MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---February 01, 2023

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 1,006,962.38 ✓
TOTAL TRANSFERS BETWEEN FUNDS	$ 1,845,732.50 ✓
TOTAL NURSING HOME UPL EXPENSES	$ 3,041,906.28 ✓
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED February 01, 2023	$ 5,894,601.16 ✓

APPROVED

FEB 0 1 2023

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---February 01, 2023

PAYABLES AND PAYROLL			
1/26/2023	Weekly Payables	239,179.62	
1/26/2023	Patient Refunds	583.19	
1/27/2023	Blue Cross Blue Shield-insurance	227,203.19	
1/27/2023	Sun Life-insurance	11,132.26	
1/30/2023	McKesson-340B Prescription Expense	5,355.37	
1/30/2023	Amerisource Bergen-340B Prescription Expense	722.70	
1/30/2023	Payroll Liabilities -Payroll Taxes	118,851.22	
1/30/2023	Payroll	378,484.32	
1/30/2023	Health Equity-Wage works employee FSA	25,323.12	
	Prosperity Electronic Bank Payments		
1/23-1/27/23	Pay Plus-Patient Claims Processing Fee	127.39	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,006,962.38**
TRANSFERS BETWEEN FUNDS-MMC			
1/30/2023	Transfer from Operating to Money Market Account- higher interest rates	1,750,000.00	
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
1/26/2023	MMC Operating to Ashford-correction of NH insurance and QIPP payment deposited into MMC Operating	6,778.42	
1/26/2023	MMC Operating to Solera-correction of NH QIPP payment deposited into MMC Operating	1,827.56	
1/26/2023	MMC Operating to Fort bend-correction of NH QIPPpayment deposited into MMC Operating	1,904.52	
1/26/2023	MMC Operating to Broadmoor-correction of NH QIPP payment deposited into MMC Operating	2,273.54	
1/26/2023	MMC Operating to Crescent-correction of NH QIPP payment deposited into MMC Operating in error	551.47	
1/26/2023	MMC Operating to Golden Creek-correction of NH insurance and QIPP payment deposited into MMC Operating in error	3,588.72	
1/26/2023	MMC Operating to Gulf Pointe Plaza -correction of NH insurance and QIPP payment deposited into MMC Operating	34,075.90	
1/26/2023	MMC Operating to Tuscany Village-correction of NH insurance and QIPP payment deposited into MMC Operating	41,889.81	
1/26/2023	MMC Operating to Bethany-correction of NH insurance and QIPP payment deposited into MMC Operating in error	2,842.56	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 1,845,732.50**
NURSING HOME UPL EXPENSES			
1/30/2023	Nursing Home UPL-Cantex Transfer	1,851,140.30	
1/30/2023	Nursing Home UPL-Nexion Transfer	96,404.89	
1/30/2023	Nursing Home UPL-HMG Transfer	154,438.62	
1/30/2023	Nursing Home UPL-Tuscany Transfer	319,276.34	
1/30/2023	Nursing Home UPL-HSL Transfer	530,055.15	
QIPP CHECKS TO MMC			
1/30/2023	Ashford	32,432.64	
1/30/2023	Broadmoor	12,018.65	
1/30/2023	Crescent	8,346.69	
1/30/2023	Fort Bend	10,138.30	
1/30/2023	Solera	9,706.96	
1/30/2023	Tuscany	17,947.74	
TOTAL NURSING HOME UPL EXPENSES			**$ 3,041,906.28**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED February 01, 2023			**$ 5,894,601.16**

RECEIVED BY THE
COUNTY AUDITOR ON
JAN 26 2023
CALHOUN COUNTY, TEXAS

01/26/2023
11:54

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/11/2023

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CORP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3119709159	INVENTORY	01/25/20	01/15/20	01/21/20		28,574.00	0.00	0.00	28,574.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	28,574.00	0.00	0.00	28,574.00

Vendor#	Vendor Name	Class	Pay Code
A2218	AQUA BEVERAGE COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
244670	LATE FEE	01/25/20	12/31/20	01/25/20		10.00	0.00	0.00	10.00
244719	LATE FEE	01/25/20	12/31/20	01/25/20		10.00	0.00	0.00	10.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	20.00	0.00	0.00	20.00

Vendor#	Vendor Name	Class	Pay Code
A0400	AUREUS RADIOLOGY LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2884403	LAB STAFFING (12/23-12/29/22) Shirley	01/18/20	01/09/20	02/08/20		3,740.00	0.00	0.00	3,740.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A0400	AUREUS RADIOLOGY LLC	3,740.00	0.00	0.00	3,740.00

Vendor#	Vendor Name	Class	Pay Code
13892	BLUE CROSS BLUE SHIELD REFUND		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
011923	PATIENT REF	01/26/20	01/19/20	02/11/20		76.52	0.00	0.00	76.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13892	BLUE CROSS BLUE SHIELD REFUND	76.52	0.00	0.00	76.52

Vendor#	Vendor Name	Class	Pay Code
14064	CAPITAL ONE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1646493207	SUPPLIES	01/25/20	01/19/20	02/01/20		320.85	0.00	0.00	320.85

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	14064	CAPITAL ONE	320.85	0.00	0.00	320.85

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
8003050091	SUPPLIES	01/18/20	12/24/20	01/18/20		471.25	0.00	0.00	471.25
8003038052	SUPPLIES	01/26/20	12/10/20	01/04/20		401.07	0.00	0.00	401.07

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	872.32	0.00	0.00	872.32

Vendor#	Vendor Name	Class	Pay Code
14260	CAREFUSION SOLUTIONS, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1002006021-5	MAINT	01/25/20	01/09/20	02/01/20		1,788.00	0.00	0.00	1,788.00
1002006022-3	MAINT	01/25/20	01/09/20	02/01/20		2.00	0.00	0.00	2.00
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	14260	CAREFUSION SOLUTIONS, LLC				1,790.00	0.00	0.00	1,790.00

Vendor#	Vendor Name	Class	Pay Code
C1390	CENTRAL DRUG	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
052322	INVENTORY	01/25/20	05/23/20	06/22/20		19.40	0.00	0.00	19.40
062722	INVENTORY	01/25/20	06/27/20	07/27/20		9.70	0.00	0.00	9.70
11212022	INVENTORY	01/25/20	11/21/20	12/21/20		19.40	0.00	0.00	19.40
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUG				48.50	0.00	0.00	48.50

Vendor#	Vendor Name	Class	Pay Code
13264	CERVEY, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
19998		01/25/20	01/05/20	01/30/20		1,699.00	0.00	0.00	1,699.00
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	13264	CERVEY, LLC				1,699.00	0.00	0.00	1,699.00

Vendor#	Vendor Name	Class	Pay Code
11956	CMT MEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4603252	SUPPLIES	01/17/20	01/10/20	02/10/20		144.69	0.00	0.00	144.69
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11956	CMT MEDICAL				144.69	0.00	0.00	144.69

Vendor#	Vendor Name	Class	Pay Code
C1970	CONMED CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10086528	SUPPLIES	01/26/20	01/07/20	02/07/20		197.90	0.00	0.00	197.90
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION				197.90	0.00	0.00	197.90

Vendor#	Vendor Name	Class	Pay Code
14080	CORROHEALTH, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
897559	CODING SERVICES	01/26/20	12/31/20	01/30/20		2,147.60	0.00	0.00	2,147.60
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	14080	CORROHEALTH, INC.				2,147.60	0.00	0.00	2,147.60

Vendor#	Vendor Name	Class	Pay Code
14608	COTIVITI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
011923C	PT REFN	01/26/20	01/19/20	02/11/20		80.71	0.00	0.00	80.71

011923B		01/26/20 01/19/20 02/11/20			1,935.17	0.00	0.00	1,935.17
	PT REFI							
011923D		01/26/20 01/19/20 02/11/20			56.96	0.00	0.00	56.96
	PT RFD							
011923E		01/26/20 01/19/20 02/11/20			1,935.17	0.00	0.00	1,935.17
	PT REFND							
011923A		01/26/20 01/19/20 02/11/20			64.10	0.00	0.00	64.10
	PT REFUNC							
011923		01/26/20 01/19/20 02/11/20			134.82	0.00	0.00	134.82
	PATIENT REFC							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	14608	COTIVITI			4,206.93	0.00	0.00	4,206.93

Vendor#	Vendor Name			Class	Pay Code				
10509	DA&E								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
18466		01/25/20	01/12/20	02/01/20			1,895.00	0.00	0.00	1,895.00
	CAH MEDICARE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10509	DA&E					1,895.00	0.00	0.00	1,895.00

Vendor#	Vendor Name			Class	Pay Code				
10368	DEWITT POTH & SON								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7054732		01/25/20	01/12/20	02/06/20			155.97	0.00	0.00	155.97
	SUPPLIES									
7065840		01/25/20	01/17/20	02/11/20			255.52	0.00	0.00	255.52
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON					411.49	0.00	0.00	411.49

Vendor#	Vendor Name			Class	Pay Code				
14708	EQUALIZE RCM SERVICES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
529783		01/18/20	01/10/20	02/10/20			5,000.00	0.00	0.00	5,000.00
	RCM ASSESSEMENT FEE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	14708	EQUALIZE RCM SERVICES					5,000.00	0.00	0.00	5,000.00

Vendor#	Vendor Name			Class	Pay Code				
11944	EQUIFAX WORKFORCE SOLUTIONS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2053984369		01/10/20	01/08/20	02/07/20			10.99	0.00	0.00	10.99
	EMPLOYEE VERIF									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11944	EQUIFAX WORKFORCE SOLUTIONS					10.99	0.00	0.00	10.99

Vendor#	Vendor Name			Class	Pay Code				
C2510	EVIDENT			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
T2301091378		01/25/20	01/09/20	01/09/20			10,371.38	0.00	0.00	10,371.38
	MEDICAL CODING/BUS SERV									
T2301171378		01/25/20	01/17/20	01/17/20			7,815.40	0.00	0.00	7,815.40
	BUSINESS SERV									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C2510	EVIDENT					18,186.78	0.00	0.00	18,186.78

Vendor#	Vendor Name	Class	Pay Code
S0501	EVOQUA WATER TECHNOLOGIES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
905682597		01/23/20	01/12/20	02/06/20		1,514.39	0.00	0.00	1,514.39
	SUPPLIES								
903150340		01/25/20	06/23/20	07/18/20		190.80	0.00	0.00	190.80
	FILTER CTRG								
903150342		01/25/20	06/23/20	07/18/20		572.40	0.00	0.00	572.40
	FILTER CTRG								
905432089		01/25/20	07/01/20	07/26/20		2,511.19	0.00	0.00	2,511.19
	CONTRACT 7/22-12/3122								
905432088		01/25/20	07/01/20	07/26/20		2,490.35	0.00	0.00	2,490.35
	CONTRACT								
905444194		01/25/20	07/12/20	08/06/20		524.00	0.00	0.00	524.00
	CONTRACT SERV								
905627044		01/25/20	11/30/20	12/25/20		540.00	0.00	0.00	540.00
	LAB SERV								
905667430		01/25/20	01/01/20	01/26/20		2,755.39	0.00	0.00	2,755.39
	CONTRACT								
905667429		01/25/20	01/01/20	01/26/20		2,877.96	0.00	0.00	2,877.96
	CONTRCAT 1-1-23-6-23								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	13,976.48	0.00	0.00	13,976.48

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9357015		01/26/20	01/04/20	01/29/20		136.36	0.00	0.00	136.36
	SUPPLIES								
9394617		01/26/20	01/05/20	01/30/20		1,633.93	0.00	0.00	1,633.93
	SUPPLIES								
9394619		01/26/20	01/05/20	01/30/20		1,664.50	0.00	0.00	1,664.50
	SUPPLIES								
9394618		01/26/20	01/05/20	01/30/20		19.81	0.00	0.00	19.81
	SUPPLIES								
9471940		01/26/20	01/09/20	02/03/20		300.42	0.00	0.00	300.42
	SUPPLIES								
9471939		01/26/20	01/09/20	02/03/20		112.64	0.00	0.00	112.64
	SUPPLIES								
9512729		01/26/20	01/10/20	02/04/20		14,500.19	0.00	0.00	14,500.19
	SUPPLIES								
9512728		01/26/20	01/10/20	02/04/20		473.00	0.00	0.00	473.00
	SUPPLIES								
9512726		01/26/20	01/10/20	02/04/20		-100.64	0.00	0.00	-100.64
	CREDIT								
9512730		01/26/20	01/10/20	02/04/20		323.50	0.00	0.00	323.50
	SUPPLIES								
9553171		01/26/20	01/11/20	02/05/20		2,422.39	0.00	0.00	2,422.39
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	21,486.10	0.00	0.00	21,486.10

Vendor#	Vendor Name	Class	Pay Code

10901 GENESIS DIAGNOSTICS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
53439A		01/26/20	10/26/20	11/25/20		102.93	0.00	0.00	102.93
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS	102.93	0.00	0.00	102.93

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
2337647		01/17/20	01/10/20	02/09/20		645.01	0.00	0.00	645.01
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	645.01	0.00	0.00	645.01

Vendor#	Vendor Name	Class	Pay Code
H0032	H + H SYSTEM, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
039628		01/26/20	01/11/20	01/26/20		93.97	0.00	0.00	93.97
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0032	H + H SYSTEM, INC.	93.97	0.00	0.00	93.97

Vendor#	Vendor Name	Class	Pay Code
10334	HEALTH CARE LOGISTICS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
308745541		01/10/20	11/30/20	12/25/20		337.61	0.00	0.00	337.61
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	337.61	0.00	0.00	337.61

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
3386		01/25/20	12/30/20	01/01/20		25,901.00	0.00	0.00	25,901.00
	DOLI RENEWAL								
3387		01/25/20	12/30/20	01/01/20		26,072.83	0.00	0.00	26,072.83
	BILLING ERRORS/OMISSIONS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1227	HEALTHSURE INSURANCE SERVICES	51,973.83	0.00	0.00	51,973.83

Vendor#	Vendor Name	Class	Pay Code
12868	HOLT CAT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
WIEZ0036502		01/25/20	01/06/20	01/21/20		3,497.24	0.00	0.00	3,497.24
	500 PM2 MAINT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12868	HOLT CAT	3,497.24	0.00	0.00	3,497.24

