

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 14, 2022

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 593,924.09	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 71,844.56	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 729,393.47	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED December 14, 2022	\$ 1,395,162.12	✓

APPROVED

DEC 14 2022

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 14, 2022

PAYABLES AND PAYROLL

12/8/2022 Weekly Payables	368,008.04
12/8/2022 Patient Refunds	2,431.63
12/8/2022 Citibank Credit Card-see attached	2,455.19
12/9/2022 Frontier-phone services	108.93
12/9/2022 Clearly-phone	2,416.10
12/12/2022 McKesson-340B Prescription Expense	13,168.17
12/12/2022 Amerisource Bergen-340B Prescription Expense	1,127.69
12/12/2022 Payroll Liabilities for supplemental payroll-Payroll Taxes	303.47
12/12/2022 Supplemental Payroll	962.23

Prosperity Electronic Bank Payments

12/5-12/9/22 Credit Card & Lease Fees	1,195.65
12/20/2022 Sales Tax for November 2022	1,500.81
12/15/2022 TCDRS November Retirement	198,575.48
12/9/2022 Cleargage-Patient Financing Service	118.20
12/5-12/9/22 Pay Plus-Patient Claims Processing Fee	664.50
12/9/2022 ExpertPay- child support	888.00

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ **593,924.09**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

12/8/2022 MMC Operating to Fort bend-correction of NH insurance payment deposited into MMC Operating	2,528.50
12/8/2022 MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating	7,177.38
12/8/2022 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	7,461.79
12/8/2022 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	30,826.10
12/8/2022 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	11,593.00
12/8/2022 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	12,257.79

TOTAL TRANSFERS BETWEEN FUNDS \$ **71,844.56**

NURSING HOME UPL EXPENSES

12/12/2022 Nursing Home UPL-Cantex Transfer	374,661.20
12/12/2022 Nursing Home UPL-Nexion Transfer	67,520.98
12/12/2022 Nursing Home UPL-HMG Transfer	117,123.98
12/12/2022 Nursing Home UPL-Tuscany Transfer	34,771.14
12/12/2022 Nursing Home UPL-HSL Transfer	88,420.91

QIPP CHECKS TO MMC

12/12/2022 Ashford	16,589.54
12/12/2022 Broadmoor	6,111.06
12/12/2022 Crescent	4,228.87
12/12/2022 Fort Bend	5,181.91
12/12/2022 Solera	4,962.87
12/12/2022 Tuscany	9,821.01

TOTAL NURSING HOME UPL EXPENSES \$ **729,393.47**

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

GRAND TOTAL DISBURSEMENTS APPROVED December 14, 2022 \$ **1,395,162.12**

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 08 2022

12/08/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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ap_open_invoice.template

Due Dates Through: 12/23/2022

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
13180	ADVANCED STERILIZATION PRODUCT ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	8020448099 ✓		11/30/20	11/29/20	12/07/20		1,875.00	0.00	0.00	1,875.00 ✓			
	77FULLMF04 SERV AGREE												
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		13180	ADVANCED STERILIZATION PRODUCT				1,875.00	0.00	0.00	1,875.00			
14632	✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	111022		12/07/20	11/10/20	12/10/20		60.00	0.00	0.00	60.00 ✓			
	REFUND												
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		14632					60.00	0.00	0.00	60.00			
A0400	AUREUS RADIOLOGY LLC ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	2820631 ✓		11/30/20	11/14/20	12/14/20		3,400.00	0.00	0.00	3,400.00 ✓			
	LAB STAFFING (10/28-11/3/22) Stibley												
	2829088 ✓		11/30/20	11/21/20	12/21/20		3,431.88	0.00	0.00	3,431.88 ✓			
	LAB STAFFING (11/4-11/10/22) Stibley												
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		A0400	AUREUS RADIOLOGY LLC				6,831.88	0.00	0.00	6,831.88			
A2600	AUTO PARTS & MACHINE CO. ✓		W										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	997193 ✓		11/30/20	11/22/20	12/07/20		95.88	0.00	0.00	95.88 ✓			
	SUPPLIES MAINT												
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		A2600	AUTO PARTS & MACHINE CO.				95.88	0.00	0.00	95.88			
B1150	BAXTER HEALTHCARE ✓		W										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	77086572 ✓		11/30/20	11/08/20	12/03/20		338.31	0.00	0.00	338.31 ✓			
	SUPPLIES												
	12588010 ✓		11/30/20	11/26/20	12/21/20		3.57	0.00	0.00	3.57 ✓			
	LATE FEE												
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		B1150	BAXTER HEALTHCARE				341.88	0.00	0.00	341.88			
M2485	BAYER HEALTHCARE ✓		M										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	6010290336 ✓		11/30/20	11/21/20	12/07/20		828.06	0.00	0.00	828.06 ✓			
	SUPPLIES												
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		M2485	BAYER HEALTHCARE				828.06	0.00	0.00	828.06			
B1220	BECKMAN COULTER INC ✓		M										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
110269762	✓	11/30/20	11/15/20	12/10/20		230.60	0.00	0.00	230.60 ✓		
	LAB SUPPLIES										
5466179	✓	11/30/20	11/25/20	12/20/20		1,337.05	0.00	0.00	1,337.05 ✓		
	AS4/DXM 1040 LEASE										
110286489	✓	11/30/20	11/28/20	12/23/20		501.24	0.00	0.00	501.24 ✓		
	LAB SUPPLIES										
110287740	✓	11/30/20	11/28/20	12/23/20		233.24	0.00	0.00	233.24 ✓		
	LAB SUPPLIES										
110285973	✓	11/30/20	11/28/20	12/23/20		955.73	0.00	0.00	955.73 ✓		
	LAB SUPPLIES										
110287220	✓	11/30/20	11/28/20	12/23/20		705.01	0.00	0.00	705.01 ✓		
	LAB SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1220	BECKMAN COULTER INC	3,962.87	0.00	0.00	3,962.87
Vendor#	Vendor Name				Class	Pay Code					
13892	BLUE CROSS BLUE SHIELD REFUND ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
111022		12/07/20	11/10/20	12/10/20		75.00	0.00	0.00	75.00 ✓		
	CHELSE EDWARDS REFUND										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13892	BLUE CROSS BLUE SHIELD REFUND	75.00	0.00	0.00	75.00
Vendor#	Vendor Name				Class	Pay Code					
B0437	C R BARD INC ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
85098587	✓	11/30/20	11/16/20	12/16/20		339.15	0.00	0.00	339.15 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B0437	C R BARD INC	339.15	0.00	0.00	339.15
Vendor#	Vendor Name				Class	Pay Code					
11224	CABLES AND SENSORS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
140862	✓	11/30/20	11/23/20	12/23/20		113.00	0.00	0.00	113.00 ✓		
	SUPPLIES										
140940	✓	11/30/20	11/28/20	11/28/20		60.00	0.00	0.00	60.00 ✓		
	SUPPLIES										
141010	✓	11/30/20	11/29/20	12/07/20		65.00	0.00	0.00	65.00 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11224	CABLES AND SENSORS	238.00	0.00	0.00	238.00
Vendor#	Vendor Name				Class	Pay Code					
C1048	CALHOUN COUNTY ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
112422		11/30/20	11/24/20	12/14/20		120.43	0.00	0.00	120.43 ✓		
	FUEL										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1048	CALHOUN COUNTY	120.43	0.00	0.00	120.43
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		
8003020413	✓	11/30/20	11/19/20	12/14/20		152.95	0.00	0.00	152.95 ✓		

NUC MED SUPPLIES

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		C1325	CARDINAL HEALTH 414, INC.		152.95	0.00	0.00	152.95	
Vendor#	Vendor Name			Class	Pay Code				
C1992	CDW GOVERNMENT, INC. ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
FG28097 ✓		11/30/20	11/22/20	12/22/20		307.76	0.00	0.00	307.76 ✓
			SUPPLIES						
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		C1992	CDW GOVERNMENT, INC.		307.76	0.00	0.00	307.76	
Vendor#	Vendor Name			Class	Pay Code				
C1390	CENTRAL DRUG ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
112122		11/30/20	11/21/20	12/21/20		19.40	0.00	0.00	19.40 ✓
			PHARM INVENTORY						
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		C1390	CENTRAL DRUG		19.40	0.00	0.00	19.40	
Vendor#	Vendor Name			Class	Pay Code				
C1600	CITIZENS MEDICAL CENTER ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
123120		11/30/20	12/31/20	01/01/20		313.48	0.00	0.00	313.48 ✓
			DIRECT CLIENT TRANS						
093022		11/30/20	09/30/20	10/31/20		13.56	0.00	0.00	13.56 ✓
			DIRECT CLIENT TRANS						
2022-4		12/08/20	09/15/20	12/15/20		62,279.80	0.00	0.00	62,279.80 ✓
			CRNA COVERAGE AGRMENT-						
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		C1600	CITIZENS MEDICAL CENTER		62,606.84	0.00	0.00	62,606.84	
Vendor#	Vendor Name			Class	Pay Code				
11030	COMBINED INSURANCE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
113022		11/30/20	11/30/20	12/01/20		561.74	0.00	0.00	561.74 ✓
			PAYROLL DEDUCT INSURANC						
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11030	COMBINED INSURANCE		561.74	0.00	0.00	561.74	
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
7008860 ✓		11/30/20	11/16/20	12/11/20		6.31	0.00	0.00	6.31 ✓
			SUPPLIES						
7009490 ✓		11/30/20	11/16/20	12/11/20		170.28	0.00	0.00	170.28 ✓
			SUPPLIES						
7013170 ✓		11/30/20	11/22/20	12/17/20		255.76	0.00	0.00	255.76 ✓
			SUPPLIES						
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10368	DEWITT POTH & SON		432.35	0.00	0.00	432.35	
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
MMC113022 ✓		11/30/20	11/30/20	12/01/20		102,666.62	0.00	0.00	102,666.62 ✓
			PHYSICIAN SERVICES						

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10789	DISCOVERY MEDICAL NETWORK INC	102,666.62	0.00	0.00	102,666.62		
Vendor#	Vendor Name	Class	Pay Code						
W1167	ELITECH GROUP INC (WESCOR) ✓	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
805565 ✓		11/30/20	11/28/20	12/07/20		247.70	0.00	0.00	247.70 ✓
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		W1167	ELITECH GROUP INC (WESCOR)	247.70	0.00	0.00	247.70		
Vendor#	Vendor Name	Class	Pay Code						
14336	FIRETRON, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
237956 ✓		11/30/20	11/07/20	12/07/20		3,704.00	0.00	0.00	3,704.00 ✓
AIR HANDLER/CABLE									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		14336	FIRETRON, INC	3,704.00	0.00	0.00	3,704.00		
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
6818928A ✓		11/01/20	12/10/20	01/04/20		154.08	0.00	0.00	154.08 ✓
lab supplies									
6868345 ✓		11/01/20	09/29/20	10/24/20		42.85	0.00	0.00	42.85 ✓
SUPPLIES									
8218828 ✓		11/30/20	11/15/20	12/10/20		457.50	0.00	0.00	457.50 ✓
LAB SUPPLIES									
8218827 ✓		11/30/20	11/15/20	12/10/20		19.81	0.00	0.00	19.81 ✓
LAB SUPPLIES									
8300738 ✓		11/30/20	11/17/20	12/12/20		523.31	0.00	0.00	523.31 ✓
LAB SUPPLIES									
8375783 ✓		11/30/20	11/21/20	12/16/20		473.00	0.00	0.00	473.00 ✓
SUPPLIES									
8375785 ✓		11/30/20	11/21/20	12/16/20		903.94	0.00	0.00	903.94 ✓
SUPPLIES									
8375784 ✓		11/30/20	11/21/20	12/16/20		610.35	0.00	0.00	610.35 ✓
SUPPLIES									
8416131 ✓		11/30/20	11/22/20	12/17/20		430.43	0.00	0.00	430.43 ✓
SUPPLIES									
8453179 ✓		11/30/20	11/23/20	12/18/20		104.65	0.00	0.00	104.65 ✓
SUPPLIES									
8453180 ✓		11/30/20	11/23/20	12/18/20		193.33	0.00	0.00	193.33 ✓
SUPPLIES									
8453178 ✓		11/30/20	11/23/20	12/18/20		128.54	0.00	0.00	128.54 ✓
SUPPLIES									
8490486 ✓		11/30/20	11/28/20	12/23/20		297.87	0.00	0.00	297.87 ✓
SUPPLIES									
8490484 ✓		11/30/20	11/28/20	12/23/20		-42.85	0.00	0.00	-42.85 ✓
CREDIT									
8490485 ✓		11/30/20	11/28/20	12/23/20		213.03	0.00	0.00	213.03 ✓
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		F1400	FISHER HEALTHCARE	4,509.84	0.00	0.00	4,509.84		

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		
91264294 ✓		11/30/20	11/29/20	12/15/20		7,908.33	0.00	0.00	7,908.33 ✓		
CONTRACT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14156	FUJI FILM	7,908.33	0.00	0.00	7,908.33
G1800	GLOBAL EQUIPMENT CO ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
119849157 ✓		11/30/20	11/17/20	12/06/20		254.94	0.00	0.00	254.94 ✓		
ER SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						G1800	GLOBAL EQUIPMENT CO	254.94	0.00	0.00	254.94
W1300	GRAINGER ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9508494276 ✓		11/30/20	11/09/20	12/23/20		57.37	0.00	0.00	57.37 ✓		
SUPPLIES MAINT											
9507854165 ✓		11/30/20	11/09/20	12/23/20		-87.30	0.00	0.00	-87.30 ✓		
CREDIT											
9517517596 ✓		11/30/20	11/17/20	12/12/20		286.98	0.00	0.00	286.98 ✓		
SUPPLIES											
9518620688 ✓		11/30/20	11/18/20	12/13/20		89.80	0.00	0.00	89.80 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						W1300	GRAINGER	346.85	0.00	0.00	346.85
11984	GUERBET, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
18655108 ✓		11/30/20	11/23/20	11/23/20		350.00	0.00	0.00	350.00 ✓		
Vendor Totals											
						11984	GUERBET, LLC	350.00	0.00	0.00	350.00
12380	HEALTH SOLUTIONS DIETETICS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
113022		11/30/20	11/30/20	12/15/20		3,400.00	0.00	0.00	3,400.00 ✓		
DIETARY CONSULTING											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12380	HEALTH SOLUTIONS DIETETICS	3,400.00	0.00	0.00	3,400.00
H0031	HEB CREDIT RECEIVABLES DEPT308 ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
112822		11/30/20	11/28/20	12/20/20		1,336.31	0.00	0.00	1,336.31 ✓		
GROCERIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						H0031	HEB CREDIT RECEIVABLES DEPT308	1,336.31	0.00	0.00	1,336.31
H1399	HILL-ROM COMPANY, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		

