

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 11, 2023

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 475,866.73	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 238,170.79	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 742,675.39	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED January 11, 2023	\$ 1,456,712.91	✓

APPROVED

JAN 11 2023

**CALIFORNIA COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---January 11, 2023

PAYABLES AND PAYROLL

1/5/2022 Weekly Payables	251,159.70
1/5/2023 Patient Refunds	1,480.81
1/9/2023 Grace Flooring and Glass-half down on floor install	2,353.63
1/9/2023 Federal Express Corp-freight	102.21
1/9/2023 McKesson-340B Prescription Expense	17,845.71
1/9/2023 Amerisource Bergen-340B Prescription Expense	403.82
1/9/2023 Payroll Liabilities for supplemental payroll-Payroll Taxes	610.35
1/9/2023 Supplemental Payroll	3,015.89

Prosperity Electronic Bank Payments

1/3-1/5/23 Credit Card & Lease Fees	761.34
1/20/2023 Sales Tax for December 2022	1,449.00
1/15/2023 TCDRS December Retirement	195,369.38
1/3-1/6/23 Pay Plus-Patient Claims Processing Fee	665.12
1/6/2023 ExpertPay- child support	607.27
1/3/2023 Authnet Gateway Billing-3rd Party Payor Fee	42.50

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 475,866.73**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

1/5/2023 MMC Operating to Ashford-correction of NH insurance payment deposited into MMC Operating	3,600.00
1/5/2023 MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating	37,308.99
1/5/2023 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error	3,890.00
1/5/2023 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	63,039.86
1/5/2023 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	40,590.55
1/5/2023 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	20,983.01
1/5/2023 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	68,758.38

TOTAL TRANSFERS BETWEEN FUNDS **\$ 238,170.79**

NURSING HOME UPL EXPENSES

1/9/2023 Nursing Home UPL-Cantex Transfer	263,649.15
1/9/2023 Nursing Home UPL-Nexion Transfer	97,866.83
1/9/2023 Nursing Home UPL-HMG Transfer	93,455.64
1/9/2023 Nursing Home UPL-Tuscany Transfer	162,362.74
1/9/2023 Nursing Home UPL-HSL Transfer	125,341.03

TOTAL NURSING HOME UPL EXPENSES **\$ 742,675.39**

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

GRAND TOTAL DISBURSEMENTS APPROVED January 11, 2023 **\$ 1,456,712.91**

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 05 2023
01/05/2023

12:44
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 01/21/2023

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

A0724 AABB ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1001204099 ✓		12/28/20	12/14/20	01/03/20		265.00	0.00	0.00	265.00 ✓

LAB SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A0724	AABB		265.00	0.00	0.00	265.00

Vendor# Vendor Name

Class Pay Code

14684 AMERICAN TRAUMA SOCIETY ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
200023026		12/30/20	01/04/20	01/04/20		545.00	0.00	0.00	545.00 ✓

TPS COURSE - Virtual Trauma Management 2/18-2/19/22 Dawn Murek

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
14684	AMERICAN TRAUMA SOCIETY		545.00	0.00	0.00	545.00

Vendor# Vendor Name

Class Pay Code

A1360 AMERISOURCEBERGEN DRUG CORP ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3117738228 ✓		12/30/20	12/28/20	01/03/20		13,000.00	0.00	0.00	13,000.00 ✓

PHARM INVENTORY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A1360	AMERISOURCEBERGEN DRUG CORP		13,000.00	0.00	0.00	13,000.00

Vendor# Vendor Name

Class Pay Code

A0400 AUREUS RADIOLOGY LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2745875 ✓		12/30/20	09/12/20	10/12/20		2,720.00	0.00	0.00	2,720.00 ✓
2778437 ✓	LAB STAFFING (8/29-9/11/22) Stibby	12/30/20	10/10/20	11/09/20		1,083.75	0.00	0.00	1,083.75 ✓
2853545 ✓	LAB STAFFING (9/23-9/29/22) Stibby	12/30/20	12/12/20	01/11/20		1,360.00	0.00	0.00	1,360.00 ✓
2861989 ✓	LAB STAFFING (11/25-12/11/22) Stibby	12/30/20	12/19/20	01/18/20		3,400.00	0.00	0.00	3,400.00 ✓

LAB STAFFING (12/2-12/8/22) Stibby

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A0400	AUREUS RADIOLOGY LLC		8,563.75	0.00	0.00	8,563.75

Vendor# Vendor Name

Class Pay Code

12800 AUTHORITYRX ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1638 ✓		12/30/20	01/01/20	01/02/20		15,804.00	0.00	0.00	15,804.00 ✓

340B

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
12800	AUTHORITYRX		15,804.00	0.00	0.00	15,804.00

Vendor# Vendor Name

Class Pay Code

A2600 AUTO PARTS & MACHINE CO. ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
998734 ✓		12/30/20	12/19/20	01/03/20		33.94	0.00	0.00	33.94 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A2600	AUTO PARTS & MACHINE CO.		33.94	0.00	0.00	33.94

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
14088	AZALEA HEALTH ✓			82924 ✓		12/30/20	01/01/20	01/01/20		550.00	0.00	0.00	550.00 ✓		
MONTHLY PROCESSING															
Vendor Totals										Number	Name	Gross	Discount	No-Pay	Net
										14088	AZALEA HEALTH	550.00	0.00	0.00	550.00

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
B1220	BECKMAN COULTER INC ✓	M		110301635 ✓		12/27/20	12/27/20	01/21/20		165.89	0.00	0.00	165.89 ✓		
LAB SUPPLIES															
				110301900 ✓		12/30/20	12/05/20	12/30/20		4,470.76	0.00	0.00	4,470.76 ✓		
LEASE															
				5466954 ✓		12/30/20	12/13/20	01/07/20		5,016.58	0.00	0.00	5,016.58 ✓		
CONTRACT															
				110323870 ✓		12/30/20	12/15/20	01/09/20		1,288.45	0.00	0.00	1,288.45 ✓		
CONTRACT															
				110332908 ✓		12/31/20	12/20/20	01/14/20		1,136.28	0.00	0.00	1,136.28 ✓		
SUPPLIES															
				110341261 ✓		12/31/20	12/22/20	01/16/20		291.40	0.00	0.00	291.40 ✓		
SUPPLIES															
Vendor Totals										Number	Name	Gross	Discount	No-Pay	Net
										B1220	BECKMAN COULTER INC	12,369.36	0.00	0.00	12,369.36

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
B1320	BEEKLEY CORPORATION ✓	M		INV1583955 ✓		12/31/20	12/20/20	01/03/20		497.50	0.00	0.00	497.50 ✓		
SUPPLIES															
Vendor Totals										Number	Name	Gross	Discount	No-Pay	Net
										B1320	BEEKLEY CORPORATION	497.50	0.00	0.00	497.50

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
14680	BLAIS MICROSCOPE COMPANY LLC ✓			68693		12/30/20	12/06/20	01/16/20		795.00	0.00	0.00	795.00 ✓		
LAB SERV															
Vendor Totals										Number	Name	Gross	Discount	No-Pay	Net
										14680	BLAIS MICROSCOPE COMPANY LLC	795.00	0.00	0.00	795.00

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
13892	BLUE CROSS BLUE SHIELD REFUND ✓ - duplicate			123022A ✓		12/30/20	12/30/20	01/15/20		54.64 ✓	0.00	0.00	54.64 ✓		
PT REFUND															
				123022		12/30/20	12/30/20	01/15/20		54.64	0.00	0.00	54.64 ✓		
REFUND															
Vendor Totals										Number	Name	Gross	Discount	No-Pay	Net
										13892	BLUE CROSS BLUE SHIELD REFUND	109.28	0.00	0.00	109.28
												54.64			54.64

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
C1048	CALHOUN COUNTY ✓	W		122422		12/30/20	12/24/20	01/11/20		93.69	0.00	0.00	93.69 ✓

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		C1048	CALHOUN COUNTY			93.69	0.00	0.00	93.69
Vendor#	Vendor Name			Class	Pay Code				
14120	CALHOUN COUNTY EMS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
22110011		12/30/20	12/05/20	12/31/20		3,080.00	0.00	0.00	3,080.00 ✓
	NOV TRANSPORTS								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		14120	CALHOUN COUNTY EMS			3,080.00	0.00	0.00	3,080.00
Vendor#	Vendor Name			Class	Pay Code				
13028	CAVALLO ENERGY TEXAS LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
211730015333497		06/30/20	06/21/20	01/15/20		16.58	0.00	0.00	16.58
	GAS								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		13028	CAVALLO ENERGY TEXAS LLC			16.58	0.00	0.00	16.58
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
FQ23628 ✓		12/30/20	12/14/20	01/13/20		84.55	0.00	0.00	84.55 ✓
	SUPPLIES								
FQ15416 ✓		12/30/20	12/16/20	01/15/20		186.46	0.00	0.00	186.46 ✓
	SUPPLIES								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.			271.01	0.00	0.00	271.01
Vendor#	Vendor Name			Class	Pay Code				
13000	CLEARFLY ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
INV479446 ✓		12/30/20	12/30/20	01/15/20		1,203.95	0.00	0.00	1,203.95 ✓
	PHONE								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		13000	CLEARFLY			1,203.95	0.00	0.00	1,203.95
Vendor#	Vendor Name			Class	Pay Code				
C1166	COASTAL OFFICE SOLUTONS ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
OE377931 ✓		12/30/20	12/30/20	01/09/20		62.50	0.00	0.00	62.50 ✓
	BUS CARDS								
OE377951 ✓		12/30/20	12/30/20	01/09/20		62.50	0.00	0.00	62.50 ✓
	BUS CARDS								
OEQT220811 ✓		12/31/20	12/28/20	01/07/20		165.00	0.00	0.00	165.00 ✓
	ENVELOPES								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		C1166	COASTAL OFFICE SOLUTONS			290.00	0.00	0.00	290.00
Vendor#	Vendor Name			Class	Pay Code				
13336	COCA COLA SOUTHWEST BEVERAGES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
24165201444 ✓		12/30/20	12/07/20	01/06/20		337.56	0.00	0.00	337.56 ✓
	BEVERAGES								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		13336	COCA COLA SOUTHWEST BEVERAGES			337.56	0.00	0.00	337.56