Vendor#	Vendor Name	Class	Pay Code
10530	HUMANA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
011223		01/26/20	01/12/20	02/11/20		61.88	0.00	0.00	61.88
	PATIENT RFD								
011923		01/26/20	01/19/20	02/11/20		156.63	0.00	0.00	156.63
	PATIENT RFD								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	10530	HUMANA					218.51	0.00	0.00	218.51
Vendor#	Vendor Name				Class	Pay Code				
10922	HUNTER PHARMACY SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	5236		01/25/20	12/31/20	01/20/20		15,128.67	0.00	0.00	15,128.67
		PHARMACIST SALARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10922	HUNTER PHARMACY SERVICES				15,128.67	0.00	0.00	15,128.67
Vendor#	Vendor Name				Class	Pay Code				
12628	LEGATO									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	C-2538		01/25/20	09/30/20	10/30/20		100.00	0.00	0.00	100.00
		LOGO REQUEST								
	1081		01/25/20	12/31/20	01/30/20		947.50	0.00	0.00	947.50
		FLYER/HANDOUTS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12628	LEGATO				1,047.50	0.00	0.00	1,047.50
Vendor#	Vendor Name				Class	Pay Code				
11203	MEDI-DOSE, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0875843		01/25/20	01/13/20	01/25/20		135.60	0.00	0.00	135.60
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11203	MEDI-DOSE, INC				135.60	0.00	0.00	135.60
Vendor#	Vendor Name				Class	Pay Code				
11612	MEDICAL AIR SERVICES ASSOC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1433778		01/25/20	01/15/20	02/01/20		1,777.00	0.00	0.00	1,777.00
		INSURANCE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11612	MEDICAL AIR SERVICES ASSOC.				1,777.00	0.00	0.00	1,777.00
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
	2245384899		01/11/20	01/11/20	02/05/20		106.15	0.00	0.00	106.15
		SUPPLIES								
	2246428508		01/11/20	01/11/20	02/05/20		25.34	0.00	0.00	25.34
		SUPPLIES								
	2248031301		01/25/20	01/01/20	01/26/20		287.27	0.00	0.00	287.27
		SUPPLIES								
	2247269018		01/25/20	01/06/20	01/31/20		449.20	0.00	0.00	449.20
		SUPPLIES								
	2247443343		01/25/20	01/07/20	02/01/20		12.23	0.00	0.00	12.23
		SUPPLIES								
	25247443342		01/25/20	01/07/20	02/01/20		33.00	0.00	0.00	33.00
		SUPPLIES								
	2247868209		01/25/20	01/10/20	02/04/20		22.84	0.00	0.00	22.84
		SUPPLIES								
	2247868208		01/25/20	01/10/20	02/04/20		41.18	0.00	0.00	41.18
		SUPPLIES								
	2248030395		01/25/20	01/11/20	02/05/20		1,632.40	0.00	0.00	1,632.40

SUPPLIES						
2248030390	01/25/20 01/11/20 02/05/20	4.15	0.00	0.00	4.15	
SUPPLIES						
2248030396	01/25/20 01/11/20 02/05/20	67.32	0.00	0.00	67.32	
SUPPLIES						
2248030387	01/25/20 01/11/20 02/05/20	38.61	0.00	0.00	38.61	
SUPPLIES						
2248030391	01/25/20 01/11/20 02/05/20	134.64	0.00	0.00	134.64	
SUPPLIES						
2248030394	01/25/20 01/11/20 02/05/20	34.68	0.00	0.00	34.68	
SUPPLIES						
2248030385	01/25/20 01/11/20 02/05/20	108.50	0.00	0.00	108.50	
SUPPLIES						
2248031303	01/25/20 01/11/20 02/05/20	40.60	0.00	0.00	40.60	
SUPPLIES						
2248030399	01/25/20 01/11/20 02/05/20	925.74	0.00	0.00	925.74	
SUPPLIES						
2248030393	01/25/20 01/11/20 02/05/20	214.05	0.00	0.00	214.05	
SUPPLIES						
2248030398	01/25/20 01/11/20 02/05/20	250.36	0.00	0.00	250.36	
SUPPLIES						
2248030388	01/25/20 01/11/20 02/05/20	132.15	0.00	0.00	132.15	
SUPPLIES						
2248030397	01/25/20 01/11/20 02/05/20	134.64	0.00	0.00	134.64	
SUPPLIES						
2248007920	01/25/20 01/11/20 02/05/20	10,194.61	0.00	0.00	10,194.61	
SUPPLIES						
2248031304	01/25/20 01/11/20 02/05/20	41.71	0.00	0.00	41.71	
SUPPLIES						
2248030389	01/25/20 01/11/20 02/05/20	8.30	0.00	0.00	8.30	
SUPPLIES						
2248031302	01/25/20 01/11/20 02/05/20	3,700.00	0.00	0.00	3,700.00	
SUPPLIES						
2248030392	01/25/20 01/11/20 02/05/20	201.96	0.00	0.00	201.96	
SUPPLIES						
2248230391	01/25/20 01/12/20 02/06/20	38.15	0.00	0.00	38.15	
SUPPLIES						
2248230393	01/25/20 01/12/20 02/06/20	207.17	0.00	0.00	207.17	
SUPPLIES						
2248230395	01/25/20 01/12/20 02/06/20	207.17	0.00	0.00	207.17	
SUPPLIES						
2248230394	01/25/20 01/12/20 02/06/20	148.90	0.00	0.00	148.90	
SUPPLIES						
2248230396	01/25/20 01/12/20 02/06/20	28.51	0.00	0.00	28.51	
SUPPLIES						
2248230392	01/25/20 01/12/20 02/06/20	39.94	0.00	0.00	39.94	
SUPPLIES						
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net	
	M2470 MEDLINE INDUSTRIES INC	19,511.47	0.00	0.00	19,511.47	

Vendor#	Vendor Name	Class	Pay Code
10904	MERCK SHARP & DOHME CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7016612740		12/31/20	12/07/20	02/05/20		1,512.79	0.00	0.00	1,512.79
	INVENTORY PHARM								
7016629517		01/11/20	12/13/20	02/11/20		1,520.29	0.00	0.00	1,520.29
	INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10904	MERCK SHARP & DOHME CORP	3,033.08	0.00	0.00	3,033.08

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
9101537		01/25/20	01/11/20	01/21/20		1,779.76	0.00	0.00	1,779.76
	INVENTORY								
9115042		01/25/20	01/15/20	01/25/20		7.40	0.00	0.00	7.40
	INVENTORY								
9115040		01/25/20	01/15/20	01/25/20		58.75	0.00	0.00	58.75
	INVENTORY								
9115041		01/25/20	01/15/20	01/25/20		737.36	0.00	0.00	737.36
	INVENTORY								
9113175		01/25/20	01/15/20	01/25/20		941.51	0.00	0.00	941.51
	INVENTORY								
9116836		01/25/20	01/16/20	01/26/20		4.92	0.00	0.00	4.92
	INVENTORY								
9119469		01/25/20	01/16/20	01/26/20		270.65	0.00	0.00	270.65
	INVENTORY								
9116838		01/25/20	01/16/20	01/26/20		1,546.81	0.00	0.00	1,546.81
	INVENTORY								
9116834		01/25/20	01/16/20	01/26/20		1.48	0.00	0.00	1.48
	INVENTORY								
9116837		01/25/20	01/16/20	01/26/20		5.20	0.00	0.00	5.20
	INVENTORY								
9116835		01/25/20	01/16/20	01/26/20		46.32	0.00	0.00	46.32
	INVENTORY								
9119470		01/25/20	01/16/20	01/26/20		663.58	0.00	0.00	663.58
	INVENTORY								
9123865		01/25/20	01/17/20	01/27/20		200.47	0.00	0.00	200.47
	INVENTORY								
9123866		01/25/20	01/17/20	01/27/20		10.22	0.00	0.00	10.22
	INVENTORY								
9121792		01/25/20	01/17/20	01/27/20		1.48	0.00	0.00	1.48
	INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	6,275.91	0.00	0.00	6,275.91

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
7953		01/25/20	01/23/20	02/02/20		258.86	0.00	0.00	258.86
	TRANSCRIPTION SERV (1/7-1/20/23)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	258.86	0.00	0.00	258.86

Vendor#	Vendor Name	Class	Pay Code
12388	NATIONAL FARM LIFE INSURANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3867396		01/25/20	01/16/20	02/01/20		3,787.76	0.00	0.00	3,787.76
	INSURANCE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LIFE INSURANCE				3,787.76	0.00	0.00	3,787.76

Vendor#	Vendor Name	Class	Pay Code
11472	OCCUPRO LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
28712		01/26/20	12/07/20	01/06/20		502.11	0.00	0.00	502.11
	MONTHLY LICENSE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11472	OCCUPRO LLC				502.11	0.00	0.00	502.11

Vendor#	Vendor Name	Class	Pay Code
O1416	ORTHO CLINICAL DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1852753726		01/11/20	01/11/20	02/10/20		752.16	0.00	0.00	752.16
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS				752.16	0.00	0.00	752.16

Vendor#	Vendor Name	Class	Pay Code
OM425	OWENS & MINOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2082250909		01/26/20	01/05/20	02/04/20		70.93	0.00	0.00	70.93
	SUPPLIES								
2082400920		01/26/20	01/10/20	02/09/20		141.86	0.00	0.00	141.86
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR				212.79	0.00	0.00	212.79

Vendor#	Vendor Name	Class	Pay Code
10896	QIAGEN INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
998634489		01/26/20	01/06/20	02/05/20		359.93	0.00	0.00	359.93
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10896	QIAGEN INC				359.93	0.00	0.00	359.93

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SC32090223		01/25/20	01/12/20	02/06/20		1,791.67	0.00	0.00	1,791.67
	SERV AGREEMENT								
SC32690223		01/25/20	01/16/20	02/10/20		1,708.33	0.00	0.00	1,708.33
	SERVICE AGREEMENT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11080	RADSOURCE				3,500.00	0.00	0.00	3,500.00

Vendor#	Vendor Name	Class	Pay Code
11251	RAPID PRINTING LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
16111		01/25/20	12/07/20	12/10/20		30.00	0.00	0.00	30.00
	FOAMBOARD								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC				30.00	0.00	0.00	30.00

Vendor#	Vendor Name				Class	Pay Code				
11764	ROBERT RODRIQUEZ									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	011523		01/25/20	01/15/20	01/25/20		48.93	0.00	0.00	48.93
		TRAVEL (Sam's / HEB Plus 1115, 1116)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11764	ROBERT RODRIQUEZ				48.93	0.00	0.00	48.93
Vendor#	Vendor Name				Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	116319644		01/25/20	01/16/20	02/10/20		2,375.92	0.00	0.00	2,375.92
		CONTRACT SN 1530								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC				2,375.92	0.00	0.00	2,375.92
Vendor#	Vendor Name				Class	Pay Code				
10699	SIGN AD, LTD.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	283371		01/26/20	01/16/20	01/26/20		410.00	0.00	0.00	410.00
		ADVERTISING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10699	SIGN AD, LTD.				410.00	0.00	0.00	410.00
Vendor#	Vendor Name				Class	Pay Code				
S2345	SOUTHEAST TEXAS HEALTH SYS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	26725		01/25/20	01/05/20	02/04/20		5,000.00	0.00	0.00	5,000.00
		2023 1ST QTR MEMBERSHIP								
	26713		01/26/20	11/05/20	12/05/20		175.00	0.00	0.00	175.00
		CREDIENTIALING/GAINES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2345	SOUTHEAST TEXAS HEALTH SYS				5,175.00	0.00	0.00	5,175.00
Vendor#	Vendor Name				Class	Pay Code				
C1010	SPARKLIGHT				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	011423B		01/25/20	01/14/20	01/15/20		122.07	0.00	0.00	122.07
		CABLE								
	011423A		01/25/20	01/14/20	01/15/20	1675.15	~~1,694.12~~	0.00	0.00	~~1,694.12~~ 1675.15
		CABLE								
	011423		01/25/20	01/14/20	01/15/20	135.77	~~269.47~~	0.00	0.00	~~269.47~~ 135.77
		CABLE								
	011423C		01/25/20	01/14/20	01/15/20		2,250.00	0.00	0.00	2,250.00
		INTERNET								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1010	SPARKLIGHT			4182.99	~~4,335.66~~	0.00	0.00	~~4,335.66~~ 4182.99
Vendor#	Vendor Name				Class	Pay Code				
U0080	UAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	079987826		01/26/20	01/11/20	01/26/20		235.70	0.00	0.00	235.70
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U0080	UAL				235.70	0.00	0.00	235.70
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
8400412975	LAUNDRY	01/18/20	01/12/20	02/06/20			200.84	0.00	0.00	200.84
8400412995	LAUNDRY	01/18/20	01/12/20	02/06/20			74.33	0.00	0.00	74.33
8400413016	LAUNDRY	01/18/20	01/12/20	02/06/20			125.98	0.00	0.00	125.98
8400412977	LAUNDRY	01/18/20	01/12/20	02/06/20			211.82	0.00	0.00	211.82
8400412978	LAUNDRY	01/18/20	01/12/20	02/06/20			210.98	0.00	0.00	210.98
8400412974	LAUNDRY	01/18/20	01/12/20	02/06/20			33.27	0.00	0.00	33.27
8400412976	LAUNDRY	01/18/20	01/12/20	02/06/20			190.72	0.00	0.00	190.72
8400413001	LAUNDRY	01/18/20	01/12/20	02/06/20			2,294.34	0.00	0.00	2,294.34
8400413178	LAUNDRY	01/25/20	01/16/20	02/10/20			60.77	0.00	0.00	60.77
8400413177	LAUNDRY	01/25/20	01/16/20	02/10/20			47.40	0.00	0.00	47.40
8400413198	LAUNDRY	01/25/20	01/16/20	02/10/20			2,505.36	0.00	0.00	2,505.36

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	5,955.81	0.00	0.00	5,955.81

Vendor# Vendor Name Class Pay Code

14192 UNITED HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
011923	PATIENT REF	01/26/20	01/19/20	02/11/20			123.00	0.00	0.00	123.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	14192	UNITED HEALTHCARE	123.00	0.00	0.00	123.00

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
9111269355	SUPPLIES	01/17/20	01/11/20	02/05/20			384.18	0.00	0.00	384.18
9111269354	SUPPLIES	01/17/20	01/11/20	02/05/20			2,301.00	0.00	0.00	2,301.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	2,685.18	0.00	0.00	2,685.18

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	239,332.29	0.00	0.00	239,332.29

239,332.29 +
4,335.66 −
4,182.99 +
239,179.62 *

APPROVED ON
JAN 26 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

pg 10 correction { <4,335.66> +4,182.99

$239,179.62

CK# 197973-198029

RECEIVED BY THE COUNTY AUDITOR ON JAN 26 2023 CALHOUN COUNTY, TEXAS

RUN DATE: 01/26/23 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 11:27 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		012623	65.00	3		REFUND FOR	
		012623	95.00	2		REFUND FOR	
		012623	130.00	2		REFUND FOR	
		012623	78.52	2		REFUND FOR	
		012623	69.95	2		REFUND FOR	
		012623	99.72	2		REFUND FOR	
		012623	45.00	2		REFUND FOR	
	ARID=0001 TOTAL		583.19				
TOTAL			583.19				

APPROVED ON JAN 26 2023 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 198039 - 198045

RECEIVED BY THE COUNTY AUDITOR ON

JAN 27 2023

01/27/2023 MEMORIAL MEDICAL CENTER 0
CALHOUN COUNTY, TEXAS 13:42 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
12324	BLUE CROSS BLUE SHIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
011823	FEB 2023 INSURANCE	01/27/20	01/18/20	02/01/20		227,203.19	0.00	0.00	227,203.19

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12324	BLUE CROSS BLUE SHIELD	227,203.19	0.00	0.00	227,203.19

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	227,203.19	0.00	0.00	227,203.19

APPROVED ON

JAN 27 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#197977

RECEIVED BY THE
COUNTY AUDITOR ON
JAN 27 2023
CALHOUN COUNTY, TEXAS

01/27/2023
13:44

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

0
ap_open_invoice.template

Vendor#	Vendor Name
12476	SUN LIFE FINANCIAL

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
012623	JAN 23 INSURANCE	01/27/20	01/23/20	02/10/20		11,132.26	0.00	0.00	11,132.26

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12476	SUN LIFE FINANCIAL	11,132.26	0.00	0.00	11,132.26

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,132.26	0.00	0.00	11,132.26

APPROVED ON
JAN 27 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#198025

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/27/2023 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 01/28/2023

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

As of: 01/27/2023 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 01/28/2023 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 5,464.66 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 01/31/2023, Pay This Amount: 5,355.37 USD

If Paid After 01/31/2023, Pay this Amount: 5,464.66 USD

Due If Paid On Time: USD 5,355.37 ✓

Disc lost if paid late: 109.29

Due If Paid Late: USD 5,464.66

5,344.85 +
10.52 +
5,355.37 *

Andrew De Los Santos
1/30/23

APPROVED ON
JAN 30 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 01/27/2023 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 01/28/2023

