

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 25, 2023

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 355,457.25	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 1,134,364.05	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 563,862.07	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED January 25, 2023	\$ 2,053,683.37	✓

APPROVED

JAN 25 2023

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---January 25, 2023

PAYABLES AND PAYROLL

1/19/2023 Weekly Payables	340,036.38
1/19/2023 Citibank Credit Card-see attached	2,452.50
1/23/2023 HHSC-inspection fee	500.00
1/23/2023 McKesson-340B Prescription Expense	10,928.33
1/23/2023 Amerisource Bergen-340B Prescription Expense	589.19

Prosperity Electronic Bank Payments

1/17/2022 Credit Card & Lease Fees	240.18
1/17-1/20/23 Pay Plus-Patient Claims Processing Fee	103.40
1/20/2023 ExpertPay- child support	607.27

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 355,457.25**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

1/19/2023 MMC Operating to Ashford-correction of NH COVID relief grant payment deposited into MMC Operating	50,000.00
1/19/2023 MMC Operating to Solera-correction of NH COVID relief grant payment deposited into MMC Operating	315,020.00
1/19/2023 MMC Operating to Fort bend-correction of NH COVID relief grant payment deposited into MMC Operating	50,000.00
1/19/2023 MMC Operating to Broadmoor-correction of NH COVID releif grant payment deposited into MMC Operating	50,000.00
1/19/2023 MMC Operating to Crescent-correction of NH COVID relief grant payment deposited into MMC Operating in error	50,000.00
1/19/2023 MMC Operating to Golden Creek-correction of NH insurance and COVID relief grant payment deposited into MMC Operating in error	412,401.89
1/19/2023 MMC Operating to Gulf Pointe Plaza -correction of NH insurance and COVID relief grant payment deposited into MMC Operating	50,838.65
1/19/2023 MMC Operating to Tuscany Village-correction of NH insurance and COVID relief grant payment deposited into MMC Operating	62,985.25
1/19/2023 MMC Operating to Bethany-correction of NH insurance and COVID relief grant payment deposited into MMC Operating in error	93,118.26

TOTAL TRANSFERS BETWEEN FUNDS **\$ 1,134,364.05**

NURSING HOME UPL EXPENSES

1/23/2023 Nursing Home UPL-Cantex Transfer	285,414.18
1/23/2023 Nursing Home UPL-Nexion Transfer	14,813.87
1/23/2023 Nursing Home UPL-HMG Transfer	52,527.58
1/23/2023 Nursing Home UPL-Tuscany Transfer	50,673.61
1/23/2023 Nursing Home UPL-HSL Transfer	81,103.84

QIPP CHECKS TO MMC

1/23/2023 Ashford	364.96
1/23/2023 Broadmoor	148.78
1/23/2023 Crescent	121.44
1/23/2023 Fort Bend	150.99
1/23/2023 Solera	139.53
1/23/2023 Golden Creek	30,414.14
1/23/2023 Gulf Pointe	23,071.57
1/23/2023 Bethany	24,917.58

TOTAL NURSING HOME UPL EXPENSES **\$ 563,862.07**

TOTAL INTER-GOVERNMENT TRANSFERS

\$ -

GRAND TOTAL DISBURSEMENTS APPROVED January 25, 2023

\$ 2,053,683.37

RECEIVED BY THE COUNTY AUDITOR ON

JAN 19 2023

01/19/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 02/04/2023

Vendor# Vendor Name

Class Pay Code

11237 3WON, LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3193 ✓		01/10/20	01/01/20	02/02/20		1,393.00	0.00	0.00	1,393.00 ✓

CREDENTIALING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11237	3WON, LLC	1,393.00	0.00	0.00	1,393.00

Vendor# Vendor Name

Class Pay Code

B1220 BECKMAN COULTER INC ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110368470 ✓		01/11/20	01/04/20	01/29/20		1,294.33	0.00	0.00	1,294.33 ✓

SUPPLIES

110364094 ✓		01/11/20	01/05/20	01/30/20		1,473.99	0.00	0.00	1,473.99 ✓
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SUPPLIES

110366192 ✓		01/11/20	01/06/20	01/31/20		61.24	0.00	0.00	61.24 ✓
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SUPPLIES

7331507 ✓		01/18/20	01/03/20	01/28/20		7,423.41	0.00	0.00	7,423.41 ✓
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LAB SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	10,252.97	0.00	0.00	10,252.97

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
22120012 ✓		12/30/20	12/31/20	01/31/20		4,840.00	0.00	0.00	4,840.00 ✓

DEC TRANSPORTS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	14120	CALHOUN COUNTY EMS	4,840.00	0.00	0.00	4,840.00

Vendor# Vendor Name

Class Pay Code

C1325 CARDINAL HEALTH 414, INC. ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8003044301 ✓		01/18/20	12/17/20	01/11/20		248.12	0.00	0.00	248.12 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	248.12	0.00	0.00	248.12

Vendor# Vendor Name

Class Pay Code

C1600 CITIZENS MEDICAL CENTER ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4-2022 DEC ✓		01/12/20	01/11/20	02/01/20		56,249.43	0.00	0.00	56,249.43 ✓

PROF FEES ANESTH

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER	56,249.43	0.00	0.00	56,249.43

Vendor# Vendor Name

Class Pay Code

10212 CLINICAL PATHOLOGY LABS ✓

ICP

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
17656202212 ✓		01/18/20	12/31/20	01/31/20		15,109.94	0.00	0.00	15,109.94 ✓

LAB SERV

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS	15,109.94	0.00	0.00	15,109.94

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	
24171201280 ✓		01/18/20	01/11/20	02/01/20		538.04	0.00	0.00	538.04 ✓	
	BEVERAGES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	13336 COCA COLA SOUTHWEST BEVERAGES					538.04	0.00	0.00	538.04	
13572	COMMUNITY INFUSION SOLUTIONS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
✓ 202212-18		01/18/20	12/05/20	12/15/20		12,988.69	0.00	0.00	12,988.69 ✓	
	INFUSION SERV									
✓ 202301-16		01/18/20	01/04/20	01/14/20		15,708.33	0.00	0.00	15,708.33 ✓	
	INFUSION SERVICES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	13572 COMMUNITY INFUSION SOLUTIONS					28,697.02	0.00	0.00	28,697.02	
14292	DEARBORN LIFE INSURANCE COMPAN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
011323		01/18/20	01/13/20	02/01/20		3,722.11	0.00	0.00	3,722.11 ✓	
	LIFE INSURANCE									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	14292 DEARBORN LIFE INSURANCE COMPAN					3,722.11	0.00	0.00	3,722.11	
10368	DEWITT POTH & SON ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
7019180 ✓		01/01/20	12/05/20	12/30/20		77.90	0.00	0.00	77.90 ✓	
	SUPPLIES									
7049550 ✓		01/10/20	01/04/20	01/29/20		240.98	0.00	0.00	240.98 ✓	
	SUPPLIES									
7049600 ✓		01/10/20	01/04/20	01/29/20		367.12	0.00	0.00	367.12 ✓	
	SUPPLIES									
7051690 ✓		01/11/20	01/05/20	01/30/20		730.79	0.00	0.00	730.79 ✓	
	SUPPLIES									
7054840 ✓		01/17/20	01/09/20	02/03/20		153.84	0.00	0.00	153.84 ✓	
	SUPPLIES									
7054731 ✓		01/17/20	01/10/20	02/04/20		51.99	0.00	0.00	51.99 ✓	
	SUPPLIES									
7058610 ✓		01/17/20	01/10/20	02/04/20		21.62	0.00	0.00	21.62 ✓	
	SUPPLIES									
7057140 ✓		01/17/20	01/10/20	02/04/20		26.49	0.00	0.00	26.49 ✓	
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10368 DEWITT POTH & SON					1,670.73	0.00	0.00	1,670.73	
10789	DISCOVERY MEDICAL NETWORK INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
MMC011523 ✓		01/18/20	01/15/20	01/16/20		114,943.37	0.00	0.00	114,943.37 ✓	
	PHYSICIAN SERV <i>JAN 1-15 2023</i>									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10789 DISCOVERY MEDICAL NETWORK INC					114,943.37	0.00	0.00	114,943.37	

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11291	DOWELL PEST CONTROL ✓			14437 ✓		01/18/20	01/12/20	01/13/20		65.00	0.00	0.00	65.00 ✓
	PEST CONTROL												
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		11291	DOWELL PEST CONTROL							65.00	0.00	0.00	65.00
10175	DSHS CENTRAL LAB MC2004 ✓			CM1838122022 ✓		01/18/20	01/03/20	01/28/20		186.10	0.00	0.00	186.10 ✓
	LAB SERV												
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		10175	DSHS CENTRAL LAB MC2004							186.10	0.00	0.00	186.10
13240	ELSEVIER INC. ✓			R065398 ✓		01/11/20	01/02/20	02/01/20		2,813.00	0.00	0.00	2,813.00 ✓
	PHARMACOLOGY FEE (1/4/23-1/3/24)												
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		13240	ELSEVIER INC.							2,813.00	0.00	0.00	2,813.00
11284	EMERGENCY STAFFING SOLUTIONS ✓			41849 ✓		01/18/20	01/15/20	01/25/20		40,062.50	0.00	0.00	40,062.50 ✓
	PHYSICIAN SERV (1-15th)												
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		11284	EMERGENCY STAFFING SOLUTIONS							40,062.50	0.00	0.00	40,062.50
F1100	FEDERAL EXPRESS CORP. ✓		W	799832921 ✓		01/10/20	01/05/20	01/30/20		12.02	0.00	0.00	12.02 ✓
	FREIGHT												
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.							12.02	0.00	0.00	12.02
F1400	FISHER HEALTHCARE ✓		M	7684901 ✓		01/01/20	10/27/20	11/21/20		118.58	0.00	0.00	118.58 ✓
	LAB SUPPLIES												
	9303706 ✓					01/17/20	12/30/20	01/24/20		58.96	0.00	0.00	58.96 ✓
	SUPPLIES												
	9325653 ✓					01/17/20	01/03/20	01/28/20		19.23	0.00	0.00	19.23 ✓
	SUPPLIES												
	9325652 ✓					01/17/20	01/03/20	01/28/20		615.84	0.00	0.00	615.84 ✓
	SUPPLIES												
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE							812.61	0.00	0.00	812.61
13960	G & S MANAGEMENT GROUP LLC ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			

