

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---March 08, 2023**

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 513,048.26	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 50,714.48	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 954,680.91	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED March 08, 2023	\$ 1,518,443.65	✓

**APPROVED**

MAR 08 2023

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---March 08, 2023**

**PAYABLES AND PAYROLL**

3/2/2023	Weekly Payables	228,367.09
3/2/2023	Patient Refunds	2,175.93
3/6/2023	Fusion-phone	1,455.82
3/6/2023	Health and Human Services Commission-medicaid overpayment	67,841.60
3/6/2023	McKesson-340B Prescription Expense	18,668.75
3/6/2023	Amerisource Bergen-340B Prescription Expense	2,241.30
3/6/2023	Health Equity-Wage works employee FSA	5,752.27

**Prosperity Electronic Bank Payments**

3/3/2023	Credit Card & Lease Fees	721.73
3/15/2023	TCDRS February Retirement	185,387.13
2/27-3/3/23	Pay Plus-Patient Claims Processing Fee	405.44
3/2/2023	Authnet Gateway Billing-3rd Party Payor Fee	31.20

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** \$ **513,048.26**

**TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES**

3/2/2023	MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating	2,765.00
3/2/2023	MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	10,329.06
3/2/2023	MMC Operating to Gulf Pointe Plaza -correction of NH insurance and payment deposited into MMC Operating	30,624.67
3/2/2023	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	6,595.00
3/2/2023	MMC Operating to Bethany-correction of NH insurance and QIPP payment deposited into MMC Operating in error	400.75

**TOTAL TRANSFERS BETWEEN FUNDS** \$ **50,714.48**

**NURSING HOME UPL EXPENSES**

3/6/2023	Nursing Home UPL-Cantex Transfer	409,918.98
3/6/2023	Nursing Home UPL-Nexion Transfer	121,849.63
3/6/2023	Nursing Home UPL-HMG Transfer	107,518.58
3/6/2023	Nursing Home UPL-Tuscany Transfer	132,235.51
3/6/2023	Nursing Home UPL-HSL Transfer	183,158.21

**TOTAL NURSING HOME UPL EXPENSES** \$ **954,680.91**

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

**GRAND TOTAL DISBURSEMENTS APPROVED March 08, 2023** \$ **1,518,443.65**

RECEIVED BY THE COUNTY AUDITOR ON

03/02/2023

12:15

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 03/23/2023

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

11234	ADRIANNA GALVAN ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
022823		02/28/20	02/28/20	03/08/20		37.79	0.00	0.00	37.79		
TRAVEL REIMB <i>Marketing Educational Seminar 2/16</i>											
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	11234 ADRIANNA GALVAN					37.79	0.00	0.00	37.79		

Vendor# Vendor Name

Class Pay Code

A1680	AIRGAS USA, LLC - CENTRAL DIV ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9135025174 ✓		02/28/20	02/15/20	03/12/20		84.99	0.00	0.00	84.99 ✓		
OXYGEN											
9135208013 ✓		02/28/20	02/21/20	03/18/20		291.54	0.00	0.00	291.54 ✓		
OXYGEN											
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	A1680 AIRGAS USA, LLC - CENTRAL DIV					376.53	0.00	0.00	376.53		

Vendor# Vendor Name

Class Pay Code

A1746	ALPHA TEC SYSTEMS INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV00112531 ✓		02/28/20	02/17/20	02/14/20		85.25	0.00	0.00	85.25 ✓		
SUPPLIES											
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	A1746 ALPHA TEC SYSTEMS INC					85.25	0.00	0.00	85.25		

Vendor# Vendor Name

Class Pay Code

14028	AMAZON CAPITAL SERVICES ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1Y3C-J9G3-6KVF ✓		02/28/20	02/17/20	03/17/20		290.08	0.00	0.00	290.08 ✓		
SUPPLIES											
1VMP-76CY-HHY7 ✓		02/28/20	02/19/20	03/21/20		84.99	0.00	0.00	84.99 ✓		
SUPPLIES											
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	14028 AMAZON CAPITAL SERVICES					375.07	0.00	0.00	375.07		

Vendor# Vendor Name

Class Pay Code

A2218	AQUA BEVERAGE COMPANY ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
245830 ✓		02/28/20	01/31/20	02/25/20		35.97	0.00	0.00	35.97 ✓		
WATER											
245833 ✓		02/28/20	01/31/20	02/25/20		55.95	0.00	0.00	55.95 ✓		
WATER											
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	A2218 AQUA BEVERAGE COMPANY					91.92	0.00	0.00	91.92		

Vendor# Vendor Name

Class Pay Code

B1220	BECKMAN COULTER INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
110356619 ✓		02/28/20	01/03/20	01/28/20		13,071.82	0.00	0.00	13,071.82 ✓		
LAB SUPPLIES											
110430847 ✓		02/28/20	02/08/20	03/05/20		60.00	0.00	0.00	60.00 ✓		
FREIGHT											

5469663 ✓		02/28/20	02/13/20	03/10/20			5,016.58	0.00	0.00	5,016.58 ✓
	LEASE/MAINT CONTRACT									
110443723 ✓		02/28/20	02/15/20	03/12/20			1,288.45	0.00	0.00	1,288.45 ✓
	LEASE/MAINT CONTRACT									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC					19,436.85	0.00	0.00	19,436.85
Vendor#	Vendor Name				Class	Pay Code				
C1048	CALHOUN COUNTY ✓					W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
021723		02/28/20	02/17/20	03/01/20		369.00	0.00	0.00	369.00 ✓	
	INSURANCE FLEET 1/1-12/31/20									
022423	"	02/28/20	02/24/20	03/08/20		101.06	0.00	0.00	101.06 ✓	
	FUEL									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY					470.06	0.00	0.00	470.06 828.06
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	
1647060823		02/28/20	02/19/20	03/16/20		160.45	0.00	0.00	160.45 ✓	
	SUPPLIES									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	14064	CAPITAL ONE					160.45	0.00	0.00	160.45
Vendor#	Vendor Name				Class	Pay Code				
13028	CAVALLO ENERGY TEXAS LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
9229400 ✓		02/28/20	01/19/20	03/01/20		286.23	0.00	0.00	286.23 ✓	
	ELECTRICITY									
9229399 ✓		02/28/20	01/19/20	03/01/20		946.61	0.00	0.00	946.61 ✓	
	ELECTRICITY									
9229401 ✓		02/28/20	01/19/20	03/01/20		6.45	0.00	0.00	6.45 ✓	
	ELECTRICITY									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	13028	CAVALLO ENERGY TEXAS LLC					1,239.29	0.00	0.00	1,239.29
Vendor#	Vendor Name				Class	Pay Code				
12768	CHEMAQUA ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
8115977 ✓		02/28/20	02/10/20	02/20/20		565.43	0.00	0.00	565.43 ✓	
	WATER TREATMENT									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	12768	CHEMAQUA					565.43	0.00	0.00	565.43
Vendor#	Vendor Name				Class	Pay Code				
C1730	CITY OF PORT LAVACA ✓					W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
021723C		02/28/20	02/21/20	03/06/20		103.82	0.00	0.00	103.82 ✓	
	WATER									
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA					103.82	0.00	0.00	103.82
Vendor#	Vendor Name				Class	Pay Code				
13000	CLEARFLY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
INV494189 ✓		02/28/20	02/28/20	03/15/20		1,203.95	0.00	0.00	1,203.95 ✓	

TELEPHONE

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		13000	CLEARFLY				1,203.95	0.00	0.00	1,203.95
Vendor#	Vendor Name			Class	Pay Code					
11029	COASTAL REFRIGERATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5114162		02/28/20	02/15/20	03/01/20			155.00	0.00	0.00	155.00 ✓
		LABOR ICE MACHINE 2ND FLC								
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		11029	COASTAL REFRIGERATION				155.00	0.00	0.00	155.00
Vendor#	Vendor Name			Class	Pay Code					
11616	CONTROL SOLUTIONS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
CS248300 ✓		02/28/20	02/02/20	03/02/20			64.00	0.00	0.00	64.00 ✓
		SUPPLIES								
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		11616	CONTROL SOLUTIONS				64.00	0.00	0.00	64.00
Vendor#	Vendor Name			Class	Pay Code					
14400	CULINARY CONCESSIONS LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV00000288 ✓		02/28/20	01/30/20	02/28/20			25,492.79	0.00	0.00	25,492.79 ✓
		DEC 22 CONTRACT FEES								
INV00000395 ✓		02/28/20	01/31/20	02/28/20			31,871.42	0.00	0.00	31,871.42 ✓
		JAN 23 CONTRACT FEES								
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		14400	CULINARY CONCESSIONS LLC				57,364.21	0.00	0.00	57,364.21
Vendor#	Vendor Name			Class	Pay Code					
10006	CUSTOM MEDICAL SPECIALTIES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
301249 ✓		02/28/20	11/22/20	12/22/20			350.27	0.00	0.00	350.27 ✓
		SUPPLIES								
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10006	CUSTOM MEDICAL SPECIALTIES				350.27	0.00	0.00	350.27
Vendor#	Vendor Name			Class	Pay Code					
11368	CYRACOM LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2023002798 ✓		02/28/20	12/31/20	01/30/20			448.85	0.00	0.00	448.85 ✓
		INTERPRETATION SERV								
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		11368	CYRACOM LLC				448.85	0.00	0.00	448.85
Vendor#	Vendor Name			Class	Pay Code					
10175	DSHS CENTRAL LAB MC2004 ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
020623		02/28/20	02/06/20	03/03/20			186.10	0.00	0.00	186.10 ✓
		LAB SERVICES CEN CM1838								
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10175	DSHS CENTRAL LAB MC2004				186.10	0.00	0.00	186.10
Vendor#	Vendor Name			Class	Pay Code					
11284	EMERGENCY STAFFING SOLUTIONS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
41964 ✓		02/28/20	02/28/20	03/10/20			40,062.50	0.00	0.00	40,062.50 ✓

PHYSICIAN SERVICES (14-EDM)

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
11284	EMERGENCY STAFFING SOLUTIONS			40,062.50	0.00	0.00	40,062.50