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	
123122		12/30/20	12/31/20	01/01/20		561.74	0.00	0.00	561.74	✓
	INSURANCE									
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						
12884	CUSTOMIZED COMMUNICATION INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
144202 ✓		12/30/20	12/20/20	01/04/20		589.00	0.00	0.00	589.00	✓
	GUIDE -MMC CLINIC									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	12884	CUSTOMIZED COMMUNICATION INC				589.00	0.00	0.00	589.00	
Vendor#	Vendor Name		Class	Pay Code						
10842	DOOR CONTROL SERVICES, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
SI453823 ✓		12/01/20	12/28/20	12/05/20		2,188.00	0.00	0.00	2,188.00	✓
	EAST DOCK ENTRY KEY PAD									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10842	DOOR CONTROL SERVICES, INC				2,188.00	0.00	0.00	2,188.00	
Vendor#	Vendor Name		Class	Pay Code						
11046	E-MDS, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
535911 ✓		12/30/20	01/02/20	01/14/20		13,156.00	0.00	0.00	13,156.00	✓
	HOSTING SUBSCRIPT FEE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11046	E-MDS, INC				13,156.00	0.00	0.00	13,156.00	
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	
802065 ✓		12/30/20	10/21/20	11/21/20		94.20	0.00	0.00	94.20	✓
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	W1167	ELITECH GROUP INC (WESCOR)				94.20	0.00	0.00	94.20	
Vendor#	Vendor Name		Class	Pay Code						
C2510	EVIDENT ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1006555 ✓		12/28/20	12/09/20	12/09/20		32.00	0.00	0.00	32.00	✓
	1095C									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C2510	EVIDENT				32.00	0.00	0.00	32.00	
Vendor#	Vendor Name		Class	Pay Code						
F1106	FDA-MQSA PROGRAM ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
4500013908 ✓		12/30/20	11/23/20	12/23/20		548.00	0.00	0.00	548.00	✓
	ANNUAL MAMMO INSPECTION									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	F1106	FDA-MQSA PROGRAM				548.00	0.00	0.00	548.00	
Vendor#	Vendor Name		Class	Pay Code						
10003	FILTER TECHNOLOGY CO, INC ✓									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
116546		12/30/20	12/27/20	01/04/20		1,344.39	0.00	0.00	1,344.39		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10003	FILTER TECHNOLOGY CO, INC	1,344.39	0.00	0.00	1,344.39
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		
215460		12/31/20	12/23/20	01/21/20		2,019.00	0.00	0.00	2,019.00		
CG10W COVER PLATE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14336	FIRETRON, INC	2,019.00	0.00	0.00	2,019.00
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		
8894772		12/30/20	12/12/20	01/06/20		427.84	0.00	0.00	427.84		
LAB SUPPLIES											
8938212		12/30/20	12/13/20	01/07/20		268.48	0.00	0.00	268.48		
LAB SUPPLIES											
8980262		12/30/20	12/14/20	01/08/20		9.72	0.00	0.00	9.72		
SUPPLIES											
9020636		12/30/20	12/15/20	01/09/20		1,224.00	0.00	0.00	1,224.00		
SUPPLIES											
9020637		12/30/20	12/15/20	01/09/20		1,224.00	0.00	0.00	1,224.00		
LAB SUPPLIES											
9020638		12/30/20	12/15/20	01/09/20		132.22	0.00	0.00	132.22		
SUPPLIES											
9088579		12/30/20	12/19/20	01/13/20		264.14	0.00	0.00	264.14		
LAB SUPPLIES											
9125122		12/30/20	12/20/20	01/14/20		1,046.45	0.00	0.00	1,046.45		
LAB SUPPLIES											
9125121		12/30/20	12/20/20	01/14/20		363.00	0.00	0.00	363.00		
LAB SUPPLIES											
9160777		12/30/20	12/21/20	01/15/20		199.72	0.00	0.00	199.72		
SUPPLIES											
9160776		12/30/20	12/21/20	01/15/20		19.81	0.00	0.00	19.81		
LAB SUPPLIES											
9215803		12/30/20	12/23/20	01/17/20		81.64	0.00	0.00	81.64		
LAB SUPPLIES											
9215804		12/30/20	12/23/20	01/17/20		108.73	0.00	0.00	108.73		
LAB SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						F1400	FISHER HEALTHCARE	5,369.75	0.00	0.00	5,369.75
Vendor#	Vendor Name	Class		Pay Code							
11183	FRONTIER										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
121922		12/30/20	12/19/20	01/12/20		70.40	0.00	0.00	70.40		
PHONE											
122322		12/30/20	12/30/20	01/17/20		38.53	0.00	0.00	38.53		
PHONE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net

	11183	FRONTIER					108.93	0.00	0.00	108.93
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	
91274929 ✓		12/30/20	12/29/20	01/21/20		7,908.33	0.00	0.00	7,908.33 ✓	
MAINT CONTRACT										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		14156	FUJI FILM			7,908.33	0.00	0.00	7,908.33	
Vendor#	Vendor Name				Class	Pay Code				
12636	FUSION CLOUD SERVICES, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
28742333 ✓		12/30/20	12/16/20	01/15/20		1,588.17	0.00	0.00	1,588.17 ✓	
PHONE										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		12636	FUSION CLOUD SERVICES, LLC			1,588.17	0.00	0.00	1,588.17	
Vendor#	Vendor Name				Class	Pay Code				
13060	GENZYME CORPORATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
7030396207 ✓		12/30/20	10/01/20	01/09/20		2,300.70	0.00	0.00	2,300.70 ✓	
PHARM INVENTORY										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		13060	GENZYME CORPORATION			2,300.70	0.00	0.00	2,300.70	
Vendor#	Vendor Name				Class	Pay Code				
G0401	GULF COAST DELIVERY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
123022		12/30/20	12/30/20	01/21/20		100.00	0.00	0.00	100.00 ✓	
LAB REPORTS										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		G0401	GULF COAST DELIVERY			100.00	0.00	0.00	100.00	
Vendor#	Vendor Name				Class	Pay Code				
12380	HEALTH SOLUTIONS DIETETICS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
123022		12/30/20	12/30/20	01/15/20		3,400.00	0.00	0.00	3,400.00 ✓	
DIETARY CONSULTING (12/2-12/30/22)										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		12380	HEALTH SOLUTIONS DIETETICS			3,400.00	0.00	0.00	3,400.00	
Vendor#	Vendor Name				Class	Pay Code				
10829	HEALTHSTREAM, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
0310522		12/30/20	12/12/20	01/11/20		9.15	0.00	0.00	9.15 ✓	
H STREAM										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		10829	HEALTHSTREAM, INC.			9.15	0.00	0.00	9.15	
Vendor#	Vendor Name				Class	Pay Code				
H0416	HOLOGIC INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
10372511 ✓		12/30/20	12/22/20	01/03/20		824.50	0.00	0.00	824.50 ✓	
SUPPLIES										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		H0416	HOLOGIC INC			824.50	0.00	0.00	824.50	
Vendor#	Vendor Name				Class	Pay Code				

10922	HUNTER PHARMACY SERVICES ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
5193 ✓		12/30/20	11/30/20	12/20/20		14,525.10	0.00	0.00	14,525.10 ✓		
PHARM SALARY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10922	HUNTER PHARMACY SERVICES	14,525.10	0.00	0.00	14,525.10
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		
HDHB882 ✓		12/31/20	12/31/20	01/15/20		881.22	0.00	0.00	881.22 ✓		
SHRED											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11200	IRON MOUNTAIN	881.22	0.00	0.00	881.22
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		
711575 ✓		12/30/20	01/02/20	01/02/20		250.00	0.00	0.00	250.00 ✓		
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					
10972	M G TRUST ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
122922		12/30/20	12/29/20	01/15/20		640.86	0.00	0.00	640.86 ✓		
PAYROLL DEDUCT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10972	M G TRUST	640.86	0.00	0.00	640.86
Vendor#	Vendor Name				Class	Pay Code					
11612	MEDICAL AIR SERVICES ASSOC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1412939 ✓		12/29/20	12/30/20	01/01/20		1,782.00	0.00	0.00	1,782.00 ✓		
INSURANCE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11612	MEDICAL AIR SERVICES ASSOC.	1,782.00	0.00	0.00	1,782.00
Vendor#	Vendor Name				Class	Pay Code					
M2470	MEDLINE INDUSTRIES INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2238031695 ✓		12/30/20	11/09/20	12/04/20		13.82	0.00	0.00	13.82 ✓		
SUPPLIES											
2238031697 ✓		12/30/20	11/09/20	12/04/20		200.73	0.00	0.00	200.73 ✓		
SUPPLIES											
222430876 ✓		12/30/20	12/06/20	12/31/20		6.88	0.00	0.00	6.88 ✓		
SUPPLIES											
2244197821 ✓		12/30/20	12/16/20	01/10/20		70.97	0.00	0.00	70.97 ✓		
SUPPLIES											
2244754649 ✓		12/30/20	12/20/20	01/14/20		456.33	0.00	0.00	456.33 ✓		
SUPPLIES											
2244888424 ✓		12/30/20	12/20/20	01/14/20		323.43	0.00	0.00	323.43 ✓		
SUPPLIES											
2244774738 ✓		12/30/20	12/20/20	01/14/20		64.58	0.00	0.00	64.58 ✓		
SUPPLIES											

2244969772	✓		12/30/20	12/21/20	01/15/20		20.58	0.00	0.00	20.58	✓	
		SUPPLIES										
2244969779	✓		12/30/20	12/21/20	01/15/20		222.00	0.00	0.00	222.00	✓	
		SUPPLIES										
2244969781	✓		12/30/20	12/21/20	01/15/20		36.34	0.00	0.00	36.34	✓	
		SUPPLIES										
2244969780	✓		12/30/20	12/21/20	01/15/20		4,363.57	0.00	0.00	4,363.57	✓	
		SUPPLIES										
2244969777	✓		12/30/20	12/21/20	01/15/20		8.30	0.00	0.00	8.30	✓	
		SUPPLIES										
2244969775	✓		12/30/20	12/21/20	01/15/20		4.15	0.00	0.00	4.15	✓	
		SUPPLIES										
2244969776	✓		12/30/20	12/21/20	01/15/20		172.70	0.00	0.00	172.70	✓	
		SUPPLIES										
2244969773	✓		12/30/20	12/21/20	01/15/20		165.11	0.00	0.00	165.11	✓	
		SUPPLIES										
2244931013	✓		12/30/20	12/21/20	01/15/20		23,806.68	0.00	0.00	23,806.68	✓	
		SUPPLIES										
2244931012	✓		12/30/20	12/21/20	01/15/20		14,103.34	0.00	0.00	14,103.34	✓	
		SUPPLIES										
2244969774	✓		12/30/20	12/21/20	01/15/20		4.15	0.00	0.00	4.15	✓	
		SUPPLIES										
2244969778	✓		12/30/20	12/21/20	01/15/20		1,282.09	0.00	0.00	1,282.09	✓	
		SUPPLIES										
2245823296	✓		12/30/20	12/28/20	01/21/20		8.74	0.00	0.00	8.74	✓	
		SUPPLIES										
2245823297	✓		12/30/20	12/28/20	01/21/20		46.17	0.00	0.00	46.17	✓	
		SUPPLIES										
2245825201	✓		12/30/20	12/28/20	01/21/20		51.86	0.00	0.00	51.86	✓	
		SUPPLIES										
2245823299	✓		12/30/20	12/28/20	01/21/20		5,550.00	0.00	0.00	5,550.00	✓	
		SUPPLIES										
2245823298	✓		12/30/20	12/28/20	01/21/20		22.10	0.00	0.00	22.10	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2470	MEDLINE INDUSTRIES INC	51,004.62	0.00	0.00	51,004.62
Vendor#	Vendor Name		Class		Pay Code							
10963	MEMORIAL MEDICAL CLINIC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
122922		12/29/20	12/29/20	01/15/20			235.00	0.00	0.00	235.00	✓	
							PAYROLL DEDUCT					
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10963	MEMORIAL MEDICAL CLINIC	235.00	0.00	0.00	235.00
Vendor#	Vendor Name		Class		Pay Code							
M2621	MMC AUXILIARY GIFT SHOP		W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
122922		12/29/20	12/29/20	01/15/20			475.56	0.00	0.00	475.56	✓	
							PAYROLL DEDUCT					
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2621	MMC AUXILIARY GIFT SHOP	475.56	0.00	0.00	475.56
Vendor#	Vendor Name		Class		Pay Code							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10536	MORRIS & DICKSON CO, LLC ✓								
9030787 ✓		12/30/20	12/22/20	01/01/20		155.89	0.00	0.00	155.89 ✓
	INVENTORY								
9030788 ✓		12/30/20	12/22/20	01/01/20		20.59	0.00	0.00	20.59 ✓
	INVENTORY								
9030789 ✓		12/30/20	12/22/20	01/01/20		159.75	0.00	0.00	159.75 ✓
	INVENTORY								
9030790 ✓		12/30/20	12/22/20	01/01/20		659.09	0.00	0.00	659.09 ✓
	INVENTORY								
9030791 ✓		12/30/20	12/22/20	01/01/20		144.73	0.00	0.00	144.73 ✓
	INVENTORY								
9036514 ✓		12/30/20	12/26/20	01/05/20		1,016.79	0.00	0.00	1,016.79 ✓
	INVENTORY								
9036507 ✓		12/30/20	12/26/20	01/05/20		252.61	0.00	0.00	252.61 ✓
	INVENTORY								
9039356 ✓		12/30/20	12/26/20	01/05/20		18.95	0.00	0.00	18.95 ✓
	INVENTORY								
9036510 ✓		12/30/20	12/26/20	01/05/20		53.85	0.00	0.00	53.85 ✓
	INVENTORY								
9036515 ✓		12/30/20	12/26/20	01/05/20		92.46	0.00	0.00	92.46 ✓
	INVENTORY								
9036511 ✓		12/30/20	12/26/20	01/05/20		103.74	0.00	0.00	103.74 ✓
	INVENTORY								
9036504 ✓		12/30/20	12/26/20	01/05/20		376.45	0.00	0.00	376.45 ✓
	INVENTORY								
9036512 ✓		12/30/20	12/26/20	01/05/20		508.08	0.00	0.00	508.08 ✓
	INVENTORY								
9036506 ✓		12/30/20	12/26/20	01/05/20		159.23	0.00	0.00	159.23 ✓
	INVENTORY								
9042227 ✓		12/30/20	12/27/20	01/06/20		5,803.94	0.00	0.00	5,803.94 ✓
9040536 ✓		12/30/20	12/27/20	01/06/20		4,512.80	0.00	0.00	4,512.80 ✓
	INVENTORY								
SC1525 ✓		12/30/20	12/27/20	01/06/20		159.25	0.00	0.00	159.25 ✓
	SERVICE CHARGE								
SC1524 ✓		12/30/20	12/27/20	01/06/20		249.42	0.00	0.00	249.42 ✓
	SERVICE CHARGE								
9043603 ✓		12/30/20	12/27/20	01/06/20		566.36	0.00	0.00	566.36 ✓
	INVENTORY								
9043604 ✓		12/30/20	12/27/20	01/06/20		1,201.08	0.00	0.00	1,201.08 ✓
	INVENTORY								
9040537 ✓		12/30/20	12/27/20	01/06/20		597.71	0.00	0.00	597.71 ✓
	INVENTORY								
SC1526 ✓		12/30/20	12/27/20	01/06/20		80.99	0.00	0.00	80.99 ✓
	SERVICE CHARGE								
9047049 ✓		12/30/20	12/28/20	01/07/20		756.66	0.00	0.00	756.66 ✓
	INVENTORY								
9047323 ✓		12/30/20	12/28/20	01/07/20		0.19	0.00	0.00	0.19 ✓
	INVENTORY								
9047048 ✓		12/30/20	12/28/20	01/07/20		3,974.25	0.00	0.00	3,974.25 ✓