340386750		01/18/20	01/10/20	01/20/20		1,442.76	0.00	0.00	1,442.76
	WASTE								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	13960 G & S MANAGEMENT GROUP LLC					1,442.76	0.00	0.00	1,442.76
Vendor#	Vendor Name					Class	Pay Code		
12948	GREAT AMERICA FINANCIAL SVCS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
33146048	✓	01/19/20	01/01/20	01/31/20		10,589.82	0.00	0.00	10,589.82
	COPIER								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	12948 GREAT AMERICA FINANCIAL SVCS					10,589.82	0.00	0.00	10,589.82
Vendor#	Vendor Name					Class	Pay Code		
G1210	GULF COAST PAPER COMPANY					M			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
2316932	✓	01/01/20	11/15/20	12/15/20		664.70	0.00	0.00	664.70
	SUPPLIES								
2321562	✓	01/01/20	11/29/20	12/29/20		522.87	0.00	0.00	522.87
	SUPPLIES								
2325113	✓	01/01/20	12/06/20	01/05/20		621.66	0.00	0.00	621.66
	SUPPLIES								
2328218	✓	01/01/20	12/13/20	01/01/20		372.41	0.00	0.00	372.41
	SUPPLIES								
2332552	✓	01/10/20	12/27/20	01/26/20		498.83	0.00	0.00	498.83
	SUPPLIES								
2334153	✓	01/10/20	01/03/20	02/02/20		745.56	0.00	0.00	745.56
	SUPPLIES								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	G1210 GULF COAST PAPER COMPANY					3,426.03	0.00	0.00	3,426.03
Vendor#	Vendor Name					Class	Pay Code		
10804	HEALTHCARE CODING & CONSULTING								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
13357	✓	01/18/20	12/31/20	01/30/20		843.50	0.00	0.00	843.50
	PATIENT CHARTS								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	10804 HEALTHCARE CODING & CONSULTING					843.50	0.00	0.00	843.50
Vendor#	Vendor Name					Class	Pay Code		
11552	HEALTHCARE FINANCIAL SERVICES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
100705476	✓	01/18/20	01/01/20	01/01/20		372.39	0.00	0.00	372.39
	LATE FEE								
100705477	✓	01/18/20	01/01/20	01/01/20		89.87	0.00	0.00	89.87
	LATE FEE								
100708904	✓	01/18/20	01/07/20	02/01/20		1,797.44	0.00	0.00	1,797.44
	LEASE								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	11552 HEALTHCARE FINANCIAL SERVICES					2,259.70	0.00	0.00	2,259.70
Vendor#	Vendor Name					Class	Pay Code		
H1227	HEALTHSURE INSURANCE SERVICES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
3397	✓	01/10/20	01/03/20	02/01/20		1,000.00	0.00	0.00	1,000.00
	ASHFORD RENEWAL								

3395	✓		01/10/20	01/03/20	02/01/20		200.00	0.00	0.00	200.00	✓	
		BROADMOOR RENEWAL										
3394	✓		01/10/20	01/03/20	02/01/20		200.00	0.00	0.00	200.00	✓	
		SOLERA RENEWAL										
3396	✓		01/10/20	01/03/20	02/01/20		250.00	0.00	0.00	250.00	✓	
		FORTBEND RENEWAL										
3393	✓		01/10/20	01/03/20	02/01/20		200.00	0.00	0.00	200.00	✓	
		CRESCENT RENEWAL										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		H1227	HEALTHSURE INSURANCE SERVICES				1,850.00	0.00	0.00	1,850.00		
Vendor#	Vendor Name		Class		Pay Code							
H1399	HILL-ROM COMPANY, INC ✓		M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
1597411	✓	01/17/20	12/17/20	01/17/20			645.70	0.00	0.00	645.70	✓	
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		H1399	HILL-ROM COMPANY, INC				645.70	0.00	0.00	645.70		
Vendor#	Vendor Name		Class		Pay Code							
L0700	LABCORP OF AMERICA HOLDINGS ✓		M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
75217121		01/18/20	12/31/20	01/25/20			16.10	0.00	0.00	16.10	✓	
	LAB SERV											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		L0700	LABCORP OF AMERICA HOLDINGS				16.10	0.00	0.00	16.10		
Vendor#	Vendor Name		Class		Pay Code							
11600	LEGAL SHIELD ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
011523		01/18/20	01/15/20	01/16/20			391.80	0.00	0.00	391.80	✓	
	PAYROLL DEDUCT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11600	LEGAL SHIELD				391.80	0.00	0.00	391.80		
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		
010123		01/18/20	01/12/20	01/22/20			640.86	0.00	0.00	640.86	✓	
	PAYROLL DEDUCT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10972	M G TRUST				640.86	0.00	0.00	640.86		
Vendor#	Vendor Name		Class		Pay Code							
M2470	MEDLINE INDUSTRIES INC ✓		M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
2242597210	✓	01/01/20	12/07/20	01/01/20			580.17	0.00	0.00	580.17	✓	
	SUPPLIES											
2243350532	✓	01/01/20	12/10/20	01/04/20			293.18	0.00	0.00	293.18	✓	
	SUPPLIES											
2243873038	✓	01/01/20	12/14/20	01/08/20			441.83	0.00	0.00	441.83	✓	
	SUPPLIES											
2244969771	✓	01/01/20	12/21/20	01/15/20			306.66	0.00	0.00	306.66	✓	
	SUPPLIES											
2245823295	✓	01/01/20	12/28/20	01/22/20			1,000.11	0.00	0.00	1,000.11	✓	
	SUPPLIES											

2246594769	✓		01/17/20	12/31/20	01/25/20			24.00	0.00	0.00	24.00	✓	
		SUPPLIES											
2246617121	✓		01/17/20	01/02/20	01/27/20			1,524.79	0.00	0.00	1,524.79	✓	
		SUPPLIES											
2246812731	✓		01/17/20	01/04/20	01/29/20			31.39	0.00	0.00	31.39	✓	
		SUPPLIES											
2247014715	✓		01/18/20	01/05/20	01/30/20			-108.17	0.00	0.00	-108.17	✓	
		CREDIT											
Vendor Totals:								Number	Name	Gross	Discount	No-Pay	Net
								M2470	MEDLINE INDUSTRIES INC	4,093.96	0.00	0.00	4,093.96
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			
011223		01/18/20	01/12/20	01/22/20			210.00	0.00	0.00	210.00	✓		
PAYROLL DEDUCT													
Vendor Totals:								Number	Name	Gross	Discount	No-Pay	Net
								10963	MEMORIAL MEDICAL CLINIC	210.00	0.00	0.00	210.00
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			
011223		01/18/20	01/12/20	01/22/20			245.14	0.00	0.00	245.14	✓		
PAYROLL DEDUCT													
Vendor Totals:								Number	Name	Gross	Discount	No-Pay	Net
								M2621	MMC AUXILIARY GIFT SHOP	245.14	0.00	0.00	245.14
Vendor#	Vendor Name		Class		Pay Code								
10536	MORRIS & DICKSON CO, LLC		✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
1197		01/17/20	01/09/20	01/19/20			-954.92	0.00	0.00	-954.92	✓		
CREDIT													
9091155	✓		01/17/20	01/09/20	01/19/20		530.45	0.00	0.00	530.45	✓		
INVENTORY													
9088325	✓		01/17/20	01/09/20	01/19/20		5,247.23	0.00	0.00	5,247.23	✓		
INVENTORY													
9088323	✓		01/17/20	01/09/20	01/19/20		21.38	0.00	0.00	21.38	✓		
INVENTORY													
9091156	✓		01/17/20	01/09/20	01/19/20		816.35	0.00	0.00	816.35	✓		
INVENTORY													
9088324	✓		01/17/20	01/09/20	01/19/20		38.94	0.00	0.00	38.94	✓		
INVENTORY													
9088326	✓		01/17/20	01/09/20	01/19/20		38.67	0.00	0.00	38.67	✓		
INVENTORY													
9088321	✓		01/17/20	01/09/20	01/19/20		3,893.49	0.00	0.00	3,893.49	✓		
INVENTORY													
9095495	✓		01/17/20	01/10/20	01/20/20		121.91	0.00	0.00	121.91	✓		
INVENTORY													
1523	✓		01/17/20	01/10/20	01/20/20		-184.85	0.00	0.00	-184.85	✓		
INVENTORY													
9093939	✓		01/17/20	01/10/20	01/20/20		19.26	0.00	0.00	19.26	✓		
INVENTORY													
1645	✓		01/17/20	01/10/20	01/20/20		-119.71	0.00	0.00	-119.71	✓		
INVENTORY													

9097415	✓	INVENTORY	01/17/20	01/10/20	01/20/20	347.15	0.00	0.00	347.15	✓
9093938	✓	INVENTORY	01/17/20	01/10/20	01/20/20	3.24	0.00	0.00	3.24	✓
9095279	✓	INVENTORY	01/17/20	01/10/20	01/20/20	32.58	0.00	0.00	32.58	✓
9095496	✓	INVENTORY	01/17/20	01/10/20	01/20/20	1,052.43	0.00	0.00	1,052.43	✓
9097414	✓	INVENTORY	01/17/20	01/10/20	01/20/20	0.58	0.00	0.00	0.58	✓
9101538	✓	INVENTORY	01/17/20	01/11/20	01/21/20	100.69	0.00	0.00	100.69	✓
9100887	✓	INVENTORY	01/17/20	01/11/20	01/21/20	0.13	0.00	0.00	0.13	✓
9099595	✓	INVENTORY	01/17/20	01/11/20	01/21/20	120.63	0.00	0.00	120.63	✓
9106673	✓	INVENTORY	01/17/20	01/12/20	01/22/20	41.69	0.00	0.00	41.69	✓
9106674	✓	INVENTORY	01/17/20	01/12/20	01/22/20	17.33	0.00	0.00	17.33	✓
9106216	✓	INVENTORY	01/17/20	01/12/20	01/22/20	43.15	0.00	0.00	43.15	✓
9106215	✓	INVENTORY	01/17/20	01/12/20	01/22/20	42.07	0.00	0.00	42.07	✓
9106675	✓	INVENTORY	01/17/20	01/12/20	01/22/20	236.38	0.00	0.00	236.38	✓
9106677	✓	INVENTORY	01/17/20	01/12/20	01/22/20	15.77	0.00	0.00	15.77	✓
9107250	✓	INVENTORY	01/17/20	01/12/20	01/22/20	74.68	0.00	0.00	74.68	✓
9106676	✓	INVENTORY	01/17/20	01/12/20	01/22/20	10.22	0.00	0.00	10.22	✓
2556	✓	credit	01/17/20	01/12/20	01/22/20	-23.68	0.00	0.00	-23.68	✓
9099592	✓	INVENTORY	01/17/20	01/22/20	02/01/20	3.59	0.00	0.00	3.59	✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	11,586.83	0.00	0.00	11,586.83

