

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 23, 2022

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,058,015.49	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 146,517.18	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 1,532,682.30	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED November 23, 2022	\$ 2,737,214.97	✓

APPROVED

NOV 23 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 23, 2022

PAYABLES AND PAYROLL

11/17/2022 Weekly Payables	411,728.64
11/17/2022 Patient Refunds	3,578.92
11/17/2022 Citibank Credit Card-see attached	593.00
11/21/2022 Discovery Medical Network-Physician services	99,716.50
11/21/2022 McKesson-340B Prescription Expense	10,247.02
11/21/2022 Amerisource Bergen-340B Prescription Expense	2,056.93
11/21/2022 Payroll Liabilities -Payroll Taxes	129,183.33
11/21/2022 Payroll	393,822.30
11/21/2022 Payroll Liabilities for supplemental payroll-Payroll Taxes	6.34
11/21/2022 Supplemental Payroll	35.33
11/21/2022 Payroll Liabilities for supplemental payroll-Payroll Taxes	3,407.34
11/21/2022 Supplemental Payroll 2	915.42
Prosperity Electronic Bank Payments	
11/15/2022 Credit Card & Lease Fees	240.18
11/14-11/18/22 Pay Plus-Patient Claims Processing Fee	112.54
11/15/2022 ExpertPay- child support	2,371.70
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,058,015.49

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

11/17/2022 MMC Operating to Ashford-correction of NH QIPP payment deposited into MMC Operating	6,040.32
11/17/2022 MMC Operating to Solera-correction of NH QIPP payment deposited into MMC Operating	1,813.76
11/17/2022 MMC Operating to Fort bend-correction of NH QIPP payment deposited into MMC Operating	1,880.32
11/17/2022 MMC Operating to Broadmoor-correction of NH QIPP payment deposited into MMC Operating	743.26
11/17/2022 MMC Operating to Crescent-correction of NH insurance and QIPP payment deposited into MMC Operating in error	2,954.67
11/17/2022 MMC Operating to Golden Creek-correction of NH insurance and QIPP payment deposited into MMC Operating in error	33,018.35
11/17/2022 MMC Operating to Gulf Pointe Plaza -correction of NH QIPP payment deposited into MMC Operating	2,293.62
11/17/2022 MMC Operating to Tuscany Village-correction of NH insurance and QIPP payment deposited into MMC Operating	29,718.17
11/17/2022 MMC Operating to Bethany-correction of NH insurance and QIPP payment deposited into MMC Operating in error	57,703.71

TRANSFER OF FUNDS BETWEEN NURSING HOMES/MMC

11/21/2022 Crescent to Tuscany-correction of Tuscany insurance payment deposited into Crescent in error	10,351.00
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TOTAL TRANSFERS BETWEEN FUNDS **\$ 146,517.18**

NURSING HOME UPL EXPENSES

11/21/2022 Nursing Home UPL-Cantex Transfer	866,384.70
11/21/2022 Nursing Home UPL-Nexion Transfer	102,457.24
11/21/2022 Nursing Home UPL-HMG Transfer	99,259.14
11/21/2022 Nursing Home UPL-Tuscany Transfer	131,211.50
11/21/2022 Nursing Home UPL-HSL Transfer	121,880.66

NURSING HOME BANK FEES

11/15/2022 Ashford-Enhanced analysis fee	86.06
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Nursing Home Electronic Bank Payments

11/14/2022 Bethany-returned check	1,936.90
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QIPP CHECKS TO MMC

11/21/2022 Ashford	54,267.38
11/21/2022 Broadmoor	18,587.34
11/21/2022 Crescent	13,078.45
11/21/2022 Fort Bend	19,548.69
11/21/2022 Solera	20,563.91
11/21/2022 Golden Creek	24,941.58
11/21/2022 Gulf Pointe	18,912.98
11/21/2022 Tuscany	39,565.77

TOTAL NURSING HOME UPL EXPENSES	\$ 1,532,682.30
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED November 23, 2022	\$ 2,737,214.97
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RECEIVED BY THE COUNTY AUDITOR ON

NOV 17 2022

12:45

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 12/08/2022

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

10995 ABILITY NETWORK (SHIFTHOUND) ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22M0166670 ✓		11/16/20	11/04/20	11/30/20		647.28	0.00	0.00	647.28 ✓

SCHEDULING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
10995		ABILITY NETWORK (SHIFTHOUND)	647.28	0.00	0.00	647.28

Vendor# Vendor Name

Class Pay Code

10950 ACUTE CARE INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV1003 ✓		11/16/20	11/02/20	11/30/20		1,400.00	0.00	0.00	1,400.00 ✓

RFID FEE

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

Vendor# Vendor Name

Class Pay Code

14620 AETNA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
101822		11/17/20	10/18/20	11/18/20		163.89	0.00	0.00	163.89 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
14620		AETNA	163.89	0.00	0.00	163.89

Vendor# Vendor Name

Class Pay Code

A1680 AIRGAS USA, LLC - CENTRAL DIV ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9992542115 ✓		11/16/20	10/31/20	11/25/20		542.11	0.00	0.00	542.11 ✓

OXYGEN

9131585851 ✓		11/16/20	10/31/20	11/25/20		2,385.72	0.00	0.00	2,385.72 ✓
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RENTAL BULK

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A1680		AIRGAS USA, LLC - CENTRAL DIV	2,927.83	0.00	0.00	2,927.83

Vendor# Vendor Name

Class Pay Code

10592 AMERICAN PROFICIENCY INSTITUTE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
639205 ✓		11/01/20	10/21/20	11/15/20		1,770.00	0.00	0.00	1,770.00 ✓

SUPPLIES

639219 ✓		11/01/20	10/25/20	11/19/20		16,293.00	0.00	0.00	16,293.00 ✓
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SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
10592		AMERICAN PROFICIENCY INSTITUTE	18,063.00	0.00	0.00	18,063.00

Vendor# Vendor Name

Class Pay Code

14616 AMERIGROUP ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
092622		11/17/20	09/26/20	10/26/20	183.48	208.00	0.00	0.00	208.00 ✓ 183.48

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
14616		AMERIGROUP	183.48 / 208.00	0.00	0.00	208.00 / 183.48

Vendor# Vendor Name

Class Pay Code

A1360 AMERISOURCEBERGEN DRUG CORP ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
3112155119	✓	11/16/20	11/10/20	11/16/20		9.24	0.00	0.00	9.24 ✓		
INVENTORY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						A1360	AMERISOURCEBERGEN DRUG CORP	9.24	0.00	0.00	9.24
Vendor#	Vendor Name				Class	Pay Code					
A2218	AQUA BEVERAGE COMPANY ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
235344	✓	11/16/20	10/31/20	11/25/20		25.99	0.00	0.00	25.99 ✓		
WATER											
231631	✓	11/16/20	10/31/20	11/25/20		35.97	0.00	0.00	35.97 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						A2218	AQUA BEVERAGE COMPANY	61.96	0.00	0.00	61.96
Vendor#	Vendor Name				Class	Pay Code					
A0400	AUREUS RADIOLOGY LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2803898	✓	11/16/20	10/31/20	11/30/20		3,400.00	0.00	0.00	3,400.00 ✓		
LAB STAFFING (10/14-10/19/22) Skibky											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						A0400	AUREUS RADIOLOGY LLC	3,400.00	0.00	0.00	3,400.00
Vendor#	Vendor Name				Class	Pay Code					
A2600	AUTO PARTS & MACHINE CO. ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
994964	✓	11/16/20	10/19/20	11/03/20		38.49	0.00	0.00	38.49 ✓		
SUPPLIES											
995083	✓	11/16/20	10/20/20	11/04/20		123.65	0.00	0.00	123.65 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						A2600	AUTO PARTS & MACHINE CO.	162.14	0.00	0.00	162.14
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		
76967447	✓	11/15/20	10/31/20	11/25/20		702.96	0.00	0.00	702.96 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1150	BAXTER HEALTHCARE	702.96	0.00	0.00	702.96
Vendor#	Vendor Name				Class	Pay Code					
11544	BAY STORAGE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
20220260	✓	11/16/20	11/07/20	11/30/20		2,070.00	0.00	0.00	2,070.00 ✓		
UNIT 175/180/191 December 2022 - May 2023											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11544	BAY STORAGE	2,070.00	0.00	0.00	2,070.00
Vendor#	Vendor Name				Class	Pay Code					
B1220	BECKMAN COULTER INC ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
110142635	✓	11/16/20	09/15/20	10/10/20		1,288.45	0.00	0.00	1,288.45 ✓		
CONTRACT 64743US											
110241874	✓	11/16/20	11/01/20	11/26/20		92.57	0.00	0.00	92.57 ✓		
SUPPLIES											

7327847 440255916		11/16/20	11/01/20	11/26/20			6,570.64	0.00	0.00	6,570.64	✓	
	SUPPLIES											
110242711	✓	11/16/20	11/02/20	11/27/20			1,047.70	0.00	0.00	1,047.70	✓	
	SUPPLIES											
110243030	✓	11/16/20	11/02/20	11/27/20			13,877.31	0.00	0.00	13,877.31	✓	
	SUPPLIES											
110243796	✓	11/16/20	11/02/20	11/27/20			1,539.26	0.00	0.00	1,539.26	✓	
	SUPPLIES											
110242891	✓	11/16/20	11/02/20	11/27/20			827.20	0.00	0.00	827.20	✓	
	SUPPLIES											
110245094	✓	11/16/20	11/05/20	11/30/20			1,538.42	0.00	0.00	1,538.42	✓	
	SUPPLIES											
5465364	✓	11/16/20	11/05/20	11/30/20			6,249.42	0.00	0.00	6,249.42	✓	
	LEASE											
110256514	✓	11/16/20	11/08/20	12/03/20			71.47	0.00	0.00	71.47	✓	
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							B1220	BECKMAN COULTER INC	33,102.44	0.00	0.00	33,102.44
Vendor#	Vendor Name			Class	Pay Code							
11072	BIO-RAD LABORATORIES, INC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
905921678	✓	11/15/20	11/02/20	11/15/20			6,815.88	0.00	0.00	6,815.88	✓	
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11072	BIO-RAD LABORATORIES, INC	6,815.88	0.00	0.00	6,815.88
Vendor#	Vendor Name			Class	Pay Code							
B1800	BRIGGS HEALTHCARE			M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
B410832	✓	11/15/20	11/03/20	11/15/20			259.60	0.00	0.00	259.60	✓	
	ER REIGISTER BOOK											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							B1800	BRIGGS HEALTHCARE	259.60	0.00	0.00	259.60
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		
22100010	✓	11/16/20	11/01/20	11/30/20			3,520.00	0.00	0.00	3,520.00	✓	
	OCT 22 TRANSPORT (10/11-10/29/22)											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							14120	CALHOUN COUNTY EMS	3,520.00	0.00	0.00	3,520.00
Vendor#	Vendor Name			Class	Pay Code							
C1325	CARDINAL HEALTH 414, INC.			W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
8002997241	✓	11/16/20	10/22/20	11/16/20			337.24	0.00	0.00	337.24	✓	
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							C1325	CARDINAL HEALTH 414, INC.	337.24	0.00	0.00	337.24
Vendor#	Vendor Name			Class	Pay Code							
10650	CAREFUSION 2200, INC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
9110249812	✓	11/15/20	10/28/20	11/27/20			199.85	0.00	0.00	199.85	✓	
	SUPPLIES											

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net				
Vendor Totals				10650	CAREFUSION 2200, INC			199.85	0.00	0.00	199.85
13992	CARIANT HEALTH PARTNERS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
131471A ✓		11/16/20	01/12/20	02/22/20			2,520.00	0.00	0.00	2,520.00 ✓	
SHANNON FORBUS (114-116122) Forbus											
Vendor Totals				13992	CARIANT HEALTH PARTNERS			2,520.00	0.00	0.00	2,520.00
C1992	CDW GOVERNMENT, INC. ✓		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
DQ68058 ✓		11/16/20	10/25/20	11/24/20			243.93	0.00	0.00	243.93 ✓	
WEB CAM											
Vendor Totals				C1992	CDW GOVERNMENT, INC.			243.93	0.00	0.00	243.93
13336	COCA COLA SOUTHWEST BEVERAGES ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
24165201360 ✓		11/15/20	11/02/20	11/30/20			600.92	0.00	0.00	600.92 ✓	
BEVERAGES											
24165201361 ✓		11/15/20	11/02/20	11/30/20			-125.00	0.00	0.00	-125.00 ✓	
CREDIT											
Vendor Totals				13336	COCA COLA SOUTHWEST BEVERAGES			475.92	0.00	0.00	475.92
13572	COMMUNITY INFUSION SOLUTIONS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
20221120 ✓		11/16/20	11/03/20	11/13/20			17,076.41	0.00	0.00	17,076.41 ✓	
INFUSION SERV											
Vendor Totals				13572	COMMUNITY INFUSION SOLUTIONS			17,076.41	0.00	0.00	17,076.41
14080	CORROHEALTH, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
895624 ✓		11/17/20	10/31/20	11/30/20			2,138.75	0.00	0.00	2,138.75 ✓	
CODING SERVICES											
Vendor Totals				14080	CORROHEALTH, INC.			2,138.75	0.00	0.00	2,138.75
14608	COTIVITI ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
091222		11/17/20	09/12/20	10/12/20			132.01	0.00	0.00	132.01 ✓	
101822		11/17/20	10/18/20	11/18/20			92.57	0.00	0.00	92.57 ✓	
101822A		11/17/20	10/18/20	11/18/20			75.89	0.00	0.00	75.89 ✓	
Vendor Totals				14608	COTIVITI			300.47	0.00	0.00	300.47

14400	CULINARY CONCESSIONS LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
INV00000074	✓	11/16/20	08/31/20	09/30/20		32,793.02	0.00	0.00	32,793.02 ✓	
	AUG 22									
INV00000208	✓	11/16/20	10/31/20	11/30/20		26,216.79	0.00	0.00	26,216.79 ✓	
	DIETARY SERVICES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	14400	CULINARY CONCESSIONS LLC				59,009.81	0.00	0.00	59,009.81	
Vendor#	Vendor Name		Class	Pay Code						
10006	CUSTOM MEDICAL SPECIALTIES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
300249	✓	11/01/20	10/25/20	10/28/20		183.61	0.00	0.00	183.61 ✓	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10006	CUSTOM MEDICAL SPECIALTIES				183.61	0.00	0.00	183.61	
Vendor#	Vendor Name		Class	Pay Code						
14292	DEARBORN LIFE INSURANCE COMPAN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
111122	✓	11/16/20	11/11/20	12/01/20		3,649.95	0.00	0.00	3,649.95 ✓	
	LIFE INSURANCE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	14292	DEARBORN LIFE INSURANCE COMPAN				3,649.95	0.00	0.00	3,649.95	
Vendor#	Vendor Name		Class	Pay Code						
10368	DEWITT POTH & SON ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
6956210	✓	11/01/20	09/30/20	10/25/20		481.60	0.00	0.00	481.60 ✓	
	SUPPLIES									
6986330	✓	11/01/20	10/28/20	11/22/20		615.44	0.00	0.00	615.44 ✓	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10368	DEWITT POTH & SON				1,097.04	0.00	0.00	1,097.04	
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	
IN20055526	✓	11/16/20	11/01/20	11/26/20		31,144.58	0.00	0.00	31,144.58 ✓	
	BEHAV HEALTH OCT 22									
IN20055527	✓	11/16/20	11/02/20	11/27/20		19,166.67	0.00	0.00	19,166.67 ✓	
	CPR OCT 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	
41697	✓	11/17/20	11/15/20	11/25/20		40,062.50	0.00	0.00	40,062.50 ✓	
	PHYSICIAN SERV (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						
C2510	EVIDENT ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
A2211031378	✓	11/16/20	11/03/20	11/28/20		17,537.00	0.00	0.00	17,537.00 ✓	

1005354	MONTHLY SUBSCRIP	11/17/20	11/04/20	11/04/20			332.50	0.00	0.00	332.50		
	ENVELOPE/LASER COPY 109											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT					17,869.50	0.00	0.00	17,869.50		
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		
111422		11/16/20	11/14/20	11/24/20			323.00	0.00	0.00	323.00		
	TRAVEL REIMB											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	R1185	FARAH JANAK					323.00	0.00	0.00	323.00		
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		
11A22MMC		11/16/20	11/01/20	11/16/20			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						
F1400	FISHER HEALTHCARE				M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
6780548		11/01/20	09/27/20	10/22/20			80.00	0.00	0.00	80.00		
	SUPPLIES											
7439161		11/01/20	10/19/20	11/13/20			128.54	0.00	0.00	128.54		
	SUPPLIES											
7851628		11/15/20	11/02/20	11/27/20			339.42	0.00	0.00	339.42		
	SUPPLIES											
7851630		11/15/20	11/02/20	11/27/20			211.06	0.00	0.00	211.06		
	SUPPLIES											
7851627		11/15/20	11/02/20	11/27/20			379.08	0.00	0.00	379.08		
	SUPPLIES											
7851629		11/15/20	11/02/20	11/27/20			848.55	0.00	0.00	848.55		
	SUPPLIES											
7893768		11/15/20	11/03/20	11/28/20			189.07	0.00	0.00	189.07		
	SUPPLIES											
7893769		11/15/20	11/03/20	11/28/20			14,040.00	0.00	0.00	14,040.00		
	SUPPLIES											
7893767		11/15/20	11/03/20	11/28/20			131.57	0.00	0.00	131.57		
	SUPPLIES											
7893766		11/15/20	11/03/20	11/28/20			104.65	0.00	0.00	104.65		
	SUPPLIES											
7935900		11/15/20	11/04/20	11/29/20			4,292.73	0.00	0.00	4,292.73		
	SUPPLIES											
7766429		11/16/20	10/31/20	11/25/20			9.72	0.00	0.00	9.72		
	SUPPLIES											
7809309		11/16/20	11/01/20	11/26/20			450.67	0.00	0.00	450.67		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					21,205.06	0.00	0.00	21,205.06		
Vendor#	Vendor Name				Class	Pay Code						