		INVENTORY										
9045767	✓		12/30/20	12/28/20	01/07/20		60.24	0.00	0.00	60.24 ✓		
		INVENTORY										
8609	✓		12/30/20	12/28/20	01/07/20		-276.07	0.00	0.00	-276.07 ✓		
		CREDIT										
9045768	✓		12/30/20	12/28/20	01/07/20		9,308.15	0.00	0.00	9,308.15 ✓		
		INVENTORY										
9053215	✓		12/30/20	12/29/20	01/08/20		24.41	0.00	0.00	24.41 ✓		
		INVENTORY										
9056	✓		12/30/20	12/29/20	01/08/20		-0.59	0.00	0.00	-0.59 ✓		
		CREDIT										
9053216	✓		12/30/20	12/29/20	01/08/20		3,929.67	0.00	0.00	3,929.67 ✓		
		INVENTORY										
9039357A	✓		12/30/20	12/30/20	01/09/20		1,372.09	0.00	0.00	1,372.09 ✓		
		PHARM INVENTORY										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10536	MORRIS & DICKSON CO, LLC	36,042.76	0.00	0.00	36,042.76
Vendor#	Vendor Name				Class	Pay Code						
N1100	NATIONAL RECALL ALERT CENTER ✓				W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
500293	✓		12/30/20	01/02/20	01/12/20		695.00	0.00	0.00	695.00 ✓		
	23-24 MEMBERSHIP											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							N1100	NATIONAL RECALL ALERT CENTER	695.00	0.00	0.00	695.00
Vendor#	Vendor Name				Class	Pay Code						
O1500	OLYMPUS AMERICA INC ✓				M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
33722517	✓		12/30/20	12/27/20	01/21/20		194.03	0.00	0.00	194.03 ✓		
	MS SUPPLIES											
33700405	✓		12/31/20	12/20/20	01/14/20		303.47	0.00	0.00	303.47 ✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							O1500	OLYMPUS AMERICA INC	497.50	0.00	0.00	497.50
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		
123122			12/30/20	12/31/20	01/10/20		66.52	0.00	0.00	66.52 ✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							P2200	POWER HARDWARE	66.52	0.00	0.00	66.52
Vendor#	Vendor Name				Class	Pay Code						
10896	QIAGEN INC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
998619637	✓		12/30/20	12/20/20	01/19/20		1,330.03	0.00	0.00	1,330.03 ✓		
	SUPPLIES											
998619636	✓		12/30/20	12/20/20	01/19/20		173.90	0.00	0.00	173.90 ✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10896	QIAGEN INC	1,503.93	0.00	0.00	1,503.93
Vendor#	Vendor Name				Class	Pay Code						
R1401	REFUGIO COUNTY MEM. HOSPITAL ✓				W							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
AM0856914		12/30/20	12/28/20	01/28/20		260.10	0.00	0.00	260.10 ✓		
PHARM INVENTORY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						R1401	REFUGIO COUNTY MEM. HOSPITAL	260.10	0.00	0.00	260.10
Vendor#	Vendor Name				Class	Pay Code					
13460	RELIANT, DEPT 0954 ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
3010043690151 ✓		12/28/20	12/19/20	01/18/20		25,978.85	0.00	0.00	25,978.85 ✓		
ELECTRICTY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13460	RELIANT, DEPT 0954	25,978.85	0.00	0.00	25,978.85
Vendor#	Vendor Name				Class	Pay Code					
S1405	SERVICE SUPPLY OF VICTORIA INC ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
701164020 ✓		12/31/20	12/31/20	01/11/20		1.35	0.00	0.00	1.35 ✓		
MISC FEE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S1405	SERVICE SUPPLY OF VICTORIA INC	1.35	0.00	0.00	1.35
Vendor#	Vendor Name				Class	Pay Code					
S1800	SHERWIN WILLIAMS ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
01891 ✓		12/30/20	12/13/20	12/28/20		42.40	0.00	0.00	42.40 ✓		
SUPPLIES											
02881 ✓		12/30/20	12/15/20	12/30/20		291.56	0.00	0.00	291.56 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S1800	SHERWIN WILLIAMS	333.96	0.00	0.00	333.96
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		
56382300016019 ✓		12/30/20	12/30/20	01/19/20		1,333.33	0.00	0.00	1,333.33 ✓		
CONTRACT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10936	SIEMENS FINANCIAL SERVICES	1,333.33	0.00	0.00	1,333.33
Vendor#	Vendor Name				Class	Pay Code					
S2001	SIEMENS MEDICAL SOLUTIONS INC ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
116306479 ✓		12/30/20	12/16/20	01/10/20		2,375.92	0.00	0.00	2,375.92 ✓		
CONTRACT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S2001	SIEMENS MEDICAL SOLUTIONS INC	2,375.92	0.00	0.00	2,375.92
Vendor#	Vendor Name				Class	Pay Code					
14676	SOCIETY OF TRUAMA NURSES ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
123022		12/30/20	12/30/20	01/15/20		300.00	0.00	0.00	300.00 ✓		
REGISTRATION FEE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14676	SOCIETY OF TRUAMA NURSES	300.00	0.00	0.00	300.00
Vendor#	Vendor Name				Class	Pay Code					
10845	STAPLES ADVANTAGE ✓										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3526858516	SUPPLIES ✓	12/31/20	12/31/20	01/03/20		160.86	0.00	0.00	160.86 ✓
3526858514	SUPPLIES ✓	12/31/20	12/31/20	01/03/20		45.04	0.00	0.00	45.04 ✓
3526858525	SUPPLIES ✓	12/31/20	12/31/20	01/03/20		51.52	0.00	0.00	51.52 ✓
3526858522	SUPPLIES ✓	12/31/20	12/31/20	01/03/20		33.89	0.00	0.00	33.89 ✓
3526858519	SUPPLIES ✓	12/31/20	12/31/20	01/03/20		257.45	0.00	0.00	257.45 ✓
3526858521	SUPPLIES ✓	12/31/20	12/31/20	01/03/20		161.94	0.00	0.00	161.94 ✓
3526858523	SUPPLIES ✓	12/31/20	12/31/20	01/03/20		60.20	0.00	0.00	60.20 ✓
3526858524	SUPPLIES ✓	12/31/20	12/31/20	01/03/20		87.93	0.00	0.00	87.93 ✓
3526858510	SUPPLIES ✓	12/31/20	12/31/20	01/03/20		99.47	0.00	0.00	99.47 ✓
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
10845 STAPLES ADVANTAGE						958.30	0.00	0.00	958.30
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
10702204	SUPPLIES ✓	12/30/20	12/21/20	01/15/20		202.80	0.00	0.00	202.80 ✓
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				
14524	SYSMEX AMERICA, INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
94556124	SUPPLIES ✓	12/30/20	12/24/20	01/04/20		527.44	0.00	0.00	527.44 ✓
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
14524 SYSMEX AMERICA, INC.						527.44	0.00	0.00	527.44
Vendor#	Vendor Name			Class	Pay Code				
11067	TRIZETTO PROVIDER SOLUTIONS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
35FK122200	MAINT FEE/PATIENT STATEMI ✓	12/30/20	12/01/20	12/26/20		1,175.80	0.00	0.00	1,175.80 ✓
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
11067 TRIZETTO PROVIDER SOLUTIONS						1,175.80	0.00	0.00	1,175.80
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
8400411436	LAUNDRY ✓	12/28/20	12/22/20	01/16/20		1,706.64	0.00	0.00	1,706.64 ✓
8400411413	LAUNDRY ✓	12/28/20	12/22/20	01/16/20		209.91	0.00	0.00	209.91 ✓
8400411451	LAUNDRY ✓	12/28/20	12/22/20	01/16/20		128.25	0.00	0.00	128.25 ✓

8400411428	0917 LAUNDRY	12/28/20	12/22/20	01/16/20	75.08	0.00	0.00	75.08
8400411412	LAUNDRY	12/28/20	12/22/20	01/16/20	188.56	0.00	0.00	188.56
8400411414	LAUNDRY	12/28/20	12/22/20	01/16/20	211.73	0.00	0.00	211.73
8400411410	LAUNDRY	12/28/20	12/22/20	01/16/20	37.77	0.00	0.00	37.77
8400411411	LAUNDRY	12/28/20	12/22/20	01/16/20	201.59	0.00	0.00	201.59
8400411629	LAUNDRY	12/30/20	12/26/20	01/20/20	2,398.99	0.00	0.00	2,398.99
8400411608	LAUNDRY	12/30/20	12/26/20	01/20/20	48.15	0.00	0.00	48.15
8400411609	LAUNDRY	12/30/20	12/26/20	01/20/20	57.12	0.00	0.00	57.12
8400411933	LAUNDRY	12/30/20	12/29/20	01/21/20	161.41	0.00	0.00	161.41

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	5,425.20	0.00	0.00	5,425.20

Vendor# Vendor Name Class Pay Code

U1056	UNIFORM ADVANTAGE	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SIV13080974		12/30/20	12/03/20	01/15/20		320.29	0.00	0.00	320.29
	UNIFORMS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	320.29	0.00	0.00	320.29

Vendor# Vendor Name Class Pay Code

12400	UPDOX LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV00389268		12/30/20	12/31/20	12/31/20		1,277.21	0.00	0.00	1,277.21
	FAX								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12400	UPDOX LLC	1,277.21	0.00	0.00	1,277.21

Vendor# Vendor Name Class Pay Code

V0554	VCS SECURITY SYSTEMS	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
251843		12/30/20	12/22/20	01/21/20		495.00	0.00	0.00	495.00
	FIRE MONITORING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V0554	VCS SECURITY SYSTEMS	495.00	0.00	0.00	495.00

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
0283814		12/30/20	12/31/20	01/15/20		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