Vendor# Vendor Name Class Pay Code

13548	NACOGDOCHES TRANSCRIPTION	✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7939	TRANSCRIPTON SERV (12/24-1/6/23)	01/18/20	01/13/20	01/23/20		88.37	0.00	0.00	88.37

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	88.37	0.00	0.00	88.37

Vendor# Vendor Name Class Pay Code

12096	NEOGENOMICS LABORATORIES	✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6023925	LAB SERV	01/18/20	12/31/20	01/30/20		540.00	0.00	0.00	540.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
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	12096	NEOGENOMICS LABORATORIES			540.00	0.00	0.00	540.00	
Vendor#	Vendor Name			Class	Pay Code				
01500	OLYMPUS AMERICA INC ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
33775247 ✓		01/17/20	01/07/20	02/01/20		1,125.00	0.00	0.00	1,125.00 ✓
	SERV AGREEMENT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	01500	OLYMPUS AMERICA INC				1,125.00	0.00	0.00	1,125.00
Vendor#	Vendor Name			Class	Pay Code				
10372	PRECISION DYNAMICS CORP (PDC) ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
9351633789 ✓		01/17/20	11/22/20	12/22/20		-3.01	0.00	0.00	-3.01 ✓
	CREDIT								
9351974502 ✓		01/17/20	01/05/20	02/04/20		33.30	0.00	0.00	33.30 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)				30.29	0.00	0.00	30.29
Vendor#	Vendor Name			Class	Pay Code				
12480	PRO ENERGY PARTNERS LP ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
2212-0600 ✓		01/18/20	12/31/20	01/15/20		8,086.57	0.00	0.00	8,086.57 ✓
	ENERGY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LP				8,086.57	0.00	0.00	8,086.57
Vendor#	Vendor Name			Class	Pay Code				
11764	ROBERT RODRIQUEZ ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
011123		01/18/20	01/11/20	01/12/20		40.61	0.00	0.00	40.61 ✓
	TRAVEL <i>Herb Mus/Kutz Hardware 1/4/25</i>								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11764	ROBERT RODRIQUEZ				40.61	0.00	0.00	40.61
Vendor#	Vendor Name			Class	Pay Code				
S2270	SMILE MAKERS ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
9286186 ✓		01/17/20	01/09/20	02/03/20		60.83	0.00	0.00	60.83 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2270	SMILE MAKERS				60.83	0.00	0.00	60.83
Vendor#	Vendor Name			Class	Pay Code				
S3960	STERICYCLE, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
4011445167 ✓		01/11/20	12/31/20	01/30/20		2,662.55	0.00	0.00	2,662.55 ✓
	DISPOSAL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC				2,662.55	0.00	0.00	2,662.55
Vendor#	Vendor Name			Class	Pay Code				
13528	STRYKER FLEX FINANCIAL ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
274213 ✓		12/30/20	12/13/20	02/01/20		1,294.26	0.00	0.00	1,294.26 ✓
	LEASE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	13528	STRYKER FLEX FINANCIAL					1,294.26	0.00	0.00	1,294.26
Vendor#	Vendor Name		Class		Pay Code					
10627	TEXAS DEPARTMENT OF STATE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
010323		01/18/20	01/03/20	02/01/20		2,035.00	0.00	0.00	2,035.00	✓
	LICENSE FEE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10627	TEXAS DEPARTMENT OF STATE				2,035.00	0.00	0.00	2,035.00	
Vendor#	Vendor Name		Class		Pay Code					
10985	THE COMPLIANCE TEAM, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
00035807 ✓		01/18/20	01/16/20	01/16/20		392.13	0.00	0.00	392.13	✓
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10985	THE COMPLIANCE TEAM, INC				392.13	0.00	0.00	392.13	
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	
35FK012300 ✓		01/18/20	01/01/20	01/26/20		1,175.80	0.00	0.00	1,175.80	✓
	STATEMENTS									
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	
8400412645 ✓		01/18/20	01/09/20	02/03/20		60.77	0.00	0.00	60.77	✓
	LAUNDRY									
8400412644 ✓		01/18/20	01/09/20	02/03/20		47.40	0.00	0.00	47.40	✓
	LAUNDRY									
8400412665 ✓		01/18/20	01/09/20	02/03/20		1,896.41	0.00	0.00	1,896.41	✓
	LAUNDRY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	U1064	UNIFIRST HOLDINGS INC				2,004.58	0.00	0.00	2,004.58	
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	
SIV13069635 ✓		01/17/20	12/01/20	12/16/20		120.23	0.00	0.00	120.23	✓
	UNIFORMS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	U1056	UNIFORM ADVANTAGE				120.23	0.00	0.00	120.23	
Vendor#	Vendor Name		Class		Pay Code					
I1110	WERFEN USA LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9111267348 ✓		01/11/20	01/06/20	01/31/20		24.00	0.00	0.00	24.00	✓
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	I1110	WERFEN USA LLC				24.00	0.00	0.00	24.00	
Vendor#	Vendor Name		Class		Pay Code					
W1270	WISCONSIN STATE LABORATORY ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
30014864 ✓		01/01/20	12/01/20	12/27/20		498.00	0.00	0.00	498.00	✓

SUPPLIES

Vendor Total	Number	Name	Gross	Discount	No-Pay	Net
	W1270	WISCONSIN STATE LABORATORY	498.00	0.00	0.00	498.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	340,036.38	0.00	0.00	340,036.38

APPROVED ON

JAN 19 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#197913-197942

RECEIVED BY THE COUNTY AUDITOR ON

JAN 19 2023

CITIBANK CORPORATE CARD

CALHOUN COUNTY, TEXAS



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

Account Statement

Commercial Card Account ROSHANDA S THOMAS

Account Number: XXXX-XXXX-XXXX-9457

Summary of Account Activity

Total Activity \$2,452.50

Not an invoice. For your records only.

Credit Limit \$15,000 Cash Advance Limit \$0 Statement Closing Date 01/03/2023 Days in Billing Period 31

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

Handwritten notes: 'OK', '1-26-23', and a checkmark.

Transactions

Table with columns: Post Date, Trans Date, MCC, Reference Number, Description/Location, Amount. Includes 14 transaction rows and a total amount of \$2,452.50.

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

APPROVED ON

JAN 19 2023

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

Account Number XXXX-XXXX-XXXX-9457 Statement Closing Date January 03, 2023

Not an invoice. For your records only.

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

00007905040

How to Install, Activate, Your Citi[®] Corporate Card Account

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

Account Inquiries

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

**MEMORIAL MEDICAL CENTER
PURCHASE ORDER**

①

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

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

Vendor Name: Citibank

Date: 1/12/2023

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		NPDB x 2 Provider	2.50		5.00 ✓
2			Enrollment			
3	-		Mem. SciFit Systems Inc			21.00 ✓
4			AC Adapter - clinic			
5	-		NPDB x 1 Provider			2.50 ✓
6			Enrollment			
7	-		" "			2.50 ✓
8	-		AMA Credentialing - 1			44.00 ✓
9			Quit Profile + Cont Monitoring			
10	-		DEA Renewal for Pharm			888.00 ✓

Est. Freight AORN - 2023 Guidelines for Reimbursement practice Est. Total Cost _____ TOTAL COST 204.00

NOTES:

Charges made to Roshandra's Credit Card (MC)

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshandra S. Thomas 1/13/23</u>

2

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citi bank

Date: 1/12/2023

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To	Form # 9401	
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-	5.00 + 21.00 +	ACHE Membership Renewal			345.00
2		2.50 + 2.50 +	for Roshanda Thomas			
3		44.00 + 888.00 +	NPDB X 1 Provider			2.50
4		284.00 + 345.00 +	Enrollment			
5		2.50 + 44.00 +	AMA Profile - 1 Unit +			44.00
6		44.00 +	Cont. Monitoring			
7		42.50 + 2.50 +	" "			44.00
8		725.00 + 2,452.50 +	NPDB X 17 Renewals			42.50
9	-		NPDB X 1 Provider Enroll			2.50
10	-		EVENT- Registration AHA Rural Conference for Roshanda Thomas			725.00

Est. Freight

Est. Total Cost

TOTAL COST

2/19/23 \$2,452.50

NOTES:

charges made to Roshanda Thomas credit card (MC)

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

Dept. Director: _____
Dir. Nursing: _____
Dir. Clinical Services: _____
CFO: _____
Administrator: <u>Roshanda Thomas 1/13/23</u>

Wire Transfer

COUNTY OF CALHOUN TEXAS (COUNT1923)



Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 2,452.50
Debit Account - DDA (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank

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

Payment Date 01/26/2023

Originator Information

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

Beneficiary / Payee Information

Name
ACCOUNT Beneficiary ID Type
Beneficiary ID
Address 1
Address 2
Address 3
Beneficiary Country US
Contact Name
Phone Number

Beneficiary Bank Information

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

Additional Reference Information

Purpose Of Payment CREDIT CARD PMT

Additional Information For
Beneficiary

Status History

Timestamp	Status	Initiator	Description
Jan 26, 2023 7:05:39 AM CST	Created		Wire Created.