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

As of: 01/27/2023 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 256342 PLEASE CHECK ANY
Date: 01/28/2023 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
01/23/2023	01/31/2023	7392998665	61329637	115Invoice		0.06		0.06 ✓		7392998665	
01/23/2023	01/31/2023	7392998666	61370438	115Invoice	0.01	0.39		0.38 ✓		7392998666	
01/23/2023	01/31/2023	7392998667	61414766	115Invoice	6.44	322.17		315.73 ✓		7392998667	
01/23/2023	01/31/2023	7392998668	61475198	115Invoice	7.20	359.90		352.70 ✓		7392998668	
01/23/2023	01/31/2023	7393203505	61312781	195Invoice	0.01	0.32		0.31 ✓		7393203505	
01/23/2023	01/31/2023	7393203506	61425272	115Invoice	35.96	1,798.13		1,762.17 ✓		7393203506	
01/23/2023	01/31/2023	7393203507	61341540	115Invoice	0.02	0.95		0.93 ✓		7393203507	
01/24/2023	01/31/2023	7393363719	61664966	115Invoice	1.32	65.95		64.63 ✓		7393363719	
01/24/2023	01/31/2023	7393550169	61578597	195Invoice	0.65	32.72		32.07 ✓		7393550169	
01/24/2023	01/31/2023	7393778177	61771649	115Invoice	0.89	44.43		43.54 ✓		7393778177	
01/25/2023	01/31/2023	7393643904	61758410	115Invoice	12.22	610.99		598.77 ✓		7393643904	
01/25/2023	01/31/2023	7393643905	61828571	115Invoice	4.05	202.33		198.28 ✓		7393643905	
01/26/2023	01/31/2023	7393950576	61901226	115Invoice	2.63	131.34		128.71 ✓		7393950576	
01/26/2023	01/31/2023	7394154411	61894542	195Invoice	0.01	0.32		0.31 ✓		7394154411	
01/27/2023	01/31/2023	7394240171	62029172	115Invoice	15.89	794.45		778.56 ✓		7394240171	
01/27/2023	01/31/2023	7394240172	62029172	115Invoice	9.25	462.55		453.30 ✓		7394240172	
01/27/2023	01/31/2023	7394240173	62029172	115Invoice	0.54	27.24		26.70 ✓		7394240173	
01/27/2023	01/31/2023	7394422801	62042482	115Invoice	11.99	599.69		587.70 ✓		7394422801	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 5,453.93 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,928.33
01/23/2023

If Paid By 01/31/2023,
Pay This Amount: 5,344.85 USD

If Paid After 01/31/2023,
Pay this Amount: 5,453.93 USD

Due If Paid On Time:
USD 5,344.85 ✓

Disc lost if paid late: 109.08

Due If Paid Late:
USD 5,453.93

Andrea DeLaRosa
1/30/23

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/27/2023 Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 01/28/2023

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

As of: 01/27/2023 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 01/28/2023 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
01/25/2023	01/31/2023	7393850340	2122334	115Invoice	0.21	10.73		10.52 ✓		7393850340	

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

TOTAL: **Customer Number 835438 CVS PHCY 7475/MEM MC PHS**

Subtotals: 10.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,928.33
01/23/2023

If Paid By 01/31/2023,
Pay This Amount: 10.52 USD

If Paid After 01/31/2023,
Pay this Amount: 10.73 USD

Due If Paid On Time:
USD 10.52 ✓

Disc lost if paid late:
0.21

Due If Paid Late:
USD 10.73

Andrew DeLos Santos
1/30/23

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 64510189
Date: 01-27-2023

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	722.70
Past Due:	0.00
Total Due:	722.70
Account Balance:	722.70

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-23-2023	02-03-2023	3120641962	169322	Invoice	358.49		0.00	358.49
01-23-2023	02-03-2023	3120641963	169323	Invoice	29.03		0.00	29.03
01-25-2023	02-03-2023	3121004239	169385	Invoice	272.85		0.00	272.85
01-25-2023	02-03-2023	3121004550	169386	Invoice	29.03		0.00	29.03
01-27-2023	02-03-2023	3121314560	169405	Invoice	33.30		0.00	33.30

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
722.70	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
01-27-2023	(589.19)

Reminders

Due Date	Amount
02-03-2023	722.70
Total Due:	722.70

APPROVED ON
JAN 30 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DeLos Santos
1/30/23

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

	#### ###	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"			
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	23	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	03	
1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
2ND QTR - 06 (JUNE) - Apr, May, June			
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 118,851.22	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 62,673.20	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 14,657.50	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 41,520.52	#
CHECK		$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED *3/18/2014*

"ENTER VOID CKS AS NEGATIVE NUMBERS"

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	1/13/2023					
PAY PERIOD: END	12/26/2023					
PAY DATE:	2/3/2023					
GROSS PAY:	$ 538,556.49			$ -		$ 538,556.49
DEDUCTIONS:						
A/R	$ 420.00					$ 420.00
ADVANC						$ -
BOOTS						$ -
SUNLIFE CRITICAL ILLNESS	$ 1,178.73					$ 1,178.73
SUNLIFE ACCIDENT	$ 743.86					$ 743.86
SUNLIFE VISION						$ -
SUNLIFE SHORT TERM DIS	$ 2,005.70					$ 2,005.70
BCBS VISION	$ 949.65					$ 949.65
CAFÉ-D	$ 1,481.61					$ 1,481.61
CAFÉ-H	$ 22,633.61					$ 22,633.61
	$ -					$ -
	$ -					$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ 602.77					$ 602.77
CLINIC	$ 325.00					$ 325.00
COMBIN	$ 280.87					$ 280.87
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
SUNLIFE TERM LIFE	$ 936.92					$ 936.92
SUNLIFE HOSP INDEM	$ 618.50					$ 618.50
FED TAX	$ 41,520.52					$ 41,520.52
FICA-M	$ 7,328.75					$ 7,328.75
FICA-O	$ 31,336.60					$ 31,336.60
FIRST C						$ -
FLEX S	$ 3,494.40					$ 3,494.40
FLX-FE	$ -					$ -
GIFT S	$ 259.99					$ 259.99
GRP-IN						$ -
GTL						$ -
HOSP-I						$ -
LEGAL	$ 1,043.11					$ 1,043.11
OTHER	$ 2,354.75					$ 2,354.75
NATIONAL FARM LIFE	$ 1,796.93					$ 1,796.93
MED SURCHARGE	$ 420.00					$ 420.00
PR FIN	$ -					$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 640.86					$ 640.86
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 37,699.04					$ 37,699.04
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 160,072.17	$ -	$ -	$ -	$ -	$ 160,072.17
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
NET PAY:	$ 378,484.32	$ -	$ -	$ -	$ -	$ 378,484.32
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
TOTAL CAFÉ 125 PLAN:	$ 33,128.42	**Less Exempt:**				
TAXABLE PAY:	$ 505,428.07	$ 505,428.07				**Exempt Amt:**

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,328.71		
FICA - MED (EE)	1.45%	$ 7,328.71	$ 7,328.75	$ (0.04)
FICA - SOC SEC (ER)	6.20%	$ 31,336.54		
FICA - SOC SEC (EE)	6.20%	$ 31,336.54	$ 31,336.60	$ (0.06)
FED WITHHOLDING		$ 41,520.52	$ 41,520.52	

Employees over FICA-SS Cap:
Shanna Odonnell
Roshanda Thomas

Paycode S - Employee Reimb.: $ -

TOTAL: $ -

TAX DEPOSIT:	$ 118,851.02	$ 118,851.22	
FICA - MEDICARE	2.90% $ 14,657.42	$14,657.50	
FICA - SOCIAL SECURITY	12.40% $ 62,673.08	$62,673.20	**PREPARED BY:** Caitlin Clevenger
FED WITHHOLDING	$ 41,520.52	$41,520.52	**PREPARED DATE:** 1/30/2023
TOTAL TAX:	$ 118,851.02	$118,851.22	$ (0.20)

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	10316.75	N		N	N		223991.40
1	REGULAR PAY-S1	1696.50	N		N	N	N	75479.35
1	REGULAR PAY-S1	318.50	Y		N	N		10144.45
2	REGULAR PAY-S2	2753.75	N		N	N		68107.50
2	REGULAR PAY-S2	7.50	N		N	N	N	78.75
2	REGULAR PAY-S2	140.25	Y		N	N		5283.74
3	REGULAR PAY-S3	1566.25	N		N	N		48058.16
3	REGULAR PAY-S3	16.00	N		N	N	N	176.00
3	REGULAR PAY-S3	66.25	Y		N	N		3123.84
4	CALL BACK PAY	38.25	N	1	N	N	Y	1290.75
4	CALL BACK PAY	49.25	N	2	N	N	Y	2164.53
4	CALL BACK PAY	1.00	Y	1	N	N	Y	42.75
4	CALL BACK PAY	.75	Y	2	N	N	Y	37.66
C	CALL PAY	2156.00	N	1	N	N		4312.00
D	DOUBLE TIME	30.50	N	1	N	N		866.20
D	DOUBLE TIME	13.50	N	2	N	N		582.33
D	DOUBLE TIME	13.25	Y	1	N	N		564.45
D	DOUBLE TIME	6.00	Y	2	N	N		363.24
D	DOUBLE TIME	15.25	Y	3	N	N		1454.83
E	EXTRA WAGES		N	1	N	N	N	60520.00
F	FUNERAL LEAVE	6.00	N	1	N	N		166.68
I	INSERVICE	6.00	N	1	N	N		84.00
K	EXTENDED-ILLNESS-BANK	368.00	N	1	N	N		11720.78
P	PAID-TIME-OFF	44.22	N		N	N	N	751.76
P	PAID-TIME-OFF	690.00	N	1	N	N		17556.26
X	CALL PAY 2	80.00	N	1	N	N		160.00
Y	YMCA/CURVES		N		N	N	N	15.00
Z	CALL PAY 3	48.00	N	1	N	N		144.00
p	PAID TIME OFF - PROBATION	8.00	N	1	N	N		106.08
t	PHONE & DATA		N		N	N	N	1210.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	420.00	A/R2		A/R3	
ADVANC		AWARDS		BCBSVI	949.65
BOOTS		CAFE H		CAFE-1	
CAFE-2		CAFE-3		CAFE-4	
CAFE-5		CAFE-C		CAFE-D	1481.61
CAFE-F		CAFE-H	22633.61	CAFE-I	
CAFE-L		CAFE-P		CANCER	
CHILD	602.77	CLINIC	325.00	COMBIN	280.87
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
EATCSH		FEDTAX	41520.52	FICA-M	7328.75
FICA-O	31336.60	FIRSTC		FLEX S	3494.40
FLX FE		FORT D		FUTA	
GIFT S	259.99	GRANT		GRP-IN	
GTL		HOSP-I		ID TFT	
LEAF		LEGAL	173.11	MASA	870.00
MEALS	338.10	METVIS		MISC	
MISC/		MMCSHR		NATFML	1796.93
OTHER		PHI		PHI***	
PR FIN		RELAY		REPAY	
SAMS		SCRUBS		SIGNON	
ST-TX		STONDF	640.86	STONE	
STONE2		STUDEN		SUNACC	743.86
SUNILL	1178.73	SUNIND	618.50	SUNLIF	936.92
SUNSTD	2005.70	SUNVIS		SURCHG	420.00
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	37699.04	TUTION	
UNIFOR	2016.65	UW/HOS			

Grand Totals: 20455.72 (Gross: 538556.49 Deductions: 160072.17 Net: 378484.32)

Checks Count:- FT 198 PT 5 Other 60 Female 237 Male 24 Credit OverAmt 21 ZeroNet Term Total: 261

Payroll date: 2/3/23

Andrew DeCastSantos
1/30/23

Num.	Name	Amount	CHECK NUM	DATE
02136	TAMMY ESQUIVEL	71.69	00063287	02/03/23
15163	KELSEY HEINOLD	473.32	00063288	02/03/23
20343	SAVANNAH N SOCARRAS	289.76	00063289	02/03/23
86452	MACY ELLEDGE	268.95	00063290	02/03/23
00041	CARL LEE KING	792.37	DD	02/03/23
00083	SYLVIA A VARGAS	838.73	DD	02/03/23
00094	SYLVIA A MENDOZA	861.42	DD	02/03/23
00113	JACLYN CARREON	1342.85	DD	02/03/23
00132	SANDRA A BRAUN	656.76	DD	02/03/23
00192	BRENDA D PENA	3079.46	DD	02/03/23
00344	SANDRA LEE RUDDICK	2389.87	DD	02/03/23
00387	BILLIE F DUCKWORTH	3226.88	DD	02/03/23
00392	MONICA T CARR	964.17	DD	02/03/23
00399	LINDA J TIJERINA	3648.81	DD	02/03/23
00401	VELMA J PINA	1180.93	DD	02/03/23
00417	SHERRY L KING	2340.80	DD	02/03/23
00423	DONN V STRINGO	2114.47	DD	02/03/23
00482	PAM FIKAC	1350.48	DD	02/03/23
00581	CYNTHIA L RUSHING	1441.31	DD	02/03/23
00676	SHEILA KAY HEATHCOCK	875.04	DD	02/03/23
00681	RILLA RENEE WOOD	1630.47	DD	02/03/23
00692	DEBORAH E WITTNEBERT	396.88	DD	02/03/23
00697	MARIA C FARIAS	976.99	DD	02/03/23
00707	KIMBERLY R BLINKA	2098.82	DD	02/03/23
00895	EMILIE DIANE WILKEY	1672.81	DD	02/03/23
01015	SUSAN B SMALLEY	1866.52	DD	02/03/23
01191	SHARON M SPARKS	1597.58	DD	02/03/23
01234	JENISE N SVETLIK	1988.08	DD	02/03/23
01241	MANDY MACE	2040.28	DD	02/03/23
01367	MARILYN A SANDERS	3579.63	DD	02/03/23
01543	JACKIE E WILLIAMS	1628.43	DD	02/03/23
01791	RAUSHANAH J MONDAY	1546.98	DD	02/03/23
02011	ERIN R CLEVENGER	3910.73	DD	02/03/23
02014	AGAPITA C CANTU	988.89	DD	02/03/23
02021	ERIKA OSORNIA-SANCHEZ	1565.08	DD	02/03/23
02022	AMANDA J GRIGGS	2472.32	DD	02/03/23
02064	ANNA LAURA GARCIA	691.45	DD	02/03/23
02097	KYLIE M GAINES	2301.43	DD	02/03/23
02099	TRACI M SHEFCIK	2851.46	DD	02/03/23
02112	LESLIE THOMAS	3600.50	DD	02/03/23
02122	DARIN LUNA	2455.41	DD	02/03/23
02145	BING VALDEZ	3390.40	DD	02/03/23
02154	JUSTINE STRELCZYK	1727.28	DD	02/03/23
02162	MIRIAM PALUKA	2446.59	DD	02/03/23
02168	JENSICA KNIGHT	3405.26	DD	02/03/23
02193	TIKI VENGLAR	2135.42	DD	02/03/23
02271	DAWN J BUBENIK	2021.77	DD	02/03/23
02301	NICOLAS TIJERINA	2452.45	DD	02/03/23
02303	CONNIE M LUNA	2217.31	DD	02/03/23
02315	NINA M GREEN	2145.92	DD	02/03/23
02322	RICK OSORNIA	2971.80	DD	02/03/23
02331	JESSICA B BIFFLE	1772.20	DD	02/03/23
02346	JEANETTE L FALCON	1626.43	DD	02/03/23