1583130 ✓		11/30/20	11/21/20	12/07/20		323.50	0.00	0.00	323.50 ✓	
RESPIR SUPPLIES										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
H1399 HILL-ROM COMPANY, INC						323.50	0.00	0.00	323.50	
Vendor#	Vendor Name				Class	Pay Code				
10530	HUMANA ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
112222		12/07/20	11/22/20	12/22/20		125.37	0.00	0.00	125.37 ✓	
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
10530 HUMANA						125.37	0.00	0.00	125.37	
Vendor#	Vendor Name				Class	Pay Code				
11200	IRON MOUNTAIN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
GWHL658 ✓		11/30/20	08/31/20	09/30/20		659.04	0.00	0.00	659.04 ✓	
SHREDDING										
GXNK523 ✓		11/30/20	09/30/20	10/30/20		658.25	0.00	0.00	658.25 ✓	
SHREDDING										
GZBD277 ✓		11/30/20	10/31/20	11/30/20		648.14	0.00	0.00	648.14 ✓	
SHREDDING										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
11200 IRON MOUNTAIN						1,965.43	0.00	0.00	1,965.43	
Vendor#	Vendor Name				Class	Pay Code				
11108	ITERSOURCE CORPORATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
711564 ✓		11/30/20	12/01/20	12/01/20		250.00	0.00	0.00	250.00 ✓	
MONTHLY PHONE SUPPORT										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
11108 ITERSOURCE CORPORATION						250.00	0.00	0.00	250.00	
Vendor#	Vendor Name				Class	Pay Code				
14316	JUNXION MED STAFFING ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
REVMEM011522 ✓		12/07/20	01/20/20	02/04/20		1,860.00	0.00	0.00	1,860.00 ✓	
AMANDA DESHOTEL <i>1/1 - 1/15/22</i>										
REVMEM012222		12/07/20	01/22/20	02/06/20		11,179.38	0.00	0.00	11,179.38 ✓	
AMANDA DESHOTEL <i>1/16 - 1/22/22</i>										
REVMEM021322		12/07/20	02/25/20	03/12/20		1,821.25	0.00	0.00	1,821.25 ✓	
AMANDA DESHOTEL <i>2/1 - 2/15/22</i>										
REVMEM022622		12/07/20	03/03/20	03/18/20		1,782.50	0.00	0.00	1,782.50 ✓	
AMANDA DESHOTEL <i>2/16 - 2/21/22</i>										
REVMEM050722		12/07/20	05/15/20	05/30/20		1,821.25	0.00	0.00	1,821.25 ✓	
AMANDA DESHOTEL <i>5/1 - 5/17/22</i>										
REVMEM060422		12/07/20	06/15/20	06/30/20		1,860.00	0.00	0.00	1,860.00 ✓	
AMANDA DESHOTEL <i>5/21 - 6/4/22</i>										
REVMEM051422		12/07/20	06/15/20	06/30/20		7,168.75	0.00	0.00	7,168.75 ✓	
AMANDA DESHOTEL <i>6/5 - 6/14/22</i>										
REVMEM061122		12/07/20	06/15/20	06/30/20		5,463.75	0.00	0.00	5,463.75 ✓	
DESHOTEL <i>6/5 - 6/11/22</i>										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
14316 JUNXION MED STAFFING						32,956.88	0.00	0.00	32,956.88	
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	
72549855 ✓		11/30/20	04/02/20	04/27/20		190.74	0.00	0.00	190.74 ✓	
	LAB SERV									
75013653 ✓		11/30/20	11/26/20	12/21/20		16.41	0.00	0.00	16.41 ✓	
	LAB SERV									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	L0700 LABCORP OF AMERICA HOLDINGS					207.15	0.00	0.00	207.15	
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	
111822		11/30/20	11/18/20	12/01/20		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			
M1511	MARKETLAB, INC ✓					W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
IN01822454 ✓		11/30/20	11/28/20	12/07/20		102.13	0.00	0.00	102.13 ✓	
	SUPPILES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	M1511 MARKETLAB, INC					102.13	0.00	0.00	102.13	
Vendor#	Vendor Name					Class	Pay Code			
14480	MARTIN ENRIQUEZ ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2 ✓		11/30/20	11/30/20	12/01/20		1,525.50	0.00	0.00	1,525.50 ✓	
	STRIP/WAX (2nd + 1st)									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	14480 MARTIN ENRIQUEZ					1,525.50	0.00	0.00	1,525.50	
Vendor#	Vendor Name					Class	Pay Code			
M2310	MEDELA INC ✓					M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
7001208474 ✓		11/30/20	11/17/20	12/07/20		284.80	0.00	0.00	284.80 ✓	
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	M2310 MEDELA INC					284.80	0.00	0.00	284.80	
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	
2239499484 ✓		11/30/20	11/16/20	12/11/20		726.69	0.00	0.00	726.69 ✓	
	SUPPLIES									
2239499487 ✓		11/30/20	11/16/20	12/11/20		782.43	0.00	0.00	782.43 ✓	
	SUPPLIES									
2239499488 ✓		11/30/20	11/16/20	12/11/20		1,863.95	0.00	0.00	1,863.95 ✓	
	SUPPLIES									
2239451189 ✓		11/30/20	11/16/20	12/11/20		14,040.00	0.00	0.00	14,040.00 ✓	
	SUPPLIES									
2239451188 ✓		11/30/20	11/16/20	12/11/20		33.41	0.00	0.00	33.41 ✓	
	SUPPLIES									
2239499486 ✓		11/30/20	11/16/20	12/11/20		641.13	0.00	0.00	641.13 ✓	
	SUPPLIES									

2239499483 ✓	11/30/20 11/16/20 12/11/20	132.92	0.00	0.00	132.92 ✓
SUPPLIES					
2239451190 ✓	11/30/20 11/16/20 12/11/20	13,231.09	0.00	0.00	13,231.09 ✓
SUPPLIES					
2239499485 ✓	11/30/20 11/16/20 12/11/20	99.75	0.00	0.00	99.75 ✓
SUPPLIES					
2239984643 ✓	11/30/20 11/18/20 12/13/20	65.34	0.00	0.00	65.34 ✓
SUPPLIES					
223998462 ✓	11/30/20 11/18/20 12/13/20	33.55	0.00	0.00	33.55 ✓
SUPPLIES					
2239865174 ✓	11/30/20 11/18/20 12/13/20	185.96	0.00	0.00	185.96 ✓
SUPPLIES					
2240183101 ✓	11/30/20 11/19/20 12/14/20	39.95	0.00	0.00	39.95 ✓
SUPPLIES					
2240183103 ✓	11/30/20 11/19/20 12/14/20	55.51	0.00	0.00	55.51 ✓
SUPPLIES					
2240183102 ✓	11/30/20 11/19/20 12/14/20	82.24	0.00	0.00	82.24 ✓
SUPPLIES					
2240516735 ✓	11/30/20 11/22/20 12/17/20	-427.49	0.00	0.00	-427.49 ✓
CREDIT					
2240708528 ✓	11/30/20 11/23/20 12/18/20	47.28	0.00	0.00	47.28 ✓
SUPPLIES					
2240708531 ✓	11/30/20 11/23/20 12/18/20	134.64	0.00	0.00	134.64 ✓
SUPPLIES					
2240708526 ✓	11/30/20 11/23/20 12/18/20	9.84	0.00	0.00	9.84 ✓
SUPPLIES					
2240708527 ✓	11/30/20 11/23/20 12/18/20	74.23	0.00	0.00	74.23 ✓
SUPPLIES					
2240708536 ✓	11/30/20 11/23/20 12/18/20	4,888.24	0.00	0.00	4,888.24 ✓
SUPPLIES					
2240708530 ✓	11/30/20 11/23/20 12/18/20	23.74	0.00	0.00	23.74 ✓
SUPPLIES					
2240491471 ✓	11/30/20 11/23/20 12/18/20	23.21	0.00	0.00	23.21 ✓
SUPPLIES					
2240708524 ✓	11/30/20 11/23/20 12/18/20	156.51	0.00	0.00	156.51 ✓
SUPPLIES					
2240708522 ✓	11/30/20 11/23/20 12/18/20	37.59	0.00	0.00	37.59 ✓
SUPPLIES					
2240591469 ✓	11/30/20 11/23/20 12/18/20	427.49	0.00	0.00	427.49 ✓
SUPPLIES					
2240491470 ✓	11/30/20 11/23/20 12/18/20	23.21	0.00	0.00	23.21 ✓
SUPPLIES					
2240708533 ✓	11/30/20 11/23/20 12/18/20	34.24	0.00	0.00	34.24 ✓
SUPPLIES					
2240708532 ✓	11/30/20 11/23/20 12/18/20	28,844.08	0.00	0.00	28,844.08 ✓
SUPPLIES					
2240708529 ✓	11/30/20 11/23/20 12/18/20	893.61	0.00	0.00	893.61 ✓
SUPPLIES					
2240708523 ✓	11/30/20 11/23/20 12/18/20	607.75	0.00	0.00	607.75 ✓
SUPPLIES					
2240948116 ✓	11/30/20 11/24/20 12/19/20	36.10	0.00	0.00	36.10 ✓

SUPPLIES										
Vendor#	Vendor Name	Number	Name	Class	Pay Code	Gross	Discount	No-Pay	Net	
2241138995						122.75	0.00	0.00	122.75	✓
SUPPLIES										
Vendor Totals						67,970.94	0.00	0.00	67,970.94	
10963	MEMORIAL MEDICAL CLINIC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
111822		11/30/20	11/18/20	12/01/20		325.00	0.00	0.00	325.00	✓
PAYROLL DEDUCT										
Vendor Totals						325.00	0.00	0.00	325.00	
14628	J									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
110722		12/07/20	11/07/20	12/07/20		10.00	0.00	0.00	10.00	✓
REFUND-CLINIC										
110722A		12/07/20	11/07/20	12/07/20		10.00	0.00	0.00	10.00	✓
REFUND CLINIC										
Vendor Totals						20.00	0.00	0.00	20.00	
10536	MORRIS & DICKSON CO, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
8903642		11/30/20	11/20/20	11/30/20		1,832.50	0.00	0.00	1,832.50	✓
PHARM INVENTORY										
8905022		11/30/20	11/20/20	11/30/20		651.85	0.00	0.00	651.85	✓
PHARM INVENTORY										
8903641		11/30/20	11/20/20	11/30/20		874.39	0.00	0.00	874.39	✓
PHARM INVENTORY										
8903643		11/30/20	11/20/20	11/30/20		27.19	0.00	0.00	27.19	✓
PHARM INVENTORY										
8905021		11/30/20	11/20/20	11/30/20		53.51	0.00	0.00	53.51	✓
PHARM INVENTORY										
8907523		11/30/20	11/21/20	12/01/20		34.55	0.00	0.00	34.55	✓
PHARM INVENTORY										
8907520		11/30/20	11/21/20	12/01/20		1.62	0.00	0.00	1.62	✓
PHARM INVENTORY										
8907518		11/30/20	11/21/20	12/01/20		63.55	0.00	0.00	63.55	✓
PHARM INVENTORY										
8911039		11/30/20	11/21/20	12/01/20		43.92	0.00	0.00	43.92	✓
PHARM INVENTORY										
8907522		11/30/20	11/21/20	12/01/20		746.61	0.00	0.00	746.61	✓
PHARM INVENTORY										
8909930		11/30/20	11/21/20	12/01/20		7.72	0.00	0.00	7.72	✓
PHARM INVENTORY										
8907521		11/30/20	11/21/20	12/01/20		358.76	0.00	0.00	358.76	✓
PHARM INVENTORY										
8907519		11/30/20	11/21/20	12/01/20		84.74	0.00	0.00	84.74	✓
PHARM INVENTORY										
8909929		11/30/20	11/21/20	12/01/20		4.89	0.00	0.00	4.89	✓