11183	FRONTIER ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
110222		11/16/20	11/02/20	11/28/20		1,193.74	0.00	0.00	1,193.74 ✓		
	TELEPHONE										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11183	FRONTIER				1,193.74	0.00	0.00	1,193.74		
Vendor#	Vendor Name					Class	Pay Code				
14156	FUJI FILM ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
PJIN0192397 ✓		11/16/20	05/15/20	06/25/20		7,908.33	0.00	0.00	7,908.33 ✓		
	SMA FEE										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	14156	FUJI FILM				7,908.33	0.00	0.00	7,908.33		
Vendor#	Vendor Name					Class	Pay Code				
12404	GE PRECISION HEALTHCARE, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
6002255869 ✓		11/16/20	11/01/20	12/01/20		868.16	0.00	0.00	868.16 ✓		
	CONTRACT										
6002255720 ✓		11/16/20	11/01/20	12/01/20		2,422.50	0.00	0.00	2,422.50 ✓		
	CONTRACT										
6002255719 ✓		11/16/20	11/01/20	12/01/20		86.67	0.00	0.00	86.67 ✓		
	CONTRACT										
6002255739 ✓		11/16/20	11/01/20	12/01/20		5,665.83	0.00	0.00	5,665.83 ✓		
	CONTRACT										
6002255672 ✓		11/16/20	11/01/20	12/01/20		680.00	0.00	0.00	680.00 ✓		
	CONTRACT										
6002255718 ✓		11/16/20	11/01/20	12/01/20		3,588.58	0.00	0.00	3,588.58 ✓		
	CONTRACT										
6002255721 ✓		11/16/20	11/01/20	12/01/20		61.67	0.00	0.00	61.67 ✓		
	CONTRACT										
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				
W1300	GRAINGER ✓					M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9476967444 ✓		11/01/20	10/13/20	11/07/20		273.18	0.00	0.00	273.18 ✓		
	SUPPLIES										
9498616102 ✓		11/15/20	11/01/20	11/26/20		141.40	0.00	0.00	141.40 ✓		
	SUPPLIES										
9502387476 ✓		11/15/20	11/01/20	11/26/20		37.82	0.00	0.00	37.82 ✓		
	SUPPLIES										
9503791551 ✓		11/15/20	11/07/20	12/02/20		361.23	0.00	0.00	361.23 ✓		
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	W1300	GRAINGER				813.63	0.00	0.00	813.63		
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		
2288677 ✓		11/15/20	09/16/20	10/16/20		31.75	0.00	0.00	31.75 ✓		
	SUPPLIES										
2293334 ✓		11/15/20	09/27/20	10/27/20		43.93	0.00	0.00	43.93 ✓		

	2309883	SUPPLIES	11/15/20	11/01/20	12/01/20		539.59	0.00	0.00	539.59	
		SUPPLIES									
	Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
		G1210	GULF COAST PAPER COMPANY				615.27	0.00	0.00	615.27	
Vendor#	Vendor Name		Class		Pay Code						
11784	HALF LEAGUE STORAGE										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
	110122		11/17/20	11/01/20	12/01/20		360.00	0.00	0.00	360.00	
	UNIT 11-12/35 NOV-JAN23										
	Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
		11784	HALF LEAGUE STORAGE				360.00	0.00	0.00	360.00	
Vendor#	Vendor Name		Class		Pay Code						
H1100	HAYES ELECTRIC SERVICE		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
	A222091904		11/16/20	09/19/20	09/29/20		180.00	0.00	0.00	180.00	
	ELECTRICAL LABOR										
	Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
		H1100	HAYES ELECTRIC SERVICE				180.00	0.00	0.00	180.00	
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	
	100679760		11/16/20	10/27/20	11/30/20		4,610.52	0.00	0.00	4,610.52	
	LEASE										
	100681628		11/16/20	11/01/20	11/01/20		89.87	0.00	0.00	89.87	
	LATE FEE										
	100681627		11/16/20	11/01/20	11/01/20		372.39	0.00	0.00	372.39	
	LATE FEE										
	100681626		11/16/20	11/01/20	11/01/20		357.71	0.00	0.00	357.71	
	LATE FEE										
	100681625		11/16/20	11/01/20	11/01/20		230.53	0.00	0.00	230.53	
	LATE FEE										
	Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
		11552	HEALTHCARE FINANCIAL SERVICES				5,661.02	0.00	0.00	5,661.02	
Vendor#	Vendor Name		Class		Pay Code						
H1227	HEALTHSURE INSURANCE SERVICES										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
	3272		11/16/20	11/02/20	12/01/20		500.00	0.00	0.00	500.00	
	BETHANY RENEWAL										
	Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
		H1227	HEALTHSURE INSURANCE SERVICES				500.00	0.00	0.00	500.00	
Vendor#	Vendor Name		Class		Pay Code						
I1264	ITA RESOURCES, INC		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
	MMC112022		11/17/20	11/14/20	11/25/20		26,230.25	0.00	0.00	26,230.25	
	RESPIRATORY SERV										
	Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
		I1264	ITA RESOURCES, INC				26,230.25	0.00	0.00	26,230.25	
Vendor#	Vendor Name		Class		Pay Code						
L0700	LABCORP OF AMERICA HOLDINGS		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	

74594270	✓		11/16/20	10/29/20	11/23/20		26.29	0.00	0.00	26.29	✓	
		LAB SERV										
74660288	✓		11/16/20	10/29/20	11/23/20		42.80	0.00	0.00	42.80	✓	
		LAB SERVICES										
74612138	✓		11/16/20	10/29/20	11/23/20		263.75	0.00	0.00	263.75	✓	
		LAB SERV										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		L0700	LABCORP OF AMERICA HOLDINGS				332.84	0.00	0.00	332.84		
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			
111522		11/16/20	11/15/20	11/15/20		430.10	0.00	0.00	430.10	✓		
	PAYROLL DEDUCT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11600	LEGAL SHIELD				430.10	0.00	0.00	430.10		
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			
55848		11/16/20	10/05/20	11/05/20		550.83	0.00	0.00	550.83	✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		L1640	LOWE'S BUSINESS ACCT/SYNCB				550.83	0.00	0.00	550.83		
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			
110322		11/16/20	11/03/20	11/15/20		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							
M2470	MEDLINE INDUSTRIES INC		✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
2235983009	✓	11/01/20	10/28/20	11/22/20		92.83	0.00	0.00	92.83	✓		
	SUPPLIES											
2235784110	✓	11/10/20	10/27/20	11/21/20		307.52	0.00	0.00	307.52	✓		
	SUPPLIES											
1981168245A	✓	11/15/20	01/05/20	01/30/20		85.04	0.00	0.00	85.04	✓		
	SUPPLIES											
1982144051A	✓	11/15/20	01/12/20	02/06/20		505.86	0.00	0.00	505.86	✓		
	SUPPLIES											
2225575930	✓	11/15/20	08/23/20	09/17/20		80.44	0.00	0.00	80.44	✓		
	SUPPLIES											
2235885909	✓	11/15/20	10/27/20	11/21/20		-40.82	0.00	0.00	-40.82	✓		
	CREDIT											
2236482124	✓	11/15/20	10/31/20	11/25/20		-92.83	0.00	0.00	-92.83	✓		
	CREDIT											
2236795423	✓	11/15/20	11/02/20	11/27/20		143.76	0.00	0.00	143.76	✓		
	SUPPLIES											
2236795424	✓	11/15/20	11/02/20	11/27/20		97.51	0.00	0.00	97.51	✓		
	SUPPLIES											
2237735915	✓	11/15/20	11/02/20	11/27/20		-67.41	0.00	0.00	-67.41	✓		

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	CREDIT			1702777295		11/16/20	06/25/20	07/20/20		331.17	0.00	0.00	331.17
	INTEREST			1702770785		11/16/20	06/25/20	07/20/20		340.08	0.00	0.00	340.08
	INTEREST			1702790760		11/16/20	07/23/20	08/17/20		307.75	0.00	0.00	307.75
	INTEREST			1702797733		11/16/20	07/23/20	08/17/20		249.01	0.00	0.00	249.01
	INTEREST												
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC							2,339.91	0.00	0.00	2,339.91
10963	MEMORIAL MEDICAL CLINIC												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	110322		11/16/20	11/03/20	11/15/20		195.00	0.00	0.00	195.00			
		PAYROLL DEDUCT											
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		10963	MEMORIAL MEDICAL CLINIC				195.00	0.00	0.00	195.00			
13952	MLB CONSULTING GROUP												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	111722		11/17/20	11/17/20	11/17/20		14,835.00	0.00	0.00	14,835.00			
		HVAC PROJECT											
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		13952	MLB CONSULTING GROUP				14,835.00	0.00	0.00	14,835.00			
M2621	MMC AUXILIARY GIFT SHOP		W										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	111522		11/16/20	11/15/20	11/25/20		399.83	0.00	0.00	399.83			
		PAYROLL DEDUCT											
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		M2621	MMC AUXILIARY GIFT SHOP				399.83	0.00	0.00	399.83			
10538	MORRIS & DICKSON CO, LLC												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	8853912		11/16/20	11/07/20	11/17/20		375.79	0.00	0.00	375.79			
		INVENTORY											
	8851186		11/16/20	11/07/20	11/17/20		74.69	0.00	0.00	74.69			
		INVENTORY											
	8859631		11/16/20	11/08/20	11/18/20		295.19	0.00	0.00	295.19			
		INVENTORY											
	8856537		11/16/20	11/08/20	11/18/20		3.22	0.00	0.00	3.22			
		INVENTORY											
	CM78820		11/16/20	11/08/20	11/18/20		-151.40	0.00	0.00	-151.40			
		CREDIT											
	CM78646		11/16/20	11/08/20	11/18/20		-426.28	0.00	0.00	-426.28			
		CREDIT											
	8859630		11/16/20	11/08/20	11/18/20		57.55	0.00	0.00	57.55			
		INVENTORY											
	8856538		11/16/20	11/08/20	11/18/20		118.51	0.00	0.00	118.51			
		INVENTORY											

8862000	✓		11/16/20	11/09/20	11/19/20		51.47	0.00	0.00	51.47	✓	
		INVENTORY										
8861997	✓		11/16/20	11/09/20	11/19/20		194.44	0.00	0.00	194.44	✓	
		INVENTORY										
8861999	✓		11/16/20	11/09/20	11/19/20		51.47	0.00	0.00	51.47	✓	
		INVENTORY										
8861998	✓		11/16/20	11/09/20	11/19/20		118.22	0.00	0.00	118.22	✓	
		INVENTORY										
8864549	✓		11/16/20	11/09/20	11/19/20		1,135.37	0.00	0.00	1,135.37	✓	
		INVENTORY										
8864550	✓		11/16/20	11/09/20	11/19/20		121.99	0.00	0.00	121.99	✓	
		INVENTORY										
8870680	✓		11/16/20	11/10/20	11/20/20		43.81	0.00	0.00	43.81	✓	
		INVENTORY										
8867628	✓		11/16/20	11/10/20	11/20/20		376.31	0.00	0.00	376.31	✓	
		INVENTORY										
8867627	✓		11/16/20	11/10/20	11/20/20		42.37	0.00	0.00	42.37	✓	
		INVENTORY										
8870679	✓		11/16/20	11/10/20	11/20/20		23.41	0.00	0.00	23.41	✓	
		INVENTORY										
8867629	✓		11/16/20	11/10/20	11/20/20		291.23	0.00	0.00	291.23	✓	
		INVENTORY										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10536	MORRIS & DICKSON CO, LLC	2,797.36	0.00	0.00	2,797.36
												2938.76
Vendor#	Vendor Name		Class		Pay Code							
14196	NATIONAL ASSOCIATION OF RURAL											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
MEM119282		11/16/20	11/08/20	12/01/20			450.00	0.00	0.00	450.00	✓	
	MEMBERSHIP											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							14196	NATIONAL ASSOCIATION OF RURAL	450.00	0.00	0.00	450.00
Vendor#	Vendor Name		Class		Pay Code							
13624	NEXION HEALTH AT NAVASOTA INC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
20221102		11/16/20	11/02/20	11/30/20			1,000.00	0.00	0.00	1,000.00	✓	
	TELEMEDICINE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							13624	NEXION HEALTH AT NAVASOTA INC	1,000.00	0.00	0.00	1,000.00
Vendor#	Vendor Name		Class		Pay Code							
11472	OCCUPRO LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
28324		11/16/20	11/07/20	11/30/20			502.11	0.00	0.00	502.11	✓	
	LICENSE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11472	OCCUPRO LLC	502.11	0.00	0.00	502.11
Vendor#	Vendor Name		Class		Pay Code							
01500	OLYMPUS AMERICA INC		M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
33494660		11/15/20	11/01/20	11/26/20			1,125.00	0.00	0.00	1,125.00	✓	
	SERVICE CONTRACT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net

	O1500	OLYMPUS AMERICA INC					1,125.00	0.00	0.00	1,125.00
Vendor#	Vendor Name		Class	Pay Code						
11155	PARA ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
12447 ✓		11/16/20	11/01/20	11/30/20		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						
S0905	PERFORMANCE HEALTH ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
IN95707737 ✓		11/15/20	10/25/20	11/19/20		46.63	0.00	0.00	46.63	✓
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	S0905	PERFORMANCE HEALTH				46.63	0.00	0.00	46.63	
Vendor#	Vendor Name		Class	Pay Code						
14536	QUVA PHARMA INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
76952527448 ✓		11/16/20	10/28/20	11/28/20		188.28	0.00	0.00	188.28	✓
	INVENTORY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	14536	QUVA PHARMA INC				188.28	0.00	0.00	188.28	
Vendor#	Vendor Name		Class	Pay Code						
14060	RADCOM ASSOCIATES, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
INV001088 ✓		11/16/20	10/31/20	11/30/20		900.00	0.00	0.00	900.00	✓
	MEDICAL PHYSICS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	14060	RADCOM ASSOCIATES, LLC				900.00	0.00	0.00	900.00	
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	
110922		11/16/20	11/09/20	11/19/20		42.75	0.00	0.00	42.75	✓
	TRAVEL REIM (11/9 Sam's/HEB)									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11764	ROBERT RODRIQUEZ				42.75	0.00	0.00	42.75	
Vendor#	Vendor Name		Class	Pay Code						
S1800	SHERWIN WILLIAMS ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
81281		11/16/20	10/12/20	10/27/20		67.87	0.00	0.00	67.87	✓
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	S1800	SHERWIN WILLIAMS				67.87	0.00	0.00	67.87	
Vendor#	Vendor Name		Class	Pay Code						
S2362	SMITH & NEPHEW ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
981132706 ✓		11/15/20	11/01/20	11/15/20		1,190.80	0.00	0.00	1,190.80	✓
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	S2362	SMITH & NEPHEW				1,190.80	0.00	0.00	1,190.80	
Vendor#	Vendor Name		Class	Pay Code						

S2694	STANFORD VACUUM SERVICE			M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
484537		11/16/20	08/18/20	09/18/20		550.00	0.00	0.00	550.00		
	GREASE TRAP										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net		
	S2694	STANFORD VACUUM SERVICE				550.00	0.00	0.00	550.00		
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		
3522095360		11/15/20	10/31/20	10/31/20		171.06	0.00	0.00	171.06		
	SUPPLIES										
35222095352		11/15/20	10/31/20	11/15/20		154.09	0.00	0.00	154.09		
	SUPPLIES										
3522095347		11/15/20	10/31/20	11/15/20		116.48	0.00	0.00	116.48		
	SUPPLIES										
3522095355		11/15/20	10/31/20	11/15/20		89.27	0.00	0.00	89.27		
	SUPPLIES										
3522095353		11/15/20	10/31/20	11/15/20		219.99	0.00	0.00	219.99		
	SUPPLIES										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net		
	10845	STAPLES ADVANTAGE				750.89	0.00	0.00	750.89		
Vendor#	Vendor Name			Class	Pay Code						
S3940	STERIS CORPORATION			M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
10556799		11/15/20	10/31/20	11/25/20		5,609.90	0.00	0.00	5,609.90		
	SUPPLIES										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net		
	S3940	STERIS CORPORATION				5,609.90	0.00	0.00	5,609.90		
Vendor#	Vendor Name			Class	Pay Code						
10735	STRYKER SUSTAINABILITY										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
4552600		11/01/20	10/20/20	11/19/20		140.88	0.00	0.00	140.88		
	SUPPLIES										
4555889		11/01/20	10/25/20	11/24/20		2,234.11	0.00	0.00	2,234.11		
	SUPPLIES										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net		
	10735	STRYKER SUSTAINABILITY				2,374.99	0.00	0.00	2,374.99		
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		
890886		11/16/20	11/01/20	11/30/20		6,130.42	0.00	0.00	6,130.42		
	LICENSE										
891087		11/16/20	11/01/20	11/30/20		83.33	0.00	0.00	83.33		
	INBOUND INTERFACE										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net		
	T2539	T-SYSTEM, INC				6,213.75	0.00	0.00	6,213.75		
Vendor#	Vendor Name			Class	Pay Code						
T1450	TEXAS ASSOCIATION OF COUNTIES			W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
101122A		11/16/20	10/11/20	10/11/20		4,559.43	0.00	0.00	4,559.43		
	3RD QTR CONTRIBUTION										