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net			
10689	FASTHEALTH CORPORATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
02A23MMC ✓	WEBSITE	02/28/20	02/01/20	02/16/20			495.00	0.00	0.00	495.00 ✓

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
10689	FASTHEALTH CORPORATION			495.00	0.00	0.00	495.00

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net			
F1400	FISHER HEALTHCARE ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0248022 ✓	SUPPLIES	02/28/20	02/06/20	03/03/20			380.92	0.00	0.00	380.92 ✓
0287498 ✓	SUPPLIES	02/28/20	02/07/20	03/04/20			629.30	0.00	0.00	629.30 ✓
0287499 ✓	SUPPLIES	02/28/20	02/07/20	03/04/20			19,309.63	0.00	0.00	19,309.63 ✓
0330099 ✓	SUPPLIES	02/28/20	02/08/20	03/05/20			112.04	0.00	0.00	112.04 ✓
0330098 ✓	SUPPLIES	02/28/20	02/08/20	03/05/20			300.42	0.00	0.00	300.42 ✓
0492111 ✓	SUPPLIES	02/28/20	02/14/20	03/11/20			19.81	0.00	0.00	19.81 ✓
0492112 ✓	SUPPLIES	02/28/20	02/14/20	03/11/20			2,808.72	0.00	0.00	2,808.72 ✓
0492113 ✓	SUPPLIES	02/28/20	02/14/20	03/11/20			725.99	0.00	0.00	725.99 ✓
0492109 ✓	SUPPLIES	02/28/20	02/14/20	03/11/20			59.40	0.00	0.00	59.40 ✓

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
F1400	FISHER HEALTHCARE			24,346.23	0.00	0.00	24,346.23

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net			
11183	FRONTIER ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
021923		03/01/20	02/19/20	03/15/20			70.40	0.00	0.00	70.40 ✓

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
11183	FRONTIER			70.40	0.00	0.00	70.40

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net			
14156	FUJI FILM ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
91297622 ✓	MAINT CONTRACT	02/28/20	02/25/20	03/15/20			7,908.33	0.00	0.00	7,908.33 ✓

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
14156	FUJI FILM			7,908.33	0.00	0.00	7,908.33

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net			
W1300	GRAINGER ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9602008006 ✓		02/28/20	02/08/20	03/05/20			578.64	0.00	0.00	578.64 ✓

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net		
SUPPLIES									
9602029762				374.82	0.00	0.00	374.82		
SUPPLIES									
Vendor Totals Number Name				Gross	Discount	No-Pay	Net		
W1300 GRAINGER				953.46	0.00	0.00	953.46		
G1210	GULF COAST PAPER COMPANY	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
2353621		02/28/20	02/14/20	03/16/20		937.44	0.00	0.00	937.44
SUPPLIES									
Vendor Totals Number Name				Gross	Discount	No-Pay	Net		
G1210 GULF COAST PAPER COMPANY				937.44	0.00	0.00	937.44		
14748	INNOVATE HEALTHCARE STAFFING								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
022223		02/28/20	02/23/20	03/15/20		4,680.00	0.00	0.00	4,680.00
ANDREW JONES (2/14-2/14/23 RN)									
Vendor Totals Number Name				Gross	Discount	No-Pay	Net		
14748 INNOVATE HEALTHCARE STAFFING				4,680.00	0.00	0.00	4,680.00		
14296	J & K SERVICES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
004321		02/28/20	02/09/20	03/02/20		915.00	0.00	0.00	915.00
EXHAUST SYSTEM -KITCHEN									
Vendor Totals Number Name				Gross	Discount	No-Pay	Net		
14296 J & K SERVICES				915.00	0.00	0.00	915.00		
10341	JENISE SVETLIK								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
022723		02/28/20	02/27/20	03/08/20		108.08	0.00	0.00	108.08
TRAVEL REIMB									
Vendor Totals Number Name				Gross	Discount	No-Pay	Net		
10341 JENISE SVETLIK				108.08	0.00	0.00	108.08		
10972	M G TRUST								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
022323		02/28/20	02/23/20	03/01/20		640.86	0.00	0.00	640.86
PAYROLL DEDUCT									
Vendor Totals Number Name				Gross	Discount	No-Pay	Net		
10972 M G TRUST				640.86	0.00	0.00	640.86		
M1511	MARKETLAB, INC	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
IN01881848		02/16/20	02/14/20	03/14/20		38.57	0.00	0.00	38.57
SUPPLIES									
Vendor Totals Number Name				Gross	Discount	No-Pay	Net		
M1511 MARKETLAB, INC				38.57	0.00	0.00	38.57		
11141	MEDICAL DATA SYSTEMS, INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
178115		02/28/20	12/31/20	01/25/20		315.92	0.00	0.00	315.92

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net			
178652	BUSINESS SERV			2,182.41	0.00	0.00	2,182.41			
	02/28/20 01/31/20 02/25/20									
178651	COLLECTION FEES			1,385.88	0.00	0.00	1,385.88			
	02/28/20 01/31/20 02/25/20									
178282	COLLECTION FEES			151.22	0.00	0.00	151.22			
	02/28/20 01/31/20 02/25/20									
	BUSINESS SERV									
Vendor Total				4,035.43	0.00	0.00	4,035.43			
11141	MEDICAL DATA SYSTEMS, INC.									
M2470	MEDLINE INDUSTRIES INC	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2251667417	SUPPLIES	02/01/20	02/01/20	02/26/20			267.30	0.00	0.00	267.30
2251667416	SUPPLIES	02/01/20	02/01/20	02/26/20			267.30	0.00	0.00	267.30
2253282907	SUPPLIES	02/28/20	02/10/20	03/07/20			72.05	0.00	0.00	72.05
2253282908	SUPPLIES	02/28/20	02/10/20	03/07/20			84.76	0.00	0.00	84.76
2253281706	SUPPLIES	02/28/20	02/10/20	03/07/20			144.16	0.00	0.00	144.16
2253396422	SUPPLIES	02/28/20	02/11/20	03/08/20			51.16	0.00	0.00	51.16
2253663417	SUPPLIES	02/28/20	02/14/20	03/11/20			122.84	0.00	0.00	122.84
2253663420	SUPPLIES	02/28/20	02/14/20	03/11/20			48.43	0.00	0.00	48.43
2253663418	SUPPLIES	02/28/20	02/14/20	03/11/20			24.68	0.00	0.00	24.68
2253663419	SUPPLIES	02/28/20	02/14/20	03/11/20			72.02	0.00	0.00	72.02
2253839306	SUPPLIES	02/28/20	02/15/20	03/12/20			5.60	0.00	0.00	5.60
2253838396	SUPPLIES	02/28/20	02/15/20	03/12/20			47.48	0.00	0.00	47.48
2253839307	SUPPLIES	02/28/20	02/15/20	03/12/20			2.57	0.00	0.00	2.57
2253839311	SUPPLIES	02/28/20	02/15/20	03/12/20			96.85	0.00	0.00	96.85
2253839310	SUPPLIES	02/28/20	02/15/20	03/12/20			52.31	0.00	0.00	52.31
2253824567	SUPPLIES	02/28/20	02/15/20	03/12/20			20.86	0.00	0.00	20.86
2253824570	SUPPLIES	02/28/20	02/15/20	03/12/20			336.26	0.00	0.00	336.26
2253838398	SUPPLIES	02/28/20	02/15/20	03/12/20			618.60	0.00	0.00	618.60
2253838397	SUPPLIES	02/28/20	02/15/20	03/12/20			11.16	0.00	0.00	11.16
2253838395	SUPPLIES	02/28/20	02/15/20	03/12/20			6.44	0.00	0.00	6.44



SUPPLIES

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		M2470	MEDLINE INDUSTRIES INC		2,352.83	0.00	0.00	2,352.83	
Vendor#	Vendor Name		Class	Pay Code					
10963	MEMORIAL MEDICAL CLINIC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
022323		02/28/20	02/23/20	03/01/20		390.00	0.00	0.00	390.00 ✓
PAYROLL DEDUCT									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10963	MEMORIAL MEDICAL CLINIC		390.00	0.00	0.00	390.00	
Vendor#	Vendor Name		Class	Pay Code					
14704	METTLER-TOLEDO RAININ, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
678933310		02/28/20	02/15/20	03/02/20		120.20	0.00	0.00	120.20 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		14704	METTLER-TOLEDO RAININ, LLC		120.20	0.00	0.00	120.20	
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
9242429		02/27/20	02/16/20	02/26/20		0.10	0.00	0.00	0.10 ✓
INVENTORY									
9254266		02/27/20	02/20/20	03/02/20		237.55	0.00	0.00	237.55 ✓
INVENTORY									
9254267		02/27/20	02/20/20	03/02/20		463.09	0.00	0.00	463.09 ✓
INVENTORY									
CM13063		02/27/20	02/20/20	03/02/20		-94.17	0.00	0.00	-94.17 ✓
INVENTORY									
9259394		02/27/20	02/21/20	03/03/20		126.26	0.00	0.00	126.26 ✓
INVENTORY									
9256897		02/27/20	02/21/20	03/03/20		42.92	0.00	0.00	42.92 ✓
INVENTORY									
9259393		02/27/20	02/21/20	03/03/20		681.98	0.00	0.00	681.98 ✓
INVENTORY									
9261852		02/27/20	02/22/20	03/04/20		7,820.24	0.00	0.00	7,820.24 ✓
INVENTORY									
CM13984		02/27/20	02/22/20	03/04/20		-43.83	0.00	0.00	-43.83 ✓
CREDIT									
9264836		02/27/20	02/22/20	03/04/20		18.54	0.00	0.00	18.54 ✓
INVENTORY									
9264837		02/27/20	02/22/20	03/04/20		67.36	0.00	0.00	67.36 ✓
INVENTORY									
9267958		02/27/20	02/23/20	03/05/20		55.01	0.00	0.00	55.01 ✓
INVENTORY									
9269651		02/27/20	02/23/20	03/05/20		416.73	0.00	0.00	416.73 ✓
INVENTORY									
9269649		02/27/20	02/23/20	03/05/20		148.61	0.00	0.00	148.61 ✓
INVENTORY									
9267957		02/27/20	02/23/20	03/05/20		1.48	0.00	0.00	1.48 ✓
INVENTORY									
9269650		02/27/20	02/23/20	03/05/20		262.84	0.00	0.00	262.84 ✓