Num.	Name	Amount	CHECK NUM	DATE
02416	JANELLE SCOTT	1680.14	DD	02/03/23
02511	MAGDALENA SEPULVEDA	3026.20	DD	02/03/23
02535	STEFANIE M SOLIZ	2272.16	DD	02/03/23
02552	VERONICA RAGUSIN	1739.68	DD	02/03/23
02622	JESUSA MARIE VILLARREAL	362.42	DD	02/03/23
02678	MELISSA NESLONEY	2815.43	DD	02/03/23
02701	RONDA DAWNELLE GOHLKE	3433.56	DD	02/03/23
02719	DAWN M MCCLELLAND	1881.25	DD	02/03/23
02735	ZANDRA A GARCIA	2876.16	DD	02/03/23
02763	JESSICA MARQUEZ	1470.66	DD	02/03/23
02794	HEATHER L MUTCHLER	1812.78	DD	02/03/23
02812	BRITTANY N RUDDICK	1643.38	DD	02/03/23
02907	MARIA F LONGORIA	1075.06	DD	02/03/23
02927	MICHAEL L GAINES	3019.36	DD	02/03/23
02963	DOROTHY J RENDON	1137.52	DD	02/03/23
02970	DIANNE G ATKINSON	1996.26	DD	02/03/23
03864	JACQUELINE R HERRERA	1213.92	DD	02/03/23
05003	COURTNE D THURLKILL	2902.77	DD	02/03/23
05006	REGINA A MARTINEZ	3163.45	DD	02/03/23
05122	MARISSA RANGEL	890.41	DD	02/03/23
05345	ERICA NGUYEN	2117.75	DD	02/03/23
05641	AMANDA R KEY	2569.27	DD	02/03/23
05757	SHARON T HOLDER	2179.31	DD	02/03/23
07123	CYNTHIA GUERRA	1496.68	DD	02/03/23
07147	CHAD A VORCE	1710.01	DD	02/03/23
07878	DIANA C SAUCEDA	1248.53	DD	02/03/23
11197	CATHERINE A SAENZ	3992.27	DD	02/03/23
11412	COURTNEY L MORKOVSKY	2381.98	DD	02/03/23
12011	KIMBERLY J REYNA	1678.93	DD	02/03/23
12115	LISA J HINOJOSA	904.66	DD	02/03/23
12153	JULIA MONTES	2038.64	DD	02/03/23
12392	BIANCA CADY	205.26	DD	02/03/23
15097	KYLE L DANIEL	3121.69	DD	02/03/23
15131	SAVANNAH HARLEY	1363.59	DD	02/03/23
15139	KRISTEN NICOLE BALLARD	1479.07	DD	02/03/23
15171	JESSICA BARRON	2653.60	DD	02/03/23
15256	COURTNEY A SALAZAR	1652.49	DD	02/03/23
15286	DAWN M MAREK	1836.24	DD	02/03/23
15909	JULIE NGUYEN	3555.87	DD	02/03/23
15915	BRIANNE J KEY	3480.74	DD	02/03/23
20102	MAYA HAWKINS	1226.70	DD	02/03/23
20133	LAKESHA TURNER	644.39	DD	02/03/23
20144	SOPHIE M PECENA	795.73	DD	02/03/23
20156	ERIN ASHLEY WISDOM	2170.85	DD	02/03/23
20178	AMY GARCIA	893.19	DD	02/03/23
20184	MELISSA ZAMORANO	1281.18	DD	02/03/23
20206	KELLI B GOFF	1649.29	DD	02/03/23
20207	SHAWNA G HARTL	3275.51	DD	02/03/23
20243	MELANIE CORTEZ	2086.71	DD	02/03/23
20294	JESSICA D WALTHER	780.92	DD	02/03/23
20419	KAREN N MCEUEN	316.86	DD	02/03/23
20456	SAYDI A ST CLAIR	635.64	DD	02/03/23
20742	CYNTHIA LOPEZ	191.18	DD	02/03/23
20759	JAMIE SADLER	497.06	DD	02/03/23

Num.	Name	Amount	CHECK NUM	DATE
20788	JAYLIN RAMIREZ	754.64	DD	02/03/23
20797	BETHANN M DIGGS	1560.18	DD	02/03/23
20816	JOIE L PENA	103.44	DD	02/03/23
20977	CHERYL L TESCH	1975.17	DD	02/03/23
20980	SAVANA LENTO	860.47	DD	02/03/23
21450	DIANA E LEAL	1398.28	DD	02/03/23
21629	JACOBY R CRAWFORD	1526.74	DD	02/03/23
22618	HEATHER L LOPEZ	350.73	DD	02/03/23
26186	JANET ORDUNO	2640.50	DD	02/03/23
28034	KRISTINA A BUENGER	843.24	DD	02/03/23
28120	JESSICA V SELVERA	1699.43	DD	02/03/23
29199	KELLY A SCHOTT	3052.49	DD	02/03/23
31035	STACIE L EPLEY	1546.57	DD	02/03/23
31054	LORA L LAMBDEN	826.19	DD	02/03/23
31099	ARACELY Z GARCIA	2917.85	DD	02/03/23
31219	LAUREN PHILLIPS	1248.71	DD	02/03/23
31251	CYNTHIA L BIAS	1686.81	DD	02/03/23
31313	KATHERINE LYNN JIMENEZ	1852.28	DD	02/03/23
31319	STACY L FARMER	1709.84	DD	02/03/23
31463	EDWARD E MATULA	2415.66	DD	02/03/23
31508	RACHEL A HEFFNER	1960.68	DD	02/03/23
31521	KEYLA DE LA CALLEJA	334.58	DD	02/03/23
31821	KAYLA M ALVAREZ	1381.14	DD	02/03/23
31832	SHANE D KRESTA	645.04	DD	02/03/23
31849	CODY L JUREK	315.64	DD	02/03/23
38118	KRYSTELLA F KISIAH	983.96	DD	02/03/23
38168	MEGAN M CANO	1338.58	DD	02/03/23
38702	ANNA VANESSA PENNELL	842.69	DD	02/03/23
41012	MARIA SANDOVAL	635.40	DD	02/03/23
41112	ANASTASIA L PEREZ	573.58	DD	02/03/23
41171	TOMMIE M TREVINO	665.82	DD	02/03/23
41205	JEANETTE ALVARADO	761.46	DD	02/03/23
41225	LESLIE A CRAIGEN	1335.84	DD	02/03/23
41236	PAMELA K VANNOY	1489.96	DD	02/03/23
41251	SARA YBARBO	813.42	DD	02/03/23
41274	KAREN GANN	1095.62	DD	02/03/23
41279	PAMELA R HARMON	719.66	DD	02/03/23
41347	ADRIANNA D STRAKOS	720.74	DD	02/03/23
41369	LORETTA A LEAL	389.40	DD	02/03/23
41418	ANGEL M CASSEL	987.24	DD	02/03/23
41506	JOSEFAT LUGO TORRES	595.19	DD	02/03/23
41507	OLGA I BETANCOURT	799.24	DD	02/03/23
41612	SONJA A GUAJARDO	692.08	DD	02/03/23
41617	JACQUELINE M MARTINEZ	795.08	DD	02/03/23
41705	KELSEY R TAYLOR	.89	DD	02/03/23
41896	RENAE MICHELLE EMERY	586.81	DD	02/03/23
41897	ROXANNA MUNOZ	876.18	DD	02/03/23
41901	JUANITA R MILLER	1117.42	DD	02/03/23
42106	CHRISTY SILVAS	817.86	DD	02/03/23
42112	SOCORRO C GONZALES	608.44	DD	02/03/23
42122	LEI ANA CHAVANA	1541.96	DD	02/03/23
42125	LUCY CALZADA	739.33	DD	02/03/23
42304	MIMI T NGUYEN	2162.56	DD	02/03/23
42820	MARIA D CHAVEZ	787.08	DD	02/03/23

Num.	Name	Amount	CHECK NUM	DATE
42842	SHANNA S O DONNELL	3283.75	DD	02/03/23
48680	JESSICA BUSH	49.94	DD	02/03/23
50018	MICHELLE M MORALES	1449.37	DD	02/03/23
50022	REGINA A JOHNSON	614.52	DD	02/03/23
50148	PENNY GOULDEN	3203.53	DD	02/03/23
50161	BRITTNEY MICHELLE ZAMORA	1399.21	DD	02/03/23
50248	MCKENNA VILLEGAS	596.77	DD	02/03/23
50282	JACOB W HAMILTON	2506.52	DD	02/03/23
50310	JASMINE GRIGSBY	787.51	DD	02/03/23
50546	MELANIE K SAMAYOA	2145.34	DD	02/03/23
50573	DEANA R DAVIS	1568.55	DD	02/03/23
50596	BETTY S DAVIS	1941.19	DD	02/03/23
50719	DEBRA K MUSTERED	2246.57	DD	02/03/23
50928	ADINA RODRIGUEZ	481.63	DD	02/03/23
53541	JACLYN B HARTL	1561.66	DD	02/03/23
54024	MONICA A ESCALANTE	1081.89	DD	02/03/23
55025	LEA C RESENDEZ	235.62	DD	02/03/23
55026	IRENE B PEREZ	466.72	DD	02/03/23
55106	CRYSTAL M CHAVEZ	821.21	DD	02/03/23
55127	APRIL N KUBALA	2621.39	DD	02/03/23
55382	SHANNON JACILDO	1611.54	DD	02/03/23
55658	LAJUAN WILKE	651.63	DD	02/03/23
58115	BECKY MARIE SALINAS	868.46	DD	02/03/23
58510	RITA L POLENSKY	812.17	DD	02/03/23
60112	ROBERT A RODRIQUEZ	1902.21	DD	02/03/23
60131	NORA OVALLE	558.22	DD	02/03/23
60138	ELIJAH ESTRADA	760.04	DD	02/03/23
60156	DANIELLE M TAGLE	780.52	DD	02/03/23
60165	TERESA A BENITEZ	1295.21	DD	02/03/23
60412	CHRISTOPHER GALINDO	711.14	DD	02/03/23
60616	DOROTHY A LONGORIA	625.54	DD	02/03/23
60867	RUDOLPHO VASQUEZ	1304.72	DD	02/03/23
62322	ALAN KNIGHT	1160.47	DD	02/03/23
63124	SANJUAN M GARCIA	1161.11	DD	02/03/23
63289	JASON RUBIO	887.99	DD	02/03/23
65100	FELICITA BONUZ	545.91	DD	02/03/23
65125	MARTHA CUMPEAN	759.61	DD	02/03/23
65136	TINA KORANEK	899.76	DD	02/03/23
65147	BLANCAROSA VILLARREAL	776.18	DD	02/03/23
65148	MARTA INIGUEZ	792.72	DD	02/03/23
65151	ELIA OLACHIA	956.96	DD	02/03/23
65162	CLAUDIA RUIZ	602.43	DD	02/03/23
65168	NORA MIRELES	985.59	DD	02/03/23
65189	ELVIRA SANCHEZ	969.06	DD	02/03/23
65213	LEE SIMERLY	929.55	DD	02/03/23
65269	NATALIE BAREFIELD	847.59	DD	02/03/23
65393	RAMONA A PEREZ	1075.91	DD	02/03/23
65453	AMALIA L FLORES	1050.48	DD	02/03/23
65463	MARIA I VELOZ	725.55	DD	02/03/23
65486	ROSA RODRIGUEZ	867.54	DD	02/03/23
65513	MARIA MORALES	832.83	DD	02/03/23
65705	DOMITILA HERRERA	605.07	DD	02/03/23
65715	MARIA R GOMEZ	833.04	DD	02/03/23
65865	MARIA F LEDEZMA	716.59	DD	02/03/23

Num.	Name	Amount	CHECK NUM	DATE
68368	DOMITILA GARCIA	225.27	DD	02/03/23
68568	CHRISTOPHER RUTHERFORD	883.67	DD	02/03/23
68792	NAZARIO DIAZ HERNANDEZ	1718.31	DD	02/03/23
70119	SARA N BLEDSOE	2214.82	DD	02/03/23
72727	CHRISANDRA LYNN KOVAREK	68.28	DD	02/03/23
73749	GLORIA N REID	2421.40	DD	02/03/23
74159	CAROL VILLARREAL	1222.08	DD	02/03/23
75190	RIKA MILLER	1805.47	DD	02/03/23
76003	IRMA DELEON	677.39	DD	02/03/23
76067	PAIGE GEORGIA CHATHAM	715.38	DD	02/03/23
76110	TARAH SUBLETT	835.47	DD	02/03/23
76115	JENNIFER R CARLOCK	649.89	DD	02/03/23
76120	RACHEL CANALES	1355.30	DD	02/03/23
76138	KAREN D GARCIA	674.56	DD	02/03/23
76210	ZOE VILLARREAL	521.54	DD	02/03/23
76300	AIDA JIMENEZ	654.20	DD	02/03/23
76313	PAMELA L BARTON	703.70	DD	02/03/23
76403	KATRINA A POKLUDA	1268.45	DD	02/03/23
76647	CHERYL A SEE	1147.66	DD	02/03/23
76706	GREGORY E MORALES	650.30	DD	02/03/23
76854	MARY PATTERSON	594.22	DD	02/03/23
76985	VANESSA TRISTAN	259.08	DD	02/03/23
77646	FAREN A GONZALES	1031.00	DD	02/03/23
78020	MISTY R PASSMORE	1211.97	DD	02/03/23
78058	KYARN J POWER	521.61	DD	02/03/23
78072	DONNA M RAWLINGS	1355.87	DD	02/03/23
78128	ALEXA QUINTANILLA	718.16	DD	02/03/23
78186	ANDREA F COOK	268.21	DD	02/03/23
78191	JAMIE J GRASSE	757.67	DD	02/03/23
78287	MARISSA D ALMANZAR	1610.95	DD	02/03/23
78336	JESSICA L GLOVER	1568.45	DD	02/03/23
78566	MELISSA K GBE	624.23	DD	02/03/23
78764	ASHLEY D HADLEY	2004.61	DD	02/03/23
78778	SARA M RUBIO	214.37	DD	02/03/23
78781	KRISTEN R MACHICEK	2320.70	DD	02/03/23
78787	FARAH I JANAK	2536.69	DD	02/03/23
78897	DAYLE J ROBINSON	537.68	DD	02/03/23
80008	ADAM D BESIO	2435.60	DD	02/03/23
80141	JEANNIE ORTA	1618.85	DD	02/03/23
82227	CAITLIN A CLEVENGER	1142.39	DD	02/03/23
86482	MEGAN M HARPER	1109.33	DD	02/03/23
88125	LISA M TREVINO	1126.18	DD	02/03/23
88321	ANDREW DE LOS SANTOS	2651.53	DD	02/03/23
88808	MARLEY B ODONNELL	1973.25	DD	02/03/23
88904	MAYRA K MARTINEZ	1492.90	DD	02/03/23
90320	ROSHANDA S THOMAS	5914.42	DD	02/03/23
93231	ANDRIE M FLORES	1090.72	DD	02/03/23
98756	ADRIANNA M GALVAN	1544.52	DD	02/03/23
		378484.32		

Memorial Medical Center
ACH Payment Request

Amount: 25,323.12 ✓

From Account: Operating- *4357

To Account: MUFG Union Bank **Account Number:** 3120004394 **Routing Number:** 122000496

Explanation:

Wage Works Employee FSA Payment Invoices 4683724 ,4457380, 4561699 ,4662847, 4643285, 4611175, 4587686, 4571179, 4534930 , 4509386, 4489984, 4470028, 4437698, 4413906, 4392110

Requested by: Caitlin Clevenger ✓ **Date:** 1/30/2023

APPROVED ON

Authorized by: Andrew DeLosSantos **Date:** 1/30/2023

JAN 30 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

HealthEquity® WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

Remit: Via Wire or ACH Credit to: MUFG Union Bank, N.A. Admin Fee Acct# 3120004386, routing # 122000496.