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		T1450	TEXAS ASSOCIATION OF COUNTIES		4,559.43	0.00	0.00	4,559.43	
Vendor#	Vendor Name		Class	Pay Code					
T2204	TEXAS MUTUAL INSURANCE CO ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1004126669		11/16/20	10/31/20	11/20/20		160.00	0.00	0.00	160.00 ✓
WORKERS COMP									
Vendor Totals		T2204	TEXAS MUTUAL INSURANCE CO		160.00	0.00	0.00	160.00	
Vendor#	Vendor Name		Class	Pay Code					
T2250	TK ELEVATOR CORPORATION ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3006922261 ✓		11/16/20	11/01/20	11/01/20		1,398.81	0.00	0.00	1,398.81 ✓
BRONZE/OIL/GREASE									
Vendor Totals		T2250	TK ELEVATOR CORPORATION		1,398.81	0.00	0.00	1,398.81	
Vendor#	Vendor Name		Class	Pay Code					
U1064	UNIFIRST HOLDINGS INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8400407778 ✓	LAUNDRY	11/16/20	11/03/20	11/28/20		171.12	0.00	0.00	171.12 ✓
8400407818 ✓	LAUNDRY	11/16/20	11/03/20	11/28/20		95.03	0.00	0.00	95.03 ✓
8400407981 ✓	LAUNDRY	11/16/20	11/03/20	11/28/20		48.15	0.00	0.00	48.15 ✓
8400408003 ✓	LAUNDRY	11/16/20	11/07/20	12/02/20		2,247.98	0.00	0.00	2,247.98 ✓
8400407982 ✓	LAUNDRY	11/16/20	11/07/20	12/02/20		44.80	0.00	0.00	44.80 ✓
8400408344 ✓	LAUNDRY	11/16/20	11/10/20	12/05/20		129.04	0.00	0.00	129.04 ✓
8400408303 ✓	LAUNDRY	11/16/20	11/10/20	12/05/20		219.13	0.00	0.00	219.13 ✓
8400408329 ✓	LAUNDRY	11/16/20	11/10/20	12/05/20		1,738.88	0.00	0.00	1,738.88 ✓
8400408304 ✓	LAUNDRY	11/16/20	11/10/20	12/05/20		197.12	0.00	0.00	197.12 ✓
8400408302 ✓	LAUNDRY	11/16/20	11/10/20	12/05/20		201.59	0.00	0.00	201.59 ✓
8400408305 ✓	LAUNDRY	11/16/20	11/10/20	12/05/20		211.73	0.00	0.00	211.73 ✓
8400408301 ✓	LAUNDRY	11/16/20	11/10/20	12/05/20		32.01	0.00	0.00	32.01 ✓
8400408321 ✓	LAUNDRY	11/16/20	11/10/20	12/05/20		75.08	0.00	0.00	75.08 ✓
Vendor Totals		U1064	UNIFIRST HOLDINGS INC		5,411.66	0.00	0.00	5,411.66	
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
22100244 ✓		11/16/20	10/31/20	11/30/20		160.00	0.00	0.00	160.00 ✓

ADVERTISING

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
V1471	VICTORIA RADIOWORKS, LTD			160.00	0.00	0.00	160.00

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net		
I1110	WERFEN USA LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9111221128 ✓		11/10/20	09/29/20	10/24/20		944.00	0.00	0.00	944.00 ✓

SUPPLIES

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
I1110	WERFEN USA LLC			944.00	0.00	0.00	944.00

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net		
10556	WOUND CARE SPECIALISTS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
WCS00005599 ✓		11/16/20	11/01/20	11/30/20		4,500.00	0.00	0.00	4,500.00 ✓

WOUND CARE SERV

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
10556	WOUND CARE SPECIALISTS			4,500.00	0.00	0.00	4,500.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	411,601.76	0.00	0.00	411,601.76

pg 1 correction { <208.00>
 { +183.48
 pg 10 correction ≙ +151.40

 \$ 411,728.64

411,601.76 +
 208.00 -
 183.48 +
 151.40 +
 411,728.64 *

004

APPROVED ON

NOV 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#197118-197257

RUN DATE: 11/17/22
RECEIVED BY THE
COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCREDIT

PATIENT NOV 17 2022

NUMBER PAYEE NAME DATE AMOUNT CODE TYPE DESCRIPTION GL NUM

CALHOUN COUNTY, TEXAS

NUMBER	PAYEE NAME	DATE	AMOUNT	CODE	TYPE	DESCRIPTION	GL NUM
		111722	98.46		✓ 2		
		111722	212.86		✓ 2		
		111722	249.95		✓ 2		
		111722	346.62		✓ 2		
		082322	95.58		✓ 2		
		111722	36.76		✓ 2		
		111722	105.08		✓ 1		
		111722	32.49		✓ 2		
		111722	143.21		✓ 3		
		111722	86.25		✓ 2		
		111722	926.81		✓ 2		
		111722	390.00		✓ 2		
		111722	250.00		✓ 2		
		111722	511.05		✓ 2		
		111722	25.00		✓ 2		
		111722	50.00		✓ 2		
		111722	18.80		✓ 2		

ARID=0001 TOTAL 3578.92

TOTAL 3578.92

APPROVED ON
NOV 17 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CX#197267-197283

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ROSHANDA S THOMAS



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

Account Number: XXXX-XXXX-XXXX-9457

Summary of Account Activity

Total Activity \$593.00

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	11/03/2022
Days in Billing Period	31

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
10/04	10/03	9399	05134372277600036742504	1 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87618192	22033 USA 2.50 ✓
10/04	10/03	9399	05134372277600036742686	2 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87618713	22033 USA 2.50 ✓
10/04	10/03	9399	05134372277600036742769	3 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87619211	22033 USA 2.50 ✓
10/04	10/03	9399	05134372277600036742843	4 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87619625	22033 USA 2.50 ✓
10/04	10/03	9399	05134372277600036742926	5 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87619909	22033 USA 2.50 ✓
10/04	10/03	9399	05134372277600036743007	6 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87620467	22033 USA 2.50 ✓
10/04	10/03	9399	05134372277600036743189	7 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87620780	22033 USA 2.50 ✓
10/04	10/03	9399	05134372277600036743262	8 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87621019	22033 USA 2.50 ✓
10/04	10/03	9399	05134372277600036743346	9 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87621214	22033 USA 2.50 ✓
10/04	10/03	9399	05134372277600036743429	10 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87621339	22033 USA 2.50 ✓
10/04	10/03	9399	05134372277600036743593	11 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87621500	22033 USA 2.50 ✓
10/04	10/03	9399	05134372277600036743676	12 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87621720	22033 USA 2.50 ✓

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

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

Account Number XXXX-XXXX-XXXX-9457
Statement Closing Date November 03, 2022

Not an invoice.
For your records only.

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

00007905040

Account: XXXX-XXXX-XXXX-9457

Transactions (cont)

Post Date	Trans Date	MGC	Reference Number	Description/Location	Amount
10/04	10/03	9399	05134372277600036743759	13 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87622016	22033 USA ✓2.50 ✓
10/04	10/03	9399	05134372277600036743833	14 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87622612	22033 USA ✓2.50 ✓
10/04	10/03	9399	05134372277600036743916	15 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87623144	22033 USA ✓2.50 ✓
10/04	10/03	9399	05134372277600036744096	16 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87623854	22033 USA ✓2.50 ✓
10/04	10/03	9399	05134372277600036744179	17 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87629230	22033 USA ✓2.50 ✓
10/04	10/03	9399	05134372277600036744252	18 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87629861	22033 USA ✓2.50 ✓
10/04	10/03	9399	05134372277600036744336	19 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87630422	22033 USA ✓90.00 ✓
10/14	10/13	8999	25247702287013428916595	20 SOCIETYFORHUMANRESOURC ALEXANDRIA CS1588192	22314 USA ✓229.00 ✓
10/14	10/13	8999	25247702287013428918252	21 SOCIETYFORHUMANRESOURC ALEXANDRIA CS1588198	22314 USA ✓229.00 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S): \$593.00					✓

[Handwritten Signature]
11/14/22

APPROVED ON

NOV 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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/online and click on the 'Self registration for Cardholders' link. From there, follow the prompts to establish your account.
- **Payments:** You may make a payment to your individually billed card account online using CitiManager. Please note that some organizations do not have the CitiManager online payment feature enabled for cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for all Cardholder balances. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day. Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of this statement for details.
- **Company Ratification:** By its payment of any amounts charged to the Account, the Company: (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardholders to whom Cards are issued.
- **Special Information on Cash Advances:** Cardholders may get a Cash Advance at over 160,000 locations worldwide.
 - The Cardholder's Cash Advance Limit is a part of the Cardholder's Total Credit Line. It is not an additional line of credit.
 - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.
- **Delinquency Fee:** My Account will be delinquent unless the Bank receives the amount shown on the billing statement as the balance due, less any disputed charges, by the payment due date. The Bank will show any unpaid portion of the balance due as a past due balance on subsequent billing statements. If any portion of the past due balance appears on two consecutive billing statements (approximately 55-60 days after the billing cycle date), I agree to pay a delinquency fee monthly based on a percentage of the entire past due balance until my payment is received by the Bank. A late fee may also be imposed monthly until payment for the past due balance is received by the Bank.

Account Inquiries

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

Account: XXXX-XXXX-XXXX-9457

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

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

Date: 11/9/2022
P.O. # _____
Account # _____
Initiated By: _____

Date Required		Expense #	Department	Deliver To		Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		NPDB X 18 Physicians	2.50		45.00
2			new Enrollment			
3	-		NPDB X 36 Providers	2.50		90.00
4			Renewals			
5			Society for Human Resources			229.00
6		45.00 +	membership - Marissa Almanzar			
		90.00 +				
7		229.00 +	Society for Human Resources			229.00
		229.00 +	membership - Andrie Flores			
9		593.00 *				
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 593.00

NOTES:

Charges made to Roshanda Thomas' MC - 9457

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Thomas</u> 11/14/22

Wire Transfer

COUNTY OF CALHOUN TEXAS (



PROSPERITY
BANK®

Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 593.00
Debit Account A (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank

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

Payment Date 11/23/2022

Originator Information

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

Beneficiary / Payee Information

Beneficiary Bank Information

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

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

Additional Reference Information

Purpose Of Payment CARD PMT

Additional Information For
Beneficiary

Status History

Timestamp	Status	Initiator	Description
Nov 23, 2022 12:02:14 PM CST	Created		Wire Created.

CITIBANK CORPORATE CARD

Account Statement



Commercial Card Account
C0001 CALHOUN COUNTY MMC

Account Inquiries:

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

Account Number: XXXX-XXXX-XXXX
Invoice # 3653004052

Summary of Account Activity

Previous Balance	\$80.64
Payments	\$338.14
Credits	\$0.00
Purchases & Other Charges	\$593.00
Cash Transactions	\$0.00
Cash Transaction Fees	\$0.00
Interest Charges	\$0.00

Payment Information

New Balance	\$335.50
Past Due Amount	\$0.00
Disputed Amount	\$0.00
Amount Over Credit Limit	\$0.00
Minimum Payment Due	\$335.50
Payment Due Date	11/28/2022
Statement Closing Date	11/03/2022
Days in Billing Period	31

Credit Limit	\$30,000
Available Credit Limit	\$29,664
Cash Advance Limit	\$0
Available Cash Advance Limit	\$0

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

Company Transactions

Account: XXXX-XXXX-XXXX-2799 C0001 CALHOUN COUNTY MMC Total Activity: -\$338.14

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
10/20	10/20	0000	75563972293293000074367	1 PAYMENT THANK YOU	338.14 PY

Cardholder Transactions

Account: XXXX-XXXX-XXXX-9457 ROSHANDA S THOMAS Total Activity: \$693.00

Credit Limit: \$15,000 Cash Limit: \$0

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
10/04	10/03	9399	05134372277600036742504	1 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA N87618192	2.50
10/04	10/03	9399	05134372277600036742686	2 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA N87618713	2.50
10/04	10/03	9399	05134372277600036742769	3 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA N87619211	2.50

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION Page 1 of 4
Please detach and return lower portion with your payment to ensure proper credit. Retain upper portion for your records.

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

CITIBANK, N.A.
PO BOX 78025
PHOENIX AZ 85062-8025

Account Number XXXX-XXXX-XXXX-2799
Payment Due Date November 28, 2022
New Balance \$335.50
Past Due Amount* \$0.00
Minimum Payment Due \$335.50

Mail
Checks
To

Amount Enclosed
\$

*Past Due Amount is included in the Minimum Payment Due.

C0001 CALHOUN COUNTY MMC
RHONDA KOKENA
STE A
202 S ANN ST
PORT LAVACA TX 77979-4204

28000 0033550 0033550 0033814 05567090005272799 0300

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.

Account Inquiries

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

Account: XXXX-XXXX-XXXX-2799

Cardholder Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
10/04	10/03	9399	05134372277600036742843	4 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87619625	22033 USA 2.50
10/04	10/03	9399	05134372277600036742926	5 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87619909	22033 USA 2.50
10/04	10/03	9399	05134372277600036743007	6 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87620467	22033 USA 2.50
10/04	10/03	9399	05134372277600036743189	7 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87620780	22033 USA 2.50
10/04	10/03	9399	05134372277600036743262	8 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87621019	22033 USA 2.50
10/04	10/03	9399	05134372277600036743346	9 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87621214	22033 USA 2.50
10/04	10/03	9399	05134372277600036743429	10 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87621339	22033 USA 2.50
10/04	10/03	9399	05134372277600036743593	11 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87621500	22033 USA 2.50
10/04	10/03	9399	05134372277600036743676	12 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87621720	22033 USA 2.50
10/04	10/03	9399	05134372277600036743759	13 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87622016	22033 USA 2.50
10/04	10/03	9399	05134372277600036743833	14 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87622612	22033 USA 2.50
10/04	10/03	9399	05134372277600036743916	15 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87623144	22033 USA 2.50
10/04	10/03	9399	05134372277600036744096	16 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87623854	22033 USA 2.50
10/04	10/03	9399	05134372277600036744179	17 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87629230	22033 USA 2.50
10/04	10/03	9399	05134372277600036744252	18 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87629861	22033 USA 2.50
10/04	10/03	9399	05134372277600036744336	19 NPDB NPDB.HRSA.GOV 800-767-6732 VA N87630422	22033 USA 90.00
10/14	10/13	8999	25247702287013428916595	20 SOCIETYFORHUMANRESOURC ALEXANDRIA VA CS1588192	22314 USA 229.00
10/14	10/13	8999	25247702287013428918252	21 SOCIETYFORHUMANRESOURC ALEXANDRIA VA CS1588198	22314 USA 229.00

FINANCE CHARGE SUMMARY		Your Annual Percentage Rate (APR) is the annual interest rate on your account.	
Type of Balance	Annual Percentage Rates	Periodic Rate*	Balance Subject to Finance Charges
PURCHASE AND FEES	0.00%	0.0000% (M)	\$0.00
CASH	0.00%	0.0000% (M)	\$0.00

* (D) Daily Rate
(M) Monthly Rate

Account: XXXX-XXXX-XXX

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 21 2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

11/21/2022

10:33

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

10789 DISCOVERY MEDICAL NETWORK INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC111522 ✓		11/21/20	11/15/20	11/16/20		99,716.50	0.00	0.00	99,716.50 ✓

PHYSICIAN SERVICES (1-15th)

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	99,716.50	0.00	0.00	99,716.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	99,716.50	0.00	0.00	99,716.50

APPROVED ON

NOV 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 197207

MCKESSON

Company: 8000

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

STATEMENT

As of: 11/18/2022

Page: 002

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

DC: 8115

As of: 11/18/2022 Page: 002
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Customer: 632536
 Date: 11/19/2022

Cust: 632536 PLEASE CHECK ANY
 Date: 11/19/2022 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: 10,453.17 USD

Future Due:	0.00									
Past Due:	0.00									
Last Payment 08/07/2017	2,451.97									
						10,247.02	USD			10,247.02
										206.15
						10,453.17	USD			10,453.17

10,034.36 +
 145.54 +
 67.12 +
 10,247.02 *

003

APPROVED ON

NOV 21 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

Company: 8000

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

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

As of: 11/18/2022

DC: 8115

Territory: 400

Customer: 256342

Date: 11/19/2022

Page: 001

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

As of: 11/18/2022 Page: 001
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 256342 PLEASE CHECK ANY
 Date: 11/19/2022 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							
11/14/2022	11/22/2022	7378220705	53173853	115Invoice	1.10	55.11	✓	54.01	✓	7378220705
11/14/2022	11/22/2022	7378220706	53255440	115Invoice	0.01	0.32	✓	0.31	✓	7378220706
11/14/2022	11/22/2022	7378220707	53285556	115Invoice	7.03	351.68	✓	344.65	✓	7378220707
11/14/2022	11/22/2022	7378220708	53292287	115Invoice	76.99	3,849.57	✓	3,772.58	✓	7378220708
11/14/2022	11/22/2022	7378220709	53383946	115Invoice		0.16	✓	0.16	✓	7378220709
11/14/2022	11/22/2022	7378220710	53393946	115Invoice	32.47	1,623.62	✓	1,591.15	✓	7378220710
11/14/2022	11/22/2022	7378371023	53180309	195Invoice	0.72	36.06	✓	35.34	✓	7378371023
11/14/2022	11/22/2022	7378371024	53335619	195Invoice	0.02	0.95	✓	0.93	✓	7378371024
11/15/2022	11/22/2022	7378488436	53432137	115Invoice	10.72	535.88	✓	525.16	✓	7378488436
11/16/2022	11/22/2022	7378770808	53597688	115Invoice	24.10	1,204.92	✓	1,180.82	✓	7378770808
11/16/2022	11/22/2022	7378770809	53597688	115Invoice	0.92	46.00	✓	45.08	✓	7378770809
11/16/2022	11/22/2022	7378770810	53668401	115Invoice	24.10	1,204.92	✓	1,180.82	✓	7378770810
11/16/2022	11/22/2022	7378948495	53604380	195Invoice	2.77	138.63	✓	135.86	✓	7378948495
11/17/2022	11/22/2022	7379039496	53812327	115Invoice	12.11	605.73	✓	593.62	✓	7379039496
11/17/2022	11/22/2022	7379198553	53746392	195Invoice	1.55	77.39	✓	75.84	✓	7379198553
11/18/2022	11/22/2022	7379318759	53865669	115Invoice	6.06	302.79	✓	296.73	✓	7379318759
11/18/2022	11/22/2022	7379495378	53872535	195Invoice	4.11	205.41	✓	201.30	✓	7379495378

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: 10,239.14 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,242.38