9271416	INVENTORY	02/27/20	02/23/20	03/05/20		3,536.18	0.00	0.00	3,536.18		
9277970	INVENTORY	02/27/20	02/26/20	03/08/20		1,722.35	0.00	0.00	1,722.35		
9275760	INVENTORY	02/27/20	02/26/20	03/08/20		29.18	0.00	0.00	29.18		
9277969	INVENTORY	02/27/20	02/26/20	03/08/20		11.25	0.00	0.00	11.25		
9275762	INVENTORY	02/27/20	02/26/20	03/08/20		98.27	0.00	0.00	98.27		
9277968	INVENTORY	02/27/20	02/26/20	03/08/20		1,375.34	0.00	0.00	1,375.34		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10536	MORRIS & DICKSON CO, LLC	16,977.28	0.00	0.00	16,977.28
Vendor#	Vendor Name	Class		Pay Code							
10868	NOVA BIOMEDICAL										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
91077896	SUPPLIES	02/21/20	11/16/20	12/16/20		2,988.00	0.00	0.00	2,988.00		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10868	NOVA BIOMEDICAL	2,988.00	0.00	0.00	2,988.00
Vendor#	Vendor Name	Class		Pay Code							
10372	PRECISION DYNAMICS CORP (PDC)										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9352361807	SUPPLIES	02/17/20	02/15/20	03/17/20		105.06	0.00	0.00	105.06		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10372	PRECISION DYNAMICS CORP (PDC)	105.06	0.00	0.00	105.06
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		
022123	TRAVEL REIMB (Ben & Keith training 2/21/23)	02/28/20	02/21/20	03/01/20		195.19	0.00	0.00	195.19		
022423	TRAVEL REIMB (HEB Victoria)	02/28/20	02/24/20	03/01/20		47.49	0.00	0.00	47.49		
022823	TRAVEL REIM (Sam's 2/27/23)	02/28/20	02/28/20	03/08/20		44.67	0.00	0.00	44.67		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11764	ROBERT RODRIQUEZ	287.35	0.00	0.00	287.35
Vendor#	Vendor Name	Class		Pay Code							
10927	ROSHANDA THOMAS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
022723	TRAVEL REIMB	02/28/20	02/27/20	03/08/20		358.50	0.00	0.00	358.50		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10927	ROSHANDA THOMAS	358.50	0.00	0.00	358.50
Vendor#	Vendor Name	Class		Pay Code							
S0900	SAM'S CLUB DIRECT	W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
022023		02/28/20	02/20/20	03/08/20		1,040.10	0.00	0.00	1,040.10		

SUPPLIES

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		S0900	SAM'S CLUB DIRECT		1,040.10	0.00	0.00	1,040.10	
Vendor#	Vendor Name			Class	Pay Code				
10936	SIEMENS FINANCIAL SERVICES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
56382300027512 ✓		02/28/20	02/27/20	03/19/20		1,333.33	0.00	0.00	1,333.33 ✓
RENTAL									
Vendor Totals		10936	SIEMENS FINANCIAL SERVICES			1,333.33	0.00	0.00	1,333.33
Vendor#	Vendor Name			Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
116333572 ✓		02/28/20	02/16/20	03/13/20		2,375.92	0.00	0.00	2,375.92 ✓
CONTRACT SN 1530									
Vendor Totals		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
283887 ✓		02/28/20	02/01/20	02/11/20		410.00	0.00	0.00	410.00 ✓
ADVERTISING									
Vendor Totals		10699	SIGN AD, LTD.			410.00	0.00	0.00	410.00
Vendor#	Vendor Name			Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
107028684 ✓		02/28/20	02/15/20	03/12/20		3,861.00	0.00	0.00	3,861.00 ✓
BLOOD									
CM8864		02/28/20	02/15/20	03/12/20		-2,370.00	0.00	0.00	-2,370.00
CREDIT									
Vendor Totals		11296	SOUTH TEXAS BLOOD & TISSUE CEN			1,491.00	0.00	0.00	1,491.00
Vendor#	Vendor Name			Class	Pay Code				
10094	ST DAVIDS HEALTHCARE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
MMCPL2023-01 ✓		02/28/20	02/27/20	03/15/20		420.00	0.00	0.00	420.00 ✓
JAN 23 CONNECTIVITY FEE									
Vendor Totals		10094	ST DAVIDS HEALTHCARE			420.00	0.00	0.00	420.00
Vendor#	Vendor Name			Class	Pay Code				
11672	STANLEY ACCESS TECH LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
0906763354 ✓		02/28/20	01/31/20	03/02/20		901.74	0.00	0.00	901.74 ✓
EXIT DOOR REPAIR									
Vendor Totals		11672	STANLEY ACCESS TECH LLC			901.74	0.00	0.00	901.74
Vendor#	Vendor Name			Class	Pay Code				
S3960	STERICYCLE, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
4011584301 ✓		02/28/20	02/15/20	03/17/20		2,835.62	0.00	0.00	2,835.62 ✓

DISPOSAL

Vendor Total#		Number	Name		Gross	Discount	No-Pay	Net	
		S3960	STERICYCLE, INC		2,835.62	0.00	0.00	2,835.62	
Vendor#	Vendor Name			Class	Pay Code				
14372	TRIAGE, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV1796697856 ✓		02/22/20	02/17/20	03/17/20		4,320.00	0.00	0.00	4,320.00 ✓
STEVEN SHAW 2/5-2/11/23 (2/3-2/6/23)									
Vendor Total#		Number	Name		Gross	Discount	No-Pay	Net	
		14372	TRIAGE, LLC		4,320.00	0.00	0.00	4,320.00	
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
8400416147 ✓	LAUNDRY	02/27/20	02/23/20	03/20/20		1,926.19	0.00	0.00	1,926.19 ✓
8400416141 ✓	LAUNDRY	02/27/20	02/23/20	03/20/20		80.23	0.00	0.00	80.23 ✓
8400416122 ✓	LAU	02/27/20	02/23/20	03/20/20		226.05	0.00	0.00	226.05 ✓
8400416120 ✓	LAUNDRY	02/27/20	02/23/20	03/20/20		213.06	0.00	0.00	213.06 ✓
8400416123 ✓	LAUNDRY	02/27/20	02/23/20	03/20/20		223.43	0.00	0.00	223.43 ✓
8400416119 ✓	LAUNDRY	02/27/20	02/23/20	03/20/20		33.27	0.00	0.00	33.27 ✓
8400412495 ✓	LAUNDRY	02/28/20	01/05/20	01/30/20		117.26	0.00	0.00	117.26 ✓
8400415292 ✓	LAUNDRY	02/28/20	02/13/20	03/10/20		2,411.72	0.00	0.00	2,411.72 ✓
8400415272 ✓	LAUNDRY	02/28/20	02/13/20	03/10/20		59.45	0.00	0.00	59.45 ✓
8400415271 ✓	LAUNDRY	02/28/20	02/13/20	03/10/20		49.11	0.00	0.00	49.11 ✓
8400415595 ✓	LAUNDRY	02/28/20	02/16/20	03/13/20		196.76	0.00	0.00	196.76 ✓
8400415596	LAUNDRY	02/28/20	02/16/20	03/13/20		223.43	0.00	0.00	223.43 ✓
8400415593	LAUNDRY	02/28/20	02/16/20	03/13/20		213.06	0.00	0.00	213.06 ✓
8400415594	LAUNDRY	02/28/20	02/16/20	03/13/20		174.99	0.00	0.00	174.99 ✓
8400415610 ✓	LAUNDRY	02/28/20	02/16/20	03/13/20		80.23	0.00	0.00	80.23 ✓
8400415592 ✓	LAUNDRY	02/28/20	02/16/20	03/13/20		33.27	0.00	0.00	33.27 ✓
8400415618 ✓	LAUNDRY	02/28/20	02/16/20	03/13/20		2,165.27	0.00	0.00	2,165.27 ✓
8400415785 ✓	LAUNDRY	02/28/20	02/20/20	03/17/20		90.35	0.00	0.00	90.35 ✓
8400415805 ✓	LAUNDRY	02/28/20	02/20/20	03/17/20		2,710.18	0.00	0.00	2,710.18 ✓

8400415784	✓	02/28/20	02/20/20	03/17/20		49.11	0.00	0.00	49.11	✓
	LAUNDRY									
8400416121	✓	02/28/20	02/23/20	03/20/20		168.83	0.00	0.00	168.83	✓
	LAUNDRY									
8400416160	✓	02/28/20	02/23/20	03/20/20		104.55	0.00	0.00	104.55	✓
	LAUNDRY									
Vendor Totals										
U1064	UNIFIRST HOLDINGS INC					11,549.80	0.00	0.00	11,549.80	✓
Vendor#	Vendor Name	Class	Pay Code							
12400	UPDOX LLC	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
INV00402139	✓	02/28/20	02/28/20	02/28/20		1,304.05	0.00	0.00	1,304.05	✓
	FAX									
Vendor Totals										
12400	UPDOX LLC					1,304.05	0.00	0.00	1,304.05	
Vendor#	Vendor Name	Class	Pay Code							
10943	WALLER,LANSDEN, DORTCH & DAVIS	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
10894422	✓	02/28/20	02/10/20	03/01/20		1,145.50	0.00	0.00	1,145.50	✓
	LEGAL SERV									
Vendor Totals										
10943	WALLER,LANSDEN, DORTCH & DAVIS					1,145.50	0.00	0.00	1,145.50	
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	
9111285454	✓	02/28/20	02/15/20	03/12/20		1,571.67	0.00	0.00	1,571.67	✓
	CONTRACT									
Vendor Totals										
I1110	WERFEN USA LLC					1,571.67	0.00	0.00	1,571.67	
Vendor#	Vendor Name	Class	Pay Code							
10556	WOUND CARE SPECIALISTS	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
WCS00005832	✓	03/02/20	02/01/20	03/02/20		5,825.00	0.00	0.00	5,825.00	✓
	WOUND CARE									
Vendor Totals										
10556	WOUND CARE SPECIALISTS					5,825.00	0.00	0.00	5,825.00	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	228,009.09	0.00	0.00	228,009.09