8913017	✓	PHARM INVENTORY	11/30/20	11/22/20	12/02/20	3,772.72	0.00	0.00	3,772.72	✓
8916123	✓	PHARM INVENTORY	11/30/20	11/22/20	12/02/20	465.28	0.00	0.00	465.28	✓
8913016	✓	PHARM INVENTORY	11/30/20	11/22/20	12/02/20	1.04	0.00	0.00	1.04	✓
8916124	✓	PHARM INVENTORY	11/30/20	11/22/20	12/02/20	895.82	0.00	0.00	895.82	✓
8920182	✓	PHARM INVENTORY	11/30/20	11/23/20	12/03/20	120.57	0.00	0.00	120.57	✓
8920270	✓	PHARM INVENTORY	11/30/20	11/23/20	12/03/20	172.35	0.00	0.00	172.35	✓
8919879	✓	PHARM INVENTORY	11/30/20	11/23/20	12/03/20	0.52	0.00	0.00	0.52	✓
8920269	✓	PHARM INVENTORY	11/30/20	11/23/20	12/03/20	6.74	0.00	0.00	6.74	✓
8919536	✓	PHARM INVENTORY	11/30/20	11/23/20	12/03/20	26.78	0.00	0.00	26.78	✓
8919537	✓	PHARM INVENTORY	11/30/20	11/23/20	12/03/20	27.07	0.00	0.00	27.07	✓
8920057	✓	PHARM INVENTORY	11/30/20	11/23/20	12/03/20	959.38	0.00	0.00	959.38	✓
8920055	✓	PHARM INVENTORY	11/30/20	11/23/20	12/03/20	13.60	0.00	0.00	13.60	✓
8920056	✓	PHARM INVENTORY	11/30/20	11/23/20	12/03/20	140.89	0.00	0.00	140.89	✓
8924522	✓	PHARM INVENTORY	11/30/20	11/27/20	12/07/20	19.01	0.00	0.00	19.01	✓
8924524	✓	PHARM INVENTORY	11/30/20	11/27/20	12/07/20	449.80	0.00	0.00	449.80	✓
8926612	✓	PHARM INVENTORY	11/30/20	11/27/20	12/07/20	80.40	0.00	0.00	80.40	✓
8924525	✓	PHARM INVENTORY	11/30/20	11/27/20	12/07/20	90.89	0.00	0.00	90.89	✓
8924523	✓	PHARM INVENTORY	11/30/20	11/27/20	12/07/20	3.74	0.00	0.00	3.74	✓
8926613	✓	PHARM INVENTORY	11/30/20	11/27/20	12/07/20	849.64	0.00	0.00	849.64	✓
8930787	✓	PHARM INVENTORY	11/30/20	11/28/20	12/08/20	17.12	0.00	0.00	17.12	✓
8930788	✓	PHARM INVENTORY	11/30/20	11/28/20	12/08/20	474.14	0.00	0.00	474.14	✓
8931105	✓	PHARM INVENTORY	11/30/20	11/28/20	12/08/20	48.82	0.00	0.00	48.82	✓
8928151	✓	PHARM INVENTORY	11/30/20	11/28/20	12/08/20	31.63	0.00	0.00	31.63	✓
8929633	✓	PHARM INVENTORY	11/30/20	11/28/20	12/08/20	180.47	0.00	0.00	180.47	✓
8928152	✓	PHARM INVENTORY	11/30/20	11/28/20	12/08/20	31.05	0.00	0.00	31.05	✓
		PHARM INVENTORY								

8933846	✓		11/30/20	11/29/20	12/09/20		74.69	0.00	0.00	74.69	✓	
		PHARM INVENTORY										
8936378	✓		11/30/20	11/29/20	12/09/20		378.62	0.00	0.00	378.62	✓	
		PHARM INVENTORY										
8933847	✓		11/30/20	11/29/20	12/09/20		1,437.67	0.00	0.00	1,437.67	✓	
		PHARM INVENTORY										
8933843	✓		11/30/20	11/29/20	12/09/20		369.12	0.00	0.00	369.12	✓	
		PHARM INVENTORY										
8933844	✓		11/30/20	11/29/20	12/09/20		5.00	0.00	0.00	5.00	✓	
		PHARM INVENTORY										
8933845	✓		11/30/20	11/29/20	12/09/20		489.16	0.00	0.00	489.16	✓	
		PHARM INVENTORY										
8933842	✓		11/30/20	11/29/20	12/09/20		7.10	0.00	0.00	7.10	✓	
		PHARM INVENTORY										
8935561	✓		11/30/20	11/29/20	12/09/20		180.47	0.00	0.00	180.47	✓	
		PHARM INVENTORY										
8936376	✓		11/30/20	11/29/20	12/09/20		101.65	0.00	0.00	101.65	✓	
		PHARM INVENTORY										
8936375	✓		11/30/20	11/29/20	12/09/20		98.14	0.00	0.00	98.14	✓	
		PHARM INVENTORY										
8936377	✓		11/30/20	11/29/20	12/09/20		976.03	0.00	0.00	976.03	✓	
		PHARM INVENTORY										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10536	MORRIS & DICKSON CO, LLC	17,782.92	0.00	0.00	17,782.92
Vendor#	Vendor Name		Class		Pay Code							
M2659	MXR IMAGING, INC ✓		M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
8800966808	✓	11/30/20	11/18/20	12/18/20			83.48	0.00	0.00	83.48	✓	
	SUPPLIES RADIOL											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2659	MXR IMAGING, INC	83.48	0.00	0.00	83.48
Vendor#	Vendor Name		Class		Pay Code							
12096	NEOGENOMICS LABORATORIES ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
5585507	✓	11/30/20	07/31/20	08/31/20			1,284.00	0.00	0.00	1,284.00	✓	
	LAB SERV											
5676589	✓	11/30/20	08/31/20	09/30/20			4,350.00	0.00	0.00	4,350.00	✓	
	LAB SERV											
5768381	✓	11/30/20	09/30/20	10/31/20			1,620.00	0.00	0.00	1,620.00	✓	
	LAB SERV											
5854031	✓	11/30/20	10/31/20	11/30/20			630.00	0.00	0.00	630.00	✓	
	LAB SERV											
3814690A	✓	11/30/20	12/06/20	12/15/20			-90.00	0.00	0.00	-90.00	✓	
	CREDIT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12096	NEOGENOMICS LABORATORIES	7,794.00	0.00	0.00	7,794.00
Vendor#	Vendor Name		Class		Pay Code							
O0920	OFFICE DEPOT ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
276192487001	✓	11/30/20	11/18/20	12/07/20			159.98	0.00	0.00	159.98	✓	
	SUPPLIES											

276158502001 ✓		11/30/20	11/19/20	12/07/20			91.69	0.00	0.00	91.69 ✓		
	supplies											
276192497001 ✓		11/30/20	11/21/20	12/07/20			16.14	0.00	0.00	16.14 ✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		O0920	OFFICE DEPOT				267.81	0.00	0.00	267.81		
Vendor#	Vendor Name	Class		Pay Code								
O1416	ORTHO CLINICAL DIAGNOSTICS ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
1852696055 ✓		11/30/20	11/22/20	12/22/20			204.54	0.00	0.00	204.54 ✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		O1416	ORTHO CLINICAL DIAGNOSTICS				204.54	0.00	0.00	204.54		
Vendor#	Vendor Name	Class		Pay Code								
OM425	OWENS & MINOR ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
2080927104 ✓		11/30/20	11/17/20	12/17/20			322.95	0.00	0.00	322.95 ✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		OM425	OWENS & MINOR				322.95	0.00	0.00	322.95		
Vendor#	Vendor Name	Class		Pay Code								
P2200	POWER HARDWARE ✓	W										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
A90799 ✓		11/30/20	11/30/20	12/10/20			12.54	0.00	0.00	12.54 ✓		
	MAINT SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		P2200	POWER HARDWARE				12.54	0.00	0.00	12.54		
Vendor#	Vendor Name	Class		Pay Code								
11080	RADSOURCE ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
SC32091222 ✓		11/30/20	11/12/20	12/07/20			1,791.67	0.00	0.00	1,791.67 ✓		
	SERV AGREEMENT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11080	RADSOURCE				1,791.67	0.00	0.00	1,791.67		
Vendor#	Vendor Name	Class		Pay Code								
11251	RAPID PRINTING LLC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
15471 ✓		11/30/20	10/14/20	10/24/20			124.00	0.00	0.00	124.00 ✓		
	BANNER-MAMMO											
15915 ✓		11/30/20	11/21/20	12/01/20			53.00	0.00	0.00	53.00 ✓		
	BUSINESS CARDS /HR											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11251	RAPID PRINTING LLC				177.00	0.00	0.00	177.00		
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		
113022		11/30/20	11/30/20	12/15/20			44.31	0.00	0.00	44.31 ✓		
	TRAVEL REIMB (11/30/22 - travel to Sam's, HEB, PLUS)											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11764	ROBERT RODRIQUEZ				44.31	0.00	0.00	44.31		
Vendor#	Vendor Name	Class		Pay Code								

12436	SHANNA O'DONNELL, FNP ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
120522		12/08/20	12/05/20	12/15/20		888.00	0.00	0.00	888.00	✓
DEA LICENSE RENEWAL										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	12436	SHANNA O'DONNELL, FNP				888.00	0.00	0.00	888.00	
Vendor#	Vendor Name				Class	Pay Code				
10936	SIEMENS FINANCIAL SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
56382300009090 ✓		11/30/20	11/24/20	12/14/20		4,038.24	0.00	0.00	4,038.24	✓
RENTAL NUC MED										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10936	SIEMENS FINANCIAL SERVICES				4,038.24	0.00	0.00	4,038.24	
Vendor#	Vendor Name				Class	Pay Code				
S2220	SKIP'S RESTAURANT EQUIPMENT ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
451660 ✓		11/30/20	10/19/20	11/19/20		3,481.28	0.00	0.00	3,481.28	✓
WASH PUMP DIETARY										
451679 ✓		11/30/20	10/25/20	12/06/20		270.00	0.00	0.00	270.00	✓
WASH PUMP LABOR DIETARY										
451702 ✓		11/30/20	11/02/20	12/06/20		990.75	0.00	0.00	990.75	✓
DISCHARGE HOSES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	S2220	SKIP'S RESTAURANT EQUIPMENT				4,742.03	0.00	0.00	4,742.03	
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	
3524395918 ✓		11/30/20	11/30/20	12/07/20		45.78	0.00	0.00	45.78	✓
SUPPLIES										
3524395919 ✓		11/30/20	11/30/20	12/07/20		55.85	0.00	0.00	55.85	✓
SUPPLIES										
3524395917 ✓		11/30/20	11/30/20	12/07/20		29.37	0.00	0.00	29.37	✓
SUPPLIES										
3524395921 ✓		11/30/20	11/30/20	12/07/20		30.99	0.00	0.00	30.99	✓
SUPPLIES										
3524395920 ✓		11/30/20	11/30/20	12/07/20		46.27	0.00	0.00	46.27	✓
SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10845	STAPLES ADVANTAGE				208.26	0.00	0.00	208.26	
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	
10622210 ✓		11/30/20	11/22/20	12/17/20		202.80	0.00	0.00	202.80	✓
SURG SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	S3940	STERIS CORPORATION				202.80	0.00	0.00	202.80	
Vendor#	Vendor Name				Class	Pay Code				
14644	SUPERIOR HEALTHPLAN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
112222		12/07/20	11/22/20	12/22/20		183.48	0.00	0.00	183.48	✓
REFUNC										

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		14644	SUPERIOR HEALTHPLAN		183.48	0.00	0.00	183.48	
Vendor#	Vendor Name			Class	Pay Code				
14212	SURGICAL DIRECT SOUTH ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9834 ✓		11/30/20	11/22/20	12/22/20		2,280.00	0.00	0.00	2,280.00 ✓
	SUPPLIES MED/SURG								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		14212	SURGICAL DIRECT SOUTH		2,280.00	0.00	0.00	2,280.00	
Vendor#	Vendor Name			Class	Pay Code				
11908	TMS SOUTH ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV65498 ✓		11/30/20	11/18/20	12/18/20		740.76	0.00	0.00	740.76 ✓
	SUPPLIES								
INV66017 ✓		11/30/20	11/23/20	12/23/20		565.76	0.00	0.00	565.76 ✓
	SUPPLIES								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11908	TMS SOUTH		1,306.52	0.00	0.00	1,306.52	
Vendor#	Vendor Name			Class	Pay Code				
T3130	TRI-ANIM HEALTH SERVICES INC ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
65282559 ✓		11/30/20	11/17/20	12/12/20		421.93	0.00	0.00	421.93 ✓
	SUPPLIES								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		T3130	TRI-ANIM HEALTH SERVICES INC		421.93	0.00	0.00	421.93	
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
8400408495 ✓		11/30/20	11/14/20	12/09/20		44.80	0.00	0.00	44.80 ✓
	LAUNDRY								
8400408494 ✓		11/30/20	11/14/20	12/09/20		48.15	0.00	0.00	48.15 ✓
	LAUNDRY								
8400408515 ✓		11/30/20	11/14/20	12/09/20		2,492.42	0.00	0.00	2,492.42 ✓
	LAUNDRY								
8400408847 ✓		11/30/20	11/17/20	12/12/20		1,657.57	0.00	0.00	1,657.57 ✓
	LAUNDRY								
8400408822 ✓		11/30/20	11/17/20	12/12/20		217.70	0.00	0.00	217.70 ✓
	LAUNDRY								
8400408824 ✓		11/30/20	11/17/20	12/12/20		211.73	0.00	0.00	211.73 ✓
	LAUNDRY								
8400408821 ✓		11/30/20	11/17/20	12/12/20		191.69	0.00	0.00	191.69 ✓
	LAUNDRY								
8400408841 ✓		11/30/20	11/17/20	12/12/20		75.08	0.00	0.00	75.08 ✓
	LAUNDRY								
8400408862 ✓		11/30/20	11/17/20	12/12/20		107.80	0.00	0.00	107.80 ✓
	LAUNDRY								
8400408820 ✓		11/30/20	11/17/20	12/12/20		32.01	0.00	0.00	32.01 ✓
	LAUNDRY								
8400408823 ✓		11/30/20	11/17/20	12/12/20		210.71	0.00	0.00	210.71 ✓
	LAUNDRY								
8400409029 ✓		11/30/20	11/21/20	12/16/20		44.80	0.00	0.00	44.80 ✓

8400409049	LAUNDRY	11/30/20	11/21/20	12/16/20	2,572.70	0.00	0.00	2,572.70
8400409028	LAUNDRY	11/30/20	11/21/20	12/16/20	48.15	0.00	0.00	48.15
8400409345	LAUNDRY	11/30/20	11/24/20	12/19/20	211.73	0.00	0.00	211.73
8400409382	LAUNDRY	11/30/20	11/24/20	12/19/20	100.30	0.00	0.00	100.30
8400409343	LAUNDRY	11/30/20	11/24/20	12/19/20	194.88	0.00	0.00	194.88
8400409344	LAUNDRY	11/30/20	11/24/20	12/19/20	200.57	0.00	0.00	200.57
8400409342	LAUNDRY	11/30/20	11/24/20	12/19/20	201.59	0.00	0.00	201.59
8400409367	LAUNDRY	11/30/20	11/24/20	12/19/20	1,798.12	0.00	0.00	1,798.12
8400409341	LAUNDRY	11/30/20	11/24/20	12/19/20	32.01	0.00	0.00	32.01
8400409359	LAUNDRY	11/30/20	11/24/20	12/19/20	75.08	0.00	0.00	75.08
8400409537	LAUNDRY	11/30/20	11/28/20	12/23/20	48.15	0.00	0.00	48.15
8400409558	LAUNDRY	11/30/20	11/28/20	12/23/20	2,253.11	0.00	0.00	2,253.11
8400409538	LAUNDRY	11/30/20	11/28/20	12/23/20	44.80	0.00	0.00	44.80