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 23 2023

01/23/2023
CALHOUN COUNTY, TEXAS
09:37

MEMORIAL MEDICAL CENTER

0
ap_open_invoice.template

AP Open Invoice List
Dates Through:

Vendor# Vendor Name

11588 HHSC

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
012023		01/23/20	01/20/20	01/23/20			500.00	0.00	0.00	500.00

INSPECTION FEE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11588	HHSC	500.00	0.00	0.00	500.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	500.00	0.00	0.00	500.00

APPROVED ON

JAN 23 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 111994

MCKESSON

STATEMENT

As of: 01/20/2023

Page: 002

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

Company: 8000

DC: 8115

As of: 01/20/2023
Mail to:

Page: 002
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory:

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 632536
Date: 01/21/2023

Cust: 632536
Date: 01/21/2023

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
--------------	----------	-------------------	----------------------------------	-------------	---------------	----------------	-----	--------------	-----	-------------------

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 11,151.35 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 01/24/2023,
Pay This Amount:

10,928.33 USD

If Paid After 01/24/2023,
Pay this Amount:

11,151.35 USD

Due If Paid On Time:

USD 10,928.33 ✓

Disc lost if paid late:

223.02

Due If Paid Late:

USD 11,151.35

9,463.47 +
1,098.82 +
366.04 +
10,928.33 *

Andrew Delos Santos
1/23/23

APPROVED ON

JAN 23 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 01/20/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 01/20/2023
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: 01/21/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 01/21/2023

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	632536	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS												
11/16/2023	01/24/2023	7391476773	60581288		115Invoice	16.88	843.91		827.03 ✓		7391476773	
11/16/2023	01/24/2023	7391700189	60492022		195Invoice	0.01	0.32		0.31 ✓		7391700189	
11/17/2023	01/24/2023	7391825055	60830061		115Invoice	15.97	798.31		782.34 ✓		7391825055	
11/17/2023	01/24/2023	7391825057	60843280		115Invoice	10.64	532.20		521.56 ✓		7391825057	
11/17/2023	01/24/2023	7391981286	60767984		195Invoice	0.86	43.16		42.30 ✓		7391981286	
11/17/2023	01/24/2023	7391981287	60773613		195Invoice	0.68	33.99		33.31 ✓		7391981287	
11/18/2023	01/24/2023	7392089080	60919347		115Invoice	35.93	1,796.66		1,760.73 ✓		7392089080	
11/18/2023	01/24/2023	7392089081	60986811		115Invoice	21.19	1,059.34		1,038.15 ✓		7392089081	
11/19/2023	01/24/2023	7392381254	61066731		115Invoice	15.89	794.45		778.56 ✓		7392381254	
11/19/2023	01/24/2023	7392381256	61089511		115Invoice	33.20	1,659.96		1,626.76 ✓		7392381256	
11/19/2023	01/24/2023	7392381257	61133532		115Invoice	0.01	0.33		0.32 ✓		7392381257	
11/19/2023	01/24/2023	7392574168	61055532		195Invoice	34.01	1,700.74		1,666.73 ✓		7392574168	
11/20/2023	01/24/2023	7392670256	61188464		115Invoice	6.44	322.17		315.73 ✓		7392670256	
11/20/2023	01/24/2023	7392670257	61267670		115Invoice	1.41	70.74		69.33 ✓		7392670257	
11/20/2023	01/24/2023	7392843203	61201997		115Invoice	0.01	0.32		0.31 ✓		7392843203	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 9,656.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/16/2023 3,196.51

If Paid By 01/24/2023,
Pay This Amount:

9,463.47 USD

If Paid After 01/24/2023,
Pay this Amount:

9,656.60 USD

Due If Paid On Time:

USD 9,463.47 ✓

Disc lost if paid late:

193.13

Due If Paid Late:

USD 9,656.60

Andrew Delas Santos
1/23/23

APPROVED ON

JAN 23 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 01/20/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 01/20/2023
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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 835434

Date: 01/21/2023

Cust: 835434
Date: 01/21/2023

**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	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
11/18/2023	01/24/2023	7392078359	2108832	115 Invoice	19.33	966.52		947.19	✓	7392078359	
11/18/2023	01/24/2023	7392078360	2108832	115 Invoice	3.09	154.72		151.63	✓	7392078360	

*F 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: 1,121.24 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/09/2023 17,845.71

If Paid By 01/24/2023,
Pay This Amount: 1,098.82 USD

If Paid After 01/24/2023,
Pay this Amount: 1,121.24 USD

Due If Paid On Time:
USD 1,098.82 ✓

Disc lost if paid late: 22.42

Due If Paid Late:
USD 1,121.24

Andrew De Los Santos
1/23/23

APPROVED ON

JAN 23 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 01/20/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 01/20/2023
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: 01/21/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 01/21/2023

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	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
01/18/2023	01/24/2023	7392307894	2108398	115Invoice	7.47	373.51		366.04 ✓		7392307894	

*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: 373.51 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,196.51
01/16/2023

If Paid By 01/24/2023,
Pay This Amount: 366.04 USD

If Paid After 01/24/2023,
Pay this Amount: 373.51 USD

Due If Paid On Time: 366.04 USD ✓
Disc lost if paid late: 7.47
Due If Paid Late: 373.51 USD

APPROVED ON

JAN 23 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DeLos Santos
1/23/23

For AR Inquiries please contact 800-867-0333

Serviced By:	AMERISOURCEBERGEN DRUG CORP ✓ 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Customer:	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER ✓ 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number	100135284 / 037028186
	DEA: RA0289276 866-451-9655			Terms	Sat - Fri Due in 7 days
Remit To:	AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223			Summary	
				Not Yet Due:	0.00
				Current:	589.19
				Past Due:	0.00
				Total Due:	589.19
				Account Balance:	589.19

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-16-2023	01-27-2023	3119724820	169226	Invoice	73.23		0.00	73.23 ✓
01-16-2023	01-27-2023	3119820555	169228	Invoice	10.05		0.00	10.05 ✓
01-16-2023	01-27-2023	3119871828	169275	Invoice	304.90		0.00	304.90 ✓
01-17-2023	01-27-2023	3120016121	169283	Invoice	9.60		0.00	9.60 ✓
01-18-2023	01-27-2023	3120172836	169292	Invoice	43.36		0.00	43.36 ✓
01-19-2023	01-27-2023	3120335499	169303	Invoice	5.81		0.00	5.81 ✓
01-20-2023	01-27-2023	3120494501	169314	Invoice	142.24		0.00	142.24 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
589.19	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
01-20-2023	(1,332.57)

Reminders	
Due Date	Amount
01-27-2023	589.19 ✓
Total Due:	589.19

Andrew DeLosSantos
1/23/23

APPROVED ON
JAN 23 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- January 16, 2023 - January 22, 2023**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
1/17/2023	PAY PLUS ACHTRANS 452579291 101000690423954	- 3rd Party Payor Fee
1/17/2023	MCKESSON DRUG AUTO ACH ACH05337581 910000118	- 340B Drug Program Expense
1/17/2023	TEXAS COUNTY DRS RECEIVABLE 0419 21000020015	- Retirement Funding
1/17/2023	FDMS FDMS PYMT 052-1743547-000 4100012290144	- Credit Card Processing Fee
1/17/2023	FDMS FDMS PYMT 052-1743548-000 4100012292333	- Credit Card Processing Fee
1/17/2023	FDMS FDMS PYMT 052-1737276-000 4100012289303	- Credit Card Processing Fee
1/18/2023	PAY PLUS ACHTRANS 452579291 101000691682803	- 3rd Party Payor Fee
1/19/2023	PAY PLUS ACHTRANS 452579291 101000693088238	- 3rd Party Payor Fee
1/20/2023	WEBFILE TAX PYMT DD 902/71037314 21000020448	- Sales Tax
1/20/2023	PAY PLUS ACHTRANS 452579291 101000693886469	- 3rd Party Payor Fee
1/20/2023	EXPERTPAY EXPERTPAY 746003411 91000014210703	- Child Support Payment
1/20/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
1/20/2023	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll
1/20/2023	IRS USATAXPYMT 270342061016186 6103601006353	- Payroll Taxes

<u>Amount</u>	
	PAY PLUS
	19,290.00 +
	38,320.00 +
	43,640.00 +
	2,150.00 +
	CPS 103,400 *
	CC Fees
19.29	40,000.00 +
3,196.51 *	80,000.00 +
195,369.38 **	120,000.00 +
40.03	240,000.00 *
80.06	
120.09	
38.32	Expert Pay
43.64	607,270.00 +
1,449.00 **	607,270.00 *
2.15	
607.27	
1,332.57 *	
417,600.95 *	103,400.00 +
127.56 *	240,000.00 +
620,026.82	607,270.00 +
	950,850.00 *

Andrew De Los Santos January 23, 2023
 ANDREW DE LOS SANTOS
 Memorial Medical Center

* Approved 01-18-23 CC
 ** Approved 01-11-23 CC

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>

<u>Amount</u>	
	620,026.82 +
	3,196.51 -
	195,369.38 -
	1,449.00 -
	1,332.57 -
	417,600.95 -
	127.56 -
	950,850.00 *

Andrew De Los Santos January 23, 2023
 ANDREW DE LOS SANTOS
 Memorial Medical Center

APPROVED ON

JAN 23 2023

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

950,850.00 +
 950,850.00 -
 0.00 *

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COUNTY AUDITOR ON
JAN 19 2023
01/19/2023
10:05
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:
Class Pay Code

0
ap_open_invoice.template

Vendor# Vendor Name

11816 ASHFORD GARDENS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
011323		01/10/20	01/13/20	02/13/20			50,000.00	0.00	0.00	50,000.00 ✓
COVID19 HEALTHCRE RELIEF										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	50,000.00	0.00	0.00	50,000.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	50,000.00	0.00	0.00	50,000.00

APPROVED ON

JAN 19 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 197963

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 19 2023

01/19/2023

10:24

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11828 SOLERA WEST HOUSTON ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
011323		01/19/20	01/13/20	02/13/20		315,020.00	0.00	0.00	315,020.00 ✓

COVID19 RELIEF GRANT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON	315,020.00	0.00	0.00	315,020.00	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	315,020.00	0.00	0.00	315,020.00

APPROVED ON

JAN 19 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#197969

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 19 2023

01/19/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11820 FORTBEND HEALTHCARE CENTER ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
011323		01/10/20	01/13/20	02/13/20		50,000.00	0.00	0.00	50,000.00 ✓

COVID19 HEALTHCARE RELIEF

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
11820		FORTBEND HEALTHCARE CENTER	50,000.00	0.00	0.00	50,000.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	50,000.00	0.00	0.00	50,000.00

APPROVED ON

JAN 19 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#197944

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 19 2023

01/19/2023

10:06

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
011323		01/10/20	01/13/20	02/13/20		50,000.00	0.00	0.00	50,000.00

COVID19 HEALTHCRE RELIEF

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT CREEKSIDE PARK	50,000.00	0.00	0.00	50,000.00	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	50,000.00	0.00	0.00	50,000.00

APPROVED ON

JAN 19 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#197965

RECEIVED BY THE COUNTY AUDITOR ON

JAN 19 2023

01/19/2023

10:22

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11824 THE CRESCENT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
011323		01/10/20	01/13/20	02/13/20		50,000.00	0.00	0.00	50,000.00 ✓
COVID19 HEALTHCRE RELIEF									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11824		THE CRESCENT	50,000.00	0.00	0.00	50,000.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	50,000.00	0.00	0.00	50,000.00