228,009.09 +  
 358.00 +  
 228,367.09 \*

Add: Calhoun County  
 income premium 22' \$ + 358.00  
\$228,367.09

APPROVED ON

MAR 02 2023

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS  
 CK#198317-198314

RECEIVED BY THE  
COUNTY AUDITOR ON  
MAR 02 2023  
TIME: 11:56

MEMORIAL MEDICAL CENTER  
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1  
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
	CALHOUN COUNTY, TEXAS						
		022823	226.80 ✓	2		REFUND FOR	
		022823	86.17 ✓	2		REFUND FOR	
		022823	210.00 ✓	2		REFUND FOR	
		022823	235.80 ✓	2		REFUND FOR	
		022823	288.63 ✓	2		REFUND FOR	
		022823	929.37 ✓	2		REFUND FOR	
		022823	59.28 ✓	2		REFUND FOR	
		022823	139.88 ✓	2		REFUND FOR	
ARID=0001 TOTAL			2175.93				
TOTAL			2175.93				

APPROVED ON

MAR 02 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK#198382-198389

MAR 06 2023

CALHOUN COUNTY, TEXAS

03/06/2023  
10:45

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap\_open\_invoice.template

Vendor# Vendor Name

12636 FUSION CLOUD SERVICES, LLC ✓

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
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28797898A		02/28/20	02/16/20	03/16/20		1,455.82	0.00	0.00	1,455.82 ✓
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PHONE

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
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12636		FUSION CLOUD SERVICES, LLC	1,455.82	0.00	0.00	1,455.82
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Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,455.82	0.00	0.00	1,455.82

APPROVED ON

MAR 06 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK#198342

# MCKESSON

# STATEMENT

As of: 03/03/2023

Page: 002

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

Company: 8000

DC: 8115

As of: 03/03/2023  
Mail to:

Page: 002  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory:

Customer: 632536  
Date: 03/04/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536 PLEASE CHECK ANY  
Date: 03/04/2023 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 19,049.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 03/07/2023,  
Pay This Amount:

18,668.75 USD

If Paid After 03/07/2023,  
Pay this Amount:

19,049.73 USD

Due If Paid On Time:  
USD

18,668.75 ✓

Disc lost if paid late:

380.98

Due If Paid Late:  
USD

19,049.73

16,902.84 +  
1,762.35 +  
3.56 +  
18,668.75 \*

*Andrew De la Banda*  
3/6/23

APPROVED ON

MAR 06 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



# MCKESSON

# STATEMENT

As of: 03/03/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 03/03/2023  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 256342  
Date: 03/04/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 03/04/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
<b>Customer Number 256342 WALMART 1098/MEM MED PHS</b>											
02/27/2023	03/07/2023	7400749321	65577938	115Invoice	32.49	1,624.43		1,591.94	✓	7400749321	
02/27/2023	03/07/2023	7400749323	65577938	115Invoice	6.74	336.78		330.04	✓	7400749323	
02/27/2023	03/07/2023	7400749324	65616658	115Invoice	65.69	3,284.59		3,218.90	✓	7400749324	
02/27/2023	03/07/2023	7400749325	65616658	115Invoice	1.27	63.53		62.26	✓	7400749325	
02/27/2023	03/07/2023	7400749326	65625818	115Invoice		0.10		0.10	✓	7400749326	
02/27/2023	03/07/2023	7400749327	65626373	115Invoice	24.90	1,244.97		1,220.07	✓	7400749327	
02/27/2023	03/07/2023	7400749329	65631198	115Invoice	79.44	3,972.24		3,892.80	✓	7400749329	
02/27/2023	03/07/2023	7400749331	65658282	115Invoice		0.16		0.16	✓	7400749331	
02/27/2023	03/07/2023	7400749332	65658282	115Invoice	27.62	1,380.90		1,353.28	✓	7400749332	
02/27/2023	03/07/2023	7400749333	65694804	115Invoice		0.02		0.02	✓	7400749333	
02/27/2023	03/07/2023	7401018421	65583847	195Invoice	2.39	119.37		116.98	✓	7401018421	
02/28/2023	03/07/2023	7401102748	65805645	115Invoice	44.59	2,229.46		2,184.87	✓	7401102748	
02/28/2023	03/07/2023	7401102749	65829412	115Invoice	0.01	0.33		0.32	✓	7401102749	
02/28/2023	03/07/2023	7401102750	65897351	115Invoice	1.31	65.45		64.14	✓	7401102750	
02/28/2023	03/07/2023	7401102751	65897351	115Invoice	2.64	131.90		129.26	✓	7401102751	
03/01/2023	03/07/2023	7401391112	65988447	115Invoice	3.60	179.95		176.35	✓	7401391112	
03/01/2023	03/07/2023	7401586747	66001634	115Invoice	11.72	586.10		574.38	✓	7401586747	
03/02/2023	03/07/2023	7401669536	66128777	115Invoice		0.06		0.06	✓	7401669536	
03/02/2023	03/07/2023	7401669537	66128777	115Invoice	0.01	0.63		0.62	✓	7401669537	
03/02/2023	03/07/2023	7401669538	66199847	115Invoice		0.08		0.08	✓	7401669538	
03/02/2023	03/07/2023	7401841133	66137113	195Invoice	1.03	51.50		50.47	✓	7401841133	
03/02/2023	03/07/2023	7401841134	66135485	195Invoice	0.01	0.63		0.62	✓	7401841134	
03/03/2023	03/07/2023	7401943722	66253855	115Invoice	38.22	1,911.16		1,872.94	✓	7401943722	
03/03/2023	03/07/2023	7401943723	66253855	115Invoice	0.54	27.24		26.70	✓	7401943723	
03/03/2023	03/07/2023	7401943724	66324418	115Invoice	0.65	32.72		32.07	✓	7401943724	
03/03/2023	03/07/2023	7401943725	66324418	115Invoice	0.01	0.49		0.48	✓	7401943725	
03/03/2023	03/07/2023	7401951186	66342088	115Invoice	0.01	0.46		0.45	✓	7401951186	
03/03/2023	03/07/2023	7402115152	66260443	195Invoice	0.01	0.63		0.62	✓	7402115152	
03/03/2023	03/07/2023	7402115153	66266790	115Invoice	0.04	1.90		1.86	✓	7402115153	

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 03/03/2023

Page: 002

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

Company: 8000

DC: 8115

As of: 03/03/2023 Page: 002  
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 256342  
Date: 03/04/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 03/04/2023 ITEMS NOT PAID (✓)

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

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

<b>TOTAL:</b> Customer Number 256342 WALMART 1098/MEM MED PHS										
					Subtotals:	17,247.78	USD			
Future Due:	0.00							Due If Paid On Time:		
Past Due:	0.00	If Paid By 03/07/2023, Pay This Amount:				16,902.84	USD	USD	16,902.84	✓
Last Payment 02/27/2023	13,193.31	If Paid After 03/07/2023, Pay this Amount:				17,247.78	USD	Disc lost if paid late:	344.94	
							Due If Paid Late:	USD 17,247.78		

*Andrew J. Roberts*  
3/6/23

APPROVED ON

MAR 06 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 03/03/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 03/03/2023  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 835434  
Date: 03/04/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835434  
Date: 03/04/2023

PLEASE CHECK ANY  
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
<b>Customer Number 835434 CVS PHCY 8923/MEM MC PHS</b>											
03/01/2023	03/07/2023	7401381314	2196789	115Invoice	16.63	831.46		814.83 ✓		7401381314	
03/01/2023	03/07/2023	7401381315	2196789	115Invoice	19.34	966.86		947.52 ✓		7401381315	

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

**TOTAL:** Customer Number 835434 CVS PHCY 8923/MEM MC PHS  
Subtotals: 1,798.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 02/27/2023 13,193.31

If Paid By 03/07/2023,  
Pay This Amount:

1,762.35 USD

If Paid After 03/07/2023,  
Pay this Amount:

1,798.32 USD

Due If Paid On Time:

USD 1,762.35 ✓

Disc lost if paid late:

35.97

Due If Paid Late:

USD 1,798.32

APPROVED ON

MAR 06 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*Andreas De los Santos*  
3/6/23

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 03/03/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 03/03/2023  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 400

Customer: 835438  
Date: 03/04/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835438  
Date: 03/04/2023  
**PLEASE CHECK ANY ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
03/01/2023	03/07/2023	7401558918	632536 2196790	115Invoice	0.07	3.63		3.56 ✓		7401558918	

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: 3.63 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 02/27/2023 13,193.31

If Paid By 03/07/2023,  
Pay This Amount: 3.56 USD

If Paid After 03/07/2023,  
Pay this Amount: 3.63 USD

Due If Paid On Time: USD 3.56 ✓  
Disc lost if paid late: 0.07  
Due If Paid Late: USD 3.63

APPROVED ON

MAR 06 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*Andrew De la Santos*  
316123

For AR Inquiries please contact 800-867-0333



**STATEMENT**

Statement Number: 64752527  
Date: 03-03-2023

**Served 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:	2,241.30
Past Due:	0.00
Total Due:	2,241.30
Account Balance:	2,241.30

**Account Activity**

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
02-27-2023	03-10-2023	3124746127	169793	Invoice	181.96		0.00	181.96 ✓
02-27-2023	03-10-2023	3124791948	169841	Invoice	1,246.22		0.00	1,246.22 ✓
02-28-2023	03-10-2023	3124930646	169851	Invoice	23.39		0.00	23.39 ✓
02-28-2023	03-10-2023	3124930647	169852	Invoice	1.01		0.00	1.01 ✓
03-01-2023	03-10-2023	3125106613	169863	Invoice	625.24		0.00	625.24 ✓
03-02-2023	03-10-2023	3125264431	169873	Invoice	73.72		0.00	73.72 ✓
03-03-2023	03-10-2023	3125410253	169878	Invoice	32.45		0.00	32.45 ✓
03-03-2023	03-10-2023	3125410254	169879	Invoice	57.31		0.00	57.31 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,241.30	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
03-03-2023	(6,792.30)

Reminders	
Due Date	Amount
03-10-2023	2,241.30
<b>Total Due:</b>	<b>2,241.30</b> ✓