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	13,115.65	0.00	0.00	13,115.65

Vendor# Vendor Name Class Pay Code

14192	UNITED HEALTHCARE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111022A		12/07/20	11/10/20	12/10/20		2.20	0.00	0.00	2.20
111022		12/07/20	11/10/20	12/10/20		115.00	0.00	0.00	115.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	14192	UNITED HEALTHCARE	117.20	0.00	0.00	117.20

Vendor# Vendor Name Class Pay Code

11280	VICTORIA ADVOCATE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0280214		11/30/20	11/30/20	12/15/20		27.10	0.00	0.00	27.10
	NEWSPAPER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11280	VICTORIA ADVOCATE	27.10	0.00	0.00	27.10

Vendor# Vendor Name Class Pay Code

14656	VICTORIA COLLEGE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
33		12/08/20	12/02/20	12/15/20		35.00	0.00	0.00	35.00
	NURSING CAREER FAIR								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
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14656	VICTORIA COLLEGE					35.00	0.00	0.00	35.00		
Vendor#	Vendor Name				Class	Pay Code					
14624	WELLMED MEDICAL MANAGEMENT ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
112222		12/07/20	11/22/20	12/22/20		117.60	0.00	0.00	117.60 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14624	WELLMED MEDICAL MANAGEMENT	117.60	0.00	0.00	117.60
Vendor#	Vendor Name				Class	Pay Code					
I1110	WERFEN USA LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9111243250 ✓		11/30/20	11/15/20	12/10/20		1,571.67	0.00	0.00	1,571.67 ✓		
						CONTRACT					
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						I1110	WERFEN USA LLC	1,571.67	0.00	0.00	1,571.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	368,008.04	0.00	0.00	368,008.04

APPROVED ON

DEC 08 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CLK# 197400-197415

RECEIVED BY THE
COUNTY AUDITOR ON
DEC 08 2022

RUN DATE: 12/08/22
TIME: 10:53

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYER NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		120722	681.00 ✓	5		REFUND FOR I	
		120722	100.00 ✓	3		REFUND FOR .	
		120722	920.47 ✓	3		REFUND FOR .	
		120722	538.26 ✓	2		REFUND FOR	
		120722	191.90 ✓	2		REFUND FOR	
ARID=0001 TOTAL			2431.63				
TOTAL			2431.63				

APPROVED ON

DEC 08 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#197482-197484

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 08 2022

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ROSHANDA S THOMAS



Account Inquiries:

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

Account Number: XXXX-XXXX-XXX

Summary of Account Activity	
Total Activity	\$2,455.19

Not an invoice. For your records only.	
Credit Limit	\$15,000
Cash Advance Limit	\$0
Statement Closing Date	12/03/2022
Days in Billing Period	30

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

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
11/07	11/04	3513	55436872308263085561887	1 WESTIN (WESTIN HOTELS) IRVING TX 75039 USA 85434 CHECK IN: 11/03/2022	586.04 ✓
11/07	11/04	3692	55436872309163093251365	2 DOUBLETREE HOTELS AUSTIN TX 78752 USA 1539877 CHECK IN: 11/02/2022	409.67 ✓
11/07	11/06	9399	05134372311600034810863	3 NPDB NPDB.HRSA.GOV 800-767-6732 VA N88587126	2.50 ✓
11/07	11/06	9399	05134372311600034810947	4 NPDB NPDB.HRSA.GOV 800-767-6732 VA N88587164	2.50 ✓
11/07	11/06	9399	05134372311600034811028	5 NPDB NPDB.HRSA.GOV 800-767-6732 VA N88587184	20.00 ✓
11/10	11/09	7372	55429502313894158312454	6 SYSTEM13INC 4349770000 VA 15831245	1,000.00 ✓
11/14	11/11	8398	55500362315200127700952	7 AORN INC 3037556304 CO	225.00 ✓
11/14	11/12	8999	55432862316200652997834	8 AMA*CREDENTIALING 800-621-8335 IL	44.00 ✓
11/15	11/14	9399	05134372319600041879226	9 NPDB NPDB.HRSA.GOV 800-767-6732 VA N88800763	27.50 ✓
11/15	11/14	9399	05134372319600041879309	10 NPDB NPDB.HRSA.GOV 800-767-6732 VA N88801024	2.50 ✓
11/15	11/14	9399	05134372319600041879481	11 NPDB NPDB.HRSA.GOV 800-767-6732 VA N88801196	2.50 ✓

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

pd. 12-16-22

RV

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

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

Not an invoice.
For your records only.

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

00007905040

- **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.

- **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.

Transactions (con't)

Post Date	Trans Date	NICC	Reference Number	Description/Location	Amount
11/15	11/14	9399	05134372319600041879556	12 NPDB NPDB.HRSA.GOV 800-767-6732 VA N88801420	22033 USA 2.50 ✓
11/15	11/15	8999	55432862319201472983290	13 AMA*CREDENTIALING 800-621-8335 IL	60611 USA 91.00 ✓
11/18	11/17	5251	55436872321263219729791	14 LIGHT BULB DEPOT 14 210-9306807 TX 25321972964	78219 USA 39.48 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S):					\$2,455.19 ✓

APPROVED ON
DEC 09 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Account: XXXX-XXXX-XXXX

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 12/7/2022

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—	TPTA Annual Conference 10/28-30/22	Westin Hotel - Irving, TX			✓ 586.04
2			Hotel expense for Penny Moulder, PT			
3	—	Texas Radiation Regulatory Conference 11/3-11/4/22	DoubleTree Hotels - Austin			✓ 409.67
4			Hotel expense for Farah Janak, DC			
5	—		NPDB x 1 Provider Enroll			✓ 2.50
6	—		NPDB x 1 Provider Enroll			✓ 2.50
7	—		NPDB x 8 renewals			✓ 20.00
8	—		System3 Inc - Quarter Cert Regeneration			✓ 1,000.00
9						
10	—		AMA - 1 Initial + Cont Mon.			✓ 44.00

Est. Freight _____

Est. Total Cost _____

TOTAL COST 2,064.71

NOTES:

Charges made to Roshanda's MC

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

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

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: 12/7/2022
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		586.04 +	NPDB x 11 Renewals			27.50
		409.67 +				
2		2.50 +	NPDB x 1 Provider Enroll			2.50
		2.50 +				
3		20.00 +	NPDB x 1 Provider Enroll			2.50
		1,000.00 +				
4		44.00 +	NPDB x 1 Provider Enroll			2.50
		27.50 +				
5		2.50 +	AMA Profile x 2 Init + Cont			91.00
		2.50 +				
6		2.50 +	Mon ; 1 Cont Mon			
		2.50 +				
7		91.00 +	Light Bulbs Depot - for			39.48
		39.48 +				
8		225.00 +	Plant Ops			
		2,455.19 +				
9			AORN Membership renewal Sandra Kuddick			225.00
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST ~~165.48~~
2,455.19

NOTES:

Charges made to Roshanda's MC

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

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

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 2,455.19 ✓
Debit Account - DDA (MEMORIAL MEDICAL CENTER - OPERATING) -

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 12/16/2022

Originator Information

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

Beneficiary / Payee Information

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

Beneficiary Bank Information

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

Additional Reference Information

Purpose Of Payment card payment

Additional Information For
Beneficiary

Status History

Timestamp	Status	Initiator	Description
Dec 16, 2022 1:25:47 PM CST	Created		Wire Created.

RECEIVED BY THE
APPROVED ON

DEC 09 2022

12/09/2022

CALHOUN COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11183 FRONTIER ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111922	PHONE	12/09/20	11/19/20	12/13/20		70.40	0.00	0.00	70.40 ✓
112322	PHONE	12/09/20	11/23/20	12/19/20		38.53	0.00	0.00	38.53 ✓

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
11183		FRONTIER	108.93	0.00	0.00	108.93

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	108.93	0.00	0.00	108.93

APPROVED ON

DEC 09 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CU# 197423

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 09 2022

12/09/2022
10:41
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

13000 CLEARFLY ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV464934 ✓	NOV 22 PHONE	12/09/20	11/01/20	11/01/20		1,208.05	0.00	0.00	1,208.05 ✓
INV472136 ✓	PHONE	12/09/20	11/01/20	12/15/20		1,208.05	0.00	0.00	1,208.05 ✓

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
13000	CLEARFLY		2,416.10	0.00	0.00	2,416.10

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,416.10	0.00	0.00	2,416.10

APPROVED ON

DEC 09 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 197415

MCKESSON

STATEMENT

As of: 12/09/2022

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536

Date: 12/10/2022

As of: 12/09/2022
Mail to:

Page: 002
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 12/10/2022

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

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 13,436.90 USD

Future Due: 0.00

If Paid By 12/13/2022,
Pay This Amount:

13,168.17 USD

Due If Paid On Time:

USD 13,168.17 ✓

Past Due: 0.00

Disc lost if paid late:

268.73

Last Payment 2,451.97
08/07/2017

If Paid After 12/13/2022,
Pay this Amount:

13,436.90 USD

Due If Paid Late:

USD 13,436.90

0.00

Andrew Delos Santos
12/12/22

13,158.66 +

9.51 +

13,168.17 *

APPROVED ON

DEC 12 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 12/09/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 12/09/2022
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 256342
Date: 12/10/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/10/2022 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												
12/05/2022	12/13/2022	7382449561		55542502	115Invoice	6.06	302.78		296.72	✓	7382449561	
12/05/2022	12/13/2022	7382449562		55582439	115Invoice	15.83	791.62		775.79	✓	7382449562	
12/05/2022	12/13/2022	7382449563		55625648	115Invoice	7.90	394.91		387.01	✓	7382449563	
12/05/2022	12/13/2022	7382449564		55696437	115Invoice	42.40	2,120.11		2,077.71	✓	7382449564	
12/05/2022	12/13/2022	7382449565		55764969	115Invoice	10.26	512.77		502.51	✓	7382449565	
12/05/2022	12/13/2022	7382643608		55632065	195Invoice	3.16	157.93		154.77	✓	7382643608	
12/05/2022	12/13/2022	7382643609		55549159	195Invoice	1.14	57.08		55.94	✓	7382643609	
12/06/2022	12/13/2022	7382793278		55805411	115Invoice	0.01	0.63		0.62	✓	7382793278	
12/06/2022	12/13/2022	7382793279		55805411	115Invoice	7.95	397.32		389.37	✓	7382793279	
12/06/2022	12/13/2022	7382793280		55876294	115Invoice	15.83	791.62		775.79	✓	7382793280	
12/06/2022	12/13/2022	7382793281		55876294	115Invoice	0.03	1.27		1.24	✓	7382793281	
12/07/2022	12/13/2022	7383070270		56041163	115Invoice	12.65	632.71		620.06	✓	7383070270	
12/07/2022	12/13/2022	7383070272		56041163	115Invoice	0.01	0.63		0.62	✓	7383070272	
12/07/2022	12/13/2022	7383251525		55983363	115Invoice	8.02	401.23		393.21	✓	7383251525	
12/08/2022	12/13/2022	7383377432		56093938	115Invoice	47.50	2,374.87		2,327.37	✓	7383377432	
12/08/2022	12/13/2022	7383377433		56113750	115Invoice		0.08		0.08	✓	7383377433	
12/08/2022	12/13/2022	7383377434		56185409	115Invoice	16.54	827.03		810.49	✓	7383377434	
12/08/2022	12/13/2022	7383377435		56185409	115Invoice	18.17	908.34		890.17	✓	7383377435	
12/08/2022	12/13/2022	7383560501		56132800	195Invoice	0.02	0.95		0.93	✓	7383560501	
12/09/2022	12/13/2022	7383651657		56240513	115Invoice	28.65	1,432.54		1,403.89	✓	7383651657	
12/09/2022	12/13/2022	7383651658		56240513	115Invoice	8.04	401.91		393.87	✓	7383651658	
12/09/2022	12/13/2022	7383651661		56311887	115Invoice		0.24		0.24	✓	7383651661	
12/09/2022	12/13/2022	7383651662		56311887	115Invoice	18.37	918.63		900.26	✓	7383651662	

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 12/09/2022

Page: 002

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

Company: 8000

DC: 8115

As of: 12/09/2022
Mail to:

Page: 002
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 256342
Date: 12/10/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 12/10/2022

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	632536	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
--------------	----------	-------------------	----------------------------------	--------	-------------	---------------	----------------	-----	--------------	-----	-------------------	--

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 13,427.20 USD

Future Due: 0.00

If Paid By 12/13/2022,
Pay This Amount:

13,158.66 USD

Due If Paid On Time:
USD 13,158.66 ✓

Past Due: 0.00

Disc lost if paid late:
268.54 ✓

Last Payment 7,283.16
12/05/2022

If Paid After 12/13/2022,
Pay this Amount:

13,427.20 USD

Due If Paid Late:
USD 13,427.20 ✓

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 12/09/2022

Page: 001

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

Company 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 835438
Date: 12/10/2022

As of: 12/09/2022 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 12/10/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438	CVS PHCY 7475/MEM MC PHS										
12/07/2022	12/13/2022	7383277089	2026665	115Invoice	0.19	9.70		9.51 ✓		7383277089	

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: 9.70 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12/05/2022 7,283.16

If Paid By 12/13/2022,
Pay This Amount: 9.51 USD

If Paid After 12/13/2022,
Pay this Amount: 9.70 USD

Due If Paid On Time:
USD 9.51 ✓

Disc lost if paid late: 0.19 ✓

Due If Paid Late:
USD 9.70 ✓

For AR Inquiries please contact 800-867-0333

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

DEA: RA0289276
866-451-9655

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

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

Customer Number	
100135284 / 037028186	
Terms	
Sat - Fri Due in 7 days	
Summary	
Not Yet Due:	0.00
Current:	1,127.69
Past Due:	0.00
Total Due:	1,127.69
Account Balance:	1,127.69