APPROVED ON

JAN 19 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 191970

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 19 2023

01/19/2023
CALHOUN COUNTY, TEXAS
10:23

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
11836	GOLDENCREEK HEALTHCARE ✓										
011023		01/10/20	01/10/20	02/10/20		8,917.60	0.00	0.00	8,917.60 ✓		
011123	TRANSFER NH insurance pymt deposited into MMC operating ✓	01/10/20	01/11/20	02/11/20		55,527.23	0.00	0.00	55,527.23 ✓		
011323	TRANSFER " " ✓	01/10/20	01/13/20	02/13/20		345,781.00	0.00	0.00	345,781.00 ✓		
	COVID19 HLTHCARE RELIEF (
011323B	TRANSFER " " ✓	01/18/20	01/13/20	02/13/20		2,176.06	0.00	0.00	2,176.06 ✓		
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						11836	GOLDENCREEK HEALTHCARE	412,401.89	0.00	0.00	412,401.89

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	412,401.89	0.00	0.00	412,401.89

APPROVED ON

JAN 19 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#197967

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 19 2023

10:24

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
010923		01/19/20	01/09/20	02/15/20		838.65	0.00	0.00	838.65 ✓

011323	TRANSFER	<i>NH insurance pymt deposited into MMC operating</i>				50,000.00	0.00	0.00	50,000.00 ✓
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COVID19 RELIEF GRANT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	50,838.65	0.00	0.00	50,838.65

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	50,838.65	0.00	0.00	50,838.65

APPROVED ON

JAN 19 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CLC #197968

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 19 2023

01/19/2023

10:11
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
011023		01/10/20	01/10/20	02/10/20		5,220.00	0.00	0.00	5,220.00 ✓
011223	TRANSFER	01/10/20	01/12/20	02/12/20		7,600.00	0.00	0.00	7,600.00 ✓
011223A	TRANSFER	01/10/20	01/12/20	02/12/20		165.25	0.00	0.00	165.25 ✓
011723	HHS TIER 2 GRANT	01/18/20	01/17/20	02/17/20		50,000.00	0.00	0.00	50,000.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE		62,985.25	0.00	0.00	62,985.25

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	62,985.25	0.00	0.00	62,985.25

APPROVED ON

JAN 19 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#191971

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 19 2023

01/19/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
010923		01/10/20	01/09/20	02/09/20		14,637.55	0.00	0.00	14,637.55 ✓
	TRANSFER	<i>With insurance pymt deposited into MME open by</i>							
011023	<i>Transfer</i> LAUNDRY	01/10/20	01/10/20	02/10/20		22,135.14	0.00	0.00	22,135.14 ✓
	TRANSFER	"							
011123		01/10/20	01/11/20	02/12/20		368.12	0.00	0.00	368.12 ✓
	TRANSFER	"							
011323		01/10/20	01/13/20	02/13/20		50,000.00	0.00	0.00	50,000.00 ✓
	TRANSFER	"							
011323C		01/18/20	01/13/20	02/13/20		2,802.70	0.00	0.00	2,802.70 ✓
	TRANSFER	"							
011323B		01/18/20	01/13/20	02/13/20		1,813.25	0.00	0.00	1,813.25 ✓
	TRANSFER	"							
011323A		01/18/20	01/13/20	02/23/20		1,361.50	0.00	0.00	1,361.50 ✓
	TRANSFER	"							

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING	93,118.26	0.00	0.00	93,118.26

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	93,118.26	0.00	0.00	93,118.26

APPROVED ON

JAN 19 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#197464

8

RUN DATE:01/23/23
 TIME:15:57

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 01/25/23 THRU 01/25/23

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	197913	01/25/23	1,393.00	3WON, LLC
A/P	197914	01/25/23	10,252.97	BECKMAN COULTER INC
A/P	197915	01/25/23	4,840.00	CALHOUN COUNTY EMS
A/P	197916	01/25/23	248.12	CARDINAL HEALTH 414, INC.
A/P	197917	01/25/23	56,249.43	CITIZENS MEDICAL CENTER
A/P	197918	01/25/23	15,109.94	CLINICAL PATHOLOGY LABS
A/P	197919	01/25/23	538.04	COCA COLA SOUTHWEST BEVERAGES
A/P	197920	01/25/23	28,697.02	COMMUNITY INFUSION SOLUTIONS
A/P	197921	01/25/23	3,722.11	DEARBORN LIFE INSURANCE COMPAN
A/P	197922	01/25/23	1,670.73	DEWITT POTH & SON
A/P	197923	01/25/23	114,943.37	DISCOVERY MEDICAL NETWORK INC
A/P	197924	01/25/23	65.00	DOWELL PEST CONTROL
A/P	197925	01/25/23	186.10	DSHS CENTRAL LAB MC2004
A/P	197926	01/25/23	2,813.00	ELSEVIER INC.
A/P	197927	01/25/23	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	197928	01/25/23	12.02	FEDERAL EXPRESS CORP.
A/P	197929	01/25/23	812.61	FISHER HEALTHCARE
A/P	197930	01/25/23	1,442.76	G & S MANAGEMENT GROUP LLC
A/P	197931	01/25/23	10,589.82	GREAT AMERICA FINANCIAL SVCS
A/P	197932	01/25/23	3,426.03	GULF COAST PAPER COMPANY
A/P	197933	01/25/23	843.50	HEALTHCARE CODING & CONSULTING
A/P	197934	01/25/23	2,259.70	HEALTHCARE FINANCIAL SERVICES
A/P	197935	01/25/23	1,850.00	HEALTHSURE INSURANCE SERVICES
A/P	197936	01/25/23	500.00	HHSC
A/P	197937	01/25/23	645.70	HILL-ROM COMPANY, INC
A/P	197938	01/25/23	16.10	LABCORP OF AMERICA HOLDINGS
A/P	197939	01/25/23	391.80	LEGAL SHIELD
A/P	197940	01/25/23	640.86	M G TRUST
A/P	197941	01/25/23	.00	VOIDED
A/P	197942	01/25/23	4,093.96	MEDLINE INDUSTRIES INC
A/P	197943	01/25/23	210.00	MEMORIAL MEDICAL CLINIC
A/P	197944	01/25/23	245.14	MMC AUXILIARY GIFT SHOP
A/P	197945	01/25/23	.00	VOIDED
A/P	197946	01/25/23	11,586.83	MORRIS & DICKSON CO, LLC
A/P	197947	01/25/23	88.37	NACOGDOCHES TRANSCRIPTION
A/P	197948	01/25/23	540.00	NEOGENOMICS LABORATORIES
A/P	197949	01/25/23	1,125.00	OLYMPUS AMERICA INC
A/P	197950	01/25/23	30.29	PRECISION DYNAMICS CORP (PDC)
A/P	197951	01/25/23	8,086.57	PRO ENERGY PARTNERS LP
A/P	197952	01/25/23	40.61	ROBERT RODRIQUEZ
A/P	197953	01/25/23	60.83	SMILE MAKERS
A/P	197954	01/25/23	2,662.55	STERICYCLE, INC
A/P	197955	01/25/23	1,294.26	STRYKER FLEX FINANCIAL
A/P	197956	01/25/23	2,035.00	TEXAS DEPARTMENT OF STATE
A/P	197957	01/25/23	392.13	THE COMPLIANCE TEAM, INC
A/P	197958	01/25/23	1,175.80	TRIZETTO PROVIDER SOLUTIONS
A/P	197959	01/25/23	2,004.58	UNIFIRST HOLDINGS INC
A/P	197960	01/25/23	120.23	UNIFORM ADVANTAGE
A/P	197961	01/25/23	24.00	WERFEN USA LLC
A/P	197962	01/25/23	498.00	WISCONSIN STATE LABORATORY

RUN DATE:01/23/23
TIME:15:57

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/25/23 THRU 01/25/23

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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	197963	01/25/23	50,000.00	ASHFORD GARDENS
A/P	197964	01/25/23	93,118.26	BETHANY SENIOR LIVING
A/P	197965	01/25/23	50,000.00	BROADMOOR AT CREEKSIDE PARK
A/P	197966	01/25/23	50,000.00	FORTBEND HEALTHCARE CENTER
A/P	197967	01/25/23	412,401.89	GOLDENCREEK HEALTHCARE
A/P	197968	01/25/23	50,838.65	GULF POINTE PLAZA
A/P	197969	01/25/23	315,020.00	SOLERA WEST HOUSTON
A/P	197970	01/25/23	50,000.00	THE CRESCENT
A/P	197971	01/25/23	62,985.25	TUSCANY VILLAGE
TOTALS:			1,474,900.43	

Payables 340,036.38 +
Critical 500,000 +
NH 1,134,364.05 +
Transfers 1,474,900.43 *

APPROVED ON

JAN 25 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 1/23/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		208,277.27	208,177.27	48,564.69		48,664.69	48,199.73
						Bank Balance	48,664.69
						Variance	-
						Leave in Balance	100.00
						MOLINA YR 4 ADJ2	364.96
						October Interest	
						November Interest	
						December Interest	
						Adjust Balance/Transfer Amt	48,199.73
Broadmoor		96,981.64	96,881.64	99,466.27		99,566.27	99,317.49
						Bank Balance	99,566.27
						Variance	-
						Leave in Balance	100.00
						MOLINA YR 4 ADJ2	148.78
						October Interest	
						November Interest	
						December Interest	
						Adjust Balance/Transfer Amt	99,317.49
Crescent		122,627.99	122,527.99	60,472.25		60,572.25	60,350.81
						Bank Balance	60,572.25
						Variance	-
						Leave in Balance	100.00
						MOLINA YR 4 ADJ2	121.44
						October Interest	
						November Interest	
						December Interest	
						Adjust Balance/Transfer Amt	60,350.81
Fort Bend		76,849.03	76,749.03	5,300.91		5,400.91	5,149.92
						Bank Balance	5,400.91
						Variance	-
						Leave in Balance	100.00
						MOLINA YR 4 ADJ2	150.99
						October Interest	
						November Interest	
						December Interest	
						Adjust Balance/Transfer Amt	5,149.92
Solera at W Houston		167,337.39	167,237.39	72,535.76		72,635.76	72,396.23
						Bank Balance	72,635.76
						Variance	-
						Leave in Balance	100.00
						MOLINA YR 4 ADJ2	139.53
						October Interest	
						November Interest	
						December Interest	
						Adjust Balance/Transfer Amt	72,396.23

48,199.73 +
 99,317.49 +
 60,350.81 + ton / Fort Bend / Broadmoor
 5,149.92 +
 72,396.23 +
 285,414.18 *

APPROVED ON
 JAN 23 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 285,414.18
 Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 1/23/2023

Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Ashford Gardens

1/17/2023 HNB - ECHO HCCLAIMPMT 746003411 440000216558
 1/17/2023 HNB - ECHO HCCLAIMPMT 746003411 440000216558
 1/18/2023 MOLINA HEALTHCAR MOLINAACH 01162477 42000016
 1/18/2023 MANAGEANDNET1718 MNS PMNT 0000000000093 41
 1/18/2023 HNB - ECHO HCCLAIMPMT 746003411 440000286729
 1/19/2023 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 1/19/2023 Deposit
 1/19/2023 HNB - ECHO HCCLAIMPMT 746003411 440000234395
 1/20/2023 CK 1196
 1/20/2023 CK 1195
 1/20/2023 MANAGEANDNET1718 MNS PMNT 0000000000093 41
 1/20/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

		MMC PORTION					NH PORTION	
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI		
-	585.36	-	-	-	-	-	585.36	
-	19,462.45	-	-	-	-	-	19,462.45	
-	473.77	256.14	46.70	80.24	90.69	364.96	108.82	
-	9,829.01	-	-	-	-	-	9,829.01	
-	7,171.53	-	-	-	-	-	7,171.53	
181,531.81	-	-	-	-	-	-	-	
-	1,361.50	-	-	-	-	-	1,361.50	
-	393.80	-	-	-	-	-	393.80	
9,425.00	-	-	-	-	-	-	-	
17,220.46	-	-	-	-	-	-	-	
-	9,136.00	-	-	-	-	-	9,136.00	
-	151.27	-	-	-	-	-	151.27	
208,177.27	48,564.69	256.14	46.70	80.24	90.69	364.96	48,199.74	

Broadmoor

1/17/2023 HNB - ECHO HCCLAIMPMT 746003411 440000216558
 1/17/2023 HNB - ECHO HCCLAIMPMT 746003411 440000216558
 1/17/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/17/2023 HUMANA INS CO HCCLAIMPMT 390861 830000534656
 1/17/2023 HUMANA CHA DISB HCCLAIMPMT 390861 4200001519
 1/18/2023 MOLINA HEALTHCAR MOLINAACH 01162796 42000016
 1/18/2023 MANAGEANDNET1718 MNS PMNT 00000000004293 41
 1/18/2023 HNB - ECHO HCCLAIMPMT 746003411 440000287151
 1/18/2023 HUMANA INS CO HCCLAIMPMT 390861 830000597190
 1/18/2023 HUMANA CHA DISB HCCLAIMPMT 390861 4200001107
 1/18/2023 HUMANA CHA DISB HCCLAIMPMT 390861 4200001106
 1/19/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III
 1/19/2023 Deposit
 1/19/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384
 1/19/2023 HNB - ECHO HCCLAIMPMT 746003411 440000234392
 1/20/2023 CK227
 1/20/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/20/2023 HUMANA INS CO HCCLAIMPMT 390861 830000591801
 1/20/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2

		MMC PORTION					NH PORTION	
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI		
-	14,074.23	-	-	-	-	-	14,074.23	
-	5,431.03	-	-	-	-	-	5,431.03	
-	119.26	-	-	-	-	-	119.26	
-	7,110.00	-	-	-	-	-	7,110.00	
-	395.00	-	-	-	-	-	395.00	
-	191.54	106.01	19.36	45.16	21.01	148.78	42.77	
-	10,246.74	-	-	-	-	-	10,246.74	
-	27,236.98	-	-	-	-	-	27,236.98	
-	3,950.00	-	-	-	-	-	3,950.00	
-	2,637.00	-	-	-	-	-	2,637.00	
-	2,193.00	-	-	-	-	-	2,193.00	
90,497.88	-	-	-	-	-	-	-	
-	5,783.50	-	-	-	-	-	5,783.50	
-	3,440.00	-	-	-	-	-	3,440.00	
-	11,777.70	-	-	-	-	-	11,777.70	
6,383.76	-	-	-	-	-	-	-	
-	208.29	-	-	-	-	-	208.29	
-	3,160.00	-	-	-	-	-	3,160.00	
-	1,512.00	-	-	-	-	-	1,512.00	
96,881.64	99,466.27	106.01	19.36	45.16	21.01	148.78	99,317.50	

Crescent

1/17/2023 HNB - ECHO HCCLAIMPMT 746003411 440000216558
 1/17/2023 DEVOTED HEALTH P HCCLAIMPMT 121140392025316
 1/18/2023 MOLINA HEALTHCAR MOLINAACH 01162763 42000016
 1/18/2023 MANAGEANDNET1718 MNS PMNT 000000000003268 41
 1/18/2023 DEVOTED HEALTH P HCCLAIMPMT 121140394729042
 1/18/2023 DEVOTED HEALTH P HCCLAIMPMT 121140394729038
 1/18/2023 DEVOTED HEALTH P HCCLAIMPMT 121140394729040
 1/18/2023 DEVOTED HEALTH P HCCLAIMPMT 121140394729044
 1/18/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2
 1/19/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III
 1/19/2023 Deposit
 1/20/2023 CK 270
 1/20/2023 CK 269
 1/20/2023 MANAGEANDNET1718 MNS PMNT 000000000003268 41

		MMC PORTION					NH PORTION	
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI		
-	11,044.03	-	-	-	-	-	11,044.03	
-	3,600.00	-	-	-	-	-	3,600.00	
-	157.80	85.08	15.56	7.60	49.56	121.44	36.36	
-	5,508.00	-	-	-	-	-	5,508.00	
-	1,200.00	-	-	-	-	-	1,200.00	
-	12,238.00	-	-	-	-	-	12,238.00	
-	4,400.00	-	-	-	-	-	4,400.00	
-	9,550.00	-	-	-	-	-	9,550.00	
-	1,341.42	-	-	-	-	-	1,341.42	
101,550.20	-	-	-	-	-	-	-	
-	9,405.00	-	-	-	-	-	9,405.00	
16,545.00	-	-	-	-	-	-	-	
4,432.79	-	-	-	-	-	-	-	
-	2,028.00	-	-	-	-	-	2,028.00	
122,527.99	60,472.25	85.08	15.56	7.60	49.56	121.44	60,350.81	

Fort Bend

1/17/2023 HNB - ECHO HCCLAIMPMT 746003411 440000216558
 1/17/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/18/2023 MOLINA HEALTHCAR MOLINAACH 01162555 42000016
 1/18/2023 HNB - ECHO HCCLAIMPMT 746003411 440000286785
 1/18/2023 AARP Supplementa HCCLAIMPMT 746003411 124384
 1/19/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III
 1/20/2023 CK 201

		MMC PORTION					NH PORTION	
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI		
-	2,501.65	-	-	-	-	-	2,501.65	
-	207.21	-	-	-	-	-	207.21	
-	198.48	103.50	18.96	44.04	31.98	150.99	47.49	
-	2,386.09	-	-	-	-	-	2,386.09	
-	7.48	-	-	-	-	-	7.48	
71,365.87	-	-	-	-	-	-	-	
5,383.16	-	-	-	-	-	-	-	
76,749.03	5,300.91	103.50	18.96	44.04	31.98	150.99	5,149.92	

Solera at West Houston

1/17/2023 MANAGEANDNET1718 MNS PMNT 000000000002482 41
 1/17/2023 HNB - ECHO HCCLAIMPMT 746003411 440000218533
 1/17/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/18/2023 MOLINA HEALTHCAR MOLINAACH 01162736 42000016
 1/18/2023 MANAGEANDNET1718 MNS PMNT 000000000002482 41
 1/18/2023 HNB - ECHO HCCLAIMPMT 746003411 440000286783
 1/18/2023 HNB - ECHO HCCLAIMPMT 746003411 440000286756
 1/18/2023 Amerigroup TXSC HCCLAIMPMT 3100163507 111000
 1/18/2023 HUMANA CHA DISB HCCLAIMPMT 390862 4200001105
 1/18/2023 HUMANA CHA DISB HCCLAIMPMT 390862 4200001106
 1/19/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III
 1/19/2023 HUMANA CHA DISB HCCLAIMPMT 390862 4200001443
 1/20/2023 CK 1257
 1/20/2023 MANAGEANDNET1718 MNS PMNT 000000000002482 41
 1/20/2023 HNB - ECHO HCCLAIMPMT 746003411 440000269327

		MMC PORTION					NH PORTION	
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI		
-	1,151.21	-	-	-	-	-	1,151.21	
-	423.19	-	-	-	-	-	423.19	
-	1,262.88	-	-	-	-	-	1,262.88	
-	178.63	100.42	18.39	31.46	28.36	139.53	39.11	
-	6,862.86	-	-	-	-	-	6,862.86	
-	10,339.52	-	-	-	-	-	10,339.52	
-	4,883.12	-	-	-	-	-	4,883.12	
-	634.46	-	-	-	-	-	634.46	
-	3,849.93	-	-	-	-	-	3,849.93	
-	4,311.74	-	-	-	-	-	4,311.74	
162,083.34	-	-	-	-	-	-	-	
-	11,160.00	-	-	-	-	-	11,160.00	
5,154.05	-	-	-	-	-	-	-	
-	24,155.68	-	-	-	-	-	24,155.68	
-	3,322.54	-	-	-	-	-	3,322.54	
167,237.39	72,535.76	100.42	18.39	31.46	28.36	139.53	72,396.24	

TOTALS

671,573.32	286,339.88	651.15	118.97	208.50	221.60	925.69	285,414.20
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Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
Number of Accounts: 16	\$8,131,485.90	\$8,562,920.25	\$8,131,485.90	\$8,319,703.6
*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	\$45,328.01	\$64,175.06	\$45,328.01	\$8,972.4
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.01	\$537.01	\$537.01	\$537.0
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$7,256,544.60	\$7,252,940.02	\$7,256,544.60	\$7,569,962.3
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.32	\$432.32	\$432.32	\$432.3
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD ✓	\$48,664.69 ✓	\$96,697.31	\$48,664.69	\$66,022.8
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR ✓	\$99,566.27 ✓	\$255,642.63	\$99,566.27	\$101,069.7
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT ✓	\$60,572.25 ✓	\$101,811.02	\$60,572.25	\$79,522.0
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND ✓	\$5,400.91 ✓	\$55,701.41	\$5,400.91	\$10,784.0
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT ✓ WEST HOUSTON	\$72,635.76 ✓	\$87,388.28	\$72,635.76	\$50,311.5
*2998 MMC -MONEY MARKET FUND	\$297,150.11	\$297,150.11	\$297,150.11	\$297,150.1
*5506 MMC -NH BETHANY SENIOR LIVING	\$106,121.42	\$107,879.03	\$106,121.42	\$78,706.7
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$43,130.46	\$127,002.25	\$43,130.46	\$4,970.0
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$32,668.69	\$32,668.69	\$32,668.69	\$4,987.9
*3407 MMC -NH TUSCANY VILLAGE	\$50,773.61	\$70,935.32	\$50,773.61	\$34,314.5