If Paid By 11/22/2022,
 Pay This Amount: 10,034.36 USD

Due If Paid On Time: 10,034.36 ✓
 USD

Disc lost if paid late: 204.78

Due If Paid Late: 10,239.14
 USD

[Signature] 11/23/22
[Signature]

For AR Inquiries please contact 800-867-0333

MCKESSON

Company: 8000

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

STATEMENT

As of: 11/18/2022
 DC: 8115
 Territory: 400
 Customer: 464450
 Date: 11/19/2022

Page: 001

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

As of: 11/18/2022
 Mail to: Page: 001
 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 464450
 Date: 11/19/2022
 PLEASE CHECK ANY
 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
11/16/2022	11/22/2022	8901094405	0000020834	Addbill INV		145.54		145.54	✓	8901094405

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:

145.54 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,233.38

11/07/2022

If Paid By 11/22/2022,
 Pay This Amount:

145.54 USD

If Paid After 11/22/2022,
 Pay this Amount:

145.54 USD

Due If Paid On Time:
 USD 145.54 ✓

Disc lost if paid late:
 0.00

Due If Paid Late:
 USD 145.54

For AR Inquiries please contact 800-867-0333

MCKESSON

Company: 8000

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

STATEMENT

As of: 11/18/2022
 DC: 8115
 Territory: 400
 Customer: 835438
 Date: 11/19/2022

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Page: 001

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

As of: 11/18/2022
 Mail to:
 Page: 001
 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 835438
 Date: 11/19/2022
 PLEASE CHECK ANY
 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
11/16/2022	11/22/2022	CVS PHCY 7475/MEM MC PHS 7378972294	632536 1987923	115Invoice	1.37	68.49		67.12	✓	7378972294

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: 68.49 USD

Future Due: 0.00
 Past Due: 0.00
 Last Payment 11/14/2022 2,242.38

Due If Paid On Time: 67.12 ✓
 USD
 Disc lost if paid late: 1.37
 Due If Paid Late: 68.49
 USD

For AR Inquiries please contact 800-867-0333



STATEMENT

Statement Number: 64113394
Date: 11-18-2022

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

DEA: RA0289276
866-451-9655

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

Summary
Not Yet Due: 0.00
Current: 2,056.93
Past Due: 0.00
Total Due: 2,056.93
Account Balance: 2,056.93

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-15-2022	11-25-2022	3112706637	168421	Invoice	125.59		0.00	125.59
11-16-2022	11-25-2022	3112860561	168432	Invoice	800.17		0.00	800.17
11-16-2022	11-25-2022	3112860562	168433	Invoice	17.46		0.00	17.46
11-16-2022	11-25-2022	3112860563	168434	Invoice	10.05		0.00	10.05
11-18-2022	11-25-2022	3113163088	168454	Invoice	1,103.66		0.00	1,103.66

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,056.93	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
11-14-2022	(694.48)
11-18-2022	(2,318.16)

Reminders

Due Date	Amount
11-25-2022	2,056.93
Total Due:	2,056.93

APPROVED ON

NOV 21 2022

Richard S. Thomas
11/22/22

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			1
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		941 #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			1
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		22
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		12
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		\$ 129,183.33 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		\$ 65,499.84 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			\$ 15,318.44 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			\$ 48,365.05 #
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	CHECK	★	\$ -
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:
CALLED IN DATE:
CALLED IN TIME:

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

PAY PERIOD: BEGIN 11/4/2022
 PAY PERIOD: END 11/17/2022
 PAY DATE: 11/25/2022

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
GROSS PAY:	\$ 558,838.21			\$ -		\$ 558,838.21
DEDUCTIONS:						
A/R	\$ 576.02					\$ 576.02
ADVANC						\$ -
BOOTS						\$ -
SUNLIFE CRITICAL ILLNESS	\$ 868.58					\$ 868.58
SUNLIFE ACCIDENT	\$ 718.38					\$ 718.38
SUNLIFE VISION						\$ -
SUNLIFE SHORT TERM DIS	\$ 1,172.84					\$ 1,172.84
BCBS VISION	\$ 960.92					\$ 960.92
CAFÉ-D	\$ 1,527.66					\$ 1,527.66
CAFÉ-H	\$ 21,451.55					\$ 21,451.55
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ 602.77					\$ 602.77
CLINIC	\$ 115.00					\$ 115.00
COMBIN	\$ 280.87					\$ 280.87
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF						\$ -
SUNLIFE TERM LIFE	\$ 865.92					\$ 865.92
SUNLIFE HOSP INDEM	\$ 524.73					\$ 524.73
FED TAX	\$ 48,365.05					\$ 48,365.05
FICA-M	\$ 7,659.22					\$ 7,659.22
FICA-O	\$ 32,749.92					\$ 32,749.92
FIRST C	\$ -					\$ -
FLEX S	\$ 3,273.58					\$ 3,273.58
FLX-FE	\$ -					\$ -
GIFT S	\$ 297.06					\$ 297.06
GRP-IN						\$ -
GTL						\$ -
HOSP-I						\$ -
LEGAL	\$ 958.98					\$ 958.98
OTHER	\$ 338.50					\$ 338.50
NATIONAL FARM LIFE	\$ 1,628.74					\$ 1,628.74
MED SURCHARGE	\$ 320.00					\$ 320.00
PR FIN	\$ -					\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 640.86					\$ 640.86
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 39,118.76					\$ 39,118.76
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 165,015.91	\$ -	\$ -	\$ -	\$ -	\$ 165,015.91
NET PAY:	\$ 393,822.30	\$ -	\$ -	\$ -	\$ -	\$ 393,822.30

TOTAL CAFÉ 125 PLAN: \$ 30,614.37 Less Exempt:
 TAXABLE PAY: \$ 528,223.84 \$ 528,223.84

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 7,659.25		
FICA - MED (EE)	1.45%	\$ 7,659.25	\$ 7,659.22	\$ 0.03
FICA - SOC SEC (ER)	8.20%	\$ 32,749.88		
FICA - SOC SEC (EE)	8.20%	\$ 32,749.88	\$ 32,749.92	\$ (0.04)
FED WITHHOLDING		\$ 48,365.05	\$ 48,365.05	

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

TOTAL: \$ -

TAX DEPOSIT: \$ 129,183.31 \$ 129,183.33
 FICA - MEDICARE 2.90% \$ 15,318.50 \$ 15,318.44
 FICA - SOCIAL SECURITY 12.40% \$ 65,499.76 \$ 65,499.84
 FED WITHHOLDING \$ 48,365.05 \$ 48,365.05
 TOTAL TAX: \$ 129,183.31 \$ 129,183.33 \$ (0.02)

PREPARED BY: Mayra Martinez
 PREPARED DATE: 11/21/2022

Run Date: 11/18/22
Time: 14:29

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 11/04/22 - 11/17/22 Run# 1

Page 108
P2REG

Final Summary

*-- PayCode Summary						*-- Deductions Summary								
PayCd	Description	Hrs	OT	SH	WB	HO	CB	Gross	Code	Amount				
1	REGULAR PAY-S1	9347.50	N	N	N			205684.51	A/R	576.02	A/R2	A/R3		
1	REGULAR PAY-S1	1916.00	N	N	N	N		86139.33	ADVANC		AWARDS	BCBSVI	960.92	
1	REGULAR PAY-S1	382.50	Y	N	N			11662.15	BOOTS		CAFE H	CAFE-1		
2	REGULAR PAY-S2	2622.75	N	N	N			65107.78	CAFE-2		CAFE-3	CAFE-4		
2	REGULAR PAY-S2	122.75	Y	N	N			4632.02	CAFE-5		CAFE-C	CAFE-D	1527.66	
3	REGULAR PAY-S3	1583.50	N	N	N			47854.62	CAFE-F		CAFE-H	21451.55	CAFE-I	
3	REGULAR PAY-S3	105.75	Y	N	N			4566.77	CAFE-L		CAFE-P		CANCER	
4	CALL BACK PAY	2.00	N	N	N	Y		64.78	CHILD	602.77	CLINIC	115.00	COMBIN	280.87
4	CALL BACK PAY	37.00	N	1	N	N	Y	1533.96	CREDUN		DD ADV		DENTAL	
4	CALL BACK PAY	32.25	N	2	N	N	Y	1301.26	DEP-LF		DIS-LF		EAT	
4	CALL BACK PAY	2.00	N	3	N	N	Y	48.19	EATCSH		FEDTAX	48365.05	FICA-M	7659.22
C	CALL PAY	2284.00	N	1	N	N		4568.00	FICA-O	32749.92	FIRSTC		PLEX S	3273.58
D	DOUBLE TIME	52.00	N	1	N	N		1470.30	FLX FE		FORT D		FUTA	
D	DOUBLE TIME	30.50	N	2	N	N		1616.25	GIFT S	297.06	GRANT		GRP-IN	
D	DOUBLE TIME	16.75	N	3	N	N		1482.77	GTL		HOSP-I		ID TPT	
D	DOUBLE TIME	9.75	Y	1	N	N		415.35	LEAF		LEGAL	209.98	MASA	749.00
D	DOUBLE TIME	6.00	Y	2	N	N		291.42	MEALS	155.54	METVIS		MISC	
D	DOUBLE TIME	13.75	Y	3	N	N		691.76	MISC/		MCSHR		NATFML	1628.74
E	EXTRA WAGES		N	N	N	N		7542.50	OTHER		PHI		PHI***	
E	EXTRA WAGES		N	1	N	N	Y	60805.75	PR FIN		RBLAY		REPAY	
F	FUNERAL LEAVE	16.00	N	1	N	N		510.72	SAMS		SCRUBS		SIGNON	
J	JURY LEAVE	24.00	N	1	N	N		944.40	ST-TX		STONDF	640.86	STONE	
K	EXTENDED-ILLNESS-BANK	562.00	N	1	N	N		13652.88	STONE2		STUDEN		SUNACC	718.38
P	PAID-TIME-OFF	358.33	N	N	N	N		7732.69	SUNILL	868.58	SUNIND	524.73	SUNLIF	865.92
P	PAID-TIME-OFF	1144.75	N	1	N	N		28038.05	SUNSTD	1172.84	SUNVIS		SURCHG	320.00
X	CALL PAY 2	96.00	N	1	N	N		192.00	TSA-1		TSA-2		TSA-C	
Z	CALL PAY 3	96.00	N	1	N	N		288.00	TSA-P		TSA-R	39118.76	TUTION	
									UNIPOR	182.96	UW/HOS			

*----- Grand Totals: 20863.83 ----- (Gross: 558838.21 Deductions: 165015.91 Net: 393822.30)
| Checks Count:- FT 197 PT 6 Other 55 Female 231 Male 25 Credit OverAmt 22 ZeroNet Term Total: 256 |

Roshane S. Thomas
11/18/22

Run Date: 11/21/22
Time: 08:49

MEMORIAL MEDICAL CENTER
**** Check Register ****
Pay Period 11/04/22--11/17/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
12392	BIANCA CADY	288.48	00063262	11/25/22
00041	CARL LEE KING	1779.23	DD	11/25/22
00083	SYLVIA A VARGAS	1872.10	DD	11/25/22
00094	SYLVIA A MENDOZA	845.11	DD	11/25/22
00113	JACLYN CARREON	1232.45	DD	11/25/22
00132	SANDRA A BRAUN	866.04	DD	11/25/22
00192	BRENDA D PENA	3751.81	DD	11/25/22
00270	ANGELA M BURGIN	1648.77	DD	11/25/22
00344	SANDRA LEE RUDDICK	2685.24	DD	11/25/22
00387	BILLIE F DUCKWORTH	1728.03	DD	11/25/22
00392	MONICA T CARR	2426.01	DD	11/25/22
00399	LINDA J TIJERINA	2695.88	DD	11/25/22
00401	VELMA J PINA	2101.27	DD	11/25/22
00417	SHERRY L KING	2286.42	DD	11/25/22
00423	DONN V STRINGO	2114.88	DD	11/25/22
00482	PAM FIKAC	1323.92	DD	11/25/22
00581	CYNTHIA L RUSHING	1534.43	DD	11/25/22
00676	SHEILA KAY HEATHCOCK	1168.49	DD	11/25/22
00681	RILLA RENEE WOOD	1628.84	DD	11/25/22
00692	DEBORAH E WITNEBERT	436.56	DD	11/25/22
00697	MARIA C FARIAS	1140.57	DD	11/25/22
00707	KIMBERLY R BLINKA	1684.48	DD	11/25/22
00895	EMILIE DIANE WILKEY	869.71	DD	11/25/22
01015	SUSAN B SMALLEY	1843.27	DD	11/25/22
01191	SHARON M SPARKS	2309.48	DD	11/25/22
01234	JENISE N SVETLIK	2002.18	DD	11/25/22
01367	MARILYN A SANDERS	3011.28	DD	11/25/22
01543	JACKIE E WILLIAMS	3675.65	DD	11/25/22
01791	RAUSHANAH J MONDAY	2130.45	DD	11/25/22
02011	ERIN R CLEVINGER	3897.34	DD	11/25/22
02021	ERIKA OSORNIA-SANCHEZ	2257.21	DD	11/25/22
02022	AMANDA J GRIGGS	2488.15	DD	11/25/22
02064	ANNA LAURA GARCIA	1174.48	DD	11/25/22
02097	KYLIE M GAINES	2019.59	DD	11/25/22
02099	TRACI M SHEFCIK	2913.71	DD	11/25/22
02112	LESLIE THOMAS	3117.98	DD	11/25/22
02122	DARIN LUNA	1215.94	DD	11/25/22
02145	BING VALDEZ	3348.94	DD	11/25/22
02154	JUSTINE STREL CZYK	351.54	DD	11/25/22
02162	MIRIAM PALUKA	6686.08	DD	11/25/22
02168	JENSICA KNIGHT	4903.68	DD	11/25/22
02193	TIKI VENGLAR	1553.99	DD	11/25/22
02271	DAWN J BUBENIK	1970.99	DD	11/25/22
02301	NICOLAS TIJERINA	3219.79	DD	11/25/22
02302	CATHERINE MARIE DECILLOS	116.92	DD	11/25/22
02303	CONNIE M LUNA	2416.74	DD	11/25/22
02315	NINA M GREEN	4516.42	DD	11/25/22
02322	RICK OSORNIA	2936.70	DD	11/25/22
02331	JESSICA B BIFFLE	2180.31	DD	11/25/22
02346	JEANETTE L FALCON	1534.76	DD	11/25/22
02356	CHALEY HAMILTON	1770.58	DD	11/25/22
02416	JANELLE SCOTT	1427.61	DD	11/25/22
02511	MAGDALENA SEPULVEDA	3119.95	DD	11/25/22

Run Date: 11/21/22
Time: 08:49

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 11/04/22--11/17/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 2
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
02535	STEPANIE M SOLIZ	1627.85	DD	11/25/22
02552	VERONICA RAGUSIN	2425.10	DD	11/25/22
02678	MELISSA NESLONEY	2663.66	DD	11/25/22
02701	RONDA DAWNELLE GOHLKE	2789.61	DD	11/25/22
02719	DAWN M MCCLELLAND	1855.34	DD	11/25/22
02735	ZANDRA A GARCIA	1535.47	DD	11/25/22
02763	JESSICA MARQUEZ	1719.12	DD	11/25/22
02794	HEATHER L MUTCHLER	1733.73	DD	11/25/22
02812	BRITTANY N RUDDICK	3019.98	DD	11/25/22
02907	MARIA F LONGORIA	1144.56	DD	11/25/22
02927	MICHAEL L GAINES	3041.39	DD	11/25/22
02963	DOROTHY J RENDON	1426.47	DD	11/25/22
02970	DIANNE G ATKINSON	1996.41	DD	11/25/22
03864	JACQUELINE R HERRERA	1324.70	DD	11/25/22
05003	COURTNE D THURLKILL	2892.57	DD	11/25/22
05006	REGINA A MARTINEZ	3336.94	DD	11/25/22
05122	MARISSA RANGEL	1685.66	DD	11/25/22
05195	KIMBERLY HALL	688.24	DD	11/25/22
05345	ERICA NGUYEN	2541.14	DD	11/25/22
05641	AMANDA R KEY	1725.40	DD	11/25/22
05757	SHARON T HOLDER	2529.01	DD	11/25/22
07007	URSULA S BRYAN	954.94	DD	11/25/22
07123	CYNTHIA GUERRA	1512.48	DD	11/25/22
07147	CHAD A VORCE	2356.76	DD	11/25/22
07878	DIANA C SAUCEDA	1313.03	DD	11/25/22
11197	CATHERINE A SAENZ	3880.58	DD	11/25/22
11412	COURTNEY L MORKOVSKY	2331.51	DD	11/25/22
12011	KIMBERLY J REYNA	1690.23	DD	11/25/22
12115	LISA J HINOJOSA	933.72	DD	11/25/22
12153	JULIA MONTES	2021.99	DD	11/25/22
15097	KYLE L DANIEL	3376.50	DD	11/25/22
15131	SAVANNAH HARLEY	1398.79	DD	11/25/22
15139	KRISTEN NICOLE BALLARD	1534.44	DD	11/25/22
15171	JESSICA BARRON	1752.88	DD	11/25/22
15256	COURTNEY A SALAZAR	882.47	DD	11/25/22
15286	DAWN M HAREK	2231.36	DD	11/25/22
15555	STEPHANIE MARTIN	2475.34	DD	11/25/22
15909	JULIE NGUYEN	980.53	DD	11/25/22
15915	BRIANNE J KEY	1878.23	DD	11/25/22
20102	MAYA HAWKINS	1329.09	DD	11/25/22
20112	YULMA PATRICA RODRIGUEZ	806.42	DD	11/25/22
20144	SOPHIE M PECENA	1273.08	DD	11/25/22
20145	NATALIE SOTO	711.44	DD	11/25/22
20156	ERIN ASHLEY WISDOM	3856.01	DD	11/25/22
20178	AMY GARCIA	676.62	DD	11/25/22
20184	MELISSA ZAMORANO	1100.76	DD	11/25/22
20206	KELLI B GOFF	1222.21	DD	11/25/22
20207	SHAWNA G HARTL	2864.11	DD	11/25/22
20243	MELANIE CORTEZ	971.50	DD	11/25/22
20294	JESSICA D WALTHER	740.89	DD	11/25/22
20456	SAYDI A ST CLAIR	419.30	DD	11/25/22
20484	BRIANNA S PASSMORE	70.60	DD	11/25/22
20742	CYNTHIA LOPEZ	203.55	DD	11/25/22
20759	JAMIE SADLER	1363.29	DD	11/25/22