Please include Invoice # and Account # in your payment addenda for ACH Credit or Wire payment.

Check Payment: WageWorks Inc P.O Box 45772, San Francisco, CA 94145-0772. Please include the invoice # in remittance advice or return a copy of the invoice with the check.

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Account #	Invoice Date
2052366	01/25/2023
PO#	**Invoice #**
	INV4683724
DUE DATE	**AMOUNT DUE**
02/24/2023	$585.50

Description	Quantity	Fee	Amount
Healthcare - Benefit Period: Jan 2023			
Monthly Compliance Fee	1	50.00	50.00
HC FSA Admin Fee - Current Plan Year	77	5.25	404.25
HCDC FSA Admin Fee - Current Plan Year	3	5.25	15.75
HC FSA Admin Fee - Prior Plan Year	21	5.25	110.25
DC FSA Admin Fee - Prior Plan Year	1	5.25	5.25

Total Amount Due $585.50 ✓

Andrew DeLos Santos
11/30/23

HealthEquity® WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

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WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Account #	Invoice Date
2052366	11/23/2022
PO#	**Invoice #**
	INV4457380
DUE DATE	**AMOUNT DUE**
12/23/2022	$564.50

Description	Quantity	Fee	Amount
Healthcare - Benefit Period: Nov 2022			
Monthly Compliance Fee	1	50.00	50.00
HC FSA Admin Fee - Current Plan Year	97	5.25	509.25
DC FSA Admin Fee - Current Plan Year	1	5.25	5.25

Total Amount Due $564.50 ✓

Andrew De Los Santos
1/30/23

HealthEquity® WageWorks

INVOICE

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PO Box 25
Port Lavaca TX 77979

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WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Account #	Invoice Date
2052366	12/23/2022
PO#	**Invoice #**
	INV4561699
DUE DATE	**AMOUNT DUE**
01/23/2023	$564.50

Description	Quantity	Fee	Amount
Healthcare - Benefit Period: Dec 2022			
Monthly Compliance Fee	1	50.00	50.00
HC FSA Admin Fee - Current Plan Year	97	5.25	509.25
DC FSA Admin Fee - Current Plan Year	1	5.25	5.25

Total Amount Due $564.50

Andrew Dolas Santos
1/30/23

HealthEquity® WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to MUFG Union Bank, N.A.
FSA/HRA/DC Acct #: 3120004394 Routing #: 122000496

Please include invoice # in your payment addenda for ACH Credit or Wire payment.

Log on to our employer website to view detailed invoice reports: employer.wageworks.com

Account #	Invoice Date
2052366	01/23/2023
PO #	**DUE DATE**
	04/24/2023
Invoice #	**AMOUNT DUE**
INV4662847	**$4,145.80**

Description	Plan Code	Amount
PMB Payments - HCFSA 2023	HCFSA2023	296.16
PMP Payments - HCFSA 2023	HCFSA2023	524.67
Visa Card Payments - HCFSA 2023	HCFSA2023	3,064.97
Repayments - HCFSA 2022	HCFSA2022	(45.00)
PMB Payments - HCFSA 2022	HCFSA2022	305.00

Total Amount Due **$4,145.80** ✓

Andrew De Los Santos
1/30/23

HealthEquity® WageWorks

INVOICE

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PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

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FSA/HRA/DC Acct #: 3120004394 Routing #: 122000496

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Account #	Invoice Date
2052366	01/17/2023
PO #	**DUE DATE**
	04/17/2023
Invoice #	**AMOUNT DUE**
INV4643285	**$2,995.27**

Description	Plan Code	Amount
Visa Card Payments - HCFSA 2022	HCFSA2022	85.75
PMB Payments - DCFSA 2022	DCFSA2022	358.00
Visa Card Payments - HCFSA 2023	HCFSA2023	2,551.52

Total Amount Due Andrew DeLos Santos 11/30/23 **$2,995.27**

HealthEquity® WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to MUFG Union Bank, N.A.
FSA/HRA/DC Acct #: 3120004394 Routing #: 122000496

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Account #	Invoice Date
2052366	01/09/2023
PO #	**DUE DATE**
	04/10/2023
Invoice #	**AMOUNT DUE**
INV4611175	**$2,525.09**

Description	Plan Code	Amount
PMP Payments - HCFSA 2023	HCFSA2023	79.34
Visa Card Payments - HCFSA 2023	HCFSA2023	2,160.98
Visa Card Payments - HCFSA 2022	HCFSA2022	284.77

Total Amount Due Andrew De Los Santos 1/30/23 **$2,525.09** ✓

HealthEquity® WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to MUFG Union Bank, N.A.
FSA/HRA/DC Acct #: 3120004394 Routing #: 122000496

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Account #	Invoice Date
2052366	01/03/2023
PO #	**DUE DATE**
	04/03/2023
Invoice #	**AMOUNT DUE**
INV4587686	**$1,136.78**

Description	Plan Code	Amount
Visa Card Payments - HCFSA 2022	HCFSA2022	1,136.78

Total Amount Due Andrew DeLos Santos 11/30/23 **$1,136.78**

HealthEquity® WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to MUFG Union Bank, N.A.
FSA/HRA/DC Acct #: 3120004394 Routing #: 122000496

Please include invoice # in your payment addenda for ACH Credit or Wire payment.

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Account #	Invoice Date
2052366	12/27/2022
PO #	**DUE DATE**
	03/27/2023
Invoice #	**AMOUNT DUE**
INV4571179	**$1,743.06**

Description	Plan Code	Amount
Visa Card Payments - HCFSA 2022	HCFSA2022	1,743.06

Total Amount Due $1,743.06 ✓

Andrew De Los Santos
11/30/23

HealthEquity® WageWorks

INVOICE

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PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to MUFG Union Bank, N.A.
FSA/HRA/DC Acct #: 3120004394 Routing #: 122000496

Please include invoice # in your payment addenda for ACH Credit or Wire payment.

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Account #	Invoice Date
2052366	12/19/2022
PO #	**DUE DATE**
	03/20/2023
Invoice #	**AMOUNT DUE**
INV4534930	**$1,820.30**

Description	Plan Code	Amount
PMP Payments - HCFSA 2022	HCFSA2022	35.71
Visa Card Payments - HCFSA 2022	HCFSA2022	1,784.59

Total Amount Due Andrew DeLos Santos 11/30/23 **$1,820.30** ✓

HealthEquity® WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to MUFG Union Bank, N.A.
FSA/HRA/DC Acct #: 3120004394 Routing #: 122000496

Please include invoice # in your payment addenda for ACH Credit or Wire payment.

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Account #	Invoice Date
2052366	12/12/2022
PO #	**DUE DATE**
	03/13/2023
Invoice #	**AMOUNT DUE**
INV4509386	**$2,222.85**

Description	Plan Code	Amount
PMB Payments - HCFSA 2022	HCFSA2022	68.80
Visa Card Payments - HCFSA 2022	HCFSA2022	2,154.05

Total Amount Due

Andrew DeLa Santos
1/30/23

$2,222.85 /

HealthEquity WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to MUFG Union Bank, N.A.
FSA/HRA/DC Acct #: 3120004394 Routing #: 122000496

Please include invoice # in your payment addenda for ACH Credit or Wire payment.

Log on to our employer website to view detailed invoice reports: employer.wageworks.com

Account #	Invoice Date
2052366	12/05/2022
PO #	**DUE DATE**
	03/06/2023
Invoice #	**AMOUNT DUE**
INV4489984	**$1,281.86**

Description	Plan Code	Amount
Repayments - HCFSA 2022	HCFSA2022	(92.71)
PMB Payments - HCFSA 2022	HCFSA2022	171.85
Visa Card Payments - HCFSA 2022	HCFSA2022	1,202.72

Total Amount Due

Andrew DeLos Santos
11/30/23

$1,281.86 ✓

HealthEquity WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to MUFG Union Bank, N.A.
FSA/HRA/DC Acct #: 3120004394 Routing #: 122000496

Please include invoice # in your payment addenda for ACH Credit or Wire payment.

Log on to our employer website to view detailed invoice reports: employer.wageworks.com

Account #	Invoice Date
2052366	11/28/2022
PO #	**DUE DATE**
	02/27/2023
Invoice #	**AMOUNT DUE**
INV4470028	**$2,899.16**

Description	Plan Code	Amount
PMB Payments - DCFSA 2022	DCFSA2022	358.00
Repayments - HCFSA 2022	HCFSA2022	(306.15)
PMB Payments - HCFSA 2022	HCFSA2022	306.15
Visa Card Payments - HCFSA 2022	HCFSA2022	2,541.16

Andrew De Los Santos
11/30/23

Total Amount Due **$2,899.16** ✓

HealthEquity WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to MUFG Union Bank, N.A.
FSA/HRA/DC Acct #: 3120004394 Routing #: 122000496

Please include invoice # in your payment addenda for ACH Credit or Wire payment.

Log on to our employer website to view detailed invoice reports: employer.wageworks.com

Account #	Invoice Date
2052366	11/21/2022
PO #	**DUE DATE**
	02/20/2023
Invoice #	**AMOUNT DUE**
INV4437698	**$1,440.89**

Description	Plan Code	Amount
Visa Card Payments - HCFSA 2022	HCFSA2022	1,440.89

Andrew DeLos Santos
11/30/23

Total Amount Due **$1,440.89** ✓

HealthEquity WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to MUFG Union Bank, N.A.
FSA/HRA/DC Acct #: 3120004394 Routing #: 122000496

Please include invoice # in your payment addenda for ACH Credit or Wire payment.

Log on to our employer website to view detailed invoice reports: employer.wageworks.com

Account #	Invoice Date
2052366	11/14/2022
PO #	**DUE DATE**
	02/13/2023
Invoice #	**AMOUNT DUE**
INV4413906	**$1,186.59**

Description	Plan Code	Amount
Visa Card Payments - HCFSA 2022	HCFSA2022	1,186.59

Total Amount Due $1,186.59

Andrew DeLos Santos
11/30/23

HealthEquity® WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to MUFG Union Bank, N.A.
FSA/HRA/DC Acct #: 3120004394 Routing #: 122000496

Please include invoice # in your payment addenda for ACH Credit or Wire payment.

Log on to our employer website to view detailed invoice reports: employer.wageworks.com

Account #	Invoice Date
2052366	11/07/2022
PO #	**DUE DATE**
	02/06/2023
Invoice #	**AMOUNT DUE**
INV4392110	**$210.97**

Description	Plan Code	Amount
Visa Card Payments - HCFSA 2022	HCFSA2022	210.97

Total Amount Due **$210.97**

Andrew De Los Santos
11/30/23

Wire Transfer

- COUNTY OF CALHOUN TEXAS

PROSPERITY BANK®

Wire Details

Transaction Number	
Recurring Frequency	One-Time Payment
Template Name	WAGEWORKS
Amount	USD 25,323.12
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	02/03/2023

Originator Information

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

Beneficiary / Payee Information

Name	HEALTHEQUITY
Beneficiary ID Type	Account Number
Beneficiary ID	
Address 1	WAGEWORKS. INC
Address 2	
Address 3	
Beneficiary Country	US
Contact Name	
Phone Number	

Beneficiary Bank Information

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

Additional Reference Information

Purpose Of Payment	MEMORIAL MEDICAL
Additional Information For Beneficiary	INV DATE 11.07.22 to 1.25.23

Status History

Timestamp	Status	Initiator	Description
1 CST	Created	CC	Wire Created.

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- January 23, 2023 - January 29, 2023 ✓

Date	Bank Description	MMC Notes	Amount	CPS Pay Plus
1/23/2023	PAY PLUS ACHTRANS 452579291 101000694679093	- 3rd Party Payor Fee	16.93	16.93 +
1/23/2023	IRS USATAXPYMT 270342312594544 6103601001123	- Payroll Taxes	145,266.85*	
1/24/2023	PAY PLUS ACHTRANS 452579291 101000695692035	- 3rd Party Payor Fee	6.99	6.99 +
1/24/2023	MCKESSON DRUG AUTO ACH ACH05342158 910000126	- 340B Drug Program Expense	10,928.33**	39.45 +
1/25/2023	PAY PLUS ACHTRANS 452579291 101000696515030	- 3rd Party Payor Fee	39.45	
1/26/2023	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	-CitiBank Corporate Card Payment	2,452.50 **	14.57 +
1/26/2023	PAY PLUS ACHTRANS 452579291 101000697384126	- 3rd Party Payor Fee	14.57	49.45 +
1/27/2023	PAY PLUS ACHTRANS 452579291 101000698361420	- 3rd Party Payor Fee	49.45	
1/27/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	589.19 **	127.39 *
			159,364	159,364.26 +
				145,266.85 -
				10,928.33 -
				2,452.50 -
				589.19 -
				127.39 *

Andrew De Los Santos January 30, 2023
ANDREW DE LOS SANTOS
Memorial Medical Center

* Approved 01.18.23
** Approved 01.25.23

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amoun
			127.39 +
			127.39 -
			0.00 *

Andrew De Los Santos January 30, 2023
ANDREW DE LOS SANTOS
Memorial Medical Center

APPROVED ON
JAN 30 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
TRANSFER REQUEST

PAYEE Memorial Medical Center –Money Market Date Requested: 1/30/23

APPROVED ON
JAN 30 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT $1,750,000 ✓ G/L NUMBER:

EXPLANATION: TO TRANSFER $1,750,000 FROM OPERATING (*4357) TO MONEY MARKET ACCOUNT (*2998)

REQUESTED BY: Mayra Martinez AUTHORIZED BY:

1/30/23

DDA Data reported as of Jan 30, 2023

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
[redacted]				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$7,626,432.36	$7,701,721.22	$7,626,432.36	$7,862,139.6
[redacted]				
*2998 MMC -MONEY MARKET FUND	$297,150.11	$297,150.11	$297,150.11	$297,150.1
[redacted]				

Page generated on 01/30/2023 at

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RECEIVED BY THE COUNTY AUDITOR ON

JAN 26 2023

01/26/2023

CALHOUN COUNTY, TEXAS

11:22

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
011723		01/26/20	01/17/20	02/17/20			710.94	0.00	0.00	710.94
	TRANSFER NH insurance pymt deposited in to mme chem									
012023		01/26/20	01/20/20	02/20/20			6,067.48	0.00	0.00	6,067.48
	UHC NOV QIPP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	6,778.42	0.00	0.00	6,778.42

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,778.42	0.00	0.00	6,778.42

APPROVED ON

JAN 26 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#198030

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 26 2023

01/26/2023
11:25
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
012023		01/26/20	01/20/20	02/20/20			1,827.56	0.00	0.00	1,827.56
	UHC NOV QIPP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	1,827.56	0.00	0.00	1,827.56

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,827.56	0.00	0.00	1,827.56

APPROVED ON

JAN 26 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#198036

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 26 2023

CALHOUN COUNTY, TEXAS

01/26/2023
11:24

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
012023		01/26/20	01/20/20	02/20/20			1,904.52	0.00	0.00	1,904.52
	UHC NOV QIPP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	1,904.52	0.00	0.00	1,904.52

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,904.52	0.00	0.00	1,904.52

APPROVED ON

JAN 26 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 198033

RECEIVED BY THE COUNTY AUDITOR ON
01/26/2023
JAN 26 2023
CALHOUN COUNTY, TEXAS

01/26/2023 MEMORIAL MEDICAL CENTER 0
11:23 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR AT CREEKSIDE PARK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
012023		01/26/20	01/20/20	02/20/20			2,273.54	0.00	0.00	2,273.54
	UHC NOV QIPP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	2,273.54	0.00	0.00	2,273.54