14688	WELLCARE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

122122		12/30/20	12/21/20	01/15/20		55.05	0.00	0.00	55.05	✓	
	PT REFUND										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	14688	WELLCARE					55.05	0.00	0.00	55.05	
Vendor#	Vendor Name				Class	Pay Code					
11110	WERFEN USA LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9111257430 ✓		12/30/20	12/15/20	01/09/20		1,571.67	0.00	0.00	1,571.67	✓	
	CONTRACT										
9111263048 ✓		12/31/20	12/27/20	01/21/20		44.00	0.00	0.00	44.00	✓	
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	11110	WERFEN USA LLC					1,615.67	0.00	0.00	1,615.67	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	251,230.92	0.00	0.00	251,230.92

pg 2 correction \$ <54.64>

pg 3 correction \$ <16.58>

\$ 251,159.70

251,230.92	+
54.64	-
16.58	-
251,159.70	*

APPROVED ON

JAN 05 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#197748-197821

RECEIVED BY THE
COUNTY AUDITOR ON
JAN 05 2023
TIME: 11:34

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM

		123022	572.70	✓	2	REFUND FOR	
		123022	50.00	✓	2	REFUND FOR	
		123022	235.84	✓	2	REFUND FOR	
		123022	82.61	✓	2	REFUND FOR	
		123022	539.66	✓	2	REFUND FOR	

	ARID=0001	TOTAL	1480.81				

TOTAL			1480.81				

APPROVED ON

JAN 05 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 197822-197824

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 09 2023

CALHOUN COUNTY, TEXAS
01/09/2023
10:01

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

13148 GRACE FLOORING AND GLASS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2032		01/09/20	01/03/20	01/09/20		2,353.63	0.00	0.00	2,353.63 ✓

HALF DOWN /FLOOR INSTALL 2nd floor

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
13148		GRACE FLOORING AND GLASS	2,353.63	0.00	0.00	2,353.63

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,353.63	0.00	0.00	2,353.63

APPROVED ON

JAN 09 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#197781

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 09 2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

01/09/2023

10:00

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

F1100 FEDERAL EXPRESS CORP. ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
794997021	✓ FREIGHT	01/09/20	11/17/20	12/12/20		20.06	0.00	0.00	20.06 ✓
795723992	✓ FREIGHT	01/09/20	11/24/20	12/19/20		70.47	0.00	0.00	70.47 ✓
797087268	✓ FREIGHT	01/09/20	12/08/20	01/02/20		11.68	0.00	0.00	11.68 ✓

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	102.21	0.00	0.00	102.21

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	102.21	0.00	0.00	102.21

APPROVED ON

JAN 09 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 197772

MCKESSON

STATEMENT

As of: 01/07/2023

Page: 002

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

Company: 8000

DC: 8115

As of: 01/07/2023
Mail to:

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory:

Customer: 632536
Date: 01/08/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 01/08/2023 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
--------------	----------	-------------------	----------------------------------	-------------	---------------	----------------	-----	--------------	-----	-------------------

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 18,209.92 USD

Future Due: 0.00

If Paid By 01/10/2023,
Pay This Amount:

17,845.71 USD

Due If Paid On Time:

USD 17,845.71 ✓

Past Due: 0.00

Disc lost if paid late:

364.21

Last Payment 2,451.97
01/07/2017

If Paid After 01/10/2023,
Pay this Amount:

18,209.92 USD

Due If Paid Late:

USD 18,209.92

Andrew De Los Santos
119123

17,621.99 +
214.79 +
8.93 +
17,845.71 *

APPROVED ON

JAN 09 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 01/07/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 01/07/2023
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: 01/08/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 01/08/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
11/02/2023	01/10/2023	7388406620	58884546	115Invoice	79.16	3,958.11		3,878.95 ✓		7388406620	
11/02/2023	01/10/2023	7388406621	58927323	115Invoice	14.38	718.97		704.59 ✓		7388406621	
11/02/2023	01/10/2023	7388406622	58963938	115Invoice	40.81	2,040.34		1,999.53 ✓		7388406622	
11/02/2023	01/10/2023	7388438289	59058481	115Invoice	16.60	829.98		813.38 ✓		7388438289	
11/02/2023	01/10/2023	7388635238	58850533	195Invoice	6.44	322.00		315.56 ✓		7388635238	
11/02/2023	01/10/2023	7388635239	58855926	115Invoice	6.49	324.29		317.80 ✓		7388635239	
11/02/2023	01/10/2023	7388635240	58937601	115Invoice	0.01	0.32		0.31 ✓		7388635240	
11/03/2023	01/10/2023	7388724029	59097922	115Invoice	2.20	109.98		107.78 ✓		7388724029	
11/03/2023	01/10/2023	7388724030	59162358	115Invoice	3.51	175.59		172.08 ✓		7388724030	
11/03/2023	01/10/2023	7388724031	59170395	115Invoice	8.20	410.03		401.83 ✓		7388724031	
11/03/2023	01/10/2023	7388871273	59104478	195Invoice	0.87	43.48		42.61 ✓		7388871273	
11/03/2023	01/10/2023	7388871274	59106491	195Invoice	0.01	0.63		0.62 ✓		7388871274	
11/03/2023	01/10/2023	7388871275	59103849	195Invoice	1.04	51.82		50.78 ✓		7388871275	
11/04/2023	01/10/2023	7388959207	59243674	115Invoice	15.02	750.78		735.76 ✓		7388959207	
11/05/2023	01/10/2023	7389253947	59382827	115Invoice	96.76	4,837.76		4,741.00 ✓		7389253947	
11/05/2023	01/10/2023	7389253949	59382827	115Invoice	0.01	0.63		0.62 ✓		7389253949	
11/05/2023	01/10/2023	7389253950	59463724	115Invoice	15.89	794.45		778.56 ✓		7389253950	
11/05/2023	01/10/2023	7389253951	59463724	115Invoice	4.92	245.85		240.93 ✓		7389253951	
11/05/2023	01/10/2023	7389253952	59467868	115Invoice	0.03	1.27		1.24 ✓		7389253952	
11/05/2023	01/10/2023	7389427643	59389688	195Invoice	1.37	68.61		67.24 ✓		7389427643	
11/06/2023	01/10/2023	7389547340	59510361	115Invoice	7.20	360.12		352.92 ✓		7389547340	
11/06/2023	01/10/2023	7389547341	59510361	115Invoice	6.94	346.94		340.00 ✓		7389547341	
11/06/2023	01/10/2023	7389547343	59582971	115Invoice		0.16		0.16 ✓		7389547343	
11/06/2023	01/10/2023	7389547344	59582971	115Invoice	0.01	0.63		0.62 ✓		7389547344	
11/06/2023	01/10/2023	7389547346	59603698	115Invoice	31.78	1,588.90		1,557.12 ✓		7389547346	

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

MCKESSON

STATEMENT

As of: 01/07/2023

Page: 002

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

Company: 8000

DC: 8115

As of: 01/07/2023
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: 01/08/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 01/08/2023 ITEMS NOT PAID (✓)

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

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 17,981.64 USD

Future Due: 0.00

If Paid By 01/10/2023,
Pay This Amount:

17,621.99 USD

Due If Paid On Time:

USD 17,621.99 ✓

Past Due: 0.00

Disc lost if paid late:

359.65

Last Payment 7,107.15
11/02/2023

If Paid After 01/10/2023,
Pay this Amount:

17,981.64 USD

Due If Paid Late:

USD 17,981.64

Andrew DeLa Santez
1/9/23

APPROVED ON

JAN 09 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 01/07/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 01/07/2023
Mail to:

Page: 001
Comp: 8000

CVS PHCY 8923/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 835434

Date: 01/08/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434
Date: 01/08/2023

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	
11/04/2023	01/10/2023	7388953597	2080534	115Invoice	4.38	219.17		214.79	✓	7388953597	

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

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 219.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,107.15
01/02/2023

If Paid By 01/10/2023,
Pay This Amount: 214.79 USD

If Paid After 01/10/2023,
Pay this Amount: 219.17 USD

Due If Paid On Time: 214.79 ✓
USD
Disc lost if paid late: 4.38
Due If Paid Late: 219.17
USD

Andrew Dolores Santos
119/23

APPROVED ON

JAN 09 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 01/07/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 01/07/2023
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 835438
Date: 01/08/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 01/08/2023 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											
11/04/2023	01/10/2023	7389154403	2081084	115Invoice	0.18	9.11		8.93 ✓		7389154403	

*F 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: 9.11 USD

Future Due: 0.00

If Paid By 01/10/2023,
Pay This Amount:

8.93 USD

Due If Paid On Time:

USD 8.93 ✓

Past Due: 0.00

Disc lost if paid late:

0.18

Last Payment 7,107.15
11/02/2023

If Paid After 01/10/2023,
Pay this Amount:

9.11 USD

Due If Paid Late:

USD 9.11

Andrew A. Santos
1/9/23

APPROVED ON

JAN 09 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Serviced By:

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

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:	403.82
Past Due:	0.00
Total Due:	403.82
Account Balance:	403.82

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-03-2023	01-13-2023	3118270461	169047	Invoice	205.89		0.00	205.89 ✓
01-03-2023	01-13-2023	3118270462	169091	Invoice	5.83		0.00	5.83 ✓
01-03-2023	01-13-2023	3118270463	169095	Invoice	13.96		0.00	13.96 ✓
01-03-2023	01-13-2023	3118270464	169048	Invoice	1.01		0.00	1.01 ✓
01-04-2023	01-13-2023	3118445390	169107	Invoice	85.86		0.00	85.86 ✓
01-05-2023	01-13-2023	3118621250	169118	Invoice	10.23		0.00	10.23 ✓
01-06-2023	01-13-2023	3118794291	169126	Invoice	81.04		0.00	81.04 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
403.82	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
01-06-2023	(1,237.38)

Reminders	
Due Date	Amount
01-13-2023	403.82
Total Due:	403.82 ✓

Andrew Delos Santos
1/9/23

APPROVED ON

JAN 09 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			1
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		941 #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			1
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		23
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		03
	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"	★	\$	610.35 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	\$	446.72 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"		\$	104.46 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		\$	59.17 #
		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	12/16/2022	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	12/29/2022					
PAY DATE:	1/11/2023					
GROSS PAY:	\$ 3,602.85			\$ -		\$ 3,602.85
DEDUCTIONS:						
A/R	\$ -					\$ -
ADVANC	\$ -					\$ -
BOOTS	\$ -					\$ -
SUNLIFE CRITICAL ILLNESS	\$ -					\$ -
SUNLIFE ACCIDENT	\$ -					\$ -
SUNLIFE VISION	\$ -					\$ -
SUNLIFE SHORT TERM DIS	\$ -					\$ -
BCBS VISION	\$ -					\$ -
CAFE-D	\$ -					\$ -
CAFE-H	\$ -					\$ -
CAFE-P	\$ -					\$ -
CANCER	\$ -					\$ -
CHILD	\$ -					\$ -
CLINIC	\$ -					\$ -
COMBIN	\$ -					\$ -
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF	\$ -					\$ -
SUNLIFE TERM LIFE	\$ -					\$ -
SUNLIFE HOSP INDEM	\$ -					\$ -
FED TAX	\$ 59.17					\$ 59.17
FICA-M	\$ 52.23					\$ 52.23
FICA-O	\$ 223.36					\$ 223.36
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	\$ 252.20					\$ 252.20
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 586.96	\$ -	\$ -	\$ -	\$ -	\$ 586.96
NET PAY:	\$ 3,015.89	\$ -	\$ -	\$ -	\$ -	\$ 3,015.89

TOTAL CAFE 125 PLAN: \$ - Less Exempt: \$ - Exempt Amt: \$ -

	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 52.24		
FICA - MED (EE)	1.45% \$ 52.24	\$ 52.23	\$ 0.01
FICA - SOC SEC (ER)	6.20% \$ 223.38		
FICA - SOC SEC (EE)	6.20% \$ 223.38	\$ 223.36	\$ 0.02
FED WITHHOLDING	\$ 59.17	\$ 59.17	

Employees over FICA-SS Cap:
Shanna Odonnell
Roshanda Thomas
Paycode S - Employee Reimb.: \$ -

TAX DEPOSIT:	\$ 610.41	\$ 510.35		
FICA - MEDICARE	2.90% \$ 104.48	\$104.46		
FICA - SOCIAL SECURITY	12.40% \$ 446.76	\$446.72		
FED WITHHOLDING	\$ 59.17	\$59.17		
TOTAL TAX:	\$ 610.41	\$610.35	\$ 0.06	