* indicate:
Page generated on 01/23/2023 :

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 1/23/2023

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		83,310.47	83,210.47	45,228.01		45,328.01	14,813.87
						Bank Balance	45,328.01
						Variance	-
						Leave in Balance	100.00
						SUPERIOR NOV QIPP	30,414.14
						October Interest	
						November Interest	
						December Interest	
						Adjust Balance/Transfer Amt	14,813.87

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 1/23/2023

APPROVED ON
 JAN 23 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek ✓

MMC PORTION

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
1/17/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	576.83					-	576.83
1/17/2023 HNB - ECHO HCCLAIMPMT 746003411 440000218481	-	948.89					-	948.89
1/18/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	160.00					-	160.00
1/18/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	160.00					-	160.00
1/19/2023 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	83,210.47	-					-	-
1/19/2023 Deposit	-	20.78					-	20.78
1/19/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	3,161.39					-	3,161.39
1/19/2023 NOVITAS SOLUTION HCCLAIMPMT 676097 420000155	-	3,844.59					-	3,844.59
1/20/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	395.00					-	395.00
1/20/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	2,509.54					-	2,509.54
1/20/2023 Centene Manageme ACH 008765433514 1110000229	-	33,450.99	27,377.28	6,073.71			30,414.14	3,036.86
	83,210.47	45,228.01	27,377.28	6,073.71	-	-	30,414.14	14,813.88

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$8,131,485.90	\$8,562,920.25	\$8,131,485.90	\$8,319,703.6
*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	\$45,328.01 ✓	\$64,175.06	\$45,328.01	\$8,972.4
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.01	\$537.01	\$537.01	\$537.0
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$7,256,544.60	\$7,252,940.02	\$7,256,544.60	\$7,569,962.3
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.32	\$432.32	\$432.32	\$432.3
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$48,664.69	\$96,697.31	\$48,664.69	\$66,022.8
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$99,566.27	\$255,642.63	\$99,566.27	\$101,069.7
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$60,572.25	\$101,811.02	\$60,572.25	\$79,522.0
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$5,400.91	\$55,701.41	\$5,400.91	\$10,784.0
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$72,635.76	\$87,388.28	\$72,635.76	\$50,311.5
*2998 MMC -MONEY MARKET FUND	\$297,150.11	\$297,150.11	\$297,150.11	\$297,150.1
*5506 MMC -NH BETHANY SENIOR LIVING	\$106,121.42	\$107,879.03	\$106,121.42	\$78,706.7
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$43,130.46	\$127,002.25	\$43,130.46	\$4,970.0
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$32,668.69	\$32,668.69	\$32,668.69	\$4,987.9
*3407 MMC -NH TUSCANY VILLAGE	\$50,773.61	\$70,935.32	\$50,773.61	\$34,314.5

* indicate:
Page generated on 01/23/2023

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 1/23/2023

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<u>Gulf Pointe Plaza- Private Pay</u>	17,605.67	17,505.67	32,568.69			32,668.69	9,497.12
					Bank Balance Variance	32,668.69	
					Leave in Balance	100.00	
					SUPERIOR NOV QJPP	23,071.57	
					October Interest		
					November Interest		
					December Interest		
					Adjust Balance/Transfer Amt	9,497.12	
<u>Gulf Pointe Plaza-Medicare/Medicaid</u>	70,232.32	70,132.32	43,030.46			43,130.46	43,030.46
					Bank Balance Variance	43,130.46	
					Leave in Balance	100.00	
					October Interest		
					November Interest		
					December Interest		
					Adjust Balance/Transfer Amt	43,030.46	
TOTAL TRANSFERS						52,527.58	

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 1/23/2023

APPROVED ON
 JAN 23 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Gulf Points Plaza-Private Pay

1/17/2023 NDC SWEEP FAC H261 21000029086101 SWEEP FR
 1/17/2023 HNB - ECHO HCCLAIMPMT 746003411 440000218483
 1/17/2023 HNB - ECHO HCCLAIMPMT 746003411 440000218483
 1/17/2023 HNB - ECHO HCCLAIMPMT 746003411 440000218533
 1/18/2023 HUMANA INS CO HCCLAIMPMT 624982 830000596859
 1/19/2023 WIRE OUT HMG SERVICES, LLC
 1/19/2023 HNB - ECHO HCCLAIMPMT 746003411 440000234392
 1/19/2023 HNB - ECHO HCCLAIMPMT 746003411 440000234398
 1/20/2023 HNB - ECHO HCCLAIMPMT 746003411 440000269327
 1/20/2023 HNB - ECHO HCCLAIMPMT 746003411 440000269326
 1/20/2023 Centene Manage ACH 008765433514 1110000229

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	147.12					-	147.12
-	47.04					-	47.04
-	469.64					-	469.64
-	23.52					-	23.52
-	4,070.00					-	4,070.00
17,505.67	-					-	-
-	63.44					-	63.44
-	67.23					-	67.23
-	120.11					-	120.11
-	2,179.74					-	2,179.74
-	25,380.85	20,762.28	4,618.57			23,071.57	2,309.29
17,505.67	32,568.69	20,762.28	4,618.57			23,071.57	9,497.13

Gulf Points Plaza-Medicare/Medicaid

1/17/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 1/17/2023 NORIDIAN J3A HCCLAIMPMT 675892 4200001719076
 1/19/2023 WIRE OUT HMG SERVICES, LLC
 1/19/2023 Deposit
 1/20/2023 HNB - ECHO HCCLAIMPMT 746003411 440000269327
 1/20/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2
 1/20/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	2,634.91					-	2,634.91
-	796.42					-	796.42
70,132.32	-					-	-
-	1,438.72					-	1,438.72
-	28,400.72					-	28,400.72
-	287.31					-	287.31
-	9,472.38					-	9,472.38
70,132.32	43,030.46					-	43,030.46
87,637.99	75,599.15	20,762.28	4,618.57			23,071.57	52,527.59

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
Number of Accounts: 16	\$8,131,485.90	\$8,562,920.25	\$8,131,485.90	\$8,319,703.6
*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	\$45,328.01	\$64,175.06	\$45,328.01	\$8,972.4
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.01	\$537.01	\$537.01	\$537.0
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$7,256,544.60	\$7,252,940.02	\$7,256,544.60	\$7,569,962.3
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.32	\$432.32	\$432.32	\$432.3
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$48,664.69	\$96,697.31	\$48,664.69	\$66,022.8
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$99,566.27	\$255,642.63	\$99,566.27	\$101,069.7
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$60,572.25	\$101,811.02	\$60,572.25	\$79,522.0
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$5,400.91	\$55,701.41	\$5,400.91	\$10,784.0
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$72,635.76	\$87,388.28	\$72,635.76	\$50,311.5
*2998 MMC -MONEY MARKET FUND	\$297,150.11	\$297,150.11	\$297,150.11	\$297,150.1
*5506 MMC -NH BETHANY SENIOR LIVING	\$106,121.42	\$107,879.03	\$106,121.42	\$78,706.7
*5441 MMC -NH GULF POINTE / PLAZA - MEDICARE/MEDICAID	\$43,130.46 ✓	\$127,002.25	\$43,130.46	\$4,970.0
*5433 MMC -NH GULF POINTE / PLAZA - PRIVATE PAY	\$32,668.69 ✓	\$32,668.69	\$32,668.69	\$4,987.9
*3407 MMC -NH TUSCANY VILLAGE	\$50,773.61	\$70,935.32	\$50,773.61	\$34,314.5

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Page generated on 01/23/2023 ;

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 1/23/2023

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		100,820.71	100,720.71	50,673.61	-	-	50,773.61	50,673.61
						Bank Balance Variance	50,773.61	
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt

50,673.61

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 1/23/2023
 ANDREW DE LOS SANTOS

APPROVED ON
 JAN 23 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

MMC PORTION			
QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse

Tuscany Village

1/19/2023 WIRE OUT LINBAR ENTERPRISES, LLC
 1/19/2023 Deposit
 1/19/2023 HNB - ECHO HCCLAIMPMT 746003411 440000234392
 1/20/2023 CK 1116
 1/20/2023 Deposit

Transfer-Out	Transfer-In	QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
91,209.82 ✓	-	-	-	-	-	-	-
-	14,785.00	-	-	-	-	-	14,785.00
-	9,918.61 ✓	-	-	-	-	-	9,918.61
9,510.89 ✓	-	-	-	-	-	-	-
-	25,970.00	-	-	-	-	-	25,970.00
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
100,720.71 ✓	50,673.61 ✓	-	-	-	-	-	50,673.61 ✓

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
Number of Accounts: 16	\$8,131,485.90	\$8,562,920.25	\$8,131,485.90	\$8,319,703.6
<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	\$45,328.01	\$64,175.06	\$45,328.01	\$8,972.4
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.01	\$537.01	\$537.01	\$537.0
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$7,256,544.60	\$7,252,940.02	\$7,256,544.60	\$7,569,962.3
<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	\$48,664.69	\$96,697.31	\$48,664.69	\$66,022.8
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$99,566.27	\$255,642.63	\$99,566.27	\$101,069.7
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$60,572.25	\$101,811.02	\$60,572.25	\$79,522.0
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$5,400.91	\$55,701.41	\$5,400.91	\$10,784.0
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$72,635.76	\$87,388.28	\$72,635.76	\$50,311.5
<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	\$106,121.42	\$107,879.03	\$106,121.42	\$78,706.7
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$43,130.46	\$127,002.25	\$43,130.46	\$4,970.0
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$32,668.69	\$32,668.69	\$32,668.69	\$4,987.5
<u>*3407</u> MMC -NH TUSCANY VILLAGE ✓	\$50,773.61 ✓	\$70,935.32	\$50,773.61	\$34,314.5

* indicate:
Page generated on 01/23/2023 :

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 1/23/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		108,245.94	108,145.94	106,021.42			106,121.42	81,103.84
						Bank Balance	106,121.42	
						Variance	-	
						Leave in Balance	100.00	
						SUPERIOR NOV QIPP	24,917.58	
						October Interest		
						November Interest		
						December Interest		
						Adjust Balance/Transfer Amt	81,103.84	