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,273.54	0.00	0.00	2,273.54

APPROVED ON
JAN 26 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 198032

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 26 2023

CALHOUN COUNTY, TEXAS

01/26/2023
11:26

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
012023	UHC NOV QIPP	01/26/20	01/20/20	02/20/20			551.47	0.00	0.00	551.47

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	551.47	0.00	0.00	551.47

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	551.47	0.00	0.00	551.47

APPROVED ON

JAN 26 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#198037

RECEIVED BY THE COUNTY AUDITOR ON
JAN 26 2023
CALHOUN COUNTY, TEXAS

01/26/2023
11:24

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name					Class	Pay Code			
11836	GOLDENCREEK HEALTHCARE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	011823		01/26/20	01/18/20	02/18/20			131.12	0.00	0.00	131.12
		TRANSFER NH insurance pymt deposited into MMC operating									
	012023		01/26/20	01/20/20	02/20/20			3,457.60	0.00	0.00	3,457.60
		UHC NOV QIPP									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11836	GOLDENCREEK HEALTHCARE					3,588.72	0.00	0.00	3,588.72

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,588.72	0.00	0.00	3,588.72

APPROVED ON
JAN 26 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#198034

RECEIVED BY THE COUNTY AUDITOR ON

JAN 26 2023

01/26/2023 11:25

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12696	GULF POINTE PLAZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
011823		01/26/20	01/18/20	02/18/20			5,345.00	0.00	0.00	5,345.00
	TRANSFER NH insurance pymt deposited into MMC operating									
011923		01/26/20	01/19/20	02/19/20			26,102.03	0.00	0.00	26,102.03
	TRANSFER "								"	
012023		01/26/20	01/20/20	02/20/20			2,628.87	0.00	0.00	2,628.87
	UHC NOV QIPP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	34,075.90	0.00	0.00	34,075.90

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	34,075.90	0.00	0.00	34,075.90

APPROVED ON

JAN 26 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 198035

RECEIVED BY THE
COUNTY AUDITOR ON
JAN 26 2023
CALHOUN COUNTY, TEXAS

01/26/2023 MEMORIAL MEDICAL CENTER 0
11:26 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor# Vendor Name Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
011123		01/26/20	01/11/20	02/12/20			2,190.82	0.00	0.00	2,190.82
	TRANSFER	NH insurance pymt deposited in mmc bank								
011723B		01/26/20	01/17/20	02/17/20			3,185.00	0.00	0.00	3,185.00
	TRANSFER	"							"	
011723A		01/26/20	01/17/20	02/17/20			4,829.00	0.00	0.00	4,829.00
	TRANSFER	"							"	
011923A		01/26/20	01/19/20	02/19/20			3.10	0.00	0.00	3.10
	TRANSFER	"							"	
011923		01/26/20	01/19/20	02/19/20			30,441.30	0.00	0.00	30,441.30
	TRANSFER	"							"	
012023		01/26/20	01/20/20	02/20/20			1,240.59	0.00	0.00	1,240.59
	UHC NOV QIPP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	41,889.81	0.00	0.00	41,889.81

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	41,889.81	0.00	0.00	41,889.81

RECEIVED BY THE COUNTY AUDITOR ON

JAN 26 2023

CALHOUN COUNTY, TEXAS

01/26/2023
11:22

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12792	BETHANY SENIOR LIVING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
011723		01/26/20	01/17/20	02/17/20			0.04	0.00	0.00	0.04 ✓
	TRANSFER NH insurance pymt deposited into mmc operating									
012023		01/26/20	01/20/20	02/20/20			2,842.52	0.00	0.00	2,842.52 ✓
	UHC NOV QIPP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	2,842.56	0.00	0.00	2,842.56

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,842.56	0.00	0.00	2,842.56

APPROVED ON

JAN 26 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#197031

Ø

RUN DATE:01/30/23 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:58 CHECK REGISTER GLCKREG
02/01/23 THRU 02/01/23

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	197973	02/01/23	28,574.00	AMERISOURCEBERGEN DRUG CORP
A/P	197974	02/01/23	20.00	AQUA BEVERAGE COMPANY
A/P	197975	02/01/23	3,740.00	AUREUS RADIOLOGY LLC
A/P	197976	02/01/23	227,203.19	BLUE CROSS BLUE SHIELD
A/P	197977	02/01/23	76.52	BLUE CROSS BLUE SHIELD REFUND
A/P	197978	02/01/23	320.85	CAPITAL ONE
A/P	197979	02/01/23	872.32	CARDINAL HEALTH 414, INC.
A/P	197980	02/01/23	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	197981	02/01/23	48.50	CENTRAL DRUG
A/P	197982	02/01/23	1,699.00	CERVEY, LLC
A/P	197983	02/01/23	144.69	CMT MEDICAL
A/P	197984	02/01/23	197.90	CONMED CORPORATION
A/P	197985	02/01/23	2,147.60	CORROHEALTH, INC.
A/P	197986	02/01/23	4,206.93	COTIVITI
A/P	197987	02/01/23	1,895.00	DA&E
A/P	197988	02/01/23	411.49	DEWITT POTH & SON
A/P	197989	02/01/23	5,000.00	EQUALIZE RCM SERVICES
A/P	197990	02/01/23	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	197991	02/01/23	18,186.78	EVIDENT
A/P	197992	02/01/23	13,976.48	EVOQUA WATER TECHNOLOGIES LLC
A/P	197993	02/01/23	.00	VOIDED
A/P	197994	02/01/23	21,486.10	FISHER HEALTHCARE
A/P	197995	02/01/23	102.93	GENESIS DIAGNOSTICS
A/P	197996	02/01/23	645.01	GULF COAST PAPER COMPANY
A/P	197997	02/01/23	93.97	H + H SYSTEM, INC.
A/P	197998	02/01/23	337.61	HEALTH CARE LOGISTICS INC
A/P	197999	02/01/23	51,973.83	HEALTHSURE INSURANCE SERVICES
A/P	198000	02/01/23	3,497.24	HOLT CAT
A/P	198001	02/01/23	218.51	HUMANA
A/P	198002	02/01/23	15,128.67	HUNTER PHARMACY SERVICES
A/P	198003	02/01/23	1,047.50	LEGATO
A/P	198004	02/01/23	135.60	MEDI-DOSE, INC
A/P	198005	02/01/23	1,777.00	MEDICAL AIR SERVICES ASSOC.
A/P	198006	02/01/23	.00	VOIDED
A/P	198007	02/01/23	.00	VOIDED
A/P	198008	02/01/23	.00	VOIDED
A/P	198009	02/01/23	19,511.47	MEDLINE INDUSTRIES INC
A/P	198010	02/01/23	3,033.08	MERCK SHARP & DOHME CORP
A/P	198011	02/01/23	6,275.91	MORRIS & DICKSON CO, LLC
A/P	198012	02/01/23	258.86	NACOGDOCHES TRANSCRIPTION
A/P	198013	02/01/23	3,787.76	NATIONAL FARM LIFE INSURANCE
A/P	198014	02/01/23	502.11	OCCUPRO LLC
A/P	198015	02/01/23	752.16	ORTHO CLINICAL DIAGNOSTICS
A/P	198016	02/01/23	212.79	OWENS & MINOR
A/P	198017	02/01/23	359.93	QIAGEN INC
A/P	198018	02/01/23	3,500.00	RADSOURCE
A/P	198019	02/01/23	30.00	RAPID PRINTING LLC
A/P	198020	02/01/23	48.93	ROBERT RODRIQUEZ
A/P	198021	02/01/23	2,375.92	SIEMENS MEDICAL SOLUTIONS INC
A/P	198022	02/01/23	410.00	SIGN AD, LTD.

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	198023	02/01/23	5,175.00	SOUTHEAST TEXAS HEALTH SYS
A/P	198024	02/01/23	4,182.99	SPARKLIGHT
A/P	198025	02/01/23	11,132.26	SUN LIFE FINANCIAL
A/P	198026	02/01/23	235.70	UAL
A/P	198027	02/01/23	5,955.81	UNIFIRST HOLDINGS INC
A/P	198028	02/01/23	123.00	UNITED HEALTHCARE
A/P	198029	02/01/23	2,685.18	WERFEN USA LLC
A/P	198030	02/01/23	6,778.42	ASHFORD GARDENS
A/P	198031	02/01/23	2,842.56	BETHANY SENIOR LIVING
A/P	198032	02/01/23	2,273.54	BROADMOOR AT CREEKSIDE PARK
A/P	198033	02/01/23	1,904.52	FORTBEND HEALTHCARE CENTER
A/P	198034	02/01/23	3,588.72	GOLDENCREEK HEALTHCARE
A/P	198035	02/01/23	34,075.90	GULF POINTE PLAZA
A/P	198036	02/01/23	1,827.56	SOLERA WEST HOUSTON
A/P	198037	02/01/23	551.47	THE CRESCENT
A/P	198038	02/01/23	41,889.81	TUSCANY VILLAGE
A/P	198039	02/01/23	69.95	[redacted]
A/P	198040	02/01/23	45.00	
A/P	198041	02/01/23	130.00	
A/P	198042	02/01/23	65.00	
A/P	198043	02/01/23	78.52	
A/P	198044	02/01/23	99.72	
A/P	198045	02/01/23	95.00	
TOTALS:			573,830.76	

Payables 239,179.62 +
Patient refunds 583.19 +
Criticals 227,203.19 +
11,132.26 +
NH Transfers 6,778.42 +
1,827.56 +
1,904.52 +
2,273.54 +
551.47 +
3,588.72 +
34,075.90 +
41,889.81 +
2,842.56 +
573,830.76 *

APPROVED ON
FEB 01 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
1/30/2023

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		48,664.69	48,199.73	312,516.96			312,981.92	280,084.32
						Bank Balance	312,981.92	
						Variance	-	
						Leave in Balance	100.00	
						MOLINA YR 4 ADJ2	364.96	
						AMERIGROUP NOV QIPP	32,432.64	
						October Interest		
						November Interest		
						December Interest		
						Adjust Balance/Transfer Amt	280,084.32	
Broadmoor		99,566.27	99,317.49	404,666.00			404,914.78	392,647.35
						Bank Balance	404,914.78	
						Variance	-	
						Leave in Balance	100.00	
						AMERIGROUP NOV QIPP	12,018.65	
						MOLINA YR 4 ADJ2	148.78	
						October Interest		
						November Interest		
						December Interest		
						Adjust Balance/Transfer Amt	392,647.35	
Crescent		60,572.25	60,350.81	306,537.41			306,758.85	298,190.72
						Bank Balance	306,758.85	
						Variance	-	
						Leave in Balance	100.00	
						AMERIGROUP NOV QIPP	8,346.69	
						MOLINA YR 4 ADJ2	121.44	
						October Interest		
						November Interest		
						December Interest		
						Adjust Balance/Transfer Amt	298,190.72	
Fort Bend		5,400.91	5,149.92	175,159.74			175,410.73	165,021.44
						Bank Balance	175,410.73	
						Variance	-	
						Leave in Balance	100.00	
						MOLINA YR 4 ADJ2	150.99	
						AMERIGROUP NOV QIPP	10,138.30	
						October Interest		
						November Interest		
						December Interest		
						Adjust Balance/Transfer Amt	165,021.44	
Solera at W Houston		72,635.76	72,396.23	724,903.43			725,142.96	715,196.47
						Bank Balance	725,142.96	
						Variance	-	
						Leave in Balance	100.00	
						MOLINA YR 4 ADJ2	139.53	
						AMERIGROUP NOV QIPP	9,706.96	
						October Interest		
						November Interest		
						December Interest		
						Adjust Balance/Transfer Amt	715,196.47	
						TOTAL TRANSFERS		1,851,140.30

280,084.32 +
392,647.35 +
298,190.72 + *I / Fort Bend / Broadmoor*
165,021.44 +
715,196.47 +
1,851,140.30 *

APPROVED ON
JAN 30 2
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS
1/30/2023

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

J:\NH Weekly Transfers\NH UPL Transfer Summary\2023\NH UPL Transfer Summary 01.30.23.xlsx

Ashford Gardens ✓

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/23/2023	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	6,588.00					-	6,588.00
1/23/2023	HNB - ECHO HCCLAIMPMT 746003411 440000202226	-	66.27					-	66.27
1/23/2023	Amerigroup TXSC HCCLAIMPMT 3200434754 111000	-	18,082.56					-	18,082.56
1/23/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	23,295.79					-	23,295.79
1/24/2023	Amerigroup TXSC HCCLAIMPMT 3200564994 111000	-	43,048.12					-	43,048.12
1/24/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	48,840.31					-	48,840.31
1/24/2023	NOVITAS SOLUTION HCCLAIMPMT 675423 420000194	-	29,867.05					-	29,867.05
1/25/2023	HNB - ECHO HCCLAIMPMT 746003411 440000281892	-	152.60					-	152.60
1/25/2023	HNB - ECHO HCCLAIMPMT 746003411 440000282028	-	7.28					-	7.28
1/25/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	9,674.57					-	9,674.57
1/25/2023	AMERIGROUP CORPO E-PAYMENT EE52506718 111000	-	35,677.93	29,187.34	6,490.59			32,432.64	3,245.30
1/26/2023	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	48,199.73	-					-	-
1/26/2023	Deposit	-	50,000.00					-	50,000.00
1/26/2023	HNB - ECHO HCCLAIMPMT 746003411 440000215739	-	16,991.97					-	16,991.97
1/26/2023	NOVITAS SOLUTION HCCLAIMPMT 675423 420000100	-	8,058.97					-	8,058.97
1/27/2023	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	3,564.00					-	3,564.00
1/27/2023	HNB - ECHO HCCLAIMPMT 746003411 440000252055	-	4,562.33					-	4,562.33
1/27/2023	HNB - ECHO HCCLAIMPMT 746003411 440000251335	-	2,177.93					-	2,177.93
1/27/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	11,236.48					-	11,236.48
1/27/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	542.28					-	542.28
1/27/2023	NOVITAS SOLUTION HCCLAIMPMT 675423 420000112	-	82.52					-	82.52
		48,199.73 ✓	312,516.96 ✓	29,187.34	6,490.59	-	-	32,432.64 ✓	280,084.33 ✓

