100

DOLLARS



PROSPERITY
BANK

FOR Molina yr3 ADJ 3

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001249

Date 10/19/22

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 22.88

Twenty two & 88/100

DOLLARS



PROSPERITY
BANK

FOR Molina yr3 ADJ 3

Security features are included. Details on back.


QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

10/12/2022

NH Name	From Bank Acct #	Ck #	Payee	GL #	MOLINA YR 3 ADJ 3				TOTAL	Date
Ashford	10000018 - Prosperity		MMC - Prosperity Operating #10000001	10255040		64.74			64.74	10/12/2022
Broadmoor	10000019 - Prosperity		MMC - Prosperity Operating #10000001	10255040		23.33			23.33	10/12/2022
Crescent	10000020 - Prosperity		MMC - Prosperity Operating #10000001	10255040		19.07			19.07	10/12/2022
Fort Bend	10000021 - Prosperity		MMC - Prosperity Operating #10000001	10255040		26.44			26.44	10/12/2022
Solera	10000022 - Prosperity		MMC - Prosperity Operating #10000001	10255040		22.88			22.88	10/12/2022
Golden Creek	10000023 - Prosperity		MMC - Prosperity Operating #10000001	10255040					-	10/12/2022
Gulf Pointe-PP	10000114 - Prosperity		MMC - Prosperity Operating #10000001	10255040					-	10/12/2022
Gulf Pointe-MM	10000025 - Prosperity		MMC - Prosperity Operating #10000001	10255040					-	10/12/2022
Bethany			MMC - Prosperity Operating #10000001	10255040					-	10/12/2022
Tuscany			MMC - Prosperity Operating #10000001	10255040					-	10/12/2022
			Total:			156.46			156.46	

Note:

Approved: 
 WILLIAM LITTLE, CFO

10/17/2022