PREPARED BY: Caitlin Clevenger
PREPARED DATE: 1/9/2023

Run Date: 01/09/23
 Time: 09:37

MEMORIAL MEDICAL CENTER
 Payroll Register (Bi-Weekly)
 Pay Period 12/16/22 - 12/29/22 Run# 2

Page 24
 P2REG

Final Summary

*-- Pay Code Summary						*-- Deductions Summary						
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount		
1	REGULAR PAY-S1	48.00	N	N	Y	N		537.42	A/R	A/R2	A/R3	
2	REGULAR PAY-S2	2.00	N	N	N	N		20.38	ADVANC	AWARDS	BCBSVI	
2	REGULAR PAY-S2	80.50	N	N	Y	N		1264.05	BOOTS	CAFE H	CAFE-1	
3	REGULAR PAY-S3	96.25	N	N	Y	N		1502.84	CAFE-2	CAFE-3	CAFE-4	
P	PAID-TIME-OFF	16.00	N	N	N	N		278.16	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	59.17 PICA-M	52.23
									FICA-C	223.36 FIRSTC	FLEX S	
									FLX FE	FORT D	FUTA	
									GIFT S	GRANT	GRP-IN	
									GTL	HOSP-I	ID TFI	
									LEAF	LEGAL	MASA	
									MEALS	METVIS	MISC	
									MISC/	MMCSHR	NATFML	
									OTHER	PHI	PHI***	
									PR FIN	RELAY	REPAY	
									SAMS	SCRUBS	SIGNON	
									ST-TX	STONDF	STONE	
									STONE2	STUDEN	SUNACC	
									SUNILL	SUNIND	SUNLIF	
									SUNSTD	SUNVIS	SURCHG	
									TSA-1	TSA-2	TSA-C	
									TSA-P	TSA-R	252.20 TUTION	
									UNIFOR	UW/HOS		

*----- Grand Totals: 242.75 ----- (Gross: 3602.85 Deductions: 586.96 Net: 3015.89 ✓
 | Checks Count:- FT 19 PT Other 9 Female 22 Male 5 Credit OverAmt ZeroNet Term 1 Total: 27 |
 *-----

Andrew Delosantos
 119123

Run Date: 01/09/23
Time: 10:20

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 12/16/22--12/29/22 Run: 2
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
00399	LINDA J TIJERINA	12.62	DD	01/11/23
01015	SUSAN B SMALLEY	189.35	DD	01/11/23
01543	JACKIE E WILLIAMS	185.18	DD	01/11/23
02014	AGAPITA C CANTU	95.65	DD	01/11/23
02021	ERIKA OSORNIA-SANCHEZ	301.40	DD	01/11/23
02122	DARIN LUNA	189.05	DD	01/11/23
02162	MIRIAM PALUKA	160.97	DD	01/11/23
02193	TIKI VENGLAR	146.03	DD	01/11/23
02322	RICK OSORNIA	186.48	DD	01/11/23
02701	RONDA DAWNELLE GOHLKE	226.02	DD	01/11/23
02963	DOROTHY J RENDON	63.59	DD	01/11/23
03864	JACQUELINE R HERRERA	17.39	DD	01/11/23
15171	JESSICA BARRON	189.17	DD	01/11/23
20742	CYNTHIA LOPEZ	47.58	DD	01/11/23
20788	JAYLIN RAMIREZ	46.30	DD	01/11/23
20977	CHERYL L TESCH	137.32	DD	01/11/23
50018	MICHELLE M MORALES	23.29	DD	01/11/23
55371	BLANCA HERNANDEZ	171.89	DD	01/11/23
60163	MIGDALIA CLARO	6.63	DD	01/11/23
60412	CHRISTOPHER GALINDO	2.42	DD	01/11/23
62322	ALAN KNIGHT	124.89	DD	01/11/23
65125	MARTHA CUMPEAN	24.78	DD	01/11/23
65213	LEE SIMERLY	99.56	DD	01/11/23
65453	AMALIA L FLORES	51.76	DD	01/11/23
65463	MARIA I VELOZ	21.13	DD	01/11/23
65513	MARIA MORALES	50.11	DD	01/11/23
68568	CHRISTOPHER RUTHERFORD	82.69	DD	01/11/23
78781	KRISTEN R MACHICEK	162.64	DD	01/11/23

3015.89

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- January 2, 2022 - January 8, 2023**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
12/9/2022	WIRE OUT HEALTHEQUITY	-HealthEquity
1/3/2023	PAY PLUS ACHTRANS 452579291 101000690137308	- 3rd Party Payor Fee
1/3/2023	MERCHANT BANKCD FEE 971160910883 91000014360	- Credit Card Processing Fee
1/3/2023	MERCHANT BANKCD FEE 971160913887 91000014360	- Credit Card Processing Fee
1/3/2023	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee
1/3/2023	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee
1/3/2023	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee
1/3/2023	MCKESSON DRUG AUTO ACH ACH05318581 910000149	- 340B Drug Program Expense
1/3/2023	AUTHNET GATEWAY BILLING 126678597 1040000169	- 3rd Party Payor Fee
1/4/2023	PAY PLUS ACHTRANS 452579291 101000691454774	- 3rd Party Payor Fee
1/5/2023	PAY PLUS ACHTRANS 452579291 101000693213560	- 3rd Party Payor Fee
1/5/2023	FDMS FDMS PYMT 052-1601830-000 4100012355837	- Credit Card Processing Fee
1/5/2023	FDMS FDMS PYMT 052-2000500-000 4100012352961	- Credit Card Processing Fee
1/6/2023	PAY PLUS ACHTRANS 452579291 101000694215158	- 3rd Party Payor Fee
1/6/2023	EXPERTPAY EXPERTPAY 746003411 91000014764162	- Child Support Payment
1/6/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
1/6/2023	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll

<u>Amount</u>	<u>CPSI</u>
5,363.53*	Pay Plus
0.66	0.66 +
9.95	356.58 +
194.62	1.71 +
19.95	306.17 +
256.20	665.12 *
167.14	CC fees
7,107.15**	9.95 +
42.50	194.62 +
356.58	19.95 +
1.71	256.20 +
32.45	167.14 +
81.03	32.45 +
306.17	81.03 +
607.27	81.03 +
1,237.38**	Authnet
376,253.70**	42.50 +
392,037.99	42.50 *
	Expert pay
	607.27 +
	607.27 *

Andrew De Los Santos
 ANDREW DE LOS SANTOS
 Memorial Medical Center

January 9, 2023
 * Approved 12-7-22 CC
 * Approved 01-04-22 CC

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>
1/15/2023	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding
1/20/2023	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax

<u>Amount</u>	<u>CPSI</u>
195,369.38	665.12 +
1,449.00	761.34 +
196,818.38	42.50 +
	607.27 +
	2,076.23 *

Andrew De Los Santos
 ANDREW DE LOS SANTOS
 Memorial Medical Center

January 9, 2023

5,363.53	-
7,107.15	-
1,237.38	-
376,253.70	-
2,076.23	*
2,076.23	+
2,076.23	-
0.00	*

Date/Time 01-04-2023 / 01:52 PM
Submitted By ;

Pay Date 12-31-2022

Employee Deposits	\$77,221.19
Employer Contributions	\$118,148.19
Group Term Life Premiums	\$0.00
Total	\$195,369.38 ✓

Comments

Payroll File December 2022 Retirement Upload.xlsx

CLOSE

PRINT

☑ Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 12/31/2022 (2212)

Taxpayer ID:	Taxpayer Name:	Entered By:
User ID:	MEMORIAL MEDICAL CENTER ✓	Email Address:
Reference Number:	Taxpayer Address:	
Date and Time of Filing:	815 N VIRGINIA ST PORT LAVACA , TX	Telephone Number: (361) 552-0342
01/06/2023, 03:32:05 PM	77979-3025	
	IP Address:	

PAYMENT SUMMARY

Electronic Check	Payment Reference Number:	Type of Bank Account: Checking
State Amount: \$1,097.73	Trace Number	Accountholder Name
Local Amount: \$351.27		Bank Routing Number:
Amount to Pay: \$1,449.00		Bank Account Number:
Electronic Check: \$1,449.00		Payment Effective Date: 01/20/2023

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	17652	17652	0	17652	1103.25	17652	0.02	353.04
SubTotal	17652	17652	0	17652	1103.25	17652		353.04

Total Tax for Locations

\$1,456.29

Total Tax Due:	\$1,456.29
Timely Filing Discount:	-\$7.29
Balance Due:	\$1,449.00
Pending Payments:	-\$0.00

Total Amount Due and Payable: \$1,449.00 ✓

(State amount due is \$1,097.73) (Local amount due is \$351.27)

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 05 2023

01/05/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11816 ASHFORD GARDENS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
123022A		12/30/20	12/30/20	01/30/20		3,600.00	0.00	0.00	3,600.00

TRANSFER *NH insurance pymt deposited in h MHC operating*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	3,600.00	0.00	0.00	3,600.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,600.00	0.00	0.00	3,600.00

APPROVED ON

JAN 05 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 197827

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CALHOUN COUNTY, TEXAS

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AP Open Invoice List
Dates Through:
Class Pay Code

0
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Vendor#	Vendor Name	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
11828	SOLERA WEST HOUSTON	122722		12/30/20	12/27/20	01/27/20		5,856.76	0.00	0.00	5,856.76 ✓		
		122822A	SUPPLIES <i>NH insurance pmt deposited into MMC operating</i>	12/30/20	12/28/20	01/28/20		11,475.00	0.00	0.00	11,475.00 ✓		
		122822	TRANSFER "	12/30/20	12/28/20	01/28/20		5,603.29	0.00	0.00	5,603.29 ✓		
		122922	TRANSFER "	12/30/20	12/29/20	01/29/20		4,598.94	0.00	0.00	4,598.94 ✓		
		123022	TRANSFER "	12/30/20	12/30/20	01/30/20		9,775.00	0.00	0.00	9,775.00 ✓		
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								11828	SOLERA WEST HOUSTON	37,308.99	0.00	0.00	37,308.99

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	37,308.99	0.00	0.00	37,308.99

APPROVED ON

JAN 05 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#197831

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JAN 05 2023

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CALHOUN COUNTY, TEXAS

11:23

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
123022		12/30/20	12/30/20	01/30/20		3,890.00	0.00	0.00	3,890.00 ✓
TRANSFER									
Vendor Totals						Gross	Discount	No-Pay	Net
11824 THE CRESCENT						3,890.00	0.00	0.00	3,890.00

NI insurance pymt deposited into MMEC open by ✓

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,890.00	0.00	0.00	3,890.00

APPROVED ON

JAN 05 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CLC#197832

RECEIVED BY THE COUNTY AUDITOR ON

JAN 05 2023

01/05/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

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
122322		12/30/20	12/23/20	01/23/20		8,159.14	0.00	0.00	8,159.14 ✓
122722	TRANSFER	12/30/20	12/27/20	01/27/20		44,953.35	0.00	0.00	44,953.35 ✓
	TRANSFER	"	"	"				"	
122822		12/30/20	12/28/20	01/28/20		202.24	0.00	0.00	202.24 ✓
	TRANSFER	"	"	"				"	
122922		12/30/20	12/29/20	01/29/20		6,733.71	0.00	0.00	6,733.71 ✓
	TRANSFER	"	"	"				"	
122922A		12/30/20	12/29/20	01/29/20		704.36	0.00	0.00	704.36 ✓
	TRANSFER	"	"	"				"	
122922B		12/30/20	12/29/20	01/29/20		2,273.90	0.00	0.00	2,273.90 ✓
	TRANSFER	"	"	"				"	
123022		12/30/20	12/30/20	01/30/20		13.16	0.00	0.00	13.16 ✓
	TRANSFER	"	"	"				"	

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	63,039.86	0.00	0.00	63,039.86

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	63,039.86	0.00	0.00	63,039.86