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 1/23/2023

APPROVED ON

JAN 23 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

MMC PORTION

Bethany Senior Living ✓	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/18/2023 Deposit	-	12,577.78	-	-	-	-	-	12,577.78
1/18/2023 Deposit	-	24,815.58	-	-	-	-	-	24,815.58
1/18/2023 Deposit	-	3,402.72	-	-	-	-	-	3,402.72
1/19/2023 WIRE OUT PORT LAVACA NH, LLC	108,145.94	-	-	-	-	-	-	-
1/19/2023 Deposit	-	19,717.96	-	-	-	-	-	19,717.96
1/19/2023 Deposit	-	15,190.00	-	-	-	-	-	15,190.00
1/19/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	2,902.67	-	-	-	-	-	2,902.67
1/20/2023 Centene Managem ACH 008765433514 1110000229	-	27,414.71	22,420.44	4,994.27	-	-	24,917.58	2,497.14
	108,145.94	106,021.42	22,420.44	4,994.27	-	-	24,917.58	81,103.85

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$8,131,485.90	\$8,562,920.25	\$8,131,485.90	\$8,319,703.6
<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	\$45,328.01	\$64,175.06	\$45,328.01	\$8,972.4
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.01	\$537.01	\$537.01	\$537.0
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$7,256,544.60	\$7,252,940.02	\$7,256,544.60	\$7,569,962.3
<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	\$48,664.69	\$96,697.31	\$48,664.69	\$66,022.8
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$99,566.27	\$255,642.63	\$99,566.27	\$101,069.7
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$60,572.25	\$101,811.02	\$60,572.25	\$79,522.0
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$5,400.91	\$55,701.41	\$5,400.91	\$10,784.0
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$72,635.76	\$87,388.28	\$72,635.76	\$50,311.5
<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	\$106,121.42	\$107,879.03	\$106,121.42	\$78,706.7
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$43,130.46	\$127,002.25	\$43,130.46	\$4,970.0
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$32,668.69	\$32,668.69	\$32,668.69	\$4,987.9
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$50,773.61	\$70,935.32	\$50,773.61	\$34,314.5

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Page generated on 01/23/2023

MEMORIAL MEDICAL CENTER

CHECK REQUEST - *Ashford*

P
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MEMORIAL MEDICAL CENTER

Date Requested: 1/23/23

APPROVED ON

JAN 23 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 001197

FOR ACCT. USE ONLY

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

AMOUNT \$364.96 /

G/L NUMBER: 10255040

EXPLANATION: MOLINA YR 4 ADJ 2

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew DelaCruz*

*1/23/23
Ashford*

RUN DATE:01/25/23
TIME:11:47

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/25/23 THRU 01/25/23

PAGE 5
GLCKREG

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

NHA 001197 01/25/23 364.96 MEMORIAL MEDICAL CENTER *Ashford*
TOTALS: 364.96

APPROVED ON

JAN 25 2023

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

MEMORIAL MEDICAL CENTER

CHECK REQUEST - *Broadmeor*

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E
MEMORIAL MEDICAL CENTER

Date Requested: 1/23/23

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

APPROVED ON
JAN 23 2023

AMOUNT \$148.78 *↓* BY COUNTY AUDITOR CALHOUN COUNTY, TENN. MEMBER: 10255040
CL# 000 224

EXPLANATION: MOLINA YR 4 ADJ 2

REQUESTED BY: Mayra Martinez AUTHORIZED BY: *Andrew DeLoe Santos*

1/23/23
Broadmeor

RUN DATE:01/25/23
TIME:11:47

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/25/23 THRU 01/25/23

PAGE 6
GLCKREG

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

NHB 000228 01/25/23 148.78 MEMORIAL MEDICAL CENTER *Bradmoor*
TOTALS: 148.78

APPROVED ON

JAN 25 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST - *crescent*

P
A
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E

MEMORIAL MEDICAL CENTER

Date Requested: 1/23/23

FOR ACCT. USE ONLY

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

APPROVED ON
JAN 23 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 00 0271

AMOUNT \$121.44 ✓

G/L NUMBER: 10255040

EXPLANATION: MOLINA YR 4 ADJ 2

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: Andrew DeLorenzo

*1/23/23
Crescent*

RUN DATE:01/25/23
TIME:11:47

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/25/23 THRU 01/25/23

PAGE 7
GLCKREG

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

NHC 000271 01/25/23 121.44 MEMORIAL MEDICAL CENTER *Crescent*
TOTALS: 121.44

APPROVED ON

JAN 25 2023

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

MEMORIAL MEDICAL CENTER
CHECK REQUEST - Fort Bend

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MEMORIAL MEDICAL CENTER

Date Requested: 1/23/23

APPROVED ON
JAN 23 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#000202

FOR ACCT. USE ONLY

<input type="checkbox"/>	Imprest Cash
<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Mail Check to Vendor
<input type="checkbox"/>	Return Check to Dept

AMOUNT \$150.99 ✓

G/L NUMBER: 10255040

EXPLANATION: MOLINA YR 4 ADJ 2

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: Andrew De la Santa

1/23/23
Fort Bend

RUN DATE:01/25/23
TIME:11:47

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/25/23 THRU 01/25/23

PAGE 8
GLCKREG

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

NHF 000202 01/25/23 150.99 MEMORIAL MEDICAL CENTER *Fert Bend*
TOTALS: 150.99

APPROVED ON

JAN 25 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST - *Solem*

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MEMORIAL MEDICAL CENTER

Date Requested: 1/23/23

APPROVED ON

JAN 23 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#001258

FOR ACCT. USE ONLY

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

AMOUNT \$139.53 ✓

G/L NUMBER: 10255040

EXPLANATION: MOLINA YR 4 ADJ 2

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew Dela Santa*

*1/23/23
Solem*

RUN DATE:01/25/23
TIME:11:47

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/25/23 THRU 01/25/23

PAGE 10
GLCKREG

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

NHS 001258 01/25/23 139.53 MEMORIAL MEDICAL CENTER
TOTALS: 139.53

Solem

APPROVED ON

JAN 25 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST - *golden creek*

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MEMORIAL MEDICAL CENTER

Date Requested: 1/23/23

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON
JAN 23 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 000174

AMOUNT \$30,414.14 ✓

G/L NUMBER: 10255040

EXPLANATION: SUPERIOR NOVEMBER QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew DeLorenzo*

1/23/23
Golden Creek

RUN DATE:01/25/23
TIME:11:47

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/25/23 THRU 01/25/23

PAGE 9
GLCKREG

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

NHG 000176 01/25/23 30,414.14 MEMORIAL MEDICAL CENTER *golden creek*
TOTALS: 30,414.14

APPROVED ON

JAN 25 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

CHECK REQUEST - *Gulf Pointe PP*

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MEMORIAL MEDICAL CENTER

Date Requested: 1/23/23

APPROVED ON
JAN 23 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#001097

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT \$23,071.57 ✓

G/L NUMBER: 10255040

EXPLANATION: SUPERIOR NOVEMBER QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew DeLoach*

1/23/23

Gulf Pointe-PP

RUN DATE:01/25/23
TIME:11:47

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/25/23 THRU 01/25/23

PAGE 4
GLCKREG

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

GPP 001097 01/25/23 23,071.57 MEMORIAL MEDICAL CENTER
TOTALS: 23,071.57

Gulf Pointe

APPROVED ON

JAN 25 2023

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

MEMORIAL MEDICAL CENTER

CHECK REQUEST - *Bethany*

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MEMORIAL MEDICAL CENTER

Date Requested: 1/23/23

APPROVED ON

JAN 23 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck #1016

FOR ACCT. USE ONLY

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

AMOUNT \$24,917.58 ✓

G/L NUMBER: 10255040

EXPLANATION: SUPERIOR NOVEMBER QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew De la Sentera*

1/23/23

Bethany

RUN DATE:01/25/23
TIME:11:47

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/25/23 THRU 01/25/23

PAGE 3
GLCKREG

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

BSL 001016 01/25/23 24,917.58 MEMORIAL MEDICAL CENTER *Bothany*
TOTALS: 24,917.58

APPROVED ON

JAN 25 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001197

Date 1/25/23

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 364.96

Three hundred sixty four & 96/100

DOLLARS



PROSPERITY BANK

FOR Molina YR 4 ADJ 2

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000228

Date 1/25/23

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 148.78

One hundred forty eight & 78/100

DOLLARS



PROSPERITY BANK

FOR Molina YR 4 ADJ 2

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000271

Date 1/25/23

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 121.44

One hundred twenty one & 44/100

DOLLARS



PROSPERITY BANK

FOR Molina YR 4 ADJ 2

Security features are included. Details on back.

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MEMORIAL MEDICAL CENTER

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

000202

Date 1/25/23

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 150.99

One hundred fifty & 99/100

DOLLARS



FOR Molina yr4 ADJ 2

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MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001258

Date 1/25/23

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 139.53

One hundred thirty nine & 53/100

DOLLARS



FOR Molina yr4 ADJ 2

Security features are included. Details on back.

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MEMORIAL MEDICAL CENTER

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

000176

Date 1/25/23

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 30,414.14

Thirty thousand Four hundred fourteen & 14/100

DOLLARS



FOR Superior Nov Qipp

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

361-553-4818
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1097

88-2255/1131-87

DATE 1/25/23

CHECK AMOUNT

PAY TO THE ORDER OF Memorial Medical Center \$ 23,071.57

Twenty three thousand Seventy one & 57/100 DOLLARS



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PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77976-5102
361-552-7411 www.prosperitybankusa.com

FOR Superior Nov Clipp

Photo Safe Deposits

MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING

PH 361-553-4818
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1016

88-2265/1131-87

DATE 1/25/23

CHECK AMOUNT

PAY TO THE ORDER OF Memorial Medical Center \$ 24,917.58

Twenty four thousand Nine hundred Seventeen & 58/100 DOLLARS



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Photo Safe Deposits

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

1/25/2023

NH Name	From Bank Acct #	Ck #	Payee	GL #	SUPERIOR NOV QIPP	QIPP YR 4 ADJ 2 - MOLINA	TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040		364.96	364.96	1/25/2023
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040		148.78	148.78	1/25/2023
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040		121.44	121.44	1/25/2023
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040		150.99	150.99	1/25/2023
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040		139.53	139.53	1/25/2023
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040	30,414.14		30,414.14	1/25/2023
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040	23,071.57		23,071.57	1/25/2023
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001	10255040			-	1/25/2023
Bethany			MMC -Prosperity Operating #10000001	10255040	24,917.58		24,917.58	1/25/2023
Tuscany			MMC -Prosperity Operating #10000001	10255040			-	1/25/2023
			Total:		78,403.29	925.70	79,328.99	

Note:

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 1/23/2023