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-05-2022	12-16-2022	3114826329	168658	Invoice	126.99		0.00	126.99 ✓
12-05-2022	12-16-2022	3114826890	168660	Invoice	35.08		0.00	35.08 ✓
12-05-2022	12-16-2022	3114826891	168659	Invoice	2.50		0.00	2.50 ✓
12-05-2022	12-16-2022	3114877614	168707	Invoice	88.99		0.00	88.99 ✓
12-05-2022	12-16-2022	3114877615	168708	Invoice	11.64		0.00	11.64 ✓
12-06-2022	12-16-2022	3115029146	168717	Invoice	66.41		0.00	66.41 ✓
12-06-2022	12-16-2022	3115029147	168718	Invoice	529.16		0.00	529.16 ✓
12-06-2022	12-16-2022	3115029148	168719	Invoice	0.10		0.00	0.10 ✓
12-07-2022	12-16-2022	3115210671	168730	Invoice	173.00		0.00	173.00 ✓
12-07-2022	12-16-2022	3115210672	168731	Invoice	0.31		0.00	0.31 ✓
12-08-2022	12-16-2022	3115387911	168746	Invoice	35.08		0.00	35.08 ✓
12-09-2022	12-16-2022	3115563963	168754	Invoice	58.43		0.00	58.43 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,127.69	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
12-09-2022	(3,003.80)

APPROVED ON
DEC 12 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders	
Due Date	Amount
12-16-2022	1,127.69
Total Due: 1,127.69	

Andrew DeLosa Santos
12/12/22

TOLL FEE 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"	★	\$	303.47 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	\$	155.92 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"		\$	36.48 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		\$	111.07 #
		CHECK	\$	-
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		
	"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	11/18/2022	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	12/1/2022					
PAY DATE:	12/14/2022					
GROSS PAY:	\$ 1,257.52			\$ -		\$ 1,257.52
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	\$ 111.07					\$ 111.07
FICA-M	\$ 18.24					\$ 18.24
FICA-O	\$ 77.96					\$ 77.96
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	\$ 88.02					\$ 88.02
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 295.29	\$ -	\$ -	\$ -	\$ -	\$ 295.29
NET PAY:	\$ 962.23	\$ -	\$ -	\$ -	\$ -	\$ 962.23

TOTAL CAFÉ 125 PLAN: \$ - Less Exempt:

TAXABLE PAY:	\$ 1,257.52	\$ 1,257.52	
	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 18.23		
FICA - MED (EE)	1.45% \$ 18.23	\$ 18.24	\$ (0.01)
FICA - SOC SEC (ER)	6.20% \$ 77.97		
FICA - SOC SEC (EE)	6.20% \$ 77.97	\$ 77.96	\$ 0.01
FED WITHHOLDING	\$ 111.07	\$ 111.07	

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

TOTAL: \$ -

TAX DEPOSIT:	\$ 303.47	\$ 303.47
FICA - MEDICARE	2.90% \$ 36.46	\$ 36.48
FICA - SOCIAL SECURITY	12.40% \$ 155.94	\$ 155.92
FED WITHHOLDING	\$ 111.07	\$ 111.07
TOTAL TAX:	\$ 303.47	\$ 303.47

PREPARED BY: Caitlin Clevenger
 PREPARED DATE: 12/12/2022

Run Date: 12/12/22
Time: 10:42

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 11/18/22 - 12/01/22 Run# 2

Page 5
P2REG

Final Summary

-- Pay Code Summary -----						*-- Deductions Summary -----*								
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount				
F	FUNERAL LEAVE	16.00	N		N	N	N	461.44	A/R	A/R2	A/R3			
P	PAID-TIME-OFF	32.00	N		N	N	N	796.08	ADVANC	AWARDS	BCBSVI			
									BOOTS	CAFE H	CAFE-1			
									CAFE-2	CAFE-3	CAFE-4			
									CAFE-5	CAFE-C	CAFE-D			
									CAFE-F	CAFE-H	CAFE-I			
									CAFE-L	CAFE-P	CANCER			
									CHILD	CLINIC	COMBIN			
									CREDUN	DD ADV	DENTAL			
									DEP-LF	DIS-LF	EAT			
									EATCSH	FEDTAX	111.07 FICA-M	18.24		
									FICA-O	77.96 FIRSTC	FLEX S			
									FLX FE	FORT D	FUTA			
									GIFT S	GRANT	GRP-IN			
									GTL	HOSP-I	ID TFT			
									LEAF	LEGAL	MASA			
									MEALS	NETVIS	MISC			
									MISC/	MMCSHR	NATPML			
									OTHER	PHI	PHI***			
									PR FIN	RELAY	REPAY			
									SAMS	SCRUBS	SIGNCN			
									ST-TX	STONDF	STONE			
									STONE2	STUDEN	SUNACC			
									SUNILL	SUNIND	SUNLIF			
									SUNSTD	SUNVIS	SURCHG			
									TSA-1	TSA-2	TSA-C			
									TSA-P	TSA-R	68.02 TUTION			
									UNIFOR	UW/HOS				
*----- Grand Totals:		48.00	-----				Gross:	1257.52	Deductions:	295.29	Net:	962.23		
Checks Count:-		FT	2	PT	Other	Female	2	Male	Credit	OverAmt	ZeroNet	Term	Total: 2	

Andrew Lopez Santos
12/12/2022

Run Date: 12/12/22
Time: 11:29

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 11/16/22--12/01/22 Run: 2
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P0DISTP

Num.	Name	Amount	CHECK NUM	DATE
50573	DEBNA R DAVIS	873.53	00063271	12/14/22
65513	MARIA MORALES	88.70	00063272	12/14/22
		962.23		

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- December 5, 2022 - December 11, 2022**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	
12/9/2022	TRANSFIRST LLC VMC SETTLE 41399801332385 611	- Credit Card Processing Fee	402.00	402.00 +
12/9/2022	PAY PLUS ACHTRANS 452579291 101000695643312	- 3rd Party Payor Fee	437.34	5.36 +
12/9/2022	EXPERTPAY EXPERTPAY 746003411 91000014400064	-Child Support Payment	888.00	19.95 +
12/9/2022	CLEARGAGE LLC CLEARGAGE, 1BYYE8NA6UIFQOM 242	- Patient Financing Service	118.20	285.52 +
12/9/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	3,003.80 *	198.44 +
12/9/2022	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll Taxes	383,494.95 *	9.95 +
12/7/2022	PAY PLUS ACHTRANS 452579291 101000693877005	- 3rd Party Payor Fee	85.26	166.31 +
12/6/2022	PAY PLUS ACHTRANS 452579291 101000692738826	- 3rd Party Payor Fee	113.12	32.45 +
12/6/2022	MCKESSON DRUG AUTO ACH ACH05281260 910000144	- 340B Drug Program Expense	7,283.16 *	75.67 +
12/6/2022	FDMS FDMS PYMT 052-2000500-000 4100012744298	- Credit Card Processing Fee	5.36	1,195.65 *
12/5/2022	PAY PLUS ACHTRANS 452579291 101000691693399	- 3rd Party Payor Fee	28.78	
12/5/2022	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	19.95	Pay Plus
12/5/2022	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	285.52	437.34 +
12/5/2022	MERCHANT BANKCD FEE 971160913887 91000018693	- Credit Card Processing Fee	198.44	85.26 +
12/5/2022	MERCHANT BANKCD FEE 971160913887 91000018693	- Credit Card Processing Fee	9.95	113.12 +
12/5/2022	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	166.31	28.78 +
12/5/2022	FDMS FDMS PYMT 052-1601830-000 4100012224560	- Credit Card Processing Fee	32.45	664.50 *
12/5/2022	FDMS FDMS PYMT 052-2000500-000 4100012226156	- Credit Card Processing Fee	75.67	Expert Pay
				888.00 +
				888.00 *
			<u>396,648.26</u>	Cleargagc
				118.20 +
				118.20 *

Andrew De Los Santos

ANDREW DE LOS SANTOS
Memorial Medical Center

December 12, 2022

* Approved 12-07-22 CC

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

<u>Date</u>	<u>Description</u>	<u>Amount</u>	
12/20/2022	ACH Payment WEBFILE TAX PYMT DD	1,500.81 ✓	1,195.65 +
12/15/2022	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	198,575.48 ✓	664.50 +
		<u>200,076.29</u> ✓	888.00 +
			118.20 +
			2,866.35 *
			2,866.35 +
			2,866.35 -
			0.00 *

Andrew De Los Santos

ANDREW DE LOS SANTOS
Memorial Medical Center

December 12, 2022

Date/Time 12-06-2022 / 08:50 AM
Submitted By

Pay Date 11-30-2022

Employee Deposits	\$78,488.45
Employer Contributions	\$120,087.03
Group Term Life Premiums	\$0.00
Total	\$198,575.48

Comments

Payroll File November 2022 Retirement Upload.xlsx

[CLOSE](#)

[PRINT](#)

☑ Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 11/30/2022 (2211)

Taxpayer ID:	Taxpayer Name:	Entered By:
User ID:	MEMORIAL MEDICAL CENTER	Email Address:
Reference Number:	Taxpayer Address:	Telephone Number:
Date and Time of Filing:	815 N VIRGINIA ST PORT LAVACA , TX	
12/09/2022, 09:23:17 AM	77979-3025	
	IP Address: 24.116.195.218	

PAYMENT SUMMARY

Electronic Check	Payment Reference Number:	Type of Bank Account: Checking
State Amount: \$1,136.98	Trace Number:	Accountholder Name:
Local Amount: \$363.83		Bank Routing Number:
Amount to Pay: \$1,500.81		Bank Account Number: **
Electronic Check: \$1,500.81		Payment Effective Date: 12/20/2022

CREDIT SUMMARY

Credits Taken

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

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	18283	18283	0	18283	1142.69	18283	0.02	365.66
SubTotal	18283	18283	0	18283	1142.69	18283		365.66

Total Tax for Locations

\$1,508.35

Total Tax Due:	\$1,508.35
Timely Filing Discount:	- \$7.54
Balance Due:	\$1,500.81
Pending Payments:	- \$0.00

Total Amount Due and Payable: \$1,500.81
(State amount due is \$1,136.98) (Local amount due is \$363.83)

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 08 2022

12/08/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
----------	---------	---------	--------	--------	---------	-----------	----------	--------	-----

113022		11/30/20	11/30/20	12/31/20		2,528.50	0.00	0.00	2,528.50 ✓
--------	--	----------	----------	----------	--	----------	------	------	------------

TRANSFER NH insurance pymt deposited into MME operat

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
---------------	--------	------	-------	----------	--------	-----

11820		FORTBEND HEALTHCARE CENTER	2,528.50	0.00	0.00	2,528.50
-------	--	----------------------------	----------	------	------	----------

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,528.50	0.00	0.00	2,528.50

APPROVED ON

DEC 08 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #197478

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12/08/2022
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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AP Open Invoice List
Dates Through:

Vendor# Vendor Name

Class Pay Code

Vendor#	Vendor Name	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11832	BROADMOOR AT CREEKSIDE PARK ✓	113022		11/30/20	11/30/20	12/31/20		7,177.38	0.00	0.00	7,177.38 ✓
	TRANSFER		<i>NI insurance amt deposited into MME operating</i>								
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK						7,177.38	0.00	0.00	7,177.38

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,177.38	0.00	0.00	7,177.38

APPROVED ON

DEC 08 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL#197477

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 08 2022

12/08/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

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Dates Through:

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
113022D		11/30/20	11/30/20	12/31/20		3,541.44	0.00	0.00	3,541.44 ✓
113022E	TRANSFER NH insurance pymt deposited into memc operating	11/30/20	11/30/20	12/31/20		1,750.50	0.00	0.00	1,750.50 ✓
113022C	TRANSFER "	11/30/20	11/30/20	12/31/20		2,169.85	0.00	0.00	2,169.85 ✓

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
11836		GOLDENCREEK HEALTHCARE	7,461.79	0.00	0.00	7,461.79

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,461.79	0.00	0.00	7,461.79

APPROVED ON

DEC 08 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 197479

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COUNTY AUDITOR ON

DEC 08 2022

10:35

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

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Dates Through:

Class Pay Code

Vendor# Vendor Name

12696 GULF POINTE PLAZA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
113022A		11/30/20	11/30/20	12/31/20		5,772.90	0.00	0.00	5,772.90 ✓
113022C	TRANSFER	11/30/20	11/30/20	12/31/20		389.00	0.00	0.00	389.00 ✓
113022B	TRANSFER "	11/30/20	11/30/20	12/31/20		1,105.00	0.00	0.00	1,105.00 ✓
113022	TRANSFER "	11/30/20	11/30/20	12/31/20		23,559.20	0.00	0.00	23,559.20 ✓

Net insurance pymt deposited into mme acct

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	30,826.10	0.00	0.00	30,826.10

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	30,826.10	0.00	0.00	30,826.10

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DEC 08 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CX# 197480

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COUNTY AUDITOR ON

12/08/2022
DEC 08 2022
10:46

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

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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
113022		11/30/20	11/30/20	12/31/20		11,593.00	0.00	0.00	11,593.00 ✓
TRANSFER <i>Nil insurance pymnt deposited into mmc operating</i>									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE				11,593.00	0.00	0.00	11,593.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,593.00	0.00	0.00	11,593.00