APPROVED ON

JAN 05 2023

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CL# 117929

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JAN 05 2023

01/05/2023

11:26

GALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
122322A		12/30/20	12/23/20	01/23/20		1,419.06	0.00	0.00	1,419.06 ✓
	TRANSFER								
122322		12/30/20	12/23/20	01/23/20		1,394.97	0.00	0.00	1,394.97 ✓
	TRANSFER								
122722		12/30/20	12/27/20	01/27/20		6,889.40	0.00	0.00	6,889.40 ✓
	TRANSFER								
122822		12/30/20	12/28/20	01/28/20		408.00	0.00	0.00	408.00 ✓
	TRANSFER								
122822A		12/30/20	12/28/20	01/28/20		14,955.98	0.00	0.00	14,955.98 ✓
	TRANSFER								
122922		12/30/20	12/29/20	01/29/20		2,505.00	0.00	0.00	2,505.00 ✓
	TRANSFER								
122922C		12/30/20	12/29/20	01/29/20		778.00	0.00	0.00	778.00 ✓
	TRANSFER								
122922A		12/30/20	12/29/20	01/29/20		4,573.60	0.00	0.00	4,573.60 ✓
	TRANSFER								
122922B		12/30/20	12/29/20	01/29/20		7,592.24	0.00	0.00	7,592.24 ✓
	TRANSFER								
123022		12/30/20	12/30/20	01/30/20		74.30	0.00	0.00	74.30 ✓
	TRANSFERQ								

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
12696		GULF POINTE PLAZA	40,590.55	0.00	0.00	40,590.55

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	40,590.55	0.00	0.00	40,590.55

APPROVED ON

JAN 05 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#197830

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JAN 05 2023

11:24

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
122322		12/30/20	12/23/20	01/23/20		65.54	0.00	0.00	65.54 ✓
	TRANSFER								
122322A		12/30/20	12/23/20	01/23/20		708.97	0.00	0.00	708.97 ✓
	TRANSFER								
122922A		12/30/20	12/29/20	01/29/20		3,430.00	0.00	0.00	3,430.00 ✓
	TRANSFER								
122922		12/30/20	12/29/20	01/29/20		2,528.50	0.00	0.00	2,528.50 ✓
	TRANSFER								
122922B		12/30/20	12/29/20	01/29/20		6,650.00	0.00	0.00	6,650.00 ✓
	TRANSFER								
123022		12/30/20	12/30/20	01/30/20		7,600.00	0.00	0.00	7,600.00 ✓
	TRANSFER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	20,983.01	0.00	0.00	20,983.01

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	20,983.01	0.00	0.00	20,983.01

APPROVED ON

JAN 05 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck#197833

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 05 2023

01/05/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
122222		12/30/20	12/22/20	01/23/20		4.93	0.00	0.00	4.93 ✓
122322A	TRANSFER	12/30/20	12/23/20	01/23/20		6,029.50	0.00	0.00	6,029.50 ✓
	TRANSFER	"	"	"			"	"	
122322		12/30/20	12/23/20	01/23/20		3,698.72	0.00	0.00	3,698.72 ✓
	TRANSFER	"	"	"			"	"	
122722		12/30/20	12/27/20	01/27/20		46,053.42	0.00	0.00	46,053.42 ✓
	TRANSFER	"	"	"			"	"	
122822A		12/30/20	12/28/20	01/28/20		1,653.20	0.00	0.00	1,653.20 ✓
	TRANSFER	"	"	"			"	"	
122822		12/30/20	12/28/20	01/28/20		1,962.90	0.00	0.00	1,962.90 ✓
	TRANSFER	"	"	"			"	"	
122922		12/30/20	12/29/20	01/29/20		3,975.82	0.00	0.00	3,975.82 ✓
	TRANSFER	"	"	"			"	"	
122922A		12/30/20	12/29/20	01/29/20		5,379.89	0.00	0.00	5,379.89 ✓
	TRANSFER	"	"	"			"	"	
Vendor Totals									
12792	BETHANY SENIOR LIVING					68,758.38	0.00	0.00	68,758.38

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	68,758.38	0.00	0.00	68,758.38

APPROVED ON

JAN 05 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 197828

8

RUN DATE:01/10/23
 TIME:10:23

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 01/11/23 THRU 01/11/23

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	197748	01/11/23	265.00	AABB
A/P	197749	01/11/23	545.00	AMERICAN TRAUMA SOCIETY
A/P	197750	01/11/23	13,000.00	AMERISOURCEBERGEN DRUG CORP
A/P	197751	01/11/23	8,563.75	AUREUS RADIOLOGY LLC
A/P	197752	01/11/23	15,804.00	AUTHORITYRX
A/P	197753	01/11/23	33.94	AUTO PARTS & MACHINE CO.
A/P	197754	01/11/23	550.00	AZALEA HEALTH
A/P	197755	01/11/23	12,369.36	BECKMAN COULTER INC
A/P	197756	01/11/23	497.50	BEEKLEY CORPORATION
A/P	197757	01/11/23	795.00	BLAIS MICROSCOPE COMPANY LLC
A/P	197758	01/11/23	54.64	BLUE CROSS BLUE SHIELD REFUND
A/P	197759	01/11/23	93.69	CALHOUN COUNTY
A/P	197760	01/11/23	3,080.00	CALHOUN COUNTY EMS
A/P	197761	01/11/23	271.01	CDW GOVERNMENT, INC.
A/P	197762	01/11/23	1,203.95	CLEARFLY
A/P	197763	01/11/23	290.00	COASTAL OFFICE SOLUTIONS
A/P	197764	01/11/23	337.56	COCA COLA SOUTHWEST BEVERAGES
A/P	197765	01/11/23	561.74	COMBINED INSURANCE
A/P	197766	01/11/23	589.00	CUSTOMIZED COMMUNICATION INC
A/P	197767	01/11/23	2,188.00	DOOR CONTROL SERVICES, INC
A/P	197768	01/11/23	13,156.00	E-MDS, INC
A/P	197769	01/11/23	94.20	ELITECH GROUP INC (WESCOR)
A/P	197770	01/11/23	32.00	EVIDENT
A/P	197771	01/11/23	548.00	FDA-MQSA PROGRAM
A/P	197772	01/11/23	102.21	FEDERAL EXPRESS CORP.
A/P	197773	01/11/23	1,344.39	FILTER TECHNOLOGY CO, INC
A/P	197774	01/11/23	2,019.00	FIRETRON, INC
A/P	197775	01/11/23	.00	VOIDED
A/P	197776	01/11/23	5,369.75	FISHER HEALTHCARE
A/P	197777	01/11/23	108.93	FRONTIER
A/P	197778	01/11/23	7,908.33	FUJI FILM
A/P	197779	01/11/23	1,588.17	FUSION CLOUD SERVICES, LLC
A/P	197780	01/11/23	2,300.70	GENZYME CORPORATION
A/P	197781	01/11/23	2,353.63	GRACE FLOORING AND GLASS
A/P	197782	01/11/23	100.00	GULF COAST DELIVERY
A/P	197783	01/11/23	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	197784	01/11/23	9.15	HEALTHSTREAM, INC.
A/P	197785	01/11/23	824.50	HOLOGIC INC
A/P	197786	01/11/23	14,525.10	HUNTER PHARMACY SERVICES
A/P	197787	01/11/23	881.22	IRON MOUNTAIN
A/P	197788	01/11/23	250.00	ITERSOURCE CORPORATION
A/P	197789	01/11/23	640.86	M G TRUST
A/P	197790	01/11/23	1,782.00	MEDICAL AIR SERVICES ASSOC.
A/P	197791	01/11/23	.00	VOIDED
A/P	197792	01/11/23	.00	VOIDED
A/P	197793	01/11/23	51,004.62	MEDLINE INDUSTRIES INC
A/P	197794	01/11/23	235.00	MEMORIAL MEDICAL CLINIC
A/P	197795	01/11/23	475.56	MNC AUXILIARY GIFT SHOP
A/P	197796	01/11/23	.00	VOIDED
A/P	197797	01/11/23	.00	VOIDED

RUN DATE:01/10/23
TIME:10:23

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/11/23 THRU 01/11/23

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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	197798	01/11/23	36,042.76	MORRIS & DICKSON CO, LLC
A/P	197799	01/11/23	695.00	NATIONAL RECALL ALERT CENTER
A/P	197800	01/11/23	497.50	OLYMPUS AMERICA INC
A/P	197801	01/11/23	66.52	POWER HARDWARE
A/P	197802	01/11/23	1,503.93	QIAGEN INC
A/P	197803	01/11/23	260.10	REFUGIO COUNTY MEM. HOSPITAL
A/P	197804	01/11/23	25,978.85	RELIANT, DEPT 0954
A/P	197805	01/11/23	1.35	SERVICE SUPPLY OF VICTORIA INC
A/P	197806	01/11/23	333.96	SHERWIN WILLIAMS
A/P	197807	01/11/23	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	197808	01/11/23	2,375.92	SIEMENS MEDICAL SOLUTIONS INC
A/P	197809	01/11/23	300.00	SOCIETY OF TRAUMA NURSES
A/P	197810	01/11/23	.00	VOIDED
A/P	197811	01/11/23	958.30	STAPLES ADVANTAGE
A/P	197812	01/11/23	202.80	STERIS CORPORATION
A/P	197813	01/11/23	527.44	SYSMEX AMERICA, INC.
A/P	197814	01/11/23	1,175.80	TRIZETTO PROVIDER SOLUTIONS
A/P	197815	01/11/23	5,425.20	UNIFIRST HOLDINGS INC
A/P	197816	01/11/23	320.29	UNIFORM ADVANTAGE
A/P	197817	01/11/23	1,277.21	UPDOX LLC
A/P	197818	01/11/23	495.00	VCS SECURITY SYSTEMS
A/P	197819	01/11/23	27.10	VICTORIA ADVOCATE
A/P	197820	01/11/23	55.05	WELLCARE
A/P	197821	01/11/23	1,615.67	WERFEN USA LLC
A/P	197822	01/11/23	235.84	
A/P	197823	01/11/23	82.61	
A/P	197824	01/11/23	539.66	
A/P	197825	01/11/23	50.00	
A/P	197826	01/11/23	572.70	
A/P	197827	01/11/23	3,600.00	ASHFORD GARDENS
A/P	197828	01/11/23	68,758.38	BETHANY SENIOR LIVING
A/P	197829	01/11/23	63,039.86	GOLDENCREEK HEALTHCARE
A/P	197830	01/11/23	40,590.55	GULF POINTE PLAZA
A/P	197831	01/11/23	37,308.99	SOLERA WEST HOUSTON
A/P	197832	01/11/23	3,890.00	THE CRESCENT
A/P	197833	01/11/23	20,983.01	TUSCANY VILLAGE
TOTALS:			493,267.14	

Payables 25,159,701 +
Patient refunds 1,480,817 +
Criticals < 2,353,63 +
102,21 +
Net Transfers 238,170,79 +
493,267,14 *

APPROVED ON

JAN 11 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
1/9/2023

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		134,255.54 ✓	134,155.54 ✓	11,781.98 ✓		11,881.98 ✓	11,781.98 ✓
	Bank Balance					11,881.98	
	Variance					-	
	Leave in Balance					100.00	
	October Interest						
	November Interest						
	December Interest						
	Adjust Balance/Transfer Amt					11,781.98 ✓	
Broadmoor		132,822.72 ✓	132,722.72 ✓	63,250.19 ✓		63,350.19 ✓	63,250.19 ✓
	Bank Balance					63,350.19	
	Variance					-	
	Leave in Balance					100.00	
	October Interest						
	November Interest						
	December Interest						
	Adjust Balance/Transfer Amt					63,250.19 ✓	
Crescent		97,780.23 ✓	97,680.23 ✓	52,678.28 ✓		52,778.28 ✓	52,678.28 ✓
	Bank Balance					52,778.28	
	Variance					-	
	Leave in Balance					100.00	
	October Interest						
	November Interest						
	December Interest						
	Adjust Balance/Transfer Amt					52,678.28 ✓	
Fort Bend		69,951.68 ✓	69,071.68 ✓	24,716.37 ✓		25,596.37 ✓	24,716.37 ✓
	Bank Balance					25,596.37	
	Variance					-	
	Leave in Balance					100.00	
	October Interest						
	November Interest						
	December Interest						
	Adjust Balance/Transfer Amt					52,678.28 ✓	
Solera at W Houston		125,082.75 ✓	124,382.79 ✓	111,222.33 ✓		111,922.33 ✓	111,222.33 ✓
	Bank Balance					111,922.33	
	Variance					-	
	Leave in Balance					100.00	
	October Interest						
	November Interest						
	December Interest						
	Adjust Balance/Transfer Amt					24,716.37 ✓	
	MOLINA PYMT - WITHHOLD ALL					780.00 <i>ols</i>	
	October Interest						
	November Interest						
	December Interest						
	Adjust Balance/Transfer Amt					24,716.37 ✓	
	MOLINA PYMT - WITHHOLD ALL					600.00 <i>ols</i>	
	October Interest						
	November Interest						
	December Interest						
	Adjust Balance/Transfer Amt					111,222.33 ✓	
<p>11,781.98 + 63,250.19 + 52,678.28 + 24,716.37 + 111,222.33 + 263,649.15 *</p> <p><i>n / Fort Bend / Broadmoor</i></p>							
TOTAL TRANSFERS							263,649.15 ✓