Broadmoor ✓

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/23/2023	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	6,480.00					-	6,480.00
1/23/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,758.60					-	7,758.60
1/23/2023	NOVITAS SOLUTION HCCLAIMPMT 676357 420000169	-	141,837.76					-	141,837.76
1/24/2023	HNB - ECHO HCCLAIMPMT 746003411 440000248039	-	1,787.70					-	1,787.70
1/24/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	33,142.06					-	33,142.06
1/24/2023	NOVITAS SOLUTION HCCLAIMPMT 676357 420000194	-	11,465.97					-	11,465.97
1/24/2023	HUMANA INS CO HCCLAIMPMT 390861 830000568209	-	6,155.31					-	6,155.31
1/24/2023	HEALTH HUMAN SVC HCCLAIMPMT 174600341130042	-	2,757.32					-	2,757.32
1/25/2023	HNB - ECHO HCCLAIMPMT 746003411 440000282028	-	9,183.78					-	9,183.78
1/25/2023	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	1,720.00					-	1,720.00
1/25/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,778.25					-	1,778.25
1/25/2023	NOVITAS SOLUTION HCCLAIMPMT 676357 420000101	-	23,874.72					-	23,874.72
1/25/2023	AMERIGROUP CORPO E-PAYMENT EE52506721 111000	-	13,233.25	10,804.04	2,429.21			12,018.65	1,214.61
1/26/2023	WIRE OUT CANTEX HEALTH CARE CENTERS III	99,317.49	-					-	-
1/26/2023	Deposit	-	50,000.00					-	50,000.00
1/26/2023	HNB - ECHO HCCLAIMPMT 746003411 440000215739	-	10,162.88					-	10,162.88
1/26/2023	HNB - ECHO HCCLAIMPMT 746003411 440000215613	-	6,992.52					-	6,992.52
1/26/2023	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	14,134.09					-	14,134.09
1/26/2023	NOVITAS SOLUTION HCCLAIMPMT 676357 420000199	-	6,837.77					-	6,837.77
1/27/2023	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	1,944.00					-	1,944.00
1/27/2023	HNB - ECHO HCCLAIMPMT 746003411 440000252059	-	5,096.52					-	5,096.52
1/27/2023	HNB - ECHO HCCLAIMPMT 746003411 440000252058	-	14,329.06					-	14,329.06
1/27/2023	HNB - ECHO HCCLAIMPMT 746003411 440000251335	-	5,711.20					-	5,711.20
1/27/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	14,190.60					-	14,190.60
1/27/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,948.94					-	1,948.94
1/27/2023	NOVITAS SOLUTION HCCLAIMPMT 676357 420000111	-	2,843.70					-	2,843.70
1/27/2023	HUMANA CHA DISB HCCLAIMPMT 390861 4200001038	-	9,300.00					-	9,300.00
		99,317.49 ✓	404,666.00 ✓	10,804.04	2,429.21	-	-	12,018.65 ✓	392,647.36 ✓

Crescent ✓

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/23/2023	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	6,384.00					-	6,384.00
1/23/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	14,568.90					-	14,568.90
1/23/2023	HEALTH HUMAN SVC HCCLAIMPMT 174600341130082	-	2,535.87					-	2,535.87
1/23/2023	DEVOTED HEALTH P HCCLAIMPMT 121140390348877	-	4,950.00					-	4,950.00
1/23/2023	DEVOTED HEALTH P HCCLAIMPMT 121140390348879	-	12,800.00					-	12,800.00
1/24/2023	HNB - ECHO HCCLAIMPMT 746003411 440000248039	-	15,230.75					-	15,230.75
1/24/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	15,580.94					-	15,580.94
1/24/2023	NOVITAS SOLUTION HCCLAIMPMT 676323 420000194	-	55,224.62					-	55,224.62
1/24/2023	HUMANA INS CO HCCLAIMPMT 390864 830000568209	-	1,395.00					-	1,395.00
1/25/2023	HNB - ECHO HCCLAIMPMT 746003411 440000282029	-	360.71					-	360.71
1/25/2023	HNB - ECHO HCCLAIMPMT 746003411 440000282028	-	7,987.81					-	7,987.81
1/25/2023	NOVITAS SOLUTION HCCLAIMPMT 676323 420000101	-	49,678.01					-	49,678.01
1/25/2023	AMERIGROUP CORPO E-PAYMENT EE52506720 111000	-	8,641.70	8,051.68	590.02			8,346.69	295.01
1/26/2023	WIRE OUT CANTEX HEALTH CARE CENTERS III	60,350.81	-					-	-
1/26/2023	Deposit	-	50,000.00					-	50,000.00
1/26/2023	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	5,760.00					-	5,760.00
1/26/2023	HNB - ECHO HCCLAIMPMT 746003411 440000215739	-	6,273.52					-	6,273.52
1/26/2023	HNB - ECHO HCCLAIMPMT 746003411 440000215613	-	948.81					-	948.81
1/26/2023	NOVITAS SOLUTION HCCLAIMPMT 676323 420000199	-	10,063.57					-	10,063.57
1/26/2023	HUMANA CHA DISB HCCLAIMPMT 390864 4200001879	-	7,900.00					-	7,900.00
1/26/2023	DEVOTED HEALTH P HCCLAIMPMT 121140395513180	-	9,600.00					-	9,600.00
1/27/2023	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	3,900.00					-	3,900.00
1/27/2023	HNB - ECHO HCCLAIMPMT 746003411 440000252059	-	11,369.16					-	11,369.16
1/27/2023	HNB - ECHO HCCLAIMPMT 746003411 440000251335	-	2,779.50					-	2,779.50
1/27/2023	NOVITAS SOLUTION HCCLAIMPMT 676323 420000111	-	827.54					-	827.54
1/27/2023	HUMANA INS CO HCCLAIMPMT 390864 830000576279	-	223.00					-	223.00
1/27/2023	DEVOTED HEALTH P HCCLAIMPMT 121140397208644	-	1,554.00					-	1,554.00
		60,350.81 ✓	306,537.41 ✓	8,051.68	590.02	-	-	8,346.69 ✓	298,190.72 ✓

Fort Bend		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/23/2023	HNB - ECHO HCCLAIMPMT 746003411 440000203008	-	1,952.81					-	1,952.81
1/23/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,278.55					-	3,278.55
1/23/2023	NOVITAS SOLUTION HCCLAIMPMT 675663 420000169	-	43,408.47					-	43,408.47
1/23/2023	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	1,660.67					-	1,660.67
1/24/2023	HNB - ECHO HCCLAIMPMT 746003411 440000248382	-	11,197.93					-	11,197.93
1/24/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	30,285.10					-	30,285.10
1/25/2023	MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	7,338.00					-	7,338.00
1/25/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,338.95					-	2,338.95
1/25/2023	AMERIGROUP CORPO E-PAYMENT EE52506717 111000	-	11,156.83	9,119.76	2,037.07			10,138.30	1,018.54
1/26/2023	WIRE OUT CANTEX HEALTH CARE CENTERS III	5,149.92	-					-	-
1/26/2023	Deposit	-	50,000.00					-	50,000.00
1/26/2023	HNB - ECHO HCCLAIMPMT 746003411 440000215739	-	4,272.69					-	4,272.69
1/27/2023	MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	864.00					-	864.00
1/27/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,999.65					-	1,999.65
1/27/2023	NOVITAS SOLUTION HCCLAIMPMT 675663 420000111	-	3,072.09					-	3,072.09
1/27/2023	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	2,334.00					-	2,334.00
								-	-
		5,149.92	175,159.74	9,119.76	2,037.07	-	-	10,138.30	165,021.45

Solera at West Houston		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/23/2023	UnitedHealthcare HCCLAIMPMT 746003411 910000	-	29.30					-	29.30
1/23/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	11,033.85					-	11,033.85
1/23/2023	HUMANA CHA DISB HCCLAIMPMT 390862 4200001677	-	3,689.37					-	3,689.37
1/24/2023	HNB - ECHO HCCLAIMPMT 746003411 440000248096	-	11,766.10					-	11,766.10
1/24/2023	Amerigroup TXSC HCCLAIMPMT 3200564995 111000	-	18,880.89					-	18,880.89
1/24/2023	UnitedHealthcare HCCLAIMPMT 746003411 910000	-	80.86					-	80.86
1/24/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	24,926.31					-	24,926.31
1/24/2023	NOVITAS SOLUTION HCCLAIMPMT 676310 420000194	-	191,212.85					-	191,212.85
1/24/2023	HUMANA INS CO HCCLAIMPMT 390862 830000568209	-	465.00					-	465.00
1/24/2023	HUMANA INS CO HCCLAIMPMT 390862 830000567862	-	4,185.00					-	4,185.00
1/24/2023	HUMANA CHA DISB HCCLAIMPMT 390862 4200001916	-	3,720.00					-	3,720.00
1/24/2023	HUMANA CHA DISB HCCLAIMPMT 390862 4200001916	-	5,351.00					-	5,351.00
1/25/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,381.57					-	3,381.57
1/25/2023	NOVITAS SOLUTION HCCLAIMPMT 676310 420000101	-	87,802.04					-	87,802.04
1/25/2023	AMERIGROUP CORPO E-PAYMENT EE52506719 111000	-	10,684.41	8,729.50	1,954.91			9,706.96	977.46
1/26/2023	WIRE OUT CANTEX HEALTH CARE CENTERS III	72,396.23	-					-	-
1/26/2023	Deposit	-	315,020.00					-	315,020.00
1/26/2023	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	5,184.00					-	5,184.00
1/26/2023	HNB - ECHO HCCLAIMPMT 746003411 440000215613	-	49.60					-	49.60
1/26/2023	NOVITAS SOLUTION HCCLAIMPMT 676310 420000199	-	3,172.29					-	3,172.29
1/26/2023	HUMANA CHA DISB HCCLAIMPMT 390862 4200001879	-	4,650.00					-	4,650.00
1/27/2023	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	3,988.00					-	3,988.00
1/27/2023	HNB - ECHO HCCLAIMPMT 746003411 440000251335	-	5,773.45					-	5,773.45
1/27/2023	HNB - ECHO HCCLAIMPMT 746003411 440000251335	-	9,663.04					-	9,663.04
1/27/2023	AARP Supplementa HCCLAIMPMT 746003411 124384	-	194.50					-	194.50
								-	-
		72,396.23	724,903.43	8,729.50	1,954.91	-	-	9,706.96	715,196.48
	TOTALS	285,414.18	1,923,783.54	65,892.32	13,501.80	-	-	72,643.22	1,851,140.32

DDA Data reported as of Jan 30, 2023

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
Number of Accounts: 16	**$11,059,490.61**	**$11,193,350.60**	**$11,059,490.61**	**$10,998,032.6**
*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	$126,919.03	$135,705.10	$126,919.03	$126,919.0
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	$537.01	$537.01	$537.01	$537.0
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$7,626,432.36	$7,701,721.22	$7,626,432.36	$7,862,139.6
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	$432.32	$432.32	$432.32	$432.3
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$312,981.92 ✓	$316,833.23	$312,981.92	$290,816.3
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$404,914.78 ✓	$409,840.86	$404,914.78	$349,550.7
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$306,758.85 ✓	$310,753.63	$306,758.85	$286,105.6
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$175,410.73 ✓	$176,411.99	$175,410.73	$167,140.9
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$725,142.96 ✓	$735,918.86	$725,142.96	$705,523.9
*2998 MMC -MONEY MARKET FUND	$297,150.11	$297,150.11	$297,150.11	$297,150.1
*5506 MMC -NH BETHANY SENIOR LIVING	$555,072.73	$573,454.03	$555,072.73	$400,571.8
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$154,538.62	$160,270.59	$154,538.62	$150,501.7
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$23,915.32	$23,915.32	$23,915.32	$23,915.3
*3407 MMC -NH TUSCANY VILLAGE	$337,324.08	$338,446.54	$337,324.08	$324,768.0

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Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
1/30/2023

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		45,328.01	14,813.87	96,404.89		-	126,919.03	96,404.89
						Bank Balance	126,919.03	
						Variance	-	
						Leave in Balance	100.00	
						SUPERIOR NOV QIPP	30,414.14	
						October Interest		
						November Interest		
						December Interest		
							-	
						Adjust Balance/Transfer Amt	96,404.89	

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 1/30/2023

APPROVED ON
JAN 30 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
1/23/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	760.40					-	760.40
1/23/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	1,595.00					-	1,595.00
1/23/2023 HEALTH HUMAN SVC HCCLAIMPMT 174600341130112	-	16,491.65					-	16,491.65
1/24/2023 HNB - ECHO HCCLAIMPMT 746003411 440000247888	-	5,890.61					-	5,890.61
1/24/2023 NOVITAS SOLUTION HCCLAIMPMT 676097 420000194	-	71,487.22					-	71,487.22
1/26/2023 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	14,813.87	-					-	-
1/26/2023 HNB - ECHO HCCLAIMPMT 746003411 440000215613	-	180.01					-	180.01
							-	-
							-	-
	14,813.87	96,404.89	-	-	-	-	-	96,404.89

DDA Data reported as of Jan 30, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
Number of Accounts: 16	**$11,059,490.61**	**$11,193,350.60**	**$11,059,490.61**	**$10,998,032.6**
*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	$126,919.03	$135,705.10	$126,919.03	$126,919.0
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	$537.01	$537.01	$537.01	$537.0
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$7,626,432.36	$7,701,721.22	$7,626,432.36	$7,862,139.6
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	$432.32	$432.32	$432.32	$432.3
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$312,981.92	$316,833.23	$312,981.92	$290,816.3
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$404,914.78	$409,840.86	$404,914.78	$349,550.7
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$306,758.85	$310,753.63	$306,758.85	$286,105.6
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$175,410.73	$176,411.99	$175,410.73	$167,140.9
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$725,142.96	$735,918.86	$725,142.96	$705,523.9
*2998 MMC -MONEY MARKET FUND	$297,150.11	$297,150.11	$297,150.11	$297,150.1
*5506 MMC -NH BETHANY SENIOR LIVING	$555,072.73	$573,454.03	$555,072.73	$400,571.8
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$154,538.62	$160,270.59	$154,538.62	$150,501.7
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$23,915.32	$23,915.32	$23,915.32	$23,915.3
*3407 MMC -NH TUSCANY VILLAGE	$337,324.08	$338,446.54	$337,324.08	$324,768.0

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Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
1/30/2023

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
Gulf Pointe Plaza- Private Pay		32,668.69	9,497.12	743.75		-	-	23,915.32	no transfer
							Bank Balance	23,915.32	
							Variance	-	
							Leave in Balance	100.00	
							SUPERIOR NOV Q!PP 0/5	23,071.57	
							October Interest		
							November Interest		
							December Interest		
							Adjust Balance/Transfer Amt	743.75	

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
Gulf Pointe Plaza-Medicare/Medicaid		43,130.46	43,030.46	154,438.62		-	-	154,538.62	154,438.62
							Bank Balance	154,538.62	
							Variance	-	
							Leave in Balance	100.00	
							October Interest		
							November Interest		
							December Interest		
							Adjust Balance/Transfer Amt	154,438.62	
							TOTAL TRANSFERS	155,182.37	

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 1/30/2023

APPROVED ON
JAN 30 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay ✓

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
1/24/2023	HNB - ECHO HCCLAIMPMT 746003411 440000248694	-	23.52					-	23.52
1/24/2023	HNB - ECHO HCCLAIMPMT 746003411 440000248382	-	573.98					-	573.98
1/26/2023	WIRE OUT HMG SERVICES, LLC	9,497.12	-					-	-
1/26/2023	HNB - ECHO HCCLAIMPMT 746003411 440000215739	-	66.09					-	66.09
1/26/2023	HNB - ECHO HCCLAIMPMT 746003411 440000215613	-	80.16					-	80.16
								-	-
								-	-
		9,497.12 ✓	743.75 ✓	-	-	-	-	-	743.75 ✓

Gulf Pointe Plaza-Medicare/Medicaid ✓

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
1/23/2023	NORIDIAN J3A HCCLAIMPMT 675892 4200001778627	-	81,010.53					-	81,010.53
1/23/2023	HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2	-	2,861.26					-	2,861.26
1/24/2023	WPS-TMEP CONTRAC HCCLAIMPMT 2402034431 21000	-	543.57					-	543.57
1/25/2023	NORIDIAN J3A HCCLAIMPMT 675892 4200001129553	-	10,467.44					-	10,467.44
1/26/2023	WIRE OUT HMG SERVICES, LLC	43,030.46	-					-	-
1/26/2023	Deposit	-	50,838.65					-	50,838.65
1/26/2023	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	4,680.31					-	4,680.31
1/27/2023	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	4,036.86					-	4,036.86
								-	-
								-	-
		43,030.46 ✓	154,438.62 ✓	-	-	-	-	-	154,438.62 ✓
		52,527.58	155,182.37	-	-	-	-	-	155,182.37 ✓