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#197481

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DEC 08 2022

12/08/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING ✓								
113022D		11/30/20	11/30/20	12/31/20		3,112.00	0.00	0.00	3,112.00 ✓
	TRANSFER								
113022C	TRANSFER <i>W/ insurance pymt deposited into mme opening</i>	11/30/20	11/30/20	12/31/20		6,029.50	0.00	0.00	6,029.50 ✓
	TRANSFER "								
113022F	TRANSFER "	11/30/20	11/30/20	12/31/20		2,286.83	0.00	0.00	2,286.83 ✓
	TRANSFER "								
113022B	TRANSFER "	11/30/20	11/30/20	12/31/20		637.65	0.00	0.00	637.65 ✓
	TRANSFER "								
113022E	TRANSFER "	11/30/20	11/30/20	12/31/20		56.77	0.00	0.00	56.77 ✓
	TRANSFER "								
11302022	TRANSFER "	11/30/20	11/30/20	12/31/20		135.04	0.00	0.00	135.04 ✓
	TRANSFER "								
Vendor Totals						Gross	Discount	No-Pay	Net
12792 BETHANY SENIOR LIVING						12,257.79	0.00	0.00	12,257.79

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	12,257.79	0.00	0.00	12,257.79

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DEC 08 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#197474

☒

RUN DATE:12/13/22
 TIME:11:43

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 12/14/22 THRU 12/14/22

PAGE 1
 GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	197400	12/14/22	1,875.00	ADVANCED STERILIZATION PRODUCT
A/P	197401	12/14/22	60.00	ALEX RODRIGUEZ
A/P	197402	12/14/22	6,831.88	AUREUS RADIOLOGY LLC
A/P	197403	12/14/22	95.88	AUTO PARTS & MACHINE CO.
A/P	197404	12/14/22	341.88	BAXTER HEALTHCARE
A/P	197405	12/14/22	828.06	BAYER HEALTHCARE
A/P	197406	12/14/22	3,962.87	BECKMAN COULTER INC
A/P	197407	12/14/22	75.00	BLUE CROSS BLUE SHIELD REFUND
A/P	197408	12/14/22	339.15	C R BARD INC
A/P	197409	12/14/22	238.00	CABLES AND SENSORS
A/P	197410	12/14/22	120.43	CALHOUN COUNTY
A/P	197411	12/14/22	152.95	CARDINAL HEALTH 414, INC.
A/P	197412	12/14/22	307.76	CDW GOVERNMENT, INC.
A/P	197413	12/14/22	19.40	CENTRAL DRUG
A/P	197414	12/14/22	62,606.84	CITIZENS MEDICAL CENTER
A/P	197415	12/14/22	2,416.10	CLEARFLY
A/P	197416	12/14/22	561.74	COMBINED INSURANCE
A/P	197417	12/14/22	432.35	DEWITT POTH & SON
A/P	197418	12/14/22	102,666.62	DISCOVERY MEDICAL NETWORK INC
A/P	197419	12/14/22	247.70	ELITECH GROUP INC (WESCOR)
A/P	197420	12/14/22	3,704.00	FIRETRON, INC
A/P	197421	12/14/22	.00	VOIDED
A/P	197422	12/14/22	4,509.84	FISHER HEALTHCARE
A/P	197423	12/14/22	108.93	FRONTIER
A/P	197424	12/14/22	7,908.33	FUJI FILM
A/P	197425	12/14/22	254.94	GLOBAL EQUIPMENT CO
A/P	197426	12/14/22	346.85	GRAINGER
A/P	197427	12/14/22	350.00	GUERBET, LLC
A/P	197428	12/14/22	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	197429	12/14/22	1,336.31	HEB CREDIT RECEIVABLES DEPT308
A/P	197430	12/14/22	323.50	HILL-ROM COMPANY, INC
A/P	197431	12/14/22	125.37	HUMANA
A/P	197432	12/14/22	1,965.43	IRON MOUNTAIN
A/P	197433	12/14/22	250.00	ITERSOURCE CORPORATION
A/P	197434	12/14/22	32,956.88	JUNXION MED STAFFING
A/P	197435	12/14/22	207.15	LABCORP OF AMERICA HOLDINGS
A/P	197436	12/14/22	640.86	M G TRUST
A/P	197437	12/14/22	102.13	MARKETLAB, INC
A/P	197438	12/14/22	1,525.50	MARTIN ENRIQUEZ
A/P	197439	12/14/22	284.80	MEDELA INC
A/P	197440	12/14/22	.00	VOIDED
A/P	197441	12/14/22	.00	VOIDED
A/P	197442	12/14/22	.00	VOIDED
A/P	197443	12/14/22	.00	VOIDED
A/P	197444	12/14/22	67,970.94	MEDLINE INDUSTRIES INC
A/P	197445	12/14/22	325.00	MEMORIAL MEDICAL CLINIC
A/P	197446	12/14/22	20.00	MOLLY THURMAN
A/P	197447	12/14/22	.00	VOIDED
A/P	197448	12/14/22	.00	VOIDED
A/P	197449	12/14/22	.00	VOIDED

RUN DATE:12/13/22
TIME:11:43

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/14/22 THRU 12/14/22

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	197450	12/14/22	17,782.92	MORRIS & DICKSON CO, LLC
A/P	197451	12/14/22	83.48	MXR IMAGING, INC
A/P	197452	12/14/22	7,794.00	NEOGENOMICS LABORATORIES
A/P	197453	12/14/22	267.81	OFFICE DEPOT
A/P	197454	12/14/22	204.54	ORTHO CLINICAL DIAGNOSTICS
A/P	197455	12/14/22	322.95	OWENS & MINOR
A/P	197456	12/14/22	12.54	POWER HARDWARE
A/P	197457	12/14/22	1,791.67	RADSOURCE
A/P	197458	12/14/22	177.00	RAPID PRINTING LLC
A/P	197459	12/14/22	44.31	ROBERT RODRIQUEZ
A/P	197460	12/14/22	888.00	SHANNA O'DONNELL, FNP
A/P	197461	12/14/22	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	197462	12/14/22	4,742.03	SKIP'S RESTAURANT EQUIPMENT
A/P	197463	12/14/22	208.26	STAPLES ADVANTAGE
A/P	197464	12/14/22	202.80	STERIS CORPORATION
A/P	197465	12/14/22	183.48	SUPERIOR HEALTHPLAN
A/P	197466	12/14/22	2,280.00	SURGICAL DIRECT SOUTH
A/P	197467	12/14/22	1,306.52	TMS SOUTH
A/P	197468	12/14/22	421.93	TRI-ANIM HEALTH SERVICES INC
A/P	197469	12/14/22	.00	VOIDED
A/P	197470	12/14/22	13,115.65	UNIFIRST HOLDINGS INC
A/P	197471	12/14/22	117.20	UNITED HEALTHCARE
A/P	197472	12/14/22	27.10	VICTORIA ADVOCATE
A/P	197473	12/14/22	35.00	VICTORIA COLLEGE
A/P	197474	12/14/22	117.60	WELLMED MEDICAL MANAGEMENT
A/P	197475	12/14/22	1,571.67	WERFEN USA LLC
A/P	197476	12/14/22	12,257.79	BETHANY SENIOR LIVING
A/P	197477	12/14/22	7,177.38	BROADMOOR AT CREEKSIDE PARK
A/P	197478	12/14/22	2,528.50	FORTBEND HEALTHCARE CENTER
A/P	197479	12/14/22	7,461.79	GOLDENCREEK HEALTHCARE
A/P	197480	12/14/22	30,826.10	GULF POINTE PLAZA
A/P	197481	12/14/22	11,593.00	TUSCANY VILLAGE
A/P	197482	12/14/22	100.00	
A/P	197483	12/14/22	681.00	
A/P	197484	12/14/22	191.90	
A/P	197485	12/14/22	920.47	
A/P	197486	12/14/22	538.26	
TOTALS:			444,809.26	

Payables 368,000.00 +
Patient refund 2,437.63 +
critical 108.93 +
nitral 2,416.10 +
MT-transfer 71,844.56 +
444,809.26 =

APPROVED ON

DEC 14 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 12/12/2022

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		153,118.35 ✓	152,956.37 ✓	115,116.65 ✓		115,278.63 ✓	98,527.11
						Bank Balance	115,278.63 ✓
						Variance	
						Leave in Balance	100.00
						MOLINA	16,589.54 ✓
						October Interest	24.41 ✓
						November Interest	37.57 ✓
						December Interest	
						Adjust Balance/Transfer Amt	98,527.11 ✓
Broadmoor		127,422.60 ✓	127,272.50 ✓	45,993.03 ✓		46,143.13 ✓	39,881.97 ✓
						Bank Balance	46,143.13 ✓
						Variance	
						Leave in Balance	100.00
						MOLINA	6,111.06 ✓
						October Interest	23.22 ✓
						November Interest	26.88 ✓
						December Interest	
						Adjust Balance/Transfer Amt	39,881.97 ✓
Crescent		141,963.62 ✓	140,404.65 ✓	146,855.14 ✓		148,414.11 ✓	142,626.27 ✓
						Bank Balance	148,414.11 ✓
						Variance	
						Leave in Balance	100.00
						MOLINA	4,228.87 ✓
						DEVOTED PAYMENTS TO TUSCANY	1,402.00 ✓
						October Interest	26.17 ✓
						November Interest	30.80 ✓
						December Interest	
						Adjust Balance/Transfer Amt	142,626.27 ✓
Fort Bend		90,978.31 ✓	90,852.28 ✓	13,396.09 ✓		13,522.12 ✓	8,214.18 ✓
						Bank Balance	13,522.12 ✓
						Variance	
						Leave in Balance	100.00
						MOLINA	5,181.91 ✓
						October Interest	11.07 ✓
						November Interest	14.96 ✓
						December Interest	
						Adjust Balance/Transfer Amt	8,214.18 ✓
Solera at W Houston		163,800.49 ✓	163,615.44 ✓	90,374.54 ✓		90,559.59 ✓	85,411.67 ✓
						Bank Balance	90,559.59 ✓
						Variance	
						Leave in Balance	100.00
						MOLINA	4,962.87 ✓
						October Interest	41.17 ✓
						November Interest	43.88 ✓
						December Interest	
						Adjust Balance/Transfer Amt	85,411.67 ✓
$ \begin{array}{r} 98,527.11 + \\ 39,881.97 + \\ 142,626.27 + \text{Jan / Fort Bend / Broadmoor} \\ 8,214.18 + \\ 85,411.67 + \\ \hline 374,661.20 * \end{array} $							
TOTAL TRANSFERS							374,661.20 ✓

APPROVED ON
 DEC 12 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Approved: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS
 12/12/2022

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.

Ashford Gardens

12/5/2022	CK 1191	54,267.38	
12/6/2022	Deposit		5,200.00
12/6/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,397.76
12/6/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,075.77
12/7/2022	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	98,688.99	
12/7/2022	CIGNA HCCLAIMPMT 1326416189 91000010847499		18,674.96
12/8/2022	MANAGEANDNET1718 MNS PMNT 00000000000091 41		2,880.00
12/8/2022	HNB - ECHO HCCLAIMPMT 746003411 440000200078		141.95
12/8/2022	Amerigroup TXSC HCCLAIMPMT 3196715416 111000		9,529.94
12/8/2022	UnitedHealthcare HCCLAIMPMT 746003411 910000		98.99
12/8/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		685.74
12/9/2022	MOLINA HEALTHCARE MOLINAACH 01153822 42000019		18,158.04
12/9/2022	HNB - ECHO HCCLAIMPMT 746003411 440000214182		243.82
12/9/2022	Amerigroup TXSC HCCLAIMPMT 3196802829 111000		29,959.12
12/9/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		24,870.56

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
54,267.38							
	5,200.00						5,200.00
	2,397.76						2,397.76
	2,075.77						2,075.77
98,688.99							
	18,674.96						18,674.96
	2,880.00						2,880.00
	141.95						141.95
	9,529.94						9,529.94
	98.99						98.99
	685.74						685.74
	18,158.04	14,821.03	3,537.01			16,589.54	1,768.51
	243.82						243.82
	29,959.12						29,959.12
	24,870.56						24,870.56
152,956.37	115,116.65	14,821.03	3,537.01			16,589.54	98,527.12

Breadmore

12/5/2022	CK 223	18,587.34	
12/5/2022	HNB - ECHO HCCLAIMPMT 746003411 440000273055		4,771.49
12/5/2022	HUMANA CHA DISB HCCLAIMPMT 390861 4200001759		10,270.00
12/5/2022	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		2,734.24
12/7/2022	WIRE OUT CANTER HEALTH CARE CENTERS III	108,685.16	
12/7/2022	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		3,443.85
12/8/2022	HNB - ECHO HCCLAIMPMT 746003411 440000200078		155.31
12/8/2022	UnitedHealthcare HCCLAIMPMT 746003411 910000		11.12
12/9/2022	UnitedHealthcare HCCLAIMPMT 746001411 124184		2,165.86
12/9/2022	MOLINA HEALTHCARE MOLINAACH 01154348 42000019		6,735.94
12/9/2022	HNB - ECHO HCCLAIMPMT 746003411 440000234182		60.12
12/9/2022	HNB - ECHO HCCLAIMPMT 746003411 440000234685		205.41
12/9/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		14,649.43
12/9/2022	HUMANA CHA DISB HCCLAIMPMT 390861 4200001460		790.00
12/9/2022	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		0.26

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
18,587.34							
	4,771.49						4,771.49
	10,270.00						10,270.00
	2,734.24						2,734.24
108,685.16							
	3,443.85						3,443.85
	155.31						155.31
	11.12						11.12
	2,165.86						2,165.86
	6,735.94	5,486.18	1,249.76			6,111.06	624.88
	60.12						60.12
	205.41						205.41
	14,649.43						14,649.43
	790.00						790.00
	0.26						0.26
127,272.50	45,993.03	5,486.18	1,249.76			6,111.06	39,881.97