APPROVED ON  
MAR 06 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*Andrew D. Santos*  
3/6/23

Memorial Medical Center  
ACH Payment Request

APPROVED ON

MAR 06 2023

Amount: 5,752.27 ✓

From Account: Operating- \*4357

To Account: MUFG Union Bank

Account Number: 3120004394

Routing Number: 122000496  
BY COUNTY AUDITOR  
CALHOUN COUNTY TEXAS

Explanation:

Wage Works Employee FSA Payment February Invoices 4838708, 4814456, 4850155

Requested by: Caitlin Clevenger

Date: 3/6/2023

Authorized by: Andrew Deas Santos

Date: 3/6/2023

# 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. 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.

<b>Account #</b>	<b>Invoice Date</b>
2052366	02/23/2023
<b>PO#</b>	<b>Invoice #</b>
	INV4838708
<b>DUE DATE</b>	<b>AMOUNT DUE</b>
03/27/2023	\$580.25

Description	Quantity	Fee	Amount
<b>Healthcare - Benefit Period: Feb 2023</b>			
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	2	5.25	10.50
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**

\$580.25 ✓

*Andrew J. Bente*  
 3/6/23

# 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](http://employer.wageworks.com)

Account #	Invoice Date
2052366	02/21/2023
PO #	DUE DATE
	05/22/2023
Invoice #	AMOUNT DUE
INV4814456	<b>\$2,082.95</b>

Description	Plan Code	Amount
PMB Payments - HCFA 2023	HCFA2023	42.56
PMP Payments - HCFA 2023	HCFA2023	24.86
Visa Card Payments - HCFA 2023	HCFA2023	2,015.53
Repayments - HCFA 2022	HCFA2022	(104.92)
PMB Payments - HCFA 2022	HCFA2022	104.92

**Total Amount Due**

*Andrew Santos*  
 316123

**\$2,082.95** ✓



## 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	02/27/2023
PO #	DUE DATE
	05/30/2023
Invoice #	AMOUNT DUE
INV4850155	\$3,089.07

Description	Plan Code	Amount
Visa Card Payments - HCFA 2023	HCFA2023	2,417.29
PMB Payments - HCFA 2022	HCFA2022	411.78
Visa Card Payments - HCFA 2022	HCFA2022	260.00

Total Amount Due

*Andrew DePaul Santos*  
316123

\$3,089.07 ✓

# Wire Transfer

COUNTY OF CALHOUN TEXAS (COUNT1923)



## Wire Details

**Transaction Number**  
**Recurring Frequency** One-Time Payment  
**Template Name** WAGEWORKS  
**Amount** USD 5,752.27  
**Debit Account** (MEMORIAL MEDICAL CENTER - OPERATING) -

**Notify Initiator Options** Pending Actions: Notify via EMAIL  
Pending Release: Notify via EMAIL  
System Events: Notify via EMAIL  
Complete - Unsuccessful: Notify via EMAIL  
Complete - Successful: Notify via EMAIL  
Early Action Taken: Notify via EMAIL  
Early Action Removed: Notify via EMAIL  
Expired: Notify via EMAIL  
**Payment Date** 03/09/2023

## 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**  
**Address 2**  
**Address 3**  
**Beneficiary Country**  
**Contact Name**  
**Phone Number**

## Beneficiary Bank Information

**Name** MUFG UNION BANK, NA  
**Beneficiary Bank ID Type** Fed ABA  
**Beneficiary Bank ID**  
**Address 1**  
**Address 2**  
**Address 3**  
**Intl Routing Number**  
**Beneficiary Bank Country** US

## Additional Reference Information

**Purpose Of Payment** FEBRUARY 2023

**Additional Information For**  
**Beneficiary**

## Status History

Timestamp	Status	Initiator	Description
Mar 9, 2023 9:33:51 AM CST	Created	RHONDA S. KOKENA)	Wire Created.

**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- February 26, 2023 - March 05, 2023**

Date	Bank Description	MMC Notes	Amount	CPSI'
2/27/2023	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	-CitiBank Corporate Card Payment	3,240.95	!
2/27/2023	PAY PLUS ACHTRANS 452579291 101000698750033	- 3rd Party Payor Fee	117.03	
2/28/2023	PAY PLUS ACHTRANS 452579291 101000699909389	- 3rd Party Payor Fee	108.18	
2/28/2023	MCKESSON DRUG AUTO ACH ACH05393165 910000112	- 340B Drug Program Expense	13,193.31	
3/1/2023	PAY PLUS ACHTRANS 452579291 101000691096893	- 3rd Party Payor Fee	118.96	
3/2/2023	PAY PLUS ACHTRANS 452579291 101000692427271	- 3rd Party Payor Fee	32.95	
3/2/2023	AUTHNET GATEWAY BILLING 127365132 1040000192	- 3rd Party Payor Fee	31.20	
3/3/2023	PAY PLUS ACHTRANS 452579291 101000693967088	- 3rd Party Payor Fee	28.32	
3/3/2023	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	314.48	
3/3/2023	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	19.95	
3/3/2023	MERCHANT BANKCD FEE 971160910883 91000014095	- Credit Card Processing Fee	9.95	
3/3/2023	MERCHANT BANKCD FEE 971160913887 91000014095	- Credit Card Processing Fee	229.71	
3/3/2023	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	147.64	
3/3/2023	EXPERTPAY EXPERTPAY 746003411 91000018112363	-Child Support Payment	607.27	
3/3/2023	AMERISOURCE BERG PAYMENTS 0100007768 21000002	- 340B Drug Program Expense	6,792.30	
3/3/2023	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	364,109.42	

*Payroll  
CC fees*

117.03 +  
108.18 +  
118.96 +  
32.95 +  
28.32 +

405.44 \*  
*Arthur*  
31.20 +  
31.20 \*  
*CC fees*  
314.48 +  
19.95 +  
9.95 +  
229.71 +  
607.27 \*  
147.64 +  
721.73 \*

**389,101.62**

405.44 +  
31.20 +  
721.73 +  
1,158.37 \*

389,101.62 +  
3,240.95 -  
13,193.31 -  
607.27 -  
6,792.30 -  
364,109.42 -  
1,158.37 \*  
1,158.37 +  
1,158.37 -  
0.00 \*

Andrew De Los Santos March 6, 2023  
ANDREW DE LOS SANTOS  
Memorial Medical Center

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

*\* Approved 03-01-23 EC  
\* Approved 02-15-23 CC*

Date	Description	MMC Notes	Amount
3/10/2023	HHSC - MEDICARE OVERPAYMENT REFUND	-MEDICARE REFUND	67,841.60
3/8/2023	HEALTHQUITY <i>listed separately</i>	-WAGEWORKS	-5,752.27
3/15/2023	TCDRS	-RETIREMENT	185,387.13

Andrew De Los Santos March 6, 2023  
ANDREW DE LOS SANTOS  
Memorial Medical Center

**APPROVED ON  
MAR 06 2023**

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P  
A  
Y  
E  
E

HEALTH AND HUMAN SERVICES COMMISSION

Date Requested: 3/6/23

FOR ACCT. USE ONLY

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

APPROVED ON

MAR 06 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

AMOUNT \$67,841.60 ✓

G/L NUMBER: 50400000

Medicaid

EXPLANATION: REFUND TO HHCS FOR A MEDICARE OVERPAYMENT ✓

MPI ACCOUNT NUMBER - 2022D03945 ✓

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: Andrew DeFon Bentel

3/6/2023

# Remittance Form

**Make the check payable to the Health and Human Services Commission ✓**

**Mail this form and check to: ✓**

**HHSC  
ATTN: Eugene Sanchez, OIG-MPI ✓  
Mail Code 1325 ✓  
P O Box 85200 ✓  
Austin, TX 78708-5200 ✓**

*Need to  
complete  
& send w/  
check*

Provider Name: MEMORIAL MEDICAL CENTER ✓

Medicaid Number:

MPI Account Number: ✓

Total Amount Due: \$67,841.60 ✓

TQ INJ/INF

TO BE COMPLETED BY THE PROVIDER

Check Number: \_\_\_\_\_

Check Amount: \$67,841.60

Contact Person: Andy De Los Santos

Telephone Number: 361-552-0288

**Upon the OIG's receipt of the total payment for the identified debt, the processed payment will be considered to be a full and final payment with respect to the ICNs listed on the Attachment A. The case will be closed.**

Please sign and date below showing that you are in agreement with the terms outlined in the letter, including the amount of the debt. Return this signed and dated agreement with the payment.

*Joshua S. Thomas*  
Provider Name

3/1/2023  
Date



*Invoice  
Date:  
3/1/23  
Due  
3/10/23*

**INSPECTOR GENERAL**

TEXAS HEALTH & HUMAN SERVICES COMMISSION

**FACSIMILE COVER SHEET**

TO: MEMORIAL MEDICAL CENTER

AGENCY: \_\_\_\_\_

FAX NUMBER: ( \_\_\_\_\_ )

FROM: Eugene Sanchez

PHONE: \_\_\_\_\_

DATE: 2/8/2023 12:04:14 PM

NUMBER OF PAGES, INCLUDING COVER PAGE: 58

COMMENTS: Dear Provider,  
Please review the attached letter regarding a Medicaid overpayment. HHSC/OIG has not received a request from you for an appeal. The appeal time frame of 120 days from the date of the initial letter dated September 9, 2022, has expired.  
  
Please contact me if you have any questions.  
  
Respectfully,  
  
Eugene Sanchez

\_\_\_\_\_  
*Code to IP Act #*



# OFFICE OF INSPECTOR GENERAL

TEXAS HEALTH & HUMAN SERVICES COMMISSION

SYLVIA HERNANDEZ KAUFFMAN  
INSPECTOR GENERAL

February 8, 2023

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

*Need to  
reference*  
↓

### Final Notice of Overpayment

RE: Education and Incorrect Payment for NPI 1689630863  
Medicaid Program Integrity (MPI) Account Number 2022D03945

Dear MEMORIAL MEDICAL CENTER:

The Health and Human Services Commission (HHSC) Office of Inspector General (OIG) performs ongoing reviews of Medicaid provider services in order to detect and prevent waste in the Texas Medicaid program.<sup>1</sup> Upon our automated review of your Medicaid billing for the administration of injections or infusions billed on the same date of service as an emergency department visit, we identified potential waste in the form of possible inappropriate billing, as specified in Attachment A.