Run Date: 11/21/22
Time: 08:49

MEMORIAL MEDICAL CENTER
**** Check Register ****
Pay Period 11/04/22--11/17/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 3
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
20788	JAYLIN RAMIREZ	574.16	DD	11/25/22
20797	BETHANN M DIGGS	1434.88	DD	11/25/22
20816	JOIE L PENA	811.87	DD	11/25/22
20837	DAISY MADRIGAL	1060.03	DD	11/25/22
20854	JALYNN GREEN	191.18	DD	11/25/22
20977	CHERYL L TESCH	1748.77	DD	11/25/22
21450	DIANA E LEAL	1398.09	DD	11/25/22
21629	JACOBY R CRAWFORD	1484.29	DD	11/25/22
26186	JANET ORDUNO	2756.22	DD	11/25/22
28034	KRISTINA A BUENGER	836.31	DD	11/25/22
28120	JESSICA V SELVERA	1544.06	DD	11/25/22
29199	KELLY A SCHOTT	1767.58	DD	11/25/22
31035	STACIE L EPLEY	1889.45	DD	11/25/22
31054	LORA L LAMBDEN	841.64	DD	11/25/22
31099	ARACELY Z GARCIA	2537.16	DD	11/25/22
31219	LAUREN PHILLIPS	720.00	DD	11/25/22
31251	CYNTHIA L BIAS	2179.32	DD	11/25/22
31313	KATHERINE LYNN JIMENEZ	1898.89	DD	11/25/22
31319	STACY L FARMER	1725.43	DD	11/25/22
31463	EDWARD E MATULA	3062.80	DD	11/25/22
31508	RACHEL A HEFFNER	2465.71	DD	11/25/22
31821	KAYLA M ALVAREZ	1897.15	DD	11/25/22
31832	SHANE D KRESTA	331.58	DD	11/25/22
31849	CODY L JUREK	257.43	DD	11/25/22
38118	KRYSTELLA F KISIAH	917.70	DD	11/25/22
38168	MEGAN M CANO	1033.12	DD	11/25/22
38702	ANNA VANESSA PENNELL	986.13	DD	11/25/22
41012	MARIA SANDOVAL	848.55	DD	11/25/22
41112	ANASTASIA L PEREZ	684.43	DD	11/25/22
41171	TOMMIE M TREVINO	432.95	DD	11/25/22
41205	JEANETTE ALVARADO	780.61	DD	11/25/22
41225	LESLIE A CRAIGEN	1517.55	DD	11/25/22
41236	PAMELA K VANNOY	1343.56	DD	11/25/22
41274	KAREN GANN	982.78	DD	11/25/22
41279	PAMELA R HARMON	815.05	DD	11/25/22
41347	ADRIANNA D STRAKOS	656.62	DD	11/25/22
41369	LORETTA A LEAL	569.67	DD	11/25/22
41418	ANGEL M CASSEL	976.85	DD	11/25/22
41506	JOSEPAT LUGO TORRES	667.58	DD	11/25/22
41507	OLGA I BETANCOURT	688.16	DD	11/25/22
41612	SONJA A GUAJARDO	816.44	DD	11/25/22
41617	JACQUELINE M MARTINEZ	937.24	DD	11/25/22
41896	RENAE MICHELLE EMERY	636.60	DD	11/25/22
41897	ROXANNA MUNOZ	793.83	DD	11/25/22
41901	JUANITA R MILLER	1212.08	DD	11/25/22
42106	CHRISTY SILVAS	766.36	DD	11/25/22
42112	SOCORRO C GONZALES	781.82	DD	11/25/22
42122	LEI ANA CHAVANA	1549.22	DD	11/25/22
42125	LUCY CALZADA	794.08	DD	11/25/22
42304	MIMI T NGUYEN	1825.69	DD	11/25/22
42320	MICHAEL A PFEIL	3738.45	DD	11/25/22
42820	MARIA D CHAVEZ	820.25	DD	11/25/22
42842	SHANNA S O DONNELL	3400.18	DD	11/25/22
48680	JESSICA BUSH	63.60	DD	11/25/22

Run Date: 11/21/22
Time: 08:49

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 11/04/22--11/17/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 4
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
50018	MICHELLE M MORALES	1494.25	DD	11/25/22
50022	REGINA A JOHNSON	402.86	DD	11/25/22
50148	PENNY GOULDEN	3207.76	DD	11/25/22
50161	BRITTNEY MICHELLE ZAMORA	1390.46	DD	11/25/22
50248	MCKENNA VILLEGAS	600.06	DD	11/25/22
50282	JACOB W HAMILTON	2577.76	DD	11/25/22
50310	JASMINE GRIGSBY	762.39	DD	11/25/22
50546	MELANIE K SAMAYOA	2167.20	DD	11/25/22
50573	DEANA R DAVIS	1594.11	DD	11/25/22
50596	BETTY S DAVIS	1991.62	DD	11/25/22
50719	DEBRA K MUSTERED	2994.06	DD	11/25/22
50928	ADINA RODRIGUEZ	647.62	DD	11/25/22
53541	JACLYN B HARTL	1568.40	DD	11/25/22
54024	MONICA A ESCALANTE	894.89	DD	11/25/22
55025	LEA C RESENDEZ	537.13	DD	11/25/22
55026	IRENE B PEREZ	447.35	DD	11/25/22
55106	CRYSTAL M CHAVEZ	409.26	DD	11/25/22
55127	APRIL N KUBALA	2669.92	DD	11/25/22
55382	SHANNON JACILDO	1584.93	DD	11/25/22
55658	LAJUAN WILKE	707.09	DD	11/25/22
58115	BECKY MARIE SALINAS	955.80	DD	11/25/22
58510	RITA L POLENSKY	819.14	DD	11/25/22
60112	ROBERT A RODRIQUEZ	1983.71	DD	11/25/22
60131	NORA OVALLE	543.84	DD	11/25/22
60156	DANIELLE M TAGLE	890.74	DD	11/25/22
60163	MIGDALIA CLARO	498.81	DD	11/25/22
60165	TERESA A BENITEZ	1541.02	DD	11/25/22
60412	CHRISTOPHER GALINDO	871.23	DD	11/25/22
60616	DOROTHY A LONGORIA	769.63	DD	11/25/22
60867	RUDOLPHO VASQUEZ	1430.57	DD	11/25/22
62322	ALAN KNIGHT	1149.31	DD	11/25/22
63124	SANJUAN M GARCIA	996.16	DD	11/25/22
63289	JASON RUBIO	595.69	DD	11/25/22
65100	FELICITA BONOZ	548.09	DD	11/25/22
65125	MARTHA CUMPEAN	863.34	DD	11/25/22
65136	TINA KORANEK	1122.22	DD	11/25/22
65151	ELIA OLACHIA	992.81	DD	11/25/22
65162	CLAUDIA RUIZ	625.02	DD	11/25/22
65168	NORA MIRELES	839.28	DD	11/25/22
65189	ELVIRA SANCHEZ	810.83	DD	11/25/22
65213	LEE SIMERLY	912.50	DD	11/25/22
65269	NATALIE BAREFIELD	838.04	DD	11/25/22
65393	RAMONA A PEREZ	1537.47	DD	11/25/22
65453	AMALIA L FLORES	716.16	DD	11/25/22
65463	MARIA I VELOZ	705.09	DD	11/25/22
65486	ROSA RODRIGUEZ	825.80	DD	11/25/22
65513	MARIA MORALES	902.43	DD	11/25/22
65705	DOMITILA HERRERA	889.68	DD	11/25/22
65715	MARIA R GOMEZ	842.87	DD	11/25/22
65865	MARIA F LEDEZMA	645.34	DD	11/25/22
68368	DOMITILA GARCIA	90.47	DD	11/25/22
68568	CHRISTOPHER RUTHERFORD	978.52	DD	11/25/22
68792	NAZARIO DIAZ HERNANDEZ	2017.17	DD	11/25/22
70119	SARA N BLEDSOE	2201.06	DD	11/25/22

Run Date: 11/21/22
Time: 08:49

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 11/04/22--11/17/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 5
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
72727	CHRISANDRA LYNN KOVAREK	136.56	DD	11/25/22
73749	GLORIA N REID	2483.67	DD	11/25/22
74159	CAROL VILLARREAL	958.75	DD	11/25/22
75190	RIKA MILLER	1754.35	DD	11/25/22
76003	IRMA DELEON	717.83	DD	11/25/22
76067	PAIGE GEORGIA CHATHAM	783.98	DD	11/25/22
76110	TARAH SUBLETT	763.27	DD	11/25/22
76115	JENNIFER R CARLOCK	776.35	DD	11/25/22
76120	RACHEL CANALES	1292.64	DD	11/25/22
76138	KAREN D GARCIA	644.48	DD	11/25/22
76210	ZOE VILLARREAL	460.85	DD	11/25/22
76300	AIDA JIMENEZ	638.50	DD	11/25/22
76313	PAMELA L BARTON	705.16	DD	11/25/22
76403	KATRINA A POKLUDA	1554.00	DD	11/25/22
76647	CHERYL A SEE	1263.38	DD	11/25/22
76706	GREGORY E MORALES	674.91	DD	11/25/22
76854	MARY PATTERSON	656.56	DD	11/25/22
76985	VANESSA TRISTAN	308.54	DD	11/25/22
77646	FAREN A GONZALES	1051.17	DD	11/25/22
78020	MISTY R PASSMORE	1212.94	DD	11/25/22
78058	KYANN J POWER	433.48	DD	11/25/22
78072	DONNA M RAWLINGS	1301.11	DD	11/25/22
78186	ANDREA F COOK	281.18	DD	11/25/22
78191	JAMIE J GRASSE	799.68	DD	11/25/22
78287	MARISSA D ALMANZAR	1611.07	DD	11/25/22
78336	JESSICA L GLOVER	1470.69	DD	11/25/22
78566	MELISSA K GEE	833.20	DD	11/25/22
78764	ASHLEY D HADLEY	1852.70	DD	11/25/22
78778	SARA M RUBIO	2074.27	DD	11/25/22
78781	KRISTEN R MACHICEK	1994.84	DD	11/25/22
78787	FARAH I JANAK	2554.02	DD	11/25/22
78897	DAYLE J ROBINSON	654.04	DD	11/25/22
80008	ADAM D BESIO	2385.05	DD	11/25/22
80141	JEANNIE ORTA	1695.02	DD	11/25/22
82227	CAITLIN A CLEVINGER	947.92	DD	11/25/22
86482	MEGAN M HARPER	759.68	DD	11/25/22
88125	LISA M TREVINO	1085.58	DD	11/25/22
88321	ANDREW DE LOS SANTOS	2646.22	DD	11/25/22
88808	MARLEY B O'DONNELL	1970.43	DD	11/25/22
88904	MAYRA K MARTINEZ	1347.01	DD	11/25/22
90320	ROSHANDA S THOMAS	5618.13	DD	11/25/22
93231	ANDRIE M FLORES	1059.19	DD	11/25/22
98756	ADRIANNA M GALVAN	1522.36	DD	11/25/22

393822.30

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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	<input type="text"/>
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"			<input type="text"/>
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		<input type="text" value="941"/> #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		<input type="text" value="22"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		<input type="text" value="12"/>
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		<input type="text" value="\$ 6.34"/> #
	"1 TO CONFIRM"			<input type="text" value="1"/>
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"		0	<input type="text" value="\$ 5.14"/> #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			<input type="text" value="\$ 1.20"/> #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			<input type="text" value="\$ -"/> #
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	CHECK	★	<input type="text"/>
	"1 TO CONFIRM"			<input type="text" value="1"/>
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			<input type="text"/>

CALLED IN BY:	<input type="text"/>
CALLED IN DATE:	<input type="text"/>
CALLED IN TIME:	<input type="text"/>

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	11/4/2022	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	11/17/2022					
PAY DATE:	11/25/2022					
GROSS PAY:	\$ 41.40			\$ -		\$ 41.40
DEDUCTIONS:						
A/R	\$ -					\$ -
ADVANC						\$ -
BOOTS						\$ -
SUNLIFE CRITICAL ILLNESS	\$ -					\$ -
SUNLIFE ACCIDENT	\$ -					\$ -
SUNLIFE VISION						\$ -
SUNLIFE SHORT TERM DIS	\$ -					\$ -
BCBS VISION	\$ -					\$ -
CAFÉ-D	\$ -					\$ -
CAFÉ-H	\$ -					\$ -
CAFÉ-P	\$ -					\$ -
CANCER						\$ -
CHILD	\$ -					\$ -
CLINIC	\$ -					\$ -
COMBIN	\$ -					\$ -
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF						\$ -
SUNLIFE TERM LIFE	\$ -					\$ -
SUNLIFE HOSP INDEM	\$ -					\$ -
FED TAX	\$ -					\$ -
FICA-M	\$ 0.60					\$ 0.60
FICA-O	\$ 2.57					\$ 2.57
FIRST C	\$ -					\$ -
FLEX S	\$ -					\$ -
FLX-FE	\$ -					\$ -
GIFT S	\$ -					\$ -
GRP-IN						\$ -
GTL						\$ -
HOSP-I						\$ -
LEGAL	\$ -					\$ -
OTHER	\$ -					\$ -
NATIONAL FARM LIFE	\$ -					\$ -
MED SURCHARGE	\$ -					\$ -
PR FIN	\$ -					\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ -					\$ -
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 2.90					\$ 2.90
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 6.07	\$ -	\$ -	\$ -	\$ -	\$ 6.07
NET PAY:	\$ 35.33	\$ -	\$ -	\$ -	\$ -	\$ 35.33

TOTAL CAFÉ 125 PLAN:	\$ -	Less Exempt:	
TAXABLE PAY:	\$ 41.40	\$ 41.40	Exempt Amt:

	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 0.60		
FICA - MED (EE)	1.45% \$ 0.60	\$ 0.60	\$ -
FICA - SOC SEC (ER)	6.20% \$ 2.57		
FICA - SOC SEC (EE)	6.20% \$ 2.57	\$ 2.57	\$ -
FED WITHHOLDING	\$ -	\$ -	\$ -

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

TOTAL: \$ -

TAX DEPOSIT:	\$ 6.34	\$ 6.34
FICA - MEDICARE	2.90% \$ 1.20	\$ 1.20
FICA - SOCIAL SECURITY	12.40% \$ 5.14	\$ 5.14
FED WITHHOLDING	\$ -	\$ 0.00
TOTAL TAX:	\$ 6.34	\$ 6.34

PREPARED BY: Mayra Martinez
 PREPARED DATE: 11/21/2022

Run Date: 11/21/22
 Time: 12:46

MEMORIAL MEDICAL CENTER
 Payroll Register (Bi-Weekly)
 Pay Period 11/04/22 - 11/17/22 Run# 2

Page 3
 P2REG

Final Summary

*-- Pay Code Summary						*-- Deductions Summary				
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount
P		4.00	N	N	N	N		41.40	A/R	
									A/R2	
									A/R3	
									ADVANC	AWARDS
									BOOTS	CAFE H
									CAPE-2	CAFE-3
									CAPE-5	CAFE-C
									CAPE-F	CAFE-H
									CAPE-L	CAFE-P
									CHILD	CLINIC
									CREDUN	DD ADV
									DEP-LF	DIS-LF
									EATCSH	FEDTAX
									FICA-O	FIRSTC
									FLX FE	FORT D
									GIFT S	GRANT
									GTL	HOSP-I
									LEAF	LEGAL
									MEALS	METVIS
									MISC/	MCSHR
									OTHER	PHI
									PR FIN	RELAY
									SAMS	SCRUBS
									ST-TX	STONDF
									STONE2	STUDEN
									SUNILL	SUNIND
									SUNSTD	SUNVIS
									TSA-1	TSA-2
									TSA-P	TSA-R
									UNIFOR	UW/HOS
										FICA-M .60
										FLEX S
										FUTA
										GRP-IN
										ID TFT
										MASA
										MISC
										NATFML
										PHI***
										REPAY
										SIGNON
										STONE
										SUNACC
										SUNLIF
										SURCHG
										TSA-C
										2.90 TUTION

Grand Totals:		4.00	-----		(Gross:	41.40	Deductions:	6.07	Net:	35.33
Checks Count:-	FT	1	PT	Other	Female	1	Male	Credit	OverAmt	ZeroNet
									Term	Total:
										1

Robyn Thomas
 11-21-22

Run Date: 11/21/22
Time: 13:03

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 11/04/22--11/17/22 Run: 2
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
F2DISTP

Num.	Name	Amount	CHECK NUM	DATE
60163	MIGDALIA CLARO	35.33	00063263	11/25/22
		35.33		

Run Date: 11/22/22
 Time: 09:29

MEMORIAL MEDICAL CENTER
 Payroll Register (Bi-Weekly)
 Pay Period 11/04/22 - 11/17/22 Run# 4