Crossett

12/5/2022	CK 263	10,351.00	
12/5/2022	CK 261	13,078.45	
12/5/2022	NOVITAS SOLUTION HCCLAIMPMT 676323 420000181		6,073.42
12/5/2022	HUMANA INS CO HCCLAIMPMT 390864 830000532059		525.83
12/5/2022	HUMANA CHA DISB HCCLAIMPMT 390864 4200001759		20.49
12/5/2022	DEVOTED HEALTH P HCCLAIMPMT 121140398107810		5,600.00
12/5/2022	DEVOTED HEALTH P HCCLAIMPMT 121140398107808		12,800.00
12/6/2022	DEPOSIT		1,200.00
12/6/2022	UnitedHealthcare HCCLAIMPMT 746003411 910000		13.00
12/6/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,282.10
12/6/2022	DEVOTED HEALTH P HCCLAIMPMT 121140390070627		3,996.00
12/7/2022	WIRE OUT CANTER HEALTH CARE CENTERS III	116,975.20	
12/7/2022	UnitedHealthcare HCCLAIMPMT 746003411 124384		5,563.14
12/7/2022	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2		2,464.46
12/7/2022	DEVOTED HEALTH P HCCLAIMPMT 121140392410444		6,000.00
12/8/2022	HNB - ECHO HCCLAIMPMT 746003411 440000200078		128.59
12/8/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		12,055.96
12/8/2022	DEVOTED HEALTH P HCCLAIMPMT 121140394012929		4,000.00
12/8/2022	DEVOTED HEALTH P HCCLAIMPMT 121140394012927		27,577.00
12/8/2022	DEVOTED HEALTH P HCCLAIMPMT 121140394012933		4,000.00
12/8/2022	DEVOTED HEALTH P HCCLAIMPMT 121140394012931		4,400.00
12/9/2022	MOLINA HEALTHCARE MOLINAACH 01154309 42000019		4,369.17
12/9/2022	HNB - ECHO HCCLAIMPMT 746003411 440000234651		93.52
12/9/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		22,092.46
12/9/2022	DEVOTED HEALTH P HCCLAIMPMT 121140395611241		6,000.00
12/9/2022	DEVOTED HEALTH P HCCLAIMPMT 121140395611239		2,000.00
12/9/2022	DEVOTED HEALTH P HCCLAIMPMT 121140395611243		11,600.00

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
10,351.00							
13,078.45							
	6,073.42						6,073.42
	525.83						525.83
	20.49						20.49
	5,600.00						5,600.00
	12,800.00						12,800.00
	1,200.00						1,200.00
	13.00						13.00
	4,282.10						4,282.10
	3,996.00						3,996.00
116,975.20							
	5,563.14						5,563.14
	2,464.46						2,464.46
	6,000.00						6,000.00
	128.59						128.59
	12,055.96						12,055.96
	4,000.00						4,000.00
	27,577.00						27,577.00
	4,000.00						4,000.00
	4,400.00						4,400.00
	4,369.17	4,088.56	280.61			4,228.87	140.31
	93.52						93.52
	22,092.46						22,092.46
	6,000.00						6,000.00
	2,000.00						2,000.00
	11,600.00						11,600.00
140,404.65	146,855.14	4,088.56	280.61			4,228.87	142,626.26

Fort Bond

12/5/2022	CK 197	19,548.69	
12/5/2022	HNB - ECHO HCCLAIMPMT 746003411 440000273228		3,951.30
12/7/2022	WIRE OUT CANTER HEALTH CARE CENTERS III	71,303.59	
12/7/2022	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2		279.99
12/8/2022	HNB - ECHO HCCLAIMPMT 746003411 440000200078		50.10
12/9/2022	MOLINA HEALTHCARE MOLINAACH 01153970 42000019		5,732.87
12/9/2022	HNB - ECHO HCCLAIMPMT 746003411 440000234651		103.54
12/9/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3,278.29

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
19,548.69							
	3,951.30						3,951.30
71,303.59							
	279.99						279.99
	50.10						50.10
	5,732.87	4,630.94	1,101.93			5,181.91	550.97
	103.54						103.54
	3,278.29						3,278.29
90,852.28	13,396.09	4,630.94	1,101.93			5,181.91	8,214.19

Solara at West Houston

12/5/2022	CK 1253	20,563.91	
12/5/2022	HUMANA INS CO HCCLAIMPMT 390862 830000532059		7,440.00
12/5/2022	HUMANA CHA DISB HCCLAIMPMT 390862 4200001759		12,090.00
12/6/2022	Deposit		5,830.19
12/6/2022	UnitedHealthcare HCCLAIMPMT 746003411 124384		5,350.00
12/6/2022	UnitedHealthcare HCCLAIMPMT 746003411 910000		172.24
12/6/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		687.92

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
20,563.91							
	7,440.00						7,440.00
	12,090.00						12,090.00
	5,830.19						5,830.19
	5,350.00						5,350.00
	172.24						172.24
	687.92						687.92

12/6/2022	HUMANA INS CO HCCLAIMPMT 390862 830000580817	-	2,370.00	-	-	2,370.00
12/7/2022	WIRE OUT CANTEX HEALTH CARE CENTERS III	143,051.53	-	-	-	-
12/7/2022	MANAGEANDNET1718 MNS PMNT 00000000002482 41	-	1,152.00	-	-	1,152.00
12/7/2022	HNB - ECHO HCCLAIMPMT 746003411 440000265012	-	4,729.80	-	-	4,729.80
12/7/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	333.28	-	-	333.28
12/8/2022	MANAGEANDNET1718 MNS PMNT 00000000002482 41	-	3,456.00	-	-	3,456.00
12/8/2022	HNB - ECHO HCCLAIMPMT 746003411 440000200078	-	25.05	-	-	25.05
12/8/2022	HNB - ECHO HCCLAIMPMT 746003411 440000200078	-	25.05	-	-	25.05
12/8/2022	Amerigroup TX5C HCCLAIMPMT 3136715417 111000	-	15,310.75	-	-	15,310.75
12/8/2022	UnitedHealthcare HCCLAIMPMT 746003411 910000	-	2,250.00	-	-	2,250.00
12/8/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,625.94	-	-	1,625.94
12/9/2022	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	3,600.00	-	-	3,600.00
12/9/2022	MOLINA HEALTHCAR MOLINAACH 01154268 42000019	-	5,492.98	4,432.75	1,060.23	4,962.87
12/9/2022	HNB - ECHO HCCLAIMPMT 746003411 440000234685	-	128.59	-	-	128.59
12/9/2022	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	16,359.75	-	-	16,359.75
12/9/2022	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	1,945.00	-	-	1,945.00
		163,615.44	90,374.54	4,432.75	1,060.23	4,962.87
		675,101.24	411,735.45	33,459.46	7,229.54	37,074.23
						85,411.68
						374,661.22

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA Data reported as of Dec 12, 2022 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,080,904.11	\$7,367,692.43	\$7,080,904.11	\$7,101,889.30
*3660 GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$67,665.28	\$74,822.75	\$67,665.28	\$67,101.52
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.90	\$536.90	\$536.90	\$536.90
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$6,050,956.62	\$6,105,400.14	\$6,050,956.62	\$6,284,606.66
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.23	\$432.23	\$432.23	\$432.23
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$115,278.63 ✓	\$187,399.95	\$115,278.63	\$41,847.09
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$46,143.13 ✓	\$114,376.33	\$46,143.13	\$21,536.11
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$148,414.11 ✓	\$161,046.04	\$148,414.11	\$102,258.96
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$13,522.12 ✓	\$43,238.02	\$13,522.12	\$4,407.42
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$90,559.59 ✓	\$118,626.83	\$90,559.59	\$63,033.27
*2998 MMC -MONEY MARKET FUND	\$296,644.60	\$296,644.60	\$296,644.60	\$296,644.60
*5506 MMC -NH BETHANY SENIOR LIVING	\$88,584.87	\$88,902.39	\$88,584.87	\$85,630.48
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$95,665.11	\$95,665.11	\$95,665.11	\$78,467.04
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$21,708.77	\$35,808.99	\$21,708.77	\$21,465.25
*3407 MMC -NH TUSCANY VILLAGE	\$44,692.15	\$44,692.15	\$44,692.15	\$33,821.77

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 12/12/2022 ✓

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		113,564.94 ✓	113,420.64 ✓	67,520.98 ✓		67,665.28 ✓	67,520.98 ✓
						Bank Balance	67,665.28 ✓
						Variance	-
						Leave in Balance	100.00
						October Interest	17.96 ✓
						November Interest	26.34 ✓
						December Interest	44.30
						Adjust Balance/Transfer Amt	67,520.98 ✓

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: Andrew De Los Santos
 ANDREW DE LOS SANTOS 12/12/2022

APPROVED ON
 DEC 12 2022
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek

12/5/2022 CK 172
 12/5/2022 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 12/5/2022 HNB - ECHO HCCLAIMPMT 746003411 440000272972
 12/5/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 12/6/2022 Deposit
 12/6/2022 Am Health Plan T PAYMENT 84307030003439
 12/6/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 12/7/2022 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 12/7/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 12/8/2022 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 12/8/2022 GOLDENCREEKHEALT MERC DEP 1220356 9100001574
 12/9/2022 CIGNA HCCLAIMPMT 1588075964 91000013004364

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
24,941.58	-	-	-	-	-	-	-
-	1,718.00	-	-	-	-	-	1,718.00
-	598.16	-	-	-	-	-	598.16
-	1,606.86	-	-	-	-	-	1,606.86
-	8,822.33	-	-	-	-	-	8,822.33
-	12,650.00	-	-	-	-	-	12,650.00
-	19,986.77	-	-	-	-	-	19,986.77
88,479.06	-	-	-	-	-	-	-
-	14,899.39	-	-	-	-	-	14,899.39
-	2,215.96	-	-	-	-	-	2,215.96
-	4,459.75	-	-	-	-	-	4,459.75
-	563.76	-	-	-	-	-	563.76
113,420.64	67,520.98	-	-	-	-	-	67,520.98

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Dec 12, 2022 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,080,904.11	\$7,367,692.43	\$7,080,904.11	\$7,101,889.30
<u>*3660</u> GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.00
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$67,665.28 ✓✓	\$74,822.75	\$67,665.28	\$67,101.52
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.90	\$536.90	\$536.90	\$536.90
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,050,956.62	\$6,105,400.14	\$6,050,956.62	\$6,284,606.66
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.23	\$432.23	\$432.23	\$432.23
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$115,278.63	\$187,399.95	\$115,278.63	\$41,847.09
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$46,143.13	\$114,376.33	\$46,143.13	\$21,536.11
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$148,414.11	\$161,046.04	\$148,414.11	\$102,258.96
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$13,522.12	\$43,238.02	\$13,522.12	\$4,407.42
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$90,559.59	\$118,626.83	\$90,559.59	\$63,033.27
<u>*2998</u> MMC -MONEY MARKET FUND	\$296,644.60	\$296,644.60	\$296,644.60	\$296,644.60
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$88,584.87	\$88,902.39	\$88,584.87	\$85,630.48
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$95,665.11	\$95,665.11	\$95,665.11	\$78,467.04
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$21,708.77	\$35,808.99	\$21,708.77	\$21,465.25
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$44,692.15	\$44,692.15	\$44,692.15	\$33,821.77

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 12/12/2022 ✓

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Chs Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<u>Nursing Home</u>							
Gulf Pointe Plaza- Private Pay	20,268.73 ✓	18,912.98 ✓	20,353.02 ✓			21,708.77 ✓	21,598.38 ✓
					Bank Balance Variance	21,708.77	
					Leave in Balance	100.00	

October Interest 2.98 ✓
 November Interest 7.41 ✓
 December Interest
 Adjust Balance/Transfer Amt 21,598.38 ✓

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Chs Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<u>Nursing Home</u>							
Gulf Pointe Plaza-Medicare/Medicaid	73,195.55 ✓	73,056.04 ✓	95,525.60 ✓			95,665.11 ✓	95,525.60 ✓
					Bank Balance Variance	95,665.11	
					Leave in Balance	100.00	

October Interest 20.73 ✓
 November Interest 18.78 ✓
 December Interest
 Adjust Balance/Transfer Amt 95,525.60 ✓

Routing Information for Gulf Pointe Plaza:
 [Redacted]

TOTAL TRANSFERS 117,123.98 ✓

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: Andrew De Los Santos
 ANDREW DE LOS SANTOS 12/12/2022

**APPROVED ON
 DEC 12 2022**

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

Gulf Pointe Plaza-Private Pvy

12/5/2022 CK 1094
 12/5/2022 HNB - ECHO HCCLAIMPMT 746003411 440000272972
 12/5/2022 HNB - ECHO HCCLAIMPMT 746003411 440000272984
 12/6/2022 HNB - ECHO HCCLAIMPMT 746003411 440000226409
 12/6/2022 HNB - ECHO HCCLAIMPMT 746003411 440000226409
 12/7/2022 HNB - ECHO HCCLAIMPMT 746003411 440000265311
 12/8/2022 NDC SWEEP FAC H261 21000020984014 SWEEP FR
 12/8/2022 HNB - ECHO HCCLAIMPMT 746003411 440000200078
 12/8/2022 HNB - ECHO HCCLAIMPMT 746003411 440000200078
 12/9/2022 HNB - ECHO HCCLAIMPMT 746003411 440000234942
 12/9/2022 HNB - ECHO HCCLAIMPMT 746003411 440000234860

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
18,912.98	-	-	-	-	-	-	-
-	108.11	-	-	-	-	-	108.11
-	1,237.63	-	-	-	-	-	1,237.63
-	1,362.34	-	-	-	-	-	1,362.34
-	740.50	-	-	-	-	-	740.50
-	193.27	-	-	-	-	-	193.27
-	15,953.71	-	-	-	-	-	15,953.71
-	502.25	-	-	-	-	-	502.25
-	11.69	-	-	-	-	-	11.69
-	155.25	-	-	-	-	-	155.25
-	88.27	-	-	-	-	-	88.27
18,912.98	20,353.02	-	-	-	-	-	20,353.02

Gulf Pointe Plaza-Medicare/Medicaid

12/5/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 12/5/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2
 12/6/2022 Deposit
 12/7/2022 WIRE OUT HMG SERVICES, LLC
 12/7/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 12/9/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 12/9/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	31,215.02	-	-	-	-	-	31,215.02
-	9,062.55	-	-	-	-	-	9,062.55
-	36,872.01	-	-	-	-	-	36,872.01
73,056.04	-	-	-	-	-	-	-
-	1,177.95	-	-	-	-	-	1,177.95
-	993.60	-	-	-	-	-	993.60
-	16,204.47	-	-	-	-	-	16,204.47
73,056.04	95,525.60	-	-	-	-	-	95,525.60
91,969.02	115,878.62	-	-	-	-	-	115,878.62