HHSC/OIG has not received a request from you for an appeal. The appeal time frame of 120 days from the date of the initial letter has expired.

The OIG is authorized to recover Medicaid overpayments it discovers in the performance of its duties.<sup>2</sup> This review identified potential overpayments made to you in the amount of \$67,841.60. The OIG has made final findings as to the overpayments referenced in this letter and Attachment A.

**You must send a certified check or money order for the entire amount of the overpayment within thirty (30) days from the date of this notice.**

<sup>1</sup> Tex. Govt. Code §531.102(a); 1 TAC §371.11

<sup>2</sup> Tex. Govt. Code §531.1131(c-2)

*Initial letter 9/9/22*

**Please reference the account number listed above on your check. Complete the enclosed remittance form and send it with your payment.**

Make the check payable to the Health and Human Services Commission and send it to the address below:

Texas Health and Human Services Commission  
Attention: Eugene Sanchez OIG – MPI  
Mail Code 1325  
P O Box 85200  
Austin, TX 78708-5200

Please be advised that reviews regarding the correctness of billing and payment for services are periodically conducted in the Texas Medicaid program. Please consult the current MCO manual, Texas Medicaid Provider Procedures Manual, Medicaid Bulletins and periodic Banner Messages for additional policy and procedure updates. These encounters may be part of subsequent reviews that look for any other billing or treatment discrepancies and/or program policy deviations. HHSC OIG may be conducting similar reviews in the future. If additional billing errors are identified, a separate certified letter would be sent to you.

Please share this information with your office and billing staff and complete the statement in the box at the end of this letter.

If you have any questions or would like to discuss the billing error(s) or recovery, please contact Eugene Sanchez, a member of my staff, at (512) 490-2280, or you may write to the following address:

Texas Health and Human Services Commission  
Attention: Eugene Sanchez, OIG-MPI, Mail Code 1325  
P.O. Box 85200  
Austin, Texas 78708-5200

Sincerely,

Diane Salisbury  
Chief of Data Reviews  
Office of Inspector General-Texas Health and Human Services Commission  
[OIGTO@hhs.texas.gov](mailto:OIGTO@hhs.texas.gov)

Attachment (1) Listing of Claims

**REMITTANCE FORM**



**Make the check payable to the Health and Human Services Commission**

**Mail this form and check to:**

**HHSC  
ATTN: Eugene Sanchez, OIG-MPI  
Mail Code 1325  
P O Box 85200  
Austin, TX 78708-5200**

Provider Name: MEMORIAL MEDICAL CENTER

Medicaid Number:

MPI Account Number:

Total Amount Due: **\$67,841.60**

TQ INJ/INF

TO BE COMPLETED BY THE PROVIDER

Check Number: \_\_\_\_\_

Check Amount: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Upon the OIG's receipt of the total payment for the identified debt, the processed payment will be considered to be a full and final payment with respect to the ICNs listed on the Attachment A. The case will be closed.**

Please sign and date below showing that you are in agreement with the terms outlined in the letter, including the amount of the debt. Return this signed and dated agreement with the payment.

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Date

**Date/Time** 03-02-2023 / 04:08 PM  
**Submitted By** -

**Pay Date** 02-28-2023

Employee Deposits	\$74,839.15
Employer Contributions	\$110,547.98
Group Term Life Premiums	\$0.00
<b>Total</b>	<b>\$185,387.13</b> ./

**Comments**

**Payroll File** February 2023 Retirement Upload.xlsx /

CLOSE

PRINT

RECEIVED BY THE  
COUNTY AUDITOR ON

MAR 02 2023

03/02/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap\_open\_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11828 SOLERA WEST HOUSTON ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
022223A		02/28/20	02/22/20	03/24/20		2,765.00	0.00	0.00	2,765.00 ✓

TRANSFER *NH insurance pgmt deposited into mmc open*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON		2,765.00	0.00	0.00	2,765.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,765.00	0.00	0.00	2,765.00

APPROVED ON

MAR 02 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 198380

RECEIVED BY THE  
COUNTY AUDITOR ON

MAR 02 2023

03/02/2023

CALHOUN COUNTY, TEXAS

11:44

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

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
021623		02/28/20	02/16/20	03/24/20		395.00	0.00	0.00	395.00 ✓
021723	TRANSFER	02/28/20	02/17/20	03/24/20		384.09	0.00	0.00	384.09 ✓
022123	TRANSFER	02/28/20	02/21/20	03/24/20		1,052.77	0.00	0.00	1,052.77 ✓
022123B	TRANSFER	02/28/20	02/21/20	03/24/20		4,428.90	0.00	0.00	4,428.90 ✓
022123A	TRANSFER	02/28/20	02/21/20	03/24/20		2,962.77	0.00	0.00	2,962.77 ✓
022323A	TRANSFER	02/28/20	02/23/20	03/24/20		1,105.53	0.00	0.00	1,105.53 ✓

*Nil insurance pymt deposited into mme operating*

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	10,329.06	0.00	0.00	10,329.06

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,329.06	0.00	0.00	10,329.06

APPROVED ON

MAR 02 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK#198378

RECEIVED BY THE  
COUNTY AUDITOR ON

MAR 02 2023

03/02/2023

11:46

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

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
021723A		02/28/20	02/17/20	03/24/20		103.76	0.00	0.00	103.76 ✓
	TRANSFER	<i>NH insurance pymt deposited into mmc operating</i>							
021723		02/28/20	02/17/20	03/24/20		4,686.19	0.00	0.00	4,686.19 ✓
	TRANSFER	"							
022123		02/28/20	02/21/20	03/24/20		7,586.40	0.00	0.00	7,586.40 ✓
	TRANSFER	"							
022223A		02/28/20	02/22/20	03/24/20		18,248.32	0.00	0.00	18,248.32 ✓
	TRANSFER	"							

Vendor Total: Number Name

12696 GULF POINTE PLAZA

Gross	Discount	No-Pay	Net
30,624.67	0.00	0.00	30,624.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	30,624.67	0.00	0.00	30,624.67

APPROVED ON

MAR 02 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK#198379

RECEIVED BY THE  
COUNTY AUDITOR ON

MAR 02 2023

03/02/2023

11:49

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021623		02/28/20	02/16/20	03/24/20		5,645.00	0.00	0.00	5,645.00 ✓
	TRANSFER								
022223A		02/28/20	02/22/20	03/24/20		950.00	0.00	0.00	950.00 ✓
	TRANSFER "								
Vendor Totals						Gross	Discount	No-Pay	Net
13004 TUSCANY VILLAGE						6,595.00	0.00	0.00	6,595.00

*NH insurance pmt deposited into MME operating*

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,595.00	0.00	0.00	6,595.00

APPROVED ON

MAR 02 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

ck#198381

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COUNTY AUDITOR ON  
03/02/2023  
MAR 02 2023  
11:43

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap\_open\_invoice.template

CALHOUN COUNTY, TEXAS

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
021723		02/28/20	02/17/20	03/24/20			2.68	0.00	0.00	2.68 ✓
	TRANSFER	<i>Net insurance pymt deposited into mmc operating</i>								
022223		02/28/20	02/22/20	03/24/20			398.07	0.00	0.00	398.07 ✓
	TRANSFER "	<i>"</i>								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	400.75	0.00	0.00	400.75

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	400.75	0.00	0.00	400.75

APPROVED ON

MAR 02 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CL#198377

☒

RUN DATE:03/06/23  
 TIME:11:49

MEMORIAL MEDICAL CENTER  
 CHECK REGISTER  
 03/08/23 THRU 03/08/23

PAGE 1  
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	198317	03/08/23	.00	CALHOUN COUNTY
A/P	198318	03/08/23	37.79	ADRIANNA GALVAN
A/P	198319	03/08/23	376.53	AIRGAS USA, LLC - CENTRAL DIV
A/P	198320	03/08/23	85.25	ALPHA TEC SYSTEMS INC
A/P	198321	03/08/23	375.07	AMAZON CAPITAL SERVICES
A/P	198322	03/08/23	91.92	AQUA BEVERAGE COMPANY
A/P	198323	03/08/23	19,436.85	BECKMAN COULTER INC
A/P	198324	03/08/23	.00	CALHOUN COUNTY
A/P	198325	03/08/23	160.45	CAPITAL ONE
A/P	198326	03/08/23	1,239.29	CAVALLO ENERGY TEXAS LLC
A/P	198327	03/08/23	565.43	CHEMAQUA
A/P	198328	03/08/23	103.82	CITY OF PORT LAVACA
A/P	198329	03/08/23	1,203.95	CLEARFLY
A/P	198330	03/08/23	155.00	COASTAL REFRIGERATION
A/P	198331	03/08/23	64.00	CONTROL SOLUTIONS
A/P	198332	03/08/23	57,364.21	CULINARY CONCESSIONS LLC
A/P	198333	03/08/23	350.27	CUSTOM MEDICAL SPECIALTIES
A/P	198334	03/08/23	448.85	CYRACOM LLC
A/P	198335	03/08/23	186.10	DSHS CENTRAL LAB MC2004
A/P	198336	03/08/23	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	198337	03/08/23	495.00	FASTHEALTH CORPORATION
A/P	198338	03/08/23	.00	VOIDED
A/P	198339	03/08/23	24,346.23	FISHER HEALTHCARE
A/P	198340	03/08/23	70.40	FRONTIER
A/P	198341	03/08/23	7,908.33	FUJI FILM
A/P	198342	03/08/23	1,455.82	FUSION CLOUD SERVICES, LLC
A/P	198343	03/08/23	953.46	GRAINGER
A/P	198344	03/08/23	937.44	GULF COAST PAPER COMPANY
A/P	198345	03/08/23	4,680.00	INNOVATE HEALTHCARE STAFFING
A/P	198346	03/08/23	915.00	J & K SERVICES
A/P	198347	03/08/23	108.08	JENISE SVETLIK
A/P	198348	03/08/23	640.86	M G TRUST
A/P	198349	03/08/23	38.57	MARKETLAB, INC
A/P	198350	03/08/23	4,035.43	MEDICAL DATA SYSTEMS, INC.
A/P	198351	03/08/23	.00	VOIDED
A/P	198352	03/08/23	.00	VOIDED
A/P	198353	03/08/23	2,352.83	MEDLINE INDUSTRIES INC
A/P	198354	03/08/23	390.00	MEMORIAL MEDICAL CLINIC
A/P	198355	03/08/23	120.20	METTLER-TOLEDO RAININ, LLC
A/P	198356	03/08/23	.00	VOIDED
A/P	198357	03/08/23	16,977.28	MORRIS & DICKSON CO, LLC
A/P	198358	03/08/23	2,988.00	NOVA BIOMEDICAL
A/P	198359	03/08/23	105.06	PRECISION DYNAMICS CORP (PDC)
A/P	198360	03/08/23	287.35	ROBERT RODRIQUEZ
A/P	198361	03/08/23	358.50	ROSHANDA THOMAS
A/P	198362	03/08/23	1,040.10	SAM'S CLUB DIRECT
A/P	198363	03/08/23	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	198364	03/08/23	2,375.92	SIEMENS MEDICAL SOLUTIONS INC
A/P	198365	03/08/23	410.00	SIGN AD, LTD.
A/P	198366	03/08/23	1,491.00	SOUTH TEXAS BLOOD & TISSUE CEN