Page 4
 P2REG

Final Summary

*-- Pay Code Summary				*-- Deductions Summary			
PayCd	Description	Hrs	OT SH WE HO CB	Gross	Code	Amount	
1	REGULAR PAY-S1	232.25	N N N N	4001.98	A/R	A/R2	A/R3
C	CALL PAY	182.00	N N N N	364.00	ADVANC	AWARDS	BCBSVI 24.52 ✓
K	EXTENDED-ILLNESS-BANK	8.00	N N N N	152.00	BOOTS	CAFE H	CAFE-1
P	PAID-TIME-OFF	54.00	N N N N	1002.00	CAFE-2	CAFE-3	CAFE-4
					CAFE-5	CAFE-C	✓CAFE-D 40.63 ✓
					CAFE-F	CAFE-H	558.62 CAFE-I
					CAFE-L	✓CAFE-P	CANCER
					CHILD	443.08 CLINIC	COMBIN
					CREDJN	DD ADV	DENTAL
					DEP-LF	DIS-LF	✓EAT
					EATCSH	✓FEDTAX	175.06 FICA-M 70.16 ✓
					FICA-O	300.02 FIRSTC	FLEX S 38.36 ✓
					FLX FE	FORT D	FUTA
					GIFT S	GRANT	GRP-IN
					GTL	HOSP-I	ID TPT
					LEAF	LEGAL	MASA 7.00 ✓
					MEALS	METVIS	MISC
					MISC/	MMCSHR	NATFML
					OTHER	PHI	PHI***
					PR FIN	RELAY	REPAY
					SAMS	SCRUBS	SIGNON
					ST-TX	STONDF	STONE
					STONE2	STUDEN	✓SUNACC 5.38 ✓
					✓SUNILL	13.50 SUNIND	13.01 ✓SUNLIF 36.90 ✓
					SUNSTD	SUNVIS	SURCHG
					TSA-1	TSA-2	TSA-C
					TSA-P	TSA-R	386.40 TUTION
					UNIPOR	UA/HOS	
*----- Grand Totals: 476.25 ----- (Gross: 5519.95				Deductions: 2112.64	Net: 3407.34)		
Checks Count:- FT 4 PT Other Female Male 4 Credit				OverAmt	ZeroNet	Term	Total: 4

Roshan Thomas
 11/22/22

Run Date: 11/22/22
Time: 09:47

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 11/04/22--11/17/22 Run: 4
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
63124	SANJUAN M GARCIA	926.20	00063264	11/25/22
62322	ALAN KNIGHT	1045.00	00063265	11/25/22
63289	JASON RUBIO	571.02	00063266	11/25/22
65213	LEE SIMERLY	865.12	00063267	11/25/22
		3407.34		

Run Date: 11/22/22
Time: 08:04

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 11/04/22--11/17/22 Run: 3
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
62322	ALAN KNIGHT	1149.31-	DD	11/25/22
63124	SANJUAN M GARCIA	996.16-	DD	11/25/22
63289	JASON RUBIO	595.69-	DD	11/25/22
65213	LEE SIMERLY	912.50-	DD	11/25/22
		3653.66-		

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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			1
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		941 #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			1
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		22
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		12
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		\$ 915.42 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		\$ 600.04 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			\$ 140.32 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			\$ 175.06 #
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	CHECK	★	\$ -
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:
CALLED IN DATE:
CALLED IN TIME:

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	11/4/2022	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	11/17/2022					
PAY DATE:	11/25/2022					
GROSS PAY:	\$ 5,519.98			\$ -		\$ 5,519.98
DEDUCTIONS:						
A/R	\$ -					\$ -
ADVANC						\$ -
BOOTS						\$ -
SUNLIFE CRITICAL ILLNESS	\$ 13.50					\$ 13.50
SUNLIFE ACCIDENT	\$ 5.38					\$ 5.38
SUNLIFE VISION						\$ -
SUNLIFE SHORT TERM DIS	\$ -					\$ -
BCBS VISION	\$ 24.52					\$ 24.52
CAFÉ-D	\$ 40.63					\$ 40.63
CAFÉ-H	\$ 558.62					\$ 558.62
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ 443.08					\$ 443.08
CLINIC	\$ -					\$ -
COMBIN	\$ -					\$ -
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF						\$ -
SUNLIFE TERM LIFE	\$ 36.90					\$ 36.90
SUNLIFE HOSP INDEM	\$ 13.01					\$ 13.01
FED TAX	\$ 175.06					\$ 175.06
FICA-M	\$ 70.16					\$ 70.16
FICA-O	\$ 300.02					\$ 300.02
FIRST C	\$ -					\$ -
FLEX S	\$ 38.36					\$ 38.36
FLX-FE	\$ -					\$ -
GIFT S	\$ -					\$ -
GRP-IN						\$ -
GTL						\$ -
HOSP-I						\$ -
LEGAL	\$ 7.00					\$ 7.00
OTHER	\$ -					\$ -
NATIONAL FARM LIFE	\$ -					\$ -
MED SURCHARGE	\$ -					\$ -
PR FIN	\$ -					\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ -					\$ -
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 386.40					\$ 386.40
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 2,112.64	\$ -	\$ -	\$ -	\$ -	\$ 2,112.64
NET PAY:	\$ 3,407.34	\$ -	\$ -	\$ -	\$ -	\$ 3,407.34
TOTAL CAFÉ 125 PLAN:	\$ 681.01	Less Exempt:				
TAXABLE PAY:	\$ 4,838.97	\$ 4,838.97				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 70.17		
FICA - MED (EE)	1.45%	\$ 70.17	\$ 70.16	\$ 0.01
FICA - SOC SEC (ER)	6.20%	\$ 300.02		
FICA - SOC SEC (EE)	6.20%	\$ 300.02	\$ 300.02	\$ -
FED WITHHOLDING		\$ 175.06	\$ 175.06	

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

TAX DEPOSIT:	\$ 915.44	\$ 915.42	
FICA - MEDICARE	2.90%	\$ 140.34	\$140.32
FICA - SOCIAL SECURITY	12.40%	\$ 600.04	\$600.04
FED WITHHOLDING		\$ 175.06	\$175.06
TOTAL TAX:	\$ 915.44	\$915.42	\$ 0.02

PREPARED BY: Mayra Martinez
 PREPARED DATE: 11/22/2022

Pay Plus
 5,021.00 +
 47,031.00 +
 53,011.00 +
 183,019.00 +
 112,054.00 +

MEMORIAL MEDICAL CENTER
 PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- November 14, 2022 - November 20, 2022

Date	Bank Description	Amount	MMC Notes
11/14/2022	PAY PLUS ACHTRANS 452579291 101000696906365	5.21	- 3rd Party Payor Fee
11/14/2022	IRS USATAXPYMT 270271850440593 6103601004684	132,858.25	- Payroll Taxes
11/14/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	694.48	- 340B Drug Program Expense
11/15/2022	PAY PLUS ACHTRANS 452579291 101000698627826	47.31	- 3rd Party Payor Fee
11/15/2022	MCKESSON DRUG AUTO ACH ACH05258240 910000110	2,242.38	- 340B Drug Program Expense
11/15/2022	EXPERTPAY EXPERTPAY 746003411 91000014881337	2,371.70	- Child Support Payment
11/15/2022	TEXAS COUNTY DRS RECEIVABLE 0419 21000026873	191,086.76	- Retirement Funding
11/15/2022	FDMS FDMS PYMT 052-1737276-000 4100012530331	120.09	- Credit Card Processing Fee
11/15/2022	FDMS FDMS PYMT 052-1743547-000 4100012530764	40.03	- Credit Card Processing Fee
11/15/2022	FDMS FDMS PYMT 052-1743548-000 4100012531905	80.06	- Credit Card Processing Fee
11/16/2022	PAY PLUS ACHTRANS 452579291 101000699607664	53.11	- 3rd Party Payor Fee
11/17/2022	PAY PLUS ACHTRANS 452579291 101000690553455	183.19	- 3rd Party Payor Fee
11/18/2022	STATE COMPTLR TEXNET 07371088/211.17 2100002	69,644.00	- CHIRP IGT
11/18/2022	PAY PLUS ACHTRANS 452579291 101000691358372	112.54	- 3rd Party Payor Fee
11/18/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	2,318.16	- 340B Drug Program Expense
		<u>401,857.27</u>	

November 21, 2022

Roshanda S. Thomas
 ROSHANDA THOMAS, CEO
 Memorial Medical Center

* Approved 11-09-22 cc
 * Approved 11-16-22 cc

PROSPERITY BANK
 ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	Amount	MMC Notes
		401,857.27	
		240,018.00	
		2,371.70	
		3,013.24	
		401,857.27	
		132,858.25	
		694.48	
		2,242.38	
		191,086.76	
		69,644.00	
		2,318.16	
		3,013.24	
		3,013.24	
		3,013.24	
		0.00	

November 21, 2022

Roshanda S. Thomas
 ROSHANDA THOMAS, CEO
 Memorial Medical Center

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 17 2022

11:28

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11816 ASHFORD GARDENS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111122		11/17/20	11/11/20	12/11/20		6,040.32	0.00	0.00	6,040.32 ✓

UHC SEPT QIPP

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11816	ASHFORD GARDENS	6,040.32	0.00	0.00	6,040.32	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,040.32	0.00	0.00	6,040.32

APPROVED ON

NOV 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CX#197258

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 17 2022

11/17/2022
CALHOUN COUNTY, TEXAS
11:29

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

11828 SOLERA WEST HOUSTON ✓

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111122		11/17/20	11/11/20	12/11/20		1,813.76	0.00	0.00	1,813.76 ✓

UHC SEPT QIPP

Vendor Total:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	1,813.76	0.00	0.00	1,813.76

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,813.76	0.00	0.00	1,813.76

APPROVED ON

NOV 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 197264

RECEIVED BY THE
 COUNTY AUDITOR ON
 11/17/2022
 NOV 17 2022
 11:29

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

11820 FORTBEND HEALTHCARE CENTER ✓

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111122		11/17/20	11/11/20	12/11/20		1,880.32	0.00	0.00	1,880.32 ✓

UHC SEPT QIPP

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	1,880.32	0.00	0.00	1,880.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,880.32	0.00	0.00	1,880.32

APPROVED ON

NOV 17 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

CL#197241

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 17 2022

11/17/2022
11:28

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111122		11/17/20	11/11/20	12/11/20		743.26	0.00	0.00	743.26

UHC SEPT QIPP

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	743.26	0.00	0.00	743.26

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	743.26	0.00	0.00	743.26

APPROVED ON

NOV 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#197260

RECEIVED BY THE
COUNTY AUDITOR ON

11/17/2022
11:23

NOV 17 2022

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

11824 THE CRESCENT ✓

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111122		11/17/20	11/11/20	12/11/20		554.67	0.00	0.00	554.67 ✓
	UHC SEPT QIPP								
111422		11/17/20	11/14/20	12/14/20		2,400.00	0.00	0.00	2,400.00 ✓
	TRANSFER <i>Net insurance pymt deposited into mme opening</i>								
Vendor Total:						Gross	Discount	No-Pay	Net
11824 THE CRESCENT						2,954.67	0.00	0.00	2,954.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,954.67	0.00	0.00	2,954.67

APPROVED ON

NOV 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#19265

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 17 2022

11:29

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110922		11/17/20	11/09/20	12/11/20		29,993.21	0.00	0.00	29,993.21 ✓
111122	TRANSFER	11/17/20	11/11/20	12/11/20		3,025.14	0.00	0.00	3,025.14 ✓
	UHC SEPT QIPP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	33,018.35	0.00	0.00	33,018.35

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	33,018.35	0.00	0.00	33,018.35

APPROVED ON

NOV 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#197242

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 17 2022

11:30

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111122		11/17/20	11/11/20	12/11/20		2,293.62	0.00	0.00	2,293.62

UHC SEPT QIPP

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
12696		GULF POINTE PLAZA	2,293.62	0.00	0.00	2,293.62

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,293.62	0.00	0.00	2,293.62

APPROVED ON

NOV 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #197263

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 17 2022

11/17/2022

CALHOUN COUNTY, TEXAS

11:31

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111122		11/17/20	11/11/20	12/11/20		3,577.60	0.00	0.00	3,577.60 ✓
	UHC QIPP SEPT								
111422A		11/17/20	11/14/20	12/14/20		8,279.35	0.00	0.00	8,279.35 ✓
	TRANSFER								
111422		11/17/20	11/14/20	12/14/20		17,861.22	0.00	0.00	17,861.22 ✓
	TRANSFER								

NI insurance pymt deposited into mme operating
" "

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	29,718.17	0.00	0.00	29,718.17

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	29,718.17	0.00	0.00	29,718.17

APPROVED ON

NOV 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #197264

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 17 2022

11/17/2022

11:31

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110922		11/17/20	11/09/20	12/10/20		55,227.21	0.00	0.00	55,227.21
111122	TRANSFER	11/17/20	11/11/20	12/11/20		2,476.50	0.00	0.00	2,476.50
UHS SEPT QIPP									
Vendor Totals:						Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING					57,703.71	0.00	0.00	57,703.71

NH insurance pymt deposited into mme openly

✓
✓

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	57,703.71	0.00	0.00	57,703.71

APPROVED ON

NOV 17 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 197 259

8

RUN DATE:11/22/22
 TIME:10:42

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 11/23/22 THRU 11/23/22

PAGE 1
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	197178	11/23/22	647.28	ABILITY NETWORK (SHIFTHOUND)
A/P	197179	11/23/22	1,400.00	ACUTE CARE INC
A/P	197180	11/23/22	163.89	AETNA
A/P	197181	11/23/22	2,927.83	AIRGAS USA, LLC - CENTRAL DIV
A/P	197182	11/23/22	18,063.00	AMERICAN PROFICIENCY INSTITUTE
A/P	197183	11/23/22	183.48	AMERIGROUP
A/P	197184	11/23/22	9.24	AMERISOURCEBERGEN DRUG CORP
A/P	197185	11/23/22	61.96	AQUA BEVERAGE COMPANY
A/P	197186	11/23/22	3,400.00	AUREUS RADIOLOGY LLC
A/P	197187	11/23/22	162.14	AUTO PARTS & MACHINE CO.
A/P	197188	11/23/22	702.96	BAXTER HEALTHCARE
A/P	197189	11/23/22	2,070.00	BAY STORAGE
A/P	197190	11/23/22	33,102.44	BECKMAN COULTER INC
A/P	197191	11/23/22	6,815.88	BIO-RAD LABORATORIES, INC
A/P	197192	11/23/22	259.60	BRIGGS HEALTHCARE
A/P	197193	11/23/22	3,520.00	CALHOUN COUNTY EMS
A/P	197194	11/23/22	337.24	CARDINAL HEALTH 414, INC.
A/P	197195	11/23/22	199.85	CAREFUSION 2200, INC
A/P	197196	11/23/22	2,520.00	CARIANT HEALTH PARTNERS
A/P	197197	11/23/22	243.93	CDW GOVERNMENT, INC.
A/P	197198	11/23/22	475.92	COCA COLA SOUTHWEST BEVERAGES
A/P	197199	11/23/22	17,076.41	COMMUNITY INFUSION SOLUTIONS
A/P	197200	11/23/22	2,138.75	CORROHEALTH, INC.
A/P	197201	11/23/22	300.47	COTIVITI
A/P	197202	11/23/22	59,009.81	CULINARY CONCESSIONS LLC
A/P	197203	11/23/22	183.61	CUSTOM MEDICAL SPECIALTIES
A/P	197204	11/23/22	3,649.95	DEARBORN LIFE INSURANCE COMPAN
A/P	197205	11/23/22	1,097.04	DEWITT POTH & SON
A/P	197206	11/23/22	50,311.25	DIAMOND HEALTHCARE CORP
A/P	197207	11/23/22	99,716.50	DISCOVERY MEDICAL NETWORK INC
A/P	197208	11/23/22	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	197209	11/23/22	17,869.50	EVIDENT
A/P	197210	11/23/22	323.00	FARAH JANAK
A/P	197211	11/23/22	495.00	FASTHEALTH CORPORATION
A/P	197212	11/23/22	.00	VOIDED
A/P	197213	11/23/22	21,205.06	FISHER HEALTHCARE
A/P	197214	11/23/22	1,193.74	FRONTIER
A/P	197215	11/23/22	7,908.33	FUJI FILM
A/P	197216	11/23/22	13,373.41	GE PRECISION HEALTHCARE, LLC
A/P	197217	11/23/22	813.63	GRAINGER
A/P	197218	11/23/22	615.27	GULF COAST PAPER COMPANY
A/P	197219	11/23/22	360.00	HALF LEAGUE STORAGE
A/P	197220	11/23/22	180.00	HAYES ELECTRIC SERVICE
A/P	197221	11/23/22	5,661.02	HEALTHCARE FINANCIAL SERVICES
A/P	197222	11/23/22	500.00	HEALTHSURE INSURANCE SERVICES
A/P	197223	11/23/22	26,230.25	ITA RESOURCES, INC
A/P	197224	11/23/22	332.84	LABCORP OF AMERICA HOLDINGS
A/P	197225	11/23/22	430.10	LEGAL SHIELD
A/P	197226	11/23/22	550.83	LOWE'S BUSINESS ACCT/SYNCR
A/P	197227	11/23/22	640.86	M G TRUST