Quick View

Select Quick View Accounts
Account Number / Name

Select Group
Groups

Account Type



DDA

Data reported as of Dec 12, 2022 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,080,904.11	\$7,367,692.43	\$7,080,904.11	\$7,101,889.30
*3660 GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$67,665.28	\$74,822.75	\$67,665.28	\$67,101.52
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.90	\$536.90	\$536.90	\$536.90
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$6,050,956.62	\$6,105,400.14	\$6,050,956.62	\$6,284,606.66
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.23	\$432.23	\$432.23	\$432.23
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$115,278.63	\$187,399.95	\$115,278.63	\$41,847.09
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$46,143.13	\$114,376.33	\$46,143.13	\$21,536.11
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$148,414.11	\$161,046.04	\$148,414.11	\$102,258.96
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$13,522.12	\$43,238.02	\$13,522.12	\$4,407.42
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$90,559.59	\$118,626.83	\$90,559.59	\$63,033.27
*2998 MMC -MONEY MARKET FUND	\$296,644.60	\$296,644.60	\$296,644.60	\$296,644.60
*5506 MMC -NH BETHANY SENIOR LIVING	\$88,584.87	\$88,902.39	\$88,584.87	\$85,630.48
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$95,665.11 ✓	\$95,665.11	\$95,665.11	\$78,467.04
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$21,708.77 ✓	\$35,808.99	\$21,708.77	\$21,465.25
*3407 MMC -NH TUSCANY VILLAGE	\$44,692.15	\$44,692.15	\$44,692.15	\$33,821.77



Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscan Transfer
 Prosperity Accounts
 12/12/2022 ✓

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chs Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village	220,184.97 ✓	220,084.97 ✓	44,592.15 ✓	-		44,692.15 ✓	34,771.14 ✓
					Bank Balance	44,692.15 ✓	
					Variance		
					Leave in Balance	100.00 ✓	
					MOLINA	9,821.01 ✓	

Adjust Balance/Transfer Amt 34,771.14 ✓
 Approved Andrew De Los Santos 12/17/2022
 ANDREW DE LOS SANTOS

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
DEC 12 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Dec 12, 2022 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,080,904.11	\$7,367,692.43	\$7,080,904.11	\$7,101,889.30
*3660 GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$67,665.28	\$74,822.75	\$67,665.28	\$67,101.52
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.90	\$536.90	\$536.90	\$536.90
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$6,050,956.62	\$6,105,400.14	\$6,050,956.62	\$6,284,606.66
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.23	\$432.23	\$432.23	\$432.23
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$115,278.63	\$187,399.95	\$115,278.63	\$41,847.09
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$46,143.13	\$114,376.33	\$46,143.13	\$21,536.11
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$148,414.11	\$161,046.04	\$148,414.11	\$102,258.96
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$13,522.12	\$43,238.02	\$13,522.12	\$4,407.42
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$90,559.59	\$118,626.83	\$90,559.59	\$63,033.27
*2998 MMC -MONEY MARKET FUND	\$296,644.60	\$296,644.60	\$296,644.60	\$296,644.60
*5506 MMC -NH BETHANY SENIOR LIVING	\$88,584.87	\$88,902.39	\$88,584.87	\$85,630.48
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$95,665.11	\$95,665.11	\$95,665.11	\$78,467.04
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$21,708.77	\$35,808.99	\$21,708.77	\$21,465.25
*3407 MMC -NH TUSCANY VILLAGE	\$44,692.15	\$44,692.15	\$44,692.15	\$33,821.77

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 12/12/2022 ✓

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	CMS Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		371,642.18 ✓	371,478.22 ✓	88,420.91 ✓			88,584.87 ✓	88,420.91 ✓
						Bank Balance	88,584.87 ✓	
						Variance		
						Leave in Balance	100.00	

October Interest 36.84 ✓
 November Interest 27.12 ✓
 December Interest
 Adjust Balance/Transfer Amt 88,420.91 ✓
 Approved: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS 12/12/2022

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
DEC 12 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living

12/9/2022 HNB - ECHO HCCLAIMPMT 746003411 440000234414
 12/5/2022 Deposit
 12/5/2022 Deposit
 12/5/2022 HNB - ECHO HCCLAIMPMT 746003411 440000272896
 12/6/2022 Deposit
 12/7/2022 WIRE OUT PORT LAVACA NH, LLC
 12/8/2022 Deposit
 12/8/2022 Deposit
 12/8/2022 Deposit
 12/8/2022 HNB - ECHO HCCLAIMPMT 746003411 440000200261

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP T1	
	-	2,954.39	-	-	-	-	-	2,954.39
	-	15,222.48	-	-	-	-	-	15,222.48
	-	21,693.18	-	-	-	-	-	21,693.18
	-	1,917.78	-	-	-	-	-	1,917.78
	-	16,621.30	-	-	-	-	-	16,621.30
	371,478.22	-	-	-	-	-	-	-
	-	467.40	-	-	-	-	-	467.40
	-	1,625.48	-	-	-	-	-	1,625.48
	-	26,165.11	-	-	-	-	-	26,165.11
	-	1,753.79	-	-	-	-	-	1,753.79
	-	-	-	-	-	-	-	-
	371,478.22	88,420.91	-	-	-	-	-	88,420.91

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Dec 12, 2022 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,080,904.11	\$7,367,692.43	\$7,080,904.11	\$7,101,889.30
<u>*3660</u> GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.00
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$67,665.28	\$74,822.75	\$67,665.28	\$67,101.52
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.90	\$536.90	\$536.90	\$536.90
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$6,050,956.62	\$6,105,400.14	\$6,050,956.62	\$6,284,606.66
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.23	\$432.23	\$432.23	\$432.23
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$115,278.63	\$187,399.95	\$115,278.63	\$41,847.09
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$46,143.13	\$114,376.33	\$46,143.13	\$21,536.11
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$148,414.11	\$161,046.04	\$148,414.11	\$102,258.96
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$13,522.12	\$43,238.02	\$13,522.12	\$4,407.42
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$90,559.59	\$118,626.83	\$90,559.59	\$63,033.27
<u>*2998</u> MMC -MONEY MARKET FUND	\$296,644.60	\$296,644.60	\$296,644.60	\$296,644.60
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$88,584.87	\$88,902.39	\$88,584.87	\$85,630.48
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$95,665.11	\$95,665.11	\$95,665.11	\$78,467.04
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$21,708.77	\$35,808.99	\$21,708.77	\$21,465.25
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$44,692.15	\$44,692.15	\$44,692.15	\$33,821.77

MEMORIAL MEDICAL CENTER
CHECK REQUEST - *Ashford*

P Memorial Medical Center

Date Requested: 12/12/22

A _____

Y _____

E _____

E _____

**APPROVED ON
DEC 12 2022**

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#001192**

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 16,589.54 ✓

G/L NUMBER: 20290095

EXPLANATION: Molina QIPP Pymt. October

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew DeLos Santos*

12/12/22

RUN DATE:12/14/22
TIME:08:46

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/14/22 THRU 12/14/22

PAGE 3
GLCKREG

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

NHA 001192 12/14/22 16,589.54 MEMORIAL MEDICAL CENTER
TOTALS: 16,589.54

Ashford

APPROVED ON

DEC 14 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

MEMORIAL MEDICAL CENTER
CHECK REQUEST - *Broadmor*

P _____
A _____
Y _____
E _____
E _____

Date Requested: 12/12/22

FOR ACCT. USE ONLY

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

APPROVED ON

DEC 12 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 000224
G/L NUMBER: 20290095

AMOUNT 6,111.06 ✓

EXPLANATION: Molina QIPP Pymt. October

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew DeLoe Santos*

12/12/22

RUN DATE:12/14/22
TIME:08:46

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/14/22 THRU 12/14/22

PAGE 4
GLCKREG

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

NHB 000224 12/14/22 6,111.06 MEMORIAL MEDICAL CENTER *Broadmoor*
TOTALS: 6,111.06

APPROVED ON

DEC 14 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

MEMORIAL MEDICAL CENTER
CHECK REQUEST - *Crescent*

P Memorial Medical Center
A _____
Y _____
E _____
E _____

Date Requested: 12/12/22

FOR ACCT. USE ONLY

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

APPROVED ON
DEC 12 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Ck# 00265
G/L NUMBER: 20290095

AMOUNT 4228.87 ✓

EXPLANATION: Molina QIPP Pymt. October

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew Delos Santos*

12/12/22

RUN DATE:12/14/22
TIME:08:46

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/14/22 THRU 12/14/22

PAGE 5
GLCKREG

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

NHC 000265 12/14/22 4,228.87 MEMORIAL MEDICAL CENTER *Crescent*
TOTALS: 4,228.87

APPROVED ON

DEC 14 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

MEMORIAL MEDICAL CENTER

CHECK REQUEST - *Fort Bend*

P Memorial Medical Center
A _____
Y _____
E _____
E _____

Date Requested: 12/12/22

APPROVED ON
DEC 12 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 000198

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 5181.91 ✓

C/L NUMBER: 20290095

EXPLANATION: Molina QIPP Pymt. October

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew DeLaSantis*

12/12/22

RUN DATE:12/14/22
TIME:08:46

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/14/22 THRU 12/14/22

PAGE 6
GLCKREG

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

NHF 000198 12/14/22 5,181.91 MEMORIAL MEDICAL CENTER *Furt-Bend*
TOTALS: 5,181.91

APPROVED ON

DEC 14 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

MEMORIAL MEDICAL CENTER
CHECK REQUEST - *Solem*

P Memorial Medical Center
A _____
Y _____
E _____
E _____

Date Requested: 12/12/22

FOR ACCT. USE ONLY

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

APPROVED ON
DEC 12 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 001254
G/L NUMBER: 20290095

AMOUNT 4962.87 ✓

EXPLANATION: Molina QIPP Pymt. October

REQUESTED BY Caitlin Clevenger

AUTHORIZED BY: *Andrew DeLah Santos*

12/12/22

RUN DATE:12/14/22
TIME:08:46

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/14/22 THRU 12/14/22

PAGE 7
GLCKREG

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

NHS 001254 12/14/22 4,962.87 MEMORIAL MEDICAL CENTER *Solem*
TOTALS: 4,962.87

APPROVED ON
DEC 14 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST - *Tuscany*

P Memorial Medical Center
A _____
Y _____
E _____
E _____

Date Requested: 12/12/22

APPROVED ON
DEC 12 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#1113

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 9821.01

G/L NUMBER: 20290095

EXPLANATION: Molina QIPP Pymt. October

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew De los Santos*

12/12/22

RUN DATE:12/14/22
TIME:08:46

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/14/22 THRU 12/14/22

PAGE 8
GLCKREG

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

TUS 001113 12/14/22 9,821.01 MEMORIAL MEDICAL CENTER *Tuscany*
TOTALS: 9,821.01

APPROVED ON

DEC 14 2022

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

MEMORIAL MEDICAL CENTER

NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001192

Date 12/14/22 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center \$ 16,589.54

Sixteen thousand Five hundred Eighty nine & 54/100 DOLLARS



County auditor

FOR Molina Oct. Qipp

County Treasurer
Security features included. Details on back.

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000224

Date 12/14/22 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center \$ 6,111.06

Six thousand One hundred Eleven & 06/100 DOLLARS



FOR Molina Oct. Qipp

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000265

Date 12/14/22 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center \$ 4,228.87

Four thousand Two hundred twenty eight & 87/100 DOLLARS



FOR Molina Oct. Qipp

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

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

000198

Date 12/14/22

88-2265/1131

PAY

TO THE ORDER OF

Memorial Medical Center

\$ 5181.91

Five thousand One hundred Eighty one & 91/100

DOLLARS



PROSPERITY BANK

FOR Molina Oct. Qipp



Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001254

Date 12/14/22

88-2265/1131

PAY

TO THE ORDER OF

Memorial Medical Center

\$ 4962.87

Four thousand Nine hundred Sixty two & 87/100

DOLLARS



PROSPERITY BANK

FOR Molina Oct. Qipp



Security features are included. Details on back.

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

PH 361-563-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1113

88-2265/1131-87

DATE 12/14/22



PAY

TO THE ORDER OF

Memorial Medical Center

\$ 9,821.01

Nine thousand Eight hundred twenty one & 01/100

DOLLARS



PROSPERITY BANK

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

FOR Molina Oct. Qipp



Photo Safe Deposit Details on back


QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

12/14/2022

NH Name	From Bank Acct #	Ck #	Payee	GL #	MOLINA OCTOBER			TOTAL		Date
Ashford ✓	10000018 - Prosperity		MMC - Prosperity Operating #10000001	10255040	16,589.54			16,589.54	✓	12/14/2022
Broadmoor ✓	10000019 - Prosperity		MMC - Prosperity Operating #10000001	10255040	6,111.06			6,111.06	✓	12/14/2022
Crescent ✓	10000020 - Prosperity		MMC - Prosperity Operating #10000001	10255040	4,228.87			4,228.87	✓	12/14/2022
Fort Bend ✓	10000021 - Prosperity		MMC - Prosperity Operating #10000001	10255040	5,181.91			5,181.91	✓	12/14/2022
Solera ✓	10000022 - Prosperity		MMC - Prosperity Operating #10000001	10255040	4,962.87			4,962.87	✓	12/14/2022
Golden Creek	10000023 - Prosperity		MMC - Prosperity Operating #10000001	10255040				-		12/14/2022
Gulf Pointe-PP	10000114 - Prosperity		MMC - Prosperity Operating #10000001	10255040				-		12/14/2022
Gulf Pointe-MM	10000025 - Prosperity		MMC - Prosperity Operating #10000001	10255040				-		12/14/2022
Bethany			MMC - Prosperity Operating #10000001	10255040				-		12/14/2022
Fuscany ✓			MMC - Prosperity Operating #10000001	10255040	9,821.01			9,821.01	✓	12/14/2022
			Total:		46,895.26			46,895.26	✓	

Note

Approved: 
 ANDREW DE LOS SANTOS 12/12/2022