RUN DATE:03/06/23  
TIME:11:49

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
03/08/23 THRU 03/08/23

PAGE 2  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	198367	03/08/23	420.00	ST DAVIDS HEALTHCARE
A/P	198368	03/08/23	901.74	STANLEY ACCESS TECH LLC
A/P	198369	03/08/23	2,835.62	STERICYCLE, INC
A/P	198370	03/08/23	4,320.00	TRIAGE, LLC
A/P	198371	03/08/23	.00	VOIDED
A/P	198372	03/08/23	11,549.80	UNIFIRST HOLDINGS INC
A/P	198373	03/08/23	1,304.05	UPDOX LLC
A/P	198374	03/08/23	1,145.50	WALLER, LANSDEN, DORTCH & DAVIS
A/P	198375	03/08/23	1,571.67	WERFEN USA LLC
A/P	198376	03/08/23	5,825.00	WOUND CARE SPECIALISTS
A/P	198377	03/08/23	400.75	BETHANY SENIOR LIVING
A/P	198378	03/08/23	10,329.06	GOLDENCREEK HEALTHCARE
A/P	198379	03/08/23	30,624.67	GULF POINTE PLAZA
A/P	198380	03/08/23	2,765.00	SOLERA WEST HOUSTON
A/P	198381	03/08/23	6,595.00	TUSCANY VILLAGE
A/P	198382	03/08/23	59.28	
A/P	198383	03/08/23	139.88	
A/P	198384	03/08/23	86.17	
A/P	198385	03/08/23	210.00	
A/P	198386	03/08/23	235.80	
A/P	198387	03/08/23	288.63	
A/P	198388	03/08/23	929.37	
A/P	198389	03/08/23	226.80	
A/P	198390	03/08/23	101.06	CALHOUN COUNTY
A/P	198391	03/08/23	727.00	CALHOUN COUNTY
TOTALS:			282,713.32	

Payables 228,367.09 +  
Patient refunds 2,175.95 +  
Critical 1,455.82 +  
NH Transfers 50,714.48 +  
282,713.32 \*

APPROVED ON

MAR 08 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Cantex Transfer  
 Prosperity Accounts  
 3/6/2023

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 ✓		268,254.55 ✓	268,121.95 ✓	50,815.31 ✓		50,947.91 ✓	50,790.84 ✓
						Bank Balance	50,947.91 ✓
						Variance	-
						Leave in Balance	100.00
						January Interest	32.60 ✓
						February Interest	24.47 ✓
						March Interest	
						Adjust Balance/Transfer Amt	50,790.84 ✓
Broadmoor ✓		33,984.15 ✓	303,846.45 ✓	118,224.63 ✓		118,362.33 ✓	118,197.29 ✓
						Bank Balance	118,362.33 ✓
						Variance	-
						Leave in Balance	100.00
						January Interest	37.70 ✓
						February Interest	27.34 ✓
						March Interest	
						Adjust Balance/Transfer Amt	118,197.29 ✓
Crescent ✓		30,087.75 ✓	299,957.11 ✓	140,919.91 ✓		141,050.55 ✓	140,892.98 ✓
						Bank Balance	141,050.55 ✓
						Variance	-
						Leave in Balance	100.00
						January Interest	30.64 ✓
						February Interest	26.93 ✓
						March Interest	
						Adjust Balance/Transfer Amt	140,892.98 ✓
Fort Bend ✓		121,432.82 ✓	121,316.58 ✓	15,540.88 ✓		15,657.12 ✓	15,529.95 ✓
						Bank Balance	15,657.12 ✓
						Variance	-
						Leave in Balance	100.00
						January Interest	16.24 ✓
						February Interest	10.93 ✓
						March Interest	
						Adjust Balance/Transfer Amt	15,529.95 ✓
Solera at W Houston ✓		514,594.50 ✓	514,439.11 ✓	84,549.00 ✓		84,704.39 ✓	84,507.92 ✓
						Bank Balance	84,704.39 ✓
						Variance	-
						Leave in Balance	100.00
						January Interest	55.39 ✓
						February Interest	41.08 ✓
						March Interest	
						Adjust Balance/Transfer Amt	84,507.92 ✓

50,790.84 +  
 118,197.29 +  
 140,892.98 +  
 15,529.95 + Broadmoor / Fort Bend / Broadmoor  
 84,507.92 +  
 409,918.98 \*

TOTAL TRANSFERS 409,918.98 ✓

Approved: Andrew De Los Santos  
 ANDREW DE LOS SANTOS 3/6/2023

APPROVED ON  
 MAR 06 2023  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

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



Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&Lapse	QJPP TI	
2/27/2023 HUMANA INS CO HCCLAIMPMT 13875254 830005297	-	2,790.00	-	-	-	-	-	2,790.00
2/27/2023 HUMANA CHA DISB HCCLAIMPMT 13962878 42000011	-	930.00	-	-	-	-	-	930.00
2/28/2023 Added to Account	-	41.08	-	-	-	-	-	41.08
2/28/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	13,010.00	-	-	-	-	-	13,010.00
2/28/2023 NOVITAS SOLUTION HCCLAIMPMT 676310 420000176	-	215.78	-	-	-	-	-	215.78
3/1/2023 HNB - ECHO HCCLAIMPMT 746003411 440000282331	-	1,224.12	-	-	-	-	-	1,224.12
3/1/2023 HNB - ECHO HCCLAIMPMT 746003411 440000282331	-	9,009.98	-	-	-	-	-	9,009.98
3/1/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	860.00	-	-	-	-	-	860.00
3/1/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	5,162.10	-	-	-	-	-	5,162.10
3/2/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	514,439.11	-	-	-	-	-	-	-
3/2/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	430.00	-	-	-	-	-	430.00
3/2/2023 MANAGEANDNET1718 MNS PMNT 00000000002482 41	-	9,072.00	-	-	-	-	-	9,072.00
3/2/2023 HNB - ECHO HCCLAIMPMT 746003411 440000229438	-	12,790.30	-	-	-	-	-	12,790.30
3/3/2023 Deposit	-	4,773.14	-	-	-	-	-	4,773.14
3/3/2023 HUMANA INS CO HCCLAIMPMT 14453463 830005316	-	18,600.00	-	-	-	-	-	18,600.00
3/3/2023 AARP Supplementa HCCLAIMPMT 746003411 124384	-	5,640.50	-	-	-	-	-	5,640.50
	514,439.11	84,549.00	-	-	-	-	-	84,549.00
<b>TOTALS</b>	<b>1,507,681.20</b>	<b>410,049.73</b>	-	-	-	-	-	<b>410,049.73</b>

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 16</b>	<b>\$8,488,412.85</b>	<b>\$8,555,958.69</b>	<b>\$8,488,412.85</b>	<b>\$8,655,736.6</b>
*4551 CAL CO INDIGENT HEALTHCARE	\$5,499.54	\$5,499.54	\$5,499.54	\$5,499.5
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$121,985.36	\$132,580.36	\$121,985.36	\$37,717.6
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.22	\$537.22	\$537.22	\$537.2
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,474,067.63	\$5,498,417.48	\$5,474,067.63	\$6,002,461.5
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.49	\$432.49	\$432.49	\$432.4
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD ✓	\$50,947.91 ✓	\$50,947.91	\$50,947.91	\$49,747.9
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR ✓	\$118,362.33 ✓	\$123,006.33	\$118,362.33	\$93,511.1
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT ✓	\$141,050.55 ✓	\$145,094.86	\$141,050.55	\$105,631.0
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND ✓	\$15,657.12 ✓	\$15,657.12	\$15,657.12	\$12,457.2
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON ✓	\$84,704.39 ✓	\$103,067.49	\$84,704.39	\$55,690.7
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*2998 MMC -MONEY MARKET FUND	\$2,051,371.54	\$2,051,371.54	\$2,051,371.54	\$2,051,371.5
*5506 MMC -NH BETHANY SENIOR LIVING	\$183,360.16	\$183,360.16	\$183,360.16	\$71,203.6
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$107,653.38	\$108,176.38	\$107,653.38	\$53,251.9
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$347.72	\$2,921.94	\$347.72	\$331.6
*3407 MMC -NH TUSCANY VILLAGE	\$132,335.51	\$134,787.87	\$132,335.51	\$115,791.3

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Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 3/6/2023

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		130,919.23	130,799.80	121,865.93		-	121,849.63
						121,985.36	121,849.63
						Bank Balance	121,985.36
						Variance	-
						Leave in Balance	100.00
						January Interest	19.43
						February Interest	16.30
						March Interest	<u>35.73</u>
						Adjust Balance/Transfer Amt	<u>121,849.63</u>

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

Approved: Andrew De Los Santos  
 ANDREW DE LOS SANTOS 3/6/2023

APPROVED ON  
 MAR 06 2023  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS



Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 16</b>	<b>\$8,488,412.85</b>	<b>\$8,555,958.69</b>	<b>\$8,488,412.85</b>	<b>\$8,655,736.6</b>
*4551 CAL CO INDIGENT HEALTHCARE	\$5,499.54	\$5,499.54	\$5,499.54	\$5,499.5
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE ✓	\$121,985.36 ✓	\$132,580.36	\$121,985.36	\$37,717.6
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.22	\$537.22	\$537.22	\$537.2
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,474,067.63	\$5,498,417.48	\$5,474,067.63	\$6,002,461.5
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.49	\$432.49	\$432.49	\$432.4
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$50,947.91	\$50,947.91	\$50,947.91	\$49,747.9
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$118,362.33	\$123,006.33	\$118,362.33	\$93,511.1
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$141,050.55	\$145,094.86	\$141,050.55	\$105,631.0
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$15,657.12	\$15,657.12	\$15,657.12	\$12,457.2
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$84,704.39	\$103,067.49	\$84,704.39	\$55,690.7
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*2998 MMC -MONEY MARKET FUND	\$2,051,371.54	\$2,051,371.54	\$2,051,371.54	\$2,051,371.5
*5506 MMC -NH BETHANY SENIOR LIVING	\$183,360.16	\$183,360.16	\$183,360.16	\$71,203.6
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$107,653.38	\$108,176.38	\$107,653.38	\$53,251.5
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$347.72	\$2,921.94	\$347.72	\$331.6
*3407 MMC -NH TUSCANY VILLAGE	\$132,335.51	\$134,787.87	\$132,335.51	\$115,791.3

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Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 3/6/2023

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		26,591.17	26,486.58	243.13			347.72	no transfer
						Bank Balance	347.72	
						Variance	(0.00)	
						Leave in Balance	100.00	

January Interest	4.59
February Interest	3.83
March Interest	
Adjust Balance/Transfer Amt	239.30

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		65,275.19	165,157.83	107,536.02			107,653.38	107,518.58
						Bank Balance	107,653.38	
						Variance		
						Leave in Balance	100.00	

January Interest	17.36
February Interest	17.44
March Interest	
Adjust Balance/Transfer Amt	107,518.58

**TOTAL TRANSFERS** 107,757.88

Routine 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 3/6/2023

APPROVED ON

MAR 06 2023

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp		QIPP/Comp4		
			QIPP/Comp1	2	QIPP/Comp3	&Lapse	
<b>Gulf Pointe Plaza-Private Pay</b>							
2/28/2023 Added to Account	-	3.83					3.83 ✓
3/1/2023 HNB - ECHO HCCLAIMPMT 746003411 440000282950	-	153.68					153.68
3/2/2023 WIRE OUT HMG SERVICES, LLC	26,486.58	-					-
3/2/2023 HNB - ECHO HCCLAIMPMT 746003411 440000229438	-	69.56					69.56
3/3/2023 HNB - ECHO HCCLAIMPMT 746003411 440000275377	-	2.26					2.26
3/3/2023 HNB - ECHO HCCLAIMPMT 746003411 440000275377	-	13.80					13.80
	26,486.58 ✓	243.13 ✓	-	-	-	-	243.13 ✓

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp		QIPP/Comp4		
			QIPP/Comp1	2	QIPP/Comp3	&Lapse	
<b>Gulf Pointe Plaza-Medicare/Medicaid</b>							
2/27/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	516.00					516.00
2/27/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	1,767.00					1,767.00
2/27/2023 NORIDIAN J3A HCCLAIMPMT 675892 4200001434139	-	50,422.23					50,422.23
2/28/2023 Added to Account	-	17.44					17.44 ✓
2/28/2023 WPS-TMEP CONTRAC HCCLAIMPMT 2402717447 21000	-	133.70					133.70
2/28/2023 NORIDIAN J3A HCCLAIMPMT 675892 4200001348504	-	106.26					106.26
3/1/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	172.00					172.00
3/2/2023 WIRE OUT HMG SERVICES, LLC	165,157.83	-					-
3/3/2023 Deposit	-	43,533.98					43,533.98
3/3/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	4,628.97					4,628.97
3/3/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2	-	6,238.44					6,238.44
	165,157.83 ✓	107,536.02 ✓	-	-	-	-	107,536.02 ✓
	191,644.41	107,779.15	-	-	-	-	107,779.15 ✓

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 16</b>	<b>\$8,488,412.85</b>	<b>\$8,555,958.69</b>	<b>\$8,488,412.85</b>	<b>\$8,655,736.6</b>
*4551 CAL CO INDIGENT HEALTHCARE	\$5,499.54	\$5,499.54	\$5,499.54	\$5,499.5
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$121,985.36	\$132,580.36	\$121,985.36	\$37,717.6
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.22	\$537.22	\$537.22	\$537.2
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,474,067.63	\$5,498,417.48	\$5,474,067.63	\$6,002,461.5
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.49	\$432.49	\$432.49	\$432.4
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$50,947.91	\$50,947.91	\$50,947.91	\$49,747.9
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$118,362.33	\$123,006.33	\$118,362.33	\$93,511.1
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$141,050.55	\$145,094.86	\$141,050.55	\$105,631.0
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$15,657.12	\$15,657.12	\$15,657.12	\$12,457.2
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$84,704.39	\$103,067.49	\$84,704.39	\$55,690.7
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*2998 MMC -MONEY MARKET FUND	\$2,051,371.54	\$2,051,371.54	\$2,051,371.54	\$2,051,371.5
*5506 MMC -NH BETHANY SENIOR LIVING	\$183,360.16	\$183,360.16	\$183,360.16	\$71,203.6
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID ✓	\$107,653.38 ✓	\$108,176.38	\$107,653.38	\$53,251.9
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY ✓	\$347.72 ✓	\$2,921.94	\$347.72	\$331.6
*3407 MMC -NH TUSCANY VILLAGE	\$132,335.51	\$134,787.87	\$132,335.51	\$115,791.3

\* indicate:  
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Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscany Transfer  
 Prosperity Accounts  
 3/6/2023

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		281,877.01	281,777.01	132,235.51			132,335.51	132,235.51
						Bank Balance Variance	132,335.51	
						Leave in Balance	100.00	

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

Adjust Balance/Transfer Amt 132,235.51  
 Approved Andrew De Los Santos 3/6/2023  
 ANDREW DE LOS SANTOS

APPROVED ON  
 MAR 06 2023  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS



Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 16</b>	<b>\$8,488,412.85</b>	<b>\$8,555,958.69</b>	<b>\$8,488,412.85</b>	<b>\$8,655,736.6</b>
*4551 CAL CO INDIGENT HEALTHCARE	\$5,499.54	\$5,499.54	\$5,499.54	\$5,499.5
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$121,985.36	\$132,580.36	\$121,985.36	\$37,717.6
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.22	\$537.22	\$537.22	\$537.2
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,474,067.63	\$5,498,417.48	\$5,474,067.63	\$6,002,461.5
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.49	\$432.49	\$432.49	\$432.4
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$50,947.91	\$50,947.91	\$50,947.91	\$49,747.9
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$118,362.33	\$123,006.33	\$118,362.33	\$93,511.1
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$141,050.55	\$145,094.86	\$141,050.55	\$105,631.0
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$15,657.12	\$15,657.12	\$15,657.12	\$12,457.2
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$84,704.39	\$103,067.49	\$84,704.39	\$55,690.7
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*2998 MMC -MONEY MARKET FUND	\$2,051,371.54	\$2,051,371.54	\$2,051,371.54	\$2,051,371.5
*5506 MMC -NH BETHANY SENIOR LIVING	\$183,360.16	\$183,360.16	\$183,360.16	\$71,203.6
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$107,653.38	\$108,176.38	\$107,653.38	\$53,251.9
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$347.72	\$2,921.94	\$347.72	\$331.6
*3407 MMC -NH TUSCANY VILLAGE ✓	\$132,335.51 ✓	\$134,787.87	\$132,335.51	\$115,791.3

\* indicate:  
Page generated on 03/06/2023 :

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSLTransfer  
 Prosperity Accounts  
 3/6/2023

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		574,492.65	574,346.84	183,214.35			183,360.16	183,158.21
						Bank Balance	183,360.16	
						Variance	183,360.16	
						Leave in Balance	100.00	
						January Interest	45.81	
						February Interest	56.14	
						March Interest		
						Adjust Balance/Transfer Amt	183,158.21	

Approved: Andrew De Los Santos  
 ANDREW DE LOS SANTOS 3/6/2023

Note: Only balances of over \$5,000 will be transferred to the nursing home.  
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APPROVED ON  
 MAR 06 2023  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS





Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
<b>Number of Accounts: 16</b>	<b>\$8,488,412.85</b>	<b>\$8,555,958.69</b>	<b>\$8,488,412.85</b>	<b>\$8,655,736.6</b>
*4551 CAL CO INDIGENT HEALTHCARE	\$5,499.54	\$5,499.54	\$5,499.54	\$5,499.5
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$121,985.36	\$132,580.36	\$121,985.36	\$37,717.6
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.22	\$537.22	\$537.22	\$537.2
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,474,067.63	\$5,498,417.48	\$5,474,067.63	\$6,002,461.5
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.49	\$432.49	\$432.49	\$432.4
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$50,947.91	\$50,947.91	\$50,947.91	\$49,747.9
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$118,362.33	\$123,006.33	\$118,362.33	\$93,511.1
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$141,050.55	\$145,094.86	\$141,050.55	\$105,631.0
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$15,657.12	\$15,657.12	\$15,657.12	\$12,457.2
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$84,704.39	\$103,067.49	\$84,704.39	\$55,690.7
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*2998 MMC -MONEY MARKET FUND	\$2,051,371.54	\$2,051,371.54	\$2,051,371.54	\$2,051,371.5
*5506 MMC -NH BETHANY SENIOR LIVING ✓	\$183,360.16 ✓	\$183,360.16	\$183,360.16	\$71,203.6
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$107,653.38	\$108,176.38	\$107,653.38	\$53,251.9
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$347.72	\$2,921.94	\$347.72	\$331.6
*3407 MMC -NH TUSCANY VILLAGE	\$132,335.51	\$134,787.87	\$132,335.51	\$115,791.3