APPROVED ON
JAN 09 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS

1/9/2023

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

1/3/2023 Deposit
 1/3/2023 HNB - ECHO HCCLAIMPMT 746003411 440000230524
 1/4/2023 CK1393
 1/4/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/5/2023 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 1/5/2023 MANAGEANDNET1718 MNS PMNT 0000000000093 41
 1/5/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/5/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/6/2023 CK1394
 1/6/2023 Amerigroup TXSC HCCLAIMPMT 3199155987 111000
 1/6/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	6,115.88	-	-	-	-	6,115.88	
-	637.00	-	-	-	-	637.00	
29,916.31	-	-	-	-	-	326.93	
-	326.93	-	-	-	-	-	
104,145.67	-	-	-	-	-	952.00	
-	952.00	-	-	-	-	255.65	
-	255.65	-	-	-	-	226.74	
93.56	726.74	-	-	-	-	-	
-	1,547.67	-	-	-	-	1,547.67	
-	1,720.11	-	-	-	-	1,720.11	
134,155.54	11,781.98	-	-	-	-	11,781.98	

Brosswood

1/3/2023 Deposit
 1/3/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2
 1/3/2023 HUMANA CHA DISB HCCLAIMPMT 390861 4200001534
 1/4/2023 CK225
 1/4/2023 HNB - ECHO HCCLAIMPMT 746003411 440000296349
 1/4/2023 HUMANA CHA DISB HCCLAIMPMT 390861 4200001238
 1/5/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III
 1/5/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384
 1/5/2023 MANAGEANDNET1718 MNS PMNT 00000000004293 41
 1/5/2023 HNB - ECHO HCCLAIMPMT 746003411 440000249858
 1/6/2023 CK226
 1/6/2023 HNB - ECHO HCCLAIMPMT 746003411 440000290293

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	25,448.09	-	-	-	-	25,448.09	
-	1,368.98	-	-	-	-	1,368.98	
11,020.02	7,905.00	-	-	-	-	7,905.00	
-	3,792.99	-	-	-	-	3,792.99	
121,625.89	5,530.00	-	-	-	-	5,530.00	
-	5,160.00	-	-	-	-	5,160.00	
-	3,505.50	-	-	-	-	3,505.50	
76.81	5,900.20	-	-	-	-	5,900.20	
-	4,639.43	-	-	-	-	4,639.43	
132,722.72	63,250.19	-	-	-	-	63,250.19	

Crosscut

1/3/2023 Deposit
 1/3/2023 HNB - ECHO HCCLAIMPMT 746003411 440000230902
 1/3/2023 DEVOTED HEALTH P HCCLAIMPMT 121140394248626
 1/3/2023 DEVOTED HEALTH P HCCLAIMPMT 121140394248624
 1/4/2023 CK267
 1/4/2023 HNB - ECHO HCCLAIMPMT 746003411 440000296349
 1/4/2023 NOVITAS SOLUTION HCCLAIMPMT 676323 420000146
 1/5/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III
 1/5/2023 Deposit
 1/5/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384
 1/5/2023 HNB - ECHO HCCLAIMPMT 746003411 440000249858
 1/5/2023 DEVOTED HEALTH P HCCLAIMPMT 121140399089309
 1/6/2023 CK268

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	484.86	-	-	-	-	484.86	
-	2,538.46	-	-	-	-	2,538.46	
-	8,000.00	-	-	-	-	8,000.00	
7,625.98	5,330.00	-	-	-	-	5,330.00	
-	7,992.60	-	-	-	-	7,992.60	
89,962.23	476.29	-	-	-	-	476.29	
-	10,965.42	-	-	-	-	10,965.42	
-	4,550.00	-	-	-	-	4,550.00	
-	8,340.65	-	-	-	-	8,340.65	
92.02	4,000.00	-	-	-	-	4,000.00	
97,680.23	52,678.28	-	-	-	-	52,678.28	

Fort Bend

1/3/2023 Deposit
 1/3/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/4/2023 CK199
 1/4/2023 HNB - ECHO HCCLAIMPMT 746003411 440000296349
 1/5/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III
 1/5/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384
 1/6/2023 CK200
 1/6/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	1,905.40	-	-	-	-	1,905.40	
-	4,593.00	-	-	-	-	4,593.00	
9,344.65	-	-	-	-	-	-	
-	1,823.52	-	-	-	-	1,823.52	
59,685.84	15,790.00	-	-	-	-	15,790.00	
41.19	604.45	-	-	-	-	604.45	
69,071.68	24,716.37	-	-	-	-	24,716.37	

Solara at West Houston

1/3/2023 Deposit
 1/3/2023 HNB - ECHO HCCLAIMPMT 746003411 440000230904
 1/3/2023 HUMANA INS CO HCCLAIMPMT 390862 830000526639
 1/3/2023 HEALTH HUMAN SVC HCCLAIMPMT 174600341133007 2
 1/4/2023 CK1255
 1/4/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384
 1/4/2023 HNB - ECHO HCCLAIMPMT 746003411 440000297466
 1/4/2023 NOVITAS SOLUTION HCCLAIMPMT 676310 420000146
 1/4/2023 HUMANA CHA DISB HCCLAIMPMT 390862 4200001239
 1/5/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III
 1/5/2023 Deposit
 1/5/2023 HNB - ECHO HCCLAIMPMT 746003411 440000250172
 1/5/2023 HNB - ECHO HCCLAIMPMT 746003411 440000250172
 1/5/2023 HNB - ECHO HCCLAIMPMT 746003411 440000249867
 1/5/2023 Amerigroup TXSC HCCLAIMPMT 3199082117 111000
 1/5/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/5/2023 NOVITAS SOLUTION HCCLAIMPMT 676310 420000173
 1/5/2023 AARP Supplementa HCCLAIMPMT 746003411 124384
 1/6/2023 CK1256
 1/6/2023 HNB - ECHO HCCLAIMPMT 746003411 440000290293
 1/6/2023 HNB - ECHO HCCLAIMPMT 746003411 440000289908
 1/6/2023 Amerigroup TXSC HCCLAIMPMT 3199155988 111000
 1/6/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/6/2023 HUMANA INS CO HCCLAIMPMT 390862 830000592230

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	5,040.94	-	-	-	-	5,040.94	
-	14,671.37	-	-	-	-	14,671.37	
-	6,975.00	-	-	-	-	6,975.00	
8,949.64	778.00	-	-	-	-	778.00	
-	450.00	-	-	-	-	450.00	
-	699.91	-	-	-	-	699.91	
-	11,740.36	-	-	-	-	11,740.36	
115,309.40	4,185.00	-	-	-	-	4,185.00	
-	5,694.51	-	-	-	-	5,694.51	
-	23.03	-	-	-	-	23.03	
-	1,148.27	-	-	-	-	1,148.27	
-	8,379.85	-	-	-	-	8,379.85	
-	1,698.32	-	-	-	-	1,698.32	
-	1,139.71	-	-	-	-	1,139.71	
-	15,006.85	-	-	-	-	15,006.85	
-	4,668.00	-	-	-	-	4,668.00	
123.75	-	-	-	-	-	-	
-	14,554.48	-	-	-	-	14,554.48	
-	6,485.50	-	-	-	-	6,485.50	
-	191.17	-	-	-	-	191.17	
-	2,162.06	-	-	-	-	2,162.06	
-	5,530.00	-	-	-	-	5,530.00	
124,382.79	111,222.33	-	-	-	-	111,222.33	

TOTALS

558,012.96	263,649.15	-	-	-	-	263,649.15
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Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$6,744,837.39	\$6,723,947.87	\$6,744,837.39	\$7,331,265.4
*4551 CAL CO INDIGENT HEALTHCARE	\$11,859.79	\$11,859.79	\$11,859.79	\$11,859.7
*3660 GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$97,966.83	\$113,304.82	\$97,966.83	\$79,032.8
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.01	\$537.01	\$537.01	\$537.0
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,689,702.77	\$5,611,243.98	\$5,689,702.77	\$6,344,312.4
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.32	\$432.32	\$432.32	\$432.3
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD ✓	\$11,881.98 ✓	\$18,997.53	\$11,881.98	\$8,707.7
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR ✓	\$63,350.19 ✓	\$63,350.19	\$63,350.19	\$58,787.5
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT ✓	\$52,778.28 ✓	\$55,279.76	\$52,778.28	\$52,870.3
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND ✓	\$25,596.37 ✓	\$37,875.75	\$25,596.37	\$25,033.1
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON ✓	\$111,922.33 ✓	\$114,712.01	\$111,922.33	\$83,122.8
*2998 MMC -MONEY MARKET FUND	\$297,150.11	\$297,150.11	\$297,150.11	\$297,150.1
*5506 MMC -NH BETHANY SENIOR LIVING	\$125,441.03	\$125,441.03	\$125,441.03	\$115,462.3
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$71,827.53	\$75,680.13	\$71,827.53	\$71,884.3
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$21,828.11	\$21,828.11	\$21,828.11	\$3,571.3
*3407 MMC -NH TUSCANY VILLAGE	\$162,462.74	\$176,155.33	\$162,462.74	\$178,401.3

* indicate
Page generated on 01/09/2023 ;

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 1/9/2023

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		51,869.71 ✓	51,769.71 ✓	97,866.83 ✓		97,966.83 ✓	97,866.83 ✓
						Bank Balance	97,966.83
						Variance	-
						Leave in Balance	100.00

October Interest	
November Interest	
December Interest	
Adjust Balance/Transfer Amt	97,866.83 ✓

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 1/9/2023

APPROVED ON

JAN 09 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek ✓

1/3/2023 Deposit
 1/3/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 1/3/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 1/3/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001545
 1/4/2023 CK174
 1/4/2023 NOVITAS SOLUTION HCCLAIMPMT 676097 420000146
 1/4/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 1/5/2023 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 1/5/2023 Deposit
 1/5/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 1/5/2023 HNB - ECHO HCCLAIMPMT 746003411 440000249867
 1/6/2023 CK175
 1/6/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 1/6/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001880
 1/6/2023 Am Health Plan T PAYMENT 84307030011607

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
-	39,429.41	-	-	-	-	-	39,429.41
-	803.71	-	-	-	-	-	803.71
-	800.00	-	-	-	-	-	800.00
-	1,639.58	-	-	-	-	-	1,639.58
27,808.22 ✓	-	-	-	-	-	-	-
-	8,270.08	-	-	-	-	-	8,270.08
-	13,400.47	-	-	-	-	-	13,400.47
23,896.01 ✓	-	-	-	-	-	-	-
-	12,540.90	-	-	-	-	-	12,540.90
-	458.18	-	-	-	-	-	458.18
-	1,525.04	-	-	-	-	-	1,525.04
65.48	-	-	-	-	-	-	-
-	2,747.08	-	-	-	-	-	2,747.08
-	4,802.38	-	-	-	-	-	4,802.38
-	11,450.00	-	-	-	-	-	11,450.00
51,769.71 ✓	97,866.83 ✓	-	-	-	-	-	97,866.83 ✓