RUN DATE:11/22/22
TIME:10:42

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/23/22 THRU 11/23/22

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	197228	11/23/22	.00	VOIDED
A/P	197229	11/23/22	2,339.91	MEDLINE INDUSTRIES INC
A/P	197230	11/23/22	195.00	MEMORIAL MEDICAL CLINIC
A/P	197231	11/23/22	14,835.00	MLB CONSULTING GROUP
A/P	197232	11/23/22	399.83	MMC AUXILIARY GIFT SHOP
A/P	197233	11/23/22	.00	VOIDED
A/P	197234	11/23/22	2,948.76	MORRIS & DICKSON CO, LLC
A/P	197235	11/23/22	450.00	NATIONAL ASSOCIATION OF RURAL
A/P	197236	11/23/22	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	197237	11/23/22	502.11	OCCUPRO LLC
A/P	197238	11/23/22	1,125.00	OLYMPUS AMERICA INC
A/P	197239	11/23/22	3,084.00	PARA
A/P	197240	11/23/22	46.63	PERFORMANCE HEALTH
A/P	197241	11/23/22	188.28	QUVA PHARMA INC
A/P	197242	11/23/22	900.00	RADCOM ASSOCIATES, LLC
A/P	197243	11/23/22	42.75	ROBERT RODRIQUEZ
A/P	197244	11/23/22	67.87	SHERWIN WILLIAMS
A/P	197245	11/23/22	1,190.80	SMITH & NEPHEW
A/P	197246	11/23/22	550.00	STANFORD VACUUM SERVICE
A/P	197247	11/23/22	750.89	STAPLES ADVANTAGE
A/P	197248	11/23/22	5,609.90	STERIS CORPORATION
A/P	197249	11/23/22	2,374.99	STRYKER SUSTAINABILITY
A/P	197250	11/23/22	6,213.75	T-SYSTEM, INC
A/P	197251	11/23/22	4,559.43	TEXAS ASSOCIATION OF COUNTIES
A/P	197252	11/23/22	160.00	TEXAS MUTUAL INSURANCE CO
A/P	197253	11/23/22	1,398.81	TK ELEVATOR CORPORATION
A/P	197254	11/23/22	5,411.66	UNIFIRST HOLDINGS INC
A/P	197255	11/23/22	160.00	VICTORIA RADIOWORKS, LTD
A/P	197256	11/23/22	944.00	WERFEN USA LLC
A/P	197257	11/23/22	4,500.00	WOUND CARE SPECIALISTS
A/P	197258	11/23/22	6,040.32	ASHFORD GARDENS
A/P	197259	11/23/22	57,703.71	BETHANY SENIOR LIVING
A/P	197260	11/23/22	743.26	BROADMOOR AT CREEKSIDE PARK
A/P	197261	11/23/22	1,880.32	FORTBEND HEALTHCARE CENTER
A/P	197262	11/23/22	33,018.35	GOLDENCREEK HEALTHCARE
A/P	197263	11/23/22	2,293.62	GULF POINTE PLAZA
A/P	197264	11/23/22	1,813.76	SOLERA WEST HOUSTON
A/P	197265	11/23/22	2,954.67	THE CRESCENT
A/P	197266	11/23/22	29,718.17	TUSCANY VILLAGE
A/P	197267	11/23/22	511.05	
A/P	197268	11/23/22	143.21	
A/P	197269	11/23/22	346.62	
A/P	197270	11/23/22	95.58	
A/P	197271	11/23/22	18.80	
A/P	197272	11/23/22	25.00	
A/P	197273	11/23/22	86.25	
A/P	197274	11/23/22	250.00	
A/P	197275	11/23/22	50.00	
A/P	197276	11/23/22	98.46	
A/P	197277	11/23/22	212.86	
A/P	197278	11/23/22	36.76	

RUN DATE:11/22/22
TIME:10:42

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/23/22 THRU 11/23/22

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	197279	11/23/22	390.00	
A/P	197280	11/23/22	105.08	
A/P	197281	11/23/22	249.95	
A/P	197282	11/23/22	32.49	
A/P	197283	11/23/22	926.81	
TOTALS:			651,190.24	

APPROVED ON

NOV 23 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 411,728.64 +
Patient refunds 3,578.92 +
critical 99,716.50 +
6,040.32 +
1,813.76 +
1,880.32 +
743.26 +
NH 2,954.67 +
Transfers 33,018.35 +
2,293.62 +
29,718.17 +
57,703.71 +

012

651,190.24 *

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P TUSCANY
A _____
Y _____
E _____
E _____

Date Requested: 11/21/22

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT \$10,351.00

G/L NUMBER: _____

CK#00243
APPROVED ON

EXPLANATION: DEVOTED PAYMENTS THAT BELONG TO TUSCANY

NOV 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Roshene S. Thomas* 11-21-22

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000263

88-2265/1131

Date 11/23/22

PAY
TO THE
ORDER OF

Tuscany

\$ 10,351.00

Ten thousand three hundred fifty one

DOLLARS



PROSPERITY
BANK

FOR Devoted payments

MP
Security features are included. Details on back.

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
11/21/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		113,378.43 ✓	113,340.08 ✓	310,015.16 ✓		310,053.51 ✓	255,661.72
						Bank Balance 310,053.51 ✓	
						Variance -	
						Leave in Balance 100.00	
						AMERIGROUP Q4 25,866.34 ✓	
						AMERIGROUP SEPTEMBER 28,401.04 ✓	
						October Interest 24.41 ✓	
						November Interest	
						December Interest	
						Adjust Balance/Transfer Amt 255,661.72 ✓	
Broadmoor		55,728.28 ✓	55,605.06 ✓	209,335.03 ✓		209,458.25 ✓	190,747.69
						Bank Balance 209,458.25 ✓	
						Variance -	
						Leave in Balance 100.00	
						AMERIGROUP Q4 8,867.44 ✓	
						AMERIGROUP SEPTEMBER 9,719.90 ✓	
						October Interest 23.22 ✓	
						November Interest	
						December Interest	
						Adjust Balance/Transfer Amt 190,747.69 ✓	
Crescent		100,929.89 ✓	100,803.72 ✓	139,365.30 ✓		139,491.47 ✓	115,935.85
						Bank Balance 139,491.47 ✓	
						Variance -	
						Leave in Balance 100.00	
						AMERIGROUP Q4 5,829.22 ✓	
						AMERIGROUP SEPTEMBER 7,249.23 ✓	
						DEVOTED PAYMENTS TO TUSCANY 10,351.00 ✓	
						October Interest 26.17 ✓	
						November Interest	
						December Interest	
						Adjust Balance/Transfer Amt 115,935.85 ✓	
Fort Bend		28,607.79 ✓	28,496.72 ✓	175,723.04 ✓		175,834.11 ✓	156,174.35
						Bank Balance 175,834.11 ✓	
						Variance -	
						Leave in Balance 100.00	
						AMERIGROUP Q4 10,680.45 ✓	
						AMERIGROUP SEPTEMBER 8,868.24 ✓	
						October Interest 11.07 ✓	
						November Interest	
						December Interest	
						Adjust Balance/Transfer Amt 156,174.35 ✓	
Solera at W Houston		73,428.35 ✓	73,287.18 ✓	168,429.00 ✓		168,570.17 ✓	147,865.09
						Bank Balance 168,570.17 ✓	
						Variance -	
						Leave in Balance 100.00	
						AMERIGROUP Q4 12,061.91 ✓	
						AMERIGROUP SEPTEMBER 8,502.00 ✓	
						October Interest 41.17 ✓	
						November Interest	
						December Interest	
						Adjust Balance/Transfer Amt 147,865.09 ✓	

255,661.72 +
190,747.69 +
115,935.85 + / Broadmoor
156,174.35 +
147,865.09 +

005

866,384.70 *

me.
p open account.

APPROVED ON
NOV 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 866,384.70

Approved: *Roshanda Thomas*
ROSHANDA THOMAS, CEO

11/21/2022

Fort Bend

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&Lapse	QJPP TI	
11/14/2022 CK195	5,665.49	-						
11/14/2022 Deposit	-	19,950.68						19,950.68
11/14/2022 MANAGEANDNET1718 MNS PMNT 00000000004294 41	-	4,252.50						4,252.50
11/14/2022 HNB - ECHO HCCLAIMPMT 746003411 440000273841	-	6,217.83						6,217.83
11/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	15,203.59						15,203.59
11/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,119.08						3,119.08
11/15/2022 AMERIGROUP CORPO E-PAYMENT EES2464962 111000	-	21,360.90			9,308.25	12,052.65	10,660.45	10,660.45
11/16/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	8,170.00						8,170.00
11/16/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,412.01						2,412.01
11/16/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	9,612.26						9,612.26
11/16/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	12,863.63						12,863.63
11/18/2022 AMERIGROUP CORPO E-PAYMENT EES2467169 111000	-	9,853.60	7,882.88	1,970.72			8,968.24	985.36
11/17/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	17,959.80	-						-
11/18/2022 CK196	4,871.43	-						-
11/18/2022 NOVITAS SOLUTION HCCLAIMPMT 675663 420000188	-	62,630.14						62,630.14
11/18/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	76.82						76.82
TOTALS	28,496.72	175,723.04	7,882.88	1,970.72	9,308.25	12,052.65	19,548.69	156,174.95

Spokane at West Houston

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&Lapse	QJPP TI	
11/14/2022 CK1251	6,448.16	-						
11/14/2022 Deposit	-	30,594.26						30,594.26
11/14/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	900.00						900.00
11/14/2022 HUMANA INS CO HCCLAIMPMT 390862 830000514585	-	17,580.27						17,580.27
11/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	14,892.10						14,892.10
11/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	988.84						988.84
11/14/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001648	-	11,058.00						11,058.00
11/14/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	277.00						277.00
11/15/2022 HNB - ECHO HCCLAIMPMT 746003411 440000239002	-	6,104.91						6,104.91
11/15/2022 HNB - ECHO HCCLAIMPMT 746003411 440000239002	-	8,528.33						8,528.33
11/15/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	8,200.00						8,200.00
11/15/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001326	-	5,925.00						5,925.00
11/15/2022 AMERIGROUP CORPO E-PAYMENT EES2464962 111000	-	24,123.81			11,850.87	12,272.94	12,061.91	12,061.91
11/16/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	9,466.52						9,466.52
11/16/2022 AMERIGROUP CORPO E-PAYMENT EES2467171 111000	-	9,452.48	7,551.52	1,900.96			8,502.00	950.48
11/17/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	62,168.77	-						-
11/17/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	9,000.00						9,000.00
11/17/2022 HNB - ECHO HCCLAIMPMT 746003411 440000220560	-	2,772.70						2,772.70
11/18/2022 CK1252	4,670.25	-						-
11/18/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	5,330.00						5,330.00
11/18/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,234.78						3,234.78
TOTALS	73,287.18	168,429.00	7,551.52	1,900.96	11,850.87	12,272.94	20,563.91	147,865.10
TOTALS	371,532.76	1,002,867.53	56,959.04	11,562.72	53,282.61	73,328.08	126,045.75	876,821.79

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$6,529,444.67	\$6,978,055.43	\$6,529,444.67	\$6,231,506.8
*4551 CAL CO INDIGENT HEALTHCARE	\$5,893.65	\$5,893.65	\$5,893.65	\$20,977.4
*3660 GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$127,516.78	\$181,131.81	\$127,516.78	\$126,950.6
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.79	\$536.79	\$536.79	\$536.7
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,684,109.43	\$4,785,596.31	\$4,684,109.43	\$4,560,169.4
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.14	\$432.14	\$432.14	\$432.1
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$310,053.51	\$349,947.32	\$310,053.51	\$268,372.7
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$209,458.25	\$224,856.42	\$209,458.25	\$155,503.3
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$139,491.47	\$214,824.75	\$139,491.47	\$124,690.8
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$175,834.11	\$180,089.92	\$175,834.11	\$117,998.5
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$168,570.17	\$323,812.32	\$168,570.17	\$164,675.6
*2998 MMC -MONEY MARKET FUND	\$296,157.77	\$296,157.77	\$296,157.77	\$296,157.7
*5506 MMC -NH BETHANY SENIOR LIVING	\$122,017.50	\$122,017.50	\$122,017.50	\$120,511.6
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$73,022.61	\$75,954.80	\$73,022.61	\$73,022.6
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$45,373.22	\$45,826.66	\$45,373.22	\$44,283.3
*3407 MMC -NH TUSCANY VILLAGE	\$170,877.27	\$170,877.27	\$170,877.27	\$157,123.8

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Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 11/21/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		68,516.33 ✓	68,398.37 ✓	127,398.82 ✓		127,516.78 ✓	102,457.24
						Bank Balance Variance	
						127,516.78 ✓	
						Leave in Balance	
						100.00	
						SUPERIOR SEPTEMBER	
						24,941.58 ✓	
						October Interest	
						17.96 ✓	
						November Interest	
						December Interest	
						<u>17.96</u>	
						Adjust Balance/Transfer Amt	
						<u>102,457.24</u> ✓	

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

Approved: Roshanda Thomas
 ROSHANDA THOMAS, CEO 11/21/2022

APPROVED ON

NOV 21 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek

11/14/2022 CK171
 11/14/2022 Deposit
 11/14/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 11/14/2022 Centene Manageme ACH 008765433514 1110000285
 11/15/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 11/16/2022 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 11/16/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 11/17/2022 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 11/17/2022 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 11/17/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 11/18/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2

		MMC PORTION					
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
32,828.28	-					-	-
-	70,912.65					-	70,912.65
-	110.22					-	110.22
-	27,724.55	22,158.61	5,565.94			24,941.58	2,782.97
-	2,702.57					-	2,702.57
-	3,925.91					-	3,925.91
-	11,322.66					-	11,322.66
35,570.09	-					-	-
-	360.00					-	360.00
-	9,774.13					-	9,774.13
-	566.13					-	566.13
-	-					-	-
-	-					-	-
68,398.37	127,398.82	22,158.61	5,565.94	-	-	24,941.58	102,457.24

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$6,529,444.67	\$6,978,055.43	\$6,529,444.67	\$6,231,506.8
*4551 CAL CO INDIGENT HEALTHCARE	\$5,893.65	\$5,893.65	\$5,893.65	\$20,977.4
*3660 GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$127,516.78	\$181,131.81	\$127,516.78	\$126,950.6
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.79	\$536.79	\$536.79	\$536.7
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,684,109.43	\$4,785,596.31	\$4,684,109.43	\$4,560,169.4
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.14	\$432.14	\$432.14	\$432.1
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$310,053.51	\$349,947.32	\$310,053.51	\$268,372.7
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$209,458.25	\$224,856.42	\$209,458.25	\$155,503.3
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$139,491.47	\$214,824.75	\$139,491.47	\$124,690.8
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$175,834.11	\$180,089.92	\$175,834.11	\$117,998.5
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$168,570.17	\$323,812.32	\$168,570.17	\$164,675.6
*2998 MMC -MONEY MARKET FUND	\$296,157.77	\$296,157.77	\$296,157.77	\$296,157.7
*5506 MMC -NH BETHANY SENIOR LIVING	\$122,017.50	\$122,017.50	\$122,017.50	\$120,511.6
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$73,022.61	\$75,954.80	\$73,022.61	\$73,022.6
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$45,373.22	\$45,826.66	\$45,373.22	\$44,283.3
*3407 MMC -NH TUSCANY VILLAGE	\$170,877.27	\$170,877.27	\$170,877.27	\$157,123.8

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Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 11/21/2022

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<u>Nursing Home</u> Gulf Pointe Plaza-Private Pay	38,435.03	38,332.05	45,270.24			45,373.22	26,357.26
					Bank Balance	45,373.22	
					Variance	-	
					Leave in Balance	100.00	
					SUPERIOR SEPTEMBER	18,912.98	
					October Interest	2.98	
					November Interest		
					December Interest		
					Adjust Balance/Transfer Amt	26,357.26	

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<u>Nursing Home</u> Gulf Pointe Plaza-Medicare/Medicaid	39,557.59	39,436.86	72,901.88			73,022.61	72,901.88
					Bank Balance	73,022.61	
					Variance		
					Leave in Balance	100.00	
					October Interest	20.73	
					November Interest		
					December Interest		
					Adjust Balance/Transfer Amt	72,901.88	

Routine Information for Gulf Pointe Plaza:

TOTAL TRANSFERS 99,259.14

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: Roshanda Thomas
 ROSHANDA THOMAS, CEO 11/21/2022

APPROVED ON

NOV 21 2022

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

Gulf Pointe Plaza-Private Pay

11/18/2022 HNB - ECHO HCCLAIMPMT 746003411 440000260515
 11/17/2022 WIRE OUT HMG SERVICES, LLC
 11/17/2022 HNB - ECHO HCCLAIMPMT 746003411 440000219922
 11/17/2022 HNB - ECHO HCCLAIMPMT 746003411 440000219922
 11/17/2022 HNB - ECHO HCCLAIMPMT 746003411 440000219420
 11/16/2022 HNB - ECHO HCCLAIMPMT 746003411 440000281502
 11/15/2022 HNB - ECHO HCCLAIMPMT 746003411 440000238529
 11/15/2022 HUMANA INS CO HCCLAIMPMT 624982 830000560706
 11/15/2022 HUMANA CHA DISB HCCLAIMPMT 624982 4200001324
 11/14/2022 CK1092
 11/14/2022 CK1093
 11/14/2022 HNB - ECHO HCCLAIMPMT 746003411 440000273880
 11/14/2022 Centene Managem ACH 008765433514 1110000285

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	1,089.87	-	-	-	-	-	1,089.87
11,711.85 ✓	-	-	-	-	-	-	-
-	147.01	-	-	-	-	-	147.01
-	588.12	-	-	-	-	-	588.12
-	69.75	-	-	-	-	-	69.75
-	443.65	-	-	-	-	-	443.65
-	1,227.68	-	-	-	-	-	1,227.68
-	190.50	-	-	-	-	-	190.50
-	20,402.40	-	-	-	-	-	20,402.40
23,078.11 ✓	-	-	-	-	-	-	-
3,542.09 ✓	-	-	-	-	-	-	-
-	88.27	-	-	-	-	-	88.27
-	21,022.99	16,802.97	4,220.02	-	-	18,912.98	2,110.01
38,332.05 ✓	45,270.24 ✓	16,802.97	4,220.02	-	-	18,912.98 ✓	26,357.26

Gulf Pointe Plaza-Medicare/Medicaid

11/17/2022 WIRE OUT HMG SERVICES, LLC
 11/17/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 11/17/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2
 11/16/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 11/14/2022 Deposit
 11/14/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 11/14/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
39,436.86 ✓	-	-	-	-	-	-	-
-	2,136.17	-	-	-	-	-	2,136.17
-	753.08	-	-	-	-	-	753.08
-	1,234.91	-	-	-	-	-	1,234.91
-	38,418.45	-	-	-	-	-	38,418.45
-	1,400.00	-	-	-	-	-	1,400.00
-	28,959.27	-	-	-	-	-	28,959.27
39,436.86 ✓	72,901.88 ✓	-	-	-	-	-	72,901.88
77,768.91	118,172.12	16,802.97	4,220.02	-	-	18,912.98	99,259.14