DDA Data reported as of Jan 30, 2023

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
Number of Accounts: 16	**$11,059,490.61**	**$11,193,350.60**	**$11,059,490.61**	**$10,998,032.6**
*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	$126,919.03	$135,705.10	$126,919.03	$126,919.0
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	$537.01	$537.01	$537.01	$537.0
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$7,626,432.36	$7,701,721.22	$7,626,432.36	$7,862,139.6
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	$432.32	$432.32	$432.32	$432.3
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$312,981.92	$316,833.23	$312,981.92	$290,816.3
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$404,914.78	$409,840.86	$404,914.78	$349,550.7
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$306,758.85	$310,753.63	$306,758.85	$286,105.6
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$175,410.73	$176,411.99	$175,410.73	$167,140.9
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$725,142.96	$735,918.86	$725,142.96	$705,523.9
*2998 MMC -MONEY MARKET FUND	$297,150.11	$297,150.11	$297,150.11	$297,150.1
*5506 MMC -NH BETHANY SENIOR LIVING	$555,072.73	$573,454.03	$555,072.73	$400,571.8
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$154,538.62 ✓	$160,270.59	$154,538.62	$150,501.7
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$23,915.32 ✓	$23,915.32	$23,915.32	$23,915.3
*3407 MMC -NH TUSCANY VILLAGE	$337,324.08	$338,446.54	$337,324.08	$324,768.0

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Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
1/30/2023

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		50,773.61	50,673.61	337,224.08	-	-	-	337,324.08	319,276.34

Bank Balance	337,324.08
Variance	-
Leave in Balance	100.00
AMERIGROUP NOV QIPP	17,947.74

Adjust Balance/Transfer Amt 319,276.34

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 1/30/2023
ANDREW DE LOS SANTOS

APPROVED ON
JAN 30 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
1/23/2023	HNB - ECHO HCCLAIMPMT 746003411 440000203008	-	1,143.78					-	1,143.78
1/23/2023	HNB - ECHO HCCLAIMPMT 746003411 440000203008	-	4,743.68					-	4,743.68
1/23/2023	HNB - ECHO HCCLAIMPMT 746003411 440000202226	-	14,274.25					-	14,274.25
1/24/2023	HNB - ECHO HCCLAIMPMT 746003411 440000248096	-	8,703.29					-	8,703.29
1/24/2023	NOVITAS SOLUTION HCCLAIMPMT 676201 420000194	-	175,714.79					-	175,714.79
1/25/2023	HNB - ECHO HCCLAIMPMT 746003411 440000282029	-	23.71					-	23.71
1/25/2023	AMERIGROUP CORPO E-PAYMENT EE52506722 111000	-	18,621.34	17,274.14	1,347.20			17,947.74	673.60
1/26/2023	WIRE OUT LINBAR ENTERPRISES, LLC	50,673.61	-					-	-
1/26/2023	Deposit	-	62,985.25					-	62,985.25
1/26/2023	HNB - ECHO HCCLAIMPMT 746003411 440000215613	-	1,519.89					-	1,519.89
1/26/2023	NOVITAS SOLUTION HCCLAIMPMT 676201 420000199	-	36,938.10					-	36,938.10
1/27/2023	HNB - ECHO HCCLAIMPMT 746003411 440000252059	-	11,384.78					-	11,384.78
1/27/2023	HNB - ECHO HCCLAIMPMT 746003411 440000252055	-	1,171.22					-	1,171.22
		50,673.61	337,224.08	17,274.14	1,347.20	-	-	17,947.74	319,276.34

DDA Data reported as of Jan 30, 2023

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
Number of Accounts: 16	**$11,059,490.61**	**$11,193,350.60**	**$11,059,490.61**	**$10,998,032.6**
*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	$126,919.03	$135,705.10	$126,919.03	$126,919.0
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	$537.01	$537.01	$537.01	$537.0
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$7,626,432.36	$7,701,721.22	$7,626,432.36	$7,862,139.6
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	$432.32	$432.32	$432.32	$432.3
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$312,981.92	$316,833.23	$312,981.92	$290,816.3
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$404,914.78	$409,840.86	$404,914.78	$349,550.7
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$306,758.85	$310,753.63	$306,758.85	$286,105.6
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$175,410.73	$176,411.99	$175,410.73	$167,140.9
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$725,142.96	$735,918.86	$725,142.96	$705,523.9
*2998 MMC -MONEY MARKET FUND	$297,150.11	$297,150.11	$297,150.11	$297,150.1
*5506 MMC -NH BETHANY SENIOR LIVING	$555,072.73	$573,454.03	$555,072.73	$400,571.6
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$154,538.62	$160,270.59	$154,538.62	$150,501.7
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$23,915.32	$23,915.32	$23,915.32	$23,915.3
*3407 MMC -NH TUSCANY VILLAGE	$337,324.08	$338,446.54	$337,324.08	$324,768.0

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Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
1/30/2023

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		106,121.42	82,478.16	531,429.47		-		555,072.73	530,055.15
							Bank Balance	555,072.73	
							Variance	-	
							Leave in Balance	100.00	
							SUPERIOR NOV QIPP	24,917.58	
							October Interest		
							November Interest		
							December Interest		
							Adjust Balance/Transfer Amt	530,055.15	

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 1/30/2023

APPROVED ON
JAN 30 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living ✓					MMC PORTION					
		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/23/2023	ck347	1,374.32 ✓	-					-	-
1/23/2023	HEALTH HUMAN SVC HCCLAIMPMT 174600341130162	-	1,757.61					-	1,757.61
1/24/2023	Deposit	Returned Check	662.28					-	662.28
1/24/2023	Deposit		5,286.83					-	5,286.83
1/24/2023	HNB - ECHO HCCLAIMPMT 746003411 440000248096		892.69					-	892.69
1/24/2023	NOVITAS SOLUTION HCCLAIMPMT 676481 420000194	-	240,545.86					-	240,545.86
1/25/2023	NOVITAS SOLUTION HCCLAIMPMT 676481 420000101	-	10,357.06					-	10,357.06
1/25/2023	HEALTH HUMAN SVC HCCLAIMPMT 174600341130162	-	6,645.82					-	6,645.82
1/26/2023	WIRE OUT PORT LAVACA NH, LLC	81,103.84	-					-	-
1/26/2023	Deposit	-	93,118.26					-	93,118.26
1/26/2023	Deposit	-	17,662.16					-	17,662.16
1/27/2023	Deposit	-	2,621.74					-	2,621.74
1/27/2023	NOVITAS SOLUTION HCCLAIMPMT 676481 420000111	-	151,879.16					-	151,879.16
								-	-
		82,478.16 ✓	531,429.47 ✓	-	-	-	-	-	531,429.47

BBA Data reported as of Jan 30, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balanc
Number of Accounts: 16	**$11,059,490.61**	**$11,193,350.60**	**$11,059,490.61**	**$10,998,032.6**
*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	$126,919.03	$135,705.10	$126,919.03	$126,919.0
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	$537.01	$537.01	$537.01	$537.0
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$7,626,432.36	$7,701,721.22	$7,626,432.36	$7,862,139.6
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	$432.32	$432.32	$432.32	$432.3
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$312,981.92	$316,833.23	$312,981.92	$290,816.3
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$404,914.78	$409,840.86	$404,914.78	$349,550.7
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$306,758.85	$310,753.63	$306,758.85	$286,105.6
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$175,410.73	$176,411.99	$175,410.73	$167,140.9
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$725,142.96	$735,918.86	$725,142.96	$705,523.9
*2998 MMC -MONEY MARKET FUND	$297,150.11	$297,150.11	$297,150.11	$297,150.1
*5506 MMC -NH BETHANY SENIOR LIVING	$555,072.73	$573,454.03	$555,072.73	$400,571.8
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$154,538.62	$160,270.59	$154,538.62	$150,501.7
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$23,915.32	$23,915.32	$23,915.32	$23,915.3
*3407 MMC -NH TUSCANY VILLAGE	$337,324.08	$338,446.54	$337,324.08	$324,768.0

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Page generated on 01/30/2023

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MEMORIAL MEDICAL CENTER

CHECK REQUEST - Ashfurd

PAY TO THE ORDER OF: MEMORIAL MEDICAL CENTER

Date Requested: 1/30/23

APPROVED ON JAN 30 2023 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 001198

FOR ACCT. USE ONLY

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

AMOUNT $32,432.64 ✓

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP NOV QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: Andrew De Los Santos

1/30/23
Ashford

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	001198	02/01/23	32,432.64	MEMORIAL MEDICAL CENTER ashfusl
TOTALS:			32,432.64	

APPROVED ON
FEB 01 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

CHECK REQUEST - Broadmoor

PAYEE: MEMORIAL MEDICAL CENTER

Date Requested: 1/30/23

APPROVED ON
JAN 30 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000229

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $12,018.65

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP NOV QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: Andrew DeLaRosa Santos

1/30/23
Broadmoor

BANK--CHECK----------

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000229	02/01/23	12,018.65	MEMORIAL MEDICAL CENTER Broadmoor
TOTALS:			12,018.65	

APPROVED ON
FEB 01 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST - Crescent

PAY TO THE ORDER OF: MEMORIAL MEDICAL CENTER

Date Requested: 1/30/23

APPROVED ON JAN 30 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000272

FOR ACCT. USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: $8,346.69 ✓

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP NOV QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: Andrew DeLos Santos

1/30/23
Crescent

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000272	02/01/23	8,346.69	MEMORIAL MEDICAL CENTER
TOTALS:			8,346.69	

Crescent

APPROVED ON

FEB 01 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

CHECK REQUEST- Fort Bend

PAY TO THE ORDER OF: MEMORIAL MEDICAL CENTER

Date Requested: 1/30/23

APPROVED ON
JAN 30 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000203

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $10,138.30 ✓

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP NOV QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: Andrew DeLos Santos

1/30/23
Fort Bend

BANK--CHECK----------

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000203	02/01/23	10,138.30	MEMORIAL MEDICAL CENTER Fort Bend
TOTALS:			10,138.30	

APPROVED ON
FEB 01 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST - Solera

PAY TO THE ORDER OF: MEMORIAL MEDICAL CENTER

Date Requested: 1/30/23

APPROVED ON JAN 30 2023 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Ck# 001259

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $9,706.96 ✓

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP NOV QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: Andrew DeLos Santos

1/30/23
Solera

BANK--CHECK----------

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	001259	02/01/23	9,706.96	MEMORIAL MEDICAL CENTER Solen
TOTALS:			9,706.96	

APPROVED ON

FEB 01 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

CHECK REQUEST - Tuscany

PAY TO THE ORDER OF: MEMORIAL MEDICAL CENTER

Date Requested: 1/30/23

APPROVED ON JAN 30 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 001117

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $17,947.74 ✓

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP NOV QIPP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: Andrew Dolas Santos

1/30/23
Tuscany

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
TUS	001117	02/01/23	17,947.74	MEMORIAL MEDICAL CENTER
TOTALS:			17,947.74	

Tuscany

APPROVED ON

FEB 01 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001198

Date 2/1/23

88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center $ 32,432.64

Thirty two thousand Four hundred thirty two & 64/100 DOLLARS

PROSPERITY BANK

FOR Amerigroup Nov. Qipp.

Security features are included. Details on back.

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000229

88-2265/1131

Date 2/1/23

PAY TO THE ORDER OF Memorial Medical Center $ 12,018.65

Twelve thousand Eighteen & 65/100 DOLLARS

PROSPERITY BANK

FOR Amerigroup Nov Qipp

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MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000272

88-2265/1131

Date 2/1/23

PAY TO THE ORDER OF Memorial Medical Center $ 8,346.69

Eight Thousand Three hundred fourty six & 69/100 DOLLARS

PROSPERITY BANK

FOR Amerigroup Nov Qipp

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

000203

88-2265/1131

Date 2/1/23

PAY TO THE ORDER OF Memorial Medical Center $ 10,138.30

Ten thousand one hundred Thirty eight & 30/100 DOLLARS

PROSPERITY BANK®

FOR Amerigroup Nov. Qipp

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MEMORIAL MEDICAL CENTER
NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001259

88-2265/1131

Date 2/1/23

PAY TO THE ORDER OF Memorial Medical Center $ 9,706.96

Nine thousand Seven hundred six & 96/100 DOLLARS

PROSPERITY BANK®

FOR Amerigroup Nov Qipp

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE
PH 361-563-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1117

88-2265/1131-87

DATE 2/1/23

CHECK ABUSE

PAY TO THE ORDER OF Memorial Medical Center $ 17,947.74

Seventeen thousand Nine hundred fourty seven & 74/100 DOLLARS

Photo Safe Deposit

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

FOR Amerigroup Nov. Qipp

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **2/1/2023**

NH Name	From Bank Acct #	Ck #	Payee	GL #	AMERIGROUP NOV QIPP				TOTAL		Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	32,432.64				32,432.64		2/1/2023
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	12,018.65				12,018.65		2/1/2023
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	8,346.69				8,346.69		2/1/2023
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	10,138.30				10,138.30		2/1/2023
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	9,706.96				9,706.96		2/1/2023
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-		2/1/2023
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-		2/1/2023
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-		2/1/2023
Bethany			MMC -Prosperity Operating #10000001	10255040					-		2/1/2023
Tuscany			MMC -Prosperity Operating #10000001	10255040	17,947.74				17,947.74		2/1/2023
				Total:	90,590.98	-	-	-	90,590.98		

Note:

Approved: Andrew DeLos Santos
ANDREW DE LOS SANTOS 1/30/2023

PO BOX 341882, AUSTIN, TX 78734
MEMORIAL MEDICAL CENTER · PORT LAVACA, TEXAS 77979

197972

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
84322 PO# 00043125.	07/12/22	175.79			175.79
	TOTALS	175.79	TOTALS		175.79

CHECK NO. 197972
01/27/23

MEMORIAL MEDICAL CENTER · PORT LAVACA, TEXAS 77979

197972

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
84322 PO# 00043125.	07/12/22	175.79			175.79
	TOTALS	175.79	TOTALS		175.79

CHECK NO. 197972

MEMORIAL
MEDICAL CENTER

Operating
815 N. Virginia St.
Port Lavaca, TX 77979

PROSPERITY BANK
88-2265
1131

197972

A2050 197972

DATE 01/27/23

AMOUNT $175.79

One Hundred Seventy-Five Dollars and Seventy-Nine Cents

PAY TO THE ORDER OF
AMTEC MEDICAL INC
PO BOX 341882
AUSTIN, TX 78734

CALHOUN COUNTY TREASURER

Lisa Trevino

From: rhonda kokena <rhonda.kokena@calhouncotx.org>
Sent: Thursday, January 26, 2023 2:56 PM
To: Lisa Trevino
Cc: Caitlin Clevenger; Erica.Perez@calhouncotx.org
Subject: RE: Stop payment

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Lisa –

I have issued the stop payment this date. You may reissue now.

Rhonda S. Kokena
Calhoun Co Treasurer
202 S. Ann Street, Suite A
Port Lavaca, Texas 77979
361-553-4619

From: ltrevino@mmcportlavaca.com (Lisa Trevino) [mailto:ltrevino@mmcportlavaca.com]
Sent: Thursday, January 26, 2023 2:14 PM
To: rhonda kokena <rhonda.kokena@calhouncotx.org>
Subject: RE: Stop payment

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Vendor- Amtec Medical Inc. issued 11/02/2022 in the amount of $175.79.

Thank you,

Lisa M. Trevino
Accounts Payable
Memorial Medical Center
815 N Virginia St.
Port Lavaca, TX 77979
Ph: 361.552.0256