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$6,744,837.39	\$6,723,947.87	\$6,744,837.39	\$7,331,265.4
*4551 CAL CO INDIGENT HEALTHCARE	\$11,859.79	\$11,859.79	\$11,859.79	\$11,859.7
*3660 GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE ✓	\$97,966.83 ✓	\$113,304.82	\$97,966.83	\$79,032.8
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.01	\$537.01	\$537.01	\$537.0
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,689,702.77	\$5,611,243.98	\$5,689,702.77	\$6,344,312.4
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.32	\$432.32	\$432.32	\$432.3
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$11,881.98	\$18,997.53	\$11,881.98	\$8,707.7
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$63,350.19	\$63,350.19	\$63,350.19	\$58,787.5
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$52,778.28	\$55,279.76	\$52,778.28	\$52,870.3
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$25,596.37	\$37,875.75	\$25,596.37	\$25,033.1
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$111,922.33	\$114,712.01	\$111,922.33	\$83,122.8
*2998 MMC -MONEY MARKET FUND	\$297,150.11	\$297,150.11	\$297,150.11	\$297,150.1
*5506 MMC -NH BETHANY SENIOR LIVING	\$125,441.03	\$125,441.03	\$125,441.03	\$115,462.3
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$71,827.53	\$75,680.13	\$71,827.53	\$71,884.3
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$21,828.11	\$21,828.11	\$21,828.11	\$3,571.3
*3407 MMC -NH TUSCANY VILLAGE	\$162,462.74	\$176,155.33	\$162,462.74	\$178,401.3

* indicate.
Page generated on 01/09/2023 ;

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
1/9/2023

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home							
Gulf Pointe Plaza- Private Pay	22,911.50	21,105.35	20,021.96			21,828.11	21,728.11
					Bank Balance	21,828.11	
					Variance	.	
					Leave in Balance	100.00	
					October Interest		
					November Interest		
					December Interest		
					Adjust Balance/Transfer Amt	21,728.11	
Nursing Home							
Gulf Pointe Plaza-Medicare/Medicaid	5,992.38	5,892.38	71,727.53			71,827.53	71,727.53
					Bank Balance	71,827.53	
					Variance	.	
					Leave in Balance	100.00	
					October Interest		
					November Interest		
					December Interest		
					Adjust Balance/Transfer Amt	71,727.53	
					TOTAL TRANSFERS	93,455.64	

Routing Information for Gulf Pointe Plaza:

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

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 1/9/2023

APPROVED ON
JAN 09 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay ✓

1/4/2023 CK1095
 1/4/2023 PNC-ECHO HCCLAIMPMT 746003411 41000121123987
 1/4/2023 HNB - ECHO HCCLAIMPMT 746003411 440000296349
 1/4/2023 HNB - ECHO HCCLAIMPMT 746003411 440000296349
 1/5/2023 HNB - ECHO HCCLAIMPMT 746003411 440000249858
 1/5/2023 HNB - ECHO HCCLAIMPMT 746003411 440000249857
 1/6/2023 CK1096
 1/6/2023 NDC SWEEP FAC H261 21000024040459 SWEEP FR
 1/6/2023 HNB - ECHO HCCLAIMPMT 746003411 440000290293

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
21,089.29 ✓	-	-	-	-	-	-	-
-	117.61	-	-	-	-	-	117.61
-	480.19	-	-	-	-	-	480.19
-	396.76	-	-	-	-	-	396.76
-	544.94	-	-	-	-	-	544.94
-	209.66	-	-	-	-	-	209.66
16.06 ✓	-	-	-	-	-	-	-
-	18,223.80	-	-	-	-	-	18,223.80
-	49.00	-	-	-	-	-	49.00
21,105.35 ✓	20,021.96 ✓	-	-	-	-	-	20,021.96 ✓

Gulf Pointe Plaza-Medicare/Medicaid ✓

1/3/2023 Deposit
 1/3/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 1/3/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2
 1/5/2023 WIRE OUT HMG SERVICES, LLC
 1/5/2023 Deposit
 1/5/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 1/6/2023 CK1010

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	8,743.84	-	-	-	-	-	8,743.84
-	4,707.97	-	-	-	-	-	4,707.97
-	666.66	-	-	-	-	-	666.66
5,835.57 ✓	-	-	-	-	-	-	-
-	31,055.54	-	-	-	-	-	31,055.54
-	26,553.52	-	-	-	-	-	26,553.52
56.81 ✓	-	-	-	-	-	-	-
5,892.38 ✓	71,727.53 ✓	-	-	-	-	-	71,727.53 ✓
26,997.73 ✓	91,749.49 ✓	-	-	-	-	-	91,749.49 ✓

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$6,744,837.39	\$6,723,947.87	\$6,744,837.39	\$7,331,265.4
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$11,859.79	\$11,859.79	\$11,859.79	\$11,859.7
<u>*3660</u> GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.0
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$97,966.83	\$113,304.82	\$97,966.83	\$79,032.8
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.01	\$537.01	\$537.01	\$537.0
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,689,702.77	\$5,611,243.98	\$5,689,702.77	\$6,344,312.4
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.32	\$432.32	\$432.32	\$432.3
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$11,881.98	\$18,997.53	\$11,881.98	\$8,707.7
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$63,350.19	\$63,350.19	\$63,350.19	\$58,787.5
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$52,778.28	\$55,279.76	\$52,778.28	\$52,870.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$25,596.37	\$37,875.75	\$25,596.37	\$25,033.1
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$111,922.33	\$114,712.01	\$111,922.33	\$83,122.8
<u>*2998</u> MMC -MONEY MARKET FUND	\$297,150.11	\$297,150.11	\$297,150.11	\$297,150.1
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$125,441.03	\$125,441.03	\$125,441.03	\$115,462.3
<u>*5441</u> MMC -NH GULF POINTE / PLAZA - MEDICARE/MEDICAID	\$71,827.53 ✓	\$75,680.13	\$71,827.53	\$71,884.3
<u>*5433</u> MMC -NH GULF POINTE / PLAZA - PRIVATE PAY ✓	\$21,828.11 ✓	\$21,828.11	\$21,828.11	\$3,571.3
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$162,462.74	\$176,155.33	\$162,462.74	\$178,401.3

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Page generated on 01/09/2023 :

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 1/9/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		148,490.67	148,390.67	162,362.74	-	-	162,462.74	162,362.74
						Bank Balance Variance	162,462.74	
						Leave in Balance	100.00	

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

Adjust Balance/Transfer Amt 162,362.74
 Approved: Andrew De Los Santos 1/9/2023
 ANDREW DE LOS SANTOS

APPROVED ON

JAN 09 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village ✓

MMC PORTION

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	
1/3/2023 Deposit	-	61,660.89	-	-	-	-	61,660.89
1/3/2023 HNB - ECHO HCCLAIMPMT 746003411 440000230907	-	14,662.30	-	-	-	-	14,662.30
1/3/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000155	-	18,069.38	-	-	-	-	18,069.38
1/4/2023 CK1114	17,710.49 ✓	-	-	-	-	-	-
1/4/2023 HNB - ECHO HCCLAIMPMT 746003411 440000296349	-	27,722.13	-	-	-	-	27,722.13
1/4/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000146	-	746.25	-	-	-	-	746.25
1/5/2023 WIRE OUT LINBAR ENTERPRISES, LLC	113,828.75 ✓	-	-	-	-	-	-
1/5/2023 Deposit	-	37,394.00	-	-	-	-	37,394.00
1/5/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000173	-	1,194.94	-	-	-	-	1,194.94
1/6/2023 CK1115	16,851.43	-	-	-	-	-	-
1/6/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000115	-	912.85	-	-	-	-	912.85
	148,390.67 ✓	162,362.74 ✓	-	-	-	-	162,362.74 ✓

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$6,744,837.39	\$6,723,947.87	\$6,744,837.39	\$7,331,265.4
*4551 CAL CO INDIGENT HEALTHCARE	\$11,859.79	\$11,859.79	\$11,859.79	\$11,859.7
*3660 GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$97,966.83	\$113,304.82	\$97,966.83	\$79,032.6
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.01	\$537.01	\$537.01	\$537.0
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,689,702.77	\$5,611,243.98	\$5,689,702.77	\$6,344,312.4
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.32	\$432.32	\$432.32	\$432.3
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$11,881.98	\$18,997.53	\$11,881.98	\$8,707.7
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$63,350.19	\$63,350.19	\$63,350.19	\$58,787.5
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$52,778.28	\$55,279.76	\$52,778.28	\$52,870.3
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$25,596.37	\$37,875.75	\$25,596.37	\$25,033.1
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$111,922.33	\$114,712.01	\$111,922.33	\$83,122.8
*2998 MMC -MONEY MARKET FUND	\$297,150.11	\$297,150.11	\$297,150.11	\$297,150.1
*5506 MMC -NH BETHANY SENIOR LIVING	\$125,441.03	\$125,441.03	\$125,441.03	\$115,462.3
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$71,827.53	\$75,680.13	\$71,827.53	\$71,884.3
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$21,828.11	\$21,828.11	\$21,828.11	\$3,571.3
*3407 MMC -NH TUSCANY VILLAGE ✓	\$162,462.74 ✓	\$176,155.33	\$162,462.74	\$178,401.3

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 1/9/2023

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living	170,937.16	170,837.16	125,341.03			125,441.03	125,341.03
					Bank Balance	125,441.03	
					Variance		
					Leave in Balance	100.00	

October Interest
 November Interest
 December Interest
 Adjust Balance/Transfer Amt 125,341.03

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 1/9/2023

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
 JAN 09 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living ✓

1/3/2023 Deposit
 1/4/2023 CK1014
 1/4/2023 Deposit
 1/4/2023 Deposit
 1/4/2023 Deposit
 1/4/2023 NDC SWEEP FAC K236 31316969490524 SWEEP FR
 1/5/2023 WIRE OUT PORT LAVACA NH, LLC
 1/5/2023 Deposit
 1/6/2023 CK1015
 1/6/2023 Deposit
 1/6/2023 Deposit
 1/6/2023 HOSPICE OF SOUTH Payments NF 113122650025121

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	62,442.25	-	-	-	-	-	62,442.25
22,771.27 ✓	-	-	-	-	-	-	-
-	6,964.29	-	-	-	-	-	6,964.29
-	15,550.62	-	-	-	-	-	15,550.62
-	2,269.05	-	-	-	-	-	2,269.05
-	16,028.20	-	-	-	-	-	16,028.20
147,948.30 ✓	-	-	-	-	-	-	-
-	11,990.32	-	-	-	-	-	11,990.32
117.59 ✓	-	-	-	-	-	-	-
-	3,726.95	-	-	-	-	-	3,726.95
-	5,953.28	-	-	-	-	-	5,953.28
-	416.07	-	-	-	-	-	416.07
170,837.16 ✓	125,341.03 ✓	-	-	-	-	-	125,341.03 ✓

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$6,744,837.39	\$6,723,947.87	\$6,744,837.39	\$7,331,265.4
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$11,859.79	\$11,859.79	\$11,859.79	\$11,859.7
<u>*3660</u> GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.0
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$97,966.83	\$113,304.82	\$97,966.83	\$79,032.8
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.01	\$537.01	\$537.01	\$537.0
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,689,702.77	\$5,611,243.98	\$5,689,702.77	\$6,344,312.4
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.32	\$432.32	\$432.32	\$432.3
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$11,881.98	\$18,997.53	\$11,881.98	\$8,707.7
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$63,350.19	\$63,350.19	\$63,350.19	\$58,787.5
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$52,778.28	\$55,279.76	\$52,778.28	\$52,870.3
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$25,596.37	\$37,875.75	\$25,596.37	\$25,033.1
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$111,922.33	\$114,712.01	\$111,922.33	\$83,122.8
<u>*2998</u> MMC -MONEY MARKET FUND	\$297,150.11	\$297,150.11	\$297,150.11	\$297,150.1
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$125,441.03 ✓	\$125,441.03	\$125,441.03	\$115,462.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$71,827.53	\$75,680.13	\$71,827.53	\$71,884.3
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$21,828.11	\$21,828.11	\$21,828.11	\$3,571.3
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$162,462.74	\$176,155.33	\$162,462.74	\$178,401.3

* indicate:
Page generated on 01/09/2023