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$6,529,444.67	\$6,978,055.43	\$6,529,444.67	\$6,231,506.8
*4551 CAL CO INDIGENT HEALTHCARE	\$5,893.65	\$5,893.65	\$5,893.65	\$20,977.4
*3660 GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$127,516.78	\$181,131.81	\$127,516.78	\$126,950.6
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.79	\$536.79	\$536.79	\$536.7
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,684,109.43	\$4,785,596.31	\$4,684,109.43	\$4,560,169.4
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.14	\$432.14	\$432.14	\$432.1
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$310,053.51	\$349,947.32	\$310,053.51	\$268,372.7
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$209,458.25	\$224,856.42	\$209,458.25	\$155,503.3
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$139,491.47	\$214,824.75	\$139,491.47	\$124,690.8
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$175,834.11	\$180,089.92	\$175,834.11	\$117,998.5
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$168,570.17	\$323,812.32	\$168,570.17	\$164,675.6
*2998 MMC -MONEY MARKET FUND	\$296,157.77	\$296,157.77	\$296,157.77	\$296,157.7
*5506 MMC -NH BETHANY SENIOR LIVING	\$122,017.50	\$122,017.50	\$122,017.50	\$120,511.6
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$73,022.61	\$75,954.80	\$73,022.61	\$73,022.6
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$45,373.22	\$45,826.66	\$45,373.22	\$44,283.3
*3407 MMC -NH TUSCANY VILLAGE	\$170,877.27	\$170,877.27	\$170,877.27	\$157,123.8

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Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscan Transfer
 Prosperity Accounts
 11/21/2022

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		31,538.12 ✓	31,438.12 ✓	170,777.27	✓		170,877.27 ✓	131,211.50
						Bank Balance Variance	170,877.27 ✓	
						Leave In Balance	100.00	
						AMERIGROUP Q4	22,762.33 ✓	
						AMERIGROUP SEPTEMBER	16,803.44 ✓	
						Adjust Balance/Transfer Amt	171,211.50 ✓	

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: Roshanda Thomas 11/21/2022
 ROSHANDA THOMAS, CEO

APPROVED ON

NOV 21 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$6,529,444.67	\$6,978,055.43	\$6,529,444.67	\$6,231,506.8
*4551 CAL CO INDIGENT HEALTHCARE	\$5,893.65	\$5,893.65	\$5,893.65	\$20,977.4
*3660 GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$127,516.78	\$181,131.81	\$127,516.78	\$126,950.6
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.79	\$536.79	\$536.79	\$536.7
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,684,109.43	\$4,785,596.31	\$4,684,109.43	\$4,560,169.4
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.14	\$432.14	\$432.14	\$432.1
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$310,053.51	\$349,947.32	\$310,053.51	\$268,372.7
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$209,458.25	\$224,856.42	\$209,458.25	\$155,503.3
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$139,491.47	\$214,824.75	\$139,491.47	\$124,690.8
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$175,834.11	\$180,089.92	\$175,834.11	\$117,998.5
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$168,570.17	\$323,812.32	\$168,570.17	\$164,675.6
*2998 MMC -MONEY MARKET FUND	\$296,157.77	\$296,157.77	\$296,157.77	\$296,157.7
*5506 MMC -NH BETHANY SENIOR LIVING	\$122,017.50	\$122,017.50	\$122,017.50	\$120,511.6
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$73,022.61	\$75,954.80	\$73,022.61	\$73,022.6
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$45,373.22	\$45,826.66	\$45,373.22	\$44,283.3
*3407 MMC -NH TUSCANY VILLAGE	\$170,877.27	\$170,877.27	\$170,877.27	\$157,123.8

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Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 11/21/2022

Nursing Home	Account Number	Previous			Pending Medicare				
		Beginning Balance	Transfer-Out	Transfer-In		Cks Cleared	Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		27,515.91 ✓	29,315.97 ✓	123,817.56 ✓					
						Bank Balance	122,017.50		121,880.66 ✓
						Variance	122,017.50		
						Leave in Balance	100.00		
						October Interest	36.84 ✓		
						November Interest			
						December Interest			
						Adjust Balance/Transfer Amt	121,880.66		✓
						Approved: <i>Roshanda Thomas</i>			
						ROSHANDA THOMAS, CEO			11/21/2022

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

NOV 21 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

11/14/2022 Deposit Item Ret CK342
 11/14/2022 Deposit
 11/14/2022 Deposit
 11/14/2022 Deposit
 11/14/2022 Deposit
 11/15/2022 Deposit
 11/17/2022 WIRE OUT PORT LAVACA NH, LLC
 11/18/2022 HOSPICE OF SOUTH Payments NF 113122650048556
 11/18/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2

Transfer-Out	Transfer-In
1,936.90	-
-	63,585.36
-	3,870.84
-	7,704.83
-	44,953.81
-	2,196.90
27,379.07	-
-	1,455.72
-	50.10
29,315.97	123,817.56

MMC PORTION					NH PORTION
QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&Lapse	QJPP T1	
-	-	-	-	-	-
-	-	-	-	-	63,585.36
-	-	-	-	-	3,870.84
-	-	-	-	-	7,704.83
-	-	-	-	-	44,953.81
-	-	-	-	-	2,196.90
-	-	-	-	-	-
-	-	-	-	-	1,455.72
-	-	-	-	-	50.10
-	-	-	-	-	-
-	-	-	-	-	123,817.56



Prosperity Bank
 1107 N US Highway 35 Bypass
 Port Lavaca, TX 77979-5102

Member FDIC



Deposit Item
 Chargeback Notice

The deposited check listed
 has been debited from your
 account.

PS 3003

Date	Account
11/14/2022	217715506

MEMORIAL MEDICAL CENTER
 NH BETHANY SENIOR LIVING
 202 S ANN ST STE A
 PORT LAVACA TX 77979

Chargeback Reason:
 Insffent Fund 1,936.90
 e bucholz
 Dep. Item Ret. Charge 0.00
 Total Debit 1,936.90

113122655
 11/14/2022
 2050000290

This is a LEGAL COPY of your
 check. You can use it the
 same way you would use the
 original check.

RETURN REASON-A
 NOT SUFFICIENT FUNDS

2202/90/TT 155922ETTT
 4E49298508

NSF

EILEEN J BUCHOLZ 01/12
 118 TRINITY SHORES DR
 PORT LAVACA, TX 77979

342
 88-874573131
 CHECK NUMBER

11-7-22
 Date

Pay to the Order of Bethany Senior Living \$ 1936.90
One thousand Nine hundred & Thirty Six Dollars OK

CAL-COM
 FEDERAL CREDIT UNION
 PORT LAVACA, TX 77979 • VICTORIA, TX 77901
 P.O. BOX 1005 • PORT LAVACA, TX 77979
 361-552-7476

For Eileen J Bucholz

⑆ 3 1 3 1 8 7 4 5 8 ⑆ 000 28 58 20 7 ⑆ 034 2

⑆ 3 1 3 1 8 7 4 5 8 ⑆

000 28 58 20 7 ⑆ 034 2 ⑆ 0000 1936 90 ⑆

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$6,529,444.67	\$6,978,055.43	\$6,529,444.67	\$6,231,506.8
*4551 CAL CO INDIGENT HEALTHCARE	\$5,893.65	\$5,893.65	\$5,893.65	\$20,977.4
*3660 GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$127,516.78	\$181,131.81	\$127,516.78	\$126,950.6
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.79	\$536.79	\$536.79	\$536.7
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,684,109.43	\$4,785,596.31	\$4,684,109.43	\$4,560,169.4
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.14	\$432.14	\$432.14	\$432.1
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$310,053.51	\$349,947.32	\$310,053.51	\$268,372.7
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$209,458.25	\$224,856.42	\$209,458.25	\$155,503.3
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$139,491.47	\$214,824.75	\$139,491.47	\$124,690.8
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$175,834.11	\$180,089.92	\$175,834.11	\$117,998.5
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$168,570.17	\$323,812.32	\$168,570.17	\$164,675.6
*2998 MMC -MONEY MARKET FUND	\$296,157.77	\$296,157.77	\$296,157.77	\$296,157.7
*5506 MMC -NH BETHANY SENIOR LIVING	\$122,017.50	\$122,017.50	\$122,017.50	\$120,511.6
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$73,022.61	\$75,954.80	\$73,022.61	\$73,022.6
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$45,373.22	\$45,826.66	\$45,373.22	\$44,283.3
*3407 MMC -NH TUSCANY VILLAGE	\$170,877.27	\$170,877.27	\$170,877.27	\$157,123.8

* indicate:
Page generated on 11/21/2022 at

Ashford

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER
A _____
Y _____
E _____
E _____

Date Requested: 11/21/22

APPROVED ON
NOV 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CC# 01191

FOR ACCT. USE ONLY

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

AMOUNT \$54,267.38

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP Q4 AND SEPTEMBER QIPP PAYMENTS

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: Richard Thomas 11-21-22

Broadmoor

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER
A _____
Y _____
E _____
E _____

Date Requested: 11/21/22

FOR ACCT. USE ONLY

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

APPROVED ON

NOV 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
G/L NUMBER:

CL# 000223
10255040

AMOUNT \$18,587.34

EXPLANATION: AMERIGROUP Q4 AND SEPTEMBER QIPP PAYMENTS

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Roshane S. Thomas* 11-21-22

Crescent

MEMORIAL MEDICAL CENTER CHECK REQUEST

P MEMORIAL MEDICAL CENTER
A _____
Y _____
E _____
E _____

Date Requested: 11/21/22

APPROVED ON
NOV 21 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

ck#00 0261

G/L NUMBER: 10255040

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

AMOUNT \$13,078.45

EXPLANATION: AMERIGROUP Q4 AND SEPTEMBER QIPP PAYMENTS

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: Roshanda S. Thomas 11-21-22

Fort Bend

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER
A _____
Y _____
E _____
E _____

Date Requested: 11/21/22

APPROVED ON
NOV 21 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
ck#000197

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

AMOUNT \$19,548.69

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP Q4 AND SEPTEMBER QIPP PAYMENTS

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: Roshanda Thomas 11-21-22

Aolera

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER
A _____
Y _____
E _____
E _____

Date Requested: 11/21/22

APPROVED ON
NOV 21 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL#001253

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

AMOUNT \$20,563.91

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP Q4 AND SEPTEMBER QIPP PAYMENTS

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: Roshane S. Thomas 11-21-22

Golden Creek

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER
A _____
Y _____
E _____
E _____

Date Requested: 11/21/22

APPROVED ON

NOV 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 00011

FOR ACCT. USE ONLY

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

AMOUNT \$24,941.58

G/L NUMBER: 10255040

EXPLANATION: SUPERIOR SEPTEMBER QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Roshane S. Thomas* 11-21-22

Gulf Pointe

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER
A _____
Y _____
E _____
E _____

Date Requested: 11/21/22

APPROVED ON
NOV 21 2022

BY COUNTY AUDITOR
SALHOUN COUNTY, TEXAS
CK# 001094

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

AMOUNT \$18,912.98

G/L NUMBER: 10255040

EXPLANATION: SUPERIOR SEPTEMBER QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: Richard Thomas 11-21-22

Tuscany

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 11/21/22

A _____

Y _____

E _____

E _____

APPROVED ON

NOV 21 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck #00112

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT \$39,565.77

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP Q4 AND SEPTEMBER QIPP PAYMENTS

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: Roshane Thomas 11-21-22

RUN DATE:11/23/22
TIME:13:15

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/23/22 THRU 11/23/22

PAGE 5
GLCKREG

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

NHA 001191 11/23/22 54,267.38 MEMORIAL MEDICAL CENTER *Ashford*
TOTALS: 54,267.38

APPROVED ON

NOV 23 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:11/23/22
TIME:13:15

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/23/22 THRU 11/23/22

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHE 000223 11/23/22 18,587.34 MEMORIAL MEDICAL CENTER *Broadmoor*
TOTALS: 18,587.34

APPROVED ON

NOV 23 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:11/23/22
TIME:13:15

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/23/22 THRU 11/23/22

PAGE 7
GLCKREG

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

NHC *	000261	11/23/22	13,078.45	MEMORIAL MEDICA CENTER	<i>Crescent</i>
NHC	000263	11/23/22	10,351.00	TUSCANY	
TOTALS:			23,429.45		

APPROVED ON

NOV 23 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:11/23/22
TIME:13:15

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/23/22 THRU 11/23/22

PAGE 8
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000197 11/23/22 19,548.69 MEMORIAL MEDICAL CENTER *Fort Bend*
TOTALS: 19,548.69

APPROVED ON

NOV 23 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:11/23/22
TIME:13:15

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/23/22 THRU 11/23/22

PAGE 10
GLCKREG

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

NHS 001253 11/23/22 20,563.91 MEMORIAL MEDICAL CENTER *Solem*
TOTALS: 20,563.91

APPROVED ON

NOV 23 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:11/23/22
TIME:13:15

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/23/22 THRU 11/23/22

PAGE 9
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG 000172 11/23/22 24,941.58 MEMORIAL MEDICAL CENTER *golden creek*
TOTALS: 24,941.58

APPROVED ON

NOV 23 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:11/23/22
TIME:13:15

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/23/22 THRU 11/23/22

PAGE 4
GLCKREG

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

GPP 001094 11/23/22 18,912.98 MEMORIAL MEDICAL CENTER *guif Pointe*
TOTALS: 18,912.98

APPROVED ON

NOV 23 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RUN DATE:11/23/22
TIME:13:15

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/23/22 THRU 11/23/22

PAGE 11
GLCKREG

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

TUS 001112 11/23/22 39,565.77 MEMORIAL MEDICAL CENTER
TOTALS: 39,565.77

Tuscany

APPROVED ON

NOV 23 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

MEMORIAL MEDICAL CENTER

NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001191

Date 11/23/22 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 54,267.38

Fifty four thousand two hundred sixty seven & 38/100 DOLLARS



FOR Amerigroup Q4: 2586634 Sep: 29401.04



MP

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000223

Date 11/23/22 88-2265/1131

PAY

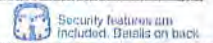
TO THE ORDER OF Memorial Medical Center

\$ 18,587.34

Eighteen thousand Five hundred Eighty Seven & 34/100 DOLLARS



FOR Amerigroup Q4: 8867.44 Sep: 9719.90



MP

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000261

Date 11/23/22 88-2265/1131

PAY

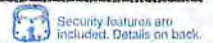
TO THE ORDER OF Memorial Medical Center

\$ 13,078.45

Thirteen thousand Seventy Eight & 45/100 DOLLARS



FOR Amerigroup Q4: 5829.22 Sep: 7249.23



MP

MEMORIAL MEDICAL CENTER

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

000197

88-2265/1131

Date 11/23/22

PAY
TO THE
ORDER OF

Memorial Medical Center

\$ 19,548.69

Nine teen thousand Five hundred forty eight & 69/100 DOLLARS



FOR Amerigroup Q4:10LX0-45 Sep:9868-24



MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001253

88-2265/1131

Date 11/23/22

PAY
TO THE
ORDER OF

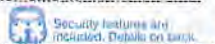
Memorial Medical Center

\$ 20,563.91

Twenty thousand Five hundred Sixty three & 91/100 DOLLARS



FOR Amerigroup Q4:1206191 Sep:9502-00



MEMORIAL MEDICAL CENTER

NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000172

88-2265/1131

Date 11/23/22

PAY
TO THE
ORDER OF

Memorial Medical Center

\$ 24,941.58

Twenty four thousand Nine hundred Forty one & 58/100 DOLLARS



FOR Superior September Qipp



MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

361-553-4618
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1094

88-2265/1131-87

DATE 11/23/22



PAY TO THE ORDER OF Memorial Medical Center

\$ 18,912.98

Eighteen thousand Nine hundred twelve & 98/100

DOLLARS



PROSPERITY BANK®

PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
361-552-7411 www.prosperitybankusa.com

FOR Superior September Qpp

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1112

88-2265/1131-87

DATE 11/23/22



PAY TO THE ORDER OF Memorial Medical Center

\$ 39,565.77

Thirty Nine thousand Five hundred sixty five & 77/100

DOLLARS



PROSPERITY BANK®

PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
361-552-7411 www.prosperitybankusa.com

FOR Amerigroup 04: 22112.33 Sep: 12803.44

Commissioner's Court 11/23/2022

QIPP Payment to MMC from Nursing Facilities

NH Name	From Bank Acct #	Ck #	Payee	GL #	AMERIGROUP Q4	AMERIGROUP SEPTEMBER	SUPERIOR SEPTEMBER	TOTAL	Date
Ashford	10000018 - Prosperity		MMC - Prosperity Operating #10000001	10255040	25,866.34	28,401.04		54,267.38	11/23/2022
Broadmoor	10000019 - Prosperity		MMC - Prosperity Operating #10000001	10255040	8,867.44	9,719.90		18,587.34	11/23/2022
Crescent	10000020 - Prosperity		MMC - Prosperity Operating #10000001	10255040	5,829.22	7,249.23		13,078.45	11/23/2022
Fort Bend	10000021 - Prosperity		MMC - Prosperity Operating #10000001	10255040	10,680.45	8,868.24		19,548.69	11/23/2022
Solera	10000022 - Prosperity		MMC - Prosperity Operating #10000001	10255040	12,061.91	8,502.00		20,563.91	11/23/2022
Golden Creek	10000023 - Prosperity		MMC - Prosperity Operating #10000001	10255040			24,941.58	24,941.58	11/23/2022
Gulf Pointe-PP	10000114 - Prosperity		MMC - Prosperity Operating #10000001	10255040			18,912.98	18,912.98	11/23/2022
Gulf Pointe-MIM	10000025 - Prosperity		MMC - Prosperity Operating #10000001	10255040					11/23/2022
Bethany			MMC - Prosperity Operating #10000001	10255040					11/23/2022
Tuscany			MMC - Prosperity Operating #10000001	10255040	27,762.33	16,803.44		39,565.77	11/23/2022
			Total:		86,067.69	79,543.85	43,854.56	209,466.10	

Note:

Roshanda Thomas

Approved: ROSHANDA THOMAS, CEO

11/21/2022